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

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
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
**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