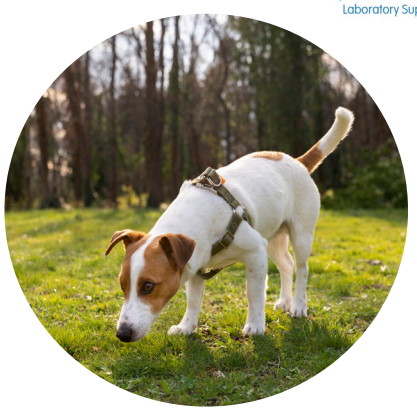
Vetlab Supplies
Specialists in Veterinary Laboratory Supplies

FLASH VetID™ L. infantum

When positive serology doesn't tell the whole story



Fast test for the qualitative detection of DNA of *Leishmania infantum* in lymph node aspirates or skin ulcer swab of the dog.

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

Sample: lymph node fine needle aspirate (FNA) or skin ulcer swab
Supports longitudinal disease management

Clinical suspicion:

- Exfoliative or ulcerative dermatitis, especially over the face, ear tips, and pressure points
- Generalised lymphadenomegaly with weight loss and lethargy
- Onychogryphosis (excessively long, brittle claws)
- Progressive renal signs – polyuria/polydipsia, proteinuria – in chronic disease
- Epistaxis, ocular lesions (uveitis, blepharitis), or lameness in advanced cases

Screening / prevention programs:

- Annual testing of dogs resident in or travelling to endemic Mediterranean and expanding regions
- Pre-breeding screening, as vertical and venereal transmission have been reported
- Screening of imported or rehomed dogs from endemic areas before introduction to a household or kennel
- Baseline and periodic monitoring of subclinically infected dogs to catch progression early



FLASH DIAGNOSTICS

FLASH VetID™ L. infantum

The Pathogen and Transmission

Leishmania infantum is a vector-borne protozoan parasite transmitted principally by the bite of infected female *Phlebotomus* sandflies. It is endemic across the Mediterranean basin and increasingly reported beyond its traditional range, tracking vector distribution. Vertical (transplacental), venereal, and blood-transfusion transmission have also been documented, so a dog's infection status can matter even outside sandfly season. Canine leishmaniosis is also an important zoonosis: dogs are the principal reservoir for human visceral leishmaniasis in endemic regions.

Species-Specific Manifestations

Clinical presentation in dogs is notably variable, ranging from subclinical infection to severe multisystemic disease. Cutaneous signs (exfoliative dermatitis, ulcers, onychogryphosis) and generalised lymphadenomegaly are classic early findings; progressive immune-complex glomerulonephritis and chronic kidney disease are the major causes of morbidity and mortality in advanced cases. Clinical staging (per LeishVet-type guidelines) drives treatment intensity and prognosis, so distinguishing exposure from active infection is central to case management.

The Diagnostic Value Proposition

Serology detects antibody exposure but cannot reliably distinguish current infection from past exposure, and titres can lag behind early infection. FLASH VetID™ L. infantum identifies the parasite itself, valuable in early or localised disease before seroconversion, in immunosuppressed dogs with blunted antibody responses, and for gauging parasite burden alongside quantitative serology. Lymph node aspirate or skin swabs from an affected site are the preferred samples. Assay sensitivity is much lower in urine and blood.

+ Positive Result

Confirms the presence of *L. infantum* DNA at the sampled site, consistent with active infection.

– Negative Result

Reduces the likelihood of active infection but does not fully exclude leishmaniosis, particularly when parasite burden is low or sampling is suboptimal.

Gold-standard confirmation

Pair with quantitative serology (ELISA/IFAT) for staging and treatment monitoring per LeishVet-type clinical staging guidelines, and assess renal status (creatinine, UPC ratio) in all confirmed cases.