Ixnay on the IBD

Handling patients with chronic enteropathies

When it comes to chronic gastrointestinal cases, it’s time to throw out your outdated terms and diagnoses. p2

GI WELLNESS

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When it comes to chronic gastrointestinal cases, it's time to throw out your outdated terms and diagnoses.

By Sarah Wooten, DVM

Calling all chronic enteropathies! Wait, are you calling all your chronic gastrointestinal (GI) cases inflammatory bowel disease, or IBD, without doing a histopath of the small intestine because the owner won't let you biopsy?

STOP IT. Fetch dvm3360 conference speaker Craig Ruaux, BVSc (Hons), PhD, MACVSc, DACVIM-SA, says the term “inflammatory bowel disease” is outdated. Even in the cost-conscious world of private practice, there are new, more rational ways to approach your chronic enteropathy patients than, “Let’s just pull out the pred and see what happens” that provide a better standard of care and won’t break the bank.

Add an “I” for idiopathic

When veterinary professionals discuss chronic enteropathies, the term IBD is thrown around quite a bit. But Dr. Ruaux thinks IBD is markedly overdiagnosed in chronic gastrointestinal cases and is being used as a catch-all term for any time the small intestine is inflamed. There are a lot of diseases outside of IBD that can cause small intestinal inflammation, he says, and the underlying pathology is very different from true IBD.

When it comes to IBD, idiopathic inflammatory bowel disease (IIBD) is a more accurate term, says Dr. Ruaux. IIBD is a diagnosis of exclusion. It implies you’ve done a complete workup, including a minimum database, a fecal flotation and GI panel, and acquisition of biopsy samples of the intestines.
GI disease: Often painful for affected pets, challenging to diagnose, difficult to treat. When you’re facing a case of pancreatitis or gastrointestinal dysfunction, have no worries. We’ve compiled the best articles, tips, tools and techniques on these gut-wrenching conditions from dvm360 right here. Find all this (and much more!) at dvm360.com/GItoolkit.
If not, your diagnosis is chronic enteropathy of unknown origin. Only diagnose something to the level with which you can describe it, Dr. Ruaux says.

**Geez, those GI signs**
Chronic enteropathies, regardless of the underlying cause, often present in a very similar manner, Dr. Ruaux says. Signs may include weight loss, lethargy, vomiting, diarrhea and appetite alterations—in dogs, at least.

Cats love to break all the rules. They often present polyphagic with large, voluminous diarrhea. They may also have steatorrhea because chronically inflamed intestines lose the ability to absorb fat. Unabsorbed fat in the intestine stimulates diarrhea by osmotically drawing water into the lumen and by fostering an environment for the bacterial toxins. Cats with chronic enteropathy with steatorrhea that look like they have exocrine pancreatic insufficiency almost never do, Dr. Ruaux advises.

**The deets on diagnostics**
If this is the first time you are seeing a chronic enteropathy patient, Dr. Ruaux recommends starting with a complete blood count, serum chemistry profile, urinalysis, fecal flotation and GI panel, if the owner will let you. If you give a simple explanation of why you need these tests, such as, “We need to rule out causes outside the GI tract that cause diarrhea,” or “Knowing serum cobalamin and folate concentrations will help us determine the extent of the disease and guide appropriate treatment decisions,” you are more likely to get a yes to go ahead with diagnostics. Just remember to keep communication simple!
In cats, Dr. Ruaux recommends that the GI panel include trypsin-like immunoreactivity, cobalamin concentration, folate concentration, pancreatic lipase immunoreactivity, and a Spec feline pancreas-specific lipase test. It is useful to know if cats with chronic diarrhea also have chronic pancreatitis, as that will influence your treatment decisions. Dr. Ruaux notes that the canine pancreas-specific lipase test is less important in dogs with chronic enteropathy unless they present with vomiting.

As results of a GI panel can take up to five days, Dr. Ruaux recommends performing an abdominal ultrasonographic examination to inspect intestinal wall thickness while you are waiting. If an owner has financial constraints, Dr. Ruaux says forget the ultrasound and go straight to endoscopy or exploratory laparotomy and biopsy. While the ultrasonographic exam can tell you whether there is abnormal wall thickness, Dr. Ruaux finds abdominal ultrasonography has a low sensitivity and specificity for diagnosing GI disease, except in some cases of protein-losing enteropathy. Furthermore, doing an abdominal ultrasonographic examination does not change the diagnostic need for an intestinal biopsy, except in cases of very old or debilitated patients where anesthesia is a concern or patients with a palpable abdominal mass.

When it comes to choosing biopsy via exploratory laparotomy versus endoscopy, Dr. Ruaux says it really only matters in cats with GI lymphoma. GI lymphoma is located in the ileum and you cannot reach the ileum with endoscopy unless you use a transcolonic approach. If you only sample from the proximal intestine, you may miss the disease.

**Specifics on treating those nonspecifics**

If histopathologic examination of the intestinal biopsy samples reveals nonspecific inflammation, Dr. Ruaux rules out lymphosarcoma and lymphatic drainage diseases. Infectious disease, intestinal dysbiosis, food-responsive disease and IIBD all read as nonspecific inflammation. For nonspecific inflammation patients, Dr. Ruaux takes a five-step approach. These steps can still be followed if the client declines biopsy, as long as the client knows you are treating empirically.

**STEP 1**

Prescribe fenbendazole at 50 mg/kg for five days to treat for occult giardiasis or other...
intestinal parasitic infections.

Dr. Ruaux does not use metronidazole to treat giardiasis because he thinks that in order to successfully eliminate giardiasis, you must use doses that are toxic.

**Step 2**

Treat any cobalamin or folate deficiencies.

**Step 3**

Rule out a food-responsive enteropathy (FRE) by instituting a dietary modification trial.

Dr. Ruaux prefers using a novel protein diet over a hydrolyzed diet. If he can, he will also prescribe a low-fat diet because of fat’s ability to cause osmotic diarrhea if it is unabsorbed from the lumen. More than 60% of cats with chronic enteropathy signs show improvement with diet modification, according to Dr. Ruaux, and don’t need corticosteroids. Dogs with classical FRE tend to be younger, large-breed dogs and can respond well to diet modification therapy.

Even though he prefers diet trials to last four to six weeks, Dr. Ruaux says that if there is no improvement after two weeks, it is likely the animal will not respond. If the patient isn’t responding to a hydrolyzed diet, it is still possible to have an FRE that is reactive to the underlying protein source in the hydrolyzed diet, and a novel protein source must be chosen. At this point, if the owner is tired of the diarrhea, it is appropriate to continue the diet trial and also move to step 4.

**Step 4**

Rule out small intestinal bacterial overgrowth (SIBO) or antibiotic-responsive enteropathy with an antibiotic trial. Oh, and it’s no longer called SIBO.

Dr. Ruaux says the more appropriate term is “intestinal dysbiosis.” SIBO implies that the patient’s intestine has too many organisms or an overgrowth of pathogenic organisms. But in patients with chronic enteropathy, they tend to have a change in the GI microbiome that is correlated with dysfunction. Time to join the cool kids and change up your terminology.

Dr. Ruaux continues the diet trial and adds in 20 to 25 mg/kg of tylosin twice daily for four to six weeks, as well as probiotics and prebiotics. For clients who feed raw food or home-cooked food to their pets, a prebiotic such as fructooligosaccharide powder can be purchased from the health food store and should constitute 1% of the diet, which comes out to 1 g powder/100 g of food fed. For those clients who find this cost-prohibitive, explain that prebiotics are formulated into GI therapeutic diets.

What about metronidazole? Dr. Ruaux only uses metronidazole for patients with stress colitis or sepsis. He prefers that his patients receive tylosin over metronidazole for treatment of chronic enteropathy.

**Step 5**

No improvement? Break out the corticosteroids.

If you are 21 days into the trial and the pet is not responding, it’s time for corticosteroids and a diagnosis of IIBD. Dr. Ruaux prescribes 1 to 2 mg/kg prednisone (or prednisolone for a cat) per day. Pharmacokinetically, there is no difference between once-a-day and twice-a-day administration. If the patient is a dog that is not responsive and there is evidence of a protein-losing enteropathy, then Dr. Ruaux will add in...
chlorambucil to increase survival time.¹

For intestinal dysbiosis, food-responsive enteropathy or true IIBD, client education is as important as diagnostics and therapy, Dr. Ruaux says. Stress to veterinary clients that you are managing the disease, not curing it, and it will take trial and error to both obtain a diagnosis and treat the problem, especially in patients that have more than one condition. Advise clients that the gut is chronically inflamed, and it takes time and testing to figure out the root cause or causes. Many clients have their own GI distress journeys, and I have found that they understand the diagnostics and treatments surprisingly well. Be hands-on with these patients in follow-ups—don’t be afraid to schedule multiple rechecks. Most clients will appreciate your effort, and you will get better compliance in pursuing diagnostics and adherence to the diet trial and therapeutic recommendations.

Reference
2 ideas for talking about feline constipation on Facebook

Do you feel stuck when it comes to educating clients about this common kitty issue? Here are a couple of ways to get conversation, ahem, flowing.

Like religion and politics, pooping is one of those topics you’re not supposed to bring up in polite conversation—unless, of course, you’re in veterinary practice. Then, it’s your duty to talk about doodie, and your practice’s Facebook page can be a great place to start the conversation.

We’ve tried to make this duty a little easier by coming up with some simple client education posts you can use on your practice’s Facebook page. Your clients will be bowled over by your helpful tips!
1. **Type the following text into a new post on your practice’s Facebook page:**

   **Concerned your kitty might be feeling a bit stopped up? Watch this video about how to recognize constipation in your cat and give us a call if you notice any of the signs.** [https://www.youtube.com/watch?v=ON_1YE7fBkE](https://www.youtube.com/watch?v=ON_1YE7fBkE)

2. **Once the link preview pops up, you can delete the link text. It should look like the image above.**

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1. **Go to dvm360.com/kittyconstipation and drag and drop the image you find there (example below) onto your computer’s desktop.**

2. **Post the image on your practice’s Facebook page with the following text:**

   **If your cat hasn’t left anything in the litterbox for one or two days, it may need help getting things moving again. Give us a call so we can get to the BOTTOM of it and help your kitty feel better.**

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**COMMON CAUSES OF KITTY CONSTIPATION**

- Dehydration
- Infection
- Stress
- Food changes
- Intestinal blockage
- Medications
- Primary CNS disease
- *Helicobacter hepaticus* infection
Client videos: Defusing the tummy-twisting worry of GDV

Save a life! Share these videos with your clients with dogs at risk for GDV.

Have veterinary clients whose stomachs are in knots over their concern for gastric dilatation-volvulus (GDV) in their at-risk dogs? They want to do their utmost to ensure their dogs aren’t affected by this life-threatening turn of events, so we worked with Jennifer Wardlaw, DVM, DACVS, to develop videos you can share directly with your clients once you raise the issue of GDV with them. Scan the QR code to go straight to the video pages (and then use the tips on the next page to embed the videos on your site).

The first video discusses what signs clients should be on the lookout for in their dogs that mean an emergency visit to the veterinarian is called for, now!

The second video discusses what steps clients can be taking to make sure this never ever happens to their precious pups in the first place. A prophylactic gastropexy is always an option, but there are some steps your clients can be taking themselves to prevent GDV.
Follow these instructions to embed a YouTube video onto your veterinary practice’s website.

1. Press play on the video player. Then click the YouTube icon to view the video on YouTube.com.
2. Beneath the bottom right corner of the video player, click the Share button, and share via social media. To share on your practice website, select Embed. Customization options will appear below.
3. Click a standard video-player size or type in custom dimensions to fit your Web page.
4. Click inside the embed code box to select the text. Next, copy the text.
5. Open your Web page file, identify where you want the video to appear, and paste the embed text in your HTML code.
6. Save and upload your revised page to your website.
Cat owners need to know all hope is not lost.

Chronic diarrhea is certainly a frustration for cat owners, but at its worst, the condition may lead to the relinquishment of a pet—a loss for all involved. Fetch dvm360 conference speaker David Twedt, DVM, DACVIM, believes that your clients need to hear the situation is not hopeless.

“The biggest thing to tell the client is that we can resolve it, but it may take awhile using dietary trials (and other methods) to come to a conclusion,” he says. Scan the code, left, to watch a video with more expert tips.
Chronic intestinal disease in cats: Why you shouldn't ignore frequent vomiting and hairballs.

Why you shouldn't ignore frequent vomiting and hairballs.

CAUSES

There are many causes of vomiting. Sometimes it is a diet intolerance that can be diagnosed with a change in food or a formal food trial with a hypoallergenic diet. Cats that eat grass or other hard-to-digest plants will frequently vomit. Restricting them from grass may solve the problem. However, sometimes it is due to a more serious disease that needs to be diagnosed and treated specifically.

DIAGNOSTIC TESTS

There are many diagnostic tests that can be performed looking for a myriad of causes of vomiting. Some are blood tests, and some involve taking x-rays with or without barium. The most useful test for most cats is an ultrasonographic study of the stomach and small intestine. Increased thickness of the stomach or small intestinal wall is the most significant finding on an ultrasonographic examination. If thickening is found, there are two primary possible diagnoses: inflammatory bowel disease (IBD) and lymphoma, although about 5% of the time another disease will be found. The only way to diagnose either is by obtaining biopsy samples of the small intestinal wall, usually by performing abdominal surgery. With that sample, a veterinary pathologist can determine if IBD or lymphoma is present and can classify the type of each. This is the information that is needed to make a treatment plan and determine the prognosis.

INFLAMMATORY BOWEL DISEASE

When the small bowel wall is significantly thickened, there is about a 50% chance it will be due to IBD. This disease is caused by a chronically irritated stomach and intestinal lining. It may be caused by an irritant in the diet, or it may be just an abnormal immune system overreacting to normal food or things in the food. However, the specific cause is not usually determined. Inflammation interferes with digestion of food and absorption of nutrients. Therefore, cats with advanced disease are losing weight and often have an increase in their appetites as they attempt to make up for the weight loss. Poor motility of the thick intestines is associated with vomiting.

Treatment includes immunosuppressive drugs (usually corticosteroids such as prednisolone), special diets, probiotics, and vitamin B12 injections. Often, cats get an initial short course of antiparasitic drugs and antibiotics. IBD is not considered a curable disease, but proper treatment can control it and stop or slow the vomiting and weight loss. Overall, the prognosis is very good.
GI CASES CAN BE TOUGH. THE SOLUTION IS SIMPLE.

ROYAL CANIN® Feline GASTROINTESTINAL FIBER RESPONSE™ is our go-to solution for chronic feline constipation, obstipation and megacolon. ROYAL CANIN® GASTROINTESTINAL FIBER RESPONSE™ is highly palatable, enriched with nutrients like EPA and DHA, prebiotics and a precise blend of soluble and insoluble fibers to help manage digestive problems such as diarrhea and constipation and support lifelong digestive health.

The Solution is Simple. ROYAL CANIN® GASTROINTESTINAL FIBER RESPONSE™
A PSYLLIUM-ENRICHED EXTRUDED DRY DIET FOR THE MANAGEMENT OF FELINE CONSTIPATION, OBSTIPATION AND MEGACOLON

D Houston¹, H Weese¹, M Evasón¹, G Deswarte², Y Soulard², V Biourge².
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The dietary management of constipation, obstipation and megacolon in cats is either based on a high fiber diet (total dietary fiber >20% on an as fed basis) or on highly digestible, low fiber diets supplemented with various soluble fiber sources including psyllium or canned pumpkin. The physical and chemical properties of dietary fiber vary considerably with high levels of insoluble fibers, such as cellulose, potentially exacerbating the clinical signs. The objective of this study was to assess the efficacy of a moderate fiber, psyllium-enriched, extruded dry feline diet in the management of recurrent feline constipation, obstipation and megacolon.

Fifty-one cats from clinics across Canada entered the study with a history of chronic constipation, obstipation or megacolon. Forty neutered cats (31 male and 9 female) have completed the trial. Cases had been on a variety of diets and treatments including lactulose (31/40; 77.5%) and cisapride (25/40; 63%). All of the cats underwent a complete clinical examination and could not have an impacted colon prior to introduction of the trial diet. The diet was a moderate fiber, psyllium enriched, dry extruded diet (protein 31%, fat 15%, total dietary fiber 11.2%, 3879 kcal ME/kg as fed). Fecal score and body weights were recorded at the beginning, mid-point and end of the study.

The mean age was 8.38 ± 4.3 (range from 0.75 years-16.5 years). All cats showed improvement in fecal scores. Mean fecal score at the beginning of the trial was 1.23 ± 0.55 (median 1) and mean fecal score at the end of the trial was 2.6 ± 0.55 (median 3). Body weight remained stable. None of the cats presented with an episode of constipation over the study period. By the end of the trial, 14 cats were off lactulose and 11 were off cisapride; in addition, 4 and 3 of the remaining cats had a reduction in the dosage of lactulose and cisapride respectively. The psyllium-enriched extruded dry diet used in this clinical study proved to be very effective in the management of constipation, obstipation and even megacolon. Decreased need for medications, surgery and euthanasia was noted.

Technicians, get ready to digest the diagnostics that help you become key advisors in the workup of patients with gastrointestinal disease.

During his presentation on diagnostic test options for gastrointestinal (GI) disease in dogs as part of the technician program at a recent Fetch dvm360 conference, Scott Owens, DVM, MS, DACVIM, highlighted the technician’s role in this common area of disease—the arena of vomiting, diarrhea and the like.

Dr. Owens walked the audience through the steps of determining what’s going on in patients with GI issues. First and foremost is that “Please tell all!” patient history, which technicians are vital in gathering.

Hear Dr. Owens explain some of the things to ask about, including presenting complaints, an acute versus a chronic longevity, concurrent diseases, diet and current medications.

Listen to the audio here.

But let’s get right to the poop. That fecal sample—so valuable. What can you do with it? Here’s a quick overview.

**Float it**
A fecal flotation is the cornerstone of examining a fecal sample, which can be done in-house or sent out to a laboratory. Dr. Owens says fecal flotation is especially important when the history reveals the dog has been in an environment where parasites can be present. Hear what can make or break this fecal evaluation from Dr. Owens and what piece of equipment can do wonders for diagnosis, if you do it frequently:

**Test it—and quick!**
Two common culprits, giardiasis and parvovirus, are easy to pinpoint with enzyme-linked immunosorbent assay (ELISA) tests that require stool samples.

**Culture it**
Maybe …. Dr. Owens says fecal cultures can be tricky to interpret. When does he perform one? If the pet is eating a raw meat diet...
and has evidently bloody stool, it may indicate a Salmonella species infection. It’s also important to know if Salmonella or Clostridium species are running rampant if the pet is in a home with immunocompromised people.

**Analyze its DNA**
The IDEXX Canine and Feline Diarrhea RealPCR panel just takes a swab of stool and can catch several viral, bacterial and parasitic causes. Since you can get a lot of positive results that may or may not be significant, Dr. Owens relies more on the findings of the physical examination and patient history. “But if I’m really struggling—if a dog has a strong indication of bacterial disease and has been in that environment—I’m going to use it,” Dr. Owens says.

**Assess its protein content**
If a protein-losing enteropathy is suspected, the fecal alpha-1 proteinase inhibitor test is a good go-to. It measures the amount of protein in the stool to show if the intestines are leaking this vital component, Dr. Owens says.

**Examine it for blood**
Blood in the stool can be hard to detect visually, which is where the fecal occult blood sample comes in. Since high protein in a pet’s diet can cause a false positive result, Dr. Owens says it’s best to feed a vegetarian diet for a few days before testing. The key to this test? A negative result is more informative. “If it’s negative, I’m really happy—there’s no bleeding,” he says. “If it’s positive, I shrug my shoulders and say, ‘OK, it could be, it could not be that blood is present.’”

**Don’t hesitate to step in**
Fecal examinations are just a part of a workup in a patient with a GI issue. Blood testing, biopsy, endoscopy and ultrasonography are other routes to diagnosis.

“The role of the technician is really valuable in knowing and maybe even saying ‘Hey, you know, are we at that point? Do we need to think about biopsies?’” Dr. Owens says. “Taking that role in the hospital to have that comfort to say to the doctor, ‘What about this test?’ or ‘What about this test, I heard about this ….’ is really important.”
The same drugs you may reach for yourself to relieve the gastric effects of too much stress can be used in your veterinary patients. Here’s some guidance on acid suppressant usage given by Katie Tolbert, DVM, PhD, DACVIM, an assistant professor at the University of Tennessee’s College of Veterinary Medicine, during a recent Fetch dvm360 conference.

First, skip the antacids, which aren’t as effective as decreasing gastric acid for a prolonged period. Instead go for acid suppressants. Two types are generally used in veterinary patients:
Proton-pump inhibitors (PPIs) such as omeprazole, pantoprazole and esomeprazole.

Histamine type-2 receptor antagonists (H2RAs) such as famotidine and ranitidine.

Administration advice

- PPIs are most effective when taken before a meal. Dr. Tolbert recommends giving them 30 minutes before breakfast.
- H2RAs can be taken with or without food.
- Patients may become tolerant of an H2RA's effects after several days of receiving the drug.
- Don't combine PPIs and H2RAs if you're looking to reduce acid, says Dr. Tolbert. Even though they may take a day or two to reach full effect, PPIs are just as effective as H2RA on day 1. However, in cases of nocturnal acid reflux, you can use the two drug types together (PPIs in the morning and H2RAs in night).

Prophylactic pointers

One big question: Should acid suppressants be given to patients considered at risk for gastrointestinal ulcers that might need transient therapy? Let's look at several scenarios:

Find references for this article at dvm360.com/GItoolkit.

Perioperative gastroesophageal reflux

Tolbert says this condition is common in dogs (10 to 55 percent), a little less so in cats (2 to 12 percent). One study showed that 30 percent of gastrointestinal healthy dogs undergoing orthopedic surgery had perioperative reflux. In that study, the dogs benefitted from esomeprazole plus cisapride.

Kidney disease

Veterinarians often prescribe famotidine in patients with kidney disease, but Dr. Tolbert questions if they should be. Studies have shown no evidence of mucosal erosion or ulceration in patients with chronic kidney disease. And these patients are already receiving plenty of drugs, so why add to the burden? On top of this, PPI administration in people has been associated with a higher risk of kidney disease. Overall, further study is needed to define utility in patients with renal issues.

Liver disease

Although liver disease is one of the most common factors predisposing dogs to GI ulcers, Tolbert says there are so many other factors involved in ulcer development that acid suppressors may not be efficacious in these patients. In fact, a recent study shows that dogs with portosystemic shunts had significantly lower serum gastrin than healthy dogs. But Dr. Tolbert says the study did not look into whether or not these dogs had ulcers. Her best plan of action? Reserve PPI use for patients with evidence of GI bleeding such as melena, iron-deficiency anemia, and regenerative anemia in the absence of hemolysis. One important note: Avoid cimetidine, says Dr. Tolbert, as it is associated with acute liver injury in people and is not an effective acid suppressant in dogs.

Pancreatitis:

The effects of PPIs in people have been mixed—some studies have shown that PPIs may cause pancreatitis while others say they help reduce inflammation associated with it—so there is no definitive answer here. If a patient isn’t having persistent vomiting, there’s no need to administer a gastric acid suppressant, says Dr. Tolbert.
Canine pancreatitis: 
Insight from an internist

By Jennifer L. Garcia, DVM, DACVIM

We all know how difficult the diagnosis and treatment of canine pancreatitis can be. In his presentation at the 2014 American College of Veterinary Internal Medicine Forum, “Canine pancreatitis: No such thing as a typical case,” Michael Willard, DVM, MS, DACVIM, shared his experience in the management of these cases.

Diagnostic insight

While the history and physical examination are critical components of patient assessment, their utility in these cases has more to do with looking for and ruling out diseases that can mimic pancreatitis. Data collected from the minimum databases (complete blood count, serum chemistry profile and urinalysis) will also help. Dr. Willard pointed out that, unlike before, we have come to know that amylase and lipase activities are not reliable markers of pancreatitis. Hyperlipidemia is not a common finding, but if it is noted in a patient with an acute onset of vomiting and diarrhea, pancreatitis should be high on the differential diagnosis list.

According to Dr. Willard, trypsin-like immunoreactivity (TLI) is not a very sensitive indicator of pancreatic inflammation but may be supportive if it is elevated. The canine pancreatic lipase immunoreactivity (cPLI) assay, on the other hand, is very sensitive (85% to 90%), but its specificity is questionable. Even a small, perhaps not clinically significant focus of inflammation in the pancreas can cause a positive result, he noted. The best use of cPLI is in ruling out pancreatitis if the results are negative.

Abdominal radiography is indicated in these cases to look for other problems as well; classic signs of pancreatitis (e.g. loss of detail in the right cranial quadrant, dilated duodenum) are not always present. Abdominal ultrasonography is the most useful imaging modality we have for diagnosing pancreatitis, but it is not perfect. Dr. Willard pointed out that he has seen some cases in which sonographic changes lag behind clinical signs, so serial ultrasonographic examinations may be needed.

Findings may change even within a few hours. Pancreatic abscesses may occur and are typically sterile, so they can often be treated medically with ultrasound-guided drainage. Septic abscesses may be more common in cats, Dr. Willard noted. In his experience, pancreatic masses are more often inflammatory in nature than cancerous masses and may not require surgical removal unless insulinoma is suspected. A biopsy will be needed for a definitive diagnosis.

One of the biggest challenges with this disease is pets with severe clinical signs and whether they have severe sterile pancreatitis versus septic peritonitis. These conditions may look similar in that they both can have abdominal effusion, and bacteria may not always be seen even in cases of septic peritonitis. The abdominal fluid in both cases may be variably inflammatory.
Treatment tips
In terms of management, Dr. Willard offered the following:

> Offer low-fat food as soon as possible. You may consider this step even if there is some low-grade vomiting as long as feeding does not make the patient worse. Be sure to start slow.

> Begin fluid therapy. We tend to underestimate a patient’s need for fluids, so err on the side of more in the absence of cardiac or renal disease. Hydration status may be difficult to assess in obese (no skin tent) or nauseated dogs (moist mucous membranes due to nausea).

> Since there are no robust studies, it is controversial whether fresh frozen plasma provides any benefit. It can be used if you suspect disseminated intravascular coagulopathy.

> Consider administering colloids. You can consider hetastarch if the albumin concentration is < 2 mg/dl (will provide more oncotic support than plasma).

> Total or partial parenteral nutrition is rarely needed.

> Administer analgesics. Consider butorphanol for very mild cases, methadone for moderate cases, and hydromorphone or fentanyl for severe cases.

> Only use antiemetics if vomiting or nausea are severe; otherwise, they may mask improvement. Dr. Willard recommended maropitant as a first-line drug.

> Consider proton pump inhibitors for dyspepsia—pantoprazole or omeprazole.

> Administer antibiotics only for severe cases or those with suspected systemic inflammatory response syndrome. If possible, consider sample collection (e.g. peritoneal fluid, aspirated abscess material) before antibiotic administration.

> Since their use in pancreatitis is controversial, reserve corticosteroids for patients that are not responding to therapy and then consider a physiologic dose.
Prep clients for long-term care

Be clear with clients about their pet’s chronic disease management from the start.

In his first few years out of veterinary school, Jeremy Keen, DVM, saw a lot of pets with chronic disease (many of whom were on long-term medications). But few actually returned to the clinic for recheck appointments or follow-up care. The reason? Clients weren’t fully educated about the disease, didn’t know how it needed to be treated, and didn’t understand how long they’d be invested—both emotionally and financially—in the disease management process, Dr. Keen says.

Seeing a need for more client education, Dr. Keen came up with the idea to create client handouts that would detail the tests needed to confirm a diagnosis and monitor progress once treatment was underway. The handouts needed to give pet owners an understanding of the financial responsibility and time commitment they would face managing the disease as well as improve efficiency in the veterinary clinic and make everyone’s job easier.

How it works
Everyone in Dr. Keen’s clinic now plays a part in the client education experience when a chronic disease is diagnosed. Once an initial diagnosis is made and the doctor briefly explains the disease and next steps to the client, a technician takes over and gives the client the appropriate handouts—which include the cost of additional tests and treatment—to review at home. A receptionist then schedules a follow-up call in a few days to discuss any questions.

Since incorporating the handouts and this tiered approach to client education, Dr. Keen and his staff have seen the benefits of a much more efficient workflow process—not to mention a boost in client compliance. “We’ve seen client compliance increase exponentially,” he says. “When clients are fully educated about a condition and understand it, they are willing to pursue the long-term treatments.”

Head over to dvm360.com/chronicdisease to download a handout on canine hyperadrenocorticism you can edit for use in your practice.
You know what Ernie Ward, DVM—a Fetch dvm360 conference speaker and founder of the Association for Pet Obesity Prevention—is going to say: Nutrition for patients is important for every veterinary practice ... and every patient.

What does that mean? For some practices, it means picking foods to recommend and selling them. But it’s not about the sale, Dr. Ward says. “Do you sell wellness? Do you encourage preventive medicine?” Dr. Ward asks. If the answer to that is “yes,” than you sell pet food. It’s about advocating for quality of life, he says. And you know full well some pet diets out there aren’t great, so Dr. Ward is urging all DVMs to learn what’s good, what’s bad, and recommend the right thing.

What does that look like? Aim for two protocols to make sure nutrition is a part of your care:

> Sell pet foods you’ve researched and recommend
> Ask every pet owner what they feed their pet—and how often and how much.

“We have to start these conversations,” Dr. Ward says. “It’s essential.”

If your answers to the two questions in this article are “yes,” then ABSOLUTELY your veterinary hospital needs to sell pet food to pet owners, according to Ernie Ward, DVM.

**Watch Dr. Ward’s impassioned plea by scanning the code below.**
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