Feline high-rise syndrome, a fall from the second floor or higher, can result in shock, facial trauma, abdominal bleeding, thoracic injuries, and orthopedic injuries. Pancreatic rupture is less common, possibly more common with falls from greater heights, and can lead to multiorgan failure and death. This retrospective study examined 4 cases of pancreatic trauma in 700 high-rise syndrome feline patients (0.6%). Early signs were nonspecific; high index of suspicion, clinical signs, diagnostic imaging, and evaluation of abdominal fluid may help with early diagnosis.

All 4 cats exhibited abdominal effusion, a painful cranial abdominal mass, and jaundice. Vomiting was seen in 2 patients. Three patients showed significant leukopenia and hypoproteinemia, reflecting severe inflammatory response. Sensitivity of ultrasonography (US) for diagnosis of moderate or severe pancreatitis has been reported in 20%–80% of cases; sensitivity and specificity reportedly increase when US is combined with feline pancreatic lipase immunoreactivity (fPLI) testing. Endosonography with transabdominal US may provide better visualization, but diagnostic efficacy has not been substantiated. In 3 cats, abdominal fluid lipase activity was significantly elevated when compared with serum lipase. This test may be useful in early recognition and aggressive treatment. Of the 3 cats that underwent surgery, 2 survived; the fourth cat was euthanized. Left pancreatic limb rupture was confirmed in all cases.

Commentary
When a high-rise syndrome cat presents for stabilization and assessment, it is important to realize that not all internal injuries may be evident initially. Delay in onset of signs was common in cats with pancreatic rupture; delay ranged from 2–5 days. Diagnosis of pancreatic inflammation is not easy, but this highlighted the use of comparative biochemical testing, as done to confirm uroabdomen with creatinine or potassium, or septic abdomen with lactate or glucose.1–3 The comparative abdominal fluid to peripheral blood lipase was markedly elevated, and this test could be performed in hospital without waiting on laboratory results.—Sarah Gray, DVM, DACVECC

Source