Validation of a Pulse Oximetry System for High-Altitude Waterfowl by Examining the Hypoxia Responses of the Andean Goose (*Chloephaga melanoptera*)

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Keywords: Andes, bird, duck, gas exchange, high-altitude adaptation, metabolism.

- 1 ABSTRACT
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3 Hypoxia at high altitudes constrains O₂ supply to support metabolism, thermoregulation in the cold, and exercise. High-altitude natives that somehow overcome this challenge – who live, 4 5 reproduce, and sometimes perform impressive feats of exercise at high altitudes – are a powerful group in which to study the evolution of physiological systems underlying hypoxia resistance. 6 7 Here, we sought to determine whether a common pulse oximetry system for rodents (MouseOx Plus[®]) can be used reliably in studies of high-altitude birds, by examining the hypoxia responses 8 9 of the Andean goose. We compared concurrent measurements of heart rate obtained using pulse oximetry versus electrocardiography (ECG). We also compared our measurements of peripheral 10 arterial O₂ saturation (SaO₂) in uncannulated birds to published data collected from blood 11 samples in birds that were surgically implanted arterial cannulae. Responses to acute hypoxia 12 were measured during step-wise reductions in inspired partial pressure of O_2 . Andean geese 13 exhibited very modest breathing and heart rate responses to hypoxia, but were nevertheless able 14 to maintain normal O₂ consumption rates during severe hypoxia exposure down to 5 kPa O₂. 15 16 There were some minor quantitative differences between uncannulated and cannulated birds, which suggested that surgery, cannulation, and/or other sources of variability between studies 17 18 had modest effects on the hypoxic ventilatory response, heart rate, blood haemoglobin, and haematocrit. Nevertheless, measurements of heart rate and SaO₂ by pulse oximetry had small 19 standard errors, and were generally concordant and well correlated with measurements using 20 other techniques. We conclude that the MouseOx Plus® pulse oximetry system can be a valuable 21 22 tool for studying the cardiorespiratory physiology of waterfowl without the deleterious effects of surgery/cannulation. 23

1 Introduction

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3 High-altitude environments provide fertile ground to understand how the physiological systems of animals evolve. High-altitude environments are both cold and hypoxic, which can 4 5 require that endotherms sustain high rates of O₂ consumption for thermogenesis and locomotion while facing a diminished O₂ supply. And yet, some birds can overcome this challenge, and can 6 7 live, reproduce, and perform impressive feats of flight exercise at high altitudes (Herzog et al. 8 2005; Hawkes et al. 2013; Natarajan et al. 2016). The current evidence suggests that birds 9 overcome the challenges at high altitude by virtue of evolved changes across the O₂ transport cascade - comprised of ventilation, pulmonary diffusion, circulation, tissue diffusion, and 10 cellular O₂ utilization (Faraci 1991; Butler 2010; Scott 2011; Scott et al. 2015). However, with 11 some exceptions (Storz 2016), many aspects of the physiology of high-altitude birds have been 12 13 studied in only a few species. Waterfowl (order Anseriformes) native to high altitudes are a powerful taxonomic group 14 15 in which to study convergent evolution and phenotypic plasticity inherent in complex 16 physiological systems such as the O₂ cascade. Many species of ducks and geese have independently colonized similar high-altitude environments (McCracken et al. 2009; Natarajan et 17 18 al. 2015), and some are known to fly at extremely high altitudes during their migration (Hawkes 19 et al. 2013; Parr et al. 2017). The relatively large size of most waterfowl facilitates the use of many cardiorespiratory and bio-logging approaches that are difficult in smaller organisms (Black 20 and Tenney 1980; Hawkes et al. 2014; Bishop et al. 2015; Guillemette et al. 2016). Previous 21 work has shown that many high-altitude waterfowl have evolved a high blood-O₂ affinity (Storz 22 2016), and two species in particular - bar-headed goose (Anser indicus) and Andean goose 23 24 (Chloephaga melanoptera) – are renowned high-altitude natives that were the subject of classic early studies on molecular adaptation of haemoglobin (Jessen et al. 1991; Golding and Dean 25 26 1998; Scott et al. 2015). However, the extent to which haemoglobin adaptations augment arterial O₂ saturation (SaO₂) in vivo, and whether other respiratory traits exhibit the same degree of 27

28 convergent evolution at high altitudes, is not yet well understood.

The objective of this study was to examine whether a common pulse oximetry system used with rodents – the MouseOx Plus® from Starr Life Sciences (Oakmont, PA, USA) – can be used reliably to measure SaO₂ in studies of waterfowl. This system, like all pulse oximeters,

1 works based on the principle that oxyhemoglobin and deoxyhemoglobin have different 2 absorption properties for red and near-infrared light; when light of particular wavelengths are 3 passed into a tissue, the pulsatile fluctuations in absorbance during the cardiac cycle can be measured to determine SaO₂ (Chan et al. 2013). The reliability of the system depends upon the 4 5 site of measurement on the animal, the adequacy of perfusion, the absence of venous pulsations, the absorption spectra of oxy- and deoxy-hemoglobin, and various other factors that can arise in 6 7 clinical situations (Chan et al. 2013). The MouseOx Plus® has been used in a variety of mammal 8 species, but it has never been validated for use in birds. Nevertheless, such a pulse oximetry 9 system would be extremely valuable for carrying out experiments on large numbers of individuals (a necessity for examining the prevalence of convergent evolution across many high-10 altitude taxa) and/or in the field, because it would facilitate measurements of peripheral SaO₂ 11 12 (along with heart rate) without needing to surgically implant birds with catheters for sampling blood. Our general approach was to examine the hypoxia responses of Andean geese, comparing 13 the heart rate and SaO₂ data collected with the MouseOx Plus® to heart rate measurements 14 collected using electrocardiography (ECG) and to previously published data on arterial 15 16 oxygenation that we measured in blood samples from cannulated birds (Lague et al. 2017). We also measured various other cardiorespiratory variables to determine the extent to which surgery 17 18 and/or cannulation impacts breathing and respiratory gas exchange, and could thus alter 19 measurements of arterial oxygenation. 20 21 Methods 22 23 Study Animals 24 Adult Andean geese (Chloephaga melanoptera) were wild-caught in the Andes (~4000-25 26 4500 m above sea level) and held in captivity for at least 6 months in San Pedro de Casta, Peru (~3,200 m) before experiments were conducted. Birds were held in enclosures with a caged 27

outdoor area that was connected to an indoor shelter through a small door. Birds were provided

29 with free access to clean water and were fed a mix of local grains, commercially obtained

30 chicken feed, and alfalfa. Experiments using pulse oximetry were carried out on 7 uncannulated

Andean geese $(2.36 \pm 0.16 \text{ kg})$ in August 2015, and were compared to a previously published

data set from 7 cannulated Andean geese $(2.13 \pm 0.12 \text{ kg})$ that was collected in May 2013 at the same location (Lague et al. 2017). In the latter study, birds underwent surgery one day before the experiment, in which the brachial artery and vein were cannulated under general isoflurane anaesthesia (see (Lague et al. 2017) for other details on the surgery). All procedures were carried out in accordance with guidelines set out by the Canadian Council on Animal Care, and were approved by institutional animal care committees.

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Measurement of Hypoxia Responses

The ventilatory, cardiovascular, and metabolic responses to hypoxia were measured on 10 uncannulated Andean geese wearing MouseOx Plus® pulse oximetry neck collars, using the 11 same protocol that was used previously on cannulated Andean geese (Lague et al. 2017). It was 12 13 preferable to place the pulse oximetry sensor on the neck, because hypoxia could foreseeably disrupt the signal if it reduced local blood flow (Shah et al. 2012), and this effect is likely much 14 smaller in the neck than in many peripheral tissues (e.g., feet, wings, etc.). Birds were placed in a 15 16 flexible cradle with their head in a 4 l opaque chamber that was sealed around the neck using a latex collar, and were fitted with pulse oximetry collars as well as thin ECG electrodes (F-E2-12, 17 18 Grass Technologies, Natus Medical Incorporated, Pleasanton, CA, USA) inserted under the skin 19 on the back (except for one of the seven birds that was not instrumented with ECG electrodes, 20 and only the pulse oximetry collar). Birds were then allowed 60-90 min to become accustomed to the experimental apparatus, with ambient air (which had an O₂ tension, PO₂, of ~13.4 kPa) 21 delivered to the opaque head chamber at a flow rate of 5 l min⁻¹. Measurements then began in 22 ambient air for 25 min, after which birds were exposed to 25 min step-wise decreases in the PO₂ 23 of air flowing into the head chamber (12, 9, 7, and 5 kPa), and then finally returned to breathing 24 ambient air to recover for 25 min. The PO₂ of inflowing air was set by mixing air and nitrogen 25 26 gas using pre-calibrated rotameters (Matheson Tri-Gas, Oakville, ON, Canada) at a flow rate of 5-10 l min⁻¹. Use of the collars required that a small area of skin on the neck be plucked free of 27 28 feathers, which was done at least 1 h before experiments began. A blood sample was collected using a lancet at the end of the experiment to measure blood haemoglobin content ([Hb], using a 29 HemoCue[®] Hb 201⁺ System, Ängelholm, Sweden) and haematocrit (using 50 µl capillary tubes 30 and a ZIPocrit centrifuge, LW Scientific, Lawrenceville, GA, USA). 31

1 Various measurements were made from \sim 13-15 min of exposure at each inspired PO₂ 2 step, in order to be consistent with our previous measurements in cannulated Andean geese 3 (Lague et al. 2017). A pneumotachograph (8311A, Hans Rudolph, Shawnee, KS, USA) and differential pressure transducer (DP45, Validyne, Northridge, CA, USA) were used to measure 4 5 excurrent flow rate from the head chamber (FR_E), such that breathing-induced flows could be measured from deviations in the biased flow through the chamber. O₂ fraction was measured in 6 7 the air flowing into the head chamber (F_1O_2) during the first 5 min of exposure to each PO₂, and O_2 and CO_2 fractions were then measured in the air leaving the head chamber (F_EO_2 and F_ECO_2 , 8 9 respectively) from ~13-15 min at each PO₂. To do so, air was subsampled at ~200 ml min⁻¹, 10 dried using silica gel, and then measured using a FMS Field Metabolic System (Sable Systems International, Las Vegas, NV, USA). Tidal volume (V_T) , breathing frequency (f_R) , and total 11 ventilation (\dot{V}_{Tot} ; the product of V_T and f_R) were determined as previously described (Lague et 12 al. 2017). O₂ consumption rate ($\dot{V}O_2$) was calculated using the following well-established 13 equation (Lighton 2008): 14

$$\dot{V}O_2 = FR_E \frac{F_IO_2 - F_EO_2 - F_IO_2 \times F_EO_2}{1 - F_IO_2}$$

However, F_ECO₂ was not measured for technical reasons in the previous study of cannulated 15 Andean geese (Lague et al. 2017), such that $\dot{V}O_2$ was approximated using the equation 16 $\dot{V}O_2 = FR_E [F_IO_2 - F_EO_2]$. Therefore, for the uncannulated geese in the current study, we also 17 calculated VO₂ using this approximation and used it to determine the ventilatory equivalent 18 (quotient of \dot{V}_{Tot} and $\dot{V}O_2),$ in order to compare with data collected from cannulated geese in the 19 previous study. $\dot{V}O_2$ and ventilatory equivalents calculated using the approximation are reported 20 in fig. 1, but we also report results from the correct calculation of $\dot{V}O_2$ in the text of the results. 21 22 Heart rate was determined from the frequency of QRS complexes in the ECG signal. These data 23 were acquired and analyzed using PowerLab data acquisition hardware and LabChart Pro software (ADInstruments, Colorado Springs, CO, USA). Heart rate and arterial O₂ saturation 24 (SaO₂) were also measured with the pulse oximetry collars using the MouseOx Plus® software. 25 26

27 Calculations and Statistics

We sought to validate our measurements of peripheral SaO₂ using pulse oximetry by
comparing them to SaO₂ values for cannulated Andean geese, calculated from our previous
direct measurements (Lague et al. 2017) of arterial O₂ content (CaO₂, in ml O₂ per dl blood)
using the Tucker method (Tucker 1967), arterial PO₂ (PaO₂, in Torr) using an i-STAT blood gas
analyzer (Harter et al. 2015), and [Hb] (in g per dl blood) using the following equation (Grocott
et al. 2009):

$$SaO_2 = \frac{CaO_2 - 0.003 \text{ PaO}_2}{1.39 \text{ [Hb]}}$$

Data are generally reported as means \pm s.e.m. unless stated otherwise. Two-factor ANOVA followed by Bonferroni post-tests or unpaired t-tests were used as appropriate to evaluate the main effects of inspired PO₂ or to compare between the data collected here in uncannulated Andean geese and that collected previously in cannulated Andean geese. Linear regression was also used to examine the relationship between the SaO₂ or heart rate data collected using different techniques. Statistics were performed using GraphPad Prism software (La Jolla, CA). A significance level of p<0.05 was used throughout.

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15 Results

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17 Hypoxia Responses of Andean Geese

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19 Andean geese exhibited relatively modest responses to acute hypoxia exposure, some of 20 which differed between cannulated and uncannulated birds (fig. 1). Total ventilation increased in response to acute hypoxia (main effect of inspired PO₂ in two-factor ANOVA: F_{4.56}=14.6, 21 P < 0.001), driven by increases in both breathing frequency ($F_{4.56} = 4.95$, P = 0.002) and tidal 22 volume (F_{4.56}=6.31, P<0.001). However, the magnitude of the increases in total ventilation was 23 greater in uncannulated than in cannulated birds (main effect of cannulation in two-factor 24 ANOVA: F_{1.56}=26.2, P<0.001), increasing 76% versus 35% at 5 kPa compared to ambient air, 25 and this difference arose largely from differences in tidal volume (F_{1,56}=18.2, P<0.001) and not 26 27 breathing frequency (F_{1,56}=1.64, P=0.205). Cannulated and uncannulated birds had similar O₂ consumption rates ($F_{1.53}$ =0.781, P=0.381), which were maintained in response to acute hypoxia 28 in both groups ($F_{4,53}$ =0.551, P=0.767). Therefore, the pattern of variation in ventilatory 29

1 equivalent for O₂ (the quotient of total ventilation and O₂ consumption rate; also called the air convection requirement) was similar to the variation in total ventilation, with increases in 2 3 response to acute hypoxia ($F_{4.51}$ =5.86, P<0.001) that were greater in magnitude in the uncannulated birds ($F_{1.51}$ =20.9, P<0.001). It is important to note that the O₂ consumption rates in 4 5 fig. 1 were calculated using a simplified equation that overestimated the true values by \sim 3-5% (see Methods for explanation), but are reported in this way in order to compare with the data for 6 7 cannulated birds from our previous study of Andean geese (Lague et al. 2017). The correctly calculated values for uncannulated birds were extremely similar and did not change in response 8 to hypoxia ($\dot{V}O_2$ in ml/kg/min at each inspired PO₂: 13.4 kPa, 11.5 ± 1.5; 12 kPa, 11.6 ± 1.6; 9 9 kPa, 10.9 ± 1.3 ; 7 kPa, 10.6 ± 1.6 ; 5 kPa, 10.3 ± 1.3). Nevertheless, the above results suggest that 10 there were some small differences in breathing between cannulated and uncannulated birds that 11 12 may have led to differences in respiratory gas exchange.

There were also some differences in cardiovascular variables between cannulated and uncannulated Andean geese. Heart rate increased in both groups with exposure to deep hypoxia ($F_{4,54}$ =5.23, P=0.001), but the magnitude was slightly greater in cannulated birds (in which heart rate was measured from arterial catheters as the frequency of systolic pressure peaks; Lague et al. 2017) than in uncannulated birds (in which heart rate was measured by ECG) ($F_{1,54}$ =5.48, P=0.023) (fig. 1). Blood haemoglobin content ([Hb]) and haematocrit were also lower in cannulated geese (table 1).

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21 Validation of the MouseOx Plus Pulse Oximetry System

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There was strong concordance between the measurements of heart rate collected by ECG 23 and those collected using the MouseOx Plus® pulse oximetry system, both of which were made 24 in the uncannulated birds studied here (fig. 2). There was a strong linear regression between data 25 collected by pulse oximetry and by ECG in individual uncannulated birds (y = 0.913x + 12.37; 26 $R^2 = 0.902$; P<0.001), and this regression was statistically indistinguishable from the line of 27 equality. Therefore, the pulse oximetry system appeared to provide accurate measurements of 28 29 heart rate, such that the differences in heart rate between uncannulated and cannulated Andean geese (fig. 1) were likely attributable to the effects of surgery, cannulation, or some other source 30 31 of variation between the birds studied here and those in our previous study (Lague et al. 2017).

1	The measurements of arterial O_2 saturation (SaO ₂) were slightly higher in the
2	uncannulated Andean geese using the MouseOx Plus® pulse oximetry system than in the
3	cannulated Andean geese, in which SaO ₂ was calculated from previous measurements of arterial
4	O ₂ content, arterial PO ₂ , and [Hb] from blood samples (F _{1,52} =13.9, P<0.001 in two-factor
5	ANOVA) (Lague et al. 2017) (fig. 3). SaO_2 declined in response to acute hypoxia in both groups
6	(F _{4,52} =59.6, P<0.001 in two-factor ANOVA). Despite the differences in SaO ₂ between groups,
7	which was greatest at an inspired PO_2 of 7 kPa and could have arisen from differences in
8	respiratory gas exchange between groups, there was a strong linear regression between SaO_2 data
9	measured here in uncannulated birds and the data measured previously (Lague et al. 2017) in
10	cannulated birds ($y = 0.917x + 14.3$; $R^2 = 0.965$; P=0.003) (fig. 3B). It is also worth noting that
11	the standard errors of the SaO2 measurements using pulse oximetry in uncannulated birds were
12	generally similar or less than those obtained from blood samples in cannulated birds.
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14	Discussion
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16	High-altitude waterfowl are valuable model organisms for studying the evolution of the O ₂
17	transport cascade. Here, we evaluate whether a common pulse oximetry system developed for
18	rodents can be used to study the cardiorespiratory mechanisms of high-altitude adaptation in
19	waterfowl. The system was able to accurately measure the heart rate response to hypoxia across a
20	range of inspired O ₂ tensions (fig. 2), and there was a strong and predictable relationship
21	between the arterial O_2 saturations measured with the system and those determined from blood
22	samples in previous studies (Lague et al. 2017) (fig. 3B). Pulse oximetry can therefore be used as
23	a valuable tool for examining the cardiorespiratory mechanisms of high-altitude adaptation in
24	waterfowl and other birds.
25	
26	The MouseOx Plus Pulse Oximetry System is a Valuable Tool for Studying Cardiorespiratory
27	Physiology of Waterfowl
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29	Arterial O ₂ saturation measurements with the pulse oximetry system were higher than
30	those determined from blood samples in previous studies (Lague et al. 2017) (fig. 3), but this
31	distinction was likely influenced by the effects of surgery, cannulation, or other sources of

1 between-study variability on breathing and respiratory gas exchange. The uncannulated birds 2 used for pulse oximetry took deeper breaths and had higher total ventilation than cannulated 3 birds, particularly during exposure to more severe levels of hypoxia (fig. 1), and these differences would be expected to raise SaO₂ by increasing arterial O₂ tension (Ivy and Scott 4 5 2015). The higher total ventilation in uncannulated birds may have also accentuated the magnitude of respiratory hypocapnia that was experienced during exposure to acute hypoxia, 6 7 which would be expected to left-shift the haemoglobin-O₂ equilibirum curve and further increase SaO₂ (Scott and Milsom 2007, 2009). These differences between cannulated and uncannulated 8 9 birds are perhaps unsurprising, insofar as surgery and cannulation are known to have persistent effects on cardiorespiratory function (Duthie and Tort 1985; Van Vliet et al. 2006). It is also 10 possible that annual or seasonal variation contributed to some of the observed differences 11 between cannulated and uncannulated birds, because experiments were conducted on 12 uncannulated birds in August 2015 and on cannulated birds in May 2013. However, there have 13 been very few studies on the effects of seasonal variation or chronic temperature acclimation on 14 breathing and respiratory gas exchange in birds (Swanson 2010), and some evidence suggests 15 16 that total ventilation remains well matched to metabolism and that ventilatory equivalent does not change between summer and winter (Arens and Cooper 2005). If this was also true in 17 18 Andean geese during hypoxia exposure, then seasonal variation cannot account for the observed differences between cannulated and uncannulated birds. Regardless of the source of variation, 19 the strong relationship between methods and across studies ($R^2 = 0.965$; fig. 3B) suggests that 20 the differences between SaO₂ data measured in uncannulated birds using pulse oximetry and in 21 22 cannulated birds in blood samples are predictable and can be corrected for.

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The measurements of heart rate using the pulse oximetry system were strongly correlated 23 24 with the concurrent measurements using ECG (fig. 2). It is therefore likely that the differences in heart rate responses to hypoxia between groups of Andean geese (fig. 1) could be attributed to 25 26 effects of surgery, cannulation, or other differences between studies, possibly in association with 27 the modest decreases in blood haemoglobin concentration ([Hb]) and haematocrit in cannulated 28 birds (table 1). Therefore, although cannulation is a valuable method for some important cardiovascular measurements (e.g., blood pressure, contents and partial pressures of O₂ and CO₂, 29 pH, etc.), we believe that pulse oximetry is preferable to more invasive methods for measuring 30

SaO₂ and heart rate because it is simpler to use and it avoids the effects of surgery and/or
 cannulation on breathing and haematology.

3 Can the MouseOx Plus® pulse oximetry system be used in other species of birds? Our results suggest that the neck is an adequate site of measurement that receives sufficient perfusion 4 5 in hypoxia to provide a reliable signal for pulse oximetry, and this finding should be generally 6 applicable across waterfowl and other bird species. The absorption spectra of oxy- and deoxy-7 hemoglobin could differ between species, and this could in theory influence pulse oximetry 8 measurements (Chan et al. 2013). For example, some inherited forms of abnormal hemoglobin in 9 humans can alter absorption spectra such that SaO₂ measurements are abnormally low (Zur et al. 2008; Chan et al. 2013). However, the spectral properties of normal hemoglobin are known to be 10 very similar and pulse oximetry can be used reliably across humans and several other mammals 11 species (Grosenbaugh et al. 1997). Therefore, although some caution should be exercised in 12 13 using pulse oximetry across species, particularly in those for which haemoglobin absorption spectra have not been characterized, the MouseOx Plus[®] will likely provide a valuable tool for 14 comparing the physiology of closely related taxa from different environments. 15

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17 Andean Geese Have Blunted Ventilatory Responses to Acute Hypoxia

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19 We confirm our recent finding that Andean geese exhibit a ventilatory response to hypoxia that is dramatically blunted compared to other species (Lague et al. 2017). Despite the 20 effects of surgery and cannulation on breathing (fig. 1), the hypoxic ventilatory response (HVR) 21 of Andean geese is still markedly attenuated in comparison to many other species of birds (Black 22 23 and Tenney 1980; Kilgore et al. 2007; Scott and Milsom 2009). This is well illustrated by the appreciably smaller HVR in Andean geese compared to that in low-altitude greylag geese (Anser 24 anser) and Pekin ducks (Anas platyrhynchos) (fig. 4) (Scott and Milsom 2007). It is possible that 25 the blunted HVR of Andean geese arose from environmentally-induced plasticity (e.g., 26 27 developmental plasticity, adult acclimatization), because the birds studied here were sourced as juveniles from nearby elevations (\geq 4,000 m) and were raised and studied at ~3,200 m. However, 28 29 previous studies show equivocal support for this possibility, as exposure to chronic hypoxia has more often (though not always) been observed to augment the HVR of waterfowl (Black and 30

Tenney 1980; Powell et al. 2004; Lague et al. 2016). The blunted HVR of Andean geese has
 more likely evolved over evolutionary time periods as an adaptation to high altitudes.

3 What is the potential advantage of a blunted HVR in Andean geese? This result is somewhat surprising because it could be counterproductive to O_2 transport in hypoxia. It has 4 5 been suggested that a blunting of the HVR could be beneficial at high altitudes for maintaining blood CO₂/pH homeostasis (by minimizing respiratory hypocapnia), attenuating respiratory 6 7 water loss, or reducing the metabolic cost of breathing (Powell 2007). The blunting of the HVR 8 could also be a secondary consequence of an overall attenuation of the hypoxic chemoreflex to 9 avoid chronic activation of the sympathetic nervous system at high altitudes (Ivy and Scott 2017). However, Andean geese appear to have a very large lung with exceptional morphological 10 capacity for O₂ diffusion (Maina et al. 2017), which could obviate the need for a robust HVR and 11 allow this species to take advantage of the benefits of breathing less. 12

13 The blunted HVR exhibited by Andean geese has also evolved in some high-altitude taxa, but is very different to the evolutionary path taken by some other taxa. For example, the bar-14 headed goose – a species that flies at high altitudes during its migration across the Himalayas – 15 16 has a pronounced HVR in comparison to low-altitude waterfowl (fig. 4) (Scott and Milsom 2007). This distinction between Andean geese and bar-headed geese is surprisingly similar to 17 18 that between high-altitude human populations from South America and Asia: Andean humans have a blunted HVR whereas Tibetans have an enhanced HVR compared to their lowland 19 20 counterparts (Wu and Kayser 2006; Brutsaert 2016). The reason for this intriguing result is unclear, but it suggests that the selective advantage of the hypoxia response may differ between 21 22 lineages or between distinct high-altitude regions. Future studies aimed at exploring these possibilities in waterfowl, for which there are many species that have independently colonized 23 24 similar high-altitude environments (McCracken et al. 2009; Natarajan et al. 2015), will be greatly facilitated by the use pulse oximetry to understand how patterns of variation in the HVR impact 25 26 respiratory O₂ uptake.

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28 Acknowledgements

29 The authors would like to thank Michelle Reichert as well as Emil Bautista and his family in San

30 Pedro de Casta, Lima, Peru. This research was supported by Natural Sciences and Engineering

31 Research Council of Canada (NSERC) Discovery Grants to G.R.S. and W.K.M., an Early

1	Researcher Award from the Ontario Ministry of Research and Innovation to G.R.S., a National
2	Science Foundation grant (IOS-0949439) and the James A. Kushlan Endowment for Waterbird
3	Biology and Conservation at the University of Miami to K.G.M, and NSERC Graduate
4	Scholarships to C.M.I. and S.L.L. G.R.S. is supported by the Canada Research Chairs Program.
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1 Figure Legends

2

3 Figure 1. Andean geese exhibit relatively modest physiological responses to acute hypoxia

- 4 exposure. Volume data are shown in units at standard temperature and pressure (STP). *
- 5 Significant pairwise differences between cannulated and uncannulated birds within each inspired
- 6 O₂ tension using Bonferroni post-tests in two-factor ANOVA.
- 7

8 Figure 2. There was strong similarity between the heart rates measured using the MouseOx

9 Plus® pulse oximetry system and those measured using electrocardiography (ECG) in individual

10 uncannulated birds. Shown is a linear regression between methods (solid black line: y = 0.913x +

11 12.37; $R^2 = 0.902$; P<0.001), in which solid grey lines represent 95% confidence intervals and

- 12 the dotted grey line is the line of equality.
- 13

Figure 3. Arterial O₂ saturation (SaO₂) measured in uncannulated birds using a MouseOx Plus®
pulse oximetry system and in blood samples from cannulated birds. (*A*) SaO₂ measurements were
generally lower in cannulated birds compared to uncannulated birds, but the pairwise difference

between groups was only significant at an inspired O₂ tension of 7 kPa (*, as reflected by results

18 of Bonferroni post-tests in two-factor ANOVA). (B) Linear regression between methods for

19 SaO₂ data at each inspired O₂ tension (solid black line: y = 0.917x + 14.3; R² = 0.965; P=0.003),

in which solid grey lines represent 95% confidence intervals and the dotted grey line is the lineof equality.

22

Figure 4. The hypoxic ventilatory response of Andean geese is blunted relative to other species of waterfowl. Volume data are shown in units at body temperature and pressure (BTP), in order to provide a consistent comparison between our new Andean goose data reported here and our previously published data for bar-headed geese (a species that flies at high altitudes during its migration across the Himalayas), greylag geese, and Pekin ducks (both low-altitude species) (Scott and Milsom 2007).







