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In Chagas disease, gastrointestinal clinical signs are usually not observed in adult dogs because the oral route does not ensure transmission to the intestine [108, 109]. A subclinical infection is common in dogs and is often determined by parasitological or serological tests [106 110, 111]. The most frequent findings in symptomatic dogs are diarrhea, weight loss, and urticaria. The most common form of Chagas disease in humans and domestic animals is the acute form (acute Chagas disease). In this stage of the disease, infected dogs may show classical symptoms, such as fever, anorexia, diarrhea, abdominal pain, and weight loss [107]. The chronic form of Chagas disease is characterized by the occurrence of cardiac failure, megaesophagus, and megacolon in dogs, mainly in adult and senior animals [94]. If the immune system is compromised by some health condition, as was the case for these animals, other infections may then play an important role in the death of the host. The dynamics of immunity is controlled by the number, diversity and distribution of different types of lymphocytes and the T-cell subpopulations in each lymph node (functional or phenotypic) [114]. The diverse immune response generated by the host against T. cruzi infection would result in clinical expression, ranging from systemic infection to non-lethal, or even asymptomatic, subclinical parasitism [115]. Dogs with a history of T. cruzi infection presented higher mean levels of cortisol than those without. However, as the analysis was made separately for dogs with positive and negative ELISA results, we cannot rule out that dogs with false positive results (e.g., because of immunosuppression caused by chemotherapy) may have been enrolled in this part of the study. However, the overall profile of all animals involved in the study was comparable, and some dogs with false positive results died at the time of blood sample collection. Recent studies have confirmed that T. cruzi infection in dogs is frequently subclinical or asymptomatic [87 111]. Thus, dogs with T. cruzi infection alone without other pathologies were enrolled in the study. Dogs with renal insufficiency or concomitant diseases, such as inflammatory bowel disease or malignant neoplasia, were excluded because of insufficient sample availability. To date, no biomarkers are reliable for the detection of T. cruzi chronic disease [121 123].

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The vector of B. bovis (a non-salivarian species) in the Americas is Rh. sanguineus (Diptera: Nycteribiidae) [123]. Parasitologia Clínica Brown Pdf Download The vector of B. caballi (a salivarian species) in the Americas is Rh. sanguineus (Diptera: Nycteribiidae) [124]. Parasitologia Clínica Brown Pdf Download The vector of B. ovis (a salivarian species) in the Americas is Rh. sanguineus (Diptera: Nycteribiidae) [125]. Parasitologia Clínica Brown Pdf Download Other species of Rh. sanguineus also act as vectors of several haemoparasites in the Americas. In particular, this species is the main vector of D. immitis (Eudistoma) in the United States [126], C. fasciculata in Uruguay [127], B. bronchiseptica in Venezuela [128], and A. phagocytophilum in Venezuela [129]. The prevalence of toxoplasmosis and its clinical relevance is still unknown in Brazil, mainly because of scarce researches, in addition to the difficulty to correctly diagnose the disease. The purpose of this study was to determine the prevalence of IgG and IgM anti-toxoplasmosis antibodies (ATA), to evaluate toxoplasmosis prevalence in pregnant women, and to assess the association between toxoplasmosis seropositivity and the potential risk factors for acquiring the infection in the city of Porto Alegre, Rio Grande do Sul State, Brazil. In this study, 676 pregnant women were interviewed by standard questionnaire, and sera were obtained from them for IgG and IgM ATA detection by using an enzyme-linked immunoabsorbent assay. Fifty-four women (8%) were IgM-ATA positive. Anti-toxoplasma IgM seropositivity was related to residence in the suburban and rural zones. Eighty-four percent of pregnant women had IgG ATA of doubtful value and only seven (1.1%) were IgG-ATA positive. The prevalence of toxoplasmosis in pregnant women in Porto Alegre, Rio Grande do Sul, was 1.1%. IgG-ATA positivity in pregnant women was associated with residence in the urban zone. 5ec8ef588b

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