

Pancreatitis in dogs versus cats



	Canine		Feline	
Classic signalment	Age: Middle-aged to older Sex: Male or Female Breeds predisposed: Schnauzers, Yorkshire terriers, poodles		Age: Middle-aged to older Sex: Male or female Breeds predisposed: Possibly Siamese	
Weight	Often obese		Often underweight or history of weight loss	
Prevalence	1.0% of 9,342 dogs on necropsy ¹ >90% of cases undiagnosed (results on recent necropsy study) ²		0.6% of 6,504 cats on necropsy ¹ 67% of cats presented for necropsy (45% of healthy cats) ³	
Risk factors	Drugs: Potassium bromide, azathioprine, furosemide, tetracycline, aspirin, sulfa drugs, L-Asparaginase, zinc toxicosis Diet: High-fat foods; dietary indiscretion	Hyperlipidemia (e.g., familial in miniature schnauzers) Hypercalcemia Hypothyroidism Hyperadrenocorticism Blunt trauma	Drugs: Organophosphates Infectious causes: <i>Toxoplasma gondii</i> , pancreatic fluke (<i>Eurytrema procyonis</i>), liver fluke (<i>Amphimerus pseudofelineus</i>); Viral – FIP, herpesvirus, VS-calicivirus	Diet: High-fat foods not implicated in cats Hypertriglyceridemia Hypercalcemia Blunt trauma
Common concurrent diseases	Familial hyperlipidemia in miniature schnauzers		Hepatic lipidosis Cholangitis	Inflammatory bowel disease Diabetes mellitus
Clinical signs*	Anorexia Vomiting Weakness	Abdominal pain Dehydration Diarrhea	Lethargy Anorexia/decreased appetite Dehydration Weight loss Icterus	Vomiting Fever Abdominal pain Diarrhea Palpable abdominal mass
CBC*	Thrombocytopenia Neutrophilia with left shift Anemia		Nonregenerative anemia Leukocytosis Leukopenia	
Chemistry profile*	Increased liver enzymes Azotemia Electrolyte imbalances Hyperbilirubinemia	Hypoalbuminemia Hypercholesterolemia Hypoglycemia Hyperglycemia	Increased liver enzymes Hyperbilirubinemia Hyperglycemia	Azotemia Electrolyte imbalances Hypocalcemia
Amylase and lipase	55% sensitive ⁴ Specific if 2–3 times above the upper limit of the reference interval Trending increases utility		Not shown to be useful ⁵	
Radiographs	Nonspecific Identify obstruction, radiodense foreign bodies, etc.		Nonspecific Identify obstruction, identify radiodense and suspect linear foreign bodies, etc.	
Abdominal ultrasound	Up to 68% sensitive ⁶ High specificity with experienced ultrasonographer		24%–67% sensitive ^{7,8} 73% specific ⁷	
TLI	33% sensitive ⁴	65% specific ⁴	28% sensitive ⁷	75% specific ⁷

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*Listed in order from most to least frequent findings. For canine clinical signs, CBC, and chemical profile, see reference 6. For feline clinical signs, CBC, and chemical profile, see reference 11.

Pancreatitis in dogs versus cats, *continued*



	Canine	Feline
Pancreas-specific lipases	93% sensitive ⁹	79% sensitive ¹⁰
Spec cPL®/SNAP® cPL™	78% specific ⁹	80% specific ¹⁰
Spec fPL®/SNAP® fPL™		
Treatment	<p>Fluids and electrolytes: Rehydration, pancreas perfusion, correct electrolyte and acid-base imbalances</p> <p>Analgesics: Routinely administer</p> <p>Antiemetics: Control vomiting to allow nutritional support</p> <p>Nutritional support: NPO no longer recommended; low-fat food per os or via feeding tube</p> <p>Plasma: Provide clotting factors, antiproteases, α-macroglobulins</p> <p>Colloids: Improve oncotic pressure to enhance pancreatic perfusion</p> <p>Antacids: If evidence of gastrointestinal bleeding</p> <p>Antibiotics: Rarely indicated</p>	<p>Fluids and electrolytes: Rehydration, pancreas perfusion, correct electrolyte and acid-base imbalances</p> <p>Analgesics: Routinely administer</p> <p>Antiemetics: Control vomiting to allow nutritional support</p> <p>Nutritional support: NPO not recommended; fat content not important; feeding tube usually required</p> <p>Plasma: Provide clotting factors, antiproteases, α-macroglobulins</p> <p>Colloids: Improve oncotic pressure to enhance pancreatic perfusion</p> <p>Antacids: If evidence of gastrointestinal bleeding</p> <p>Antibiotics: Rarely indicated</p> <p>Cobalamin (vitamin B₁₂): Deficiency common with concurrent gastrointestinal disease</p> <p>Glucocorticoids: Believed to be beneficial especially in chronic disease; not contraindicated to treat concurrent disorders</p> <p>Appetite stimulants</p> <p>Treat concurrent diseases (e.g., insulin for diabetes)</p>

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The information contained herein is intended to provide general guidance only. As with any diagnosis or treatment, you should use clinical discretion with each patient based on a complete evaluation of the patient, including history, physical presentation and complete laboratory data. With respect to any drug therapy or monitoring program, you should refer to product inserts for a complete description of dosages, indications, interactions and cautions.

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