

Accepted Manuscript

Corpus luteum vascularization and progesterone production in Autumn and Winter cycles of the mare: relationship between ultrasonographic characteristics of corpora lutea and plasma progesterone concentration in the last cycles before anestrus.

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PII: S0737-0806(17)30074-6

DOI: [10.1016/j.jevs.2017.05.001](https://doi.org/10.1016/j.jevs.2017.05.001)

Reference: YJEVS 2318

To appear in: *Journal of Equine Veterinary Science*

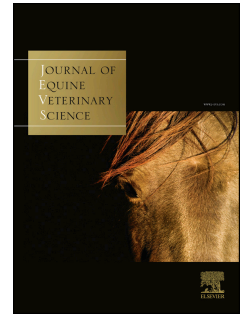
Received Date: 22 February 2017

Revised Date: 28 April 2017

Accepted Date: 1 May 2017

Please cite this article as: Panzani D, Di Vita M, Lainé AL, Guillaume D, Rota A, Tesi M, Vannozi I, Camillo F, Corpus luteum vascularization and progesterone production in Autumn and Winter cycles of the mare: relationship between ultrasonographic characteristics of corpora lutea and plasma progesterone concentration in the last cycles before anestrus., *Journal of Equine Veterinary Science* (2017), doi: 10.1016/j.jevs.2017.05.001.

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1 **Corpus luteum vascularization and progesterone production in Autumn and Winter cycles of**
2 **the mare: relationship between ultrasonographic characteristics of corpora lutea and plasma**
3 **progesterone concentration in the last cycles before anestrus.**

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8
9 **Abstract:**

10 In 20 estrus cycles of 15 mares, Color Doppler ultrasound of corpora lutea and plasma progesterone
11 concentration ([P4]) were analyzed on days 6, 10, 14, 16 and 18 after ovulation. [P4] was positively
12 correlated with corpora lutea cross sectional area (CSA), vascularized area (VA) and index of
13 vascularization (IV=VA/CSA) (P<0.0001). CSA, VA and IV in corpora lutea of mares with [P4] <
14 1 ng/ml were significantly lower than in corpora lutea of mares with [P4] > 1 ng/ml. Mares with
15 CSA <3473 pixels, VA<25.5 pixels and a IV <7.6% were prone to express [P4] <1 ng/ml 25.4, 7.9
16 and 7.6 times more than mares with higher values, respectively. CLs analyzed parameters differed
17 significantly between last cycles of the breeding season and previous cycles until day 14 after
18 ovulation (P<0.05). No significant differences were found in [P4] between last cycles and previous
19 ones.

20
21 **Keywords:**

22 Mare; Corpus Luteum; Color Doppler Ultrasound; Progesterone; Fall Transition

23
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27 **1. Introduction:**

28 Mares' autumn transition into anestrus is a process still not completely explored. In the northern
29 hemisphere temperate regions, although most mares stop cycling between November and January
30 [1] anestrus can begin between August and February [1-3]. Factors analyzed to explain seasonality
31 in the mare have been: latitude [4], age [4,5], recent reproductive history (foaled or barren) [5] and
32 nutrition and fat reserves (leptin blood concentration) [6,7] In non-pregnant mares, corpus luteum
33 (CL) progesterone production seems to decline significantly from one cycle to the subsequent at the
34 end of the breeding season [1,3,8-10].

35 Also luteolysis appears to be negatively affected by fall transition, with an increase of the incidence
36 of a persistent corpus luteum (25%) compared to the breeding season (8-10%) [11].

37 Color Doppler ultrasound has been applied for the evaluation of CL vascularization and perfusion
38 in cattle and horses [12-19]. Corpora lutea maximum diameter [18,19] and vascularization
39 [12,16,18,19] has been significantly correlated with plasma progesterone concentration during
40 diestrus and pregnancy in the mare.

41 Diagnostic accuracy studies address how well a test identifies the target condition. Sensitivity,
42 specificity and Likelihood Ratios (LRs) are all different ways of expressing test performances [20].

43 In the bovine species, to define CLs functionality, CL diameter [21], area, and vascularization area
44 [22] cutoffs have been defined when plasma [P4] was above 1 ng/ml. Sensitivity and specificity
45 (expressed in %) were defined as the probability to have a CL above a definite diameter [21] or area
46 and vascularization [22] cutoffs when [P4] was above 1 or below 1 ng/ml, respectively.

47
48 Aims of this study were: to describe a cutoff to predict the CL functionality based on CL diameter
49 and vascularization and to verify the existence of differences on CLs diameter, vascularization and
50 P4 production between the last cycle before anestrus and previous cycles.

51

52 **2. Materials and methods:**

53 *Animals, estrus cycles monitoring and blood sampling* – Between October 2013 and January 2014,
54 15 barren, cyclic Standardbred mares aged 7 to 14 years, maintained in paddocks and fed with a
55 balanced ratio of hay and commercial horse fodder, were studied for a total of 20 estrous cycles.
56 Body condition score of the mares at the beginning of the study was 5-6 (where 1 is thin , 5 is
57 moderate and 9 is obese) [23]. Ovarian activity was monitored twice a week for the whole period
58 and daily during estrus until ovulation, by B-mode trans-rectal ultrasound (MyLab™ 30 Gold
59 machine equipped with a 5.0-7.5 MHz linear probe and a Color Doppler function; Esaote S.p.A,
60 Florence, Italy). Mares were considered fallen into anestrus when no ovulations or CLs were
61 evidenced by ultrasound for at least 4 weeks. On days 6, 10, 14, 16 and 18 after ovulation, CLs
62 were scanned by Color Doppler (n= 20) and blood was collected by jugular venipuncture (n= 11).
63 Blood was centrifuged, and plasma separated and stored at -20 °C until [P4] determination.

64 *Color Doppler corpus luteum scanning* -. For every CL, three images were taken in color flow
65 mode at a standard depth of 10 cm, frequency of 5.0 MHz, 70% gain, and with a pulse repetition
66 frequency (PRF) of 2.8, at maximum cross sectional diameter. Images taken were analyzed using
67 ImageJ software (National Institutes of Health, Bethesda, USA). Cross sectional areas (CSA) of the
68 CL were measured and any lacuna present was excluded. Images were cropped and colored zones
69 selected (vascularized area, VA). The CSA and VA areas of the CL were measured and evaluated
70 by counting the number of grey and color pixels, for each image taken respectively. The mean CSA
71 and VA areas were calculated using the computer-assisted image analysis software, ImageJ
72 (National Health Institutes, Bethesda, USA) and the mean ratio of VA to CSA was taken as an
73 index of vascularization (IV) [18,19].

74 *Plasma progesterone evaluation method* – Plasma progesterone was analyzed with an ELISA assay
75 adapted from Canepa et al 2008 [24]. To summarize, the monoclonal antibody anti-P4 was obtained
76 from the mouse against P4 conjugated to bovine serum albumin. This antibody diluted at 1/160000
77 was aliquoted on 94 wells of a 96 wells plate (Immuno Maxisorp C96, Nunc) previously coated
78 with an anti-mouse immunoglobulins G obtained in goat. After that, 10µl of each sample or of each

79 standard were added. After incubation, a solution of progesterone-11 α -hemi-succinate-phosphatase
80 alkaline conjugate was distributed in all the wells. After one hour, the plate was washed and a
81 solution with p-nitrophenylphosphate and 100mM Diethanolamine 5mM MgCl₂ was added. The
82 plates were read at 405 nm in a photometer. For the validation of this method for equine plasma, a
83 test of dilution was done. On this first test, the correlation coefficient was 0.992 between expected
84 and observed data with a slope of 1.04. A test with an addition of P4 was done, and the correlation
85 coefficient between expected and observed data was 0.914 with a slope of 0.97. The resulting
86 coefficient of inter-assay variation was 10.3 and the intra-assay variation was 10.6. These
87 coefficients were calculated on a reference which had an average of 1.0 ng/ml.

88 Progesterone concentration < 1 ng/ml was taken as the limit for a non-functional CL: mares
89 showing P4 concentration < 1ng/ml were assumed not to have a functional CL at the time of
90 sampling [25,26].

91 *Statistical analysis* - Statistical analysis was performed using GraphPad Prism version 6.00 for Mac
92 Os X (GraphPad Software, La Jolla California USA, www.graphpad.com).

93 The normality of the distribution of populations studied was analyzed by Shapiro-Wilk test.

94 Pearson's correlation test was run to assess the relationship between [P4] and CSA, VA and IV,
95 respectively.

96 Corpora lutea CSA and VA taken when [P4] <1 ng/ml and [P4] \geq 1 ng/ml were compared using
97 Unpaired Student's t-tests.

98 Sensitivity (denoted in %) was defined as the number of mares correctly identified, by trans-rectal
99 ultrasound (CSA, VA, and IV) as having a non-functional CL divided by the total number of mares
100 with [P4] <1 ng/ml. Specificity was the number of mares identified by CSA, VA and IV as having
101 a functional CL, divided by the total number of mares with [P4] \geq 1 ng/ml. Positive Likelihood ratio
102 was defined as the probability to have [P4] < 1 ng/ml if CSA, VA and IV were below the cutoff
103 (sensitivity/1-specificity) [20].

104 The CLs CSA, VA and IV cutoffs sensitivity and specificity were defined at the highest Positive
105 Likelihood ratio for the detection of a non-functional CL ($P4 < 1$ ng/mL) and were evaluated using
106 receiver operating characteristic (ROC) analysis. [20-22].

107

108 Differences between corpora lutea CSA, VA, IV (CL diameter and vascularization) and [P4]
109 production between last cycles (=LC) before anestrus and previous cycles (=PC), on days 6, 10, 14,
110 16 and 18 after mares' ovulations were analyzed using unpaired Student's t-tests.

111 An area under the curve (AUC) has been calculated for each mare CSA, VA and [P4] between day
112 6 and 18 and data from PC and LC were compared using unpaired Student's t-tests.

113 Results were considered as statistically different with $P < 0.05$.

114

115 **3. Results:**

116 Seven of the 15 mares went into anestrus during the period of the study: in 5 cases, corpora lutea
117 progressively disappeared, at US examination, around day 18 after ovulation and no follicular
118 growth and ovulation occurred anymore. These cycles were considered as last cycles (LC, $N=5$)
119 before anestrus. In 2 cases, corpora lutea images persisted for 4 weeks after day 18 before
120 progressively disappearing; no follicular growth and ovulation occurred thereafter. These cycles
121 were considered as having a corpus luteum persistence before anestrus.

122 Eight of 15 mares did not enter into anestrus during the period of the study.

123 Consequently, the distribution of the 20 cycles studied and the data analyzed resulted as follows:

- 124 - 5 LC before anestrus that provided data on CSA, VA, IV ($N=5$) and [P4] levels ($N=5$)
125 analyzed for relationship between CL diameter and vascularization and [P4] production and
126 for differences between LC and PC on the same parameters;
- 127 - 2 cycles with persistent corpora lutea before anestrus that provided data on CSA, VA, IV
128 ($N=2$) and [P4] levels ($N= 2$) analyzed for relationship between CL diameter and
129 vascularization and [P4] production but not for differences between LC and PC,

130 - 13 PC that provided data on CSA, VA, IV (N=13) and [P4] levels (N= 4) analyzed for
 131 relationship between CL diameter and vascularization and [P4] production and for
 132 differences between LC and PC on the same parameters.

133
 134 Consequently, relationship between CSA, VA, IV and [P4] were studied on 11 cycles (5 LC, 2
 135 corpus luteum persistence and 4 PC) while differences on CSA, VA, IV between LC and PC
 136 were studied on 18 cycles (5 LC and 13 PC) and differences on [P4] levels between LC and PC
 137 were studied on 9 cycles (5 LC and 4 PC).

138
 139 The data analyzed into this study (CSA, VA, IV, [P4]) were normally distributed as determined by
 140 Shapiro-Wilk test ($P > 0.05$).

141 A strong positive correlation ($P < 0.0001$) resulted for plasma [P4] between days 6 and 18 after
 142 ovulation and CSA ($r = 0.527$), VA ($r = 0.695$) and IV ($r = 0.712$). CSA, VA and IV statistically
 143 explained 28%, 48% and 51% of the variability in [P4], respectively.

144 The differences between CLs diameter and vascularization taken when $[P4] < 1$ ng/ml and $[P4] \geq 1$
 145 ng/ml are described in Table 1.

146

147 **Table 1:** Differences between corpora lutea CSA (pixels), VA (pixels) and IV (%), when $[P4] <$
 148 1 ng/ml or ≥ 1 ng/ml (N= 11 cycles).

[P4] ng/ml (range)	CSA (pixels) mean \pm sd (range)	VA (pixels) mean \pm sd (range)	IV (%) mean \pm sd (range)
[P4] <1 ng/ml (0-0.8)	2949.6 \pm 1567.1 (1024-6044) ^a	19.9 \pm 69.9 (0-287) ^a	0.4 \pm 1.3 (0-11) ^a
[P4] ≥ 1 ng/ml (1.2-16.7)	9547.2 \pm 4870.2 (3470-25592) ^b	1139.4 \pm 796.4 (0-2384) ^b	11.7 \pm 8.3 (0-38) ^b

149 Within columns ^{a,b}: $P < 0.05$

150 Area under the ROC curves for CSA, VA and IV were 0.95, 0.93 and 0.93 respectively with a
 151 $P < 0.0001$. The CSA, VA and IV cutoffs (at the highest Positive Likelihood ratio) of a non-

152 functional ([P4] <1 ng/mL) corpus luteum, evaluated using a receiver operating characteristic curve
 153 analysis were described in Table 2.

154

155 **Table 2:** Highest CSA (pixels), VA (pixels) and IV (%) cutoffs (at the highest Positive Likelihood
 156 ratio) of a non-functional ([P4] <1 ng/mL) CL, evaluated using a receiver operating characteristic
 157 (ROC) curve analysis (N=11 cycles).

Parameter	Value	Sensitivity	Specificity	Highest Positive Likelihood ratio
CSA (pixels)	<3473	70.6%	97.2%	25.4
VA (pixels)	<25.5	88.2%	88.9%	7.9
IV (%)	<5.5	88.9%	88.2%	7.6

158

159 Considering the areas under the curve (AUCs) between diestrus days 6 and 18, PC and LC differed
 160 significantly for CSA (109438 ± 24488 vs 83045 ± 16893 pixels; $P < 0.05$) and VA (18514 ± 8330 vs
 161 8989 ± 4746 pixels; $P < 0.05$), but not [P4] (80.7 ± 43.7 vs 73.7 ± 32.3 ng/ml; $P > 0.05$).

162 The same occurred evaluating data of the single days: there were statistically significant differences
 163 for CSA (days 6 and 10) VA (days 6, 10 and 14), and IV (day 14) ($P < 0.05$) but not for [P4] (Table
 164 3).

165

166 **Table 3:** Mean \pm sd CSA (pixels), VA (pixels), IV (%) and [P4] (ng/ml) in days 6, 10, 14, 16 and
 167 18 post-ovulation of PC and LC.

Factor	Cycle	Day 6	Day 10	Day 14	Day 16	Day 18
		(mean \pm sd)	(mean \pm sd)	(mean \pm sd)	(mean \pm sd)	(mean \pm sd)
CSA (pixels)	PC (n=13)	16713 ± 6245^a	12127 ± 5817^a	6277 ± 2690	4151 ± 1862	2819 ± 2082
	LC	10595 ± 2514^b	8712 ± 636^b	5935 ± 3700	3382 ± 2004	2981 ± 1230

	(n=5)					
VA (pixels)	PC (n=13)	2419 ± 880 ^a	2325 ± 976 ^a	1312 ± 968 ^a	365 ± 650	103 ± 168
	LC (n=5)	1596 ± 668 ^b	1144 ± 817 ^b	544 ± 464 ^b	64 ± 120	0 ± 0
IV (%)	PC (n=13)	17.6 ± 8.4	22.0 ± 10.0	16.6 ± 10.9 ^a	6.1 ± 10.6	2.6 ± 4.4
	LC (n=5)	16.9 ± 10.1	12.8 ± 8.6	6.9 ± 4.8 ^b	1.2 ± 2.3	0 ± 0
P4 (ng/ml)	PC (n=4)	8.3 ± 5.0	9.8 ± 4.7	5.7 ± 3.2	2.3 ± 2.7	0.1 ± 0.2
	LC (n=5)	9.1 ± 3.8	8.7 ± 2.9	4.0 ± 5.0	0.2 ± 0.4	0.0 ± 0.0

168 Within superscript ^{a≠b}: P<0.05

169

170 **Discussion and Conclusions:** It has been shown how luteal functionality, in terms of [P4]
 171 production, slowly decreases from summer cycles to the last cycle before anestrus [1,3,8,9].
 172 A correlation between [P4] and CL vascularization was already found in mares [12,16]
 173 cattle [17,22] and woman [27,28]. In our study, although limited by the number of cycles
 174 analyzed, CSA, VA and especially IV of mares CLs had a strong correlation with [P4].
 175 Crabtree and Wilsher also found a strong correlation of [P4] with CSA and VA but not with
 176 IV in pregnant mares [18]. IV is a parameter that changes when CSA and VA growth is
 177 divergent, and in that study, in the physiologic pregnant CLs, probably their growth was
 178 parallel making IV a constant. The areas under the ROC curves higher than 0.9 and their
 179 high significance (P<0.0001) for CSA, VA and IV showed that these parameters were able

180 to predict when [P4] was lower than 1 ng/ml. These results are consistent with the bovine
181 species for CL dimensions and vascularization [21,22]. Corpora lutea producing
182 progesterone, in the present study, had 3-4 folds larger CSAs and 10 folds larger VAs and
183 IVs than not functional CLs ([P4] <1 ng/ml; P<0.05). Areas under the curves of CSA and
184 VA showed to be significantly higher in previous cycles than during last cycles of the year,
185 but [P4] did not, even though AUC for this hormone was numerically lower. CLs ultra-
186 sonographic differences between PC and LC were shown clearly by the AUCs, but also
187 evident between single examination days, up to the 14th day after ovulation. This trend was
188 not found in [P4], may be also due to the smaller number of cycles evaluated. In this study
189 2/7 (28.6%) of the mares' last cycles developed in a persistent CL compared to 0/13 (0%) of
190 the previous cycle. This is consistent with the 25% incidence of persistence of CL reported
191 previously for the last cycle before vernal anestrus versus the 10% of normal cycles of the
192 season [11]. In several livestock species has been reported that low level or absence of
193 plasma [P4] resulted in compromised PGF2 α response [11,29-31]. Although we were not
194 able to show significant differences, previous cycles had a numerically higher [P4] on each
195 sampling day, and this might have been the cause for such persistent CLs. In conclusion,
196 CLs ultrasonographic characteristics seem to reflect their functionality, confirming previous
197 studies performed in different species [14,16-19,21,22], and, on the group of animals
198 studied, CLs of the last cycles of the year were smaller and less vascularized than those of
199 the previous cycles.

200

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202

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- Highlights
- Mares corpora lutea functionality was analysed by plasma progesterone concentration and Color Doppler ultrasound
- Last cycle corpora lutea functionality was compared with previous mares' cycles
- A positive correlation was found between plasma progesterone concentration and corpora lutea cross-sectional area and vascularization.
- ROC curve identified B-Mode and Color Doppler non-functional corpora lutea ultrasound characteristics.
- Color Doppler evidenced significant differences between last cycle and normal cycle's corpora lutea but not between the plasma progesterone concentrations, respectively.