

VetInfo

Vetpath Multiplex PCR Faecal Panel

Background

Diarrhoea in the dog and cat is a frequently encountered problem and this can involve the small intestine, large intestine, or both. Various disorders can lead to diarrhoea therefore a broad based diagnostic approach is needed to identify a potential cause or causes.

Performing tests that allow for the identification of infectious causes of diarrhoea have traditionally involved faecal ova and parasite screens, faecal microscopy, and culture. These tests have been shown to lack sensitivity, and in some cases specificity. The advent of molecular methods such as real time PCR (RT-PCR) has provided an efficient and sensitive tool for the identification of potential enteropathogens.

The Vetpath Faecal Multiplex PCR uses multiplex tandem RT-PCR methods to allow the screening of a panel of multiple infectious agents in a single faecal sample. One or more pathogens can be associated with clinical disease in both dogs and cats. For dogs, this panel includes: *Campylobacter* spp., *Clostridium perfringens* alpha-toxin gene, *Salmonella* spp., canine parvovirus, *Giardia lamblia*, *Cryptosporidium* (*parvum* and *hominis*), canine coronavirus, and canine distemper virus.

For cats, this panel includes: *Campylobacter* spp., *Clostridium perfringens* alpha-toxin gene, *Salmonella* spp., feline panleukopenia virus, *Toxoplasma gondii*, *Tritrichomonas foetus*, *Giardia lamblia*, *Cryptosporidium* (*parvum* and *hominis*), and feline coronavirus.

As with any diagnostic test, results must be interpreted in light of history, clinical signs, signalment, vaccination history, and other clinical data. This is particularly important for the interpretation of PCR-positive results, as some enteropathogens, including many strains of non-jejuni *Campylobacter* spp. and *C. perfringens* can be excreted in healthy animals in the absence of diarrhoea. The diagnostic utility of the Vetpath Multiplex PCR Faecal Panel may therefore be optimised by other laboratory methods such as culture, microscopy, and ELISA-based assays.

Test Information

5g of fresh faeces (minimum 1g) submitted in a sterile container.

Faecal samples should be kept refrigerated.



NATA Accredited
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