

## EVALUATION OF CLINICAL AND HEMATOLOGICAL EFFECT OF XYLAZINE-KETAMINE AND XYLAZINE-ATROPINE IN RABBIT

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### ABSTRACT

This study was conducted to evaluate the clinical and hematological changes during Xylazine-Ketamine (XK) and Xylazine-atropine (XA) anesthesia in rabbits. Ten healthy and well-fed Rabbits of 1.6 to 2.0 kg BW were selected and divided into two groups: Group I (XK) and Group II (XA). Rabbits in Group I (n=5) were anesthetized with a combination of Xylazine HCl @ 5 mg/kg BW (IM) and Ketamine HCl @ 35 mg/kg BW (IM), whereas Xylazine HCl @ 5 mg/kg BW (IM) and Atropine Sulphate @ 0.2 mg/kg BW (IM) were used for anesthesia in Group II (n=5). In both groups, various clinical parameters like heart rate, respiration rate and temperature were collected from the rabbits before induction of anesthetic agents (control) and thereafter on 15, 30, 45, 60, 75, and 90 minutes of post-induction and blood parameters at 0 minute and 30 minutes to evaluate hematological changes. In addition, clinical changes in temperature, respiration and heart rate were also assessed in both groups. RBC, Hb, MCV, MCH and MCHC were decreased significantly ( $p < 0.05$ ) in Group I(XK), temperature, respiration and heart rate were decreased significantly ( $p < 0.05$ ) in both groups during the experiment. There were no significant differences in lymphocytes, monocytes, granulocyte, HCT, platelets values from baseline in group I(XK) and Group II(XA). The rabbits recovered from anesthesia uneventfully. This result showed that the combination of Xylazine and Ketamine would give better anesthetic results in terms of clinical and hematological parameter and general anesthesia compare to Xylazine and Atropine in healthy rabbits. Rabbits should be carefully monitored by the veterinarians during surgical interventions to avoid anesthesia-related risks and complications.

**Keywords:** Atropine, Hematology, Ketamine, Rabbit, Xylazine

### INTRODUCTION

Rabbits are one of the mostly used experimental lab animals which are generally used in biomedical researches and experimental surgeries as well (Brodbelt, 2009; Greene and Thurmon, 1988). While conducting surgery and/or other medical operation, pain management is an important factor in rabbit and safe anesthesia is a challenging thing in rabbit (Peeters et al., 1988). Many research institutions across the world employ rabbits for experimental purposes, and they usually require anesthesia. Preanesthetic mortality in rabbits (1 in 72) have been reported (Khalaf et al., 2014) which might be due to inappropriate anesthetic protocol. It is important to look at the hematological and clinical consequences of regularly used anesthetic combinations. Xylazine and Ketamine are commonly used to sedate the rabbits (Holve et al 2013). Xylazine hydrochloride (HCl) is an alpha-2 agonist which inhibits catecholamine and dopamine, causing inhibition in nerve signals to central nervous system which results in sedative and analgesic along with relaxation of striated muscles effects (Chao et al., 1984; Neshgash et al., 2016). Ketamine hydrochloride is a dissociative

drug that causes deep analgesia, increases arterial pressure and pulse rate, and stimulates the heart. Ketamine usage alone may result in convulsions, myoclonus, and hypertonicity of the muscles (Nesgash et al., 2016). Atropine sulphate keeps the heart rate of animals under sedation at baseline while xylazine acts as a sedative.

There is no any study on effect of xylazine and atropine combination in rabbits. This investigation was designed to compare the sedative effects of combination xylazine-ketamine and xylazine-atropine. Additionally, changes in several blood parameters and clinical manifestations were examined. To lessen the undesirable sensory, motor, sympathetic, and parasympathetic effects, balanced anesthesia is required. Thus, the analysis of several significant hematobiochemical alterations linked to Xylazine-Ketamine and Xylazine-atropine anesthesia in rabbit was the main goal of this study.

## MATERIALS AND METHODS

This research work was carried out from September to November 2023 in the Veterinary Teaching Hospital of Institute of Agriculture and Animal Science, Paklihawa, Rupandehi, Nepal, to find the effects of Xylazine-Ketamine and Xylazine-Atropine anesthesia on some clinical and hematological indices in rabbits.

### Experimental animals

The study was conducted on ten apparently healthy adult rabbits of both sexes weighing 1.6-2.0 kg, two female and eight male and none of female rabbit were pregnant, The rabbits were housed indoors at same condition, fed concentrated food and green grass. Before anesthesia, the animals had free access to water but feed was withheld for 12 hours prior to the experiment. Baseline data of respiratory rate, heart rate and temperature were obtained prior to injection of any drugs.

### Study Design

A randomized, controlled experimental design were employed for this study. Each group had four male and one female. Group I (XK) was treated with 5 mg/kg Xylazine and 35 mg/kg Ketamine and Group II (XA) was treated with 5 mg/kg Xylazine and 0.2 mg/kg Atropine. All drugs were administered intramuscularly.

### Anesthesia evaluation

Vital signs including heart rate, body temperature and respiration were observed before administration of anesthesia and after 15, 30, 45, 60, 75 and 90 minutes of administration of the anesthesia combinations.

### Blood collection and hematological analysis

Blood sample were taken before sedation and after thirty minutes of sedation. Blood samples was collected in (K3-EDTA) vial. 27 G, 1ml syringes was used to collect 1 ml blood from marginal ear vein. Collected blood samples were analyzed in blood hemato-analyzer machine (Mindray BC-2800 Vet) available in Veterinary Teaching Hospital (VTH), Paklihawa campus.

### Statistical Analysis

The data was collected in Microsoft Excel sheet and compared with paired t-test using an online graph pad calculator. The data obtained from this research work were calculated as mean  $\pm$  standard error for all the cases in both groups. Statistical significance was set at  $p < 0.05$ .

## RESULTS AND DISCUSSION

### Effect on clinical parameters

The effects of Xylazine-Ketamine (XK) and Xylazine-Atropine (XA) anesthesia on temperature, respiration and heart rate in both groups I and II are shown in Table 1. There was decreased in the physiological parameters (rectal temperature, heart rate, and respiratory rate) in both the experimental group in comparison to baseline value (as in 0 minute). A decrease in the physiological parameters can be related to a reduction in the metabolic rate, relaxation of the muscles, and a direct depressive effect on the central nervous system. (Kandpal et al., 2005). Following anesthesia, there was a substantial drop-in respiratory activity at the  $p < 0.05$  level. This decline continued from 15 to 90 minutes, however in group I (XK) it was below baseline. Throughout the experiment, both Group I (XK) and Group II (XA) showed significant decreases in respiration at 15 minutes, 45 minutes, 60 minutes, 75 minutes, and 90 minutes at the level of ( $p < 0.05$ ). This could be because ketamine depresses the brain's respiratory centers (Afshar et al., 2005; Luna et al., 1997; Dittmar et al., 2004; Mostachio et al., 2008). After 60 minutes of anesthesia, the heart rate was considerably lower ( $p < 0.05$ ) than the baseline value ( $207.20 \pm 43.21$  beats/min). This could be because XK causes deep bradycardia that affects loading conditions and ventricular function which is supported by study of (Dittmar et al., 2004; Mostachio et al., 2008 Santosh et al., 2013).

**Table 1: Effect of general anesthesia regime induced by xylazine-ketamine and xylazine-atropine on clinical parameters in rabbits**

| Parameter                   | Combinations | 0 min                            | 15 min                           | 30 min                          | 45 min                           | 60 min                           | 75 min                           | 90 min                           |
|-----------------------------|--------------|----------------------------------|----------------------------------|---------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
|                             |              | Mean $\pm$ SD                    | Mean $\pm$ SD                    | Mean $\pm$ SD                   | Mean $\pm$ SD                    | Mean $\pm$ SD                    | Mean $\pm$ SD                    | Mean $\pm$ SD                    |
| Temperature ( $^{\circ}$ F) | XK           | 103.300 $\pm$ 1.631 <sup>a</sup> | 102.980 $\pm$ 0.795 <sup>a</sup> | 101.8 $\pm$ 0.604 <sup>a</sup>  | 102.280 $\pm$ 0.396 <sup>a</sup> | 102.00 $\pm$ 0.587 <sup>a</sup>  | 101.66 $\pm$ 0.499 <sup>a</sup>  | 101.980 $\pm$ 0.912 <sup>b</sup> |
|                             | XA           | 103.24 $\pm$ 0.986 <sup>a</sup>  | 104.100 $\pm$ 1.120 <sup>a</sup> | 103.58 $\pm$ 1.564 <sup>a</sup> | 103.920 $\pm$ 1.496 <sup>a</sup> | 103.560 $\pm$ 1.126 <sup>b</sup> | 103.440 $\pm$ 0.841 <sup>b</sup> | 103.700 $\pm$ 0.866 <sup>a</sup> |
| Respiration/ min            | XK           | 206.40 $\pm$ 45.13 <sup>a</sup>  | 60.80 $\pm$ 18.63 <sup>b</sup>   | 63.20 $\pm$ 17.06 <sup>b</sup>  | 70.40 $\pm$ 11.87 <sup>b</sup>   | 78.40 $\pm$ 12.84 <sup>b</sup>   | 75.60 $\pm$ 310.6 <sup>b</sup>   | 112.80 $\pm$ 5799 <sup>b</sup>   |
|                             | XA           | 204.80 $\pm$ 22.7 <sup>a</sup>   | 140.00 $\pm$ 49.23 <sup>b</sup>  | 140.00 $\pm$ 62.67 <sup>a</sup> | 122.00 $\pm$ 87.59 <sup>b</sup>  | 187.6 $\pm$ 65.24 <sup>b</sup>   | 180.00 $\pm$ 48.39 <sup>b</sup>  | 186.80 $\pm$ 34.11 <sup>b</sup>  |
| HR (beats/ min)             | XK           | 207.20 $\pm$ 43.21 <sup>a</sup>  | 182.40 $\pm$ 40.65 <sup>a</sup>  | 172.80 $\pm$ 47.78 <sup>a</sup> | 167.60 $\pm$ 43.51 <sup>a</sup>  | 160.80 $\pm$ 25.98 <sup>b</sup>  | 170.40 $\pm$ 31.95 <sup>a</sup>  | 211.20 $\pm$ 21.80 <sup>a</sup>  |
|                             | XA           | 202.40 $\pm$ 32.20 <sup>a</sup>  | 131.20 $\pm$ 67.55 <sup>a</sup>  | 155.60 $\pm$ 36.34 <sup>a</sup> | 268.00 $\pm$ 70.54 <sup>a</sup>  | 113.20 $\pm$ 80.87 <sup>a</sup>  | 209.60 $\pm$ 52.35 <sup>a</sup>  | 221.60 $\pm$ 33.66 <sup>a</sup>  |

\*Values bearing common superscript in columns and in rows do not differ significantly from each other ( $p < 0.05$ ).

### Effect on hematological parameters

Table 2 displays the effects of Xylazine-Atropine (XA) and Xylazine-Ketamine (XK) anesthesia on several hematological markers. Hemoglobine (Hb) and Red blood cells (RBC) were found to be decreased in both the group but it was significantly low only in

Group I at the  $P < 0.05$  level. It may be due to the pooling of circulating blood cells in the spleen or other reservoirs as a result of decreased sympathetic activity because of anesthesia (Biswas et al., 2018; Kanu et al., 2018). The anesthetic drug causes vasodilation of smooth muscles resulting in decrease in RBC and Hb in blood (Wilson et al., 2004). MCH and MCV were significantly lower after administration of anesthetic combination in Group I. It can be related to microcytic hyperchromic anemia (Chao et al., 1984). The changes in group II remain insignificant. MCHC was found to be significantly lower at the  $P < 0.05$  level than their control values in Group I(XK) combination. Previous studies have stated that IM/IV application of Ketamine result in decrease in the hematocrit and RBC count (Frankel and Hawkey, 1980; Pfeil and Dyesterberg, 1987). There was insignificant increase in the total WBC count in both the group. It can be related to the stress in the rabbits. Studies have suggested that increase in stress causes increase in the cortisol level leading to increasing in the WBC (Mazaheri-Khameneh et al., 2012; Toth and January, 1990)

**Table 2: Effect of general anesthesia regime induced by xylazine-ketamine and xylazine-atropine on hematological parameters in rabbits**

|                                | Combinations | 0 Min                         | 30 Min                        |
|--------------------------------|--------------|-------------------------------|-------------------------------|
|                                |              | Mean± SD                      | Mean± SD                      |
| WBC(*10 <sup>9</sup> /L)       | XK           | 8.6800± 1.1323 <sup>a</sup>   | 8.7620± 1.1662 <sup>a</sup>   |
|                                | XA           | 7.1080± 0.7538 <sup>a</sup>   | 7.2620± 0.7178 <sup>a</sup>   |
| Lymphocyte(%/L)                | XK           | 29.3900± 1.3413 <sup>a</sup>  | 29.2540± 2.1879 <sup>a</sup>  |
|                                | XA           | 30.5040± 1.8063 <sup>a</sup>  | 30.5980± 1.8379 <sup>a</sup>  |
| Monocyte (%/L)                 | XK           | 6.480± 0.4087 <sup>a</sup>    | 6.5040± 0.4221 <sup>a</sup>   |
|                                | XA           | 5.5020± 0.5442 <sup>a</sup>   | 5.500± 0.5116 <sup>a</sup>    |
| Granulocyte (%/L)              | XK           | 63.7240±1.4448 <sup>a</sup>   | 64.2420± 2.1585 <sup>a</sup>  |
|                                | XA           | 63.9140±2.4647 <sup>a</sup>   | 63.9020± 2.3210 <sup>a</sup>  |
| RBC (X10 <sup>12</sup> /L)     | XK           | 7.0920± 0.2862 <sup>a</sup>   | 7.0560± 0.2954 <sup>b</sup>   |
|                                | XA           | 7.15± 0.1603 <sup>a</sup>     | 7.11± 0.1409 <sup>a</sup>     |
| Hb(gm/dl)                      | XK           | 9.9400± 1.1992 <sup>a</sup>   | 9.6760± 1.160 <sup>b</sup>    |
|                                | XA           | 10.4600± 0.7266 <sup>a</sup>  | 10.4340± 0.7080 <sup>a</sup>  |
| HCT%                           | XK           | 39.8540± 2.6833 <sup>a</sup>  | 39.7940± 2.7223 <sup>a</sup>  |
|                                | XA           | 36.7880± 4.6792 <sup>a</sup>  | 36.7960± 4.6779 <sup>a</sup>  |
| MCV (fL)                       | XK           | 55.3140± 6.4390 <sup>a</sup>  | 55.2740± 6.4571 <sup>b</sup>  |
|                                | XA           | 55.4160±6.2439 <sup>a</sup>   | 55.440± 6.2741 <sup>a</sup>   |
| MCH (pg)                       | XK           | 20.9640± 1.7171 <sup>a</sup>  | 20.9280± 1.17276 <sup>b</sup> |
|                                | XA           | 21.8200± 0.9757 <sup>a</sup>  | 21.8220± 0.9805 <sup>a</sup>  |
| MCHC (mg/dL)                   | XK           | 30.6640± 0.92527 <sup>a</sup> | 30.6400± 0.9364 <sup>a</sup>  |
|                                | XA           | 31.8100± 0.8656 <sup>a</sup>  | 31.7860± 0.8494 <sup>a</sup>  |
| Platelets(*10 <sup>9</sup> /L) | XK           | 52.0540± 7.1841 <sup>a</sup>  | 52.0440± 7.2011 <sup>a</sup>  |
|                                | XA           | 55.8420± 3.9627 <sup>a</sup>  | 55.8340± 3.9623 <sup>a</sup>  |

\*Values bearing common superscript in columns and in rows do not differ significantly from each other ( $p < 0.05$ ).

## CONCLUSION

Combination of Xylazine and Ketamine showed the better anesthetic effect with less impact on clinical and hematological parameters in healthy rabbits. Monitoring of rabbits during general anesthesia by Veterinarian is required to avoid anesthesia related risks and complication during surgical interventions.

## RECOMMENDATIONS

Further research should be done to identify combinations that provide effective sedation and anesthesia while minimizing undesirable effects on clinical and hematological parameters. Investigate species-specific responses to these drugs to tailor approaches in veterinary medicine and research. Conduct long-term studies to understand sustained effects and establish safe protocols for repeated anesthesia.

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Declaration of Conflict of Interest

All the authors have read the manuscript and declare no conflict of interest.

Ethical Approval

This experimental methodology was ethically approved by the Nepal Veterinary Council (Ref. No.34/2080/81).

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