FLASH VetID™ CPV

A resilient virus with a narrow window to act



Fast test for the qualitative detection of DNA of Canine parvovirus (CPV) in fecal or rectal swabs of the dog.

35 minutes	Detects viral DNA	Room temperature	12 months
TOTAL ASSAY TIME	TEST	STORAGE	SHELF LIFE (FROM MFG)

Sample: rectal and/or fecal swab

Nucleic acid testing is more sensitive than fecal antigen tests.

Clinical suspicion:

- Lethargy or depression, anorexia, and vomiting in a puppy or incompletely vaccinated dog
- Diarrhoea that is frequently haemorrhagic
- Unvaccinated, under-vaccinated, or shelter-origin dogs aged roughly 6–20 weeks
- Breeds with reported increased risk, including Rottweilers, American Pit Bull Terriers, Doberman Pinschers, and German Shepherd Dogs
- Recent exposure via shelter, transport, boarding, or contact with an affected litter

Screening / prevention programs:

- Shelter intake screening and outbreak investigation before mixing dogs
- Post-transport or post-boarding screening of puppies moved between facilities
- Screening of litters and in-contact dogs following a confirmed case
- Monitoring of exposed but asymptomatic dogs in high-density or high-turnover settings



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The Pathogen and Transmission

Canine parvovirus type 2 (CPV-2) is a small, non-enveloped, single-stranded DNA virus transmitted via the fecal-oral route through direct contact and contaminated environments or fomites. Infected dogs shed virus in feces from roughly 4–5 days after exposure, often before signs appear. The virus is notably resistant in the environment, remaining infectious for months on contaminated surfaces – a major reason it persists in shelters, transport systems, and multi-dog households.

Species-Specific Manifestations

CPV preferentially infects rapidly dividing cells, producing intestinal crypt epithelial injury alongside bone marrow suppression, creating a high risk of secondary bacterial translocation and sepsis. Typical signs are lethargy, anorexia, vomiting, and often haemorrhagic diarrhoea. Recognised complications include intussusception, aspiration pneumonia, and oesophageal stricture. Outcomes vary widely by care setting, with published survival under intensive treatment ranging from roughly 75% to over 85%.

The Diagnostic Value Proposition

Classic fecal antigen rapid tests have high specificity but limited sensitivity relative to PCR, so a negative antigen result is frequently unreliable. Nucleic acid detection targets the viral genome of CPV-2 variants a, b and c; and closes much of this gap. Fecal shedding of the modified-live vaccine strain can transiently cause positive results for a 1-14 days after vaccination, with rare cases reported up to 28 days, so recent vaccination history should be considered when interpreting a positive result in a recently vaccinated puppy.

+ Positive Result

Confirms shedding of CPV-2 DNA. In a puppy or incompletely vaccinated dog with compatible signs, supports a diagnosis of parvoviral enteritis – isolate and begin supportive care.

– Negative Result

Reduces the likelihood of active shedding at the time of sampling. Shedding begins ~4–5 days post-exposure, so very early sampling can still be negative; resample in 24–48 hours if suspicion remains high.

Gold-standard confirmation

For outbreak characterisation or results that are hard to interpret around a recent vaccination, confirm with laboratory quantitative PCR.

Differential diagnostics

Consider canine coronavirus, enteric bacteria, intestinal parasites, dietary indiscretion, and intussusception as other causes of acute haemorrhagic gastroenteritis in young dogs.