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Diagnoses of parvo.

- Severe vomiting.
- Foul-smelling diarrhoea with or without blood.
- Fever.
- Lowered white blood cell count.
- Extreme dehydration.
- Possible inflammation of the heart.

The symptom of diarrhoea is always a great concern.
A puppy with "bloody diarrhoea" could have a parasite problem, a virus other than parvovirus, stress colitis, an intestinal foreign body, or may simply have eaten something that disagreed with them.

It is important to confirm the diagnosis of parvovirus **before** embarking on what could be the wrong treatment – for this consult with your vet.

THE FECAL PARVO ELISA TEST

The IDEXX snap test kit for parvo, one of the most popular ELISA kits.
(original graphic by marvistavet.com)

The ELISA test has become the most common test for parvovirus in puppies.
ELISA stands for Enzyme Linked ImmunoSorbant Assay.
This is sounds complicated and high tech but is actually the same type of technology that home pregnancy test kits use.
The parvo ELISA test is also a kit and is performed in the vet's office in about 15 minutes or less.
There are many different brands and testing is very sensitive in its ability to detect the actual presence of the virus in stool.
The test has some limitations that are important to realize.
Recent vaccination with a live vaccine (the type of vaccine that is most effective) may interfere with the test results.
This means that the test may detect the live virus from the vaccine and show a positive reading when,
in fact, the puppy does not have a parvo infection.
Classically, this interference occurs 5-12 days after vaccination so if a positive faecal ELISA test is obtained within this period after vaccination, additional tests may be recommended.
Further, the puppy could be infected but no longer shedding virus in its stool.
Or the virus particles may be so thoroughly coated with antibodies that they cannot react with the chemicals of the test.
In almost all cases, one can trust a negative ELISA reading but it is important to realize that no test is perfect.

THE DROP IN WHITE CELL COUNT.

Recall that one of the first actions of the canine parvovirus is to inhibit white blood cell division in the bone marrow.
The virus essentially turns the immune system off before making its deadly way to the GI tract.
This is a feature of parvoviruses in all species which means that a characteristic drop in white blood cell count is seen on a blood panel.
This characteristic finding is especially helpful in the diagnosis of a recently vaccinated puppy as the ELISA test maybe positive from the vaccine but if the white count is normal, the puppy is probably not infected.
The white blood cell count is commonly monitored in the treatment of a parvovirus case.
If the puppy is not presented to the veterinarian until later in its disease course, it is possible to miss the white cell drop and not correctly make the diagnosis.
Similarly, a puppy presented early in the course of infection may not yet have the white cell drop and sequential tests may be needed to confirm diagnosis.

ANTIBODY TITERS.

There are two types of antibody titer that can be run: IgG and IgM.
With the advent of ELISA testing, titers are not frequently used in making this diagnosis.
The IgG titer is a more long lasting antibody level.
A high IgG titer would probably indicate active infection in a puppy that is old enough to generate antibodies and who has not yet received any vaccinations.
Most of the time, the IgG titer simply reflects antibodies generated by vaccination.
The IgM titer reflects recent antibody production so if a vaccinated puppy had not been vaccinated recently, a high IgM titer might indicate active infection.

Because parvovirus infected puppies have frequently received vaccinations in their recent past and are frequently too young to generate their own antibodies (which is how vaccinated puppies get infected in the first place), these test results are difficult to interpret. It is easy to see why the ELISA test that directly detects presence of the virus has become so popular.
Titering is mostly used nowadays to determine if a dog has adequate protection against parvo, either through vaccination or prior exposure.
In a shelter setting, a dog of unknown vaccination status can be tested to determine if he or she is considered protected from infection or not.
Then possible that a dog can be tested to determine if a vaccine is needed or not.
Certain antibody levels are associated with protection; however, because of other contributing branches of the immune system, an inadequate titer does not necessarily mean a dog is vulnerable.

BIOPSY.
Parvovirus lesions in the GI tract are of a classical appearance. There is no mistaking them under the microscope. Unfortunately, tissue samples of the GI tract are not readily available and most infected puppies are not good surgical candidates.
Still, if a puppy has died and the cause is unclear, submitting samples of the GI tract can generally confirm or rule out a parvovirus diagnosis provided the tissue has not degenerated.
It is also important to realize that puppies with parvovirus infection may have concurrent intestinal parasites.
There will be complicating conditions that must be monitored.
This means that other tests will be required during the management of the parvo patient.
The above tests are simply those that can be used to confirm the parvovirus diagnosis.