



Veterinary Diagnostic Imaging of Texas

I131 Consult Request

Client Information:

Client: _____

Phone: _____

Email: _____

Referring DVM: _____

Clinic: _____

Patient Information:

Name: _____

Age: _____

Gender: _____

Current Weight: _____

Date of initial hyperthyroidism diagnosis: _____

Initial total T4: _____ ug/dL

Clinical signs at time of diagnosis: _____

Patient Medical History:

Is the cat currently on methimazole?

YES NO

Has the cat had a methimazole reaction?

YES NO

If yes, what is the current total T4?

_____ ug/dL _____ (date)

Does the cat have a heart murmur?

YES NO

Grade: _____

Is the patient on any other medications?

YES NO

Please provide weight history:

Please list: _____

Any concurrent or chronic diseases?

YES NO

Any previous cardiac, respiratory or neurologic events?

Please list: _____

Please submit the following information:

All bloodwork from the previous 12 months

Medical records from the previous 6 months

Current two-view thoracic radiographs

_____/_____

RDVM signature

Date

Email: info@vditonline.com / Fax: (512) 585-1721

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