

CLINICAL MANAGEMENT OF BLOOD PROTOZOAN DISEASES IN LARGE ANIMAL PRACTICE

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LEARNING IS A CONTINUOUS PROCESS



Temperature



- Viral diseases
- Blood protozoan diseases
- Inflammatory Causes
- Bacterial Diseases
- Toxemia or septicemia



Protozoan diseases

- Anaplasmosis
- Theileriosis
- Babesiosis
- Trypanosomiasis



CLINICAL EXAMINATION

- Temperature
- Cmm and scleral examination
- Vaginal Mucous membrane
- Heart rate
- Lymph nodes
- Lung auscultation
- Venous stasis?
- Urine colour?



- Inner aspects of ears
- External body surface
- Dehydration
- Udder
- Dung ??



- A CBHF cow was anorectic and had sub normal temperature with pale and icteric cmm ,enlargement of pre scapular lymph node ,resp distress and nasal discharge.
- What's your diagnosis and how will you proceed in treatment?

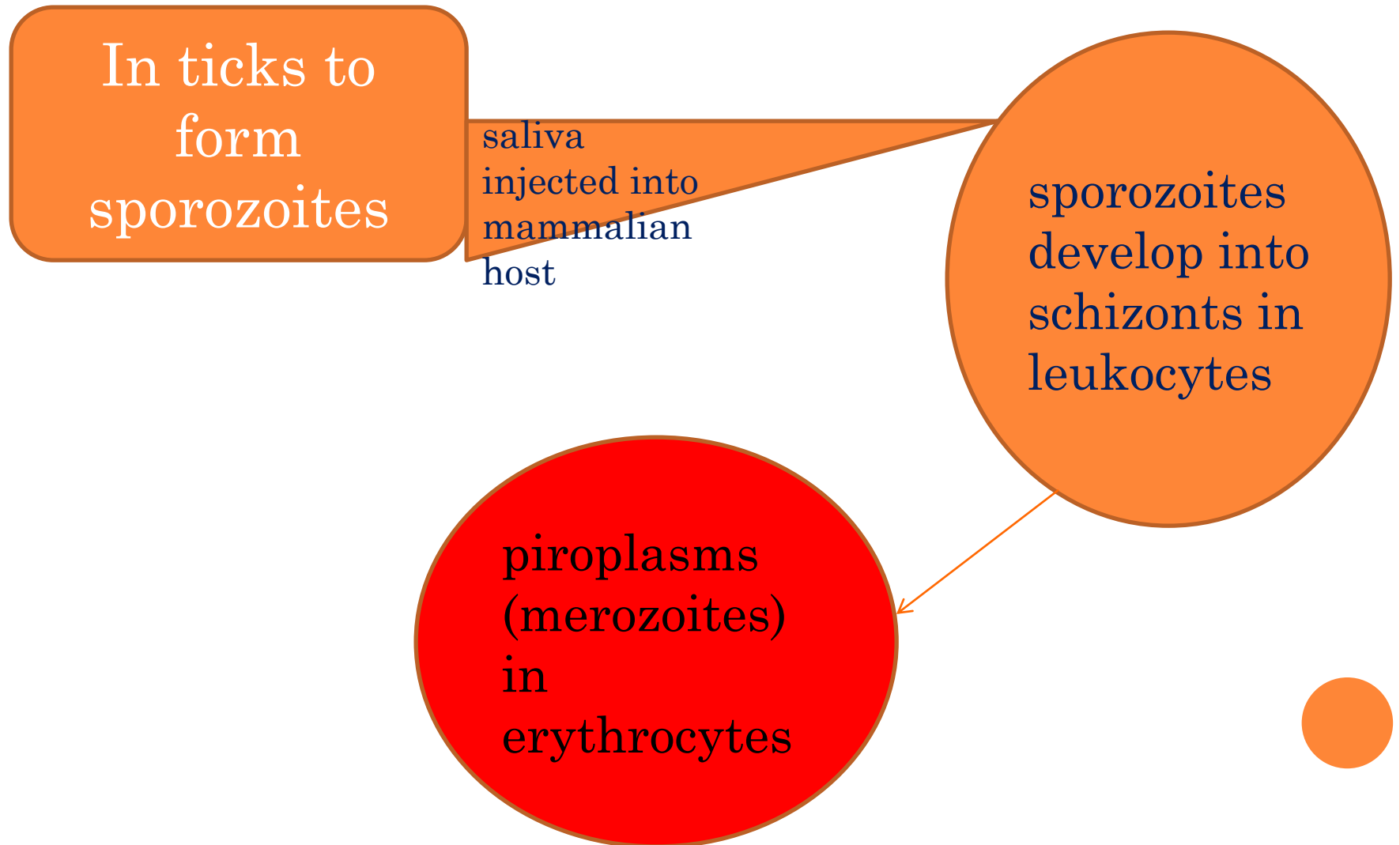


THEILERIOSIS



Disease Name	Theileria spp	Ticks
Tropical theileriosis (Mediterranean coast fever)	<i>T. annulata</i>	<i>Hyalomma anatolicum</i>
Oriental theileriosis (Japanese theileriosis)	<i>T. orientalis</i>	<i>Haemophysalis</i> spp.
East coast fever	<i>T. parva</i>	<i>Rhipicephalus</i> spp.
Turning sickness (cerebral theileriosis)	<i>T. parva</i> , <i>T. taurotragi</i>	
Benign theileriosis	<i>T. sergenti</i>	<i>Haemophysalis</i>
Malignant ovine theileriosis	(<i>T. lestoquardi</i>)	<i>Hyalomma</i> spp
Equine theileriosis	<i>T. equi</i>	<i>Boophilus microplus</i> , <i>Rhipicephalus</i> spp., <i>Hyalomma</i> spp.

LIFE CYCLE OF *THEILERIA* CYCLICAL DEVELOPMENT



- Transmitted by *Hyalomma* ticks.
- Transplacental (vertical) transmission from pregnant cows to calves
- Recovered animals show long lasting immunity
- Buffaloes are natural hosts and act as carriers

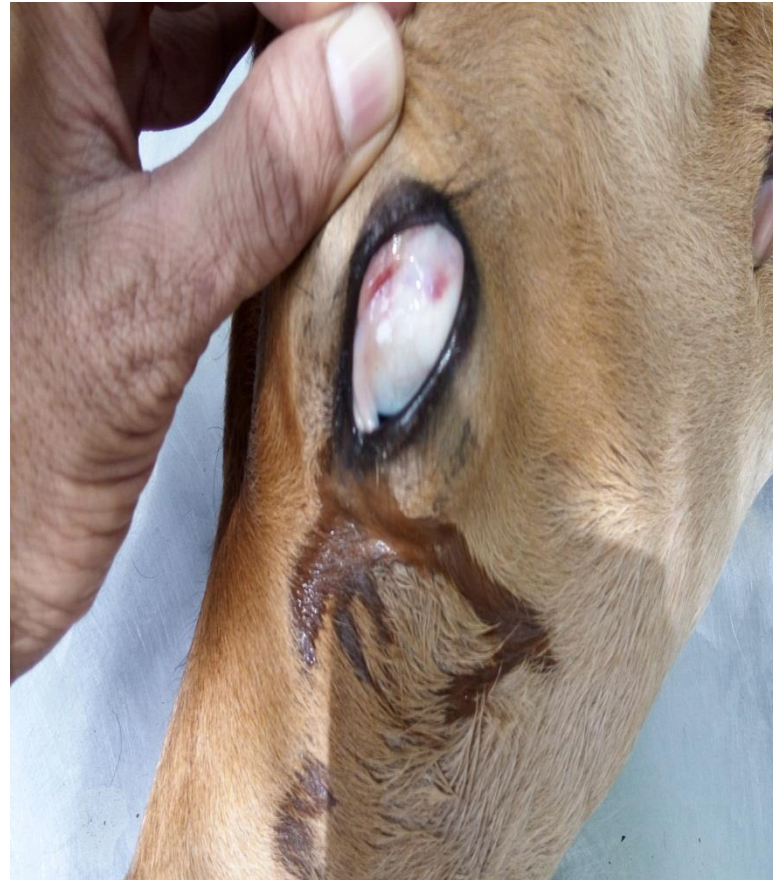
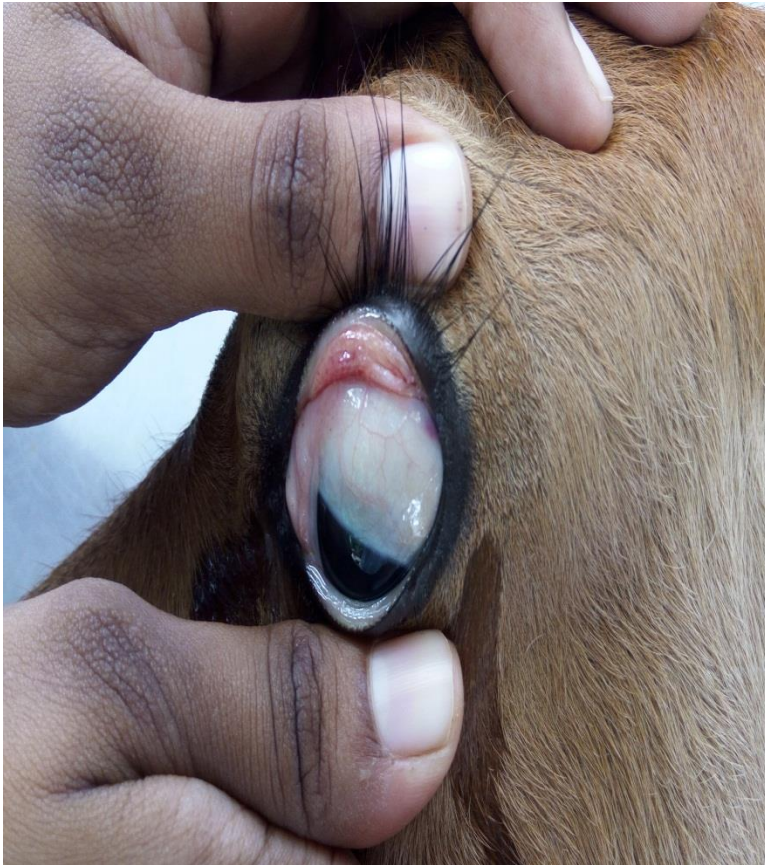


CLINICAL SIGNS

- Pyrexia
 - swelling of superficial lymph nodes
 - Pale mucous membranes, icterus,
 - Tachycardia,
 - Dyspnoea
-
- Others are diarrhoea, weight loss, convulsions, torticollis, and other nervous signs.



THEILERIOSIS IN NEONATAL CALF



PETICHAETIONS

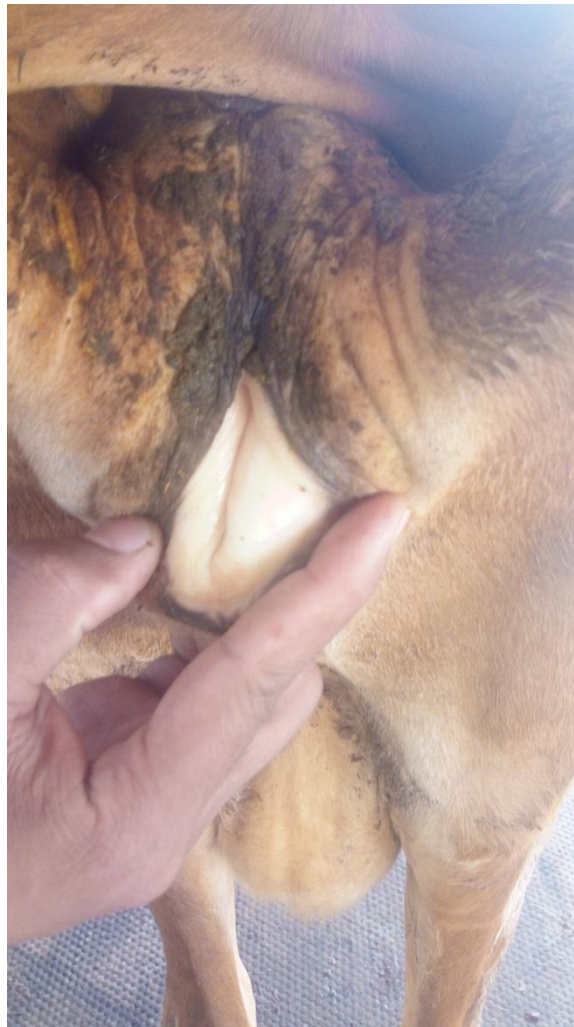








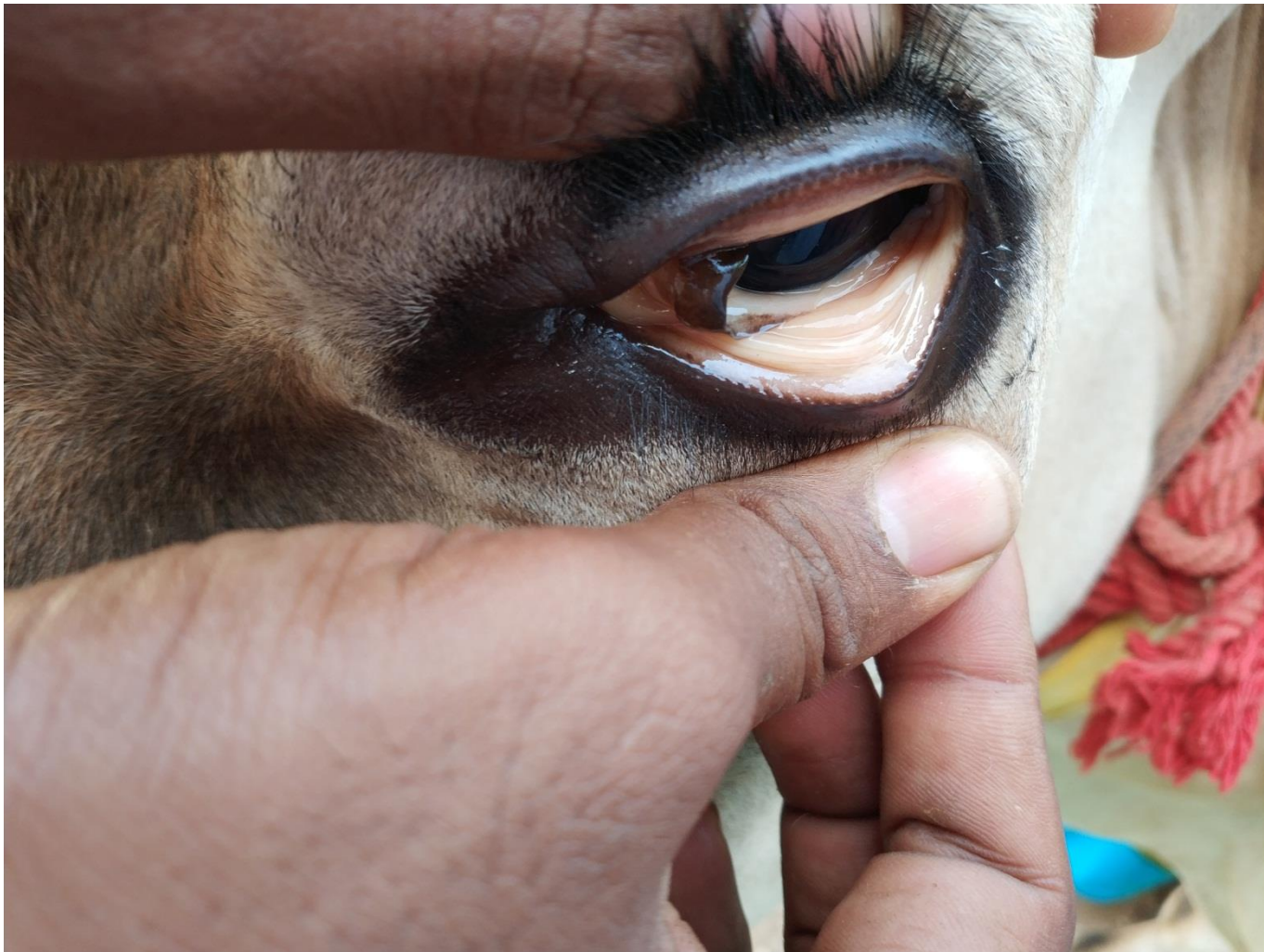
BLANCHED V MM



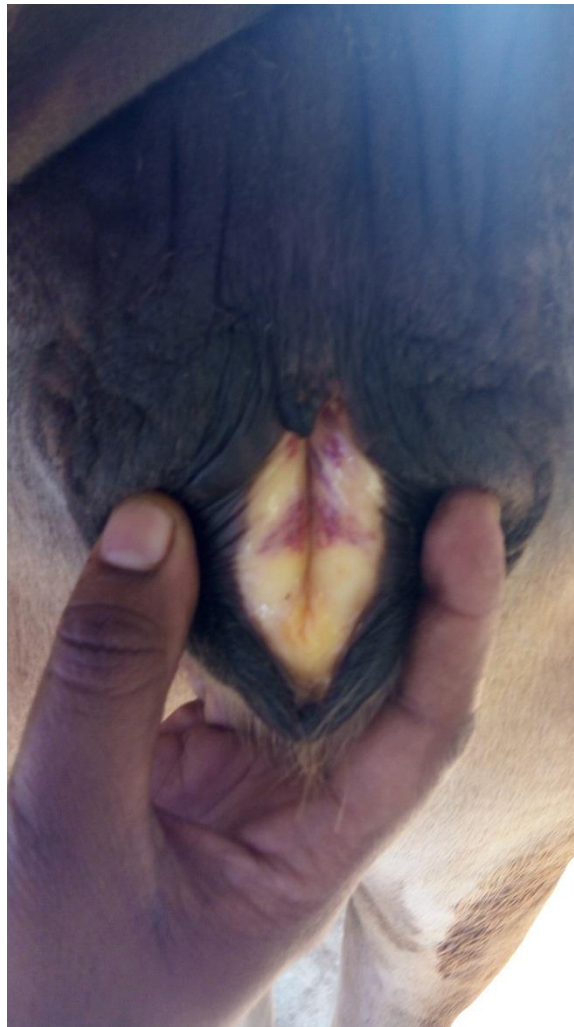
ECHYMOSIS



PALE CMM



ECHYMOSIS 5 MM WITH ICTERIC



MINUTE PETICHATIONS



ECHYMOSIS IN CMM



PALE AND ICTERIC



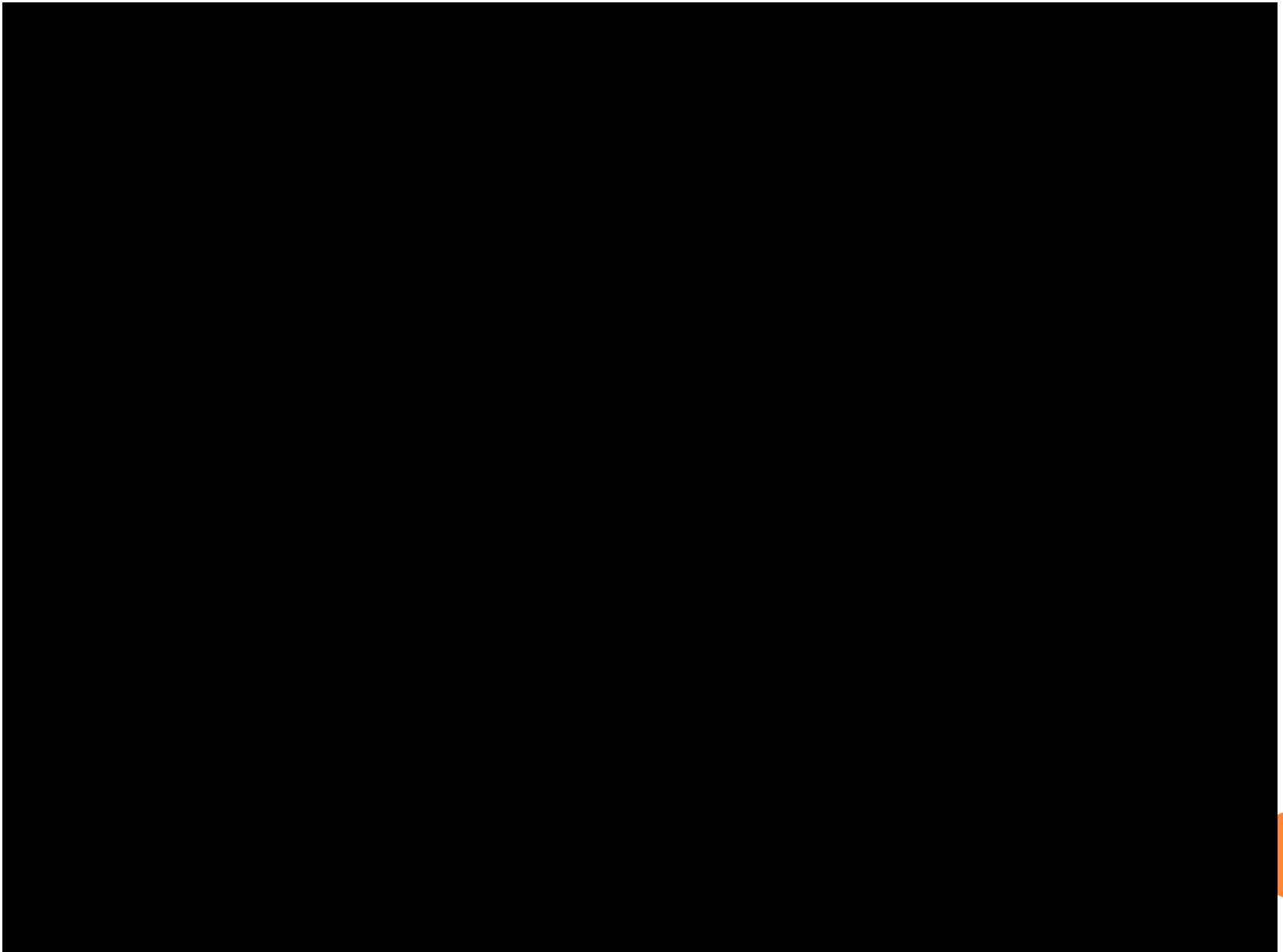
ICTERIC



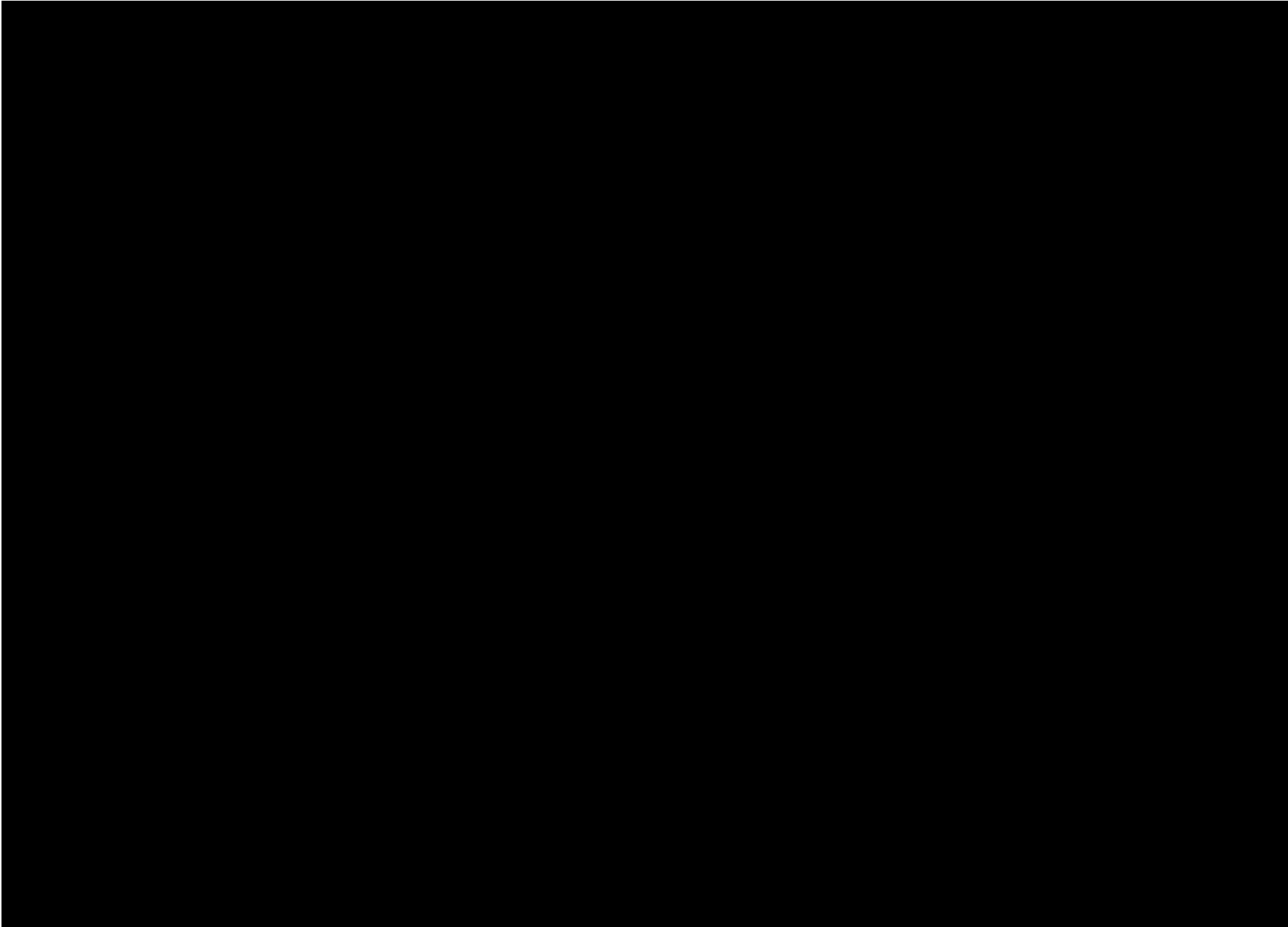


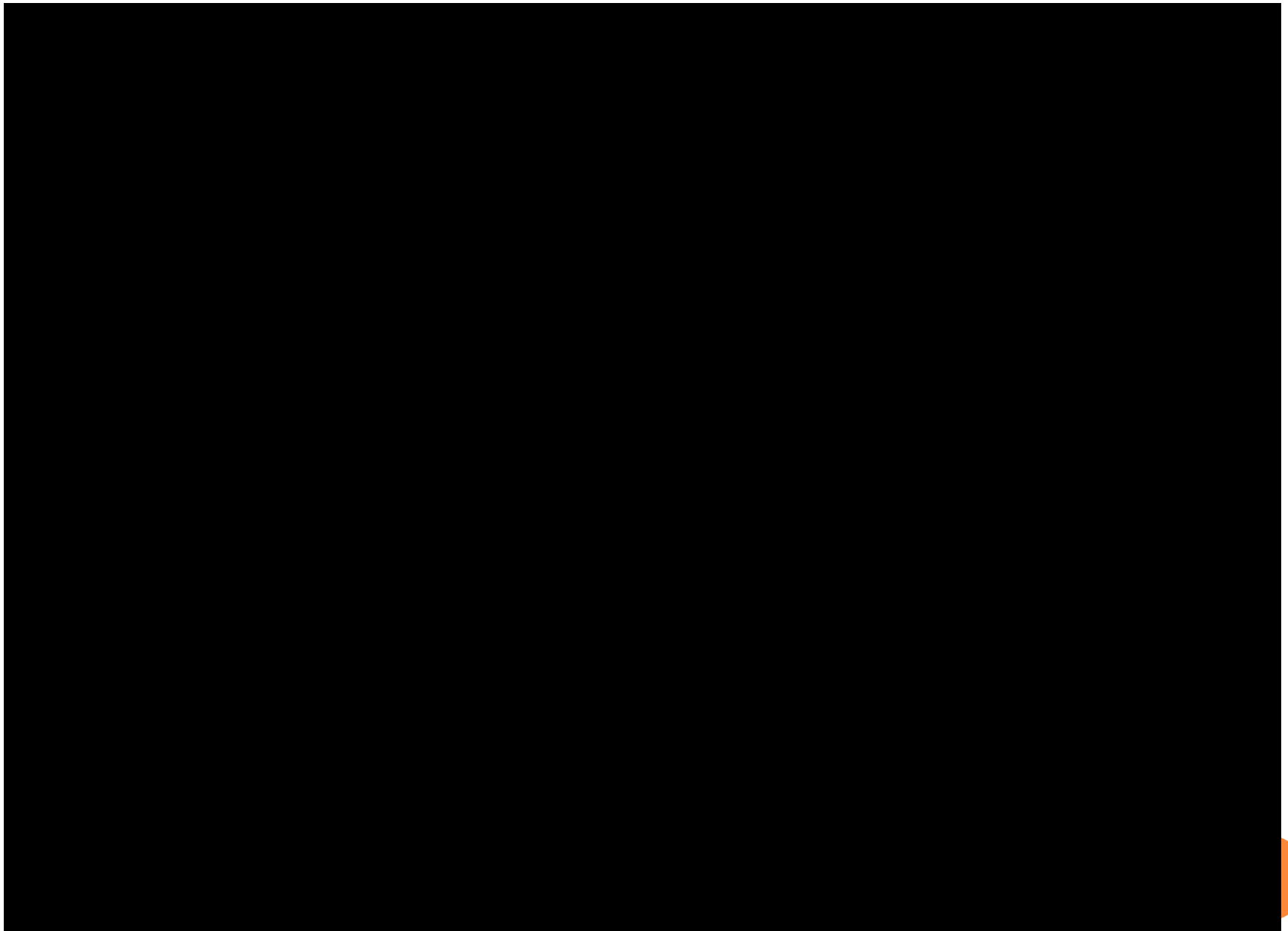












- **Anemia** is a significant feature of tropical theileriosis
- In ECF there will be bilirubinemia, hemoglobinuria and bilirubinuria
- Signs like pseudopericarditis??



DIAGNOSIS

- Clinical signs
- Lymph node – FNAB
- Peripheral Blood smear
- CBC



TREATMENT

- Buparvaquone 2.5 mg/kg IM, 2 doses 48 hrs IM
- Oxytetracycline 20 mg/kg IV or IM
- Halofuginone lactate (1.2 mg/kg PO))
- Blood tansfusion if PCV < 15%
- Supportive treatment of anemia with B Complex
Vit B12



FAQ??

- Can we give fluids?
- How to assess the prognosis ?
- How long we can treat it?
- If no blood transfusion available how to stabilize the animal?
- Why should we give furosemide?



PLASMA VOLUME EXPANDER



- Affected animals show high fever, lacrimation, nasal discharge, swollen lymph nodes, and hemoglobinuria (ECF)
- Post-mortem lesions include **punched-out ulcers in the abomasum**, enlargement of the spleen, and massive pulmonary edema



ANAPLASMOSIS

- *Anaplasma marginale* – cattle, Buffalo, wild ruminants
- *A. ovis* in sheep and goats
- obligate intracellular gram-negative bacteria



- *A. marginale*, *A. centrale*, *A. bovis*,
and A. ovis, which are pathogens of ruminants
- *A. phagocytophilum*, - humans, wildlife
domesticated animals
- *A. platys* ----- infects dogs



- **Transmission**----- Ticks,
Mechanical transfer,
Biting flies
Blood contaminated fomites,
Needles, ear-tagging,
Dehorning,
Castration equipments



- Transmission is biologically by ticks can also occur transplacentally.
- **Mechanical transmission** is by biting flies or blood contaminated fomites.




CLINICAL SIGNS

- Per Acute –
- Death within 24 hrs
- Hyper excitation sometimes before death
- Dyspnea
- Icteric mucous memb
- Acute-
- Pyrexia
- Pallor to Icteric CMM
- No hemoglobinuria



- In goats similar like cattle
- Hyper excitability and may bite at inanimate objects
- Icteric
- Anemic



- Anaplasmosis in cattle, sheep, and goats is characterized initially by **normocytic normochromic anemia**, which becomes **macrocytic normochromic** as the disease develops.
- **Immature RBCs** in this stage is considered to be a favourable sign 



TREATMENT

- Inj. Oxytetracycline - 22 mg/kg IM or IV for 3 days
- LA can be used
- Imidocarb - 5 mg/kg IM twice, 7 days interval
- Inj. Enrofloxacin -12.5 mg/kg SC twice, 48 hrsly



- Administration of **estradiol cypionate** (14.3 mg/kg BW IM) improves the rate of recovery by reducing rickettsemia during treatment.
- **Blood transfusions if PCV < 15%.**
- Rough handling must be avoided



BABESIOSIS



HOST AFFECTED

- Cattle, sheep, goat, horses, Pig, dog
- Young calves are resistant
- *B. bigemina* and *B. bovis* – transmitted transovarially by *Boophilus* or *Rhipicephalus* ticks.
- Tick larvae transmit *B. bovis*,
- Nymphs and adults transmit *B. bigemina*
- *Transovarian transmission in ticks*



CATTLE

- Major small sp – *B.bovis* (more in visceral)
- Major large sp- *B.bigemina* (more in pheripheral vessels)
- *B.divergens*



- **Sheep and goats:** *B. motasi*, *B. ovis*
- **Pigs:** *B. trautmanni*, *B. perroncitoi*
- **Horses :** *B. cabali* and **T.equi** (previously *B. equi*)



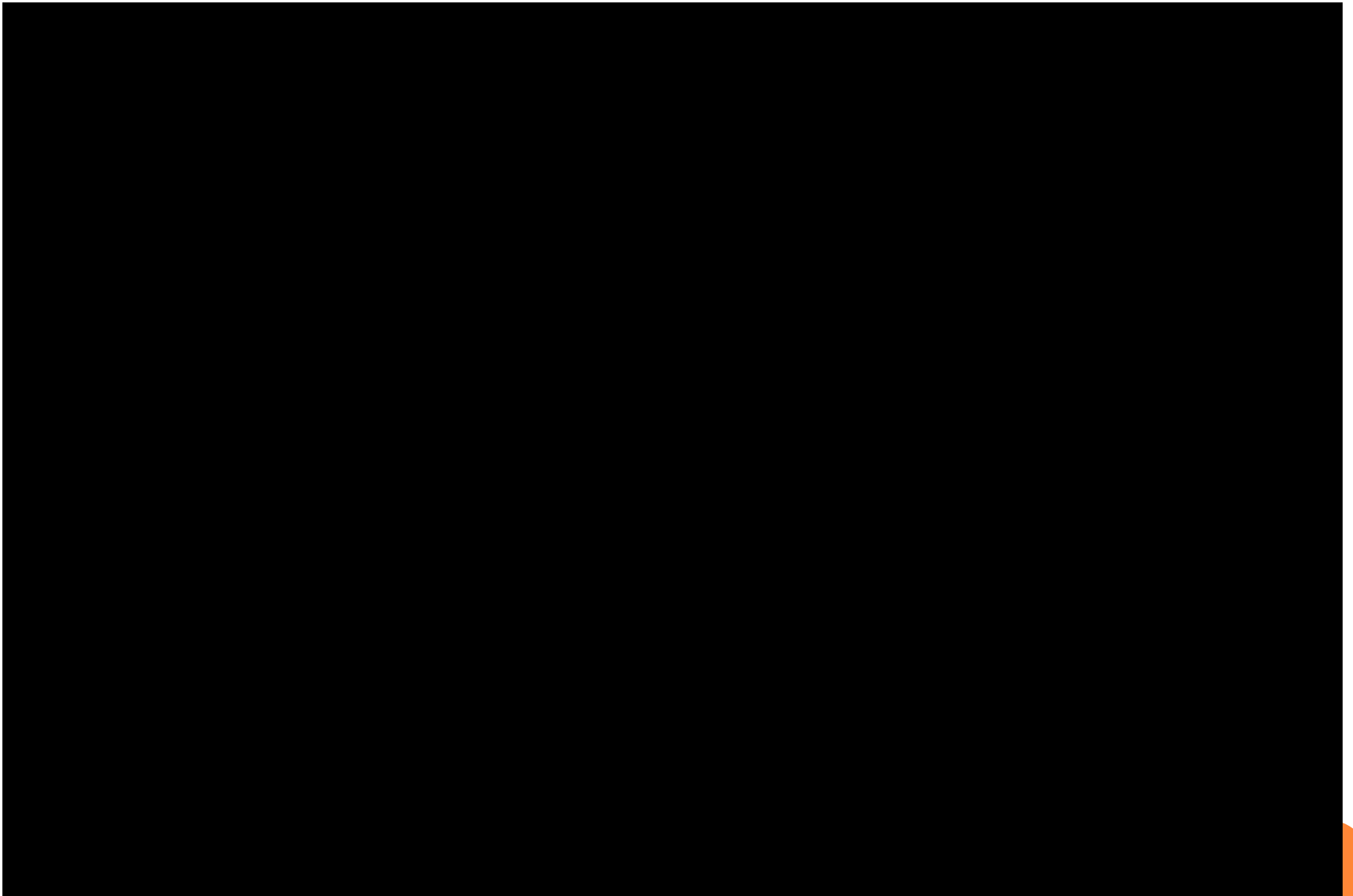
- Immunity to *B. bovis* and *B. bigemina* last for **4 yrs.**



CLINICAL SIGNS

- **B.bovis**
- Pyrexia ($> 40^{\circ} \text{C}$
(104°F)
- **Hemoglobinuria**
- Urine is dark red to brown in colour
- Urine have stable froth.
- Anaemia
- Jaundice

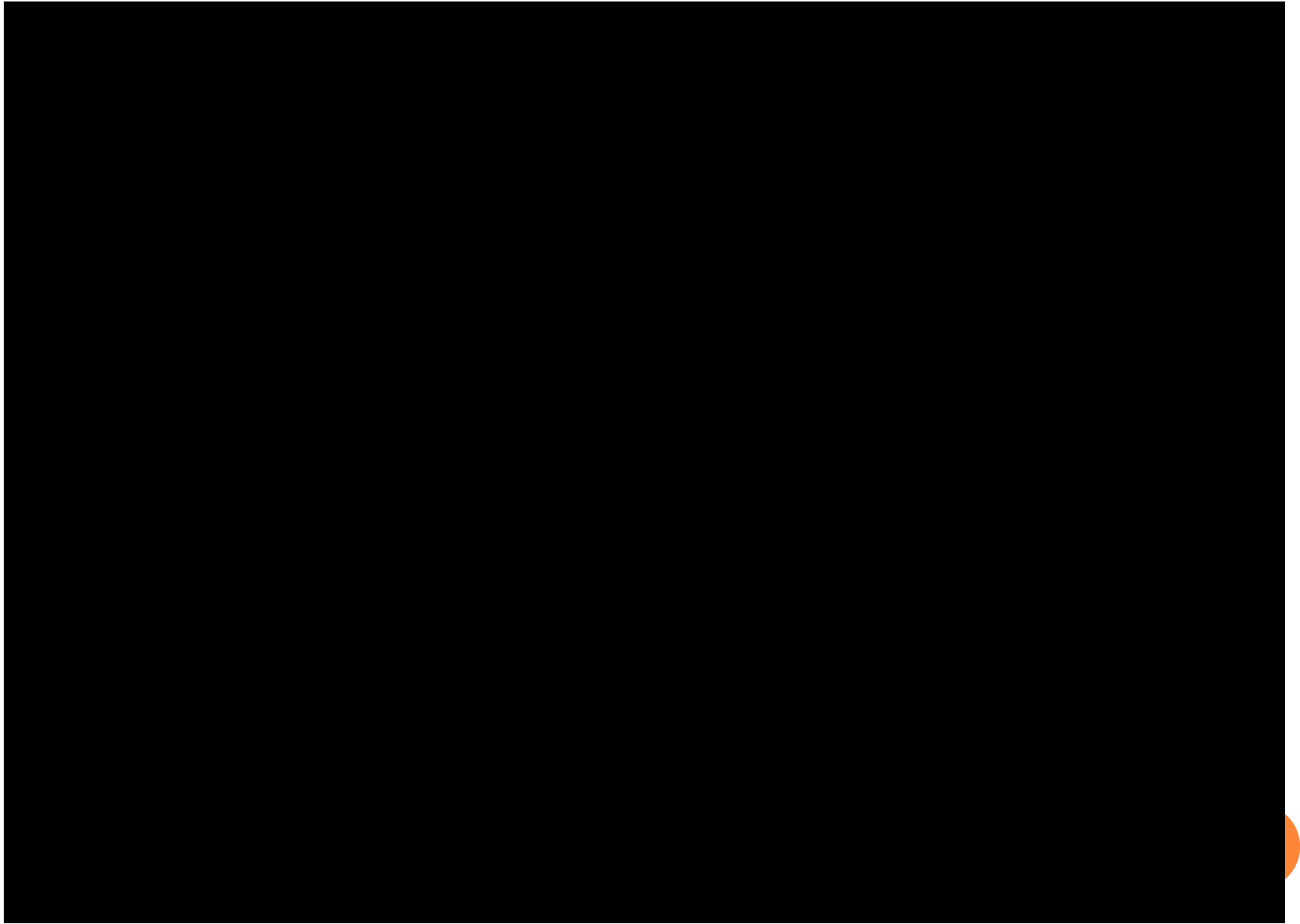




- Diarrhea may occur.
- Muscle wasting, tremors, and recumbency in advanced cases,
- Coma terminally.
- Many severely affected animals die in 24 hours.

- Cerebral babesiosis -- incoordination, posterior paralysis or mania, convulsions, and coma





SUB ACUTE SYNDROME

- *B. divergens*
- In young calves,
- Mild fever
- No hemoglobinuria.
- Spasm of the anal sphincter, causing “**pipe-stem**” feces.



DIAGNOSIS

- Clinical signs
- Peripheral blood smear
 - (*B.bigemina* numerous in pheripheral capillaries., *B.bovis* in visceral)
- Thick blood smear is preferred
- Blood from Ear tip or tail tip



NECROPSY FINDINGS

- Splenomegaly
- Gall bladder distension
- Cattle- **characteristic severe intravascular clotting.**
- Blood smears from peripheral, liver, heart & brain
- Blood smears within 8 hrs of death
- From brain within 24 hrs Stained with giemsa
- Blood collected after death can also be used for detection of serum antibodies in serologic tests



DIFFERENTIALS

- Theileriosis
- Postparturient hemoglobinuria
- Bacterial hemoglobinuria
- *S*-methyl-*L*-cysteine-sulfoxide (SMCO).
- Leptospirosis



TREATMENT

- Inj. Diaminazine aceturate (Berenil)
@ 3.5 mg/kg IM
- **Imidocarb. 1 to 3 mg/kg - SC**
- Blood Transfusion if pcv < 15%



- In all species, treatment regimens for severely
- affected sheep should include blood transfusions
- and antishock preparations. In chronic
- cases and convalescent patients, hematinics
- should be provided



NOVEL ANTI-BABESIA UNDER STUDY

- Triclosan
- Nerolidol
- Artesunate
- Epoxomicin
- Gossypol
- Atovaquone



DISEASES WITH HEMOGLOBINURIA



- Babesiosis
- Post parturient hemoglobinuria
- Bacillary hemoglobinuria
- Leptospirosis
- Chronic copper poisoning



CLINICAL MANAGEMENT OF ANEMIA

- Blood transfusion
- Pcv > 15 %
- Healthy Donor
- Plasma volume expanders



GAS STERILE

BIOSET

BLOOD TRANSFUSION SET

BATCH NO :
MFG. DATE :
M.R.P Rs :
(Inclusive of all Taxes)
EXP. DATE : 3 YEARS

WITH SEPARATE AIR WAY

NONTOXIC • PYROGEN - FREE • READY TO USE • SINGLE USE

DRUG MFG. LIC. No. 451

MANUFACTURED AND STERILISED BY:



**KALANGAL ROAD, SULLUR,
GOIMBATORE - 641 402.
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STERILE • PYROGEN-FREE • NON-TOXIC
HL HAEMOPACK CPDA 350 ml BLOOD BAG

BLOOD BAGS TO BE USED TO OBTAIN BLOOD BANKS ONLY
Donor Number: _____

Each bag contains 400 ml Anticoagulant Citrate Phosphate Dextrose solution (ACPD) USP for the preservation of 350ml of whole blood

CPDA Acid Phosphate USP	1.29g
Sodium Citrate (anhydrous) USP	1.00g
Mannitol (USP)	1.00g
Adipic acid Phosphate USP	0.02g

CPDA Acid Phosphate USP
Sodium Citrate (anhydrous) USP
Mannitol (USP)
Adipic acid Phosphate USP

CAUTION

- Do not store between 1°C and 5°C
- Check seals before transfusion
- Do not add medications to the blood
- Do not filter through any filter
- Do not use if there is any visible sign of leakage or deterioration in the bag or solution
- Do not use if there is any visible sign of leakage or deterioration in the bag or solution
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Collected & Typed by: _____

LOT: _____ Batch No: _____

Mfg. Date: _____

Exp. Date: _____

Max Retail Price: _____
(inclusive of all taxes)

Manufactured by
Hill Lifecare Limited
HILL LIFE CARE PVT. LTD.
TIRUVANANTHAPURAM - 686 017,
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- Use 1 mL of anticoagulant (CPDA-1/ACD) for every 7 mL of blood

- Heparin - 5 U per mL of blood .



ACD solution

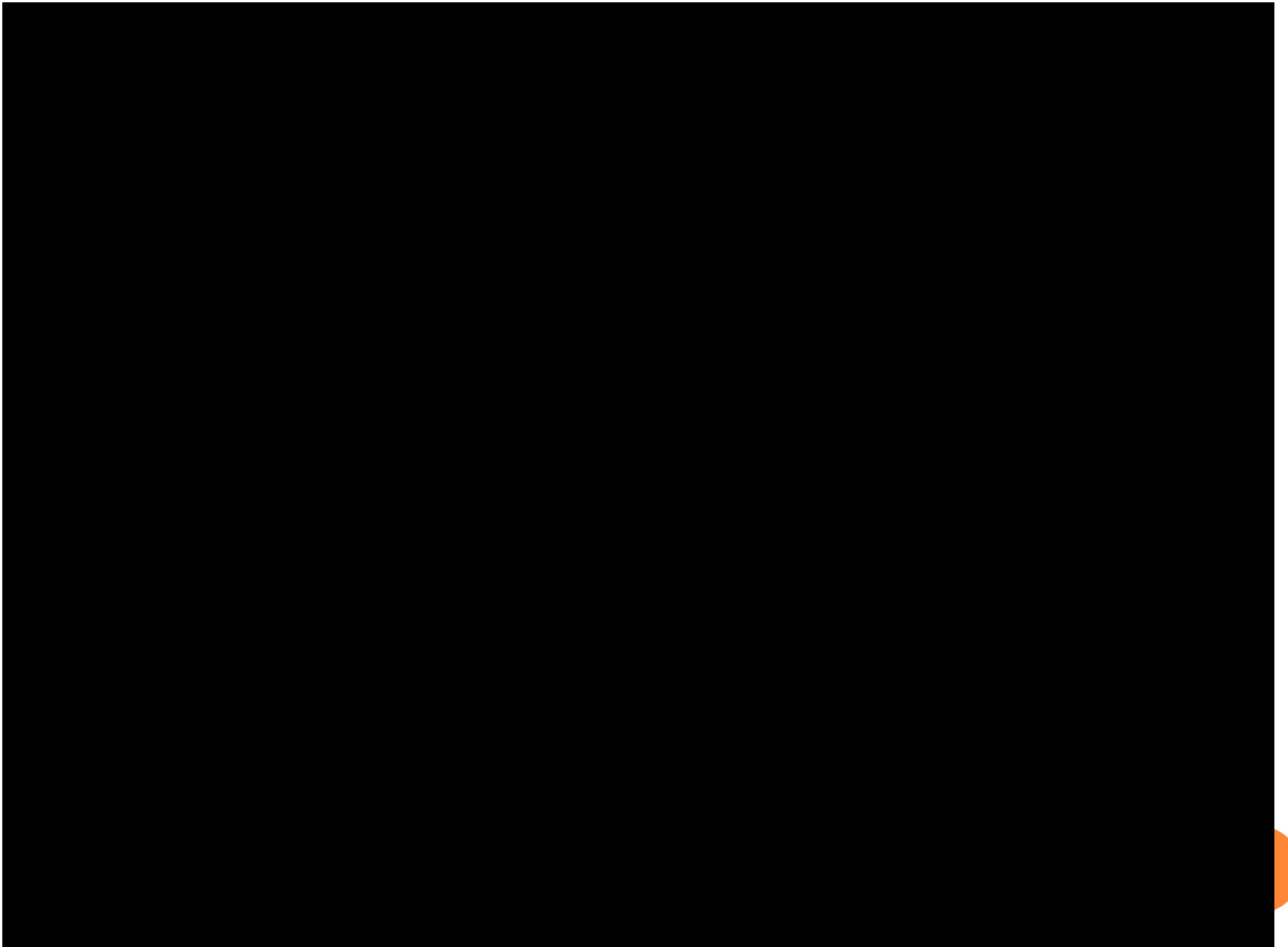
- Anti coagulant, preservative in which blood is stored @ 1 – 4* C
- Tri-sodium citrate= 2.2 gram
- Citric acid = 0.8 gram
- Dextrose = 2.5 gram
- Water to = 100ml
- ph = 5.5
- 67.5 ml of ACD solution mixed with 420 – 450 ml of blood
- Blood can be stored for *21 days* only

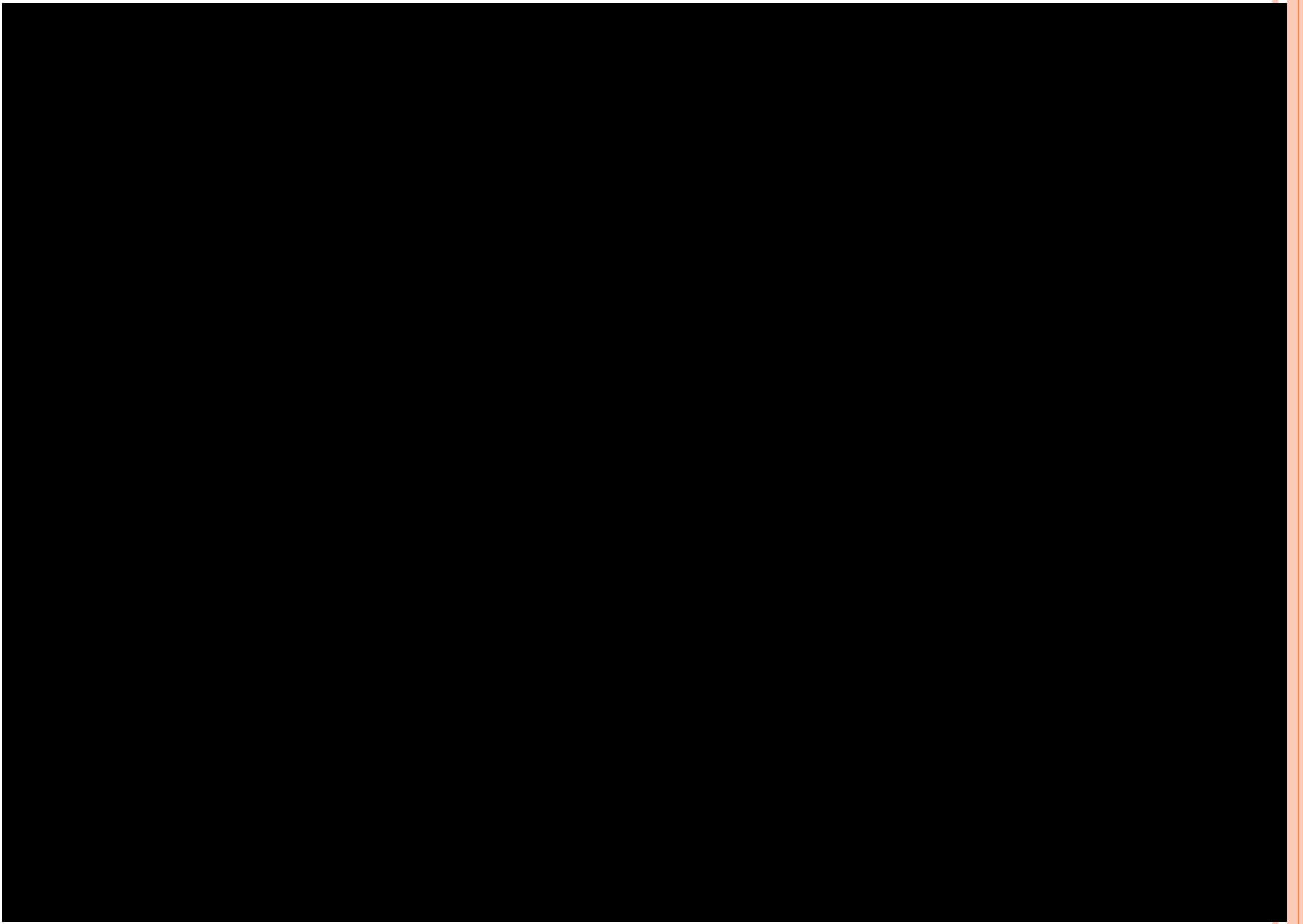


If the blood is for immediate use

- **Di-sodium Ethylene Diamino Tetra Acetate (Na_2EDTA) @ 100mg in 10ml distilled water/500ml blood.**
- **Sodium Citrate as 3.8% solution @50ml/500ml blood.**
- **Heparin as 1% solution @ 50 ml/500ml blood.**

Product	Collection	Storage	Component
Fresh Whole Blood	From donar	8 hrs in room temp	RBC, Plateletes, WBC < Clotting factors, Plasma protein
Stored Whole Blood	More than 8 hrs from donar	2-6 c 28-35 days	RBC
Packed RBC		2-6 c 28-35 days	RBC





WATCH FOR REACTIONS !!!!!!!

- Swelling in Eye lids
- Cough
- Urticaria
- Restlessness
- Tachycardia
- Salivation
- Hemoglobinuria



Trypanasomiasis

- Wet film examination
- Blood smear
- Limb edema?
- Hypoglycemia?
- Nervous signs
- Anemia
- Corneal opacity?



Disease	Tryps sp	Vector
Nagana or African trypanosomosis (most mammals)	<i>T. brucei brucei</i> <i>Glossina</i> spp. <i>T. congolense</i> Other <i>T. vivax</i> <i>T. simiae</i>	Biting flies
Surra (horses, camels, buffaloes)	<i>T. evansi</i>	Biting flies
Nonpathogenic (cattle and sheep)	<i>T. theileri</i> <i>T. melophagium</i>	Biting flies
Humans Rhodesian sleeping sickness	<i>T. brucei rhodesiense</i>	<i>Glossina</i> spp.



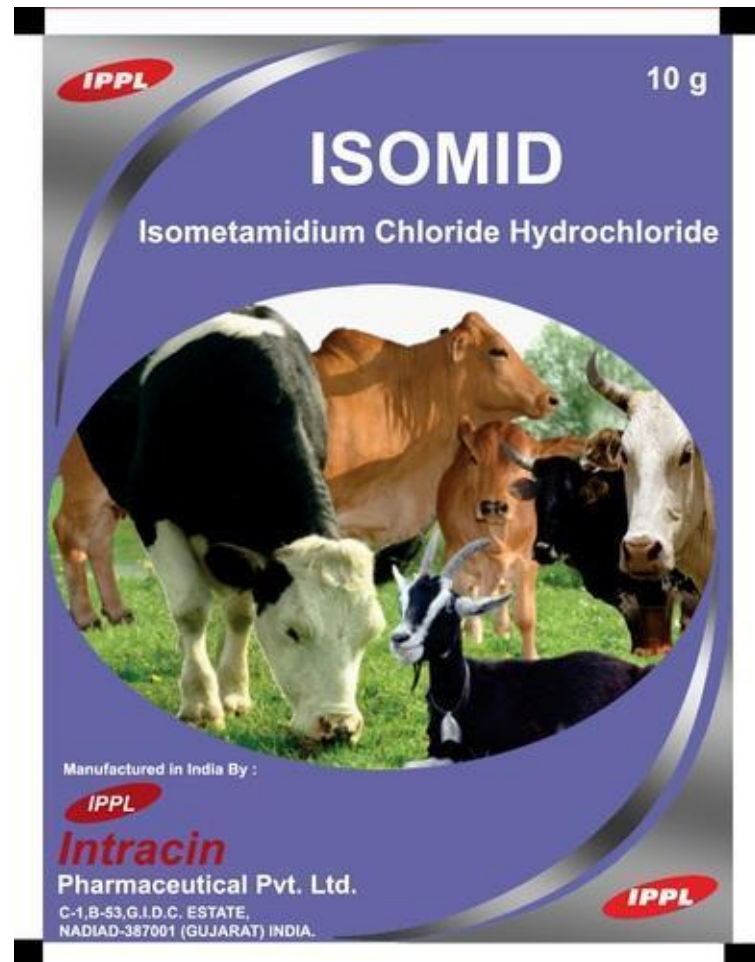
TREATMENT

- Diminazene aceturate @ 3.5–7 mg/kg IM
- Homidium chloride/bromide @ 1 mg/kg IM
- Isometamedium chloride @ 0.25–1 mg/kg IM for ruminants
- Quinapyramine sulfate (Antrycide) @ 5 mg/kg SC for equines and ruminants
- Suramin (Antrypol) @ 10 mg/kg IV for equines, (camelids, 2–3 times weekly)



ISOMETAMIDIUM

- Preferred drug against *T. vivax* and *T. congolense* in ruminants.
- It is used both as curative and prophylactic drug @ 0.25 to 1 mg/kg IM.



CONTROL

- Isometamedium chloride @ 2 mg/kg IM
- Homidium chloride/bromide @ 1 mg/kg IM
- Prothridium @ 2 mg/kg IM
- Antrycide prosalt @ 7.4 mg/kg SC
- Antrycide/Suramin complex @ 35 mg/kg SC



- For PCR detection, blood or buffy coat is spotted on Whatman filter paper (Whatman No. 4) stored at room temperature and sent to the appropriate laboratory



Trypanosomiasis

- Inj. Berenil IM
- Inj. Quanapyramine Sulphate
- Inj. Quanapyramine Chloride
2.5gm SC



TREATMENT -SURRA

- T.evansi
- Quinapyramine sulfate – camels
- Diminazene aceturate (Berenil) - Horses.
- Melarsomine hydrochloride IM
 - Camels @ 0.25 mg/kg BW
 - Cattle @ 0.5 mg/kg BW.



TRYPS

BUFF, CATTLE SMALL RUMINANTS

- Diminazene aceturate @ 3.5–7 mg/kg IM



- Second injection 5 days later 7 mg/kg IM

If treatment ineffective

- Isometamidium chloride 0.5mg/kg deep IM



- DA treatment is not efficient in the case of nervous infection
- Another alternative is the treatment of horses with quinapyramine sulphate and chloride (curative and chemoprophylactic effect), which provides durable protection to the animals.



THANK YOU

