



## ABOUT THE DISEASE

**Cholangiohepatitis** is a term used for inflammation of the liver and the bile ducts, more commonly seen in feline patients. This disease is the second most common liver disorder in feline patients, after hepatic lipidosis. Please see the [Hepatic Lipidosis](#) document for additional information.

There are two major forms of **cholangiohepatitis**:

- **Suppurative** – biopsy-acquired microscopic changes more consistent with a bacterial infection
  - Bacteria thought to originate from the intestinal tract, travels up the bile duct into the liver.
  - Inflammatory bowel disease & pancreatitis often coexist in these patients Please see the [Inflammatory Bowel Disease](#) and [Pancreatitis](#) documents for additional information.
- **Lymphocytic** – biopsy-acquired microscopic changes more consistent with immune-mediated inflammation

In either form of **cholangiohepatitis**, patients may exhibit symptoms such as yellowing of eyes/skin/gum (icterus/jaundice), distended abdomen, unwillingness to eat (anorexia), vomiting, and weight loss.

## OBTAINING A DIAGNOSIS

Symptoms and routine blood testing will diagnosis changes in liver enzymes.

A definitive diagnosis is made following a liver biopsy, often performed by an ultrasound-guided instrument. Patients will often require a blood clotting (coagulation) test before the procedure is performed.

## TREATMENT

Depending on severity and duration of the patient's clinical signs, many will require hospitalization for supportive care.

Feline patients with the suppurative form of **cholangiohepatitis** have a reasonably good prognosis with an extended antibiotic treatment series. If inflammatory bowel disease and pancreatitis are also present, the treatment of these conditions must be done simultaneously.

Feline patients with the lymphocytic form of **cholangiohepatitis** often respond well to treatment. However, this condition is typically life-long and usually requires indefinite treatment. The goal of treatment is to suppress the immune system, often with glucocorticoids (steroids).

## TIPS FOR SUCCESS

- Aggressively treat **cholangiohepatitis** to prevent the development of hepatic lipidosis.
- Watch for an improvement or a return of icterus/jaundice as a guide of severity of liver condition.