Vetlab Supplies
Specialists in Veterinary Laboratory Supplies

FLASH VetID™ FIV

When antibody testing leaves questions unanswered



Fast test for the qualitative detection of cell-associated proviral DNA of Feline immunodeficiency virus (FIV) in whole blood of the cat.

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

Detects integrated, cell-associated FIV proviral DNA
Not affected by maternal or vaccine-induced antibodies

Clinical suspicion:

- Adult or older cats with outdoor access, fighting history, or bite-wound abscesses, especially intact males
- Chronic or recurrent gingivostomatitis or periodontitis
- Recurrent or unusually severe respiratory, skin, gastrointestinal or urinary infections
- Unexplained weight loss, recurrent fever, or generalised lymphadenopathy
- Unexplained cytopenias, lymphoma, or neurologic disease when retrovirus status is unknown

Screening / prevention programs:

- First presentation when FIV status is unknown and an immediate clinical or housing decision is needed
- Confirming infection after a positive antibody result, before assigning lifelong status
- Kittens under 6 months or FIV-vaccinated cats, where maternal or vaccine antibodies complicate antibody test results interpretation
- Strong clinical suspicion or recent exposure despite a negative antibody result
- Before breeding, donation, or multi-cat entry – pair with antibody testing for the most complete assessment



FLASH DIAGNOSTICS

FLASH VetID™ FIV

The Pathogen and Transmission

Feline immunodeficiency virus (FIV) is an enveloped RNA retrovirus of the genus Lentivirus. After infecting a leukocyte, viral RNA is reverse-transcribed and integrated into the host genome as proviral DNA, establishing lifelong infection. FIV occurs worldwide and spreads mainly through penetrating bite wounds that inoculate infected saliva and cells; vertical transmission and spread within stable, non-fighting households are uncommon.

Species-Specific Manifestations

Acute infection may pass unnoticed, with transient fever, lymphadenopathy, and lymphopenia. The asymptomatic phase can last years, while the provirus remains present throughout. Progressive immune dysfunction can later predispose cats to chronic infections, gingivostomatitis, weight loss, neoplasia, and neurologic disease. Because these signs are often driven by secondary disease, establishing FIV status can change the diagnostic and management plan.

The Diagnostic Value Proposition

Because FIV is a lifelong proviral infection, integrated DNA is the most direct molecular target for confirming it – detecting the virus itself rather than inferring status from antibody response. This closes real antibody blind spots: maternal or vaccine-induced antibodies can cause antibody-positive results without infection, while early infection can produce antibody-negative results despite true infection. Whole blood is essential because the target is cell-associated – serum or plasma remove most of the infected leukocytes that carry it and viral RNA may be very low during latent or asymptomatic infection.

+ Positive Result

Confirms FIV infection via proviral DNA in leukocytes; maternal or vaccine-induced antibodies cannot create this result. If a prior antibody test was negative, a positive here can reflect early infection before antibodies developed or, rarely, advanced disease with an impaired antibody response. Identifies infection but does not stage disease or transmission risk.

– Negative Result

No proviral DNA detected in the current sample. If recent exposure or strong suspicion persists, repeat testing – proviral burden may initially be below detection. If a prior antibody test was positive, weigh age and vaccination history: maternal antibodies in kittens under 6 months and vaccine-induced antibodies can both cause an antibody-positive, proviral-negative result without true infection; in unvaccinated adults, true infection remains possible if proviral DNA is below the assay's detection limit. False-positive antibody results and viral sequence variation are factors that should also be considered.

Gold-standard confirmation

For discordant or inconclusive cases, confirm with reference-laboratory PCR or repeat testing over time.

Differential diagnostics

Test in parallel with FLASH VetID™ FeLV to establish complete retrovirus status.