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Mice immunized with rPAC-Omp7-M were able to control the blood parasitemia by day 10 of challenge and by day 15 the parasitemia disappeared after low parasitemia was detected (Figure 3 C). The non-immunized and adjuvant group were more prone to develop acute anaplasmosis. The mice immunized with rPAC-Omp7-M also displayed the same survival rate when compared to the non-immunized group (p

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Clinical and histopathological studies are presented of the disease, including a description of the lesions, based on six cases with histopathological findings and clinical and epidemiological data. Cattle with systemic disease were found dead or had to be euthanized due to severe clinical signs. The necropsy findings in the cases included in this study were: systemic debilitation, hind limb ataxia, postural tremor, corneal opacity, and fetid, deeply ulcerated tissue on the tongue, palate, and udder, involving mild to moderate

diffuse inflammation that was distributed in the lamina propria of the tongue, palate, and udder. Small hard to medium-sized nodules were identified on the mucosal surfaces of the alveoli and throughout all thoracic and abdominal cavities. Gross and histopathological findings allowed diagnosis of bovine necrostrashic eosinophilic cellulitis or, to be more specific, the clinical form of the disease called cutaneous necrotizing eosinophilic cellulitis. In the early stages of the disease, the most common form of the disease in dogs is chronic myocarditis, which can cause a progressive deterioration in heart function [84]. Additionally, dogs can develop bilateral symmetric myocardial hypertrophy and dilatation, with moderate to severe congestive heart failure. Dogs that do not recover after treatment usually die of congestive heart failure, regardless of their age [86, 87]. The signs of the disease can be noticed during the clinical examination, such as reduced or absent activity, weakness, dyspnea, hyporexia, vomiting, diarrhea, anorexia, arched position, abdominal

distension and pain during ultrasonographic evaluations. Dyspnea and tachypnea (panting) are also frequently detected. A cardiac murmur may be occasionally noted [88].

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