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and high epaxial muscle power

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Ellen Y. Li[1*], Elska B. Kaczmarek[1*], Aaron M. Olsen[1,2], Elizabeth L. Brainerd[1], Ariel L. Camp[1,3]

[1]Department of Ecology, Evolution and Organismal Biology, Brown University, Providence RI

02912; [2]3D Anatomy Studios, Providence RI; [3]Department of Musculoskeletal and Ageing

Science, Institute of Life Course and Medical Sciences, University of Liverpool, Liverpool L7

8TX, UK

*Co-first authors

SUMMARY STATEMENT

Royal knifefish rely on their distinct postcranial morphology--with a curved vertebral column

and large dorsal body muscles--to produce large neurocranial elevation and powerful suction

feeding.

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23 Author Contributions:
24
Conceptualization - ALC, ELB
Methodology - ALC, AMO, ELB
Software - ALC, AMO, EBK, EYL
Formal Analysis - ALC, EYL
Investigation - ALC, AMO, EBK, EYL
Writing - Original Draft Preparation - EBK, ELB, EYL
Writing - Review & Editing - ALC, AMO, EBK, ELB, EYL
Visualization - ALC, EBK, EYL
Supervision - ALC, AOM, EBK, ELB
Project Administration - ELB
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ABSTRACT

Suction feeding in ray-finned fishes involves powerful buccal cavity expansion to accelerate water and food into the mouth. Previous XROMM studies in largemouth bass (*Micropterus salmoides*), bluegill sunfish (*Lepomis macrochirus*), and channel catfish (*Ictalurus punctatus*) have shown that more than 90% of suction power in high performance strikes comes from the axial musculature. Thus, the shape of the axial muscles and skeleton may impact suction feeding mechanics. Royal knifefish (*Chitala blanci*) have an unusual postcranial morphology, with a ventrally flexed vertebral column and relatively large mass of epaxial muscle. Based on their body shape, we hypothesized that royal knifefish would generate high power strikes by utilizing large neurocranial elevation, vertebral column extension, and epaxial shortening. As predicted, *C. blanci* generated high suction expansion power compared to the other three species studied to date (up to 160 W), which was achieved by increasing both the rate of volume change and the intraoral subambient pressure. The large epaxial muscle (25% of body mass) shortened at high velocities to produce large neurocranial elevation and vertebral extension (up to 41 deg, combined), as well as high muscle mass-specific power (up to 800 W kg^{-1}). For the highest power strikes, axial muscles generated 95% of the power, and 64% of the axial muscle mass consisted of the epaxial muscles. The epaxial-dominated suction expansion of royal knifefish supports our hypothesis that postcranial morphology may be a strong predictor of suction feeding biomechanics.

INTRODUCTION

High performance suction feeding in ray-finned fishes is both fast and forceful, requiring high power to expand the buccal cavity and suck in prey. Instantaneous suction expansion power can be measured empirically by using X-ray Reconstruction of Moving Morphology (XROMM) to measure instantaneous buccal cavity volume and rate of buccal cavity expansion (Camp et al., 2015). Combined with measurements of subambient buccal pressure, buccal volume measurements make it possible to calculate instantaneous suction expansion power as the product of rate of buccal volume change and subambient buccal pressure (Van Wassenbergh et al., 2015).

To date, suction expansion power has been measured with XROMM in three species of ray-finned fishes: largemouth bass (*Micropterus salmoides*), bluegill sunfish (*Lepomis macrochirus*), and channel catfish (*Ictalurus punctatus*) (Camp et al., 2015; Camp et al., 2018; Camp et al. 2020). In the highest performance strikes from all three species, the empirically measured suction power was far too great to have been generated by muscles in the head region alone. Instead, more than 90% of suction power came from epaxial and hypaxial musculature (largemouth bass and bluegill sunfish) or the hypaxial musculature (channel catfish). Furthermore, the axial musculature was found to actively shorten along 60-70% of the length of the body, encompassing the majority of axial muscle mass (Camp et al., 2015; Camp et al., 2018; Camp et al., 2020; Jimenez and Brainerd, 2020; Jimenez and Brainerd, 2021). Thus, although it has long been known that axial musculature contributes to suction feeding (Liem, 1967; Osse, 1969), the ability to measure suction power, muscle length, and activation has revealed that some fish use nearly their whole bodies for suction feeding. The overall body shape and musculoskeletal morphology should therefore be considered when studying the biomechanics and energetics of suction feeding (Camp and Brainerd, 2022).

There are several ways the morphology of the body and axial muscles, including skeletal elements linking the head and body, can impact intraoral pressure, buccal volume, and ultimately suction power. First, the shape of the body reflects the relative size and distribution of the axial muscles, which may impact their function during feeding. Carroll et al. (2004) found that deeper-bodied fish had greater epaxial cross-sectional area and longer epaxial moment arms for cranial elevation. As a result, deep-bodied bluegill sunfish were capable of greater pressure generation during feeding than the more fusiform largemouth bass (Carroll et al., 2004). Both the dorsoventral depth (Fig. 1C) and transverse shape (Fig. 1D) of the body reflect the relative cross-

sectional area of the epaxial and hypaxial muscles. While hypaxial muscles typically have

smaller cross-sectional areas anteriorly where they surround the body cavity, these muscles

contribute substantially to suction power in all species studied so far with XROMM.

Second, body shape and skeletal anatomy may influence neurocranial elevation, a

common component of mouth expansion and an essential motion for transmitting epaxial muscle

power to the head. Deep-bodied fish with more bony processes (i.e. supraneurals, neural spines,

and pterygiophores) immediately caudal to the neurocranium—like bluegill sunfish—had less

neurocranial elevation than largemouth bass (Jimenez et al., 2018; Camp and Brainerd, 2014;

Camp et al., 2018; Table 2). The channel catfish, which has even more postcranial ossifications,

uses little or no neurocranial elevation (Camp et al., 2020). Rather, catfish relied on hypaxial

muscle power, transmitted via retraction of their robust pectoral girdle (Camp et al., 2020). These

inter-species comparisons demonstrate emerging links between postcranial morphology and

suction feeding power and biomechanics. However, so far only a small sample of body shapes

and species have been investigated.

The royal knifefish (*Chitala blanci*) offers an interesting model for studying suction

feeding, as it is both morphologically and phylogenetically distinct from species previously

studied with XROMM. The royal knifefish is a member of the family Notopteridae (Order

Osteoglossiformes) and is not closely related to channel catfish (Order Siluriformes) nor

largemouth bass and bluegill sunfish (Order Centrarchiformes). Morphologically, royal knifefish

have a ventrally flexed vertebral column and depressed neurocranium in their resting posture,

dorsoventrally deep epaxial musculature, and laterally compressed body (Fig. 1; Coombs and

Popper, 1982; Sanford and Lauder, 1989). In addition, royal knifefish have an inverted teardrop

shaped transverse cross-section, with the body being thickest at the epaxial muscles and tapering

in thickness ventrally towards the hypaxials and anal fin (Fig. 1B).

Of the species previously studied with XROMM, bluegill sunfish have the most similar

body shape to royal knifefish. Both species have laterally compressed and deep bodies, ventrally

curved vertebral columns, and dorsoventrally deep epaxial muscles (Fig. 1). Similar to bluegill

sunfish, the epaxial muscles of royal knifefish provide a relatively large cross-sectional area and

large moment arm, which may enable them to generate similarly large subambient buccal

pressures. Compared to largemouth bass and channel catfish, bluegill sunfish generated the most

powerful suction expansion relative to their body and muscle mass, by generating greater

subambient buccal pressures with smaller axial muscles (Camp et al., 2018). Since royal

knifefish have similar epaxial morphology, we expect they can also generate powerful suction

expansion, relative to their muscle mass.

Royal knifefish also differ from bluegill sunfish in key ways, which we hypothesize will

result in greater neurocranial elevation and epaxial contribution in royal knifefish. Royal

knifefish have a more laterally compressed and craniocaudally elongated head and body, a more

ventrally flexed vertebral column, fewer bony processes caudal to the neurocranium, and a

greater proportion of epaxial muscle than bluegill sunfish. The exaggerated ventral flexion of the

vertebral column causes the neurocranium to have a depressed resting posture, which we expect

increases its range of dorsoventral motion (Fig. 1). Additionally, the curvature may cause the

axis of rotation of the neurocranium to be located more caudally (close to the vertebral column

inflection point), which has also been correlated with greater neurocranial elevation (Jimenez et

al., 2018). Compared to bluegill sunfish, royal knifefish have few bones immediately caudal to

the neurocranium: no supraneurals or dorsal fin pterygiophores, and thin neural spines. We

predict that this enables them to perform larger neurocranial elevation than bluegill sunfish.

Lastly, while both royal knifefish and bluegill sunfish have dorsoventrally deep epaxial muscles,

the transverse cross-section of the royal knifefish (forming an inverted teardrop) increases the

epaxial muscle mass relative to the hypaxials (Fig. 1). Based on the body shape of the royal

knifefish, we hypothesize that they rely predominantly on massive epaxial muscles and large

neurocranial elevation to power suction feeding.

To test these hypotheses, we used XROMM to measure the 3D skeletal kinematics and

instantaneous buccal volume of royal knifefish during suction feeding. Intraoral pressure was

also measured simultaneously and combined with the rate of buccal volume change to calculate

the suction power during royal knifefish strikes (Camp et al., 2015; Camp et al., 2020). Length

changes were measured throughout the epaxial, hypaxial, and sternohyoid muscles during

suction feeding using fluoromicrometry (Camp et al., 2016). Muscle shortening and post-mortem

muscle mass were used to determine the roles and relative contributions of these muscles to

suction power. These data allowed us to test if royal knifefish 1) have relatively large cranial

elevation compared to previously studied species (bass, sunfish, and catfish) and 2)

predominantly utilize epaxial muscle power when suction feeding. Determining how royal

knifefish use their unusual postcranial morphology to power suction expansion provides a better

understanding of the relationship between body shape and suction feeding biomechanics.

MATERIALS AND METHODS

Royal knifefish (*Chitala blanci*, d'Aubenton 1965) were acquired from Ocean State Aquatics, Coventry RI: Cb01 (standard length 35.6 cm, body mass 217 g), Cb03 (30.8 cm, 170 g), and Cb04 (43.3 cm, 480 g). Royal knifefish were maintained on a diet of goldfish (*Carassius auratus*). All experimental procedures were approved by Brown University Institutional Animal Care and Use Committee.

The fish were anesthetized with a buffered MS-222 solution during surgical implantation of a buccal cannula for pressure measurement and radio-opaque bone and muscle markers. Implantation techniques were consistent with those previously reported (Camp and Brainerd, 2014), and are described here in brief. One to five radio-opaque markers (tantalum spheres 0.50 or 0.80 mm in diameter) were implanted into the neurocranium, the left and right ceratohyals and cleithra, and the left maxilla, lower jaw, suspensorium, and operculum (Fig. 2A,B). Cb04 received bilateral lower jaw implantations. In all individuals, 0.80 mm tantalum beads were implanted superficially, slightly to the left of the mid-sagittal plane in the epaxial (five to nine markers), and sternohyoid musculature (two to three markers) (Fig. S1). Ventral muscles were marked in Cb01 (anal fin) and Cb04 (hypaxial) with three to five markers, with no ventral markers in Cb03. The dorsal column of epaxial musculature was implanted in Cb04 (three markers) (Fig. S1). Five to six muscle markers were used to define a body plane (Fig. S1). Following established methods, a cannula guide for the pressure transducer was implanted into the ethmo-frontal region of the neurocranium, avoiding the palatine and teeth, protruding just into the buccal cavity (Norton and Brainerd, 1993). All individuals received perioperative analgesic (butorphanol or ketoprofen) and Cb01 and Cb03 received an antibiotic (enrofloxacin). Fish were allowed to recover fully, i.e., resumed natural and aggressive feeding behaviors, before filming experiments began.

Data recording

All fish were trained to feed on live goldfish (approximately 3-5 cm total length) in custom-built acrylic aquaria with a feeding extension tunnel (75–100 mm wide, 300-400 mm long) designed to minimize the amount of water through which the X-ray beams must travel (Gidmark et al., 2012). See Movie S1 for a standard light video (recorded at 500 frames s^{-1} and slowed down 16.7 times) of Cb04 feeding in a tunnel.

A custom biplanar X-ray system (Imaging Systems and Services, Painesville, OH, USA)

was used to capture dorsoventral and lateral X-ray videos at 500 frames s^{-1} with Phantom v10

high-speed cameras (Vision Research, Wayne, NJ, USA) at 100 mA and 90-115 kV. Standard

grid and calibration objects were used to remove distortion introduced by X-ray machines and to

calibrate three-dimensional (3D) space (Brainerd et al. 2010). Intraoral pressure was

simultaneously recorded with an SPR- 407 Mikro-tip pressure probe (Millar Instruments,

Houston, TX, USA) inserted into the neurocranial cannula, recording at 1000 Hz with PowerLab

and LabChart 7.2.2 (ADInstruments, Colorado Springs, CO, USA). Pressure transducer

calibration was carried out daily by moving the probe through a 10 cm change in water depth

while recording the voltage output. This model of probe provides linear pressure-voltage outputs

over a pressure range of at least 0 to -60 kPa (Higham et al., 2006). Pressure data were collected

for each strike and noise was filtered in R (2019, R Core Team, Vienna, Austria) using a low-

pass, forward-backward (to remove phase shifts) Butterworth filter at a cutoff frequency of 200

Hz. The pressure recording was initiated by the X-ray camera trigger and corrected for a mean

measured lag of two milliseconds (range 1-3 ms) from the initial X-ray image. For three Cb03

strikes, the initial X-ray images were missing, so to correctly align the pressure and video data,

we averaged the time between peak pressure and peak rate of volume change for all Cb04 strikes

and corrected the Cb03 image sequences to account for a pressure lag of two milliseconds.

Feeding trials with the greatest subambient buccal pressure from each individual were chosen for

analysis. A total of 23 recorded strikes (six from Cb01, seven from Cb03, ten from Cb04) were

analyzed.

Computed tomography (CT) scans were taken of each fish after surgical implantation

with a FIDEX CT Scanner (Animage, Pleasanton, CA, USA), with 480×480 pixel resolution

and 0.173 mm slice thickness. From these scans, polygonal meshes of each bone and the radio-

opaque markers were generated in Horos (v3.3.5; Horos Project; horosproject.org) and edited in

Geomagic 2014 (Research Triangle Park, NC, USA). Markers were imported into Autodesk

Maya 2020 (San Rafael, CA, USA) and with custom scripts from 'XROMM Maya Tools'

package--available at https://bitbucket.org/xromm/xromm_mayatools--their respective *xyz* (3D)

coordinates were determined. Raw data for this study are publicly available and stored on the

XMAPortal (http://xmaportal.org) in the study "Knifefish Suction Feeding," with the permanent

identifier BROWN65. Video data are stored with their essential metadata in accordance with

best practices for video data management in organismal biology (Brainerd et al., 2017).

XROMM animation

For each of the three individual *C. blanci*, skeletal kinematics were reconstructed using marker-based XROMM with XMALab 1.5.5 (Knörlein et al., 2016; software and instructions available at https://bitbucket.org/xromm/xmalab) and custom XROMM MayaTools scripts. Markers from both X-ray videos were tracked in XMALab with a mean precision of 0.05 mm and maximum precision error of 0.1 mm across all trials (measured as the standard deviation of the unfiltered pairwise marker-to-marker distances within all rigid bodies). Marker coordinates were used to reconstruct the 3D motion of each bone using the 'matools' R package, following the XROMM workflow described in Olsen et al., 2019 (available under matools R package at https://github.com/aaronolsen). Briefly, all *xyz* marker coordinates were smoothed and, for bones containing three or more markers, 3D coordinates were combined with their respective CT coordinates (using the 'unifyMotion' function from 'matools') to produce rigid body transformations. These transformations were applied to the skeletal bone meshes in Maya (2020, Autodesk), producing a 3D XROMM animation of each suction feeding strike (Fig. 2A,B). For any bones with only two beads or those with a linear set of markers, virtual constraints were applied using the 'matools' R package in accordance with anatomical constraints (e.g. cartilaginous symphysis between the cranioventral region of the left and right cleithra, or ceratohyal retraction along the neurocranial mid-sagittal plane).

The body plane was animated with a set of five to six intramuscular axial markers in roughly the same location along the body for each individual. These markers were positioned near the most curved region of the vertebral column (Fig. S1). Their 3D coordinates were combined with their respective CT coordinates to generate a rigid body transformation using the 'matools' R package (Olsen et al., 2019). The body plane animation was included in the XROMM animations mentioned above.

Skeletal kinematics

Six-degree-of-freedom motions of the neurocranium and left cleithrum were measured relative to the body plane. These rotations were measured with a joint coordinate system (JCS), which measures the relative rotations of two anatomical coordinate systems (ACSs), one attached to the bone and the other to the body plane (Camp and Brainerd, 2014; Camp et al., 2018). Each JCS measured translation and Euler angle rotations about the x-, y-, z- axis,

following the right-hand rule and *zyx* order of rotation. The JCS used to measure neurocranial

motion was placed at the craniovertebral joint and the JCS to measure cleithral motion was

placed at the dorsal tip of the cleithra. Both sets of JCSs were aligned with the z-axis oriented

mediolaterally, y-axis rostrocaudally, and the x-axis dorsoventrally. Z-axis rotations were

standardized to start at 0 deg by subtracting their value at the start of each strike. Positive

rotation about the z-axis reflects dorsal rotation in the sagittal plane, corresponding to

neurocranial elevation or cleithral protraction. Rotations about the z-axis also reflect dorsoventral

motions of the cranial vertebrae, as these impact the position and motion of the body plane.

Dynamic endocast

Following previously established methods, changes in buccal cavity volume were

measured from XROMM animations using a dynamic endocast (Camp et al., 2015; Camp et al.,

2020). In brief, a polygonal mesh endocast of the left side of the buccal cavity was generated

using locators attached to the inside surface of cranial bones. Additional locators were placed

between bones to define the ventral border of the buccal cavity, i.e., the sternohyoid and

protractor hyoideus muscles, and the mid-sagittal plane dividing the left and right sides of the

buccal cavity. The 3D coordinates of the locators were imported into MATLAB (R2020a;

MathWorks, Natick, MA, USA) and custom-written scripts (available at

https://bitbucket.org/ArielCamp/dynamicendocast) were used to generate the volume enclosing

the locators and calculate its volume, for each frame. For each frame, the volume was generated

from the xyz coordinates of the locators using an alpha shape: a method of fitting or "wrapping"

3D points with a 3D shape (Edelsbrunner et al., 1983). Alpha shapes are a generalization of

convex hulls that allow the fineness of fit to be varied by changing the alpha value and allows the

shape to include concave curvatures. The volumes were generated using the 'alphashape'

function in MATLAB, and an alpha value of 3 was found to provide the best fit, i.e., endocasts

fully filled the mouth cavity with minimal interpenetration of the bone models. Polygonal

meshes (.obj files) of the volumes of the left side of the buccal cavity were then imported into

Maya for visual verification (Fig. 2E,F). Under assumptions of bilateral cranial symmetry, the

left mesh volume was doubled to calculate bilateral buccal volume expansion.

Muscle length changes

Sternohyoid and axial muscle length changes were measured from X-ray videos as the
distance between intramuscular markers, i.e., by fluoromicrometry (Camp et al., 2016). Muscle
markers were tracked in XMALab and their coordinates were filtered in R with 'matools' as
described above. The distance between muscle markers was subsequently calculated in R to
determine the magnitude and distribution of sternohyoid, epaxial, and hypaxial muscle
shortening. To capture muscle shortening in the cranialmost region of the epaxial muscle and the
dorsal column of Cb04, the distance was measured between the first marker in the muscle region
and a locator placed at the cranialmost neurocranium-epaxial muscle attachment site of the
animated neurocranium model in Maya. Distance in the cranialmost hypaxial region was
calculated between the first hypaxial muscle marker and a locator attached to the cleithra, placed
in line with the hypaxial muscle bead set (Fig. S1). Since the entire marker set was not
consistently within the X-ray imaging volume, axial muscle length was measured from a subset
of axial muscle markers that were visible in almost all strikes. This set of markers extended
approximately 7-9 cm caudal of the craniovertebral joint: from the neurocranium to as far back
as a few centimeters cranial of the dorsal fin (Fig. S1). Within this region, fluoromicrometry was
used to estimate the muscle lengths of subregions along the length of the body by measuring
distance between adjacent pairs of intramuscular markers.
For the axial muscles, whole-muscle length was calculated by taking the sum of the
subregional muscle lengths, originating with the cranialmost locator and extending to the
caudalmost visible muscle marker. In the sternohyoid, all implanted markers were visible, and its
measurements are reported as whole-muscle length. Muscle length at each time step was
normalized by the mean initial length measured at the first recorded frame of each strike (L_i),
with values less than one representing that the muscle had shortened. Muscle velocity was
similarly calculated at each time as the change in normalized muscle length divided by the
change in time, denoted by L_i s^{-1}, with positive values representing muscle shortening. Note that
this method for determining axial muscle strain differs slightly from other suction power studies,
in that we used the sum of the subregional muscle lengths, whereas prior papers used the
distance from the neurocranium or cleithrum to the caudalmost axial muscle marker (Camp et al.,
2015; Camp et al., 2018; Camp et al., 2020). The summation method recorded more consistent
levels of epaxial muscle shortening in *C. blanci*, likely due to its ability to capture the length of
the naturally flexed epaxial musculature at rest.
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Power calculations

Instantaneous suction power was calculated in R as the product of rate of volume change

and intraoral pressure as described in Camp et al. (2015). Before calculating rate of volume

change, bilateral buccal volume measurements from the dynamic endocast were filtered with a

low-pass, forward-backward Butterworth filter (150 Hz cutoff) to reduce noise generated by

frame-to-frame polygonal mesh re-triangulations. Buccal pressure was downsampled from 1000

Hz to 500 Hz to match the frequency of the volume data. Pressure data were calculated relative

to initial, ambient pressure prior to the strike and multiplied by -1, so that at each time step, the

product of subambient pressure and increasing rates of volume change would reflect positive

power (Fig. 3).

For each strike, axial and cranial mass-specific power were calculated by dividing the

maximum instantaneous power by the mass of the respective muscle groups. Muscle masses

were determined by post-mortem dissection of the muscle regions on the right side of the fish,

weighed on a digital scale, and then doubled to estimate bilateral muscle mass for all individuals

except Cb03. The body of Cb03 was unavailable for dissection, so muscle masses are estimates

determined by averaging the percent of muscle mass for each muscle of Cb01, Cb04, and an

additional individual, Cb02, and assuming proportionality based on overall body mass across

individuals (Table 1). The total body mass, and bilateral epaxial, hypaxial, dorsal column,

sternohyoid, and cranial muscle masses from Cb02 were 0.393 kg, 0.103 kg, 0.066 kg, 0.002 kg,

0.0032 kg, and 0.0054 kg respectively (values for other individuals are reported in Table 1). In

accordance with previous XROMM studies, epaxial muscle mass included all of the epaxial

musculature dorsal to the vertebral column and about 60-70% along the length of the body, based

on the extent of shortening identified (Camp and Brainerd, 2014; Camp et al., 2018; Camp et al.,

2020; Jimenez and Brainerd, 2020; Jimenez et al., 2021). Note that this method differs from prior

studies, which only included epaxial musculature dorsal to the cleithrum-supracleithrum joint,

and which reported lower percentages of epaxial muscle mass in bluegill sunfish and largemouth

bass (Carroll, 2004; Carroll and Wainwright, 2009). Axial mass-specific power was calculated

by dividing instantaneous power by the sum of the epaxial, hypaxial, and dorsal column muscle

mass. Cranial mass-specific power was calculated by dividing instantaneous power by the

combined mass of the levator arcus palatini, dilator operculi, levator operculi, and sternohyoid

muscles. Muscle mass-specific power was determined by dividing the maximum instantaneous

power by the total mass of the muscle regions (epaxial, hypaxial, and sternohyoid muscle)

shortening during suction expansion (Fig. 3). These mass-specific values represent the estimated

amount of power each group of muscles would need to output if they were the sole contributors

to suction feeding expansion.

The dynamic endocast volume and buccal pressure measurements do introduce sources of

error in the suction power estimates, as described in Camp et al. (2018). In brief, absolute

volume measurements are overestimates, since they do not account for the presence of soft tissue

or internal structures. However, the volume of these structures is consistent throughout the strike

and should have little effect on the calculations for rate of volume change and subsequent power

calculations. Rapid re-triangulation of dynamic endocast polygonal meshes may cause increased

recorded rates of volume change, however, a low-pass, forward-backward Butterworth filter with

a high cutoff frequency over the endocast buccal volume trace may produce underestimates of

the actual rate of volume change. The intraoral pressure cannula only provides pressure readings

at one location within the buccal cavity and does not capture variations in pressure during

suction feeding (Muller et al., 1982; Van Wassenbergh, 2015). These estimates are likely

underestimates of subambient pressure, since modeling of clariid catfishes and bluegill sunfish

(Van Wassenbergh et al., 2015) and *in vivo* measurements (Tegge et al., 2020) suggested that

highest subambient pressure occurred more caudally in the buccal cavity (Van Wassenbergh et

al., 2005; Van Wassenbergh et al., 2006b). Additionally, our power calculations do not account

for the forces required to overcome inertia or drag (Van Wassenbergh et al., 2015), yet studies of

clariid catfishes and largemouth bass indicate that these forces are likely small compared to that

required to overcome subambient pressure (Van Wassenbergh et al., 2005; Van Wassenbergh et

al., 2015). Therefore, our values for instantaneous suction power are most likely to be

underestimates.

Determining peak gape

Suction feeding power, muscle shortening, and skeletal kinematics were all measured

relative to the time of peak gape. Gape distance was measured as the distance between virtual

locators on the rostralmost tips of the lower jaw and premaxilla. Peak gape is defined here as the

maximum gape distance directly following the rapid increase in gape during the start of the

strike. We calculated this by identifying the first frame at which there is a major change in the

inflection of the gape distance curve from increasing to decreasing or in some cases minimal

increasing. By taking the derivative of gape distance over time, we used 10% of the maximum

rate of gape change as a threshold to isolate the first time point when the rate of gape change was
below the threshold (Fig. S2). This method for determining peak gape differs from other suction
power studies (Camp et al., 2015; Camp et al., 2018; Camp et al., 2020), but was chosen because
of the high variability of gape distance traces in royal knifefish, e.g., gape curves with multiple
peaks (double-strikes) or initial strikes followed by slow gradual gape expansion (slowly
increasing plateau). Selecting the initial peak gape frame using the first instance of major
inflection in gape distance yielded substantially better consistency of alignment of the expansion
part of the gape cycle in this study (Fig. S2).
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RESULTS
In our study, royal knifefish were capable of generating very high suction power (Fig. 4).
The neurocranium reached high magnitudes of elevation during the period of peak power (Fig.
5). Similarly, the epaxial muscle generated high strain and shortening velocity, reaching its
shortest length during the period of peak power, and the sternohyoid shortened consistently
across all strikes (Fig. 5). In addition, muscle mass-specific power was unusually high in the
highest power strikes, reaching 535 W kg^{-1} in Cb03 and 800 W kg^{-1} in Cb04 (Fig. 4).
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Inter-individual variation
Cb04 produced substantially higher power strikes than Cb01 and Cb03 (Fig. 4). The
mean peak power for Cb04 was 15 times greater than Cb01 and 6 times greater than Cb03 with
the most powerful strikes reaching 13.5 W for Cb01, 38.0 W for Cb03, and 163.3 W for Cb04.
The substantially larger suction power in Cb04 resulted from both greater subambient buccal
pressure and faster rate of buccal volume change (Table 1). In Cb04, mean peak subambient
pressure was approximately 5.6 times greater than that of Cb01 and nearly 3 times greater than
that of Cb03, and mean peak rate of volume change was approximately 3 times greater than
Cb01 and Cb03 (Table 1). Unlike Cb04, the difference in suction power between Cb01 and Cb03
was largely due to the difference in mean peak subambient buccal pressure, which was nearly
two times larger in Cb03 compared to Cb01 (Table 1). Because of these differences among
individuals, results are reported separately for each individual, with means and s.e.m. (Table 1).
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Skeletal kinematics

The neurocranium consistently elevated (rotated dorsally) relative to the body plane,

across all strikes in all individuals (Fig. 5). During suction expansion, as the vertebral column

extended from curved to straight, the cranialmost vertebrae elevated with the neurocranium (Fig.

2A,B). Due to placement of our body plane, the neurocranium JCS captures a combination of

neurocranium elevation at the craniovertebral joint and vertebral column extension. While the

magnitude of rotation was sensitive to location of the body plane, the neurocranium and anterior

vertebral column elevated notably and consistently in all three individuals regardless of the body

plane's location. The mean maximum elevation measured during the period of peak power was

17.0 ± 3.6 deg for Cb01, 26.9 ± 4.9 deg for Cb03, and 27.9 ± 1.7 deg for Cb04. For some strikes,

the neurocranium showed a pattern of initial elevation, slight depression, and then continued

elevation at the end of pectoral girdle retraction. The initial phase of neurocranial elevation

occurred during the period of peak power (shown in red in Fig. 5) and during epaxial muscle

shortening (Fig. 5).

Cleithral retraction (caudoventral rotation) relative to the body plane was consistent

within Cb04 strikes, but highly variable in Cb01 and Cb03 (Fig. 5). During Cb04 strikes, the

cleithrum initially protracted (craniodorsal rotation), followed by the start of retraction prior to

the period of peak power, and a steady, continued retraction through the period of peak power

(Fig. 5). It should be noted that cleithral protraction occurs relative to the body plane; the cleithra

are not protracting relative to the neurocranium but are instead being pulled dorsally by vertebral

column extension, causing hypaxial lengthening. Maximum cleithrum retraction in Cb04

averaged -3.1 ± 0.6 deg during the period of peak power and increased to an average of $-6.4 \pm$

0.5 deg after the period of peak power. Cb01 and Cb03 showed variability in timing and did not

always retract during the period of peak power in their strikes. The magnitude of cleithral

protraction and retraction was also highly variable in Cb01 and Cb03 (Fig. 5), with mean peak

retractions of -3.0 ± 2.7 deg and 0.8 ± 3.0 deg, respectively, during the period of peak power.

Muscle length changes and muscle power

The epaxial and sternohyoid muscles consistently shortened prior to and during peak

power in all individuals (Fig. 5). However, the magnitude and pattern of epaxial shortening

varied across individuals. Epaxial muscles shortened across all of the measured subregions in

Cb03 and Cb04, and all but the caudalmost subregion of Cb01 (Fig. 6). Mean peak whole-muscle

strain in the epaxials during the period of peak power was similar between Cb04 and Cb03 ($8.0 \pm$

0.7 % L_i and 7.9 ± 1.4% L_i, respectively), as was mean peak muscle shortening velocity during

the period of peak power (4.7 ± 0.1 L_i s^{-1} and 4.6 ± 1.5 L_i s^{-1}, respectively). Epaxial strains

during the period of peak power were lower in Cb01, less than half that of Cb03 and Cb04

(Table 1). Mean peak epaxial strain during the period of peak power was lowest in the

cranialmost region (below 5% strain in all individuals) and the highest at approximately one-half

to three-fourths of the distance between the craniovertebral joint to the dorsal fin (3-6 cm, 4-7

cm, and 6-8 cm caudal of the craniovertebral joint in Cb01, Cb03, and Cb04, respectively) (Fig.

6; Fig. S1).

Similar shortening behaviors were seen in the dorsal column of muscle of Cb04, the only

individual with beads implanted in this muscle (Fig. S3). This column of muscle is dorsal to and

separate from the epaxial. It inserts on the neurocranium and extends along the length of the

body. The dorsal column of Cb04 shortened at the same time as the corresponding region of the

epaxial muscle (three cranialmost subregions), reaching 5.8 ± 0.4 % L_i strain and muscle

shortening velocity of 3.4 ± 0.1% L_i s^{-1} (Fig. S3). The caudalmost subregion showed the greatest

magnitude of strain.

In the hypaxial musculature of Cb04, a consistent pattern of lengthening then shortening

prior to the period of peak power occurred in all recorded strikes (Fig. 5). Early lengthening

across the full extent of the marked hypaxial muscle was so great in Cb04 that, during peak

power, it shortened with a mean peak velocity of 4.1 ± 0.1 L_i s^{-1}, while the muscle length was

still longer relative to its initial length (-1.1 ± 0.4% L_i) (Table 1). The caudalmost subregion of

the hypaxial muscle shortened during the period of peak power, while the cranialmost subregions

lengthened (Fig. 6). Unlike Cb04, ventral muscle beads in Cb01 were implanted in the anal fin

musculature, and no beads were implanted in the hypaxial muscle of Cb01 or Cb03 (Fig. S1).

The shortening patterns and strain of the ventral muscle beads in Cb01, during the period of peak

power, were highly variable (1.8 ± 2.8% L_i) (Fig. 5, Table 1).

The sternohyoid shortened with a consistent pattern in all strikes and across individuals,

with mean strains of 2.5-2.7% during the period of peak power (Table 1, Fig. 5). Sternohyoid

shortening began prior to and continued through the period of peak power, with higher

shortening velocities occurring during peak power. Magnitudes of strain in the sternohyoid were

similar across individuals, but sternohyoid shortening velocity during the period of peak power

was up to two times higher in Cb04 and Cb03 compared to Cb01 (Table 1).

Royal knifefish generated high muscle mass-specific power, which we calculated by

dividing the maximum instantaneous suction power of each strike by the total mass of

musculature shortening during peak power generation (epaxial, hypaxial and sternohyoid). For

these muscles (0.2035 kg combined for Cb04) to produce the highest power strike recorded

(163.3 W), they would have needed to generate 802.5 W kg^{-1} of power. The next three highest

power strikes recorded for Cb04 are estimated to have required 628.0 W kg^{-1}, 565.0 W kg^{-1}, and

545.0 W kg^{-1}. The maximum peak muscle power in Cb01 was much lower (164.2 W kg^{-1}), but

the muscle power in the highest power strike in Cb03 (535.3 W kg^{-1}) was within the range of

muscle power generated across all Cb04 trials (289.3 W kg^{-1} - 802.5 W kg^{-1}).

DISCUSSION

The massive epaxial muscles of royal knifefish account for >25% of body mass and

during suction feeding they shortened considerably and rapidly, generating large neurocranial

elevation and vertebral extension. These results agree with our predictions based on body shape

and postcranial morphology. During the most powerful strikes, the hypaxials also shortened and,

together with the epaxials, generated over 95% of the power for suction expansion with muscle

power output of up to 800 W kg^{-1}. The magnitude of sternohyoid muscle shortening was

consistent across all strikes, while the magnitude of axial muscle shortening was more variable

during lower power strikes. This suggests that the sternohyoid muscle may contribute a greater

proportion of power in lower power strikes. Likely driven by their large neurocranial elevation

and rapid epaxial shortening, royal knifefish generated much higher rates of buccal expansion,

subambient intraoral pressure, and suction power than those previously measured in other

species (Table 2). For the purpose of this discussion, we will compare the highest performing

individuals, using them as a proxy for the relative capabilities of each species (see *Variation in*

suction power section).

Epaxial muscle shortening and neurocranial elevation

During suction feeding, royal knifefish substantially elevated their neurocranium and

cranialmost vertebrae, fully straightening their vertebral column (Fig. 2). Mean maximum

neurocranial elevation during the period of peak power in royal knifefish exceeded the mean

maximum neurocranial elevation values previously measured in largemouth bass, bluegill

sunfish, and channel catfish (Table 2). The highest values of neurocranial elevation during the

period of peak power recorded in each royal knifefish individual (28-42 deg) were within the

range observed in Commerson's frogfish (*Antennarius commerson*), a genus known for its

exceptionally large suction expansion (Camp, 2021; Longo et al., 2016). Our results are

consistent with the predictions that a combination of the initially depressed neurocranium and

ventrally flexed vertebral column increased the range of neurocranial motion used during suction

feeding. Interestingly, these are anatomical traits shared by the frogfish (Camp, 2021) but not all

species with extremely high cranial elevation (Lauder and Liem, 1981; Van Wassenbergh et al.,

2008).

In royal knifefish, the epaxial musculature shortened along at least 60-70% of the body

length, with high strain and shortening velocity. When comparing the highest performing

individual of each species, the mean peak epaxial muscle strain during the period of peak power

of royal knifefish was approximately two times the absolute peak epaxial strain (which occurred

after the period of peak power) of largemouth bass and bluegill sunfish (Table 2). Similarly, the

mean peak epaxial shortening velocity during the period of peak power was more than two times

higher in the highest performing individual in royal knifefish than in largemouth bass and

bluegill sunfish (Table 2). While the maximum shortening velocity (V_{max}) for royal knifefish

epaxials is unknown, V_{max} for largemouth bass has been measured as 11 L_i s^{-1} (Coughlin and

Carroll, 2006), with 3-4 L_i s^{-1} as the range expected for optimal power output. Epaxial shortening

velocity during the period of peak power in the highest performing royal knifefish was 4-5 L_i s^{-1},

suggesting that the epaxials may be shortening at or near the range for optimal power output.

Hypaxial muscle shortening and cleithral retraction

In Cb04, the cleithrum consistently protracted then retracted, while the hypaxial muscles

lengthened then shortened. Cleithral protraction and hypaxial lengthening corresponded to the

start of neurocranial elevation and vertebral column extension, which likely pulled rostro-

dorsally on the cleithrum relative to the body plane, substantially lengthening the hypaxials. This

pattern of cleithral protraction and hypaxial lengthening prior to cleithral retraction and hypaxial

shortening has not been observed in ray-finned fishes previously studied with XROMM.

Although this rostro-dorsal motion was measured as cleithral protraction, the cleithrum did not

appear to protract relative to the neurocranium and we did not observe a reduction in buccal

volume. Because the vertebral column remained partially extended after peak extension,

shortening of the hypaxials back to just their initial length still retracted the cleithrum, on

average, -6.4 ± 0.2 deg past its initial position (Fig. 5). Compared to the highest performing

individual of each species, royal knifefish had greater mean peak hypaxial shortening velocity

during the period of peak power than bluegill sunfish and more than 2.5 times that of largemouth

bass and channel catfish (Table 2).

While the ventral muscle markers in Cb01 were implanted ventral to the hypaxial muscle,

in the anal fin muscle (Fig. S1), the muscle length traces seemed to align with the cleithral

retraction patterns as in Cb04 (Fig. 5). This suggests that anal fin data may still be reflective of

hypaxial strain, but possibly more variable in lower power strikes.

Relative contributions of the epaxial and hypaxial muscles

Our results suggest that the epaxial muscles are generating a greater portion of suction

power than the hypaxial muscles in royal knifefish. First, mean epaxial muscle mass was 1.8

times greater than the hypaxial muscle mass, and so was capable of greater power output (Table

1). Second, in Cb01 and Cb03, cleithrum retraction—and presumably hypaxial shortening—were

inconsistent, while neurocranial elevation and epaxial shortening were large and consistent (Fig.

5; Table 1). Although Cb04 used consistent cleithral retraction and hypaxial shortening, the

magnitude and speed of hypaxial strain was less than half of epaxial strain (Table 1, Table 2).

These data support the conclusion that the hypaxial muscles contributed less power, less

consistently to suction expansion than the epaxial muscles.

Sternohyoid muscle shortening and contributions to suction power

The timing and magnitude of sternohyoid shortening were relatively consistent across all

strikes, irrespective of suction power and individual. All individuals had similar mean

magnitudes of peak strain during the period of peak power, within 2.5-2.7 % L_i (Table 1). The

sternohyoid shortened during the period of peak power and is electrically active during feeding

strikes in congeneric species (Sanford and Lauder, 1989), which suggests that it actively

contributed power to buccal cavity expansion. Consistent sternohyoid shortening similarly

occurred during buccal cavity expansion in channel catfish, bluegill sunfish, striped surfperch

(*Embiotoca lateralis*), and one clariid catfish (Camp et al., 2018; Camp et al., 2020; Lomax et

al., 2020; Van Wassenbergh et al., 2007a). By contrast, in largemouth bass and several clariid

catfishes, the sternohyoid did not shorten (or lengthen) during rapid suction expansion but rather

acted as a stiff ligament that transmitted power from hypaxial musculature to produce hyoid

depression (Camp and Brainerd, 2014; Van Wassenbergh et al., 2007a). Because the sternohyoid

did not lengthen in royal knifefish, it also transmitted power generated from hypaxial shortening

to facilitate hyoid depression and buccal expansion. This suggests that the sternohyoid has a dual

function in royal knifefish, both transmitting power from the hypaxial muscle and generating

power by shortening during the period of peak power.

570   The consistent pattern of sternohyoid shortening across all individuals suggests that the

sternohyoid muscle may provide a greater proportion of muscle power in low performance

strikes. To generate the suction power for the highest recorded strike in Cb04, we estimated that

the musculature would need to generate 802.5 W kg^{-1}. At this maximum muscle mass-specific

power the sternohyoid in Cb04 (0.0046 kg) would be able to generate 3.7 W, which is within the

range of the lowest power strikes recorded in Cb01 and Cb03. Similarly, the sternohyoid in Cb01

(0.002 kg) could produce up to 1.6 W of power, which is more than is necessary for suction

expansion in the lowest power strike (1.1 W) from Cb01. It is still unlikely that the sternohyoid

is the sole contributor since the neurocranium elevates and the epaxials shorten to some degree in

all strikes (Fig. 5). Instead, the sternohyoid may make a greater contribution to generating

suction power when epaxial shortening is low and hypaxial muscle shortening is inconsistent, as

observed in Cb01 (Fig. 5). These results suggest that high power strikes depend nearly

exclusively on axial muscle shortening, whereas a greater proportion of muscle power may come

from the sternohyoid muscle in lower power strikes.

Variation in suction power

586   Royal knifefish are capable of generating very high suction power, but we observed a

wide range of power across the three individuals. Cb04 produced substantially higher power

strikes, with mean peak suction power more than 15 times greater than Cb01 and 6 times greater

than Cb03 (Fig. 4). The higher performance of Cb04 is partially explained by its body mass

being more than twice the masses of Cb01 and Cb03 (Table 1), providing more muscle mass for

power generation. When normalizing for body mass, there was substantial overlap in the mass-

specific power in Cb03 and Cb04 (Fig. 7B), despite the non-overlapping ranges in absolute

suction power (Fig. 7A). Additionally, it is possible that larger individuals generate more power

per unit muscle mass if muscle power scales with positive allometry in royal knifefish as in other

fish species (Carroll et al., 2009; Van Wassenbergh et al., 2007b). These features account for

some of the variation between Cb03 and Cb04, suggesting that Cb04 may not merely be an
exceptional individual.

However, body size does not completely explain intraspecific variation in power. While
Cb03 had the smallest total body mass (78% of that of Cb01), it generated more than double the
mean peak intraoral pressure and mean peak power compared to Cb01 (Fig. 4, Table 1).
Interestingly, Cb01 and Cb03 had the same mean peak rate of buccal volume change. These
results reflect that there is not a simple relationship between buccal volume change, intraoral
pressure, and power, but instead a complex interaction between multiple factors, including gape
size (morphologically and throughout the strike), initial buccal volume, magnitude of buccal
volume change, timing of peak rate of buccal volume change, and timing of peak buccal cavity
expansion (Van Wassenbergh et al., 2005; Van Wassenbergh et al., 2006a; Van Wassenbergh et
al., 2006b). Motivation almost certainly contributed to this variation as well. Despite efforts to
standardize prey type, prey size, and training, Cb04 responded better to training, was less timid
when feeding in front of researchers, and was highly food motivated.

The variation among royal knifefish individuals is similar to what has been observed in
bluegill sunfish, largemouth bass, and channel catfish. In all of these species, the highest
performing individual generated mean body mass-specific suction power that was 2.0-2.6 times
higher than the second highest performing individual (Camp et al., 2015; Camp et al., 2018;
Camp et al., 2020). In addition, wide ranges of maximum suction power, intraoral pressure, and
buccal volume change were observed, even when accounting for body or buccal volume size.

Both the present study and previous suction power studies are unlikely to have captured
the maximum performance of any of these species, given the difficulty of eliciting maximum
performance in lab-based studies with artificial environments and small sample sizes (Astley et
al., 2013). Therefore, even the highest power strikes, such as those of Cb04, are conservative
estimates of the suction power capacity of these species. Without having captured the true
maxima of each species, conclusions from interspecies comparisons can only be drawn from the
data that has been collected. Thus, while royal knifefish suction expansion appears impressively
powerful compared to previously measured species, it is difficult to directly compare suction
power capacity across species.

Within these limitations, comparing the data from the four species studied to date is a
useful first step in exploring suction power across teleost fishes. When comparing across species,
it may be most appropriate to compare high performing individuals to each other and lower

performing individuals to each other. Within that context, all royal knifefish individuals

outperformed largemouth bass, channel catfish, and bluegill sunfish individuals: Cb01 and Cb03

outperformed the lower performing individuals, just as Cb04 outperformed the highest

performing individuals of those species (Fig. 7).

Suction power, intraoral pressure, and buccal expansion

Royal knifefish generated higher suction power than the other species studied to date by

producing both a greater magnitude of subambient intraoral pressure and a greater speed of

buccal expansion (Camp and Brainerd, 2022). Of the four species, the mean peak intraoral

pressure was greatest in royal knifefish, followed by bluegill sunfish, channel catfish, and

largemouth bass (Table 2). Prior studies have not found consistent effects of body size on

subambient buccal pressure, so we do not scale pressure here for body size (Carroll et al., 2004;

Carroll et al., 2009). However, it is unclear how best to compare the rate of volume change

among different sized individuals. If we simply compare the raw values across the highest

performing individual within each species, the mean peak rate of buccal volume change was

greatest in royal knifefish, more than 2.5 times that of largemouth bass and channel catfish, and

more than 6.5 times that of bluegill sunfish (Table 2). If we normalize by body mass across the

highest performing individual within each species, the mean peak body mass-specific rate of

buccal volume change was still greater in royal knifefish, more than double that of bluegill

sunfish and largemouth bass and almost five times that of channel catfish (Table 2). Thus, in

comparison to the species previously studied with XROMM, the highest performing royal

knifefish individual generated greater mean power by expanding its buccal cavity two times

faster, relative to body mass, and generating at least 1.3 times greater buccal pressure magnitude.

Among the highest performing individuals of each species, royal knifefish generated a

mean peak suction power approximately 8 times greater than channel catfish and bluegill sunfish

and 13 times greater than largemouth bass (Fig. 7A; Table 2). When suction power was

normalized by body mass or by maximum change in buccal volume—the difference between the

volume of maximum buccal expansion and initial volume—then royal knifefish still

outperformed the other three species but are more similar to bluegill sunfish (Fig. 7B,C).

Muscle mass-specific power

For high performance strikes, royal knifefish depend on the axial musculature shortening

at high velocities to produce large neurocranial elevation and rapid buccal expansion. At least

96.4% of the power for the highest power strike from Cb04 must have come from the axial

musculature, based on the relative masses of the head and body muscles. If the major cranial

muscles in Cb04 (sternohyoid, 4.6 g; levator arcus palatini, 1.64 g; levator operculi, 1.04 g;

dilator operculi, 0.024 g) operated at the maximum muscle mass-specific power observed (802.5

$W\ kg^{-1}$), the cranial muscles could generate 5.9 W of power. For Cb04, 5.9 W is just 3.6% of the

maximum suction power and 4.6-5.3% of the next three highest power strikes. These results are

consistent with the findings of previous studies, which have shown that cranial muscles are only

capable of contributing a small proportion of the power necessary for high performance suction

feeding and that the axial muscles are the primary source of suction power (reviewed in Camp

and Brainerd, 2022).

Although we expected that royal knifefish would depend on their axial muscles to

generate high power strikes, we did not expect the axial muscles to operate at such high muscle

mass-specific power in the most powerful strikes. Compared to mean muscle mass-specific

power outputs of the highest performing largemouth bass ($74.2 \pm 13.2\ W\ kg^{-1}$), bluegill sunfish

($267.0 \pm 49.2\ W\ kg^{-1}$), and channel catfish ($96.4 \pm 20.1\ W\ kg^{-1}$), Cb04 achieved a greater mean

muscle mass-specific power output of $494.3 \pm 51.6\ W\ kg^{-1}$ (Table 2), with a maximum of 802.5

$W\ kg^{-1}$. This maximum muscle mass-specific power output is near or potentially beyond the

expected limits for vertebrates (Altringham et al., 1993; Askew and Marsh, 2001; Curtin et al.,

2005), suggesting several possible explanations: 1) we overestimated suction power; 2) we

underestimated the longitudinal extent of the axial musculature that is contributing suction

power; 3) there is power amplification, in which the muscle shortens before the skeletal elements

begin to move, thereby loading serial elastic elements that release their energy while the muscle

continues to contract as the bones move (Astley and Roberts, 2012).

In considering this first explanation, our suction power estimates are conservative

because we measured buccal pressure in one rostral location and hydrodynamic modeling has

shown that pressure can be even more subambient in the caudal buccal cavity (Van

Wassenbergh, 2015). For the second, we dissected and included the mass of nearly 75% of the

total epaxial and hypaxial length (Fig. S1), extending more caudally than our implanted marker

set in order to provide a generous muscle mass estimate. The third possibility is power

amplification, as is seen in the epaxial musculature of pipefishes and seahorses (Van

Wassenbergh et al., 2008; Van Wassenbergh et al., 2014). This is an exciting potential

explanation, but our results do not support this hypothesis. If power amplification were to create

a catapult-like mechanism, we would expect to see gradual muscle shortening prior to the

beginning of the strike to store elastic energy in the muscle and connective tissues (Astley and

Roberts, 2012; Van Wassenbergh et al., 2008). However, there was no indication of muscle

shortening prior to the beginning of neurocranial elevation nor pectoral girdle retraction (Fig. 5).

We conclude that power amplification is unlikely the cause of such high muscle mass-specific

muscle power estimates and that Cb04 was able to power suction feeding directly with 550-800

W kg^{-1} of muscle power in its four most powerful suction strikes.

Concluding remarks

Compared to the three species previously studied with XROMM, royal knifefish are

distinct in the morphology of their postcranial musculoskeletal system and their reliance on

epaxial muscles for suction feeding. In royal knifefish, their epaxial muscles were greater in

mass relative to the hypaxial muscles and shortened rapidly, producing a majority of suction

power with rapid neurocranial elevation. We expect that species with similar morphology

(including a ventrally flexed vertebral column, dorsoventrally deep epaxial muscles, few bones

immediately caudal to the neurocranium, and a high proportion of epaxial muscle mass) can also

produce high power strikes that are generated predominantly by epaxial muscle power and that

utilize large neurocranial elevation. Our results support the growing evidence that postcranial

morphology is important for understanding suction feeding mechanics, and that these feeding

functions have likely shaped the evolution of the axial muscles and skeleton. Royal knifefish

used nearly their entire body musculature to generate their most powerful strikes, broadening the

morphological and phylogenetic range of suction feeding fishes known to power feeding with

body muscles. However, the sternohyoid muscle likely contributed a greater proportion of power

in the lowest performance strikes, demonstrating that the roles of cranial and axial muscles may

vary not only across species, but also among feeding behaviors. Further studies examining the

cranial and axial musculoskeletal systems—and their interaction—are needed to understand how

the morphology of the whole body shapes the evolution and mechanics of suction feeding.

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COMPETING INTERESTS

We declare no competing or financial interests.

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DATA AVAILABILITY

X-ray video, pressure, and CT data and their essential metadata for this publication have been

deposited in the XMAPortal (xmaportal.org), in the study "Knifefish Suction Feeding," with the

permanent identifier BROWN65. The data will be publicly available under CCBY 4.0 upon

publication in the Public Data Collection "Royal Knifefish data for Li, Kaczmarek et al., 2022"

with the full URL:

https://xmaportal.org/webportal/larequest.php?request=CollectionView&StudyID=65&instit=BR

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TABLES

885 **Table 1.** Mean (± s.e.m) measurements of peak pressure, change in buccal volume, power, total

886 body mass, bilateral axial and sternohyoid muscle mass, and peak muscle mass-specific power of

887 each individual. Mean peak axial and sternohyoid muscle strain and shortening velocity were

888 measured during the period of peak power.

Variable	Cb01 (N = 6)	Cb03 (N = 6)	Cb04 (N = 10)
Peak pressure, kPa	-7.9 ± 2.0	* -15.2 ± 4.5	-44.2 ± 3.5
Peak change in buccal volume, cm^3	23.4 ± 3.5	* 15.9 ± 2.5	54.2 ± 3.4
Peak rate of volume change, $cm^3\ s^{-1}$	1000 ± 239	* 829 ± 178	2518 ± 127
Peak power, W	6.5 ± 2.1	* 15.9 ± 6.2	100.6 ± 10.5
Total body mass, g	217	170	480
Epaxial			
▲ Muscle mass, g	52.7	** 44.1	125.2
Initial muscle length, mm	115.1± 0.6	109.4 ± 0.5	103.4 ± 0.2
Peak muscle strain, %	3.4 ± 0.4	7.9 ± 1.4	8.0 ± 0.7
Peak muscle velocity, $L_i\ s^{-1}$	2.0 ± 0.2	4.6 ± 1.5	4.7 ± 0.1
Hypaxial			
Muscle mass, g	27.5	** 25.5	73.7
Initial muscle length, mm	*** 100.4 ± 3.0	**** ____	65.3 ± 0.5
Peak muscle strain, %	*** 1.8 ± 2.8	**** ____	-1.1 ± 1.3
Peak muscle velocity, $L_i\ s^{-1}$	*** 1.7 ± 0.7	**** ____	4.1 ± 0.3
Sternohyoid			
Muscle mass, g	2.0	** 1.5	4.6
Initial muscle length, mm	21.2 ± 0.07	9.3 ± 0.05	15.3 ± 0.01
Peak muscle strain, %	2.5 ± 0.7	2.5 ± 1.0	2.7 ± 0.4
Peak muscle velocity, $L_i\ s^{-1}$	2.7 ± 0.8	4.2 ± 0.9	4.8 ± 0.4
Peak muscle mass-specific power, $W\ kg^{-1}$	79.1 ± 25.6	* 223.6 ± 87.2	494.3 ± 16.2

* Pressure, volume, and power values for Cb03 were measured for N = 7.

▲ Dorsal column muscle mass is included in the total epaxial muscle masses.

** Bilateral muscle mass was estimated for Cb03 because individual was not available for muscle dissection.

*** Shortening of ventral (anal fin) muscle are reported here because hypaxial beads were not present in Cb01.

**** Hypaxial values were not recorded because hypaxial beads were not present in Cb03.

Table 2. Comparative measurements for largemouth bass (*Micropterus salmoides*), bluegill
sunfish (*Lepomis macrochirus*), channel catfish (*Ictalurus punctatus*), and royal knifefish
(*Chitala blanci*). Data shown for royal knifefish are from this study, and data for other species
are from previously published datasets (largemouth bass data from Camp et al., 2015; bluegill
sunfish data from Camp et al., 2018; and channel catfish data from Camp et al., 2020). Where
error values are included, they are the s.e.m (standard error of measurement).
897

Variable	Largemouth Bass	Bluegill Sunfish	Channel Catfish	Royal Knifefish
Across individuals	N = 3	N = 2	N = 3	N = 3
Mean epaxial mass per body mass (%)	17.8 ± 2.9	16.1 ± 0.04	12.5 ± 1.0	25.4 ± 0.6
Mean neurocranial elevation (deg)	[*] 16.0	[*] 12.7	[*] -1.6	[*▲] 24.7
Maximum neurocranial elevation (deg)	[*] 26.0	[*] 17.0	[**] __	[*] 41.0
Mean cleithral retraction (deg)	[*] -9.3	[*] -6.0	[*] -7.7	[*] -2.0
Highest performing individual	Bass02	Bluegill 1	Cat5	Cb04
Body mass (g)	447	164	860	480
[*****] Contributing muscle mass (g)	106.4	42.7	144.22	203.5
Mean peak values of the highest performing individual	N = 9	N = 6	N = 9	N = 10
Pressure (kPa)	-9.7 ± 1.4	-32.2 ± 2.2	-18.4 ± 3.1	-44.2 ± 3.5
Rate of volume change ($cm^3 \, s^{-1}$)	882 ± 87	387 ± 58	928 ± 70	2518 ± 127
Power (W)	7.9 ± 1.4	11.4 ± 2.1	13.9 ± 2.9	100.6 ± 10.5
Body mass-specific power ($W \, kg^{-1}$)	17.7 ± 3.1	69.5 ± 12.8	16.2 ± 3.4	209.6 ± 21.9
Muscle mass-specific power ($W \, kg^{-1}$)	74.2 ± 13.2	267.0 ± 49.2	96.4 ± 20.1	494.3 ± 51.6
Body mass-specific rate of volume change ($cm^3 \, s^{-1} \, g^{-1}$)	2.0 ± 0.2	2.4 ± 0.4	1.1 ± 0.1	5.2 ± 0.3
Epaxial strain (% L_i)	[***] 4.6 ± 0.3	3.9 ± 0.5	-0.4 ± 0.7	[▲] 8.0 ± 0.7
Epaxial shortening velocity ($L_i \, s^{-1}$)	[***] 1.2 ± 0.2	[▲] 2.2 ± 0.3	[▲] 0.1 ± 0.04	[▲] 4.7 ± 0.1
Hypaxial strain (%L_i)	[***] 8.4 ± 1.7	6.8 ± 0.6	8.3 ± 2.4	[▲] -1.1 ± 1.3; [****▲] 3.0 ± 0.3
Hypaxial shortening velocity ($L_i \, s^{-1}$)	[***] 1.6 ± 0.6	[▲] 3.4 ± 0.2	[▲] 1.3 ± 0.1	[▲] 4.1 ± 0.3

[*]Positive values for neurocranial and cleithral rotation represent elevation, while negative values represent retraction.

[**]Maximum neurocranium elevation for channel catfish was not reported because neurocranium consistently depressed rather than elevated.

[▲] Measurements were made during the period of peak power rather than the maximum recorded value during the strike.

FIGURE LEGENDS

Fig. 1. Body shape and anatomy of the axial musculature and skeleton in royal knifefish,

*Chitala blanci***, compared with the body shapes of three other species for which suction**

power has been measured. (A) Lateral view of the neurocranium, cleithrum, and left-side bones

of the head in *C. blanci*. Dashed line indicates the approximate location of the cross-section

shown in (B). (B) Transverse cross-section of *C. blanci*, illustrating its inverted teardrop shape.

(C) Whole-body shape and (D) transverse cross-section comparisons of *C. blanci* to other

previously studied species: channel catfish (*Ictalurus punctatus*), bluegill sunfish (*Lepomis*

macrochirus), and largemouth bass (*Micropterus salmoides*). Fishes are shown with expanded

mouths in (C).

909
Fig. 2. Sample XROMM animation and measurement of buccal cavity volume before and

during suction expansion. Animated bone models before suction expansion (A,C,E) and during

suction expansion (B,D,F). (A,B) Right lateral view of X-ray image with animated

neurocranium, left cleithrum, and left-side bone meshes. Surgically implanted bone and

intramuscular (epaxial, hypaxial, dorsal column, and sternohyoid) markers are visible as black

circles. (C,D) Left lateral view of animated bone models and (E,F) animated dynamic endocast

of buccal cavity volume.

917
Fig. 3. Buccal volume, rate of volume change, intraoral pressure, and suction power in the

highest power strike. (A) Buccal volume, measured using dynamic endocast. (B) Rate of

volume change (black, left axis) and intraoral pressure relative to ambient pressure (blue, right

axis). (C) Suction power was calculated as the product of intraoral pressure and rate of volume

change at each time point. Peak suction power (within 25% of maximum) is indicated by the

shaded region with the corresponding values highlighted in red.

Fig. 4. Suction power (W) and muscle mass-specific power (W kg^{-1}) in three royal knifefish.
Absolute suction power (left y-axis) is plotted relative to peak gape for each strike in each
individual. The right y-axis shows muscle mass-specific power, which divides suction power by
the combined mass of the epaxial and hypaxial shortening regions and the sternohyoid.
929
Fig. 5. Neurocranium and cleithrum rotations relative to the body plane and muscle length
changes during buccal expansion in royal knifefish. Data from each individual are shown
separately, with the period of peak power (within 25% of maximum) highlighted in red and the
time of peak power marked with a red dot. (A) Z-axis rotation (relative to initial values) of the
neurocranium (row 1) and left cleithrum (row 2) relative to the body plane. Positive values
represent elevation or protraction (white region), while negative values represent depression or
retraction (shaded region). (B) For each muscle (bottom three rows), muscle length was
normalized by its mean initial length (L_i). Values below 1 (shaded region) represent shortened
muscle, while those greater than 1 (white region) represent lengthened muscle relative to L_i.
939
Fig. 6. Maximum epaxial and hypaxial muscle strain along the body. (A) Epaxial strain and
(B) ventral (anal fin) muscle and hypaxial strain during the period of peak power were calculated
as percent change in length relative to the mean initial length (L_i) in subregions along the cranial
half of the body. Maximum strain for each strike (red or blue circles) and mean strain (red or
blue bars) across all strikes are shown for each subregion with positive values representing
muscle shortening. The width of the bar reflects the craniocaudal length of each muscle
subregion. Note that Cb03 did not have ventral or hypaxial strain data.
947
Fig. 7. Comparison of suction power of royal knifefish to three other species. Data are shown
for royal knifefish (n = 23 strikes, from this study), channel catfish (n = 24 strikes, data from
Camp et al., 2020), largemouth bass (n = 29 strikes, data from Camp et al., 2015), and bluegill
sunfish (n = 11 strikes, data from Camp et al., 2018). Power per strike (colored circles) and
average power across all strikes from each individual (black circles) are shown. For all species,
suction power was calculated as (A) the absolute magnitude of maximum suction power, (B)
maximum suction power relative to the total body mass of the individual, and (C) maximum
suction power relative to the maximum change in buccal volume for each strike.

A

Dorsal column of muscle

Epaxial muscle

Neurocranium

Cleithrum Hypaxial muscle Anal fin muscle

B

Dorsal column of muscle

Epaxial muscle

Hypaxial muscle

C

Royal knifefish

Channel catfish

Bluegill sunfish

Largemouth bass

D

A

Cb01
N = 6 strikes
Epaxial

Cb03
N = 6 strikes

Cb04
N = 10 strikes

Muscle subregions

B

Ventral Muscle

Cb01
N = 6 strikes

Hypaxial

Cb04
N = 10 strikes

Muscle subregions

Maximum strain during period of peak power (%L_r)

A Absolute suction power (W)

B Body mass-specific power (W kg⁻¹)

C Volume-specific power (W cm⁻³)

Individuals

Royal knifefish   Channel catfish   Largemouth bass   Bluegill sunfish