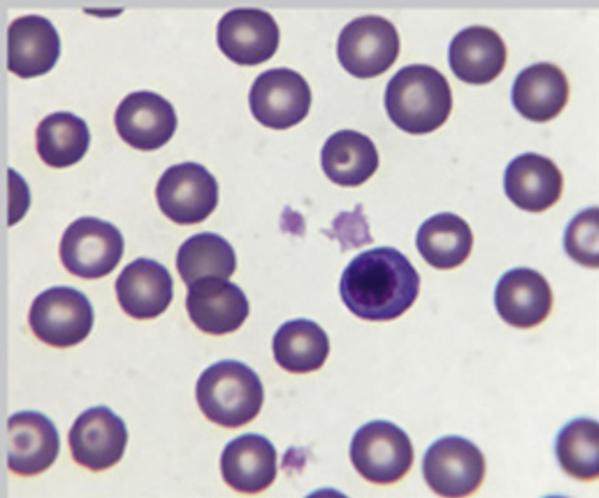


Margi Sirois

# Laboratory Procedures for Veterinary Technicians

Seventh Edition



ELSEVIER

## **CLINICAL CHEMISTRY**

Plasma Sample Preparation,  
Serum Sample Preparation,  
ACTH Stimulation Test,  
Dexamethasone Suppression Tests,  
Dexamethasone Suppression and ACTH Corticotropin  
Stimulation Test, Combined,  
Glucose Tolerance Test, Intravenous,

Compression Smear Technique,  
Compression Smear Technique, Modified,  
Fine Needle Biopsy Aspiration Technique,  
Fine Needle Biopsy Nonaspiration Technique,  
Imprint Sample Collection,  
Line Smear Technique,  
Punch Biopsy Sample Collection,  
Scraping Sample Collection,  
Starfish Smear Technique,  
Swab Sample Collection,  
Tzanck Sample Collection,  
Wedge Biopsy Sample Collection,

## **GENERAL LABORATORY**

Microscope Calibration,  
Microscope Operation,  
Microhematocrit Centrifuge Calibration,  
Refractometer Use and Care,

Avian Manual White Blood Counts,  
Bone Marrow Aspirate Evaluation,  
Buccal Mucosa Bleeding Time Test,  
Coverslip Blood Smear Preparation,  
Crossmatching,  
Wedge Film Blood Smear Preparation,

Gram Stain Procedure,  
Inoculation of Agar Slant and Butt,  
Quadrant Streak Method for Isolating Bacteria,  
Typical Sequence of Testing of Microbiology  
Specimens,

Baermann Technique,  
Fecal Examination, Direct Smear,  
Buffy Coat Smear,  
Cellophane Tape Preparation,  
Fecal Centrifugal Flotation,  
Fecal Sedimentation,  
Fecal Flotation, Simple,  
Fecal Culture,  
Knott's Technique, Modified,  
McMaster Quantitative Egg-Counting Technique,  
Modified,  
Millipore Filtration Procedure,

Urinalysis, Routine,  
Urinary Catheterization: Male Cat,  
Urinary Catheterization: Male Dog,  
Urinary Catheterization: Female Dog,  
Urine Collection by Cystocentesis,  
Urine Sediment for Microscopic Examination,  
Preparation,

# Laboratory Procedures for Veterinary Technicians



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This edition is dedicated to my family, especially Dan-the-wonder-husband, whose constant support is always the wind beneath my wings. To my children, Jen and Daniel, I am so proud to be your mom—you will always be my favorite son and daughter. To Tally, Delta, and Belle ... woof woof.

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In recent years, there has been tremendous growth in the number and types of laboratory data that can be obtained in the in-house veterinary practice laboratory. Laboratory procedures remain an important aspect of most veterinary practices, both diagnostically and financially, and a major responsibility of the technician. Performing the tests in the in-house veterinary practice laboratory also provides improved service to both the patient and client and an additional revenue source for the clinic.

This edition is an effort to collect the relevant clinical laboratory information needed by the practicing veterinary technician. Veterinary assistant and veterinary technology students will also find this a valuable everyday reference. Principles and procedures for laboratory diagnostics in clinical chemistry, microbiology, hematology, hemostasis, parasitology, urinalysis, immunology, and cytology are all presented. Information on commonly performed tests done in referral laboratories is also described to allow greater understanding of the clinical relevance of these tests. Reviews of anatomy and physiology topics are included

in many sections to aid in developing an understanding of the rationale for performance of specific tests.

This new edition has been significantly updated with information on new technology and expanded information that reflects the latest developments in the veterinary clinical laboratory. Technician tips are interspersed throughout the text to highlight important points. Additional full-color illustrations have been added, including photomicrographs of blood cells, cytology, and microbiology samples, and urine sediment. Expanded information on new clinical analyzers is also included. Key points and recommended readings are included in each chapter.

Step-by-step procedure boxes for all commonly performed hematology, cytology, and parasitology laboratory tests are included in this new edition. The procedure boxes represent those skills that veterinary technician students must perform during their educational program, as well as additional procedures that are commonly performed by veterinary technicians in private veterinary practice.

# ACKNOWLEDGMENTS

This volume would not have been possible without the hard work of all the contributors to the first six editions. I sincerely thank them for their efforts. I am grateful to the editors of the earlier editions, especially Teri Merchant, now retired from Elsevier and greatly missed, and Shelly Stringer, who effortlessly filled Teri's very large shoes. Brandi Graham, Maria Broeker, and Carol O'Connell have been invaluable in providing expert assistance in finalizing this new edition. I am grateful to Tim Baum and Katie Foust for their dedication to continuous improvement for this edition and the many veterinary technicians and veterinarians that provided assistance in obtaining many of the new illustrations in this edition.

To my friends, family, colleagues, current and former students, thank you all for your constant encouragement. You inspire me every day.

# CONTENTS

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## **Unit Outline**

*Chapter 1: Safety Concerns and OSHA Standards,*

*Chapter 2: General Laboratory Equipment,*

*Chapter 3: The Microscope,*

*Chapter 4: The Metric System and Lab Calculations,*

*Chapter 5: Quality Control and Record Keeping,*

## **Unit Objectives**

*Describe the role of the veterinary technician in the clinical laboratory.*

*List and describe the regulations related to safety concerns in the veterinary practice laboratory.*

*Describe the components of a quality control program for the veterinary practice laboratory.*

*Identify, use, and maintain common laboratory equipment.*

*Use the metric system to perform calculations and measurements.*

Veterinarians depend on laboratory results to help establish diagnoses, to track the course of diseases, and to offer prognoses to clients. The veterinary practice laboratory can also be a significant source of income for the practice. The rapid availability of test results improves patient care and client service. Although some veterinary clinics use outside reference laboratories for test results, this may delay the implementation of appropriate treatments for patients. Most diagnostic tests can be performed in house by a well-educated veterinary technician. Veterinary practice laboratories have become increasingly sophisticated. Analytic instruments are affordable and readily available for inclusion in even the smallest veterinary clinic.

The veterinary technician/veterinarian team approach works efficiently in a laboratory situation. A veterinarian is educated in the interpretation of test results, whereas a veterinary technician is educated on generating accurate test results. The consistent generation of reliable laboratory results requires an educated veterinary technician. A veterinary technician must understand the value of quality control in the laboratory.

For additional sources for this unit see the Resources Appendix at the end of this textbook.



After studying this chapter, you will be able to:

- Discuss requirements for chemical hygiene
- Identify mechanisms or routes of exposure
- Describe veterinary practice laboratory.

- Describe general concerns related to laboratory design.
- Identify, select, or personal protective equipment.
- Discuss criteria for evaluating internet resources.

### Hazard Control, OSHA Standards,

Occupational exposure to hazardous chemicals in Laboratories  
 The hazard communication  
 The foodborne pathogens  
 The personal protective equipment  
 Biosafety hazard considerations,  
 Shipping hazardous materials,

### Laboratory Design,

General considerations,  
 Sink,  
 Storage area,  
 Electrical supply,  
 Internet access,

### Review Questions,

### Key Points,

### Biohazard

### Bloodborne pathogen

### Chemical Hygiene Plan (CHP)

### Engineering controls

### Material Safety Data Sheet (MSDS)

### Occupational Safety and Health Administration (OSHA)

### Personal Protective Equipment (PPE)

### Zoonoses

A comprehensive laboratory safety program is essential to ensure the safety of employees in the clinical laboratory area. The safety policy should include procedures and precautions for the maintenance of equipment. Safety equipment and supplies—such as eyewash stations (Fig. 10-1), fire extinguishers, spill cleanup kits (Fig. 10-2), and biohazard decontamination containers (Fig. 10-3)—must be available. All employees working in a clinical laboratory must be aware of the location of safety equipment and be trained in its use. Laboratory safety policies regarding the use of hazardous chemicals, safety location within the clinical laboratory area. Signs should be posted to inform employees of the location of safety equipment, including, including, including cosmetics, and adjusting contact with laboratory equipment is prohibited.



In addition, the **Occupational Safety and Health Administration (OSHA)** mandates specific laboratory practices

that must be incorporated into the laboratory safety policy. Many other countries have their own regulations. Some regulations are focused on protecting the safety of employees, while others are responsible for determining and enforcing protective standards. Some state regulations supersede federal regulations. Some federal regulations are more stringent than others. Some federal regulations also contain exemptions or activities that are exempt from employees. The regulations specifically include requirements for employers as follows:

- Comply with relevant regulations.
- Correctly use and maintain personal protective equipment (PPE) in the workplace.
- Educate employees about potential workplace hazards.
- Provide training to employees regarding safety hazards.
- Provide required **personal protective equipment (PPE)** to employees.
- Maintain accurate records of work-related injuries.
- Post specific posters, signs, and notices.



**Fig. 1.1** Sink-Mounted Eyewash Station. This type of station is preferable may not be of adequate volume to properly flush the eyes.



## Job Safety and Health

### It's the law!



**OSHA**<sup>®</sup>  
Occupational Safety  
and Health Administration  
U.S. Department of Labor

- EMPLOYEES:**
  - You have the right to notify your employer or OSHA about workplace hazards. You may ask OSHA to keep your name confidential.
  - You have the right to request an OSHA inspection if you believe that there are unsafe and unhealthful conditions in your workplace. You or your representative may participate in that inspection.
  - You can file a complaint with OSHA within 30 days of retaliation or discrimination by your employer for making safety and health complaints or for exercising your rights under the OSH Act.
  - You have the right to see OSHA citations issued to your employer. Your employer must post the citations at or near the place of the alleged violations.
  - Your employer must correct workplace hazards by the date indicated on the citation and must certify that these hazards have been reduced or eliminated.
  - You have the right to copies of your medical records and records of your exposures to toxic and harmful substances or conditions.
  - Your employer must post this notice in your workplace.
- EMPLOYERS:**
  - You must furnish your employees a place of employment free from recognized hazards.
  - You must comply with the occupational safety and health standards issued under the OSH Act.

Free assistance in identifying and correcting hazards or complying with standards is available to employers, without citation or penalty, through OSHA-supported consultation programs in each state.

**1-800-321-OSHA (6742)**  
www.osha.gov



OSHA requires that this Job Safety and Health poster or an equivalent state version be posted in all workplaces. (From United States Department of Labor, Occupational Safety and Health Administration.)

Depending on the specific types of equipment present and the tests performed in the veterinary practice laboratory, veterinary technicians be exposed to variety of potential hazards. These include biologic physical hazards well hazards to musculoskeletal system related to improper ergonomics.



Biohazard waste disposal containers are available in a variety of (scalpel blades, hypodermic needles).

Methods for potential workplace hazards be categorized one of four types: **engineering controls** administrative controls, procedural controls, PPE. Engineering controls are focused on changing work environment to eliminate or minimize exposure to hazard. An example would be of hood when handling arduous chemicals. Administrative controls involve creation of specific protocols to minimize worker exposure to hazards; protocols include found **Chemical Hygiene Plan** which discussed more detail later chapter. Procedural controls involve development of policies modify worker behavior. Examples would include restriction

from the setting substitution of hazardous materials when feasible. When engineering, administrative, and procedural controls are not sufficiently effective or removal is not feasible, PPE is required.

There are a large number of specific standards related to veterinary practice contained in the Occupational Safety and Health Act. These standards include Code of Federal Regulations (CFR) in sections designated Title 29. Each standard is designated with a part number. For example, the standard regarding formaldehyde in laboratories is designated 29 CFR 1910.104. The standard also covers general practices. The standard applies specifically to the workplace setting in which the subparts designated with letters through Summary information regarding the standards with application to veterinary practice laboratory contained in chapter.

The standard titled Occupational Exposure to Hazardous Chemicals is commonly referred to as the Laboratory Standard. This standard requires each employer designate an employee as the chemical hygiene officer; an individual responsible for implementation of required CHP. The manual must contain specific details about chemical hazards present in the workplace, scope and extent of worker training, documentation of training, criteria for use of PPE, precautions for handling hazardous chemicals, monitoring of exposure, and specific actions required when exposure occurs, including PPE required.



The Hazard Communication Standard contains requirements for employers to evaluate potential chemical hazards and communicate information about them. Appropriate protective measures must be communicated to employees. Information about all hazardous chemicals must be provided. Worker training programs regarding hazardous chemicals are included in the standard. The standard mandates the placement of specific types of labels on containers of hazardous chemicals; it requires employers

**Material Safety Data Sheets (MSDSs)** for all chemicals accessible to employees are provided by manufacturers of potentially hazardous chemicals; they must contain specific information. The minimum information required is as follows:



Material Safety Data Sheets must be available to employees.

### Safety Data Sheet

- Manufacturer's contact information
  - Hazardous ingredients/identity information
  - Physical/chemical characteristics
  - Fire explosion
  - Reactivity
  - Health
  - Precautions or
  - Control measures
- Additional information is presented. Recommendations of specific 16-section format for which summarized [see](#)

The Hazard Communication Standard contains detailed information about proper labeling of containers. When chemicals are removed from their primary container, secondary containers or secondary labels must contain specific information. Secondary labels are required when the original label is missing or illegible. If a container is removed from its original location, it must be moved to a different work area from where it was filled.

# OSHA® QUICK CARD™

OSHA has updated the requirements for labeling of hazardous statements, the product identifier, and supplier identification.

**OSHA®** Occupational Safety and Health Administration

(800) 321-OSHA (6742)  
www.osha.gov

\_\_\_\_\_  
\_\_\_\_\_  
Street Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Take precautionary measures against static discharge.

Wear protective gloves.

Wash hands thoroughly after handling.

**First Aid**

If exposed call Poison Center.  
Remove or take off immediately any contaminated clothing. Rinse skin with water.



liquid and vapor.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OSHA 3492-02 2012

# OSHA® QUICK CARD™

hazard(s). The pictogram on the label is determined by

• Target Organ T • Aspiration T		• Acute T  Layer (Non-Mandatory)
• Gases Under Pressure	• Skin Corrosion/ Burns	
	• Aquatic T	• Acute T (fatal or toxic)

**OSHA®** Occupational Safety and Health Administration

www.osha.gov

(800) 321-OSH

OSHA 3491-02 2012

Pictograms allow for the rapid communication of specific hazard

Labor, Occupational Safety and Health Administration.)

possession of person who filled Pictograms are  
used to communicate information secondary  
containers



The Bloodborne Pathogens Standard includes  
mandates to protect workers from infection with infectious  
agents present in bloodstream; incorporates  
requirements with needlestick safety  
Prevention act veterinary practiceatory,

exposures to **bloodborne pathogens** could potentially occur during certain biological control activities and quality control programs. However, safety such control activities involving manufactured based products. Chemical cleaning solutions that are potentially exposed require mechanisms to control and minimize exposure must be established and communicated.

Although exposure to human bloodborne pathogens is a common problem in the veterinary practice laboratory, safety of infectious agents is not encountered. **Zoonoses** are transmitted between animals and humans. The agents are zoonotic and present in body fluids, tissues, and secretions. They are presented for analysis. Regulations related to other potentially infectious agents are specific for bloodborne pathogens, except when there is a potential for zoonosis. Safety of infectious organisms and zoonotic organisms. Veterinarians and technicians may encounter such materials either by contact with infected animals during the course of collecting and handling for analysis. Protocols must be in place to prevent exposure and must include proper handling of potentially infectious materials. Protocols generally focus on the use of proper infection control practices, such as autoclaving infectious materials before disposal.

The personal protective equipment standard 29 CFR 1910.132 requires employers provide, or ensure appropriate when needed, and provide appropriate chemicals, absorption, and physical contact. Depending on the types of agents present, include eye protection, protective clothing, and gloves. Safety documents are required to provide training for workers.

workers who are required, how to properly use or additional related to PPE are included. Eye Face Protection Standard, respiratory protection, and Hand Protection Standard.

are required to provide necessary PPE

Special considerations are given to biomedical waste, biohazards, and biological substances (e.g., subcutaneous needles, parenteral solutions, infectious agents). Containers for biohazardous materials are clearly labeled and clearly marked. **Fig.** The Centers for Disease Control and Prevention U.S. Government Agency has published revised guidelines for the biomedical waste safety levels. Risk. Brief summaries of precautions for each biosafety level are included following sections. Requirements for each level increase and requirements for lower levels are automatically included in the levels.

The biosafety level is ordinarily considered, however, otherwise harmless substances may affect individuals with immune deficiency. Examples of products and organisms found at biosafety level include soaps, cleaning agents, vaccines, and are administered to species-specific infectious (patitis). There are specific requirements for handling or disposal of biosafety level materials and normal infection.



The universal biohazard symbol.

ould complete chemical equipment, ways ludes

The agents biosafety level are have potential to human handled incorrectly. The hazards included level may result from mucous membrane exposure, possible oral ingestion, puncture of Examples of organisms vel cterial ents oxoplasmosis salmonellosis. Substances group generally have low potential or aerosol contamination.

- Although precautions will vary with specific substances, are general requirements or biosafety vel
- Limited access including biohazards
  - The wearing of gloves, laboratory coats, gowns, face shields of Class or Class biosafety cabinets to protect against potential aerosol contamination
  - Appropriate containers
  - Specific instructions or decontamination of equipment potentially dangerous materials, including monitoring reporting contamination problems
  - Physical containment devices including autoclaving, sealed

Agents biosafety level are substances serious potentially lethal The potential for aerosol respiratory transmission organism category *Mycobacterium tuberculosis* t level, primary secondary risks required protect personnel. general requirements vel follows:

- Controlled access
- Decontamination
- Decontamination clothing, equipment
- Testing of personnel evaluate possible exposure
- Use of Class biosafety inets physical containment devices using procedures
- Use of personnel

It ely persons ed xperience biohazards ill ver ncounter substances luded biosafety level IV. gents found category pose high risk of life-threatening Included level are Ebola Marburg viruses other dangerous exotic agents. Facilities handle substances exercise maximum containment. Personnel follow wear-in wear-out procedures ess ody quipped ositive supply. Individuals work cilities ill undergo extensive raining nsure ety.

Some veterinary practices nostic ecimens tside laboratories or ysis. egulations elated ment f otentially dous ectious erials United es ed epartment rans portation enforced by Federal viation dministration.

The .S. epartment ransportation onsiders rials e easonably xpected ontain oorganisms otentially

hazardous ectious. nfectious erials lassified either ategory ategory epending egree risk associated with exposure to materials. Category poses her egree ategory ategory ludes erials wn ely ontain ec tious ent orm ermanent ility, life-threatening

xposed erial. lude ures known o ontain ents uch *Bacillus anthracis, Coccidioi des immitis, Mycobacterium tuberculosis,* est irus. Category ludes erials ontain ectious ent orm ermanent ility, threatening or healthy humans or exposed o erial. nostic om eteri nary ients tside oratories or ysis Category . nfectious ents et iteria or inclusion Category will generally fall into Category B, they e xempt om egulations. xemptions lude following:

- Specimens high gens ve een ctivated
- Specimens or known to contain infectious agents
- Specimens ontain nly npathogenic microorganisms
- Dried blood ecal cult blood

The shipping of materials either category requires specific packaging eling efore resentated rans portation rier edEx, ervice). eneral, specimens must be sealed, leakproof containers. If primary container roof, urrounded yer of ertight erial. rbent erial ced st yer, cond ertight yer dded. of ontents ched cond yer, erial then ced propriate ton. carton ust ry ectious ubstance el identifying kers ecified egulations.

The veterinary oratory cated parate om perations area ust e ell ell ough ccommodate laboratory equipment rovide omfortable work Countertop ce ufficient nsitive quip ment such chemistry analyzers cell counters are physically separated from centrifuges water Room temperature controls rovide onsistent nvironment urn provides for optimal quality control. draft-free area preferable to ne ith pen indows onditioning ducts lowing ry high contaminate specimens interfere with test results. lthough each veterinary practice unique, every practice laboratory certain components, including storage space, electrical supply, nternet ccess.



The clinical laboratory should be separate from the main traffic flow in the clinic.

The laboratory area needs a source of running water to provide a place to rinse, drain, or discard specimens and reagents. In every veterinary practice, caution be paramount; handling and disposing of hazardous laboratory materials bear legal and ethical responsibilities that have increased substantially in recent decades. Certain laboratory practices are essential for the protection of workers and the environment. Some of these practices are simply good laboratory hygiene, whereas federal, state, and local regulations have mandated others. A thorough understanding of the laws and foundation of proper laboratory practices involving hazardous chemicals and specimens. When in doubt, a veterinary technician never dispose of unknown reagents or chemicals down any drain.

Adequate storage space must be available for reagents to avoid clutter on laboratory counter space. Drawers and cabinets must be available for needed supplies. Equipment are conveniently located at the site where they will be used. Some reagents and specimens must be kept refrigerated or frozen. A refrigerator and freezer must be readily available. A compact countertop refrigerator is sufficient for practice laboratories. Frost-free freezers remove moisture from frozen items, thus making them more concentrated when they are left in the freezer too long. For long-term storage of (e.g., serum, urine), a chest freezer or freezer with self-defrosting feature must be used.

The placement of electrical equipment requires careful consideration. Sufficient electrical outlets and circuit breakers must be available. Circuits must not be overloaded with ungrounded

three-prong adapters or extension cords. Veterinary technicians should avoid working with electrical wires or instruments. An uninterruptible power supply may be necessary if sensitive equipment will be used or if the practice is located in an area that is subject to frequent power outages or fluctuations.

The diagnostic laboratory of a progressive veterinary clinic should have Internet access in the laboratory or another location within the veterinary clinic. Many reference laboratories require a technician or to report critical results of submitted diagnostic tests. In a veterinary clinic, access to a digital camera attachment for a compound microscope, a veterinarian or veterinary technician should have Internet diagnostic access. Photographic images such as scanned microscopic images of blood smears and urine sediments may be sent as attachments to an outside reference laboratory for diagnostic assistance.

A computer with Internet access is a vital component

The Internet may be a valuable resource for veterinary medical information. However, information on the Internet may be oversimplified, incomplete, or inaccurate. The veterinary technician should use Internet sources for supplemental information in addition to consultation with the veterinarian. The veterinarian and technician should carefully examine all Internet resources together to determine the quality of each website.

Two determinants are used to evaluate website quality. First, high-quality Internet sites are unbiased: a group providing information should not have a vested interest (e.g., selling a product) slanting the information in a certain way. Second, sources should be staffed by recognized experts in the field, such

from government agency, college or university  
 nostic laboratory, or the American Veterinary Medical Association.

Other ns uality ebsite lude ollowing:

- Funding onorship learly wn.
- Timeliness osting, evising, clear cate.
- Information bout he ource (e.g., he rganization's ission statement)
- Authors contributors to references on site are clearly identified.
- References ces ormation ed.
- Experts ve eviewed e's ontent or ccuracy completeness.

Box ummarizes ortant iteria or valua  
 tion f nternet esources.

Who is the author? Does the author list his or her occupation and

Chapter eview uestions [ppendix](#)

- A omprehensive oratory ety rogram mented ractice oratory nsure ety employees.
- MSDS vailable or hemicals ccessible all otentially xposed mbers.
- Regulations related to laboratory safety involve multiple gov ernment encies.

- Personnel rovided ppropriate hen required.
- Chemical ontainer els ommunicate ecific dous information.
- Secondary hemical ontainers roperly eled.

# General Laboratory Equipment



After studying this chapter, you will be able to:

- List types of equipment commonly found in a veterinary practice laboratory.
- Differentiate between horizontal-head and vertical-head centrifuges.

- Describe a refrigerated centrifuge.
- Discuss the selection of proper tubes.
- Define refractive index and describe the proper use of a refractometer.

**Test Tubes,**  
**Centrifuge,**  
**Refractometer,**  
Care and Maintenance,  
**Pipettes,**  
**Temperature-Controlling Equipment,**  
Incubators,

Refrigerators,  
Water Baths and Heat Blocks,  
**Automated Analyzers,**  
**Miscellaneous Equipment and Supplies,**  
**Review Questions,**  
**Key Points,**

**Centrifuge**  
**Incubator**  
**Pipette**

**Refractive index**  
**Refractometer**  
**Supernatant**

A variety of general laboratory equipment is needed for the in-house clinical laboratory. The size of the veterinary practice and the tests that are routinely performed in the laboratory determine the equipment and instrumentation needed. Minimal equipment includes a microscope, a refractometer, a microhematocrit centrifuge, and a clinical centrifuge. Additional instrumentation that may be needed—including blood chemistry analyzers, cell counters, water baths, and incubators—depends on the type and size of the practice, the geographic locale of the practice, and the special interests of practice personnel. Test tubes, pipettes, heat blocks, and aliquot mixers are also commonly found in veterinary practices. The proper use and maintenance of this equipment are essential to ensure accurate test results and safety of personnel.

Test tubes that are used in the veterinary practice laboratory may be made of glass or plastic, and they are available in many sizes. Microhematocrit tubes, which are primarily used for evaluation of packed cell volume, may be plain or contain anticoagulant. Blood collection tubes are generally made of glass, and have

color-coded caps to indicate whether any additives are present (Fig. 2.1). Conical tubes have a narrow base and are most often used to centrifuge substances such as urine, which contain solid material within the solution (Fig. 2.2). Blood collection and conical tubes are available in a large number of sizes.

**Centrifuges** are vital instruments with many uses in the veterinary practice laboratory. The centrifuge is used to separate substances of different densities that are in a solution. The centrifuge spins samples at high speeds, which pushes the most dense components in the sample to the bottom of the tube. Liquid components are layered above the solid components, also according to their densities. When solid and liquid components are present in the sample, the liquid portion is referred to as the **supernatant** and the solid component is referred to as the sediment. The supernatant (e.g., plasma or serum from a blood sample) can be removed from the sediment and stored, shipped, or analyzed. Centrifuges vary in size, capacity (i.e., the number of tubes that can be spun at one time), and speed capabilities. Veterinary



Blood collection tubes are available in a variety of sizes and



Swinging-arm or horizontal-head centrifuge.



Conical Centrifuge Tube. This type of tube is used to centrifuge substances that contain solid material in solution.

practice laboratories often have more than one type of centrifuge. A microhematocrit centrifuge is designed to hold capillary tubes, whereas a clinical centrifuge accommodates test tubes of varying sizes. Larger referral practices and reference laboratories may have additional types of centrifuges. A refrigerated centrifuge is used when materials must be kept cool during centrifugation (e.g., processing of blood components for transfusion therapy).

Centrifuges separate substances according to their

Clinical centrifuges that are used in veterinary laboratories are one of two types, depending on the style of the centrifuge head. A horizontal centrifuge head, which is also known as the “swinging-arm” type, has specimen cups that hang vertically when centrifuge

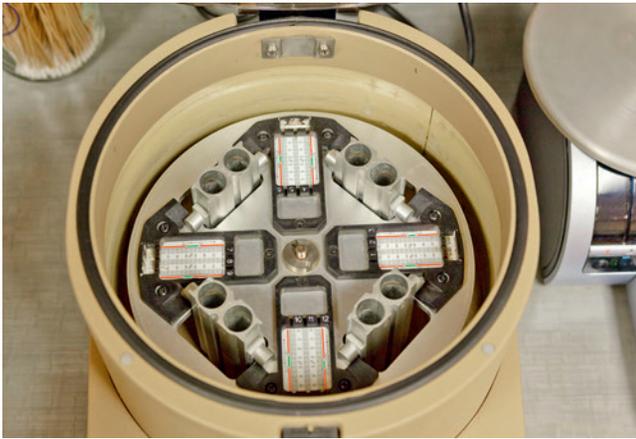


ically designed for small sample volumes.

the cups swing out to the horizontal position. As the specimen is centrifuged, centrifugal force drives the particles through the liquid to the bottom of the tube. When the centrifuge stops, the specimen cups fall back to the vertical position.

The horizontal head centrifuge has two disadvantages. At excessive speeds (i.e., greater than 300 revolutions/min), air friction causes heat buildup, which can damage delicate specimens. In addition, some remixing of the sediment with the supernatant may occur when the specimen cups fall back to the vertical position when the centrifuge head stops spinning.

The second type of centrifuge head that is available is the angled centrifuge head. The specimen tubes are inserted through drilled hold tubes fixed angle, usually of approximately 52 degrees. This type of centrifuge rotates at higher speeds than the horizontal-head centrifuge, without excessive heat buildup. The led centrifuge usually onfigured ccomodate just one tube size. Smaller-sized tubes require the use of an adapter unless a small-capacity centrifuge is available (Fig. 2.4). Microhematocrit centrifuges are a type of angled centrifuge. The microhematocrit centrifuge configured to accommodate lary tubes. In veterinary practice, the microhematocrit centrifuge is used for evaluation of the packed cell volume in a whole blood sample. Centrifuges that combine the features of more than one type of centrifuge are also available (Fig. 2.5



centrifuge is used to spin microhematocrit tubes.

In addition to a standard on/off switch, most centrifuges have a timer that automatically turns the centrifuge off after a preset time. A tachometer or dial to set the speed of the centrifuge is also usually present. Some centrifuges do not have a tachometer and always run at maximal speed. Most centrifuges have speed dials that have been calibrated in revolutions per minute (rpm) times 1000. Thus, a dial setting of 5 represents 5000 rpm. Some laboratory procedures require a specific relative centrifugal force (RCF) or G-force to be used. The calculation of RCF requires measurement of the radius of the centrifuge head (r), measured from the center to the axis of rotation. The RCF is then calculated as follows:

$$RCF = \frac{r \times \pi^2 \times \text{rpm}^2}{89,600 \times g}$$

A centrifuge may also have a braking device to rapidly stop it. The brake should only be used in cases of equipment malfunction, when the centrifuge must be stopped quickly. The centrifuge must never be operated with the lid unlatched. Always load the centrifuge with the open ends of the tubes toward the center

Verify that the load is properly balanced, with tubes of equal size and weight

of the centrifuge head. Tubes must be counterbalanced with tubes of equal size and weight placed directly opposite from each other. Water-filled tubes centrifuge. This ensures that the centrifuge will operate correctly without wobbling and that no liquid is forced from the tubes during operation. Incorrect loading of the centrifuge can cause damage to the instrument and injury to the operator. The centrifuge should be cleaned immediately if anything is spilled inside it. Tubes sometimes crack or break during centrifugation. Pieces of broken tubes must be removed when the centrifuge stops. If these are not removed, they could permanently damage the centrifuge. Box 2.1 contains general rules for centrifuge operation.

The operator's manual should list maintenance schedules for the different components of the centrifuge. Some centrifuges require periodic lubrication of the bearings, and most need the brushes to be checked or replaced regularly. Periodic verification of centrifuge operation should be performed with a stopwatch. Run the centrifuge at several speeds, and repeat each test run at least twice to ensure reproducibility. A tachometer can be used to verify that the centrifuge is reaching the appropriate speeds. A regular maintenance schedule prevents costly breakdowns and keeps the centrifuge running efficiently.

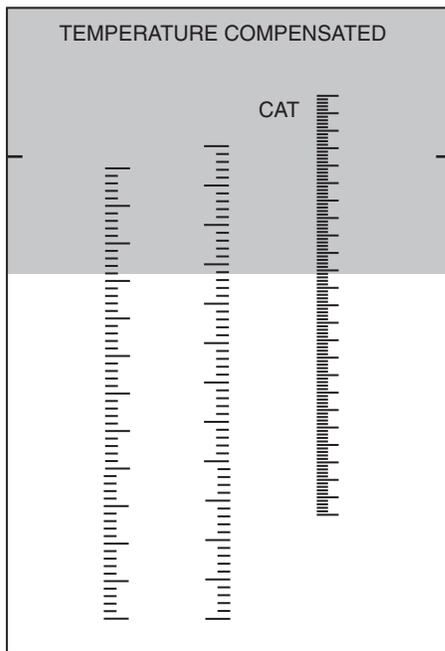
Centrifuges must always be balanced with tubes

Specimens must be centrifuged for a specific time at a specific speed for maximal accuracy. A centrifuge that is run too fast or for too long may rupture cells or destroy the morphologic features of cells in the sediment. A centrifuge may not completely separate the specimen or concentrate the sediment if it is run too slowly or for less than the proper time. Information about the speed and time of centrifugation should be developed for all laboratory procedures and strictly followed for maximal accuracy.

A **refractometer**, or total solids meter, is used to measure the **refractive index** of a solution (Fig. 2.6). Refraction is the bending of light rays as they pass from one medium (e.g., air) into another medium (e.g., urine) that has a different optical density. The degree of refraction is a function of the concentration of solid material in the medium. Refractometers are calibrated to a zero reading (zero refractive index) with distilled water at a temperature of between 60° and 70°F. The most common uses of the refractometer are for the determination of the specific gravity of urine or other fluids and the protein concentration of plasma and other fluids.



of urine specific gravity and total solids in plasma.



interface. (Courtesy B. Mitzner, DVM.)

The refractometer has a built-in prism and calibration scale (Fig. 2.7). Although refractometers can measure the refractive index of any solution, the scale readings in the instrument have been calibrated in terms of specific gravity ratio protein concentrations. The specific gravity or protein concentration of a solution is directly proportional to its concentration of dissolved substances. Because no solution can be more dilute or have a lower concentration of dissolved substances than distilled water, calibration readings (either specific gravity or protein concentration) are always greater than zero. The refractometer is read on the scale at the distinct light–dark interface.

Various refractometer models are available. Most are temperature compensated between 60° . As long as the temperature remains between these two extremes, even as the refractometer is held in the hands, the temperature fluctuation will not affect the accuracy of the reading. Refractometers are available that are calibrated for canine, feline, and equine samples. The refractive index of some species correlates to a unique urine specific gravity. Veterinary-specific refractometers are calibrated to account for those differences. Newer refractometers



Digital refractometer. (Courtesy B. Mitzner, DVM.)

are digital and contain a microprocessor that provides automatic calibration and temperature monitoring (Fig. 2.8

The procedure for the use of the refractometer is given in Procedure 2.1. The refractometer should be cleaned after each use and the prism cover glass and the cover plate wiped dry. Lens tissue should be used to protect the optical surfaces from scratches. Some manufacturers suggest cleaning the cover glass and plate with alcohol. The manufacturer's cleaning instructions should be consulted.

The refractometer should be calibrated regularly (i.e., weekly or monthly, depending on the model). Distilled water or room temperature water placed on the refractometer should have a zero refractive index. Before each use, the refractometer should be calibrated with distilled water. If the light–dark boundary deviates from the zero mark by more than one-half of a division, the refractometer is adjusted by turning the adjusting screw as directed by the manufacturer. The refractometer should not be used if it is not calibrated to zero with distilled water.

Although most test kits and analyzers contain their own specific pipettes and pipetting devices, some additional pipettes and pipetting devices may be needed in the veterinary practice laboratory. The primary types of pipettes used in the practice laboratory are transfer pipettes and graduated pipettes. Transfer pipettes are used when critical volume measurements are not needed. These pipettes may be plastic or glass, and some can deliver volumes by drops. Graduated pipettes may contain a single volume designation or have multiple gradations. Pipettes with single gradations are referred to as volumetric pipettes and are the most accurate of the measuring pipettes. It is important that the pipette be used correctly to ensure that the desired volume is measured. Always hold the pipette vertically, not tipped to the



side. Volumetric pipettes are usually designated pipettes, which means that the pipette is designed “to deliver” the specific volume. A small amount of liquid remains in the tip of the pipette after the volume has been delivered. Volumetric pipettes that have been designed to deliver microliter volumes are designated as TC pipettes, which means that the pipette is designed “to contain” a specified volume. These pipettes must only be used to deliver specified volumes of substances and liquids. The pipette then must be rinsed with the other liquid to deliver the specified volume accurately. The volume of fluid left in the tip of the pipette is then blown out of the pipette. Pipettes that contain multiple gradations are marked as either “TD” or “TD to last,” depending on whether the fluid remaining in the tip of the pipette should remain or be blown out. Pipettes with blow out pipettes usually contain a double-etched or frosted band at the top.



Small incubator for use in the veterinary practice laboratory.

The pipette chosen for a specific application will be the one that is the most accurate and that measures volumes closest to the volume needed. For example, if 0.8 mL is needed, a 1-mL pipette rather than a 5-mL pipette should be chosen. Pipettes are specifically designed for measuring liquids at specified temperatures, most commonly room-temperature liquids. Liquids that are significantly older may not measure accurately. Pipetting devices must also be used correctly, and fluid must not be allowed to enter the pipetting device. The pipette must be held vertically without tilting to the side when transferring liquids. Never pipette any fluid by placing your mouth directly on the pipette.

A variety of microbiology tests require the use of an **incubator**. Incubators for the in-house veterinary practice laboratory are available in a variety of configurations. An incubator must be capable of sustaining a constant 37°C, which is the temperature at which the majority of pathogenic organisms grow. The incubator should be fitted with a thermometer, or one should be placed inside the chamber to monitor the temperature (Fig. 2.9). Heat should be provided by a thermostatically controlled element. A small dish of water should also be placed inside to maintain proper humidity. Some incubators have built-in humidity controls, but this type of equipment tends to be expensive. Larger laboratories may have incubators that automatically monitor temperature and humidity as well as carbon dioxide and oxygen levels.

Many reagents and test kits that are used in the in-house veterinary clinical laboratory require refrigeration, and some may



require storage in the freezer. Samples such as blood and urine may also require refrigeration. A basic tabletop refrigerator can be used for most items. This refrigerator may not contain any food for human consumption. Facilities that perform blood-banking services or transfusions must also have a special blood-bank refrigerator.

Some clinical chemistry assays, coagulation tests, and blood-banking procedures may require the use of a water bath or heat block that is capable of maintaining a constant temperature of

A variety of types of water baths are available, including simple standard water baths, circulating water baths, and waterless bead baths. A rack must be placed inside the standard and circulating types to hold materials in place. Bead baths do not require a rack and have little need for maintenance. Heat blocks are generally designed to accommodate just one tube size, although some have multiple adapters that can be used for a variety of tube sizes (Fig. 2.10



Aliquot mixer.

A large number of automated analyzers are available for use in the in-house veterinary practice laboratory. These include hematology, clinical chemistry, electrolyte, immunology, coagulation, and urine analyzers. The units may run single tests, or they may be capable of running multiple tests on the same sample. Analyzers vary considerably in test principle, and each one has specific advantages. Detailed information about analyzers available or specific types is provided in their respective chapters.

Slide dryers can be a useful addition to the busy veterinary practice laboratory. The dryer minimizes the time required to prepare such blood cell aliquot slides helpful by keeping items well mixed and ready for use (Fig. 2.11

Chapter 2 review questions are in [Appendix A](#)

- Clinical centrifuges require repair or analysis.
- Periodic calibration of centrifuge needed to ensure it is reaching the required speeds.
- The refractometer or other types be calibrated on a regular basis to ensure diagnostic-quality results.
- A variety of additional supplies equipment may be needed veterinary practice laboratory, depending on specific tests performed.
- Pipettes several types, which used what differently.
- Proper technique ensures accurate measurement substances.





A binocular compound light microscope for use in the veterinary clinical laboratory. (Courtesy VetLab Supply, Palmetto Bay, FL.)



common objective lenses are (low power), (high dry), (oil immersion). The lens found on all microscopes. An optional lens, (low oil immersion), found on some microscopes. Some microscopes may have phase-contrast lenses. It important only immersion oil designed for microscopy be used on micro scope. Other oils may be damaging to optics.

Total magnification of object being viewed calculated by multiplying ocular magnification power objective magnification power. For example, an object viewed through the objective lens ocular lens times larger diameter unmagnified object:



The microscope head supports ocular lenses may be straight or inclined. microscope with inclined head ocular lenses that point back toward the user. This minimizes the need to bend over microscope to look through lenses. binocular head needed for nearly all routine laboratory evaluations. Trinocular heads are available be used for training purposes or client education. The nosepiece objective lenses. It always rotate easily provide ready access to objective lenses for cleaning. The ocular lenses must be compatible with objective lenses be cautious about buying objectives oculars from different sources. Wide-field objective lenses provide larger visual field area standard type are recommended when user spends long periods looking through microscope, because they tend to reduce fatigue. High-eyepoint ocular lenses are for individuals who need or prefer to keep their eyeglasses on while microscope; however, who do wear eyeglasses may lenses to be advantageous well.

The important components of microscope are objective lenses. Objective lenses are characterized one of three types: achromatic, semi-apochromatic, apochromatic. The latter two are primarily used research settings for



The coarse focus adjustment knob.



The substage condenser control is used to raise and lower the



**Fig. 3.6** The aperture diaphragm controls the amount of light illuminat

photomicrography. type chromatic wn  
**chromatic** ns available. type, high  
 referred o provides re orm  
 focus from center to periphery of microscopic image.  
 However, h-quality chromatic cceptable or  
 outline eterinary

The resolving power oscope or  
 image quality escribed erm **numerical aper**  
**ture** A). he ommon type **condenser** o-  
 lens bbe type. ondenser qual  
 greater over bjective.  
 resolving power stem ill reater  
 NA f over bjective. ecially ortant  
 for bjectives reater btain  
 resolution om bjectives, ondenser reater  
 must be used, condenser must be raised makes  
 contact with bottom of slide. Otherwise, air—which  
 A f ill stem, reby elegating  
 system o esolution

When viewed through compound light microscope, object  
 appears own eversed. ctual ight  
 image en ctual en  
 right side. Movement of slide by mechanical stage  
 reversed. ravel ve  
 object (or portion of object) to be moved. hen stage  
 ved o bject pears ve ight.

The substage condenser consists of two lenses focus light  
 from light source on object being viewed. Light focused  
 by aising r wering ondenser ithout  
 stage ondenser, ings pear bjects.  
 The erture hragm ually type, high onists of  
 of umber ves pened losed ontrol  
 f luminating bject

In odern icroscopes, he ight ource ontained ithin he  
 microscope. he ost ommon ight ources ound ompound  
 light microscopes are low-voltage tungsten higher-quality  
 quartz-halogen light-emitting diode light. The  
 light ce parate, ve  
 heostat o djust ensity. any er oscopes  
 that re currently contain ament light urces generally

that the eyepiece is at the correct interpupillary distance and that  
 the diaphragm until the circle of light just touches the edge of the

halogen or tungsten) are configured for Köhler illumination.  
 To obtain high-quality images, microscope must be adjusted  
 for roper lumination ox

Microscope rices ary epending uality  
 accessories luded. oscope or ytical ractice  
 often neither expensive nor expensive  
 one. ccessories such dual-viewing options, phase-contrast or  
 darkfield ilities, ras, hted ointers  
 to rice ut ertainty oscope  
 nostic oratory). econditioned oscopes  
 are metimes available ough ptical quipment  
 suppliers conomical ernative chase  
 w oscope.

Regardless of features of individual microscope, care must  
 be taken to follow manufacturer's recommendations for  
 routine maintenance **Procedure** Only high-quality lens  
 tissue vent



While looking through the eyepieces, adjust the distance between them



Adjust the condenser and diaphragm in accordance with the manufacturer's

Look for a suitable examination area using the 10 $\times$  (low-power) objective

Do not use the coarse adjustment knob to focus on the specimen while

Rotate the nosepiece so that it is halfway between the high-power and

Do not use the coarse adjustment knob to focus on the specimen while

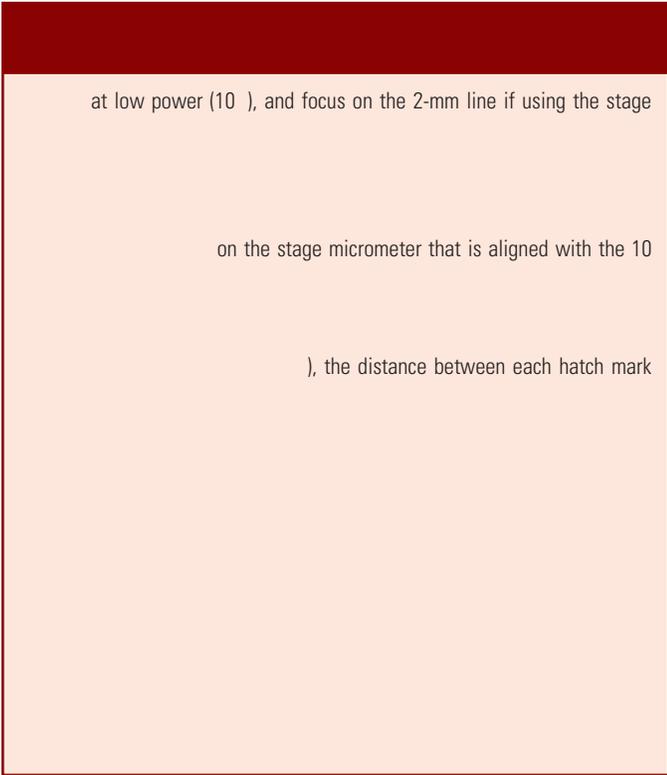
needed, methanol be used, or specially formulated lens-cleaning solution be purchased. Excess oil may require of xylene for cleaning. However, xylene may dissolve some of the adhesives that are used to secure the objective lenses must therefore be used sparingly. Note methanol xylene are flammable toxic. The microscope be wiped clean after each kept covered when dirty field of study may be caused by debris on eyepiece. The eyepieces be rotated one time while technician looks through them. If debris rotates, located on eyepiece. The eyepiece cleaned with lens paper. Cleaning adjustment by microscope professional be performed annually.

Extra light bulbs be available. Changing light bulb requires turning off power unplugging microscope. When defective bulb cooled, be removed replaced with new bulb according to the manufacturer's instructions. Replacement bulbs be identical to they are replacing. Avoid touching replacement bulb directly, because oils from shorten life of some types of bulbs. Locate microscope area where protected from excessive humidity. With proper care, high-quality

microscope lifetime. The microscope be placed area where be moved frequently, jarred by vibrations from centrifuges oors, It ust e ept way om unlight oscope ried ith curely er upporting

The size of various stages of parasites often important for their correct entification. ome eggs *Trichuris* versus eggs of *Capillaria* species microfilariae *Dirofilaria immitis* ersus ofilariae *Dipetalonema reconditum* Calibration of microscope lenses be per formed on every microscope used laboratory. Each objective ns vidually rated **rocedure** The e ometer oscope tched ked visions ometer quals ometer d nly nce rate bjectives oscope.

After cular ometer ompound oscope een rated 0 rated or service life of microscope; stage micrometer never used again. The stage micrometer therefore be borrowed from university or other diagnostic laboratory rather purchased. The ocular micrometer glass into one of microscope yepieces. metimes eferred eticle. The impose image of net, or crosshairs over viewing area. The reticle be mounted in separate ocular lens be removed replaced with nonreticle assembly for imes hen eded. tched hatch marks are spaced equal intervals. The number of hatch arks he isk ay ry, ut he alibration rocedure does hange. ometer etermine e ometers etween ch ocular ometer or ch bjective oscope being rated. ormation ecored eled f oscope or ture eference.

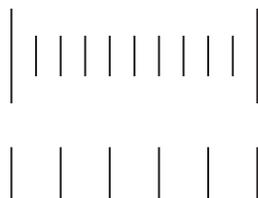


Digital oscopes ptics ra ture y omputer een nitor. here e umber dels available ary idely uality rice. xpensive dels ve nitors ce f yepieces oscope. end have oorest uality. icroscopes onnect computer via cable incorporate digital imaging technology o ra end rovide high-quality

Digital oscopy reatly nhance ractice ecored eeping become valuable tool for client education training. Obtaining hotomicrographs normalities en lood or tissue cytology preparations, parasite evaluations, urine sediment valuations, nostic to ocument ient ecored. Photomicrographs dded lectronic ient records ermanently ocument Digital es ient ormation uring consultations eterinary rofessionals eate rary f or eaching poses.



Digital oscopy ecome re ordable or ven small ractice. ommon ypes stems lude incorporated oscope, ch third yepiece rinocular oscope replace one of eyepieces on standard binocular micro scope. ome stems orporate iewing een ddition o ility erface omputer een monitor. lthough ossible btain dapter chments for icroscope yepiece hat llow tandard andheld igital camera o btain hotomicrographs, wer



2-mm line marked in 0.01-mm (10-



A digital eyepiece camera in place on a clinical microscope.

attached digital camera. (Courtesy VetLab Supply, Palmetto Bay, FL.)

cameras can be used in many ways, but the cost of adapters may be a prohibitive method. Computer software included with digital microscopy systems allow images to be categorized and archived. Systems for storing images (e.g., mp, iff). Some software programs allow for directly exporting images to a photo-editing program.

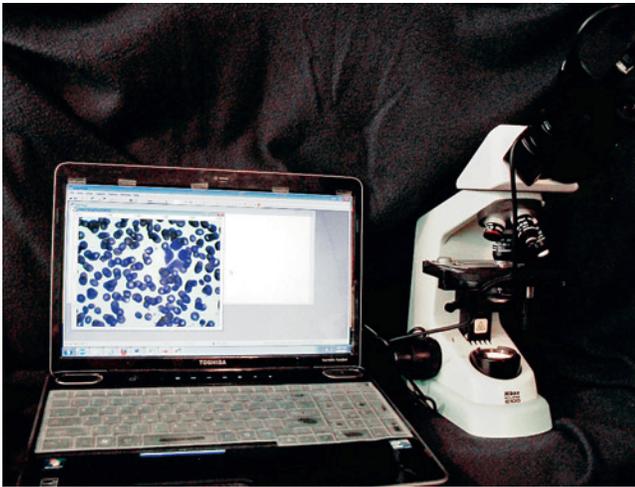
Regardless of type used, systems are nearly all capable of capturing video in addition to still images. Most of these systems have a resolution of low or medium magnification. Real-time video can be sent to a computer screen or monitor. This can be useful for training or for members of a group. Multiple individuals can view microscopic images. A veterinarian performing microscopic evaluation. Real-time streaming of images over the internet is possible, which greatly enhances consultations with other veterinary professionals.

Digital microscopy systems vary with regard to their image resolution capabilities. The term **resolution** refers to the degree of detail visible. Resolution is the number of pixels provided in the image. The greater the number of pixels, the greater the degree of detail and clarity. There are three primary types of digital imaging methods, each with different types of sensors. Charge-coupled device (CCD) and complementary metal-oxide-semiconductor (CMOS) image sensors are the most common. CCD sensors produce higher-quality images but are more expensive. CMOS sensors are recommended because they are more affordable and produce comparable image quality. In addition, a camera may

low or medium magnification. Resolution of the output device used, such as a computer screen or monitor, being a factor in the resolution of the images. Generally, sufficient resolution can be achieved without any loss of clarity. Higher resolution will be needed for images that will be enlarged.

Digital microscopes that incorporate a digital camera include software to download and save images to a computer. They are generally compatible with Windows operating systems. Integrated systems tend to be more expensive. Some systems have separate cameras for each eyepiece of a binocular microscope. However, the advantage of having separate cameras is that they generally capture images quickly. The very busy practice laboratory may prefer to purchase a variety of expensive types of cameras available for photomicroscopy. Digital cameras attached to trinocular microscopes are more efficient. The camera attachment is mounted to the third eyepiece, which is connected to a computer, often via a video attachment. Some systems will instead contain an integrated device that can be removed for transfer to a computer. When a veterinarian encounters an abnormality to be photographed, systems perform automated functions very quickly.

Eyepiece cameras attach to binocular microscopes usually involve removal of the eyepieces and replacing with an eyepiece camera for capturing of images directly onto a computer (Fig. 3.9). These systems are highly cost-effective, but tend to be highly expensive. When a veterinarian encounters an abnormality, the eyepieces are removed, a camera is placed, and the image captured onto a computer (Fig. 3.10). The technician then removes the camera and replaces the eyepiece to continue the remainder of the evaluation. Attachments are available for low-magnification photomicrographs to eyepiece or to capture photomicrographs.



use of the software provided by the camera manufacturer.



The miPlatform system for obtaining photomicrographs using a smartphone or tablet. (Courtesy VetLab Supply, Palmetto Bay, FL.)

It is important to use high-quality microscope optics. The microscope should have planachromatic objective lenses. Before attempting to capture images, be sure to adjust the illumination, be sure to adjust the microscope before attempting to capture images. Without proper illumination adjustments, images may appear unevenly illuminated, bright spots, or dark spots. Microscopes make use of light sources tend to produce

high-quality results. Enhanced color balance is a great feature. Regardless of the type of microscope, professional quality.

Chapter review questions [appendix](#)

- The binocular compound microscope. The condenser is a mechanical device that focuses light onto the specimen. The proper use of light sources tend to produce accurate results.

- The digital microscope provides a low or high magnification of organisms that may be seen. Digital microscopy enhances veterinary practice's record keeping, client education, and training.



# The Metric System and Lab Calculations

After studying this chapter, you will be able to:

- Explain mathematical principles, such as decimals, multiplication, division, ratios.
- Perform calculations related to dilutions.
- Describe and utilize the metric and International System of Units.
- Perform conversions between Fahrenheit and Celsius measurements.

## Numbering Systems,

The metric system,  
The International System  
Dilutions,

Scientific notation,  
Temperature conversions,

**Review Questions,**  
**Key Points,**

## Dilutions

## Gram

## International System of Units

## Liter

## Metric system

## Ratio

## Serial dilution

Veterinary technicians require knowledge to perform a variety of laboratory. Reagent solutions used prepared diluted, measured sometimes diluted, results must be calculated. All of these mathematical operations require that the veterinary technician have thorough understanding of metric system and strong background in algebra.

Abstract numbers are used with designations. Concrete numbers have specific value, such as dollars and number without designation is a fact number. Number that designates specific value e.g., **grams** is concrete or denominate number. Numbers of different denominations together mathematical operations. When numbers of different denominations must be manipulated mathematically, convert numbers to a common designation. Numbers are used in calculations, or added numbers.

Although several systems of measurement are used in veterinary medicine, most of calculations performed in veterinary practice involve the **metric system** the metric system uses powers of ten or metric stem.

The metric stem decimal stem is based on only three or eight, volume, various values are expressed in metric stem prefixes designate multiples or fractions of

To work with metric system, some of more commonly used prefixes and abbreviations are summarized.

The following table summarizes the:

The metric system uses multiples or powers of ten to describe magnitudes.

## Submultiples of Basic Units

Blank lined area for notes.

gram, **liter** The prefixes for multiples submultiples of provided **able** or kilogram grams, ligram / f ram. addition, centimeters ter, ters meter. With regard to volume, there are deciliters liter, liters decaliter, decaliters hectoliter. Consistency important numbers, ut ecially tric system. lthough ram breviated correct

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To errors interpretations umbers, ew eneral or tric stem learned. he ften ncountered equivalence centimeter lilitr. metric system, two are both used for volume, they designate olume. ecause tric ure of er efined olume centimeters or olume lthough erms *milliliter cubic centimeter* are often used interchangeably, milliliter correct esignation or Any ecimal umber umber of ecimal oint ve ero rted eholder. Zeroes dded er ecimal umbers, void confusion medication orders. Fractions are written metric ystem. lways se ecimal umbers xpress umbers e

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The ational nstitute echnology government ency romotes **International**

**System of Units** his stem erived om rench Système International d'Unités abbreviated are designated or ven fferent ypes easurements: ngth, ass, time, electric rrent, temperature, luminosity, and uantity. In veterinary clinical laboratory, of importance are or emperature, uantity. kilogram; temperature reported kelvins quantity he oratory nstitute international ency elines or It important to know which particular test result eported. or ve raditionally eported serum glucose results normal value for dogs could be oratory nstitute guidelines designate reporting of glucose results rmal alue

The eterinary echnician ed repare **dilutions** of eagents ient oratory. on concentrations utions ually xpressed atios original olume olume. **ratio** one elative umber elative to hole. atios ritten umber ys; or example, / , nd .5 re ll equivalent. hese erms xpress ratio one two," one to two," or one half." ll three atios qual. erms atio ither ract numbers nly atio ually xpressed ecimal eterinary echnology specific gravity. Specific gravity ratio expressed decimal form eprents eight ubstance elative weight f olume er. To repare ution ient ombine microliters of with of distilled water. This represents ution high educes mati cally to Results from any tests involving dilution must n e ultipled ield orrect esult or undiluted

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**Serial dilutions** e metimes eded hen erforming certain unologic hen repairing ra tion ves or quipment. utions repared described reviously, oncentrations ubstances each ution ed. or tion f ilirubin ontains uted oncentration ch ution epectively.

Scientific ion thod ery ery small umbers. ion umbers scientific ion metimes hen umbers ve many decimal places. Certain laboratory tests are reported with results given scientific notation. Scientific notation involves f xponents eprent owers or iven umber.



- Metric system are used clinical laboratory measurements.
- Laboratory results are reported either metric system or
- Temperature measurements are made degrees Fahrenheit, degrees Celsius, or kelvins.
- Very small or very large numbers are written with scientific notation.
- Concentrations of dilutions are usually expressed ratios of original volume to new volume.
- The terms of ratio are either abstract numbers or of



# Quality Control and Record Keeping

After studying this chapter, you will be able to:

- Describe components quality assurance program.
- Differentiate between accuracy precision.
- Describe methods for verifying accuracy results.

**Accuracy, Precision, and Reliability,**  
**Analysis of Control Materials,**  
**Errors,**  
 Preanalytic variables,  
 Analytic variables,  
**Applied Quality Control,**

**Laboratory Records,**  
 Internal records,  
 External records,  
**Review Questions,**  
**Key Points,**

**Accuracy**  
**Controls**  
**Hemolyzed**  
**Icteric**  
**Lipemic**  
**Preanalytic variables**

**Precision**  
**Quality assurance**  
**Reliability**  
**Standard operating procedures**  
**Standards**

The term **quality assurance** refers to procedures established to ensure testing performed compliance accepted standards processes results are properly documented. Unlike human medical laboratories, veterinary facilities are subject regulations require quality assurance programs. However, without comprehensive quality assurance program, accuracy precision laboratory results be verified. comprehensive quality assurance program addresses aspects operation laboratory. These aspects include qualifications of laboratory personnel; **standard operating procedures** for care of all supplies equipment; collection handling procedures; methods frequency performance quality control assays; record-keeping procedures.

of measurements. **Reliability** reliability method accurate precise. factors affect accuracy precision are test selection, test conditions, quality, technician skill, electrical surges, equipment enhance.

The term selection refers principle method. any veterinary laboratories are adapted from laboratory addition, clinical significance results vary different species. Regardless of test method used, care must be taken to follow analytic procedure exactly; any deviation seriously affect accuracy results. quality greatly affects quality results. **lipemic icteric** r **hemolyzed** require special before clinical analyzers. The collection of blood from properly fasted animals using appropriate techniques and equipment will minimize error.

Accuracy, precision, reliability terms frequently used to describe quality control, they are standards for any quality control program. **Accuracy** refers to how closely results agree with true quantitative value constituent. **Precision** magnitude of random errors reproducibility

Careful attention to proper sample collection methods

Although obvious error, electrical power surges outputs significantly error equipment

function. repeated urges rten ces  
 diagnostic quipment. ll lectrical quipment on  
 nected to device designed to protect from surges electri  
 opouts. rror erhaps esting  
 parameter to control. Personnel responsible for performance  
 of clinical testing must be appropriately trained test principles  
 rocedures. echanisms ce rovide or  
 the ontinual ducation ll linical aboratory ersonnel. he  
 maintenance quipment luded quality  
 control programs. regular written schedule of equipment  
 tenance allows for changes equipment function to be detected  
 before bvious rrors ccur. lways ollow ufacturer's  
 recommendations or outine enance ruments  
 equipment. The manufacturer will provide information  
 regarding calibration procedures may be needed. **Standards**  
 are nbiological erials or rating quipment.

Control serum used for technician instrument assessment.  
 The production of valid results with control materials ensures  
 procedure performed correctly all components  
 (e.g., eagents, quipment) tioning orrectly. **Controls**  
 are led xactly ient  
 be regularly yed ch ch, y, eekly)

The frequency of control testing depends on laboratory's  
 goals. To ensure reliability, control must be tested when  
 ew ssay et p, hen ew echnician uns est, hen  
 w umber eagents hen rument  
 wn o erform rrically. deally, ontral ill



Control materials provided by the instrument manufacturer are assayed in the same manner as a patient sample.

be ested ith ch ch ient roblem  
 ticular equire equency  
 control esting.



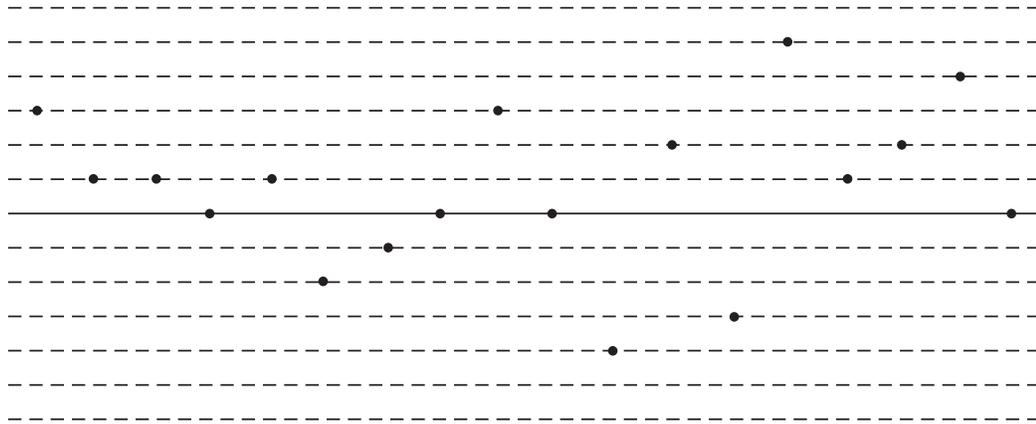
After omlpleted, ontral alue  
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 assays of patient control must be repeated. The  
 results f ysis ontral rum ecoreded  
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Controls ith rmal normal oncentrations  
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Individual laboratories may produce their own control serum.  
 Serum obtained from clinically healthy  
 of ne ecies ooled yzed umerous  
 laboratory. ollected om isticly  
 analyzed o propriate anges alues.



The results of the analysis of a control serum are recorded on a chart or log for each assay.

procedure time-consuming, especially for smaller laboratories. For reason, purchasing of commercial control sera much more convenient.

Some manufacturers provide quality control service which test are sent to many laboratories for assay each month. The results from all of the laboratories are collected and compared. From results, manufacturer identify laboratories with accuracy problems.

Many factors other influence results of laboratory tests. These factors may be preanalytic, analytic, or postanalytic nature. Postanalytic factors are primarily related to entry record keeping.

**Preanalytic variables** may be biologic or nonbiologic. Biologic variables are factors are inherent to patient, such breed, age, gender. Because be controlled, they must be considered by veterinarian when test results are being evaluated. Other biologic variables involve factors be controlled when drawing blood such ensuring properly fasted. Nonbiologic variables are related to clerical errors well collection handling errors. Clerical errors are avoidable and include incorrect labeling, delays transporting incorrect tions, transcription errors, wrong patient. well-trained conscientious produces few clerical errors. Some of common problems related to handling are mislabeling incomplete or incorrect requisition forms. All tubes, slides, containers be labeled with owner's addition to patient's species, identification number available), date.

Analytic variables affect procedure by which analyte measured by instrument. The specific impact on test result will differ among laboratories, depending on type of instrumentation. Improperly maintained instruments errors are evident or trends results obtained with specific assay method. These errors often result gradual changes value of results to one direction to be elevated or decreased). Some factors systematic errors include inaccurate standard sera, reagent instability, method nonspecificity test method unsuitable for constituent being assayed).



Random errors are caused by variations found glassware pipettes, electronic optic variations of instruments, variations temperature controls timing. These errors occur all parts of system increase variability of results.

Instrument maintenance required to prolong life of instrument to prevent expensive downtime. All instruments are accompanied by an owner's manual. If the manual has been misplaced, manufacturer be contacted for replacement. The manual instrument components must be inspected attended to regularly. notebook schedule with the types of maintenance required for each instrument facilitates instrument maintenance. page dedicated to each instrument includes following information:

- Instrument
- Serial number

- Model number
  - Purchase
  - Points checked
  - Frequency checks
  - Record findings
  - Changes made to restore accuracy/precision of readings
  - Cost/time associated with necessary repairs/restoration
  - Name of person performing maintenance
- Results obtained on control run recorded on permanent record. Veterinary technician graph results changes trends usually detected.
- If attention to detail many sources possible of three types of errors be eliminated, then laboratory provide reliable results. Copy entire work and diagnostic therapeutic orders result path careful attention detail ensures veterinarian correct information needed to be proper describe appropriate treatment, offer educated prognosis.

Laboratory records are divided into internal/external record systems. Complete on-date records necessary for both stems. Numerous computer stems available for almost all the records generated in the veterinary clinic. Patient information, inventory, ordering information, records, laboratory ordered computer. Clinics computer systems be sure to keep backup records computer use from computer viruses.

By internal records, laboratory tracks assay results obtains methods. The records consist of standard operating procedures quality control graphs. contain instructions or tapes laboratory. Each procedure described separate page. The easiest way to book to insert instruction sheets

accompany each commercial test three-ring binder along with pages for any other procedures performed laboratory. Each procedure performed with commercial described on separate page includes of test, synonyms y) or rationale or elegant step-by-step instructions or analysis. Individual pages entered overlays or protection. book reviewed periodically updated needed. Those who keep book computer sure on-date hard-copy backup available.

Laboratory personnel communicate with people throughout veterinary clinic laboratories through of external records. consist request forms accompany laboratory, report forms or results, laboratory books individual results, book contains pertinent information out to reference laboratories. er computer network, personnel access such information needed.

Information provided on request form includes patient's full identification information including identification number, (available) cell representing method obtain pertinent information, tests desired, special regarding ling, no home method telephone, written report) results reported.

The report form include complete patient identification results including appropriate information extraordinary observations explanatory comments, applicable. For additional backup, laboratory keep logbook to record test results. This way, original laboratory report form transit, results retrievable.

Chapter review ions [appendix](#)

- Proper quality control procedures are essential to production of diagnostic quality laboratory results.
- Factors that affect accuracy and precision are selection, test conditions, quality, technician electrical surges, equipment maintenance.
- The collection load amply from properly stored animals with appropriate techniques equipment will minimize errors results.
- To ensure reliability, control tested when new assay set up, when new technician runs test, when

- new number of reagents used, or when instrument worn or reformer ratically.
- SOPs quality control graphs components of external records laboratory.
- The contains instructions or tapes run laboratory.
- Errors results involve reanalytic, ytic, postanalytic variables.

## Unit Outline

*Chapter 6: Hematopoiesis,*

*Chapter 7: Sample Collection and Handling,*

*Chapter 8: Automated Analyzers,*

*Chapter 9: Hemoglobin, PCV, and Erythrocyte Indices,*

*Chapter 10: Evaluating the Blood Smear,*

*Chapter 11: Morphologic Abnormalities of Blood Cells,*

*Chapter 12: Additional Hematologic Tests,*

*Chapter 13: Hematopoietic Disorders and Classification of Anemia,*

## Unit Objectives

*List and describe the hematology evaluations that are commonly performed in veterinary practice.*

*Describe the components of blood.*

*Describe the development of the formed elements in blood.*

*Describe the appearance of normal blood cells and platelets.*

*Describe the appearance of commonly seen abnormal blood cells.*

*List the tests that comprise the complete blood count.*

*List and describe the equipment needed to perform a complete blood count.*

*Discuss aspects of quality control related to hematology testing.*

Hematology is the science involved with the study of blood cells and their formation. Hematology testing represents an important role of the veterinary technician: providing accurate and reliable clinical laboratory test results to the veterinarian. An understanding of the principles of the various hematology tests and the methods used to ensure the accuracy of results is vital. The recent focus on the economic health of the veterinary clinic has also provided an opportunity for veterinary technicians to perform additional diagnostic testing, to improve overall animal care, and to provide an additional source of revenue for the clinic.

A complete hematology profile is indicated for the diagnostic evaluation of disease states, well-animal screening (e.g., geriatric), and as a screening tool before surgery. The complete blood count includes red and white blood cell counts, hemoglobin concentration, packed cell volume (PCV), a differential white blood film examination, and calculation of absolute values and erythrocyte indices. Additional tests that may be needed include reticulocyte counts, measurement of total solids, and thrombocyte (platelet) estimates. For some patients, additional information about the hematopoietic system is needed, and bone marrow evaluation must be performed. Specific indications include unexplained nonregenerative anemia, leukopenia, thrombocytopenia, and pancytopenia (i.e., decreased numbers of all cell lines). Bone marrow evaluation is also used to confirm certain infections (e.g., ehrlichiosis) and to diagnose hematopoietic neoplasms (e.g., lymphoproliferative disorders).

Normal values, or reference ranges, for hematology results in common domestic animal species are located [Appendix B](#). Please note that normal values are affected by a variety of factors, including the following:

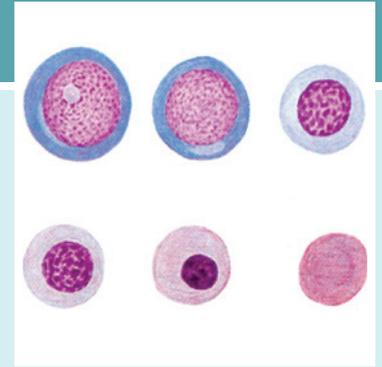
- Testing methods
- Type of equipment
- Patient
- Patient gender
- Breed
- Reproductive

Laboratories should determine reference ranges for the tests performed in the clinic for the species that are commonly seen.

For additional resources or

resources, see [Appendix](#)

[Textbook](#).



After studying this chapter, you will be able to:

- Define hematopoiesis, leukopoiesis, erythropoiesis, thrombopoiesis.
- List organs involved in hematopoiesis.
- Differentiate between hematopoiesis in fetal and adult

- Explain the role of erythropoietin in hematopoiesis.
- List cells involved in erythrocyte maturation.
- List cells involved in leukocyte maturation.
- Describe the formation of platelets.

**Hematopoiesis,  
Erythropoiesis,  
Thrombopoiesis,  
Granulopoiesis,  
Monopoiesis,**

**Lymphopoiesis,  
Definitions,  
Review Questions,  
Key Points,**

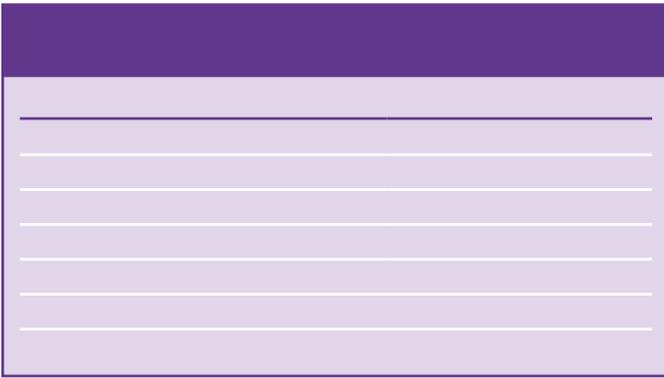
**Agranulocytes  
Erythropoiesis  
Erythropoietin  
Granulocytes  
Hematopoiesis  
Left shift  
Leukemia  
Leukemoid response**

**Leukocytosis  
Leukopoiesis  
Lymphopenia  
Pancytopenia  
Pluripotent stem cell  
Thrombocytes  
Thrombopoiesis  
Thrombopoietin**

The term **hematopoiesis** refers to the production of blood cells. Blood is composed of cells. The cellular component of red blood cells (RBCs), which are also called erythrocytes; white blood cells (WBCs), which are called leukocytes; platelets, which are also called **thrombocytes** are further differentiated based on the presence or absence of granules that specific ways. The **agranulocytes** are lymphocytes and monocytes. These cells may sometimes contain granules, but only erythrocytes. They are commonly referred to as mononuclear leukocytes. **Granulocytes** include the neutrophils, eosinophils, and basophils. The granulocytes are commonly referred to as polymorphonuclear leukocytes. They are formed from the differentiation of hematopoietic stem cells.

However, erythropoiesis is specifically a nuclear segmentation process in birds and reptiles.

Blood cells are constantly being produced and have finite life spans. They must be continually replaced. The life span of blood cells varies among different types of cells in different species. The following table summarizes the life span of various blood cells. The production of blood cells is a complex process involving the differentiation of pluripotent stem cells into various types of blood cells. Some variations in the process occur between juvenile and adult animals. Hematopoietic activity is highest in the fetal and neonatal periods, and then declines. The process of hematopoiesis involves the differentiation of pluripotent stem cells into various types of blood cells. The process of hematopoiesis involves the differentiation of pluripotent stem cells into various types of blood cells. The process of hematopoiesis involves the differentiation of pluripotent stem cells into various types of blood cells.



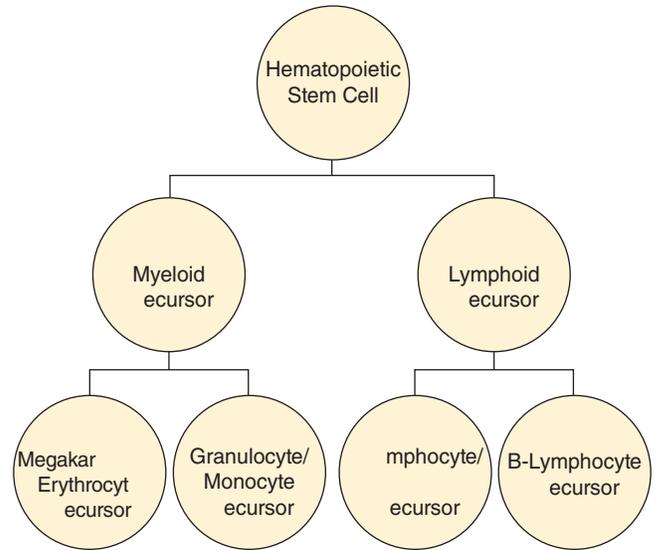
\*Some species have values that are outside of the averages listed.

In adult vertebrates, the primary site of hematopoiesis is the bone marrow. However, some species contain a secondary site of hematopoiesis, the spleen. In yellow bone marrow, which does not actively produce cells. The marrow's yellow appearance is due to the presence of yellow adipose tissue. Hematopoiesis is primarily located in the femur, tibia, humerus, and sternum. During periods of hematopoietic stress, the liver and spleen may revert to their fetal role of producing blood cells.

**Erythropoiesis** (the production of erythrocytes), **leukopoiesis** (the production of leukocytes), and **thrombopoiesis** (the production of platelets) involve different pathways and chemical messengers. However, all blood cells originate from pluripotent hematopoietic stem cells. A **pluripotent stem cell** is capable of developing into various types of cells. Pluripotent stem cells are capable of self-renewal; their numbers are relatively small but constant. They initially differentiate into the hematopoietic progenitor cells, which consist of the common myeloid progenitor and common lymphoid progenitor. The development is determined by interactions with various chemical messengers, which are referred to as cytokines. Specific cytokines involved in producing different types of blood cells. Further differentiation is influenced by additional cytokines, resulting in the commitment to the formation of specific cell types. Nearly two dozen different cytokines have been identified.

Pluripotent HSCs give rise to all of the blood cells.

The common lymphoid progenitor eventually gives rise to specific progenitors that develop into various populations of lymphocytes. The common myeloid progenitor will either develop into the megakaryocyte/erythrocyte progenitor or the granulocyte/monocyte progenitor. The megakaryocyte/erythrocyte progenitor then differentiates into either megakaryoblasts, which give rise to erythrocytes, or megakaryoblasts, which give rise to platelets. The granulocyte/monocyte progenitor differentiates into either myeloblast, which gives rise to granulocytic leukocytes, or monoblast, which gives rise to monocytes. Some references refer to the myeloid progenitor as a colony-forming unit. Later stages of blast-forming Myeloid



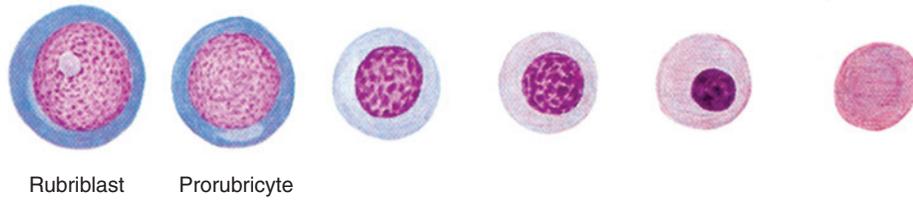
Blood cells arise from pluripotent hematopoietic stem cells.

Myeloid cells are relatively large and nucleated cells, whereas erythroid cells are smaller and have a more condensed nucleus.

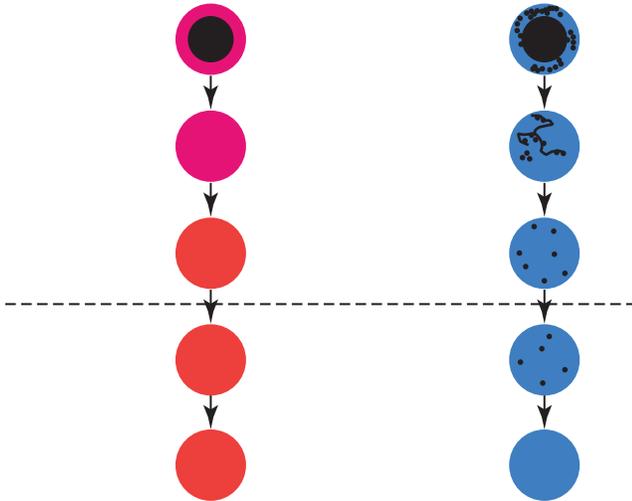
The primary cytokine responsible for the production of erythrocytes is **erythropoietin** (EPO). EPO is predominantly produced in the kidney in response to decreased oxygen tension in the blood. These kidney cells then produce EPO, which circulates in the blood to the bone marrow. EPO binds to receptors on the surface of erythroid precursor cells in the bone marrow, which stimulates them to divide. After several divisions, the erythroid precursor cell undergoes further differentiation into a proerythroblast. The proerythroblast contains a round nucleus, several nucleoli, and a basophilic cytoplasm. These cells continue to divide and mature into normoblasts, which are then referred to as reticulocytes. Proerythroblasts are larger than the proerythroblasts, and they have a condensed nucleus and a basophilic cytoplasm. The nucleoli are no longer visible. Cells that are reticulocytes initially have a basophilic cytoplasm due to the presence of a large nucleus. As the cell matures, the reticulocytic characteristics of the cytoplasm are diminished, and the nucleus is extruded, which begins the process of enucleation.



Metarubricytes are the smallest cells in the erythroid series and have a condensed nucleus and a deep red cytoplasm. Metarubricytes are the last stage of erythroid development, and they are completed during the final stages of erythropoiesis. The nucleus is extruded, and the cell is referred to as a reticulocyte. Reticulocytes are erythrocytes that contain a residual nucleus. The reticulocyte count is a measure of the percentage of reticulocytes in the blood.



Wright-Giemsa



blood as it occurs in most normal cats. Note that punctate reticulocytes do not appear polychromatophilic when stained with Wright-Giemsa

blue-gray or polychromatophilic of immature cells with Wright's when supravital (methylene blue), polychromatophilic reticulocytes demonstrate network reticulum appears aggregated serial. represents ribosomal serial. reticulocyte undergoes their maturation, serial increases subsequently appears pink blue cells referred to as reticulocytes

The stimulus or production of thrombocytes involves hormones thrombopoietin and numerous additional cytokines. **Thrombopoietin** primarily produced by liver endothelial cells, but released from cells sites. The progenitor cell develops into megakaryoblast, which contains single nucleus and dark blue cytoplasm. The cell then develops into promegakaryocyte, which cell contains multiple nuclei. nucleus continues replicate, cell becomes progressively larger and develops megakaryocyte. mature megakaryocyte numerous nuclear lobes, cytoplasm reddish granules. The cells are erythrocyte (termed platelets), to extend throughout the body, referred to as platelets.

proplatelets; they eventually fragment further into platelets that are functional.

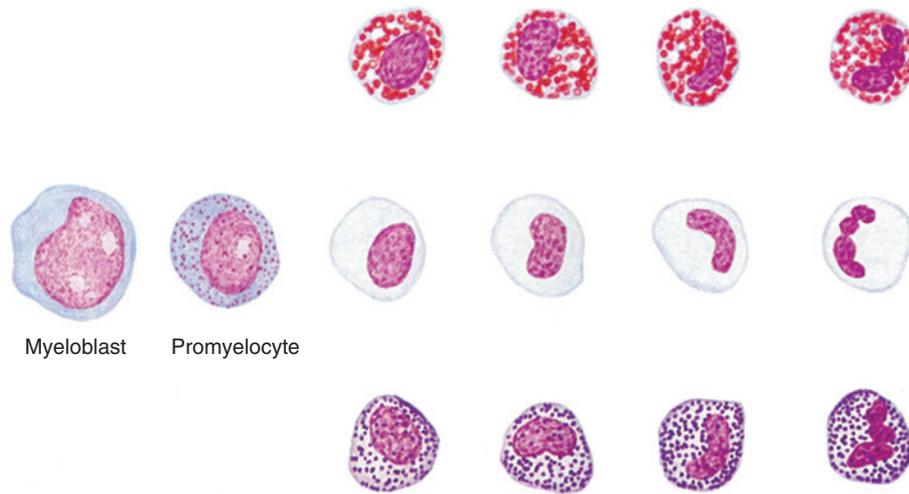


The stimulus or production of granulocytes involves hormone leukopoietin and numerous additional cytokines. Cells in granulocyte series divided into proliferation pool, which represents cells are longer capable of mitosis. proliferation pool includes myeloblasts, promyelocytes, myelocytes. The maturation pool includes metamyelocytes and cells. myeloblasts are rubriblasts have round oval nucleus, prominent nucleolus, gray-blue cytoplasm. few reddish granules may be evident in promyelocyte. promyelocyte cell with prominent reddish cytoplasmic granules prominent nucleoli. myelocytes are cells with indented nuclei. granules are characteristic of mature neutrophil, eosinophil, and monocyte. appearance to myelocyte except nucleus indented. These cells are longer capable of mitosis. and cells have shoe-shaped nuclei and lobes. The maturation reduces the size of the indented granulocyte. nuclei of cells contain reddish lobes.

Monocyte developmental pathway include monoblast, promonocyte, monocyte. monoblasts appear similar to myeloblasts except for nucleus regular. Promonocytes appear similar to myelocytes and metamyelocytes. Monocytes may develop into macrophages when they are exposed to specific cytokine. However, macrophages derived from monocytes.



The production of various populations of lymphocytes (T lymphocytes, B lymphocytes, natural killer cells)



Myeloblast Promyelocyte

Granulopoiesis demonstrating the appearance of cells in Wright-stained bone marrow aspirate smears.

arises from common lymphoid progenitor proceeds through lymphoblast to lymphocyte cell. Initially differentiated either lymphocyte precursor or B-lymphocyte/NK precursor. Production involves certain cytokines and specific antibodies. Juvenile lymphocytes mature primarily in one row of specialized Peyer's patches, tonsils, and thymus. Bursa of Fabricius in birds. Lymphocytes mature in bone marrow, but they may develop lymphoid issues.

The following definitions and pathologic terms

-penia: decreased number of cells in blood. or neutropenia refers to decreased numbers of neutrophils. **Lymphopenia** describes decreased numbers of lymphocytes in blood, whereas **pancytopenia** refers to a decrease in number of all cell types.

-philia or eosinophilia: increased number of eosinophils in blood. or example, eosinophilia refers to increased numbers of eosinophils in blood. **Leukocytosis** refers to increased numbers of leukocytes in blood.

**Left shift** increased numbers of immature neutrophils in blood.

**Leukemia** Neoplastic cells in blood or bone marrow. Leukemias are often described with terms *leukemic*, *subleukemic*, or *aleukemic*, thereby indicating variation in tendency for neoplastic cells to be released into blood.

**Leukemoid response** condition characterized by leukocytosis and left shift, usually resulting from inflammatory

Chapter review questions [Appendix](#)

- Hematopoiesis refers to production of blood cells and platelets.
- Erythropoiesis (production of erythrocytes), leukopoiesis (production of leukocytes), and thrombopoiesis (production of platelets) involve specific cytokines.
- Red bone marrow is primary site of production and maturation of blood cells in adult.
- All blood cells derived from multipotent hematopoietic stem cells.
- The erythrocyte developmental pathway includes proerythroblasts, erythroblasts, rubricytes, metarubricytes, and reticulocytes.

- Platelet production proceeds through megakaryoblast, promegakaryocyte, and megakaryocyte.
- Mature segmented granulocytes (neutrophils, eosinophils, and basophils) are produced through myeloblast, promyelocyte, myelocyte, and metamyelocyte.
- T lymphocytes, B lymphocytes, and natural killer cells develop through lymphoblast and prolymphocyte.

# Sample Collection and Handling



After studying this chapter, you will be able to:

- Describe procedures or collection methods from a list.
- List commonly used blood collection or various species.
- List commonly used anticoagulants and their purpose of function or choice.
- List equipment used for blood collection.
- Describe procedures or preparing blood for evaluation.
- Calculate blood volumes withdrawn from patients.

## Collection and Handling of Blood Samples,

Collection equipment,  
Whole blood,  
Serum,  
Anticoagulants,

Sample Volume,  
Collection Procedure,  
Order of draw,  
Review Questions,  
Key Points,

## Anticoagulants

Citrate

Ethylenediaminetetraacetic acid

Heparin

Oxalate

Serum

Sodium fluoride

Vacutainer

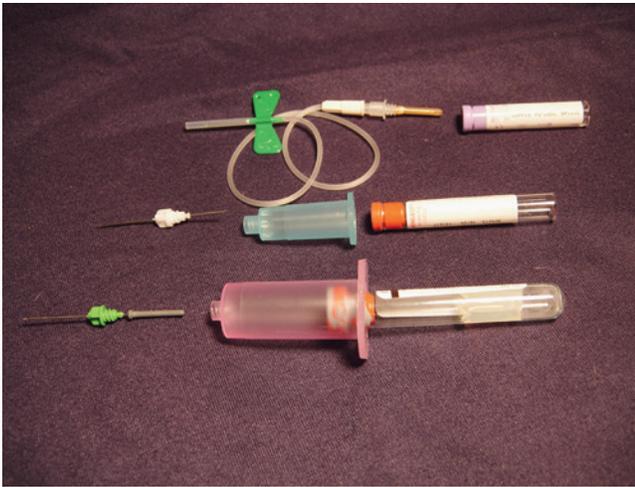
When preparing to collect blood, the technician determines specific procedures will be used. The technician will determine, in part, the equipment and supplies needed for the choice of particular blood vessel from which to collect the blood withdrawn before initiation of medical treatment. Treatments have been given, these are noted on the blood collection record. Some test methods are accurately performed over a period of time received certain pharmaceutical therapies.

The referred blood collection methods are venous blood. Jugular blood collection is appropriate for common veterinary species. In some exotic species, there are readily accessible veins, but it is necessary to collect peripheral arterial blood collection are summarized in the following table.

cleaned and swabbed with alcohol before collection. The alcohol should be allowed to dry before proceeding with blood collection. The animal must be restrained, preferably with minimal manual restraint. Every effort should be made to minimize stress to the animal, because stress often compromises

Venous blood is preferred for most blood cell testing.

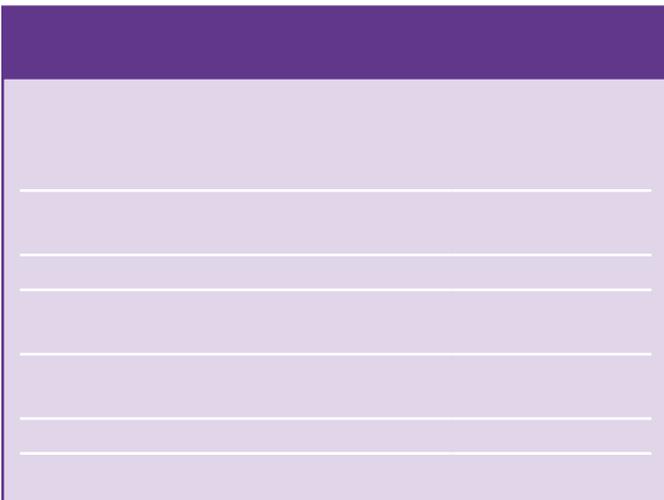
Traditionally, samples have been collected using a needle and syringe. When this method is used, the needle is inserted into the vein and the animal is restrained. The animal should be restrained in a comfortable position. The syringe is held in the hand and the plunger is pulled back to the required volume. The syringe is then removed and the patient's vein is collapsed. The preferred method of blood collection is the vacuum stem Vacutainer system composed of a needle, a syringe, and a collection



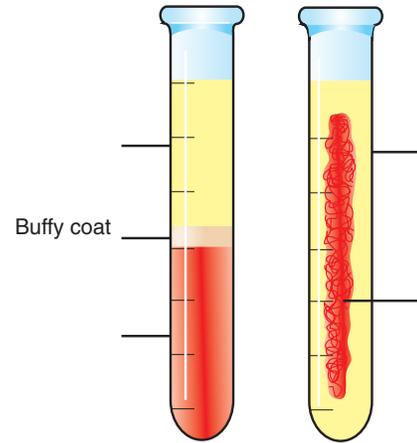
The vacuum system is composed of a needle, a needle holder,



The sheathed end of the needle is inserted into the holder.



tubes. The sheathed end of needle inserted into holder  
 Fig. he prevents blood from entering the holder  
 when venipuncture made. The of blood collection  
 tube penetrated needle or needle  
 lumen of blood vessel. collection tubes  
 sterile tubes, they may contain **anticoagulants** the tubes re



The difference between blood plasma and blood serum. Plasma

available range from few milliliters  
 The correct-sized tube must be used to minimize damage to  
 or possibility of collapsing vein. The tubes  
 be lowered to correct volume (length  
 of vacuum reservoir tube) ensure appropriate  
 ratio of anticoagulant and blood. Advantage of this system  
 multiple collected directly collec  
 tion tubes without multiple venipuncture procedures.  
 quality test when collected vacuum tubes  
 proper techniques, because potential  
 for clot activation.

The Vacutainer system is preferred for blood sample

The veterinary technician obtains whole blood by with  
 drawing blood suitable container proper  
 anticoagulant preventing clotting. on blood  
 collected, blood anticoagulant added gentle  
 rocking motion. vigorously hemolysis,  
 which turn affect results of assays when chemicals  
 normally erythrocytes released  
 into

portion blood high cells  
 are suspended. composed proximately serum  
 dissolved constituents, such proteins, carbohydrates, vita  
 hormones, enzymes, waste materials, antibod  
 other ions molecules. **Serum** from which  
 fibrinogen, protein, been removed. during  
 clotting process, soluble fibrinogen converted  
 to insoluble fibrin which when blood  
 is squeezed cellular serum.  
 Specific protocols for obtaining serum  
 be found



o blood collected. vacuum collection tubes contain proper diurnal ride or anticoagulation are commercially available. Sodium fluoride may be added glucose preservative, venipuncture site to ensure hemostasis. Remove needle from syringe before transferring the blood to the vial, because forcing blood through needle may result in hemolysis. If vacuum system used, needle inserted into vessel described previously, overfilled tube gently pushed into holder. After tube completely removed, tube inserted. The cap prevents blood from dripping into holder when hanging tubes.

ne other ion. syringe. When the proper volume has been obtained, remove needle from syringe before transferring the blood to the vial, because forcing blood through needle may result in hemolysis. If vacuum system used, needle inserted into vessel described previously, overfilled tube gently pushed into holder. After tube completely removed, tube inserted. The cap prevents blood from dripping into holder when hanging tubes.

The blood collected from depends on quantity of serum or required for assay hydration with checked cell volume field blood yields

All blood collected tube contains anticoagulant. After collection ribute anticoagulant.

yield dehydrated hemoconcentration results later ratio cells. dehydrated with checked cell volume fields blood yields only

be labeled with date time of collection, donor's identification number. If to be submitted to laboratory, include request form with includes all necessary identification clear indication of which tests are requested.

obtained from blood. Ideally, enough blood collected field enough serum, blood yields three times. This allows for technician error, instrument failure, or need to dilute without having to collect another from

When multiple types required, ways collected vacuum stem,

Blood adequately collected before performance of any tests; inadequate results erroneous. For example, add blood cells from rhesus seconds, checked cell volume performed add gentle version tubes blood add on commercially available tilting rack rotator.

must be collected specific order. The vacuum system ensures appropriate volume each type obtained. However, tubes collected specific order avoid potential contamination additives from other tubes. Tubes contain citrate additives are drawn first. These tubes usually require small of first seen tube ded. rate tube added, add-top tube drawn

After volume added been determined specific types of testing required have been identified, prepare equipment obtain appropriate number types of blood collection tubes. Perform venipuncture with tissue injury possible to contamination issue hemolysis. If container used, allow tube to fill to capacity to ensure proper blood-to-anticoagulant ratio. restraint necessary to prevent venipuncture result ceration



blood vessel organ serious complications. or small patient placed sternal recumbency. Hair shaved from venipuncture contamination of introduction of bacteria from patient. restraint includes

tube, ethylenediaminetetraacetic acid tube, and heparin tube.

essels tourniquet venipuncture site. The tourniquet should not be too tight enough to occlude blood flow. Hemoconcentration occur tourniquet use or excessive The technician collecting venipuncture site. The tourniquet should not be too tight enough to occlude blood flow. Hemoconcentration occur tourniquet use or excessive Do touch venipuncture site. The tourniquet should not be too tight enough to occlude blood flow. Hemoconcentration occur tourniquet use or excessive cleaned. utilize venipuncture site. The tourniquet should not be too tight enough to occlude blood flow. Hemoconcentration occur tourniquet use or excessive

for Commonly Used Blood				
Order of Draw	Cap Color			Primary Use
		Light blue	Sodium citrate	Coagulation studies
			Glass: no additive Plastic: silicon-coated	Serum for blood chemistry
		Red/gray, gold, or red/black "tiger-top"	Gel separator and clot	
		Green or tan		Plasma for blood chemistry
		Lavender, royal blue, or tan		
			Potassium oxalate or sodium fluoride	Coagulation testing Glucose testing

Table summarizes order draw order tubes commonly used in veterinary practice. Note that some individuals prefer to collect red-top tube before rate tube rather than vice versa. The order is acceptable provided the red-top tube contains no additives, which could potentially contaminate the rate tube.

Chapter review questions [appendix](#)

- Sites for blood collection vary between species, but jugular vein is the most common choice for blood collection.
- The preferred method for blood collection is a vacuum system.
- The preferred anticoagulant for hematology testing is EDTA; the preferred anticoagulant for coagulation testing is citrate.
- Plasma is whole blood minus cells; serum is whole blood minus cells and clotting elements.



After studying this chapter, you will be able to:

- List types of hematology analyzers available for veterinary practice.
- Describe principle of electrical impedance analyzer.
- Describe flow cytometry principles.
- Describe principle of quantitative buffy coat analysis.
- Describe enhancement of automated hematology analyzers.
- Describe procedures for counting cells.
- Define histogram and histograms.

### Cell Counts,

### Types of Hematology Instruments,

Impedance analyzers,  
Quantitative buffy coat system,  
Laser-Based flow cytometer analyzers,

Histograms,  
Manual cell

### Review Questions, Key Points,

### Anemia

### Complete blood count

### Histogram

### Impedance analyzer

### Laser flow cytometry

### Neubauer rulings

### Polycythemia

### Quantitative buffy coat analysis

### Red cell distribution width

Instrumentation designed for veterinary use is available to facilitate the generation of hematologic data for the **complete blood count** (CBC). CBC is a cost-effective and convenient procedure for diagnosis and monitoring of various conditions. The benefits of instrumentation include reduced error and investment, more complete information, and improvement of reliability.

The counting of erythrocytes and blood cells (leukocytes, white blood cells [WBCs]) is outlined in the BC. Cell counts are usually performed using automated methods. Total red blood cell (RBC) counts and platelet (thrombocyte) counts are

performed using automated methods. Manual cell counts are routinely performed, except in certain exotic animal practices. In some automated analyzers, not only accurate platelet counts, but also hemoglobin concentration, may be performed with manual methods and facilities.

An increase in the number of circulating red blood cells is termed **polycythemia** or erythrocytosis. It is accompanied by

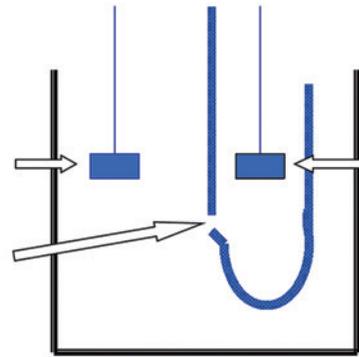
increased packed cell volume and hemoglobin concentration. Such increases may result from primary or secondary polycythemia, or they may be relative polycythemia. Relative polycythemia is seen with conditions such as splenic contraction (which releases large numbers of erythrocytes into circulation) and dehydration. Primary polycythemia, high-altitude polycythemia vera, and neoplastic polycythemia are characterized by proliferation of erythroid precursor cells. Secondary polycythemia includes a variety of renal disorders. Conditions that lead to increased erythropoietin levels (e.g., chronic hypoxia).

The term **anemia** refers to a decrease in oxygen-carrying capacity of blood, usually resulting from decreased numbers of circulating red blood cells. This is explored in **Chapter 12**.

Hematology instrumentation for veterinary use is divided into several categories: **impedance analyzers**, **laser flow cytometry** analyzers, **quantitative buffy coat analysis** systems. Some manufacturers provide analyzers



The Genesis hematology analyzer (Oxford Science, Oxford, CT) combines impedance and laser-based methods.



The principle of impedance analysis for cell counts.



The Coulter AcT hematology analyzer (Beckman Coulter, Brea, CA) makes use of impedance technology.

Adaptation necessary because variation in blood cell concentration. Some companies have developed dedicated veterinary multispecies hematology systems to count cells, determine hematocrit, hemoglobin concentration, and provide a differential. Electronic cell counters based on electric current cross electrodes separated by a tube opening aperture. Electrolyte solution surrounding the aperture conducts current. Counting occurs when specific volume of cells passes through the aperture. These transient changes in current may be counted to determine blood cell concentration. In addition, volume or size of cell proportional to change in current, thereby allowing stem cell differentiation of cell types (histogram) of cell population. Eukocytes, erythrocytes, and platelets are numerated. However, some are not accurately valued. Erythrocytes and platelets.

Impedance analyzers are calibrated to count cells of specified size ranges. Refinement of settings which prevents erroneous interpretation of results. Electronic analyzers properly separate cell populations (e.g., platelets, erythrocytes). Because cell populations vary by species, species-specific settings are established. The manufacturer usually automatically sets software when user selects species or analysis software menu. Comprehensive hematology systems designed specifically for veterinary applications are commonly available in veterinary facilities. These systems incorporate advantages of individual cell analysis and provide sophisticated quantitative information about blood cell populations.

Combine several methods or performing commonly available stem cell analysis. Impedance methods or enumeration of cells, cell laser-based methods or performing differential white blood cell count. Some hematology analyzers obtain hemometric capabilities or valuation of hemoglobin. Each method has specific advantages. Regardless of which analyzer is used, understanding testing principles and specific analyzer manual, knowing the limitations of analytic stem cell analysis, and ensuring regular quality control and maintenance are essential for accurate test results.

Number of electronic cell counters in laboratories have been adapted for veterinary



The load is diluted cells. or  
 dilution created by centrifugation  
 of platelets, large platelets, nucleated red blood cells  
 may be counted by erythrocytes.  
 analyzed with stems  
 provide cell information such as red blood  
 cell dilution of high erythrocyte counts  
 on automated systems provides diagnostic information about cell  
 volume alternative method of determining packed  
 cell volume high referred hematocrit  
 (Hct). The corpuscular volume is directly  
 measured from erythrocyte volume distribution.  
 The hematocrit is determined by multiplying  
 erythrocyte concentration. The sophisticated  
 systems, volume distribution curve of erythrocyte population  
 displayed. Some analyzers, **red cell distribution width**  
 (RDW) is provided. The RDW is determined  
 by automatic analysis of distribution, which is  
 an index of erythrocyte volume heterogeneity. An abnormally high  
 values indicate increased volume heterogeneity underlying  
 disturbance of erythron. When used in conjunction with  
 the RDW, the hematocrit and the erythrocyte count  
 of erythrocytes are used to determine advanced stems,  
 such as thrombocytopenia or valuating  
 platelets.

Many automated hematology systems provide complete  
 analysis of platelet, erythrocyte, and leukocyte populations,  
 including differential information. The RDW graphic  
 displays of cell population size analysis. Differential information  
 is provided from population distribution. The RDW  
 of stems provide relative percentage  
 of granulated and agranulated platelets. The RDW  
 application for evaluation of patients with pathologic condition.  
 Variations in size of cells introduce error into  
 measurement. In addition, numerous pathologic normalities  
 are present that are identified by differential  
 analysis. A thorough examination of blood  
 must be included when valuating patients.

Impedance analyzers composed of numerous  
 tubes, valves, and filters. The use of  
 dusty glassware may be contaminated with particles that are large  
 enough to be erroneously counted cells. A daily background  
 count is generally required. The use of a platelet  
 counter requires a thorough examination of the analyzer.  
 The instrument is commonly automatically checked  
 require cleaning. The use of a platelet counter  
 on a counter with variable threshold control. Cold agglutinins  
 may be increased and result in platelet clumping.  
 Before processing, refrigerated blood must be  
 to room temperature. Fragile lymphocytes, which are  
 some forms of lymphocytic leukemia, may rupture when using  
 solution. The use of a platelet counter may result in  
 decreased platelet count. The presence of spherocytes abnor-  
 mally small, round cells may alter MCV, thereby reducing  
 the calculated hematocrit. Elevated serum viscosity may interfere  
 with cell counts. Platelet counts are obtained with impedance  
 counters. The use of a platelet counter requires

nucleated red blood cells, which are often accurate. Small  
 clumps of platelets, large platelets, nucleated red blood cells  
 may be counted by erythrocytes.

The quantitative platelet counter diagnostics, (Port  
 Matilda, A) differential centrifugation  
 provide information on cellular elements. Measurements  
 made on expanded buffy coat layer specialized micro  
 hematocrit tube. Provides hematocrit value and  
 estimates of leukocyte concentration and platelet concentration.  
 It extrapolates tube volumes to estimated concentration  
 based on fixed cell volumes. Partial differential count information  
 provided form of total granulocytes (lymphocyte  
 monocyte categories. Includes leukocyte group  
 ings (normalities such as lymphopenia)  
 undetected blood stem examined refined or  
 improved stem counting  
 tools, because they provide estimation of cell numbers rather  
 than actual cell

Quantitative buffy coat analyzers provide estimated

Laser flow cytometry analyzers involve focused  
 beams to evaluate size density of components. Cells  
 scatter light differently depending on shape volume of  
 cell and the presence of granules and nuclei. The laser  
 beam is directed through a narrow channel through which cells  
 flow single file. The degree of direction of light scatter from  
 individual cells is used for enumeration of leukocytes,  
 lymphocytes, granulocytes, erythrocytes. When certain dyes  
 are added to the sample, variations in laser light scatter  
 allow for enumeration of mature and immature erythrocytes  
 (Fig. 8-1). These stems usually provide erythrocyte  
 indices, RDW, platelet parameters (e.g., platelet  
 volume, platelet distribution width, plateletcrit). More informa-  
 tion on platelet analyzers is presented

Many automated analyzers offer histograms of cell plate  
 let counts. A histogram graph provides visual report  
 of cell numbers  
 various cellular components. Another version of histogram  
 form factor here which represents specific  
 cell. The histogram can be used to verify results of differential  
 blood cell counts. The use of a platelet counter may result in  
 with test results. For example, when megathrombocytes or  
 platelet aggregates are present, the reported  
 automated analyzers will be falsely elevated, because large  
 platelets are usually counted as leukocytes. The histogram



A laser-based analyzer for use in the veterinary practice laboratory.

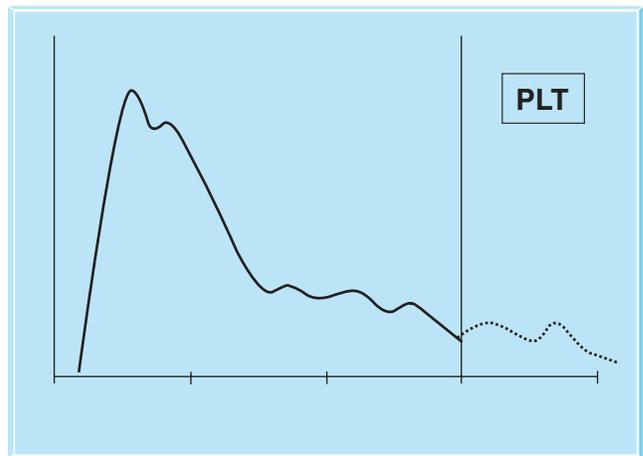
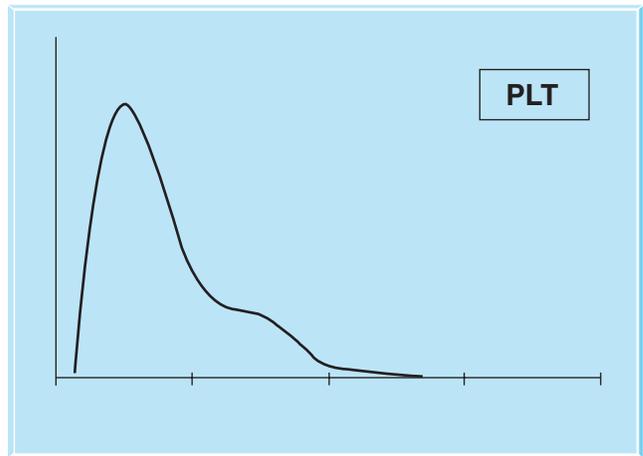
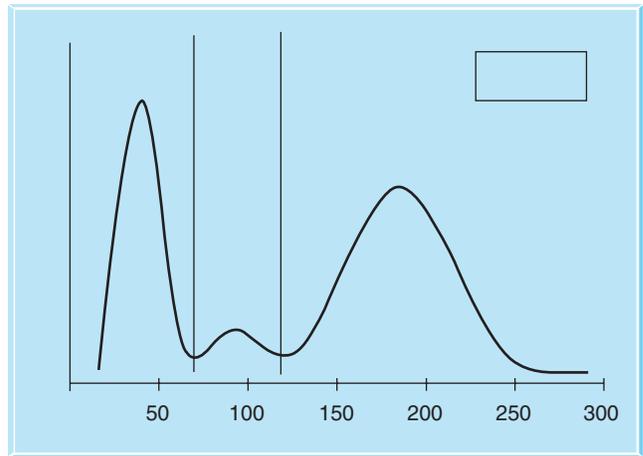
provide evidence normally, because we  
 program ill ered



The counting of erythrocytes leukocytes routine part of  
 cell generally performed  
 methods except via exotic practices. manual  
 count methods for exotic be performed  
 with leukopet stem. stem ludes  
 pipette redetermined load  
 reservoir contains using using ent. procedure  
 describes method or counting via leukocytes cells  
 leukopet stem

The Leukopet system premeasured volume of phloxine  
 diluent. then dilution tube filled with appropriate  
 volume of blood mixed, small of blood-diluent  
 mixture placed on hemocytometer. The hemocytometer con  
 tains optical quality over ured rid  
 contains specific volume.

Hemocytometers counting chambers  
 determine number cells per microliter  
 of load several models available, but  
 common type used two identical sets of grids of parallel  
 perpendicular etched led **Neubauer rulings**.  
 chamber divided squares. corner  
 squares are divided into smaller squares, center square  
 divided into squares groups (ch).  
 area of each grid each Neubauer ruling) designed to  
 precisely knowing number  
 cells to rid  
 area for calculating number of cells per microliter



Platelet histogram with evidence of platelet aggregates.

of load. mechanical counters available usually keep  
 track of number cells observed

Using the pipettor, aspirate 25  $\mu$ L of freshly drawn anticoagulated blood.

Dispense the blood sample into the tube of phloxine, and rinse the pipette

Make sure that the hemocytometer and its special coverslip are clean and

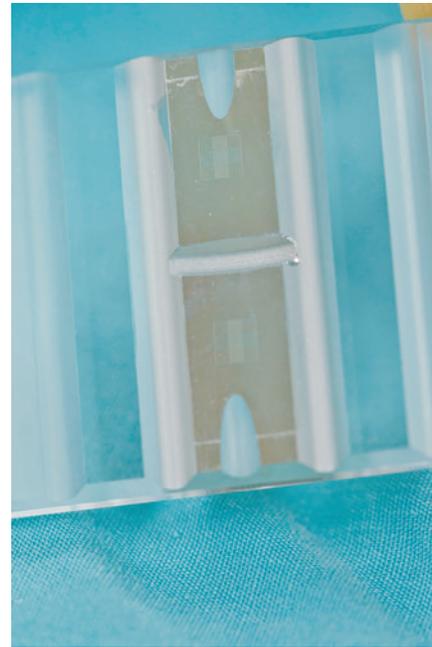
Using the rinsed pipette, aspirate a sample from the tube and charge (fill) underfill the counting chamber, because this can cause uneven distribution

Allow the sample to stand for up to 10 minutes so that the cells can

settle. Using the objective lens, count the heterophils and eosinophils in both chambers of the Neubauer hemocytometer. Cells that touch the lines between two squares are considered as within that square if they touch

/

From Sirois M: Principles and practice of veterinary technology, ed 3,



The hemocytometer contains two grid areas.

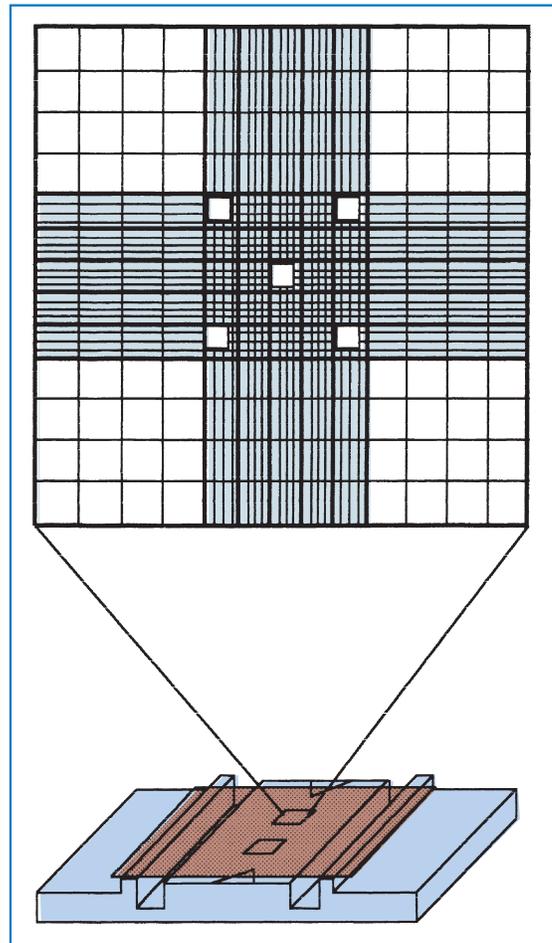


Fig. 8.8 Neubauer hemocytometer. (From Sirois M: Principles and practice

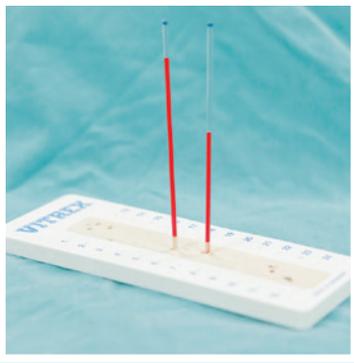


The Leukopet system used for the counting of avian white blood



The hand tally counter is used to keep track of numbers of cells counted.

- Most cell counters for veterinary practice laboratory involve either impedance or laser-based technology.
- Buffy coat analyzers provide estimates of cell counts.
- Impedance analyzers work by measuring change in current as cells pass through an aperture.
- Impedance analyzers classify cells according to their sizes.
- Laser flow cytometers classify cells on the basis of their size and density as they pass through a focused laser beam.
- Histograms provide a visual representation of the numbers and sizes of cells present.
- Manual cell counts are performed with a hemocytometer.



# Hemoglobin, PCV, and Erythrocyte Indices

After studying this chapter, you will be able to:

- Describe procedure for performing packed cell volume estimation and hematocrit method.
- Describe procedure for rating centrifuge or optimum hematocrit.
- List types of centrifuge tubes and order of components.
- Explain significance of reddish, yellow, and cloudy colors in centrifuged hematocrit tube.
- Differentiate oxyhemoglobin, methemoglobin, and sulfhemoglobin.
- List ions that obtain corpuscular volume, corpuscular hemoglobin, and corpuscular hemoglobin concentration.

## Packed Cell Volume,

Significance of packed cell volume results, protein concentration,

## Hemoglobin Testing,

## Erythrocyte Indices,

Mean corpuscular volume, Mean corpuscular hemoglobin, Mean corpuscular hemoglobin concentration,

## Review Questions,

## Key Points,

## Buffy coat

## Erythrocyte indices

## Hemoglobin

## Icteric

## Lipemic

## Mean corpuscular hemoglobin

## Mean corpuscular hemoglobin concentration

## Mean corpuscular volume

## Methemoglobin

## Microhematocrit

## Oxyhemoglobin

## Packed cell volume

The complete blood count provides values that are determined reliably and cost-effectively in the laboratory setting. The tests included in the CBC can be performed manually or by automated analyzers. A variety of procedures are available or methods.

The CBC consists of the following information:

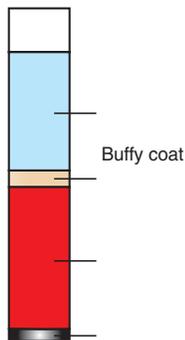
- Total red blood cell count (**Packed cell volume**)
- Plasma protein concentration
- Total white blood cell count
- Blood examination: differential white blood cell count, erythrocyte morphology, platelet examination
- Reticulocyte percentage
- Hemoglobin concentration
- Erythrocyte sedimentation rate

The percentage of whole blood composed of erythrocytes, although included in the CBC, is also frequently ordered as a single test. The commonly performed version is referred to as **microhematocrit** (or hematocrit) and is performed by centrifuging anticoagulated blood in a special microhematocrit tube. Separated tubes are available and identified by a blue ring on the top of the tube. Microhematocrit tubes are identified with blue ring **Fig. 15-1**. Microhematocrit tubes are placed in a centrifuge tube and centrifuged together for 5 minutes. They are then read on a microhematocrit reader. The percentage of whole blood composed of erythrocytes is determined by measuring the height of the red column in the tube. The height of the red column is expressed as a percentage of the total height of the tube. The height of the red column is usually between 40% and 50%.





A microhematocrit centrifuge designed for small-capacity tubes.



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the clay plug on the zero line and locating the intersecting line where the packed red cells and the buffy coat meet.

### Values for Common Species

Species	Hematocrit (%)

Although **hematocrit** is specifically considered a hematologic test, materials needed for **hemoglobin** protein concentration are already available as a result of performing **PCV**. **Hemoglobin** protein concentration is determined by refractometry, an important component of **hematology**.

**Hemoglobin** is collected by breaking the hematocrit tube just above the buffy coat-plasma interface. **Hemoglobin** is then lowered into a refractometer. **Hemoglobin** refractometry is a procedure that uses a refractometer to determine the concentration of **hemoglobin** in a sample. The refractometer is calibrated with a known concentration of **hemoglobin**. The refractometer is then used to measure the refractive index of the **hemoglobin** sample. The refractometer is then used to measure the refractive index of the **hemoglobin** sample. The refractometer is then used to measure the refractive index of the **hemoglobin** sample.

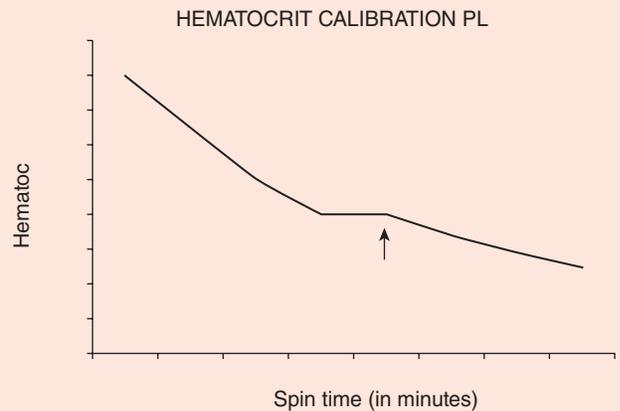
The protein **hemoglobin** is a functional erythrocyte. The molecule consists of two components: a heme portion, which contains iron, and a globin portion, which is composed of four polypeptide chains. **Hemoglobin** occurs during erythropoiesis in the bone marrow. After maturation, **hemoglobin** is present in the erythrocyte. **Hemoglobin** is referred to as **oxyhemoglobin** when oxygen is delivered

### Microhematocrit Centrifuge

The minimum time needed to achieve optimal packing of the red cells should be determined for each centrifuge. Use two fresh ethylenediaminetetraacetic-acid-anticoagulated blood

to perform duplicate microhematocrit determinations at increasing times, beginning at 2 minutes. Centrifuge times should be increased by 30-second

intervals until the curve flattens out (see figure below). This is the optimum



issues with **hemoglobin** and **carbon monoxide** are common. **Hemoglobin** is replaced by **oxyhemoglobin** during respiration. Other forms of **hemoglobin** may be present, including **methemoglobin** and **sulfhemoglobin**.

**Methemoglobin** is an abnormal form of **hemoglobin** in which the iron atom is in the ferric state, making it inefficient for oxygen transport. **Sulfhemoglobin** results from normal aging processes. **Methemoglobin** occurs naturally both within the erythrocyte and in the plasma, but it is usually converted to **hemoglobin** used for oxygen delivery. **Carboxyhemoglobin** results from exposure to carbon monoxide. **Hemoglobin** and **methemoglobin** have much higher affinity for carbon monoxide than for oxygen or carbon dioxide. Therefore, the reaction between **hemoglobin** and **carbon monoxide** is reversible.

A variety of methods are available for the determination of **hemoglobin** concentration on a clinical laboratory. The oldest methods involve color matching of lysed erythrocytes. Some automated analyzers provide a direct estimate of **hemoglobin** concentration on a clinical laboratory. Automated analyzers determine **hemoglobin** concentration by using a colorimetric method. Comparing color with a standard curve allows for the determination of **hemoglobin** concentration.



**Fig. 9.9** The hemoglobinometer uses a color-matching method to determine the hemoglobin concentration in a sample of lysed red blood cells.

Common Species



**Fig. 9.10** The HemoCue is a type of photometer that is used to measure

of hemoglobin. Cyanmethemoglobin. Using dilutions contain cyanide solution convert forms of hemoglobin cyanmethemoglobin before provide measure of forms hemoglobin number of automated analyzers dedicated hemoglobin measurement. Identification cyanmethemoglobin photometric procedure, quite accurate properly maintained. Small dedicated analyzers are available Fig. some of provide results only for oxyhemoglobin color-matching technology. Other types cyanide-free hemoglobin-hydroxylamine method photometric procedures rated proximate cyanmethemoglobin procedure. Normal hemoglobin values for common domestic species listed below.

--

The determination of **erythrocyte indices** helpful for classification of certain types of anemia. Erythrocyte indices include **mean corpuscular volume** (MCV), **mean corpuscular hemoglobin** (MCH), and **mean corpuscular hemoglobin concentration** (MCHC). They provide objective measure of average hemoglobin concentration. Accuracy depends on accuracy of the individual measurements total RBC count, PCV, hemoglobin concentration. Values for erythrocyte indices are compared with normal ranges. Microcytic (small red blood cells), normocytic (normal sized red blood cells), or macrocytic (large red blood cells) are observed. Hypochromic (pale red blood cells) are also observed.

MCV is measure of average size of erythrocytes. Calculated by dividing PCV by hemoglobin concentration multiplying by 10 (volume in dL).

For example, if PCV = 40% and Hb = 15 g/dL, MCV = 26.7 fL.

Many of automated hematology analyzers determine MCV electronically.

MCH is average hemoglobin contained in each red blood cell. Calculated by dividing the hemoglobin concentration by the RBC concentration multiplying by 10.

$$\frac{\text{Hemoglobin (g/dL)}}{\text{RBC (millions/dL)}} \times 10 = \text{MCH (pg)}$$

MCHC is concentration of hemoglobin in average erythrocyte (ratio of hemoglobin to volume). Calculated by dividing hemoglobin concentration (percentage) by PCV multiplying by 100.



\_\_\_\_\_ / \_\_\_\_\_

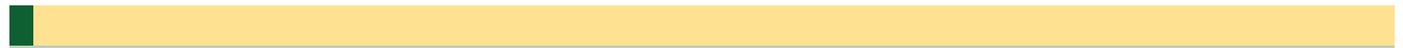
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*elidae* ls), high ve alues

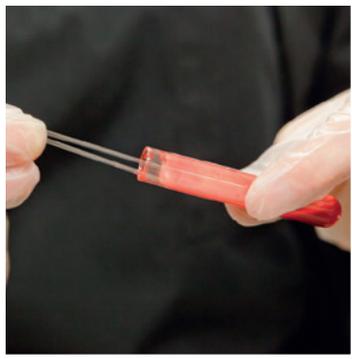
For xample, og moglobin oncentration  
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Chapter eview uestions [ppendix](#)

- PCV ommonly erformed matology
- PCV eased esult ehydration olycythemia.
- Decreased
- The ohematocrit lary ubes led  
with lood entrifuged.
- The layers microhematocrit tube are packed  
uffy oat,

- Plasma color must be evaluated recorded when per  
forming
- Hemoglobin esting erformed tomated  
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- Erythrocyte ed alues rovide  
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# Evaluating the Blood Smear

After studying this chapter, you will be able to:

- Describe procedure for preparing edge
- Describe procedure for preparing overslip
- Describe procedure for proper blood
- Troubleshoot quality blood
- Describe appearance normal blood cells.
- Describe procedure for performing leukocyte absolute value count.
- Describe procedure for performing platelet estimate.

## Preparation of Blood Smears,

blood smears,  
Performing differential cell  
Absolute values,

Morphology normal erythrocytes  
Peripheral blood,

## Review Questions, Key Points,

**Absolute value**  
**Basophil**  
**Coverslip smear**

**Eosinophil**  
**Heterophil**  
**Lymphocyte**  
**Megathrombocytes**  
**Methanol**

**Methylene blue**  
**Monocyte**  
**Neutrophil**  
**Neutrophilia**  
**Platelet**  
**Romanowsky stain**  
**Wedge smear**  
**Wright's stain**  
**Wright-Giemsa stain**

The blood used to perform differential white blood cell (WBC) count, to estimate **platelet** numbers, to evaluate morphologic features of red blood cells platelets. peripheral blood prepared of either **wedge smear** technique or overslip technique. The wedge commonly type preparation. The overslip technique often prepare from blood obtained from various exotic species.

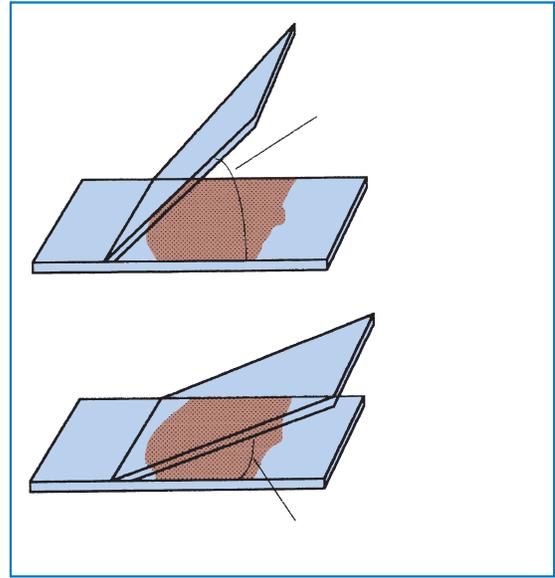
To prepare blood smear, drop of blood withdrawn from ethylenediaminetetraacetic-acid (EDTA)-anticoagulated blood collection tube. Obtain either transfer pipette placing wooden applicator sticks into blood tube when sticks together withdrawn, or load appropriate fill

be between blood drop spread toward posted end of clean microscope posted information written exactly posted pencil. The cond spread surface of slide degree awn ck drop of blood cond modified to count or changes consistency load from micrient **procedure** when load read reader slide, then pushed forward with steady, even, rapid motion. The evenly ved low quickly. properly prepared load ven distribution cells.

**Coverslip smears** e de y tting op load enter f uare overslip. ce cond overslip diagonally on top of first, blood to spread evenly

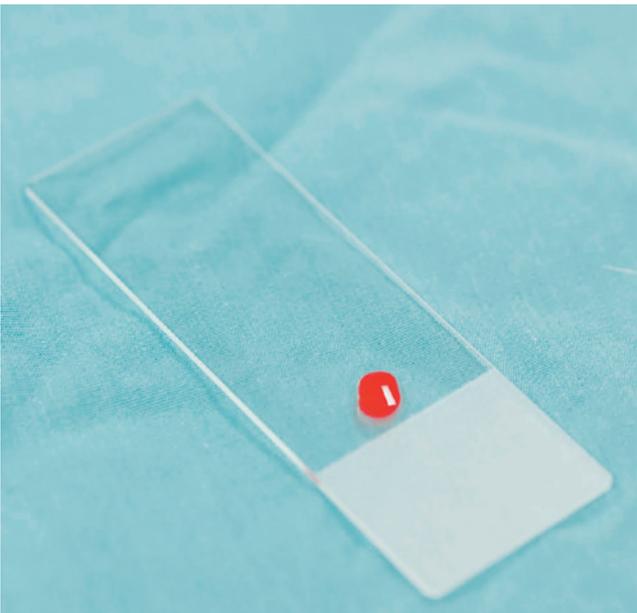


cator sticks into the tube and holding them together when withdrawing them from the tube.

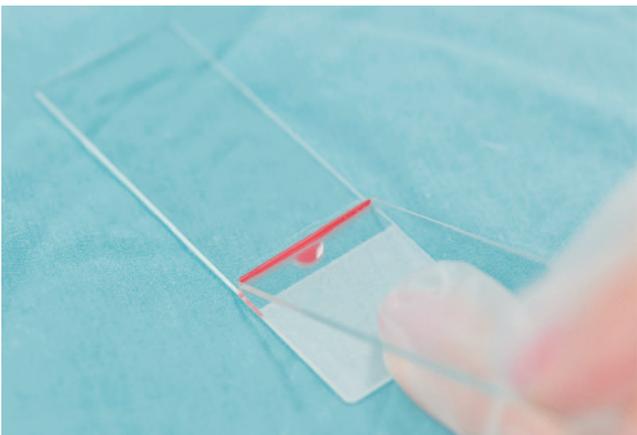


The difference in slide angle necessary for making blood smears

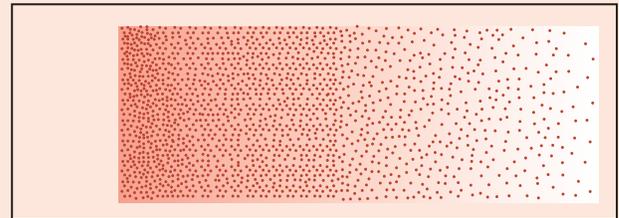
A small angle is used for hemoconcentrated blood.



Place one drop of blood toward the frosted end of the glass slide.



and draw it back into the blood drop.



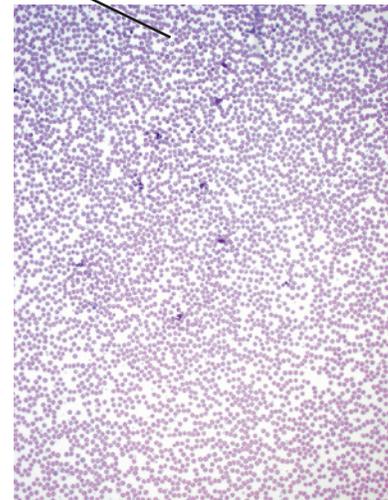
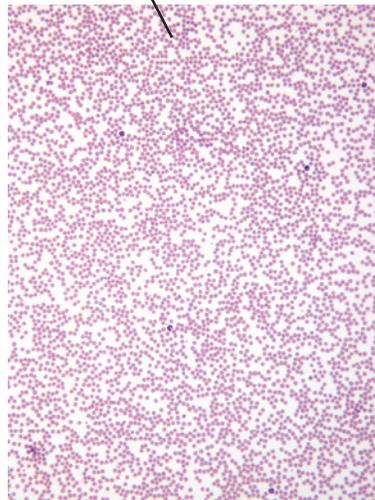
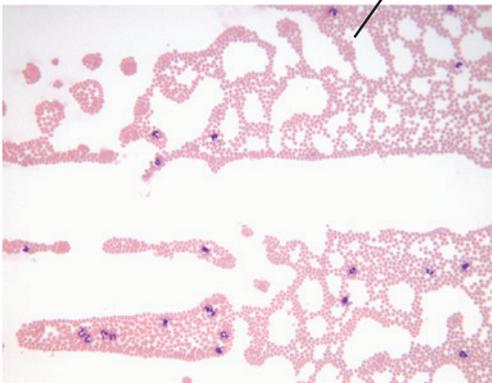
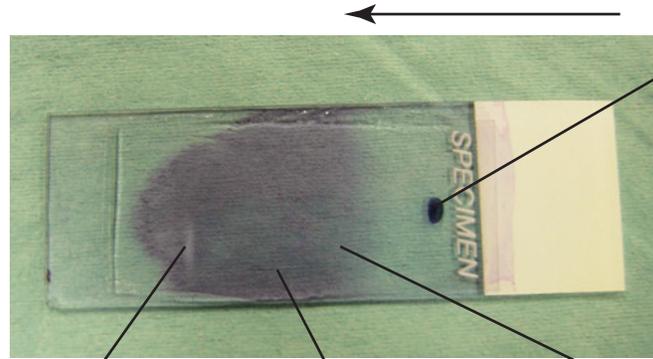
A blood smear showing the label area, the monolayer counting area, and the feathered edge. (From Sirois M: *Principles and practice of*

Label the slide at the thick end of the smear. If the slide has a frosted edge,

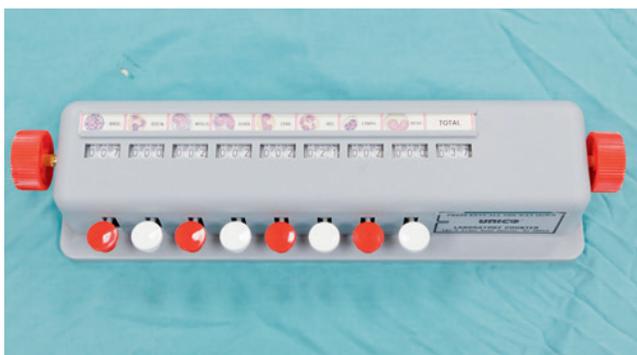
After drying, stain the smear with Wright's stain or a Romanowsky-type stain, which is available in commercial kits (e.g., Wright's Dip Stat #3







The three major areas of the blood smear (*Feathered edge, Count area, and Thick area*) are indicated by the lines connected to the respective microscopic views. (From Valenciano A, et al. *Canine and feline blood smear analysis: a practical atlas*,



release of substances to modulate the immune system, production of antibodies. More information about functions of the various populations of leukocytes located in unit 4.

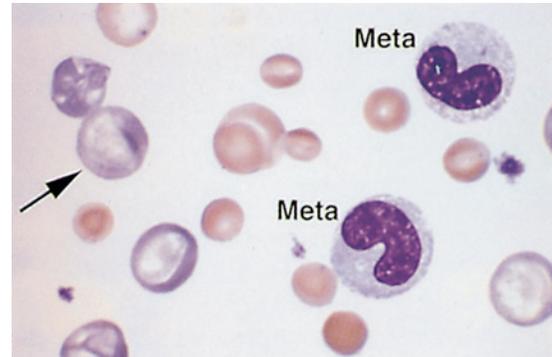
**Neutrophils** are abundant in the peripheral blood. They have a multi-lobed nucleus, which is often described as 'band-shaped' or 'horseshoe-shaped'. The lobes are connected by thin strands of chromatin. Neutrophils are the most common type of white blood cell, typically making up 50-70% of the total white blood cell count. They are primarily involved in phagocytosis of bacteria and other pathogens. In some cases, an increase in neutrophils (neutrophilia) can indicate an infection or inflammation.

Mature neutrophils, eosinophils, and lymphocytes are found in the blood. The concentration of each type of various white blood cells is extremely valuable for diagnosis. Functions of neutrophils include phagocytosis,

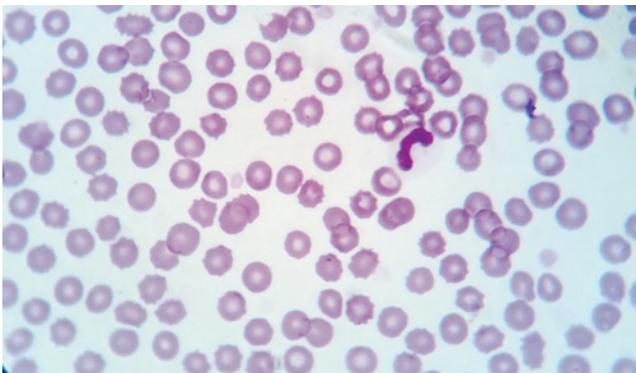
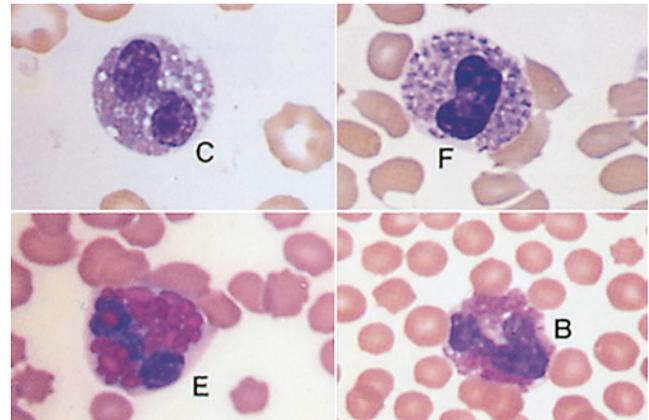




A neutrophil in a blood smear from a normal canine.



are also present,



neutrophils (e.g., myelocytes, metamyelocytes) are common peripheral blood

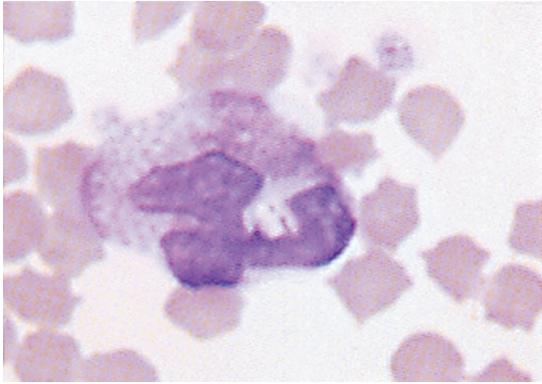
**Eosinophils** contain nucleus of neutrophils, but chromatin usually coarsely clumped. The eosinophilic granules varies considerably in species. Eosinophils often vary in size with small large granules within cell, densely eosinophils contain granules rod-shaped, numerous. Equine eosinophil granules oval, they intense range-red color. Eosinophil granules found in spleen, but eosinophils are less frequent, but eosinophils are commonly seen in patients with allergic reactions and asthma.

In ruminants, equine, and pigs, cell functionally equivalent to neutrophil referred to **heterophil**. Heterophils have distinct eosinophilic granules in cytoplasm.

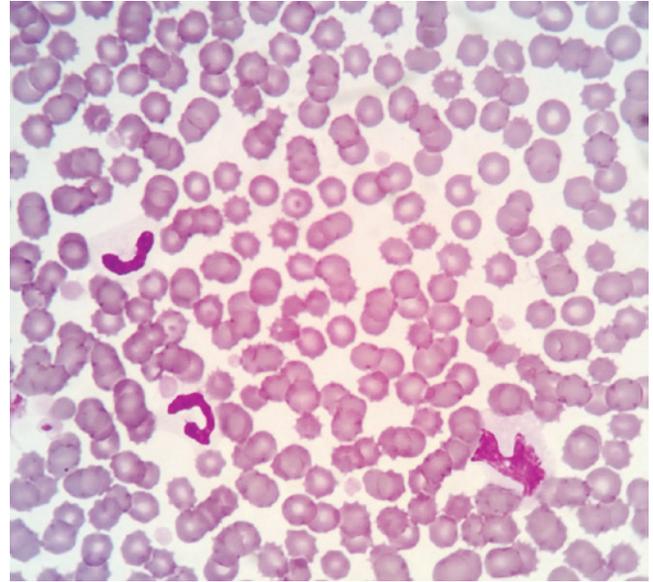
**Band neutrophil.** The nucleus of neutrophils is horseshoe-shaped, with large round ends (fig. 10.10). Although slight indentations present in nucleus, on strict definition, it is not a band neutrophil. The designation of neutrophil or mature segmented cell is somewhat subjective. The criteria for identifying a neutrophil are: 1) presence of a multi-lobed nucleus, 2) usually classified as segmented neutrophil. The designation of neutrophil or mature segmented cell is somewhat subjective. The criteria for identifying a neutrophil are: 1) presence of a multi-lobed nucleus, 2) usually classified as segmented neutrophil.

The size, color, shape, and number of granules present

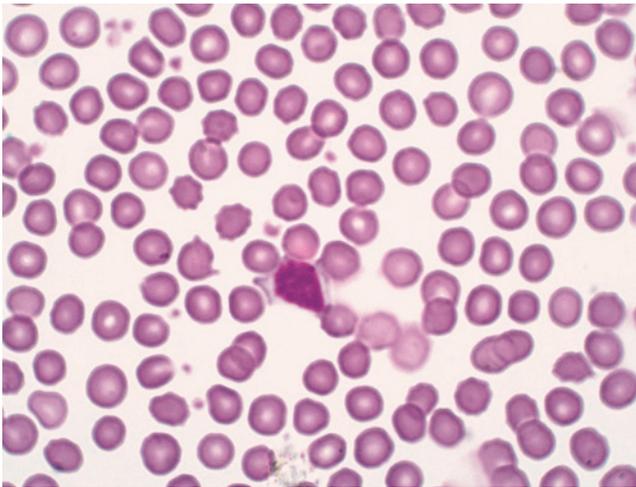
The nuclei of **basophils** are monocytes. Basophil granules in dogs are few in number, purple to blue-black color. Equine and bovine basophil granules



Normal feline basophil.



Normal canine monocyte



**TECHNICIAN NOTE** A variety of sizes of lymphocytes are usually present

are usually more numerous, they tend to have a blue-black color, but they are completely lacking in cytoplasm. Lymphocytes have a large, round nucleus with a thin rim of blue cytoplasm. Neutrophils are characterized by their multi-lobed nuclei and granules. Eosinophils are characterized by their bilobed nuclei and reddish-orange granules. Monocytes are characterized by their kidney-shaped nuclei and a thin rim of blue cytoplasm. Basophils are characterized by their dark purple granules and a nucleus that is often obscured by the granules. Increased numbers of any of these cells can indicate a variety of conditions, such as infection, inflammation, or allergic reactions.

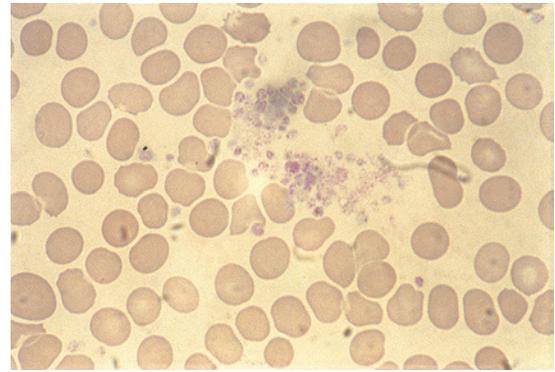
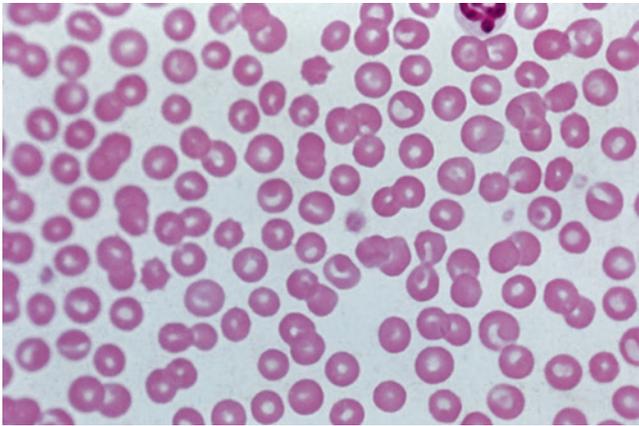
Basophils are not commonly seen on the blood smear.

**Lymphocytes** represent a variety of cells in the peripheral blood. They are the most common type of white blood cell from ruminant patients. Small lymphocytes are approximately 6-10 micrometers in diameter and have a large, round nucleus with a thin rim of blue cytoplasm. The nucleus is densely chromatin, and the chromatin is clumped. The cytoplasm is light blue and quite scanty. Chromocenters, which are areas of condensed chromatin, can be confused with nucleoli; chromocenters appear as dark clumps within the nucleus. Medium-size lymphocytes have a diameter of 10-15 micrometers, with more abundant cytoplasm. The cytoplasm may contain pink-purple granules. Normal bovine lymphocytes may contain nucleolar inclusions. In dogs, lymphocytes are distinguished from monocytes by their spherical shape. In horses, the major population of lymphocytes is of the small type. In cats, the major population of lymphocytes is of the medium type. Increased numbers of lymphocytes often indicate viral infection.

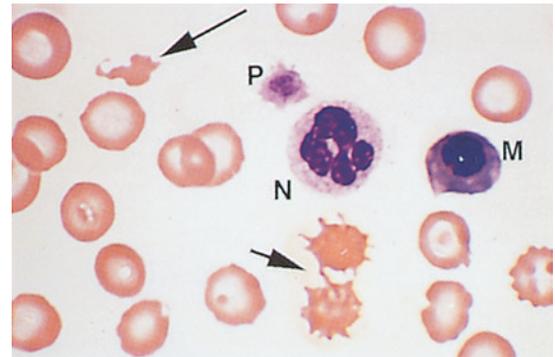
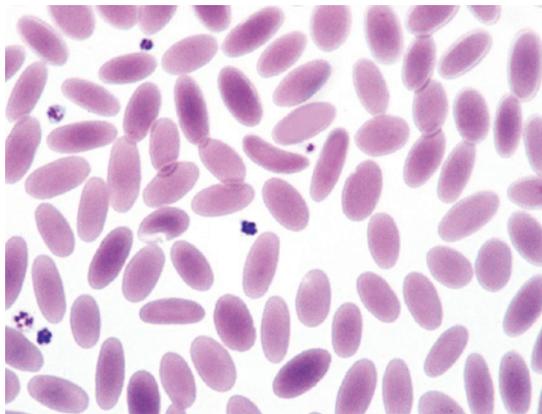
**Monocytes** are present in the peripheral blood, and they contain variably sized nuclei. The nucleus is occasionally kidney-shaped, but it is often elongated, bilobed, or loboid. Nuclear chromatin is coarse and clumped. The cytoplasm is light blue-gray in color, and it contains vacuoles or granules. Monocytes are often confused with neutrophils, lymphocytes, and atypical lymphocytes. They are usually larger than lymphocytes and have a kidney-shaped nucleus. Monocytes are normally present in the blood, and they are involved in phagocytosis. Increased numbers of monocytes can indicate a variety of chronic infections.

Monocytes are normally present in the blood, and they are involved in phagocytosis.

Normal erythrocyte morphologic features vary among different species of domestic animals. Normal erythrocytes have a biconcave disc shape and a central pallor. Unlike avian, reptile, and amphibian erythrocytes, mammalian erythrocytes are nucleated (see Fig. 10-1). Oval, elliptical, and elongated erythrocytes are seen in various types of anemia; sometimes referred to as pencil cells. In llamas, the numbers of erythrocytes are high, and the predominant cell type is of the normal oval type. In certain conditions, normal oval erythrocytes contain oval-shaped erythrocytes. Hemoglobin content



A platelet clump in a canine blood smear.



appear evenly dispersed throughout the field. Concentrated areas may be seen.



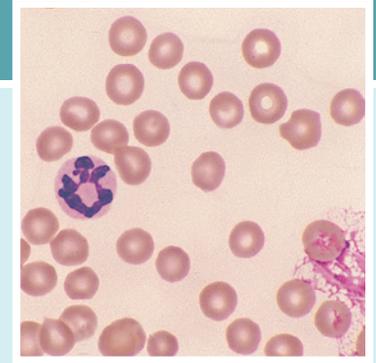
Platelets (thrombocytes) are an important component of hemostasis. The procedure for platelet valuation is the examination of the blood smear. When platelet numbers appear decreased, determining platelet concentration by a more quantitative procedure is appropriate. Platelet numbers can be evaluated by counting a known area of a blood smear. The numbers of platelets in a minimum of 10 microscopic fields should be counted. The size of the oil-immersion field depends on the type of microscope used. In a normal smear, platelets are evenly dispersed. In more common normal patients, platelet estimates can be reported as the average number seen in 10 microscopic fields or

range (mean ± standard deviation) or (multiplying the estimated platelet number averaged from 10 fields) by 10<sup>9</sup> per liter. An indirect method for platelet counting involves the use of a platelet counter. The following equation:

Platelet clumping is common among dogs. If clumps are observed, the platelet count is probably inadequate. The presence of unusually large platelets, i.e., megathrombocytes, suggests a platelet disorder. Platelet clumping may be observed in dogs with thrombocytopenia. Platelet clumping may be observed in dogs with thrombocytopenia. Platelet clumping may be observed in dogs with thrombocytopenia.

- The wedge spreader is a common technique used to prepare a differential blood cell count.
- Differential blood cell smears are usually stained with Romanowsky stain.
- Blood cell smears are used to determine estimated platelet numbers.
- A minimum of 100 cells are counted and classified when performing a differential count.
- The differential count provides the relative percentage of each type present.
- Absolute values are recorded by multiplying the relative percentage of each cell type by the total count.
- Eosinophilic granules vary in size, color, shape, and number of granules present among species.
- Monocytes tend to have an amoeboid nucleus, and they are the largest of the granulocytes in circulation.
- Neutrophils are the largest of the granulocytes, and they contain a nucleus with three to five lobes.
- Basophils are the least commonly seen on a blood cell smear.

# Morphologic Abnormalities of Blood Cells



After studying this chapter, you will be able to:

- Describe methods for semiquantifying morphologic changes.
- Describe types of morphologic changes seen in white blood cells.
- Describe types of morphologic changes seen in red blood cells.
- Discuss the term toxic change.
- List and describe forms of toxic normal changes in red blood cells.

- List and describe forms of toxic normal changes in red blood cells.
- List and describe forms of toxic normal changes in red blood cell arrangement.
- List and describe forms of toxic normal changes in red blood cell color.
- List and describe parasites seen in blood smear.

## Quantifying Morphologic Changes, Morphologic Abnormalities Seen in White Blood Cells,

Nuclear hyposegmentation,  
Nuclear hypersegmentation,  
Toxic change,  
Intracytoplasmic inclusions infectious  
Atypical reactive lymphocytes,  
Lysosomal storage disorders,  
Birman pattern neutrophil granulation anomaly,  
Chédiak-Higashi syndrome,  
Siderotic granules,

Smudge cells,  
Karyolysis, pyknosis, karyorrhexis,

## Morphologic Abnormalities Seen in Red Blood Cells,

Variations in cell arrangement,  
Variations in cell size,  
Variations in cell color,  
Variations in cell  
Inclusions,  
Parasites,

## Review Questions, Key Points,

Acanthocyte  
Anisocytosis  
Anulocyte  
Apoptosis  
Atypical lymphocyte  
Autoagglutination  
Basophilic stippling  
Codocyte  
Dacryocyte  
Döhle body  
Drepanocyte  
Echinocyte  
Heinz body  
Howell-Jolly body  
Hyperchromatophilic  
Hypersegmented  
Hypochromasia  
Hyposegmentation  
Karyolysis

Karyorrhexis  
Keratocyte  
Leptocyte  
Macrocytosis  
Microcytosis  
Nucleated erythrocyte  
Pelger-Huët anomaly  
Poikilocytosis  
Pyknosis  
Reactive lymphocyte  
Rouleaux  
Schistocyte  
Smudge cell  
Spherocyte  
Stomatocyte  
Target cell  
Toroocyte  
Toxic granulation

In addition to numerating each type (white blood cell WBC) estimating platelet count, differential blood cell count requires morphologic features of cells be evaluated. The presence of normal cells and toxic changes is semiquantified.

Two methods commonly agree morphologic changes. The method of to indicate relative percentage of cells with morphologic change. The designation generally quotes cells being expected; these are approximately expected; these are method designations "slight," "moderate," "marked" to be approximately expected; these are cells being expected, respectively.

**Pelger-Huët anomaly** is a congenital hereditary defect characterized by **hyposegmentation** of all granulocyte nuclei. Nuclear chromatin appears condensed but unsegmented, and the cytoplasm is reduced. Eosinophils and neutrophils are affected. It is usually believed to result from a autosomal-dominant trait, common in Australian Shepherd dogs. Homozygous for this trait generally suffer from skeletal abnormalities and die early in life. Hyposegmentation reflects early release of neutrophils. Pseudo-Pelger-Huët anomaly has been reported in other animal species in inflammatory response and leukocytosis. In general, with pseudo-Pelger-Huët anomaly, fewer neutrophils are hyposegmented than in the congenital anomaly.

Canine splenic neutrophils are considered **hypersegmented** (Fig. 11-10). This is usually attributable to aging of neutrophils, either in vivo or in vitro.

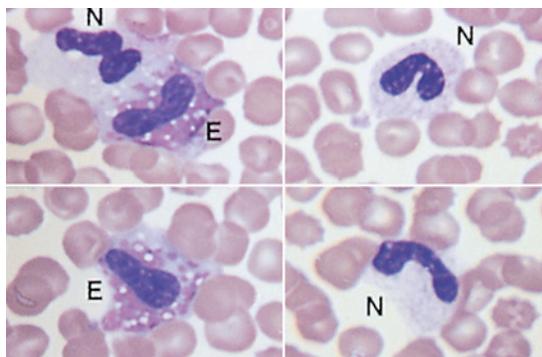
with endogenous or exogenous glucocorticoids, which prolong half-life of circulating neutrophils) or in vitro result of prolonged storage of blood before blood cell count (de). Hypersegmented neutrophils are seen in blood of animals with **macrocytosis**.

Nuclear hypersegmentation of neutrophils is a common finding in animals with macrocytosis.

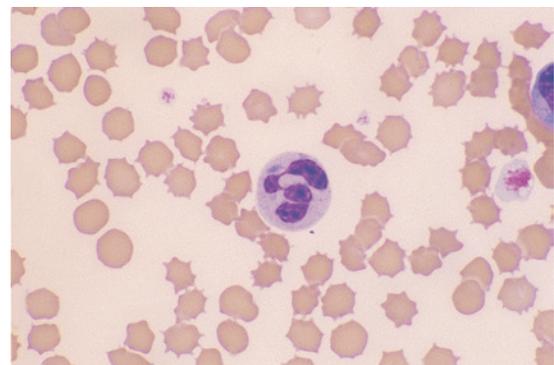
The common disease-induced cytoplasmic changes in neutrophils are referred to as toxic changes and are associated with conditions such as infection, sepsis, and hypoxia. These changes are referred to as "band" or "streak" leukogram. They are severe, often suggest bacterial infection. However, toxic changes are quite common in many diseases. Types of toxic change include cytoplasmic basophilia, **toxic granules** (vacuoles or foaming) (Fig. 11-11), and **toxic granulation**. Affected cells appear much larger than normal segmented neutrophils (Fig. 11-11). These toxic changes are thought to be due to increased neutrophil activation within the marrow. Criteria for evaluating degree of toxicity are presented in Table 11-1.



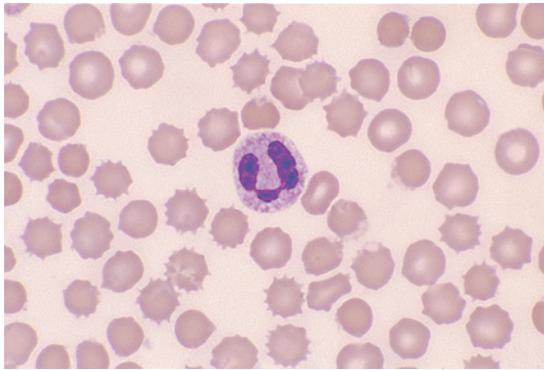
A canine neutrophil with a hypersegmented nucleus.



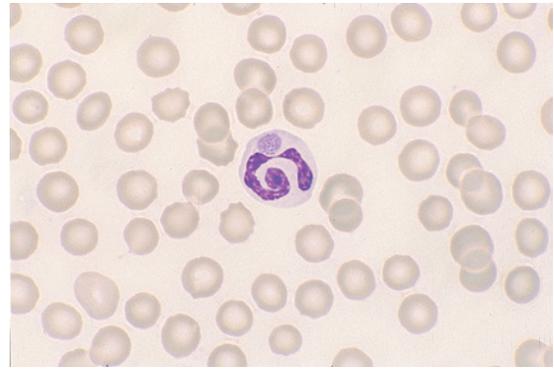
from a dog with Pelger-Huët anomaly. (Wright's stain.)



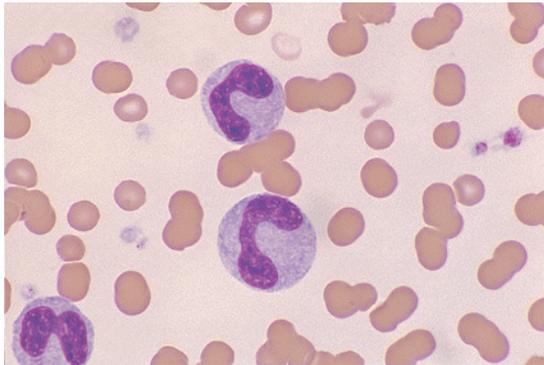
A toxic neutrophil showing cytoplasmic basophilia and a large Döhle body. The red blood cells are crenated.



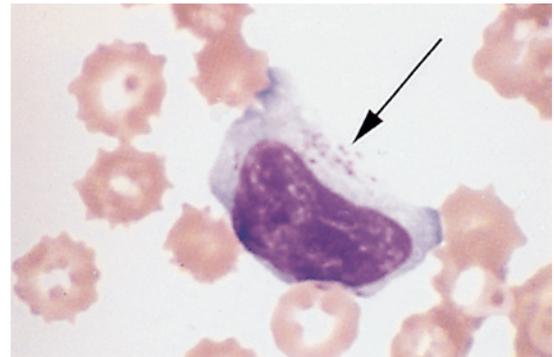
A neutrophil with toxic granulation.



A canine neutrophil that contains an



A giant neutrophil adjacent to a normally proportioned feline

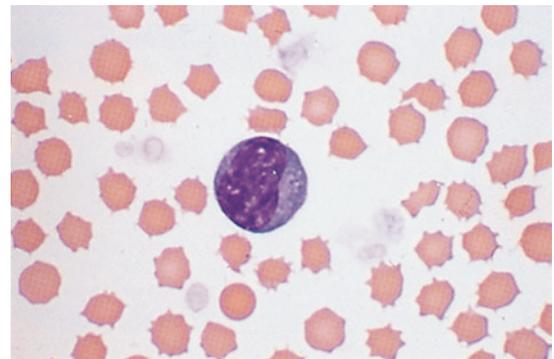


**of Toxic Changes in the Cytoplasm**

\*One or two Döhle bodies are sometimes seen in a few neutrophils from cats that do not exhibit signs of illness. May also contain Döhle bodies.



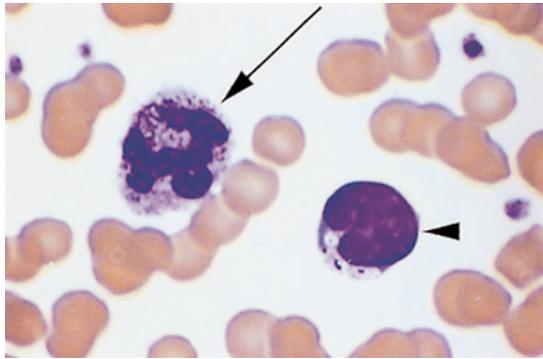
Canine distemper inclusions may appear in neutrophils, red blood cells or utrophils, blue color. The rulae ickettsial rganisms Ehrlichia Ana plasma species) may be seen within cytoplasm of neutrophils Fig. ther ectious ents demonstated



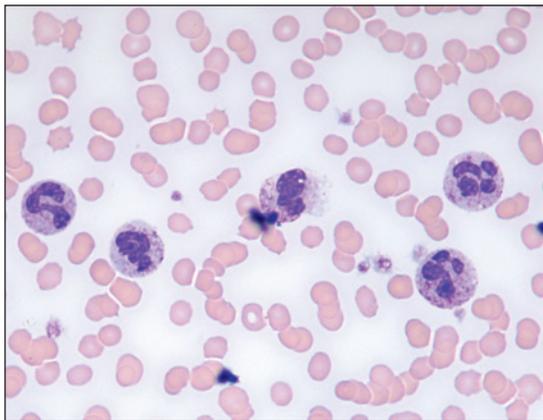
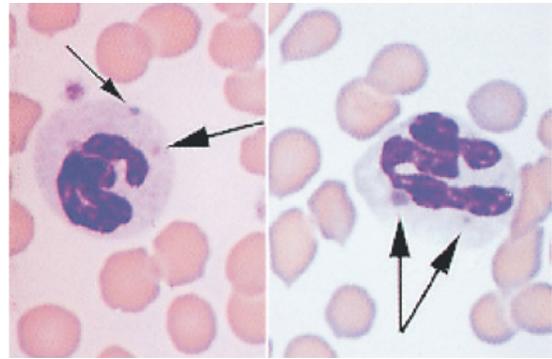
**Fig. 11.8** A reactive lymphocyte in a canine blood smear. Numerous

clusions utrophils nocytes lude *Histo plasma capsulatum*, *Francisella philomiragia*, *Mycobacterium*, gametocytes of *Hepatozoon canis*, amastigotes of *Leishmania infantum*.

Azurophilic granules topoplasm lymphocytes eften ciated hronic igenic imulation, especially ith hrlichiosis. zurophilic granules be resent rmal ovine ymphocytes. **Atypical lymphocytes** y ve philic topoplasm leaved uclei, and hey ay how vidence synchronous aturation he nucleus topoplasm. **Reactive lymphocytes** . have increased basophilia cytoplasm; they may have more



as well as a neutrophil with toxic granulation



**Fig. 11.10** Cytoplasmic granules associated with Birman cat anomaly. *Atlas of canine and feline peripheral blood smears*

granulation en utrophils ucopolysac  
charidosis gangliosidosis, which are two of lysosomal  
storage rders.

Neutrophils rited rder  
Higashi ome ve ysosomes  
cytoplasm lightly or eosinophilic Fig.  
Approximately ee utrophils ontains  
lysosomes. ranules osinophils pear htly  
large. ffectd ve endency leed, ecause  
their elet tion normal. lthough utrophil  
tion normal, ected enerally y.  
The ome ften een eported ersian  
but een eonstrated ccur oxes,  
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abundant toplasm, metimes ontain er  
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With group of rare inherited substance abnor  
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abnormalities rogressive urologic ecause  
cells f ody ectd, ored ubstance en  
leukocytes (usually monocytes, lymphocytes, or neutrophils).  
The pearance ukocytes aries ependng ype  
of ysosomal orage ymphocytes acuolated,  
or y y ontain ranules; utrophils ontain  
granules

Neutrophils from affected by Birman Granulation nomaly  
contain eosinophilic to magenta granules. Fig. This  
anomaly inherited autosomal-recessive trait. Neutrophil  
function rmal, ected y. ranu  
lation ust inguished om oxic ranulation

Granules of hemosiderin may be present neutrophils  
monocytes f nimals ith emolytic nemia. hey ppear imilar  
to odies, ut erentiated  
Prussian blue odies russian  
blue. Siderotic inclusions occur erythrocytes; affected  
cells ould eferred eroocytes.

**Smudge cells** hich e metimes eferred et ells,  
are degenerative leukocytes have ruptured Fig. Their  
presence onsidered umbers  
seen n lood mall umbers udge ells  
be roduced tifact hen lood oo efore  
de xcess ressure hen  
umbers udge ells ciated  
leukemia.

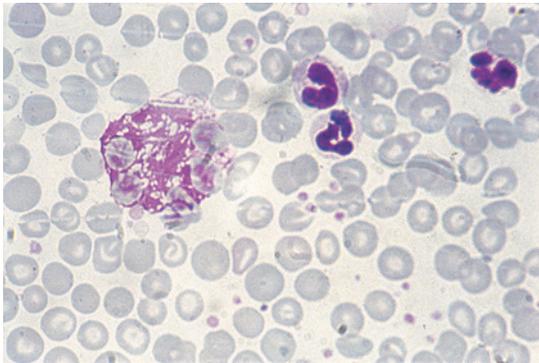
**Karyolysis** egenerative hange ucleus  
acterized by dissolution of nuclear membrane. It usually  
affects neutrophils, associated with presence of septic  
exudates. The term **karyorrhesis** refers to fragmentation of  
ucleus er ell **apoptosis** erm **pyknosis**  
refers to condensing of nucleus cell Fig.

The morphologic characteristics of erythrocytes are categorized according to cell arrangement, color, size, presence of structures, and erythrocytes.

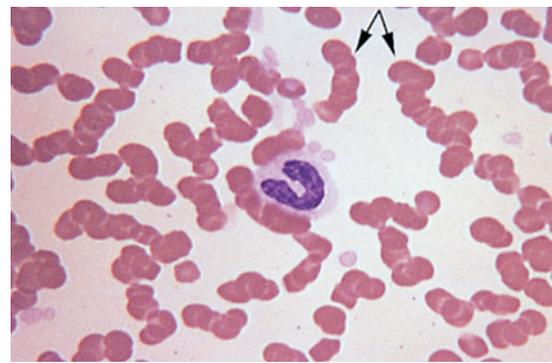
**Rouleaux** formation involves clumping of erythrocytes into stacks. This is associated with increased plasma protein concentrations, particularly fibrinogen and globulin. It is often accompanied by rouleaux formation in sedimentation rate. It is also associated with increased sedimentation rate.

horses, may be present on blood smears from healthy animals. It is often associated with anemia and is repaired in refrigerated blood.

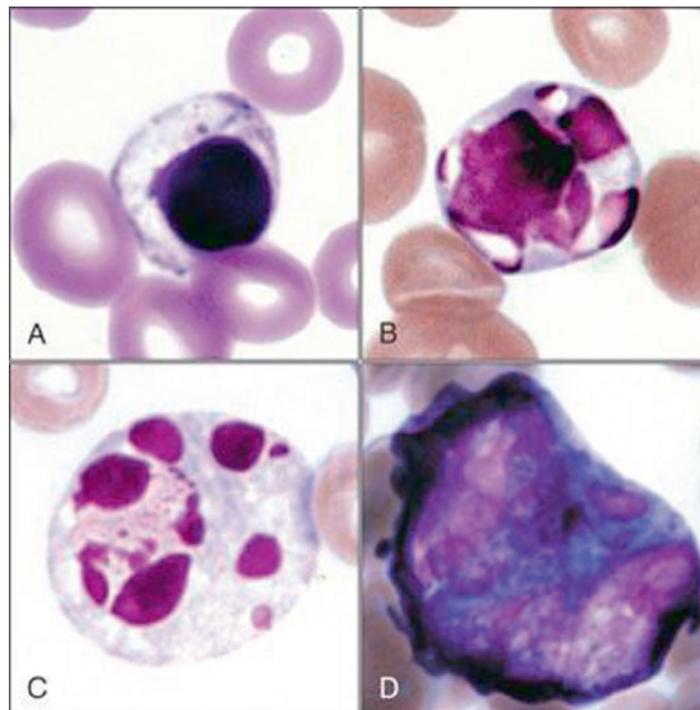
The agglutination of erythrocytes is distinguished from rouleaux formation. **Autoagglutination** occurs in immune-mediated disorders in which antibody coats erythrocyte, resulting in clumping. Sometimes observed microscopically, it can be differentiated from agglutination, especially to the top of blood, for agglutination. It is often associated with illness.



A smudge cell and several neutrophils in a canine blood smear.

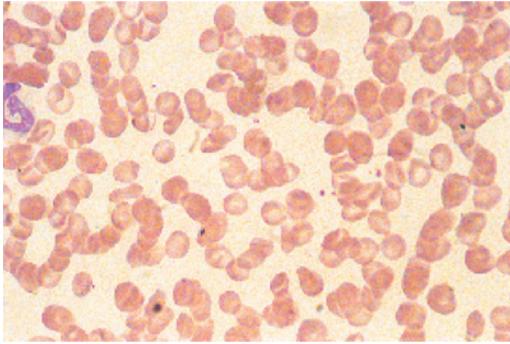


A neutrophilic band cell is also present.

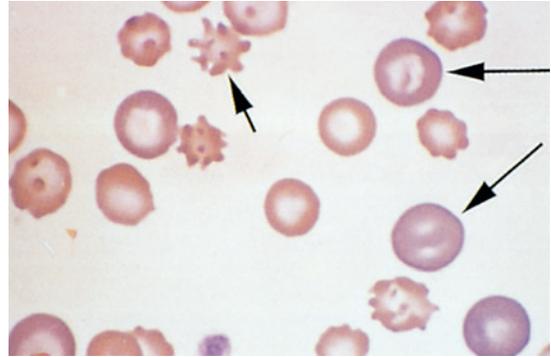


Pyknotic cell with condensed chromatin in blood from

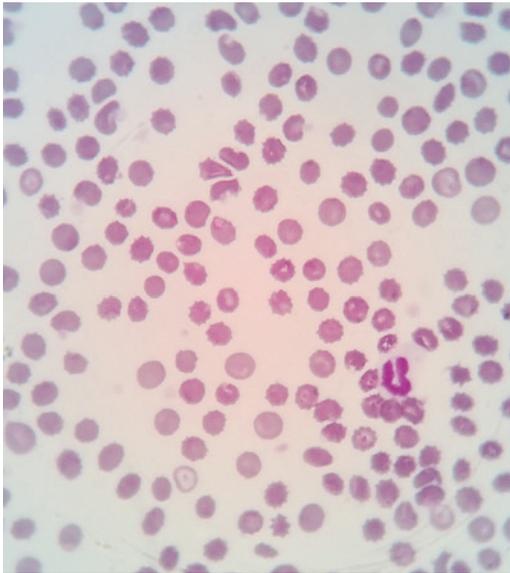
Pyknosis and karyorrhexis of a cell in blood from a cow with leukemic lymphoma. (Wright-Giemsa stain.)



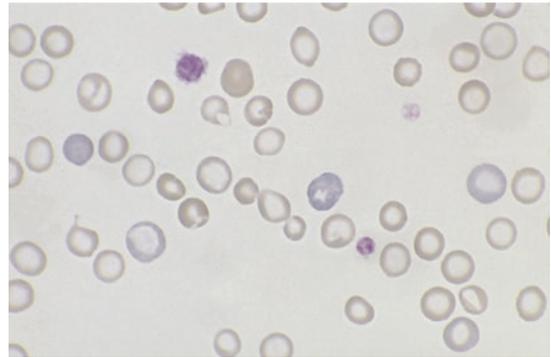
Autoagglutination in a canine blood smear.



Macrocytic polychromatophilic red blood cells



Autoagglutination will not disperse when RBCs are



organelles remain within cytoplasm; therefore, are young cells. When they are young, they are usually pear-shaped reticulocytes.

Autoagglutination will not disperse when RBCs are

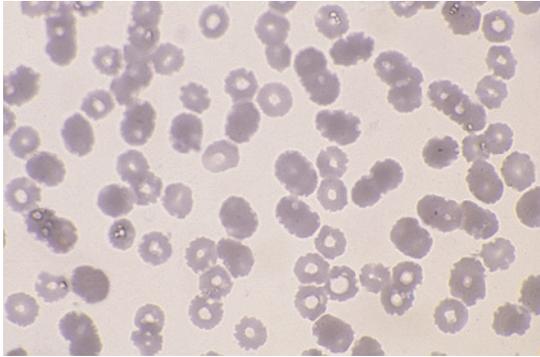
**Anisocytosis** variation in size of cells (Fig. may indicate presence of macrocytes (large cells), microcytes (small cells), or both. Anisocytosis is common in normal ovine blood. Macrocytes are erythrocytes that are larger than normal, with increased corpuscular volume. Macrocytes are usually young, polychromatophilic erythrocytes (reticulocytes). Microcytes are erythrocytes with a smaller diameter than normal erythrocytes, with decreased MCV. Microcytic cells are common in anemia.

Anisocytosis may involve microcytes or macrocytes,

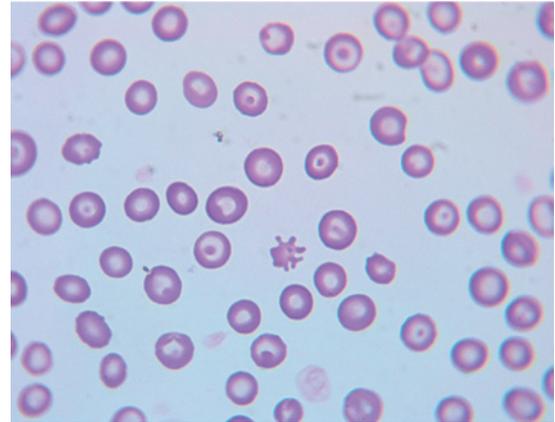
**Hypochromasia** decreased hemoglobin content. The cell will normally appear more darkly stained along the periphery, gradually becoming much less dense toward the center. Hypochromic erythrocytes often appear hypochromic because of their large diameter. Hypochromic cells can be distinguished from bowl-shaped cells (anulocytes or "punched-out" cells) and microcytes, which are generally considered artifacts. Hypochromic cells result from improper staining technique (Fig. 11-10) or true hypochromasia, which may be associated with iron deficiency anemia. Hypochromic cells are determined by a decreased mean corpuscular volume (MCV) and hemoglobin content.

The term **hyperchromasia** refers to erythrocytes that exhibit a bluish tint when stained with Romanowsky-type stains.

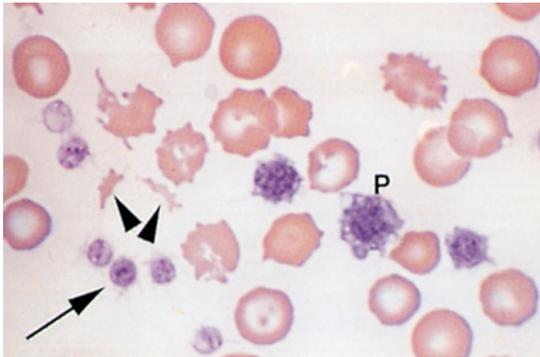
The word **hyperchromatophilic** refers to cells that appear to be more darkly stained than normal cells. This gives the appearance



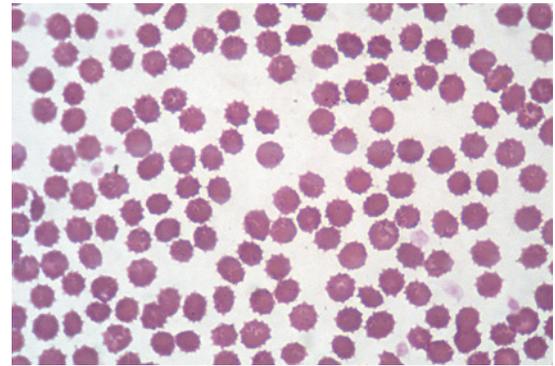
**Fig. 11.19** The punched-out appearance of many of these red blood cells is an artifact caused by inadequate drying of the blood smear.



(Wright-Giemsa stain.) (From Harvey JW:



and giant platelets are seen on this blood smear from a dog with iron-deficiency anemia.



Echinocytes in a feline blood smear.

cells are oversaturated with hemoglobin. Because of dehydration or maldistribution of hemoglobin, oversaturation occurs. Cells usually are called spherocytes.

Abnormally shaped erythrocytes are called poikilocytes. However, terminology is helpful, because it suggests specific morphologic abnormalities regarding shape change. The origin of abnormal shape depends in part on the species being examined. Shape and color changes are considered important when they are associated with specific disorders. The term **poikilocytosis** is used only when morphologic abnormalities are described for specific forms.

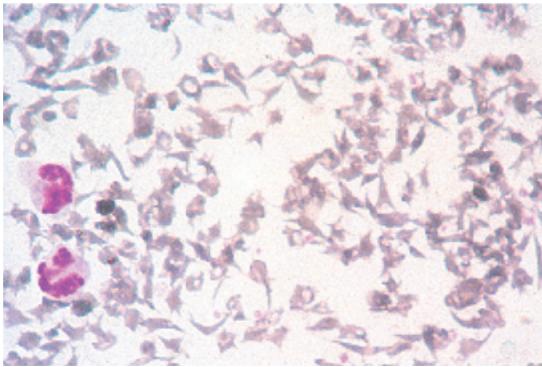
**Schistocytes** (Fig. 11.20), which are fragmented cells, are usually formed as a result of mechanical trauma. Schistocytes are observed in animals with vascular thrombocytopenic purpura (TTP), thrombotic thrombocytopenic syndrome (TTPS), and other conditions. They are often associated with fibrin strands, with vascular neoplasms (e.g., hemangiosarcoma), and with iron deficiency. They usually have concurrent thrombocytopenia.

**Acanthocytes** (Fig. 11.21), which are helmet-shaped cells, are characterized by an irregularly shaped cell with one or more notched or crenated surfaces.

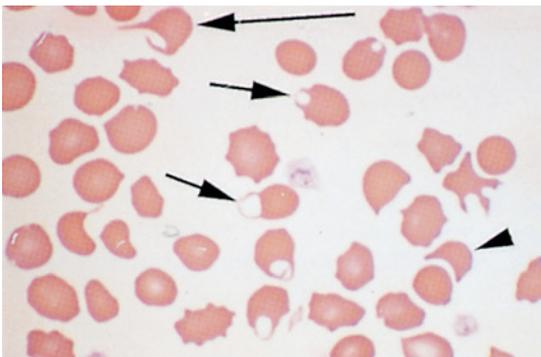
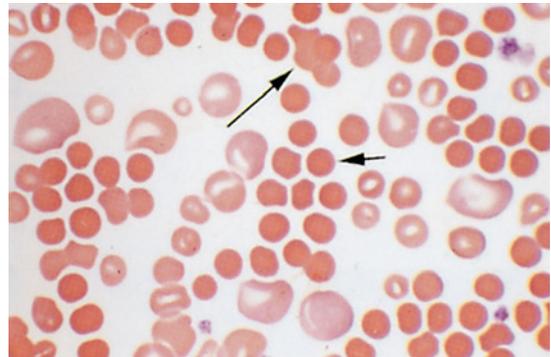
projections are of variable size and shape. They are often seen in dogs with hepatic dysfunction (e.g., hemangiosarcoma of the liver). The presence of acanthocytes in middle-aged to large-breed dogs with concurrent regenerative anemia is suggestive of hemangiosarcoma.

**Echinocytes** (which are called burr cells), are spiculated cells with numerous short, evenly spaced, blunt to sharp surface projections of uniform size and shape (Fig. 11.22). Echinocyte formation is artifactual, but it is associated with prolonged storage of blood. Echinocytes are a common normal finding in dogs and cats. Echinocytes are also seen in dogs with lymphosarcoma; after exercise in horses; from renal failure; in dogs with hemangiosarcoma; in snakes, coral snake, water moccasin, and in vipers after envenomation.

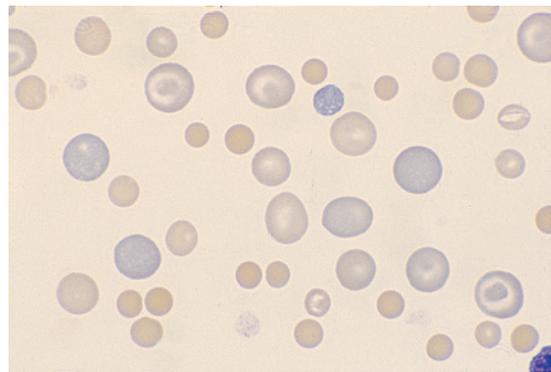




Drepanocytes (sickle cells) in a blood smear from a normal deer.



**Fig. 11.24** Numerous keratocytes (arrows) and a schistocyte (arrowhead) are present in this blood smear from a cat with iron-deficiency anemia.



Mixed anisocytosis and polychromasia is also present.

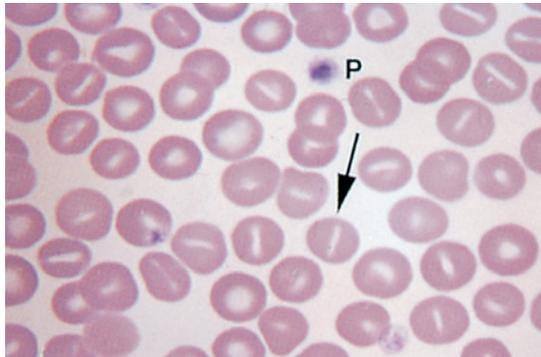
**Drepanocytes** are high density cells, observed in blood smears from normal deer and goats. They are associated with iron deficiency anemia and hypoxia.

**Keratocytes** are commonly referred to as helmet cells, lister cells, or kite cells. They resemble keratocytes seen in cats associated with mangiosarcoma, aplasia, glomerulonephritis, various hepatic diseases, and may also appear in splenic infarcts. Keratocytes are believed to form from extravascular trauma involving section of the splenic sinusoids. The presence of keratocytes where chlamydia or Leishmania are present in splenic tissue has been demonstrated in dogs and cats. In feline leukemia virus infections, keratocytes are associated with myelodysplastic disease.

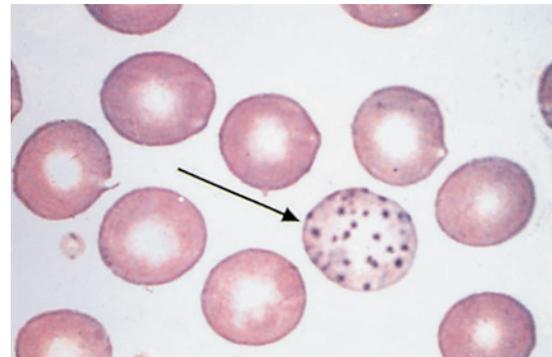
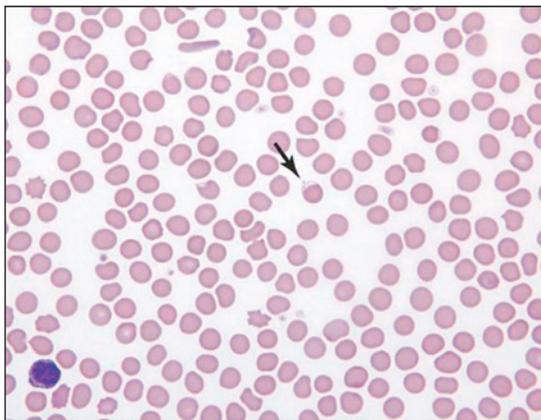
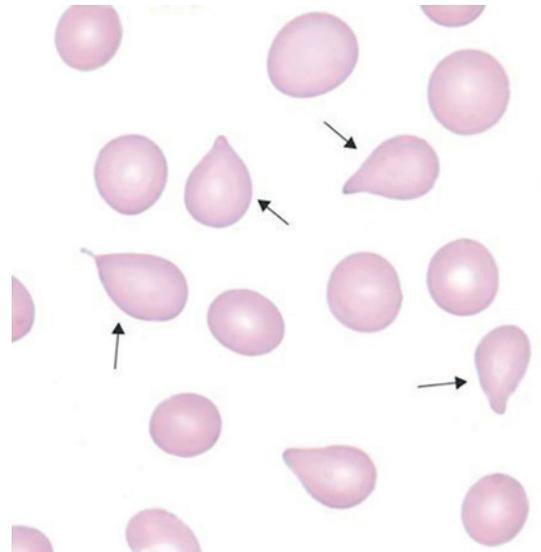
**Spherocytes** are darkly stained cells with reduced or central pallor (Fig. 11.25). Spherocytes are easily detected in other blood smears. They are produced by increased membrane surface area as a result of osmotic lysis of erythrocytes, which occurs in response to presence of antibody or complement on the surface of erythrocytes. They suggest immune-mediated destruction resulting in hemolytic anemia. They are often seen in transfusion reactions and in dogs with immune-mediated hemolytic anemia.

snake envenomation, association with parasites, with toxicity. Immune-mediated hemolytic anemia usually regenerative response is decreased. Polychromasia reticulocyte count is low, however, nonregenerative result of antibodies against precursors within the bone marrow. In these cases, spherocytes are often difficult to detect, because presence of large polychromatophilic cells facilitates recognition of small spherocytes. Although spherocytes have increased central pallor, their volume is normal. In addition, dogs with immune-mediated hemolytic anemia have increased

These cells are characterized by increased membrane surface area relative to cell volume, affected cells may take variety of shapes. **Target cells** are high density referred to as **codocytes** are **leptocytes** with central pallor and prominent clear area. They are associated with peripheral edema and may be associated with normal blood. They are inherited disorders. Erythrocytes may appear as old cells. **Stomatocytes** are old cells with transverse, raised rim that extends across the center of the cell. They are often seen in the peripheral region of the cell (Fig. 11.26). Folded cells stomatocytes are considered artifacts. Areas of pallor are all perpendicular to the center of the cell. They are referred to as stomatocytes. They are often seen in dogs with hemoglobin cross-reacting antibodies.



**Fig. 11.27** Folded cells and stomatocytes and a platelet



6th



Erythrocytes from various species normally oval or elliptical shape (see Fig. In other species, cells associated with lymphoblastic leukemia, hepatic lipidosis, corticosteroid-induced hemolytic anemia, and chronic renal failure.

Eccentricity has been described in patients with diabetic ketoacidosis or neoplasia, with *Babesia canis* infections, after ingestion of oxidants such as garlic, onions, acetaminophen. The cells appear as teardrop-shaped cells with a characteristic elongated tail; acryocytes

**Dacryocytes** are teardrop-shaped cells that are seen in yellow fever, certain other myeloproliferative disorders. They have been identified in blood from llamas and alpacas that are iron deficient. These cells are characterized by a teardrop shape, but they can be identified by their elongated tails; acryocytes

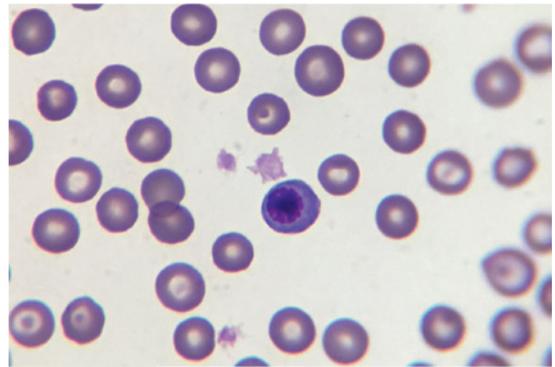
have been reduced in size and may be teardrop-shaped or pear-shaped.

**Basophilic stippling**—or presence of small, dark-blue bodies within erythrocyte—is observed in right-stained cells. It represents residual ribosomes and is common in uremia in ruminants and occasionally in dogs during response to anemia. It is characteristic of lead poisoning (Fig. 11.30)

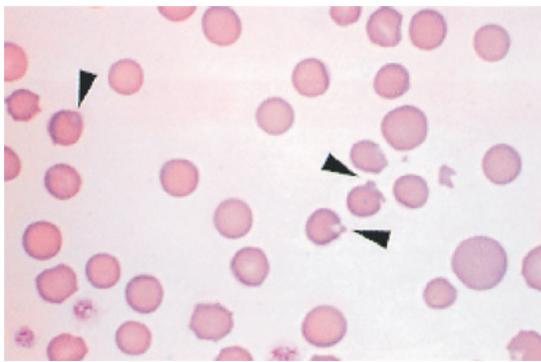
**Howell-Jolly bodies** are small, dark-stained nuclear remnants seen in young erythrocytes during regenerative response. As cells pass through the spleen, Howell-Jolly bodies are removed. Consequently, increased numbers of these bodies are seen in the peripheral blood in certain conditions, such as splenectomy, megaloblastic anemia, and certain forms of hemolytic anemia.



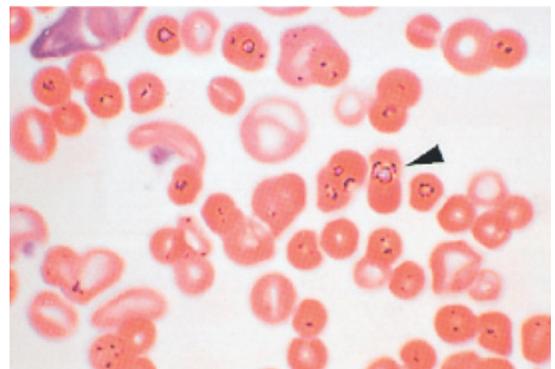
Howell-Jolly bodies on a canine blood smear.



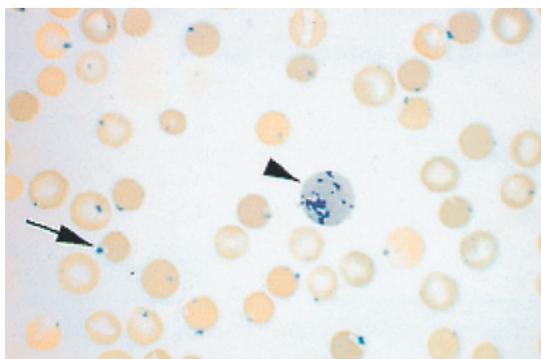
Nucleated red blood cells in a canine blood smear.



on a feline blood smear. (Wright's



**Fig. 11.35** Drying artifacts. These will appear refractile under the



**Fig. 11.33** Heinz bodies on a feline blood smear. A reticulocyte is also present. (New methylene blue stain.)

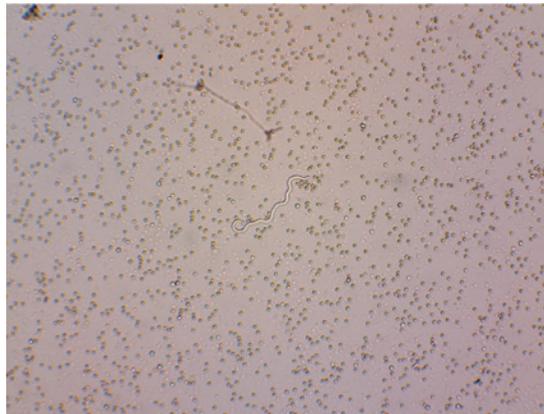
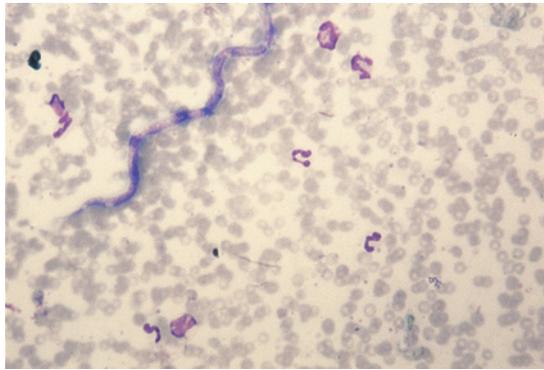
by increased concentration with hyperthyroidism, retes

Heinz bodies often seen in cases such as lymphosarcoma, leukemia

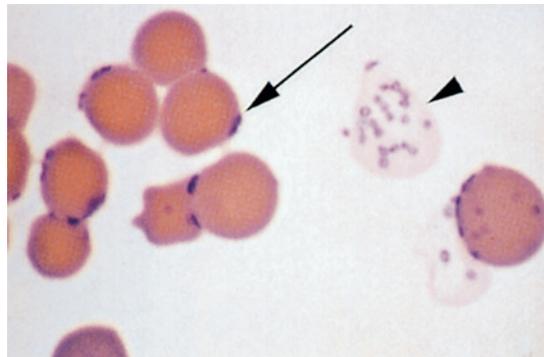
In nucleated erythrocytes represent early release of immature erythrocytes during regenerative response. Occasionally observed in anemias of nonmammalian species (birds, reptiles) contain nuclei. Nucleated erythrocytes are not counted by hemocytometers or electronic cell counters. When performing differential cell counts, nucleated erythrocytes are counted separately and reported as a percentage of the total number of erythrocytes. The following equation to calculate corrected leukocyte count:

**Heinz bodies** are round structures represent denatured hemoglobin. The denatured hemoglobin comes attached to the cell membrane and appears as a blue-stained area with right's technique for reticulocytes, Heinz bodies appear blue. Fig. 11.33 shows reticulocytes, Heinz bodies. Unlike domestic animals, we often see Heinz bodies

Parasites may be present on erythrocytes. Drying artifacts are sometimes confused with parasites. Drying artifact usually appears refractile commonly in blood smears. Ehrlichia



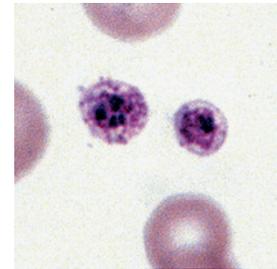
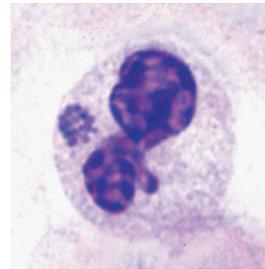
Microfilaria of *Dirofilaria immitis* in a canine blood smear.



Ring forms are visible in the lysed erythrocyte

*Mycoplasma*. Occasionally, microfilaria of *Dirofilaria immitis* may be seen in peripheral blood. Other parasites encountered include *Eperythrozoon*, *Anaplasma*, *Cytauxzoon*, *Babesia*. Additional information about these parasites is found in the [chapter](#)

*Mycoplasma haemofelis* is commonly seen in canine erythrocytes. It causes feline bartonellosis or feline infectious anemia. The organisms appear as small, dark purple, ring-shaped structures. They are frequently seen at the periphery of RBCs. The parasitemia is cyclic; in suspected cases, blood should be examined several times at different times of the day before a decision is made regarding further blood



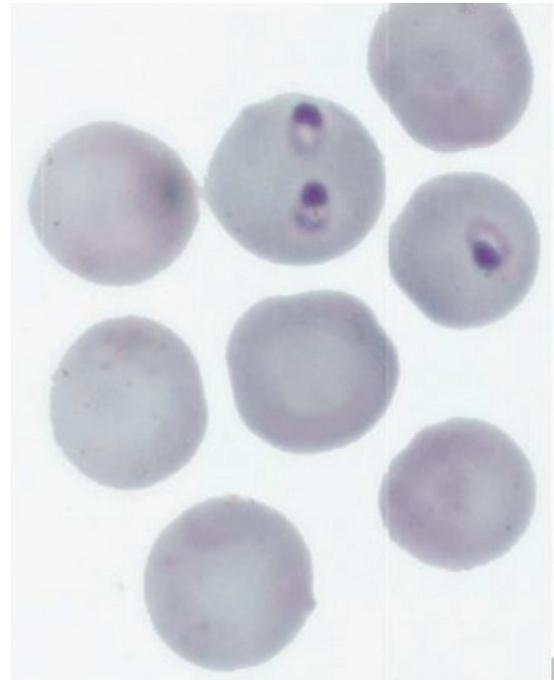
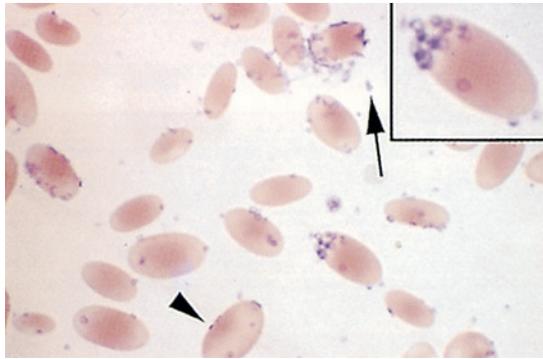
been contact with anticoagulant preferred when evaluating sample for suspected hemobartonellosis. The organisms often detach from surface of erythrocyte when anticoagulant. *Haemobartonella canis* infection is rare in dogs, usually observed only in neutromized and immunosuppressed dogs. The organism commonly appears as a chain of small cocci or rods that stretch across surface of erythrocyte. chains may appear in bunch.



A variety of species *Ehrlichia* and *Anaplasma* are able to infect dogs. *Anaplasma platys* (previously *Ehrlichia platys*) affects only platelets, causing thrombocytopenia. Other *Ehrlichia* species infect leukocytes. *Ehrlichia canis* commonly infects neutrophils. **Fig.** The organisms are transmitted by tick vectors; they appear as clusters of pleomorphic bodies in the cytoplasm. *Anaplasma marginale* is an intracellular blood parasite of wild ruminants. It appears

as small, dark-stained cocci. They must be differentiated from Howell-Jolly bodies, because sizes are similar. Early during course of infection, many of the organisms contain inclusions.

However, usually, the organisms are not detected. *Anaplasma* and *Ehrlichia* parasites belong to a group of rickettsial organisms. Their morphology varies among species and has changed significantly during recent years. Additional information about the biochemistry of these organisms can be found in the [chapter](#). The result of infection is thrombocytopenia, anemia, leukopenia and leukocytosis, but sometimes with marked leukopenia and thrombocytopenia, but sometimes with normal leukocyte count and lymphocytosis. The protein level is usually increased. The organisms are best demonstrated during acute phase, but they are usually present in low numbers. Repeated examinations of smears are necessary for diagnosis. However, the organisms are not seen, and serologic testing.



Feline erythrocytes infected with the characteristic signet-ring

organisms. (Wright-Giemsa, 330.) (From Little S: *The cat*, St Louis,

Eperythrozoonosis is quite similar to hemobartonellosis; *Eperythrozoon* pear-shaped organisms are commonly found on the surface of erythrocytes. *Cytauxzoon felis* are molytic organisms that form within erythrocytes, lymphocytes, and macrophages.

*Babesia bigemina* and *B. equi* are pleomorphic, teardrop-shaped organisms frequently seen in piropalmsis). *B. equi* and *B. caballi*, which are also reported in the United States, have been seen in the South (especially Florida). *Babesia* dogs caused by *B. canis* and *B. gibsoni*. These organisms appear in dogs. *B. gibsoni* appears in dogs. The percentage of erythrocytes infected with these organisms is commonly observed.

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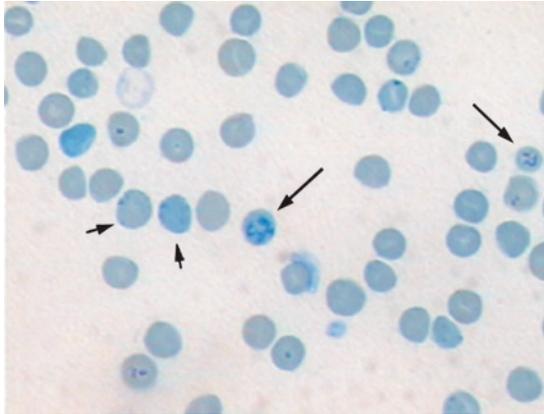


organisms in bovine red blood cells.

Chapter review questions [appendix](#)

- Changes in leukocyte morphology affect cell nucleus and cytoplasmic inclusions.
- Changes in erythrocyte morphology affect cells' size, shape, color, and arrangement.
- Morphologic changes in blood cells can be quantified.
- Nuclear changes in leukocytes include hyposegmentation, hypersegmentation, pyknosis, polychromasia, and poikilocytosis.
- Inclusions in leukocytes include lysosomes, a variety of normal granules, and parasites.
- Changes in erythrocyte morphology include poikilocytes, microcytes, and spherocytes.
- Alterations in erythrocyte behavior include rouleaux formation and agglutination.
- Inclusions in erythrocytes include Howell-Jolly bodies, Heinz bodies, and parasites.





The reticulocyte count, which contains to light polychromatophilic reticulocytes, are aggregate reticulocytes, here as punctate reticulocytes. For a meaningful reticulocyte count only the aggregate form of reticulocytes can be counted. The reticulocyte percentage is determined with a Wright's stain. The reticulocyte percentage is determined with a Wright's stain. The reticulocyte percentage is determined with a Wright's stain.

Reticulocyte count is interpreted according to the degree of anemia, because fewer mature erythrocytes are present in anemic patients. Reticulocytes are released earlier and persist longer than they do in normal patients. Higher percentages may be seen in hemolytic anemia compared with hemorrhagic types of anemia. Although reticulocyte counts are often reported as a percentage, the reticulocyte production index (RPI) is a more accurate measure of reticulocyte response. The RPI is calculated by multiplying the corrected reticulocyte percentage by the maturation time of the reticulocyte. The RPI is calculated by multiplying the corrected reticulocyte percentage by the maturation time of the reticulocyte.

Some practitioners may prefer to use the reticulocyte production index (RPI) instead of the corrected reticulocyte percentage. The RPI is calculated by dividing the corrected reticulocyte percentage by the maturation time of the reticulocyte for the observed patient's PCV. Maturation time values are based on the patient's age. For example, the maturation time for a dog's corrected reticulocyte count is 1.5 days. The RPI is calculated by dividing the corrected reticulocyte percentage by the maturation time of the reticulocyte for the observed patient's PCV. Maturation time values are based on the patient's age. For example, the maturation time for a dog's corrected reticulocyte count is 1.5 days. The RPI is calculated by dividing the corrected reticulocyte percentage by the maturation time of the reticulocyte for the observed patient's PCV.

Patient Packed Cell Volume	Maturation Time

Bone marrow evaluation is a valuable tool for prognosis in dogs and cats. Bone marrow evaluation is a valuable tool for prognosis in dogs and cats. Bone marrow evaluation is a valuable tool for prognosis in dogs and cats. Bone marrow evaluation is a valuable tool for prognosis in dogs and cats. Bone marrow evaluation is a valuable tool for prognosis in dogs and cats.

Samples are collected from the iliac crest or the anterior iliac crest. Samples are collected from the iliac crest or the anterior iliac crest. Samples are collected from the iliac crest or the anterior iliac crest. Samples are collected from the iliac crest or the anterior iliac crest. Samples are collected from the iliac crest or the anterior iliac crest.

All necessary equipment should be prepared before beginning the procedure. To collect bone marrow aspirate, the dog should be restrained and sedated. All necessary equipment should be prepared before beginning the procedure. To collect bone marrow aspirate, the dog should be restrained and sedated. All necessary equipment should be prepared before beginning the procedure. To collect bone marrow aspirate, the dog should be restrained and sedated.

Special bone marrow needles are preferred, although a 18-gauge hypodermic needle may be used for collection from puppies and kittens. Bone marrow needles have a stylet to prevent occlusion of the needle. Special bone marrow needles are preferred, although a 18-gauge hypodermic needle may be used for collection from puppies and kittens. Bone marrow needles have a stylet to prevent occlusion of the needle. Special bone marrow needles are preferred, although a 18-gauge hypodermic needle may be used for collection from puppies and kittens.



Rosenthal stylet, Rosenthal needle, Jamshidi needle, Jamshidi stylet, and Illinois needle.



Bone marrow aspiration technique.

Several sites be used for **aspiration biopsy** including head of humerus, femoral head, iliac crest, and sternum. The iliac crest is the most common site. The Jamshidi needle is used for bone marrow aspiration. The Jamshidi stylet is used to aspirate marrow from the Jamshidi needle. The Rosenthal needle is used for bone marrow aspiration. The Rosenthal stylet is used to aspirate marrow from the Rosenthal needle. The Illinois needle is used for bone marrow aspiration. The Illinois stylet is used to aspirate marrow from the Illinois needle.

Even when smears are made immediately, placing small pieces of marrow on slides before beginning collection procedure is helpful.

In situations, better-quality greater diagnostic information are obtained core of marrow collected in addition to aspirate. Always collect for collection when collecting. The Jamshidi needle is used to aspirate marrow. The Jamshidi stylet is used to aspirate marrow from the Jamshidi needle. The Rosenthal needle is used for bone marrow aspiration. The Rosenthal stylet is used to aspirate marrow from the Rosenthal needle. The Illinois needle is used for bone marrow aspiration. The Illinois stylet is used to aspirate marrow from the Illinois needle.

for collection when collecting. The Jamshidi needle is used to aspirate marrow. The Jamshidi stylet is used to aspirate marrow from the Jamshidi needle. The Rosenthal needle is used for bone marrow aspiration. The Rosenthal stylet is used to aspirate marrow from the Rosenthal needle. The Illinois needle is used for bone marrow aspiration. The Illinois stylet is used to aspirate marrow from the Illinois needle.

Smears from one row of marrow are mixed with EDTA. The time of collection. If EDTA is used, the marrow should be prepared immediately. The marrow should be prepared immediately.

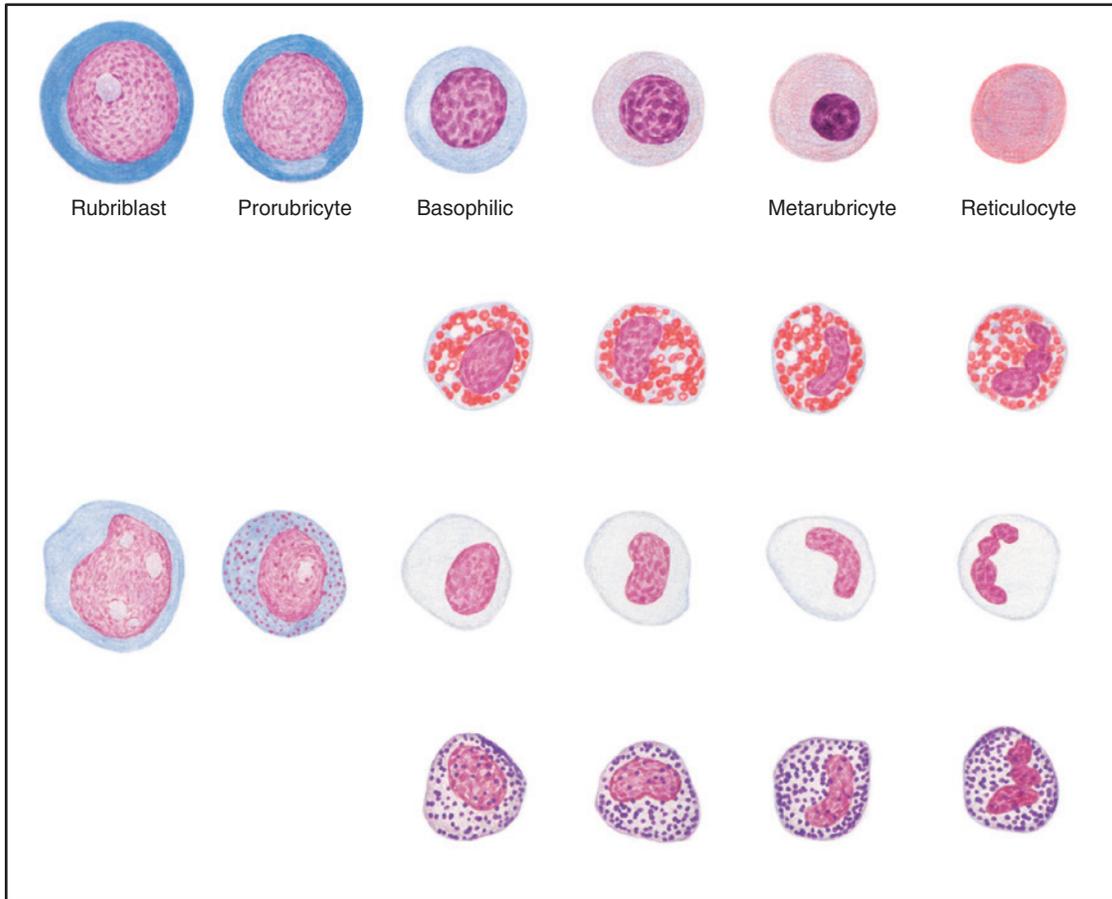
are prepared immediately. The marrow should be prepared immediately.

be used for bone marrow aspiration. The marrow should be prepared immediately. The marrow should be prepared immediately. The marrow should be prepared immediately. The marrow should be prepared immediately.

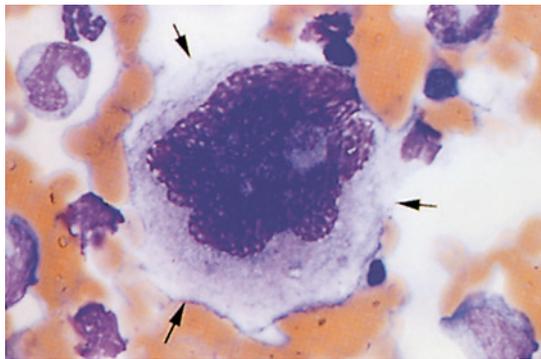
technique is used for bone marrow aspiration. The marrow should be prepared immediately. The marrow should be prepared immediately. The marrow should be prepared immediately. The marrow should be prepared immediately.

These techniques involve the use of special stains.

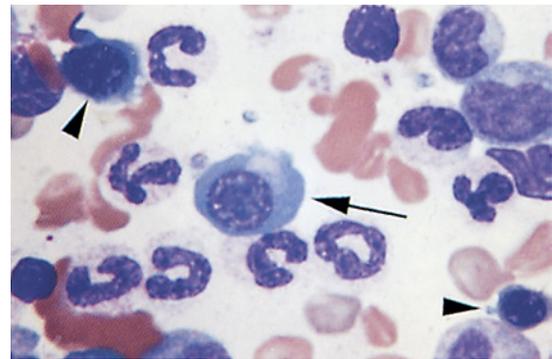




Maturation of myeloid and erythroid cells. (Drawing by Dr. Perry Bain. From Meyer DJ, Harvey JW: *Veterinary laboratory medicine: interpretation and diagnosis*,



A megakaryocyte in a canine bone marrow aspirate sample.

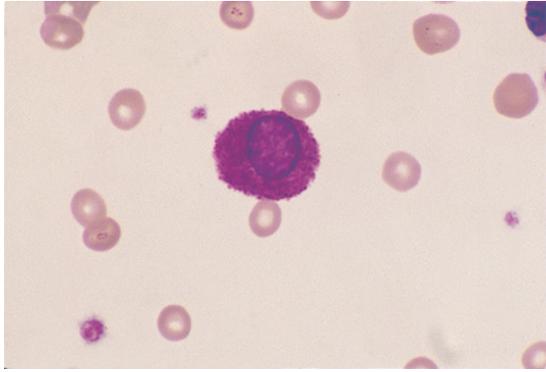


in a bone marrow aspirate from a normal

deep ed. acrophages one row often contain phagocytized material may diagnosis. In core biopsy macrophages are seen center of clusters of erythropoietic erythropoietic usually disrupted during ation iopsy.ymphocytes reduced in he one arrow, ut hey re usually resent ow umbers. Immature ymphoblasts rolymphocytes) to distinguish from rubriblasts prorubricytes. Reactive ymphocytes rmal ure ymphocytes present appear they would they were seen peripheral blood ells haracterized resence abundant, small, metachromatic cytoplasmic granules Fig.

Hemosiderin present macrophages bone marrow, round ee ells. entifiable ray to lack ranules hen radditional lood Prussian lue on ore. emosiderin ways res ence f on ore. emosiderin ways res bone row reparations om ecrease nce hemosiderin ecies.

The esults one row valuation lude, verall ellularity atio, uration ex,



A mast cell in a feline blood smear. (From Valenciano AC,

or left index. If complete differential count of marrow cells possible, usually described relative form, normalcy, morphologic normalities are described. When present, (eosinophilic); increased presence of mitotic figures; increased presence of eosinophils, eosinophils; presence of phagocytized material in mast cells from organs recorded. Reported the concurrent differential count from peripheral blood smear.

The altered high erythrocytes with ill membrane, high erythrocyte membrane. Generally, his results tendency or the erythrocytes aggregate readily.

The **erythrocyte sedimentation rate** determined variety of automated analyzers available to perform. Veterinary practices referral laboratories. Evaluation of tendency or erythrocytes accomplished by sedimentation of proteins (globulins, fibrinogen).

Manual methods or performing testing involve of rated tube depending on type of tube

pretreatment required. Several factors provide tubes used to determine. The tube used A-anticoagulated blood upper calibration mark. It then placed in rack. The tube designed to be perpendicular to the tube holder. Manual method controlled room temperature. Variations in temperature, room. After 10 minutes (or 15 minutes or 20 minutes) the column recorded.

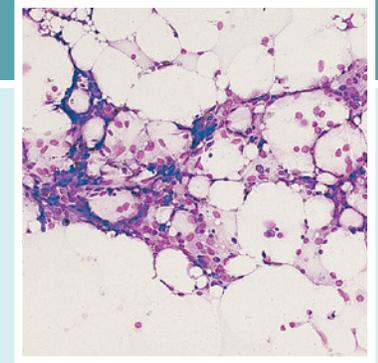
The osmotic fragility (OF) test provides a measure of the RBCs' ability to withstand hemolysis varying concentrations of solution. The test involves hemolysis occurs varying concentrations of solution compared with normal control solution. This test may provide some useful information for differentiating among some forms of anemia in dog with diagnosis of hereditary spherocytosis. It is routinely performed in veterinary research referral centers. Used by creating serial dilutions of blood ranging from 1:10 to 1:100. The EDTA-anticoagulated blood added to each dilution and centrifuged. Each dilution then evaluated with spectrophotometer to determine percentage hemolysis. The results expressed as erythrocyte fragility index. The relationship between result and cell's ability to survive is usually characterized, relationship between abnormal results decreased survival of red cells. Increased resistance to hemolysis noted with variety of conditions increase surface-to-volume ratio of red cell (e.g., some forms of liver iron deficiency). Reticulocytes are more resistant to hemolysis because of their greater surface area. Increased resistance to hemolysis seen in infections such as bartonellosis, toxoplasmosis with hookworms.

Chapter review questions [Appendix](#)

- Reticulocytes are required for erythropoiesis.
- Bone marrow may be collected via core needle or aspiration techniques.
- A variety of techniques can be used to prepare bone marrow smears with compression being a common method.
- When examining bone marrow smears evaluate cellular morphologic characteristics to determine the relative percentages of nucleated cells, erythrocytes, relative percentages of erythroid and myeloid cells, and platelets.

- Prussian blue is used to evaluate bone marrow for presence of hemosiderin.
- The results of bone marrow evaluation include, minimum, overall cellularity, ratio, maturation index, and reticulocyte count.
- Erythrocyte fragility test involves hemolysis of erythrocytes in varying concentrations of sodium chloride solution.
- The osmotic fragility test is used to evaluate high erythrocytes in various controlled conditions.

# Hematopoietic Disorders and Classification of Anemia



After studying this chapter, you will be able to:

- Describe types of normalities in bone marrow
- Use proper terminology to describe bone marrow
- Describe procedures for evaluation of bone marrow

- Discuss classification of anemia according to erythrocyte
- Discuss classification of anemia according to hematology.
- Discuss classification of anemia according to bone marrow response.

**Disorders of the Bone Marrow,**  
Neoplasia,

**Classification of Anemia,**

Classification of bone marrow response,

Classification of red blood cell size and hemoglobin

Concentration,

Classification of hematology,

**Review Questions,**  
**Key Points,**

**Aplastic**

**Chronic granulomatous inflammation**

**Chronic inflammation**

**Chronic pyogranulomatous inflammation**

**Fibrinous inflammation**

**Hypercellular**

**Hypocellular**

**Lymphoproliferative disease**

**Myeloproliferative disease**

**Nonregenerative anemia**

**Regenerative anemia**

Hematologic abnormalities can be primary or they may be secondary to other disorders. Specific blood cells or all blood cell types are affected.

Alterations in peripheral blood are one row.

A general understanding of types of disorders and diagnostic

test results are characteristic of various disorders will help

the veterinary technician to provide diagnostic-quality test results.

Disorders related to blood coagulation are presented

Abnormalities in bone marrow are classified

into changes in cell numbers and morphologic features

of maturation. They are characterized either by increased

**hypercellular** or decreased **hypocellular** cellularity of all cell

types or by increased cellularity of one cell type

when blood cell types are increased

marrow described as **aplastic** in addition, normal

topoiesis when cellularity is normal

of forms are described as normalities

presented as **ox**

Inflammatory conditions are evident when

one row is noted. Conditions are classified

according to the primary cell types, which present

types: fibrinous, chronic, chronic granulomatous, chronic

pyogranulomatous. **Fibrinous inflammation** typically involves

infiltration of bone marrow with fibrin exudate without

resence of erythrocytes. **Chronic inflammation**

hyperplastic condition characterized by increased numbers

of cells, ure lymphocytes, and cells. **Chronic**

**granulomatous inflammation** characterized by increased

numbers of macrophages. If both macrophages and neutrophils

are present, condition is described as **chronic pyogranulo-**

**matous inflammation**

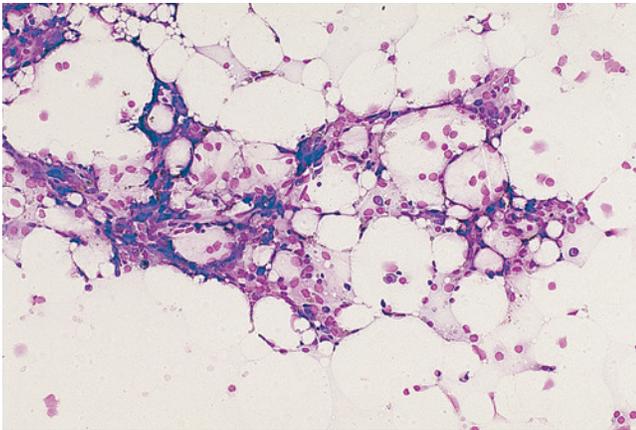


Fig. 13.1 Hypocellular bone marrow from a dog with chronic ehrlichiosis.

hematology of the dog and cat,

**Erythroid hypoplasia:** Normal or decreased cellularity with a normal or

Presence of intact, viable blood cells within

**Megakaryocytic hyperplasia:** Increase in numbers of megakaryocytes in

Increased presence of fibrous tissue that displaces hema

**Neutrophilic hyperplasia, effective:** Neutrophilia in bone marrow and

Neoplastic disorders of hematopoiesis are classified either **lymphoproliferative** or **myeloproliferative disease**. The common term used to describe these neoplastic disorders is bone marrow peripheral blood leukemias, characterized by predominance of cells of one row. For comprehensive oncology expertise, consult your reference details about classification of hematopoietic neoplasia.

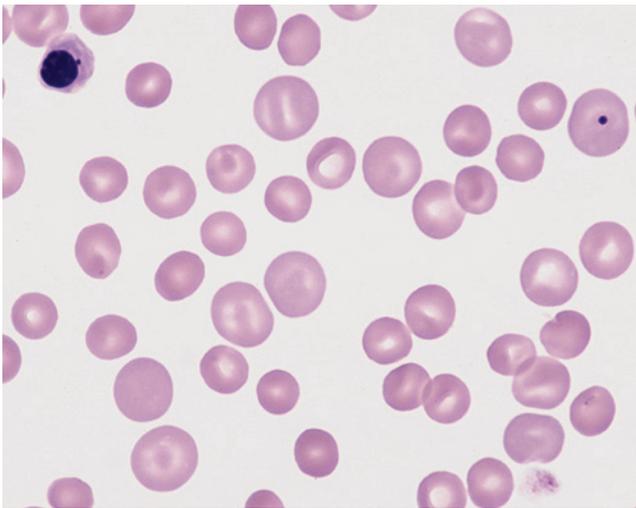
The function of red blood cells is to transport and protect hemoglobin, which is oxygen-carrying agent. The production of erythrocytes equals daily loss from destruction of red cells. In anemia, decreased erythrocyte production is balanced by increased destruction, resulting in anemia. Anemia is a condition that involves reduced oxygen-carrying capacity of erythrocytes. The result is a reduced number of circulating red cells, which leads to a reduced concentration of hemoglobin. Anemia is defined according to one row response, either regenerative or nonregenerative, according to the hemoglobin concentration and corpuscular volume. The corpuscular hemoglobin concentration is a useful classification to help identify

The veterinarian will interpret the results of laboratory testing, other diagnostics, and the patient's history and physical examination to identify the cause of anemia and to determine treatment needed. Specific laboratory tests that are generally evaluated to determine the cause of anemia are reticulocyte count, erythrocyte indices, hemoglobin concentration, color, turbidity, and protein concentration. Additional laboratory diagnostics are sometimes required, including serum iron measurement, serum bilirubin measurement, and one row valuation.

This type of classification is most clinically applicable because it distinguishes between regenerative **nonregenerative anemia**. For common domestic species other than equine, bone marrow responds to anemia by increasing erythrocyte production and releasing immature erythrocytes. These immature cells are polychromatophilic erythrocytes that are observed on blood smears and enumerated with reticulocyte count to provide indication of marrow responsive or regenerative. The ability of one row to respond to anemia probably either blood loss (hemorrhage) or blood destruction (hemolysis). In general, regenerative signs of regeneration are not observed in regenerative response of anemia. The degree of response is determined by the expected percentage of reticulocytes and is greater than the expected percentage for corresponding anemia. **Table 13.1** summarizes the regenerative response to anemia. Regenerative response includes increased erythrocytosis, increased polychromasia, Howell-Jolly bodies

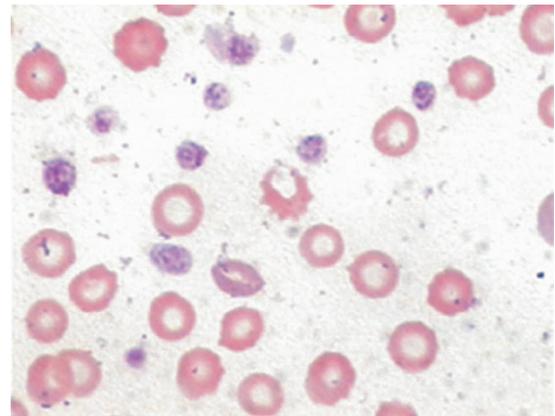
## Count Relative to Packed Cell Volume in Dogs and Cats With Adequately Regenerative Anemias

From Cowell R:



Regenerative anemia in a dog with increased polychromasia and anisocytosis. A metarubricyte is present in the upper left of the image,

*Veterinary laboratory*



Because rses arely lease eticulocytes om one marrow, one row valuation enerally eded mia. one row eticulocyte reater e egenerative esponse rses.

In ients nregenerative one row absent n lood high uggests one row ysfunc tion. one row ation iopsy ed er common ndocrine tabolic nregenerative anemia are excluded. Common of nonregenerative anemia include iron deficiency, ehrlichiosis, drug toxicity, histoplasmosis, hypothyroidism, enal ufficiency.

Erythrocyte indices be used to help classify anemia either normocytic rmal crocytic e er rmal), ocytic smaller rmal). ormocytic haracterized of normal size, occurs secondary to variety of acute hronic rders. omestic ommon

Microcytic anemia (smaller erythrocytes) is often associated with regenerative anemia (increased reticulocytosis).

Microcytic anemia most always the result of iron deficiency. The concentration of hemoglobin is decreased. Inadequate iron for hemoglobin synthesis results in smaller erythrocytes. Although chronic blood common iron deficiency diet dietary iron results in iron deficiency anemia.

Anemia is characterized by hypochromic (reduced hemoglobin concentration) and microcytic (small hemoglobin concentration). Hypochromic anemia is possible, because erythrocytes have decreased hemoglobin. Newly released polychromatophilic erythrocytes (reticulocytes) are hypochromic, because full concentration of hemoglobin has not yet been attained. Macrocytic hypochromic anemia suggests regeneration. Iron deficiency results in hypochromic anemia, but is characterized by microcytosis. Most types of anemia are classified as microcytic, normocytic, or macrocytic.

Anemia is classified as regenerative or non-regenerative. Regenerative anemia is characterized by increased production of erythrocytes.

reticulocyte response is mild or if sufficient time has not

Endocrine deficiencies

in cats and dogs with persistent hypernatremia (may be

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hemolytic anemias result from erythrocyte destruction within the blood, usually regenerative. During initial stages, the type of anemia is usually normocytic and normochromic, but becomes microcytic as a result of the marrow's release of reticulocytes. Common causes of hemolytic anemias are categorized as follows:

**Hemorrhagic** anemias result from acute or chronic blood loss. The patient's history and physical examination are often helpful. Causes of hemorrhagic anemia include trauma, parasites, coagulopathy, neoplasia, gastritis, and gastrointestinal irritation.

**Iron deficiency** anemia is the result of a nutritionally deficient diet, or may result from chronic blood loss. Erythrocytes are generally microcytic and hypochromic. Low hemoglobin values are present. The definitive diagnosis of iron deficiency anemia requires a complete blood count and iron studies.

Reduced rates of erythropoiesis or defective erythropoiesis (i.e., dyserythropoiesis) generally result in normocytic anemia. Conditions that result in reduced or defective erythropoiesis include chronic renal failure, hypothyroidism, hypoadrenocorticism, lead poisoning, iron deficiency, copper deficiency, vitamin B<sub>12</sub> deficiency, and folic acid deficiency.

\*The presence of a low MCHC with a low MCV strongly suggests

- Abnormalities are seen in bone marrow and be classified as changes in cell numbers or cell morphologic features such as maturation.
- Inflammatory conditions evident on examination of bone marrow aspirate are classified as acute, chronic, chronic granulomatous, or chronic pyogranulomatous.
- Neoplastic disorders of hematopoiesis are classified as either lymphoproliferative or myeloproliferative.
- Anemia is generally considered regenerative when the percentage of reticulocytes in peripheral blood is equal to or greater than the expected percentage for the corresponding PCV.
- Blood from patients with regenerative anemias may show evidence of increased macrocytosis, increased polychromasia, and Howell-Jolly bodies.
- Common causes of nonregenerative anemia include iron deficiency, ehrlichiosis, drug toxicity, histoplasmosis, hypothyroidism, and renal insufficiency.
- Anemia can be classified as normocytic, macrocytic, or microcytic in addition to being normochromic or hypochromic.
- Anemia may be classified by the presence of hemolytic or hemorrhagic, or may be the result of decreased or defective red blood cell production.

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## **Unit Outline**

*Chapter 14: Principles of Blood Coagulation,*

*Chapter 15: Sample Collection and Handling,*

*Chapter 16: Platelet Evaluation,*

*Chapter 17: Coagulation Testing,*

*Chapter 18: Disorders of Hemostasis,*

## **Unit Objectives**

*Describe the processes and pathways that lead to the clotting of blood.*

*List the components of the blood-clotting systems.*

*Describe the proper collection and handling of samples for coagulation testing.*

*Discuss the methods for the evaluation of platelets.*

*List and describe the coagulation tests commonly performed in the veterinary practice laboratory.*

*List and describe the coagulation tests commonly performed in the veterinary reference laboratory.*

*List and describe common inherited coagulopathies.*

*List and describe common acquired coagulopathies.*

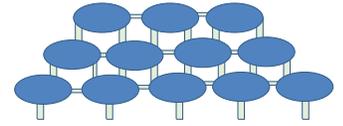
Hemostasis (i.e., blood clotting) involves multiple complex and interrelated processes. A variety of coagulation disorders can be seen in veterinary practice. A basic understanding of the processes involved in blood clotting is essential to ensure accurate test results.

A number of tests can be performed in the veterinary practice laboratory, and many of these tests do not require specialized equipment. Coagulation analyzers are also available for some tests and can be cost effective for the veterinary practice laboratory.

Normal values for blood coagulation tests are included in [Appendix B](#)

For additional sources for this unit see the Resources Appendix at the end of this textbook.

# Principles of Blood Coagulation



After studying this chapter, you will be able to:

- Explain the view
- Describe cell-based model
- Explain platelets initiation coagulation.
- Describe von Willebrand factor blood coagulation.
- Discuss formation coagulation complexes.
- Describe thrombin
- Discuss formation fibrin degradation products D-dimers.

## Overview of Blood Coagulation, Coagulation Testing,

## Review Questions, Key Points,

**D-dimers**  
**Fibrin degradation products**  
**Microparticles**

**Phosphatidylserine**  
**Thrombin**  
**von Willebrand factor**

Hemostasis is the body's means of maintaining the integrity of blood vessels. It involves a number of complex pathways, platelets, and coagulation factors. Any alteration in these parameters results in a bleeding disorder. In normal circumstances, blood coagulation proceeds through a mechanical, chemical, and electrical process initiated when a blood vessel is ruptured or torn. The exposed blood vessel subendothelium, a charged surface, attracts platelets. Platelets are attracted to this surface. Platelets aggregate and undergo morphologic and physiologic changes. These changes cause the platelets to adhere to each other as well as to the blood vessel endothelium. The adhesion of platelets to each other and to the endothelium requires **von Willebrand factor**, which serves to stabilize platelet adhesion. Aggregation of platelets releases activating factors or chemical mediators. These mediators involve a number of coagulation factors. Table 10-1 summarizes the classical view of the hemostatic and intrinsic and extrinsic pathways. Each factor participates in a chemical reaction that results in the formation of a coagulation product.

fibrin strands form  
 involves degradation of fibrin



It is important to note that coagulation pathways are interrelated, interdependent, and partly cell-based. The initial mechanical phase is initiated by interactions of negatively charged phospholipid surfaces with platelets and **microparticles**. Microparticles are membrane-bound cytoplasmic fragments released from platelets, leukocytes, and endothelial cells. These serve to increase the surface area on which coagulation complexes form. Upon activation, these factors initiate coagulation reactions. Factors through which they serve to activate the extrinsic pathway actually release factors that help initiate the intrinsic pathway. Small amounts of **thrombin** generated during the process recruit and activate platelets and fibrinolysis. When platelets are activated, **phosphatidylserine** (PS) is exposed on the outer surface of the membrane. Platelets release vesicles from their surface during activation. These microparticles are enriched with phosphatidylserine, which acts as a binding site for complexes of coagulation factors, which activate factors to form thrombin.

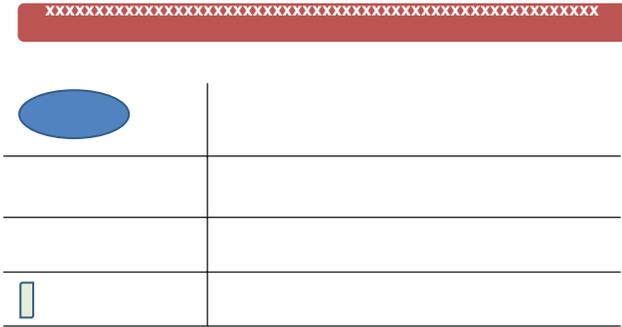
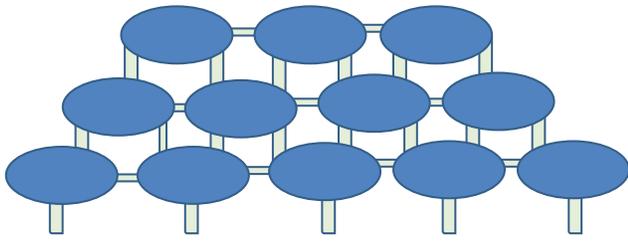
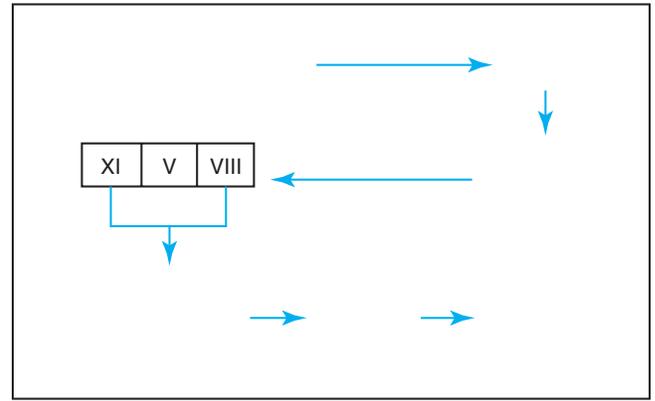
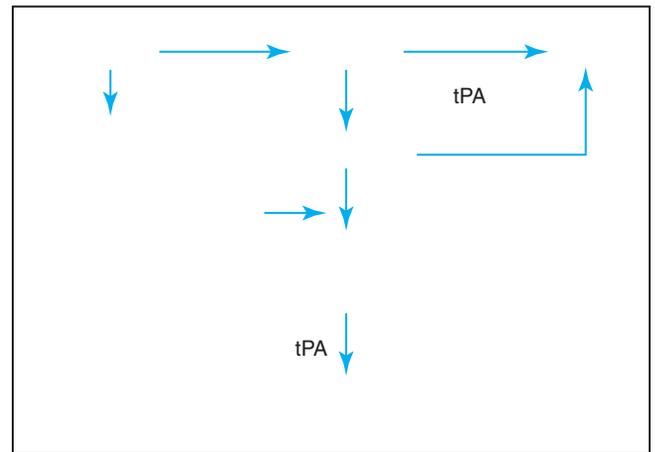


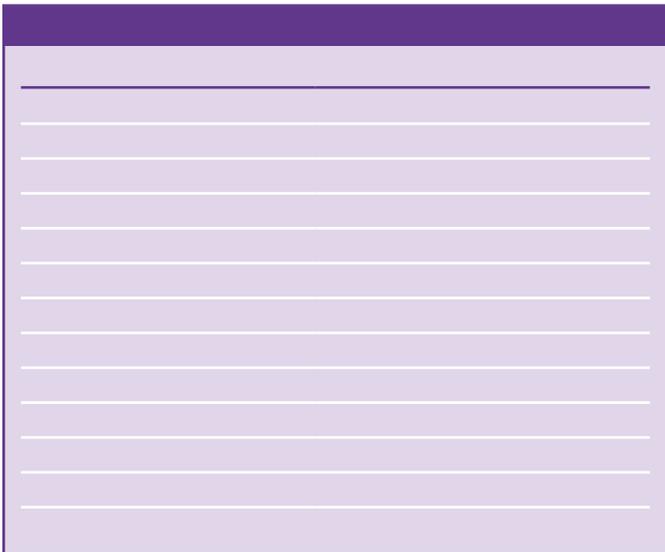
Diagram of a stabilized platelet plug.



The initial reactions of the chemical phase of hemostasis.



hemostasis and the breakdown of fibrin.



(Factor respectively. ctivation actor results generation ombin thrombin continues recruit ctivate re elets triggers onversion rinogen rin.

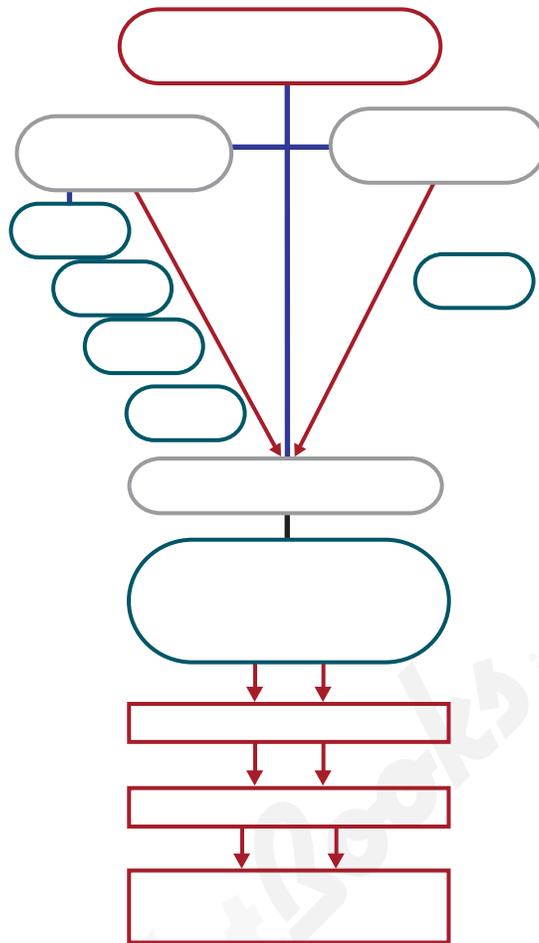
Activated platelets expose phosphatidylserine on

The generation of fibrin proceeds through two phases, with soluble form being generated initially, followed by the formation of an insoluble form that consists of cross-linked fibrin strands. The coagulation process is regulated by various factors, resulting in clots broken down through related reactions. The presence of tissue plasminogen activator (tPA) allows the soluble fibrin to be broken down into **fibrin degradation products** (FDPs). Plasmin acts on the insoluble fibrin

to reduce cross-linked fibrin **D-dimers**. Although a brief description given here seems complex, the actual processes are a great deal more complicated and involve numerous additional serum proteins. Reader is referred to recommended readings or reference text for a more detailed description of hemostasis. This summarizes the overview of the chemical phase of blood coagulation process.



Various coagulation tests have been developed to evaluate specific portions of hemostatic mechanisms. Some are purely chemical, whereas others measure specific parts of the chemical phase. All patients should be evaluated for coagulation defects before undergoing surgery. Most coagulation tests can be completed with minimal time and equipment and are relatively inexpensive.



**Fig. 14.4** A simplified summary of the chemical phase of hemostasis.

- Hemostasis requires platelets, number of coagulation factors, complex reaction pathways.
- Hemostasis proceeds through mechanical chemical pathways.
- The term mechanical hemostasis refers to aggregation adhesion of platelets to exposed blood vessel endothelium.
- The mechanical chemical phases of hemostasis are inter related interdependent.
- Activated platelets expose phosphatidylserine on their surface release microparticles contain phosphatidylserine.
- Coagulation complexes attach to phosphatidylserine on surfaces of microparticles platelets.
- Thrombin serves to enhance recruitment activation of platelets.
- Fibrinogen converted first to soluble form then to insoluble form.
- The breakdown of fibrin requires tPA.
- Fibrin broken down into soluble FDPs, insoluble FDPs, D-dimers.



# Sample Collection and Handling

After studying this chapter, you will be able to:

- Describe proper collection procedures for coagulation testing.
- List anticoagulants for blood coagulation tests.
- Describe the method to determine proper ratio blood to rate anticoagulant.

- Discuss proper storage or coagulation testing.
- Describe instrumentation available for coagulation testing: veterinary practices, referral laboratories.

## Sample Collection and Handling, Coagulation Instrumentation,

Coagulation analyzer,  
Fibrometer,  
Thromboelastograph,

Platelet function analyzers,  
Point-of-Care analyzers,

## Review Questions, Key Points,

### Fibrometer Hypercoagulable Hypocoagulable

### Monovette Thromboelastography

Blood for coagulation is collected fully, with issue. Patient excitement and platelet addition to activating elements. Increased vessel on fibrinogen factor. Factors occur. In addition, prolonged venous stasis can activate platelets and trigger fibrinolysis. Effects occur both in vitro and in vivo.

Samples are collected through welling tubes, because fibrinogen, fibrin, and platelets are generally found around catheter. The best ways to eliminate platelet activation are using citrate or **Monovette**. The preferred anticoagulant for coagulation tests is sodium citrate. Citrate is applied to the collected sample in a 1:9 ratio. Platelet counts are not affected by citrate. Ethylenediaminetetraacetic

acid (A) is referred to as the preferred anticoagulant or platelet Citrate anticoagulant. Citrate is typically used for whole blood collection for storage or transfusions. Citrate-activated coagulation time does not require anticoagulant.

Samples for coagulation testing are mixed with

Samples must be collected in the proper order when multiple types of tests are being run. Review [chapter](#) for more information on correct order. The rate tube is generally run first, followed by the citrate tube. Contaminated tubes should be discarded.

The proper ratio of citrate to blood is 1:9. The citrate to parts per million (ppm) of citrate is 1.09. Citrate is available in various concentrations. These anticoagulants will provide different clotting results. Samples should be collected with citrate concentration used as a laboratory reference range. The proper ratio of blood to anticoagulant is 1:9. The citrate to parts per million (ppm) of citrate is 1.09.



tube, rovided ube  
 patient is not anemic, polycythemic, or dehydrated. The volume of citrate to based on expected volume. Conse  
 quently, lood dded atio, ill  
 be ercitrated, high ill esult rtened  
 polycythemic ill vercitrated, high ill esult  
 prolonged clot times. Citrate volume be adjusted accord  
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Automated yzers or oagulation esting vailable,  
 some are relatively inexpensive. utomated analyzers are preferred  
 over ual thods or erformance  
 analyzers are designed to evaluate specific parts of coagulation  
 process. ome erform ultiple yses hemical  
 of mostasis, rs esigned ecifically valuate  
 platelet tion.

Analyzers have been designed to evaluate chemical hemo  
 ve chanisms everse icoagulant high  
 collected. Some make of liquid reagents  
 are added to the sample. Others ontain eagents in cartridges to  
 which dded. yzers nitor or  
 formation ithether chanical ptical stems.

The oag nalyzer dexx oratories, estrbook,  
 erforming ariety oagulation  
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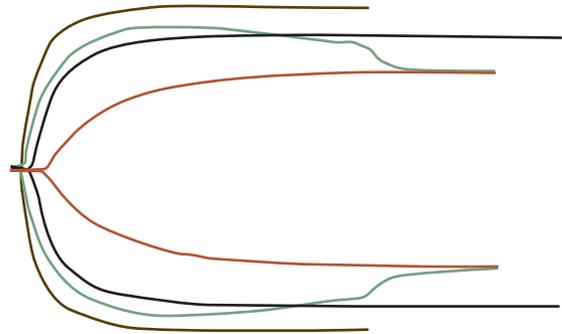


Although longer widespread **fibrometer** may still be  
 encountered some veterinary referral practices laborato  
 ries. he miautomated yzer  
 perform umber oagulation rated ient  
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 awn o ette ched hen  
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 lot etected.

variety of automated analyzers are available to perform **throm  
 boelastography** Fig. They may vary considerably design  
 specific reagents needed. Some make of fresh whole  
 blood, others involve of citrated In general,  
 yzers ontain high eagent  
 added. he yzer valuates ntire lotting rocess,



Thromboelastography machines. (Haemonetics Corp., Braintree,



from formation through fibrinolysis. results are recorded to provide a curve required for formation, evaluation of length of clot, required for breakdown. The results are usually provided graphically used to identify whether a patient is **hypercoagulable** or **hypocoagulable**. here is widespread reement among veterinary practitioners regarding diagnosis. thrombocytopenia decreased hematocrit demonstrate hypercoagulability. current research provided definitive evidence regarding whether a patient is hypercoagulable or hypocoagulable. Heparin used either for anticoagulation or patient treatment may interfere with results. variations in results are evident when the test is performed directly. Specific protocols for veterinary patients are well described. Each laboratory develops its own protocol expected normal ranges for each test. collection procedure and elapsed time to perform testing.

The analyzer uses a disposable cartridge contains a collagen-coated membrane aperture. blood drawn through aperture, platelets adhere to membrane. when sufficient number of platelets have adhered and aggregated, blood will no longer flow through aperture. The time required is recorded.

Other analyzers are used to evaluate platelet aggregation by measuring platelet counts. here is wide variety of principles that have been validated for veterinary species.

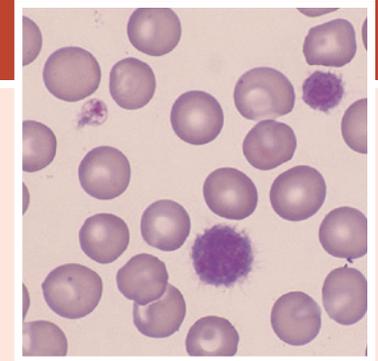
Several additional analyzers are available for coagulation testing, but have been validated for veterinary species. they are frequently found in emergency departments and physician offices. Some are available for human patients receiving anticoagulant therapy to monitor their coagulation.

Several analyzers are available for platelet adhesion aggregation. The PFA-100 analyzer (Siemens Palo Alto, CA) has been validated for

Chapter review questions [appendix](#)

- Blood coagulation testing is collected fully with trauma void rigging clotting mechanisms.
- Patient excitement excessive venous alter coagulation test results.
- Most coagulation involve sodium-citrate-anticoagulated

- EDTA-anticoagulated are preferred for evaluation of platelet numbers.
- For coagulation testing, proper ratio rate blood clot rate blood.
- A variety of automated analyzers are available to monitor for clot formation either chemical optical stems.



After studying this chapter, you will be able to:

- Describe methods for counting platelets.
- Describe platelet imation methods.
- List describe platelet
- Define thrombocytopenia, thrombocytosis, thrombopathia.

### Platelet Count,

Platelet imates,  
Platelet orphology,  
Platelet ndices,

Platelet unction  
Additional valuations,

**Review Questions,**  
**Key Points,**

**Mean platelet volume**  
**Platelet distribution width**  
**Platelet–large cell ratio**  
**Plateletcrit**

**Thrombocrit**  
**Thrombocytopenia**  
**Thrombocytosis**  
**Thrombopathia**

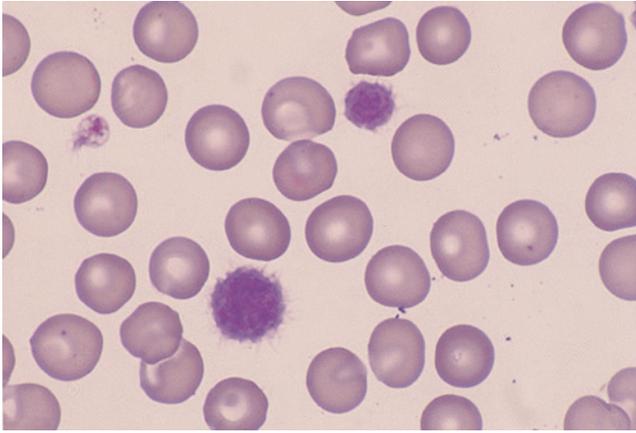
Platelets are small cytoplasmic fragments are shed from megakaryocytes the bone marrow. Methods for platelet valuation include the platelet count, platelet indices, and platelet function testing. The majority of platelet evaluations are completed with automated yzers. **Thrombocytopenia** decrease circulating platelet **Thrombocytosis** increase circulating platelet **Thrombopathia** refers to normal platelet tion.

Platelet counts performed automated methodology errors. Some automated counts be highly inaccurate result of platelet clumping platelet/red blood cell overlap. freshly collected ethylenediaminetetraacetic acid (EDTA)–anticoagulated blood when performing platelet Results from automated analyzers must be verified by viewing peripheral blood cell The previously used manual counting system from Becton–Dickinson Unopette system) longer manufactured, but several alternative products are available. these chamber tube contains premeasured volume uent which added. Platelets e counted mycrometer o escribed or eukopet **apter**

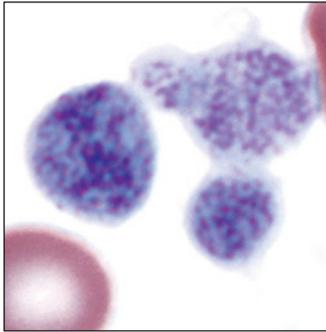
Unit orphologic changes platelets lude gregation niant platelets normalities ill evident with automated analyzers must therefore be detected erential load

Indirect urements platelet umbers imates) performed with of differential blood described **Chapter** of Unit Platelet numbers be evaluated monolayer area of blood The numbers of platelets minimum of microscopic fields be counted. Generally, o platelets er dil-immersion en rmal patients. owever, number ary reatly epending ld f few oscope multiplying mated platelet number veraged over 10 lds) 15,000 or ect ure platelet

Patients ith thrombocytopenia ve er rmal platelets gaplatelets). owever, rmal ogs



A giant and a slightly enlarged platelet in a canine patient.



The intense basophilia of these macrothrombocytes suggests

routinely found average platelets when sample viewed on blood smear or differential blood cell count. These are often counted with erythrocytes on automated hematology analyzers. All blood platelets are evaluated or measured on platelet counts. Platelet clumps, agglutinated platelets present as clumped platelets, contain clumps. They are megakaryocytic cells that demonstrate bone marrow responsiveness. Specialized methods identify and enumerate platelets by flow cytometry.

Some automated analyzers provide a platelet distribution width (PDW). The methods differ depending on type of analyzer. In addition to PDW, platelet indices include measurement of plateletcrit (PCT), mean platelet volume (MPV). Some analyzers may provide platelet-large cell ratio (P-LCR). Depending on analyzer, platelet counts are reported, or they may be calculated from other reported values. Note that although some analyzers report platelet counts, their usefulness as seen in well-documented or veterinary species.

The platelet count, which is reported in units of  $10^9$  platelets per liter, is a sensitive indicator of thrombocytopenia. Thrombocytopenia is defined as a platelet count less than  $150 \times 10^9$  platelets per liter. Thrombocytopenia can be caused by decreased production of platelets, increased destruction of platelets, or a combination of both. Thrombocytopenia is often accompanied by megakaryocytic hyperplasia. Accelerated thrombopoiesis ends result in the release of large platelets; however, the presence of large platelets, alone may be useful for feline patients. Certain breeds, such as Cavalier King Charles Spaniels, have larger platelets than other breeds. Some automated analyzers may count large platelets as white blood cells.

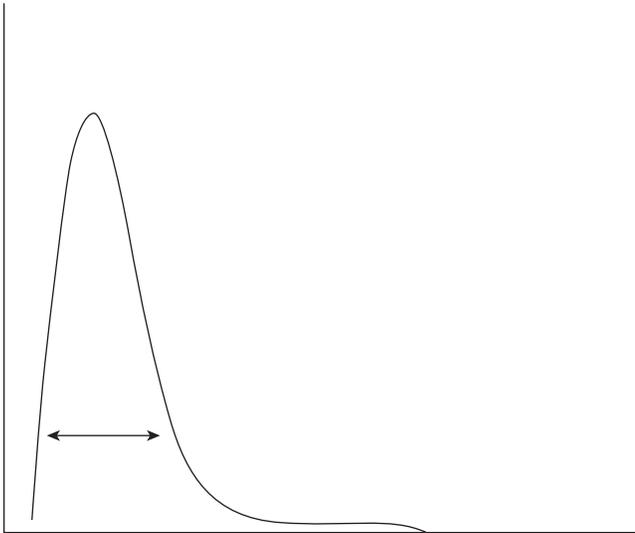
When the platelet count is low, a bone marrow aspirate may be performed to evaluate the bone marrow response. However, a normal bone marrow aspirate in a thrombocytopenic dog does not predict an adequate bone marrow response. Different results may occur depending on the anticoagulant and specific analyzer used. Exposure to EDTA has been demonstrated to cause platelet clumping. Some have demonstrated that the volume of platelets collected may be affected. However, there is no agreement. Similar results have been seen with citrated plasma. Studies of different methods have demonstrated that platelet counts increase with time, whereas laser flow cytometry methods have been shown to record decreased platelet counts. When performing serial evaluations, the elapsed time between punctures is important.

The plateletcrit, which is referred to as **thrombocrit**, is a measure of the percentage of blood volume comprised of platelets. It is comparable to the packed cell volume that is recorded for red blood cells. This value generally is determined by multiplying the platelet count by the platelet volume typically.

PDW variations are related to platelets. Any to automated analyzers provide a histogram that provides a visual evaluation of the platelet population. In patients with thrombocytopenia, the platelet population is reduced depending on the severity of the platelet decrease. Some bone marrow platelet counts are decreased when platelets are activated. However, variations in platelet counts occur in normal patients, and there is a well-correlated relationship between bone marrow responsiveness and hypercoagulable states. Similarly, some analyzers report platelet or platelet-large cell ratio, which is a percentage of platelets that are large.

Thrombopathia, or platelet dysfunction, is assessed by a variety of tests. Automated analyzers provide an evaluation of the ability of platelets to aggregate and create platelet clots. These tests are referred to as **platelet function**.





Veterinary reference laboratories offer a variety of platelet valuations, generally practical or performance practice laboratory. These include platelet antibody assays. Antiplatelet antibody assays are immunoassays designed to identify antibodies adhered to the surface of platelets.

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Chapter review questions [appendix](#)

- Platelet valuation includes platelet counts for platelet estimation.
- Platelet estimates can be performed in a variety of ways from manual differential blood cell count to automated platelet counts.
- Specialized tests for reticulated platelets and antiplatelet antibodies are performed in reference laboratories.
- Platelet indices include plateletcrit, platelet distribution width, and platelet volume.

www.VetBeats.com







Both D-dimer and fibrin degradation product tests are used to evaluate tertiary hemostasis (fibrinolysis). **D-Dimers** and fibrin degradation products (or fibrinogen products) are formed during fibrinolysis. Identifying the presence of D-dimer and fibrinogen to provide diagnostic information in cases of liver disease, trauma, and angiosarcoma. Fibrinogen is available for fibrinolysis. Fibrin degradation products are formed during fibrinolysis. Several types are available, but the most commonly used are latex agglutination methods (see Unit 10). The D-dimer test is considered more specific and sensitive for evaluation of fibrinolysis, because fibrin degradation products are reduced before they are detected.

von Willebrand factor is required for platelet adhesion. When platelet function defects are evident, the assay is generally performed. There are several types of assays available. Reference laboratories can quantify the results. Additional tests are available for evaluation of platelet function.

Deficiencies of clotting factors occur with a variety of hereditary conditions. The most common are deficiencies of factors I, II, V, VIII, IX, X, XI, and XIII. Deficiencies of factors I, II, V, VIII, IX, X, XI, and XIII are generally performed in reference laboratories. The majority of these assays involve the use of immunologic principles.



Chapter Review Questions [Appendix](#)

- Coagulation factor assays are performed in reference laboratories when specific factor deficiency is suspected.
- Most coagulation assays are performed in automated analyzers.
- Buccal mucosa bleeding time provides evaluation of platelet number and function.
- Coagulation factor assays are performed in reference laboratories when specific factor deficiency is suspected.
- vWF valuations are performed in reference laboratories using immunologic methods.



After studying this chapter, you will be able to:

- Describe types of hemostatic disorders in veterinary species.
- Differentiate between hereditary and acquired effects on hemostasis.
- List and describe common hemostatic disorders.

- List common inherited disorders of coagulation in various species that are usually detected.
- Describe mechanisms involved in disseminated intravascular coagulation.

**Hemostatic Defects,  
Hereditary Coagulation Disorders,  
Von Willebrand  
Acquired Coagulation Disorders,  
Thrombocytopenia,  
Vitamin K deficiency,**

**Disseminated Intravascular Coagulation,  
Review Questions,  
Key Points,**

### Disseminated intravascular coagulation Hemophilia von Willebrand disease

Bleeding disorders may be caused by congenital or acquired defects in coagulation proteins, platelets, or vasculature. Most bleeding disorders found in veterinary species are secondary to some other process. Primary coagulation disorders are rare, but they are usually the result of a hereditary defect or reduction of coagulation factors. Signs of congenital or acquired deficiencies in coagulation proteins usually involve delayed deep-tissue hemorrhage and hematoma formation. Clinical signs associated with congenital or acquired defects in coagulation proteins include superficial petechial and ecchymotic hemorrhages, epistaxis, melena, and prolonged bleeding time. Intravenous injection and incision sites with unclotted effects are common. Hemostatic concentration of coagulation proteins, usually measured before surgery, is decreased in the majority of congenital coagulation factor disorders in veterinary species. Vitamin K deficiency is a common cause of abnormality in coagulation.

**TECHNICIAN NOTE** Clinical signs associated with defects or deficiencies of platelets include superficial petechial and ecchymotic hemorrhages, epistaxis,

Coagulopathies include a variety of inherited and acquired deficiencies. Some common inherited coagulation factor disorders in veterinary species are listed in Table 1. Although diagnosis of a specific factor deficiency or defect requires testing completed by reference laboratory, a number of coagulation tests can be performed in a veterinary practice laboratory for diagnosis. Factors I, II, V, VII, VIII, IX, X, XI, and XII are components of the intrinsic coagulation pathway. Tests designed to evaluate the intrinsic pathway are activated partial thromboplastin time (APTT) and activated clotting time (ACT). A normal result will usually demonstrate normal results. Hemophilia is a common inherited coagulation factor

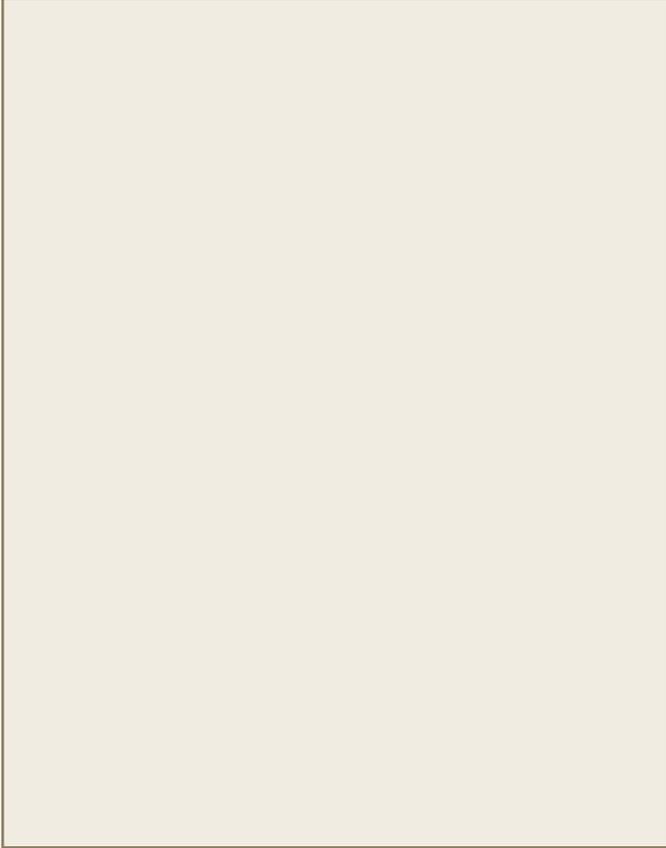




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\*Refer to Greene CE: *Infectious diseases of the dog and cat*, ed 3, for more information on diagnostic tests, available test kits, specimens, and commercial diagnostic laboratories. Available at the North Carolina State University, Tick-Borne Disease Laboratory, Raleigh, NC.

### Thrombocytopenia in Dogs and Cats

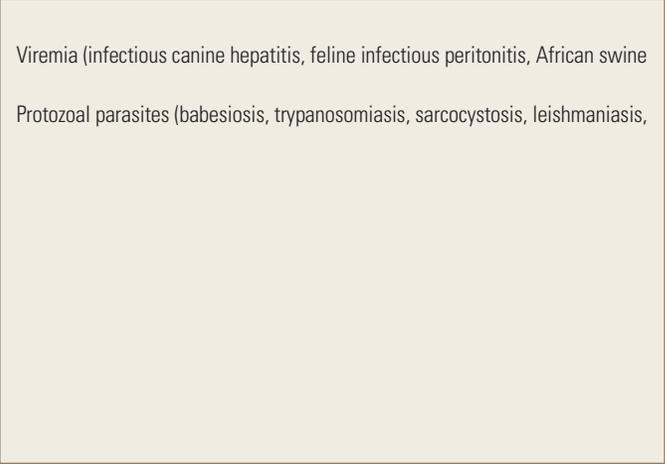


Thrombocytopenia is a common hemostatic disorder resulting from a decrease in the number of platelets. It is often associated with a variety of underlying conditions, including infectious diseases, liver and kidney disease, and bone marrow failure. In dogs, thrombocytopenia is frequently associated with sepsis, liver disease, and certain drugs. In cats, it is often seen in association with leukemia, liver disease, and certain medications. The platelet count is typically low, and there may be an increased risk of bleeding. Treatment is directed at the underlying cause, and supportive care may be necessary.



Although thrombocytopenia is a common entity on its own, **disseminated intravascular coagulation** is associated with many pathologic conditions. It is often seen in association with trauma, sepsis, and certain drugs.

### Disseminated Intravascular Coagulation



Disseminated intravascular coagulation (DIC) is a complex hemostatic disorder characterized by the formation of microthrombi in small blood vessels, leading to thrombocytopenia and bleeding. It is often associated with a variety of underlying conditions, including sepsis, liver and kidney disease, and certain drugs. The resulting hemostatic disorder may manifest as a combination of thrombocytopenia, bleeding, and organ dysfunction. Microthrombi result in occlusion of small blood vessels, leading to tissue ischemia and necrosis. The formation of microthrombi consumes platelets and coagulation factors, which leads to a decreased tendency for further thrombosis. Fibrinolysis of microthrombi leads to the formation of excess fibrin degradation products, which can further contribute to the disorder.



Because DIC is a complex disorder with diverse laboratory findings, a single test cannot be used for diagnosis. Multiple tests exhibit abnormal results. Prolonged activated partial thromboplastin time (APTT), prothrombin time (PT), and platelet count are commonly affected. Platelets are often decreased. Buccal mucosal bleeding time is prolonged, and fibrin degradation products are increased. Table 18-1 contains a summary of laboratory findings seen with DIC.

## Expected Laboratory Test Results for Common Bleeding Disorders

Disorder	Activated clotting time	activated partial thromboplastin time	buccal mucosa bleeding time	fibrin degradation products

Activated clotting time;      activated partial thromboplastin time;      buccal mucosa bleeding time;      fibrin degradation products;

*Kirk & Bistner's handbook of veterinary procedures and emergency treatment*

- Bleeding disorders may be caused by congenital or acquired defects    coagulation proteins, platelets, or    vasculature.
- Clinical signs of bleeding disorders include delayed deep-tissue hemorrhage, hematoma formation, superficial petechial and ecchymotic hemorrhages, epistaxis, melena,    prolonged bleeding    injection    incision sites.
- The most common inherited coagulation disorder of domestic    vWD.
- Thrombocytopenia refers to    decreased number of platelets,    common coagulation disorder seen    small    veterinary practice.
- Vitamin-K–dependent factors include Factors
- Thrombocytopenia    be    result of    wide variety of conditions, including infection with certain bacterial, viral,    parasitic agents. It may    be caused by bone marrow depression or autoimmune
- DIC    consumptive coagulopathy    occurs secondary to other    conditions.
- Clinical signs    laboratory results are highly variable for patients with

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## Unit Outline

*Chapter 19: Basic Principles of Immunity,*  
*Chapter 20: Common Immunologic Laboratory Tests,*  
*Chapter 21: Blood Groups and Immunity,*  
*Chapter 22: Intradermal Testing,*  
*Chapter 23: Reference Laboratory Immunoassays,*  
*Chapter 24: Disorders of the Immune System,*

### The objectives for this unit are:

*Describe the physiology of the immune system.*  
*List the components of the immune system.*  
*Describe the functions of the various immune system components.*  
*Describe commonly performed tests that are used to evaluate the immune system.*  
*Discuss disorders of the immune system.*

The science of the detection and measurement of antibodies or antigens is called serology or immunology. Detection depends on the binding of antibodies and antigens. Unfortunately, this binding phenomenon is ordinarily invisible. Visualization—and thus detection—of the antigen–antibody reaction depends on secondary events by which the union is easily detected and therefore of diagnostic use in the veterinary practice.

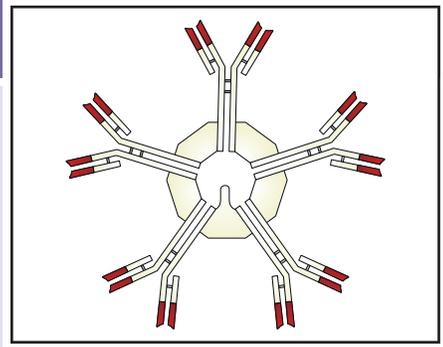
The commercial production of monoclonal antibodies to many different antigens has resulted in a variety of test kits for use in the veterinary laboratory. These specific antibodies to many different antigens can be produced and used in the laboratory for the rapid identification of disease-producing organisms.

Immunization with viruses, bacteria, or other entities stimulates antibody production in an animal. The antibody-secreting, transformed lymphocytes (plasma cells) may be isolated from the animal and chemically fused with a type of “immortal” cell that propagates indefinitely, such as mouse myeloma cells. The antibodies that these hybrid cells produce, which are called monoclonal antibodies, are collected. Because each monoclonal antibody attaches to only one specific part of one type of molecule (antigen), the use of these antibodies in diagnostic kits makes the tests specific and greatly reduces interpretation problems of the results. For example, the feline leukemia virus antigen only reacts with the feline leukemia virus antibody. A specific reaction is diagnostically significant for this complicated disease. In addition to their specificity, these procedures allow for the rapid identification of the pathogen.

Many serologic tests involve the use of monoclonal antibodies. Enzyme immunoassay, latex agglutination, immunodiffusion, and rapid immunomigration are methods that are used in veterinary laboratories. Methods such as complement fixation, immunofluorescence, immunoelectron microscopy, virus neutralization, and polymerase chain reaction DNA amplification are used in veterinary reference laboratories and research facilities.

Reference laboratories offer myriad serologic tests specifically developed for veterinary samples. Tests for blood typing, allergies, bovine leukemia virus, reproductive hormones, Lyme disease, and brucellosis just are a few of the diagnostic tests currently available.

For additional sources for this unit see the Resources Appendix at the end of this textbook.



# Basic Principles of Immunity

After studying this chapter, you will be able to:

- Differentiate between innate and adaptive immune systems.
- Describe the components of the immune system.
- Describe the sequence of events that comprise the immune response.
- Discuss the role of cytokines in the immune response.
- Differentiate between humoral and cell-mediated immunity.
- List the structure of immunoglobulins, primary and secondary lymphoid organs.
- Define *immunologic tolerance*.
- Describe various populations of lymphocytes, including T cells and B cells.
- Differentiate between active and passive immunity.

## Innate Immune System,

## Adaptive Immune System,

Humoral immune system,  
Cell-Mediated immune system,  
Immunologic tolerance,

## Passive Immunity,

## Immunization,

## Key Points,

### Active immunity

### Antigen

### Avidity

### Cell-mediated immune system

### Complement system

### Humoral immunity

### Immunoglobulin

### Immunologic tolerance

### Inflammatory response

### Interferons

### Natural killer (NK) cells

### Opsonization

### Passive immunity

### Phagocytosis

### Vaccination

Vertebrate species have two general defense systems: innate, or nonspecific, immune system and adaptive, or specific, immune system (also called acquired immunity). **Antigens** are foreign substances that elicit an immune response from the immune system.

Foreign bodies such as bacteria, viruses, parasites, and toxins are the first to encounter barriers such as the skin, mucous membranes, and pharynx, which act as physical and chemical barriers. The immune system then responds to these invaders through various mechanisms, including the production of antibodies and the activation of immune cells.

Microorganisms and other pathogens compete with the body's **inflammatory response**. The inflammatory response is a protective mechanism that occurs when the body is injured or infected. It involves the release of chemicals that cause blood vessels to dilate and become more permeable, allowing white blood cells and other immune cells to reach the site of injury. Inflammation is a double-edged sword: while it helps to clear the site of infection, it can also cause tissue damage and pain. The immune system then works to eliminate the pathogens and restore normal function.



Monocytes follow neutrophils to inflammatory sites. Here, like utrophils, estroy rt ticles, iruses, bacteria, cellular debris by **phagocytosis**. In blood, they are led nocytes, ut hen rate arious issues rgans eract ecific tokines, ecome macrophages. acrophages erived om tissues. hey cated onnective issue, ver, rain, lung, spleen, bone marrow, lymph nodes, together they make nonuclear hagocytic stem.

In ddition hagocytic ells, **natural killer (NK) cells** **interferons** **complement system** e ortant omponents f stem. ells ymphocytes, ut ather, subset ymphocytes ound lood eripheral ymphoid rgans. ells ecognize estroy ells ected microbes, uch iruses. hey ctivate hagocytes releasing erferon- nterferons tokines ouble ro teins cted ells diate esponses) other ellular eactions, uch revention iral eplica tion, nce ctions ells. hey active daptive esponse.

The complement system consists of group of proteins found blood. Collectively they are referred to complement, they are integral both innate adaptive systems. hen activated, series of chemical reactions known complement cascade occurs. The system be activated through one of three pathways, ut er eps or ways. components of complement system are numbered through ith me ving veral ubunits esignated tters.

The lassical way, hich chanism daptive immune stem, ctivated hen igen-antibody complex. The other pathways of complement activation are part of innate immune system, they are triggered by microbial surfaces lectins bind to microbes Fig.

ll ee ways yze ries eactions other complement ve umerous hysiologic effects. These include **opsonization** of microbes to promote phagocytosis. psonization efers omple ment o igen. omplement ctivation esult imulation ion ell ysis ormation of mbrane ck omplex urface igen.

If oreign odies vade stem, encounter daptive stem, hich re phis ticated. he daptive stem vided omponents: umoral stem **cell-mediated immune system** he daptive stem ility to espond ecifically oreign ubstances. ubstances, which e led igens, cterial, iral, asitic, or al, r ered ndogenous ells 's body. heir resence iates umoral ellular esponses

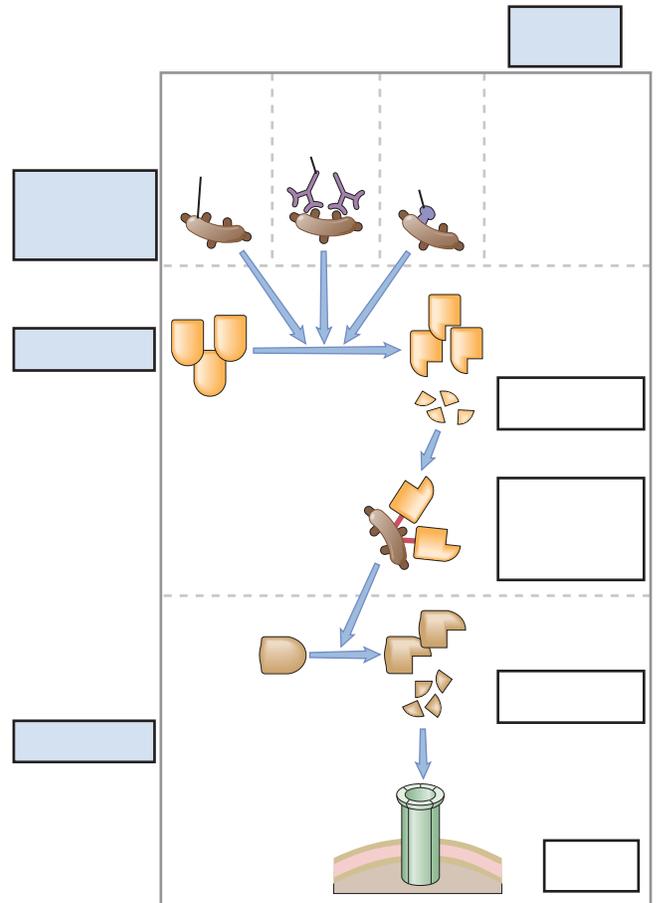


Fig. 19.1 Pathways of complement activation. The activation of the

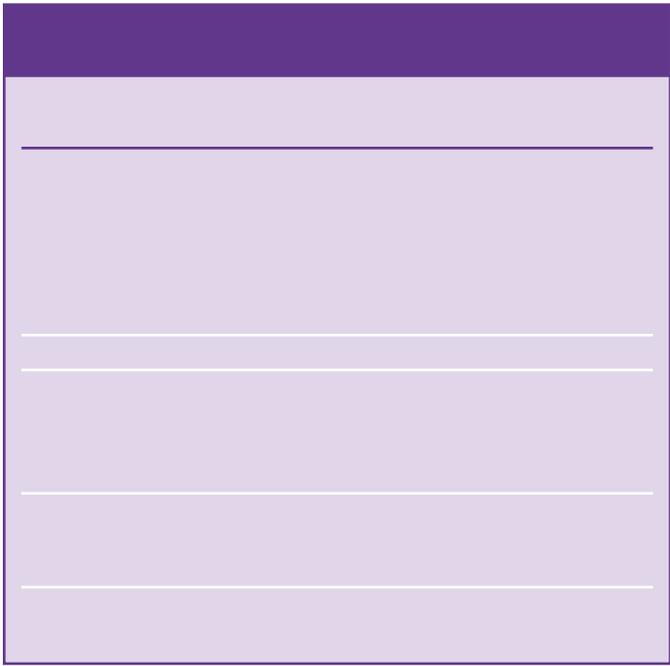
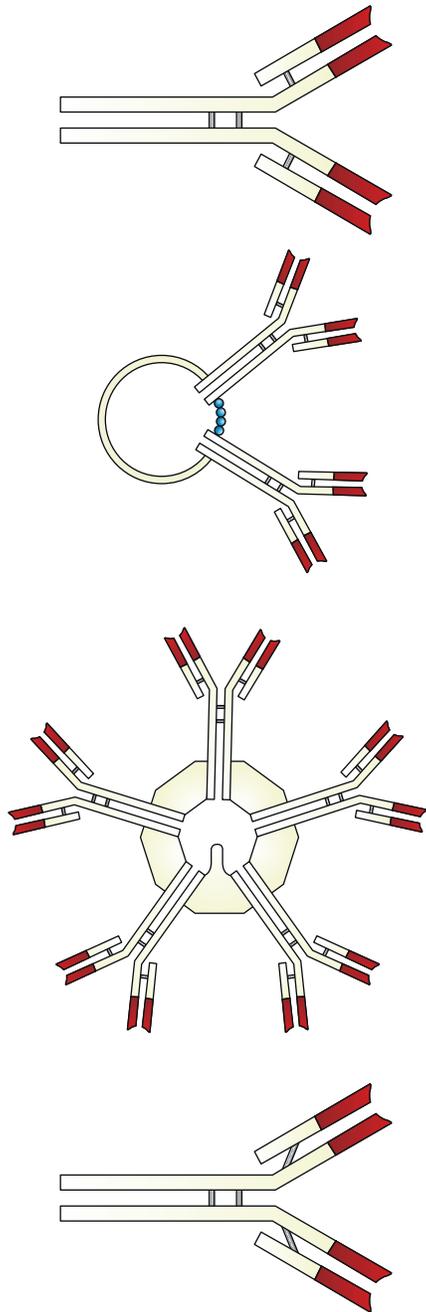
utralize, etoxify, liminate oreign erials from

Lymphocytes rogeny ell ypes ely responsible for adaptive immune system. However, of defense s ot ivorced rom he nate mmune system. acrophages process antigens present them to antigen-committed lymphocytes. ther ords, hey ct ntigen-presenting ells.

Lymphoid stem cells develop first yolk sac then fetal liver. The bone marrow assumes responsibility parturition rves ce ells oughout postnatal e. ymphoid em ells estined ther mature one of two places: bone marrow or thymus. lymphocytes mature bone marrow, whereas lymphocytes mature ymus







immunopathology of domestic animals,

Immunology and

**Table** summarizes functions of immunoglobulins.

Antibodies interact with antigens in different ways to prevent antigenic attachment and invasion of body cells. Neutralization of an antibody reaction occurs when an antibody binds directly with an antigen. For example, a foreign microbe or microbial toxin bound by an antibody, is inactivated by body cells. An antibody essentially neutralizes the potential effect of an antigen. Some times antibodies coat microbes. The Fab region of an antibody attaches to receptors on the microbial surface. The Fc region of an antibody then binds to macrophages or neutrophils, which engulf and phagocytize the microbe.

parasite, IgE antibodies paralyze worms; however, each of phagocytosis, which is effective against worms, eosinophils destroy parasites. When complement is activated, antibodies, result in antigenic cell lysis.

Precipitation reactions occur when antigens and antibodies form a soluble complex. Precipitates form on surfaces, precipitating antigens. For example, precipitation of bacterial antigens on the membrane results in glomerular nephritis, which is described as a **hypersensitivity** reaction.

Lymphoid stem cells in the thymus develop into T-cell lymphocytes. The maturation process consists of three morphologically distinct stages: lymphoblast, prolymphocyte, and lymphocyte. These cells, in turn, develop receptors to specific antigens and become immunocompetent or antigen-committed lymphocytes. Some references refer to these cells as stage 1 lymphocytes. Then, after contact with their specific antigens, these cells proliferate and differentiate into other lymphocyte clones: effector cells against antigens.

Memory cells recognize antigens which have previously been exposed. Upon subsequent encounter, the response is more rapid.

Different types of effector cells (such as helper cells, cytotoxic cells, and suppressor cells) are referred to as lymphocytes, respectively. Cytotoxic lymphocytes are called cytotoxic lymphocytes. Human immunodeficiency virus (HIV) is a virus which causes acquired immunodeficiency syndrome (AIDS) by destroying special affinity or helper lymphocytes.

Helper lymphocytes recognize antigen and have been phagocytized by antigen-presenting cells. They release cytokines. Helper lymphocytes release cytokines. Cytolytic lymphocytes recognize antigen on cell surface and kill infected cells. They release cytokines. Cytolytic lymphocytes recognize antigen on cell surface and kill infected cells. They release cytokines.

of important features of the immune system are obvious, but actually penicillinating lymphocytes develop antigen receptors or foreign antigens on animal's antigens. Therefore, self-reactive lymphocytes could attack self-antigens. However, healthy animal, mechanisms normally replace that prevent self-destruction. stem eliminate between non-self, which results in **immunologic tolerance**



Invading microbes are typically immunogenic; they will interact with their specific T lymphocytes, which proliferate and differentiate effector cells. Destroy foreign microbes. However, tolerate self-antigens, relies on mechanisms such as antigenic tolerance and ignorance. Self-antigens are normally non-antigenic; lymphocytes either unable to respond when encounter self-antigens (anergy), or they encounter self-antigens (apoptosis). self-antigens by non-antigenic T lymphocytes, which self-antigens are non-immunogenic.

These mechanisms are elaborate. When naive lymphocytes are destroyed by apoptosis, immune system effect selecting for beneficial lymphocytes via receptors or foreign antigens eliminating self-lymphocytes would self-destruction. This called negative selection, takes place one row, thymus, peripheral lymphoid tissues.

Another mechanism of immunologic tolerance occurs through activity regulatory lymphocytes. Some lymphocytes, formerly called suppressor cells, become regulatory lymphocytes. Regulatory cells prevent self-reactive lymphocytes from differentiating effector cells. They destroy self-antigens.

This oversimplification of intricacies involved maintenance of immunologic tolerance. When mechanisms autoimmune results, animal's immune system affected

Animals gain **passive immunity** to by receiving maternal antibodies in colostrum or by receiving preformed antibodies by injection. Antibodies have been produced in donor animal. Vaccinated animal. Genetically altered, antibodies each concentration, separated, globulin fraction contains antibodies from fraction. Fractionation receives from fraction. Immunoglobulin fractionated into immediate.

Animals become actively resistant to by having developing antibodies or by being vaccinated or immunized, high develop non-antibodies. referred to **active immunity**. Immunization, or **vaccination** accomplished by injecting suspension of microorganisms into for purpose of eliciting antibody response but

The microorganisms may be either attenuated (weakened but still alive) or inactivated (killed). Attenuated vaccine normally longer-lasting more potent immune response. Inactivated vaccines generally have better ability to although vaccine-associated sarcomas have been issue. Adjuvant may be added to vaccine to enhance normal immune response. Some adjuvants do by simply slowing rate of antigen elimination from body. Inactivated antigen resistant longer stimulate antibody production. Killed vaccines require more adjuvant, increased adjuvant been implicated one of potential of sarcomas.

Effective DNA vaccines are now being developed with of cellular genetics. They expected to be more stable traditional vaccines, decrease in duration quickly. They vaccines involve genetic modification of body issues. Sequence representing antigen to high stem response desired.

Vaccines given subcutaneously or intramuscularly, depending vaccine. Other vaccines aerosolized given intranasally, some vaccines are put in feed or drinking water. Veterinary technicians work with vaccines. Vaccinate with vaccine.

- Vertebrate species have two major internal defense systems: innate or nonspecific immune system (adaptive, or specific immune system called acquired immunity).
- The innate immune system includes physical and biochemical components (nasopharynx, gut, lungs, genitourinary tract); populations of commensal bacteria compete with invading pathogens in the body's inflammatory response.
- Cytokines are chemical messengers produced by a variety of cells that interact with components of the immune system.
- Five classes of immunoglobulins are produced by B cells. Each class has a specific role in immunity.
- The complement system is made up of a series of chemicals that interact with cells of the immune system.
- Passive immunity involves maternal antibodies in the colostrum or the injection of preformed antibodies.
- Active immunity involves the introduction of vaccines to stimulate the immune response to a specific antigen.

# Common Immunologic Laboratory Tests



After studying this chapter, you will be able to:

- Discuss sensitivity, specificity, and relative immunologic
- Describe collection protocols or immunology testing.
- List types of serologic tests available or veterinary practice laboratory.
- Describe principle of testing.
- Describe principle of latex agglutination testing.
- Describe principle of immunomigration testing.

## Sample Collection and Handling,

## Handling Serologic Samples,

## Tests of Humoral Immunity,

Enzyme-Linked Immunosorbent Assay,  
Competitive Enzyme-Linked Immunosorbent Assay,  
Latex Agglutination,

Lateral Flow Immunoassay  
Immunochromatography,  
**Immunology Analyzers,**  
Chemiluminescence,  
**Key Points,**

## Chemiluminescence

## Competitive ELISA

## Enzyme-linked Immunosorbent Assay

## Immunochromatography

## Immunodiffusion

## Lateral flow immunoassay

## Latex agglutination

## Rapid immunomigration

## Sensitivity

## Specificity

Immunologic tests performed in veterinary practice laboratory are designed to detect specific infectious agents. The tests are provided in a format that contains all the reagents, pipettes, reaction chambers needed to complete evaluation rapidly with minimal effort. However, attention to quality control ensuring accuracy results.

Tests are evaluated for **sensitivity** and **specificity**. Sensitivity refers to the ability of a test to correctly identify all truly positive or given reaction procedure.

Large number of negatives are produced with a given reaction procedure. No test provides specificity.

Correctly identify all animals that are truly positive for a given reaction procedure.

Nearly all serologic tests require serum or whole blood when serum or specified. The practical method of collection is the Vacutainer System (Becton Dickinson, Franklin Lakes, NJ), which is commonly available from veterinary medical supply companies. Red-topped vacuum tube used when serum required, lavender-topped tube used to collect heparinized plasma, specifically requested, green-topped tube.

Reference laboratories have strict requirements concerning specimen type, quality, labeling, and certainty of laboratory contacted or specific details. or ch

test, the requirements should be read carefully, and exactly what requested be submitted. If blood to be collected, the syringe, the syringe gauge and combination should be selected, because it causes the least hemolysis.

When serum is submitted, blood should be allowed to clot for 30 minutes at room temperature, centrifuged for 5 minutes at speed of 1000 rpm. If serum is separated after centrifuging, "rimming" the tube with a wooden applicator stick to loosen the clot may help; however, this may cause hemolysis. If desired, the serum may be centrifuged immediately after collection.

After centrifugation, the clear serum (the upper layer) is pipetted off of the packed erythrocytes. The aspirate is placed into a transfer tube or another suitable tube immediately. Serum to be tested should be frozen refrigerated or frozen and thawed, or frozen and retesting without compromising.

Samples for serologic tests do not need to be frozen, but they should be shipped cold, especially during winter weather. The major problem with shipping tubes is breakage. The tubes must be packed properly to prevent breakage. Each tube must be clearly and correctly labeled. A pertinent report should be enclosed to facilitate proper reporting of results to the laboratory.

Enzyme immunoassay, **latex agglutination**, **immunodiffusion**, **rapid immunomigration** are methods available in veterinary practice laboratories. These methods have been developed or existing to identify a number of specific antigens. Additional immunoassays incorporate these methods to detect certain blood components, such as coagulation factors,

The **enzyme-linked immunosorbent assay** has been adapted to tests commonly used in veterinary laboratory tests. This is due to the availability of monoclonal antibodies, the specificity of which means that cross-reactivity occurs with other antigens. This phenomenon accurately allows the detection of specific antigens (viruses, bacteria, parasites, hormones) in serum. The enzyme-linked immunosorbent assay (ELISA) is an antibody-based test, which is highly sensitive and specific. Some of the available tests include detection of worms, feline leukemia virus, feline immunodeficiency virus, parvovirus, progesterone, **ovine** or **bovine** immunoglobulin G (IgG) detection stem, monoclonal antibody bound to cells, cell surface receptors, membrane, or other specific antigens, present in the sample. The antibody is then conjugated with an enzyme-labeled antibody added to help with the detection of the antigen. This is followed by incubation. The specific process involves the



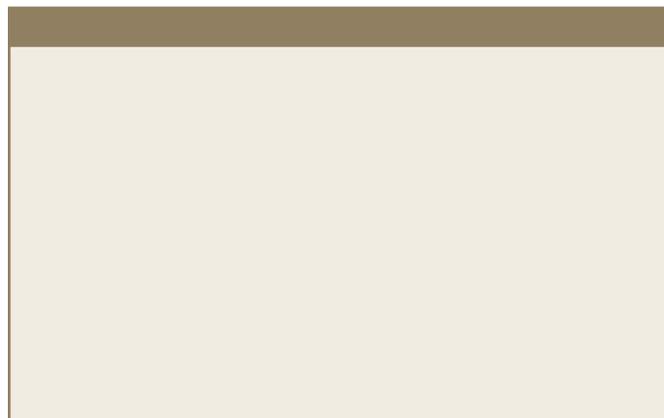
A critical step in the Microwell enzyme immunoassay is washing away the unbound enzyme-labeled antibodies.



**Fig. 20.2** A kit used to detect feline leukemia antigens in cat serum (Courtesy Zoetis Inc, Florham Park, New Jersey.)



With the enzyme-linked immunosorbent assay wells format for the determination of progesterone in canine serum (Ovuchek Premate),



chromogen to the membrane. This reacts with the enzyme on the

the bulbous ends of plastic wands come precoated with antibodies specific  
 reagent reacts with the enzyme-labeled antibodies that are bound to

roughly positive results occur. When chromogenic (color-producing) substrate added to mixture, reacts with enzyme develop specific color, thereby indicating presence of antigen contained antigen, entire enzyme-labeled antibody would be washed away during process, color reaction would develop.



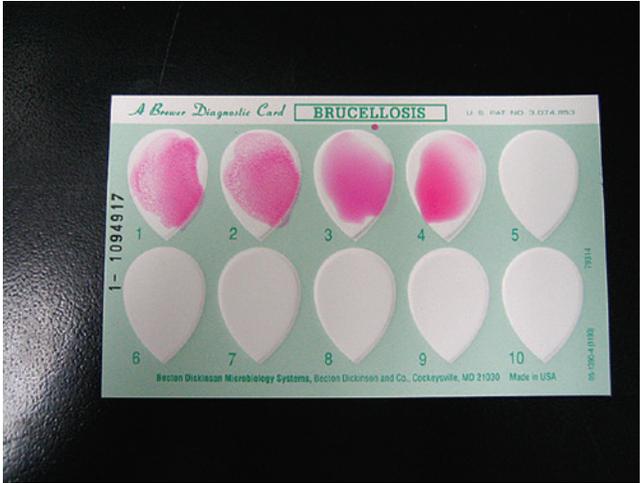
procedure or antibody detection. During this procedure, antigen bound to wells, membrane, or antigen coated or presence of specific antibody.

The **competitive ELISA** when used to test for patient antigen, involves enzyme-labeled antigen and monoclonal antibodies. Patient antigen, present, competes with enzyme-labeled antigens or antibodies coat test wells. Color developer reacts with enzyme reduce color. The intensity color reduced varies concentration of antigen. Oxidation of quinone reduction of dinitrophenyl groups detected. Serum est.

The latex agglutination method, latex particles are coated with antigen suspended in water. If

After incubation, the wells are rinsed to wash away excess enzyme-labeled  
 bound to the antibodies on the test wells is antigen from the patient, and

the antibodies being tested) and the patient sera (with possible antibodies)

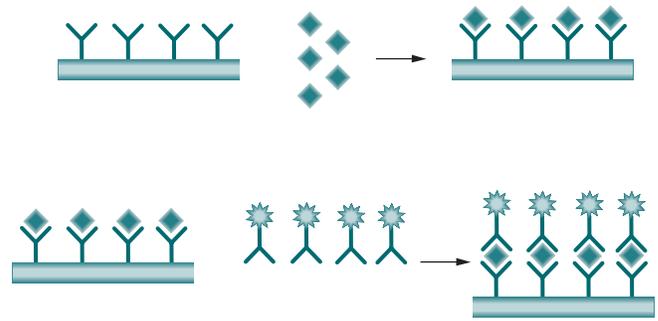


plexes. Samples 1 and 2 indicate a positive reaction. Samples 3 and 4, which show no clumping, indicate a negative reaction.

serum contains corresponding antibody added to mixture, formation of antibody-antigen complexes agglutination (clumping). Agglutination changes appearance of latex suspension from smooth milky to clumpy because latex particles have clustered together. The antibody present in the serum remains unaltered. The length of reaction be graded 1, 2, or 3 to provide information on antigen present. Common method for ovine brucellosis antibodies



Many automated analyzers utilize principles of **chemiluminescence** to detect and quantify specific antigens. The principle is similar to the enzyme-linked immunosorbent assay (ELISA) method except that the test substrate reacts to produce light rather than an enzyme product. The principle is similar to the enzyme-linked immunosorbent assay (ELISA) method except that the test substrate reacts to produce light rather than an enzyme product. The principle is similar to the enzyme-linked immunosorbent assay (ELISA) method except that the test substrate reacts to produce light rather than an enzyme product.



Format for chemiluminescent immunoassays. (From Turgeon)

Chapter Review Questions [Appendix](#)

- Sensitivity refers to the ability of a test to correctly identify all positive or reactive specimens.
- Specificity is a measure of the number of positive specimens produced with the given reaction procedure.
- Serum or plasma are required for most immunoassays.
- Many of the immunoassays used in veterinary practice are laboratory-based methods.
- The agglutination of latex particles coated with antigen is used in lateral flow immunoassays.
- Lateral flow immunoassay is also referred to as immunochromatography.
- With certain methods, the antigen is coupled to a color-producing substrate, and the appearance of a colored line indicates a positive reaction.



# Blood Groups and Immunity

After studying this chapter, you will be able to:

- Describe various blood group systems
- State blood groups of dogs.
- State blood group
- Discuss effects blood typing related

- Describe tube method blood typing.
- Describe glutination method blood typing.
- Describe immunochromatographic method blood typing.
- Describe procedures for crossmatching.

## Blood Types,

Dogs, 17

Cats,

Cattle,

Sheep

Horses,

## Blood Typing,

The tube method,

The rapid glutination

Immunochromatographic assay,

## Crossmatching,

## Key Points,

## Alloantibodies

## Blood group antigens

## Crossmatching

## Dog erythrocyte antigen

## Neonatal isoerythrolysis

Red blood cell antigens structures surfaces

ne react antibodies

another specific surface markers individual

genetically determined referred **blood**

**group antigens** the number blood groups varies

species. antigen-antibody reactions occur with blood trans-

fusions result of variations blood group antigens between

recipient donor. reactions usually result

clumping glutination

clinically agglutination.

Some species of domestic (e.g., sheep, pigs)

have naturally occurring antibodies **alloantibodies** against

antigens

antibodies, mismatched transfusion given to results

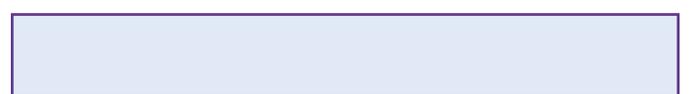
in antibodies forming against antigen transfused

(antibodies). reeding females ways

be given properly checked blood potential or

of reduction antibodies result destruction

of donate's



The ease of availability blood components such

packed platelet-rich stored treatment

for recipients emergency critical settings. et

erinary blood provide blood components,

perform blood typing **crossmatching** These procedures

are performed veterinary practice laboratories.

Veterinary technicians understand concepts blood

component transfusion related procedures to help ensure

transfusion safety

More common recent blood groups have been

described. nomenclature or blood group stems assigned

with (which for **dog erythrocyte antigen** followed by umbel. or stems, erythrocytes designated as positive or negative or the specific antigen. The EA group once considered to have three subgroups, but recent research documented reflected varying degrees of expression of gene. designated other red blood groups. blood groups considered clinically significant greatest antigen response serious transfusion reactions. approximately dogs positive or Transfusion reactions the other blood groups re-ess likely clinical igen, been described. because naturally occurring antibodies are when transfusion positive blood group negative recipient result immediate reaction. However, antibodies develop result delayed transfusion reaction week original mismatched transfusion. negative dog previously received positive blood, severe reaction occur dog subsequently transfused with 1-positive blood.

**TECHNICIAN NOTE** Administration of mismatched DEA 1 blood elicits the

blood group stem been identified B, few have group blood. rity nited ve group blood, which probably accounts for once transfusion reactions Type blood certain breed needs even Rex, British (rthair) certain geographic tralia). Unlike dogs, ve naturally occurring antibodies erythrocyte igen ck. type ve strong anti-A antibodies, whereas type ve bodies. transfusing type type blood result serious transfusion reaction hus, blood or transfusions breed lected typing crossmatching. high blood cell igen, been described **Neonatal isoerythrolysis** been documented type type ens type ueens with naturally occurring antibodies.

Eleven blood groups ve been described have been designated group polymorphic, re erent igens. Anti-J antibodies nly common ural antibodies negative donors transfusion reactions.

Seven blood group stems ve been identified ep, ve been designated stem hly polymorphic. naturally occurring antibodies may be present. Neonatal isoerythrolysis may occur are administered bovine colostrum. This caused by presence antibodies ep erythrocytes ovine colostrum. Five major systems have been identified goats designated naturally occurring antibodies may be present.

More blood groups ve been described eight blood group stems in horses; the major groups ave been designated D, P, T, U. Naturally occurring antibodies do exist, ut antibodies present result accina tions that contain quine tissue or transplacental immunization. Crossmatching one before transfusion horse, because transfusion reactions horses re commonly fatal. The mare-foal incompatibility test crossmatching procedure detects presence antibodies (rum colostrum) oal erythrocytes confirm prevent onatal isoerythrolysis.

Methods of identifying some feline blood groups are available or veterinary practice. thods lude an immunochromatography assay and card/slide agglutination assay. he tube thod or blood typing, but rimary reference laboratories.

The tube thod for determining blood type requires of antisera, which consist of antibodies specific for each possible blood type iven ecies. commercial isera or and eline group testing re available or few canine and eline blood groups **Box** The tube method requires collection of hole blood thylenediaminetetraacetic (EDTA), parin, cid-citrate-dextrose icoagulant. blood centrifuged for minutes. fter removal of oat, erythrocytes ee

\*Typing antisera are available for these blood types.

times in saline solution, centrifuged, and resuspended. The BC suspension is distributed into tubes required or a number of blood type antisera being tested. Small (usually 100 µl) sera added appropriately labeled tube. Tubes held at room temperature and centrifuged or condensed. Each tube examined macroscopically or microscopically for evidence of hemolysis or agglutination. Positive results may require repeat testing.

The blood typing is a practical routine analysis before transfusion. Literally hundreds of different antisera would be required because of the large number of different blood groups, especially in rhesus.

Blood typing is performed on a slide-based system already with evidence of agglutination, which is usually visible lumps of blood. Phosphate-buffered saline (PBS) is used to wash the cells, showing evidence of agglutination. RapidVet-H (InVivo-More Laboratories) blood-typing test card is used to classify dogs as positive or negative for blood typing. It contains monoclonal antibody specific for each blood type usually defined as A or B. The control is a drop of EDTA-anticoagulated whole blood. One drop of phosphate-buffered saline (PBS) and lyophilized reagents within each well. Positive result, monoclonal antibody forms a serum, which is added with whole blood from patient. Result, positive erythrocytes react with serum agglutination.

The serum is then added to each well and reacts with 1-negative erythrocytes.

RapidVet-H (InVivo-More) blood-typing or classifying feline blood type

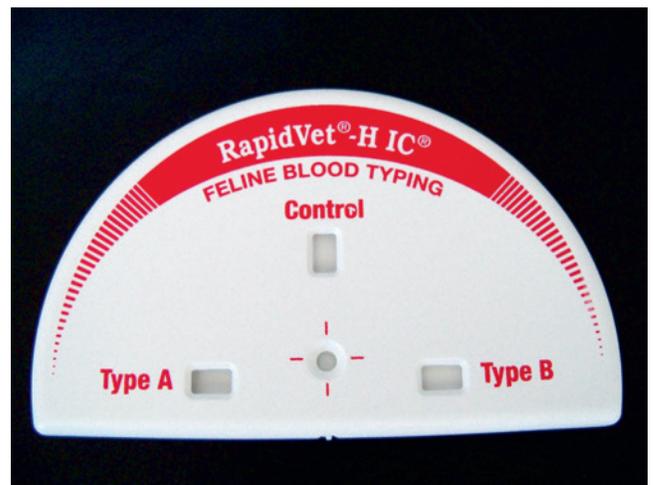
wells contain lyophilized reagent, which represents anti-body of antigen, antigen, which consists of antigen. Erythrocytes from type A agglutinate with anti-A solution well on card), erythrocytes from type B agglutinate with anti-B solution well on card). Erythrocytes from type AB agglutinate with both anti-A and anti-B reagents. Well shows results of agglutination seen as agglutination. If agglutination present, with phosphate-buffered saline (PBS) autoagglutination screen repeated. If agglutination result is negative, typing test is performed.

The card agglutination and immunochromatographic

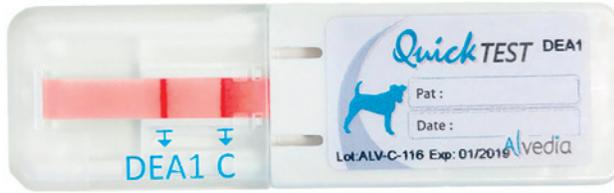
Several commercial tests make use of immunochromatographic test principle rather than agglutination.

The control detects separate antigen on the strip. The i-DEA antibody control solution strip, which expresses concentrate antibody reagent. Cells concentrate of control antigen, thereby demonstrating cells ve successfully strip. Feline works very well; however, contains anti-A monoclonal antibody, contains monoclonal antibody, control antibody or common feline antigen, thereby allowing or identification blood type

In commercial sera, mismatching blood donor recipient reduces possibility of transfusion



An immunochromatographic test for feline blood typing.



Blood typing tests. (Courtesy Alvedia.)

Label a plain tube with the donor name and the word

two drops of the donor plasma and two drops of the recipient cell

reaction. The two-part procedure (matching) requires serum from the donor and recipient. The procedure involves centrifuging the blood samples and observing for agglutination. A positive reaction indicates a blood-type mismatch. The procedure is performed for all patients with unknown blood types. Two controls are used: one with donor cells and one with recipient cells. Commercial kits are available.

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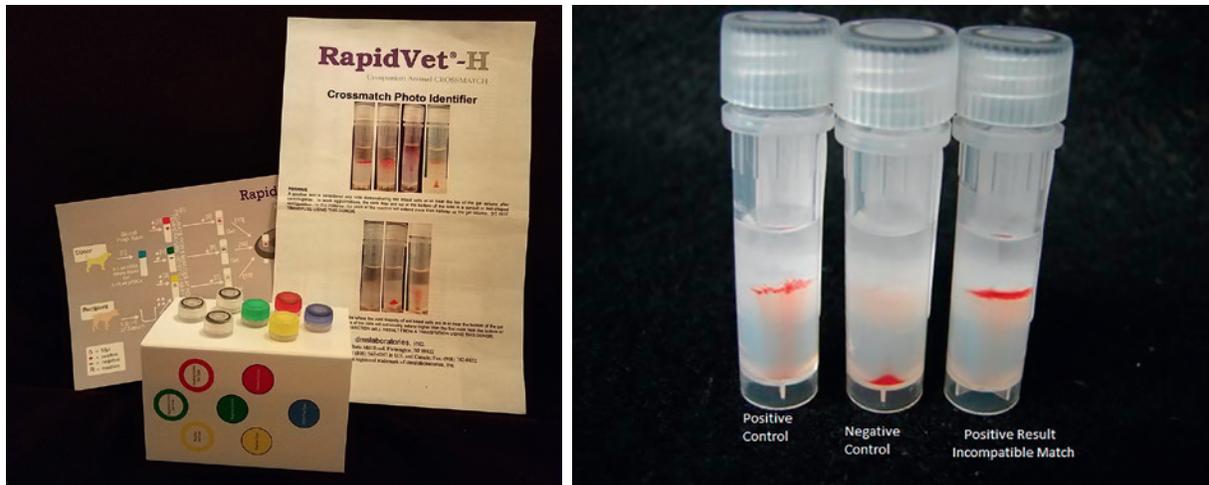
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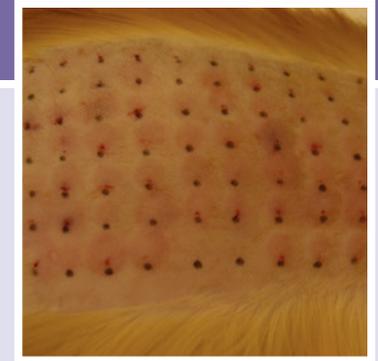
Agglutination reactions are sometimes graded. Several methods of grading have been proposed. The presence of agglutination constitutes evidence of agglutination and is unsuitable for transfusion.

Critically ill patients should undergo blood typing



**Fig. 21.4** RapidVet-H test kits are available for in-house canine and feline blood crossmatching. (Courtesy

- Proper blood typing crossmatching minimize problems critically ill patients.
- Dogs have more dozen different blood groups.
- Cats have one blood group antigen system.
- The clinically significant blood group dogs
- The majority of have type blood.
- Type have naturally occurring antibodies to type antigens; type have naturally occurring antibodies to type antigens.
- Dozens of blood groups have been identified large species.
- Blood typing with tube method performed reference laboratory.
- Blood typing of dogs be performed veterinary practice laboratory with either agglutination or immunochromatographic methods.
- The crossmatching of blood before transfusion helps to minimize potential reactions.
- Both major minor crossmatching are needed before transfusion.



After studying this chapter, you will be able to:

- Describe the signs and symptoms of allergic reactions.
- Describe the procedure for performing a skin test to detect allergens.

- List common allergens in various species.
- Describe the tuberculin test.
- Describe the types of allergic reactions.

**Tests of Cell-Mediated Immunity,**  
Intradermal  
Tuberculin

**Key Points,**

**Allergen**  
**Angioedema**  
**Histamine**

**Tuberculin skin test**  
**Urticaria**  
**Wheals**

Tests of humoral immunity involve detection of circulating antibodies; evaluation of cell-mediated immunity is much more commonly performed. Intradermal tests are used to evaluate patients with allergic (hypersensitivity) reactions to detect the presence of tuberculosis antigen.

Skin tests evaluate various allergies. **allergens** in the environment. Allergies are mediated by immunoglobulin (IgE) antibody. They are detected by injecting small amounts of antigenic extracts of grasses, trees, weed pollens, dust, insects, or possibly offending antigens. Extracts are injected intradermally, and a positive reaction is indicated by a raised wheal or allergic reaction.

Patients with hypersensitivity reactions to **urticaria** (hives), **wheals** or **angioedema** (edema of the dermis and subcutaneous tissues). Reactions triggered when basophils or mast cells release their histamine-containing granules, which trigger a local response. Many substances in the environment have been demonstrated to cause urticaria and angioedema.

Allergic dogs frequently have reactions to more

Allergens are chosen on the basis of patient's history, geographic location, common allergens include dust, human hair, feathers, foods, grasses, trees. Intradermal testing for food allergens is not well validated. Dogs frequently have allergic reactions to a variety of seasons **oxes**.

When performing a skin test, a small amount of antigen is injected into the skin. A positive reaction is indicated by a raised wheal or allergic reaction. The wheal is measured and compared to a control. The test sites are then evaluated after the injection, and the reactions, if any, are graded. The wheal is graded on a scale of 0 to 4. The test sites are scored in relation to two controls. Each test

An intradermal injection of antigen is used as a negative control, and a known allergen is used as a positive control. The injection sites are then evaluated 15 minutes after the injection, and the reactions, if any, are graded. The wheal is graded on a scale of 0 to 4. The test sites are scored in relation to two controls. Each test



Erythematous wheals. (From Miller WH, Griffin CE, Campbell KL: *Muller and Kirk's small animal dermatology*,

site valuated or resence rythema. ter  
each heal ured



An enzyme-linked immunosorbent assay test  
available for determination of allergen-specific IgE antibodies  
ogs, rses CEPT,  
high-affinity eceptor vailable or esting ozens  
grasses, rees, eeds, cts,

The **tuberculin skin test** correlates with specific cell-mediated  
immune eaction. ected *Mycobacterium* pp.  
bacteria develop characteristic delayed hypersensitivity reactions  
when exposed to purified derivatives of organism called tuber  
he est ommonly erformed rimates.  
For he uberculin kin est, uberculin njected ntradermally  
e ervical egion

### Caused Urticaria and Angioedema in

efa shampoo,

From Miller WH, Griffin CE, Campbell KL: *Muller and Kirk's small*

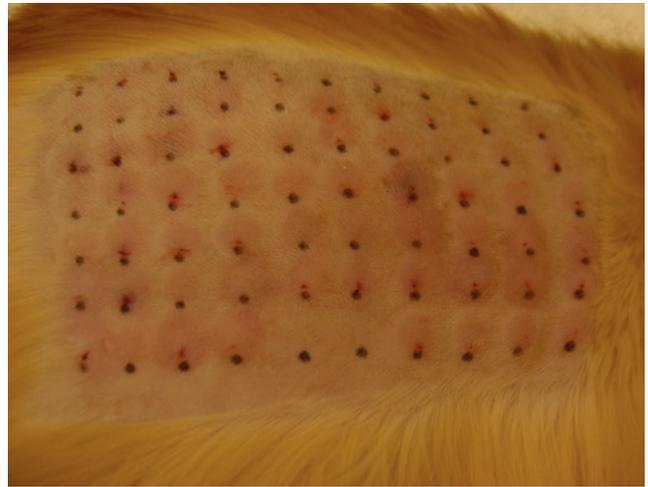
### Intradermal Skin Test Reactions

From Miller WH, Griffin CE, Campbell KL: *Muller and Kirk's small*

## Intradermal Skin Test Reactions

(traumatic placement of needle, dull or burred needle, too

From Miller WH, Griffin CE, Campbell KL: *Muller and Kirk's small*

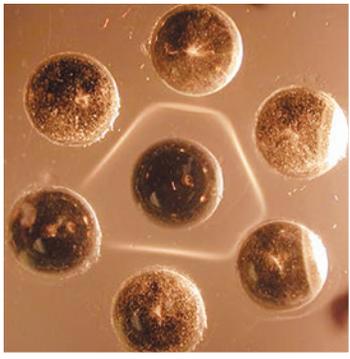


wheel and flare reactions. Unlike what is commonly reported in cats, this

Delayed hypersensitivity reaction observed in the animal as seen upon exposure to *Mycobacterium*. The reaction is delayed because before lymphocytes migrate to the foreign antigen injected into the dermis.

Chapter review questions [Appendix](#)

- Intradermal testing is performed to identify IgE-mediated allergic responses to detect the presence of *Mycobacterium* antigens.
- Intradermal testing for allergies requires extracts of common antigens.
- Lesions that result from intradermal testing are evaluated for erythema and wheal reaction.
- Allergic reactions result when mast cells release their histamine-containing granules, triggering a hypersensitivity response.



# Reference Laboratory Immunoassays

After studying this chapter, you will be able to:

- Describe principles of Coombs
- Describe indirect immunofluorescence.
- Describe principles of immunodiffusion and radioimmunoassay.

- Describe polymerase chain reaction, usefulness of diagnostic testing.
- Describe general steps of polymerase chain reaction.
- Explain antibody titers, relative concentration or

**Coombs Testing,  
Immunodiffusion,  
Radioimmunoassay,  
Fluorescent Antibody Testing,  
Antibody Titrers,**

**Molecular Diagnostics,  
Reverse transcriptase polymerase chain reaction,  
Real-Time polymerase chain reaction,  
Polymerase chain reaction,  
Key Points,**

**Antibody titer  
Coombs test  
Fluorescent antibody**

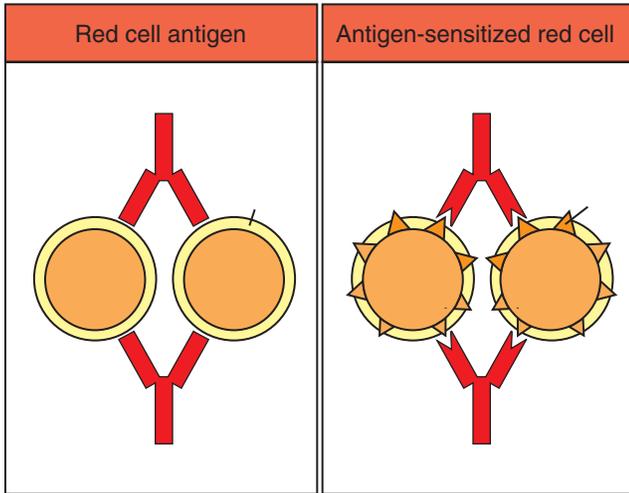
**Immunodiffusion  
Polymerase chain reaction  
Radioimmunoassay**

The presence of inappropriate antibodies (antibodies against body's own issues) detected **Coombs test**. The direct Coombs reaction used to detect antibody attached body's own erythrocytes. There are commercially available Coombs reagents performed in practice laboratory, but are commonly performed reference.

A positive direct Coombs test provides evidence of immune-mediated hemolytic disease. The procedure involves incubating suspect sera, which reacts with erythrocytes coated with immunoglobulins (anti-erythrocyte antibody), sera immunoglobulin erythrocytes will react result visible agglutination erythrocytes.

Indirect Coombs testing detects circulating antibody. A positive indirect Coombs test result indicates presence of circulating antibodies in body's own issues. To visualize reaction, patient serum incubated with erythrocytes from normal species. Antibody present in patient serum, will react with erythrocytes from own. The subsequent addition of anti-gamma globulin or complement reagent results in agglutination.

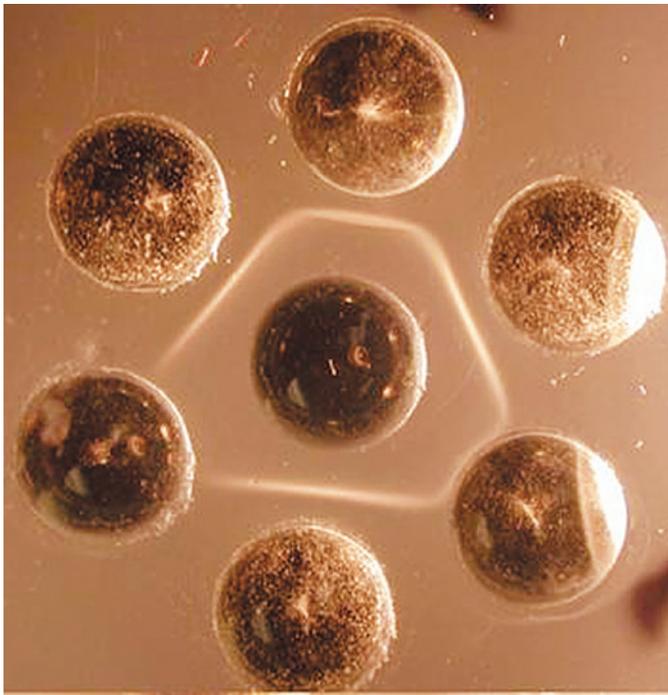
For **immunodiffusion** patient serum possibly contain antibodies antigen to antibodies, which supplied test are placed separate wells agar gel plate. Other components form visible band of precipitation when they combine. In serum, antibody exists in patient's serum. In patient's antibody levels sufficient to precipitate antigen. Diseases detected by immunodiffusion include infectious mononucleosis, hepatitis, and syphilis.



Indirect Coombs test.



Primary practice laboratory. (Courtesy Alvedia.)



Agar plate showing lines of precipitation. No lines of precipitation

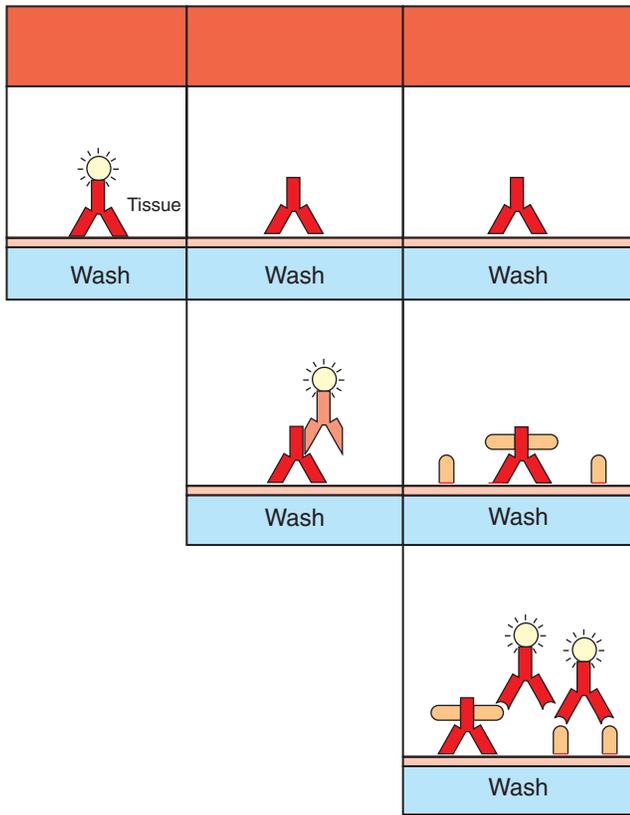
Courtesy Zoetis Inc, Florham Park, New Jersey.)

controls with antibodies in alternating surrounding wells. The control samples  
 center well and antibodies from the surrounding wells  
 here the antigens and antibodies meet, a line of visible precipitation forms.

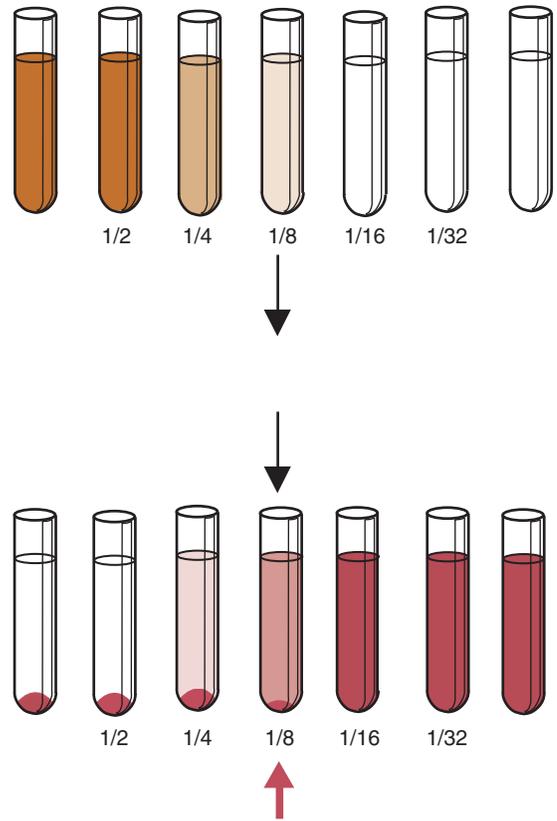
competitive form **radioimmunoassay** primarily been used in research diagnostic laboratories for many years. The test principle similar to the competitive enzyme-linked immunosorbent assay technique except that a radioisotope is used in place of enzyme. Assay typically consists of antigen labeled with radioisotope and antibody. When combined, antigen-antibody complex forms. In competitive assay, both antigens compete for antibody. Increasing amount of antigen, reduced antigen-antibody complex formation. The remaining radioactivity is measured and compared to a standard curve to determine concentration of antigen in patient's serum.

Although commonly performed in veterinary practices, fluorescent testing available in veterinary reference laboratories. Procedures frequently verify tentative results seen by the veterinarian. Two methods available: direct antibody testing and indirect antibody testing. Indirect antibody testing procedure, patient is bled and serum is then reacted with fluorescent-dye-conjugated antigen. The dye combines with specific antibody present in patient's serum. The serum is then examined with a special microscope. This microscope has been designed for fluorescent microscopy. For cellular antigens, cells will appear fluorescent under the microscope. With indirect **fluorescent antibody** (IFA) technique, patient is bled and serum contains specific antigen. Fluorescent-labeled anti-antibody is added to the system, serum is then microscopically examined. Any fluorescence indicates positive result. Fluorescent techniques for antigen detection available.

Although routinely performed in veterinary practice laboratories, **antibody titer** tests are ordered by the clinician to determine the relationship between active infection and prior exposure to certain antigens. This is particularly important when



Fluorescent antibody technique.



reliable dilution result or  
 antigen high presence  
 available. ident ecific  
 inter efers nger body.  
 reatest yields ositive

the last tube in which a reaction has occurred is identified. In this example, agglutination has occurred in all tubes up to a serum dilution of 1/8. The agglutination titer of the serum is said to be 8. (From Tizard

Antibody titers are performed to differentiate active

The test performed reference laboratory requires of serial dilutions of Each dilution then examined for presence of antibody Fig. The reciprocal of greatest dilution still elicits positive test result titer. titer often active reaction. Low titers usually previous exposure ecific antigen. Recently, number inter ve een de vailable for veterinary practice oratory. primarily nzyme-linked unisorbent technology, provide accurate results. Some clinicians will request when determining ed revaccinate ident.

to be tested rt thods oo sophisticated or veterinary practices. any veterinary diagnostic oratories offer veral tests. The obvious for veterinarian to identify presence f gens such iruses, cteria, ut re are y or echnology Tables

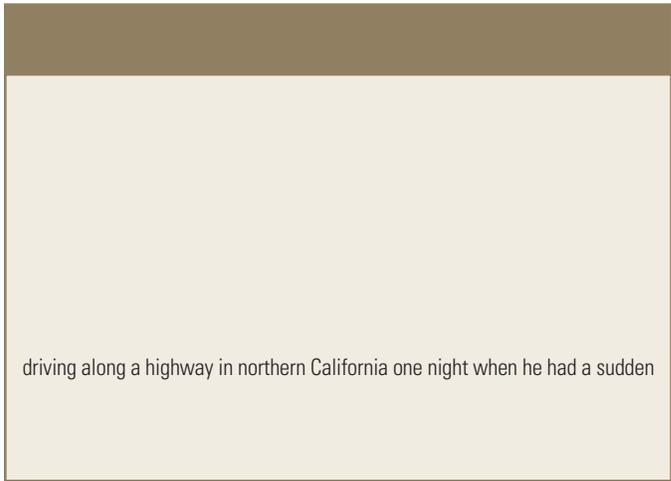
The branches of medicine science types of DNA tests include microbiology, genetics, immunology, pharmacology, forensics, biology, food science, agriculture, archaeology, cology. vailable ers, etect genetic defects, verify pedigrees, determine bacterial contaminants food science applications, to but few

The advantages of of tests are increased sensitivity eased ecificity. ecimen ed or est xceedingly factors nce rocedures—such condition f rowth requirements, viability of organism—are crucial with molecular diagnostic tests. The newer techniques have faster turnaround times. hereas traditional identification of bacterium may take r ys re, nostic esting accomplished er ependng

*Leptospira* p., high w-growing cteria ure plate, e ne cteria entified of molecular diagnostic testing. The DNA molecule of bacteria, which contains genetic information, molecule of erest or olocular nostic esting analysis of DNA or RNA. veterinarians send out

Disadvantages lude ontamination positive results, vel echnical xpertise ed

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driving along a highway in northern California one night when he had a sudden

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single-stranded RNA must first be converted to double-stranded DNA before the process can continue.

Another significant real-time method increases sensitivity and specificity compared to traditional methods. Automated, generally faster and easier to run, fluorescent probe-based DNA microarrays; quantitative PCR; and digital PCR are considered sensitive.

A significant limitation is that the target DNA sequence must be known before performing the test. Proper reagents are required. The target region must be identified. The target region must be known before performing the test. Proper reagents are required. The target region must be known before performing the test. Proper reagents are required.

The amplification process consists of three steps: denaturation, annealing, and extension. After amplification, DNA segments are separated on an electrophoretic gel for identification. The target region contains the target sequence. The target region contains the target sequence. The target region contains the target sequence.

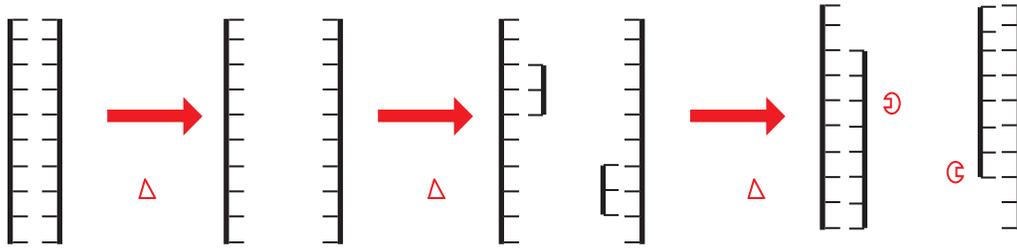
The double-stranded molecule is heated to separate into two single strands. Each strand serves as a template for the synthesis of a new strand.

The temperature is lowered to allow primers to bind to the single strands. Primers are short DNA sequences that are complementary to the target DNA. The primers are short DNA sequences that are complementary to the target DNA.

to understand, or to perform any of the following procedures. Commercially available diagnostic laboratories.

Many variations of this test are available, but perhaps the most widely used is the **polymerase chain reaction** (PCR). This test amplifies a specific segment of DNA.

Sometimes called reverse transcriptase PCR (RT-PCR), this test is used to detect and quantify RNA viruses.



New DNA segments

The temperature is raised once more, and DNA polymerase (an enzyme that adds nucleotides to form new complementary strands) causes new DNA segments to be produced (extended). Portions of two DNA molecules have been obtained, each with two strands. They are complete but contain the desired segment.

This process is repeated many times in an automated thermal cycler (Fig. 23.1). The timing, temperature, and number of cycles are regulated by the instrument. The number of DNA segments produced increases exponentially.

Finally, agarose gel electrophoresis is used. The DNA segments are negatively charged and will migrate toward the positive electrode when current is applied. The segments separate according to their size. The results are compared with known entities and identified.

The interpretation of the results of a PCR test for a microbe may be present or absent, but may be false positive or false negative. Laboratory results must be evaluated clinically.



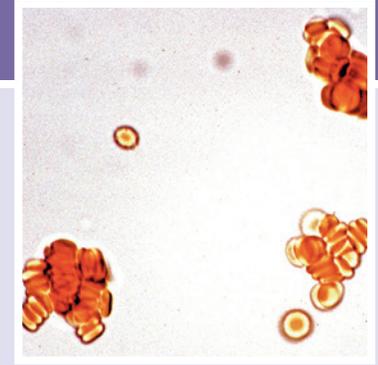
Thermal cycler for polymerase chain reaction. The instrument is from Applied Biosystems Laboratories, Inc., ©2019. Hercules, Calif.)

must be evaluated clinically. Information on

Chapter review questions [appendix](#)

- Molecular diagnostic testing or RNA analysis to identify pathogens, classify cancers, detect genetic defects, verify pedigrees, determine bacterial contaminants, food applications.
- Coombs testing performed to identify autoantibodies.
- Fluorescent antibody testing performed for detection or identification.

- Antibody titers are performed to differentiate active infection from prior exposure to evaluate need for revaccination.
- During immunodiffusion, antigen and antibody react to form visible precipitates.



After studying this chapter, you will be able to:

- Describe types of hypersensitivity reactions.
- List conditions of type I hypersensitivity.

- List conditions of type II hypersensitivity.
- List conditions of type III hypersensitivity.
- List conditions of type IV hypersensitivity.

## Hypersensitivity, Key Points,

**Anaphylactic shock**  
**Atopy**  
**Hypersensitivity**

**Immune-complex disease**  
**Immune-mediated hemolytic anemia**  
**Lymphoma**

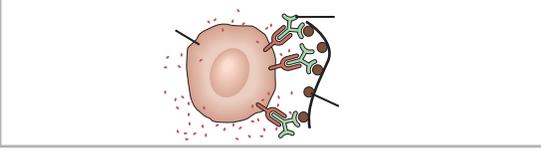
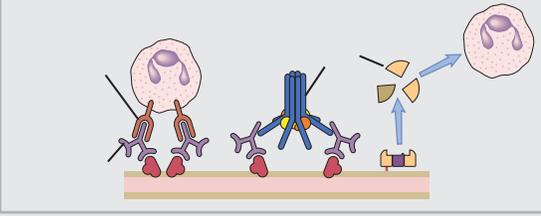
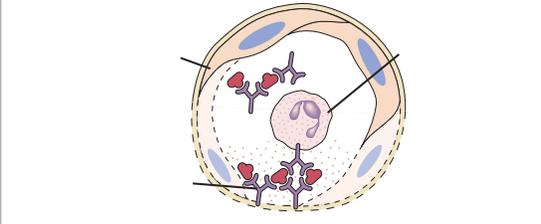
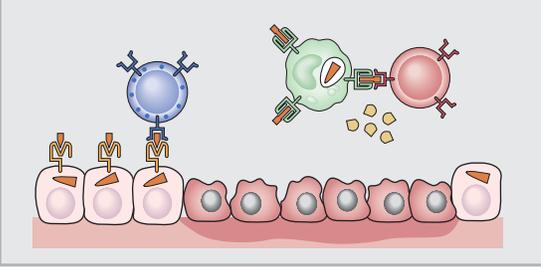
Some immune responses have diverse effects. If immune responses are uncontrolled or hypersensitive, they can cause tissue injury. Immune responses in which the body's own tissues are attacked by the body's own antibodies occur. In addition, **hypersensitivity** reactions, stem cell transplantation may show deficiencies. A deficiency may exist in phagocytes or immunoglobulins. A condition called combined immunodeficiency exists during early life. In premature infants, maternally derived antibodies have declined. Rabian foals with severe combined immunodeficiency often succumb to opportunistic infection. Results from immune deficiency and immunoglobulins.

Four types of hypersensitivity have been categorized on the basis of immunologic mechanism involved. Type I hypersensitivity is a diastere hypersensitivity that occurs when chemical mediators from mast cells are released. Allergies (**atopy**) and **anaphylactic shock** are severe reactions that may occur in conditions of hypersensitivity. Disorders occur when immunoglobulin (IgE) antibodies are formed in response to previously encountered antigens. When antigens are encountered, mast cell receptors on mast cells, which results in the release of mediators. Mast cell mediators cause smooth muscle contraction, increase permeability of blood vessels, and cause vasodilation within minutes.

Mast cell mediators include histamines, prostaglandins, leukotrienes, and platelet-activating factor. These mediators cause inflammatory responses by recruiting leukocytes (eosinophils, neutrophils, and mast cells) to the site of injury. The inflammatory response is a hypersensitivity reaction.

### TECHNICIAN NOTE

Antibody-mediated immune-mediated hemolytic anemia (IMHA) is a condition directed against an animal's own cells or components of extracellular matrix. Type II hypersensitivity disorders. **Immune-mediated hemolytic anemia** is a condition characterized by destruction of red blood cells. Immune-mediated thrombocytopenia is a condition characterized by platelet destruction, type II hypersensitivity disorders. Type III hypersensitivity disorders are mediated by immune complexes that deposit on cell surfaces. IgM may be involved, resulting in immune complexes that will serve to activate the complement system. The activation of complement leads to an inflammatory response. In some cases, antibodies bind to various surface receptors on red blood cells, platelets, and neutrophils, leading to phagocytosis and subsequent destruction. The mechanism occurs through opsonization. Neonatal erythrolysis (IMHA) of neonates occurs often in foals. The disorder results from ingestion of colostrum that contains maternal antibodies against the foal's red blood cells.

Type of		
(Type I)	2 cells, IgE antibody, mast cells, eosinophils 	
(Type II)		
(Type III)		
(Type IV)	CTLs (T cell-mediated cytotoxicity) 	

*functions and disorders of the immune system, ed 3, Philadelphia, 2011, Saunders.)*

fetal erythrocytes Fig. Transfusion reactions are mediated by antibodies.

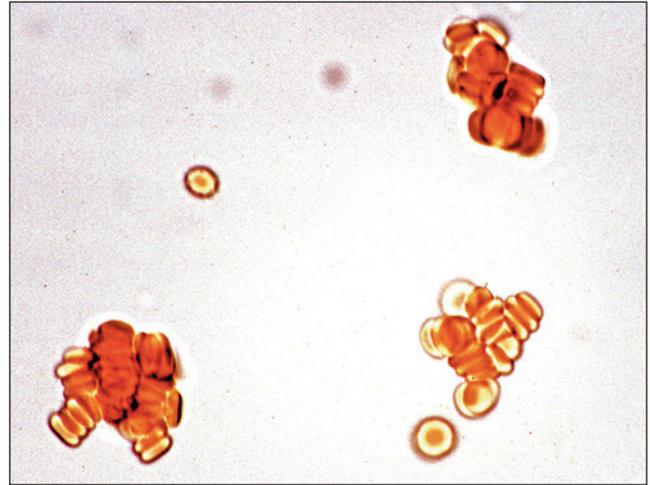
**Immune-complex disease** or type hypersensitivity occurs when antibodies antigens form complexes are deposited various blood vessels. Glomerulonephritis, which caused by deposition antibody-antigen complexes, y, example type hypersensitivity. systemic erythematous immune-complex disorder characterized production of antibodies versus population cells issues. learn.

Type hypersensitivity T-cell-mediated caused by reaction lymphocytes Tlf-antigens issues. Contact hypersensitivity reactions, such may occur dogs after contact with plastic food collars or human beings er contact poison vy, issue ury with delayed response. chemicals om substances react with proteins, immune system recognizes chemical-protein complex foreign, thereby resulting derma titis. type diabetes, heumatoid rthritis, nd hronic nfections such tuberculosis are all T-cell-mediated autoimmune


Clinical manifestations of type I hypersensitivity reactions. (From  
ed 3, Philadelphia, 2011, Saunders.)



**Lymphoma** is a high grade tumor characterized by uncontrolled proliferation of lymphocytes, another abnormality



Microscopic agglutination in an unstained wet mount preparation of saline-washed erythrocytes from a foal with neonatal isoerythrolysis.

of immune system. The immune system normally recognizes and destroys cells before they are released into the body, but sometimes errors occur and cells escape defense mechanisms.

Chapter review questions [appendix](#)

- Immune responses to an issue may be led by hypersensitivity reactions.
- Type I hypersensitivity is called immediate hypersensitivity.
- Atopy is a type of hypersensitivity disorder.
- Type II hypersensitivity includes antibody-mediated

- IMHA, IMT, neonatal isoerythrolysis, and transfusion reactions are antibody-mediated type II hypersensitivity reactions.
- Immune-complex disorders are type III hypersensitivities that result in deposition of immune complexes in various tissues.

## Unit Outline

*Chapter 25: Anatomy and Physiology of the Urinary System,*

*Chapter 26: Sample Collection and Handling,*

*Chapter 27: Physical Examination of Urine,*

*Chapter 28: Chemical Evaluation,*

*Chapter 29: Urine Sediment Analysis,*

### The objectives for this unit are:

*Describe the formation of urine.*

*List and describe a variety of urine sample collection methods.*

*List and describe physical and chemical evaluations performed with urine samples.*

*Describe the formed elements that may be encountered in urine samples.*

*Describe the procedure for preparing urine for microscopic examination.*

*Describe the procedure for evaluating the formed elements in a urine sample.*

Urinalysis is a relatively simple, rapid, and inexpensive laboratory procedure. It evaluates the physical and chemical properties of urine as well as the urine sediment. A urinalysis provides information to the veterinarian about the status of the urinary system, the metabolic and endocrine systems, and the electrolyte and hydration status. Therefore, the veterinarian may request that the owner bring a urine sample for initial testing. Samples may also be collected in-house using a variety of techniques.

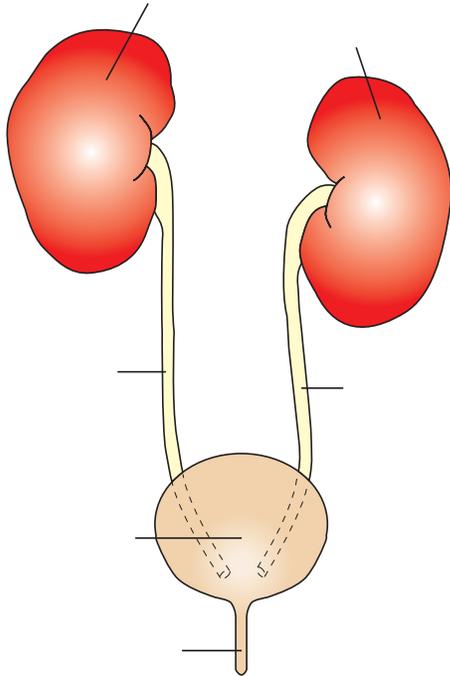
Abnormalities in the urine may reflect a variety of disease processes involving several different organs. The basic equipment needed to perform a urinalysis is minimal and readily available in most veterinary clinics.

Quality assurance begins with proper specimen identification and handling. All samples should be labeled immediately after collection, and urinalysis should be performed as soon as possible. Reagent strips and tablets must be kept in tightly sealed bottles, and outdated reagents must be replaced with fresh reagents. Reactions for most constituents in the urine may be checked against available controls (e.g., Chek-Stix, Bayer Corporation, Leverkusen, Germany; Uritrol, YD Diagnostics, Seoul, Korea; Liquid Urine Control, Kenlor Industries, Inc., Santa Ana, CA). In addition, urine samples with distinct reactions for certain constituents sometimes may be preserved and used as positive controls. The results obtained from control samples and made-up controls should be plotted to determine whether observer drift or reagent decomposition is occurring. The urinalysis laboratory report should include patient information, collection technique, date and time collected, method of preservation (if used), and complete urinalysis results, including the results of microscopic examination results. A standard protocol for reporting results must be followed. See [Appendix F](#) for an example. Precision and accuracy need to be maintained by the veterinary technician for the proper interpretation of results.

[Appendix B](#) contains reference ranges for urinalysis tests of common domestic species.

For additional sources for this unit see the Resources Appendix at the end of this textbook.





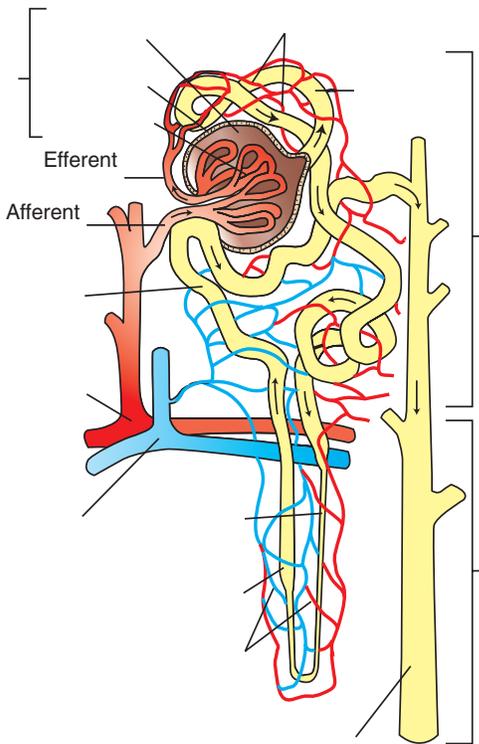
Parts of the urinary system. The urinary system is made up of

ine. phron eaches  
 collecting ubules, ecome collecting ubules  
 all phrons enal elvis pening  
 eter



From each renal pelvis, urine transported to urinary bladder by ureters, which are muscular tubes conduct urine via oth-muscle ontractions. eters nter ladder blique hich orm alvelike penings revent ckflow eters ladder

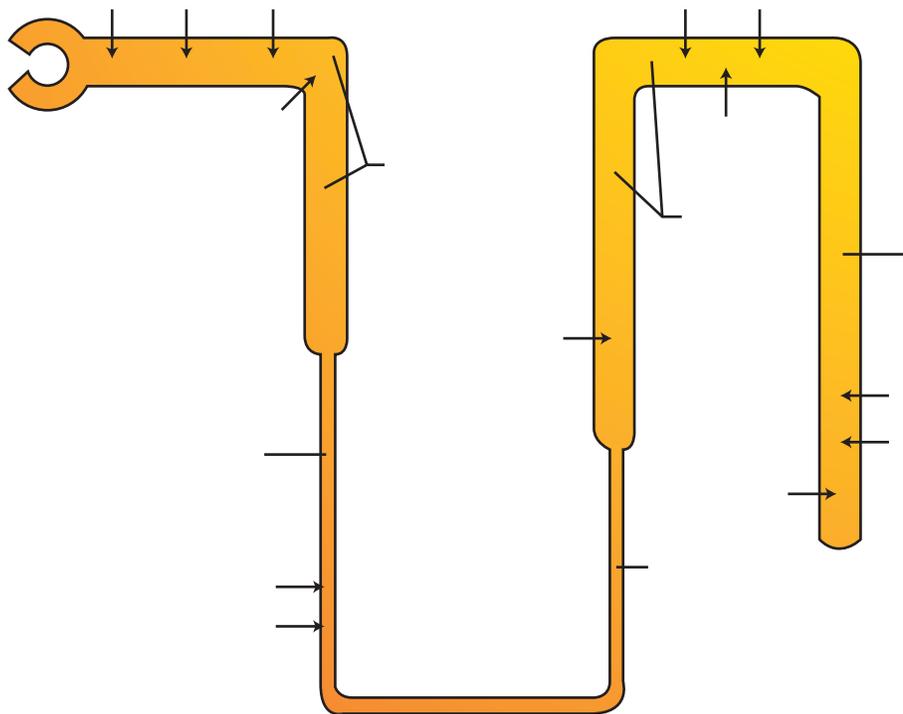
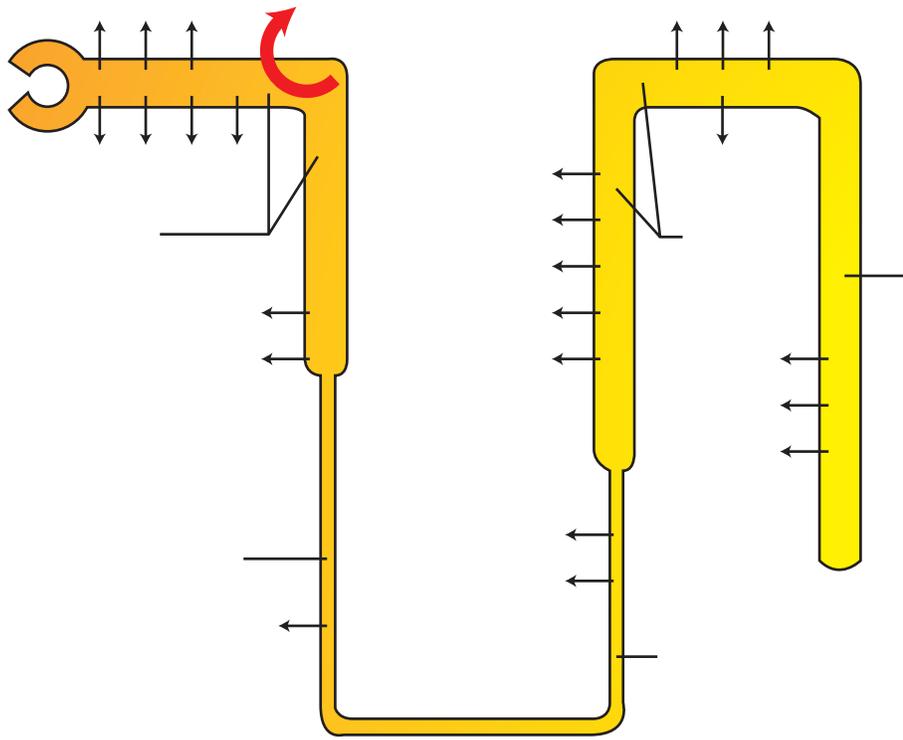
The inary ladder are ctivated hen olume eaches ertain oint. reflex hen nitiates he ontraction he mouth uscle he bladder l. oluntarily ontrolled hincter uscle ck f inary ladder nables onscious ontrol of ination.



The urethra tube carries urine from urinary bladder to he outside he ody. emales, elatively hort, traight, ide, rictly inary tion. relatively ng, ved, row, rves inary eproductive tions. rmal ra (bacteria) e ommonly ethra l umber hite lood ells.

The egulation olume rine roduced ontrolled two hormones: antidiuretic hormone, which released from posterior uitary osterone, hich creted drenal ortex. Antidiuretic rmone cts ollecting ducts to promote reabsorption of water. Iterations water volume ay nvolve ecreased roduction **oliguria**), ncreased production **polyuria** r nce **anuria**

Chapter review questions [ppendix](#)



- The urinary system consists of two kidneys, two ureters, urinary bladder, urethra.
- The functional unit of kidney is nephron.
- Parts of nephron include renal corpuscle (glomerulus and Bowman's capsule), proximal convoluted tubule, loop of Henle, distal convoluted tubule, collecting tubule.
- The term renal threshold refers to the maximum absorptive capabilities of a nephron for specific substances.
- Antidiuretic hormone and aldosterone are involved in the regulation of urine volume.



# Sample Collection and Handling

After studying this chapter, you will be able to:

- List methods to obtain urine for analysis.
- Discuss effects of collection technique.
- State equipment needed for catheterization and cystocentesis.
- State procedures for collection of catheterized urine and cystocentesis.
- Describe proper specimen storage and handling.

**Voided or Free Catch Samples, Bladder Expression, Catheterization, Cystocentesis, Specimen Storage and Handling, Key Points,**

<p><b>Bladder expression</b>  <b>Catheterization</b>  <b>Cystocentesis</b></p>	<p><b>Free catch</b>  <b>Tom cat catheter</b></p>
--	---

The first step in performing analysis is proper collection of a high quality, fully obtained sample to ensure accurate results. Analysis should be performed only when before administration of therapeutic agents. Urine specimens may be obtained via natural voiding, **bladder expression**, **catheterization**, or **cystocentesis**. The latter two methods are preferred for clinical analysis. Voiding is contaminated from the external orifice area and is not recommended. Bladder expression and catheterization are methods that may be of limited diagnostic value. Except for toxicology examination, performing analysis preprandial morning is best, although always practical, veterinary clients. Morning voids are more concentrated and less likely to be contaminated by feces or other debris.

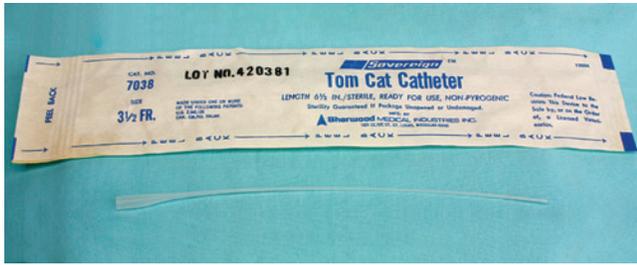
voided samples often contain increased white blood cells. The result of contamination from normal flora or urinary lesions of the genital tract. Results of voided samples are usually affected.

Voided samples often contain increased white blood cells.

voided samples should be collected in a clean, dry (although not necessarily sterile) container. If possible, the container should be washed to decrease contamination of the container before collection. Animals' owners may be asked to collect a sample when the animal voids spontaneously. Furthermore, the perineal area surrounding the external orifice area does not remain clean for long. (This is especially true in the male.) Because the area is often contaminated, however, a freshly voided sample may sometimes be collected with caution. The owner should collect sufficient volume for analysis.

Dogs may begin to void when the bladder is emptied. There is a chance of successfully obtaining an increased yield of urine without disturbing the animal. Occasionally, ill animals may void in the toilet, but veterinarians should refer to the

The best way to obtain a voided **free-catch** sample is to collect urine in a clean container. Because the container is often contaminated during urination. Occasionally

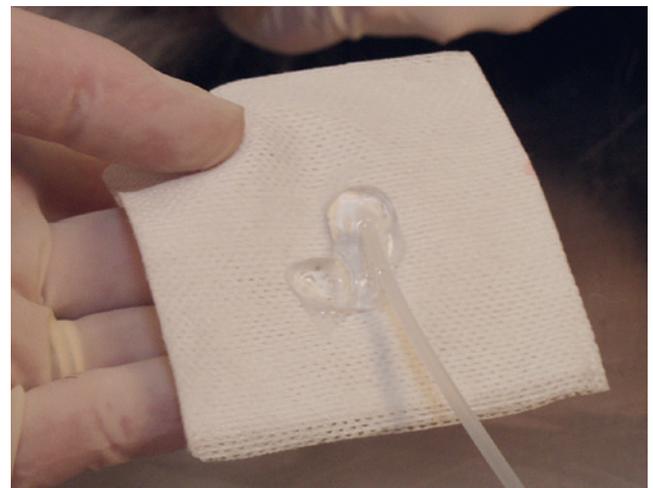


**Fig. 26.1 Tom cat catheter.** This is a 3.5-Fr polypropylene catheter  
*Veterinary instruments and equipment,*



A vaginal speculum is used to facilitate visualization of the urethral orifice in female patients. (From Taylor S: *Small animal clinical*

owners nonabsorbent granules to litter box. Cows may be imulated inate ubbing entral on ulva ep imulated urinate by occluding their nostrils. Horses may be stimulated to urinate by rubbing warm, wet cloth on their ventral abdomen or y cing y.



Urine ay e ollected rom mall nimals ia anual ompres sion f ladder. owever, btained are isfactory or cteriologic uring. collection f oided xternal enitalia cleansed efore ladder xpression. or eral ecumbency, ladder ed abdomen, entle, eady ressure plied. are taken o xert oo uch ressure, high ure rupture ladder. elaxation ladder hincters ften takes ew utes. casionally ed lood ells will e ound esult ressure plied ladder, ease hite lood ells esult om ontamination riginates enital ract. cteria urine, ys ecome ected cteria. method ver ethras may e bstructed ladder agile, because xcessive ressure ladder upture. In e ination imulated pressure n ladder ough ectal erform ectal ion.

elly Johnson ohnson, rlington, placed n ter are en to void rauma he ensitive rethral ucosa. he istal of many catheters designed for attachment to syringe urine e ollected entle ation. ollection sterile syringe especially advantageous bacteriologic culture icipated. en ortion btained ded ecause ossible ontamination ccur catheter advanced through urethra. Occasionally increase ed lood ells pithelial ells seen esult ethral ucosa om ter. **rocedures** ummarize eterization rocedures or emale ogs

Catheterization rtion olypropylene ubber catheter o ladder ethra. ariety catheters xist or erent ecies enders with previous two methods of collection, external genitalia e leased efore rocedure, dation times equired. terile atheters hould lways sed, nd terile gloves ust orn. are en erility o revent trauma inary ract. thod be d or ure nsitivity stocentesis performed. For female speculum improves visualiza tion of urethral orifice thus facilitates catheterization

A 4- to 10-Fr polypropylene catheter is usually used

**Fig.** 1 ter ough ethra. l erile er-soluble ubricating lly, uch

Cystocentesis ften ollect erile om dogs but only when bladder sufficiently distended

### Catheterization: Male Cat

the penis by pushing the penis caudally and pulling the prepuce

### Catheterization: Female Dog

### Catheterization: Male Dog

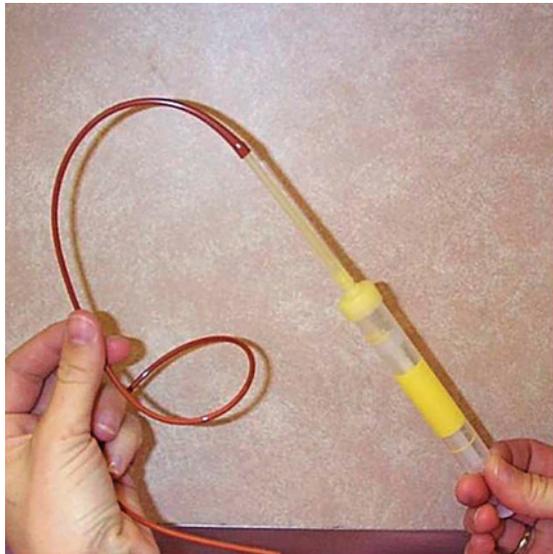


Small animal clinical techniques,

Direct the needle dorsocaudally for cystocentesis. (From Taylor

formed nly ed. rocedure er  
ultrasound-guided restrained ients  
bladder must be palpated before stocentesis erformed.  
other internal organs. hen performing cystocentesis, or  
20-gauge needle to inches long syringe  
e edle ough  
never be redirected because of potential for damage to other  
internal organs. lateral or ventral recumbency

or standing, bladder gently palpated immobilized,  
needle inserted into abdomen directed dor  
socaudally Fig. For dogs, insert needle to  
umbilicus to side of For female dogs  
for rt edle entral  
umbilicus. ntly ate ringe, roperly  
label ringe ient ormation. ransferring  
om ringe ollection ube, emove



Urine S-Monovette system. (Courtesy B. Mitzner, DVM.)

needle from syringe before transferring directly, will transferred directly sterile tube. Alternatively, larger-bore needle be placed on syringe then transferred by puncturing stopper of collection tube. Collected cystocentesis for culture sensitivity testing. Occasionally contain ease result ladder trauma. S-Monovette system (Sarstedt Co., Nümbrecht, Germany) commercially available in-collection device consists of sterile, individually wrapped syringe with disposable tube

**Fig.** This system cystocentesis collection, es potential or contamination then transferred between syringe collection tube, because awn ectly tube. tube be centrifuged or diment examination. ecial luded collect ter ecimens. echnique or cystocentesis summarized **procedure**

Cystocentesis is preferred for sample collection

All of aforementioned methods of collection are satisfactory for qualitative analysis. However, for quantitative analysis, collected. ratios certain constituents (protein/creatinine) ve een btain interpreted urinary excretions.

Ideally be analyzed within minutes to of collection void collection artifacts regenerative changes. If immediate analysis possible, refrigeration preserves constituents or additional

bladder to assess its size and location, and clean the skin

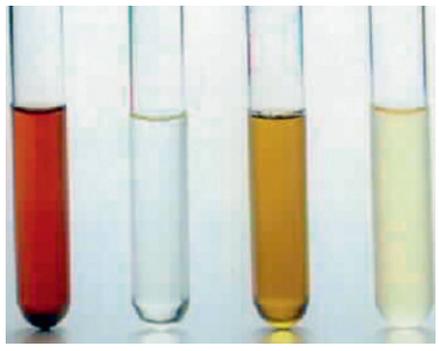
dorsocaudally so that, as the bladder shrinks, the needle tip remains

Refrigeration ve ct ecific ravity, est one efore efrigeration. oing o efrigerated, ve ight-fitting prevent evaporation contamination. Crystals may form when urine cools. Decreased glucose bilirubin concentrations, increased result of bacterial breakdown of urea into ammonia, crystal formation with increased turbidity, breakdown ecially ute urine), bacterial proliferation may occur are allowed o or eriods oom emperature. any crystals y orm efrigerated efrigerated e med oom emperature efore valuation, ut crystals ormed uring ooling ve hen brought to room temperature. The urine be ed y entle version efore valuation ormed elements are evenly distributed. Cells tend to break down rapidly urine, cytologic evaluation to be performed, urine e centrifuged on er ollection, ops ient's rum ovine dded sediment o reserve ell rphologic haracteristics.

Urine samples should be analyzed within 30 minutes

Samples o ransported tside oratory for re ransported reserved following: op ormalin oluene sufficient o orm yer op ymol crystal; r ne henol ormalin d reservative, hemical erformed before addition of formalin, because formalin interferes with some chemical yses ecially or lucose). owever, formalin reservative or ormed lements

- The best samples for urinalysis are morning samples or samples collected after several hours of water deprivation.
- Preferred methods of urine collection are cystocentesis catheterization.
- All \_\_\_\_\_ be labeled immediately after collection.
- Urine \_\_\_\_\_ be analyzed within \_\_\_\_\_ minutes to \_\_\_\_\_ of collection.
- Always note \_\_\_\_\_ method of urine \_\_\_\_\_ collection on urinalysis report.
- If \_\_\_\_\_ be examined within \_\_\_\_\_ of collection, \_\_\_\_\_ be refrigerated or preserved.
- A refrigerated \_\_\_\_\_ be allowed to warm to room temperature before evaluation.



# Physical Examination of Urine

After studying this chapter, you will be able to:

- List physical evaluations completed
- Describe significance of color.
- Describe possible turbid
- Describe possible odor variations.
- List methods for valuating specific gravity.

**Urine Volume,  
Color,  
Clarity/Transparency,  
Odor,**

**Specific Gravity,  
Refractometer,  
Causes of altered urine specific gravity,  
Key Points,**

**Anuria  
Flocculent  
Hematuria  
Hemoglobinuria  
Hypersthenuria  
Hyposthenuria  
Isosthenuria  
Ketones  
Myoglobinuria**

**Oliguria  
Pollakiuria  
Polydipsia  
Polyuria  
Specific gravity  
Urease  
Urinometer  
Urochromes**

Physical properties include observations of volume, color, odor, transparency, and specific gravity of urine are evaluated. **Procedure** describes procedure for routine analysis.

output of urine daily, volume be determined, although often impractical. Observing the volume of urine being produced. **Table 27.1** lists the approximate reduction of common domestic species. of reduced excretion variable. normal output of adult dogs approximately body weight per day.

The owner often provides information concerning of urine passed. However, owners may mistake frequent urination **pollakiuria** for increased urine production **polyuria**. Therefore, obtaining information regarding important factors include external (e.g., respiratory system, temperature, humidity, physical activity, level of hydration), internal (e.g., renal tract), environmental (e.g., type of food, level of activity), and species-specific observations.

An increase in output of urine, termed polyuria, is usually accompanied by **polydipsia**. Polydipsia is defined as excessive water consumption. Polyuria, which is usually followed by a low specific gravity, polyuria occurs including nephritis, diabetes mellitus, diabetes insipidus, pyometra, and liver disease. It is seen after administration of diuretics, corticosteroids,



Cloudy urine usually contains particles often field significant sediment centrifugation. Urine becomes cloudy as a result of bacterial multiplication or crystal formation. Substances that cause cloudy urine include white blood cells (WBCs), epithelial cells, yeasts, bacteria, and other organisms. Urine may also be cloudy due to contamination with feces. Flocculent sediment sometimes settles out on standing.

The odor of urine is usually distinctive, but varies among species. Normal urine has a faint, sweet, or fruity odor. A strong odor may be associated with urinary tract infections (e.g., *Proteus* spp., *Staphylococcus* spp.) or metabolic disorders such as ketonuria. Urine may also have a strong odor due to increased urea concentration, as seen in pregnancy or renal failure.

**Specific gravity** is defined as the ratio of the weight of a substance to the weight of an equal volume of distilled water. It is a measure of the concentration of solutes in urine. Specific gravity is determined by refractometry or by weighing a known volume of urine before and after centrifugation. Particles that settle during centrifugation have no effect on specific gravity. Whichever method is used for evaluation, specific gravity should be determined on a fresh, uncentrifuged sample. Specific gravity is determined by refractometry or by weighing a known volume of urine before and after centrifugation. Urine with a specific gravity of 1.020 or greater is considered concentrated. Urine with a specific gravity of 1.010 or less is considered dilute. Specific gravity of normal urine depends on eating and drinking habits, environmental temperature, and hydration. Urine with a specific gravity of 1.030 or greater is considered concentrated. Urine with a specific gravity of 1.010 or less is considered dilute.

Specific gravity is a measure of the concentration of solutes in urine. It is determined by refractometry or by weighing a known volume of urine before and after centrifugation. Urine with a specific gravity of 1.020 or greater is considered concentrated. Urine with a specific gravity of 1.010 or less is considered dilute. Specific gravity is a measure of the concentration of solutes in urine. It is determined by refractometry or by weighing a known volume of urine before and after centrifugation. Urine with a specific gravity of 1.020 or greater is considered concentrated. Urine with a specific gravity of 1.010 or less is considered dilute.

Specific gravity is commonly determined by refractometry. More information about the principle of refractometry is presented in **Procedure** 27-1, which can be found in **Unit Chapter** 27. Urine contains substances that absorb various wavelengths of light. The refractive index of urine is influenced by the concentration of solutes. Specific gravity is determined by refractometry or by weighing a known volume of urine before and after centrifugation. Urine with a specific gravity of 1.020 or greater is considered concentrated. Urine with a specific gravity of 1.010 or less is considered dilute. Specific gravity is a measure of the concentration of solutes in urine. It is determined by refractometry or by weighing a known volume of urine before and after centrifugation. Urine with a specific gravity of 1.020 or greater is considered concentrated. Urine with a specific gravity of 1.010 or less is considered dilute.

Increased specific gravity is referred to as **hypersthenuria**. It is commonly seen in animals with decreased water intake, increased water intake through sources other than drinking (e.g., sweating, panting, diarrhea), or increased excretion of urine solutes. Decreased water intake can result in concentrated urine.

normal renal function rapidly decreased specific gravity. increased specific gravity occurs due to renal ure, dehydration, etc.

Decreased urine specific gravity referred to **hyposthenuria** is characterized by high specific gravity. Water is absorbed or excessive administration of diuretics, osmometry, etc. psychogenic polydipsia, some liver diseases, certain types of renal uretic therapy, etc. increased specific gravity.

**Isosthenuria** occurs when urine specific gravity approaches that of glomerular filtrate. In other words, urine with specific gravity range 1.000-1.030 is concentrated.

diluted urine. In chronic renal disease, the loss of specific gravity isosthenuric, greater than 1.000. When patients are deprived of water, their urine specific gravity usually remains in isosthenuric range. With decreased renal function, the patient is usually dehydrated. Urine specific gravity is usually greater than 1.030.

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Chapter review questions [appendix](#)

- Physical properties include color, odor, turbidity, transparency, specific gravity.
- Normal urine output for adults is approximately 1.0-1.5 L per day.
- Normal color is yellow. Urine may appear cloudy.

- In urine, cloudy or turbid appearance is seen.
- Substances in urine to be cloudy include epithelial cells, crystals, bacteria.
- Urine specific gravity is a measure of the dissolved solutes in urine.
- Urine specific gravity is usually measured by a refractometer.



After studying this chapter, you will be able to:

- Describe procedure for performing chemical analysis of
- List chemical commonly performed urine
- Discuss significance proteinuria.
- Describe methods differentiate between hematuria and hemoglobinuria.
- Discuss significance glucosuria.
- List conditions characterized by ketonuria.
- List conditions characterized by bilirubinuria.

### pH,

### Protein,

Protein determination reagent strips,  
 Protein determination sulfosalicylic turbidity  
 Test,  
 Urine protein/Creatinine ratio,  
 Interpretation protein urine,

### Glucose,

### Ketones,

Measurement urine ketone content,

### Bile Pigments,

### Blood (Hemoprotein),

Hematuria,  
 Hemoglobinuria,  
 Myoglobinuria,

### Leukocytes,

### Urinalysis Analyzers,

### Key Points,

### Bence Jones protein

### Bilirubinuria

### Glucosuria

### Hematuria

### Hemoglobinuria

### Ketonuria

### Proteinuria

Testing for various chemical constituents urine usually performed with reagent strips are impregnated with appropriate chemicals reagent lets. here automated analyzers are used for serum chemistry be used for urine testing, although modifications of procedures may be required. Many of tests are performed concurrent with electrolyte testing, they are discussed further Unit The container of reagent strips stored room temperature with tightly closed, expiration be noted. Some reagent strips simultaneously test for numerous constituents, whereas strips or individual reagent strip placed ly immersed; then be removed long edge tilted on paper towel allow excess urine wicked away. Alternatively, urine added reagent strip om ette,

sure ch reagent ly urated. color changes each reagent ed ecific ervals. on concentration of various constituents determined comparing colors in strip color chart el strip container manufacturer's actions be carefully followed. It important to note large number of conditions indications, tary ctors, nvironmental factors) ect analysis results [Table](#)

The expresses hydrogen concentration. tially, ure egree acidity urine. re hereas ropor echnique btain



Reagent strip test container and combination dipstick strip.

accurate results. rate results obtained. open room temperature ends result of bond side, whereas delays reading reaction lead to color changes readings. If contain urease-producing bacteria (*Proteus* spp., *Staphylococcus* spp.) result usually eased. The body's regulation body. he body's ary compensate for diet's products tabolism. of y depends ely urine usually found consume plant-based diets, whereas high-protein cereal diets or diets of origin acidic urine. Therefore, herbivores normally have urine, carnivores have acidic urine, omnivores have either acidic or urine, depending on what been ingested. Many dog foods contain substantial erial ine htly uring rbivores ve acidic ine om onsumption ther ctors uch ress xcitement ecially y eate ransient **glucosuria** able normal urine constituents characteristics, including for common omestic ecies.

Herbivores normally have alkaline urine, carnivores have acidic urine, and omnivores have either acidic or alkaline urine, depending

Urine usually ured eagent rips meter. actors ecrease cidity) lude ever, starvation, h-protein diet, acidosis, excessive muscular activity, administration of certain drugs. Increased (alkalinity) may be caused by high-fiber diets infection of

urinary tract with urease bacteria, the of certain drugs, or urine retention such which occurs with urethral obstruction r ladder alysis. oo too ecific ystals orm. be ed ve revent them om orming.

Protein usually resent nly race normal ine btained terization stocentesis. healthy roteins lomerular filtrate are resorbed renal tubules before filtrate reaches enal elvis. owever, oided btained expressing ladder ontain rotein from cretions ontaminate uring along inary tract. rauma inary tract esults from stocentesis, terization, ladder xpression occasionally ufficient leeding esults race protein urine. Urine protein measurements are interpreted light of collection method, urine specific gravity, rate of urine formation, and contributions from hemorrhage or ion ed ysis. rotein vels urine y e ured veral thods, luding eagent test rips ulfosalicyclic urbdity

Urine icks low or miquantitative urement protein rogressive olor hanges eaction pad. eagent rip ysis onvenient, eason ably accurate method of determining urinary protein levels. The accuracy f thods ariable. eagent rips rimarily detect albumin (protein soluble water), they are much sensitive o globulins (proteins insoluble water). False-positive results y ccur ependng ctors uch t, inary tract ection, etention ethral obstruction). Protein measurements are considered excessive or pathologic be confirmed by sulfosalicylic acid turbidity test or specific biochemical analysis. Microalbuminuria presence of albumin urine detected by reagent strip thod. eagent rip thod etects rotein concentrations reater capture enzyme-linked immunosorbent assay method used o ure vels ee Unit for more information about principles of tests.

Sulfosalicylic urbdity etermines rotein vels acid precipitation. The resultant turbidity proportional to concentration rotein. esults ompared vels prepared tandards hus ay eported emiquantitative The advantage of method equally sensitive to umin lobulins, uite onfirm rip methods, ecially ures **Bence Jones proteins** high e roteins through glomerulus. Components of extremely

Effect of Drugs and Other Factors on the Measurement of Constituents in Urine

Drug or Variable

, Value increased because of physiologic change; , value decreased because of physiologic change; interference with method; , value decreased because of interference with method or collection changes; sulfosalicylic acid

urine may interact with acid decrease of protein precipitated.

concentrations of supernatant are used. The ratio obtained by dividing the protein concentration by the creatinine concentration. The ratio affected by urine concentration volume therefore accurate assessment of urine protein patients with low specific gravity.

This test used to help confirm significant of protein urine. To determine significance, urine protein concentration be compared with of creatinine. The centrifuged to separate particulate matter (cells) from dissolved substances (protein), creatinine protein









Several methods have been developed for the detection of hemoglobin from myoglobin, but these methods are not completely reliable. These conditions may sometimes be differentiated on the basis of their different molecular weights and different solubility in sodium sulfate.

Presumptive evidence of leukocytes obtained with leukocyte reaction certain reagent strips. However, many false-negative reactions occur with certain species, and microscopic evaluation necessary to confirm a positive result. The leukocyte reagent strip test is not valid for dogs because it produces false-positive results.

Analysers or automated types are generally used for recording results. In the laboratory, a technician reads the results and records them on a report form. Larger reference laboratories generally have fully automated analysers performing a greater number of evaluations than the semi-automated analysers. Any



Automated urinalysis analyzer.

of analysers evaluate gross characteristics (e.g., turbidity).

Chapter review questions [appendix](#)

- The chemical analysis is performed using reagent sticks.
- Color change color changes reagent used to determine chemical values.
- Tablet tests available for chemical analysis of urine usually confirm normality detected with stick.
- The detected patient's

- The presence of protein in urine is usually abnormal, primarily attributable to primary renal tract.
- Glucosuria and ketonuria are associated with diabetes mellitus.
- Bilirubinuria in a variety of conditions, including bile duct obstruction, hemolytic anemia, and liver disease.
- Hematuria, hemoglobinuria, and myoglobinuria may occur simultaneously.



After studying this chapter, you will be able to:

- Describe procedure for preparing microscopic examination.
- Describe procedure for performing microscopic examination of sediment.
- List cells encountered in sediment, explain their significance.

- List crystals encountered in sediment, explain their significance.
- Describe formation of crystals and their significance.
- List diseases associated with urine sediment.
- Discuss the significance of bacteria in sediment.

### Dry-mount Urine Cytology, Constituents of Urine Sediment,

Erythrocytes,  
Leukocytes,  
Epithelial cells,  
Casts,  
Crystals,

### Microorganisms,

Parasite via microfilaria,

### Miscellaneous Components of Urine,

Mucus threads,  
Spermatozoa,  
Fat globules,  
Artifacts,

### Urolithiasis,

### Key Points,

### Ammonium biurate

### Calcium carbonate

### Calcium oxalate

### Casts

### Cellular casts

### Crystalluria

### Cystine

### Fatty casts

### Granular casts

### Hyaline casts

### Leucine

### Renal epithelial cells

### Struvite

### Transitional epithelial cells

### Tyrosine

### Uric acid

### Uroliths

### Waxy casts

The microscopic examination of urine sediment is an important part of complete urinalysis, especially for recognizing abnormalities of the urinary tract. Many abnormalities of urine sediment cannot be detected by reagent strips alone, often specific information may be obtained by observation of urine sediment. In addition, urine sediment examination occasionally provides information that is not obtainable by other means.

The microscopic analysis of urine sediment is usually performed only when there are clinical signs or symptoms when abnormalities are evident on physical or chemical urine examinations. However, many veterinary practitioners routinely request urine sediment examination as a part of a complete urinalysis.

With the exception of urine from rabbits, normal urine from domestic animals does not contain sediment. Small numbers of epithelial cells, mucus threads, red blood cells (RBCs), white blood cells (WBCs), **hyaline casts** and crystals of various types are normally present in the urine of horses and rabbits. Usually, large amounts of **calcium carbonate** crystals are not collected from horses because of their erratic excretion of these substances in their urine. Urine from dogs and cats is often contaminated during collection.

The best method for sediment examination is centrifugation. Urine should be collected after several hours of water deprivation. Because of the high concentration of sediment in the supernatant, the sediment is more concentrated, and the chances

the results. Report cells and bacteria in numbers per high-power field. Report the average number seen in 10 microscopic fields or a range that represents the average number seen in 10 microscopic fields or a range that represents



on e. ch ecimen rocessed ecially ed conical ic ube ed pening or ling. hen supernatant poured off after centrifuging, fixed volume retained along with sediment. The specially designed pipette then used to dispense fixed volume of resuspended sediment into special chambered slide for microscopic examination Fig. This unique system provides even distribution of microscopic elements roves isualization.

The sediment may be examined stained or unstained. Exam diment lows or etter valua tion f ecimen. diment, drop f uspended diment ced covered ith overslip, xamined diately. ubdued light partially refracts elements must be used to examine unstained diment. chieved tially hragm djusting ondenser ownward optimal ontrast chieved. oo uch resent, structures djustment microscope ontinuously djusted epth of bject ell ructures.

diment entify erent ell ypes. owever, ften roduce tifacts diment, ticularly precipitate material bacteria. vailable urine sediment include Sternheimer-Malbin (Sedi-Stain, Becton, Dickinson, Franklin thylene lue, which contains ormalin. op ed ith uspended diment efore op sediment n oscope overslip ced ver drop f diment. lumination critical hen ecimen or unstained ne, educed lumination

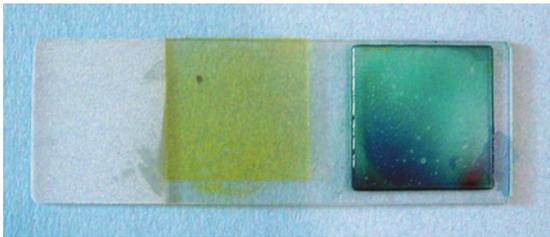
visualization of substances by providing contrast. The quantifying f elements he edimentould ever one ith stained e, ecause utes nificantly. thod nalysis rocedure prepare o ops diment microscope op dded e entify ells, hereas be d o quantify lements

The specimen must be initially scanned under low power objective ns) valuate verall uality reparation

of ormed lements eased. ediment examined while urine fresh, because bacteria will multiply the ample s llowed tand oom emperature or eriod of ime. ther hanges ccur Crystals y orm ools, y ve oided ollected, ream referred, ecause ely ontaminated by ells, cteria, ebris om xtrenal enital urfaces. Urine collected by cystocentesis best for microscopic examination. xamined of ollection, efrigerated reserved.

For miquantitative urements ormed lements ine, olume olume diment obtained ecoreded. ufficient olume een obtained, ell-mixed ced raduated onical entrifuge ube entrifuged or utes proximately pm, ependng adius f entrifuge. xcessive orce ompacts ment ort upt ormed lements. roce dure dized or ticular entrifuge ield uniform esults. fter entrifugation, olume diment ecoreded, upernatant ently oured ve approximately ottom ube. sediment esuspended ently ottom centrifuge ube ers ently pipette rocedure

The ova diment stem ycor iomedical Garden rove, rovides thod or dization of ial olume, olume resuspend packed sediment, distribution of elements



to identify larger elements, such as casts or aggregates of cells. The entire area under the coverslip should be examined, because casts tend to migrate toward the edge of the coverslip. Casts and crystals are identified by reported number observed per low-power field. High-power objective necessary to identify objects accurately, detect bacteria, and differentiate cell types. Microscopic fields should be observed with high-power lens. Epithelial cells, reported average number observed per high-power field. Bacteria reported few, moderate, many, their morphologic characteristics (e.g., cocci, bacilli) are noted. Alternatively, elements reported range from none or few cells per high-power field to many. Microscopic examination would have all elements reported. Bacteria crystals should be quantified.

When cells appear abnormal with standard wet-mount preparations or when bacterial characteristics are not readily evaluated,

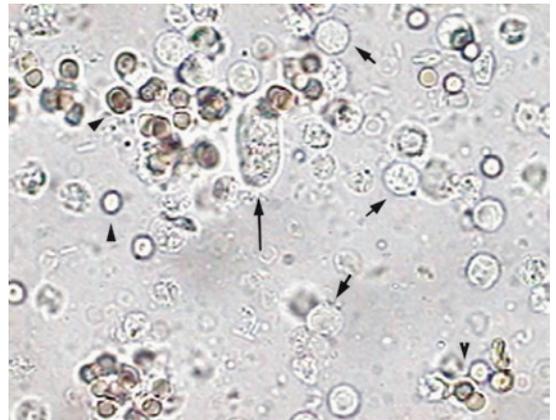
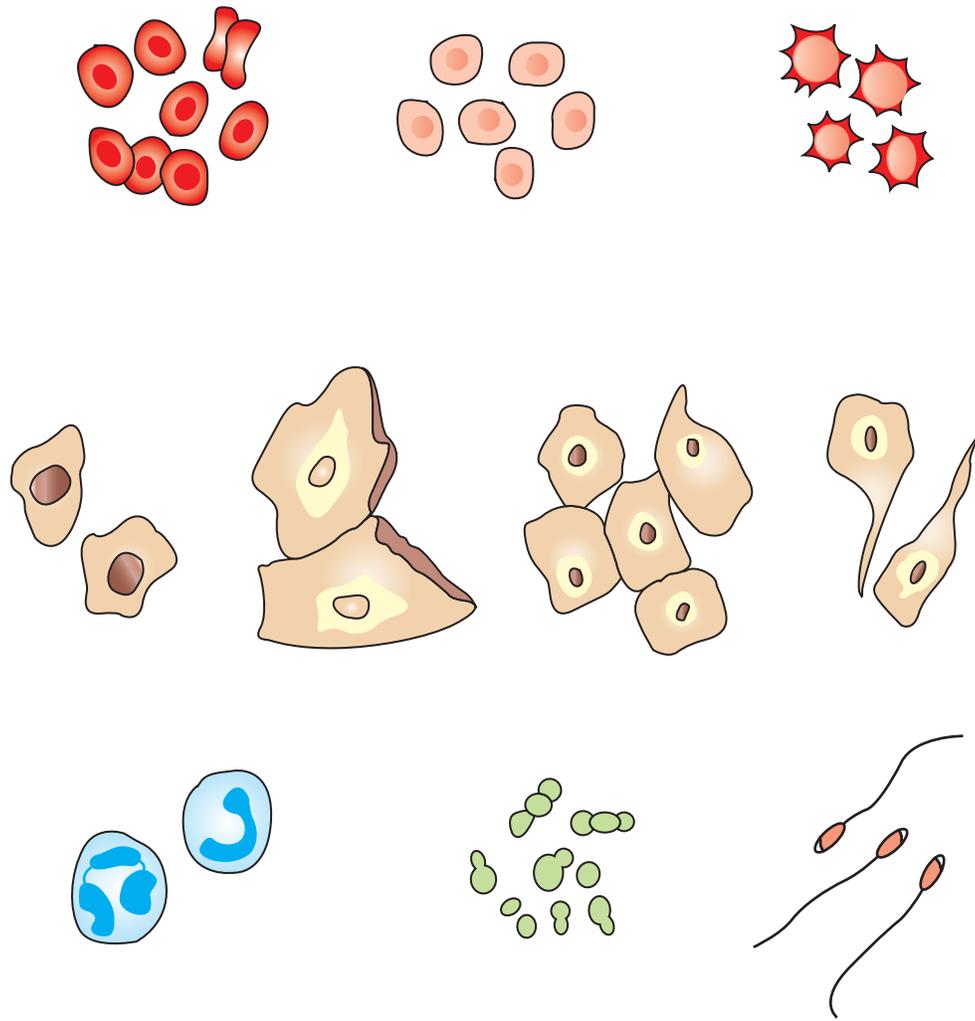
dry-mount preparation described or ment. The procedure Samples must be thoroughly air-dried (see Chapter 17). Dry-mount samples so that the sample adheres to the slide. Dry-mount samples be examined by appropriate cytology added. For dry-mounting, repairation e. Before formalin fixation, to add formalin before fixation. Additional protein added to the formalin. Difference uring.

Normal sediment contain few crystals, epithelial cells, mucus threads, recently red elements, spermatozoa. Spherules, artifacts, contaminants. A few erythrocytes, leukocytes, hyperplastic or neoplastic epithelial cells, crystals, bacteria, identified in sediment, considered normal, their diagnostic tests performed.

Erythrocytes, depending on concentration, appear as small, round, usually smooth edged, somewhat refractile, yellow to orange, but colorless when dehydrated. Hemoglobin smaller than leukocytes.

Concentrated sediment may appear as colorless rings or "ghost cells" (erythrocytes without nucleus). They result from centrifugation—often by sedimentation. Normally, sediment contains less than two white blood cells per high-power field. Because they contain nucleus, confused with globules or yeast. However, their light yellow or orange color usually allows them to be differentiated from other elements. Furthermore, variation whereas lobules are erythrocytes usually indicate bleeding somewhere in the urogenital tract or occasionally in the genital system. voided from female proestrus or menstruation. Contaminated.

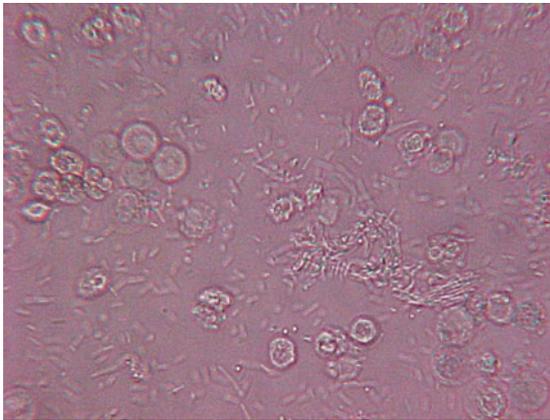
Both males and females may have genital stem cells. Collected from males usually not contaminated, but urine from males with genital tract inflammation may be contaminated. Even slight trauma occurs. Erythrocytosis, stercoruria, expression of ladder. Urine collected for examination. Urine from males with genital tract inflammation may be contaminated. Even slight trauma occurs. Erythrocytosis, stercoruria, expression of ladder. Urine collected for examination.



Atlas

and several  
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editors: *Clinical textbook for veterinary technicians*, ed 7, St Louis, 2009,



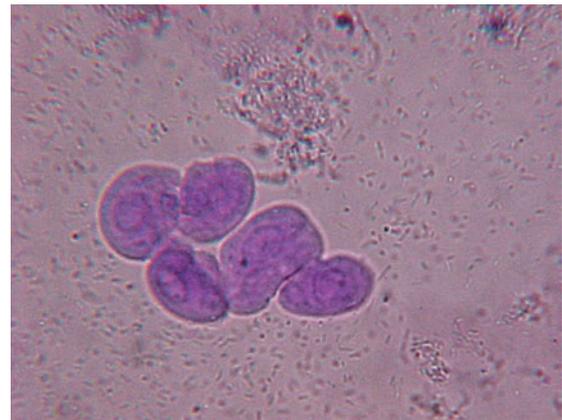
White blood cells and bacteria in unstained canine urine.

much increase numbers. The veterinary technician note the method of collection and laboratory report to help determine significance.

Leukocytes (WBCs) are larger than erythrocytes and smaller than renal epithelial cells. They are usually dull gray or greenish-yellow color. They are identified in sediment by their characteristic granules or by the lobulation of the nucleus. Their appearance is variable. Neutrophils, which contain a large number of granules. Few leukocytes are found in the urine of a dog without urinary or genital tract infection. Concentrated urine usually has low numbers (less than 1000 per high-power field). Urinary tract infection may be present anywhere in the urinary tract. The term for excessive white cells in urine is pyuria. Pyuria may be associated with acute nephritis, cystitis, urethritis, or prostatitis. Urine with increased numbers of leukocytes, bacteria, or other organisms should be examined.

Few epithelial cells in urine are considered normal. The presence of epithelial cells indicates inflammation. The three types of epithelial cells found in urine are transitional, renal, and squamous. Transitional epithelial cells are often found in the urine and are acceptable.

Squamous epithelial cells derived from the urethra, vagina, vulva, or prepuce are occasionally found in urine. Their presence usually indicates inflammation. They are often seen in the corners, which sometimes curl or fold. They may have a small, round nucleus. Squamous epithelial cells are normally found in the urine.

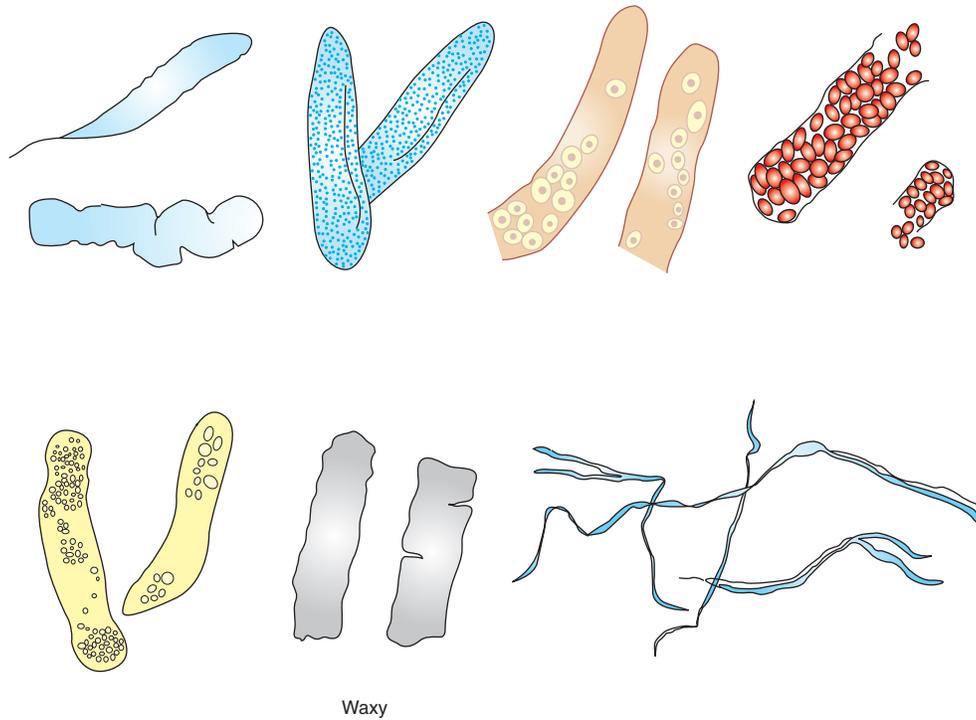


Transitional epithelial cells in stained canine urine.

**Transitional epithelial cells** come from the bladder, ureters, renal pelvis, and proximal urethra. They are usually round, but may be pear-shaped. They are granular, have 1-5 nuclei, and are often found in large numbers. Increased numbers of transitional cells in urine may suggest a urinary tract infection or result of inflammation, but increased numbers suggest cystitis or pyelonephritis. Increased numbers may be seen after catheterization.

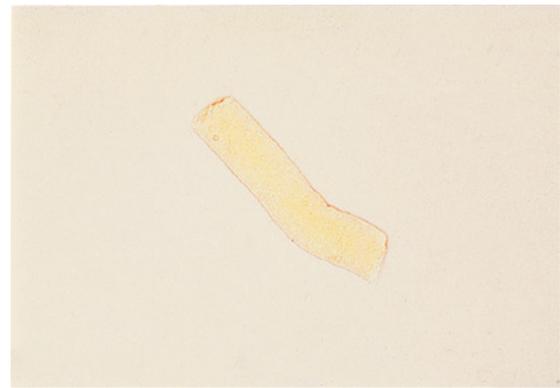
Renal epithelial cells are transitional epithelial cells observed in urine. They are large, often binucleated, and often have a granular appearance. They are usually found in the urine in small numbers. Increased numbers may be seen in the urine of dogs with renal disease.

Casts are formed in the lumen of collecting tubules of the kidney. They are formed when the concentration of protein in the urine is high. They are often found in the urine of dogs with renal disease. They are composed of protein and mucoprotein secreted by the tubules. They are often found in the urine of dogs with renal disease.



Various types of casts that may be found in urine.

commonly classified on the basis of their appearance as hyaline, epithelial, **cellular**, epithelial cells, granular, waxy, and fatty. The type present depends on the tubule through which they are formed. Hyaline casts are usually abundant in normal urine and are often seen in the first voiding of the morning. Cellular casts are usually seen in the urine of patients with renal disease. Granular casts are usually seen in the urine of patients with renal disease. Waxy casts are usually seen in the urine of patients with chronic renal disease. Fatty casts are usually seen in the urine of patients with nephrotic syndrome.



All casts are cylindrical structures that are formed in the renal tubules. Their width is determined by the diameter of the tubule in which they are formed. Their ends may be tapered, irregular, or round. Any cells or structures that are present in the tubule at the time of formation may be incorporated into the cast. Hyaline casts are usually seen in the urine of patients with renal disease. Cellular casts are usually seen in the urine of patients with renal disease. Granular casts are usually seen in the urine of patients with renal disease. Waxy casts are usually seen in the urine of patients with chronic renal disease. Fatty casts are usually seen in the urine of patients with nephrotic syndrome.

to be, usually identified only in unstained sediment. Increased numbers of hyaline casts indicate renal irritation. Their numbers are increased with fever, poor renal perfusion, strenuous exercise, or renal disease.

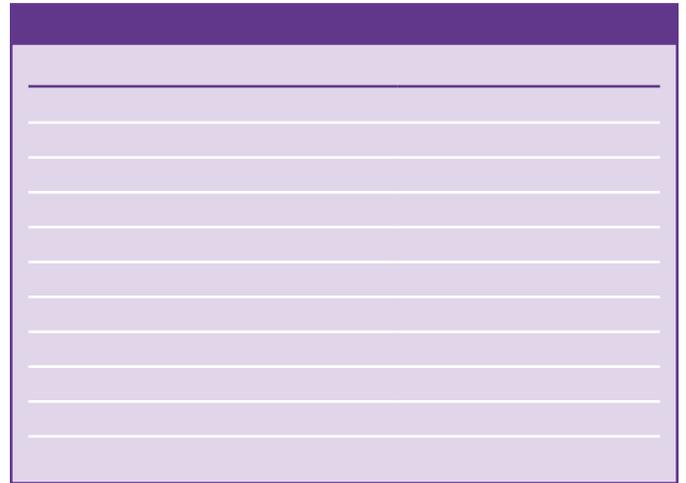
Granular casts, which are hyaline casts that contain granules, are the most common type of cast seen in urine. The granules come from tubular epithelial cells, which become incorporated into the cast and then degenerated. Cellular degeneration occurs within the tubules, producing granular casts. The appearance of granular casts is similar to that of hyaline casts, but they are more refractile.

Hyaline casts are colorless, somewhat translucent structures composed of protein. They are the most common type of cast seen in urine.





Fatty cast in unstained urine sample.



coffin lids, although they may take other shapes. Occasionally they may resemble fern-leaf especially when contains concentration

**Fatty casts** contain lipoproteins and appear refractile bodies. They frequently are seen with renal tubular epithelial cells in the sediment. They occasionally contain casts of renal tubules.

The presence of crystals in urine called **crystalluria**. Crystalluria may or may not be of clinical significance. Certain crystals form as a consequence of their elements being secreted into urine by renal tubular epithelial cells. Some crystals form as a consequence of metabolic conditions that lead to crystal formation. The types of crystals formed depend on concentration, temperature, and pH. Table 29-1 lists common crystals. Upon cooling or refrigeration, many more crystals are seen. Sometimes crystals dissolve when refrigerated and reappear when warmed to room temperature. Crystals are generally reported as occasional, moderate, or heavy. Although crystals are often identified by their morphologic characteristics, only definitive methods such as x-ray diffraction or chemical analysis.

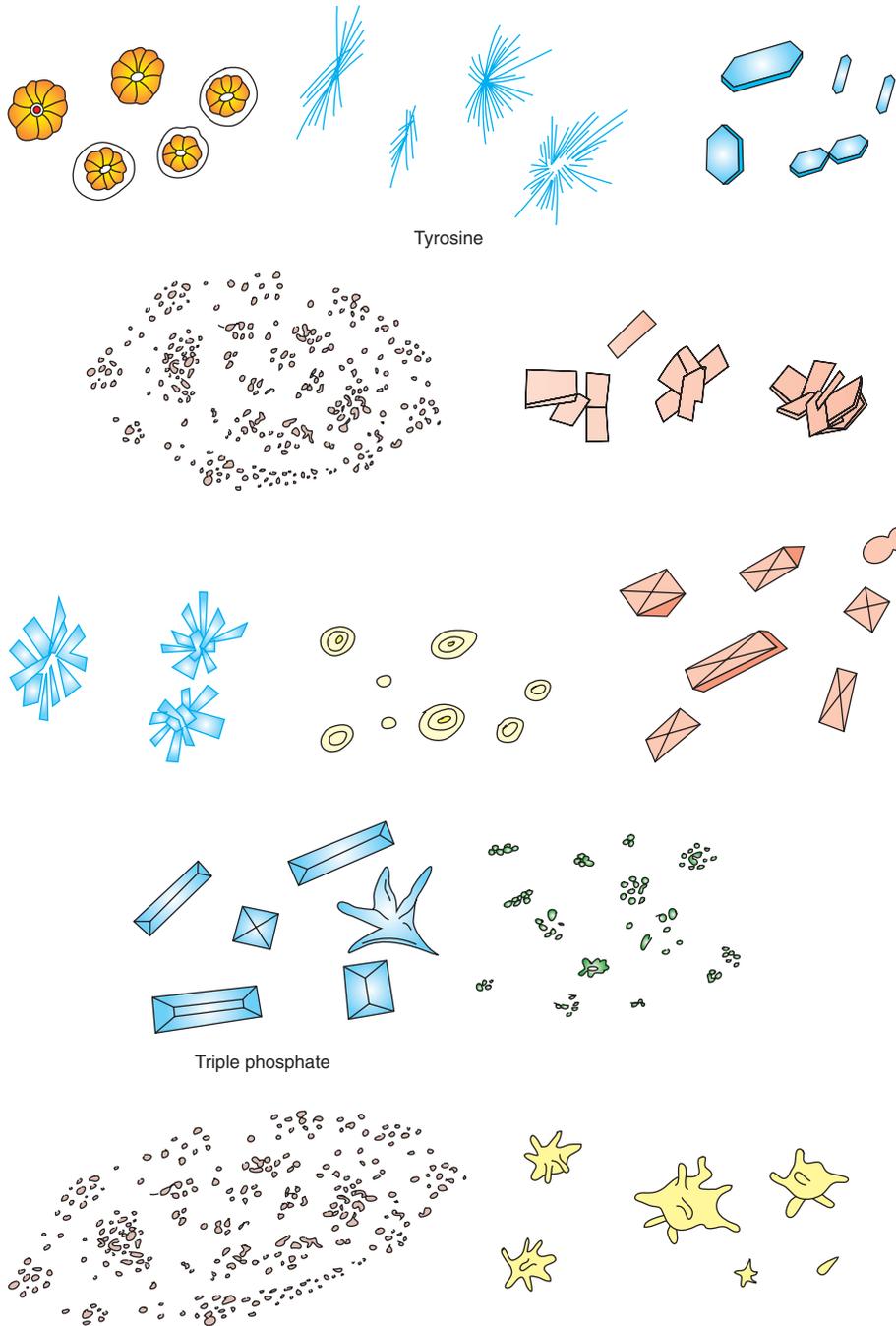
**Struvite** crystals are sometimes referred to as triple phosphate crystals or magnesium ammonium phosphate crystals. They are found in slightly acidic urine. Generally, struvite crystals are eight-sided prisms with a characteristic appearance. Struvite crystals are typically described as resembling

**Calcium oxalate** dihydrate crystals generally appear as squares, and they contain an "X" across the crystal that resembles a clover leaf. Calcium oxalate monohydrate crystals are umbrella-shaped, but they may be elongated and pointed, resembling a needle (see Fig. 29-1). Calcium oxalate crystals are found in small numbers in the urine of dogs and horses. The urine of a cat that has been poisoned with ethylene glycol (antifreeze) often contains many calcium oxalate crystals, especially calcium monohydrate crystals. Patients with oxalate urolithiasis may have large numbers of calcium oxalate crystals in their urine. A large number of oxalate crystals may indicate a predisposition to oxalate

**Uric acid** crystals are variable in shape but usually appear as diamond or rhomboid crystals. They may appear yellow-brown, but they are commonly colorless (see Fig. 29-2).

Amorphous phosphate crystals are common in urine and appear as granular precipitate (see Fig. 29-3). Amorphous urates appear as granular precipitate to amorphous phosphates (see Fig. 29-4). Amorphous phosphates are common in urine, whereas amorphous phosphates

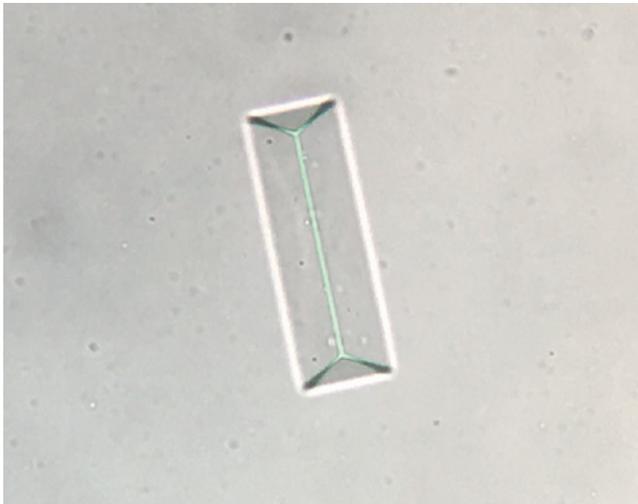
Calcium phosphate crystals are commonly seen in the urine of horses and rabbits. They may appear as radiating from their centers, but they may appear as granular precipitate (see Fig. 29-5). They may resemble umbrella-shaped crystals. Their clinical significance.



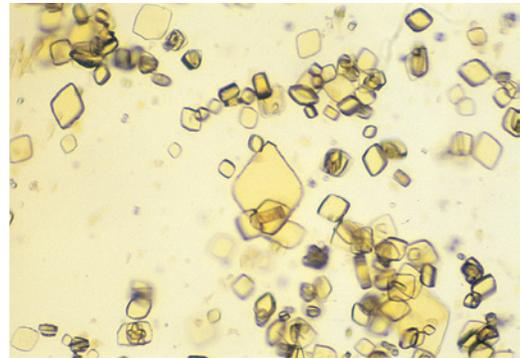
Crystals that may be found in urine.

**Ammonium biurate** crystals are often found in acidic urine. They are brown, rounded, and have a "thorn-apple" appearance. They are common in patients with gout and hyperuricemia.

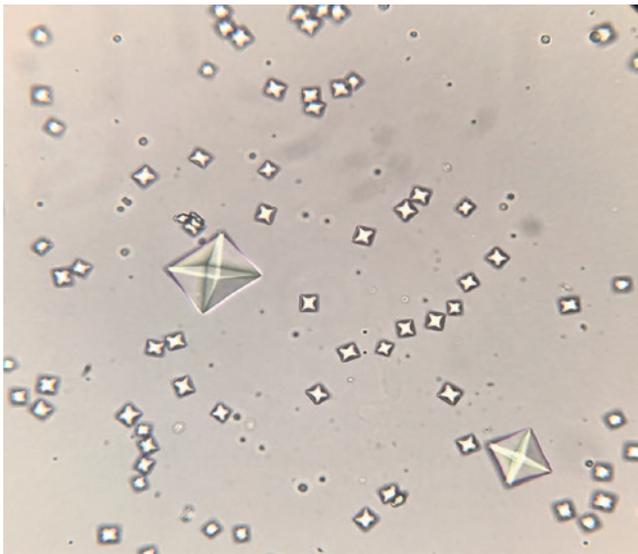
Sulfonamide crystals may be seen in patients who are being treated with sulfonamides. Sulfonamide crystals are usually dark, with a characteristic radiating pattern. They are often observed in patients with renal tubular acidosis and are associated with precipitation of uric acid. Encouraging



Struvite crystal that resembles a coffin lid shown in unstained

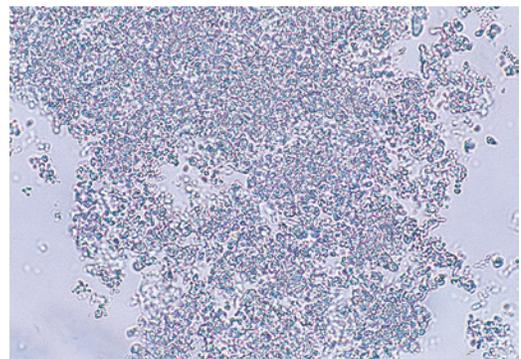


niurium biurate uroliths. A calcium oxalate dihydrate crystal is also present



Calcium oxalate (dihydrate form) crystals in unstained canine

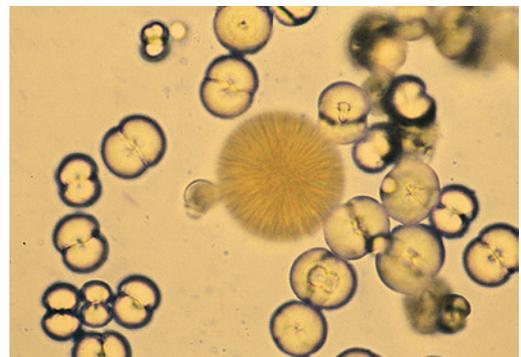
Bassett JM, editors: *Clinical textbook for veterinary technicians*,

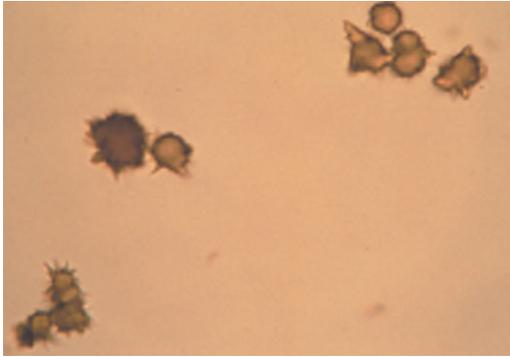


Amorphous phosphate crystals, unstained. (From Raskin RE,

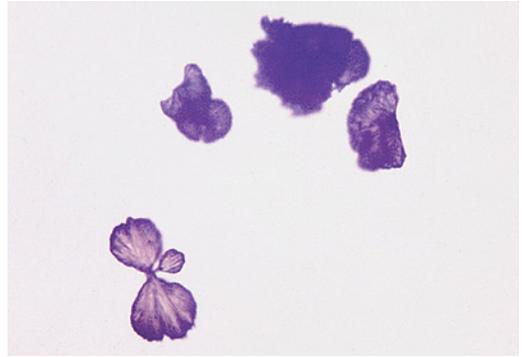


Calcium oxalate (monohydrate form) crystals in unstained canine urine. (From VanSteenhouse JL: *Clinical pathology*. In McCurnin DM, Bassett JM, editors: *Clinical textbook for veterinary technicians*,





Unstained urine sediment with ammonium biurate crystals.

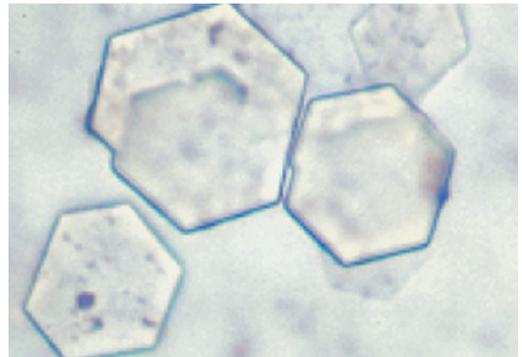


Diagnostic

JM, editors: *Clinical textbook for veterinary technicians*, ed 7, St Louis,



Bilirubin crystals in unstained urine.



Unstained cystine crystals. (From VanSteenhouse JL: Clinical

Golden-brown round to oval crystals with radial striations may be present. They have been fed diets contaminated with melamine or anuric

Bilirubin crystals may be seen in normal acidic urine. Fig. 1 shows several species, resembling bilirubin crystals investigated for early diagnosis.

**Leucine** crystals are "heel pin cushion" shaped, yellow or brown color. They may be leucine crystals.

**Tyrosine** crystals are dark, with needle-like projections, they are highly refractile. They often form clusters. Animals with tyrosinemia have tyrosine crystals in their urine. They are common in dogs.

**Cystine** crystals appear to be colorless. Fig. 2 shows They are six-sided (hexagonal), They may be associated with renal tubular dysfunction. Cystine

variety of organisms, including bacteria, protozoa, normal flora, bacteria, but may be contaminated by bacteria residing on epithelium vagina, ulva, reproductive tract. Normal urine collected by aseptically collected, therefore considered sterile. Because bacteria often proliferate, urine that has been left standing or some time, especially room temperature, immediately examined refrigerated, examined. Bacteria identified only by confirmation. They are found (occasionally rod-shaped cilli), usually refractile. They appear as "cushion" shaped, brownish. They are reported few, derate, very numerous (count TNTC). Urine bacteria accompanied large number suggests infection of urinary tract (cystitis, pyelonephritis) genital tract, prostatitis, trinitis, aginitis). Bacteria are significant when they are identified within cytoplasm of ure. These may be submitted for bacterial culture.



uminants. dging ethra bstructs  
 tflow hich roblem  
 steers, ticularly ed h-concentrate ations.  
 The ommon ecies imposed  
 calcium, nesium, nium bonate  
 magnesium, nium hosphate.  
 The ysis ral omposition  
 determined ubmitting ct eference oratory or  
 quantitative ysis. casionally easonable resumption  
 about omposition de ross

and radiographic ppearance nd he rystal ypes ound he  
 urine sediment. Uroliths of dogs are usually struvite,  
 cystine oxalate uroliths may be observed. Urate uroliths  
 are seen mostly Dalmatians, because breed excretes large  
 f

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Chapter review questions [appendix](#)

- Subdued light must be used when examining sediment under microscope.
- The adjustment knob on microscope be continuously djusted arious ructures en.
- To entify erent ell ypes cteria ccurately, high-power bjective d.
- RBCs diment ve veral erent pearances, depending on concentration, time elapsed between collection xamination.
- WBCs e er entified characteristic ranules bulation uclei.
- Casts e ormed umen ollecting tubules f y.
- Casts e lindrical ructures allel present cidic
- Crystal ormation epends oncentration, emperature ubility lements.

# Clinical Chemistry

## Unit Outline

*Chapter 30: Sample Collection and Handling,*  
*Chapter 31: Automated Analyzers,*  
*Chapter 32: Protein Assays and Hepatobiliary Function Tests,*  
*Chapter 33: Kidney Function Tests,*  
*Chapter 34: Pancreatic Function Tests,*  
*Chapter 35: Electrolytes and Acid–Base Status,*  
*Chapter 36: Miscellaneous Tests,*

## The objectives for this unit are:

*List and describe the types of clinical chemistry analyzers available for the veterinary practice laboratory.*

*Describe proper sample collection and handling for clinical chemistry assays.*

*List the commonly performed clinical chemistry evaluations and the significance of abnormal test results.*

*Describe electrolyte and acid-base analyses and the significance of abnormal test results.*

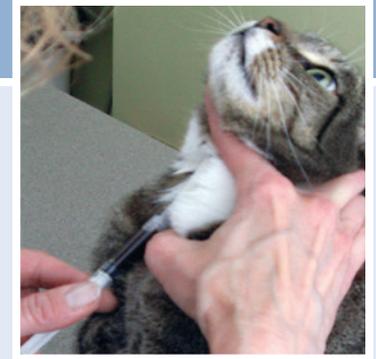
In both human and veterinary medical practice, current trends indicate a move toward greater point-of-care capabilities. This translates into better customer service, and it enhances the practice of veterinary medicine. Determinations of levels of the various chemical constituents in blood can be an important aid in the formulation of an accurate diagnosis, the prescription of proper therapy, and the documentation of the response to treatment. The chemicals being assayed are generally associated with particular organ functions. They may be enzymes associated with particular organ functions or metabolites and metabolic by-products that are processed by certain organs. Analysis of these components usually requires a carefully collected blood serum sample. Plasma may be used in some cases.

Many veterinary practices own or lease chemistry analyzers to perform routine chemical assays. This focus on in-house laboratory work makes veterinary technicians' laboratory skills perhaps their biggest asset to the practice. As the person most likely to be in charge of the laboratory, the veterinary technician must become familiar with the types of analytic instruments available, the variety of testing procedures used, and the ratios underlying the analyses. The most important contribution that the technician can make to the practice laboratory is providing accurate and reliable test results. In vitro results must reflect, as closely as possible, the actual in vivo levels of blood constituents.

There are literally hundreds of biochemical tests that can be performed on serum samples. The average veterinary practice laboratory probably performs a few dozen of these. The more common ones are included in this unit. Additional tests that are commonly performed at veterinary reference laboratories are also discussed. Although the tests are categorized primarily by the organs involved, it should be noted that some tests may be affected by the function of more than one organ or system. For example, amylase has multiple organ sources, and protein levels can be affected by many factors, including liver and kidney damage, metabolic status, and dehydration.

For additional sources for this unit see the Resources Appendix at the end of this textbook.

# Sample Collection and Handling



After studying this chapter, you will be able to:

- Describe proper processing or rum
- Describe proper processing or

- Discuss effects quality results.
- List common compromise mechanisms

**Plasma,  
Serum,  
Factors That Influence Results,**  
Hemolysis,  
Chemical contamination,

Improper eling,  
Improper ample andling,  
Patient nfluences,  
**Reference Ranges,  
Key Points,**

**Hemolysis  
Icterus  
Lipemia**

**Reference range  
Serum**

Most chemical analyses require collection and preparation of serum for measurement. Specific types of equipment and collection methods should be used. High-quality reagents and quality control are essential. Chemical measurements should be completed within 1 hour of collection. Freezing may interfere with particular chemical analyses. Many factors other than the influence of reanalytical, analytical, and postanalytical (see [nit chapter](#))

restraint, chemical testing, treatments, prandial collection, glucose, collection, time of collection, submitted of high ests regarding which o

types of administration, ect results, referred. (postprandial) en) reduce erroneous, including

ed. blood collected before treatment. Certain biochemical testing. re

regardless of the method used, diately er

entification number. ill

ation

Chapter

Samples should be analyzed within 1 hour after

Specific blood collection protocols vary depending on patient species, volume collected, and method



clean the kinetic allowed by before beginning the blood collection procedure.

Hemolysis, regardless of serum or blood cells dilute concentrations constituents

Certain constituents are normally found high concentrations serum or escape from ruptured blood cells, thus falsely elevated concentrations

Hemolysis may elevate levels of potassium, organic phosphorus, and certain enzymes blood. Hemolysis also interferes with activity bilirubin determinations. Serum are frequently preferred types over whole blood, serum frequently referred to as



Sterile tubes are necessary for collection of blood for routine chemical assays. However, the tubes must chemically be free of detergents completely rinsed from reusable tubes detergents interfere with results.

Serious errors result if tube contains blood collected. The patient's identifying number or double check form, one used, The veterinary technician identification request prepared test run.

Ideally, all chemical measurements completed from collection, but ways feasible. Properly labeled vials for chemical constituents proximate patient's body collection. Be lowered to avoid contamination (e.g., enzymes). Serum hemolysis activate enzymes, must be roughly estimated version or wing to avoid concentration gradients.

If practical, obtained from The blood glucose level be elevated, inorganic phosphorus level decreased, directly or indirectly, postprandial lipemia results turbid or cloudy or serum. Kidney assays are affected result of transient increase glomerular filtration rate or injury. After edema restricted before obtaining blood

**Reference ranges** are given normal values. Reference range for particular blood constituent range of values been derived when laboratory repeatedly used from significant number of clinically normal of given species specific methods. Therefore, reference ranges are depending on specific methodology. Numerous books reference ranges of blood constituents for domestic species. Alternatively, reference ranges may be formulated by local diagnostic laboratories individual practice laboratories. **Appendix** contains reference ranges for common biochemical constituents.



Establishing reference range values for any laboratory time consuming expensive. Reference values for laboratory, veterinary technician would have to assay from significant number of clinically normal Some investigators recommend analysis of results recommend analysis refer with characteristics. Other considerations include variety of needs species often seen in veterinary practice; the gender and reproductive status (e.g., intact, neutered) of tested environment, including husbandry nutrition, climate consideration, because of static changes affect results.

Chapter review questions [Appendix](#)

- Clinical chemistry testing usually requires either serum
- Common references include hemolysis, anemia, bilirubin.
- Consult manufacturer practice for proper type.
- Samples must be analyzed within 1 hour to avoid changes to test results.
- Reference ranges vary between different methods analyzers.
- Samples hemolyzed, clotted, or contaminated provide inaccurate results.
- The ideal specimen collected from preprandial patient before laboratory.



After studying this chapter, you will be able to:

- Describe principle of refractometry.
- Describe principle of photometry.

- Differentiate between titric and photometric assays.
- List features, benefits and common uses of chemistry analyzers.

**Photometry,  
End Point Versus Kinetic Assays,  
Units of Measurement,  
Ion-Selective Electrode and Electrochemical Methods,**

**Features and Benefits of Common Chemistry Analyzer  
Types,  
Instrument Care and Maintenance,  
Key Points,**

**Beer's law  
End point assay  
Ion-selective electrode  
Kinetic assay**

**Optical density  
Reflectometer  
Spectrophotometer**

A variety of different chemistry analyzers are available for veterinary practice laboratory. Veterinarians either to nose monitor patient rapidly when results are available immediately. Most chemistry analyzers used veterinary practice principles of photometry to quantify constituents in blood. Analyzers use electrochemical methods available for

Several types of photometers are available. Most diagnostic equipment uses **Spectrophotometers** designed to measure the amount of light transmitted through a solution. The basic components of spectrophotometers are the same regardless of the manufacturer or equipment. All spectrophotometers contain a light source, a wavelength selector, a photodetector, and a readout device (Fig. 1.1). The light source is typically a tungsten-halogen lamp. Wavelengths are fragmented into component wavelength segments. The majority of spectrophotometric tests are performed in the visible portion of the electromagnetic spectrum. Few are available in the ultraviolet or infrared portions of the spectrum. The wavelength selector usually allows the selection of a specific wavelength

to be used. The photodetector receives whatever light is reflected by the sample. The photodetector then transmits the readout device. Depending on the model of the instrument, the readout device may measure percent transmittance, percent absorbance, **optical density** or concentration. Some automated analyzers use variations of photometric procedure. The type of photometer used may filter to select a wavelength referred to as a colorimeter. Another type detects the reflected light from the substance rather than the transmitted light. This type is referred to as a **reflectometer** (Fig. 1.2). The wavelength of the light used for measurement of a blood constituent has been chosen based on the absorbance properties of the constituent being measured. The wavelength of light chosen for iron measurement results in the greatest absorbance (lowest transmission) through the sample. Iron appears blue-green, will transmit the greatest amount of blue-green light, whereas light in the red portion of the spectrum will be absorbed. Therefore, the wavelength selected for iron spectrum provides the greatest absorbance for iron measurement. In photometry, the amount of light is measured with spectrophotometry, which is where the principle of **Beer's law** (high concentration of a substance follows Beer-Lambert's

law. This principle states direct relationship exists between concentration of analyte light absorption when monochromatic light (light of single wavelength) passed through. The law states transmiss ion of monochromatic light through concen tration of analyte have inverse exponential relationship. The degree of color change proportional to solution's concentration.

mathematically compared with patient The specific type of calculation varies, depending on the analyzer. In general, however, ratio of optical density of reacted standard is compared with the OD of the patient sample. OD is logarithmic function describes degree to which light transmitted through medium. An example of type of calculation follows:

Most photometric analysis procedures are **end point assays**. In other words, reaction occurs between reagent reaches stable end. The analyzer then either one-point calibration or internal standard curve to calculate patient results. Either method requires of standard. standard nonbiologic solution of analyte, usually distilled water, with known concentration. For one-point calibration, standard analyzed concurrently manner patient reaction characteristics are

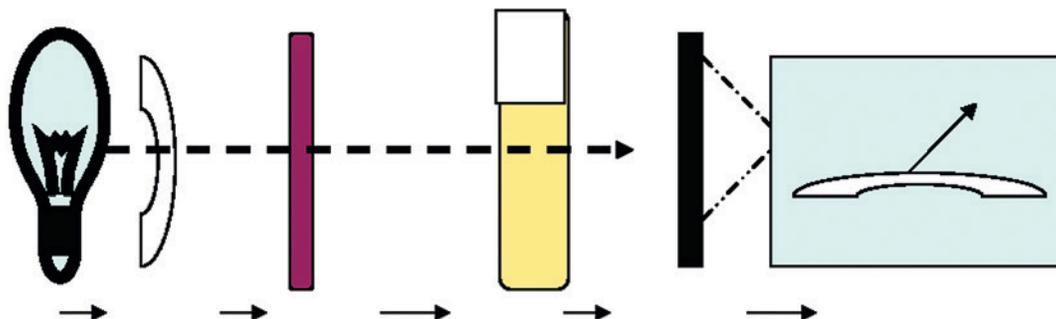
The internal standard curve created when analyzer calibrated. To perform standard curve, serial dilutions of standard solution are created, each analyzed to determine absorbance or transmittance of light. The results from each dilution are plotted on graph straight. The concentra tions of subsequent patient are determined by locat intersection of absorbance of reacted patient with on graph. Analyzers standard curve methods must be recalibrated each time new reagent purchased.

Some analyzers kinetic methods rather end point methods. These are primarily used for enzyme assays or when reagent enzyme based. Enzymes induce chemical changes other substances (called substrates), but they are inher ently changed. An enzyme may increase rate of biochemical reaction by acting catalyst to reaction. Most enzymes are formed function intracellularly, they are found their highest concentrations within cells. For reason, blood level of enzymes low healthy. The blood level of enzyme may be elevated enzyme leaked out of damaged cells or cells have increased production of enzyme excess leaked out of cells into blood. Each specific enzyme catalyzes reaction of one specific substrate. Each enzymatic reaction produces specific product from interaction of substrate enzyme. The reaction forms product, but there change enzyme.

Because blood levels of enzymes are low, directly measuring enzyme concentrations. The tests performed to deter enzyme concentrations blood indirectly measure enzyme concentration present by directly measuring rate of formation of product of enzymatic reaction



Diagnostics, Columbia, MD.)



Principles of spectrophotometry.



tion of chemical components in the sample.

or rate of reduction substrate. **Kinetic assays** do not reach equilibrium. Reaction results are recorded at a specific time after initiation of reaction even though reaction continues beyond that time. Measurements that are not made are not correct and usually inaccurate. Point calibrations are generally performed for kinetic measurements. However, several points can be evaluated, and change in absorbance for both standard and patient samples can be determined. When kinetic assays are used, they are created for kinetic methods, graphed, and the reaction time during which the graphed rates of absorbance form a straight line is noted. Specific reaction times are used after initiation of reaction when reaction is linear to avoid different or ch... yte.

Enzymes are active when substrate concentration is high and product concentration is low. Enzyme concentration in patient samples exceeds substrate available reagents, and enzyme activity is directly proportional to product formed, which is valid. (The substrate concentration becomes constant or enzymatic reaction.)

Substrate concentrations are kept high enough to do validate measurement. Kinetic/kinetic assays are manufactured in large quantities of substrate initially present to avoid problems. If a large amount of enzyme is present, the reaction is doubled, and the rate of reaction is doubled. Product formed is doubled, and the reaction is long constant. Enzyme concentration is doubled, and the reaction rate is doubled. Therefore, enzyme concentration is kept constant, and the reaction is determined.

The important parameters are time, temperature, and enzyme activity. Enzyme activity continues as long as substrate is available. Measurement can be recorded at appropriate time intervals. Reaction. Enzyme activity may be inhibited by low temperatures and accelerated by high temperatures. Other factors that interfere with enzyme activity include ultraviolet light, presence of inhibitors (e.g., heavy metals, copper, mercury). Some proteins, they may be denatured by temperature extremes or

## Enzyme Units Into International Units

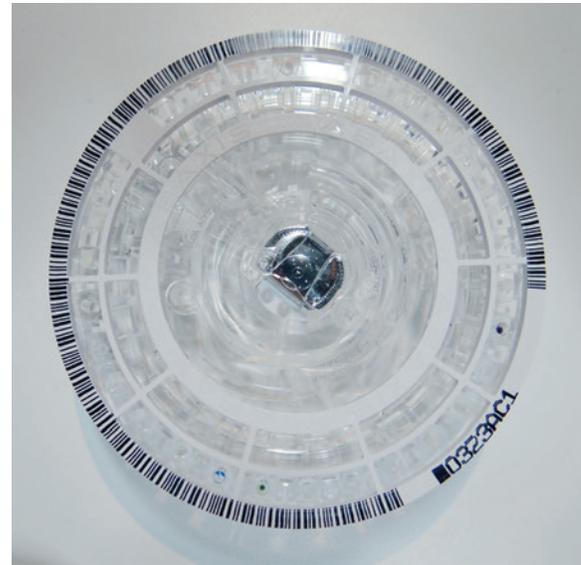
by organic events. When change in enzyme's optical density (OD) is measured, the reaction rate is determined. Each enzyme has an optimal temperature at which it works most efficiently. This temperature is typically listed in the instructions that accompany the enzyme. Enzymes are performed at temperatures of between 37°C and 42°C. For every 10°C above optimal temperature, enzyme activity doubles. Close monitoring of incubator or reaction temperature is very important.

Enzyme concentrations are used to determine enzyme activity. Enzyme activity is proportional to enzyme concentration only under certain conditions. Each investigator who developed an enzymatic assay method used a different unit of measurement to report results, which often reflected the developer's preference. Examples include Bodansky, Somogyi, and Sigma-Frankel units. Because each of these assays was performed under different conditions (e.g., temperature), correlation of results reported in one unit with those of another unit became difficult. To avoid this confusion, the International Union of Pure and Applied Chemistry (IUPAC) established a unit of enzyme activity known as the International Unit (IU). According to IUPAC, 1 IU of enzyme activity is defined as the amount of enzyme that will catalyze the conversion of 1 micromole of substrate per minute at 37°C. Some laboratories have replaced their traditional units with the better related International Unit system.





can be loaded into the analyzer at one time.



Reagent rotor for use in some liquid chemistry systems.

Analzers stems lude eagent-impregnated slides, pads, or cartridges. Most of reflec tance assays. Dry systems tend to have comparatively higher costs associated yzer ypes. any configured for veterinary species have fairly high incidences of ejection, ticularly emic or molyzed ome om owever, do ve enefit equiring eagent ling, performance of single tests relatively Running profiles large numbers of tests on single patient on some of types of systems tends to be bit more time-consuming ompared yzer ypes. ew type yzers low or ading umbers nce, rebby equired repare analyzer o valuate rofile ome stems reagent rips or hemical testing.

Liquid stems lude yophilized reagent or already prepared liquid reagent. The common type of lyophilized reagent system for veterinary clinical practice rotor technology. The rotors consist of individual cuvettes to which iluted amples re dded Fig. 1.7). uvettes re ptical-quality reservoirs used photometer, they may be plastic or glass. Rotor-based systems tend to be quite accurate, although some are configured for veterinary species. They are usually cost-effective for profiles, but they not configured to run ngle tests. ther stems ommon lude unitized eagent vettes eagent. ized stems have dvantage equiring eagent ling, ut tend to be expensive of all of liquid reagent systems. In ddition, rofiles stems mewhat time-consuming, but single testing Bulk reagent systems may supply reagent either concentrated form, which must be diluted, or working strength. orking-strength reagent systems do usually require any special reagent handling. These analyzers are ersatile erform ither rofiling or single testing with relative Fig. Most require preparation owever, ew ve xtensive enance



time, ticularly ration ameters. ome systems eagent ve ell ead cuvette. ample nd eagent an spirated irectly hrough he analyzer ithout ed or ransfer eactants cuvettes. Regardless of test methods or tests available for ecific yzer, ly ufacturers rovide ability to integrate all analyzer types hematology, chemistry, blood oagulation, lectrolytes) ftware stem enables results to be recorded automatically integrated with patient eords Dedicated-use yzers vailable or ertain any of tilize lectrochemical echnology or nly one substance, uch lood lucose edicated analyzers nly equested emergency uations.



**Fig. 31.9** Most analyzer manufacturers allow for the integration of multiple analyzers with programs to record results in patient records.



Chemistry analyzers sensitive instruments  
 carefully veterinary technicians follow  
 manufacturer's operating instructions. Instruments generally have  
 warm-up period, low temperature, photodetector,  
 incubator, reagent, each equilibrium before  
 Ideally, laboratory personnel turn instrument  
 running every day. Instrument re  
 fore ready o using, especially using  
 emergency situations.

Following manufacturer's maintenance schedule prolongs  
 life of chemistry analyzer. Schedule set

over the counter in many pharmacies.

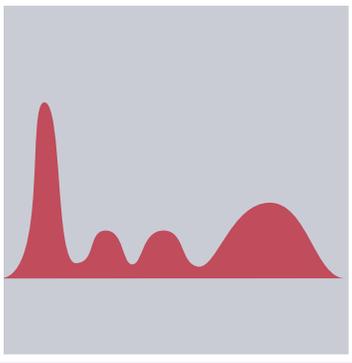
established or instrument laboratory low or  
 quick review enhance ory  
 instrument. Most manufacturers have toll-free number to call  
 problems

Chapter review questions [appendix](#)

- Most clinical chemistry analyzers use spectrophotometric methods and principles of Beer's law.
- Analyzers using reflectance methods are widely available.
- Chemistry analyzers have different advantages, benefits, and limitations.

- Electrochemical analyzers are primarily used for electrolyte assays.
- Chemistry analyzers have different advantages, benefits, and limitations.

# Protein Assays and Hepatobiliary



After studying this chapter, you will be able to:

- List potential alterations in serum proteins.
- Describe commonly performed assays for protein.
- Describe common method for determining albumin concentration.
- List commonly performed assays for evaluation of hepatobiliary system.
- Describe metabolism of bilirubin.
- Differentiate between conjugated and unconjugated bilirubin.
- List enzymes, and their clinical significance, that are altered in enzyme activity.
- Describe evaluation of enzyme activity.

## Protein Assays,

Total protein,  
Albumin,  
Globulins,  
Albumin/Globulin ratio,  
Fibrinogen,  
Acute-Phase proteins,

## Hepatobiliary Assays,

Hepatocyte function  
Enzymes released from injured hepatocytes,  
Enzymes associated with liver function,  
Other tests for liver function,

## Key Points,

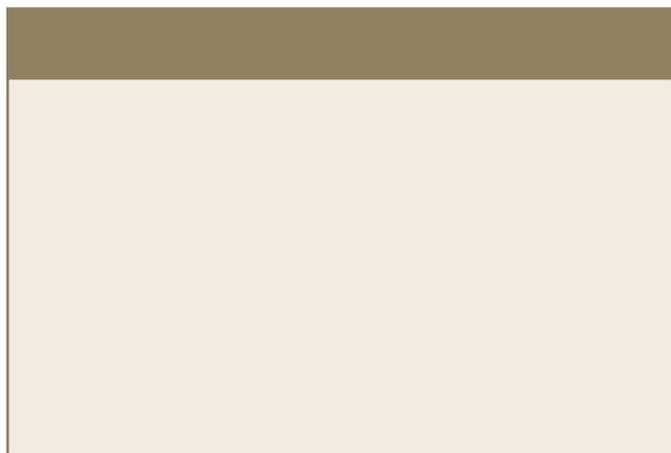
Acute-phase proteins  
Alanine transaminase  
Albumin  
Alkaline phosphatase  
Aspartate transaminase  
Bile acids  
Bilirubin  
Cholesterol  
Conjugated bilirubin  
Gamma glutamyltransferase  
Globulins

Glutamate dehydrogenase  
Hepatoencephalopathy  
Hyperlipoproteinemia  
Hyperproteinemia  
Hypoalbuminemia  
Hypoglycemia  
Hypoproteinemia  
Idiotol dehydrogenase  
Jaundice  
Protein

Although protein assays are not specifically considered liver function tests, many **proteins** are reduced in liver. Additional proteins are reduced in system (endothelial issues, lymphoid issues, etc.). Proteins are reduced in many conditions, especially of liver and kidneys.

More proteins exist. Some protein concentrations change markedly during certain conditions. Other protein concentrations change during age-related changes in protein concentrations. Major protein tests are summarized in **Table 10-1**. The most commonly performed laboratory test for total protein, **albumin**, is measured.





Direct chemical measurements of fibrinogen are rarely performed. Fibrinogen concentration is normally estimated either by the difference between protein concentrations.

An alternative method is the ratio of fibrinogen to albumin, which is frequently used in conjunction with the fibrinogen profile. This can be used to detect increased or decreased albumin and globulin concentrations. In any clinical conditions, however, albumin and globulin concentrations are reduced in equal proportions, such as in hemorrhage, dehydration, and illness.

The fibrinogen:albumin ratio is determined by dividing albumin concentration by globulin concentration. In dogs, horses, sheep, and goats, the albumin concentration is usually greater than the fibrinogen concentration. The fibrinogen:albumin ratio is usually equal to the globulin concentration.



Fibrinogen is produced by hepatocytes. Fibrin, which is a polymer of fibrinogen, is the precursor of blood clots, and is one of the factors necessary for clot formation. If fibrinogen levels are decreased, blood does not form a stable clot or does not clot at all. Fibrinogen makes up 2% of total protein content. Because it is removed from the body by the clotting process, fibrinogen is found in serum. Fibrinogen assays are performed as part of a coagulation profile but are not included in a chemistry profile. In acute inflammation, fibrinogen levels are elevated. In chronic inflammation, fibrinogen levels are often elevated. In horses, the method of fibrinogen valuation is the heat precipitation test described in Unit 32. The fibrinogen value is calculated by subtracting the total protein value of

heated tubes from that of unheated tubes. This protein measurement of heated tubes may be lower because fibrinogen has been removed from the sample. Automated analyzers may provide fibrinogen values.

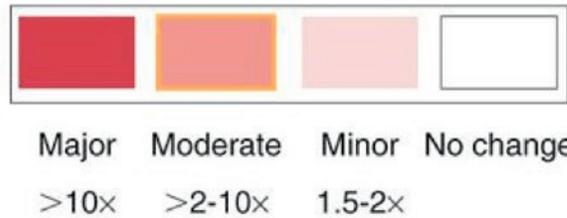
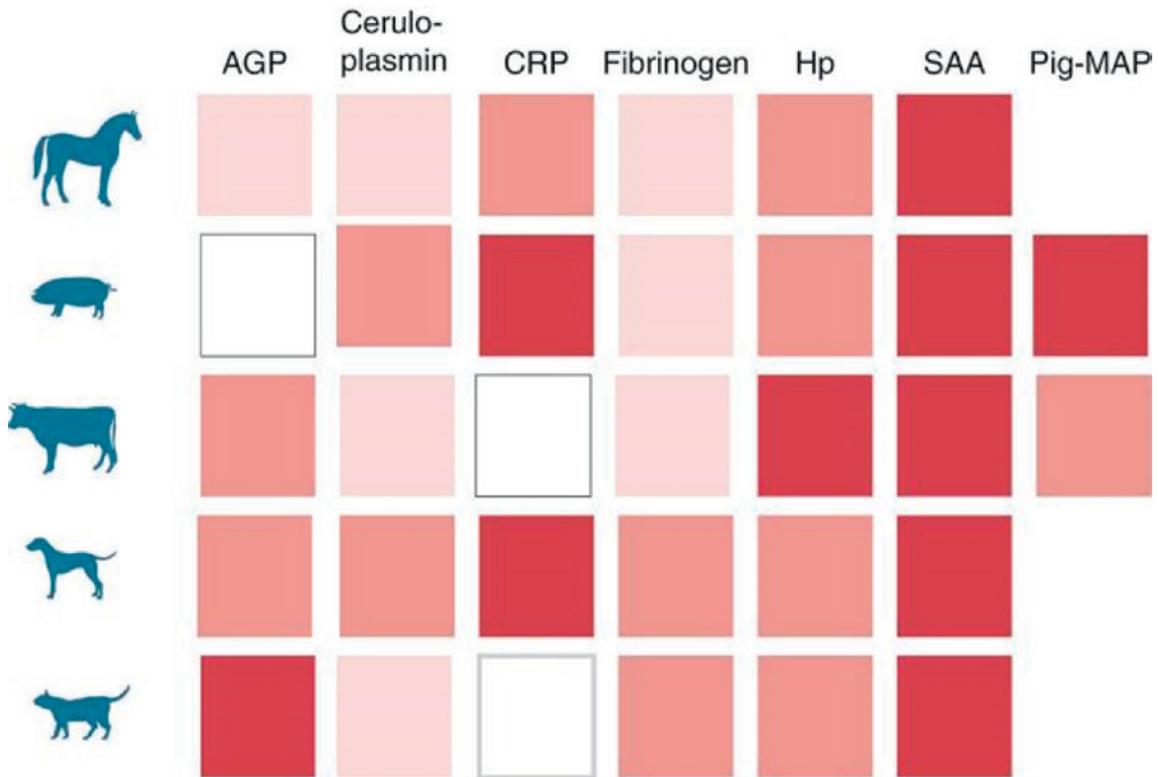
**Acute-phase proteins** are primarily produced by hepatocytes immediately following injury or inflammation. There are about 20 recognized acute-phase proteins, and different species produce different ones. In general, acute-phase proteins include C-reactive protein, fibrinogen, haptoglobin, ceruloplasmin, α<sub>2</sub>-macroglobulin, and α<sub>1</sub>-antitrypsin. In addition, serum albumin and transferrin are referred to as negative acute-phase proteins because their concentration decreases following injury or inflammation. Although serum electrophoresis is identifying these acute-phase proteins, specific acute-phase proteins are not routinely measured. In domestic animals, C-reactive protein, fibrinogen, and haptoglobin are measured with immunoassays, although a chemical method is available for haptoglobin measurement.

Serum fibrinogen is an acute-phase protein of particular importance. Serum fibrinogen levels increase following injury or inflammation. The magnitude of increase in determining the presence of specific states. For example, in healthy animals, fibrinogen is generally below 1.0 g/dL. Increases in fibrinogen are correlated with specific conditions. Table 32-1 lists values used to differentiate infectious from noninfectious diseases.

C-reactive protein is a marker for infection produced by the liver. Levels of C-reactive protein rise dramatically in a variety of states, including cardiac disease, sepsis, and neoplasia. The response occurs within hours after an inflammatory event or trauma. In horses, C-reactive protein levels are often elevated rapidly following a triggering event.

The liver is the largest internal organ. It has a complex structure, function, and genetic characteristics. Its functions include metabolism of carbohydrates, lipids, and proteins; synthesis of cholesterol and bile; and regulation of blood glucose. The liver is also involved in the metabolism of drugs and the detoxification of toxins. The gallbladder is closely associated with the liver, both anatomically and functionally. Its primary function is to store bile. Malfunctions of the liver or gallbladder result in predictable clinical signs of jaundice, hypoalbuminemia, and hyperbilirubinemia. Other conditions associated with the liver include hepatic lipidosis, hepatoencephalopathy, and cholestasis.

Hepatic diseases exhibit extreme diversity. The liver is capable of regeneration. In severe cases, the result is liver failure.



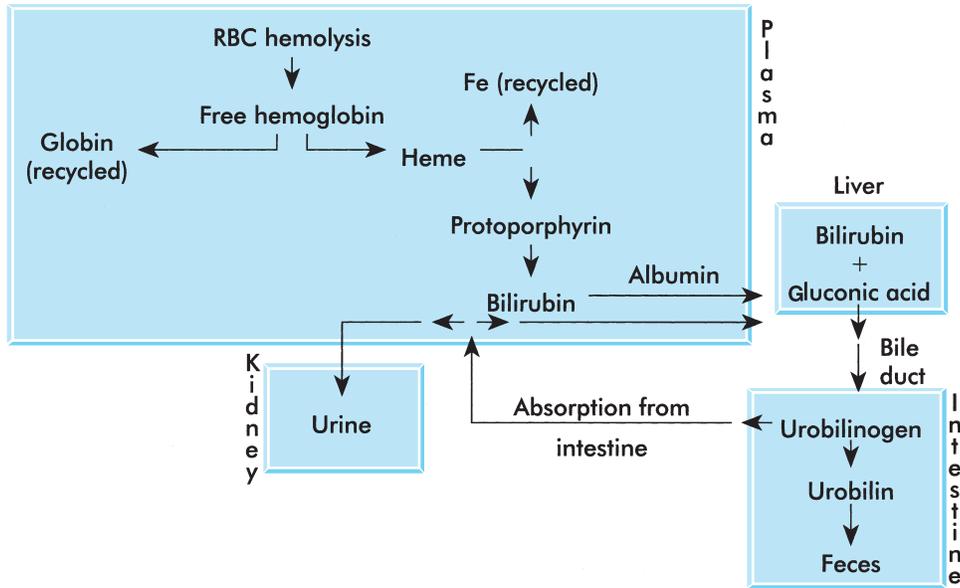
Species differences in the major acute-phase proteins produced by domestic animals. (From Tizard)

Expected SAA Value (mg/L)

different types available to evaluate liver function. Usually very progressed significantly before signs appear. Some liver function tests measure enzymes that are released when hepatocytes are damaged. Other liver function tests measure enzymes that have altered serum concentrations as a result of cholestasis. Liver cells compartmentalize

work of the liver. One of the most commonly performed tests to evaluate liver function is serum alanine aminotransferase (ALT). ALT is an enzyme that is primarily located in the liver. Elevation of ALT in the serum indicates liver damage. The primary tests used in veterinary medicine for evaluation of liver function are summarized in Box 1.

Many substances are taken up, modified, produced, and secreted by the liver. The liver also plays a role in the regulation of blood glucose levels. Liver function tests are performed in veterinary practice to evaluate liver function. Bilirubin and other substances produced by hepatocytes are less-sensitive indicators of liver function, because test results may show abnormalities until two thirds to three fourths of liver tissue is damaged. These less-sensitive tests include albumin and cholesterol.



Bilirubin metabolism.

Enzymes Released From Damaged Hepatocytes

two thirds of total bilirubin serum. Increases population indicate problems with uptake (hepatic damage). Increases conjugated bilirubin e ile uct bstruction.

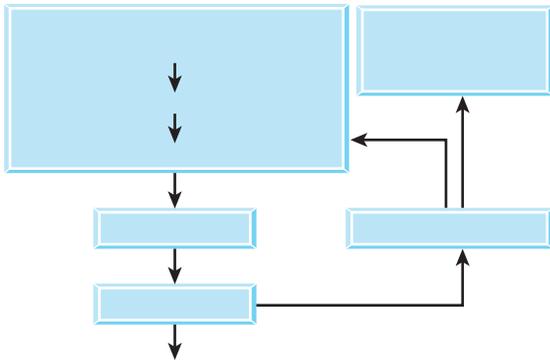
Increases in the unconjugated bilirubin population

Assays ectly ure ilirubin onjugated rubin us onjugated ilirubin) onjugated ilirubin. Conjugated ilirubin ometimes eferred irect ilirubin, because est ethods irectly easure he mount onjugated bilirubin nconjugated ilirubin metimes referred o ect ilirubin, eause oncentration indirectly ed ubtracting onjugated ilirubin concentration rom otal ilirubin oncentration ample. Bilirubin yed etermine aundice, evaluate ver tion, heck ency ucts. Blood vels onjugated ect) ilirubin levated hepatocellular uct ury bstruction. Blood vels onjugated ect) ilirubin levated with xcessive rythrocyte estruction effects ransport chanism low ilirubin nter patocytes or conjugation.

Bile acids rve tions. hey rption enabling he ormation icelles he astrointestinal ystem modulate cholesterol levels via bile acid Bile acids are ed patocytes om hoolesterol, conjugated lycine onjugated secreted cross mbrane, each duodenum iliary stem. allbladder ores bile acids (except horse) until contraction associated with feeding. hen each ransported

Bilirubin ouble erived om reakdown of moglobin crophages en. round o ransported ver. patic cells tabolize onjugate ilirubin bilirubin lucuronide. creted om hepatocytes, becomes component of bile. Bacteria within gastrointestinal system act on bilirubin glucuronide produce group of compounds collectively referred to urobi linogen. Urobilinogen broken down into urobilin before being excreted eces. ilirubin lucuronide obilinogen may e rbed ectly lood xcreted ys ilirubin roken own exposure to light. It important be protected from light o nsure ccurate esults.

Measurements of circulating levels of various popu lations f ilirubin oint aundice. Differences elative ubility ch allow m vidualy uantified. prehepatic (bound to albumin) bilirubin comprises approximately



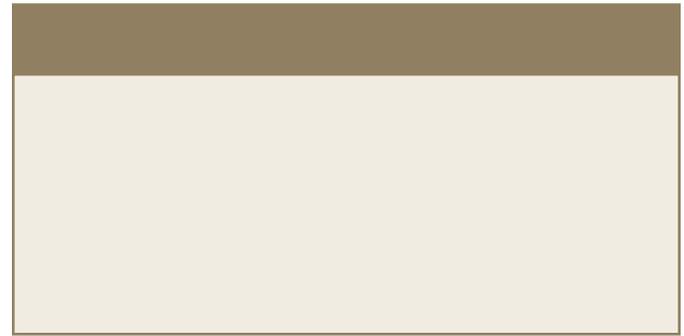
Circulation of bile acids.

to portal circulation. Bile acids are actively absorbed in the small intestine, and the remaining conjugated bile acids are excreted in feces. The enterohepatic circulation of bile acids results in elevated SBA levels. The great advantages of SBA determinations over other methods to evaluate major biliary components are:

Spillover into the enterohepatic circulation by extrahepatic sources of bile acids correlates with portal concentrations. As a result, postprandial concentrations are higher than fasting concentrations. Any process that impairs the hepatocellular, biliary, or portal enterohepatic circulation of bile acids results in elevated SBA levels. The great advantages of SBA determinations over other methods to evaluate major biliary components are:

The Avel normally elevated serum bile acid concentration because of bile duct obstruction. After a meal, bile acid concentration increases. Inadequate gallbladder contraction increases fasting bile acid levels. Exposing a patient to even a small amount of food can result in spontaneous gallbladder contraction. Prolonged cholestasis increases

Elevated serum bile acids usually occur in congenital or systemic chronic hepatitis, cirrhosis, cholestasis, and cholangitis. Bile acid levels may be used as a screening test for liver disease. Bile acid levels may detect liver problems before they become symptomatic. They may also allow diagnosis of liver disease. Increased bile acid concentrations can also result from extrahepatic causes that secondarily affect the liver. Decreased bile acid concentration can result from decreased hepatic bile acid production or increased extrahepatic bile acid loss. The reference ranges for bile acid testing are widely variable. Bile acid testing is sensitive for liver disease. Bile acid testing is determined by various methods, commonly by enzymatic methods. Hydroxy-



bile acids react with hydroxysteroid dehydrogenase with formazan color formation. Lipemic postprandial samples must be cleared by centrifugation. Spectrophotometry is the method of choice. Bile acid esterase-linked unsorbent methods are available for veterinary clinic.

Cholesterol is a lipoprotein. It is synthesized in the liver, and its levels are regulated by the liver. An increase in serum cholesterol is associated with atherosclerosis. However, differences exist in cholesterol levels between species. In dogs, cholesterol levels are higher than in cats. In horses, cholesterol levels are lower than in dogs. Hyperlipidemia is often a secondary condition associated with primary hyperlipidemia. It is inherited in some breeds, such as the Boxer, and is associated with hypothyroidism. Hypothyroidism results in hypercholesterolemia because of decreased cholesterol excretion. Other causes of hypercholesterolemia include hyperadrenocorticism, diabetes mellitus, and nephrotic syndrome. Dietary causes of hypercholesterolemia are rare but may include high-fat diets and postprandial lipemia. Cholesterol by itself does not cause grossly lipemic urine. It is usually present in the urine after eating. Triglycerides are also present in the urine. The administration of corticosteroids may also cause elevated blood cholesterol concentration. Urinary cholesterol crystals may be associated with hypercholesterolemia.

When hepatocytes are damaged, enzymes are released into the blood. The liver enzymes that are most commonly elevated are alanine aminotransferase (ALT), aspartate aminotransferase (AST), and gamma-glutamyl transaminase (GGT). Other enzymes that are elevated include lactate dehydrogenase (LDH) and sorbitol dehydrogenase (SDH). Transaminases catalyze the reactions that transfer amino groups from amino acids to alpha-ketoglutarate, forming alpha-keto acids and ammonia.

acids. The enzymes are therefore found in tissues that have high rates of protein catabolism. Although other transaminases are present in hepatocytes, only readily available tests are for ALT and AST. Dehydrogenases catalyze the transfer of hydrogen groups, primarily during glycolysis. Transaminases and dehydrogenases are found either free in the cytoplasm of hepatocytes or bound to the cell membrane. The serum levels of these enzymes vary among different species, and they have nonhepatic sources.

The common enzyme tests of liver function that are

In dogs, primates, and horses, the major source of ALT is the hepatocyte, where the enzyme is found free in the cytoplasm. ALT is considered a liver-specific enzyme in these species. Horses, ruminants, pigs, and birds do not have enough ALT in their hepatocytes for the enzyme to be considered liver specific. Other sources of ALT are renal cells, cardiac muscle, skeletal muscle, and pancreas. Damage to these tissues may result in increased serum ALT levels. The administration of corticosteroids or anticonvulsant medications may also lead to increases in serum ALT. ALT is used as a screening test for liver disease because it is precise enough to identify specific liver damage. No correlation exists between blood levels of ALT and the severity of hepatic damage. Increases in ALT are usually seen within hours of hepatocyte damage, and peak levels are seen within 24 hours. The serum levels will return to reference ranges within a few weeks in acute liver insult, but they remain elevated in chronic liver insult.

ALT is present in hepatocytes, which are found free in the cytoplasm and well bound to the mitochondrial membrane. More severe liver damage is required to release membrane-bound ALT. ALT levels tend to rise more slowly than do ALT levels, and they return to normal levels within a day provided chronic liver insult is not present. ALT is not found in significant amounts in many other tissues, including erythrocytes, cardiac muscle, skeletal muscle, kidneys, and pancreas. An increased blood level of ALT may indicate nonspecific liver damage, or it may be caused by strenuous exercise or intramuscular injection. The common cause of increased blood levels of ALT are hepatic muscle inflammation or necrosis, spontaneous or artifactual hemolysis. If ALT level is elevated, serum ALT should be examined for hemolysis. Creatine phosphokinase activity should be assessed to rule out muscle damage before attributing an increase to liver damage.

The primary source of ALT is the hepatocyte. Smaller amounts of ALT are found in the kidney, small intestine, skeletal muscle, and erythrocytes. ALT is present in the hepatocytes of all common domestic species, but it is especially useful for evaluating liver damage in large animals such as sheep, goats, swine, horses,

and birds. Large hepatocytes do contain diagnostic levels of ALT, and ALT offers a liver-specific diagnostic test. The level of ALT rises quickly with hepatocellular damage or necrosis. The ALT assay can be used in all species to detect hepatocellular damage or necrosis, thereby eliminating the need for other tests (e.g., AST assay). The disadvantage of ALT analysis is that the serum activity declines within a few hours. If testing is delayed, the sample should be frozen. ALT tests are readily available to the average veterinary laboratory. Samples to be sent to outside laboratories should be packed on ice for transport.

Gamma-glutamyl transaminase (GGT) is a mitochondrial-bound enzyme found in high concentrations in the hepatocytes of sheep and goats. An increase in GGT is indicative of hepatocyte damage or necrosis in sheep. GGT could be an enzyme of choice for evaluating ruminant and avian liver function, but a standardized test method has not been developed for use in a veterinary practice laboratory.

Blood levels of certain enzymes become elevated with cholestasis (bile duct obstruction), metabolic defects in liver cells, administration of certain medications, and the result of action of certain hormones, especially of the thyroid. These enzymes are primarily membrane bound. The exact mechanism by which cholestasis induces increased levels of these enzymes when cholestasis is present is well documented.

**Alkaline phosphatase** is present in many tissues, particularly osteoblasts in bone, chondroblasts in cartilage, intestine, placenta, and cells of the hepatobiliary system in the liver. The isoenzymes of alkaline phosphatase tend to remain in circulation for approximately 10 to 14 days, with the exception of the intestinal isoenzyme, which circulates for just a few hours. The corticosteroid isoenzyme of alkaline phosphatase has been identified in dogs with exposure to increased endogenous or exogenous glucocorticoids. Because alkaline phosphatase occurs in various tissues, the source of the isoenzyme or the location of the damaged tissue may be determined by electrophoresis. Other tests are performed in commercial or research laboratories.

In young animals, alkaline phosphatase comes from osteoblasts and chondroblasts as a result of active bone development. In older animals, nearly all circulating alkaline phosphatase comes from the liver as bone development stabilizes. The assays for alkaline phosphatase are used in practice laboratories to determine total blood alkaline phosphatase concentration. Alkaline phosphatase concentrations are often used to detect cholestasis in adult dogs. Because of wide fluctuations in normal blood levels of alkaline phosphatase in sheep, the test is not useful for detecting cholestasis in these species.

## Gamma glutamyltransferase

Gamma glutamyltransferase (GGT) is an enzyme sometimes referred to as gamma-glutamyl transpeptidase. It is found in various tissues, including renal epithelium, biliary epithelium (particularly during lactation), biliary epithelium, but primary source is liver. Levels are elevated in conditions such as alcohol consumption, obesity, and liver disease. Common causes of elevated GGT include alcohol consumption, liver disease, and certain medications. GGT is often measured along with other liver enzymes (ALT and AST) to assess liver function.

Additional information: GGT is a sensitive marker for liver damage and is often used in conjunction with other liver enzymes to diagnose liver disease. It is also elevated in conditions such as alcohol consumption, obesity, and certain medications.

biochemical tests. GGT is often measured along with other liver enzymes (ALT and AST) to assess liver function. It is also elevated in conditions such as alcohol consumption, obesity, and certain medications. GGT is a sensitive marker for liver damage and is often used in conjunction with other liver enzymes to diagnose liver disease.

Chapter review questions [appendix](#)

- Total protein measurements include fibrinogen values, whereas total serum protein determinations are based on protein fractions except fibrinogen.
- Total protein concentrations are especially valuable for dehydration.
- Albumin comprises the majority of serum protein.
- Serum globulin (acute-phase protein) is unrelated to specific diseases.
- Some liver function tests are designed to measure substances that are produced by the liver, modified by the liver, or released when hepatocytes are damaged. These tests include ALT, AST, ALP, and GGT.

- In the blood, unconjugated bilirubin comprises approximately 80% of total bilirubin.
- Bile acids are absorbed in the small intestine and modulate cholesterol levels via the liver.
- Elevated levels of ALT and AST are usually seen in liver disease, such as congenital or systemic chronic hepatitis, alcoholic liver disease, cirrhosis, cholestasis, and liver metastases.
- The "leakage enzymes" include ALT, AST, ALP, and GGT.
- ALT is commonly measured to assess liver damage.
- Alkaline phosphatases are elevated in liver disease and bone growth.





The quantitative assessment of renal proteinuria of diagnostic significance or renal proteinuria is performed by the ratio of protein to creatinine in the urine. The quantitative assessment of renal proteinuria of diagnostic significance or renal proteinuria is performed by the ratio of protein to creatinine in the urine. The quantitative assessment of renal proteinuria of diagnostic significance or renal proteinuria is performed by the ratio of protein to creatinine in the urine.

This method has been validated for various species. Usually, 20–30 mL of urine are collected between 2 and 4 hours after the start of the test. The urine is centrifuged, and the protein and creatinine concentrations for each are determined by a variety of photometric methods. The protein-to-creatinine ratio or proteinuria (e.g., hyperglobulinemia, hemoglobinemia, myoglobinemia) is determined by the ratio of protein to creatinine in the urine.

**Uric acid** is a metabolic by-product of nitrogen catabolism, found in the urine of many mammals. It is usually transported to the kidneys and excreted in the urine. In some species, it is excreted in the urine as uric acid, which is insoluble and can form uric acid stones in the kidneys. In other species, it is excreted in the urine as allantoin, which is soluble and does not form stones.

Uric acid is a product of nitrogen metabolism in avian species. It constitutes approximately 20% of the total nitrogen excreted in the urine. It is excreted by the renal tubules. The measurement of uric acid in the urine is used as an index of renal function in birds. Uric acid concentrations will increase after a meal in carnivorous birds. Renal uric acid concentrations increase when the kidney is more functional.

**TECHNICIAN NOTE**

In patients with azotemia, a symptomatic or renal without azotemia, a renal additional performed to evaluate renal function. Clearance require collection timed, unquantified with concurrent. Two primary types of clearance

studies are performed: **effective renal plasma flow** (ERPF) and **creatinine clearance**. Both glomerular filtration and renal secretion (typically in the form of p-aminohippuric acid) are eliminated only by glomerular filtration (typically in the form of creatinine). The substance administered, in this case, is inulin or iothalamate, which is collected.

The ERPF is calculated as follows:  

$$ERPF = \frac{U_{inulin} \times V}{P_{inulin}}$$
 where U<sub>inulin</sub> is the inulin concentration in the urine (mg/dL), V is the urine flow rate (mL/min), and P<sub>inulin</sub> is the inulin concentration in the plasma (mg/dL).  
 The creatinine clearance (CrCl) is calculated as follows:  

$$CrCl = \frac{U_{creatinine} \times V}{P_{creatinine}}$$
 where U<sub>creatinine</sub> is the creatinine concentration in the urine (mg/dL), V is the urine flow rate (mL/min), and P<sub>creatinine</sub> is the creatinine concentration in the plasma (mg/dL).

The ERPF uses test substances that are eliminated

Because creatinine is freely filtered by the glomerulus and is not reabsorbed or secreted, its clearance is a good estimate of glomerular filtration rate (GFR). Unfortunately, short-term blood concentrations are not stable enough to use the creatinine clearance formula for accurate measurement. Infusion studies, such as the constant infusion technique, require accurate timed urine collection for precise measurement. Precision is most important. Urinary creatinine excretion is a good estimate of GFR. Urinary creatinine excretion is a good estimate of GFR. Urinary creatinine excretion is a good estimate of GFR.

To avoid errors, creatinine should be determined with a combination creatinine PAP test instead of the Jaffe method. The combination creatinine PAP test is a enzymatic chromogenic method to determine creatinine concentration.

voided urine is collected over a specified time frame (most commonly 2–4 hours). The urine is then analyzed for creatinine and inulin. The creatinine concentration in the urine (U<sub>creatinine</sub>) and the inulin concentration in the urine (U<sub>inulin</sub>) are used to calculate the creatinine clearance (CrCl) and the effective renal plasma flow (ERPF).

$$\frac{U_v}{U_c} / \dots$$

urinary bladder is catheterized and rinsed with saline after a specified

The affected method determines creatinine hormones, high protein levels, chromatic reference, glycosuria, and creatinine clearance.

Exogenous creatinine clearance accurate method or increasing creatinine concentration creatinine hormones negligible. Jaffe method to determine creatinine concentrations Box 33.2 voiding dehydration the animal critical or the performance of test; free access to water must be ensured before any glomerular filtration performed.

Iohexol clearance be used to estimate dogs Iohexol radiographic agent given intravenously during which patient free access to water. Serum sample sent to reference laboratory for evaluation of renal function. Iohexol clearance FR.

Inulin excreted entirely by glomerular filtration, without tubular secretion, reabsorption, or metabolism. Inulin clearance tests constant quantitative inulin considered method or evaluation of FR. Single-injection inulin clearance simpler method alternatively may be used. Inulin (free access to water permitted during intravenous dosage of inulin or inulin (body surface calculation gives more accurate results); serum samples are then obtained 15-30 minutes. Total inulin clearance calculated from increase in inulin concentration by two-compartment model. Normal dogs void of polyuria.

Polyuria or polydipsia suspicions out, which may be erroneous. Polyuria subsequent polydipsia may be polyphrenic.

hyperadrenocorticism using's testes litus, nephrogenic diabetes insipidus. The kidneys may be normal, but they may receive signal to concentrate urine, which occurs with neurogenic diabetes insipidus. In addition, diuresis may be totally appropriate renal compensation for pathologic water intake (neurogenic polydipsia).

Vasopressin (antidiuretic hormone) from the posterior pituitary gland (neurohypophysis) maintains water collecting duct's permeability. In the renal medulla, by concentrating, it remains behind collecting duct. (Inappropriate diuresis), either neuroendocrine pathway releases response to hypovolemia or hyperosmolarity been interrupted nephrons respond.

This test involves observing patient's response to endogenous or exogenous dehydration. Patient safely until definite stimulus exists for endogenous release usually proximately 8-12 hours. That end point may vary. When denied water, patients dehydrate at different rates must be monitored for weight clinical signs of dehydration, increased urine osmolarity or specific gravity. In dogs, continued diuresis dilute urine indicate lack of endogenous or unresponsive nephrons. In dogs, responsiveness precedes azotemia.

Contraindications include dehydration, azotemia, dehydrated patients hypovolemia. If they already have release; they could concentrate urine, they would. Under conditions, test useless dangerous, especially for patients with diabetes insipidus or neurogenic diabetes insipidus. In dogs, azotemia readily demonstrates kidney dysfunction. In dogs, test reveals new adds renal component azotemia.

When patients demonstrate previously mentioned when prior water-deprivation vasopressin response test indicated. The vasopressin response test simply challenge with exogenous vasopressin focuses on ability of kidneys to respond. Inulin index of function. Normal dogs concentrate with technique, despite patient's excessive excretion. Vasopressin must be handled carefully, because labile drug in solution. In dogs, result of intramuscular or poorly mixed solutions. In addition, intramuscular vasopressin injection result vasopressin's osmotic activity, theoretically contraindicated during pregnancy.

In both tests, even normal kidneys may be unable to concentrate in osmolar extremes. Diuresis quickly resumes from renal medulla, weakening gradient draws water from collecting ducts. Gradual water deprivation over 24-hour period before the water deprivation test recommended to renew renal solutes allow evaluation of renal dehydration.

**Deprivation/Vasopressin Response**

and hydration and central nervous system (CNS) status are evaluated at  
 test is ended when the animal is clinically dehydrated, appears ill, or

The water deprivation vasopressin response tests may be combined protocol differentiate several of polyuria polydipsia **Box** The modified water-deprivation specifically contraindicated or clients known renal emia results from renal primary renal disorder, or with suspected or obvious dehydration.

The fractional excretion high referred **fractional excretion (FE)—of electrolytes** mathematical manipulation describes excretion of specific electrolytes (particularly sodium, potassium, phosphorus) relative the commonly sodium. Bicarbonate chloride testing rarely performed. tests differentiate prerenal from postrenal azotemia. Random, concurrent blood required. calculated follows:

Electrolyte measurement (high sodium, potassium, phosphorus, chloride); electrolyte concentrations, respectively, of specific electrolyte; electrolyte concentrations of creatinine, respectively. Normal results are follows:  
 • Dogs: sodium, potassium, chloride, phosphorus,  
 • Cats: sodium, potassium, chloride, phosphorus,



Serum organic phosphorus usually reciprocal serum calcium. Normally, serum calcium absorbed tubules. This mechanism is hormonal control parathyroid hormone, secreted serum initially, renal excretion increased urinary calcium excretion subsequent excretion. Serum calcium and decreases serum calcium. See electrolyte information later chapter for additional information about testing or

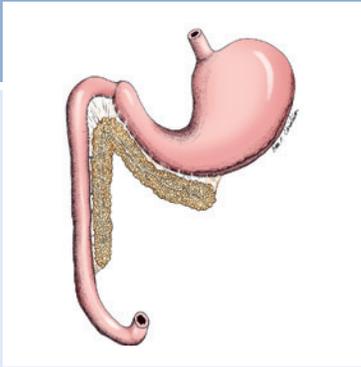
**Enzymuria** refers to presence of enzymes in urine. Many of chemical reactions performed in urine be performed in urine include urinary N-acetyl-β-D-glucosaminidase (NAG). Urinary NAG enzymes released from tubule cells. Comparison of NAG excretion to creatinine of creatinine indicate extent of renal damage. Both NAG and creatinine increase rapidly with nephrotoxicity, and increase occur sooner changes serum creatinine, creatinine clearance, or fractional excretion electrolytes.

Chapter review questions [appendix](#)

- The kidneys play major role in maintenance of homeostasis by modulating water electrolyte concentrations, blood conserving nutrients, removing waste products, producing renin, erythropoietin, prostaglandins.
- The primary serum chemistry or fractionation urea nitrogen creatinine.

- Urea nitrogen principal product breakdown
- Dehydration results in decreased attention to blood, because excreted volume water.
- Any condition where ill serum creatinine levels.

- In Dalmatian dogs, defect uric acid uptake into hepa tocytes results excretion of uric acid urine.
- Uric acid major end product of nitrogen metabolism avian species.
- Clearance studies may be performed azotemic patients include
- The test substances eliminated by both glomerular filtration renal secretion.
- The fractional excretion of electrolytes mathematical manipulation describes excretion of specific elec trolytes relative to
- Serum usually reciprocal of serum calcium.



# Pancreatic Function Tests

After studying this chapter, you will be able to:

- Differentiate between exocrine and endocrine functions of the pancreas.
- List and describe common exocrine or endocrine pancreatic tests and their clinical applications.
- Explain the relationship between insulin, glucagon, and blood glucose.
- Describe common pancreatic function tests used to evaluate patients with hyperglycemia.
- Discuss general concepts involved in the performance of glucose tolerance tests.

## Exocrine Pancreas Tests,

Amylase,

Amylase

serum

Trypsin,

Serum trypsinlike immunoreactivity,

Serum pancreatic immunoreactivity,

## Endocrine Pancreas Tests,

Glucose,

Fructosamine,

Glycosylated hemoglobin

-Hydroxybutyrate,

Glucose tolerance,

Insulin tolerance,

Glucagon tolerance,

Insulin/Glucose ratio,

Miscellaneous pancreatic enzyme tests,

## Key Points,

**Acinar**

**Amylase**

**Amyloclastic**

**Endocrine**

**Fructosamine**

**Glucagon**

**Glucose**

**Glucose tolerance**

**Glycosylated hemoglobin**

**Hyperglycemia**

**Insulin**

**Pancreatic lipase immunoreactivity**

**Trypsin**

**Trypsinogen**

The pancreas is actually two organs—one exocrine and the other endocrine. The exocrine portion, which is the larger portion, secretes enzyme-rich juice that contains enzymes necessary for

digestion of food. The primary pancreatic enzymes are **trypsin** and **amylase**. These digestive enzymes are released into the lumen of the duodenum through the pancreatic duct system. Trauma or pancreatic disease often causes pancreatic duct inflammation, which results in the backup of digestive enzymes into the peritoneal cavity.

Interspersed within exocrine pancreatic tissue are arrangements of cells. In a histologic section, they appear as "islands" of lighter-staining tissue. These are called islets of Langerhans. Four types of islet cells are present, but they can be distinguished on the basis of their morphologic characteristics. The four cell types are designated pancreatic polypeptide cells. The acinar cells comprise 80% of islet cells, and they secrete somatostatin and pancreatic polypeptide, respectively. D cells comprise approximately 10% of the islet, and they secrete insulin. The remaining 10% of the islet consists of endocrine cells that secrete glucagon and somatostatin. The pancreas has a limited regenerative ability. When pancreatic islets are damaged or destroyed, pancreatic tissue becomes firm and nodular, with areas of hemorrhage and necrosis. These islets are no longer able to function. Diseases of the pancreas may result in inflammation, cellular damage, leakage of digestive enzymes, or insufficient production or secretion of enzymes.

The tests commonly performed to evaluate the acinar functions of the pancreas include amylase and trypsin. Immunoreactivity serum pancreatic lipase immunoreactivity (PLI) are available tests for pancreatic function. In dogs, serum amylase activities have been shown to have limited clinical significance for the diagnosis of pancreatitis. In experimentally induced pancreatitis, serum amylase actually decreases. The serum activities of both enzymes are frequently normal in dogs with pancreatitis. Several immunoassays are available that provide either quantitative or semi-quantitative evaluation of PLI in dogs to rapidly differentiate pancreatitis from other states.

The primary source of amylase is the pancreas, but amylase is also produced in the salivary glands and the small intestine. Increases in serum amylase are nearly always caused by pancreatic disease, especially when accompanied by increased lipase levels. The rise in blood amylase level is always directly proportional to the severity of pancreatitis. Serial determinations provide useful information.

Amylase functions to break down starches and glycogen sugars, such as maltose, into residual glucose. Increased levels of amylase appear in the blood during acute pancreatitis, flare-ups of chronic pancreatitis, or obstruction of the pancreatic ducts. Enteritis, intestinal obstruction, or intestinal perforation may result in increased serum amylase from increased absorption of intestinal amylase into the bloodstream. In addition, because amylase is excreted by the kidneys, decrease in glomerular filtration rate for any reason can lead to increased serum amylase. Serum amylase activity is greater than three times the reference range usually suggests pancreatitis.

Two amylase test methods are available: the saccharogenic method and the amyloclastic method. The saccharogenic method measures the production of reducing sugars. Amylase catalyzes

the breakdown of starch. The amyloclastic method measures the disappearance of starch, which is broken down to reduce sugars through amylase activity. Calcium-binding anticoagulants (e.g., EDTA) can be used, because amylase requires the presence of calcium for activity. The presence of lipemia may reduce amylase activity. The saccharogenic method is ideal for dogs because it may artificially elevate assay results. Normal serum feline amylase values are 10 to 20 times higher than those found in human beings. Therefore, feline tests designed for human beings may have to be diluted. Dog tests designed for human beings are used.

The majority of serum lipase is derived from the pancreas. The function of lipase is to break down long-chain fatty acids into free fatty acids. Excess lipase is normally filtered through the kidneys, and lipase levels tend to remain normal during the early stages of pancreatic disease. Gradual increases are seen in dogs as pancreatitis progresses. With chronic progressive pancreatic disease, damaged pancreatic cells are replaced with connective tissue, and the pancreas produces less lipase. As pancreatitis occurs, gradual decrease in both amylase and lipase levels are seen.

Chemical test methods for the determination of lipase levels are usually based on the hydrolysis of an olive oil emulsion into free fatty acids by the lipase present in patient serum. The quantity of sodium hydroxide required to neutralize the free fatty acids is directly proportional to lipase activity. Newer tests for lipase are capable of detecting lipase in dogs. Feline pancreatic lipase immunologic methods are available. These tests have been demonstrated to have a high degree of sensitivity for the diagnosis of pancreatitis in dogs. PLI assay may be more sensitive for the detection of pancreatitis compared with amylase assay. The degree of lipase activity, like amylase activity, is directly proportional to the severity of pancreatitis. Determinations of blood lipase activities are usually requested in dogs at the time to evaluate the pancreas.

Increased lipase activity is often seen with renal or hepatic dysfunction, although the exact mechanisms for this are unclear. Steroid administration is correlated with increased lipase activity, with a concurrent change in amylase activity.

The comparison of amylase and lipase activity in peritoneal fluid with serum may provide additional diagnostic information. A ratio of higher amylase to lipase activity in peritoneal fluid to serum strongly suggests pancreatitis, provided that intestinal perforation has not first been ruled out.

Trypsin is a proteolytic enzyme that aids in digestion by catalyzing the breakdown of proteins of ingested food. Trypsin activity is more readily detectable in feces than in blood. For this reason, trypsin analyses are performed on feces. Trypsin is normally found in feces, and its absence is abnormal. A variety of fecal testing methods are available at reference laboratories.

and Chronic Pancreatitis in Dogs and Cats

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Exocrine pancreatic insufficiency; pancreatic lipase immunoreactivity; trypsinlike immunoreactivity.  
 From Nelson R, Couto C:

Serum trypsinlike immunoreactivity (radioimmunoassay) and trypsinogen (trypsinogen assay) are both produced only in the pancreas. With pancreatic insufficiency, trypsinogen is not converted to trypsin, and trypsin levels in the bloodstream are low. This provides a sensitive and specific method for the diagnosis of exocrine pancreatic insufficiency. Dogs with other causes of malabsorption may have normal trypsinogen levels. Chronic pancreatitis is usually associated with a normal trypsinogen level. However, cobalamin (vitamin B<sub>12</sub>) deficiency is usually associated with a decreased trypsinogen level. Serum trypsinogen levels are usually performed in conjunction with other tests to evaluate the extent of gastrointestinal disorders. Serum trypsinogen levels are usually performed in conjunction with other tests to evaluate the extent of gastrointestinal disorders. Chronic pancreatitis is usually associated with a normal trypsinogen level. However, cobalamin (vitamin B<sub>12</sub>) deficiency is usually associated with a decreased trypsinogen level. Serum trypsinogen levels are usually performed in conjunction with other tests to evaluate the extent of gastrointestinal disorders.

tyrosyl-p-aminobenzoic acid (trypsinlike immunoreactivity) fecal results to characterize pancreatic enzyme activity. Serum trypsinlike immunoreactivity (radioimmunoassay) and trypsinogen (trypsinogen assay) are both produced only in the pancreas. With pancreatic insufficiency, trypsinogen is not converted to trypsin, and trypsin levels in the bloodstream are low. This provides a sensitive and specific method for the diagnosis of exocrine pancreatic insufficiency. Dogs with other causes of malabsorption may have normal trypsinogen levels. Chronic pancreatitis is usually associated with a normal trypsinogen level. However, cobalamin (vitamin B<sub>12</sub>) deficiency is usually associated with a decreased trypsinogen level. Serum trypsinogen levels are usually performed in conjunction with other tests to evaluate the extent of gastrointestinal disorders. Serum trypsinogen levels are usually performed in conjunction with other tests to evaluate the extent of gastrointestinal disorders. Chronic pancreatitis is usually associated with a normal trypsinogen level. However, cobalamin (vitamin B<sub>12</sub>) deficiency is usually associated with a decreased trypsinogen level. Serum trypsinogen levels are usually performed in conjunction with other tests to evaluate the extent of gastrointestinal disorders.

glucose tests, other tests are available include fructosamine -hydroxybutyrate, glycosylated hemoglobin Urinalysis, serum cholesterol, triglyceride tests provide information about function of pancreas.

The regulation of blood glucose levels complex. Glucagon, thyroxine, growth hormone, epinephrine, glucocorticoids are all agents favor hyperglycemia They boost blood glucose levels by encouraging glycogenolysis, gluconeogenesis, lipolysis while discouraging glucose entry into cells. Insulin hypo glycemic hormone. By promoting glucose into target cells, triggers anabolism, which process converts glucose into other substances. This regulatory effect prevents blood glucose concentration from exceeding renal threshold spilling of glucose into urine.

The pancreatic islets respond directly to blood glucose concentrations, they release insulin (from cells) or glucagon (from cells) needed. Glucagon release directly stimulates insulin release. Epinephrine under direct sympathetic neural control; hyperglycemia one aspect of classic "fight or flight" state. The other hormones mentioned respond to hypothalamic/pituitary command. At any point time, of agents are acting to blood glucose concentration or down.

Because only insulin lowers blood glucose levels, aberrations of insulin action have obvious clinical effects. Hypo function (diabetes mellitus) or hyperfunction (hyperinsulinism) occur.

The blood glucose level used indicator of carbohydrate metabolism body, may be used measure of endocrine function of pancreas. The blood glucose level reflects net balance between glucose production (e.g., dietary intake, conversion from other carbohydrates) glucose utilization, which involves expended energy conversion into other products. It may reflect balance between blood insulin glucagon levels. Glucose levels fluctuate significantly due to variety of factors, including nutritional status stress. An individual blood glucose measurement reflects level present time collected.

Glucose utilization depends on of insulin glucagon produced by pancreas. As insulin level increases, does rate of glucose thereby resulting decreased blood glucose levels. Glucagon acts stabilizer to prevent blood glucose levels from becoming too low. As insulin level decreases (e.g., with diabetes mellitus), does glucose thereby resulting increased blood glucose concentration.

Many tests are available for blood glucose. Some of react only with glucose, whereas others may quantitate all sugars blood. point kinetic assays are available. The kinetic enzymatic assays tend to be accurate precise. Samples must be taken from properly fasted Serum for glucose testing must be separated from erythrocytes immediately after blood collection. Glucose levels

may drop per of left contact with erythrocytes room temperature. Even of serum separator tube may be adequate to prevent Mature erythrocytes glucose for energy, blood they may decrease glucose level enough to give false-normal results original had elevated glucose level. If originally had normal glucose level, erythrocytes may enough glucose to decrease level to below normal or to zero. If be removed immediately, anticoagulant of choice sodium fluoride to of blood. Sodium fluoride may be used glucose preservative with EDTA at 2.5 mg/mL of blood. Refrigeration slows glucose use by erythrocytes.

Glucose levels may drop 10% per hour if the sample

Glucose bind variety of structures, including proteins. Fructosamine represents the irreversible reaction of glucose bound to protein, particularly albumin. When glucose concentrations are persistently elevated blood, occurs patients with diabetes mellitus, increased binding of glucose to serum proteins occurs. The of increased fructosamine indicates per sistent hyperglycemia. Because half-life of albumin dogs to weeks, fructosamine provides indication of average serum glucose over period. Fructosamine levels respond more rapidly to alterations serum glucose does glycosylated hemoglobin. However, serum fructosamine may be artifactually reduced patients with hypoproteinemia.

Glycosylated hemoglobin referred to hemoglobin represents irreversible reaction of hemoglobin bound to glucose. When hyperglycemia present, there increased binding of hemoglobin glucose thus increased glycosylated hemoglobin. The of increased glycosylated hemoglobin indicates persistent hyperglycemia. The test result reflection of average glucose concentration over life of erythrocyte, which to months dogs to months Therefore, indicates blood glucose concentration over longer period of time either fructos or single blood glucose measurement. more specific diagnostic indicator of diabetes mellitus more sensitive monitoring control of diabetes. With older test methods, patients were anemic often had artifactually reduced levels of glycosylated hemoglobin. Newer test methods are immunoassays are subject to errors from reduced hemoglobin.

Ketone bodies be detected The ketone produced greatest abundance ketoacidotic patients -hydroxybutyrate. However, many tests for serum ketones only detect acetone. Tests for -hydroxybutyrate enzymatic,

colorimetric methods becoming available or veterinary

**Glucose tolerance tests** directly challenge glucose load measure insulin's effect by evaluating blood or urine glucose concentrations. If adequate insulin released target cells have healthy receptors, then artificially elevated blood glucose velocities eventually returns to normal. In animals, each normal glucose appears postprandial hyperglycemia, glucosuria, and polyuria. Profound hypoglycemia is a challenge for insulin-responsive, hyperactive  $\beta$ -cell tumors may be terminating postprandial glucose.



Oral glucose tolerance test is normal in animals with gastritis, hypermotility, or excitement from gastric distention; intravenous glucose tolerance test is preferred. The intravenous test is the only practical option for ruminants. Intravenous glucose tolerance test procedure (except ruminants). Blood glucose is subsequently checked, and the progress mapped to tolerance curve. Results are standardized to disappearance half-lives or glucose turnover rates expressed as percent per minute:

Turnover 693/ 100

dL in patients with suspected hyperinsulinism (do not fast ruminants or dogs

infusion with the use of sodium fluoride as an anticoagulant, and submit all

the glucose values on semilogarithmic graph paper, and determine

in 30 to 60 minutes and return to baseline values after 120 to

Decreased glucose tolerance (increased half-life, decreased turnover rate) occurs with diabetes mellitus consistently with hyperthyroidism, hyperadrenocorticism, hyperpituitarism, and severe liver disease. Increased glucose tolerance (i.e., decreased half-life, increased turnover rate) is observed with hypothyroidism, hypoadrenocorticism, hypopituitarism, hyperinsulinism; however, results are erroneous. Normal oral glucose tolerance curves are obtained in animals with diabetes. The intravenous glucose tolerance test results are variable.

Glucose tolerance test is usually necessary to obtain diagnosis of diabetes mellitus. Persistent hyperglycemia, glucosuria—frequently polyuria, polydipsia, polyphagia, and weight loss—may be sufficient for diagnosis of diabetes mellitus. In animals with  $\beta$ -cell tumors, glucose tolerance test is rapidly responsive to glucose. Hyperinsulinism may be diagnosed by a rapid response to insulin-antagonist hormones. Stress, chemical restraint, and lactation may affect glucose tolerance test results. Serum glucose measurements themselves may be erroneously low due to hypothermia. However, hypothermia may affect results.

The test for glucose tolerance in animals with borderline hyperglycemia without persistent glucosuria. However, the test is cost-effective for owners, but may result in significant therapeutic change. This dilemma is often seen in animals with high renal thresholds for glucose. Stress-induced hyperglycemia is common during extra-uterine life. Immunoreactive insulin concentrations are followed simultaneously. This protocol may differentiate diabetes mellitus results from acute kidney disease. In animals with target-cell sensitivity type 1 diabetes, appropriate release type

The insulin tolerance test involves the administration of a fixed dose of insulin (usually 0.1 units/kg body weight) to the animal. Blood glucose levels are measured before insulin injection (fasting blood glucose) every 15 minutes after injection for 2 hours. If serum glucose level falls to hypoglycemic concentration (less than 20 mg/dL), the test is considered positive. Insulin resistance (insulin resistance), receptors are responsive to insulin. Insulin resistance is antagonized. The latter may occur with hyperadrenocorticism, acromegaly. Insulin resistance profoundly influences prognostic therapeutic decisions. Insulin-induced hyperglycemia persists for hours (hypoglycemia unresponsiveness), hyperinsulinism, hypopituitarism, or hypoadrenocorticism may be suspected. Hyperglycemia, insulin resistance

may suffer from convulsions. Glucose titration always be on for rapid intravenous administration.

The indications for glucagon tolerance test are repeated normal orderline results (normal insulin/glucose ratio est discussed later this chapter) the ck of insulin assay. he glucagon tolerance provides of hyperinsulinism. ucagon imulates eating cells both ectly ectly blood vel. In normal glucagon injection intravenously o otal ogs ransiently elevates blood glucose vel reater. In rmal concentration vel reater rmal concentration eturns fasting oncentrations. rmal vel occurs utes eclines oncentration utes. ype etic resent esponse. If eatic -cell tumor, rum glucose level eak wer rmal. ollowed hypoglycemia serum glucose level because excessive insulin secreted by stimulated neoplasm. To erform ient ed rum glucose vel elow ually. Glucagon cted, dium ride icoagulated blood btained efore lucagon ction utes er ction nitor glucose esponse. nfortunately, nsitive, y ypoglycemia onvulsions er. Patients must be fed immediately after test then observed for s.

The f hyperinsulinism taneous urements rum glucose vels fasting Hypoglycemia normally inhibits insulin secretion. Pancreatic -cell tumors yperactive esponsive

to glucose crete undance appropriate for prevailing blood glucose concentration. lthough fasting serum ulin oncentrations ften rmal ients hyperinsulinism, ratios of insulin-to-glucose concentrations are usually errant.

The ute atio glucose nded increase agnostic ccuracy. The ended insulin/glucose ratio subtracts om rum glucose oncentration. rum glucose vel rmally etect able, ero glucose insulin hysiologic ce. ecause normally high ulin oncentrations re bvius rum glucose oncentrations, nded ulin/glucose atio aluable onfirm ed ypoglycemia nsulin glucose ve ured from rum high oint rial etermina tions y e erformed lect oncentration hypoglycemia. However, test totally dependable. If results are unconvincing, then procedure be repeated or other tests tried. Specifically, diagnostic imaging insulin like rowth ctor ried onfirm paraneoplastic ypoglycemia.

When esults lucagon esponse nded insulin/glucose atio re quivocal, glucose, pinephrine, eucine, tolbutamide, or calcium challenges may be attempted. These substances, like glucagon, may provoke hyperinsulinemic response from eatic ell tumors, reby esulting ecreased serum glucose levels. However, tumors vary with regard to their sensitivity o ents, gative esults response) occur. These tests are dangerous, because they recipitate vere rolonged ypoglycemia.

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Chapter eview uestions [ppendix](#)

- The ndocrine tions.
- The tests are commonly performed to evaluate acinar functions f lude ylase
- Immunologic vailable or etection eatitis.
- Tests f ndocrine tions lude glucose, uctosamine, lycosylated moglobin.
- Glucose depends on of insulin glucagon produced y
- Glucose tolerance tests challenge pancreas with glucose load ure ulin's ffect valuation blood or ine glucose oncentrations.

- Serum for glucose testing must be separated from rythrocytes diately er lood ollection.
- Increased uctosamine ersistent ypoglycemia of o eeks' uration ogs
- Increased lycosylated moglobin ersistent hyperglycemia nth's' uration ogs
- The etone roduced reatest undance etoacidotic patients -hydroxybutyrate.
- Prolonged ypoglycemia lucosuria er glucose tolerance est onsisent etes llitus.



# Electrolytes and Acid–Base Status

After studying this chapter, you will be able to:

- Describe blood buffer systems and their maintenance
- Explain the effect of respiratory rate on acid–base balance.
- Define *respiratory acidosis*, *respiratory alkalosis*, *metabolic acidosis*, and *metabolic alkalosis*.

- List the major electrolyte ions and describe their roles.
- List common conditions related to electrolyte levels.
- Describe the methods used for electrolyte valuation, including those that are calculated.

## Acid–Base Balance,

Bicarbonate buffer,  
Potassium buffer,  
Protein buffer,

## Acidosis and Alkalosis,

Respiratory acidosis  
Metabolic acidosis  
Base excess,

## Electrolyte Assays,

Sodium,  
Potassium,

Chloride,  
Bicarbonate,  
Magnesium,  
Calcium,  
Inorganic phosphorus,  
Anion gap,

## Key Points,

## Acid–base balance

Acidosis

Alkalosis

Anion

Anion gap

Base excess

Bicarbonate

Buffers

Calcium

Cation

Chloride

Electrolytes

Hypercalcemia

Hypercapnia

Hyperkalemia

Hypernatremia

Hyperphosphatemia

Hypocalcemia

Hypocapnia

Hypokalemia

Hyponatremia

Hypophosphatemia

Inorganic phosphorus

Magnesium

Potassium

Sodium

**Electrolytes** are **negative anions** and **positive cations** of elements in body organisms. Some electrolytes include maintenance of water balance, osmotic pressure, normal muscular nervous functions. Electrolytes function maintenance activation several enzyme stems acid-base regulation. depends electrolytes, interpreted together.

**Acid-base balance** refers to body. used to describe hydrogen ion concentration Fig. very change number power-of-10 difference hydrogen concentration. Normal range approximately values begin outside range, tioning body's proteins or destroyed. then blue body condition led **acidosis** high characterized excess hydrogen then blue re condition led characterized hydrogen concentration.

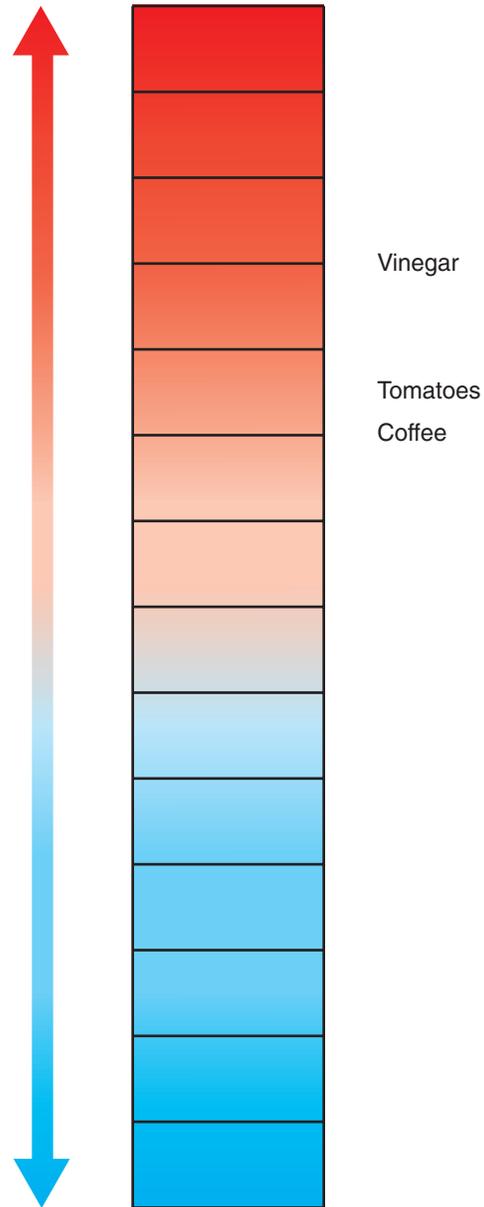
Normal metabolic processes continually generate other processes work to counteract effect of acids. Buffer systems are responsible for counteracting effects. **Buffers** are substances that resist hydrogen concentration. Buffers are categorized intracellularly extracellularly, multiple buffering systems present in body. Some components buffer stems very easily between intracellular extracellular compartments, they are capable of either binding or releasing hydrogen ions in response to blood.

Both respiratory renal systems work to regulate presence respiratory stem works matter of minutes whereas renal system continues to function for days to restore level within normal



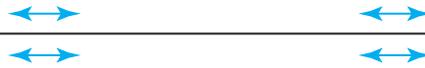
blood become acidic, **bicarbonate** binds to excess free hydrogen (form bicarbonate). Carbonic acid then broken down to water carbon dioxide reaction catalyzed by carbonic dehydratase. Carbon dioxide removed from body through normal respirations. The respiratory system regulating concentration of bicarbonate actively creating absorbing from filtrate in response to blood under normal conditions, bicarbonate-carbonic buffer under normal conditions, equilibrium within chemical equation. Note reactions reversible.

Changes in concentration **potassium** extracellular affect concentration hydrogen ions. Potassium hydrogen ions are both positively

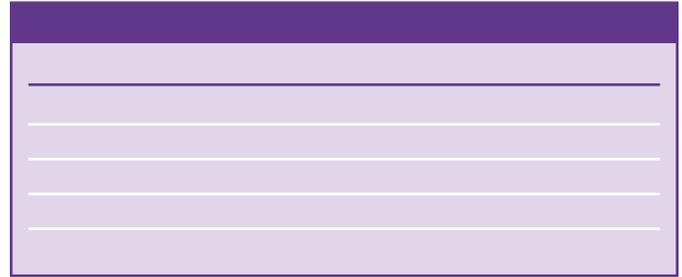


increases, the solution becomes more concentration increases, the solution becomes more basic or alkaline, and the pH value increases. *Clinical anatomy and physiology for veterinary*

charged ions easily move between intracellular extracellular concentration potassium cause potassium move from cells hydrogen ions move from cells. Conversely, increased potassium levels result potassium moving here into cells hydrogen ions moving here. Therefore, potassium affects acid-base balance, acid-base balance effects potassium concentration.



Numerous proteins release hydrogen ions. The hemoglobin molecule serves as a blood buffer. The bicarbonate transported through lungs, released, eliminated through expiration.



negative value metabolic acidosis, positive value metabolic

Acidosis are categorized by type of condition. respiratory acidosis respiratory results from abnormalities respiratory stem. metabolic acidosis metabolic results from normal respiratory functions. important conditions are related occur continuously. metabolic acidosis or respiratory renal systems will both attempt to work to correct imbalance. For example, metabolic acidosis alkalosis develops, respiratory system will react by increasing or decreasing respiratory rate appropriate.

If respiratory rate decreases, rate which carbon dioxide eliminated increases. excess bicarbonate reacts water to form carbonic acid. Carbonic acid then dissociates into water hydrogen ion evidenced increased partial pressure of carbon dioxide blood **hypercapnia** abnormalities respiratory stem (respiratory rate hyperventilation) result decrease concentration of carbon dioxide blood subsequent decrease blood **hypocapnia**

Any metabolic condition results buildup body creates condition of metabolic acidosis. For example, excess ketones reduced when glucose metabolism abnormal (ketonuria) overwhelm buffer systems. The result generally decrease blood bicarbonate levels. disorders electrolyte levels (omitting) metabolic subsequent blood bicarbonate levels.

**Base excess** of strong acid or required to titrate blood held constant g. this value generally calculated from matocrit urements. excess used to evaluate degree of metabolic acid–base disturbances.

The electrolytes **calcium inorganic phosphorus magnesium sodium** potassium, **chloride** bicarbonate Table changes electrolyte concentration result from decreased increased electrolytes between decreased renal retention electrolytes electrolytes, gastrointestinal tract, respiratory stem.

Automated analyzers or valuation electrolytes readily available reasonably priced, many veterinary practices will perform electrolyte testing. many analyzers are capable of performing blood gas analysis

**Fig.** Volume cement typically affects electrolyte measurement, although method dependent. increased concentration results volume decreased water content. Electrolytes are distributed aqueous portion of portion. therefore, procedures ure electrolytes volume error of such spectrophotometry, will result artifactually increased electrolyte values. this will occur only very specific triglyceride concentrations are procedures ure electrolytes aqueous phase only error), such spectrophotometry, will result accurate electrolyte concentrations. Arterial or analysis electrolytes blood gases. venous have significantly different normal reference ranges. analyzed directly on collection. exposure room results iterations on concentration of dissolved gases the and affects sample



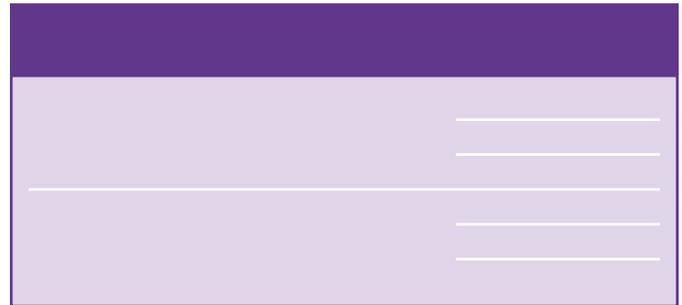
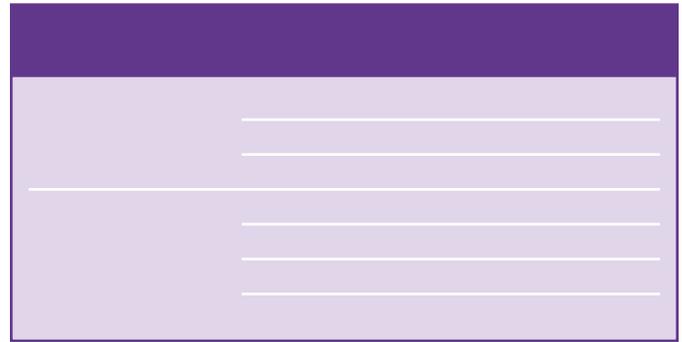
Sodium major cation of ECF. It plays important role in distribution body pressure



maintenance. In kidney, sodium filtered through glomeruli, reabsorbed in the distal tubules and collecting ducts. Aldosterone plays a role in sodium regulation and balance. **Hypernatremia** refers to elevated sodium levels. **Hyponatremia** refers to decreased sodium levels. The sodium chloride level should not be significantly altered. Some conditions associated with electrolyte imbalances are summarized in Table 1.



Potassium is an intracellular ion. It is important for normal cellular function, respiration, and cardiac function.



transmission, carbohydrate metabolism. In acidotic conditions, potassium levels are elevated. Potassium levels may be elevated in the presence of cellular damage or necrosis, which releases potassium. Increased potassium levels, or **hyperkalemia**, may be associated with inadequate potassium. Some conditions associated with electrolyte imbalances are summarized in Table 1. Preferred because platelets may release potassium during clotting process. Potassium levels. Hemolysis releases potassium into the sample. Refrigerated samples promote potassium levels. Samples should be frozen without first separating cells, because cooler temperatures promote potassium levels. Samples should be frozen without first separating cells, because resulting hemolysis is suitable for testing.

Chloride is the predominant extracellular anion. Its important role is the maintenance of water distribution, osmotic pressure, and normal anion/cation ratio. Chloride is usually included in electrolyte profiles because of its relationship to sodium and bicarbonate levels. Hyperchloremia is an elevated chloride level, and hypochloremia is a decreased chloride level. Hemolysis affects results using whole blood with erythrocyte prolonged storage without separating blood cells. Potassium levels.



- Electrolyte assays performed in veterinary practice laboratories include sodium, potassium, and chloride.
- Some electrolyte analyzers evaluate calcium, phosphorus, magnesium, bicarbonate, and blood gases.
- The major electrolytes are calcium, inorganic phosphorus, magnesium, sodium, potassium, chloride, and bicarbonate.
- Changes in electrolyte concentration result from increased or decreased intake, shifts of electrolytes between ICF, increased renal retention of electrolytes, or increased excretion of electrolytes via kidneys, gastrointestinal tract, or respiratory system.
- Arterial and venous blood have different normal values (reference ranges) for electrolytes and blood gases.
- Sodium is the major cation of ECF, whereas chloride is the predominant extracellular anion.
- Potassium is the major intracellular cation.
- Calcium concentrations are usually inversely related to inorganic phosphorus concentrations.
- The phosphorus in serum is inorganic phosphorus. Phosphorus within erythrocytes is organic phosphorus.



## Miscellaneous Tests

After studying this chapter, you will be able to:

- Describe relevance of routine testing or diagnosis of vertebral muscle
- Describe estimate valuation or critical points.
- Discuss actions or adrenocorticotropic hormone stimulation examethasone suppression
- Discuss reduction of thyroxine.
- Describe chemical gastrointestinal function.
- Describe or toxicology testing.
- Describe common toxicology testing.

**Creatine Kinase,**  
**Troponin and Brain Natriuretic Peptide,**  
**Lactate,**  
 Lactate dehydrogenase,  
**Endocrine System Assays,**  
 Adrenocortical function  
 Thyroid assays,  
 Pituitary function  
**Chemical Tests of Gastrointestinal Function,**  
 Fecal culture,  
 Monosaccharide absorption

Serum albumin, globulin,  
 Mucin clot  
**Toxicology,**  
 Toxicologic screens,  
 Lead poisoning,  
 Nitrate or nitrite poisoning,  
 Anticoagulant rodenticides,  
 Chemicals of nature hemoglobin,  
 Ethylene glycol,  
 Drugs of abuse,  
**Key Points,**

**ACTH stimulation test**  
**Addison's disease**  
**Adrenocorticotrophic hormone**  
**Cortisol**  
**Creatine kinase**  
**Cushing's disease**  
**Dexamethasone suppression test**  
**Ethylene glycol**  
**Hematochezia**

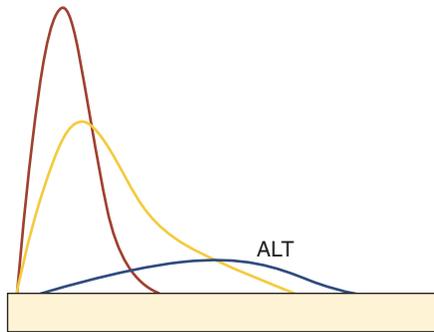
**Hyperadrenocorticism**  
**Hyperthyroidism**  
**Hypoadrenocorticism**  
**Lactate**  
**Melena**  
**Mucin clot test**  
**Plumbism**  
**Thyroid-stimulating hormone**  
**Thyroxine**

A variety of other assays performed in veterinary practice. These include assays designed to detect abnormalities of endocrine systems as well as other biochemical tests are specific to organ systems that will provide diagnostic and prognostic information (e.g., blood lactate measurements). Other blood test measurements, which are performed in veterinary practice laboratory, tests are performed in a laboratory setting. Reference referral practice laboratories. Some available immunoassays are performed

**Creatine kinase** is found in a wide variety of tissues. Small amounts are present in the bladder, gastrointestinal tract, thyroid, kidney, lung, and spleen, but activity is highest in skeletal muscle and cardiac muscle of the brain. When skeletal muscle, including diaphragm muscle, is severely exercised, it releases creatine kinase into the bloodstream. Elevated blood levels are frequently noted in dogs with skeletal muscle trauma or myopathy. Aspartate aminotransferase is elevated but less

AL greater than AST; no AST and AL

AST; no AST and



alanine kinase, aspartate transaminase, and alanine transaminase levels differentiate between predominantly liver or skeletal muscle injury. (From *Veterinary laboratory medicine: interpretation and*

signs of liver dysfunction because measurement of ancillary diagnostic test for nonspecific damage to renal issue renal hypoxia, trauma, ion, compression space-occupying lesion such tumor). The value before or prognosis neurologic premature foals. Increased values may be observed in seizures.

Although anything muscle cell membrane cause an increased blood level, lactation the isoenzymes of lactate exists three primary isoenzymes: (brain type), (cardiac type), skeletal muscle type). Increases

diac muscle muscle trauma. Muscle intramuscular injections, persistent recumbency, surgery, vigorous exercise, electric shock, ceration, ruising, hypothermia, yositis, yopathies, levated blood vessels. Vels tificially eased oxidizing agents such bleach, ethylenediaminetetraacetic acid (EDTA), rate, ride, xposure, unlight, delay performance y.

Cardiac muscle damage be evaluated with troponin assay. Cardiac troponins are proteins involved regulating contraction skeletal muscle contraction. Increases levels diac muscle vel determining degree lapsed

since damage occurred. Brain natriuretic peptide hormone secreted by myocytes function maintenance of blood pressure. vated vels occur eased intracardiac filling pressure. Both unoassays. results interpreted conjunction nostic

**Lactate** (lactic acid) reduced aerobic cellular metabolism. Its presence does not indicate any specific condition. However, increased lactate levels indicate hypoxia or hypoperfusion. Lactate levels are elevated in peritoneal fluid. Hypoxia function bowel results eased lactate production, such high peritoneal fluidity before enters circulation removed. ver. f ed blood peritoneal lactate urements been advocated diagnostic equine colic. The blood lactate concentration normal rises ways greater of peritoneal. Horses with gastrointestinal disorders generally have peritoneal lactate concentrations are greater corresponding blood values. severe gastrointestinal disorders (e.g., impactions) tend to have smaller difference between peritoneal fluid and blood lactate concentrations compared with more serious conditions (e.g., intestinal torsion, distended cecum, colic). peritonitis peritoneal lactate values.

Increased lactate levels generally indicate hypoxia

The used for lactate measurement blood or peritoneal be collected fluoride oxalate or lithium heparin anticoagulant tube. The fluoride tops cellular metabolism of glucose subsequent reduction lactate, oxalate prevents clotting. and held lactate tests have been validated for veterinary species are available

**Fig.** Lactate dehydrogenase (LDH) is an enzyme that catalyzes the conversion of lactate to pyruvate. LDH isoenzymes differ in their tissue distribution. LDH isoenzymes present in different tissues. Issues with liver, muscle, erythrocytes, and leukocytes. Blood vessels compared nitride rise dramatic after muscle injury. values are frequently included in biochemistry profiles. This enzyme is considered organ-specific, because each isoenzyme is tissue-specific. concentrations of each issue enough result significant elevations.

In addition to increases, priority organs issues release hormones tion endocrine stem. primary



Principles and practice

organs of endocrine system are adrenal glands, thyroid, parathyroid, and pituitary. They produce and secrete hormones directly into capillaries, and they have variety of effects.

Adrenocortical function tests are commonly performed. Adrenal dysfunction is increasingly common, often a result of misuse of corticosteroids. The adrenal gland starts with the hypothalamus. Stimuli originate in the brain (e.g., result of stress).

The hypothalamus secretes corticotropin-releasing factor. Under the influence of corticotropin-releasing factor, the adenohypophysis secretes **adrenocorticotropic hormone** (ACTH), which stimulates adrenocortical growth and secretion, particularly of glucocorticoid-synthesizing tissue. **Cortisol** is the major hormone released. In domestic animals, ACTH release is controlled by corticotropin-releasing factor. ACTH release, thereby completing the feedback loop.

True or mimicked hyperfunction of the system is a common complaint. Brain or pituitary tumors can lead to secondary bilateral adrenal hyperplasia, idiopathic adrenal hyperplasia, or neoplasia of one or both glands may cause excessive cortisol release.

**Hyperadrenocorticism** Overenthusiastic glucocorticoid therapy is a common cause of cortisol excess. Because exogenous (like endogenous) glucocorticoids inhibit adrenotropic hormones, iatrogenic hyperadrenocorticism is accompanied by a paradox of suppressed adrenal androgen production and withdrawal of exogenous glucocorticoids leads to adrenal dysfunction. However, **hypoadrenocorticism (Addison's disease)** is a deficiency, includes mineralocorticoid deficiency, which occurs in dogs and horses. Addison's disease is caused by rapid withdrawal of glucocorticoids. In horses, it is also known as **Lysodren**; or adrenal hyperplasia.

Overenthusiastic glucocorticoid therapy is the most

Screening tests for hyperadrenocorticism are usually interpreted, because of the high prevalence of adrenal diabetes mellitus), whereas the sensitivity of the positive results. Hereafter, the diagnosis of hyperadrenocorticism depends on the combination with several of various laboratory tests. Conversely, negative laboratory testing occurs consistently, but often does not persist.

ACTH stimulation test (ACTH test) is a useful test for differentiation of primary (adrenal-dependent) hypoadrenocorticism from secondary (pituitary-dependent) hypoadrenocorticism. However, the test is of limited usefulness, because of the diurnal cycle. More often, cortisol measurements are taken at baseline and compared with those obtained from challenge to the adrenal gland with ACTH or dexamethasone. In animals with functioning adrenocortical tumors, the cortisol concentrations result in a positive feedback effect. In pituitary-dependent hypoadrenocorticism, the cortisol concentrations have higher concentrations. Low to undetectable concentrations occur with secondary hypoadrenocorticism, whereas normal (baseline) concentrations are expected with primary Addison's disease. The labile protein, cortisol-binding globulin (CBG), is needed for the special handling of cortisol in the EDTA tube or immediate freezing of the sample. For cortisol immunoassays, some are available to the veterinary practice laboratory. Some tests are performed on serum, while others are performed only on urine. Urine cortisol/creatinine ratios have been found to be useful for adrenal function.

Animals with suspected hypoadrenocorticism (Addison's disease) or hyperadrenocorticism (**Cushing's disease**) are evaluated with the ACTH response test. In addition, the test is indicated to distinguish among atrogenic and spontaneous hyperadrenocorticism.

**Procedure** The ACTH stimulation test evaluates the degree of adrenal gland response to administration of exogenous ACTH. The degree of response to stimulation by a glucocorticoid is proportional to the gland's development. Hyperplastic adrenal glands have exaggerated responses, whereas hypoplastic adrenal glands show diminished responses. The test can detect these abnormalities but not evaluate their relative response to ACTH stimulation. The ACTH test is a sensitive, hyperactive form of adrenal hyperplasia. In some cases, however, the test is not accurate or adrenocortical hyperfunction may not be detected. Inaccurate or

## Hormone Stimulation Test

synthetic adrenocorticotrophic hormone (ACTH; cosyntropin) via

administration in dogs and cats and 4 hours after ACTH administration in

normal post-ACTH cortisol concentration does not rule out Cushing's

**Dexamethasone suppression tests** evaluate adrenal function differently by bypassing adrenal feedback loops. The low-dosage test confirms hyperadrenocorticism by measuring cortisol response to ACTH administration. In dogs with hyperadrenocorticism, the low-dosage test does not suppress cortisol levels. The high-dosage test further differentiates pituitary-dependent hyperadrenocorticism from adrenal-dependent hyperadrenocorticism. The procedure involves administering only a high-dose dexamethasone to suppress pituitary ACTH release.

Dexamethasone, which is a potent glucocorticoid, suppresses ACTH release from the pituitary gland. In dogs with hyperadrenocorticism, the high-dose dexamethasone test results in a decrease in cortisol concentration. In dogs with pituitary-dependent hyperadrenocorticism, the high-dose dexamethasone test results in a decrease in cortisol concentration. In dogs with adrenal-dependent hyperadrenocorticism, the high-dose dexamethasone test results in a decrease in cortisol concentration. The high-dose dexamethasone test is useful for differentiating pituitary-dependent hyperadrenocorticism from adrenal-dependent hyperadrenocorticism. The high-dose dexamethasone test is useful for differentiating pituitary-dependent hyperadrenocorticism from adrenal-dependent hyperadrenocorticism. The high-dose dexamethasone test is useful for differentiating pituitary-dependent hyperadrenocorticism from adrenal-dependent hyperadrenocorticism.

## Cortisol Level

the same protocol as described previously, except increase the dexa

Note: Successful suppression is defined as a 50% decrease in the plasma cortisol concentration from the baseline value. In 15% of dogs with pituitary-dependent hyperadrenocorticism, the plasma cortisol level is not suppressed

that remain above these are considered adequate for suppression (i.e., greater

With a low-dose dexamethasone test, the sensitivity for differentiating pituitary-dependent hyperadrenocorticism from adrenal-dependent hyperadrenocorticism is low. The high-dose dexamethasone test is more sensitive. However, normal adrenal glands continue to produce cortisol autonomously. Thus, cortisol concentrations may be unresponsive to dexamethasone administration by primary adrenal gland disease. Suppression by large (but small) doses suggests pituitary-dependent hyperadrenocorticism. The accuracy for differentiating pituitary from adrenal disease in dogs is low. The sensitivity for diagnosing hyperadrenocorticism with a high-dose dexamethasone test is low. The response to the high-dose dexamethasone test is described in the procedure. Although the combined protocol is preferred, possibly because the results necessitate more tests and expense. The response to the high-dose dexamethasone test is particularly prone to error. Because dexamethasone alters adrenal responsiveness (enhances or decreases responsiveness, depending on the duration of treatment), the timing of the test is crucial. Normal standards must be newly established for each laboratory protocol.

This test is used to differentiate between pituitary-dependent hyperadrenocorticism and primary hyperadrenocorticism. The high-dose dexamethasone test is useful for differentiating pituitary-dependent hyperadrenocorticism from adrenal-dependent hyperadrenocorticism.

### Corticotropin Stimulation Test

Immediately administer synthetic adrenocorticotrophic hormone (ACTH) intravenously to dogs and cats and 4 hours after ACTH administration in dogs and cats and 4 hours after ACTH administration in cats for cortisol determination at 30 minutes.

administration in dogs and cats and 4 hours after ACTH administration in cats

### Stimulating Hormone Response Test

determination is made

normal dogs should be approximately twice the baseline value, or it should

which are common primary glandular (e.g., neoplasia, autoimmune idiopathic atrophy) comprises whereas pituitary (secondary thyroid) comprises hypothyroid dogs. Food, stillbirths, placenta, oyster fetuses (onions), rumen concentrations, serum protein-bound iodine concentrations, pasture iodine analyses. Feeds be examined for goitrogenic (*Brassica* spp.) or for excess calcium, which decreases iodine intake.

In-house thyroid testing is generally performed with

Baseline thyroxine concentrations are used diagnostically, but normal values vary dramatically. Immunologic tests are available for measurement of concentrations. Some drugs (insulin,rogens) concentrations; drugs (glucocorticoids, convulsants, thyroid drugs, enicillins, trimethoprim sulfamides, epam,rogens, sulfonureas) may decrease concentrations. In addition, total (TT may be raised hypothyroid dogs result presence of anti-T antibodies. Specific determination of free form of thyroxine non-protein-bound or free more accurate approach thyroid function.

The thyroid-stimulating hormone response test used on small except **hyperthyroidism** cases, provides reliable diagnostic separation of patients with normal versus normal thyroid function. A challenge may sort out borderline separate real hypothyroid patients from with other illness or drug-depressed thyroxine concentrations,oint

ns. The test usually used to explore hypothyroidism. After TSH injected, thyroid response (usually serum levels, which provide reliable test) followed. serum level occurs normal. Primarily exhausted or insensitive thyroids respond exogenous indeed, endogenous TSH concentrations are already high from inhibition. Therefore, serum level increased with pituitary pain however, thyroid glands remain responsive. Such lesions result too endogenous thyrotropin. Although rumen level is expected in animals with pituitary lesions, assays SH

elevated corticotropin-releasing hormone stimulation dogs with adrenal-dependentushing's

The protocol consists obtaining a test sample to determine the cortisol CTH levels, administering of corticotropin-releasing hormone, obtaining blood samples 30 minutes later evaluate cortisol CTH levels.

Thyroid hormones have pervasive effects, once metabolic rate, growth, differentiation body cells. Because of thyroid dysfunction numerous confounding, thyroid dysfunction thyroid are observed adrenal cortices. Thyrotropin-releasing factor (TRF) from hypothalamus encourages anterior pituitary to release thyrotropin or **thyroid-stimulating hormone** (TSH). SH enhances thyroid growth, function, **thyroxine** release. Thyroxine is composed of thyrocalcitonin, thyroxine, triiodothyronine thyroxine which are important for active tissues. Thyroxine completes regulatory cycle by inhibiting release.

Thyroid dysfunction is most commonly hypofunction in dogs, horses, ruminants, and cattle and as hyperfunction in cats. The cause may be dietary iodine deficiency or excess or goitrogens,

challenge may be necessary before increased serum levels are seen. The extra TSH required to overcome chronic glandular atrophy, method comparable to "priming pump."

Glucocorticoids seem to inhibit both TSH secretion, euthyroidism with low serum levels only often accompany Cushing's or vigorous glucocorticoid therapy. Fortunately, TSH ACTH response tests may be performed simultaneously. In such glands remain responsive to TSH, but absolute values of prechallenge postchallenge serum are low or low resting with normal post-TSH values. Feline hyperthyroidism usually caused by functional thyroid adenomas. Oddly, with exogenous TSH challenge, or increase occurs serum level, primary hypothyroidism. This phenomenon suggests neoplasm either functions independently of trophic hormone or already manufacturing maximum capacity. lack of TSH responsiveness, appropriate clinical manifestations, high baseline concentrations all attest to feline hyperthyroidism.

In horses, iodine-deficiency hypothyroidism rare, because iodized usually offered freely or feeds. Overzealous iodine supplementation with kelp or vitamin mineral mixes provoke hypothyroidism goiter. The excessive of iodine inhibits thyroid function. The normal serum values horses are to which lower what found other species. Hypothyroidism be suspected only with serum concentrations of

Rare tumors of pars intermedia of pituitary, which compress anterior pituitary, may secondary hypothyroidism older horses. Because pituitary damage induces plethora of signs, the TSH response test may be especially helpful.

The thyrotropin-releasing hormone (TRH) response test used on small provides reliable diagnostic separation of patients with normal versus abnormal thyroid function.

fraction of thyroxine bound to protein. levels are influenced by nonthyroidal or drugs total concentrations. Exogenous challenge may sort out borderline separate real hypothyroid hyperthyroid patients from those with other illness or drug-depressed thyroxine concentrations. The test usually used to explore hypothyroidism when TSH available. Baseline serum TT concentrations are determined. Four hours after or 0.2 (total dose) of TRH are injected intravenously, thyroid response (serum TT levels) followed. An increase serum TT concentration of concentration of times compared with baseline concentrations occurs normal. The evaluation of levels allows for clearer distinction between euthyroid hypothyroid dogs when TT results are equivocal. The response test may be used to diagnose mild to moderate feline hyperthyroidism. Baseline serum concentrations are determined. Approximately hours after of are injected intravenously, serum levels are determined. An increase of serum of compared with baseline concentrations occurs hyperthyroid. Increases of between

are borderline, increases of more rule out hyperthyroidism.

**TECHNICIAN NOTE** is the fraction of thyroxine that is not bound

Hyperthyroidism common middle-age to United States Great Britain. Diagnosis may be based on resting thyroid hormone concentrations. The determination of both TT may help to distinguish nonthyroidal. The combination of high value with low TT level indicative of nonthyroidal illness, whereas high concentration high-normal TT concentration indicate hyperthyroidism. However, some may require functional test to confirm or rule out

Thyroid suppression testing based on expected negative feedback regulation of TSH, which induced by high concentrations of circulating thyroid hormone. Hyperthyroid have normal pituitary-thyroid regulation. As result, administration of exogenous must induce decrease endogenous feedback TSH regulation altered.

To perform the test, basal and determination is required. Seven doses of given orally every hours are administered home. Approximately to hours after seventh dose, blood obtained for determination. Cats with hyperthyroidism have serum concentrations of more or whereas nonhyperthyroid have lower values. Low posttest concentrations indicate invalid test result of failure of exogenous administration.

The diagnosis of acromegaly may be based on documentation of elevated growth hormone level. Serial determinations from three to five taken 10-minute intervals) are performed because affected dogs have constant levels of rather fluctuating concentrations. In addition, affected dogs do respond to stimulation with GH-releasing hormone. This test requires intravenous administration of of GH-releasing hormone or of clonidine. In normal dogs, the posttest plasma GH level increases to posttest clonidine level increases to

The principal functions of gastrointestinal tract are assimilation of nutrients (via digestion absorption) excretion of waste products. Most nutrients are ingested form either too complex or insoluble for absorption. Within the GI tract, these substances are solubilized and degraded enzymatically to molecules may be absorbed across mucosal epithelium.

are common veterinary practice. Specific essential, especially when chronic. In of malabsorption, intestinal biopsy tends to be required to obtain

definitive function performed  
 other confirm ed or re vasive  
 nostic rocedures.

Malabsorption may be classified by pathophysiologic process into maldigestive malabsorptive forms. Maldigestion results from altered gastric secretion lack of or decreased of digestive enzymes, which are usually secreted by pancreas often, by intestinal mucosa. Malabsorption often dquired estinal or y cterial vergrowth omes. efore maldigestion are seen, approximately of pancreas must be either nfunctional estroyed. estine dog tion ell ut re result short owel ome,” high be ompensated or daptive chanisms.

Laboratory tests may evaluate gastric hydrochloric acid secretion, but of them are directed to detect malabsorption origin. Gastric acid secretion may be indirectly estimated by determining astric uice rmal ogs ve gastric etween ric uice continuously nitored adiotelemetric echnique.

Malabsorption xamination ces for ecal tary utrients ecal nzyme ctivities ell serum or oncentrations rally dministered ubstrates metabolites ecific or ndogenous ubstances.

Blood into gut another of protein-losing gastro enteropathy. Dramatic bleeding evident black feces (**melena**) or frank fecal blood (**hematochezia**) Less-obvious subtle bleed nificant ers, oplasia, asitism. Chronic low-level bleeding may lead to iron-deficiency anemia.

The eagent etect ccult leeding Impregnated rips lets xidized olored roduct by moglobin eroxidase ctivity ces. eagent responds o tary moglobin yoglobin; refore, patient’s t ee or ys efore precaution ertinent rbivores, ut echnician must heck een upplemented or one nother ecal ccult lood available unochromatographic thods, ut een validated ith eterinary ecies.

These ests re ecifically robe estinal tion. gain, ent iven rally; lood oncentrations ure of rption.

d-Xylose e-carbon ugar rbed vely jejunum xcreted apidly ys. ecause absorption agent metabolized, fate readily traced. Xylose absorption inefficient often affected by me estinal onetheless, elatively insensitive, ecause ontrol alues ariable.

The est rimarily erformed rses, er formed ogs ell, escribed ox nterference

### Absorption Test in Dogs and Horses

are obtained from post-administration blood samples that are collected 30,

from umen ra recludes ral sheep; alternative injection of monosaccharides into abomasum nough are.

Abnormal xylose absorption indicates intestinal tion specifically, malabsorption. However, only slight differ ences parate rmal normal anges; may have normal results. with lymphangiectasia still may have rmal esults, ecause ymphatics ticipate lose rption. ate rption epends only n iven, rptive intestinal blood circulation, gastric emptying. The latter may be elayed y ypertonic utions, prehension, or feeding. Fasting or radiographs to confirm empty stomach are equired. omiting, wever, ly wers lood alues, does ascites (xylose enters pooled Bacteria have ability to tabolize refore, cterial vergrowth monitored by test. If bacterial overgrowth suspected (e.g., of intestinal or pancreatic enzyme deficiency), test epeated er s’ ral etracycline. Finally, renal falsely elevates blood xylose concentrations.

The fate of xylose been followed dogs by collecting ine er ral etetermining otal lose xcreted. thod re orious, ut requires nly y.

Cats were thought to have concentrations kinetics ere ogs. ther take be variable concentration increase to vels ound ogs. oncentrations normal ranged between when dosage of ody eight

False-negative results may be caused by delayed gastric empty ing, normal estinal ility, educed estinal lood w, bacterial overgrowth, sequestration of xylose ascitic False-positive results may be caused by decreased glomerular

filtration rate; therefore, ensuring patient fully hydrated azotemic time of testing important. oral dose of xylose, excreted through kidneys within hours. This test been improved by performing d-xylose 3-O-methyl-d-glucose absorption test compares differential absorption of two sugars to eliminate nonmucosal effects of d-xylose absorption.

Serum concentrations of folate and cobalamin may be assessed by immunoassay. Both concentrations tend to be decreased with absorption. Folate absorbed proximal intestine, whereas cobalamin absorbed ileum. Bacterial overgrowth may also alter these concentrations; folate synthesis is increased with bacterial overgrowth, whereas some bacteria may decrease cobalamin availability. Assays for folate cobalamin (vitamin are usually performed conjunction with to evaluate extent of gastrointestinal disorders.

Synovial mucin forms clot when added to acetic acid. The nature of resultant clot reflects quality concentration of hyaluronic acid. method used to perform test involves adding of non-anticoagulated synovial to glacial acetic acid been diluted The synovial fluid/acetic acid solution gently mixed allowed to room temperature for before evaluated for presence of clot. The mucin clot generally graded good large, compact, ropy clot clear solution), soft clot slightly turbid solution), fair-poor friable clot cloudy solution), or poor actual clot, but some large flecks present turbid solution). Clot assessment enhanced by gently tube. Good clots remain ropy, whereas poor clots fragment. If only few drops of synovial are obtained with arthrocentesis, an abbreviated **mucin clot test** may be performed. If available after preparation of cytologic possibly after total nucleated cell count), drop of non-EDTA-preserved placed on clean microscope slide. Three drops of diluted acetic acid are added mixed. The resultant clot graded after approximately minute. Assessment may be easier against dark background.

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Numerous agents may be involved in common poisonings of dogs, horses, food These agents include herbicides, fungicides, insecticides, rodenticides, heavy metals (especially lead), household products (including phenols), automotive products (especially ethylene glycol), drugs (including medications), and various poisonous plants and animals. Often presumptive diagnosis may be attained from accurate history (including environmental factors) thorough clinical examination followed by response to therapy or by necropsy. However, establishment of specific etiologic diagnosis may be some few tests may be performed veterinary practice laboratory. In such situations, personnel must be

competent with test procedure, reagents must be outdated, special equipment may be required. These requirements, together with sporadic demand for such tests, frequently dictate practitioners send all toxicologic specimens to specially equipped laboratory for analysis.

Suggestions for appropriate specimens preferred methods of handling, packaging, transport be obtained by consultation with toxicology laboratory. Such contact ensures laboratory offers procedures requested. Submitted specimens be free from contamination by extraneous environmental compounds or debris. Specimens be washed, because may remove toxic residues. Samples of different tissues, feeds must be submitted separate, clean, leak-proof (airtight) plastic or glass containers. All containers be individually identified by owner's veterinarian's animal's or identification number, nature of specimen before packaged into large container for submission to laboratory.

Samples of whole blood usually heparin ized), serum (at least mL), vomitus, gastric lavage fluid, feces, urine (approximately may be submitted from live Samples of feed (portions of water, suspected may be helpful some In of poisoning, collected during thorough necropsy include whole blood or serum; urine; gut (especially stomach) contents g, noting site of collection); organ or tissue especially liver kidney but some times brain, bone, spleen, or (generally, where practice of each tissue). Sending too large always better sending enough, because excess be discarded.

In general, serum or blood are best submitted refrigerated, whereas gut contents tissues are best frozen. Preservatives are usually required. An exception would be tissue are submitted for histopathologic examination, which require fixation formalin must be frozen. If preservative used on specimen submitted for chemical analysis, probably worthwhile to submit aliquot of preservative for reference analysis. Frozen be insulated from other specimens arrive laboratory while they are still frozen. Dispatch to laboratory by courier recommended.

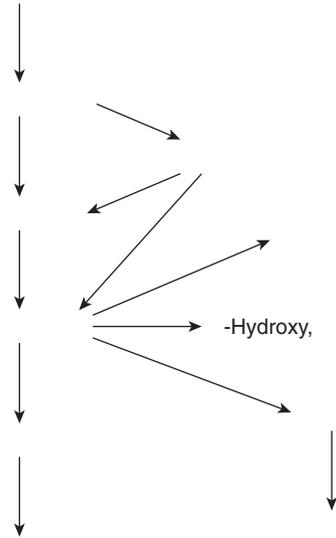
Because litigation may result from poisoning accurate detailed records be kept from outset of The establishment of good working relationship with toxicology laboratory, including provision of good history necropsy findings of poisoning) when are submitted, helps to ensure best results.

The advantage of following tests they be performed reasonably quickly practice laboratory. Results are therefore available more rapidly were sent to toxicology laboratory. However, they are best viewed screening procedures be used to suggest appropriate avenues of investigation treatment. The verification of findings (especially positive ones) by reputable toxicology laboratory





ed 11, St Louis, 2011, Saunders. Courtesy Alfa Scientific,



Pathways of ethylene glycol metabolism. The pathway by which the toxicologically significant metabolites are generated is shown vertically.

or contain oxalate monohydrate crystals (see nitroprusside reaction) of lysozyme reveals renal tubular phrosis numerous oxalate crystals.

Animals especially dogs exposed to a variety of legal prescription medications. Any signs are presented or treatment necessary. The diagnosis of toxic exposures to human drugs of abuse may be complicated. A specific information regarding potential exposure. Clients are aware exposure occurred, prosecution regarding assessing drugs without legal prescription. Clinical signs vary considerably depending on drug potential tested.

Few studies exist regarding mechanisms of action of many of medications. In addition, mode of exposure often differs from that seen in humans. Drugs would normally be expected to usually result in exposure estimation and additional complication of exposure relates to potential presence of substances used in drugs. Identifiable or readily parent. Have demonstrated of licit drugs contain stimulants.

Routine biochemical analysis of blood and urine rarely demonstrates any abnormality otherwise healthy patients after acute exposure. Variability concerning available

competitive immunoassay technique obtained generally with strict adherence to highly accurate performance requirements. The tests are marketed or indicate pregnancy correlation field test results. Common types dipstick tests. Available in numerous configurations test or multiple vials. Few manufacturers allow for purchase of very small quantities of such tests.

The accuracy depends somewhat on the amount consumed and elapsed exposure. The standardized concentration levels established by international regulatory authorities, specifically National Institute on Drug Abuse, World Health Organization, Substance Abuse and Mental Health Services Administration of Department of Health and Human Services. Detailed published studies of validity of tests for veterinary species are available.

- Creatine kinase (CK) can be used to differentiate liver damage from skeletal muscle damage.
- Increased lactate levels generally indicate hypoxia or hypoperfusion.
- ACTH and cortisol concentrations may be helpful diagnostic for differentiation of primary from secondary hypoadrenocorticism.
- Thyroxine is composed of two varieties of hormones: triiodothyronine (T<sub>3</sub>) and thyroxine (T<sub>4</sub>).
- Free T<sub>4</sub> fraction of thyroxine is bound to albumin and globulin.
- In-house thyroid testing is generally performed with immunologic methods.
- Ethylene glycol ingestion is a serious or fatal toxicosis.
- Immunochromatographic tests are available to evaluate patients for potential poisoning with human drugs of abuse.

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## **Unit Outline**

*Chapter 37: Introduction to Microbiology,*  
*Chapter 38: Equipment and Supplies,*  
*Chapter 39: Sample Collection and Handling,*  
*Chapter 40: Staining Specimens,*  
*Chapter 41: Culture Techniques,*  
*Chapter 42: Antimicrobial Sensitivity Testing,*  
*Chapter 43: Additional Testing,*  
*Chapter 44: Mycology,*

## **The Objectives for This Unit Are:**

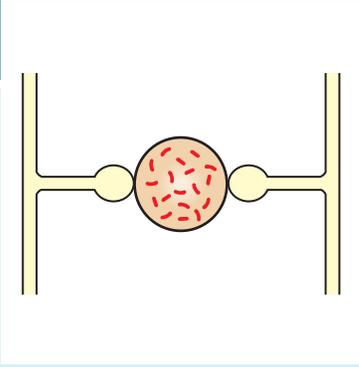
*List and Describe the Supplies and Equipment Needed for Microbiology Testing.*  
*Describe the General Characteristics of Bacteria and Fungi.*  
*Discuss Sample Collection Procedures for Bacterial and Fungal Samples.*  
*Describe Commonly Used Staining Procedures for Bacterial and Fungal Samples.*  
*Describe Proper Techniques for Culturing Bacterial and Fungal Samples.*  
*Describe the Proper Procedure for Antimicrobial Sensitivity Testing.*  
*Describe the Procedure for Performing the California Mastitis Test.*  
*List and Describe Common Biochemical Tests Performed on Bacterial Samples.*

Microbiology refers to the study of microbes. Microbes are organisms that are too small to be seen with the unaided eye. Bacteria, fungi, and viruses are all microbes. Some parasites are also considered microbes. The fields of study of bacteria, fungi, and viruses are referred to as bacteriology, mycology, and virology, respectively. Virology evaluations in the veterinary clinical laboratory are usually performed with immunologic methods. Bacteria and fungi can be evaluated with a number of routine microbiology procedures. Although some practices send all microbiology work to a reference laboratory, most practices do some testing in-house. Bacterial and fungal samples can be collected quickly, easily, and inexpensively, and tests do not require much in the way of specialized equipment. Careful attention to quality control is vital to ensure the diagnostic value of results.

Most microbes found on and in the body are nonpathogenic (i.e., they are normal flora). The intestinal and respiratory tracts, the skin, and parts of the urinary and reproductive tracts all have known normal flora. Samples collected from some locations, such as the spinal column, the blood, and the urinary bladder, should be free of normal flora. Microbes that are considered normal flora and nonpathogenic when found in one location can produce significant disease if they are found in a site where they should not reside.

For additional sources for this unit see the Resources Appendix at the end of this textbook.

# Introduction to Microbiology



After studying this chapter, you will be able to:

- Describe general characteristics of bacteria, viruses.
- Discuss bacterial growth characteristics and requirements for growth.
- Describe characteristic arrangements of bacteria.
- Discuss the significance of formation of spores in bacteria and fungi.
- Describe reproduction of organisms.
- Differentiate between groups of genetic.
- Discuss general methods of microbial specimen collection and handling.
- List methods of evaluation of suspected microbial agents.

## Bacterial Cell Morphology,

Spores,

## Bacterial Growth,

Fungal characteristics,

## Virology,

Cell culture,

Immunologic

molecular diagnostics examination,

## Key Points,

Ascospores

Bacilli

Basidiospores

Capnophilic

Cocci

Conidia

Endospores

Facultative anaerobes

Fastidious microbes

Flagella

Hyphae

Mesophiles

Microaerophilic

Mycelium

Obligate aerobes

Obligate anaerobes

Prokaryotic

Psychrophiles

Spirochetes

Sporangiospores

Thermophiles

Yeast

Zygosporos

Understanding characteristics of bacteria, viruses, and other microorganisms is essential for diagnosis, treatment, and prevention of infectious diseases. This chapter provides a comprehensive overview of the basic principles of microbiology, including the structure and function of various microorganisms, their growth requirements, and the methods used to study them. The chapter also discusses the role of microorganisms in various fields, such as medicine, agriculture, and industry. Key concepts include the classification of microorganisms, the cell wall and membrane structure of bacteria, the structure and function of viruses, and the growth and reproduction of fungi. The chapter also covers the importance of aseptic technique and the use of various media for the cultivation of microorganisms. Finally, the chapter discusses the role of microorganisms in the environment and the impact of human activities on microbial communities.

Bacteria are **prokaryotic** cells that range from a few micrometers in size to several centimeters in length. They are characterized by their simple cell structure, which lacks a nucleus and other membrane-bound organelles. Bacteria are found in a wide variety of environments, including soil, water, and the human body. They play a crucial role in many biological processes, such as the nitrogen cycle and the decomposition of organic matter. Some bacteria are pathogenic, causing a wide range of diseases in humans and animals. The study of bacteria is essential for understanding the basic principles of microbiology and for developing effective strategies for the prevention and treatment of infectious diseases. Key concepts include the structure and function of bacterial cells, the growth and reproduction of bacteria, and the role of bacteria in various biological processes. The chapter also discusses the importance of aseptic technique and the use of various media for the cultivation of bacteria. Finally, the chapter discusses the role of bacteria in the environment and the impact of human activities on bacterial communities.

These requirements are considered when collecting and preparing microbiology specimens. In addition, identification of some bacteria can be aided by their characteristics. The majority of clinically significant bacterial species require oxygen for growth. Bacteria that require oxygen to survive are referred to as **obligate aerobes**. Bacteria that are killed in the presence of oxygen have growth that is inhibited in the presence of oxygen and are referred to as **obligate anaerobes**. **Facultative anaerobes** are organisms that can survive in the presence or absence of oxygen, but their growth is limited. **Microaerophilic** bacteria prefer reduced oxygen tension, and **capnophilic** bacteria require elevated carbon dioxide.



Nutritional requirements vary among bacteria, and media types are chosen on the basis of these requirements. Some bacteria have strict requirements and are referred to as **fastidious microbes**.

Temperature requirements vary among different bacteria. However, nearly all bacteria are pathogenic to humans and grow best at or near 37°C, and are referred to as **mesophiles**. Bacteria with lower temperature requirements are referred to as **psychrophiles**, and those with higher temperature requirements are referred to as **thermophiles**, respectively.



Methods of identification are directed toward characterizing bacteria in terms of their morphology and chemical reactivity. These characteristics often form the basis for identification of specific bacterial genera.

Bacteria are organized into the following groups according to their morphology:

1. Coccus (**cocci**): Spherical cells, such as *Staphylococcus aureus*, which is a common cause of skin infections.
2. Bacillus (**bacilli**): Rod-shaped cells, such as *Bacillus anthracis*, which is a common cause of anthrax.
3. Spiral (**spirochetes**): Usually occur singly or in pairs, subdivided into loose spirals, such as *Borrelia burgdorferi*, which causes Lyme disease; tight spirals, such as *Leptospira pomona*, which causes leptospirosis; and comma-shaped spirals, such as *Campylobacter fetus*, which causes enteritis.
4. Coccobacillus (coccobacilli): Some small rod-shaped bacteria, such as *Escherichia coli*, which is a common cause of food poisoning.



Bacterial cell shapes.

olar appearance  
cocci  
5. Pleomorphic: range from cocci to rods



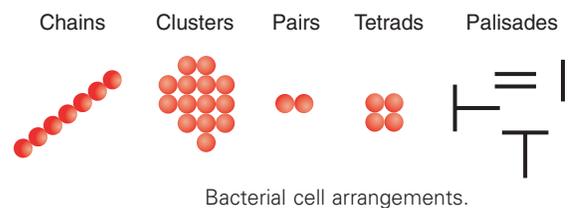
Bacteria exhibit a variety of arrangements. Some grow in single cells, others remain in pairs, chains, or clusters. Many exhibit regular arrangements, such as the following, which are important for their identification (Fig. 1).

1. Single: Some bacteria occur singly, such as spirilla (sing., rillum) and cilli (cillus).
  2. Pairs: Some bacteria occur in pairs, such as *Streptococcus pneumoniae* (coccus).
  3. Clusters (unches): Some bacteria occur in clusters, unches, or groups. For example, *Staphylococcus aureus* forms grape-like clusters.
  4. Chains: Some organisms grow in chains, such as *Streptococcus* species.
  5. Palisades: Some organisms are arranged in a "Chinese letter" pattern, such as *Corynebacterium* species.
- With a pleomorphic organism (e.g., a member of *Corynebacterium* species), judging whether the organism is a coccus or a bacillus may be difficult. If Gram-stained, a coccus or rod-shaped organism is regarded as a coccus or bacillus for purposes of identification.

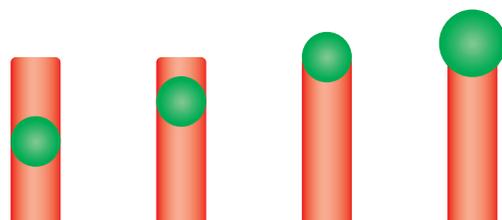
When cultured, a few genera of bacteria form intracellular refractile bodies called endospores or, more commonly, spores. Organisms of the genera *Bacillus* and *Clostridium* are spore formers. Bacterial spores are resistant to desiccation, chemicals, and radiation.

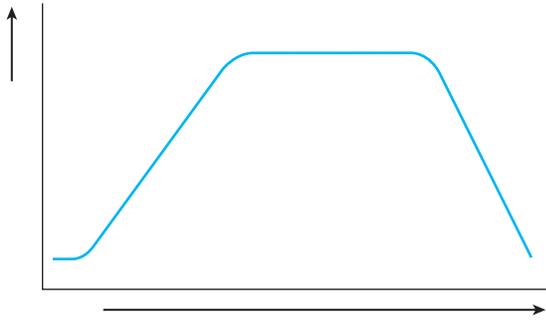
Spores are highly resistant to environmental conditions. They are classified as follows:

- Central: resistant enteric cell, such as *Bacillus anthracis*



Bacterial cell arrangements.





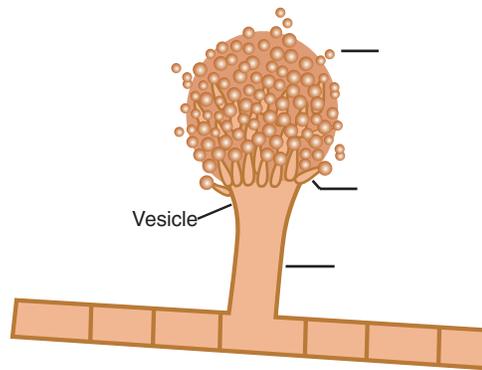
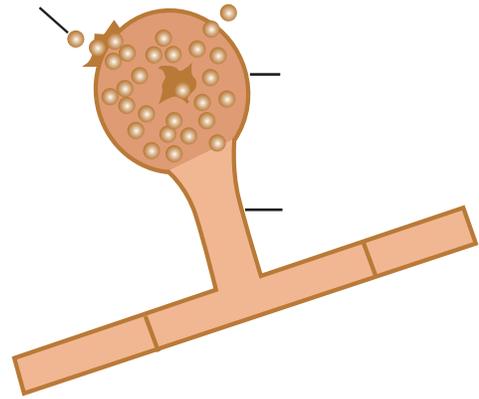
Generalized bacterial growth curve.

- Subterminal: present in *tridium chauvoei* cell, such as
  - Terminal: present in *tridium tetani* cell, such as
- Performing special spore may be necessary, because endospores usually visualized in Gram-stained slides



Bacterial cells contain various enzymes and produce primarily binary spores when bacteria colonize such living tissue. In a laboratory, bacterial growth proceeds through an initial phase, which is referred to as the lag phase, representing the time during which bacteria are adapting their metabolism to the resources of the media. The exponential phase often referred to as the log phase continues until nutrients are depleted, toxic products accumulate, and the culture becomes stationary. The colony numbers increase or decrease. The logarithmic decline phase, or death phase, occurs during

Fungi are heterotrophs, they may be parasitic or saprophytic. Most are multicellular, except yeasts, which are unicellular. Fungal cells are composed of chitin. Fungal organisms consist of hyphae under various conditions.



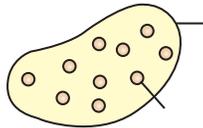
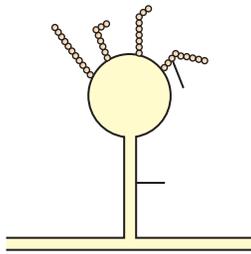
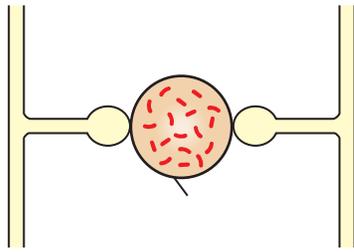
Sporangiospores and conidia, which are the two main types of asexual spores. (Courtesy Ashley E. Harmon. From Songer JG, Post KW:

grow outward from the cell. Fungi grow externally, through the release of digestive enzymes, resulting in branching hyphae. The branching hyphae are called mycelium. The hyphae are septate or non-septate. The presence or absence of cross-walls in the hyphae is used for the identification of the organism. Fungal organisms may have a reproductive structure called a fruiting body that releases reproductive cells called spores. Different groups of fungi produce different types of spores. They reproduce by budding or spore formation.

Most fungi have asexual reproductive systems. Sexual spores are produced either by sporangiospores or conidia. Sexual spores include ascospores, basidiospores, and zygospores. They can be differentiated on the basis of the structure of the hyphae.

Pathogenic organisms are categorized according to groups of type reproductive structures present:

1. Basidiomycetes: mushrooms, club
2. Ascomycetes:
3. Zygomycetes:
4. Deuteromycetes: known as *Fungi imperfecti*, because they lack sexual reproduction



Most virologic techniques are performed in specialized laboratories. They include histopathologic and serologic examination, electron microscopy, and attempted isolation and identification of virus. The veterinary technician should contact a diagnostic laboratory to check which facilities are available, which are preferred, whether transport medium is necessary. If an exotic reportable disease is suspected, proper authorities should be notified, and clinical material should be removed from the facility.

Many of the viral diseases encountered may be diagnosed on clinical or pathologic grounds. Serologic tests are available for viral diseases. Some may require paired serum samples are collected two weeks apart, starting during the early stages of infection. A rising antibody titer indicates recent infection by virus.

Virus isolation is expensive and time-consuming, and may provide only a diagnosis after the animal has recovered or died. However, in some instances, isolation and identification of virus can be attempted, such as to establish the identity of a viral agent previously seen in practice, to discover the exact agent when serologic or other tests have given equivocal results, to determine the immunologic type of virus in an epizootic, to verify the etiologic agent in a public health problem, or to identify the agent involved.

The isolation of virus from diseased animals does not necessarily indicate virus caused the disease because many viruses persist in the environment without clinical signs of illness. Some other pathogen or condition could have been responsible for the disease. Virus isolation is successful when specimens are collected early during the active infectious phase of the disease.

Viruses vary greatly with regard to their ability to remain viable in tissues and exudates. Contamination with bacteria greatly decreases the success of attempted virus isolation. Specimens are selected on the basis of their likelihood to contain large numbers of virus particles. Samples for virology testing must be collected aseptically, kept cool, and taken to the laboratory as soon as possible.

To demonstrate the presence of virus in a specimen, virus can be grown (isolated) in a laboratory, or virus antigens or antibodies are assayed. Unlike bacteria, which can be grown on nutrient agar, viruses need living cells in which to grow and replicate. The tissue cells are placed into a suitable glass bottle or chamber containing medium rich in nutrients. The cells settle and begin to grow a confluent monolayer across the surface of the container. Various types of cells have been used for tissue culture of viruses. Most cells can be grown *in vitro* for some generations, but some cells divide indefinitely and are used for virus isolation. These cells are called continuous cell lines; they are of a single type of cell. Continuous cell lines such as those from fetal kidney, embryonic trachea, and other cells, are derived from monkeys, dogs, pigs, mice, hamsters, rabbits, and other animals. The virus specimen is commonly inoculated into a primary culture of cells derived from the same species of animal from which the specimen was taken.

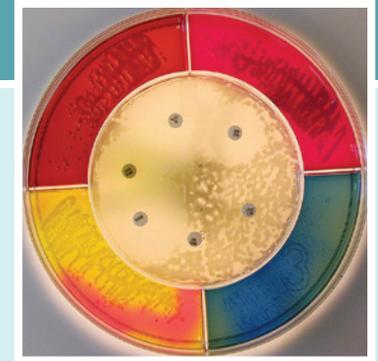
After cell culture has been inoculated with virus specimen, it is incubated and examined. If virus is present, cell damage may be visible as virus particles invade tissue cells. This damage is referred to as cytopathic effect. Different types of cytopathic effects are used to identify viruses. Some viruses cause cell lysis, others cause cells to form syncytiae (sheets) or giant cells. An inclusion body or another type of cytopathic effect may be seen.

Clinical signs and cell culture examination may identify a virus to family level, perhaps to genus or species level, but definitive identification requires serologic procedures that are based on immunologic principles. Sometimes serologic procedures may be used on specimens directly, which saves the time and expense of cell culture. In-house diagnostic tests are available to detect the presence of some common viral pathogens. Unit 10 contains more details about immunologic tests used for the detection of viral antigens and antibodies.

Molecular diagnostic tests (e.g., polymerase chain reactions) are routinely used for the identification of pathogens. These are discussed in Unit 11.

Chapter Review Questions [Appendix](#)

- Bacterial morphologic characteristics described  
of arrangement cells.
- Bacteria vary regarding requirements for oxygen,  
temperature, nutrients.
- Some bacteria contain specialized structures  
(spores) for survival and germination.
- Different groups produce different types of spores.
- Yeasts reproduce asexually by budding.
- Fungi are classified into different groups  
based on type of reproductive structures they present.
- Viral culture is performed in specialized reference laboratories.



After studying this chapter, you will be able to:

- List supplies needed or collecting valuating bacterial
- Discuss ety concerns elated obiology laboratory.
- Describe types vailable or uring bacteria.

- List ommonly ure characteristics
- Describe ommonly vailable dular
- Describe ure or valuation fungal

**The In-House Microbiology Laboratory, Laboratory Safety, Equipment and Supplies Needed for the Microbiology Laboratory,**

**Culture Media,**  
Types f edia,  
Dermatophyte edia,  
Quality ontrol ultures,  
**Key Points,**

**Agar**  
**Alpha-hemolysis**  
**Beta-hemolysis**  
**Blood agar**  
**Culture medium**  
**Culturette**  
**Differential media**  
**Enriched media**  
**Enterotubes**

**Fastidious**  
**Gamma-hemolysis**  
**Inoculating loops**  
**MacConkey agar**  
**Mueller-Hinton agar**  
**Sabouraud dextrose agar**  
**Selective media**  
**Thioglycollate**

Ideally practice facility have separate room away from traffic areas of clinic for microbiologic procedures. The room must have adequate lighting ventilation; able or ed raffic; ork or processing (or ure ork) surfaces are easily disinfected; electrical outlets; storage space; ccess or efrigerator.

Most f oorganisms ncountered obiology laboratory re otentially athogenic, any re onotic. ll

specimens reated otentially onotic. ety of every person working laboratory depends on strict observance septic echnique ways bserved hen transferring orking ectious ents ecimens. Veterinary echnicians ersonal roective quip ment when handling patient specimens, including clean, long-sleeved, knee-length, white laboratory coat or clean, long-sleeved surgical scrubs to prevent contamination of street clothes dissemination of pathogens to general public. Disposable gloves are always worn microbiology laboratory, face y eded roduction erosol ticles likely. oratory oats eekly water strong bleach. If coat becomes soiled during daily diagnostic rocedures, emoved diately ced

ceptacle designated or ty ll oratory oats  
e together. oratory oats  
be ed ith om eterinary  
laundry om tside oratory.



All personal protective equipment be removed before leaving oratory. eterinary echnician or r oughly efore ving oratory.

Materials have been contaminated with potentially infectious ents econtaminated efore rs, forceps, scalpel blade holders be sterilized autoclave. Potentially dous erials ubes, pipettes, roken ced appropriate ontain ers or osal. erials ded trash eceptacles, toclaved liminate infectious agents. Bench tops are cleaned with disinfectant ethanol r ute leach ution) eginning ork eriod. led ures reated ectant lowed ontact or utes efore leaned The urfaces quipment, uch ors refrigerators, be wiped down with disinfectant on daily ondisposable ire ops ve een ontaminated with obes diately er

Eating, drinking, smoking, handling contact lenses, apply osmetics ermitted oratory. ppropriate signage state rule. Personnel who wear contact lenses laboratory wear goggles or face shield. Long ust e ied ck ucked oratory oat. Labels istened er ather technician's tongue. No food stored laboratory; instead, ored tside oratory esignated inets refrigerators. ll ccidents eported romptly laboratory upervisor eterinarian.

good-quality incubator capable of constant temperature umidity rimary ce quipment needed microbiology laboratory. More information about incubators vailable upplies eded for collecting preparing bacterial fungal include ollowing:

- Sterile otton-tipped
- Dull el lades
- 3- o rings auge edles
- Sterile ndotracheal ube inary ter
- Collection ubes reservatives
- Rayon ransport uch **Culturette** , Franklin
- High-quality overslips **Inoculating loops** or wires; reusable metal or single-use posable ops rated ops

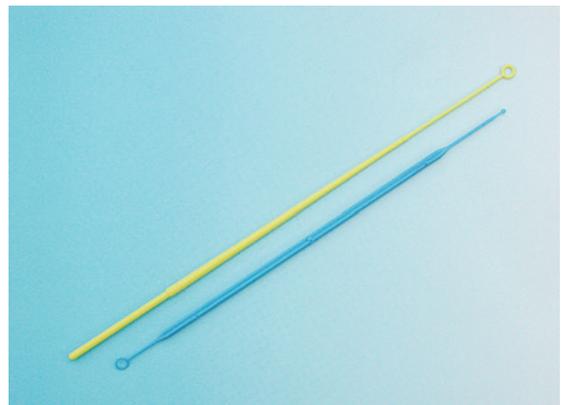


Fig. 38.3 Propane burner for sterilizing metal inoculating loops. (Courtesy

- Bunsen urner ural ropane
- Fig.
- Candle ar erobe
- A ariety ure luding roth
- Antibiotic ensers



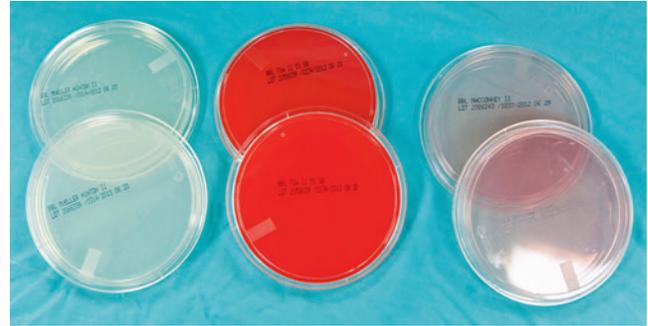
Antibiotic disks with dispenser.

- Gram
- Scissors, forceps, and scalpels with blades stored in 70% alcohol and sterilized)
- “Discard containing sterility or contaminated instruments
- Wooden tongue depressors or scalpel blades
- Racks of tubes
- Refrigerator “cold packs” and polystyrene shipping containers for reference laboratories

**culture medium** (solid or liquid)—that support growth of microorganisms. In bacteriology, pure cultures are obtained by aseptic techniques. Media are prepared from dehydrated powder or liquid. Media are commonly prepared from dehydrated powder. Solidifying agents include agar, gelatin, and casein. Media are prepared from natural protein obtained from various sources.

For most media, the medium is prepared aseptically in a refrigerator, because contact with the atmosphere is minimized.

Six general types of culture media are available: transport media, general purpose media, **enriched media**, **selective media**, **differential media**, and **enrichment media**. Each type contains characteristics of more than one type. There are hundreds of different types of media available, but the average



Commonly used culture media. From left to right, Mueller-Hinton agar, blood agar, and MacConkey agar.

laboratory practices include the use of common general purpose media, which are sometimes referred to as nutrient media. Commonly used reference media include Mueller-Hinton agar, blood agar, chocolate agar, and MacConkey agar. Other media include Simmons citrate differential medium, Enrichment media, and Tetrathionate broth. Media are designed to support the growth of specific organisms. Some media contain inhibitory substances to suppress competitors. Examples include tetrathionate broth and selenite F broth. Media are prepared from dehydrated powder or liquid. Media are commonly prepared from dehydrated powder. Solidifying agents include agar, gelatin, and casein. Media are prepared from natural protein obtained from various sources.



This enriched medium supports the growth of bacterial pathogens. Although several types of **blood agar** are available, trypticase soy blood agar is the most commonly used type. Blood agar is a differential medium, because it detects hemolysis.

1. **Alpha-hemolysis** partial hemolysis creates a narrow band of greenish or slimy discoloration around the bacterial colony (Fig. 1).



1977, Centers for Disease Control and Prevention.)

2. **Beta-hemolysis** complete hemolysis creates clear zone around bacterial colony
3. **Gamma-hemolysis** no hemolysis produces change in appearance of medium
4. **Delta-hemolysis:** zone of hemolysis surrounded by narrow zone of hemolysis around bacterial colony; called double-zone hemolysis



MacConkey eosin-methylene blue agars are selective differential media. MacConkey agar contains crystal violet (which suppresses growth of gram-positive bacteria), salts that are selective for glucose-fermenting *Enterobacteriaceae*, and a few other bile-salt-tolerant gram-negative bacteria. Growth of glucose-fermenting gram-negative bacteria on MacConkey agar is indicated by a change in color. The medium is used to identify lactose-fermenting organisms.

The color change on MacConkey agar is due to the production of acid from the fermentation of lactose. Lactose-fermenting organisms such as *Escherichia coli* and *Enterobacter* produce pinkish-red colonies on MacConkey agar, while non-fermenting organisms produce colorless colonies. The examination of both blood and MacConkey agars has been used with clinical specimens to yield considerable information. For example, good growth on MacConkey agar but no growth on blood agar suggests a gram-negative pathogen, probably a gram-negative organism.

A wide variety of chromogenic agars are available for the identification of enteric bacteria. These agars provide sufficient information to definitively identify bacterial species. In chromogenic agars, the color of the colonies

is determined by the presence of specific chromogenic substrates. Some chromogenic agars are divided into sections, whereas others are single. Chromogenic agars include several types designed to identify certain resistant bacteria based on their color. Colony appearance of specific chromogenic agars is shown in Figure 38.1. Another type of agar used to differentiate *Escherichia coli* from other enteric bacteria is the *E. coli* chromogenic agar. Colonies of *E. coli* are resistant, will appear blue-green whereas other enteric bacteria will be pink. Non-enteric bacteria are not identified but may grow, colonies will be colorless.

**Thioglycollate** liquid medium is used to culture anaerobic bacteria to determine oxygen tolerance of microbes. The medium contains a oxygen gradient, oxygen concentration of oxygen surface under aerobic conditions at the bottom.

Obligate aerobes will grow only in the oxygen-rich upper part of the tube. Facultative aerobes grow throughout the medium, but they will primarily grow in the oxygen-rich zone. The primary use of thioglycollate broth in veterinary practice is as an enrichment medium for blood cultures.

Urea agar is streaked with inoculum and incubated overnight. The medium is used to identify ureolytic bacteria. Hydrolysis of urea in the medium produces ammonia, which changes the color of the medium. A positive result produces a color change.

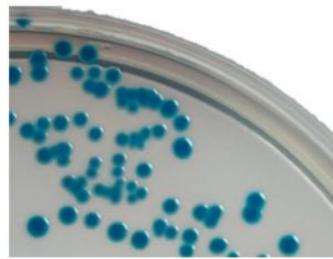
The tube of sulfide-indole motility medium is inoculated with a straight needle to a depth of approximately 1 cm. The medium is used to identify hydrogen sulfide production and blackening of the medium. Indole production requires addition of Kovacs' reagent to the medium. Tryptophan is broken down by bacteria to produce indole.

Simmons citrate medium differentiates bacteria according to their ability to utilize citrate as a carbon source. The medium is used to identify citrate-utilizing bacteria. A positive result produces a color change from blue to green.

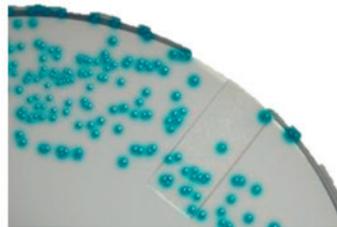
Triple sugar iron (TSI) medium is used for presumptive identification of enteric bacteria. The medium contains glucose, lactose, and sucrose. Hydrogen sulfide production is indicated by a black precipitate, and indole production is indicated by a red color. All *Enterobacteriaceae* ferment glucose, and most ferment lactose and sucrose.



*Escherichia coli*



*Klebsiella pneumoniae*



*Enterococcus faecalis*



*Proteus mirabilis*



*Pseudomonas aeruginosa*



*Staphylococcus aureus*

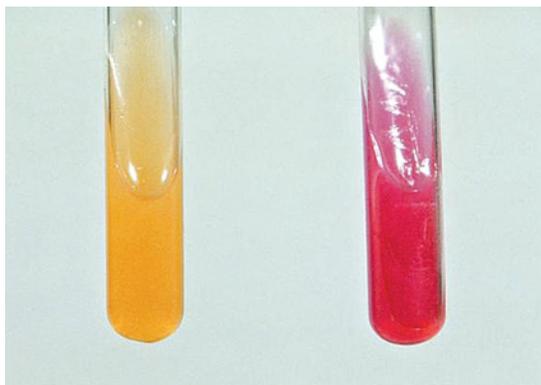


*Staphylococcus saprophyticus*



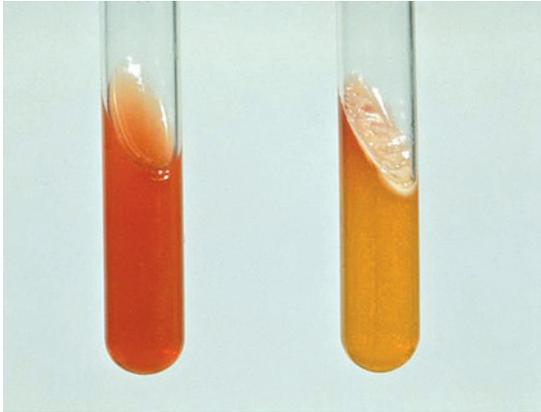
*Citrobacter freundii*

Chromogenic agar. (Courtesy of Microvet Diagnostics.)



checked referentially rapidly. ly  
of incubation, both butt turn yellow result  
of cid roduction. owever, er lucose tabolized  
under erobic onditions rganism erment  
lactose r ucrose, pe everts ed erment  
dition. he utt, er erobic onditions, emains ellow  
(acidic) . low eaction, riple ugar on  
agar ways ubes ugged  
with erile otton.

If the organism can ferment lactose, sucrose, or both in addition to glucose, lactose sucrose are then attacked with resulting acid production, medium turns yellow (acidic) throughout. Lactose sucrose are present quantities to cidic onditions high emains ellow.



their ability to ferment glucose, lactose, or sucrose as well as to produce result indicates no fermentation. (Courtesy Public Health Image Library,

With organisms produce hydrogen sulfide, blackening of medium partly superimposed on other reactions. The triple sugar iron be read after about hours of incubation After longer incubation, blackening tends to reach bottom of tube obscures yellow butt.

The following summarizes the reactions of *Salmonella* species triple sugar iron agar:

- Alkaline (red) (red) butt: none of sugars attacked
- Alkaline (red) acidic (yellow) butt: glucose fermentation only
- Acidic (yellow) acidic (yellow) butt: glucose attacked addition to lactose, sucrose, or both
- Blackening along through medium: hydrogen sulfide production

The triple sugar iron inoculated with single colony from selective medium with straight inoculating wire. The wire pushed down to bottom of agar, when withdrawing wire, agar streaked. The inoculating wire still contains enough bacteria to inoculate tube of lysine decarboxylase broth. During search for salmonellae, two suspicious colonies be individually tested triple sugar iron agar per brilliant green plate. The triple sugar iron tubes be incubated, with loose for to hours.

Brain–heart infusion broth useful general-purpose broth used to increase number of organisms (preenrichment) before they are plated on medium. The broth inoculated with patient subcultures are taken needed for additional testing.

For culture of blood approximately of patient's blood added to nutrient broth or to special blood culture medium be obtained commercially. Because patient's blood contains many substances are inhibitory to bacteria, adding blood directly to broth dilutes effect of natural inhibitors.

Mannitol agar routinely used, but highly selective medium for staphylococci, could be used to isolate *Staphylococcus aureus* from contaminated specimens. The medium high content contains mannitol indicator phenol red. Staphylococci are tolerant. *S. aureus* (but usually *Staphylococcus epidermidis* ferments mannitol. The resulting acid turns *S. aureus* colonies surrounding medium yellow.

In selective medium, freshly precipitated bismuth sulfite acts with brilliant green to suppress growth of coliforms while permitting the growth of salmonellae. Sulfur compounds provide substrate for hydrogen sulfide production. The metallic medium colony surrounding medium black or brown presence of hydrogen sulfide.

Atypical colonies may appear medium heavily inoculated with organic matter. This situation may be prevented by suspension of sterile of supernatant for inoculation.

The freshly prepared medium strong inhibitory action, suitable for heavily contaminated Storing poured plates for days medium to change color to green, thereby selective, with small numbers of salmonellae being recovered.

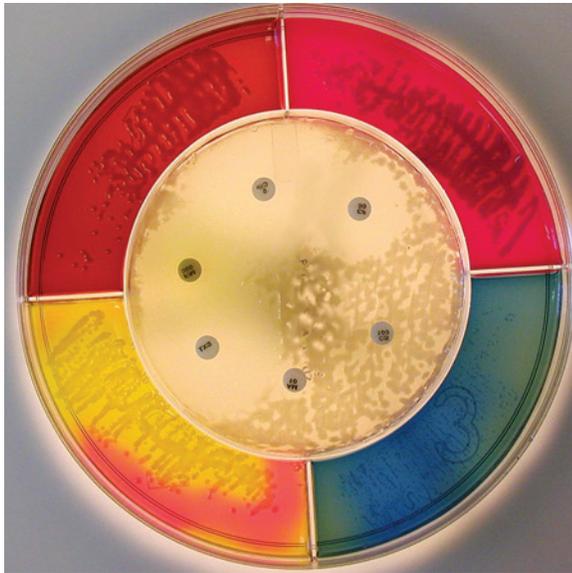
The following summarizes typical appearance of more important bacterial organisms on bismuth sulfite agar appearance of their colonies:

- *Salmonella typhi*: black “rabbit eye” colonies, with surround black zone metallic sheen after hours; uniformly black after hours of incubation
- Other *Salmonella* species: variable colony appearance after hours (black, green, or clear mucoid); uniformly black colonies seen after hours, often with widespread of medium pronounced metallic sheen
- Other organisms (coliforms, *Serratia* *Proteus* species): usually inhibited but occasionally dull green or brown color with metallic sheen or of surrounding medium

**Mueller-Hinton agar** general-purpose medium primarily used for performance of agar diffusion antimicrobial sensitivity test. The chemical composition of the media does not interfere with diffusion of antimicrobials through agar.

Both of media are used specifically for culture of fungi yeasts. Bismuth–glucose–glycine–yeast agar commonly referred to “biggy.” Dermatophyte test media found veterinary clinics composed of **Sabouraud dextrose agar**

Several modular culture systems are available for veterinary practice laboratory. The Bullseye (HealthLink, Jacksonville,



HealthLink, Jacksonville, FL.)

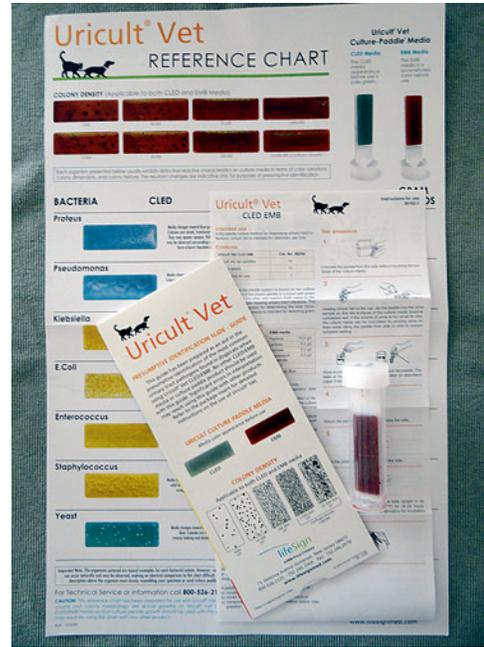
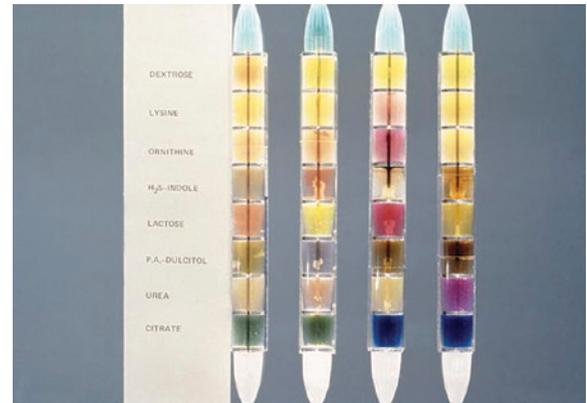


Fig. 38.11 Spectrum CS plate showing gram-positive, gram-negative,



different agar preparations. (Courtesy Public Health Image Library,

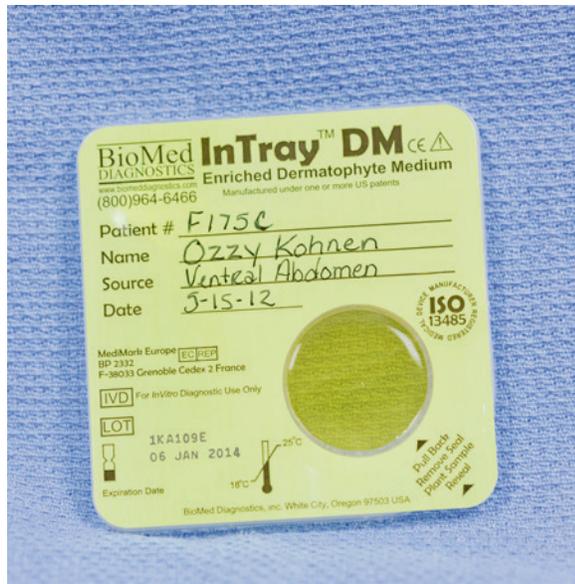
Fig. Spectrum (Vetlab Supply, Palmetto Bay, stems multi-chambered contain both selective and non-selective. The Bullseye plate contains central Mueller-Hinton or sensitivity testing. "slides" or "paddle" media such as Uri-Cult (Orion Diagnostics) are used for urinary tract infection screening. They consist of two-sided agar paddle checked on top and bottom. They are designed for variety of combinations, commonly used either as Conkey cystine lactose electrolyte-deficient agar. After incubation, colony count is performed, color compared with chart or presumptive identification. Positive

cultures meet quantitation criteria for and can be sent to outside laboratory for confirmation and susceptibility testing.

Commonly used modular media include the Bullseye

Enterotubes BD, Rankin Lakes, Fig. 8.13 are types of commercially available microbiology tests that incorporate multiple types of designed reactions to provide or differentiate enteric bacteria on the basis of their biochemical reactions. These tests are relatively expensive, but they are justified by the numbers of microbiology laboratories that perform them for a variety of species.

Several products are available for the culturing of dermatophytes. The most common standard dermatophyte test medium (DTM),



Most commonly used dermatophyte test medium.

which contains or contains dermatophytes and other microorganisms. Rapid sporulation medium or enhanced sporulation media with color indicators are used in conjunction to accelerate formation of macroconidia and identification confirmation. Several formulations are available in plate and tube formats. Standard Sabouraud dextrose still promotes fungal growth. Standard Sabouraud dextrose still promotes fungal growth.

Dermatophyte test media contains Sabouraud dextrose

Some procedures require laboratory or quality control purposes. Various procedures apply and are monitored for quality accuracy, including antibacterial susceptibility tests, diazotization, biochemical, certain identification, such as one beta-hemolysis *S. aureus* cyclic adenosine monophosphate test. Selection of control organisms obtained media contain fermentable sugars, such as trypticase, and suitable for fewer organisms, such as *S. aureus* *Enterobacteriaceae*. These bacteria are cultured into subculture subcultured approximately very months.

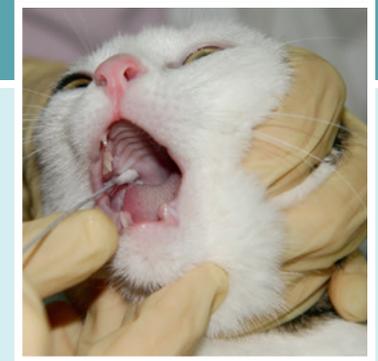
*Streptococcus*, *Pasteurella*, *Actinobacillus* species quickly on urea. Reptococci septum looked through subcultured approximately very weeks. *Pasteurella* *Actinobacillus* species remain viable and approximately sterile food subculture. Stored deep freeze or freezer. Otherwise, two genera can be subcultured on blood agar approximately every days. Control cultures may be kept room temperature screw-capped tubes but preferably refrigerator which reduces metabolic rate organisms.

Chapter review questions [appendix](#)

- Equipment supplies needed to perform biology testing practice laboratory include storage, collection materials, and supplies.
- Culture media and obtained tubes, plates, and media.
- A variety of media are available, but veterinary practice laboratories require only few types.

- Commonly used includes blood agar, ac Conkey agar, Mueller-Hinton agar, and dermatophyte media.
- A variety of modular systems are available contain more than one type of culture media to help with identification of organisms.

# Sample Collection and Handling



After studying this chapter, you will be able to:

- Discuss general principles or collection of bacterial samples.
- List methods to collect or handle microbiology testing.

- Describe methods of collecting or handling samples.
- List specific collection or handling methods for specific types of samples.

## General Guidelines, Collection of Viral Specimens,

Submission

## Key Points,

### Aspiration Culturette Imprint

### Swabbing Transport media

Samples for microbiologic evaluation collected quickly, do not require specialized materials or equipment for proper evaluation. Specimens are commonly collected by various methods, including aspiration, swabbing, imprints of tissues or external lesions. Imprints provide suitable samples for aspiration (generally collect from low regions of the body, e.g., ladder) or external lesions. Specific techniques depend on the type of lesion. Critical to achieving diagnostic-quality results. More information about aspiration, swabbing, imprints located in the text.



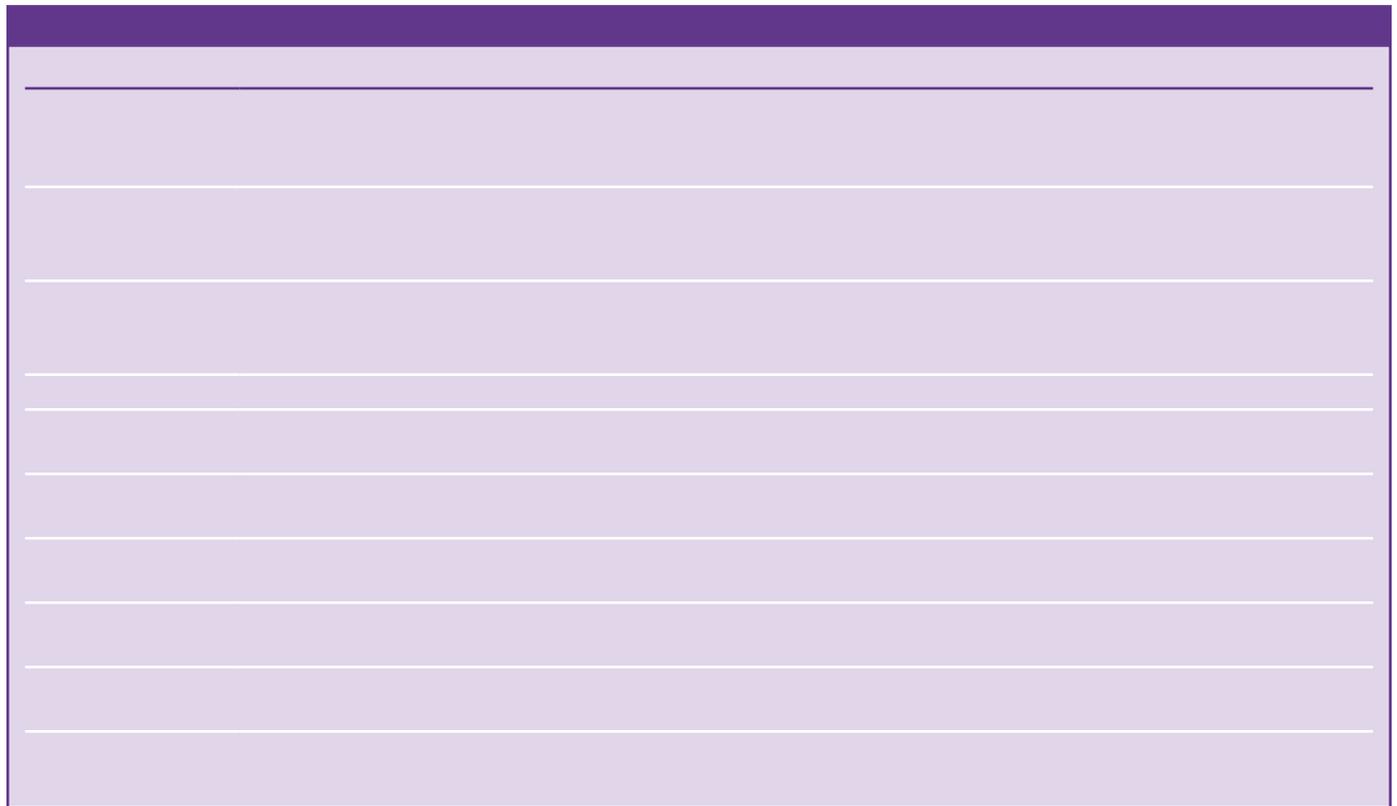
The specific choice of collection method depends on the location of the lesion on the animal's body as well as the specific type of testing desired. Samples that are immediately processed

usually be collected in sterile cotton swabs. However, a suitable method of collection, because contamination risk is high, cotton swabs are not ideal for recovery of anaerobic bacteria. Ely. ayon cron referred. delays processing expected, ayon transport media (e.g., Culturette) must be used to preserve quality of

The specimen collected should contain the organism causing the problem. Normal flora and contaminants may complicate collection and subsequent interpretation of results. Better results will be obtained if specimens are collected from sites that would normally be sterile, because infections are likely to be caused by a redominant organism. Good examples of organisms collected (stocentesis) are pustules. Local organisms themselves are not the cause of the problem because of the number of organisms. Secondary organisms typically populate such exposed areas.







From Songer JG, Post KW: *Veterinary microbiology: bacterial and fungal agents of animal disease*,

usually obtain viable organisms. Swabs are collected from the footbrush with a footbrush, obtain a footbrush swab. Suspected or ulcers. Swabs are visible in ristles or rushing.

Table 9.2 summarizes sample collection guidelines for oral testing.

Samples for dermatophyte testing are usually obtained

Viruses are often present in the early stage of respiratory diseases. Mucosal swabs rather than secretions should be taken. Sterile wooden tongue depressors or mucosal swabs. Attempted isolation from blood may be considered for generalized catarrhal which tend to have viremic stage. Poxviruses are often demonstrated by electron microscopy from early vesicular lesions sometimes from early lesions.

Specimens should be selected for indirect studies, such as serologic, hematologic, histologic, bacteriologic examinations. Viral are often complicated by pathogenic bacteria and secondary invaders, which may have a viral action into serious. Specimens for histopathologic examination consist of sections issued directly into formalin. Sections for histologic examination must never be

frozen, because of the issue of artifacts to differentiate from a genetic process. Tissue for attempted virus isolation in 2-inch cubes should contain normal tissue, possible. Mucosal swabs should be obtained in sterile screw-capped containers or collection, separate container or check with veterinary technicians must use strict aseptic technique and label containers carefully.

Specimens should be refrigerated when possible, because virus titers decrease with temperature. Specimens are delivered to the virology laboratory they are stored in a cooled coolant packs in polystyrene-insulated containers for shipment. Shipping on dry ice is desirable, except for specimens of suspected parainfluenza virus, which may lose integrity of viruses reserved for specimens shipped in tight containers prevent entry of carbon dioxide into container. Carbon dioxide from other sources.

Small vesicles, scales, or debris, are preserved in alcohol and stored in virus transport medium available commercially (diagnostics, Mississauga, Canada). Because viruses vary in their longevity, reference laboratory contacted or recommended regarding appropriate transport medium procedure.

Fecal materials are often submitted for electron microscopic examination. A fixative (e.g., buffered neutral formalin) should be added to the specimen to prevent over-dilution of virus particles.

For fine particles, a sterile container with virus transport medium should be used. The specimen must be kept chilled until it reaches the laboratory.

within 24 hours of collection; otherwise, samples should be frozen.

If food samples have been collected for serologic examination, they should be collected, processed, and described.

Chapter Review Questions [Appendix](#)

- Samples for microbiologic evaluation should be collected quickly, and do not require specialized materials or equipment.
- Careful attention to aseptic technique is essential to avoid contamination and to ensure diagnostic-quality results.
- Microbiology specimens should be collected using appropriate techniques, such as sputum, biopsy, and swabs.
- Samples for dermatophyte testing should be collected using plucking techniques from the site of suspected infection.
- Normal flora contaminants may complicate the collection and subsequent interpretation of results.

# Staining Specimens



After studying this chapter, you will be able to:

- List the most commonly used microbiology specimens.
- Describe the components of a Gram stain procedure.

- Describe the procedure for performing a Gram stain.
- Describe the use of potassium hydroxide when evaluating bacterial morphology.
- List and describe the specific procedures for each type of stain.

**Gram Stain,**  
 Procedure,  
 Interpretation,  
**Potassium Hydroxide Test,**  
**Ziehl-Neelsen Stain,**

**Giemsa Stain,**  
**Specialized Stains,**  
**Quality Control,**  
**Key Points,**

**Acid-fast stain**  
**Capsule stain**  
**Endospore stain**  
**Flagella stain**  
**Giemsa stain**

**Gram stain**  
**Lactophenol cotton blue**  
**Potassium hydroxide**  
**Simple stain**  
**Ziehl-Neelsen stain**

A variety of stains are available for the identification of bacterial specimens. The most commonly used are the Gram stain and the Ziehl-Neelsen stain (acid-fast). Gram stain is a differential stain that allows for the direct observation of Gram-negative and Gram-positive organisms. Information obtained from a Gram stain may help to determine the identity of a specimen or to identify the predominant organism in a mixed specimen. Proper technique is important for accurate results. Ziehl-Neelsen (acid-fast) stains are available commercially. Commercially prepared reagents require heating to precipitate forms. **Simple stains** such as crystal violet or methylene blue, are typically used for yeasts. **Lactophenol cotton blue** is used to confirm the identity of fungi. Other types of stains are available for microbiology, but are performed only in reference laboratories. Standard microbiology procedures or valuation of bacterial morphology are essential for the identification of all bacterial specimens. Errors in staining procedures can lead to misclassification of organisms.

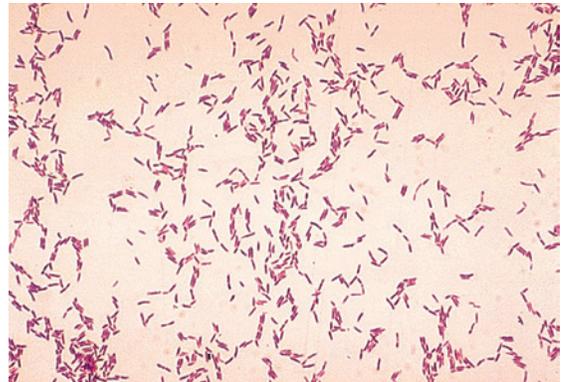
Gram-negative organisms are characterized by a thin cell wall structure. The Gram stain procedure requires a primary stain, a decolorizer, and a counterstain. The primary stain is crystal violet. The decolorizer is alcohol or acetone. The counterstain is safranin. The Gram stain is used to identify Gram-negative and Gram-positive organisms. The Gram stain is a differential stain that allows for the direct observation of Gram-negative and Gram-positive organisms. Information obtained from a Gram stain may help to determine the identity of a specimen or to identify the predominant organism in a mixed specimen. Proper technique is important for accurate results. Ziehl-Neelsen (acid-fast) stains are available commercially. Commercially prepared reagents require heating to precipitate forms. **Simple stains** such as crystal violet or methylene blue, are typically used for yeasts. **Lactophenol cotton blue** is used to confirm the identity of fungi. Other types of stains are available for microbiology, but are performed only in reference laboratories. Standard microbiology procedures or valuation of bacterial morphology are essential for the identification of all bacterial specimens. Errors in staining procedures can lead to misclassification of organisms.

## TECHNICIAN NOTE

The Gram stain is a differential stain that allows for the direct observation of Gram-negative and Gram-positive organisms. Information obtained from a Gram stain may help to determine the identity of a specimen or to identify the predominant organism in a mixed specimen. Proper technique is important for accurate results. Ziehl-Neelsen (acid-fast) stains are available commercially. Commercially prepared reagents require heating to precipitate forms. **Simple stains** such as crystal violet or methylene blue, are typically used for yeasts. **Lactophenol cotton blue** is used to confirm the identity of fungi. Other types of stains are available for microbiology, but are performed only in reference laboratories. Standard microbiology procedures or valuation of bacterial morphology are essential for the identification of all bacterial specimens. Errors in staining procedures can lead to misclassification of organisms.

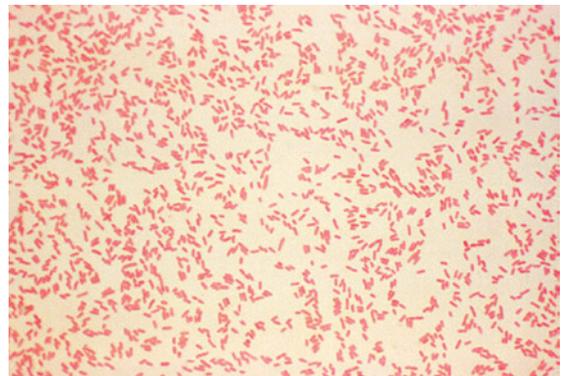


Gram staining kit. (Courtesy B. Mitzner, DVM.)



bacteria.

Atlanta, 1977, Centers for Disease Control and Prevention.)



Typical staining pattern of gram-negative  
(Courtesy Public Health Image Library, PHIL#6711, Atlanta, 1980, Centers

or roneous esults. ote ariations  
different est lways onslut erials rovided  
ufacturer.

Heat fixing before Gram staining prevents the sample

be oung ure), ecause er onies  
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sible to over-decolorize or under-decolorize, yielding ambiguous

Bacteria etain ystal iolet-iodine omplex  
purple e led ram-positive rganisms  
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safranin r lassified ram-negative rgan  
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ram-negative rganisms nce  
week with each new batch of These control organisms  
may e ept rowing oratory.

Gram-positive bacteria appear purple when they are





*Veterinary microbiology: bacterial and fungal agents*

Each time a clinical specimen is stained, a Gram control culture is performed to verify the quality of the staining procedure. Commercially available Gram control slides are commercially available.

Chapter review questions [Appendix](#)

- The Gram stain is a common procedure performed in microbiology laboratories.
- Gram staining requires primary stain, mordant, decolorizer, and counterstain.
- Gram-positive organisms appear purple when viewed under a microscope, while Gram-negative organisms appear pink.
- Samples with Gram-variable reactions are evaluated by a KOH test.
- Flagella, capsule, endospore, and fluorescent antibodies are primarily used in reference laboratories.
- The Ziehl-Neelsen stain is used to identify acid-fast organisms.



After studying this chapter, you will be able to:

- Describe general sequence when identifying bacteria.
- Describe quadrant streak method of inoculation.
- Describe procedure for inoculation of tubes.

- Differentiate between presumptive identification and definitive identification.
- Discuss effects of inoculation on culture.
- List colony characteristics of valued bacterial colonies.
- Describe methods for culture of anaerobes.

### Inoculation of Culture Media,

Streaking culture  
Inoculation

### Incubation of Cultures,

### Colony Characteristics,

Culture of Anaerobes,  
Key Points,

### Candle jar

### Filamentous

### Incubation

### Mucoid

### Presumptive identification

### Quadrant streak

### Rhizoid

### Slant tube

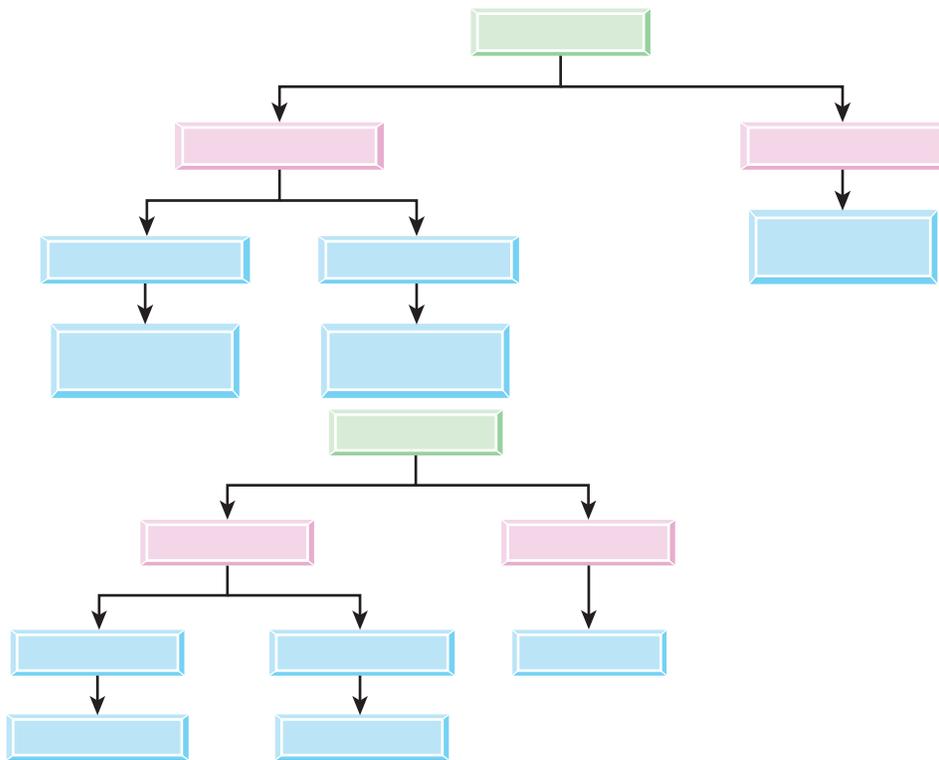
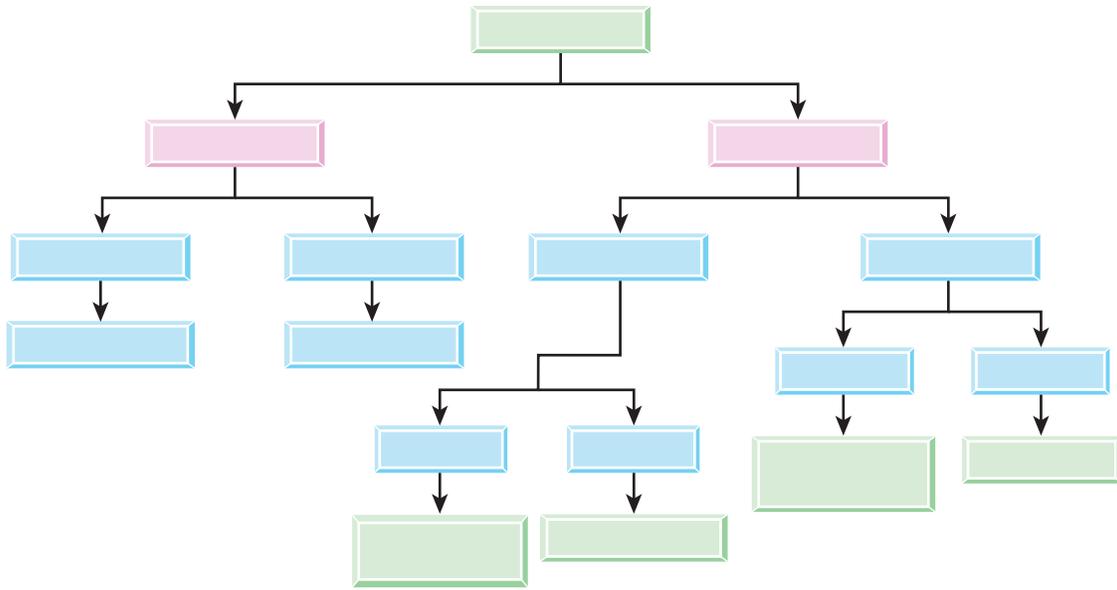
### Undulate

A systematic approach is needed for the identification of genetic bacteria. **Procedure** shows typical sequences used to process microbiologic specimens. The practice laboratory develops worksheets or spreadsheets to represent bacterial identification. Here are several options to determine bacterial species. Flowchart or identification tables. Specimens streaked into primary medium, such as blood agar or MacConkey agar. The plates are incubated for 24 to 48 hours and then examined for growth. Suspected pathogens on an incubated plate can be further identified regarding their genus or species with the use of a flow chart. Determining the genus of a genetic organism is often possible using presumptive or tentative identification. Definitive identification usually requires additional biochemical testing. Important to the veterinarian is the decision regarding the initial treatment of the patient. **presumptive identification** includes additional testing to select therapeutic options. Comparatively few organisms are identified

at the genus level with a degree of certainty. **Table** summarizes identifying characteristics of common bacterial pathogens of veterinary species. **Table** summarizes bacterial pathogens of veterinary importance, species affected, resultant organisms, specimens required or not. **Appendix** Bacterial Pathogens of Veterinary Importance, contains summary characteristics of reduced microbial genera and species.

Each practice laboratory should develop flow charts

Most gram-positive and gram-negative organisms grow on blood agar. Gram-positive organisms usually grow on MacConkey agar, but this agar supports the growth of most gram-negative organisms. Selection of a colony from a routine blood agar plate is preferable to selecting from MacConkey agar. The danger of subculturing from a selective medium such as MacConkey agar is that it may identify organisms present



Examples of flow charts that are used for the differentiation of bacteria.

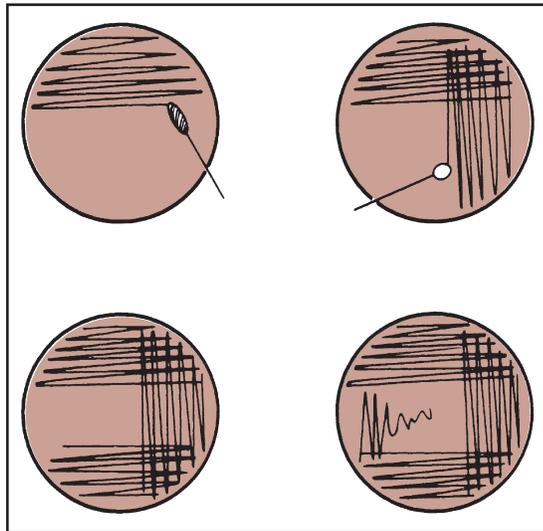
**Typical Sequence of Testing of Microbiology Specimens**

Collect specimen.

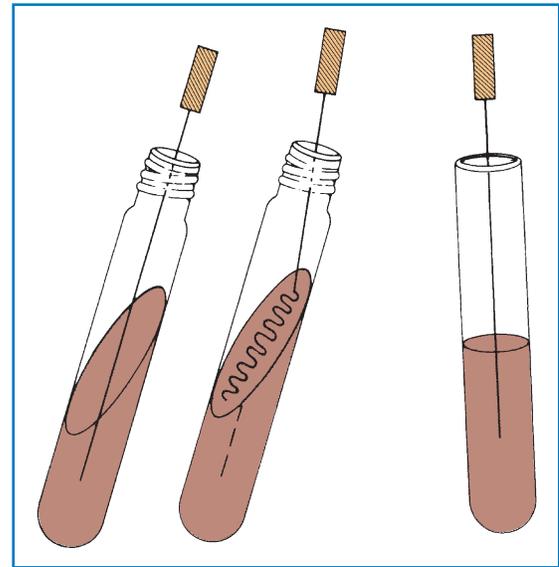
## Common Bacterial Pathogens in Veterinary Specimens

Cyclic adenosine monophosphate; triple sugar iron agar.





The quadrant streak method for the isolation of bacteria. (From



Clinical textbook for veterinary technicians,

Use a sterile bacteriologic needle to remove a small amount of the bacterial culture. Insert the needle directly into the center of the agar, and push the needle

resultant colonies are discrete and isolated. Isolated colonies are typically row and column streak. The streak is important, and streaks should be kept close together to include streaks possible, care should be taken to overlap streaks. Several types of colonies may be observed. Each colony subcultured into separate tubes. Procedure repeated until pure culture of discrete colonies obtained.

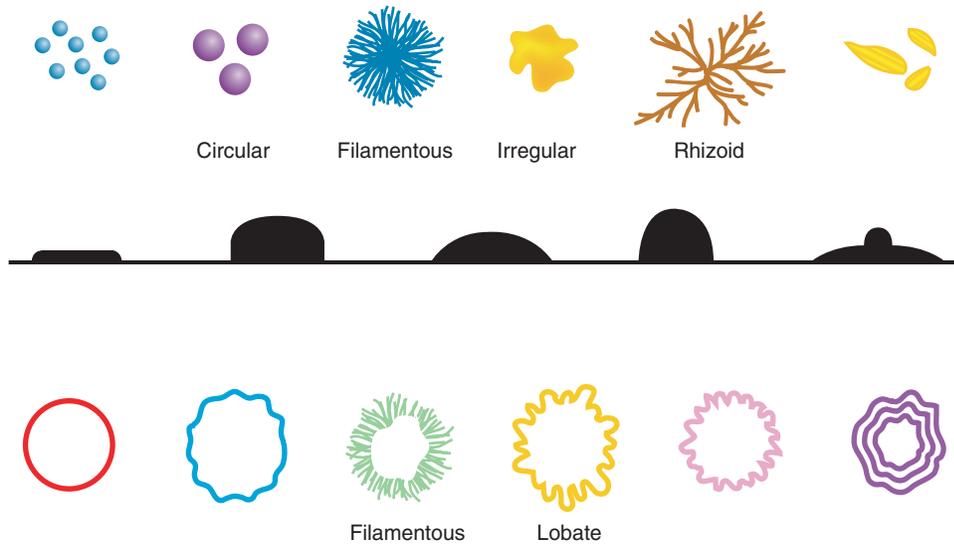
If agar is used, surface inoculation is used. To inoculate surface, stab the agar with the needle, withdraw the needle, and replace the agar. Enough bacteria are present to be replaced easily.

**TECHNICIAN NOTE**

For pathogens, incubate at optimal growth temperature (usually near 37°C for some bacteria, 25°C for fungi, and 15°C for environmental organisms). Care should be taken to maintain optimal growth temperature. High incubation temperature, because bacterial growth is temperature sensitive, may occur over

**Incubation** time depends on the generation time of individual bacterial species. For routine cultures, plates should be incubated for 18-24 hours, then examined for growth. Organisms such as *Nocardia* species require longer incubation before colonies are visible. Use inverted tubes during incubation to prevent condensation from collecting on the surface of agar, which may cause clumping of colonies.

Some organisms require carbon dioxide for growth in culture atmosphere. **Candle jar** method is used for these organisms. The test tube is placed in a jar, and the jar is covered with a layer of cotton wool, leaving a space for oxygen. The jar is placed in a carbon dioxide jar's atmosphere. (This does not create an anaerobic condition.) Incubate for 24 hours or longer, then check for growth. Growth occurs, reincubate for 24 hours or longer, or rechecked for growth. Laboratories have automatic incubators that control temperature, carbon dioxide levels, and humidity.



Bacterial colonies may be described on the basis of their form, elevation, and margins.

An experienced technician recognizes several criteria of gross observation of colonies. Various colony characteristics, including the following, may help to identify a bacterium involved:

- Size (millimeters described, pinpoint, medium, large)
- Pigment
- Density (opaque, transparent)
- Elevation (raised, convex, spool-like)
- Form (e.g., circular, irregular, **rhizoid**, **filamentous**, **undulate**)
- Texture (e.g., glassy, smooth, **mucoïd**, buttery, brittle, sticky)
- Odor (faint, sweet)
- Any hemolysis (alpha, beta, gamma)



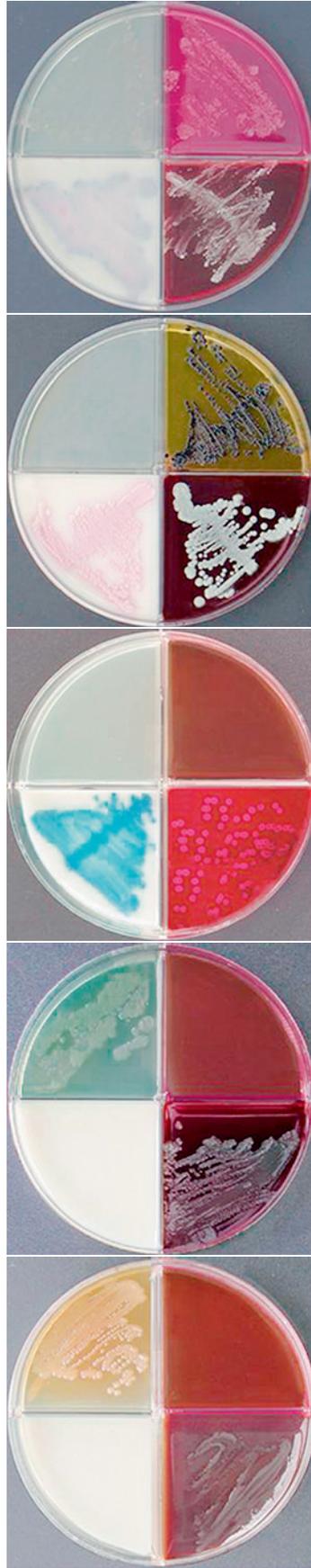
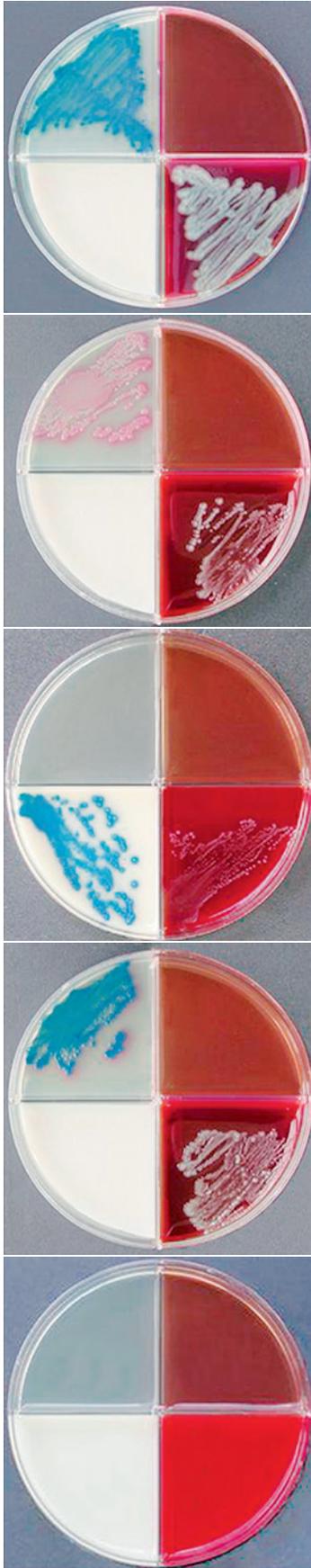
Many of the modular systems are provided with detailed color charts to identify bacterial species. Part of the colony morphology

Because bacteria survive exposure to air or oxygen, collection of aerobic or anaerobic cultures

acceptable. referred to as aerobic specimens include blocks of tissue, a 1-cm cube, a sterile container, a syringe, a rubber stopper or bent backward on itself. Specialized anaerobic specimen collection systems are available.

Specimens are cultured on blood agar plate into glycolate broth. anaerobe jar, high voids aerobic environment using incubation. self-contained system, such as Pack (Oxoid, Columbia,

Conditions in which the isolation of anaerobes may include soft-tissue abscesses, postoperative wounds, peritonitis, septicemia, endocarditis, endometritis, gangrene, pulmonary infection, foot rot, anaerobic synergistic relationship with another bacterium. For example, liver abscesses seen in slaughter otherwise healthy feedlot commonly yield anaerobe *Fusobacterium necrophorum* anaerobe *Actinomyces pyogenes*. or conditions involve *Clostridium chauvoei*, *Clostridium septicum*, *Clostridium novyi*, *Clostridium sordellii*, laboratories use rescent antibody technique or Gram stain. specimens include ected muscle contains one row.



Spectrum CS interpretation guide. Modular culture systems usually have interpretation guides that are based on colony morphology. (Courtesy Barry Mitzner, DVM.)

- A systematic approach needed for proper evaluation of cultures.
- The quadrant streak method used to isolate pure culture.
- Slant tubes be inoculated on surface, butt area, or both areas.
- High-carbon-dioxide environments be achieved with candle jar.
- Cultures are incubated initially examined after to hours.
- Presumptive identification often be achieved with evaluation of colony morphology.
- The evaluation of colony morphology includes colony size, density, pigmentation, elevation, form, texture, odor well determining presence of any hemolysis.









The use of calipers to measure the zone of inhibition.

avoid condensation on the plates. Inverted before use to avoid condensation collecting on the surface of the plates. Enter the antibiotic disks on the surface of the agar. Measure the diameter of each zone of inhibition.



Whether testing is performed by direct or indirect method, antibiotic susceptibility must be determined by physical measurement of inhibitory zones (Fig. 42-10). That measurement is then compared to a chart of inhibitory zones to determine

relative resistance of the bacterium to antibiotics being tested (see Table 42-1).

The plates can be read after a constant period, satisfactorily after overnight incubation (i.e., 18 to 24 hours). Prolonged incubation over one or more days, especially with antimicrobials that have a slow rate of action, may make the zones hard to read. If rapid results are imperative, the diameters of the zones should be measured after a short incubation. The results should be confirmed by reading again after overnight incubation. The diameter of each inhibition zone is measured on the underside of the template. The ones are recorded in millimeters. The Mueller-Hinton medium should be used, and the surface of the agar should be removed.

**Table 42-1** Commonly used antimicrobials and their interpretation. The table is divided into major categories: resistant or susceptible to a particular antimicrobial agent. The latter category is subdivided into intermediate susceptibility and susceptible. For predictive purposes, a resistant organism may respond rapidly to a particular antimicrobial. Intermediate susceptibility indicates that the organism may be susceptible to a higher concentration of the antimicrobial. Some antimicrobials have specific issues. For example, the use of trimethoprim-sulfamethoxazole (cotrimoxazole) for the treatment of systemic infections is limited by its toxicity. The zone of inhibition is a measure of the relative efficacy of an antimicrobial. Some drugs, such as amphotericin B and colistin, do not readily diffuse through agar and therefore produce small zones, even when the test organism is fully susceptible. Therefore, direct comparisons with zone diameters produced by unrelated antimicrobials are not valid.

Susceptible reference organisms such as *Staphylococcus aureus*, American Type Culture Collection (ATCC) 29218, and *Escherichia coli*, ATCC 25922, should be tested regularly, preferably at the same time and place. **Antimicrobial susceptibility tests** for these control organisms should be checked such as growth-supporting capability, medium, and potency of antimicrobial agents. Other variable conditions should be noted.

The method designed for rapidly growing bacteria. Autoclaved or sterile media should be used for growing organisms or which criteria or interpretation are not yet established with certainty. In general, one antimicrobial should be tested at a concentration equivalent to that used in the standard. Rapid growers should be compared to the standard.

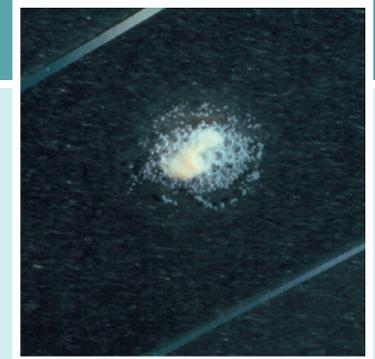


more recommended or (ure) ve  
 o e eemed ogs re

Chapter review questions [ppendix](#)

- Antibiotic resistance occurs when organisms produce enzymes (e.g., beta-lactamase) that inactivate antibiotics. Drugs, chemicals, or other agents designed to cure or prevent infections.
- Bacteria produce beta-lactamase enzymes that break down beta-lactam antibiotics.
- Antibiotic sensitivity testing is performed to determine the susceptibility of bacteria to specific antimicrobials.
- The application of undiluted culture directly to Mueller-Hinton agar is referred to as direct sensitivity testing.
- Indirect sensitivity testing requires a colony suspension taken from a culture plate, subcultured into broth media, and incubated to achieve turbidity. This is often done using a Farland suspension.
- Antimicrobial discs are placed on an inoculated agar surface with a disk dispenser. The discs are sterile and have a diameter of 6.5 mm.
- For sensitivity testing, the discs are placed on the surface of the agar (including the underside of the agar) and allowed to dry.
- The MIC can be determined by ensuring that the first zone of inhibition for a given antimicrobial will be chosen as the appropriate dosage.
- The presence of a zone of inhibition for a given antimicrobial indicates that the organism is susceptible to that antimicrobial.
- A colony suspension is used to inoculate the agar for sensitivity testing.

# Additional Testing



After studying this chapter, you will be able to:

- List and describe methods for testing motility of bacteria.
- List commonly performed biochemical

- Describe commonly performed biochemical
- Describe procedure for performing California Mastitis test.

Motility,  
Indole Test,  
Catalase Test,  
Coagulase Test,  
Oxidase Activity,

Acid Production From Glucose,  
California Mastitis Test,  
Immunologic Examination,  
Key Points,

California Mastitis Test  
Catalase  
Coagulase  
Hanging drop

Indole  
Kovac's reagent  
Motility media

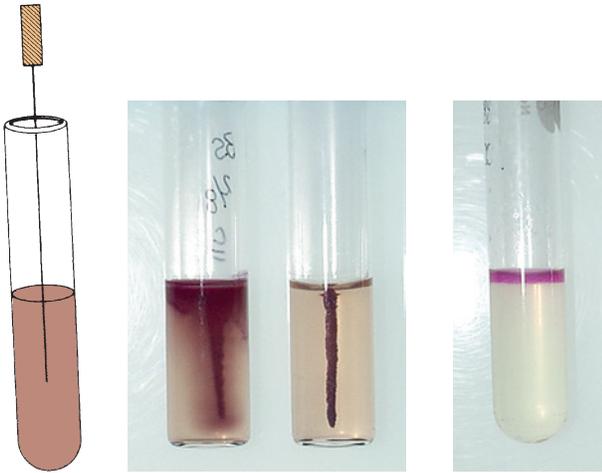
The presumptive identification of bacteria often gives veterinarians enough information to develop a diagnostic treatment plan. However, organisms that are differentiated to species level require additional testing or positive identification. Partial list of commonly performed tests follows.

Several methods are commonly used to test motility: **hanging drop** prep, wet prep, **motility media** For wet prep, a young culture is aseptically transferred to a suspension of bacterial debris in 1-2 ml of nutrient broth. The culture is then diluted with an equal volume of sterile water to reduce the cell concentration. The suspension is placed on a concave slide and covered with a coverslip. The slide is inverted and the coverslip is held in place by a rubber band. The suspension will be left hanging upside down into the concave area of the slide. Press the coverslip down gently. Petroleum jelly is applied to the concave area of the slide just before use. To prepare a hanging drop prep, a small amount of bacterial suspension is placed on a concave slide and covered with a coverslip. The slide is inverted and the coverslip is held in place by a rubber band. The suspension will be left hanging upside down into the concave area of the slide. Press the coverslip down gently. Petroleum jelly is applied to the concave area of the slide just before use. To prepare a hanging drop prep, a small amount of bacterial suspension is placed on a concave slide and covered with a coverslip. The slide is inverted and the coverslip is held in place by a rubber band. The suspension will be left hanging upside down into the concave area of the slide. Press the coverslip down gently. Petroleum jelly is applied to the concave area of the slide just before use.

Wet preps tend to evaporate rapidly under a microscope, so some bacteria may appear obviously motile when provided

with additional liquid. The hanging drop prep can eliminate these problems. Special slides are available that contain concave depressions in the center. The slide can be cleaned with alcohol and wiped dry. Petroleum jelly is applied to the concave area of the slide just before use. To prepare a hanging drop prep, a small amount of bacterial suspension is placed on a concave slide and covered with a coverslip. The slide is inverted and the coverslip is held in place by a rubber band. The suspension will be left hanging upside down into the concave area of the slide. Press the coverslip down gently. Petroleum jelly is applied to the concave area of the slide just before use.

If organisms are nonmotile, a microscopic examination of a wet mount of a culture will show no motility. Motility is usually determined by observing a hanging drop preparation. The suspension will be left hanging upside down into the concave area of the slide. Press the coverslip down gently. Petroleum jelly is applied to the concave area of the slide just before use. To prepare a hanging drop prep, a small amount of bacterial suspension is placed on a concave slide and covered with a coverslip. The slide is inverted and the coverslip is held in place by a rubber band. The suspension will be left hanging upside down into the concave area of the slide. Press the coverslip down gently. Petroleum jelly is applied to the concave area of the slide just before use.



A positive catalase test is indicated by the production of bubbles

Kovac's reagent added to detect the production of indole.  
 (From McCurnin D, Bassett J: *McCurnin's clinical textbook for veterinary*

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 to ead. he roviding results or  
**indole** est. he est valuates ility rganism  
 produce indole. **Kovac's reagent** added to incubated tube.  
 The eagent urns ed cteria roduce

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 area. Kovac's reagent suitable for testing anaerobic bacteria.  
 Other eagents erobic  
 aerobic bacteria. The color change may differ depending on  
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The test performed on gram-positive cocci small  
 gram-positive bacilli. It tests for enzyme which acts on  
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 of olony om lood ced oscope  
 slide, op eagent ydrogen eroxide)  
 added. f he olony atalase ositive, as ubbles re roduced  
**Fig.** ubble roduction gative esult.  
 No blood agar be transferred with colony, because  
 blood ar roduce htly ositive eaction. ositive

reaction may occur mixed colony sampled one with  
 both ositive gative rganisms rowing  
 together). The plate must be carefully streaked to obtain isolated  
 colonies. Staphylococci be used catalase-positive controls,  
 reptococci gative ontrols.

The **coagulase** est erformed ositive, ram-  
 positive occi. *Staphylococcus aureus* roduces oagulase, hich  
 enzyme coagulates Two versions of test are  
 available: slide coagulase test tube coagulase test. The  
 coagulase est erentiate oagulase-positive  
*S. aureus*, *Staphylococcus intermedius*, oagulase-negative  
*Staphylococcus* ., *Staphylococcus epidermidis* *Staphylococ*  
*cus saprophyticus*  
 The ube oagulase yophilized chased  
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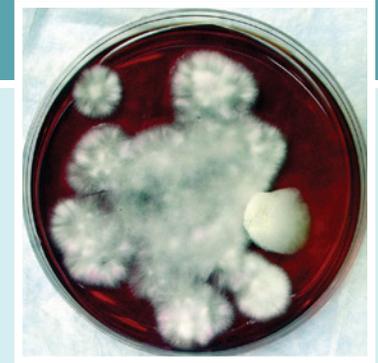
Polymorphonuclear leukocyte.



Numerous immunologic tests are available for identification of bacterial pathogens, particularly obligate intracellular bacteria. See next for more information about immunologic testing.

Chapter review questions [appendix](#)

- Additional testing sometimes needed for definitive identification of bacteria.
- The ability of bacteria to be cultured in the laboratory is a key factor in identifying them.
- Commonly performed biochemical tests performed on bacterial cultures include catalase, coagulase, and oxidase.
- The California mastitis test (CMT) is a commonly used "cow-side" test to detect mastitis.



After studying this chapter, you will be able to:

- Describe procedure for preparing dermatophyte cultures.
- Describe procedure for microscopic evaluation of dermatophyte cultures.
- Describe Wood's lamp.
- Discuss culture methods for dermatophytes.
- List characteristics of dermatophytes.
- List general characteristics of dermatophytes.
- Describe microscopic appearance of dermatophyte specimens.

### Dermatophyte Testing, Fungal Cultures, Key Points,

**Dermatophyte test medium**  
**Potassium hydroxide**  
**Ringworm**

**Sabouraud agar**  
**Wood's lamp**

Supplies needed for collection and examination of fungal samples—specifically, swabs, cotton swabs, **potassium hydroxide dermatophyte test medium**, **Sabouraud agar**, and **Wood's lamp**. Ideally, separate rooms for fungal culture, because fungal spores may contaminate other areas. Bebed roughly thyl propyl ced bottom f or or mpty for s, oor ut,

Most dermatophytes are saprophytic and keratinophilic. They are characterized by their ability to grow on keratin. They are often referred to as ringworm because of the characteristic lesions they cause. They are often referred to as ringworm because of the characteristic lesions they cause.

The dermatophytes comprise more than three dozen different species. The most common are *Microsporum canis*, *Microsporum gypseum*, and *Trichophyton mentagrophytes*. They are classified as geophilic (soil-loving), zoophilic (parasites of animals), and anthropophilic (parasites of humans). Only one, *M. gypseum*, commonly causes lesions. These geophilic species are certain because they are differentiated from zoophilic species.

**TECHNICIAN NOTE** A separate incubator for fungal samples will minimize

approximately 10<sup>6</sup> spores of *Microsporum canis* are needed to cause infection.

Most dermatophytes will grow on the surface of the skin. In some cases, they can be visualized microscopically after mounting them on a slide with potassium hydroxide (KOH) or sodium hydroxide (NaOH). These reagents eliminate keratin debris from the specimen, allowing the hyaline, septate hyphae of dermatophytes to be seen. The hyphae are typically branched and may contain spores. A cover glass is applied, and the slide is examined under a light microscope.



Wood's light examination is used to detect dermatophyte infections. The ultraviolet light causes the zoospores of *Microsporum* and *Trichophyton* to fluoresce. Wood's light is most useful for identifying *M. canis*, which fluoresces a bright green. The fluorescence is most intense when the hair is in the right growth stage to produce fluorescence. Lack of fluorescence with Wood's light examination does not rule out the possibility of a dermatophyte infection. Always use Wood's light before starting treatment.



Several products are available for culturing dermatophytes. The most common is the Dermatophyte Test Medium (DTM), which contains a pH indicator.



turns red in the presence of dermatophytes. The available tube formats (Fig. 44-1) consist of a variety of plate configurations. Some configurations are designed for enhanced sporulation, while others are designed to accelerate the formation of zoospores or germination. The Dermatophyte Test Medium (DTM, Oxoid, Palmetto Bay, FL) and Sabouraud dextrose agar will promote earlier formation of zoospores, but contain a pH indicator.

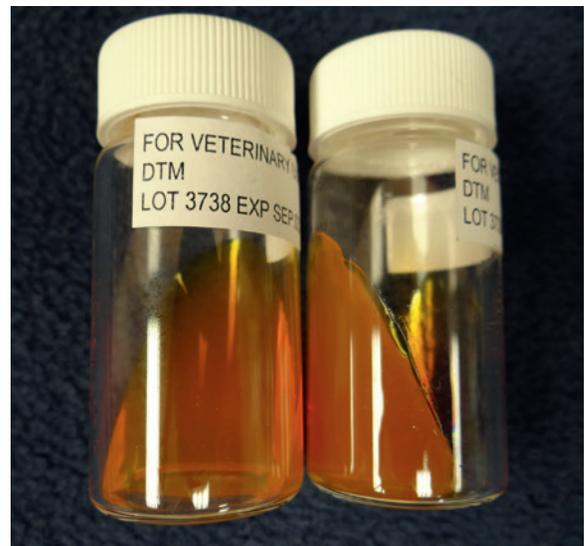
When collecting specimens or dermatophyte culture, avoid surface contamination. Collect specimens from the periphery of the lesion. They may contain viable organisms.

**Fig. 44-1** Incubate the culture at room temperature or plate cover loosened. Observe daily for growth. First, note color change, then perform a tape test. Use a clear cellophane tape to remove the growth. Confirm the presence of pathogenic forms. Remember, the presence of red coloration is a real coloration.



Green fluorescence of the hairs around a skin lesion on a

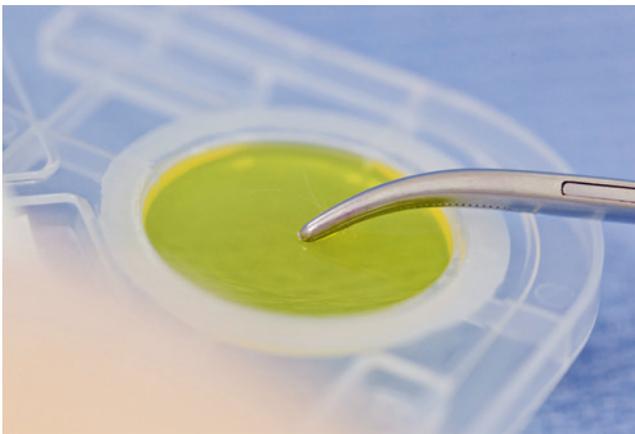
clinical techniques.



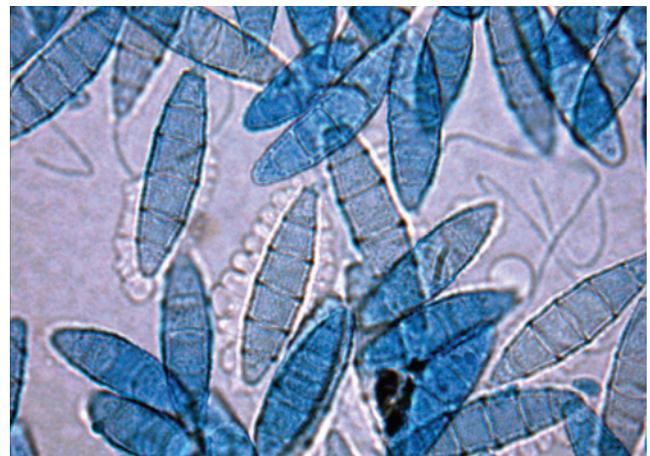
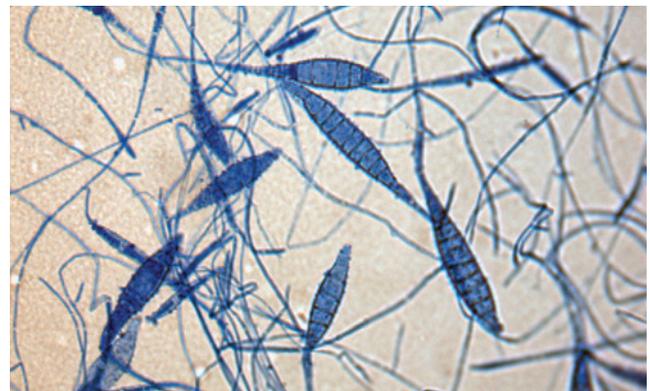
Dermatophyte test media in a tube format.



containing standard DTM and enhanced sporulation media. (Courtesy



The sample is placed onto the media and pressed slightly into



diagnostic of dermatophyte infection. Microscopic examination of the culture is essential for certain conditions, especially for identifying the organism. Therefore, a positive color reaction. Therefore, supported by microscopic examination

Confirm all dermatophyte infections by verifying the

Cultures of nondermatophytes are usually streaked out on blood agar or Sabouraud dextrose agar, or on media containing antibiotics. Fungal organisms produce colonies that are usually prepared by streaking from the center of the Sabouraud dextrose agar plate. A small piece of agar is taken from the edge of the colony to be subcultured. This square is decontaminated by autoclaving. The material for subculture from the edge of the fungal colony is always advisable, because the yeast cells in the center of the colony may be viable.

Fungi have a wide issue row body temperature. This temperature or condition primary uses of nondermatophytes as contaminants in a mycotic species. The exception examination specimens

color change. The red color should develop as soon as colony growth begins. The color change of the organisms as viewed

for dimorphic fungi, such as *Blastomyces* and *Histoplasma* species. These organisms grow when the body temperature of the culture is raised, and, conversely, both temperatures. Characteristics of dimorphic fungi of veterinary importance include the ability to grow at both temperatures. Because many pathogenic fungi, such as *Candida albicans* and *Aspergillus fumigatus*, are ubiquitous, a skin test or biopsy may be needed for definitive diagnosis of mycotic

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From Songer JG, Post KW: *Veterinary microbiology: bacterial and fungal agents of animal disease*,

**Growth at 37°**

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From Songer JG, Post KW: *Veterinary microbiology: bacterial and fungal agents of animal disease*,

**of Fungi in Clinical Specimens**

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From Songer JG, Post KW: *Veterinary microbiology: bacterial and fungal agents of animal disease*,

infection. Occasionally, yeastial pear hes f ellophane ressing enter  
 blood agar plates were prepared for bacteriology. These fungi e, icky own, nto enter olony.  
 or yeasts, of course, may be contaminants, but some of original tape, ith yphae uiting dhering ced  
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 After ion, ures xamined entify tion out oscopic pearance cated  
 types f ores resent. one out [Table](#)

- Supplies are needed for collection examination of fungal are much used for bacterial
- Most are needed for collection examination of practice e taneous ycotic rganisms wn dermatophytes.
- Fluorescence with food's only evident approxi mately volve *M. canis*.
- The commonly encountered dermatophytes are *M. canis*, *M. gypseum*, *T. mentagrophytes*
- Dermatophyte supported oscopic examination.

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## Unit Outline

*Chapter 45: Nematodes,*

*Chapter 46: Cestodes, Trematodes, and Acanthocephalans,*

*Chapter 47: Protozoa and Rickettsia,*

*Chapter 48: Arthropods,*

*Chapter 49: Sample Collection and Handling,*

*Chapter 50: Diagnostic Techniques,*

### The objectives for this unit are:

*List the common internal parasites of domestic animals.*

*List the common external parasites of domestic animals.*

*Discuss the life cycles of common parasites of domestic animals.*

*Describe the treatment and control strategies for common parasites of domestic animals.*

*Describe the procedures that are used to diagnose parasites.*

Parasitology is the study of organisms that live in (internal parasites, endoparasites) or on (external parasites, ectoparasites) another organism, the host, from which they derive their nourishment. Parasitism is a type of symbiotic relationship. Symbiosis involves two organisms living together, and there are three types: (1) Commensalism: One organism benefits, the other is unaffected; (2) Mutualism: Both organisms benefit; and (3) Parasitism: One organism benefits, the other is harmed.

The organism that the parasite lives in or on is called its host. The host may be a definitive host that shelters the sexual, adult stages of the parasite, or the host may be an intermediate host that harbors the asexual (immature) or larval stages of the parasite. There are also paratenic hosts or transport hosts for some parasites, in which the parasite survives without multiplying or developing. Parasite life cycles can be simple with direct transmission, or they may be complex and involve one or more vectors. A vector can be mechanical or biological. Mechanical vectors transmit the parasite, but the parasite does not develop in the vector. Biological vectors serve as intermediate hosts for the parasite. The term life cycle refers to the maturation of a parasite through various developmental stages in one or more hosts. For a parasite to survive, it must have a dependable means of transfer from one host to another and the ability to develop and reproduce in the host, ideally without producing serious harm to the host. This requires the following:

- A mode of entry into a host (infective stage)

- The availability of a susceptible host (definitive host)

- An accommodating location and environment in the host for maturation and reproduction (e.g., the gastrointestinal, respiratory, circulatory, urinary, or reproductive system)

- A mode of exit from the host (e.g., feces, sputum, blood, urine, smegma), with dispersal into an ecologically suitable environment for development and survival

Parasites have a wide distribution within host animals. They can have a negative impact in a number of ways, including the following:

- Injury on entry (e.g., creeping eruption)

- Injury by migration (e.g., sarcoptic mange)

- Injury by residence (e.g., heartworms)

- Chemical or physiological injury (e.g., digestive disturbances)

- Injury due to host reaction (e.g., hypersensitivity, scar tissue)

Internal parasites, called endoparasites, live within an animal. These parasites derive their nutrition and protection at the expense of the infected animal, which is called the host. The various internal parasites have many different life cycles. Each parasite's life cycle is distinctive. It is composed of various developmental stages, all of which may occur within the same host or separately within sequential hosts. Endoparasites of domestic animals include unicellular protozoans, trematodes (flukes), cestodes (tapeworms, with their associated metacestode stages), nematodes (roundworms), and acanthocephalans (thorny-headed worms). A few arthropods (e.g., horse bots) are endoparasites. Ectoparasites usually live on or in skin surfaces or feed on them. Ectoparasites infest the skin or external surfaces of animals and produce an infestation on the animal.

The host that harbors the adult, mature, or sexual stages of a parasite is called the definitive host. The dog is the definitive host for *Dirofilaria immitis*; adult male and female heartworms are found in the right ventricle and pulmonary arteries of the dog's heart. The host that harbors the larval, immature, or asexual stages of a parasite is called the intermediate host. The mosquito is the intermediate host for *D. immitis*; the first, second, and third larval stages of *D. immitis* are found within the mosquito.

The life cycle of most parasites has at least one stage during which the parasite may be passed from one host to the next. Diagnostic procedures frequently detect this stage; therefore, it is referred to as the diagnostic stage. The diagnostic stage of a parasite may leave the host through excreta (e.g., feces, urine), or it may be transmitted from the bloodstream to its next host by an arthropod (e.g., a mosquito). The microfilarial stage is the diagnostic stage of *D. immitis*; the female mosquito takes in the microfilariae during a blood meal.

The diagnosis of endoparasitism is one of the most frequently performed procedures in the veterinary clinical setting. An accurate diagnosis of endoparasitism is based primarily on the veterinarian's and the technician's awareness of parasites that are prevalent in the immediate geographic area or ecosystem. However, because of the far-ranging mobility of owners and their pets in the twenty-first century, residence in or travel to another geographic region should also be considered when endoparasitism is among several differential diagnoses.

Heavily parasitized animals often show clinical signs that are suggestive of the infected organ system. Depending on the affected organ system, these signs may include diarrhea or constipation, anorexia, vomiting, blood in the stool, or fat in the stool. Parasitized animals are frequently lethargic and display an unthrifty appearance that is characterized by weight loss or stunted growth, a dull hair coat, dehydration, or anemia. The animal may also experience coughing or labored breathing.

Internal parasites of domestic animals comprise several types of organisms that live internally in animals, that feed on their tissues or body fluids, or that compete directly for their food. These organisms range in size from being too small to be seen with the naked eye (microscopic) to being more than 1 cm long. Parasites also vary with regard to their location within the host and the means by which they are transmitted from one host to another. Because of these diverse variations, no single diagnostic test can identify all endoparasites.

The time elapsed between initial infection with a parasite until the infection can be detected with the use of common diagnostic procedures is called the prepatent period. The best example of this concept is trying to diagnose hookworm disease (*Ancylostoma caninum*) in a 1-week-old puppy via the observation of eggs on fecal flotation. This attempted diagnosis is not helpful, because the minimum time from infection until adult hookworms are present in the bowel and begin to produce eggs (prepatent period) is 12 days. The astute veterinary practitioner uses fecal flotation results but also the puppy's history, clinical signs, and other laboratory tests (e.g., blood values) to arrive at a specific diagnosis of ancylostomiasis (infection with hookworms).

**Classification of Parasites.** Parasites of domestic animals are found in the kingdom Protista and the kingdom Animalia as well as in a large number of phyla in those kingdoms. There is some variation with regard to the classification schemes of different references, and organisms are often reclassified when new information about their biochemistry is obtained. In [Appendix G](#), the box entitled "Kingdom: Animalia (Animals)" contains a summary of the taxonomic classifications of common parasites of domestic animals.

The majority of information in this unit is related to parasites of companion and farm animals. Lists of the major parasites of exotic species are located in [Appendix E](#).

**Zoonoses.** Zoonoses are diseases that can be transmitted between animals and humans. Veterinary technicians are responsible for educating clients about preventing infection with zoonotic parasites. Parasites of zoonotic significance include protozoans, trematodes, cestodes, nematodes, and arthropods. Commonly encountered zoonotic parasites are summarized in [Appendix H](#) entitled "Zoonotic Internal Parasites."

For additional sources for this unit see the Resources Appendix at the end of this textbook.



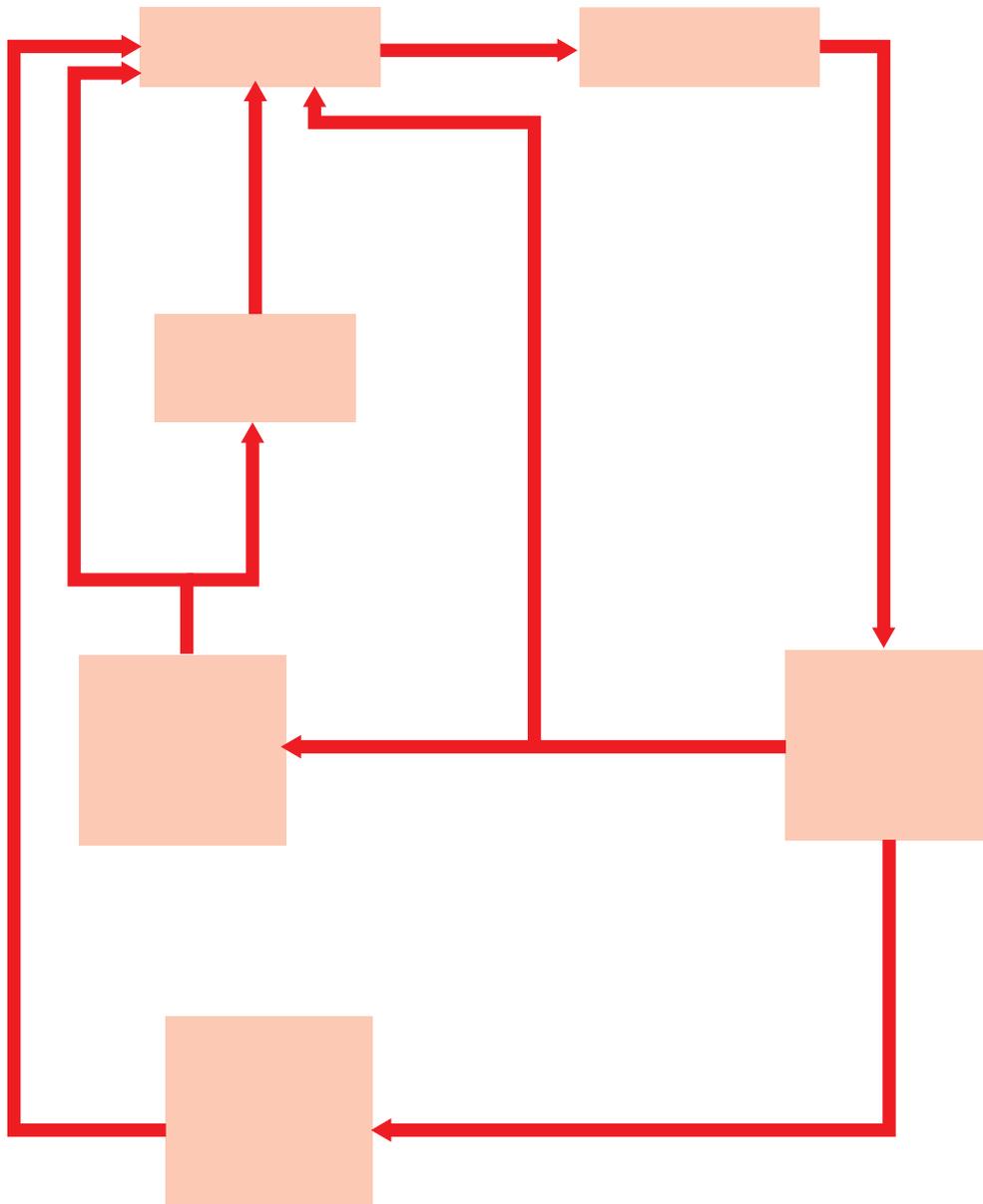


**Selected Nematodes of Veterinary Species**

Common Name

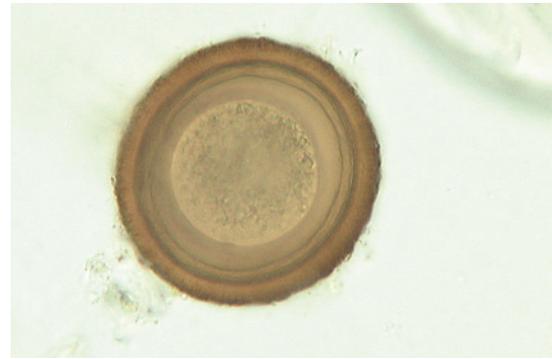
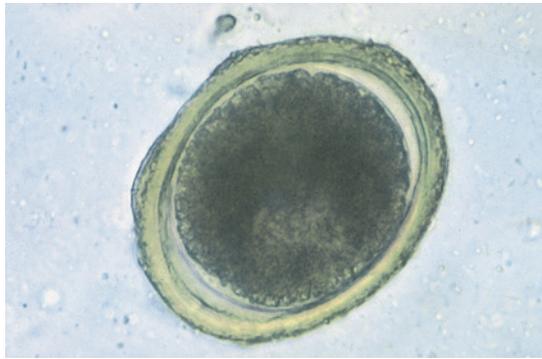
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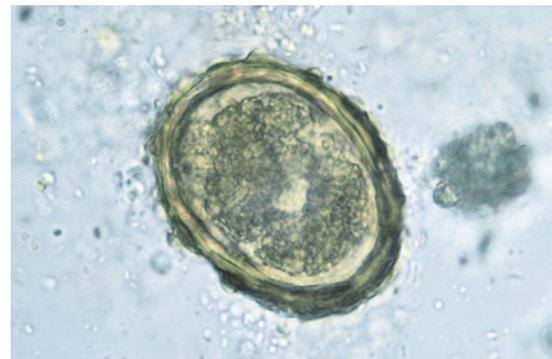
*Parascaris equorum* often led equine “equine roundworm.” It found small intestine of horses, particularly foals. Reproductive period 10-15 days. Eggs recovered from feces of young horses are oval, brown. The shell is thickened, with a granular surface. Eggs measure 0.1 x 0.05 mm. Each egg contains one cell. Eggs are easily identified by fecal flotation.

*Toxocara (Neoascaris) vitulorum* transmitted via transmammary route. In the foal, it is found in the small intestine. The largest nematode found within the small intestine. The eggs are recovered with standard fecal flotation. They are oval, olden brown, albuminous shell, ears prominent projections. Eggs measure 0.1 x 0.05 mm.



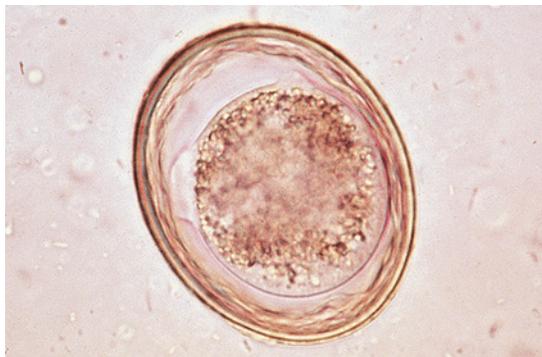
the equine ascarid

*Diagnostic parasitology for veterinary technicians*, ed 3, St Louis,



than those of *Toxocara canis*, measuring only 65 μm to 75 μm in diameter. (From Hendrix CM, Robinson E: *Diagnostic parasitology for veterinary*

m. (From Hendrix CM,



**Fig. 45.6** Characteristic ovum of *Toxascaris leonina*. These eggs are

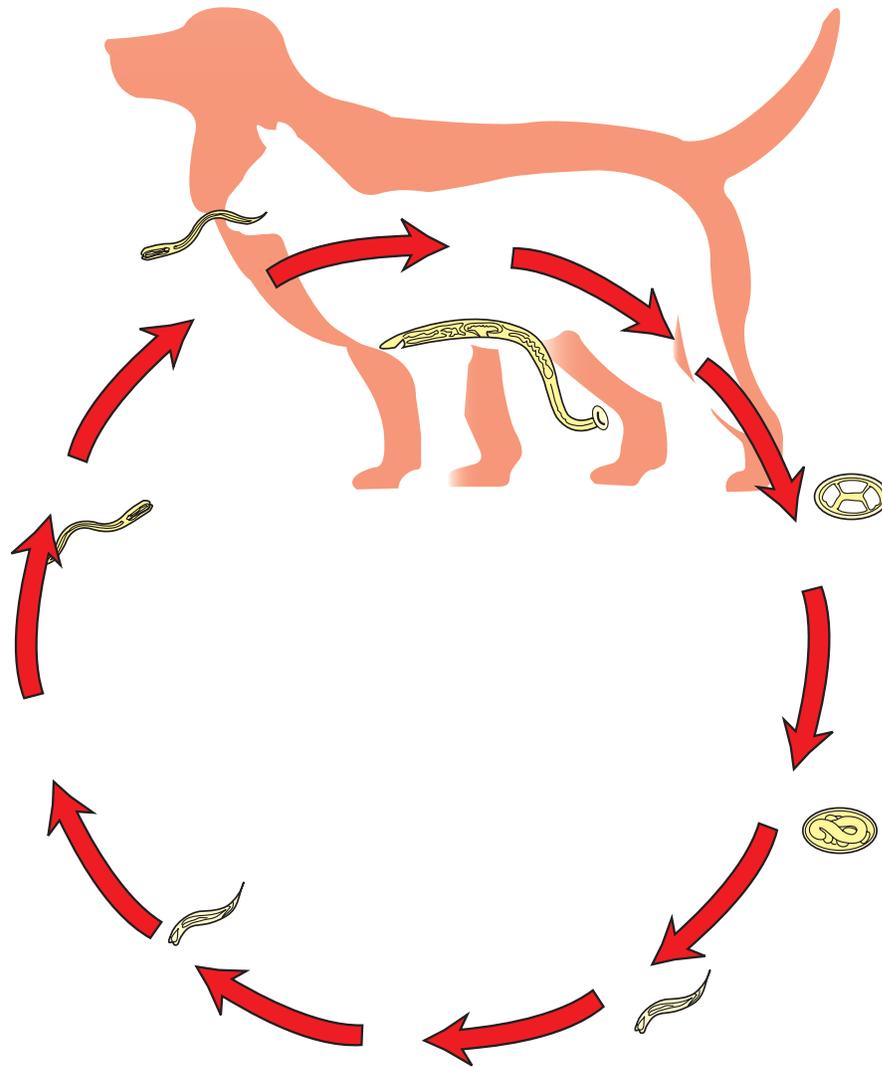
(From Hendrix CM, Robinson E: *Diagnostic parasitology for veterinary*

*Ancylostoma caninum*, hookworm; *Ancylostoma tubaeforme*, feline hookworm; *Ancylostoma braziliense*, feline hookworm; *Uncinaria stenocephala*, northern hookworm, are small intestinal nematodes. Hookworms are found throughout the world, they are common tropical

subtropical regions of North America. Hookworm infection, which produces severe anemia in young kittens and puppies, can be a serious problem in kennels and catteries. The prepatent period depends on the species of hookworm. The route of infection is percutaneous. *Bunostomum phlebotomum*, a hookworm of ruminants, produces trichostrongyle-type eggs.



The eggs of hookworm species are oval to ellipsoidal. They have a thin outer shell and contain a cell. When passed in feces, because the eggs hatch rapidly in the external environment (i.e., within a few hours after feces are deposited), the eggs are often found in the feces of hookworm infections. The eggs of *A. caninum* and *A. tubaeforme* are passed in the feces of the host. Those of *A. braziliense* and *U. stenocephala* are passed in the feces of the host. These eggs are usually recovered with a flotation technique.



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Strongyles matodes asitize estine of horses. They are typically divided into two types: large strongyles small strongyles. The small strongyles comprise several genera ary egard genicity. strongyles luded Strongyloidea, y are genic rongyles. *Strongylus vulgaris*, *Strongylus edentatus*, *Strongylus equinus* are large strongyles .

Regardless of whether **endoparasites** are small strongyles or large strongyles, their eggs are virtually identical. Identification to ecies vel ccomplished ecal ure identification of larvae. Strongyle eggs are often observed standard fecal flotation. They contain to 16-cell morula, y ure proximately o y to hen haracteristic ggs ecal flotation, bservation ecoreded strongyle-type va” rather ticular ecies rongyle.

*Oesophagostomum dentatum*, he nodular orm wine,” found large intestine of swine. The prepatent period days. he ggs richostrongyle ype; ords,

are oval, thick-shelled eggs. They contain four cells, measure approximately 70 µm by 35 µm. These eggs are recovered by standard fecal flotation. In contrast to bovine trichostrongyles, definitive diagnosis is made only by fecal culture and larval identification.

The ovine trichostrongyles are composed of several genera of nematodes that inhabit the abomasum and small intestines of the ruminant. They produce trichostrongyle-type eggs like *Bunostomum*, *Cooperia*, *Chabertia*, *Haemonchus*, *Oesophagostomum*, *Ostertagia*, and *Trichostrongylus*.



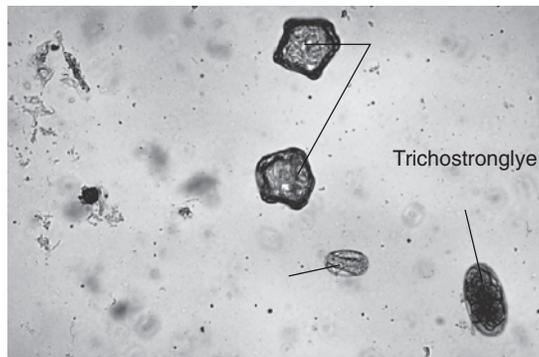
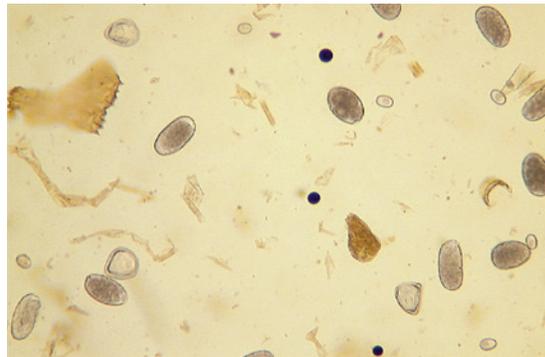
These seven genera (and others) produce oval, thin-shelled eggs. They contain four cells, measure approximately 70 µm by 35 µm. These eggs are recovered by standard fecal flotation. In contrast to bovine trichostrongyles, definitive diagnosis is made only by fecal culture and larval identification.

Upon identification of characteristic eggs, record of trichostrongyle-type eggs never be recorded by individual genus. The identification of genus and species usually is performed only by fecal culture and larval identification.



*Nematodirus* species and *Marshallagia* species are bovine trichostrongyles; however, their eggs are much larger than those of the genera mentioned previously. Their eggs are trichostrongyle type. *Nematodirus* species are found in calves and young cattle. *Nematodirus* species eggs are oval and contain four to eight cells. The eggs of *Marshallagia* species are large and contain four to eight cells. They have tapering ends and are rounded at the poles. They contain four cells.

*Dictyocaulus* species are lungworms (*Dictyocaulus viviparus*), sheep and goats (*Dictyocaulus filaria*). Adults are found in the bronchi of sheep and goats. *Dictyocaulus arnfieldi*, equine lungworm, is found in the bronchi and bronchioles of horses, mules, and donkeys. The prepatent period varies with



Characteristic trichostrongyle-type ova of the bovine trichostrongyles. These oval, thin-shelled eggs contain four or more cells. They measure 70 µm by 35 µm long. Some of these ova can be identified by their

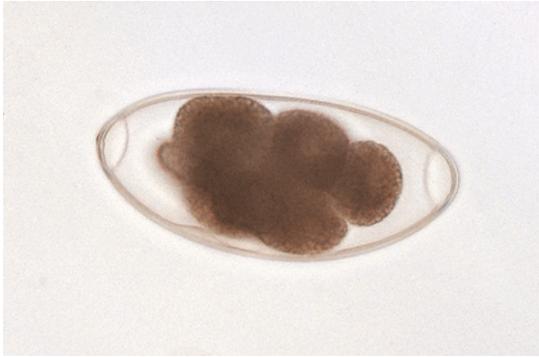


Fig. 45.13 Characteristic large ova of the species. (From



Diagnostic parasitology

for veterinary technicians,



species (cattle



the "hair lungworm"

species, but approximately days. The prepatent period for equine lungworm to days. Eggs are usually coughed swallowed. They hatch intestine, where they produce larvae recovered feces.

Larvae of *D. filaria* are brownish ovoid granules intestinal cells, luteal tubercular bodies. They are 550 micrometers long. The larvae of *D. viviparus* also have brownish ovoid granules intestinal cells, but have a straight black tubercular body. Larvae are 600 micrometers long.

*Hyostromylus rubidus* referred to "red stomach worm" of swine. The eggs are trichostrongyle type, oval, thin-shelled (ggs). They contain refractile cells, measure 100 micrometers by 50 micrometers. These eggs can be recovered with fecal flotation. In contrast to bovine trichostrongyles, definitive diagnosis can be made only with fecal culture and larval identification. The prepatent period is approximately 10 days.

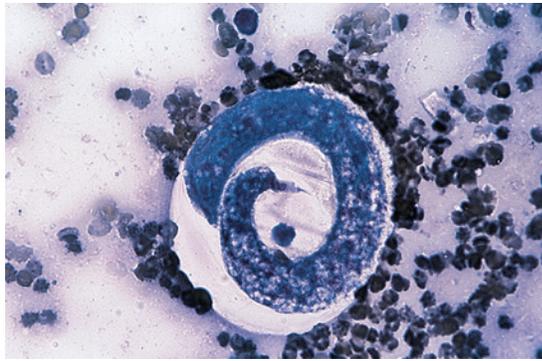
*Ollulanus tricuspis* "feline trichostrongyle." This parasite is usually associated with vomiting. It is commonly identified by examination of vomitus. The female is 1.5 centimeters long, and the male is 1 centimeter long. The female is 1.5 centimeters long, and the male is 1 centimeter long. The female is 1.5 centimeters long, and the male is 1 centimeter long.

*Strongyloides stercoralis*, *Strongyloides tumefaciens*, *Strongyloides papillosus* are often referred to as "intestinal threadworms." These nematodes are unique; only parthenogenetic female females produce eggs without copulation.

parasitic females produce eggs, and, in dogs, these eggs hatch in the intestine and release first-stage larvae. In horses, parasitic dult females, eggs, and first-stage larvae of *Strongyloides* species. The larvae are 600 micrometers long. They have a habitiform (club-shaped) head, a narrow median isthmus, and a bulbous posterior end. The prepatent period is 10 days. *Strongyloides westeri* is often referred to as "intestinal leadworm" in horses. Females produce unembryonated eggs that are 60 micrometers by 30 micrometers. The eggs are usually recovered with fecal flotation of fresh feces. The prepatent period is 10 days. *Strongyloides ransomi*, intestinal threadworm of pigs, found within the small intestine of pigs. These females produce unembryonated eggs that measure 60 micrometers by 30 micrometers. The eggs are usually recovered with fecal flotation of fresh feces. The prepatent period is 10 days.

*Muellerius capillaris* is often called "lungworm." Adults are found within bronchioles, commonly in the lungs of horses. The eggs develop in the lungs and are coughed up, swallowed, and passed in the feces. They are 100 micrometers long. The female is 1.5 centimeters long, and the male is 1 centimeter long.

Adult *Protostrongylus* species occur in the lungs of horses. They gain access to the lungs through the bronchioles.

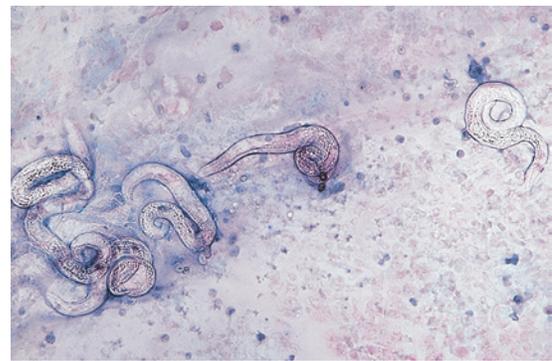


the feline lungworm. (From Hendrix CM, Robinson E: *parasitology for veterinary technicians*,

definitive stage larvae hatched, followed, to tip, to *Metastrongylus apri*, eggs recovered specific tion technique. *Filaroides (Oslerus) osleri*, *Filaroides hirthei*, lungworms," lung The larva their definitive with shows *osleri* they period *F. osleri* *Aelurostrongylus abstrusus* parasite are forced into characteristic long. tion Recovering he

st-stage larvae hatched, followed, to tip, to *Metastrongylus apri*, eggs recovered specific tion technique. *Filaroides (Oslerus) osleri*, *Filaroides hirthei*, lungworms," lung The larva their definitive with shows *osleri* they period *F. osleri* *Aelurostrongylus abstrusus* parasite are forced into characteristic long. tion Recovering he

*Trichuris vulpis*, *Trichuris serrata*, cecum are common, but diagnosed only sporadically throughout *Trichuris campanulata*, *Trichuris serrata*, cecum are common, but diagnosed only sporadically throughout



recovered with tracheal washing. (From Hendrix CM, Robinson E: *Diagnosis*



**Fig. 45.20** Characteristic ovum of *Trichuris vulpis*. (From Hendrix CM,

derive from adults ve filamentous and worm described richinelloid richuroid. yellow-brown, mmetric ll ugs The ggs e mbryonated vated) hen ggs *T. vulpis* e o y o . shows characteristic gg *T. vulpis*. he repatent eriod *T. vulpis* o ys. The ggs f *T. campanula* *T. serrata* y e on fused with of *Aonchotheca putorii*, *Eucoleus aerophilus*, *Personema feliscati*, which are parasites of feline stomach,

respiratory tract, and urinary system, respectively. The eggs of *T. campanula* are oval to round when examining cat's feces for feline trichurids, veterinary technicians are aware of endoparasites; eggs of trichurids or capillarids frequently parasitize outdoor cats, especially those such as cats, rabbits, birds. Eggs of trichurids and capillarids are usually altered through a cat's gastrointestinal system, remaining intact and embryonated and thus appearing to be intact.

*Trichuris ovis* infects the cecum and colon of ruminants. Eggs of ovine whipworms are oval to round. *Trichuris suis* is the equine whipworm. Eggs of whipworms are oval to round. The prepatent period is 21 days.

*Aonchotheca putorii* is commonly referred to as the astric capillarid of horses. It was once known by the former name *Capillaria putorii*. This capillarid frequently parasitizes mustelids, such as otters, but has also been reported from various mammals and are rarely reported from North America. Eggs of *A. putorii* are usually confused with trichinelloid matodes (in a section about feline whipworms). Their eggs are oval to round by the oral cavity and exhibit a trilobed surface to the eggs of *Eucoleus aerophilus*, the equine capillarid. The eggs of *A. putorii* are dense and delicate, while those of *E. aerophilus* are more organized and longitudinal formation. They have flattened sides, and they contain one- or two-cell embryos.

*Eucoleus aerophilus* (*Capillaria aerophila*) is a capillarid nematode found in the trachea and bronchi of horses. The prepatent period is approximately 14 days. In standard fecal floatations, eggs of *Eucoleus* species are often confused with those of *Trichuris* whipworms). Eggs of *E. aerophilus* are smaller than whipworm eggs and are oval to round. They are broadly oval-shaped, with a trilobed surface. The rough outer surface is a characteristic feature. *Eucoleus boëhmi* is another species found in the oral cavity of horses. Eggs of *E. boëhmi* are larger than other capillarid eggs and are oval to round. They are broadly oval-shaped, with a trilobed surface. They can be detected by fecal flotation.

*Pearsonema* (*Capillaria*) *plica* and *Pearsonema* (*Capillaria*) *feliscati* are matodes with a ladder-like appearance, respectively. Their eggs are oval to round. They are often contaminated with urine. The eggs are clear to yellow in color, they measure 100 by 50 micrometers. They have flattened bipolar ends and their outer surface is roughened. These eggs may be confused with those of respiratory gastric capillarids with those of whipworms.

*Trichinella spiralis* is found in many species of carnivores and omnivores, but is often associated with raw or undercooked pork. Animals including humans (who become infected with *T. spiralis* when they eat infected raw or undercooked pork) are infected with the parasite in their small intestine. The larvae mature into adults in the host's small intestine within a few weeks, and female worms live for several weeks.



the urinary capillarid. (From Hendrix



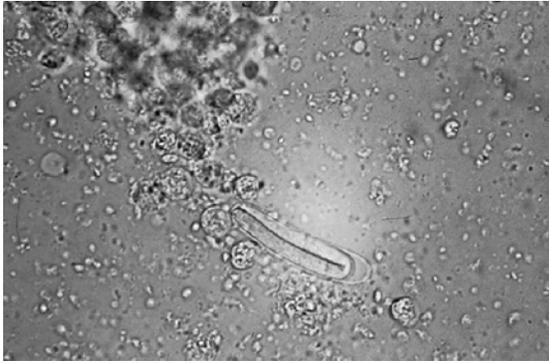
the pinworm of horses.

(From Hendrix CM, Robinson E: *Diagnostic parasitology for veterinary*

The female fertilizing females, females after producing viable larvae enter the bloodstream eventually through the host's musculature. The larvae mature into infective encysted larvae. The next host becomes infected when it consumes these larvae. Trichinosis is probably the best known parasite of human beings contracted from eating raw or undercooked pork. Usually detected by proper detection. Recent outbreaks of trichinosis have been traced to pork products from pigs that have been infected and have been privately slaughtered.

Most animals become infected with trichinosis after

*Oxyuris equi* is a worm species. Adult worms are found in the cecum, colon, and rectum. Adult worms are often observed protruding from the horse's rectum. Female worms produce eggs which are sticky, elastic material that produces pruritus in infected horses. The activity of female worms irritating the rectum produces itching. Eggs are recovered from feces. Eggs are passed in the feces with the host's feces. The prepatent period is approximately



species



species (eyeworms) from the conjunctival sac

Diagnosis involves characteristic ggs  
 oscopic examination of cellophane tape impressions or by scraping  
 urface

*Enterobius vermicularis* human worm, oes  
 asitize ogs nevertheless, et ften  
 falsely iminated ractitioners ediatricians  
 ce f worm ection hildren.

*Habronema* species and *Draschia megastoma* reematodes hat  
 are found stomachs of horses. *Habronema microstoma*  
*H. muscae* ccur n omach ucosa, eneath  
 layer fucus; *D. megastoma* ften ciated  
 thickened, rous dules omach ucosa. vae  
 of both may parasitize lesions condition known  
 summer res." repatent eriod proximately  
 days. vated ggs vae ecovered  
 fecal ion. ggs enera longated,  
 walls, ure o y o

Fig.

*Thelazia californiensis* eyeworm" of dogs dult  
 parasites ecovered om onjunctival  
 lachrymal uct. xamination chrymal cretions  
 reveal ggs st-stage vae. *Thelazia rhodesii* *Thelazia*  
 e eyeworms" ep, oats.  
 shows dult *Thelazia* onjunctival ow.

*Thelazia lacrymalis* eyeworm of horses throughout  
 world. dult asites ecovered om onjunctival  
 sac lachrymal duct. Examination of lachrymal secre  
 tions y reveal ggs st-stage vae.

*Spirocerca lupi*, esophageal worm, nematode often  
 forms nodules (granulomas) esophageal wall of dogs  
 Occasionally may be found nodules stomach of  
 dult orms eside eep dules xpel  
 their ggs ough penings ranuloma. ggs  
 are d umen phagus  
 then eces. k-shelled ggs o

y o y ontain va hen  
 are aid. these ggs ave nique aper-clip hape Fig. 5.25).  
 Eggs e ually bserved ecal ion,  
 recovered hen omitus een subjected ecal  
 flotation rocedure. radiographic ndoscopic xamination  
 may reveal haracteristic ranulomas phagus  
 within omach. repatent eriod

*Physaloptera* ecies e omach orms ogs  
 Although they occasionally are found lumen of stomach  
 or l estine, *Physaloptera* ecies e ually mly  
 attached to mucosal surface of stomach, where they suck  
 blood. t site, nematodes may be viewed with endo  
 scope. heir onsisists lood issue erived om  
 host's astric ucosa. heir chment ontinue leed  
 after asite etaches. omiting, rexia, ry  
 stools y bserved ected

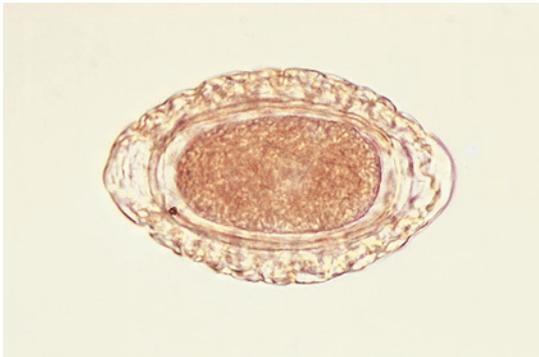
The dults eamy hite metimes ightly oiled,  
 y e ng. hey ften ecovered  
 et's omitus, onfused  
 roundworms. uick erentiate asites  
 to reak pen dult ecimen ecimen pens  
 to e emale, eleased ggs oscopically.  
 eggs *Physaloptera* ecies e k-shelled,  
 mbryonated hen eces. ggs o

y o y ontain va hen  
 are Fig. shows characteristic ovum of *Physaloptera*  
 species. ggs ually ecovered ecal  
 tion utions ecific ravity re  
 The repatent eriod ys.

*Ascarops strongylina* nd *Physocephalus sexalatus* re he thick  
 stomach worms" of porcine stomach. Both of nematodes



species. (From Hendrix



Characteristic ovum of *Dioctophyma renale*  
Diagnostic parasitology

produce thick-walled, 8-celled eggs recovered from fecal excretion. *A. strongylina* eggs are oval with a thick, multi-layered outer shell and a granular interior. *P. sexalatus* eggs are oval with an irregular outline. The repeatant period for these species is approximately 10 days.

*Dracunculus* species are common parasites of other carnivores. The life cycle requires a copepod intermediate host. The definitive host becomes infected after ingestion of the copepod.

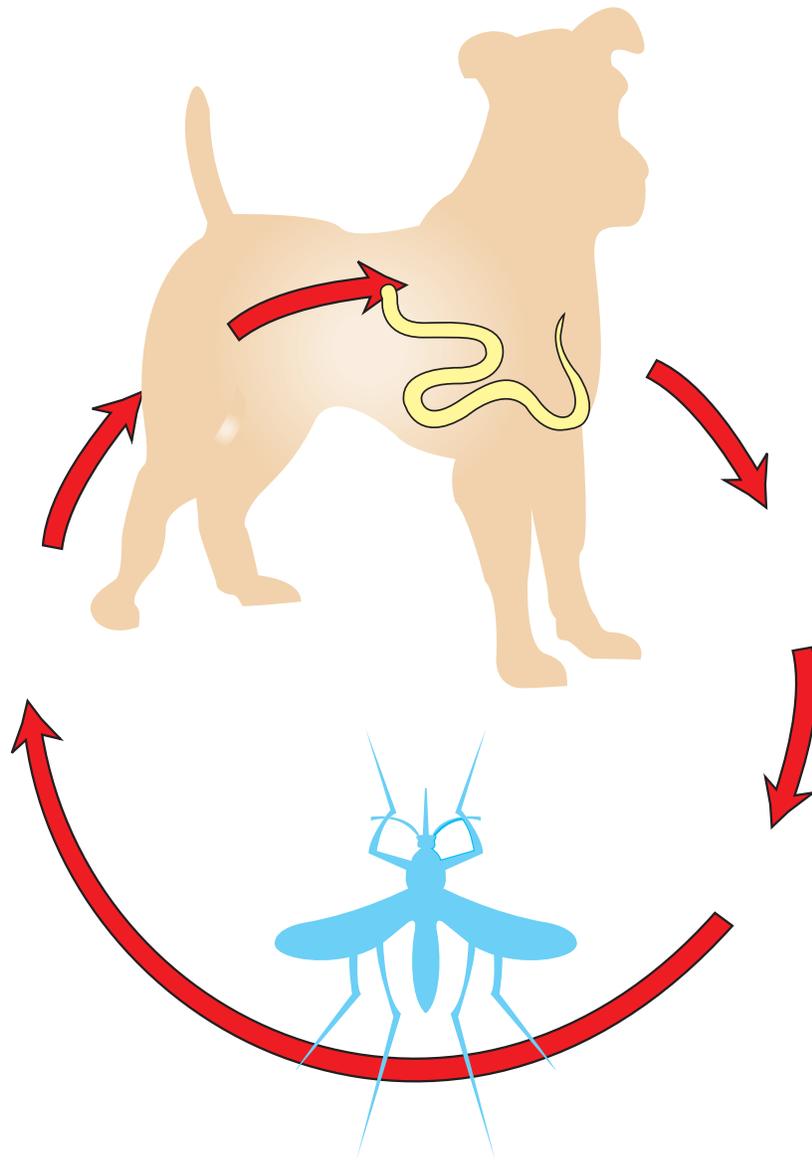
*Dioctophyma renale* is a giant nematode worm. The largest parasitic nematodes frequently infect the right kidney of dogs, gradually ingesting renal parenchyma, leaving only a small amount of tissue. Examination of the kidney is characteristically red-shaped, bipolar, yellow-brown. The egg's shell has a characteristic appearance. *D. renale* occurs only within the peritoneal cavity. The location, eggs are found in the external environment. The repeatant period is approximately 2 weeks.

*Stephanurus dentatus*, a nematode, causes dental disease in horses, leading to severe dental issues. The repeatant period is approximately 10 days.

*Dirofilaria immitis*, a heartworm, is a parasite of dogs and ferrets. Adult heartworms are found within the right ventricle of the heart. The repeatant period is approximately 6-8 weeks. The life cycle of *D. immitis* requires a mosquito intermediate host. The life cycle of *D. immitis* requires a mosquito intermediate host to be transmitted from the mosquito to the dog. The life cycle of *D. immitis* requires a mosquito intermediate host to be transmitted from the mosquito to the dog. The life cycle of *D. immitis* requires a mosquito intermediate host to be transmitted from the mosquito to the dog.

**TECHNICIAN NOTE** infection

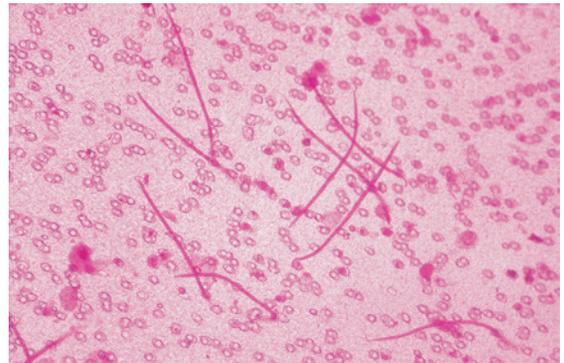
In microfilaremic dogs, diagnosis can be made by observing microfilariae in the blood. Commercially available filter techniques and modified Knott's concentration techniques are used. Microfilaremia is commonly detected when present, but microfilariae may persist for only a few weeks. Infection with *Dirofilaria immitis* is commonly diagnosed using commercially available immunodiagnostic tests that detect the presence of antigen from adult female worms. The subcutaneous filariid of dogs, *Acanthocheilonema (Dipetalonema) reconditum*, also reproduces microfilariae in the peripheral blood. The microfilariae are nonpathogenic matode. The microfilariae are differentiated from *D. immitis*. The microfilariae *Onchocerca cervicalis*, an equine filarial parasite, have been incriminated in recurrent conjunctivitis, periodic phtharimia, and conjunctivitis. Adults have a life span of 12 months, and females produce microfilariae that migrate to the dermis. Biting of the genus *Culicoides* is the intermediate host. *Setaria cervi* is the abdominal worm of horses. The life cycle of *Setaria cervi* involves the abdominal worm of horses. The life cycle of *Setaria cervi* involves the abdominal worm of horses.



Diagnostic parasitology



sample subjected to the modified Knott's test. (From Hendrix CM,



**Fig. 45.30** Microfilaria of *Dirofilaria immitis* from a peripheral blood

ng. iagnosis onfirmed emonstration  
 microfilariae lood  
*Elaeophora schneideri*, arterial orm,”  
 common otid teries ep estern  
 western United States. Microfilariae are long  
 thick, luntly ounded anially, ered ly. hey  
 found ually laries orehead  
 face. ial ermatitis en ce, oll egion,  
 eet f ep.

Diagnosis involves observation of characteristic lesions  
 identification of microfilariae The satisfactory

of diagnosis to macerate piece of warm  
 xamine erial or ofilariae er proximately  
 s. n ep, ofilariae are,  
 found n he kin nfected nimals. ostmortem xamination  
 may be necessary to confirm diagnosis. The prepatent period  
 eeks re.

Chapter eview uestions [ppendix](#)

- The life cycle of nematodes consists of several developmental stages: egg, four larval stages, sexually mature adults.
- Infective stages of nematodes may involve egg contains  
 va, ee-living va, va ermediate  
 r ransport
- A e cle onsidered ect ermediate  
 cessary or evelopment ective
- Organisms ect cles equire ermediate  
 or evelopment ective
- Transmission of nematode parasite to new definitive  
 ccur ough estion, enetration ective  
 larvae, estion ermediate eposition  
 infective larvae into or onto by intermediate
- Nematode asites eterinary nificance mbers  
 of onomic uperfamilies.
- Common nematode parasites of dogs include *Toxo*  
*cara* p., *Ancylostoma* p., *Trichuris* p., *D. immitis*.



After studying this chapter, you will be able to:

- Differentiate between true tapeworms and pseudotapeworms.
- Describe general characteristics of cestodes.
- Describe general characteristics of monogenean tapeworms.
- Describe the life cycle of *Dipylidium caninum*.
- Describe the appearance of common tapeworm species.
- Describe the life cycle of cestodes.
- Describe general characteristics of trematodes.
- Discuss the life cycle of *Fasciola hepatica*.

#### Eucestodes,

Eucestodes eggs

Eucestodes small forms,

Eucestodes small

#### Pseudotapeworms,

#### Trematodes,

Trematodes eggs

Trematodes

#### Acanthocephalans (Thorny-Head Worms),

#### Key Points,

#### Bothria

#### Cercaria

#### Cestode

#### Coracidium

#### Hexacanth

#### Metacercaria

#### Miracidium

#### Proglottid

#### Redia

#### Rostellum

#### Scolex

#### Sporocyst

#### Strobila

#### Trematode

Phylum Platyhelminthes includes **trematodes** and **cestodes**. These are flatworms that lack a body cavity. The taxonomic class Platyhelminthes contains two subclasses. Members of the subclass Cestoda are referred to as tapeworms, whereas members of the subclass Trematoda are referred to as pseudotapeworms. The phylum Acanthocephala includes thorny-headed worms, which are commonly encountered parasites of companion animals.

The life cycle of tapeworms is always indirect, involving one or more intermediate hosts. Tapeworms are found in domestic animals, and the larval stages of some tapeworms are found in domestic animals. The life cycle of tapeworms is always indirect, involving one or more intermediate hosts. Tapeworms are found in domestic animals, and the larval stages of some tapeworms are found in domestic animals. The life cycle of tapeworms is always indirect, involving one or more intermediate hosts. Tapeworms are found in domestic animals, and the larval stages of some tapeworms are found in domestic animals.

estive tract definitive hosts. Some cestodes have larval forms (e.g., miracidium, sporocyst, cercaria, metacercaria, and coracidium). Domestic tapeworms are found in domestic animals, and the larval stages of some tapeworms are found in domestic animals.

The true tapeworms are multicellular organisms that lack a body cavity. Their organs are embedded in loose cellular tissue (parenchyma). The body of a tapeworm is dorsoventrally flattened, and it consists of several segments (proglottids). Each proglottid contains a scolex (scolex) with suckers and hooks. There may be a snout (rostellum) on the head, which is retractable. The scolex is used for attachment to the host's intestinal wall.



Details of the scolex of the canine taeniid. Note the four suckers

parasitology for veterinary technicians,

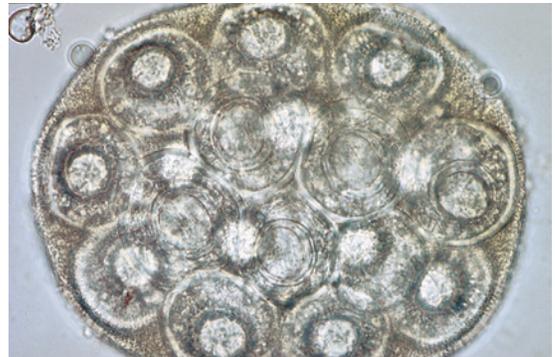
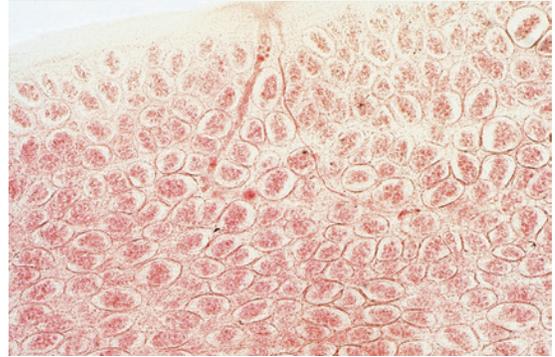


*Dipylidium* on canine feces. In the fresh state, these proglottids resemble

undifferentiated tissue, and this is followed by the body (**strobila**). The body is composed of segments (**proglottids**) of different stages of maturity. Those that are immature, these are followed usually by mature proglottids. Mature segments contain eggs. Mature proglottids reach the end of the body. Definitive feces are produced by a few proglottids continually formed from differentiated tissue of the neck. Cestodes lack a digestive tract, nutrients are absorbed directly through the body wall. The prominent organs of cestodes are organs of the reproductive system. Both male and female reproductive organs occur in each individual proglottid of the tapeworm. Cross-fertilization and self-fertilization are possible. Cestodes have a nervous system and an excretory system.

Tapeworms are dorsoventrally flattened and contain

The cestode egg contains a fully developed embryo, which has three pairs of hooks (embryo or oncosphere) (Fig. 1). In mature proglottids, the eggs are released, either directly into the environment or through the feces. The eggs must then be ingested by an intermediate host where they develop into a metacystode (larval) stage. This may be in the form of a cysticercus, coenurus cyst, hydatid cyst, or tetrathyridium. The definitive

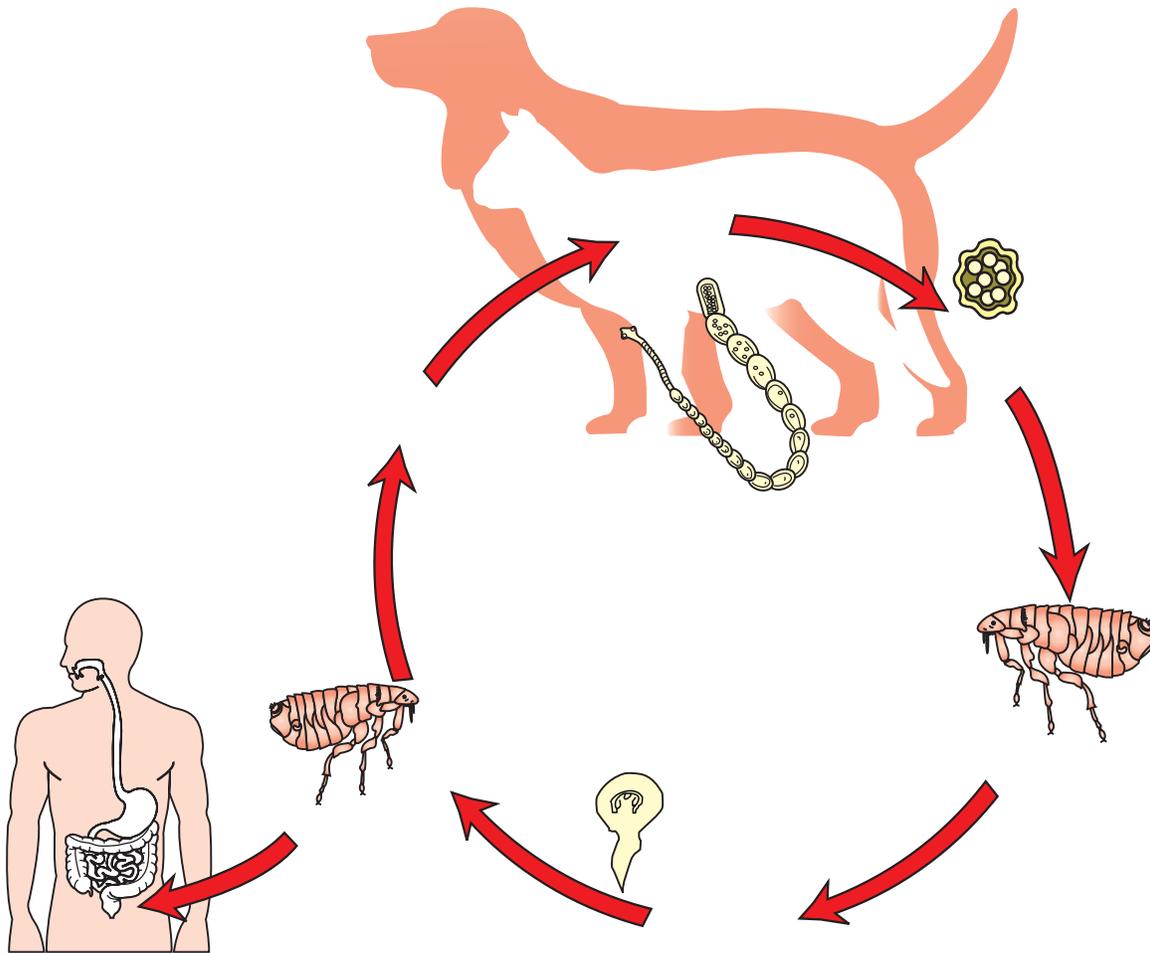


Each egg packet may contain up to 30 hexacanth embryos.

becomes infected after ingestion of an intermediate host containing the metacystode stage. The juvenile tapeworm then emerges from the metacystode stage, attaches to the small intestine, and begins to reproduce. The cestode tapeworms have a structure similar to other tapeworms except for the fact that their reproductive organs are centrally located rather than laterally located. The organs of the cestode tapeworms are **bothria** which are located on the lateral aspect of the scolex. The eggs of cestode tapeworms are percolated, usually released from the uterus and passed in the feces. The egg contains an embryo referred to as a **coracidium** which is released when the egg makes contact with water. The coracidium is then ingested by a microscopic aquatic crustacean, which then develops into a stage called a procercoid. The crustacean is eventually eaten by a fish or amphibian, which develops into a metacystode stage (procercoid or anjum). The definitive host becomes infected after ingesting the intermediate

Common Name

Table summarizes the distribution of veterinary species. *Dipylidium caninum* is a common tapeworm of dogs and cats. It is a common parasite of dogs and cats. The life cycle of *D. caninum* involves the ingestion of proglottids, which usually develop in the intestines of the definitive host. If fresh proglottids of *D. caninum* are teased or broken open, they may reveal thousands of unique eggs, each of which contains a hexacanth embryo. The proglottids of *D. caninum* tend to dry out in the external environment. If they lose moisture, they shrivel and resemble dried raisins. Once reconstituted with water, the dried proglottids usually return to their former appearance. The proglottids of *D. caninum* are often found in the feces of infected animals.

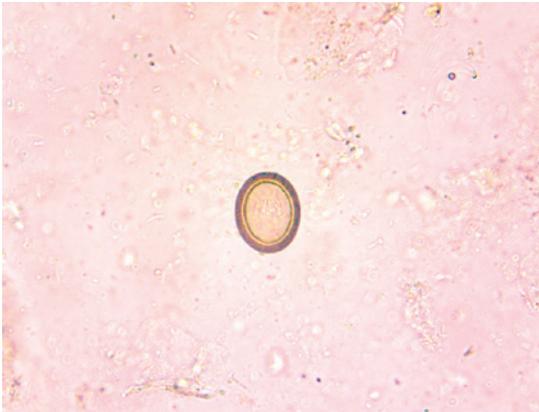
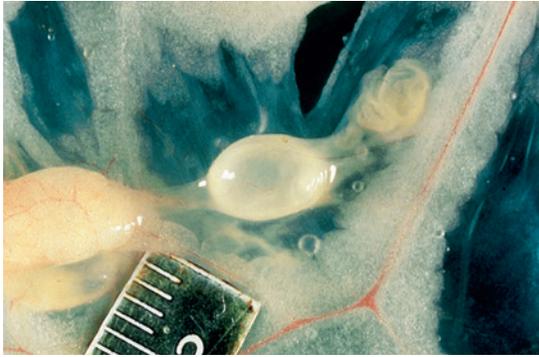


(From Hendrix CM, Robinson E: *Diagnostic parasitology for veterinary*

*Dipylidium caninum* is the most common tapeworm

*Taenia pisiformis*, *Taenia hydatigena*, *Taenia ovis* e  
eniids. *D. caninum*, *Taenia* eworms pear

ile, terminal, gravid proglottids feces, pet's  
oat, r edding  
proglottids have single lateral pore located along midpoint  
of either of edges (opposed double-pore  
tapeworm). Eggs become ecto-esting stercorus-  
infected intermediate  
*Taenia pisiformis* e rabbits *Taenia hydatigena*  
*Taenia ovis* involve ruminant intermediate  
As with *D. caninum*, fresh proglottids eased  
broken open, they may reveal of hexacanth embryos.  
The proglottids *Taenia* species external  
environment resemble looked rains ice. consti-  
tuted with water, they too usually assume their former single-pore  
appearance. If gravid proglottids of *Taenia* species are recovered  
from dog's or cat's feces, proglottid be torn open or  
macerated upon ution reveal  
characteristic eggs er ompound oscope.  
The eggs of taeniid tapeworms are slightly oval. They are  
to by to diameter (*T. pisiformis*),  
to y o ter (*T. hydatigena*),  
o y o (*T. ovis*). Eggs of *Taenia*  
species contain single oncosphere with three pairs of hooks. The  
oncosphere hexacanth embryo. Fig. shows unique



is usually attached to the greater omentum or other abdominal organs of (From Hendrix



(From Hendrix CM, Robinson E: *Diagnostic parasitology for veterinary*

features of eniid worm. ggs of *Echinococcus Multiceps* species. *Taenia taeniaeformis* "feline worm" feline eniid." *Hydatigera taeniaeformis* led observed frequently lowed oam prey n gg eworm sphere with three pairs of hooks. The oncosphere often called hexacanth embryo. with eggs of taeniids, eggs of *Echinococcus* species.

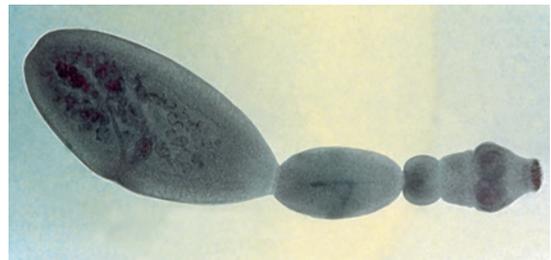
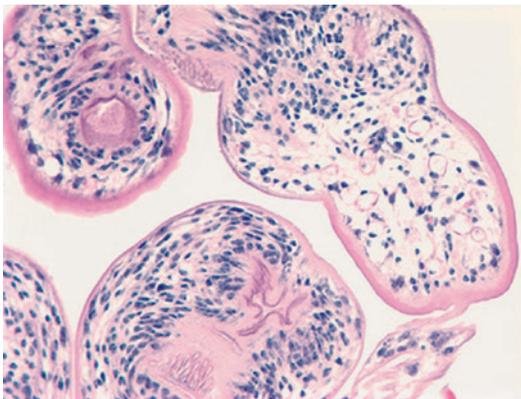
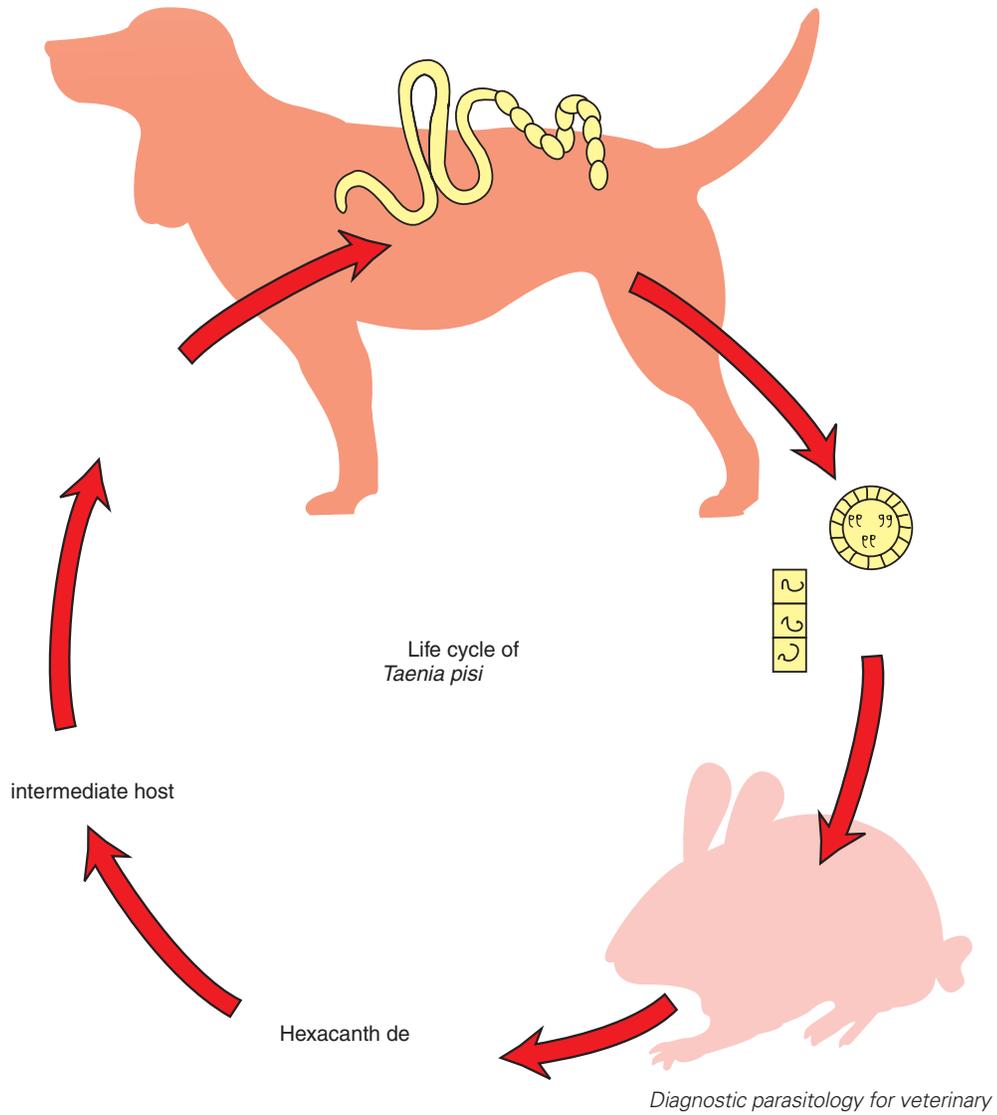
*Multiceps multiceps* *Multiceps serialis* e worms of l estine ggs *M. multiceps* e o ter, hereas *M. serialis* e elliptic ure o y o oth contain ncosphere ee ggs f eline eniids, ggs *Multiceps* species e *Echinococcus* species.

*Echinococcus granulosus* *Echinococcus multilocularis* e tapeworms ciated ultiloco ydatid *E. granulosus* ydatid eworm of ogs, hereas *E. multilocularis* ydatid eworm of hese ortant asites ecause xtreme zoonotic otential gg *E. granulosus* void ures o y o t ontains le ncosphere ee gg *E. multilocularis* ovoid measures to It contains le ncosphere ee ggs pearance *Taenia Multiceps* species.

species

The adult *Echinococcus* tiny tapeworm only to length. The entire tapeworm only three proglottids: ne ure roglottid, ure roglottid, gravid proglottid Fig. hen passed, tiny gravid proglottids are small they are often overlooked by client, veterinary technician, veterinarian. definitive diagnosis of *Echinococcus* action chieived identify adult worms en om 's estinal tract. are high *Echinococcus* action suspected, antemortem diagnosis accomplished by purging dog or with arecoline hydrobromide per collecting feces. his rocedure ually erformed nly hen infection rongly suspected. ire orms roglottids y e ollected om ecause vere oonotic otential, vacuated erial handled ith tion. ubber loves orn. fter feces ve een xamined, rated.

*Anoplocephala perfoliata*, *Anoplocephala magna*, *Paranoplocephala mamillana* e quine worms. *A. perfoliata* found small large intestines cecum. *A. magna* ound estine ccasionally omach. *P. mamillana* ound estine ccasionally omach. ggs *A. perfoliata* ve k one r re ened ure o in iameter. he ggs *A. magna* re imilar ut lightly maller, measuring o he ggs *P. mamillana* e val ve ure o ggs f three species ve ee-layer ggshell. rmost led yriform paratus, high ear-shaped. ggs of l quine worms ecovered ecal

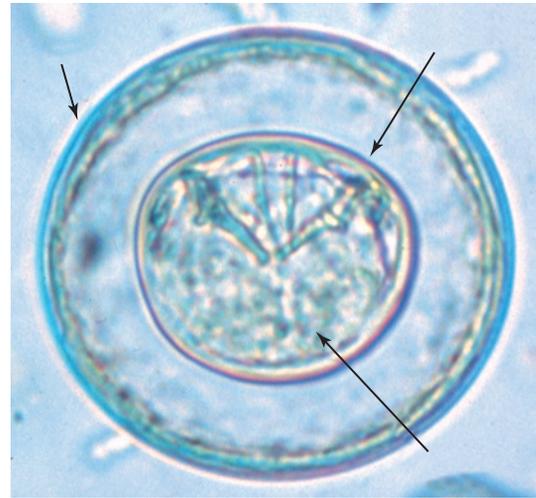


species is a tiny tapeworm that is only  
 (From Hendrix CM, Robinson E:  
*parasitology for veterinary technicians,*

In Sirois M: *Principles and practice of veterinary technology*, ed 3, St

flotation. he repatent eriod ee ecies anges om  
 o ys.  
*Moniezia* ecies e eworms  
 intestines f ep, oats. eworms reduce

eggs ith haracteristic oidal yramidal hen  
 viewed ith ompound oscope, ggs pear uare  
 or riangular tte. wo ecies ommon: *Moniezia*  
*benedeni* *Moniezia expansa* ep,  
 goats. he ggs ecies erentiated  
 standard ecal flotation rocedures. g. 46.11 ows representa  
 tive eggs of *Moniezia* species. The eggs of *M. expansa* appear  
 triangular measure to diameter. The eggs of



(Hymenolepididae), a common

*M. benedeni* appear square, they are approximately diameter. The prepatent period for tapeworms approximately ys.

*Thysanosoma actinoides* fringed "eworm" found ucts, eatic ucts, estine ruminants. ggs eworm ccur ckets eggs, ith vidual ggs uring y

*Cysticercus tenuicollis* bladderworm (larval or metacestode stage) of *Taenia hydatigena*—may be found attached to greater omentum within abdominal cavity of many ruminants. These cysticerci e ually nosed uring ostmortem tion. *Cysticercus bovis* bladderworm (larval or metacestode stage) of *Taenia saginata*, which beef tapeworm of human beings—may usculature ovine intermediate sticerci colloquially eferred beef ually nosed uring mortem ection. eings ecome ected dult eworm oorly ooked eef.

*Cysticercus cellulosae* bladderworm (larval or metacestode stage) f *Taenia solium*, hich ork eworm beings—may usculature orcine intermediate These cysticerci are colloquially referred to "pork ually nosed uring ostmortem inspection. Human beings become infected with adult tapeworm *T. solium* y ing oorly ooked ork ontaining cysticerci. Human beings may become infected with *C. cellulosae* in the uscles or ithin ervous issue .g., in rain ye) y esting ggs *T. solium*

*Vampirolepis* *Hymenolepis* or *Rodentolepis* *Hyme*  
*nolepis diminuta* asitize estine odents occasionally of dogs humans. The parasite unique it s ble o complete ts ife ycle ithin ingle ndividual. he eggs e ound eces val cysticercoid evelop eetles, cts. Some of eggs of *V. nana* may hatch within intestine, xacanth mbryos urrow ucous mbrane



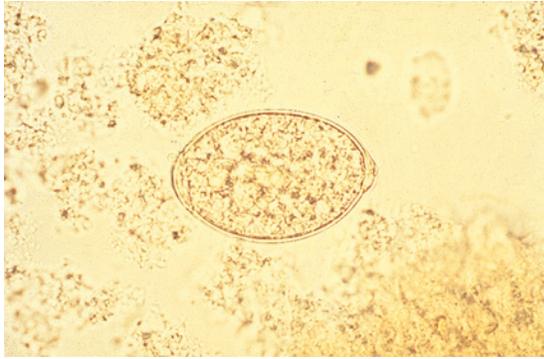
Spent proglottids of

Diagnostic parasitology for

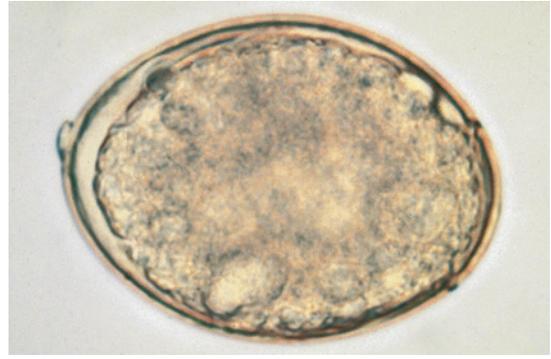
form sticeroids. er center estinal umen to omplete evelopment. ggs with eces estion eetles which sticeroids evelop. *H. diminuta* ection equires ingestion of infected insect, human infection with tapeworm ely.



*Spirometra* ecies e ften eferred "per" eworms or anosis eworms eworms often ound estines ogs live Florida along Gulf Coast of North merica. This tapeworm unusual produces operculated egg. Each proglottid of *Spirometra* species central spiral uterus associated terine ore ough high ggs eleased. tapeworms characteristically release eggs until they exhaust their uterine ontents. ravid gments ually harged into et's eces.



(From Hendrix



Diagnostic

parasitology for veterinary technicians,

This worm because, shed  
 's junum, ure roglottids ften parate  
 longitudinal for short distance. The tapeworm appears  
 to unzip," which origin of common per  
 tapeworm." ent ped" unzipped" roglottids ften  
 appear eces et.

The gg f *Spirometra* ecies esembles  
 digenetic rematode gg inct per  
 culum ne ll. ggs val  
 yellowish-brown. hey verage y y ve  
 asymmetric appearance, they are rather pointed one end.  
 When eggs rupture, distinct operculum visible. The eggs  
 are mbryonated hen eces.

*Diphyllobothrium* species are often referred to broad fish"  
 tapeworms. worm ewer,  
 probably does grow large dogs Each  
 proglottid f worm entral osette-shaped terus  
 associated uterine pore through which eggs are released.  
 These tapeworms continually lease eggs il exhaust their  
 uterine contents. The terminal proglottids become senile rather  
 ravid, etach ather vidually.

The eggs of *Diphyllobothrium* species resemble  
 of e enetic rematode). gg val,  
 distinct perculum ll. ggs  
 brown, verage o y o m.  
 They tend to be rounded on one end. The operculum present  
 on nd pposite ounded ggs mbryo  
 nated hen eces

Pseudotapeworms of veterinary importance include

Trematodes re nsegmented nd eaflike. he rgans re mbed  
 ded ose issue enchyma),  
 muscular chment rgans uckers. erior ucker  
 cated entral ucker cetabulum  
 located n entral urface orm  
 ody r here ee rousps  
 trematodes, ut nly enetic rematodes asites

domestic Monogenetic trematodes are primarily external  
 parasites f hibians, eptiles.

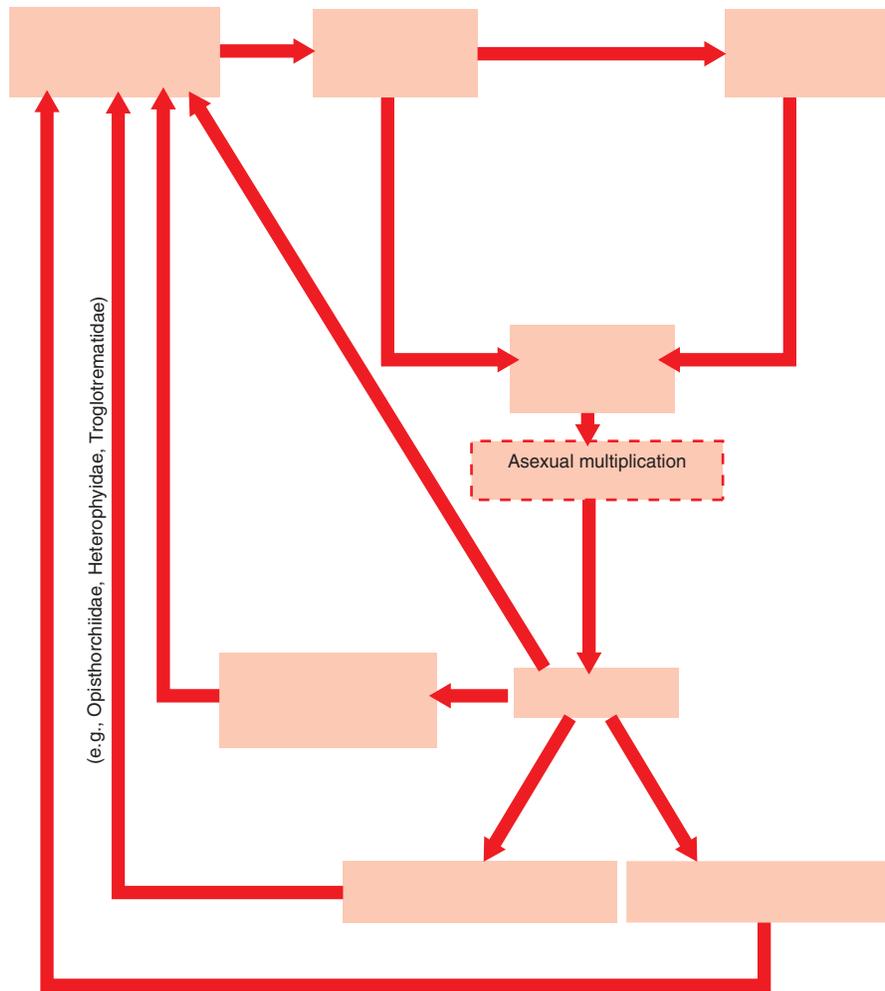
Digenetic rematodes ve ter ody ticle.  
 They ve estive ract onsis  
 pharynx, phagus, estine vides  
 blind sacs (ceca). The organs are visible trematodes  
 are eproductive rgans. rematodes ve  
 emale eproductive rgans vidual, ut  
 few ve parate xes *Schistosoma* rvous stem  
 xcretory stem resent.

The e cle enetic rematodes omplicated  
 hey ough veral erent val (**mira**  
**cidium sporocyst redia cercaria metacercaria**) they  
 typically equire re ermediate high  
 nearly always mollusk (e.g., slug). Multiplication takes  
 place oth efinitive ermediate

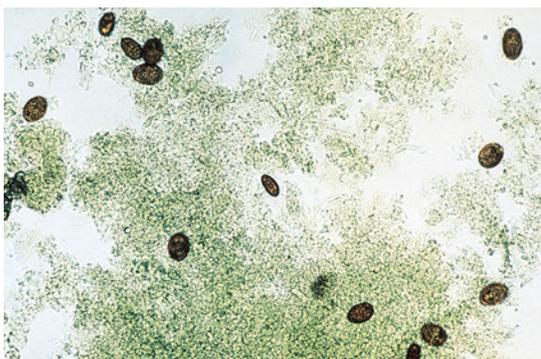
The eggs of digenetic trematodes are capped (operculated),  
 they contain ciliated embryo called miracidium. Through  
 penetration estion, acidium nters uitable  
 evelops ough veral ventually ive  
 to ile, eferred ercaria. ercariae  
 released from swim actively. Sometimes, depending  
 on ecies ercariae ncyst egetation.  
 encysted tacercaria, ective or efinitive  
 host. n her pecies, ercaria ay enetrate kin  
 definitive or encyst another intermediate **Table**  
 summarizes rematodes eterinary ortance.

*Platynosomum fastosum* lizard-poisoning e"  
**Fig.** dult ver, allbladder,  
 ducts, ommonly, estine. rownish  
 operculated ggs o y o

*Nanophyetus salmincola* salmon-poisoning e"  
 dogs acific orthwest egion orth merica.  
 adult e estine rves ector  
 for ickettsial ents, high roduce salmon oisoning"  
 "Elokomin ever" ogs. ggs mbryonated  
 when ure o y o  
**Fig.** hey ve inct perculum  
 blunt oint pposite perculum.



Georgis' parasitology for veterinarians,



brownish, operculated eggs are 34 μm to 50 μm by 20 μm to 35 μm. (From Hendrix CM, Robinson E: *Diagnostic parasitology for veterinary technicians*,

*Alaria* species are intestinal flukes found throughout northern North America. Their ova are operculated and they are commonly found in blood. *Heterobilharzia americanum*, a blood-sucking parasite of aquatic birds, is a common cause of disease in these birds.

The life cycle of *Fasciola hepatica* involves asexual multiplication in the snail intermediate host. The adult fluke inhabits the hepatic portal system and the bile ducts of the host. Infection is often asymptomatic but can lead to liver damage and anemia. Diagnosis involves identification of thin-shelled eggs in the feces, which are typically found in the feces of the host.







(From Hendrix



a miracidium. (From Hendrix CM, Robinson E: *Diagnostic parasitology*

which contains miracidium. Fig. shows morphologic features of egg of *H. americanum*. The prepatent period for proximately ys.

*Paragonimus kellicotti* lung e" ogs. ermaphroditic adult flukes occur cystic spaces within lung parenchyma of both dogs. These cystic spaces connect to terminal ronchioles. ggs tum eces. The egg yellowish-brown with operculum, measures to by to Fig. Fluke eggs are usually recovered with fecal sedimentation techniques; however,

parasitology for veterinary technicians,



are broader in the anterior

lowed by prominent shoulders. (From Hendrix CM, Robinson E: *Diagnostic parasitology for veterinary technicians,*

eggs of *P. kellicotti* may be recovered with standard fecal tation utions. ggs *P. kellicotti* y e ecovered tum ollected racheal dult within stic ces enchyma observed racic adiographs. e's repatent eriod o ys ng.

*Fasciola hepatica* liver e" ep, ruminants. rmaphroditic dult bile ducts of liver Fig. The eggs measure by they are yellowish-brown, oval, operculated Fig. 46.23 The prepatent eriod for *F. hepatica* is approximately 56 days ng. *F. hepatica* reatest conomic ortance all f asitize etinary eces. cle of eces uite omplex

*Dicrocoelium dendriticum* lancet fluke" of sheep, goats, xen. hese iny eside ranches ile ucts. rown ggs ve inct perculum, y ure o y o ggs of orementioned rematodes ecovered from eces ecal dimentation ommercially available fluke gg ecovery

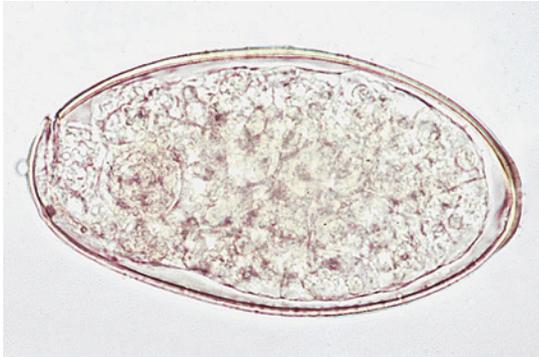
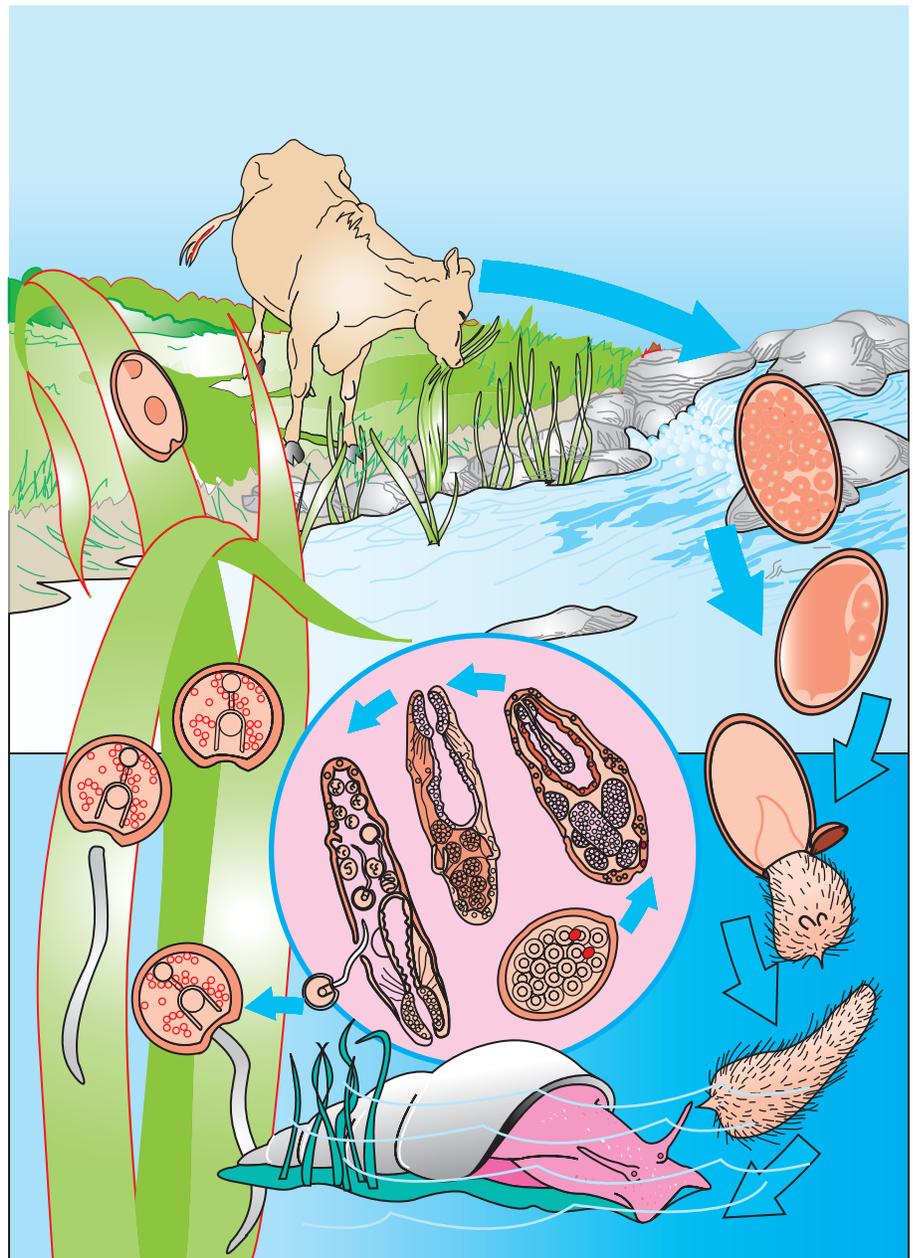


Fig. 46.23 Characteristic operculated ovum of *Fasciola hepatica*, the

“Rumen flukes” are composed of two genera: *Paramphistomum* and *Cotylophoron*. These adult flukes reside in the rumen and reticulum of sheep, goats, and many other ruminants. The eggs of *Paramphistomum* species measure 100 to 150 μm by 50 to 70 μm, whereas eggs of *Cotylophoron* species measure 100 to 150 μm by 20 to 30 μm. The prepatent period for *Paramphistomum* species is 30 to 40 days.

*Schistosoma* (*Bilharzia*) species are blood flukes of humans. Cercariae enter through direct penetration of the skin. These flukes are *Heterobilharzia americanum*, they inhabit the blood vasculature of mesenteric veins and blood vasculature associated with major organs (large and small intestines, urinary bladder) of abdominal cavities of humans.

the host by way of the common bile duct and the intestinal tract. If these eggs are carried to water, a ciliated miracidium develops within them over a period of several weeks or months, depending on the temperature of the water. After hatching, the miracidia seek certain species of lymnaeid snails, where they undergo a generation of sporocysts and two generations of rediae. The second generation of rediae produces free-swimming cercariae that leave the snail and encyst on various objects, including aquatic vegetation. Ruminants



Acanthocephalans (thorny-head worms) are uncommon parasites with complicated life cycles. They have separate sexes.

The proboscis is a chitinous structure that penetrates the host's body wall. Thorny-head worms use this structure to absorb nutrients through their body wall. Acanthocephalans are usually recovered from the crop.

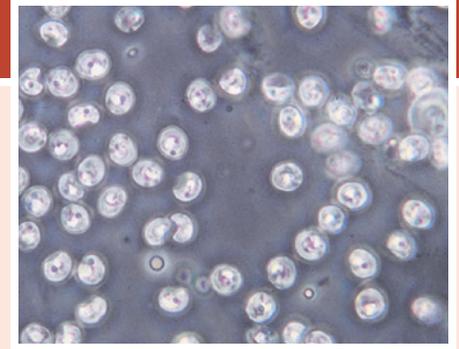
The acanthocephalan *Macracanthorhynchus hirudinaceus*, which has a long proboscis, has a dubious honor of possessing the longest scientific name among acanthocephalans. Another acanthocephalan, *Oncicola canis*, has a long proboscis.



Chapter Review Questions [Appendix](#)

- Phylum Platyhelminthes includes flatworms and is commonly referred to as the phylum of flatworms.
- Members of the subclass Eucestoda are referred to as true tapeworms.
- Members of the subclass Cestoda are referred to as pseudotapeworms.
- Tapeworms have a complex life cycle involving more than one intermediate host.
- A true tapeworm has two suckers (acetabula) on each proglottid (segment).
- The organs of attachment for tapeworms are the suckers (acetabula) and the suckers (acetabula).
- *Dipylidium caninum* is a common tapeworm of dogs and cats.
- The intermediate host for *Dipylidium caninum* is the flea.
- Dogs become infected with tapeworms by ingesting flea-infested feces.

- *Echinococcus granulosus* and *Echinococcus multilocularis* are tapeworms associated with unilocular and multilocular hydatid cysts.
- *Anoplocephala perfoliata*, *Anoplocephala magna*, and *Paranoplocephala mamillana* are equine tapeworms.
- Trematodes are flatworms with complex life cycles that include several different larval stages (miracidium, sporocyst, redia, cercaria, metacercaria). They typically require one or more intermediate hosts, such as mollusks.
- Trematode parasites include *Paragonimus kellicotti*, *Platynosomum fastosum*, *Nanophyetus salmincola*, *Alaria* species, and *Heterobilharzia americanum*.
- Trematodes include *Fasciola hepatica*, *Dicrocoelium dendriticum*, *Paramphistomum*, and *Cotylophoron*.



After studying this chapter, you will be able to:

- List common protozoal parasites veterinary importance definitive
- Describe conditions over which protozoal parasites develop o
- Describe cycle *Giardia*
- Describe general cycle protozoans.
- Describe cycle *Toxoplasma gondii* feline non-feline
- List common rickettsial parasites veterinary importance.

### Phylum Sarcomastigophora,

*Giardia*,  
Trypanosomes,  
*Leishmania*,  
Trichomonads,  
Histomonas,  
*Entamoeba*,

### Phylum Apicomplexa,

*Cystoisospora*,  
*Toxoplasma*,

*Cryptosporidium*  
*Sarcocystis*  
*Babesia*  
Cytauxzoon,  
*Hepatozoon*,  
*Eimeria*,  
*Plasmodium*,

### Phylum Ciliophora, Rickettsial Parasites, Key Points,

Amastigote

Bradyzoites

Cilia

Coccidiosis

Flagella

Hemoprotozoa

Infectious enterohepatitis

Merozoites

Oocyst

Promastigote

Protozoa

Pseudopodia

Rickettsia

Tachyzoites

Trophozoite

Trypomastigote

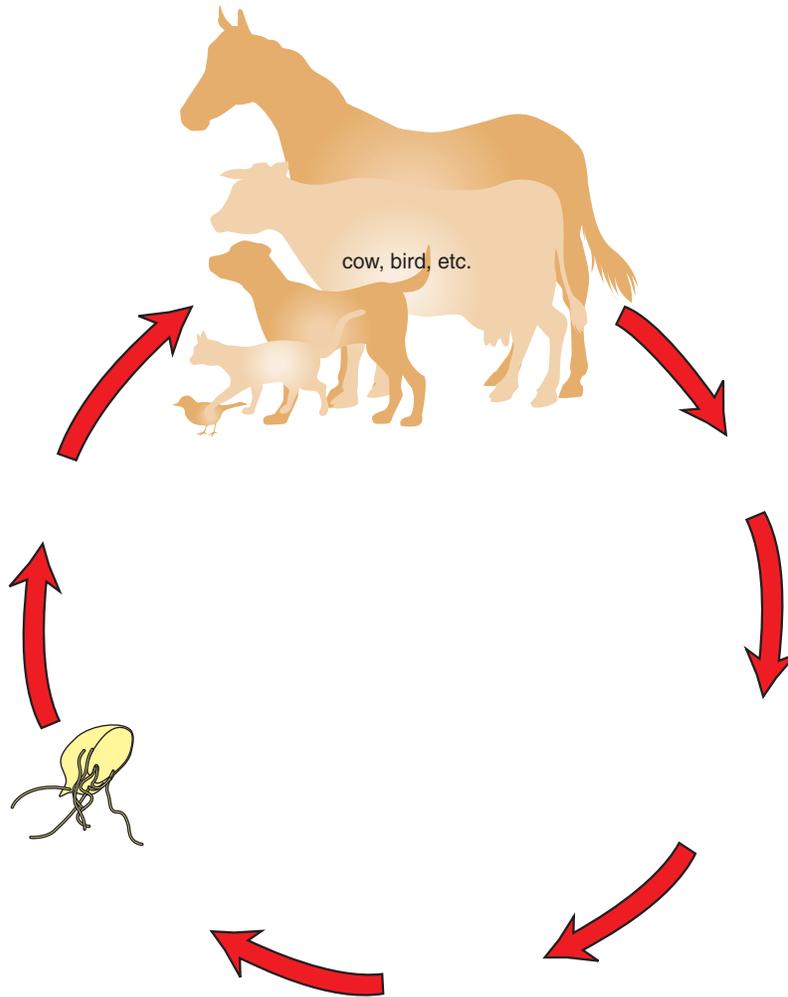
Undulatory ridges

There are about 20,000 known protozoans be found wide variety of habitats. Only small percentage of protozoans are parasitic. **Protozoa** are single-celled organisms more membrane-bound nuclei contain special sizedtoplasmic granules. parasitic protozoa three primary phyla: sarcomastigophora, apicomplexa, ciliophora. protozoans exhibit variety tissue sites definitive common for identification food high led blood protozoa or **hemoprotozoa** or fecal which they are led intestinal protozoa. microprotozoa are

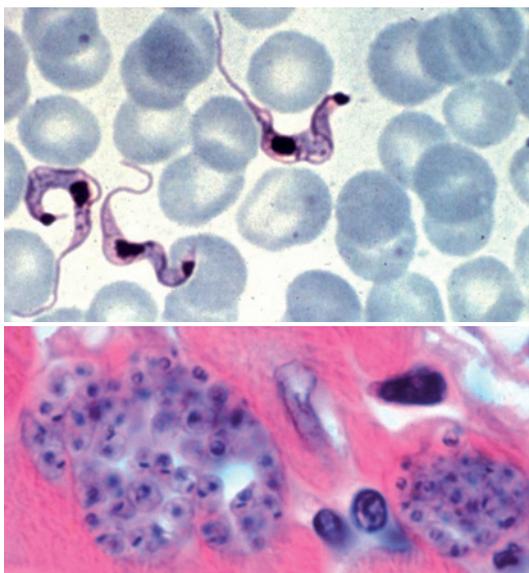
United States are found erythrocytes (red blood cells RBCs) within stained blood smear. Ticks usually serve intermediate transmit contain microprotozoa from new cycles protozoa or complex. Reproduction may be asexual (binary fission, schizogony, conjugation). certain groups protozoa, reproductive or identification. **trophozoite** (active vegetative form) protozoal cycle feeding, development, reproduction. **able** summarizes some common protozoal parasites veterinary species.







Diagnostic parasitology for veterinary

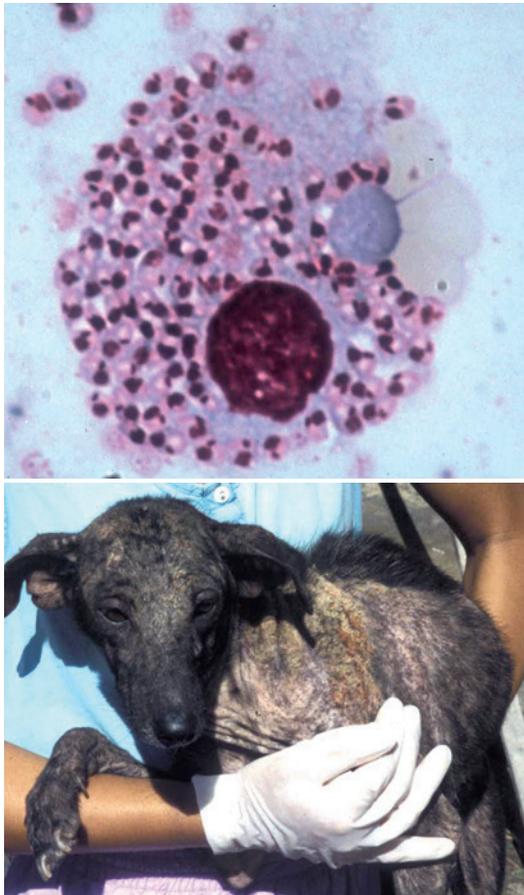


The top image shows a trypomastigote in a Wright-stained buffy coat preparation from a naturally infected dog. The bottom image shows the amastigote stages in heart muscle. (Courtesy

*Leishmania donovani* *Leishmania infantum* led *Leishmania chagasi* affects several internal organs (e.g., spleen, liver, bone marrow).

The life cycle involves organisms that are transmitted during the bite of a sandfly. The sandfly ingests the parasite from the host's blood. In the sandfly, the parasite develops as a promastigote, which is then phagocytized by the host's macrophages (Fig.). The promastigotes multiply asexually and develop into trypomastigotes, which are then released when the sandfly feeds. Released trypomastigotes are then phagocytized by other macrophages. Large numbers of organisms can persist in tissue. Macrophages are killed when the load of parasites is high. These develop into promastigotes to complete the life cycle. Diagnosis generally requires fluorescent antibody testing and culture.

Trichomonads are flagellated organisms that live in the oral cavity, forming a pear-shaped structure. The organism has a flagellum. *Tritrichomonas foetus* is a flagellated, asexual, and asexual reproductive tract of the organism resides in the reproductive tract.



**Fig. 47.4** *Leishmania infantum*. The top image shows a macrophage from the bone marrow of an infected dog that contains large numbers of amastigotes. The bottom image is of a dog from Brazil that is infected showing the typical cutaneous manifestation

*Georgis' parasitology for*

vagina, cervix, uterus, ovaries. Infection is peritumescence, nodules, ulcers. *T. foetus* is pear-shaped, approximately 10 µm long, three anterior flagella. Diagnosis involves demonstration of the flagellated promastigote in culture or centrifuged from the vagina or rectum.

*Trichomonas gallinae* is found in the crop of pigeons, doves, and poultry. It is transmitted only by direct contact with infected birds. It is often found on contaminated feed. *T. gallinae* is a ciliated flagellate that inhabits the esophagus, crop, and proventriculus. Nonpathogenic species of trichomonads are found in the rumen of many domestic animals. Diagnosis involves demonstration of the parasite directly in the crop contents, characterized by four anterior flagella. An air-dried smear can be stained with Wright's stain. The parasite assumes an oval shape, with a flagellum and a short pedicel.

*Histomonas meleagridis* infects turkeys, chickens, geese, and other avian species. It is transmitted between birds via fecal-oral contact or by the parasite *Heterakis gallinarum*. Earthworms serve as intermediate hosts for the parasite, and birds are infected with the protozoa when they ingest the parasite. The flagellated trophozoite is released from the nematode via the fecal lumen. The flagellated trophozoites are found in the epithelium of the cecum, where it reproduces. The infection is a disease of the crop in turkeys, and the organism is the cause of infectious enterohepatitis or blackhead. Diagnosis requires histopathologic examination.

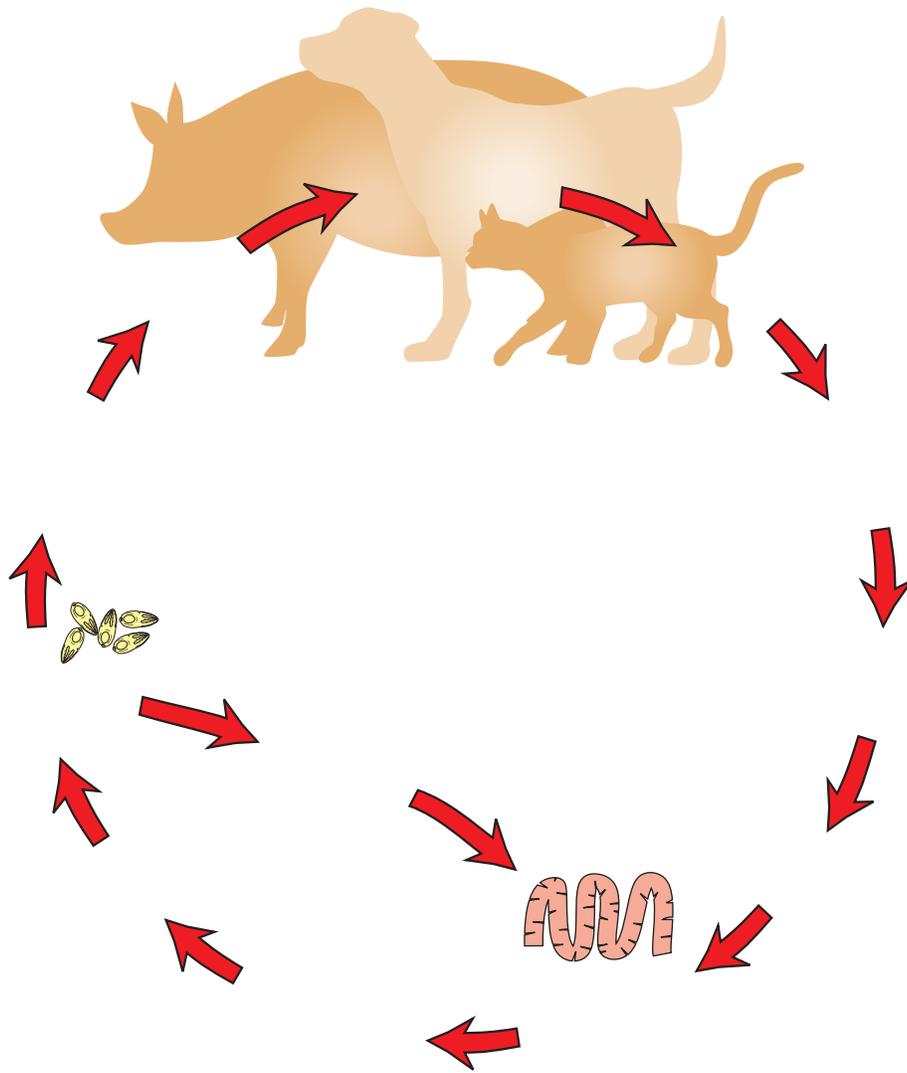
*Entamoeba histolytica* is primarily a parasite of humans in tropical regions. Trophozoites are pear-shaped organisms that are frequently demonstrated in fecal smears. They feed on epithelial cells, mucus, and debris, and cause dysentery in humans and swine. These generally are of clinical importance. *E. histolytica* may produce acute or chronic colitis. Other species of amoebas have been identified in reptiles and tortoises.

Apicomplexans are protozoans. There are about 10,000 species, all of which are parasitic. Sporozoans are unique in that all of their life cycle stages are asexual. They are characterized by the presence of a sporozoan cell. Sporozoan parasites are found within cells, and they commonly occur in epithelial cells of the gut. **Oocyst** formation is a key feature of the life cycle of these organisms. They are intestinal protozoa. The most important veterinary species include those that cause intracellular infections:

- Cystoisospora (Isospora)*
- Toxoplasma*
- Cryptosporidium*
- Cytauxzoon*
- Sarcocystis*
- Plasmodium*
- Babesia*
- Eimeria*

*Cystoisospora* species are protozoal parasites of the small intestine of both dogs and cats. They produce a clinical syndrome known as **coccidiosis**, which is most commonly caused by the protozoal parasite. The oocyst is the diagnostic stage. The problem with mature oocysts is that they are not easily observed in fecal smears. The oocyst is a spherical organism with a thick shell. The most common species are:

- The oocysts are spherical and measure 10-15 µm in diameter.
- They follow: *Cystoisospora canis*, *Cystoisospora ohioensis*, and *Cystoisospora wallacei*.



**Fig. 47.6** *Cystoisospora felis* unsporulated oocyst and sporulated oocyst . (From Bowman D: *Georgis' parasitology for veterinarians*,

to theeline occidians urements  
follows: *Cystoisospora felis*, to by to  
*Cystoisospora rivolta*, o y o m.  
The repatent eriod aries ecies, ut ually  
to ys.

Coccidians are among the most commonly diagnosed

*Isospora suis* coccidian parasitizes small intestine of swine, especially young piglets. Oocysts are usually found with fecal ion ecies. hey ubspherical, ck opyle, ure o ostmortem diagnosis lets xhibit ut shedding ocysts chieved opathology direct of jejunum been stained with Diff-Quik. Diagnosis bservation ed **merozoites**  
The repatent eriod ys ng.

*Toxoplasma gondii* r estinal occidian oocysts re sually iagnosed ia tandard ecal otation. ocysts *T. gondii* e orulated ecies, ure y everal unodiagnostic volve f hole lood rum vailable or *T. gondii* infection. The prepatent period highly variable. It ranges om ys, epending oute ection. The e cle omplex volve veral erernt including **tachyzoites** **bradyzoites** rozoites, ogameto cytes, crogametocytes.

generally only

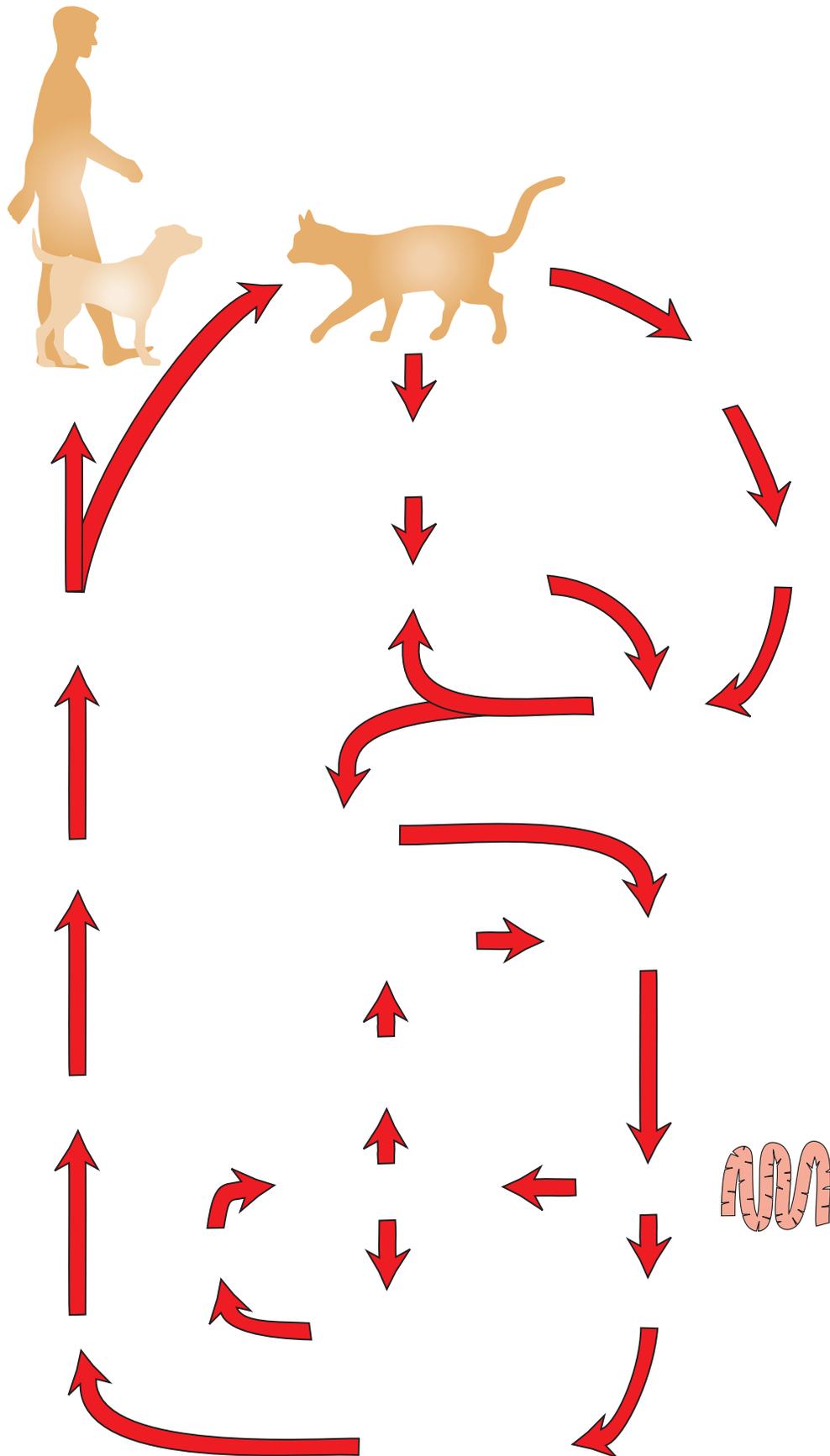
Although efinitive *T. gondii*, arious life cle asite ect ecies, lud umans lthough rganism ually harmful to healthy humans, serious problems fetuses f regnant omen. oxoplasmosis read om o eople estion ectious ocysts ecies, ut ontract undercooked regnant omen void of er loves ardening.

*Cryptosporidium* r occidian asite asitizes l estine ide ariety luding ogs, ticularly ves. orulated ocysts ecies e val herical ure nly o m. Diagnosis de ecal ion. ocysts extremely bserved er over slip, h ocus oocysts asite va xamination fecal s ecal dified helpful. Because people may become infected with *Cryptosporidium* ecies, ecies uspected boring protozoan led reat

*Sarcocystis* occidian asite intestine. everal ecies ect ogs entifica tion f vidual ecies uite ocysts *Sarcocystis* ecies e orulated hen ecies. ch ocyst ontains orocysts, ch sporozoites. vidual ocysts ure o by o y ecovered om fecal ion ecies.

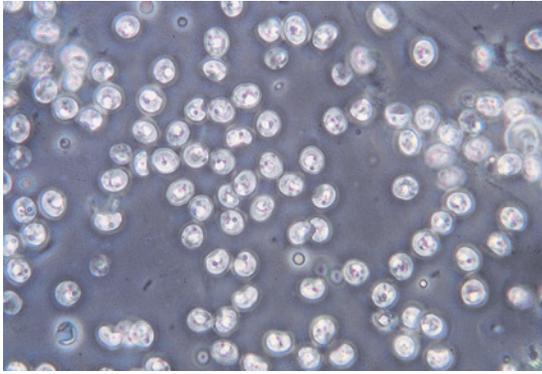
*Babesia canis* intracellular parasite found within erythrocytes ogs, eferred oplasm because f ear-shaped ody iagnosis volve bservation philic, ear-shaped rophozoites on stained blood smears. *Babesia bigemina* intracellular parasite asite e oplasm o ng y proximately ide. t haracteristically ear-shaped, ccurs s orm cute rythrocyte. intermediate for protozoan parasite tick *Boophilus annulatus*. *Babesia equi* *Babesia caballi* e racellular parasites rses. hey eferred quine oplasms. iagnosis volve bservation philic, ear-shaped rophozoites n lood rophozoites *B. equi* y e round, eboid, yriform. rganisms ined, which ives ffect altese ndividual rganisms are o ng. rophozoites *B. caballi* e yriform, round, or oval to long. They occur characteristi cally s cute ch r.

*Cytauxzoon felis* r racellular asite een sporadically reported of various locales (e.g., Missouri, rkansas, Georgia, Texas) throughout nited States. It ransmitted ough ite *Dermacentor variabilis* other ick ecies, luding *Amblyomma americanum*. s range f ick ectors revalence expanded, now been identified mid-Atlantic. The parasite ects omestic elids. ector icks ect the ost ith chizont orm, hich hen nter acrophages. The schizonts undergo asexual reproduction within macro phages, cells become large enough to occlude venous flow. The macrophages subsequently rupture, releasing merozoites infect rythrocytes. rythrocyte orm led oplasm een ecribed eing ed bejeweled ing” which are referred to ring form stained blood smears **Fig.** Piroplasms may undergo asexual reproduction d o estruction rythrocyte, Acute cytauxzoonosis occurs during schizont phase lead to multiple-organ failure death. Piroplasms may be seen during cute ection urvived cute oplasm orm ccurs er ource Fine-needle aspirates of lymph nodes, liver, or spleen may demonstrate evidence of schizont-filled macrophages earlier

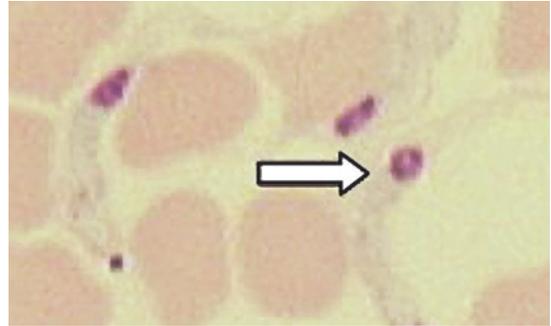


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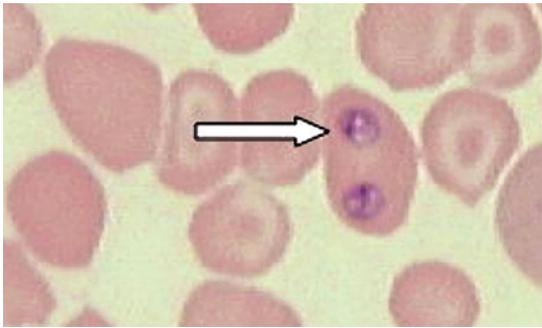




species. (From Hendrix CM,



Diagnostic parasitology for veterinary technicians, ed 3, St Louis,



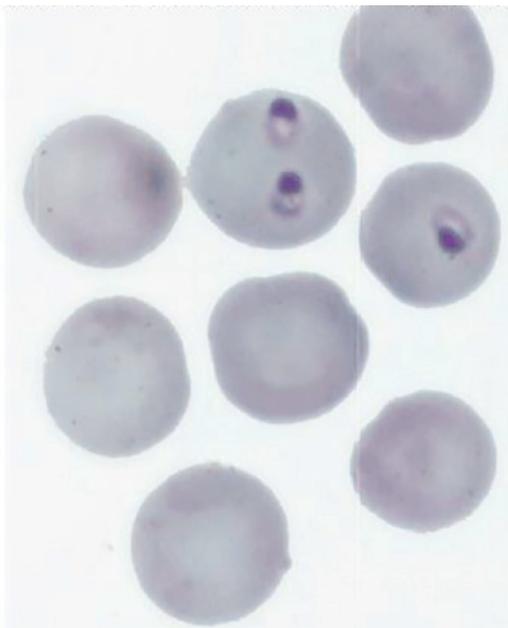
*Amblyomma americanum* *H. canis* ell daped  
varies from producing subclinical to  
*H. americanum* produces violent frequently course of  
ild orized ve ossed ecies rier om  
omestic og.

*Eimeria leuckarti* occidian  
tine f rse. rotozoan emonstrates  
oocysts o y o ith k  
distinct opyles, rown olor. oocysts  
be ecovered ecal ion, oc  
oocysts. They are frequently observed on histopathologic  
examination. repatent eriod anges om ys.

Ruminants rve ecies *Eimeria* he  
identification vidual ecies occidia ften  
because ir ocysts

ommon ecies occidia *Eimeria bovis*  
*Eimeria zuernii*, e erentiated ecal  
tion. cysts *E. bovis* e val, ve opyle,  
they ure y hereas *E. zuernii* e  
spherical, ck opyle, ure o  
y o hen ocysts ecovered  
fecal ion, bservation ually ed coccidia.”

Several ecies *Eimeria* e le ecting abbits  
ut *Eimeria stiedai*, f ticular ortance.  
Heavy ections uct lockage ver ure.  
Mortality abbits.

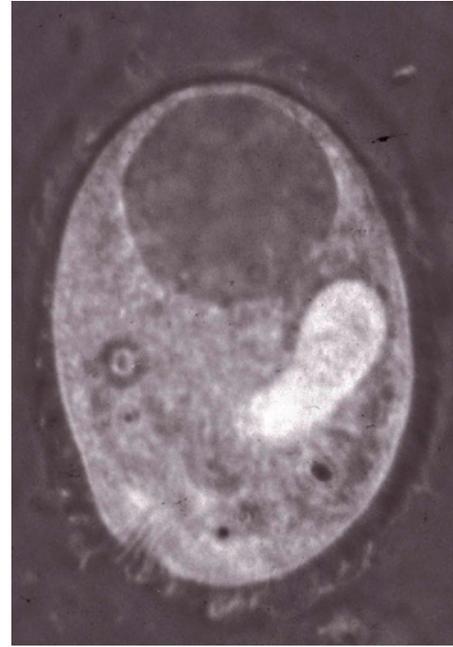


ring-shaped *Cytauxzoon* piroplasm (From Little S: *The cat*, Philadelphia,

**TECHNICIAN NOTE**

are often fatal,

Various ecies *Plasmodium*  
birds, eptiles. rganism ransmitted  
toes, evelops rozoites patocytes.  
hepatocytes upture, eleased rozoites vade  
erythrocytes reticulocytes. The diagnosis of infections with  
*Plasmodium* ecies ccomplished emonstrating  
organisms lood rgan resion



histopathologic examination of liver and the spleen. Molecular diagnostic tests are available. *Leucocytozoon* and *Haemoproteus* are common parasites of wild birds.

There are about 100 species in the phylum Ciliophora, of which about 10 are parasitic. The genus, *Balantidium*, is of veterinary significance.

*Balantidium coli* is a ciliated protozoan parasite. The trophozoites may be found in the large intestine, with a pear-shaped nucleus. The organism is covered with numerous cilia. It is a microscopic, pear-shaped, motile, herical, ovoid organism. It is greenish-yellow in color. Microscopic examination of fecal contents of diarrheic swine.

Trophozoite (electronic flash photograph) Cyst. Trophozoites abound in the large intestine of normal swine, and cysts are passed in their feces. (From Bowman D:

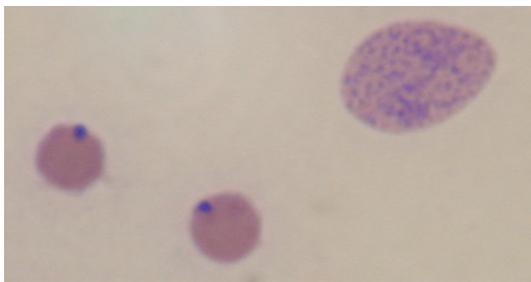
Table 1.1 which include genera *Rickettsia*, *Orientia*, *Coxiella*, and *Anaplasma* family Anaplasmataceae Table 1.2 which include genera *Anaplasma* Fig. 1.1 *Ehrlichia* Fig. 1.2 *Wolbachia*, *Neorickettsia*. The organisms are transmitted via arthropod and insect vectors.

The rickettsia are a group of obligate intracellular gram-negative bacteria. The family is Rickettsiaceae

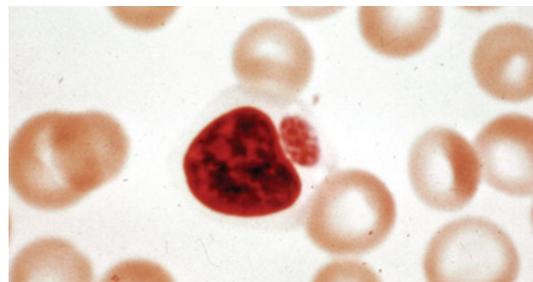


## Anaplasmataceae of Veterinary Importance—cont'd

Human granulocytic ehrlichiosis;  
*Veterinary microbiology: bacterial and fungal agents of animal disease,*



cally parasitized erythrocytes and an immature form. (Courtesy Raymond  
*fungal agents of animal disease,*



*fungal agents of animal disease,*

- Parasitic protozoa be found three primary phyla: Sarcomastigophora, Apicomplexa, Ciliophora.
- Protozoal parasites are usually transmitted to new during cyst stage. *Giardia* species common flagellate infect variety of including humans.
- Trypanosomes *Leishmania* species are zoonotic parasites are primarily found southern United States. *Tritrichomonas foetus* parasite of reproductive tract of infertility, spontaneous abortion, pyometra.
- Apicomplexans (sporozoans) are found within cells, they commonly occur intestinal tract cells blood cells.
- Cats are only definitive for *Toxoplasma gondii*, various life-cycle stages of parasite infect other species, including humans. *Cytauxzoon felis* intracellular parasite sporadically found of usually
- A variety of *Eimeria* species are capable of infecting ruminants small
- Rickettsia are obligate intracellular parasites with two primary taxonomic Rickettsiaceae Anaplasmataceae.



After studying this chapter, you will be able to:

- Describe general characteristics of organisms in the phylum Arthropoda.
- Differentiate between insects and arachnids.
- Describe general characteristics of insects.
- Describe general characteristics of arachnids.
- Describe general characteristics of insects.
- List species commonly encountered in veterinary practice.
- Differentiate between Mallophaga and Anoplura species.
- Describe characteristics of

- List and describe species that parasitize veterinary species.
- Describe characteristics of ticks.
- Differentiate between ticks and mites.
- List commonly encountered species that parasitize veterinary species.
- Describe general characteristics of coccidiform parasites.
- Discuss general characteristics of coccidiform parasites.
- List commonly encountered species that parasitize veterinary species.

**Order: Siphonaptera (Fleas),**

**Orders: Mallophaga and Anoplura (Lice),**

**Order: Diptera (Flies),**

Blackflies and midges,

Sandflies

Deer and horseflies,

Sheep ked,

that produce yaws,

*Anopheles*, *Aedes*, *Culex* species (mosquitoes),

**Class: Acarina (Mites and Ticks),**

Ticks,

Mites,

**Pentastomids (Tongue Worms),**

**Phylum: Annelida (Segmented Worms),**

*Hirudo Medicinalis* (leech),

**Key Points,**

**Acariasis**

**Arachnids**

**Ectoparasite**

**Flea-bite dermatitis**

**Hirudiniasis**

**Hypostome**

**Instar**

**Mange**

**Myiasis**

**Nits**

**Nymphs**

**Pediculosis**

**Periodic parasite**

**Pupa**

**Tick paralysis**

**Warbles**

Organisms in the phylum Arthropoda are characterized by the presence of jointed legs, they have a chitinous exoskeleton composed of segments. The advanced groups, such as insects, have a segmented body with a head, thorax, and abdomen. Arthropods have a true body cavity (coelom), a circulatory system, a digestive system, a respiratory system, an excretory system, a nervous system, and a reproductive

system. The sexes are separate, and reproduction is by eggs. In certain groups, arthropods are parasitic. Members of several groups act as intermediate or definitive hosts for various endoparasites. Some are ectoparasites on the surface of their hosts, called **ectoparasites**. Most ectoparasites are either insects (**arachnids**, ticks, mites) or nematodes and cestodes.

(bloodsucking annelids) also considered to be ectoparasites. Infestation is referred to as **hirudiniasis**.

The following general characteristics differentiate major classes of arthropods:

- Insects (adults) have six pairs of legs, body divided into three regions (head, thorax, abdomen), and antennae.
  - Arachnids (adults) have four pairs of legs, body divided into two regions (cephalothorax and abdomen), and no antennae.
- Pentastomids (ongue worms) are another group of parasitic arthropods rarely encountered. Respiratory organs of vertebrates. Organisms resemble worms rather than arthropods during adult development. They are of varied, retractile mouthparts. They are like, but not the same as, annelids.

The mouthparts consist of a rostrum, depending on feeding habits, adaptations for chewing/biting, lapping (lapping), or sucking. The rostrum is divided into two functional regions: the anterior region is jointed and the posterior region is unjointed. The rostrum is used for feeding and reproduction. The rostrum is composed of three or four segments called **instars** which are followed by the formation of a **pupa** (change of form or transformation) (complete metamorphosis). The adult stages of development occur through several stages (nymphs which resemble the adult form but are smaller (complete metamorphosis)). Lice demonstrate complete metamorphosis, while insects demonstrate incomplete metamorphosis. Insects produce definitive adults, while annelids, ticks, and arachnids do not.

The arachnids include ticks, mites, and arachnids. Ticks are important groups of arachnids. Veterinary ticks are important because they cause harm to domestic animals. Ticks are generally small and may even be microscopic. Their mouthparts are borne on a structure called the capitulum, they consist of a pair of chelicerae (adapted or modified) and a pair of sensory structures called palps. The **hypostome** is a structure with a curved tip. The hypostome is a structure with a curved tip. The hypostome is a structure with a curved tip.

The arachnids include ticks, mites, and arachnids. Ticks are important groups of arachnids. Veterinary ticks are important because they cause harm to domestic animals. Ticks are generally small and may even be microscopic. Their mouthparts are borne on a structure called the capitulum, they consist of a pair of chelicerae (adapted or modified) and a pair of sensory structures called palps. The **hypostome** is a structure with a curved tip. The hypostome is a structure with a curved tip. The hypostome is a structure with a curved tip.

are blood-sucking parasites of dogs, rodents, birds, and people. They are vectors of several diseases such as bubonic plague, typhus, and tularemia. More than 100 species of fleas have been identified throughout the world. Fleas are always parasitic, feeding on both mammals and birds. Dogs and cats are the most common hosts. A few species of fleas, such as *Ctenocephalides felis*



parasitology for veterinary technicians,

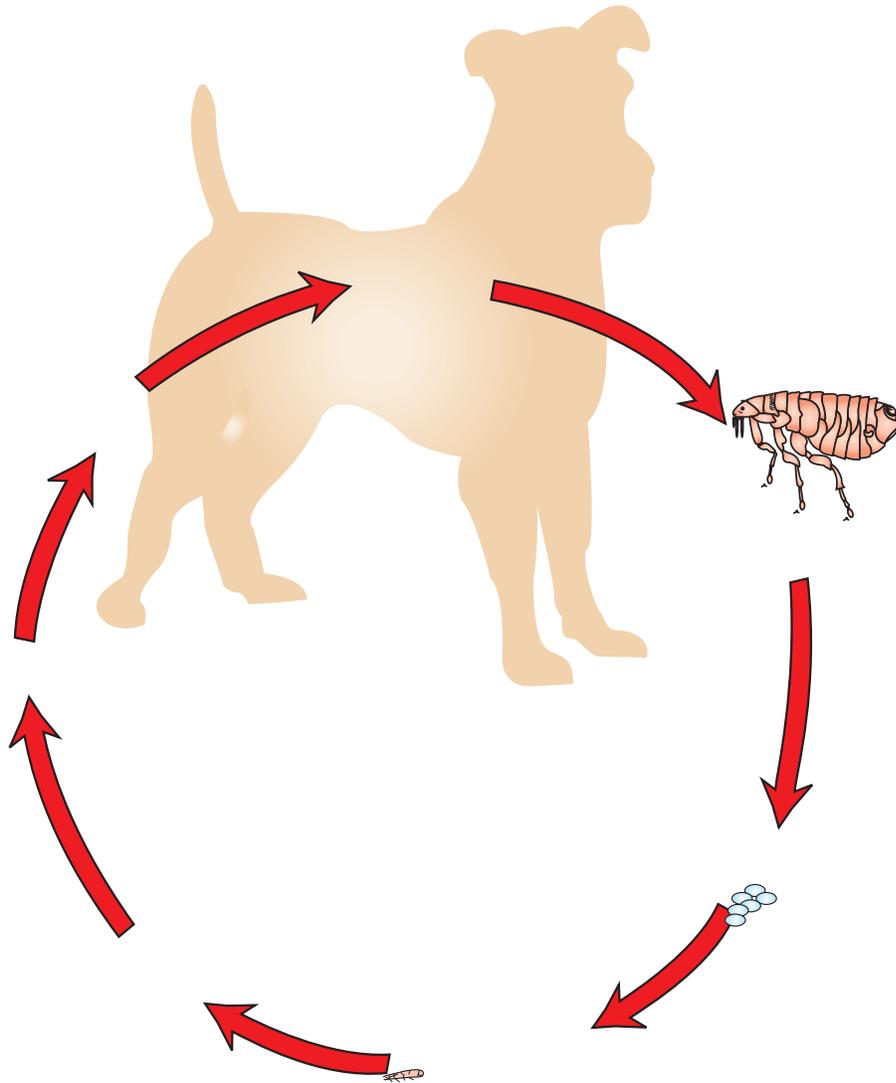
*Ctenocephalides canis*, respectively—can act as intermediate hosts for the common tapeworm, *Dipylidium caninum*. Heavy infestations with fleas can reduce the quality of life and cause flea-bite dermatitis, a condition known as flea-bite dermatitis.

Fleas are laterally compressed, wingless insects with legs that are adapted for jumping. They have a sucking mouthpart (siphonlike) and a pair of mouthparts that are used to suck the blood of their hosts. Fleas are commonly encountered frequently on dogs and cats. They are detected in the central nervous system, and they demonstrate complete metamorphosis. Eggs are deposited in a warm, humid environment. Fleas occasionally bite humans, but they are not a major pest. Fleas are reddish-brown, comma-shaped, and dehydrated. Fleas are found in the environment. Fleas are like, but not the same as, annelids. Fleas feed on organic debris, including excrement. Fleas are reddish-brown, comma-shaped, and dehydrated. Fleas are found in the environment. Fleas are like, but not the same as, annelids.

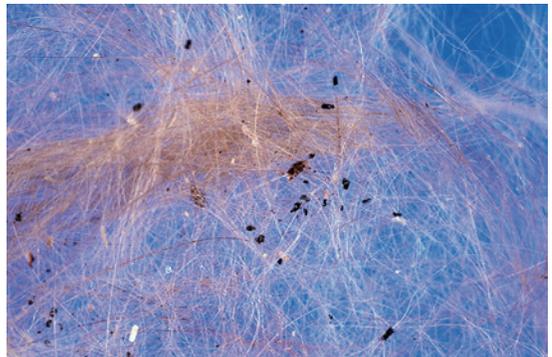
The specific identification requires the expertise of an entomologist. Other of veterinary importance are *Pulex irritans*, *Xenopsylla cheopis*, *Pulex irritans*, *Xenopsylla cheopis*, *Echidnophaga gallinacea*. Fleas are referred to as flea-bite dermatitis. Fleas are referred to as flea-bite dermatitis. Fleas are referred to as flea-bite dermatitis.

The specific identification requires the expertise of an entomologist. Other of veterinary importance are *Pulex irritans*, *Xenopsylla cheopis*, *Pulex irritans*, *Xenopsylla cheopis*, *Echidnophaga gallinacea*. Fleas are referred to as flea-bite dermatitis. Fleas are referred to as flea-bite dermatitis. Fleas are referred to as flea-bite dermatitis.

*Echidnophaga gallinacea* known as the “stick-tight flea” of poultry. Fleas are common hickens and owls, feeding on birds. Fleas are referred to as flea-bite dermatitis. Fleas are referred to as flea-bite dermatitis. Fleas are referred to as flea-bite dermatitis.

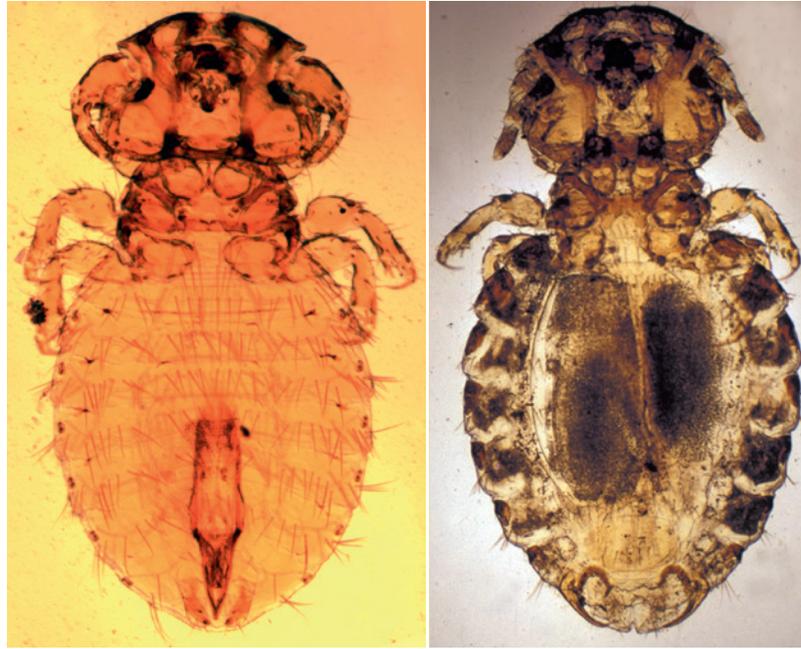


*Ctenocephalides felis*, the cat flea. Flea larvae resemble tiny fly maggots; they are 2 mm to 5 mm long, white (after feeding, they become brown), and sparsely covered with hairs. (From Hendrix



the cat flea. Flea dirt can be used to diagnose current or recent infestations





is on the right. (From Bowman D: *Georgis' parasitology for veterinarians*,



**Fig. 48.7** Sucking louse *Linognathus setosus* of dogs. (From Hendrix

Diagnosis involves careful examination of coat or feathers for the presence of lice. The headband magnifier may help with observation of adult nymphal lice crawling through or clinging to or feathers or tiny embedded lice. Microscopic examination may be collected for mineral analysis. Lice beyond order

Its members vary regarding food preference, developmental stage parasitized, or produces lesions. They are diverse group of insects undergo complete metamorphosis. They are membranous, flattened, and adapted for clinging or sucking blood, producing hypersensitive reactions, depositing eggs, and causing various health issues through **warbles**. They are acting vectors intermediate to other pathogenic agents. Adult dipterans are referred to **periodic parasites** when dipteran larvae develop tissues in organs of vertebrate hosts. A condition known **myiasis** is periodic parasites, blood-feeding Dipterans may be classified regarding their feeding habits. In certain Dipteran groups only females feed on vertebrate blood; males require vertebrate blood or laying eggs. In certain blood-feeding dipterans, both sexes require vertebrate blood.

Flies produce harm by inflicting painful bites, sucking migration through tissues of the host, and acting as vectors and intermediate

Diptera are members of a complex order of insects, including houseflies, blowflies, and mosquitoes. The order is characterized by two pairs of wings, with the forewings being reduced to a pair of small, leathery structures called halteres. The name 'Diptera' is derived from the Greek word 'diptera', meaning 'two wings'.

Biting flies (no-see-ums) are bloodsuckers. *Culicoides* species are common bloodsuckers. Females are the ones that bite.



allergic dermatitis, whereas others transmit helminths, protozoa, viruses. Horses often become allergic to bites of *Culicoides* gnats, they will scratch rub bitten areas, thereby alopecia, excoriations, skinning condition as several names, including Queensland tick, sweat tick, "sweet itch," summer dermatitis" occur because often occurring summer or *Onchocerca cervica* matode filariae horses. These transmit luetongue virus sp. Members of genus *Simulium* (blackflies, buffalo gnats) are small orange-brown flies with characteristicumped body. They live in streams with prominent veins. These tiny flies have serrated, scissor-like mouthparts inflict bites. They reduce great numbers, sanguinate Because females lay their eggs in well-aerated water, they often infest streams. They bite humans, horses, and animals. They feed on blood from grazing animals to stampede. They bite animal's ears, neck, and face. They feed on poultry, horses, and intermediate for protozoan parasite *Leukocytozoon*.

Sandflies (*Phlebotomus* and *Lutzomyia* species) are mothlike flies which are primarily or transmission leishmaniasis. Female sandflies suck blood. Muscid flies include houseflies, stable flies, and horse flies, but they are annoyances, because they are attracted to excrement secretions. Both act as intermediate hosts for spirurid parasites *Habronema* spp., *Thelazia* spp.) and they mechanically transmit bacteria. Stable flies (*Haematobia irritans*) are stable flies which suck blood. Horn flies

are approximately the same size as the housefly,

flies are common pests of horses during rainy weather, especially in the southern United States. The stable fly (*Stomoxys calcitrans*) is a pest of horses and other animals. It is a blood-sucking fly that is very annoying to horses. The housefly (*Musca domestica*) is a common pest of horses. It is a blood-sucking fly that is very annoying to horses. The horse fly (*Tabanus*) is a large, annoying fly that is very annoying to horses. It is a blood-sucking fly that is very annoying to horses. The horn fly (*Hematobia irritans*) is a small, annoying fly that is very annoying to horses. It is a blood-sucking fly that is very annoying to horses. The sandfly (*Phlebotomus* and *Lutzomyia*) is a small, annoying fly that is very annoying to horses. It is a blood-sucking fly that is very annoying to horses. The stable fly (*Stomoxys calcitrans*) is a small, annoying fly that is very annoying to horses. It is a blood-sucking fly that is very annoying to horses. The housefly (*Musca domestica*) is a small, annoying fly that is very annoying to horses. It is a blood-sucking fly that is very annoying to horses. The horse fly (*Tabanus*) is a large, annoying fly that is very annoying to horses. It is a blood-sucking fly that is very annoying to horses. The horn fly (*Hematobia irritans*) is a small, annoying fly that is very annoying to horses. It is a blood-sucking fly that is very annoying to horses. The sandfly (*Phlebotomus* and *Lutzomyia*) is a small, annoying fly that is very annoying to horses. It is a blood-sucking fly that is very annoying to horses.

*Chrysops* species (deer flies) and *Tabanus* species (horseflies) are large, annoying flies. They are blood-sucking and very annoying to horses. Dipterans with powerful wings are also annoying to horses. Deer flies are the largest flies in the Diptera group, which only



Females feed vertebrate blood. Some species, such as *Tabanus* species, are the largest blood-feeding Dipterans. Horse flies are larger than other blood-feeding Dipterans. The cranial opening is large.

Adult horse flies lay eggs in the vicinity of open water. Larval stages of horse flies are found in aquatic to semi-aquatic environments, often in or near water. Larvae are found in water, mud, and other moist areas. Adults emerge in the summer, and are most active in daylight. Female horse flies feed on the blood of humans and other animals. They have sharp, blade-like mouthparts that pierce the skin and create a wound. These flies feed primarily on large animals, such as humans, horses, and cattle. Larvae are found in water, mud, and other moist areas. These larvae generally feed on a number of times a day. Multiple feeding sites are often found on the body of the host. Swatting at the fly can irritate the skin, but the blood continues to flow. The bite of a horse fly is very painful. Because they often feed on multiple horses, they can be a nuisance. They are also a pest to livestock, and can transmit diseases such as anthrax, tetanus, and other bacterial, viral, and rickettsial diseases.

This species is often found within the feces of an equine host. Note the presence of anterior hooks, with larva attached to the gastric mucosa. (From Hendrix CM, Robinson *Diagnostic parasitology for veterinary technicians*, ed 4, St Louis,

Hippoboscids are blood-sucking insects (e.g., *Melophagus ovinus*) that feed on the blood of their hosts. They spend their entire lives on their hosts (sheep). They are found in the thorax and abdomen of their hosts. The eggs are long and cylindrical. Some species are very louse-like in appearance, but they are not lice.

Blowflies, also known as blowworms, are bright-colored flies that suck blood, but they deposit their eggs on decaying organic matter, particularly on animal carcasses. The larvae of *Callitroga hominivorax* and *Wohlfahrtia opaca*

are only primary invaders of living tissue in North America. Other members of the order Diptera that are secondary invaders include *Gasterophilus* sp., *Hypoderma* sp., *Cuterebra* sp., and *Oestrus ovis*. The adults of these flies glue their eggs to the skin of their hosts. The larvae burrow into the skin and eventually penetrate the body. Some species, such as *Oestrus*, develop in the stomach of their hosts. *Gasterophilus*, *Cuterebra*, and *Hypoderma* are parasites of rabbits and rodents, but they may also infest dogs and humans. They produce large, painful, subcutaneous nodules.



like, subcutaneous sites, with a fistula (pore or hole) that communicates

(From Hendrix CM, Robinson E: *Diagnostic parasitology for veterinary*



species. This is one genus from among several

Although many, agile dipterans, mites of voracious blood feeders domestic human beings are important transmission vectors of protozoal, viral, and nematode people. Mosquitoes, including the common house mosquito, have been known to feed on many animals or swarming mosquitoes may cause significant anemia in domestic animals. Mosquitoes are relatively small bodies of water. Mosquitoes spread malaria (*Plasmodium* species), yellow fever, elephantiasis in people and intermediate hosts, *Dirofilaria immitis*.

Infestation by mites or ticks is referred to as **acarosis**. Ticks are blood-sucking arachnids. They are dorsoventrally flattened in the unengorged state. The tick's head, which is known as the capitulum, serves as the organ of cutting and attachment. It is made of

penetrating, horn-like sucking organ called hypostome and four accessory appendages called palps (pedipalps) that act as sensors and supports when the tick attaches to the host's body. The mouthparts may be concealed under the tick's body, but they extend from the body. Ticks are voracious; that is, they are reddish or brown, without markings. Some species are active during the day, while others are active at night. Ticks have eight legs, with claws on the front legs. They feed on the blood of their hosts and therefore are referred to as blood-sucking ticks.

There are two types of ticks: soft ticks (Argasidae) and hard ticks (Ixodidae). Hard ticks are important vectors of protozoal, bacterial, viral, and rickettsial diseases. The saliva of female ticks of some species is toxic and produces flaccid, ascending paralysis in people, a condition known as **tick paralysis**. Tick species include the lone star tick (*Amblyomma americanum*), the Rocky Mountain spotted fever tick (*Dermacentor occidentalis*), the Pacific Coast tick (*Ixodes holocyclus*), the Australian paralysis tick (*Dermacentor variabilis*), and the wood tick (*Dermacentor andersoni*).

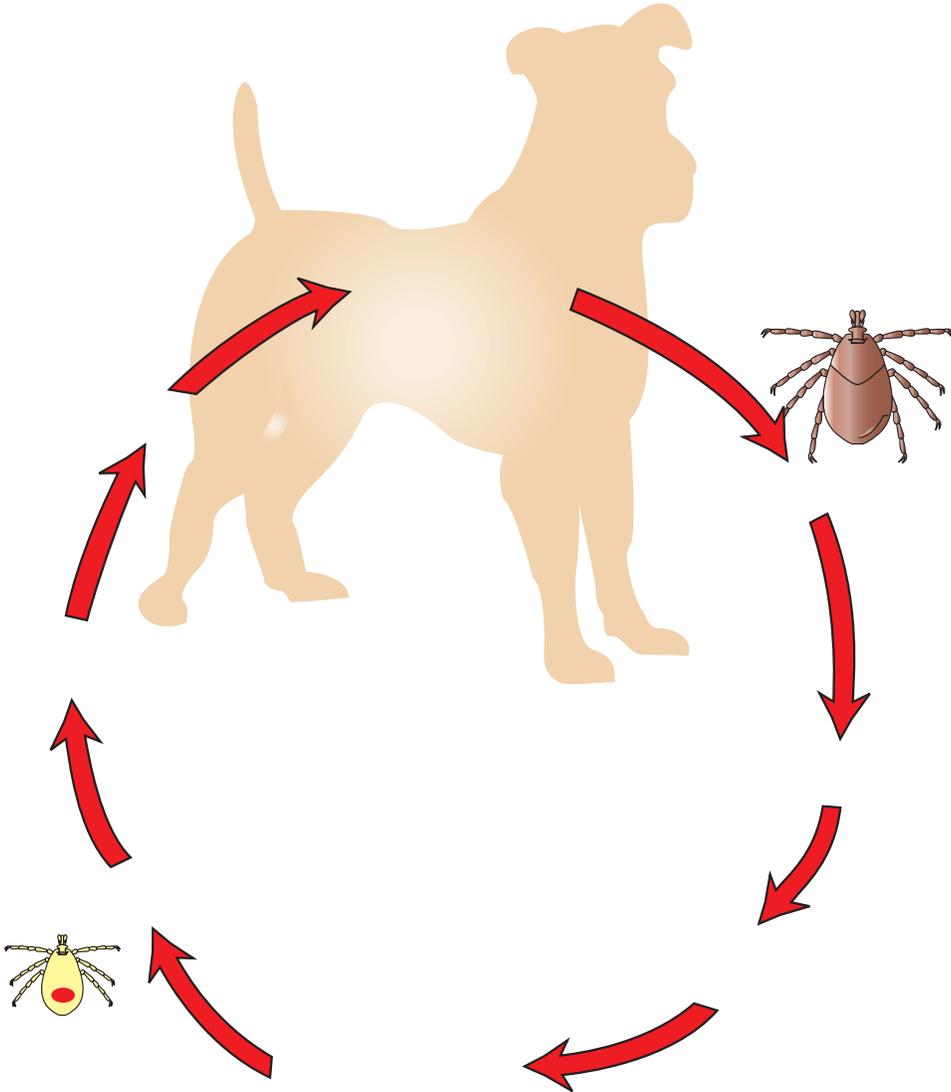
The adults, larvae, and nymphs all feed on blood. Eggs are deposited in the environment. Hard ticks are dorsoventrally flattened, with well-defined lateral margins in the unengorged state. They have a hard, chitinous covering (the scutum) on the dorsal surface of the body. Hard ticks have grooves, ridges, and spines (setae) on their bodies for identification purposes. Important ticks in North America include *Rhipicephalus sanguineus* (the brown dog tick), *Dermacentor variabilis* (the deer tick), *Dermacentor andersoni*, *Dermacentor occidentalis*, *Dermacentor albipictus*, *Ixodes scapularis*, *Ixodes cookei*, *Ixodes pacificus*, *Amblyomma americanum*, *Amblyomma maculatum*, *Haemaphysalis leporispalustris*, and *Rhipicephalus annulatus*. *Rhipicephalus sanguineus* is the most common tick to become established in our kennels and kennels.

There are two families of ticks: hard ticks (Ixodidae) and soft ticks (Argasidae).

There are two families of ticks: hard ticks (Ixodidae)

Soft ticks lack a scutum, and their mouthparts are not visible from the dorsal surface. The lateral edges of the body are rounded. The females feed often, and lay many eggs. Soft ticks are more common in kennels and kennels, and they are a vector for several serious diseases. There are three genera of veterinary importance: *Argas* species, *Otobius megnini*, and *Ornithodoros* species.

*Argas* species are ectoparasites of birds, mammals, and humans. The adults are active during the day and feed at night. They are vectors of rickettsial diseases. *O. megnini*, the lone star tick, occurs on housed stock, dogs, and even people. Only the larval and two of the nymphal stages are parasitic. They live in the environment and suck blood, thereby transmitting the disease. *Ornithodoros* species are vectors of rickettsial diseases and are probably the most common tick to become established in our kennels and kennels.



important to people rodents to domestic but  
*Ornithodoros coriaceus* known to transmit agent of foothill  
 abortion California.

Mites are arachnids occur parasitic free-living forms,  
 some of which act intermediate for cestodes. Most



. Unfed adults  
 mm

long and bluish gray in color. (From Hendrix CM, Robinson E: *Diagnostic parasitology for veterinary technicians*

parasitic mites are obligate parasites, which spend their entire life cycle on produce dermatologic condition referred to **mange** few species found on birds rodents live off of visit only to obtain blood

(e.g., *Dermanyssus gallinae*, *Ornithonyssus bacoti* Most mite infestations are transmitted through direct contact with infested Burrowing mite infestations are diagnosed with deep scrapings periphery of lesions.

The first group of parasitic mites be classified together sarcoptiform mites. Sarcoptiform mites have several common key characteristics or features. These mites may produce severe dermatologic problems variety of domestic The dermatitis produced by mites usually accompanied by severe pruritus. Sarcoptiform mites are barely visible to naked eye, they are approximately size of grain of Their bodies are round to oval. Sarcoptiform mites have legs with pedicels or tip. The pedicels may be long or short. If pedicel long, may be straight (unjointed) or jointed. At tip of each pedicel may be tiny sucker. The description of pedicel (e.g., long or short, jointed or unjointed) may be used to identify sarcoptiform mites. Another group of mites parasitic only larvae trombiculid mites or "chiggers."



*parasitology for veterinarians,*

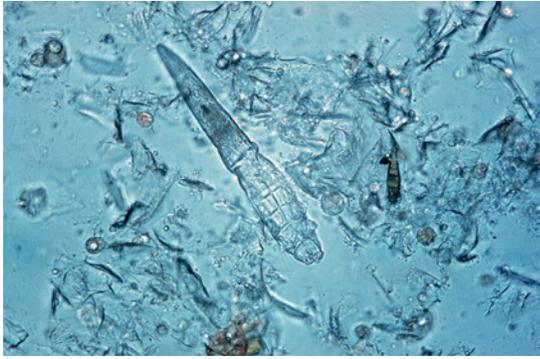
*Georgis'*





Sarcoptiform mites are divided into several groups, including Psoroptidae, which burrow into the skin surface, and Sarcoptes scabiei, which burrow into the epidermis. The burrowing mites (Sarcoptidae) include the following: *Sarcoptes scabiei*, *Notoedres cati*, and *Knemidokoptes* species. These mites feed on the superficial layers of the epidermis. Infestations begin with a localized area, but they rapidly become generalized. Over a 15-day period, the female deposits 40 to 60 eggs within the tunnel. After egg deposition, the female mite merges with the tunnel. The eggs hatch into nymphs, which burrow into the epidermis.

minute pockets of epidermis. Nymphs become sexually active adults within a few days, and the female mites lay eggs. Sarcoptic mange, caused by *S. scabiei*, is commonly seen on dogs and pigs. It is characterized by intense pruritus. Each species has a wide variety of hosts. *S. scabiei* transmission occurs worldwide, but temporary infestation may occur without colonization. Otodectic mange, caused by *Notoedres* species, is restricted to dogs and cats. *Notoedres* mites occasionally infest rabbits. Knemidokoptic mange (caused by *Knemidokoptes* species) affects birds. This mite tunnels through the superficial layers of the epidermis of the feet. There are



mites resemble eight-legged

(From Hendrix CM, Robinson E: *Diagnostic parasitology for veterinary*



. This species is commonly recovered from infested rabbit ears. (From Bowman D: *Georgis' parasitology for*

may be ected. characteristically produces yellow to gray-white resembles honeycomb. This condition may be ing. asites rice erlies reby ion xudate hardens on surface displaces superficially. This process kened, ure *Demodex* species are burrowing mites live follicles baceous hey on sidered part f rmal emodectic mange ommon ogs, calized generalized. mmunodeficiency—both enetic uced es—is cessary or estation ecome linically apparent. The characterized by of hair, thickening of pustule formation. Pruritus manifestation of type eep apings ecover ar-shaped or

rupture of blood vessels hematomas of The mites be found exudate crust within



Nonburrowing mites (Psoroptidae) include *Psoroptes*, *Chorioptes*, *Otodectes*. These mites live on surface of feed on keratinized hair, tissue *Psoroptes* species

Fig. *Chorioptes* species, *Otodectes cynotis*, *Psorergates ovis*, *Cheyletiella* ecies e nburrowing

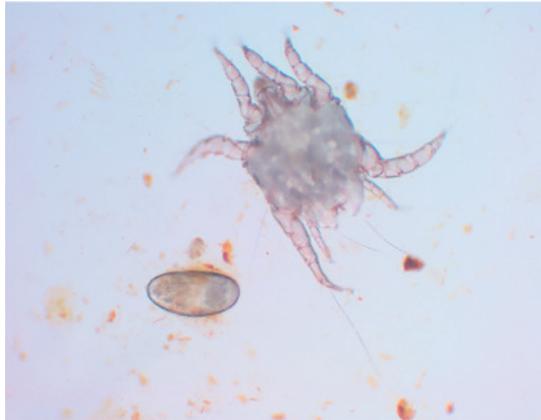
Psoroptic ortant ep. ctive superficial eratinized yer ut rice ith thparts. esicles evelop, usting intense pruritus. Chorioptic mange severe tends to remain localized. *Chorioptes bovis* more important species, ommon asite

*Cheyletiella* *Otodectes* ecies e asites ogs Members of genus *Cheyletiella* produce condition referred o uff.” *Otodectes cynotis* . live external of dogs brownish, exudate accumulates, with crust formation, ulceration, sec onday cterial ections. nfested atch equently at he ars nd hake heir eads. ead haking an esult he

Pentastomids ongue orms) esemble ut are ctually elated thropods. *Linguatula serrata* “canine pentastome” or tongue worm.” Pentastomes are usually parasites of snakes reptiles, but tongue worm parasitizes respiratory passages of dogs. It resembles lminth, ut lassified ype thropod, ecause has itelike arval tage. he entastome ggs easure by inside of egg, mitelike larval stage with inted laws ften isible.

Leeches e onsidered rue but they are often described parasitic worms. ectoparasites of uman eings, omestic eches are mbers hylum nnelida irudinea. Leeches y ve gic eneficial eterinary medicine.

The erm *hirudiniasis* erived om nomenclature, defined invasion of mouth, pharynx, r eches chment eches Leeches are voracious blood feeders; depending on number ch ecome om lood eeches ve ecently ained vor



Adult and ova of the ear mite,

postsurgical tools reconstructive ovascular surgery.  
*Hirudo medicinalis*, medicinal leech, been used recon  
 structive ovascular surgery eings; uch  
 eterinary orthcoming.  
 Leeches are segmented worms with slender, leaf-shaped bodies  
 evoid ristles. typical ech uckers:  
 large dhensive ucker ler  
 surrounds eches er,  
 ew e er; errestrial arieties.

Chapter review questions [appendix](#)

- Ectoparasites of domestic include insects (e.g., lice, biting arachnids ticks).
- Immature or larval stages of nematodes and some adult stages of nematodes may parasitize animal's or subcutaneous tissues.
- Insects parasitize domestic are primarily members of orders emiptera (lice), Mallophaga (chewing lice), Siphonaptera (sucking lice), Diptera (two-winged Siphonaptera).
- Insects have eggs, insect body regions (head, thorax, abdomen), antennae. Arachnids (adults) have legs, body divided into two regions (cephalothorax abdomen), antennae.
- The life-cycle ticks consist egg, larva, nymph, adult. here re nymphal instar.
- Infestation chewing sucking referred pediculosis.
- Infestation val terans referred scabies.
- Infestation referred leishmaniasis.
- Infestation ticks referred leishmaniasis. *Ctenocephalides felis* *Ctenocephalides canis* are dog.
- Heavy infestations especially produce anemia.
- Flea saliva antigenic irritating. It intense pruritus (itching) hypersensitivity, which may cause allergic dermatitis or dermatitis.
- Lice are separated into two orders on basis of whether their mouthparts are modified for biting/chewing (Mallophaga) sucking (Siphonaptera).
- Flies reduce harm inflicting painful bites, sucking blood, producing hypersensitive reactions, depositing eggs (reservoirs), larval nutrition through issues acting vectors intermediate genetic agents.
- Adult ticks have eight legs, with claws on ends of legs, cycle.
- Hard ticks (Ixodidae) important vectors protozoal, bacterial, viral, rickettsial.
- The saliva of female ticks some species toxic and produces flaccid, ending paralysis (tick paralysis).
- Most parasitic biligate parasites end condition referred.
- Sarcoptiform mites (Sarcoptidae, which burrow through epidermis, Psoroptidae, which reside on surface of or within external Demodex species are burrowing ve follicles sebaceous.
- Nonburrowing (Sarcoptidae) include *Psoroptes*, *Chorioptes*, *Otodectes*.



# Sample Collection and Handling

## Learning Objectives

After studying this chapter, you will be able to:

- Describe collection of fecal samples from small animals.
- Describe collection of fecal samples from large animals.
- Explain procedure for collection of fecal samples through skin scraping.
- Explain procedure for collection of fecal samples through vacuum cleaner technique.
- Explain procedure for collection of fecal samples from a necropsy.
- Describe collection of blood samples.
- Describe collection of blood samples using a vacuum cleaner technique.

## Key Points

- Collection of Fecal Samples, Small animal fecal, Large animal fecal
- Skin Scraping, Cellophane Tape Preparation, Vacuum Collection, Sample Collection at Necropsy, Collection of Blood Samples, Key Points,

## Summary

**Cellophane tape preparations**  
**Fecal loop**  
**Pooled sample**

**Skin scraping**  
**Vacuum collection**

Parasites affect oral cavity, pharynx, stomach, intestines, internal organs of the animal. Fecal samples are usually collected for microscopic examination of feces. Diagnosis usually involves identifying specific life-cycle stages of parasites (eggs, oocysts, larvae, gametocytes, trichiae, etc.). External parasites (fleas, ticks, ear mites, etc.) are collected through skin scraping. Cellophane tape preparations, vacuum collection, and brushing are other methods of collection.

Fecal specimens should be collected in a clean, leak-proof container, such as a plastic bag or a glass jar. The container should be labeled with the animal's name and the date of collection. Fecal samples should be stored in a cool, dry place until they can be examined. In either case, proper examination is essential. Fecal samples should be collected from the rectum or the anus. Fecal samples should be properly identified with the owner's name and the date of collection.

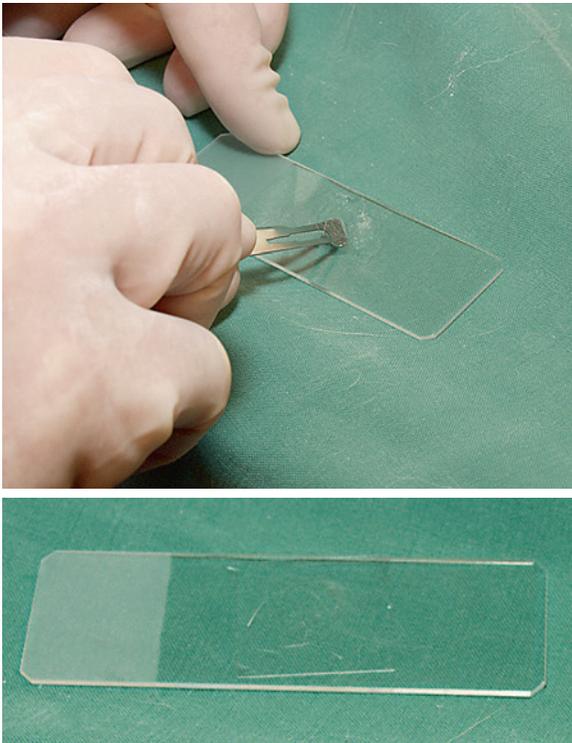
Fecal samples that are collected for routine examination should be fresh. Specimens should be examined within 24 hours of excretion. Refrigerated fecal samples should be examined within 72 hours. In older animals, the appearance of eggs, oocysts, and larvae may be delayed. Result of parasite development.

To collect fecal samples from a dog or cat, the animal should be placed on a clean surface. The rectum should be palpated to determine the location of the rectum. Fecal samples should be collected from the rectum. Fecal samples should be collected from the rectum. Fecal samples should be collected from the rectum.

Several methods are used to collect feces from companion animals. An owner may collect fecal samples immediately after defecation.

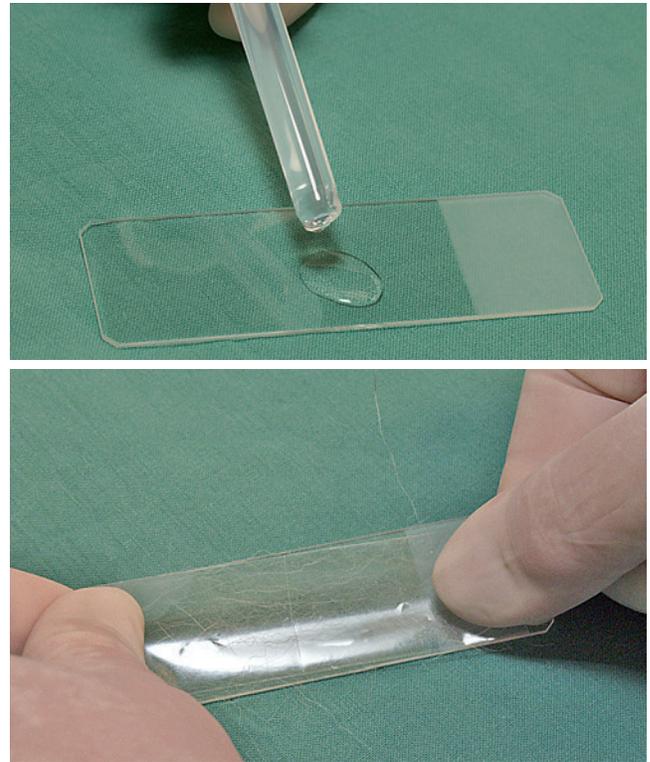
Fecal specimens are collected from livestock may be obtained either directly from the animal or from the manure.





Spread the scraped material onto the glass slide in the drop of

clinical techniques,



but necessary. The slide then examined microscopically or asites.

collection facilitated by spraying pet with insecticide. After few minutes, head of pet is removed. Alternatively, material collected from pet's coat using a comb. Veterinary supply store for more information.

Parasites primarily present on surface of animal. Gentle restraint is generally required, because of the animal's fear. To perform procedure, place piece of filter paper over end of collection tube. Apply adhesive tape to multiple areas of body, especially where visible debris is present.

When attempting to demonstrate lice or mites (live primarily on surface of animal), cellophane tape preparation may be used. Clear cellophane tape applied to pick up epidermal debris. Adhesive surface of tape is placed on animal's skin. Additional material may be collected from skin, especially from areas of irritation, such as the neck, ears, and tail.

Necropsy (postmortem examination) is an important method of diagnosis for parasitism. Types of parasites found on body of animal include ectoparasites (lice, fleas, ticks) and endoparasites (protozoa, nematodes, cestodes). For proper diagnosis, necropsy should be performed by a veterinarian or properly trained personnel. Necropsy should be performed in a clean, well-ventilated area, and the animal should be properly restrained. Necropsy should be performed as soon as possible after death, and the animal should be properly identified and labeled.



parasites that are found are gently removed with thumb forceps and

Two methods are used to recover parasites from the digestive tract at necropsy: the decanting method and the sieving method. Boxes describe either method, a veterinary technique used to separate contents of the digestive tract for microscopic examination individually.

Parasites recovered from the digestive tract may be preserved in alcohol or neutral buffered formalin for later identification. Occasionally bladder worms or cysticerci may be found attached to the viscera of domestic animals. They are handled with care because they are highly allergenic and zoonotic.

contents of the digestive tract, including scrapings from the interior

parasites that are found are gently removed with thumb forceps and

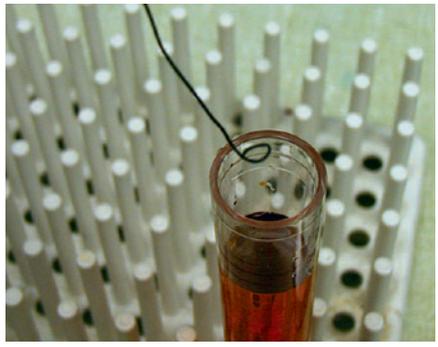
Franklin Lakes, NJ. All samples should be labeled with the owner's name, the animal's ID number, and the date of collection. (See Chapter 49 for details regarding food collection.)

Sterile equipment is required for collection of blood from the animal. Blood may be collected with a syringe or a vacutainer tube (Becton Dickinson,

Chapter Review Questions [Appendix](#)

- The diagnosis of intestinal parasitism requires identification of fecal specimens or presence of eggs (ova), oocysts, larvae, or worm proglottids, adult parasites.
- Fecal samples from large animals are often collected by deep scraping required to collect parasites residing in the crypts.

- Fecal samples from large animals are often collected by deep scraping required to collect parasites residing in the crypts.
- Parasites reside primarily on the surface of the feces and can be collected with a flotation method.
- Deep scraping is required to collect parasites residing in the crypts.



# Diagnostic Techniques

After studying this chapter, you will be able to:

- Describe gross examination fecal
- Describe procedure or performing fecal ect
- Describe procedure or performing fecal ion.
- Discuss advantages advantages various fecal flotation utions.
- Describe procedure or performing centrifugal flotation.
- Explain Baermann apparatus.
- Describe procedure or performing float
- Describe modified Knott's

## Evaluation of Fecal Specimens,

- Direct smear,
- Fecal ion,
- Centrifugal ion,
- Fecal sedimentation,

## Cellophane Tape Preparation,

## Baermann Technique,

## Miscellaneous Fecal Examinations,

## Staining Procedures,

## Evaluation of Blood Samples,

- Direct op,
- Filter est,
- Modified Knott's

## Immunologic and Molecular Diagnostic Tests,

## Miscellaneous Parasitologic Evaluations,

## Key Points,

- Baermann technique
- Centrifugal flotation
- Direct smear
- Fecal sedimentation

- McMaster technique
- Modified Knott's test
- Simple fecal flotation
- Zinc sulfate

Parasites located orally, phagus, stomach, small large intestines, internal organs, feces, lood, rine, ecretions he reproductive rgans, nd he epidermal yers ollected or xamination should e s esh ossible xamined oon ossible, preferably ithin er ollection. take roper recautions hen orking revent contamination ork nvironment nsure ersonal hen ents ransmissible eople. Wear loves, equently er soap, lean ect ork er xaminations. addition, ortant quipment equently.

The maintenance of good records important. Label with lient's ollection, lient's ecies. eords lude entification or mation, procedures performed, results. adequate history ludes uration any dications iven, nvironment, accina tions eceived, ocking ensity, umber ected or rd ck xaminations accompany

The microscopic examination of reliable method or etection asitic ections. inocular microscope 0 bjective nses ed. stereo microscope helpful for identification of gross parasites. rated ometer cessary determine sizes specific differentiations of some parasitic stages, uch ofilariae chapter of ook). enerally ed dium overslip op.

**TECHNICIAN NOTE**

be roughly systematically viewed objective lens, beginning corner overslip opposite end. parasite usually focus bubbles dye overslip. ny erials or objects observed viewed verified re ow erful objectives. food working wedge binocular microscope of adjustments needed to produce Kohler illumination are essential for parasitology examinations.

Depending on the patient's history, the specific parasite examinations suspected. or mation tips choice performed.

The parasitologic examination feces begins gross nation of noting consistency color well presence of blood,ucus, dor, dult parasites, oreign odies (e.g., string). Normal feces be formed yet soft. Diarrhea or constipation an ccur ith parasitic nfections. ost ecretions are clear moderately cellular. yellowish discoloration with excessive mucus could signal infection. Blood be fresh right ed tially ested molyzed), pear k reddishrown lack ry. xcessive enerally iritation ucosal mbrane, with roliferationucus-producing ells. ommon asitic ections espiratory stem wer digestive tract. dult parasites such roundworms tapeworm proglottids entified omitus eces.

the consistency and color of the sample as well as the presence of blood,

Fecal direct smears are of evaluation procedures. Feces, tum, gma, lood bserved echnique escribed rocedure ype

and 400 magnification for eggs, cysts, tropho

requires equipment erials, apid or asite ecal or **direct smear** preparation btained om f ecal op ectal rmometer er uring s emperature). rocedure volves small eces

microscopically for presence of eggs larvae. This method will low or isualization rophozoite protozoal asites uch *Giardia*

Unfortunately, direct alone adequate exami nation or asites. isadvantages lude of eces xamined, high ufficient etect parasite burden, of extraneous fecal debris on slide, which could be confused with parasitic material. However, e eorporated outine asitology examination.



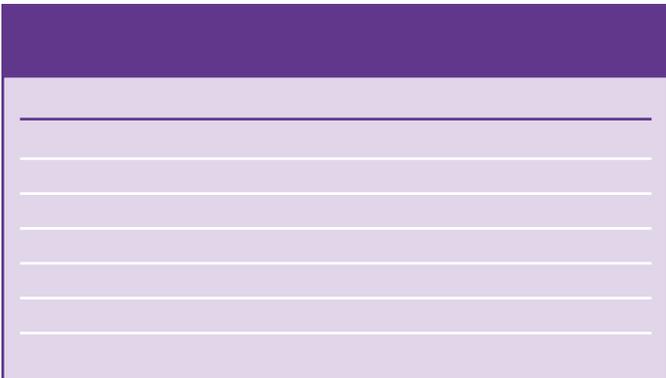
Flotation methods are based on differences specific gravity of e-cycle asites eces fecal ebris. **Simple fecal flotation** xample ion method rocedure ecific ravity efers eight of bject ompared eight qual olume distilled er, tion solved material solution. Most parasite eggs have specific gravity that etween **Table** Flotation

and then cover the top with the cheesecloth squares while pouring the suspension into the shell vial. If using a metal strainer, pour the suspension I the shell vial to form a convex dome (meniscus) at the rim. Do not overfill

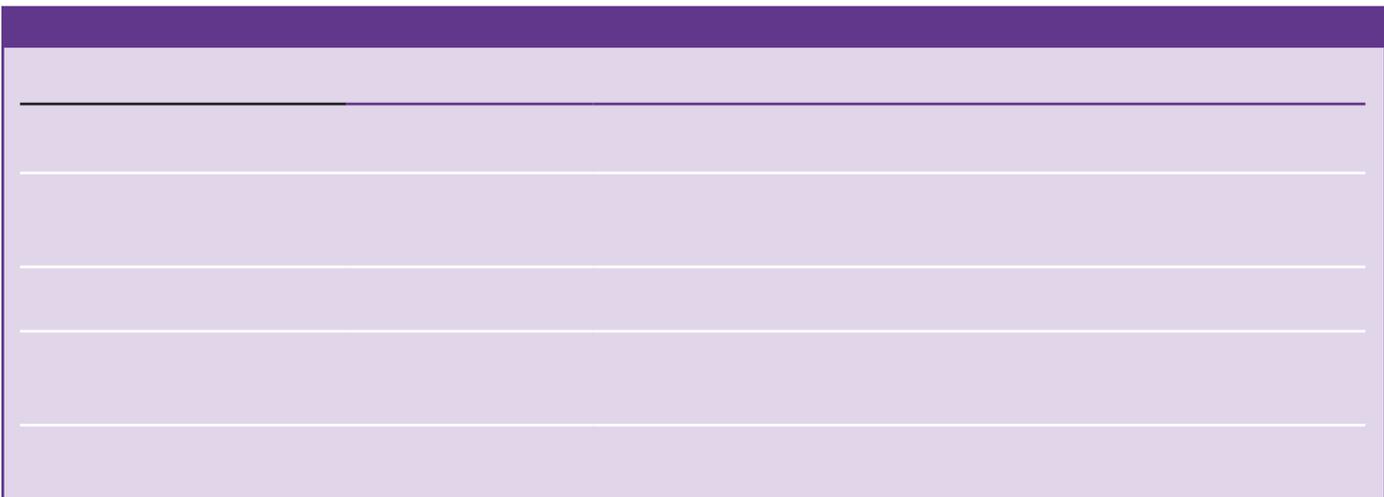
solutions formulated specific gravity her  
 of common asite va. herefore, va  
 surface ution. saturated utions ugar  
 various ion utions ve ecific  
 gravity ranges between Fecal debris eggs  
 with specific gravity greater of flotation solution  
 do at. uke ggs enerally vier ecific  
 gravity f routinely ion utions, ew  
 exceptions *Paragonimus, Nanophyetus* y  
 usually recovered echnique.ematode vae  
 recovered, but they are frequently distorted result of crenation,  
 thereby entification ecific ravity  
 flotation solution too high, plug of fecal debris floats  
 traps parasite stages thereby obscuring them from view.  
 Commonly ion utions lude ugar, dium  
 chloride, dium rate, nesium ulfate, **zinc sulfate**  
 Each solution advantages disadvantages, including cost,  
 availability, efficiency, shelf life, crystallization, corrosion of equip  
 ment, of **Table** Selection often determined  
 by ype ractice ommon asites ncountered  
 ea. ecific ravity ion utions  
 checked ith ydrometer djusted  
 more r re er ution. eaving xtra ystals  
 of n ottom ution nsures ution  
 urated.

Several ompanies ve ckaged ion lude  
 prepared utions dium rate ulfate, osable  
 plastic ials, rainers hey onvenient, ut  
 they are more expensive. Supplies to conduct flotation  
 procedures an cquired hrough uppliers cientific quip  
 ment hemicals. roducts vailable  
 otential or ersonnel oming ontact ecal  
 material

This procedure principle to flotation procedure  
 except er ution ed, eci  
 men rained emove xcess ebris. overslip dded,  
 specimen centrifuged to for minutes.  
 Centrifugal orce overslips ce uring  
 provided tubes are balanced. bacteriology loop then  
 used o emove op om urface ube,  
 drop examined microscopically **Fig. Centrifugal flotation**  
 re nsitive ion. ecovers  
 more eggs cysts from time **Procedure**  
 However, equires ccess letop entrifuge  
 ccommodate otation uckets. ed-angle  
 work well for procedure described, but they be  
 adapted for procedure by filling tubes omitting  
 overslip uring entrifugation.



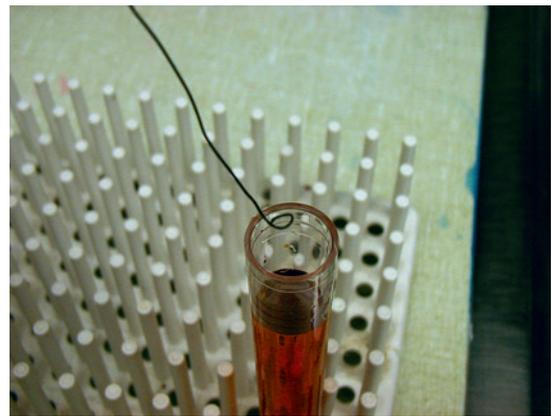
The **fecal sedimentation** procedure used when suspected para  
 sites produce va that are too large to be recovered with standard  
 flotation va). ecal ed  
 volume of water strained into centrifuge tube. The  
 e entrifuged or utes lowed emain  
 undisturbed for to minutes. The supernatant poured off,  
 and ipette sed emove rop he ediment. ne rop  
 from per, wer ortions diment



\*Check the specific gravity with a hydrometer. Store solutions at room temperature.



. These kits are based on the principles of the simple flotation procedure. (From Hendrix CM, Robinson *Diagnostic parasitology for veterinary technicians*,



**Fig. 50.3** The use of a bacteriologic loop to transfer a drop from the top of a fecal flotation emulsion after the centrifugation procedure. Note that loop is bent at a 90-degree angle to the wire handle. (From Hendrix

removed, sedimentation concentrates debris, may be obscured from view. This technique sedimentation primarily when suspected. Flotation solutions with higher specific gravity, thereby recognize fecal debris from sedimentation. This technique sedimentation primarily when suspected. Flotation solutions with higher specific gravity, thereby recognize fecal debris from sedimentation.

This method often recovers *Oxyuris* worms). It also helps with the identification of tapeworms. A piece of cellophane is wrapped around the tongue depressor with adhesive tape. The tongue depressor is pressed gently against the fecal emulsion, removed, and placed in a drop of water on a slide. The slide is then examined microscopically. **Procedure**

The **Baermann technique** sometimes recovers larvae from fecal samples. The procedure requires construction of a Baermann apparatus, which consists of a large funnel supported by a ring of wire and a rubber tubing connected to the funnel. The funnel is placed over a collection tube. The fecal sample is placed in the funnel on top of a piece of metal screen. **Fig.** Warm water is added to the funnel to create a physiologic saline solution. The

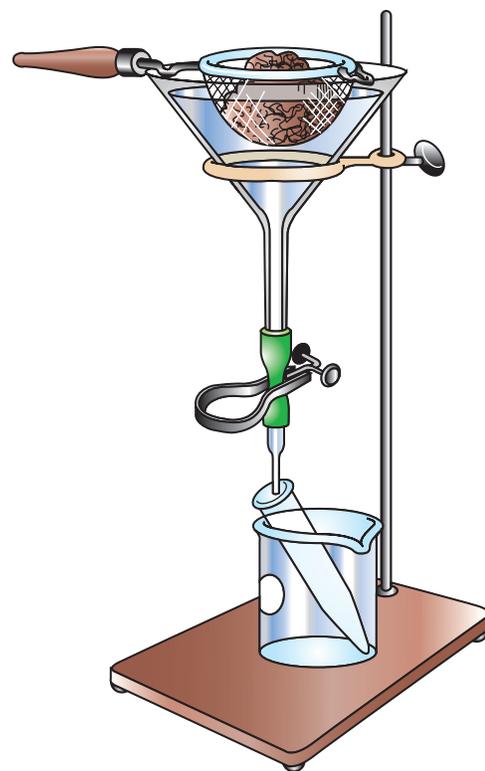


a balance tube of equal weight that contains another sample or

from the tubes by lifting straight up, and then place

into a 50-mL conical centrifuge tube. (Suspending a funnel over the tube

\*For centrifuges with fixed-angle heads, do not fill the tubes, and



parasitology for veterinarians,

Georgis'

the larvae imulated ve er, they then to bottom of apparatus. drop of material n he ollection ontainer xamined icroscopically for resence vae. aermann echnique recover nematode larvae from feces, fecal cultures, soil, herbage, tissues **Procedure** The warm water stimulates vae o rate elax. hey sink o he ottom he pparatus, here hey an ollected relatively free of debris. Free-living larvae must be distinguished from asitic ecially ollected round, om om rbage. equire expertise f xperienced lminthologist. reserve

which is more practical in a practice setting, is to use long-stemmed plastic

the slide for larvae, and identify them. The slide can be passed

bottle of water can be used to moisten the fecal mixture if it becomes too

recover developing stages. Some larvae migrate up the wall of the jar and

by adding formalin ellet or submission expert. Kill free-living larvae by adding hydrochloric acid to pellet, examine preparation without fixation. Unfortunately, identification of motile larvae more

The Baermann technique performed feces domestic when lungworm infections *Dictyocaulus*, *Aelurostrongylus*, *Filaroides*, *Crenosoma*, *Muellerius*, *Protostrongylus* are suspected. Ideally, be fresh collected rectally. For dogs Baermann technique be used when infection with *Strongyloides* species are suspected. If fresh, fecal culture may be needed to distinguish first-stage hookworm larvae from first-stage larvae *Strongyloides*. The first-stage larvae *Strongyloides* characteristic phagocyte larva (forked bipartite) are seen when handling *Strongyloides* fecal cultures because oonotic potential for organism.

Some parasites produce intestinal bleeding. This bleeding may be evident in stool fecal stained feces. Some intestinal bleeding only identified hemical

testing. This referred fecal occult blood testing. Several types of kits are available for this procedure, and they primarily act to identify presence of hemoglobin

The examination of vomitus may diagnosis of parasitism. Some parasites (e.g., *Toxocara canis*) are often present in vomitus collected in feces.

Fecal culture differentiate parasites via eggs or larvae ingested examination of fresh fecal **Procedure** Trichostrongyle eggs ruminant feces are indistinguishable from strongyle eggs. Small strongyle eggs resemble fecal

ingested strongyle eggs. First-stage hookworm larvae from soil or grass ingested from first-stage *Strongyloides* larvae. After fecal culture, first-stage larvae of many parasites identified in feces. Because life cycles, pathogenicity, epidemiology of some species vary, differentiation necessary for proper treatment control. Identification require experienced helminthologist.

An additional type of fecal examination modified **McMaster technique** this technique provides estimate number of eggs or oocysts per gram of feces, primarily used with livestock species. **Procedure** originally adapted from technique people infected with hookworms estimate worm population. However, impossible to calculate actual worm population especially in livestock horses, because many factors influence egg production, number of eggs reduced varies with species number of worms present.

Typically, livestock horses are infected with several species of worms. Some species are relatively pathogenic. In addition, often result in damage reduced ure asites.

## Quantitative Egg-Counting Technique

a pipette to withdraw a portion of the mixing suspension, and then fill

objective lens, focus on the grid that is etched in the McMaster slide. Count all of the eggs or oocysts seen in the six columns of the etched

eggs per gram (epg) of feces. The volume under the etched area is 0.15

ruminants, the parasites of interest coccidia trichostrongyles. In rhes, asites are present strongyles. Both trichostrongyles strongyles infect ruminants rhes. Eggs of trichostrongyles strongyles can be readily distinguished from one another, they are referred to collectively as strongyle eggs. Nevertheless, excess of eggs are considered live infections, whereas eggs of asites are dead infections. Egg counts indicate low level of infection or severe infection which asites are becoming ure. Egg counts are always interpreted in view of the age, sex, nutritional level and stocking density of the herd.

Egg counts have been used in epidemiologic investigations and herd management programs. In pasture contamination transmission potential or prevalent geographic regions, fecal examination is often applied toward prevention programs. Involvement of broad-spectrum anthelmintics and pasture rotation schemes aimed at reducing effective fecal excretion rates. Herd management programs, including fecal examination, are taken from the herd. Egg counts are used to monitor development resistance to anthelmintics. Egg

counts are done before treatment to determine effectiveness of anthelmintic used. Development resistance is given for population.

by recognize certain structural characteristics of trophozoites. Methylene blue are common and are used with direct smear procedure. These stains do not reserve the slide, but they do facilitate examination of feces, thereby identification is easier.

If protozoal parasite can be identified with direct smear, fecal flotation contains protozoal trophozoites can be dried; stained with methylene blue, diagnostic laboratory.

The acid-fast technique identifies *Cryptosporidium* species feces. *Cryptosporidium* parasite gastrointestinal tract of many animals including human beings. The oocysts are resistant to heat, undetectable in flotation solution to inexperienced eye.

Direct examination of feces detects oocysts. Fecal Diff-Quik stain is used to help with identification. *Isospora* species in intestinal mucosa examined microscopically (microscopic techniques, trophozoites) are identified. Procedure involves fecal flotation. The jejunum and meandering duodenum into microscopical slides. After the slides are dried, they are stained with Diff-Quik and examined with light-microscopic objective.

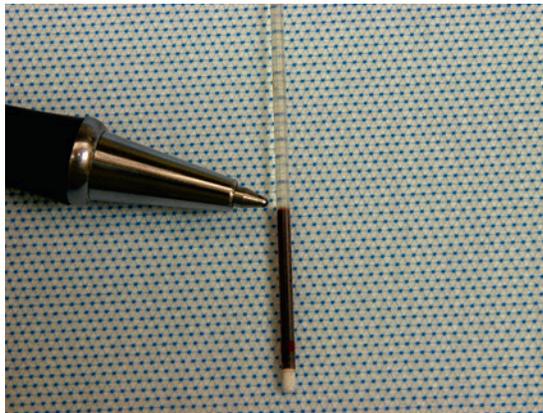
The examination of blood smears reveal adult asites in various life-cycle stages either free or intracellularly. Various methods for identification. In blood smears, prepared by spreading a drop of blood on a slide. The preparation of smears is described in chapter 10. Asites are identified with a flow cytometer feathered edge of slide. Parasites may be detected between cells, surface cells, cytoplasm of cells. Thin blood smears are effectively used to study morphology of protozoan intestinal asites. Parasitemia with infections of blood smears is usually not effective because concentrates are used. The procedure

Theuffy coat concentration technique or detection of protozoa in fecal smears. Microhematocrit tube centrifuged done for packed cell volume determination. Microfilariae protozoa are found in the column. The technique is quick, but differentiate *Dirofilaria immitis* from *Dipetalonema reconditum*.



Use the file to etch the glass below the buffy coat. Snap the tube by applying

syringe, and fill it with tap water. Allow a few milliliters of air



(From Hendrix CM, Robinson E: *Diagnostic parasitology for veterinary*

The direct drop of blood evaluations, although accurate result used. drop of anticoagulated whole blood examined microscopically. The venous parasites extracellular be detected through.

The ether technique that designed concentrate microfilariae blood **Procedure** The principles applied are through modified Knott's except blood through millipore filter, which collects microfilariae. Commercial detergent using solution differential procedure

quicker differential characteristics of microfilariae Identification involving characteristics of microfilariae modified Knott's but obvious. ed **able** because the characteristics of formalin.

The **modified Knott's test** used to concentrate microfilaria, help differentiation *Dirofilaria* from *Acanthocheilonema* (*Dipetalonema*). The procedure requires mixture of blood formalin centrifuge tube. The mixture incubated room temperature for to minutes then centrifuged for minutes. The supernatant poured off, drop of methylene blue added the sediment the tube. drop this mixture transferred or microscopic valuation

## Using the Modified Knott's Technique

\*Artifact of formalin fixation.

Apply a coverslip, and examine the sediment microscopically for microfilariae

**Procedure** The technique concentrates microfilariae while lysed blood cells. When preparing formalin solution, important to remember formaldehyde equivalent to formalin. It is important to use physiologic concentration, because physiologic concentrations lysed blood cells. For accurate differentiation of microfilariae, microscope must be rated on a micrometer. Accurate differentiating characteristics of microfilariae are consistent. The modified Knott's technique detects occult heartworm infections.

The modified Knott's test, the buffy coat smear, and

variety of available antigenic antibodies

enzyme-linked immunosorbent assay principle. The tests are highly accurate and precise, they detect occult infections. Antigen detection methods such as *Toxoplasma* antigen detection are routinely diagnosed with these methods. The method involves using monoclonal antibodies to detect antigens of adult heartworms in serum or urine of dogs. These procedures are rapid to perform. They are more sensitive and specific for microfilariae detection methods. Immunofluorescence and antigen detection methods are routinely used for microfilariae concentration methods because of the erratic nature of microfilariae in the blood. However, antigen detection methods (e.g., radiography) are employed.

Approximately 10% of heartworm-infected dogs have occult infections. Occult infections are characterized by lack of circulating microfilariae. The current detection method, copulation of adult heartworms consists only of immune reactions of microfilariae to eliminate stage from bloodstream. Occult infections occur in dogs infected with adult heartworms are given heartworm-prevention medications such as ivermectin group, because they interfere with oogenesis and sterilize worms.

The identification of specific protozoal parasites (e.g., *Cryptosporidium*, *Giardia*) are performed with use of molecular diagnostics, such as polymerase chain reaction.

Cellophane tape preparations, described previously, are used to recover external parasites that live primarily on the surface of mites, lice, and fleas. Parasites that live in follicles or burrows are usually diagnosed with use of standard skin-scraping procedures.

Samples are collected from the respiratory tract with cotton swabs. These are examined microscopically with use of cellophane tape preparations or toluidine blue-stained transtracheal bronchial smears. Parasites used to recover respiratory tract parasites are usually recovered from sediment examination techniques. Impression smears are used or cellophane tape preparations. They are useful for diagnosis of parasitic, neoplastic, and infectious diseases. Procedures described in more detail recently, protozoal organisms produce systemic disease. These organisms may be located in the endothelial cells of lymph nodes, spleen, bone marrow, lymph nodes, and muscles. In addition, lymph nodes, spleen, bone marrow, lymph nodes, and spleen are routinely collected from normal dogs. Leishmaniasis, ehrlichiosis, babesiosis, and anaplasmosis are diagnosed with use of immunofluorescence techniques. Skin scrapings are used for diagnosis of parasitic and dermatologic conditions, especially mange in domestic animals. Because







## Diagnostic Characteristics of Blood Parasites of Domestic Animals

From Sirois M: *Principles and practice of veterinary technology*,

- Methods for examination of fecal specimens include both gross and microscopic examination of feces.
- The microscopic examination of fecal samples may involve the direct examination of feces or concentration of material with fecal flotation or fecal sedimentation techniques.
- Hemoparasites (blood parasites) are identified with microscopic examination of peripheral blood smears or by a variety of concentration techniques (e.g., modified Knott's procedure).
- Fecal concentration methods are preferred for identification of parasite ova, larvae, and oocysts in feces. Larger volumes of feces are used compared with direct smear, thereby more likely developmental stages will be seen in the feces.
- Fecal flotation solutions with a specific gravity of 1.2 to 1.3 are used to float parasite ova, cysts, and larvae while fecal material settles to the bottom of the container.
- The fecal solutions of choice are Sheather's sugar solution, sodium nitrate solution, and zinc sulfate solution.
- Fecal centrifugation is a method of choice for fecal flotation testing, because it floats a higher concentration of ova, cysts, and larvae compared with fecal flotation.
- Fecal sedimentation is used to test for trematode eggs, which are heavier than other parasite eggs and thus do not float well.
- A Giemsa blood smear will reveal such blood parasites as *Babesia* and *Theileria* within red blood cells. However, it cannot be used for accurate differentiation of *D. immitis* and *A. reconditum*.
- The buffy coat technique and the modified Knott's technique can be used to properly differentiate between *D. immitis* and *A. reconditum*.

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## Unit Outline

*Chapter 51: Sample Collection and Handling,*

*Chapter 52: Preparation of Cytology Smears,*

*Chapter 53: Microscopic Evaluation,*

*Chapter 54: Cytology of Specific Sites,*

### **The objectives for this unit are:**

*Describe the collection and handling of cytology samples.*

*Describe the preparation techniques that are used with cytology samples.*

*Discuss the general procedure for the evaluation of cytology samples.*

*Describe the general characteristics of samples taken from inflammatory lesions.*

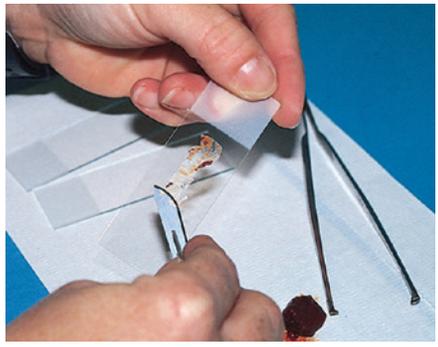
*Describe the general characteristics of samples taken from neoplastic lesions.*

*Discuss the microscopic appearance of cells in cytology samples taken from a variety of sites.*

Exfoliative cytology is the study of cells that have been shed from body surfaces. It refers to the examination of cells that are present in body fluids (e.g., cerebrospinal, peritoneal, pleural, and synovial fluids), on mucosal surfaces (e.g., in the trachea or vagina), or in secretions (e.g., semen, prostatic fluid, milk). The primary purpose of the cytology evaluation is to differentiate inflammation from neoplasia. The types and numbers of cells that are present in a properly collected and prepared cytology specimen can provide rapid diagnostic information to the clinician. Samples for cytology evaluation can be collected quickly and do not generally require specialized materials or equipment for proper evaluation. With careful attention to quality control—including the use of appropriate collection, preparation, and staining techniques—a high-quality cytology sample can be obtained. Such samples yield valuable results for the clinician and often preclude the need for more invasive procedures to determine a patient's diagnosis, treatment, and prognosis.

Cytology provides somewhat different information than a histopathologic evaluation. Histopathology observes cells in relation to their neighboring cells. The histopathologist evaluates the cellular architecture. The preparation of a sample for histopathology involves several complex steps and some specialized equipment. To prepare a sample for histopathology, the tissue is first immersed in fixative. Several steps are involved in dehydrating the tissue before it is imbedded in paraffin. The paraffin block is then sliced, and the slice is mounted on a glass slide before it is stained. Cytologic evaluations observe the cells individually or in small groups. The cells in a cytologic preparation are randomly distributed, with no evidence of their *in vitro* relationship to each other.

For additional sources for this unit see the Resources Appendix at the end of this textbook.



# Sample Collection and Handling

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After studying this chapter, you will be able to:

- List techniques or collection cytology
- Describe procedure or collecting bing.
- Describe procedure or collecting imprinting.
- Describe techniques or needle biopsy collection.
- Describe techniques or transtracheal collection.
- Describe general procedure or collecting centesis.
- List methods concentrate cytology

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- Swabs,**
- Scrapings,**
- Imprints,**
- Fine-Needle Biopsy,**
  - Preparation site or needle biopsy,
  - Selection of syringe needle,
  - Aspiration procedure,
  - Nonaspirate procedure (capillary technique, Technique),
- Tissue Biopsy,**
  - Wedge biopsy,
  - Punch biopsy,
- Centesis,**
- Color turbidity,**
- Transtracheal/Bronchial Wash,**
  - Percutaneous technique,
  - Orotracheal technique,
- Concentration Techniques,**
  - Low-Speed centrifugation,
  - Gravitational sedimentation,
  - Membrane filtration,
  - Cyto centrifugation,
- Key Points,**

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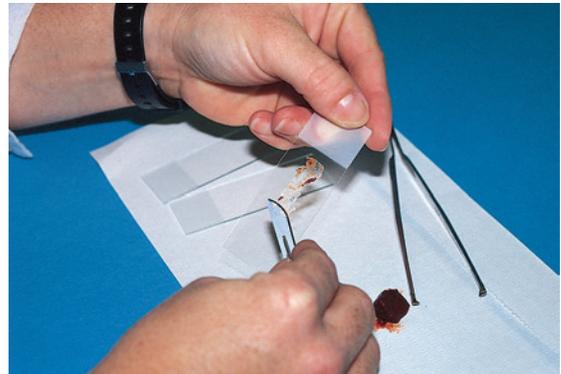
- Abdominocentesis**
- Arthrocentesis**
- Centesis**
- Fine-needle biopsy**
- Paracentesis**
- Punch biopsy**
- Thoracocentesis**
- Transtracheal wash**
- Tzanck preparation**
- Wedge biopsy**

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Cytology from on animal's body or are obtained from surgical procedure collected swab, scrape, or imprint technique. **Fine-needle biopsy** be used for some well **Centesis** refers to collected from body cavities.

vaginal collections. bed erile cotton or rayon **Fig.** Sterile isotonic (e.g., be used to moisten swab. Moistening helps to cell uring collection reparation. or collection aginal restrain osition levated. inse ulva, rt lubricated eculum smooth plastic tube to point just cranial to urethral orifice agina. cells collected ve xfoliated, or d, from aginal pithelial cells utrophils)

Swabs e generally collected nly hen rints, apings, ates de, uch racts



A scalpel blade can be used to collect cells from solid masses.



through vagina from uterus, especially erythrocytes during proestrus and estrus the bitch. If collecting from a lesion, the material should be collected. After collection, the material should be gently rolled on a glass slide surface. The slide should be rubbed across the slide surface, because excessive cell



may interfere with evaluation. The material should be gently rolled on a glass slide surface. The slide should be rubbed across the slide surface, because excessive cell may be voided, because of cell destruction. The cellular components should be examined. The procedure, if necessary, should be performed. The procedure, if necessary, should be performed.

Smears of scrapings prepared from issues collected during surgery from external lesions. Scraping is an advantage of collecting many cells from an issue, therefore advantageous when

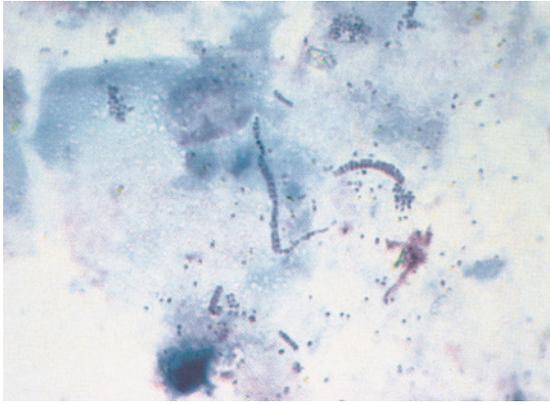
lesion material yields few cells. Advantages of scrapings are that they collect only superficial cells. The result, scrapings from superficial lesions often reflect only secondary bacterial infection or inflammation-induced tissue dysplasia, which markedly hinders interpretation of the smears.

To obtain a scraping, the scalpel blade should be held perpendicular to the lesion's cleaned and blotted surface. Pull the blade across the lesion. The material collected on the blade is transferred to a glass slide. The slide should be read using the techniques described in Chapter 10 or Chapter 11 for preparation from smears.

Imprints, which are referred to as impression smears, may be prepared from external lesions on living animals or from tissues removed during surgery or necropsy. Imprints require restraint, but collect fewer cells. Scrapings usually contain greater numbers of contamination (bacterial or cellular) compared to imprints. As a result, imprints from superficial lesions often reflect only secondary bacterial infection or inflammation-induced tissue dysplasia. Imprints are more accurate than smears for the detection of neoplasia.

The **Tzanck preparation** is a type of imprint collection used for external lesions. The procedure, performed before the lesion is cleaned, is designated as a Tzanck preparation. The lesion should be cleaned with saline-moistened surgical sponge and reimprinted with a glass slide marked with the imprint number. The lesion should be rebrided and reimprinted with the imprint number. The imprint number should be recorded. The imprint number should be recorded. The imprint number should be recorded. **Fig.** Imprints from tissue exposed by removal of scrapings or from exposed tissue should be collected.





*(Dermatophilus congolensis)*



tissue fluid before the imprint slide is prepared.

To collect prints from tissues collected during surgery or necropsy, blood is removed from the surface using a sterile, lint-free, clean, absorbent material (Fig. 1). Excessive blood on the tissue can inhibit tissue cells from adhering to the glass slide, thereby producing poorly cellular preparations. In addition, excessive blood on the slide usually has on air-dried smears. If delay occurs from time of collection to printing, the blood will clotted on the surface before blotting the tissue. Microscopic examination of the tissue to be imprinted. Multiple imprints are generally made on each slide (Fig. 2). Several slides may be imprinted if available or essential.

If a biologic specimen is collected from a body cavity (peritoneal, thoracic cavities, joints), then the area of aspiration is surgically repaired. Otherwise, repair is essentially required or vaccination by enipuncture. Alcohol

For aspiration, a 25-gauge needle is used. The needle is larger than 1-gauge or spiration is more advantageous, even for firm tissues such as fibromas. When larger needles are used, tissue cores tend to be aspirated, thereby resulting in poor field of cells suitable for cytologic preparation. In addition, needles tend to create greater blood contamination.

The effectiveness of the needle depends on the consistency of the tissue being aspirated. After tissues, such as lymph nodes, often yield aspirates successfully. However, firm tissues, such as fibromas or squamous cell carcinomas, require a larger needle for adequate suction or sufficient collection of cells. Because of the nature of the aspirate, known or unknown, before aspiration, the aspirate is centrifuged.



Fine-needle aspirations are collected from tissues including lymph nodes, ductal glands, and internal organs. For traumatic procedures, the advantage over other methods is voiding superficial contamination (bacterial or cellular). However, fewer cells are usually collected with these methods, such as aspirations. Fine-needle aspiration is performed either by direct aspiration or by aspiration of

The aspirate is then centrifuged. The needle, with syringe attached, is introduced into the tissue. The needle is then withdrawn, and the aspirate is expelled into a syringe. The aspirate is then centrifuged. The aspirate is then centrifuged. The aspirate is then centrifuged.



Fig. 51.8 Collection of a sample by the fine-needle biopsy nonaspira

issue surrounds voided. com  
 hen ved nough low edle  
 be edirected ved veral ithout  
 danger f edle's ving gative ressure  
 maintained during redirection movement of needle.  
 However, hen nough or edle  
 be edirected ved ithout er edle ving  
 the ass, egative ressure elieved uring he edirection nd  
 movement edle. uation, gative ressure  
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 often o ve ate erial isible ringe  
 sometimes ven edle.  
 When erial bserved edle er  
 several eas gative ressure elieved om  
 ringe, edle ithdrawn om  
 ext, edle emoved om ringe,  
 awn o ringe. edle eplaced nto  
 syringe, issue rel  
 needle expelled onto middle of glass microscope slide by  
 rapidly epressing unger. hen ossible, veral repara  
 tions de, escribed ollowing ctions  
 hapter.

This echnique erform ation, ecause  
 does volve ecting ringe edle  
 unger  
 held mly enetration  
 o lp ect edle. auge edle roduced  
 into ringe unger emoved  
 attached o edle cilitate  
 needle moved rapidly back forth through five to  
 imes ract. ells ollected  
 lary ction. edle emoved om  
 attached to syringe been prefilled with air.  
 The erial xpelled nto oscope  
 rapidly depressing plunger Fig. The expelled material  
 e ed echniques escribed or  
 reparation

Generally, enough material collected to make only one smear.  
 Therefore, rocedure epeated ee  
 erent nsure dequate umbers  
 eas f valuate.

Tissue biopsy of piece of tissue for cytologic or  
 histopathologic xamination oth. any rgans issues—  
 including idney, iver, ung, ymph ode, rostate, kin, pleen,  
 thyroid—and (tumors) may be biopsied. Biopsy tech  
 niques lude entle rasion lade, edle ation,  
 xcision, luding **punch biopsy** ndoscope-guided  
 biopsy. The technique used varies with tissue to be biopsied.  
 Considerations lude cation, ccessibility, ure  
 issue. ropective iopsy lipped  
 care en o void ritation ucement  
 inflammatory tifact. itherecom  
 mended r cessary. ubbed,  
 any urface ebris urbed,  
 because y ffer aluable nostic lues.

Elliptic **wedge biopsy** specimens are commonly obtained with  
 scalpel. The wedge biopsy offers advantages of large, variably  
 sized ecimen riented gy echni  
 Solitary lesions are often best removed with technique.  
 When edge iopsy ecimen en, el lade  
 d o xcise ntire edge en om  
 area f ough ransition one, rmal issue.  
 The pathology technician then trim specimen on long  
 axis o rovide he athologist ith lide hat hows bnormal  
 tissue, ransition one, rmal issue.

The h iopsy echnique umber dvantages ver  
 wedge iopsy, ticularly eed roce  
 dure. eyes taneous iopsy  
 disposable iopsy ommonly  
 Fig.





Specimens collected by endoscopy should be gently flushed from the tip of the endoscope.



Collection of peritoneal fluid by abdominocentesis.



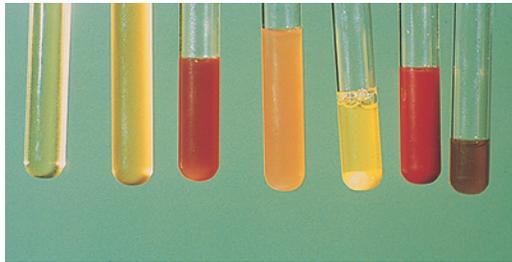
freezing may cause substantial artifactual damage to unfixed specimens. Therefore, to ensure proper fixation without freezing artifact, specimens should remain at room temperature for 24 hours before exposure to possible extreme

Centesis refers to the introduction of a needle into a body cavity or organ for the purpose of removing fluid. This procedure is commonly performed on the peritoneal cavity (abdominocentesis) or the pleural cavity (thoracocentesis). Other procedures include arthrocentesis (joint fluid collection) and cerebrospinal fluid collection. Before collection, the animal should be properly restrained and the site prepared aseptically. A 21-gauge needle is commonly used for these procedures. The needle should be attached to a syringe or collection device, and the animal should be in a standing position during the procedure.

The needle is introduced into the abdomen at a point approximately 1/2 inch proximal to the umbilicus. The procedure is performed on a recumbent animal. The needle is introduced into the abdomen at a point approximately 1/2 inch proximal to the umbilicus. The procedure is performed on a recumbent animal. The needle is introduced into the abdomen at a point approximately 1/2 inch proximal to the umbilicus. The procedure is performed on a recumbent animal.

Color and turbidity are influenced by protein concentration and cell numbers. Gross coloration may be observed if there is peripheral blood contamination or hemorrhage, which may result in a reddish discoloration of the supernatant. Hemorrhage may result in a yellowish supernatant due to the presence of hemoglobin breakdown products, usually with erythrocytic sediment.

The perforation of superficial vessels during collection may result in contamination of the sample with peripheral blood. This may be obvious as a streak of blood on an otherwise clear sample. Blood-tinged samples may be the result of recent or old hemorrhage into the body cavity being sampled. Both peripheral blood contamination and recent hemorrhage result in a supernatant that is erythrocyte-rich. After centrifugation, recent lysis imparts a reddish discoloration to the supernatant. Hemorrhage may result in a yellowish supernatant due to the presence of hemoglobin breakdown products, usually with erythrocytic sediment. Cytologic examination of the sample may be necessary to determine if the hemorrhage is recent (often rogenic perator-induced) or old. These clumps are obvious after approximately 10 minutes of sedimentation. If hemorrhage occurred before collection, hemoglobin breakdown products such as hemosiderin may be seen.



Gross appearance of various effusions (left to right):



with the degree of turbidity reflecting leukocyte numbers. Color may vary from off-white to red-cream to brown, depending on the number of erythrocytes involved. Integrity of cells is present.

Consistent terminology when describing cell types. Specific details of morphologic features of each cell type. Neutrophils, macrophages, vacuolated or foamy cells, basophilic cytoplasm, eosinophils, mast cells, lymphocytes, monocytes, and platelets.

The histologic evaluation is obtained from trachea, bronchi, and bronchioles. **Transtracheal washes** are performed by either a nasotracheal approach (through the nasal passages), or through a percutaneous approach (through the trachea). The transtracheal route minimizes pharyngeal contamination of the specimen, but a sterile procedure is consequently required. These procedures are commonly used for



The percutaneous method requires the use of a 20-gauge through-the-needle catheter. A small (usually 10-12 gauge) polypropylene urinary or jugular catheter is then placed through the endotracheal tube. The catheter is inserted into the trachea through the endotracheal tube. The catheter is inserted into the trachea through the endotracheal tube. The catheter is inserted into the trachea through the endotracheal tube.



Fig. 51.17 Collection of transtracheal wash sample by the orotracheal

This technique may be referred to as a transtracheal wash. The patient is sedated, and a small endotracheal tube is placed. A polypropylene urinary or jugular catheter is then placed through the endotracheal tube. The catheter is inserted into the trachea through the endotracheal tube. The catheter is inserted into the trachea through the endotracheal tube. The catheter is inserted into the trachea through the endotracheal tube.

ion de ollection. uch ften contaminated, ut metimes or valuation when ollection ields ufficient ormation.

Samples with mucus generally correspond to small numbers of cells) be centrifuged low speed, smears e repaired om diment. ontain muchucus ually umerous ells) ed centrifuge concentrated before made. Total nucleated cell ounts ually erformed racheal Cell umbers ubjectively ecored om valuation smear. tracheal from normal contains few ells, ually often pears oscopically osinophilic rands y nmesh ells. pithelial ells rincipal ell type resent.

The cytologic evaluation of samples btained om the cavity y uring vestigation affect per way. rmal into cavity through with syringe tubing then aspirated. This procedure referred to Such ecimens rocessed or racheal Various abnormalities may be demonstrated with procedure, such inflammation secondary to sepsis, fungi yeasts, neoplasia. hese onfused love owder, which y resent ecimens.

When tologic de ell of oncentration ells ory. (Such concentration may be helpful even higher cell counts.) Four thods escribed.

To oncentrate entrifugation, entrifuged for utes o ith entrifuge adial arm ngth centrifuges) pm pm. fter entrifugation, supernatant separated from sediment analyzed for total protein oncentration. diment esuspended ew drops f upernatant ently ube. op f esuspended diment ced de lood ompression reparation technique. hen possible, several smears be made each technique. The addition of may help cells to adhere to microscope slide. fter drying, slide may be stained with omanowsky

Gravitational dimentation thod concentrate ells. ommonly or erebrospinal evaluations. method glass cylinder (which e de tting ube) ched oscope The ube dipped lted ced ells proximately lowed out utes settle. The supernatant then carefully removed with pipette,

ube etached. xcess ently emoved with rbent er.) id, esidual efully aped

Romanowsky

The mbrane ration ohol-diluted used o oncentrate ells. mbrane ore ually satisfactory. er ers ch ringe available. The ermitted ravity eed om ringe rel, gently injected through filter more drop/sec. The er er ept rizontal ribute ells evenly. ncreased esistance ration uggests ores are ecoming bstructed ells rotein, re e orced ough er. ration r, smaller olume ough er er esults less-crowded reparation.

After emoval om ringe er, er ed thanol or utes. olders available or ling er er uring ion richrome-type omanowsky unsuitable ecause er er oo ensely. satisfactory procedure be performed by immersing er er or utes ch ecific substance following rder:

distilled er. ollowed utes matoxylin, utes er, utes ollak's minute acetic acid, minute ethanol, minutes -propyl alcohol (propanol), minutes mixture of propanol xylene. The finally undergoes three rinses of minutes each xylene. all stages, filter must be treated gently o void dging ells. epending filter, y ed uitable efore cement on oscope ell er oded with mounting medium with refractive index to of er er proximately overslip plied.

Cytologically, ells rapped mbrane er rounder seen after sedimentation therefore may be harder to distinguish), they are slightly different of focus. Furthermore, filter produces patterned background may be distracting. This distraction minimized by ensuring verstained propri ate ing dium. ore enerally oo e rap ee cteria. itatively, re ells collected y ration dimentation thods.

As ith ny uid ow ellularity, ytocentrifuge an sed for reparation tologic uch quipment enerally oo xpensive or eterinary ractice ustify purchasing. owever, ften efferal oratory. This echnique lows ells oncentrated circular ea

- Cytology from \_\_\_\_\_ on animal's body or \_\_\_\_\_ are obtained from surgical procedure \_\_\_\_\_ be collected by swab, scrape, or imprint technique.
- Fine-needle biopsy \_\_\_\_\_ be used for some \_\_\_\_\_ well
- Fine-needle biopsy \_\_\_\_\_ be performed by either \_\_\_\_\_ aspiration or nonaspiration method.
- Centesis refers to \_\_\_\_\_ collection of \_\_\_\_\_ from body cavities.
- The collection of \_\_\_\_\_ for evaluation of \_\_\_\_\_ trachea, bronchi, and bronchioles can be performed with the transtracheal wash technique.
- Transtracheal \_\_\_\_\_ be performed with either \_\_\_\_\_ percutaneous or endotracheal technique.
- Concentration techniques may be needed for \_\_\_\_\_ with low cellularity.



# Preparation of Cytology Smears

After studying this chapter, you will be able to:

- List methods of preparing cytology or valuation.
- Describe technique or performing compression smear.
- Describe technique or performing
- Describe technique or performing
- Describe technique or performing
- List potential problems encountered, describe possible solutions.

## Smear Preparation,

Preparation smears from

Preparation smears from

## Fixing and Staining the Cytology Sample,

Romanowsky

New methylene blue

Papanicolaou

problems,

## Submission of Cytologic Preparations and Samples for Interpretation,

Key Points,

## Compression smears

### Fixative

### Impression smears

### Line smears

## Modified compression preparations

### New methylene blue (NMB)

### Romanowsky stains

### Starfish smears

Cytology processed variety techniques, including **impression smears** **compression smears** **modified compression preparations** **line smears** **starfish smears** or wedge smears. The exact type of preparation depends on characteristics of the sample. Some samples may also require concentration by centrifugation.

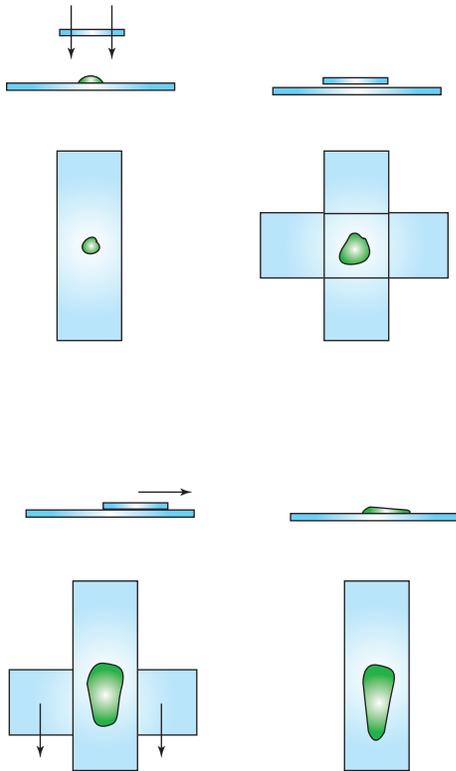
Some require anticoagulants and preservatives. Several different preparations usually depend on the number of smears or additional staining without additional collection. Variety of techniques are available for cytology specimens. Some require processing before procedure.

Characteristics of each technique and choice of preparation technique. Combination of slide preparation techniques are often suggested. Some cytologic preparation techniques are described in the following sections.

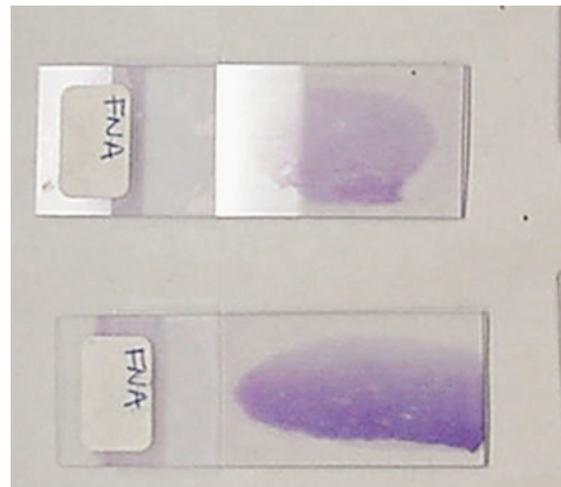
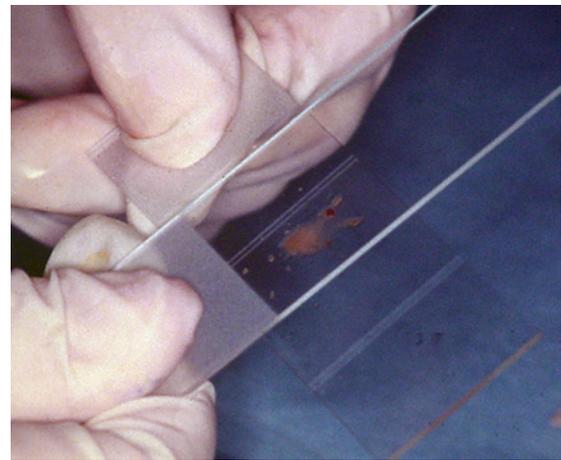
The impression technique, which is sometimes referred to as a "squash prep," yields excellent cytologic smears. However, experienced practitioners often find it difficult to obtain adequate smears, because too many cells are ruptured and insufficiently read. Impression preparation depends on expelling the material onto a second slide (spreader slide) over a horizontal spreader slide. The spreader slide is then quickly

Several methods may be used to prepare smears for cytologic evaluation, including lymph nodes and organs. Experience of the person preparing

smoothly across the spreader slide, because it may cause excessive cell rupturing, which is unable to be interpreted.



A portion of the aspirate is expelled. Another slide is placed over the sample, thereby spreading the sample. If the sample does not spread well, gentle pressure is applied to the slide, but this may also result in excessive cell rupture.



Preparation of a compression smear. Completed compression smears.



The combination procedure involves spraying aspirate onto the spreader slide at a 45-degree angle. The spreader slide is then moved smoothly and rapidly forward, spreading the aspirate. This procedure makes a compression preparation of the aspirate.

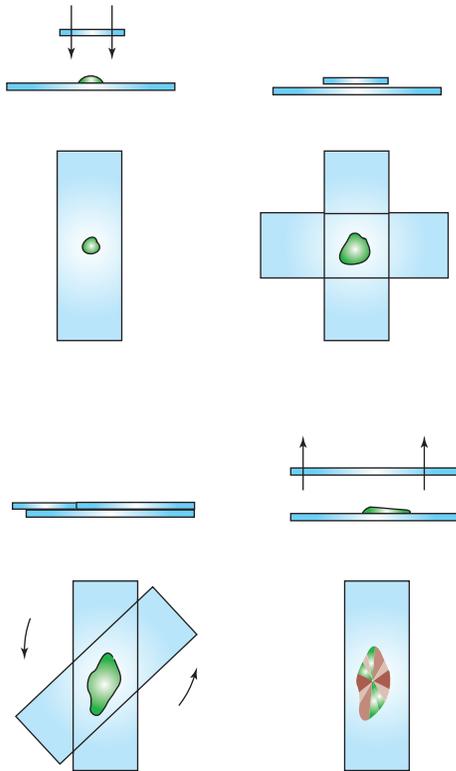
Another technique for spreading aspirates is the peripheral smearing technique. This involves using a needle to reduce the aspirate into a thin layer. This technique tends to produce a more uniform distribution of cells, but it may result in some cell clumping. The peripheral smearing technique is often used for aspirates that are difficult to spread with the compression method.

This procedure makes a compression preparation of the aspirate.

untouched. This procedure leaves the front third of the aspirate intact. The aspirate should be spread with gentle forces of compression preparation. If the aspirate contains clumps of cells, they should be broken up before preparation. The aspirate should be spread with gentle forces of compression preparation. If the aspirate contains clumps of cells, they should be broken up before preparation. The aspirate should be spread with gentle forces of compression preparation.

Another technique for spreading aspirates is the peripheral smearing technique. This involves using a needle to reduce the aspirate into a thin layer. This technique tends to produce a more uniform distribution of cells, but it may result in some cell clumping. The peripheral smearing technique is often used for aspirates that are difficult to spread with the compression method.





gentle digital pressure can be applied to the top slide to spread the a squash preparation with subtle ridges and valleys of cells

Cytologic smears be prepared immediately after collection. When possible, for cytologic examination the collected ethylenediaminetetraacetic tubes. smears prepared directly from cell-mixed or from sediment centrifuged edge (blood) smear, smear, or compression preparation techniques. The cellularity, viscosity, homogeneity of influence collection technique.

When be concentrated by centrifugation or centrifuged sample low cellularity, the smear technique may be used to concentrate cells Fig. drop of ced load technique except reading raised ectly upward proximately ee-fourths ough smear, yielding contains uch her oncentration of cells rest of slide. Unfortunately, excessive f remain revent cells om reading ell.

The compression preparation technique often spreads viscous cks ticulate erial etter

load techniques. load technique usually produces well-spread smears of sufficient cellularity om mogeous contain cells/ ut ften reduces sufficient cellularity from containing ells/ he technique concentrate cellularity, but ften oes ufficiently read ells om hly el lular In general, translucent are of low to moderate cellularity, hereas paque ually ve cellularity. Therefore, translucent often require concentration, either by centrifugation or by technique. hen possible, concentration entrifugation referred.

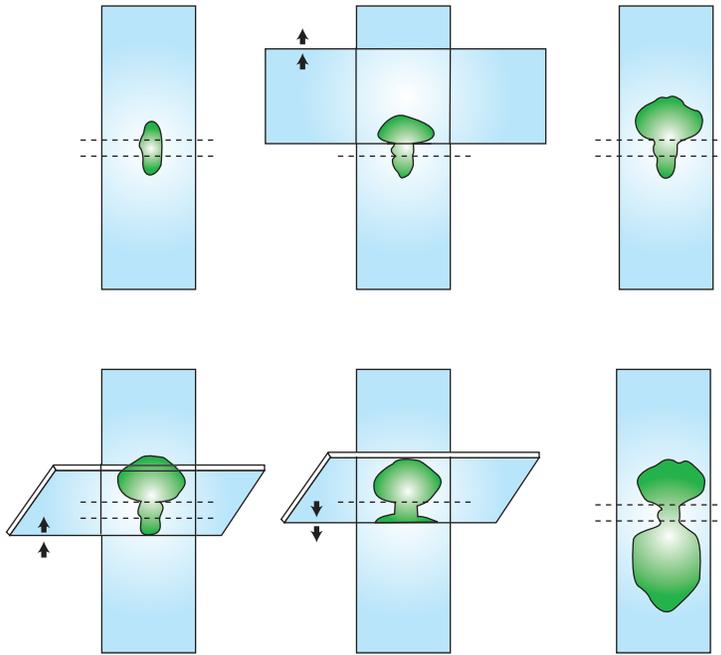
**TECHNICIAN NOTE** Samples with low cellularity and small volume should

To prepare edge load echnique, small op ced proximately o om nother led ckward o egree ontact op. When ws ways uncture etween slides, cond uickly othly orward until ained way om cond procedure eathered dge.

Although many incorporate cellular **fixative** accomplish parate ep rocedure dvantageous ensure hest-quality reparation. referred ive for tology ecimens be esh ontaminated ellular ebris. Methanol ontainers roctected om vaporation dilution esults om nvironmental umidity, hich ill introduce humidity artifacts onto slide. The prepared cytology slides emain ive or utes. onger fixative times will improve quality of procedure m

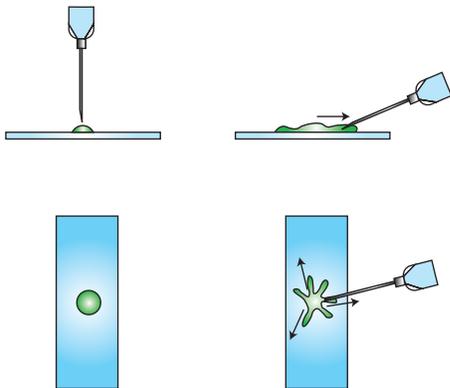
Several ypes ve een or tologic repara tions. he eneral ypes ommonly Romanowsky-type (e.g., right's, Giemsa, Diff-Quik, DipStat) Papanicolaou derivatives (e.g., Sano's trichrome). dvantages dvantages ypes e owever, ecause omanowsky-type e re ewarding, ractical, eadily available practice uations, emainder re dominantly omanowsky-stained reparation.

**Romanowsky stains** are inexpensive, readily available, to prepare, hey rganisms cytoplasm f ells xcellently. lthough uclear ucleolar



A portion of the aspirate is expelled onto a glass microscope slide. Another glass microscope slide (the spreader slide) is placed over approximately one third of the preparation. If additional spreading of the aspirate is needed, gentle digital pressure can be used. The spreader slide is slid smoothly forward. This procedure makes

squash preparation (not depicted). Next, the edge of a tilted glass microscope slide (a second spreader slide) is slid backward from the end opposite the compression preparation until it makes contact with approximately preparation. The middle area is left untouched, and it contains a high concentration of cells.



The tip of a needle

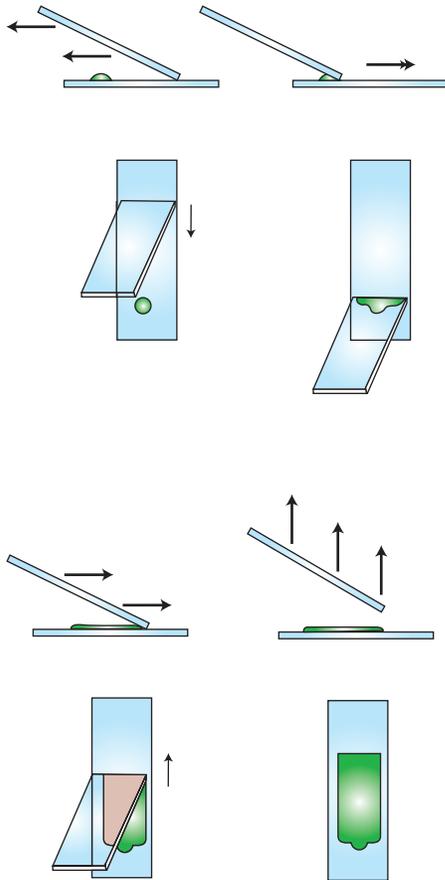
results in a preparation with multiple projections.

detail perceived cell omanowsky with Papanicolaou nuclear nucleolar detail usually sufficient for differentiating neoplasia from inflammation for evaluating oplastic cells or tologic vidence potential iteria

Smears o e omanowsky dried. ir ying tially reserves cells them o dhre uring rocedure.

Many omanowsky ommercially vailable, luding Diff-Quik de ehring, eerfield, ll), edichem, Inc., anta onica, alif), uick right's ost—if l—Romanowsky cceptable or tologic reparations. oes undergo tachromatic eaction. esult, ranules some cells hen ell ranules cells may be misclassified macrophages, which may lead to confusion during examination of some cell tumors. Increasing fixative time to approximately minutes may alleviate problem. In addition, during evaluation of blood smears or bone marrow aspirates, Diff-Quik does polychromatophilic ed lood cells ell ccasionally oes basophils. The variations among different Romanowsky problem after evaluators become

with routinely Each ually ecommended ro cedure. hese rocedures ollowed eneral, ut they dapted ype being d valuator's reference. lower total protein concentration of



**Fig. 52.6** Line smear concentration technique. **A**, A drop of fluid sample slide is slid backward to make contact with the front of the drop. When After the spreader slide has been advanced approximately with a feathered edge, the spreader slide is raised directly upward. This rather than a feathered edge.



A three-step Romanowsky stain suitable for cytology samples.



New methylene blue stain is used when critical nuclear detail

greater total protein concentration of ker more time needed result, rotein wellularity ominal etter of neoplastic lymph nodes) may need to be stained for twice recommended nger. ch echnician ends ve different preferred technique. By trying variations recommended ime ntervals or tains, he valuator an stab hich imes roduce referred haracteristics.

**New methylene blue (NMB)**

Romanowsky topiasm eakly, all, but provides excellent nuclear nucleolar detail. Because topiasm eakly, uclear etail ells ell clumps y etter isualized. nerally, ed lood ells ith ut envelop lue

result, ked ed lood ell ontamination oes bsure ucleated ells.

New methylene blue stain provides excellent nuclear

The elicate apapicolaou ive xcellent uclear etail elicate topiasmic etail. hey low iewer through layers of cells cell clumps to evaluate nuclear nucleolar changes well. They do cytoplasm strongly omanowsky refore emonstrate to hanges ell. hey emonstrate cteria r rganisms ell omanowsky o. Papanicolaou equires ultiple eps onsider able ime. n ddition, cessary eagents ften to locate, prepare, practice. Papanicolaou

derivatives require specimen (fixed). It requires staining cytologic smears. Then, the slides are mounted on a protein-coated slide, which prevents desiccation.

Poor quality often perplexes the experienced cytologists. Problems are avoided by following precautions:

- Always use new, clean slides. Even "pre-cleaned" slides may be contaminated.
- Fresh, cell-filtered (sterile) water is required for washing slides.
- Cytologic preparations should be dried immediately after drying. The slides should be stored in a desiccator.
- The surface of the slides should be touched with a clean, dry object. Occasionally, a substance (e.g., lubrication jelly) may be used. Table 1 shows some of the problems that occur with Romanowsky preparations.

When a cytologic preparation is submitted to a pathologist or cytologist for interpretation, or an alternative procedure (e.g., biopsy or cytologic preparation) is performed, the person to whom the preparation is sent should be contacted for specific handling instructions. When possible, the slides should be dried and submitted to the pathologist or cytologist. Smears with Romanowsky or other stains should be submitted. The Romanowsky-stained smears are a safety factor. Some issues stain poorly when submitted. In addition, occasionally, smears are submitted for microscopic examination of shards from broken prestained smears allows



Unfixed slides must not be in proximity to formalin containers.

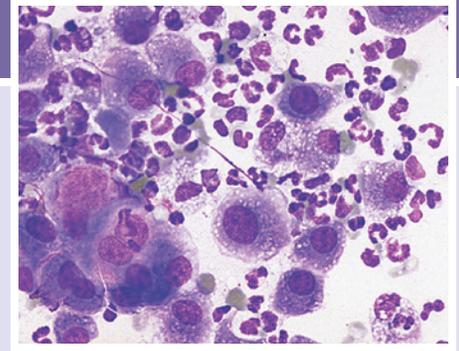
for diagnosis. Only new slides should be prepared and submitted. Other submitted slides should be dried, fixed, and stained. Smears should be well labeled with alcohol-resistant ink or another permanent labeling method. Wet-fixed smears should be submitted. When biopsies or aspirates are submitted, they should be labeled as such. For collection, especially for mucosal surfaces, deep within soft tissue

Fluid smears prepared from them should be submitted. In addition, (tube vendor supplied) serum (tube used) should be submitted. Nucleated cell count, total protein concentration, and other analyses performed in the laboratory

Slides must be protected when they are mailed. Simple cardboard mailers do not provide sufficient protection to prevent slide breakage when they are mailed in unpadded envelopes. Marking the envelope with phrases such as "fragile," "Glass," "breakable," "no cancel" has no effect. Placing a pad of bubble wrap or polystyrene chips over the slides usually prevents slide breakage. Slides may be mailed in plastic slide holders or alternative containers.

Unfixed slides should be mailed with formalin. They should be protected against moisture. Formalin has certain characteristics.





After studying this chapter, you will be able to:

- Describe general procedure or evaluation cytology
- Describe general appearance of inflammatory
- Describe general appearance of neoplastic
- State nuclear criteria of malignancy.
- Differentiate between suppurative, granulomatous, pyogranulomatous, eosinophilic reaction.
- Describe general tumor types.
- State characteristics of common types of general categories of tumors.

## Inflammation, Neoplasia,

## Key Points,

Anisokaryosis

Anisonucleoliosis

Benign

Carcinoma

Discrete round cell tumors

Eosinophilic

Epithelial cell tumors

Granulomatous

Histiocytoma

Karyolysis

Karyorrhexis

Lymphoma

Malignant

Mast cell tumors

Melanoma

Mesenchymal cell tumors

Neoplasia

Nuclear molding

Plasma cell tumors

Pleomorphism

Pyknosis

Pyogranulomatous

Sarcoma

Suppurative

Transmissible venereal tumors

The primary purpose of cytology evaluation is to differentiate inflammation from neoplasia. The evaluation should proceed in a systematic manner, focused initially on determining the predominant cell types present. Any morphologic abnormalities present should be quantified. Presence of infectious agents should be summarized. Steps in evaluation of cytology specimens should be performed with low magnification to determine whether there are adequately stained areas to detect any localized areas of increased cellularity. To resolve resolution, increasing defraction, open oil immersion examination should ensure high-quality

results. Objects such as cell clumps, casts, crystals, and hyphae are normally evident during low-power examination. Evaluation should characterize cellularity, composition, and record cell types present. Relative numbers of each type. High-power examination should be performed to evaluate and compare individual cells further characterize types of cells present. Attention must be directed to identify specific nuclear criteria. Cytoplasmic abnormalities are indicative of malignancy various inflammatory reactions. The cytology report indicate cell types present, their appearance, their relative proportions.



contain phagocytized organisms referred to as neutrophils (Fig. 3.5). Additional phagocytized organisms may include erythrocytes, platelets, and leukocytes.



Inflammation is a normal physiologic response to tissue damage or invasion by microorganisms. This damage releases substances that have chemotactic effect on certain white blood cells. These chemotactic factors are involved in attracting white blood cells to arrive at the site. Neutrophils phagocytize dead tissue and microorganisms. The process of phagocytosis creates changes in neutrophils. Further, neutrophils come further, cells quickly phagocytize and move to site to pick up phagocytic activity. Cytology from a variety of sources are characterized by presence of white blood cells, particularly neutrophils and macrophages. Occasionally eosinophils or lymphocytes may be present. Neutrophils are often common in acute inflammation. Total protein is often increased (e.g., erythrocyte sedimentation rate, C-reactive protein). Inflammation is categorized as suppurative (purulent), granulomatous, pyogranulomatous, or eosinophilic on the basis of relative numbers of various cell types present.

Samples from inflammatory lesions are characterized by the presence of neutrophils.

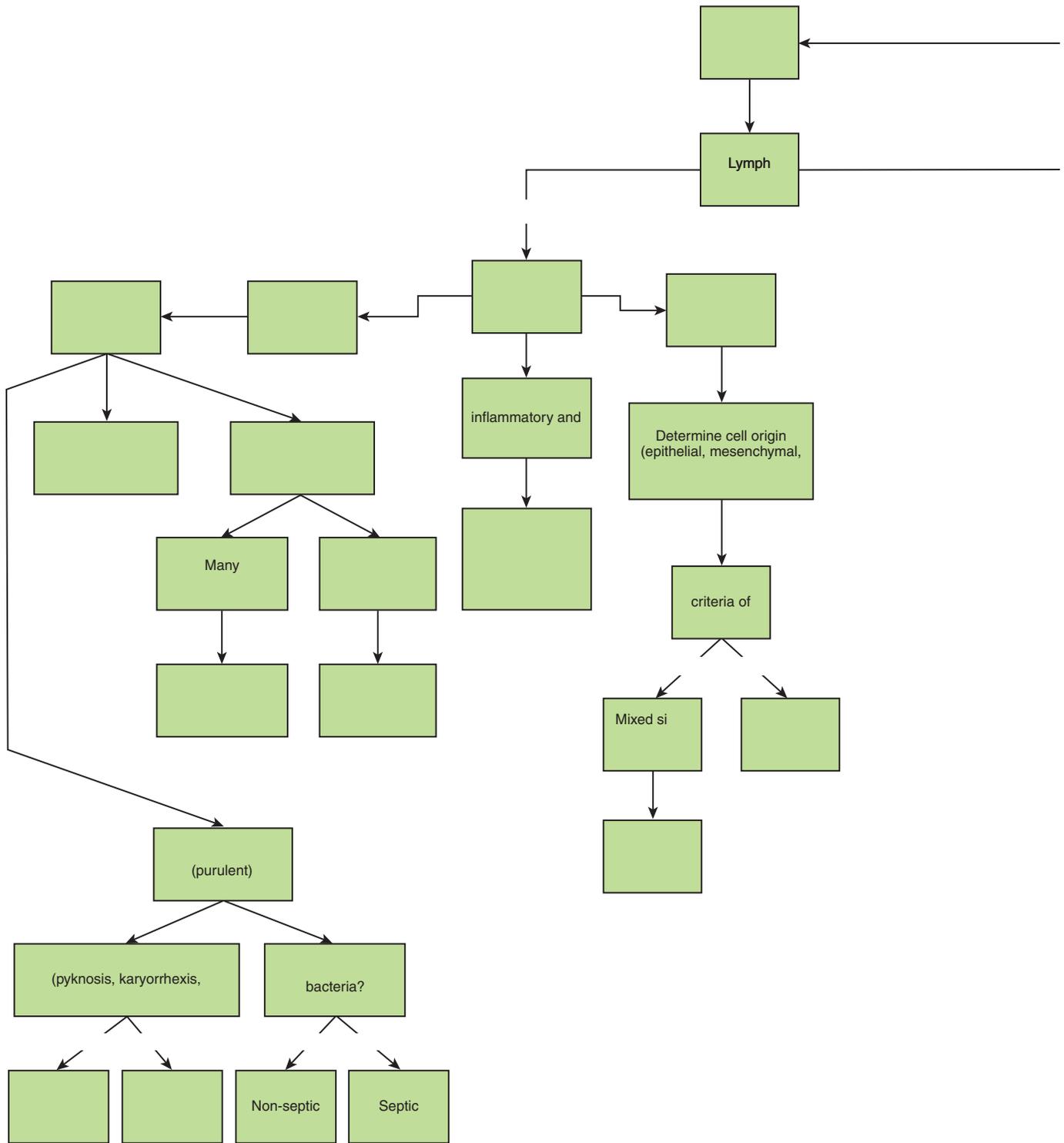
Suppurative (purulent) inflammation is characterized by presence of large numbers of neutrophils. These usually make up more than 50% of total nucleated cell count. When significant numbers of macrophages are present (more than 10% of total count), the inflammation is classified as granulomatous or pyogranulomatous (Fig. 3.6). Fungal and parasitic infections often elicit a neutrophilic response. Neutrophils are often present in suppurative inflammation. This usually occurs in acute infections, but may also be present in chronic suppurative inflammation. After they have been designated as neutrophils, they must be evaluated for evidence of regeneration or presence of organisms. Nuclear changes found in neutrophils (neutrophils) include pyknosis, hypersegmentation, and toxic granulation. Pyknosis represents slow cell death (aging) of neutrophils. Hypersegmentation is characterized by an increased number of lobes (usually 5 or more). Toxic granulation is characterized by the presence of dark, clumped granules. These granules are often larger than normal and may obscure the nucleus. The presence of these changes is characteristic of acute inflammation. After they have been designated as neutrophils, they must be evaluated for evidence of regeneration or presence of organisms. Nuclear changes found in neutrophils (neutrophils) include pyknosis, hypersegmentation, and toxic granulation. Pyknosis represents slow cell death (aging) of neutrophils. Hypersegmentation is characterized by an increased number of lobes (usually 5 or more). Toxic granulation is characterized by the presence of dark, clumped granules. These granules are often larger than normal and may obscure the nucleus. The presence of these changes is characteristic of acute inflammation.

Unlike normal cells, neoplastic cells are usually not homogeneous populations of single cell type. Although mixed cell populations are sometimes seen, these usually involve neoplastic concurrent changes. Neoplasia is indicated when cells present a distinct origin. After cells have been identified as neoplastic, the next step is to identify the issue regarding the nature of the lesion. The following table summarizes the characteristics of malignant neoplasms.



Neoplasia is a new growth of tissue. It is characterized by a mass of undifferentiated cells that are not organized into normal tissue architecture. The cells are usually of a single type, but may be of multiple types. The cells have abnormal nuclear configurations and are often arranged in a disorganized manner. The following are the characteristics of malignant neoplasms:

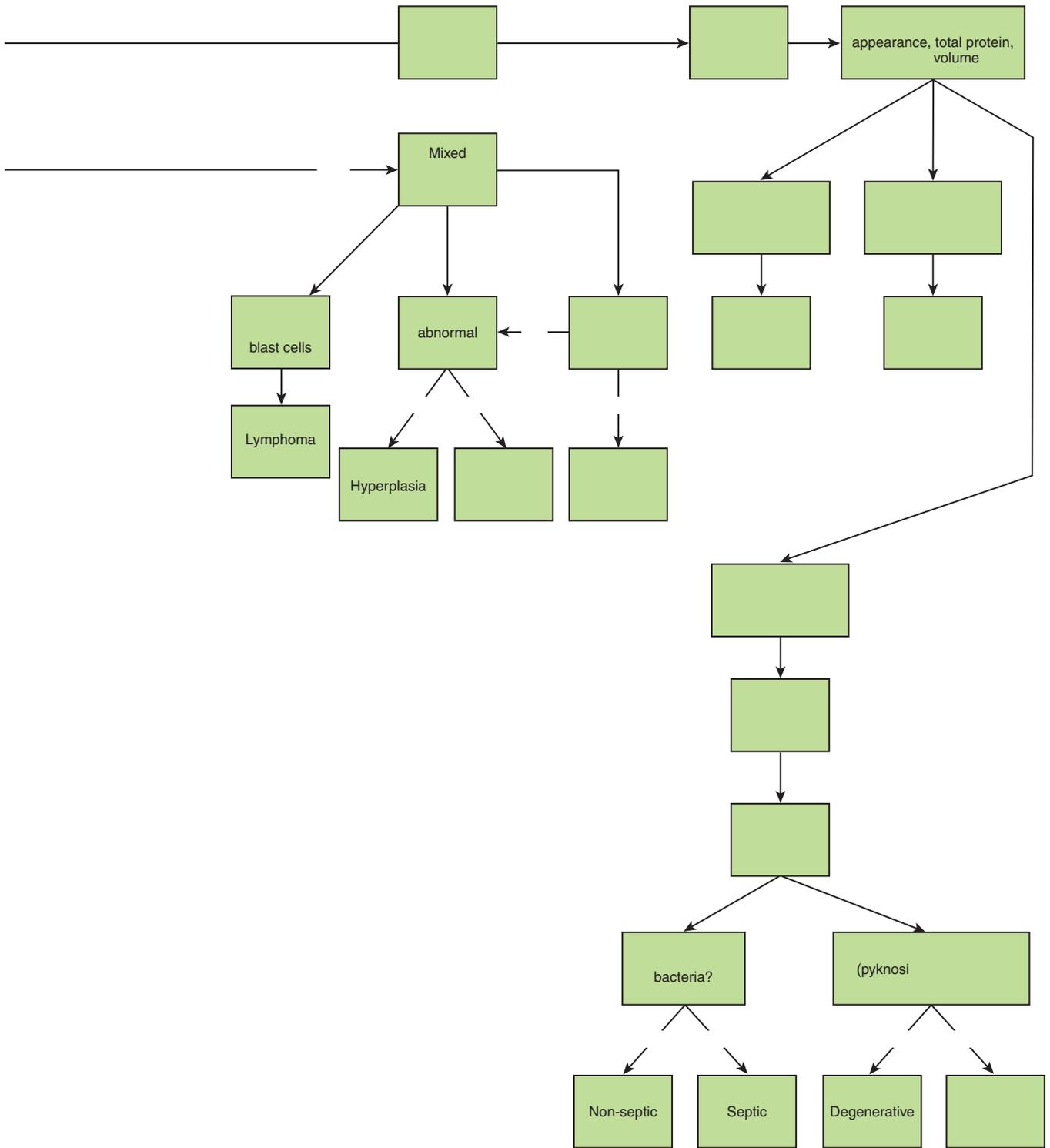
- Anisokaryosis: any unusual variation in nuclear size
  - Pleomorphism: variability in cell type
  - High nuclear-to-cytoplasmic ratio
  - Increased mitotic activity: Mitosis is rare in normal tissue, but is often increased in neoplasms.
  - Coarse chromatin pattern: chromatin pattern is coarser than normal, appearing hyperchromatic.
  - Nuclear membrane irregularities: nuclear membrane is irregular.
  - Nuclear deformation: nuclei are deformed.
  - Multinucleation: multiple nuclei in a single cell
  - Nucleoli vary in size (anisonucleoliosis), shape, and number (multiple nucleoli)
- In general, three or more nuclear criteria of malignancy are present, and specimen is identified as malignant. Exceptions to the general rule are indicated by inflammation present or only a few cells display malignant characteristics. The histopathologic verification of malignancy is an important or difficult task, whether they are cytologically benign or malignant. In addition, cytologically benign cells may be obtained from malignant tumors. Histopathologic examination offers the advantage of enabling assessment of factors such as the issue regarding the nature of the lesion or lymphatic invasion of tumor cells. The following table summarizes the characteristics of malignant tumors and their histologic features.



Flow chart for the examination of cytology specimens.

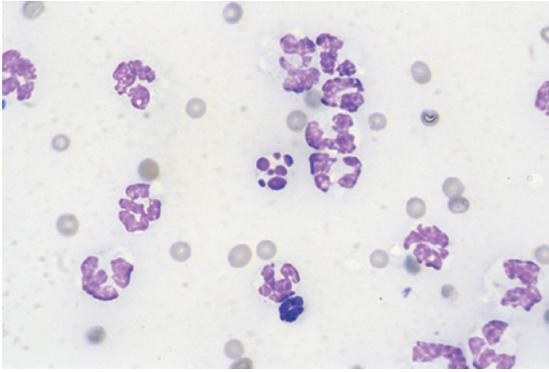
Specimens have been classified further evaluated to determine cell type involved. The primary

types of tumors encountered in veterinary medicine are categorized into epithelial cell tumors, mesenchymal cell tumors, and discrete round cell tumors. The overall characteristics of these cell types are summarized in the table below. Epithelial cell tumors are referred to as carcinoma. The adenocarcinoma type tends to be highly cellular, they

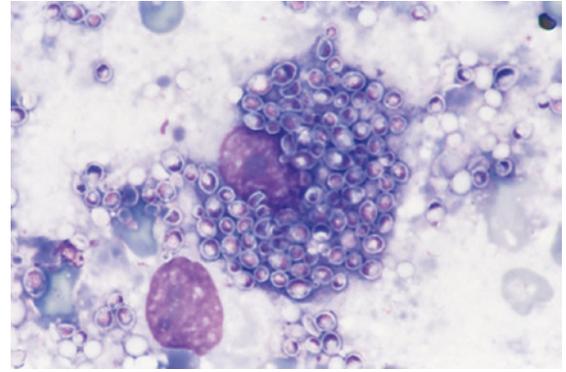


often xfoliate lumps heets Fig. 3.7). esenchymal ell tumors e eferred coma, ually cellular. The cells tend to exfoliate singly or wispy spindles Fig. iscrete ell tumors xfoliate ery ell, ut are usually clumps or clusters. Round cell tumors include histiocytoma, lymphoma, cell tumors, cell tumors,

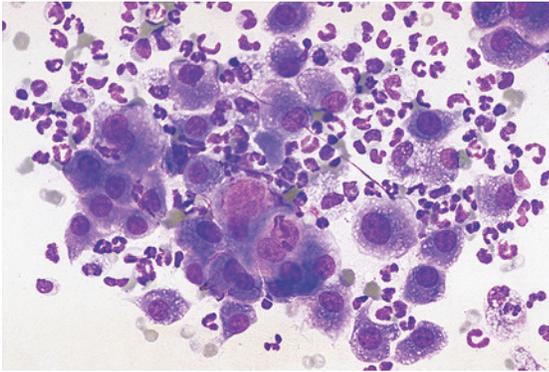
transmissible venereal tumors, melanoma. Histiocytoma transmissible enereal tumors pear mewhat xcept histiocytoma usually highly cellular Fig. cell tumors be recognized by presence of large numbers of ell ith ccentricly cated ucleus rominent perinuclear clear zone Fig. Mast cells be recognized



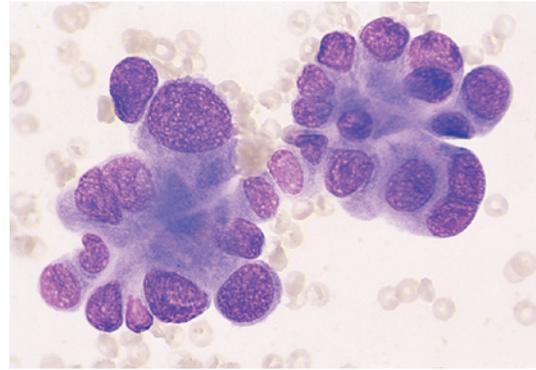
of neutrophils. Note the presence of karyorrhexis in the center cell.



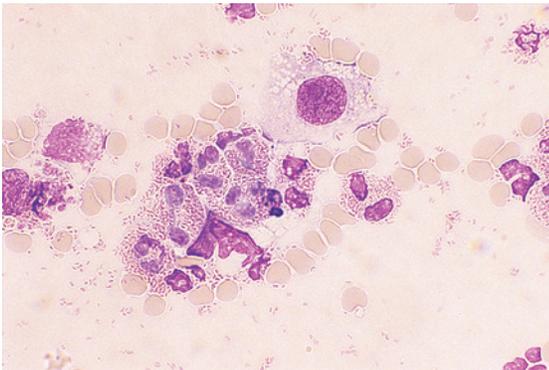
organisms. Numerous organisms are also free in this sample.



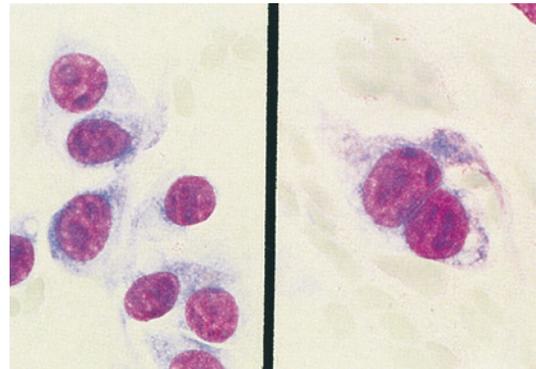
**Fig. 53.3** Pyogranulomatous inflammation. Macrophages represent more than 15% of the cells present.



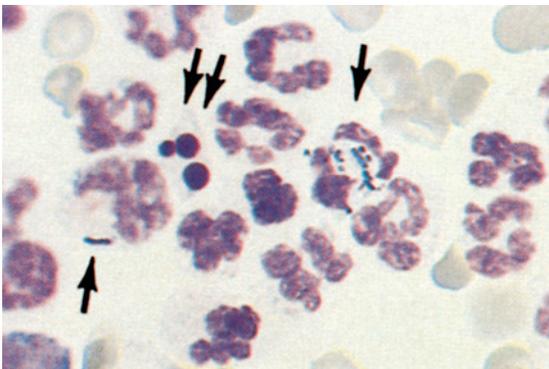
ation, and high and variable nucleus-to-cytoplasm ratios are present.



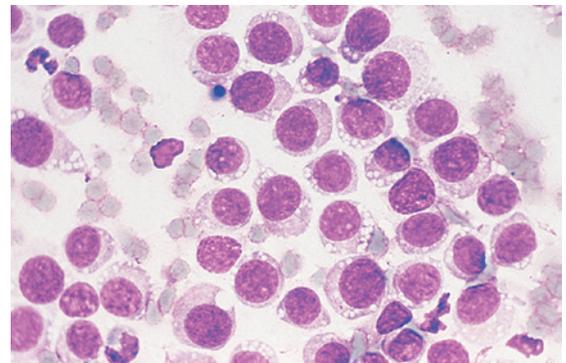
Eosinophilic inflammation. Note the single macrophage and the numerous free eosinophilic granules.



Sarcoma. The aspirate shown here from a malignant spindle cell

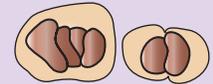
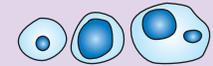
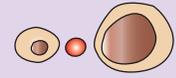


phagocytized bacterial rods. A pyknotic cell (*double arrow*) is also present.

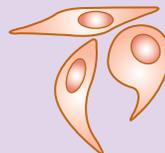
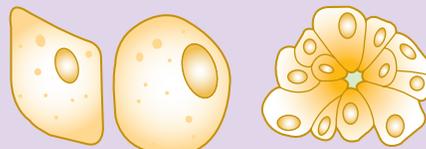


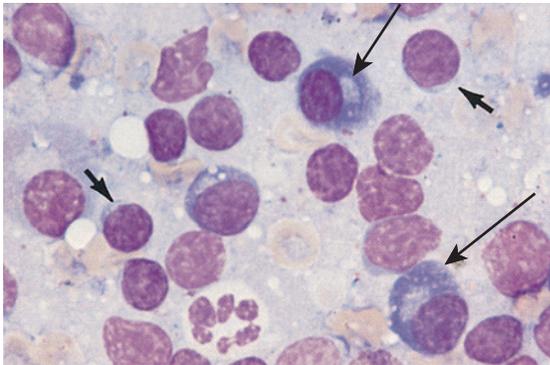
sible venereal tumor.

**Nuclear Criteria of Malignancy**

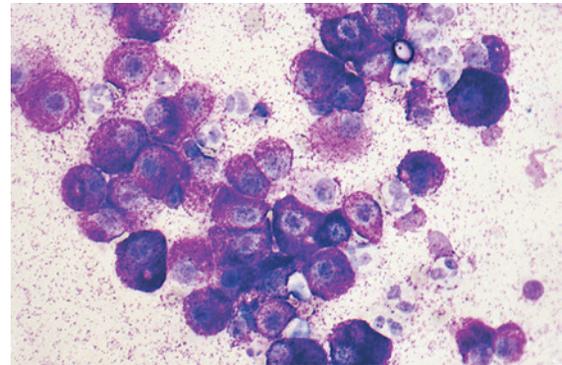


**General Appearance of the Three Basic Tumor Categories**



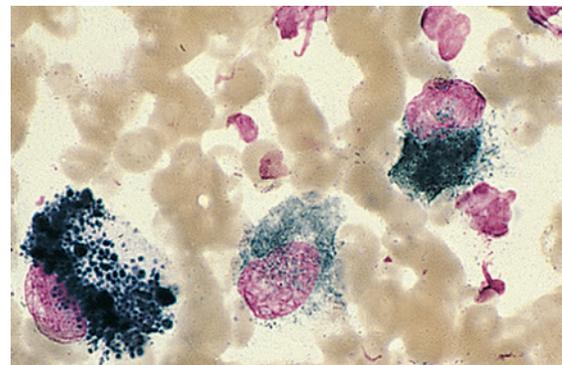


Several plasma cells are evident in this sample taken from a



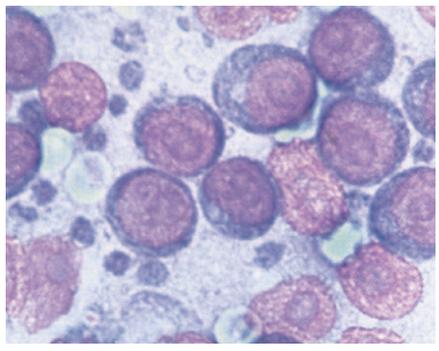
eosinophils are also present.

by their prominent purple/black granules Fig. Melanoma characterized by cells with prominent dark-black granules Fig. Occasionally, cells from poorly differentiated tumors may contain few or granules (amelanotic melanoma). variety of terminology describe various tumor types, some references regard classification specific types tumors.



Chapter review questions [appendix](#)

- Samples appear orderly categorized (suppurative, purulent), granulomatous, pyogranulomatous, or eosinophilic relative numbers various cell types present.
- Neoplastic specimens normally contain homogeneous populations of cell type.
- Benign neoplasia described hyperplasia criteria of polarity present nucleus cells.
- Nuclear criteria include anisocytosis; pleomorphism; high or variable nucleus-to-cytoplasm ratio; increased mitotic figures; coarse chromatin pattern; nuclear multinucleation; nucleoli vary with regard to size, number.
- Samples from epithelial cell tumors tend to be highly cellular, often in cohesive clumps or nests.
- Samples from mesenchymal cell tumors tend to have low cellularity, often in fascicles or cords.
- Samples from metastatic cell tumors tend to be in cohesive clumps or nests, but usually in clusters.
- Plasma cell tumors be recognized by presence of large numbers of cells with eccentrically placed nucleus prominent perinuclear zone.



# Cytology of Specific Sites

After studying this chapter, you will be able to:

- Describe characteristics normal vaginal
- Describe appearance collected tracheal
- Describe appearance vaginal cytology normal female.
- Describe valuations performed men
- Describe characteristics normal vaginal
- State criteria exudate, transudate, modified transudate.
- List describe cell types normal lymph nodes.
- Describe appearance normal reactive lymph node.

## Peritoneal and Pleural Fluid,

Color, turbidity, odor,  
Total nucleated cell  
Cellular elements,

## Lymph Nodes,

Reactive lymph nodes,  
Malignant neoplasia,

## Cerebrospinal Fluid,

## Aqueous and Vitreous Humor,

## Synovial Fluid Analysis,

Color, turbidity,  
Viscosity,

## Tracheal Wash,

## Nasal Flush,

## Ear Swabs,

## Vaginal Cytology,

Cell types seen vaginal cytology

Preparations,

## Fecal Cytology,

## Semen Evaluation,

Volume of ejaculate,  
Gross appearance ejaculate,  
Sperm motility,  
Sperm concentration,  
Live-to-Dead sperm ratio,  
Sperm morphology,  
Other cells semen,

## Evaluation of Prostatic Secretions,

## Examination of Milk,

## Key Points,

## Cornified

## Curschmann's spirals

## Exudate

## Lymphoma

## Modified transudate

## Parabasal

## Peritoneal fluid

## Pleural fluid

## Reactive lymph node

## Synovial fluid

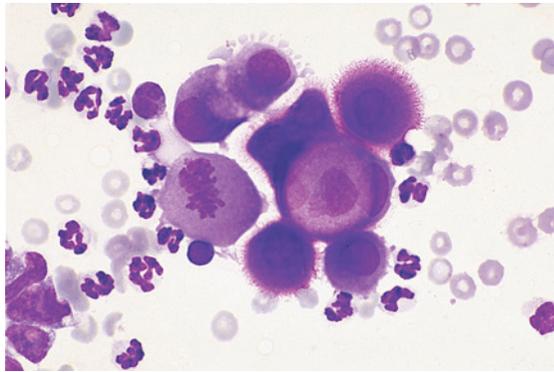
## Transudate

## Wave motion

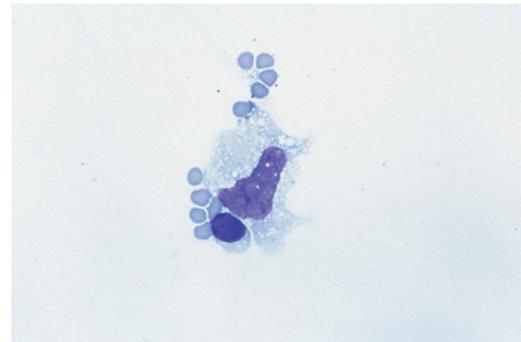
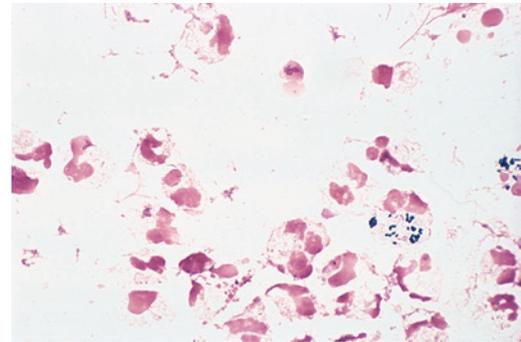
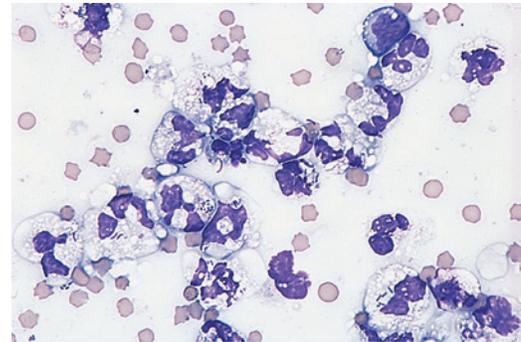
Under normal circumstances, peritoneal thoracic cavities contain only enough adequately lubricate surfaces of organs vitality collected ylenediaminetetraacetic tubes or nucleated

cell counts (TNCCs), cytologic examination, refractometric protein urements tubes or determination of total protein concentration. Other clinical chemistry determinations performed frequently **peritoneal pleural fluids**





**Fig. 54.2** A cluster of reactive mesothelial cells. Note the mitotic figure.



This sample is characteristic of normal fluid and transudates.

**Exudates** result from increased vascular permeability following injury or inflammation. They are characterized by a high protein concentration, a high cellular content, and a high concentration of nucleated cells. The cellular content is usually dominated by neutrophils, macrophages, and lymphocytes. The presence of large numbers of neutrophils is characteristic of bacterial infections. The presence of large numbers of macrophages is characteristic of viral infections and malignancy. The presence of large numbers of lymphocytes is characteristic of chronic inflammation and malignancy. The presence of large numbers of atypical cells is characteristic of malignancy. The presence of large numbers of cells with cytoplasmic vacuolation, nuclear swelling, and nuclear fragmentation is characteristic of malignancy. The presence of bacteria within the cytoplasm of neutrophils and macrophages is characteristic of bacterial infections. The presence of bacteria within the cytoplasm of macrophages is characteristic of bacterial infections. The presence of bacteria within the cytoplasm of neutrophils and macrophages is characteristic of bacterial infections. The presence of bacteria within the cytoplasm of macrophages is characteristic of bacterial infections.

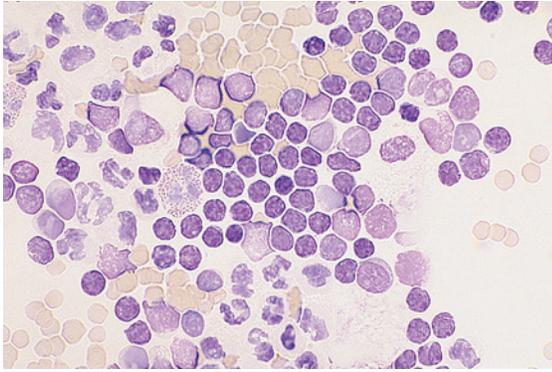
Cellular morphology features depend on organ present. They may vary from cytoplasmic vacuolation with few nuclear changes evident to marked cytoplasmic vacuolation, marked nuclear swelling and disruption (karyolysis), general cellular degeneration or fragmentation. Bacteria may be evident within cytoplasm of neutrophils and macrophages (Fig. 54.3). Cases of peritonitis are very rare. Bacterial peritonitis is evident, or bacterial population is reduced. The result is devitalization or rupture of bowel. Accidental penetration of bowel during minimocentesis is a common cause of peritonitis. Population of bacteria is low. However, a few leukocyte numbers and morphologic characteristics are usually normal, but bacteria are frequently phagocytized. Large ciliated organisms are not seen. E-bowel perforation is rare.

**Transudates** (ascitic effusions) typically have low protein concentrations and low cellular content. They are characterized by a low protein concentration, a low cellular content, and a low concentration of nucleated cells. The cellular content is usually dominated by lymphocytes, macrophages, and neutrophils. The presence of large numbers of neutrophils is characteristic of bacterial infections. The presence of large numbers of macrophages is characteristic of viral infections and malignancy. The presence of large numbers of lymphocytes is characteristic of chronic inflammation and malignancy. The presence of large numbers of atypical cells is characteristic of malignancy. The presence of large numbers of cells with cytoplasmic vacuolation, nuclear swelling, and nuclear fragmentation is characteristic of malignancy. The presence of bacteria within the cytoplasm of neutrophils and macrophages is characteristic of bacterial infections. The presence of bacteria within the cytoplasm of macrophages is characteristic of bacterial infections.

and high protein content. Exudates are frequently secondary to congestive heart failure, occur in high concentrations.

**Modified transudates** are characterized by a relatively moderate protein concentration and a high total protein concentration. This leakage is responsible for high total protein concentration. Modified transudates include a few neutrophils and macrophages, mostly lymphocytes, few macrophages, and mesothelial cells.

Intra-abdominal tumors may exfoliate cells into the peritoneal cavity. The cytologic diagnosis of such neoplasia may be difficult for the generalist cytologist. However, the technician should be able to recognize abnormal lymphocytes by the criteria of malignancy previously outlined. The presence of unexpected cells (e.g., atypical cells) must be noted.



cytes, neutrophils, and an eosinophil are present. This is characteristic



The histologic evaluation of lymph node tissue is performed to assess lymph node enlargement or enlargement, including hyperplasia, infection, primary neoplasia (**lymphoma**), metastatic neoplasia. Lymph nodes show evidence of infection (lymphadenitis), hyperplasia (benign neoplasia), and secondary neoplastic cells present), neoplasia (lymph node cells with abnormal nuclear features), metastasis (neoplastic cells from other body tissues that spread to lymph nodes). Each of these has specific cell types associated with normality.

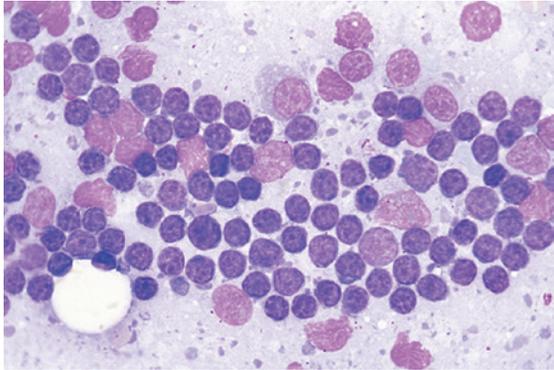
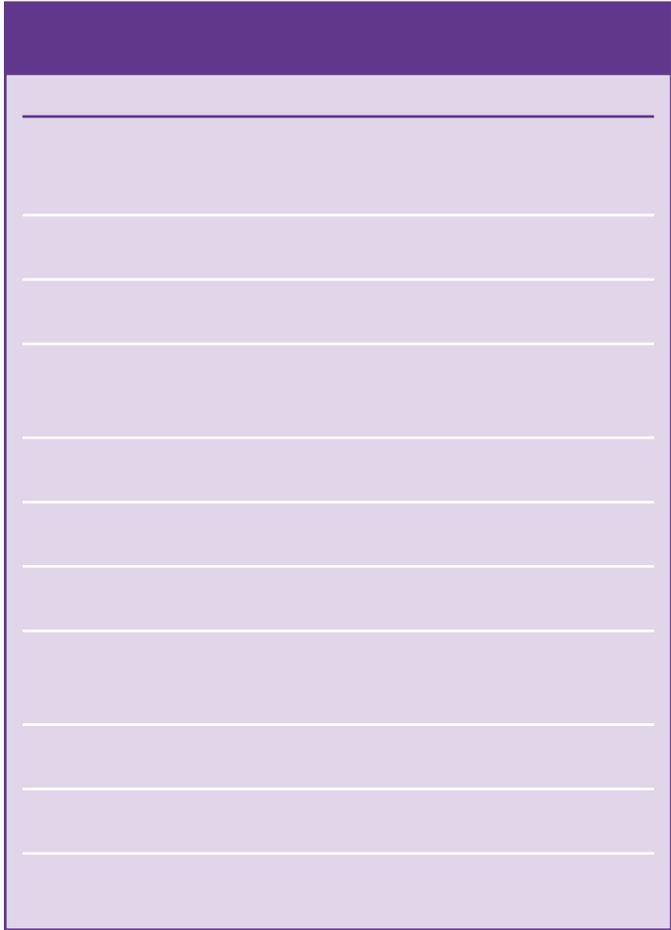
Lymph node tissue is normally collected from the periphery of an enlarged lymph node for needle biopsy. Patients with generalized lymphadenopathy, can be obtained from two lymph nodes. Because lymph nodes drain oral cavity and gastrointestinal tract are antigenically stimulated under normal conditions, they are voided.

When prepared by the Papanicolaou technique standard Romanowsky-type

variety of cell types may be found in lymph node aspirates. These include lymphocytes, plasma cells, histiocytes, neoplastic cells, microorganisms, lymphoglandular bodies, bacteria may be present. Lymphoglandular bodies are small cytoplasmic fragments seen between cells

are characteristic. **able** contains summary cell types of lymph node aspirates.

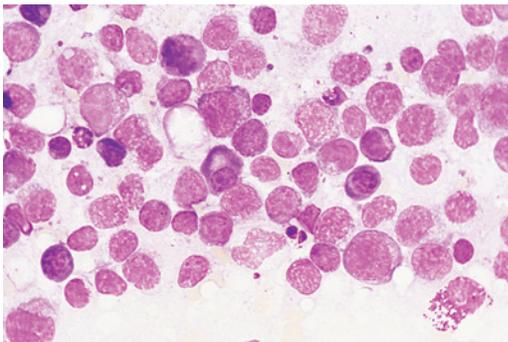
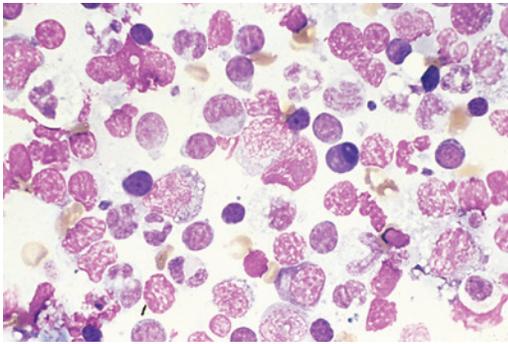
In normal lymph node, the predominant cell type is small, mature lymphocyte. They comprise three-fourths of total cells present. Smaller numbers of intermediate lymphocytes, lymphoblasts, and macrophages are present. Plasma cells occasionally seen. Mast cells usually are not seen. Lymph node tissue. Lymph nodes show evidence of infection (lymphadenitis) will have red dominance of macrophagic leukocytes



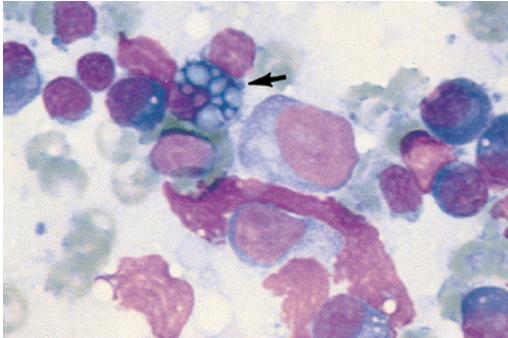
Aspirate from a normal lymph node. Small, mature lymphocytes



Lymph nodes responding to antigenic stimulation contain predominantly small, mature lymphocytes and are referred to as **reactive lymph nodes**. However, plasma cells, lymphoblasts, intermediate lymphocytes are rare. Occasional cells



tion of small, medium, and large lymphocytes, plasma cells, and a mast

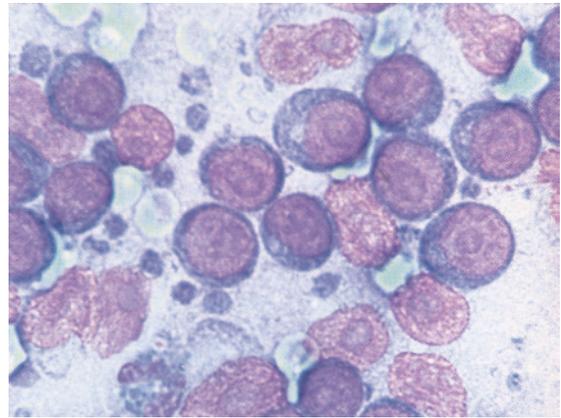


**Fig. 54.9** The plasma cell that appears vacuolated is a Mott

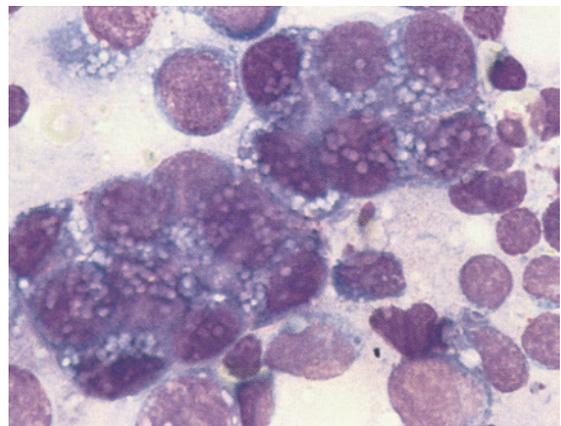
(plasma cells that contain secretory vesicles immunoglobulin) may be seen Fig. Antigenic stimulation ory esponse haracterized presence f utrophils, crophages,

Reactive lymph nodes contain predominantly small,

Primary lymphoid oplasia, lymphoma, haracterized by redominance lymphoblasts, otic common. acrophages resent, ells scarce. Other neoplastic cells may be present lymph node



Immature, neoplastic lymphocytes are present in this sample from a dog with malignant lymphoma.



that metastasized to a local lymph node.

aspirates lude ells, cinoma ells, coma ells, histiocytes. ells ee normal uclear configurations ually entified Lymph de ontain tastatic ells om other ody

As oss-species eneralization, rmal erebrospinal ontains rythrocytes ucleated ells per microliter (usually to per Pleocytosis elevated ucleated ell ormal ontains mononuclear ells, lmost ll hich re ymphocytes. acterial infections volve enerally ked ocytosis, mostly esult utrophils. nflammation ciated viruses, oplasia, egenerative onditions enerally dramatic pleocytosis, with significant proportion of mononuclear ells ften ymphocytes). osinophils times seen, especially with parasitic inflammatory responses. In general, ive ent ften tologically parent. Neoplastic ells ldom bserved Normal contains virtually erythrocytes. Erythrocytes may be counted by charging hemocytometer with well-mixed f uted ll ells ntire

boxed ea counted. thod,  
 erythrocytes nucleated cells berved. istinguishing  
 between groups cells ually ossible, ut  
 to ubcategorize nucleated cells. ell or uted  
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Normal [synovial fluid](#) lear o raw ellow nturbid.  
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 fibrin), r tilage.  
 Normal vial ontains ew rythrocytes. atrogenic  
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 erformed reviously escribed.

Viscosity reflects uality oncentration of hyaluronic acid,  
 which part of synovial fluid–mucin complex. The function

of mucin joint lubrication. iscosity may be quantitated with  
 viscometer; however, subjective assessment often used.  
 Normal vial icky. op ced etween  
 thumb forefinger, digits are separated, forms  
 o rand efore reaking. imilarly, hen ently  
 expressed through needle on horizontally held syringe, hangs  
 o rand efore parates om edle ip.  
 In eneral, iscosity ecreased rmal  
 from patients with degenerative problems. It frequently  
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 significant ffusion luding ydrarthrosis) esult  
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 anticoagulant been added. If anticoagulation necessary  
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 referred icoagulant.

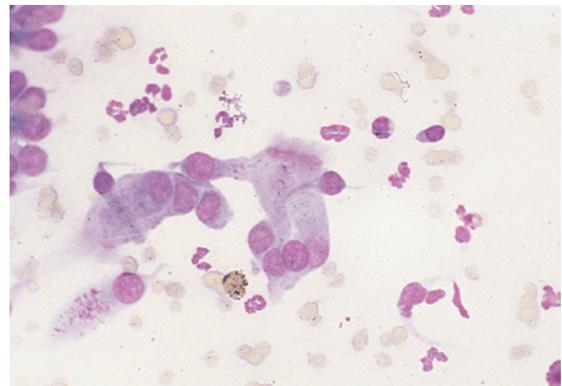
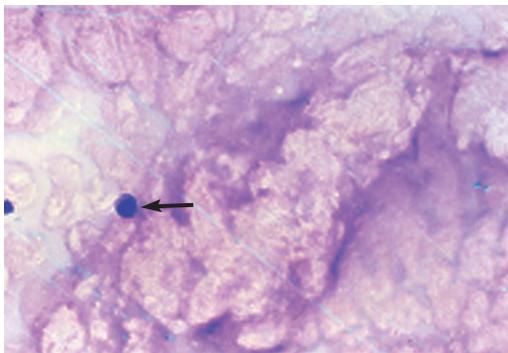
Slides or ell repared A-preserved  
 or without anticoagulant latter especially only  
 ew ops btained de diately).  
 Thin s de wly dvancing reader  
 Because of high viscosity of normal synovial cells usually  
 do accumulate feathered edge of smear. The  
 gination f cells iscosity ecreases.  
 At low cell counts concentration of cells  
 by entrifugal dimentation ubsequent esuspension  
 of cells olume upernatant roduces re  
 cellular lides ually omanowsky  
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Normal synovial generally contains mono  
 nuclear cells ess han eutrophils [Fig. 4.12](#)). osino  
 phils re arely berved. ononuclear cells omprise bout qual  
 numbers of lymphocytes monocytic/macrophage-type cells,  
 which e nvacuolated nphagocytic. acuolated  
 or hagocytic nonuclear cells omprise  
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 vacuolated rmal vial rocessed on  
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Cells vial ood iscosity end  
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 appearance [Fig. 54.13](#)). Mucin precipitation produces eosino  
 philic ranular ackground omanowsky-stained mears,  
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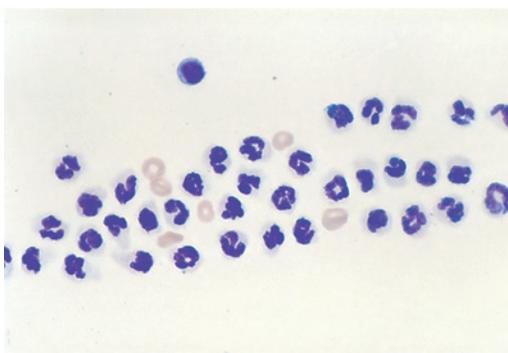
As generalization, mononuclear cells predominate  
 from ients raumatic egenerative thropathies,  
 usually with increased numbers of large vacuolated or phagocytic  
 cells. casionally, hen rosion rogressed ough  
 to ubchondral one, eoclasts berved. ontrast,  
 neutrophils redominate om ients ec  
 tious thropathies esult cterial, iruses,

Canine and feline cytology



**Fig. 54.14** Normal ciliated columnar epithelial cells in a normal tracheal

(From Raskin R, Meyer D:

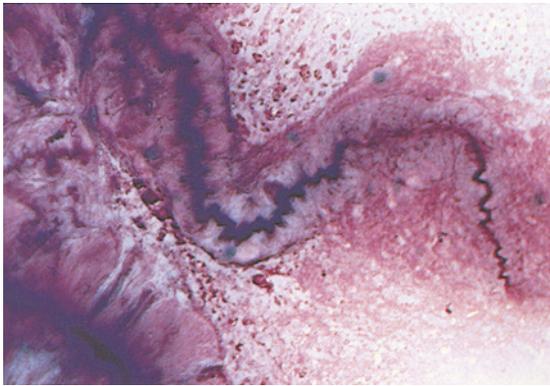


Synovial fluid from a patient with inflammatory joint disease.

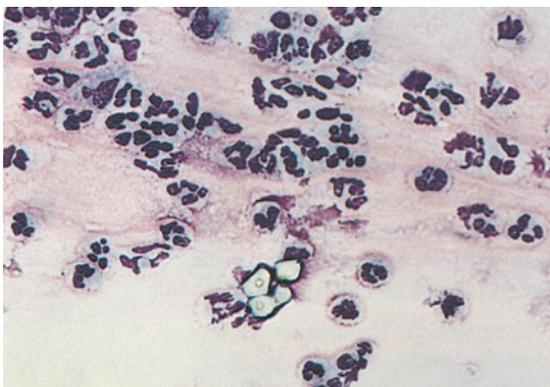
infectious process suspected. chronic-active type of arthropathy suggested when neutrophils accumulated/phagocytic macrophages are both increased number. Lupus erythematosus cells, which neutrophils contain phagocytized nuclear chromatin, are seen occasionally synovial of with systemic erythematosus.

usually performed tracheal cell numbers are subjectively recorded from valuation smear. tracheal normal contains few cells, usually often pears eosinophilic bands type. frequently epithelial cells principal cell type. frequently collected from vel trachea, ciliated epithelial cells predominate. cells columnar to ovoid, nucleus order opposite bronchoalveolar epithelial cells also fairly common. they are round, nonciliated cells with basophilic cytoplasm, they may occur in clumps. few ovoid cells (cretory epithelial cells) may be observed. If bronchoalveolar alveolar macrophages may predominate. alveolar macrophages

mycoplasmas) infectious conditions (leu matoid arthritis, systemic lupus erythematosus). When cells are clumped together they may demonstrate interlocking fibrin strands. rarely live organism (ptic observed cytologically, especially when phagocytized. Culture recommended when



present. The eosinophilic background represents mucus.

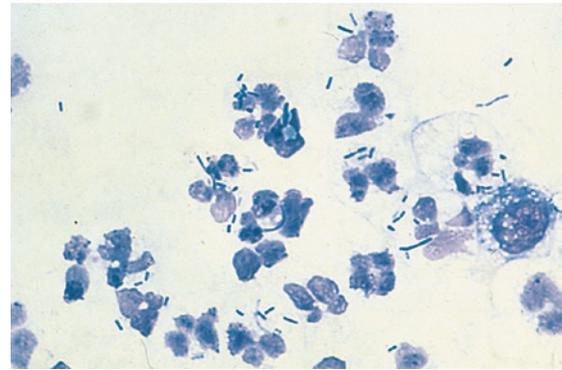


round or oval nucleus, moderate eosinophilic cytoplasm. If become inactive or activated, cytoplasm increases in volume and becomes more granular or vacuolated. Neutrophils, lymphocytes, eosinophils, plasma cells, mast cells, and erythrocytes are rarely seen in specimens from normal animals.

Abnormal tracheal secretions are generally exudates. They contain numerous mucus strands, and they are cellular. Eosinophilic spirals from small bronchioles (**Curschmann's spirals**) suggest a chronic bronchiolar problem (Fig. 54.16). Cell morphology is highly variable both among and within secretions. Many cells may be unidentifiable. Neutrophils and macrophages are numerous. Erythrocytes, lymphocytes, and mast cells are also present. Eosinophils are the predominant cell type, and they represent the majority of nucleated cells. In chronic cases, eosinophilic macrophages (eosinophils) are common. The causative agent, which is possibly bacterial, is rarely noted—whether free, phagocytized, or both—in a smear. Tracheal secretions can be cultured using routine microbiologic procedures.



The presence of bacteria or fungi in tracheal secretions does not necessarily indicate a bacterial or fungal infection. Bacterial spores sometimes contaminate tracheal secretions from herbivores



**Fig. 54.17** Nasal wash from a patient with bacterial rhinitis. Note the presence of bacteria both intracellularly and extracellularly.

inhaled from feed), they may be phagocytized by macrophages. Contamination of the upper respiratory tract or increased inspiratory effort with contamination of the upper tracheal mucosa by pharyngeal microflora may result in the inclusion of bacteria in a tracheal specimen. Such bacteria are frequently associated with or adherent to squamous epithelial cells of the upper respiratory tract.

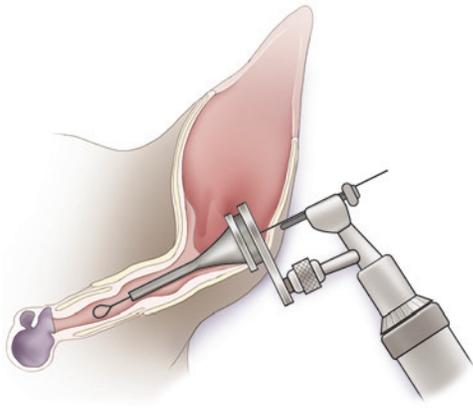
Eosinophils are prominent in allergic reactions (eosinophilic leukocytes). Because cell preservation is often only fair, free eosinophil granules rather than intact eosinophils are noted. Rarely, parasite eggs or larvae may be noted in a smear.

Erythrocytes are rarely seen in normal tracheal secretions. Recent hemorrhage may be evidenced by numerous intact erythrocytes. In contrast, in chronic hemorrhage, few erythrocytes are seen. Erythrocytes may contain hemosiderin granules (due to phagocytosis).

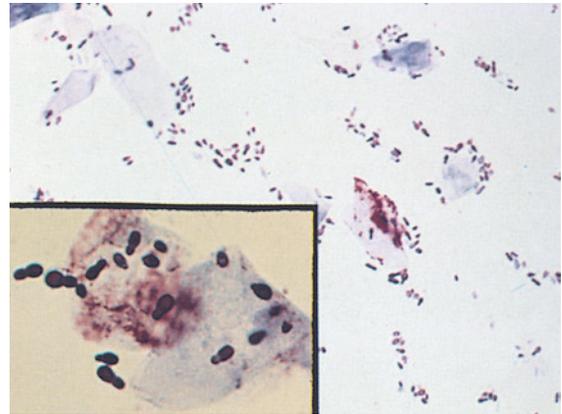
Neoplastic cells may be detected in tracheal secretions. Criteria for neoplasia are previously described. Neoplastic cells are frequently found in clusters. They are generally epithelial in origin, and they frequently exhibit a characteristic appearance (their cytoplasm is eosinophilic and vacuolated).

Tracheal secretions from normal animals contain **cornified** non-cornified squamous epithelial cells, often with adherent bacteria and a negligible evidence of hemorrhage or inflammation. Various abnormalities may be demonstrated with this procedure, such as inflammation secondary to epistaxis, ulcers, and neoplasia (Fig. 54.17). Neoplastic cells are often fused and have a powdery appearance, which may represent neoplastic cells.

Evaluation of the external nares is important in the collection of secretions for culture. Each side should be thoroughly inspected through an otoscope. Secretions collected then should be cultured routinely.



**Fig. 54.18** Smears of horizontal ear canal secretions may be collected



organisms.

Cowell and Tyler's

prepared on each small, round, dried, overlaid with a cover slip. The dried smears are stained with Gram stain. The Gram stain is used for identification of bacteria and yeasts. Separate jars should be maintained for cytology and histology. Do not contaminate the jars or smears.

Samples from normal clients contain cornified epithelial cells, with negligible evidence of inflammation and few microorganisms. Common normal bacteria and yeasts, without erythrocytes. Infections involving cocci primarily involve *Staphylococcus* spp while infections with bacterial rods usually involve *Pseudomonas*. Common parasites that may be found include *Otodectes cynotis* (see [fig. 8.24](#)) and *Otobius megnini*.

The organism *Malassezia*, which is a potential cause of chronic otitis externa, is often cultured from the ear. It is characterized by peanut-shaped organisms (see [Fig. 54.18](#)). Some controversy exists among specialists regarding whether the presence of *Malassezia* in small numbers is significant. Some believe that large numbers of organisms are indicative of disease, whereas others claim that small numbers are normal. When bacteria are identified, a veterinary technician should report results to the veterinarian. A negative result does not rule out the possibility of disease.



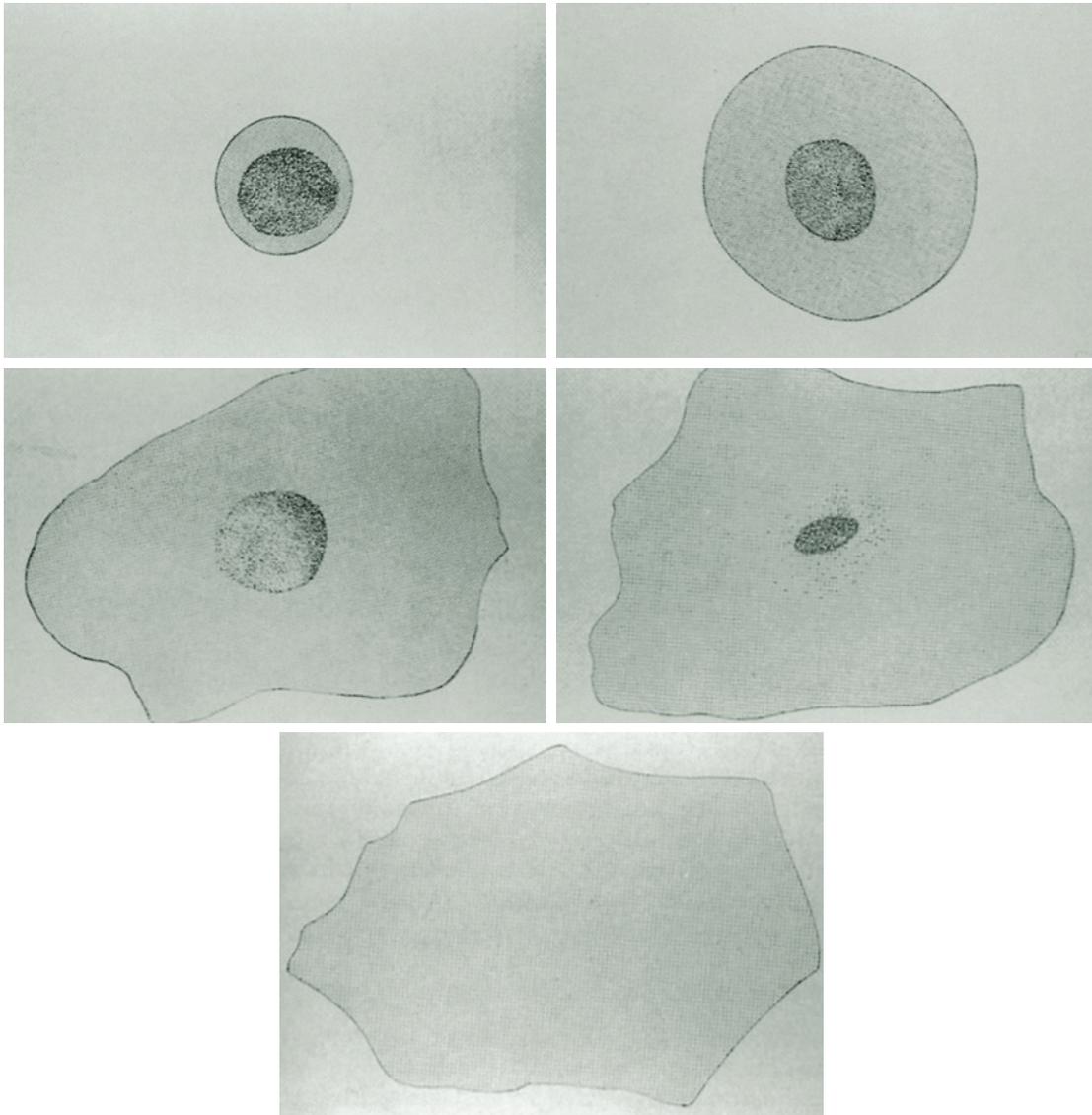
Exfoliative vaginal cytology is a useful adjunct to the history and physical examination or to determine the cause of vaginitis.

cycle bitches and queens. It is important to have optimal timing of mating and estrus. The estrus period is characterized by vulvar swelling, bloody discharge, and increased receptivity. The estrus period is followed by the diestrus period, which is characterized by a decrease in vulvar swelling and discharge. The diestrus period is followed by the anestrus period, which is characterized by a complete absence of estrus. The estrus cycle is controlled by the hypothalamus and pituitary gland. The estrus cycle is a complex process that involves the release of gonadotropin-releasing hormone (GnRH) from the hypothalamus, which stimulates the release of luteinizing hormone (LH) from the anterior pituitary gland. LH then stimulates the release of androgens from the testes, which are converted to estradiol in the ovaries. Estradiol then stimulates the development of the estrus cycle.

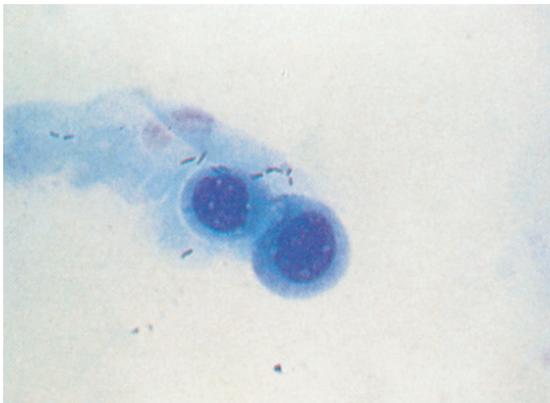
Some variation exists in the terminology used to describe the cell types that are commonly seen in vaginal cytology preparations. In addition to neutrophils and erythrocytes, a variety of squamous epithelial cells are seen in vaginal cytology preparations (see [Fig. 54.19](#)). Cells are categorized by their size and degree of cornification. The epithelial cells present may include small, noncornified epithelial cells, intermediate-sized noncornified squamous epithelial cells, and large, flat, metaplastic cornified intermediate epithelial cells. The large, flat, metaplastic cornified intermediate cells may contain pyknotic nuclei (see [Fig. 54.19](#)). Cornified epithelial cells are characteristic of estrus. They usually have large, flat nuclei and contain pyknotic nuclei. Bacteria are often present in vaginal cytology preparations, especially during estrus, but they are usually of no pathologic significance (they are part of the normal vaginal flora).



The vaginal cytology reveals predominantly noncornified cells.



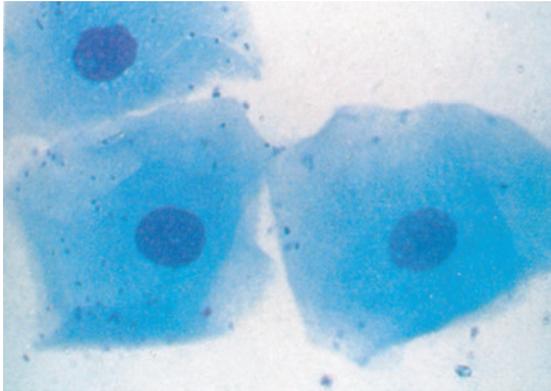
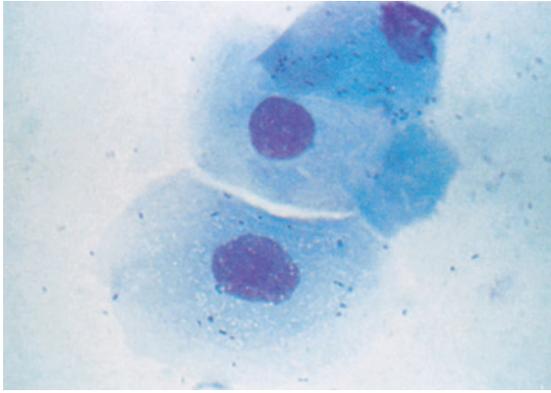
**Fig. 54.20** Diagrams of cells from the canine vagina. Parabasal epithelial cell. Small intermediate cell. Large intermediate cell. Superficial cell with pyknotic nucleus. Anuclear superficial cell.



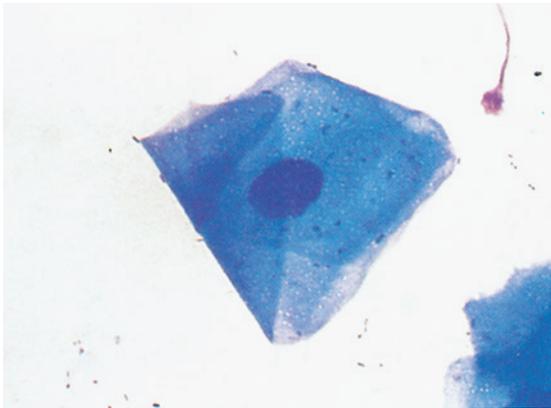
Parabasal vaginal epithelial cells from a dog.

squamous epithelial cells large cells with rounded border, abundant basophilic cytoplasm, and large round nucleus). Parabasal cells are categorized as intermediate, parabasal epithelial cells. They contain some leukocytes but erythrocytes. The estrus is of variable length, but generally lasts 2-3 months. Some reference materials refer to the estrus.

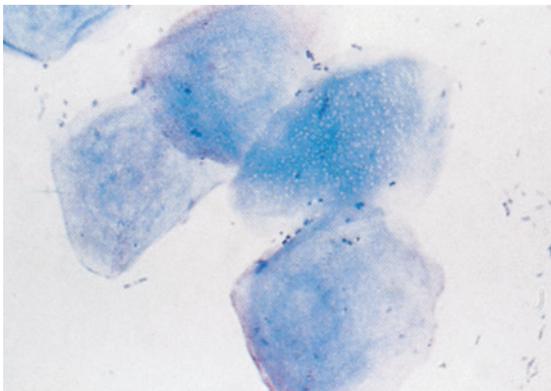
During the estrus, the vulva, reddish vulvar discharge. The bitch attracts but does not accept dogs are emptying reed. The estrus is divided into early proestrus, late proestrus, and estrus. Gradual changes in cellular morphology are seen as the stages progress. During early proestrus, high numbers of erythrocytes are present along with parabasal epithelial cells. Fig. 54.20 proestrus continues, numbers of erythrocytes gradually decrease,



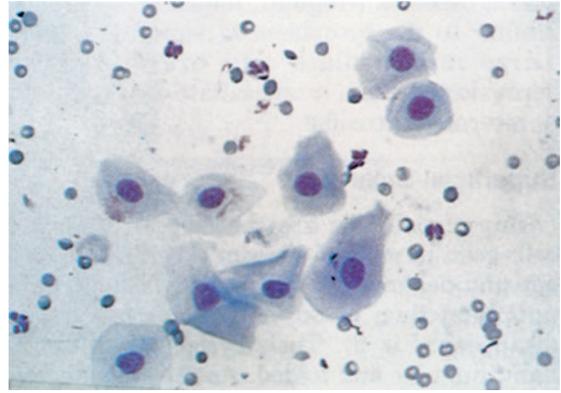
Small and large intermediate vaginal epithelial cells from a dog.



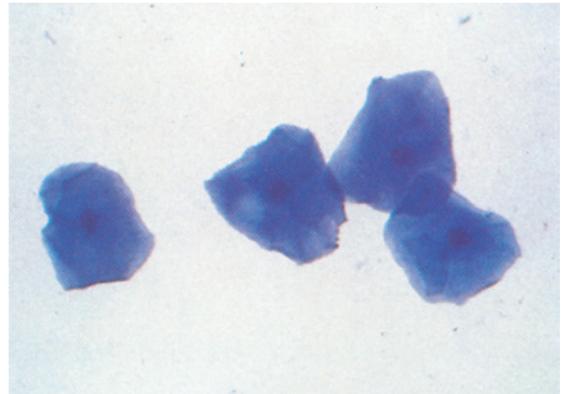
Superficial epithelial cell with a slightly pyknotic nucleus and



Anuclear superficial (cornified) vaginal epithelial cells from



Vaginal smear from a dog in proestrus. Intermediate epithelial cells predominate. Red blood cells and a few neutrophils are also present.

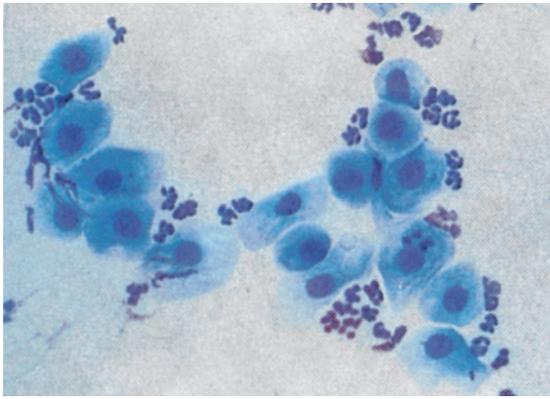


angular cytoplasm from a dog in estrus.

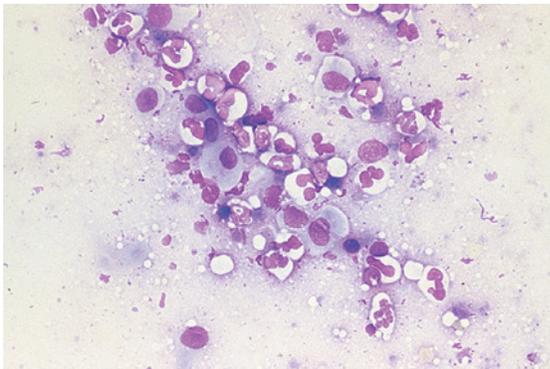
epithelial cells begin to show signs of cornification (e.g., pyknotic nuclei). During proestrus, only epithelial cells present are intermediate cells with pyknotic nuclei. Small numbers of neutrophils are sometimes seen during proestrus, especially during estrus.

The estrual bitch has a history of recent proestrus, a swollen vulva, and possibly a raw-colored, large, moist discharge. As estrus becomes whiter as metestrus approaches, bitches that accept dogs during estrus reveal that all squamous epithelial cells are cornified, usually anuclear (Fig. 4.26). That neutrophils are present, that all numbers of erythrocytes are present. During estrus, erythrocyte numbers increase further, and neutrophil numbers increase rapidly. Erythrocytes are generally present, and neutrophils are present.

During estrus, vulvar swelling and discharge have increased, and she no longer attracts or is receptive to dogs. Cornified squamous epithelial cells are replaced by noncornified squamous epithelial cells, and abundant cytologic debris is present. During estrus, epithelial cells are noncornified. Neutrophils increase in number until approximately the third day of metestrus, then decrease.



Numerous neutrophils and intermediate cells from the vaginal



to ew y out y. ythrocytes enerally throughout metestrus Fig. Metestrus may for to months. Cytologically, metestrus anestrus are often to erentiate. regnancy tologically inguishable from testrus rus.

**TECHNICIAN NOTE**

Inflammation agina terus esults hite vulvar discharge, usually without vulvar swelling or linical signs of proestrus or estrus. vaginal reveals noncornified squa epithelial cells massive numbers of neutrophils, possibly with ee r hagocytized cteria

Dry-mount ecal tology metimes onjunction with ecal ion nostic or valuation patients ith astrointestinal evaluated ithin utes er ollection. ype collected ary ut lude oided eces, ectal vage, ectal aping. ecal op

to ollect oided esirable ecause they tend to only provide represents intestinal lumen ather ucosal urface. light ution feces may be needed be accomplished by placing drop of erile oscope l ecal erial erile wooden plicator. ectal erformed sterile lunt

Dry-mount fecal cytology are prepared They must be thoroughly dried before staining. ny standard Romanowsky

The slide examined under oil immersion objective. Fecal cytology lides rom ormal amples enerally ontain riety of bacilli rare cocci. may be present normal ell. he xamined or gens uch *Cryptosporidium*, *Giardia*, *Entamoeba*, *Campylobacter*, *Trichomonas*, *Balantidium* *Clostridium perfringens* or *Clostridium difficile* may e resent umbers ecal tology om normal ncreased umbers cterial organisms equire dditional nostic esting.

*Campylobacter* e ram-negative, nder, curved ods orm heir resence onsid ered normal. resence ukocytes ecal normal equires ther nostic esting. Epithelial cells are present when are collected traumati cally. hen are collected atraumatically, presence of large numbers or sheets of epithelial cells may indicate mucosal pathology.

The valuation emen mportant art he sssment of for breeding void exposing semen o ked hanges emperature ecially water, ectants, ariations ll oratory quip ment used for semen collection examination be clean y med proximately equipment ludes oscope overslips, ettes. uents med proximately amples rocessed oom on possible er ollection.

The ollowing haracteristics eadily etermined laboratory: volume of ejaculate, gross appearance, wave motion, microscopic motility, spermatozoal concentration, ratio of live-to-dead ermatozoa, rphologic eatures, presence f oreign ells erial. ortant ecord animal's species, breed, age, brief history with salient clinical findings, uspected normalities ell thod semen ollection e.g., rtificial ina, lectroejaculation, assage).

The olume jaculate ured olumetric which may be incorporated into collection receptacle. Marked species ariations ccur, thod ollection reatly influences olume btained, ross pearance, spermatozoal concentration. generalization, ejaculate volume larger but spermatozoal concentration lower specimen

apparently more dilute) when collected by electroejaculation when collected with artificial vagina. In addition, repeated ejaculation—whether associated with semen collection or sexual activity—decreases the volume and concentration of semen obtained subsequent collections. Semen volume tends to be greater collection preceded by period of sexual arousal (“teasing”).

The ejaculate composed of three portions: sperm-free watery secretion, sperm-rich fraction, sperm-poor fraction. The first third fractions are derived from accessory sex glands. In bucks, bulls, rams, toms, all three fractions are collected together. However, with boars, dogs, stallions, third fraction conveniently may be collected separately, which advisable, because third fraction voluminous three therefore unnecessary encumbrance during subsequent evaluation of semen. In three species, first two fractions (collected together) are used other procedures follow.

The approximate average total ejaculate volumes (all three fractions) are follows: boar, buck, ram, bull, dog, stallion, tom, Ejaculate volume does not necessarily correlate with fertility. In general, spermatozoal number, motility, morphologic characteristics are better guides to fertility. However, small ejaculates may be of concern species have voluminous ejaculates. Knowledge of ejaculate volume necessary to determine total spermatozoal numbers to be divided possibly diluted) for artificial insemination procedures.

The opacity color of be recorded. Opacity subjectively reflects the concentration of spermatozoa. Categories used include thick, creamy, opaque; milky opaque; opalescent milky; watery white. This generalization works best for semen from bucks, bulls, rams, which normally have opaque, creamy-white semen because of high spermatozoal concentration. As density of spermatozoa decreases, specimen becomes more translucent and milkier in appearance. Semen from boars, dogs, stallions normally fairly translucent white to gray. Contaminants, especially intact or degenerate erythrocytes, discoloration of semen.

Sperm motility (movement) is subjectively assessed and depends on careful handling of for meaningful results. Variations temperature exposure to nonisotonic or destructive chemicals (including detergents) must be avoided. Motility correlated with fertility; however, improper specimen handling adversely affects assessment. If other tests (especially sperm morphology) suggest semen normal but sperm motility poor, another be examined to ensure technical errors were responsible for poor motility. Motility may be conveniently assessed two ways.

**Wave motion** subjective assessment of gross motility of sperm. Four general classifications are used—very good, good,

fair, poor—on of of swirling activity observed drop of semen on microscope slide low power magnification. These categories respectively correspond to distinct vigorous swirling, moderate slow swirling, barely discernible swirling, lack of actual swirling but with motile sperm present, which may to have irregular oscillating appearance. Wave motion depends on high sperm density therefore best from bucks, bulls, rams, which normally have high sperm concentrations. Wave motion decreases sperm concentration decreases. Consequently, normal boars, dogs, stallions, toms may have or poor wave motion. As guide, wave motion very good or good, be diluted for evaluation of percentage of motile sperm their rate of motility.

The progressive motility of individual spermatozoa determined on relatively dilute drop of semen under coverslip examined magnification. Because motility of individual spermatozoa to appreciate dense such concentrated be diluted before examination. Warm physiologic or fresh buffered sodium citrate solutions are suitable diluents.

drop of semen placed on slide diluted until satisfactory concentration of spermatozoa observed. coverslip placed on top to produce monolayer of cells. Excessive dilution of makes evaluation of motility The rate of motility generally subjectively classified very good, good, fair, or poor, which corresponds to rapid activity, moderate activity, slow or erratic activity, very slow erratic activity, respectively. The percentage of motile spermatozoa broadly categorized very good, good, fair, or poor, which corresponds to approximately to to to motile cells, respectively. Satisfactory have moderately active spermatozoa.

Several solutions are satisfactory for semen dilution before sperm numbers are counted, including of sodium bicarbonate or of sodium chloride with of formalin of distilled water; chlorazene; or of sodium sulfate with of glacial acetic acid of distilled water (Gower’s solution). dilution made, counted hemocytometer. The number of spermatozoa central grid area of one side of chamber counted magnification. The number of spermatozoa per milliliter of semen calculated by multiplying number observed by million. If spermatozoal concentration high (e.g., bucks, bulls, toms), fewer squares may be counted multiplication factor adjusted accordingly. Spermatozoal concentration may be determined by colorimetric electronic particle counter techniques.

Depending on collection method, average sperm concentrations millions per milliliter) are approximately for boars stallions, for bucks rams, for bulls, for dogs, for toms.

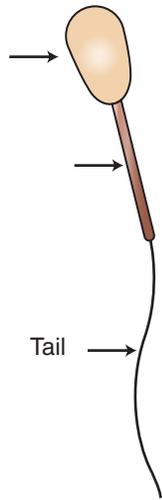
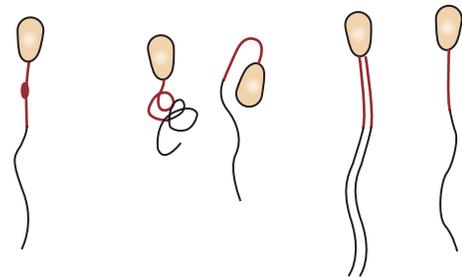
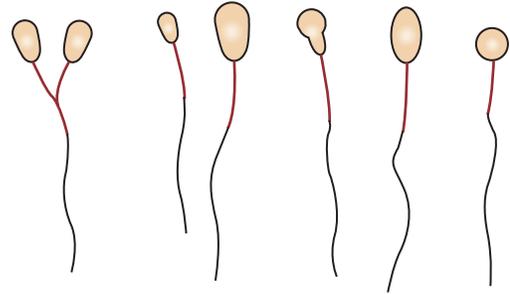


Diagram of a normal spermatozoa.



with ye lows or imination etween ve  
 head ermatozoa. osin/nigrosin ure opular  
 for pose, ermits xamination erm  
 morphologic eatures. repared  
 eosin rosin ution dium rate  
 dihydrate. his ution or ear.  
 small op warm stain gently xed with small op  
 of men n oscope fter veral conds  
 contact between specimen dye, mixture smeared  
 hen lood apidly ied. fter  
 ied, oscopic xamination elayed.  
 Live erm pear hite  
 blue-black rosin ckground. ontrast, ead erm  
 sively e ed. atio  
 of ve-to-dead erm, high xpressed ercentage,  
 determined by examination or magnification  
 preferably er bservation ells.  
 Unfortunately, procedure susceptible to technical prob  
 lems. Conditions kill sperm, especially temperature changes,  
 produce misleading results. Findings always be interpreted  
 with regard to other results, such sperm concentration, motil  
 ity, rphology.

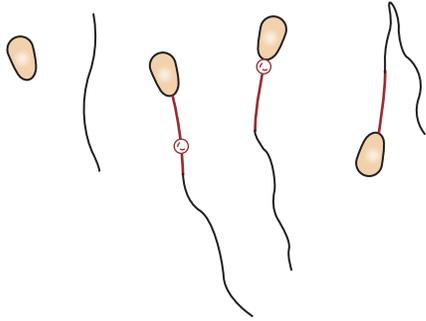
Sperm rphology eadily  
 Wright's or Romanowsky Species differences exist regard  
 points of sperm morphology, but all sperm have  
 ructure ercentage normal  
 spermatozoa ypes ecoreded er bserving  
 to ells. ounting wer umber ells  
 usually dequate er echnician ecome roficient.  
 Abnormalities are conveniently divided into head, midpiece,  
 problems. bnormalities are often categorized primary or  
 secondary.

Primary effects ccur uring ermatozoal roduction  
 include ds ouble, oo oo ddly  
 shaped ., yriform, isted, bby)

midpieces are swollen, kinked, twisted, double, or eccentric  
 ally ttached ead abaxial); ails hat re oiled Fig.  
 rimary normalities enerally onsidered re  
 serious condary heir ercentage ly onsis  
 tent men ollected veral ys.  
 Slightly ce chment oars robably  
 nificant ecies, ecause

umerous ermatozoa parently rmal oars.  
 Secondary defects may occur any time from storage  
 epididymis until made. Therefore, because secondary  
 abnormalities tifactual, eful ecimen  
 mandatory. ion echnique-induced condary  
 abnormalities lows or erpretation. econd  
 ary effects lude rotoplasmic oplerts  
 midpiece, bent or broken Fig. For every tailless  
 head, re dless er ed ounted.  
 Protoplasmic oplerts inct om ollen ces.  
 Protoplasmic oplerts rmally resent ermato  
 zoa e pididymis. oplerts rate ly  
 ce erm ells ure pididymis.  
 The oplerts ually efore ermatozoa ve  
 epididymis.

As road eneralization, ually  
 ermatozoa normal rmal  
 Higher percentages of abnormal spermatozoa may compromise  
 fertility. owever, umber rmal ermatozoa  
 important ather ercentage normal erm.



Normal semen contains few if any leukocytes, erythrocytes, epithelial cells, bacteria or fungi. If present, their approximate quantity should be noted. If bacteria or fungi are observed without a leukocyte response, contamination of normal preputial microflora should be suspected. Attention to reproductive performance and collection of semen is a priority. If indicated, semen may be submitted for microbiologic examination.

Cells from the urethra, including squamous epithelial cells, leukocytes, erythrocytes, and sperm cells (often called medusa heads). Precipitation is important in the classification of sperm cells.

Disorders of the prostate are rare in other domestic animals. Cells of prostatic origin may be collected during urethral catheterization or after prostatic massage (or penile massage) performed per rectum to stimulate prostatic secretion. Prostatic issues are identified by transurethral biopsy.

An enlarged prostate may be a result of prostatic hypertrophy, hyperplasia, or adenoma. Prostatic cells occur naturally in smears. Spermatozoa are present in some smears, especially in older animals.

Normal prostatic cells are uniform in size and shape, with a high nucleus-to-cytoplasm ratio, transparent granular cytoplasm, homogeneous nuclear chromatin, and distinct nucleoli. Normal prostatic smears contain few leukocytes. Prostatic hypertrophy or hyperplasia results from an increased size of individual cells without increased cell

numbers. Hypertrophic prostatic hyperplasia is cytologically distinguishable from normal prostate. The distinction is made on the basis of fine needle aspirate cytology. Prostatic hyperplasia is characterized by enlarged, crowded cells with a high nucleus-to-cytoplasm ratio; the nuclei are often aciculate; the nucleus is "roughened" chromatin pattern is uniform, small, single nucleolus. Few leukocytes are present. Metaplasia is a change (from normal) in the population of prostatic cells. Squamous metaplasia has the appearance of cornified epithelial cells. Consequently, they have a low nucleus-to-cytoplasm ratio and a somewhat pyknotic nucleus. Prostatic hyperplasia is characterized by a polymorphic population of cells with a high nucleus-to-cytoplasm ratio, a very high nucleus-to-cytoplasm ratio, and large, irregular nuclei containing variable numbers of nucleoli. Prostatic abscessation is characterized by the presence of neutrophils and macrophages and lymphocytes. The presence of variable numbers of these cells is characteristic of prostatic abscessation.

Subclinical clinical bovine mastitis (mammary gland infection) is an important economic concern for dairy farmers. Mastitis may be detected by various laboratory procedures, including direct microscopic examination of milk counts or bacterial counts. Tests are performed on individual quarters, or milk samples from all four quarters pooled together, or from several cows together, usually in a herd.

When individual milk samples are being analyzed, foremilk (the first milk) is generally discarded before the sample is collected. The remaining milk is then collected for analysis. Normal milk contains a few leukocytes, but fewer than 100,000 cells per milliliter. Somatic cell counts (SCC) are used to measure the number of leukocytes in milk. Normal SCC is less than 200,000 cells/mL.

Differential cell counts are sometimes performed. Uncollected cells are categorized as neutrophils or mononuclear cells. Normal neutrophils, whereas, were cultured, have a high nucleus-to-cytoplasm ratio and a high nucleus-to-cytoplasm ratio.

Chapter review questions [Appendix](#)

- Peritoneal, pleural, and thoracic fluids are evaluated for color, transparency, odor, and specific gravity.
- Cells are counted and classified from a differential count.

- The evaluation of cellular elements allows to be classified exudates, transudates, or modified transudates.
- In normal lymph node, predominant cell type small, mature lymphocyte.
- Reactive lymph nodes contain predominantly small, mature lymphocytes well cells, lymphoblasts, intermediate lymphocytes.
- Evaluations performed on synovial include ment of color turbidity; cytologic examination of direct smear; the subjective assessment of viscosity; and mucin test, refractometric protein measurement.
- Abnormal tracheal are generally exudates.
- Yeasts, squamous epithelial cells, *Malassezia* organisms are commonly isolated from may indicate pathology.
- Vaginal may contain variety of epithelial cells addition to neutrophils erythrocytes.
- Epithelial cells are present vaginal cytology may include small cells, slightly larger parabasal epithelial cells, noncornified squamous epithelial cells (intermediate cells), cornified epithelial cells.

What are hazards associated with specific chemicals described?

- Material Safety Data Sheets
- Hazard Communication Standard
- Pathogen Standard
- IM Guidelines

The bacterial agent that causes toxoplasmosis is classified as having which biohazard level?

- 
- II

What agency mandates regulations related to the safe shipment of potentially hazardous or infectious materials?

- Federal Aviation Administration
- U.S. Department of Agriculture
- Occupational Safety and Health Administration
- U.S. Department of Transportation

4. True or False: Chemicals transferred into secondary containers always require special hazard labeling.

- True
- False

True or False: The use of personal protective equipment (e.g., lead-lined x-ray gloves) is optional.

- True
- False

Which regulation describes the scope and extent of worker training and the documentation of that training?

- Procedural Control Listing
- OSHA Biosafety Standard
- Chemical Hygiene Plan
- PPE Standard

True or False: Most diagnostic samples from veterinary patients sent to outside laboratories for analysis fall into Category B.

- True
- False

Infectious canine hepatitis is classified as which biohazard level?

- 
- II

9. Which government agency is responsible for enforcing safety regulations in the workplace?

CDC

- 
- DOT
- FAA

The use of a fume hood when handling chemicals is an example of which approach to minimizing workplace hazards?

- Engineering controls
- Administrative controls
- Procedural controls
- Personal protective equipment

Which is used to calibrate the refractometer?

Control serum

- b. Refractometer standard
- Distilled water
- Normal saline

What designation is used to describe a pipette that has a double-etched or frosted band at the top?

To contain”

- To deliver with blow-out”
- To deliver”
- To contain with rinsing”

Which type of pipette is used only to add liquid to another liquid and must then be rinsed with the first liquid?

To contain”

- To deliver with blow-out”
- Volumetric
- Transfer

4. What is used to clean the optical surface of the refractometer immediately after use?

Soap and water

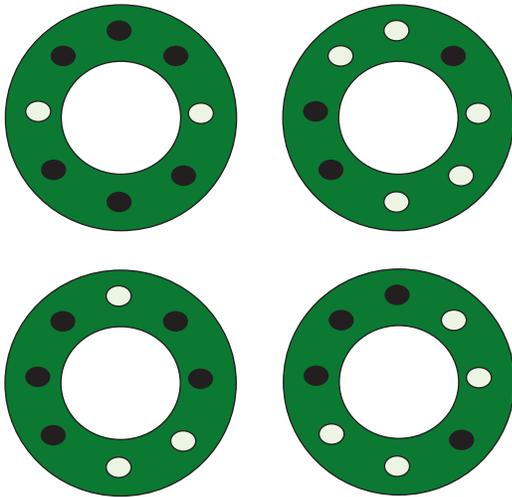
- b. Toluene
- Kimwipes
- Lens paper

What type of tube is used to prepare a urine sample prior to centrifugation?

Merile

- b. Blood collection

- onical  
icrohematocrit
6. What item is required for the processing of blood components?  
 a. clinical centrifuge  
 b. angled-head centrifuge  
 c. refrigerated centrifuge  
 d. centrifuge
- Which of the following does *not* require an adapter for use with different sizes of test tubes?  
 a. simple standard water baths  
 b. heat blocks  
 c. circulating water baths  
 d. waterless bead baths
8. Which of the following diagrams depicts a properly balanced centrifuge?



What is the final magnification of a specimen being viewed via a 10 $\times$  ocular objective and a 40 $\times$  objective lens?

- b. 0  
 c.

Which term is used to describe flat field objective lenses?

- a. aplanatic  
 b. achromatic  
 c. apochromatic  
 d. high-eyepoint

Which component of the microscope functions to aim and focus the light that is illuminating the specimen?

- a. condenser  
 b. nosepiece  
 c. iris diaphragm  
 d. aperture diaphragm

True or False: Mineral oil can be used in place of immersion oil with the oil-immersion lens.

- True  
 b. False

Which component of the microscope regulates the amount of light that is illuminating the specimen?

- a. condenser  
 b. nosepiece  
 c. iris diaphragm  
 d. coarse adjustment knob
- What is the final magnification of a specimen being viewed via a 10 $\times$  ocular objective lens and a 100 $\times$  objective lens?

b.

What is the preferred cleaning solution to be used for the routine cleaning of microscope lenses?

- a. ethanol  
 b. xylene  
 c. mineral oil  
 d. ammonia

What is the preferred cleaning solution to be used for the removal of excess oil from the microscope lenses?

- a. ethanol  
 b. xylene  
 c. mineral oil  
 d. ammonia

Which measurement is equal to 1

.

2. What is the final dilution of a solution that contains 20 dL of a substance that is diluted 1

.

Which number is equal to the number that is written in scientific notation as  $10^6$

.

Water freezes at \_\_\_\_\_ $^{\circ}$  according to the Fahrenheit scale and at \_\_\_\_\_ $^{\circ}$  according to the Celsius scale.

- a. 32  
 b. 212  
 c. 0  
 d. 273; 0

How is the number 624,012 written in scientific notation?

.

How is the number 0.024 written in scientific notation?

.

ng (nanogram)

ostanalytic  
onbiologic

How many milliliters are in a 1-L bag of 0.9% NaCl solution?

To prepare a 1:10 dilution of a patient sample, combine \_\_\_\_\_ of the sample with \_\_\_\_\_ of distilled water.

a. 1 L; 90

b. 1 L; 100

c. 1 mL; 90

d. 1 mL; 100

How is the number 9700 written in scientific notation?

Which term refers to how close a test result is to the actual patient value?

a. Sensitivity

b. Specificity

c. Precision

d. Accuracy

Which term refers to the reproducibility of a test result?

a. Sensitivity

b. Specificity

c. Precision

d. Accuracy

Which term describes a product that is analyzed in the same manner as a patient sample and used to verify test results?

a. Control

b. Standard

c. Reagent

d. Calibrator

Which term describes the ability of a testing method to be accurate and precise?

a. Reproducibility

b. Reliability

c. Precision

d. Accuracy

5. Collecting a blood sample from a patient that is not properly fasted is an example of which type of error?

a. Preanalytic

b. Analytic

c. Postanalytic

d. Onbiologic

6. An improperly maintained analyzer can introduce which kind of error into a test result?

a. Preanalytic

b. Analytic

1. Hemoglobin formation begins during the \_\_\_\_\_ stage of erythrocyte maturation and ends during the \_\_\_\_\_ stage.

a. Proerythrocyte; metarubricyte

b. Rubricyte; reticulocyte

c. Rubriblast; reticulocyte

d. Metarubricyte; reticulocyte

What is the primary cytokine involved in the stimulation of erythrocyte production?

a. Leukopoietin

b. Erythropoietin

c. Thrombopoietin

d. Hematopoietin

What is the primary cytokine involved in the stimulation of platelet production?

a. Leukopoietin

b. Erythropoietin

c. Thrombopoietin

d. Hematopoietin

What is the primary cytokine involved in the stimulation of leukocyte production?

a. Leukopoietin

b. Erythropoietin

c. Thrombopoietin

d. Hematopoietin

What is the primary site for the production of blood cells in the neonatal and juvenile animal?

a. Liver

b. Red bone marrow

c. Spleen

d. Yellow bone marrow

What is the primary site for the production of blood cells in the adult animal?

a. Liver

b. Red bone marrow

c. Spleen

d. Yellow bone marrow

7. The cells in the erythrocyte maturation series in order from most immature to most mature are:

a. Rubricytes, rubriblasts, proreticulocytes, reticulocytes

b. Roreticulocytes, metarubricytes, rubricytes, reticulocytes, rubriblasts, prorubricytes, metarubricytes, rubricytes, reticulocytes

c. Rubriblasts, prorubricytes, rubricytes, metarubricytes, reticulocytes

8. The cells in the granulocyte maturation series in order from most immature to most mature are:

a. Myeloblast, myeloblast, myelocyte, metamyelocyte, band cell

b. Myeloblast, promyelocyte, metamyelocyte, myelocyte, band cell

- yeloblast, promyelocyte, myelocyte, metamyelocyte, band cell
- yeloblast, myelocyte, promyelocyte, metamyelocyte, band cell
9. After a granulocyte matures to the \_\_\_\_\_ stage, it begins to exhibit granules that are characteristic of the neutrophil, the eosinophil, or the basophil.
- Myeloblast
  - Promyelocyte
  - Myelocyte
  - Metamyelocyte
- Which cells are part of the granulocyte proliferation pool?
- metamyelocytes and band cells
  - yeloblasts, promyelocytes, and myelocytes
  - yeloblasts and metamyelocytes
  - promyelocytes and metamyelocytes
11. Which term describes a decrease in the numbers of all blood cells and platelets?
- Pancytopenia
  - Erythropenia
  - Reticulocytosis
  - Polycythemia
- What is meant when a sample is described as having a left
- Neutrophilia
- shift in the neutrophil–lymphocyte ratio in favor of neutrophils
  - an increase in the number of immature neutrophils in the blood
  - leukemoid response
- Which Vacutainer that is most suitable for collection of blood for hematology usually has a \_\_\_\_\_ colored top.
- Red
  - purple or lavender
  - Green
  - Blue
- Which anticoagulant is preferred for routine hematologic studies because it preserves cell morphology?
- Heparin
  - sodium citrate
  - EDTA
  - ammonium oxalate
3. What is the preferred site for venipuncture in large animals?
- saphenous vein
  - jugular vein
  - infraorbital sinus
  - tail vein
4. Which site is preferred for venipuncture in dogs when small volumes are needed?
- cephalic vein
  - jugular vein
  - saphenous vein
  - femoral vein
- Which term describes the fluid portion of the blood that contains no formed elements or fibrinogen?
- hole blood
  - blood plasma
  - anticoagulated blood
  - Serum
- Which anticoagulant provides the best preservation of glucose?
- Heparin
  - sodium fluoride
  - EDTA
  - ammonium oxalate
- What can occur if a tourniquet is left in place for an excessive amount of time?
- Hemolysis
  - Icterus
  - Hemoconcentration
  - Lipemia
- When collecting samples from a patient who requires hematology, chemistry, and coagulation testing, the first sample collected will be the one that requires \_\_\_\_\_ anticoagulant.
- No
  - Fluoride
  - EDTA
  - Citrate
9. When collecting samples from a patient who requires hematology and chemistry testing, the first sample collected will be the one that requires \_\_\_\_\_ anticoagulant.
- No
  - Fluoride
  - EDTA
  - Citrate
- What is contained in the “tiger-top” blood collection tube?
- EDTA
  - Oxalate
  - gel separator
  - Silicone
- Which type of analyzer counts particles on the basis of their size?
- impedance counter
  - resistive buffy coat analyzer
  - refractometer
  - laser flow cytometer
- Which type of instrument counts particles on the basis of their relative size and density?
- impedance counter
  - resistive buffy coat analyzer
  - refractometer
  - laser flow cytometer
3. Which instrument provides an estimate of cell counts on the basis of differential centrifugation?
- impedance counter
  - resistive buffy coat analyzer
  - refractometer
  - laser flow cytometer

unning the electrolyte solution through the impedance counter to identify the presence of small particles so that the analyzer does not count them is referred to as the:

- ackground count
- agglutinin zero point
- hreshold control test
- istogram output

amples from \_\_\_\_\_ may not be adequately evaluated with impedance analyzers as a result of the size similarities between red blood cells and platelets.

- a. ogs
  - b. ats
  - orses
  - d. ows
6. hat is the volume of each of the nine squares of the hemocytometer with the Neubauer ruling?
- b.

hich term describes an increase in the number of circulating erythrocytes?

- ancytopenia
- b. ythropenia
- eticulocytosis
- olycythemia

hich of the following is a possible cause of relative polycythemia?

- umors
- b. ung disease
- nic contraction
- xcess EPO in the blood

hich of the following is a common cause of increased plasma protein levels?

- Overhydration
- renal disease
- ver disease
- Dehydration

hich term describes plasma that appears to have a red tinge in a spun microhematocrit tube?

- Icteric
- . Hemolyzed
- Lipemic
- Polycythemic

hich term describes plasma that appears to have a yellow tinge in a spun microhematocrit tube?

- Icteric
- . Hemolyzed
- Lipemic
- Polycythemic

hich term describes plasma that appears milky in a spun microhematocrit tube?

- Icteric
- . Hemolyzed

- Lipemic
- Polycythemic

5. hich instrument is used to measure the total protein content of a sample?

- mpedance counter
- . HemoCue
- Refractometer
- Centrifuge

6. hich of the following causes a false decrease in packed cell volume?

- rtened centrifuge time
  - . Icterus
  - ow blood-to-anticoagulant ratio
  - lots in the blood sample
- he normal packed cell volume in dogs is about:

hat is the MCV in a canine patient with a PCV of 38% and a RBC count of 6.5

- pg
  - pg
- hat is the unit of measure for MCHC?

- . pg

10. n estimate of the total red blood cell count can be obtained by dividing the \_\_\_\_\_ by 6.

- . emoglobin level

1. hen making a blood smear with a sample that is very thick and that contains some small clots, you should do which of the following?

- increase the spreader slide angle to about 45 degrees.
- . ecrease the spreader slide angle to about 20 degrees.
- ilute the sample 2 ith EDTA.
- ake the smear from a fresh sample.

2. hat is the predominant white blood cell type in ruminants?

- Neutrophil
- . Lymphocyte
- Eosinophil
- Monocyte

3. hich cell type is characterized by amoeboid nuclear material and abundant, blue-gray, vacuolated cytoplasm?

- Neutrophil
- . Lymphocyte
- Eosinophil
- Monocyte

4. Which white blood cell is the predominant one that responds to allergies and parasitic disease?

- Neutrophil
- . Lymphocyte
- Eosinophil
- Monocyte

5. Which cell type can be identified by its dark, irregular, lobulated nucleus and its colorless or pale-pink cytoplasm?

- Neutrophil
- . Lymphocyte
- Eosinophil
- Monocyte

The cell with a rounded or slightly indented nucleus that almost completely fills the cell is the mature \_\_\_\_\_.

- Neutrophil
- . Lymphocyte
- Eosinophil
- Monocyte

Which of the following best describes the granules of feline eosinophils?

- Small and round
- . Varying size
- Rod-shaped
- Large and oval

Which is the largest white blood cell in the peripheral blood?

- Neutrophil
- . Lymphocyte
- Eosinophil
- Monocyte

If a patient has 70% neutrophils on the differential blood cell film and a white blood cell count of 12,000, what is the absolute number of neutrophils present per

.

Microcytosis is the primary function of which cell?

- Eosinophil
- . Lymphocyte
- Basophil
- Neutrophil

Which of the following best describes the morphology of canine erythrocytes?

- Elliptical
- . Nucleated
- Concave disc
- Round

Which of the following best describes the morphology of avian erythrocytes?

- Elliptical
- . Nucleated
- Concave disc
- Round

Platelet estimate that is performed with the use of a differential blood cell film requires the counting of platelets in a minimum of \_\_\_\_\_ microscopic fields.

.

\_\_\_\_\_ multiply the platelet estimate obtained from the blood film by \_\_\_\_\_ to get the platelet estimate per  $\mu\text{L}$  of blood.

.

Which of the following can be seen in lead poisoning?

- Basophilic stippling
- . Spherocytosis
- Echinocytosis
- Anisocytosis

Which abnormality is characterized by grapelike clusters of red blood cells that do not break up when the sample is diluted with saline?

- Dewey-Jolly bodies
- . Heinz bodies
- Rouleaux
- Agglutination

Which red blood cell abnormality is often seen in healthy horses?

- Dewey-Jolly bodies
- . Heinz bodies
- Rouleaux
- Agglutination

Which term describes pale or bluish round areas attached to the red blood cell membrane that are caused by chemical- or drug-induced oxidative injury?

- Dewey-Jolly bodies
- . Heinz bodies
- Rouleaux
- Agglutination

Which abnormality is characterized by coinlike stacks of red blood cells?

- Dewey-Jolly bodies
- . Heinz bodies
- Rouleaux
- Agglutination

Which term describes round basophilic nuclear remnants in the red blood cells of animals with regenerative anemia?

- Dewey-Jolly bodies
- . Heinz bodies
- Rouleaux
- Agglutination

7. Which of the following is a toxic change that may be observed in neutrophils?

- Band cells
- . Dewey-Jolly bodies
- Heinz bodies
- Nuclear hyposegmentation

8. The presence of basophilic macrocytes on a peripheral blood cell film usually indicates increased numbers of:



- one marrow response
- b. erythrocyte indices  
 tiology  
 orphology
- 
- What is the molecule that platelets express on their surface when they are activated?
- b. thrombin  
 on Willebrand factor  
 thiatidylserine  
 microparticles
2. Which molecule binds to tissue factor in the plasma to initiate the coagulation reactions?
- b. thrombin  
 on Willebrand factor  
 rothrombin
- Which of the following functions to stabilize the platelet plug?
- b. thrombin  
 on Willebrand factor  
 rothrombin
4. Which factor is activated as a result of the formation of coagulation complexes?
- b. factor VIII  
 factor IX  
 factor X
- Which of the following is involved in the breakdown of the clot?
- b. tissue factor  
 tissue plasminogen activator  
 timers
- Which anticoagulant is preferred for platelet testing?
- b. sodium citrate  
 A  
 mmonium oxalate
- Which is the preferred anticoagulant for most plasma assays of coagulation?
- b. sodium citrate  
 A  
 mmonium oxalate
- What is the proper ratio of blood to citrate anticoagulant?
1. 1:9
- What type of technology is used in the Coag Dx™ analyzer to evaluate coagulation?
- b. mechanical  
 irect movement  
 ollagen-coated membrane
- What type of technology is used in the PFA-100 analyzer to evaluate coagulation?
- b. mechanical  
 irect movement  
 ollagen-coated membrane
1. Which term describes the average size of the individual platelets in a sample?
- b. plateletcrit  
 . Mean platelet volume  
 elet-large cell ratio  
 elet distribution width
2. Which term refers to the percentage of the total blood volume that is comprised of platelets?
- b. plateletcrit  
 . Mean platelet volume  
 elet-large cell ratio  
 elet distribution width
- Which test evaluates the variability in the size of platelets?
- b. plateletcrit  
 . Mean platelet volume  
 elet-large cell ratio  
 elet distribution width
- Which test provides a measure of the percentage of platelets that are larger than normal?
- b. plateletcrit  
 . Mean platelet volume  
 elet-large cell ratio  
 elet distribution width
- Which term describes newly released platelets that contain high levels of RNA?
- b. reticulated platelets  
 A-rich platelets  
 eticulated platelets
1. Which coagulation test uses a tube containing diatomaceous earth?
- b. bleeding time  
 T  
 CT
- Which coagulation test evaluates the extrinsic coagulation pathway?
- b. bleeding time

T

CT

What are D-Dimer and FDP tests used to evaluate?

- Primary (mechanical) hemostasis
- Secondary (chemical) hemostasis
- Tertiary hemostasis
- Anticoagulant rodenticide toxicity

What is the PIVKA test used to evaluate?

- Primary (mechanical) hemostasis
- Secondary (chemical) hemostasis
- Tertiary hemostasis
- Anticoagulant rodenticide toxicity

Which test represents a primary assay for the evaluation of platelet number and function?

- Platelet estimate
- Buccal mucosa bleeding time
- Tee-White bleeding time
- Clot retraction

Which coagulation assay is a good screening test for rodenticide ingestion?

- Activated partial thromboplastin time
- b. Prothrombin time
- Von Willebrand antigen assay
- Platelet count

2. What is the most common inherited coagulation disorder of domestic animals?

- Thrombocytopenia
- b. Hemophilia
- Anticoagulant rodenticide toxicity
- Von Willebrand disease

Which term refers to the presence of pinpoint hemorrhage?

- Petechiae
- b. Ectechia
- Purpura
- Pistaxis

4. Which of the following is often found on a blood smear from patients with DIC?

- Schistocytes
- b. Spherocytes
- Polycythemia
- Reticulocyte proliferation

5. Efficient or defective production of which coagulation factor results in hemophilia A?

- Factor VII
- b. Christmas factor
- Factor VIII
- Prothrombin

What is the most common coagulation disorder of domestic

- Thrombocytopenia
- b. Hemophilia
- Anticoagulant rodenticide toxicity
- Von Willebrand disease

7. Which of the following are the vitamin-K-dependent coagulation factors?

- Factors I, VII, X, and XII
- Factors II, VII, IX, and X
- Factors II, VIII, XI, and XII
- Factors IV, IX, X, and XX

What is the primary site for the production of coagulation factors?

- Bone marrow
- b. Spleen
- Bile duct
- Liver

- 1.
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## Bacterial Pathogens of Veterinary Importance

The following table is a summary of characteristics of and diseases produced by microbial pathogens seen in mammals and birds. A comprehensive bacteriology text should be consulted for

additional characteristics used to identify these species definitively and for additional information about less common species.

- Gram-negative
- Facultative
  
- Pus
  
- Identification/differentiation
  - Growth
  - CAMP
  - Esculin
  - Acid
  
  - Oxalase
  - Catalase
  - Urease
  
- Gram-positive,
- Non-spore-forming
- Poor
- Facultative
  
- Usually
- Often
- Identification/differentiation
  - Colony
  - Hemolysis
  - Esculin
  - Acid
  
  - Nitrate
  - Catalase
  - Urease

- Gram-negative,
- Located

- Identification/differentiation
- Demonstration
- Immunology

- Gram-negative,
- Microaerophilic
- Identification/differentiation
  - Colony
  - Nitrate
  - Catalase
  - Growth
  - Hydrogen

- Gram-positive,
- Identification/differentiation
  - Colony
  - Hemolysis

- Gram-positive,
- Identification/differentiation
  - Colony
  - Hemolysis
  - Motility
  - Nitrate
  - PCR

- Gram-negative,
- Anaerobic
- Identification/differentiation
  - Cellular
  - Colony
  - Bile
  - Esculin
  - Indole
  - Fermentation

- Gram-negative
- Identification/differentiation
  - Colony
  - Growth
  - Slide
  - Urease
  - Oxidase
  - Nitrate
  - Citrate
  - Motility

- Coiled
- Microaerophilic
- Identification/differentiation
  - Demonstration
- Immunologic
- Gram-negative,
- Identification/differentiation
  - Cellular
  - Colony
  - Hemolysis
  - Indole
- Gram-negative
- Nonmotile
- Facultative
- Identification/differentiation
  - Hemolysis
  - Indole
  - Oxidase
  - Catalase
  - Nitrate
  - Urease

orchitis, posterior paralysis

- Gram-negative
- Identification/differentiation
  - Cellular
  - Colony
  - Growth
  - Motility
  - Oxidase
  - Catalase
  - Nitrate
  - Carbohydrate

*C. jejuni jejuni*

- Gram-negative
- Microaerophilic
- Motile
- Identification/differentiation
  - Colony
  - Hydrogen
  - Oxidase
  - Catalase
  - Nitrate
  - Carbohydrate

*Chlamydophila psittaci*

- Gram-negative
- Identification/differentiation
  - Cytology
  - Immunology
- Cell

- Gram-negative
- Identification/differentiation
  - Cytology
  - Immunology

- Cell

- Identification/differentiation
  - Colony
  - Hydrogen
  - Motility
  - Acid

- Gram-positive,
- Oxygen
- Produce
- Identification/differentiation
  - Colony
  - Hemolysis
  - Immunology
  - Histology
  - Cytology

- Gram-positive,
- Aerobic
- Most
- Non-acid-fast
- Identification/differentiation
  - Colony
  - Catalase
  - Hemolysis
  - Nitrate
  - Esculin
  - Acid
  - Urease

- Gram-positive,
- Aerobic
- Motile
- Non-acid-fast
- Identification/differentiation
  - Cellular
  - Colony
  - Catalase
  - Hemolysis
  - Acid
  - Nitrate

Organism	Primary Species Affected	Disease or Lesion	Characteristics
<b>Dichelobacter Species</b>			
<i>D. nodosus</i>	Sheep, cattle, pigs, goats	Foot rot	<ul style="list-style-type: none"> <li>• Gram-negative, pleomorphic, slightly curved bacilli</li> <li>• Anaerobic</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Cellular morphology</li> <li>• Colony characteristics</li> <li>• Esculin hydrolysis test</li> <li>• Acid production in carbohydrate substrates</li> <li>• Indole production test</li> </ul> </li> </ul>
<b>Ehrlichia Species</b>			
<i>E. bovis</i>	Cattle	See <i>Anaplasma bovis</i>	<ul style="list-style-type: none"> <li>• Gram-negative, coccoid to ellipsoid forms</li> </ul>
<i>E. canis</i>	Dogs, other canids	Monocytic ehrlichiosis	<ul style="list-style-type: none"> <li>• Located within cytoplasmic vacuoles of endothelium, myeloid cells, granulocytes, or thrombocytes</li> </ul>
<i>E. chaffeensis</i>	Dogs	Monocytic ehrlichiosis	
<i>E. ewingii</i>	Dogs	Granulocytic ehrlichiosis	
<i>E. muris</i>	Mice	Ehrlichiosis	<ul style="list-style-type: none"> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Demonstration of organisms on blood film</li> <li>• Immunology</li> </ul> </li> </ul>
<i>E. platys</i>	Dogs	See <i>Anaplasma platys</i>	
<i>E. ruminantium</i>	Ruminants	Heartwater	
<b>Enterobacter Species</b>			
<i>E. aerogenes</i>	Most mammals	Mastitis, neonatal septicemia, metritis, urinary tract infection, wound infection	<ul style="list-style-type: none"> <li>• Gram-negative, motile bacilli</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Cellular morphology</li> <li>• Citrate utilization test</li> <li>• Hydrogen sulfide production</li> <li>• Acid and gas production from lactose</li> </ul> </li> </ul>
<i>E. cloacae</i>	Birds		
<b>Eperythrozoon Species</b>			
See <i>Mycoplasma</i>			
<b>Erysipelothrix Species</b>			
<i>E. rhusiopathiae</i>	Cattle, pigs, sheep, turkeys	Diamond skin disease, arthritis, endocarditis	<ul style="list-style-type: none"> <li>• Gram-positive, non-spore-forming bacilli</li> <li>• Facultative anaerobes</li> <li>• Nonmotile</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Cellular morphology</li> <li>• Colony characteristics</li> <li>• Hemolysis pattern</li> <li>• Catalase test</li> <li>• Esculin hydrolysis test</li> <li>• Acid production from carbohydrates</li> <li>• Hydrogen sulfide production</li> <li>• CAMP test</li> <li>• Immunology (agglutination)</li> </ul> </li> </ul>
<b>Escherichia Species</b>			
<i>E. coli</i> (numerous pathotypes)	Most vertebrates	Enteritis, septicemia, ruminant mastitis, canine pyometra, cystitis, calf scours	<ul style="list-style-type: none"> <li>• Gram-negative bacilli</li> <li>• Most are motile</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Cellular morphology</li> <li>• Colony characteristics</li> <li>• Hemolysis pattern</li> <li>• Growth on MacConkey agar</li> <li>• Catalase test</li> <li>• Oxidase test</li> <li>• Acid and gas production from glucose</li> <li>• Hydrogen sulfide production</li> <li>• Immunology (agglutination, ELISA, PCR)</li> <li>• Histology</li> </ul> </li> </ul>

Organism	Primary Species Affected	Disease or Lesion	Characteristics
<b>Francisella Species</b>			
<i>F. tularensis</i>	Rabbits, most other mammals	Pneumonia, fever, lymphadenitis, ulcerative dermatitis	<ul style="list-style-type: none"> <li>• Gram-negative coccobacilli</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Cellular morphology with fluorescent antibody stain</li> <li>• Immunology (agglutination, ELISA, antibody titer)</li> <li>• Histology</li> </ul> </li> </ul>
<b>Fusobacterium Species</b>			
<i>F. equinum</i>	Horses	Lower respiratory tract disease	<ul style="list-style-type: none"> <li>• Gram-negative, non-spore-forming fusiform bacilli</li> </ul>
<i>F. necrophorum</i>	Cattle, sheep, horses, pigs, rabbits	Foot rot, mastitis, liver abscess, metritis, calf diphtheria, thrush (equine), abortion, ulcerative stomatitis, "bull nose"	<ul style="list-style-type: none"> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Cellular morphology</li> <li>• Colony characteristics</li> <li>• Hemolysis pattern</li> <li>• Catalase test</li> <li>• Nitrate reduction test</li> <li>• Esculin hydrolysis test</li> <li>• Fermentation of glucose</li> <li>• Indole production test</li> </ul> </li> </ul>
<i>F. nucleatum</i>	Cattle, sheep	Abortion	
<b>Haemobartonella Species</b>			
<i>H. canis</i>	Dogs	See <i>Mycoplasma haemocanis</i>	
<i>H. felis</i>	Cats	See <i>Mycoplasma haemofelis</i>	
<b>Haemophilus Species</b>			
<i>H. felis</i>	Cats	Rhinitis, conjunctivitis	<ul style="list-style-type: none"> <li>• Gram-negative, pleomorphic bacilli or coccobacilli</li> </ul>
<i>H. haemoglobinophilus</i>	Dogs	Vaginitis, cystitis	<ul style="list-style-type: none"> <li>• May form filaments</li> </ul>
<i>H. influenzaemurium</i>	Rodents	Respiratory disease, ocular disease	<ul style="list-style-type: none"> <li>• Nonmotile</li> </ul>
<i>H. paragallinarum</i>	Chickens	Infectious coryza	<ul style="list-style-type: none"> <li>• Facultative anaerobes</li> </ul>
<i>H. parasuis</i>	Pigs	Glasser's disease, meningitis, myositis, pneumonia, septicemia	<ul style="list-style-type: none"> <li>• Growth on chocolate agar</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Catalase test</li> <li>• Indole production test</li> <li>• CAMP test</li> <li>• Acid production in carbohydrate substrates</li> <li>• Urease test</li> <li>• Immunology (immunohistochemistry, PCR)</li> </ul> </li> </ul>
<b>Helicobacter Species</b>			
<i>H. bilis</i>	Mice	Hepatitis	<ul style="list-style-type: none"> <li>• Gram-negative helical, curved, or unbranched bacilli</li> </ul>
<i>H. canis</i>	Dogs	Gastroenteritis	<ul style="list-style-type: none"> <li>• Motile</li> </ul>
<i>H. cholecystus</i>	Hamsters	Cholecystitis, pancreatitis	<ul style="list-style-type: none"> <li>• Microaerophilic</li> </ul>
<i>H. felis</i>	Cats, dogs	Gastritis	<ul style="list-style-type: none"> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Catalase test</li> <li>• Oxidase test</li> <li>• Urease test</li> </ul> </li> </ul>
<i>H. hepaticus</i>	Mice, rats	Hepatitis	
<i>H. muridarum</i>	Mice, rats	Gastritis	
<i>H. mustelae</i>	Ferrets	Gastritis	
<i>H. nemestrinae</i>	Macaques	Gastritis	
<i>H. pullorum</i>	Poultry	Gastroenteritis, hepatitis	
<i>H. pylori</i>	Monkeys, cats	Gastritis	
<i>H. rappini</i>	Mice, rats, dogs, sheep	Abortion	
<b>Histophilus Species</b>			
<i>H. somni</i>	Cattle	Bronchopneumonia, "honker syndrome," myocarditis, otitis, conjunctivitis, myelitis, vaginitis, orchitis, thromboembolic meningoencephalitis	<ul style="list-style-type: none"> <li>• Gram-negative, nonmotile, pleomorphic bacilli</li> <li>• Capnophilic</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Hemolysis pattern</li> <li>• Catalase test</li> <li>• Oxidase test</li> <li>• Nitrate reduction test</li> <li>• Immunology</li> </ul> </li> </ul>

Organism	Primary Species Affected	Disease or Lesion	Characteristics
<b>Klebsiella Species</b>			
<i>K. pneumoniae pneumoniae</i>	Cattle, horses, sheep, dogs, birds	Metritis, mastitis, neonatal septicemia	<ul style="list-style-type: none"> <li>• Gram-negative, nonmotile, encapsulated bacilli</li> <li>• Identification/differentiation <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Cellular morphology</li> <li>• Citrate utilization test</li> <li>• Hydrogen sulfide production</li> <li>• Acid and gas production from lactose</li> <li>• Urease test</li> <li>• Indole production test</li> </ul> </li> </ul>
<i>K. oxytoca</i>	Horses	Vaginitis, metritis, abortion, infertility	
<b>Lawsonia Species</b>			
<i>L. intracellularis</i>	Pigs, hamsters, cats, dogs, horses, ferrets	Proliferative enteritis, "wet tail," ileitis	<ul style="list-style-type: none"> <li>• Gram-negative, curved intracellular body</li> <li>• Motile</li> <li>• Identification/differentiation <ul style="list-style-type: none"> <li>• Cellular morphology with silver staining</li> <li>• Immunology (ELISA, immunofluorescence)</li> </ul> </li> </ul>
<b>Leptospira Species</b>			
<i>L. bratislava</i>	Horses, pigs	Abortion	<ul style="list-style-type: none"> <li>• Spiral bacteria</li> <li>• Aerobic</li> <li>• Motile</li> <li>• Identification/differentiation <ul style="list-style-type: none"> <li>• Cellular morphology with dark field microscopy</li> <li>• Immunology (agglutination, PCR, fluorescent antibody stain)</li> </ul> </li> </ul>
<i>L. canicola</i>	Cattle, pigs, dogs	Uremia, abortion	
<i>L. grippotyphosa</i>	Cattle, pigs, horses	Fever, jaundice, uremia	
<i>L. hardjo</i>	Cattle	Abortion, infertility	
<i>L. icterohaemorrhagiae</i>	Dogs, cattle, rats	Septicemia, abortion	
<i>L. kennewicki</i>	Horses	Abortion	
<i>L. pomona</i>	Pigs, cattle, horses	Abortion	
<b>Listeria Species</b>			
<i>L. monocytogenes</i>	Cattle, sheep, goats, horses, birds, dogs, rodents, pigs	Central nervous system infection, abortion, mastitis, septicemia	<ul style="list-style-type: none"> <li>• Gram-positive, non-spore-forming bacilli</li> <li>• Facultative anaerobes</li> <li>• Motile</li> <li>• Identification/differentiation <ul style="list-style-type: none"> <li>• Cellular morphology</li> <li>• Colony characteristics</li> <li>• Hemolysis pattern</li> <li>• Catalase test</li> <li>• Esculin hydrolysis test</li> <li>• Acid production from carbohydrates</li> <li>• Hydrogen sulfide production</li> <li>• CAMP test</li> </ul> </li> </ul>
<b>Mannheimia Species</b>			
<i>M. haemolytica</i>	Cattle, sheep	Pneumonia, septicemia, mastitis	<ul style="list-style-type: none"> <li>• Gram-negative bacilli and coccobacilli</li> <li>• Nonmotile</li> <li>• Facultative anaerobes</li> <li>• Identification/differentiation <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Hemolysis pattern</li> <li>• Oxidase test</li> <li>• Acid production from glucose</li> <li>• Nitrate reduction test</li> </ul> </li> </ul>
<i>M. granulomatis</i>	Cattle	Panniculitis	
<i>M. varigena</i>	Cattle	Pneumonia, septicemia, mastitis	
<b>Moraxella Species</b>			
<i>M. bovis</i>	Cattle	Infectious keratoconjunctivitis	<ul style="list-style-type: none"> <li>• Gram-negative coccobacilli</li> <li>• Nonmotile</li> <li>• Identification/differentiation <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Growth on MacConkey agar</li> <li>• Hemolysis pattern</li> <li>• Oxidase test</li> <li>• Catalase test</li> <li>• Nitrate reduction test</li> <li>• Immunology (fluorescent antibody stain, ELISA)</li> </ul> </li> </ul>
<i>M. canis</i>	Dogs	Bite-wound infections	
<i>M. ovis</i>	Small ruminants	Pinkeye	

Organism	Primary Species Affected	Disease or Lesion	Characteristics	
<b>Morganella Species</b>				
<i>M. morganii</i>	Dogs	Otitis externa, cystitis	<ul style="list-style-type: none"> <li>• Gram-negative bacilli</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Oxidase test</li> <li>• Indole production test</li> </ul> </li> </ul>	
<b>Mycobacterium Species</b>				
<i>M. avium avium</i>	Birds	Tuberculosis	<ul style="list-style-type: none"> <li>• Gram-positive, non-spore-forming bacilli</li> <li>• Nonmotile</li> <li>• Aerobic</li> <li>• Acid fast</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Cellular morphology</li> <li>• Intradermal skin test</li> <li>• Carbohydrate utilization test</li> </ul> </li> </ul>	
<i>M. avium paratuberculosis</i>	Ruminants	Johne's disease		
<i>M. bovis</i>	Ruminants, dogs, cats, pigs, goats, nonhuman primates	Tuberculosis		
<i>M. fortuitum</i>	Cattle, cats, dogs, pigs	Mastitis; joint, lung, and skin disease		
<i>M. intracellulare</i>	Pigs, cattle, nonhuman primates	Tuberculosis, granulomatous enteritis		
<i>M. lepraemurium</i>	Cats, rats	Leprosy		
<i>M. porcinum</i>	Pigs	Lymphadenitis		
<i>M. smegmatis</i>	Cattle, cats	Mastitis, ulcerative skin disease		
<i>M. vaccae</i>	Cattle	Skin disease		
<i>M. xenopi</i>	Cats, pigs	Nodular skin lesions, lymphadenitis		
<b>Mycoplasma Species</b>				
<b>Nonhemotropic Mycoplasmas</b>				
<i>M. agalactiae</i>	Goats, sheep	Contagious agalactia		<ul style="list-style-type: none"> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Colony stain with Diene stain</li> <li>• Urease test</li> <li>• Immunology (immunodiffusion, immunofluorescent assay, agglutination, ELISA)</li> </ul> </li> </ul>
<i>M. alkalescens</i>	Cattle	Arthritis, mastitis		
<i>M. bovigenitalium</i>	Cattle	Infertility, mastitis		
<i>M. bovis</i>	Cattle	Arthritis, mastitis, pneumonia, abortion, abscesses, otitis media, genital infections		
<i>M. bovoculi</i>	Cattle	Conjunctivitis		
<i>M. californicum</i>	Cattle	Mastitis		
<i>M. canadense</i>	Cattle	Abortion, mastitis		
<i>M. capricolum</i>	Goats	Abortion, mastitis, septicemia, polyarthritis, pneumonia		
<i>M. conjunctivae</i>	Sheep	Infectious keratoconjunctivitis		
<i>M. cynos</i>	Dogs	Pneumonia		
<i>M. dispar</i>	Cattle	Respiratory disease		
<i>M. felis</i>	Cats, horses	Conjunctivitis, pneumonia		
<i>M. gallisepticum</i>	Chickens, turkeys	Airsacculitis, sinusitis		
<i>M. gatae</i>	Cats	Arthritis		
<i>M. hyopneumoniae</i>	Pigs	Pneumonia		
<i>M. hyorhinis</i>	Pigs	Polyarthritis		
<i>M. meleagridis</i>	Turkeys	Airsacculitis, skeletal abnormalities		
<i>M. mycoides capri</i>	Goats	Arthritis, mastitis, pleuropneumonia, septicemia		
<i>M. mycoides mycoides</i>	Cattle, goats, sheep	Pleuropneumonia, mastitis, septicemia, polyarthritis, pneumonia		
<i>M. ovipneumoniae</i>	Goats, sheep	Pleuropneumonia		
<i>M. pulmonis</i>	Rats, mice	Murine respiratory mycoplasmosis		
<i>M. synoviae</i>	Chickens, turkeys	Infectious synovitis		
<b>Hemotropic Mycoplasmas</b>				
<i>M. haemocanis</i>	Dogs	Haemobartonellosis	<ul style="list-style-type: none"> <li>• Coccoid organisms</li> <li>• Obligate intracellular parasites</li> <li>• Attach to red blood cell surface</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Cellular morphology</li> <li>• Immunology (PCR)</li> </ul> </li> </ul>	
<i>M. haemofelis</i>	Cats	Haemobartonellosis, feline infectious anemia		
<i>M. haemomuris</i>	Rats, mice	Haemobartonellosis		
<i>M. ovis</i>	Sheep, goats	Eperythrozoonosis		
<i>M. suis</i>	Pigs	Eperythrozoonosis		
<i>M. wenyonii</i>	Cattle	Eperythrozoonosis		

Organism	Primary Species Affected	Disease or Lesion	Characteristics
<b>Neisseria Species</b>			
<i>N. canis</i>	Dogs	Bite-wound infections	<ul style="list-style-type: none"> <li>• Gram-negative coccobacilli</li> <li>• Nonmotile</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Hemolysis pattern</li> <li>• Oxidase test</li> <li>• Catalase test</li> </ul> </li> <li>• Acid production from carbohydrates</li> </ul>
<i>N. weaveri</i>	Dogs	Bite-wound infections	
<b>Neorickettsia Species</b>			
<i>N. helminthoeca</i>	Dogs, other canids	“Salmon poisoning”	<ul style="list-style-type: none"> <li>• Gram-negative, coccoid to ellipsoid forms</li> <li>• Located within cytoplasmic vacuoles of myeloid cells or enterocytes</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Demonstration of organisms on blood film</li> <li>• Immunology</li> </ul> </li> </ul>
<i>N. risticii</i>	Horses	Potomac horse fever, monocytic ehrlichiosis	
<b>Nocardia Species</b>			
<i>N. asteroides</i>	Dogs, cats, cattle, horses, pigs	Lymphadenitis, subcutaneous abscess, stomatitis, mastitis, pleuritis, peritonitis, abortion	<ul style="list-style-type: none"> <li>• Gram-positive, pleomorphic, non-spore-forming bacilli</li> <li>• Nonmotile</li> <li>• Aerobic</li> <li>• Acid-fast</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Cellular morphology</li> <li>• Nitrate reduction test</li> <li>• Esculin hydrolysis test</li> <li>• Urease test</li> </ul> </li> </ul>
<i>N. brasiliensis</i>	Horses	Pneumonia, pleuritis	
<i>N. otitidiscaviarum</i>	Cattle, guinea pigs	Ear infections, mastitis	
<b>Pasteurella Species</b>			
<i>P. caballi</i>	Horses	Respiratory infection, metritis	<ul style="list-style-type: none"> <li>• Gram-negative bacilli and coccobacilli</li> <li>• Nonmotile</li> <li>• Aerobes</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Hemolysis pattern</li> <li>• Growth on chocolate agar and MacConkey agar</li> <li>• Catalase test</li> <li>• Urease test</li> <li>• Indole production test</li> <li>• Oxidase test</li> <li>• Acid and gas production from carbohydrates</li> <li>• Nitrate reduction test</li> </ul> </li> </ul>
<i>P. canis</i>	Dogs	Puppy septicemia	
<i>P. gallinarum</i>	Chickens, turkeys	Fowl cholera, salpingitis	
<i>P. haemolytica</i>	Cattle, sheep	See <i>Mannheimia haemolytica</i>	
<i>P. lymphangitidis</i>	Cattle	Lymphangitis	
<i>P. mairii</i>	Pigs	Abortion, septicemia	
<i>P. multocida</i>	Ruminants, pigs, rodents, dogs, cats, cattle	Pneumonia, fowl cholera, rhinitis, mastitis, hemorrhagic septicemia, bite-wound infections	
<i>P. pneumotropica</i>	Rodents, rabbits	Pneumonia	
<i>P. trehalosi</i>	Sheep	Septicemia, pneumonia	
<b>Porphyromonas Species</b>			
<i>P. levii</i>	Cattle, most mammals	Bovine summer mastitis, pleuritis	<ul style="list-style-type: none"> <li>• Non-spore-forming, pleomorphic bacilli</li> <li>• Nonmotile</li> <li>• Obligate anaerobes</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Hemolysis pattern</li> <li>• Acid production on carbohydrate substrates</li> <li>• Indole production test</li> </ul> </li> </ul>
<i>P. gingivalis</i>	Numerous	Periodontitis, gingivitis	

Organism	Primary Species Affected	Disease or Lesion	Characteristics
<b>Prevotella Species</b>			
<i>P. melaninogenica</i>	Cattle	Foot rot	<ul style="list-style-type: none"> <li>• Non-spore-forming, pleomorphic bacilli</li> <li>• Nonmotile</li> <li>• Obligate anaerobes</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Hemolysis pattern</li> <li>• Acid production on carbohydrate substrates</li> <li>• Indole production test</li> </ul> </li> </ul>
<i>P. heparinolytica</i>	Horses	Lower respiratory tract disease	
<b>Proteus Species</b>			
<i>P. mirabilis</i>	Dogs, horses, calves	Cystitis, pyelonephritis, prostatitis, otitis externa	<ul style="list-style-type: none"> <li>• Gram-negative bacilli</li> <li>• Motile</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Oxidase test</li> <li>• Hydrogen sulfide production</li> <li>• Indole production test</li> </ul> </li> </ul>
<i>P. vulgaris</i>			
<b>Pseudomonas Species</b>			
<i>P. aeruginosa</i>	Cattle, dogs, horses, sheep	Mastitis, otitis externa, metritis, corneal ulcer, fleece rot	<ul style="list-style-type: none"> <li>• Gram-negative, non-spore-forming bacilli</li> <li>• Aerobic</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Oxidase test</li> <li>• Growth on MacConkey agar</li> </ul> </li> </ul>
<i>P. fluorescens</i>	Cattle	Mastitis	
<i>P. mallei</i>		See <i>Burkholderia mallei</i>	
<b>Rhodococcus Species</b>			
<i>R. equi</i>	Horses, pigs	Bronchopneumonia, cervical lymphadenitis	<ul style="list-style-type: none"> <li>• Gram-positive, pleomorphic coccobacillus</li> <li>• Aerobic</li> <li>• Partially acid-fast</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Catalase test</li> <li>• Hemolysis pattern</li> <li>• CAMP test</li> <li>• Immunology (immunodiffusion, ELISA)</li> </ul> </li> </ul>
<b>Rickettsia Species</b>			
<i>R. felis</i>	Cats	Flea typhus	<ul style="list-style-type: none"> <li>• Intracellular coccobacilli</li> <li>• Located in endothelial cells and smooth muscle cells</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Immunology (fluorescent antibody tests, PCR)</li> </ul> </li> </ul>
<i>R. rickettsii</i>	Dogs	Rocky Mountain spotted fever	
<i>R. typhi</i>	Rats	Murine typhus	
<b>Salmonella Species</b>			
<i>S. ser. abortusovis</i>	Sheep	Abortion	<ul style="list-style-type: none"> <li>• Gram-negative, non-spore-forming bacilli</li> <li>• Most are motile</li> <li>• Nearly 2500 serovars</li> <li>• Organisms are referred to by the genus name and serovar</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Growth on MacConkey agar</li> <li>• Growth on Simmons citrate</li> <li>• Urease test</li> <li>• Indole production test</li> <li>• Hydrogen sulfide production</li> </ul> </li> </ul>
<i>S. ser. anatum</i>	Sheep, goats, horses	Peracute septicemia; acute, subacute, or chronic enteritis	
<i>S. ser. choleraesuis</i>	Pigs		
<i>S. ser. dublin</i>	Cattle, sheep, goats		
<i>S. ser. enteritidis</i>	Horses		
<i>S. ser. newport</i>	Cattle		
<i>S. ser. pullorum</i>	Poultry		
<i>S. ser. typhimurium</i>	Cattle, sheep, goats, horses, pigs		

Organism	Primary Species Affected	Disease or Lesion	Characteristics
<b>Staphylococcus Species</b>			
<i>S. aureus</i>	Mammals	Wound infections, mastitis, skin infections, vaginitis	<ul style="list-style-type: none"> <li>• Gram-positive cocci</li> <li>• Aerobic</li> </ul>
<i>S. epidermidis</i>	Cattle, other mammals	Mastitis, skin abscess	<ul style="list-style-type: none"> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Hemolysis pattern</li> <li>• Catalase test</li> </ul> </li> <li>• Coagulase test</li> <li>• Fermentation of sugars</li> </ul>
<i>S. felis</i>	Cats	Otitis externa, cystitis, abscesses, wound infections	
<i>S. intermedius</i>	Dogs, cattle	Skin and ear infections, mastitis	
<b>Streptococcus Species</b>			
<i>S. agalactiae</i>	Cattle, horses	Mastitis	<ul style="list-style-type: none"> <li>• Gram-positive, non-spore-forming cocci</li> </ul>
<i>S. canis</i>	Dogs, cats	Genital, skin, and wound infections; metritis, mastitis, kitten septicemia	<ul style="list-style-type: none"> <li>• Facultative anaerobes</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Hemolysis pattern</li> <li>• Catalase test</li> </ul> </li> <li>• Esculin hydrolysis test</li> <li>• CAMP test</li> <li>• Fermentation of sugars</li> </ul>
<i>S. dysgalactiae dysgalactiae</i>	Cattle, dogs	Mastitis, dermatitis, abortion, septicemia	
<i>S. equi equi</i>	Horses	Strangles, genital infection, mastitis	
<i>S. zooepidemicus equi</i>	Rats, cattle, goats, sheep, chickens	Mastitis, lymphadenitis, wound infections, pneumonia, septicemia	
<i>S. porcinus</i>	Pigs	Abscesses, lymphadenitis	
<i>S. suis</i>	Pigs	Encephalitis, meningitis, arthritis, septicemia, abortion, endocarditis	
<b>Taylorella Species</b>			
<i>T. equigenitalis</i>	Horses	Contagious equine metritis	<ul style="list-style-type: none"> <li>• Gram-negative coccobacilli</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Growth on chocolate agar</li> <li>• Indole production test</li> <li>• Oxidase test</li> <li>• Catalase test</li> <li>• Esculin hydrolysis test</li> <li>• Immunology (PCR)</li> </ul> </li> </ul>
<b>Treponema Species</b>			
<i>T. brennaborensis</i>	Cattle, horses	Digital dermatitis, “hairy foot warts”	<ul style="list-style-type: none"> <li>• Tight spiral bacteria</li> <li>• Motile</li> </ul>
<i>T. paraluisuniculi</i>	Rabbits	Rabbit syphilis	<ul style="list-style-type: none"> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Cellular morphology with silver staining</li> </ul> </li> </ul>
<b>Ureaplasma Species</b>			
<i>U. diversum</i>	Cattle	Abortion, vulvitis, pneumonia	<ul style="list-style-type: none"> <li>• Small mycoplasmas</li> <li>• Identification/differentiation               <ul style="list-style-type: none"> <li>• Colony characteristics</li> <li>• Urea hydrolysis</li> <li>• Immunology (PCR, immunofluorescence assay)</li> </ul> </li> </ul>
<b>Yersinia Species</b>			
<i>Y. enterocolitica</i>	Rabbits, dogs, pigs, horses	Ileitis, gastroenteritis	<ul style="list-style-type: none"> <li>• Gram-negative bacilli</li> <li>• Facultative anaerobes</li> </ul>
<i>Y. pestis</i>	Dogs, cats, goats	Plague	<ul style="list-style-type: none"> <li>• Identification/differentiation</li> </ul>
<i>Y. pseudotuberculosis</i>	Rodents, guinea pigs, cats, cattle, goats	Pseudotuberculosis, abortion, epididymitis, orchitis	<ul style="list-style-type: none"> <li>• Cellular morphology</li> <li>• Colony characteristics</li> <li>• Oxidase test</li> <li>• Catalase test</li> <li>• Fermentation of sugars</li> </ul>

## Professional Associations Related to Veterinary Clinical Laboratory Diagnostics

Academy of Veterinary Clinical Pathology Technicians:

<http://avcpt.net/>

American Association of Veterinary Laboratory Diagnosticians:

<http://www.aavld.org/>

American Association of Veterinary Parasitologists:

<http://www.aavp.org/>

American Board of Veterinary Toxicology:

<http://www.abvt.org/>

American College of Veterinary Microbiologists:

<http://www.acvm.us/>

American Society for Veterinary Clinical Pathology:

<http://www.asvcp.org/>

Association of Veterinary Hematology and Transfusion Medicine:

<http://www.avhtm.org/>

Veterinary Laboratory Association:

<http://www.vetlabassoc.com/>

## Common Parasites of Some Exotic Animal Species

### PARASITES OF BIRDS

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#### Nematodes

*Ascaridia* species  
*Capillaria* species  
*Dispharynx nasuta*  
*Heterakis gallinarum*  
*Spiroptera incesta*  
*Tetrameres* species

#### Trematodes

*Schistosoma* species

#### Protozoans

*Aegyptianella* species  
*Atoxoplasma serini*  
*Cryptosporidium* species  
*Eimeria* species  
*Giardia* species  
*Haemoproteus* species  
*Histomonas meleagridis*  
*Isoospora* species  
*Leucocytozoon* species  
*Plasmodium* species  
*Trichomonas gallinae*  
*Trypanosoma* species

#### Arthropods

*Argas persicus*  
*Cnemidocoptes mutans*  
*Cnemidocoptes pilae*  
*Dermanyssus gallinae*  
*Echidnophaga gallinacea*  
*Goniocotes gallinae*  
*Haemaphysalis leporispalustris*  
*Menacanthus stramineus*  
*Ornithonyssus sylviarum*

#### Annelids

*Theromyzon tessulatum*

### PARASITES OF RABBITS

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#### Nematodes

*Obeliscoides cuniculi*  
*Passalurus ambiguus*  
*Trichostrongylus calcaratus*

#### Protozoans

*Eimeria irresidua*  
*Eimeria magna*  
*Eimeria media*  
*Eimeria perforans*  
*Eimeria stiedae*

#### Arthropods

*Cediopsylla simplex*  
*Cheyletiella parasitivorax*  
*Cuterebra* species  
*Dermacentor variabilis*  
*Haemaphysalis leporispalustris*  
*Hemodipsus ventricosus*  
*Listrophorus gibbus*  
*Odontopsylla multispinosus*  
*Psoroptes cuniculi*  
*Sarcoptes scabiei*

### PARASITES OF GUINEA PIGS

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#### Nematodes

*Paraspidodera uncinata*

#### Protozoans

*Cryptosporidium wrairi*  
*Eimeria caviae*  
*Entamoeba caviae*  
*Giardia caviae*  
*Giardia muris*  
*Tritrichomonas caviae*

#### Arthropods

*Chirodiscoides caviae*  
*Dermacentor variabilis*  
*Gliriccola porcelli*  
*Gyropus ovalis*  
*Notoedres muris*  
*Ornithonyssus bacoti*  
*Sarcoptes scabiei*  
*Trixacarus caviae*

### PARASITES OF RATS

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#### Nematodes

*Aspicularis tetraptera*  
*Syphacia muris*

*Syphacia obvelata*  
*Trichosomoides crassicauda*

### Cestodes

*Hymenolepis diminuta*  
*Hymenolepis nana*

### Protozoans

*Eimeria nieschultz*  
*Giardia muris*  
*Spiroucleus muris*  
*Tetratrichomonas microti*  
*Tritrichomonas muris*

### Arthropods

*Cuterebra* species  
*Dermacentor variabilis*  
*Notoedres muris*  
*Ornithonyssus bacoti*  
*Polyplax spinulosa*  
*Radfordia ensifera*

## PARASITES OF MICE

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### Nematodes

*Aspicularis tetraptera*  
*Syphacia muris*  
*Syphacia obvelata*

### Cestodes

*Hymenolepis diminuta*  
*Hymenolepis nana*

### Protozoans

*Eimeria falciformis*  
*Eimeria ferrisi*  
*Eimeria hansonorum*  
*Eimeria hansorium*  
*Giardia muris*  
*Klossiella muris*  
*Spiroucleus muris*  
*Tetratrichomonas microti*  
*Tritrichomonas muris*

### Arthropods

*Cuterebra* species  
*Dermacentor variabilis*  
*Myobia musculi*  
*Myocoptes musculinus*  
*Polyplax serrata*  
*Ornithonyssus bacoti*  
*Radfordia affinis*  
*Radfordia ensifera*

## PARASITES OF HAMSTERS

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### Nematodes

*Syphacia muris*  
*Syphacia obvelata*

### Cestodes

*Hymenolepis diminuta*  
*Hymenolepis nana*

### Protozoans

*Giardia* species  
*Spiroucleus muris*  
*Tetranucleus microti*  
*Tritrichomonas muris (criceti)*

### Arthropods

*Demodex aurati*  
*Demodex criceti*  
*Ornithonyssus bacoti*

## PARASITES OF GERBILS

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### Nematodes

*Dentostomella translucida*

### Cestodes

*Hymenolepis diminuta*  
*Hymenolepis nana*

### Arthropods

*Demodex aurati*  
*Demodex criceti*  
*Hoplopleura meridionidis*

## PARASITES OF FISH

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### Protozoans

*Chilodonella* species  
*Cryptocaryon irritans*  
*Ichthyophthirius multifiliis*  
*Piscinoodinium* species  
*Tetrahymena* species

## PARASITES OF REPTILES

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### Pentastomes

*Armillifer* species  
*Porocephalus crotali*  
*Porocephalus* species  
*Kiricephalus* species

## Example of a Standard Protocol for Reporting Results of a Urinalysis Laboratory Report

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Collection Date/Time: \_\_\_\_\_ Method of Collection: \_\_\_\_\_

**Physical Properties**

Volume Collected:	
Color:	
Appearance/Turbidity:	
Odor:	
Specific Gravity:	

**Chemical Properties**

pH:	
Protein:	
Glucose:	
Ketones:	
Urobilinogen:	
Bilirubin:	
Hemoglobin:	
Blood:	

**Urine Sediment**

RBC (hpf):	
WBC (hpf):	
Epithelial cells (hpf) (specify type):	
Bacteria (hpf):	
Crystals (lpf) (specify type):	
Casts (lpf) (specify type):	

Comments:	
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# Taxonomic Classification of Parasites

## Kingdom: Animalia (Animals)

Phylum: Platyhelminthes (flatworms)

Class: Trematoda (flukes)

Subclass: Monogenea (monogenetic flukes)

Subclass: Digenea (digenetic flukes)

Class: Cotyloda (pseudotapeworms)

Phylum: Nematoda (roundworms)

Phylum: Acanthocephala (thorny-headed worms)

Phylum: Arthropoda (animals with jointed legs)

Subphylum: Mandibulata (possess mandibulate mouthparts)

Class: Crustacea (aquatic crustaceans)

Class: Insecta

Order: Dictyoptera (cockroaches)

Order: Coleoptera (beetles)

Order: Lepidoptera (butterflies and moths)

Order: Hymenoptera (ants, bees, and wasps)

Order: Hemiptera (true bugs)

Order: Mallophaga (chewing or biting lice)

Order: Anoplura (sucking lice)

Order: Diptera (two-winged flies)

Order: Siphonaptera (fleas)

Phylum: Sarcomastigophora

Subphylum: Mastigophora (flagellates)

Phylum: Sarcomastigophora

Superclass: Sarcodina (amoebae)

Phylum: Ciliophora (ciliates)

Phylum: Apicomplexa (apicomplexans)

Phylum: Proteobacteria

Class: Alpha Proteobacteria

Order: Rickettsiales

Family: *Rickettsiaceae*

Family: *Anaplasmataceae*

## Zoonotic Internal Parasites

PARASITE	HOST	RESERVOIR	INFECTIVE STAGE	CONDITION
<i>Toxocara</i> spp.	Dogs, cats	Dogs, cats	Egg with L2	Visceral larva migrans
<i>Ancylostoma</i> spp.	Dogs, cats	Dogs, cats	L3	Cutaneous larva migrans
<i>Uncinaria stenocephala</i>	Dogs, cats	Dogs, cats	L3	Cutaneous larva migrans
<i>Toxoplasma gondii</i>	Cats	Cats, raw meat	Sporulated oocyst, bradyzoite, tachyzoite	Toxoplasmosis
<i>Strongyloides stercoralis</i>	Dogs, cats, people	People, dogs, cats	L3	Strongyloidiasis
<i>Dipylidium caninum</i>	Dogs, cats, people	Fleas	Cysticercoid	Cestodiasis
<i>Taenia saginata</i>	People	Bovine muscle	Cysticercus	Cestodiasis
<i>Taenia solium</i>	People	Porcine muscle, people	Cysticercus, egg	Cestodiasis, cysticercosis
<i>Echinococcus granulosus</i>	Dogs	Dogs	Egg	Hydatidosis
<i>Echinococcus multilocularis</i>	Dogs, cats	Dogs, cats	Egg	Hydatidosis
<i>Spirometra mansonoides</i>	Dogs, cats	Unknown	Procercoid in arthropod	Sparganosis
<i>Sarcocystis</i> spp.	People, dogs, cats	Cattle, pigs, dogs, cats	Sarcocyst in muscle, oocyst	Sarcocystiasis, sarcosporidiosis
<i>Cryptosporidium</i>	Mammals	Mammals	Oocyst	Cryptosporidiosis
<i>Balantidium coli</i>	People, pigs	People, pigs	Cyst, trophozoite	Balantidiasis
<i>Ascaris suum</i>	Pigs	Pigs	Eggs with L2	Visceral larva migrans
<i>Trichinella spiralis</i>	Mammals	Porcine and bear muscle	Encysted L3	Trichinellosis
<i>Thelazia</i> spp.	Mammals	Flies	L3	Verminous conjunctivitis
<i>Giardia</i> spp.	Mammals	Mammals	Cyst	Giardiasis
<i>Babesia</i> spp.	Rodents, people	Hard ticks	Sporozoite	Babesiosis
<i>Trypanosoma cruzi</i>	Mammals	Reduviids	Trypanosomal form in kissing bug	Chagas disease

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# GLOSSARY

**Abdominocentesis** Paracentesis of the abdomen.

**Absolute value** The number of each type of leukocyte in peripheral blood; this is calculated by multiplying the relative percentage from the differential count by the total white blood cell count.

**Acanthocyte** An erythrocyte with spiny projections of varying lengths distributed irregularly over its surface.

**Acariasis** Infestation with mites.

**Accuracy** The closeness with which test results agree with the true quantitative value of the constituent.

**Acid-base balance** A state of equilibrium between the acidity and alkalinity of the body fluids; also called the hydrogen ion ( $H^+$ ) balance.

**Acid-fast stain** A staining procedure for demonstrating the presence of microorganisms that are not readily decolorized by acid after staining; this is a characteristic of certain bacteria, particularly *Mycobacterium* and *Nocardia*.

**Acidosis** A pathologic decrease in the pH of blood or body tissues as a result of the accumulation of acids or a decrease in bicarbonate.

**Acinar** Pertaining to or affecting an acinus or acini. This term refers specifically to glandular tissue with a structure that is often described as grapelike clusters.

**ACTH stimulation test** A test designed to test the response of the hormone that stimulates adrenocortical growth and secretion.

**Activated clotting time** A test of the intrinsic and common pathways of blood coagulation that involves the use of a diatomaceous earth or kaolin tube to initiate clotting.

**Activated partial thromboplastin time** A test of intrinsic and common coagulation pathways. An intrinsic pathway activator is added to plasma, and the time taken for clot formation is measured.

**Active immunity** An animal's production of antibody as a result of infection with an antigen or immunization.

**Acute-phase proteins** Proteins, including serum amyloid A and C-reactive protein, that are produced by hepatocytes immediately following injury or inflammation.

**Addison's disease** See *Hypoadrenocorticism*.

**Adrenocorticotrophic hormone** A hormone secreted by the anterior pituitary gland that has a stimulating effect on the adrenal cortex. Also referred to as corticotropin and abbreviated as ACTH.

**Agar** A seaweed extract that is used to solidify culture media.

**Agranulocytes** The white blood cell group that has no visible cytoplasmic granules.

**Alanine transaminase** Cytoplasmic enzyme of hepatocytes released when hepatocytes are damaged.

**Albumin** A group of plasma proteins that comprises the majority of protein in plasma.

**Alkaline phosphatase** A group of enzymes that functions at an alkaline pH and that catalyzes the reactions of organic phosphates.

**Alkalosis** A condition in which the blood pH is higher than 7.45.

**Allantoin** A crystalline substance produced by the oxidation of uric acid by uricase and present in the urine of most mammals, except primates and Dalmatian dogs (which lack uricase).

**Alloantibodies** A naturally occurring antibody that is produced by an individual and that reacts with antigens of another individual of the same species.

**Alpha-hemolysis** Characterized by the partial destruction of blood cells on blood agar, which is evident as a greenish zone around the bacterial colony.

**Ammonium biurate** Brownish crystals seen in the urine of animals with severe liver disease.

**Amylase** An enzyme derived primarily from the pancreas that functions in the breakdown of starch.

**Amyoclastic** A method of measuring serum amylase by evaluating the disappearance of starch substrate.

**Anion** A negatively charged ion.

**Anion gap** A method that is used to evaluate a patient's acid-base status; the calculation is based on subtracting the sum of measured major serum anions ( $Cl^- + HCO_3^-$ ) from the sum of measured major serum cations ( $Na^+ + K^+$ ).

**Anisokaryosis** Variation in the size of the nuclei of cells in a sample.

**Anisonucleoliosis** Variation in the size of nucleoli.

**Antibody titer** The level of a specific antibody that is present in serum. This is calculated as the reciprocal of the highest dilution at which a sample no longer exhibits a positive reaction for the presence of the antibody. It is often used to help differentiate active infection from prior exposure to an antigen.

**Anticoagulant** Any substance that inhibits or prevents clotting.

**Antimicrobial disks** Paper disks impregnated with antibiotic agents and used during the performance of the antimicrobial sensitivity test.

**Antimicrobial susceptibility test** An in vitro test of the effectiveness of selected antimicrobial agents against microorganisms.

**Anuria** Absence of urine.

**Apoptosis** The death of single cells by a process involving shrinkage, rapid fragmentation, and the engulfment of the fragments by neighboring cells and macrophages.

**Arachnid** A member of the class Arachnida, which includes mites and ticks.

**Arthrocentesis** The removal of fluid from a joint.

**Ascarid** Any of the nematodes of the superfamily Ascaridoidea, which includes the genera *Ascaris*, *Parascaris*, *Toxocara*, and *Toxascaris*.

**Ascospores** The sexual spore of *Ascomycetes*.

**Aspartate transaminase** An enzyme that is present in body serum and in certain body tissues that catalyzes the transfer of an amino group from aspartic acid to alpha-ketoglutaric acid, thereby forming glutamic acid and oxaloacetic acid. Also referred to as aspartate aminotransferase.

**Aspiration** The removal of fluids or gases from a cavity with the aid of suction; the removal of cells and tissue fluid from a lesion with the use of suction from a needle and syringe.

**Atypical lymphocyte** A general term used to describe a lymphocyte with morphologic abnormalities, including azurophilic granules, increased cytoplasmic basophilia, overly abundant cytoplasm, or a larger and more convoluted nucleus than seen in normal lymphocytes.

**Autoagglutination** The clumping or agglutination of an individual's cells by that individual's own serum, usually because of the presence of autoantibodies.

**Avidity** Refers to the strength of the binding of antigen and antibody.

**Azotemia** The increased retention of urea in the blood.

**Bacilli** Rod-shaped bacteria.

**Baermann technique** A parasitology test that is used to recover larvae.

**Base excess** The amount of acid or base required to titrate a sample of whole arterial blood to the normal pH of 7.4.

**Basidiospores** The sexual spore of basidiomycetes.

**Basophil** A granular leukocyte with an irregularly shaped, relatively pale-staining nucleus that is partially constricted into two lobes and with cytoplasm that contains coarse bluish-black granules of variable size.

**Basophilic stippling** Erythrocytes that are characterized by small, blue-staining granules; this represents the presence of residual RNA.

**Beer's law** A principle that describes the relationship between light absorbance, transmission, and the concentration of a substance in solution.

**Bence Jones protein** A light chain protein of immunoglobulin molecules that readily passes through the glomerulus and into the urine.

**Benign** A term used to describe a tumor or growth that is not malignant; this word can refer to any condition that is not life threatening.

**Beta-hemolysis** The complete destruction of red blood cells on blood agar that creates a clear zone around the bacterial colony.

**Beta-lactamase** Enzyme produced by bacteria that are resistant to beta-lactam antibiotics.

**Bicarbonate ( $HCO_3^-$ )** An electrolyte in plasma; part of the bicarbonate-carbonic acid buffer system that maintains the blood pH in equilibrium.

**Bile acids** A group of compounds that are synthesized by hepatocytes from cholesterol that help with fat absorption.

**Bilirubin** An insoluble pigment derived from the breakdown of hemoglobin, which is processed by hepatocytes.

**Bilirubinuria** An abnormal increase in the concentration of bilirubin in the urine.

**Binocular** Having two eyepieces (e.g., a type of microscope).

**Biohazard** Biological substances that contain infectious agents that pose a threat to human health.

- Bladder expression** The manual compression of the urinary bladder to cause the release of urine through the urethra.
- Blood agar** An enriched medium that supports the growth of most bacterial pathogens; usually composed of sheep's blood.
- Blood group antigens** The antigens that are present on the surface of erythrocytes and antibodies that may be present in serum.
- Blood urea nitrogen** The principal end product of amino acid breakdown in mammals.
- Bloodborne pathogens** Infectious agents that are present in the bloodstream.
- Bothria** Two longitudinal grooves or sucker-like expansions on the scolex of members of the cestode orders Bothriocephalidea, Diphyllidea, Diphyllbothriidea, and Trypanorhyncha.
- Buccal mucosa bleeding time** A test that uses a standardized shallow incision into the buccal mucosa of the upper lip to evaluate primary hemostasis.
- Buffer** A substance that increases the amount of acid or alkali necessary to produce a unit change in pH.
- Buffy coat** The layer of material above the packed erythrocytes after centrifugation; it consists primarily of leukocytes and thrombocytes.
- Calcium** The most abundant mineral in the body. Calcium is an important cation in intracellular and extracellular fluid. It is essential to the normal clotting of blood, the maintenance of a normal heartbeat, and the initiation of neuromuscular and metabolic activities.
- Calcium carbonate** A type of crystal that is commonly seen in the urine of rabbits and horses.
- Calcium oxalate** A crystal that is found in acidic and neutral urine; commonly seen in small amounts in dogs and horses.
- California Mastitis Test** An indirect test for bovine mastitis that is based on the presence of a high leukocyte count in mastitic milk.
- Candle jar** A method of producing anaerobic conditions for the growth of anaerobic bacteria.
- Capnophilic** An organism that requires high levels of carbon dioxide for growth or for the enhancement of growth.
- Capsule stain** A differential stain that is used to identify the cell capsules of pathogenic bacteria.
- Carcinoma** A term that describes tumors of epithelial cell origin.
- Casts** Structures that are formed from the protein precipitates of degenerating kidney tubule cells; may contain embedded materials.
- Catalase** An enzyme that catalyzes the breakdown of hydrogen peroxide into oxygen and water.
- Catheterization** The placement of a catheter in the urethra or the placement of an indwelling catheter in a blood vessel.
- Cation** A positively charged ion.
- Cell-mediated immunity** An immune system mechanism that involves actions of the cells of the immune system rather than antibodies.
- Cellular cast** A formed element in urine that consists of a hyaline cast that contains blood cells or epithelial cells.
- Centesis** The act of puncturing a body cavity or organ with a hollow needle to draw out fluid.
- Centrifugal flotation** A method of processing fecal samples for the detection of parasite ova and cysts. It recovers more eggs and cysts in a sample and takes less time than standard flotation.
- Centrifuge** A piece of equipment that spins samples at high speed.
- Cercaria** The life-cycle stage of trematodes that develops in the intermediate host.
- Cestode** An organism in the order Cestoda; a type of tapeworm.
- Chemical hygiene plan** A document that contains details about the specific chemical hazards present in the workplace.
- Chemiluminescence** Describes a chemical reaction that results in the emission of light.
- Chloride** The principal anion in extracellular fluid and gastric juice.
- Cholesterol** A plasma lipoprotein that is produced primarily in the liver as well as ingested in food; used in the synthesis of bile acids.
- Citrate** Any salt of citric acid; citrate salts are used as temporary anticoagulants for studies of blood coagulation.
- Clot retraction** A crude but simple test that allows for the evaluation of platelet number and function and intrinsic and extrinsic pathways.
- Clumpelets** A made-up word used to describe clumps of platelets seen on a blood smear.
- Coagulase** A molecule produced by some bacteria that allows for the adhesion of fibrinogen to the cell surface.
- Cocci** Bacteria with a round shape.
- Codocyte** An erythrocyte that is characterized by an increased membrane surface area relative to the cell's volume.
- Competitive ELISA** An immunoassay. Patient antigen, if present, competes with enzyme-labeled antigens for the antibodies that are coating the test wells.
- Complement system** A group of plasma proteins that function to enhance the activities of the immune system.
- Compound light microscope** A microscope that generates an image by using a combination of lenses.
- Condenser** The part of the microscope that consists of two lenses that focus light from the light source on the object being viewed. Light is focused by raising or lowering the condenser.
- Conidia** An asexual fungal spore that is deciduous (shed at maturity) and formed by budding or splitting off from the summit of a conidiophore. Also called a conidiospore.
- Conjugated bilirubin** Bilirubin that has been taken up by the liver cells and conjugated to form the water-soluble compound bilirubin diglucuronide.
- Control** A biological solution of known values that is used for the verification of the accuracy and precision of test results.
- Coombs test** An immunologic test designed to detect antibodies on the surface of erythrocytes (direct Coombs test) or antibodies against erythrocytes in plasma (indirect Coombs test).
- Coracidium** The individual free-swimming or free-crawling, spherical, ciliated embryo of tapeworms of the order Pseudophyllidea.
- Cornified** Keratinized; used to describe vaginal epithelial cells as seen in a vaginal cytology smear from a patient in estrus.
- Cortisol** A steroid hormone produced by the adrenal glands.
- Coverslip smear** A method of preparing a blood film with the use of two coverslips.
- Creatine kinase** An enzyme that is found predominantly in cells of the heart, brain, and skeletal muscle; released when cells are damaged.
- Creatinine** A waste product that is formed during normal muscle cell metabolism.
- Crossmatching** A blood test designed to identify compatibility between donor and recipient samples before transfusion.
- Culture medium** A substrate for the growth of microbiology samples.
- Culturette** The trade name for a sterile swab in transport media that is used for collection of microbiology samples.
- Curschmann's spirals** The coiled mucinous fibrils that are sometimes found in cytology preparations of bronchial samples.
- Cushing's disease** See *Hyperadrenocorticism*.
- Cuticle** The outer layer or covering of epithelium.
- Cystine** An amino acid that may be present in the form of hexagonal crystals in the urine.
- Cystocentesis** The aspiration of fluid from the urinary bladder.
- D-Dimer** A protein fragment that is formed from the breakdown of fibrin.
- Dacryocyte** An abnormal erythrocyte that is shaped like a teardrop.
- Dark-field microscope** A type of microscope that is used primarily in reference laboratories, especially for the viewing of unstained specimens.
- Definitive host** The host that harbors the adult, mature, or sexual stages of a parasite.
- Dermatophyte test medium** A differential culture medium designed to support the growth of cutaneous fungal organisms and to inhibit bacterial growth.
- Dexamethasone suppression test** An endocrine system test designed to detect hyperadrenocorticism.
- Differential media** A bacterial culture method that allows bacteria to be differentiated into groups on the basis of their biochemical reactions on the medium.
- Dilution** The process of making a solution weaker or less concentrated.
- Direct life cycle** The life cycle of an organism that does not require an intermediate host.
- Direct sensitivity testing** An antimicrobial sensitivity test that involves the application of undiluted samples (e.g., urine) directly to the Mueller-Hinton plate.
- Discrete round cell tumors** A neoplasia that is characterized by cells with discrete round shapes. Examples of round cell neoplasms include mast cell tumors, histiocytomas, lymphomas, plasmacytomas, and transmissible venereal tumors.
- Disseminated intravascular coagulation** An acquired secondary coagulation disorder that is characterized by the depletion of thrombocytes and coagulation factors. Also referred to as consumption coagulopathy and defibrination syndrome.

- Dog erythrocyte antigen (DEA)** A naming convention for canine blood types.
- Döhle bodies** Small, gray-blue areas that represent ribosomes and that are seen in the cytoplasm of some immature and toxic granulocytes.
- Drepanocyte** A morphologic abnormality of erythrocytes that is characterized by sickle-shaped cells.
- Echinocyte** An erythrocyte with multiple small projections that are evenly spaced over the cell circumference.
- Ectoparasite** A parasite that resides on the surface of its host.
- Effective renal plasma flow** The effective rate of blood flow through the kidneys; the determining factor relative to the rate of glomerular filtration.
- Electrolyte** Any substance that dissociates into ions when in solution.
- End-point assay** A chemical reaction that proceeds to a stable end point.
- Endocrine** A term that refers to the system of glands and other structures that secrete hormones directly into the circulatory system.
- Endoparasite** A parasite that resides within a host's tissues.
- Endospore** The dormant form of a bacterium; intracellular refractile bodies that are resistant to heat, desiccation, chemicals, and radiation; formed by some bacteria when environmental conditions are poor.
- Endospore stain** A differential stain that has been designed to identify the presence, location, and shape of spores in bacterial samples.
- Engineering controls** Safety procedures focused on changing the work environment to eliminate or minimize exposure to a hazard.
- Enriched media** A type of culture media that has been formulated to meet the requirements of the most fastidious pathogens.
- Enterotubes** A commercially available modular system of culture media that contains media and reagents for numerous bacteriologic tests that can be performed simultaneously.
- Enzyme-linked immunosorbent assay (ELISA)** An enzyme immunoassay that makes use of an enzyme-labeled immunoreactant (antigen or antibody) and an immunosorbent (antigen or antibody bound to a solid support).
- Enzymuria** The presence of specific enzymes in urine.
- Eosin** A type of pink to red acid dye that is a component of differential stains; primarily used for the routine staining of blood films.
- Eosinophil** A granulocyte with granules that have an affinity for the acidic components of stains.
- Eosinophilic** A term that refers to an increase in circulating eosinophils or a reddish appearance of cells or components of cells that have a high affinity for stains with acid pH.
- Epithelial cell tumors** A type of neoplasm associated with a clustered arrangement of cells into ball shapes or monolayer sheets. Examples include lung adenocarcinoma, perianal adenoma, basal cell tumor, sebaceous adenoma, transitional cell carcinoma, and mesothelioma.
- Eryptosis** The suicidal death of erythrocytes; similar to the apoptosis of nucleated cells.
- Erythrocyte indices** Calculated values that provide the average volume and hemoglobin concentrations of erythrocytes in a peripheral blood sample.
- Erythropoiesis** The production of erythrocytes.
- Erythropoietin** The hormone that stimulates erythropoietic activity in the bone marrow.
- Ethylene glycol** A solvent with a sweet, acrid taste that is found in many products, such as antifreeze, drying agents, and inks. Ingestion or excessive skin exposure can be toxic.
- Ethylenediaminetetraacetic acid** An anticoagulant that binds calcium.
- Exudate** A fluid accumulation that results from inflammatory processes; characterized by increased cellularity and protein concentration.
- Facultative anaerobes** Bacteria that do not require oxygen for metabolism but that can survive in the presence of oxygen.
- Fastidious** A term used to describe a bacterial species with complex growth or nutritional requirements.
- Fatty casts** Formed elements that may be found in urine and that consist of a hyaline cast with embedded globules of fat.
- Fecal sedimentation** A procedure that is used to prepare samples for examination for parasites; it demonstrates objects that are too heavy or too delicate to evaluate with standard fecal flotation.
- Fibrin degradation products** Protein fragments formed from the breakdown of fibrin.
- Fibrometer** An instrument used for the hemostatic evaluation of samples.
- Fine-needle biopsy** A sample collection method in which tissue is obtained by puncture of a lesion.
- Flagella** Long, thin, helical structures that function in cell motility.
- Flagella stain** A differential stain to detect and characterize flagella if present on bacterial cells.
- Flea-bite dermatitis** The inflammatory lesions and self-trauma caused by a hypersensitivity to flea bites.
- Fluorescent antibody** A specific antibody that has been labeled with a fluorochrome and that is used in immunoassays.
- Fluorescent microscope** A type of microscope that is capable of viewing fluorescent particles, such as an antibody labeled with specific fluorescent dye.
- Fractional clearance of electrolytes** A mathematical manipulation that describes the excretion of specific electrolytes relative to the glomerular filtration rate.
- Free catch** A method of collecting a urine sample by collecting the sample as the animal voids naturally.
- Fructosamine** A molecule formed as a result of the irreversible reaction of glucose bound to protein.
- Gamma-glutamyltransferase** An intracellular enzyme found in high concentrations in liver, pancreatic, and renal tubular cells.
- Gamma-hemolysis** A term that describes a bacterial sample that produces no hemolysis on blood agar.
- Giemsa stain** A differential stain that is used for blood and bone marrow smears. Also used to visualize fungal organisms and mast cell granules.
- Globulins** A complex group of plasma proteins that have been designated as alpha, beta, or gamma; this group includes immunoglobulins, complement, and transferrin.
- Glomerular filtration rate** The rate at which substances are filtered through the glomerulus and excreted in the urine.
- Glomerulus** A tuft of capillaries located in the renal cortex.
- Glucagon** A hormone secreted by the alpha cells of the islets of Langerhans in response to hypoglycemia.
- Glucose** A monosaccharide that represents the end product of carbohydrate metabolism.
- Glucose tolerance test** A metabolic test of carbohydrate tolerance.
- Glucosuria** The presence of glucose in the urine.
- Glutamate dehydrogenase** A mitochondrial-bound enzyme that is found in high concentrations in the hepatocytes of cattle, sheep, and goats.
- Glycosylated hemoglobin** The irreversible reaction of hemoglobin bound to glucose.
- Gram stain** A differential stain that is used to classify bacterial samples on the basis of the chemical structure of their cell walls.
- Granular casts** A structure that is formed from the protein precipitate of degenerating kidney tubule cells that contain granular material derived from the breakdown of cells incorporated into the cast.
- Granulocytes** Any cell with distinct cytoplasmic granules.
- Granulomatous** A term that refers to an inflammatory condition that is characterized by high numbers (more than 70%) of macrophages.
- Hanging drop** A method of preparing specimens to evaluate motility.
- Heinz bodies** Round structures of erythrocytes that represent denatured hemoglobin and that appear as a pale area when stained with Wright's stain.
- Hematochezia** The presence of blood in the feces.
- Hematopoiesis** The production of blood cells and platelets.
- Hematuria** The presence of intact erythrocytes in the urine.
- Hemoglobin** The oxygen-carrying pigment of erythrocytes, which is formed by developing erythrocytes in the bone marrow. It is a type of hemoprotein that contains four heme groups and globin.
- Hemoglobinuria** The presence of free hemoglobin in urine.
- Hemolysis** The destruction of erythrocytes.
- Hemolyzed** Red appearance of a fluid sample (e.g., serum, urine) as a result of the destruction of erythrocytes.
- Hemophilia** A genetic abnormality of hemostasis that results from the deficient production of certain coagulation factors.
- Heparin** An acid mucopolysaccharide that is present in many tissues, especially the liver and lungs, and that has potent anticoagulant properties.
- Hepatoencephalopathy** Severe hepatic insufficiency that may induce a syndrome of excitability, tremor, compulsive walking, head pressing, and apparent blindness, followed by coma and convulsions.

- Heterophil** A leukocyte of avian, reptile, and some fish species that contains prominent eosinophilic granules; functionally equivalent to the mammalian neutrophil.
- Hexacanth** The infective stage of some cestodes.
- Histiocytoma** A tumor that contains histiocytes (macrophages).
- Histogram** A graphic display of a frequency distribution that is represented by a series of rectangles that divide the data into classes. The height of a rectangle indicates the number of values that are contained in that class (class frequency), and the width of each base represents the size of the intervals into which the classes have been divided.
- Howell-Jolly bodies** Basophilic inclusions of young erythrocytes that represent nuclear remnants.
- Humoral immunity** An immune response that involves the production of specific antibody.
- Hyaline casts** The structures that are formed from protein precipitates of degenerating kidney tubule cells with no embedded materials.
- Hyperadrenocorticism** The abnormally increased secretion of adrenocortical hormones, as with conditions such as Cushing's syndrome.
- Hypercalcemia** An increased plasma calcium level.
- Hypercapnia** An excess of carbon dioxide in the blood that is indicated by an elevated PCO<sub>2</sub> level as determined by blood gas analysis and that results in respiratory acidosis. Also known as hypercarbia or hypercarbemia.
- Hyperchromatophilic** A term that refers to a cell that appears darker than normal on a peripheral blood sample.
- Hypercoagulable** Characterized by abnormally increased coagulability.
- Hyperglycemia** An abnormally increased glucose level in the blood.
- Hyperkalemia** An increased plasma potassium level.
- Hyperlipoproteinemia** A condition characterized by excess lipids in the blood. Also referred to as hyperlipidemia and hyperlipemia.
- Hypernatremia** An increased plasma sodium level.
- Hyperphosphatemia** An excessive amount of phosphates in the blood.
- Hyperproteinemia** An increased protein level in the blood.
- Hypersegmentation** A term that refers to a neutrophil with more than five nuclear lobes.
- Hyperthyroidism** A condition that is caused by the excessive production of iodinated thyroid hormones.
- Hypae** The body of a fungus that is created as a result of the linear arrangements of cells and that forms multicellular or multinucleate growth.
- Hypoadrenocorticism** A deficiency in the production of mineralocorticoid or glucocorticoid steroid hormones.
- Hypoalbuminemia** A decrease in the circulating levels of albumin in the blood.
- Hypocalcemia** A decreased plasma calcium level.
- Hypocapnia** A deficiency of carbon dioxide in the blood. Also called hypocarbia.
- Hypochromasia** The presence of erythrocytes with decreased staining intensity as a result of a decrease in hemoglobin concentration.
- Hypocoagulable** Characterized by abnormally decreased coagulability.
- Hypoglycemia** A decreased plasma glucose level.
- Hypokalemia** A decreased plasma potassium level.
- Hyponatremia** A decreased plasma sodium level.
- Hypophosphatemia** A decreased amount of phosphates in the blood.
- Hypoproteinemia** A condition characterized by an abnormally low level of protein in the blood.
- Hyposegmentation** A term that is used to describe the nucleus of a leukocyte with fewer than the normal number of nuclear lobes.
- Hypostome** The penetrating, anchor-like sucking organ of the tick.
- Icterus** Abnormal yellowish discoloration of skin, mucous membranes, or plasma as a result of an increased concentration of bile pigments.
- Iditol dehydrogenase** An enzyme of the oxidoreductase class that catalyzes the oxidation of l-iditol to l-fructose; it occurs in significant quantities only in the liver, and its increased activity in serum is used as an indicator of parenchymal liver damage. Also referred to as sorbitol dehydrogenase.
- Immunodiffusion** An immunologic test that is performed by placing reactants in an agar plate and allowing them to migrate through the gel toward each other.
- Immunoglobulins** Antibodies; plasma proteins produced against specific antigens.
- Immunologic tolerance** A state of nonresponsiveness to antigens, whether self or foreign.
- Impedance analyzer** A type of analyzer that counts particles based on their displacement of electrolyte solution when the particles pass through an aperture. The magnitude of the displacement creates an electrical signal that allows particles (e.g., cells) to be classified on the basis of their size.
- Incubator** A piece of equipment that is used to maintain a constant and suitable temperature for the development of cultures of microorganisms or other living cells.
- Indirect cycle** The life cycle of an organism that requires one or more intermediate hosts.
- Indirect sensitivity testing** An antimicrobial sensitivity test that involves the application of diluted samples (e.g., urine) directly to the Mueller-Hinton plate.
- Inflammatory response** The defensive response of body tissues that is initiated by the release of histamine from damaged cells.
- Instar** Any stage of an arthropod between molts.
- Insulin** A protein hormone that is secreted by the beta cells of the pancreatic islets in response to elevated blood levels of glucose and amino acids.
- Interferons** Small soluble proteins that enhance the function of the immune system.
- Intermediate host** The host that harbors the larval, immature, or asexual stages of a parasite.
- International units** The *Système International* (SI) set of basic units, which is based on the metric system.
- Jaundice** A condition that is characterized by hyperbilirubinemia and the deposition of bile pigments in the skin, mucous membranes, and sclera.
- Karyolysis** The degeneration or dissolution of a cell nucleus.
- Karyorrhexis** The fragmentation of a cell nucleus.
- Keratocyte** In hematology, an abnormally shaped erythrocyte that appears to have horns.
- Ketonuria** The presence of detectable ketone bodies in urine.
- Kinetic assay** A chemical test that measures the rate of change of a substance in the test system.
- Kirby-Bauer test** A type of antimicrobial susceptibility test in which agar plates are inoculated with a standardized suspension of a microorganism, and then antibiotic-containing disks are applied to the agar surface.
- Kovac's reagent** A substance used in bacteriology to detect the ability of bacteria to produce indole.
- Lactate** The anionic form of lactic acid; a salt of lactic acid.
- Lactophenol cotton blue** A preparation of phenol, lactic acid, glycerin, distilled water, and cotton blue dye that is used to stain fungi in wet preparations.
- Left shift** The presence of increased numbers of immature cells in a peripheral blood sample.
- Leptocyte** An erythrocyte that is characterized by an increased membrane surface area relative to the cell volume.
- Leukemia** A condition characterized by the presence of neoplastic cells in the blood or bone marrow.
- Leukemoid response** The exhibition of blood counts (particularly leukocytosis) and sometimes other clinical findings that resemble those of leukemia.
- Leukocytosis** The presence of increased numbers of leukocytes in the blood.
- Leukopoiesis** The production of leukocytes.
- Lipase** A pancreatic enzyme that functions in the breakdown of fats.
- Lipemia** The presence of fatty material in plasma or serum.
- Lymphocyte** A leukocyte that is involved in the inflammatory process and that also has roles in humoral and cell-mediated immunity.
- Lymphoma** A neoplastic disorder of the lymphoid tissue.
- Lymphopenia** The presence of decreased numbers of leukocytes in a peripheral blood sample.
- MacConkey agar** An agar medium that contains peptone, lactose bile salts, sodium chloride, neutral red, and crystal violet that is used to differentiate lactose fermenters (coliforms) from non-lactose fermenters among the enteric bacilli.
- Macrocytosis** A condition in which a cell is abnormally large.
- Mast cell tumors** A benign local aggregation of mast cells that forms a nodular tumor that occurs in the skin of most species (most commonly dogs).
- Material Safety Data Sheet (MSDS)** Informational material that contains detailed product safety information about hazardous materials found in a particular place of a business; an OSHA mandate.
- Mean corpuscular hemoglobin (MCH)** An expression of the average hemoglobin content of a single cell in picograms that is obtained by multiplying the amount of hemoglobin (in

- grams) by 10 and then dividing that number by the number of erythrocytes (in millions).
- Mean corpuscular volume** An expression of the average volume of individual red cells in cubic microns that is obtained by multiplying the hematocrit percentage by 10 and then dividing that number by the number of erythrocytes (in millions).
- Megakaryocyte** The bone marrow cell from which blood platelets arise.
- Megathrombocytes** Abnormally large platelets that are usually newly formed; seen in greater numbers during an increase in platelet production.
- Melanoma** A tumor that arises from melanocytes of the skin or other organs.
- Mesenchymal cell tumors** Tumors of mixed mesenchymal tissues with two or more cellular elements that are not commonly associated (not counting fibrous tissue as one of the elements).
- Mesophiles** Organisms with optimal growth temperatures of between 25° C and 40° C.
- Metacercaria** The encysted resting or maturing stage of a trematode parasite in the tissues of an intermediate host or on vegetation.
- Methanol** Methyl alcohol.
- Methemoglobin** The form of hemoglobin that contains oxidized iron; inefficient at oxygen transport.
- Microaerophilic** An organism that requires oxygen for growth at a level that is less than that found in air.
- Microcytosis** A cell that appears much smaller than normal.
- Microfilaria** The larval offspring of the group of filarial worms in the phylum Nematoda.
- Microhematocrit** A term that refers to use of a capillary tube and a high-speed centrifuge to determine the packed cell volume.
- Minimum inhibitory concentration** The smallest concentration of an antibiotic that regularly inhibits the growth of a bacterium in vitro.
- Miracidium** The ciliated larval stage of a digenetic trematode.
- Modified transudate** A transudate with additional protein, cells, or both; it may be a transitional stage that ultimately progresses into an exudate.
- Monocyte** A precursor cell representing a stage in the development of the tissue macrophage; after a monocyte leaves the bloodstream and enters tissue at a site of inflammation, it becomes an activated macrophage.
- Mucin clot test** The adding of acetic acid to normal synovial fluid, which causes clot formation; the compactness of the clot and the clarity of the supernatant fluid are the criteria on which the result is based.
- Mueller-Hinton medium** A standard culture material that is used to evaluate the susceptibility of microorganisms to antimicrobial agents.
- Myiasis** An infestation with the larvae (maggots) of dipterans.
- Natural killer (NK) cells** A subpopulation of lymphocytes that is capable of the direct lysis of cells that have been infected with antigen.
- Nematode** A multicellular parasitic animal of the phylum Nematoda.
- Neonatal isoerythrolysis** Hemolytic anemia of the newborn.
- Neoplasia** A generic term that is used to describe any growth; often used to describe a tumor, which may be malignant or benign.
- Nephron** A structural and functional unit of the kidney that resembles a microscopic funnel with a long stem and two convoluted tubular sections.
- Neubauer rulings** A specific pattern of precise markings on a hematocytometer slide that facilitates the counting of leukocytes, erythrocytes, and platelets in the blood and of all cells in other fluids.
- Neutrophil** A leukocyte that functions to phagocytize infectious agents and cellular debris; plays a major role in the inflammatory process.
- Neutrophilia** An abnormal increase in the number of neutrophils seen in a peripheral blood sample.
- Nits** The egg stage of lice, which binds to the hair or feather shaft of the host.
- Nuclear molding** A deformation of nuclei by other nuclei within the same cell or adjacent cells.
- Nucleated erythrocyte** An immature red blood cell that still contains a nucleus.
- Numerical aperture** A measure of the efficiency of a microscope objective lens; it is proportional to the square root of the amount of light that enters the instrument.
- Nymph** A developmental stage of certain arthropods between the larval form and the adult; resembles the latter in appearance.
- Objective lens** A lens that accepts light from the output phosphor of an image intensifier tube and converts it into a parallel beam to record the image on film.
- Obligate anaerobes** Organisms that cannot grow in the presence of oxygen.
- Occupational Safety and Health Administration (OSHA)** A U.S. government agency that mandates specific laboratory practices that must be incorporated into a laboratory's safety policy.
- Ocular** Pertaining to the eye.
- Oliguria** A decrease in the volume of urine produced.
- Oponization** The complement-mediated adherence of phagocytes to antigens that enhances the phagocytosis of the antigen.
- Optical density** The degree to which light is transmitted through a medium.
- Oxalate** An anion of oxalic acid.
- Oxidase** An enzyme that is present in some groups of bacteria and that is involved with the reduction of oxygen during normal bacteria metabolism.
- Packed cell volume** The ratio of red blood cells to total plasma volume.
- Paracentesis** The removal of fluid from a body cavity.
- Parthenogenetic** A condition in which female organisms produce eggs that develop without fertilization.
- Passive immunity** A condition that involves receiving antibodies from colostrum or synthesized antibodies.
- Pediculosis** The term used to describe an infestation with lice.
- Pelger-Huët anomaly** An inherited anomaly that is characterized by the appearance of bilobed neutrophils in a peripheral blood sample.
- Periodic parasite** A parasite that lives part of its life cycle on its host and part of its life off of its host.
- Peritoneal fluid** A naturally produced fluid in the abdominal cavity that lubricates surfaces, thereby preventing friction between the peritoneal membrane and the internal organs.
- Personal protective equipment** Items such as eye protection and other protective clothing, shields, and barriers that are designed to minimize exposure to hazards in the workplace.
- pH** A measure of the hydrogen ion concentration of a solution.
- Phase-contrast microscope** A type of light microscope that involves a special condenser and objective lens with a phase-shifting ring; it is used to visualize small differences in refractive index as differences in intensity or contrast.
- Pipette** A calibrated, transparent, open-ended tube made out of glass or plastic that is used to measure or transfer small quantities of a liquid or gas. This word can also be used to refer to the use of a pipette to dispense liquid.
- PIVKA** Proteins induced by vitamin K deficiency or antagonists; the nonfunctional precursor forms of vitamin-K-dependent coagulation factors.
- Plasma** The fluid portion of the blood.
- Plasma cell tumor** An extramedullary myeloma; this type of tumor occurs outside of the bone marrow, and it usually affects the visceral organs or the nasopharyngeal and oral mucosa.
- Platelets** Irregular, disc-shaped fragments of megakaryocytes in the blood that assist with blood clotting.
- Pleomorphism** A term that refers to something that takes a variety of shapes and forms or that has multiple morphologies.
- Plumbism** A chronic form of lead poisoning that is caused by the absorption of lead or lead salts.
- Pluripotent stem cell** A cell capable of differentiating into one of many cell types.
- Poikilocytosis** Any abnormal cell shape.
- Polymerase chain reaction** A method that is used to replicate and amplify DNA molecules in a sample.
- Polyuria** An increase in the total volume of urine produced.
- Precision** The magnitude of random errors and the reproducibility of measurements.
- Prepatent period** The time interval between infection with a parasite and the demonstration of that infection.
- Proglottid** A segment that comprises the body of a cestode.
- Proteinuria** The abnormal presence of protein in the urine.
- Prothrombin time tests** A one-stage test for detecting certain plasma coagulation defects that are caused by a deficiency of factors V, VII, or X.
- Psychrophiles** Organisms that demonstrate optimal growth at cold temperatures (i.e., between 15° C and 20° C).
- Punch biopsy** The removal of living tissue for microscopic examination with the use of a punch.
- Pupa** The second stage in the life cycle of certain insects, which occurs between the larval and adult stages. A pupa shows the basic external features

- of the adult form, but it does not have expanded wings.
- Pyknosis** The presence of condensed nuclear chromatin in a degenerating cell.
- Pyogranulomatous** A term used to describe a cytology sample that is characterized by the presence of macrophages representing more than 15% of total nucleated cells in the sample.
- Quadrant streak** A technique for microbial inoculation in which a single colony is isolated on a culture plate and divided into four sections.
- Quality assurance** Any evaluation of services provided and the results achieved as compared with accepted standards.
- Radioimmunoassay** A technique that is used to determine the concentration of an antigen, antibody, or other protein in the serum. A radioactively labeled substance that is known to react in a certain way with the suspected protein is injected, and any reaction is monitored.
- Ratio** The relationship of one quantity to one or more other quantities that is expressed as a proportion of one to the others and written either as a fraction or linearly.
- Redia** A secondary larval form of some digenetic trematodes that develops within a mollusk intermediate host.
- Refractive index** A measure of the degree that light bends as it passes from one medium to another.
- Refractometer** A device that measures the refractive index of a solution.
- Reliability** The ability of a method to be accurate and precise.
- Resolution** The ability of an imaging process to distinguish adjacent structures in the object; an important measure of image quality.
- Rhizoid** Resembling a root or serving to anchor.
- Ringworm** A group of fungal skin diseases that are caused by dermatophytes of several kinds.
- Rostellum** The anterior of a tapeworm scolex, which commonly features hooklike jaws.
- Rouleaux** An arrangement of erythrocytes that appears as a column or stack.
- Sarcoma** A generic term that is used to describe any cancer that arises from cells of the connective tissues.
- Schistocytes** Fragmented erythrocytes that are usually formed as a result of shearing of the red cell by intravascular trauma.
- Scolex** The anterior portion of a cestode by which it attaches to its host.
- Selective media** A type of culture media that contains antibacterial substances that inhibit or kill all but a few types of bacteria.
- Serial dilution** A laboratory technique in which a substance (e.g., serum) is decreased in concentration in a series of proportional amounts.
- Serum** The fluid portion of blood after it has clotted; it does not contain cells or coagulation proteins.
- Smudge cell** A leukocyte that has ruptured.
- Specificity** The ability of a test to evaluate a given parameter correctly.
- Spectrophotometer** A piece of equipment designed to measure the amount of light that is transmitted through a solution.
- Spherocyte** An intensely stained erythrocyte that has reduced or no central pallor.
- Spirochete** Any bacterium of the genus *Spirochaeta* that is motile and spiral-shaped, with flexible filaments.
- Sporocyst** The larval stage of a digenetic trematode that develops in a mollusk intermediate host.
- Standard solution** A nonbiological solution of an analyte, usually in distilled water, with a known concentration.
- Stomatocyte** An erythrocyte with a linear area of central pallor.
- Struvite** A common crystal that is seen in alkaline to slightly acidic urine. Also referred to as triple phosphate crystals or magnesium ammonium phosphate crystals.
- Sulfhemoglobin** A form of hemoglobin that is found in the blood in trace amounts and that contains an irreversibly bound sulfur molecule that prevents normal oxygen binding.
- Supernatant** The fluid portion of a sample that is present after centrifugation.
- Suppurative** Containing, discharging, or causing the production of pus; cytology sample characterized by the presence of neutrophils representing more than 85% of total nucleated cells in the sample. May also be described as purulent.
- Synovial fluid** A transparent, viscous fluid that is secreted by synovial membranes and that acts as a lubricant for many joints, bursae, and tendons. It contains mucin, albumin, fat, and mineral salts.
- Target cell** A leptocyte with a peripheral ring of cytoplasm surrounded by a clear area and a dense, central, rounded area of pigment.
- Thermophiles** Organisms that undergo optimal growth at elevated temperatures.
- Thoracocentesis** The removal of fluid from the thoracic cavity.
- Thrombin** An enzyme that is formed from prothrombin, calcium, and thromboplastin in plasma during the clotting process. Thrombin causes fibrinogen to change to fibrin, which is essential during the formation of a clot.
- Thrombocytes** Platelets; cytoplasmic fragments of bone marrow megakaryocytes.
- Thrombocytopenia** A condition that involves a decrease in the number of circulating platelets.
- Thrombocytosis** A condition that involves an increase in the number of circulating platelets.
- Thrombopathia** A condition in which there is a deficiency of clotting ability for reasons other than thrombocytopenia.
- Thrombopoiesis** The production of platelets.
- Thyroid-stimulating hormone** A substance secreted by the anterior lobe of the pituitary gland that controls the release of thyroid hormone and that is necessary for the growth and function of the thyroid gland.
- Thyroxine** A hormone of the thyroid gland that is derived from tyrosine and that influences the metabolic rate.
- Tick paralysis** A condition that results from the introduction of a neurotoxin into the body during the attachment of and feeding by the female of several tick species.
- Transudate** An effusion that is characterized by a low protein concentration and a low total nucleated cell count.
- Trematode** An organism in the phylum Trematoda; commonly referred to as a fluke.
- Trypsin** A proteolytic digestive enzyme that is produced by the exocrine pancreas and that catalyzes the breakdown of dietary proteins into peptones, peptides, and amino acids in the small intestine.
- Trypsinogen** The inactive precursor form of trypsin; it is secreted in pancreatic juice and converted into active trypsin through the action of enterokinase in the intestine.
- Tyrosine** An amino acid that is synthesized in the body from the essential amino acid phenylalanine; it is found in most proteins and is a precursor of melanin and several hormones, including epinephrine and thyroxine.
- Undulate** To have wavelike fluctuations or oscillations.
- Uric acid** A metabolic by-product of nitrogen catabolism.
- Vaccination** Any injection of attenuated microorganisms (e.g., bacteria, viruses, rickettsiae) that is administered to induce immunity or to reduce the effects of associated infectious diseases.
- Vacutainer** A glass tube with a rubber stopper from which air can be removed to create a vacuum; usually used to draw blood.
- Veterinary technician** A tireless, dedicated, and vital member of the veterinary health care team. Also referred to as a superhero or saint.
- von Willebrand disease** An inherited disorder that is characterized by the abnormally slow coagulation of the blood as well as spontaneous epistaxis and gingival bleeding. It is caused by a deficiency of a component of factor VIII. Excessive bleeding is common after injury or surgery.
- Warbles** The common name for the larva of some species of flies; they are often in swollen, cyst-like subcutaneous sites, with a fistula or pore that communicates with the outside environment.
- Wood's lamp** An illuminating device with a nickel oxide filter that holds back all light except for a few violet rays of the visible spectrum and ultraviolet wavelengths of about 365 nm. It is used extensively to help diagnose fungal infections.
- Yeast** Any unicellular (usually oval) nucleated fungus that reproduces by budding.
- Ziehl-Neelsen stain** One of the most widely used methods of acid-fast staining; it is commonly used during the microscopic examination of a smear of sputum that is suspected of containing *Mycobacterium tuberculosis*.
- Zone of inhibition** An area of no bacterial growth around an antimicrobial disc that indicates some sensitivity of the organism to the particular antimicrobial.
- Zoonoses** Diseases that can be transmitted between animals and humans.
- Zygosporos** The spores that result from the conjugation of two isogametes, as occurs with certain fungi and algae.

# RESOURCES

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## UNIT 9

### Recommended Reading

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Page numbers followed by “f” indicate figures, “t” indicate tables, and “b” indicate boxes.

- A**
- Abdominocentesis, 339, 339f
  - Absolute values, 55–59
  - Abstract numbers, 23
  - Acanthocephalans, 289
    - ova of, 289f
  - Acanthocheilonema (Dipetalonema) reconditum*, 273
  - Acanthocytes, 68, 68f
  - Acariasis, 310
  - Acarina, 310–314
  - Accuracy, 27–28
  - Acid-base balance, 197–202, 198b
  - Acid-citrate-dextrose anticoagulant, 118–119
  - Acid-fast stains, 234
    - for *Cryptosporidium* species identification, 326
    - of *Mycobacterium*, 234f
  - Acidic urine, 148
  - Acidosis, 199
  - Acid production, from glucose, 252
  - Acquired coagulation disorders, 101–103
  - ACT. *see* Activated clotting time
  - ACTH. *see* Adrenocorticotrophic hormone
  - Actinomyces* bacteria, 233f
  - Activated clotting time (ACT), 96, 96f
  - Activated partial thromboplastin time (APTT), 97, 97b
  - Active immunity, 110
  - Adaptive immune system, 107–110
  - Addison's disease, 205
  - Additional testing, 250–253
    - key points, 253
  - Adenocarcinoma, 352–356
  - ADH. *see* Antidiuretic hormone
  - Adjustment knobs
    - coarse focus, 17f
    - fine focus, 17f
  - Adrenocortical function tests, 205–207, 205b
  - Adrenocorticotrophic hormone (ACTH), 205
  - Adrenocorticotrophic hormone stimulation test, 205, 205b–206b
  - Aedes*, 310
  - Aelurostrongylus abstrusus*, 270, 270f
  - Agar butt, 240b, 240f
  - Agar diffusion method, 245–248, 245b–246b
    - limitations of the test, 247–248
  - Agar plate, method of streaking, 239
  - Agar slant, 240, 240b, 240f
  - Agglutination, presence of, 119
  - Agranulocytes, 32
  - Alanine transaminase, 183
  - Alaria* species, ovum of, 284, 287f
  - Albumin, as proteins in plasma or serum, 178
  - Albumin/globulin ratio, 179
  - Alimentary parasitism, diagnosis of, 319
  - Aliquot mixers, 15, 15f
  - Alkaline phosphatase (AP), 183, 183b
    - as factor for converting enzyme units into International Units, 173b
  - Alkaline urine, 148
  - Alkalosis, 199
  - Allergens, 122, 122b
  - Allergies (atopy), 130, 130b
  - Alloantibodies, 117
  - Alpha-hemolysis, 222, 223f
  - Altered serum protein, conditions associated with, 179b
  - Amastigote, 292
  - Amblyomma americanum*, 298–299, 312f
  - Ammonium biurate crystals
    - characteristics of, 162
    - view of, 162f, 164f
  - Amorphous crystalline material, 161
  - Amorphous phosphate crystals, 162f
    - appearance of, 161
    - view of, 162f–163f
  - Amorphous urate crystals, 162f
  - Amplification process, 128
  - Amylase
    - activity in peritoneal fluid, 192
    - as factor for converting enzyme units into International Units, 173b
    - testing for pancreatic exocrine function, 192
  - Anaerobes, culture of, 241
  - Analyst Blood Chemistry Analyzer, as type of photometer, 172f
  - Analytic errors, 29, 29b
  - Analytic variables, 29
  - Anaphylactic shock, 130
  - Anaplasma marginale*, 72
  - Anaplasma platys*, 72
  - Anaplasmataceae, 301t–302t
  - Anaplasmosis, 302f
  - Ancylostoma braziliense*, 266
  - Ancylostoma caninum*, 266
  - Ancylostoma tubaeforme*, 266
  - Anemia, 41
    - classification of, 81–83
    - iron deficiency, 82f, 83
    - production disorders, 83
  - Anestrus, 365–366
  - Angioedema, 122, 123b
  - Angled centrifuge head, 11, 11f
  - Angular nucleoli, in malignancy, 355f, 355t
  - Anion gap, acid-base balance and, 201
  - Anions, 198
  - Anisocytosis, 67, 67b, 67f, 69f
  - Anisokaryosis, in malignancy, 355f, 355t
  - Anisonucleoliosis, in malignancy, 355t
  - Annealing, amplification process, 128
  - Annelida, 314–315
  - Anopheles*, 310
  - Anoplocephala magna*, 280–281
  - Anoplocephala perfoliata*, 280–281
  - Anoplura, 306–307, 306b
  - Antibiotic disks, 222f
  - Antibiotic resistance, 244–245, 245b
  - Antibodies, 108
  - Antibody-mediated diseases, 130, 131f
  - Antibody titers, 126–127, 127b, 127f
  - Anticoagulant rodenticides, 211
    - toxicity, 101–103, 103b
  - Anticoagulants
    - blood collection and, 36–39, 38b, 38t
    - ethylenediaminetetraacetic acid, 38, 38b
    - heparin, 38
    - oxalates and citrates, 38
    - sodium fluoride, 38–39
  - Antidiuretic hormone (ADH), 135, 188
  - Antigen-antibody complexes, 114f
  - Antigen-antibody reactions, 117
  - Antigen-committed T lymphocytes, 109
  - Antigen-detection methods, 328
  - Antigenic stimulation, 360–361
  - Antigen-presenting cell (APC), 110
  - Antigens, 106
  - Antimicrobial disks, 245
  - Antimicrobial sensitivity testing, 244–249, 245b
  - Antimicrobial susceptibility tests, 247
  - Antiplatelet antibody assays, 94
  - Antisera, 118–119
  - Anuclear superficial cell, in canine vagina, 366f
    - cornified, 367f
  - Anulocytes, 67
  - Anuria, 135, 144
  - Aonchotheca putorii*, 271
  - AP. *see* Alkaline phosphatase
  - APC. *see* Antigen-presenting cell
  - Aperture
    - diaphragm, 18f
    - numerical, 18
  - Apicomplexa, 294–300
  - Aplastic, bone marrow, 80
  - Applied quality control, 29–30
  - APTT. *see* Activated partial thromboplastin time
  - Aqueous humor, 362
  - Arachnids, 304
  - Argas* species, 310–312
  - Arthrocentesis, 339
  - Arthropods, 303–315
  - Artifacts, 165
  - Ascaris suum*, 265, 266f
  - Ascaroidea (Ascarids), 262–265, 262b, 265f
  - Ascarops strongylina*, 272–273
  - Ascospores, 217, 218f
  - Aseptic technique, for microbiology testing, 228b
  - Asexual spore, 217, 217f
  - Aspartate aminotransferase (AST), creatine kinase and, 203–204
  - Aspartate transaminase, 183
  - Aspergillosis, microscopic appearance of, 257t
  - Aspiration
    - biopsy of bone marrow, 76
    - procedure, for fine-needle biopsy, 336–337, 337f
    - specimen collection by, 228
  - Associations, professional, related to veterinary clinical laboratory diagnostics, 398
  - AST. *see* Aspartate aminotransferase
  - Atypical lymphocytes, 64–65, 64f
  - Autoagglutination, 66, 67b, 67f
  - Automated analyzers, 15, 41–46, 115, 171–176, 171f
    - for electrolyte and blood gas analyses, 200f
    - urinalysis, 153f
  - Avidity, 108
  - Azotemia, 186b, 187
- B**
- B lymphocytes, 107, 107b, 108f
  - Babesia bigemina*, 73f, 296
  - Babesia caballi*, 296
  - Babesia canis*, 296, 299f
  - Babesia equi*, 296
  - Babesiosis, 73
  - Bacillus anthracis*
    - demonstrating capsule of, 234
    - malachite green endospore stain of, 235f
    - spores of, 216
  - Bacillus bacteria, 216, 216f
  - Bacteria
    - arrangements of cells, 216, 216b, 216f
    - cell morphology, 215–217
    - described based on oxygen requirement, 216b

- Bacteria (*Continued*)  
 flow charts for differentiation of, 236b, 237f  
 growth, 217–218, 217f–218f, 218b  
 identification of, 236  
 quadrant streak method for isolation of, 239b  
 shapes of cells, 216b, 216f  
 in tracheal wash, 364
- Bacterial endospores, 216f
- Bacterial pathogens, of veterinary importance, 239t, 387–397
- Bacterial rhinitis, 364f
- Baermann apparatus, 324f
- Baermann technique, 323–325, 325b
- BAL. *see* Bronchoalveolar lavage
- Balantidium coli*, 300, 300f
- Band neutrophil, 58, 58f
- Base excess, 199
- Basidiospores, 217, 218f
- Basophilic stippling, 70, 70f
- Basophils, 58–59, 59b, 59f
- Bauer-Kirby technique, 245
- “Beef measles”, 282
- Beef tapeworm, 282
- Beer-Lambert’s law, 171–172
- Beer’s law, 171–172
- “Bejeweled ring”, 296–298
- Bence Jones proteins, 148–149
- Benign neoplasia, 351
- Beta-hemolysis, 223
- Bicarbonate, 201
- Bicarbonate-carbonic acid buffer, 198, 199b, 199f
- Bile acid  
 circulation of, 182f  
 functions of, 181–182
- Bile pigments, 151–152
- Bilirubin, 181, 181b  
 decreased concentrations in urine, 141  
 metabolism of, 181f  
 urine values for common domestic species, 150t
- Bilirubin crystals  
 characteristics of, 164  
 view of, 164f
- Bilirubinuria, 151, 151b  
 hemolytic anemia as cause of, 151–152
- Binocular compound light microscope, 16, 17f
- Biohazard, 2, 6  
 universal symbol for, 6f  
 waste disposal containers for, 3f
- Biologic variables, 29
- Biosafety hazard considerations, 6–7
- Biosafety level I, 6–7
- Biosafety level II, 7
- Biosafety level III, 7
- Biosafety level IV, 7
- Birman cat neutrophil granulation anomaly, 65, 65f
- Bismuth-glucose-glycine-yeast media, 225
- Bismuth sulfite agar, 225
- Biuret method, for determination of total protein levels, 178
- Blackflies, 307–308
- Bladder expression, as method of collecting urine specimen, 139
- Bladderworms, 276
- Blastomyces dermatitidis*, 257t
- Blastomycosis, microscopic appearance of, 257t
- Bleeding disorders  
 cause of, 99  
 laboratory test results for common, 104t
- Blood, 152–153  
 collection of microbiology specimens from, 229t  
 crossmatching, 119–120, 120b  
 principles of coagulation, 86–88
- Blood (*Continued*)  
 samples of, collection and handling of, 36–39  
 equipment for, 36–37, 37f  
 order of draw for, 39–40, 39f–40f, 40t  
 procedure for, 39–40  
 sites for, 36, 37t  
 volume of, 39  
 typing, 118–119
- Blood agar, 222–223, 222f–223f, 223b
- Blood cells  
 life span of, 32, 33t  
 morphologic abnormalities of, 62–73  
 quantifying, 63  
 in red blood cells, 66–73
- Blood collection protocols, 168
- Blood collection tubes, 10, 11f
- Blood gas and acid-base measurements, in five normal unanesthetized dogs, 386t
- Blood glucose, 194
- Blood group antigens, 117, 117b
- Blood parasites, characteristics of, 332t
- Blood samples  
 collection of, 319  
 evaluation of, 326–328
- Blood smear  
 evaluation of, 53–61  
 preparation of, 53–60, 54b–55b, 54f–55f  
 staining of, 55, 56t
- Blood substitutes, 169t
- Blood types, 117–118, 120b  
 of cats, 118, 118b  
 of cattle, 118  
 of dogs, 117–118, 118b  
 of horses, 118  
 of sheep and goats, 118
- Blood urea nitrogen (BUN), 186
- Blood urea nitrogen/creatinine ratio, 186
- Bloodborne Pathogens Standard, 5–6
- BMBT. *see* Buccal mucosa bleeding time
- Bone, collection of microbiology specimens from, 229t
- Bone marrow  
 aspiration technique, 76f  
 cells in, 77–78  
 collection of samples, 75–76  
 disorders of, 80–81  
 evaluation of, 75–79  
 aspirate, 77b  
 results of, 78–79  
 smears, 77–79  
 hypocoellular, 81f  
 preparing smears of, 76–77  
 response of, 81–82  
 terminology of aspirate, 81b
- Boophilus annulatus*, 296
- Borrelia anserina*, 234
- Botflies, 309
- Bothria, 277
- Bovine mastitis, 371
- Brain-heart infusion broth, 225
- Brilliant cresyl blue stain, 74
- “Broad fish” tapeworms, 283
- Bronchial wash, in sample collection and handling, 340–341, 340b
- Bronchoalveolar lavage (BAL), 340
- Bronchoalveolar wash, 363–364
- Bronchoscopy, 340
- Brucellosis antibodies, 114
- Buccal mucosa bleeding time (BMBT), 95–96, 96b, 96f
- Buffalo gnats, 308
- Buffers, 198
- Buffy coat, 48  
 in hematocrit tube, 327f
- Buffy coat smear, 326, 326b–327b
- Bulk reagent system, 175
- Bullseye culture media, 225–226, 226f
- BUN. *see* Blood urea nitrogen
- Bunostomum phlebotomum*, 266
- Burr cells, 68, 68b, 68f
- C**
- Calcium, in electrolyte in plasma, 201, 201b
- Calcium carbonate crystals, 154  
 characteristics of, 161  
 view of, 162f–163f
- Calcium oxalate  
 characteristics of, 161  
 in unstained canine urine, 163f
- Calcium oxalate dihydrate crystal, 163f
- Calibration, of refractometer, 13, 13b, 13f
- California mastitis test (CMT), 252, 252f–253f, 253t
- Callitroga hominivorax*, 309
- Candida*, 257t
- Candidiasis, microscopic appearance of, 257t
- Candle jar, 240
- Canine distemper inclusions, 64
- Canine taeniid tapeworms, 279–280
- Capillary technique, for fine-needle biopsy, 337, 337f–338f
- Capnophilic bacteria, 215–216
- Capsule stains, 234
- Carbohydrate, 194
- Carboxyhemoglobin, 50
- Carcinoma, 352–356
- Carcinoma cells, in lymph node aspirates, 360t
- Card agglutination test, for blood typing, 119, 119b, 119f
- Care  
 of chemistry analyzer, 176  
 of microscope, 18–20  
 of refractometers, 13, 14b, 14f
- Casts, 154–155  
 characteristics of, 158–161  
 types of, 159f
- Catalase test, 251, 251f
- Catheterization, collection of urine by, 139, 139b–140b, 139f–140f
- Cations, 198
- CBC. *see* Complete blood count
- CELISA. *see* Competitive enzyme-linked immunosorbent assay
- Cell counts, 41
- Cell culture, in virology, 218
- Cell-mediated immune system, 109–110
- Cell-mediated immunity, tests of, 122–124
- Cellophane tape preparation, 318, 318f, 323, 324b
- Cells  
 in bone marrow, 77–78  
 breakdown in urine, 141  
 preservation of morphologic characteristics, 141
- Cellular elements, of peritoneal and pleural fluid, 358–359, 358f–360f, 360b
- Celsius scale, 25
- Centesis, in sample collection and handling, 339–340, 339f
- Central nervous system, collection of microbiology specimens from, 229t
- Centrifugal flotation, 322, 322b, 323f, 324b
- Centrifuge, 10–12, 11b–12b, 12f  
 angled-head, 11, 11f  
 horizontal head, 11, 11f  
 use of, general rules for, 12b
- Cerebrospinal fluid (CSF), 361–362  
 creatine kinase in, 203–204
- Cestode parasites, of veterinary species, 278t
- CFUs. *see* Colony-forming units
- Charge-coupled device (CCD) image sensor, 21
- Chédiak-Higashi syndrome, 65, 65f
- Chemical Hygiene Plan (CHP), 3–4

- Chemiluminescence, 116, 116f  
 Chemistry analyzer  
 Analyst Blood Chemistry Analyzer, 172f  
 care and maintenance of, 176  
 features and benefits of common types, 174–175, 175f–176f  
 using principles of photometry, 171–172  
 Chloride, 200–201, 201b  
 Cholestasis, 183–184  
 Cholesterol, 182  
 CHP. *see* Chemical Hygiene Plan  
 Chromatographic dipstick tests, 186, 186f  
 Chromatography, 178  
 Chromogenic agar, 223, 224f  
 Chronic granulomatous inflammation, 80  
 Chronic inflammation, 80  
 Chronic pyogranulomatous inflammation, 80  
*Chrysops* species, 308–309  
 Cilia, 291  
 Ciliophora, 300  
 Citrates, 38  
 for sample collection, 89  
 Clerical errors, 29  
 Clinical and Laboratory Standards Institute, 24  
 Clinical chemistry reference ranges, 385t  
 Clinitest Reagent Tablets, 151f  
*Clostridium chauvoei*, spores of, 217  
*Clostridium tetani*, spores of, 217  
 Clot retraction test, 97  
 CMT. *see* California mastitis test  
 Coag Dx™ analyzer, 90, 90b, 90f, 97  
 Coagulase test, 251  
 Coagulation  
 instrumentation in, 90–91  
 principles of blood, 86–88, 87t  
 testing, 87, 95–98, 95b  
 Coagulation disorders  
 acquired, 101–103  
 hereditary, 99–100  
 inherited, 100t  
 Coagulation factor assays, 98  
 Coagulation reference ranges, 385t  
 Coarse chromatin pattern, in malignancy, 355f, 355t  
 Coarse focus adjustment knob, 17f  
 Cobalamin, 210  
 Coccidians, 296b  
*Coccidioides immitis*, 257t  
 Coccidioidomycosis, microscopic appearance of, 257t  
 Coccidiosis, 294  
 Coccobacillus bacteria, 216  
 Coccus bacteria, 216, 216f  
 Codocytes, 69  
 Colony  
 characteristics of, 241, 241f–242f  
 count of, 248–249, 248f  
 morphology of, 241b  
 Colony-forming units (CFUs), 248–249  
 Color, in centesis, 339–340, 340f  
 Color matching, of lysed hemoglobin, 50–51, 51f  
 Combination creatinine PAP test, 187–188  
 Combination culture media, 225–226  
 Combination dipstick strip, 148f  
 Combination technique, for smear preparation, 344, 346f  
 Combined immunodeficiency, 130  
 Competitive enzyme-linked immunosorbent assay (CELISA), 114  
 protocol for, 114b  
 Complement system, 107  
 pathways of, 107f  
 Complementary metal-oxide-semiconductor (CMOS) image sensors, 21  
 Complete blood count (CBC), 41  
 Compound light microscopes, 16  
 Compression smear, preparation of, 343–344, 344b, 344f–345f  
 Concentration techniques, for sample collection and handling, 341  
 Concrete numbers, 23  
 Condenser, 18, 18f  
 substage, 18  
 Conical tubes, 10, 11f  
 Conidia, 217, 218f  
 Contact hypersensitivity reactions, 131  
 Contamination  
 chemical, 170  
 inoculation of culture media, 239  
 Control materials, analysis of, 28–29, 28b, 28f  
 Control organisms, 247  
 Control serum  
 recording results of, 28, 29f  
 for technician and instrument assessment, 28  
 Controls, 28  
 Coombs testing, 125, 125b, 126f  
 Coracidium, 277  
 Core biopsy, bone marrow, 76  
 Corticotropin-releasing hormone stimulation, 206–207  
 Cortisol, 205  
*Cotylophoron* species, 288  
 Coverslip smears, 53–55  
 Creatinine, 186  
 Creatinine clearance tests, 187–188  
 Crossmatch reactions, grading, 120t  
 Crossmatching, 119–120, 120b  
 Cryptococcosis, microscopic appearance of, 257t  
*Cryptosporidium*, 296  
 Crystal, 161–164  
 associated with melamine toxicity, 164  
 formation of, 141  
 found in urine, 162f  
 pH chart for urine, 161t  
 Crystalluria, 161  
*Ctenocephalides felis*, 304f–305f  
*Culex* species, 310, 310f  
*Culicoides*, 307–308, 308f  
 Culture  
 of anaerobes, 241  
 incubation of, 240, 240b  
 Culture media, 222–227  
 dermatophyte test media, 226–227, 227b, 227f  
 inoculation of, 239–240, 239f  
 quality control, 227  
 types of, 222–226, 222b, 222f  
 Culture techniques, 236–243  
 Culturette, 221–222, 221f, 228  
 Curschmann's spirals, 364  
 Cushing's disease, 188, 205  
*Cuterebra* species, 310f  
 Cuticle, 261  
 Cyst, of *Giardia*, 292f  
*Cysticercus bovis*, 282  
*Cysticercus cellulosae*, 282  
*Cysticercus tenuicollis*, 282  
 Cystine crystals  
 characteristics of, 164  
 view of, 162f, 164f  
 Cystocentesis, 339  
 collection of urine by, 138–141, 140f, 141b  
 ultrasound-guided, 140f  
*Cystoisospora*, 294–296  
 life cycle of, 295f  
*Cystoisospora felis*, 295f, 298b  
*Cytauxzoon*, 296–298  
*Cytauxzoon felis*, 73, 73f, 296–298  
*Cytauxzoon* piroplasms, 299f  
 Cytocentrifugation, for sample collection and handling, 341  
 Cytology  
 fecal, 368  
 samples, 334–335  
 of specific sites, 357–372  
 specimens, examination of, 352f–353f  
 vaginal, 365–368  
 Cytology smears, 343–349  
 cytologic preparations and samples, submission of, 348, 348f  
 fixing and staining for, 345–348, 345b  
 smear preparation in, 343–345  
 Cytolytic T lymphocytes, 110  
 Cytoplasm, folded angular, 367f  
**D**  
 Dacryocytes, 70, 70f  
 Dark field microscopes, 16  
 D-dimer, 87, 87b, 87f, 98, 98b  
 DEA. *see* Dog erythrocyte antigen  
 Decanting method, 319b  
 Decimal numbers, 24, 24b  
 Dedicated-use analyzers, 175, 176f  
 Deer flies, 308–309  
 Definitive host, 269  
 Definitive identification, 236  
 Degenerative arthropathy, synovial fluid in, 363t  
 Delta-hemolysis, 223  
*Demodex canis*, 314f  
*Demodex* species, immunodeficiency of the host and, 314b  
 Denaturation, amplification process, 128  
 Deoxyribonucleic acid (DNA) tests, veterinary, 128t  
*Dermacentor variabilis*, 312f  
*Dermatophilus congolensis*, 234  
 Dermatophyte test media, 226–227, 227b, 227f, 254  
 Dermatophyte testing, 230b, 255–256, 255f–256f, 256b  
 Dermatophytosis, microscopic appearance of, 257t  
 Dexamethasone suppression test, 206, 206b  
 protocol for combining with  
 adrenocorticotrophic hormone  
 corticotropin stimulation test, 207b  
 Diabetes mellitus  
 indication of, 195b  
 insulin tolerance test probing cause, 195  
 occurrence of glucosuria in, 150, 150b  
 Diagnostic techniques, 320–332, 320b  
 DIC. *see* Disseminated intravascular coagulation  
*Dicrocoelium dendriticum*, 287  
*Dictyocaulus arnfeldi*, 268–269  
*Dictyocaulus* species, 268–269, 269f  
 Differential cell count, 55, 55b, 57f  
 Differential media, 222  
 Diff-Quik stain, 326, 346  
 Digital eyepiece camera, 21, 21f–22f  
 Digital microscopes, 20  
 Digital microscopy, 20–22  
 capturing digital images in, 20–22  
 quality of, 22  
 resolution in, 21  
 types of systems for, 21  
 Dilutions, 24  
 of blood sample to count cells, 43  
 serial, 24  
*Diocotophyma renale*, 165, 273, 273f  
 in dog with hemorrhagic cystitis, 165f  
 Diocotophymoidea, 273  
 Diphenylamine, 211  
*Diphyllobothrium* species, 283  
 “Dipslides” media, 225–226  
 Diptera (flies), 307–310, 307b

- Dipylidium caninum*, 278, 279*b*  
 lifecycle of, 279*f*  
 proglottids of, 277*f*, 279*f*  
 Direct Coombs test, 125, 126*f*  
 Direct drop, 327  
 Direct life cycle, 261–262  
 Direct sensitivity testing, 246  
 Direct smear, of feces, 321, 321*b*  
*Dirofilaria immitis*, 71–72, 72*f*, 273, 273*b*, 274*f*  
 in Difil Test, 327*f*  
 Discrete round cell tumors, 352–356, 355*f*, 355*t*  
 Disseminated intravascular coagulation (DIC),  
 103, 103*b*  
 conditions that may result, 103*b*  
 laboratory test results for, 104*t*  
 schistocytes in, 68  
 Diuresis, 188  
 DNA vaccines, 110  
 Dog erythrocyte antigen (DEA), 117–118  
 Dogs, blood types of, 117–118, 118*b*  
 Döhle bodies, 63  
 Dracunculioidea, 273  
*Dracunculus* species, 273  
*Draschia megastoma*, 272  
*Draschia* species, 272*f*  
 Drepanocytes, 69, 69*f*  
 Drugs of abuse, 212, 212*f*  
 Drying artifact, 71–72, 71*f*  
 DrySlide oxidase test, 252*f*  
 d-Xylose, 209  
 absorption, 209–210
- E**  
 Ear swabs, 364–365, 365*b*, 365*f*  
 for sample collection and handling, 335  
 Eccentricocytes, 70, 70*f*  
*Echinophaga gallinacea*, 304  
*Echinococcus granulosus*, 280  
*Echinococcus multilocularis*, 280  
*Echinococcus* species, 280, 281*f*  
 hydatid cyst of, 280*b*  
 protoscoleces, 281*f*  
 Echinocytes, 68, 68*b*, 68*f*  
 Ectoparasites, 304  
 EDTA. *see* Ethylenediaminetetraacetic acid  
 Effective renal plasma flow (ERPF), 187, 187*b*  
 Effector cell, 108  
 Egg count, 326  
 Eggs  
 of *Alaria* species, 284, 287*f*  
 of *Anoplocephala perfoliata*, 280–281  
 of *Cotylophoron* species, 288  
 of *Diphyllobothrium* species, 283, 283*f*  
 of *Echinococcus granulosus*, 280  
 of *Echinococcus multilocularis*, 280  
 of *Fasciola hepatica*, 287, 288*f*  
 of *Hymenolepis diminuta*, 282, 282*f*  
 of *Multiceps multiceps*, 280  
 of *Multiceps serialis*, 280  
 of *Nanophyetus salmincola*, 283, 287*f*  
 of *Paragonimus kellicotti*, 287, 287*f*  
 of *Paramphistomum* species, 288  
 of *Paranoplocephala mamillana*, 280–281  
 of *Spirometra mansonoides*, 283*f*  
 of *Spirometra* species, 283, 283*f*  
 of *Thysanosoma actinoides*, 282  
 of *Vampirolepis nana*, 282  
*Ehrlichia canis*, 72  
*Ehrlichia canis*-infected lymphocyte, 302*f*  
*Ehrlichia equi*, 72*f*  
*Eimeria*, 299  
*Eimeria bovis*, 299  
*Eimeria leuckarti*, 299  
*Eimeria magna*, 300*f*  
*Eimeria stiedai*, 299, 299*b*  
*Eimeria zuernii*, 299
- Ejaculate  
 gross appearance of, 369  
 volume of, 368–369  
*Elaeophora schneideri*, 275  
 Electrical supply, in veterinary clinical laboratory,  
 8  
 Electrolyte assays, 199–201, 199*b*, 200*f*  
 Electrolytes, 197–202  
 fractional clearance of, 189  
 measurement of, 199  
 in plasma, 199*t*  
 Electron microscopes, 16  
 ELISA. *see* Enzyme-linked immunosorbent assay  
 Elliptocytes, 70  
 End point assay, 194  
*versus* kinetic assays, 172–173  
 Endocrine pancreas tests, 193–196, 194*b*  
 Endocrine system assays, 204–208  
 adrenocortical function tests, 205–207, 205*b*  
 pituitary function tests, 208  
 thyroid assays, 207–208  
 Endogenous creatinine clearance, 187–188, 187*b*  
 Endoparasites, 267  
 Endospore stains, 234  
 Endospores, bacterial, 216*f*  
 Engineering controls, in hazard control, 3–4  
 Enriched media, 222  
 Enrichment media, 222  
*Entamoeba*, 294  
*Entamoeba histolytica*, 294  
*Enterobius vermicularis*, 272  
 Enterotubes, 226, 226*f*  
 Enzymatic analytic method, 173–174  
 Enzyme-linked immunosorbent assay (ELISA),  
 113–114, 113*f*, 114*b*, 123  
 Enzymes  
 activity of, 173–174  
 associated with cholestasis, 183–184  
 released from damaged hepatocytes, 182–183,  
 183*b*  
 Enzymuria, 189  
 Eosin, 55  
 Eosin-methylene blue agar, 223  
 Eosinophilic inflammation, 351, 354*f*  
 Eosinophils, 58, 58*b*, 58*f*  
 tracheal wash and, 364  
*Eperythrozoa*, 73, 73*f*  
 Eperythrozoonosis, 73  
 Epinephrine, 194  
 Epistaxis, 100*f*  
 Epithelial casts  
 characteristics of, 160  
 view of stained renal, 160*f*  
 Epithelial cell cluster, 361*f*  
 Epithelial cell tumors, 352–356, 355*f*, 355*t*  
 Epithelial cells  
 increased level in urine, 139  
 in urinary sediment, 158  
 view of unstained urine with, 157*f*  
 Equine ascarid, 265  
 Equine infectious anemia, detecting by  
 immunodiffusion, 125  
 Equine roundworm, 265  
 Equipment and supplies, 220–227  
 for blood collection, 36–37, 37*f*  
 culture media, 222–227  
 dermatophyte test media, 226–227, 227*b*,  
 227*f*  
 quality control, 227  
 types of, 222–226, 222*b*, 222*f*  
 in-house microbiology laboratory, 220  
 for laboratory, 10–15  
 laboratory safety, 220–221, 221*b*  
 for microbiology laboratory, 221–222  
 temperature-controlling, 14–15  
 ERPF. *see* Effective renal plasma flow
- Errors, 29, 29*b*  
 Erythrocyte casts  
 characteristics of, 160  
 view of, 160*f*  
 Erythrocyte indices, 47–52, 51*b*  
 classification of anemia, 83*b*  
 Erythrocyte osmotic fragility test, 79  
 Erythrocyte sedimentation rate, 79  
 Erythrocytes  
 characteristics of, 156–158  
 morphology of, in the peripheral blood, 59–60,  
 60*b*, 60*f*  
 nucleated, 71, 71*f*  
 tracheal wash and, 364  
 Erythrocytosis, 41  
 Erythroid cells, maturation of, 78*f*  
 Erythrophagia, 358*f*  
 Erythropoiesis, 33–34, 34*f*  
 Erythropoietin, 33, 33*b*  
*Escherichia coli*, 247  
 Estrus, 367, 367*f*  
 Ethylene glycol, 211–212  
 pathways of metabolism of, 212*f*  
 Ethylenediaminetetraacetic acid (EDTA), 38, 38*b*  
 preferred anticoagulant for platelet counts, 89  
 Eucestodes, 276–282  
 of dogs and cats, 278–280  
 of ruminants and horse, 280–282  
 of small mammals, 282  
*Eucoleus aerophilus* (*Capillaria aerophila*), 271  
*Eucoleus boehmi*, 271  
 Exocrine pancreas tests, 192–193  
 Exogenous creatinine clearance, 188, 188*b*  
 Exotic animals, parasites of, 399–400  
 Extension, amplification process, 129, 129*f*  
 External records, 30  
 Exudates, 358*t*; 359, 359*f*  
 septic, 359*f*  
 Eye, collection of microbiology specimens from,  
 229*t*
- F**  
 Fab region, 109  
 Facultative anaerobes, 215–216  
 Fahrenheit scale, 25  
*Fasciola hepatica*, 287, 287*f*  
 life history of, 288*f*  
 ovum of, 288*f*  
 Fastidious microbes, 216  
 Fat droplets, 165  
 Fat globule crystal, 162*f*  
 Fatty casts  
 characteristics of, 161  
 view of, 161*f*  
 FC. *see* Fractional clearance  
 Fc region, 109  
 FDPs. *see* Fibrin degradation products  
 FE. *see* Fractional excretion  
 Fecal culture, 325, 325*b*  
 Fecal cytology, 368  
 Fecal flotation, 321–322, 321*b*  
 kits for, 323*f*  
 Fecal loop, 316, 317*f*  
 Fecal occult blood, 209  
 testing, 325  
 Fecal Parasite Concentration System, 323*f*  
 Fecal samples  
 collection of, 316–317  
 of large animals, 316–317  
 of small animals, 316  
 Fecal sedimentation, 322–323, 323*b*–324*b*  
 Fecal specimen, evaluation of, 321–323, 321*b*  
 Feces  
 detection of trypsin in, 192  
 direct smear of, 321, 321*b*  
 examination for malassimilation, 209

- “Feline tapeworm”, 280  
 “Feline trichostrongyle”, 269  
 Fibrin degradation products (FDPs), 87, 98, 98b  
 Fibrinogen, 179  
   determination, 97, 97f  
 Fibrinolysis, 87b  
 Fibrinous inflammation, 80  
 Fibrometer, 90  
 Filaroidea, 273–275  
*Filaroides hirthi*, 270  
*Filaroides milksi*, 270  
*Filaroides (Oslerus) osleri*, 270, 270f  
 Filter test, 327  
 Fine focus adjustment knob, 17f  
 Fine-needle biopsy, 336–337, 336b  
   aspiration procedure for, 336–337, 337f  
   nonaspirate procedure for, 337, 337f–338f  
   site for, preparation of, 336  
   syringe and needle for, selection of, 336  
 Flagella, 291  
 Flagella stains, 234  
 Flea-bite dermatitis, 304  
 Fleas (Siphonaptera), 304–306, 304b  
   dirt of, 305f  
   life cycle of, 305f  
 Flocculent sample, 144–145  
 Fluid aspirate, 358f  
 Fluid samples  
   cellular elements of, 360b  
   characteristics of, 358t  
   smear preparation from, 345  
 Fluorescent antibody technique, 241  
 Fluorescent antibody testing, 126, 127f  
 Fluorescent microscopes, 16  
 Fluorescent stains, 234  
 Folded angular cytoplasm, 367f  
 Fractional clearance (FC), 189  
 Fractional excretion (FE), 189  
   of electrolytes, 189b  
 “Free catch” samples, 138–139, 138b  
 Free thyroxine (FT<sub>4</sub>), 207, 208b  
 “Fringed tapeworm”, 282  
 Fructosamine, 194  
   increased levels of, 194b  
 Fungal cultures, 254, 254b, 256–257, 256f, 257t  
 Fungi  
   characteristics of, 217–218  
   microscopic appearance of, 257t  
   in tracheal wash, 364
- G**  
 Gamma glutamyltransferase (GGT/gGT), 184  
 Gamma-hemolysis, 223  
*Gasterophilus* species, 309f  
 Gastrointestinal function, chemical tests of, 208–210  
   fecal occult blood, 209  
   monosaccharide absorption tests, 209–210  
   mucin clot test, 210  
   serum folate and cobalamin, 210  
 Gastrointestinal tract, collection of microbiology specimens from, 229t  
 Gel electrophoresis, 178  
 Gelatin, 222  
 General laboratory equipment, 10–15  
 General purpose media, 222  
*Geotrichum*, 257t  
 G-force, 12  
 GFR. *see* Glomerular filtration rate  
*Giardia*, 292, 292b, 292f–293f  
   life cycle of, 293f  
 Giemsa stain, procedure for, 234  
 GLDH. *see* Glutamate dehydrogenase  
 Globulins, 178–179, 179b  
 Glomerular filtration rate (GFR), 186  
 Glomerular function, tests of, 187–189  
 Glomerulonephritis, 131  
 Glomerulus, 134  
 Glucagon, release of, 194  
 Glucagon tolerance test, 195b, 196  
 Glucocorticoid therapy, 205, 205b  
 Glucose  
   absorption in horses, 209b  
   acid production from, 252  
   decreased concentrations in urine, 141  
   presence in urine, 150–151  
   regulating levels of, 194, 194b  
   urine values for common domestic species, 150t  
 Glucose tolerance test, 195, 195b  
 Glucosuria, 150, 150b  
 Glutamate dehydrogenase (GLDH), 183  
 Glycosuria, 150  
 Glycosylated hemoglobin, 194  
   increased levels of, 194  
   test for endocrine functions of pancreas, 193–194  
 Gram-negative bacteria  
   common pathogens in specimens, 238t  
   growth of, 236–239  
   typical staining pattern of, 233f  
 Gram-positive bacteria  
   appearance of, 233b  
   common pathogens in specimens, 238t  
   growth of, 236–239  
   typical staining pattern of, 233f  
 Grams, 23  
 Gram stain, 232–233  
   components of, 232b  
   interpretation of, 233  
   kit of, 233f  
   procedure for, 232–233, 233b  
   typical staining pattern of, 233f  
 Granular casts  
   characteristics of, 159–160  
   developing into waxy casts, 160f  
   view of, 160f  
 Granulocytes, 32, 34  
 Granulomatous inflammation, 351  
 Granulopoeisis, 34, 35f  
 Gravitational sedimentation, for sample collection and handling, 341
- H**  
*Habronema*, 308  
*Habronema microstoma*, 272  
*Habronema* species, 272, 272f  
*Haematobia irritans*, 308  
*Haemobartonella canis*, 72  
 “Hair lungworm”, 269  
 Handheld lactate meter, 204, 205f  
 Handling, of sample, 228–231  
 Hanging drop prep, 250  
 Hard ticks (Ixodidae), 310, 310b  
 Hazard Communication Standard, 4–5  
 Hazard control, 3–4  
 Hazardous materials, shipping of, 7  
 Heat blocks, 15, 15f  
 Heat fixing, in Gram staining, 233b  
 Heinz bodies, 71, 71f  
 Helmet cells, 69, 69f  
 Helper T lymphocytes, 110  
 Hemarthrosis, synovial fluid in, 363t  
 Hematochezia, 209  
 Hematocrit (Hct), 43  
 Hematology instruments, types of, 41–44, 42f  
 Hematology reference ranges, 384t  
 Hematopoiesis, 32–35  
 Hematopoietic stem cells (HSCs), 33  
 Hematuria, 144, 152, 152b  
 HemoCure photometer, 51f  
 Hemocytometers, 44, 45b, 45f  
 Hemoglobin, 47–52  
   chemicals that denature, 211  
   concentration of, classification of anemia, 82  
   normal values for common species, 51t  
   testing for, 50–51  
 Hemoglobinuria, 144, 152, 152b  
 Hemolysis  
   effects of sample compromise, 169t  
   as factor that influence test results, 169–170, 170b  
   presence of, 119–120  
 Hemolytic anemia, 83, 83t  
   causing bilirubinuria, 151–152  
 Hemolyzed, defined, 27  
 Hemophilia, 99–100  
   laboratory test results for, 104t  
 Hemorrhagic anemia, 83  
 Hemosiderin, 78  
 Hemostasis, chemical phase of, 87f–88f  
 Hemostatic defects, 99, 99b  
 Heparin, 38  
   as anticoagulant, 118–119  
 Hepatobiliary assays, 179–184, 181b  
 Hepatobiliary function tests, 177–184  
 Hepatocyte  
   enzymes released from damaged, 181b, 182–183  
   function tests, 180–182  
*Hepatozoon americanum*, 298–299, 299f  
*Hepatozoon canis*, 298–299  
 Hereditary coagulation disorders, 99–100  
*Heterakis gallinarum*, 294  
*Heterobilharzia americanum*, 284–287  
   ova of, 287f, 288  
   ovum of, 287f  
 Heterophils, 58, 58f  
 Hexacanth embryo, 277, 277f  
 Hippoboscids, 309  
 Hirudiniasis, 304  
*Hirudo medicinalis*, 314–315  
 Histamine product, 122–123  
 Histiocytes, in lymph node aspirates, 360t  
 Histiocytoma, 352–356, 355f  
 Histograms, 42–44, 44b, 44f  
*Histomonas*, 294  
*Histomonas meleagridis*, 294  
*Histoplasma capsulatum* organisms, 257t, 354f  
 Histoplasmosis, microscopic appearance of, 257t  
 HIV. *see* Human immunodeficiency virus  
 Hookworm, 266, 266b  
   life cycle, 267f  
   ovum, 267f  
 Horizontal head centrifuge, 11, 11f  
 Horn fly, 308  
 Horseflies, 308–309  
 Howell-Jolly bodies, 70, 71f  
 HSCs. *see* Hematopoietic stem cells  
 Human immunodeficiency virus (HIV), 109  
 Humoral immune system, 108–109  
 Humoral immunity, 108  
   tests of, 113–115  
 Hyaline casts, 154  
   characteristics of, 159  
   view of, 159f  
*Hydatigera taeniaeformis*, 280  
 Hydrochloric acid, 209  
 β-Hydroxybutyrate, 194–195  
*Hymenolepis diminuta*, 282  
*Hymenolepis nana*, 282, 282b  
*Hyostrongylus rubidus*, 269  
 Hyperadrenocorticism, 188, 205  
 Hypercalcemia, 201  
 Hypercapnia, 199  
 Hyperchromatophilic, defined, 67–68  
 Hyperchromic state, 82  
 Hypercoagulable states, 90–91, 91f

- Hyperglycemia, 194  
Hyperkalemia, 200  
Hyperlipidemia, causes of secondary, 182*b*  
Hypernatremia, 199–200  
Hyperphosphatemia, 201  
Hyperproteinemia, 169*t*, 178  
Hypersegmentation, 63  
  nuclear, 63, 63*f*  
Hypersensitivity, 130–132  
  types of, 131*f*  
Hyphae, 217, 218*b*  
Hypoadrenocorticism, 205  
Hypocalcemia, 201  
Hypocapnia, 199  
Hypocellular bone marrow, 81*f*  
Hypochromasia, 67, 67*b*, 67*f*–68*f*  
Hypocoagulable states, 90–91, 91*f*  
Hypokalemia, 200  
Hyponatremia, 199–200  
Hypoperfusion, 204, 204*b*  
Hypophosphatemia, 201  
Hypoproteinemia, 178  
Hyposegmentation, 63  
  nuclear, 63, 63*b*, 63*f*  
Hypostome, 304  
Hypoxia, 204, 204*b*
- I**
- Icteric, defined, 27  
Icteric plasma, 48, 49*f*  
Icterus, 169*t*, 170*b*  
Iditol dehydrogenase, 183  
Illinois needle, 76*f*  
Image sensors  
  charge-coupled device (CCD), 21  
  complementary metal-oxide-semiconductor (CMOS), 21  
Images, digital, capturing of, 20–22  
IMHA. *see* Immune-mediated hemolytic anemia  
Immediate hypersensitivity (type I), 131*f*  
Immune complex disease (type III hypersensitivity), 131, 131*f*  
Immune-mediated hemolytic anemia (IMHA), 69, 130  
Immune system, disorders of, 130–132  
Immunization, 110  
Immunochromatographic assay, for blood typing, 119, 119*f*–120*f*  
Immunochromatography, 115, 115*f*  
Immunocytes, 64–65  
Immunodiffusion, 113, 125, 126*f*  
  protocol for, 126*b*  
Immunoglobulin A (IgA), 108, 109*t*  
Immunoglobulin D (IgD), 109*t*  
Immunoglobulin E (IgE), 109*t*  
Immunoglobulin G (IgG), 108, 108*b*, 109*t*  
Immunoglobulin M (IgM), 109*f*, 109*t*  
Immunoglobulins, 108  
  functions of the classes of, 109*t*  
Immunologic and molecular diagnostic tests, 328  
Immunologic examination, 253  
Immunologic tolerance, 110, 110*b*  
Immunology analyzers, 115–116  
Impedance analyzers, 42–43, 42*b*, 42*f*  
Impression smears, for intracellular parasites, 328  
Imprints, in sample collection and handling, 228, 335–336, 335*b*, 336*f*  
Inclusions, 70–71  
  canine distemper, 64  
  intracytoplasmic, in infectious disease, 64, 64*f*  
Incubation, of culture, 240, 240*b*  
Incubators, 14, 14*f*  
Indirect Coombs test, 125, 126*f*  
Indirect fluorescent antibody (IFA) technique, 126
- Indirect life cycle, 261–262  
Indirect sensitivity testing, 245–246, 246*b*  
Indole test, 250–251  
Infectious enterohepatitis, 294  
Inflammation, microscopic evaluation of, 351, 351*b*, 354*f*  
Inflammatory arthropathy, synovial fluid in, 363*t*  
Inflammatory cells, 351, 351*b*  
Inflammatory lesions, samples from, 351*b*  
Inflammatory response, 106  
In-house microbiology laboratory, 220  
Innate immune system, 106–107, 107*b*  
Inoculating loops, 221, 221*f*  
Inoculation  
  of culture media, 239–240, 239*f*  
  procedure for tube media, 240*f*  
  of slants, 240, 240*b*, 240*f*  
Inorganic phosphorus, 189, 201, 201*b*  
Insect, mouthparts of, 304*b*  
Instar, 304  
Instruments  
  for hematology, 41–44  
  maintenance of, 29–30  
Insulin  
  ratio to glucose, 196  
  release of, 194  
  test of release of, 196  
Insulin tolerance test, 195–196  
Interferons, 107  
Intermediate cell, in canine vagina, 366*f*  
Intermediate host, 261–262  
Internal parasites  
  diagnostic characteristics of, 329*t*–331*t*  
  zoonotic, 402  
Internal record, 30  
International System of Units, 24  
International Unit (U or IU), 173–174  
  factors for converting various enzyme units into, 173*b*  
Internet access, in veterinary clinical laboratory, 8–9, 8*b*  
Internet sources, evaluation criteria for, 9*b*  
“Intestinal threadworms”, 269  
Intracytoplasmic inclusions, in infectious disease, 64, 64*f*  
Intradermal testing, 122–123, 123*b*–124*b*, 124*f*  
Iodine-deficiency hypothyroidism, 208  
Iohexol clearance, 188  
Ion-selective electrode (ISE) technology, 174, 174*f*  
IRMA analyzer, 174*f*  
Isoenzyme, 174  
*Isospora suis*, 296  
Isothenuria, 146  
i-STAT analyzer, 96*f*
- J**
- Jaffe method, 186  
Jamshidi needle, 76*f*  
Johne disease, detecting by immunodiffusion, 125  
Joints, collection of microbiology specimens from, 229*t*  
Jugular blood collection, 36
- K**
- Karyolysis, 65, 66*f*, 351, 351*b*  
Karyorrhexis, 65, 66*f*, 351, 351*b*  
Kelvin scale, 25  
Keratocytes, 69, 69*f*  
Ketonemia, 151  
Ketones  
  formation of, 151  
  measurement of urine content, 151  
Ketonuria, 151
- Ketosis, 151  
Kidney  
  creatinine clearance tests, 187–188  
  endogenous creatinine clearance test, 187*b*  
  exogenous creatinine clearance test, 188*b*  
  function tests of, 185–190, 186*b*  
Kinetic assays, *versus* end point assays, 172–173  
Kinetic method, analyzers using, 172  
Kingdom Animalia, 402  
*Knemidokoptes* species, 313  
Köhler illumination, adjusting the microscope for, 18, 18*b*  
Kova urine sediment system, 155, 155*f*  
Kovac’s reagent, 250–251
- L**
- Labeling  
  of containers, 4–5  
  improper, 170  
  OSHA standards for, 5*b*, 5*f*  
  pictograms of, 5*f*  
  from reagent strip test container, 148*f*  
Laboratory  
  calculations in, 23–26  
  design of, 7–9, 8*f*  
  safety equipment and supplies in, 3*f*  
  safety policies in, 2*b*  
Laboratory diagnostics, veterinary clinical, professional associations related to, 398  
Laboratory records, 30  
Laboratory report, urinalysis, standard protocol for reporting results of, 401*f*  
Laboratory safety, 220–221, 221*b*  
Lactate, 204, 204*b*, 205*f*  
Lactate dehydrogenase (LD), 204  
Lactophenol cotton blue stain, 232  
“Lancet fluke”, 287  
Laser-based flow cytometer analyzers, 43, 43*b*, 44*f*  
Lateral flow immunoassay, 115  
Latex agglutination, 114–115  
  protocol for, 114*b*  
LD. *see* Lactate dehydrogenase  
Lead poisoning, 211, 211*f*  
“Leakage enzymes”, 182–183  
Left shift, 35  
*Legionella*, 234  
*Leishmania*, 292–293  
*Leishmania infantum*, 294*f*  
Lenses  
  objective, 16–18  
  ocular, 17  
  planachromatic, 17–18  
Leptocytes, 69, 70*b*  
*Leptospira* spp., 127  
Leucine crystals  
  characteristics of, 164  
  view of, 162*f*  
Leukemia, 35  
Leukemoid response, 35  
Leukocyte casts  
  characteristics of, 160  
  view of, 159*f*  
Leukocytes  
  characteristics of, 158  
  in urine, 153  
Leukocytosis, 35  
Leukopet system, 44, 45*b*, 45*f*  
Leukopoesis, 33  
Lice, 306–307  
  on domestic animals and humans, 306*f*, 306*t*  
Light microscopes, 16  
Light source, 171  
Line smear, 345, 345*b*, 347*f*  
*Linguatula serrata*, 314  
*Linognathus setosus*, 307*f*

- Lipase, 192  
 activity in peritoneal fluid, 192  
 as factor for converting enzyme units into International Units, 173b  
 testing for pancreatic exocrine function, 192
- Lipemia, 169t, 170b
- Lipemic, 48  
 defined, 27
- Liter, 23–24
- Liver, tests of function of, 184
- “Liver fluke”, 287  
 life history of, 288f
- Live-to-dead sperm ratio, 370
- “Lizard-poisoning fluke”, 284f
- Logarithmic notation, 25
- Lower respiratory tract, collection of microbiology specimens from, 229t
- Low-speed centrifugation, for sample collection and handling, 341
- Lugol’s iodine, 292
- Lung carcinoma, 354f
- “Lung fluke”, 287
- Lutzomyia* species, 308
- Lymph nodes, 360–361, 361f  
 aspirates, cell types found in, 360t  
 hyperplastic, 356f  
 malignant neoplasia in, 361, 361f  
 normal, 360b, 360f  
 reactive, 360–361, 361b, 361f
- Lymphoblasts, in lymph node aspirates, 360t
- Lymphocytes, 59, 59b, 59f, 107  
 atypical and reactive, 64–65, 64f  
 cytoplasm of, azurophilic granules in, 64–65  
 in lymph node aspirates, 360t
- Lymphoid stem cells, 107, 109  
 pathways of, 108f
- Lymphoma, 132  
 malignant, 361f
- Lymphopenia, 35
- Lymphopoiesis, 34–35
- Lymphoproliferative disease, 81
- Lymphosarcoma, 355f
- Lysosomal storage disorders, 65, 65f
- M**
- MacConkey agar, 222–223, 222f, 236–239
- Macracanthorhynchus hirudinaceus*, 289
- Macrocytosis, 63
- Macrohematocrit, 49
- Macrokaryosis, in malignancy, 355f, 355t
- Macronucleoli, in malignancy, 355f, 355t
- Macrophages, 34, 34b  
 in lymph node aspirates, 360t
- Magnesium, 201
- Magnesium sulfate, as flotation solutions, 322t
- Maintenance  
 of instrument, 29–30  
 of microscope, 18–20  
 of refractometers, 13
- Malachite green endospore stain, 235f
- Malassezia* organisms, 257t, 365, 365b, 365f
- Malassimilation, 209
- Maldigestion, 209
- Malignancy, nuclear criteria for, 355t
- Malignant lymphoma, 361f
- Malignant neoplasia, 361, 361f
- Mallophaga*, 306–307, 306b
- Mammalian leukocytes, 57–59
- Mannitol salt agar, 225
- Manual cell counts, 44, 46f
- Marshallagia* species, 268
- Mast cells, 352–356, 355f  
 in lymph node aspirates, 360t  
 present in bone marrow, 77–78, 78f–79f  
 tumor, 356f
- Material Safety Data Sheets, 4, 4b, 4f  
 components of, 4b
- McFarland suspension, 245–246, 247f
- MCV. *see* Mean corpuscular volume
- Mean corpuscular hemoglobin, 51  
 concentration, 51–52
- Mean corpuscular volume (MCV), 43, 51
- Mean platelet volume (MPV), 93
- Measurement, units of, 173–174
- Mechanical counter, for differential cell count, 57f
- Mechanical stage, microscope and, 16, 17f
- Medicinal leech, 314–315
- Megakaryocytes, 34  
 in canine bone marrow aspirate sample, 78f  
 distribution in bone marrow aspirates, 77
- Megathrombocytes, 60, 60f
- Melamine toxicity, crystals associated with, 164
- Melanocytes, 356f
- Melanoma, 356f
- Melanophage, 356f
- Melena, 209
- Melophagus ovinus*, 309, 309f
- Membrane enzyme-linked immunosorbent assay (ELISA), protocol for, 114b
- Membrane filtration, for sample collection and handling, 341
- Mesenchymal cell tumors, 352–356, 355f, 355t
- Mesophiles, 216
- Mesothelial cells, reactive, 359f
- Metabolic acidosis, 199
- Metabolic alkalosis, 199
- Metamycocyte, 34
- Metarubricyte, 33–34
- Metastrongyloidea, 269–270
- Metastrongylus apri*, 270
- Metestrus, 367–368, 368b, 368f
- Methanol, 55
- Methemoglobin, 50
- Methylene blue, 55
- Metric system, 23–26  
 basic units of, 23–24, 23t, 24b
- Metritis, 368, 368f
- MIC. *see* Minimum inhibitory concentration
- Microaerophilic bacteria, 215–216
- Microbiology, 215–219  
 bacterial cell morphology, 215–217, 216b–217b, 216f  
 bacterial growth, 217–218, 217f–218f, 218b  
 virology, 218
- Microbiology laboratory  
 equipment and supplies for, 221–222  
 in-house, 220
- Microcytic anemia, 82
- Microcytosis, 67
- Microfilariae, 273  
 differentiation of, using the Modified Knott’s technique for, 328t  
 of *Dirofilaria immitis*, 327f  
 in urine sediment of dog, 165, 165f
- Microhematocrit (mHct), 47–48, 48f–50f  
 centrifuge, 10–11  
 calibration of, 50b, 50f
- Microhematocrit tubes, 10
- Micrometer  
 ocular, 20  
 stage, 20, 20f
- Microorganisms, 164–165
- Microparticles, 86–87
- Microscope, 16–22  
 calibration of, 20, 20b  
 care and maintenance of, 18–20  
 digital, 20  
 operation of, 19b, 19f
- Microscopic evaluation, 350–356, 351b, 352f–353f  
 of inflammation, 351, 351b, 354f
- Microscopic evaluation (*Continued*)  
 of neoplasia, 351–356, 351b, 355t, 354f, 356f
- Microsporium*, 254–255
- Microsporium canis*, 254–255, 255b, 255f
- Microsporium gypseum*, 254–255
- Microwell enzyme immunoassay, 113f, 113b
- Midges, 307–308
- Milk  
 collection of microbiology specimens from, 229t  
 examination of, 371
- Millipore filtration procedure, 327b
- Minimum inhibitory concentration (MIC), 248, 248f
- Miscellaneous tests, 203–213  
 creatine kinase (CK), 203–204, 204f  
 endocrine system assays, 204–208  
 adrenocortical function tests, 205–207, 205b  
 pituitary function tests, 208  
 thyroid assays, 207–208  
 gastrointestinal function, chemical tests of, 208–210  
 fecal occult blood, 209  
 monosaccharide absorption tests, 209–210  
 mucin clot test, 210  
 serum folate and cobalamin, 210  
 lactate, 204, 204b, 205f  
 toxicology, 210–212  
 anticoagulant rodenticides, 211  
 drugs of abuse, 212, 212f  
 ethylene glycol, 211–212, 212f  
 hemoglobin, denaturation, 211  
 lead poisoning, 211, 211f  
 nitrate or nitrite poisoning, 211  
 toxicologic specimens, 210–211  
 troponin and brain natriuretic peptide, 204
- Mites, 312–314
- Mitosis, in malignancy, 355t
- Mitotic figures, in malignancy, 355f, 355t
- Modified Knott’s test, 327–328, 328b, 328t
- Modified McMaster quantitative egg-counting technique, 326b
- Modified Sheather’s solution, as flotation solutions, 322t
- Modified transudates, 358t, 359, 360f
- Modular culture media, 225–226, 226b
- Molecular diagnostics, 127–129  
 for veterinary pathogens, 128t
- Moniezia* species, 281–282  
 ova of, 282f
- Monoblasts, 34
- Monochromatic light, 171–172
- Monocytes, 59, 59b, 59f
- Monopoiesis, 34
- Monosaccharide absorption tests  
 in dogs and horses, 209b  
 probing of intestinal function, 209–210
- Monovette, 89, 90f
- Mordant, 232
- Motility, 250–251
- Motility media, 240f, 250, 251f
- Mott cells, 360–361
- MPV. *see* Mean platelet volume
- Mucin clot test, 210
- Mucus threads  
 characteristics of, 165  
 view of, 159f
- Mueller-Hinton agar, 225
- Muellerius capillaris*, 269, 269f
- Multiceps multiceps*, 280
- Multiceps serialis*, 280
- Multiceps* species, 280
- Multinucleation, in malignancy, 355f, 355t
- Multiple myeloma, 150
- Muscid flies, 308

- Mycelium, 217  
 Mycetoma, microscopic appearance of, 257t  
*Mycobacterium* spp., 234, 234f  
   test for, 123–124  
 Mycology, 254–258  
*Mycoplasma haemofelis*, 72, 72f  
 Myeloblasts, 34  
 Myeloid cells, maturation of, 78f  
 Myeloproliferative disease, 81  
 Myiasis, 307  
   flies that produce, 309  
 Myoglobinuria, 144, 152–153, 152b  
 Myositis, 204
- N**
- Nanophyetus salmincola*, 283  
   ovum of, 287f  
 Nasal flush, 364, 364f  
 Nasal wash, 364f  
 Natural killer (NK) cells, 107  
 Necropsy, sample collection at, 318–319  
 Necropsy tissue, collection of microbiology specimens from, 229t  
 Needles  
   for bone marrow collection, 76f  
   for fine-needle biopsy, 336  
 Nematodes, 261–275, 263t–264t  
   life cycle, 262f  
*Nematodirus* species, 268, 269f  
 Neonatal isoerythrolysis, 118, 130–131, 132f  
 Neoplasia, 81  
   malignant, 361, 361f  
   microscopic evaluation of, 351–356, 351b, 354f, 355t  
   benign, 351  
   malignant, 351, 352b, 355t  
 Neoplastic cells, tracheal wash and, 364  
 Nephron, 134, 135f  
 Neubauer rulings, 44, 45f  
 Neutralization antibody reaction, 109  
 Neutrophilia, 56  
 Neutrophils, 351  
   degenerate, 368f  
   in lymph node aspirates, 360t  
   mammalian, 57–58, 57b, 58f  
 New methylene blue (NMB), 74, 347, 347b, 347f  
 Nitrate or nitrite poisoning, 211  
 Nits, 306  
 NMB. *see* New methylene blue  
*Nocardia*  
   detection of, 234  
   incubation period for, 240  
 Nonaspirate procedure, for fine-needle biopsy, 337, 337f–338f  
 Nonbiologic variables, 29  
 Nonburrowing mites (Psoroptidae), 314  
 Nonregenerative anemia, 81  
 Normocytic anemia, 82  
*Notoedres*, 313f  
*Notoedres cati*, 313, 313f  
 Nuclear hypersegmentation, 63, 63f  
 Nuclear hyposegmentation, 63, 63b, 63f  
 Nuclear molding, in malignancy, 355f, 355t  
 Nucleated erythrocytes, 71, 71f  
 Nucleus-to-cytoplasm (N:C) ratio, in malignancy, 355t  
 Numbering systems, 23–25  
   abstract, 23  
   concrete, 23  
 Numerical aperture, 18  
 Nymphs, 304
- O**
- Objective lenses, 16–18, 19b  
   achromatic, 17–18  
   semi-achromatic, 17–18  
 Obligate aerobes, 215–216  
 Obligate anaerobes, 215–216  
 Occult blood, urine values for common domestic species, 150t  
 Occupational Exposure to Hazardous Chemicals, in laboratory standards, 4  
 Occupational Safety and Health Administration (OSHA), 2  
   poster for, 3f  
   standards, 4–7  
 Ocular lens, 17  
 Ocular micrometer, 20  
 OD. *see* Optical density  
*Oesophagostomum dentatum*, 267–268  
 Oliguria, 135, 144  
*Ollulanus tricuspis*, 269  
*Onchocerca cervicalis*, 273, 307–308  
*Oncicola canis*, 289  
 Oncosphere, 277  
 One-point calibration, 172  
 One-stage prothrombin time tests (OSPT), 97  
 Oocyst, 294  
   of *Cryptosporidium* species, 299f  
 Opsonization, 107  
 Optical density (OD), 172  
 Optical tube length, 16  
 Oral xylose, absorption in dogs, 209b  
 Orotracheal technique, in transtracheal/bronchial wash, 340–341, 340f  
 OSHA. *see* Occupational Safety and Health Administration  
 OSPT. *see* One-stage prothrombin time tests  
*Otobius megnini*, 312f  
*Otodectes cynotis*, 314, 315f  
 Ovalocytes, 70  
 Oxalates, 38  
 Oxidase activity, 251–252, 252f  
 Oxyhemoglobin, 50  
*Oxyuris equi*, 271–272, 271f  
 Oxyuroidea, 271–272
- P**
- Packed cell volume (PCV), 43, 47–52, 48b, 48f–50f  
   normal values for common species, 50t  
   results of, significance of, 49, 49b, 50f  
 “Paddle” media, 225–226  
 Pancreas, 191b  
 Pancreas assay  
   endocrine pancreas tests, 193–196  
   exocrine pancreas tests, 192–193  
 Pancreatic function tests, 191–196  
 Pancreatitis, advantages and disadvantages of tests used in diagnosis of, 193t  
 Pancytopenia, 35  
 Pandy test, 178  
 Papanicolaou stains, 347–348  
 Parabasal epithelial cell, in canine vagina, 366f  
 Paracentesis, 339  
*Paragonimus kellicotti*  
   ovum of, 287f  
   prepatent period, 287  
*Paramphistomum* species, 288  
*Paranoplocephala mamillana*, 280–281  
*Parascaris equorum*, 265, 266f  
 Parasites, 71–73, 71f, 72b  
   of exotic animals, 399–400  
   ova of, 165  
   taxonomic classification of, 402  
   zoonotic internal, 402  
 Parthenogenetic, defined, 269  
 Passive immunity, 110  
 Pathogenic bacteria, 216b  
 Pathogens, bacterial, of veterinary importance, 387–397  
 PCR. *see* Polymerase chain reaction
- PCT. *see* Plateletcrit  
 PCV. *see* Packed cell volume  
 PDW. *see* Platelet distribution width  
*Pearsonema (Capillaria) feliscati*, 271, 271b  
*Pearsonema (Capillaria) plica*, 165, 165f, 271, 271b, 271f  
 Pediculosis, 306, 306b  
 Pelger-Huët anomaly, 63  
 Pentastomids, 314  
 Percutaneous technique, in transtracheal/bronchial wash, 340, 340f  
 Periodic parasites, 307  
 Peripheral blood, 57–59  
   morphologic features of mammalian leukocytes in, 57–59  
   morphology of normal erythrocytes in, 59–60  
 Peritoneal fluid, 357–359, 358b  
   cellular elements of, 358–359, 358f–360f, 360b  
   color, turbidity, and odor of, 358  
   total nucleated cell count in, 358  
 Peritonitis, 204  
 Personal Protective Equipment Standard, 6, 6f  
   employers and, 6, 6b  
 Petechiae, 100f  
 pH, 25b  
   increased level in urine, 141  
   logarithms and, 25  
   in measuring acidity and alkalinity of urine, 147–148, 148b  
   scale, 25, 198f  
   urine values for common domestic species, 150t  
 Phaeohyphomycosis, microscopic appearance of, 257t  
 Phagocytosis, 107  
   process of, 351  
 Phase-contrast microscopes, 16  
*Phlebotomus*, 308  
 Phosphatidylserine (PS), 86–87, 87b  
 Photodetector, 171  
 Photometer, 171  
 Photometry, 171–172  
 Photomicrographs, 20, 20b  
   capture of, attachments for, 21, 22f  
 Phylum Nematoda, 261–275, 261b  
*Physaloptera* species, 272, 273f  
*Physocephalus sexalatus*, 272–273  
 Pictograms, of specific hazard information, 5f  
 Pipettes, 13–14  
 Pituitary function tests, 208  
 PIVKA (proteins induced by vitamin K absence), 97  
 Planachromatic lenses, 17–18  
 Plasma, 32  
   collection of, 37, 37f  
   electrolytes in, 199t  
   sample preparation, 169, 169b  
 Plasma cell tumors, 352–356, 356f  
 Plasma cells, 108, 361f  
   in lymph node aspirates, 360t  
   present in bone marrow, 77–78, 78f  
 Plasma protein  
   concentration, 50  
   function of, 178b  
 Plasmablasts, in lymph node aspirates, 360t  
*Plasmodium*, 299–300  
 Platelet  
   in canine blood smear, 93f  
   count, 92–94  
   estimates, 60, 60f, 92, 92b  
   function tests for, 93  
   histogram of, 94f  
   morphology, 92–93  
   number of, 53, 60f  
 Platelet distribution width (PDW), 93, 94f  
 Platelet function analyzers, 91

- Platelet indices, 93, 93b  
 Platelet plug, 86b, 87f  
 Plateletcrit (PCT), 93  
 Platelet-large cell ratio (P-LCR), 93  
 Platelets, 34b  
*Platynosomum fastosum*, 283  
   ova of, 284f  
 P-LCR. *see* Platelet-large cell ratio  
 Pleomorphic organism, 216  
 Pleomorphism, 351  
 Pleural fluid, 357–359, 358b  
   cellular elements of, 358–359, 358f–360f, 360b  
   color, turbidity, and odor of, 358  
   total nucleated cell count in, 358  
 Pluripotent stem cell, 33, 33b, 33f  
 PMNs. *see* Polymorphonuclear leukocytes  
 Pneumocystosis, microscopic appearance of, 257t  
 Poikilocytes, 68  
 Point-of-care analyzers, 91  
 Points of equivalence, 25  
 Poisoning  
   chemicals that denature hemoglobin, 211  
   ethylene glycol, 211–212  
   from lead, 211, 211f  
   from nitrate or nitrite, 211  
 Pollakiuria, 143  
 Polychromasia, 67, 67f  
 Polycythemia, 41  
 Polycythemia vera, 41  
 Polydipsia, 143, 188  
 Polymerase chain reaction (PCR), 128–129, 128b  
   showing denaturation of DNA, 129f  
   thermal cycler for, 129f  
 Polymorphonuclear leukocytes (PMNs), 32  
 Polypropylene catheter, 139b  
 Polyuria, 135, 143, 188  
 Pooled samples, 316  
 Postmortem examination, 318  
 Potassium, 200, 201b  
   conditions associated with altered  
     concentration of, 200t  
 Potassium buffer, 198  
 Potassium hydroxide solution, 254  
 Potassium hydroxide (KOH) test, 234, 234b  
 Poxviruses, 230  
 Preanalytic variables, 29  
 Precision, 27–28  
 Prefixes, for multiples and submultiples of basic  
   units, 24t  
 Pregnancy toxemia, 151  
 Prepatent period  
   of *Fasciola hepatica*, 287  
   of *Paragonimus kellicotti*, 287  
   of *Toxocara canis*, 262–265  
 Preprandial samples, 168b  
 Presumptive identification, 236  
 Prism, 171  
 Production disorders, anemia and, 83  
 Proestrus, 366–367, 367f  
 Professional associations, related to veterinary  
   clinical laboratory diagnostics, 398  
 Proglottids, 276–277, 277b, 277f  
 Promyelocyte, 34  
 Propane burner, 221f  
 Prostatic hypertrophy, 371  
 Prostatic secretions, evaluation of, 371  
 Protein  
   acute-phase, 179, 180f  
   concentration, 178  
   determination  
     by reagent test strips, 148  
     by sulfosalicylic acid turbidity test, 148–149  
   interpretation of, in urine, 150  
   measurement, 179  
   presence in urine, 148–150  
   urine values for common domestic species, 150t  
 Protein assays, 177–184  
 Protein buffer, 199  
 Protein-losing gastroenteropathy, 209  
 Proteinuria, 149b  
 Prothrombin time (PT) test, 97  
*Protostrongylus* species, 269–270  
 Protothecosis, microscopic appearance of, 257t  
 Protozoa, 290–302  
 Protozoal parasites, 291b  
   cyst stage of, 291b  
   of veterinary species, 291t  
 Proximal convoluted tubule, 134  
 PS. *see* Phosphatidylserine  
 Pseudocoelom, 261  
*Pseudomonas*, 234  
 Pseudopodia, 291  
 Pseudotapeworms, 282–283, 283b  
*Psoroptes*, 314f  
 Psymphiles, 216  
*Pulex irritans*, 304–306  
 Punch biopsy, 337–339, 338b, 338f–339f  
 Punctate reticulocytes, 74–75  
 Pupa, 304  
 Purulent inflammation, 351  
 Pyknosis, 65, 66f, 351, 351b  
 Pyogranulomatous inflammation, 351, 354f  
 Pyogranulomatous lymphadenitis, 361f
- Q**  
 Quadrant streak method  
   for isolation of bacteria, 239b, 240f  
   method of streaking agar plate, 239  
 Qualitative analysis, 141  
 Quality assurance, 27  
 Quality control, 27–30  
   accuracy, precision, and reliability, 27–28,  
     27b  
   analysis of control materials, 28–29, 28b, 28f  
   applied, 29–30  
   of clinical specimen, 235  
   culture media, 227  
   errors in, 29  
 Quantitative analysis, 141  
 Quantitative buffy coat system, 43, 43b  
 “Queensland itch”, 307–308
- R**  
 Radioimmunoassay, 126  
 Random errors, 29  
 Rapid immunomigration (RIM), 115, 115f  
   protocol for, 115b  
 RapidVet-H test kits, 121f  
 Ratio, 24, 24b  
 RBCs. *see* Red blood cells  
 RCF. *see* Relative centrifugal force  
 RDW. *see* Red cell distribution width  
 Reactive lymph nodes, 360–361, 361b, 361f  
 Reactive lymphocytes, 64–65, 64f  
 Reactive mesothelial cells, 359f  
 Readout device, 171  
 Reagent, to detect occult bleeding, 209  
 Reagent strips  
   label of test container, 148f  
   protein determination by, 148  
 Real-time polymerase chain reaction, 128  
 Record keeping, 27–30  
 Red blood cell (RBC) antigens, 117  
 Red blood cell casts  
   characteristics of, 160  
   view of, 159f–160f  
 Red blood cells (RBCs), 32  
   crenated, 156, 157f  
   hypochromic, from dog with iron deficiency  
     anemia, 82f  
   increased level in urine, 139  
   morphologic abnormalities seen in, 66–73  
 Red blood cells (RBCs) (*Continued*)  
   shrinking in concentrate urine, 156  
   size of, classification of anemia, 82  
 Red bone marrow, 32  
 Red cell distribution width (RDW), 43  
 “Red stomach worm”, 269  
 Reference laboratory tests, 125–129  
 Reference ranges, 170, 170b, 182, 384  
 Reflectometer, 171, 173f  
 Refraction, 12  
 Refractive index, 12, 178  
 Refractometer, 12–13, 13f  
   care and maintenance of, 13, 14b, 14f  
   determination of specific gravity by, 145  
 Refractometric method, for determination of  
   total protein levels, 178  
 Refrigeration, impact on urine specific gravity,  
   141  
 Refrigerators, 14–15  
 Regenerative anemia, 82  
   in dog, 82f  
   expected reticulocyte count, 82t  
 Relative centrifugal force (RCF), 12  
 Reliability, 27–28  
 Renal epithelial cells, 158  
 Renal threshold, 134–135, 135b  
 Renal tubular nephrosis, 211–212  
 Report form, 30  
 Reproductive tract, collection of microbiology  
   specimens from, 229t  
 Request form, 30  
 Resolution, 21  
 Respiratory acidosis, 199  
 Respiratory alkalosis, 199  
 Reticulated platelets, 92–93, 93f  
 Reticulocyte count, 74–75  
 Reticulocyte maturation index, 75t  
 Reticulocyte production index, 75  
 Reticulocytes, 33–34, 34f, 74, 75f  
 Reverse transcriptase polymerase chain reaction,  
   128  
 Review questions, 373–383, 374f  
 Rhabditoida (*Strongyloides* spp.), 269, 269f  
 Rhinitis, bacterial, 364f  
 Rhinosporidiosis, microscopic appearance of,  
   257t  
*Rhipicephalus sanguineus*, 311f  
 Rickettsia, 290–302  
 Rickettsiaceae, pathogenic, 301t  
 Rickettsial parasites, 300  
 RIM. *see* Rapid immunomigration  
 Ringworm fungi, 254  
 Romanowsky stains, 55, 345–347, 347f  
 Rosenthal needle, 76f  
 Rosenthal sylet, 76f  
 Rostellum, 276–277, 277f  
 Rouleaux formation, 66, 66f  
 Round cell tumors, 352–356  
 Roundworms, 261b  
 Rubriblast, 33  
 “Rumen flukes”, 288
- S**  
 SAA. *see* Serum amyloid A  
 Sabouraud dextrose agar, 225, 254  
 Safety  
   biohazard symbol, 6f  
   incorporated into the laboratory, 2  
   OSHA mandating specific laboratory practices,  
     2  
*Salmonella typhi*, 225  
 “Salmon-poisoning fluke”, 283  
 Salt fractionation, 178  
 Sample  
   best for sediment examination, 154–155  
   for coagulation testing, 89b

- Sample (*Continued*)  
 collection and handling of, 36–40, 89–90,  
 112–113, 112b, 168–170, 168b, 168f,  
 228–231, 228b, 334–342  
 blood, 36–39  
 centesis in, 339–340, 339f  
 concentration techniques in, 341  
 fine-needle biopsy in, 336–337  
 imprints in, 335–336, 335b, 336f  
 scrapings in, 335, 335f  
 swabs in, 334–335, 335b, 335f  
 tissue biopsy in, 337–339  
 transtracheal/bronchial wash in, 340–341, 340b  
 collection for fungal testing, 230t  
 collection for microbiology specimens, 229t  
 collection for urinalysis, 138–142, 138f  
 cytology, 334–335  
 improper handling of, 170  
 improper labeling of, 170  
 serologic, handling of, 113  
 submission of, 230–231  
 toxicologic specimens, 210–211
- Sandflies, 308
- Sarcocystis*, 296
- Sarcoma, 352–356, 354f
- Sarcoma cells, in lymph node aspirates, 360t
- Sarcocystis, 292–294
- Sarcoptes*, 313f
- Sarcoptes scabiei*, 313, 313f
- Saturated salt, as flotation solutions, 322t
- SBA. *see* Serum bile acid
- Scalpel blade, for skin scrapings, 317f
- Schistocytes, 68, 68f
- Scientific notation, 24–25, 25b
- Scolex, 276–277, 277f
- Scrapings, in sample collection and handling,  
 335, 335f
- Secondary hyperlipidemia, 182b
- Sediment  
 with cast and RBC, 157f  
 constituents of, 156–164
- Sedi-Stain, 156f
- Segmented worms, 314–315
- Selective media, 222
- Selenium, 211
- Semen  
 ejaculate  
 gross appearance of, 369  
 volume of, 368–369  
 evaluation of, 368–371  
 other cells in, 371
- Sensitivity, 112, 112b
- Septic inflammation, 351, 354f
- Serial dilutions, 24
- Serum  
 collection of, 37, 37f  
 sample preparation, 169, 169b
- Serum amyloid A (SAA), 179, 180t
- Serum bile acid (SBA)  
 concentrations of, 182  
 level of, 182
- Serum creatinine, 186, 186b
- Serum folate, 210
- Serum pancreatic lipase immunoreactivity, 193
- Serum separator tubes (SSTs), 169
- Serum trypsin like immunoreactivity (TLI), 193
- Serum urea nitrogen (SUN), 186
- Setaria cervi*, 273–275
- Setaria equina*, 273–275
- Sexual spore, 217, 218f
- Sheep keds, 309
- “Short bowel syndrome”, 209
- Siderotic granules, 65
- Sieving method, 319b
- Simmons citrate tubes, 223
- Simple fecal flotation, 321–322, 321b
- Simple stains, 232
- Simulium*, 308
- Singe-injection inulin clearance, 188
- Sink, in veterinary clinical laboratory, 8
- Sink-mounted eyewash station, 3f
- Skin, collection of microbiology specimens from,  
 229t
- Skin scraping, 317, 317f–318f, 328–329  
 deep, 317f  
 scalpel for, 317f
- Skin twitching, 309
- Slants, inoculation of, 240, 240b, 240f
- Slide dryers, 15
- Smears, 343–349  
 cytologic preparations and samples, submission  
 of, 348, 348f  
 fixing and staining for, 345–348, 345b  
 preparation in, 343–345  
 from fluid samples, 345  
 from solid masses, 343–344
- Smudge cells, 65, 66f
- Sodium, 199–200, 200b  
 conditions associated with altered  
 concentration of, 200t
- Sodium fluoride, 38–39
- Sodium nitrate solution, as flotation solutions,  
 322t
- Sodium urate crystal, 162f
- Soft ticks (Argasidae), 310, 310b
- Solid masses, smear preparation from, 343–344
- SOPs. *see* Standard operating procedures
- Sorbitol dehydrogenase, 183
- Specific gravity  
 causes of altered urine, 145–146  
 for fecal flotation, 322t  
 of urine, 145–146, 145b  
 urine values for common domestic species,  
 145t, 150t
- Specificity, 112, 112b
- Specimen  
 collection guidelines for, 229–230, 229t  
 common bacterial pathogens in, 238t  
 sequence of testing, 237b  
 storage and handling of, 141, 141b
- Spectrophotometers, 171
- Spectrophotometry  
 measured solution with, 171–172  
 principles of, 172f
- Spectrum CS media, 225–226, 226f
- Sperm  
 concentration of, 369  
 morphology of, 370, 370f–371f  
 motility of, 369  
 ratio, live-to-dead, 370
- Spermatozoa, 370f  
 in urine sediment, 165
- Spherocytes, 69, 69f
- Spill Cleanup Kit, 3f
- Spiral bacteria, 216, 216f
- Spirocerca lupi*, 272, 272f
- Spirometra mansonioides*  
 ovum of, 283f  
 proglottids of, 282f
- Spirometra* species, 282
- Spiruroidea, 272–273
- Sporangiospore, 217, 218f
- Spores, 216–217, 217b
- Sporotrichosis, microscopic appearance of, 257t
- Squamous epithelial cell  
 characteristics of, 158  
 in stained canine urine, 158f
- Squash prep, 343–344
- SSTs. *see* Serum separator tubes
- Stab technique, for fine-needle biopsy, 337,  
 337f–338f
- Stable fly, 308, 308f
- Stage micrometer, 20, 20f
- Stain, Sternheimer-Malbin, 155
- Staining, of cytology sample, 345–348, 345b  
 Diff-Quik, 346  
 new methylene blue, 347, 347b, 347f  
 Papanicolaou, 347–348  
 problems with, 348, 349t  
 Romanowsky, 345–347, 347f
- Staining procedures, 326
- Standard curve methods, 172
- Standard operating procedures (SOPs), 27, 30
- Standard urine sediment examination techniques,  
 for parasites of the urinary system, 328
- Standards, 27–28
- Staphylococcus aureus*, 247
- Starfish smear, 344, 344b, 346f
- Stem cell, pluripotent, 33, 33b
- Stephanurus dentatus*, 273
- Sternheimer-Malbin stain, 155
- “Stick-tight flea”, 304
- Stomatocytes, 69, 70f
- Stomoxys calcitrans*, 308f
- Storage space, in veterinary clinical laboratory, 8
- Strobila, 276–277
- Strongyles, 267, 268f
- Strongyloidea, 266–268, 266b, 267f
- Strongyloides papillosus*, 269
- Strongyloides ransomi*, 269
- Strongyloides stercoralis*, 269
- Strongyloides tumefaciens*, 269
- Strongyloides westeri*, 269
- Strongylus edentatus*, 267
- Strongylus equinus*, 267
- Strongylus vulgaris*, 267
- Struvite crystals  
 characteristics of, 161  
 in unstained canine urine, 163f
- Substrates, in endpoint vs. kinetic assays, 172
- Sucking lice, 306, 307f
- Sulfhemoglobin, 50
- Sulfide-indole motility tubes, 223
- Sulfonamide crystals, 162
- Sulfosalicylic acid turbidity test, protein  
 determination by, 148–149
- “Summer dermatitis”, 307–308
- SUN. *see* Serum urea nitrogen
- Superficial cell, in canine vagina, 366f
- Supernatant, 10–11
- Suppurative inflammation, 351, 354f
- Swabbing, specimen collection by, 228
- Swabs, in sample collection and handling,  
 334–335, 335b, 335f
- “Sweat itch”, 307–308
- “Sweet itch”, 307–308
- Symbol, for biohazard materials, 6f
- Synovial fluid  
 analysis of, 362, 362b  
 classification of, 363t  
 color and turbidity of, 362  
 viscosity of, 362–363, 363f
- Syringe, for fine-needle biopsy, 336
- Système International d’Unités (SI), 173–174
- Systemic dimorphic fungi, 257t
- Systemic lupus erythematosus, 131
- T**
- T cell-mediated diseases (type IV), 131, 131f,  
 132b
- T lymphocytes, 108
- Tabanus* species, 308–309, 309f
- Tachometer, 12
- Taenia hydatigena*, 279
- Taenia ovis*, 279
- Taenia pisiformis*, 279  
 larval stage of, 280f  
 life cycle of, 281f

- Taenia taeniaeformis*, 280  
 Taeniid tapeworms, characteristic ova of, 280f  
 Tapeworms, 276  
 Target cells, 69, 70b  
 Temperature, conversions of, 25  
 Temperature-controlling equipment, 14–15  
 Tentative identification, 236  
 Test selection, 27  
 Test sites, 122–123, 123b  
 Test tubes, 10  
*Thelazia californiensis*, 272  
*Thelazia gulosa*, 272  
*Thelazia lacrymalis*, 272  
*Thelazia rhodesii*, 272  
*Thelazia* species, 272f  
 Thermal cyler, for polymerase chain reaction, 129f  
 Thermophiles, 216  
*Thermus aquaticus*, 128b  
 Thioglycollate broth, 223  
 Thoracentesis, 339  
 Thorny-head worms, 289  
 Three-step stain, 55  
 Thrombin, 86–87, 87f  
 Thrombocrit, 93  
 Thrombocytes, 32  
 Thrombocytopathia, laboratory test results for, 104t  
 Thrombocytopenia, 92, 101, 101t–102t  
   drugs associated with, 103b  
   laboratory test results for, 104t  
 Thrombocytosis, 92  
 Thromboelastograph, 90–91  
   machines for, 91f  
   tracings, 91f  
 Thrombopathia, 93  
 Thrombopoiesis, 33–34  
 Thrombopoietin, 34  
 Thyroid assays, testing for endocrine system  
   function, 207–208, 207b  
 Thyroid disease, 207  
 Thyroid hormone, 182  
 Thyroid-stimulating hormone (TSH), 207  
   response test, 207–208, 207b  
 Thyrotropin-releasing factor (TRF), 207  
 Thyrotropin-releasing hormone (TRH) response,  
   208  
 Thyroxine (T<sub>4</sub>), 207  
*Thysanosoma actinoides*, 282  
 Tick paralysis, 310  
 Ticks, 310–312  
   life cycle of, 311f  
 Tissue biopsy, for sample collection and handling,  
   337–339  
 Tom Cat Catheter, 139f  
 Tongue worms, 314  
 Torocytes, 67  
 Total magnification, 17, 17b  
 Total nucleated cell count, 358  
 Total protein, 178, 178b–179b, 178f  
 Total solids meter, 12  
*Toxascaris leonina*, 262–265, 266f  
*Toxascaris* species, 266f  
 Toxic change, 63, 63f–64f, 64b  
 Toxic granulation, 63, 64f  
 Toxicology, 210–212  
   anticoagulant rodenticides, 211  
   drugs of abuse, 212, 212f  
   ethylene glycol, 211–212, 212f  
   hemoglobin, denaturation, 211  
   lead poisoning, 211, 211f  
   nitrate or nitrite poisoning, 211  
   toxicologic specimens, 210–211  
*Toxocara canis*, 262–265, 265f  
*Toxocara cati*, 262–265, 266f  
*Toxocara (Neoascaris) vitulorum*, 265  
*Toxoplasma*, 296, 296b  
*Toxoplasma gondii*, 296, 297f–298f  
 Tracheal wash, 363–364, 363f–364f, 364b  
 Transaminases, 173b  
 Transitional epithelial cells, 158, 158f  
 Transmissible venereal tumors, 352–356, 354f  
 Transport media, 222, 228  
 Transtracheal wash, in sample collection and  
   handling, 340–341, 340b  
 Transudates, 358t, 359, 359f  
 Trematodes, 283–288  
   of dogs and cats, 283–287  
   life history variations of, 284f  
   of ruminants, 287–288  
   of veterinary importance, 285t–286t  
 TRF. *see* Thyrotropin-releasing factor  
*Trichinella spiralis*, 271, 271b  
*Trichodectes canis*, 307f  
 Trichomonads, 293–294  
*Trichomonas gallinae*, 294  
 Trichophyton, 254–255  
*Trichophyton mentagrophytes*, 254–255  
*Trichosporon*, 257t  
 Trichostrongyloidea, 268–269, 268f  
*Trichuris campanula*, 270  
*Trichuris ovis*, 271  
*Trichuris serrata*, 270  
*Trichuris suis*, 271  
*Trichuris vulpis*, 270, 270f  
 Trichuroidea (*Trichuris* spp., *Eucoleus* spp., and  
   *Trichinella spiralis*), 270–271  
 Triiodothyronine (T<sub>3</sub>), 207  
 Triiodothyronine suppression test, 208  
 Trinocular microscope, 20–21, 21f  
 Triple phosphate crystal, 162f  
 Triple sugar iron agar, 223–225  
   reactions of *Salmonella* species in, 225  
   used to classify bacteria according to their  
     fermenting ability, 225f  
*Tritrichomonas foetus*, 293–294, 294b, 329  
 Trophozoite, 291, 291b  
   of *Giardia* species, 292b  
*Trypanosoma cruzi*, 292, 293f  
 Trypanosomes, 292  
 Trypomastigote, 292  
 Trypsin, 192  
 Trypticase soy agar, 222–223, 227  
 TSH. *see* Thyroid-stimulating hormone  
 Tube method, for blood typing, 118–119, 118b  
 Tuberculin skin test, 123–124  
 Tumor, categories of, 355t  
 Turbidity, in centesis, 339–340, 340f  
 Type I hypersensitivity, 130  
   clinical manifestations of, 132f  
 Type II hypersensitivity disorders, 130  
 Tyrosine crystals  
   characteristics of, 164  
   view of, 162f, 164f  
 Tzanck preparation, 335
- U**  
*Uncinaria stenocephala*, 266  
 Undulatory ridges, 291  
 Upper respiratory tract, collection of  
   microbiology specimens from, 229t  
 Urea tubes, 223, 224f  
 Ureters, 135  
 Uric acid, 187, 187b  
 Uric acid crystals  
   characteristics of, 161  
   view of, 162f–163f  
 Uri-Cult, 225–226, 226f  
 Urinalysis  
   analyzers, 153, 153f  
   laboratory report, standard protocol for  
     reporting results of, 401, 401f  
   reference ranges, 386t  
   routine, 144b  
 Urinary bladder, 135  
 Urinary system, anatomy and physiology of,  
   134–137, 134b, 134f–135f  
 Urinary tract, collection of microbiology  
   specimens from, 229t  
 Urine  
   chemical evaluation of, 147–153, 147f  
   clarity/transparency of, 144–145  
   collection of sample of, 138–142, 138f  
   color of, 144, 144b, 144f, 144t  
   constituents of sediment in, 156–164  
   cytology, dry-mount, 156  
   effect of drugs and other factors on  
     measurement of constituents in, 149t  
   formation of, 134–135, 136f  
   interpretation of protein in, 150  
   measurement of ketone in, 151  
   measuring pH value of, 147–148  
   microorganisms in, 164–165  
   miscellaneous components of, 165  
   normal daily production for domestic species,  
     144t  
   odor of, 145, 145b  
   physical examination of, 143–146, 143f  
   preparing sediment for microscopic  
     examination, 155b  
   protein measurement in, 148–150  
   sample collection and handling of, 168–170, 168f  
   sediment analysis, 154–166, 154f  
   sediment with cast and red blood cells, 157f  
   specific gravity of, 145–146, 145t  
   stained and unstained sediment of, 156f  
   types of cells in, 157f  
   unstained with crenated red blood cells and  
     epithelial cells, 157f  
   values for common domestic species, 150t  
   volume of, 143–144, 143b  
   volume regulation of, 135  
 Urine dipsticks, 148  
 Urine protein/creatinine ratio, 149, 187  
 Urine S-Monovette system, 139–141, 141f  
 Urinometer, 145  
 Urobilinogen  
   bacteria converting bilirubin into, 152  
   detected in urine, 151  
 Urochromes, 144  
 Urolithiasis, 165–166  
 Uroliths, 161  
 Urticaria, 122, 123f
- V**  
 Vacutainer system, 36–37, 37b, 37f  
   used to collect serum or plasma, 112  
 Vacuum collection, of parasite, on skin, 318, 319f  
 Vaginal cytology, 365–368  
   cell types seen on, 365–368, 366f–367f  
   anestrus, 365–366  
   estrus, 367, 367f  
   metestrus, 367–368, 368b, 368f  
   metritis, 368, 368f  
   proestrus, 366–367, 367f  
   vaginitis, 368, 368f  
 Vaginal swabs, 334–335, 365b  
 Vaginitis, 368, 368f  
*Vampirolepis nana*, 282  
 Vasopressin response test, 188–189, 189b  
 Venous blood, 36, 36b  
 Veterinary clinical laboratory diagnostics,  
   professional associations related to, 398  
 Veterinary technician  
   dilutions prepared by, 24  
   knowledge and skill at performing a variety of  
     calculations, 23  
   use of internet as a diagnostic aid by, 8  
   wearing personal protective equipment,  
     220–221

- Viral specimens, collection of, 230–231  
 Virology, 218  
 Virus  
   grown in laboratory, 218  
   identification of, 218  
   isolation of, 218  
   tissue samples for attempted isolation of, 230  
 Vitamin K  
   anticoagulant rodenticides inhibiting metabolism of, 211  
   for coagulation factors activation, 97  
   deficiency, 101–103, 103*b*  
 Vitreous humor, 362  
 Voided samples, 138–139, 138*b*  
 Volume displacement, 199  
 Vomitus, examination of, 325  
 von Willebrand disease (vWD), 100, 100*b*  
   canine, 100*t*  
   laboratory test results for, 104*t*  
 von Willebrand factor (vWF), 86, 87*f*, 98  
 vWD. *see* von Willebrand disease  
 vWF. *see* von Willebrand factor
- W**  
 Wand enzyme-linked immunosorbent assay (ELISA), protocol for, 114*b*
- Warbles, 307  
 Warfarin, laboratory test resultZXS for toxicity of, 104*t*  
 Water baths, 15  
 Water-deprivation tests, 188, 189*b*  
 Wave motion, in sperm motility, 369  
 Wavelength selector, 171  
 Waxy casts  
   characteristics of, 160  
   view of, 160*f*  
 WBCs. *see* White blood cells  
 Wedge biopsy, 337  
 Wedge smear, 53, 54*b*–55*b*, 54*f*  
 Wet prep, 250  
 Wheals, 122, 123*f*  
 Whipworms, 270  
 White blood cells (WBCs), 32, 57  
   morphologic abnormalities in, 63–65  
   in urine, 158*f*  
 Whole blood, 32  
   clotting time, 96  
   collection of, 37  
 WITNESS FeLV test, 115*f*  
 Wood's lamp, 254, 255*b*, 255*f*  
 Working-strength reagent systems, 175  
 Wright-Giemsa stain, 55  
 Wright's stain, 55
- X**  
 Xylene, 18–19  
 Xylose, absorption, 209–210, 209*b*
- Y**  
 Yeast infections, microscopic appearance of, 257*t*  
 Yeasts, 217, 257*t*  
   found in urine, 157*f*  
 Yellow bone marrow, 33  
*Yersinia* bacteria, 233*f*
- Z**  
 Ziehl-Neelsen stain, 234  
 Zinc sulfate  
   as best flotation medium for recovering cyst, 292  
   as flotation solutions, 322*t*  
 “Zipper” tapeworms, 282  
 Zone of inhibition  
   measurement of, 247, 247*b*, 247*f*  
   reading of, 247  
   testing antibiotic resistance to bacteria, 246*t*  
 Zone sizes, interpretation of, 247  
 Zoonoses, 6  
 Zoonotic internal parasites, 402  
 Zygomycosis, microscopic appearance of, 257*t*  
 Zygospores, 217, 218*f*