

BATINGA AMC Test Report of Hematology Analysis

Hospital Address:SM CITY CDO UPTOWN

Contact number:09061211260

Report No.:2606150002

Medical No.:

Test Time:2026.06.15 12:08:11

Pet Name:BADIDAY

Pet type:Canine

Gender:Female

Age:8 Year

Sample Type:Whole blood

Owner:

Parameters	Result	Reference range	Low	Normal	High
01. WBC (White blood cell count)	16.08 10 ³ /uL	5.05-16.76			
NEU# (Neutrophil count)	12.98 10³/uL ↑	2.95-11.64			
NST# (Band neutrophil count)	0.13 10 ³ /uL	0.00-0.80			
NSG# (Segmented neutrophil count)	12.27 10³/uL ↑	2.50-11.30			
NSH# (Hypersegmented neutrophil count)	0.58 10³/uL ↑	0.00-0.40			
LYM# (Lymphocyte count)	1.92 10 ³ /uL	1.05-5.10			
SLYM# (Small lymphocyte count)	1.92 10 ³ /uL	1.05-5.10			
LLYM# (Large lymphocyte count)	0.00 10 ³ /uL	0.00-0.00			
MON# (Monocyte count)	0.63 10 ³ /uL	0.16-1.12			
EOS# (Eosinophil count)	0.56 10 ³ /uL	0.06-1.23			
BAS# (Basophil count)	0.00 10 ³ /uL	0.00-0.10			
NEU% (Neutrophil ratio)	80.70 % ↑	52.00-78.00			
NST/WBC% (Band neutrophil ratio)	0.81 %	0.00-10.00			
NST/NEU% (Band neutrophil ratio)	1.01 %	0.00-20.00			
NSG% (Segmented neutrophil ratio)	76.30 % ↑	50.00-75.00			
NSH/WBC% (Hypersegmented neutrophil ratio)	3.59 %	0.00-5.00			
NSH/NEU% (Hypersegmented neutrophil ratio)	4.45 %	0.00-7.00			
LYM% (Lymphocyte ratio)	11.92 % ↓	16.00-41.50			
MON% (Monocyte ratio)	3.93 %	1.00-13.00			
EOS% (Eosinophil ratio)	3.45 %	0.50-11.85			
BAS% (Basophil ratio)	0.00 %	0.00-0.90			
02. RBC (Red blood cell count)	6.07 10 ⁶ /uL	5.65-8.87			
HGB (Hemoglobin concentration)	14.68 g/dL	13.10-20.50			
HCT (Hematocrit)	44.15 %	37.30-61.70			
MCV (Mean red cell volume)	72.77 fL	61.60-73.50			
MCH (Mean Hb per RBC)	24.19 pg	21.20-25.90			
MCHC (Mean Hb conc in RBC)	33.25 g/dL	32.00-37.90			
RDW-CV (RBC dist width-CV)	11.91 %	11.20-17.10			
RDW-SD (RBC dist width-SD)	28.33 fL	25.60-41.60			
HDW-CV (Hb dist width-CV)	10.44 %	7.00-20.00			
HDW-SD (Hb dist width-SD)	0.25 g/dL	0.20-0.80			
RET# (Reticulocyte count)	42.02 10 ³ /uL	3.00-110.00			
RET% (Reticulocyte ratio)	0.69 %	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)	0.85 10³/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)	549.65 10³/uL ↑	148.00-484.00			
MPV (Mean platelet volume)	10.32 fL	8.70-13.20			
PDW (Platelet distribution width)	16.39 fL	9.10-19.40			
PCT (Plateletcrit)	0.57 % ↑	0.14-0.46			
APLT# (Aggregated platelet count)	0.00 10 ³ /uL	0.00-0.15			
P-LCC (Large platelet count)	35.30 10 ³ /uL	0.00-66.00			
P-LCR (Large platelet ratio)	6.42 %	0.00-25.00			

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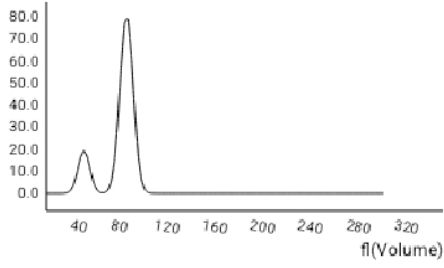
Contact number:09061211260

Report No.:2606150002

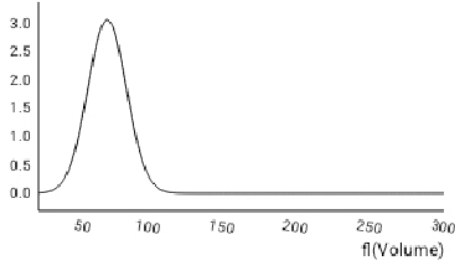
Pet Name:BADIDAY

Pet type:Canine

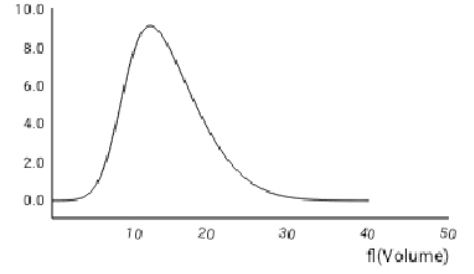
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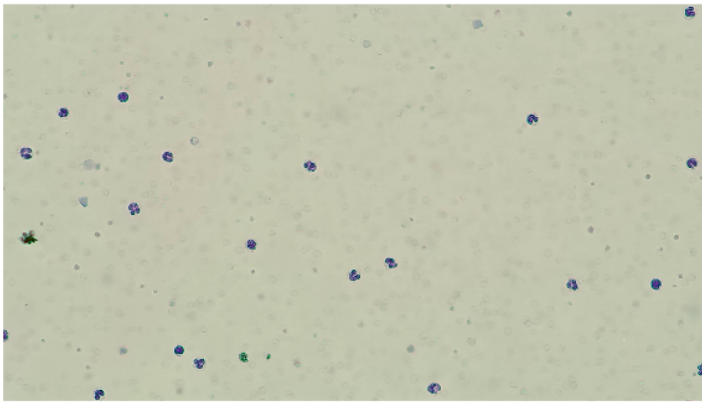
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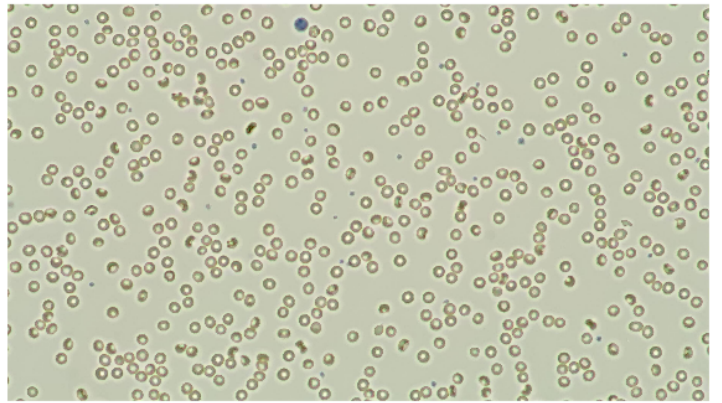
PLT



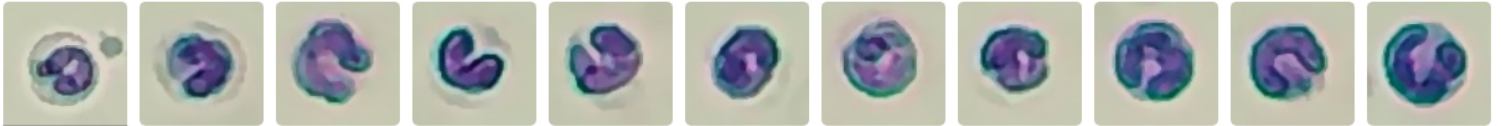
WBC images



RBC&PLT images



NST# 0.13 $10^3/uL$



STD image Number: 12 sheets/143 images/754 images

NSG# 12.27 $10^3/uL$



STD image Number: 1238 sheets/143 images/754 images

NSH# 0.58 $10^3/uL$



STD image Number: 60 sheets/143 images/754 images

SLYM# 1.92 $10^3/uL$



STD image Number: 200 sheets/143 images/754 images

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MON# 0.63 10³/uL



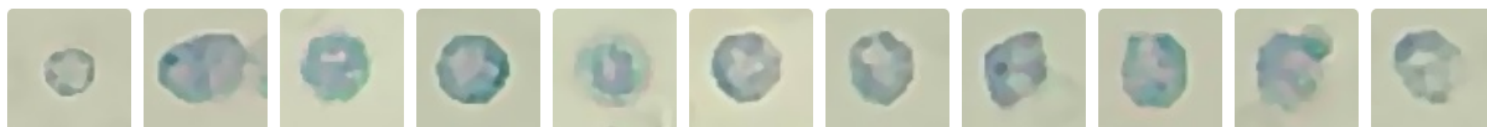
STD image Number: 67 sheets/143 images/754 images

EOS# 0.56 10³/uL



STD image Number: 54 sheets/143 images/754 images

RET# 42.02 10³/uL



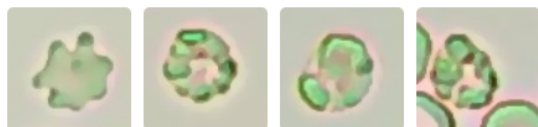
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ETG# 0.00 10¹²/L



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

ACA# 0.85 10³/uL



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

P-LCC 35.30 10³/uL



STD image Number: 2160 sheets/575 images/754 images

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1.Acute inflammatory response

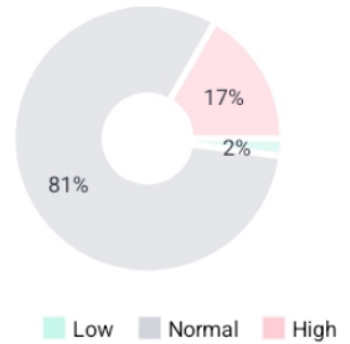
Basis for judgment:Elevated neutrophils and their segmented subtypes suggest an acute inflammatory response, commonly seen in bacterial infections or tissue damage, accompanied by a normal total White Blood Cell (WBC) count, suggesting early or mild inflammation.

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.



NEU# 12.98 $10^3/uL$ ↑ (2.95-11.64)

-Clinical indication:Suggests acute inflammation or infection (local or systemic bacterial infection), tissue necrosis, tumor, stress/cortisol effect, 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 (e. g. , pneumonia, pyelonephritis, cellulitis, pyometra); tumors can secrete granulocyte colony-stimulating factor, etc. , stimulating bone marrow overproduction; chronic myeloid leukemia, Myelodysplastic Syndrome (MDS), etc. , involve uncontrolled bone marrow proliferation; exogenous corticosteroids are the most common drugs leading to iatrogenic neutrophilia;

NSG# 12.27 $10^3/uL$ ↑ (2.50-11.30)

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

-Basis for judgment:The essence is the accelerated release of mature neutrophils from the bone marrow or prolonged retention of neutrophils in peripheral blood. 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 use; chronic myeloid leukemia, Polycythemia Vera, myelofibrosis (malignant, rare but high-risk)

NSH# 0.58 $10^3/uL$ ↑ (0.00-0.40)

-Clinical indication:Neutrophil right shift, common in Vitamin B 12 or folic acid deficiency, use of anti-metabolites, long-term antibiotic or hormone use, metabolic issues, chronic inflammation, etc. Right shift is a sign of declining bone marrow hematopoietic function, and in severe cases, it is 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 → delayed nuclear development resulting in right shift. During the recovery phase of inflammation, a transient neutrophil right shift often occurs. Severe right shift suggests bone marrow function decline; if the condition is severe, bone marrow hematopoietic function is exhausted, the body's resistance is reduced, and the prognosis is poor;

ACA# 0.85 $10^3/uL$ ↑ (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 infection (e. g. , early sepsis) High

Significant elevation of NEU, NSG#, and NSH# is consistent with a neutrophil response caused by bacterial infection.

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.