

MANAGEMENT OF ASCITES IN CATS

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Ascites is the abnormal accumulation of fluid in the abdominal cavity. The volume of the fluid can be quite subtle, or it may be significant, causing distention of the abdomen. This condition will make the stricken cat appear bloated looking. While some instances of ascites in cats can be only minor, there are other instances when the condition or the underlying reason for the condition can be life-threatening to the cat. Ascites has many causes, most of which can be very serious. The most common cause of ascites is cirrhosis of the liver. Ascites is caused by the leakage of fluid into the abdomen from blood vessels, lymphatics, internal organs or abdominal masses (Press *et al.*, 1982). Ascites can have many possible causes, and none of these causes are good (Séverine and Daniëlle 2000). Common causes of Ascites include the following: (a) Nephrotic syndrome (a medical condition in which the pet has protein in its urine; low levels of albumin [a type of protein] and high levels of cholesterol in its blood (Fossum *et al.*, 1986); and fluid accumulation in the abdomen, chest, and/or under the skin). (b) Cirrhosis (progressive damage and scarring) of the liver. (c) Right-sided congestive heart failure (condition in which the heart cannot pump an adequate volume of blood to meet the body's needs). (d) Low levels of protein in the blood (known as "hypoproteinemia"). (e) Ruptured bladder. (f) Inflammation of the lining of the abdomen (known as "peritonitis"). (g) Abdominal cancer. (h) Abdominal bleeding.

As was stated earlier, ascites is typically an indication of serious systemic disease. Ascites can greatly compromise the cat's health for many reasons, but one of the biggest

reasons is damage to important internal organs. The sudden accumulation of fluid in the abdominal cavity can compress the organs and interfere with their normal functions (Gores *et al.*, 1994).

A mature, castrated male cat presented with progressive lethargy and a severely distended abdomen. Abdominal radiographs, abdominocentesis, and evaluation of the fluid obtained led to a diagnosis of chyloabdomen (Nelson, 2001):. The underlying pathology, etiology, diagnosis, and treatment associated with this disease are discussed.

A Pet Cat of about 4 yrs age was brought to the Faculty of Veterinary Medicine, Jigjiga with history of inappetence, generalized oedema with pendulous abdomen and frequent vomition. Flanks appeared hollow with prominent spines. Conjunctival mucous membrane was pale and temperature was within normal range. Other symptoms noticed were abdominal distention, difficulty in breathing, changes in urinary and bowel habits, sudden weakness.

A complete physical examination was done, the tactile percussion of abdominal cavity revealed fluid thrills. Ascitic fluid was transudate as it was negative to Revalta reaction. The faecal sample of Cat was negative for parasitic infection and helminthic ova and urine sample did not reveal presence of sugar, albumin acetone, bile salts or bile pigments. Blood Testing revealed decreases in the red cells and Biochemical profile evaluated the Liver disease noticed by elevations in ALT, AST and ALKP enzymes. Decreases in BUN, albumin, cholesterol and blood glucose indicated decreased liver functional capability.

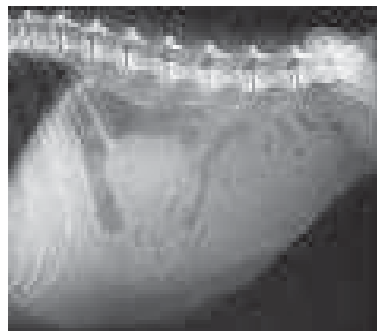


Fig. 1. Cat appears bloated looking Fig. 2. X-ray Abdomen . Fig. 3. Abdominal ultrasound

Chest X-ray and Abdominal X-ray were useful in evaluating liver and kidney size as well as visualizing no abdominal masses. Unfortunately, there was a significant amount of ascites due to which the abdominal structures were obscured by the nature of the fluid.

An abdominal ultrasound was an excellent test for evaluating abdominal organs. The fluid in the abdomen enhanced the images, providing for greater detail. This allowed for visualization of abdominal masses (which were absent) and evaluation of the liver, kidneys, spleen and pancreas.

From this Cat, about 0.5lit ascitic fluid was aspirated aseptically performing therapeutic abdominocentesis. As there was a large amount of fluid in the abdomen which was compressing the diaphragm, leading to difficulty in breathing. A needle was inserted into the abdominal wall and fluid drained to relieve the pressure, making breathing easier and the Cat more comfortable. Once the Cat was breathing more comfortably, the needle was withdrawn. All the fluid was not removed, however, because losing too much fluid from the body might have lead to shifts in fluid homeostasis and shock. Diuretics (Furosemide) i.e. Lasix @ 0.50 mg/kg was administered to increase fluid excretion and reduce fluids in abdomen. To fight infections treated with ampicillin 200mg i/m, betnelan 0.5 mg tab

orally, daily for 5 days and liver tonic 0.5 ml i/m on alternate days for 10 days.

The Cat when examined after a week, showed marked improvement as there was absence of oedema of independent parts and vomition and had normal appetite.

After 20 days, the animal developed slight oedema of independent parts and dullness. So it was treated with the same drugs for one week again which resulted in improvement. Animal recovered completely after a week.

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