

Low platelets, HGE and Lyme

"Dogs that were thrombocytopenic and had antibodies to both *A. phagocytophilum* and **B. burgdorferi** had a median platelet count of 51,000/ μ L (range 20,000 to 171,000/ μ L), which was significantly lower than the count in dogs with antibodies only to *A. phagocytophilum* ($P=0.04$). Some dogs had an apparent relapse of clinical signs after an appropriate course of doxycycline."

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Clinical presentation of 26 anaplasma phagocytophilum-seropositive dogs residing in an endemic area.

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Abstract

Anaplasma (*A.*) phagocytophilum, the etiological agent of canine granulocytic anaplasmosis, is capable of inciting moderate to severe clinical disease in a variety of mammals and is endemic in the upper midwest.

The purpose of this study was fourfold: to describe the range of clinical signs in dogs seropositive to *A. phagocytophilum*; to examine the prevalence of immune-mediated hemolytic anemia (IMHA) in this population; to evaluate whether specific clinical signs were associated with coexposure to *Borrelia* (*B.*) burgdorferi in actively infected dogs; and to determine whether clinical response to doxycycline was complete in treated dogs.

Medical records of dogs seropositive for *A. phagocytophilum* were reviewed retrospectively.

Peripheral blood smears were also reviewed retrospectively for granulocytic Anaplasma morulae. Lethargy (81%), inappetence (58%), and lameness (50%) were the most common clinical signs, followed by fever (46%). Thrombocytopenia was the most common laboratory abnormality, and IMHA was diagnosed in three dogs.

Dogs that were thrombocytopenic and had antibodies to both *A. phagocytophilum* and **B.**

burgdorferi had a median platelet count of 51,000/ μ L (range 20,000 to 171,000/ μ L), which was significantly lower than the count in dogs with antibodies only to *A. phagocytophilum* ($P=0.04$). Some dogs had an apparent relapse of clinical signs after an appropriate course of doxycycline.

Testing for *A. phagocytophilum* by polymerase chain reaction, serum antibody assays, and/or blood smear evaluation should be considered in dogs with IMHA, cough, or epistaxis and that reside in *A. phagocytophilum*-endemic areas.

If moderate to severe thrombocytopenia is present, testing for concurrent **B. burgdorferi** infection may be warranted.

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