

# BATINGA AMC Test Report of Hematology Analysis

Hospital Address:SM CITY CDO UPTOWN

Contact number:09061211260

Report No.:2605270001

Medical No.:

Test Time:2026.05.27 12:02:28

Pet Name:Longlong

Pet type:Feline

Gender:Male

Age:1 Year

Sample Type:Whole blood

Owner:

Parameters	Result	Reference range	Low	Normal	High
01. WBC (White blood cell count)	0.25 10 <sup>3</sup> /uL↓	2.87-17.02			
NEU# (Neutrophil count)	0.02 10 <sup>3</sup> /uL↓	2.30-10.29			
NST# (Band neutrophil count)	0.00 10 <sup>3</sup> /uL	0.00-0.80			
NSG# (Segmented neutrophil count)	0.02 10 <sup>3</sup> /uL↓	2.30-12.50			
NSH# (Hypersegmented neutrophil count)	0.00 10 <sup>3</sup> /uL	0.00-0.30			
LYM# (Lymphocyte count)	0.07 10 <sup>3</sup> /uL↓	0.92-6.88			
SLYM# (Small lymphocyte count)	0.07 10 <sup>3</sup> /uL↓	0.92-6.88			
LLYM# (Large lymphocyte count)	0.00 10 <sup>3</sup> /uL	0.00-0.00			
MON# (Monocyte count)	0.11 10 <sup>3</sup> /uL	0.05-0.67			
EOS# (Eosinophil count)	0.04 10 <sup>3</sup> /uL↓	0.17-1.57			
BAS# (Basophil count)	0.02 10 <sup>3</sup> /uL	0.00-0.26			
NEU% (Neutrophil ratio)	7.14 %↓	38.00-80.00			
NST/WBC% (Band neutrophil ratio)	0.00 %	0.00-10.00			
NST/NEU% (Band neutrophil ratio)	0.00 %	0.00-15.00			
NSG% (Segmented neutrophil ratio)	7.14 %↓	35.00-75.00			
NSH/WBC% (Hypersegmented neutrophil ratio)	0.00 %	0.00-3.00			
NSH/NEU% (Hypersegmented neutrophil ratio)	0.00 %	0.00-4.00			
LYM% (Lymphocyte ratio)	28.57 %	16.00-47.50			
MON% (Monocyte ratio)	42.86 %↑	1.00-7.60			
EOS% (Eosinophil ratio)	14.29 %↑	1.00-11.10			
BAS% (Basophil ratio)	7.14 %↑	0.00-0.70			
02. RBC (Red blood cell count)	9.44 10 <sup>6</sup> /uL	6.54-12.20			
HGB (Hemoglobin concentration)	13.18 g/dL	9.80-16.20			
HCT (Hematocrit)	35.87 %	30.30-52.30			
MCV (Mean red cell volume)	38.00 fL	35.90-53.10			
MCH (Mean Hb per RBC)	13.97 pg	11.80-17.30			
MCHC (Mean Hb conc in RBC)	36.76 g/dL↑	28.10-35.80			
RDW-CV (RBC dist width-CV)	21.64 %	20.90-33.60			
RDW-SD (RBC dist width-SD)	18.33 fL	16.00-27.40			
HDW-CV (Hb dist width-CV)	14.09 %	7.00-30.00			
HDW-SD (Hb dist width-SD)	0.20 g/dL↓	0.20-0.80			
RET# (Reticulocyte count)	0.18 10 <sup>3</sup> /uL↓	3.00-50.00			
RET% (Reticulocyte ratio)	0.00 %	0.00-1.00			
ETG# (Shadow red cell count)	0.00 10 <sup>12</sup> /L	0.00-0.06			
ETG% (Shadow red cell ratio)	0.00 %	0.00-2.50			
SPH# (Spherocyte count)	0.00 10 <sup>9</sup> /L	0.00-193.66			
SPH% (Spherocyte ratio)	0.00 %	0.00-2.71			
ACA# (Acanthocyte count)	0.00 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)	87.30 10 <sup>3</sup> /uL↓	151.00-600.00			
MPV (Mean platelet volume)	10.95 fL↓	11.40-21.60			
PDW (Platelet distribution width)	18.99 fL	9.10-19.40			
PCT (Plateletcrit)	0.10 %↓	0.17-0.86			
APLT# (Aggregated platelet count)	0.00 10 <sup>3</sup> /uL	0.00-0.15			
P-LCC (Large platelet count)	5.24 10 <sup>3</sup> /uL	0.00-103.00			
P-LCR (Large platelet ratio)	6.00 %	0.00-30.00			

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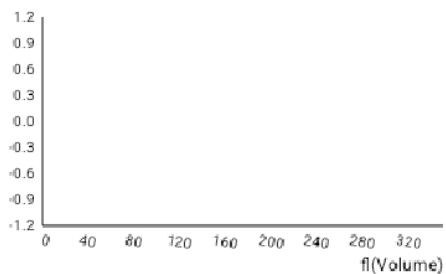
Contact number: 09061211260

Report No.: 2605270001

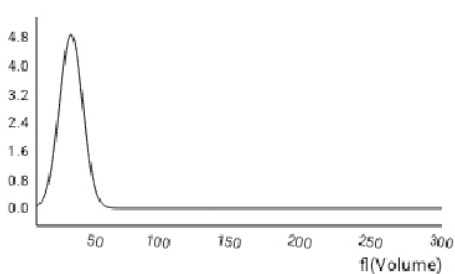
Pet Name: Longlong

Pet type: Feline

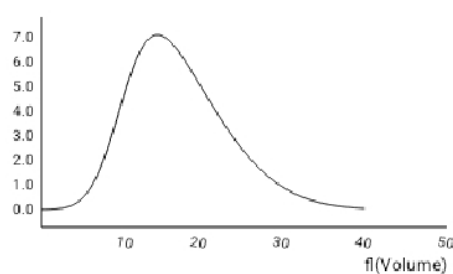
WBC



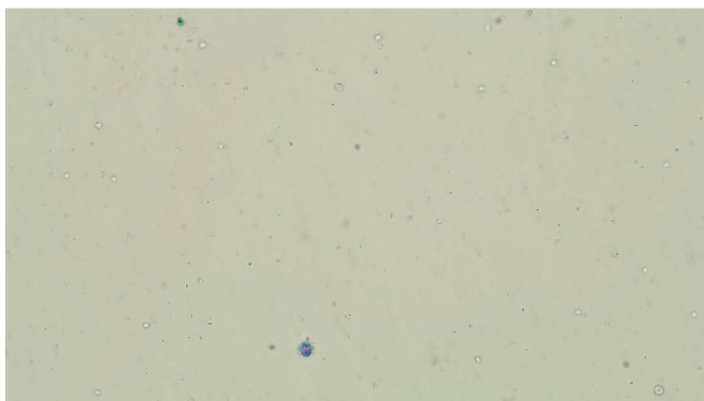
RBC



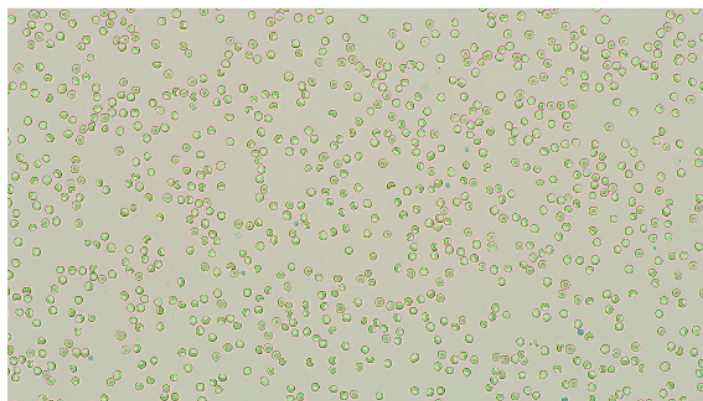
PLT



WBC images



RBC&PLT images

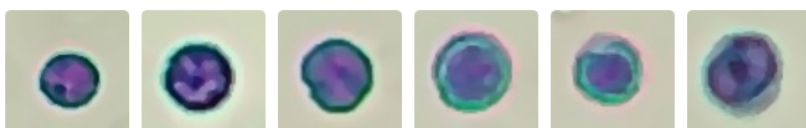


NSG# 0.02 10<sup>3</sup>/uL



STD image Number: 2 sheets/143 images/754 images

SLYM# 0.07 10<sup>3</sup>/uL



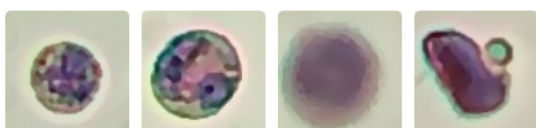
STD image Number: 5 sheets/143 images/754 images

MON# 0.11 10<sup>3</sup>/uL



STD image Number: 8 sheets/143 images/754 images

EOS# 0.04 10<sup>3</sup>/uL



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

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Hospital Address: SM CITY CDO UPTOWN

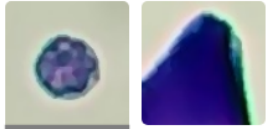
Contact number: 09061211260

Report No.: 2605270001

Pet Name: Longlong

Pet type: Feline

**BAS#** 0.02  $10^3/uL$



STD image Number: 1 sheets/143 images/754 images

**RET#** 0.18  $10^3/uL$



STD image Number: 1 sheets/143 images/754 images

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



STD image Number: 4 sheets/36 images/754 images

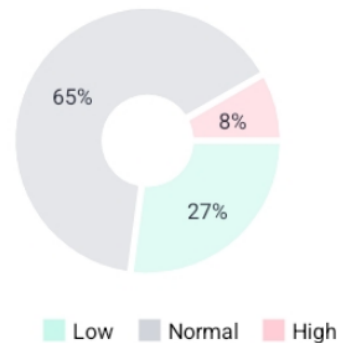
**P-LCC** 5.24  $10^3/uL$



STD image Number: 289 sheets/575 images/754 images

## Pancytopenia (specifically referring to generalized leukopenia) or Aplastic Anemia (early stage/prominent white blood cell line manifestation)

Basis for judgment: The ability to produce white blood cells is completely or almost completely lost due to toxic substances, infection, radiation, or autoimmune attack. Simultaneously, the reduction in lymphocytes and eosinophils strongly suggests the body is in a state of extreme stress or under the influence of exogenous corticosteroids, which itself exacerbates abnormal distribution and consumption of white blood cells.



### WBC 0.25 $10^3/uL$ ↓ (2.87-17.02)

-Clinical indication: Decreased total White Blood Cell count suggests severe infection, viral infection, immunosuppression, or bone marrow suppression.  
 -Basis for judgment: [4] indicates that decreased WBC is common in viral infections (e. g. , feline panleukopenia), autoimmune diseases, or bone marrow suppression, and severe bacterial infections (e. g. , sepsis).

### NEU# 0.02 $10^3/uL$ ↓ (2.30-10.29)

-Clinical indication: Neutropenia suggests severe infection, viral infection, drug reactions, bone marrow suppression, or consumptive loss.  
 -Basis for judgment: [4] shows that neutropenia can be caused by drugs, viral infections, autoimmune diseases, or bone marrow diseases, easily leading to secondary severe infections.

### NSG# 0.02 $10^3/uL$ ↓ (2.30-12.50)

-Clinical indication: Segmented neutropenia, severe infection/chronic inflammation/consumption, bone marrow production disorder, or stress reaction.  
 -Basis for judgment: [2] points out that segmented neutropenia is related to low bone marrow function or consumption after acute inflammation. It shows insufficient production or excessive consumption of mature neutrophils.

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## LYM# 0.07 10<sup>3</sup>/uL ↓ (0.92-6.88)

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

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

## EOS# 0.04 10<sup>3</sup>/uL ↓ (0.17-1.57)

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

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

## Possible diseases and basis for inference

### Severe viral infection (most common cause) High

Feline panleukopenia, canine parvovirus, canine distemper (acute severe phase), Feline Leukemia Virus (FeLV) / Feline Immunodeficiency Virus (FIV) infection.

### Severe systemic infection / Sepsis (massive white blood cell consumption) Medium

Bacterial sepsis, fungal sepsis (e. g. , aspergillosis), severe systemic parasitic infections (e. g. , severe babesiosis); severe infection can lead to granulocyte consumption and secondary bone marrow suppression, causing pancytopenia.

### Bone marrow hematopoietic damage caused by drugs/toxins, acute leukemia, Aplastic Anemia Low

Excessive use of chloramphenicol antibiotics, chemotherapy drugs, NSAIDs; exposure to rodenticides (e. g. , anticoagulants, organophosphates), heavy metals (lead, mercury), chemical toxins; Acute Lymphoblastic Leukemia; Aplastic Anemia leading to reduction in all blood cells (RBC, WBC, PLT) or at least two lineages. Early stages may only show severe leukopenia.

[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.