

CASE DOCUMENTATION FORM FOR BITCHES WITH VAGINAL BANDS



This document will help to explore the origins of vaginal braces for my doctoral thesis. Thank you for your assistance!

Section A – General information about the bitch

Name: _____

Breed: _____

Date of birth: _____

Gender ratio in the litter (male/female): ___ / ___

Neutered: _____

Section B - General Health and Pre-existing diseases

B1. Are there any documented pre-existing diseases?

B2. Is there a history of incontinence?

Yes
No

B3. Has vaginitis been diagnosed in the past?

Yes
No

B4. Were there any genital abnormalities in the female dog's genital tract, such as vaginal constriction or clitoral bone?

Part C – Inquiries regarding the vaginal brace

C1. How was the diagnosis of the vaginal brace made?

Manually through palpation

Endoscopy

Utilizing a speculum

Other:

C2. What circumstances led to the discovery of the vaginal brace?

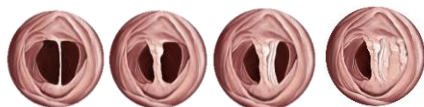
Regular inspection

Mating problems

Other vaginal abnormality

Other:

C3. What is the grade of the vaginal band?



Grade I Grade II Grade III Grade IV

Grade I: thin; easy penetratable

Grade II: non penetratable; several mm thick

Grade III: Septum (How long is the septum?): _____ cm

Grade IV: Vagina duplex

C4. Location of the vaginal band

Directly cranial to the urethral opening

Other location:

C5. Was the vaginal brace removed? If yes, how was it removed?

Band was not removed

Removed manual or by speculum

Surgically (Which technique was used?)

Other:

Section D – Breeding related information

D1. Is there a breeding wish?

Yes

No

D2. Is there any information available on whether female dogs related to each other also wear vaginal braces?

We are pleased to offer complimentary examinations for female dogs that are a minimum of 6 months old. The examination can be conducted locally.

D3 What was the gender ratio in each litter? "Number of males: number of females"

Section E – Contact Details

To facilitate communication for inquiries and study result notifications, you may choose to share your contact information here. Rest assured, all details will be handled with confidentiality.

Name: _____
Mail: _____
Phone: _____
Date of examination: _____

Please submit completed documentation forms via email to s.leuchtner@fu-berlin.de or by mail to:

Simon Leuchtner
Klein- und Heimtierklinik FU Berlin
Oertzenweg 19b
14163 Berlin, Germany