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AUGUST 2021

Tips for respiratory PCR testing at Vetpath

PCR is a highly sensitive and specific method of testing for infectious upper respiratory tract disease, and obtaining an adequate sample for testing is vital to successful detection of organisms.

Sampling should ideally be performed early in the disease course. Increased chronicity, previous treatment and prior vaccination can reduce the detection of organisms by reducing their expression on epithelial cells. Latent infection of Herpesvirus cannot be detected by PCR as the virus is sequestered in nerve ganglions and is not expressed on the epithelium.

The best samples for respiratory PCR contain large numbers of epithelial cells with minimal other material. Swabs with large amounts of ocular or nasal discharge may not be diagnostic. Use sterile dry swabs (plastic shaft only) to collect samples. In cats, it is recommended to thoroughly swab the conjunctiva, collecting from both eyes if possible. The presence of ointment or other medications in the eye can prevent adequate epithelial collection and interfere with the PCR test and should be avoided.

If nasal discharge is present, roll a sterile dry swab firmly along the nasal planum. A final swab should be used to collect a deep pharyngeal sample. If only a single site can be collected, a deep pharyngeal swab is preferred, however collecting from all three sites increases detection of organisms. In dogs, sampling sites should be selected based on the clinical presentation, and may include nasal swabs, deep pharyngeal swabs, ocular swabs and swabs or fluid from a trans-tracheal

wash (TTW) or bronchoalveolar lavage (BAL).

The swabs should be placed in a single sterile container. The swab stems can be shortened using sterile scissors to fit the swabs into the tube. Do not place swabs in bacterial culture transport media. Label the container and keep the samples cool prior to sending to the laboratory for testing.

If culture is also required, please submit a separate swab in transport media. If cytology is also required for TTW or BAL samples, please submit separate EDTA fluid and slides.



SVS Webinar for August

The next webinar in the SVS Pathology Network 2021 Webinar Series is entitled: **Hot tip on pathology submissions.**

The webinar is being presented by Vetpath clinical pathologist Dr Leanne Twomey. Leanne will discuss how to get the maximum benefit from your pathology testing with advice on how to submit samples, what information to provide in the clinical history, test selection, sample storage and how pathologists can assist vets in diagnosing disease.

More information can be obtained at www.vet-webinar.com. The voucher code to use is **Pathology** and the code expiry date is 25/9/2021.



IgG testing in foals

Failure of passive transfer (FPT) occurs when a neonatal foal does not absorb adequate immunoglobulins from colostrum shortly after birth.

Immunoglobulins can only be absorbed in the first 16 hours of life. Measurement of immunoglobulin G (IgG) when the foal is approximately 12 hours old allows rapid identified of FPT and supplementation if necessary.

Unfortunately, the reagent required for turbidimetric immunoassay measurement of plasma IgG concentration in foals has been discontinued. Vetpath will now be using the IDEXX SNAP Foal IgG Test Kit to measure IgG concentrations. This test can be performed on equine serum, plasma or whole blood and is a semi-quantitative test.



Dropping off samples to the laboratory

Samples can be dropped directly to the Jandakot laboratory by vet practice staff or pet owners.



The opening hours for Specimen Reception are below. This area of the laboratory can be accessed via **Gate 3** (use the intercom for access). Samples can be dropped at Specimen Reception between the following hours:

Mon – Fri: 07:00 – 01:00 Sat: 08:00 – 20:00 Sun: 10:00 – 18:00 P.H: 10:00 – 18:00







