

Iodine-131 Referral Form

Veterinarian Name: _____ Clinic: _____

Clinic Contact: _____ Phone: _____ Email: _____

Owner Name: _____ Phone: _____ Email: _____

Cat Name: _____ Sex: M/F Weight: _____ Allergies: _____

Diagnoses: _____ Symptoms and Duration: _____

Other health/behavior issues: _____

Date of Lab Tests: _____ (should be within 30 days of referral)

T4: _____ Bun: _____ Creatinine: _____ Electrolyte panel-- abnormalities noted: _____

****On methimazole? Y/N Dose: _____ Duration: _____ ***Will need to discontinue at least 1 week prior to I-131 Therapy.***

The above information is required for us to proceed with the therapy referral. We can call your clinic contact to get the needed information if necessary or you can contact us at **501-500-5220**.

The cat will have a wellness check the morning of their therapy appointment at All Creatures Veterinary Hospital in Mountain Home, Arkansas unless you prefer to do this in your clinic *the day before and send results with the patient*. At ACVH, the owner will be given the choice of a basic or recommended workup:

Basic Workup: Information that indicates that the cat is most likely healthy enough for therapy includes:

BUN, creatinine, electrolytes and T4.

Recommended Workup: For a more complete assessment, we recommend the following additional tests:

Full cardiac workup (requires sedation) to include proBNP, T4, SDMA and an Echocardiogram.

The cat will be transported to our facility for treatment and isolation. The owner will be instructed to follow up with you in **one month**. **Our recommendation is a renal panel, BUN, creatinine, electrolytes and a T4.** We will be happy to assist with any questions or issues related to the I-131 therapy.



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