Penile Discharge in Dogs

PENILE OR PREPUTIAL DISCHARGE

INVESTIGATION—Presenting signs

- Preputial or penile discharge (eg, bloody, purulent, mucoid)
- Excessive licking or signs of genital pain/discomfort
- Stranguria, hematuria, dysuria, pollakiuria
- Constipation, ribbon-like stool, tenesmus

Author Insight

To differentiate UTI from prostatic infection, compare culture and cytology of a cystocentesis or catheterobtained sample with a prostatic fluid wash or prostatic aspirate sample.

INVESTIGATION—Clinical considerations

- Inability to extend penis from prepuce
- · Lymphoid follicles or vesicular lesions on penis or prepuce
- Penile, urethral, or prostatic mass (smooth, irregular)
- Irregular mucosal surface on penis or prepuce
- Petechiae or ecchymoses on mucosal surfaces or skin
- Enlarged scrotum, scrotal contents
- Enlarged prostate on digital rectal examination

Author Insight

All bacteria that can cause pathology can also be normal flora. High numbers of a single organism along with signs of infection or inflammation suggest the organism is pathologic. Mixed populations indicate normal flora; antibiotics are not required. Mycoplasma spp is a common co-isolate when infection is present, but it may not indicate pathologic infection.⁴ Common normal floras include Escherichia coli. Pseudomonas spp, Staphylococcus spp, Streptococcus spp, Pasteurella spp, Klebsiella spp, and Mycoplasma spp.



Some yellowish-white to slight light-greenish-tinged preputial discharge is normal. Intact and brachycephalic dogs tend to have increased normal discharge. The amount of normal discharge tends to increase with age, as self-grooming diminishes with aging.

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DIAGNOSTICS

General procedures

- CBC, serum chemistry panel
- Urinalysis and urine culture
- Coagulation panel, buccal mucosal bleeding time for platelet function
- Test for hemospermia
- B canis screening test; if positive for B canis, AGID

For prostate/bladder disease

- Ultrasound of prostate, bladder, urethra
 Cytology of prostatic secretion, sediment or
- aspirates or urine sediment • Cystocentesis for UA
- or urine culture Cytology or histopathology of prostatic wash, aspirate, or biopsy
- Culture of third fraction of ejaculate, prostatic wash fluid, or aspirate/biopsy
- Preputial mucosal cytology to look for evidence of hyperestrogenism (cornification)
- Abdominal radiographs
- Contrast urethrography

For penile/preputial disease

- Extrusion of entire penis past bulbus glandis
- Cytology of penile or preputial surface lesions
- Preputial cytology to look for evidence of hyperestrogenism (cornification)
- Endoscopic examination of the prepuce
- Radiography to assess os penis
- Urethral catheterization to assess for partial obstruction from mass in urethra or at seminal colliculus

How to Perform Prostatic Wash

- 1. Allow the patient to urinate
- 2. Sedate the patient
- 3. Empty the dog's bladder via catheter and flush with 5–10 mL of saline. Save sample for urine cytology and culture.
- Pass a polypropylene or red rubber catheter over the pelvis rim. With a digit in the rectum, position the tip of the catheter just caudal to the prostate
- 5. Vigorously massage the prostate per rectum with the inserted digit
- 6. Occlude the urethral opening and inject 5–10 mL sterile saline
- Advance the catheter forward a few centimeters while aspirating as much sample as possible
- 8. Perform cytology and culture on the recovered sample and compare to urine sample.

TREATMENT

- Treatment of underlying condition
- Gentle cleansing with saline or a very dilute (weak tea-colored) povidone-iodine solution for balanoposthitis
- Probiotics for balanoposthitis or if patient is treated with long-term antibiotics to help maintain normal GI flora
- Antibiotics based on culture and susceptibility testing results for prostatitis or cystitis
- Foreign body removal
- · Surgical removal of masses or correction of anatomic defects
- Treat benign prostatic hyperplasia with neutering, antiandrogens, or gonadotropin agonists
- Benign neglect for hormonal imbalance of peripubertal individuals
- Discourage licking
- Recurrent infections—investigate prostate or urinary tract for primary source of infection
- Restrict exposure to exogenous hormones
- Contact state veterinarian if B canis confirmed

Author Insight

Infection may be secondary to inappropriate or prolonged antibiotic therapy and bacterial overgrowth of pathologic organisms.

AGID = agar gel immunodiffusion, UA = urinalysis, UTI = urinary tract infection

References

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