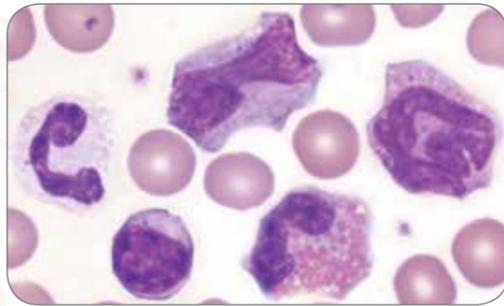


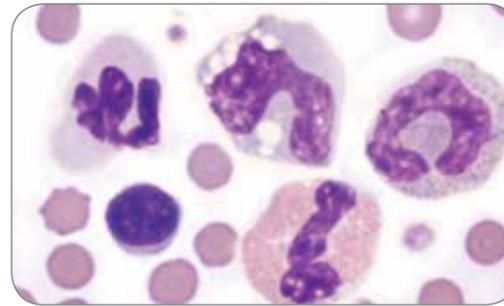
Blood Cell Guide

All images, unless otherwise indicated, are representative of a high-power field of view (100x objective field of view)

Images and information provided by:
Dennis B. DeNicola, DVM, PhD, DACVP
Rick L. Cowell, DVM, MS, MRCVS, DACVP
Michelle Frye, MS, DVM
Nikola Pantchev, DVM

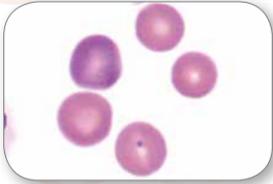


Normal canine

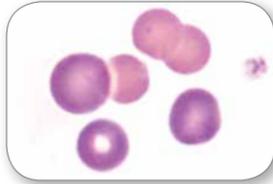


Normal feline

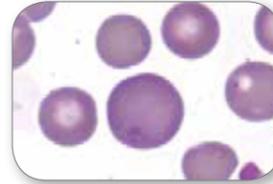
Regenerative Response



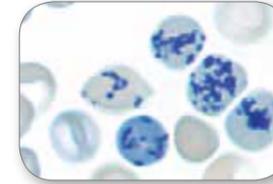
Mild polychromasia



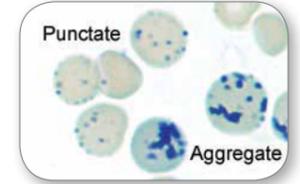
Marked polychromasia



Rapid stain – polychromasia

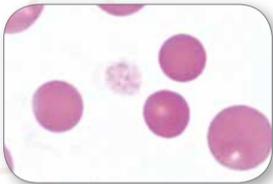


NMB – canine reticulocytes

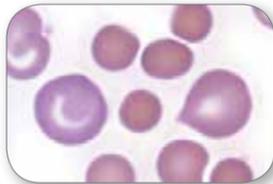


NMB – feline reticulocytes

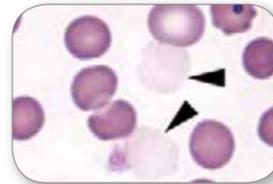
Immune Mediated Haemolytic Anaemia (IMHA)



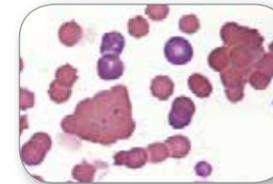
Spherocytes with no polychromasia



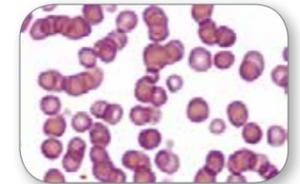
Spherocytes with polychromasia



Ghost cells



Agglutination (50x)

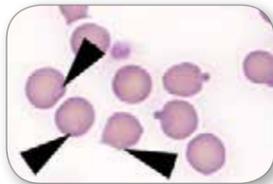


Rouleaux (50x)

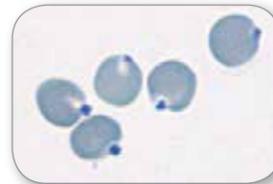
Other Poikilocytosis



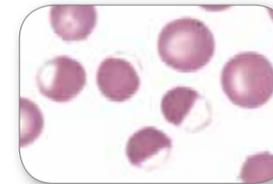
Canine – two Heinz bodies



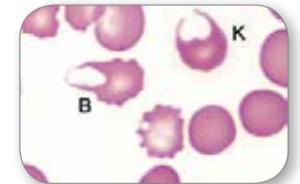
Rapid stain – Feline – 3 indistinct (arrows) and 2 obvious Heinz bodies



NMB – Heinz bodies

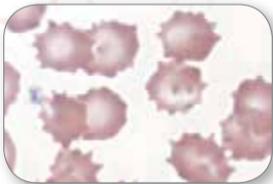


Eccentricity**

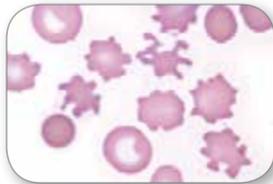


Blister cell and keratocyte

Miscellaneous Morphology



Crenation



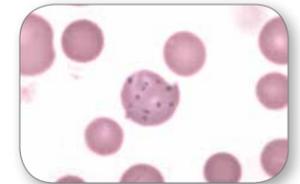
Acanthocytes



Burr cell

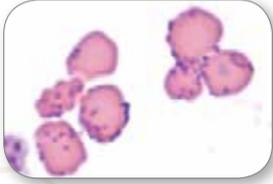


Schistocyte



Basophilic stippling

Infectious Agents*



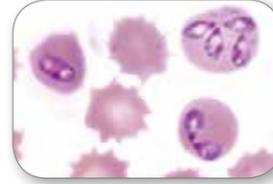
Mycoplasma haemofelis



Mycoplasma haemocanis



Babesia gibsoni

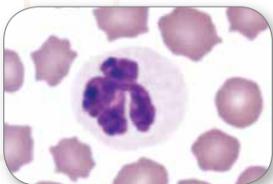


Babesia canis



Anaplasma phagocytophilum

White Blood Cells



Normal neutrophil



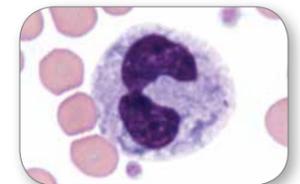
Band neutrophil



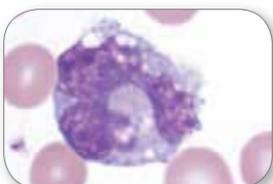
Neutrophil – mild toxicity



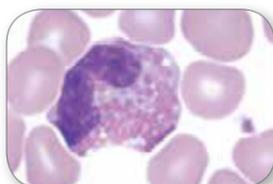
Neutrophil – moderate toxicity



Neutrophil – marked toxicity**



Normal monocyte



Normal canine eosinophil



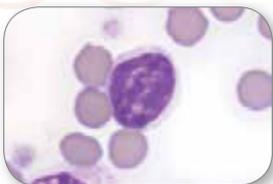
Normal feline eosinophil



Normal canine basophil



Normal feline basophil



Normal lymphocyte



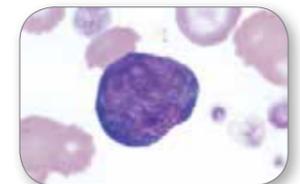
Lymphocyte – mild reactivity



Lymphocyte – moderate reactivity



Lymphocyte – moderate reactivity

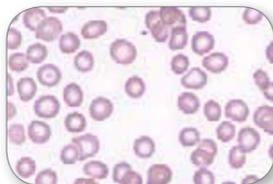


Lymphocyte – marked reactivity

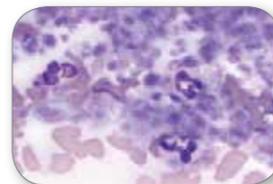
Platelets



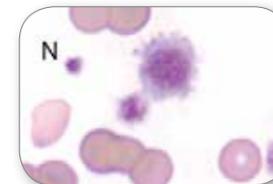
Normal platelet count (50x)



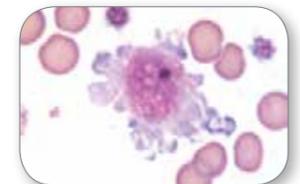
Low platelet count (50x)



Platelet clump (50x)



Normal-sized and large platelets



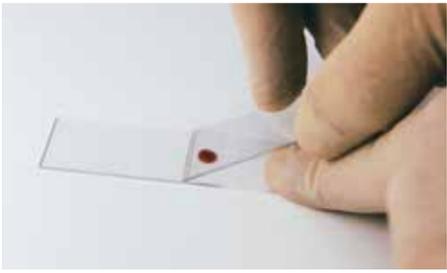
Large atypical platelet

*Infectious agents commonly found on bone marrow, such as Leishmania, are not shown on this chart.

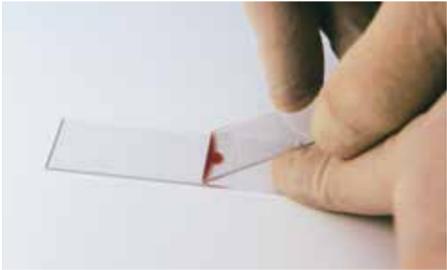
**Illustration reproduced with permission from Reagan WJ, Rovira AI, DeNicola DB, eds. *Veterinary Haematology: Atlas of Common Domestic and Non-Domestic Species*. 2nd ed. Ames, IA: Wiley-Blackwell; 2008. Copyright 2008 Wiley-Blackwell.

Making a Quality Blood Film

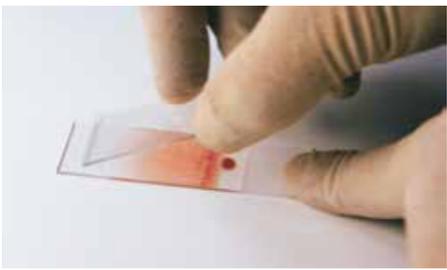
Complement your in-house haematology with a high-quality blood film



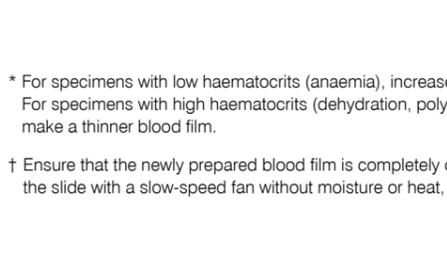
1. Place a small drop of fresh, well-mixed anticoagulated blood on a clean glass slide approximately 2 cm from one end of the slide.



2. Place a clean glass "spreader" slide in front of the drop of blood at an approximate 30° angle to the blood-film slide.*



3. Back the "spreader" slide into the drop of blood.



4. Let the blood spread along the contact line between the two slides; this should take place quickly.



5. With a steady fluid movement, move the spreader slide down the entire blood-film slide, maintaining the angle without lifting the spreader slide. Blood from the drop will follow the spreader slide, placing a thin film on the other slide. The blood film should be 3–4 cm in length.

6. Let the blood film air-dry.†

* For specimens with low haematocrits (anaemia), increase the angle between the slides to make a thicker blood film. For specimens with high haematocrits (dehydration, polycythaemia, etc.), decrease the angle between the slides to make a thinner blood film.

† Ensure that the newly prepared blood film is completely dried before staining is performed. If humidity is high, dry the slide with a slow-speed fan without moisture or heat, or simply wave the blood film in the air. Do not blow-dry.

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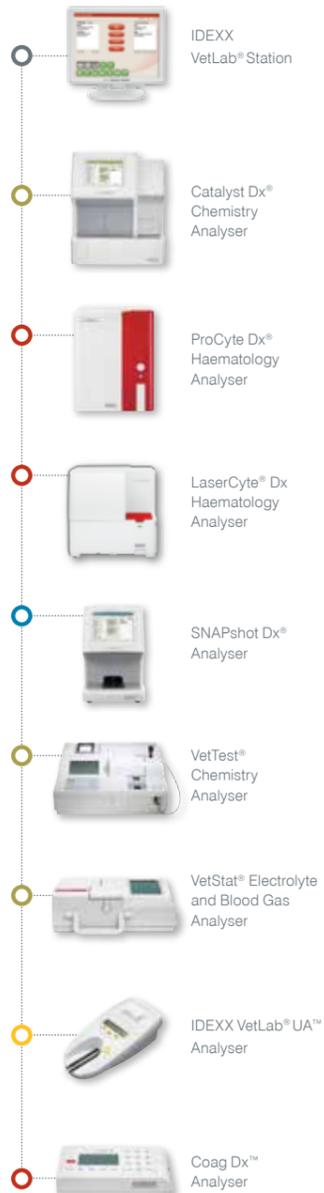
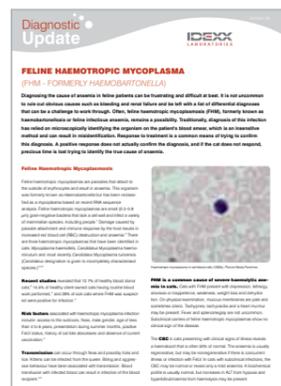
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