

## 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\* Haematology Analyser** to give you more insight into your complete blood count (CBC) results.

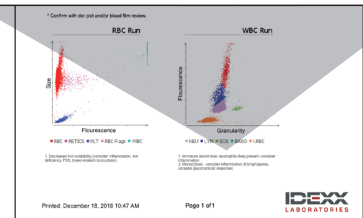
Interpretive aids use proprietary algorithms to detect results-based patterns in CBC results. These aids, combined with dot plot images, provide helpful insights and guidance for interpreting patient results.

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

Client: Lou, Thomas (10923D)	Gender: Male/Castrated
Patient Name: Franz	Weight:
Species: Canine	Age:
Breed: Mixed	Doctor:

Test	Results	Reference Interval	LOW	NORMAL	HIGH
ProCyte Dx (November 8, 2018 10:34 AM)					
WBC	16.14	6.0 - 18.0			
RBC	4.76	5.5 - 6.5			
HGB	11.2	11 - 15.5			

1. Immature and/or toxic neutrophils likely present - Consider inflammation
2. Monocytosis - consider inflammation (if lymphopaenia, consider glucocorticoid response)



If the analyser detects...	The interpretive aid will say...
BANDS suspect presence parameter • or ▼RETIC and ▼HCT	Immature and/or toxic neutrophils likely present - Consider inflammation Anaemia without reticulocytosis - Likely non-regenerative anaemia; consider pre-regenerative anaemia
▲RETIC and ▼HCT	Anaemia with reticulocytosis - likely regenerative anaemia
▼LYMPH	Lymphopaenia - Likely stress leukogram (glucocorticoid response)
▲MONO	Monocytosis - consider inflammation <i>OR</i> Monocytosis - consider inflammation (if lymphopaenia, 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 anaemia - Likely iron-deficiency anaemia
▼RETIC-HGB	Low RETIC-HGB - Decreased iron availability (consider inflammation, iron deficiency, PSS, breed-related microcytosis)
▲HCT	Increased HCT - Polycythaemia
▲RETIC and • or ▲HCT	Reticulocytosis without anaemia - Consider occult haemolytic or blood loss disease
▲MCHC or ▲MCH or both	Increased MCHC or MCH - consider haemolysis (including sample collection/handling), lipaemia 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