



## HEPBURN VETERINARY CLINIC

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### **WHAT IS PANCREATITIS?**

The pancreas is an organ in the abdomen which has two main functions - to produce digestive enzymes and insulin. The digestive enzymes pass down a duct and empty into the intestine to digest food. In dogs, this duct enters very close to the opening of the bile duct which brings bile from the liver to the intestine. In cats, it shares the opening of the bile duct.

Eating stimulates the pancreas to increase production of digestive enzymes, which digest meat, carbohydrates and fats. Occasionally some of these enzymes leak into the pancreas and tissues around the pancreas and it starts to 'digest itself', causing pain and inflammation, ie, pancreatitis, and sometimes peritonitis.

### **WHY DOES PANCREATITIS OCCUR?**

This may occur because a patient has eaten a particularly fatty meal (causing large amounts of digestive enzymes to be released) or there may be no obvious explanation. However, once patients have had one episode of pancreatitis, they are more prone to experiencing repeat bouts.

Pancreatitis is much more common in middle-aged, overweight, female dogs, however it can occur in male or female dogs of any age or weight.

### **WHAT ARE THE SIGNS?**

Patients with pancreatitis may just be lethargic, or 'tired'. Vomiting is common, and diarrhoea may occur. Appetite may or may not be affected, but eating will usually cause vomiting. Thirst may be increased - again, drinking will often cause vomiting. There may be fever and dehydration. There is often abdominal pain which may be eased by dogs getting into a 'praying' position (standing on hind legs, but with elbows on the ground).

Jaundice (yellowing of the skin and other surfaces) may be seen, as an inflamed pancreas can block off the bile duct and cause yellow pigment to build up in the blood.

### **HOW IS PANCREATITIS DIAGNOSED?**

Diagnosis is usually made on a combination of clinical signs and the results of blood and urine tests. The blood tests assess the level of two enzymes (amylase and lipase) that the pancreas releases into the blood. Also examined in the blood tests are the level of inflammatory response, electrolytes, and liver and kidney function, to give a measure of severity of the disease process and help us rule out other diseases with similar signs.

## **HOW IS PANCREATITIS TREATED?**

There is no specific 'anti-pancreatitis' drug. The treatment involves preventing further damage and reversing the signs:

1. No food or water by mouth (to reduce the activity of the pancreas).
2. Intravenous fluids (often with a vitamin supplement) to maintain hydration and flush out toxins.
3. Antibiotics to prevent the damaged pancreas becoming infected.
4. Anti-vomiting drugs to settle the stomach and reduce the feeling of nausea.
5. Pain relief.

As vomiting and pain subside (usually 1-5 days), small amounts of first water are offered initially. If no vomiting occurs then bland food is offered. It is very important not to feed too early or too much, as if vomiting recurs you can be back to square one. Gradually meals are made larger and mixed with normal (low fat) food.

## **HOW SERIOUS IS PANCREATITIS?**

Not all cases of pancreatitis require hospitalisation, but the majority do. Most patients pull through with proper care and treatment, but occasionally a serious case is fatal. The longer a sick animal is left without treatment, the more likely it is to be one that will not survive.

## **HOW DO I PREVENT PANCREATITIS?**

While most dogs won't ever get pancreatitis, it is a good idea to avoid very fatty meals as a general rule. Not allowing your dog to be overweight will also minimise the risk (as well as making it generally healthier!).

If a dog has already had pancreatitis once, this should be taken as a very serious warning to feed only reduced fat food from then on. It only takes one dim sim, or one sausage from the barbecue to potentially put the patient back into hospital in a serious condition! This may mean warning visitors not to feed your dog, or even locking him up until the visitors leave. Special prescription diets are often recommended to reduce the risk of reoccurrence.

## **OTHER ISSUES**

Occasionally the pancreas can develop one or more abscesses (pockets of pus) after inflammation. This may require ultrasound examination and surgery to diagnose and fix.

Rarely, (usually after repeated bouts of pancreatitis) the pancreas may have lost so much tissue that it can no longer produce enough enzymes. If insulin production is affected, this will make the patient diabetic. If digestive enzyme production is affected, special supplements will need to be added to the food so proper digestion can occur.