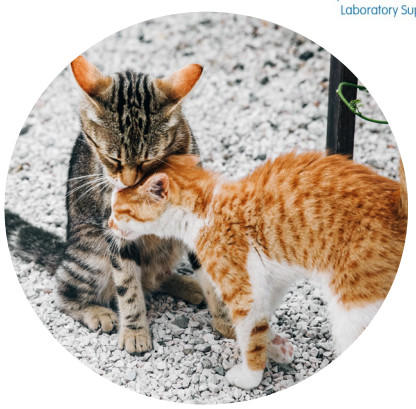
FLASH VetID™ FPV

A fast-moving disease that outruns a normal CBC



Fast test for the qualitative detection of DNA of Feline panleukopenia virus (FPV) in fecal or rectal swabs of the cat.

35 minutes	Rectal and/or fecal swab	Room temperature	12 months
TOTAL ASSAY TIME	SAMPLE	STORAGE	SHELF LIFE (FROM MFG)

Detects viral DNA - more sensitive than fecal antigen tests

Sensitivity 95.24% & specificity 100.00% (n=37)

Clinical suspicion:

- Depression, anorexia, pyrexia, vomiting, and diarrhoea with rapid dehydration
- Sudden death in an otherwise apparently healthy kitten
- Kittens under 6 months of age, especially in shelters or multi-cat households
- Ataxia or other cerebellar signs in a kitten (suggestive of in utero or perinatal infection)
- History of abortion, stillbirth, or fading kittens in a queen from an affected environment

Screening / prevention programs:

- Shelter and multi-cat household screening before introducing new arrivals
- Pre-breeding screening of queens, particularly after any suspected exposure
- Screening of litters and in-contact cats following a confirmed case
- Monitoring of exposed but asymptomatic cats before mixing with the wider colony



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The Pathogen and Transmission

Feline panleukopenia virus (FPV) is a small, non-enveloped, single-stranded DNA virus closely related to canine parvovirus (CPV-2). Transmission is fecal-oral, via direct contact, contaminated environments, and fomites; and the virus is exceptionally resistant outside the host – under favourable conditions it can remain infectious for several months. Cats typically begin shedding 2–3 days before signs appear, driving recurring outbreaks in shelters and breeding catteries.

Species-Specific Manifestations

FPV preferentially infects rapidly dividing cells, causing intestinal barrier injury, neutropenia, and a high risk of sepsis; kittens can deteriorate rapidly and some die suddenly with minimal warning. In utero or perinatal infection can produce cerebellar hypoplasia, abortion or stillbirth, and neurologic sequelae in surviving kittens. Notably, leukopenia is not universal at presentation – published data indicate only around two-thirds of infected cats are leukopenic on admission – so a normal CBC does not rule out FPV.

The Diagnostic Value Proposition

Fecal antigen tests require a comparatively high viral load to trigger a visible result, which can produce false negatives early in infection or with intermittent shedding. Nucleic-acid detection is more sensitive at lower viral loads, supporting earlier and more reliable confirmation. As with CPV, a modified-live vaccine can cause transient positive results for a few weeks (1-3) post-vaccination, so recent vaccination history should be factored into interpretation of a positive result in a recently vaccinated kitten.

+ Positive Result

Confirms shedding of FPV DNA. In a kitten or cat with compatible signs, supports a diagnosis of feline panleukopenia – isolate immediately and begin supportive care.

– Negative Result

Reduces the likelihood of active shedding. Shedding can be intermittent or begin only 2–3 days before signs appear, so resampling is reasonable if suspicion remains high.

Gold-standard confirmation

For outbreak investigation or results difficult to interpret around a recent vaccination, confirm with laboratory quantitative PCR.

Differential diagnostics

Consider feline enteric coronavirus, bacterial enteritis (e.g. *Salmonella, Campylobacter*) and intestinal parasites.