

## What if the cat becomes unwell whilst radioactive?

It is a health and safety requirement that radiation exposure to staff is kept as low as reasonably practicable by keeping time spent with treated cats to a minimum. The pre-referral protocol described earlier (see sections 1 and 2) is intended to exclude potentially unsuitable cats before referral. Every reasonable effort will be made to provide appropriate treatment if ill-health develops after RIT has been given, despite the health screening advised. Euthanasia may be the only safe option if, in our opinion, the cat's welfare is in jeopardy but treatment cannot be provided within health and safety guidelines. In the event of a fatality, the body will be retained at the Centre until no longer radioactive.

## Does your client have to travel to the Centre for all the blood tests?

Our aim is for your client to have to travel to us for only two appointments, admission to and discharge from the Centre. If you would prefer all the pre- and post-referral tests to be undertaken by us then additional appointments will be required.

## Why refer to the Hyperthyroid Cat Centre?

- Andrew Bodey has been providing this treatment since 2008 and has managed more than 500 cases.
- Our premises are purpose-designed by us, making use of our experience, providing comfortable spacious cattery-style accommodation complete with natural daylight.
- The Hyperthyroid Cat Centre is the first in the UK authorised to allow cats home from 5 days after treatment.
- Our Centre is 100% dog free.
- There is ample free parking at the Centre which is easily accessed just off the A1M at Wetherby.

## Further questions

Please do not hesitate to contact us with specific case enquiries using the details below.

We also produce an information booklet for clients which discusses all treatment options, radiation safety, management of their cat post RIT, costs and other details. This is available at our website or direct from the Centre.

Other resources available on our website include webinar links, testimonials and links to other relevant sites. Clients can ask to be put in touch with the HCC Community - clients whose cats have received RIT at the Centre - to share experience and discuss concerns ahead of referral. For vets there is a growing collection of relevant articles available after registering on our website.

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# Feline Hyperthyroidism

## Radio-iodine Treatment

### Information for Referring Veterinary Surgeons





### When is radio-iodine appropriate?

According to published studies, radio-iodine is the treatment of choice in most cases as it gives the best long-term prognosis. Life expectancy is double following radio-iodine treatment (RIT) when compared with methimazole. The prevalence of thyroid carcinoma can increase from <2% to approximately 20% following prolonged methimazole use. Patients non-azotemic at the time of diagnosis do not usually require trial medication and can be referred for RIT without delay.

#### RIT is particularly helpful for:

- cases with an early diagnosis. These have most to gain from RIT as an early cure prevents the underlying tumour progressing to malignancy and avoids the chronic secondary effects of hyperthyroidism,
- patients intolerant of medical management (whether as adverse effects or difficulty of medicating),
- patients that are non-compliant with iodine-restricted diets,
- patients where anaesthetic risk is unacceptable, or where surgery is inappropriate (eg intra-thoracic thyroid tissue).

#### RIT is generally not suitable for:

- cases with concurrent disease when daily medication (requiring prolonged staff time in close proximity) is essential,
- cases of advanced renal insufficiency when medical management is usually preferable.

Radio-iodine is curative in approximately 95% of cases with less than 2% requiring 2 treatments to respond fully. Most cases respond within 2 weeks of treatment, although it can take 3-6 months for the full benefit of the treatment to be realised. Recurrence of hyperthyroidism following successful treatment may affect approximately 2% of cases with a mean interval of 3 years.

Hypothyroidism can occur and supplementation with thyroxine is appropriate in some cases, including those with concurrent azotemia or clinical hypothyroidism.

### The Referral Process:

#### 1. Clinical diagnosis

- A supportive clinical examination, including palpation for a goitre.
- A confirmed diagnosis relies upon total T4 being above the reference interval using an external laboratory. In equivocal cases free T4 and TSH (although not validated in cats) can both be informative. A diagnosis relying on free T4 when total T4 is within normal range may suggest either an early diagnosis, a mis-diagnosis or a case of hyperthyroidism with significant non-thyroidal illness, depressing normal T4.

SDMA (see 2 below) is currently available only at IDEXX. Hence please use IDEXX for all tests, using our account if this is not your usual external laboratory. We also observe differences between different laboratories and greatest sensitivity is observed when all samples are submitted to the same one. If using your own IDEXX account please ask for a copy of our submission panel codes so as to include our preferred tests. If using our account, laboratory fees are passed to your client at cost.

#### 2. Pre-referral tests and requirements

- Haematology, biochemistry including SDMA, total T4, urinalysis (to include SG, UPC and ideally bacteriology using a cystocentesis sample) and blood pressure estimation including retinal examination. SDMA is a novel renal biomarker detecting renal function deterioration earlier than creatinine or urine SG.
- A non-azotemic case, newly diagnosed, does not usually require trial medication to investigate renal function.
- Further cardiac investigation may be appropriate when a murmur, severe tachycardia or dysrhythmia are observed, aiming to exclude

patients with advanced heart disease or with a high risk of thrombo-embolic disease.

- Routine vaccination is recommended prior to referral, since air space will be shared with other cats.
- We ask that routine worm and flea treatment is provided in the week before treatment.

#### 3. Making the referral

Please feel welcome to discuss a potential case by phone, email or via our website.

- Please complete our Referral Form online via our website where laboratory results, the clinical history and other relevant documents can be uploaded. Alternatively, the form is available as a PDF on our website or can be posted to you on request. Return it with attachments by email, fax or post (our contact details are on the back page). Include email addresses for the case clinician, the Practice and for your client (when available).
- We will contact you and your client to confirm we have received the referral. Do check we have received it if you haven't heard from us.
- Please give your client a copy of our Client Information Booklet, direct them to our website where a pdf is available to download or contact us to request copies.
- If your client has insurance for their cat ask them to give their consent to their insurers for us to speak with them and arrange pre-authorisation of their claim, when required. Please ask your clients to let us know when they have done this.

We aim to offer treatment soon after your investigations are completed. When a waiting list arises, priority is given to cats that cannot be medicated (whether because of drug intolerance or difficulty medicating) and then to those with impending insurance deadlines.

#### 4. Planning the appointment

- We aim to minimise travel for your clients by asking you to arrange any pre-referral tests

or investigations. Once plans are in place we routinely write to you to confirm the details including requirements for any pre-referral tests.

- Cats already euthyroid through management should normally be taken off medication or restricted-iodine diet typically 2 weeks prior to radio-iodine, with a final blood sample (to check at least total T4) usually within 5-7 days of the radio-iodine appointment. Do not make this change in management before contacting the Centre. RIT is usually given to uncontrolled hyperthyroid patients to minimise the prevalence of iatrogenic hypothyroidism.
- Please be aware of so-called thyroid storm, better recognised in people than cats as serious (including potentially fatal) ill-health following sudden changes in total T4. We often recommend staged reductions in medication to minimise this risk, and  $\beta$  blockers can also play a part providing there is no primary heart disease.

#### 5. At the referral appointment

- We routinely plan to treat cats the same day as their admission appointment. Patients should be starved for this appointment because sedation is used routinely for radio-iodine treatment. However, cats may not be admitted for treatment if, in our opinion, RIT is unsuitable at that time, for example because of acute illness such as a cat bite abscess.

Cats can return home from 5 days after radio-iodine treatment, subject to radiation levels reaching required thresholds and your client being able to follow recommendations for their radiation safety (see the Client Information Booklet for details). When appropriate, cats can stay for longer periods to simplify or remove the need for radiation safety processes at home.

#### 6. Follow-up post RIT

Routinely, follow-up tests continue for up to 6 months following RIT and these are usually undertaken at your practice. We advise your client about ongoing management over this time and keep you informed with written reports.