

GENERAL ANAESTHESIA IN DOGS WITH TILETAMINE - ZOLAZEPAM

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THESIS

Submitted in partial fulfilment of the
requirement for the degree

Doctor of Philosophy

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KERALA AGRICULTURAL UNIVERSITY

Department of Surgery
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1995

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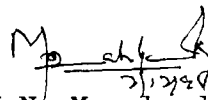
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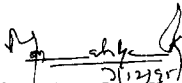
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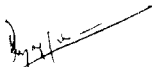
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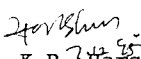
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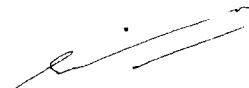
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CONTENTS

Chapter	Title	Page No
1	INTRODUCTION	1 - 3
2	REVIEW OF LITERATURE	4 - 19
3	MATERIALS AND METHODS	20 - 25
4	RESULTS	26 - 98
5	DISCUSSION	99 - 114
6	SUMMARY	115 - 120
	REFERENCES	121 - 130
	ABSTRACT	

LIST OF TABLES

Table No	Title	Page No
1	The induction time, recovery time duration of analgesia and duration of effect following the administration of tiletamine-zolazepam (Group I) and with xylazine premedication (Group II) in dogs (Time in minutes) (Mean \pm SE)	53
2	Effect of administration of tiletamine zolazepam on rectal temperature pulse rate and respiration rate in dogs (Group I) (Mean \pm SE)	54
3	Effect of administration of tiletamine zolazepam on systolic pressure diastolic pressure and coagulation time of blood in dogs (Group I) (Mean \pm SE)	55
4	Effect of administration of tiletamine zolazepam on erythrocyte sedimentation rate packed cell volume and haemoglobin concentration in dogs (Group I) (Mean \pm SE)	56
5	Effect of administration of tiletamine - zolazepam on total erythrocyte total leukocyte and neutrophil counts in dogs (Group I) (Mean \pm SE)	57
6	Effect of administration of tiletamine zolazepam on lymphocyte, monocyte and eosinophil counts in dogs (Group I) (Mean \pm SE)	58
7	Effect of administration of tiletamine-zolazepam on basophil count serum glucose value and serum urea nitrogen value in dogs (Group I) (Mean \pm SE)	59

Table No	Title	Page No
8	Effect of administration of tiletamine zolazepam on serum sodium serum potassium and serum chloride values in dogs (Group I) (Mean \pm SE)	60
9	Effect of administration of tiletamine zolazepam on total serum protein content serum aspartate aminotransferase (AST) value and serum alanine aminotransferase (ALT) value in dogs (Group I) (Mean \pm SE)	61
10	Effect of administration of tiletamine zolazepam with xylazine premedication on rectal temperature, pulse rate and respiration rate in dogs (Group II) (Mean \pm SE)	91
11	Effect of administration of tiletamine zolazepam with xylazine premedication on systolic pressure, diastolic pressure and coagulation time of blood in dogs (Group II) (Mean \pm SE)	92
12	Effect of administration of tiletamine zolazepam with xylazine premedication on erythrocyte sedimentation rate packed cell volume and haemoglobin concentration in dogs (Group II) (Mean \pm SE)	93
13	Effect of administration of tiletamine-zolazepam with xylazine premedication on total erythrocyte count total leukocyte count and neutrophil count in dogs (Group II) (Mean \pm SE)	94
14	Effect of administration of tiletamine zolazepam with xylazine premedication on lymphocyte monocyte and eosinophil counts in dogs (Group II) (Mean \pm SE)	95
15	Effect of administration of tiletamine zolazepam with xylazine premedication on basophil count serum glucose value and serum urea nitrogen value in dogs (Group II) (Mean \pm SE)	96

Table No	Title	Page No
16	Effect of administration of tiletamine-zolazepam with xylazine premedication on serum sodium serum potassium and serum chloride values in dogs (Group II) (Mean \pm SE)	97
17	Effect of administration of tiletamine-zolazepam with xylazine premedication on total serum protein content serum aspartate aminotransferase (AST) value and serum alanine amino transferase (ALT) value in dogs (Group II) (Mean \pm SE)	98

LIST OF FIGURES

Fig No	Title	Page No
1	ECG changes following the administration of tiletamine-zolazepam (5 mg/kg bodyweight) in dogs (Subgroup IA)	30
2	Photomicrograph of the liver showing fatty changes (Subgroup IA) - H&E x 250	34
3	Photomicrograph of the kidney showing dilated tubules along with focal areas of nephrosis (Subgroup IA) - H&E x 250	34
4	ECG changes following the administration of tiletamine zolazepam (10 mg/kg bodyweight) in dogs (Subgroup IB)	39
5	Photomicrograph of the liver showing cloudy swelling (Subgroup IB) - H&E x 250	44
6	ECG changes following the administration of tiletamine-zolazepam (15 mg/kg bodyweight) in dogs (Subgroup IC)	48
7	ECG changes following the administration of tiletamine-zolazepam (5 mg/kg bodyweight) with xylazine (0.5 mg/kg bodyweight) premedication in dogs (Subgroup IIA)	66
8	ECG changes following the administration of tiletamine-zolazepam (10 mg/kg bodyweight) with xylazine (0.5 mg/kg bodyweight) premedication in dogs (Subgroup IIB)	75
9	ECG changes following the administration of tiletamine-zolazepam (15 mg/kg bodyweight) with xylazine (0.5 mg/kg bodyweight) premedication in dogs (Subgroup IIC)	85

Introduction

INTRODUCTION

Improvements in anaesthetic practices have contributed greatly to the refinement in surgical techniques both in man and animals. The concept of anaesthesia has itself undergone changes with the newer drugs and techniques evolved. Drug combination making use of the best effects of individual drugs is more acceptable now, especially in veterinary practice. The anaesthetics that are administered intramuscular have become more popular in veterinary practice because of the ease of administration, wider margin of safety, and the lack of need for sophisticated equipments and facilities. The chief among the agents that have thus been used are xylazine and ketamine.

The dissociative anaesthetic effects of ketamine and the sedative and analgesic effects of xylazine have been found useful in the practice of surgery in animals. Combined effects of the two have been acclaimed satisfactory in almost all the species of animals (Purohit *et al* 1981, Waterman 1983, Moens and Fargetton 1990 and Popilskis *et al* 1991). Combination of xylazine and ketamine with other sedatives, tranquilizers and anaesthetics have also been studied (McCarty *et al* 1990 and Lin *et al* 1994). Two newly added compounds to this category are tiletamine and zolazepam.

Tiletamine a dissociative anaesthetic with pharmacological properties similar to those of ketamine is chemically 2-(ethylamino)-2-(2-thienyl) cyclohexamine hydrochloride Zolazepam, a benzodiazepine with pharmacological properties similar to those of diazepam and chemically 4 (O flurophenyl)-6 8-dihydro-1, 3,8 trimethylpyrozolo 3 4 3e 1 4 diazepam-7 (1H) one monohydrochloride (Short 1987)

The combination of tiletamine-zolazepam had been reported to produce satisfactory anaesthesia in wild animals (Boever *et al* 1977 and Schobert, 1987) sheep (Lagutchik *et al* 1991 and cats (Tracy *et al* 1988 and Lendl *et al* 1991) Use of xylazine along with tiletamine-zolazepam reported to produce rapid and smooth induction prolonged duration of anaesthesia with excellent muscle relaxation and analgesia and smooth recovery in horses (Hubbell *et al* 1989 and Abrahamsen *et al* 1991) sheep (Lin *et al* 1993) and pigs (Thurmon *et al* 1989)

On perusal of the available literature the references regarding the use of tiletamine-zolazepam combination in dogs were found scanty Hence the present study was undertaken in dogs with the following objectives

- 1 to study the efficacy of tiletamine-zolazepam alone and with xylazine premedication, and
- 2 to evaluate the systemic changes consequent on the administration of these drugs

Review of Literature

REVIEW OF LITERATURE

Chen and Ensor (1968) reported calming (taming) to cataleptic (incapacitating) effect at small dose levels and general anaesthesia at large dose levels of tiletamine in cats. Decreased motor activity, lack of resistance to jaw opening, and loss of biting reflex were the initial signs of calming effects. Catalepsy was indicated by loss of body righting reflex without head-drop. Analgesia to skin pricking and foot pad pinching and unconsciousness were the cardinal signs of surgical anaesthesia, but muscle relaxation was inadequate for certain type of surgical operation.

Bennett (1969) reported that though cats were under anaesthesia with administration of tiletamine to permit surgical operation, their eyes remained open, pupils were slightly dilated and palpebral and corneal reflexes persisted. Occasional involuntary rotation of the globe of the eye was also observed.

Krahwinkel (1970) reported the use of tiletamine hydrochloride as an incapacitating agent for a lion. Swallowing reflexes persisted and hence the inhalation of the vomitus was prevented. The pulse and respiration rates were within the normal range.

Calderwood *et al* (1971) studied the cardiorespiratory effects of tiletamine in cats. The drug produced significant respiratory depression, respiratory acidosis, and reduction in oxygen tension. There was no statistically significant cardiovascular changes.

Bree *et al* (1972) conducted clinical evaluation of tiletamine-zolazepam in dogs and primates and reported that the induction of anaesthesia was smooth and uneventful. Rhythmic side to side head movement was noticed in dogs just before the development of cataleptic state. Excellent skeletal muscle relaxation was evident. Pharyngeal and palpebral reflexes were maintained in all the animals throughout the period of anaesthesia.

Ward *et al* (1974) reported that tiletamine-zolazepam at the rate of 5.5-9 mg/kg bodyweight was satisfactory for anaesthesia in dogs. There was evidence of pain when tiletamine-zolazepam was injected IM. The swallowing and palpebral reflexes were retained, but there was no response to loud noise. Defecation and urination did not occur routinely during induction. Salivation was present unless suppressed by atropine. The effect produced upon the cardiovascular system was less compared to other dissociative anaesthetics.

Schulz and Fowler (1974) employed different doses of tiletamine zolazepam combination in chinchillas (*Chinchilla villidera*) for inducing anaesthesia. Higher doses produced prolonged anaesthesia, shallow respiration, considerable salivation and delayed recovery. Corneal and palpebral reflexes were always present in all doses to a greater or lesser extent. The effects produced were safe and predictable, with a wide margin of safety.

Haskins *et al* (1975) studied the effects of tiletamine in experimental and clinical situations in cats. The anaesthesia produced was characterised by good muscle relaxation, eyelid closure, occasional vomiting, defecation, or urination during induction and recovery. Generally induction was smooth and recovery was fast but occasional hyperreflexive recoveries with much sneezing were also observed.

Klide *et al* (1975) reported that in dogs the subjective sedative effects observed following xylazine administration included lying down, lack of response to the environment, medial rotation of the eyes and prolapse of the nictitans, giving the appearance of asleep. There was marked decrease in heart rate. The blood pressure response was biphasic: first an increase followed by a decrease.

Smith and Pettway (1975) administered tiletamine zolazepam combination in dogs and cats at the rate of 20 mg/kg bodyweight IM and reported that the combination produced a very reliable onset (3 to 5 minutes), and convenient surgical anaesthesia with a duration greater than two hours

Euds (1976) administered tiletamine zolazepam intramuscular in non human primates and reported excellent muscle relaxation at higher doses, retention of laryngeal and pharyngeal reflexes, wide margin of safety and unremarkable recovery

Boever *et al* (1977) employed tiletamine zolazepam for chemical restraint and anaesthesia in wild and exotic carnivores. Anaesthesia and muscle relaxation were adequate for various surgical procedures. Adverse reactions observed were salivation, emesis and delayed recovery. Excess salivation was the most common side effect, but this presented little problem since the pharyngeal and laryngeal reflexes were persisted. The danger due to emesis was minimal since the swallowing reflex persisted.

King *et al* (1977) used tiletamine zolazepam for the immobilization of lions and leopards. A highly significant positive linear relationship was observed between the duration of anaesthesia and dosage of the drugs.

Kumar and Thurmon (1977) studied the pharmacological effects of diazepam with and without premedication of atropine in goats. The administration of diazepam caused reduction in respiratory rate, rectal temperature, mean arterial blood pressure and heart rate. However, when atropine was used as premedicant, these parameters were not significantly affected, except that the heart rate was increased. Prior administration of atropine caused increase in heart rate because of its vagal blocking effects. The hypothermic effect of diazepam was attributed to the loss of heat as a result of depression of peripheral sympathetic system. There was no significant difference in serum electrolytes (Na⁺, K⁺ and Cl⁻), aspartate transaminase, total protein, urea nitrogen and glucose, with slight rise in alanine transaminase.

Muir *et al* (1978) reported an increase in systolic, diastolic and mean arterial pressures in horses following the administration of xylazine.

Peshin *et al* (1980) observed transient bradycardia and decrease in respiratory rate in dogs following intramuscular administration of xylazine at the rate of 3.0 mg/kg bodyweight. Xylazine caused a decrease in T wave interval and in the amplitude of P wave and QRS complex. The PR and QT intervals decreased during tachycardia and increased during bradycardia. Changes in the T-wave along with elevation of ST

segment were suggestive of myocardial hypoxia. There was slight decrease in total erythrocyte and leucocyte counts, packed cell volume and haemoglobin concentration. There was decrease in lymphocyte count with subsequent increase in neutrophil count following xylazine administration. Significant increase in blood glucose, mild increase in serum sodium and decrease in potassium and chloride concentrations were also observed.

Colby and Sanford (1981) studied the changes in blood pressure in cats under ketamine xylazine and ketamine acepromazine anaesthesia. The blood pressure was depressed by both the combinations and was more prolonged by ketamine xylazine than ketamine-acepromazine. The ketamine xylazine combination presented a slow decline in the blood pressure lasting damping effect. The blood pressure did not rise until long after the animal had begun to show visible signs of recovery from anaesthesia.

Nowrouzian *et al* (1981) evaluated the anaesthetic properties of ketamine and ketamine-xylazine-atropine combination in sheep. The combination of ketamine xylazine and atropine appeared to give the most satisfactory results with regard to muscle relaxation, suppression of salivation, urination and regurgitation as well as reflexes.

Purohit *et al* (1981) evaluated the effects of xylazine and ketamine on the electrocardiogram in six horses. In all the six horses xylazine administration resulted in second degree AV block and subsequent administration of ketamine abolished this effect in 4 of 6 horses.

Jacobson (1983) employed ketamine xylazine combination for immobilizing springbok (*Antidorcas marsupialis*) and compared the haematologic and serum biochemical values before and after immobilization. The haematologic, serum aspartate transaminase, blood urea nitrogen and chloride values before immobilization were not significantly different from those after immobilization. The serum glucose and alanine transaminase values were found significantly higher in animals after immobilization, whereas the potassium value was significantly lower.

Peshin and Kumar (1983) studied the haemocytological and biochemical effects of xylazine in buffalo calves and reported slight decrease in total erythrocytes, leukocytes, packed cell volume and haemoglobin concentration. The serum aspartate transaminase and alanine transaminase values were also slightly decreased. No significant change in serum electrolytes (Na, K and Cl) was observed. Total serum protein remained essentially unaffected.

were not abolished. During recovery a few dogs had mydriasis delirium 15 to 20 minute (whining, paddling) and retched or vomited froth. The dogs were not responsive to auditory tactile, or visual stimulation. The swallowing reflex remained but dogs had difficulty in controlling tongue movements until shortly before walking. Shivering was prominent during recovery.

Thurmon *et al* (1988) evaluated the anaesthetic and analgesic effects of tiletamine-zolazepam and xylazine in pigs. The combination found to produce measurable sedative analgesic effect and was found effective and safe for induction and maintenance of general anaesthesia.

Tracy *et al* (1988) compared the effects of intravenous and intramuscular administration of tiletamine-zolazepam in dogs and cats. Intravenous administration provided faster induction to recumbency and anaesthesia in both dogs and cats and shorter recovery times in dogs.

Pharmacokinetic studies conducted by Donaldson *et al* (1989) in dogs after intramuscular administration of tiletamine zolazepam revealed that zolazepam had a plasma half life of less than 1 h, whereas that of tiletamine was 1.2 h. The progressive increase in muscle activity and persistent dissociation for the environment shown by the dogs

recovering from tiletamine-zolazepam reflected this difference in the plasma half-lives of tiletamine and zolazepam

Hubbell *et al* (1989) evaluated the anaesthetic and cardiopulmonary effects of xylazine in combination with tiletamine zolazepam in horses. Increasing the dosage of tiletamine zolazepam significantly increased the duration of recumbency. When combined with xylazine the recumbency became rapid and the anaesthesia was characterised by good muscle relaxation.

Lin *et al* (1989) studied the haemodynamic response of calves to tiletamine-zolazepam anaesthesia and reported that systolic mean and diastolic arterial blood pressures and systemic vascular resistance were significantly decreased below baseline at five minutes, increased above baseline at 20 minutes and remained so throughout the 60 minutes study.

Thurmon *et al* (1989) studied the effect of tiletamine-zolazepam in combination with xylazine in calves and reported that the changes in heart and respiratory rates were within clinically acceptable limits, the onset of analgesia was rapid and profound and salivation was profuse.

Bush *et al* (1990) captured free ranging male koalas with intramuscular injection of tiletamine-zolazepam combination and observed rapid and smooth induction of anaesthesia lasting for

30 to 45 minutes. There was no depression of heart rate or respiration. Mild salivation occurred in most animals but was not a problem because the swallowing reflex was not abolished.

Moens and Fargetton (1990) assessed the anaesthetic effects of ketamine combined with xylazine in dogs and opined that pinprick reflex was unsuitable for evaluating the response to pain in dogs because it was often absent long after the pedal withdrawal reflex had reappeared. Muscle rigidity and stereotypic lateral head movements were observed during recovery in a few dogs.

The studies carried out by Abrahamsen *et al* (1991) on horses revealed that the induction with tiletamine zolazepam after xylazine premedication was generally rapid and smooth. Muscle relaxation was adequate for intubation and positioning.

Brammer *et al* (1991) evaluated tiletamine zolazepam combination as an anaesthetic for rabbits and reported that there was increase in the level of blood urea nitrogen and serum creatinine following the administration of the combination. Histopathological examination of kidney revealed severe renal tubular necrosis suggestive of nephrotoxicity.

Farina and Fonda (1991) administered tiletamine zolazepam IM for anaesthetizing cats for various minor and major surgical operation at the dose rates of 15 mg and 20 mg/kg.

bodyweight With the 20 mg/kg dose surgical anaesthesia appeared in a mean time of 26 min and persisted for 59 min but the analgesic effect was not satisfactory in 43 out of 77 cats

Lagutchik *et al* (1991) evaluated the anaesthetic and cardiopulmonary effects of tiletamine-zolazepam combination in sheep The induction was rapid and smooth, and the recovery was gradual, unremarkable and characterised by prolonged period of sedation Heart rate, after a slight initial increase remained constant The mean arterial pressure after a mild decrease, gradually returned to baseline by 15 minutes and remained constant thereafter

Lin *et al* (1991) studied the haemodynamic response of calves to tiletamine-zolazepam xylazine anaesthesia Tiletamine zolazepam (4 mg/kg) and xylazine (0.1 mg/kg) were administered IV immediately after recording the baseline values for blood pressure $PaCO_2$, PaO_2 and pHa The values were again recorded at 5, 10, 20, 30, 40, 50 and 60 minutes after the injection Changes in left ventricular work index PaO_2 and pHa were significant Arterial blood pressure and systemic vascular resistance increased above baseline at 5 minutes and then gradually decreased below baseline at 15 minutes All the calves recovered without complication It was concluded that

tiletamine zolazepam (4 mg/kg IV)-xylazine (0.1 mg/kg IV) was a safe and useful anaesthetic regimen for use in calves

Pandey *et al* (1991) studied the clinical and haematological response of diazepam (3 mg/kg IV)-ketamine (10 mg/kg IV) atropine (0.05 mg/kg) anaesthesia in canine surgical patients. The combination induced anaesthesia for an average duration of 37.00 ± 3.29 min. Drop in pulse rate, respiration and body temperature were observed. There was significant increase in total leucocyte count and neutrophil percentage while lymphocyte count dropped significantly. They opined that the higher values of the leucocytes obtained in the study might be related to the adrenal corticoid released to combat stress.

Popilskis *et al* (1991) compared the efficacy of ketamine-xylazine to tiletamine zolazepam-xylazine for producing surgical anaesthesia in rabbits. The mean surgical anaesthesia time in the ketamine-xylazine group was 35 ± 6 min compared to 70 ± 8 min in the tiletamine-zolazepam-xylazine group. Lowering of arterial blood pressure and blood urea nitrogen values was noticed in both the groups. The surgical anaesthesia produced by ketamine-xylazine was not always satisfactory but tiletamine-zolazepam-xylazine produced effective surgical anaesthesia.

Singh *et al* (1991) after evaluating diazepam ketamine anaesthesia in calves had reported that the combination did not alter the plasma glucose level. The plasma sodium, potassium and chloride and haematological values did not vary significantly with the combination.

Stander and Morkel (1991) employed tiletamine-zolazepam for field immobilization of lions and reported that the duration of immobilization depends on the dose but the onset of immobilization was similar for both low and high dosages.

Forsythe *et al* (1992) evaluated the effects of tiletamine zolazepam-xylazine combination with respect to anaesthetic efficacy and potential for tissue damage in Syrian hamsters. Two dose levels of the combination were administered by both IP and IM routes. The IM route failed to produce anaesthesia consistently and caused gross and histopathological muscle lesions. The IP route produced a safe, reliable level of surgical anaesthesia without evidence of gross or histopathological lesions. There was no nephrotoxicity.

Fieni and Tainfurier (1993) reported tiletamine zolazepam as a suitable anaesthetic combination for various surgical operations including castration and vasectomy in dogs. Its use as anaesthetic for orthopaedic surgery was not recommended because of incomplete muscular relaxation.

Ko *et al* (1993) carried out clinical trials with tiletamine-zolazepam mixture in cats and reported that the drug combination provided effective and safe anaesthesia for castration and onicectomy. The onset of action was rapid and the induction was smooth. Intubation was easy and the muscle relaxation and analgesia were excellent and lasted for 40 minutes. Recovery was smooth, with minimal changes in body temperature and cardiorespiratory function.

Kristensen and Nielson (1993) employed tiletamine-zolazepam alone and in combination with xylazine and butyrophenol for anaesthetizing cats. The anaesthesia produced with the administration of tiletamine-zolazepam was unsatisfactory. During anaesthesia a significant number of cats had strong muscular contractions and were restless during recovery. The anaesthesia produced with the combination of tiletamine-zolazepam, xylazine and butyrophenol was satisfactory.

Lin *et al* (1993) evaluated the analgesic and anaesthetic effects of tiletamine-zolazepam and tiletamine-zolazepam-xylazine combinations in sheep. Anaesthesia was characterised by muscle relaxation and profound analgesia with both regimens, but muscle relaxation appeared better and duration of analgesia was significantly longer in sheep which received tiletamine-zolazepam-xylazine combination. Significant decrease

in arterial blood pressure was observed at 45 and 60 min after administration of tiletamine-zolazepam-xylazine combination

Fagella *et al* (1994) employed tiletamine-zolazepam for neutering 6-14 week old pups. The combination was found unsatisfactory in pups though it provided sufficient anaesthesia to neuter kittens.

Lin *et al* (1994) compared the anaesthetic effects of intravenous tiletamine-zolazepam-ketamine (TK) and tiletamine-zolazepam-ketamine-xylazine (TKX) in sheep after premedication with atropine. The duration of analgesia was 28.7 ± 6.9 min with the former and 82.8 ± 26.6 min with the latter. Heart rate increased significantly within five minutes after administration in both groups. Respiratory rate remained unchanged after TK administration, but increased significantly from five to 45 min after TKX administration. Arterial blood pressure decreased significantly at 15 min with TK and 30 min with TKX. Sheep remained recumbent for 201 min with TK and 166 min with TKX.

Tiwari *et al* (1994) reported that the administration of xylazine with ketamine produced excellent muscle relaxation, deep sedation and moderate analgesia with loss of righting reflex in dogs. There was an increase in blood glucose level, but the urea nitrogen, sodium and potassium levels remained unaffected.

Materials and Methods

MATERIALS AND METHODS

The experimental study was conducted on 36 apparently healthy adult nondescript dogs of either sex. These animals were randomly divided into two groups, viz Group I and II, each consisting of 18 animals. Group I and II were further divided into three subgroups, viz, A, B and C, consisting of six animals each.

All the animals were prepared by withholding food and water for 24 h prior to the experiment. Atropine sulphate* at the rate of 0.04 mg/kg bodyweight was administered IM 15 min prior to the administration of the experimental drug(s) in all the animals.

The programme of study is given hereunder.

Group I

- A Tiletamine zolazepam** at the rate of 5 mg/kg bodyweight, was administered IM
- B Tiletamine zolazepam at the rate of 10 mg/kg bodyweight, was administered IM
- C Tiletamine zolazepam at the rate of 15 mg/kg bodyweight, was administered IM

-

* Atropine sulphate Rayan Pharma Limited, Anaparty A P

** Zoletil 100 Tiletamine 250 mg and Zolazepam, 250 mg
Laboratories Reading, Z A C

Group II

- A Xylazine* at the rate 0.5 mg/kg bodyweight and after 15 min tiletamine zolazepam at the rate of 5 mg/kg bodyweight, were administered IM
- B Xylazine at the rate 0.5 mg/kg bodyweight and after 15 min tiletamine zolazepam at the rate of 10 mg/kg bodyweight, were administered IM
- C Xylazine at the rate 0.5 mg/kg bodyweight and after 15 min tiletamine zolazepam at the rate of 15 mg/kg bodyweight, were administered IM

MAIN ITEMS OF OBSERVATION

I. Clinical observations

1 Clinical signs

The various clinical signs observed following the administration of the drugs were recorded

2 Induction time

It was calculated as the time from injection of Tiletamine zolazepam to the time when the animal assumed lateral recumbency with loss of head righting reflex

*Xylaxin Xylazine hydrochloride 23.22 mg/ml (equivalent to 20 mg of xylazine) Indian Immunologicals Hyderabad

3 Duration of anaesthesia

It was calculated as the time from the assumption of lateral recumbency with loss of headrighting reflex to the return of headrighting reflex

4 Muscle relaxation time

It was calculated as the time from loss of resistance to jaw opening to the return of resistance to jaw opening

5 Degree of muscle relaxation

It was rated as excellent, good, moderate or poor

6 Recovery time

It was calculated as the time from the return of head righting reflex to the time when the animal could stand up and walk unassisted

Laparotomy at the left paralumbar site was performed in two animals of each subgroup of group II 10 min after the administration of tiletamine-zolazepam to assess the anaesthetic effect

II. Physiological observations

Blood samples were collected from the cephalic veins. Rectal temperature, pulse rate, respiration rate, systolic and diastolic pressures, and electrocardiogram were recorded immediately before the administration of atropine sulphate and at 15 min, 30 min, 60 min and 24 h after the administration of tiletamine zolazepam.

Arterial blood pressure (systolic and diastolic)

An inflatable pediatric cuff was fixed on to the forelimb above the point of elbow and inflated. An acoustic stethoscope was placed below the cuff on the medial aspect of the limb on the radial artery. Both the systolic and diastolic sounds were auscultated and recorded using a sphygmomanometer calibrated in millimeters of mercury (Harvey *et al* 1983).

Coagulation time (whole blood clotting time)

It was recorded employing capillary tube method (Benjamin, 1978). The time interval between the appearance of blood during vein puncture and the appearance of the fibrin strand was calculated as the coagulation time.

Electrocardiogram (ECG)

It was recorded using a base apex lead system at a paper speed of 50 mm per second

III. Haemogram

Erythrocyte sedimentation rate (ESR) (Wintrobe 1961) packed cell volume (PCV) (Wintrobe, 1961) haemoglobin concentration using haemoglobin kit* and total erythrocyte count total and differential leukocyte counts (Schalm 1975) were estimated

IV. Serum constituents

Serum glucose value was estimated using Glucose kit** in which GOD/POD method was followed Serum sodium and potassium concentrations were estimated using Atomic Absorption Spectrophotometer (Perkin Elmer Model 2380) Serum chloride concentration was estimated using Chloride kit** based on a modified Schoenfeld and Lewellen's calorimetric method

Total serum protein content was estimated using total protein and albumin kit** by biuret method Serum urea nitrogen level was estimated by Urea kit** by which based on the

* Ortho Diagnostic Systems, Division of Ethnor Limited Bombay
**Stangen Immunodiagnostics Hyderabad

condensation of urea with diacetyl monoxime (DAM) in an acidic medium Aspartate aminotransferase (AST/GOT) value was estimated by SGOT/AST kit* in which Reitman and Frankel's method was followed Alanine aminotransferase (ALT/GPT) was estimated with SGPT (ALT) kit* in which Reitman and Frankel's method was used

V. Post anaesthetic observations

After the experiment, the animals were kept under observation for a period of seven days and post anaesthetic complication if any were recorded

VI. Histopathological examination

Two animals from each subgroups were sacrificed on the eighth day and specimens of liver and kidney were collected and fixed in neutral buffered formalin The fixed tissues were processed and 5 6 μ m paraffin sections were cut and stained using haematoxylin and eosin (Humason, 1979)

The effects of different doses of tiletamine zolazepam with and without xylazine premedication were assessed by comparing the concerned subgroup means by Students t test (Snedecor and Cochran, 1967)

* Stangen Immunodiagnostics, Hyderabad

Results

RESULTS

GROUP I

The observations are presented in Tables 1 to 9

Subgroup IA

Tiletamine zolazepam combination was administered IM at the rate of 5 mg/kg bodyweight to the animals of this sub group

Clinical observations

The induction time was 6.17 ± 1.01 min the effect persisted for 33.67 ± 5.88 min and the recovery time was 111.50 ± 14.53 min

The animals assumed sternal recumbency by 2.83 ± 0.48 min lateral recumbency with head up position by 4.00 ± 0.52 min and lateral recumbency with loss of headrighting reflex by 6.17 ± 1.01 min Sensitivity to pinprick was sluggish and the loss of headrighting reflex persisted for 33.67 ± 5.88 min

The animals resumed sternal recumbency by 61.67 ± 8.70 min and was able to stand up with incoordination by 8.33 ± 13.08 min The gait of the animals became apparently normal by 151.33 ± 12.77 min

The onset of effect was characterised by the winking of eyes followed by yawning, licking and protrusion of tongue. Salivation was scanty and the eyes remained open.

Palpebrae and pedal reflexes were retained. Pupils were slightly dilated. Swallowing movements were pronounced. The jaw muscles maintained the tonus.

The respiration was thoraco-abdominal, shallow and regular. The relaxation of the abdominal muscles and limbs was moderate.

During recovery paddling and vocalization were noticed in some animals. All the animals resumed feeding and drinking soon after recovery.

Physiological observations

The rectal temperature ($^{\circ}\text{C}$) was 38.83 ± 0.14 before administration, 38.80 ± 0.11 at 15 min, 38.39 ± 0.20 at 30 min, 38.39 ± 0.28 at 60 min and 38.82 ± 0.13 at 24 h. The variations were marginal.

The pulse rate (per min) was 99.67 ± 5.62 before administration, 152.83 ± 7.08 at 15 min, 145.00 ± 15.73 at 30 min, 142.33 ± 15.72 at 60 min and 95.33 ± 3.85 at 24 h. There was significant ($P < 0.05$) increase in pulse rate at 15 min, 30 min and 60 min which became normal by 24 h.

The respiration rate (per min) was 32.50 ± 4.39 before administration, 23.33 ± 1.52 at 15 min, 27.83 ± 1.47 at 30 min, 32.00 ± 3.83 at 60 min and 31.33 ± 4.64 at 24 h. There was decrease in respiration rate though not significant at 15 min and 30 min, became normal by 60 min.

The systolic pressure (mm Hg) was 147.35 ± 5.4 before administration, 146.00 ± 5.19 at 15 min, 144.33 ± 5.10 at 30 min, 147.00 ± 6.55 at 60 min and 148.67 ± 6.63 at 24 h. The variations were marginal.

The diastolic pressure (mm Hg) was 88.33 ± 3.1 before administration, 92.67 ± 1.61 at 15 min, 90.50 ± 1.93 at 30 min, 95.00 ± 1.84 at 60 min and 97.00 ± 5.38 at 24 h. There was increase in diastolic pressure, though not significant.

The coagulation time (min) of blood was 3.30 ± 0.5 before administration, 3.75 ± 0.38 at 15 min, 3.42 ± 0.30 at 30 min, 2.83 ± 0.40 at 60 min and 3.33 ± 0.25 at 24 h. The variations were marginal.

Electrocardiogram (ECG)

Increase in heart rate was noticed in all the animals at 15 min after the administration of tiletamine-zolazepam and persisted upto 60 min. Depression of T wave was noticed in two animals at 15 min and in one animal it persisted at 30 min also.

Spiking of T wave was noticed in one animal at 15 min and 30 min. All the ECG changes were seen spontaneously corrected by 24 h (Fig 1)

Haemogram

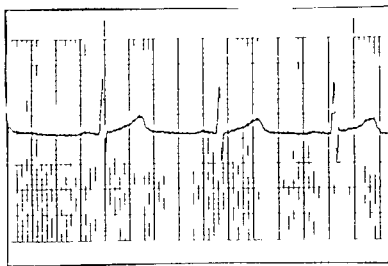
The erythrocyte sedimentation rate (mm/1 h) was 2.00 ± 0.26 before administration, 1.50 ± 0.22 at 15 min, 1.3 ± 0.2 at 30 min, 1.17 ± 0.17 at 60 min and 1.6 ± 0.21 at 24 h. Gradual decrease in ESR was noticed following the administration of the drug, and the decrease at 60 min was significant ($P < 0.05$)

The packed cell volume (per cent) was 37.00 ± 2.1 before administration, 34.83 ± 1.74 at 15 min, 32.50 ± 1.12 at 30 min, 33.83 ± 1.99 at 60 min and 34.50 ± 2.43 at 24 h. There was reduction in the PCV.

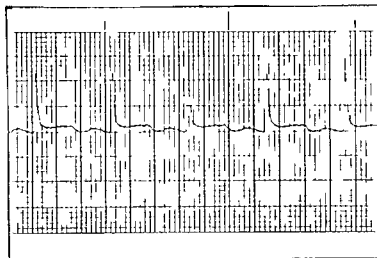
The haemoglobin concentration (g/dl) was 11.83 ± 0.00 before administration, 11.66 ± 0.63 at 15 min, 12.55 ± 0.67 at 30 min, 11.44 ± 0.81 at 60 min and 10.99 ± 1.21 at 24 h. The variations were marginal.

The total erythrocyte count ($10^6/\text{mm}^3$) was 4.72 ± 0.43 before administration, 4.67 ± 0.39 at 15 min, 3.72 ± 0.41 at 30 min, 4.97 ± 0.41 at 60 min and 4.95 ± 0.18 at 24 h. There was decrease in TEC upto 30 min and thereafter an increase.

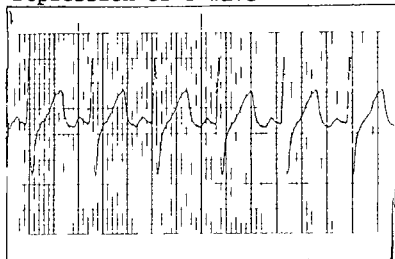
Fig 1 ECG changes following the administration of tiletamine zolazepam (5 mg/kg bodyweight) in dogs (Subgroup IA)



A Normal



B Depression of T wave



C Increase in heart rate and spiking of T-wave

The total leukocyte count ($10^3/\text{mm}^3$) was 8.75 ± 0.84 before administration, 10.38 ± 0.87 at 15 min, 10.40 ± 0.84 at 30 min, 10.30 ± 1.21 at 60 min and 10.88 ± 1.07 at 24 h. There was increase in TLC, though not significant.

The neutrophil count (per cent) was 67.83 ± 2.82 before administration, 73.17 ± 1.60 at 15 min, 65.33 ± 2.70 at 30 min, 62.50 ± 3.90 at 60 min and 64.17 ± 2.12 at 24 h. There was increase in neutrophil count at 15 min and thereafter a decrease.

The lymphocyte count (per cent) was 23.33 ± 2.44 before administration, 21.00 ± 2.95 at 15 min, 21.50 ± 2.67 at 30 min, 24.00 ± 3.02 at 60 min and 23.17 ± 2.24 at 24 h. There was decrease in lymphocyte count at 15 min and an increase thereafter which reached near normal value by 24 h.

The monocyte count (per cent) was 4.33 ± 2.38 before administration, 6.33 ± 0.67 at 15 min, 6.17 ± 0.95 at 30 min, 7.67 ± 1.94 at 60 min and 8.00 ± 1.88 at 24 h. There was increase in monocyte count from 30 min onwards and the increase persisted even at 24 h.

The eosinophil count (per cent) was 4.33 ± 1.52 before administration, 3.33 ± 1.50 at 15 min, 7.00 ± 2.42 at 30 min, 5.50 ± 1.45 at 60 min and 4.67 ± 1.02 at 24 h. There was

increase in eosinophil count at 15 min and 30 min and thereafter it was decreased to near normal value by 24 h

The basophil count (per cent) was insignificant

Serum constituents

The serum glucose value (mg/dl) was 84.72 ± 15.53 before administration 108.14 ± 11.68 at 15 min 116.07 ± 12.70 at 30 min 135.89 ± 15.60 at 60 min and 116.32 ± 14.00 at 24 h. There was gradual increase in glucose value upto 60 min and the increase was significant ($P < 0.05$) at 60 min.

The serum sodium concentration (mEq/L) was 104.90 ± 6.43 before administration, 103.27 ± 9.45 at 15 min 110.70 ± 14.95 at 30 min 105.26 ± 13.51 at 60 min and 100.55 ± 8.28 at 24 h. The variations were marginal.

The serum potassium concentration (mEq/L) was 4.98 ± 0.17 before administration, 5.17 ± 0.17 at 15 min, 5.11 ± 0.27 at 30 min 5.36 ± 0.32 at 60 min and 5.45 ± 0.35 at 24 h. The variations were marginal.

The serum chloride concentration (mEq/L) was 104.60 ± 7.33 before administration 117.33 ± 6.24 at 15 min 113.61 ± 9.02 at 30 min 121.31 ± 5.59 at 60 min and 102.44 ± 6.73 at 24 h. There was increase in serum chloride concentration at 15 min, 30 min and 60 min and became normal by 24 h.

The total serum protein content (g/dl) was 5.53 ± 0.49 before administration, 4.75 ± 0.34 at 15 min, 5.10 ± 0.41 at 30 min, 5.10 ± 0.38 at 60 min and 5.83 ± 0.65 at 24 h. The variations were marginal.

The serum urea nitrogen value (mg/dl) was 12.54 ± 2.86 before administration, 13.46 ± 2.47 at 15 min, 10.16 ± 1.52 at 30 min, 12.27 ± 2.18 at 60 min and 10.50 ± 2.05 at 24 h. Only marginal variations were noticed in the serum urea nitrogen value.

The serum aspartate aminotransferase (AST) value (units/ml) was 39.17 ± 6.54 before administration, 43.75 ± 10.12 at 15 min, 51.67 ± 11.59 at 30 min, 54.58 ± 13.60 at 60 min and 54.17 ± 15.42 at 24 h. There was gradual increase in AST value but the increase was not significant.

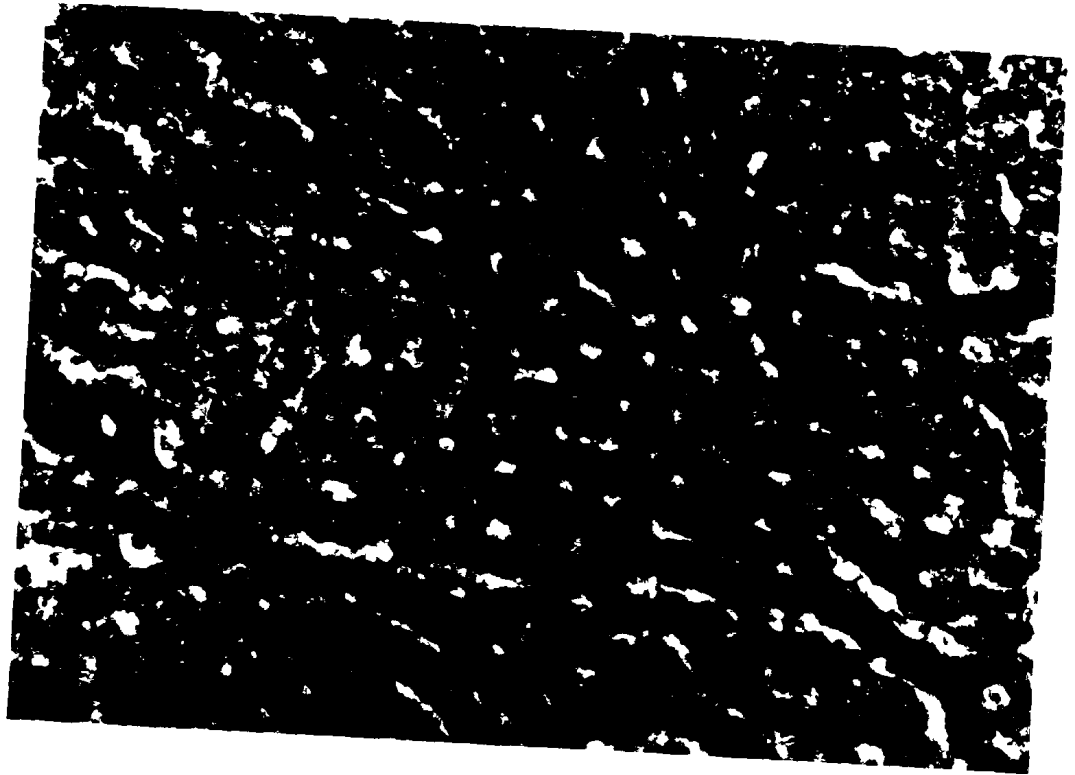
The serum alanine aminotransferase (ALT) value (units/ml) was 29.33 ± 5.55 before administration, 29.67 ± 5.20 at 15 min, 34.67 ± 6.10 at 30 min, 37.00 ± 2.95 at 60 min and 37.00 ± 5.05 at 24 h. There was gradual increase in ALT value but the increase was not significant.

Histopathological examination

Histopathological examination revealed mild fatty changes in liver (Fig 2) and a few dilated tubules along with focal areas of necrosis in kidney (Fig 3).

Fig 2 Photomicrograph of the liver showing fatty changes^(A)
(Subgroup IA) H&E x 250

Fig 3 Photomicrograph of the kidney showing dilated
tubules⁽⁴⁾ along with focal areas of
nephrosis⁽³⁾(Subgroup IA) H&E x 250



Subgroup IB

Tiletamine-zolazepam combination was administered IM at the rate of 10 mg/kg bodyweight to the animals of this sub-group

Clinical observations

All the animals evinced pain during the administration of tiletamine-zolazepam. The induction time was 4.33 ± 0.21 min, the effect persisted for 57.83 ± 6.17 min and the recovery time was 116.50 ± 10.46 min.

The animals assumed sternal recumbency by 1.67 ± 0.21 min, lateral recumbency with head up position by 3.00 ± 0.26 min and lateral recumbency with loss of headrighting reflex by 4.33 ± 0.21 min. Sensitivity to pinprick was sluggish and the loss of headrighting reflex persisted for 57.83 ± 6.17 min.

The animals resumed sternal recumbency by 90.50 ± 12.27 min and was able to stand up with incoordination by 117.17 ± 8.47 min. The gait of the animals became apparently normal by 178.67 ± 14.41 min.

The onset of effect was characterised by the winking of eyes followed by yawning, licking and protrusion of tongue. Salivation was scanty and the eyes remained open throughout.

Palpebral and pedal reflexes were retained Pupils were dilated Swallowing movements were pronounced during the induction period thereafter it was occasional The jaw muscles maintained the tonus

The respiration was thoraco-abdominal in three animals and in others it was abdominal, but was regular in all animals In those with abdominal respiration the relaxation of the abdominal muscles and limbs was good and in others it was moderate

During recovery paddling and vocalization were noticed in some animals All the animals resumed feeding and drinking soon after recovery

Physiological observations

The rectal temperature ($^{\circ}\text{C}$) was 39.30 ± 0.11 before administration, 39.02 ± 0.18 at 15 min 38.28 ± 0.29 at 30 min 37.99 ± 0.30 at 60 min and 38.93 ± 0.15 at 24 h There was significant ($P < 0.05$) decrease in rectal temperature at 30 min and 60 min which became normal by 24 h

The pulse rate (per min) was 107.33 ± 11.75 before administration 159.50 ± 9.22 at 15 min 169.83 ± 10.68 at 30 min 132.67 ± 10.83 at 60 min and 98.00 ± 7.69 at 24 h There was significant ($P < 0.05$) increase in pulse rate at 15 min and 30 min and thereafter decreased to near normal value by 24 h

The respiration rate (per min) was 39.67 ± 8.54 before administration, 23.17 ± 3.71 at 15 min, 26.83 ± 3.94 at 30 min, 30.50 ± 3.73 at 60 min and 33.50 ± 3.70 at 24 h. There was decrease in respiration rate at 15 min and then gradually increased towards the base line value.

The systolic pressure (mm Hg) was 148.33 ± 2.60 before administration, 144.33 ± 4.33 at 15 min, 142.33 ± 7.44 at 30 min, 147.33 ± 5.62 at 60 min and 150.33 ± 6.54 at 24 h. The variations were not significant.

The diastolic pressure (mm Hg) was 87.33 ± 3.17 before administration, 88.33 ± 6.74 at 15 min, 83.67 ± 4.72 at 30 min, 90.00 ± 2.13 at 60 min and 88.00 ± 3.54 at 24 h. The variations were not significant.

The coagulation time (min) of blood was 3.58 ± 0.45 before administration, 4.25 ± 0.28 at 15 min, 4.17 ± 0.42 at 30 min, 3.67 ± 0.33 at 60 min and 3.75 ± 0.31 at 24 h. The variations were marginal.

Electrocardiogram (ECG)

Increase in heart rate was noticed in all the animals at 15 min after the administration of tiletamine-zolazepam and persisted upto 60 min except in one animal in which it was seen slightly reduced by 60 min. Biphasic T-wave was noticed in one animal at 15 min and 30 min but at 24 h there was slight

reduction in heart rate and increase in amplitude of R wave along with biphasic T wave. Increase in amplitude of R wave was noticed in one animal at 15 min, thereafter it became normal. Depression of T wave was noticed in one animal at 30 min and 60 min and became normal by 24 h. All the ECG changes were spontaneously corrected by 24 h except in one animal (Fig 4)

Haemogram

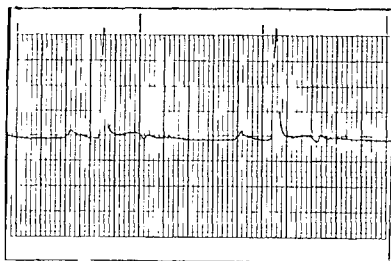
The erythrocyte sedimentation rate (mm/1 h) was 2.00 ± 0.26 before administration, 2.33 ± 0.21 at 15 min, 2.00 ± 0.36 at 30 min, 1.67 ± 0.33 at 60 min and 1.67 ± 0.21 at 24 h. There was an increase in ESR at 15 min and thereafter there was gradual decrease.

The packed cell volume (per cent) was 37.00 ± 2.41 before administration, 37.17 ± 1.60 at 15 min, 38.17 ± 1.99 at 30 min, 36.50 ± 1.84 at 60 min and 37.00 ± 1.77 at 24 h. There was gradual reduction in PCV.

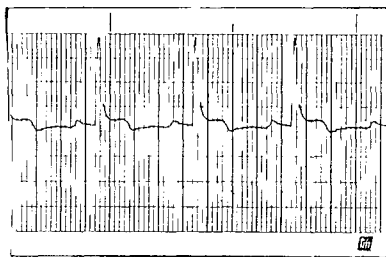
The haemoglobin concentration (g/dl) was 10.54 ± 1.03 before administration, 10.43 ± 0.72 at 15 min, 10.77 ± 0.92 at 30 min, 11.43 ± 0.71 at 60 min and 10.38 ± 1.17 at 24 h. The variations were marginal.

The total erythrocyte count ($10^6/\text{mm}^3$) was 4.50 ± 0.48 before administration, 4.05 ± 0.30 at 15 min, 4.57 ± 0.14 at

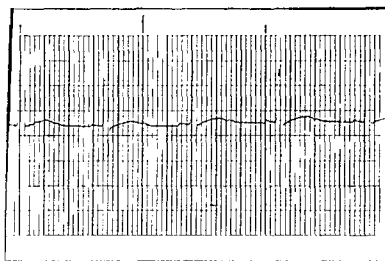
Fig 4 ECG changes following the administration of tiletamine zolazepam (10 mg/kg bodyweight) in dogs (Subgroup IB)



A Biphasic T-wave



B Increase in R wave amplitude



C Depression of T wave

30 min, 4.78 ± 0.27 at 60 min and 4.98 ± 0.45 at 24 h. There was decrease in TEC at 15 min and thereafter a gradual increase.

The total leukocyte count ($10^3/\text{mm}^3$) was 12.13 ± 1.10 before administration, 12.28 ± 1.51 at 15 min, 12.43 ± 2.13 at 30 min, 12.82 ± 3.55 at 60 min and 10.83 ± 1.02 at 24 h. There was gradual increase in TLC and the count was seen decreased at 24 h.

The neutrophil count (per cent) was 71.17 ± 2.18 before administration, 67.50 ± 2.43 at 15 min, 64.67 ± 2.39 at 30 min, 64.83 ± 2.24 at 60 min and 68.00 ± 3.11 at 24 h. There was decrease in neutrophil count, upto 60 min.

The lymphocyte count (per cent) was 21.83 ± 1.54 before administration, 21.33 ± 2.04 at 15 min, 22.33 ± 1.69 at 30 min, 21.83 ± 1.58 at 60 min and 23.17 ± 2.24 at 24 h. Slight increase in the count was observed at 24 h.

The monocyte count (per cent) was 4.33 ± 0.80 before administration, 6.33 ± 2.12 at 15 min, 6.67 ± 1.41 at 30 min, 6.67 ± 1.36 at 60 min and 5.83 ± 1.14 at 24 h. There was increase in monocyte count.

The eosinophil count (per cent) was 2.17 ± 0.48 before administration, 4.50 ± 0.56 at 15 min, 4.83 ± 1.33 at 30 min, 4.50 ± 1.48 at 60 min and 4.17 ± 1.22 at 24 h. There was

increase in eosinophil count and the increase at 15 min was significant ($P < 0.05$)

The basophil count (per cent) was insignificant

Serum constituents

The serum glucose value (mg/dl) was 85.12 ± 10.37 before administration 99.41 ± 12.11 at 15 min 103.57 ± 6.05 at 30 min 132.14 ± 3.06 at 60 min and 98.81 ± 14.74 at 24 h. There was gradual increase in glucose value upto 60 min and the increase at 60 min was significant ($P < 0.05$)

The serum sodium concentration (mEq/L) was 126.11 ± 10.85 before administration 107.08 ± 3.48 at 15 min 119.77 ± 11.85 at 30 min 107.23 ± 4.62 at 60 min and 110.89 ± 5.36 at 24 h. There was decrease in serum sodium concentration following the administration of the drugs

The serum potassium concentration (mEq/L) was 5.22 ± 0.16 before administration, 4.86 ± 0.09 at 15 min, 5.18 ± 0.25 at 30 min, 5.22 ± 0.28 at 60 min and 5.28 ± 0.24 at 24 h. The variations were marginal

The serum chloride concentration (mEq/L) was 107.51 ± 5.23 before administration 121.86 ± 5.44 at 15 min 118.24 ± 6.13 at 30 min 115.40 ± 7.13 at 60 min and 123.72 ± 6.75 at

Histopathological examination

Histopathological examination revealed cloudy swelling (Fig 5) and fatty changes in liver and cystic dilation of tubules along with focal areas of nephrosis in kidney

Subgroup IC

Tiletamine-zolazepam combination was administered IM at the rate of 15 mg/kg bodyweight to the animals of this sub-group

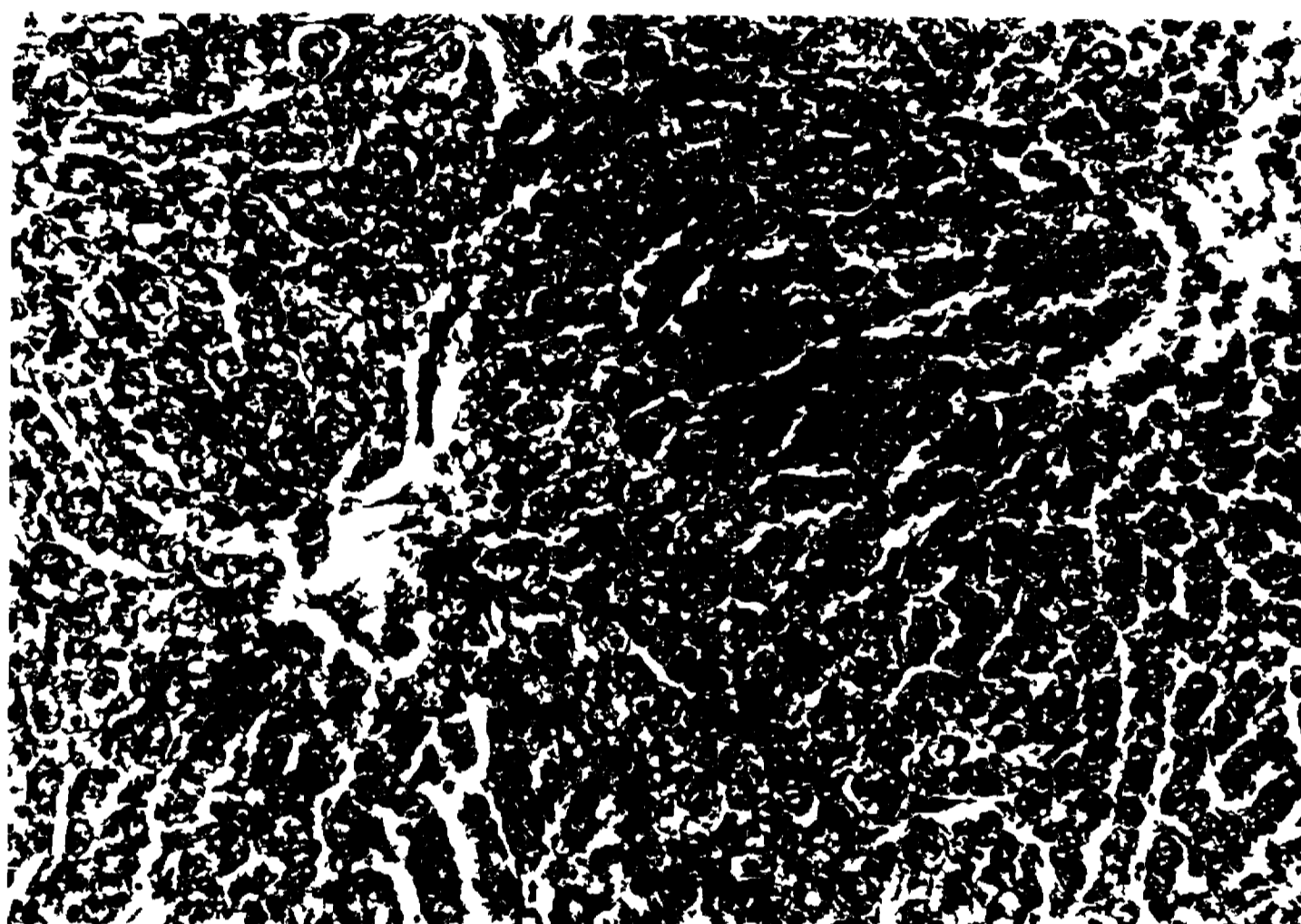
Clinical observations

All the animals evinced pain during the administration of tiletamine-zolazepam. The induction time was 4.33 ± 0.49 min, the effect persisted for 89.00 ± 20.86 min and the recovery time was 180.33 ± 10.57 min.

The animals assumed sternal recumbency by 1.67 ± 0.21 min, lateral recumbency with head up position by 2.83 ± 0.31 min and lateral recumbency with loss of headrighting reflex by 4.33 ± 0.49 min. Sensitivity to pinprick was sluggish and the loss of headrighting reflex persisted for 89.00 ± 20.86 min.

The animals resumed sternal recumbency by 1.883 ± 17.32 min and was able to stand up with incoordination by

Fig 5 Photomicrograph of the liver showing cloudy swelling (Subgroup IB) H&E x 250



195 67 \pm 15 15 min The gait of the animals became apparently normal by 273 67 \pm 19 80 min

The onset of effect was characterised by the winking of eyes followed by yawning, licking and protrusion of tongue. Salivation was scanty and the eyes remained open throughout.

Palpebral and pedal reflexes were retained. Pupils were slightly dilated. Swallowing movements were pronounced during induction period and thereafter it was occasional. The jaw muscles, though not fully relaxed, permitted easy manipulation for endotracheal intubation.

The respiration was abdominal and regular in all the animals. The relaxation of the abdominal muscles and limbs was good.

During recovery paddling and vocalization were not a common feature in all the animals. All the animals resumed feeding and drinking soon after recovery.

Physiological observations

The rectal temperature ($^{\circ}\text{C}$) was 39 11 \pm 0 11 before administration, 38 87 \pm 0 24 at 15 min, 38 09 \pm 0 33 at 30 min, 37 93 \pm 0 35 at 60 min and 38 87 \pm 0 13 at 24 h. There was significant ($P < 0.05$) decrease in rectal temperature at 30 min and 60 min which became normal by 24 h.

The pulse rate (per min) was 117.50 ± 9.17 before administration 140.33 ± 13.31 at 15 min 142.67 ± 14.73 at 30 min 120.00 ± 14.30 at 60 min and 120.00 ± 8.18 at 24 h. There was increase in pulse rate at 15 min and 30 min which reached near normal value by 60 min.

The respiration rate (per min) was 38.17 ± 5.00 before administration 26.00 ± 4.51 at 15 min 25.83 ± 2.59 at 30 min 33.83 ± 3.99 at 60 min and 36.83 ± 4.76 at 24 h. There was decrease in respiration rate at 15 min and 30 min but was not significant and thereafter it increased towards the base line value.

The systolic pressure (mm Hg) was 142.33 ± 4.18 before administration 142.00 ± 4.41 at 15 min, 142.67 ± 5.28 at 30 min 141.67 ± 5.38 at 60 min and 141.00 ± 4.31 at 24 h. The variations were marginal.

The diastolic pressure (mm Hg) was 87.00 ± 1.24 before administration 88.33 ± 2.94 at 15 min, 87.33 ± 3.04 at 30 min 86.33 ± 1.50 at 60 min and 90.67 ± 2.56 at 24 h. After a slight initial increase at 15 min the diastolic pressure decreased to the base line value at 30 min.

The coagulation time (min) of blood was 4.25 ± 0.25 before administration 3.58 ± 0.35 at 15 min 4.08 ± 0.35 at

30 min 3.92 ± 0.45 at 60 min and 4.25 ± 0.38 at 24 h. The variations were marginal.

Electrocardiogram (ECG)

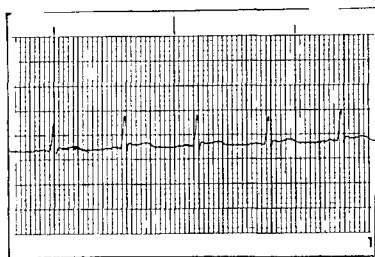
Increase in heart rate was noticed in all the animals at 15 min after the administration of tiletamine zolazepam and became normal at 60 min in two animals. Depression of T wave and QRS complex was noticed in one animal at 15 min and 30 min. At 60 min there was biphasic T-wave along with T wave depression and it became normal by 24 h. Increase in T wave period with bifid T-wave at the apex was noticed in one animal but it became normal by 24 h. Biphasic T wave was noticed in one animal at 60 min, and at 24 h there was inversion of T wave along with biphasic T-wave. Spiking of T wave along with biphasic P wave was noticed in one animal at 60 min but became normal by 24 h. The heart rate became normal/slightly reduced by 24 h (Fig 6).

Haemogram

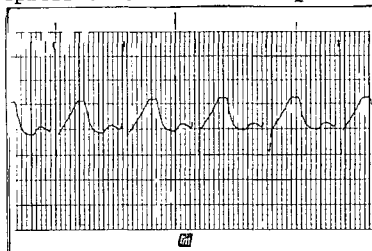
The erythrocyte sedimentation rate (mm/1 h) was 2.00 ± 0.26 before administration, 1.50 ± 0.34 at 15 min, 1.67 ± 0.42 at 30 min, 1.33 ± 0.21 at 60 min and 1.33 ± 0.21 at 24 h. There was decrease in ESR but was not significant.

The packed cell volume (per cent) was 37.33 ± 0.67 before administration, 36.50 ± 1.41 at 15 min, 35.50 ± 1.28 at

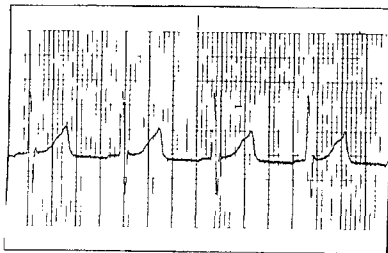
Fig 6 ECG changes following the administration of tiletamine zolazepam (15mg/kg bodyweight) in dogs (Subgroup IC)



A Depression of T-wave and QRS complex



B Increase in T-period with bifid T-wave at the apex



C Spiking of T wave and biphasic P-wave

30 min 35.17 ± 0.95 at 60 min and 35.83 ± 2.39 at 24 h. There was gradual reduction in PCV, but was not significant.

The haemoglobin concentration (g/dl) was 13.00 ± 0.90 before administration, 11.32 ± 1.42 at 15 min, 11.16 ± 1.46 at 30 min, 11.16 ± 1.11 at 60 min and 11.49 ± 0.78 at 24 h. There was gradual decrease in haemoglobin concentration though not significant.

The total erythrocyte count ($10^6/\text{mm}^3$) was 5.82 ± 0.59 before administration, 4.95 ± 0.28 at 15 min, 4.53 ± 0.52 at 30 min, 4.42 ± 0.38 at 60 min and 5.92 ± 0.67 at 24 h. There was gradual decreases in TEC upto 60 min but reached near normal value by 24 h.

The total leukocyte count ($10^3/\text{mm}^3$) was 9.43 ± 0.68 before administration, 8.72 ± 0.48 at 15 min, 5.98 ± 1.21 at 30 min, 8.30 ± 0.63 at 60 min and 8.42 ± 0.88 at 24 h. There was decrease in TLC and the decrease was significant ($P < 0.05$) at 30 min.

The neutrophil count (per cent) was 71.50 ± 2.79 before administration, 69.00 ± 2.27 at 15 min, 68.00 ± 1.67 at 30 min, 69.00 ± 1.90 at 60 min and 69.50 ± 0.50 at 24 h. There was decrease in neutrophil count throughout the period of observation.

The lymphocyte count (per cent) was 18.33 ± 1.76 before administration 21.17 ± 1.56 at 15 min, 20.67 ± 1.05 at 30 min 22.00 ± 1.90 at 60 min and 22.17 ± 0.93 at 24 h. There was increase in lymphocyte count.

The monocyte count (per cent) was 3.67 ± 1.58 before administration 6.00 ± 1.63 at 15 min, 7.00 ± 1.75 at 30 min 6.17 ± 1.33 at 60 min and 5.17 ± 1.08 at 24 h. There was increase in monocyte count.

The eosinophil count (per cent) was 5.17 ± 1.45 before administration 2.67 ± 2.12 at 15 min, 4.33 ± 1.12 at 30 min 3.17 ± 1.30 at 60 min and 4.17 ± 0.79 at 24 h. There was decrease in eosinophil count.

The basophil count (per cent) was insignificant.

Serum constituents

The serum glucose value (mg/dl) was 101.73 ± 8.99 before administration 118.35 ± 12.41 at 15 min, 119.19 ± 13.35 at 30 min 100.51 ± 12.46 at 60 min and 111.01 ± 13.08 at 24 h. There was increase in the value at 15 min and 30 min but was not significant and reached near normal value by 60 min.

The serum sodium concentration (mEq/L) was 114.68 ± 13.36 before administration 112.51 ± 2.44 at 15 min 108.27 ± 7.29 at 30 min 115.41 ± 15.91 at 60 min and 123.50 ± 8.92 at

24 h There was decrease in serum sodium concentration upto 30 min but thereafter it increased above base line value

The serum potassium concentration (mEq/L) was 5.70 ± 0.27 before administration 5.36 ± 0.38 at 15 min 5.86 ± 0.20 at 30 min 5.70 ± 0.28 at 60 min and 5.49 ± 0.14 at 24 h The variations were marginal

The serum chloride concentration (mEq/L) was 107.83 ± 7.91 before administration, 103.37 ± 6.60 at 15 min 110.85 ± 7.60 at 30 min 118.41 ± 9.55 at 60 min and 102.99 ± 9.32 at 24 h After an initial decrease in serum chloride concentration at 15 min it increased at 30 min and 60 min and then decreased but changes were not significant

The total serum protein content (g/dl) was 5.56 ± 0.34 before administration 6.00 ± 0.48 at 15 min 5.48 ± 0.21 at 30 min 6.18 ± 0.45 at 60 min and 5.65 ± 0.56 at 24 h The variations were marginal

The serum urea nitrogen value (mg/dl) was 9.60 ± 1.60 before administration 11.02 ± 2.44 at 15 min, 10.98 ± 1.83 at 30 min 10.62 ± 1.93 at 60 min and 11.14 ± 2.01 at 24 h Only marginal variations were noticed in the serum urea nitrogen value

The serum aspartate aminotransferase (AST) value (units/ml) was 29.17 ± 7.26 before administration, 34.58 ± 11.24 at 15 min, 30.00 ± 7.44 at 30 min, 40.50 ± 8.21 at 60 min and 41.25 ± 13.67 at 24 h. There was increase in AST value but was not significant.

The serum alanine aminotransferase (ALT) value (units/ml) was 29.00 ± 4.55 before administration, 29.33 ± 3.04 at 15 min, 30.67 ± 4.37 at 30 min, 27.67 ± 5.87 at 60 min and 34.67 ± 6.72 at 24 h. The variations were marginal upto 60 min but an increase in value was observed at 24 h.

Histopathological examination

Histopathological examination revealed cloudy swelling and mild fatty changes in liver and cystic dilation of tubules along with focal areas of nephrosis in kidney.

Table 1 The induction time recovery time duration of analgesia and duration of effect following the administration of tiletamine-zolazepam (Group I) and with xylazine premedication (Group II) in dogs (Time in minutes) (Mean + SE)

n 6

	Group I			Group II		
	A	B	C	A	B	C
Assumption of sternal recumbency	2 83+ 0 48	1 67+ 0 21	1 67+ 0 21	1 83+ 0 40	1 33+ 0 21	1 33+ 0 21
Assumption of lateral recumbency with head up	4 00+ 0 52	3 00+ 0 26	2 83± 0 31			-
Assumption of lateral recumbency with loss of headrighting reflex	6 17± 1 01	4 33+ 0 21	4 33± 0 49	3 33+ 0 62	3 17± 0 48	2 83+ 0 54
Loss of sensitivity to pinprick	-			6 00+ 1 16	5 17+ 0 70	5 00+ 0 37
Return of sensitivity to pinprick	-	-	-	35 00+ 2 86	61 67+ 5 73	67 50+ 9 60
Return of headrighting reflex	39 83+ 5 93	62 17± 6 18	93 33+ 20 94	53 00+ 6 06	108 33± 10 22	128 67+ 10 65
Resumption of sternal recumbency	61 67+ 8 70	90 50+ 12 27	138 83+ 17 32	64 83± 7 03	157 50+ 28 42	158 33+ 10 99
Could stand up with incoordination	81 33+ 13 08	117 17+ 8 47	195 67± 15 15	101 17+ 10 52	182 83+ 27 99	201 17+ 9 19
Normal gait	151 33+ 12 77	178 67+ 14 41	2 3 67+ 19 80	213 00+ 16 84	288 33+ 19 13	309 67+ 12 86
Induction time	6 17+ 1 01	4 33± 0 21	4 33± 0 49	3 33± 0 62	3 17± 0 48	2 83+ 0 54
Duration of analgesia				29 00+ 3 37	59 83+ 6 40	65 83+ 9 86
Duration of lateral recumbency with loss of headrighting reflex	33 67+ 5 88	57 83+ 6 17	89 00+ 20 86	49 67+ 6 43	105 17+ 10 31	125 83+ 0 8
Recovery time	111 50+ 14 53	1 6 50+ 10 46	1 20 33+ 0 57	160 00+ 1 70	180 00+ 14 94	181 00+ 12 82

Table 2. Effect of administration of tiletamine-zolazepam on rectal temperature, pulse rate and respiration rate in dogs (Group I) (Mean + SE)

n=6

	Sub-group	0 Min.	15 Min.	30 Min.	60 Min.	24 h
Rectal temperature (°C)	A	38.83±0.14	38.80±0.11	38.39±0.20*	38.39±0.28*	38.82±0.13
	B	39.30±0.11	39.02±0.18	38.28±0.29*	37.99±0.30*	38.93±0.15
	C	39.11±0.11	38.87±0.24	38.09±0.33	37.93±0.35	38.87±0.13
Pulse rate (per min)	A	99.67±5.62	152.83±7.08*	145.00±15.73*	142.33±16.72*	95.33 ±3.85
	B	107.33±11.75	159.50±9.22*	169.83±10.68*	132.67±10.83	98.00 ±7.69
	C	117.50±9.17	140.33±13.31	142.67±14.73	120.00±14.30	120.00±8.18
Respiration rate (per min)	A	32.50±4.39	23.33±1.52	27.83±1.47	32.00±3.83	31.33±4.64
	B	39.67±8.54	23.17±3.71	26.83±3.94	30.50±3.73	33.50±3.70
	C	38.17±5.00	26.00±4.51	25.83±2.59	33.83±3.99	36.83±4.76

* Significant at 5 per cent level as compared to the value at 0 min.

Table 3. Effect of administration of tiletamine-zolazepam on systolic pressure, diastolic pressure and coagulation time of blood in dogs (Group I) (Mean \pm SE)

n=6

	Sub-group	0 Min.	15 Min.	30 Min.	60 Min.	24 h
Systolic pressure (mm Hg)	A	147.33 \pm 5.43	146.00 \pm 5.19	144.33 \pm 5.10	147.00 \pm 6.55	148.67 \pm 6.63
	B	148.33 \pm 2.60	144.33 \pm 4.33	142.33 \pm 7.44	147.33 \pm 5.62	150.33 \pm 6.54
	C	142.33 \pm 4.18	142.00 \pm 4.41	142.67 \pm 5.28	141.67 \pm 5.38	141.00 \pm 4.31
Diastolic pressure (mm Hg)	A	88.33 \pm 3.16	92.67 \pm 1.61	90.50 \pm 1.93	95.00 \pm 1.84	97.00 \pm 5.38
	B	87.33 \pm 3.17	88.33 \pm 6.74	83.67 \pm 4.72	90.00 \pm 2.13	88.00 \pm 3.54
	C	87.00 \pm 1.24	88.33 \pm 2.94	87.33 \pm 3.04	86.33 \pm 1.50	90.67 \pm 2.56
Coagulation time of blood (in min)	A	3.33 \pm 0.54	3.75 \pm 0.38	3.42 \pm 0.30	2.83 \pm 0.40	3.33 \pm 0.25
	B	3.58 \pm 0.45	4.25 \pm 0.28	4.17 \pm 0.42	3.67 \pm 0.33	3.75 \pm 0.31
	C	4.25 \pm 0.25	3.58 \pm 0.35	4.08 \pm 0.35	3.92 \pm 0.45	4.25 \pm 0.38

Table 4. Effect of administration of tiletamine-zolazepam on erythrocyte sedimentation rate, packed cell volume and haemoglobin concentration in dogs (Group I) (Mean \pm SE)

n=6

	Sub-group	0 Min.	15 Min.	30 Min.	60 Min.	24 h
Erythrocyte sedimentation rate (mm/1 h)	A	2.00 \pm 0.26	1.50 \pm 0.22	1.33 \pm 0.21	1.17 \pm 0.17*	1.67 \pm 0.21
	B	2.00 \pm 0.26	2.33 \pm 0.21	2.00 \pm 0.36	1.67 \pm 0.33	1.67 \pm 0.21
	C	2.00 \pm 0.26	1.50 \pm 0.34	1.67 \pm 0.42	1.33 \pm 0.21	1.33 \pm 0.21
Packed cell volume (per cent)	A	37.00 \pm 2.41	34.83 \pm 1.74	32.50 \pm 1.12	33.83 \pm 1.99	34.50 \pm 2.43
	B	37.17 \pm 2.20	37.17 \pm 1.60	38.17 \pm 1.99	36.50 \pm 1.84	37.00 \pm 1.77
	C	37.33 \pm 0.67	36.50 \pm 1.41	35.50 \pm 1.28	35.17 \pm 0.95	35.83 \pm 2.39
Haemoglobin concentration (g/dl)	A	11.83 \pm 0.66	11.66 \pm 0.63	12.55 \pm 0.67	11.44 \pm 0.81	10.99 \pm 1.21
	B	10.54 \pm 1.03	10.43 \pm 0.72	10.77 \pm 0.92	11.43 \pm 0.71	10.38 \pm 1.17
	C	13.00 \pm 0.90	11.32 \pm 1.42	11.16 \pm 1.46	11.16 \pm 1.11	11.49 \pm 0.78

* Significant at 5 per cent level as compared to the value at 0 min.

Table 5 Effect of administration of tiletamine - zolazepam on total erythrocyte, total leukocyte and neutrophil counts in dogs (Group I) (Mean \pm SE)

n=6

	Sub-group	0 Min.	15 Min.	30 Min.	60 Min.	24 h
Total erythrocyte count ($10^6/\text{mm}^3$)	A	4.72 \pm 0.43	4.67 \pm 0.39	3.72 \pm 0.41	4.97 \pm 0.41	4.95 \pm 0.18
	B	4.50 \pm 0.48	4.05 \pm 0.30	4.57 \pm 0.14	4.78 \pm 0.27	4.98 \pm 0.45
	C	5.82 \pm 0.59	4.95 \pm 0.28	4.53 \pm 0.52	4.42 \pm 0.38	5.92 \pm 0.67
Total leukocyte count ($10^6/\text{mm}^3$)	A	8.75 \pm 0.84	10.38 \pm 0.87	10.40 \pm 0.84	10.30 \pm 1.21	10.88 \pm 1.07
	B	12.13 \pm 1.10	12.28 \pm 1.51	12.43 \pm 2.13	12.82 \pm 3.55	10.83 \pm 1.02
	C	9.43 \pm 0.68	8.72 \pm 0.48	5.98 \pm 1.21	8.30 \pm 0.63	8.42 \pm 0.88
Neutrophil count (per cent)	A	67.83 \pm 2.82	68.17 \pm 1.60	65.33 \pm 2.70	62.50 \pm 3.90	64.17 \pm 2.12
	B	71.17 \pm 2.18	67.50 \pm 2.43	64.67 \pm 2.39	64.83 \pm 2.24	68.00 \pm 3.11
	C	71.50 \pm 2.79	69.00 \pm 2.27	68.00 \pm 1.67	69.00 \pm 1.90	69.50 \pm 0.50

* Significant at 5 per cent level as compared to the value at 0 min.

Table 6. Effect of administration of tiletamine-zolazepam on lymphocyte, monocyte and eosinophil counts in dogs (Group I) (Mean \pm SE) n=6

	Sub-group	0 Min.	15 Min.	30 Min.	60 Min.	24 h
Lymphocyte count (per cent)	A	23.33 \pm 2.44	21.00 \pm 2.95	21.50 \pm 2.67	24.00 \pm 3.02	23.17 \pm 2.24
	B	21.83 \pm 1.54	21.33 \pm 2.04	22.33 \pm 1.69	21.83 \pm 1.58	23.17 \pm 2.24
	C	18.83 \pm 1.76	21.17 \pm 1.56	20.67 \pm 1.05	22.00 \pm 1.90	22.17 \pm 0.93
Monocyte count (per cent)	A	4.33 \pm 2.38	4.33 \pm 0.67	6.17 \pm 0.95	7.67 \pm 1.94	8.00 \pm 1.88
	B	4.33 \pm 0.80	6.33 \pm 2.12	6.67 \pm 1.41	6.67 \pm 1.36	5.83 \pm 1.14
	C	3.67 \pm 1.58	6.00 \pm 1.63	7.00 \pm 1.75	6.17 \pm 1.33	5.17 \pm 1.08
Eosinophil count (per cent)	A	4.33 \pm 1.52	6.33 \pm 1.50	7.00 \pm 2.42	5.50 \pm 1.45	4.67 \pm 1.02
	B	2.17 \pm 0.48	4.50 \pm 0.56	4.83 \pm 1.33	4.50 \pm 1.48	4.18 \pm 1.22
	C	5.17 \pm 1.45	3.67 \pm 2.12	4.33 \pm 1.12	3.17 \pm 1.30	4.17 \pm 0.79

* Significant at 5 per cent level as compared to the value at 0 min.

Table 7. Effect of administration of tiletamine-zolazepam on basophil count, serum glucose value and serum urea nitrogen value in dogs (Group I) (Mean \pm SE)

n=6

	Sub-group	0 Min.	15 Min.	30 Min.	60 Min.	24 h
Basophil count (per cent)	A	0.17+0.17	0.17 \pm 0.17	0	0.33 \pm 0.21	0
	B	0	0.17 \pm 0.17	0	0	0
	C	0.17 \pm 0.17	0.17 \pm 0.17	0	0	0
Serum glucose (mg/dl)	A	84.72 \pm 15.53	108.14 \pm 11.68	116.07 \pm 12.70	135.89 \pm 15.60 [*]	116.32 \pm 14.00
	B	85.12 \pm 10.37	99.41 \pm 12.11	103.57 \pm 6.05	132.14 \pm 3.06 [*]	98.81 \pm 14.74
	C	101.73 \pm 8.99	118.35 \pm 12.41	119.19 \pm 13.35	100.51 \pm 10.46	111.01 \pm 13.08
Serum urea nitrogen (mg/dl)	A	12.54 \pm 2.86	13.46 \pm 2.47	10.16 \pm 1.52	12.27 \pm 2.18	10.50 \pm 2.05
	B	12.18 \pm 1.38	11.34 \pm 1.18	13.18 \pm 1.37	11.83 \pm 1.74	10.96 \pm 2.09
	C	9.60 \pm 1.60	11.02 \pm 2.44	10.98 \pm 1.83	10.62 \pm 1.93	11.14 \pm 2.01

* Significant at 5 per cent level as compared to the value at 0 min

Table 8. Effect of administration of tiletamine-zolazepam on serum sodium, serum potassium and serum chloride values in dogs (Group I) (Mean \pm SE)

n=6

	Sub-group	0 Min.	15 Min.	30 Min.	60 Min.	24 h
Serum sodium (mEq/L)	A	104.90 \pm 6.43	103.27 \pm 9.45	110.70 \pm 14.95	105.26 \pm 13.51	100.55 \pm 8.28
	B	126.11 \pm 10.85	107.08 \pm 3.48	119.77 \pm 11.85	107.23 \pm 4.62	110.89 \pm 5.36
	C	114.68 \pm 13.36	112.51 \pm 2.44	108.27 \pm 7.29	115.41 \pm 15.91	123.50 \pm 8.92
Serum potassium (mEq/L)	A	4.98 \pm 0.17	5.17 \pm 0.17	5.11 \pm 0.27	5.36 \pm 0.32	5.45 \pm 0.35
	B	5.22 \pm 0.16	4.86 \pm 0.09	5.18 \pm 0.25	5.22 \pm 0.28	5.28 \pm 0.24
	C	5.70 \pm 0.27	5.36 \pm 0.38	5.86 \pm 0.20	5.70 \pm 0.28	5.49 \pm 0.14
Serum chloride (mEq/L)	A	104.60 \pm 7.33	117.33 \pm 6.24	113.61 \pm 9.02	121.31 \pm 5.59	102.44 \pm 6.73
	B	107.51 \pm 5.23	121.86 \pm 5.44	118.24 \pm 6.13	115.40 \pm 7.13	123.72 \pm 6.75
	C	107.83 \pm 7.91	103.37 \pm 6.60	110.85 \pm 7.60	118.41 \pm 9.55	102.99 \pm 9.32

Table 9. Effect of administration of tiletamine-zolazepam on total serum protein content serum aspartate aminotransferase (AST) value and serum alanine aminotransferase (ALT) value in dogs (Group I) (Mean \pm SE)

n=6

	Sub-group	0 Min.	15 Min.	30 Min.	60 Min.	24 h
Total serum protein (g/dl)	A	5.53 \pm 0.49	4.75 \pm 0.34	5.10 \pm 0.41	5.10 \pm 0.38	5.83 \pm 0.65
	B	5.38 \pm 0.40	5.64 \pm 0.44	5.46 \pm 0.73	4.88 \pm 0.66	5.48 \pm 0.56
	C	5.56 \pm 0.34	6.00 \pm 0.48	5.48 \pm 0.21	6.18 \pm 0.45	5.65 \pm 0.56
Serum aspartate amino-transferase (units/ml)	A	39.17 \pm 6.54	43.75 \pm 10.12	51.67 \pm 11.59	54.58 \pm 13.60	54.17 \pm 15.42
	B	38.76 \pm 9.39	39.58 \pm 9.09	44.17 \pm 7.43	46.67 \pm 9.82	48.75 \pm 10.03
	C	29.17 \pm 7.26	34.58 \pm 11.24	30.00 \pm 7.44	40.50 \pm 8.21	41.25 \pm 13.67
Serum alanine amino-transferase (units/ml)	A	29.33 \pm 5.55	29.67 \pm 5.20	34.67 \pm 6.10	37.00 \pm 2.95	37.00 \pm 5.05
	B	25.00 \pm 5.23	32.33 \pm 6.18	38.00 \pm 4.70	33.67 \pm 3.48	29.33 \pm 1.91
	C	29.00 \pm 4.55	29.33 \pm 3.04	30.67 \pm 4.37	27.67 \pm 5.87	34.67 \pm 6.72

GROUP II

The observations are presented in Tables 1 and 10-17

Subgroup IIA

Tiletamine-zolazepam combination at the rate of 5 mg/kg bodyweight with xylazine premedication at the rate of 0.5 mg/kg bodyweight was administered IM to all the animals of this subgroup

Clinical observations

Administration of xylazine brought about sedation in the animals as evidenced by winking of eyes, attempts to vomit and incoordination of movements with head down posture and tendency for sitting on the haunches

The induction time was 3.33 ± 0.62 min, the effect persisted for 49.67 ± 6.43 min and the recovery time was 160.00 ± 17.70 min

The animals assumed sternal recumbency by 1.83 ± 0.40 min, lateral recumbency with loss of headrighting reflex by 3.33 ± 0.62 min. Loss of sensitivity to pinprick was noticed at 6.00 ± 1.16 min and the sensitivity to pinprick was found returned by 35.00 ± 2.86 min. The loss of headrighting reflex persisted for 49.67 ± 6.43 min

The animals resumed sternal recumbency by 64.83 ± 7.03 min and was able to stand up with incoordination by 101.17 ± 10.52 min. The gait of the animals became apparently normal by 213.00 ± 16.84 min.

Salivation was scanty and the eyes were partially closed. Palpebral reflexes were abolished in two animals and was sluggish in others. Pupils were slightly dilated. Pedal reflexes were abolished. Swallowing movements were present. The jaw muscles were relaxed and permitted endotracheal intubation. The muscle relaxation time was 39.50 ± 5.54 min.

The respiration was abdominal and regular. The relaxation of the abdominal muscles and limbs was good to excellent.

During recovery paddling was less prominent and vocalization was absent. All the animals resumed feeding and drinking soon after recovery.

In two animals laparotomy was performed to assess the depth of anaesthesia and was found to be satisfactory.

Physiological observations

The rectal temperature ($^{\circ}\text{C}$) was 39.17 ± 0.24 and 39.17 ± 0.24 before and after premedication respectively. 38.9 ± 0.25 at 15 min, 38.20 ± 0.20 at 30 min, 37.76 ± 0.27 at 60 min and 39.06 ± 0.19 at 24 h. There was gradual decrease in rectal temperature after the administration of tiletamine zolazepam and the decrease was significant ($P < 0.05$) at 30 min and 60 min.

The pulse rate (per min) was 107.00 ± 9.32 and 112.50 ± 12.45 before and after premedication respectively 118.17 ± 8.62 at 15 min 106.83 ± 6.08 at 30 min 105.17 ± 11.71 at 60 min and 108.83 ± 8.65 at 24 h. There was increase in pulse rate following xylazine premedication and from 30 min onwards there was decrease and became near normal by 24 h.

The respiration rate (per min) was 23.50 ± 2.16 and 17.00 ± 1.97 before and after premedication respectively 16.00 ± 2.00 at 15 min 19.33 ± 3.50 at 30 min 24.67 ± 4.11 at 60 min and 28.50 ± 4.10 at 24 h. There was decrease in respiration rate during the period of anaesthesia. The decrease was significant ($P < 0.05$) at 15 min.

The systolic pressure (mm Hg) was 139.67 ± 4.39 and 128.33 ± 3.07 before and after premedication respectively 130.00 ± 2.25 at 15 min 126.67 ± 3.89 at 30 min 130.67 ± 1.98 at 60 min and 132.00 ± 4.50 at 24 h. There was decrease in systolic pressure following xylazine premedication and administration of tiletamine-zolazepam.

The diastolic pressure (mm Hg) was 90.00 ± 1.63 and 86.00 ± 1.03 before and after premedication respectively 82.67 ± 2.51 at 15 min 85.00 ± 2.52 at 30 min 89.33 ± 2.11 at 60 min and 85.67 ± 2.80 at 24 h. There was decrease in diastolic pressure following xylazine premedication and administration of tiletamine-zolazepam. The decrease was significant ($P < 0.05$) at 15 min.

The coagulation time (min) of blood was 3.00 ± 0.22 and 3.67 ± 0.21 before and after premedication respectively 3.33 ± 0.33 at 15 min, 3.50 ± 0.43 at 30 min, 2.92 ± 0.20 at 60 min and 3.33 ± 0.36 at 24 h. The variations were marginal.

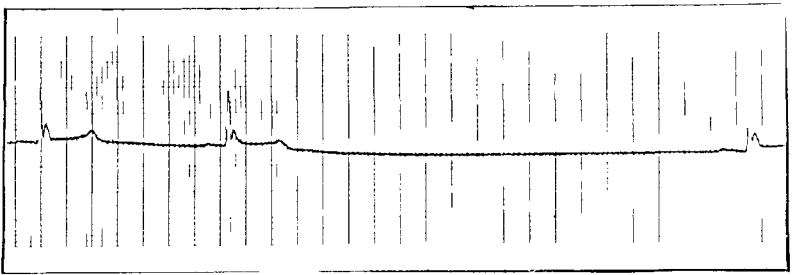
Electrocardiogram (ECG)

Increase in heart rate was noticed in two animals following the administration of xylazine and became almost normal/slightly decreased by 15 min after the administration of tiletamine-zolazepam. In one animal along with increase in heart rate the amplitude of R-wave also increased following the administration of xylazine. In these animals the heart rate and amplitude of R-wave became almost normal by 15 min. In one animal there was no change in heart rate but the amplitude of R wave was increased after xylazine administration and became normal by 15 min but at 24 h the amplitude of R-wave was slightly increased. In one animal the rhythm was irregular with increase in amplitude of R wave and occasional biphasic T-wave. By 15 min the rhythm became normal but the amplitude was still higher and persisted upto 60 min. In one animal there was decrease in heart rate along with occasional total blockage following xylazine administration, at 15 min and 60 min. QRS complex became bifid and the T wave became depressed and at 60 min the heart rate became normal but inversion of T wave was noticed (Fig 7).

Fig 7 ECG changes following the administration of tiletamine zolazepam (5 mg/kg bodyweight) with xylazine (0.5 mg/kg bodyweight) premedication in dogs (Subgroup IIA)



A Bifid QRS complex and depression of T wave



B Decrease in heart rate with occasional total blockage

Haemogram

The erythrocyte sedimentation rate (mm/1 h) was 1.00 ± 0.00 and 1.33 ± 0.21 before and after premedication respectively, 1.50 ± 0.22 at 15 min 1.50 ± 0.22 at 30 min 1.33 ± 0.21 at 60 min and 1.33 ± 0.21 at 24 h. The variations were not significant.

The packed cell volume (per cent) was 36.67 ± 1.02 and 31.67 ± 0.67 before and after premedication respectively 33.00 ± 1.21 at 15 min 33.17 ± 0.83 at 30 min 33.67 ± 2.25 at 60 min and 35.33 ± 1.96 at 24 h. There was reduction in PCV following the administration of xylazine as well as after the administration of tiletamine zolazepam. The reduction was significant ($P < 0.05$) after premedication and at 15 min and 30 min.

The haemoglobin concentration (g/dl) was 9.37 ± 0.71 and 9.71 ± 0.77 before and after premedication respectively 10.43 ± 1.04 at 15 min 9.98 ± 0.63 at 30 min 9.21 ± 0.38 at 60 min and 10.32 ± 0.37 at 24 h. The variations were marginal.

The total erythrocyte count ($10^6/\text{mm}^3$) was 5.42 ± 0.12 and 4.27 ± 0.37 before and after premedication respectively 4.22 ± 0.41 at 15 min 4.13 ± 0.55 at 30 min 4.15 ± 0.20 at 60 min and 5.17 ± 0.29 at 24 h. There was significant ($P < 0.05$) decrease in total erythrocyte count after premedication and

during the period of anaesthesia and became near normal by 24 h

The total leukocyte count ($10^3/\text{mm}^3$) was 9.12 ± 0.85 and 10.05 ± 0.74 before and after premedication respectively 10.03 ± 0.85 at 15 min 10.42 ± 1.12 at 30 min 11.28 ± 0.92 at 60 min and 10.53 ± 0.98 at 24 h. The variations were marginal.

The neutrophil count (per cent) was 67.17 ± 1.47 and 64.50 ± 1.61 before and after premedication respectively 66.33 ± 2.65 at 15 min 68.17 ± 2.40 at 30 min 63.17 ± 1.54 at 60 min and 63.50 ± 1.52 at 24 h. There was decrease in neutrophil count following the administration of xylazine. There was increase at 15 min and 30 min and thereafter there was decrease below the base line value.

The lymphocyte count (per cent) was 26.67 ± 0.90 and 23.50 ± 1.59 before and after premedication respectively 22.83 ± 1.72 at 15 min 20.67 ± 1.41 at 30 min 24.00 ± 1.63 at 60 min and 24.17 ± 1.47 at 24 h. There was decrease in lymphocyte count following the administration of xylazine and the decrease persisted throughout the period of anaesthesia.

The monocyte count (per cent) was 3.50 ± 0.76 and 7.83 ± 1.78 before and after premedication respectively 4.33 ± 1.56 at 15 min 6.83 ± 2.24 at 30 min 6.33 ± 1.33 at 60 min and

6.50 ± 1.12 at 24 h. There was significant (P<0.05) increase in the count after premedication and after induction of anaesthesia the count was decreased and thereafter there was increase.

The eosinophil count (per cent) was 2.67 ± 0.67 and 3.33 ± 0.56 before and after premedication respectively. 6.50 ± 1.69 at 15 min, 4.17 ± 0.87 at 30 min, 6.17 ± 0.87 at 60 min and 5.50 ± 1.38 at 24 h. There was increase in eosinophil count following xylazine administration and the increase was more during the period of anaesthesia. The increase was significant (P<0.05) at 60 min.

The basophil count (per cent) was insignificant.

Serum constituents

The serum glucose value (mg/dl) was 78.84 ± 9.24 and 107.96 ± 17.54 before and after premedication respectively. 127.21 ± 15.12 at 15 min, 146.17 ± 8.51 at 30 min, 175.54 ± 9.49 at 60 min and 85.26 ± 10.43 at 24 h. There was increase in serum glucose value after xylazine premedication and the increase was marked and significant (P<0.05) during the period of observation upto 60 min.

The serum sodium concentration (mEq/L) was 99.82 ± 5.86 and 112.51 ± 4.85 before and after premedication respectively. 109.06 ± 3.82 at 15 min, 107.98 ± 4.71 at 30 min, 107.43 ± 3.14

at 60 min and 106.71 ± 5.80 at 24 h. There was increase in serum sodium concentration after premedication and after administration of tiletamine-zolazepam it was slightly reduced though above the base line value.

The serum potassium concentration (mEq/L) was 5.14 ± 0.24 and 4.53 ± 0.22 before and after premedication respectively. 4.78 ± 0.29 at 15 min, 5.28 ± 0.30 at 30 min, 5.29 ± 0.48 at 60 min and 5.33 ± 0.33 at 24 h. The variations were marginal.

The serum chloride concentration (mEq/L) was 102.57 ± 9.53 and 107.18 ± 5.49 before and after premedication respectively. 99.33 ± 10.89 at 15 min, 119.59 ± 9.05 at 30 min, 102.51 ± 6.15 at 60 min and 107.62 ± 12.37 at 24 h. There was increase in serum chloride concentration after premedication but after tiletamine zolazepam administration it was decreased. During the period of maximum depth of anaesthesia it was again increased and it reduced to premedication level by 60 min.

The total serum protein content (g/dl) was 5.00 ± 0.44 and 4.44 ± 0.61 before and after premedication respectively. 4.43 ± 0.63 at 15 min, 4.94 ± 0.73 at 30 min, 4.99 ± 0.57 at 60 min and 4.70 ± 0.65 at 24 h. The variations were marginal.

The serum urea nitrogen value (mg/dl) was 11.71 ± 1.46 and 11.48 ± 1.19 before and after premedication respectively.

12.28 ± 1.03 at 15 min 11.97 ± 1.38 at 30 min 13.09 ± 1.46 at 60 min and 13.12 ± 1.61 at 24 h. The variations were marginal.

The serum aspartate aminotransferase (AST) value (units/ml) was 43.33 ± 11.13 and 50.42 ± 10.79 before and after premedication respectively. 42.08 ± 9.43 at 15 min 49.17 ± 12.59 at 30 min 44.17 ± 13.41 at 60 min and 54.17 ± 10.20 at 24 h. There was increase in AST value after premedication and at 15 min it was decreased. During the period of maximum depth of anaesthesia (at 30 min) it was again increased. At 24 h the value was slightly higher than the base line value.

The serum alanine aminotransferase (ALT) value (units/ml) was 27.67 ± 2.85 and 21.33 ± 1.33 before and after premedication respectively, 23.33 ± 2.67 at 15 min 23.33 ± 4.64 at 30 min, 22.67 ± 3.78 at 60 min and 28.33 ± 1.67 at 24 h. There was decrease in ALT value following xylazine premedication and during the anaesthetic period and it became near normal by 24 h.

Histopathological examination

Histopathological examination revealed fatty changes in liver and presence of large number of dilated tubules and focal areas of nephrosis in kidney.

Subgroup IIB

Tiletamine zolazepam combination at the rate of 10 mg/kg bodyweight with xylazine premedication at the rate of 0.5 mg/kg bodyweight was administered IM to all the animals of this subgroup

Clinical observations

Administration of xylazine brought about sedation in the animals as evidenced by winking of eyes, attempts to vomit, incoordination of movements with head down posture and tendency for sitting on haunches.

The induction time was 3.17 ± 0.48 min, the effect persisted for 105.17 ± 10.31 min and the recovery time was 180.00 ± 14.94 min.

The animals assumed sternal recumbency by 1.33 ± 0.21 min, lateral recumbency with loss of headrighting reflex by 3.17 ± 0.48 min. Loss of sensitivity to pinprick was noticed at 5.17 ± 0.70 min and the sensitivity to pinprick returned by 61.67 ± 5.73 min. The loss of headrighting reflex persisted for 105.17 ± 10.31 min.

The animals resumed sternal recumbency by 157.50 ± 28.42 min and was able to stand up with incoordination by

182 83 \pm 27 99 min The gait of the animals became apparently normal by 288 33 \pm 19 13 min

Salivation was scanty and the eyes were partially closed Palpebral reflexes were abolished in four animals and was sluggish in others Pupils were slightly dilated Pedal reflexes were abolished Swallowing movements were present The jaw muscles were relaxed and permitted endotracheal intubation The muscle relaxation time was 63 33 \pm 9 06 min

The respiration became abdominal and was regular The relaxation of the abdominal muscles and limbs were excellent During recovery paddling was absent except in two animals In those animals it was pronounced and vocalization was absent All the animals resumed feeding and drinking soon after recovery

In two animals laparotomy was performed to assess the depth of anaesthesia and was found to be satisfactory

Physiological observations

The rectal temperature ($^{\circ}$ C) was 38 98 \pm 0 25 and 38 93 \pm 0 30 before and after premedication respectively 38 52 \pm 0 24 at 15 min 38 28 \pm 0 18 at 30 min 37 70 \pm 0 32 at 60 min and 38 87 \pm 0 15 at 24 h There was gradual decrease in rectal temperature after the administration of tiletamine zolazepam and the decrease was significant ($P < 0.05$) at 30 min and 60 min

The pulse rate (per min) was 104.00 ± 5.44 and 106.67 ± 8.08 before and after premedication respectively 108.67 ± 6.80 at 15 min, 101.33 ± 6.21 at 30 min, 93.67 ± 2.22 at 60 min and 88.33 ± 4.99 at 24 h. There was increase in pulse rate following xylazine premedication and from 30 min onwards there was decrease.

The respiration rate (per min) was 26.00 ± 2.42 and 23.00 ± 2.41 before and after premedication respectively 14.00 ± 3.39 at 15 min, 12.33 ± 2.65 at 30 min, 20.33 ± 3.80 at 60 min and 26.00 ± 1.71 at 24 h. There was decrease in respiration rate following xylazine premedication and administration of tiletamine-zolazepam. The decrease was significant ($P < 0.05$) at 15 min and 30 min and became near normal by 24 h.

The systolic pressure (mm Hg) was 144.00 ± 5.58 and 136.00 ± 4.44 before and after premedication respectively 130.00 ± 4.59 at 15 min, 131.67 ± 3.81 at 30 min, 136.00 ± 5.16 at 60 min and 142.67 ± 6.04 at 24 h. There was decrease in systolic pressure following xylazine premedication and administration of tiletamine-zolazepam. It became normal by 24 h.

The diastolic pressure (mm Hg) was 87.33 ± 2.40 and 81.67 ± 2.33 before and after premedication respectively 78.33 ± 2.89 at 15 min, 82.67 ± 2.81 at 30 min, 83.00 ± 2.91

at 60 min and 86.67 ± 2.72 at 24 h. There was decrease in diastolic pressure following xylazine premedication and administration of tiletamine-zolazepam and the decrease was significant ($P < 0.05$) at 15 min. Thereafter there was gradual increase and became near normal by 24 h.

The coagulation time (min) of blood was 3.50 ± 0.26 and 3.42 ± 0.20 before and after premedication respectively. 3.50 ± 0.36 at 15 min, 3.67 ± 0.57 at 30 min, 3.67 ± 0.57 at 60 min and 3.58 ± 0.24 at 24 h. The variations were marginal.

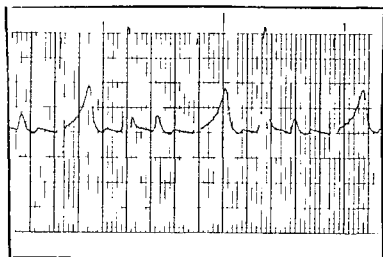
Electrocardiogram (ECG)

Slight increase in heart rate was noticed in four animals following the administration of xylazine. In one of these animals there was T-wave only in alternate beats following xylazine administration and increase in amplitude of R wave with spiking of T-wave at 15 min. By 24 h the heart rate became normal/slightly higher and in another animal the T wave was biphasic/inverted following xylazine administration (Fig 8).

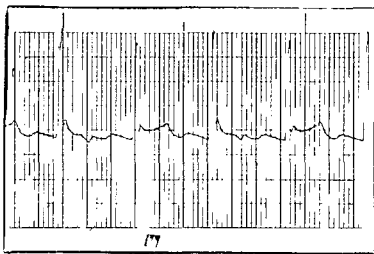
Haemogram

The erythrocyte sedimentation rate (mm/1 h) was 1.67 ± 0.21 and 1.33 ± 0.21 before and after premedication respectively. 1.50 ± 0.34 at 15 min, 1.33 ± 0.21 at 30 min.

Fig 8 ECG changes following the administration of tiletamine-zolazepam (10 mg/kg bodyweight) with xylazine (0.5 mg/kg bodyweight) premedication in dogs (Subgroup IIB)



A Spiking of T-wave in alternate beats



B Biphasic/inverted T-wave

1 50 \pm 0 22 at 60 min and 1 50 \pm 0 34 at 24 h The variations were not significant

The packed cell volume (per cent) was 37 33 \pm 1 58 and 34 83 \pm 1 90 before and after premedication respectively 34 50 \pm 1 76 at 15 min 33 17 \pm 1 81 at 30 min, 35 00 \pm 2 28 at 60 min and 34 67 \pm 2 14 at 24 h There was reduction in PCV following the administration of xylazine as well as after the administration of tiletamine-zolazepam

The haemoglobin concentration (g/dl) was 8 81 \pm 0 60 and 9 65 \pm 0 90 before and after premedication respectively 8 91 \pm 0 70 at 15 min, 9 60 \pm 1 06 at 30 min 9 98 \pm 1 36 at 60 min and 9 43 \pm 0 82 at 24 h The variations were marginal

The total erythrocyte count ($10^6/\text{mm}^3$) was 4 75 \pm 0 67 and 4 53 \pm 0 68 before and after premedication respectively 3 85 \pm 0 43 at 15 min 4 57 \pm 0 53 at 30 min, 4 58 \pm 0 33 at 60 min and 4 97 \pm 0 28 at 24 h There was decrease in TEC after premedication and during the anaesthetic period and became near normal by 24 h

The total leukocyte count ($10^3/\text{mm}^3$) was 10 70 \pm 0 27 and 10 23 \pm 0 67 before and after premedication respectively 10 87 \pm 0 79 at 15 min 10 53 \pm 0 95 at 30 min 10 10 \pm 0 72 at 60 min and 9 78 \pm 0 67 at 24 h The variations were marginal

The neutrophil count (per cent) was 64.17 ± 0.83 and 61.67 ± 1.45 before and after premedication respectively 64.00 ± 2.68 at 15 min, 66.67 ± 2.04 at 30 min, 62.17 ± 2.18 at 60 min and 66.83 ± 1.51 at 24 h. There was decrease in neutrophil count following the administration of xylazine and became normal by 15 min after administration of tiletamine zolazepam.

The lymphocyte count (per cent) was 23.50 ± 2.17 and 25.67 ± 1.45 before and after premedication respectively 25.17 ± 1.66 at 15 min, 23.33 ± 2.04 at 30 min, 23.83 ± 1.33 at 60 min and 24.17 ± 0.60 at 24 h. The variations were marginal.

The monocyte count (per cent) was 7.00 ± 1.63 and 5.50 ± 1.31 before and after premedication respectively 5.50 ± 1.71 at 15 min, 6.00 ± 0.89 at 30 min, 7.33 ± 1.84 at 60 min and 5.17 ± 1.05 at 24 h. The variations were not significant.

The eosinophil count (per cent) was 5.33 ± 1.89 and 7.00 ± 2.07 before and after premedication respectively 5.33 ± 1.12 at 15 min, 3.67 ± 1.14 at 30 min, 6.33 ± 1.08 at 60 min and 3.67 ± 0.80 at 24 h. There was increase in eosinophil count following the administration of xylazine. Following tiletamine zolazepam administration it became normal thereafter there was increase at 60 min.

The basophil count (per cent) was insignificant.

Serum constituents

The serum glucose value (mg/dl) was 94.88 ± 6.12 and 124.76 ± 7.57 before and after premedication respectively 142.62 ± 14.04 at 15 min 189.05 ± 18.57 at 30 min 202.86 ± 16.49 at 60 min and 121.43 ± 5.53 at 24 h. There was significant ($P < 0.05$) increase in serum glucose value after xylazine premedication and the increase was marked and significant ($P < 0.05$) during the period upto 24 h.

The serum sodium concentration (mEq/L) was 125.55 ± 6.96 and 109.25 ± 5.62 before and after premedication respectively, 106.53 ± 4.84 at 15 min 118.30 ± 6.05 at 30 min 123.35 ± 16.09 at 60 min and 116.67 ± 11.31 at 24 h. There was decrease in serum sodium concentration after premedication and during the period of anaesthesia and became normal by 60 min. The decrease at 15 min was significant ($P < 0.05$).

The serum potassium concentration (mEq/L) was 5.46 ± 0.28 and 5.10 ± 0.30 before and after premedication respectively, 5.36 ± 0.32 at 15 min 5.26 ± 0.19 at 30 min 5.42 ± 0.28 at 60 min and 5.16 ± 0.33 at 24 h. The variations were marginal.

The serum chloride concentration (mEq/L) was 88.40 ± 9.09 and 103.41 ± 4.75 before and after premedication respectively 91.74 ± 5.54 at 15 min 95.36 ± 4.54 at 30 min

103.41 ± 5.84 at 60 min and 96.87 ± 6.20 at 24 h. There was increase in serum chloride concentration following the administration of xylazine, but after tiletamine zolazepam administration it was slightly decreased at 15 min and thereafter it was increased above the base line value.

The total serum protein content (g/dl) was 5.36 ± 0.56 and 6.23 ± 0.99 before and after premedication respectively, 5.53 ± 0.59 at 15 min, 5.50 ± 0.70 at 30 min, 5.83 ± 0.69 at 60 min and 5.03 ± 0.55 at 24 h. Though there was increase in serum protein count after premedication, the variations were marginal during the anaesthetic period.

The serum urea nitrogen value (mg/dl) was 11.01 ± 1.29 and 10.33 ± 1.03 before and after premedication respectively, 9.34 ± 1.37 at 15 min, 10.74 ± 1.61 at 30 min, 11.74 ± 1.91 at 60 min and 10.47 ± 1.98 at 24 h. The variations were marginal.

The serum aspartate aminotransferase (AST) value (units/ml) was 29.17 ± 2.79 and 31.25 ± 1.91 before and after premedication respectively, 35.00 ± 7.66 at 15 min, 19.58 ± 1.50 at 30 min, 29.17 ± 3.00 at 60 min and 36.25 ± 4.60 at 24 h. There was slight increase in AST value after premedication and at 15 min. During the period of maximum depth of anaesthesia (at 30 min) it was decreased and at 24 h the value was higher than the base line value.

The serum alanine aminotransferase (ALT) value (units/ml) was 18.67 ± 3.95 and 24.00 ± 3.54 before and after premedication respectively, 21.67 ± 4.05 at 15 min, 22.33 ± 5.74 at 30 min, 21.00 ± 5.31 at 60 min and 22.67 ± 3.17 at 24 h. There was significant ($P < 0.05$) increase in ALT value following xylazine premedication and though there was decrease thereafter the value remained high above the base line value.

Histopathological examination

Histopathological examination revealed mild fatty change in liver and cystic dilation of tubules in kidney.

Subgroup IIC

Tiletamine-zolazepam combination at the rate of 15 mg/kg bodyweight with xylazine premedication at the rate of 0.5 mg/kg bodyweight was administered IM to all the animals of this subgroup.

Clinical observations

Administration of xylazine brought about sedation in the animals as evidenced by winking of eyes, attempts to vomit and incoordination of movements with head down posture and tendency for sitting on haunches.

The induction time was $2\ 83 \pm 0\ 54$ min the effect persisted for $125\ 83 \pm 10\ 78$ min and the recovery time was $181\ 00 \pm 12\ 82$ min

The animals assumed sternal recumbency by $1\ 33 \pm 0\ 21$ min lateral recumbency with loss of headrighting reflex by $2\ 83 \pm 0\ 54$ min Loss of sensitivity to pinprick was noticed at $5\ 00 \pm 0\ 37$ min and the sensitivity to pinprick was returned by $67\ 50 \pm 9\ 60$ min The loss of headrighting reflex persisted for $125\ 83 \pm 10\ 78$ min

The animals resumed sternal recumbency by $158\ 33 \pm 10\ 99$ min and was able to stand up with incoordination by $201\ 17 \pm 9\ 19$ min The gait of the animals became apparently normal by $309\ 67 \pm 12\ 86$ min

Salivation was scanty and the eyes were partially closed Palpebral and pedal reflexes were abolished Pupils were slightly dilated Swallowing movements were present The jaw muscles were relaxed and permitted endotracheal intubation The muscle relaxation time was $78\ 67 \pm 9\ 37$ min

The respiration was abdominal and regular The relaxation of the abdominal muscles and limbs was excellent

During recovery paddling and vocalization were not common All the animals resumed feeding and drinking soon after recovery

In two animals laparotomy was performed to assess the depth of anaesthesia and was found to be satisfactory

Physiological observations

The rectal temperature ($^{\circ}\text{C}$) was 39.17 ± 0.19 and 39.20 ± 0.30 before and after premedication respectively 38.37 ± 0.28 at 15 min 38.41 ± 0.45 at 30 min 37.85 ± 0.48 at 60 min and 38.87 ± 0.14 at 24 h. There was decrease in rectal temperature after the administration of tiletamine zolazepam and the decrease was significant ($P < 0.05$) at 15 min and 60 min.

The pulse rate (per min) was 103.33 ± 8.08 and 127.83 ± 6.34 before and after premedication respectively 124.33 ± 8.12 at 15 min 122.53 ± 10.20 at 30 min, 115.83 ± 12.52 at 60 min and 93.00 ± 7.98 at 24 h. There was significant ($P < 0.05$) increase in pulse rate following xylazine premedication and there was decrease following the administration of tiletamine zolazepam, but it remained above the baseline value.

The respiration rate (per min) was 26.50 ± 1.26 and 23.00 ± 2.97 before and after premedication respectively 14.3 ± 2.04 at 15 min 13.83 ± 2.07 at 30 min 18.00 ± 2.53 at 60 min and 26.50 ± 3.44 at 24 h. There was decrease in respiration rate following xylazine premedication and after the administration of tiletamine zolazepam. The decrease was

significant ($P < 0.05$) at 15 min, 30 min and 60 min and became normal by 24 h.

The systolic pressure (mm Hg) was 147.50 ± 1.71 and 136.67 ± 3.13 before and after premedication respectively. 130.33 ± 4.14 at 15 min, 133.33 ± 6.19 at 30 min, 133.33 ± 4.14 at 60 min and 136.67 ± 4.61 at 24 h. There was significant ($P < 0.05$) decrease in systolic pressure following xylazine administration and at 15 min and 60 min following administration of tiletamine-zolazepam.

The diastolic pressure (mm Hg) was 91.50 ± 1.88 and 85.00 ± 3.79 before and after premedication respectively. 82.33 ± 1.31 at 15 min, 86.00 ± 3.18 at 30 min, 85.00 ± 1.31 at 60 min and 87.33 ± 2.56 at 24 h. There was decrease in diastolic pressure following xylazine premedication and following the administration of tiletamine-zolazepam. The decrease was significant ($P < 0.05$) at 15 min.

The coagulation time (min) of blood was 2.92 ± 0.20 and 3.42 ± 0.42 before and after premedication respectively. 3.67 ± 0.40 at 15 min, 3.42 ± 0.24 at 30 min, 3.17 ± 0.28 at 60 min and 3.42 ± 0.08 at 24 h. The increase in coagulation time of blood at 24 h was significant ($P < 0.05$) but the increase was within the normal limit.

Electrocardiogram (ECG)

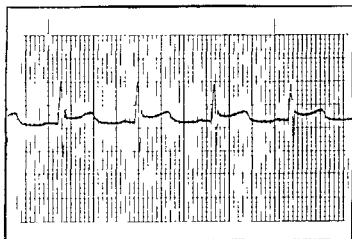
Increase in heart rate was noticed in all the animals except in one after administration of xylazine and the increase persisted upto 60 min and became normal by 24 h. Depression of T wave was noticed in one animal at 15 min and became normal by 24 h. In one animal depression of T wave was noticed following administration of xylazine and it persisted upto 60 min and became normal by 24 h. Increase in amplitude of QRS complex was noticed in two animals at 15 min after administration of tiletamine zolazepam and became normal by 24 h (Fig 9)

Haemogram

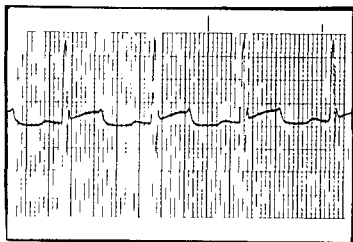
The erythrocyte sedimentation rate (mm/1 h) was 1.83 ± 0.31 and 1.67 ± 0.21 before and after premedication respectively. 1.67 ± 0.33 at 15 min, 1.67 ± 0.33 at 30 min, 1.33 ± 0.21 at 60 min and 1.67 ± 0.33 at 24 h. The variations were not significant.

The packed cell volume (per cent) was 35.50 ± 0.56 and 31.50 ± 1.75 before and after premedication respectively. 32.83 ± 1.74 at 15 min, 33.67 ± 1.43 at 30 min, 34.17 ± 0.91 at 60 min and 33.17 ± 1.40 at 24 h. There was reduction in PCV following the administration of xylazine as well as following the administration of tiletamine zolazepam.

- 9 ECG changes following the administration of tiletamine-zolazepam (15 mg/kg bodyweight) with xylazine (0.5 mg/kg bodyweight) premedication in dogs (Subgroup IIC)



A Depression of T-wave



B Increase in amplitude of QRS complex

The haemoglobin concentration (g/dl) was 11.16 ± 0.57 and 10.15 ± 0.91 before and after premedication respectively, 10.71 ± 0.85 at 15 min, 10.60 ± 0.96 at 30 min, 10.04 ± 0.88 at 60 min and 11.05 ± 1.03 at 24 h. The variations were marginal.

The total erythrocyte count ($10^6/\text{mm}^3$) was 5.25 ± 0.17 and 4.93 ± 0.18 before and after premedication respectively, 4.33 ± 0.50 at 15 min, 4.23 ± 0.49 at 30 min, 4.57 ± 0.45 at 60 min and 4.88 ± 0.33 at 24 h. There was decrease in total erythrocyte count after xylazine premedication and after the administration of tiletamine-zolazepam. The decrease following xylazine premedication was significant ($P < 0.05$).

The total leukocyte count ($10^3/\text{mm}^3$) was 10.35 ± 0.93 and 10.47 ± 0.51 before and after premedication respectively, 10.98 ± 0.44 at 15 min, 12.07 ± 0.48 at 30 min, 12.38 ± 0.50 at 60 min and 9.78 ± 0.62 at 24 h. The variations were not significant.

The neutrophil count (per cent) was 68.17 ± 1.14 and 66.00 ± 1.13 before and after premedication respectively, 64.8 ± 1.08 at 15 min, 64.83 ± 1.99 at 30 min, 65.67 ± 1.67 at 60 min and 63.00 ± 2.19 at 24 h. There was decrease in neutrophil count following the administration of xylazine and the administration of tiletamine-zolazepam further decreased the count.

The lymphocyte count (per cent) was 25.33 ± 1.75 and 24.83 ± 2.01 before and after premedication respectively. 21.50 ± 0.92 at 15 min, 22.83 ± 1.14 at 30 min, 24.83 ± 1.14 at 60 min and 25.17 ± 2.24 at 24 h. There was decrease in lymphocyte count following the administration of xylazine and the administration of tiletamine-zolazepam further decreased the count but became normal by 24 h.

The monocyte count (per cent) was 4.00 ± 0.52 and 4.00 ± 1.26 before and after premedication respectively. 7.00 ± 0.75 at 15 min, 7.00 ± 1.75 at 30 min, 4.83 ± 1.38 at 60 min and 8.17 ± 1.11 at 24 h. There was increase in monocyte count following the administration of xylazine and with the administration of tiletamine-zolazepam it was further increased. The increase was significant ($P < 0.05$) at 15 min and 2-

The eosinophil count (per cent) was 2.83 ± 0.87 and 4.33 ± 0.80 before and after premedication respectively. 4.83 ± 1.05 at 15 min, 4.83 ± 1.35 at 30 min, 4.17 ± 0.87 at 60 min and 3.67 ± 1.08 at 24 h. There was increase in eosinophil count following the administration of xylazine and the increase was more during the period of anaesthesia.

The basophil count (per cent) was insignificant.

Serum constituents

The serum glucose value (mg/dl) was 93.33 ± 9.86 and 99.29 ± 11.32 before and after premedication respectively 126.19 ± 22.20 at 15 min 130.48 ± 25.21 at 30 min 151.00 ± 26.17 at 60 min and 87.14 ± 8.68 at 24 h. There was increase in serum glucose value after xylazine premedication and the increase was more during the period of anaesthesia.

The serum sodium concentration (mEq/L) was 111.06 ± 3.19 and 114.94 ± 9.50 before and after premedication respectively 102.00 ± 7.29 at 15 min 112.14 ± 10.06 at 30 min, 102.54 ± 7.00 at 60 min and 124.83 ± 5.95 at 24 h. There was increase in serum sodium concentration following premedication. Following tiletamine zolazepam administration it was seen reduced though there was slight increase at 30 min and 24 h.

The serum potassium concentration (mEq/L) was 5.09 ± 0.25 and 4.85 ± 0.25 before and after premedication respectively 4.77 ± 0.27 at 15 min, 5.25 ± 0.29 at 30 min 5.01 ± 0.48 at 60 min and 4.96 ± 0.29 at 24 h. The variations were marginal.

The serum chloride concentration (mEq/L) was 116.81 ± 5.37 and 112.48 ± 4.08 before and after premedication respectively 124.60 ± 6.08 at 15 min 120.44 ± 5.76 at 30 min 116.91 ± 7.18 at 60 min and 112.38 ± 7.69 at 24 h. There was

increase in serum chloride concentration after the administration of tiletamine-zolazepam and became normal by 60 min

The total serum protein content (g/dl) was 5.34 ± 0.30 and 5.88 ± 0.26 before and after premedication respectively 6.39 ± 0.61 at 15 min 6.49 ± 0.53 at 30 min 6.33 ± 0.4 at 60 min and 5.48 ± 0.42 at 24 h. The variations were marginal.

The serum urea nitrogen value (mg/dl) was 7.96 ± 0.90 and 9.39 ± 1.20 before and after premedication respectively 9.16 ± 1.39 at 15 min, 9.42 ± 1.45 at 30 min 11.03 ± 2.15 at 60 min and 9.17 ± 1.86 at 24 h. The variations were marginal.

The serum aspartate aminotransferase (AST) value (units/ml) was 42.50 ± 5.77 and 47.92 ± 5.60 before and after premedication respectively 45.00 ± 8.01 at 15 min 51.67 ± 10.26 at 30 min 57.50 ± 6.39 at 60 min and 52.92 ± 8.74 at 24 h. There was increase in AST value after premedication and after the administration of tiletamine-zolazepam.

The serum alanine aminotransferase (ALT) value (units/ml) was 28.33 ± 3.07 and 27.67 ± 3.40 before and after premedication respectively, 27.67 ± 4.57 at 15 min 34.00 ± 5.77 at 30 min 31.67 ± 2.85 at 60 min and 32.00 ± 5.95 at 24 h. After premedication the ALT value was slightly decreased and

following the administration of tiletamine-zolazepam it was increased

Histopathological examination

Histopathological examination revealed cloudy swelling and mild fatty change in liver and dilation of tubules along with foecal areas of nephrosis in kidney

Table 10. Effect of administration of tiletamine-zolazepam with xylazine premedication on rectal temperature, pulse rate and respiration rate in dogs (Group II) (Mean \pm SE)

n=6

	Sub-group	0 Min.	After the admn. of xylazine	15 Min.	30 Min.	60 Min.	24 h
Rectal temperature ($^{\circ}$ C)	A	39.17 \pm 0.24	39.17 \pm 0.24	38.93 \pm 0.25	38.20 \pm 0.20	37.76 \pm 0.27	39.06 \pm 0.19
	B	38.98 \pm 0.25	38.93 \pm 0.30	38.52 \pm 0.22	38.28 \pm 0.18	37.70 \pm 0.32	38.87 \pm 0.15
	C	39.17 \pm 0.19	39.20 \pm 0.30	38.37 \pm 0.28	38.41 \pm 0.42	37.85 \pm 0.48	38.87 \pm 0.14
Pulse rate (per min)	A	107.00 \pm 9.32	112.50 \pm 12.45	118.17 \pm 8.62	106.83 \pm 6.08	105.17 \pm 11.71	108.83 \pm 8.65
	B	104.00 \pm 5.44	106.67 \pm 8.08	108.67 \pm 6.80	101.33 \pm 6.21	93.67 \pm 2.22	88.33 \pm 4.99
	C	103.33 \pm 8.08	127.83 \pm 6.34	124.33 \pm 8.12	122.33 \pm 10.20	115.83 \pm 12.52	93.00 \pm 7.98
Respiration rate (per min)	A	23.50 \pm 2.16	17.00 \pm 1.97	16.00 \pm 2.00	19.33 \pm 3.50	24.67 \pm 4.11	28.50 \pm 4.10
	B	26.00 \pm 2.42	23.00 \pm 2.41	14.00 \pm 3.39	12.33 \pm 2.65	20.33 \pm 3.89	26.00 \pm 1.71
	C	26.50 \pm 1.26	23.00 \pm 2.97	14.33 \pm 2.04	13.83 \pm 2.07	18.00 \pm 2.53	26.50 \pm 3.44

* Significant at 5 per cent level as compared to the value at 0 min.

Table 11. Effect of administration of tiletamine-zolazepam with xylazine premedication on systolic pressure, diastolic pressure and coagulation time of blood in dogs (Group II) (Mean \pm SE)

n=6

	Sub-group	0 Min.	After the admn. of xylazine	15 Min.	30 Min.	60 Min.	24 h
Systolic pressure (mm Hg)	A	139.67 \pm 4.39	128.33 \pm 3.07	130.00 \pm 2.25	126.67 \pm 3.89	130.67 \pm 1.98	132.00 \pm 4.50
	B	144.00 \pm 5.58	136.00 \pm 4.44	130.00 \pm 4.59	131.67 \pm 3.81	136.00 \pm 5.16	142.67 \pm 6.04
	C	147.50 \pm 1.71	136.67 \pm 3.13	130.33 \pm 4.14	133.33 \pm 6.19	133.67 \pm 3.24	136.67 \pm 4.61
Diastolic pressure (mm Hg)	A	90.00 \pm 1.63	86.00 \pm 1.03	82.67 \pm 2.51	85.00 \pm 2.52	89.33 \pm 2.11	85.67 \pm 2.80
	B	87.33 \pm 2.40	81.67 \pm 2.33	78.33 \pm 2.89	82.67 \pm 2.81	83.00 \pm 2.91	86.67 \pm 2.72
	C	91.50 \pm 1.86	85.00 \pm 3.79	82.33 \pm 1.31	86.00 \pm 3.18	85.33 \pm 3.75	87.33 \pm 2.56
Coagulation time of blood (in min)	A	3.00 \pm 0.22	3.67 \pm 0.21	3.33 \pm 0.33	3.50 \pm 0.43	2.92 \pm 0.20	3.33 \pm 0.36
	B	3.50 \pm 0.26	3.42 \pm 0.20	3.50 \pm 0.36	3.67 \pm 0.57	3.67 \pm 0.57	3.58 \pm 0.24
	C	2.92 \pm 0.20	3.42 \pm 0.42	3.67 \pm 0.40	3.42 \pm 0.24	3.17 \pm 0.28	3.42 \pm 0.08

* Significant at 5 per cent level as compared to the value at 0 min.

Table 12. Effect of administration of tiletamine-zolazepam with xylazine premedication on erythrocyte sedimentation rate, packed cell volume and haemoglobin concentration in dogs (Group II) (Mean \pm SE)

n=6

	Sub-group	0 Min.	After the admn. of xylazine	15 Min.	30 Min.	60 Min.	24 h
Erythrocyte sedimentation rate (mm/1 h)	A	1.00+0.00	1.33+0.21	1.50+0.22	1.50+0.22	1.33+0.21	1.33+0.21
	B	1.67+0.21	1.33+0.21	1.50+0.34	1.33+0.21	1.50+0.22	1.50+0.34
	C	1.83+0.31	1.67+0.21	1.67+0.33	1.67+0.33	1.33+0.21	1.67+0.33
Packed cell volume (per cent)	A	36.67+1.02	31.67+0.67*	33.00+1.21*	33.17+0.83	33.67+2.25	35.33+1.96
	B	37.33+1.58	34.83+1.90	34.50+1.76	33.17+1.81	35.00+2.28	34.67+2.14
	C	35.50+0.56	31.50+1.75	32.83+1.74	33.67+1.43	34.17+0.91	33.17+1.40
Haemoglobin concentration (g/dl)	A	9.37+0.71	9.71+0.77	10.43+1.04	9.98+0.63	9.21+0.38	10.32+0.37
	B	8.81+0.60	9.65+0.90	8.91+0.70	9.60+1.06	9.98+1.36	9.43+0.82
	C	11.16+0.55	10.15+0.91	10.71+0.85	10.60+0.96	10.04+0.88	11.05+1.03

* Significant at 5 per cent level as compared to the value at 0 min.

Table 13. Effect of administration of tiletamine-zolazepam with xylazine premedication on total erythrocyte count, total leukocyte count and neutrophil count in dogs (Group II) (Mean \pm SE)

n=6

	Sub- group	0 Min.	After the admn. of xylazine	15 Min.	30 Min.	60 Min.	24 h
Total erythrocyte count ($10^6/\text{mm}^3$)	A	5.42 \pm 0.12	4.27 \pm 0.37*	4.22 \pm 0.41*	4.13 \pm 0.55*	4.15 \pm 0.20*	5.17 \pm 0.29
	B	4.75 \pm 0.67	4.53 \pm 0.68	3.85 \pm 0.43	4.57 \pm 0.53	4.58 \pm 0.33	4.97 \pm 0.28
	C	5.25 \pm 0.17	4.93 \pm 0.18*	4.33 \pm 0.50	4.23 \pm 0.49	4.57 \pm 0.45	4.88 \pm 0.33
Total leukocyte count ($10^3/\text{mm}^3$)	A	9.12 \pm 0.85	10.05 \pm 0.74	10.03 \pm 0.85	10.42 \pm 1.12	11.28 \pm 0.92	10.53 \pm 0.98
	B	10.70 \pm 0.27	10.28 \pm 0.67	10.87 \pm 0.79	10.53 \pm 0.95	10.10 \pm 0.72	9.78 \pm 0.67
	C	10.35 \pm 0.93	10.47 \pm 0.51	10.98 \pm 0.44	12.07 \pm 0.48	12.38 \pm 0.50	9.78 \pm 0.62
Neutrophil count (per cent)	A	67.17 \pm 1.47	64.50 \pm 1.61	66.33 \pm 2.65	68.17 \pm 2.40	63.17 \pm 1.54	6.35 \pm 1.52
	B	64.17 \pm 0.83	61.67 \pm 1.45	64.00 \pm 2.68	66.67 \pm 2.04	62.17 \pm 2.18	66.83 \pm 1.51
	C	68.17 \pm 1.14	66.00 \pm 1.13	64.83 \pm 1.08	64.83 \pm 1.99	65.67 \pm 1.67	63.00 \pm 2.19

* Significant at 5 per cent level as compared to the value at 0 min.

Table 14. Effect of administration of tiletamine-zolazepam with xylazine premedication on lymphocyte, monocyte and eosinophil counts in dogs (Group II) (Mean \pm SE)

n=6

	Sub-group	0 Min.	After the admn. of xylazine	15 Min.	30 Min.	60 Min.	24 h
Lymphocyte count (per cent)	A	26.67 \pm 0.99	23.50 \pm 1.59	22.83 \pm 1.72	20.67 \pm 1.41	24.00 \pm 1.63	24.17 \pm 1.47
	B	23.50 \pm 2.17	25.67 \pm 1.45	25.17 \pm 1.66	23.33 \pm 2.04	23.83 \pm 1.33	24.17 \pm 0.60
	C	25.33 \pm 1.73	24.83 \pm 2.01	21.50 \pm 0.92	22.83 \pm 1.14	24.83 \pm 1.11	25.17 \pm 2.24
Monocyte count (per cent)	A	3.50 \pm 0.76	7.83 \pm 1.78*	4.33 \pm 1.56	6.83 \pm 2.24	6.33 \pm 1.33	6.50 \pm 1.12
	B	7.00 \pm 1.63	5.50 \pm 1.31	5.50 \pm 1.71	6.00 \pm 0.89	7.33 \pm 1.84	5.17 \pm 1.05*
	C	4.00 \pm 0.52	4.67 \pm 1.26	7.00 \pm 0.73	7.00 \pm 1.75	4.83 \pm 1.38	8.17 \pm 1.11
Eosinophil count (per cent)	A	2.67 \pm 0.67	3.33 \pm 0.56	6.50 \pm 1.69	4.17 \pm 0.87	6.17 \pm 0.87*	5.50 \pm 1.38
	B	5.33 \pm 1.89	7.00 \pm 2.07	5.33 \pm 1.12	3.67 \pm 1.14	6.33 \pm 1.08	3.67 \pm 0.80
	C	2.83 \pm 0.87	4.33 \pm 0.80	4.83 \pm 1.05	4.83 \pm 1.35	4.17 \pm 0.87	3.67 \pm 1.08

* Significant at 5 per cent level as compared to the value at 0 min.

Table 15. Effect of administration of tiletamine-zolazepam with xylazine premedication on basophil count, serum glucose value and serum urea nitrogen value in dogs (Group II) (Mean \pm SE)

n=6

	Sub-group	0 Min.	After the admn. of xylazine	15 Min.	30 Min.	60 Min.	24 h
Basophil count (per cent)	A	0	0	0	0.17 \pm 0.17	0.33 \pm 0.21	0
	B	0	0	0	0	0.17 \pm 0.17	0
	C	0	0	0	0.17 \pm 0.17	0.17 \pm 0.17	0
Serum glucose (mg/dl)	A	78.84 \pm 9.24	107.96 \pm 17.54	127.21 \pm 15.12	146.17 \pm 8.51	175.54 \pm 9.49	85.26 \pm 10.43
	B	94.88 \pm 6.12	124.76 \pm 7.57	142.62 \pm 14.04	189.05 \pm 18.57	202.86 \pm 16.49	121.43 \pm 5.53
	C	93.33 \pm 9.86	99.29 \pm 11.32	126.19 \pm 22.20	130.48 \pm 25.21	151.00 \pm 26.17	87.14 \pm 8.68
Serum urea nitrogen (mg/dl)	A	11.71 \pm 1.46	11.48 \pm 1.19	12.28 \pm 1.03	11.97 \pm 1.38	13.09 \pm 1.46	13.12 \pm 1.61
	B	11.01 \pm 1.29	10.33 \pm 1.03	9.34 \pm 1.37	10.74 \pm 1.61	11.74 \pm 1.91	10.47 \pm 1.98
	C	7.95 \pm 0.90	9.39 \pm 1.20	9.16 \pm 1.39	9.42 \pm 1.45	11.03 \pm 2.45	9.17 \pm 1.86

* Significant at 5 per cent level as compared to the value at 0 min.

Table 16. Effect of administration of tiletamine-zolazepam with xylazine premedication on serum sodium, serum potassium and serum chloride values in dogs (Group II) (Mean \pm SE)

n=6

	Sub-group	0 Min.	After the admn. of xylazine	15 Min.	30 Min.	60 Min.	24 h
Serum sodium (mEq/L)	A	99.82 \pm 5.86	112.51 \pm 4.85	109.06 \pm 3.82	107.98 \pm 4.71	107.43 \pm 3.14	106.71 \pm 5.80
	B	125.55 \pm 6.96	109.25 \pm 5.62	106.53 \pm 4.84	118.30 \pm 6.05	123.35 \pm 16.09	116.67 \pm 11.31
	C	111.06 \pm 3.19	114.94 \pm 9.50	102.00 \pm 7.29	112.14 \pm 10.06	102.54 \pm 7.00	124.83 \pm 5.95
Serum potassium (mEq/L)	A	5.24 \pm 0.24	4.53 \pm 0.22	4.78 \pm 0.29	5.28 \pm 0.30	5.29 \pm 0.48	5.33 \pm 0.33
	B	5.46 \pm 0.28	5.10 \pm 0.30	5.36 \pm 0.32	5.26 \pm 0.19	5.42 \pm 0.28	5.16 \pm 0.33
	C	5.09 \pm 0.25	4.85 \pm 0.25	4.77 \pm 0.27	5.25 \pm 0.29	5.01 \pm 0.48	4.96 \pm 0.29
Serum chloride (mEq/L)	A	102.67 \pm 9.53	107.18 \pm 5.49	99.33 \pm 10.89	119.59 \pm 9.05	102.51 \pm 6.15	107.62 \pm 12.37
	B	88.40 \pm 9.09	103.41 \pm 4.75	91.74 \pm 5.54	95.36 \pm 4.54	103.41 \pm 5.84	96.87 \pm 6.20
	C	116.81 \pm 5.37	112.48 \pm 4.08	124.60 \pm 6.08	120.44 \pm 5.76	116.91 \pm 7.18	112.38 \pm 7.69

* Significant at 5 per cent level as compared to the value at 0 min.

Table 17. Effect of administration of tiletamine-zolazepam with xylazine premedication on total serum protein content, serum aspartate aminotransferase (AST) value and serum alanine aminotransferase (ALT) value in dogs (Group II) (Mean \pm SE)

n=6

	Sub-group	0 Min.	After the admn. of xylazine	15 Min.	30 Min.	60 Min.	24 h
Total serum protein (g/dl)	A	5.00 \pm 0.44	4.44 \pm 0.61	4.43 \pm 0.63	4.94 \pm 0.73	4.99 \pm 0.57	4.70 \pm 0.65
	B	5.36 \pm 0.56	6.23 \pm 0.99	5.53 \pm 0.59	5.50 \pm 0.70	5.83 \pm 0.69	5.03 \pm 0.55
	C	5.34 \pm 0.30	5.88 \pm 0.26	6.39 \pm 0.61	6.49 \pm 0.53	6.33 \pm 0.44	5.48 \pm 0.42
Serum aspartate amino-transferase (units/ml)	A	43.33 \pm 11.13	50.42 \pm 10.79	42.08 \pm 9.43	49.17 \pm 12.59	44.17 \pm 13.41	54.17 \pm 10.20
	B	29.17 \pm 2.79	31.25 \pm 1.91	35.00 \pm 7.66	19.58 \pm 1.50	29.17 \pm 3.00	36.25 \pm 4.60
	C	42.50 \pm 5.77	47.92 \pm 5.60	45.00 \pm 8.01	51.67 \pm 10.26	57.50 \pm 6.39	52.92 \pm 8.74
Serum alanine amino-transferase (units/ml)	A	27.67 \pm 2.85	21.33 \pm 1.33*	23.33 \pm 2.67	23.33 \pm 4.64	22.67 \pm 3.78	28.33 \pm 1.67
	B	18.67 \pm 3.95	24.00 \pm 3.54	21.67 \pm 4.05	22.33 \pm 5.74	21.00 \pm 5.31	22.67 \pm 3.17
	C	28.33 \pm 3.07	27.67 \pm 3.40	27.67 \pm 4.57	34.00 \pm 5.77	31.67 \pm 2.85	32.00 \pm 5.95

* Significant at 5 per cent level as compared to the value at 0 min.

Discussion

DISCUSSION

The experimental study was conducted on 36 adult non-descript dogs of either sex. Atropine sulphate at the rate of 0.04 mg/kg bodyweight was administered IM 15 minutes prior to the administration of the experimental drugs in all the dogs. The animals were randomly divided into two groups viz Group I and Group II each consisting of 18 animals. Group I and II were further divided into three subgroups, viz A, B and C consisting of six animals each.

Tiletamine-zolazepam (T-Z) combination was administered IM at the rate of 5 mg, 10 mg and 15 mg/kg bodyweight in the subgroups IA, IB and IC respectively. Xylazine at the rate of 0.5 mg/kg bodyweight and 15 min later, T-Z combination at the rate of 5 mg, 10 mg and 15 mg/kg bodyweight were administered IM in the subgroups IIA, IIB and IIC respectively.

Evaluation of anaesthesia for surgery includes continuous monitoring of clinical signs, physiological and haematological parameters. In veterinary surgery the transformation of the conscious animal to the quiet state of anaesthesia and duration of anaesthesia and uneventful recovery are very important for the clinician. Considering this the observations are discussed hereunder.

Clinical observations

Smooth induction of anaesthesia in the shortest time possible has been the advantage of intravenous anaesthesia. With the use of intramuscular agents in the present study the induction time was 6.17 ± 1.01 min, 4.33 ± 0.21 min and 4.33 ± 0.49 min in subgroups IA, IB and IC respectively, whereas it was 3.33 ± 0.62 min, 3.17 ± 0.48 min and 2.83 ± 0.54 min in subgroups IIA, IIB and IIC respectively. It was seen that the increase in the dose of T/Z reduced the induction time and premedication with xylazine reduced the induction time still further. The induction with xylazine premedication was rapid and smooth. This is in agreement with the observation in horses (Abrahamson *et al.* 1991). It was also seen that at the dose rate of 10 mg/kg and 15 mg/kg the induction time was almost the same. Stander and Mörkel (1991) employed T/Z for field immobilization of lions and reported that the onset of immobilization was similar for both low and high dosages.

Testing of analgesia by pinprick method revealed that the sensitivity to pinprick was sluggish, indicating poor analgesia following the administration of tiletamine/zolazepam but premedication with xylazine brought about satisfactory analgesia. The duration of insensitivity to pinprick persisted for 29.00 ± 3.37 min, 59.83 ± 6.40 min and 65.83 ± 9.86 min in subgroup IIA, IIB and IIC respectively. But in cats



administration of T Z alone had been reported to produce excellent analgesia (Ko *et al* 1993)

Excess salivation was the most common side effect encountered in wild and exotic carnivores following the administration of tiletamine zolazepam (Boever *et al* 1977) In the present study salivation was scanty in both the groups probably due to the prior administration of atropine Nowroizian *et al* (1981) reported suppression of salivation when atropine and xylazine was combined with ketamine Presence of salivation in tiletamine zolazepam anaesthesia may not create problem since swallowing reflexes are present (Bush *et al* 1990)

The onset of effect of tiletamine zolazepam was characterised by the winking of eyes followed by yawning licking and protrusion of tongue The eyes remained open and pupils were slightly dilated The same type of clinical symptoms were reported in cats following the administration of tiletamine (Bennett, 1969) In the present study the palpebral and pedal reflexes and swallowing movements were not abolished Silverman *et al* (1983) also reported retention of pedal and swallowing reflexes in rats mice and hamsters under tiletamine zolazepam anaesthesia Retention of laryngeal and pharyngeal reflexes had been reported in non human primates following the administration of tiletamine zolazepam Fuds

1976) Retention of swallowing reflex protect the animals from aspiration of vomitus (Krahwinkel, 1970) A rhythmic side to side head movements were noticed during the induction period in most of the animals (Bree *et al* 1972)

Administration of xylazine brought about sedation in animals as evidenced by winking of eyes attempts to vomit incoordination of movements with head down posture and tendency for sitting on haunches The rhythmic side to side head movements that were manifested by the animals following the administration of tiletamine-zolazepam was not observed in animals with xylazine premedication

The animals which were administered tiletamine-zolazepam with xylazine premedication the eyes were partially closed and palpebral and pedal reflexes were abolished but the swallowing movements were not abolished Protrusion of tongue though present, was not to the extent that was observed after administration of tiletamine-zolazepam alone Protrusion of tongue following the administration of xylazine had been reported in steers by Raptopoulos and Weaver (1984)

The duration of effect persisted for 33.67 ± 5.88 min 57.83 ± 6.17 min and 89.00 ± 2.86 min in subgroups IA IB and IC respectively whereas it persisted for 49.67 ± 6.3 min 105.17 ± 10.31 min and 125.83 ± 10.78 min in subgroups IIA IIB and IIC respectively An increase in the dose of tiletamine-zolazepam

had prolonged the duration of anaesthesia. This is in agreement with the observation in chinchillas (Schulz and Fowler 1974). Premedication with xylazine had still further prolonged the duration of anaesthesia. Hence it could be inferred that xylazine had an additive effect when combined with tiletamine-zolazepam in prolonging the duration of anaesthesia. Prolongation of the duration of anaesthesia with xylazine premedication in cats had been reported by Waterman (1983). King *et al* (1977) used tiletamine-zolazepam for the immobilization of lions and leopards and reported a highly significant positive linear relationship between the duration of anaesthesia and the dosage of the drugs.

The jaw musculature maintained the tonus with the lower doses of tiletamine-zolazepam. But with the highest dose in this study (15 mg/kg bodyweight), the jaw muscles though not fully relaxed permitted endotracheal intubation. Marked tonus in jaw musculature had been reported in dogs following the administration of tiletamine-zolazepam (Hatch *et al* 1988). Administration of tiletamine-zolazepam with xylazine premedication resulted in the relaxation of the jaw muscles and permitted endotracheal intubation and the muscle relaxation time varied from 39.50 ± 5.54 to 78.67 ± 9.37 minutes depending upon the doses of the anaesthetics studied.

Relaxation of the abdominal muscles were moderate to good when tiletamine zolazepam alone was administered whereas it was excellent with xylazine premedication. Incomplete relaxation of the muscles in dogs (Fieni and Tainfurier 1993) and cats (Chen and Ensor 1968) had been reported following the administration of tiletamine-zolazepam. Short (1987) reported that the muscle relaxation produced by the dissociative agents such as ketamine and tiletamine was very poor when used alone and became more satisfactory when combined with benzodiazepine. Hence it could be inferred that the moderate to good muscle relaxation produced due to the administration of tiletamine zolazepam is due to the effect of the benzodiazepine zolazepam and the excellent degree of muscle relaxation obtained following the administration of tiletamine-zolazepam-xylazine is due to the additive effect of xylazine. Improvement in the degree of muscle relaxation had been reported in horses when xylazine was combined with tiletamine-zolazepam (Hubbell *et al* 1989).

The recovery time was 111.50 ± 14.53 min, 116.50 ± 10.46 min and 180.33 ± 10.57 min in subgroups IA, IB and IC respectively whereas it was 160.00 ± 17.70 min, 180.00 ± 14.94 min and 181.06 ± 12.82 min in subgroups IIA, IIB and IIC respectively. Increase in the dose of tiletamine zolazepam had prolonged recovery time and xylazine premedication still further prolonged the time. During recovery paddling and vocalization were common in dogs administered with tiletamine-zolazepam but

in dogs premedicated with xylazine paddling and vocalization were not seen in all animals and recovery was smooth. The increased muscular activity shown by the animals during the recovery phase following the administration of tiletamine zolazepam may be due to the lesser plasma half-life of zolazepam compared to tiletamine (Schobert, 1987 and Donaldson *et al* 1989). From the present study it could be noted that administration of xylazine due to its tranquilization effect, is helpful in making the recovery smooth.

Analgesia as tested by pinprick method revealed that at the dosages studied the administration of tiletamine zolazepam alone was insufficient for carrying out surgical procedures whereas when premedicated with xylazine there was satisfactory analgesia. The surgical procedure carried out on the animals confirmed that with xylazine premedication the depth of anaesthesia and muscle relaxation produced were satisfactory.

Physiological observations

Administration of tiletamine-zolazepam at the rate of 5 mg/kg bodyweight did not alter the rectal temperature but at the rates of 10 mg and 15 mg/kg bodyweight reduced the rectal temperature. Administration of xylazine alone at the rate of 0.5 mg/kg bodyweight did not alter the rectal temperature. But administration of tiletamine zolazepam with xylazine premedication decreased the rectal temperature. Dissociation

anaesthetics like ketamine, by virtue of their action on the limbic-hypothalamus centres or due to increased skeletal muscle movements, was reported to increase the body temperature in dogs (Muir *et al* 1977). A decrease in rectal temperature had been reported following the administration of xylazine in buffalo calves (Peshin and Kumar 1983) and diazepam in goats (Kumar and Thurmon, 1977).

Marked increase in pulse rate was observed following the administration of tiletamine-zolazepam, but with xylazine premedication the increase was not to that extent. Increase in heart rate following the administration of tiletamine zolazepam had been reported in sheep (Lagutchik *et al* 1991) whereas decrease in heart rate had been reported in dogs following the administration of xylazine (Haskins *et al*, 1975; Klide *et al* 1975 and Peshin *et al* 1980).

Respiration rate decreased following the administration of tiletamine zolazepam with and without xylazine premedication. Decrease in respiration rate had been reported in dogs following the administration of xylazine (Peshin *et al* 1980 and Lele and Bhokre, 1985) and in cats following the administration of tiletamine (Calderwood *et al* 1971).

The rectal temperature, pulse rate and respiration rate were found to be near normal by 24 hours and the animals resumed

normal feeding habits indicating that the changes were transient without any untoward effect

The systolic pressure was not seen altered much with tiletamine-zolazepam administration but there was decrease with xylazine premedication. Decrease in systolic pressure had been reported in dogs following the IV administration of tiletamine zolazepam (Hellever *et al* 1989)

A mild increase in diastolic pressure was observed following the administration of tiletamine zolazepam and with xylazine premedication it was decreased and the decrease was significant ($P < 0.05$) at 15 min. A mild initial increase in mean arterial pressure had been reported in sheep following the administration of tiletamine-zolazepam (Lagutchik *et al* 1991). An increase in blood pressure, after an initial decrease had been reported during tiletamine-zolazepam anaesthesia in calves (Lin *et al* 1989) and the effect was reverse when combined with xylazine (Lin *et al* 1991). Decrease in blood pressure had been reported in cats (Colby and Sanford, 1981) and rabbits (Popilskis *et al* 1991) following administration of xylazine ketamine combination and in sheep (Lin *et al* 1993) with xylazine tiletamine zolazepam combination.

The changes in the coagulation time of blood following the administration of tiletamine-zolazepam alone and with xylazine premedication were within the normal limits

Electrocardiogram (ECG)

Increase in heart rate with depression of T wave was noticed in the animals of both the groups. Biphasic T wave and spiking of T wave were the common findings when tiletamine-zolazepam alone was administered. Whereas when premedicated with xylazine there was increase in the amplitude of QRS complex. Since all the changes were found correct-spontaneously it may be inferred that the effect of the drugs on heart rate and myocardium are transient. Increase in heart rate following the administration of tiletamine-zolazepam had been reported in sheep (Lagutchik *et al* 1991).

The mild and transient variations in blood pressure in the present study when reviewed with the pulse rate and ECG findings are suggestive of a stable cardiovascular function under the influence of the anaesthetics.

Haemogram

There was slight decrease in the erythrocyte sedimentation rate following the administration of tiletamine-zolazepam but in those premedicated with xylazine there was no

change Increase in ESR had been reported in buffaloes following the administration of xylazine (Sharif *et al* 1991). From this it could be inferred that xylazine premedication is helpful in maintaining the ESR in normal limits when tiletamine zolazepam is employed for inducing anaesthesia in dogs.

Reduction in the packed cell volume was observed following the administration of tiletamine zolazepam with and without xylazine premedication. The reduction was more with xylazine premedication. Reduction in PCV had been reported in dogs following the administration of xylazine (Peshin *et al* 1980).

Slight decrease in haemoglobin concentration was noticed when tiletamine-zolazepam was administered at a rate of 15 mg/kg bodyweight. But with xylazine premedication there was no change, though Peshin *et al* (1980) had reported a decrease in haemoglobin concentration in dogs following the administration of xylazine.

Decrease in total erythrocyte count was noticed following the administration of tiletamine zolazepam and the decrease was more when premedicated with xylazine. Slight decrease in TEC was reported by Peshin *et al* (1980) in dogs following the administration of xylazine.

The total leukocyte count was seen increased with the administration of tiletamine-zolazepam at the dose rates of 5 mg and 10 mg/kg bodyweight but at the dose rate of 15 mg/kg it was seen decreased. Administration of tiletamine-zolazepam with xylazine premedication did not alter the count. Pande *et al* (1991) observed a significant increase in the count in dogs following the administration of diazepam-ketamine-atropine combination and opined that the higher values of the leukocytes obtained in the study might be related to the adrenal corticoids released to combat stress.

Decrease in lymphocyte count with increase in neutrophil count had been observed following the administration of tiletamine-zolazepam at the rate of 5 mg/kg bodyweight with and without xylazine premedication. Decrease in lymphocyte count with increase in neutrophil count had been reported in dogs following the administration of xylazine (Peshin *et al* 1980).

At the dose rates of 10 mg and 15 mg/kg bodyweight there was increase in lymphocyte count with decrease in neutrophil count but xylazine premedication brought about a decrease or no alteration in the count of lymphocytes. Monocyte and eosinophil counts revealed an increasing tendency and the basophil count remained insignificant.

Serum constituents

There was marked increase in the serum glucose value following the administration of tiletamine-zolazepam and with xylazine premedication the increase was almost double. Increase in glucose value had been reported in dogs following the administration of atropine-xylazine-ketamine combination in dogs (Stepnienson *et al* 1978) and after administration of ketamine xylazine in springbok (Jacobson, 1983). The reason for hyperglycemia during anaesthesia has been attributed to decreased membrane transport of glucose, decreased renal excretion and decreased glucose utilization (Greene 1972).

Serum sodium concentration was found decreased following the administration of tiletamine-zolazepam but with xylazine premedication there was an initial increase followed by a decrease. Serum potassium concentration showed marginal variations following the administration of tiletamine zolazepam with and without xylazine premedication. Serum chloride concentration was found increased with the administration of tiletamine-zolazepam at the dose rates of 5 mg and 10 mg/kg bodyweight but with xylazine premedication an initial increase was followed by a decrease in values. Tiletamine-zolazepam at the dose rate of 15 mg/kg bodyweight produced a biphasic decrease in serum chloride concentration and with xylazine premedication an initial decrease was followed by an increase. But all the changes in serum electrolytes were within normal.

physiological limits. No significant change in serum electrolytes (Na⁺, K⁺ and Cl⁻) was observed after administration of xylazine in buffalo calves (Peshin and Kumar 1983) and plasma electrolytes concentration after administration of diazepam-ketamine in calves (Singh *et al* 1991).

The total serum protein content remained unaffected in both the groups. This is in agreement with the observation in dogs following the administration of atropine-xylazine ketamine combination (Stephenson *et al* 1978) in calves following the administration of xylazine (Peshin and Kumar, 1983) and in goats following the administration of diazepam with and without atropine premedication (Kumar and Thurmon, 1977).

Considering the changes observed in the haemogram, serum electrolytes (Na⁺, K⁺ and Cl⁻) and total serum protein content, it could be inferred that the regimen of anaesthetics did not cause marked haemodilution or haemoconcentration. The mild and transient variations noticed were probably due to stress, pooling of blood in the spleen or slight shift of fluid from the extravascular to the intravascular compartments (Peshin and Kumar 1983 and Malek *et al* 1988).

The serum urea nitrogen value was not seen altered following the administration of tiletamine-zolazepam with and without xylazine premedication. Lowering of blood urea nitrogen

value in rabbits had been reported by Popilskis *et al* (1991) following the administration of tiletamine-zolazepam xylazine and ketamine-xylazine combinations Stephenson *et al* (1978) reported that the changes in serum urea nitrogen values were within the normal range following the administration of atropine-xylazine combination in dogs No significant change in blood urea nitrogen value was reported following the administration of ketamine-xylazine combination in springbok (Jacobson, 1983)

The serum aspartate aminotransferase (AST) value was slightly increased following the administration of tiletamine zolazepam with and without xylazine premedication Stephenson *et al* (1978) reported that the changes in serum AST level following the administration of atropine-xylazine ketamine combination in dogs were within the normal range

The serum alanine aminotransferase (ALT) value was slightly increased following the administration of tiletamine zolazepam With xylazine premedication there was an initial decrease followed by a gradual increase during the anaesthetic period Slight decrease in ALT value had been reported in buffalo calves following the administration of xylazine with and without atropine premedication (Peshin and Kumar 1983)

High ALT activity in canine liver and AST activity in almost all the tissues in various species of animals were reported on tissue analysis (Cornelius *et al* 1959) The measurement of ALT activity was reported to be liver specific in the dog (Vleet and Alberts 1968) The slight increase in ALT value in the present study is suggestive of possible liver damage consequent on the administration of the anaesthetic

Histopathological examination

In this study the histopathological examination of liver revealed cloudy swelling and mild fatty changes Kidney specimens revealed cystic dilation of the renal tubules and focal areas of nephrosis Histopathological studies of kidney in syrian hamsters following the administration of tiletamine zolazepam-xylazine combination revealed no lesion of nephrotoxicity (Forsythe *et al* 1992), whereas in rabbits tiletamine-zolazepam produced nephrotoxicity (Brammer *et al* 1991)

Histopathological findings in the liver and kidney when considered with the non significant changes in serum aspartate aminotransferase alanine aminotransferase total protein and urea nitrogen levels suggest that the anaesthetics produced very little systemic injury

Summary

SUMMARY

The experimental study was conducted on 36 adult non-descript dogs of either sex. The animals were randomly divided into two groups (Group I and II) consisting of 18 animals each. Each group was further divided into three subgroups, viz. A, B and C, consisting of six animals each.

Atropine sulphate (0.04 mg/kg bodyweight) was administered IM 15 minutes prior to the administration of the experimental drugs in all the dogs. Tiletamine zolazepam (T-Z) combination was administered IM at the rate of 5 mg, 10 mg and 15 mg/kg bodyweight in the subgroups IA, IB and IC respectively. Xylazine at the rate of 0.5 mg/kg bodyweight and 15 min later T-Z combination at the rate of 5 mg, 10 mg and 15 mg/kg bodyweight were administered IM in the subgroups IIA, IIB and IIC respectively.

The induction time was 6.17 ± 1.01 min, 4.33 ± 0.21 min and 4.33 ± 0.49 min in subgroups IA, IB and IC respectively, and 3.33 ± 0.62 min, 3.7 ± 0.48 min and 2.83 ± 0.54 min in subgroups IIA, IIB and IIC respectively. Increase in the dose of T-Z reduced the induction time and premedication with xylazine further reduced the induction time and induction was smooth.

The onset of effect of tiletamine-zolazepam was characterised by the winking of eyes yawning licking and protrusion of tongue. The eyes remained open and pupils were slightly dilated. The palpebral and pedal reflexes and swallowing movements were not abolished. Salivation was scanty in both the groups.

In the animals of Group II the eyes were partially closed and palpebral and pedal reflexes were abolished but the swallowing movements were not. Protrusion of tongue though present was not to the extent that was observed in the animals of Group I. Rhythmic side to side head movements were noticed during induction in all the animals of Group I but not in animals of Group II.

The duration of anaesthesia was 33.67 ± 5.88 min 57.83 ± 6.17 min and 89.00 ± 2.86 min in subgroups IA, IB and IC respectively, whereas it was for 49.67 ± 6.643 min 105.17 ± 10.31 min and 125.83 ± 10.78 min in subgroups IIA, IIB and IIC respectively. An increase in the dose of tiletamine zolazepam had prolonged the duration of anaesthesia and premedication with xylazine produced still longer duration of anaesthesia.

The jaw musculature maintained the tonus with the lower doses of tiletamine zolazepam but at 15 mg/kg bodyweight the jaw muscles though not fully relaxed permitted endotracheal intubation. Administration of tiletamine

zolazepam with xylazine resulted in relaxation of the jaw muscles and permitted endotracheal intubation. Relaxation of the abdominal muscles were moderate to good when tiletamine zolazepam alone was administered, whereas it was excellent with xylazine premedication.

Administration of tiletamine-zolazepam alone was found insufficient for carrying out surgical procedures but with xylazine premedication muscle relaxation and analgesia was satisfactory.

The recovery time was 111.50 ± 14.53 min, 116.50 ± 10.46 min and 180.33 ± 10.57 min in subgroups IA, IB and IC respectively, and it was 160.00 ± 17.70 min, 180.00 ± 14.94 min and 181.06 ± 12.82 min in subgroups IIA, IIB and IIC respectively. Increase in the dose of tiletamine zolazepam had delayed recovery and xylazine premedication delayed it still further. During recovery paddling and vocalization were common in dogs of Group I but not in dogs of Group II.

Reduction in rectal temperature was observed only in animals of subgroups IB and IC and in all the animals of Group II. Marked increase in pulse rate was observed in Group I than in Group II. Respiration rate was decreased in both the groups.

A mild increase in diastolic pressure was observed in Group I. The systolic and diastolic pressures were seen decreased in Group II. The changes in the coagulation time of blood was within the normal limits in both the groups.

Increase in heart rate with depression of T wave, biphasic T wave and spiking of T-wave were the changes in electrocardiogram. But the changes were corrected spontaneously.

There was slight decrease in the erythrocyte sedimentation rate in animals of Group I but there was no change in Group II.

Reduction in the packed cell volume was observed in both the groups but it was more, after xylazine premedication.

Slight decrease in haemoglobin concentration was noticed in subgroup IC. But there was no change in Group II.

Decrease in total erythrocyte count was noticed in both the groups and the decrease was more when premedicated with xylazine.

The total leukocyte count was seen increased in subgroup IA and IB but it was seen decreased in subgroup IC but there was no change in Group II.

Decrease in lymphocyte count with increase in neutrophil count was observed in subgroups IA and IIA. In subgroups IB and IC there were increase in lymphocyte count with decrease in neutrophil count but in subgroups IIB and IIC a decrease or no alteration in the count of lymphocytes was observed. Monocyte and eosinophil counts were increased and the basophil count remained insignificant.

There was marked increase in the serum glucose value following the treatment administration of tiletamine-zolazepam and with xylazine premedication the increase was more.

No significant change was observed in the serum electrolytes (Na, K and Cl), total serum protein content and serum urea nitrogen value in both the groups.

Slight increase in serum aspartate aminotransferase (AST) and serum alanine aminotransferase (ALT) values were observed in Group I and in Group II there was increase in AST value but the ALT value decreased initially and was followed by an increase.

Histopathological examination of liver revealed cloudy swelling and mild fatty changes and kidney revealed cystic dilation of the renal tubules along with focal areas of nephrosis.

The following conclusions could be drawn from the study

- 1 Tiletamine zolazepam alone administered IM was not sufficient to produce surgical anaesthesia in dogs in the doses studied
- 2 Premedication with xylazine followed by administration of tiletamine zolazepam produced quick and smooth induction sufficient duration of anaesthesia and smooth recovery
- 3 The changes in cardiovascular and respiratory systems and blood and serum constituents were transient and were corrected spontaneously
- 4 Mild changes in liver and kidney observed with the doses of drugs studied suggest that the drugs have to be used with caution
- 5 Premedication with atropine (0.04 mg/kg bodyweight) and xylazine (0.5 mg/kg bodyweight) followed by administration of tiletamine-zolazepam (10 mg/kg bodyweight) can be adopted safely in dogs for surgery

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GENERAL ANAESTHESIA IN DOGS WITH TILETAMINE - ZOLAZEPAM

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ABSTRACT OF A THESIS

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ABSTRACT

The present study was undertaken to find out the efficacy of tiletamine-zolazepam alone and with xylazine premedication for anaesthesia in dogs and to evaluate the systemic changes consequent on the administration of these drugs. The experimental study was conducted on 36 adult non-descript dogs of either sex. The animals were randomly divided into two groups, (Group I and II) consisting of 18 animals each. Each group was further divided into three subgroups viz. A, B and C consisting of six animals each.

Atropine sulphate (0.04 mg/kg bodyweight) was administered IM 15 minutes prior to the administration of the experimental drugs in all the dogs. Tiletamine-zolazepam (T/Z) combination was administered IM at the rate of 5 mg, 10 mg and 15 mg/kg bodyweight in the subgroups IA, IB and IC respectively. Xylazine at the rate of 0.5 mg/kg bodyweight and 15 min later T/Z combination at the rate of 5 mg, 10 mg and 15 mg/kg bodyweight were administered IM in the subgroups IIA, IIB and IIC respectively.

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reduced the induction time and premedication with xylazine further reduced the induction time and induction was smooth

The onset of effect of tiletamine zolazepam was characterised by the winking of eyes yawning, licking and protrusion of tongue. The eyes remained open and pupils were slightly dilated. The palpebral and pedal reflexes and swallowing movements were not abolished. Salivation was scant in both the groups.

In the animals of Group II the eyes were partially closed and palpebral and pedal reflexes were abolished but the swallowing movements were not. Protrusion of tongue though present, was not to the extent that was observed in the animals of Group I. Rhythmic side to side head movements were noticed during induction in all the animals of Group I but not in animals of Group II.

The duration of anaesthesia was 33.67 ± 5.88 min, 57.83 ± 6.7 min and 89.00 ± 2.86 min in subgroups IA, IB and IC respectively whereas it was for 49.67 ± 6.643 min, 105.17 ± 10.31 min and 125.83 ± 10.78 min in subgroups IIA, IIB and IIC respectively. An increase in the dose of tiletamine zolazepam had prolonged the duration of anaesthesia and premedication with xylazine produced still longer duration of anaesthesia.

The jaw musculature maintained the tonus with the lower doses of tiletamine-zolazepam, but at 15 mg/kg bodyweight the jaw muscles though not fully relaxed, permitted endotracheal intubation. Administration of tiletamine-zolazepam with xylazine resulted in relaxation of the jaw muscles and permitted endotracheal intubation. Relaxation of the abdominal muscles were moderate to good when tiletamine zolazepam alone was administered whereas it was excellent with xylazine premedication.

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than in Group II. Respiration rate was decreased in both the groups.

A mild increase in diastolic pressure was observed in Group I. The systolic and diastolic pressures were seen decreased in Group II. The changes in the coagulation time of blood was within the normal limits in both the groups.

Increase in heart rate with depression of T wave, biphasic T-wave and spiking of T wave were the changes in electrocardiogram. But the changes were corrected spontaneously.

There was slight decrease in the erythrocyte sedimentation rate in animals of Group I but there was no change in Group II.

Reduction in the packed cell volume was observed in both the groups but it was more, after xylazine premedication.

Slight decrease in haemoglobin concentration was noticed in subgroup IC. But there was no change in Group II.

Decrease in total erythrocyte count was noticed in both the groups and the decrease was more when premedicated with xylazine.

The total leukocyte count was seen increased in subgroup IA and IB but it was seen decreased in subgroup IC but there was no change in Group II

Decrease in lymphocyte count with increase in neutrophil count was observed in subgroups IA and IIA In subgroups IB and IC there were increase in lymphocyte count with decrease in neutrophil count but in subgroups IIB and IIC a decrease or no alteration in the count of lymphocytes was observed Monocyte and eosinophil counts were increased and the basophil count remained insignificant

There was marked increase in the serum glucose value following the the administration of tiletamine zolazepam and with xylazine premedication the increase was more

No significant change was observed in the serum electrolytes (Na K and Cl), total serum protein content and serum urea nitrogen value in both the groups

Slight increase in serum aspartate aminotransferase (AST) and serum alanine aminotransferase (ALT) values were observed in Group I and in Group II there was increase in AST value but the ALT value decreased initially and was followed by an increase

Histopathological examination of liver revealed cloudy swelling and mild fatty changes and kidney revealed cystic dilation of the renal tubules along with focal areas of nephrosis