

## Poster Presentation (PF-1)

## Endometritis in Mix Breed Dog

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NMAAS Paramita<sup>1</sup><sup>1</sup>Kedonganan Veterinary\*Corresponding author's email: [iwayanyustisia@gmail.com](mailto:iwayanyustisia@gmail.com) cc [info@kedongananveterinary.com](mailto: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 devlopt 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/Phatological 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 1. Hematology result for Marie

Item	Scale	Resut	Normal rate (*)	Note
WBC	10 <sup>3</sup> /mm <sup>3</sup>	30,8	6-17	H
Lymfosit	10 <sup>3</sup> /mm <sup>3</sup>	0,3	0,8-5,1	L
Monosit	10 <sup>3</sup> /mm <sup>3</sup>	1,9	0-1,8	H
RBC	10 <sup>6</sup> /mm <sup>3</sup>	4,79	5,5-8,5	L
Hb	g/dL	9,5	12-18	L
MCHC	g/dL	31,1	30-38	
MCH	Pg	19,8	20-25	L
MCV	fL	63,7	62-72	
HCT	%	30,5	37-55	L
PLT	10 <sup>6</sup> /mm <sup>3</sup>	117	200-500	L

\*Swenson 1984 [3]



Figure 1. Ernlargement of Marie's uterus (black arrow), multiple vakuols (brown arrow)

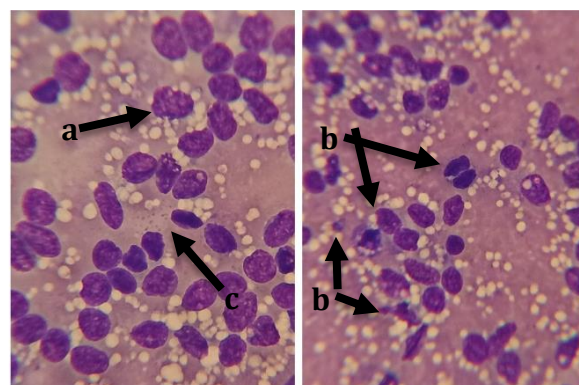


Figure 2. Cytology of the uterus (1000x) (a. Endometrium cell; b. Inflammatory cells (neutrophil, limfosit dan macrophag), and c. Bacterial infection

- **Differential Diagnose.** According to the signalmen, anamnesa, clinical signs, and laboratory assay we can make differential diagnose that Marie has endometritis, ovary cyst, or pyometra.
- **Diagnoses.** Endometritis.
- **Prognoses.** Fausta.
- **Therapy.** Surgery.



Picture 3. Marie's uterus dan ovarium post ovariectomy, thickening of the uterine cornua (black arrow)

## 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 pathology we found leucocytosis, lymphocytopenia, monocytosis, normocytic normochromic anemia, and thrombocytopenia. These are indications of chronic infection and bleeding. Cytology shows that there are coccus form bacteria, stromal expansion found with multifocal edema, bleeding, infiltration of plasma cells, lymphocyte, macrophage, some neutrophils, and mast cells which are the signs of cystic hyperplasia in the endometrium [5]. Uterus enlargement and multiple vacuoles with fluid that showed in the ultrasound also confirm for the endometritis diagnosis [6]. Surgical therapy was selected because of a risk of high level infection and to prevent pyometra. Surgical therapy is one of the treatments for endometritis [1].

## CONCLUSION

Endometritis in this case report can be diagnosed by signalment, anamnesis, clinical signs, and laboratory assay (hematology, cytology, and ultrasound), the therapy was surgical therapy and the prognosis is fausta.

## ACKNOWLEDGMENT

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