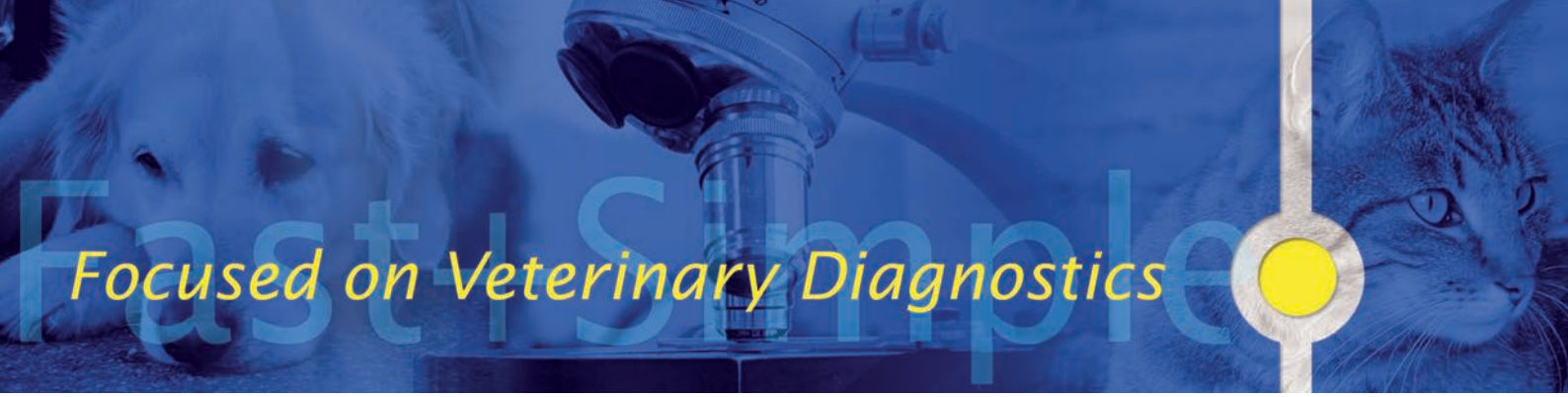


*FAS*Test® LYME ad us. vet.

LYME borreliosis – most frequent tick transmitted disease of the dog

Fast test for the qualitative detection of **antibodies against *Borrelia burgdorferi*** sensu lato (*B. b.* sensu stricto, *afzelii* and *garinii*) in whole blood, plasma or serum of the dog

Fast indirect detection

At clinical suspicion
(fever, lymphadenitis, arthritis, changing lameness)

Identification of asymptomatic carriers

Early initiation of therapy measures

Routine testing before LYME vaccination

- Simple test procedure with whole blood, plasma or serum
- Fast test interpretation after 15 minutes
- Reliable clinical diagnostics
- Sensitivity 90 % & Specificity 98.6 %
- Storage at room temperature (15-25° C)
- Long shelf life
- Compact test box with 2 or 10 tests

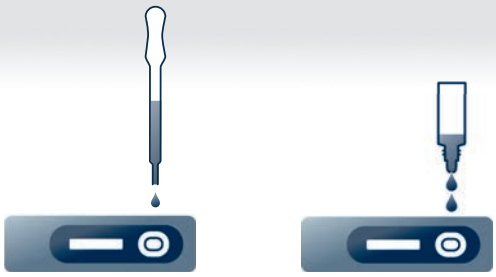
*FAST*est® LYME ad us. vet.

Borreliosis caused by the borrelia species *Borrelia burgdorferi* sensu lato (*B. b.* s. l. genospecies *B. b.* sensu stricto*, B. garinii, B. afzelii*) is a worldwide spread infectious disease in dogs, other animals and in humans. Borrelia transmitting ticks (*Ixodes ricinus*, castor bean tick) are infected up to 30 % with borrelia. In dogs from endemic areas, the antibody prevalence (up to 95 %) correlates with dog ownership, dog's outdoor time and sucking time of the ticks.

The definitive in-clinic diagnosis "Lyme borreliosis" is often complex and can only be done by an analytical view combining many details like case history, clinical symptoms (e.g. lethargy, exhaustion, fever, swollen lymph glands, switching lameness, arthritis and neurological disorders) and especially by laboratory diagnostics. A successful therapy is based on an early detection of symptoms (first signs 2 to 5 months after tick exposition). Antibody detection (IgM before IgG) succeeds earliest in week 4 to 6 after tick exposition, after 3 months the antibody level is highest. A titre increase (seroconversion) is always seen before clinical signs of lameness and fever. Therefore, a negative test in an animal with clinical symptoms can rule out an acute borreliosis.

For the detection of antibodies, a two-step diagnostics is known to be golden standard. First step starts with an in-clinic IgM/IgG antibody screening test like ***FAST*est® LYME**. Due to the fact that dogs from endemic areas show antibodies against *B. b.* s. l. on principle, a positive ***FAST*est® LYME** only means contact with borrelia in the past, not always implying an active lyme borreliosis. A determination whether the antibody titre is caused by antibodies due to vaccination or due to a natural infection is only possible by repeatedly running Western Blot tests (second diagnostic step). Based on highly specific, recombinant *B. b.* s. l. antigens, the early detection of *B. burgdorferi* sensu lato IgM and/or IgG antibodies via ***FAST*est® LYME** is an additional important diagnostic tool to assure the diagnosis "borreliosis".

Test procedure



Test interpretation

With a positive ***FAST*est® LYME**, a laboratory confirmation test (second diagnostic step) like indirect immunofluorescence test (**MegaFLUO® BORRELIA** canis + **MegaELISA® BORRELIA**) or better a Western Blot (**MegaBLOT® IgM/IgG BORRELIA** canis) should be done to determine the end titre or the borrelia specific antigen pattern, respectively.

To get any information whether the sucking tick is infected with *Borrelia* spp., ***FAST*est® BOR in TICK** is recommended.

Dogs coninfected with *Anaplasma phagocytophilum* have a twice as high risk to develop a clinic borreliosis, therefore a titre determination via **MegaFLUO® ANAPLASMA** ph is recommended.

Infections like leishmaniosis, ehrlichiosis, babesiosis, borreliosis a.s.o. are accompanied with increasing CRP (C-reactive protein) values. With unclear symptoms, ***FAST*est® CRP** canine can give additional hints on an underlying inflammatory event.

Distribution:

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