



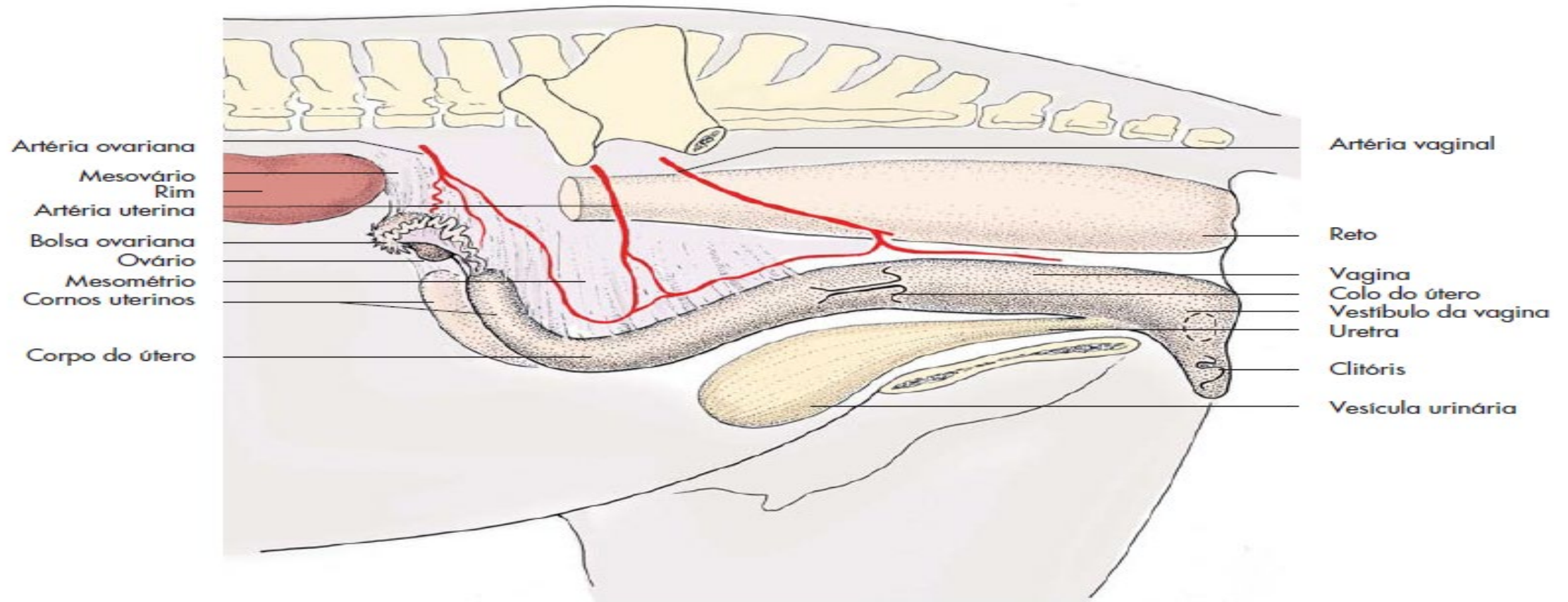
Ovariectomia em éguas

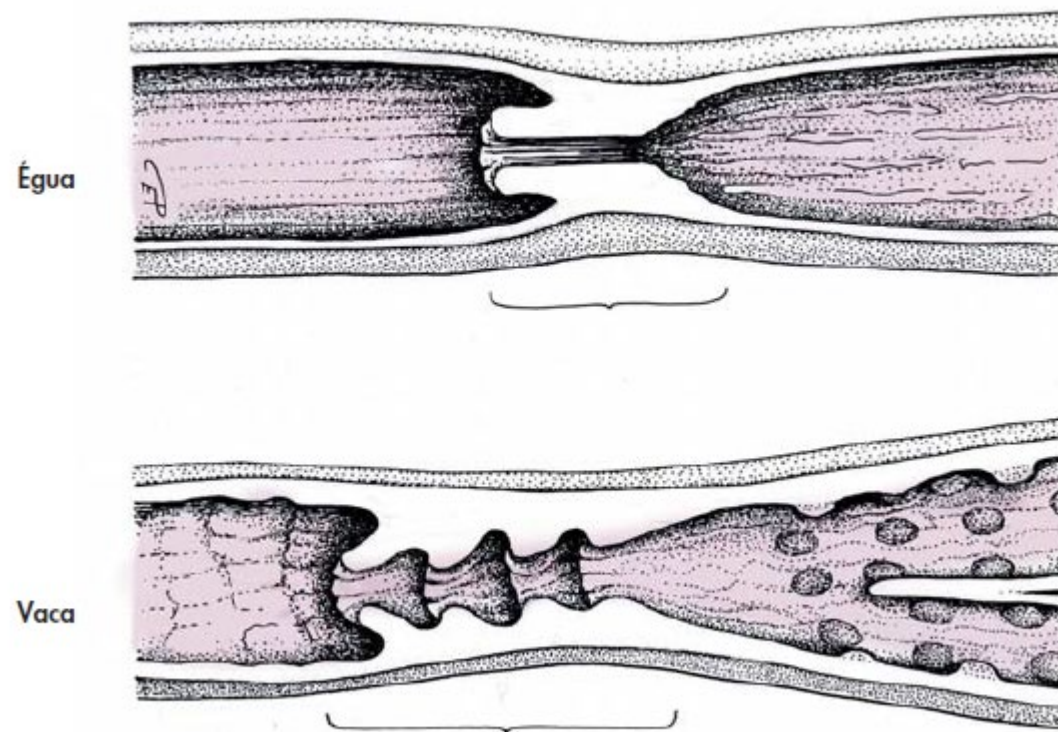
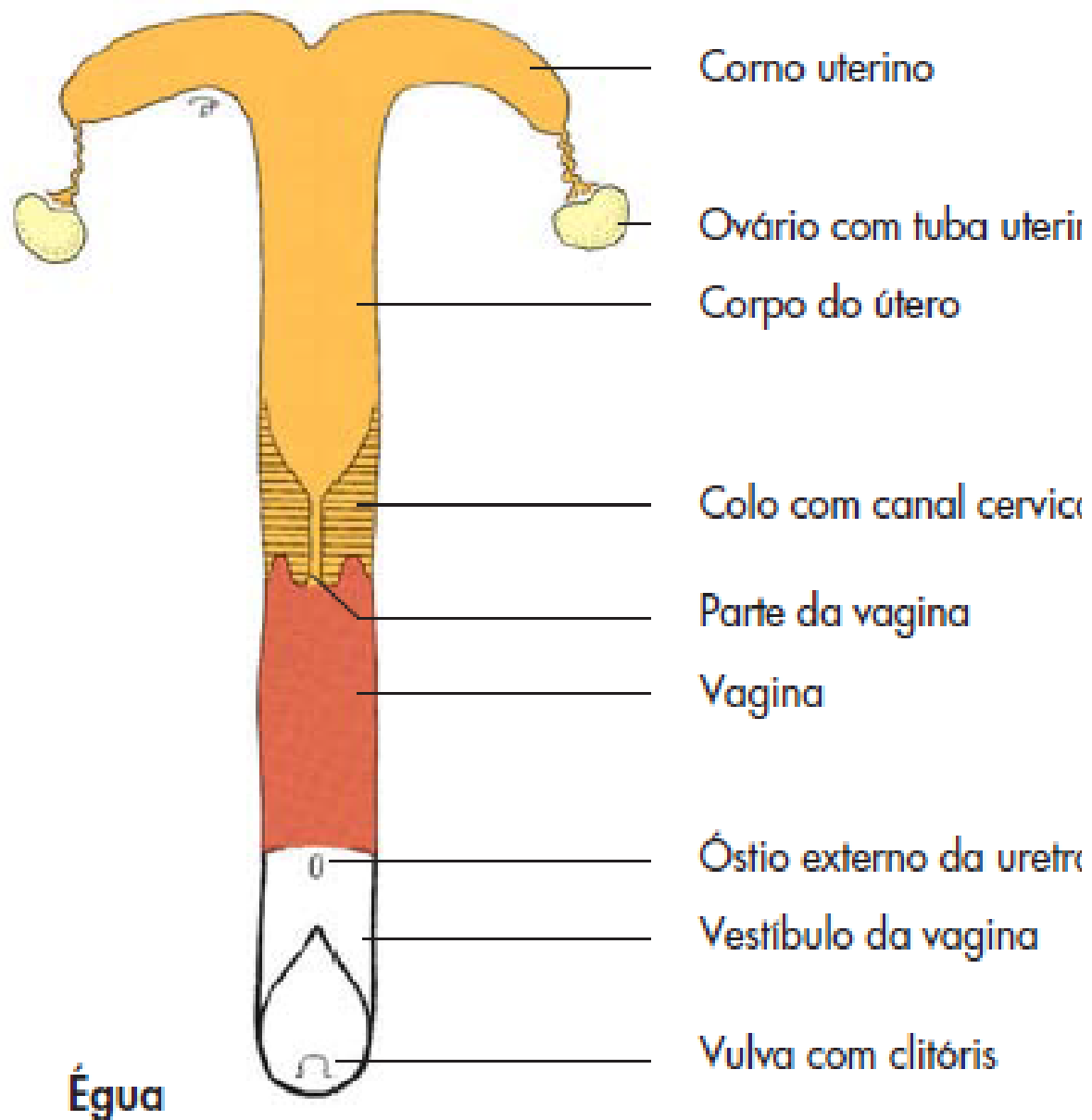
José Miguel Velásquez

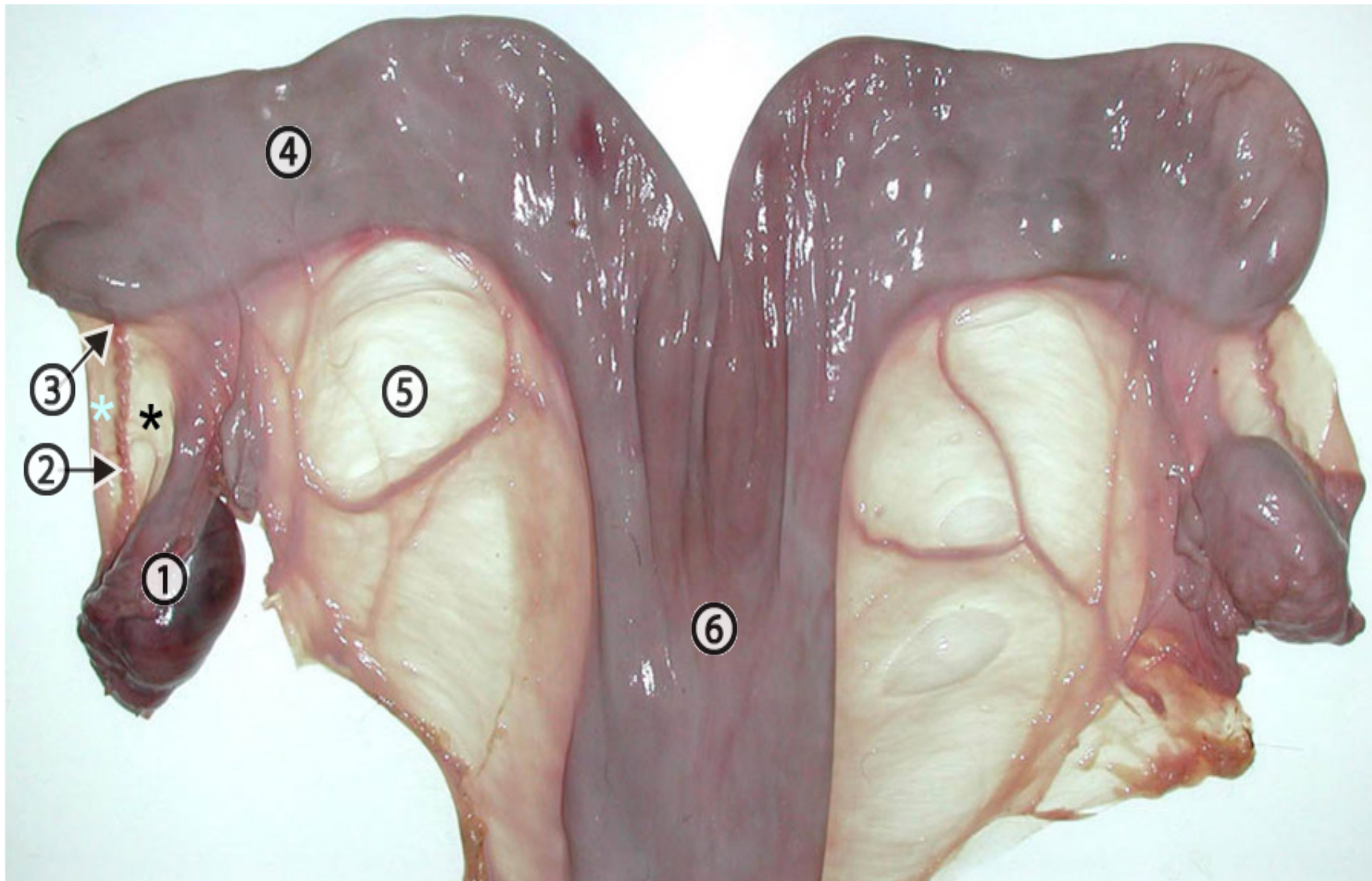
MV – MSc (c)

Anatomia do aparelho reprodutor feminino

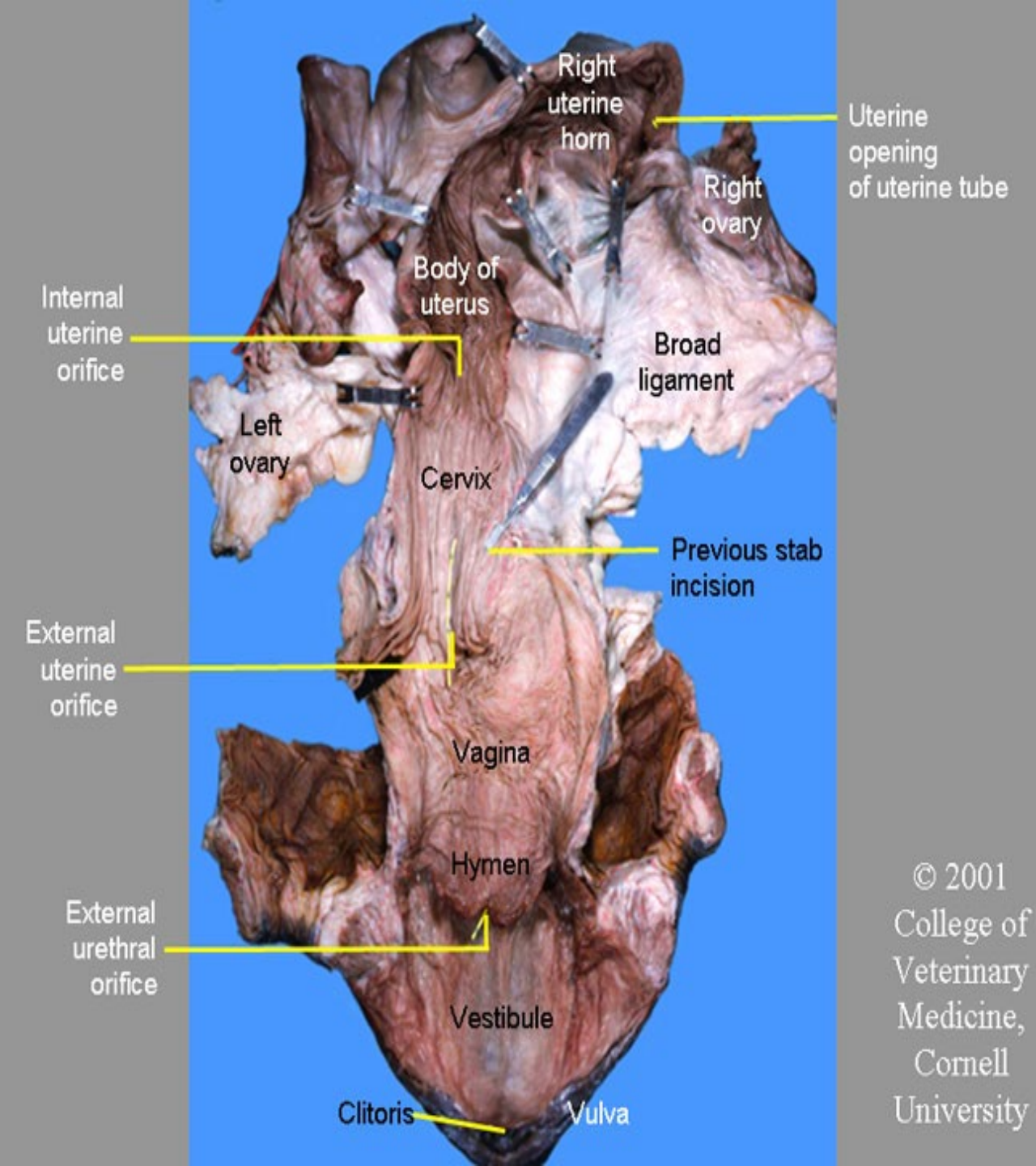
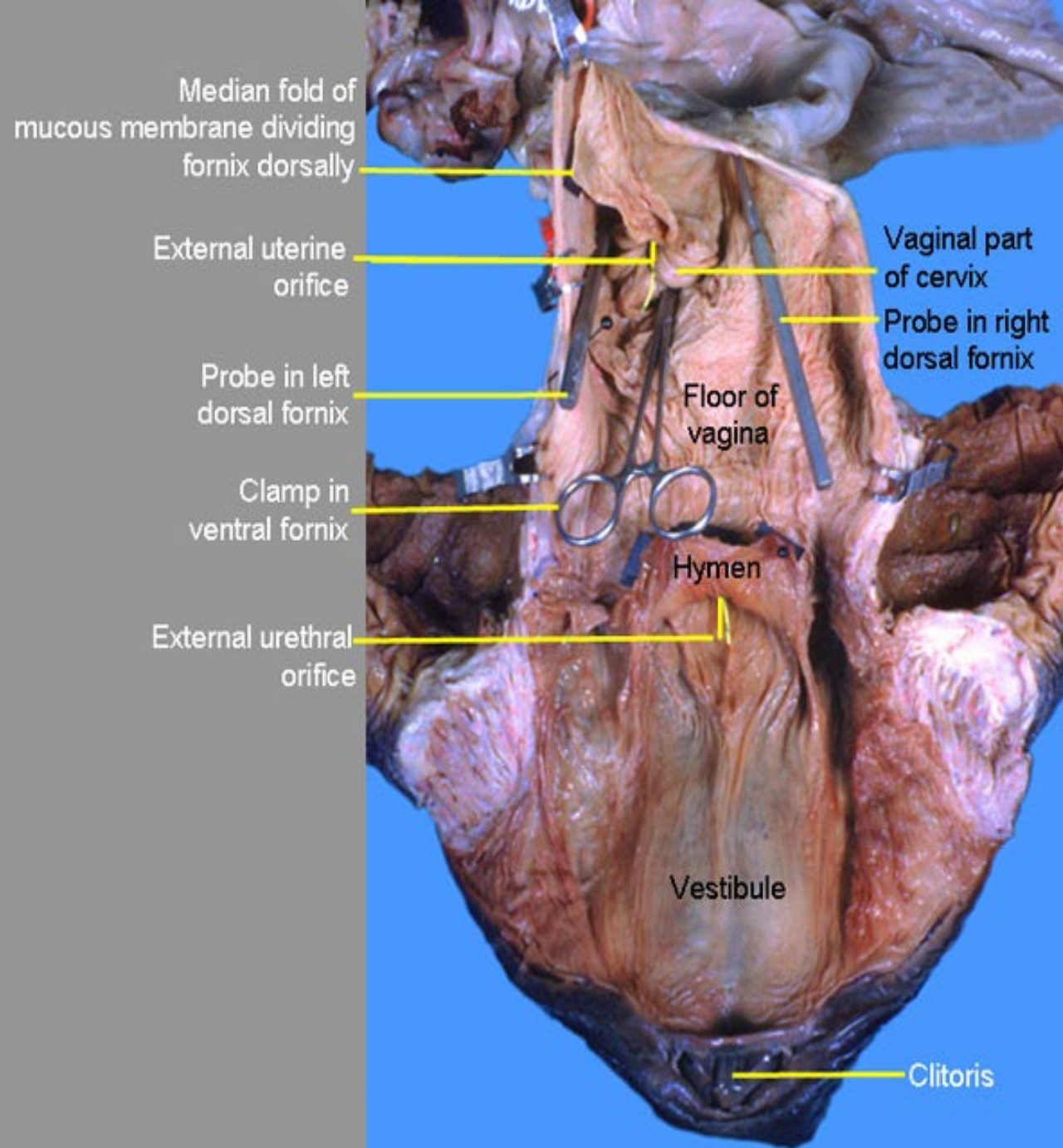
- Na égua os ovários se situam cerca de 8 a 10 cm no sentido ventral à parede dorsal do abdome
- Os ovários da égua têm a forma de um rim e sua superfície é relativamente regular. Cada ovário mede cerca de 8 a 12 cm





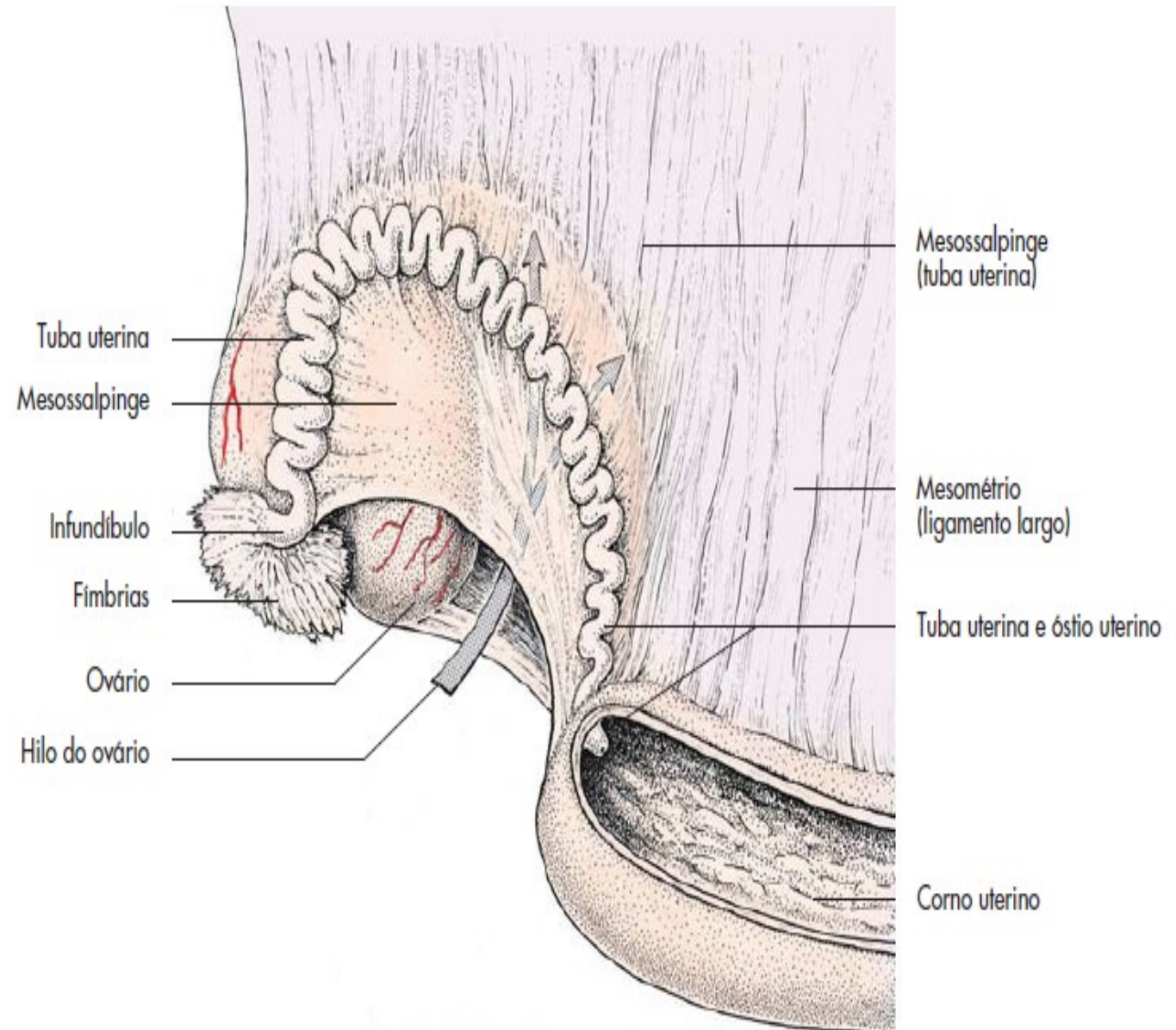


1. Ovário
 2. Oviduto / tuba uterina
 3. União útero-tubárica
 4. Corno uterino
 5. Mesometrio
 6. Corpo uterino
- * Mesosalpinx

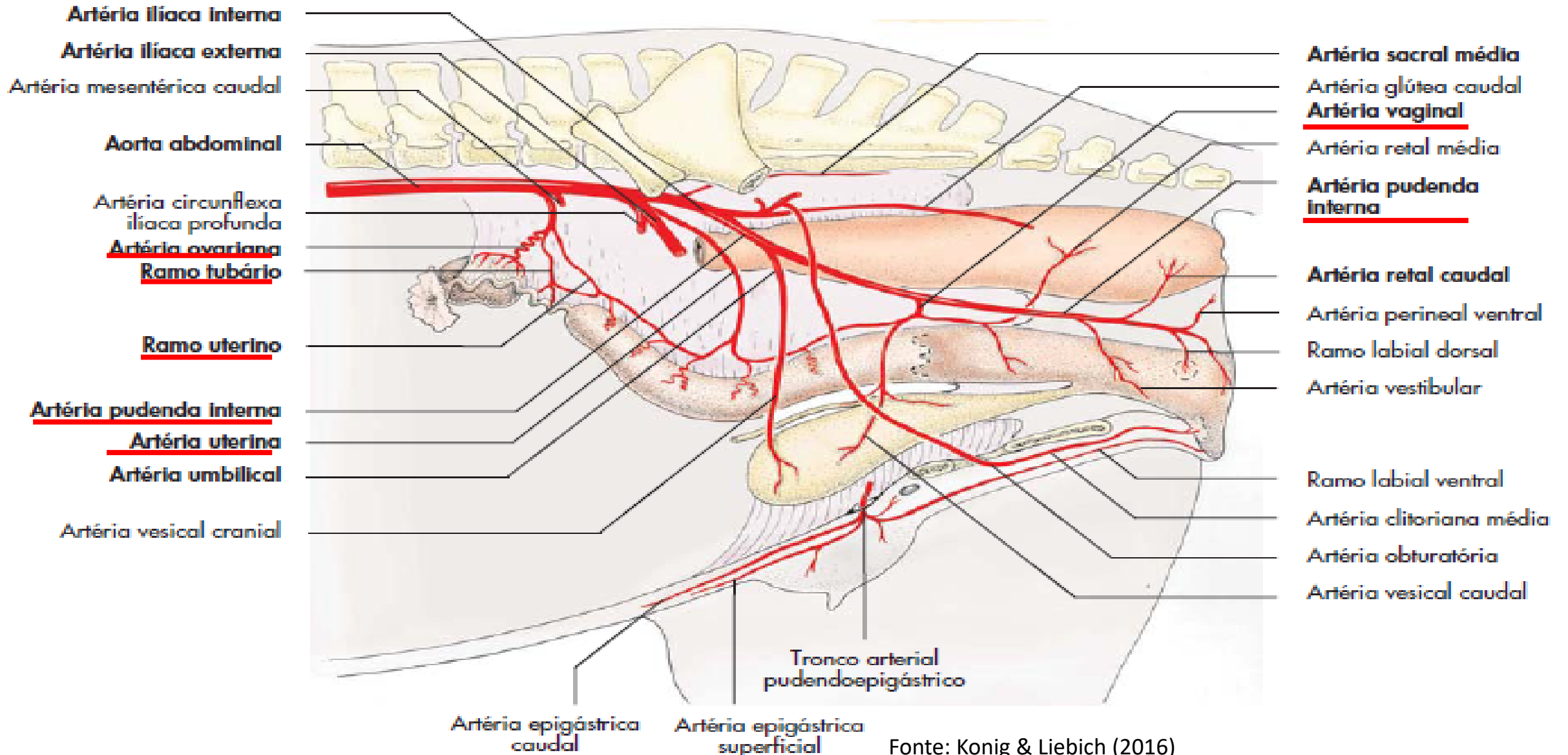


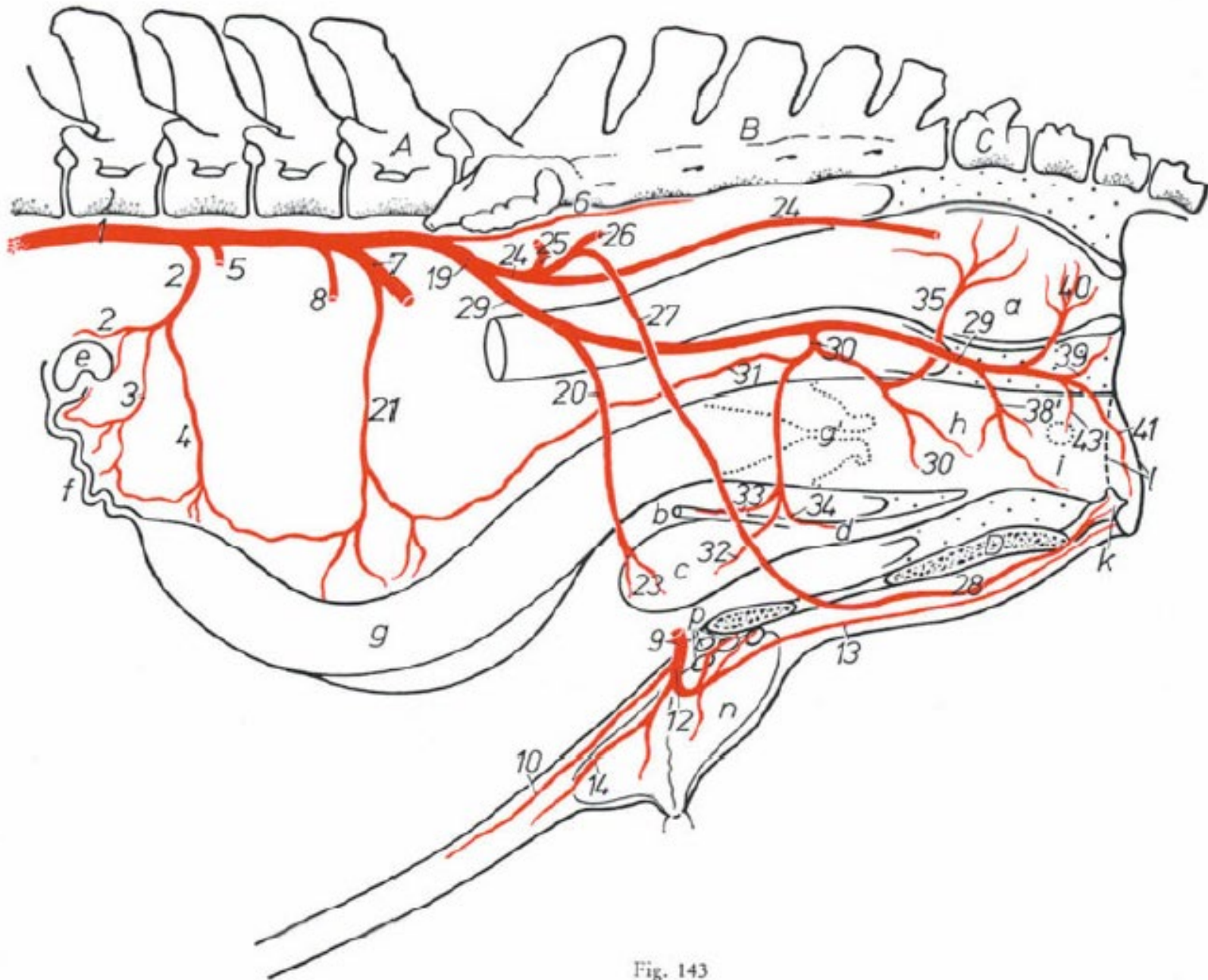
Ligamentos

- Os ligamentos largos são lâminas bilaterais que suspendem os ovários, as tubas uterinas e o útero do teto abdominal e das paredes pélvicas.
- Conforme o órgão que suspende, o ligamento largo pode ser dividido em três partes:
 - Mesovário
 - Mesossalpinge
 - Mesométrio



Irrigação

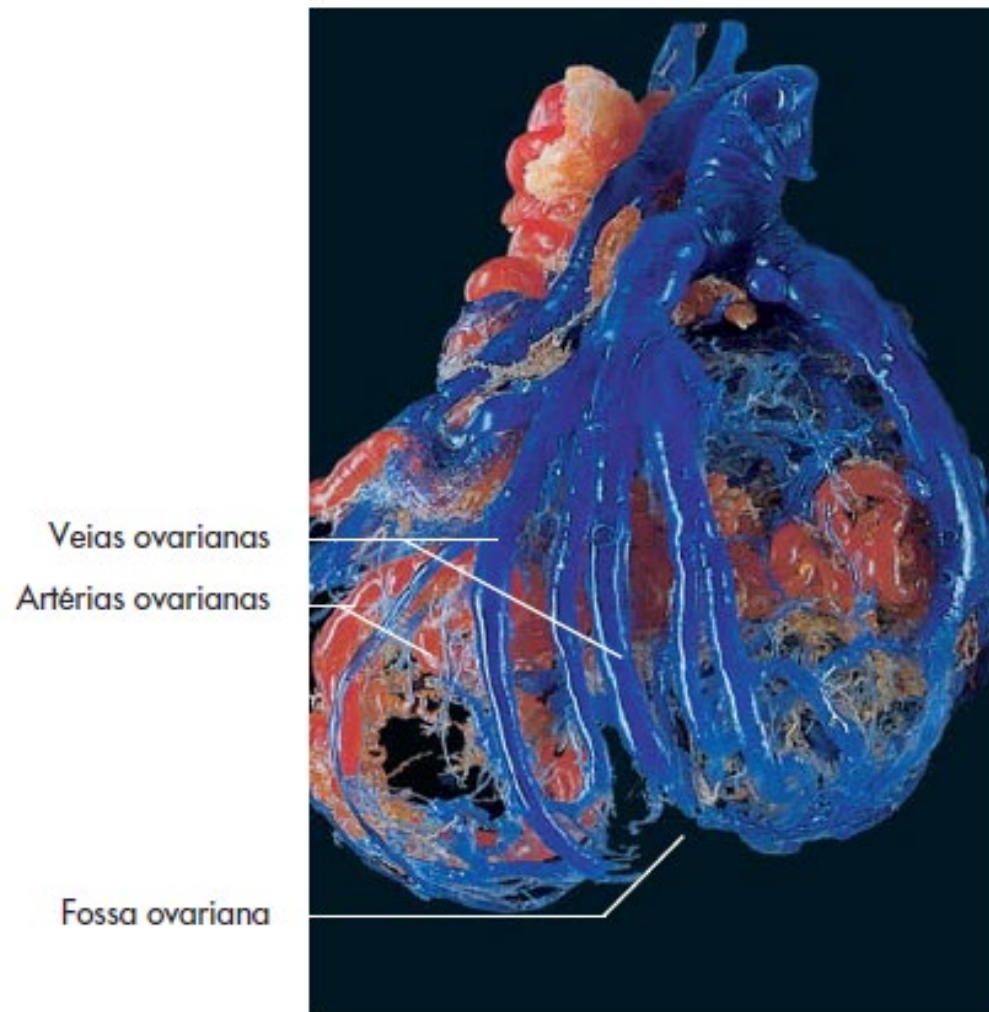
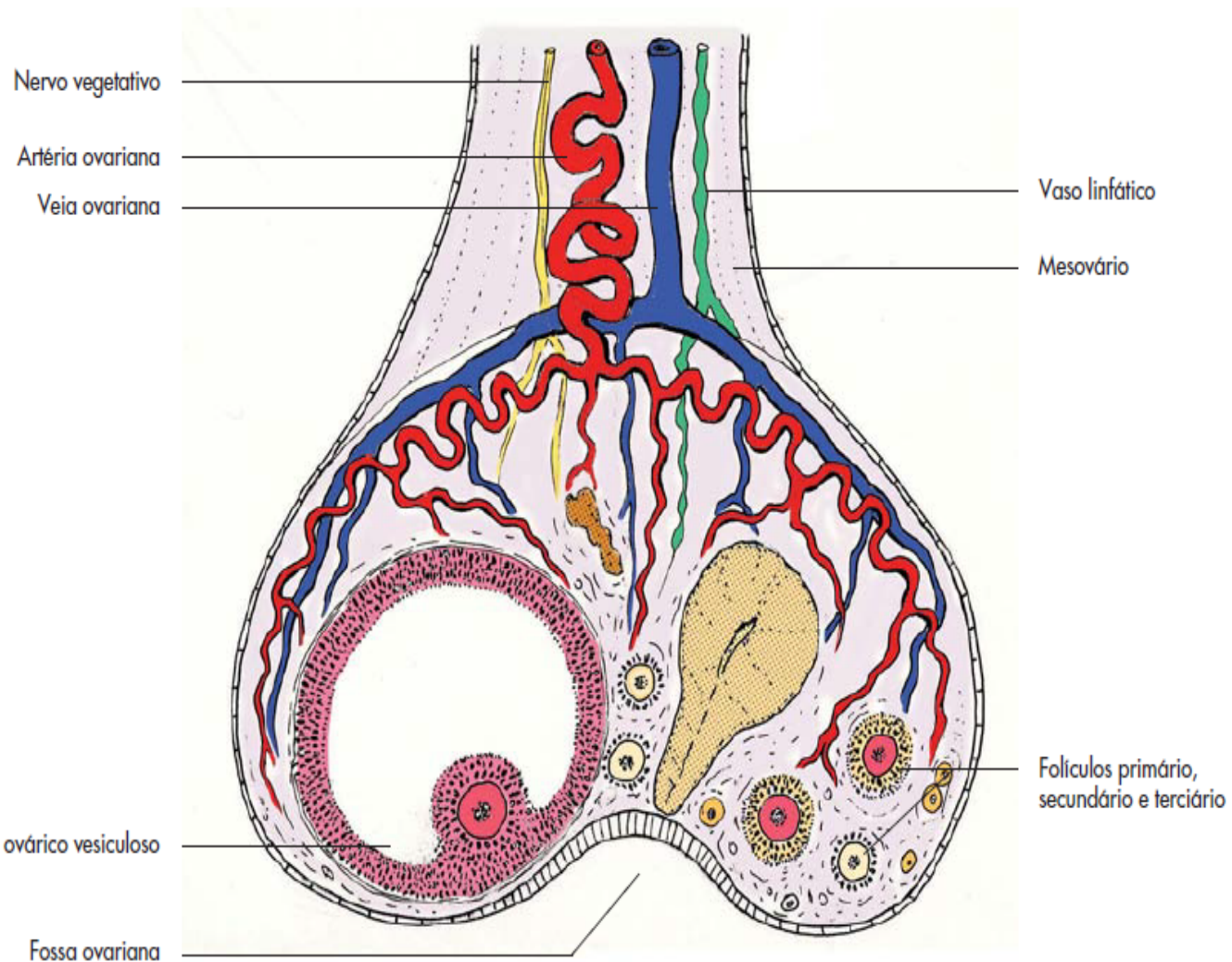




- 2. A ovárica
- 3. R- tubária
- 4. R- uterina
- 21. A uterina
- 29. A pudenda interna
- 30. A vaginal
- 31. R- uterina

Fig. 143

Irrigação do ovário



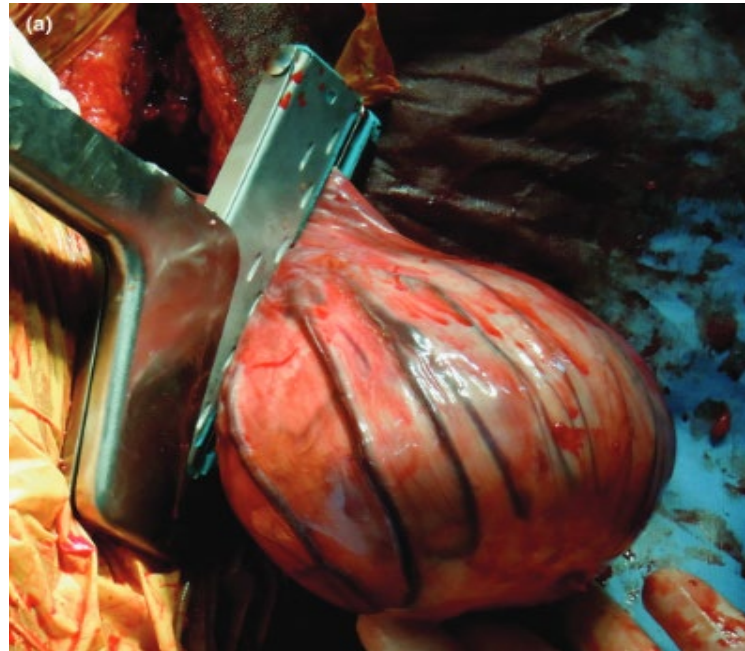
Fonte: König & Liebich (2016)

Ovariectomia

Ovariectomia unilateral geralmente realizada para extração de tumores ovarianos enquanto bilateral principalmente para diminuir comportamento inadequado

- Colpotomia
- Laparotomia pelo flanco
- Laparotomia ventral

*Laparoscopia pelo flanco

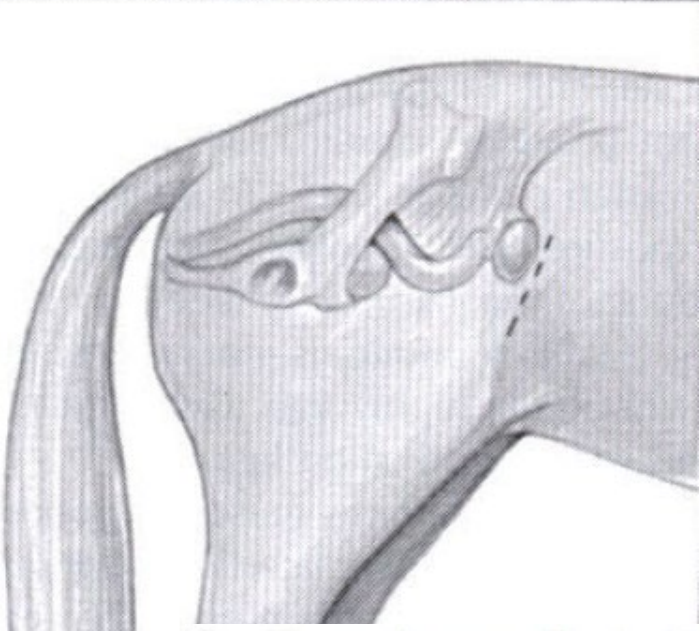


Kelmer et al (2013)

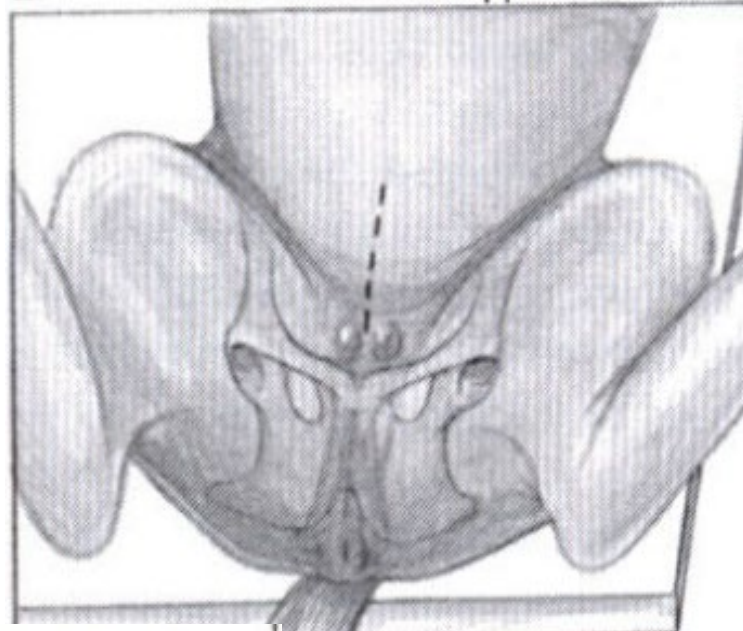


Prado & Schumacher (2017)

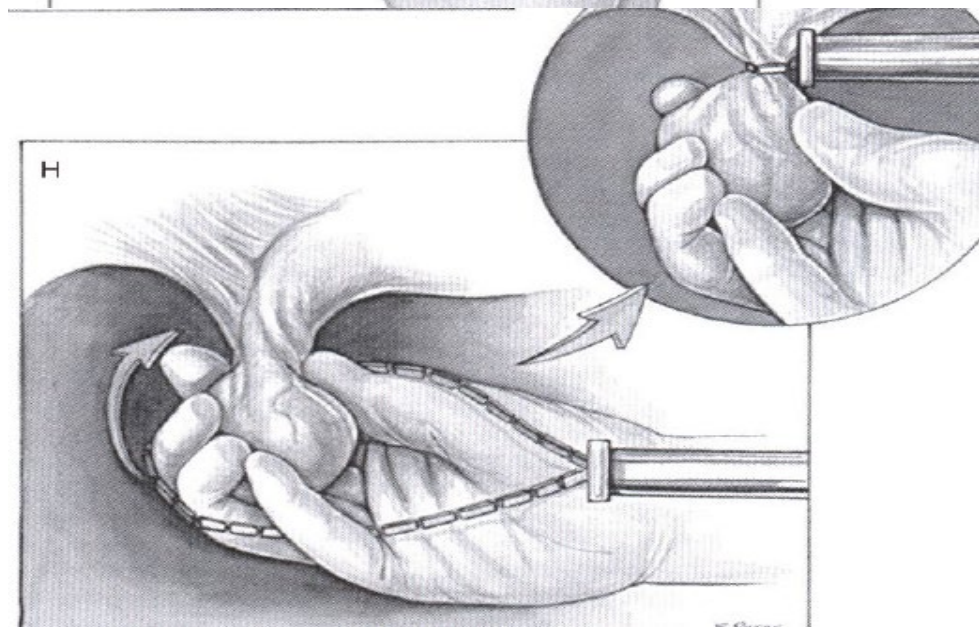
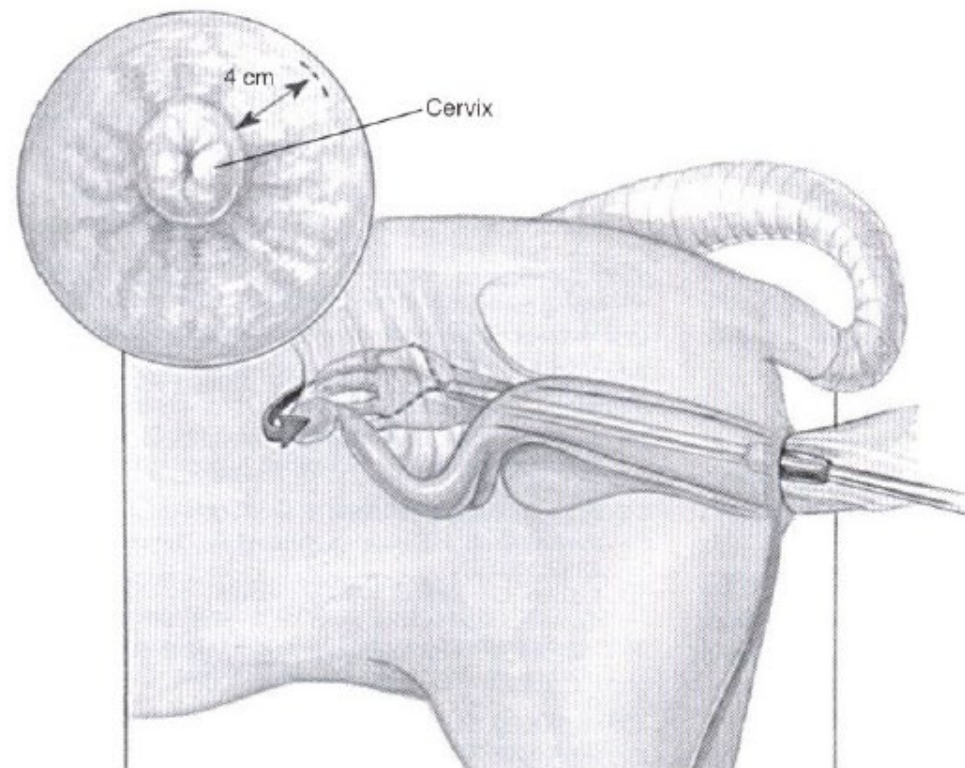
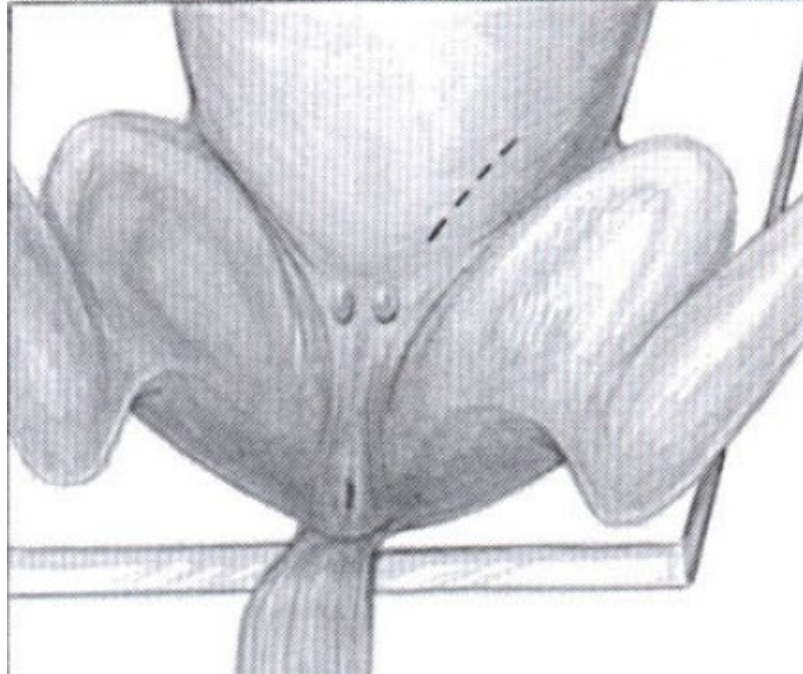
A Flank laparotomy approach



B Midline incision approach



C Diagonal paramedian incision approach



Bilateral Laparoscopic Ovariectomy in Standing Mares: 22 Cases

CHRISTOPHER A. HANSON, DVM, and LARRY D. GALUPPO, DVM, Diplomate ACVS

A fossa paralombar se encontra delimitada:

- Cranialmente pelo último par de costelas
- Dorsalmente pelos processos transversos das vértebras lombares
- Caudoventralmente pela borda dorsal do músculo oblíquo interno do abdome.

- A. Dorsal á origem do músculo oblíquo abdominal interno e caudal à costela 18
- B. Cranial à tuberosidade coxal
- C. 3 – 4 centímetros ventral no mesmo plano vertical

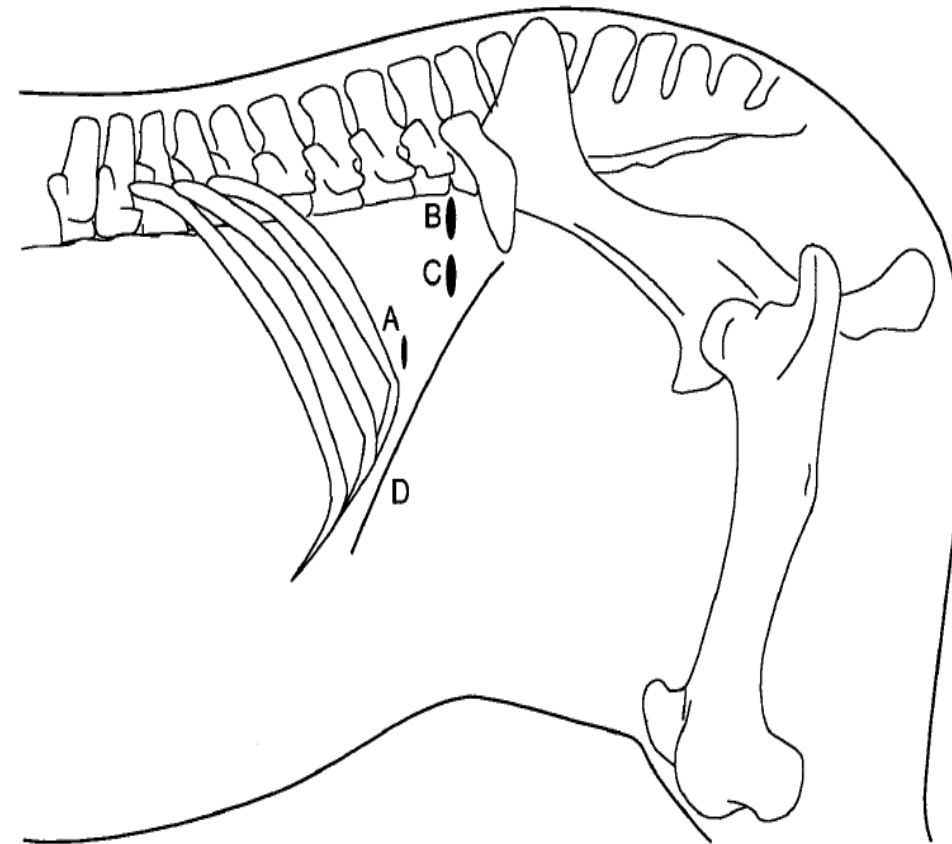
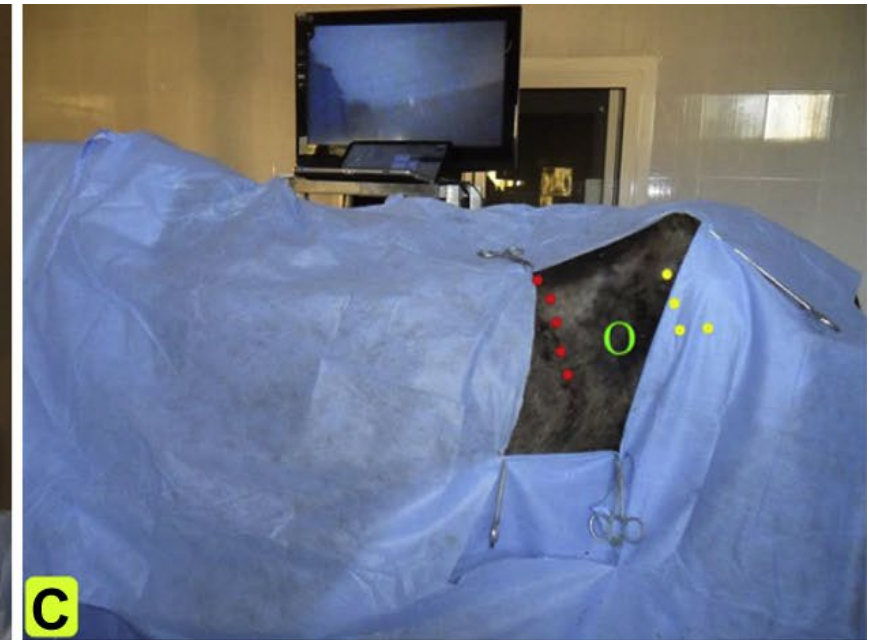
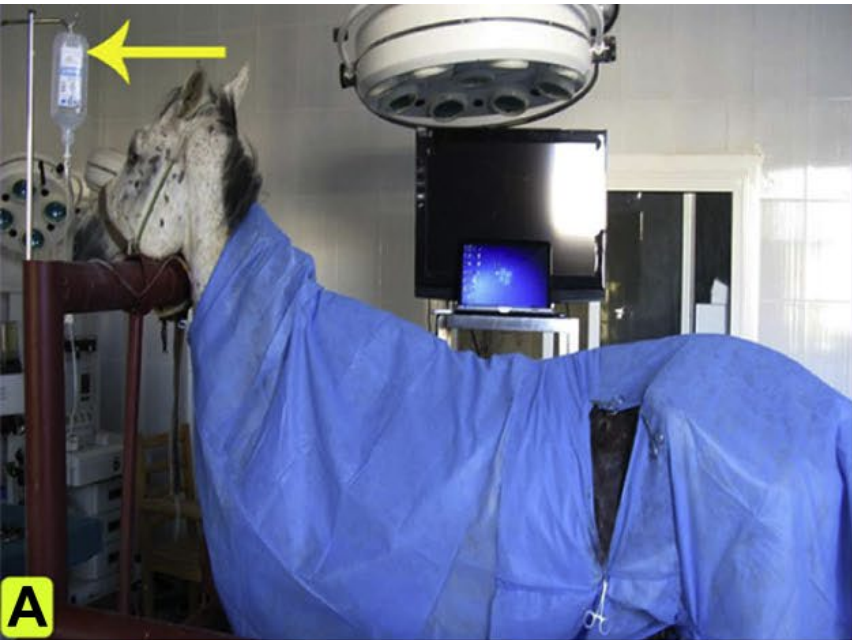


Fig 1. Location of laparoscope (A) and instrument portals (B and C). Dorsal border of the internal abdominal oblique muscle (D).





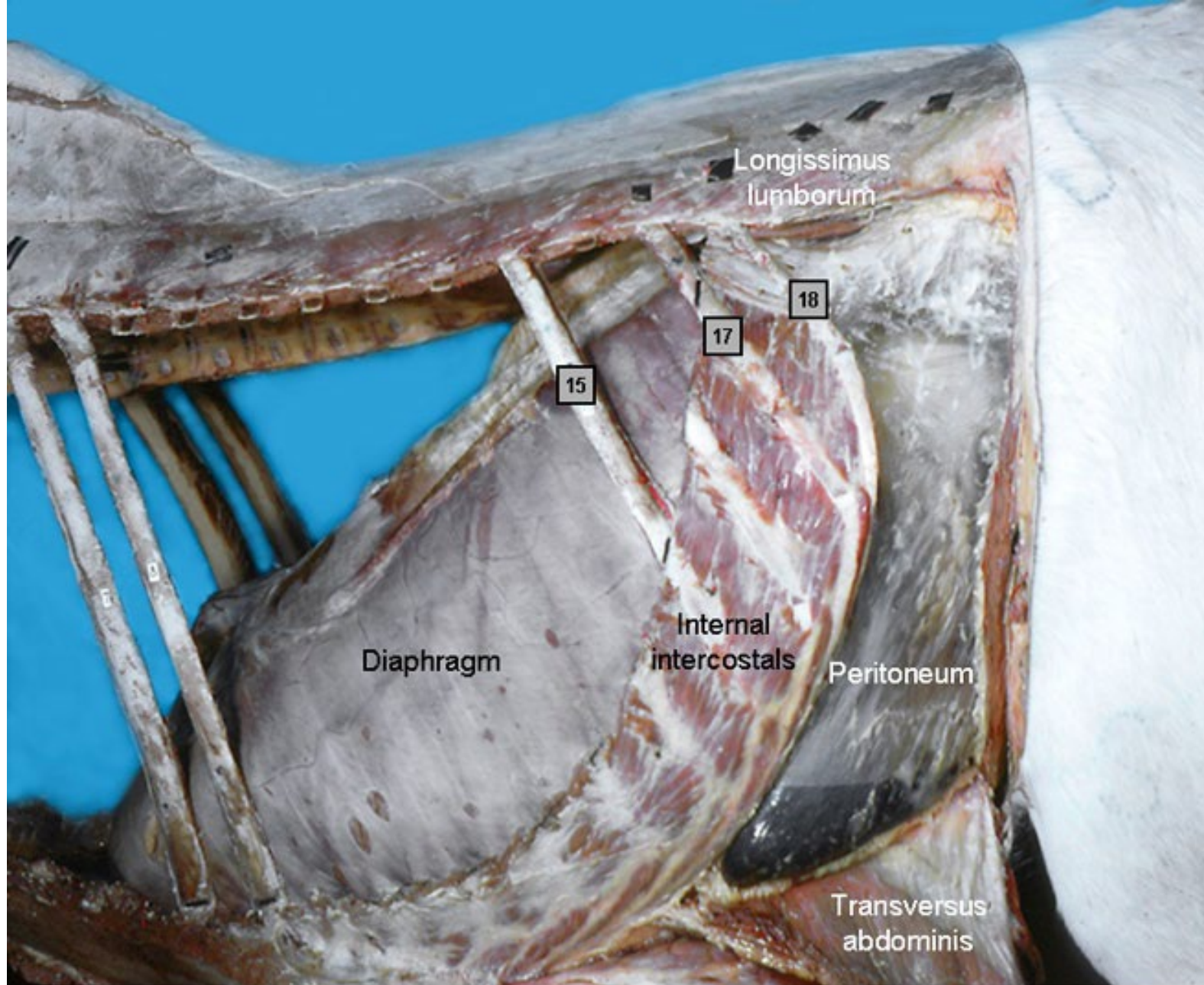
Ashdown & Done (2012)

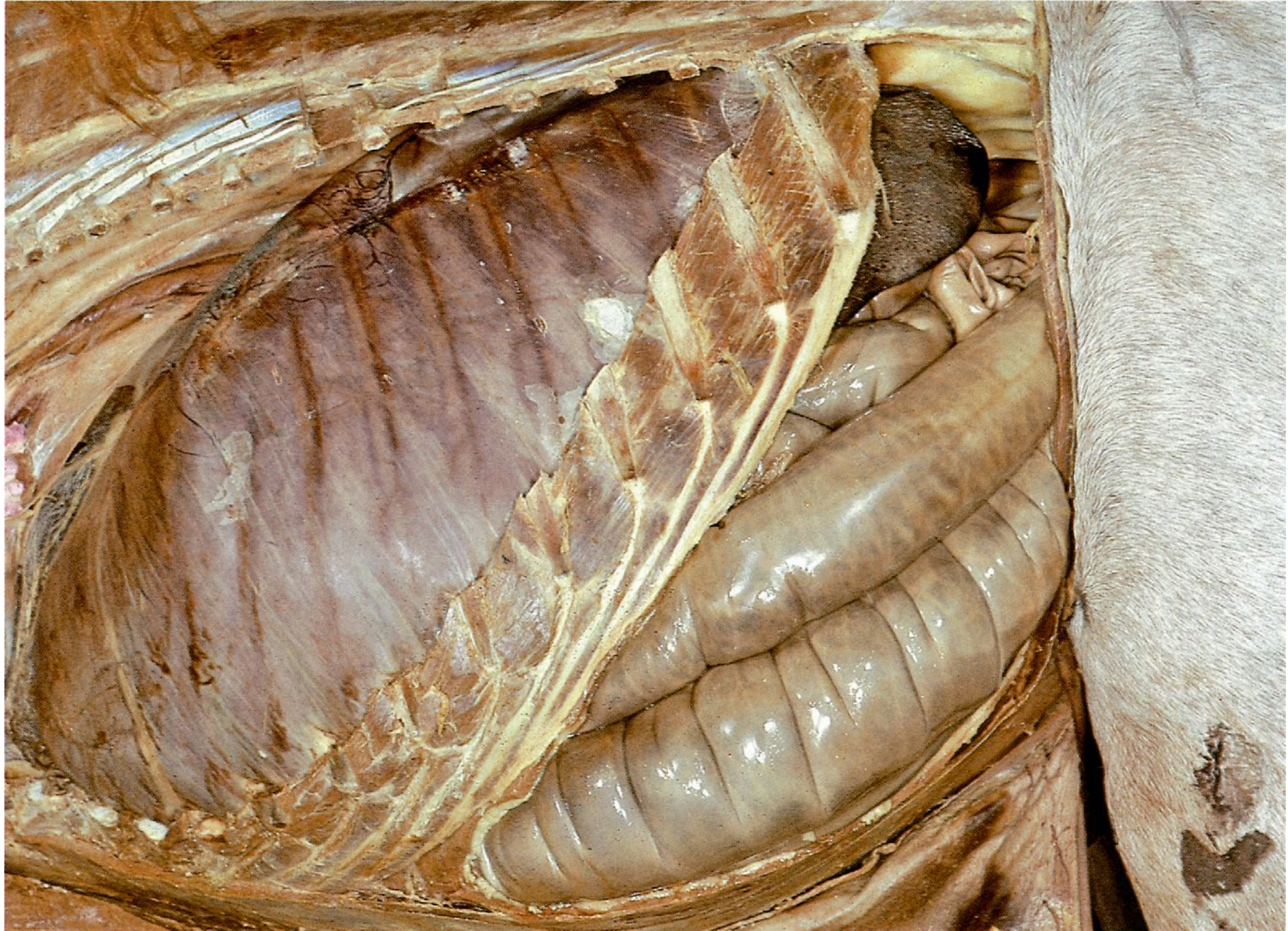


Ashdown & Done (2012)

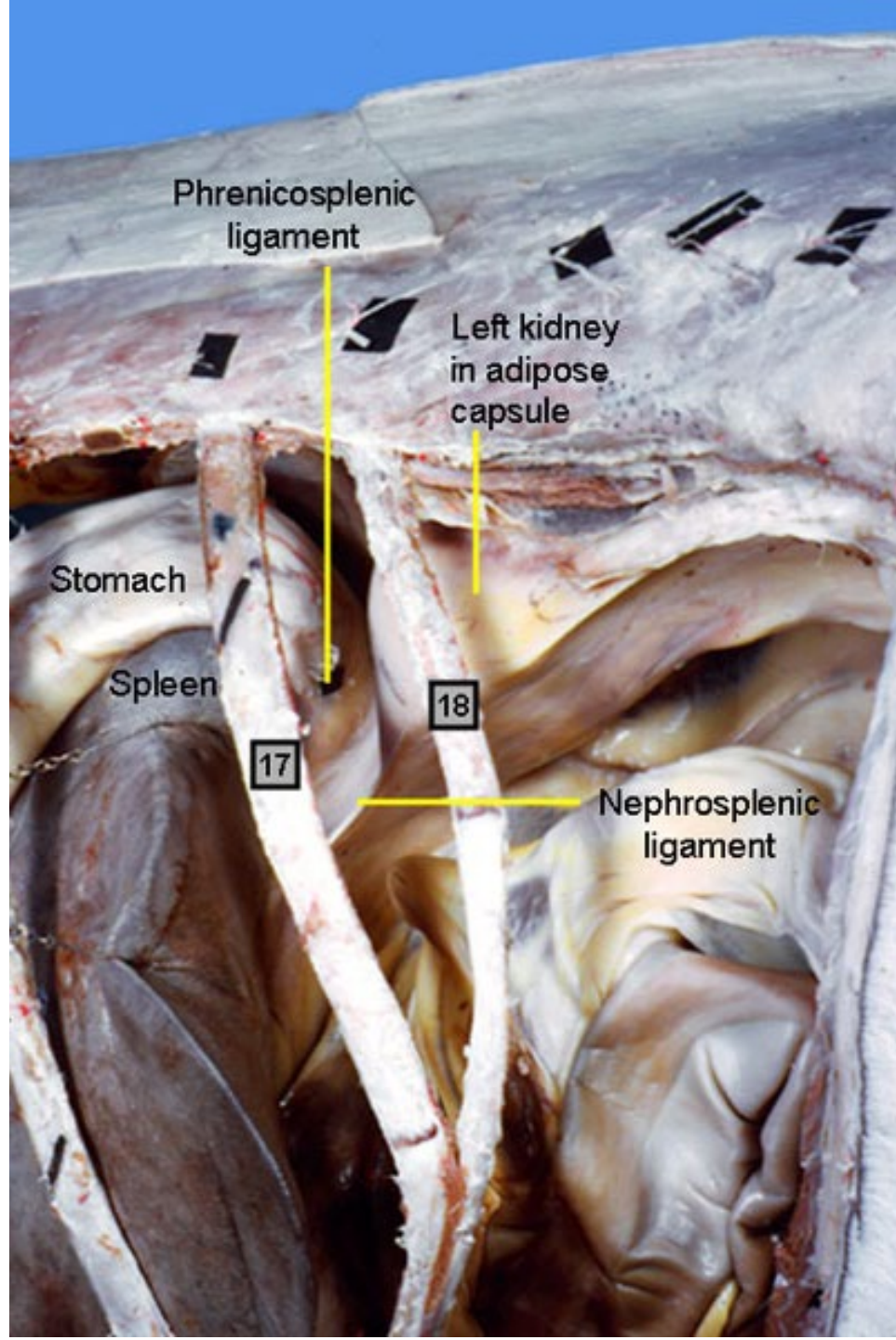
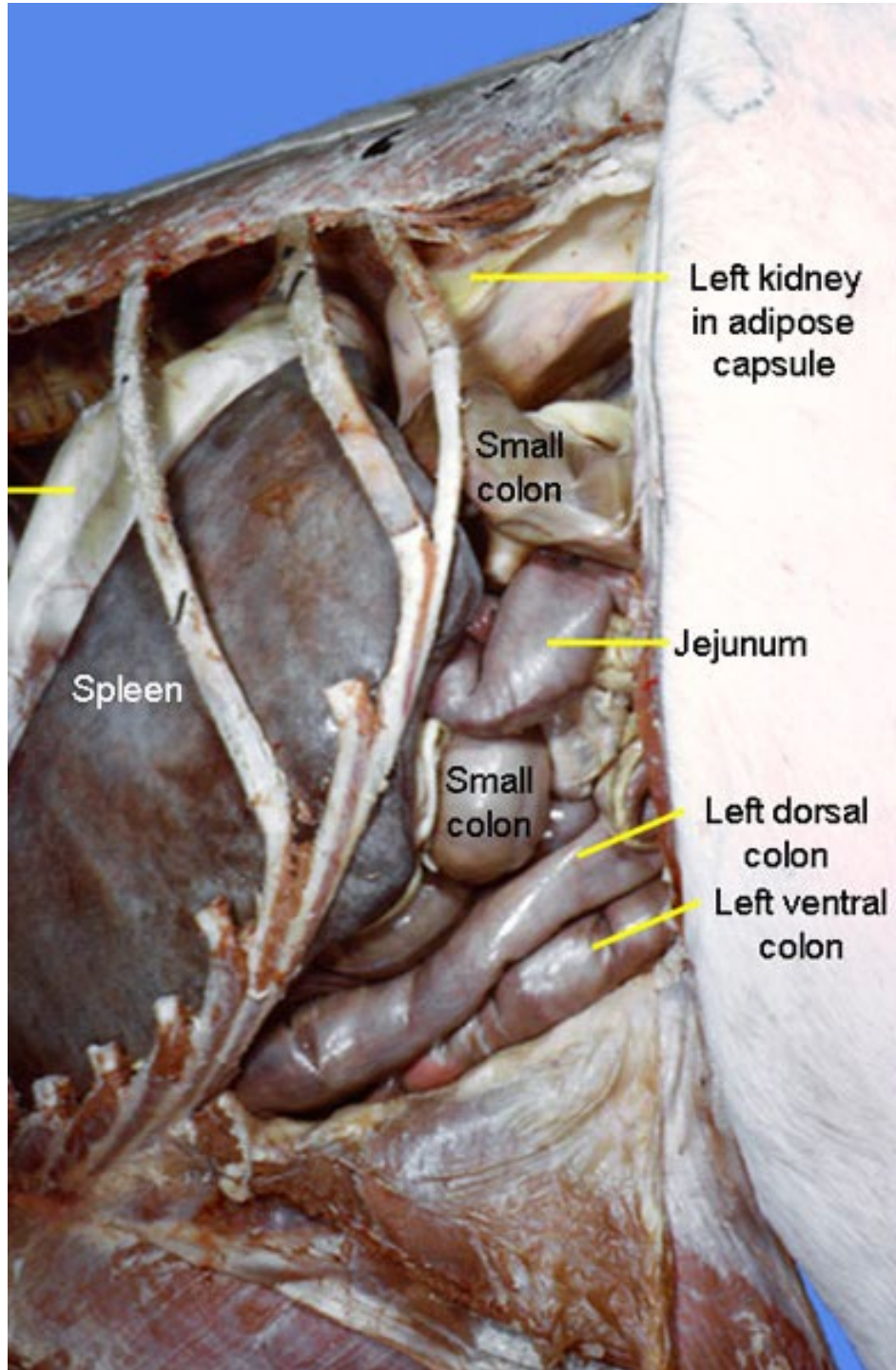


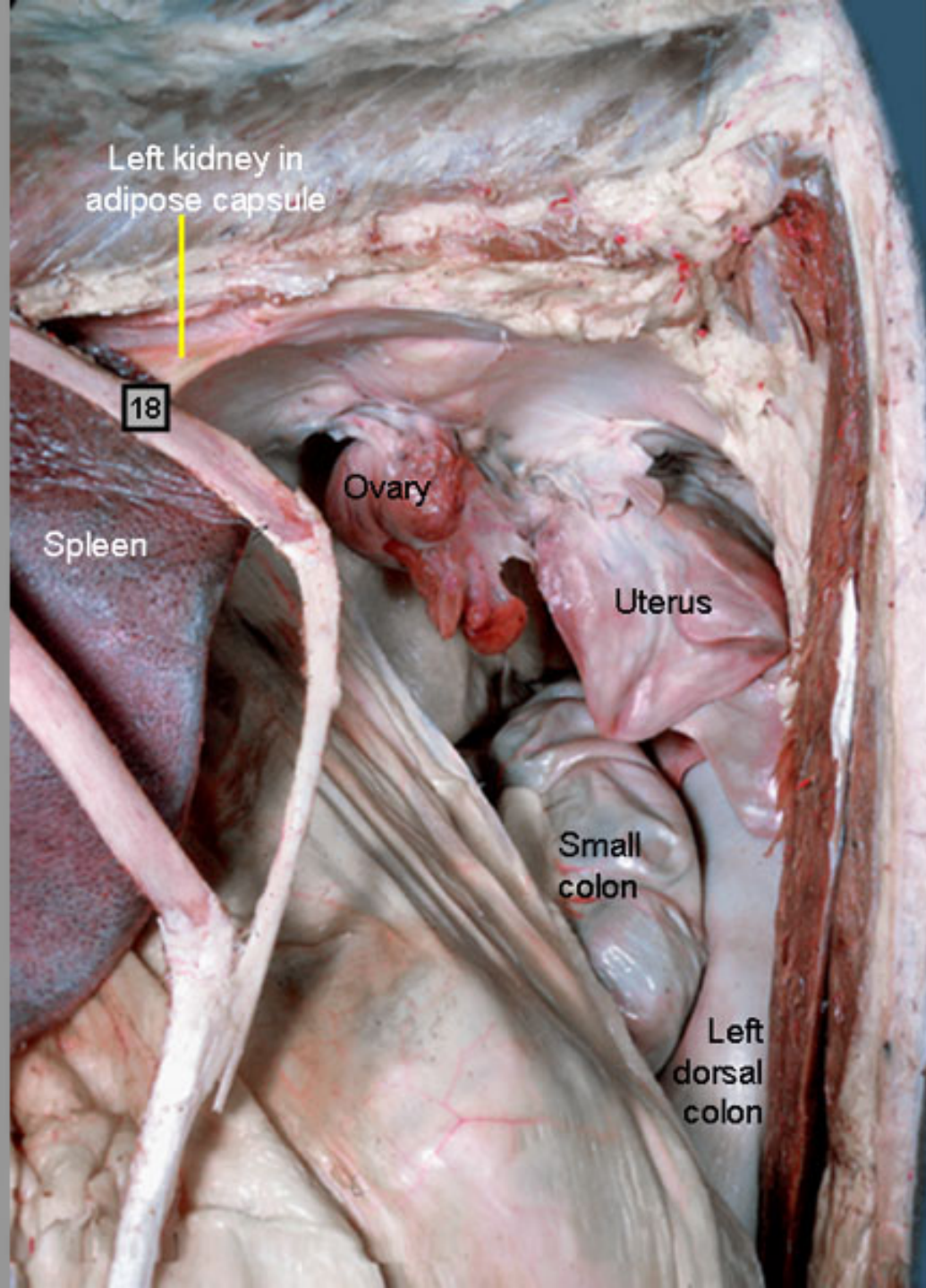
Ashdown & Done (2012)





Ashdown & Done (2012)





Left kidney in
adipose capsule

18

Spleen

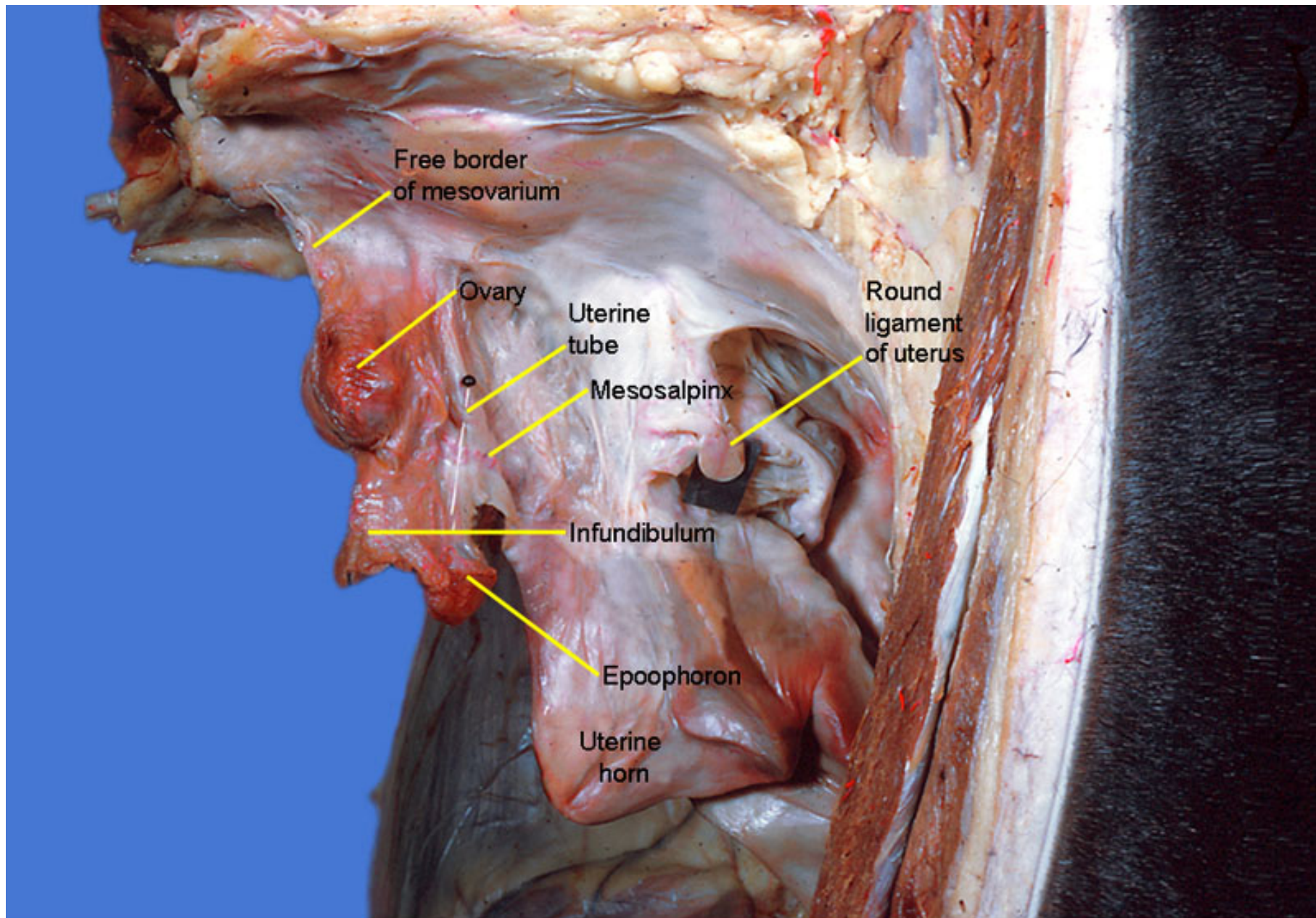
Ovary

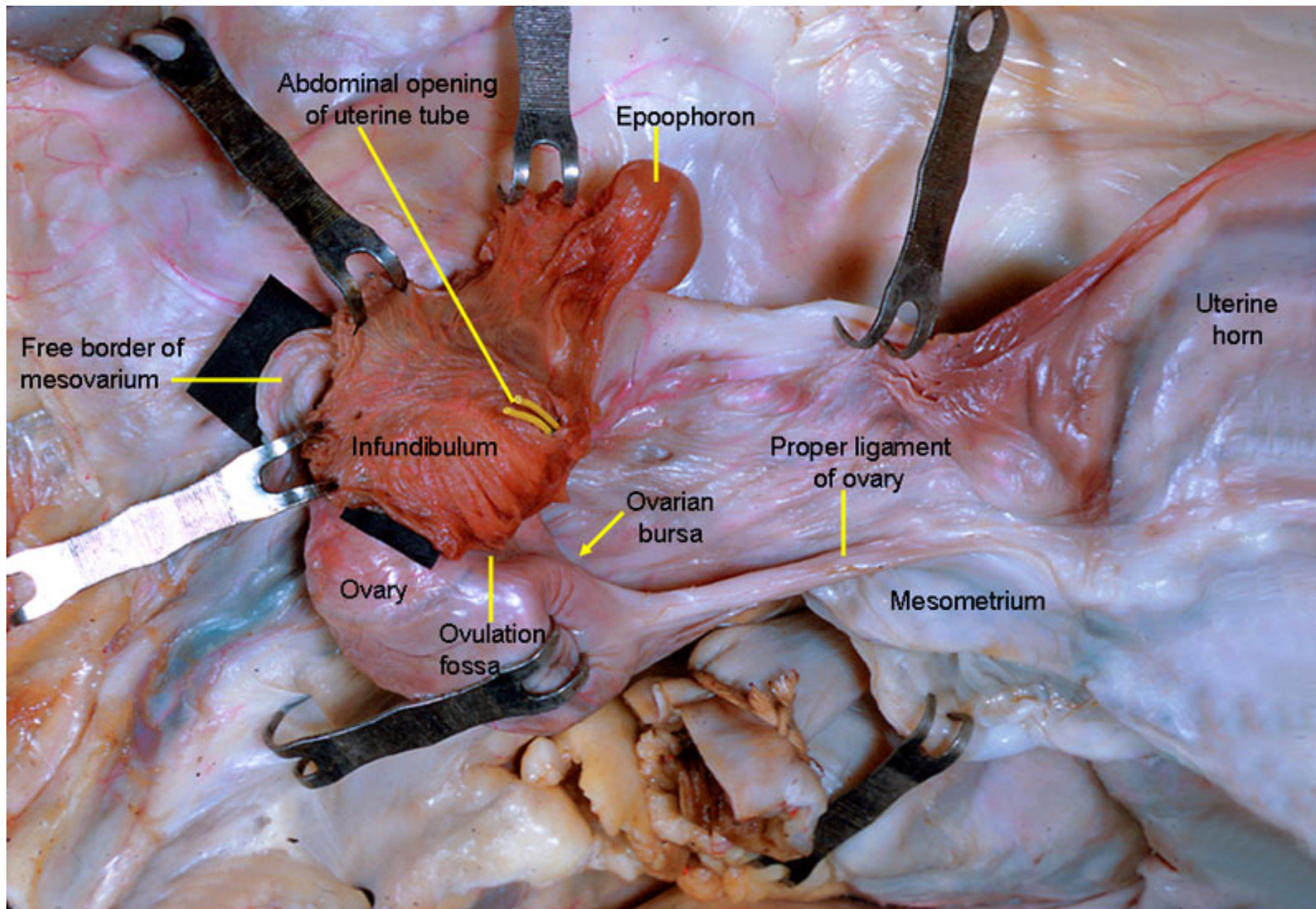
Uterus

Small
colon

Left
dorsal
colon

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Veterinary
Medicine,
Cornell
University

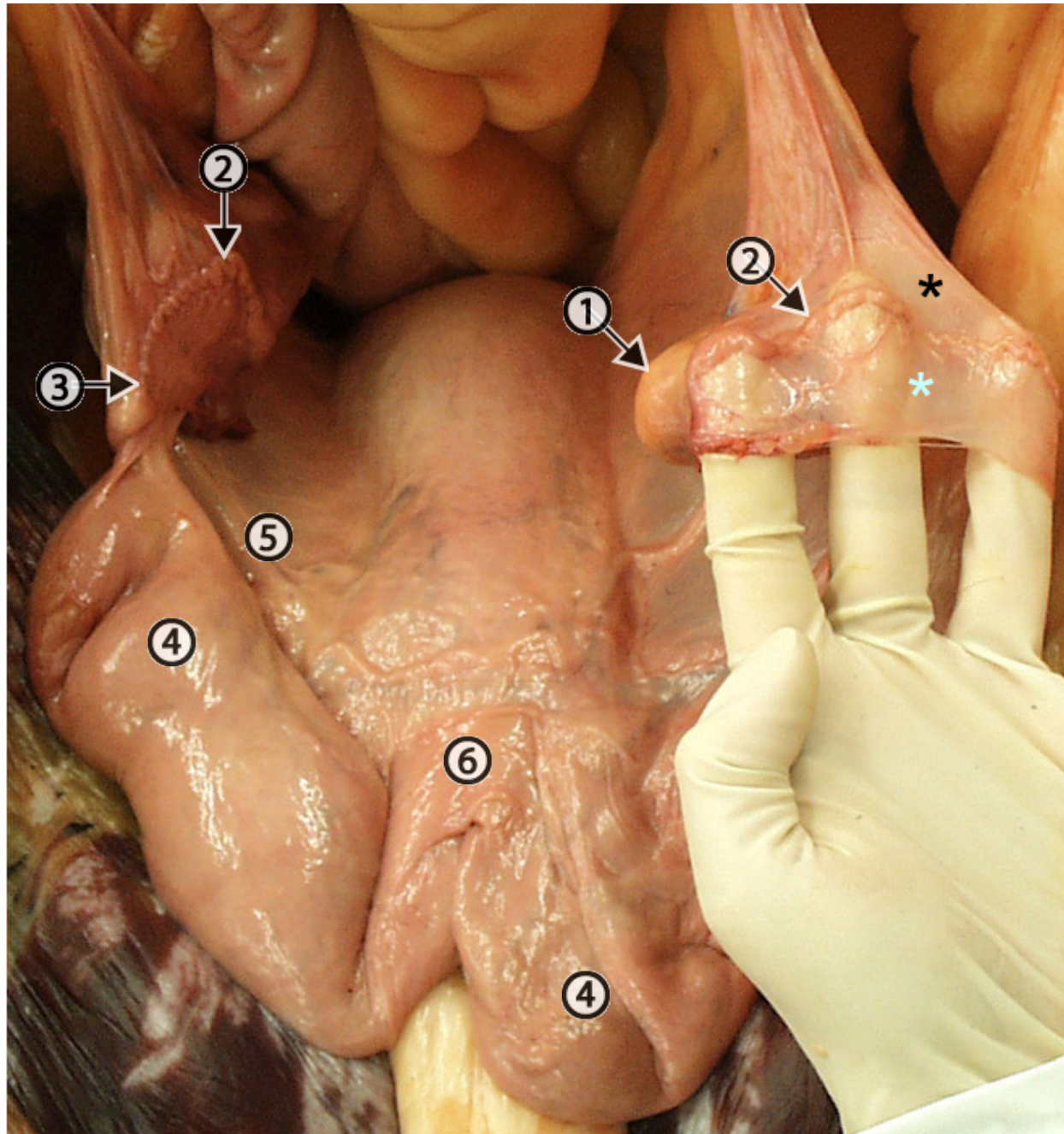




- 6. Ligamento redondo do utero
- 7. Ligamento suspensório do ovário
- 8. Ovário direito
- 9. Tuba uterina (oviduto)
- 10. Bexiga
- 11. Ligamento próprio do ovário
- 12 Ponta do corno uterino
- 13 Mesocolon
- 14 Colon descendente
- 15 Base do corno uterino
- 16 Ligamento largo do utero (mesometrio)

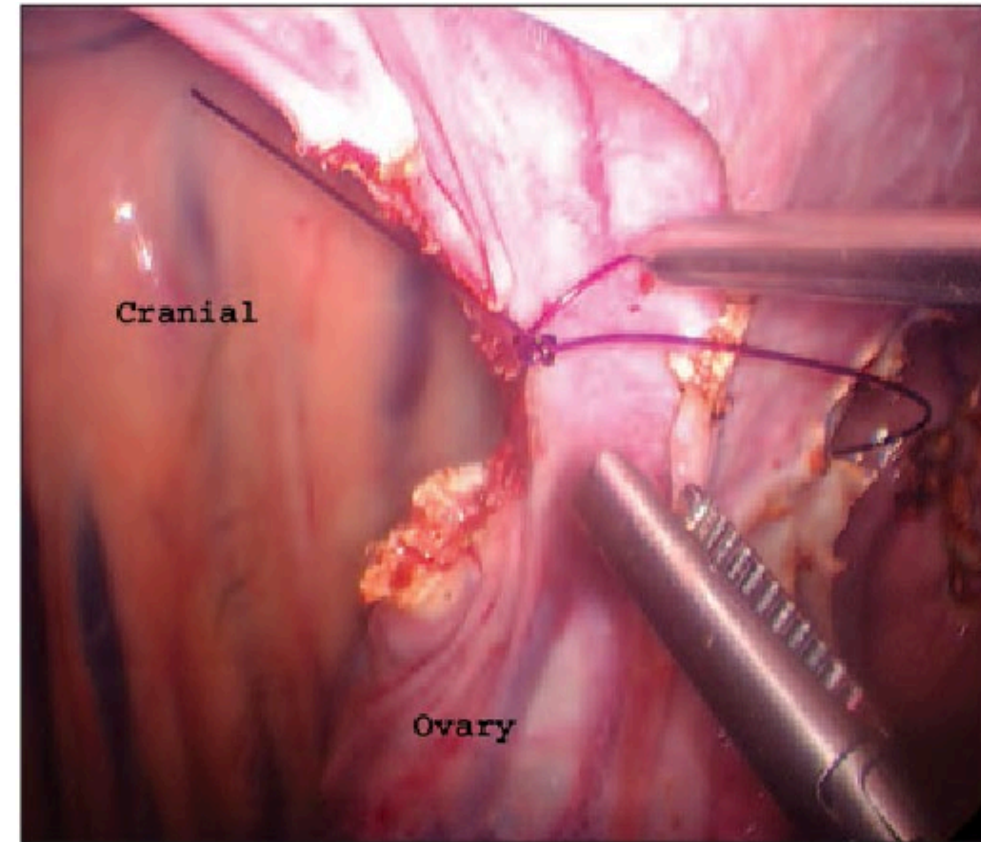
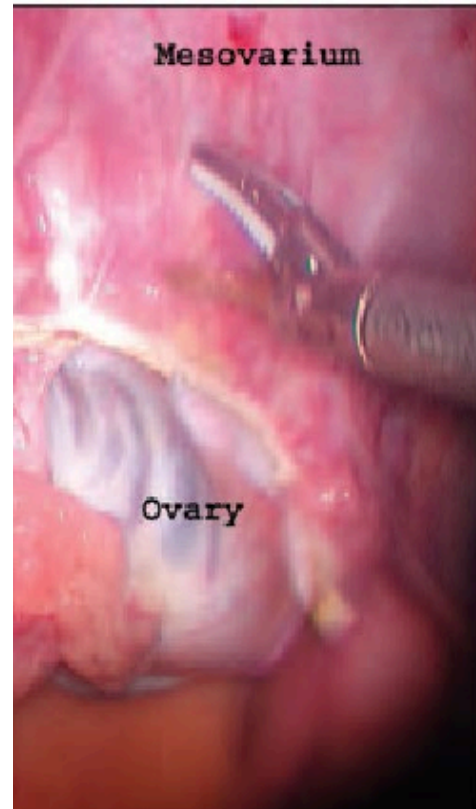
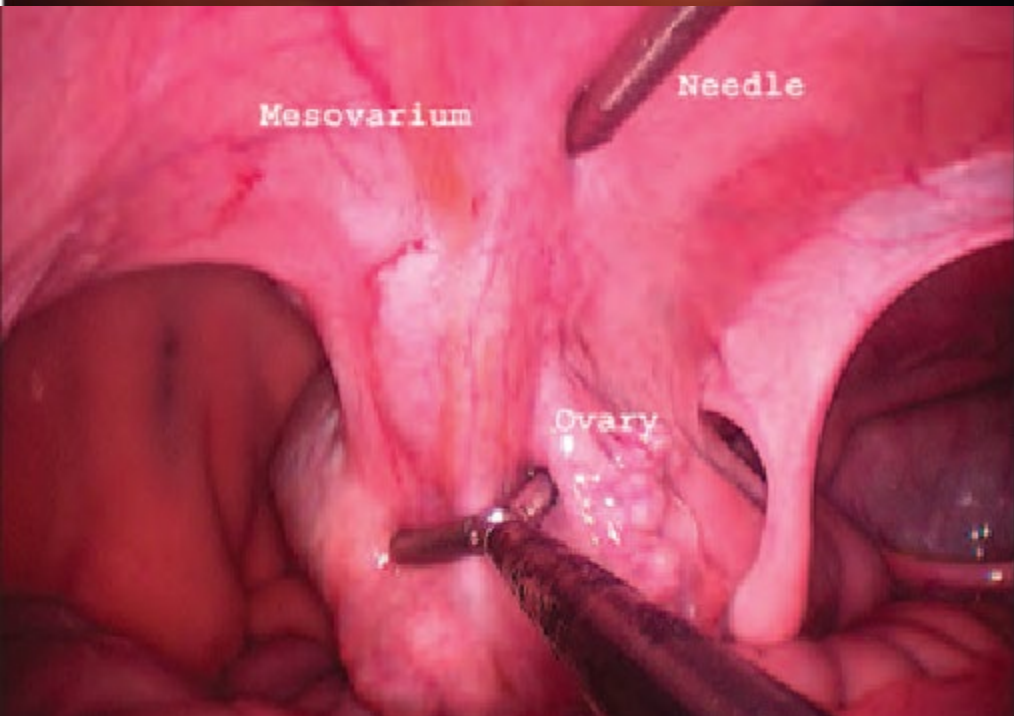
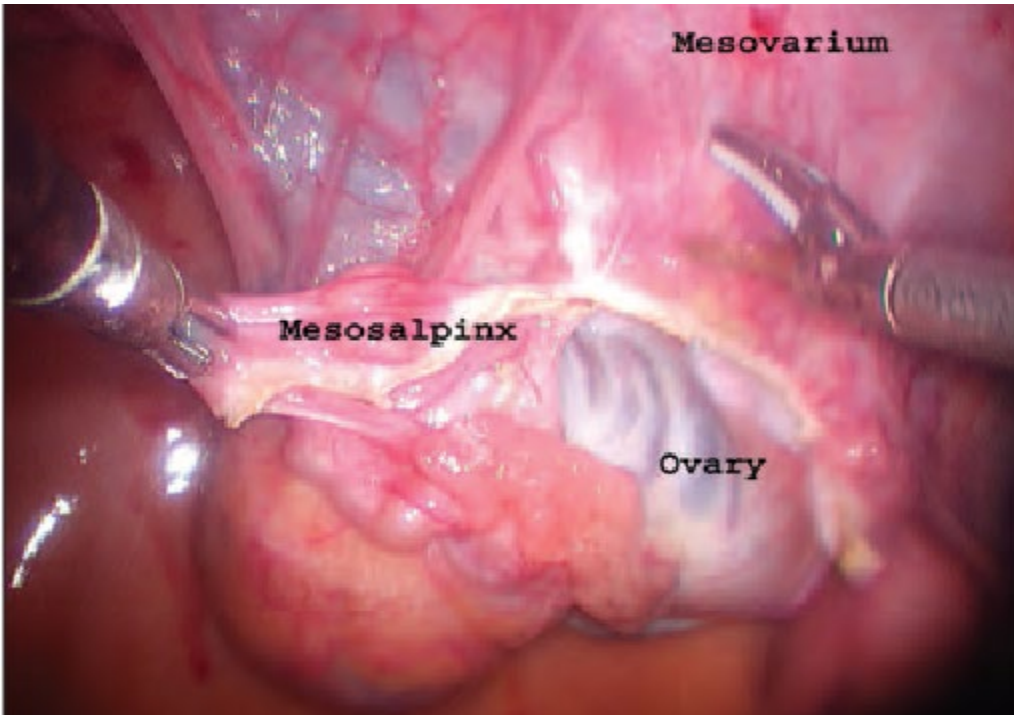


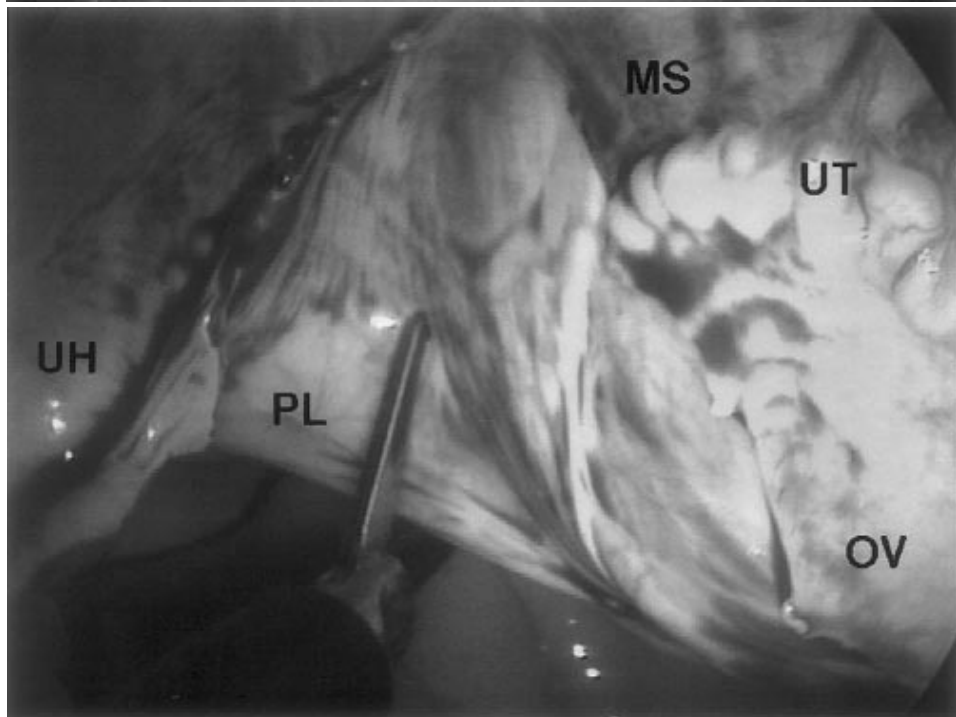
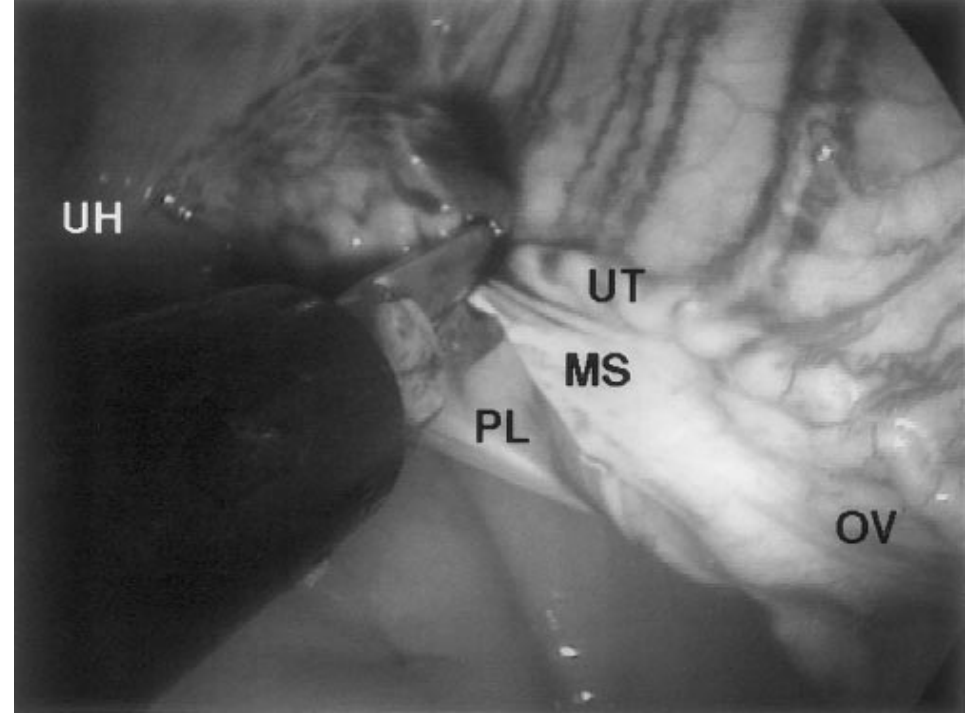
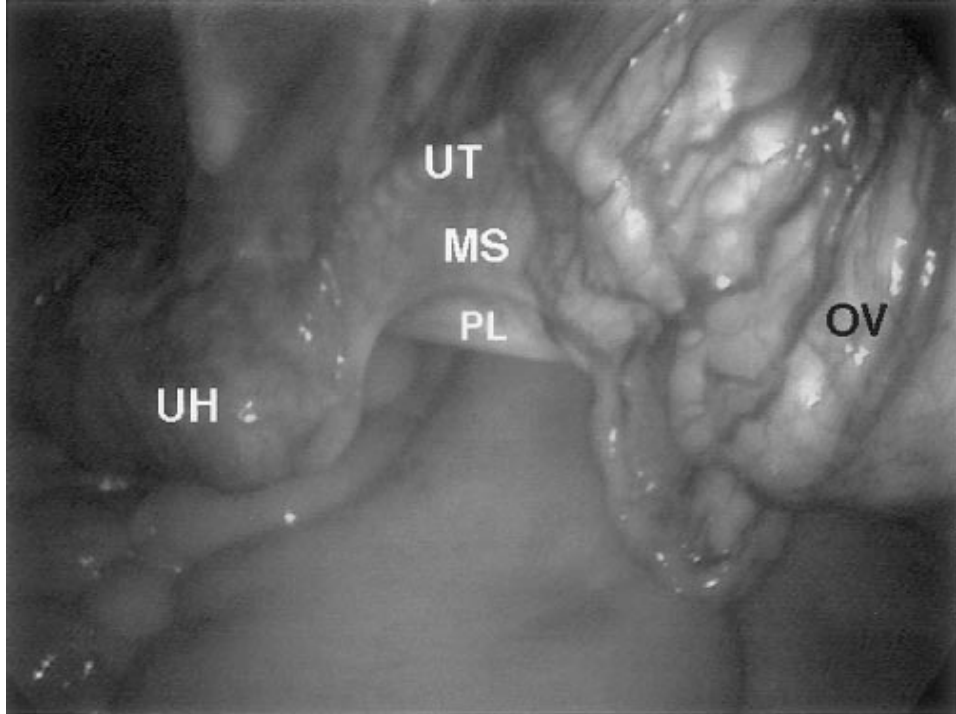
Clayton et al (2005)



Equine laparoscopy: gonadectomy

John P Caron ¹





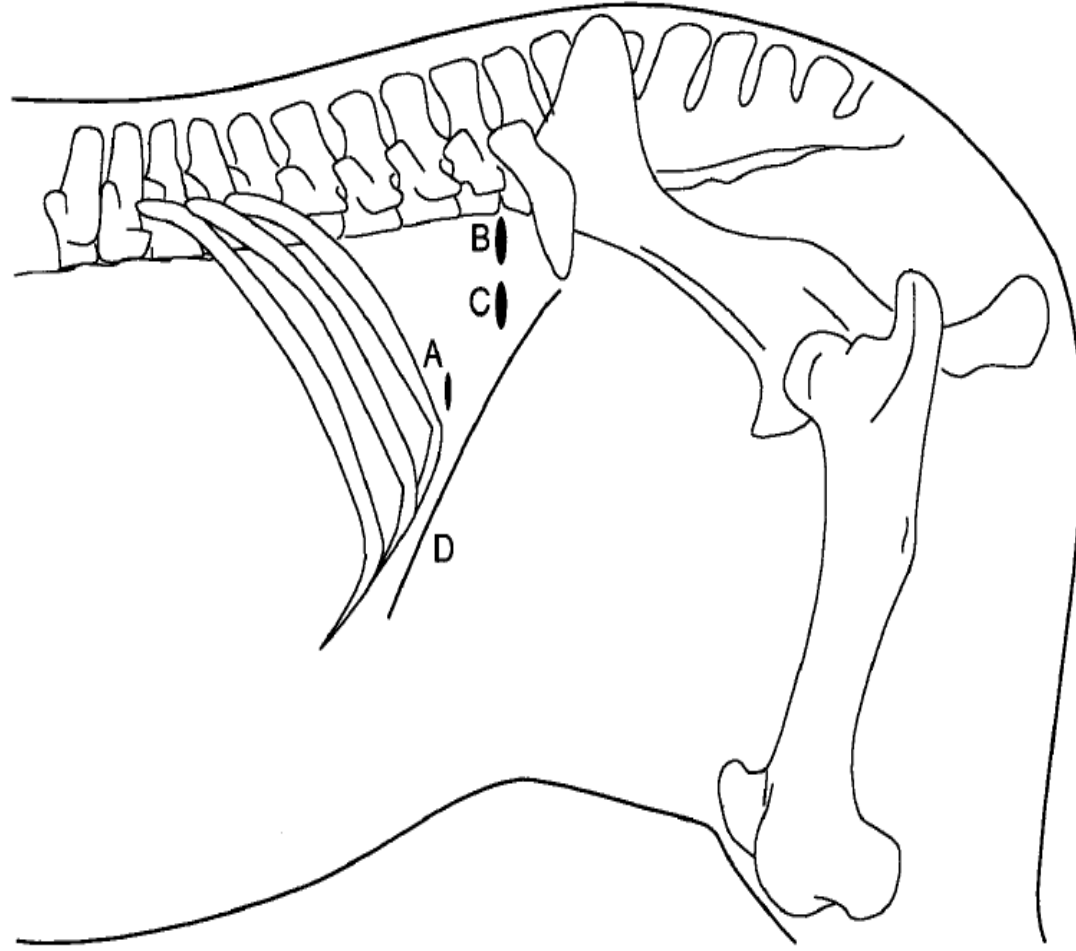
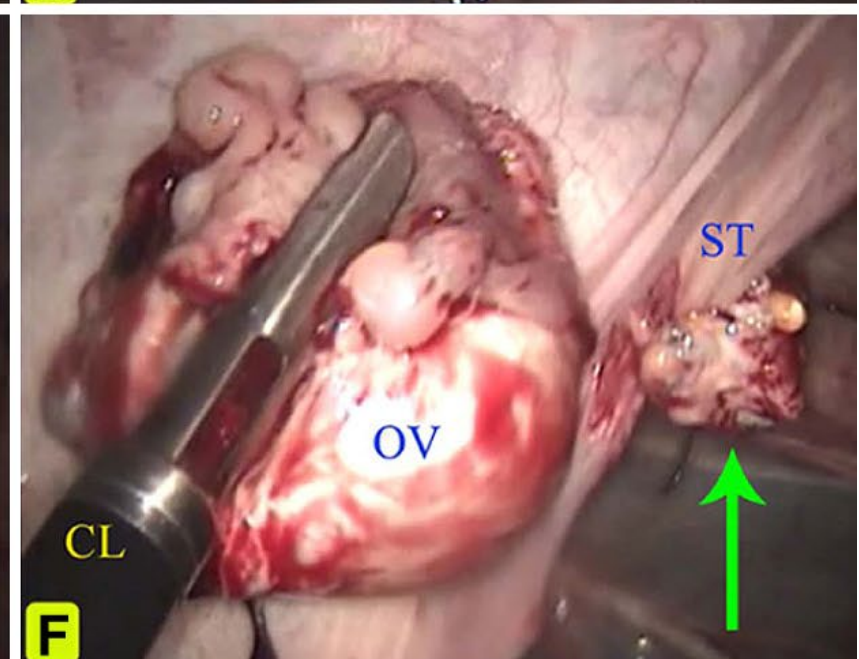
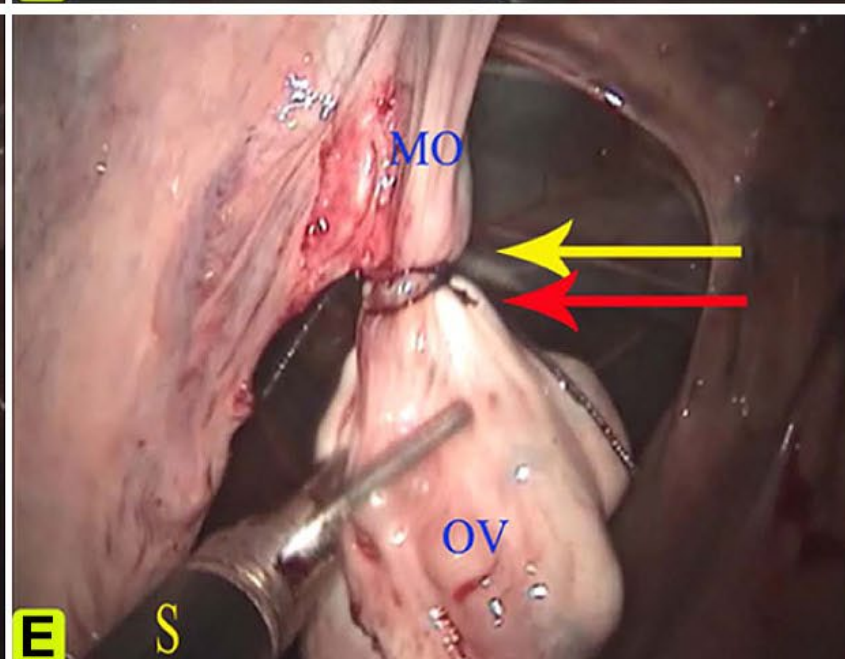
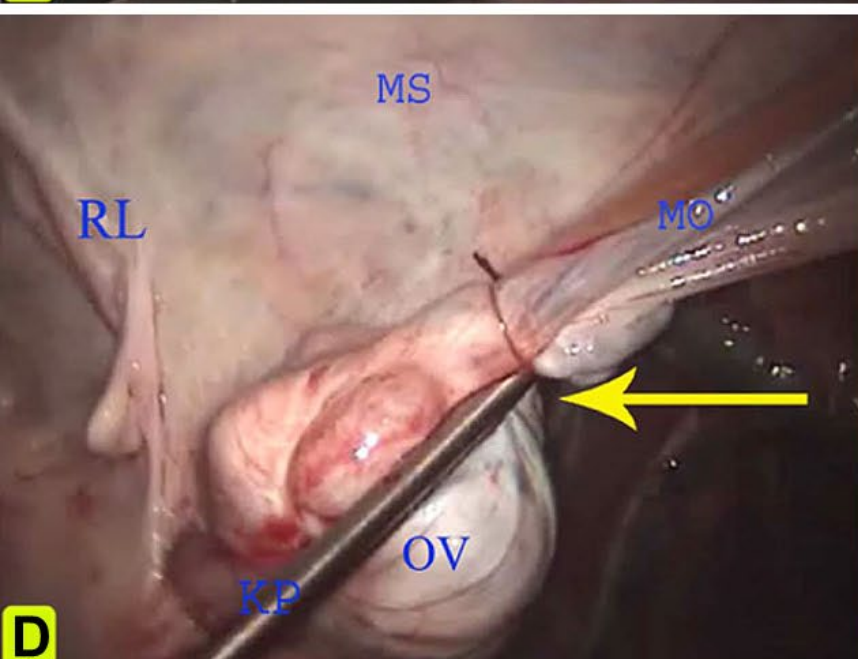
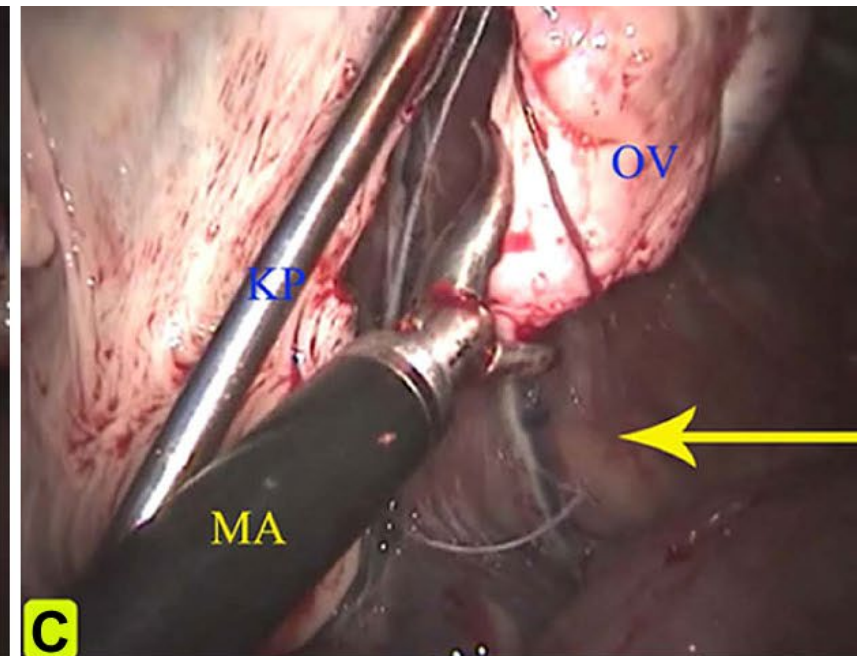
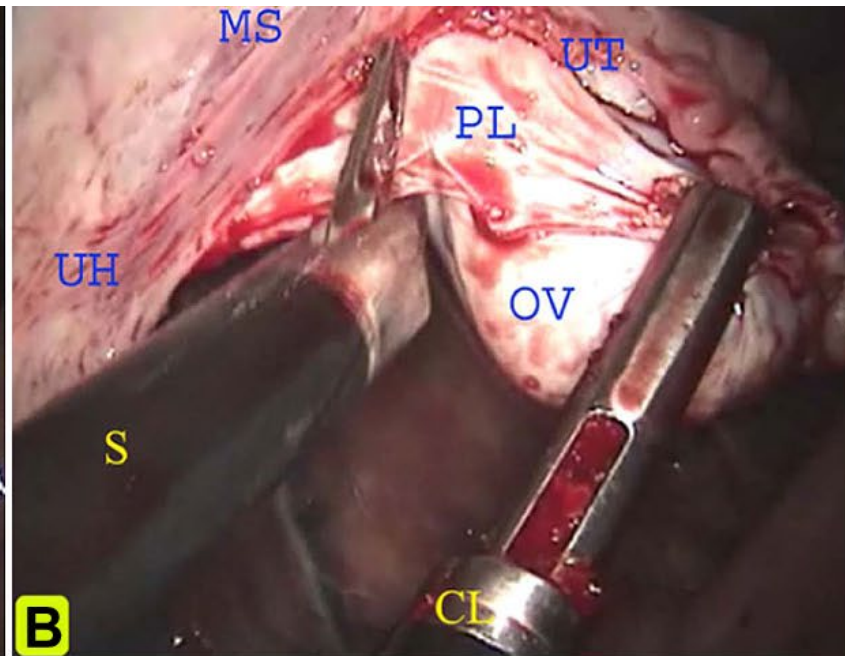
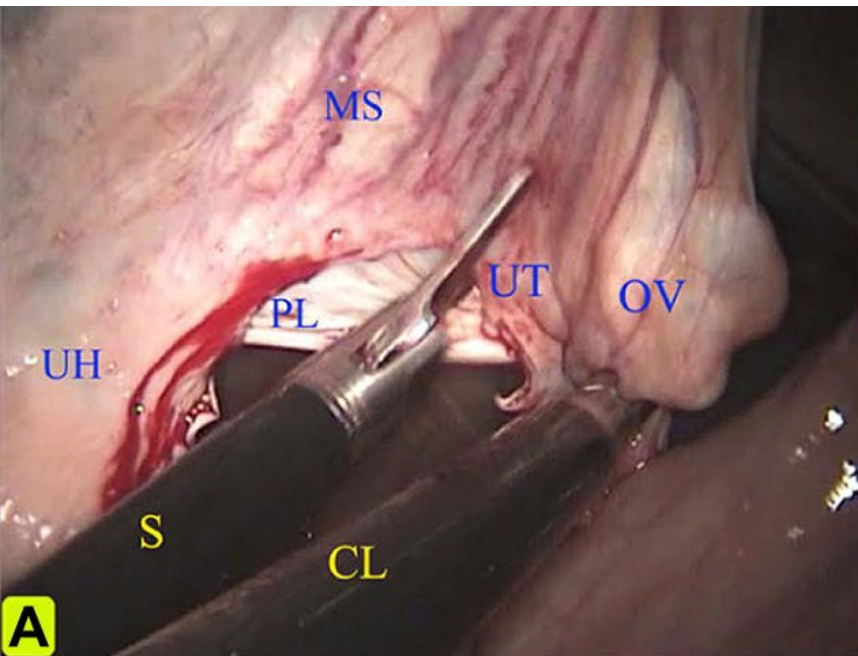


Fig 1. Location of laparoscope (A) and instrument portals (B and C). Dorsal border of the internal abdominal oblique muscle (D).

Hanson & Galuppo (1999)



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