FELINE TRIADITIS THE TRIPLE THREAT

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Feline Triadis is a term used to describe concurrent cholangitis, pancreatitis, and inflammatory bowel disease (IBD). In order to understand triaditis, we must have a basic understanding of each condition involved.

PANCREATITIS

Pancreatitis is known to have many triggers but no specific definitive cause. Identified risk factors include bacterial infections, trauma, surgical complications, oxidative stress, hypotension, hypertriglyceridemia, obesity, dietary indiscretion, drug reactions, intoxication, and endocrine disorders. Clinical signs associated with pancreatitis include hyporexia, lethargy, dehydration, and cranial abdominal pain, which can often be challenging to assess.

In addition to routine laboratory work such as a complete blood count, serum chemistry, and a urinalysis, pancreatic tests such as pancreatic lipase immunoreactivity (PLI) and diagnostic imaging are incredibly useful in supporting a diagnosis. In pancreatitis cases, the mainstays of treatment include IV fluid therapy, antiemetics, analgesics, and proactive nutritional supplementation to improve overall outcomes and reduce patient hospitalization.

CHOLANGITIS/CHOLANGIOHEPATITIS

There are multiple types of cholangitis, including neutrophilic cholangitis and nonsuppurative cholangitis. The clinical signs associated with feline cholangitis include fever, weight loss, lethargy, vomiting, hyporexia, icterus, and hepatomegaly. Most patients will have an elevated AST and bilirubin. Complete blood count findings such as leukocytosis, bands neutrophils, and anemia are common. These patients may also benefit from coagulation profiles and bile acid testing.

Treatment for cholangitis patients is supportive but may also include antibiotics, immunosuppressants, coloretics, and nutritional supplementation. In the presence of hepatic encephalopathy, protein restriction may be recommended.

INFLAMMATORY BOWEL DISEASE

Inflammatory bowel disease (IBD) is a disorder of the gastrointestinal tract that manifests itself as persistent or recurrent vomiting, diarrhea, borborygmus, weight loss, and altered appetite. Upon full workup, these patients often have histologic evidence of inflammatory cells. Two of the most common types of IBD can be described as lymphocytic-plasmacytic enteritis and eosinophilic gastroenteritis. It is suspected that these cases may be idiopathic or environmental in nature. Genetics, immune dysregulation, and fluctuations in intestinal microbiota are all likely contributory. The presence of neutrophilia, anemia, thrombocytosis, hypocholesterolemia, and hypoalbuminemia is common in patients with IBD. A gastrointestinal (GI) panel often reveals reduced cobalamin and folate.

Additional diagnostics may include fecal testing and an abdominal ultrasound to document the presence of focal versus diffuse disease and evaluate intestinal wall thickness. Histopathology is often

recommended and may be obtained via endoscopy or surgical laparotomy. Upon full workup, IBD patients often have histologic evidence of inflammatory cells.

Dietary modification to lower antigenic load and reduce mucosal inflammation is recommended for patients with IBD. Patients with small intestinal bacterial overgrowth (SIBO) may also respond to antibiotics such as metronidazole, as this will reduce the bacterial antigen load in the GI tract. Prebiotics, probiotics, and immunosuppressants may also be recommended to help manage these cases.

TRIADITIS

When all of these diseases present concurrently, treatment becomes more complicated and may include IV fluid therapy, electrolyte derangement correction, analgesia, antiemetics, GI protectants, antimicrobial therapy, nutritional supplementation, corticosteroids, cobalamin and/or vitamin K supplementation, nutraceuticals (i.e., sam E and silybin), and probiotics. Establishing some sense of normalcy in feline inpatients will require providing feline-friendly bedding and facial hormone therapy, as well as limiting medically necessary handling. Providing a more positive feline hospitalization experience benefits both the patient and the support staff.