Poster Presentation (PF-1)

Endometritis in Mix Breed Dog

IWAY Semarariana¹*, AAND Wisesa¹, PTE Sucitrayani¹, MPA Yunikawati¹, AANO Pujawan¹, PS Dwipartha¹, NMAS Paramita¹

¹Kedonganan Veterinary
*Corresponding author’s email: iwayanyustisia@gmail.com cc info@kedongananveterinary.com

Keywords: endometritis, mix breed.

INTRODUCTION
Endometritis is an inflammation that happen in the endometrial tissue in the uterus that caused by pathogen bacterial infection [1]. Inflammation in the uterus also can caused by hormonal problem, post partus secondary infection, and distocia [2]. Endometritis without any proper medication can develop into pyometra.

CASE REPORT
• Signalmen. Mix breed dog, ± 1 year old, female, 8 kg, white and black spots color, named “Marie”.  
• Anamneses. This Dog come to the clinic after rescued because she abandoned by the owner, the history of this dog is unknown.
• Clinical/Pathological Signs. Physical examination shows that Marie has some alopecial spot, mild enlargement of the mammary, agressif especially when palpation in the abdomen applied, and stress. Temperature: 40°C, Heart rate: 142 times per minute, respiratory rate: 54 times per minute, normal color of the mucose membrane, CRT < 2 seconds, and good pupil response.

• Result of Laboratory Assay. According to the signalmen, anamneses, and clinical signs we do the laboratory assay as showed by the picture below.

<table>
<thead>
<tr>
<th>Item</th>
<th>Scale</th>
<th>Result</th>
<th>Normal rate (*)</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>WBC</td>
<td>10³/mm³</td>
<td>30,8</td>
<td>6-17</td>
<td>H</td>
</tr>
<tr>
<td>Lymfosit</td>
<td>10³/mm³</td>
<td>0,3</td>
<td>0,8-5,1</td>
<td>L</td>
</tr>
<tr>
<td>Monosit</td>
<td>10³/mm³</td>
<td>1,9</td>
<td>0,1-1,8</td>
<td>H</td>
</tr>
<tr>
<td>RBC</td>
<td>10⁶/mm³</td>
<td>4,79</td>
<td>5,5-8,5</td>
<td>L</td>
</tr>
<tr>
<td>Hb</td>
<td>g/dL</td>
<td>9,5</td>
<td>12-18</td>
<td>L</td>
</tr>
<tr>
<td>MCHC</td>
<td>g/dL</td>
<td>31,1</td>
<td>30-38</td>
<td>L</td>
</tr>
<tr>
<td>MCH</td>
<td>pg</td>
<td>19,8</td>
<td>20-25</td>
<td>L</td>
</tr>
<tr>
<td>MCV</td>
<td>fl</td>
<td>63,7</td>
<td>62-72</td>
<td></td>
</tr>
<tr>
<td>HCT</td>
<td>%</td>
<td>30,5</td>
<td>37-55</td>
<td>L</td>
</tr>
<tr>
<td>PLT</td>
<td>10⁶/mm³</td>
<td>117</td>
<td>200-500</td>
<td>L</td>
</tr>
</tbody>
</table>

*Swenson 1984 [3]

Differential Diagnose. According to the signalmen, anamneses, clinical signs, and laboratory assay we can make differential diagnose that Marie has endometritis, ovary cyst, or pyometra.

• Diagnoses. Endometritis.
• Prognoses. Fausta.
• Therapy. Surgery.

Figure 1. Enlargement of Marie’s uterus (black arrow), multiple vakuols (brown arrow)

Figure 2. Cytology of the uterus (1000x) (a. Endometrium cell; b. Inflamatory cells (neutrofil, limfosit dan macrophag), and c. Bacterial infection
DISCUSSION

Clinical sign and physical examination show that Marie has high temperature and sensitive response when abdominal palpation applied, these are common symptoms of endometritis [4]. By clinical phatology we found leucocytosis, limphocytopenia, monocytois, normocytic normochromic anemia, and thrombocytopenia. These are indication of chronic infection and bleeding. Cytology show that there are coccus form bacteria, stromal expansion found with multifocal edema, bleeding, infiltration of plasma cells, limphocyt, macrophage, some neutrophils, and mast cells which are the sign of cystic hiperplacia in the endometrium [5]. Uterus enlargement and multiple vacuole with fluid that showed in the ultrasound also confirm for the endometritis diagnostic [6]. Surgical therapy was selected because of a risk of high level infection and to prevent pyometra. Surgical therapy is one of the treatment for endometritis [1].

CONCLUSION

Endometritis in this case report can be diagnose by signalmen, anamnesa, clinical signs, and laboratory assay (hematology, cytology, and ultrasound), the therapy was surgical therapy and the prognoses is fausta.

ACKNOWLEDGMENT

Thank you for the rescuer, Marie, and Kedonganan Veterinary team.

REFERENCES


