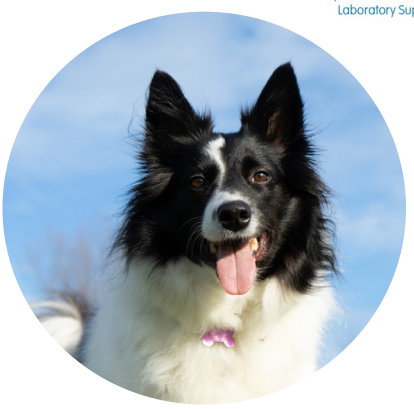
Vetlab Supplies
Specialists in Veterinary Laboratory Supplies

FLASH VetID™ B. gibsoni

Not just tick-borne – also spread dog to dog through bite wounds



Fast test for the qualitative detection of DNA of *Babesia gibsoni* in whole blood of the dog.

40 minutes	50 µL EDTA whole blood	Room temperature	12 months
TOTAL ASSAY TIME	SAMPLE	STORAGE	SHELF LIFE (FROM MFG)

Sensitivity 100.00% & specificity 100.00% (n=153)
Detects DNA directly – blood smears are prone to missing small *Babesia* species
Aids to select the appropriate combination drug therapy

Clinical suspicion:

- Anaemia and thrombocytopenia occurring together, with or without pigmenturia, fever, or splenomegaly
- History of dog-bite wounds, prior transfusion, or origin from fighting-dog-associated lineages
- Pale mucous membranes, lethargy, and anorexia in a dog with relevant risk history
- Chronic, unexplained low-grade anaemia in a previously treated or carrier dog
- Proteinuria of unclear origin

Screening / prevention programs:

- Screening blood donors and dogs with a fighting-dog lineage or bite-wound history
- Pre-splenectomy or pre-immunosuppression screening
- Post-treatment monitoring for molecular clearance, not just CBC normalisation
- Dogs imported from or with travel history to endemic areas



FLASH DIAGNOSTICS

FLASH VetID™ B. gibsoni

The Pathogen and Transmission

Babesia gibsoni is a small-form *Babesia* species most prevalent in East Asia but increasingly reported in Europe and North America. Unlike most tick-borne pathogens, transmission is not limited to ticks: mechanical transmission through dog bites, blood transfusion, and vertical (dam-to-offspring) transmission are all well documented; and infection is disproportionately reported in fighting-dog-associated lineages such as American Pit Bull Terriers and American Staffordshire Terriers.

Species-Specific Manifestations

The clinical spectrum ranges from asymptomatic carriage to severe haemolytic disease. Haematologic abnormalities are the most consistent indicator – in one 108-dog cohort, thrombocytopenia occurred in over 90% of cases, with anaemia often moderate to severe. Immune-mediated mechanisms contribute to disease, so severity is not always proportional to the number of organisms visible microscopically, and chronic carriers can relapse after immunosuppression or altered splenic function.

The Diagnostic Value Proposition

Blood smear examination is notably unreliable for *B. gibsoni*: even in dedicated treatment cohorts, fewer than half of confirmed cases showed visible organisms on microscopy. Nucleic acid detection is the standard both for initial diagnosis and, critically, for confirming treatment success. Current practice recommends repeated (sometimes monthly) testing follow-up, since standard treatment regimens frequently fail to fully eliminate infection even when the CBC normalises. FLASH VetID™ simplifies the testing worflow by providing highly accurate results during the same consult.

+ Positive Result

Confirms *B. gibsoni* DNA. With compatible signs, especially concurrent anaemia and thrombocytopenia, supports a diagnosis of babesiosis. Begin treatment and manage the dog as a potential long-term carrier.

– Negative Result

Likelihood of active infection is low. Parasitaemia can be intermittent or very low, particularly in chronic carriers; resample if strong clinical suspicion persists.

Gold-standard confirmation

Confirm treatment success with qPCR rather than relying on haematologic recovery alone.

Differential diagnostics

Consider testing alongside with FLASH VetID™ B. canis and FLASH VetID™ B. vogeli where regionally relevant, and FLASH VetID™ E. canis and FLASH VetID™ A. platys for coinfecting tick-borne pathogens; immune-mediated haemolytic anaemia.