

BRIARPOINTE VETERINARY CLINIC

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VAGINITIS IN DOGS

What is vaginitis?

Vaginitis refers to inflammation of the vagina or vestibule.

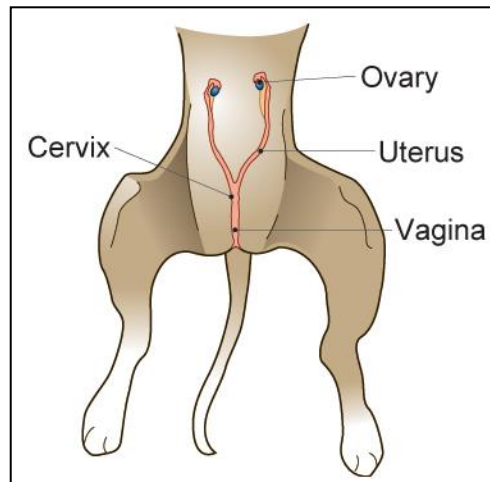
What are the clinical signs of vaginitis?

The most common clinical signs of vaginitis include discharge from the vulva, increased frequency of urination, licking of the vaginal area, vaginal discharges of blood, mucus, or pus, and scooting or rubbing the vaginal area. The vagina will often appear red and swollen. Vaginitis can appear in any female, spayed or intact, and at any age. Male dogs are often attracted to females with vaginitis.

What causes vaginitis?

There are numerous causes of vaginitis. Some of the common causes include:

- Prepubertal vaginitis
- Urinary tract infections
- Vaginal trauma
- Foreign bodies
- Urine or fecal contamination of the vulva
- Ectopic ureter
- Urinary incontinence
- Vaginal tumors – especially transmissible venereal tumors and leiomyomas
- Infection – bacterial or viral
- Vaginal hematomas or abscesses
- Congenital anatomical abnormalities



How will the cause of my dog's vaginitis be diagnosed?

Diagnosis is most often based on medical history and clinical signs. Diagnostic tests include blood and urine tests, urine culture and antibiotic sensitivity tests, vaginal cultures, vaginoscopy and vaginal cytology studies.

How is vaginitis treated?

Treatment is based on the specific cause of your pet's condition. In many cases, antibiotics are part of the treatment protocol.

What is the prognosis for a dog diagnosed with vaginitis?

Most cases of vaginitis respond well to conservative treatment. Many patients return to normal within two to three weeks of initiating treatment. Most cases of prepubertal vaginitis resolve after the first "heat" cycle and further treatment such as antibiotics are not needed. Adult patients often benefit from spaying if they are still intact. In chronic cases or patients with anatomical abnormalities, the prognosis is dependent on the severity and duration of the condition. Surgery may be indicated in severe or complicated cases.



Edited by John S. Parker, DVM
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