



# News from Avondale

June 2008

*Caring people....caring for pets!*

## Pancreatitis and Hepatic Lipidosis in a DSH

By Dr. Mandy Hollander 

Cookie, an 8 year old SF DSH cat, presented to AVHC with a history of weight loss, lethargy, and anorexia. She had been evaluated the previous day by an emergency clinic who ran bloodwork and hospitalized Cookie overnight on fluids. Bloodwork revealed an elevated ALT=685 (20-100), and ALP=170 (10-90). On presentation, Cookie seemed tender on abdominal palpation. She was also thin on exam. We elected to perform an abdominal ultrasound.

Ultrasound revealed a generalized, diffuse, hepatomegaly. The gall bladder was normal in size, but the common bile duct was dilated. This is often seen in cases of pancreatitis, and the pancreas did appear mildly echogenic. At this time, our primary concern was for a pancreatitis with a secondary hepatic lipidosis, although we could not rule-out a cholangiohepatitis. We elected to perform a serum bile acids assay, pancreatic function panel (TLI/PLI), and an ultrasound guided fine needle aspirate of the liver. The FNA was consistent with hepatic lipidosis. It was decided to hospitalize Cookie pending the blood test results and administer supportive care including IV fluids, injectable antibiotics, pain medication, and anti-nausea medications as Cookie acted nauseous when exposed to food. We also placed a nasoesophageal tube to temporarily allow us to give Cookie nutritional support pending lab results.

The next day, Cookie was improved clinically. Her attitude was much brighter and she was tolerating the tube feeding well. The bile acids assay returned mildly elevated (pre=33.4, post=31.1). Cookie continued to improve over the next 24 hours and even started to eat a little when given valium for appetite stimulation. We did continue to supplement her via the nasoesophageal tube and continued fluids, antibiotics and anti-nausea medication. The owner elected to take her home after 3 days of hospitalization, and she was discharged with instructions on how to tube feed, and given flagyl, amoxicillin, and cyproheptadine for at home medicating.

Cookie returned to Avondale 3 days later for a recheck exam. She had been uncomfortable at home according to the owner and was drooling excessively.

We re-evaluated her liver enzymes and found her ALP=145 (14-111), ALT=652 (12-130), and T. Bili = 1.0 (0-0.9). An ultrasound recheck revealed no change from the prior study. We noticed Cookie acted nauseous whenever we tube fed her that day. At this point we discussed with the owner hospitalization again and the potential for placing a gastrotomy tube which would be a better long term feeding option. The owner elected to admit Cookie for hospitalization, but wanted to continue feeding with the nasoesophageal tube if possible, and to try anti nausea medication. Cookie was hospitalized on IV fluids, metoclopramide, flagyl, amoxicillin, and cyproheptadine if no nausea/vomiting.

While hospitalized, Cookie's nausea seemed to worsen with the tube feeding and the tube seemed to bother her. We also received the results of the pancreatic function tests, which were severely elevated and indicative of pancreatic inflammation (PLI=430 (2-6.8), TLI = 222.5 (12-82)). We discussed Cookie's progress and test results with her owner. The severity of the TLI/PLI elevations were supportive of a severe pancreatitis, but neoplasia could not be ruled out. Exploratory surgery was an option the owner did not want to pursue. Cookie's owner did elect to allow us to place a gastrotomy tube. The G-tube was placed under general anesthesia using an Eld.

Over the next 48 hours, Cookie improved significantly. She tolerated her tube feedings very well and showed no signs of nausea. She also seemed more comfortable, although she would not eat on her own. Cookie was discharged to the owner 3 days after her recheck exam with instructions on g-tube feeding and care. She was also to continue the flagyl and amoxicillin.

Cookie continued to improve clinically at home and progressively gain weight. At her initial recheck 10 days later, her liver enzymes were in the normal range and she had gained 2.5 oz. She started to eat on her 2 weeks after her tube was placed and her owners started to wean her off her tube feedings. Cookie's G-tube was pulled 1 month after it was placed. Since then, Cookie has been doing very well and has been managed on an enteric diet. To this date, she has not had any related problems.

## Case Dilemma?

If you have a difficult or interesting case you'd like to refer or simply discuss, please feel free to contact one of our veterinarians. You may reach them at 515-262-6111 or 800-339-4873.



*Happiness is a journey,*

*Not a destination!*

*WORK like you don't need money,*

*Dance like no one is watching!*

## YOU KNOW YOU ARE LIVING IN 2008 WHEN...

1. You accidentally enter your PIN on the microwave.
2. You haven't played solitaire with real cards in years.
3. You have a list of 15 phone numbers to reach your family of three.
4. You e-mail the person who works at the desk next to you.
5. Your reason for not staying in touch with friends and family is that they don't have e-mail addresses.
6. You pull up in your own driveway and use your cell phone to see if anyone is home to help you carry in the groceries.
7. Every commercial on television has a web site at the bottom of the screen
8. Leaving the house without your cell phone, which you didn't even have the first 20 or 30 (or 60) years of your life, is now a cause for panic and you turn around to go and get it.
10. You get up in the morning and go on line before getting your coffee.
11. You start tilting your head sideways to smile. : )
12. You're reading this and nodding and laughing.
13. Even worse, you know exactly to whom you are going to forward this message.
14. You are too busy to notice there was no #9 on this list.
15. You actually scrolled back up to check that there wasn't a #9 on this list.

~~~~~AND FINALLY~~~~~

NOW U R LAUGHING at yourself.