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Comparison of milk microbiota between healthy and mastitic cows

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Abstract: Mammary gland infections occur due to bacterial changes in the mammary tissue. Studies conducted in recent years have reported variations in the most common bacteria differ according to geographical locations. California mastitis test (CMT), somatic cell count (SCC), and aerobic colony count (ACC) analyses were performed on approximately 50 mL of hygienically collected raw milk samples. Raw milk was also subjected to conventional bacteriological isolation and identification. Bacterial diversity and rates in raw milk were compared through metagenome analysis. Two samples, one from healthy milk and another from subclinical milk with mastitis, were independently tested to determine whether there were differences in the percentages (%) of bacterial phylum and genera detected as a result of metagenome analysis. As a result of the conventional isolation and identification of raw milk, Escherichia-Shigella, Acinetobacter, Vibrio, Streptococcus, Pseudomonas, Lactococcus, Glutamicibacter and Bacillus genera, and Enterobacteriaceae family were frequently detected, respectively. As a result of metagenome analysis, the following phyla were detected in healthy raw milk: Firmicutes and Proteobacteria (7/7), Bacteroidota (6/7), and Actinobacteriota (4/7). In raw milk with subclinical mastitis, the detected phyla were Firmicutes and Proteobacteria (27/29), Actinobacteriota (11/29), and Bacteroidota (10/29). As a result of the statistical analysis, the frequency of Bacteriodata in healthy milk samples, as well as Enhydrobacter, Enterobacteriaceae, Paenibacillus, Macrococcus, Spingobacterium, and "Others", were significantly higher than the incidence in milk samples with subclinical mastitis. The only exception was observed in Escherichia-Shigella genera, where the opposite situation was evident. As a result of metagenome studies conducted on the raw milk of animals with both healthy and subclinical mastitis, significant differences were detected in some phyla and genera. The findings of our study will shed light on mastitis treatment studies by improving the microbiota.

Key words: Cow, milk, mastitis, microbiota

1. Introduction

Mastitis is one of the most common infectious diseases in dairy cows [1]. It is also a significant animal welfare issue, as it is associated with pain, reduced welfare, and behavioral changes in animals [2]. Moreover, mastitis poses problems in terms of both food safety and the economy [3].

Somatic cell count (SCC) is an important determinant of intramammary infection. The level of subclinical mastitis can be monitored with SCC [3]. SCC is $< 1 \times 10^5$ cells/mL in milk from a healthy cow; however, if there is a bacterial infection, this number rises above 1×10^6 cells/ mL [4].

The most common organisms that cause mastitis are infectious host pathogens and environmentally transmitted pathogens. The infectious host pathogens Staphylococcus aureus (S. aureus) and Streptococcus agalactiae (S. agalactiae) are generally associated with the most common elevated scores of SCC. Although the environmentally pathogens Streptococcus dysgalactiae (S. dysgalactiae), Streptococcus uberis (S. uberis), Corynebacterium bovis (C. bovis), and coagulase-negative Staphylococcus cause some increase in SCC, their levels of SCC are lower than those caused by infectious pathogens [3]. The California mastitis test (CMT) is another method that detects intramammary infection caused by important mastitis pathogens in the early stages of lactation. The CMT is more effective in detecting subclinical mastitis [5]. CMT is a qualitative



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measurement of somatic cell count in milk and serves as a screening test to detect subclinical mastitis [6]. The gold standard method for this purpose is the bacteriological culture test [7].

By improving the mammary microbiota, inflammation in the mammary gland can be resolved without the use of antibiotics. This sheds light on the fact that economic costs can be reduced, and animal welfare can be ensured. Mammary microbiota, currently a significant issue, continues to gain popularity as research reveals that milk is not sterile, and new generation sequencing methods replace conventional ones. It was believed that the contents of the mammary gland and milk were sterile [8], and the belief was that microorganisms in the milk contaminated it from the outside [9]. This understanding has changed due to the development of sensitive molecular methods [10]. The theory that milk in a healthy mammary gland is germfree dates back to the 1870s [11]. It has been suggested that the udder is associated with the normal flora, consisting of bacteria found around it [12]. With culture-independent microbial identification methods, the concept of a sterile intramammary environment has been reintroduced, and studies have shown that the healthy mammary gland contains many diverse bacterial populations [11].

There is increasing evidence that clinical mastitis is associated with reduced microbial diversity and altered composition of the intramammary microbiota (i.e. dysbiosis). However, whether microbiota dysbiosis is the cause or consequence of infectious mastitis is a matter of debate [13]. Young et al. [14] reported that intestinal bacteria are transferred to the mammary gland during the lactation period in cows, thus supporting the existence of an endogenous entero-mammary pathway. As milking hygiene improves and etiologies shift towards environmental pathogens, there has been an observed increase in the proportion of milk samples that do not grow bacteria in culture [15, 16].

Researchers have now begun to question the concept of sterile milk because early studies, using cultureindependent sequencing technologies, have shown that there is a wide variety of bacterial DNA in both healthy and mastitis milk samples [17]. They also stated that although bacterial DNA was found in culture-negative samples, its origin is not yet known [18]. The first microbiota study conducted with cow's milk, using pyrosequencing, was published in 2012. Researchers examined the microbiota of cattle subclinically infected with culture-positive milk. *Pseudomonas, Shigella, S. aureus* and *Escherichia coli (E. coli)* were found among the operational taxonomic units (OTUs) through sequencing and culture methods [19].

In our study, we aimed to identify healthy and subclinical mastitic animals using conventional bacteriological isolation and identification methods along with CMT,

SCC, and ACC. Additionally, we aimed to determine the mammary microbiota of healthy and subclinical mastitic animals through metagenome analysis, to determine the diversity and proportions of bacteria, and to investigate differences in the microbiota between healthy and subclinical mastitic animals.

2. Materials and methods

2.1. Sample collection

A total of 36 raw milk samples from dairy farms in the İzmir Region were analyzed. The raw milk samples were obtained from Holstein cows on two different farms. No clinical signs of mastitis were detected in any of the animals, and they were approximately 1.5 years old. After being disinfected with 70% alcohol, the teats were dried. To identify healthy or subclinical mastitis in animals, middle milking streams of raw milk samples taken from all udders of the same animal were considered one sample. Raw milk samples, taken hygienically, were placed in approximately 50 mL sterile tubes with screw caps and delivered to the laboratory through a cold chain.

2.2. CMT

Two milliliters of raw milk samples were placed in plastic petri dishes, and an equal amount of CMT reagent was added. The mixture was then stirred in circular movements for 15-20 s, followed by an evaluation based on the precipitation situation [7]. According to Kandeel, in the negative reaction (0), the mixture remains liquid with no precipitate. In the trace reaction, there is light precipitation that tends to disappear with the constant movement. One positive reaction is characterized by an obvious precipitate with no gel tendency. For two positives, the mixture thickens immediately upon movement, with some gel formation and a tendency to move towards the center. In three positives, there is pronounced gelation, with a tendency to stick to the bottom of the palette and the formation of a distinct central peak when rotated [20]. 2.3. SCC

Analysis of raw milk arriving at the laboratory was performed under a microscope using the Standard (Breed) Method [21]. According to the "Regulation on special hygiene rules for foods of animal origin," the valid limit value was determined as 400,000 cells/mL for cow's milk. Raw milk with an SCC of \leq 400,000 cells/mL was considered healthy, while a count >400,000 cells/mL was indicative of mastitis [22].

2.4. ACC

After performing serial dilutions of raw milk for the total bacterial count, plantings were carried out on Plate Count Skim Milk Agar. The mixture was then incubated at 30 °C for 48 h. At the end of the incubation period, the colonies formed on the medium were counted, and the results were evaluated. According to the "Regulation on special hygiene

rules for foods of animal origin," the maximum legal limit for the number of bacteria colony-forming unite (cfu) is $\leq 100,000/mL$ [22].

2.5.Conventional bacteriological isolation and identification

The raw milk that came to the laboratory was plated on Blood Agar, MacConkey Agar and Nutrient Agar. It was then incubated at 37 °C in both aerobic and anaerobic environments. Additionally, PPLO Agar, Brucella Agar and Trypticase Soy Agar (TSA) were used for *Brucella* spp. and *Mycoplasma* spp. identification. These were aerobically and microaerophilically incubated at 37 °C. The identification of isolates was carried out using conventional methods [23, 24].

2.6. Metagenome analysis

The milk samples from the groups determined for metagenome analysis were compared in terms of bacterial diversity and ratios.

2.7. DNA isolation

For the extraction protocol, the Quick Gene (Tissue DNA isolation kit, Kurabo) extraction device was used. As a result of the extraction process, an average of 30–40 ng of genomic DNA was obtained and diluted with 50 μ L of elution buffer. The V3-V4 region of 16S rDNA in the extracted bacterial DNA was amplified by PCR, and sequencing was performed on the HiSeq platform (Illimuna) by following the 2 × 250 bp pair-end protocol. Read pairs with unique molecular barcodes were separated, and pair-end reads assembled using FLASH (V1.2.7, http://ccb.jhu.edu/software/FLASH/).

According to the QIIME (V1.7.0, http://giime.org/ scripts/split_libraries_fastq.html) quality control process, it was carried out under specific filtering conditions to obtain clean tags with a high-quality filter on raw tags. These tags are part of the reference database (Gold database, http://drive5.com/uchime/uchime_download.html) used for detecting chimera sequences with the UCHIME (http://www.drive5.com/usearch/manual/uchime_algo. html) algorithm. The CHIMERA (http://www.drive5.com/ usearch/manual/chimera_formation.html) sequences were then extracted. Finally, effective tags were obtained. Additionally, a quality filter was applied to the combined read results, and those with an expected error rate (p-value) above 0.05 were eliminated. 16S rRNA gene sequences were divided into OTU clusters with a 97% similarity cut-off using the UPRASE (Uparse v7.0.1001 http:// drive5.com/uparse/) algorithm. To determine taxonomic classes, OTUs were mapped using the optimized version of the SILVA database (http://www.arb-silva.de/), which specifically contains the 16S V3-V4 region. Densities were obtained by mapping demultiplexed reads using UPARSE OTUs. To obtain the phylogenetic relationships among representative sequences of all OTUs, MUSCLE (Version 3.8.31 http://www.drive5.com/ muscle/) was used, as it is capable of comparing large numbers of sequences. Alphadiversity and beta-diversity analyses were subsequently conducted using the OTU tables created in the preceding two steps [25].

2.8. Statistical analysis

The investigation of whether the percentages (%) of metagenome bacterial phyla and genera differed in healthy and subclinical mastitis milk samples was conducted using two independent tests. First, preliminary analyses were performed to check whether the data met the parametric test assumptions, including normality and variance homogeneity tests. The test results revealed that only the percentages of bacterial phyla called "others" within the metagenome branch met the parametric test assumptions. Subsequently, the Student t-test was applied solely to the "others" category, while the Mann-Whitney U test was utilized for all remaining metagenome phyla and genera. The chi-square test was performed to test whether there were differences in the presence of bacteria and yeast (whether present or absent) between healthy and subclinical mastitis milk samples. In chi-square tests, Fisher's exact test was applied in cases where the expected numbers in 2×2 cross tables were below 5. As a result of the analysis, the chi-square test was performed only in the presence of total bacteria, while Fisher's exact test was applied in the presence of all remaining bacteria. Spearman rank correlations (rho) were calculated between bacteria and yeast in all milk samples. All analyses were performed using IBM SPSS Statistics for Windows, version 25.0 (IBM Corporation, Armonk, NY, USA).

3. Results

This project investigated the diversity and bacterial rates in the udder tissues of both healthy and subclinical mastitic cows. The study focused on animals that did not exhibit clinical mastitis symptoms and were from dairy farms in the İzmir Region.

3.1. CMT results

Eighteen samples were detected as healthy, while another 18 were found to have subclinical mastitis.

3.2. SCC results

Twenty-one samples were \leq 400,000/mL, indicating healthy; whereas 15 were detected as <400,000/mL, indicated subclinical mastitis.

3.3. ACC results

After incubating at 30 °C for 48 h, the colonies formed in the medium were counted, and the results were evaluated. Sixteen samples were determined to be healthy because \leq 100,000 cfu/mL was detected, while 20 samples were determined to have subclinical mastitis because >100,000 cfu/mL was detected.

Samples found to be mastitis positive in any of the CMT, SCC, and ACC analyses at 30 $^{\circ}$ C applied to raw milk

were considered to have subclinical mastitis, and samples found to be negative and below the limits were considered healthy. Accordingly, 7 of the raw milk samples were considered healthy, while 29 were found to be subclinically mastitic. CMT, SCC, and ACC results are presented in Table 1.

3.4. Conventional bacteriological isolation and identification results

Bacteria and yeast isolated and identified from healthy raw milk were as follows: *Staphylococcus* (5/7), yeast (4/7), *Bacillus* (3/7), *E. coli* (2/7), *Streptococcus* (1/7), *Proteus* (1/7), *Pseudomonas* (1/7). Similarly, in raw milk with subclinical mastitis, the isolation and identification of bacteria and yeast yielded the following results: *Bacillus* (12/29), *Staphylococcus* (11/29), yeast (11/29), *E. coli* (10/29) Acinetobacter (10/29), Streptococcus (9/29), Klebsiella (3/29), Enterobacter (3/29), Pseudomonas (2/29), Serratia (1/29), Pasteurella (1/29), Shigella (1/29), and Arcanobacter (1/29). Notably, in bacteriological cultivations from raw milk, no growth of *Brucella* and *Mycoplasma* was detected.

Table 1. CMT, SCC, and ACC analysis results for healthy and subclinical mastitis raw milk at 30 $^{\circ}$ C^{\cdot}.

Samples	SCC	СМТ	ACC	Healthy (H)/ subclinical mastitis (SM)	Samples	SCC	СМТ	ACC	Healthy (H)/ subclinical mastitis (SM)
1.1	381,282	2	1.8×10^{6}	SM	2.1	225,303	3	1.5×10^{7}	SM
1.2	190,641	Trace	0	Н	2.2	173,310	0	1.3×10^{8}	SM
1.3	1,057,191	0	0	SM	2.3	450,606	3	8.7×10^{8}	SM
1.4	675,909	0	0	SM	2.4	693,240	3	2.3×10^{7}	SM
1.5	1,802,424	3	6.2×10^{5}	SM	2.5	433,275	Trace	9.3 × 10 ⁷	SM
1.6	277,296	0	0	Н	2.6	207,972	0	6.4×10^{8}	SM
1.7	762,564	Trace	0	SM	2.7	398,613	İz	1.6×10^{9}	SM
1.8	363,951	0	0	Н	2.8	190,641	0	2.1×10^{8}	SM
1.9	155,979	Trace	0	Н	2.9	34,662	Trace	$9,5 \times 10^{7}$	SM
1.10	0	0	1.2×10^4	Н	2.10	329,289	0	7.2×10^{8}	SM
1.11	69,324	2	9.3×10^{3}	SM	2.11	86,655	0	5.2×10^{8}	SM
1.12	1,646,445	3	1.9×10^4	SM	2.12	1,351,818	Trace	3×10^{8}	SM
1.13	571,923	3	0	SM	2.13	745,233	0	1.2×10^{8}	SM
1.14	381,282	3	0	SM	2.14	2,651,643	0	2.9×10^{9}	SM
1.15	0	3	3.7×10^{3}	SM	2.15	5,528,589	Trace	2.5×10^{9}	SM
1.16	138,648	Trace	0	Н	2.16	121,317	0	6.7×10^{8}	SM
1.17	1,161,177	3	0	SM	2.19	970,536	3	7.7×10^{7}	SM
1.18	346,620	Trace	0	Н	2.20	0	0	1×10^{9}	SM

As a result of conventional bacteriological isolation and identification of raw milk from animals with subclinical mastitis in the İzmir Region, various bacteria, including *Escherichia-Shigella*, *Acinetobacter*, *Enterobacteriaceae*, *Vibrio*, *Streptococcus*, *Pseudomonas* and *Lactococcus*, as well as *Glutamicibacter* and *Bacillus*, were frequently detected.

3.5. Metagenome analysis results

Phyla with metagenome analysis results detected from healthy raw milk were as follows: *Firmucutes* (7/7), *Proteobacteria* (7/7), *Bacteroidota* (6/7), *Actinobacteriota* (4/7); Genera: *Macrococcus* (4/7), *Pseudomonas* (4/7), *Acinetobacter* (3/7), *Enhydrobacter* (3/7), *Escherichia-Shigella* (2/7), *Rothia* (2/7), *Prevotella_7* (2/7), *Paenibacillus* (2/7), *Vibrio* (2/7), *Chryseobacterium* (2/7), *Staphylococcus* (1/7), *Streptecoccus* (1/7), *Aerococcus* (1/7), *Sphingobacterium* (1/7), and *Psychrobacter* (1/7).

Phyla identified by metagenome analysis results from raw milk with subclinical mastitis were *Firmucutes* (27/29), Proteobacteria (27/29), Actinobacteriota (11/29), Bacteroidota (10/29); Genera: Escherichia-Shigella (22/29), Acinetobacter (20/29), Vibrio (13/29), Streptococcus (12/29), Lactococcus (11/29), Pseudomonas (11/29), Glutamicibacter (7/29), Bacillus (6/29), Chryseobacterium (4/29), and Staphylococcus (3/29).

The percentages of phyla determined through metagenome analysis of raw milk samples, obtained from both healthy glands and those with subclinical mastitis, are presented in Table 2. In Table 3, the genera and percentages resulting from metagenome analysis of raw milk samples with healthy glands are detailed. Additionally, Table 4 displays the genera and percentages determined through metagenome analysis of raw milk samples exhibiting positive subclinical mastitis.

The phyla and their numbers are given in raw milk that were mastitis-negative and subclinical mastitis were determined through metagenome analysis in Table 5. The genera and their numbers are given in raw milk that were mastitis-negative and subclinical mastitis were determined through metagenome analysis in Table 6.

3.6. Statistical analysis results

While the percentage of occurrence of *Bacteriodata* and branches called "others" in healthy milk samples was found to be significantly higher than the percentage of occurrence in milk samples with subclinical mastitis (U = 37.50, z = -2.81, p = 0.005; t = 3.06, p = 0.004, respectively), there was no significant difference in the incidence percentages of the remaining phyla between milk samples with healthy and subclinical mastitis (p > 0.3) (Table 7).

The percentages of *Enhydrobacter* (U = 63, z = -2.82, p = 0.005), *Enterobacteriaceae* Unknown 1 (U = 87, z = -2.04, p = 0.042), *Paenibacillus* (U = 75, z = -2.21, p = 0.027), *Macrococcus* (U = 47.50, z = -3.33, p = 0.001),

Spingobacterium (U = 87, z = -2.20, p = 0.028), and "Others" (U = 33, z = -2.74, p = 0.006) in healthy milk samples are significantly higher than the percentages of milk samples with subclinical mastitis. The only exception is *Escherichia-Shigella* (U = 47.50, z = -2.82, p = 0.005), which showed an opposite situtation in the percentage of the genus. No significant difference was found between the percentages of occurrence in healthy and subclinical mastitis milk (p > 0.1) (Table 8).

In terms of the presence of bacteria and yeast (whether present or absent), there was no significant difference in healthy milk samples with subclinical mastitis (p > 0.07). Similarly, regarding the presence of all bacteria and yeast, no significant differences were found in both milk samples (p > 0.4) (Table 9).

Bacillus with E. coli (rho = 0.45, p = 0.006), *Staphylococcus* with *Streptococcus* (rho = 0.38, p = 0.023), Pseudomonas with Shigella (rho = 0.56, p < 0.001), Pseudomonas with Arcanobacter (rho = 0.37, p = 0.028), *Klebsiella* with *Serratia* (rho = 0.56, p < 0.001), *Pasteurella* with Arcanobacter (rho = 0.47, p = 0.004) showed a moderate positive correlation. There was a strong positive correlation between Pasteurella with Actinobacillus (rho = 0.70, p < 0.001) and Arcanobacter with Actinobacillus (rho = 0.70, p < 0.001). In other words, the presence of one bacterium has increased along with the presence of another bacterium. On the other hand, there was a moderately negative correlation between Staphylococcus and Acinetobacter (rho = -0.35, p = 0.036). In other words, the increase or decrease of one of these two bacteria caused an increase or decrease in the other bacteria (Table 10).

4. Discussion

Malinowski et al. [26] detected Streptococcus and gramnegative bacilli in samples with more than 2 million cells per milliliter in their study. The highest number of SCCs (≥10 million cells per milliliter) was detected in milk samples associated with intramammary infections caused by Arcanobacterium pyogenes (95.5%), S. agalactiae (57.6%), and gram-negative bacteria. SCC numbers was detected very high (≥5 million cells per milliliter) due to Prototheca spp. (64.5%), yeast-like fungi (60.2%) and Streptococcus spp. (55.1%). SCC numbers was detected <5 million cells per milliliter due to S. aureus (76.2%), coagulase-negative Staphylococcus (84.2%), gram-positive bacilli (72.4%) and Corynebacterium (83.2%). In our study, Escherichia-Shigella, Pseudomonas and Streptococcus genera were found to be higher in raw milk with subclinical mastitis and high SCC.

In America [27], milk samples were taken from a total of 106 dairy cows and subjected to 16S rRNA microbiota analysis. One hundred and forty-two OTUs were detected and *Staphylococcus*, *Knoellia*, *Aerococcaceae*,

Phylum	Pei	Percentage of phylum detected in	e of ph	ıylun	n detec		aw mi	lk fro	raw milk from healthy animals	lthy ar	nimal	S														
	1.2				1.6				1.8			1.9	-			1.10			1.	1.16			1.18*	*0		
Firmucutes	5.7				26.1				23.2			60.8	œ			46.3			75.3	.3			37.9	6		
Bacteroidota	0				5				26.1			8.9				9.8			6.5	10			14.9	6		
Proteobacteria	89.9	6			66.3				41.4			10.5	IJ.			18.5			7.8	~			44.3	3		
Actinobacteriota	0 1				0				7.5			3				2.3			6.7				0			
Unassigned; Unknown_1	0				0				0			9.1				11.8			0				0			
Eukaryota; Unknown_1	0				0				0			0				0			0				0			
Eukaryota; Unknown_2	0				0				0			4.7				8.2			0				0			
Others	4.5				2.6				1.8			2.9	-			3.1			3.9	ć			ŝ			
Phylum		Percentage of phylum detected	age of	phyl	lum det	tected i	n raw	milk f	rom tl	ne anii	mals	with su	in raw milk from the animals with subclinical mastitis	cal ma	stitis											
	1.1	1.3 1.4	4 1.5	1.7	7 1.11	1.12	1.13 1	1.14 1	1.15 1.1	1.17 2.1	1 2.2	2.3	2.4	2.5 2	2.6 2.	2.7 2.8	8 2.9	9 2.10	2.11	2.12	2.13	2.14	2.15	2.16	2.19	2.20*
	40.7 12.5	12.5		24		45.1	14	ŝ		16.6	10.4	4	29.1	32.2 4				23.9	9 39.5	31.7				19.3	38.4	31.4
Bacteroidota	33.9	2.6 3	11.9	8.7	7 11.5		6.9 2	2.9 3																	2.5	
	21.8	ŝ	16.9		Ξ	44.4				43.4	.4 41		6.7		3	30.9	34									
Actinobacteriota		11.6	4.9		4.4			6.	6.3	16				8.4			2.9	6.6	3			2.2				
Unassigned; Unknown_1	,	4 2.6	9.6	6	14.5	6.3	4.5 1	14.7 10	16.5 8.8	8 17.3	.3														3.6	
Eukaryota; Unknown_1			6.6		7.8	2.3	2.5 8	8.1 9.	9.3 4				26.3												3.5	
	3.6	2.8 2	1.9	2.6	2.6 3.8	1.9	2 2	2.5 0.	0.8 3	13.2	.2		34.3								0.4	0.2				
Others	0.9 (0.9 2.3	2.6	2.7	2.7 2.7	1.8	2.9 3	3.2 3.	3.8 2.9	9 1.4	4 0	1.8	3.5	2.7 0.	0.8 1.	1.1 0.4	4 0.1	1 0.9	2.4	3	0.4	0.2	0	0.2	2	3.1
*NT		-	- 1																							

Table 2. Percentage of phylum determined through metagenome analysis in raw milk samples from healthy glands and subclinical mastitis.

*Numbers indicate sample numbers.

Table 3.	Percentage o	f genera in	metagenome	analysis o	of healthy raw	milk samples.
10010 00	i er een uge o	- genera m	metagemente	unui, 010 .	or mounting rates	in our proor

0	Percenta	ige of genera d	letected in he	althy raw mil	k		
Genera	1.2	1.6	1.8	1.9	1.10	1.16	1.18*
Chryseobacterium			18.1				14.2
Streptococcus			3.8				
Enhydrobacter			13.8		6.8		13
Exiguobacterium							
Aerococcus			2.4				
Pseudomonas	58.2		25.9	5.2	5.2		
Escherichia-Shigella	31.1						20.6
Rothia			6.2			6.2	
Enterococcus							
Prevotella_7				3.7	3.8		
Prevotella_9							
Bacteroides							
Faecalibacterium							
Acinetobacter		58.9			2.5		10.2
Glutamicibacter							
Lactococcus							
Staphylococcus					36.3		
Vagococcus							
Macrococcus			5.6	54.7		71.8	25.7
Sphingobacterium			3.6				
Paenibacillus			2.2				5.5
Veillonella							
Psychrobacter						2.3	
Bacillus							5.1
Serratia		4.9					
Vibrio				9.1	11.8		
Enterobacteriaceae; Unknown_13,48				4.7	8.2		
Unknown_2		15.7	18.4	22.5	25.5	19.7	5.7

*Numbers indicate sample numbers.

	2											1																
	Perce	entage	Percentage of genera	nera																								
Genera	1.1	1.3	1.4	1.5	1.7	1.11	1.12 1	1.13 1	1.14 1	1.15 1	1.17 2	2.1 2.	2.2 2.	2.3 2.4	1 2.5	2.6	2.7	2.8	2.9	2.10	2.11	2.12	2.13	2.14	2.15	2.16	2.19 2	2.20*
Chryseobacterium	40.6		2.9		2.7																						2.1	
Streptococcus	33.9	3.3	19.9	35.6		32.1	2		65.4	5	5.9					3.5			59.4							17.8 3	32.2	
Enhydrobacter	21.9																											
Exiguobacterium	2.4																											
Aerococcus			21.9							4	4.4									5.1	3.9							
Pseudomonas			6.9	7.2	21	5	36.2 5	5.6		5	58.5 3				26.4	4		53.9	2.2									
Escherichia-Shige		63	37.2 4.4		33.8		7.4				25	25.2 39	39.7 88	88.4 4.5	15	64.9	9 30.6	5 22.5	19.6	7.6	51.3	61.4	31.4	48.3		23.1 3	34.7 3	35.8
Rothia		8.5							5	5.2	$\left \right $																	
Enterococcus		4.8																			2.7							
Prevotella_7					2.6 4	4			$\left \right $																			
Prevotella_9			-	3.8		2.2	(1)	3.5																				
Bacteroides				3.6																								
Faecalibacterium				2.8																								
Acinetobacter				2.6	2.6		J	63.2	UT)	57.6 5		8.8	9.6	9	14.6	6 29.3	3	8.8	7.2	56.9	2.2	2.4	11.6	46.5		57.2	14.4	25.8
Glutamicibacter				2.3							12	12.6 48	48.1		6.5				2.9	9.6				2.2				
Lactococcus					2.3									15.6	.6 29.2	2	67.7	7 8.7		11.6	3.8	29.2	54.4		98.8		2	27.7
Staphylococcus					14.4		ц)	5.6						81														
Vagococcus					2.2																	2.2						
Macrococcus								4	4.9			8.	.5															
Sphingobacterium																												
Paenibacillus																					2							
Veillonella						2.8																						
Psychrobacter										3	3.5																	
Bacillus										5	2	5								4.6	21.8					7.	4.5	
Serratia																			2,6									
Vibrio		4	2.6	9.6	2.9	14.5 (6.3 4	4.5 1	14.7	16.5 8	8.8 4	4.7 4.7	<u>ь</u>														(1)	3.5
Enterobacteriaceae; Unknown_13,48		2.8	5	6.6	2.6	7.8	2.3 2	2.5 8	8.2 9	9.3 4		13.2 13	13.2	26.3	.3													7.5
Unknown_2	11.8 13.7	13.7	6.6	21.7	13	34.5	5.6 1	15.1 6	6.8 1	11.4 4.	4.8 17	17.3 17	17.3	34.3	3												3.6	
	-	-																										

Table 4. Percentage of genera in metagenomic analyses of subclinical mastitic milk samples.

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*Numbers indicate sample numbers.

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Phyla	Healthy (7)	Subclinical mastitis (29)
Firmucutes	7/7	26/29
Bacteriodata	6/7	9/29
Proteobacteria	7/7	26/29
Actinobacteriota	4/7	8/29
Unassigned; Unknown_1	2/7	12/29
Eukaryota_1	0/7	10/29
Eukaryota_2	3/7	13/29

Table 5. The phyla and the numbers of healthy and subclinical mastitis-positive isolates determined through metagenome analysis.

Table 6. The genera and the numbers of healthy and subclinical mastitis-positive isolates determined through metagenome analysis.

Genera	Healthy (7)	Subclinical mastitis (29)
Chryseobacterium	2	4
Streptococcus	1	12
Enhydrobacter	3	1
Exiguobacterium	0	1
Aerococcus	1	4
Pseudomonas	4	11
Escherichia-Shigella	2	22
Rothia	2	2
Enterococcus	0	2
Prevotella_7	2	2
Prevotella_9	0	3
Bacteroides	0	1
Faecalibacterium	0	1
Acinetobacter	3	19
Glutamicibacter	0	7
Lactococcus	0	11
Staphylococcus	1	3
Vagococcus	0	2
Macrococcus	4	2
Sphingobacterium	1	0
Paenibacillus	2	1
Veillonella	0	1
Psychrobacter	1	1
Bacillus	1	6
Serratia	1	1
Vibrio	2	13
Enterobacteriaceae; Unknown_13,48	2	14
Unknown_2	6	15

Table 7. Percentages of the presence of metagenome phyla in milk samples with healthy and subclinical mastitis (%).	ses of the pr	resence of n	netagenom	e phyla in milk	c samples wiu	n neaitny a.	TITA SUUCINI	al IIIdoulus	(%).					
	Healthy $(n = 7)$	= 7)				Subclinical	Subclinical mastitis (n = 29)	= 29)						
Phylum	Average	Standard error	Median	Interquartile distribution	Average rank	Average	Standard error	Median	Interquartile distribution	Average rank	Mann- Whitney U statistics	Z score	t statistics	p value
Firmicutes	39.29	8.96	37.87	37.60	21.14	32.36	4.44	31.41	33.26	17.86	83.00	-0.74		0.460
Bacteriodata	10.16	3.17	8.93	9.87	27.64	3.00	1.28	0.00	3.00	16.29	37.50	-2.81		0.005
Proteobacteria	39.82	11.51	41.44	55.80	15.29	50.85	5.16	55.06	34.07	19.28	79.00	-0.90		0.368
Actinobacteriota	2.77	1.20	2.24	6.64	20.29	4.09	1.77	0.00	4.67	18.07	89.00	-0.56		0.577
Unknown	2.98	1.95	26.52	9.13	16.43	4.81	1.48	0.00	7.56	19.00	87.00	-0.65		0.517
Eukaryota 1	0.00	0.00	0.00	0.00	17.00	1.48	1.00	0.00	0.00	18.86	91.00	-0.88		0.381
Eukaryota 2	1.85	1.25	0.00	4.70	18.00	1.78	0.53	0.00	2.71	18.62	98.00	-0.16		0.871
Others	3.12	0.32	2.99	1.24	28.14	1.61	0.23	1.75	2.24	16.17			3,.6	0,004

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	Healthy $(n = 7)$	(u = 7)				Subclinic	Subclinical mastitis (n = 29)	(n = 29)					
Genera	Average	Standard error	Median	Interquartile distribution	Average rank	Average	Standard error	Median	Interquartile distribution	Average rank	Mann-Whitney U statistics	Z score	Z score t statistics
Staphylococcus	5.18	5.18	0.00	0.00	19.29	0.97	0.58	0.00	0.00	18.31	96.00	-0.40	0.687
Streptococcus	0.54	0.54	0.00	0.00	14.00	12.01	3.59	0.00	25.46	19.59	70.00	-1.46	0.143
Chryseobacterium	4.62	3.01	0.00	14.22	20.93	1.42	1.16	0.00	0.00	17.91	84.50	-1.05	0.295
Enhydrobacter	4.80	2.42	0.00	20.58	24.00	0.73	0.73	0.00	0.00	17.17	63.00	-2.82	0.005
<i>Enterobacteriaceae</i> Unknown 1	0.69	0.69	0.00	0.00	20.57	0.00	0.00	0.00	0.00	18.00	87.00	-2.04	0.042
Escherichia-Shigella	7.38	4.90	0.00	0.00	10.79	25.86	4.48	23.12	36.26	20.36	47.50	-2.20	0.028
Acinetobacter	10.24	8.24	0.00	10.15	15.29	14.69	3.87	5.09	20.05	19.28	79.00	-0.93	0.354
Lactococcus	2.93	2.93	0.00	0.00	15.00	12.03	4.44	0.00	13.57	19.34	77.00	-1.17	0.243
Faecalibacterium	0.00	0.00	0.00	0.00	18.00	0.09	0.09	0.00	0.00	18.62	98.00	-0.49	0.623
Vagococcus	0.00	0.00	0.00	0.00	17.50	0.15	0.10	0.00	0.00	18.74	94.50	-0.71	0.481
Bacteroides	0.00	0.00	0.00	0.00	18.00	0.12	0.12	0.00	0.00	18.62	98.00	-0.49	0.623
Provotella 7	1.07	0.69	0.00	3.74	21.64	0.23	0.16	0.00	0.00	17.74	79.50	-1.61	0.107
Prevotella 9	0.00	0.00	0.00	0.00	17.00	0.33	0.19	0.00	0.00	18.86	91.00	-0.88	0.381
Pseudomonas	13.51	8.22	5.19	25.98	21.43	7.69	2.98	0.00	6.27	17.79	81.00	-0.92	0.360
Paenibacillus	1.09	0.79	0.00	2.18	22.29	0.07	0.07	0.00	0.00	17.59	75.00	-2.21	0.027
Macrococcus	22.55	11.22	5.60	54.73	26.21	0.46	0.33	0.00	0.00	16.64	47.50	-3.33	0.001
Spingobacterium	0.51	0.51	0.00	0.00	20.57	0.00	0.00	0.00	0.00	18.00	87.00	-2.04	0.042
Aerococcus	0.34	0.34	0.00	0.00	18.29	1.22	0.78	0.00	0.00	18.55	100.00	-0.10	0.921
Enterococcus	0.00	0.00	0.00	0.00	17.50	0.26	0.19	0.00	0.00	18.74	94.50	-0.71	0.481
Glutamicibacter	0.00	0.00	0.00	0.00	15.00	2.90	1.71	0.00	1.11	19.34	77.00	-1.42	0.156
Veillonella	0.00	0.00	0.00	0.00	18.00	0.10	0.10	0.00	0.00	18.62	98.00	-0.49	0.623
Pschrobacter	0.33	0.33	0.00	0.00	20.00	0.12	0.12	0.00	0.00	18.14	91.00	-1.06	0.291
Bacillus	0.73	0.73	0.00	0.00	18.29	1.31	0.78	0.00	0.00	18.55	100.00	-0.09	0.926
Vibrio	0.00	0.00	0.00	0.00	17.50	0.29	0.20	0.00	0.00	18.74	94.50	-0.71	0.481
Rothia	1.77	1.14	0.00	6.17	21.64	0.47	0.34	0.00	0.00	17.74	79.50	-1.61	0.107
Exiguobacterium	0.00	0.00	0.00	0.00	18.00	0.08	0.08	0.00	0.00	18.62	98.00	-0.49	0.623
Serratia	0.00	0.00	0.00	0.00	18.00	0.09	0.09	0.00	0.00	18.62	98.00	-0.49	0.623
Unknown 1	0.00	0.00	0.00	0.00	17.00	1.48	1.00	0.00	0.00	18.86	91.00	-0.88	0.381
Unknown 2	2.98	1.95	0.00	9.13	16.43	4.81	1.48	0.00	7.56	19.00	87.00	-0.65	0.517
Unknown 3	1.85	1.25	0.00	0.00	18.36	1.66	0.52	0.00	2.56	18.53	100.50	-0.05	0.962
Unknown 7	0.00	0.00	0.00	0.00	18.00	0.08	0.08	0.00	0.00	18.62	98.00	-0.49	0.623
Others	16.89	2.58	18.41	11.71	28.29	8.27	1.32	6.07	8.74	16.14	33.00	-2.74	0.006

Table 9. Comparison of the presence of bacteria	and yeast in healthy and mastitis milk samples
Table 9. Comparison of the presence of bacteria	and yeast in nearing and mastrus mink samples.

		Numb	er		χ^2	p value	Fisher's exact Test p value
	Group	-	+	+ (Row%)			
	Healthy	3	4	57.1			0.684
Bacillus	Subclinical mastitis	16	13	44.8			
- 1	Healthy	5	2	28.6			1.000
E. coli	Subclinical mastitis	18	11	37.9			1.000
24 - 6 1 - 1	Healthy	2	5	71.4			0.204
Staphylococcus	Subclinical mastitis	18	11	37.9			0.204
·····	Healthy	6	1	14.3			0.400
Streptococcus	Subclinical mastitis	19	10	34.5			0.400
Pseudomonas	Healthy	6	1	14.3			0.499
-seuuomonas	Subclinical mastitis	27	2	6.9			0.488
Proteus	Healthy	6	1	14.3			0.194
Proteus	Subclinical mastitis	29	0	0			0.194
Acinetobacter	Healthy	7	0	0			0.076
Acimeiobucier	Subclinical mastitis	18	11	37.9			0.076
Klebsiella	Healthy	7	0	0			1.000
Kiedsiellu	Subclinical mastitis	26	3	10.3			1.000
Enterobacter	Healthy	7	0	0			
Lineroducier	Subclinical mastitis	29	0	0			-
Serratia spp.	Healthy	7	0	0			1 000
serraia spp.	Subclinical mastitis	28	1	3.4			1.000
Pasteurella	Healthy	7	0	0			1.000
Pasteurena	Subclinical mastitis	27	2	6.9			1.000
Shigella	Healthy	7	0	0			1.000
	Subclinical mastitis	28	1	3.4			
Arcanobacter	Healthy	7	0	0			1.000
1. 04110040101	Subclinical mastitis	27	2	6.9			1.000
Actinobacillus	Healthy	7	0	0			1.000
	Subclinical mastitis	28	1	3.4			
Yeast	Healthy	3	4	57.1			0.418
	Subclinical mastitis	18	11	37.9			
Total bacteria	Healthy	84	14	14.3			
Iotal Daciella	Subclinical mastitis	338	68	16.7	0.352	0.553	

	Bacillue		Ct abhilococcue		Construction Deadourouse Dustance	Destance	Aciustohactor	Vlobeialla Eutoncharton Councila	towho chow	1	Dectauralla Chicalla		Auconobactor	Aurohoctor Activolocillus	
	spp.	E. coli	spp.		eus 1 seuvinuus spp.	spp.		spp. sl	spp. s		ı usıcurcını spp.		spp.	spp.	Yeast
Bacillus	1	0.447**	+ -0.174	-0.265	-0.084	-0.160	-0.023	-0.084		-0.160	0.013	-0.160	0.013	0.179	-0.122
p value	le	0.006	0.310	0.118	0.627	0.352	0.892	0.627)	0.352	0.938	0.352	0.938	0.297	0.477
E. coli		1.000	-0.207	-0.248	-0.017	-0.127	0.003	0.192		-0.127	0.070	-0.127	0.070	0.225	-0.166
p value	le		0.226	0.145	0.920	0.460	0.984	0.262)	0.460	0.684	0.460	0.684	0.187	0.333
Staphylococcus			1.000	0.378*	-0.270	0.189	-0.351*	-0.067		-0.151	-0.217	-0.151	-0.217	-0.151	-0.076
p value	le			0.023	0.112	0.270	0.036	0.696)	0.379	0.204	0.379	0.204	0.379	0.661
Streptococcus				1.000	-0.200	-0.112	-0.309	-0.200		-0.112	-0.161	-0.112	-0.161	-0.112	-0.194
p value	le				0.242	0.515	0.067	0.242)	0.515	0.349	0.515	0.349	0.515	0.258
Pseudomonas					1.000	-0.051	0.018	-0.091		-0.051	-0.073	0.561**	0.366*	-0.051	0.153
p value	le					0.768	0.916	0.598)	0.768	0.672	<0.001	0.028	0.768	0.373
Proteus						1.000	-0.112	-0.051		-0.029	-0.041	-0.029	-0.041	-0.029	0.200
p value	le						0.515	0.768)	0.869	0.812	0.869	0.812	0.869	0.242
Acinetobacter							1.000	0.236		0.255	0.102	0.255	0.102	0.255	-0.071
p value	le							0.165)	0.134	0.552	0.134	0.552	0.134	0.679
Klebsiella								1.000		0.561**	-0.073	-0.051	-0.073	-0.051	-0.255
p value	le								v	<0.001	0.672	0.768	0.672	0.768	0.134
Enterobacter p value															
Serratia										1.000	-0.041	-0.029	-0.041	-0.029	-0.143
p value	le										0.812	0.869	0.812	0.869	0.406
Pasteurella											1.000		0.471**	0.697**	0.041
p value	ie											0.812	0.004	0.000	0.812
Shigella												1.000	-0.041	-0.029	0.200
p value	le												0.812	0.869	0.242
Arcanobacter													1.000	0.697**	-0.205
p value	le													0.000	0.230
Actinobacillus														1.000	-0.143
p value	le														0.406
Yeast															1.000
p value	le														

Table 10. Spearman sequence correlations between bacteria and yeast in all milk samples (rho).

p < 0.05; **p < 0.01 at significance level.

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and Coxiella were the most common herbs. These OTUs have been Bacteroidetes and Enhydrobacter. In our study, Pseudomonas, Macrococcus, and Acinetobacter were the genera detected in healthy raw milk; Escherichia-Shigella, Acinetobacter. Vibrio, Streptococcus, Pseudomonas, Lactococcus. Glutamicibacter, and Bacillus genera were found in raw milk with subclinical mastitis. In the positive group where bacterial reproduction was detected and somatic cell count was ≥150,000 cells/mL, the Staphylococcus genus had the highest prevalence, accounting for 16% of the sequences. In our study, the highest prevalence, 22%, was observed in the Escherichia-Shigella genus, while the Staphylococcus genus had a prevalence of 3%. In contrast, only 0.75% of the healthy samples was found to belong to the Staphylococcus genus. In the study on *Coxiella spp.*, the prevalence of the most common OTU found to be higher in the newly detected areas of mastitis included Bacteroidetes, Enhydrobacter, Janthinobacterium, Staphylococcus, Acinetobacter, Ellin6075, Fibrobacter, Knoellia, Cupriavidus, Pantoea, Aerococcaceae, Aerococcus. Arthrobacter. Coxiella, Rhodocyclaceae, Solibacteriales, Brevundimonas. Psychrobacter, Burkholderia. Due to differences in geographical conditions, different genera have been determined in our study.

In a study conducted in China [28], 36 animals from each of two farms were selected and these animals consisted of 16 healthy and 16 with subclinical mastitis. Milk samples were taken from a total of 72 animals and divided into 8 groups. The microbiota of these samples were analyzed using the pyrosequencing method. The 10 most common branches are Proteobacteria, Firmicutes, Bacterioidetes, Actinobacteria, Tenericutes, Spirochaetae, Fusobacteria, Chloroflexi, Deinococcus-Thermus, Planctomycetes. In our study, the most frequently detected pyla were Firmucutes and Proteobacteria, followed by Bacteriodata and Actinobacteriota at the same rate. In the study, it was reported that the prevalence of Proteobacteria, the main phylum, varied between 39.96% and 48.30% for each group. This was followed by Firmicutes (30.25%-40.28%), Bacteroidetes (8.38%-12.21%), and Actinobacteria (5.17%-11.29%) [28]. They reported that a total of 32 dominant genera were observed. Notably, the common genera differ across different groups.

Another study [29] was conducted on a dairy farm at the University of Illinois-Urbana. Using next-generation sequencing and quantitative real-time PCR (RT-PCR), cows that were found to be mastitis-negative during the dry period were randomly selected. They were either given antibiotics (intrauterine ceftiofur hydrochloride) and nipple sealant (36 cows) or only nipple sealant (36 cows). The five most abundant genera are *Corynebacterium*, *Acinetobacter, Arthrobacter, Staphylococcus*, and *Psychrobacter*. Bacteria from the genera *Acinetobacter* and *Staphylococcus* have also been detected in our study; however, there are differences in other genera.

In New York [30], in the study, milk samples from 35 cows were subjected to DNA extraction. *Firmicutes* and *Proteobacteria* were abundant in healthy milk samples. It is reported that in mastitis samples caused by *E. coli* and *Klebsiella, Proteobacteria* are seen in approximately 98%, while in mastitis samples caused by *Streptococcus*, the majority consist of *Firmicutes* and *Proteobacteria*. It is reported that *Firmicutes* and *Proteobacteria* constitute the majority of mastitis samples. In our study, *Firmicutes* and *Proteobacteria* phyla were frequently detected in both healthy and mastitis raw milk.

Milk samples were collected from 10 farms in Shanghai, China, for 12 months and 16S rRNAs were studied using high-throughput DNA sequencing methods. *Firmicutes* (40%), *Proteobacteria* (39%), and *Actinobacteria* (9.4%) were the most abundant phyla, showing a mutually balanced relationship. *Pseudomonas* (19.6%), *Bacillus* (13.8%), *Lactococcus* (11.7%), and *Acinetobacter* (10.2%) were found to be the most common genera in accordance with our study. However, in our study, *Firmicutes* and *Proteobacteria* were detected at higher rates; subsequently, *Bacteriodata* and *Actinobacteriodata* were detected [31].

In Russia, in 2021, as a result of comparative microbiome analyses of milk associated with bovine mastitis on two farms, some genera were found to be dominant, including Staphylococcus aureus (S. aureus), Aerococcus, and Streptococcus. It has been reported that the dominant phyla are Firmicutes, especially Bacillus, Proteobacteria, and Actinobacteria. Additionally, bacteria such as Enterobacter, Macrococcus, Corynebacterium, Acinetobacter, *Psychrobacter*, Ignavigranum, and Atopostipes have also been detected. The dominant Staphylococcus and Streptococcus, and Acinetobacter were mostly observed in milk samples exhibiting both subclinical and clinical mastitis; In milk samples with subclinical mastitis, Streptococcus (93.95%), Enterobacter (59.32%), and Macrococcus (60.26%) were prevalent; in healthy milk, Aerococcus (44%) was detected. They also emphasized that S. aureus, along with E. coli and S. uberis, are important intramammary pathogens. In our study, the Staphylococcus genus was detected at lower rates, while Escherichia-Shigella, Streptococcus, Pseudomonas, and Acinetobacter were found at higher rates. Although there were some differences between the two farms, they stated that no significant difference was observed between the farm with healthy conditions and the one affected by mastitis. In the study, the genera found to be high in all groups were Staphylococcus and Streptococcus. Acinetobacter was detected in 82% of subclinical mastitis and 74% of mastitis milk samples in the same study [32].

In our study, *Acinetobacter* was found at a rate of 42.8% in healthy raw milk and 65.5% in raw milk with subclinical mastitis.

In another study conducted in Russia in 2018, microbiome changes were examined in the milk of healthy, clinical, and subclinical mastitic cows. In addition to Streptococcaceae, Staphylococcoceae, and Bacillaceae, primarily Pseudomonadales and Burkholderiales OTUs were detected in animals with mastitis. On the other hand, a decrease in Planococcaceae OTU rates was detected. In all three groups-healthy, subclinical mastitis, and mastitis-Proteobacteria (63.8%-87.2%) was the highest, and Firmicutes (11.6%-35.2%) was in second place. They reported that the Streptococcus genus is dominant in healthy cows. Additionally, as one moves from healthy cows to cows with mastitis, the number of Actinomycetales increases, and the number of Burkholderiales decreases [33]. In our study, Proteobacteria (100%) and Firmicutes (89.6%) were detected at the same rate in both healthy and subclinical mastitis raw milk. However, the Acinetobacter rate was 42.8% in healthy raw milk, increasing to 65.5% in raw milk with subclinical mastitis. Furthermore, it was found that the rate of Streptococcus increased in those with subclinical mastitis, rising from 15.8% to 41.3%. In Russia, Gryaznovs et al. [34], in their study, associated the increase in Cutibacterium, Blautia, Clostridium sensu stricto 2, Staphylococcus, Streptococcus and Microbacterium genera with breast pathology, and the increase in Staphylococcus and Streptecoccus genera with subclinical mastitis.

The most frequently isolated pathogens are *S. aureus, E. coli, Klebsiella, Streptococcus, Mycoplasma, Enterobacter, Bacillus,* and *Corynebacterium.* As a result of the study, the most common phyla were determined to be *Actinobacteriota, Firmicutes, Proteobacteria,* and

Bacteriodota [34]. In our study, the rate of *Streptococcus* increased in raw milk with subclinical mastitis, but there was no significant increase in the rate of *Staphylococcus; Firmicutes* and *Proteobacteria* were detected at higher rates.

In the study conducted in Italy in 2022, the most dominant microorganisms were Lactococcus, Lactobacillus, Pseudomonas, Micrococcus, Staphylococcus, and yeast species. Other notable findings included Leuconostoc, Enterococcus, Streptococcus, Bacillus, Clostridium, Listeria, and Enterobacteriaceae. Additionally, gramnegative bacteria also included Acinetobacter, Alcaligenes, Flavobacterium, and Aeromonas species. Consistent with our study, Proteobacteria and Firmucutes were generally the most dominant phyla, with a rate of 32%. Following them, Actinobacteria was detected in 29% and Bacteroidetes in 6%. Streptococcus, Escherichia, Staphylococcus, and Enterococcus, along with the Corynebacterium genus, were the genera most associated with mastitis on the farm [35]. Streptococcus and Escherichia species were found at high rates in raw milk with subclinical mastitis in our study.

As a result of metagenome studies conducted on raw milk from healthy and mastitic animals, significant differences have been detected in some phyla and genera. Our study has also determined that changes in microbiota play a crucial role in mastitis cases. The findings of this study will shed light on the studies on mastitis treatment by improving the microbiota.

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References

- Pol M, Ruegg PL. Relationship between antimicrobial drug usage and antimicrobial susceptibility of gram-positive mastitis pathogens. Journal of Dairy Science 2007; 90: 262-273. https:// doi:10.3168/jds.S0022-0302(07)72627-9.
- Medrano-Galarza C, Gibbons J, Wagner S, De Passille AM, Rushen J. Behavioral changes in dairy cows with mastitis. Journal of Dairy Science 2012; 95: 6994-7002. https://doi: 10.3168/jds.2011-5247.
- Sharman N, Singh NK, Bhadwal MS. Relationship of somatic cell count and mastitis: An overview. Asian-Ausralasian Journal of Animal Science 2011; 24 (3): 429-438. https://doi. org/10.5713/ajas.2011.10233
- Bytyqi H, Zaugg U, Sherifi K, Hamidi A, Gjonbalaj M et al. Influence of management and physiological factors on somatic cell count in raw milk in Kosova. Veterinary Archives, 2010; 80 (2): 173-183.

- Moroni P, Nydam DV, Ospin PA, Scillieri-Smith JC, Virkler PD et al. Diseases of the teats and udder. In Rebhun's Diseases of Dairy Cattle (Eds. Peek, S., Divers, T.J.). Third Edition, WB Saunders Co, Philadelphia; 2018.
- Dingwell RT, Leslie KE, Schukken YH, Sargeant JM, Timms LL. Evaluation of the California mastitis test to detect an intramammary infection with a major pathogen in early lactation dairy cows. The Canadian Veterinary Journal 2003; 44 (5): 413-415.
- Firdaus I. Laboratory Handbook on Bovine Mastitis. 3th ed. New Praque, Minnesota, USA. National Mastitis Council, Inc.; 2017.
- Neave FK. Diagnosis of mastitis by bacteriological methods alone. In: Dodd FH, Griffin TK, Kingwill RG (editor). IDF Seminar on Mastitis Control, Reading, UK: 1975. pp 19-36.

- Addis MF, Tanca A, Uzzau S, Oikonomou G, Bicalho RC et al. The bovine milk microbiota: insights and perspectives fromomics studies. Moleculer BioSystems 2016; 19;12 (8): 2359-72. https://doi: 10.1039/c6mb00217j.
- Hood L. Tackling the microbiome. Science 2012; 336: 1209. http://dx.doi.org/10.1126/science.1225475
- Rainard P. Mammary microbiota of dairy ruminants: fact or fiction? Veterinary Research 2017; 48: 25. https://doi: 10.1186/ s13567-017-0429-2.
- Plastridge WN. Bovine mastitis: A review. Journal of Dairy Science 1958; 41 (9): 1141-1181. https://doi.org/10.3168/jds. S0022-0302(58)91071-3
- Derakhshani H, Fehr KB, Sepehri S, Francoz D, Buck D.J, Barkema HW, Plaizier JC, Khafipour E. Invited review: Microbiota of the bovine udder: Contributing factors and potential implications for udder health and mastitis susceptibility. Journal of Dairy Science 2018; 101 (12): 10605-10625. https://doi.org/10.3168/jds.2018-14860
- Young W, Hine BC, Wallace OAM, Callaghan M, Bibiloni R. Transfer of intestinal bacterial components to mammary secretions in the cow. Peer J 2015; 3: Article e888. https://doi. org/10.7717/peerj.888
- Ruegg PL. A 100-year review: mastitis detection, management, and prevention. Journal of Dairy Science 2017; 100 (12): 10381-10397. https://doi: 10.3168/jds.2017-13023.
- Neave FK, Dodd FH, Kingwill RG, Westgarth DR. Control of mastitis in the dairy herd by hygiene and management. Journal of Dairy Science 1969; 52 (5): 696-707. https://doi: 10.3168/jds. S0022-0302(69)86632-4.
- Oikonomou G, Machado VS, Santisteban C, Schukken YH, Bicalho RC. Microbial diversity of bovine mastitic milk as described by pyrosequencing of metagenomics 16s rDNA. PLoS One 2012; 7 (10): e47671. https://doi.org/10.1371/ journal.pone.0047671
- Kuehn JS, Gorden PJ, Munro D, Rong R, Dong Q. Bacterial community profiling of milk samples as a means to understand culture-negative bovine clinical mastitis. PloS One 2013; 8 (4): e61959. https://doi.org/10.1371/journal.pone.0047671.
- Bhatt VD, Ahir VB, Koringa PG, Jakhesara SJ, Rank DN et al. Milk microbiome signatures of subclinical mastitisaffected cattle analysed by shotgun sequencing. Journal of Applied Microbiology 2012; 112 (4): 639-650. https://doi: 10.1111/j.1365-2672.2012.05244.x.
- KandeelSA, Morin DE, Calloway CD, Constable PD. Association of California mastitis test scores with intramammary infection status in lactating dairy cows admitted to a veterinary teaching hospital. Journal of Veterinary. Internal Medicine 2018; 32 (1): 497-505. https://doi: 10.1111/jvim.14876
- Prescott SC, Breed RS. The determination of the number of body cells in milk by a direct method. The Journal of Infectious Diseases 1910; 7 (5): 632-640.
- 22. Ministry of Food, Agriculture and Livestock, Regulation on special hygiene rules for Animal Foods, 27 December 2011. Number: 28155.

- 23. Alton GG, Jones LM, Angus RD, Verger JM, 1988. Techniques for the brucellosis laboratory. INRA, Paris.
- 24. Hogan SJ, González NR, Harmon JR, Nickerson CS, Oliver PS et al. 1999. Laboratory Handbook on Bovine Mastitis. Revised Edition, National Mastitis Council, Madison, WI, USA
- 25. BM Labosis, 16S Metagenom Analysis August 2022.
- 26. Malinowski E, Henryka L, Kłossowska A, Markiewicz H, Kaczmarowski M et al. Relationship between mastitis agents and somatic cell count in foremilk samples. Bulletin of the Veterinary Institute in Pulawy 2006; 50: 349-352.
- Metzger SA, Hernandez LL, Suen G, Ruegg PL. Understanding the milk microbiota. The Veterinary Clinics of North America Food Animal Practice 2018; 34 (3): 427-438. https://doi: 10.1016/j.cvfa.2018.06.003.
- Pang M, Xie X, Bao H, Sun L, He T et al. Insights into the bovine milk microbiota in dairy farms with different incidence rates of subclinical mastitis. Frontiers in Microbiology 2018; 9 (2379): 1-13. https://doi.org/10.3389/fmicb.2018.02379
- Bonsaglia ECR, Gomes MS, Canisso IF, Zhou Z, Lima SF et al. Milk microbiome and bacterial load following dry cow therapy without antibiotics in dairy cows with healthy mammary gland. Scientific Reports 2017; 7 (8067): 1-10. https://doi: 10.1038/ s41598-017-08790-5
- Lima SF, Bicalho MLS, Bicalho RC. Evaluation of milk sample fractions for characterization of milk microbiota from healthy and clinical mastitis cows. PLoS One 2018; 21; 13 (3): e0193671. https://doi: 10.1371/journal.pone.0193671.
- Li N, Wang Y, You C, Ren J, Chen W et al. Variation in raw milk microbiota throughout 12 months and the impact of weather conditions. Scientific Reports 2018; 8 (2371): 1-10. https:// doi:10.1038/s41598-018-20862-8
- 32. Sokolov S, Fursova K, Shulcheva I, Nikanova D, Artyemieva O et al. Comparative analysis of milk microbiomes and their association with bovine mastitis in two farms in Central Russia. Animals (Basel) 2021; 11 (5): 1401. https://doi: 10.3390/ani11051401.
- Forsova KK, Sokolov SL, Shchannikova MP, Nikanova DA, Artemeva OA et al. Changes in the microbiome of milk in cows with mastitis. Doklady Biochemistry and Biophysics (Dokl Biochem Biophys) 2021; 497 (1): 75-80. https://doi. org/10.1134/S1607672921020046.
- Gryznova MV, Syromyatnikov MY, Droretskaya YD, Solodskikh SA, Klimov NT et al. Microbiota of cow's milk with udder pathologies. Microorganisms 2021; 9 (9): 1974. https:// doi:10.3390/microorganisms9091974.
- 35. Tarrah A, Callegaro S, Pakroo S, Finocchiaro R, Giacomini A et al. New insights into the raw milk microbiota diversity from animals with a different genetic predisposition for feed efficiency and resilience to mastitis. Scientific Reports 2022; 12: 13498. https://doi.org/10.1038/s41598-022-17418-2