Zuku Review FlashNotes™

Feline Hyperthyroidism
Condensed version

Presentation: #1 endocrine disease in cats

- 95% are > 8 yr, no sex predilection
- **Weight loss, polyphagia, hyperactive**, poor body condition
- Unkempt fur, nervous, panting, tachycardia, systolic murmur
- “Apathetic” (< 10%) depression, lethargy, weakness, anorexia
- **Palpable thyroid gland(s)** along trachea “thyroid slip”
- Concurrent hypertrophic cardiomyopathy, hypertension, renal failure

Test of choice:

- Palpation – 30% unilateral, 70% bilateral
- **Serum total thyroxine** (TT₄) – 95% cats is diagnostic
  - If normal & clinical sx present, run Free T₄ via equilibrium dialysis
- Technetium scan: Confirms diagnosis, identifies tumor location, ectopic thyroid, metastasis

Rx of choice:

- Methimazole (Tapazole)
- **Radioactive iodine** (I¹³¹) – treatment of choice, potentially curative
- Thyroidectomy – risk of hypoparathyroidism
- Hill’s y/d diet - controversial

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Classic Question(s)

A 10 year old male cat presents for weight loss, in spite of an increased appetite. The client has observed a change in personality from calm & quiet to nervous & hyperactive.


What is the test of choice to confirm a presumptive diagnosis of hyperthyroidism?

What are the treatment options?

What are four common concurrent problems with hyperthyroidism?
- Which one of these four may be unmasked by methimizole treatment?
- Which one of these four is associated with a poor long term prognosis?

If a total T4 test is normal and clinical signs support hyperthyroidism, what should be done diagnostically?