

BATINGA AMC Test Report of Hematology Analysis

Hospital Address:SM CITY CDO UPTOWN

Contact number:09061211260

Report No.:2606070002

Medical No.:

Test Time:2026.06.07 12:58:27

Pet Name:Bobby Dylan

Pet type:Canine

Gender:Male

Age:12 Year

Sample Type:Whole blood

Owner:

| Parameters | Result | Reference range | Low | Normal | High |
|--|----------------------------|-----------------|-----|--------|------|
| 01. WBC (White blood cell count) | 22.96 10 ³ /uL↑ | 5.05-16.76 | | | |
| NEU# (Neutrophil count) | 21.29 10 ³ /uL↑ | 2.95-11.64 | | | |
| NST# (Band neutrophil count) | 0.17 10 ³ /uL | 0.00-0.80 | | | |
| NSG# (Segmented neutrophil count) | 20.94 10 ³ /uL↑ | 2.50-11.30 | | | |
| NSH# (Hypersegmented neutrophil count) | 0.18 10 ³ /uL | 0.00-0.40 | | | |
| LYM# (Lymphocyte count) | 0.83 10 ³ /uL↓ | 1.05-5.10 | | | |
| SLYM# (Small lymphocyte count) | 0.82 10 ³ /uL↓ | 1.05-5.10 | | | |
| LLYM# (Large lymphocyte count) | 0.01 10 ³ /uL↑ | 0.00-0.00 | | | |
| MON# (Monocyte count) | 0.82 10 ³ /uL | 0.16-1.12 | | | |
| EOS# (Eosinophil count) | 0.01 10 ³ /uL↓ | 0.06-1.23 | | | |
| BAS# (Basophil count) | 0.00 10 ³ /uL | 0.00-0.10 | | | |
| NEU% (Neutrophil ratio) | 92.73 %↑ | 52.00-78.00 | | | |
| NST/WBC% (Band neutrophil ratio) | 0.74 % | 0.00-10.00 | | | |
| NST/NEU% (Band neutrophil ratio) | 0.80 % | 0.00-20.00 | | | |
| NSG% (Segmented neutrophil ratio) | 91.20 %↑ | 50.00-75.00 | | | |
| NSH/WBC% (Hypersegmented neutrophil ratio) | 0.79 % | 0.00-5.00 | | | |
| NSH/NEU% (Hypersegmented neutrophil ratio) | 0.85 % | 0.00-7.00 | | | |
| LYM% (Lymphocyte ratio) | 3.64 %↓ | 16.00-41.50 | | | |
| MON% (Monocyte ratio) | 3.58 % | 1.00-13.00 | | | |
| EOS% (Eosinophil ratio) | 0.05 %↓ | 0.50-11.85 | | | |
| BAS% (Basophil ratio) | 0.00 % | 0.00-0.90 | | | |
| 02. RBC (Red blood cell count) | 8.57 10 ⁶ /uL | 5.65-8.87 | | | |
| HGB (Hemoglobin concentration) | 17.43 g/dL | 13.10-20.50 | | | |
| HCT (Hematocrit) | 54.21 % | 37.30-61.70 | | | |
| MCV (Mean red cell volume) | 63.23 fL | 61.60-73.50 | | | |
| MCH (Mean Hb per RBC) | 20.33 pg↓ | 21.20-25.90 | | | |
| MCHC (Mean Hb conc in RBC) | 32.15 g/dL | 32.00-37.90 | | | |
| RDW-CV (RBC dist width-CV) | 12.50 % | 11.20-17.10 | | | |
| RDW-SD (RBC dist width-SD) | 27.00 fL | 25.60-41.60 | | | |
| HDW-CV (Hb dist width-CV) | 15.14 % | 7.00-20.00 | | | |
| HDW-SD (Hb dist width-SD) | 0.31 g/dL | 0.20-0.80 | | | |
| RET# (Reticulocyte count) | 46.69 10 ³ /uL | 3.00-110.00 | | | |
| RET% (Reticulocyte ratio) | 0.54 % | 0.00-1.50 | | | |
| ETG# (Shadow red cell count) | 0.00 10 ¹² /L | 0.00-0.05 | | | |
| ETG% (Shadow red cell ratio) | 0.00 % | 0.00-1.65 | | | |
| SPH# (Spherocyte count) | 0.00 10 ⁹ /L | 0.00-130.10 | | | |
| SPH% (Spherocyte ratio) | 0.00 % | 0.00-1.54 | | | |
| ACA# (Acanthocyte count) | 0.00 10 ³ /uL | 0.00-0.00 | | | |
| NRBC# (Nucleated red cell count) | 0.00 10 ³ /uL | 0.00-0.00 | | | |
| NRBC/WBC% (Nucleated red cell ratio) | 0.00 % | 0.00-0.00 | | | |
| AGG# (Agglutinated red cell count) | 0.00 10 ³ /uL | 0.00-0.15 | | | |
| 03. PLT (Platelet count) | 213.59 10 ³ /uL | 148.00-484.00 | | | |
| MPV (Mean platelet volume) | 10.32 fL | 8.70-13.20 | | | |
| PDW (Platelet distribution width) | 16.72 fL | 9.10-19.40 | | | |
| PCT (Plateletcrit) | 0.22 % | 0.14-0.46 | | | |
| APLT# (Aggregated platelet count) | 0.00 10 ³ /uL | 0.00-0.15 | | | |
| P-LCC (Large platelet count) | 12.82 10 ³ /uL | 0.00-66.00 | | | |
| P-LCR (Large platelet ratio) | 6.00 % | 0.00-25.00 | | | |

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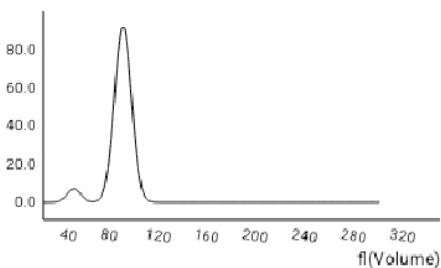
Contact number: 09061211260

Report No.: 2606070002

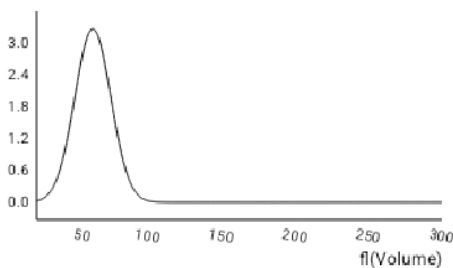
Pet Name: Bobby Dylan

Pet type: Canine

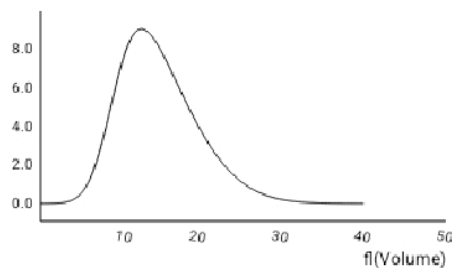
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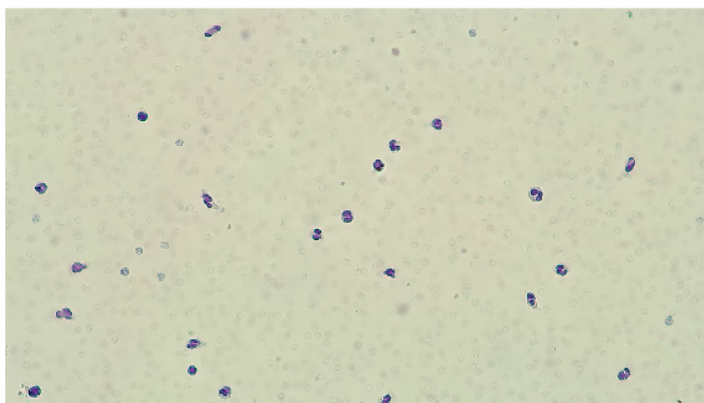
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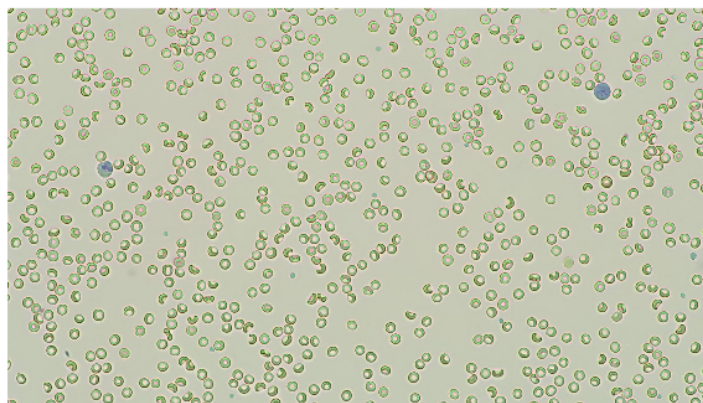
PLT



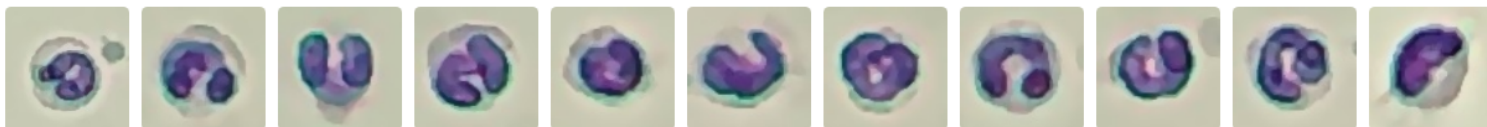
WBC images



RBC&PLT images



NST# 0.17 10³/uL



STD image Number: 22 sheets/143 images/754 images

NSG# 20.94 10³/uL



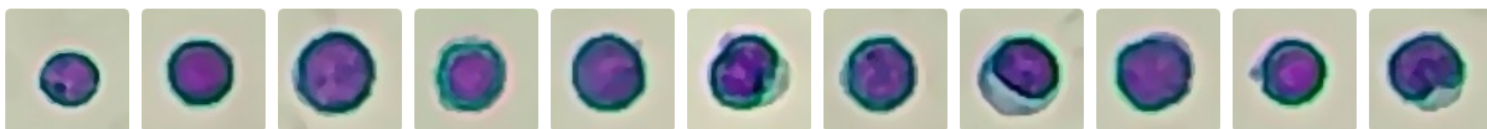
STD image Number: 2177 sheets/143 images/754 images

NSH# 0.18 10³/uL



STD image Number: 15 sheets/143 images/754 images

SLYM# 0.82 10³/uL



STD image Number: 86 sheets/143 images/754 images

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Hospital Address:SM CITY CDO UPTOWN Contact number:09061211260

Report No.:2606070002

Pet Name:Bobby Dylan

Pet type:Canine

LLYM# 0.01 10³/uL



STD image Number: 1 sheets/36 images/754 images

MON# 0.82 10³/uL



STD image Number: 83 sheets/143 images/754 images

EOS# 0.01 10³/uL



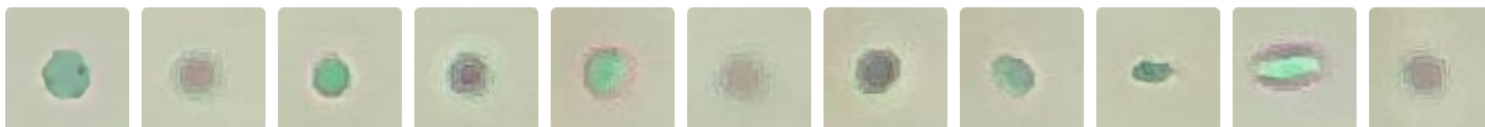
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RET# 46.69 10³/uL



STD image Number: 460 sheets/143 images/754 images

P-LCC 12.82 10³/uL



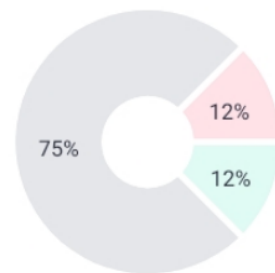
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1.Acute inflammatory response

Basis for judgment:Significant elevation of neutrophils and White Blood Cells accompanied by lymphopenia suggests the body is in an acute inflammatory or stress state, commonly seen in bacterial infections or severe trauma.

2.Possible abnormal lymphatic reaction or lymphoproliferative disease.

Basis for judgment:Occasional lymphoblasts in peripheral blood can be seen in strong immune stimulation; persistent or large numbers require vigilance for lymphoproliferative diseases, requiring bone marrow/immunophenotyping correlation.



Low Normal High

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Report No.:2606070002

Pet Name:Bobby Dylan

Pet type:Canine

WBC 22.96 $10^3/uL$ ↑ (5.05-16.76)

-Clinical indication:Presence of acute inflammation or infection (bacterial infection is most typical), tissue damage/necrosis, drug/hormone effects, stress response, or myeloproliferative disorders.

-Basis for judgment:Bacterial infection stimulates the bone marrow to accelerate the release of White Blood Cells to fight pathogens; inflammatory reactions caused by trauma, surgery, burns, pancreatitis, etc. ; use of drugs such as glucocorticoids and colony-stimulating factors can induce elevated White Blood Cells; physiological or pathological stress leads to redistribution of White Blood Cells, resulting in transient elevation; abnormal proliferation of hematopoietic stem cells leads to persistent and significant elevation of White Blood Cells (mostly malignant lesions).

NEU# 21.29 $10^3/uL$ ↑ (2.95-11.64)

-Clinical indication:Suggests acute inflammation or infection (local or systemic bacterial infection), tissue necrosis, tumors, stress/cortisol effects, hemorrhage or Hemolysis, granulocytic leukemia, etc.

-Basis for judgment:Neutrophilia is a typical manifestation of acute inflammation (surgery, trauma, infarction, tumor necrosis, thermal injury) or bacterial infection (such as pneumonia, pyelonephritis, cellulitis, pyometra); tumors can secrete granulocyte colony-stimulating factors, etc. , stimulating excessive bone marrow production; Chronic Myeloid Leukemia, Myelodysplastic Syndrome (MDS), etc. , involve uncontrolled proliferation of the bone marrow itself; exogenous corticosteroids are the most common drugs leading to iatrogenic neutrophilia.

NSG# 20.94 $10^3/uL$ ↑ (2.50-11.30)

-Clinical indication:Commonly seen in acute bacterial infection, acute inflammation/tissue damage, stress response or myeloproliferative lesions, drugs/hormones, poisoning, etc.

-Basis for judgment:The essence is the accelerated release of mature neutrophils from the bone marrow or prolonged retention of peripheral blood neutrophils. Infectious factors (bronchitis, periodontitis, bacterial pneumonia, pyometra, bacterial enteritis, severe sepsis, bacterial peritonitis); non-infectious inflammation/tissue damage (trauma, surgery, burns, acute pancreatitis); transport fright, pain stimulation, surgical stress, history of glucocorticoid medication; Chronic Myeloid Leukemia, Polycythemia Vera, myelofibrosis (malignant, rare but high-risk).

LLYM# 0.01 $10^3/uL$ ↑ (0.00-0.00)

-Clinical indication:Suggests lymphocyte activation or reactive/proliferative changes in the lymphatic system (clinical correlation required).

-Basis for judgment:Elevated absolute count of large lymphocytes suggests possible immune system activation or abnormal proliferation.

LYM# 0.83 $10^3/uL$ ↓ (1.05-5.10)

-Clinical indication:Lymphopenia suggests stress, severe infection, consumption after viral infection, drugs (glucocorticoid effect), lymphoma, or immunosuppressive states.

-Basis for judgment:Lymphopenia is common in various diseases accompanied by neutrophilia, destruction of lymphoid tissue, stress, severe infection, viral infections (such as canine distemper, feline panleukopenia), hyperadrenocorticism, or immunosuppressive diseases.

EOS# 0.01 $10^3/uL$ ↓ (0.06-1.23)

-Clinical indication:Eosinopenia may be due to infectious diseases or severe febrile diseases, bone marrow suppression, stress, or glucocorticoid effects.

-Basis for judgment:Eosinopenia is common in the early to peak stages of infectious diseases or severe febrile diseases, severe damage to bone marrow function, application of corticosteroid drugs, and the shock phase of stress reactions. Prolonged disappearance indicates a poor prognosis, but reappearance after disappearance indicates improvement in the condition.

Possible diseases and basis for inference

Bacterial sepsis High

Elevation of multiple White Blood Cell and neutrophil parameters with lymphopenia is consistent with severe infection characteristics.

Chronic viral infection High

Persistent viral stimulation of the lymphatic system leads to reactive increase in large lymphocytes.

[1]Boden,E. Andrews,A. (2015). The Black Veterinary Dictionary (22nd Edition). London: Bloomsbury Press.

[2]Latimer,K.S. (2011). Duncan & Plath Veterinary Laboratory Medicine: Clinical Pathology (5th Edition). Ames, Iowa: Willy Blackwell Publishing House.

[3]Merck Veterinary Manual (2025). Clinical Hematology - Clinical Pathology and Operating Procedures.[4]Weiss,D.J. and Wardrop,K.J. (2010). Schalm Veterinary Hematology (6th Edition). Ames, Iowa: Willy Blackwell Publishing House.