

CANINE PARVOVIRUS

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CARE FIRST ANIMAL HOSPITAL

RALEIGH, NC







ABOUT ME

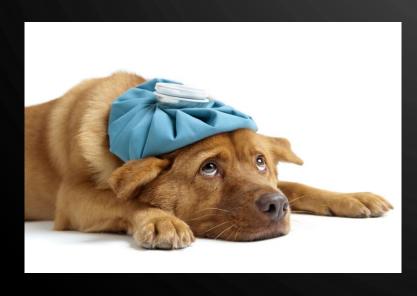
- ORIGINALLY FROM UPSTATE NY
- GRADUATED IN 2001 SLU AND IN 2005 FROM NC
 STATE COLLEGE OF VETERINARY MEDICINE
- ONE OF THE VETERINARIANS WITH THE TEAM AT CAREFIRST ANIMAL HOSPITAL SINCE 2005
- RECENTLY IN THE RUNNING FOR AMERICA'S FAVORITE VETERINARIAN (GOT 3RD PLACE IN 2014 AND 2015)





PARVOVIRUS TODAY: COVID??

- IN THE US...AS OF JULY 6, 2020 THERE HAS BEEN IN INCREASE NUMBER OF CASES OF PARVOVIRUS BY 70% SINCE COVID
 - DECREASED NUMBER OF ROUTINE VISITS / VACCINATIONS
 - INCREASED VISITS TO DOG PARKS AND SOCIAL PLACES WITH PETS





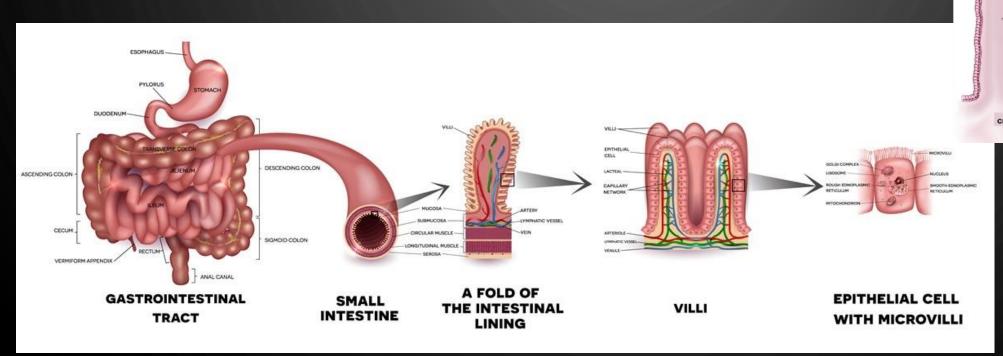


DIARRHEA!!! THERE ARE DIFFERENT TYPES??

- OSMOTIC DIARRHEA
 - VIRAL INFECTIONS
 - NON-ABSORBED SUBSTANCES IN GUT PULL WATER IN
- SECRETORY DIARRHEA
 - BACTERIAL INFECTIONS
 - INTESTINAL MUCOSA STIMULATED TO PRODUCE/SECRETE FLUIDS FROM TOXINS
- EXUDATIVE DIARRHEA
 - VIRAL INFECTIONS
 - PARVOVIRUS
 - DAMAGE TO THE GUT LINING CAUSES A LOSS OF BLOOD/PROTEINS/FLUID INTO THE GUT
- MOTILITY-ASSOCIATED DIARRHEA
 - ABNORMAL GUT MOTILITY
 - ILEUS
 - HYPER-GUT WHICH CAUSES A DECREASED ABSORPTION



INTESTINES! LET'S REVIEW THE ANATOMY







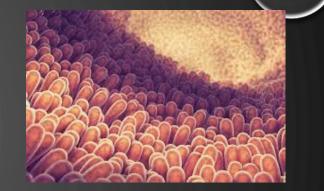




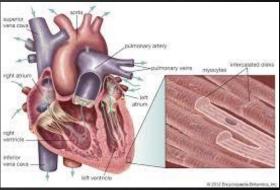
lumen of small intestine



PHYSIOLOGY OF PARVOVIRUS

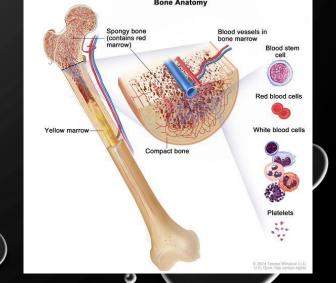


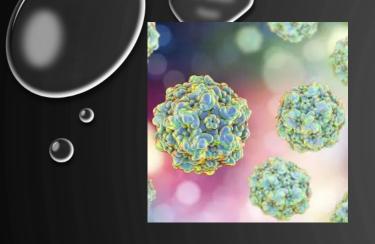
VIRUS GETS INTO LYMPH TISSUE (FECAL/ORAL, SALIVA) \rightarrow VIRUS MOVES INTO THE CIRCULATION \rightarrow TRAVELS TO RAPIDLY DIVIDING CELLS AND REPLICATES THERE



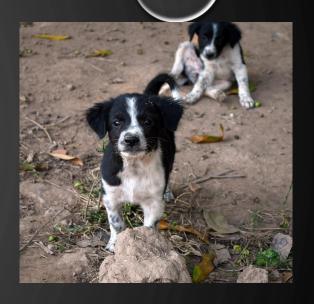
- INTESTINES \rightarrow . CRYPT CELLS ARE DAMAGED \rightarrow MUCOSAL LOSS \rightarrow VOMITING/DIARRHEA
- BONE MARROW → ANEMIA AND LEUKOPENIA
- CARDIAC MUSCLE → SUDDEN DEATH
- INFECTION TAKES 4 DAYS TO GET TO THE INTESTINES AND SYMPTOMS SHOW BY DAY 7







INFECTIOUS?



• VIRUS SURVIVES 5-7 MONTHS IN A DRY ENVIRONMENT AND UP TO A YEAR IN A MOIST ENVIRONMENT

INCREASED NUMBER OF INFECTIONS AFTER RAIN/DURING RAINY SEASON

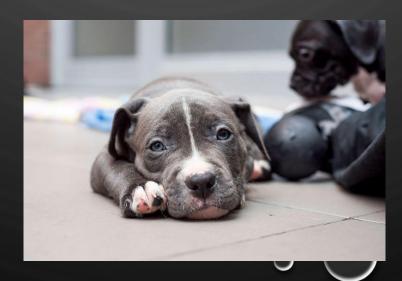
1 GRAM OF INFECTED FECES CAN INFECT 10 MILLION SUSCEPTIBLE DOGS!

• A PUPPY VACCINATED UP TO 12 WEEKS IS ONLY 82% PROTECTED. THEREFORE, THEY NEED TO BE VACCINATED EVERY 4 WEEKS UNTIL 5 MONTHS OF AGE



SUSCEPTIBLE?

- DOGS IN SHELTERS, PET STORES, BOARDING KENNELS
- DOGS 6 WEEKS 4 MONTHS OF AGE
- BREEDS MORE SUSCEPTIBLE:
 - ROTTWEILERS
 - DOBERMAN
 - GERMAN SHEPHERDS
 - AMERICAN PIT BULLS

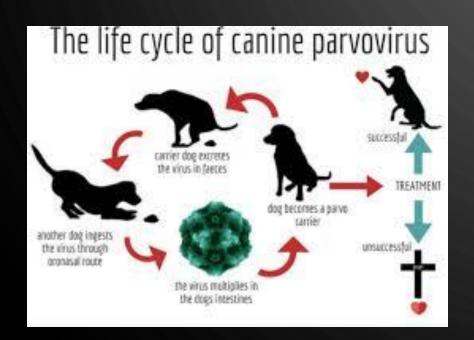


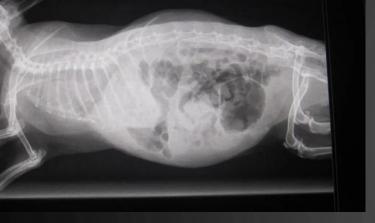




PREVALENCE IN INDIA

- FIRST ISOLATED IN 1982
- A NEW STRAIN WAS FOUND IN 2001
- MORE PROMINENT IN THE NORTHERN STATES, BUT CAN BE SEEN ALL OVER INDIA
- THE INDIAN ISOLATES ARE A DIFFERENT LINEAGE THAN THE SOUTH EAST ASIAN ISOLATES





CLINICAL SIGNS

- PROFUSE WATERY DIARRHEA (EXUDATIVE DIARRHEA)
- BLOODY DIARRHEA
- VOMITING
- \bullet +/- ABDOMINAL DISCOMFORT (THIS WILL USUALLY WORSEN AS DOGS ARE REHYDRATED AND
 - NERVE ENDINGS GET MORE ACTIVE)
- +/- FEVER
- DEHYDRATION
- +/- SHOCK / SEIZURES (FROM HYPOGLYCEMIA)
- SECONDARY INFECTIONS (SKIN, UTI, ETC)





WHO LIKES TO ATTACK WITH PARVOVIRUS?

• WORMS!!!!





• IVERMECTIN – 0.1 CC/5 KG SUBCUTANEOUSLY ONCE









DIAGNOSIS



- EXAM
- STOOL CHECK (IF POSSIBLE)...OR THE "SMELL TEST"
 - SECONDARY PARASITES ARE COMMON!
- CLINICAL SIGNS
- SNAP PARVO TEST (ANTIBODY TEST) MAY BE A FALSE NEGATIVE IN THE FIRST 3-5 DAYS OF THE DISEASE
- DECREASED WBC (LEUKOPENIA)
- BLOODWORK:
 - LOW ALBUMIN
 - LOW PLATELETS → DIC
 - LOW CHOLESTEROL/POTASSIUM/SODIUM
 - MILD ELEVATED LIVER ENZYMES AND HIGH RENAL VALUES





- SUPPORTIVE CARE
- ANTIBIOTICS TO PREVENT THE SECONDARY INFECTIONS
- TREATMENT GOALS:
 - DECREASE GUT SECRETIONS
 - INCREASE ABSORPTION OF NUTRIENTS
 - NUTRITIONAL SUPPORT
 - ANTI-EMETICS STOP THE VOMITING!









FLUIDS! FLUIDS! FLUIDS!



- GOAL IS TO BEAT THE VIRUS THROUGH A RACE AGAINST DEHYDRATION
 - IV FLUIDS
 - SUBCUTANEOUS FLUIDS





- FLUIDS ARE TREATING:
 - 1. SHOCK WITH A FLUIDS THAT RESEMBLES PLASMA LACTATED RINGERS (LRS)
 - 2. DEHYDRATION WITH A FLUID THAT RESEMBLES EXTRACELLULAR FLUIDS LRS
 - 3. GUT LOSS THROUGH VOMITING AND DEHYDRATION WITH A FLUIDS THAT RESEMBLES ELECTROLYTE LOSS THROUGH THE INTESTINES NACL OR LRS + KCL
 - 4. MAINTENANCE FLUIDS FLUIDS THAT RESEMBLE LOSS IN THE URINE AND LUNGS 0.45% NACL + 2.5% GLUCOSE + KCL

LACTATED RINGERS OR 0.9% NACL

- IV FLUIDS:
 - FLUID RATE IS THE 2 X THEIR WEIGHT IN KG
- SUBCUTANEOUS FLUIDS:
 - 100 ML PER 5 KG





- 5-10ml/kg
- Not readily available



ANTI-EMETICS - STOP THE VOMITING!

- 1. METOCLOPRAMIDE CAN ADD TO THE BAG OF LRS 2 CC PER BAG
- 2. MAROPITANT (CERENIA) GIVEN SQ OR IV (1 ML/11 KG)
- 3. ONDANSETRON SEROTONIN INHIBITOR
- 4. GASTRIC TUBE / NG TUBE REMOVE THE STOMACH FLUID



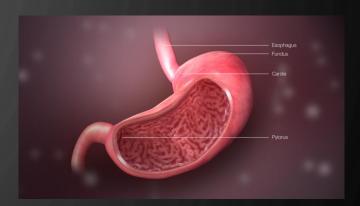






REDUCE STOMACH ACID SECRETIONS

- FAMOTIDINE OR RANITIDINE
 - REDUCES PANCREATIC/BILE ACID SECRETIONS
- 2. OMEPRAZOLE / PANTOPRAZOLE
 - REDUCES GASTRIC ACID SECRETIONS (BUT TAKES 2-3 DAYS FOR EFFECT)
- 3. SUCRALFATE
 - INCREASES STOMACH MUCUS PRODUCTION (GOOD IF CONCERNED ABOUT STOMACH ULCER)
- 4. MISOPROSTOL
 - INCREASES BLOOD FLOW AND STOMACH MUCUS SECRETIONS







ANTIBIOTICS — TREAT THE SECONDARY INFECTIONS

- AMOXICILLIN 11 MG/KG PO
- PENICILLIN 0.1 ML/KG
- METRONIDAZOLE 15 MG/KG
- ENROFLOXACIN (BAYTRIL) 5 MG/KG PO OR SQ
- CEPHALOSPORINS CAN BE USED, BUT GI UPSET IS A COMMON SIDE EFFECT IF GIVEN ORALLY
 - CEFAZOLIN 1 CC/5 KG IV OR IM











TIME TO FEED THE GUT!

- 1. FAST THE GI TRACT FOR 12-24 HOURS
 - DECREASES GASTRIC ACID SECRETION → REDUCES FLUID QUANTITY IN THE GUT
- 2. GLUCOSE/ELECTROLYTE SOLUTION ORALLY
 - 1 BAG LRS (1000ML) + REMOVE 50 ML AND REPLACE WITH 50 ML 50% DEXTROSE
- 3. LIQUID BLAND DIET SCIENCE DIET LOW FAT, ROYAL CANIN LOW FAT
- 4. BLAND DIET

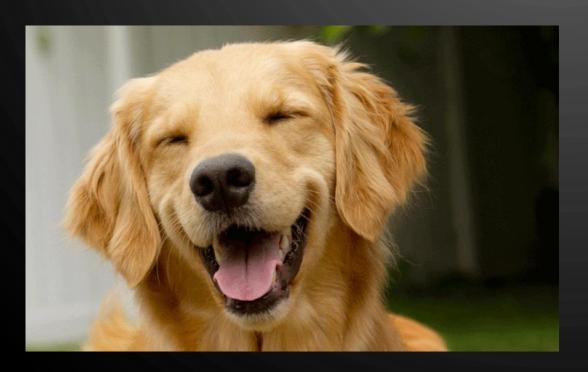




SURVIVAL

Poor Prognostic indicators:

- Fever
- Low WBC
- 50% CASES WILL SURVIVE WITH AGGRESSIVE TREATMENT
- IF A DOG LIVES THE FIRST 4 DAYS, GREATER CHANCE OF SURVIVAL







REVIEW OF TREATMENT PLANS

IN HOSPITAL

- IV FLUIDS
- IV ANTIBIOTICS
- SQ IVERMECTIN
- ANTI-EMETICS
- TRICKLE FEEDING





IN THE FIELD

- SQ FLUIDS
- SQ ANTIBIOTICS
- SQ IVERMECTIN
- ANTI-EMETICS
- SLOWLY INTRODUCE FOOD



SEQUELA TO PARVOVIRAL INFECTIONS



- INTUSSUSCEPTION
- POLYARTHRITIS
- PHLEBITIS
- EMBOLISMS
- RENAL INFARCTIONS
- SUDDEN DEATH
- CARDIAC DISEASES (DUE TO VIRAL ATTACK OF MYOCYTES)
 - ENDOCARDITIS
 - CARDIOMYOPATHY



• PREVENTION IS MUCH EASIER THAN THE TREATMENT





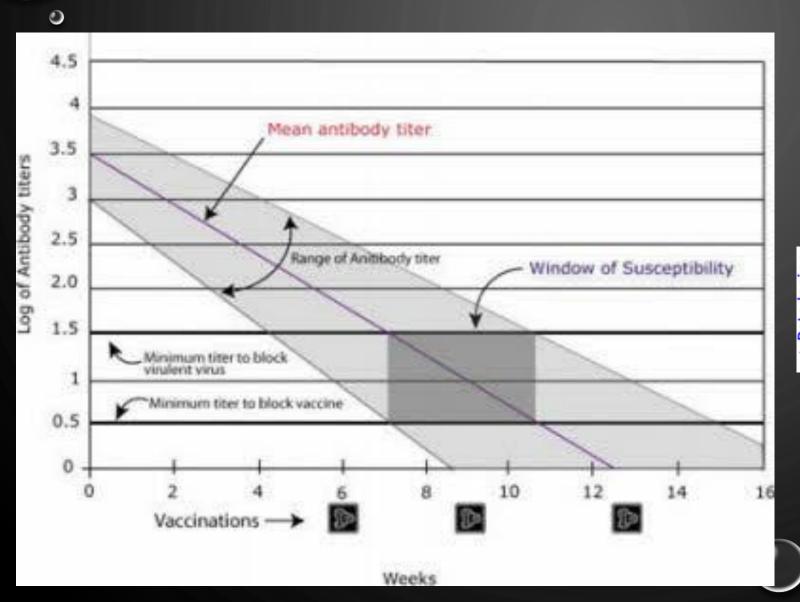


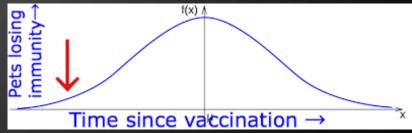
PREVENTION: VACCINE!

- VACCINATION
 - MAKE SURE MOTHER DOG IS VACCINATED PRIOR TO PREGANCY—
 WILL PASS ANTIBODIES TO LITTER
 - VACCINATE
 - 8 WEEKS (60 DAYS)
 - 12 WEEKS (90 DAYS)
 - 16 WEEKS (120 DAYS)
 - 20 WEEKS
 - 1 YEAR, THEN EVERY 3 YEARS AFTER



IMMUNITY IN PUPPIES







VACCINES

- VACCINATE
 - 8 WEEKS (60 DAYS)
 - 12 WEEKS (90 DAYS) CAN GIVE RABIES
 - 16 WEEKS (120 DAYS)
 - 20 WEEKS
 - 1 YEAR, THEN EVERY 3 YEARS AFTER

