Client: PARAGAS, JOY (107871) Gender: Female

Patient Name: ELEVEN Weight:
Species: Canine Age: 1 Years

Breed: Other Doctor: DANIEL JON BATINGA

Test	Results	Reference Interval		LOW	NORMAL	HIGH	
ProCyte Dx (July 2, 2021 10:27 AM)							
RBC	5.07 M/µL	5.65 - 8.87	LOW				
HCT	31.3 %	37.3 - 61.7	LOW				
HGB	11.7 g/dL	13.1 - 20.5	LOW	3			
MCV	61.7 fL	61.6 - 73.5		2)			
MCH	23.1 pg	21.2 - 25.9		3			
MCHC	37.4 g/dL	32.0 - 37.9		÷			
RDW	16.4 %	13.6 - 21.7		÷			
%RETIC	1.5 %						
RETIC	74.0 K/µL	10.0 - 110.0					
RETIC-HGB	24.7 pg	22.3 - 29.6					
WBC	30.75 K/µL	5.05 - 16.76	HIGH				
%NEU	81.7 %						
%LYM	8.0 %						
%MONO	10.1 %						
%EOS	0.1 %						
%BASO	0.1 %						
NEU	25.14 K/μL	2.95 - 11.64	HIGH	2)			
LYM	2.45 K/µL	1.05 - 5.10		2)			
MONO	3.12 K/µL	0.16 - 1.12	HIGH	2)			
EOS	0.02 K/µL	0.06 - 1.23	LOW				
BASO	0.02 K/µL	0.00 - 0.10		2)			
PLT	269 K/µL	148 - 484		2)			
MPV	12.9 fL	8.7 - 13.2		2)			
PDW	12.5 fL	9.1 - 19.4					
PCT	0.35 %	0.14 - 0.46					

<sup>1.</sup> Anemia without reticulocytosis - Likely non-regenerative anemia; consider pre-regenerative anemia.

1. Monocytosis - Consider inflammation.

Catalyst One (July 2, 2021 11:10 AM)

Progesterone 2.3 ng/mL

Progesterone (ng/mL)

- < 1.0 Anestrus/Proestrus
- 1.0-1.9 Pre-LH surge
- 2.0-3.0 Associated with LH surge, about 24-48 hours prior to the ovulation wave
- 3.1-4.9 Post-LH surge, pre-ovulation

Printed: July 2, 2021 11:11 AM

5.0-12.0 At or near ovulation (progesterone concentration may vary with breed and size)

Physiologic variation in progesterone occurs prior to ovulation. We recommend confirming a continuing rise in progesterone (every 24-48 hours until ovulation is confirmed) when evaluating for timing of breeding.

When measuring progesterone to evaluate for neuter status or for ovarian remnant in dogs (2 weeks-2 months post signs of estrus), a progesterone > 2 ng/mL is consistent with the presence of a functioning corpus luteum and the presence of ovarian tissue. In addition to progesterone concentrations, anti-mullerian hormone, LH concentrations, vaginal cytology, clinical signs, abdominal ultrasound and estrogen concentrations can be used to further evaluate neuter status and for ovarian remnants.

