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Interceptor® Plus (milbemycin oxime/praziquantel) is indicated for the prevention of heartworm disease caused by *Dirofilaria immitis* and for the treatment and control of adult roundworm (*Toxocara canis, Toxascaris leonina*), adult hookworm (*Ancylostoma caninum*), adult tapeworm (*Diphyllobothrium latum, Dipylidium caninum, Taenia pisiformis, Echinococcus multilocularis, Echinococcus granulosus*), and adult whipworm (*Trichuris vulpis*).

The dog was treated for 8 weeks with oral ciprofloxacin and once-weekly baths with a shampoo containing 3% chlorhexidine gluconate. The skin lesions were completely resolved at 3 and 8 weeks after initial presentation. The authors concluded that shampoos should be handled in a hygienic manner to minimize risk for animals developing postgrooming furunculosis.

**Commentary**

Postgrooming furunculosis is increasingly being recognized as an important clinical entity.¹ ² A recent case report described a dog with postgrooming furunculosis that developed sepsis and multiorgan failure that led to death.³

Many things can cause an acute onset of fever, anorexia, and lethargy, but key clues suggesting postgrooming furunculosis include pain and widespread skin lesions with a predominantly dorsal distribution. Clinicians should always ask about recent bathing, as not all owners will think of this information as important. Hair trichograms should be performed to rule out demodicosis, and cytology should be used to look for intracellular and extracellular rods. The finding of rods on skin cytology from a pyoderma are worrisome, as cocci are the expected finding.—Karen A. Moriello, DVM, DACVD

**References**


**Source**


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**Postgrooming Furunculosis**

A 2-year-old crossbreed German shepherd dog was presented for lethargy, pain, anorexia, and rapidly progressing skin lesions. The lesions, which were predominantly on the dorsal and lateral aspects of the thorax and gluteal region, were compatible with postgrooming furunculosis.

The owner reported that the dog’s lethargy, pain, and anorexia developed within 24 hours of bathing and that skin lesions developed 1 day after the onset of systemic signs. The dog had been bathed in a nonmedicated, over-the-counter shampoo, most of which came from a bottle purchased 7 months previously.

Cytology from an intact pustule showed degenerative neutrophils and macrophages with occasional rod-shaped bacteria. Bacterial culture of the skin and a previously opened shampoo bottle revealed *Pseudomonas aeruginosa*; molecular testing demonstrated that the strains had identical pulse-field patterns. Culture of the newly opened bottle of shampoo, which accounted for a small amount of the shampoo used in the dog’s bath, was negative for bacteria.

The dog was treated for 8 weeks with oral ciprofloxacin and once-weekly baths with a shampoo containing 3% chlorhexidine gluconate. The skin lesions were completely resolved at 3 and 8 weeks after initial presentation. The authors concluded that shampoos should be handled in a hygienic manner to minimize risk for animals developing postgrooming furunculosis.

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**INTERCEPTOR® PLUS**

**(milbemycin oxime/praziquantel)**

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Treatment with fewer than 6 monthly doses after the last exposure to mosquitoes may not provide complete heartworm prevention. Prior to administration of Interceptor Plus, dogs should be tested for existing heartworm infections. The safety of Interceptor Plus has not been evaluated in dogs used for breeding or in lactating females. The following adverse reactions have been reported in dogs after administration of milbemycin oxime or praziquantel: vomiting, diarrhea, depression/lethargy, ataxia, anorexia, convulsions, weakness, and salivation. Please see full product information on page 61.


**Taenia pisiformis, Echinococcus multilocularis and Echinococcus granulosus*. 