

**Vetpath** is a specialist veterinary laboratory dedicated to providing our clients with the finest laboratory diagnostic service. A team of veterinary pathologists and medical scientists with extensive experience in veterinary diagnostic pathology forms the core of the Vetpath team.

# VN News

## SEPTEMBER 2020

### Product and Price List

The normal release date for the Vetpath Price List was delayed this year due to the SARS-CoV-2 pandemic. The staff at Vetpath Laboratory Services hope that you, your clients and your patients have stayed well during this time.

The new Price List will be taking effect from the 1<sup>st</sup> of September 2020. We have added a few new features this year including test codes to use with practice management software and a Quick Reference Guide to help easily check what parameters are in our most common panels.

The new normal of COVID 19 has created some new challenges for PCR testing. Our local human laboratory resources are still being prioritised for COVID-

19 testing. However, our sister laboratory in NSW (Vetnostics) has been working hard to develop a new PCR platform that Vetpath clients are able to take advantage of. Vetpath will continue to send PCR testing to Sydney with testing occurring more frequently to reduce the turnaround time for our patients. Note that the single *Mycoplasma felis* and *M. cynos* testing is no longer available, and testing for these organisms is now only available as part of the feline and canine respiratory PCR panels, respectively.

The other main change in our Price List this year is a major restructure of histopathology pricing. For the first time, Vetpath will be separating histopathology charging into one, two, three, four or five or more lesions or tissues. There is an increase in the standard single tissue histopathology charge, with reductions in price for two and three tissues. We have also introduced some new histopathology charges for certain tissues (e.g. multiple

mammary lumps and complex dissection tissues).

The Export testing Price List has also been updated and a copy can be requested by emailing the admin team at [Vetpath.Reception@vetpath.com.au](mailto:Vetpath.Reception@vetpath.com.au)

Please take time to read the Price List and if you have any questions, contact Lisa (Client Liaison Officer) or Leanne, the Clinical Director.



## Ehrlichiosis in dogs

*Ehrlichia canis* is a disease that occurs throughout the world, and has been confirmed for the first time in Australia – in May 2020 in the Kimberley region of WA and in June 2020 in the Northern Territory. The disease has subsequently also occurred in the Pilbara.

Ehrlichiosis is a rickettsial disease caused by *Ehrlichia canis*, which is carried by the brown dog tick (*Rhipicephalus sanguineus*). An intermediate host is required and disease cannot be transmitted directly between dogs. Clinical signs associated with the disease so far have included blindness, petechiation, mild to severe epistaxis, lethargy and subcutaneous oedema. Thrombocytopenia and pancytopenia may occur in infected animals.

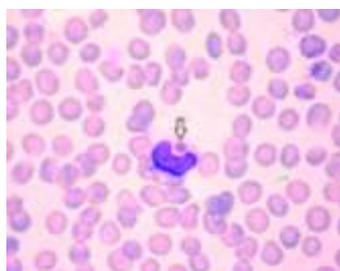


**Figure:** Multiple brown dog tick in the ears of a dog.

There are three phases of disease: Acute, subacute/subclinical and chronic.

Acute disease may develop 1-3 weeks after infection, and clinical signs may include fever, lethargy, swollen lymph nodes, inappetence, weight loss and unusual bleeding/bruising. CRP (C-reactive protein) is often very elevated in sick dogs. Some dogs may recover or show no obvious clinical signs, and some may progress to the chronic form of the disease. The chronic form may only appear months or years later, and may present similar to severe acute disease, including fever, weakness, weight loss, unusual bleeding including epistaxis. Blood work may show progressive development of thrombocytopenia, leukopenia, anaemia or pancytopenia.

Although morulae have been reported in acutely ill animal with ehrlichiosis, these are rare, and confirmation in cases with suspicion for the disease is usually based on serological antibody detection and PCR analysis.



**Figure:** *E. canis* morula in a monocyte.

At this stage owners of infected dogs have been advised not to move them out of the area, and surveillance is underway to determine the distribution and

origin of the infection. Infection with *E. canis* is notifiable in Australia, and must be reported to your private veterinarian or local DPIRD vet. In rare cases infected ticks may transmit *E. canis* to people, and if clinical signs occur following a tick bite, a doctor should be consulted.

Early treatment of dogs provides the best chance of recovery, and prevention using tick control and limiting access to affected areas is recommended.

### References:

[www.agric.wa.gov.au/ehrlichiosis](http://www.agric.wa.gov.au/ehrlichiosis) (accessed July 2020)  
[www.outbreak.gov.au/current-responses-to-outbreaks/ehrlichiosis-dogs](http://www.outbreak.gov.au/current-responses-to-outbreaks/ehrlichiosis-dogs) (accessed July 2020)  
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### Images:

<https://www.abc.net.au/news/2016-10-10/research-company-calls-out-for-12000-ticks-top-end/7918028>  
[https://www.researchgate.net/figure/Blood-smear-from-a-dog-with-canine-monocytic-ehrlichiosis-One-monocyte-with-a-morula-of\\_fig2\\_320467243](https://www.researchgate.net/figure/Blood-smear-from-a-dog-with-canine-monocytic-ehrlichiosis-One-monocyte-with-a-morula-of_fig2_320467243)



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