

BATINGA AMC Test Report of Hematology Analysis

Hospital Address:SM CITY CDO UPTOWN Contact number:09061211260

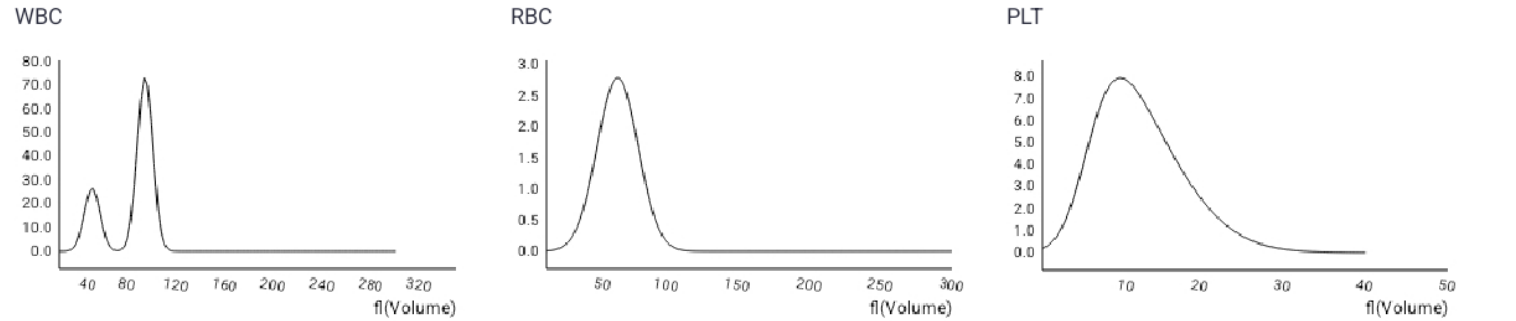
Report No.:2607250003	Medical No.:	Test Time:2026.07.25 12:21:04
Pet Name:ARYA	Pet type:Canine	Gender:Female
Age:5 Year	Sample Type:Whole blood	Owner:

Parameters	Result	Reference range	Low	Normal	High
01. WBC (White blood cell count)	19.16 10^3/uL↑	5.05-16.76			
NEU# (Neutrophil count)	14.06 10^3/uL↑	2.95-11.64			
NST# (Band neutrophil count)	1.07 10^3/uL↑	0.00-0.80			
NSG# (Segmented neutrophil count)	12.92 10^3/uL↑	2.50-11.30			
NSH# (Hypersegmented neutrophil count)	0.07 10^3/uL	0.00-0.40			
LYM# (Lymphocyte count)	1.29 10^3/uL	1.05-5.10			
SLYM# (Small lymphocyte count)	1.29 10^3/uL	1.05-5.10			
LLYM# (Large lymphocyte count)	0.00 10^3/uL	0.00-0.00			
MON# (Monocyte count)	3.73 10^3/uL↑	0.16-1.12			
EOS# (Eosinophil count)	0.08 10^3/uL	0.06-1.23			
BAS# (Basophil count)	0.01 10^3/uL	0.00-0.10			
NEU% (Neutrophil ratio)	73.34 %	52.00-78.00			
NST/WBC% (Band neutrophil ratio)	5.58 %	0.00-10.00			
NST/NEU% (Band neutrophil ratio)	7.61 %	0.00-20.00			
NSG% (Segmented neutrophil ratio)	67.42 %	50.00-75.00			
NSH/WBC% (Hypersegmented neutrophil ratio)	0.35 %	0.00-5.00			
NSH/NEU% (Hypersegmented neutrophil ratio)	0.47 %	0.00-7.00			
LYM% (Lymphocyte ratio)	6.74 %↓	16.00-41.50			
MON% (Monocyte ratio)	19.46 %↑	1.00-13.00			
EOS% (Eosinophil ratio)	0.40 %↓	0.50-11.85			
BAS% (Basophil ratio)	0.06 %	0.00-0.90			
02. RBC (Red blood cell count)	1.60 10^6/uL↓	5.65-8.87			
HGB (Hemoglobin concentration)	7.11 g/dL↓	13.10-20.50			
HCT (Hematocrit)	10.57 %↓	37.30-61.70			
MCV (Mean red cell volume)	66.19 fL	61.60-73.50			
MCH (Mean Hb per RBC)	44.54 pg↑	21.20-25.90			
MCHC (Mean Hb conc in RBC)	67.29 g/dL↑	32.00-37.90			
RDW-CV (RBC dist width-CV)	12.62 %	11.20-17.10			
RDW-SD (RBC dist width-SD)	30.36 fL	25.60-41.60			
HDW-CV (Hb dist width-CV)	11.91 %	7.00-20.00			
HDW-SD (Hb dist width-SD)	0.53 g/dL	0.20-0.80			
RET# (Reticulocyte count)	11.80 10^3/uL	3.00-110.00			
RET% (Reticulocyte ratio)	0.74 %	0.00-1.50			
ETG# (Shadow red cell count)	0.05 10^12/L	0.00-0.05			
ETG% (Shadow red cell ratio)	3.13 %↑	0.00-1.65			
SPH# (Spherocyte count)	0.90 10^9/L	0.00-130.10			
SPH% (Spherocyte ratio)	0.06 %	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)	74.70 10^3/uL↓	148.00-484.00			
MPV (Mean platelet volume)	10.39 fL	8.70-13.20			
PDW (Platelet distribution width)	19.19 fL	9.10-19.40			
PCT (Plateletcrit)	0.08 %↓	0.14-0.46			
APLT# (Aggregated platelet count)	0.00 10^3/uL	0.00-0.15			
P-LCC (Large platelet count)	5.01 10^3/uL	0.00-66.00			
P-LCR (Large platelet ratio)	6.71 %	0.00-25.00			

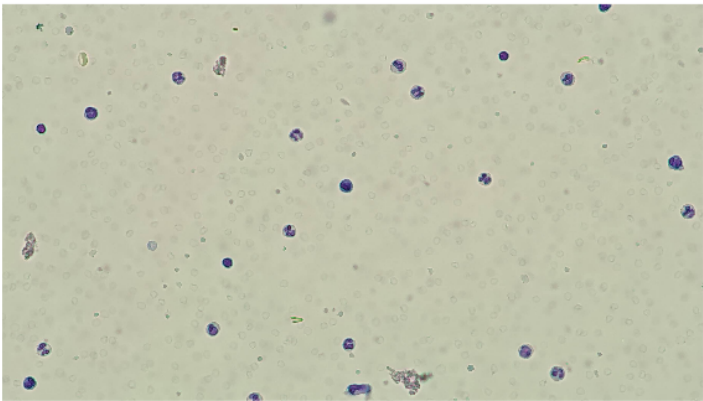
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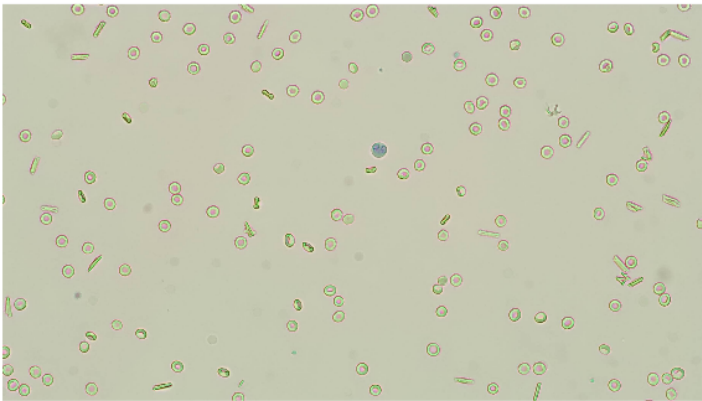
Report No.:2607250003	Pet Name:ARYA	Pet type:Canine
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WBC images



RBC&PLT images



NST# 1.07 10³/uL

STD image

Number: 109 sheets/143 images/754 images

NSG# 12.92 10³/uL

STD image

Number: 1502 sheets/143 images/754 images

NSH# 0.07 10³/uL

STD image

Number: 7 sheets/143 images/754 images

SLYM# 1.29 10³/uL

STD image

Number: 144 sheets/143 images/754 images

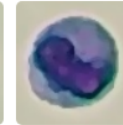
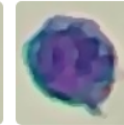
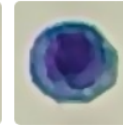
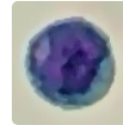
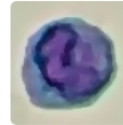
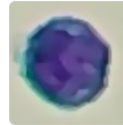
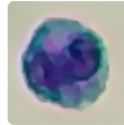
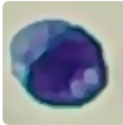
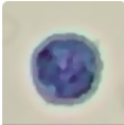
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MON#

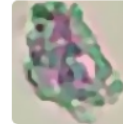
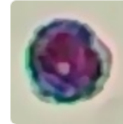
3.73 10³/uL



STD image Number: 415 sheets/143 images/754 images

EOS#

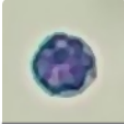
0.08 10³/uL



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

BAS#

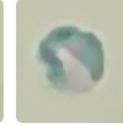
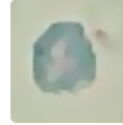
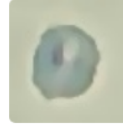
0.01 10³/uL



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

RET#

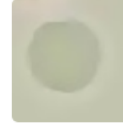
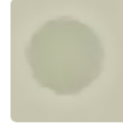
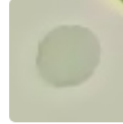
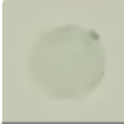
11.80 10³/uL



STD image Number: 129 sheets/143 images/754 images

ETG#

0.05 10¹²/L



STD image Number: 177 sheets/36 images/754 images

SPH#

0.90 10⁹/L



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

P-LCC

5.01 10³/uL



STD image Number: 330 sheets/575 images/754 images

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Report No.:2607250003

Pet Name:ARYA

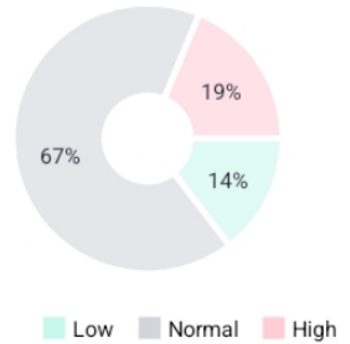
Pet type:Canine

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.Possible hemolysis (in vivo or in vitro).

Basis for judgment:Ghost cells are formed by the rupture of erythrocyte membranes; elevation suggests hemolysis risk, requiring correlation with plasma color, blood collection quality, and other hemolytic indicators.



WBC 19.16 $10^3/uL$ $\uparrow$ (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# 14.06 $10^3/uL$ $\uparrow$ (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# 1.07 $10^3/uL$ $\uparrow$ (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# 12.92 $10^3/uL$ $\uparrow$ (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# 3.73 $10^3/uL$ $\uparrow$ (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.).

ETG% 3.13 % $\uparrow$ (0.00-1.65)

-Clinical indication:Suggests possible erythrocyte destruction (hemolysis) (in vitro hemolysis must be excluded).

-Basis for judgment:Elevated proportion of ghost cells suggests increased erythrocyte membrane rupture, but must be judged in conjunction with sampling and processing procedures.

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.

Immune-mediated hemolytic anemia (IMHA) High

Antibody-mediated erythrocyte destruction; ghost cells may be elevated.