Feline pancreatitis

Presentation: VAGUE
Any cat with vague clinical signs
- > 50% show anorexia, lethargy, dehydration
- 25-50% show weight loss, hypothermia, vomiting, icterus
- < 25% show fever, abdominal pain, dyspnea

Risk factors
- Abdominal trauma, pancreatic hypoperfusion,
- Pharmaceuticals, infections

Concurrent Triaditis is COMMON
(Triaditis=pancreatitis + inflammatory bowel disease, + cholangitis)

Test of choice:
- Serum feline pancreatic lipase immunoreactivity (Spec fPL)
- Abdominal ultrasonography: enlarged hypoechoic pancreas

Rx of choice: IV fluids and supportive care
- Analgesia, antiemetics (not metoclopramide – decreases pancreatic perfusion)
- Nutritional support (to prevent hepatic lipidosis)+/- glucocorticoids
- Chronic cases: glucocorticoid trial Rx, empirically treat w/ praziquantel (poss. liver flukes)

Classic Question(s)

A 4 yo Domestic Shorthair cat presents with an acute history of anorexia and vomiting. Physical exam is unremarkable.

A CBC and chemistry are performed. The CBC is normal. The chemistry reveals an elevated ALT. Abdominal radiographs are within normal limits. Abdominal US reveals an enlarged hypoechoic pancreas and prominent bile duct.

Which additional diagnostic test should be performed to confirm a presumptive diagnosis of pancreatitis?

What is the treatment of choice for acute pancreatitis?

Why should metoclopramide be avoided in cats with pancreatitis?

A cat with suspected pancreatitis has a normal result on its’ serum feline trypsinlike immunoreactivity (fTLI) test. What is your interpretation?