



Quick reference guide/review for canine and feline heartworm and testing protocols.

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CANINE HEARTWORM TESTING:

Heartworm prevention should be given on a year-round basis every 30 days.

Monthly prevention eliminates the heartworm larvae that have accumulated in the subcutaneous tissues for the previous 30 days. After 52 days these larvae become immature adults and prevention becomes less effective.

Missing 2 monthly doses can result in immature worms entering circulation. Pathology changes can occur in the pulmonary arteries by the third month.

Heartworm antigen testing (snap test) cannot detect infection until about 6 months post-infection. The antigen is testing for the presence of adult female heartworms.

The prevalence of heartworm in your region may influence your recommendations.

Recommendations:

Missed dose/lapse in prevention for 1-5 months = Restart prevention immediately and perform heartworm test 6 months past first missed dose. Continue to screen yearly.

Missed dose/lapse in prevention >6 months = Perform antigen snap test PRIOR to restarting prevention. Repeat test 6 months after restarting prevention. Continue to screen yearly.

What to do if the client declines prevention or heartworm testing? Recommend they sign the AVMA decline form and attach to their file:

https://d3ft8sckhnqim2.cloudfront.net/images/pdf/AHS_HW_Preventive_Waiver_7-8-2020.pdf?1594242860

What to do if a dog tests antigen positive? Confirm the positive antigen result at the reference lab or with a second antigen test. Screen for microfilaria.

Reference: <https://www.heartwormsociety.org/images/pdf/2018-AHS-Canine-Guidelines.pdf>



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FELINE HEARTWORM

Cats can become infected with heartworm; however they are less susceptible hosts when compared to dogs.

Generally, 1-2 worms are present and about 1/3 of infections are single sex making antigen testing (detecting female worms) difficult. Infection rates in cats are generally about 5-15% of the rate when compared to the dog population in an area.

Many cats show no clinical signs but some will have vague respiratory (coughing, increased respiratory effort, tachypnea), gastrointestinal (vomiting), or sometimes neurologic symptoms.

Heartworm testing can be difficult but consists of antigen testing, antibody testing, thoracic radiographs, cardiac ultrasound.

Adulticide (melarsomine dihydrochloride) use is not recommended. Treatment consists of allowing spontaneous cure to occur while offering supportive treatment as necessary, surgery can also be considered.

Monthly prevention given year-round should be recommended for all cats living in endemic areas.

<https://d3ft8sckhngim2.cloudfront.net/images/pdf/2014-AHS-Feline-Guidelines.pdf?1425399092>