



Canine Parvovirus infection (CPV)

By

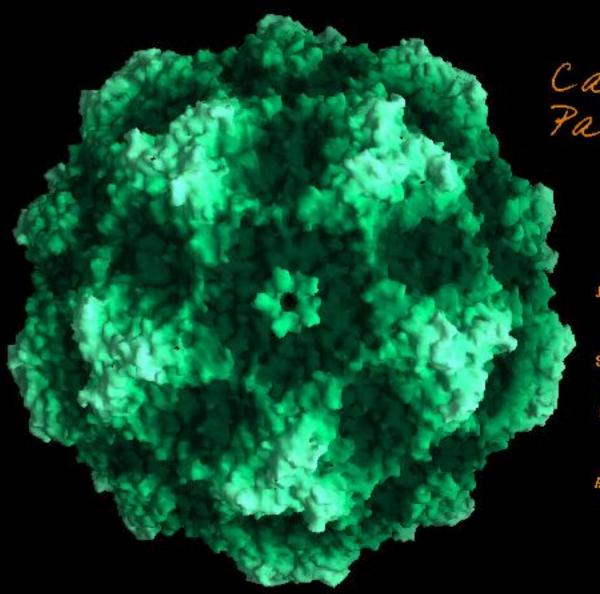
Dr/ Marawan Elfky

Definition

- ➤ Contagious infectious viral disease of dogs ch. by two different forms:
- 1. Intestinal form (more common stomach and intestines), which is characterized by anorexia, vomiting, diarrhea and weight loss.
- 2. Cardiac form (less common) attacks the heart muscles of very young puppies, often leading to death.

Etiology

- > CPV-2, family Parvoviridae.
- > Non-enveloped ssDNA virus.
- > Resistant to many common detergents and disinfectants.
- ➤ Persist indoors at room temperature for a few weeks; outdoors for many months, if protected from sunlight and desiccation.



Canine
Parvovirus

Xray Structure determination:

J. TSAO, M.S. CHAPMAN, M. AGBANDJE, W. KELLER, K. SMITH, H. WU, M. LUO, T.J. SMITH, M.G. ROSSMANN, R.W. COMPANS, C.R. PARRISH. (1991) Science, 251 1456–1464 (PDB ENTRY: 2DPV)

Radial Depth Cue Rendering with grasp (A: NICHOLLS) on Silicon Graphics:

J-Y. SGRO

Predisposing factors

- > Stress (eg, from weaning, overcrowding, malnutrition, etc),
- Concurrent intestinal parasitism, or enteric pathogen infection (eg, Clostridium spp, Campylobacter spp, Salmonella spp, Giardia spp, coronavirus) have been associated with more severe clinical illness.

Epidemiology

- 1. Distribution: Worldwide and reported in Egypt.
- 2. Host rang: (Dogs, foxes, wolves and coyotes).
- Puppies (6 weeks to 6 months) more susceptible.
- Puppies less 6 w (inutero) of age take cardiac
 form while more than 6 w take intestinal form.
- Rottweilers, Doberman, and German Shepherd dogs have been described to be at increased risk.

- 3. Seasonal incidence: no
- 4. Transmission:
- a. Source: Body secretions of dogs during acute stages of the disease as saliva & feces.

b. Mode:

- Ingestion.
- Inhalation (rare).
- Inutero infection

5. Economic impact:

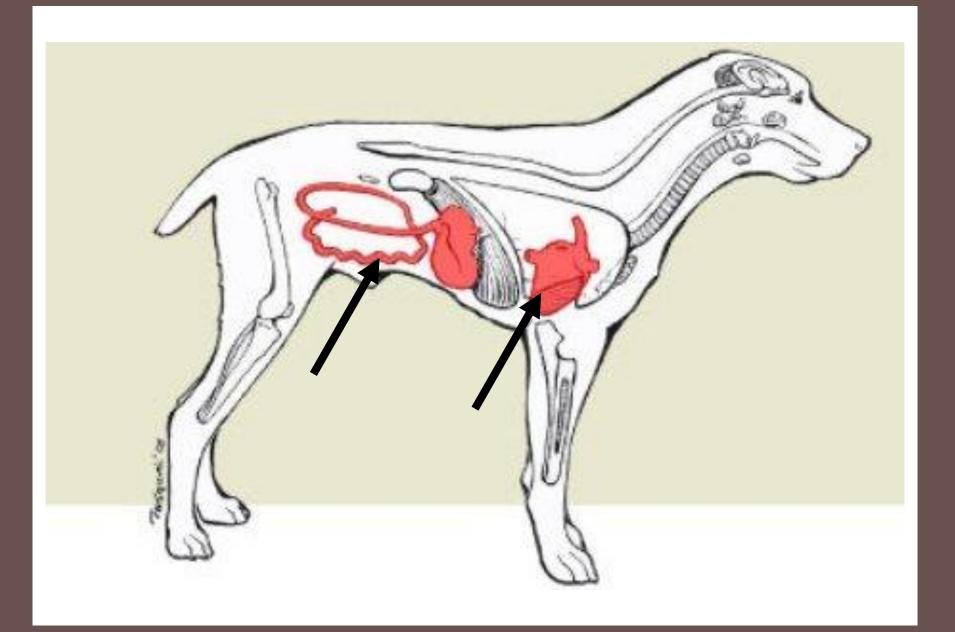
Loss of dog's function and deaths of valuable dogs.

Pathogenesis

- Virus is shed in the feces of infected dogs within 4–5 days of exposure (often before clinical signs develop), throughout the period of illness, and for ~10 days after clinical recovery.
- Infection is followed by replication in lymphoid tissue of the oropharynx then hematogenous dissemination.
- Lymphopenia and neutropenia develop secondary to destruction lymphopoietic tissues.

• Intestinal form: (more than 6 w of age) Destruction of the intestinal crypt epithelium results in epithelial necrosis, villous atrophy, impaired absorptive capacity.

• Cardiac form (less than 6 w of age) myocardial infection, necrosis, and myocarditis presenting as acute cardiopulmonary failure or delayed, progressive cardiac failure, (with or without signs of enteritis).



Clinical signs

- I.P from **3-7 days**.
- Course 2-12 days
- Morbidity rate high
- Mortality rate high

Clinical forms

- 1. Intestinal form (more 6 w):
- * Fever, depression, lethargy and anorexia.
- * Clinical or subclinical infection.
- ❖ Severe enteritis with vomiting and diarrhea which is often blood tinged due to destruction of epithelial cells of intestinal crypts.
- ❖ Dehydration, shock and death within 2 days.

Clinical forms

- 2. Cardiac form (less 6 w):
- ❖ Puppies infected during late gestation or in early neonatal period.
- * Myocarditis with signs of cardiac arrhythmia, dyspnea, coughing, pulmonary edema
- ❖ Deaths (20-100%) due to myocardial necrosis and myocardial failure.









P/M lesion

- Edema and congestion of abdominal and thoracic lymph nodes; thymic atrophy and bone marrow hypoplasia
- A thickened and discolored **intestinal wall**; watery, mucoid, or hemorrhagic intestinal contents.
- ➤ Multifocal necrosis of **intestinal crypt** epithelium with sloughing.

P/M lesion

- > Pale streaks in the myocardium.
- ➤ Pulmonary edema, alveolitis, and bacterial colonization of the lungs and liver (complications).

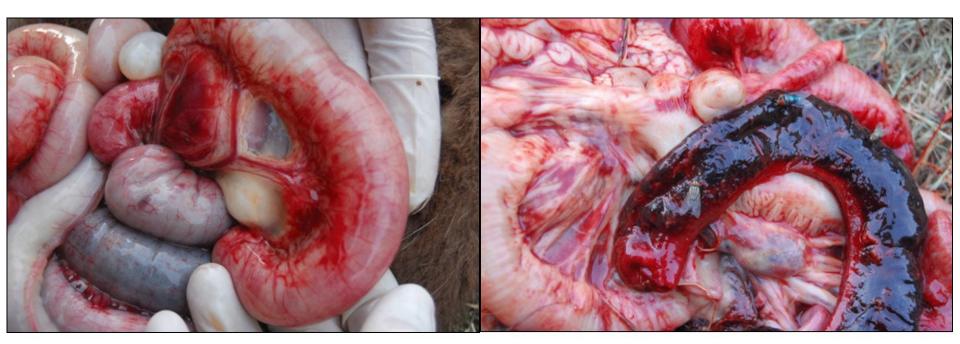


Figure 1 Hyperemia of enteric blood vessels

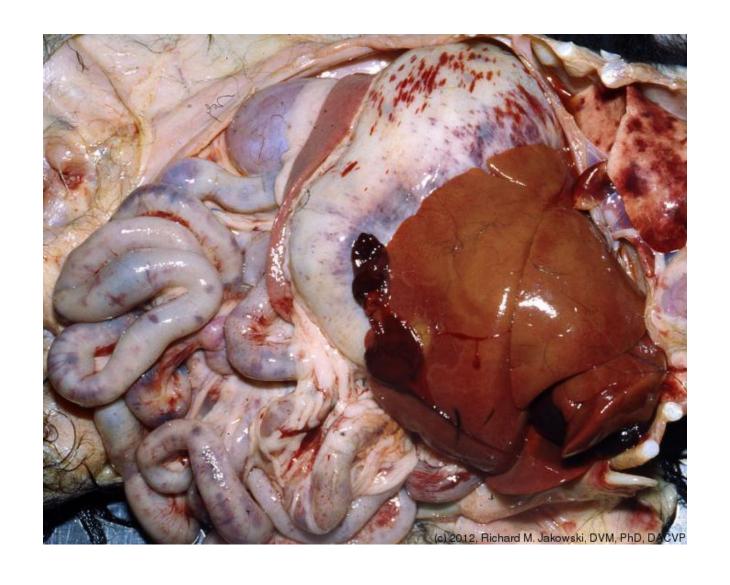


Figure 2 Hemorrhages in intestine

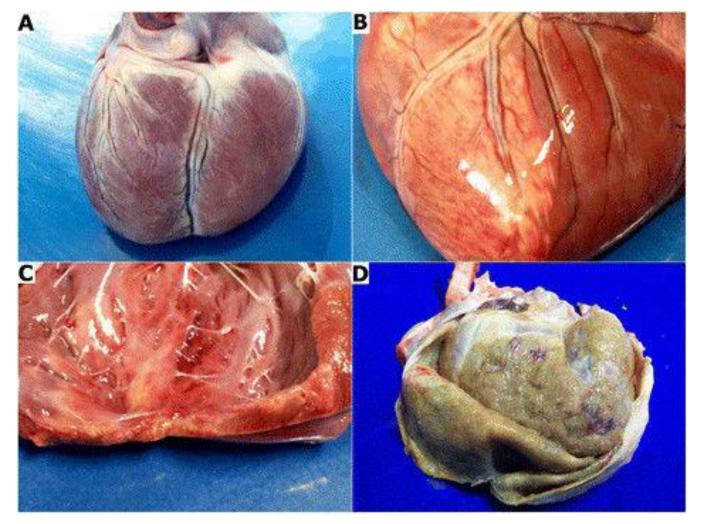


Figure 3 Hemorrgages in liver

Figure 4 Focal congestion in lungs



Necropsy of CPV2 infected canine shows signs of small intestine dilatation and luminal hemorrhage



A – generalized heart chamber dilation; **B** - infarct in the left ventricular wall; **C** – infarct site: changes in the heart muscle seen on cross-section; **D** – a thickening of pericardial sack with considerable amounts of fibrin covering the heart.

Diagnosis

1- Field diagnosis; depends on case history, clinical signs and P/M lesions.

2. Lab. Diagnosis;

A. Sample:

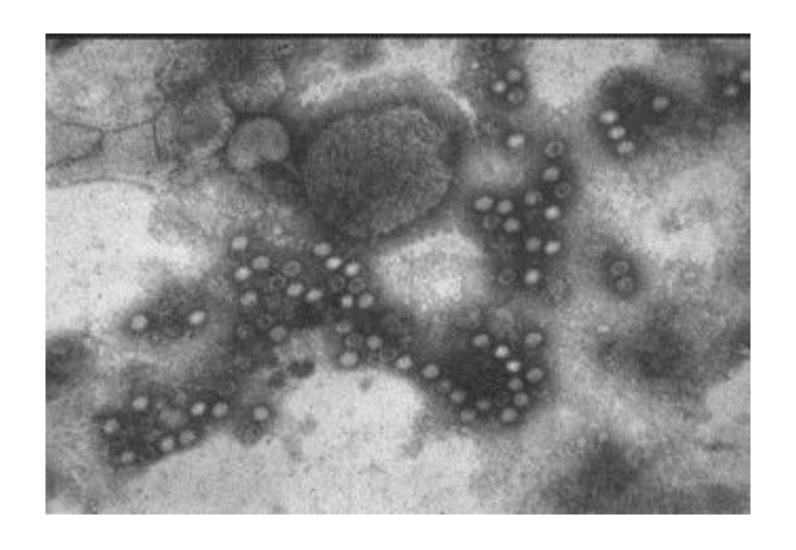
- > Fecal or rectal swabs.
- > Specimens from internal organs as lung, spleen, thymus or lymph nodes.
- > Serum and blood.

B. Laboratory procedures:

- > Virus isolation on cell culture
- Molecular assays: using nested PCR and realtime PCR, (highly sensitive and specific).
- Serological assays: indirect fluorescent antibody test (IFAT), ELISA and SNT (4 fold increase in ab titer 2 weeks apart).
- **ECG:** obvious abnormalities
- > Radiography: showing cardiomegaly.

B. Laboratory procedures:

- > Histopathology:
- Destruction of newly formed epithelium resulting in shortening of intestinal villi.
- Interstitial fibrosis of myocardium with presence of I/N IB.
- > Electron microscope or latex agglutination test on feces.



Parvoviral particles in the feces of infected dog.

Differential diagnosis

> With others causes of diarrhea and myocarditis.

Treatment

- Prognosis is bad in young puppies
- No specific treatment but symptomatic and supportive (prevent secondary infection).
- > Fluid therapy as ringer's 45 ml/kg, B/W, I/V,
- ➤ Glucose 50% in a dose of 0.5 ml/kg.
- > Broad spectrum antibiotic as ampicillin or gentamicin.
- > Anthelmintic to fight parasites.

Treatment

- > H2 Blockers to reduce nausea.
- Non-absorbable oral antibiotic as neomycin to reduce ammonia producing bacteria in intestine.

➤ **N.B:** The survival rate in dogs is about 70 %, but death may result from severe <u>dehydration</u>, a severe secondary bacterial infection, bacterial toxins in the blood, or a severe intestinal hemorrhage.

Control

- Segregation of infected dogs and treat them symptomatically and destruction all source of infection.
- Cleaning & disinfection with hypochlorite at 1:10 or 1:30.

Vaccination

- Living attenuated vaccines singly or in combination with other canine vaccines.
- Three doses at (6, 9, 12 w), giving immunity 1
 years and booster annually.
- O Puppies from non-vaccinated bitch vaccinated for first time at **1-4 w.** age and at **6-16 w**. age if from vaccinated dam.





live attenuated canine distemper virus, live attenuated canine adenovirus 2 and live attenuated parainfluenzavirus, live attenuated canine parvovirus1&2, inactivated Leptospira canicola and inactivated Leptospira icterohaemorrhagiae.





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