

Feline pancreatitis

Extended Version

Classic case:

Sick cat, **VAGUE signs**, lethargy, weakness, anorexia, dyspnea

Presentation:

Any age or gender

VAGUE clinical signs

- > 50% show anorexia, lethargy, dehydration
- 25-50% show weight loss, hypothermia, vomiting, icterus
- < 25% show fever, abdominal pain, dyspnea



Treatment for feline pancreatitis.

Most feline pancreatitis cases are IDIOPATHIC

Risk factors: ANY incident causing premature activation of pancreatic digestive enzymes

- Blunt abdominal trauma (HBC, high rise syndrome)
- Hypercalcemia
- Hepatic lipidosis
- Pancreatic hypoperfusion (hypotension during anesthesia)
- Pharmaceuticals/organophosphates
- Infections (toxoplasmosis, liver flukes, FIP, panleukopenia, *Amipherus pseudofelineus*)

Most cases are CHRONIC

Concurrent triaditis is common

- Pancreatitis
- Inflammatory bowel disease (IBD)
- Cholangitis

Common sequelae

- Extrahepatic biliary obstruction, DIC, thrombocytopenia, renal failure, pleural effusion, peritonitis, pancreatic necrosis, pancreatic pseudocyst, pancreatic abscess

DDX:

Any acute or chronic gastrointestinal, metabolic, or systemic disorders

Test(s) of choice:

Serum feline pancreatic lipase immunoreactivity (Spec fPL)

- **Test of choice**
- Highly specific and sensitive
- Does not assess severity

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Test(s) of choice: (continued)

Serum feline trypsinlike immunoreactivity (fTLI)

- Accurate if high value = pancreatitis
- Normal levels do not rule out pancreatitis

Abdominal ultrasonography

- **Very useful** for diagnosis pancreatitis
- **Enlarged hypoechoic** (necrosis) pancreas
- Peripancreatic fluid accumulation
- Hyperechoic (fibrosis) pancreas +/- peripancreatic fat
- Dilated pancreatic duct
- Pancreatic mass effect

CBC, chemistry panel, coagulation panel

- Monitor for signs of pancreatic & systemic complications

Rx of choice: **ACUTE** IV fluids and supportive care

- Treat underlying cause
- **Intensive judicious fluid therapy**
 - Isotonic crystalloid fluids
 - Monitor for fluid overload
- **Analgesia**
 - Treat pain even if clinical signs are not apparent
 - Buprenorphine, fentanyl CRI
- **Antiemetic**
 - 5-HT₃ serotonin receptor antagonist (Dolasetron, Ondansetron)
 - NK₁ receptor antagonist (Maropitant)
 - Metoclopramide is contraindicated – decreases pancreatic perfusion
- **Antibiotics**- Only if concurrent infection
- **Nutritional support** – **EXTREMELY IMPORTANT IN CATS**
 - Increased risk of **hepatic lipidosis** due to anorexia
 - Small amounts of low-fat diet
 - Tube feeding
 - Jejunostomy tube
 - Total or partial parenteral nutrition (TPN or PPN)
- +/- **Glucocorticoids**
 - Prednisolone may be helpful, especially if concurrent IBD or cholangiohepatitis



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Rx of choice: (continued)

- **CHRONIC feline pancreatitis** (common form in cats)
 - Treat **TRIADITIS** if present
 - **Treat empirically for liver flukes** with Praziquantel
 - Monitor serum calcium and fasting triglycerides
 - **LOW-FAT** diet
 - Supplement with oral pancreatic enzymes to inhibit endogenous enzyme release
 - Glucocorticoid therapy – if no risk factors and no spontaneous improvement
 - Beneficial in cases with lymphocytic pancreatic infiltration (immune-mediated)

Prognosis:

Good – mild pancreatitis without pancreatic or systemic complications
Poor to Grave – severe pancreatitis with complications

Prevention:

No known prevention for cats

Pearls:

Always evaluate for concurrent inflammatory bowel disease (IBD) and vice versa

Refs: Cote, Cin Vet Advisor, Dog and C. 2nd ed. pp. 817-19,
Merck Manual 10th ed (online): Pancreatitis in small animals

My Notes: