Penile Discharge in Dogs

Hemorrhagic discharge

Differentials

Clear or mucoid discharge

INVESTIGATION—Clinical considerations

INVESTIGATION—Presenting signs

Preliminary or preputial discharge (e.g., bloody, purulent, mucoid)

Excessive licking or signs of genital pain/discomfort

Penile, urethral, or prostatic mass (smooth, irregular)

Differentials

Author Insight

Some yellow-white to slight 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.

Author Insight

To differentiate UTI from prostatic infection, compare cystocentesis or catheter-obtained sample with a prostatic aspirate sample.

Author Insight

All bacteria that can cause pathology can also be normal flora. High numbers of a single organism along with signs of infection and inflammation suggest the organism is pathologic. Mixed populations do not indicate pathology. Antibiotics are not required. Mycoplasma spp is not common. M. pneumoniae, M. fermentans, M. hominis, M. fortuitum, M. parvum, M. gastri, M. helveticum, M. ulcerans, and M. gallisepticum are not common pathogens.

Author Insight

Persistence of penile frenulum, hypospadias, trauma, hair impaction, foreign body, phimosis, B. canis infection, balanoposthitis, prostatitis, orchitis, epididymitis from aerobic bacteria, Mycoplasma spp, Ureaplasma spp, fungi.

Neoplasia—urethral, penile, preputial, prostatic.

UTI or urolith.

Coagulopathy.

Poor hygiene.

Snake or insect bite.

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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

### 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

### 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.
4. 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
7. 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

### References


### Author Insight

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

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