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# Comparison of the efficacy of different therapeutic regimen for the treatment of IMHA caused by *B. gibsoni* in dogs

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#### Abstract

The present study was conducted in dogs presented to small animal OPD, Department of Veterinary Medicine with clinical signs of anorexia, pyrexia, lethargy, pale mucous membrane, lymphadenopathy, ascites, vomiting, diarrhoea, icterus, hematuria suggestive of canine babesiosis. Eighteen dogs were primarily screened for Babesia gibsoni infection by blood smear examination and then confirmed by PCR. Further these dogs were subjected to saline agglutination test, spherocytosis in blood smear examination and Coombs test for diagnosis of immune mediated hemolytic anemia (IMHA). Dogs in Group I were treated with a combination of Doxycycline, Metronidazole and Clindamycin at a dose rate of 5 mg/kg, 15 mg/kg, 25 mg/kg respectively b.i.d per orally for 21 days, dogs in Group II were treated with a combination of Doxycycline, Metronidazole and Clindamycin at a dose rate of 5 mg/kg, 15 mg/kg, 25 mg/kg respectively *b.i.d* per orally for 21 days and prednisolone at a dose rate of 2 mg/kg body weight per orally b.i.d for first 5 days followed by 1 mg/kg body weight per orally b.i.d for next 5 days and drug was tapered to 0.5 mg/ kg body weight per orally b.i.d for another 5 days and dogs in Group III were treated with a combination of Doxycycline, Metronidazole and Clindamycin at a dose rate of 5 mg/kg, 15 mg/kg, 25 mg/kg respectively b.i.d per orally for 21 days and a combination of Azathioprine at a dose rate of 2mg/kg body weight per orally *s.i.d* for the first 5 days followed by 1 mg/kg per orally s.i.d for next 5 days and 0.5 mg/kg per orally s.i.d for another 5 days and Prednisolone at a dose rate of 1.5 mg/kg body weight per orally *b.i.d* for a period of 5 days followed by 1 mg/kg body weight per orally *b.i.d* for next 5 days followed by 0.5 mg/kg body weight orally *b.i.d* for another 5 days. Though all the therapeutic regimens were efficacious in the treatment of IMHA caused by B. gibsoni, treatment with combination of Doxycycline, Metronidazole, Clindamycin and Prednisolone was found to be more efficacious as all the dogs in this group were negative for Coombs test post therapy with no abnormal elevation in biochemical parameters post therapy.

Keywords: Immune, mediated, haemolytic, anemia

#### Introduction

Canine babesiosis is a serious disease that affects domestic and wild canids worldwide. It is caused by intraerythrocytic protozoa of the genus Babesia, family Babesiidae, order Piroplasmida, within the phylum Apicomplexa. The most common species that cause canine babesiosis include *Babesia canis* and *Babesia gibsoni*, which could be differentiated based on their size within the parasitized erythrocytes. *B. gibsoni* is distributed throughout the world including Middle East, Northern Africa, and South Asia (Salem and Farag., 2014)<sup>[14]</sup>. Clinical signs and physical examination of dogs infected with *Babesia gibsoni* include pyrexia, lymph node enlargement, dullness, depression, inappetance, pale mucous membrane, tachycardia, tachypnoea, epistaxis, ascites, loss of body weight, hepatomegaly, splenomegaly, nervous deficits, constipation, diarrhoea, icterus, and nephropathy (Varshney *et al.*, 2008, Reddy *et al.*, 2016, Teodorowski *et al.*, 2022)<sup>[19, 23, 18]</sup>.

The complications of babesiosis in dogs include immune mediated haemolytic anemia, haemoconcentration, coagulopathy, acute renal failure, acute respiratory distress syndrome, myocardial pathology, pancreatitis, multiple organ dysfunction syndrome and systemic inflammatory response syndrome (Vishwakarma and Nandini 2019; Halder and Gupta 2021) [11, 20, 7].

Immune-mediated haemolytic anemia (IMHA) is one of the commonly diagnosed canine autoimmune diseases and a model of acute and clinically relevant anemia. Impaired immune tolerance leads to premature destruction of red blood cells (RBCs). IMHA can be idiopathic (primary) or secondary to underlying disease condition such as parasitic, infectious, neoplastic or drug induced (Maney and Marincheva, 2018)<sup>[9]</sup>. The antigen antibody mediated destruction of RBC in IMHA can cause severe anemia, affecting the oxygen carrying capacity of blood leading to tissue hypoxia, MODS, cardiovascular abnormalities and collapse. Therefore identifying the underlying cause, early diagnosis and treatment prevents the progression of life threatening IMHA.

India being a tropical country, the prevalence of tick borne diseases is higher and in turn the possibility of occurrence of secondary IMHA is high. Therefore the present study was carried out to determine the efficacy of different therapeutic regimen for the treatment of immune mediated hemolytic anemia caused by *B. gibsoni*.

#### **Materials and Methods**

Dogs presented to the Department of Veterinary Medicine, Veterinary College Hospital, Hebbal, Bengaluru with a history of tick infestation, high fever, pale / icteric mucous membrane inappetence, anaemia, lethargy, vomiting, diarrhoea, hematuria were screened by saline agglutination test, spherocytosis and Coombs test for diagnosing IMHA. These dogs were screened for *B. gibsoni* infection by microscopic examination of blood smears and PCR. Eighteen dogs infected with *B. gibsoni*, positive for saline agglutination test, spherocytosis and Coombs test were selected for the study.

Eighteen dogs that were positive for IMHA by saline agglutination test, spherocytosis in the blood smear, positive for Coombs test were included in this study. These dogs were positive for *Babesia gibsoni* by PCR. They were randomly grouped into three groups of six dogs each and were treated with three treatment regimen as follows.

**Group I:** Six dogs affected with immune mediated hemolytic anemia caused by *Babesia gibsoni* were treated with a combination of Doxycycline, Metronidazole and Clindamycin at a dose rate of 5 mg/kg, 15 mg/kg, 25 mg/kg respectively *b.i.d* per orally for 21 days.

**Group II:** Six dogs affected with immune mediated hemolytic anemia caused by *Babesia gibsoni* were treated with a combination of Doxycycline, Metronidazole and Clindamycin at a dose rate of 5 mg/kg, 15 mg/kg, 25 mg/kg respectively *b.i.d* per orally for 21 days and prednisolone at

a dose rate of 2 mg/kg body weight per orally *b.i.d* for first 5 days followed by 1 mg/kg body weight per orally *b.i.d* for next 5 days and drug was tapered to 0.5 mg/ kg body weight per orally *b.i.d* for another 5 days.

**Group III:** Six dogs affected with immune mediated hemolytic anemia caused by *Babesia gibsoni* were treated with a combination of Doxycycline, Metronidazole and Clindamycin at a dose rate of 5 mg/kg, 15 mg/kg, 25 mg/kg respectively *b.i.d* per orally for 21 days and a combination of Azathioprine at a dose rate of 2mg/kg body weight per orally *s.i.d* for the first 5 days followed by 1 mg/kg per orally *s.i.d* for next 5 days and 0.5 mg/kg per orally *s.i.d* for another 5 days and Prednisolone at a dose rate of 1.5 mg/kg body weight per orally *b.i.d* for a period of 5 days followed by 1 mg/kg body weight per orally *b.i.d* for next 5 days followed by 0.5 mg/kg body weight orally *b.i.d* for another 5 days.

# Results and Discussion Group I

# Haematological parameters

Dogs of Group I showed pre therapeutic mean WBC values of  $24.12\pm4.675 \times 10^3 /\mu L$  which was significantly increased when compared to control group ( $12.13\pm0.885 \times 10^3 /\mu L$ ). The post therapeutic value showed a significant decrease with the mean value of  $12.93\pm2.23 \times 10^3 /\mu L$  after therapy. The results are depicted in Table 1.

The pre therapeutic mean RBC value in dogs of Group I was found to be  $2.05\pm0.20 \times 10^6$  /µL which was significantly lower as compared to control group ( $6.805\pm0.397 \times 10^6$  /µL). The mean RBC value showed a significant increase after treatment with the mean value of  $5.36\pm0.423 \times 10^6$ /µL (Table 1).

Dogs of Group I had a pre therapeutic mean Hb values of  $4.96\pm0.282$  g/ dL which was significantly lower when compared to the control group ( $14.47\pm1.083$  g/dL). However, after treatment, the Hb values showed significant increase to  $11.45\pm1.266$  g/dL (Table 1).

From the table 1 it is evident that the dogs of Group I had a significantly lower platelet count with a mean value of  $58.50\pm25.06 \times 10^3 /\mu L$  as compared to the apparently healthy dogs in the control group ( $265.2\pm19.19 \times 10^3 /\mu L$ ). The post therapeutic value had a significant increase with the mean value of  $340.0\pm107.7 \times 10^3 /\mu L$  (Table 1).

The pre therapeutic mean PCV in group I was  $16.17\pm0.885$  percent which was significantly reduced as compared with the mean value of dogs in the control group ( $48.05\pm2.525$  percent). There was significant increase in the PCV in the mean value reaching  $36.20\pm4.016$  percent) (Table 1).

Table 1: Mean±SE of haematological values of dogs in Group I before and after therapy

Parameter	Healthy dogs (n=6)	Infected dogs before therapy(n=6)	After therapy (n=6)
TLC (×10 <sup>3</sup> / $\mu$ L)	12.13±0.885 a	24.12±4.675 b	12.93±2.23 ac
TEC (×10 <sup>6</sup> / µL)	6.805±0.397 <sup>a</sup>	2.05±0.20 b	5.36±0.423 °
Hb (g/dL)	14.47±1.083 a	4.96±0.282 b	11.45±1.266 ac
Platelet count ( $\times 10^{3}/ \mu L$ )	265.2±19.19 a	58.50±25.06 <sup>b</sup>	340.0±107.7 ac
PCV (%)	48.05±2.525 a	16.17±0.885 <sup>b</sup>	36.20±4.016 bc

Note: Mean $\pm$ SE bearing different superscripts within a row are statistically different at *P*< 0.05.

#### **Biochemical parameters**

In the dogs of this group, the mean pre therapeutic BUN was  $24.63\pm3.05$  mg/dL which was significantly elevated as compared with the mean value of healthy dogs ( $14.72\pm2.324$ 

mg/dL). On  $21^{st}$  day post therapy the BUN significantly reduced, with a mean value of  $12.78\pm1.132$  mg/dL. The results are depicted in Table 2.

Dogs of Group I had pre therapeutic mean creatinine value of  $1.51\pm0.110 \text{ (mg/dL)}$  which was significantly higher as compared with the control group ( $0.93\pm0.033 \text{ mg/ dL}$ ). On day 21 after therapy the mean creatinine value statistically decreased to  $0.93\pm0.083 \text{ mg/dL}$  (Table 2).

The mean pre therapeutic total protein value was  $5.48\pm0.212$  g/dl which was non significantly decreased as compared with control group ( $6.25\pm0.283$ g/dL). On the 21<sup>st</sup> day post treatment, there was non significant increase in the mean value reaching  $6.03\pm0.209$  g/dL (Table 2).

Dogs the of Group I had mean pre therapeutic mean albumin value of  $1.33\pm0.06$  g/dL which was significantly reduced when compared to the control group  $2.60\pm0.109$  g/ dL. The post therapeutic value showed a significant elevation with a mean value of  $2.51\pm0.074$  g/ dL (Table 2).

In the dogs of this Group the mean value of globulin was  $4.15\pm0.194$  g/dL which was non significantly higher than healthy dogs ( $3.65\pm0.338$  g/ dL). There was non significant

reduction with the mean value of  $3.51\pm0.195$  g/ dL after therapy (Table 2).

The pre therapeutic mean ALT value in dogs of Group I was found to be  $71.43\pm6.111$  IU/L which was significantly higher as compared to the control group ( $30.27\pm3.718$ IU/L). On  $21^{st}$  day post therapy, the mean ALT value showed significant decrease to  $34.13\pm2.035$  IU/L (Table 2). Dogs of Group I had pre therapeutic mean ALP value of  $327.8\pm22.72$  IU/L which was significantly higher as compared to the healthy dogs in control group ( $114.8\pm15.23$ IU/L). The post therapeutic value showed a significant decrease with the mean value of  $130.1\pm20.64$  IU/L after therapy (Table 2).

In the dogs of Group I the mean pre therapeutic total bilirubin value was  $1.26\pm0.424$  mg/dL which was non significantly higher than control group with a mean value of  $0.48\pm0.054$  mg/ dL. On the  $21^{st}$  day after treatment, there was non significant decrease in total bilirubin value with a mean value of  $0.38\pm0.147$  mg/dL (Table 2).

 Table 2: Mean±SE of serum biochemical values of dogs in Group I before and after therapy

Parameter	Healthy dogs	Infected dogs before therapy	After therapy
BUN (mg/dL)	14.72±2.324 <sup>a</sup>	24.63±3.045 b	12.78±1.132 ac
Creatinine (mg/dL)	0.93 ±0.033 <sup>a</sup>	1.51±0.110 <sup>b</sup>	0.93±0.088 ac
Total protein (g/dL)	6.25±0.283 <sup>a</sup>	5.48±0.212 ª	6.03±0.209 <sup>a</sup>
Albumin (g/dL)	2.60±0.109 <sup>a</sup>	1.33±0.066 b	2.51±0.074 ac
Globulin (g/dL)	3.65±0.338 <sup>a</sup>	4.15±0.194 <sup>a</sup>	3.51±0.195 <sup>a</sup>
ALT (IU/L)	30.27±3.718 <sup>a</sup>	71.43±6.111 <sup>b</sup>	34.13±2.035 ac
ALP (IU/L)	114.8±15.23 <sup>a</sup>	327.8±22.72 <sup>b</sup>	130.1±20.64 ac
Total Bilirubin (mg/dL)	0.48±0.054 <sup>a</sup>	1.26±0.420 ª	0.38±0.147 <sup>a</sup>

#### Group II

#### Haematological parameters

Dogs of Group II had pre therapeutic mean TLC value of 23.65±6.744  $\times$  10<sup>3</sup> /µL which was significantly higher as compared to the healthy dogs in control group (12.13±0.885  $\times$  10<sup>3</sup> /µL). The post therapeutic value showed a significant decrease with the mean value of 13.87±1.687  $\times$  10<sup>3</sup> /µL after therapy. The results are depicted in Table 3.

The pre therapeutic mean RBC value in dogs of Group II was found to be  $2.72\pm0.266 \times 10^6$  /µL which was significantly lower as compared to control group (6.805±0.397 × 10<sup>6</sup> / µL). The mean RBC value showed a significant increase after treatment with the mean value of  $5.86\pm0.334 \times 10^6$ /µL (Table 3).

Dogs of Group II had a pre therapeutic mean Hb values of  $6.48\pm0.406$  g/ dL which was significantly lower when compared to the control group (14.47±1.083 g/dL). However, after treatment, the Hb values showed significant increase to  $12.98\pm0.839$  g/dL (Table 3).

a significantly lower platelet count with a mean value of  $83.00\pm14.68 \times 10^3 /\mu L$  as compared to the apparently healthy dogs in the control group ( $265.2\pm19.19 \times 10^3 /\mu L$ ). The post therapeutic value had a significant increase with the mean value of  $337.8\pm98.67 \times 10^3 /\mu L$  (Table 3). The pre therapeutic mean PCV in group II was  $19.38\pm1.971$ 

The pre therapeutic mean PCV in group II was  $19.38\pm1.971$  percent which was significantly reduced as compared with the mean value of dogs in the control group ( $48.05\pm2.525$  percent). There was significant increase in the PCV in the mean value reaching  $40.78\pm2.550$  percent post therapy (Table 3).

The pre treatment erythrocyte indices such as MCV, MCH and MCHC were  $70.75\pm4.640$  fl,  $25.77\pm3.437$  pg,  $36.13\pm3.204$  mg/dl respectively which had no significant difference as compared to the control group ( $70.80\pm1.598$  fl,  $21.35\pm1.329$  pg and  $30.11\pm1.553$  mg/dL respectively). On the 21<sup>st</sup> day after treatment, the corresponding values were  $70.23\pm4.564$  fl,  $22.29\pm1.544$  pg and  $31.77\pm0.389$  mg/dL respectively. No statistical significance was observed between day 0 and day 21 (Table 3).

From the table 14, it is evident that the dogs of Group II had be

Table 3: Mean±SE haematological values of dogs in Group II before and after therapy

Parameter	Healthy dogs (N=6)	Before therapy (n=6)	After therapy (n=6)
TLC (×10 <sup>3</sup> / $\mu$ L)	12.13±0.885 <sup>a</sup>	23.65±6.744 <sup>b</sup>	13.87±1.687 <sup>ac</sup>
TEC (×10 <sup>6</sup> / μL)	6.805±0.397 <sup>a</sup>	2.72±0.266 <sup>b</sup>	5.86±0.334 ac
Hb (g/dL)	14.47±1.083 a	6.48±0.406 <sup>b</sup>	12.98±0.839 ac
Platelet count (×10 <sup>3</sup> / $\mu$ L)	265±19.19 a	83.00±14.68 <sup>b</sup>	337.8±98.67 ac
PCV(%)	48.05+2.525 <sup>a</sup>	19.38+1.971 <sup>b</sup>	40.78+2.550 ac

#### **Biochemical parameters**

In the dogs of this group, the mean pre therapeutic BUN was  $30.63\pm2.065$  mg/dL which was significantly elevated as compared with the mean value of healthy dogs ( $14.72\pm2.324$ 

mg/dL). On  $21^{st}$  day post therapy the BUN reduced significantly, with a mean value of  $14.50\pm0.542$  mg/dL. The resuls are depicted in Table 4.

Dogs of Group II had pre therapeutic mean creatinine value of  $1.86\pm0.152$  mg/dL which was significantly higher as compared with the control group ( $0.93\pm0.033$  mg/dL). On day 21 after therapy, the mean Creatinine level decreased statistically to  $0.88\pm0.083$  (Table 4).

The mean pre therapeutic total protein value was  $5.96\pm0.210$  g/dL which was non significantly decreased as compared to the control group ( $6.25\pm0.283$ g/dL). On the 21<sup>st</sup> day post treatment, there was non significant increase in the mean value reaching  $6.41\pm0.558$  g/dL (Table 4).

Dogs of Group II had mean pre therapeutic albumin value of  $1.85\pm0.170 \text{ g/dL}$  which was non significantly reduced when compared to the control group  $2.60\pm0.109 \text{ g/dL}$ . The post therapeutic value showed a significant elevation with a mean value of  $3.26\pm0.345 \text{ g/dL}$  (Table 4). In the dogs of this Group the mean value of globulin was  $4.11\pm0.284 \text{ g/dL}$  which was non significantly increased when compared to the healthy dogs ( $3.65\pm0.338 \text{ g/dL}$ ). There was non significant reduction with the mean value of  $3.15\pm0.269$ 

g/dL after therapy (Table 4).

The pre therapeutic mean ALT value in dogs of Group II was found to be  $74.32\pm5.610$  IU/L which was significantly increased as compared to the control group ( $30.27\pm3.718$  IU/L). On  $21^{\text{st}}$  day post therapy, the mean ALT value showed significant decrease with a mean value of  $31.33\pm1.797$  IU/L (Table 4).

In the dogs of Group II the mean pre therapeutic total bilirubin value was  $1.26\pm0.424$  IU/L was non significantly higher than control group with a mean value of  $0.48\pm0.054$  IU/L. On the  $21^{st}$  day after treatment, there was non significant decrease in total bilirubin value with a mean value of  $0.36\pm0.066$  IU/L (Table 4).

Dogs of Group II had pre therapeutic mean ALP value of  $418.4\pm73.50$  IU/L which was significantly higher as compared to the healthy dogs in control group ( $114.8\pm15.23$  IU/L). The post therapeutic value showed a non significant decrease with the mean value of  $223.2\pm79.95$  IU/L after therapy (Table 4).

**Table 4:** Mean±SE serum biochemical values of dogs in Group II before and after therapy

Parameter	Healthy dogs (n=6)	Infected dogs before therapy (n=6)	After therapy (n=6)
BUN (mg/dL)	14.72±2.324 <sup>a</sup>	30.63±2.065 b	14.50±0.542 ac
Creatinine (mg/dL)	0.93±0.033 a	1.86±0.152 b	0.88±0.083 ac
Total protein (g/dL)	6.25±0.283 <sup>a</sup>	5.96±0.210 <sup>a</sup>	6.41±0.558 <sup>a</sup>
Albumin (g/dL)	2.60±0.109 a	1.85±0.170 ª	3.26±0.345 ab
Globulin (g/dL)	3.65±0.338 a	4.11±0.284 <sup>a</sup>	3.15±0.269 <sup>a</sup>
ALT (IU/L)	30.27±3.718 <sup>a</sup>	74.32±5.610 <sup>b</sup>	31.33±1.797 ac
ALP (IU/L)	114.8±15.23 a	418.4±73.50 <sup>b</sup>	223.2±79.95 ab
Total Bilirubin (mg/dL)	0.48±0.054 a	1.26±0.424 <sup>a</sup>	0.36±0.066 a

Note: Mean $\pm$ SE bearing different superscripts within a row are statistically different at P < 0.05.

#### **Group III**

#### Haematological parameters

Dogs of Group III had pre therapeutic mean TLC value of 24.63±5.531  $\times$  10<sup>3</sup> /µL which was significantly higher as compared to the healthy dogs in control group (12.13±0.885  $\times$  10<sup>3</sup> /µL). The post therapeutic value showed a significant decrease with the mean value of 11.12±1.176  $\times$  10<sup>3</sup> /µL after therapy. The results are depicted in Table 5.

The pre therapeutic mean RBC value in dogs of Group II was found to be  $1.75\pm0.159\times10^6$  /µL which was significantly lower as compared to control group (6.805±0.397  $\times$  10<sup>6</sup> / µL). The mean RBC value showed a significant increase after treatment with the mean value of  $4.83\pm0.658\times10^6/\mu L$  (Table 5).

Dogs of Group III had a pre therapeutic mean Hb values of  $4.95\pm0.409 \text{ g/}$  dL which was significantly lower when compared to the control group ( $14.47\pm1.083 \text{ g/dL}$ ). However, after treatment, the Hb values showed significant increase to  $11.08\pm1.459 \text{ g/dL}$  (Table 5).

had a significantly lower platelet count with a mean value of  $58.50\pm24.76$  <sup>b</sup>  $\times 10^3$  /µL as compared to the apparently healthy dogs in the control group ( $265.2\pm19.19 \times 10^3$  /µL). The post therapeutic value had a significant increase with the mean value of  $232.3\pm33.53 \times 10^3$ /µL (Table 5). The pre therapeutic mean PCV in group III was

The pre therapeutic mean PCV in group III was  $16.27\pm1.213$  percent which was significantly reduced as compared with the mean value of dogs in the control group (48.05±2.525 percent). There was significant increase in the PCV in the mean value reaching 34.08±3.984 percent post therapy (Table 5).

The pre treatment erythrocyte indices such as MCV, MCH and MCHC were  $93.73\pm3.018$ fl,  $28.33\pm0.924$  pg and  $30.33\pm0.575$  mg/dL respectively, which had no significant difference as compared to the control group ( $70.80\pm1.598$  pg,  $21.35\pm1.329$  fl and  $30.11\pm1.553$  mg/dl respectively). After treatment, the corresponding values were  $30.18\pm3.281$  pg,  $23.20\pm0.821$  fl and  $32.23\pm0.799$  mg/dL respectively. No statistical significance was observed between day 0 and day 21 (Table 5).

From the table 16, it is evident that the dogs of Group III

Table 5: Mean Mean±SE of haematological values of dogs in Group III before and after therapy

Parameter	Healthy dogs	Before therapy	After therapy
TLC (×10 <sup>3</sup> / $\mu$ L)	12.13±0.885 a	24.63±5.531 b	11.12±1.176 ac
TEC (×10 <sup>6</sup> / μL)	6.805±0.397 <sup>a</sup>	1.75±0.159 <sup>b</sup>	4.83±0.658 °
Hb (g/dL)	14.47±1.083 <sup>a</sup>	4.95±0.409 b	11.08±1.459 ac
Platelet count ( $\times 10^3 / \mu L$ )	265±19.19 a	58.50±24.76 <sup>b</sup>	232.3±33.53 <sup>ac</sup>
PCV (%)	48.05±2.525 <sup>a</sup>	16.27±1.213 <sup>b</sup>	34.08±3.984 bc

Note: Mean $\pm$ SE bearing different superscripts within a row are statistically different at *P*< 0.05.

#### **Biochemical parameters**

In the dogs of this group, the mean pre therapeutic BUN was  $36.58\pm1.307 \text{ mg/dL}$  which was significantly elevated as compared with the mean value of healthy dogs ( $14.72\pm2.324 \text{ mg/dL}$ ). On  $21^{\text{st}}$  day post therapy the BUN reduced significantly, with a mean value of  $17.58\pm0.969 \text{ mg/dL}$ . The results are depicted in the Table 6.

Dogs of Group III had pre therapeutic mean creatinine value of  $1.73\pm0.098$  mg/dL which was significantly higher as compared with the control group ( $0.93\pm0.033$  mg/dL). On day 21 after therapy there was a significant decrease in the Mean Creatinine value to  $0.88\pm0.113$ mg/dL (Table 6).

The mean pre therapeutic total protein value was  $5.65\pm0.306$  g/dL which was non significantly decreased as compared to the control group ( $6.25\pm0.283$ g/dL). On the 21<sup>st</sup> day post treatment, there was non significant decrease in the mean value reaching  $5.31\pm0.407$  g/dL (Table 6).

Dogs of Group III had mean pre therapeutic mean albumin value of  $1.51\pm0.132$  g/dL, which was significantly reduced when compared to the control group  $2.60\pm0.109$  g/dL. The post therapeutic value showed a significant increase with a mean value of  $2.18\pm0.147$  g/dL (Table 6).

In the dogs of this Group the mean value of globulin was  $4.13\pm0.265$  g/dL which had non significantly higher when compared to the healthy dogs ( $3.65\pm0.338$  g/dL). There was non significant decrease with the mean value of  $3.80\pm0.395$  g/dL after therapy (Table 6).

The pre therapeutic mean ALT value in dogs of Group III

was found to be  $67.40\pm5.552$  IU/L which was significantly increased as compared to the control group ( $30.27\pm3.718$  IU/L). On  $21^{st}$  day post therapy, the mean ALT value showed significant elevation to  $128.4\pm4.639$  IU/L (Table 6). Dogs of Group III had pre therapeutic mean ALP value of  $273.9\pm41.26$  IU/L which was significantly higher as compared to the healthy dogs in control group ( $114.8\pm15.23$ IU/L). The post therapeutic value showed a significant increase with the mean value of  $551.9\pm33.81$  IU/L after therapy (Table 6).

In the dogs of Group III the mean pre therapeutic total bilirubin value was  $1.115\pm0.1948$  mg/dL which was significantly higher than control group with a mean value of  $0.48\pm0.054$  mg/dL. On the 21<sup>st</sup> day after treatment, there was significant decrease in total bilirubin value with a mean value of  $0.500\pm0.894$  mg/Dl (Table 6).

Dogs of Group III had pre therapeutic mean ALP value of  $273.9\pm41.26$  IU/L which was significantly higher as compared to the healthy dogs in control group (114.8±15.23 IU/L). The post therapeutic value showed a significant increase with the mean value of  $551.9\pm33.81$  IU/L after therapy (Table 6).

In the dogs of Group III the mean pre therapeutic total bilirubin value was  $1.115\pm0.1948$  mg/dL which was significantly higher than control group with a mean value of  $0.48\pm0.054$  mg/dL. On the  $21^{st}$  day after treatment, there was significant decrease in total bilirubin value with a mean value of  $0.500\pm0.894$  mg/dL (Table 6).

**Table 6:** Mean±SE of serum biochemical values of dogs in Group III before and after therapy

Healthy dogs	Infected dogs before therapy	After therapy
14.72±2.324 a	36.58±1.307 b	17.58±0.969 ac
0.93±0.033 <sup>a</sup>	1.73±0.098 <sup>b</sup>	0.88±0.113 ac
6.25±0.283 <sup>a</sup>	5.65±0.306 ª	5.31±0.407 <sup>a</sup>
2.60±0.109 <sup>a</sup>	1.51±0.132 <sup>b</sup>	2.18±0.147 <sup>ac</sup>
3.65±0.338 <sup>a</sup>	4.13±0.265 a	3.80±0.395 <sup>a</sup>
30.27±3.718 a	67.40±5.552 °	128.4±4.639 b
114.8±15.23 <sup>a</sup>	273.9±41.26 <sup>b</sup>	551.9±33.81 <sup>bc</sup>
0.48±0.054 <sup>a</sup>	1.115±0.1948 <sup>b</sup>	0.500±0.894 ac
	Healthy dogs           14.72±2.324 a           0.93±0.033 a           6.25±0.283 a           2.60±0.109 a           3.65±0.338 a           30.27±3.718 a           114.8±15.23 a           0.48±0.054 a	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$

Note: Mean $\pm$ SE bearing different superscripts within a row are statistically different at P < 0.05.

# Discussion Therapeutic trial

# Group I

In this group, all the dogs were treated with a combination of Doxycycline @ 5 mg/kg b.wt *per os b.i.d*, Clindamycin @ 25 mg/kg b.wt *per os b.i.d* and Metronidazole @ 15 mg/kg b.wt *per os b.i.d*, for a period of 21 days. Response to therapy was studied by improvement in haemato biochemical parameters and by negative saline agglutination test and Coombs test after treatment.

The dogs in Group I before therapy had significantly decreased mean concentration of Hb, TEC and PCV of 4.96±0.282 g/ dL,  $2.05\pm0.20 \times 10^6$  / µL and 16.17±0.885 percent respectively. After treatment, there was significant increase in the mean Hb, TEC and PCV to

11.45±1.266 g/dL,  $5.36\pm0.423 \times 10^6$  /µL and  $36.20\pm4.016$  percent respectively. Nandini *et al.* (2016) <sup>[11]</sup>, Sharma *et al.* (2016) <sup>[15]</sup>, An *et al.* (2019) <sup>[1]</sup>, Almendros *et al.* (2020) and Patel *et al.* (2023) <sup>[12]</sup> reported a significant increase in the mean values of haemoglobin, TEC and PCV on 21<sup>st</sup> day of treatment with a combination of of Doxycycline @ 5 mg/kg b.wt *per os b.i.d*, Clindamycin @ 25 mg/kg b.wt *per os b.i.d*, for a

period of 21 days. It could be attributed to removal of parasites and toxic products as a sequel to red blood cell lysis.

The dogs of this group had mean TLC concentration of  $24.12\pm4.675 \times 10^3 /\mu L$  which decreased significantly to  $12.93\pm2.23 \times 10^3 /\mu L$  after therapy. This is in agreement with Nandini *et al.* (2016) <sup>[11]</sup> and Patel *et al.* (2023) <sup>[11]</sup>. This could be attributed to the efficacious combination of antibiotic therapy in subsidence of infection and reduction of stress on animal. It stimulates humoral and cellular immunity against *B. gibsoni* infection and results in improvement in clinical condition.

The platelet count in dogs of this group was  $58.50\pm25.06 \times 10^3/\mu$ L before therapy. A significant increase in the platelet count to  $340.0\pm107.7 \times 10^3/\mu$ L was observed after therapy. Similar findings have been reported by Suzuki *et al.* (2007) <sup>[16]</sup>, Nandini *et al.* (2016) <sup>[11]</sup> and Swamy *et al.* (2019) <sup>[17]</sup> and Patel *et al.* (2023) <sup>[12]</sup>. This could be attributed to the efficacy of combination of antibiotics in decreasing the platelet sequestration and destruction by splenic macrophages.

In dogs of Group I, the mean pre therapeutic ALT concentration was  $71.43\pm6.111$  IU/L. After treatment there

was significant decrease in mean concentration of ALT to  $34.13\pm2.035$  IU/L. Our findings is in accordance with Sharma *et al.* (2016) <sup>[15]</sup>, Halder and Gupta (2022) <sup>[7]</sup> and Patel *et al.* (2023) <sup>[12]</sup> who observed a significant decrease in ALT after treatment.

Dogs of Group I had pre therapeutic mean ALP value of  $327.8\pm22.72$  IU/L The post therapeutic value showed a significant decrease with the mean value of  $130.1\pm20.64$  IU/L after therapy. This is in agreement with Sharma *et al.* (2016)<sup>[15]</sup> and Patel *et al.* (2023)<sup>[12]</sup> who reported that the mean ALP value decreased significantly after treatment with Triple antibiotic therapy.

The pre therapeutic mean creatinine value in dogs of group I was  $1.51\pm0.110$  mg/dL which decreased significantly on the  $21^{\text{st}}$  day post therapy ( $0.93\pm0.088$  mg/dL). The dogs in Group I before therapy had significantly increased BUN concentration of  $24.63\pm3.045$  mg/dL which decreased significantly to  $12.78\pm1.132$  mg/dL post therapy. This is in agreement with Sharma *et al.* (2016) <sup>[15]</sup> and Patel *et al.* (2023) <sup>[12]</sup> who observed a significant decrease in creatinine and BUN after treatment. Dehydration can lead to decreased blood flow to the kidneys, causing ischemia and potential damage to the renal parenchyma. Acute injury to the renal parenchyma is reversible if the dehydration is corrected at the earliest.

The pre therapeutic total protein, albumin and globulin in Group I were 5.48 $\pm$ 0.212 g/ dL, 1.33 $\pm$ 0.066 g/ dL and 4.15±0.194 g/ dL respectively. A non significant increase in the total protein (6.03 $\pm$ 0.209 g/ dL) and a significant increase in the albumin value was observed after therapy (2.51±0.074 g/ dL). The Mean globulin level decreased non significantly (3.51±0.195 g/ dL) The present finding is in accordance with Nandini et al. (2016) [11] and Patel et al. (2023)<sup>[12]</sup> who also observed an increase in the albumin and total protein value after treatment. Hypoalbuminemia before treatment could be due to protein - losing nephropathy or liver dysfunction. Hypoproteinemia along with hypoalbuminemia, hyperglobulinemia in concomitant TBDs in dogs could be due to chronic inflammatory disease, anorexia or decreased protein intake (Mylonakis et al., 2010) [10].

The mean total bilirubin value was  $1.26\pm0.420 \text{ mg/dL}$  which non significantly decreased to  $0.38\pm0.147 \text{ mg/dL}$  after treatment. Similar findings have been reported by Nandini *et al.*, 2016 <sup>[11]</sup>. This decrease could be due to the effect of antibiotics in subsiding the infection and there by reducing hemolysis.

# Group II

In this group, all the dogs were treated with combination of Doxycycline, Metronidazole, Clindamycin @ 5 mg/kg b. wt, 15 mg/kg b.wt and 25 mg/kg b.wt per os *b.i.d* respectively for a period of 21 days and Prednisolone @ 2 mg/kg b.wt per os *b.i.d* for 5 days followed by 1 mg/ kg b.wt per os *b.i.d* for another 5 days.

The dogs in Group II had significantly decreased mean concentration of Hb, TEC and PCV of  $6.48\pm0.406 \text{ g/dL}$ ,  $2.72\pm0.266 \times 10^6$  /  $\mu$ L, and  $19.38\pm1.971$  percent respectively. After treatment, there was significant increase in mean concentration of Hb, TEC and PCV to  $12.98\pm0.839$ ,  $5.86\pm0.334$  and  $40.78\pm2.550$  respectively. The results of the present study is in accordance with Ashwini *et al.* (2017) <sup>[2]</sup> and Lachungpa *et al.* (2020) <sup>[8]</sup> who observed a significant

increase in the mean values of haemoglobin, TEC and PCV after treatment. This could be attributed to reduction in the parasitic load by the combination of antibiotics and the effect of Prednisolone for suppressing the auto antibodies targeting the erythrocyte antigens.

The dogs of this group had mean WBC concentration of  $23.65\pm6.744 \times 10^3 /\mu$ L which decreased significantly to  $13.87\pm1.687 \times 10^3 /\mu$ L after therapy. This is in agreement with Ashwini *et al.* (2017)<sup>[2]</sup> and Lachungpa *et al.* (2020)<sup>[8]</sup>. This could be attributed to the efficacious combination of antibiotic therapy and Prednisolone in subsidence of infection and reduction of stress on animal. Glucocorticoids decrease the number of lymphocytes by redistributing T-lymphocytes and B- lymphocytes in circulatory pool (Fauci, 1975)<sup>[3]</sup>. Hence few lymphocytes are exposed to antigen, which decreases the activation division of these cells. Thus affecting the counts and antibody production as only few cells are available for antibody production.

The platelet count in dogs of this group was  $83\pm14.68\times10^3$  $/\mu L$  before therapy. A significant increase in the platelet count to  $337.8\pm98.67 \times 10^3 /\mu L$  was observed after therapy. Similar findings have been reported by Ashwini et al. (2017) <sup>[2]</sup> and Lachungpa *et al.* (2017) <sup>[22]</sup>. This could be attributed to the addition of Prednisolone to the combination of triple antibiotic therapy. Glucocorticoids upregulate megakaryocyte gene expression associated with cytoskeleton reorganization. Upregulation of guanine deaminase is largely responsible for glucocorticoid stimulation of thrombopoiesis (Grodzielski and cidlowski, 2023) <sup>[6]</sup>. Glucocorticoids reduce the rate of platelet destruction if IMHA is associated with concurrent IMTP.

In dogs of Group II, the mean ALT concentration was  $74.32\pm5.610$  and ALP value was  $418.4\pm73.50$  IU/L. After treatment there was significant decrease in mean concentration of ALT and ALP to  $31.33\pm1.797$  and  $223.2\pm79.95$  IU/L respectively. This was in accordance with Lachungpa *et al.* (2020)<sup>[8]</sup>. The decrease in mean ALT and ALP value after treatment could be attributed to the reversal of hypoxia induced Liver damage.

The pre therapeutic mean creatinine value in dogs of group II was  $1.86\pm0.152$  mg/dL which decreased significantly on the  $21^{\text{st}}$  day post therapy ( $0.88\pm0.083$  mg/dL). This is in accordance with Lachungpa *et al.* (2020) <sup>[8]</sup> who observed non significant decrease in the creatinine value post treatment, whereas Ashwini *et al.* (2017) <sup>[2]</sup> observed non significant difference in creatinine levels post therapy.

The dogs in Group II before therapy had BUN concentration of  $30.63\pm2.065$  mg/dL which decreased significantly to  $14.52\pm0.542$  mg/dL post therapy. Similar findings have been reported by Lachungpa *et al.* (2020)<sup>[8]</sup> who observed a non significant decrease in BUN post therapy and Ashwini *et al.* (2017)<sup>[2]</sup> reported non significant difference post therapy.

The pre therapeutic total protein, albumin and globulin in Group II were  $5.96\pm0.210$  g/ dL,  $1.85\pm0.170$  g/ dL and  $4.11\pm0.284$  g/ dL respectively. A non significant increase in the total protein  $(6.41\pm0.558$  g/ dL) and a significant increase in the mean albumin  $(3.26\pm0.345g/$  dL) levels was observed after therapy while the Mean globulin decreased  $(3.15\pm0.269$  g/ dL) non significantly after treatment. The findings of our study is in accordance with Ashwini *et al.* (2017) <sup>[2]</sup> and Lachungpa *et al.* (2020) <sup>[8]</sup>, who observed non significant increase in the total protein and albumin.

The mean total bilirubin value was  $1.26\pm0.424 \text{ mg/dL}$  which non significantly reduced to  $0.36\pm0.066 \text{ mg/dL}$  after treatment. Similar findings have been reported by Ashwini *et al.* (2017) <sup>[2]</sup> and Lachungpa *et al.* (2020) <sup>[8]</sup> who also observed non significant reduction in the total bilirubin value. This reduction could be attributed to the effect of antibiotics in subsiding the infection and the effect of prednisolone for suppressing the auto antibodies targeting the erythrocyte antigens, therby reducing the hemolysis.

## Group III

In this group, all the dogs were treated with combination of Doxycycline, Clindamycin and Metronidazole @ 5 mg/kg b.wt ,15 mg/kg b.wt, 25 mg/kg b.wt and combination of Azathioprine @ 2mg/kg b.wt *per os s.i.d* for 5 days followed by 1 mg/kg *per os s.i.d* for next 5 days and 0.5 mg/kg *per os s.i.d* for another 5 days and Prednisolone @ 1.5 mg/kg b.wt *per os b.i.d* for a period of 5 days followed by 1 mg/kg b.wt *per os b.i.d* for next 5 days followed by 0.5 mg/kg b.wt *per os b.i.d* for another 5 days.

The dogs in Group III had significantly decreased mean concentration of Hb, TEC and PCV of  $4.95\pm0.409$  g/dl,  $1.75\pm0.159 \times 10^6$  / µL, and  $16.27\pm1.213$  percent respectively. After treatment, there was significant increase in mean concentration of Hb, TEC and PCV to  $11.08\pm1.459$ ,  $4.83\pm0.658$  and  $34.08\pm3.984$  respectively. The results of the present study is in accordance with Piek *et al.* (2008) <sup>[13]</sup>, Lachungpa *et al.* (2020) <sup>[8]</sup>, Franco *et al.* (2021) <sup>[4]</sup> who observed a significant increase in the mean values of haemoglobin, TEC and PCV after treatment. This could be attributed to reducing the parasitic load by the combination of antibiotics and the effect of prednisolone and azathioprine due to reduced erythrophagocytosis of opsonised RBC or decreased production of antibiodies by reducing lymphocytes in the circulation pool.

The dogs of this group had mean WBC concentration of  $24.63\pm5.531 \times 10^3 /\mu L$  which decreased significantly to  $11.12\pm1.176 \times 10^3 /\mu L$  after therapy. This is in agreement with Lachungpa *et al.* (2020) <sup>[8]</sup>, Franco *et al.* (2021) <sup>[4]</sup>. This could be attributed to the efficacious combination of antibiotic therapy in subsiding the infection, along with Prednisolone and Azathioprine which primarily suppress lymphocyte activation and proliferation, reducing antibody production (Ghazlat, 2009) <sup>[5]</sup>.

The platelet count in dogs of this group was  $58.50\pm24.76$  <sup>b</sup> ×  $10^3/\mu$ L before therapy. A significant increase in the platelet count to  $232.3\pm33.53 \times 10^3/\mu$ L was observed after therapy. Similar findings have been reported by Piek *et al.* (2008) <sup>[13]</sup>, Lachungpa *et al.* (2017) <sup>[22]</sup>. This could be attributed to the addition of Prednisolone and Azathioprine to the combination of triple antibiotic therapy.

In dogs of Group III, the mean ALT and ALP concentration was  $67.40\pm5.552$  IU/L and  $273.9\pm41.26$  IU/L respectively. After treatment there was a significant increase in mean concentration of ALT and ALP to  $128.4\pm4.639$  and  $551.9\pm33.81$  IU/L respectively. A significant increase in Mean ALT levels and ALP levels was observed after treatment. The findings of the present study is in accordance with Lachungpa *et al.* (2020) <sup>[I]</sup>. These changes could be attributed to Azathioprine induced hepatopathy (Wallisch and Trepanier, 2015) <sup>[21]</sup>.

The pre therapeutic mean creatinine value in dogs of group II was  $1.73\pm0.098$  mg/dL which decreased significantly on the  $21^{st}$  day post therapy ( $0.88\pm0.113$  mg/dL). This is in

accordance with Lachungpa *et al.* (2020)<sup>[8]</sup> who observed non significant decrease in the creatinine value post treatment.

The dogs in Group III before therapy had BUN concentration of  $36.58\pm1.307$  mg/dL which decreased significantly to  $17.58\pm0.969$  mg/dL post therapy. This is in agreement with Lachungpa *et al.* (2020)<sup>[8]</sup> who observed a significant decrease in BUN post therapy.

The pre therapeutic total protein, albumin and globulin in Group III were  $5.65\pm0.306$  g/ dL,  $2.18\pm0.147$  mg/dL,  $1.51\pm0.132$  g/ dL and  $4.13\pm0.265$  g/ dL respectively. A non significant decrease in the total protein  $(5.31\pm0.407$  g/ dL) and a significant decrease in the albumin  $1.51\pm0.132$  g/ dL was observed. There was a mild decrease in Mean globulin level  $(3.80\pm0.395$  mg/dL) which was not statistically significant. The findings of our study is in accordance with Lachungpa *et al.* (2020) <sup>[8]</sup>, who observed non significant difference after treatment.

The mean total bilirubin value was  $1.115\pm0.1948 \text{ mg/dL}$  which non significantly reduced to  $0.500\pm0.894 \text{ mg/dL}$  after treatment. Similar findings have been reported by Lachungpa *et al.* (2020) <sup>[8]</sup> who also observed non significant reduction in the total bilirubin value. This reduction could be attributed to the effect of antibiotics in subsiding the infection and the effect of Prednisolone and Azathioprine for suppressing the auto antibodies targeting the erythrocyte antigens, therby reducing the hemolysis.

## References

- 1. An HM, Song JH, An SJ, Yu D, Han D, Kim YJ, *et al.* Clindamycin-doxycycline-metronidazole combination therapy in a refractory canine babesiosis case. Journal of Biomedical and Translational Research. 2019;20(3):71-74.
- Ashwini M, Pillai UN, Ajithkumar S, Tresamol PV, Chirayath D. Haematological changes in dogs affected with immune mediated haemolytic anaemia. International Journal of Livestock Research. 2017;7(8):221-227.
- Fauci AS. Mechanisms of corticosteroid action on lymphocyte subpopulations. I. Redistribution of circulating T and B lymphocytes to the bone marrow. Immunology. 1975;28(4):669.
- 4. Franco RP, Mendonca AF, Nakamura TY, Sauniti DSTP, Martuchi BT. Association of azathioprine and prednisolone in the control of immune mediated haemolytic anemia in dogs. Brazilian Journal of Animal and Environmental Research. 2021;4(2):2777-2784.
- 5. Ghazlat AS. Immunosuppressive therapy for canine immune-mediated hemolytic anemia. Compendium on Continuing Education for the Practising Veterinarian. 2009;31(1):33-41.
- 6. Grodzielski M, Cidlowski JA. Glucocorticoids regulate thrombopoiesis by remodeling the megakaryocyte transcriptome. Journal of Thrombosis and Haemostasis. 2023.
- Halder B, Gupta AR. Haematobiochemical alteration and therapeutic management of canine babesiosis. Indian Journal of Animal Health. 2022;151(1-2):289-296.
- 8. Lachungpa CG, Chandrasekaran D, Thilagar MB, Kumar TMA. Treatment of secondary immune mediated hemolytic anaemia of dogs in Chennai, Tamil

Nadu. Journal of Animal Research. 2020;10(4):535-541.

- 9. Manev I, Marincheva V. Canine immune-mediated hemolytic anemia-brief review. Traditional and Modern Veterinary Medicine. 2018;3(4):59-64.
- Mylonakis ME, Kritsepi-Konstantinou M, Dumler JS, Diniz PPVP, Day MJ, Siarkou. Severe hepatitis associated with acute *Ehrlichia canis* infection in a dog. Journal of Veterinary Internal Medicine. 2010;24:633– 638.
- 11. Nandini MK, Vishwakarma P, Kamran CA. New therapeutic protocol for canine babesiosis: A case report. Journal of Dairy Veterinary and Animal Research. 2016;3(3):112-113.
- 12. Patel AR, Pael MD, Meha SA, Parmar SM, Mavadiya SV, Vala JA, *et al.* Comparative efficacy of two antibabesial treatment protocols against canine babesiosis in and around Navsari, Gujarat. Journal of Pharmacy Innovation. 2023;12(10):1705-1711.
- 13. Piek CJ, Junius G, Dekker A, Schrauwen E, Slappendel RJ, Teske E. Idiopathic immune-mediated hemolytic anemia: treatment outcome and prognostic factors in 149 dogs. Journal of Veterinary Medicine. 2008;22(2):366-373.
- 14. Salem NY, Farag HS. Clinical, hematologic, and molecular findings in naturally occurring *Babesia canis vogeli* in Egyptian dogs. Veterinary Medicine International; c2014.
- 15. Sharma DK, Mahendran K, Chethan GE, Banerjee PS, Mondal DB, Gupta VK. Medical management of *Babesia gibsoni* induced hepatopathy and acute renal injury in a dog. Journal of Veterinary Parasitology. 2016;30(1):32-34.
- 16. Suzuki K, Wakabyashi H, Takahashi M. A possible treatment strategy and clinical factors estimate the treatment response in *Babesia gibsoni* infection. Journal of Medical Sciences. 2007;69:563-568.
- Swammy KKP, Mohanapriya T, Enbavelan PA, Sundararajan RC, Saravanan S, Ramprabhu R. Triple Therapy in Canine Babesiosis-A Case Report. International Journal of Current Microbiology and Applied Sciences. 2019;8(12):964-967.
- Teodorowski O, Kalinowski M, Winiarczyk D, Dokuzeylül B, Winiarczyk S, Adaszek L. *Babesia* gibsoni Infection in Dogs—A European Perspective. Animals. 2022;12(6):730.
- Varshney JP, Deshmukh VV, Chaudhary PS. Multisystemic effects of canine babesiosis and management of critical cases. Intas Polivet. 2008;9(2):281-287.
- Vishwakarma P, Nandini MK. Overview of canine babesiosis. Veterinary Medicine and Pharmacy. 2019;1-17.
- 21. Wallisch K, Trepanier LA. Incidence, Timing, and Risk Factors of Azathioprine Hepatotoxicosis in dogs. Journal of Veterinary Medicine. 2015;29(2):513-518.
- 22. Lachungpa C. Agriculture in Trans-Himalayan Sikkim in Thangu and Adjoining Areas: Issues and Challanges (Doctoral dissertation); c2017.
- 23. Reddy KR, Karthik KV, Prasad SB, Soni SK, Jeong HM, Raghu AV. Enhanced photocatalytic activity of nanostructured titanium dioxide/polyaniline hybrid photocatalysts. Polyhedron. 2016 Dec 14;120:169-174.