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# High amylase and lipase in dogs

What does high lipase in dogs mean. What causes high lipase and amylase levels. High amylase and lipase levels in dogs. Causes of elevated amylase and lipase in dogs. High amylase normal lipase in dogs.

Work out of the campus? Discover our remote access options Volume 25, edition 6, p. 1241-1247 Pancreatitis is a common disorder in dogs for which the diagnosis of ancitor remains demanding. To compare the sensitivity and specification of serum markers for pancreatitis in dogs with histopathological proofs of pancreatitis or its lack. Seventy necropsied dogs for a series of reasons in a 400 Å 1µg / L delicate pancreatitis 21 (12 "34) 100 (59" 100) moderate to severe 71 pancreatitis (29 Å ẽ, ~ "96) 100 (59" 100) (Cutola > 200 1µg / L) mild pancreatitis 43 (30 "57) 86 (42 Å ẽ, ~ "100) CTLI (> 35 Å 1µg / L) mild pancreatitis 30 (19 "44) 100 (59" 100) Moderate to severe pancreatitis 29 (4 - 71) 100 (59 Å ẽ ẽ, ~ "100) Amylase (> U / L) Pancreatite mild 7 (2 - 17) 100 (59Å 100) Pancreatite from moderate to severe 14 (0.4 Å ẽ" 58) 100 (59 Å ẽ "100) lipase (> 750 u / l) mild Pancreatite 54 (40 Å ẽ" 67) 43 (10 Å ẽ" 82) moderate moderate moderateSevere pancreatitis 71 (29 "96) 43 (10" 82) CI, confidence interval; CTLI, trypsin-similar canine immunority. The correlation coefficients for the CPL dosage of the specification was the highest for inflammation of the suppuracy (0.45), peripantic fat necrosis (0.43), the necrosis of acaric cells (0.42) and 1'Edema (0.35); More consistent histopathological features with acute pancreatitis (Table 2). The histopathological characteristics consistent with chronic pancreatitis such as fibrosis (0.34), atrophy (0.24) and lymphocytic inflammation (0.16) had a poorer correlation with the CPL specification. Despite these differences, correlation coefficients for each of the 9 histopathological characteristics were higher for the specific CPL test than with CTLI, amylase and lipase serum (Table 2). Table 2. Correlation coefficients for diagnostic tests and pancreatic histopathology with cumulative score in 70 dogs with and without pancreatitis histopathological evidence. Inflammation Suppurative Acinar Cell Necrosi Hemorrhage Interstitial EDEMA Interstitial Peripancreatic Fat Necrosis Inflammation Lymphocytic Fibrosis Atrophy Atrophy Pancreatitis Pancreatitis Pancreatitis Pancreatitis CPL 0.45 0.42 0.21 0.35 0.43 0.16 0.34 0.24 0.21 0.45 0.08 0.08 0.06 0.09 0.06 0.05 Å,0.0.0.0.15.0.0.0.0.0. 0.12" 0.12.0.10 Amylase 0.30 0.33 0.07 0.09 0.25 0.01 0.21 0.15 0.03 Å,209 0.19 lipase 0.06 0.02 Å ẽ "0.02 0.01 0.00 Å, .02 0.01 0.00 Å ẽ "0.01 0.10 0.05 Å ẽ "0.06 0.03 0.05 Å ẽ "0.06 0.03 ctiI, trypsin canine immunoreactivity; CPL, canine pancreatic lipases. One of the 63 dogs with pancreatitis histopathological evidence had a concentration of CTLI of 1.3 1µg / L, diagnostics due to Exocrine pancreatic insufficiency. The same dog had a specific CPL of 232 Å 1µg / l. Seven other dogs with pancreatitis had concentrations of CTLI between 2.5 and 5.0 Å 2 g / L. Twelve of 70 dogs had macroscopic evidence of necroscopy pancreatitis, including hemorrhage (8), edema (5), pancreatic nodules / Platches (6), a pancreas (4), hyperemia (2), pancreatic necrosis (1), and peripancreatic fat necrosis (3). The 12 dogs with macroscopic pancreatitis tests had significantly higher histopathological scores for pancreatitis (p specifications Å 400 1 µg / L and with istopathological evidence of mild pancreatitititis. Hepatic injuries in these dogs included: epatopathy vacuolare (nå = Å 9), lymphoma (nå = Å 3), extraramente extraramente extraramente(nå = å 2), hepatocellular necrosis (nå = å 2), nodula hyperplasia (nå = † 2,) hepatic congestion (nå = † 2,) hepatitis lymphocyte multifocal portal (nå = å 1,) istiocytic sarcoma = å 1,) hepatocholangiocarcinoma (nå = nå = å 1,) the dog with metastatic islet cell carcinoma had pancreatic cell islets and was found to have a mild pancreatis istopathological. intestinal biopsies were evaluated in 8 of these 12 dogs. three of these dogs had an abnormal intestinal pathology characterized by duodenum mural lymphoma (nå = å 1,) mild segmental enteritis, plasmatic (nå = å 1,) severe necrosuppurative serosite (nå = å 1,) mild acute mild focal haemorrhagia of the ileo (nå = å 1) and crypt ectasia (nå = å 1,) two dogs. gastric biopsies were evaluated in seven of these 12 dogs and abnormal discoveries were only noticeable in 1 dog who had evidence of severe undermarukon edema of the stomach. the pancreatics is identified in 9 dogs: cell carcinoma islands (3,) lymphoma (2,) osteosarcoma (1,) adenocarcinoma (1,) breast cancer (1) and transient cell carcinoma (1,) the specific cpl was the most sensitive and specific test compared to all other serologic markers evaluated, with a sensitivity between 43 and 71% in this study, the cpli had the maximum sensitivity for dogs with macroscopic evidence of pancreatitititis (64% compared to other serologic markers.11 the specificity of the cpl was published in 1 study until today, and the test was found to be highly specific (98% in 40 dogs without istopathological evidence of pancreatis.12 our parallel results to those of Neilson-Carley etå to 100% the lower sensitivity for the specification cpl in dogs with mild pancreatitis is probably a reflection of the rigorous semiquantitative histopathological score system that defined a mild pancreatis based on the presence of one or more parameters of injury that affect å 400 µg / l and histopathological evidence of mild pancreatitis had histopathological evidence of an evaatopathy, and only one of these dogs had macroscopic evidence of pancreatis. in the same way, 3 of 12 dogs that had a specific cplå > Å ẽ µg / l and histopathological evidence of mild pancreatis have had histopathological tests of intestinal lesions (plasmatic ectasia from mild to moderate, lymphoma to cells b, or serosite necrosuppurativa with crypt ectasia) further studies are guaranteed to assess the specific concentrations However, ultrasound assessments have correctly diagnosed pancreatititis which was eventually confirmed by histopathology in all 8 dogs, and the specific cpl was > å 400 µg / l in 4 of these dogs and between 200 and 400 1 µg / l in 2 dogs. two dogs with ultrasound evidence of pancreatis and histopathological evidence of pancreatis from mild and moderate have cpls of 77 and 76 µg / l, respectively. ctiI test was described as a highly sensitive and specific test for the evaluation of exocrine pancreatic insufficiency, 18 however, the performance characteristics of the dosage are subordimali for the diagnosis of pancreatititis, 7 and the low sensitivity of this test was confirmed in this study. the measurement of sierica amilasi activity was the least sensitive test for the diagnosis of mild pancreatititis or moderate to severe; However, the high specificity for this test and the ctiI can be explained by the relatively low number of dogs without histopathological evidence of pancreatis, and the fact that these tests were within the reference range for all these dogs. the measurement of the activity of sierica lipase was the second most sensitive serological indicator for the diagnosis of pancreatititis, and the greater sensitivity that varies from 54 to 71% should be interpreted with caution, given the nature of the study andDiscovery of a relatively high number of dogs with extrapancreatic disease. A limitation of this study was that these dogs were necropsied for a number of reasons, and that clinical inferences (weight loss, inappetanza, vomiting, etc.) that often are associated with pancreatitis could have been due to illness. The sensitivity data should be interpreted with caution due to the relatively small number of dogs with histopathologic evidence of moderate to severe pancreatitis, and because of the wide inclusion of histopathological features that are associated with both acute and chronic pancreatitis. Similarly, mild pancreatic inflammation relevance observed histopathologically may not reflect clinical disease, and histopathological findings of suppurative inflammation of pancreatic, pancreatic necrosis, and necrosis of Peripancreatic fat may be more optimal histopathological markers to evaluate the pancreatitis. 12 In summary, the Spec cPL has demonstrated the best overall performance characteristics (sensitivity and specificity) with respect to other serological tests for the diagnosis of pancreatitis in dogs, with pancreatitis which is defined histopathologically compared to clinically. Caution should be taken care of interpreting the results of specificity, © because these were based on only 7 pancreata normal. The Spec cPL appears best suited for the diagnosis of acute pancreatitis in dogs, even if the test showed a higher correlation with all pancreatic histopathological characteristics compared to other serological tests. The sensitivity of the cTLI was lower than that of serum lipase, stressing the limits of cTLI for the diagnosis of canine pancreatitis. Further prospective studies are required to assess the diagnostic yield of abdominal ultrasound combined with a determination to Spec cPL in dogs with suspected pancreatitis, in an attempt to improve the combined sensitivity when both tests are performed in parallel. This research was supported in part by a grant from the ACORN American Kennel Club Canine Health Foundation. The authors acknowledge the technical support of IDEXX Laboratories, West Sacramento, CA and the invaluable contribution made by Dr. Jane Robertson, IDEXX Laboratories, West Sacramento, CA. Conflict of Interest Disclosures: None of the authors declared a potential conflict of interest in this manuscript. 1 Lipase method: 1. 2-diglyceride, Genzyme Diagnostics, Cambridge, MA 2 Amylase Method: 2-chloro-4-nitrophenol, Genzyme Diagnostics, Framingham, MA 3 Olympus AU5400 chemistry analyzer, Olympus American Inc., Center Valley, PA 4 Spec cPL Test, IDEXX Laboratories Inc., Westbrook, ME15 5 7 Immulite 2000 automatic Immunoassay Analyzer, DPC Cirrus Inc, Flanders, NJ 8 Philips Healthcare, 3000 Minuteman Road, Andover, MA 1 Hess RS, Saunders HM, Van Winkle TJ, et to the clinical abnormalities, clinicopathologic, radiographic and ultrasound in dogs with fatal acute pancreatitis: 70 cases (1986-1995). J Am Vet Med Assoc 1998; 213: 665a-670. 2Cook AK, EB Breitschwerdt, Levine JF, et al. Risk factors associated with acute pancreatitis in dogs: 101 cases (1985-1990). J Am Vet Med Assoc 1993; 203: 673a-679. 3Simpson KW, JW Simpson, Lake S, et al. 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