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).

STATEMENT (CONCLUSIONS)

Worsening of clinical signs is commonly reported in dogs treated for *A. vasorum* infection, regardless of whether single or combination anthelmintic protocols are used.

Although we cannot establish cause based upon this data, this is hypothesized to be attributable to parasite death.

Prevalence of transfusion transmissible vector-borne pathogens in UK/Eire canine blood donors

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OBJECTIVES

Pet Blood Bank canine donors are selected and screened to minimise transmission of vector-borne pathogens (VBPs). Recent relaxations in pet travel scheme rules and reports of VBPs in non-travelled UK dogs suggest that the prevalence of VBPs in blood donors could increase. Our aim was to assess the current VBP prevalence in donors to inform whether the current testing protocol (1% of donor units) is appropriate.

METHODS

Surplus EDTA-blood samples from all blood units collected over a one-month period from Pet Blood Bank canine donors were tested for VBPs. Samples underwent DNA extraction and subsequent PCR for *Babesia* spp., *Ehrlichia/Anaplasma* spp., *Leishmania* spp., canine haemoplasmas ('*Candidatus Mycoplasma haematoparvum*' and *Mycoplasma haemocanis*), and glyceraldehyde-3-phosphate dehydrogenase as an internal amplification control (IAC). Information on history, signalment, location, PCV/total solids, temperature, travel history and flea/tick preventative treatment was recorded. Signed owner consent had been obtained.

RESULTS

In total 290 blood samples from 290 dogs were tested. No VBP DNA was detected in any sample; the IAC was appropriately positive in all samples. No dogs had a history of travel outside of the UK/Eire. For the 287 dogs for which this information was available, 269 (93.7%) were not in contact with imported/recently travelled dogs and 243 (84.7%) were receiving flea/tick preventative treatment.

STATEMENT (CONCLUSIONS)

No VBP DNA was found in the 290 canine blood donors sampled. Current selection and screening protocols in UK/Eire canine blood donors appear to be appropriate for the minimal risk of VBP transmission.

Preliminary findings of a survey of UK small animal general practitioners to describe antibiotic use

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OBJECTIVES

To describe antibiotic prescribing in 15 common first opinion clinical presentations of cats and dogs and compare the findings against current published guidelines.

METHODS

A questionnaire was distributed to primary care veterinarians attending CPD events. 42 vets completed the questionnaire. Vets were asked if their practice has an antimicrobial prescribing policy and were asked questions relating to their empirical antibiotic choices in 15 common clinical presentations covering the integumentary, urinary, gastrointestinal and respiratory systems. Questions included: if antibiotics would be prescribed, the antibiotic chosen, and course length prescribed. Data was analysed using excel to determine counts and proportions of responses with respect to each clinical scenario and to calculate modal responses.

RESULTS

Preliminary findings show that empirical antibiotics were chosen in 22% of instances for clinical presentations in which they are not indicated according to