

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

AUGUST 2020

Free Webinar!

A free webinar is available for Vetpath clients on Tuesday the 18th of August at 8pm AEST.

The webinar is a part of a series that is available through ASAP Laboratory. ASAP Lab and Vetpath are part of SVS Specialist Veterinary Services, which provides opportunities for continuing education throughout the year.

The webinar presenter is Dr Dani Hoolahan BVSc BVMS DACVD, a veterinary dermatologist from the Veterinary Dermatology Clinic. The title of the webinar is “**We are all Ears! Management strategies for otitis externa**”.

You can register for the webinar at vet-webinar.com and attend using the voucher code **Dermatology** (expires 18.9.20).

New building update!

Most of you will know that Vetpath is moving to Jandakot in April 2021.

Construction is progressing well – check out the pics from the site below. The laboratory is 80m in length!



Ordering supplies

Vetpath is happy to provide lab supplies at no charge when they used for testing at the laboratory.

You can order supplies by downloading a Supply order form from the tool bar of the Vetpath website:



Simply print the form, fill it in and return it to Vetpath via fax (8 9259 3627) or email to Vetpath.Reception@vetpath.com.au

You can also send a list of your requirements to the above email address. Questions about supplies can be answered by our friendly reception staff, however all orders must be placed via email or fax.

Feline Coronavirus

Dr Dianne Addie, a virologist from the University of Glasgow, recently presented a webinar discussing feline Coronavirus. Some of the take home details from the webinar are summarized below.

The majority of feline Coronavirus infections (fCoV) are subclinical and are often found as an incidental finding by faecal PCR testing. fCoV can last for up to 7 weeks in faeces, cat litter and the environment, and all new cats should be screened for fCoV (faecal PCR) before feline introductions to a household. Seroconversion usually occurs within 18-20 days of infection, after which the serum fCoV titre can be measured. Just like with SARS CoV-2, infection is seasonal, with an increased incidence in winter.

The cat's history is important when evaluating a sick patient for FIP. The incubation period for developing FIP after fCoV infection is usually only a few weeks. Questions to ask cat owners include has the patient been in contact with other cats in the last 2 years and has the cat has recently been stressed? At 36 months post infection, the likelihood of the disease NOT being FIP is 95.2%. Therefore, an indoor only cat (even if previously from a high risk

environment) with no new contacts in the last 2 years is unlikely to develop FIP.

FIP (wet or dry form) occurs in approximately 10% of infected cats. In her experience at a specialist practice in Glasgow, 40% of cats referred for FIP have other conditions including toxoplasma, brain tumours, dental disease, etc.

While screening for FIP with a serum fCoV antibody test is useful, a positive antibody titre is NOT diagnostic for FIP and is only an indicator of prior exposure. Body cavity effusion cytology is also useful for diagnosis of wet FIP. The fluid will typically be high protein (total protein of effusion fluid >35g/L and albumin: globulin ratio of <0.4) with a positive Rivalta test. The cellularity of the fluid is usually relatively low with both neutrophils and macrophages being present. A higher neutrophil percentage is usually an indication of another inflammatory process or sepsis.

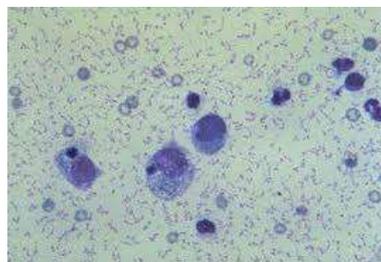


Image: Abdominal effusion cytology with a proteinaceous background, neutrophils and macrophages.

Diagnosis can be confirmed by detecting fCoV in the macrophages in the effusion by

IFA. Note that the fCoV antibody test should only be performed on blood, and not on effusion fluid.

Treatment for FIP has been performed successfully using Meloxicam and an antiviral drug. Corticosteroids should only be used as a last resort. A decreasing serum fCoV antibody titre indicates successful elimination of the virus.

fCoV antibody titres, faecal PCR testing and fluid cytology are available at Vetpath. Effusion fluid can be sent to a referral laboratory for detection of fCoV antigen in macrophages by IFA.

A flow chart for diagnosing FIP is available at www.catvirus.com

Image source:

<https://www.vetstream.com/treat/felis/diseases/feline-infectious-peritonitis>



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