



Conference Program & Activities

DIAGNOSIS OF CANINE LEISHMANIASIS: RECOMMENDATION FROM THE CANINE LEISHMANIASIS WORKING GROUP

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The "Canine Leishmaniasis Working Group" (CLWG)* was established in November 2005 to elaborate recommendations for the diagnosis, classification, treatment and monitoring of canine leishmaniasis, with particular emphasis on the management of dogs with proteinuria. The guidelines are based on a systematic review of existing literature and/or on the experience of the CLWG members. The practitioner should critically evaluate the potential applicability of the present guidelines when working with suspected cases of canine leishmaniasis. The first part of the recommendation deals with diagnosis of canine leishmaniasis. A dog with clinical signs and/or laboratory findings consistent with leishmaniasis (skin or ocular lesion, lymphadenopathy, lameness, anemia, dysproteinemia, renal azotemia, increased urinary protein/creatinine ratio) is diagnosed if the parasite is cytologically identified within lesions or the antibody titre is fourfold higher than the threshold value of the reference laboratory. If the antibody titer is mildly increased and cytological specimens are negative, histology/ im-

munohistochemistry (on skin lesions) or PCR (conventional or quantitative) on bone marrow and/or lymph node samples should be performed. If one of these tests is positive the dog must be considered infected or suffering from clinical leishmaniasis only in the case where lesions or clinical signs are clearly associated with positive serology/histology or PCR. If these tests are negative, the seroreactive dog should be considered as "exposed" to the parasite and serologically monitored.

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