MiraVista
VETERINARY DIAGNOSTICS

HC
Histoplasma

Anti-*Histoplasma* Antibody Testing Assists with Clinical Decision Making in the Diagnosis and Management of Feline Histoplasmosis

MVISTA® *Histoplasma* Feline IgG Antibody EIA

CASE PRESENTATION:

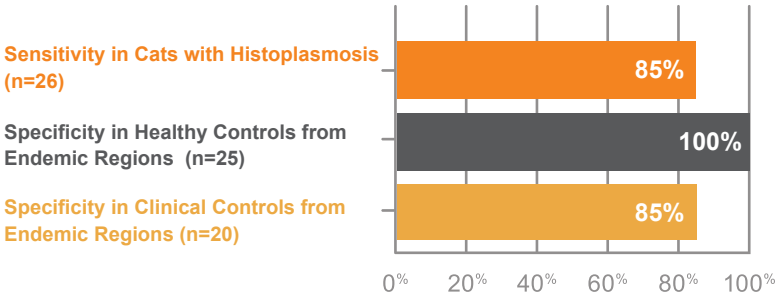
A 5-year-old DSH from south Texas had been treated two years prior for chronic diarrhea due to histoplasmosis. At that time, *Histoplasma capsulatum* yeasts were identified on histopathology. The DVM was concerned about a relapse of the disease since similar clinical signs had been recently observed, although he also considered other differential diagnoses as the cause of current diarrhea. Urine *Histoplasma* antigen test result was very low positive (<0.4 ng/mL). This result has a low positive predictive value, as it is just above the assay cutoff; therefore, such a result may be viewed as "equivocal." Serum from this cat was submitted for the *Histoplasma* Feline IgG antibody EIA, and anti-*Histoplasma* antibody was moderately positive (38 EIA units). The combination of low positive antigen and moderately positive antibody was evidence of ongoing histoplasmosis.

Challenge

- MVista® *Histoplasma* Feline IgG Antibody EIA has fast turnaround time and is semi-quantitative (results reported in EIA units [EU] from 10-80+ EU)
- Although IgG could be retained for several years after infection, moderate-high positive antibody values are not typically observed long-term with successful treatment
- When urine antigen results are equivocal low positive or suspected to be false negative, the presence of anti-*Histoplasma* IgG provides support for active infection

The MVista® Advantage

Preliminary unpublished studies using MVista® *Histoplasma* Feline IgG Antibody EIA :



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MVista® *Histoplasma* Feline IgG Antibody EIA

TEST CODE: 328

CLINICAL SIGNIFICANCE: IgG antibodies to *Histoplasma* antigen appear to be associated with active infection, especially in cats with moderate to high positive (20 EU or greater) results. Antibodies may also be detected in a small percentage of healthy cats from the endemic area as a result of sub-clinical infection within the last 2 years. IgG may be detected in histoplasmosis cases with falsely-negative antigen results (especially with localized disease or chronic infection) and combined antibody and antigen testing increases the overall sensitivity. Intermediate results (8-9.9 EU) typically reflect either rising or falling IgG, and retesting the patient in several weeks may be beneficial.

SPECIMEN COLLECTION:
• Serum: Collect serum specimens in a serum separator or red top tube. Allow blood to clot for 30 minutes, then centrifuge. Pipette serum into a plastic screw cap vial for shipment, is preferred. If plastic screw cap vial is not available, ship in specimen collection tube.
• CSF: Sterile transport tube

MINIMUM SPECIMEN REQUIREMENTS
• Serum: 0.25mL

SPECIMEN STABILITY:
• Refrigerated: 14 Days
• Frozen: 14 Days

SPECIMEN REJECTION: Any specimen type >14 days old other than serum or CSF. For specimen submissions that do not meet these criteria, please call Customer Service

TRANSPORT TEMPERATURE: Refrigerated/Frozen

SHIPPING: Ship on dry ice for Monday – Friday, next day delivery. Frozen ice packs may be substituted if specimen is shipped theday of collection.

TURNAROUND:
Testing is performed on Mondays & Thursdays
Serum or CSF: Next Day

REFERENCE RANGE: Negative

INTERPRETATIVE INFORMATION:
• Negative: <8.0 EU
• Indeterminate: 8.0 - 9.9 EU
• Positive: 10.0 EU - 80.0 EU
• ALQ: >80.0 EU

METHODOLOGY: Semi-Quantitative Indirect Enzyme Immunoassay

LIMITATIONS:
~1/3 of patients with blastomycosis or coccidioidomycosis will exhibit cross reactivity. The reference range and other method performance specifications have not been established for this test in CSF. The test results should be integrated into the clinical context for interpretation.