

Case Study

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Ascites in a Bully Female Pup - A Case Report

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ABSTRACT

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The present case study reports a case of ascites in a four month bully female pup, which was presented with the history of progressive abdominal distension, inappetance and weakness. Further detailed clinical examination and haemato-biochemical study confirmed the ascites of hepatic origin. Treatment with antibiotics, diuretic, liver tonic and hepatobiliary drugs resulted in complete recovery.

Introduction

Accumulation of serous fluid in the sac of peritoneal cavity is referred as ascites. It is one of the most common clinical problems found in dogs.

It may occur due to number of etiological factors *viz.* chronic hepatic failure, congestive heart failure, nephritic syndrome, malnutrition, hypoproteinemia, protein losing enteropathy, ankylostomiasis, abdominal neoplasia of different origin and protein losing enteropathy (Randhawa *et al.*, 1988; Pradhan *et al.*, 2008 and Sujata *et al.*, 2009). Since, ascites is also a clinical sign of some

underline disease conditions, detailed investigations should be carried out to identify the actual cause of the disease.

Case history and Clinical observations

A four month old bully mongrel female pup was brought to TVCC, LUVAS, Hisar, with the history of progressive abdominal distension, inappetence, lethargy and weakness since one week. Clinical examination revealed pyrexia (103.2⁰F), distended abdomen on both sides with palpable fluid thrill, dyspnoea, dehydration and pale mucous membranes. Radiographic examination revealed the ground glass

appearance in abdominal and thoracic cavity with slight pneumonic changes in lungs. Haematological findings revealed 7.7 gm per cent (%) of Haemoglobin, TLC (Total leukocytes count) 13410/cmm and DLC (Differential leukocytes count) - Neutrophils 86%, Lymphocytes 12%, eosinophils 1% and monocytes 1%. The biochemical analysis of serum revealed higher levels of serum glutamic-pyruvate transaminase (SGPT) and serum glutamic-oxaloacetic transaminase (SGOT) 251 IU/L and 113.2 IU/L respectively, and decreased level of total protein 4.5 g/dl. Blood urea nitrogen and serum creatinine levels were 22.49 mg%, 0.52 mg% respectively.

Treatment and Discussion

The dog was treated with Inj. DNS 100 ml IV; Inj. amoxicillin and sulbactam @ 10 mg/kg I/M; Inj. furosemide @ 2 mg/kg I/M; Inj. analgin @ 0.5 ml and Inj. Tribivet 0.5 ml I/M daily for a week along with supportive therapy with syrup livotas pet half tsf. b.i.d for 20 days. The owner was advised to feed chicken soup daily for 20 days along with restricted dietary sodium intake. Subsequently, reduction in abdominal distension was observed from 4th day of treatment and the animal became completely healthy by 20th day. The recorded clinical symptoms simulated with Wadhwa *et al.*, (1995) and Dabas *et al.*, (2011). Haematological examination, revealed slight decrease in Hb concentration and leukocytosis with neutrophilia (Rakesh and Shanti, 1994 and Kumar, 2002). Higher SGPT and SGOT values were due to hepatic insufficiency with hepatic damage resulting into leakage of enzyme from hepatocytes into blood stream (Cornelius *et al.*, 1975). The level of total proteins indicated hypoproteinaemia (Skardova, 1991). Serum blood urea nitrogen and creatinine values indicated normal renal function. The detailed biochemical analysis

confirmed that ascites was of hepatic origin and the same results were observed by Kumar *et al.*, (2016).

Since, the animal was suffering with chronic illness and the clinico-pathological parameters were also suggestive of infection, the line of treatment was chosen with administration of higher antibiotic dose to minimize bacterial infection via the portal circulation, along with supportive therapy and the pup responded well to the treatment.

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