
glands has the advantage over drug therapy of being a curative treatment. This treatment is readily available, although surgical skill and experience are necessary to minimize potential side effects.

Anaesthesia can present a problem in the hyperthyroid patient. To minimize anaesthetic risks, patients are often treated prior to surgery with anti thyroid drugs for 3-4 weeks prior to surgery to reduce circulating thyroid hormone levels to near normal. Any associated heart disease must also be controlled prior to surgery. Side effects of the procedure can include nerve damage or hypoparathyroidism (lack of the hormone that controls calcium levels in the blood). Low blood calcium is a potential life threatening condition. Patients need to be monitored for several days after surgery. There is generally only a low rate of recurrence post surgery unless it was not possible to remove all the thyroid gland, or if the gland is neoplastic.

3)Radioactive Iodine therapy.

Radioactive Iodine is given subcutaneously or by mouth and is selectively concentrated in the thyroid gland. It selectively destroys only thyroid tissue and

sparing all normal adjacent tissue including the parathyroid glands. Where the hyperthyroidism persists after treatment, then a second dose can be administered. If permanent hypothyroidism develops, this can be managed with thyroid hormone replacement therapy.

This treatment has the advantages of being curative, having few side effects, not requiring sedation or anaesthetic, low rate of recurrence .

Cost is comparable to surgical treatment, but depends on length of hospitalization. Problems associated with this treatment are the need for special license to use it, so the cat must stay at a specialist hospital. It is necessary to keep the cat hospitalized for up to two weeks post treatment because of the radiation hazard.

Client information series

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hyperthyroidism in cats

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General information

Hyperthyroidism is the most common hormonal disorder seen in cats. Males or females of all breeds are equally predisposed to develop hyperthyroidism but it is rarely seen in cats less than eight years of age. Hyperthyroidism is an increase in production and secretion of thyroid hormone from the thyroid gland.

Clinical signs

Cats may present with a combination of clinical signs which tend to develop gradually:

1. Weight loss
2. Increased appetite
3. Hyperactivity and restlessness
4. Increased heart rate, sometimes with arrhythmias or murmurs.
5. Increased frequency of defaecation with abundant, bulky stools.

6. Increased thirst and urination
7. Occasional vomiting
8. Panting
9. Matted, greasy and unkempt coat.

Diagnosis

In hyperthyroidism, a nodule is often palpable in one or both thyroid gland lobes. The thyroid gland is located any where from the center of the neck near the windpipe, down the neck to wholly contained within the chest. In the normal cat, the thyroid gland is not palpable.

Once hyperthyroidism is suspected on the basis of clinical signs, diagnosis is confirmed by detecting elevated blood serum levels of thyroid hormone. Other blood tests may also be abnormal, as may an E.C.G. measure of heart rate and rhythm.

Hyperthyroidism may be a primary clinical disease, or occur secondary to another systemic disease such as lymphosarcoma.

There are three therapeutic options

Treatment

for the treatment of hyperthyroidism.

1) Anti thyroid drug therapy

Anti thyroid drugs are readily available and economical. They do not destroy the thyroid gland, but act by interfering with the production and secretion of thyroid hormone. Their use does not result in a cure, but rather controls the condition. "Neomercazole" is the product most commonly used, initially given three times daily and reducing to a maintenance dose once thyroid hormone levels have returned to normal. Long term treatment usually requires twice daily dosing. Mild and often transient side effects are commonly seen in cats on this medication. These signs are usually poor appetite, vomiting and lethargy. More serious side effects seen infrequently are liver disease, blood clotting disorders and depressed immune system. Blood tests need to be done at regular intervals to monitor for potential side effects, and in some cases the occurrence of severe reactions may necessitate withdrawal of the drug.

2) Surgical Thyroidectomy.

Surgical removal of the thyroid