

**COMPARATIVE BIOCHEMICAL CHANGES INDUCED BY EXPERIMENTAL INFECTION OF *TRYPANOSOMA CONGOLENSE* AND *TRYPANOSOMA BRUCEI* IN WEST AFRICAN DWARF (WAD) SHEEP.**

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**SUMMARY**

Trypanosomosis is still a major impediment to livestock production in most tropical environments despite various efforts geared towards eradicating the disease. Small ruminants are known to be fully susceptible to pathogenic trypanosome infections, however, studies in small ruminants are still scanty compared to large ruminants. Comparative pathogenicity and biochemical changes in twenty West African Dwarf (WAD) sheep aged between 8-10 months were investigated. Sheep were randomly assigned into groups A and B and experimentally infected with either *Trypanosoma congolense* or *Trypanosoma brucei*. Both species of trypanosomes caused significant but varying degrees of alterations in the biochemical parameters studied. There was a consistent and significant increase ( $P < 0.05$ ) in the levels of total proteins, globulin, fibrinogen, urea, creatinine, sodium, bicarbonate, inorganic phosphate and chloride from day 21 post infection in both groups, and these were sustained till the experiment was terminated. Similarly, the levels of albumin, cholesterol and albumin/globulin ratio progressively decreased ( $p < 0.05$ ) post infection starting from day 28, whereas potassium levels remained unchanged throughout post-infection period. There was a strong positive correlation between total protein and urea in groups A and B ( $r = 0.937$  and  $r = 0.908$ ), respectively as well as between total protein and creatinine in groups A and B ( $r = 0.937$  and  $r = 0.908$ ), respectively. Generally, significantly higher biochemical alterations ( $p < 0.05$ ) in *T. congolense*-infected sheep. It can thus be concluded that trypanosome infection in sheep could lead to significant pathological and functional disorders in vital organs including liver and kidney which may have resulted in the biochemical alterations observed; these being influenced by individual trypanosome species.

**Keywords:** Plasma biochemical changes, ovine Trypanosomosis, experimental infection.

## INTRODUCTION

Small ruminants are an important component of the socio-economic life of rural dwellers particularly in Nigeria where they contribute significantly to livelihood. Animal trypanosomosis is known to cause impediment to livestock production and productivity with a wide distribution in Africa, Asia and Latin America (Krammer 1986; Murray and Dexter 1988; Katunguka-Rwakishaya *et al.*, 1992; Luckins 1992; Van den Bossche 2000; Sam-Wobo *et al.*, 2010; Dede *et al.*, 2013; Ode *et al.*, 2017). The disease is reported to cause serious health problem and humongous economic losses in Nigeria (Olaniyi *et al.*, 2001; Yanan *et al.*, 2007; Fatihu *et al.*, 2009; Anyaegbunam and Okafor, 2013; Isaac *et al.*, 2017). The disease in ruminants is caused by several species of trypanosomes including *T. congolense*, *T. vivax* and *T. brucei* (Silva *et al.*, 1999) with various species and strain of the parasite having great influence on the severity and course of the infection (Connor and Bossche 2004; Auty *et al.*, 2015; Bakari *et al.*, 2017). Many studies have shown that small ruminants particularly sheep are fully susceptible to pathogenic trypanosome infections (Ogunsanmi *et al.*, 1994; Omotainse *et al.*, 2000; Olaniyi *et al.*, 2001; Katunguka-Rwakishaya *et al.*, 2003; Dinka and Abebe 2005; Yanan *et al.*, 2007; Sow *et al.*, 2014; Odeniran *et al.*, 2018; Oyewusi *et al.*, 2019) and such infection had been associated with huge economic losses (Dinka and Abebe, 2005; Kalu *et al.*, 2001; Isaac *et al.*, 2017). In addition, the possibility of small ruminants serving as a potential reservoir for other animals had been reported (Waiswa *et al.*, 2003; Dinka and Abebe 2005, Ngayo 2005; Oyewusi *et al.*, 2019). However, despite several attempts over many decades to control and eradicate animal

trypanosomosis in Nigeria, it still persists as a major animal health challenge causing severe morbidity and mortality in animals (Sonibare *et al.*, 2016; Isaac *et al.*, 2017; Odeniran *et al.*, 2018). Biochemical evaluation is an important diagnosis of trypanosomosis of the functional state of various body systems and organs (Awobode, 2006). Alterations in biochemical parameters which develop sequel to trypanosome infection depend on the species of the trypanosome and its virulence (Anosa 1988; Addisu *et al.*, 2017; Bakari *et al.*, 2017) as well as susceptibility of the host and the period of infection during which the samples are taken (Akinseye *et al.*, 2020). Serum or plasma biochemical changes during trypanosome infection involving single trypanosome infection had been previously studied in small ruminants (Katunguka-Rwakishaya *et al.*, 1997; Omotainse *et al.*, 2000; Biryomumaishe *et al.*, 2003; Katunguka-Rwakishaya *et al.*, 2003; Ogunsanmi *et al.*, 2003; Sanni, *et al.*, 2013), nonetheless, varying and conflicting reports on serum biochemical changes were reported in different studies for most of these parameters. Hitherto, no consistent pattern of change in the levels of fibrinogen has been detected in trypanosome infection in sheep and only a few reports exist on the level of metabolites during trypanosome infections in small ruminants. Therefore, the aim of this study is to investigate biochemical alterations in WAD sheep experimentally infected with either *T. congolense* or *T. brucei* with a view to having an in-depth knowledge of the biochemical changes following trypanosome infection and compare the pathogenicity of the two major trypanosome species infecting ruminants in Nigeria.

## MATERIALS AND METHODS

### Experimental Animals

Twenty (10 males and 10 females) apparently healthy young WAD Sheep aged between 8-10 months and weighing averagely 20Kg were used for this study. They were sourced from a local market at Odeda and the nearby villages in Ogun State and kept in the small animal unit of the Veterinary Teaching Hospital, Federal University of Agriculture, Abeokuta, Nigeria. Animals were housed in a standard fly-proof pen with normal room temperature and relative humidity. They were put on wood shaving bedding and were conditioned for two weeks during which time they were treated with 20% oxytetracycline injection (kepro<sup>®</sup> product, Holland) at 50mgkg<sup>-1</sup> body weight, 2.5% panacur oral suspension (Panacur<sup>®</sup> Milton Keynes, UK) at a dosage of 5mgkg<sup>-1</sup> body weight, intramuscular Diminazene aceturate injection (Berenil<sup>®</sup>, Hoechst, Germany) at a dosage of 3.5mgkg<sup>-1</sup> body weight and a tick bath against external parasites using Diazinon (DIAZINTOL<sup>®</sup>, Animal Care, Nig. Ltd.) at a concentration of 2mlL<sup>-3</sup> of water. For proper identification all the sheep were ear-tagged. Animals were given grass and supplemented with formulated sheep ration (500g per day), while water, salt lick were supplied *ad libitum*.

### Experimental Design

Animals were divided into groups A & B randomly, with each group consisting of 5 males and 5 females were housed in 2 separate fly-proof houses. After 49 days of infection, survivors were treated with Diaminazine aceturate (Berenil<sup>®</sup>, Hoechst, Germany) at dosage of 7.0 mgkg<sup>-1</sup> body weights. Animals were screened for trypanosome

infection by wet mount technique (Uilenberg *et al.*, 1998). During the last week of acclimatization, the animals were bled twice for baseline (control) data before the commencement of the experiment. The results served as values for Day 0.

### Infection with Trypanosome

The two species of trypanosomes (*Trypanosoma congolense* (GT/04/NITR/128) and *Trypanosoma brucei* (MK/04/NITR/6) used in this study were obtained from Liquid Nitrogen Bank of the National Institute for Trypanosomosis Research (NITR) Vom, Nigeria. The parasites were passaged severally in albino mice prior to use. Individual animal in group A was inoculated intraperitoneally with 3.6x10<sup>-6</sup> *T. congolense* while group B was inoculated with 3.6x10<sup>-6</sup> *T. brucei* in 2.5ml of sterile normal saline.

### Parasitology

Animals that were inoculated with the parasites and were confirmed positive for trypanosomes by wet mount technique as described by Uilenberg *et al.*, (1998). Blood (5ml) collected from each animal on weekly basis by jugular venipuncture for 7weeks into anticoagulant and plain bottles for plasma and serum, respectfully. The plasma and serum samples were kept at -20°C until analyzed.

### Biochemical Technique

Plasma total protein, globulin, cholesterol, albumin and urea, were measured spectrophotometrically using standard commercial test kits (RANDOX<sup>®</sup>

Laboratories Ltd., Ardmore, Diamond Road, Crumlin, Co. Antrim, United Kingdom) using manufacturer's guide.. The total protein and creatinine were analyzed spectrophotometrically using cromatext test kits (Cromatex<sup>®</sup>, Barcelona, Spain) according to the manufacturer's prescription. Fibrinogen concentration was determined as described by Coles (1986). Serum sodium and potassium were determined with a photometer (Corning model 400, Corning Scientific Limited, England), while bicarbonate, chloride and inorganic phosphate were measured using the method of Jain (1996). Plasma Protein: Fibrinogen (PP: F) ratio was calculated using the formula of Stockham and Scott (2008).

### Statistical Analysis

Results were subjected to statistical analysis to test significant differences between the two groups. Analysis of variance was used for all statistical calculations using GraphPad prism 7.3 software package (GraphPad software Inc., San Diego, CA). Correlations were performed using the correlation coefficient ( $r$ ) on a minitab programme. Results were presented as mean  $\pm$  standard error of mean (SEM) and  $p < 0.05$  was considered significant.

### Ethical Approval

All applicable international, national, and or institutional guideline for the care and use of animals were duly followed. Approval was obtained from institutional animal care and use research ethics committee of the Federal University of Agriculture, Abeokuta, Nigeria.

## RESULTS

### Changes in plasma protein concentration

Both species of trypanosome used in this study caused severe alterations in the plasma proteins namely total protein, albumin and globulin in the experimental animals. There were significant changes ( $p < 0.005$ ) in plasma protein concentrations in both groups of the infected sheep. Total protein concentrations remain stable from Day 0 till Day 14 post-infection (pi), however, on Day 21 pi, a significant increase ( $p < 0.05$ ) was recorded from  $6.8 \pm 0.1$  g/dl and  $6.5 \pm 0.3$  g/dl at Day 21 pi to  $8.8 \pm 0.4$  g/dl and  $8.7 \pm 0.2$  g/dl on Day 49 pi in group A and group B, respectively (Table 1). Similarly, plasma globulin followed the same pattern. The plasma fibrinogen concentration also recorded a significant progressive increase ( $p < 0.05$ ) from Day 21 pi (Table 1), whereas albumin showed a significant increase ( $p > 0.01$ ) from day 28 pi (Table 1). Plasma protein: Fibrinogen (PP: F) ratio was 8.6 for groups A and B on Day 49 pi. Generally, *T. congolense*-infected sheep (Group A) appeared to have a more significant increase or decrease ( $p < 0.05$ ) in plasma protein concentrations throughout the period of experiment.

### Changes in Plasma Cholesterol concentration

The mean plasma cholesterol concentration in the two groups showed a significant decrease between Day 14 and 21 pi (Table 1) followed

by a slight stability followed by a decrease on Day 35 and 49 pi.

**Table 1: Plasma Biochemical changes in sheep experimentally infected with *T. congolense* (Group A) and *T. brucei* (Group B) (Mean±SEM; n=20)**

Days Post Infection								
Parameters	0	7	14	21	28	35	42	49
<b>Total Protein (g/dL)</b>								
Group A	5.4±0.2 <sup>a</sup>	5.3±0.1 <sup>a</sup>	5.6±0.1 <sup>a</sup>	6.8±0.1 <sup>b</sup>	7.9±0.3 <sup>c</sup>	8.2±0.1 <sup>d</sup>	8.4±0.3 <sup>d</sup>	8.7±0.4 <sup>d</sup>
Group B	5.5±0.2 <sup>a</sup>	5.3±0.2 <sup>a</sup>	5.5±0.2 <sup>a</sup>	6.5±0.1 <sup>b</sup>	7.8±0.2 <sup>c</sup>	8.1±0.3 <sup>d</sup>	8.3±0.2 <sup>d</sup>	8.7±0.2 <sup>d</sup>
<b>Albumin (g/dL)</b>								
Group A	3.4±1.8 <sup>a</sup>	3.3±0.3 <sup>a</sup>	3.5±0.2 <sup>a</sup>	3.2±0.2 <sup>a</sup>	2.8±0.1 <sup>b</sup>	2.7±9.2 <sup>c</sup>	2.2±0.2 <sup>d</sup>	3.1±0.4 <sup>c</sup>
Group B	3.1±0.3 <sup>a</sup>	3.1±1.2 <sup>a</sup>	3.3±0.3 <sup>a</sup>	3.3±0.3 <sup>a</sup>	2.5±0.1 <sup>b</sup>	2.6±0.3 <sup>c</sup>	2.1±0.3 <sup>d</sup>	3.3±0.2 <sup>c</sup>
<b>Globulin (g/dL)</b>								
Group A	4.0±0.4 <sup>a</sup>	4.1±0.2 <sup>ab</sup>	4.2±0.3 <sup>b</sup>	4.7±0.3 <sup>c</sup>	4.9±1.0 <sup>c</sup>	5.1±0.2 <sup>d</sup>	6.3±0.3 <sup>d</sup>	5.5±0.2 <sup>d</sup>
Group B	4.2±0.2 <sup>a</sup>	4.0±0.1 <sup>ab</sup>	4.4±0.3 <sup>ab</sup>	4.5±0.2 <sup>c</sup>	5.1±0.1 <sup>d</sup>	5.4±0.3 <sup>d</sup>	5.7±0.4 <sup>d</sup>	5.3±0.7 <sup>d</sup>
<b>Albumin/Globulin ratio</b>								
Group A	0.8±0.1 <sup>a</sup>	0.7±0.3 <sup>a</sup>	0.7±0.2 <sup>a</sup>	0.6±0.8 <sup>ab</sup>	0.5±0.1 <sup>b</sup>	0.4±0.1 <sup>c</sup>	0.4±0.1 <sup>c</sup>	0.4±0.2 <sup>c</sup>
Group B	0.8±0.1 <sup>a</sup>	0.8±0.1 <sup>a</sup>	0.7±0.4 <sup>a</sup>	0.6±1.3 <sup>ab</sup>	0.5±0.2 <sup>b</sup>	0.4±0.2 <sup>c</sup>	0.4±0.1 <sup>c</sup>	0.4±0.1 <sup>c</sup>
<b>Total Cholesterol(mg/dL)</b>								
Group A	68.6±2.3 <sup>a</sup>	68.8± 1.5 <sup>a</sup>	65.9±1.8 <sup>a</sup>	63.5±1.6 <sup>ab</sup>	60.8±1.6 <sup>b</sup>	58.8±2.4 <sup>c</sup>	56.6±2.1 <sup>d</sup>	55.5±1.3 <sup>d</sup>
Group B	68.5±1.5 <sup>a</sup>	68.6±0.7 <sup>a</sup>	64.8±1.2 <sup>a</sup>	62.7±2.3 <sup>ab</sup>	61.5±1.8 <sup>b</sup>	57.8±2.8 <sup>c</sup>	56.7±3.3 <sup>d</sup>	56.4±1.4 <sup>d</sup>
<b>Creatinine (mg/dL)</b>								
Group A	0.8±0.2 <sup>a</sup>	0.7±0.1 <sup>a</sup>	0.9±0.2 <sup>b</sup>	1.0±0.2 <sup>b</sup>	1.0±0.2 <sup>c</sup>	1.2±0.2 <sup>c</sup>	1.5±1.1 <sup>d</sup>	1.6±0.2 <sup>d</sup>
Group B	0.7±0.1 <sup>a</sup>	0.7±0.1 <sup>a</sup>	0.9±0.1 <sup>b</sup>	0.9±0.7 <sup>b</sup>	0.9±0.3 <sup>c</sup>	1.0±0.2 <sup>c</sup>	1.1±1.2 <sup>d</sup>	1.3±0.2 <sup>d</sup>

<b>Urea (mg/dL)</b>								
Group A	15.0±0.1 <sup>a</sup>	16.2±0.1 <sup>a</sup>	22.8±0.2 <sup>b</sup>	25.1±8.8 <sup>c</sup>	26.9±0.1 <sup>c</sup>	27.8±7.3 <sup>c</sup>	39.6±0.2 <sup>d</sup>	43.4±0.2 <sup>d</sup>
Group B	14.6±0.2 <sup>a</sup>	15.8±6.1 <sup>a</sup>	20.3±0.1 <sup>b</sup>	20.7±0.1 <sup>c</sup>	24.8±8.3 <sup>c</sup>	26.1±8.5 <sup>c</sup>	32.2±0.2 <sup>d</sup>	35.0±8.8 <sup>d</sup>
<b>Fibrinogen(g/dL)</b>								
Group A	0.4±0.2 <sup>a</sup>	0.5±0.2 <sup>a</sup>	0.4±0.1 <sup>a</sup>	0.6±0.2 <sup>b</sup>	0.6±0.2 <sup>b</sup>	0.7±0.2 <sup>c</sup>	0.8±0.2 <sup>d</sup>	0.9±0.4 <sup>e</sup>
Group B	0.5±0.1 <sup>a</sup>	0.4±0.1 <sup>a</sup>	0.5±0.2 <sup>a</sup>	0.6±0.3 <sup>b</sup>	0.6±0.1 <sup>b</sup>	0.7 ±0.2 <sup>c</sup>	0.8±0.2 <sup>d</sup>	0.9±0.3 <sup>e</sup>

Values on the same row with different superscripts differ significantly (P<0.05 or p<0.001)

### Changes in metabolites

The plasma urea and creatinine showed consistent and significant increase (p<0.05) starting from Day 14 pi in both groups (Table 1). There was a strong positive correlation between total protein and urea in both groups of infected sheep (r = 0.937 for group A and r = 0.908 for group B), respectively as well as between total protein and creatinine in both groups (r = 0.937 for group A and r = 0.908 for group B), respectively.

### Changes in Electrolytes

Changes in the electrolytes were as shown in Table 2. The values of HCO<sup>3-</sup>, PO<sub>4</sub><sup>2+</sup> and Na<sup>+</sup> were maintained in both groups till Day 28 pi when a steady but significant increase (P<0.05) was observed. No significant change (P>0.05) in K<sup>+</sup> level in both groups even though slight changes in values were observed (Table2).

**Table 2: Serum Electrolytes changes in sheep experimentally infected with *T. congolense* (group A) and *T. brucei* (Group B) (Mean±SEM;n=20)**

<b>Days Post Infection Parameters</b>	0	7	14	21	28	35	42	49
<b>Potassium (K<sup>+</sup>)(Mmol/L)</b>								
<b>Group A</b>	4.6±0.7 <sup>a</sup>	4.7±0.9 <sup>a</sup>	4.4±1.2 <sup>a</sup>	4.5±0.4 <sup>a</sup>	4.2±0.8 <sup>a</sup>	4.3±1.7 <sup>a</sup>	4.3±1.8 <sup>a</sup>	4.2±1.4 <sup>a</sup>
<b>Group B</b>	4.5±1.7 <sup>a</sup>	4.6±0.3 <sup>a</sup>	4.4±0.7 <sup>a</sup>	4.4±0.4 <sup>a</sup>	4.3±0.5 <sup>a</sup>	4.2±1.5 <sup>a</sup>	4.3±1.7 <sup>a</sup>	4.2±1.3 <sup>a</sup>
<b>Sodium (N<sup>+</sup>) (Mmol/L)</b>								
<b>Group A</b>	131.2±1.4 <sup>a</sup>	132.5±1.3 <sup>a</sup>	133.1±1.5 <sup>a</sup>	136.2±1.9 <sup>ab</sup>	138.7±1.8 <sup>b</sup>	144.4±3.1 <sup>c</sup>	147.1±2.5 <sup>d</sup>	148.3±1.9 <sup>d</sup>
<b>Group B</b>	132.2±1.3 <sup>a</sup>	132.1±2.2 <sup>a</sup>	131.7±1.4 <sup>a</sup>	135.6±1.7 <sup>ab</sup>	137.8±1.6 <sup>b</sup>	142.2±1.6 <sup>c</sup>	144.7±1.3 <sup>d</sup>	146.6±1.5 <sup>d</sup>
<b>Bicarbonate (HCO<sup>3-</sup>) (Mmol/L)</b>								
<b>Group A</b>	21.4±2.2 <sup>a</sup>	21.5±1.4 <sup>a</sup>	21.7±3.6 <sup>a</sup>	21.8±2.7 <sup>a</sup>	24.7±2.5 <sup>b</sup>	26.5±4.6 <sup>c</sup>	26.9±6.4 <sup>c</sup>	27.3±3.2 <sup>d</sup>
<b>Group B</b>	21.8±2.7 <sup>a</sup>	20.8±1.3 <sup>a</sup>	21.2±3.4 <sup>a</sup>	20.8±3.4 <sup>a</sup>	24.2±4.8 <sup>b</sup>	23.8±2.4 <sup>b</sup>	25.5±2.5 <sup>c</sup>	25.7±3.7 <sup>c</sup>
<b>Chloride (Cl<sup>-</sup>) (Mmol/L)</b>								
<b>Group A</b>	102.3±2.3 <sup>a</sup>	102.5±2.5 <sup>a</sup>	100.6±2.8 <sup>a</sup>	102.7±1.2 <sup>a</sup>	103.9±1.5 <sup>b</sup>	104.7±1.2 <sup>b</sup>	105.7±3.1 <sup>c</sup>	107.8±4.2 <sup>d</sup>
<b>Group B</b>	103.9±2.2 <sup>a</sup>	102.4±1.2 <sup>a</sup>	102.6±1.7 <sup>a</sup>	102.7±1.1 <sup>a</sup>	104.8±1.7 <sup>b</sup>	104.7±1.4 <sup>b</sup>	104.9±3.9 <sup>b</sup>	106.8±5.1 <sup>c</sup>
<b>Phosphate (PO<sub>4</sub><sup>2-</sup>)(Mmol/L)</b>								
<b>Group A</b>	4.3±0.4 <sup>a</sup>	4.1±0.4 <sup>a</sup>	4.2±0.2 <sup>a</sup>	4.3±0.3 <sup>a</sup>	4.7±0.2 <sup>b</sup>	5.3±0.3 <sup>c</sup>	6.5±1.2 <sup>d</sup>	7.4±2.1 <sup>d</sup>
<b>Group B</b>	4.4±0.5 <sup>a</sup>	4.2±0.1 <sup>a</sup>	4.2±0.2 <sup>a</sup>	4.4±0.3 <sup>a</sup>	4.4±0.2 <sup>b</sup>	5.2±0.4 <sup>c</sup>	6.2±0.5 <sup>d</sup>	6.9±1.4 <sup>d</sup>

Values on the same row with different superscripts differ significantly (P<0.05 or p<0.001)

## DISCUSSION

The present study investigated the biochemical changes induced by infection of *T. congolense* or *T. brucei* infection and compared the pathogenicity of the two trypanosomes in WAD sheep. Biochemical assessment of the body fluids is a measure of functional state of the various body organs (Akinseye *et al.*, 2020). Biochemical alterations in the blood induced by trypanosome infections have been reported to depend on the species of the parasite, its virulence, susceptibility of the host and the period of infection during which the samples were collected (Anosa 1988). Several biochemical alterations indicative of pathological and functional disorders were observed in the present study. The results showed significant ( $P < 0.05$ ) alterations in the plasma proteins studied in both groups of infected sheep. There was marked hyperproteinaemia which is concomitant decrease in albumin: globulin ratio. This result is consistent with previous reports of Katunguka-Kwakishaya *et al.*, (1992) and Biryomumaisho *et al.*, (2003). The total protein increases have been reported to be due to increased IgM sub-fraction which is primarily involved in the immune response in the host, for the control of the infection (Biryomumaisho *et al.*, 2003). In the present study, there was a remarkable hypoalbuminaemia, hypoalbuminaemia had previously been reported to occur during trypanosome infection (Ogunsanmi *et al.*, 2003; Katunguka-Kwakishaya *et al.*, 1992) and this had been suggested to be due to increased catabolism of albumin and uptake by the trypanosome as well as haemodilution (Anosa, 1988). However, Katunguka-Kwakishaya *et al.*, (1992) suggested that it could largely be due to haemodilution. Hypoalbuminaemia had also been reported to occur as a result of decreased protein

synthesis sequel to hepatic dysfunction (Addisu *et al.*, 2017). It was observed that the group infected with *T. congolense* suffered much more reduction in plasma albumin than *T. brucei*-infected group. In this study, globulin increased disproportionately to albumin, this had been reported in trypanosome infection of domestic animals (Anosa 1988). Hyperglobulinaemia in trypanosomosis had been attributed to phenomena of antigenic variation and polyclonal activation in trypanosomes which might have led to generation of large amounts of antibodies in form of IgM in the infected host (Borst 2002). In this study, there was a significant decrease in the levels of cholesterol in both groups of infected sheep following the infection. This observation concurs with the study of Katunguka-Rwakishaya *et al.*, (1997) in *T. congolense*-infected Scottish Black-head sheep. Several studies have reported varying degree of decreases in serum phospholipids and cholesterol in trypanosomes infections in domestic animals (Katunguka-Rwakishaya *et al.*, 1992, 1997; Biryomumaisho *et al.*, 2003; Taiwo *et al.*, 2003; Adamu *et al.*, 2008; Dagnachew *et al.*, 2014; Bakari *et al.*, 2017). Trypanosomes have been reported to require cholesterol for growth and membrane synthesis (Black and Vanderweed 1989; Biryomumaisho *et al.*, 2003), and since the blood-stream forms of trypanosomes are not capable of synthesizing cholesterol required for membrane synthesis and growth, hence they acquire it from the host (Biryomumaisho *et al.*, 2003; Taiwo *et al.*, 2003). This could account for the reason why more and rapid reductions with time were observed in cholesterol values in *T. congolense*-infected sheep than *T. brucei* a tissue invader which moves to tissue in the



course of the infection. Decreased phospholipids and cholesterol levels in trypanosome infections had also been attributed to impaired synthesis of these substances which could in turn be the result of insufficient hepatocellular respiration as a result of hypoxia and subsequent reduction in the release of cholesterol from the liver in the trypanosome infected animals (Bartley, 1989; Adamu *et al.*, 2008). The above phenomenon had been suggested to aggravate the neurological disorders often associated with trypanosome infections since cholesterol is vital in cell signaling in neuronal synapses formation (Biryomumaisho *et al.*, 2003). In addition, the rapidly growing numbers of trypanosomes post-infection in sheep require some lipids to support their growth (Taiwo *et al.*, 2003). In the present study, the plasma fibrinogen showed a significant progressive increase ( $p < 0.05$ ) in concentration from Day 14 pi. This is similar to the findings of Dagnachew *et al.*, (2014) in *T. vivax*-infected cattle. Hyperfibrinogenaemia had been reported mainly in dehydration and acute inflammatory conditions (Coles 1986). Hyperfibrinogenaemia in this study could probably have occurred as a result of inflammatory reaction because Plasma Protein: Fibrinogen (PP: F) ratio was less 10 in the two groups on Day 42 and 49 pi. Fibrinogen is an acute phase protein; it is therefore, plausible to suggest that the increase in its consumption is proportional to the degree of inflammation as earlier reported (Taylor and Authie 2004, Sow *et al.*, 2014). Meanwhile, normal fibrinogen levels had been reported in trypanosome infection of dogs (Omotainse *et al.*, 1994), *T. rhodesiense* infection of cattle (Anosa 1988) and *T. congolense* and *T. brucei* infections of cattle (Addisu *et al.*, 2017). On the other hand, hypofibrinogenaemia was reported to occur in human *T. rhodesiense* infection and in *T. congolense*-infected cattle

(Akinseye *et al.*, 2020). In this study, plasma urea and creatinine values showed a consistent and significant increase ( $p < 0.05$ ) starting from Day 14 pi in both groups. The increases in the levels of urea and creatinine in the course of the infection observed in this study are similar to results of (Abenga and Anosa 2007) concerning *T. gambiense* infection in vervet monkeys. An elevated level of creatinine was also observed in human infected with *T. b. gambiense* (Awobode 2006), in pigs with *T. brucei* infection (Adamu *et al.*, 2009), in sheep infected with *T. congolense* (Adamu *et al.*, 2008) and in cattle during trypanosomosis (Bakari *et al.*, 2017). Serum urea had been reported to increase in acute and chronic intrinsic renal disease (Abenga and Anosa, 2007, Anosa, 1988) and characterized by decreased effective circulating blood volume with decreased renal perfusion, in postrenal obstruction of urine flow, and in high protein intake states, while increase in serum creatinine had been reportedly observed in any renal functional impairment (Anosa 1988). The present study showed that there was a strong positive correlation between total protein and urea in both groups of infected sheep ( $r = 0.937$  for group A and  $r = 0.908$  for group B), as well as between total protein and creatinine in both groups ( $r = 0.937$  for group A and  $r = 0.908$  for group B). This indicated that with increasing levels of total protein, there was progressive increase in the levels of urea and creatinine in the infected sheep. The increase had been linked with hepatic and renal dysfunction (Anosa 1988; Abenga and Anosa 2007) associated with intrinsic renal lesions, decreased perfusion of the kidney, or obstruction of the lower urinary tract leading to renal injury and associated glomerular

dysfunction during the course of the infection (Omeje and Anene 2012). The increases in blood urea and creatinine levels have also been attributed to fever and tissue damage resulting from inflammatory reaction as suggested by Finco (1989). In the present study, renal dysfunction is likely to be the major factor, since plasma urea and creatinine values showed a significant increase in the course of the infection indicating kidney damage and inability to flush out urea and creatinine leading to progressive accumulation of these products. The mean bicarbonate levels showed progressive elevation throughout the period of infection. This observation does not agree with the report of Goodwin and Guy (1973) who reported a decrease in serum bicarbonate in *T. brucei*-infected rabbits. Increased serum bicarbonate had been attributed to the generation of bicarbonate ions by the kidney which was reported to increase during trypanosome infection (Calson 1989). The sharp drop in the bicarbonate levels during the later stages of infection as observed in this study is suggested to result from acidosis associated with anaemia, renal malfunction and release of toxic metabolites such as free fatty acids by trypanosomes as previously reported (Anosa and Isoun 1976). Potassium level slightly decreased in the course of the infection while chloride increased significantly. These observations agreed with the reports of Raisinghani *et al.* (1981) and Goodwin and Guy (1973) in *T. evansi*- and *T. brucei*-infected camels and rabbits, respectively. The hyperchloraemia associated with hypokalaemia and hypernatraemia may be related to renal dysfunction as suggested by Zilva and Pannalli (1984) and Calson (1989).

## CONCLUSIONS

It is therefore concluded that *T. congolense* and *T.*

*brucei* infections in WAD sheep caused severe biochemical alterations associated with the pathological and inflammatory changes in body organs. It was apparent from the study that *T. congolense*-infected sheep suffered more alteration than those infected with *T. brucei*. This study calls for further work on other trypanosome species to determine whether differences in pathogenicity occur in infections with other trypanosome species.

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