

YELLOWISH DISCOLORATION TO THE TISSUES OF THE BODY (JAUNDICE OR ICTERUS)

BASICS

OVERVIEW

- Yellowish discoloration to the gums and other tissues of the body (known as “jaundice” or “icterus”)
- Serum total bilirubin concentration higher than normal levels, leading to the yellowish discoloration
- “Bilirubin” is a normal bile pigment formed from the breakdown of hemoglobin; “hemoglobin” is the compound in the red-blood cells that carries oxygen to the tissues of the body; the liver takes up the hemoglobin following normal or abnormal breakdown of red-blood cells and processes it to form bile (a fluid substance involved in digestion of fats), which provides a means of eliminating bilirubin from the body
- Bilirubin levels in the blood can increase because more bilirubin is being made by the liver—in this case, more red-blood cells are being broken down (known as “hemolysis”) than usual, so the result is increased formation of bilirubin; bilirubin levels also can increase if the flow of bile is blocked (known as “cholestasis”)—in this case, the bilirubin is not eliminated from the body at a normal rate
- The liver is the largest gland in the body; it has many functions, including production of bile; bile ducts begin within the liver itself as tiny channels to transport bile—the ducts join together to form larger bile ducts and finally enter the extrahepatic or common bile duct, which empties into the upper small intestine; the system of bile ducts is known as the “biliary tree”
- The gallbladder is the storage unit for bile; bile is stored until it is needed for fat digestion

SIGNALMENT/DESCRIPTION of ANIMAL

Species

- Dogs and cats

Breed Predispositions

- All breeds affected
- Breed predisposition for familial (runs in certain families or lines of animals) liver disease—Doberman pinschers, Bedlington terriers, cocker spaniels, Dalmatians, Labrador retrievers

Mean Age and Range

- Most causes—diseases of adult animals
- Young, unvaccinated dogs—at risk for infectious canine hepatitis

Predominant Sex

- Adult female purebred dogs—at risk for accelerated destruction or removal of red-blood cells related to an immune response, in which the body produces antibodies against red-blood cells (known as “immune-mediated hemolytic anemia”)

SIGNS/OBSERVED CHANGES in the ANIMAL

Increased Formation of Bilirubin—Breakdown of Red-Blood Cells (Hemolysis)

- Sluggishness (lethargy), weakness
- Lack of appetite (known as “anorexia”)
- Yellowish discoloration to the gums and other tissues of the body (jaundice or icterus)
- Pale gums and moist tissues of the body (known as “mucous membranes”)
- Enlargement of the liver (known as “hepatomegaly”) and/or enlargement of the spleen (known as “splenomegaly”)
- Bleeding tendencies; low platelet or thrombocyte count (known as “thrombocytopenia”); “platelets” and “thrombocytes” are names for the normal cell fragments that originate in the bone marrow and travel in the blood as it circulates through the body; platelets act to “plug” tears in the blood vessels and to stop bleeding
- Orange feces
- Enlarged lymph nodes (known as “lymphadenopathy”)
- Fever
- “Gelatinous” feel to skin (due to disease of the blood vessels [known as “vasculopathy”])
- History of recent blood transfusion
- Severe trauma: bleeding into muscle or formation of a localized mass of blood in a tissue or organ (known as a “hematoma”)

Decreased Elimination of Bilirubin—Blockage of the Flow of Bile (Cholestasis)

- Sluggishness (lethargy)
- Lack of appetite (anorexia)
- Yellowish discoloration to the gums and other tissues of the body (jaundice or icterus)
- Change in color of urine and feces
- Abdominal enlargement
- Vomiting
- Diarrhea
- Increased urination (known as “polyuria”) and increased thirst (known as “polydipsia”)

- Altered mentation: brain disorder caused by accumulation of ammonia in the system due to inability of the liver to rid the body of ammonia (known as “hepatic encephalopathy”)
- Weight loss
- Enlargement of the liver (hepatomegaly) and/or enlargement of the spleen (splenomegaly)
- Build-up of fluid in the abdomen (known as “ascites”); possible mass in the abdomen; painful abdomen
- Black, tarry stools due to the presence of digested blood (known as “melena”) or pale or grayish coloration to the stools (known as “acholic feces”), due to the lack of bile pigments that cause the normal brown color of bowel movements: indicate complete blockage of the extrahepatic or common bile duct (extrahepatic bile duct obstruction)
- Fever

CAUSES

Icterus or Jaundice Caused by Problems Before the Liver (known as “Prehepatic Icterus or Jaundice”)

- Disorders causing breakdown of red-blood cells (hemolysis), such as immune-mediated hemolysis—certain drugs (propylene glycol carriers in cats, trimethoprim sulfa); systemic lupus erythematosus (autoimmune disease in which body attacks its own skin and other organs); infectious disorders; toxins (such as zinc, onions, phenols); severe low levels of phosphates in the blood (known as “hypophosphatemia”)
- Incompatible blood transfusion
- Infections—feline leukemia virus (FeLV); *Mycoplasma haemofelis*; heartworm; *Babesia*; *Ehrlichia*; *Cytauxzoon*
- Large volume blood resorption—localized mass of blood in a tissue or organ (hematoma), blood in body cavities (such as bleeding secondary to cancer [hemangiosarcoma], use of a product to decrease blood clotting [warfarin])

Icterus or Jaundice Caused by Problems Involving the Liver (known as “Hepatic Icterus or Jaundice”)

- Long-term (chronic) inflammation of the liver of unknown cause (so called “idiopathic hepatitis”) or that runs in certain families or lines of animals (known as “familial hepatitis”)
- Adverse drug reactions—such as those that occur after the use of medications to control seizures (known as “anticonvulsants”); acetaminophen; trimethoprim-sulfa (an antibiotic); carprofen (a pain reliever or analgesic); medication to improve appetite and weight gain (stanozolol) in cats; tranquilizers (benzodiazepines) in cats
- Inflammation of the bile duct or biliary tree (known as “cholangitis”) and inflammation of the bile ducts and liver (known as “cholangiohepatitis”)
- Cancer—lymphoma; “lymphoma” is a type of cancer that develops from lymphoid tissue, including lymphocytes, a type of white-blood cell formed in lymphatic tissues throughout the body; lymphocytes are involved in the immune process
- Progressive damage and scarring of the liver (known as “cirrhosis”) in dogs
- Disease in which fats and lipids (compounds that contain fats or oils) accumulate in the liver of cats (condition known as “feline hepatic lipidosis”)
- Massive death of liver tissue (known as “liver necrosis”), such as due to aflatoxin
- Generalized (systemic) illnesses with liver involvement—certain types of leptospirosis (dogs); fungal infection (histoplasmosis); feline infectious peritonitis (FIP); excess levels of thyroid hormone (known as “hyperthyroidism”) in cats; toxoplasmosis (cats)
- Generalized bacterial infection (known as “sepsis”)—originating anywhere in the body; bacterial products may impair liver processing of bilirubin

Icterus or Jaundice Caused by Problems After the Liver (known as “Posthepatic Icterus or Jaundice”)

- Transient or persistent mechanical interference with the excretion of bilirubin and other bile elements: (1) inflammation of the pancreas (known as “pancreatitis”)—usually transient; (2) cancer—bile duct, pancreas, upper small intestine (known as the “duodenum”); (3) blockage of the bile duct—presence of hard, solid material in the bile duct (known as “cholelithiasis”), sludged bile, liver flukes (cats), immune-mediated duct destruction; (4) ruptured biliary tree causing leakage of bile and resulting inflammation of the lining of the abdomen (known as “bile peritonitis”)

RISK FACTORS

- Young unvaccinated dogs—infectious disease
- Breed predisposition for familial (runs in certain families or lines of animals) liver disease—Doberman pinschers, Bedlington terriers, cocker spaniels, Dalmatians, Labrador retrievers
- Middle-aged, obese dogs—inflammation of the pancreas (pancreatitis)
- Obese cats that have lost their appetite (known as “anorexia”)—disease in which fats and lipids (compounds that contain fats or oils) accumulate in the liver (hepatic lipidosis)
- Drugs that are toxic to the liver
- Blunt abdominal trauma, long-term (chronic) biliary tract disease—leakage of bile and resulting inflammation of the lining of the abdomen (bile peritonitis)
- Low number of red-blood cells due to breakdown of the cells (known as “hemolytic anemia”)

TREATMENT

HEALTH CARE

- Depends on underlying cause

- Inpatient—for initial medical care

ACTIVITY

- Cage rest—to facilitate liver regeneration

DIET

- Diet—important for cases with yellowish discoloration of the tissues due to problems of the liver (hepatic icterus or jaundice) and problems after the liver (posthepatic icterus or jaundice); nutritionally balanced with maximum protein tolerated by patient; carbohydrate based (dogs) with restricted protein for pets with the brain disorder caused by accumulation of ammonia in the system due to inability of the liver to rid the body of ammonia (known as “hepatic encephalopathy”); restrict sodium if pet has fluid build-up in the abdomen (ascites)
- Vitamin supplementation—water-soluble vitamins (vitamin B complex, vitamin C) in all patients; vitamin K₁ for patients with bile-duct blockage or obstruction or diseases in which the flow of bile is decreased or stopped (cholestasis)

SURGERY

- Depends on cause
- Surgical biopsy may be necessary to determine diagnosis or to treat certain conditions (such as bile duct blockage)

MEDICATIONS

Medications presented in this section are intended to provide general information about possible treatment. The treatment for a particular condition may evolve as medical advances are made; therefore, the medications should not be considered as all inclusive.

- Yellowish discoloration of the tissues due to problems before the liver (prehepatic icterus or jaundice)—eliminate inciting cause; whole blood transfusion for life-threatening low red-blood cell counts (anemia)
- Yellowish discoloration of the tissues due to problems of the liver (hepatic icterus or jaundice) and problems after the liver (posthepatic icterus or jaundice)—treat specific disorder defined by biopsy and bacterial cultures

FOLLOW-UP CARE

PATIENT MONITORING

- Yellowish discoloration of the tissues due to problems before the liver (prehepatic icterus or jaundice)—recheck packed cell volume (“PCV,” a means of measuring the percentage volume of red-blood cells as compared to the fluid volume of blood) as needed
- Yellowish discoloration of the tissues due to problems of the liver (hepatic icterus or jaundice) and problems after the liver (posthepatic icterus or jaundice)—recheck blood work (serum biochemical profile) as dictated by underlying disease; continue symptomatic and specific treatment

PREVENTIONS AND AVOIDANCE

- Depend on underlying cause

POSSIBLE COMPLICATIONS

- Depend on underlying cause
- Diseases causing yellowish discoloration of the body tissues (jaundice or icterus) may cause death

EXPECTED COURSE AND PROGNOSIS

- Depend on underlying cause

KEY POINTS

- Yellowish discoloration to the gums and other tissues of the body (known as “jaundice” or “icterus”)
- “Bilirubin” is a normal bile pigment formed from the breakdown of hemoglobin; “hemoglobin” is the compound in the red-blood cells that carries oxygen to the tissues of the body; the liver takes up the hemoglobin following normal or abnormal breakdown of red-blood cells and processes it to form bile (a fluid substance involved in digestion of fats), which provides a means of eliminating bilirubin from the body
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