

Diagnostic path for *Anaplasma platys* infections in dogs



CLINICAL FINDINGS

Clinical history

- Tick infestation by *R. sanguineus* (Brown Dog Tick)?
- Poor ectoparasiticide compliance?
- Travel to endemic area?
- Non-specific illness including lethargy and poor appetite

Major clinical signs

Usually none (*A. platys* is often an incidental finding) or:

- Lethargy
- Pale mucous membranes
- Fever
- Lymph node enlargement
- Bleeding tendencies, especially petechial and ecchymotic hemorrhage
- Splenomegaly

Key clinical pathological findings

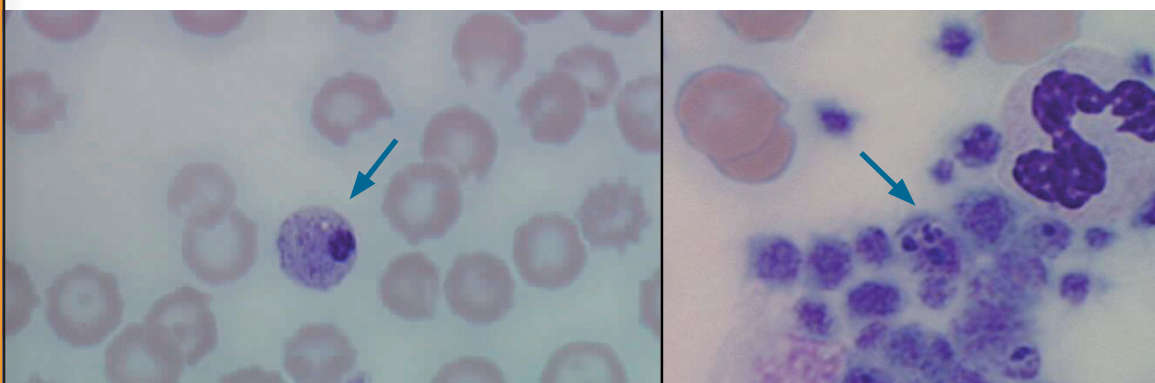
→ Very few repeatable abnormalities with this infection!

Hematology	Low	Normal	High
Platelets	cyclic		
RBC			
Hemoglobin			
HCT/PCV			
MCV			
Biochemistry			
No pathological findings			

CAUTION: Consider other causes of non-specific illness and bleeding tendencies.

FURTHER DIAGNOSTIC TESTS

Giemsa-stained blood smear microscopy



Due to cyclic parasitemia, the pathogen can be absent or present in very low numbers

Serology

IFAT or ELISA (cross-reaction with *A. phagocytophilum*)

PCR

Available and confirmatory

CAUTION: Always consider the possibility of co-infection after the diagnosis of one vector-borne disease has been made.

THERAPEUTIC CONSIDERATIONS

- Doxycycline or Enrofloxacin

PREVENTATIVE MEASURES

- Compliant year round tick control with repellent remedy