

Feline Pancreatitis.

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Overview

Feline exocrine pancreatic disorders have traditionally been considered uncommon. The incidence of pancreatitis in cats has been underestimated and pancreatitis is now recognized as an important gastrointestinal disorder.

Premature activation of digestive enzymes initiates pancreatitis while the inflammation leads to the progression of disease and systemic complications. Feline pancreatitis can be acute or chronic and most cases are idiopathic. Acute pancreatitis can be mild and subclinical to severe necrotizing with high mortality. Chronic pancreatitis may be associated with signs that wax and wane over months to years. Histopathology is required to reliably distinguish acute from chronic pancreatitis. Cats with pancreatitis commonly have concurrent disease conditions.

Most cats with pancreatitis are presented for anorexia, lethargy, and dehydration while vomiting and abdominal pain occur less commonly compared to dogs. Abdominal pain is likely underestimated in cats with pancreatitis. Pancreatitis should be considered in any cat with anorexia, lethargy, weight loss, vomiting or abdominal pain of unknown cause.

Diagnosis

Diagnosing pancreatitis in cats can be challenging making it essential to integrate patient history, physical findings, laboratory data, and diagnostic imaging. The development of a pancreatic lipase specific immunoassay (fPLI, Texas A&M GI Laboratory and Spec fPL, IDEXX Laboratory) combined with advances in ultrasound have improved the ability to diagnosis feline pancreatitis.

Results of a CBC, chemistry profile, urinalysis, and abdominal radiographs are not specific for pancreatitis but they are important for the diagnosis of other disorders with a similar presentation. Anemia, leukocytosis, elevated hepatic enzymes, and hyperbilirubinemia are common findings. Serum amylase and lipase are not useful for diagnosing feline pancreatitis.

Ultrasound combined with the fPLI are the most useful clinical tests for diagnosing pancreatitis in cats. The fPLI is specific for pancreatic lipase which is elevated in most cats with pancreatitis. Sensitivity of the fPLI is reported at 100% with moderate to severe pancreatitis, 54% with mild pancreatitis, and 67% overall with a specificity between 91% and 100%. Technological advances and improved clinician skill level have resulted in ultrasound becoming a very important for diagnosing pancreatitis. Pancreatic enlargement, hypoechoic (necrosis) and hyperechoic (fibrosis) appearance, pancreatic mass effect, peripancreatic hyperechoic mesentery and fluid, and dilated pancreatic duct are common ultrasound findings. In cats with moderate to severe pancreatitis ultrasound is 80% sensitive and in healthy cats it is 88% specific.

Treatment and Prognosis

Treatment is primarily supportive and symptomatic. Most cases respond when treated with intravenous fluids, analgesics, antiemetics, appetite stimulants, and nutritional support. Fasting should only be ordered for patients that are vomiting. Standard fasting periods are not necessary and early enteral nutrition is recommended to prevent hepatic lipidosis, protein/calorie malnutrition, gut atrophy, and bacterial translocation. Vomiting can be controlled in most patients with antiemetics such as maropitant citrate (Cerenia®) 1 mg/kg SQ q24h. If persistently anorexic esophagostomy or nasogastric tube feeding is recommended. Jejunostomy tube feeding or parenteral nutrition are not commonly required. A highly digestible low fat diet is optimal. It is important to be proactive with analgesics. Buprenorphine (Buprenex®) 0.01-0.02 mg/kg IV, SQ, or buccal q6-8h or fentanyl transdermal (Duragesic®) 25 mcg/hr are good choices. There is no evidence that other therapeutic strategies are effective in cats with pancreatitis. Antibiotics are controversial and are not needed for most cases. Chronic pancreatitis in cats may be similar to human immune-mediated pancreatitis. Inflammatory bowel disease and/or cholangiohepatitis commonly occur with chronic pancreatitis. This condition is referred to as triaditis and is treated with corticosteroid therapy.

The prognosis is directly related to disease severity. Mild disease without pancreatic and systemic complications has a good prognosis whereas severe disease with complications carries a poor to grave prognosis.

Take Home Points:

- Pancreatitis is an important gastrointestinal condition in cats that is diagnosed with increasing frequency.
- Feline pancreatitis is a unique disease compared to its canine counterpart.
- Combining ultrasound and fPLI gives the highest diagnostic yield.
- Treatment is supportive and symptomatic; cats with chronic pancreatitis or triaditis may benefit from corticosteroid therapy
- Prognosis depends on the severity of disease.

Suggested Reading:

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