

1 **Gene expression and Doppler flowmetry of the reproductive tract in Nelore (*Bos***  
2 ***indicus*) cows synchronized with estradiol and equine chorionic gonadotrophin**

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21  
22 **Abstract**

23 Forty Nelore cows were submitted to timed artificial insemination (TAI) protocol and  
24 randomly assigned to groups according to estradiol (E2) ester (cypionate or benzoate,

1 i.e. EC or EB) and equine chorionic gonadotrophin treatment (eCG or No-eCG) in a  
2 factorial 2x2 design. On a random day of the estrous cycle (Day 0), cows received a P4  
3 intravaginal device plus 2 mg im injection of EB. At the time of P4 device removal  
4 (Day 8) cows were treated with 0.150 mg im of D-cloprostenol (PGF) and randomly  
5 divided to receive or not 400 UI im of eCG; as well as randomly assigned to receive 1  
6 mg of EC immediately (D8), or 1 mg of BE, 24 hours after it (D9) as ovulatory stimuli.  
7 Therefore, the groups formed were EC, EC+eCG, EB and EB+eCG. Were evaluated the  
8 effects of treatments on VEGF, OXTR and PGR gene expression, E2/P4 concentrations  
9 and Doppler-flowmetry of the reproductive tract of the investigated models. Ovulation  
10 rate was higher in animals subjected to the EC + eCG treatment ( $P < 0.05$ ). Follicular  
11 vascularization was not influenced by the ovulation inducer ( $P > 0.05$ ), although it was  
12 influenced by the eCG treatment ( $P < 0.05$ ). EB enabled higher vascularized area rate in  
13 CL ( $P = 0.0192$ ). VEGF and PGR genes were more expressed in animals treated with  
14 EB and eCG. On the other hand, OXTR expression was less evident in eCG-treated  
15 cows. EC has led to higher E2:P4 ratio in follicular fluid. This outcome indicated higher  
16 follicular estrogenic activity at D10, which justified the higher ovulation rate, when EC  
17 was associated with eCG ( $P < 0.05$ ). Finally, the results of the present study corroborate  
18 the hypothesis that the different E2 esters and eCG differentially regulate  
19 vascularization, steroidogenesis and utero-ovarian gene expression in *Bos indicus* cows  
20 submitted to TAI protocols.

21 **Keywords:** timed artificial insemination, estradiol ester, gonadotrophin, genes,  
22 ultrasound.

## 1 **1. Introduction**

2           Reproductive efficiency is the trait that mostly influences commercial cattle  
3 herds' productivity and profitability. The programmed use of reproductive hormones,  
4 and of their analogues, in timed artificial insemination (TAI) protocols is the main  
5 strategy adopted to increase the service rate of cows in reproduction processes. This  
6 procedure allows synchronizing both the ovulation and insemination of all females  
7 available for reproduction. However, mean fertilization rates at the first artificial  
8 insemination procedure have historically reached 50% [1,2], and it indicates that a  
9 significant number of inseminated females failed to get pregnant.

10           Different strategies have been suggested to help improving the effectiveness of  
11 synchronization techniques applied to TAI. Among them, one finds the use of equine  
12 chorionic gonadotropin (eCG) to stimulate preovulatory follicle growth, increase  
13 progesterone (P4) corpus luteum (CL) production and improve pregnancy rates [3-5]. In  
14 addition, estradiol benzoate (EB) is administered at early protocol application stage in  
15 order to induce atresia in developing follicles, and it leads to the emergence of new  
16 follicular wave [6]. More recently, estradiol cypionate (EC) has been widely used at  
17 intravaginal device removal time in order to induce LH peak between 45 and 49 hours,  
18 as well as ovulation between 67 and 70 hours after treatment [7].

19           The use of these exogenous hormones in TAI protocols leads to differential gene  
20 expression in bovine endometrium [8]. Genomic effects of steroid hormones, estradiol  
21 (E2) and P4 on the endometrium are mainly mediated by their connection to their  
22 receptors [9,10]. Among the genes of importance in this context, one finds VEGF  
23 (vascular endothelial growth factor), OXTR (oxytocin receptor) and PGR (progesterone

1 receptor), which are associated with angiogenesis, follicular and uterine development  
2 [11,12], as well as with uterine receptivity for embryonic implantation [13-15].

3 Changes in P4 serum concentrations at early luteal stage can lead to temporal  
4 variations in the composition and number of transcripts in bovine endometrium [16,17].  
5 E2 increases the expression of its own receptors, as well as of PGR and OXTR in the  
6 endometrium [9,18,19].

7 In addition, exogenous hormones are capable of modulating the blood vascular  
8 pattern in animals' reproductive tract [20,21]. The uterus of female cattle, as well as of  
9 other species, undergoes physiological changes throughout the estrous cycle and each  
10 cycle stage is directly linked to uterine vascular perfusion [22,23]. These changes are  
11 regulated by steroidal hormones and by a network of complex interactions between  
12 local growth factors secreted by the uterine epithelium and stroma [23-25].

13 E2 is a steroidal hormone known for its vasodilatory effect [26,27], whereas P4  
14 increases uterine receptivity to the embryo through the induction of endometrial  
15 angiogenesis [28]. Some studies have emphasized the influence of eCG administration  
16 on CL formation and vascularization, as well as on P4 production and increased uterine  
17 blood flow, both in embryo recipients and donors [29-31].

18 Thus, gene expression and blood vascular pattern in the reproductive tract can be  
19 regulated by exogenous hormones used in TAI protocols. Therefore, the aim of the  
20 current study was to analyze the influence of hormonal protocols on hemodynamics and  
21 gene expression, which are directly linked to follicles' ovulatory capacity, CL  
22 development, gonadal steroidogenesis and associated endometrial responses.

## 23 **2. Materials and Methods**

### 24 **2.1 Study site and animals**

1           The current study was carried out in a commercial farm in Barra do Corda  
2 County, Maranhão State, Brazil (latitude 5°30'21" South and longitude 45°14'34"  
3 West). Animal models were kept in extensive breeding system comprising Mombasa  
4 grass pasture (*Megathyrus maximus*), mineral supplementation and water *ad libitum*.  
5 The experiment comprised 40 multiparous lactating Nelore (*Bos indicus*) cows, at mean  
6 age  $48.0 \pm 0.0$  months, in anestrus, with postpartum period ranging from 35 to 60 days,  
7 and body condition score (BCS) of  $3.0 \pm 0.0$ , based on Machado et al. [32].

8           Experimental procedures were approved by the Ethics Committee on Animal  
9 Research of Federal University of Maranhão (CEUA-UFMA), under Protocol N.  
10 23115.014522/2020-37.

## 11 **2.2 Experimental design**

12           Nelore cows were submitted to timed artificial insemination (TAI) protocols and  
13 randomly assigned to groups according to E2 ester (EC or EB) and eCG treatment (eCG  
14 or No-eCG) in a factorial 2 x 2 arrangement (Figure 1). The experiment followed a  
15 complete randomized block design (RCBD). For grouping the experimental units into  
16 homogeneous groups or blocks based in similar ovulatory potential, the cows were  
17 stratified according to the dominant follicle diameter at P4 device removal time (D8;  
18 day 18 of protocol application) and allocated to 4 treatments with 10 cows each.

## 19 **2.3 Hormonal protocol**

20           At the start of the study (designated Day 0), all cows were given a intravaginal  
21 P4 device (1 g of P4; Sincrogest®, Ourofino, São Paulo, Brazil) and 2 mg of EB im  
22 (EB; Estrogin®, Farmavet, São Paulo, Brazil). On Day 8, P4 devices were removed and  
23 cows received 0.150 mg of D-cloprostenol im (PGF; Prolise®, Arsa, Buenos Aires,  
24 Argentina). At this time (D8), the cows were randomly divided to receive or not 400 UI

1 of eCG im (SincroeCG®, Ourofino, São Paulo, Brazil); as well as randomly assigned to  
2 receive 1 mg of EC (ECP®, Zoetis Saúde Animal, São Paulo, Brazil) immediately (D8),  
3 or 1 mg of BE, 24 hours after it (D9) (Figure 1). Therefore, the groups formed were EC  
4 (n=10), EC + eCG (n=10), EB (n=10) and EB + eCG (n=10).

#### 5 **2.4 Ultrasound evaluations**

6 Animals were subjected to 5 ultrasound evaluations at protocol application days  
7 0, 8, 9, 10 and 18 (Figure 1); these evaluations were performed with the aid of  
8 ultrasound device (Mindray®, Model Z5Vet, Digital Ultrasonic Diagnostic Imaging  
9 System) equipped with 7.5 MHz transrectal linear multifrequency transducer.

10 Examination was initially performed in bidimensional mode (B-mode; gray  
11 scale) in order to identify the uterine-ovarian structures and measure the diameters of  
12 the dominant follicle (DF) and the *corpus luteum* (CL). Next, Color-Doppler mode was  
13 activated to determine the blood perfusion area in the structures; images were recorded  
14 for further analysis (Figure 2).

15 One-minute-long real-time continuous cross-section scanning of uterine horns  
16 and ovaries was recorded in order to show the largest blood perfusion area possible with  
17 better quality image (adapted from Ferreira et al. [33]). The vascular perfusion area (in  
18 color) proportional to the total area of uterus and ovaries (0 to 100%) was subjectively  
19 assessed by six appraisers. The maximum and minimum scores were discarded whereas  
20 the median scores were used. Objective evaluations were performed based on the  
21 intensity of the colored images (in number of pixels), as previously described for mares  
22 and heifers [34-36]. The number of colored pixels in the analyzed images was counted  
23 in image editing software (Adobe Photoshop CS5) in order to measure the extension of

1 the uterine horn, ovary, follicular wall and corpus luteum vascularization at pixel scale  
2 [37] (Figure 2).

### 3 **2.5 Follicular fluid recovery in vivo**

4 Dominant follicle aspiration was carried out at the end of the synchronization  
5 protocol (D10) - which corresponded to TAI time – to enable follicular fluid recovery in  
6 vivo, which was guided by ultrasound equipped with guiding device for the Ovum  
7 Pickup 10-gauge needle. Follicular content was recovered through aspiration, based on  
8 the application of manual negative pressure, via Teflon circuit (Wtavet®, Brazil) - 2  
9 mm in internal diameter and 80 cm in length - connecting the needle directly to a 10 mL  
10 syringe.

### 11 **2.6 Uterine biopsy**

12 Uterine endometrium sample was collected at follicular aspiration time (D10). It  
13 was removed from the region of the middle curvature of the uterine horn ipsilateral to  
14 the ovulatory follicle, with the aid of Yomann forceps, through transcervical access.  
15 Next, collected fragments were stored in RNALater® (Ambion, Austin, USA) at -20°C,  
16 until mRNA extraction, reverse transcription and real-time PCR at the laboratory.

### 17 **2.7 RNA extraction and cDNA synthesis**

18 Total mRNA was extracted by using the RNeasy Micro Kit (Qiagen GmbH,  
19 Hilden, Germany), according to manufacturer's specifications, and treated with Dnase.  
20 Total RNA in 1 µL of sample was quantified through spectrophotometry with the aid of  
21 ND-100 spectrophotometer (NanoDrop, Wilmington, USA). The mRNA was  
22 retrotranscribed into cDNA by using the Super Script III First-Strand Synthesis System  
23 commercial kit for RT-PCR (Invitrogen, Carlsbad, CA, USA), for the final volume  
24 reaction of 20 µL. In addition, 3.0 µL of DEPC water, 1.0 µL of Random Hexamer (50

1  $\mu\text{g} / \mu\text{L}$ ), 1.0  $\mu\text{L}$  of Anneling Buffer, 2.0  $\mu\text{L}$  of RNase OUT™ Enzyme Mix, 10.0  $\mu\text{L}$  of  
2 2x First were used for cDNA synthesis -Strand Reaction Mix. The following parameters  
3 were used for cDNA synthesis: 65°C for 5 minutes, incubation in ice for 1 minute, 25°C  
4 for 10 minutes and 50°C for 50 minutes. Subsequently, cDNA was subjected to  
5 conventional PCR to assess whether the amount of RNA was enough, or not. Samples  
6 were subjected to electrophoresis in 2% agarose gel, right after PCR, in order to confirm  
7 fragment size.

## 8 **2.8 Quantitative real time RT-PCR (RT-qPCR)**

9 RT-qPCR was performed based on 2.5  $\mu\text{L}$  of cDNA, 10  $\mu\text{M}$  of primer pair  
10 specific to each gene and 12.5  $\mu\text{L}$  of Platinum SYBR Green qPCR SuperMix (Platinum  
11 SYBR Green qPCR SuperMix - with ROX, Invitrogen) at final volume of 20  $\mu\text{L}$  per  
12 reaction. The following parameters were used for RT-qPCR: 50 °C for 2 min, 95°C for  
13 10 min, 40 cycles of 95 °C for 15 seconds and 60 °C for 1 minute; RT-qPCR was  
14 conducted in ABI 7500 thermocycler (Applied Biosystems). Data were analyzed based  
15 on the comparative Ct method [38]. Ct values were normalized based on GAPDH  
16 expression. The sequence of used primers is described in Table 1.

## 17 **2.9. E2 and P4 concentrations in follicular fluid and blood plasma**

18 Blood samples were collected after each ultrasound evaluation in order to  
19 determine serum concentrations of ovarian steroid hormones such as P4 and E2. In  
20 order to do so, animals' caudal vein was punctured and blood was directly collected in  
21 10 mL Vacutainer® vacuum tubes, without anticoagulant (Becton-Dickinson &  
22 Company, USA), at room temperature. Each sample was centrifuged (3,000 g for 10  
23 minutes; Excelsa Baby® Centrifuge, Fanem, Brazil) right after collection; the serum  
24 was separated from the sample, labeled and stored in sterile tubes at -20°C. Samples



1 were diluted in PBS to adapt to the standard curve of the quantification kit to enable  
2 determining the steroid hormone (P4 and E2) concentrations in follicular fluid. The  
3 aforementioned dilution was performed due to high E2 (dilution ratio 1:100) and P4  
4 (dilution ratio 1:50) concentrations in follicular fluid.

5 Analyses were based on the immunoenzymatic assay technique (ELISA); they  
6 used commercial kits to determine progesterone and estradiol in solid phase  
7 (Progesterone ELISA and 17beta-Estradiol ELISA kit, IBL International).

## 8 **2.10 Statistical analysis**

9 Data analysis was performed in the Statistical Analysis System for Windows  
10 SAS® software (version 9.4. SAS Inst. Inc., Cary, NY, USA). Normality of residues for  
11 each variable was analyzed through Shapiro-Wilk test (SAS PROC UNIVARIATE  
12 application). Whenever necessary, data were transformed (logarithm in base 10 - Log10  
13 X) to meet the assumptions of the analysis of variance. Continuous dependent variables  
14 (follicular diameter and pixels) were subjected to ANOVA and expressed as mean and  
15 standard error of the mean (mean  $\pm$  SEM), whereas means between treatments were  
16 compared through Duncan test (PROC GLM from SAS). Ovulation rate was featured at  
17 D18, based on the identification of corpus luteum formed after the luteinization of the  
18 dominant follicle aspirated at D10 [39], and analyzed through Fisher's exact test  
19 (GraphPad InStat®) [40]. Hormonal concentrations, follicular vascularization area and  
20 mRNA expression for PGR, VEGF and OXTR genes have shown non-normal  
21 distribution; the model was adjusted for Poisson distribution and they were analyzed  
22 through Poisson regression (PROC GLIMMIX from SAS), based on Wang et al. [41]  
23 and Svensson et al. [42].

1           The association between variables was investigated based on the Principal  
2 Component Analysis (PCA) method in Statistica 7.1 software [43]. According to the  
3 aforementioned method, the two produced axes graphically represent the strongest data  
4 pattern, i.e., it explains the important role played by the two main components in total  
5 data variation. The significance level to reject H<sub>0</sub> (null hypothesis) was 5%, i.e. a  
6 significance level lower than 0.05 indicated the effect of the classificatory variables and  
7 of the interactions between them.

### 8 **3. Results**

9           Dominant follicle and corpus luteum diameter did not differ among treatments  
10 ( $P > 0.05$ ). Ovulation rate was significantly higher in animals subjected to the EC +  
11 eCG treatment than in those subjected to EC ( $P < 0.05$ ). Groups treated with EB did not  
12 show the effect of eCG on ovulation rate, whereas groups treated with EC and E + eCG  
13 have shown intermediate ovulation rate ( $P > 0.05$ ). Overall, there was no interaction  
14 between inducers and eCG (Inducer x eCG) in DF and CL diameters or in ovulation rate  
15 (Table 2).

16           There was no significant difference in uterine vascularization area at D8 among  
17 treatments ( $P > 0.05$ ). However, there was effect of both EC and eCG administration,  
18 which significantly increased uterine vascularization, from D8 to D9 ( $P = 0.0006$ )  
19 (Table 3).

20           The ovulation inducer did not have effect on DF wall vascularization; however,  
21 eCG administration presented a significant interaction with E2 ester, as it increased DF  
22 vascularization only on D8 for EC and only on D9 for EB (E2 x eCG interaction =  
23 0.0019 on D8 and = 0.0058 on D9) (Table 3). This finding has shown that the best

1 vascular response of the inducer in the current study depended on its association with  
2 eCG and on its administration time (D8 for EC and D9 for EB).

3 Cows treated with EB recorded higher vascularized area rate both in CL ( $P =$   
4  $0.0192$ ) and in the uterus ( $P = 0.0315$ ), in the diestrus subsequent to protocol application  
5 (D18). On the other hand, there was no effect or interaction of EB with eCG ( $P > 0.05$ )  
6 (Table 3).

7 Animals treated with EC recorded higher E2:P4 ratio (Figure 3) in the follicular  
8 fluid collected at protocol application D10 (dominant preovulatory follicle).  
9 Surprisingly, this association was lower in groups treated with eCG. On the other hand,  
10 eCG had positive effect on P4 concentration increase in the subsequent diestrus (D18),  
11 mainly when it was associated with EC. Serum estradiol concentrations at D18 were  
12 similar to each other, regardless of the adopted treatment ( $P > 0.05$ ) (Figures 3 and 4).

13 Overall, EB has induced greater endometrial expression of the investigated  
14 genes ( $P < 0.0001$ ; Figure 5). E2 esters and eCG had isolated effect on VEGF-system  
15 gene expression, which was significantly higher in animals treated with EB ( $P <$   
16  $0.0001$ ), eCG ( $P < 0.0140$ ) and its association (EB + eCG;  $P < 0.05$ ) (Figures 5 and 6).  
17 There was also high OXTR gene expression in the group treated with EB ( $P < 0.0001$ ),  
18 although its expression was less evident in animals treated with eCG. The CE + eCG  
19 group has shown the lowest OXTR expression among treatments (Figures 5 and 6).  
20 PGR gene expression was also significantly higher in groups treated with BE ( $P <$   
21  $0.0001$ ) and the use of eCG had positive influence on the expression of this gene,  
22 regardless of the inducer ( $P < 0.0001$ ). This finding has shown that increased PGR  
23 expression depends on the use of eCG in association with inducers ( $P = 0.0002$ )  
24 (Figures 5 and 6).

1           The association between variables analyzed through Mode-B ultrasonography,  
2 uterine-ovarian Color-Doppler, ovarian steroids serum concentration and uterine gene  
3 expression was investigated through Principal Component Analysis (PCA) (Figure 7).  
4 Results have shown that the two main components, altogether, explained 40.21% of  
5 total data variation. Ovulation rate (OVU), OXTR and PGR were the most  
6 representative variables in Component 1, since they presented longer-length vectors that  
7 were closer to the Component 1 axis. DF vascularization (DFV) and follicular E2  
8 concentration (E2) were the variables that mostly contributed to Component 2; they  
9 were highly related to each other, but they were not related to OXTR and PGR. VEGF  
10 expression and uterus vascularization (UTV) have shown strong association with each  
11 other, since they formed acute angles between their respective vectors, as shown in  
12 Figure 7.

#### 13 **4. Discussion**

14           Although the current study did not find difference in follicular diameter among  
15 experimental groups, the use of inducers in association with eCG has influenced the  
16 higher ovulation rate observed for the CE + eCG group (100%). This outcome was  
17 already expected, since many other studies have shown that eCG leads to increased  
18 fertilization rate because it makes the LH preovulatory peak more consistent, as well as  
19 increases dominant follicles' responsiveness to ovulation inducers and increases  
20 ovulation rate, mainly in anestrous animals [30, 44-52]. In addition, according to Sá  
21 Filho et al. [53], EC accounts for increasing the incidence of estrus and for better  
22 pregnancy rates after AI than EB.

23           These results have shown that, despite the divergence of information about the  
24 synchronization capacity of ovulations induced by EC administration at P4 device

1 removal time, the use of this ovulation inducer resulted in fertilization rates similar to,  
2 or better than, those recorded for BE, in insemination procedures performed 48h  
3 [54,55], between 52 and 56h [56] and between 54 and 58h [57] after P4 removal. This  
4 outcome was mainly observed when EC was used in association with eCG, which has  
5 enhanced synchronization and luteinization, besides stimulating follicular development  
6 [58].

7 Thus, EC administration at the P4 device removal day (three management  
8 protocol; Torres-Júnior et al. [59]) has been widely used to replace BE as ovulation  
9 inducer, without compromising indices recorded for progesterone plus eCG-based  
10 protocols. Thus, EC is an alternative used to simplify synchronization programs, since it  
11 enables reducing the number of times animals should be managed without affecting  
12 synchronization treatment effectiveness, mainly in large herds [56,57,60,61].

13 Endometrial blood vascularization is an important factor in uterine receptivity to  
14 the fetus [62]. The vascularized uterine area rate (%) observed in the current study has  
15 changed among treatments, from 24 hours after P4 device removal onwards (D9). It  
16 may have happened due to decreased P4 concentration after P4-device withdrawal and  
17 to animals' sequential exposure to E2, which have led to vasodilation and,  
18 consequently, to increased uterine vascular flow [63]. Another recent study has shown  
19 that dairy cows subjected to 10 mg of intramuscular EB application during the  
20 postpartum period, as well as to color Doppler ultrasound assessment, have shown  
21 increased blood flow volume and speed, as well as uterine artery diameter [64].

22 The action of eCG in increasing uterine blood flow was also notable in the  
23 current study, mainly when it was associated with EB. The use of gonadotropins such as  
24 FSH, hCG or eCG in TAI protocols has increased follicular estradiol concentrations

1 [65]; estradiol worked as important vasodilator in the uterine artery [26,66]. In addition,  
2 other studies have positively correlated increased uterine blood flow to estrogen levels  
3 during estrus in cows [20,21,67]. Honnens et al. [31] observed increased blood flow  
4 volume and decreased uterine artery pulsatility index in a study conducted with cows  
5 subjected to superovulation treatment with gonadotropins.

6 Animals treated with one of the estradiol esters, either with benzoate or  
7 cypionate, did not show changes in the blood vascular pattern of DF, when they were  
8 not subjected to concomitant eCG application. However, each ovulation inducer, used  
9 in association with eCG, has induced vascular flow increase in DF, at its respective  
10 administration day (EC at D8 and EB at D9). The group treated with EB presented  
11 permanent vascularization increase from D9 to D10; this outcome was likely influenced  
12 by increased intra-follicular E2 concentrations in this group in comparison to the one  
13 treated with EC. It may have happened in response to the increased pharmacological  
14 bioavailability of EB. Vynckier et al. [68] have observed fast increase in E2 level in the  
15 blood plasma of Holstein cows treated with 10 mg of EB; the maximum E2 level was  
16 recorded between 1 and 23 hours after EB application. On the other hand, these very  
17 same authors have observed later peak plasma E2 concentrations, after EC  
18 administration. Similar outcome was reported by Sales et al. [7], who observed LH peak  
19 approximately 30 hours after EC administration and area under the curve twice as  
20 persistent in comparison to that of EB ( $8.6 \pm 0.2$  vs  $16.5 \pm 1.0$ ;  $P < 0.05$ ) [7].

21 Blood vascularization at follicle margin throughout proestrus and estrus is quite  
22 discreet; it presents noticeably increased blood flow approximately 6 hours before the  
23 beginning of the LH peak [69]. Interestingly, Ginther [35] has shown that color Doppler  
24 does not detect blood flow signs in follicles that do not ovulate, even if they have

1 preovulatory diameter. This outcome indicates the potential of the Color-Doppler tool to  
2 assess blood flow in dominant follicles in TAI protocols, as long as vascular effects  
3 inherent to the administration time, dose and estradiol ester used to induce ovulation are  
4 also taken into consideration at test interpretation time [20]. Ovulatory-follicle wall  
5 collapses during ovulation. In addition, angiogenic and mitogenic factors such as  
6 insulin-like growth factor, fibroblast growth factor and endothelial vascular growth  
7 factor (VEGF) under LH influence lead to corpus luteum growth and vascularization  
8 [70]. Groups treated with EB have formed more vascularized CLs in the diestrus  
9 subsequent to protocol application (D18). It may have happened due to higher VEGF  
10 gene expression in this group.

11 Positive correlation between CL vascularization and P4 production was  
12 previously described by Arruda [71] and Ginther et al. [72]. However, the use of eCG in  
13 the current study has increased P4 concentrations, but it did not influence CL  
14 vascularization. On the other hand, the EB-treated group presented larger number of  
15 vascularized CLs, but it did not present increased P4 concentrations. In addition, it is  
16 important emphasizing that, despite the different CL vascularization patterns observed  
17 among estradiol esters, its diameter remained unchanged.

18 According to Bollwein et al. [23], there was no association between CL diameter  
19 and changes in blood flow. This outcome has suggested that CL neovascularization  
20 process was not associated with its dimension. Blood flow has increased in parallel with  
21 increased circulating progesterone concentration at the early CL development stage;  
22 thus, vascularization was associated with the potential to produce progesterone [73].

23 As in CL, uterine vascularization at D18 (diestrus) was significantly higher in  
24 the EB group; therefore, it did not follow the expected negative correlation pattern often

1 observed between both. The presence of CL influences uterine resistance (IR) and  
2 pulsatility (IP) rates, which are often higher in animals without CL, thus indicating  
3 lesser blood perfusion [35,74]. Similar results were observed by Rawy et al. [64] in  
4 study conducted with dairy cows subjected to 10 mg of intramuscular EB application  
5 during the postpartum period. Animals were evaluated with the aid of color Doppler  
6 ultrasound, which showed increased blood flow volume and speed, as well as uterine  
7 artery diameter.

8         According to Hervé et al. [75], the variability in VEGF system expression is  
9 associated with functional changes in animals' uterus and ovaries. Among the factors  
10 accounting for increasing VEGF expression, one finds ovarian steroid hormones [76]  
11 and prostaglandins [77]. VEGF expression in the diestrus subsequent to protocol  
12 application in the current study was significantly higher in animals treated with EB, and  
13 it may also explain the greater uterine vascularization observed at the same time.  
14 Therefore, the vascular effects of P4 resulted from its stimulatory action in VEGF  
15 production [78-81]. VEGF is highly mitogenic to endothelial cells [82]. This protein  
16 accounts for inducing endothelial cell proliferation, maturation and migration, as well as  
17 for inhibiting apoptosis. VEGF regulates angiogenesis, blood vessel permeability [83],  
18 as well as vascular development under normal [84,85] and pathological conditions [86].

19         In addition, the BE + eCG group presented higher VEGF expression, which  
20 enabled inferring that the effects of the stimulation treatment with eCG have changed  
21 gene expression in the uterus in the short-term and, consequently, they modulated the  
22 blood perfusion pattern. VEGF expression can also be regulated by ovarian steroid  
23 hormones [76], prostaglandins [77], FSH [87], hCG [88] or by eCG itself [89], although  
24 eCG did not influence VEGF expression in the group treated with EC.



1           The EB group has also recorded higher OXTR gene expression, despite the fact  
2 that it presented lower E2:P4 ratio than that of animals treated with EC. However, the  
3 EB group recorded higher absolute E2 concentration in follicular fluid than that of EC  
4 ( $1,637.50 \pm 14.3$  vs  $1,500.00 \pm 12.3$  pg/mL;  $P < 0.05$ ). Periovulatory E2 variations, as  
5 well as their interrelation with P4, are known to stimulate endometrial contractions  
6 mediated by increased oxytocin bonds to their receptor [9,90,91].

7           The PGR gene was more expressed when eCG was used in the protocols. This  
8 finding was again in compliance with the higher P4 concentration found in both  
9 follicular fluid (D10) and blood serum (D18). According to Souza et al. [92], eCG  
10 promotes increase in the number of luteal cells, which account for approximately 80%  
11 of P4 synthesis and give it greater volume and steroidogenic capacity. Accordingly,  
12 Baruselli et al. [93] has indicated eCG using as potential tool to improve plasma P4  
13 concentrations in estrous cycles subsequent to TAI protocol applications.

14           These data have shown eCG effectiveness in increasing ovulation rates, as well  
15 as CL and circulating P4 volume in diestrus subsequent to TAI application - these  
16 conditions are essential to embryonic formation and survival [30, 44-52].

17           Finally, the results of the present study corroborate the hypothesis that the  
18 different estradiol esters and eCG administration differentially regulate vascularization,  
19 steroidogenesis and utero-ovarian gene expression in *Bos indicus* cows submitted to  
20 TAI protocols.

#### 21 **Conflict of interest**

22 The authors declare no conflict of interest.

23

24

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7

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5 **Table 1.** Sequence of genes and primers used in RT-qPCR.

<b>Gene</b>	<b>Tissue / associated function</b>	<b>Primers (5'-3')</b>	<b>NCBI sequence of reference</b>
GAPDH	Endogenous Gene of reference	5'- GAGCTTGACAAAGTGGTCGTTGAG-3' 3'-CCAACGTGTCTGTTGTGGATCTGA-5'	NM_001034034.1
PGR	Endometrial gene	5'-GCCGCAGGTCTACCAGCCCTA-3' 3'-GTTATGCTGTCCTTCCATTGCCCTT-5'	NM_001205356.1
VEGF	Endometrial gene	5'-GCCATGGAGCGCTTTGG-3' 3'-CCACAGTCAGCAATGGTGATCT-5'	NM_174216
OTR	Endometrial gene	5'-AAGATGACCTTCATCGTCGTG-3' 3'-CGTGAAGAGCATGTAGATCCAG-5'	NM_174134.2

1 **Table 2.** Effects of estradiol esters (EB and EC) as ovulatory stimuli and its association, or not, with eCG, on the ovarian follicular  
 2 response in Nelore (*Bos indicus*) cows evaluated by ultrasound at Days 8, 9, 10 and 18 of an P4/E2-based timed artificial  
 3 insemination (TAI) protocol †

Variable	EB		EC		P-value		
	eCG	No eCG	eCG	No eCG	E2	eCG	E2 x eCG
<b>n</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	-	-	-
DF diameter at D8 (mm)	10.2±0.8	10.3±0.8	9.7±0.6	9.9±0.8	0.5273	0.8571	0.9521
DF diameter at D9 (mm)	11.5±0.7	10.8±0.8	11.7±0.6	10.7±0.9	0.9071	0.2990	0.8914
DF diameter at D10 (mm)	12.1±0.7	12.2±0.8	13.3±0.6	11.8±0.8	0.6058	0.4059	0.3047
CL diameter at D18 (mm)	17.4±1.3	17.0±1.4	15.5±2.9	15.2±3.1	0.3290	0.3956	0.3936
Ovulation rate*	70%	80%	100%	50%	0.1000	0.2700	---
	(7/10) <sup>ab</sup>	(8/10) <sup>ab</sup>	(10/10) <sup>a</sup>	(5/10) <sup>b</sup>			

4 † TAI protocol. On a random day of the estrous cycle (Day 0), cows received a P4 intravaginal device plus 2 mg im injection of EB. At the  
 5 time of P4 device removal (Day 8) cows were treated with 0.150 mg im of D-cloprostenol (PGF) and randomly divided to receive or not 400  
 6 UI im of eCG; as well as randomly assigned to receive 1 mg of EC immediately (D8), or 1 mg of BE, 24 hours after it (D9).

7 \* ovulation rate; featured by the identification of corpus luteum at D18; analyzed through Fisher's exact test.

- 1           <sup>ab</sup> Means followed by different superscripts on the same line significantly differ from each other, based on the Duncan test, at 5% significance
- 2           level.
- 3           EB = estradiol benzoate; EC = estradiol cypionate; eCG = equine chorionic gonadotropin; DF = dominant follicle

1 **Table 3.** Effects of estradiol esters (EB and EC) as ovulatory stimuli and its association, or not, with eCG, on the uterovarian vascular response in Nelore  
 2 (Bos indicus) cows evaluated by Color Doppler ultrasonography at Days 8, 9, 10 and 18 of an P4/E2-based timed artificial insemination (TAI) protocol †

Variables	EB		EC		P-value		
	eCG	No eCG	eCG	No eCG	E2	eCG	E2 x eCG
<b>n</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>	-	-	-
Uterine vascularization area at D8 (%)	9.8±0.9	11.9±1.0	12.3±1.1	11.9±1.0	0.2334	0.3958	0.2334
Uterine vascularization area at D9 (%)	18.0.9±1.3 <sup>a</sup>	10.7±1.3 <sup>b</sup>	19.7±3.9 <sup>a</sup>	18.2±3.3 <sup>a</sup>	0.0006	0.0008	0.0117
Uterine vascularization area at D10 (%)	16.3±1.3 <sup>ab</sup>	19.9±1.5 <sup>a</sup>	17.6±1.0 <sup>ab</sup>	15.5±1.2 <sup>b</sup>	0.2714	0.6443	0.0420
Uterine vascularization area at D18 (%)	15.8±1.2 <sup>a</sup>	12.4±1.2 <sup>ab</sup>	11.4±1.1 <sup>b</sup>	11.5±1.1 <sup>b</sup>	0.0315	0.2120	0.1800
DF vascularization area at D8 (%)	12.1±1.1 <sup>b</sup>	11.6±1.0 <sup>b</sup>	16.9±1.3 <sup>a</sup>	8.7±0.9 <sup>c</sup>	0.8035	0.0005	0.0019
DF vascularization area at D9 (%)	15.5±1.2 <sup>a</sup>	10.7±1.0 <sup>b</sup>	10.9±1.0 <sup>b</sup>	12.8±1.1 <sup>ab</sup>	0.3461	0.2540	0.0058
DF vascularization area at D10 (%)	15.0±1.2 <sup>a</sup>	10.3±1.0 <sup>b</sup>	11.2±1.1 <sup>b</sup>	10.9±1.0 <sup>b</sup>	0.2231	0.0384	0.0740
CL vascularization area at D18 (%)	40.0±2.5 <sup>a</sup>	43.5±2.3 <sup>a</sup>	32.5±1.8 <sup>b</sup>	38.7±3.1 <sup>ab</sup>	0.0192	0.0549	0.4816

3 † TAI protocol. On a random day of the estrous cycle (Day 0), cows received a P4 intravaginal device plus 2 mg im injection of EB. At the time of P4  
 4 device removal (Day 8) cows were treated with 0.150 mg im of D-cloprostenol (PGF) and randomly divided to receive or not 400 UI im of eCG; as  
 5 well as randomly assigned to receive 1 mg of EC immediately (D8), or 1 mg of BE, 24 hours after it (D9).

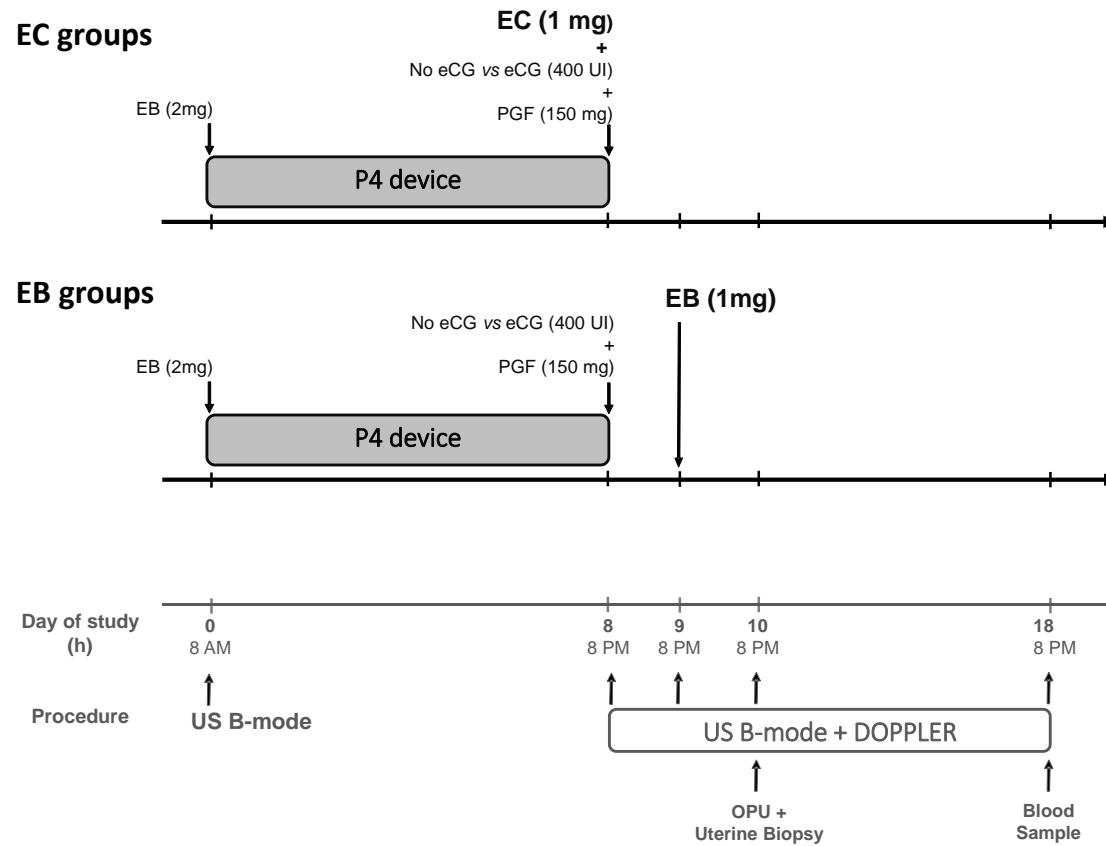
6 <sup>ab</sup> Means followed by different superscripts on the same line significantly differ from each other, based on the Duncan test. at 5% significance level.

7 EB = estradiol benzoate; EC = estradiol cypionate; eCG = equine chorionic gonadotropin; DF = dominant follicle

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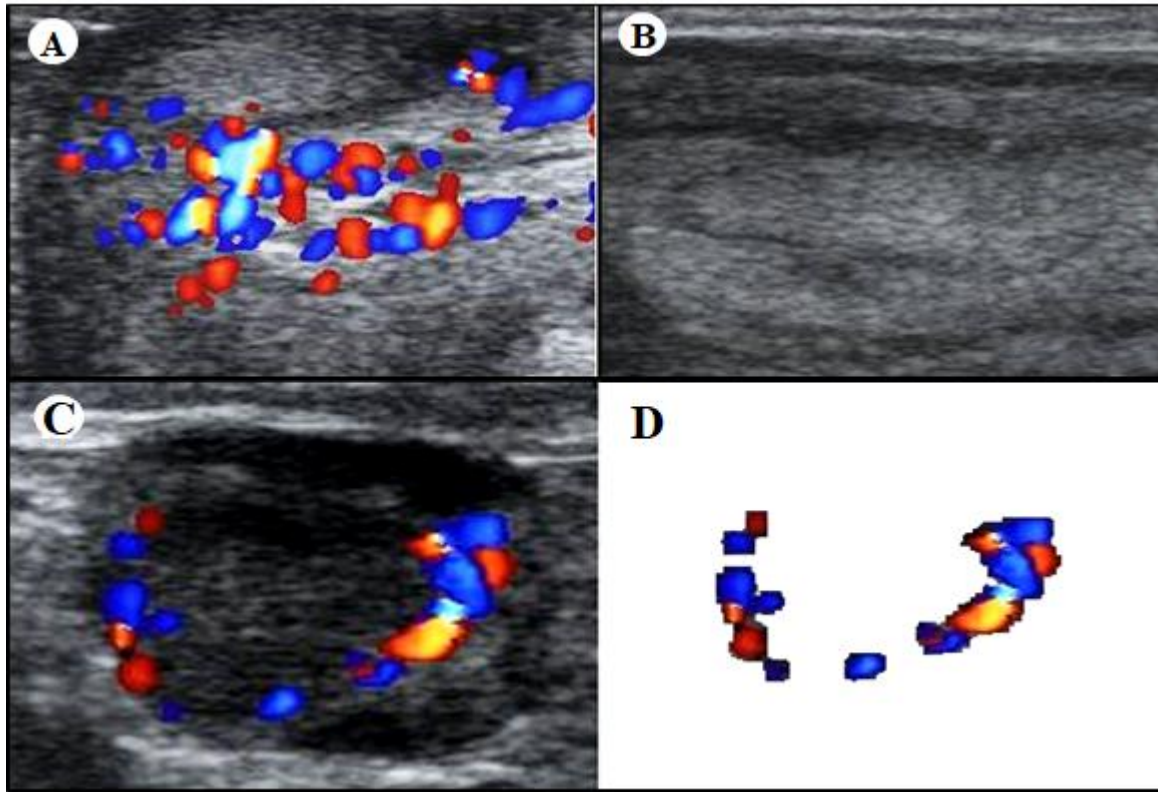
4 **Figure 1.** Schematic view of TAI protocol and proceedings following ovulation synchronization in Nelore (*Bos indicus*) cows subjected to  
5 an P4/E2-based timed artificial insemination (TAI) protocol using EC or EB as ovulatory stimuli and its association, or not, with eCG †

1

2 † TAI protocol. On a random day of the estrous cycle (Day 0), cows received a P4 intravaginal device plus 2 mg im injection of EB. At the time of P4  
3 device removal (Day 8) cows were treated with 0.150 mg im of D-cloprostenol (PGF) and randomly divided to receive or not 400 UI im of eCG; as  
4 well as randomly assigned to receive 1 mg of EC immediately (D8), or 1 mg of BE, 24 hours after it (D9).

5 US B-mode = ultrasound examination in bidimensional mode (grey-scale); DOPPLER = ultrasound examination in Color-Doppler mode; EC =  
6 estradiol cypionate; EB = estradiol benzoate; OPU = ovum pickup / ultrasound-guided aspiration of follicular fluid *in vivo*; P4 device = Sincrogest®

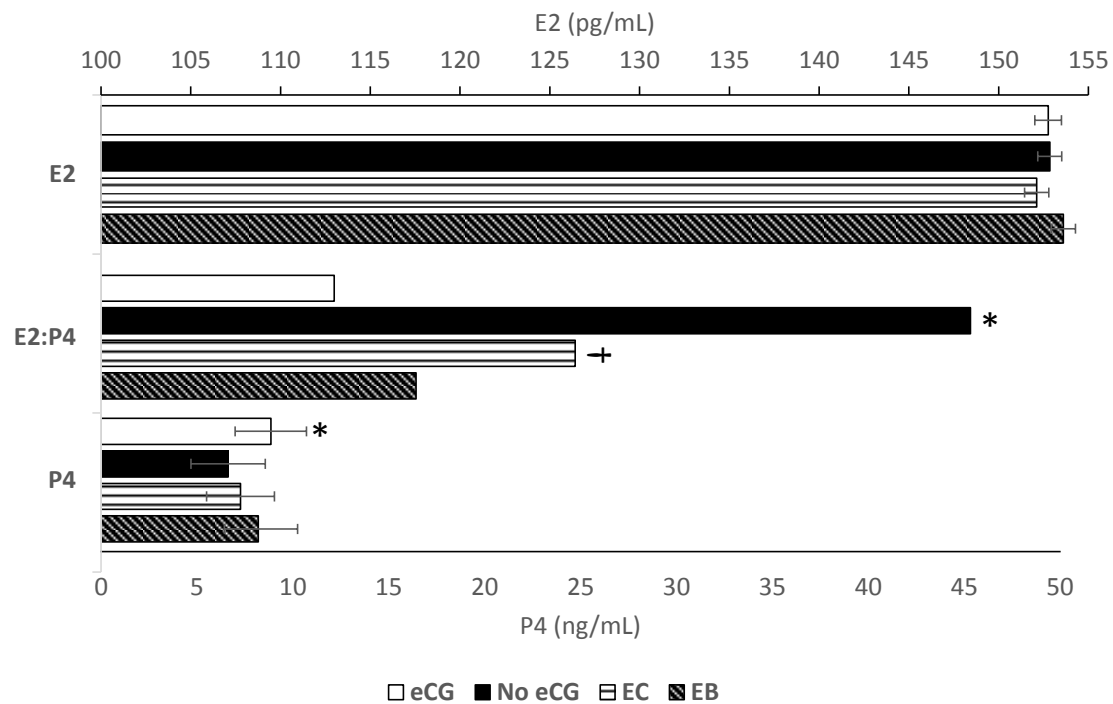
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2 **Figure 2.** Uterine ultrasonography showing blood flow in Color Doppler mode (A) and the same structure in B-mode (B); and image of the CL in  
3 Color Doppler mode (C) and the same image edited by Adobe Photoshop CS5 for color pixels count (D).

4



1

2 **Figure 3.** Main effects of estradiol esters (EB and EC) as ovulatory stimuli and eCG administration, on the P4 and E2 concentrations in blood serum  
 3 (D18) and on E2:P4 ratio in follicular fluid (D10) of Nelore (*Bos indicus*) subject to an P4/E2-based timed artificial insemination (TAI) protocol <sup>a</sup>

4 <sup>a</sup> TAI protocol. On a random day of the estrous cycle (Day 0), cows received a P4 intravaginal device plus 2 mg im injection of EB. At the time of P4  
 5 device removal (Day 8) cows were treated with 0.150 mg im of D-cloprostenol (PGF) and randomly divided to receive or not 400 UI im of eCG; as  
 6 well as randomly assigned to receive 1 mg of EC immediately (D8), or 1 mg of BE, 24 hours after it (D9).

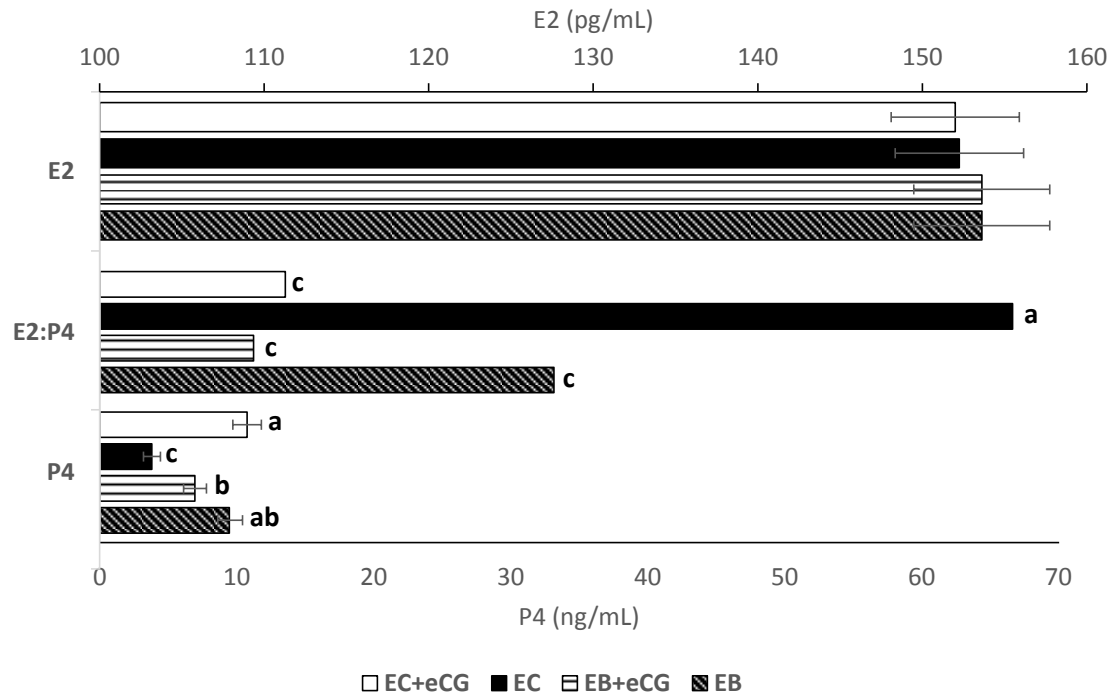
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1 Values are expressed as mean  $\pm$  SEM

2 \* Significant difference between eCG vs No eCG ( $P < 0.05$ ).

3 † Significant difference between EB vs EC ( $P < 0.05$ ).



4

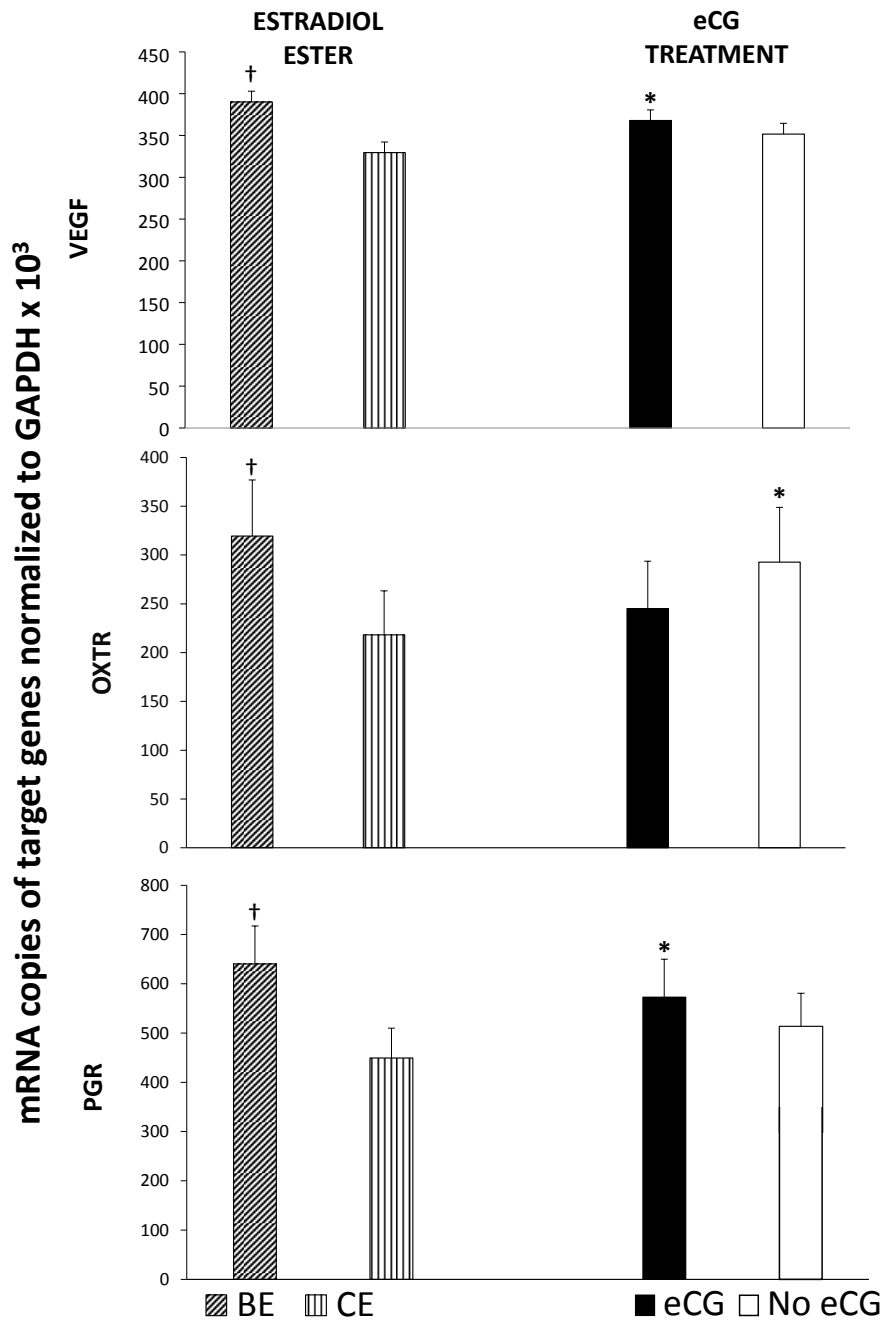
5 **Figure 4.** Effects of treatments with estradiol esters (EB and EC) as ovulatory stimuli and  
 6 its association, or not, with eCG, on the P4 and E2 concentrations in blood serum (D18)  
 7 and on E2:P4 ratio in follicular fluid (D10) of Nelore (*Bos indicus*) subject to an P4/E2-  
 8 based timed artificial insemination (TAI) protocol †

9 † TAI protocol. On a random day of the estrous cycle (Day 0), cows received a P4  
 10 intravaginal device plus 2 mg im injection of EB. At the time of P4 device removal  
 11 (Day 8) cows were treated with 0.150 mg im of D-cloprostenol (PGF) and randomly  
 12 divided to receive or not 400 UI im of eCG; as well as randomly assigned to receive 1  
 13 mg of EC immediately (D8), or 1 mg of BE, 24 hours after it (D9).

14 Values are expressed as mean ± SEM

15 <sup>abc</sup>Different letters indicate significant difference between treatments (P < 0.05).

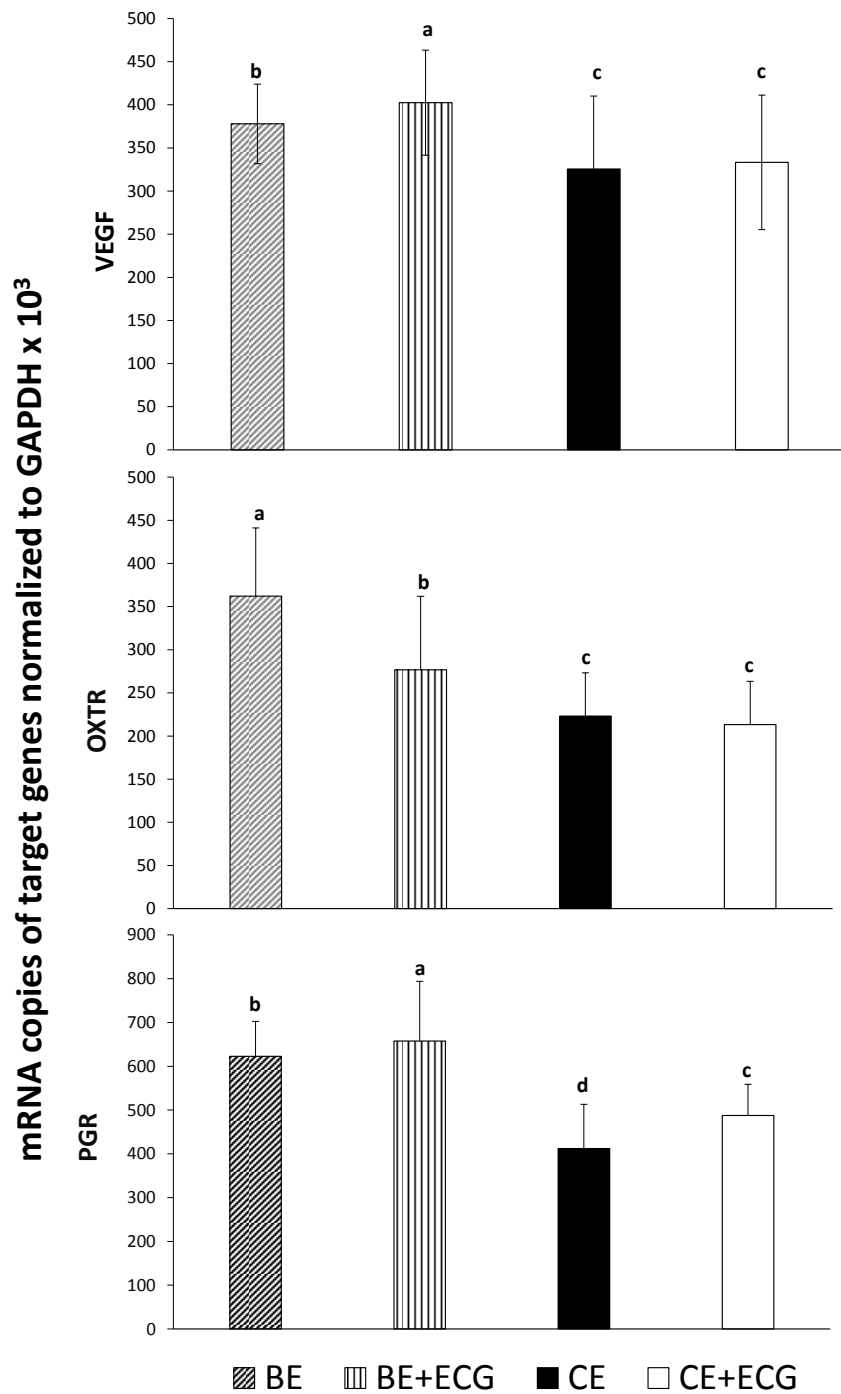
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18 **Figure 5.** Main effects of estradiol esters and eCG administration on the endometrial  
 19 expression of VEGF, OXTR and PGR at day ten (D10) of protocol application to  
 20 Nelore cows synchronized to TAI. Values are expressed as mean ± SEM.

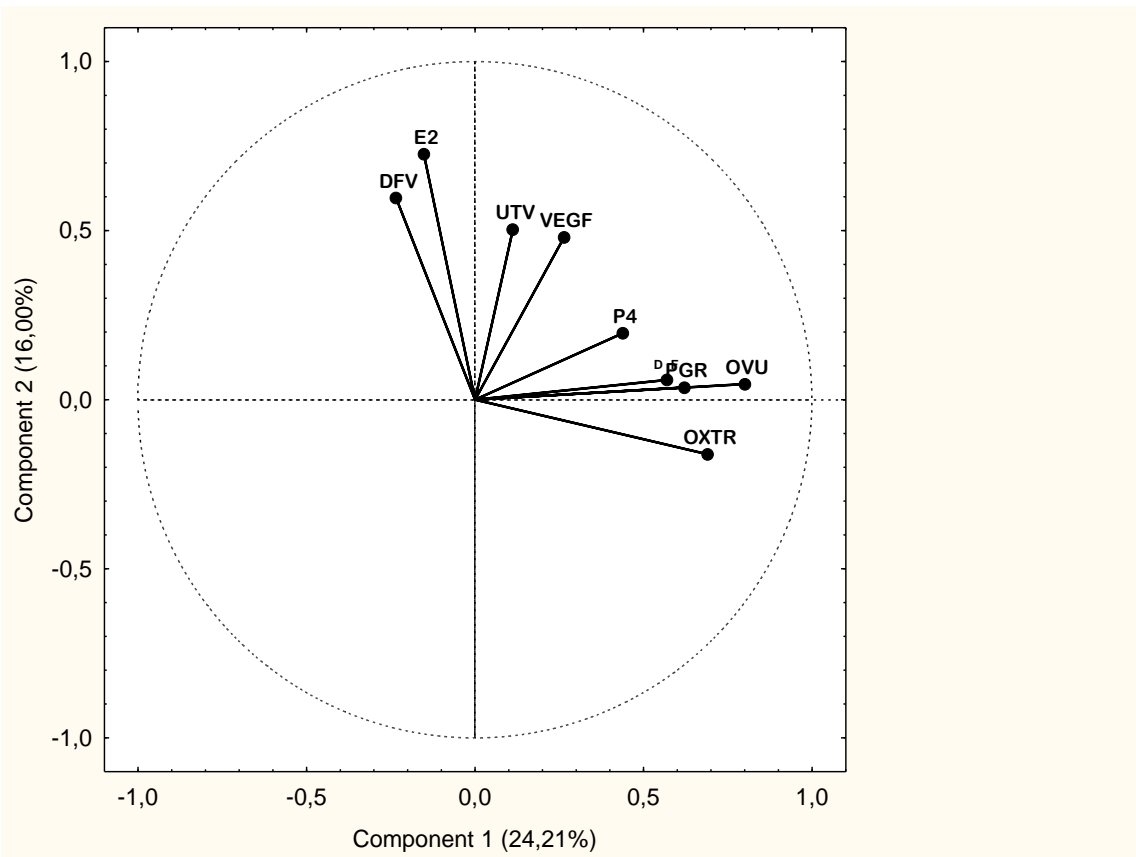
21 \* Significant difference between eCG vs No eCG ( $P < 0.05$ ). † Significant difference  
 22 between EB vs EC ( $P < 0.05$ ).



23

24 **Figure 6.** Effects of treatments with BE, BE + eCG, CE or CE + eCG on the  
 25 endometrial expression of VEGF, OXTR and PGR at day ten (D10) of protocol  
 26 application to Nelore cows synchronized to TAI. Values are expressed as mean  $\pm$  SEM.

27 <sup>abc</sup>Different letters indicate significant difference between treatments ( $P < 0.05$ ).



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29

30 **Figure 7.** Biplot of Principal Component Analysis (PCA) applied to the association  
 31 between variables, based on B-mode and Doppler ultrasonography, sex steroid  
 32 concentrations in follicular fluid and uterine gene expression in Nelore cows (*Bos*  
 33 *indicus*) subjected to synchronization protocol with different estradiol esters and eCG.  
 34 OVU = ovulation rate; DF = dominant follicle diameter; DFV = dominant follicle  
 35 vascularization; UTV = uterine vascularization; E2 = estradiol concentrations in  
 36 follicular fluid; P4 = progesterone concentrations in follicular fluid; VEGF =  
 37 endometrial expression of vascular endothelial growth factor gene; OXTR =  
 38 endometrial expression of oxytocin receptor gene; PGR = endometrial expression of  
 39 progesterone receptor gene.

40

41 **Table 1.** Sequence of genes and primers used in RT-qPCR.

42