



Laboratory Supplies

Vetlab FASTest® Supplies ANAPLASMA-EHRLICHIA ad us. vet.

A tick bite with serious consequences

Fast test for the qualitative detection of antibodies against **Anaplasma spp.** (A. phagocytophilum, A. platys) and Ehrlichia canis in whole blood, plasma or serum of the dog

Unspecific clinic

acute lethargy, inappetence/anorexia, fever, thrombocytopenia, anaemia, hyperglobulinaemia 2-4 weeks after tick infestation and/or foreign travel

Routine check for imported dogs (esp. from the Mediterranean area)

Identification of asymptomatic carriers

Early initiation of therapy (optimally after additional titre determination by IFT)



- Simple test procedure with whole blood, plasma or serum
- Fast test interpretation after 10 minutes
- Reliable clinical diagnostics
- Anaplasma: Sensitivity 87.5 % & Specificity 100 %
- Ehrlichia: Sensitivity 98.2 % & Specificity 100 %
- Storage at room temperature (15–25°C)
- Long shelf life
- Compact test box with 2 or 10 tests





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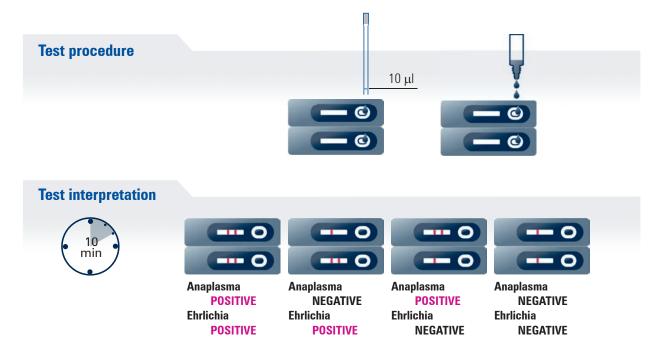
Canine Granulocytic Anaplasmosis (GA, Anaplasma phagocytophilum [A. p.], Thrombocytic Anaplasmosis (TA, Anaplasma platys) and Canine Monocytic Ehrlichiosis (CME, Ehrlichia canis) belong to the most important vector-borne infectious diseases induced by canine parasites. Coinfections play a major role in both pathogens, therefore, depending on the animals' place of origin and whereabouts, potential other pathogens (e. g. Borrelia spp., Babesia spp., Leishmania spp.) or laboratory values indicative of these pathogens (e. g. anaemia, leucocytosis/neutrophilia, hypalbuminaemia/hypergammaglobulinaemia, kidney values etc.) should be clarified.

In principle, tick territories (endemic area) are potential breeding grounds. Seroprevalences for GA/TA and CME vary widely, depending on country (endemic or non-endemic) and study.

With an incubation time of 2–20 days, A. phagocytophilum infections are often subclinical or self-limiting. Clinical symptoms are fever, apathy, stiff muscle, polyarthritis with joint pain/swelling, lameness, weight loss, thrombocytopenia, anaemia, petechial haemorrhages and increasing inflammatory values (CRP, haptoglobin). Subarachnoid haemorrhage could lead to central nervous disorders. The cause of TA is A. platys. It occurs world-wide, mainly in the Southern Hemisphere. In most cases, the infection is asymptomatic with mild fever, uveitis, petechiae and ecchymoses. In the laboratory diagnostics, a thrombocytopenia is shown.

CME is characterised by a very long incubation period (Ø 4-5 up to 12-13 years) and an unspecific clinic. It is therefore also referred to as a "silent killer"!

Very few veterinarians are aware of the consequences of such a co-infection from an immunological, therapeutic and diagnostic point of view. Therefore, FASTest® ANAPLASMA-EHRLICHIA is suitable as a quick, qualitative antibody (ab) detection if an anaplasmosis, ehrlichiosis or a co-infection is suspected. This enables to start immediately further diagnostic investigations as well as therapeutic and prophylactic measures.



With a positive FASTest® ANAPLASMA-EHRLICHIA, a laboratory confirmation test (second diagnostic step) like indirect immunofluorescence test (MegaFLUO® ANAPLASMA ph or MegaFLUO® EHRLICHIA canis) should be done to determine the end titre or a seroconversion, respectively.

With vector-borne infections, coinfections with several pathogens are common. Therefore, testing on borreliosis with MegaFLUO® LYME or on leishmaniosis with MegaFLU0® LEISH is recommended.

Infections like leishmaniosis, ehrlichiosis, babesiosis, borreliosis etc. are accompanied with increasing inflammation activity and tissue damage and therefore increasing CRP (C-reactive protein) values. In case of un-

an underlying inflammatory event.

Because infections with Anaplasma spp. often come along with thrombocytopenia (increased tendency to bleed), we recommend BMBT-Vet. Dog to get a first hint for an infection.

clear symptoms, MegaFLUO® CRP canine can give additional hints on

Distribution:



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