INFECTIOUS ANEMIA

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Though Eperythrozoon and Hemobartonella have been differentiated morphologically, the resemblance is so close that they may be regarded as the same. Most cases of infectious anemia have been diagnosed in young toms, but perhaps they are also the most numerous group of the cat population. The incidence is probably greater than indicated by the frequency of diagnosis, as low-grade infection does not necessarily produce clinical signs. In clinical cases there may be anorexia and wasting, listlessness and weakness; the spleen may be palpably enlarged. Cats are commonly presented because of abscesses or other concurrent disease. Signs can appear suddenly, and some cats are moribund when presented. There may be fever in early stages, but

subnormal temperature usually precedes death. Diagnosis requires blood examination, at least a carefully prepared stained smear, and preferably an accurate Hb determination as well. Leukocytosis may be found in early cases; changes indicating hemolytic anemia appear after the parasites have been present for some time. Anisocytosis, polychromasia, normoblastosis, and Howell-Jolly bodies are strongly suggestive even if parasites can not be detected.

Eperythrozoa attach mainly to red cells and are most easily seen in thin smears. With Giemsa's stain they appear as faint purple rings or dots, irregularly ovoid or circular; single, clustered, or in short chains simulating rods. At the height of infection 50% of RBC's may be infected, but in carriers only 1:1000 or less. Organic changes are few, perhaps enlarged spleen and lymph nodes, and hyperplastic marrow. The means of transmission is uncertain. Ectoparasites may play a role, or cat bites, congenital infection may be possible. After injection of infected blood the incubation period is usually 10 to 15 days. The course is 2 to 3 weeks and the prognosis is grave except in obviously mild cases. Blood transfusion may be necessary to save life and undoubtedly assists recovery in less serious cases. The parasites are susceptible to organic arsenicals and tetracyclines. The former are more effective but also more toxic. Prolonged treatment may be necessary. Chloramphenicol, penicillin, and streptomycin are not effective, at least *in vitro*. Whether recovered cats may suffer future attacks is not certain.

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