

Table S1. Standardized questionnaire formulated *ad hoc* for the evaluation of clinical signs and symptoms of hyperthyroid cats, as reported by the owner (Owner Hyperthyroid Cat Clinical Score, OHCCS).

OHCCS (Owner Hyperthyroid Cat Clinical Score)						
	0	1	2	3	4	5
<i>Polyphagia</i>	Not reported; the cat shows unmodified feeding behavior	Request of extra-food before or after feeding time	Occasional request of extra-food during the day and before or after feeding time	Frequent request of extra-food during the day and before or after feeding time	Constant request of extra-food during the day and before or after feeding time	Constant request of extra-food all day and night long
<i>Weight loss</i>	Not reported	Weight loss clinically undetectable but detectable on the board	Mild weight loss clinically detectable (\approx 2–3 % of BW)	Moderate weight loss clinically detectable (\approx 4–5 % of BW)	Severe weight loss clinically detectable ($>$ 5 % of BW)	Extreme weight loss clinically detectable with muscle wasting ($>$ 10 % of BW)
<i>PU/PD</i>	Not reported	Greater in or nocturia up to 2xnormal, weekly reported	Greater in or nocturia up to 2Xnormal, daily reported	Urine production $>$ 2Xnormal but $<$ hourly. Frequent search of water (water consumption still in the normal range)	$>$ 1 mL Kg ⁻¹ h ⁻¹ urine production $>$ 2 mL Kg ⁻¹ h ⁻¹ . Constant search of water (water consumption $>$ 45 mL/kg/day)	$<$ 3 mL Kg ⁻¹ h ⁻¹ urine production. Constant search of water (water consumption $>$ 60 mL/kg/day)
<i>Vomiting/Diarrhea</i>	Not reported	Vomiting and/or diarrhea reported one or two times monthly, self-limiting. Consultation and supportive therapy not needed	Vomiting and/or diarrhea reported one or two times weekly. Consultation needed without home therapy	Vomiting and/or diarrhea reported $>$ 2 times weekly or on a daily base. Consultation an home therapy needed	Diarrhea or vomiting reported $>$ 3 times on a daily base; hospitalization and supportive care needed	Diarrhea or vomiting reported several times on a daily base; hospitalization and intensive care needed. Life-threatening condition
<i>Behavioral changes (aggressiveness, irritability, panic attacks...)</i>	Not reported; the cat shows unmodified social behavior	Occasional signs of irritability and discomfort during social interactions, without showing an aggressive behavior	Frequent signs of irritability and discomfort during social interactions, with few episodes of aggressive behavior	Constant signs of irritability and discomfort during social interactions, with frequent episodes of aggressive behavior	As score 3 + changing in social hierarchy with other pets and or altered interactions with the owner. Few episodes of vocalization during the night	Several episodes of aggressive behavior on a daily base; total subversion in social hierarchy, absence of interactions with owners, vocalizations all night long
<i>Anorexia</i>	Not reported; the cat shows unmodified feeding behavior	Oral intake always present but with signs of disorexia and capricious appetite; dietary change not needed.	Oral intake altered (1 day duration); dietary change required to maintain appetite	Oral intake altered (1–3 days duration) but no hospitalization needed. Oral nutritional supplements/appetite stimulants may be indicated	Oral intake severely altered ($>$ 3 days duration); hospitalization and feeding tube needed.	Oral intake severely altered ($>$ 5 days duration); hospitalization and intensive care required. TPN indicated. Life-threatening condition
<i>Lethargy</i>	Not reported; the cat shows unmodified ADL	Occasional or intermittent lethargy over baseline weekly reported; unmodified ADL	Mild lethargy over baseline; diminished spontaneous activity not causing difficulties in performing ADL	Moderate lethargy causing some difficulties with performing ADL; ambulatory only to point of eating, sleeping and litterbox area	Severely restricted in ADL; unable to confine urination and defecation to litterbox area. Food consumed only if offered in place	Disabled, must be force fed and helped to perform ADL

ADL: activity of daily living; BW: body weight

OHCCS (Owner Hyperthyroid Cat Clinical Score) / Clinical chart							
CASE NUMBER/ PATIENT SIGNALMENT	# ____	Owner ____	Cat name ____	Breed____	Age ____	BW__	Life-style____ Feeding ____
Date:	ET	T1	T2	T3	FT	Comments	
<i>Polyphagia</i>							
<i>Weight loss</i>							
<i>PU/PD</i>							
<i>Vomiting/Diarrhea</i>							
<i>Behavioral changes (aggressiveness, irritability, panic attacks...)</i>							
<i>Anorexia</i>							
<i>Lethargy</i>							
OHCCS-TOTAL SCORE:							

ADL: activity of daily living; BW: body weight

Table S2. Standardized questionnaire formulated *ad hoc* for the evaluation of clinical signs and symptoms of hyperthyroid cats, as reported by the veterinarian (Veterinarian Hyperthyroid Cat Clinical Score, VHCCS).

VHCCS (Veterinarian Hyperthyroid Cat Clinical Score)						
	0	1	2	3	4	5
<i>Modified BCS</i>	BCS = 7 or >, fBMI in the Over weight area	BCS = 6, fBMI in the Normal area	BCS = 5, fBMI in the Normal area	BCS = 4, fBMI in the Normal or Under weight area	BCS = 2 or 3, fBMI in the Underweight area	BCS = 1, severe muscle wasting, fBMI in the Underweight area
<i>Coat and skin status</i>	Coat extremely well kempt, clean and shiny	Coat well kempt, clean and shiny	Coat kempt enough, clean but opaque	Coat poorly kempt, opaque but still clean	Unkempt coat	Skin lesions, alopecic areas
<i>Attitude toward clinical maneuver</i>	Collaborative and friendly patient which can be handled with minimum restraint	Collaborative patient which need some restraint	Tolerant patient which need restraint	Poorly tolerant patient which shows early signs of annoyance. Firm restraint needed	Intolerant patient which shows immediate signs of annoyance. Firm restraint needed.	Intolerant and aggressive patient which need restraint devices to be examined
<i>Ocular fundic examination focused on hypertensive lesions</i> (Performed only when mean systolic blood pressure was > 160 mmHg and diastolic blood pressure was > 100 mmHg)	Not reported	Vomiting and/or diarrhea reported one or two times monthly, self-limiting. Consultation and supportive therapy not needed	Vomiting and/or diarrhea reported one or two times weekly. Consultation needed without home therapy	Vomiting and/or diarrhea reported > 2 times weekly or on a daily base. Consultation an home therapy needed	Diarrhea or vomiting reported >3 times on a daily base; hospitalization and supportive care needed	Diarrhea or vomiting reported several times on a daily base; hospitalization and intensive care needed. Life-threatening condition
<i>Cardiac auscultation</i>	Normal heart rate and heart sounds	Mild to severe tachycardia (<200 bpm) with normal heart sounds	Severe tachycardia and "pounding" heart sounds	Heart murmur	Gallop rhythm	Signs of cardiac heart failure
<i>Modified semi-quantitative thyroid palpation</i>	Equivalent to score 0 according to Norsworthy et al., 2002	Equivalent to score 1 according to Norsworthy et al., 2002	Equivalent to score 2 according to Norsworthy et al., 2002	Equivalent to score 3 according to Norsworthy et al., 2002	Equivalent to score 4 according to Norsworthy et al., 2002	Equivalent to score 5 and 6 according to Norsworthy et al., 2002

BCS: Body condition score; fBMI = feline Body Mass Index.

VHCCS (Veterinarian Hyperthyroid Cat Clinical Score) / Clinical chart								
CASE NUMBER/ PATIENT SIGNALMENT	#	Owner	Cat name	Breed	Age	BW	Life-style	Feeding
Date:	ET	T1	T2	T3	FT	Comments		
Modified BCS								
Coat and skin status								
Attitude toward clinical mannouvre								
Ophtalmic examination								
Cardiac auscultation								
Modified semi-quantitative thyroid palpation								
VHCCS-TOTAL SCORE:								

		SEMT (Side-effects Methimazole Treatment)					
		0	1	2	3	4	5
Anorexia	Not reported; the cat shows unmodified feeding behavior	Oral intake always present but with signs of disorexia and capricious appetite; dietary change not needed.	Oral intake altered (1 day duration); dietary change required to maintain appetite	Oral intake altered (1–3 days duration) but no hospitalization needed. Oral nutritional supplements/appetite stimulants may be indicated	Oral intake severely altered (>3 days duration); hospitalization and feeding tube needed.	Oral intake severely altered (> 5 days duration); hospitalization and intensive care required. TPN indicated. Life-threatening condition	
Lethargy	Not reported; the cat shows unmodified ADL	Occasional or intermittent lethargy over baseline weekly reported; unmodified ADL	Mild lethargy over baseline; diminished spontaneous activity not causing difficulties in performing ADL	Moderate lethargy causing some difficulties with performing ADL; ambulatory only to point of eating, sleeping and litterbox area	Severely restricted in ADL; unable to confine urination and defecation to litterbox area. Food consumed only if offered in place	Disabled, must be force fed and helped to perform ADL	
Vomiting/Diarrhea	Not reported	Vomiting and/or diarrhea reported one or two times monthly, self-limiting. Consultation and supportive therapy not needed	Vomiting and/or diarrhea reported one or two times weekly. Consultation needed without home therapy	Vomiting and/or diarrhea reported > 2 times weekly or on a daily base. Consultation and home therapy needed	Diarrhea or vomiting reported >3 times on a daily base; hospitalization and supportive care needed	Diarrhea or vomiting reported several times on a daily base; hospitalization and intensive care needed. Life-threatening condition	
Facial pruritus/excoriation	Not reported	Occasional (reported on weekly base), not interfering with feeding and sleeping activity	Intermittent (>3 episodes reported per week), not interfering with feeding and sleeping activity	Mild but prolonged (reported on daily base), partially interfering with sleeping but not with feeding activity	Moderate but prolonged, partially interfering with feeding and sleeping activity	Severe and prolonged, continues when the cat is eating or sleeping. Signs of self-mutilations	
Liver dysfunction	Non reported	Light signs attributable to hepatic dysfunction	Mild signs attributable to hepatic dysfunction + jaundice	Moderate signs of acute liver failure. Hospitalization and supportive care needed.	Severe signs of acute liver failure. Hospitalization and intensive care needed. Life-threatening condition	Hepatic encephalopathy or coma	

SEMT (Side-effects Methimazole Treatment) / Chart								
CASE NUMBER/ PATIENT SIGNALMENT	#	Owner	Cat name	Breed	Age	BW	Life-style	Feeding
Date:	ET	T1	T2	T3		FT		Comments
Anorexia								
Lethargy								
Vomiting/Diarrhea								
Facial pruritus/excoriation								
Liver dysfunction								
SEMT-TOTAL SCORE:								