**What is it?** Pancreatitis is an inflammatory disease of the pancreas. It can range from mild to severe and can be compounded by other diseases of the pancreas including, but not limited to, necrosis (death) of the pancreas, systemic inflammation, and multi-organ failure.

**What animals are affected?** Both cats and dogs can be affected with pancreatitis. Yorkshire Terriers, Miniature Schnauzers, and other members of the Terrier Group seem to be at increased risk of pancreatitis. Dogs that are middle aged to geriatric and those with endocrinopathies such as diabetes, hypothyroidism, hyperadrenocorticism (Cushing's Disease) are also at a higher risk to develop pancreatitis.

**What are the clinical signs?** Clinical signs can differ in dogs and cats. Dogs often times will present to a veterinarian with symptoms that can include but are not limited to: abdominal pain, anorexia, vomiting, weakness, depression, and diarrhea. Upon examining your dog, your veterinarian may find it to have a fever, abdominal discomfort or pain, dehydration, or icteris (a yellowish discoloration of the skin, whites of the eyes, and mucus membranes). Abdominal distention or lack of normal gastric sounds may be noted as well.

In cats, symptoms of pancreatitis may be more subtle. They can include but are not limited to: lethargy, anorexia, dehydration, and hypothermia. Vomiting and abdominal pain are reported less often in cats than in dogs. Icterus (a yellowish discoloration of the skin, whites of the eyes, and mucus membranes) or pallor may or may not be present. Cats with other disease processes occurring in the body at the same time such as hepatic lipidosis (fatty liver disease), inflammatory bowel disease (IBD), and diabetes may present with pancreatitis as an underlying, more silent disease. In both species, patients that present with severe cases of pancreatitis may also present with other complications, including: difficulty breathing, bleeding disorders, cardiac arrhythmias, lack of or decreased urine production, shock, and collapse.

**How is it diagnosed?** Diagnosing pancreatitis is difficult and is based on a number of factors. A detailed medical history of your pet will be obtained by the medical support staff or the doctor. A complete physical exam will be done on the patient. Full vital signs including temperature, pulse rate, respiratory rate will be obtained. Laboratory analysis of the patient’s blood will be recommended to look at electrolyte levels including sodium, potassium, and glucose, complete blood count, blood amylase and lipase levels, and blood chemistry levels. Radiographs may be recommended to rule out other causes of disease, such as a foreign object being consumed, abdominal masses, or free abdominal fluid. Abdominal ultrasound may be the most useful tool in evaluating and diagnosing pancreatitis as well as screening for other potential abdominal problems. The ultrasound allows the pancreas to be evaluated for enlargement. An enlarged hypoechoic pancreas suggests pancreatic edema or necrosis and is highly supportive of a diagnosis of pancreatitis. The ultrasound also allows us to evaluate pancreatic duct dilation, clots within the pancreas itself, and pancreatic infarctions (a localized area of tissue that is dying or dead, having been deprived of its blood supply because of an obstruction by an embolism or clot).
How is it treated? Treatment is primarily symptomatic and supportive. The patient is held without food, water, or oral meds for at least 24 hours to stop the pancreas from producing digestive fluids. Patients with pancreatitis suffer large fluid losses, and they must be replaced with intravenous fluids. Electrolytes and calcium levels will be monitored and supplemented as needed. Blood pressure will be monitored and supported. Antibiotic therapy may be used prophylactically to protect the patient from developing a pancreatic or other infection, although true bacterial infections in the pancreas are relatively uncommon. Patients may need supplemental oxygen support to control the patient’s blood oxygen saturation levels, respiratory needs, and comfort. Inflammatory disease such pancreatitis can cause damage and consumption of red blood cells, platelets, and clotting factors. These levels will be monitored and replaced with transfusions as needed. Pain control is also a large factor in treating pancreatitis. Occasionally, surgery will be indicated if part of the pancreas has died or if a large pancreatic abscess exists. A bland, easily digestible diet will be offered once the patient’s pancreas has calmed enough.

What is the aftercare? Aftercare is dependent upon the severity of pancreatitis that your pet experienced. A bland diet will need to be continued at home for a period of time, followed by a slow transition back to their regular dog food. Some patients, who suffer from a severe case of chronic bouts of pancreatitis, must stay on a bland diet for the remainder of their lifespan. Regardless of mild or severe cases, patients that have recovered from pancreatitis should not eat high fat meals and should be restricted from having any table scraps. Antibiotic coverage may need to be continued at home as well as pain control. Administer all medications as directed by the prescribing veterinarian. If your pet had surgery for pancreatic biopsy, abscess, or necrosis, incisions will need to be monitored for redness, swelling, or discharge as they heal. An e-collar may need to be worn by your pet to keep them from chewing out their sutures or licking their incisions and causing infection.

What is the prognosis? Prognosis is dependent upon the severity of pancreatitis that your pet experienced as well as underlying or concurrent medical conditions that your pet is suffering from. Cost of treatment of severe or recurrent pancreatitis is also a factor in patient mortality.

Can it be prevented? While there are steps you can take to decrease your pet’s chance of suffering from pancreatitis, there is no action you can take to guarantee that your pet will never suffer from this disease. Pets that are obese suffer a higher incidence rate of pancreatitis, as well as many other diseases. Feeding pets people food, which is often higher in fat that they should have, can lead to an episode of pancreatitis. It has been shown that pets exposed to organophosphate insecticides suffer from pancreatitis more that pets that are not exposed. Pets suffering from zinc toxicosis also have a higher rate of pancreatitis than do their counterparts without high levels of zinc in their bodies. Dogs that are middle aged to geriatric, and those with existing endocrinopathies such as diabetes, hypothyroidism or hyperadrenocorticism (Cushing’s disease) are at a higher risk to develop pancreatitis.