

# BATINGA AMC Test Report of Hematology Analysis

Hospital Address:SM CITY CDO UPTOWN

Contact number:09061211260

Report No.:2606120001

Medical No.:

Test Time:2026.06.12 09:22:01

Pet Name:CHOLO

Pet type:Canine

Gender:Male

Age:9 Year

Sample Type:Whole blood

Owner:

Parameters	Result	Reference range	Low	Normal	High
01. WBC (White blood cell count)	26.00 10 <sup>3</sup> /uL↑	5.05-16.76			
NEU# (Neutrophil count)	19.04 10 <sup>3</sup> /uL↑	2.95-11.64			
NST# (Band neutrophil count)	1.77 10 <sup>3</sup> /uL↑	0.00-0.80			
NSG# (Segmented neutrophil count)	17.25 10 <sup>3</sup> /uL↑	2.50-11.30			
NSH# (Hypersegmented neutrophil count)	0.02 10 <sup>3</sup> /uL	0.00-0.40			
LYM# (Lymphocyte count)	1.39 10 <sup>3</sup> /uL	1.05-5.10			
SLYM# (Small lymphocyte count)	1.39 10 <sup>3</sup> /uL	1.05-5.10			
LLYM# (Large lymphocyte count)	0.00 10 <sup>3</sup> /uL	0.00-0.00			
MON# (Monocyte count)	5.47 10 <sup>3</sup> /uL↑	0.16-1.12			
EOS# (Eosinophil count)	0.11 10 <sup>3</sup> /uL	0.06-1.23			
BAS# (Basophil count)	0.00 10 <sup>3</sup> /uL	0.00-0.10			
NEU% (Neutrophil ratio)	73.21 %	52.00-78.00			
NST/WBC% (Band neutrophil ratio)	6.79 %	0.00-10.00			
NST/NEU% (Band neutrophil ratio)	9.28 %	0.00-20.00			
NSG% (Segmented neutrophil ratio)	66.33 %	50.00-75.00			
NSH/WBC% (Hypersegmented neutrophil ratio)	0.09 %	0.00-5.00			
NSH/NEU% (Hypersegmented neutrophil ratio)	0.13 %	0.00-7.00			
LYM% (Lymphocyte ratio)	5.35 %↓	16.00-41.50			
MON% (Monocyte ratio)	21.02 %↑	1.00-13.00			
EOS% (Eosinophil ratio)	0.42 %↓	0.50-11.85			
BAS% (Basophil ratio)	0.00 %	0.00-0.90			
02. RBC (Red blood cell count)	6.88 10 <sup>6</sup> /uL	5.65-8.87			
HGB (Hemoglobin concentration)	15.28 g/dL	13.10-20.50			
HCT (Hematocrit)	46.92 %	37.30-61.70			
MCV (Mean red cell volume)	68.20 fL	61.60-73.50			
MCH (Mean Hb per RBC)	22.21 pg	21.20-25.90			
MCHC (Mean Hb conc in RBC)	32.57 g/dL	32.00-37.90			
RDW-CV (RBC dist width-CV)	12.43 %	11.20-17.10			
RDW-SD (RBC dist width-SD)	28.33 fL	25.60-41.60			
HDW-CV (Hb dist width-CV)	12.18 %	7.00-20.00			
HDW-SD (Hb dist width-SD)	0.27 g/dL	0.20-0.80			
RET# (Reticulocyte count)	58.06 10 <sup>3</sup> /uL	3.00-110.00			
RET% (Reticulocyte ratio)	0.84 %	0.00-1.50			
ETG# (Shadow red cell count)	0.00 10 <sup>12</sup> /L	0.00-0.05			
ETG% (Shadow red cell ratio)	0.00 %	0.00-1.65			
SPH# (Spherocyte count)	0.00 10 <sup>9</sup> /L	0.00-130.10			
SPH% (Spherocyte ratio)	0.00 %	0.00-1.54			
ACA# (Acanthocyte count)	0.95 10 <sup>3</sup> /uL↑	0.00-0.00			
NRBC# (Nucleated red cell count)	0.00 10 <sup>3</sup> /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 <sup>3</sup> /uL	0.00-0.15			
03. PLT (Platelet count)	566.48 10 <sup>3</sup> /uL↑	148.00-484.00			
MPV (Mean platelet volume)	10.06 fL	8.70-13.20			
PDW (Platelet distribution width)	16.61 fL	9.10-19.40			
PCT (Plateletcrit)	0.57 %↑	0.14-0.46			
APLT# (Aggregated platelet count)	0.00 10 <sup>3</sup> /uL	0.00-0.15			
P-LCC (Large platelet count)	34.57 10 <sup>3</sup> /uL	0.00-66.00			
P-LCR (Large platelet ratio)	6.10 %	0.00-25.00			

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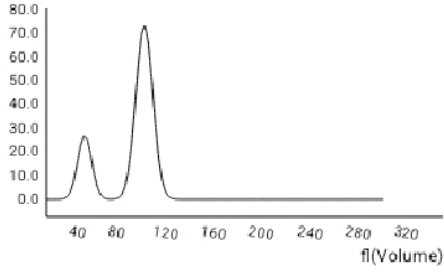
Contact number: 09061211260

Report No.: 2606120001

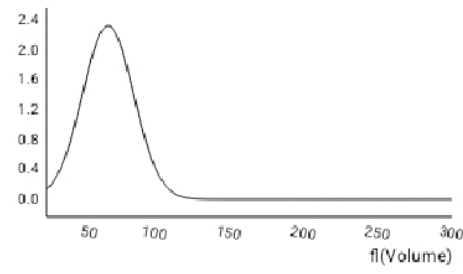
Pet Name: CHOLO

Pet type: Canine

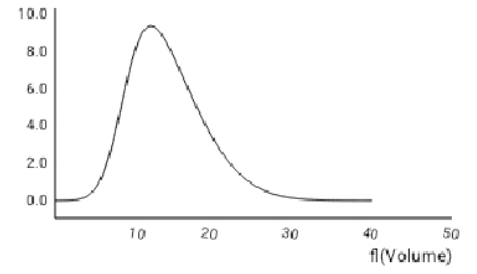
WBC



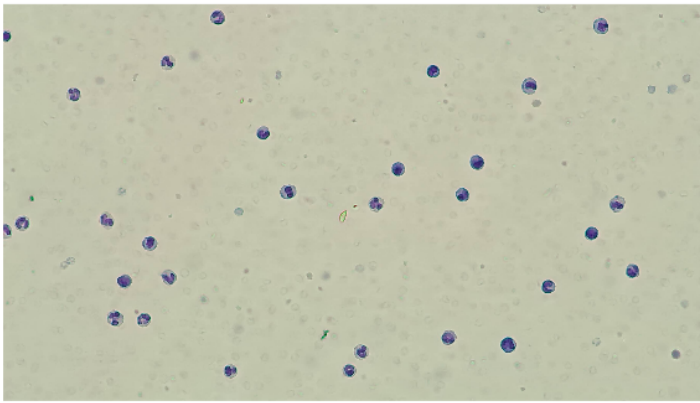
RBC



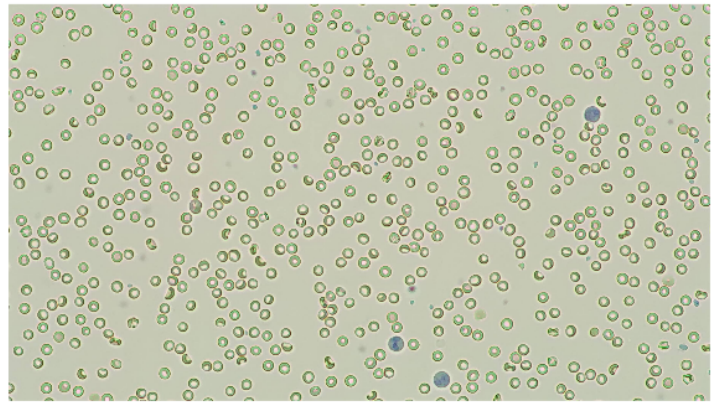
PLT



WBC images



RBC&PLT images

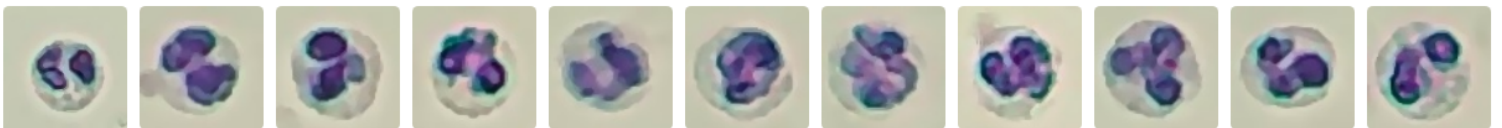


NST# 1.77 10<sup>3</sup>/uL



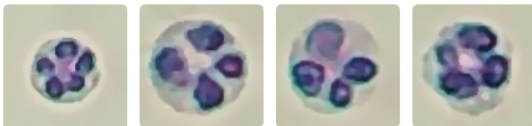
STD image Number: 187 sheets/143 images/754 images

NSG# 17.25 10<sup>3</sup>/uL



STD image Number: 1867 sheets/143 images/754 images

NSH# 0.02 10<sup>3</sup>/uL



STD image Number: 3 sheets/143 images/754 images

SLYM# 1.39 10<sup>3</sup>/uL



STD image Number: 155 sheets/143 images/754 images

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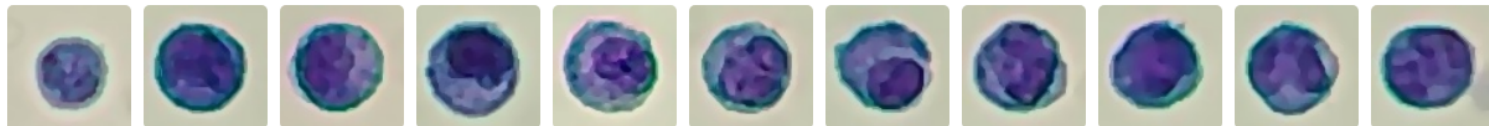
Hospital Address: SM CITY CDO UPTOWN      Contact number: 09061211260

Report No.: 2606120001

Pet Name: CHOLO

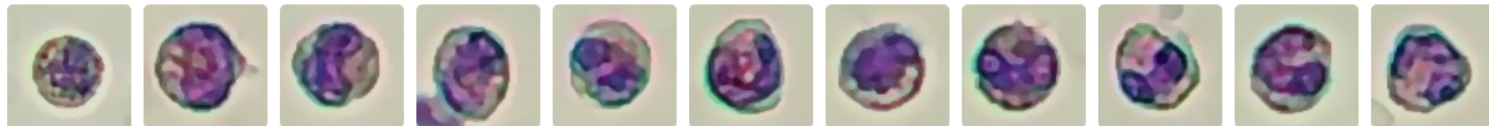
Pet type: Canine

**MON#** 5.47  $10^3/uL$



STD image Number: 576 sheets/143 images/754 images

**EOS#** 0.11  $10^3/uL$



STD image Number: 13 sheets/143 images/754 images

**RET#** 58.06  $10^3/uL$



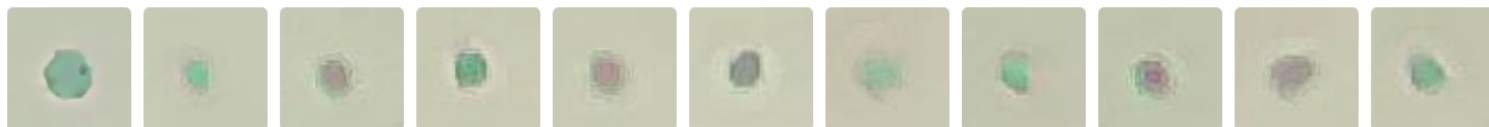
STD image Number: 626 sheets/143 images/754 images

**ACA#** 0.95  $10^3/uL$



STD image Number: 3 sheets/36 images/754 images

**P-LCC** 34.57  $10^3/uL$



STD image Number: 1927 sheets/575 images/754 images

### 1. Acute inflammatory response

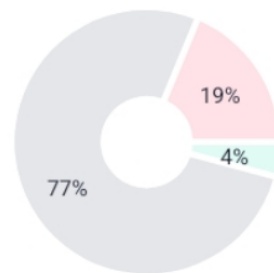
Basis for judgment: Significant elevation of neutrophils and precursor cells, accompanied by an increase in total White Blood Cells, suggests the body is experiencing acute inflammation or bacterial infection, commonly seen in sepsis or local suppurative infections.

### 2. No significant hematological abnormalities

Basis for judgment: All blood cell parameters are Within Normal Range, with no signs of anemia, infection, or inflammation, suggesting the body's blood system is basically Within Normal Range.

### 3. Possible changes related to organ dysfunction.

Basis for judgment: Acanthocytes are common in lipid metabolism abnormalities, often associated with liver disease or chronic illness, but have limited specificity.



Low    Normal    High

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Pet Name:CHOLO

Pet type:Canine

## WBC 26.00 $10^3/uL$ ↑ (5.05-16.76)

-Clinical indication:Presence of acute inflammation or infection (bacterial infection is most typical), tissue injury/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. ; 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# 19.04 $10^3/uL$ ↑ (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 bone marrow overproduction; chronic myeloid leukemia, Myelodysplastic Syndrome (MDS), etc. , where the bone marrow itself undergoes uncontrolled proliferation; exogenous corticosteroids are the most common drugs leading to iatrogenic neutrophilia.

## NST# 1.77 $10^3/uL$ ↑ (0.00-0.80)

-Clinical indication:Left shift, suggesting acute bacterial inflammation (early stage of infection) or stress response.

-Basis for judgment:Increased band neutrophils indicates a left shift, common in acute bacterial infection, inflammation, or stress. NST% > 10% suggests a left shift; NST% > 25% suggests a severe left shift, which is a sign of bone marrow releasing immature granulocytes.

## NSG# 17.25 $10^3/uL$ ↑ (2.50-11.30)

-Clinical indication:Commonly seen when the body has acute bacterial infection, acute inflammation/tissue injury, 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 injury (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).

## MON# 5.47 $10^3/uL$ ↑ (0.16-1.12)

-Clinical indication:Increased total monocyte count, suggesting presence of inflammation, tissue necrosis, phagocytic demand, or related to glucocorticoids.

-Basis for judgment:[4] points out that monocytosis is common in chronic infections (such as fungi, protozoa, Mycobacterium tuberculosis, Brucella, etc.) and chronic pathological processes (such as suppuration, necrosis, nutritional disorders, internal hemorrhage, etc.).

## ACA# 0.95 $10^3/uL$ ↑ (0.00-0.00)

-Clinical indication:Suggests abnormal erythrocyte membrane lipids (non-specific, requires liver/kidney function correlation).

-Basis for judgment:Increased acanthocytes suggest abnormal membrane lipid composition, often related to metabolism or organ function.

## Possible diseases and basis for inference

### Bacterial sepsis High

Elevation of multiple granulocyte indicators (NEU, NST#, NSG#) combined with elevated WBC is consistent with systemic bacterial infection characteristics.

### Liver disease High

Lipid metabolism disorders affect erythrocyte membrane structure.

[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.