

Name: Feline Species (Hobo)

Ref. by: Ozone Pets Clinic

Date: August 21st 2025

Age: 18 Yrs

Gender: Male

Owner: Walaa El Amin

Complete Blood Picture

Parameter	Result	Reference range
<i>R.B.Cs.</i>	7.92	5.0 – 10.0 million/c.mm
<i>Haemoglobin</i>	13.9	9.8-15.4 g/dL
<i>Platelets</i>	167 000	300.000 – 800.000 /c.mm
<i>Haematocrit</i>	39	30 % - 45 %
<i>W.B.Cs. (TLC)</i>	6 400	5500 – 19500 /c.mm

Differential Leucocytes Count

	Relative	Absolute
<i>Basophils</i>	0 0 – 1 %	0 0-.2 g/l
<i>Eosinophils</i>	4 2 - 10 %	0.3 0.02-0.49 g/l
<i>Staff.</i>	2	
<i>Segmented</i>	63 45 -64 %	4.0 1.63-13.37 g/l
<i>Lymphocytes</i>	<u>24</u> 27 – 36 %	1.5 0.83-9.1 g/l
<i>Monocytes</i>	<u>7</u> 0 – 5%	0.4 0.09-1.21 g/l

Blood Indices

<i>MCV</i>	49.2	39 – 55 fl
<i>MCH</i>	17.6	13 – 17 pg
<i>MCHC</i>	35.6	30 – 36 g %
<i>RDWc</i>	16.1	14-18 %

Conclusion: Thrombocytopenia.
Relative Lymphocytopenia & Monocytosis.

Nb: The sample represents itself and was collected outside the laboratory by the clinic (doctor)

Supervised by
Head of Cl. Pathology Unit

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Blood Chemistry Profile

Parameter	Result	Reference range
GPT (ALT)	158 (H)	25–97 U/L
GOT (AST)	102 (H)	7-38 U/L
BUN	160 (H)	19-34 mg/dL
Creatinine	9.6 (H)	0.9-2.2 mg/dL

Glucose Monitoring Test

Parameter	Result	Reference range
Glycosylated Hemoglobin (HbA1c):	6.2	Excellent control 2.6 – 4.0 % Good control 4.01 – 6.0 % Fair control 6.01 – 7.5 % Poor or uncontrolled > 8.0 %

Lipid Profile

Parameter	Result	Reference range
Cholesterol	220	70–229 mg/dL
Triglycerides	90	19–146 mg/dL

Nb: The sample represents itself and was collected outside the laboratory by the clinic (doctor)

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Microbiology and Parasitology Report

Type of sample: EDTA Whole blood
Technique: Blood film stained with Geimsa
Result: **NEGATIVE For Blood Parasites and Intracellular Bacteria**

Nb: The sample represents itself and was collected outside the laboratory by the clinic (doctor)

Parasitology Consultant
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Interpretation

-Thrombocytopenia which may be caused by:

- a) Decreased production of platelets in bone marrow (The commonest cause is Bone marrow failure, Aplastic anemia, Leukemia, Marrow infiltration, Chemotherapy or Drug toxicity)
- b) Increased consumption of platelets in coagulation (Many conditions can initiate disseminated intravascular coagulation as viral, bacterial, protozoal, rickettsial infections, parasitic migration, heat stroke, tumors or trauma)
- c) Increased destruction of platelets by macrophages (Immune mediated thrombocytopenia)
- d) Increased sequestration of platelets.

-Lymphocytopenia may be caused by:

- a) Corticosteroids either exogenous or endogenous.
- b) Some viral diseases.
- c) Immuno-suppressive drugs which decrease lymphopoiesis.

-Monocytosis which may be caused by:

- 1- Acute or chronic inflammation.
- 2- Corticosteroid administration.
- 3- In certain diseases in which cellular immunity is activated as (Systemic mycotic infection, Auto-immune hemolytic anaemia or Erythro-parasites).

-Increased Liver Enzymes GPT (ALT) & GOT (AST) are seen in:

- a) Acute hepatic disorders such as (Inflammation, Intoxication or Neoplasms).
- b) Metabolic disorders associated with fatty liver.
- c) Myopathies such as (Muscle trauma, Tying-up, Azoturia or muscular dystrophy).
- d) Cardiac diseases such as myocardial infarction.

-Increased blood urea nitrogen (BUN) & serum creatinine are seen in:

- a) Azotemia is defined as an increase in urea nitrogen and creatinine, can result from (Fever, Stress, High protein diets, Hyperthyroidism, Hemolysis or anti-anabolic drugs such as tetracycline).
- b) Non-creatinine chromogens include acetoacetate, glucose, vitamin C, uric acid, pyruvate, cephalosporins and amino acids when present in high concentrations, these can artefactually elevate creatinine values.
- c) Decreased GFR due to prerenal, renal or post-renal causes.

Pets Line Technical and Scientific Officer

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