

BATINGA AMC Test Report of Hematology Analysis

Hospital Address:SM CITY CDO UPTOWN

Contact number:09061211260

Report No.:2606140004

Medical No.:

Test Time:2026.06.14 13:31:22

Pet Name:MINGGAY

Pet type:Feline

Gender:Female

Age: Year

Sample Type:Whole blood

Owner:NARANJO

Parameters	Result	Reference range	Low	Normal	High
01. WBC (White blood cell count)	27.75 10 ³ /uL↑	2.87-17.02			
NEU# (Neutrophil count)	17.11 10 ³ /uL↑	2.30-10.29			
NST# (Band neutrophil count)	0.02 10 ³ /uL	0.00-0.80			
NSG# (Segmented neutrophil count)	15.63 10 ³ /uL↑	2.30-12.50			
NSH# (Hypersegmented neutrophil count)	1.45 10 ³ /uL↑	0.00-0.30			
LYM# (Lymphocyte count)	7.15 10 ³ /uL↑	0.92-6.88			
SLYM# (Small lymphocyte count)	7.15 10 ³ /uL↑	0.92-6.88			
LLYM# (Large lymphocyte count)	0.00 10 ³ /uL	0.00-0.00			
MON# (Monocyte count)	1.26 10 ³ /uL↑	0.05-0.67			
EOS# (Eosinophil count)	2.22 10 ³ /uL↑	0.17-1.57			
BAS# (Basophil count)	0.00 10 ³ /uL	0.00-0.26			
NEU% (Neutrophil ratio)	61.66 %	38.00-80.00			
NST/WBC% (Band neutrophil ratio)	0.08 %	0.00-10.00			
NST/NEU% (Band neutrophil ratio)	0.13 %	0.00-15.00			
NSG% (Segmented neutrophil ratio)	56.34 %	35.00-75.00			
NSH/WBC% (Hypersegmented neutrophil ratio)	5.24 %↑	0.00-3.00			
NSH/NEU% (Hypersegmented neutrophil ratio)	8.50 %↑	0.00-4.00			
LYM% (Lymphocyte ratio)	25.78 %	16.00-47.50			
MON% (Monocyte ratio)	4.55 %	1.00-7.60			
EOS% (Eosinophil ratio)	8.02 %	1.00-11.10			
BAS% (Basophil ratio)	0.00 %	0.00-0.70			
02. RBC (Red blood cell count)	9.08 10 ⁶ /uL	6.54-12.20			
HGB (Hemoglobin concentration)	12.36 g/dL	9.80-16.20			
HCT (Hematocrit)	34.06 %	30.30-52.30			
MCV (Mean red cell volume)	37.52 fL	35.90-53.10			
MCH (Mean Hb per RBC)	13.61 pg	11.80-17.30			
MCHC (Mean Hb conc in RBC)	36.29 g/dL↑	28.10-35.80			
RDW-CV (RBC dist width-CV)	21.52 %	20.90-33.60			
RDW-SD (RBC dist width-SD)	17.30 fL	16.00-27.40			
HDW-CV (Hb dist width-CV)	14.05 %	7.00-30.00			
HDW-SD (Hb dist width-SD)	0.19 g/dL↓	0.20-0.80			
RET# (Reticulocyte count)	0.96 10 ³ /uL↓	3.00-50.00			
RET% (Reticulocyte ratio)	0.01 %	0.00-1.00			
ETG# (Shadow red cell count)	0.00 10 ¹² /L	0.00-0.06			
ETG% (Shadow red cell ratio)	0.00 %	0.00-2.50			
SPH# (Spherocyte count)	0.32 10 ⁹ /L	0.00-193.66			
SPH% (Spherocyte ratio)	0.00 %	0.00-2.71			
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)	490.83 10 ³ /uL	151.00-600.00			
MPV (Mean platelet volume)	11.53 fL	11.40-21.60			
PDW (Platelet distribution width)	18.79 fL	9.10-19.40			
PCT (Plateletcrit)	0.57 %	0.17-0.86			
APLT# (Aggregated platelet count)	0.28 10 ³ /uL↑	0.00-0.15			
P-LCC (Large platelet count)	29.45 10 ³ /uL	0.00-103.00			
P-LCR (Large platelet ratio)	6.00 %	0.00-30.00			

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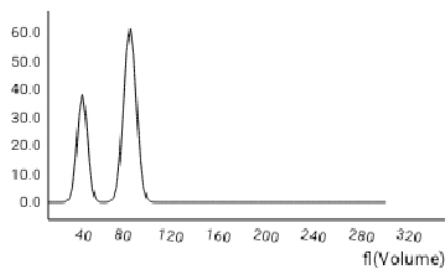
Contact number:09061211260

Report No.:2606140004

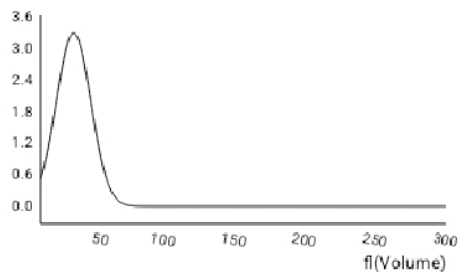
Pet Name:MINGGAY

Pet type:Feline

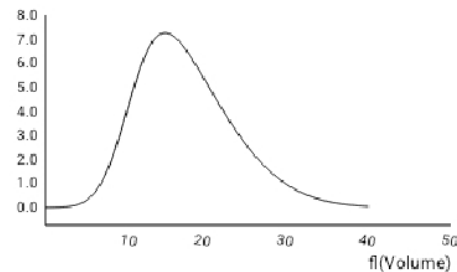
WBC



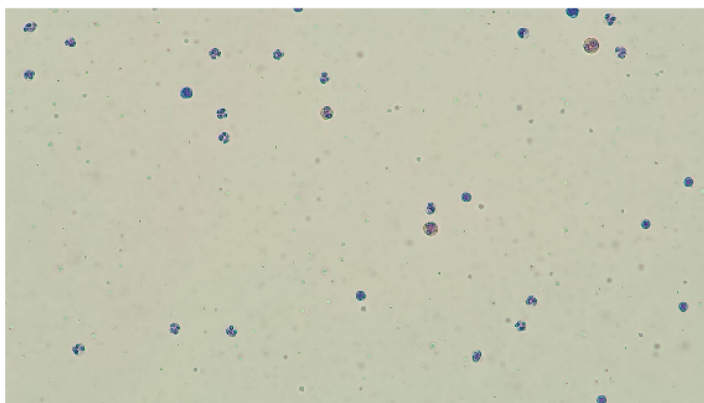
RBC



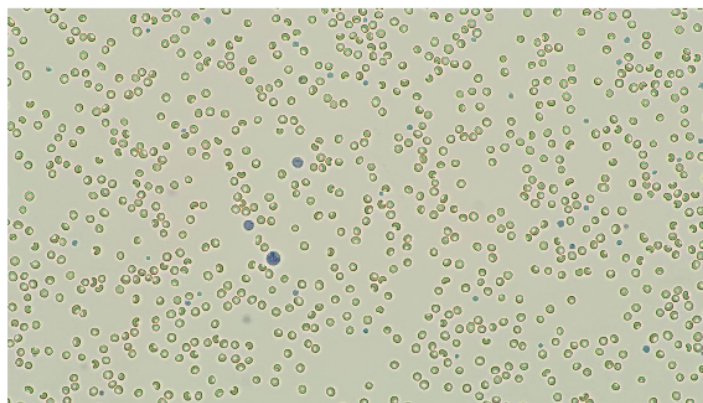
PLT



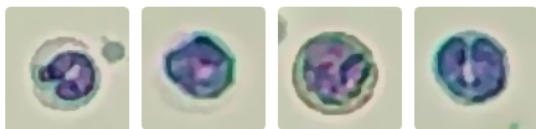
WBC images



RBC&PLT images

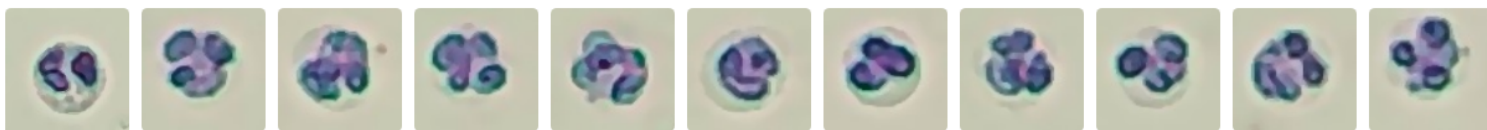


NST# 0.02 10³/uL



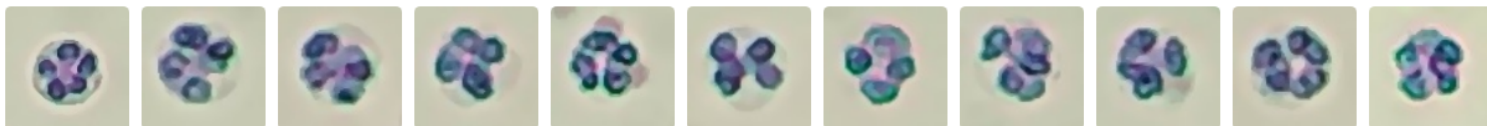
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NSG# 15.63 10³/uL



STD image Number: 1627 sheets/143 images/754 images

NSH# 1.45 10³/uL



STD image Number: 149 sheets/143 images/754 images

SLYM# 7.15 10³/uL



STD image Number: 745 sheets/143 images/754 images

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Pet Name:MINGGAY

Pet type:Feline

MON# 1.26 $10^3/uL$



STD image

Number: 129 sheets/143 images/754 images

EOS# 2.22 $10^3/uL$



STD image

Number: 227 sheets/143 images/754 images

RET# 0.96 $10^3/uL$



STD image

Number: 10 sheets/143 images/754 images

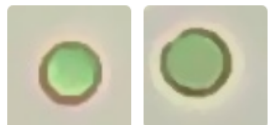
ETG# 0.00 $10^{12}/L$



STD image

Number: 1 sheets/36 images/754 images

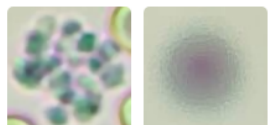
SPH# 0.32 $10^9/L$



STD image

Number: 1 sheets/36 images/754 images

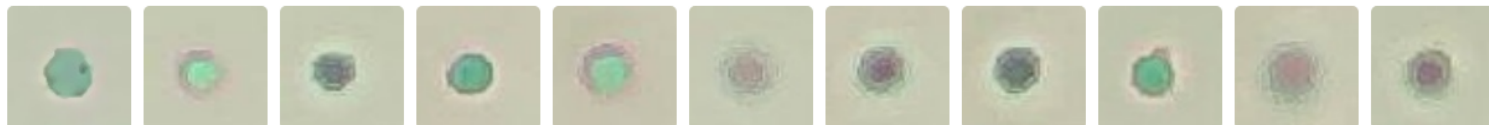
APLT# 0.28 $10^3/uL$



STD image

Number: 1 sheets/575 images/754 images

P-LCC 29.45 $10^3/uL$



STD image

Number: 1863 sheets/575 images/754 images

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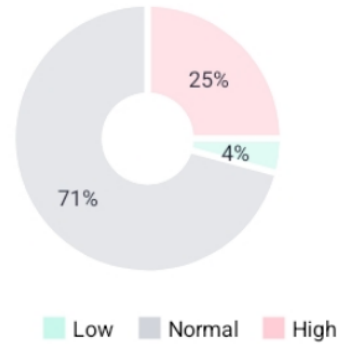
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Pet Name: MINGGAY

Pet type: Feline

Chronic Inflammation with Infectious Response

Basis for judgment: Elevation of multiple White Blood Cell subpopulations suggests chronic inflammation or persistent infection, accompanied by immune activation and bone marrow response.



WBC 27.75 $10^3/uL$ \uparrow (2.87-17.02)

-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 responses triggered 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# 17.11 $10^3/uL$ \uparrow (2.30-10.29)

-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., where the bone marrow itself undergoes uncontrolled proliferation; exogenous corticosteroids are the most common drugs leading to iatrogenic neutrophilia.

NSG# 15.63 $10^3/uL$ \uparrow (2.30-12.50)

-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 time 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).

NSH# 1.45 $10^3/uL$ \uparrow (0.00-0.30)

-Clinical indication: Right shift of neutrophil nucleus, commonly seen in Vitamin B 12 or folic acid deficiency, use of antimetabolites, long-term hormone use affecting metabolism, chronic inflammation, etc. Right shift is a sign of declining bone marrow hematopoietic function, and in severe cases, it is often caused by high exhaustion of the body.

-Basis for judgment: Vitamin B 12 or folic acid deficiency affects all rapidly dividing cells, leading to DNA synthesis disorder \rightarrow delayed nuclear development resulting in nuclear right shift. During the recovery phase of inflammation, a transient neutrophil nuclear right shift often occurs. Severe right shift suggests bone marrow function decline; severe illness, exhaustion of bone marrow hematopoietic function, and reduced disease resistance of the body indicate a poor prognosis.

LYM# 7.15 $10^3/uL$ \uparrow (0.92-6.88)

-Clinical indication: Commonly seen in viral infectious diseases, lymphocytic leukemia, acute infectious diseases, and the recovery phase of acute poisoning; physiological: young animals, excitement (especially cats), related to hypoadrenocorticism or immune responses.

-Basis for judgment: Physiological/reactive lymphocytosis (most common) is a normal immune response of the body to stimuli; viral infections (antigenic stimulation) with long-term, continuous immune system activation (Distemper, Feline Viral Rhinotracheitis, Parvovirus, Feline Panleukopenia, etc.); cortisol deficiency caused by hypoadrenocorticism (Addison's disease); lymphoid proliferative diseases (most critical): neoplastic proliferation of the lymphocyte lineage itself.

MON# 1.26 $10^3/uL$ \uparrow (0.05-0.67)

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

-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.).

EOS# 2.22 $10^3/uL$ \uparrow (0.17-1.57)

-Clinical indication: Increased possibility of parasitic infection, allergic reactions, skin diseases, or inflammatory responses, etc.

-Basis for judgment: Eosinophilia is common in parasitic infections (such as flukes, intestinal parasites), allergic diseases (urticaria, such as atopic dermatitis), tumors, leukemia, hypereosinophilic syndrome, and certain chronic inflammatory states.

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Possible diseases and basis for inference

Chronic bacterial infection High

Elevation of multiple White Blood Cells, especially neutrophils and monocytes, is consistent with chronic infection characteristics.

Parasitic infection (e. g. , heartworm) Medium

Significant elevation of eosinophils supports the possibility of parasitic infection.

Viral infection Low

Elevated lymphocytes can appear in certain viral infections, but they are usually accompanied by leukopenia, which does not match the main manifestation here.

[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.