6 points before testing for

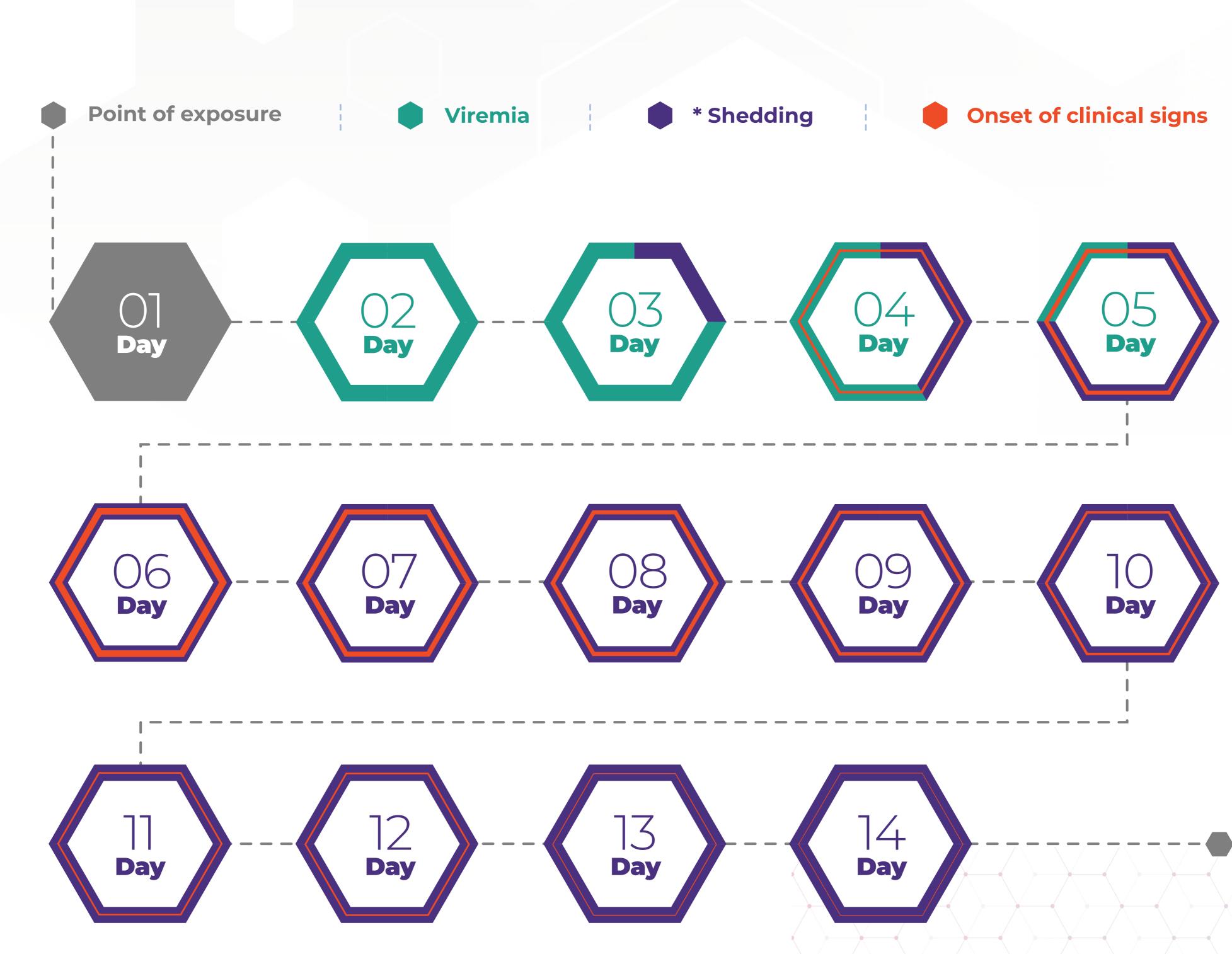
Canine Parvovirus infection

- * CPV2 is a highly contagious, fast progressive and life-threatening enteric disease which primarily affects unvaccinated or partly vaccinated puppies under the age of 6 months.
- * The virus has an affinity for rapidly dividing cells causing bone marrow and enteric damage resulting in panleukopenia and bloody diarrhea.
- *An accurate diagnostic tool is critical for taking early appropriate measures such as adjusting the optimal treatment, preventing viral spread and determining prognosis
- * A tentative diagnosis of CPV2 infection is based on anamnesis which includes exposure to contamination, vaccination history, clinical signs, and supportive blood tests.
- * A definitive diagnosis requires a sensitive and specific test.



Management Challenge:

May be contagious before symptoms start and for a period of time after they resolve.



In some cases viral shedding can continue up to 1 month.



Main characteristic of CPV

TIP 01

Severe gastroenteritis, vomiting and bloody diarrhea.

- Findings of panleukopenia on complete blood count.
- In-clinic fecal antigen test limitation

TIP 02

• False negative results due to Ab-Ag complexes and intermittent shedding.

TIP 04

Low sensitivity:

In-clinic IgM antibody test Positive IgM results in symptomatic unvaccinated

TIP 03(*)

puppies can indicate an early acute infection.

- ImmunoComb Parvo-Distemper IgM antibody test is a semi-quantitative dot ELISA for diagnosis of early stage Parvo and Distemper when IgM is
- the major antibody present.

Compared to fecal antigen tests, PCR assays have higher sensitivity.

Molecular detection test - PCR

PCRun PCRun is an in-clinic laboratory-based test

designed to assist in reaching a correct diagnosis in conjunction with other diagnostic tests.

- BLOOD AND PHARYNGEAL SWABS are the recommended samples for PCRun assays. (**) Positive PCRun results in puppies 20 days post
- vaccination (or later), combined with compatible findings, would most likely indicate an active infection.

A final diagnosis should be based on a combination of signalment, history, clinical signs, labo-

TIP 06

ratory findings, IgM and/or PCR test results.

Definitive diagnosis

*Veterinary Records, 2003 May 10;152(19):588-91 Evaluation of a dot ELISA kit for measuring immunoglobulin M antibodies to canine parvovirus and distemper virus - T Waner , S Mazar, E Nachmias, E Keren-Kornblatt, S Harrus **Journal of Veterinary Internal Medicine, Volume 36, Issue 2 p. 591-598 Effect of sampling site on the diagnosis of canine parvovirus infection in dogs using polymerase chain reaction. Gilad Segev, Tal Yaaran, Sarah Maurice, Gad Baneth.





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