

Every dog, every year

The Companion Animal Parasite Council (CAPC) Guidelines recommend annual comprehensive screening for pathogens transmitted by ticks and mosquitoes. Adding an annual cycle of comprehensive testing and year-round prevention to your practice benefits your patients, clients, and practice in 3 important ways:

1. React to changing prevalence

Mosquitoes and ticks are constantly on the move, and annual testing is the most reliable way to determine if new infections are threatening pets in your area. Pets move too, of course; without comprehensive testing, you sacrifice the ability to detect and treat mosquito and tick-borne infections acquired in other locations.

2. Detect and treat coinfection

Comprehensive testing lets you assess a dog's risk of having more than one infection.²

3. Measure the effectiveness of prevention protocols

Only comprehensive testing helps you know if your prevention protocols are working. Even a negative result is valuable; it's an opportunity to celebrate the pet owner's role in successfully preventing these infections and keeping their pet healthy.





Know more with every result

With the SNAP® 4Dx® Plus Test, a positive result can also be an indication of ticks and other pathogens in your area.

When you use the SNAP® 4Dx® Plus Test as a screening tool, you may

detect antibodies
to these pathogens

carried by these ticks

that may also transmit other infections to dogs and people

Geographic tick distribution as of 2015³

Ehrlichia ewingii



Lone star tick

Amblyomma americanum Ehrlichia chaffeensis

Tularemia Rocky Mountain spotted fever

STARI



Anaplasma phagocytophilum Borrelia burgdorferi (Lyme disease)



Deer tick or black-legged tick

Ixodes scapularis Ixodes pacificus Bartonella spp.
Babesia spp.



Ehrlichia canis Anaplasma platys



Brown dog tick
Rhipicephalus
sanguineus

Babesia spp.
Rocky Mountain spotted fever



Ehrlichia canis



American dog tick

Dermacentor
variabilis

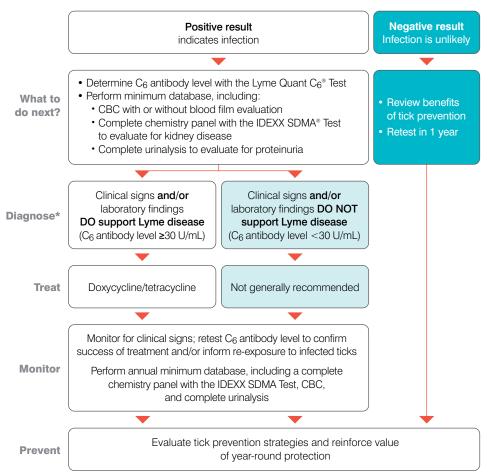
Rocky Mountain spotted fever Tularemia



Lyme disease

Transmitted by the deer tick or black-legged tick, Lyme disease is caused by the bacterium *Borrelia burgdorferi*. Clinical signs may not appear until several months after infection. Lyme disease has been found throughout North America with cases ranging from mild to severe.

What to do with your SNAP® test result



Did you know?

- Dogs testing positive for antibodies to the C₆ peptide had 43% increased risk of having chronic kidney disease compared to seronegative dogs.⁴
- The C₆ peptide used in the SNAP®
 4Dx® Plus Test and Lyme Quant C₆®
 Test does not cross-react with the antibody response to commercially available Lyme vaccines.⁵
- Dogs with seroreactivity to both
 B. burgdorferi and Anaplasma
 phagocytophilum may have two times
 the risk of developing clinical illness
 than singularly infected dogs.²

Borrelia burgdorferi

The

Primary vectors

Ixodes scapularis or Ixodes pacificus (deer tick and black-legged tick)

Pathology

- Localizes in tissues of infected dogs
- Synovitis (may be subclinical)
- Lyme nephritis

Clinical presentation

Chronic infection with clinical signs that may present acutely:

- Fever, anorexia
- · Polyarthritis, lameness
- · Rapidly progressive renal failure
- Neurologic syndromes

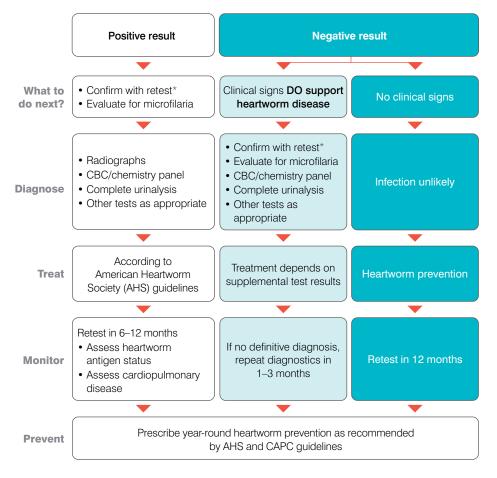
Laboratory abnormalities

- Elevated C₆ antibody level ≥30 U/mL
- Proteinuria
- IDEXX SDMA Test >14 μg/dL

Heartworm disease

Dirofilaria immitis, the causative agent of heartworm disease, is transmitted by infected mosquitoes when *D. immitis* larvae are transferred to a healthy dog. Heartworm disease has no obvious clinical signs in the early stages, making preventive measures so much more important—especially as advanced infection may result in death.

What to do with your SNAP® test result



Did you know?

- Despite availability of monthly preventives, prevalence rates of canine heartworm have remained consistent nationwide.⁷
- The American Heartworm Society (AHS) and the Companion Animal Parasite Council (CAPC) recommend testing all dogs for both antigen and microfilariae at least annually.⁷⁸
- For more information and current recommendations on treating canine heartworm disease, go to heartwormsociety.org or capcvet.org.

Dirofilaria immitis



Primary vector

Mosquito

Pathology

Infective larvae (L3) mature to adult worms in the heart and pulmonary arteries

Clinical presentation

Asymptomatic at first, later developing:

- · Mild, persistent cough
- Lethargy
- Exercise intolerance
- Reduced appetite

Laboratory abnormalities

- Weight loss
- Eosinophilia
- Azotemia
- Increased liver enzymes
- Proteinuria

Canine anaplasmosis

Canine granulocytic anaplasmosis is caused by the bacterium *Anaplasma phagocytophilum* (transmitted by the deer tick or black-legged tick). *Anaplasma platys* (transmitted by the brown dog tick) is the cause of infectious cyclic thrombocytopenia.

Did you know?

- Many mammalian species, including humans, are susceptible to A. phagocytophilum infection.
- Dogs coinfected with Anaplasma and other bacterial pathogens may have more complex disease presentations and respond more slowly to therapy.
- A. platys infects canine platelets and is frequently seen as a coinfection with Ehrlichia canis.

Anaplasma phagocytophilum

Primary vectors



Anaplasma platys



Ixodes scapularis Ixodes pacificus (deer tick or black-legged tick) Most likely *Rhipicephalus* sanguineus (brown dog tick)

Pathology

Infects neutrophils

Infects platelets

Clinical presentation

Can present acutely:

- Fever
- Anorexia
- Letharay
- · Polyarthritis, lameness
- Neurologic signs
- Usually minimal clinical signs, but some dogs may have:
- Fever
- Uveitis
- Petechia and ecchymoses
- Epistaxis

Laboratory abnormalities

- Thrombocytopenia
- Lymphopenia
- Increased liver enzymes

• Thrombocytopenia

Note

Previous infection may not prevent reinfection and persistent infections are possible. 9,10

What to do with your SNAP® Anaplasma and Ehrlichia test results

Positive result

The dog has been exposed and may be infected

What to do next?

- Check for hematologic abnormalities (CBC with or without blood film evaluation) and changes in serum biomarkers
- Perform a complete chemistry panel with the IDEXX SDMA® Test and complete urinalysis

Diagnose*

Clinical signs and/or laboratory findings DO support anaplasmosis/ehrlichiosis Clinical signs and/or laboratory findings DO NOT support anaplasmosis/ehrlichiosis

Treat

Doxycycline/tetracycline

Not generally recommended

Monitor

Evaluate clinical response and CBC in 1 week; if no improvement, pursue other diagnosis

> Perform annual minimum database, including complete chemistry panel with the IDEXX SDMA Test, CBC, and complete urinalysis

Prevent

Evaluate tick prevention strategies and reinforce value of year-round protection

*Additional diagnostics may be beneficial. See the "Serology and PCR for sick patients" section of this guide for more information.

Canine ehrlichiosis

Canine ehrlichiosis is caused by the bacteria Ehrlichia canis (transmitted by the brown dog tick) and Ehrlichia ewingii (transmitted by the lone star tick). Canine Ehrlichia infections may progress to the subclinical phase, lasting days, months, or years.

Negative result Exposure is unlikely

- Review benefits of tick prevention
- Retest in 1 year

Did you know?

- Dogs coinfected with E. canis and A. platys were found to have more severe anemia and thrombocytopenia than dogs with either single infection.11
- In a study of healthy dogs with antibodies to E. canis, 39% were thrombocytopenic.12
- Chronic E. canis infections, if left untreated, can lead to bone marrow dysfunction or kidney disease.
- Dogs with Ehrlichia antibodies in E. canis endemic areas had a 112% increased risk of developing chronic kidney disease (CKD).13



Ehrlichia canis Primary vector

Rhipicephalus sanguineus

(brown dog tick)

Pathology

Clinical presentation

- Fever, anorexia, lethargy
- · Bleeding disorders
- Polyarthritis, lameness
- Lymphadenomegaly
- Neurological signs

Laboratory abnormalities

- Anemia
- Thrombocytopenia
- · Hyperglobulinemia
- Proteinuria
- IDEXX SDMA Test > 14 μg/dL

Note

Previous infection may not prevent reinfection, and persistent infections are possible. 12,14

Ehrlichia ewingii

Amblyomma americanum (lone star tick)

Infects monocytes

Infects granulocytes

- · Fever, anorexia, lethargy • Polyarthritis, lameness
- Neurological signs

Thrombocytopenia



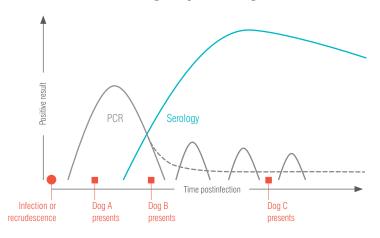
Serology and PCR for sick patients

For sick dogs presenting with clinical signs consistent with a vector-borne disease, using serology and PCR together improves your ability to make a complete and accurate diagnosis.

Benefits and limitations of each diagnostic method

	Serology	Polymerase chain reaction (PCR)
Measures	Antibody response of host	Nucleic acid (DNA) from pathogen
Benefits	Useful for screening as well as diagnosis of infection	Specifically identifies pathogens indicating active infection
Limitations	Clinical signs may precede a measurable antibody response	A negative PCR result does not necessarily rule out infection

Dogs with ehrlichiosis and anaplasmosis may present with clinical signs at different times after infection. Which sick dog are you dealing with?



When to use the IDEXX vector-borne disease RealPCR™ panels

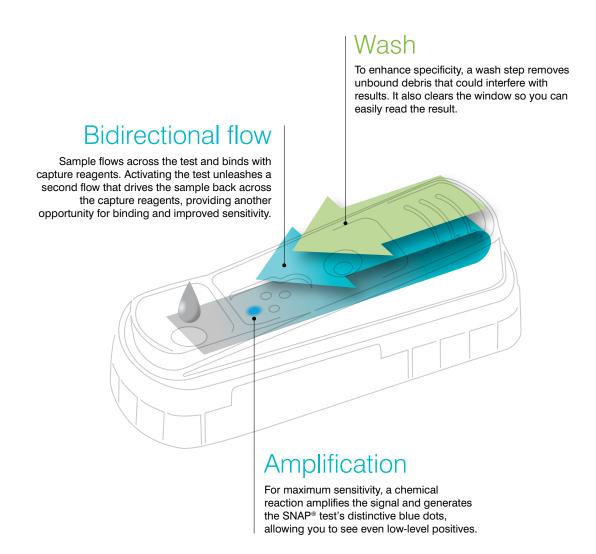
- Sick patients with clinical signs and/or laboratory abnormalities consistent with a vector-borne illness
- Patients with subclinical infections based on history, physical examination, serology, and clinical laboratory findings
- Monitoring response to therapy a negative PCR result indicates a reduction in pathogen load
- No single test is sufficient for diagnosing an infectious disease in a sick patient.

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^{*}Dr. Breitschwerdt has a business relationship with IDEXX pursuant to which he receives compensation from IDEXX from time to time. The views expressed in this guide are solely those of Dr. Breitschwerdt.

Depend on the most accurate and comprehensive screen

SNAP® technology uses a proprietary three-step process to deliver dependable sensitivity and specificity.



References

- General guidelines: Parasite testing and protection guided by veterinarians [dog]. Companion Animal Parasite Council website. www.capcvet.org/guidelines/general-guidelines. Accessed June 26, 2019.
- Beall MJ, Chandrashekar R, Eberts MD, et al. Serological and molecular prevalence of Borrelia burgdorferi, Anaplasma phagocytophilum, and Ehrlichia species in dogs from Minnesota. Vector-Borne Zoonotic Dis. 2008;8(4):455–464.
- Geographic distribution of ticks that bite humans [maps]. Centers for Disease Control and Prevention website. www.cdc.gov/ticks/geographic_distribution.html. Accessed June 26, 2019.
- Drake C, Ogeer JS, Beall MJ, et al. Investigation of the association between Lyme seroreactivity and chronic kidney disease in dogs [ACVIM Abstract ID08]. J Vet Intern Med. 2018;32(6):2264.
- O'Connor TP, Esty KJ, Hanscom JL, Shields P, Philipp MT. Dogs vaccinated with common Lyme disease vaccines do not respond to IR₆, the conserved immunodominant region of the VIsE surface protein of *Borrelia burgdorferi*. Clin Diagn Lab Immunol. 2004;11(3):458–462.
- Straubinger RK. PCR-based quantification of Borrelia burgdorferi organisms in canine tissues over a 500-day postinfection period. J Clin Microbiol. 2000;38(6):2191–2199.
- CAPC guidelines: heartworm [dog]. Companion Animal Parasite Council website. www.capcvet.org/guidelines/heartworm. Accessed June 26, 2019.
- American Heartworm Society. Current Canine Guidelines for the Prevention, Diagnosis, and Management of Heartworm (Dirofilaria immitis) Infection in Dogs. www.heartwormsociety.org/images/pdf/2018-AHS-Canine-Guidelines.pdf. Revised 2018. Accessed June 26, 2019.
- Egenvall A, Lilliehöök I, Bjöersdorff A, Engvall EO, Karlstam E, Artursson K, Heldtander M, Gunnarsson A. Detection of granulocytic Ehrlichia species DNA by PCR in persistently infected dogs. Vet Rec. 2000;146(7):186–190.
- Breitschwerdt EB, Hegarty BC, Qurollo BA, et al. Intravascular persistence of Anaplasma platys, Ehrlichia chaffeensis, and Ehrlichia ewingii DNA in the blood of a dog and two family members. Parasit Vectors. 2014;7:298.
- Gaunt S, Beall M, Stillman B, et al. Experimental infection and co-infection of dogs with Anaplasma platys and Ehrlichia canis: hematologic, serologic and molecular findings. Parasit Vectors. 2010;3(1):33.
- Hegarty BC, Diniz PPVP, Bradley JM, Lorentzen L, Breitschwerdt EB. Clinical relevance of annual screening using a commercial enzyme-linked immunosorbent assay (SNAP 3Dx) for canine ehrlichiosis. JAAHA. 2009;45(3):118–124.
- Burton W, Drake C, Ogeer J, et al. Association between exposure to Ehrlichia spp. and risk of developing chronic kidney disease in dogs. J Am Anim Hosp Assoc. 2020;56(3):159–164. doi:10.5326/JAAHA-MS-7012
- Starkey LA, Barrett AW, Beall MJ, et al. Persistent Ehrlichia ewingii infection in dogs after natural tick infestation. J Vet Intern Med. 2015;29(2):552–555.



Strengthen the bonds.



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American dog tick (*Dermacentor variabilis*) photographer: Susan E. Ellis, USDA-APHIS-PPQ. Black-legged tick (*Ixodes scapularis*), lone star tick (*Amblyomma americanum*), and brown dog tick (*Rhipicephalus sanguineus*) photographer: James L. Occi.

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