



## **PETWORKS VETERINARY RADIOTHERAPY**

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<b>Referring Veterinarian:</b>	<b>Client:</b> <span style="float: right;">Affix client label</span>
<b>Hospital Name:</b>	<b>Address:</b>
<b>E-mail:</b>	
<b>Telephone:</b> <b>Fax No.</b>	<b>Telephone:</b>
<b>Animal Name:</b> <span style="float: right;">Affix patient label</span>	<b>Other:</b>
<b>Breed / D.O.B / Sex / Color</b>	

Date and type of last vaccination: (note: because of the 7 day hospital stay it is recommended vaccination for upper respiratory diseases have taken place in the last 12 months)

### **Referral Check List:**

1. Pretreatment (if being treated with methimazole)

T4 \_\_\_\_\_ nmol/l on (date) \_\_\_\_\_ and highest recorded T4 \_\_\_\_\_ nmol/l on date \_\_\_\_\_.

2. Any recorded weights in last 12 months \_\_\_\_\_

3. The following is required within one month of therapy:

**CBC, Chemistry panel, T4 (from reference lab not bench top testing), urinalysis.**

Note that T4 results from other than reference labs tend to be semi-quantitative and occasionally inaccurate and therefore cannot be used to calculate I-131 doses. We recommend Idexx/Vitatech or AVC reference labs.

4. Current therapy for hyperthyroidism and when started \_\_\_\_\_  
\_\_\_\_\_

5. Thyroid nodules(s) palpable and size    Rt \_\_\_\_\_                      Lt \_\_\_\_\_

6. Heart rate \_\_\_\_\_ , gallop \_\_\_\_\_ , murmur \_\_\_\_\_ , tachypnea \_\_\_\_\_

7. Polyuria? \_\_\_\_\_ , polydypsia? \_\_\_\_\_

8. Please comment on your patient's personality:

Friendly/shy/fearful/fractious. Fractious patients may require sedation to avoid radiation spill at time of treatment.

9. Appetite: voracious/good/fair/picky.

Owners of patients with special dietary requirements should be instructed to supply the diet at time of admission.

10. Current therapy: methimazole \_\_\_\_\_ mg q \_\_\_\_\_ hrs. Started on (date) \_\_\_\_\_

Other medications: \_\_\_\_\_

## **Protocols for RAI referral:**

### **Protocol A: (newly diagnosed)**

For newly diagnosed patients that have not yet started methimazole therapy we recommend the following:

1. "Reference" lab T4, if this has not already been done, prior to starting medications.
2. Start medications and reassess T4, renal profile and urine specific gravity in **2 to 3 weeks**.
3. Arrange a consult appointment with Petworks Radiotherapy. During the consult we will assess the patient, review results, treatment protocol, and radiation safety home care instructions with your client and schedule a treatment date.
4. We will also instruct your client when to stop methimazole prior to treatment with I-131.

### **Protocol B: (recently diagnosed, receiving methimazole)**

Newly diagnosed patients who will not tolerate methimazole treatment: Arrange a consult appointment with Petworks Radiotherapy and provide all clinical lab data available. We will review lab testing, treatment protocol and home care with your client and arrange a treatment date.

### **Protocol C: (long term methimazole)**

Patients on long term methimazole:

1. Arrange a consult with Petworks Radiotherapy and provide all available clinical lab data.
2. We will review lab results, treatment protocol, and clinical outcomes for treating patients on long term methimazole.
3. We will schedule a treatment date and instruct your client when to discontinue methimazole treatment if appropriate.

Note :

Consult appointments take approximately one hour at a cost of \$75.00 plus HST. Clients have many concerns and questions and often feel considerably more comfortable about their cat's condition and the treatment protocols afterwards. The cost of this consult is refunded on the cost of treatment if the client decides to pursue R.A.I. therapy. Current cost of R.A.I. therapy is \$1400.00 plus HST but can change depending on availability and cost of I-131. Cure rate is 95% with a single injection. Average life span after treatment is seven years. Patients are treated in groups once monthly. Patients must stay in the R.A.I. facility for 7 -10 days after treatment.