

FLASH VetID™ FCV

A shape-shifting virus behind chronic feline oral disease

Fast test for the qualitative detection of RNA of Feline calicivirus (FCV) in conjunctival, nasal, or oropharyngeal swabs of the cat.



35 minutes

TOTAL ASSAY TIME

Detects viral RNA

TEST

Room temperature

STORAGE

12 months

SHELF LIFE
(FROM MFG)

Confirms active shedding

Sample: conjunctival and oropharyngeal swabs (essential), add a nasal swab if secretions are present

Clinical suspicion:

- Oral ulceration of the tongue, hard palate, or nares
- Acute sneezing with serous-to-mucopurulent oculonasal discharge
- Gingivostomatitis and excessive salivation
- Fever, lameness and shifting-leg soreness ("limping kitten syndrome")
- Rapidly progressive facial/limb oedema, high fever, jaundice (suspected virulent systemic FCV – VS-FCV)

Screening / prevention programs:

- New arrivals in shelters, catteries, and multi-cat households before mixing
- Outbreak investigation in group housing at the first sign of oral or respiratory disease
- Pre-breeding and pre-show screening of queens and studs
- Monitoring of chronic carriers implicated in recurring cattery outbreaks



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The Pathogen and Transmission

Feline calicivirus (FCV) is a small, non-enveloped, single-stranded RNA virus of the family Caliciviridae, one of the principal viral agents of feline upper respiratory disease complex ("cat flu") alongside feline herpesvirus-1. FCV exists as a continuum of antigenically diverse strains rather than fixed serotypes, complicating vaccine cross-protection. The virus is shed in oral, ocular, and nasal secretions and spreads via direct contact, contaminated fomites, and short-range aerosols. Unlike enveloped respiratory viruses, FCV is notably resistant in the environment and can remain infectious on surfaces for extended periods.

Species-Specific Manifestations

Most infections present as self-limiting oral and upper respiratory disease, but the clinical spectrum is broad: oral ulceration, gingivostomatitis, sneezing, conjunctivitis, and transient shifting-leg polyarthritis in kittens. A minority of strains cause virulent systemic FCV (VS-FCV), an outbreak-associated syndrome with facial/limb oedema, high fever, jaundice, and high mortality even in previously vaccinated adults. Chronic carriers can shed virus continuously or intermittently for months to years, acting as a silent reservoir in group-housed populations.

The Diagnostic Value Proposition

Because FCV strains are antigenically heterogeneous, antibody- and antigen-based assays are prone to false negatives against divergent field strains. Nucleic acid detection targets conserved genomic regions and reliably identifies current shedding regardless of strain variation. In outbreak settings, a molecular result in minutes supports isolation decisions at first presentation.

+ Positive Result

Confirms active shedding of FCV RNA. The cat should be isolated from other cats and managed according to your infection-control protocol.

– Negative Result

Indicates that FCV RNA was not detected above the assay's limit of detection at the time of sampling. It does not rule out infection in the incubation period, intermittent shedders, or disease caused by co-pathogens. RNA sequence variation could also be a factor.

Gold-standard confirmation

In outbreak contexts, confirm with laboratory RT-qPCR and, where strain characterisation is required (e.g. suspected VS-FCV), sequencing/genotyping of the isolate.

Differential diagnostics

Test in parallel with FLASH VetID™ FHV, FLASH VetID™ C. felis, FLASH VetID™ M. felis, and FLASH VetID™ B. bronchiseptica, as feline upper respiratory disease complex is frequently multi-agent and clinical signs overlap substantially.