



25 experimentally induced inflammation in Caspian horses. A randomized controlled  
26 trial was conducted on the healthy, purebred Caspian horses in the Khojir Research  
27 Center, Tehran, Iran.

28 **Materials & Methods:** Thirty 10-year-old male Caspian horses were randomly  
29 assigned to a treatment group (subcutaneous turpentine injection,  $n = 15$ ) or a  
30 control group (saline injection,  $n = 15$ ). Inflammation was induced by administering  
31 5 mL of turpentine. Blood samples were collected at baseline (1 h before injection)  
32 and at multiple time points up to 144 h post-injection. Serum TP and Alb were  
33 measured by spectrophotometry using commercial kits, while SAA and Hp were  
34 quantified via ELISA. Statistical analysis was performed using t-tests, with  
35 significance at  $P < 0.05$ .

36 **Results:** TP concentrations were significantly lower in the treatment group  
37 compared to controls at 48 and 72 h ( $P < 0.05$ ). Alb concentrations were  
38 significantly reduced in the treatment group from 4 to 72 h ( $P < 0.05$ ). Hp  
39 concentrations were significantly elevated in the treatment group at 72 and 144 h  
40 ( $P < 0.05$ ), while SAA concentrations were significantly raised from 16 to 144 h  
41 ( $P < 0.05$ ). Among the biomarkers, SAA showed the most rapid and pronounced  
42 response to inflammation, highlighting its reliability for early detection of the acute  
43 phase response in Caspian horses. Hp also increased significantly, though with a  
44 delayed onset.

45 **Conclusion:** Turpentine-induced inflammation in Caspian horses resulted in  
46 significant alterations in acute-phase proteins and serum biochemical parameters.  
47 SAA exhibited the earliest and most pronounced increase, highlighting its

48 sensitivity as a biomarker for the early detection of inflammation in Caspian horses.  
49 Hp also increased significantly, although its response was delayed. These findings  
50 indicate that acute-phase proteins, particularly SAA, are valuable biomarkers for  
51 monitoring inflammatory responses in this breed.

52 **Keywords:** Acute phase response, Caspian Horse, Inflammation, SAA,  
53 Haptoglobin

54

## 55 **1. Introduction**

56 The Caspian horse is among the rarest and oldest horse breeds, with origins tracing  
57 back over 3,000-5,000 years in northern Iran, particularly regions surrounding the  
58 Caspian Sea. Rediscovered in 1965 after being presumed extinct for centuries, the  
59 breed remains critically endangered due to its small population size and restricted  
60 geographic range [1]. Although domestic horses (*Equus ferus caballus*) as a species  
61 are not classified as endangered by the IUCN, the Caspian breed faces significant  
62 conservation challenges.

63 Various stressors and immunosuppressive factors can subtly impair animal health,  
64 often manifesting subclinically without overt clinical signs [2]. Laboratory  
65 biomarkers, particularly acute phase proteins (APPs), serve as valuable tools for  
66 detecting underlying stress and inflammation, or infection both in subclinical and  
67 clinical conditions [3]. In chronic or low-grade stress, APP levels may show mildly  
68 but persistent elevations, making them sensitive indicators of physiological  
69 perturbations [4].

70 Acute phase proteins are classified as either positive APPs, which increase in  
71 response to inflammation or infection (e.g., C-reactive protein, serum amyloid A  
72 (SAA), ceruloplasmin, fibrinogen, alpha-1 antitrypsin, and haptoglobin), or  
73 negative APPs, decreasing under similar conditions (e.g., albumin and transferrin)  
74 [5]. In equine medicine, commonly measured APPs include SAA, haptoglobin,  
75 fibrinogen, and albumin, which are aid in assessing inflammation and infection [6].  
76 Among these, SAA is considered a major APP, characterized by its rapid onset  
77 (within 24–48 h) and substantial increase (up to tenfold or more) during  
78 inflammatory/infectious events [7].  
79 To date, no published studies have evaluated these biomarkers in Caspian horses.  
80 Given the importance of health monitoring in this rare breed, the present study  
81 aimed to assess serum concentrations of total protein, albumin, haptoglobin, and  
82 SAA in response to experimentally induced inflammation in Caspian horses.

## 83 **2. Materials And Methods**

### 84 **2.1 Horses**

85 This study was conducted at the Khojir Research Center, Tehran, Iran, from August  
86 2023 to August 2024. All horses were confirmed as purebred Caspian via pedigree  
87 records and phenotypic evaluation. Health status of animals were assessed on  
88 physical examination. Sample size was determined based on data from previous  
89 studies [8, 9]. Thirty clinically healthy, 10-year-old male Caspian horses were  
90 included in the study. Horses were randomly allocated to two equal groups (n=15  
91 each): treatment (turpentine-induced inflammation) and control (saline placebo).

## 92 **2.2 Induction of inflammation**

93 Inflammation was induced by subcutaneous injection of 5 ml turpentine (*Sigma-*  
94 *Aldrich, CAS 8006-64-2*) into the anterior shoulder region. Controls received an  
95 equivalent volume of 0.9% sodium chloride. Turpentine injection is a standard well-  
96 established model for sterile acute inflammation in veterinary experimental studies  
97 [8]. All procedures were performed under veterinary supervision with strict  
98 adherence to animal welfare protocols.

## 99 **2.3 Sample collection and laboratory analyses**

100 Blood samples were collected from the jugular vein into plain tubes (without  
101 anticoagulant) and EDTA venoject tubes. Sampling was performed at -60 min, 0,  
102 8, 16, 24, 48, 72, and 144h following turpentine injection.

103 Serum samples were separated by using centrifugation for 10 minutes at 3000  
104 rpm and were immediately transported, under cold conditions to the Biochemistry  
105 Laboratory, Danesh Animal Hospital, Islamic Azad University, Tehran, Iran, and  
106 stored at -20° C until analysis.

107 Serum total protein and albumin were measured by colorimetric spectrophotometry  
108 using commercial kits (*Zist Shimi Company, Iran*). Serum amyloid A and  
109 haptoglobin concentrations were quantified using commercial ELISA kits (*Tridelta*  
110 *Developments Ltd, Ireland*) according to the manufacturer's instructions.

111 All assays followed kit protocols precisely.

## 112 **2.4 Statistical analyses**

113 Data normal distribution was evaluated using the Shapiro–Wilk test. Inter-group  
114 comparisons were performed with independent t-tests in SPSS version 22 (IBM

115 Corp., Armonk, NY, USA). Differences were considered significant when P values  
116 were  $<0.05$ . Receiver operating characteristic (ROC) analysis determined optimal  
117 cutoff values, sensitivity (Se), specificity (Sp), and area under the curve (AUC) for  
118 diagnostic performance.

### 119 **3. Results**

#### 120 **3.1 Serum total protein (STP)**

121 No significant differences in TP were observed between groups at  $-60$  min, 0, 4, 8,  
122 16, 24, and 144 h ( $P > 0.05$ ; Table 1, Figure 1). However, at 48 and 72 h, the mean  
123 STP concentration in the treatment group was significantly lower than that in the  
124 control group ( $P < 0.05$ ).

125 TP was significantly lower in the treatment group at 48 and 72 h ( $P < 0.05$ ). At 4 h  
126 post-induction, its diagnostic performance was poor (cutoff 6.7 g/dL; Se 46.2%, Sp  
127 20%, AUC 0.131; Figure 1). Throughout the study period, TP values remained  
128 within the normal equine reference interval (5.5–7.5 g/dL).

#### 129 **3.2 Serum Albumin (Alb)**

130 No significant differences were found at  $-60$  min, 0, or 144 h ( $P > 0.05$ ; Table 1,  
131 Figure 2). Alb was significantly lower in the treatment group from 4 to 72 h ( $P <$   
132  $0.05$ ). Despite statistical significance at 4 h ( $P < 0.01$ ), diagnostic utility was limited  
133 (cutoff 3.45 g/dL; Se 15.4%, Sp 20%, AUC 0.092; Figure 2). Concentrations stayed  
134 within normal ranges (2.6–3.7 g/dL).

#### 135 **3.3 Serum Haptoglobin (SHp)**

136 No differences occurred at  $-60$  min, 0, 4, 8, 16, 24, or 48 h ( $P > 0.05$ ; Table 1,  
137 Figure 3). Hp was significantly higher in the treatment group at 72 and 144 h ( $P <$

138 0.05). Hp showed reliable diagnostic performance at 4, 48, 72, and 144 h ( $P < 0.01$ ),  
139 with cutoffs of 1.35 g/L (4 h), 3.10 g/L (48 h), 1.40 g/L (72 h), and 0.43 g/L (144  
140 h). Se/Sp reached 86.7%/80% at 4 h and 93.3%/100% thereafter; AUC was 0.853  
141 at 4 h and 1.00 at later time points (Figure 3).

### 142 **3.4 Serum amyloid A (SAA)**

143 No differences at -60 min, 0, 4, or 8 h ( $P > 0.05$ ; Table 1, Figure 4). SAA was  
144 significantly elevated in the treatment group from 16 to 144 h ( $P < 0.05$ ). SAA  
145 proved highly reliable at 24, 48, 72, and 144 h ( $P < 0.01$ ), with cutoffs of 479.48  
146 mg/L (24 h), 162.81 mg/L (48 h), 151.31 mg/L (72 h), and 52.8 mg/L (144 h); Se/Sp  
147 91.7%/100% and AUC 1.00 at these points (Figure 4).

148 Table 2 summarizes ROC-derived diagnostic performances across biomarkers.

## 149 **4. Discussion**

150 The present study is the first research which aimed to characterize changes in serum  
151 total protein (TP), albumin, haptoglobin (Hp), and serum amyloid A (SAA)  
152 concentrations in Caspian horses following experimental induction of  
153 inflammation.

154 Total protein, combined concentration of albumin and globulins, is considered a  
155 useful but nonspecific biomarker of inflammation [10]. Normal TP concentrations  
156 in horses range from 5.5 to 7.5 g/dL, and deviations may reflect dehydration,  
157 chronic inflammation, or protein loss associated with various pathological  
158 conditions [11, 12]. In the present study, although TP concentrations decreased  
159 significantly at 48 and 72 h after inflammation induction, values remained within  
160 the reference interval. This finding suggests that TP alone has limited diagnostic

161 value for assessing acute inflammation in Caspian horses. Similar observations  
162 have been reported previously, indicating that TP fluctuations during acute  
163 inflammatory responses are often inconsistent and should be interpreted in  
164 conjunction with other acute phase proteins [13, 14].

165 Atyabi (1999) investigated serum biochemical parameters in Caspian ponies and  
166 Arabian horses and reported that TP and globulin concentrations increased with age  
167 in both breeds, with a significant difference between the 0–36-month and 37–72-  
168 month age groups. In contrast, no significant age-related differences were observed  
169 in the present study, likely due to the broad age range (0–72 months) included  
170 within the first age group [15]. Jahn et al. (1994) demonstrated that TP  
171 concentrations increase in healthy riding horses following exercise. Additionally,  
172 in a study conducted in 2008 on foals, the authors reported a gradual postnatal  
173 increase in serum protein concentration, primarily attributable to elevated globulin  
174 levels resulting from colostrum absorption. In the present study, however, TP  
175 concentrations did not exhibit a sustained increase, which may be explained by the  
176 absence of dehydration or prolonged physiological stress [16].

177 Serum albumin is a major plasma protein involved in maintaining oncotic pressure,  
178 molecular transport, and antioxidant defense. During the acute phase response,  
179 albumin concentrations typically decrease due to reduced hepatic synthesis,  
180 increased catabolism, and redistribution into extravascular compartments [17, 18].

181 In the present study, albumin levels declined significantly from 4 to 72 h post-  
182 injection but remained within the established reference range (2.6–3.7 g/dL).

183 Similar to TP, these findings suggest that albumin concentration alone has limited

184 diagnostic value for assessing acute inflammation in Caspian horses. Richard et al.  
185 (1994) observed no significant breed-related differences in TP or albumin  
186 concentrations in Thoroughbred and Saddlebred horses, highlighting that albumin  
187 changes may be subtle and not clinically significant in certain breeds or  
188 physiological conditions [19].

189 Haptoglobin, a liver-synthesized glycoprotein that binds free hemoglobin and limits  
190 oxidative damage, showed a significant increase at 72 and 144 h following  
191 inflammation induction. The elevation of Hp concentrations beyond the reference  
192 range (0–0.3 mg/mL), with a peak observed at 144 h (0.34 mg/L), highlights Hp as  
193 a sensitive marker of inflammatory status in Caspian horses, although with a  
194 delayed response compared with SAA. This delayed kinetic profile should be  
195 considered when interpreting Hp levels in both clinical and experimental settings.  
196 In horses, Hp is classified as a moderate acute phase protein and is typically  
197 expected to increase 2–5 days after inflammatory stimulation [20]. The results of  
198 the present study are consistent with those reported by Canisso et al. (2014), who  
199 reported similar temporal patterns of Hp elevation in equine inflammatory  
200 conditions [20].

201 Serum amyloid A, a major acute phase protein rapidly synthesized by the liver in  
202 response to inflammatory stimuli, exhibited a marked and early increase beginning  
203 at 16 h post-induction, peaking at 48 h, and remaining elevated throughout the study  
204 period. These findings are in agreement with previous studies that have identified  
205 SAA as a highly sensitive biomarker of inflammation in horses [21, 22]. The rapid  
206 kinetics and pronounced elevation of SAA support its utility in routine health

207 monitoring and early diagnosis of inflammatory conditions in this threatened equine  
208 breed [23].

209 ROC analysis demonstrated clear differences in the diagnostic performance of  
210 inflammatory indices in Caspian horses, reflecting their biological behavior during  
211 the acute phase response. SAA showed the highest AUC, Se, and Sp, confirming  
212 its role as a major and rapidly responsive acute phase protein in horses.  
213 Haptoglobin, a moderate positive acute phase protein, demonstrated good  
214 discriminatory power at later time points, with increased AUC values once  
215 inflammation was established. This delayed but reliable ROC performance aligns  
216 with reports showing slower kinetics and lower amplitude increases of Hp  
217 compared with SAA in horses subjected to sterile or infectious inflammatory  
218 stimuli [9, 24]. In contrast, total protein and albumin, classified as minor or negative  
219 acute phase proteins, showed poor sensitivity, specificity, and low AUC values.  
220 These results are in agreement with earlier studies indicating that TP and albumin  
221 decrease modestly and inconsistently during inflammation, limiting their utility as  
222 standalone diagnostic markers in ROC-based evaluations [25, 26]. Overall, the  
223 ROC analysis supports the combined use of SAA for early detection and Hp for  
224 confirmation of ongoing inflammation, while TP and albumin remain indicators of  
225 systemic or chronic alterations rather than acute inflammatory status.

## 226 **5. Conclusion**

227 Turpentine-induced inflammation in Caspian horses produced significant  
228 alterations in acute-phase proteins and selected serum biochemical parameters,  
229 confirming the activation of a systemic inflammatory response in this breed.

230 Among the evaluated biomarkers, serum amyloid A (SAA) demonstrated the  
231 earliest, most pronounced, and most consistent increase, indicating its high  
232 sensitivity as an early indicator of inflammation. The rapid rise of SAA shortly after  
233 induction of inflammation highlights its strong diagnostic value for the early  
234 detection of inflammatory conditions in Caspian horses.

235 Haptoglobin (Hp) also increased significantly; however, its response was  
236 comparatively delayed and became more evident during the later stages of the  
237 inflammatory process. This temporal pattern suggests that Hp may serve as a  
238 complementary biomarker, particularly for assessing the progression and  
239 persistence of inflammation. The differing response dynamics between SAA and  
240 Hp emphasize the benefit of evaluating multiple acute-phase proteins to obtain a  
241 more comprehensive assessment of inflammatory status.

242 Although certain serum biochemical parameters, including total protein (TP) and  
243 albumin (Alb), showed statistically significant changes, their values remained  
244 largely within established reference ranges, suggesting limited clinical relevance  
245 for the detection of acute inflammation. In contrast, acute-phase proteins  
246 demonstrated greater sensitivity and diagnostic utility for monitoring inflammatory  
247 responses.

248 Overall, these findings highlight the clinical value of acute-phase proteins  
249 “particularly SAA” as sensitive and reliable biomarkers for detecting and  
250 monitoring inflammation in Caspian horses. The results provide new insights into  
251 the dynamics of inflammatory responses in this breed and may contribute to  
252 improved diagnostic and monitoring approaches in equine veterinary medicine.

253

254 **Data availability**

255 The data supporting the findings of this study are available.

256

257 **Ethical approval**

258 All procedures complied with the ethical guidelines of the Islamic Azad University  
259 and were approved by the Ethics Committee of the Faculty of Veterinary Medicine,  
260 Science and Research Branch, Islamic Azad University, Tehran, Iran.

261

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265

266 **Conflict of interest**

267 The Authors declare no conflict of interest.

268

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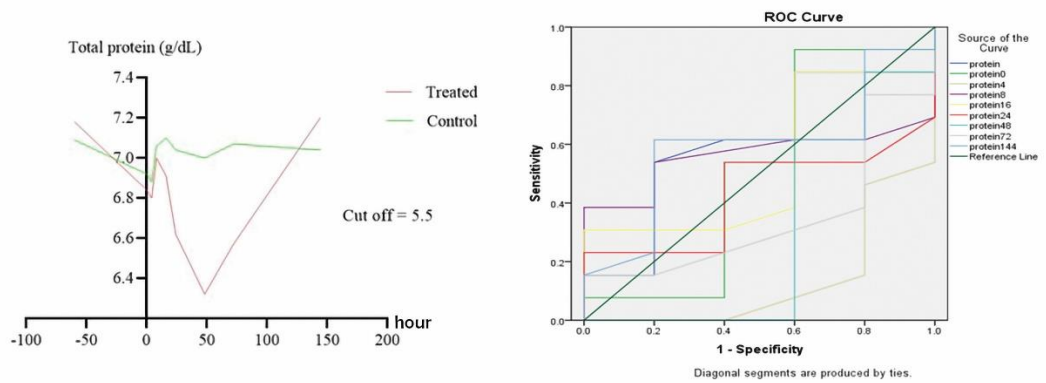
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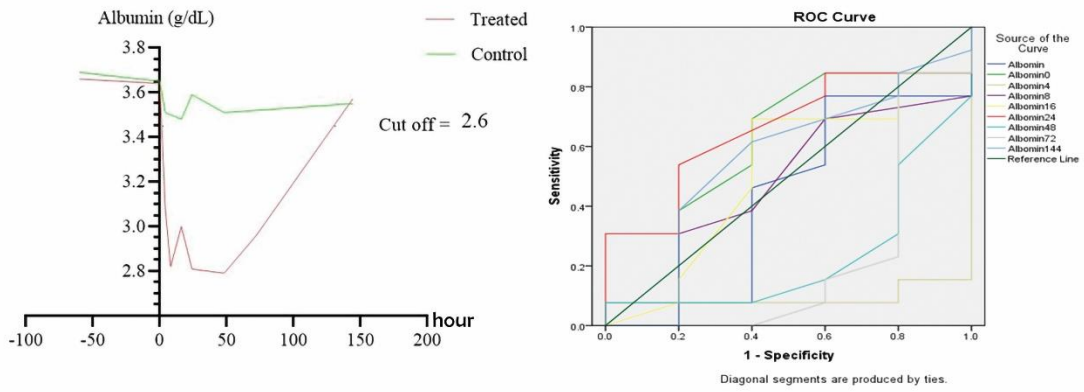
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376 **Figure 1:** STP-time dynamics (left) and ROC (Right) analysis in control and  
377 treatment groups after inflammation induction



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379 **Figure 2:** SA-time dynamics (left) and ROC (Right) analysis in control and  
380 treatment groups after inflammation induction



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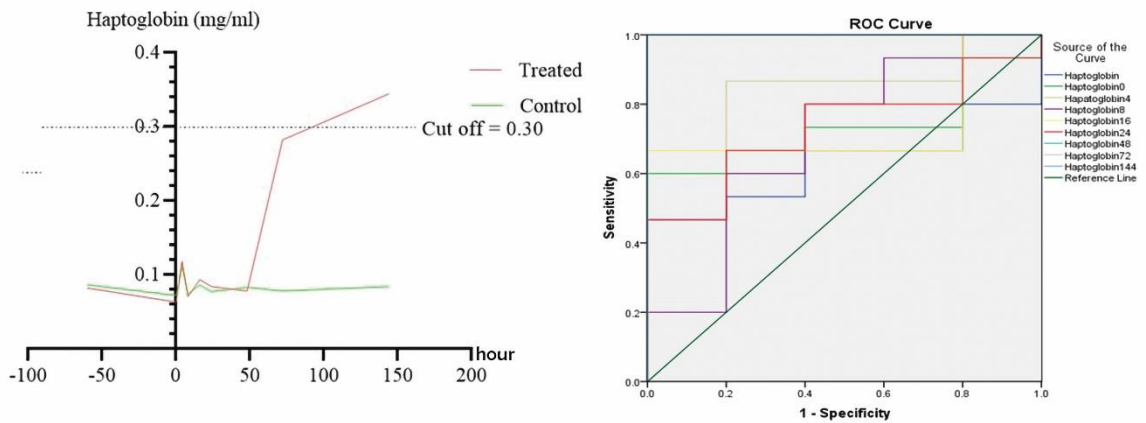
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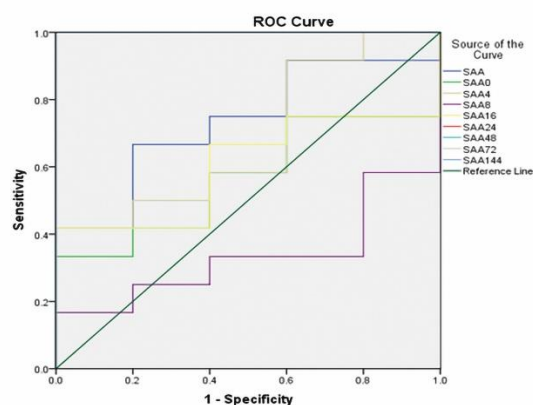
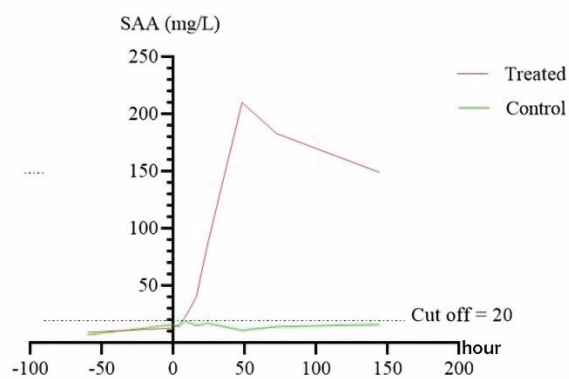
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387 **Figure 3:** SHp–time dynamics (left) and ROC (Right) analysis in control and  
 388 treatment groups after inflammation induction



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390 **Figure 4:** Serum SAA–time dynamics (left) and protein ROC (Right) analysis in  
 391 control and treatment groups after inflammation induction



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**Table 1:** STP, SA, SHp, SAA concentrations (g/dL) in the control and treatment groups (mean  $\pm$  SD)

Index	Control									Treatment								
	-1	0	+4	+8	+16	+24	+48	+72	+144	-1	0	+4	+8	+16	+24	+48	+72	+144
STP	7.09 $\pm$ 0.33 <sup>a</sup>	6.92 $\pm$ 0.37 <sup>a</sup>	6.88 $\pm$ 0.50 <sup>a</sup>	7.06 $\pm$ 0.31 <sup>a</sup>	7.10 $\pm$ 0.64 <sup>a</sup>	7.04 $\pm$ 0.44 <sup>a</sup>	7.00 $\pm$ 0.32 <sup>a</sup>	7.07 $\pm$ 0.47 <sup>a</sup>	7.04 $\pm$ 0.43 <sup>a</sup>	7.18 $\pm$ 0.52 <sup>a</sup>	6.84 $\pm$ 0.39 <sup>a</sup>	6.80 $\pm$ 0.61 <sup>a</sup>	7.00 $\pm$ 0.26 <sup>a</sup>	6.91 $\pm$ 0.38 <sup>a</sup>	6.62 $\pm$ 0.53 <sup>a</sup>	6.32 $\pm$ 0.57 <sup>b</sup>	6.57 $\pm$ 0.54 <sup>b</sup>	7.20 $\pm$ 0.62 <sup>a</sup>
SA	3.69 $\pm$ 0.21 <sup>a</sup>	3.65 $\pm$ 0.47 <sup>a</sup>	3.51 $\pm$ 0.34 <sup>a</sup>	3.50 $\pm$ 0.27 <sup>a</sup>	3.48 $\pm$ 0.25 <sup>a</sup>	3.59 $\pm$ 0.41 <sup>a</sup>	3.51 $\pm$ 0.34 <sup>a</sup>	3.52 $\pm$ 0.24 <sup>a</sup>	3.55 $\pm$ 0.60 <sup>a</sup>	3.66 $\pm$ 0.31 <sup>a</sup>	3.64 $\pm$ 0.22 <sup>a</sup>	3.08 $\pm$ 0.53 <sup>b</sup>	2.82 $\pm$ 0.46 <sup>b</sup>	3.00 $\pm$ 0.68 <sup>b</sup>	2.81 $\pm$ 0.53 <sup>b</sup>	2.79 $\pm$ 0.47 <sup>b</sup>	2.96 $\pm$ 0.39 <sup>b</sup>	3.57 $\pm$ 0.52 <sup>a</sup>

	<b>SHp</b>	<b>SAA</b>
	0.086 ± 0.029 <sup>a</sup>	7.31 ± 2.14 <sup>a</sup>
	0.072 ± 0.031 <sup>a</sup>	16.27 ± 3.26 <sup>a</sup>
	0.111 ± 0.022 <sup>a</sup>	14.09 ± 2.35 <sup>a</sup>
	0.074 ± 0.019 <sup>a</sup>	19.38 ± 2.72 <sup>a</sup>
	0.086 ± 0.015 <sup>a</sup>	15.58 ± 2.54 <sup>a</sup>
	0.077 ± 0.017 <sup>a</sup>	17.93 ± 2.39 <sup>a</sup>
	0.083 ± 0.021 <sup>a</sup>	11.34 ± 2.01 <sup>a</sup>
	0.078 ± 0.019 <sup>a</sup>	14.18 ± 2.49 <sup>a</sup>
	0.084 ± 0.023 <sup>a</sup>	16.33 ± 2.18 <sup>a</sup>
	0.082 ± 0.027 <sup>a</sup>	9.59 ± 2.40 <sup>a</sup>
	0.063 ± 0.018 <sup>a</sup>	13.19 ± 2.93 <sup>a</sup>
	0.118 ± 0.014 <sup>a</sup>	16.48 ± 3.53 <sup>a</sup>
	0.070 ± 0.016 <sup>a</sup>	22.84 ± 3.81 <sup>a</sup>
	0.093 ± 0.020 <sup>a</sup>	40.28 ± 4.11 <sup>b</sup>
	0.084 ± 0.023 <sup>a</sup>	87.37 ± 6.23 <sup>b</sup>
	0.078 ± 0.014 <sup>a</sup>	210.63 ± 10.17 <sup>b</sup>
	0.282 ± 0.020 <sup>b</sup>	183.48 ± 7.44 <sup>b</sup>
	0.344 ± 0.019 <sup>b</sup>	149.51 ± 9.21 <sup>b</sup>

Different superscript levels (a and b) indicate significant difference between groups ( $P < 0.05$ )

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**Table 2:** Cut-off points, sensitivity, specificity, and ROC in Caspian horses after inflammation induction.

<b>Index</b>	<b>Time (h)</b>	<b>Cut-off</b>	<b>Sensitivity%</b>	<b>Specificity %</b>	<b>AUC</b>
<b>TP</b>	4	6.7	46.20	20	0.131
<b>Albumin</b>	4	3.45	15.40	20	0.092
<b>SHp</b>	4	1.35	86.70	80	0.853
<b>SHp</b>	48	1.43	93.30	100	1
<b>SHp</b>	72	2.14	93.30	100	1
<b>SHp</b>	144	3.10	93.30	100	1
<b>SAA</b>	24	52.80	91.70	100	1

<b>SAA</b>	48	1517.31	91.70	100	1
<b>SAA</b>	72	162.81	91.70	100	1
<b>SAA</b>	144	479.48	91.70	100	1

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