**Bartonella spp & Splenic Disease**

An 8-year-old spayed Labrador retriever was presented for limping, fever (105.7°F [40.9°C]), vomiting, and malaise. Neck pain and temporalis muscle wasting was noted on examination. Leukocytosis, neutrophilia, monocytosis, and eosinopenia were noted on CBC. Penicillin and dexamethasone were administered, after which rectal temperature decreased to 101.3°F (38.5°C). Oral doxycycline, metronidazole, and prednisone were prescribed at discharge. Two days later, the dog was referred to a university hospital with refractory vomiting and fever (105.7°F [40.9°C]).

Additional findings included dehydration, generalized weakness, decreased conscious proprioception, and diarrhea. The dog was hospitalized and administered supportive care, ampicillin–sulbactam, and prednisone. Abdominal ultrasound revealed a nonocclusive splenic vein thrombus and hypoechoic splenic parenchyma. Pyogranulomatous inflammation was identified on aspirate. Exploratory laparotomy with splenectomy was performed and biopsies obtained. Histopathology revealed splenic infarctions, fibrin thrombi, and necrotizing vasculitis. Urine, blood, and joint fluid cultures were negative, as were serologic tests for *Bartonella* spp. Treatment was changed to doxycycline, trimethoprim–sulfamethoxazole, fluconazole, and prednisone. The dog showed improvement within 2 days and was clinically normal by 1 month. Splenic tissue subsequently submitted for *Bartonella* spp PCR identified *B henselae* San Antonio 2 strain. Half of *Bartonella* spp bacteremic dogs have negative antibody titers. Diagnostic confirmation is preferred because of long treatment duration (6 weeks–3 months) and associated cost. Bartonellosis should be considered as a differential diagnosis for dogs with vasculitis and thromboembolism, especially associated with the spleen.

**Global Commentary**

Splenic diseases are commonly encountered in small animal practice, with splenectomy often performed and hematoxylin and eosin stains carried out for histopathology assessment. Unfortunately, further diagnostics are generally not done and true diagnoses are often not made. This case report highlights the importance of looking for a specific splenic disease. *Bartonella* spp—an erythrocytic, endotheliotropic bacteria—could contribute to vasculitis and thrombosis. As the spleen is a well-vascularized organ, it would seem logical that *Bartonella* spp can contribute to splenic disease. Bartonellosis should thus be considered in cases of inexplicable splenic pathology (eg, unexplained splenomegaly, infarction, pyogranulomatous splenitis, vasoproliferative or vasoocclusive disease).

—Remo Lobetti, BVSc, MMEdVet (Med), PhD, DECVIM (Internal Medicine)

**Source**


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