

TRYPANOSOMIASIS IN A TIGER

(*PANTHERA TIGRIS*)

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Surra caused by *Trypanosoma evansi* is a common disease widely reported in domestic animals. However, because of its acute and fatal nature, the reports on Trypanosomiasis in wild animals are very few (Sinha *et al.*, 1971; Choudary *et al.*, 1986). The present communication reports a case of Trypanosomiasis in a Tiger and its successful treatment.

A male adult tiger *Chandu* aged 9 years at Maharajbag Zoo, Nagpur was observed ill for two days with symptoms of anorexia, constipation and lethargy. There was rapid respiration, panting and with the inclination to press the head on the bars of the cage. The Tiger had convulsions once in the early morning. The efforts to give antipyretic/analgesic drugs orally with food and water failed as the tiger did not show interest in the food. Then the Tiger was shifted into a squeeze cage for closer clinical examination. Pulse was rapid (80/min) and body temperature was (106.8°F). The blood smears were sent to a laboratory for examination. Meanwhile, injections of Diclofenac sodium (10 ml.) and B-complex (8 ml.) were administered to the Tiger intramuscularly. The blood smear was found positive for *Trypanosoma evansi* infection. Berenil (total dose of 3 g.) was immediately given intramuscularly on the same day. Since the Tiger was suspected to be hypoglycemic, an injection of Dextrose 10% 500 ml. was given intravenously. The injections of Diclofenac sodium and B-complex were repeated for one day and three days respectively. The tiger was kept under close observations for about a week.

The temperature recorded eight hours after treatment showed decline (103.8°F) and the animal gradually returned to normal on the second evening. The Tiger accepted some water on the same evening but did not show any interest in solid food. His appetite was fully restored on the fifth day after treatment with evidences of normal respiration and cessation of nasal discharge.

The head pressing or convulsions were not noticed after the beginning of the treatment. The Tiger showed complete recovery

and was released in to the enclosure on the sixth day.

Sporadic cases as well as outbreaks of trypanosomiasis have been reported in tigers. Sinha *et al.* (1971) reported on outbreak of surra in four Tigers, two Jaguars and one Leopard. He reported sudden deaths in four animals without any signs of illness whereas three animals showed respiratory distress, running nose in one and convulsive fits in one animal. Reddy (1975) reported the successful treatment of an outbreak of surra in circus tigers. The major sign of the disease was pyrexia (106⁰F - 108⁰F). No other signs were noticed. Choudhary *et al.* (1986) reported a sporadic case of surra in a tiger which died suddenly with fever. He reported trypanosomes in the heart blood smear. In the present case, the Tiger suffered from the signs such as anorexia, pyrexia (106.8⁰F), nasal discharge with respiratory distress and head pressing. The authors also observed convulsions only once but not after the administration of Berenil.

Prompt treatment with Berenil and B-complex (Livobex) was undertaken as suggested by Reddy (1975). Similarly, considering anorexia and possible hypoglycemia in surra, 10% Dextrose was also given to combat hypoglycemia. Laha *et al.* (1991) also reported hypoglycaemia in trypanosomiasis in buffalo calves. In his opinion hypoglycemia could be due to consumption of glucose by haemoprotozoa or disturbance in carbohydrate metabolism of the host. Only single injection of Berenil gave excellent result and the blood smear taken on 6th post treatment day did not reveal the pathogens and hence no further treatment was thought necessary. The Tiger showed complete and uneventful recovery.

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Received 31 March 2000

Accepted 1 June 2000