

## Get more insight into CBC results with interpretive aids

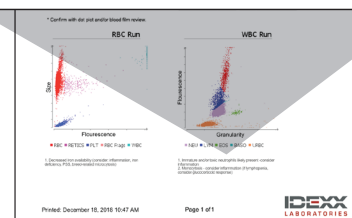
As a part of IDEXX's ongoing commitment to ensuring the best results for your patients, **interpretive aids are available for the ProCyte Dx\* Hematology Analyzer** to give you more insight into your complete blood count (CBC) results.

Interpretive aids use proprietary algorithms to detect results-based patterns in CBC results. These aids, combined with dot plot images, provide helpful insights and guidance for interpreting patient results.

You can find interpretive aids on the IDEXX VetLab\* integrated patient report (below the CBC result and dot plot images—shown at right) as well as in VetConnect\* PLUS.

| Client: Lee, Thomas (126223)           | Gender: Male/Castrated |                    |     |        |      |
|--|------------------------|--------------------|-----|--------|------|
| Patient Name: Franz                    | Weight:                |                    |     |        |      |
| Species: Canine                        | Age:                   |                    |     |        |      |
| Breed: Mixed                           | Doctor:                |                    |     |        |      |
|  |                        |                    |     |        |      |
| Test                                   | Results                | Reference Interval | LOW | NORMAL | HIGH |
| ProCyte Dx (November 9, 2018 12:34 AM) |                        |                    |     |        |      |
| RETIC                                  | 21.5 %                 | 5.0 - 8.0          |     |        |      |
| HCT                                    | 14.2 g/L               | 13.1 - 35.2        |     |        |      |

1. Immature and/or toxic neutrophils likely present—consider active inflammation
2. Monocytosis—consider inflammation (if lymphopenia, consider glucocorticoid response)



| If the analyzer detects...                               | The interpretive aid will say...   |
|--|--|
| BANDS suspect presence parameter<br>• or ▼RETIC and ▼HCT | Immature and/or toxic neutrophils likely present—consider active inflammation.<br>Anemia without reticulocytosis—likely non-regenerative anemia; consider pre-regenerative anemia. |
| ▲RETIC and ▼HCT  | Anemia with reticulocytosis—likely regenerative anemia.  |
| ▼LYMPH   | Lymphopenia—likely stress leukogram (glucocorticoid response).   |
| ▲MONO  | Monocytosis—consider inflammation.<br><i>OR</i><br>Monocytosis—consider inflammation (if lymphopenia, consider glucocorticoid response).   |
| ▲ RDW  | Increased RDW—anisocytosis present—review blood film.  |
| ▼PLT yet •PCT  | Normal PCT—likely adequate platelet mass.  |
| ▼HCT, ▼MCHC, and ▼MCV                                    | Microcytic hypochromic anemia—likely iron-deficiency anemia.   |
| ▼RETIC-HGB   | Low RETIC-HGB—decreased iron availability (consider inflammation, iron deficiency, PSS, breed-related microcytosis).   |
| ▲HCT   | Increased HCT—polycythemia.  |
| ▲RETIC and • or ▲HCT                                     | Reticulocytosis without anemia—consider occult hemolytic or blood loss disease.  |
| ▲MCHC or ▲MCH or both                                    | Increased MCHC or MCH—consider hemolysis (including sample collection/handling), lipemia, and Heinz bodies.  |
| ▲ PLT  | Platelet aggregates are detected. Platelet count may be higher than reported.  |

**Key:** ▲ Above the reference interval    ▼ Below the reference interval    • Within the reference interval

