

Prolonged estrus in an intact Doberman

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A 17 month old intact female Doberman presented with serosanguinous vulvar discharge of 2 months duration. On physical examination, vulva was moderately swollen with a notable amount of serosanguinous discharge. Vaginal cytology revealed 100% cornification of vaginal epithelial cells, confirming the influence of estrogen and serum progesterone concentrations were < 0.02 ng/ml. On ultrasonography, a 2.0 x 3.0 cm fluid filled structure was identified on the cranial aspect of left ovary. Differential diagnoses included follicular cyst, exogenous estrogen exposure and neoplasia. Based on history, physical examination and diagnostics, a follicular cyst was placed at top of the differential list. Follicular cysts are well recognized in association with prolongation of clinical signs of proestrus or estrus. Most follicular cysts have a granulosa cell lining, are anovulatory, and secrete substantial amounts of estrogen, which explains the clinical signs commonly associated with this condition. These cysts are usually solitary, occur in bitches < 3 years of age, and measure 1 - 1.5 cm in diameter, but some cysts can be as large as 5 cm.¹ Most common reason owners seek veterinary care is vaginal bleeding that persists for weeks, rather than the expected 7 - 10 days. Diagnosis of follicular cysts is based on observation of prolonged vulvar discharge, persistent estrous behavior, increased blood estrogen concentrations as evidenced by vaginal cytology findings, and abdominal ultrasonography.² Ovariohysterectomy was performed. Left ovary and uterine horn appeared enlarged. Histopathology of ovary confirmed a follicular cyst. Surgical recovery and healing were uneventful and the patient's clinical signs resolved. This case demonstrated a practical approach to the diagnosis and treatment of canine follicular cyst.

Keywords: Follicular cyst, prolonged estrus, estrogen

References

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2. Pasquini C, Pasquini S: Guide to Small Animal Clinics. 3rd edition, Sudz Publishing, 2011.

