Perineal Swelling in a Laboratory Beagle
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A 1.5-yr-old, 9.0 kg intact, pair-housed female laboratory beagle was examined for acute perineal swelling. Four days previously, the bitch displayed vulvar labial edema and serosanguineous vaginal discharge consistent with estrus. At that time, she underwent angiography via percutaneous right femoral artery catheterization with a 6-French introducer followed by a 24-hour pressure wrap around the right rear leg and inguinal area. On physical examination, a 14-cm diameter moderately firm round mass was found protruding from between the vulvar labia. Thin sheets of whitish-gray tissue were attached loosely to the surface of the mass. The differential diagnosis list included excessive vaginal edema, vaginal fold prolapse, true organ prolapse, trauma, and neoplasia. The urethral papilla was visualized at the ventral aspect of the mass, and a central lumen in the mass was identified, confirming a diagnosis of severe vaginal fold prolapse with adherent fibrin tags. The bitch was premedicated with buprenorphine (0.01 mg/kg SC), induced with propofol (6 mg/kg IV) via cephalic catheter, intubated, and maintained on isoflurane in oxygen. The prolapsed tissue was resected, and remaining tissue was sutured circumferentially with 3-0 PDS in an interrupted horizontal mattress pattern followed by appositional closure of the mucosa using 3-0 vicryl in four sections using a simple continuous pattern. Carprofen (4 mg/kg SC) was given postoperatively and continued (2 mg/kg BID PO) for 6 days. Recovery was uneventful but slow in terms of resolution of vaginal discharge and perivaginal edema. Therefore, an ovariohysterectomy was performed 1 week later and a full clinical recovery achieved. Gross necropsy results 12 weeks later confirmed uncomplicated healing and complete resolution. Severe vaginal fold prolapse is an unusual condition in laboratory Beagles requiring accurate, rapid diagnosis and definitive surgical treatment. Ovairohysterectomy should be considered to hasten vaginal edema reduction and return to clinical normalcy.