

## **EFFECT OF LACTOFERRIN SUPPLEMENTATION ON BLOOD PROFILE, IMMUNITY AND GROWTH PERFORMANCE IN NEWLY BORN CALVES**

By

**Nashwa A. Omar\***, **Abdel-Aziz. A. M.\***, **Wafa . W. M.\*\*** and **El-Nagar H. A.\*\***

\* Pharmacology, \* Clinical Pathology Animal Health Research Institute, Tanta Lab. \*\* Cattle Breeding Department, Animal Production Research Institute and \*\* Biotechnology Researches Department, Animal Production Research Institute, Agricultural Research Center (ARC).

### **ABSTRACT**

A total number of 15 Friesian calves at 3 days of age with  $33.47 \pm 0.42$  kg live body weight were used in this study. Calves were divided into 3 equal groups. During the experimental period (28 days), calves in all groups were given a similar amount of their dam milk. All calves appeared in healthy state and free of any diseases. The first group was fed cow milk in two meals at 7:00 a.m. and 7:00 p.m. and they were given a starter with berseem hay (BH) and were kept as normal control group (G 1), the second group was fed on the control diet with 1 mg/calve supplementation of lactoferrin (G 2) and the 3<sup>rd</sup> group was fed on the control group`s diet with 2 mg lactoferrin/calve (G 3). All calves were clinically observed for 28 days; during the experimental period, live body weight (LBW) and dry matter intake (Milk, Starter, Berseem hay, concentrate feed mixture and rice straw) were recorded at weekly intervals, then total body gain was calculated every 15 days with fecal scores and respiratory scores were recorded for each calf to monitor their health throughout the trial. Finally two blood samples were collected from each calf of all groups after 2 weeks and 4 weeks post treatment for hematological and biochemical examinations. Calves received lactoferrin showed expressive elevation in serum total protein, globulin, glucose levels, IgG and IgA concentrations while expressed significant decrease in serum total lipids, cholesterol, and ALT, AST, creatinine and blood urea nitrogen levels. Body weight gain, average body weight gain and total body weight gain were significantly increased. In this study it could be concluded that lactoferrin could be a beneficial supplement in the neonatal calves` diets prior to weaning.

#### **Key words:**

Lactoferrin, Immunity, Growth, Calves.

## INTRODUCTION

Lactoferrin is an iron binding glycoprotein which is found in milk, whey and is found in high concentrations in colostrum, endocrine and exocrine excretions (**Steijns and Hooijdonk, 2000, Pan et al., 2007**). Colostral LF is involved in intestinal and immunological development, improved their grain intake and average daily gain so it plays a vital role in calves` health (**Connelly and Erickson, 2016**).

Lactoferrin (LF) is an important part of immuno-globulins; it`s a member of transferrin proteins family and is the first innate immune system produced from neutrophils, it is found in mammalian colostrum and milk. Moreover it is a specialized immune protein which is characterized by high bioactivity through its ability to bind iron, so it was called red milk protein when firstly discovered. LF concentration varies according to animal type and offspring. Pathogens control lactoferrin amount, as LF concentration increases during inflammation and viral infection. LF primary function is to protect mammary gland after birth (**Al-kudsi and Khalid, 2019**).

Lactoferrin is involved in a broad spectrum of biological actions involving antimicrobial, antiviral, antimycotic and anti-inflammatory activities (**Simonia et al., 2020**). Lactoferrin plays an important role in Ferro kinetics as it binds with free iron at high affinity limiting available irons amount for metabolism of microorganisms. Its vital role in host defense mechanisms represented at bactericidal and bacteriostatic effects; where it prohibits the proliferation of other microbes such as viruses and fungi. Lactoferrin is also involved in the immune system modulation and late studies suggested that lactoferrin directly reshuffles both function and production of monocytes and neutrophils (**Cavestro et al., 2002**).

The current work was designed to declare the effect of LF supplementation on live body weight (LBW), total body gain, hematological and biochemical parameters of calves.

## MATERIAL AND METHODS

### Drugs:

**Lactoferrin:** (Pravotin-100 mg - Medizen Pharmaceutical Industries, Borg Al Arab, Egypt) was offered to calves in different groups by mixing in morning milk meals just before feeding, at a doses of 1 mg/Calf (G 2) and 2 mg/Calf (G 3) once a day for 28 days (**Connelly and Erickson, 2016**).

Cow Milk was collected from El-Gemmeza Animal production station, and the starter was given to calves from Marg Fodder Factory - Ministry of Agriculture and Land Reclamation. The berseem hay (BH; *Trifolium alexandrinum*) was pliable at experimental farm of El-Gemmeza Animal Production Experimental Station belong to Agriculture Research Center.

**Experimental design and treatment:**

This study was carried in El-Gemmeza Animal Production Experimental Station in the middle Delta of Egypt belonged to Animal Production Research Institute (APRI), incorporation with Animal Health Research Institute (AHRI) Tanta branch, belonged to Agricultural Research Center, Ministry of Agriculture and Land Reclamation.

Fifteen Friesian calves at 3 days of age with  $33.47 \pm 0.42$  kg live body weight were individually protected in pens ( $1.0 \times 1.5$  m) with rice straw bed with free access to clean drinking water. Calves in the 1st group were fed cow milk in two meals at 7.0 a.m. and 7.0 p.m. and they were given a starter with berseem hay and kept as control group (G1). Calves in G2 fed on the control diet with 1mg LF/calve, calves in G3 were fed 2mg LF/calve. Lactoferrin were offered to calves in different groups by mixing in morning milk meals just before feeding. After 2 hours, a starter was allowed to calves with free choice. The calves were shaved over jugular vein to ease the collection of blood samples.

All calves were clinically observed for 28 days; during the experimental period (3-30 days of age), live body weight (LBW) and dry matter intake (milk, starter, berseem hay (BH), concentrate feed mixture (CFM) and rice straw (RS) of calves were on record at weekly intervals, then total body gain was calculated every 15 days with fecal scores and respiratory scores were recorded for each calf to monitor their health throughout the trial. Finally two blood samples were collected from each calf of all groups 2 weeks and 4 weeks post treatment for hematological and biochemical examinations.

**Sampling:**

**Blood samples:**

At the 14<sup>th</sup> and the 28<sup>th</sup> day of the experiment before morning feeding, two types of blood samples were collected from each of the fifteen calves in all groups from jugular vein using vacuum tubes, collection of the first blood samples were done in vacutainer tubes (Venoject, Terumo) have Ethylene diamine tetra acetic acid (EDTA) as an anticoagulant for hematological examination (RBCs count, Hb concentration, Packed Cell Volume %, total and differential leukocytic counts). Determination of hematological parameters was performed by

using a veterinary haematology analyzer (Exigo, Boule medical AB., and Sweden). In a plain centrifuge tube the second blood sample (5 ml) was collected and left to clot, after that was centrifuged at 3000 r.p.m. for 20 minutes for separation of serum. At -20°C the sera were then stored to be frozen until the biochemical analysis (Determination of AST, ALT, creatinine, uric acid, total protein, albumin, globulin, glucose, total lipids, and cholesterol).

### **Experimental protocol:**

#### **Clinical Examination:**

Within the experimental period live body weight (LBW) and dry matter intake (Milk, starter, CFM, BH and RS) of all calves were recorded at weekly intervals, then total body gain was calculated. Daily recording of body temperature and respiratory rate was done.

#### **Biochemical analysis:**

Serum biomarkers were pinpointed using a commercial kit as directed by manufacturers. All parameters were measured spectrophotometrically by using standardized test-kits.

Serum analysis for total proteins concentration (**Henry, 1964**), Albumin (**Doumas et al., 1997**), while, globulin concentration calculation was done by subtraction of albumin from total proteins concentration, total lipids (**Zöllner and Kirsch, 1962**), total cholesterol (**Richmond, 1973**), glucose (**Trinder, 1969**) by using commercial kits (Nanjing Jiancheng Biochemical Reagent Co., China).

Serum aspartate amino transferase (AST) and alanine amino transferase (ALT) activities were assessed according to **Reitman and Frankel (1957)** technique.

Uric acid and creatinine determination according to **Newman and Price (1999)** using kits of Biodignostic, Cairo, Egypt.

Serum Immunoglobulins (IgG, IgM and IgA) concentrations were determined using quantitative ELISA (Bovine IgG, IgM and IgA ELISA quantitative kit, Bethyl laboratories, UK) according to **Killingsworth and Savory (1972)**.

Recording of fecal scores and respiratory scores for each calf to monitor their health throughout the trial every 15 days.

Fecal scores were determined according to **Larson et al. (1977)**, where fecal fluidity was 1 if normal and 4 if liquid state, fecal thickness was 1 if normal and 5 if viscous and fecal smell was 1 if normal and 3 at very bad smile state.

Respiratory scores were assigned on a 1 to 3 scale according to **Bascom et al. (2002)** where 1 in normal case, 2 at runny nose/eyes, and 3 where there was mucus discharge from nose/eyes

and fever. Total health score was calculated by feces fluidity, thickness, smell summation and respiratory scores.

#### Statistical Analysis:

The obtained data were registered using Excel software and analyzed statistically using one-way analysis of variance for evaluation of the treatment effect by using **IBM SPSS (2017)** statistical program version 25 in a totally random design. Checking the significant differences by Duncan's multiple range test (**Duncan, 1955**).

## RESULTS AND DISCUSSION

Table (1) revealed that G2 and G3 calves which had been supplemented with LF showed significant increase in body weight gain, average body weight gain (ABWG) and total body weight gain (TBWG) greater than control group calves (G1) which had not been supplemented with LF this result agreed with those of **Prenner et al. (2007)** and **Khalid and Al-Kudsi (2018)** who recorded that LF addition to the feeding of Holstein calves caused elevated weight gain and ABWG explaining that, this increase may be due to lactoferrin effect on the calves' general health and improvement of feed intake amount and the low incidence of diseases.

The increase in body weight may be due to ameliorated health of treated calves (**Joslin et al., 2002**) and this had been accomplished through three actions of LF: growth factor activity (**Zhang et al., 2001**), antibacterial activity (**Teraguchi et al., 1994**) and LF capability to spur glucose absorption (**Teraguchi et al., 1998**) so elevated growth responses may be related to LF competence to enhance alimentary growth, nutrients absorption and consequently feed adequacy (**Robblee et al., 2003**).

Moreover, **Prgomet et al. (2007)** reported LF effect to improve animal performance via gastrointestinal tract morphology modulation and peyer's patches enlarged size in calves that had been fed lactoferrin.

**Table (1):** Effect of lactoferrin treatment on calves' body weight.

	G1	G2	G3
<b>Initial BW</b>	<b>33.60±1.03<sup>a</sup></b>	<b>33.40±0.75<sup>a</sup></b>	<b>33.40±0.51<sup>a</sup></b>
<b>BW after 15/d</b>	<b>45.80±0.86<sup>c</sup></b>	<b>49.60±1.03<sup>b</sup></b>	<b>53.20±1.28<sup>a</sup></b>
<b>BW after 30/d</b>	<b>61.00±1.14<sup>c</sup></b>	<b>66.80±2.54<sup>b</sup></b>	<b>75.20±1.36<sup>a</sup></b>
<b>TBWG initial to 15/d</b>	<b>12.20±0.37<sup>c</sup></b>	<b>16.20±0.37<sup>b</sup></b>	<b>19.80±0.80<sup>a</sup></b>
<b>ABWG initial to 15/d</b>	<b>0.81±0.02<sup>c</sup></b>	<b>1.08±0.02<sup>b</sup></b>	<b>1.32±0.05<sup>a</sup></b>
<b>TBWG 15/d to 30/d</b>	<b>15.20±0.49<sup>b</sup></b>	<b>17.20±1.66<sup>b</sup></b>	<b>22.00±0.84<sup>a</sup></b>

ABWG 15/d to 30/d	1.01±0.03 <sup>b</sup>	1.15±0.11 <sup>b</sup>	1.47±0.06 <sup>a</sup>
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Table (2) declared that Calves received LF (Group 2 and 3) showed expressive elevation in serum total protein and globulin levels all over the experimental period when compared to control group in a dose-dependent manner; the increase in serum total protein in LF supplemented groups was mainly due to the significant increase in serum globulin which reflect the immune-modulatory effect of LF, this outcome is in accordance with **Husain and Aref (2020)**.

Table (2) explicated that Calves received LF (Group 2 and 3) showed significant increase in glucose level all over the experimental period when compared to control group; this result is in accordance with **Mallaki *et al.*, (2021)** and **Aoyama *et al.*, (2022)** who revealed that LF elevated glucose level as LF improved energy balance; which was previously recorded by **Muri *et al.* (2005)** and **Cowles *et al.* (2006)** who declared LF roles in augmenting and expanding intestinal epithelial size and function leading to more glucose absorption. Our results proclaimed that calves received LF (G2 and G3) expressed significant decrease in serum total lipid and cholesterol levels all over the experiment when compared to control group; this result agreed with **Takeuchi *et al.*, (2004)**, **Morishita *et al.*, (2013)**, **Li and Hsieh, (2014)**, **Morishita *et al.*, (2016)** and **Nozari *et al.*, (2018)**. LF has a beneficial effect on serum total lipid and cholesterol levels and this is could be interpreted by LF interaction electrostatically with bile acids so inhibiting intestinal cholesterol absorption and thus leads to raised cholesterol excretion as assumed by **Nakamura *et al.*, (2016)**. Our results revealed that calves received LF (G2 and G3) expressed significant decrease in serum ALT and AST levels all over the experiment when compared to control group in a dose-dependent manner; this result agreed with **Li, and Hsieh, (2014)**, **Aoyama *et al.*, (2022)** and **Elazab *et al.*, (2022)** who reported that LF decreased serum ALT and AST levels as LF provokes hepato-protective cytokine production (Interlukin-11) (**Oda *et al.*, (2020)**). Table (2) showed that calves received LF (G2 and G3) expressed significant decrease in creatinine and blood urea nitrogen (BUN) levels when equate to control group; this result agreed with **Okazaki *et al.*, (2012)**, **Kimoto *et al.*, (2013)**, **Hsu *et al.*, (2020)** and **Zahan *et al.*, (2022)** who declared that lactoferrin ameliorated elevated creatinine and BUN levels; this may be due to repressed oxidative stress and boosted renal antioxidant armory (GSH, SOD, GPx, TAC) with encore of NOX-1, Nrf-2 and HO-1 levels (**Arab *et al.*, 2018**).

**Table (2):** Effect of lactoferrin treatment on blood biochemical parameters.

Item	Treatment Period	G1	G2	G3
Total protein (mg/dl)	Pre-Treatment	7.06±0.12 <sup>a</sup>	7.20±0.14 <sup>a</sup>	7.32±0.16 <sup>a</sup>
	Post 14/d Treatment	6.27±0.20 <sup>b</sup>	6.85±0.21 <sup>a</sup>	7.26±0.13 <sup>a</sup>
	Post 28/d Treatment	6.43±0.18 <sup>b</sup>	7.14±0.21 <sup>a</sup>	7.47±0.13 <sup>a</sup>
Albumin (mg/dl)	Pre-Treatment	4.16±0.14 <sup>a</sup>	4.24±0.17 <sup>a</sup>	4.32±0.11 <sup>a</sup>
	Post 14/d Treatment	3.63±0.17 <sup>a</sup>	3.50±0.11 <sup>a</sup>	3.56±0.19 <sup>a</sup>
	Post 28/d Treatment	3.83±0.05 <sup>a</sup>	4.11±0.22 <sup>a</sup>	4.19±0.13 <sup>a</sup>
Globulin (mg/dl)	Pre-Treatment	2.91±0.06 <sup>a</sup>	2.96±0.08 <sup>a</sup>	3.00±0.17 <sup>a</sup>
	Post 14/d Treatment	2.63±0.18 <sup>c</sup>	3.35±0.13 <sup>b</sup>	4.01±0.25 <sup>a</sup>
	Post 28/d Treatment	2.60±0.19 <sup>c</sup>	3.03±0.04 <sup>b</sup>	3.28±0.11 <sup>a</sup>
Glucose (mg/dl)	Pre-Treatment	108.03±3.64 <sup>a</sup>	109.23±4.36 <sup>a</sup>	108.36±3.80 <sup>a</sup>
	Post 14/d Treatment	87.91±3.43 <sup>b</sup>	99.42±3.99 <sup>a</sup>	101.83±2.58 <sup>a</sup>
	Post 28/d Treatment	85.88±3.14 <sup>b</sup>	92.26±3.76 <sup>a</sup>	95.70±2.84 <sup>a</sup>
Total lipids (mg/dl)	Pre-Treatment	73.34±3.02 <sup>a</sup>	73.82±3.86 <sup>a</sup>	73.50±3.57 <sup>a</sup>
	Post 14/d Treatment	78.18±2.80 <sup>a</sup>	72.64±3.43 <sup>b</sup>	69.92±3.84 <sup>b</sup>
	Post 28/d Treatment	72.24±4.03 <sup>a</sup>	69.18±2.69 <sup>ab</sup>	69.09±3.20 <sup>b</sup>
Cholesterol (mg/dl)	Pre-Treatment	61.36±1.81 <sup>a</sup>	60.92±2.17 <sup>a</sup>	61.10±1.70 <sup>a</sup>
	Post 14/d Treatment	79.12±2.99 <sup>a</sup>	75.20±3.91 <sup>ab</sup>	70.56±3.19 <sup>b</sup>
	Post 28/d Treatment	95.48±3.18 <sup>a</sup>	90.78±4.04 <sup>ab</sup>	88.46±3.14 <sup>b</sup>
ALT (IU/l)	Pre-Treatment	17.82±2.18 <sup>a</sup>	17.58±1.77 <sup>a</sup>	17.64±1.46 <sup>a</sup>
	Post 14/d Treatment	19.66±2.37 <sup>a</sup>	17.08±2.52 <sup>ab</sup>	14.74±2.68 <sup>b</sup>
	Post 28/d Treatment	19.82±2.62 <sup>a</sup>	16.74±2.29 <sup>ab</sup>	15.16±2.46 <sup>b</sup>
AST (IU/l)	Pre-Treatment	68.00±2.45 <sup>a</sup>	68.40±2.30 <sup>a</sup>	68.20±3.11 <sup>a</sup>
	Post 14/d Treatment	74.60±6.47 <sup>a</sup>	65.20±5.31 <sup>b</sup>	53.20±5.85 <sup>c</sup>
	Post 28/d Treatment	62.80±4.97 <sup>a</sup>	56.20±5.26 <sup>ab</sup>	51.80±4.38 <sup>b</sup>
Creatinine (mg/dl)	Pre-Treatment	1.58±0.64 <sup>a</sup>	1.52±0.54 <sup>a</sup>	1.55±0.61 <sup>a</sup>
	Post 14/d Treatment	2.01±0.55 <sup>a</sup>	1.39±0.64 <sup>ab</sup>	1.01±0.41 <sup>b</sup>
	Post 28/d Treatment	1.83±0.63 <sup>a</sup>	1.23±0.73 <sup>ab</sup>	0.88±0.47 <sup>b</sup>
Urea (mg/dl)	Pre-Treatment	8.13±1.14 <sup>a</sup>	8.15±1.00 <sup>a</sup>	8.10±0.90 <sup>a</sup>
	Post 14/d Treatment	8.07±0.63 <sup>a</sup>	7.00±0.43 <sup>ab</sup>	6.01±0.53 <sup>b</sup>
	Post 28/d Treatment	7.52±0.80 <sup>a</sup>	6.15±0.54 <sup>ab</sup>	5.61±0.75 <sup>b</sup>

Calves received LF (G3) showed significant increase in RBCs count, Hb concentration and PCV %, all over the experiment when compared to control normal group throughout the whole experiment; this may be due to lactoferrin stimulation of erythropoiesis and raising of hepatic

protein synthesis, LF also stimulates hematopoietic cells (**Calhoun and Brown 1975**); also LF intensified iron metabolism and elevate hemoglobin percentage (**Doornenbal, et al. 1988**), also **Davidsson, et al., (1994)** reported that LF appears to affect intestinal iron absorption, thus increase hemoglobin concentration. These findings agreed with **Kume and Tanabe (1996)**, **Husain and Arif (2020)** and **Mallaki et al., (2021)**, while disagreed with **Muri et al. (2005)** who reported no difference in RBCs count and Hb concentration in calves received LF and this difference may be due to the difference in duration of LF supplementation, doses and molecular structure of the drug.

Table (3) represented that total leukocytic count (T.L.C.) showed significant decrease in group 2 and 3 allover the experimental period when compared to control group and these findings were supported by the results recorded by **Reznikov, (2014)** and **Mallaki et al., (2021)** which could be due to lactoferin reducing effect on pathogens levels in the alimentary tract (**Weinberg and Des, 2007**).

Neutrophils count showed significant decrease in groups 2 and 3 allover the experimental period when compared to control group and these findings were supported by the results recorded by (**Kurz and Willett, 1991, Egli and Blum, 1998, Muri et al. 2005** and **Mallaki et al., 2021**) such decrease could be due to haemodilution as assumed by **Muri et al. (2005)** and **Legr and, (2016)** who proposed that lactoferrin is a constituent of secondary neutrophil granules. These results disagree with **Prgomet et al. (2007)** who stated that LF cause elevated number of peripheral blood leucocytes and **Morshedi et al., (2021)** who reported that adding 800 mg/Kg diet lactoferrin stimulates Asian sea bass` non-specific immune response; this difference may be due to species and dosage difference.

Lymphocytes count was significantly increased in group 2 and 3 at 28<sup>th</sup> day of the experiment when compared to control group and these findings were supported by the results recorded by **Mallaki et al., (2021)** who reported that LF elevated lymphocyte percentage.

Monocytes count showed significant decrease in group 2 and 3 allover the experimental period when compared to control group and these findings were supported by the results recorded by **Reznikov, (2014)** who recorded that LF decreased monocytes percent. While disagreed with **Hellweg et al., (2008)** who recorded that lactoferrin elevated the number of monocytes.



**Table (3):** Effect of lactoferrin treatment on blood hematological parameters.

Item		Treatment Period	G1	G2	G3
<b>RBC (x10<sup>6</sup>)</b>		<b>Pre-Treatment</b>	<b>7.32±1.58<sup>a</sup></b>	<b>7.36±1.92<sup>a</sup></b>	<b>7.34±1.72<sup>a</sup></b>
		<b>Post 14/d Treatment</b>	<b>7.84±1.87<sup>b</sup></b>	<b>9.06±1.68<sup>ab</sup></b>	<b>11.10±2.17<sup>a</sup></b>
		<b>Post 28/d Treatment</b>	<b>9.18±1.40<sup>b</sup></b>	<b>10.40±1.30<sup>b</sup></b>	<b>12.64±1.66<sup>a</sup></b>
<b>Hb (g/dl)</b>		<b>Pre-Treatment</b>	<b>9.82±1.93<sup>a</sup></b>	<b>9.90±2.03<sup>a</sup></b>	<b>9.66±1.34<sup>a</sup></b>
		<b>Post 14/d Treatment</b>	<b>8.98±2.41<sup>b</sup></b>	<b>10.26±2.49<sup>ab</sup></b>	<b>13.02±2.86<sup>a</sup></b>
		<b>Post 28/d Treatment</b>	<b>10.14±2.27<sup>b</sup></b>	<b>10.76±2.35<sup>b</sup></b>	<b>14.28±2.44<sup>a</sup></b>
<b>PCV%</b>		<b>Pre-Treatment</b>	<b>31.00±8.25<sup>a</sup></b>	<b>30.60±7.83<sup>a</sup></b>	<b>30.80±8.35<sup>a</sup></b>
		<b>Post 14/d Treatment</b>	<b>30.20±5.14<sup>b</sup></b>	<b>33.10±6.02<sup>ab</sup></b>	<b>40.20±5.21<sup>a</sup></b>
		<b>Post 28/d Treatment</b>	<b>33.20±5.15<sup>b</sup></b>	<b>34.80±4.99<sup>ab</sup></b>	<b>43.50±5.62<sup>a</sup></b>
<b>T.L.C. (x10<sup>3</sup>)</b>		<b>Pre-Treatment</b>	<b>8.42±1.58<sup>a</sup></b>	<b>8.50±1.21<sup>a</sup></b>	<b>8.48±1.40<sup>a</sup></b>
		<b>Post 14/d Treatment</b>	<b>9.14±0.85<sup>a</sup></b>	<b>8.32±0.96<sup>ab</sup></b>	<b>7.58±1.14<sup>b</sup></b>
		<b>Post 28/d Treatment</b>	<b>10.10±1.07<sup>a</sup></b>	<b>7.84±1.21<sup>b</sup></b>	<b>6.52±0.91<sup>b</sup></b>
<b>D.L.C.</b>	<b>Neutrophils (%)</b>	<b>Pre-Treatment</b>	<b>3.62±0.31<sup>a</sup></b>	<b>3.82±0.54<sup>a</sup></b>	<b>3.48±0.71<sup>a</sup></b>
		<b>Post 14/d Treatment</b>	<b>4.04±0.38<sup>a</sup></b>	<b>3.58±0.41<sup>ab</sup></b>	<b>3.15±0.47<sup>b</sup></b>
		<b>Post 28/d Treatment</b>	<b>4.65±0.49<sup>a</sup></b>	<b>3.58±0.55<sup>b</sup></b>	<b>3.20±0.45<sup>b</sup></b>
	<b>Lymphocytes (%)</b>	<b>Pre-Treatment</b>	<b>4.46±1.24<sup>a</sup></b>	<b>4.36±0.59<sup>a</sup></b>	<b>4.62±0.76<sup>a</sup></b>
		<b>Post 14/d Treatment</b>	<b>4.20±0.63<sup>a</sup></b>	<b>4.40±0.51<sup>a</sup></b>	<b>4.73±0.44<sup>a</sup></b>
		<b>Post 28/d Treatment</b>	<b>3.06±0.43<sup>c</sup></b>	<b>3.95±0.61<sup>b</sup></b>	<b>5.05±0.54<sup>a</sup></b>
	<b>Basophils (%)</b>	<b>Pre-Treatment</b>	<b>0.04±0.02<sup>a</sup></b>	<b>0.04±0.02<sup>a</sup></b>	<b>0.05±0.02<sup>a</sup></b>
		<b>Post 14/d Treatment</b>	<b>0.03±0.02<sup>a</sup></b>	<b>0.05±0.02<sup>a</sup></b>	<b>0.04±0.02<sup>a</sup></b>
		<b>Post 28/d Treatment</b>	<b>0.04±0.02<sup>a</sup></b>	<b>0.03±0.01<sup>a</sup></b>	<b>0.05±0.01<sup>a</sup></b>
	<b>Monocytes (%)</b>	<b>Pre-Treatment</b>	<b>0.15±0.03<sup>a</sup></b>	<b>0.17±0.08<sup>a</sup></b>	<b>0.14±0.04<sup>a</sup></b>
		<b>Post 14/d Treatment</b>	<b>0.19±0.02<sup>a</sup></b>	<b>0.16±0.02<sup>b</sup></b>	<b>0.14±0.02<sup>b</sup></b>
		<b>Post 28/d Treatment</b>	<b>0.20±0.02<sup>a</sup></b>	<b>0.14±0.02<sup>b</sup></b>	<b>0.12±0.02<sup>b</sup></b>

Table (4) revealed that G2 calves showed significant rise in IgG concentration 14 days post treatment, while G3 calves showed significant elevation in IgG concentration all over the experiment when emulated to control group calves. This result agreed with that of **Prgomet et al., (2007)** who recorded that LF increased serum IgG levels, while disagreed with **Connelly and Erickson, (2016)** who reported that LF did not improve serum IgG level during the first 24 hours; this difference may be due to difference in experiment duration.

Serum IgM findings in lactoferrin-treated groups (G2-G3) revealed non-significant effect on IgM concentration all over the experiment when compared to normal control group.

These findings agreed with the previous study of **Eslamloo et al., (2012)** and **Khuyen et al., (2017)** who recorded that LF did not affect serum IgM.

Our results revealed that G3 calves which had been supplemented with LF exhibited significant elevation in IgA concentration all over the experiment by comparison to control group calves which had not been supplemented with LF, this result agreed with that of **(Jang et al., 2015)**.

**Table (4):** Effect of lactoferrin treatment on immunoglobulin G, M and A.

Item	Treatment Period	G1	G2	G3
IgG (g/l)	Pre-Treatment	23.68±0.72 <sup>a</sup>	23.80±0.58 <sup>a</sup>	23.50±1.08 <sup>a</sup>
	Post 14/d Treatment	17.12±1.18 <sup>c</sup>	18.62±0.76 <sup>b</sup>	21.80±1.00 <sup>a</sup>
	Post 28/d Treatment	15.56±0.67 <sup>b</sup>	16.80±0.86 <sup>b</sup>	20.18±1.13 <sup>a</sup>
IgM (g/l)	Pre-Treatment	1.80±0.15 <sup>a</sup>	1.82±0.18 <sup>a</sup>	1.76±0.10 <sup>a</sup>
	Post 14/d Treatment	1.44±0.09 <sup>a</sup>	1.51±0.11 <sup>a</sup>	1.68±0.07 <sup>a</sup>
	Post 28/d Treatment	1.64±0.18 <sup>a</sup>	1.70±0.06 <sup>a</sup>	1.82±0.47 <sup>a</sup>
IgA (g/l)	Pre-Treatment	0.30±0.04 <sup>a</sup>	0.30±0.04 <sup>a</sup>	0.30±0.05 <sup>a</sup>
	Post 14/d Treatment	0.31±0.07 <sup>b</sup>	0.41±0.09 <sup>b</sup>	0.51±0.05 <sup>a</sup>
	Post 28/d Treatment	0.44±0.06 <sup>b</sup>	0.52±0.06 <sup>b</sup>	0.62±0.07 <sup>a</sup>

The present results of feces scores as fluidity and smell showed lower values in G2 and G3 when compared to G1, but did not differ significantly. The respiratory score showed non-significant low value in G2 and G3 than in G1, also, the score of fecal thickness was improved as influenced by lactoferrin treatments in G2 and G3 but without significant differences.

These outcomes reflected that calves' total health score in G3 was low and followed by G2,

but G1 showed high score (Table 5).

The observed amelioration of immunity, liver (ALT and AST) and kidney functions (Creatinine and urea) of G3 calves declared the decrease in respiratory score, feces fluidly, fecal smell and total health scores, which may reflect clear refinement in calve health status in association with reduction of diarrheal incidence.

Generally, lactoferrin had antimicrobial and antiviral effects (**Ishikawa et al., 2013**). Also, it had immune stimulatory effect by increasing type I interferon (IFN) production, which suppresses viral replication in the small intestine, which activate the natural killer cells (**Kuhara et al., 2006**). Lactoferrin cause isotype switching of B cells that increase the production of secretory immunoglobulin A in small intestine, which prevents the pathogens attachment to intestinal mucosa (**Jang et al., 2015**). Also, lactoferrin can activate CD4+ and CD8+ T cells in alimentary lymphoid tissues (**Wang et al., 2000**).

**Table (5):** Effect of lactoferrin treatment on health status.

Item	Treatment Period	G1	G2	G3
Respiratory Score	Pre-Treatment	1.00±0.00 <sup>a</sup>	1.00±0.00 <sup>a</sup>	1.00±0.00 <sup>a</sup>
	Post 14/d Treatment	1.40±0.89 <sup>a</sup>	1.00±0.00 <sup>a</sup>	1.00±0.00 <sup>a</sup>
	Post 28/d Treatment	1.40±0.89 <sup>a</sup>	1.00±0.00 <sup>a</sup>	1.00±0.00 <sup>a</sup>
Fecal Fluidity	Pre-Treatment	1.00±0.00 <sup>a</sup>	1.00±0.00 <sup>a</sup>	1.00±0.00 <sup>a</sup>
	Post 14/d Treatment	1.40±0.55 <sup>a</sup>	1.20±0.45 <sup>a</sup>	1.00±0.00 <sup>a</sup>
	Post 28/d Treatment	1.40±0.55 <sup>a</sup>	1.60±0.55 <sup>a</sup>	1.00±0.00 <sup>a</sup>
Fecal Thickness	Pre-Treatment	1.00±0.00 <sup>a</sup>	1.00±0.00 <sup>a</sup>	1.00±0.00 <sup>a</sup>
	Post 14/d Treatment	2.00±1.41 <sup>a</sup>	1.40±0.89 <sup>a</sup>	1.00±0.00 <sup>a</sup>
	Post 28/d Treatment	2.00±1.41 <sup>a</sup>	2.20±1.10 <sup>a</sup>	1.00±0.00 <sup>a</sup>
Fecal Smell	Pre-Treatment	1.00±0.00 <sup>a</sup>	1.00±0.00 <sup>a</sup>	1.00±0.00 <sup>a</sup>
	Post 14/d Treatment	1.60±0.89 <sup>a</sup>	1.20±0.45 <sup>a</sup>	1.00±0.00 <sup>a</sup>
	Post 28/d Treatment	1.40±0.55 <sup>a</sup>	1.80±0.84 <sup>a</sup>	1.00±0.00 <sup>a</sup>
Health Score	Pre-Treatment	4.00±0.00 <sup>a</sup>	4.00±0.00 <sup>a</sup>	4.00±0.00 <sup>a</sup>
	Post 14/d Treatment	6.40±2.51 <sup>a</sup>	4.80±1.79 <sup>a</sup>	4.00±0.00 <sup>a</sup>
	Post 28/d Treatment	6.20±2.28 <sup>a</sup>	6.60±2.41 <sup>a</sup>	4.00±0.00 <sup>a</sup>

## CONCLUSIONS

It could be concluded that Lactoferrin addition to calves diet in precocious ages after birth had improved influence on body weight gain, average daily gain and is beneficial for performance; these restraint may be due to ameliorated health in treated calves. Further research is necessary to determine the optimum amounts of LF to be supplemented to milk or milk replacer and if LF would be beneficial as a precautionary supplement or as a therapy for diarrhea.

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