

Original Research Article

Pharmacokinetics of enrofloxacin in Rohu (*Labeorohita*): A comparison of bath, intramuscular, and oral administration

ABSTRACT

The pharmacokinetics of enrofloxacin was studied in rohu (*Labeorohita*) after single intramuscular or oral administration at 10 mg/kg body weight and following bath exposure at the concentration of 5 mg/L for 5 h. Blood samples were collected at predetermined time intervals. The plasma concentrations of enrofloxacin were determined by high performance liquid chromatography. The pharmacokinetic parameters were analyzed using a non-compartmental method. After intramuscular administration, a C_{max} of 5.602 $\mu\text{g/ml}$ was observed at 4 h (T_{max}). After oral administration and bath exposure, a C_{max} of 3.380 $\mu\text{g/ml}$ at 8 h (T_{max}) and 4.785 $\mu\text{g/ml}$ at 4 h (T_{max}), respectively, were observed. $AUC_{0-\infty}$ following intramuscular, oral, and bath exposure were determined to be 166.51, 76.69, and 75.45 $\mu\text{g}\cdot\text{h}\cdot\text{ml}^{-1}$, respectively. Elimination half-life ($t_{1/2}$) was found to be 43.31, 34.65, and 21.66 h following intramuscular, oral, and bath exposure, respectively. The volume of distribution (V_d/F) was found to be maximum after oral administration (6.52 L/kg) as compared to the intramuscular route (3.75 L/kg) and bath exposure (2.07 L/kg). The results of our study indicate that enrofloxacin was well absorbed, widely distributed, and slowly eliminated in rohu following all three routes of administration and a dosage of 10 mg/kg for intramuscular or oral route and 5 mg/L for 5 h for bath immersion would be sufficient to produce plasma concentrations for successful treatment of fish pathogenic strains with $MIC \leq 0.3\mu\text{g/ml}$.

Keywords: Enrofloxacin, non-compartmental method, pharmacokinetics, Labeorohita, bath immersion

1. INTRODUCTION

Aquaculture has been one of the fastest-growing industries, contributing nearly 46 % of global fish production in 2018. India ranks second in world inland fish production, with a total production of 1.7 million tonnes in 2018, around 14% of global fish production (FAO, 2020). Indian fisheries have expanded by more than 13 times over the past 60 years, with fish production rising from 0.75 million tonnes in 1950–51 to 14.16 million tonnes in 2019–20. (MoFAHD, 2020). The three major carps, namely, Catla (*Catla catla*), rohu (*Labeorohita*), and Mrigal (*Cirrhinus mirgala*), contribute around 70-75% of total aquaculture production in India (Jayasankar, 2018). Among these, *Labeorohita* has been the most demandable and extensively cultured species in Indian subcontinents. With the increasing demand and intensification of production, an outbreak of diseases remains a major constraint. Bacterial infections are most common due to various factors such as high stocking density, stress, etc. Hence, antibacterials are used in aquaculture as prophylaxis and for treating bacterial infections in fish.

Enrofloxacin, a fluoroquinolone antibacterial drug, was developed exclusively for use in veterinary medicine. It has a broad spectrum of antibacterial activity, including Gram-negative and Gram-positive bacteria, as well as *Mycoplasma* spp. It has been widely used in fish due to its properties, such as good absorption, large volume of distribution, high bioavailability, and long terminal half-life. It is effective

against *Aeromonas spp.*, *Vibrio spp.*, and *Yersinia spp.* and serves as a last-line treatment in aquaculture for bacterial infections caused by *F. columnare*, *A. hydrophila*, *A. sobria*, etc.

The pharmacokinetics of enrofloxacin have been studied in fish species such as crucian carp (Shan *et al.*, 2018), snakehead fish (Fang *et al.*, 2016), rainbow trout (Lucchetti *et al.*, 2004), large yellow croaker (Ma *et al.*, 2022), red pacu (Lewbart *et al.*, 1997), and largemouth bass (Shan *et al.*, 2020). However, there were no reports on the pharmacokinetics of enrofloxacin in rohu. Since it was impossible to extrapolate pharmacokinetic even for closely related species, the dosage schedule must be optimized based on the pharmacokinetic data generated for species (Lees and Aliabadi, 2002). Hence the present study was undertaken to study the pharmacokinetics of enrofloxacin in rohu following three routes of administration, viz., intramuscular, oral, and bath immersion.

2. MATERIAL AND METHODS

2.1 Chemicals and Reagents

The enrofloxacin analytical standard was purchased from M/s Sigma Chemicals in Bangalore. Pure enrofloxacin obtained as gratis from M/s Intas Pharmaceuticals, Ahmedabad, was used in this study. HPLC grade acetonitrile was purchased from M/s Thermo Fisher Scientific India Pvt., Ltd., Mumbai. All other chemicals and reagents used in the study are analytical grade.

2.2 Experimental Fish

Two hundred and sixteen healthy rohu (*Labeorohita*) with an average weight of 250 g were collected from M/s Rhea fish farm and hatchery unit, Janapanchatram, Chennai. The fish were kept in aquarium tanks of 160 L capacity and fed with drug-free pelleted feed. They were maintained in well-aerated water of 0.5 ppt salinity with a pH of 7.5. The water temperature in the fish tank was maintained at 18.0 – 20.5 °C. The water in the fish tanks was changed every two days. Fish were acclimatized to the laboratory conditions before the experiment for two weeks.

2.3. Pharmacokinetic Trial

A total of 216 fish were randomly divided into three groups and maintained in an aquarium tank of 160 L capacity containing 150 L water. Enrofloxacin was administered at 10 mg/kg body weight for the intramuscular and oral trials. Intramuscular injections were given below the dorsal fin and above the lateral line, while oral administration was done using an oral gavage. Enrofloxacin solution was added to 150 L of water for bath administration to achieve a final concentration of 5 mg/L. Fishes were immersed in medicated water for 5 h and then transferred to a drug-free freshwater tank for 91 h.

Blood samples (0.5 ml) were collected in heparinized tubes from the tail sinus before drug administration and at 15 min, 30 min, 1, 2, 4, 8, 12, 24, 48, 72, and 96 h after drug administration. Fish were anaesthetized by immersing in the water containing clove oil before blood collection. Blood samples were collected from six fishes at each time point. Plasma was separated by centrifugation at 5000 rpm for 5mi and stored at -20°C until further analysis.

2.4 Analysis of enrofloxacin concentration

Plasma enrofloxacin concentrations were determined using High-Performance Liquid Chromatography (Waters, USA). The HPLC system consisted of a pump (Model 515), rheodyne manual injector with 20 µl loop, pump control module (Model PC2), column oven, Temperature control module (TC2), UV-Vis Detector (Model 2489) and Empower 2[®] software for analysis. The chromatographic separation was done using Synchronis C18 column (250 mm x 4.6 mm, 5 µm) purchased from M/s Thermo-Fisher Scientific,

USA. For analysis of enrofloxacin concentration in plasma, the chromatographic method of Kalaiselvi *et al.* (2006) was followed with modifications. The mobile phase consisted of 0.1% Orthophosphoric acid (pH 2.5 adjusted with 45% KOH): Acetonitrile in the ratio of 70:30. The flow rate of the mobile phase was kept at 1.0 ml/min and the column temperature was maintained at 27°C. The detection wavelength was 278 nm, and the run time of the samples was 10 min.

A liquid-liquid extraction procedure was followed to extract enrofloxacin from fish plasma. To 200 µl of plasma or spiked plasma, 400 µl of acetonitrile (1:2) was added, mixed, vortexed, and centrifuged at 10000 rpm for 5 minutes. After centrifugation, the supernatant was collected, and deionized water was added in a 1:1 ratio. The supernatant was filtered through a 0.22 µ HNN membrane filter and 20 µl was injected into the HPLC system for analysis.

2.5 Pharmacokinetic Analysis

The mean plasma concentration-time data of enrofloxacin was used for pharmacokinetic analysis. Non-compartmental techniques were used to analyze the pharmacokinetic parameters. The area under the concentration-time curve (AUC) and area under the moment curve (AUMC) were determined by the trapezoidal method and extrapolated to infinity using the last measured concentration (C_{last}) and slope (β). Terminal slope (β) was determined by linear regression analysis of the drug concentration in the elimination phase of the concentration versus time curve. The mean residence time (MRT) was determined as the ratio of $AUMC_{0-\infty}$ to $AUC_{0-\infty}$. Maximal plasma concentration (C_{max}) and the time to reach maximal plasma concentration (T_{max}) were determined by observation of the data.

3. RESULTS AND DISCUSSION

The HPLC method standardized for the analysis of enrofloxacin was highly specific, with no interfering peak at the retention time of enrofloxacin. The method was linear in the range of 0.01 to 10 µg/ml and the recovery of enrofloxacin from the fish plasma was found to be 94.36%. The precision of the method, as determined by the intra-day and inter-day coefficient of variations at three different concentrations (0.01, 0.1, and 1.0 µg/ml), were found to be 3.08 and 8.52%, respectively.

Plasma enrofloxacin concentration versus the time curve following intramuscular, oral, and bath immersion are shown in Table 1 and Fig. 1, 2, and 3. Following the intramuscular route, the mean plasma enrofloxacin concentration at 15 min was 1.158 ± 0.132 µg/ml. The plasma concentration showed an increasing trend up to 4 h post-dose and declined thereafter. The maximum plasma concentration (C_{max}) was 5.602 ± 1.433 and was observed at 4 h (T_{max}). A detectable concentration of enrofloxacin was observed till the last sampling time (96 h).

Following oral administration, all the fishes showed detectable plasma concentration at 15 minutes post-dose. The plasma concentration gradually increased with time up to 8 h and then declined. The maximum plasma concentration (C_{max}) of 3.380 ± 0.229 µg/ml was observed at 8 h (T_{max}). The detectable concentration of enrofloxacin was observed only in three fishes at the last sampling time point (96h).

Following bath exposure, all the fishes showed detectable plasma concentration at 15 min post-dose and there was a large variation in the initial plasma concentration among individual fishes, ranging from 0.302 to 3.696 µg/ml. The maximum mean plasma concentration of 4.785 ± 1.877 µg/ml was achieved at 4 h.

The pharmacokinetic parameters calculated using mean plasma concentration are given in Table 2. Following the intramuscular route of administration, elimination half-life ($t_{1/2}$), area under the curve ($AUC_{0-\infty}$), clearance (Cl/F), and volume of distribution (V_d/F) were 43.31 h, 166.51 µg.h.ml⁻¹, 0.06 L.h⁻¹.Kg⁻¹ and 3.75 L.Kg⁻¹, respectively. While after oral administration, the elimination half-life ($t_{1/2}$), area under the curve ($AUC_{0-\infty}$), clearance (Cl/F), and volume of distribution (V_d/F) were 34.65 h, 76.69 µg.h.ml⁻¹, 0.13 L.h⁻¹.Kg⁻¹ and 6.52 L.Kg⁻¹, respectively.

The elimination half-life of 21.66 h, $AUC_{0-\infty}$ of $75.45 \mu\text{g}\cdot\text{h}\cdot\text{ml}^{-1}$, clearance of $0.07 \text{ L}\cdot\text{h}^{-1}\cdot\text{Kg}^{-1}$ and volume of distribution of $2.07 \text{ L}\cdot\text{Kg}^{-1}$ were observed following bath exposure of enrofloxacin in rohu.

In the present study, enrofloxacin was detected in the plasma within 15 minutes of administration following oral, intramuscular, and bath exposure, and it was detected up to 96 hours in all fish following oral and intramuscular administration. After oral administration, the enrofloxacin was detected at 96 h in only three fishes. The results of the present study agree with Udomkunsri *et al.* (2007), who reported the presence of enrofloxacin in plasma up to 96 h post-dosing following intramuscular, oral, and bath exposure.

In the present study, C_{max} was $5.60 \mu\text{g}/\text{ml}$ after intramuscular administration at $10 \text{ mg}/\text{kg}$ body weight. Udomkunsri *et al.* (2007) reported C_{max} of $4.59 \mu\text{g}/\text{ml}$ in Koi carp at the same dose rate. In a similar study, C_{max} was reported to be $2.29 \mu\text{g}/\text{ml}$ in Crucian carp with the same dose rate (Shan *et al.*, 2018). In comparison to the previous studies, the C_{max} was found to be greater in the present study, which indicates better absorption of the drug.

The T_{max} in the present study was 4 h following intramuscular administration, similar to the T_{max} value (4.08 h) reported by Shan *et al.* (2018) for crucian carp. Udomkunsri *et al.* (2007) reported a lower T_{max} of 1 h in Koi carp with the same dose rate.

The area under the curve ($AUC_{0-\infty}$) in the present study was $166.51 \mu\text{g}\cdot\text{h}\cdot\text{ml}^{-1}$ after intramuscular route. The AUC values obtained in the present study were higher compared to the value reported in Koi carp ($82.7 \mu\text{g}\cdot\text{h}\cdot\text{ml}^{-1}$) at the same dose rate (Udomkunsri *et al.*, 2007). However, Shan *et al.* (2018) reported a higher AUC value of $223.46 \mu\text{g}\cdot\text{h}\cdot\text{ml}^{-1}$ in crucian carp at the same dose rate. The Mean residence time (MRT) in the present study was 55.25 h following intramuscular administration and it was higher than the MRT value (23.8 h) reported in Koi carp with the same dose rate (Udomkunsri *et al.*, 2007).

The Half-life ($t_{1/2}$) in the present study following intramuscular administration was found to be 43.31 h, which was considerably longer than the half-life (17.9 h) reported in Koi carp (Udomkunsri *et al.*, 2007) but lower than that in Crucian carp at the same dose rate (80.95 h, Shan *et al.* 2018). The Clearance (Cl/F) in the present study was $0.06 \text{ L}\cdot\text{h}^{-1}\cdot\text{Kg}^{-1}$ which is comparable to the clearance value ($0.04 \text{ L}\cdot\text{h}^{-1}\cdot\text{Kg}^{-1}$) reported in Crucian carp (Shan *et al.*, 2018). However, Udomkunsri *et al.* (2007) reported a higher clearance of $0.121 \text{ L}\cdot\text{h}^{-1}\cdot\text{Kg}^{-1}$ in Koi carp at the same dose rate. The volume of distribution (V_d/F) after the intramuscular route was $3.75 \text{ L}/\text{kg}$, and it was higher than the values ($3.1 \text{ L}/\text{kg}$) reported in Koi carp (Udomkunsri *et al.*, 2007) but lower than the values ($5.23 \text{ L}/\text{kg}$) reported in crucian carp (Shan *et al.*, 2018).

The C_{max} ($4.785 \mu\text{g}/\text{ml}$) observed in the present following bath exposure was higher than the C_{max} values reported in Koi carp ($0.86 \mu\text{g}/\text{ml}$) by Udomkunsri *et al.* (2007) and in Crucian carp ($0.36 \mu\text{g}/\text{ml}$) by Shan *et al.* (2018). In another study, Lewbart *et al.* (1997) reported a C_{max} value of $0.17 \mu\text{g}/\text{ml}$ at 2 h following removal from the bath with a lesser dose rate ($2.5 \text{ mg}/\text{l}$) in red pacu fish. The C_{max} was found to be greater than in previous studies, which indicates better absorption of the drug in the body of the fish.

The T_{max} in the present study was 4 h following bath exposure. However, lower T_{max} values (0.25 h) were reported in Koi carp by Udomkunsri *et al.* (2007) following a similar dose of exposure. Lewbart *et al.* (1997) reported a T_{max} value of 2 h in red pacu fish following bath exposure of enrofloxacin at the dose of $2.5 \text{ mg}/\text{l}$. Compared to the previous studies, the T_{max} in the present study was longer, implying a slower rate of absorption of enrofloxacin following bath exposure.

Enrofloxacin exhibited higher AUC values ($75.45 \mu\text{g}\cdot\text{h}\cdot\text{ml}^{-1}$) in rohu following bath exposure than Koi carp ($29.1 \mu\text{g}\cdot\text{h}\cdot\text{ml}^{-1}$, Udomkunsri *et al.*, 2007) and Crucian carp ($14.91 \mu\text{g}\cdot\text{h}\cdot\text{ml}^{-1}$, Shan *et al.*, 2018) which indicates better availability of the drug in rohu. The MRT of enrofloxacin (27.49 h) in the present study was higher than the value reported (75.3 h) in Koi carp by Udomkunsri *et al.* (2007). The Clearance

(Cl/F) of enrofloxacin following bath exposure ($0.07 \text{ L.h}^{-1}.\text{Kg}^{-1}$) was lower than that in Koi carp with the same dose rate ($0.172 \text{ L.h}^{-1}.\text{Kg}^{-1}$, Udomkusonsri *et al.*, 2007). The volume of distribution (Vd/F) following bath exposure was lower (2.07 L/kg) compared to Koi carp (10.4 L/kg , Udomkusonsri *et al.*, 2007) at the same dose rate.

In the present study, a half-life ($t_{1/2}$) of 21.66 h was observed following bath exposure, which was lower than the values reported in Koi carp (42.1 h, Udomkusonsri *et al.*, 2007) and Crucian carp (62.17 h, Shan *et al.*, 2018) with the same dose rate, i.e., 5 mg/l for 5 hours. The elimination half-life obtained in the present study indicates faster elimination of enrofloxacin in rohu compared to crucian carp and koi carp.

The C_{\max} ($3.38 \mu\text{g/ml}$) observed after oral administration of enrofloxacin is in agreement with the values reported by Shan *et al.* (2018) in Crucian carp ($3.24 \mu\text{g/ml}$). However, a higher C_{\max} ($14.36 \mu\text{g/ml}$) was reported by Udomkusonsri *et al.* (2007) in Koi carp, whereas Fang *et al.* (2016) reported a lower C_{\max} of $1.86 \mu\text{g/ml}$ in snakehead fish following oral administration of enrofloxacin at the same dose level. Variable C_{\max} values are reported for enrofloxacin in various fishes. C_{\max} was reported to be $0.8 \mu\text{g/ml}$ in red pacu fish (Lewbart *et al.*, 1997) and $1.39 \mu\text{g/ml}$ in seabass (Intorre *et al.*, 2000) after single oral administration at 5 mg/kg body weight. In largemouth bass, C_{\max} was reported to be $10.99 \mu\text{g/ml}$ after a single oral administration at 20 mg/kg body weight (Shan *et al.*, 2020).

In the present study, the T_{\max} of enrofloxacin after the oral route was 8 h. Several reports showed a wide range of T_{\max} in various fish species. Following a single oral dose of 10 mg/kg body weight, the values recorded in different fish species were 3.31 hours in snakehead fish (Fang *et al.*, 2016), 0.68 hours in Crucian carp (Shan *et al.*, 2018), and 0.25 hours in Koi carp (Udomkusonsri *et al.*, 2007). The T_{\max} observed in the present study was higher than the reported values, indicating a slower rate of absorption of enrofloxacin in rohu. Similar to our results, Intorre *et al.* (2000) reported a T_{\max} of 8 h in Sea bass after a single oral dose of 5 mg/kg and Shan *et al.* (2020) reported a T_{\max} of 10.99 h in largemouth bass after a single oral dose of 20 mg/kg body weight. However, Lewbart *et al.* (1997) reported a very high T_{\max} value of 36 h in red pacu fish after an oral dose of 5 mg/kg body weight. This variation in the values could be due to the difference in species, age of the fish, etc.

The area under the curve ($\text{AUC}_{0-\infty}$) of enrofloxacin in rohu after oral administration was $76.69 \mu\text{g.h.ml}^{-1}$ and it was comparable to the values reported by Udomkusonsri *et al.* (2007) in Koi carp ($156.4 \mu\text{g.h.ml}^{-1}$) and by Shan *et al.* (2018) in Crucian carp ($162.72 \mu\text{g.h.ml}^{-1}$). However, Fang *et al.* (2016) reported a lower AUC value ($49.98 \mu\text{g.h.ml}^{-1}$) in snakehead fish after an oral dose of 10 mg/kg body weight. In studies conducted with a lesser dose (5 mg/kg body wt.), AUC was reported to be $26.5 \mu\text{g.h.ml}^{-1}$ in red pacu fish (Lewbart *et al.*, 1997) and $65.93 \mu\text{g.h.ml}^{-1}$ in sea bass (Intorre *et al.*, 2000). In largemouth bass, AUC was reported to be $1185.73 \mu\text{g.hr.ml}^{-1}$ after a single oral dose of 20 mg/kg body weight (Shan *et al.*, 2020).

The MRT value of enrofloxacin after the oral route was 40.82 h and it was comparable to the MRT value (43.48 h) reported in sea bass by Intorre *et al.* (2000) following an oral dose of 5 mg/kg body wt. However, Udomkusonsri *et al.* (2007) reported lower MRT values of 23 h in Koi carp at the same dose.

Enrofloxacin exhibited a half-life ($t_{1/2}$) of 34.65 h after oral administration in rohu. Similar to the present study results, Fang *et al.* (2016) reported $t_{1/2}$ of 35.80 h after an oral dose of 10 mg/kg body weight. However, varied $t_{1/2}$ values were reported at the same dose level in various fishes. Udomkusonsri *et al.* (2007) reported lower $t_{1/2}$ of 16.6 h Koi carp, whereas Shan *et al.* (2018) reported higher values of 62.17 h in Crucian carp at the same dose level. Similarly, Shan *et al.* (2020) reported higher $t_{1/2}$ values of 90.79 h in largemouth bass after a single oral dose of 20 mg/kg body weight.

The clearance of enrofloxacin in rohu ($0.13 \text{ L.h}^{-1}.\text{Kg}^{-1}$) after oral administration was higher compared to the clearance of enrofloxacin reported in Koi carp ($0.064 \text{ L.h}^{-1}.\text{Kg}^{-1}$) by Udomkusonsri *et al.* (2007) and in Crucian carp ($0.06 \text{ L.h}^{-1}.\text{Kg}^{-1}$) by Shan *et al.* (2018). However, a higher clearance ($0.20 \text{ L.h}^{-1}.\text{Kg}^{-1}$) value

was reported in snakehead fish after an oral dose of 10 mg/kg body weight. (Fang et al., 2016). In another study with a higher dose rate (20 mg/kg body wt.), a lower clearance value ($0.017 \text{ L}\cdot\text{h}^{-1}\cdot\text{Kg}^{-1}$) was reported in largemouth bass (Shan et al., 2020). In the present study, the volume of distribution (V_d/F) of enrofloxacin was 6.52 L/kg, which was higher than the values reported for Koi carp (1.5 L/kg, Udomkusonsri et al., 2007) and Crucian carp (5.51 L/kg, Shan et al. (2018) at the same dose level. In another similar study, V_d was reported to be 2.21 L/kg in the largemouth bass after a single oral dose of 20 mg/kg body weight (Shan, 2020).

In the present study, higher C_{\max} values were obtained in the intramuscular and lower C_{\max} values in the oral route, indicating that enrofloxacin absorption was better in the intramuscular compared to other oral and bath exposures. The AUC of enrofloxacin was higher following the intramuscular route than other routes, indicating better absorption than the intramuscular route. However, AUC values were comparable following oral administration and bath exposure. In the present study, V_d ranged from 2.07 L – 6.52 L following different routes of administration, indicating the wide distribution of enrofloxacin in the body tissues of rohu by all routes. The larger V_d of enrofloxacin could be due to its high lipophilic solubility and low ($\leq 8.8\%$) plasma protein binding (Uney et al., 2021). In the present study, the clearance rate was found to be higher in the oral route compared to other routes. Clearance of enrofloxacin in rohu was comparable following intramuscular and bath exposure. The half-life is very short following bath exposure, which is reflected by shorter MRT, indicating shorter persistence of the drug following bath exposure. MRT was found to be lower following bath exposure compared to the other two routes of administration.

Integration of pharmacokinetic (PK) and pharmacodynamic (PD) parameters is done to assess the clinical efficacy of an antimicrobial agent. The area under the plasma concentration-time curve (AUC) and maximum plasma concentration (C_{\max}) are the widely used PK parameters, while minimal inhibitory concentration (MIC) is the most commonly used PD parameter. The three PK-PD indices are $AUC_{24 \text{ h}}/\text{MIC}$, C_{\max}/MIC , and $T > \text{MIC}$.

For concentration-dependent antibacterials like enrofloxacin, $AUC_{24 \text{ h}}/\text{MIC}$ and C_{\max}/MIC are the best indicators of the clinical efficacy of the drug (Uney et al., 2021). Since MIC studies were not conducted in this study, MIC values reported by other authors were used for PK-PD integration. The MIC_{90} values for fish pathogens like *Aeromonas hydrophila* and *Flavobacterium columnare* were reported to be $0.25 \mu\text{g}/\text{m l}$ (Zhao et al., 2019) and $0.125 \mu\text{g}/\text{m l}$ (Declercq et al., 2013), respectively.

The pharmacodynamics predictors of $AUC_{24 \text{ h}}/\text{MIC}$ ratios ≥ 125 and C_{\max}/MIC ratios ≥ 10 have been reported to provide clinical and bacteriological success and prevent resistance emergence (Shan et al., 2022). Considering the MIC_{90} value of 0.30, $AUC_{24 \text{ h}}/\text{MIC}$ and C_{\max}/MIC of enrofloxacin were found to be above 125 and 10, respectively, following all three routes of administration and it satisfies the recommended surrogate values, which suggest high efficacy of the drug against common pathogens of fish, *Aeromonas hydrophila* and *Flavobacterium columnare*.

4. CONCLUSION

In conclusion, we found that enrofloxacin achieves sufficient plasma concentration following intramuscular, oral, and bath exposure and can be used for the treatment of bacterial infections of fish with MIC of $0.3 \mu\text{g}/\text{ml}$.

DATA AVAILABILITY STATEMENT

The authors confirm that the data supporting the findings of this study are available within the article and its supplementary materials.

ANIMAL WELFARE AND ETHICS STATEMENT

This Project was approved by the research approval committee of the Institute of Fisheries Post Graduate Studies, TNJFU, Vaniyanchavadi, Chennai-603103

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FIGURES

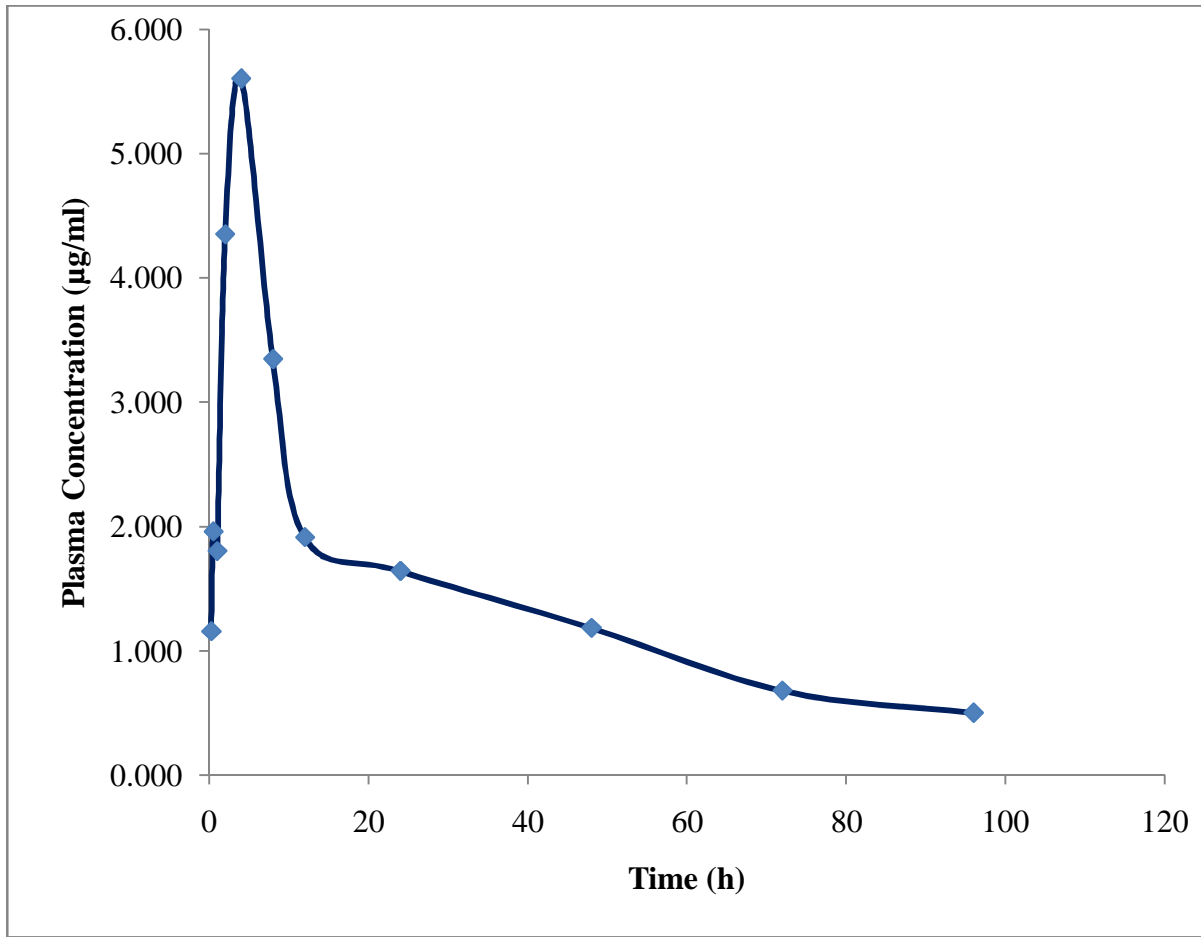


Fig 1: Mean Plasma concentration-time curve of enrofloxacin after single intramuscular administration (10 mg/kg) in rohu fish

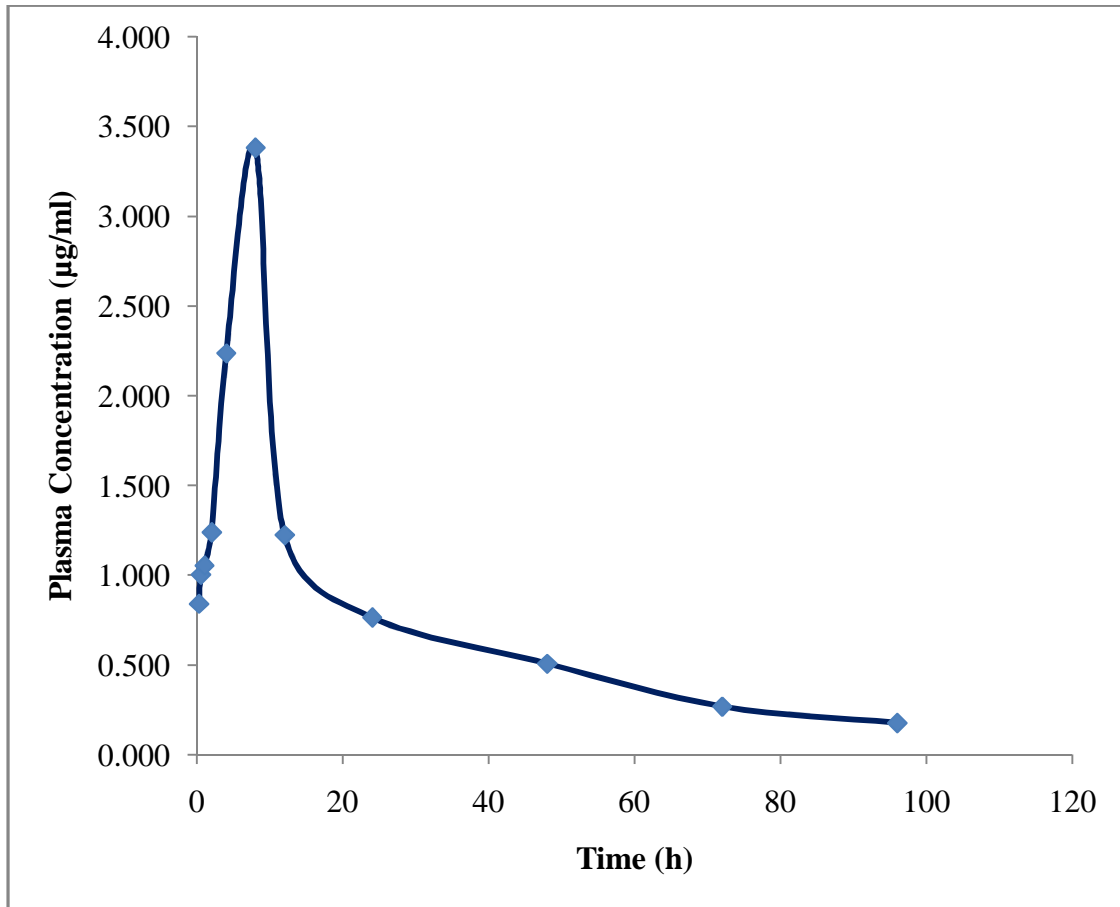


Fig 2: Mean Plasma concentration-time curve of enrofloxacin after single oral administration (10 mg/kg) in rohu fish

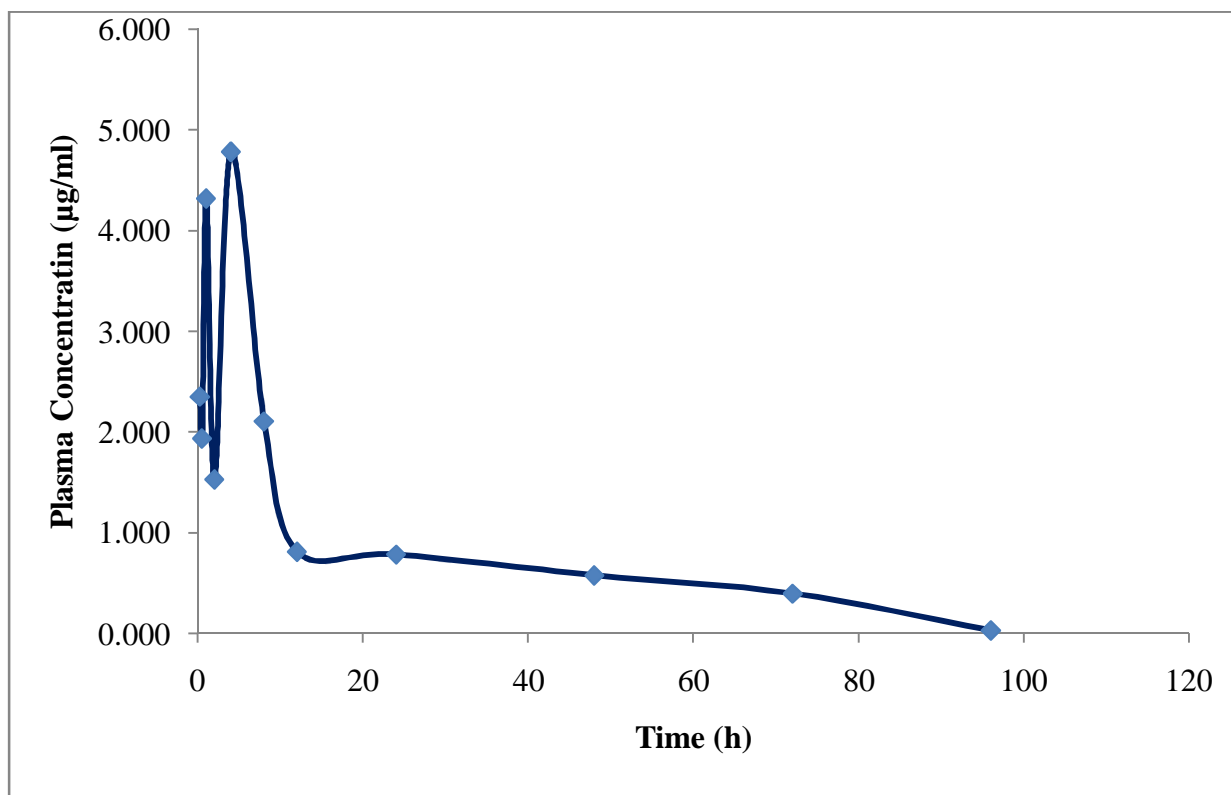


Fig 3: Mean Plasma concentration-time curve of enrofloxacin after bath administration immersion (5 mg/L for 5 h) in rohu fish

Table 1. Comparison of mean Plasma concentration of enrofloxacin after administration by three routes – intramuscular, oral, bath exposure

Time (h)	Mean Plasma concentration (µg/ml)		
	Intramuscular	Oral	Bath exposure
0.25	1.158	0.840	2.353
0.5	1.961	1.002	1.938
1.0	1.803	1.055	4.322

2	4.350	1.238	1.531
4	5.602	2.235	4.785
8	3.347	3.380	2.107
12	1.914	1.223	0.813
24	1.644	0.765	0.786
48	1.186	0.507	0.579
72	0.681	0.268	0.398
96	0.504	0.177	0.033

Table 2. Pharmacokinetic parameters of enrofloxacin following different routes of administration – intramuscular, oral and bath exposure

Parameter	Unit	Intramuscular	Oral	Bath exposure
C _{max}	µg.mL ⁻¹	5.60	3.38	4.79
T _{max}	h	4	8	4
β	h ⁻¹	0.02	0.02	0.03
t _{1/2}	h	43.31	34.65	21.66
AUC _{0-t}	µg.h.mL ⁻¹	135.01	67.84	74.14
AUC _{0-∞}	µg.h.mL ⁻¹	166.51	76.69	75.45
AUMC _{0-t}	µg.h ² .mL ⁻¹	4207.11	1838.63	1943.00
AUMC _{0-∞}	µg.h ² .mL ⁻¹	9199.86	3130.73	2074.22

MRT	h	55.25	40.82	27.49
Cl/F	$L \cdot h^{-1} \cdot Kg^{-1}$	0.06	0.13	0.07
VD/F	$L \cdot Kg^{-1}$	3.75	6.52	2.07

UNDER PEER REVIEW