

24 **1. Introduction**

25 Feline Calicivirus (FCV) frequently emerges as a primary concern in cats, manifesting as respiratory
26 challenges or oral ulcers and usually resulting in multiple health complications (1). This virus is
27 notably associated with oral region sores, particularly affecting the tongue and roof of the mouth, and
28 might also be accompanied by upper respiratory tract subtle signs. FCV colonization can lead to
29 pronounced pulmonary complications within juveniles and infrequently in adult felines (2). This virus
30 belongs to the Vesivirus genus within the Caliciviridae family and is characterized as a single-
31 stranded, positive-sense RNA virus without an envelope. Spanning 7.5 kb, the FCV genetic material
32 comprises three interrelated open reading frames (ORF). The first ORF encodes non-structural
33 proteins, while the second is responsible for the VP1 major capsid protein and the third for the VP2
34 minor capsid protein. Due to its RNA genome, it is anticipated that FCV would exhibit significant
35 genomic variability, with a range of 1.3×10^{-2} to 2.6×10^{-2} substitutions per nucleotide (3). This
36 tendency stems from the absence of a proofreading mechanism, commonly seen in viral RNA-
37 dependent RNA polymerases, leading to reduced fidelity. Such propensity for replication with errors
38 grants FCV enhanced adaptability, enabling it to adapt to novel environmental settings. This
39 adaptability results in contemporary challenges linked to FCV, including encompassing the
40 complexities in selecting typical strains for vaccination, the occurrence of continuously infected
41 felines, and the rise of exceptionally virulent FCV strains (4). To address complications induced by
42 FCV, a comprehensive assessment of the virus's pathogenic attributes is imperative. Therefore, this
43 study aims to enhance our understanding of FCV pathogenesis.

44 FCV primarily replicates itself in respiratory tissues; however, it can also transmit to other tissues
45 such as visceral tissues, feces, and occasionally in urine. This virus does not possess a specific cap
46 structure and replicates itself within intercellular membranes through a minus-strand RNA
47 intermediate (5). According to a study by Alessandro Natoni et al., FCV can trigger the mitochondrial
48 apoptosis pathway by inducing the translocation of phosphatidylserine to the host cell's outer

49 membrane (6). A further understanding of the molecular mechanisms and pathways of this infection
50 will help us comprehend the pathogenicity of this virus. As a result, this study aims to identify the
51 presence of oxidative stress, one of the important cellular pathways during FCV infection, to enhance
52 our understanding of FCV pathogenesis.

53 Oxidative stress characterizes a disparity between elevated concentrations of reactive oxygen species
54 (ROS) and diminished antioxidant defense activity. Excessive oxidative stress can lead to cellular
55 damage and may result in tissue degradation. Although, ROS plays an indispensable role in optimal
56 cellular operations, notably energy generation by the mitochondria, augmented oxidative stress has
57 been implicated in natural processes like aging and physical exertion, as well as in various disease
58 states encompassing oncological conditions, neurodegenerative disorders, cardiovascular ailments,
59 diabetes, inflammatory conditions, and toxin-induced disturbances (7). Felines appear to display
60 heightened vulnerability to oxidative stress and its subsequent harm. This predisposition might be
61 shaped by their distinct spleen anatomy (8,9). Instances of oxidative stress have been observed in
62 several disorders affecting this species, including diabetes mellitus (10), chronic kidney disease (11),
63 and feline immunodeficiency virus (FIV) infections (12). To identify the presence of oxidative stress,
64 it is crucial to select the appropriate biomarkers that indicate its existence. Several studies have
65 highlighted the significance of three key enzymes in oxidative stress: superoxide dismutase (SOD),
66 glutathione peroxidase (GPx), and catalase (CAT) (13). Moreover, many molecules undertake the
67 oxidation process, particularly lipids, which are prone to oxidation due to their molecular composition
68 rich in reactive double bonds (14). Lipid peroxidation stands as a central element in the realm of
69 oxidative stress, among the extensively researched indicators of lipid peroxidation are isoprostanes
70 (IsoPs) and malondialdehyde (MDA) (15).

71 The total antioxidant capacity (TAC) is another indicator in serum, reflects the collective influence
72 of all antioxidants found in the bloodstream. It offers a comprehensive metric of oxidative conditions.

73 An optimal superoxide production serves as a beneficial metabolite, assuming pivotal roles in cellular
74 processes such as division, while also acting as a countermeasure against lipid peroxidation.
75 However, excessive production of this radical can lead to lipid peroxidation initiation, protein
76 impairment, and DNA damage. This cascade of events can result in cellular dysfunction and eventual
77 demise through apoptosis or necrosis. The dual-edged nature of these properties makes it challenging
78 to reinstate the ideal equilibrium between superoxide and SOD, especially when disrupted by trauma,
79 illness, or the aging process (16). The intracellular antioxidant system encompasses both enzymatic
80 and non-enzymatic components. As mentioned before, the enzymatic elements include SOD, CAT,
81 and GPx, while glutathione stands out as a non-enzymatic antioxidant (AOX) (15). SOD facilitates
82 the dismutation of $O_2^{\bullet-}$, resulting in O_2 and H_2O_2 as byproducts. Meanwhile, CAT and GPx
83 collaborate to break down H_2O_2 into H_2O and O_2 . Conversely, when reactive species (RS) are
84 excessively generated and exceed AOX's neutralizing capacity, the balance tilts towards oxidants,
85 leading to the onset of oxidative stress (17).

86 Assessing biomarkers related to oxidative stress offers a holistic perspective on the presence of
87 reactive oxygen species (ROS) and the efficacy of the antioxidant (AOX) system. The aim of this
88 study is to ascertain the existence of oxidative stress in felines with FCV by measuring serum
89 oxidative biomarkers. Deepening our insights into this ailment and its associated oxidative stress
90 patterns may pave the way for pinpointing treatment strategies leveraging antioxidants or agents that
91 temper oxidative stress.

92 **2. Materials and Methods**

93 **2.1. Sample Collection**

94 Plasma specimens utilized in this research were meticulously procured from Nikan Pet Hospital in
95 Tehran Province. The samples were then organized into two specific groups for a detailed
96 comparative study. The first, known as the Control Group, included plasma samples extracted from

97 10 cats that had been brought in for regular health screenings. Intriguingly, these felines, despite their
98 varied backgrounds and age groups, demonstrated no discernible clinical anomalies upon
99 comprehensive physical evaluations.

100 On the other hand, the Patient Group presented a contrasting scenario. This group comprised plasma
101 samples from another set of 10 cats. A distinguishing characteristic of these cats was that each one of
102 them had tested positive for FCV when subjected to the RT-PCR diagnostic method. Further
103 compounding their health status was a universally shared clinical sign amongst them - the presence
104 of oral ulcers, hinting at the virulence and symptomatic manifestation of the infection. The ages of
105 all feline subjects in the study ranged from 8 to 24 months.

106 Once collected, all serum samples underwent stringent storage protocols. They were methodically
107 preserved at an ultra-low temperature of -80°C . This ensured the stability and integrity of the samples,
108 making them primed for the subsequent laboratory analyses. These imminent tests were designed
109 with precision to target and quantify specific markers, namely MDA, SOD, Catalase, GPx, and TAC.
110 Such markers are integral to understanding the oxidative stress levels and overall health status of the
111 subjects.

112 **2.2 RT-PCR**

113 During the acquisition of plasma samples from felines showing potential clinical signs, concurrent
114 rectal and mucosal specimens were obtained. These specimens underwent an RT-PCR analysis
115 targeting FCV, utilizing the primers delineated by Kim et al (18). Subsequent to evaluation, samples
116 returning positive results were incorporated into our designated "Patient Group."

117 **2.3. ELISA**

118 For the assessment of MDA, SOD, GPx, CAT, and TAC levels, we employed the ZellBio¹ ELISA
119 kit. Throughout the assay procedures, strict adherence to the manufacturer's guidelines was
120 maintained. The outcomes for all parameters, with the exception of MDA, were determined using an
121 ELISA reader. MDA levels, indicative of lipid peroxidation, were measured photometrically. SOD
122 activity represents the conversion of O₂^{•-} to H₂O₂ and O₂. Both CAT and GPx play pivotal roles in
123 the decomposition of H₂O₂ into H₂O and oxygen. Furthermore, TAC served as an index reflecting
124 the overall status of the AOX system.

125 **2.4. Statistical Analysis**

126 All statistical analyses were conducted using SPSS. The mean, maximum, minimum and P values of
127 each enzyme activity were calculated utilizing T-Test methods. To visually represent the data, graphs
128 were generated using the Matplotlib library in python. The complete coding script, detailing the
129 procedures undertaken for the graph, can be accessed on the GitHub repository of [Sajed Sarabandi](#).

130 **2.5. Ethical Considerations**

131 The study protocol, including sample collection and analyses, received formal approval from the
132 Ethics Committee of the Karaj Islamic Azad University and the reference code is
133 IR.IAU.K.REC.1401.153

134 **3. Results**

135 Our investigation delved into the oxidative stress parameters across two distinct groups: patients and
136 controls. We identified notable variances in these parameters, which may offer profound insights into
137 the underlying biochemical pathways associated with the disease conditions.

138 In our research based on (Figure 1), the observed average levels for the Superoxide Dismutase (SOD)
139 enzyme in the afflicted cohort stood at 39.73 u/L, demonstrating a variability denoted by a standard

¹ <https://zellbio.eu/>

140 error of 5.11. In contrast, our healthy subjects recorded an average SOD concentration of 36.41 u/L,
141 characterized by a 2.33 standard error. This yielded a statistical significance indexed at $p=0.05$.
142 Transitioning to the Glutathione Peroxidase (GPx) enzyme, the data for the affected group showcased
143 a median value of 75.63 u/L with a fluctuation encapsulated within a 14.86 standard error. The
144 unafflicted subjects, however, registered a prominent GPx mean value of 218.48 u/L and an
145 oscillation of 34.6, culminating in a noteworthy p-value of 0.017. The Catalase (CAT) enzymatic
146 activity in the affected sample settled at an average of 3.7 u/L with a standard fluctuation of 0.43,
147 whereas their healthy counterparts presented a CAT mean of 11.81 u/L and a variation of 1.46. The
148 resulting p-value was a pronounced 0.002. Diving into the Malondialdehyde (MDA) metrics, the
149 central tendency for our patient pool was discerned at 9.85 nmol, exhibiting a tight spread of 0.98.
150 The baseline group, meanwhile, projected an MDA mean of 4.17 nmol with an accompanying spread
151 of 0.68, leading to a consequential p-value of 0.050. Finally, the Total Antioxidant Capacity (TAC)
152 exhibited an average value of 1.35 $\mu\text{mol/L}$, with a nominal standard error of 0.02.

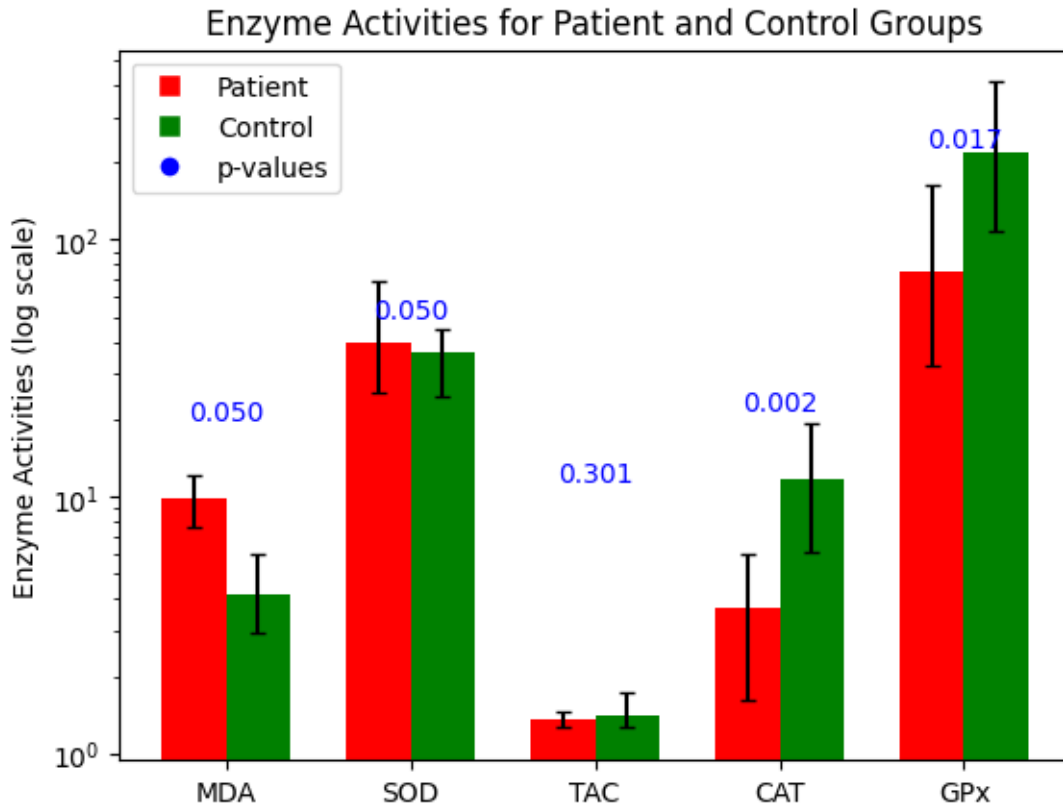
153 In summary, our findings underscored distinct intergroup variations in several oxidative stress
154 parameters, potentially elucidating the biochemical intricacies associated with the examined
155 conditions.

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161 **Figure 1.** This figure illustrates the logarithmic activities of each enzyme along with their corresponding
 162 estimated p-values. The red color represents the patient group, while the green color represents the control
 163 group.

164 **4. Discussion**

165 Oxidative stress is disequilibrium favoring oxidants over antioxidants, which may result in cellular
 166 harm (19). Oxidants are typically produced during aerobic metabolism, and their production can
 167 increase under certain pathological conditions. Normally, a careful equilibrium is maintained by a
 168 complex network of antioxidants. These antioxidant mechanisms can adapt to changing needs to a
 169 certain extent (20, 21).

170 The intricate relationship between oxidative stress and disease pathogenesis has gained momentum
 171 in veterinary research over recent years. In the study by Ho and colleagues, enzymatic antioxidant
 172 activities, namely CAT, GPx, and SOD, were meticulously measured in plasma to gauge the
 173 antioxidant potential (15). Therefore, the present study contributes to this growing body of evidence

174 by discerning the differences in key oxidative stress parameters, namely SOD, GPx, CAT, and MDA
 175 TAC between two feline groups, including patients affected by FCV and a healthy control cohort.
 176 Figure 2 demonstrates the relationship between mentioned enzymes and oxidative stress.



177

178 **Figure 2.** This diagram illustrates the connection between the biomarker and oxidative stress

179

180 The SOD plays a crucial role in neutralizing superoxide radicals, serving as the primary defense
 181 against oxygen-derived free radicals (ROS). In response to elevated ROS levels, SOD catalyzes their
 182 conversion to hydrogen peroxide (H₂O₂), which, in turn, protects cells from oxidative damage.
 183 According to our findings, there is an observed increase in SOD levels within the patient group
 184 compared to the control group. The movement of superoxide is somewhat restricted within cellular
 185 environments, primarily because it struggles to permeate cell membranes. Furthermore, its short-lived
 186 presence indicates that its effects are likely confined to its immediate region of formation (22,23).

187 Glutathione Peroxidase (GPx) serves as the second line of defense against oxidative injury. Typically,
188 GPx aids in mitigating oxidative stress by converting H₂O₂ and organic hydroperoxides into water
189 and their respective alcohols (24). Increased activity of reactive oxygen species (ROS) resulted in a
190 high amount of H₂O₂. In this case, both GPx and catalase (CAT) work to detoxify the produced
191 H₂O₂ to protect the cell. However, GPx requires glutathione as a cofactor, and in the absence of
192 glutathione, it cannot efficiently detoxify H₂O₂. Our findings revealed a significant decrease in GPx
193 activity in the patient cohort compared to the controls. This reduction may occur due to a decrease in
194 glutathione levels. A diminished GPx and CAT activity can leave cells vulnerable to hydrogen
195 peroxide, which can further disintegrate to form highly reactive hydroxyl radicals, escalating
196 oxidative stress. The observed decrease in GPx activity in FCV-infected cats underscores a crucial
197 aspect of viral infections. Viruses often manipulate host cell machinery, including antioxidant
198 defenses, to create an environment conducive to their replication. Consequently, the diminished GPx
199 activity might stem from the virus's interference with the host's antioxidant systems. This finding
200 emphasizes the need for antiviral strategies that not only target the virus directly but also bolster the
201 host's antioxidative defenses.

202 Additional evidence of oxidative imbalance emerged upon analyzing MDA levels. MDA, a low-
203 molecular-weight tri-carbon aldehyde, stems from the degradation of polyunsaturated fatty acids in
204 biological membranes induced by free radicals. The insufficient activity of GPx and CAT, coupled
205 with an increase in superoxide radicals, leads to elevated lipid peroxidation. Evaluating MDA levels
206 serves as a dependable indicator of lipid peroxidation in biological specimens, given that it is a
207 significant product of this mechanism (25). The nearly doubled MDA concentration in the patient
208 group, compared to controls, unveils a scenario of heightened cellular membrane damage, possibly
209 instigated by reactive oxygen species (26, 27). Moreover, the elevated MDA levels in FCV-infected
210 cats highlight the severity of cellular damage induced by oxidative stress. MDA, a byproduct of lipid
211 peroxidation, is not merely a marker but also an active contributor to cell membrane destabilization.

212 This suggests a potential vicious cycle where viral-induced oxidative stress damages cellular
213 membranes, leading to further oxidative stress. Interrupting this cycle could be a promising avenue
214 for therapeutic interventions. Exploring antioxidants or compounds that specifically target lipid
215 peroxidation might present new possibilities for mitigating FCV-induced oxidative stress and its
216 consequences. Though the difference bordered statistical significance, from a biological perspective,
217 such an elevation cannot be overlooked.

218 Finally, Total Antioxidant Capacity (TAC) offers a comprehensive perspective on the collective
219 activity of both enzymatic and non-enzymatic antioxidants. In the presence of oxidative stress, it has
220 been speculated that the number of antioxidants may decrease as they attach to oxidative radicals to
221 detoxify them. It is crucial to note that TAC is not only influenced by the quantity of oxidative
222 radicals; it also changes based on feeding conditions and nutritional intake. According to our analysis,
223 TAC decreased in the patient group, indicating an increase in oxidant radicals within this group.

224 Considering the importance of these findings, further studies should delve into the intricate
225 mechanisms of oxidative stress in FCV infections. Investigating how specific viral proteins modulate
226 oxidative stress-related pathways could reveal novel therapeutic targets. Additionally, longitudinal
227 studies monitoring these oxidative stress markers during different stages of FCV infection could
228 provide valuable insights into the disease's progression and severity.

229 In conclusion, our findings accentuate a potential oxidative imbalance in cats infected with FCV,
230 hinting at oxidative stress as a possible player in the etiology or progression of the disease. This
231 oxidative stress, marked by disrupted SOD, GPx, CAT, and MDA levels, showcases the profound
232 impact of FCV infection on feline physiology. These alterations underscore the need for a
233 multifaceted approach in treating FCV, integrating antiviral strategies to combat the virus alongside
234 antioxidative therapies to alleviate the oxidative burden on feline cells. While our results provide
235 valuable insights, they also pave the way for more in-depth investigations. A deeper dive into the

236 mechanisms causing these alterations, perhaps through molecular and genetic studies, could offer a
237 more comprehensive understanding. Additionally, exploring potential therapeutic interventions, like
238 antioxidant supplementation, may open avenues for improved disease management strategies in
239 affected felines.

240

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243

244 **Authors' Contributions**

245 HP designed this study. KF and SS drafted manuscript. PY and KF did the laboratory tests. PY
246 performed the statistical analysis. SS prepared the figure. HP and KF edited the final manuscript. HP,
247 KF, PY, and SS read and approved the final manuscript.

248

249 **Availability of data and materials**

250 The data sets used and analyzed during the current study are available from the corresponding author
251 upon reasonable request.

252

253 **Ethics**

254 We hereby declare all ethical standards have been respected in preparation of the submitted article.

255

256 **Conflict of Interest**

257 The authors declare that there is no conflict of interests regarding the publication of this paper.

258

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