

## An Incidence of Aflatoxicosis in Hand-fed Ewe Lambs Exhibiting Icterus Subsequent to Hepatic Failure and Hemoglobinuria

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### Abstract

Aflatoxin intoxication has been noted in most species; however, it is infrequently documented in sheep. In this report, three seven-month-old Romane ewe lambs were found with severe icterus, tachypnea, slight fever, diarrhea, anorexia and

lethargy. Two of them were culled, and one recovered after treatment. Necropsy findings included jaundice, ascites, diffuse hemorrhage on the peritoneum, gall bladder enlargement, and alteration in the color and texture of the liver and kidney. Histopathological evaluation revealed hepatocellular necrosis, megalocytosis and centrilobular to bridging fibrosis in the liver, and hemoglobinuria without nephrotic degeneration in the kidney. The Polymerase Chain Reaction test for leptospirosis as the main differential diagnosis was conducted, which was negative. Clinical signs and characteristic microscopic lesions were suggestive of aflatoxicosis in the lambs described in this investigation. As sheep flocks with intensive rearing systems are becoming more common in Iran, the prevalence of aflatoxicosis due to fungi-contaminated feedstuff can be of serious health concern in such farms.

Keywords: aflatoxin, lamb, hemoglobinuria, icterus, intensive rearing, hepatic failure, kidney

## Case History

Aflatoxins are a kind of coumarins produced by *Aspergillus* fungi, including *Aspergillus flavus*, *A parasiticus*, and *A nomius* (Constable, Peter D. *et al.*, 2017, Zachary, 2021). These toxins usually can be found on cereals,

especially corn (maize), rice, and cottonseed, either in the field or during storage when environmental conditions are favorable for mold growth (G. M. Maxie, 2015b). In tropical regions like Iran, aflatoxicosis poses more threats owing to climatic factors (Gowda *et al.*, 2007)

- 5 All animal species are vulnerable to aflatoxicosis, but outbreaks usually occur mostly in pigs, sheep, and cattle (Constable, Peter D. *et al.*, 2017). The clinical signs and disease severity are different in mammals and poultry because of species, sex, age, production status, and the duration of intake and level of the toxins in the ration (Aiello & Moses, 2016). Accordingly, lactating, pregnant, and  
10 growing animals are most likely to be seriously affected (Constable, Peter D. *et al.*, 2017).

While ruminants are comparatively resistant to aflatoxicosis, intensively reared livestock, in which a large part of feed consists of stored grain, tend to be more at risk (Bingol, N. T., *et al.*). Acute aflatoxicosis is seldom an issue in adult  
15 cattle, sheep, and goats; however, they represent susceptibility if toxic diets are fed over long periods (Aiello & Moses, 2016) or with very high doses (Edrington, T. S. *et al.*).

Animals' exposure to aflatoxin is manifested by chronic and acute hepatocellular damage (Wang *et al.*). High dosages of aflatoxins give rise to  
20 necrosis of hepatocytes, while prolonged low dosages cause reduced growth rate, immunosuppression, and liver enlargement (Ramos, A. J. *et al.*). In lambs, consumption of aflatoxins may result in becoming susceptible to disease due to the suppression of some humoral and cellular immune responses (Fernandez *et al.*).

- 25 The diagnosis of aflatoxicosis in sheep is based on witnessing mortality, gross lesions on the mucosa, cyanosis, and petechial hemorrhage in the liver, associated with weakness and diarrhea (Barbour *et al.*). The diagnosis is confirmed by detecting aflatoxins in the feed and bloodstream and the characteristic gross and histopathological lesions in the liver and nervous tissue  
30 (Constable, Peter D. *et al.*, 2017).

This report describes an incidence of aflatoxicosis in an intensive rearing Romane sheep flock near Tehran.

### Clinical presentation

In December 2021, a seven-month-old ewe lamb of the Romane breed was found depressed and lethargic in the barn. The lamb was panting and reluctant to move. A thorough examination was conducted immediately. Slight hyperthermia (39.7 degrees Celcius), severe icterus, tachypnea, and dark brown diarrhea were evident. For welfare considerations, the lamb was culled. At necropsy, the most eye-catching findings were extreme jaundice, ascites (figure 1-A), and diffuse hemorrhage on the peritoneum (Figure 1-B). The liver was yellowish-brown and firm, and the gall bladder was heavily swollen (Figure 1-C). The kidneys were abnormally large with dark red color (Figure 1-D). Samples from the liver, kidneys, lung, heart and intestine were taken, put into a 10% formalin solution, and submitted to the lab for histopathological evaluation. Two other ewe lambs from the same barn were found ill within a week, representing the exact clinical signs. One of the latter lambs was slaughtered, and the other recovered after receiving supportive treatment for several days. Treatment included fluid therapy and administration of dexamethasone, vitamin B-complex and Phosphorus+B12 components.

### Diagnostic testing

To perform the histopathological examination, 1.5×1.5×1.5 cm liver and kidney samples were taken and placed in 10% neutral buffered formalin. After 48 h, tissue samples were fixed and routinely processed, dehydrated, and embedded in paraffin wax, sectioned at 5 µm thickness (Rotary Microtome RM2 145; Leica), and stained with hematoxylin-eosin (H&E) staining. Additional sections of the liver and kidney were stained histochemically with Masson's trichrome and Prussian blue staining. Finally, the sections were evaluated via a light microscope, and micrographs were taken.

Microscopic examination of the liver section represented micro and macro vesicles of lipid within some hepatocytes (fatty change), bile retention (Figure 2-C), portal/central bridging fibrosis (including necrosis of hepatocytes and replacement with collagen fibers and proliferated fibroblasts and hyperplastic bile ducts (Figure 2-E), ductular reaction, cellular and nuclear atypia, infiltration of some neutrophils and mononuclear inflammatory cells (Figure 2-B), and some large hepatocytes with giant nuclei ( 15.06 µm in size) called megalocytes (Figure 2-C).

Histologically, the kidney revealed the existence of numerous casts of hemoglobin (Figure 2-F) and RBCs within renal tubules, proteinaceous materials



within urinary spaces and renal tubules, some vacuolated renal tubular epithelial cells, and scant neutrophils and mononuclear inflammatory cells (without remarkable inflammation- Figure 2-D). Interestingly, despite the substantial number of tubular casts, no remarkable degenerative alterations in renal tissue were seen.

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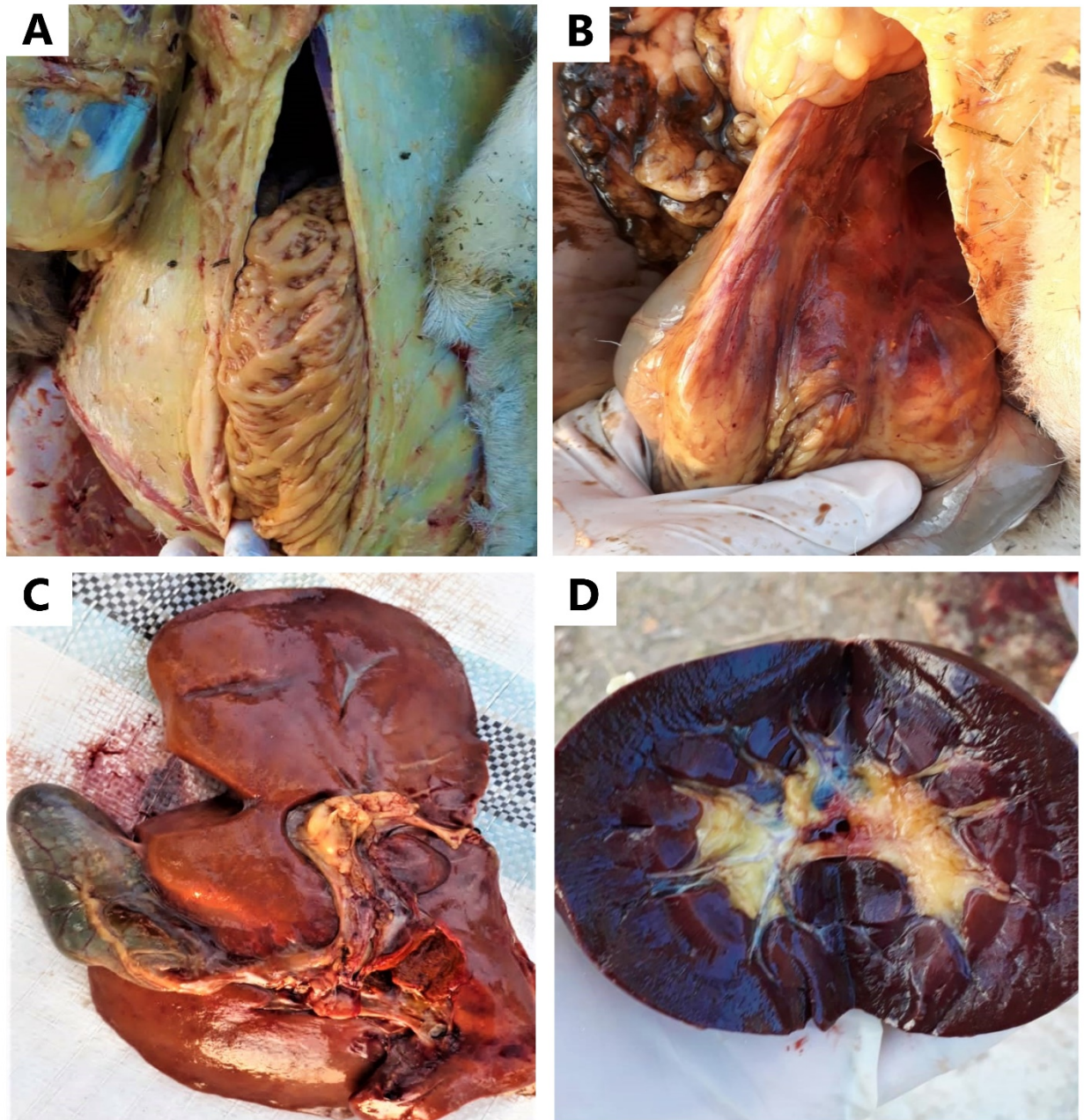


Figure 1- A) Extreme jaundice of the carcass, B) Diffuse hemorrhage on the peritoneum, C) Enlarged yellowish-brown liver with swollen gall bladder, D) Dark red kidney



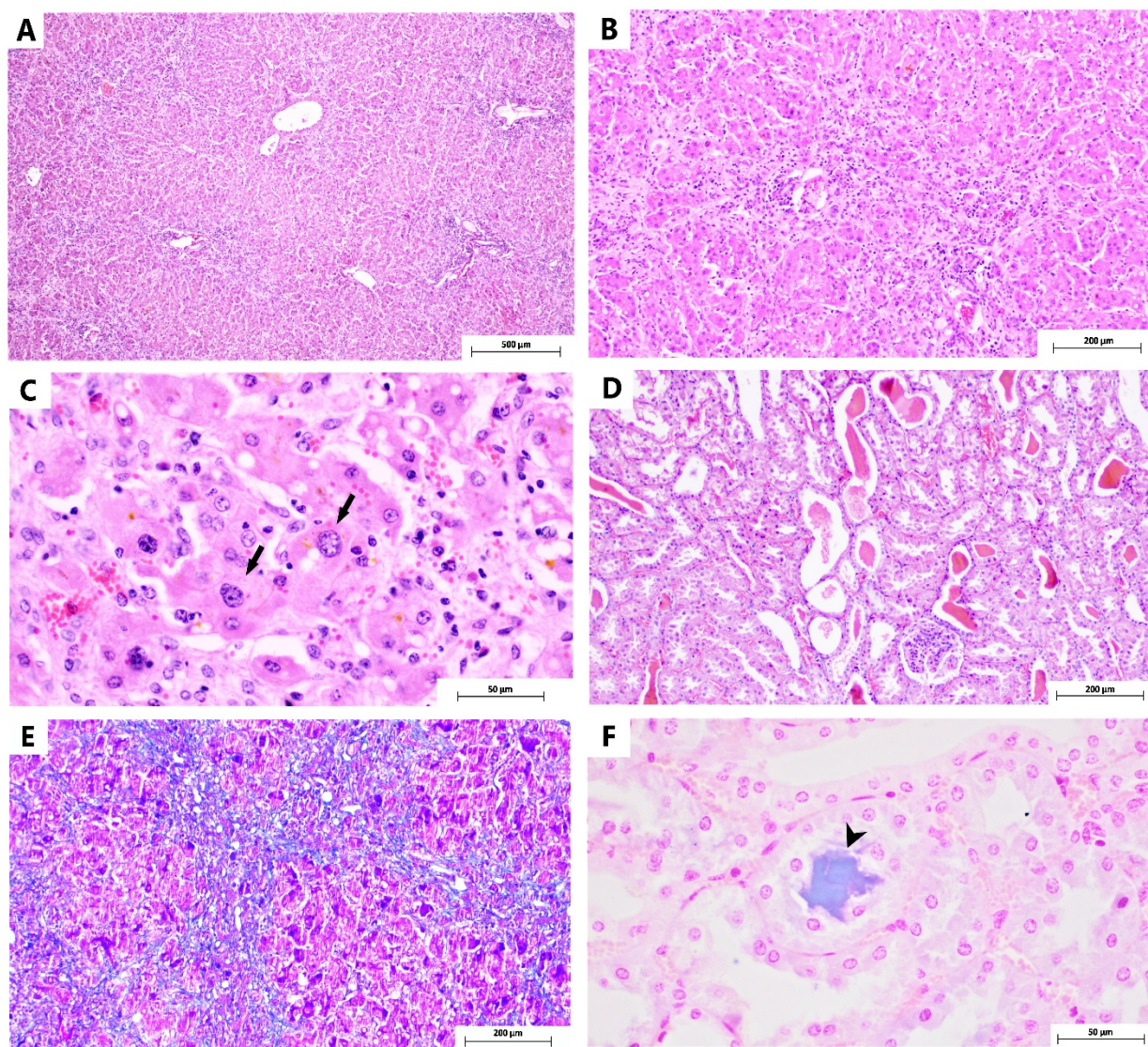


Figure 2- Histopathological micrographs A) Liver, H&E staining, 4X. B) Hepatocellular necrosis, Liver, H&E staining, 10X. C) Hepatocyte degeneration and necrosis, Megalocyte formation (arrows) Liver, H&E staining, 40X. D) Tubular urinary casts, Kidney, H&E staining, 10X. E) Blue areas of collagen deposition indicating bridging fibrosis, Liver, Masson's trichrome staining, 10X. F) Hemoglobin cast (arrowhead), Prussian blue staining, 40X.

The FAO presumes that nearly 25% of the world's food commodities are contaminated with mycotoxins, mainly aflatoxin (Cao *et al.*). Sheep are quite resistant to aflatoxins (Edrington, T. S. *et al.*) as such aflatoxicosis is uncommon in sheep herds (G. M. Maxie, 2015b). However, in the housed flocks, in which animals are hand-fed with stored cereals and hay, the risk of the disease may rise significantly (Constable, Peter D. *et al.*, 2017). The cases described in this report were kept in the barn the whole year, receiving a ration consisting of barley, corn, soybean meal, soybean oil, corn silage and alfalfa. Field investigation revealed that some parts of the alfalfa used in the feed had been moldy. On the other hand, the farmworkers used a feeder mixer machine to prepare animals' feed, whose container was rarely cleaned. It was observed that a bunch of feedstuffs was trapped under the mixer axis so that it could provide a favorable environment for fungal growth and, ultimately, mycotoxin production.

According to Cammilleri *et al.*, Eighteen aflatoxins have been classified to date, of which Aflatoxin B1 (AFB1) is the most potent. The major impacts of perpetuated aflatoxin consumption in livestock are hepatosis and hepatic insufficiency (Wang *et al.*), leading to poor growth rates, unthriftiness, icterus and death (Aiello & Moses, 2016). A survey performed by Cao *et al.* showed that Aflatoxins interrupt the normal microbiota of the ovine intestine. All three animals in this study exhibited poor performance, depression and jaundice at the onset of the disease. They were unwilling to move; they had no appetite for food, and their conjunctival and vaginal mucosa was severely icteric. Respiratory inadequacy was an apparent finding in all of them as well. In addition, in one of the lambs, chocolate diarrhea was seen.

In histopathology, lesions such as hepatocellular necrosis, megalocytosis and centrilobular to bridging fibrosis in the liver (Figure 2-A, B, C, E), and hemoglobin cast formation without nephrotic degeneration in the kidney (figure 2- D, F) were most prominent. In the affected lambs, hepatic dysfunction might have resulted in protein synthesis failure and subsequently ascites and erythrolysis due to low oncotic pressure. On the other hand, damage to hepatocytes could have contributed to the sudden release of their copper reservoir, leading to hemoglobin oxidization and destruction (G. M. Maxie, 2015a). Erythrolysis consequent to low oncotic pressure and copper release from damaged hepatocytes can be two possible justifications for hemoglobinuria and intense icterus (Figure 1-A) in the reported lambs.

Some disorders share identical clinical signs with aflatoxicosis in sheep. Given the farm condition, leptospirosis was considered the principal differential diagnosis in this case. Thus, PCR for leptospirosis from the fresh kidney specimen was performed, which was negative. Therefore, the characteristic  
5 hepatic and renal histopathologic changes can be confirmatory for the diagnosis of aflatoxicosis in this survey.

All three ill lambs underwent treatment with the following prescription for three consecutive days. Vitaforte B (Razak co.) 5 ml IM, Multivitamin (Abureihan co.) 5 ml SC, Vetacoid (Abureihan co.) 4 ml IV, Cobaject (Royandaru co.) 5 ml IV,  
10 Duphalyte (Zoetis co.) 25 ml IV, Oxivet 20% (Razak co.) 5 ml IV (one day only) and 500 ml of sterile normal saline infusion. Eventually, one of the lambs recovered after treatment, while two others were culled due to poor prognosis.

## Conclusion

In the literature, sheep are considered resistant to aflatoxin intoxication, and  
15 reports on aflatoxicosis in sheep are scarce. Nevertheless, as ovine housed flocks with the hand-feeding system are becoming increasingly common in Iran, the prevalence of aflatoxicosis can emerge as a serious problem in such farms if not properly addressed.

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گزارش موردی: وقوع آفلاتوکسیکوزیس در مزرعه پرورش صنعتی گوسفند

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95

## خلاصه

مسمومیت با آفلاتوکسین در اکثر گونه های حیوانی مشاهده شده است. با این وجود، وقوع آفلاتوکسیکوز به ندرت در گوسفند ثبت شده است. در این گزارش، سه راس بره میش هفت ماهه نژاد رومن مبتلا به زردی شدید، تاکی پنه، تب خفیف، اسهال، بی اشتها و بی حالی مشاهده شد. دو راس از آنها به علت عدم پاسخ به درمان ذبح شده و یکی پس از درمان بهبود یافت. یافته های کالبدگشایی شامل زردی، آسیت، خونریزی منتشر در چادرینه، بزرگ شدن کیسه صفرا و تغییر رنگ و قوام کبد و کلیه بود. در ارزیابی هیستوپاتولوژیک، نکروز سلول های کبدی، مگالوسیتوز و فیبروز سانتربیلوبولار در کبد و هموگلوبینوری بدون دژنراسیون نفروتیک در کلیه مشاهده شد. برای لپتوسپیروز به عنوان تشخیص افتراقی اصلی، آزمون PCR انجام شد که منفی بود. علائم بالینی و ضایعات میکروسکوپی مشخصه، حاکی از آفلاتوکسیکوزیس در بره هایی بود که در این بررسی توضیح داده شد.

کلمات کلیدی: آفلاتوکسین، مسمومیت، گوسفند، پرورش صنعتی، خوراک دستی، هیستوپاتولوژی، زردی، نارسایی کبدی

105

110