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Therapeutic management of acute hepatic dysfunction due to canine ehrlichiosis

Prashant Verma, Niddhi Arora, Jyoti Chanda Kalita, Amit Prasad,
Anand Kumar Singh and Rashmi Goswami

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Abstract

Infection with *Ehrlichia canis* is indicated by anaemia, an initial fever, anorexia, significant weight loss, black urine, hepatomegaly, and splenomegaly in canines. A 6-year-old golden retriever dog was presented with a history of fever, anorexia, dullness, reduced water intake, increased panting, lethargic behaviour which revealed pyrexia of 104 °F, swollen lymph nodes, tachycardia and tachypnoea on clinical exam. Blood smear examination revealed presence of morula of *E. Canis*. Hematobiochemistry revealed anemia, thrombocytopenia increased ALT, ALP, AST and BUN parameters. Hepatomegaly was observed as radiographic finding. Therapeutic management was done with Tab. Doxycycline @ 5 mg/kg B.W. PO BID for 28 days and additionally Silymarin @ 2tsp BID PO and tab. Ursodeoxycholic acid @ 15 mg/kg PO OD as a therapy for hepatic damage. Blood smear tested negative for *Ehrlichia canis* 28 days post treatment.

Keywords: *Ehrlichia*, lymph nodes, hepatomegaly, thrombocytopenia, doxycycline

Introduction

Canine ehrlichiosis is a tick-borne infection which is mainly caused by *Ehrlichia canis*, a gram-negative intracellular bacterium that mainly infects monocytes, macrophages and neutrophils (Mylonakis and Theodorou, 2017) [9]. The infection is mainly transmitted by red dog tick known as *Rhipihephlus sangueneus* (Dhavalagi *et al* 2021) [5]. The disease is often referred to as tropical canine fever and is endemic in countries like India (Mittal *et al.*, 2017) [8] where it is most likely to occur in summer followed by rainy and winter season respectively (Kottadamane *et al.*, 2017) [6]. Diagnosis of the infection can be done by the presence of morula in monocytes and lymphocytes during blood smear examination (Rahamin *et al.*, 2021) [11]. Other diagnostic tests include indirect fluorescence antibody test and enzyme linked sorbent assay. Moreover, indirect fluorescence antibody test in gold standard test for diagnosis of canine ehrlichiosis (Kottadamane *et al.*, 2017) [6]. Ehrlichiosis in dogs progresses in three stages: Subacute acute and chronic manifesting a variety of clinical signs (Bhadesiya and Raval, 2015) [2]. In general, clinical symptoms includes anaemia, an initial fever, anorexia, significant weight loss, black urine, hepatomegaly, and splenomegaly (Barman *et al.*, 2015) [4]. Effective treatment of spontaneously occurring ehrlichiosis in dogs is based on a better understanding of the fundamental pathophysiology and changes in organ function. (Bhadesiya and Raval, 2015) [2]. The disease usually affects dogs but genotype of *E. canis* is also reported in humans (Bouza *et al.*, 2017) [3] thus making it an important disease.

Case presentation

A 6-year-old female golden retriever dog weighing about 32 kg was presented to Dr. I. P Singh Teaching veterinary Clinical complex, college of veterinary and animal sciences, Pantnagar with a history of ticks, fever, anorexia, dullness, reduced water intake, increased panting, lethargic behaviour since 15 days. The dog was previously treated with amoxicillin, chlorpheniramine maleate (Avinil vet®) and NSAIDs but had not shown any improvement. Clinical examination revealed fever 104 °F, swollen prefemoral and submandibular lymph nodes, tachycardia (170bpm) tachypnoea (48/min). Blood samples were collected for blood smear examination and evaluation of hematobiochemical parameter.

Corresponding Author:

Prashant Verma

M.V.Sc., Scholar, Department of
Veterinary Medicine, College of
Veterinary and Animal Sciences,
G.B. Pant University of
Agriculture and Technology,
Pantnagar, Uttarakhand, India

Blood smear examination revealed presence of morula of *E. canis*. Hematobiochemical examination demonstrated a lowered haemoglobin count, TEC, thrombocytopenia and increased level of alanine amino transferase (ALT), alkaline phosphatase (ALP), aspartate amino transferase (AST) and blood urea nitrogen (BUN). Radiological examination on lateral view manifested hepatomegaly. Based on above findings the dog was diagnosed with canine ehrlichiosis.

Table 1: Haemato-biochemical changes in blood parameter of dog both before and after treatment

Blood Parameter	Before Treatment	After Treatment	Reference Value
Haemoglobin (g/dl)	9.7	11.94	12-18
PCV (%)	29.8	39.64	37-55
TEC (10 ⁶ /μl)	4.98	7.42	5.5-8.8
TLC (10 ³ /μl)	14.62	12.25	6-17
Neutrophils (%)	68	62	60-76
Lymphocytes (%)	25	24	12-30
Eosinophils (%)	3	2	2-10
Monocytes (%)	2	2	3-10
Thrombocytes thou/mm ³	128	286	200-500
Total bilirubin mg/dl	0.36	0.2	0-0.3
ALT U/L	176	79	10-109
AST U/L	75	46	9-49
ALP U/L	218	108	21-170
Total Protein g/dL	5.08	5.5	5.4-7.5
Albumin g/dL	1.6	2.8	2.3-3.1
Globulin g/dL	3.48	2.7	2.4-4.1
A: G	0.54	1.03	0.6-1.3
Creatinine mg/dl	1.5	1.1	0.5-1.7



Fig 1: Lateral radiograph indicating hepatomegaly

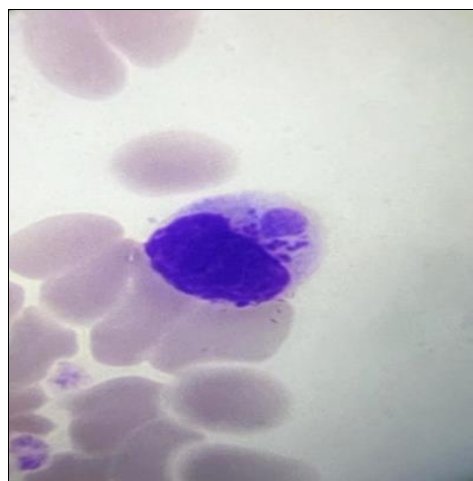


Fig 2: Morula of *Ehrlichia canis* under microscope (1000X)

Treatment and Discussion

Treatment was started with Tab. Doxycycline @ 5 mg/kg body weight orally twice daily for 28 days. Additionally, syrup Sylimarín @ 2tsp orally twice daily and tablet Urosdeoxycholic acid @ 15 mg/kg orally daily were prescribed to revert the hepatic damage. Injection Meloxicam @ 0.2 mg/kg body weight intra muscularly daily for 2 days, infusion NSS @ 20 ml/kg body weight intravenously for 2 days, injection pantoprazole @ 1 mg/ kg body weight intravenously for 2 days were administered as supportives. Body temperature returned to normal on 3rd day of treatment and the dog showed eventful recovery following treatment. Hematobiochemical parameters were normal and blood smear was negative for *Ehrlichia canis* 28 days post treatment.

Discussion

Canine ehrlichiosis is a canine tick-borne infection that is prevalent all over the world. Clinical manifestations of acute infection of *Ehrlichia canis* include anorexia, fever, depression, lymphadenopathy, depression and loss of body weight (Kasondra *et al.*, 2017) ^[7]. Similar clinical manifestations were observed in this study. Decreased Hb and TEC levels might be due to petechial haemorrhages or bone marrow hypoplasia because of parasites that result in diminished generation of blood cellular components (Rao *et al.*, 2022) ^[12]. Thrombocytopenia is hallmark of infection and might be related to a drop-in platelet circulating half-life, platelet inefficiency, generation of anti-platelet antibodies, and an increase in platelet destruction (Roopali *et al.*, 2018) ^[15]. Main clinical manifestation of acute canine ehrlichiosis includes symptomatic hepatitis (Mylanokis *et al.*, 2010) ^[10]. Increase in liver enzymes such as ALT, AST and ALP might be due to damage to liver membrane due to infiltration of mononuclear cells (Bai *et al.*, 2017) ^[1]. Decrease in total protein and albumin might be due to decreased production of protein as a result of hepatic damage or glomerulonephritis or might be due to loss of plasma protein due to vasculitis caused by *Ehrlichia canis* (Singh *et al.*, 2021) ^[17]. Increased blood urea nitrogen might be due to affection of kidney due to glomerulonephritis due to infection (Silva *et al.*, 2016) ^[18]. Similar Hematobiochemical findings were observed by Rao *et al.*, 2022_a ^[13]; Roopali *et al.*, 2018 ^[15]. Doxycycline is often regarded as medicine of choice for *Ehrlichia canis* infection in dogs. (Sharma *et al.*, 2015) ^[16]. Tetracycline hydrochloride, oxytetracycline, minocycline, imidocarb chloramphenicol are some other medicines with recognised effectiveness against *E. canis* (Rao *et al.*, 2022) ^[12]. This case study suggests that doxycycline has a satisfactory response in canine ehrlichiosis which was in accordance with Reddy *et al.*, (2015) ^[14].

Conclusion

The treatment regimen consisting of Doxycycline, Sylimarín and Urosdeoxycholic acid along with supportive therapy proved to be effective in managing the hepatic manifestations of canine ehrlichiosis. The study highlights the importance of timely and appropriate therapeutic interventions in mitigating the impact of this tick-borne infection on dog's health. Furthermore, doxycycline demonstrated its efficacy as a preferred treatment option for *Ehrlichia canis* infection, validating previous research in this field.

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Author's details**Prashant Verma**

M.V.Sc., Scholar, Department of Veterinary Medicine, College of Veterinary and Animal Sciences. GB Pant University of Agriculture and Technology, Pantnagar, Uttarakhand, India

Niddhi Arora

Professor, Department of Veterinary Medicine, College of Veterinary and Animal Sciences. GB Pant University of Agriculture and Technology, Pantnagar, Uttarakhand, India

Jyoti Chanda Kalita

M.V.sc., Scholar, Department of Veterinary Medicine, College of Veterinary and Animal Sciences. GB Pant University of Agriculture and Technology, Pantnagar, Uttarakhand, India

Amit Prasad

Assistant Professor, Department of Veterinary Medicine, College of Veterinary and Animal Sciences. GB Pant University of Agriculture and Technology, Uttarakhand, India

Anand Kumar Singh

Assistant Professor, Department of Animal Husbandry and Dairying, Sam Higginbottom University of Agriculture, Technology and Sciences, Naini, Prayagraj, Uttar Pradesh, India

Rashmi Goswami

Ph.D. Scholar, Department of Veterinary Medicine, College of Veterinary and Animal Sciences. G.B. Pant University of Agriculture and Technology, Pantnagar, Uttarakhand, India