Oral presentations

A retrospective study of dogs residing in the UK diagnosed with the infectious agent *Ehrlichia canis*

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OBJECTIVES

Ehrlichia canis infection can cause a serious tick-borne disease in dogs. Here we report clinical details and outcomes of *E. canis* cases in UK dogs.

METHODS

Dogs yielding positive PCR results for *E. canis* (confirmed by Sanger sequencing) from a commercial UK veterinary

laboratory 2008–2016 were reviewed. Case details were recorded and follow-up determined by contacting the submitting veterinarian.

RESULTS

Of 32 dogs with positive *E. canis* results, comprehensive follow-up was available for 18 cases. Three of these 18 had no history of travel outside of the UK whilst the remainder had been imported from overseas. *E. canis* infection was not considered a differential diagnosis by the primary veterinarian initially, with specialist advice sought and/or the referral of cases resulting in testing. Common clinical abnormalities were pallor (14/18:77.8%), hyporexia (10/18:55.6%) and lethargy (10/18:55.6%). Co-infections (*Babesia gibsoni*, *Leishmania infantum*, *Toxoplasma gondii* and/or *Anaplasma phagocytophilum*) were reported in 3 (16.7%) dogs. All cases received doxycycline; 6 were still alive whilst 5 had been euthanased (6–672 [median 174] days) and 3 had died (0–153 [median 7] days) following diagnosis. Follow-up on 4 cases was not available.

STATEMENT (CONCLUSIONS)

Three cases of *E. canis* infection were found in dogs that had no history of travel outside of the UK. *E. canis* infection was not considered an initial differential diagnosis by the primary veterinarian. This research demonstrates that with the appropriate signs (pallor, hyporexic, lethargy) in UK dogs, *E. canis* infection should be considered, regardless of overseas travel.

Experiences of treating *Angiostrongylus vasorum* in dogs; an international questionnaire-based study of 617 veterinarians

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OBJECTIVES

To determine the frequency of clinical deterioration occurring after treatment of *Angiostrongylus vasorum* in dogs, possibly associated with parasite death.

METHODS

An online survey tool was used to construct a questionnaire evaluating the experiences of veterinarians around *A. vasorum* diagnosis and treatment. This was publicised on social media and in the veterinary press, and was open for a 1-year period. Descriptive statistics were analysed.

RESULTS

617 respondents completed the questionnaire, with the majority based in the United Kingdom (n=347) and the USA (n=116). 308 respondents (49.9%) were based in general practice. *A. vasorum* was considered difficult to treat by 231 respondents (37.4%). A worsening of clinical signs after treatment was identified by 268 respondents (43.4%). This was most often identified in the period 2–7 days post-treatment (n=172), with some reporting <2 days (n=86). Worsening of clinical signs was reported after single (n=101) and multiple anthelmintics (n=136), or both (n=25). Reported success of treatment varied: <60% by 144 respondents (23.3%); 60–80% by 109 respondents (17.7%); and >80% by 143 respondents (23.2%). Deterioration after treatment was reported as a cause of death by 22 respondents (3.6%). Other causes of death were reported as: worsening respiratory signs (n=53), neurological signs (n=86), bleeding tendencies (n=205), and sudden death (n=40).