

IDEXX

Home

Directory of Services

Imaging

Telemedicine

ZOE CLARK

203AB

Patient Management

Canine

Brussels Griffon

Female

8y

2024

27 Jan

27 Jan

Result Details

Add to Order

Haematology

1/27/24

09:43 am

1/27/24

09:43 am

<div> </div> <div>RBC</div>	<div>a.</div> <div>1.09</div>	5.65 - 8.87 M/ μ L	<div> <div></div> <div></div> <div></div> </div>	1.09
<div> </div> <div>Haematocrit</div>	<div>b.</div> <div>9.8</div>	37.3 - 61.7 %	<div> <div></div> <div></div> <div></div> </div>	9.8
<div> </div> <div>Spherocytes</div>	60% (Marked)			
<div> </div> <div>Agglutination</div>	Present			
<div> </div> <div>% Reticulocyte</div>	17.0	%		17.0
<div> </div> <div>Reticulocytes</div>	184.8	10.0 - 110.0 K/ μ L	<div> <div></div> <div></div> <div></div> </div>	184.8
<div> </div> <div>WBC</div>	<div>c.</div> <div>43.20</div>	5.05 - 16.76 K/ μ L	<div> <div></div> <div></div> <div></div> </div>	43.20
<div> </div> <div>% Neutrophils</div>	69.5	%		*69.2
<div> </div> <div>% Immature Neutrophils</div>	18.5	%		
<div> </div> <div>% Lymphocytes</div>	1.9	%		*21.6
<div> </div> <div>% Monocytes</div>	9.7	%		*8.9
<div> </div> <div>% Eosinophils</div>	0.2	%		0.2
<div> </div> <div>% Basophils</div>	0.1	%		0.1
<div> </div> <div>Neutrophils</div>	30.02	2.95 - 11.64 K/ μ L	<div> <div></div> <div></div> <div></div> </div>	*29.89
<div> </div> <div>Immature Neutrophils</div>	7.99	K/pL		
<div> </div> <div>Lymphocytes</div>	0.84	1.05 - 5.10 K/ μ L	<div> <div></div> <div></div> <div></div> </div>	*9.34
<div> </div> <div>Monocytes</div>	4.20	0.16 - 1.12 K/ μ L	<div> <div></div> <div></div> <div></div> </div>	*3.85
<div> </div> <div>Eosinophils</div>	0.09	0.06 - 1.23 K/ μ L	<div> <div></div> <div></div> <div></div> </div>	0.09
<div> </div> <div>Basophils</div>	0.03	0.00 - 0.10 K/ μ L	<div> <div></div> <div></div> <div></div> </div>	0.03
<div> </div> <div>Platelet Estimate</div>	50-100 K/ μ L (Moderately decreased)			
<div> <div>Diagnostic Considerations</div> </div>	<p>The presence of regenerative anaemia, spherocytosis and RBC agglutination are strongly suggestive of immune-mediated haemolytic anaemia. Other clinical features include icterus, hyperbilirubinaemia/bilirubinuria (in the absence of liver dysfunction) or haemoglobinaemia/uria. Investigate for underlying causes such as infection, neoplasia, concurrent inflammatory conditions or history of recent drugs/vaccines.</p> <p>This platelet estimate incorporates enumeration of individual platelets and platelets within clumps. Moderately decreased platelets may be seen with platelet consumption, immune-mediated destruction, decreased production from the bone marrow and sequestration in the spleen. If this finding is unexpected, please redraw a new sample to rule out artifactual thrombocytopenia (e.g., clot in the blood tube).</p>			

Images

Two ears. One report.

With the IDEXX inVue Dx™ Cellular Analyser, your report includes the left and right ear all from one run. Simplifying your workflow, and giving you more insights.



Objective, consistent and reproducible:

- + Quantifies yeast and bacteria (rods and cocci)
- + Assesses for the presence of white blood cells
- + Assesses for the presence of mites

Image gallery supports the AI-assisted pathology findings.

Diagnostic considerations built with board-certified dermatologist expertise guide real-time clinical decisions.



IDEXX VetLab Station

Sadie 123456

Canine Poodle Female 4 y

Profile

Back

Add Test

2025 March 19

Results Details

Manage Results

Pathology

3/19/25 8:02 AM

Source

Left Ear

Bacteria

Rods	3-4+	Numerous rod shaped bacteria present
Cocci	3-4+	Numerous coccoid shaped bacteria present
Yeast	3-4+	Numerous yeast present
WBC	Present	
Mites	Absent	

Diagnostic Considerations

Mixed otitis with both bacteria and yeast. The presence of mixed microbial populations is abnormal and should be treated accordingly.

White blood cells present. Consider underlying causes of otitis externa: atopic dermatitis (food or environmentally triggered), tumour, otitis media, foreign body presence, or contact otitis as from ear cleaners/medications or aggressive mechanical cleaning. In ears undergoing treatment, persistent inflammation indicates the need to investigate for an underlying cause. Typically, these patients require more intensive/longer duration of treatment and more intensive diagnostics (ear irrigation, advanced imaging, and sometimes ear culture).

Images

Bacteria Assessment

Yeast and WBC Assessment (Composite)

Yeast and WBC Assessment (Brightfield)

Source

Right Ear

Bacteria

Rods	0-1+	Consistent with normal flora
Cocci	0-1+	Consistent with normal flora
Yeast	0-1+	Consistent with normal flora
WBC	Absent	
Mites	Present	

Diagnostic Considerations

Otodectes otitis. Any co-presence of bacteria, yeast, and/or white blood cells is likely secondary to ear mite infestation.

Images

Bacteria Assessment

Yeast and WBC Assessment (Composite)

Yeast and WBC Assessment (Brightfield)

Mite Assessment

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