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2 *Feline infectious peritonitis; insights into feline coronavirus*  
3 *pathobiogenesis and epidemiology based on genetic analysis of the viral 3c*  
4 *gene*

5

6 Running title: 3c gene mutations in the feline coronavirus pathotype switch

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23

24 **Abstract**

25 Feline infectious peritonitis (FIP) is a lethal systemic disease caused by FIP virus (FIPV),  
26 a virulent mutant of apathogenic feline enteric coronavirus (FECV). We analyzed the 3c  
27 gene - a proposed virulence marker - in 27 FECV- and 28 FIPV-infected cats. Our  
28 findings strongly suggest that functional 3c protein expression is crucial for FECV  
29 replication in the gut but dispensable for systemic FIPV replication. While intact in all  
30 FECVs, the 3c gene was mutated in the majority (71.4%) but not in all FIPVs, implying  
31 that mutation in 3c is not the (single) cause of FIP. Most FIP cats had no detectable  
32 intestinal FCoV and had apparently cleared the primary FECV infection. In those that had,  
33 the fecal virus always had an intact 3c and seemed acquired by FECV superinfection.  
34 Apparently, 3c-inactivated viruses do not - or only poorly - replicate in the gut,  
35 explaining the rare incidence of FIP outbreaks.

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37

38 **TEXT**

39 Feline coronaviruses (FCoVs; family *Coronaviridae*, order Nidovirales), important  
40 pathogens of cats, occur in two distinctly different pathotypes. Feline enteric coronavirus  
41 (FECV), the pathotype most common in the field, seems mainly confined to the intestinal  
42 tract and causes mild, often unapparent enteritis. The virus efficiently spreads via the  
43 fecal-oral route and, as infections may persist subclinically for up to a year and perhaps  
44 even longer (Herrewegh *et al.*, 1997; Pedersen *et al.*, 2008), FECV prevalence is high,  
45 reaching up to 90% seropositivity in multi-cat environments. The other pathotype,  
46 designated feline infectious peritonitis virus (FIPV), occurs only sporadically. In sharp  
47 contrast to FECVs, FIPVs do not seem to be well transmitted and they are highly virulent.  
48 By efficiently infecting macrophages and monocytes, FIPVs can escape from the gut and  
49 cause a lethal systemic disease with multi-organ involvement, in classical cases  
50 accompanied by accumulation of abdominal exudate (ascites; for reviews, see de Groot &  
51 Horzinek, 1995; Haijema *et al.*, 2007; Pedersen, 2009).

52 There is genetic and animal experimental evidence to indicate that the virulent  
53 pathotype time and again evolves from the avirulent one by mutation in individual  
54 infected cats. Comparative sequence analysis of feline coronavirus laboratory strains and  
55 field variants revealed that FECVs and FIPVs come in genetically closely related pairs,  
56 more identical to each other than to other feline coronaviruses (Herrewegh *et al.*, 1995;  
57 Pedersen *et al.*, 1981; Poland *et al.*, 1996; Vennema *et al.*, 1998). Direct support for the  
58 ‘internal mutation’ hypothesis comes from an experiment in which cats with an  
59 immunosuppressive feline immunodeficiency virus (FIV) infection were superinfected  
60 with FECV. A number of these animals developed FIP in response. The (systemic) virus

61 variants isolated from the diseased cats were isogenic to the original FECV strain yet,  
62 unlike the parental virus, readily induced FIP when inoculated into specific pathogen-free  
63 cats (Poland *et al.*, 1996; Vennema *et al.*, 1998); virulence thus appears to be an acquired  
64 genetic trait.

65         So far, the critical mutations that would convert apathogenic FECV into FIPV  
66 have not been identified in the huge 29 kb FCoV RNA genome. It has been noted,  
67 however, that FIPV strains frequently carry mutations that inactivate the gene for 3c  
68 (Pedersen, 2009; Vennema *et al.*, 1998), an accessory triple-spanning membrane protein  
69 with a predicted topology similar to that of SARS coronavirus 3a (Oostra *et al.*, 2006).  
70 Loss of 3c function thus seemingly correlates with acquisition of virulence (Haijema *et*  
71 *al.*, 2004; Pedersen, 2009; Vennema *et al.*, 1998).

72         Recently, the internal mutation theory as the basis for the pathotype switch was  
73 fundamentally challenged by Siddell and coworkers (Dye & Siddell, 2007). Departing  
74 from the assumption that cats with FIP should harbor distinct enteric and non-enteric  
75 FCoV populations, these authors determined and compared the sequences of the 3'-most  
76 third of viral genomic RNAs isolated from the jejunum and liver of a case of FIP. The  
77 ~10 kb sequence of the two viruses, which includes gene 3c, appeared to be completely  
78 identical, an observation the authors considered to be in flat violation with the mutation  
79 hypothesis.

80         To try to resolve this controversy and to gain more insight into feline coronavirus  
81 epidemiology, we compared naturally occurring FECV and FIPV variants with respect to  
82 the 3c gene. We screened 198 cats to identify animals positive for feline coronavirus  
83 using a RT-nested PCR targeting the highly conserved 3'-untranslated region of the viral

84 genome (Herrewegh *et al.*, 1995) and then amplified gene 3c by RT-PCR using specific  
85 primers (sense 5'-CAAGTACTATAAAAACGTAGAAGMAG-3', antisense 5'-  
86 CAGGAGCCAGAAGAAGACACTAA-3'), applying 30 cycles of 94 °C for 60 s, 50 °C  
87 for 30 s, and 72 °C for 1 min and additional extension at 72 °C for 7 min at the end of  
88 amplification. Thus, gene 3c sequences were obtained from the feces of 27 apparently  
89 healthy FECV-infected cats as well as from organs, ascites or typical pyogranulomatous  
90 lesions of 28 pathologically confirmed FIP cats (Table 1) collected during 2007-2008 in  
91 the Netherlands. In addition, from 17 of the 28 FIP-confirmed cats also fecal material was  
92 obtained and used for 3c gene analysis.

93 Without exception, the FECVs possessed an intact 3c gene, specifying a 238-  
94 residues polypeptide. In contrast, 3c gene sequences amplified from FIPV-affected  
95 tissues fell into two categories. Of the 28 sequences, only eight had an intact open reading  
96 frame (ORF) the size of that in FECV; the vast majority (71.4%) exhibited various  
97 aberrations, as depicted in Fig. 1. Some had small in-frame deletions (cats # 12 and 97)  
98 and insertions (cat # 48); as these mutations preserve the reading frame and result in the  
99 loss or gain of just 1-3 amino acid residues, it is difficult to assess to what extent 3c  
100 protein function is affected. Importantly, however, such changes, minor as they might  
101 seem, were never observed in any of the FECV-derived ORF3c sequences. The  
102 remaining 3c sequences amplified from FIP lesions displayed more serious aberrations,  
103 including various out-of-frame deletions (n=12) or insertions (n=2), nonsense mutations  
104 (n=5), and combinations of deletions and point mutations (n=1), as depicted in Fig. 1.  
105 Most of these mutations will result in premature termination of translation and severe  
106 truncation of the 3c polypeptide (Fig.1) and will almost certainly be incompatible with 3c

107 function. In one FIP case (cat #46), 3c translation was even blocked completely by a  
108 point mutation in the initiation codon (AUG→ACG). The combined findings lead us to  
109 conclude that the 3c protein is strictly required for efficient feline coronavirus replication  
110 in the gut, but dispensable for systemic propagation.

111 From 17 of the 28 FIP cats fecal material was also available. This gave us the  
112 opportunity to characterize the viruses present in the intestinal tract and to establish their  
113 relationship to the systemic FCoV. We reasoned that any information about the presence  
114 of fecal viruses, their 3c sequence and the pathotypic signature thereof would provide  
115 crucial insight both into FIPV etiology and epidemiology. Remarkably, in most samples  
116 (n=11) FCoV RNA could not be detected, not even by using a well-established highly  
117 sensitive nested RT-PCR (Herrewegh *et al.*, 1995). Apparently, most cats with FIP had  
118 cleared the primary enteric infection or, at least had suppressed the infection to levels  
119 below detection limits. In five out of six animals, where we did succeed in detecting  
120 FCoV and amplifying 3c sequences from the feces, the 3c open reading frame was fully  
121 intact and identical in size (714 nt) to that observed in FECVs. In the one remaining  
122 animal (cat # 12) the 3c gene sequence was identical to the one amplified from FIP  
123 lesion-derived RNA and carried an in-frame 3-nt deletion resulting in the loss of a single  
124 3c residue (Thr<sup>187</sup>).

125 Of the animals with FIP that harbored FCoV both in the gut and systemically, the  
126 3c nucleotide sequences amplified from these compartments were always more similar to  
127 each other than to those found in the other FIP cats (Figs. 2A, B). Still, tempting as it  
128 would seem to assume an immediate ancestral relationship between the enteric and  
129 systemic viruses, we noted that in most cases the extent of nucleotide sequence variation

130 (up to 3.4%, Fig. 2A) was higher than to be expected for such close relatives; the data  
131 rather suggested the FIP cats to be doubly-infected with genetically closely related  
132 FECVs that they might have acquired in their multi-cat environments. To study this  
133 possibility, we sampled feces from apparently healthy contacts of the FIP cats and  
134 obtained FECV sequences from companions of cat # 23 (cat # 25; household A), cat #  
135 150 (cat # 152; household B) and cat # 107 (cats # 113, 176 and 179; household C).  
136 Consistent with our previous observations (Herrewegh *et al.*, 1995, 1997), the FCoV in  
137 the three multicat households form separate clades each with a distinctive genetic  
138 signature (Fig. 2C). Our findings are best illustrated by the results for FIP cat #107. This  
139 animal harbored a systemic virus (FIPV 107) that, with respect to its 3c sequence, was  
140 most closely related to FECV isolated from cat #179, while the virus from its bowels  
141 (“feces 107”) was virtually identical to FECVs from companion animals #113 and #176.  
142 Similarly, for cats #23 and #150, the viruses in the feces were more closely related to  
143 FECVs from healthy contacts (FECV #25 and FECV #152, respectively) than to their  
144 systemic viruses (FIPV #23 and #150, respectively; Fig. 2C). Our findings, while still  
145 fully consistent with the internal mutation hypothesis, indicate that by the time FIP signs  
146 become overt, most cats will have resolved the primary FECV infection. Even in those  
147 FIP cats where we did detect FCoV in the feces, the virus represented the systemic FIPV  
148 nor its FECV predecessor, but rather a super-infecting FECV. These findings are  
149 remarkable, given the fact that FECV may persist for very long periods of time in  
150 apparently healthy carriers (Herrewegh *et al.*, 1997; Pedersen *et al.*, 2008). Possibly, in  
151 early stages of FIP, the mutation-induced systemic FCoV infection (i.e. FIPV)  
152 (re)activates immune mechanisms that lead to viral clearance from the gut. The severe

153 immune dysregulation and collapse of key effectors of the immune system in cats with  
154 end-stage FIP (de Groot-Mijnes *et al.*, 2005; Haagmans *et al.*, 1996) might then create an  
155 opportunity for FECVs circulating in surrounding healthy carriers to cause the  
156 superinfections that we apparently observe in a fraction of the animals.

157         In view of its supposed role in the pathogenesis of FIP the aim of the present  
158 study was to sequence and compare the 3c gene of FCoV in a large number (55) of  
159 symptomatic and asymptomatic infected cats. The results show that FECVs invariably  
160 carry an intact 3c gene whereas in the majority (71.4%) of FIPVs the gene has mutations,  
161 unique for each virus, consistent with earlier studies (Pedersen *et al.*, 2009; Vennema *et*  
162 *al.*, 1998) and with the internal mutation theory. Our key observation, however, is that  
163 the viruses replicating in the gut invariably had an intact 3c gene while those replicating  
164 outside the gut mostly had not. Importantly, intact 3c genes were also found in the  
165 intestines of all those FIP cats that carried a mutated 3c in their lesion-derived FCoV  
166 genome, except in one case, cat #12. It is, however, conceivable that the single-residue  
167 deletion found in ascitic and intestinal virus of this cat does not affect the functionality of  
168 the 3c protein, hence leaving the gene actually intact; alternatively, the fecal appearance  
169 of the virus might just have resulted from passive leakage of systemic FIPV into the gut.

170         The key question regarding FIP remains whether mutations in the 3c gene are the  
171 cause of this disease, as has been suggested (Pedersen *et al.*, 2009; Vennema *et al.*, 1998).  
172 Our results clearly indicate that, if the gene is involved at all, it is certainly not the only  
173 one. Though FIPVs carrying 3c gene mutations were present in the large majority of the  
174 FIP cats studied, the absence of mutations in a considerable proportion of cases implies  
175 that either additional or alternative mutations can generate the virulent pathotype. We



176 favor the idea that the 3c gene product is critical for the replication of the avirulent  
177 pathotype in its specific biotope, the enteric tract, but that 3c function becomes  
178 nonessential once virulence mutation(s) elsewhere in the genome enable the virus to  
179 infect monocytes/macrophages and spread systemically. Loss of 3c might not only be  
180 tolerated but may possibly even enhance the mutant virus' fitness in its new biotope.

181         Sequence comparisons of our collection of 3c genes initially seemed to confirm  
182 the expected relatedness in each FIP cat between the fecal and lesion-derived virus,  
183 consistent with the former being the immediate ancestor of the latter. However, more  
184 careful inspection of the data obtained from some multi-cat households revealed that in  
185 each of these cases the FIPV 3c sequence was more similar to the fecal 3c sequences  
186 found in surrounding healthy FECV carriers than to that in the respective FIP cat.  
187 Combined with the remarkable lack of detectable fecal FCoV in a large fraction of FIP  
188 cats it seems like the original FECV infection is generally cleared from the gut following  
189 the pathotype switch, the cats sometimes becoming FECV infected again later by contact  
190 animals.

191         FECV replicates in the gastrointestinal tract (Herrewegh *et al.*, 1997; Pedersen *et*  
192 *al.*, 1981). Viral RNA has, however, also been detected by RT-PCR in blood and some  
193 (haemolymphatic) tissues of infected animals (Gunn-Moore *et al.*, 1998; Herrewegh *et al.*,  
194 1995,1997; Kipar *et al.*, 2006a, b; Meli *et al.*, 2004; Simons *et al.*, 2005). The  
195 significance of this apparent viremia is still poorly understood. While cells of the  
196 monocyte lineage are the prime targets of FIPV, these cells are poorly susceptible to  
197 FECV and support FECV replication and spread only very inefficiently, at least *in vitro*  
198 (Stoddart and Scott, 1989; Rottier *et al.*, 2005). Studies aimed to detect FCoV replication,

199 by using an RT-PCR specifically designed to identify viral mRNA, suggest this to be the  
200 case as well *in vivo* (Herrewegh *et al.*, 1995; Simons *et al.*, 2005). Actually, viral mRNA  
201 or infected cells was not observed in organs other than the intestinal tract. Apparently,  
202 non-replicating FECV is acquired by mononuclear cells in the gut and carried to organs  
203 and tissues with the blood. Consistently, while studying haemolymphatic tissues, a major  
204 site for the accumulation of monocytes/macrophages, Kipar and co-workers found  
205 significantly higher levels of viral RNA in cats with FIP than in healthy FCoV positive  
206 cats (Kipar *et al.*, 2006a). Moreover, FCoV antigen was detectable by immunohistology  
207 in these tissues only in FIP cats (Kipar *et al.*, 2006a, b), consistent with the low FECV  
208 replication activity seen in the mononuclear cells.

209         Our observations give important new insights into the biology and epidemiology  
210 of feline coronaviruses and provide an attractive explanation for the typically rare  
211 occurrence of FIP outbreaks in the field. Based on our data we arrive at the following  
212 scenario. Cats become infected by circulating FECVs that home to and replicate in the  
213 gut, establishing a low grade chronic infection apparently kept in check by the immune  
214 system. Replication in this compartment and efficient fecal shedding strictly requires an  
215 intact viral gene repertoire, most notably a fully functional 3c gene. Inherent to the nature  
216 of RNA viruses, mutations continually occur, one or more of which incidentally provides  
217 the virus with the ability to replicate in macrophages and monocytes, which then spread  
218 the - now FIPV - infection to organs throughout the body. Once in this new environment  
219 viral propagation no longer depends on all gene functions and some accessory proteins  
220 that are crucial for enteric replication may become dispensable. Mutations such as we  
221 observed in the 3c gene may not only be tolerated, they may even enhance viral fitness in

222 the new biotope. Ironically, but importantly, while providing a selective advantage during  
223 systemic replication, such mutations may effectively prevent the resulting FIPVs from  
224 returning back and recolonizing the gut, where an intact 3c gene is apparently essential.  
225 Fecal shedding of FIPV may occur only in rare circumstances, e.g. as a result of  
226 extensive intestinal lesions, an event that might have caused Dye and Siddell detecting  
227 identical 3c-mutated viruses in gut and liver of an FIP cat (Dye and Siddell, 2007) and  
228 that might explain the single instance in which we found a virus with mutated 3c both in  
229 FIP lesions and in the feces (cat #12).

230

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234

## 235 **REFERENCES**

- 236 **de Groot, R. J. & Horzinek, M. C. (1995).** Feline infectious peritonitis. In *The*  
237 *Coronaviridae*, pp. 293-309. Edited by S.G. Siddell. USA: New York.
- 238 **de Groot-Mijnes, J. D., van Dun, J. M., van der Most, R. G & de Groot, R. J.**  
239 **(2005).** Natural history of a recurrent feline coronavirus infection and the role of  
240 cellular immunity in survival and disease. *J Virol* **79**,1036-1044.
- 241 **Dye, C., & Siddell, S. G. (2007).** Genomic RNA sequence of feline coronavirus  
242 strain FCoV C1Je. *J Feline Med Surg* **9**, 202-213.
- 243 **Gunn-Moore, D.A., Gruffydd-Jones, T.J. & Harbour, D.A. (1998).** Detection of  
244 feline coronaviruses by culture and reverse transcriptase-polymerase chain reaction of

245 blood samples from healthy cats and cats with clinical feline infectious peritonitis. *Vet*  
246 *Microbiol* **62**,193-205.

247 **Haagmans, B. L., Egberink, H. F. & Horzinek, M. C. (1996).** Apoptosis and T-cell  
248 depletion during feline infectious peritonitis. *J Virol* **70**, 8977-8983.

249 **Haijema, B. J., Rottier, P. J. M. & de Groot, R. J. (2007).** Feline coronaviruses: a  
250 tale of two-faced types. Coronaviruses. In *Molecular and Cellular Biology* pp.183-  
251 203. Edited by V. Thiel. UK: Norfolk.

252 **Haijema, B. J., Volders, H. & Rottier, P. J. (2004).** Live, attenuated coronavirus  
253 vaccines through the directed deletion of group-specific genes provide protection  
254 against feline infectious peritonitis. *J Virol* **78**, 3863-3871.

255 **Herrewegh, A. A. P. M., de Groot, R. J., Cepica, A., Egberink, H. F., Horzinek,**  
256 **M. C. & Rottier P. J. (1995).** Detection of feline coronavirus RNA in feces, tissues,  
257 and body fluids of naturally infected cats by reverse transcriptase PCR. *J Clin*  
258 *Microbiol* **33**, 684-689.

259 **Herrewegh, A. A. P. M., Mähler, M., Hedrich, H. J., Haagmans, B. L., Egberink,**  
260 **H. F., Horzinek, M. C., Rottier, P. J. M. & de Groot, R. J. (1997).** Persistence and  
261 evolution of feline coronavirus in a closed cat-breeding colony. *Virology* **234**, 349-  
262 363.

263 **Herrewegh, A. A., Vennema, H., Horzinek, M. C., Rottier, P. J. & de Groot, R. J.**  
264 **(1995).** The molecular genetics of feline coronaviruses: comparative sequence  
265 analysis of the ORF7a/7b transcription unit of different biotypes. *Virology* **212**, 622-  
266 631.

267 **Kipar, A., Baptiste, K., Barth, A. & Reinacher, M. (2006a).** Natural FCoV  
268 infection: cats with FIP exhibit significantly higher viral loads than healthy infected  
269 cats. *J Feline Med Surg* **8**, 69-72.

270 **Kipar, A., Meli, M.L., Failing, K., Euler, T., Gomes-Keller, M.A., Schwartz, D.,**  
271 **Lutz, H. & Reinacher, M. (2006b).** Natural feline coronavirus infection: differences  
272 in cytokine patterns in association with the outcome of infection. *Vet Immunol*  
273 *Immunopathol* **112**, 141-155.

274 **Meli, M., Kipar, A., Müller, C., Jenal, K., Gönczi, E., Borel, N., Gunn-Moore, D.,**  
275 **Chalmers, S., Lin, F., Reinacher, M. & Lutz, H. (2004).** High viral loads despite  
276 absence of clinical and pathological findings in cats experimentally infected with  
277 feline coronavirus (FCoV) type I and in naturally FCoV-infected cats. *J Feline Med*  
278 *Surg* **6**, 69-81.

279 **Oostra, M., de Haan, C. A., de Groot, R. J. & Rottier, P. J. (2006).** Glycosylation  
280 of the severe acute respiratory syndrome coronavirus triple-spanning membrane  
281 proteins 3a and M. *J Virol* **80**, 2326-2336.

282 **Pedersen, N. C. (2009).** A review of feline infectious peritonitis virus infection:  
283 1963-2008. *J Feline Med Surg* **11**, 225-258.

284 **Pedersen, N. C., Allen, C. E. & Lyons, L. A. (2008).** Pathogenesis of feline enteric  
285 coronavirus infection. *J Feline Med Surg* **10**, 529-541.

286 **Pedersen, N. C., Boyle J. F., Floyd, K., Fudge, A. & Barker J. (1981).** An enteric  
287 coronavirus infection of cats and its relationship to feline infectious peritonitis. *Am J*  
288 *Vet Res* **42**, 368-377.

289 **Poland, A. M., Vennema, H., Foley, J. E. & Pedersen, N. C. (1996).** Two related  
290 strains of feline infectious peritonitis virus isolated from immunocompromised cats  
291 infected with a feline enteric coronavirus. *J Clin Microbiol* **34**, 3180-3184.

292 **Rottier, P.J., Nakamura, K., Schellen, P., Volders, H. & Haijema, B.J. (2005).**  
293 Acquisition of macrophage tropism during the pathogenesis of feline infectious  
294 peritonitis is determined by mutations in the feline coronavirus spike protein. *J Virol*  
295 **79**, 14122-14130.

296 **Simons, F.A., Vennema, H., Rofina, J.E., Pol, J.M., Horzinek, M.C., Rottier, P.J.**  
297 **& Egberink, H.F. (2005)** A mRNA PCR for the diagnosis of feline infectious  
298 peritonitis. *J Virol Methods* **124**, 111-116.

299 **Stoddart, C.A. & Scott, F.W. (1989).** Intrinsic resistance of feline peritoneal  
300 macrophages to coronavirus infection correlates with in vivo virulence. *J Virol* **63**,  
301 436-440.

302 **Vennema, H., Poland, A., Foley, J. & Pedersen, N. C. (1998).** Feline infectious  
303 peritonitis viruses arise by mutation from endemic feline enteric coronaviruses.  
304 *Virology* **243**, 150-157.

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312 **FIGURE LEGENDS**

313

314 **Fig. 1.** Schematic representation of the 3c gene of lesion-derived FCoV from 20 FIP  
315 confirmed cats showing deletions, nonsense/missense mutations, and insertions. The 3c  
316 sequences are indicated by white boxes. Deletions are indicated by black bars ( $\Delta$  nt,  
317 number of nucleotides deleted). In the column labeled “lesion”, the effects of the  
318 mutations on 3c translation are indicated; ‘PT’: premature termination. The column  
319 labeled “feces” summarizes the results of the analysis of fecal samples. Intact: intact full-  
320 length 3c gene; ‘-’: no FCoV detected; ‘NA’: no fecal samples available.

321

322 **Fig. 2.** (A) Nucleotide sequence identities among 3c sequences from enteric (feces-  
323 derived, F) and non-enteric viruses (derived from lymph node, LN, or omentum, O) in  
324 FIP cats. (B) Alignment of the predicted 3c polypeptides from enteric and non-enteric  
325 viruses in FIP cats. Shading indicates residues identical to the FECV 3c consensus  
326 sequence. Dots are shown when polypeptides terminate prematurely. (C) Phylogenetic  
327 relationships among feline coronaviruses isolated from fecal samples and from FIP  
328 lesions. A gapless alignment of the 3c nucleotide sequences was used to generate a rooted  
329 Neighbor-Joining tree with the 3c sequence of canine coronavirus strain 119/08 (Genbank  
330 EU 924791) serving as outgroup. Confidence values are indicated at the relevant  
331 branching points. Branch lengths are drawn to scale; the scale bar represents 0.01  
332 nucleotide substitutions per site. Virus pairs in feces and lesions of individual cats are  
333 marked by shading. Viruses from FIP cats # 23, 150, and 107 and from contact animals in  
334 the same households are indicated by A, B, and C, respectively.

335

<b>Cat No.</b>	<b>Age</b>	<b>Sample</b>	<b>Type of FIP</b>
12	2y10m	ascites	wet form
14	8m	liver	wet form
16	2y6m	ascites	wet form
23	4m	mesenteric LN	wet form
29	1y	mesenteric LN	wet form
32	9m	mesenteric LN	wet form
38	10m	mesenteric LN	wet form
46	2y6m	ascites	wet form
47	1y3m	mesenteric LN	dry form
48	4y	mesenteric LN	wet form
61	2y	ascites	wet form
68	1y	ascites	wet form
74	8m	mesenteric LN	wet form
83	1y	liver	wet form
86	3y	kidney	dry form
96	1y	liver	wet form
97	4m	mediastinal LN	wet form
98	2y	kidney	dry form
107	9m	omentum	wet form
108	3y5m	mesenteric LN	dry form
110	6y	mesenteric LN	dry form
117	11m	mesenteric LN	wet form
120	5m	mesenteric LN	wet form
121	6m	liver	wet form
150	9m	mesenteric LN	wet form
164	5m	mesenteric LN	wet form
190	1y	mesenteric LN	wet form
206	7m	ascites	wet form

337

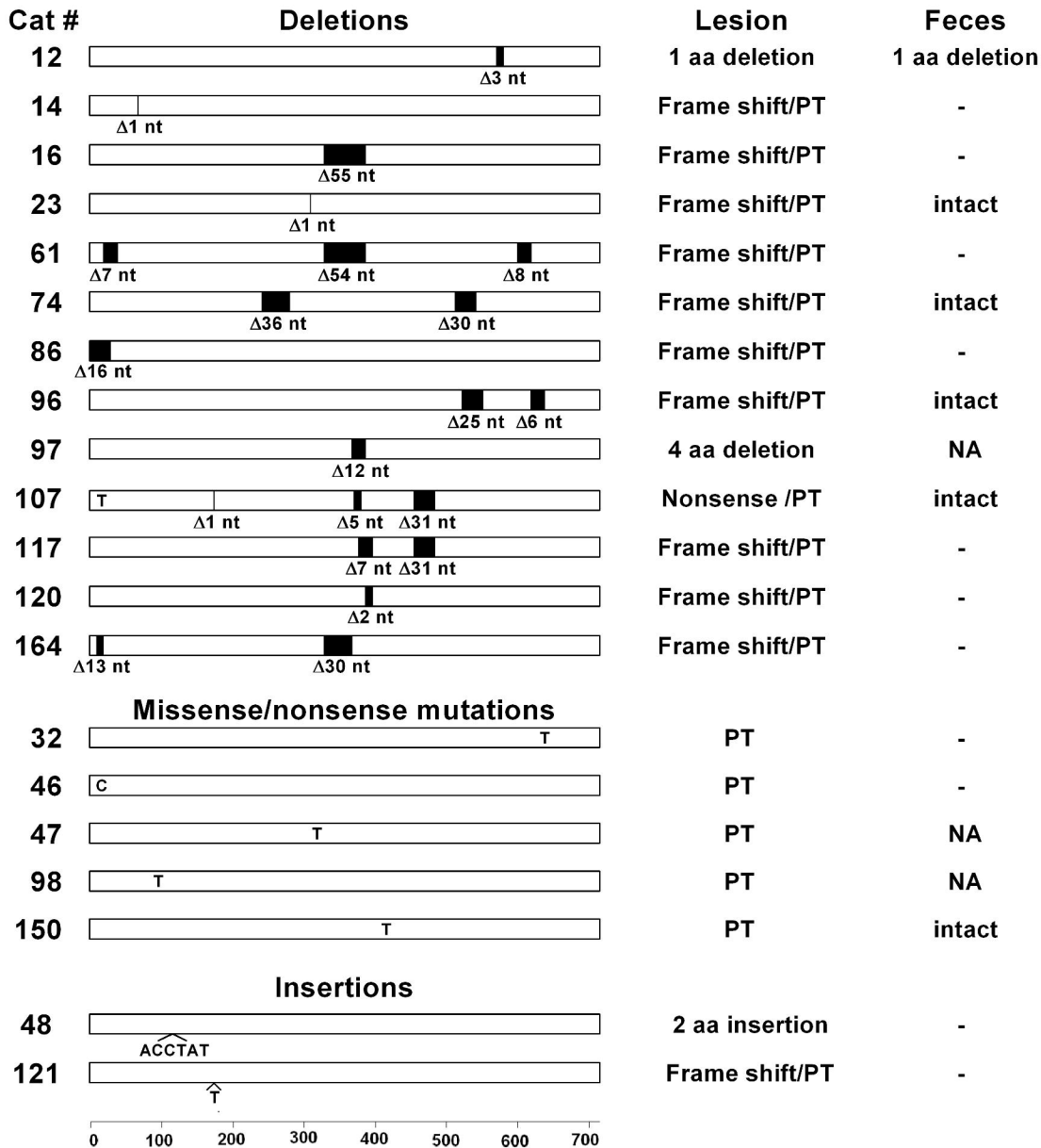
338 Table 1. FIP cats used, their ages, the clinical material taken for study, and the form of

339 FIP (dry or wet) the animal was diagnosed with. LN: lymph node.

340

341





0 100 200 300 400 500 600 700

**A**

	150 F	150 LN	107 F	107 O	96 F	96 LN	74 F	74 LN	23 F	23 LN
23 LN	94.7	94.1	92.9	91.9	90.6	91.1	93.1	92.3	99.2	
23 F	95.0	94.4	93.2	92.2	90.9	91.4	93.2	92.4		
74 LN	94.1	94.1	86.7	85.8	90.9	91.8	97.4			
74 F	95.1	93.8	79.5	87.2	90.9	91.5				
96 LN	93.7	93.0	84.9	83.9	96.6					
96 F	93.1	92.2	84.6	83.6						
107 O	93.6	92.9	97.9							
107 F	95.4	94.7								
150 LN	98.3									
150 F										

