### Blastomycosis



# MiraVista V

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### Discussion

- 1. Epidemiology
- 2. Clinical Findings
- 3. Pathology & Culture
- 4. Biomarkers
  - Antigen
  - Antibody
  - DNA









#### Blastomycosis



## Blastomyces

- Cryptic species
  - Blastomyces dermatitis
  - Blastomyces gilchristii
- Other species
  - B. helicus
- Infection = Inhalation of spores
  - Not contagious

A CASE OF PSEUDO-LUPUS VULGARIS CAUSED BY A BLASTOMYCES.

BY T. CASPAR GILCHRIST, M. R. C. S., AND WILLIAM ROYAL STOKES, M. D., BALTIMORE.

(From the Pathological Laboratory of the Johns Hopkins University and Hospital.)



### Prevalence, distribution, and risk factors for canine blastomycosis in Michigan, USA

#### Leslie and [

D. \*Un

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#### Epidemiologic study of canine blastomycosis in Wisconsin

The epidemiology of blastomycosis in dogs: north central Wisconsin. USA

A case-control study of sporadic canine blastomycosis in

#### Temporal and spatial distribution of blastomycosis cases among humans and dogs in Illinois (2001–2007)

Geographic information system analysis of blastomycosis

in northern Wisconsin, USA: waterways and soil

РН;

hD

dennis J. Baumgardn Anne M. Baumgardn PREVALENCE AND INCIDENCE STUDIES OF HUMAN AND CANINE BLASTOMYCOSIS

#### Effects of season and weather on blastomycosis in dogs: Northern Wisconsin, USA

Prevalence and geographic distribution of canine and feline blastomycosis in the Canadian prairies

IBER§

Jennifer L. Davies, Tasha Epp, Hilary J. Burgess

Tennessee, USA

THOMAS CHEN\*, ALFRED M. L

### **Environmental Risks**

• Niche

- Organic matter, moisture, acidic/sandy soil

• Wet / dry cycle

Living within ½ mile of water

- Disruption of soil
  - Excavation, tilling, etc.



## Signalment

Dogs w highest environmental risk

#### Dog>>Cat

- 1/3 reported cats indoor only
- Slight Male predisposition
- Often <7 years</p>
- Sporting & Hunting breeds
  - Predisposed breeds:
    - Cocker spaniel, Doberman, Weimaraner, English spaniel, coonhounds, pointer, Lab, Golden, Brittany





| Pathogen                       | Host      | Common Organs   | Common Clinical Signs  |
|--------------------------------|-----------|---|--|
| Blastomyces                    | Dog>>>Cat | Lung<br>Lymph nodes<br>Eyes/periocular tissues<br>Skin<br>Bones/joints<br>Testicles/prostate (dog)                                  | Anorexia<br>Weight loss<br>Fever<br>Tachypnea<br>Cough<br>Lameness<br>Vision disturbance<br>Cutaneous Lesions                |
| Histoplasma                    | Cat>Dog   | Lung<br>Lymph node<br>Spleen & Liver<br>Eyes/periocular tissues<br>Bone marrow<br>Skin (cat)<br>Bone/joints (cat)<br>GI tract (dog) | Anorexia<br>Weight loss<br>Fever<br>Tachypnea<br>Lameness (cat)<br>Vision disturbance<br>Cutaneous lesions<br>Diarrhea (dog) |
| Coccidioides<br>(valley fever) | Dog>>Cat  | Lung<br>Lymph nodes<br>Skin<br>Eyes<br>CNS<br>Bones/joints<br>Pericardium   | Anorexia<br>Weight loss<br>Tachypnea<br>Cough<br>Lameness<br>Cutaneous lesions<br>CNS signs                                  |

| Pathogen                   | Host      | Common Organs  | Common Clinical Signs  |
|----------------------------|-----------|--|--|
| Cryptococcus               | Cat>>>Dog | Nasal cavity & sinuses<br>Eyes & periocular tissues<br>Lymph nodes<br>Skin<br>CNS<br>Abdominal viscera (dog) | Nasal discharge<br>Facial deformity<br>Cutaneous lesions<br>Blindness<br>CNS signs<br>Vomiting, diarrhea (dog) |
| Aspergillus<br>(systemic)  | Dog>>>Cat | Bone/joints<br>Vertebral end plates<br>CNS<br>Kidney<br>Lymph nodes<br>Skin<br>Eyes<br>Abdominal viscera     | Anorexia<br>Weight loss<br>Fever<br>Lameness<br>Vision disturbance<br>CNS signs<br>Cutaneous lesions<br>PU/PD  |
| Aspergillus<br>(sinonasal) | Dog>>Cat  | Nasal cavity & sinuses<br>Orbit<br>CNS   | Nasal discharge<br>Nasal depigmentation<br>Facial deformity<br>CNS signs                                       |

## When to be Suspicious

- 1. Fever unresponsive to antibiotics
- 2. Multisystemic disease
- 3. Nodular/ulcerative skin disease
- 4. Lung disease
- 5. Lymphadenopathy (incl. TB nodes)
- 6. Inflammatory [peri]Ocular disease
- 7. Osteomyelitis
- 8. Prostatitis/orchitis







Chorioretinitis in cat



Anterior uveitis in dog



Retinal detachment in cat



Periocular involvement in cat



Ulcerative lesion in dog



Chronic draining skin lesion in dog



Nodular ulcerative lesions in cat



Tongue lesion in cat



Bone involvement with histoplasmosis, blastomycosis, and coccidioidomycosis.





Diffuse unstructured interstitial pattern with mass-like lesion (arrow) in dog with blasto









Large tracheobronchial lymph nodes in dog with coccidioidomycosis.



Large tracheobronchial lymph nodes in dog with coccidioidomycosis.

## Diagnosis

### Pathology

- Cytopathology LN, skin, bone, airway wash
- Moderate sensitivity ( $\approx$ 70%)
- False (-) w/ low number of organisms
- Not feasible all anatomic locations

#### Culture

- Long turnaround time (>4 weeks)
- Questionable sensitivity ( $\approx$ 35%)
- Risk to lab personnel





Blastomyces: Extracellular yeast with double refractile wall and broad-based budding



Cytology images courtesy of Dr. Jeff Powers.



Histoplasma: Multiple intracellular yeast with small clear capsule and eccentrically placed dark staining nuclei



Coccidioides: Multiple variably sized yeast, large spherules with endospores that rupture



Cryptococcus: Extacellular yeast with large clear capsule



Aspergillus: Narrow, septated, acute angled branching, globuse ends

# Utility of diagnostic tests for and medical treatment of pulmonary blastomycosis in dogs: 125 cases (1989–2006)

Laura J. Crews, DVM, MS; Daniel A. Feeney, DVM, MS, DACVR; Carl R. Jessen, DVM, PhD, DACVR; Allison B. Newman, DVM; Leslie C. Sharkey, DVM, PhD, DACVP

| Diagnostic procedure  | No. of<br>dogs tested  | No. (%) with positive results  |
|---|--|--|
| Histologic examination<br>Lung necropsy specimen<br>Lung biopsy specimen<br>Ocular tissue<br>Bone<br>Thoracic mass<br>Cytologic examination<br>Transthoracic FNA<br>Transtracheal lavage fluid<br>Sputum<br>Lymph node<br>Skin<br>Prostate gland<br>Ocular tissue<br>Joint fluid<br>AGID <sup>a</sup> | 22<br>6<br>6<br>3<br>1<br>57<br>39<br>4<br>24<br>32<br>3<br>3<br>2<br>24 | 22 (100)<br>6 (100)<br>6 (100)<br>3 (100)<br>1 (100)<br>46 (81)<br>27 (69)<br>4 (100)<br>19 (79)<br>31 (97)<br>3 (100)<br>2 (67)<br>2 (100)<br>12 (50) |
| Fungal culture  | b  | 2 (33)   |

Multiple diagnostic tests were performed in 69 dogs.

FNA = Fine-needle aspirate. AGID = Agar gel immunodiffusion test.



## **DNA Detection**





## **PCR Limitations**

- Laboratory v Clinical Validation
  - Is DNA expected in sample type?
    - Blood, urine, BALf, CSF, other
  - Diagnostic performance for that sample type in naturally occurring disease?
- Commercially available panels
  - Systemic Mycoses, FUO, Uveitis
  - Diagnostic performance data???



## **PCR Limitations 2**

### Variability

- Laboratory / Platform
- Sample type inhibitors
- Purification / concentration
- Single vs. Multi-copy gene
- Many others
- Colonization v Contamination v Infection

   More pertinent to molds and Candida



#### Urine polymerase chain reaction is not as sensitive as urine antigen for the diagnosis of disseminated histoplasmosis

Yi-Wei Tang<sup>a,b,\*</sup>, Haijing Li<sup>a</sup>, Michelle M. Durkin<sup>c</sup>, Sefers E. Sefers<sup>b</sup>, Sufang Meng<sup>a</sup>, Patricia A. Connolly<sup>c</sup>, Charles W. Stratton<sup>a,b</sup>, L. Joseph Wheat<sup>c</sup>

<sup>a</sup>Department of Medicine, Vanderbilt University School of Medicine, Nashville, TN 37232, USA <sup>b</sup>Department of Pathology, Vanderbilt University School of Medicine, Nashville, TN 37232, USA <sup>c</sup>MiraVista Diagnostics, Indianapolis, IN 46241, USA Received 19 July 2005; revised 22 September 2005; accepted 17 October 2005

#### Table 2

Clinical sensitivity correlates PCR with culture and antigen detection in urine from patients with histoplasmosis and healthy volunteers

| Specimen classification | Healthy volunteers | Histoplasma antigen-positive |
|-------------------------|--------------------|------------------------------|
| All                     | 0/25               | 4/51 (7.8%) <sup>a</sup>     |
| Culture positive        | NA                 | 4/5 (80%)                    |
| Culture negative        | NA                 | 0/46 (0%)                    |
| Antigen 1–19.9 U        | NA                 | 0/24 (0%)                    |
| Antigen >20 U           | NA                 | 4/27 (18.5%)                 |

NA = not applicable.

<sup>a</sup> Number positive by PCR/number tested (PCR positive rate).

## **Antibody Detection**

### • Immunodiffusion (ID)

- Clear agarose gel
- Visual inspection
  - line of immunoprecipitation
- Low complexity



#### Enzyme immunoassay (EIA)

- More sensitive than ID
- Scalable
  - Shorter TAT
    - 2 hours v 3 days
  - Lower cost





## **Antigen Detection**

Enzyme immunoassay (EIA)

Latex agglutination (LA)

 Only used for Crypto GXM
 High performing test



• Lateral flow device – Point-of-care





## **Blasto Antigen**

- Antigen eia
  - Galactomannan (GM)
    - Soluble cell wall polysaccharide
      - continuously shed then replenished
  - Urine
    - 92-94 sensitivity
    - >98 specificity
  - Serum
    - 85-90 sensitivity
    - >98 specificity



#### Antigen and Antibody Testing for the Diagnosis of Blastomycosis in Dogs

D. Spector, A.M. Legendre, J. Wheat, D. Bemis, B. Rohrbach, J. Taboada, and M. Durkin



J Vet Intern Med 2014;28:305-310

### Serum and Urine *Blastomyces* Antigen Concentrations as Markers of Clinical Remission in Dogs Treated for Systemic Blastomycosis

D.S. Foy, L.A. Trepanier, E.J. Kirsch, and L.J. Wheat



| Monitoring Tool                   | Criteria   | Notes   |  |
|-----------------------------------|--|---|--|
| Treatment<br>Duration             | Minimum of 6 months  | <ul> <li>Required duration is often much<br/>longer.</li> </ul>   |  |
| History                           | ≥1-month past resolution of clinical signs   | <ul> <li>Mild exercise intolerance might<br/>persist, most notable in working or<br/>performance animals.</li> <li>Persistent tracheobronchial<br/>lymphadenopathy can cause<br/>cough, requiring concurrent<br/>corticosteroid treatment.</li> </ul> |  |
| Physical<br>Examination           | ≥1-month past resolution of physical exam abnormalities  | <ul> <li>Differentiating active ocular<br/>disease from permanent inactive<br/>change is important.</li> </ul>  |  |
| Imaging Studies                   | ≥1-month past resolution of imaging abnormalities  | <ul> <li>Pulmonary scarring can be<br/>permanent and can cause static<br/>focal unstructured interstitial lung<br/>disease.</li> <li>Radiographic bone lesions should<br/>improve but might never return to<br/>normal.</li> </ul>                    |  |
| MVista® Blasto<br>Antigen (urine) | ≥1-month past no detectable antigen<br>OR<br>Antigen ≤0.4 ng/ml on 2 consecutive rechecks at<br>least 3 months apart | <ul> <li>Most dogs, and essentially all cats, have no detectable antigen at the time of remission.</li> <li>Submit antigen test at diagnosis, every 3 months during treatment, and at 6 months then every 12 months after treatment.</li> </ul>       |  |

Retrospective analysis of the effects of *Blastomyces* antigen concentration in urine and radiographic findings on survival in dogs with blastomycosis





Urine antigen <5 ng/ml – 6m survival = 100%

• Urine antigen  $\geq 5 \text{ ng/ml}$ - 6m survival = 69%



## Blasto Antibody

- IgG Antibody EIA
  - 95 sensitivity
  - 95 specificity
  - Uses:
    - Antigen (-) still suspicious (5-10% cases)
    - Confirm low (+) antigen result
    - Differentiate *Blasto* from *Histo*
- Antibody Immunodiffusion
  - Not recommended- Low Sensitivity
    - 3 published studies:
      - -33/86 = 38%



#### Evaluation of an enzyme immunoassay for antibodies to a recombinant *Blastomyces* adhesin-1 repeat antigen as an aid in the diagnosis of blastomycosis in dogs

Alyssa C. Mourning, DVM; Edward E. Patterson, DVM, PhD; Emily J. Kirsch, BS; Janelle S. Renschler, DVM, PhD; Linda A. Wolf, DVM; Jasmin K. Paris, BVSc; Michelle M. Durkin, MS; Lawrence J. Wheat, MD

|  | San            | nple       |          |          | Sensitivity                    | Specificity                      |
|--|----------------|------------|----------|----------|--------------------------------|----------------------------------|
| Test and group   | Туре           | No. tested | Positive | Negative | interval [%])                  | (95% confidence<br>interval [%]) |
| Quantitative <i>Blastomyces</i> dermatitidis antigen EIA |                |            |          |          |                                |                                  |
| Blastomycosis  | Urine<br>Serum | 21<br>20   | 21<br>20 | 0<br>0   | 100 (80.8–100)<br>100 (80–100) |                                  |
| Nonfungal pulmonary disease                              | Urine<br>Serum | 21         | 1        | 20<br>18 |                                | 95 (74.1–99.8)<br>100 (78 1–100) |
| Histoplasmosis   | Urine          | 8          | 6        | 2        | _                              | 25 (44.5–64.4)                   |
| Healthy controls   | Urine          | 20         | 0        | 20       |                                | 100 (80–100)                     |
| A-antigen antibody AGID                                  | Serum          | 20         | 0        | 20       |                                | 100 (75-100)                     |
| Blastomycosis  | Serum          | 20         | 13       | 7        | 65 (40.8– <mark>84.6</mark> )  |                                  |
| Nonfungal pulmonary disease                              | Serum          | 18         | 0        | 18       |                                | 100 (78.1-100)                   |
| Healthy controls   | Serum          | 20         | 0        | 20       | _                              | 100 (80–100)                     |
| Blastomycosis  | Serum          | 20         | 19       | 1        | 95 (75.1–99.9)                 | _                                |
| Nonfungal pulmonary disease                              | Serum          | 19         | 0        | 19       | _                              | 100 (79–100)                     |
| Histoplasmosis<br>Healthy controls                       | Serum<br>Serum | 8<br>20    | 1<br>1   | 7<br>19  | _                              | 88 (47.4–99.7)<br>95 (68.3–98.8) |

\*Samples from all dogs were not available for testing in every assay as a result of sampling error or miscommunication. From the blastomycosis group, this included 1 dog each lacking results for the serum antigen EIA, antibody EIA, and AGID. From the nonfungal pulmonary disease group, this included missing results for the serum antigen EIA (3 dogs), AGID assay (3 dogs), and antibody EIA (2 dogs). Sera from dogs with histoplasmosis were not assessed with the antigen EIA.

--- = Not applicable.



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| Diagnostic procedure       | No. of<br>dogs tested | No. (%) with positive results |
|----------------------------|-----------------------|-------------------------------|
| Histologic examination     |                       |                               |
| Lung necropsy specimen     | 22                    | 22 (100)                      |
| Lung biopsy specimen       | 6                     | 6 (100)                       |
| Ocular tissue              | 6                     | 6 (100)                       |
| Bone                       | 3                     | 3 (100)                       |
| Thoracic mass              | 1                     | 1 (100)                       |
| Cytologic examination      |                       |                               |
| Transthoracic FNA          | 57                    | 46 (81)                       |
| Transtracheal lavage fluid | 39                    | 27 (69)                       |
| Sputum                     | 4                     | 4 (100)                       |
| Lymph node                 | 24                    | 19 (79)                       |
| Skin                       | 32                    | 31 (97)                       |
| Prostate gland             | 3                     | 3 (100)                       |
| Ocular tissue              | 3                     | 2 (67)                        |
| Joint fluid                | 2                     | 2 (100)                       |
| AGIDa                      | 24                    | 12 (50)                       |
| Fungal culture             | 6                     | 2 (33)                        |

Multiple diagnostic tests were performed in 69 dogs.

FNA = Fine-needle aspirate. AGID = Agar gel immunodiffusion test.

#### Ocular findings in cats with blastomycosis: 19 cases (1978–2019)

Jacok

#### Clinical aspects of natural infection with *Blastomyces dermatitidis* in cats: 8 cases (1991–2005)

CrossMark

& Lawrence

Cutaneous blastomycosis and dermatophytic pseudomycetoma in a Persian cat from Bangkok, Thailand

Ariya Cl Hypercalcemia, and Excess Synthesis of Calcitriol in a Domestic Shorthair Cat

Blastomycosis in indoor cats: Suburban Chicago, Illinois, USA

#### Cerebral *Blastomyces dermatitidis* infection in a cat

Jo R. Smith, MA, VetMB, PhD; Alfred M. Legendre, DVM, MS, DACVIM; William B. Thomas, DVM, MS, DACVIM; Casey J. LeBlanc, DVM, PhD, DACVP; Cathy Lamkin, DVM; James S. Avenell, BVetSci; Jonathan S. Wall, PhD; Silke Hecht, Dr med vet, DACVR

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