

Successful treatment of Ascites of hepatic origin in Dog

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Abstract

Detailed clinico-pathological study of a Doberman pinsiner female, 8 years of age confirmed the ascites of hepatic origin. Administration of diuretic, liver tonic, antibiotics and hepatobiliary drug resulted in complete recovery.

Introduction

Ascites referred as accumulation of serous fluid in peritoneal cavity, has been attributed to chronic hepatic failure, congestive heart failure, nephritic syndrome, malnutrition, ankylostomiasis and protein losing enteropathy in canine (Randhawa *et al* 1980). True ascites refer to accumulation of serous or serosanguinous fluid in peritoneal space. A more generalized description includes distension of abdomen with other fluid, e.g. chyle, blood and inflammatory exudates. Ascites is always a sign of disease, therefore investigation should be aimed at identifying the primary underlying problem.

Materials and Methods

A Doberman pinsiner female 8 years of age was brought to Nagpur Veterinary College hospital as outdoor patient for a treatment. The bitch exhibited the symptoms of inappetance, symmetrical enlargement of abdomen assuming a pear shape appearance with distended *linea alba* downward and flank region should hollowness with prominent spine and mucous membranes were pale in colour, dyspnoea and tachycardia was evident, on tactile percussion fluid thrilled or fluid wave. The temperature was 103°F.

Haematological studies revealed haemoglobin 7.91 gm%. TLC 13,500/c.mm and DLC - Neutrophils 84%, Lymphocyte 13%, Eosinophills 02%, and Monocytes 01%.

Biochemical analysis of serum revealed - Blood Glucose Random 70mg/dl, Serum Urea 82mg/dl, Serum Creatinine 0.48mg/dl, SGOT 134 I.U./L. Urine was clear pale yellow.

Results and Discussion

The dog was treated with Fructodex 200ml I/V,

Inj. Terramycin 10mg/Kg body weight and Inj. Lasix 400mg I/M for 5 consecutive days and advice Tab. Aldactone 100mg (spironolactone), Tab. Doxy 100mg (Doxycycline) and Susp. Sorbiline (Tricholine citrate 0.55gm, Sorbiline 7.15gm) 1TSF b.i.d. and Aminorich granules 1TSF b.i.d. This treatment was continued for 10 days.

The dog was presented for treatment recovered with above treatment within 15 days. The clinical symptoms recorded simulated with described by Ranjan *et al* (1991), Wadhwa *et al* (1999) and Bhojne.

In the present study with haematological examination, revealed slight decrease in Hb concentration and leucocytosis with increase in Neutrophills which was also reported by Cornelius *et al* (1975), Randhawa *et al* (1988), Rakesh & Shanti (1994), Kumar (2002). Increased SGOT indicate hepatic insufficiency with extension damage resulting into leakage of enzyme from hepatic cell into blood stream (Cornelius *et al* 1975). Normal serum Urea and Creatinine indicate normal renal function. The lower blood glucose indicative of hepatic insufficiency. The detailed biochemical analysis of blood confirmed that ascites was of hepatic origin.

References

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