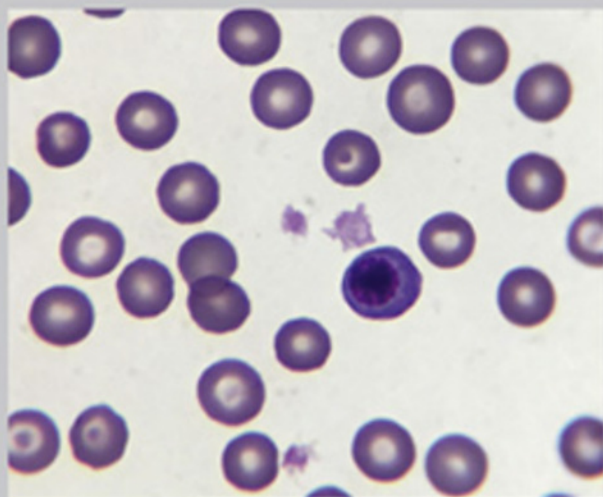


Margi Sirois

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

Copyright © 2020 by Elsevier, Inc. All rights reserved.

No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or any information storage and retrieval system, without permission in writing from the publisher. Details on how to seek permission, further information about the Publisher's permissions policies and our arrangements with organizations such as the Copyright Clearance Center and the Copyright Licensing Agency, can be found at our website: www.elsevier.com/permissions

This book and the individual contributions contained in it are protected under copyright by the Publisher (other than as may be noted herein).

Notices

Practitioners and researchers must always rely on their own experience and knowledge in evaluating and using any information, methods, compounds or experiments described herein. Because of rapid advances in the medical sciences, in particular, independent verification of diagnoses and drug dosages should be made. To the fullest extent of the law, no responsibility is assumed by Elsevier, authors, editors or contributors for any injury and/or damage to persons or property as a matter of products liability, negligence or otherwise, or from any use or operation of any methods, products, instructions,

Previous editions copyrighted 2015, 2007, 2002, 1997, 1992, and 1985.

International Standard Book Number: 978-0-323-59538-4

Kristin Wilhelm

Senior Content Development Manager: Ellen Wurm-Cutter

Senior Content Development Editor: Maria Broeker

Publishing Services Manager:

Book Production Specialist: Carol O'Connell

Patrick Ferguson

Printed in China

Last digit is the print number:



3251 Riverport Lane
St. Louis, Missouri 63043



Working together
to grow libraries in
developing countries

www.elsevier.com • www.bookaid.org

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.

CONTRIBUTORS

Tim MT(ASCP), NCA, CLS
Director, Technical Operations
MicroVet Diagnostics
Inman, South Carolina

Katie Foust BS, AS
Clinical Director, Veterinary Technician Program
Pima Medical Institute
Tucson, Arizona
Course Faculty, Veterinary Technician Program
Ashworth College
Norcross, Georgia

PREFACE

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 additions, 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.

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.



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



Fig. 1.1 Sink-Mounted Eyewash Station. This type of station is preferable

may not be of adequate volume to properly flush the eyes.



Biohazard waste disposal containers are available in a variety of

scalpel blades, hypodermic needles).

Job Safety and Health

It's the law!

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.
- You must comply with all occupational safety and health standards issued under the *OSH Act* that apply to your own actions and conduct on the job.

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*.

OSHA
Occupational Safety
and Health Administration
U.S. Department of Labor

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 3100-02 2012C

This free poster is available from OSHA –
The Best Resource for Safety and Health

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.)

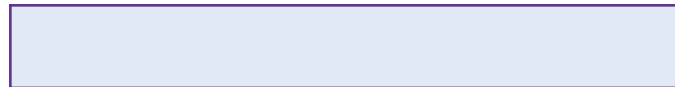
Depending on the specific types of equipment present and the tests performed in the veterinary practice laboratory, veterinary technicians be exposed to variety of potential hazards. These include biologic physical hazards well hazards to musculoskeletal system related to improper ergonomics.

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 dous materials when feasible. hen engineering, administrative, and procedural ontrols ly ffective or emoval hazard, E equired.

There are large number of specific standards related to veterinary practice ontained cupational afety ct. These ode ederal egula tions FR) in ction esignated Title 29. Each andard designated with part number. For example, standard regarding ormaldehyde or cations laboratories esignated art veral pendices. The ast rity ply ecifically workplace ety art high vided subparts designated with letters through Summary informa tion egarding the andards with application to eterinary ractice oratory ontained hapter.

The standard titled Occupational Exposure to Hazardous Chemicals ommonly eferred Laboratory Standard. This standard requires each employer designate mployee hemical ygiene er; individual responsible for implementation of required CHP. The must contain specific details about chemical hazards present workplace, scope extent of worker training documentation of training, criteria for of PPE, precautions for handling hazardous chemicals, monitor f xposure, ecific ctions equired hen xposure occurs, luding equired.



The azard omunication contains equirements or mployers valuate otential hemical hazards ommunicate ormation out appropriate roective ures mployees be otentially xposed nformation communicated to employees writing must include of all dous hemicals high xposed. orker training rograms egarding hen hazardous chemicals are included standard. The standard mandates placement of specific types of labels on containers of hazardous chemicals; requires employer

Material Safety Data Sheets (MSDSs) for all chemicals ccessible mployees are provided by manufacturers of potentially hazardous chemi they must contain specific information. The minimum information equired ollows:



Material Safety Data Sheets must be available to employees.

Safety Data Sheet

- Manufacturer's ontact ormation
 - Hazardous redients/identity ormation
 - Physical/chemical haracteristics
 - Fire xplosion
 - Reactivity
 - Health
 - Precautions or
 - Control ures
- Additional ormation resent. ecom mends of specific 16-section format for which ummarized [ox](#)

The Hazard Communication Standard contains detailed informa tion out roper eling ontainers hemicals hen chemicals are removed from their primary container ced condary ontainers or condary el must ontain ecific ormation. condary el required hen erial ork of erson led ontainer, hen erson filled ontainer ves ork hen ontainer moved to different work area from where filled

The Bloodborne Pathogens Standard includes mandates to protect workers from infection with infectious agents present in blood and other potentially infectious materials (OPIM). The standard also requires employers to develop and implement a written Bloodborne Pathogens Prevention and Control Plan, which must include specific procedures for handling and disposal of contaminated sharps, needles, and syringes. The standard also requires employers to provide training to all employees who have occupational exposure to blood and other potentially infectious materials (OPIM). The standard also requires employers to provide a hepatitis B vaccine to all employees who have occupational exposure to blood and other potentially infectious materials (OPIM).

exposures to **bloodborne pathogens** could potentially occur during certain biological control activities and quality control programs. However, safety such control activities are never manufactured based products. Chemical disinfectants are used 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 a body of evidence, including types of diseases presented for analysis. Regulations related to other potentially infectious agents are specific for bloodborne agents, except when there is a potential for zoonotic transmission. Safety of infectious organisms, including zoonotic, and veterinary 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 to infectious materials. Procedures include proper handling of infectious materials. Protocols generally focus on the use of personal protective equipment (PPE), proper disinfection of surfaces, and mechanisms such as autoclaving infectious materials before disposal.

The personal protective equipment standard 29 CFR 1910.132 requires employers provide, or ensure appropriate use of, PPE when there is a potential for exposure to chemicals, biological agents, physical contact, depending on the type of exposure, including eye protection, protective clothing, and gloves. Workers are required to provide training for workers and documents.

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

are required to provide necessary PPE

Special considerations are given to biomedical industry, biohazards, biological substances (e.g., subcutaneous needles, parenteral solutions, infectious agents) and other potentially infectious substances. Containers of biohazardous materials are clearly labeled with specific symbols. **Fig.** The Centers for Disease Control and Prevention (CDC) U.S. government agency has established precise guidelines for the use of biomedical industry, biosafety levels, and risk. Brief summaries of precautions for each biosafety level are included in the following sections. Requirements for each level increase as the biosafety level increases. Requirements for lower levels are automatically included in the higher levels.

The biosafety level is determined by the nature of the agent, otherwise harmless substances may affect individuals with immune deficiency. Examples of products and organisms found at biosafety level 1 include soaps, cleaning agents, vaccines, and are administered to healthy individuals (e.g., rabies-specific infectious agents). There are specific requirements for handling or disposal of biosafety level 1 materials and formalin.



The universal biohazard symbol.

ould complete chemical, ways ludes
counters, equipment,
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 luding
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 ructions or econtamination
of equipment potentially dangerous materials, including
nitoring eporting contamination problems
• Physical containment evices toclaving, eded

Agents biosafety level are substances serious
potentially lethal The potential for aerosol respira
tory transmission rganism
category *Mycobacterium tuberculosis* t level, primary
secondary riers equired rotect ersonnel. neral
requirements vel ollows:
• Controlled ccess
• Decontamination
• Decontamination lothing, quipment
• Testing f ersonnel valuate ossible xposure
• Use f lass iosafety inets hysical
containment evices uring rocedures
• Use f ersonnel

It ely ersons 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 contain
ment. ersonnel ollow wer-in wer-out rocedures
ess ody quipped ositive
upply. ndividuals ork cilities ill
undergo xtensive raining nsure ety.

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

The .S. eartment ransportation onsiders
rials e easonably xpected contain oorganisms
otentially
hazardous ectious. nfectious erials lassified
either category category ependng egree
risk associated with exposure to materials. Category poses
her egree category category ludes
erials wn ely contain ec
tious ent orm ermanent ility,
life-threatening
xposed erial. lude ures
known o contain ents uch *Bacillus anthracis*, *Coccidioi*
des immitis, *Mycobacterium tuberculosis*, est irus.
Category ludes erials contain 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 hich gens ve een ctivated
• Specimens or known to contain infectious agents
• Specimens contain nly npathogenic
microorganisms
• Dried lood ecal ccult lood
The shipping of materials either category requires specific
packaging eling efore resented 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 eterinary oratory cated
parate om perations
area ust e ell enough ccommodate
laboratory quipment rovide omfortable ork
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 place to rinse, drain, or specimens reagents to discard. In every veterinary practice, caution be paramount; handling disposing of hazardous laboratory materials bear legal ethical responsibilities have increased substantially recent decades. Certain laboratory practices are essential for the protection of workers and the environment. Some of practices are simply good laboratory hygiene, whereas federal, state, local regulations have mandated others. thorough understanding of laws foundation of proper laboratory practices involve hazardous chemicals specimens. When doubt, veterinary tech never dispose of unknown reagents or chemicals down any drain.

Adequate storage space must be available for reagents sup to avoid clutter on laboratory counter space. Drawers cabinets be available needed supplies equipment are conveniently located site where they will be used. Some reagents specimens must be kept refrigerated or frozen. refrigerator freezer be readily available. compact countertop refrigerator sufficient for practice laboratories. Frost-free freezers remove from frozen thus them more concentrated they are left freezer too long. For long-term storage of (e.g., serum, chest freezer or freezer self-defrosting be used.

The placement of electrical equipment requires careful consideration. Sufficient electrical outlets circuit breakers must be available. Circuits must be overloaded with ungrounded

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

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

A computer with Internet access is a vital component

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

Two determinants are used to website quality. First, high-quality Internet sites are unbiased: group providing information have vested interest (e.g., selling product) slanting information certain way. Second, sources be staffed by recognized experts field, such

from government agency, college or university
nestic 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 eviwed 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 eviw uestions [ppendix](#)

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

- Personnel rovided propiate 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 and vertical-head centrifuges.
- Describe proper use of a centrifuge.
- Discuss 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.



cally designed for small sample volumes.

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).

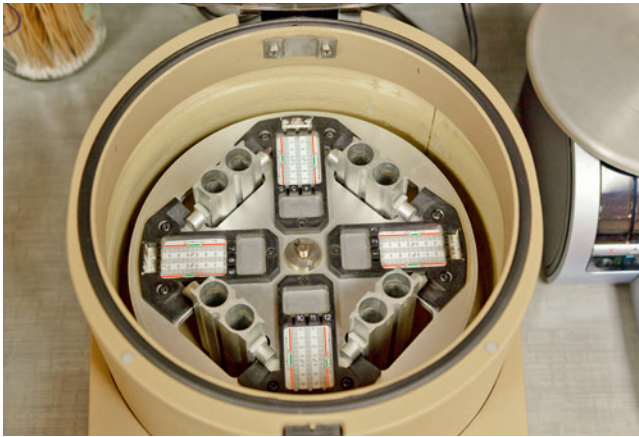
Centrifuges separate substances according to their

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

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 holes in the centrifuge head and held at a 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 angled centrifuge usually accommodates only 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 is configured to accommodate capillary 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 specific relative centrifugal force (RCF) or G-force 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:

$$118 \frac{r}{\text{cm}} \left(\frac{\text{rpm}}{1000} \right)^2 = \text{RCF}$$

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.

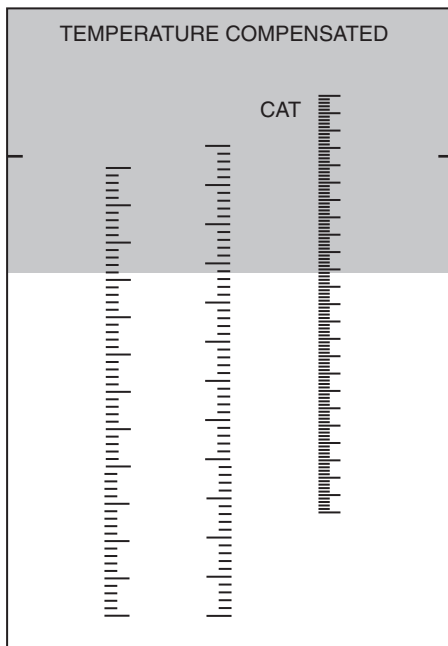
Centrifuges must always be balanced with tubes

Specimens must be centrifuged for specific time and 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 determination of 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 instrument). Distilled water or room temperature placed on the refractometer should have a zero refractive index. Before each reading, the refractometer should be calibrated to zero 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 designed to deliver a 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 or liquids. The pipette then must be rinsed with the other liquid to deliver a 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 below," 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 or specific application ways 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 designed for measuring liquids at specified temperatures, most commonly room-temperature liquids. Liquids that are significantly older or more viscous will 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 testing 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 much blood cell aliquot tests 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 verbal 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 verbal types, ch led what differently.
- Proper ette nsures ccurate urement ubstances.



After studying this chapter, you will be able to:

- List types of microscope.
- Describe functions of microscope.
- Describe proper coarse adjustment knobs.

- List types of microscope.
- Discuss enhancement of microscope.

Care and Maintenance,
Calibration of the Microscope,
Digital Microscopy,
Capturing digital images,

Review Questions,
Key Points,

Binocular
Compound light microscope
Condenser
Dark field microscope
Fluorescent microscope
Numerical aperture

Objective lenses
Phase-contrast microscope
Planachromatic
Resolution

Different types of microscopes are available or used in veterinary laboratory generally. Electron microscopes, which use electron beams to magnify small objects, are primarily used in research settings in large human medical facilities. Light microscopes are utilized in visible, ultraviolet, and fluorescence microscopy. They include **compound light microscopes**, **fluorescent microscopes**, **phase-contrast microscopes**, and **dark field microscopes**. Contrast, fluorescent, and dark field microscopes are used primarily in reference laboratories, especially for viewing specimens in veterinary practice laboratory, high-quality **binocular** compound microscope is essential. This microscope is used to evaluate blood, semen, exudates, transudates; body fluids; and miscellaneous specimens. Electron microscopes detect external parasites and internally characterize bacteria. Practice electron microscopes. be used for performing routine parasitology procedures involving corrosive chemicals. second microscope is reserved for parasitology valuations.

Compound microscope because of the combination of compound light microscopes have many components. The optical tube between objective eyepiece. In microscopes, distance The mechanical stage is valued. microscope have smoothly operating mechanical stage to low magnification. Left-right-handed stages are generally available. Coarse focus and fine focus. object being viewed. The compound microscope consists of separate lens stems: **ocular** stem and objective stem. ocular lenses are attached to eyepieces and often have magnification of This ocular lens magnifies the object. Binocular microscope eyepiece, whereas binocular microscope, which is commonly used type, has two eyepieces. The two eyepieces can be adjusted to each other pupillary distance. Most compound light microscopes have three **objective lenses** each with different magnification power. The



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 is important only immersion oil designed for microscopy be used on microscopes. Other oils may be damaging to optics.

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



The coarse focus adjustment knob.

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 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
outine eterinary

The esolving ower oscope or
image uality escribed erm **numerical aper**
ture A). he ommon type **condenser** o-
lens bbe type. ondenser qual
greater ower bjective.
resolving ower stem ill reater
NA f ower 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, rebly 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 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 ersatility 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

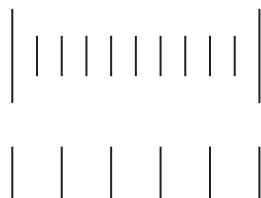
microscope lifetime. The microscope be placed
area where be moved frequently, jarred by vibrations
from centrifuges oors,
It ust e ept way om unlight oscope
ried ith curely er
upporting

The size of various stages of parasites often important for their
correct entification. ome ggs *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.

at low power (10), and focus on the 2-mm line if using the stage

on the stage micrometer that is aligned with the 10

), the distance between each hatch mark



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

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



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



A digital eyepiece camera in place on a clinical microscope.

cameras can be used in many ways, but the cost of adapters may be prohibitive. 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 exporting images to a photo-editing program.

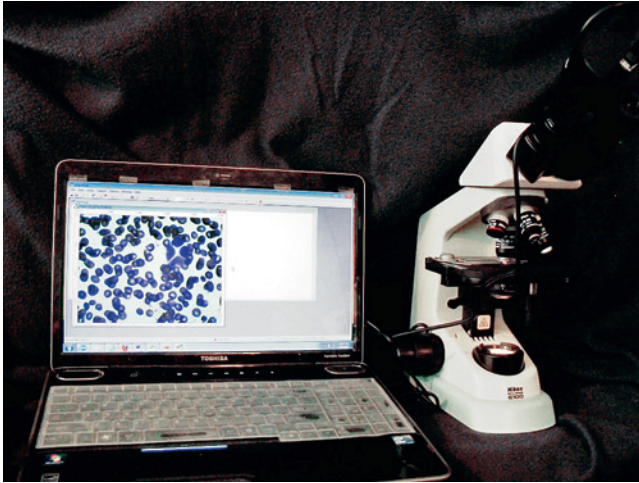
Regardless of type used, systems are nearly all capable of capturing video in addition to still images. Most of systems have a video output device, such as a computer screen or monitor. This allows for real-time viewing of images. Some systems have a video output device, such as a computer screen or monitor. This allows for real-time viewing of images. Some systems have a video output device, such as a computer screen or monitor. This allows for real-time viewing of images.

Digital microscopy systems vary with regard to their image resolution capabilities. The term **resolution** refers to the degree of detail visible in an image. Resolution is determined by the number of pixels, the greater the degree of detail, the higher the resolution. The primary types of digital imaging methods, different types of sensors. Large-coupled device (CCD) and complementary metal-oxide-semiconductor (CMOS) image sensors are the most common. CCD sensors produce a higher-quality image than CMOS sensors because they have a higher resolution. In addition, a camera may

low or high resolution. A video output device used, such as a computer screen or monitor, being used to view the images. Resolution is generally sufficient for most purposes, but higher resolution will be needed for images that require a higher level of detail.

Digital microscopes that incorporate a digital camera include software to download and save images to a computer. They are generally compatible with most operating systems. Some systems have a separate camera, which can be used with a binocular microscope. However, the advantage of a digital microscope is that they generally capture images quickly. The very busy practice environment may find this a worthwhile feature. A variety of expensive types of digital microscopes are available for photomicroscopy. Digital cameras attached to trinocular microscopes are efficient. The camera attachment is mounted to the third eyepiece, which is connected to a computer, often via a video output device. Some systems will instead contain an integrated video device that can be removed for transfer to a computer. When a veterinary technician encounters an abnormality to be photographed, systems perform a series of steps to capture the image quickly.

Eyepiece cameras attach to a binocular microscope usually involve removal of the eyepiece and replacement with an eyepiece camera for capturing of images directly onto a computer (Fig. 3.9). These systems are highly cost-effective, but they are not as portable as a digital microscope. A veterinary technician encounters an abnormality to be photographed, the eyepiece is removed, the camera is attached to the eyepiece, and the image is captured onto a computer (Fig. 3.10). The technician then removes the camera and replaces the eyepiece to continue the examination. Attachments are available for most types of microscopes, including binocular, trinocular, and digital microscopes.



use of the software provided by the camera manufacturer.

It is important to obtain high-quality photomicrographs using microscope optics. The microscope have planachromatic (id) objective microscope requires illumination, be sure to adjust before attempting to capture images. Without proper illumination adjustments, image may appear unevenly luminated, result bright shadows fewer microscopes make of light sources tend to produce



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

best-quality result enhanced color balance greater clarity output achievable high resolution regardless type microscope initial cost professionally reviewed usually.

Chapter review questions [appendix](#)

- The clinical laboratory use high-quality binocular compound microscope.
- The clinical microscope use ocular substage condenser mechanical
- The proper microscope initial ensure accurate results.

- The rational microscope used low or accurate measurement cells organisms that may present
- Digital microscopy enhance veterinary practice's record keeping, client education, training.



The Metric System and Lab Calculations

After studying this chapter, you will be able to:

- Explain mathematical principles, such as multiplication, division, ratios.
- Perform calculations related to metric units.

- Describe the metric system and its units.
- Perform calculations to convert 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 calculations. The metric system is used in veterinary practice. Measurements are often taken in the metric system, but sometimes they are taken in the English system. Results must be calculated. All of these mathematical operations require that the veterinary technician have a thorough understanding of the metric system and its units.

Abstract numbers are used with designations. Concrete numbers have specific values, such as dollars and cents. A number without designation is called a unit. A number that designates a specific value, e.g., **grams**, is called a concrete or denominate number. Numbers of different denominations are combined together in mathematical operations. When numbers of different denominations must be manipulated mathematically, they must be converted to the same denomination. Numbers are used to describe measurements, actions, or other numbers.

Although several systems of measurement are used in veterinary medicine, the calculations performed in veterinary practice involve the **metric system**. The metric system is based on the decimal system.

The metric system uses decimal stems. The stems are: deca, hecto, kilo, liter, meter, micro, milli, nano, and pico. The stems are used to designate multiples or fractions of a unit.

To work with the metric system, some of the more commonly used prefixes and abbreviations are summarized in the following table:

The metric system uses multiples or powers of ten to describe magnitudes. The prefixes are: deca, hecto, kilo, liter, meter, micro, milli, nano, and pico.

Submultiples of Basic Units

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

To e rrors erpretations 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 orrect 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

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 epresses 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 ultipplied ield orrect esult or undiluted

Serial dilutions e metimes eded hen erforming certain unologic hen reparing 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 epresent owers or iven umber.

Very large or very small numbers are usually written

Powers of multiplying dividing

10 10
10 10 100

The steps to convert a number to scientific notation are as follows:

1. Move the decimal point to the right of the first non-zero digit. For example, to convert 123.45 to scientific notation, move the decimal point two places to the right to get 1.2345. This gives you the coefficient (1.2345) and the power of 10 (10²).
2. The second term is the power of 10, which is determined by the number of places the decimal point was moved. In this case, it is 10².
3. The sign of the exponent is determined by the direction the decimal point was moved. If moved to the right, the exponent is positive. If moved to the left, the exponent is negative.
4. Record the coefficient and the power of 10. For example, 123.45 becomes 1.2345 × 10².
5. The correct number of significant figures must be maintained. In this case, 123.45 has five significant figures, so the coefficient should be rounded to 1.2345.

To convert a number from scientific notation to decimal notation, move the decimal point the opposite direction of the exponent. For example, to convert 1.2345 × 10² to decimal notation, move the decimal point two places to the right to get 123.45.

Logarithmic notation is related to scientific notation, and some applications in clinical chemistry involve logarithmic notation. Like scientific notation, logarithmic notation is used to express very small numbers. Logarithmic notation expresses numbers as powers of 10. For example, a number expressed as 10⁻⁶ can be written as 10⁻⁶ because 10⁻⁶ = 1/10⁶.

The example of practical application of logarithmic notation is the definition of the negative logarithm of hydrogen ion concentration, pH. The pH of a solution is defined as the negative logarithm of the concentration of H⁺ ions. For example, a solution with a concentration of 10⁻⁶ M H⁺ has a pH of 6. The pH scale ranges from 0 to 14, with 7 being neutral. A pH of 0 indicates a very acidic solution, and a pH of 14 indicates a very basic solution. Note the difference between any two consecutive numbers on the pH scale: a difference of 1 unit represents a tenfold change in concentration. Another common application of logarithms is in the Richter scale. This scale characterizes the intensity of earthquakes. Each consecutive number on the Richter scale represents a tenfold increase in the energy released by the earthquake.

The temperature measurement system used in clinical laboratory is Celsius. However, many items (e.g., test tubes, incubators) provide temperature measurements in Fahrenheit or Kelvin systems, including such information as proper storage temperatures or reagents. To convert temperature or performing calculations, there are several different conversions. Various temperature scales are used, and all calculations are based on the fact that there are points of equivalence between the scales.

1. Absolute zero
- 2.
3. 0°

In Fahrenheit, the freezing (melting) point of water is 32° Fahrenheit, which is equivalent to 0° Celsius. The boiling point of water is 212° Fahrenheit, which is equivalent to 100° Celsius. Therefore, each degree Fahrenheit is equivalent to 5/9 degrees Celsius. It is possible to derive the number of different equations that will allow for conversion between the two scales. For example, the formula to convert Fahrenheit to Celsius is:

This equation can be used to convert a value to either Celsius or Fahrenheit, provided the value is in the correct units. These equations are based on the fact that the difference between the freezing and boiling points of water is 180° Fahrenheit and 100° Celsius.

$$\frac{F - 32}{1.8} = C$$

These equations can be used to convert a value to either Celsius or Fahrenheit, provided the value is in the correct units.

The Kelvin scale is based on absolute zero, which is the temperature at which all molecular motion ceases. The Kelvin scale is used in scientific calculations. To convert Celsius to Kelvin, add 273.15. To convert Kelvin to Celsius, subtract 273.15. The Kelvin scale is used in scientific calculations because it is an absolute scale, meaning it has no negative values.

- 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 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 e subject regulations require quality assurance programs. However, without comprehensive quality assurance program, accuracy precision laboratory results be verified. comprehensive quality assurance program addresses l ects peration oratory. These aspects include qualifications of laboratory personnel; **standard operating procedures** for care of all supplies equipment; collection handling procedures; methods equency performance quality control assays; record-keeping rocedures.

of urements. **Reliability** ility thod accurate recise. actors ect ccuracy precision are test selection, test conditions, quality, technician skill, electrical urges, quipment enance.

The erm est lection efers rinciple method. any eterinary oratories ere adapted om oratory ddition, clinical nificance esults ary erent species. Regardless of test method used, care must be taken to follow analytic procedure exactly; any deviation seriously affect ccuracy esults. quality reatly ects quality esults. **lipemic icteric** r **hemolyzed** y require ecial efore clinical analyzers. The collection of blood from properly fasted nimals sing ppropriate techniques nd quipment ill minimize ce rror.

Accuracy, recision, eliability erms equently used to describe quality control, they are standards for any quality onrol rogram. **Accuracy** efers o w losely esults agree ith rue uantitative alue onstituent. **Preci sion** magnitude of random errors reproducibility

Careful attention to proper sample collection methods

Although bvious ce rror, lectrical power urges opouts nificantly er quipment

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 uality
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 egularly 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 rratically. deally, ontrol ill



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

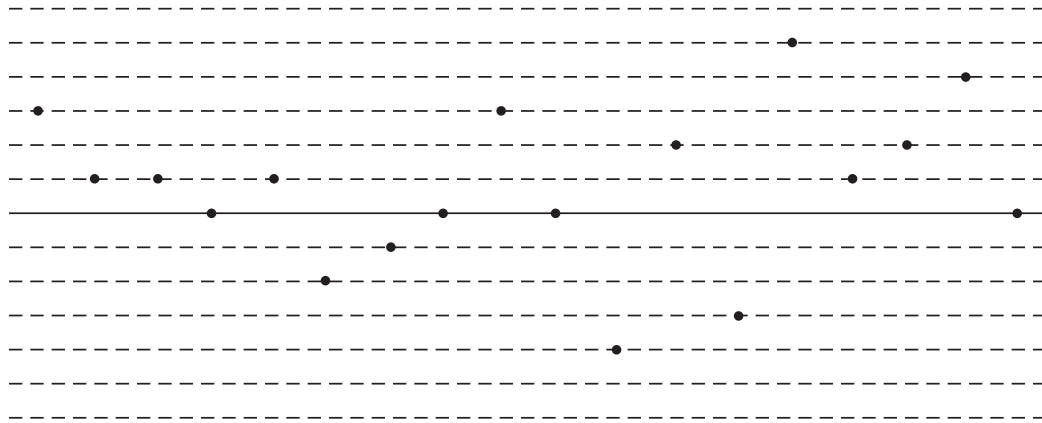
be ested ith ch ch ient roblem
ticular equire equency
control esting.

After ompleted, ontrol alue
within ufacturer's eported ange. oes
assays of patient control must be repeated. The
results f ysis ontrol rum ecored
chart r g or ch alues or er
formed on control serum vary significantly each time
ests e erformed. yzed ys:
etecion rends etermination
whether esults or ontrol ange
lished y ufacturer. ontrol rum esult oes
fall ithin ange, etested. ill
ange, eagents, ruments, echniques
checked. hen ontrol alues uccessively ributed
one r ed,
systematic rror volved.

Depending on chemistry analyzer or electronic cell counter
oratory, vidual uality ontrol rogram ill
involve of number of solutions. Control serum consists
of ooled, eeze-dried rum om ients ually
ust e ccurately ehhydrated efore ssayed ontrol
serum een yzed epeatedly or ch on
stituents present serum (e.g., glucose, urea nitrogen, calcium).
e istically yzed, ange cceptable alues
for each constituent established. The accepted ranges are spe
or ch thod quipment ufacturer.
manufacturer of control serum provides chart that
range west cceptable alue cceptable
value btained uring ys)
average alue) or ch onstituent.

Controls ith rmal normal oncentrations
constituents be evaluated, because assay method may
perform all concentrations tested by particular
method. ormal ontrol rum onstituent oncentrations
proximate vels rmal or onstitu
ent. bnormal ontrol rum onstituent oncentrations
e ither her wer rmal. normal
concentrations epresent oncentrations en linically
with arious onditions. normal oncentration
of onstituent ient esults
be rusted normal ontrol rum oncentration
assayed ange.”

Individual laboratories may produce their own control serum.
Serum obtained from clinically healthy
of ne ecies ooled yzed umerous
laboratory. ollected om istically
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 control room recorded report 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. sloppy entire work and diagnostic therapeutic errors result death 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 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 yeses 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 rotation. book reviewed periodically updated needed. Those who keep book computer sure on-date d-copy backup available.

Laboratory personnel communicate with people throughout veterinary clinic laboratories through 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 amplitudes 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 when to perform rationally.
- SOPs quality control graphs components of external records laboratory.
- The contains instructions or yeses 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.

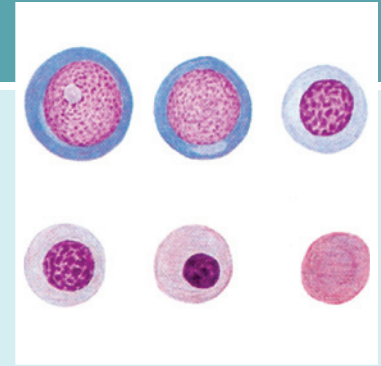
A complete hematology profile is indicated for the diagnostic evaluation of disease states, well-animal screening (e.g., geriatric), and as a screening tool before surgery. The complete blood count includes red and white blood cell counts, hemoglobin concentration, packed cell volume (PCV), a differential 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 textbook.



After studying this chapter, you will be able to:

- Define matopoiesis, ukopoiesis, rythropoiesis, thrombopoiesis.
- List rgans volved matopoiesis.
- Differentiate etween matopoiesis renatal dult

- Explain rythropoietin matopoiesis.
- List ells rythrocyte uration ries.
- List ells ukocyte uration ries.
- Describe ormation elets.

Hematopoiesis,
Erythropoiesis,
Thrombopoiesis,
Granulopoiesis,
Monopoiesis,

Lymphopoiesis,
Definitions,
Review Questions,
Key Points,

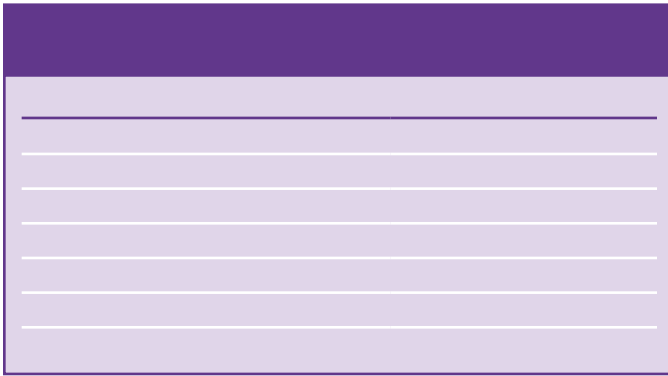
Agranulocytes
Erythropoiesis
Erythropoietin
Granulocytes
Hematopoiesis
Left shift
Leukemia
Leukemoid response

Leukocytosis
Leukopoiesis
Lymphopenia
Pancytopenia
Pluripotent stem cell
Thrombocytes
Thrombopoiesis
Thrombopoietin

The term **hematopoiesis** refers to the production of blood cells. Blood composed cells. component cellular component made 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 monocytes. These cells may sometimes contain granules, but only ery l umbers. hey ommonly eferred mononuclear leukocytes. **Granulocytes** include the neutrophils, eosinophils, basophils. The granulocytes are commonly referred o polymorphonuclear ukocytes erm efers o gmentation bulation ucleus.

However, erm ecifically uclear segmentation rominent irds eptiles.

Blood cells are constantly being produced have finite life **Table** They must be continually replaced. The life of blood cells varies among different types of cells different species f erstanding verall rocess or production of components will their evaluation. The rocess egins uring ly mbryonic volves umber f omplex hemical ways arious rgans. Some ariations rocess etween uvenile dult ematopoietic ctivity renatal ccurs ariety rgans, luding ver, en, ymus, red one row. ed one row ly very bone etus rimary for roduction lood ells onatal uvenile



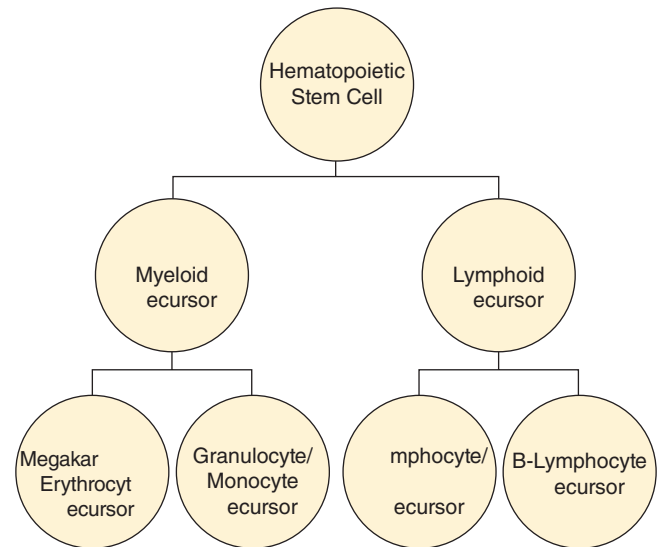
*Some species have values that are outside of the averages listed.

In adult bone marrow, the primary site of red blood cell production is the yellow bone marrow, which does not actively produce cells. The marrow takes on a yellow appearance due to the presence of yellow fat cells. Red blood cells are produced primarily in the femur, tibia, humerus, and pelvis. During periods of hematopoietic stress, the liver and spleen may revert to their fetal role of producing red blood cells.

Erythropoiesis (the production of erythrocytes), **leukopoiesis** (the production of leukocytes), and **thrombopoiesis** (the production of platelets) involve different pathways of 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 in bone marrow are relatively small but constant. They initially differentiate into the hematopoietic progenitor cells, which consist of the common myeloid progenitors and common lymphoid progenitors. The development is determined by interactions with various chemical messengers, which are referred to as cytokines. Specific cytokines involved in producing each type of blood cell. Further differentiation requires 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 progenitors eventually give 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 granuloblasts, which give rise to granulocytes. 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 colony-forming unit-granulocyte/monocyte (CFU-GM) blast-forming unit-Myeloid (BFU-M).

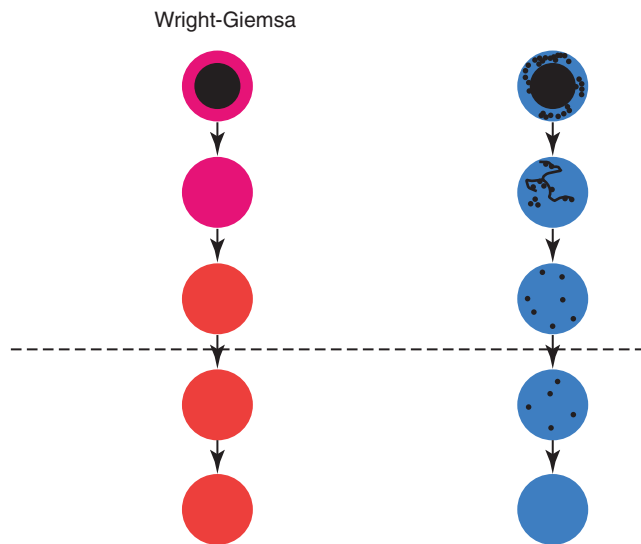
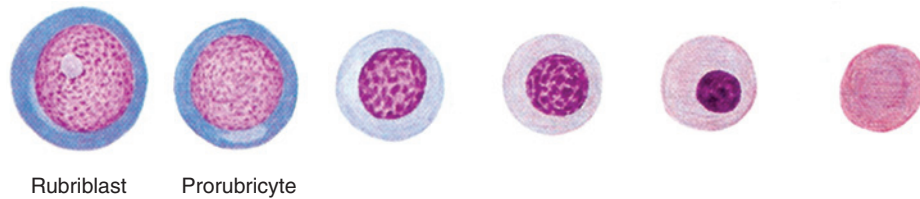


Blood cells arise from pluripotent hematopoietic stem cells.

Granulocytes are relatively large cells with granules, whereas erythroid cells are smaller and have a more uniform appearance with a high nucleus-to-cytoplasm ratio.

The primary cytokine responsible for the production of erythrocytes is **erythropoietin** (EPO). EPO is predominantly produced by certain cells in the kidney in response to decreased oxygen tension in the blood. Those kidney cells then produce EPO, which circulates in the blood to 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 additional differentiation into a rubricyte. The rubricyte contains a round nucleus, a few nucleoli, and a basophilic cytoplasm. These cells continue to divide and mature into normoblasts, which are also called reticulocytes. Normoblasts have a condensed nucleus and a basophilic cytoplasm. They eventually lose their nucleus and become reticulocytes, which are the youngest form of red blood cell. Reticulocytes are characterized by their high nucleus-to-cytoplasm ratio and the presence of a large, dark, clumped nucleus. As they mature, the nucleus becomes smaller and more condensed, and the cytoplasm becomes more abundant and less clumped. The final stage of maturation is the release of the reticulocyte into the bloodstream, where it becomes a mature erythrocyte. The process of erythropoiesis is regulated by EPO, which is produced by the kidney in response to hypoxia. The liver also produces EPO in the fetus. The process of erythropoiesis is also regulated by other factors, including iron, vitamin B12, and folate. Iron is a component of hemoglobin, the protein in red blood cells that carries oxygen. Vitamin B12 and folate are involved in the synthesis of DNA, which is necessary for the production of new red blood cells.

Metarubricytes are the smallest cells in the erythroid series and have a condensed nucleus and a deep blue cytoplasm. Metarubricytes are the first cells in the erythroid series that contain hemoglobin. They are completed during the erythroid series and eventually extrude their nucleus to become reticulocytes. Reticulocytes are the youngest form of red blood cell and contain a large, dark, clumped nucleus. They are characterized by their high nucleus-to-cytoplasm ratio and the presence of a large, dark, clumped nucleus. As they mature, the nucleus becomes smaller and more condensed, and the cytoplasm becomes more abundant and less clumped. The final stage of maturation is the release of the reticulocyte into the bloodstream, where it becomes a mature erythrocyte. The process of erythropoiesis is regulated by EPO, which is produced by the kidney in response to hypoxia. The liver also produces EPO in the fetus. The process of erythropoiesis is also regulated by other factors, including iron, vitamin B12, and folate. Iron is a component of hemoglobin, the protein in red blood cells that carries oxygen. Vitamin B12 and folate are involved in the synthesis of DNA, which is necessary for the production of new red blood cells.



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), ly reticulocytes demonstrate network reticulum, appears aggregated serial. represents ribosomal serial. reticulocyte undergoes further maturation, serial decreases subsequently appears pink blue reticulocytes

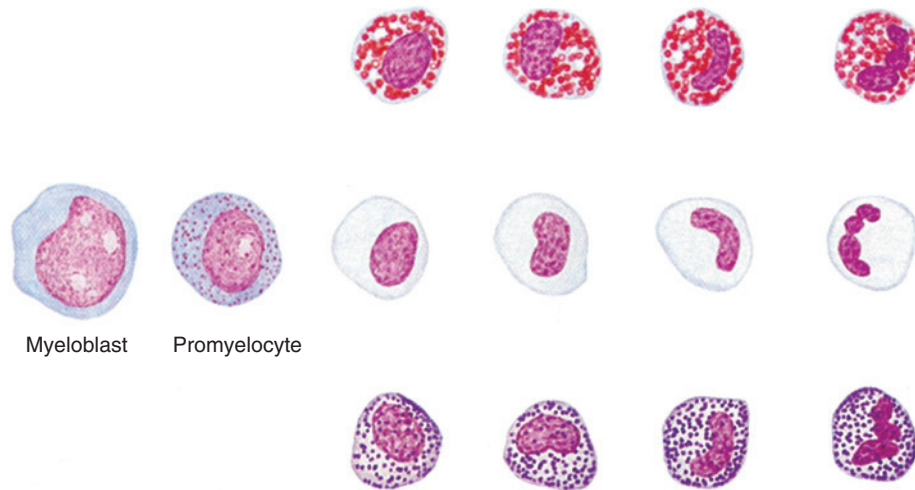
The stimulus or production of megakaryocytes involves hormones thrombopoietin and numerous additional cytokines. **Thrombopoietin** is primarily produced by liver endothelial cells, but is also released from platelets. The progenitor cell develops into a megakaryoblast, which contains a single nucleus and dark blue cytoplasm. The cell then develops into a promegakaryocyte, which still contains a nucleus. The nucleus continues to replicate, and the cell becomes progressively larger and develops a megakaryocyte. Mature megakaryocytes have numerous nuclear lobes, a large cytoplasm with reddish granules. The cells are erythroid (termed "erythroblasts"), and extend throughout the bone marrow. They are referred to as "megakaryocytes" because of their large size.

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

The stimulus or production of granulocytes involves the hormone leukopoietin and numerous additional cytokines. Cells in the granulocyte series are divided into three pools: a proliferation pool, which represents cells that are longer capable of mitosis; a maturation pool, which includes myeloblasts, promyelocytes, and myelocytes. The maturation pool includes metamyelocytes and cells. Myeloblasts have a large nucleus, a prominent nucleolus, and gray-blue cytoplasm. A few reddish granules may be evident in the cytoplasm. Promyelocytes have a large nucleus with prominent nucleoli. Myelocytes have a large nucleus with prominent nucleoli. Metamyelocytes have a large nucleus with prominent nucleoli. These cells are longer capable of mitosis, and they have horseshoe-shaped nuclei and all lobes. The maturation pool reduces the number of lobes.

Monocyte development includes monoblast, promonocyte, and monocyte. Monoblasts appear similar to myeloblasts except for the nucleus, which is regular. Promonocytes appear similar to myelocytes and metamyelocytes. Monocytes may develop into macrophages when they are exposed to a specific cytokine. However, macrophages are derived from T cells.

The production of various populations of lymphocytes includes lymphocytes, myelocytes, and natural killer cells.



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. Reduction involves certain cytokines and specific inhibitory. 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 hematologic 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 in which the leukemoid response is characterized by leukocytosis with a high percentage of immature cells, usually resulting from an inflammatory process.

Chapter review questions [Appendix](#)

- Hematopoiesis refers to the 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 the primary site of hematopoiesis in adults. In infants, the liver and spleen also contribute to blood cell production.
- All blood cells are derived from multipotent hematopoietic stem cells.
- The erythrocyte developmental pathway includes proerythroblast, erythroblast, and reticulocyte.

- Platelet production proceeds through megakaryoblast, promegakaryocyte, and megakaryocyte.
- Mature segmented granulocytes (neutrophils, eosinophils, and basophils) are produced through myeloblast, promyelocyte, and myelocyte, and then mature into granulocytes.
- 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 for blood collection from all
- List commonly used blood collection tubes for various species.
- List commonly used anticoagulants and their purpose in blood collection.
- List equipment used for blood collection.
- Describe procedures for preparing blood samples for evaluation.
- Calculate blood volumes and fluid 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

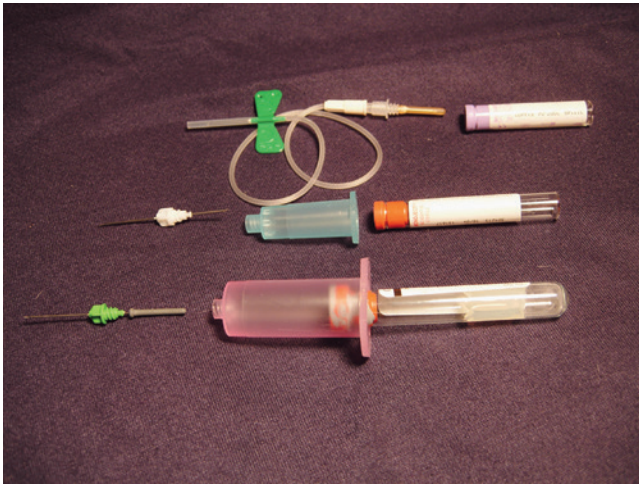
When preparing to collect blood, the technician determines specific procedures will be used. The technician will determine, in part, the equipment and supplies needed for the choice of particular blood vessel from which to collect blood. The technician will also determine the appropriate site for blood collection. The technician will also determine the appropriate site for blood collection. The technician will also determine the appropriate site for blood collection.

The referred blood collection site is the jugular vein. Jugular blood collection is the most appropriate for most species. In some exotic species, there are readily accessible veins, such as the cephalic vein. The technician will also determine the appropriate site for blood collection. The technician will also determine the appropriate site for blood collection.

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 blood collection.

Venous blood is preferred for most blood cell testing.

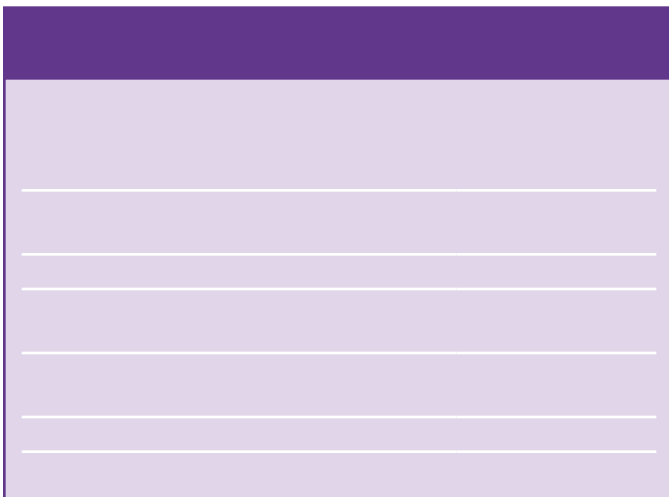
Traditionally, samples have been collected using a syringe and needle. The technician should always use the largest needle that the animal can comfortably tolerate. The technician should use the appropriate gauge needle. The technician should use the appropriate gauge needle. The technician should use the appropriate gauge needle.



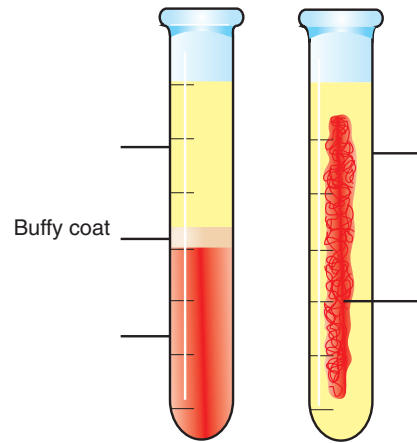
The vacuum system is composed of a needle, a needle holder,



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 er
 when venipuncture made. The of blood collection
 tube penetrated edle er edle
 lumen f blood vessel. collection tubes
 sterile tubes, they 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 pressure (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 prevent clotting. on blood
 lected, blood anticoagulant ed gentle
 rocking motion. vigorously hemolysis,
 which turn affect results of assays when chemicals
 e normally erythrocytes released
 into

are suspended. portion blood high cells
 dissolved constituents, such proximately er
 hormones, enzymes, waste materials, antibod
 other ions molecules. **Serum** from which
 fibrinogen, protein, been removed. using
 clotting process, soluble fibrinogen converted
 to soluble fibrin rix hen blood
 squeezed cellular serum.
 Specific protocols for obtaining serum
 be found

Hematology testing primarily involves blood coagulation. Hemostatic testing involves blood coagulation. Anticoagulants are required when whole blood or plasma is collected. The anticoagulant chemical chosen depends on the blood test to be performed. Sodium citrate is used for coagulation tests, while EDTA is used for hematology tests. Heparin is used for plasma samples, particularly for chemistry analyses. Heparin is an anticoagulant that works by interfering with the conversion of prothrombin to thrombin during clotting processes. Because heparin is a natural substance, it does not interfere with platelets or red blood cells. Heparin is available in various forms, including liquid, tablets, and injectable. Heparin is used in a variety of blood collection tubes, including sodium citrate, heparin, and EDTA. Heparin is also used in some blood chemistry tests. Heparin is a natural substance that is found in animal tissues. Heparin is used in a variety of blood collection tubes, including sodium citrate, heparin, and EDTA. Heparin is also used in some blood chemistry tests. Heparin is a natural substance that is found in animal tissues. Heparin is used in a variety of blood collection tubes, including sodium citrate, heparin, and EDTA. Heparin is also used in some blood chemistry tests.

Heparin is a natural substance that is found in animal tissues. Heparin is used in a variety of blood collection tubes, including sodium citrate, heparin, and EDTA. Heparin is also used in some blood chemistry tests. Heparin is a natural substance that is found in animal tissues. Heparin is used in a variety of blood collection tubes, including sodium citrate, heparin, and EDTA. Heparin is also used in some blood chemistry tests. Heparin is a natural substance that is found in animal tissues. Heparin is used in a variety of blood collection tubes, including sodium citrate, heparin, and EDTA. Heparin is also used in some blood chemistry tests. Heparin is a natural substance that is found in animal tissues. Heparin is used in a variety of blood collection tubes, including sodium citrate, heparin, and EDTA. Heparin is also used in some blood chemistry tests.

Ethylenediaminetetraacetic acid (EDTA) is a chemical compound that is used as an anticoagulant. EDTA is used in a variety of blood collection tubes, including sodium citrate, heparin, and EDTA. EDTA is also used in some blood chemistry tests. EDTA is a chemical compound that is used as an anticoagulant. EDTA is used in a variety of blood collection tubes, including sodium citrate, heparin, and EDTA. EDTA is also used in some blood chemistry tests. EDTA is a chemical compound that is used as an anticoagulant. EDTA is used in a variety of blood collection tubes, including sodium citrate, heparin, and EDTA. EDTA is also used in some blood chemistry tests.

Oxalates are available in various forms, including sodium citrate, heparin, and EDTA. Oxalates are used in a variety of blood collection tubes, including sodium citrate, heparin, and EDTA. Oxalates are also used in some blood chemistry tests. Oxalates are a chemical compound that is used as an anticoagulant. Oxalates are used in a variety of blood collection tubes, including sodium citrate, heparin, and EDTA. Oxalates are also used in some blood chemistry tests. Oxalates are a chemical compound that is used as an anticoagulant. Oxalates are used in a variety of blood collection tubes, including sodium citrate, heparin, and EDTA. Oxalates are also used in some blood chemistry tests.

Sodium fluoride is a chemical compound that is used as an anticoagulant. Sodium fluoride is used in a variety of blood collection tubes, including sodium citrate, heparin, and EDTA. Sodium fluoride is also used in some blood chemistry tests. Sodium fluoride is a chemical compound that is used as an anticoagulant. Sodium fluoride is used in a variety of blood collection tubes, including sodium citrate, heparin, and EDTA. Sodium fluoride is also used in some blood chemistry tests.

o blood collected. vacuum collection tubes contain proper dilution 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. The ideal, because forcing blood through needle may result hemolysis. If vacuum system used, needle inserted into vessel described previously, or utilized tube entirely. After tube completely removed, tube inserted. The prevents blood from dripping into holder when hanging tubes.

The blood collected from depends quantity of serum or required for assay. Hydration status of patient or cell-hydrated with packed cell volume field blood cells. Hemoconcentration results after ratio. Cells. Hydrated with packed cell volume fields blood cells. Only obtained from blood.

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

Blood adequately collected before performing any tests; inadequate results erroneous. For example, red blood cells from rhesus seconds, packed cell volume performed. Red gently version. Tubes blood. Red on commercially available tilting rack. Rotator.

After volume collected, 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 prevent contamination issue. Hemolysis. If acutainer 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. Venipuncture. Contamination of introduction of bacteria from patient. Restraint. Includes blood vessel. Restraint. Venipuncture site. The tourniquet. Ceding light enough. End. Venipuncture without occluding blood flow. Hemoconcentration occur. Tourniquet. Ce or excessive. The technician collecting. Cate blood vessel. Venipuncture. Do touch. Restraint. Venipuncture. Cleaned. Utilize. Venipuncture. Restraint. Edle. Venipuncture.

Facing proximately degree. Enter. Venipuncture. Then the proper volume as been obtained, remove needle. Venipuncture site to ensure hemostasis. Remove needle from syringe before transferring the blood. The ideal, because forcing blood through needle may result hemolysis. If vacuum system used, needle inserted into vessel described previously, or utilized tube entirely. After tube completely removed, tube inserted. The prevents blood from dripping into holder when hanging tubes.

All blood collected. Tube contains. Venipuncture. After collection. Ribute. Venipuncture. Be labeled with date time of collection, owner's identification. Number. If to be submitted to laboratory, include request form with includes all necessary identification. Clear indication of which tests are requested.

When multiple types required, ways collected. Vacuum system, must be collected specific order. The vacuum system ensures appropriate volume. Ch. 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. Venipuncture. Tube. Ded. Rate tube. Eded, ed-top tube. Venipuncture.



tube, ethylenediaminetetraacetic acid tube, and heparin tube.











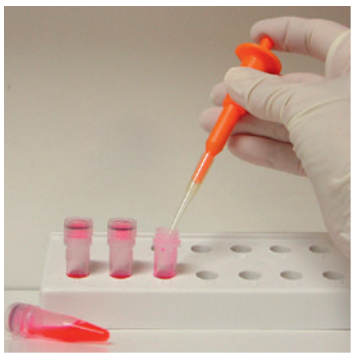
for Commonly Used Blood				
of Draw	Cap Color			Primary Use
		Light blue	Sodium citrate	Coagulation studies
			Glass: no additive Plastic: silicon-coated	Serum for blood chemistry
	 	Red/gray, gold, or red/black "tiger-top"	Gel separator and clot	
	 	Green or tan		Plasma for blood chemistry
	 	Lavender,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

Table summarizes order draw or tubes commonly used veterinary practice. Note some individuals prefer to collect red-top tube before rate tube rather than vice versa. This is acceptable provided red-top tube contains gel additives, which potentially contaminate rate tube.

Chapter review questions [appendix](#)

- Sites of blood collection vary between species, but jugular vein is the most common choice for blood collection.
- The preferred method of blood collection is the syringe 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 hematology analyzers.
- Describe procedures for counting cells.
- Define histogram.

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**. Options are cost-effective and convenient for situations where high volume testing is performed everyday. The benefits of automation include reduced error and investment, more complete information, and improvement of reliability.

The counting of erythrocytes and blood cells (leukocytes, white blood cells, WBCs) outlines part of the BC. Cell counts are usually performed using automated methods. Total red blood cell (RBC) counts are determined

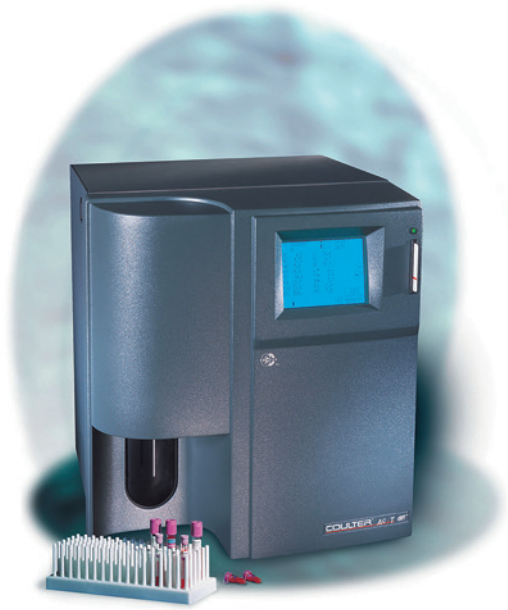
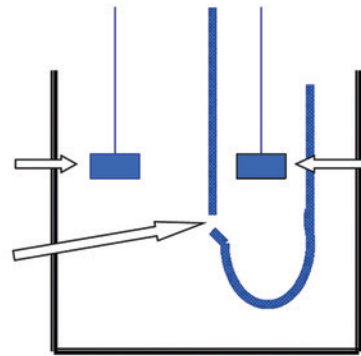
Total platelet (thrombocyte) counts are performed using automated methods. Manual cell counts are routinely performed, except in certain exotic animal practices. Since many automated analyzers do not provide accurate platelet counts, they may be performed with manual methods and facilities.

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

increased packed cell volume and hemoglobin concentration. Such increases result from primary and 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, which is a hereditary condition, is characterized by overproduction of erythroid precursor cells. Secondary polycythemia includes a variety of 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 chapter explores

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



The Coulter AcT hematology analyzer (Beckman Coulter, Brea, CA) identifies all blood cell species, makes use of impedance technology.

omine veral thods or erforming
ommonly available stem volves edance
methods or numeration ells, ell r-based
methods or erforming erential hite lood ell
Fig. ome matology yzers ontain hotomet
ric ilities or valuation moglobin. ch thod
ecific dvantages dvantages. egardless high
analyzer erstanding esting rinciples
ecific yzer ntial. nowing ions
analytic stem nhances alidity esults. egular
quality ontrol ntial or nsuring ccuracy
test esults.

umber lectronic ell ounters
laboratories ve een dapted or eterinary

Adaptation necessary because variation in blood cell concentration is essential for the development of dedicated veterinary multispecies hematology systems. Count cells to determine hematocrit, hemoglobin concentration, and provide a differential. Electronic cell counters enhance throughput based on electric current cross section electrodes separated by a tube opening to the culture electrolyte. Either culture or conductance is measured. Counting occurs using specific volume cells. Electrolyte solution is enough to culture. If vacuum is positive pressure, because cells are relatively poor conductors, electricity is compared. Electrolyte they impede flow of current while through aperture. These transient changes in current may be counted to determine blood cell concentration. In addition, volume or size of cell is proportional to change in current, thereby allowing stem cell differentiation. Cell types sizes increase with formation of myeloid lymphoid cells. (histogram) of cell population. Eukaryotes, erythrocytes, platelets are numerated. Stems. However, from accurately valuated result of cell count. Erythrocytes are the most abundant platelets.

[illegible]

The load is automated. Cells or nucleated red blood cells, often accurate. Small clumps of platelets, large platelets, nucleated red blood cells may be counted by erythrocytes.

Counting erythrocytes with automated systems provides diagnostic information about cell volume, hemoglobin, and hematocrit (Hct). The erythrocyte volume is measured by automated systems. The hematocrit is determined by multiplying the erythrocyte concentration by the erythrocyte volume. Some analyzers, **red cell distribution width (RDW)**, provide a measure of erythrocyte volume heterogeneity. An abnormally high RDW indicates increased volume heterogeneity, which is a disturbance of erythropoiesis. When used in conjunction with a complete blood count, RDW is a useful tool for evaluating platelets.

Many automated hematology analyzers provide complete analysis of erythrocytes, leukocytes, and platelets. Differential analysis of cell population size analysis. Differential information is provided by automated analyzers. Any of the following methods provide a relative percentage of granulated and agranulated leukocytes. The application for evaluation of patients with pathologic conditions. Variations in size of cells introduce error into measurement. In addition, numerous pathologic abnormalities may be present. Differential analysis must be included when evaluating counts.

Impedance analyzers composed of numerous tubes, valves, and filters. Dusty glassware may be contaminated with particles that are large enough to be erroneously counted as cells. Daily background count is generally required. Volatile substances may be identified and subsequently not counted by the analyzer. The culture medium is typically totally destructed and require cleaning. Testing is properly done on counter with variable threshold control. Cold agglutinins may be increased, which result in clumping. Before processing, refrigerated blood is warmed to room temperature. Fragile lymphocytes, which are some forms of lymphocytic leukemia, may be destroyed by the lysing solution. The presence of spherocytes, abnormally small, round cells, may alter MCV, thereby reducing calculated hematocrit. Elevated serum viscosity may interfere with cell counts. Platelet counts are obtained with impedance counters. Clumped platelets may be falsely elevated.

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

The quantitative buffy coat (QBC) technique, also known as Matilda, A) centrifugation provides information on cellular elements. Measurements made on expanded buffy coat layer specialized microhematocrit 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, and eosinophil counts. (ion leukocyte groupings normalities lymphopenia) undetected blood examined refined or tools, because they provide estimation of cell numbers rather than actual cell counts.

Quantitative buffy coat analyzers provide estimated

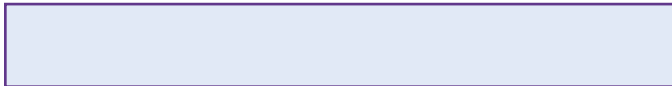
Laser flow cytometry analyzers involve focused laser beams to evaluate size, density, and components. Cells scatter light differently depending on shape and volume of cell and the presence of granules and nuclei. The laser beam is directed through a narrow channel. The degree of light scatter from individual cells is measured. 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.** These systems usually provide erythrocyte indices, RDW, platelet parameters (e.g., platelet volume, platelet distribution width, plateletcrit). More information about platelet parameters presented.

Many automated analyzers offer histograms of cell platelet counts. Histograms provide visual report of various cellular components. Another version of histogram is a scatter plot. The histogram is used to verify results of differential blood cell counts. Provide information on problems with test results. For example, when megathrombocytes or platelet aggregates are present, automated analyzers will be falsely elevated, because large platelets are usually counted as leukocytes. Histogram



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

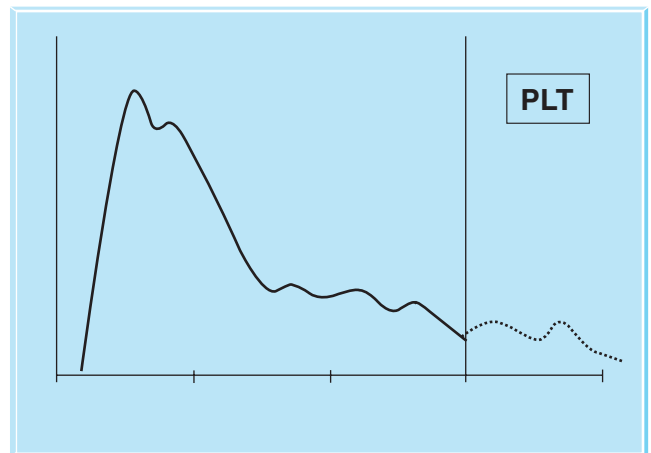
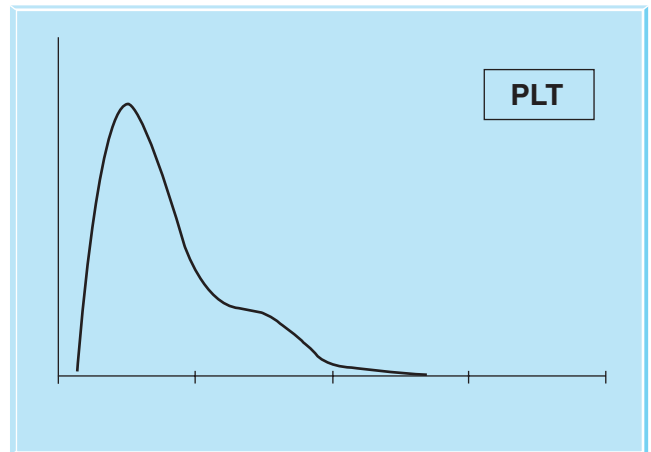
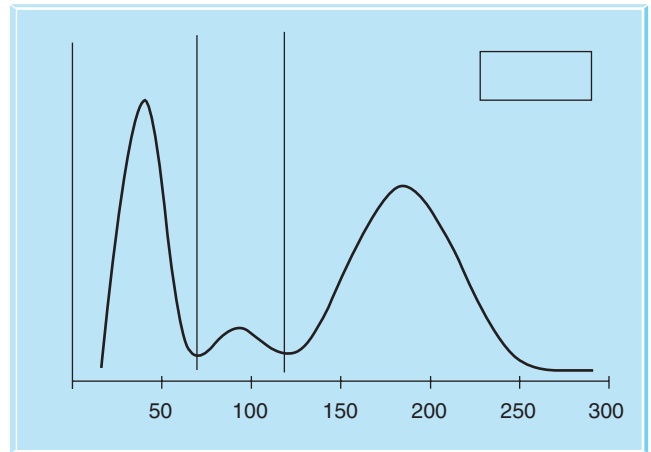
provide evidence mally, because ve
ogram ill ered



The counting of erythrocytes leukocytes routine part of
ell enerally erformed
methods xcept vian xotic ractices. anual
count methods for exotic be performed
with eukopet stem. stem ludes
pipette redetermined load
ervoir ontains uting ysing ent. rocedure
describes thod or ounting vian ukocytes ells
eukopet stem

The Leukopet system premeasured volume of phloxine
diluent. hen dilution tube filled with appropriate
volume of blood mixed, small of blood-diluent
mixture placed on hemocytometer. The hemocytometer con
ptical uality over ured rid
contains ecific olume.

Hemocytometers ounting hambers
determine umber ells er oliter
of load everal dels vailable, ut
common type used two identical sets of grids of parallel
erpendicular tched led **Neubauer rulings** .
ch rid vided uares. orner
squares are divided into smaller squares, center square
vided iny uares rousps ch).
area of each grid each Neubauer ruling) designed to
recise nowing umber
cells t rid
area for calculating number of cells per microliter



Platelet histogram with evidence of platelet aggregates.

of load. echanical ounters vailable ually eep
track f umber ells bserved

Using the pipettor, aspirate 25 μ 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

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.

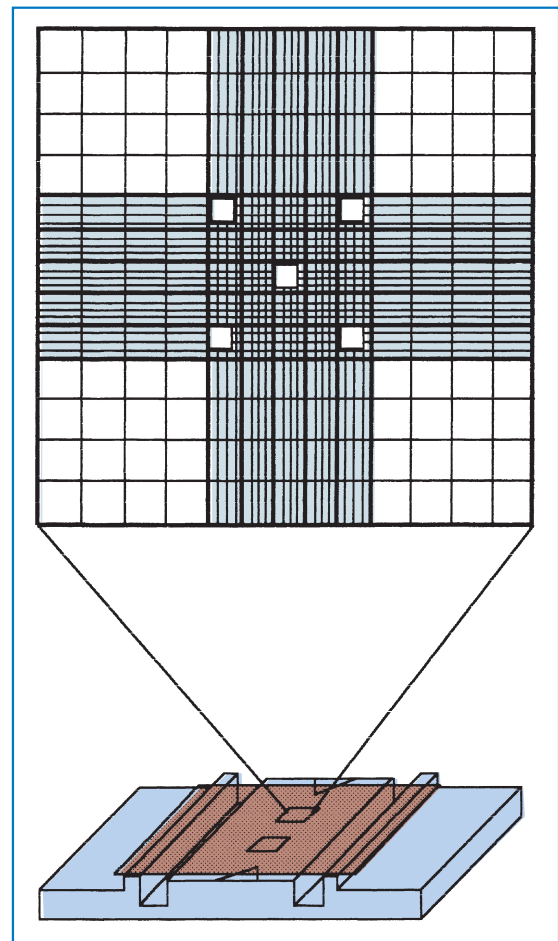
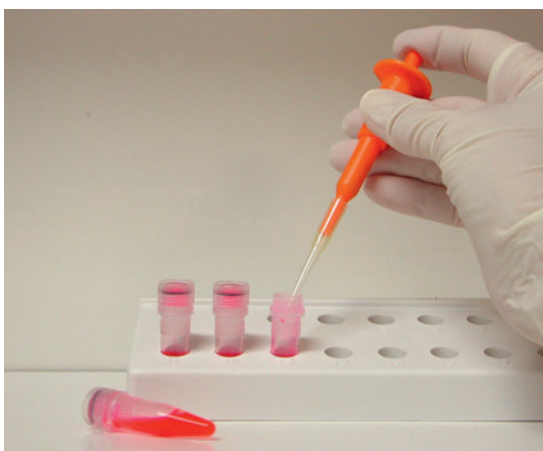


Fig. 8.8 Neubauer hemocytometer. (From Sirois M: *Principles and practice*



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 number and sizes of cells present.
- Manual cell counts are performed with a hemocytometer.



- Explain significance of hemoglobin levels, color, and distribution.
- Differentiate between normal hemoglobin, sickle cell anemia, thalassemia, and hemochromatosis.
- List factors affecting hemoglobin synthesis and release from red blood cells.

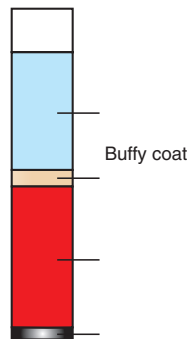
Review Questions, Key Points,

Packed cell volume

[illegible]



A microhematocrit centrifuge designed for small-capacity tubes.



then be read
layer .
height f
the lay lug
of
obtain
obtained y
to

op
btain
olumn
olumn
olumn
viding
imated
high eprents
ion

op
level with
he lasma
ight
imate
or
vided
high qual

percentage
top of
uler, ure
ight om
divide he
multiply eight
multiply
qual

The microhematocrit method or determining
commonly performed, because it requires
blood, generally
microtube centrifuged or tubes pm.
The calculation the microtube read he level he packed
number multiplied by to determine PCV.

The often used screening tool to determine whether
gic condition such present. normal
values for common domestic species are listed [Table](#) values
e ed anges



whereas values greater
polycythemia. More often, increased
are dehydrated, result lower volume present
in the sculpture. CV ill also falsely increased nad
equated volume blood collected icoagulant.





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



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

of hemoglobin. Cyanmethemoglobin, using dithionite, contains a cyanide ion that converts the iron in hemoglobin to the ferrous state, forming cyanmethemoglobin. This method provides a measure of the total hemoglobin concentration. The cyanmethemoglobin method is a standardized procedure, quite accurate when properly maintained. Small dedicated analyzers are available (Fig. 9.10) that provide results only for hemoglobin concentration. Some of these analyzers use a color-matching technology. Other types use a cyanide-free hemoglobin-hydroxylamine method. Normal hemoglobin values for common domestic species are listed in Table 9.1.

Common Species

The determination of erythrocyte indices is 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). These indices provide a subjective measure of the average hemoglobin concentration. The accuracy of the individual measurements depends on the total RBC count, PCV, and hemoglobin concentration. These indices are ways of comparing the morphologic features of red blood cells to the normal or reference value or to the value of the erythrocytes (e.g., anemia, polycythemia, or hypochromia).

MCV is a measure of the average size of erythrocytes. It is calculated by dividing the PCV by the RBC count (in millions per liter).

For example, if the PCV is 40% and the RBC count is 4 million/mL, the MCV is 100 fL. Many of the automated hematology analyzers determine these indices electronically.

MCH is the average weight of hemoglobin contained in each erythrocyte. It is calculated by dividing the hemoglobin concentration by the RBC count (in millions per liter).

$$\frac{\text{Hemoglobin concentration (g/dL)}}{\text{RBC count (millions/L)}} = \text{MCH (pg)}$$

MCHC is the concentration of hemoglobin in the average erythrocyte. It is calculated by dividing the hemoglobin concentration by the MCV (in fL).



_____ / _____

exception f
elidae ls), high ve mbers
alues

For xample, og moglobin oncentration
of to The normal
range for for all with

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
lyzers r ith ters.
- Erythrocyte ed alues rovide
measure f verage moglo
bin oncentration.



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 performing blood
- Troubleshoot quality blood
- Describe pearance rmal blood cells.
- Describe procedure for performing leukocyte absolute value ion.
- Describe procedure for performing elet imate.

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

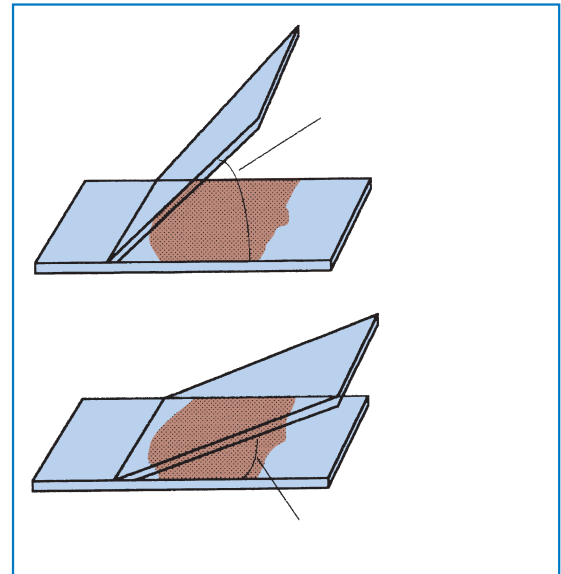
The blood used to perform differential white blood cell (WBC) count, to estimate platelet numbers, to evaluate morphologic features of red blood cells platelets. peripheral blood prepared of either wedge smear technique or overslip technique. The wedge commonly type preparation. The overslip technique often prepare from blood obtained from vial exotic species. To prepare blood smear, drop of blood withdrawn from ethylenediaminetetraacetic-acid (EDTA)-anticoagulated blood collection tube. op obtained either transfer pipette placing wooden applicator ticks onto blood tube when ticks together withdrawn, op blood appropriate fill

be between blood op ced oward osted end of lean oscope ient information ritten ectly osted pencil. he cond ced osted of st egree awn ck urface drop of blood cond modified o count or hanges onsistency blood from mic ient procedure hen blood read reader slide, then pushed forward with steady, even, rapid motion. The e ently ved low quickly. properly prepared blood ven distribution cells.

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

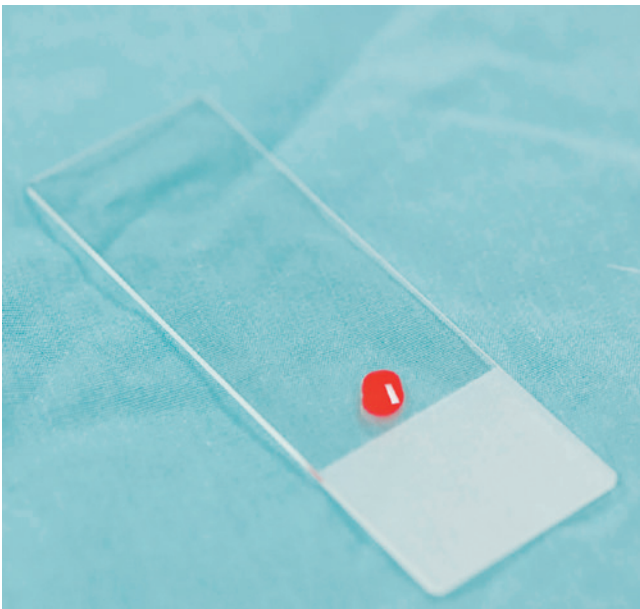


cator sticks into the tube and holding them together when withdrawing them from the tube.

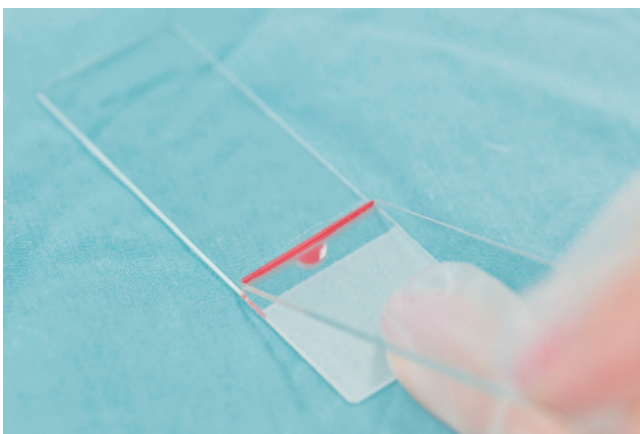


The difference in slide angle necessary for making blood smears

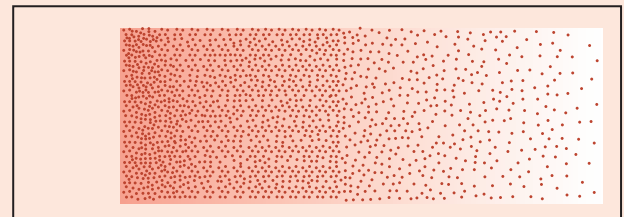
A small angle is used for hemoconcentrated blood.



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



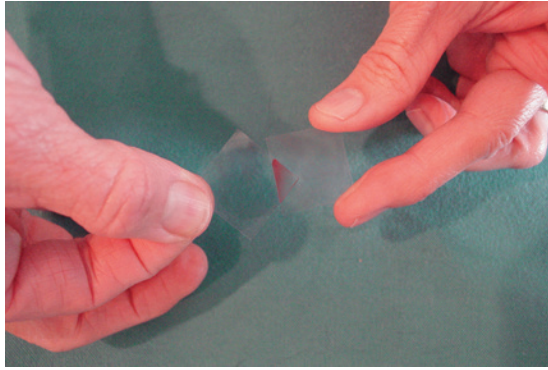
and draw it back into the blood drop.



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,

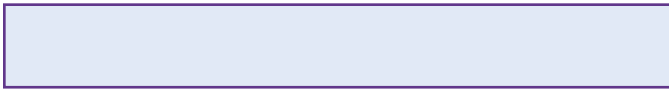
After drying, stain the smear with Wright's stain or a Romanowsky-type stain, which is available in commercial kits (e.g., Wright's Dip Stat #3



Preparing a blood smear with the use of the coverslip method.



between surfaces. When overslips single other ion before blood completely read Fig. procedure average entirely o remote ying.



After y y, blood nearly distinguish visual cells identify normal cellular characteristics. blood of omanowsky-type commonly available Romanowsky stains include Wright's stain Wright-Giemsa omanowsky available either ne-step three-step formulations. The components of may vary somewhat, ut hey sually nclude xative nd uffered olu tions f eosin methylene blue he ive ually methanol The eosin component buffered acidic and t tains he asic omponents he ells, uch emoglo bin eosinophilic granules. The methylene blue component buffered o omponents of cell, such leukocyte nuclei. three-step gives acceptable esults iemens lto, When ee-step insed distilled water between each of three components. Care must be taken to avoid dripping water into any of components, or ill ecome egraded. ill water one lowed to y efore oscopic xamination The est uality chieved hen ed methanol or conds efore

time o variable ected umber factors, uch or ee-step average ime rse conds or ch om ponent. t cessary ars. Table problems related to staining. Cells appear dark they are overstained, whereas extensive rinsing may them to ok ded. hanging egularly cessary or on sistant esults or revention recipitation . ered emove xcess ebris. Refractile artifacts on are another common problem. These are ually isture ive ution, hich may be result of water dripping off of slides into jars or om ars eing overed hen ake onfuse tifacts ellular normalities.

Although ost eterinary ematology nalyzers rovide east tial erential blood ill prepared valuated. umber normalities ill e outinely eported tomatated yzers, luding nucleated oxic ranulation, elet lumps, et ells, moparasites.

Examining slides way each time important to avoid mistakes when counting cells or important observations. lways begin examination by slide under low-power magnification general assessment of overall ell umber s btained.

The ntire or resence platelet clumps, large abnormal cells, microfilariae. Locating feathered edge monolayer performed next, high-power nification eathered dge blood contains cells are usually greatly distorted erratically ributed. nolayer blood here ells venly andomly ributed not istorted. fter hese wo reas re identified, he echnician focuses on one microscopic field monolayer just adjacent to feathered edge. The differential count performed the monolayer by oil-immersion magnification. minimum of are counted, identified, recorded during ecause ounted, umber of ch ype bserved ecored ercentage. led elative arious ounting evices available o elp erform he ifferential BC ount Fig. 0.7).

The differential blood leukocyte count provides the

After elative ercentages ch ell ype ve een eter mined, absolute value f ch ell ype ed. Calculation ute alues ccomplished multiply otal ercentage ch ell ype. For xample, utrophils ere ounted blood n ute value or utrophils utrophils/ of lood.

Troubleshooting Staining Problems

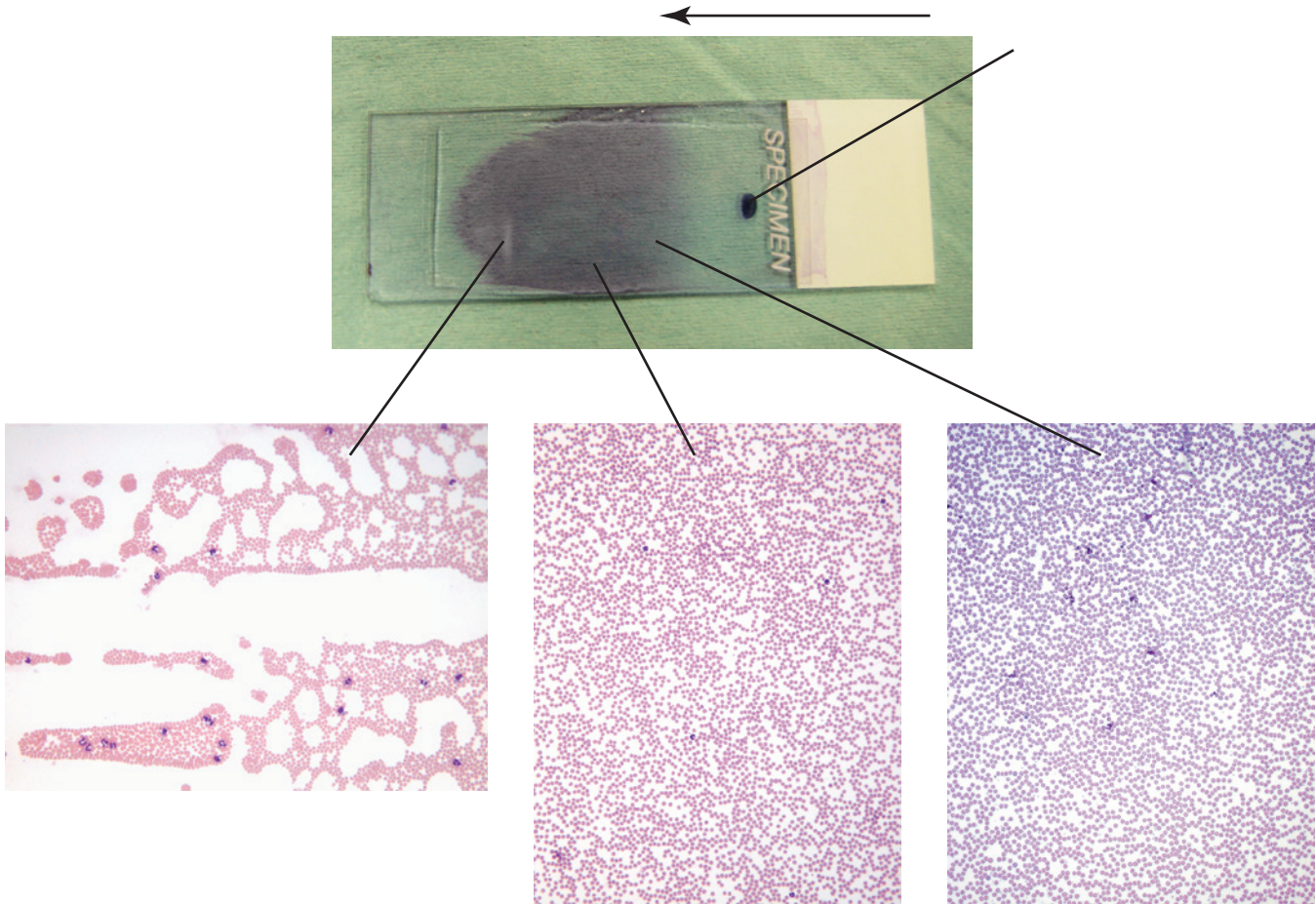
Excessive Blue Staining (Red Blood Cells May Stain a Blue-Green Color)

Precipitate on Preparation

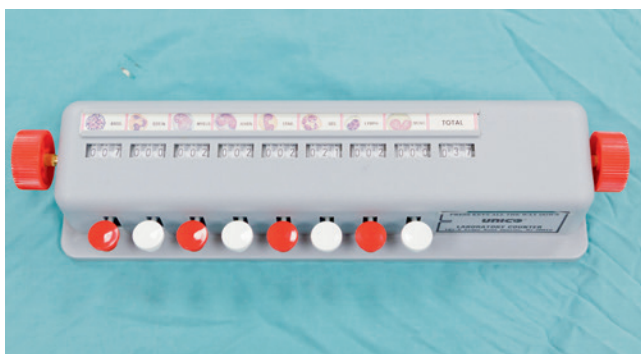
Cowell and Tyler's diagnostic cytology and hematology of the dog and cat,

The relative percentage of each cell type from differential count may be misleading, especially when evaluating which total count or relative percent ages of differential count are normal range. For example, consider normal range of segmented neutrophils on blood to with absolute value of to normal ranges for lymphocytes are to with absolute value of to. If patient relative neutrophil count of lymphocytes, would appear to be

neutrophilia with normal lymphocyte count. However, patient total count of (within normal range), absolute value for neutrophils normal level), absolute value for lymphocytes low level); patient actually lymphopenia. Similarly, patient with relative lymphocyte count of would appear to have lymphopenia. However, patient's total count then absolute value for lymphocytes for patient which normal absolute value.



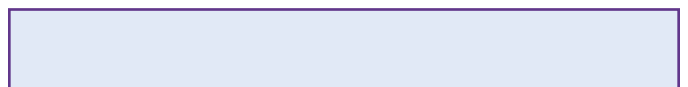
. The three major areas of the blood smear (*Feathered edge*, *Count area*, and *Thick area*) are indicated by the lines connected to the respective microscopic views. (From Valenciano A, et *Canine and feline blood smear analysis: a practical atlas*,

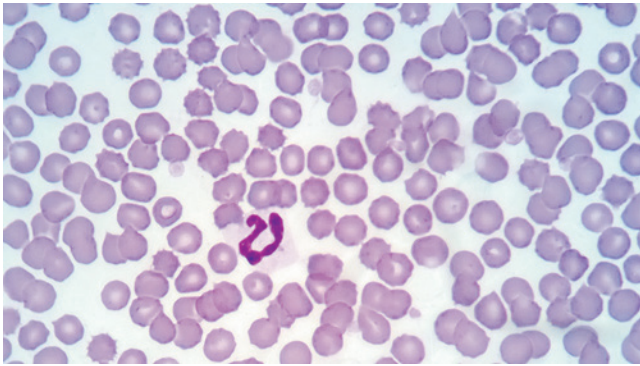


release of substances modulate immune system, production of antibodies. More information about tions of the various populations of leukocytes located in nit 4.

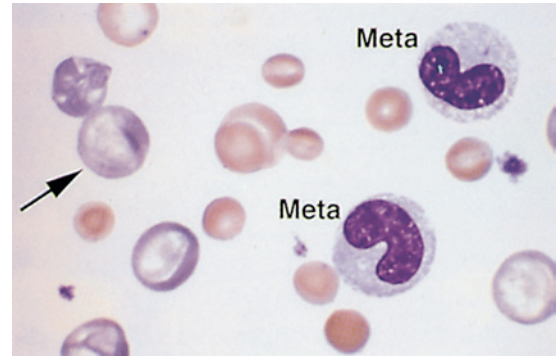
Neutrophils are abundant peripheral blood nucleus trophil regular longated, rue ucleus nuclear bes are haracteristic utrophils nuclear bes haracteristic utrophils eripheral culation. ucleus quine utrophils vily lumped, oarse hromatin. toplasm ith ranules. ovine utrophils ve darker-pink toplasm. rimary tion utrophils phagocytosis. ncreased umbers eutrophils sually ndicate infection r ion.

Mature ure utrophils, ymphocytes, nocytes, eosinophils, phils ukocytes found lood ch ype ell ys ortant ody's efense stem, concentration of each type extremely valuable for diagnosis of various Functions of include phagocytosis,

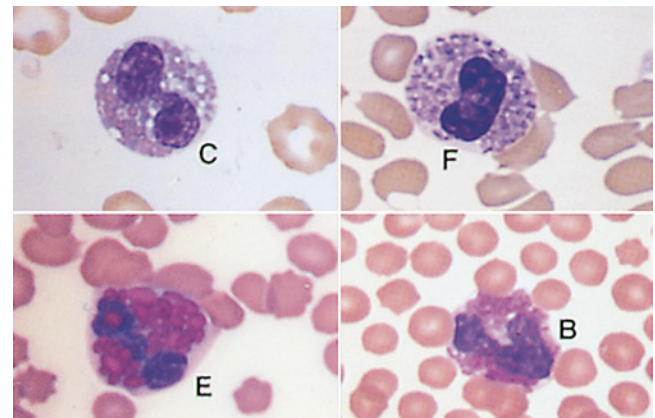
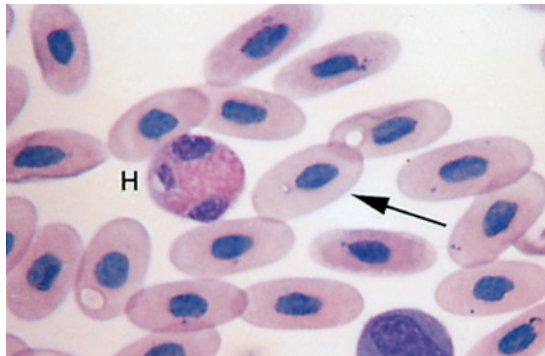




A neutrophil in a blood smear from a normal canine.



are also present,



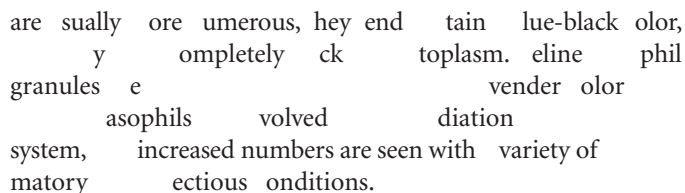
neutrophils (e.g., myelocytes, metamyelocytes) are common in peripheral blood

Eosinophils contain a nucleus of utrophils, ut chromatin usually coarsely clumped. The eosinophilic granules are on siderably species granules eosinophils often vary size with small large granules within ell, ensely species; y ually ed eline osinophils contain granules od-shaped, umerous. Equine osinophil granules val, they ense range-red olor. osinophil ranules ep, uch ler found rses, ense osinophils are le hagocytosis, ut rimary tion dulation stem. ncreased umber eosinophils are commonly seen patients with allergic reactions asite ections estations.

In vian, eptile, ecies (e.g., rabbits, pigs), cell functionally equivalent to neutrophil referred to **heterophil**. Heterophils have distinct osinophilic granules topasm **Band neutrophil**. The ucleus utrophils horseshoe-shaped, ith rge round nds [fig. 10.10](#)). lthough slight entations resent ucleus, on striction re ne-third nucleus, ell ually lassified gmented utrophil. The designation of neutrophil or mature segmented cell mewhat ublicative. ch cility learly iteria or high utrophil ill esignated ply iteria onstistently oubt about whether particular cell or mature segmented cell, ell lassified ure ell. ore ure

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

The uclei **basophils** e monocytes. Basophil granules dogs are few number purple to blue-black color. Equine bovine basophil granules



Basophils are not commonly seen on the blood smear.

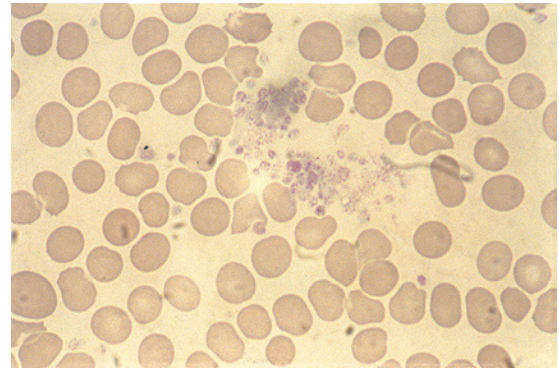
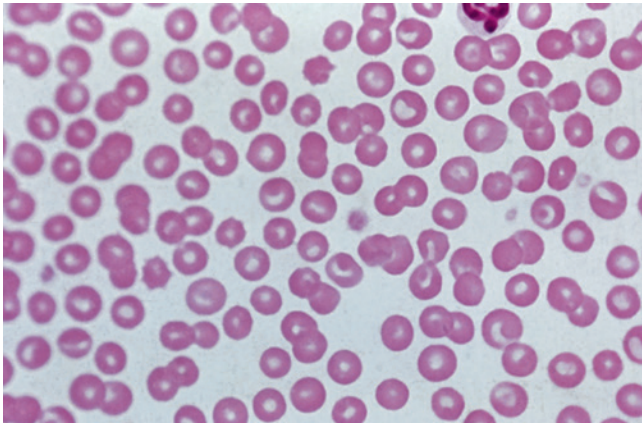


TECHNICIAN NOTE A variety of sizes of lymphocytes are usually present

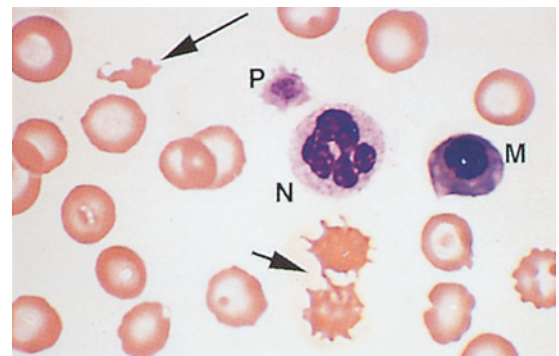
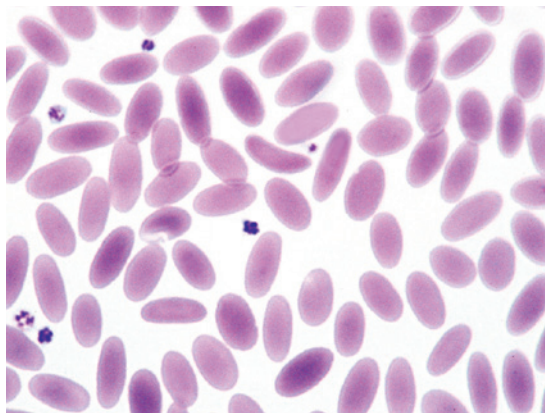
peripheral blood, contain variably sized nuclei
the nucleus occasionally
but often elongated, bilobed, or lobed. Nuclear
chromatin is coarse and clumpy. Neutrophils,
highly coarsely lumped. Cytoplasm of neutrophils
is blue-gray color, contain vacuoles
granules. Monocytes
from neutrophils, lymphocytes, and monocytes
are typical. Neutrophils, eosinophils, and monocytes
are probably neutrophils. Neutrophils, eosinophils,
phagocytosis. Increased numbers of neutrophils in
variety of chronic infections.

Lymphocytes represent a variety of peripheral blood leucocytes from ruminant patients. Small lymphocytes are approximately 6-8 micrometers in diameter with a slightly indented nucleus and heterochromatin coarsely clumped, cytoplasm light blue and quite scanty. Chromocenters, which are areas of condensed chromatin, may be confused with nucleoli; chromocenters appear as dark clumps within the nucleus. Medium-size lymphocytes have a 10-12 micrometer diameter, with more abundant cytoplasm. The cytoplasm may contain pink-purple granules. Normal bovine lymphocytes may contain nucleolar inclusions, but are distinguished from monocytes by the absence of a prominent nucleolus. Neoplastic lymphoid cells, such as those seen in lymphoma, are distinguished from lymphocytes by their reduction in size. Increased numbers of lymphocytes often indicate viral infection.

Normal erythrocyte morphologic features vary among different species of domestic animals. Normal erythrocytes have biconcave, centrally located nuclei. Unlike those of avian, reptile, amphibian, and fish species, mammalian erythrocytes are nucleated (see Fig. 1). Oval, elliptical, and elongated erythrocytes are common in many species. In anemia; sometimes referred to as pencil cells. llama members, the predominant cell type, is the sickle condition. Normal oat-shaped erythrocytes contain oval-shaped erythrocytes. Hemoglobin content

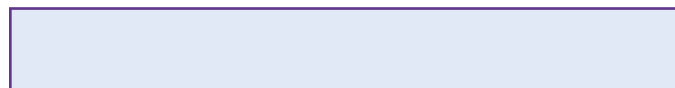


A platelet clump in a canine blood smear.



appear evenly
each and f
val,
throughout
cell
concentrated
lor.

range in
number
indirect
for
counting
blood
estimate
averaged from
ure
ect
umber
umber
umber
multiplying
fields) by
elet
urement
elets
en
er
estimated
used
ernative
umber
volved
elet

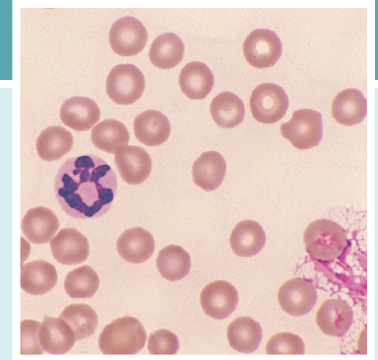


Platelets (thrombocytes) are an important component of hemostasis. The procedure for platelet valuation is the examination of the blood smear. When platelet numbers appear decreased, determining platelet concentration by a more quantitative procedure is appropriate. Platelet numbers can be evaluated by counting a known area of 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. On average, 100,000 platelets per oil-immersion field are more common in normal patients. Platelet estimates can be reported as the average number seen in 1000 microscopic fields or

Platelet clumping is common among dogs. If clumps are observed (Fig. 1), platelets are probably adequate in number. The presence of unusually large platelets i.e., **megathrombocytes** (Fig. 2) suggests a platelet disorder. Megathrombocytes may be seen in dogs with thrombocytopenia. The presence of megathrombocytes may suggest a platelet disorder. The presence of megathrombocytes may suggest a platelet disorder. The presence of megathrombocytes may suggest a platelet disorder.

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

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 at 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
Torocyte
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 used to determine the degree of morphologic changes. The first method is to indicate the relative percentage of cells with morphologic change. The designation generally quotes the percentage of cells being affected; for example, approximately 10% of cells are affected. The second method is to designate the degree of change as "slight," "moderate," or "marked" to be approximately 10%, 25%, or 50% of cells being affected, respectively.

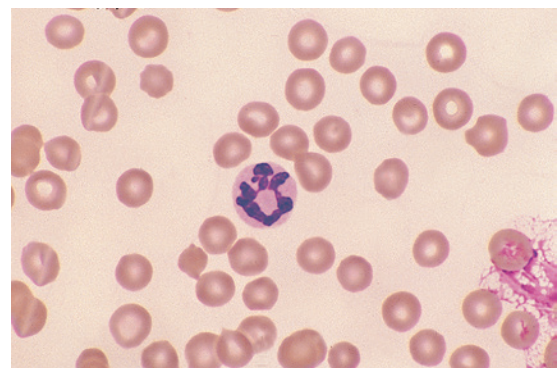
Pelger-Huët anomaly is a congenital hereditary defect characterized by hyposegmentation of all granulocyte nuclei. Nuclear chromatin appears condensed but unsegmented, and the cytoplasm of affected cells appears normal. Eosinophils and monocytes are affected. The anomaly is believed to result from a autosomal-dominant trait, which is common in Australian Shepherd dogs. Dogs homozygous for the 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, including inflammatory response to acute infection. In general, with pseudo-Pelger-Huët anomaly, fewer neutrophils are hyposegmented than in the congenital anomaly.

Canine feline neutrophils are rarely hypersegmented. This is usually attributable to aging of neutrophils, either in vivo or in vitro.

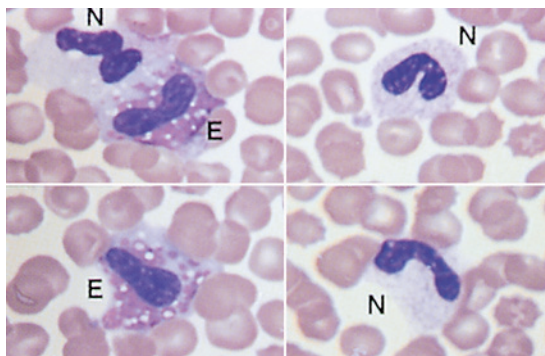
with endogenous or exogenous glucocorticoids, which prolong half-life of circulating neutrophils) or in vitro result of prolonged storage of blood before blood is analyzed. Hypersegmented neutrophils are often found in conditions of megaloblastic anemia, such as **macrocytosis**.

Nuclear hypersegmentation of neutrophils is a common finding in megaloblastic anemia.

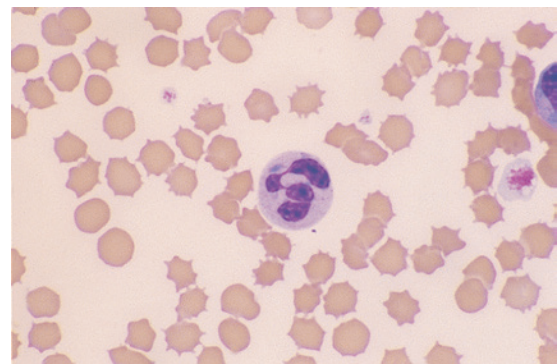
The common disease-induced cytoplasmic changes in neutrophils are referred to as toxic changes and are associated with conditions such as infection, inflammation, and toxicity. These changes are referred to as "toxic granulation." They are severe, often suggest bacterial infection. However, toxic changes are quite common in many other conditions. Types of toxic change include cytoplasmic degranulation, **toxic granules**, vacuoles or foamy appearance, and **toxic granulation**. Affected cells appear much larger than normal segmented neutrophils (Fig. 11-1). These toxic changes are thought to be due to increased release of granules from neutrophils during infection or inflammation.



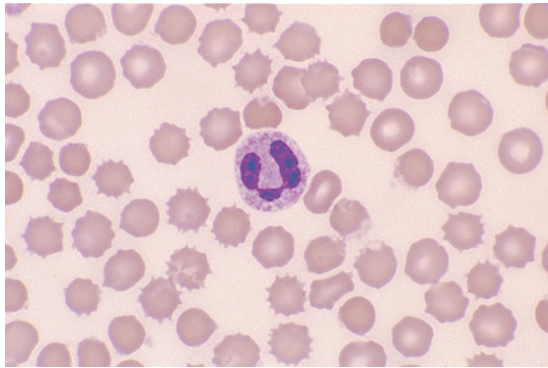
A canine neutrophil with a hypersegmented nucleus.



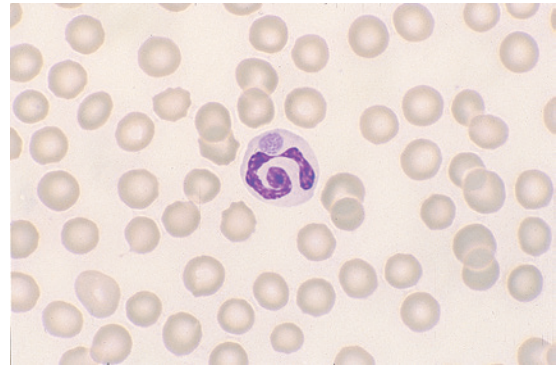
from a dog with Pelger-Huët anomaly. (Wright's stain.)



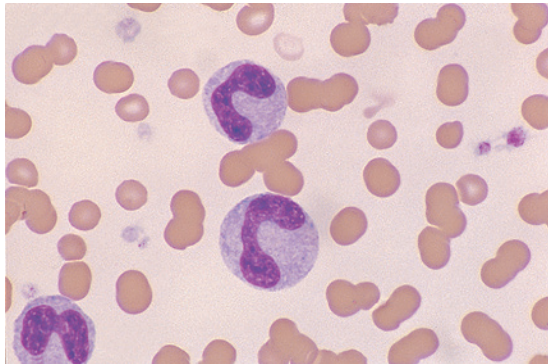
A toxic neutrophil showing cytoplasmic basophilia and a large Döhle body. The red blood cells are crenated.



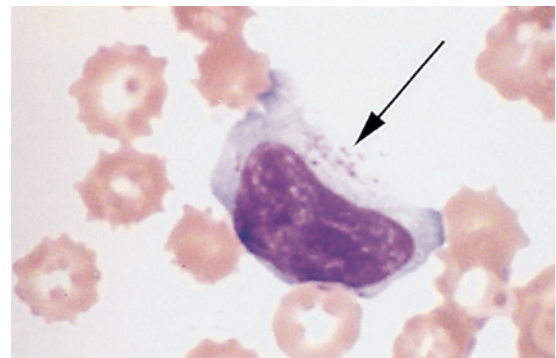
A neutrophil with toxic granulation.



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.

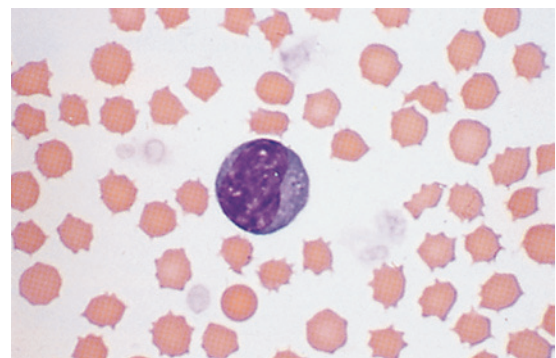
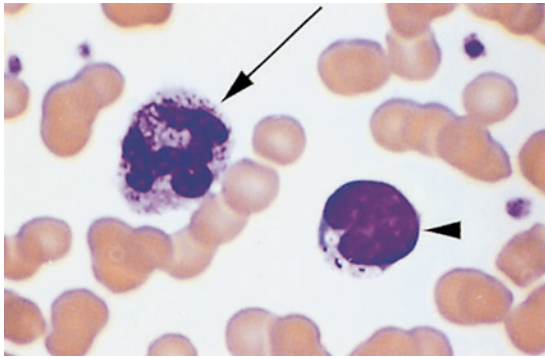


Fig. 11.8 A reactive lymphocyte in a canine blood smear. Numerous

inclusions neutrophils monocytes include *Histoplasma capsulatum*, *Francisella philomiragia*, *Mycobacterium*, gametocytes of *Hepatozoon canis*, amastigotes of *Leishmania infantum*.

Canine distemper inclusions may appear in neutrophils, red blood cells or lymphocytes. The inclusion bodies (Ehrlichia Anaplasma species) may be seen within the cytoplasm of neutrophils. Fig. 11.9 shows the characteristic inclusions.

Azurophilic granules topoplasm lymphocytes often associated chronic infectious mononucleosis, especially with ehrlichiosis. zurophilic granules be present in small ovine lymphocytes. **Atypical lymphocytes** may have philic topoplasm leaved nuclei, and they may show evidence synchronous maturation in the nucleus topoplasm. **Reactive lymphocytes** have increased basophilia cytoplasm; they may have more



as well as a neutrophil with toxic granulation

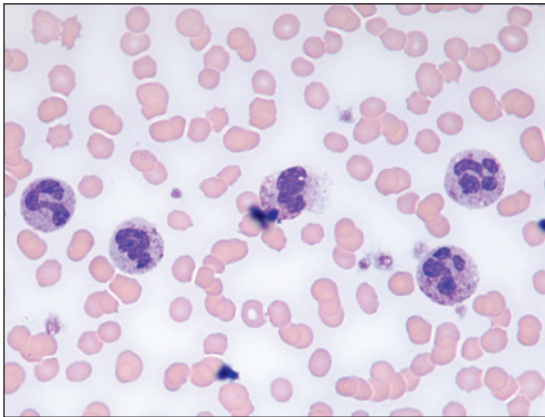
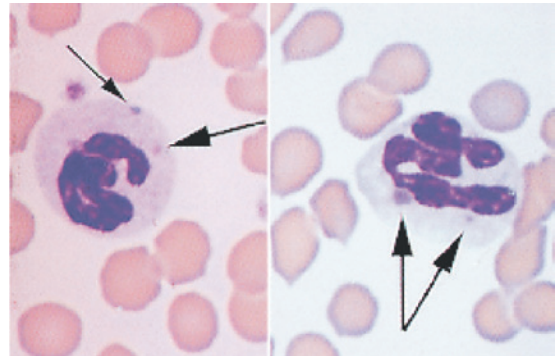


Fig. 11.10 Cytoplasmic granules associated with Birman cat anomaly. *Atlas of canine and feline peripheral blood smears*

granulation in neutrophils and eosinophils, which are two of the lysosomal storage disorders.

Neutrophils have a segmented nucleus and a granular cytoplasm. Approximately 50% of neutrophils contain large, azurophilic granules. The granules are often seen in the cytoplasm, but other species.

abundant cytoplasm, sometimes contain more convoluted nucleus. antigenic stimulation secondary infection. each lymphocyte referred monocytes.

With a group of rare inherited substance abnormalities, usually result in cellular enzyme deficiency. Numerous types of conditions have been reported, many depending on specific enzyme deficiency. Types involve either skeletal abnormalities or progressive neurologic disease. Cells of monocytes, erythrocytes, or neutrophils (usually monocytes, lymphocytes, or neutrophils). The appearance of leukocytes varies depending on type of lysosomal storage. Lymphocytes are usually aculeated, or they may contain granules; neutrophils contain granules.

Neutrophils from affected by Birman Granulation anomaly contain eosinophilic to magenta granules. This anomaly is inherited as an autosomal-recessive trait. Neutrophil function is normal, except for the granulation. It is inherited from a common ancestor.

Granules of hemosiderin may be present in neutrophils and monocytes of animals with hemolytic anemia. They appear similar to Prussian blue, but are differentiated by Prussian blue. Siderotic inclusions occur in erythrocytes; affected cells could be referred to as siderocytes.

Smudge cells are degenerative leukocytes that have ruptured. Their presence is considered a clue to the presence of leukemia. They are often seen in blood smears in small numbers. Smudge cells are reduced in number when blood is centrifuged and resuspended. They are often seen in leukemia.

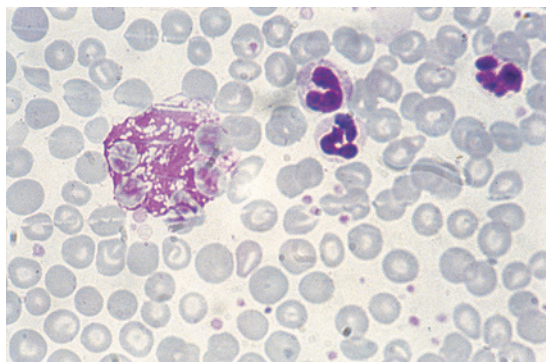
Karyolysis is a degenerative change in the nucleus characterized by dissolution of the nuclear membrane. It usually affects neutrophils, associated with the presence of septic exudates. The term **karyorrhexis** refers to fragmentation of the nucleus. **apoptosis** refers to the condensing of the nucleus. **pyknosis** refers to the condensing of the nucleus.

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

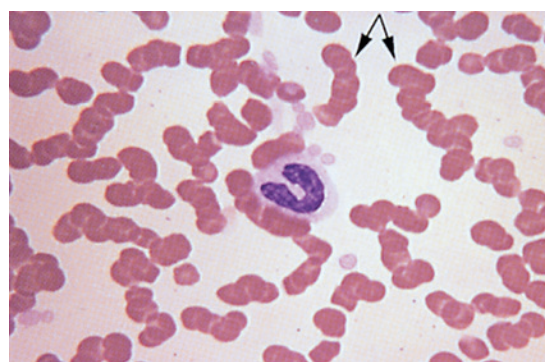
Rouleaux formation involves grouping of erythrocytes into stacks. Increased formation can be seen in increased fibrinogen or globulin concentrations, or formation accompanied by erythrocyte sedimentation rate. Marked formation can be seen in

horses, may be present on blood smears from healthy animals. In the case of a blood smear prepared from a blood sample that has been refrigerated.

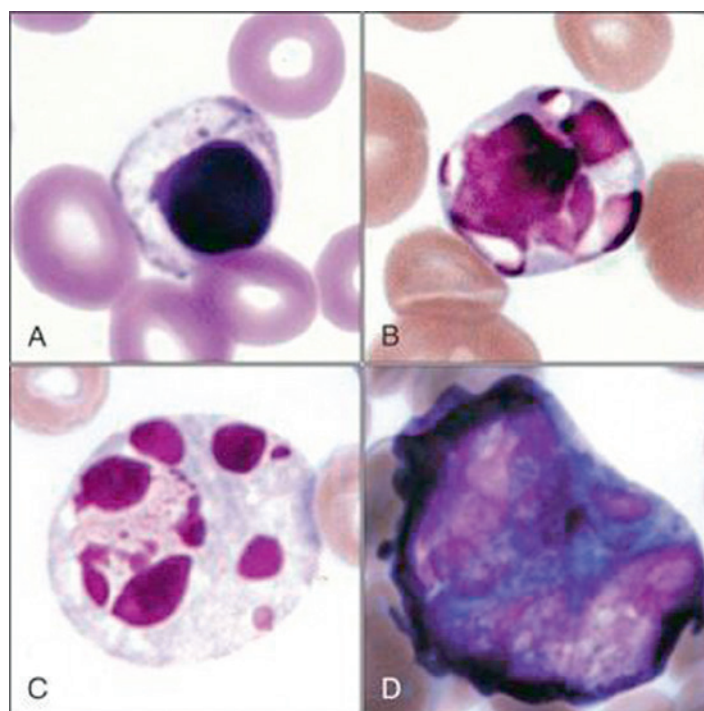
The agglutination of erythrocytes is distinguished from rouleaux formation. **Autoagglutination** occurs in immune-mediated disorders in which antibody coats erythrocytes, resulting in clumping. Sometimes observed microscopically or macroscopically. Differentiate from agglutination, as opposed to clumping of blood, which is macroscopically observed for agglutination. Formation will reverse



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

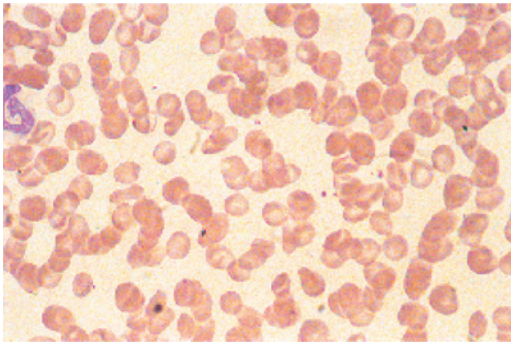


A neutrophilic band cell is also present.

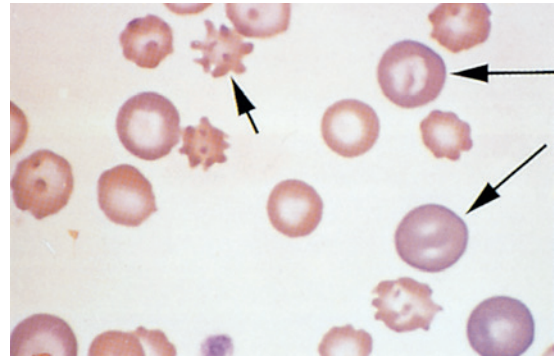


Pyknotic cell with condensed chromatin in blood from

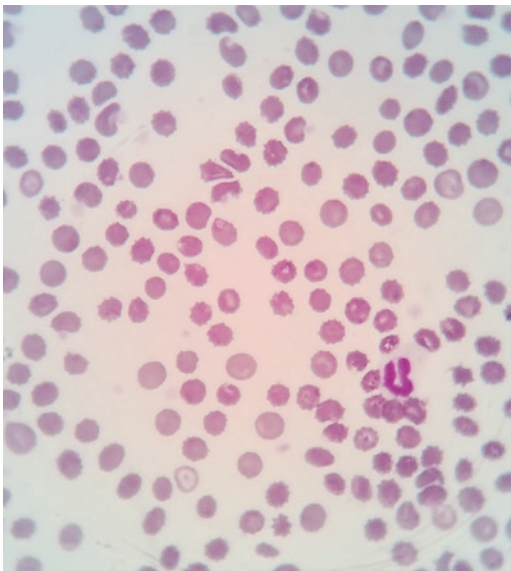
Pyknosis and karyorrhexis of a cell in blood from a cow with leukemic lymphoma. (Wright-Giemsa stain.)



Autoagglutination in a canine blood smear.



Macrocytic polychromatophilic red blood cells



Autoagglutination will not disperse when RBCs are

Anisocytosis variation size of 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, often seen in young, polychromatophilic erythrocytes (reticulocytes). Microcytes are erythrocytes with a smaller diameter than normal erythrocytes, with decreased MCV. Microcytic cells are often seen in iron deficiency.

Anisocytosis may involve microcytes or macrocytes,

organelles remain within cytoplasm; therefore, are young cells. When these cells are usually seen in reticulocytes.

Hypochromasia decreased hemoglobin content. The cell will normally appear more darkly stained along the periphery, gradually becoming much more central. Iron deficiency is a common cause of hypochromic cells. Hypochromic cells can be distinguished from bowl-shaped cells (anulocytes or "punched-out" cells) by the presence of a central area of increased density. **Microcytosis** is a condition in which the cells are smaller than normal. It can result from improper technique (Fig. 11-10) or true hypochromasia. The degree of hypochromasia is determined by the amount of hemoglobin in the cell.

The term polychromasia 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

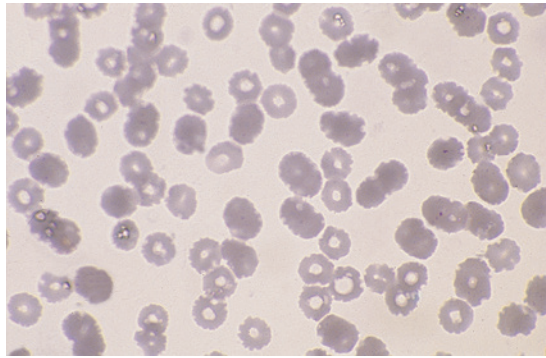
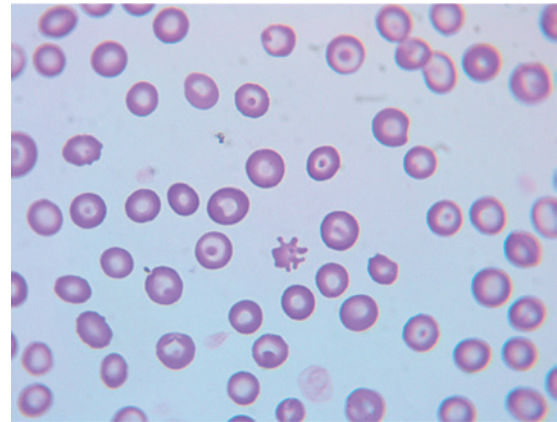
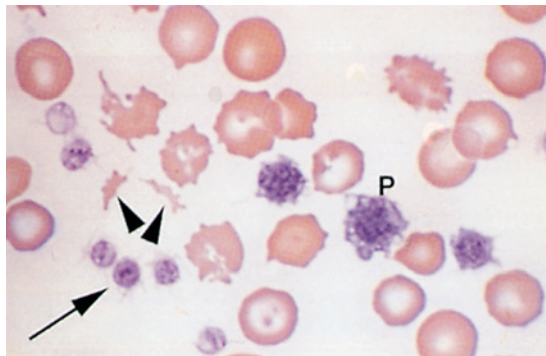


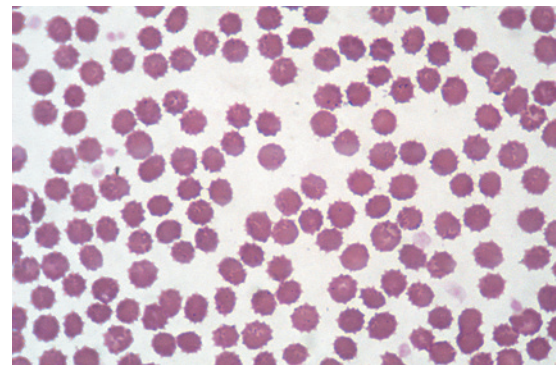
Fig. 11.19 The punched-out appearance of many of these red blood cells is an artifact caused by inadequate drying of the blood smear.



(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 the high concentration of hemoglobin, oversaturation occurs. Cells usually contain erythrocytes.

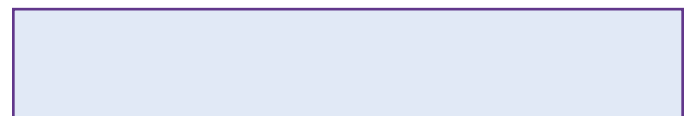
Abnormally shaped erythrocytes are called poikilocytes. However, terminology is helpful, because it suggests specific morphological abnormalities regarding shape change. The origin of abnormal shape depends in part on the species being examined. Shape and color changes are considered important when they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

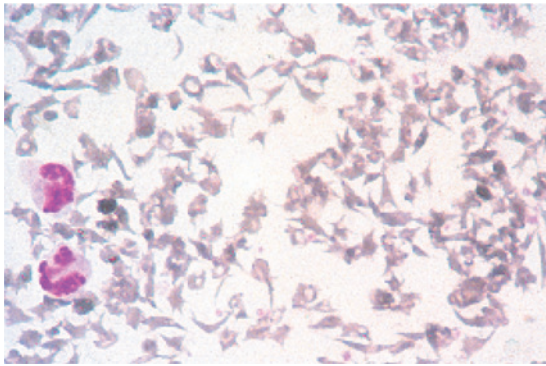
Schistocytes Fig. 11.20, which are fragments, are usually formed as a result of mechanical damage to red blood cells. Schistocytes are observed in microangiopathic hemolytic anemia, disseminated intravascular coagulation, and other conditions. Schistocytes are often associated with fibrin strands, with vascular neoplasms (e.g., hemangiosarcoma), and with iron deficiency. Schistocytes usually have concurrent thrombocytopenia.

Acanthocytes which are characterized by cells with irregular, notched, or spur-shaped margins.

projections are often seen. They are associated with liver disease (e.g., hemangiosarcoma). 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. 11.21). Echinocyte formation is a reversible process. Echinocytes are commonly seen in dogs with chronic kidney disease, in dogs with lymphosarcoma, in dogs after exercise, in horses, from renal failure, in dogs with heart failure, in dogs with snake, coral snake, water moccasin, or viper envenomation.





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

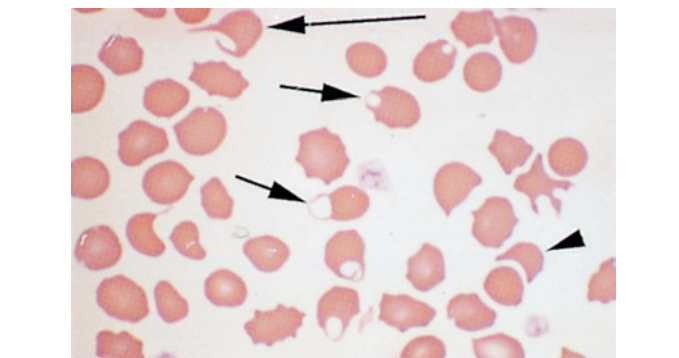
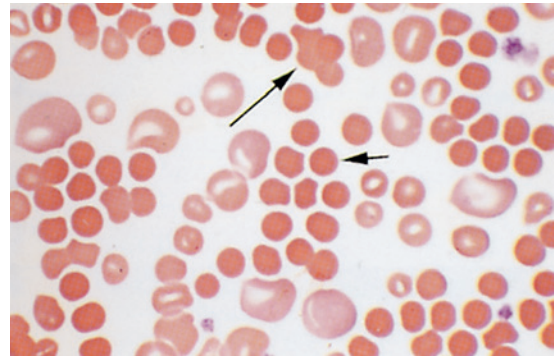
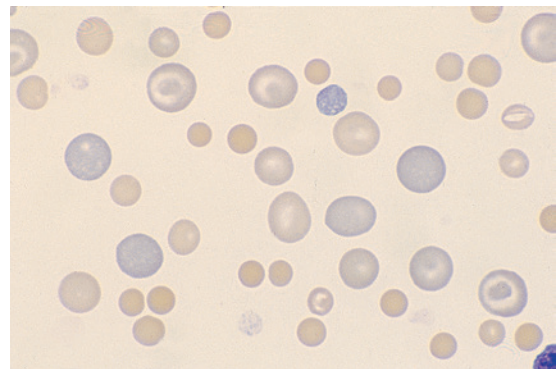


Fig. 11.24 Numerous keratocytes (arrows) and a schistocyte (arrowhead) are present in this blood smear from a cat with iron-deficiency anemia.



Mixed anisocytosis and polychromasia is also present.

Drepanocytes are high deformed cells, observed in blood from normal deer and horses. They are associated with hypoxia and are a common finding in horses with chronic obstructive pulmonary disease.

Keratocytes are commonly referred to as helmet cells, named for their characteristic shape. They are associated with iron deficiency anemia, chronic kidney disease, and liver disease. They are also seen in horses with iron deficiency anemia.

Spherocytes are darkly stained cells with reduced or central pallor (Fig. 11.25). Spherocytes are easily detected in blood smears. They are associated with immune-mediated hemolytic anemia, which occurs in response to the presence of antibody or complement on the surface of red blood cells. Spherocytes are also seen in horses with iron deficiency anemia.

snake envenomation, association with parasites, with toxicity. Immune-mediated hemolytic anemia is usually regenerative. Polychromasia is a common finding in horses with immune-mediated hemolytic anemia. However, nonregenerative anemia is a result of antibodies against precursors within the bone marrow. These cases, phagocytes are often difficult to detect, because of the presence of large polychromatophilic cells that facilitate recognition of small phagocytes. Although spherocytes have increased central pallor, their volume is normal. Additionally, horses with immune-mediated hemolytic anemia have increased

These cells are characterized by increased membrane surface area relative to cell volume. Affected cells may take a variety of shapes. **Target cells** have a central area of clear cytoplasm. **Leptocytes** are thin, elongated cells with a central area of clear cytoplasm. **Stomatocytes** are elongated cells with a central area of clear cytoplasm. **Codocytes** are elongated cells with a central area of clear cytoplasm. **Stomatocytes** are considered artifacts of the blood smear preparation process. Areas of pallor are all perpendicular to the feathered edge. Arranged in a line, they are referred to as **leptocytes**. The type of cell that appears to have hemoglobin cross-entered the cell.

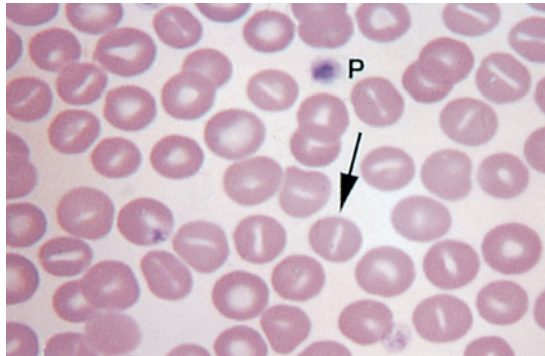
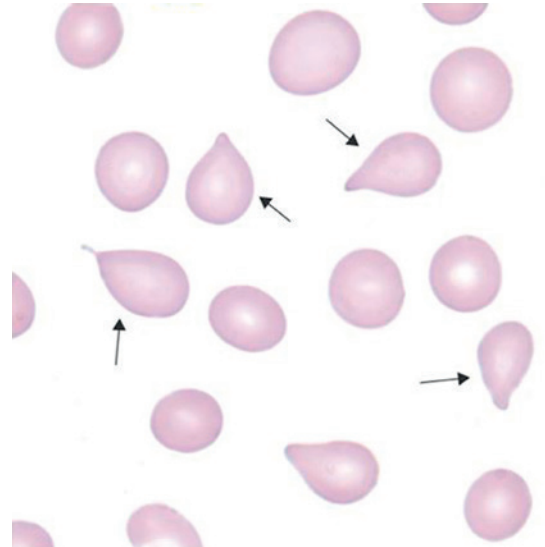
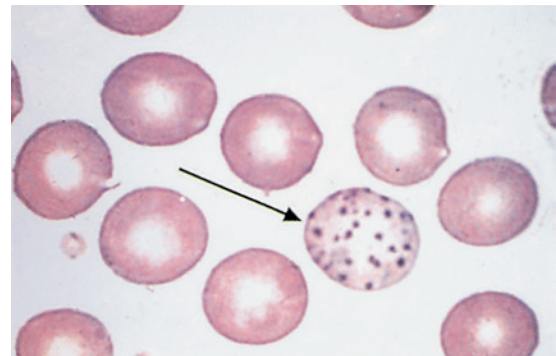
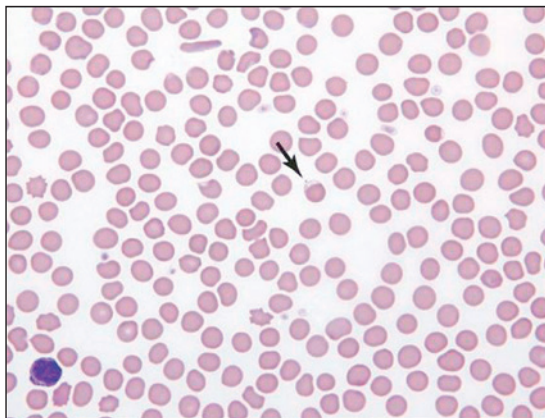


Fig. 11.27 Folded cells and stomatocytes and a platelet on



6th



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

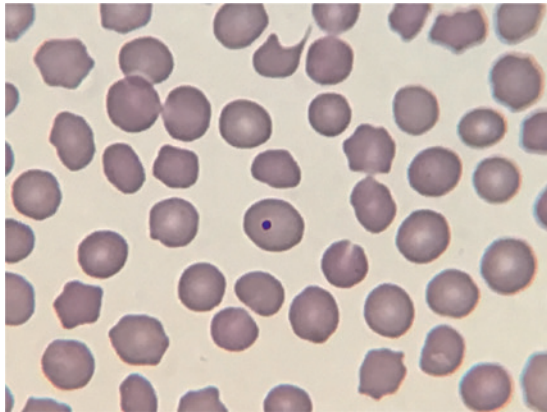
Eccentricity has been described in patients with diabetic ketoacidosis or neoplasia, with *Babesia canis* infections, after ingestion of oxidants such as garlic, onions, acetaminophen. The cells appear as teardrop-shaped cells with a central area of pallor.

Dacryocytes are teardrop-shaped cells that are seen with myelofibrosis, certain other myeloproliferative disorders. They have been identified in blood from llamas and alpacas that are iron deficient. These cells are reduced in number, but can be identified by their elongated tails; dacryocytes

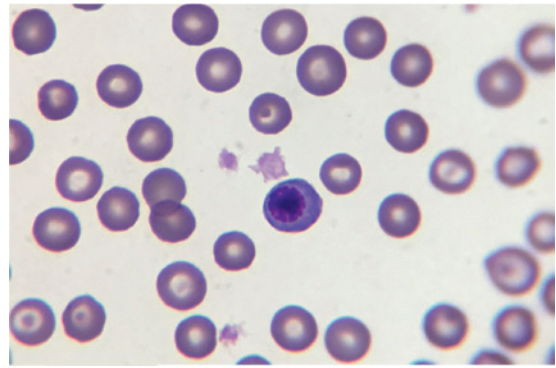
are seen in reduced numbers in the blood of patients with chronic renal failure.

Basophilic stippling—or presence of small, dark-blue bodies within erythrocytes—is observed in right-stained cells. It represents residual hemoglobin in the cytoplasm. It is common in uremic patients, occasionally in ruminants, and is a response to anemia. It is characteristic of lead poisoning (Fig. 11.30).

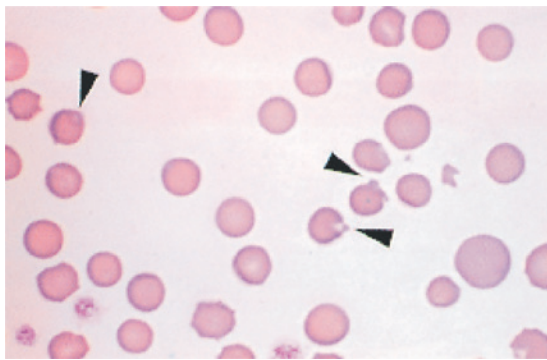
Howell-Jolly bodies are small, dark-blue nuclear remnants seen in erythrocytes during regenerative response. As cells containing nuclear remnants are removed from the spleen, macrophages remove the remnants. Consequently, increased numbers of these bodies are seen in the blood of patients with splenic dysfunction or with certain disorders.



Howell-Jolly bodies on a canine blood smear.



Nucleated red blood cells in a canine blood smear.



on a feline blood smear. (Wright's

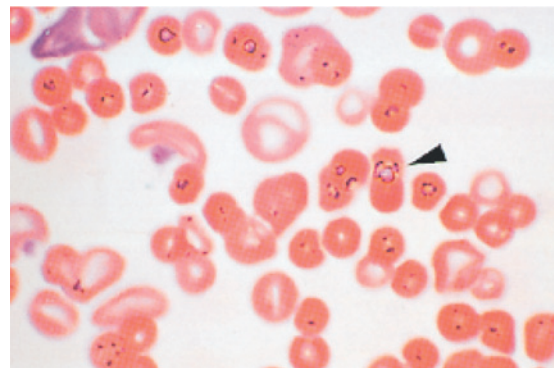


Fig. 11.35 Drying artifacts. These will appear refractile under the

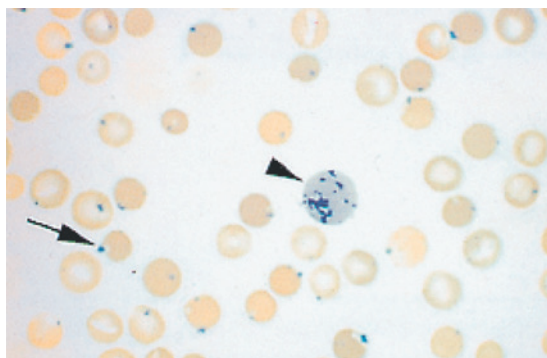


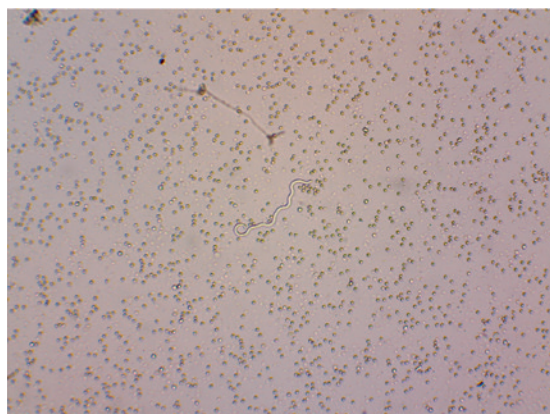
Fig. 11.33 Heinz bodies on a feline blood smear. A reticulocyte is also present. (New methylene blue stain.)

by increased concentration with hyperthyroidism, Heinz bodies often seen in cases such as lymphosarcoma, leukemia

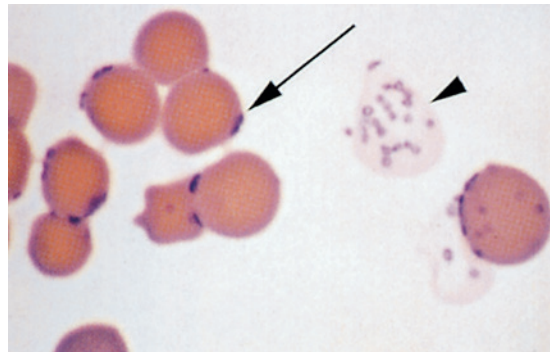
In nucleated erythrocytes represent early release of immature cells during maturation. Occasionally observed in non-anemic conditions of non-mammalian species (birds, reptiles) contain nuclei. Nucleated erythrocytes are not included in counts performed by hemocytometers or electronic cell counters. When performing differential cell counts, nucleated erythrocytes are counted separately and reported as a percentage of the total. The number of nucleated erythrocytes is then counted and the following equation is used to calculate the corrected leukocyte count:

Heinz bodies are round structures that represent denatured hemoglobin. The denatured hemoglobin comes in the form of a cell membrane inclusion body that appears as a blue-stained area with a thin rim of blue-stained cytoplasm. Heinz bodies are often seen in reticulocytes, which are immature red blood cells. Unlike domestic animals, some wild animals have Heinz bodies.

Parasites may be present on erythrocytes. Drying artifacts are sometimes confused with parasites. Ehrlichia



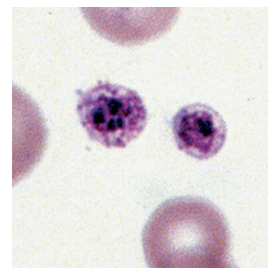
Microfilaria of *Dirofilaria immitis* in a canine blood smear.



. Ring forms are visible in the lysed erythrocyte

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

Mycoplasma haemofelis commonly parasitizes feline erythrocytes. The organisms appear as small, pleomorphic, rod-shaped, coccoid structures, often in pairs, and are dark purple with Wright's stain (Fig. 1). They frequently adhere to the periphery of RBCs. The parasitemia is cyclic; hemobartonellosis is suspected, and the blood should be examined several times at different times of the day before a definitive conclusion is reached.

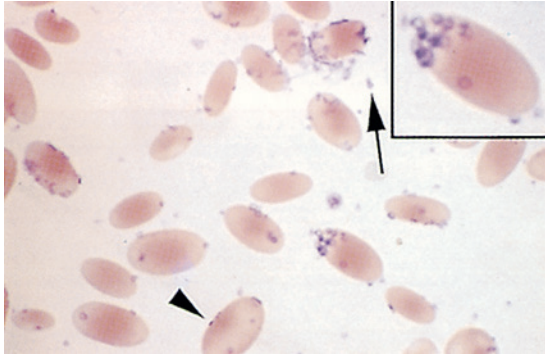


been contact with anticoagulant preferred when evaluating ample for suspected emobartonellosis. organisms often detach from surface of when anticoagulant. *Haemobartonella canis* infection rare dogs, usually observed nly nectomized unosuppressed ogs. The organism commonly appears chain of small cocci or ods retch cross urface rythrocyte. chains y pear ranch.

variety of infecting dogs. *Anaplasma platys* (previously *Ehrlichia platys*) affects only elephants, causing infectious monocytic leishmaniasis. The other *Ehrlichia* species infect leukocytes. *Ehrlichia canis* commonly infects neutrophils and monocytes. Fig. 1. The organisms are transmitted by tick vectors; they appear as small, pleomorphic, rod-shaped organisms in the cytoplasm. *Anaplasma marginale* is an intracellular blood parasite of wild ruminants. It appears as small, pleomorphic, rod-shaped organisms in the cytoplasm.

l, occi
must e erentiated om owell-Jolly odies, ecause
sizes are similar. Early during course of many
f ontain asites.

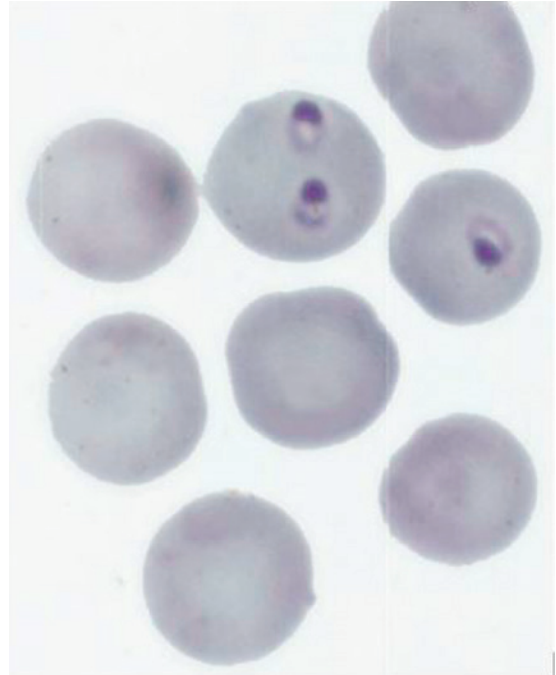
verely, usually ected. *Anaplasma* and *Ehrlichia* parasites belong to a group of rickettsial organisms. The nomenclature of various species has changed significantly during recent years. Additional information about the biochemistry of these organisms has been gathered. The result is leukopenia, thrombocytopenia, anemia. Chronically infected patients are severely anemic with marked leukopenia and thrombocytopenia, but sometimes only maturation of normality lymphocytosis. The protein level is usually increased. The organisms are best demonstrated during the acute phase, but they are usually present in low numbers. Means of diagnosis are discussed with diagnosis. However, the organisms are seen, the immunologic testing.



Eperythrozoonosis is similar to hemobartonellosis; the organisms are closely related. *Eperythrozoon* pear-shaped organisms are commonly found on the surface of red blood cells.

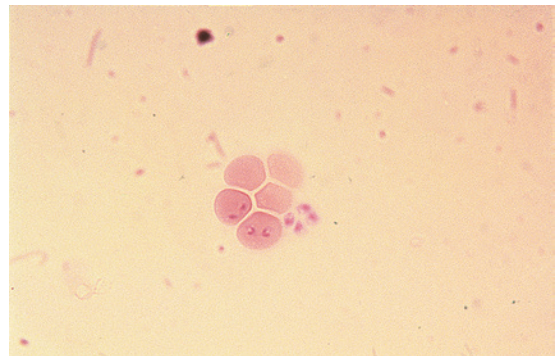
Cytauxzoon felis are molytic. The organism appears as a regular form within erythrocytes, lymphocytes, and macrophages (Fig.).

Babesiosis is caused by *Babesia bigemina* and *B. bovis*. The organisms are pear-shaped, pleomorphic, and drop-shaped. Babesiosis is frequently seen in piropalmsiosis). *B. equi* and *B. caballi*, which are caused by *B. bigemina*. Babesiosis has been reported in the United States (especially Florida). Babesiosis in dogs is caused by *B. canis* and *B. gibsoni*. These organisms appear as pear-shaped organisms. The percentage of erythrocytes affected by the organisms is commonly observed. The organisms are often observed in a cluster.



Feline erythrocytes infected with the characteristic signet-ring

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



organisms in bovine red blood cells.

Chapter Review Questions

Appendix

- Changes in leukocyte morphology affect cells' size, shape, color, and arrangement.
- Morphologic changes in blood cells can be quantified.
- Nuclear changes in leukocytes include hyposegmentation, hypersegmentation, pyknosis, and pyrrhexis.

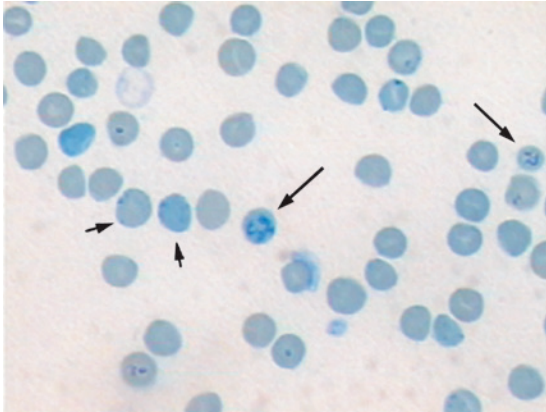
- Inclusions in leukocytes include lysosomes, variety of normal granules, and lipid droplets.
- Changes in erythrocyte morphology include anisocytosis, poikilocytosis, and other.
- Alterations in erythrocyte behavior include rouleaux formation and agglutination.
- Inclusions in erythrocytes include Howell-Jolly bodies, Heinz bodies, and other.

- Describe methods or repairing one row or evaluation.
- Describe criteria characterize one row cellular, hypercellular, hypocellular.
- List describe cells commonly in one marrow

Key Points,

Rosenthal needle

equal number of drops of new methylene blue or brilliant cresyl blue. The mixture was then used to prepare conventional air-dried blood smears, which were examined counterstained Wright's. Because generally performed on patients, blood drop used to be larger than made a bit more thickly than standard blood smear. Alternatively, we added 1 drop of blood exactly to 1 drop of new methylene blue or several drops before blood was stained. Intensity of reticulocytes was enhanced by preparing reticulocyte smears or few smears following with placement of methylene blue component of Diff-Quik (Siemens Palo Alto, CA) for 30 seconds. Cats, of several species, were morphologic forms of reticulocytes. The aggregate form contains large clumps of reticulocytes. The species, however, presents a cell with polychromatophilic with Wright's



he tate orm, hich ontains
to ight philic ranules. ells
olychromatophilic right's rmal,
anemic proximately ed lood ells
are gregate eticulocytes, hereas
are punctate reticulocytes. For meaningful reticulocyte count
only aggregate form of reticulocytes be counted.
eticulocyte xpression ercentage
eticulocytes. ercentage eticulocytes er
erythrocytes determined with of oil-immersion
lens. eticulocyte erformed lood
of 1 mic omestic xcept rses, hich
release eticulocytes om one row, ven ce
of egenerative eticulocyte oncentration or
one row's esponse

Reticulocyte
 degree of anemia, because fewer mature erythrocytes are present
 anemic reticulocytes are released earlier persist
 longer they do normal Higher percentages may
 be seen hemolytic anemia compared with hemorrhagic types
 of mia. lthough eticulocyte esults ften eported
 ercentage, re thod orrected
 reticulocyte **reticulocyte production index**
 orrected eticulocyte ed ultiplying
 bserved eticulocyte ercentage bserved cked
 cell olume vided rmal or ogs,
 d rmal or or
 og bserved eticulocyte
 then corrected reticulocyte count obtained follows:

Some practitioners may prefer to use the reticulocyte production index (ex. corrected reticulocyte percentage) 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 [Table](#). For the previous example, the dog's corrected reticulocyte count was 12.5%, which indicates the patient is producing reticulocytes at a rate greater than normal.

Patient Packed Cell Volume		Maturation Time	

Bone marrow evaluation is a valuable tool for prognosis and diagnosis of hematologic disorders. Bone marrow evaluation is usually performed when the differential leukocyte count from peripheral blood is abnormal. Bone marrow evaluation usually provides sufficient detail for the hematologist to make a diagnosis. Bone marrow evaluation includes persistent abnormalities, such as thrombocytopenia, and nonregenerative anemia. Less common indications for bone marrow evaluation include the presence of cells with morphologic features that are not seen in peripheral blood (e.g., nucleated red blood cells). Bone marrow evaluation is used to stage neoplastic diseases, to diagnose specific parasitic infections (e.g., ehrlichiosis), and to evaluate certain hematologic disorders. Bone marrow evaluation is particularly useful when certain hematologic effects are present.

Samples y ollected ation emoval one
marrow ore. roper estraint or iopsy one
marrow ogs dation
needed. General may be used, but complicated,
because atients ndergoing one arrow valuation re sually
compromised represent significant anesthetic risk. septic
technique oughout rocedure.

All necessary equipment and supplies are gathered before beginning the procedure. To collect bone marrow aspirate, rings of ethylenediaminetetraacetic acid (EDTA) are used for anticoagulation. The marrow is then drawn into a syringe, and the anticoagulant is mixed with the marrow. The mixture is then repeated for the second aspirate. The marrow is then drawn into a syringe and the anticoagulant is mixed with the marrow. The marrow is then drawn into a syringe and the anticoagulant is mixed with the marrow.

line. usually, out repaired. ther
equipment eded ludes el lade, erile
reparation upplies, uture erial, propriate.
Special bone marrow needles are preferred, although 18-gauge
hypodermic needle may be used for collection from puppies
kittens. Bone marrow needles have stylet serves to prevent
occlusion edle one urrounding issue
rtd row vity. eedle ypes
used for bone marrow collection include **Rosenthal, Illinois**
sternal Jamshidi needles Fig. Bone marrow needles
are available osable roducts.



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, aseptically prepared, aped. de site with sterile el lade, edle rted stylet place Fig. Slight pressure be placed on e f edle ylet void lockage needle with bony material. slight caudoventral angle introduces edle humerus. edle ylet are advanced cortex humerus eachd. needle rotated forward ressure plied; allows needle to penetrate cortical bone, keeps edle ce. ylet emoved, ringe ched. ringe ually referred to low or reater gative ressure. ringe unger rapidly igorously ithdrawn ew ops lood enter ub edle. on ew ops erial are present hub of needle, pressure be released to e modulation deally, ylet e eplaced edle ce prepared o nsure dequate een btained. l uture eded one row aspirate apidly, de diately r ed

Even when smears are made immediately, placing small f ringe edle efore eginning ollection rocedure lpful.

In situations, better-quality greater diagnostic information are obtained core of marrow collected addition ation iopsy. lways erent for ch ollection hen collecting ate ore o nsure rocedures roduce tifact into xt ore low chitecture issue o emain ct, rphologic eatures of vidual ells re aspiration resent, asites isible macrophages of bone marrow, will be more easily seen ith **core biopsy** he verall ellularity row ccurately etermined ore ecause uted lood. rocedure for ation iopsy. fter edle roduced cortical one, ylet emoved, edle dvanced approximately inch rotated back forth to cut piece of one om ortex. edle emoved stylet used to expel core through proximal (hub) end f edle. orcing ck ough row nd f edle roduces ressure tifact n imprint be made from before placed formalin. Never place smears from aspirate formalin-preserved specimens, because formalin interfere with tology ecimens

Smears f one row de diately they are mixed with EDTA time of collection. If EDTA een de ollec tion. arrow ate repared eripheral lood. wo are repared vailable dditional esting (e.g., immunofluorescence assay, special needed. ration edle with of pressure from syringe. Bone marrow are ker lood ontain ticles Excess lood emoved ilting e o low lternatively, expelled into Petri bone marrow removed with l ette lary ube. s, ompression be used for bone marrow modified compression technique rovide ompres sion rep thod een idely or ears or preparation tology ecimens echnique to used for coverslip preparation of peripheral blood smears. Bone marrow smears must be rapidly dried stained, ually omanowsky-type must e ncreased ccordance ith he ellularity nd hickness of mears eference oratories ill usually be stained with Prussian blue to identify iron particles row ematoxylin–eosin ften or core iopsy Recent dvances tochemistry unochemistry ve rovided umber dditional echniques. These echniques volve ecial

with surface specific cell types.
They've definitive identification cells
bone marrow.

systematic approach when valuating one
marrow one row never valuated
without results of differential white blood cell count from
concurrent peripheral blood smear. Stained bone marrow smears
must first be examined low-power magnification. This
initial examination is used to evaluate adequacy of prepa-
ration. If stained properly or cells are
easily distinguished, another slide may be obtained. Assuming
preparation adequate, low-power examination
provides information on overall cellularity of bone
marrow. In adult normal bone marrow generally contains
approximately 40% nucleated cells and 60% mature cells. Marrow samples
from juvenile animals usually have marrow that consists of approximately 75%
hematopoietic cells (described cellular
hypercellular hyperplasia), hypocellular hypoplasia
or aplasia (proportion of nucleated cells versus
mature cells present). Diplocytes are observed during
fixation of high results
are not characterized by describing types of cells
present (e.g., hyperplasia, myeloid). Hypoplasia or aplasia
all of cells look alike. Systematic approach to bone marrow
evaluation summarized [procedure](#)

After overall cellularity determined, examine
hematopoietic cellularity to determine
relative percentages of erythroid myeloid cells. This method
requires counting and classifying cells. Mature segmented
neutrophils, eosinophils, basophils are present in small
numbers.

Rubricytes, metarubricytes usually comprise 1% to 2%
of erythroid cells. Erythrocytes, segmented
myeloid cells comprise approximately 40% to 60% of myeloid

cells. The ratio of myeloid cells to erythroid cells (ratio)
determined by counting nucleated cells and classifying them
erythroid or myeloid. Normal ratios may be between
0.75:1.0 and 1.0:1.0. Normal values for the differential counting
of bone marrow cells vary considerably among different species.
Because complete differential is not always possible, a row
time-consuming, several modifications of the differential cell
count are commonly used. The following are the most common
cells of bone marrow: eight categories:

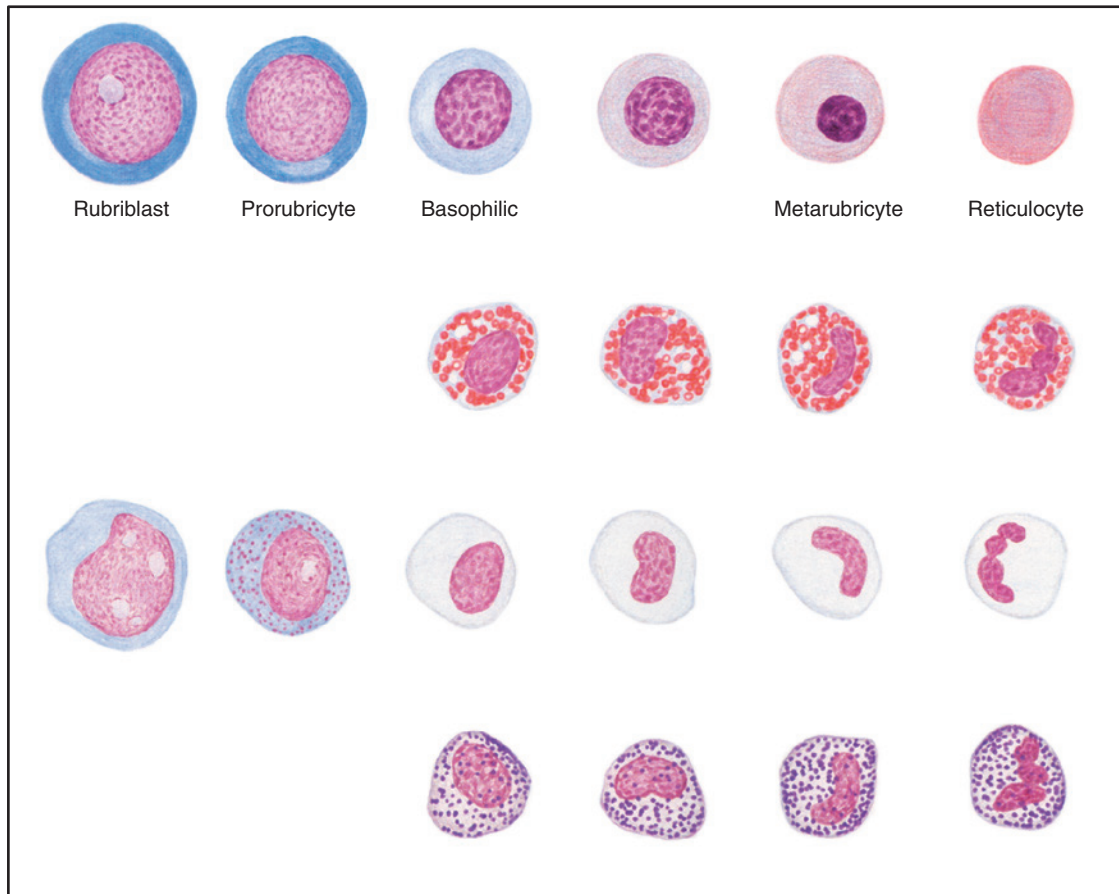
1. Immature myeloid
2. Mature myeloid
3. Immature erythroid
4. Mature erythroid
5. Eosinophilic
6. Monocytoid
7. Lymphocytic
8. Plasma cells

In classification, heme, mature cells include
myeloblasts, promyelocytes, promyeloblasts, promyelocytes.
Several alternate systems for the valuation of bone marrow cells
are used. The most common involves classifying cells into groups
then calculating erythroid maturation index (myeloid
maturation index). Additional stem
cell types are erythroid erythroid cell
erythroid cell types involve counting and classifying
cells as either immature (i.e., promyeloblasts, promyelocytes, and early
promyelocytes) or mature (promyelocytes, promyelocytes)
by dividing percentage of mature erythroid
cells. The myeloid index is calculated by dividing
percentage of all immature granulocytes (myeloblast through
cell) by percentage of mature granulocytes (200-cell
count differential).

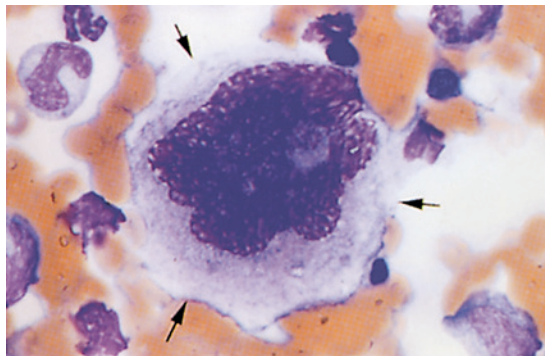
Megakaryocytes are evenly distributed in bone marrow
aspirate. These erythrocytes contain multiple
nuclei and often have prominent nucleoli, particularly
edges of megakaryocytes. Numerous
to low-power magnification. Erythrocytes
are common. Normally, erythrocytes are
would be seen.

Other cell types present in bone marrow
include macrophages, lymphocytes, plasma cells, osteo-
blasts, osteoclasts. Osteoblasts appear as small cells
except for their large nuclei and prominent nucleoli. They are
nuclear material. They are often found in clusters when
they are seen in smears collected by aspirate techniques. Plasma
cells are slightly larger than lymphocytes, with greater nucleus-
to-cytoplasm ratio. Cells often have eccentric nuclear
area around eccentrically located nucleus, and have
distinctly basophilic cytoplasm (Fig. 12-1). Inclusions contain
immunoglobulin often present. Inclusions from
monoclonal proliferated Russell bodies, which contain
such inclusions referred to as Russell bodies. Eosinophils contain
multiple nuclei and appear somewhat
pear-shaped. Megakaryocytes, except for the large
cyte nucleus, multilobed. Eosinophils are often
from young, actively growing. The cytoplasm
blue, contain granular material and variable

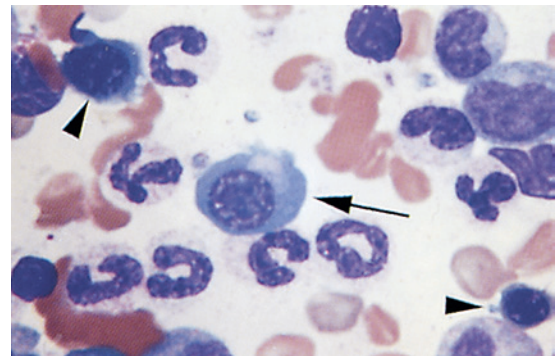
200 cells, and calculate the myeloid and erythroid left shift



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.

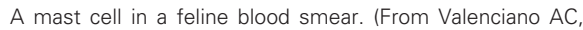


in a bone marrow aspirate from a normal

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 roduced 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 radicalional lood Prussian blue on ore. emosiderin emonstrate res bone row reparations om ecrease nce hemosiderin ecies.

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



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

The at high rythrocytes wn ill
altered me erations ually
result f hanges hemical ructure rythrocyte
membrane, high er hysiology mbrane.
Generally, his esults endency or he rythrocytes ggre
gate re eadily.

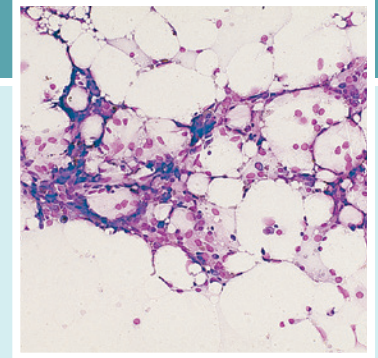
The **erythrocyte sedimentation rate** (ESR) is a common laboratory test used to measure the rate at which red blood cells (erythrocytes) settle in a test tube. It is a non-specific test, meaning it can indicate inflammation but does not identify the cause. The ESR is influenced by various factors, including the presence of acute phase reactants (APRs) such as C-reactive protein (CRP) and fibrinogen, which increase during inflammation. The test is performed by allowing a blood sample to stand in a vertical tube, and the distance the red blood cells settle is measured over a period of one hour. The ESR is typically expressed in millimeters per hour (mm/hr). The normal range for ESR varies by age and sex, with higher values generally indicating more significant inflammation. The ESR is often used in conjunction with other laboratory tests, such as CRP and procalcitonin, to help diagnose and monitor inflammatory conditions.

Manual	Methods or	performing	esting	volve
f	rated tube.	depending	type	ube

The osmotic fragility (OF) test provides a measure of the RBCs' ability to withstand hemolysis by exposing them to varying concentrations of hypotonic solutions. The test involves incubating a suspension of RBCs in a series of solutions with decreasing osmotic pressures, followed by microscopic examination to determine the degree of hemolysis. This test is particularly useful for differentiating among some forms of anemia, such as hereditary spherocytosis. It is routinely performed in a clinical laboratory setting. The procedure involves creating serial dilutions of the blood sample, ranging from 1:10 to 1:1000. The EDTA-anticoagulated blood is added to each dilution and centrifuged. Each dilution is then evaluated with a spectrophotometer to determine the percentage of hemolysis. The results are expressed as the concentration of RBCs that undergo hemolysis. Although a direct relationship between the result and the cell's ability to survive is not always observed, the test is useful for characterizing the relationship between abnormal RBCs and decreased survival. For example, increased resistance to hemolysis is noted with a variety of conditions, including an increase in the surface-to-volume ratio of the red cell (e.g., some forms of liver disease and iron deficiency). Reticulocytes are more resistant to hemolysis because of their greater surface area and increased resistance to osmotic stress. In patients with autoimmune hemolytic anemia, the test may be useful in the diagnosis of the disease. Infections such as malaria and bartonellosis, as well as drug-induced hemolysis, can also be detected with the OF test.

- Reticulocytes are required for survival or differentiation.
- Bone marrow may be collected via core aspiration techniques.
- A variety of techniques be used to prepare bone marrow with compression being common method.
- When examining bone marrow evaluate cellular morphologic characteristics to determine the relative percentages of nucleated cells: lymphocytes, relative percentages erythroid myeloid cells, ratio.
- Prussian blue used to evaluate bone marrow for presence hemosiderin.
- The results of bone marrow evaluation include, minimum, overall cellularity ratio, maturation index, or fat ex.
- Erythrocyte refers to ability hemolysis varying concentrations utilization.
- The uree feed high erythrocytes in worn over controlled conditions.

Hematopoietic Disorders and Classification of Anemia



After studying this chapter, you will be able to:

- Describe types normalities in one row
- Use proper terminology describe one row
- Describe procedures or valuation one row
- Discuss classification according
- Discuss classification according to etiology.
- Discuss classification according to one marrow response.

Disorders of the Bone Marrow,
Neoplasia,

Classification of Anemia,

Classification one marrow response,

Classification ed blood cell size hemoglobin

Concentration,

Classification tiology,

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 be primary or they may be secondary to other disorders. Specific blood cells or all blood cell types ected.

alterations eripheral blood one row.

general understanding of types of disorders diagnostic test results are characteristic of various disorders will help

veterinary technician to provide diagnostic-quality test results.

Disorders elated blood coagulation resented

marrow escribed **aplastic** n addition, normal topoiesis hen ellularity rmal ccur. lossary of erms escribe normalities

presented **ox**

Inflammatory onditions vident hen one row ate. onditions lassified according o he rimary ell types, hich resent our types: rinous, hronic, hronic ranulomatous, hronic pyogranulomatous. **Fibrinous inflammation** typically volves infiltration of bone marrow with fibrin exudate without resence ory ells. **Chronic inflammation**

hyperplastic condition characterized by increased numbers of ells, ure lymphocytes, ells. **Chronic granulomatous inflammation** characterized eased numbers of macrophages. If both crophages neutrophils are resent, ondition escribed **chronic pyogranulomatous inflammation**

Abnormalities en one row lassified hanges ell umbers ell rphologic eatures maturation. haracterized ither eased **hypercellular** or decreased **hypocellular** cellularity of all cell types r eased ecreased ellularity ell type hen blood ell types ecreased

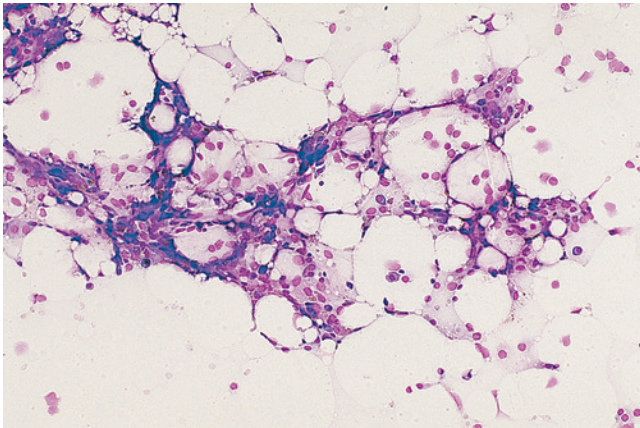


Fig. 13.1 Hypocellular bone marrow from a dog with chronic ehrlichiosis.

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

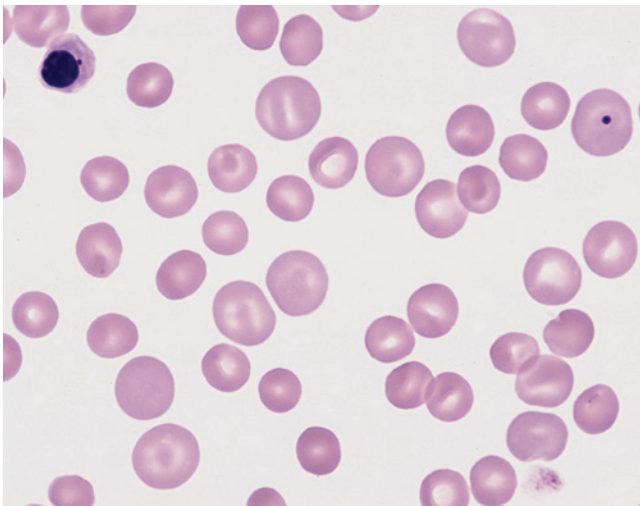
Neoplastic disorders of hematopoiesis classified either **lymphoproliferative** or **myeloproliferative disease**. The common term to describe resistance to clonal proliferation of bone marrow peripheral blood leukemia, characterized by predominance of blasts in one row. Comprehensive oncology text consulted or for details on classification of myeloproliferative neoplasia.

The function of red blood cells is to transport oxygen and protect hemoglobin, which is oxygen-carrying. The production of erythrocytes equals the daily destruction of red cells. In anemia, there is a decreased rate of erythrocyte production, which results in a reduced number of circulating erythrocytes. This leads to a reduced oxygen concentration in the blood, which causes hypoxia. The body responds by increasing the production of erythrocytes, which is called erythropoiesis. This process is regulated by erythropoietin, a hormone produced by the kidneys. In iron deficiency anemia, the body lacks iron, which is necessary for the production of hemoglobin. This results in a reduced number of erythrocytes and a reduced oxygen concentration in the blood. The body responds by increasing the production of erythrocytes, which is called erythropoiesis. This process is regulated by erythropoietin, a hormone produced by the kidneys. In iron deficiency anemia, the body lacks iron, which is necessary for the production of hemoglobin. This results in a reduced number of erythrocytes and a reduced oxygen concentration in the blood. The body responds by increasing the production of erythrocytes, which is called erythropoiesis. This process is regulated by erythropoietin, a hormone produced by the kidneys.

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 reticulocytes observed on blood smears. They are enumerated with a reticulocyte count to provide an indication of marrow responsiveness or regenerative ability. In one row of smears of anemia, probably either blood loss (hemorrhage) or blood destruction (hemolysis). In general, they exhibit signs of regeneration. The following points summarize the response of the bone marrow to anemia. One row of smears is expected when the percentage of reticulocytes is greater than the expected percentage for the corresponding anemia. Table 1 presents the expected response when anemia is blood loss or hemolysis. The expected regenerative response includes increased erythrocytosis, increased polychromasia, and Howell-Jolly bodies.

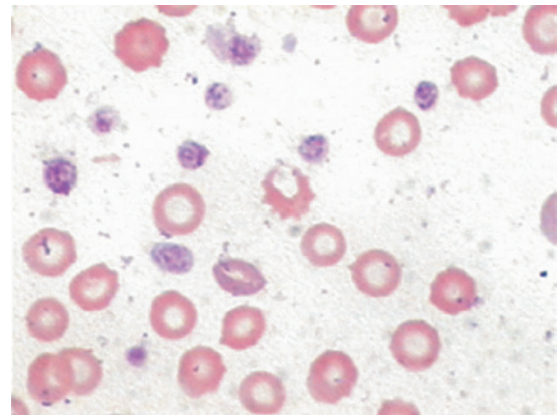
Count Relative to Packed Cell Volume in Dogs and Cats With Adequately Regenerative Anemias

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 elase eticulocytes om one marrow, one row valuation enerally eded one mia. one row eticulocyte reater e egenerative esponse rses. In ients nregenerative one row le o espond eticulocytes 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

f crocytic ransitory size en ith **regenerative anemia** eticulocytosis). Microcytic nemia lmost lways he esult ron efficiency. The vision ure rythrocytes ops hen itical concentration moglobin eached. dequate on for moglobin xtra vision ccur esult smaller erythrocytes. lthough chronic blood common on efficiency dult dequate dietary on esults on-deficiency ursing uch ens Anemia y ypochromic educed globin oncentration) rmochromic rmal hemoglobin oncentration). yperchromic sible, ecause rythrocytes ve ed city or hemoglobin. Newly released polychromatophilic erythrocytes reticulocytes) are hypochromic, because full concentration of hemoglobin yet attained. Macrocytic hypochromic anemia suggests regeneration. Iron deficiency results hypochromic anemia, ut haracterized ocytosis Most r types rmochromic. ummary anemias lassified rythrocyte cated **ox**

Anemia lassified molytic mor rhagic, r esult ecreased efective production.

- Abnormalities are seen in bone marrow and be classified by changes in cell numbers or cell morphologic features and maturation.
- Inflammatory conditions evident on examination of bone marrow aspirate are classified as fibrinous, 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 hemolytic or hemorrhagic, or may be the result of decreased or defective production.

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

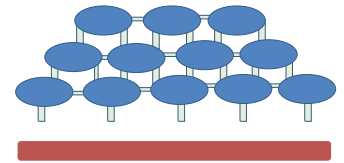
Describe the processes and pathways that lead to the clotting of blood.
List the components of the blood-clotting systems.
Describe the proper collection and handling of samples for coagulation testing.
Discuss the methods for the evaluation of platelets.
List and describe the coagulation tests commonly 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 view
- Describe cell-based del
- Explain elets iation oagulation.
- Describe on illebrand ctor lood coagulation.
- Discuss ormation oagulation omplexes.
- Describe ombin
- Discuss ormation rin egradation roducts D-dimers.

Overview of Blood Coagulation, Coagulation Testing,

Review Questions, Key Points,

D-dimers

Fibrin degradation products

Microparticles

Phosphatidylserine

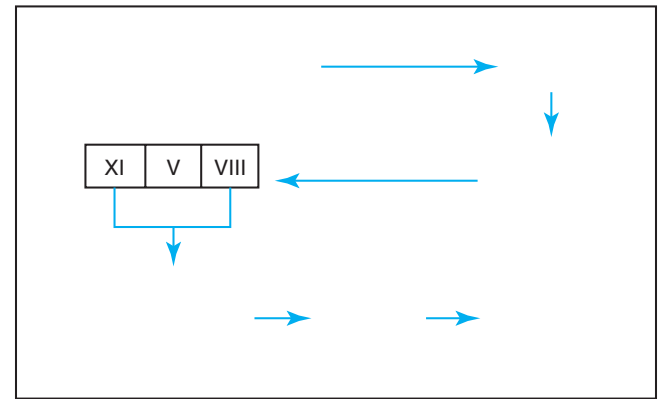
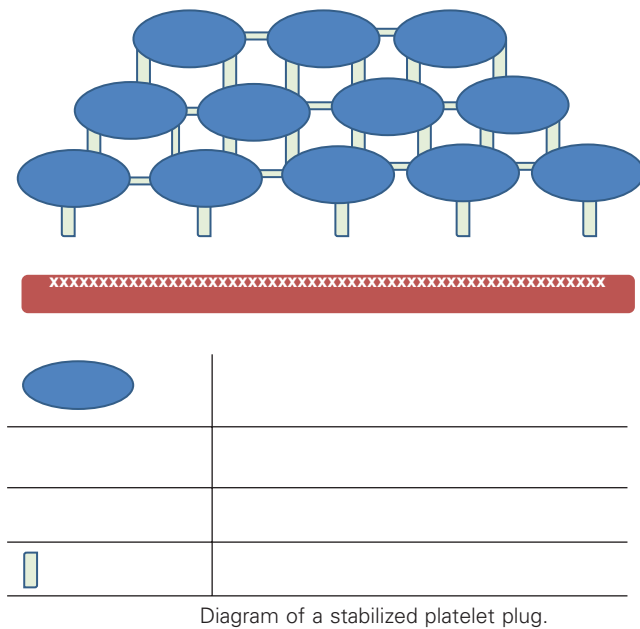
Thrombin

von Willebrand factor

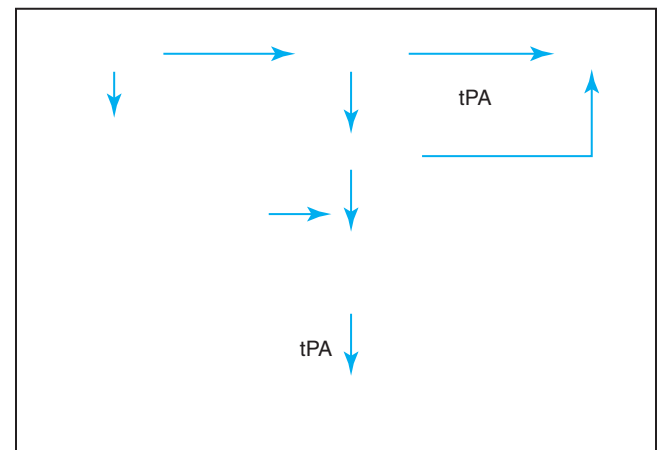
Hemostasis is the body's stems integrity of blood blood vessels. It involves number of complex pathways, platelets, coagulation factors. ny altera tion parameters result bleeding disorder. In erms, oagulation lood roceeds ough mechanical hemical chanical initiated when blood vessel ruptured or torn. The exposed blood vessel subendothelium charged surface, platelets are attracted o urface. elets ongregate undergo rphologic hysiologic hanges. hanges cause the atelets to adhere each other well as to blood vessel endothelium. The adhesion of platelets to each other to ndothelium equires **von Willebrand factor** hich serves o ilize elet dhension gregation elets elets release iating ctor or hemical chemical hase eferred oagulation de, volves umber oagulation ctors **Table** classical iew parates hemical rinsic extrinsic pathways. Each factor participates chemical reaction rves o iate eaction way. result f oagulation de ormation

fibrin rands orms involves egradation rin

It important to note coagulation pathways are inter related, interdependent, partly cell-based. The initial mechanical phase initiated by interactions of negatively charged phospholipid urfaces elets **microparticles** Microparticles are membrane-bound cytoplasmic fragments are released from platelets, leukocytes, endothelial cells serve to increase surface area on which coagulation complexes orm. issue ctor actor initiate coagulation reactions, Factors through serve to de. xtrinsic way ctually rves help initiate intrinsic pathway. small of **thrombin** enerated uring ecruits activates elets rinolysis. hen elets activated, **phosphatidylserine** (PS) is exposed outer surface of mbrane. elets elease esicles om surface during activation. These microparticles are enriched Phosphatidylserine acts binding site for complexes of coagulation de, hich ctivate actor rothrombin



The initial reactions of the chemical phase of hemostasis.



hemostasis and the breakdown of fibrin.

to reduce cross-linked fibrin **D-dimers**. Although the 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 for details of coagulation and fibrinolysis. This summarizes the view of the chemical basis of blood coagulation process.

(Factor espectively. ctivation actor esults
 eneration ominb
 thrombin ontinues ecruit ctivate re elets
 triggers onversion rinogen rin.

Activated platelets expose phosphatidylserine on

The generation of fibrin proceeds through two phases, with soluble monomers being generated initially, followed by the polymerization of these monomers into insoluble monomers that consists of cross-linked fibrin strands. The coagulation process is regulated by various factors, including the presence of tissue plasminogen activator (tPA), which promotes the degradation of fibrin into soluble products (FDPs). Plasmin, an enzyme that breaks down the insoluble fibrin

Various coagulation tests have been developed to evaluate specific portions of the hemostatic mechanisms. Some measure platelet function, some measure specific parts of the hemostatic cascade. 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.

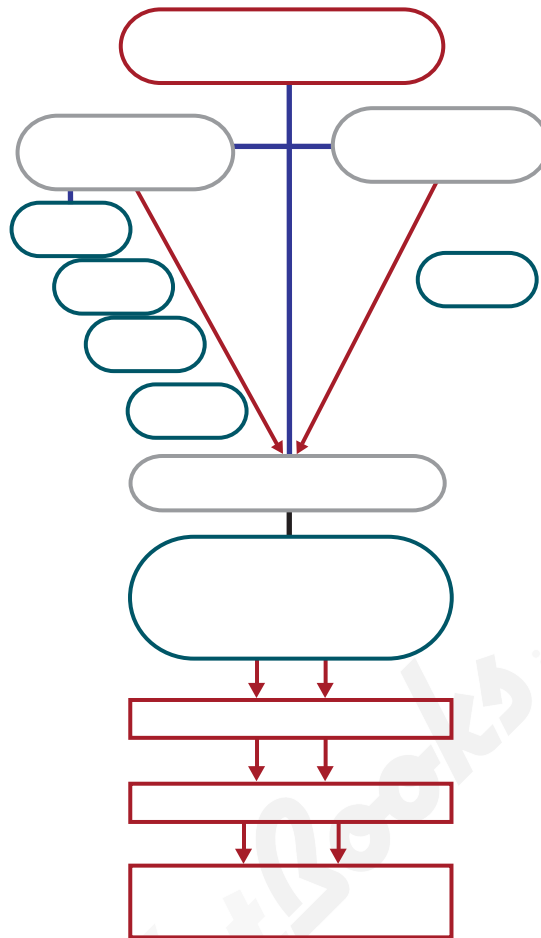


Fig. 14.4 A simplified summary of the chemical phase of hemostasis.

- 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 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,

Coag analyzer,
Fibrometer,
Thromboelastograph,

Platelet function analyzers,
Point-of-Care analyzers,

Review Questions,
Key Points,

Fibrometer

Hypercoagulable

Hypocoagulable

Monovette

Thromboelastography

Blood for coagulation collected fully, with issue enous Patient excitement elat addition to activating elats. ncreased vels on illebrand ctor Factors occur. In addition, prolonged venous stasis can ctivate platelets and rigger rinolysis. Effects occur oth itro ivo.

Samples ver ollected ough welling eters, ecause rinogen, rin, elats are generally found around catheter. of best ways to eliminate elat ctivation acutainer or **Monovette**. ather ringe edle collect The preferred anticoagulant for coagu lation ests dium rate. itrate applied orm, ollected rate ution uted platelet ounts one rated corrected or ution. elat gregates orm eadily dog blood collected citrate. Ethylenediaminetetraacetic

acid A) referred icoagulant or elat Citrate icoagulant ypically tions or lood ollection orage or ransfusions. for whole blood clotting time activated coagulation time do equire icoagulant.

Samples for coagulation testing are mixed with

Samples ust collected the roper order when multiple types f eing awn. eview [chapter](#) of ook or orrect rder aw. rate ube generally awn ontaminated el activators r icoagulants om ubes.

The proper ratio of citrate to blood part citrate to parts whole lood. itrate vailable oncentra tions. hese icoagulants ill rovide erent lotting results. Samples be collected with citrate concentration used o oratory eference anges. roper atio of lood o icoagulant chieved acutainer



tube, provided tube
 patient is not anemic, polycythemic, or dehydrated. The volume
 of citrate to based on expected volume. Conse
 quently, load added atio, ill
 be recitrated, high ill esult rtened
 polycythemic ill vercitrated, high ill esult
 prolonged clot times. Citrate volume be adjusted accord
 ingly or ients normalities ed ell
 he olume rate equired ed
 following quation:

%))

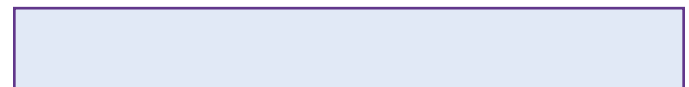
After een collected, eled
 transported apidly oratory. ubes
 room emperature, emain ightly ped, ept right.
 Vibrational rauma voided.
 performed ollection. lternatively,
 entrifuged or utes.
 ithdrawn ithout urbing elet yer
 with he se oncontact ipette. lasma ay hen rozen
 ic ubes. ed ped
 they arrive frozen be thawed immediately before testing.

Automated yzers or oagulation esting available,
 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.

Analzers 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 ither chanical ptical stems.

The oag nalyzer dextx oratories, estrbook,
 erforming ariety oagulation
 involve load rate-anticoagulated
 blood yzer tridges ontain
 required eagents or he ests. vailable ests nclude rothrom
 bin ime ctivated tial omboplastin iffereent
 versions of test cartridges are used for citrated
 for hole load

Sample dded tridge, yzer
 back forth through internal channel. Light-emitting
 diode ptical etectors valuate ate load
 flow, high ill ecrease hen orms. yzer
 been alidated or eline
 prothrombin een alidated or quine

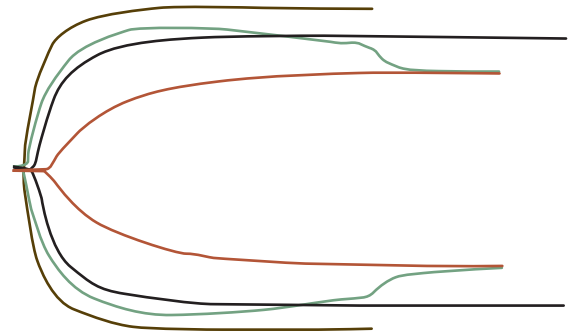


Although longer widespread **fibrometer** may still be
 encountered some veterinary referral practices laborato
 ries. he miautomated yzer
 perform umber oagulation rated ient
 ced appropriate eagent
 awn o ette ched hen
 reagent ensed om ette, imer rigged,
 ops ires
 The ires ve ck orth ough
 lot etected.

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 throughinolysis. results are recorded provide ure required for formation, valuation length lot, required or breakdown The results are usually provided graphically used to identify whether patient **hypercoagulable** **hypocoagulable**. here idespread reement eterinary practitioners egarding ysis. from bocytopenia ecreased ohematocrit emonstrate hypercoaguability. urrent esearch rovided efinite evidence egarding hether itro ivo Heparin used either for anticoagulation or patient treatment may erfere esults. ariations esults e vident hen diately yzed. Specific protocols for veterinary are well described. Each oratory evelop wn rotocol xpected normal anges ollection rocedure elapsed ime erform esting.

The yzer osable tridge contains collagen-coated mbrane erture. lood drawn ough erture, elets dhere brane. hen ufficient umber elets ve dhered aggregated, blood longer flow through aperture. The time equired ecoreded.

Other analyzers are used to evaluate platelet aggregation cretion elet ctors. here ide ariety principles ew ve een alidated eteri nary ecies.

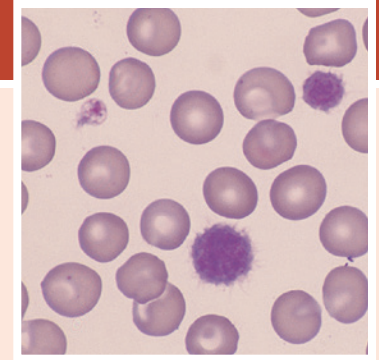
Several dditional yzers vailable or coagulation esting, ut ve een alidated or eterinary ecies. hey equently mer gency departments and physician offices. Some are vailable for uman ients eceiving icoagulant rapy monitor ir oagulation

Several yzers vailable or elet adhesion aggregation. The PFA-100 analyzer (Siemens Palo lto, een alidated or

Chapter eview uestions [ppendix](#)

- Blood or oagulation esting ollected efully ith trauma void riggering lotting mechanisms.
- Patient excitement excessive venous alter coagu lation est esults.
- Most oagulation volve dium-citrate– anticoagulated

- EDTA-anticoagulated are preferred for evaluation of elet uments.
- For oagulation esting, roper atio rate lood t rate lood.
- A variety of automated analyzers are available to monitor for clot ormentation ithier chanical ptical 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 morphology,
Platelet indices,

Platelet function
Additional valuations,

**Review Questions,
Key Points,**

Mean platelet volume
Platelet distribution width
Platelet-large cell ratio
Plateletcrit

Thrombocrit
Thrombocytopenia
Thrombocytosis
Thrombopathia

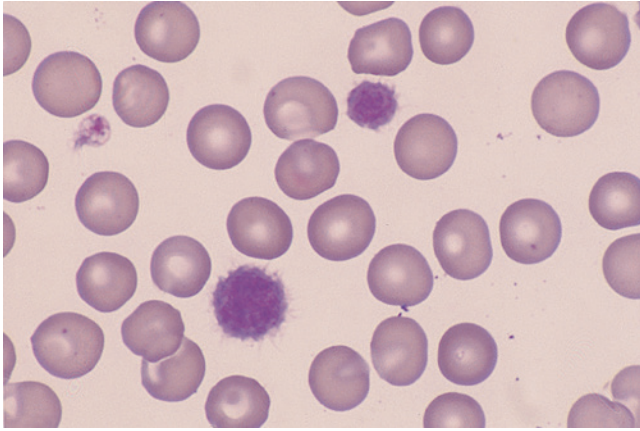
Platelets are small cytoplasmic fragments are shed from megakaryocytes the bone marrow. Methods for platelet valuation include the platelet count, platelet indices, and platelet function testing. The majority of platelet evaluations are completed with automated yzers. **Thrombocytopenia** decrease circulating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

Unit morphologic changes platelets include aggregation
inant platelets normalities ill
evident with automated analyzers must therefore be detected
erential load

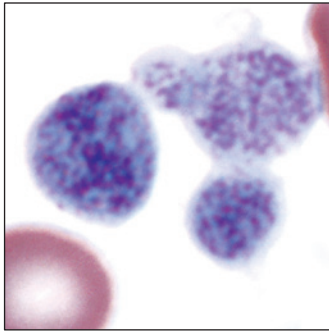
Indirect urements platelet numbers imates)
performed with of differential blood described
Chapter of Unit Platelet numbers be evaluated
monolayer area of blood The numbers of platelets
minimum of microscopic fields be counted. Gener
ally, o platelets er dil-immersion en rmal
patients. owever, umber ary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

Platelet counts erformed tomated matology
ers. Some automated counts be highly inaccurate result
of platelet clumping platelet/red blood cell overlap. freshly
collected ethylenediaminetetraacetic acid (EDTA)-anticoagulated
blood hen erforming 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. hese hamber ube contains
premeasured olume uent hich dded.
Platelets e counted macytometer
o escribed or eukopet **hapter**

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 megaplatelets when sample viewed on blood smear or differential blood cell count. These are often counted erythrocytes to estimate platelet counts. Small blood smears are evaluated or resuspended platelet lumps. Ectoparasites and platelets represent widely released platelets, contain virus, and may be associated with bone marrow responsiveness. Specialized techniques are used to enumerate platelets.

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, these measurements, or they may be calculated from other reported values. Note that although analyzers report platelet counts, their usefulness has been well documented for veterinary species.

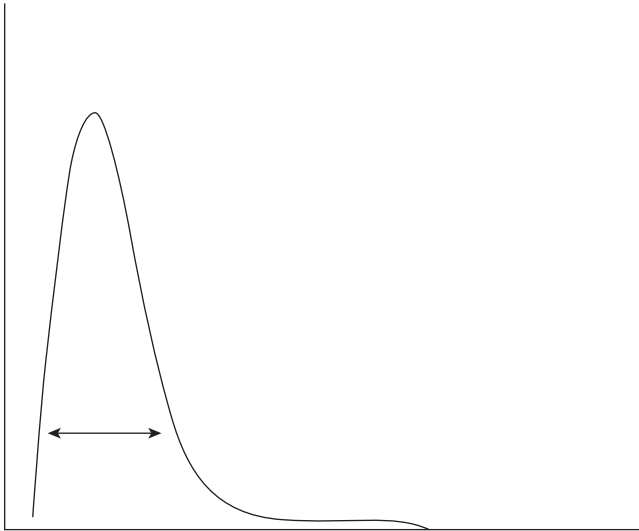
The platelet count, which is reported in millions of platelets per liter, is a valuable tool for diagnosing platelet disorders. A normal platelet count is 150,000 to 400,000 per liter. Thrombocytopenia (low platelet count) is characterized by a platelet count less than 150,000 per liter. Thrombocytopenia is often accompanied by megakaryocytic hyperplasia. Accelerated thrombopoiesis leads to the release of immature platelets; however, the immature platelet count (IPC) 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 larger platelets as white blood cells.

When the platelet count is low, it is important to determine if the response is adequate. A normal low platelet count in dogs does not predict inadequate bone marrow response. Different results may occur depending on anticoagulant specific analyzer used. Exposure to EDTA has been demonstrated to cause platelet clumping. Some have demonstrated that much of the platelet volume during storage is not collected. However, there has been agreement. Similar results have been seen with citrated blood. Studies of platelet counts 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 is generally determined by multiplying the platelet count by the average platelet volume.

PDW variations are associated with platelets. Any to automated analyzers provide a histogram that provides a visual evaluation of the platelet population. Patients with thrombocytopenia have a decreased platelet count depending on the severity of the platelet release from 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 bone marrow responsiveness to hypercoagulable states. Similarly, some analyzers report platelet or platelet-large cell ratio, which is a measure of the percentage of platelets that are normal.

Thrombopathia, a condition characterized by platelet dysfunction, is assessed by a variety of automated analyzers. **Chapter 16** provides an evaluation of the ability of platelets to aggregate and create platelet clots. These measures of platelet function are used to assess **thrombopathia**.



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

Chapter review questions [appendix](#)

- Platelet valuation includes platelet counts and platelet estimates of platelet function.
- Platelet estimates can be performed in a variety of ways including manual, automated, and flow cytometry.
- Specialized tests for reticulated platelets and antiplatelet antibodies are performed in reference laboratories.
- Platelet indices include plateletcrit, platelet distribution width, and platelet volume.



After studying this chapter, you will be able to:

- List commonly performed blood coagulation.
- Describe procedure or performing buccal mucosa bleeding time
- Describe procedure or performing activated clotting time
- Describe principles of activated partial thromboplastin and prothrombin
- Describe procedure or performing precipitation of fibrinogen

Buccal Mucosa Bleeding Time,
Activated Clotting Time,
Whole Blood Clotting Time,
Activated Partial Thromboplastin Time,
Prothrombin Time Test,
Clot Retraction Test,
Fibrinogen Determination,

PIVKA,
D-Dimer and Fibrin Degradation Products,
Von Willebrand Factor,
Coagulation Factor Assays,
Review Questions,
Key Points,

Activated clotting time
Activated partial thromboplastin time
Buccal mucosa bleeding time
Clot retraction

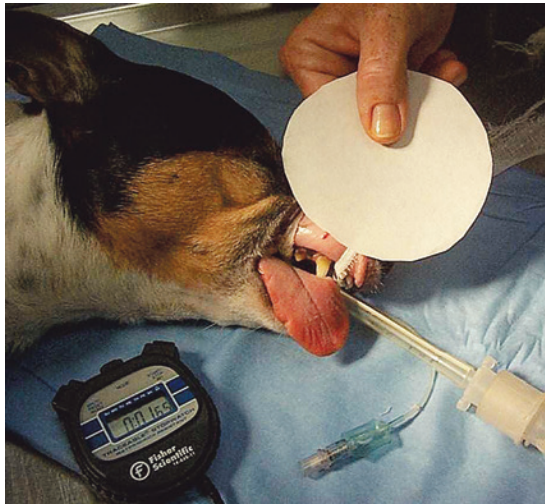
D-Dimer
PIVKA
Prothrombin time tests

Tests of the blood coagulation mechanisms are designed to evaluate specific coagulation processes. Some require specialized instrumentation, whereas others are performed manually. The methods referable result in variability of performance. When methods are used, it is important to be consistent in approach. Reference ranges are established for each test. Veterinary laboratory tests will be performed when the results are needed. Count of platelets is performed to identify thrombocytopenia, which can validate results.

Tests of coagulation are designed to evaluate specific

requires a spring-loaded lancet (e.g., Surgicutt, SimPlate), blotting paper for the test, stopwatch, tourniquet procedure always be used when performing because devices are regarded as safe, number of tests should be limited. Anesthetized or sedated animals should be placed on a surface. An incision made with a lancet, standard blotting paper or a spring-loaded lancet. One or two drops of blood are allowed to clot without touching. The blood will be collected by blotting. Repeated very small amounts of blood are used. Normal bleeding time is less than 6 minutes. Prolonged bleeding time indicates a clotting dysfunction syndrome well with deficiencies of von Willebrand factor. It will be prolonged in thrombocytopenia, platelet count is performed. Some tests are affected by certain drugs, however, the

The **buccal mucosa bleeding time** (T) is a primary test for detection of abnormalities in clotting.



The i-STAT analyzer has cartridges that are used for the performance of coagulation tests.

method or performing requires acutainer tube
contains additive such as citrate or heparin
triggers activation of coagulation pathways.
must be rewarmed if collected
block. enipuncture performed, of blood is collected
directly into tube. timer started on blood
enters tube. tube sealed once gentle inversion
placed or over tube observed
conditions cond intervals or residence
clot. Normal values are approximately 10 to 15 seconds. Severe
thrombocytopenia (platelets/mL) abnormalities
associated with intrinsic coagulation dependent on
activated clotting automated analyzers available
for performance testing

The hole lood lotting high erformed
ee-White thod, er rinsic
ting chanism. lood lotting om
monly erformed, ecause re nsitive.
erformed ollecting lood ringe,
noting ime lood pears ringe
stopwatch. Immediately, of blood placed each
of ee ubes ve een insed
The ubes ced er
first n cond ubes ilted cond ervals
until oagulation ccurs. ube ilted
manner. he lapsed etween pearance lood
ringe ormation ube lotting
time. he rmal lood lotting or ogs
minutes; or rses, utes, or
to utes.

must be lowered urban
sedation usually required.

The **activated clotting time** (ACT) test can evaluate every clinically significant clotting factor except factor V.

The acronym **PIVKA** refers to proteins are induced (invoked) by nce equired ctivate coagulation actors hen cient, recursor roteins actors e elected IVKA esting hrombotest (Axis-Shield oC, slo, orway). he est ay elp ifferenti ate rodenticide toxicity from primary hemophilia when activated clotting time prolonged. It slightly more sensitive test rothrombin hen ependent ctors are epleted. IVKA esting ecome rolonged hours f estion icoagulant odenticides, hereas prothrombin rolonged ctivated partial hromboplastin ime rolonged ithin ours. ome controversy exists regarding usefulness of test, many practitioners refer rothrombin ro longed, IVKA rovides dditional ormation clinician. f reatment ient volves istration of vitamin PIVKA test must be performed prior to iation reatment.

Both D-dimer and fibrin degradation product tests are used to evaluate tertiary hemostasis (fibrinolysis). **D-Dimers** (fibrin degradation products or fibrin products) are formed when fibrin is degraded. These tests are used to identify the presence of fibrin degradation products to provide diagnostic information in cases of deep vein thrombosis, pulmonary embolism, and disseminated intravascular coagulation. The D-dimer test is considered more specific and sensitive for the evaluation of fibrinolysis, because fibrin degradation products are degraded before they can be detected.

von Willebrand factor is required for platelet adhesion. When platelet function defects are evident, specific assays are generally performed. There are several types of assays available for the evaluation of platelet function. Additional tests are available for the evaluation of platelet function.

Deficiencies of clotting factors occur with a variety of hereditary and acquired conditions. A variety of coagulation test results, assays, and reference laboratories are used to identify specific factor deficiencies. These tests are generally performed in specialized reference laboratories. The majority of these assays involve the use of chromogenic substrates.

Chapter Review Questions [Appendix](#)

- Coagulation factor assays are performed in specialized reference laboratories when specific factor deficiency is suspected.
- Most coagulation tests are performed in specialized laboratories.
- Buccal mucosa bleeding time provides evaluation of platelet function.
- Coagulation factor assays are performed in specialized reference laboratories when specific factor deficiency is suspected.
- vWF valuations are performed in specialized 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.
- Describe mechanisms involved in disseminated intravascular coagulation.

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

**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 the underlying disease process. Primary coagulation disorders are rare, but they are usually easily identified by effect on the production 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, prolonged bleeding time, and bleeding from injection and incision sites. Intrinsic and extrinsic pathways of coagulation involve the same sequence of events, and deficiencies in either pathway can lead to bleeding. The majority of congenital coagulation factor disorders in veterinary species involve deficiencies in the normality of the coagulation factor.

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

Coagulopathies include a variety of disorders of the coagulation system. Some common inherited coagulation disorders of veterinary species include hemophilia and von Willebrand disease. Although diagnosis of specific factor deficiency or defect requires testing completed reference laboratory, a number of coagulation tests can be performed in the veterinary practice laboratory for diagnosis. Factors involved in the intrinsic coagulation pathway. Tests designed to evaluate the intrinsic pathway include activated partial thromboplastin time (APTT) and activated clotting time (ACT). These tests will help demonstrate normal results. Hemophilia is a common inherited coagulation factor



Petechiae may signify a coagulation abnormality. (From Sirois)



Coagulation Disorders of Dogs

Great Pyrenees, English Springer spaniel

deficiency dogs, actor efficiency.
Hemophilia high led hristmas esults
from actor efficiency. emophilia volve
X-linked excessive raits.

The ommon rited oagulation rder omestic
von Willebrand disease he esults
from ecreased efficient roduction on illebrand
factor. on illebrand ctor lycoprotein
circulates ith actor tions elet
aggregation iation oagulation ways.
occurs with relative frequency Dobermans,
been eported ozens reeds ell
rabbits swine. Several distinct forms of have been
identified n erns ritance [Table](#)
ype ws tosomal-dominant ritance
pattern ith omplete enetrance, haracterized
low vels f culating rmal ructure.
affected y ype ve culating vels
their normal ructure tion. ype
vWD s haracterized he ear bsence ny WF. ype
inherited ominant rait; ype rited tosomal-
recessive raits. ogs ith ypes nd WD end xperience
severe bleeding. Prolonged bleeding during estrus, after
venipuncture, er urgery ommon
buccal ucosa leeding ime rolonged. pecific enetic ests
are vailable or ype ype on illebrand
Affected or reeding.

Plasma Von Willebrand

With Known Mutations

Enzyme-linked immunosorbent assay results: normal

From Battaglia A: *Small animal emergency and critical care for*

Coagulation disorders result from decreased production or increased destruction of platelets as well as from nutritional deficiencies, vitamin deficiencies, or exposure to certain toxic substances. Vitamin deficiencies or production of coagulation factors may result in coagulopathy.

Thrombocytopenia refers to decreased number of platelets, a common coagulation disorder encountered in veterinary practice. The causes of platelet deficiencies are often unknown. However, infection with certain bacterial, viral, and parasitic agents can result in thrombocytopenia (Table 8.3). Thrombocytopenia can occur as a result of bone marrow depression, which reduces production of platelets, or result from autoimmune disease, which increases rate of platelet destruction. Various medications have also been implicated in thrombocytopenia, including aspirin and acetaminophen.

are common toxins encountered in small animals. These medications, such as estrogen, can permanently destroy platelets, leading to decreased production and increased destruction.

Vitamin K is required for synthesis of vitamin-K-dependent coagulation factors. Deficiency of vitamin K can result in coagulopathy. Vitamin K deficiency can occur in animals with liver disease, which impairs synthesis of coagulation factors. Vitamin K deficiency can also occur in animals with intestinal disease, which impairs absorption of vitamin K. Vitamin K deficiency can be treated with vitamin K supplements. Vitamin K deficiency can also occur in animals with certain types of cancer, which can interfere with synthesis of coagulation factors. Vitamin K deficiency can also occur in animals with certain types of liver disease, which can interfere with synthesis of coagulation factors. Vitamin K deficiency can also occur in animals with certain types of intestinal disease, which can interfere with absorption of vitamin K. Vitamin K deficiency can be treated with vitamin K supplements. Vitamin K deficiency can also occur in animals with certain types of cancer, which can interfere with synthesis of coagulation factors. Vitamin K deficiency can also occur in animals with certain types of liver disease, which can interfere with synthesis of coagulation factors. Vitamin K deficiency can also occur in animals with certain types of intestinal disease, which can interfere with absorption of vitamin K. Vitamin K deficiency can be treated with vitamin K supplements.

Kirk's current veterinary therapy XIV,

Thrombocytopenia in Dogs and Cats

Disseminated Intravascular Coagulation

Viremia (infectious canine hepatitis, feline infectious peritonitis, African swine

Protozoal parasites (babesiosis, trypanosomiasis, sarcocystosis, leishmaniasis,

and result in thrombocytopenia. The PIVKA test has also been suggested as a prognostic indicator. Patients are usually recontaminated when infection is not treated. Rapidly, sometimes fatal, require several weeks of successful treatment.

many infectious diseases. The resulting hemostatic disorder may manifest as systemic hemorrhage. Microthrombi result in tissue hypoxia, formation of thrombi consumes platelets, coagulation factors, which leads to increased tendency for hemorrhage. Fibrinolysis of microthrombi leads to formation of excess fibrin degradation products. This can occur.

Because of the rigging of the test, the resulting order is diverse, laboratory highly variable. Here, a single test can be used for diagnosis, all tests exhibit abnormal results. Platelets are decreased. Prolonged activated partial thromboplastin time, prothrombin time, and thrombocytopenia. Histocytes often present. Blood, fibrinogen normal. Decreased. Buccal mucosal bleeding time prolonged, fibrin degradation products increased. Table contains summary of laboratory tests seen with DIC, common hemostatic disorders.

Although DIC is a distinct entity on its own, **disseminated intravascular coagulation** is associated with many pathologic conditions. Often, trauma is the cause.

Chapter Review Questions [Appendix](#)

Expected Laboratory Test Results for Common Bleeding Disorders

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

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.

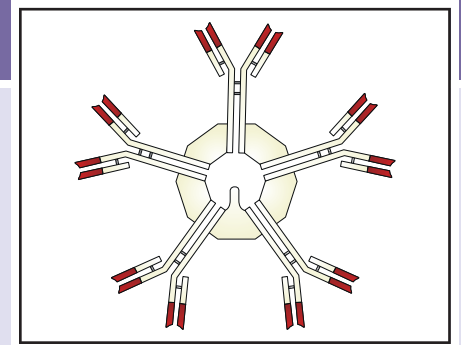
The commercial production of monoclonal antibodies to many different antigens has resulted in a variety of test kits for use in the veterinary laboratory. These specific antibodies to many different antigens can be produced and used in the laboratory for the rapid identification of disease-producing 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 immunity.
- Describe components of the immune system.
- Describe humoral and cell-mediated immunity.
- Discuss the role of cytokines in the immune response.
- Differentiate between humoral and cell-mediated immunity.
- List the structure and function of immunoglobulins.
- Define *immunologic tolerance*.
- Describe various populations of lymphocytes and their functions.
- 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 an internal defense system: innate, or nonspecific, immune system and adaptive, or specific, immune system (also called acquired immunity). **Antigens** are foreign substances that elicit an immune response.

Foreign bodies such as bacteria, viruses, parasites, and toxins are the first to encounter barriers like the skin, mucous membranes, and pharynx, which act as physical and chemical barriers to prevent pathogens from entering the body.

Populations of commensal bacteria compete with invading pathogens for resources in the body's **inflammatory response**. The inflammatory response is a response to injury. It is triggered by chemicals released from infected sites, blood vessels, and other cells. Low neutrophils are released from the bone marrow to kill pathogens with chemicals stored in granules. The process of inflammation is a response to injury. It is triggered by chemicals released from infected sites, blood vessels, and other cells. Low neutrophils are released from the bone marrow to kill pathogens with chemicals stored in granules. The process of inflammation is a response to injury. It is triggered by chemicals released from infected sites, blood vessels, and other cells. Low neutrophils are released from the bone marrow to kill pathogens with chemicals stored in granules.

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 om ponents f stem. ells ymphocytes, ut ather, ubset ympho cytes ound lood eripheral ymphoid rgans. ells ecognize estroy ells ected microbes, uch iruses. hey ctivate hagocytes releasing erferon- nterferons tokines ible 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 omplement 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 om ponents: 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

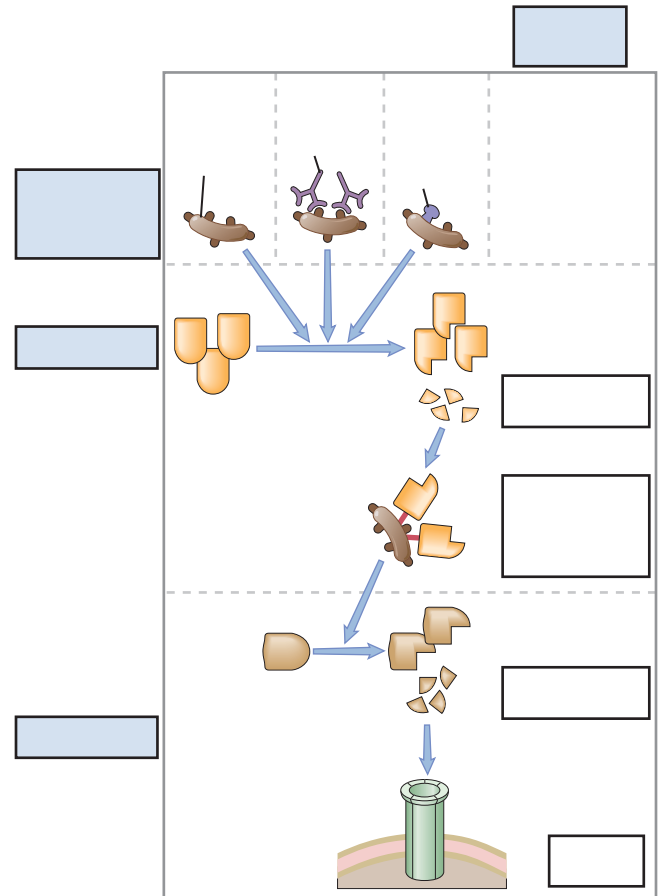


Fig. 19.1 Pathways of complement activation. The activation of the

utralize, etoxify, liminate oreign erials from

Lymphocytes rogeny ell types ely responsible for adaptive immune system. However, of defense s ot ivorced rom he nnate mmune ystem. acro phages 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

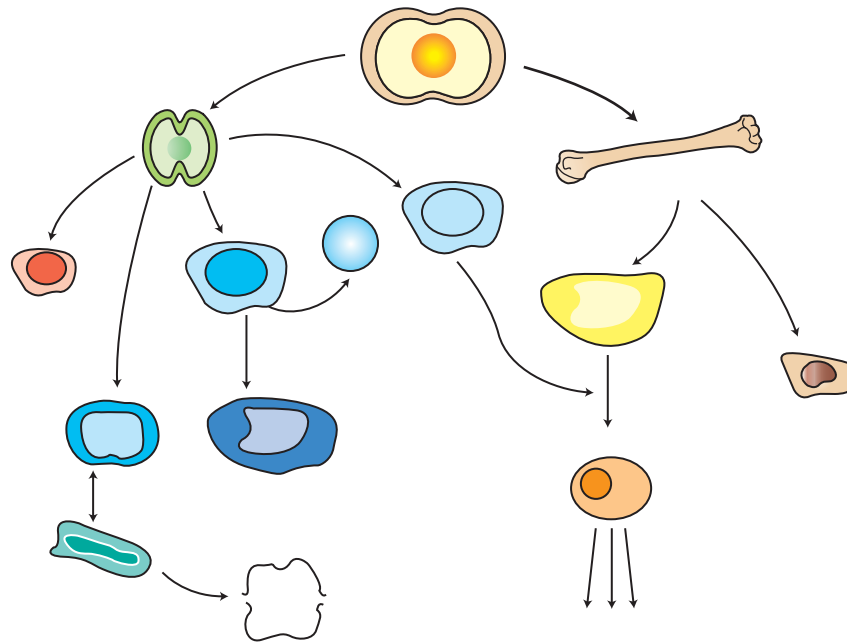
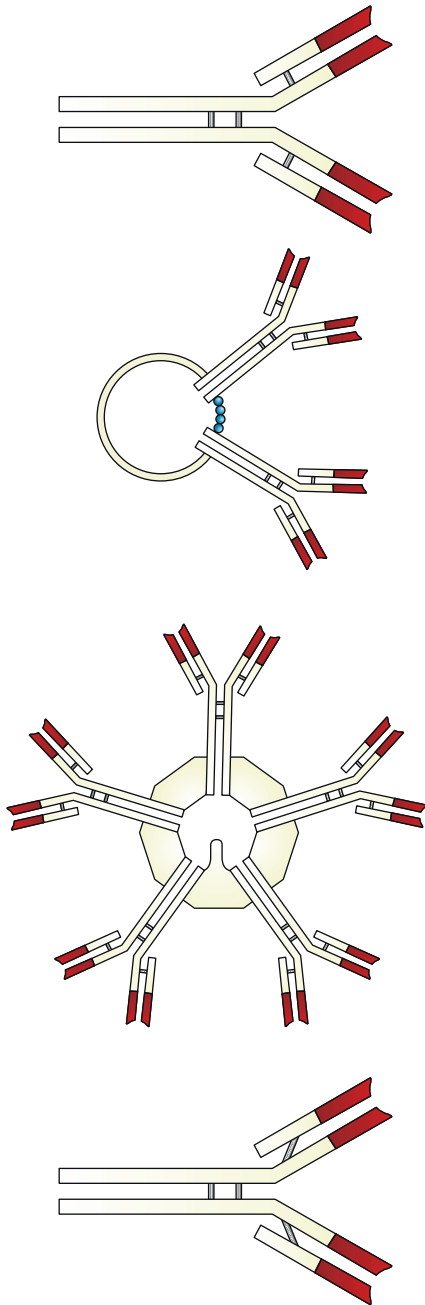


Fig. 1. The structure of an immunoglobulin molecule. It consists of two heavy chains (H) and two light chains (L) held together by disulfide bonds. Each chain has a constant region (C) and a variable region (V). The variable regions are responsible for the antigen-binding site. The constant region is responsible for the effector functions. Five distinct classes of immunoglobulins are produced: IgM, IgG, IgE, IgA, and IgD. IgM is the first antibody type produced in response to an antigen. It is a pentamer (contains five monomers), which makes it the most abundant in the blood. IgG is the most abundant in the circulation. It is a monomer. IgE is involved in allergic reactions. It is a monomer. IgA is found in secretions. It is a dimer. IgD is found on the surface of B cells. It is a monomer.

Lymphocytes (mature bone marrow cells) are concerned chiefly with the production and secretion of immunoglobulins (antibodies). This is referred to as humoral immunity because antibodies are secreted into the body's fluids or humors. Their maturation process consists of the differentiation of a lymphoblast, a lymphocyte, into a plasma cell. Plasma cells secrete and store large amounts of antibody. The humoral immune system recognizes millions of different antigens because each cell develops a specific receptor molecule to bind a specific antigen. When an antigen enters the body, the cell is stimulated to produce antibodies. This is a complex process that requires the help of specialized lymphocytes called helper cells. Helper cells produce proteins called cytokines that activate B cells. An antigen-stimulated B cell then quickly divides and differentiates, thereby producing a clone of identical cells that all produce the same type of antigen-specific antibody. These antibody-secreting cells are called plasma cells, which are a type of effector cell. A helper cell performs specific functions to destroy foreign antigens. Some of the antigen-stimulated cells differentiate into memory cells, which respond to a second exposure to the antigen (see Fig. 1).

Antibodies (immunoglobulins) are protein molecules that consist of two pairs of polypeptide chains configured in a Y-shape.

TECHNICIAN NOTE The most abundant circulating immunoglobulin is IgG.



Immunology and

immunopathology of domestic animals,

Table summarizes the functions of immunoglobulins.

Antibodies interact with antigens in different ways to prevent antigenic challenge 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, essentially neutralizes its potential effect on body cells. Sometimes antibodies coat microbes. The Fab region of an antibody attaches to receptors on the microbial surface. The region of an antibody then binds to macrophages or neutrophils, which then phagocytize the microbe.

parasite, gE antibodies personify 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 phritis, which is described in [chapter 19](#) as a type of hypersensitivity reaction.

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

Memory cells recognize antigens which have previously been exposed. Subsequent encounter, more rapid response. Different types of effector cells (such as lymphocytes, cytotoxic cells, and killer cells). The terms cytotoxic lymphocytes, respectively. Cytotoxic lymphocytes are called cytotoxic lymphocytes. Human immunodeficiency virus (HIV) is a virus which causes acquired immunodeficiency syndrome (AIDS), a special affinity or hyper lymphocytes.

f
 system oes destroy wn ells. em
 obvious, ut ctually pen. aturing lymphocytes
 develop igen eceptors or oreign igens ut or
 animal's igens wn ells. herefore, lf-reactive
 lymphocytes could attack self-antigens. However, healthy
 animal, echanisms ormally re lace hat revert his elf-
 destruction. stem iminate etween
 n-self, hich esults **immunologic tolerance**

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

These mechanisms are elaborate. When naive lymphocytes are destroyed by apoptosis, the 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, ymus, 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 into effector cells. They also destroy self-antigens.

This oversimplification of intricacies involved maintenance of immunologic tolerance. In these mechanisms autoimmune results, animal's immune system effected

Animals gain **passive immunity** to _____ by receiving maternal antibodies _____ colostrum or by receiving preformed antibodies _____ by _____ ction. _____ ibodies _____ ve _____ een _____ roduced _____ onor _____ onor _____ accinated _____ gen. _____ hen _____ rum _____ ibodies _____ each _____ oncentration, _____ bled, _____ lobulin _____ ortion _____ ontains _____ ibodies _____ separated _____ ified. _____ rotection _____ eceives _____ from _____ ction _____ unoglobulin _____ rt _____ ved _____ ut _____ immediate.

Animals become actively resistant to _____ by having _____ developing antibodies or by being vaccinated or immunized, _____ high _____ develop _____ wn _____ ibodies. _____ 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 vaccines normally elicit a longer-lasting and more potent immune response. Inactivated vaccines are generally safer but have a lower ability to elicit an immune response, although vaccine-associated sarcomas have been an issue. An adjuvant may be added to a vaccine to enhance the normal immune response. Some adjuvants do this by simply slowing the rate of antigen elimination from the body, while others may also stimulate the immune system. Antigen presentation is also important for immune response. Killed vaccines require more adjuvant, and the use of adjuvant has been implicated in one of the potential causes of sarcomas.

Effective DNA vaccines are now being developed with of cular enetics. hey xpected er re stable rtraditional accines, de re quickly. he accines volve ect roduction ody issues quence epresenting igen to high stem esponse esired.

Vaccines given subcutaneously or intramuscularly, depending on the vaccine. Some vaccines are given intranasally, some are given orally, and some are given in feed or drinking water. Veterinarian technicians or veterinarians administer vaccines.

- 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 biochemical components (nasopharynx, gut, lungs, genitourinary tract; populations of commensal bacteria) that compete with invading pathogens and 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 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 tests available or
- Describe principle of testing.
- Describe principle of ex-glutination 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, careful 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 produced with given reaction procedure. No test provide sensitivity and 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 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 specifically requested, green-topped tube

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

test, the requirements should be carefully and exactly what requested be submitted. If blood to be collected, the syringe, the syringe gauge and needle 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 a 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 and clearly labeled. Serum is then tested immediately, frozen refrigerated or, if desired, thawed, re-frozen or resterilized 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 reference work enclosed to facilitate proper reporting of results from the laboratory.

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

The **enzyme-linked immunosorbent assay** has been adapted to tests commonly used for veterinary laboratory tests. This is due to the availability of monoclonal antibodies, the specificity of which means that cross-reactivity occurs with other antigens. The phenomenon of accurate way to detect specific antigens (viruses, bacteria, parasites, hormones) is immunoassay. The use of antibody serum, which contains specific antigen-antibody complexes, is available to detect worms, feline leukemia virus, feline immunodeficiency virus, parvovirus, progesterone, **ovine** or antigen-detection stem, monoclonal antibody bound to cells, rays, membrane, or other antigen, present in the body. The body is added to help with detection of antigen. This is followed by rinsing. The initial step in the process is to



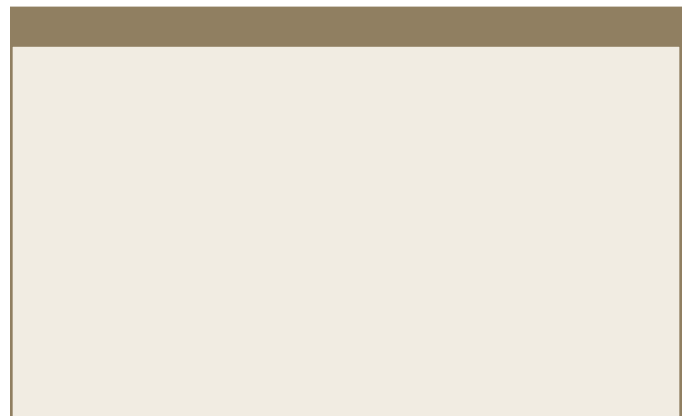
A critical step in the Microwell enzyme immunoassay is washing away the unbound enzyme-labeled antibodies.



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

he bulbous ends of plastic wands come precoated with antibodies specific

reagent reacts with the enzyme-labeled antibodies that are bound to

The **competitive ELISA** is used to test for patient antigen, involves enzyme-labeled antigen, monoclonal antibodies. Patient antigen, present, competes with enzyme-labeled antigens or antibodies coat test wells. Color developer reacts enzyme produce color. The density color reduced varies concentration patient antigen **ox** quinine ec tious mia antibodies detected rise rum est.

The ex-glutination herical, ex-
particles are coated with antigen suspended water. If

After incubation, the wells are rinsed to wash away excess enzyme-labeled

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

A Brewer Diagnostic Card

BRUCELLOSIS

LOT: B, PLAT: P402, 2, 027 & 00073

1 - 1094917

1 2 3 4 5

6 7 8 9 10

Becton Dickinson Microbiology Systems, Becton Dickinson and Co., Cockeysville, MD 21030 Made in USA

© 1995-4-1028

serum contains corresponding antibody added to mixture, formation antibody-antigen complexes agglutination (clumping). agglutination changes appearance of latex suspension from smooth milky to clumpy because ex ticles ve clustered loss-linked together. antibody present ure ex serum remains venly ersed. length eaction be rated 1, 2, r o rovide ion method or ovine rucellosis antibodies

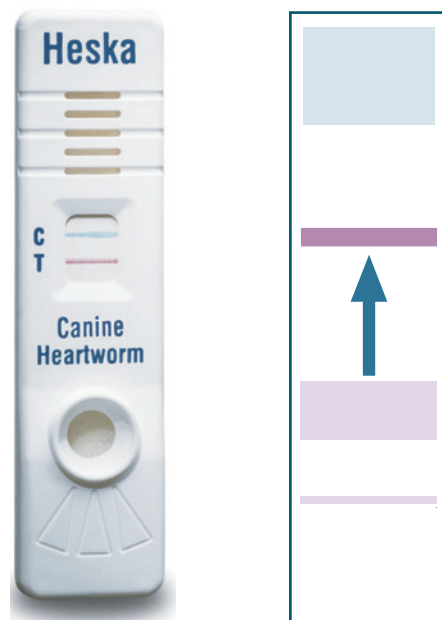
It is important to remember that antigen-antibody reactions occur when excessive antigen is present. Each antibody molecule has only two binding sites. This is why a prozone phenomenon occurs. result in a lack of cross reaction when excess antigen surrounds any small clumps that may form. This is known as the postzone phenomenon. It is important to note that the prozone and postzone phenomena occur under different characteristics. The proper setting techniques and result quantities of reagent added stem.



leukemia virus. (Courtesy Zoetis Inc, Florham Park, New Jersey.)

Lateral flow immunoassay has been described as immunomigration **immunochromatography**. The signal-generating components are colloidal enzymes, color reagent, and glutinated particles. All three types of components create a positive result. In this type of procedure, the signal-generating component is conjugated to antibodies specific for the antigen being tested. These conjugated antibodies are present in the sample. The test is performed here where the antigen is applied. Antigens are present in the sample and bind to the conjugated antibodies, forming antibody-antigen complexes. The membrane is read. Buffer may be added to help with the migration of antibody-antigen complexes. In the reading area, a second antibody is present on the membrane. If antigen is captured—along with the first antibody conjugate—by the second antibody, accumulation of conjugate area will occur. Color change. Ensure quality results, control antigen present in the sample. The membrane strip. conjugated antibody. antigen. control area. accumulation. color change. occurs whether or not antigen is present. antigen. control. tive. antigen result. ws. color change: or patient. or. quality control. antigen. control. antigen. ea. os. change color, considered invalid, regardless of color change. antigen.

ox

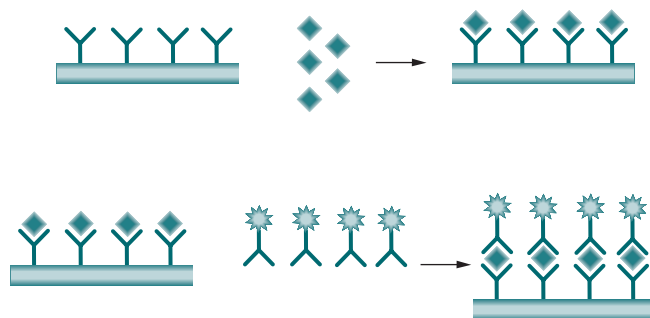


Immunochromatography. A sample that contains antigen flows through a porous strip. Positive reactions are shown by the appearance

Automated analyzers are available for veterinary practice laboratory. In some cases, an analyzer is required to run certain tests. Large reference laboratories often have automated analyzers for performance of immunoassays. These analyzers are capable of performing tests on numerous patients simultaneously. Most are completely automated and require only the patient information entered into the analyzer's computer system. The loaded, small analyzers are used by technicians to perform type of test. The analyzer produces results. The technician prepares the test device and places the device in the analyzer. The results are read by the analyzer and appropriate

antigen is present in the patient sample, it binds to the conjugated anti-
reading area of the membrane contains capture antibodies to the test

Many automated analyzers utilize principles of **chemiluminescence** to detect and quantify specific antigens. The principle is to use a method except for the test substrate, which reacts to produce light rather than an enzyme that reacts to produce color. By photomultiplier, reduced light is detected and can be quantified. Chemiluminescent immunoassay has many applications. In addition to immunology testing, it is used for detection and quantification of substances, including thyroid hormones, cortisol, pancreatic progesterone, and testosterone.



Format for chemiluminescent immunoassays. (From Turgeon)

Chapter Review Questions [Appendix](#)

- Sensitivity refers to the ability of a test to correctly identify all truly positive or negative reactions.
- Specificity is a measure of the number of positives produced with a given reaction procedure.
- Serum or plasma are required for immunoassays.
- Many of immunoassays are laboratory techniques.
- The latex agglutination test is a hereditary antigen suspended in a latex particle coated with antigen.
- Lateral flow immunoassay is also referred to as immunochromatography.
- With a lateral flow test, the antigen is mixed with a colored reagent, and the antigen-antibody complex is visible as a colored line.



Blood Groups and Immunity

After studying this chapter, you will be able to:

- Describe various blood group systems.
- State blood group systems.
- State blood group typing related.
- Describe the method of blood typing.
- Describe the glutination method of blood typing.
- Describe the immunochromatographic method of blood typing.
- Describe the procedures for crossmatching.

Blood Types,

Dogs, 17

Cats,

Cattle,

Sheep

Horses,

Blood Typing,

The tube method,

The card agglutination

Immunochromatographic assay,

Crossmatching,

Key Points,

Alloantibodies

Blood group antigens

Crossmatching

Dog erythrocyte antigen

Neonatal isoerythrolysis

Red blood cell antigens structures surfaces
 the exact 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
 lumping agglutination
 clinically diagnosis.
 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). breeding females ways
 be given properly checked blood potential or
 reduction antibodies result destruction
 of donate's

The ease of availability blood components such
 packed platelet-rich plasma stored treatment
 for emergencies critical situations. et
 erinary blood provide blood components,
 perform blood typing **crossmatching** These procedures
 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.omenclature or blood group stems designated

with (which for **dog erythrocyte antigen** followed by number 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 respectively clinical antigen, been described. because naturally occurring antibodies are within transfusion positive blood group negative recipient result immediate reaction. However, antibodies develop result delayed transfusion reaction week significant 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 system been identified been designated stem. blood groups B, few have group blood. rarity nited have group blood, which probably accounts or hence transfusion reactions Type blood certain breed needs even Rex, British (Irish) certain geographic (Australia). Unlike dogs, have naturally occurring antibodies erythrocyte antigen check type very strong anti-A antibodies, whereas type very bodies. transfusing type type blood result serious transfusion reaction thus, blood or transfusions breed lected typing crossmatching. high blood cell antigen, been described **Neonatal isoerythrolysis** been documented type type ens type weens with naturally occurring antibodies.

Eleven blood groups have been described have been designated group polymorphic, re erent antigens. Anti-J antibodies only common natural antibodies negative donors transfusion reactions.

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

More blood groups have been described eight blood group systems in horses; the major groups have been designated D, P, T, U. Naturally occurring antibodies do exist, but antibodies present result accination that contain equine tissue or transplacental immunization. Crossmatching one before transfusion horse, because transfusion reactions horses are commonly fatal. The mare-foal incompatibility test crossmatching procedure detects presence antibodies (from colostrum) upon erythrocytes confirm prevent neonatal isoerythrolysis.

Methods of identifying some feline blood groups are available or veterinary practice. methods include an immunochromatography assay and card/slide agglutination assay. the tube method or blood typing, but primarily reference laboratories.

The tube method for determining blood type requires of antisera, which consist of antibodies specific for each possible blood type within species. commercial sera for and eline group testing are available or few canine and eline blood groups **Box** The tube method requires collection of whole blood ethylenediaminetetraacetic (EDTA), parin, citrate-citrate-dextrose anticoagulant. blood centrifuged for minutes. after removal of coat, erythrocytes see

*Typing antisera are available for these blood types.

times n saline solution, centrifuged, and resuspended. The BC suspension is distributed into tubes required for a number of blood type antisera being tested. Small (usually 10 µl) sera added appropriately labeled tube. Tubes held at room temperature and centrifuged or condensed. Each tube examined macroscopically and microscopically for evidence of hemolysis and agglutination. Positive results may require repeat testing.

The blood typing is a practical or routine analysis before transfusion. Literally a number of different antisera would be required because of a large number of different blood groups. For example, for a horse.

Blood typing can be performed in a laboratory-based or already with evidence of agglutination, which is usually visible as lumps in the blood. Phosphate-buffered saline (PBS) is used to wash the red blood cells, showing evidence of agglutination. RapidVet-H (Canine DEA 1) is used to

Laboratories) blood-typing test card used to classify dogs as positive or negative for typing. It contains monoclonal antibody specific for the canine DEA-1 antigen. A drop of EDTA-anticoagulated whole blood is added to one drop of phosphate-buffered saline (PBS) containing the reagents within each well. Positive results, indicated by agglutination of red blood cells, are observed with whole blood from positive dogs. Erythrocytes react with the serum, causing agglutination. The serum from a negative dog does not react with 1-negative erythrocytes.

RapidVet-H (eline) is a blood-typing card for classifying eline blood type.

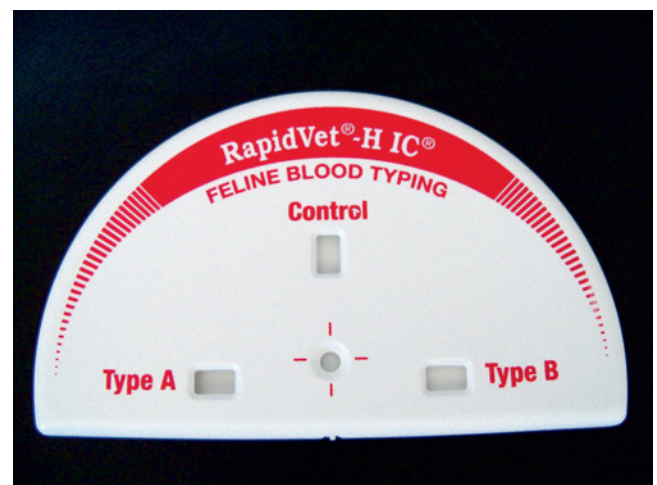
Wells contain lyophilized reagent, which represents anti-body of origin, antigen, which consists of erythrocytes from type A (glutinate with anti-A solution well on card), erythrocytes from type B (agglutinate with anti-B solution well on card). Erythrocytes from type AB (agglutinate with both anti-A and anti-B reagents). Erythrocytes from type O (no agglutination seen). Negative or results of a test are observed as no agglutination. If agglutination is present, the test is 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 concentrated antibody reagent. Erythrocytes concentrate of control antigen, thereby demonstrating erythrocytes successfully. The strip eline works; however, it contains anti-A monoclonal antibody, which contains monoclonal antibody, control antibody or common feline antigen, thereby allowing for identification of blood type.



In a commercial laboratory, crossmatching blood donor and recipient reduces the possibility of transfusion reactions.



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 (blood typing, prepared. or crossmatching, few drops of serum from recipient added few drops of diluted donor. are bated centrifuged. microscopic microscopic presence of hemolysis glutination blood-type mismatch. crossmatch except donor serum recipient procedures performed for all with unknown blood types require transfusion. two controls or which consists of donor cells donor serum cell recipient cells with recipient serum. commercial or crossmatching are available

Agglutination reactions sometimes graded. Several sification hemocytes or pose. able was one type of reading determines whether evidence of agglutination constitutes unsuitable transfusion.

Critically ill patients should undergo blood typing

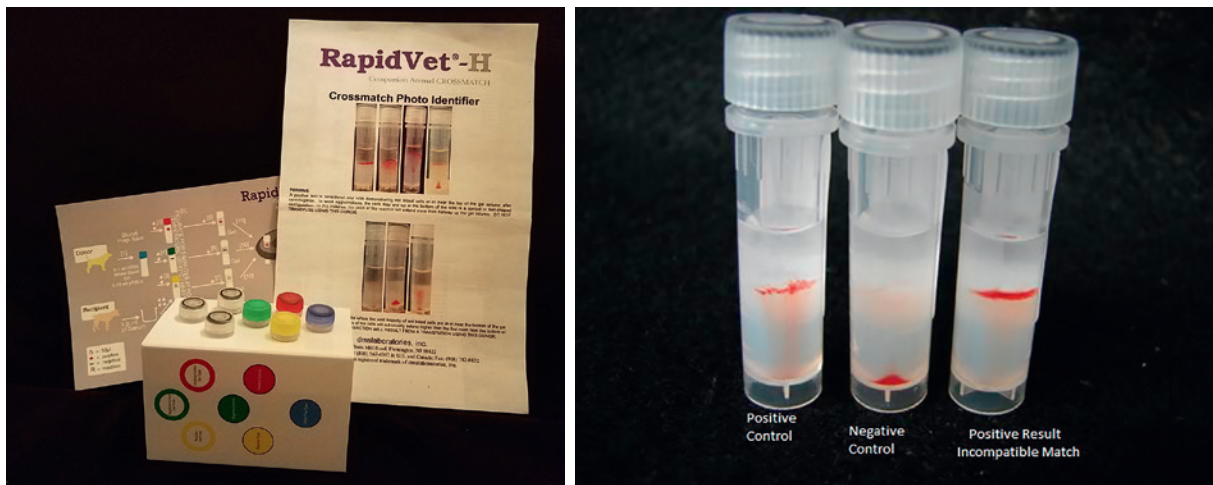
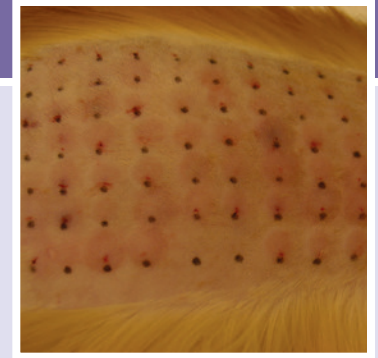


Fig. 21.4 RapidVet-H test kits are available for in-house canine and feline blood crossmatching. (Courtesy

- 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 the environment.
- Describe the tuberculin skin test.
- Describe the signs and symptoms 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 tuberculin hypersensitivity.

Skin tests are used to identify various allergens (allergens) in the environment. Allergies are mediated by immunoglobulin (IgE) antibody. They are detected by injecting small amounts of extracts of grasses, trees, weed pollens, dust, insects, or possibly offending allergens. Extracts are injected intradermally, and a positive reaction is noted as a raised wheal or allergic reaction. A positive reaction appears as a raised wheal.

Patients with hypersensitivity reactions to allergens (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 allergic reactions, including pollen, dust, mold, and certain foods.

Allergic dogs frequently have reactions to more than one allergen.

Allergens are chosen on the basis of the patient's history, geographic location, common allergens, and the results of skin tests. Intradermal testing is used to identify allergens that are not validated. Dogs frequently have allergic reactions to a wide variety of allergens. Allergic reactions are often severe and can be life-threatening.

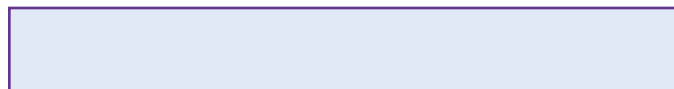
When performing a skin test, the patient should be in a recumbent position, and the skin should be shaved and scrubbed. A felt-tip marker is used to mark the injection sites, which are then numbered. A small amount of allergen extract is injected intradermally. The patient is observed for a reaction. A positive reaction is indicated by a wheal that is larger than the control wheal.

An intradermal injection of allergen extract is used as a negative control. The injection sites are then evaluated 15 minutes after the injection, and the reactions are graded. The wheal size is graded on a scale of 0 to 4. The test sites are scored in relation to the 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*

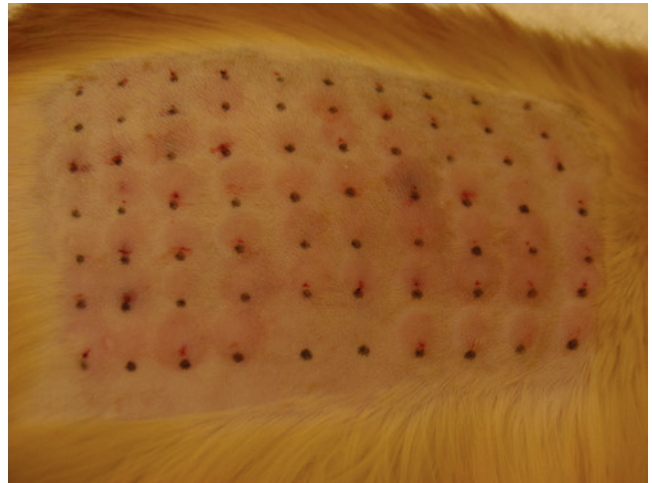
Intradermal Skin Test Reactions

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*

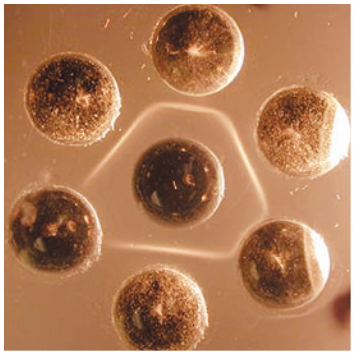


wheel and flare reactions. Unlike what is commonly reported in cats, this

Delayed hypersensitivity reaction observed in the animal has been exposed to *Mycobacterium*. The reaction is delayed because the 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 an inflammatory 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 Titers,**

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

**Antibody titer
Coombs test
Fluorescent antibody**

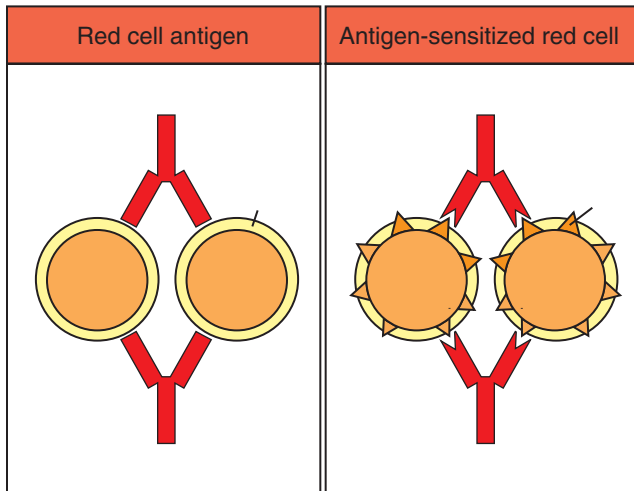
**Immunodiffusion
Polymerase chain reaction
Radioimmunoassay**

The presence of inappropriate antibodies (antibodies against body's own issues) detected **Coombs test**. The direct Coombs reaction is used to detect antibody attached to body's own erythrocytes. There are commercially available Coombs reagents performed in practice laboratory, but are commonly performed in 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. If anti-antibody (sera immunoglobulin reacts with erythrocytes), a visible agglutination of 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 is 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 species-specific reagents results in agglutination.

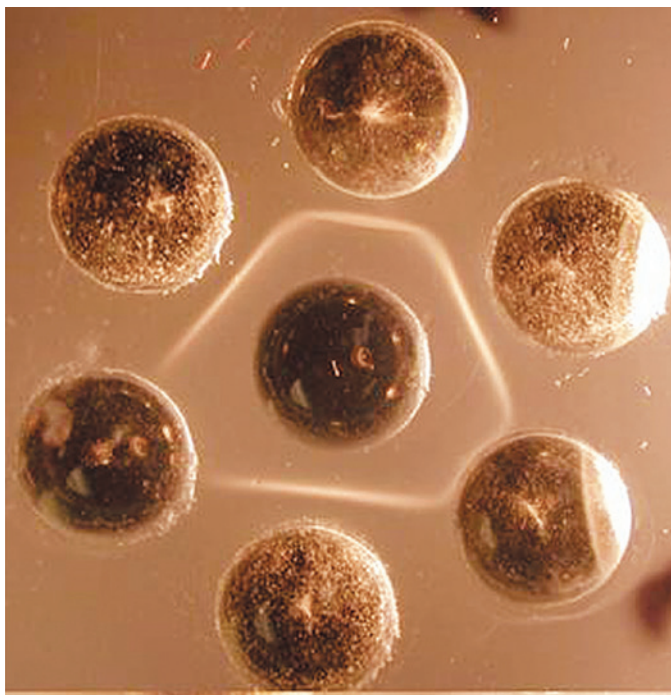
For **immunodiffusion**, patient serum possibly contains antibodies against antigen to antibodies, which are supplied to test. They are placed in separate wells on an agar gel plate. Other components of the serum form a visible band of precipitation when they combine. In some forms, antibody exists in patient's serum. In other forms, antibody levels are sufficient to cause precipitation. Examples of diseases detected by immunodiffusion include syphilis, infectious mononucleosis, and rheumatoid arthritis.



Indirect Coombs test.



erinary practice laboratory. (Courtesy Alvedia.)



Agar plate showing lines of precipitation. No lines of precipitation

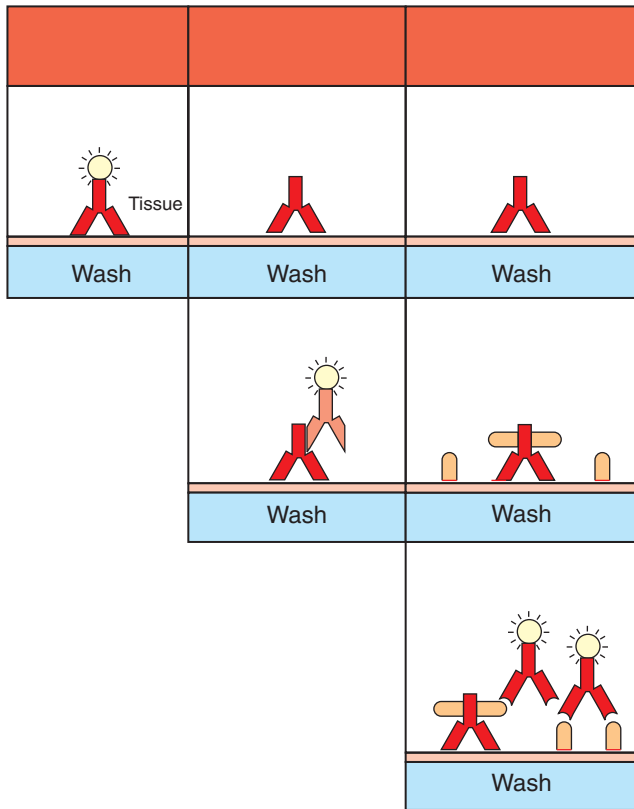
Courtesy Zoetis Inc, Florham Park, New Jersey.)

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.

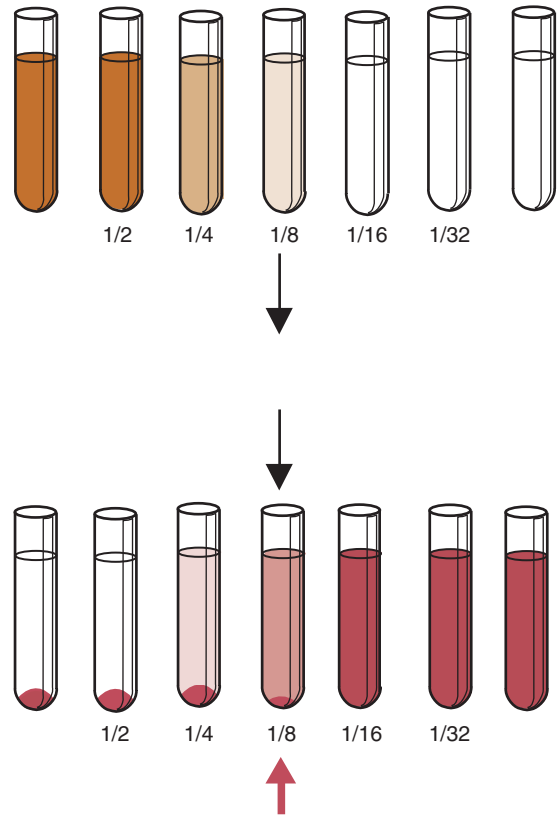
competitive form **radioimmunoassay** primarily been used research diagnostic laboratories for many years. The test principle similar the competitive enzyme-linked immunosorbent technique except radioisotope is used in place of enzyme. Assay typically consists antigen labeled with radioisotope antibody.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

Although commonly performed in veterinary practices, fluorescent testing available in veterinary reference laboratories. Procedures frequently performed in the laboratory. Two methods available: direct antibody staining and indirect antibody staining. In direct staining, patient serum is added to a slide coated with fluorescent-dye-conjugated antigen. The antigen combines with specific antibody present in patient serum. The slide is then examined with a fluorescence microscope. For cellular antigens, cells are prepared, stained with fluorescent material. With indirect **fluorescent antibody** (IFA) technique, patient serum is added to a slide containing specific test antigen. The antigen is removed, and fluorescent-labeled anti-antibody is added to the system. The slide is then microscopically examined. Any fluorescence indicates a positive result. Fluorescent techniques for antigen detection are available.

Although routinely performed in veterinary practice laboratories, **antibody titer** tests are used by the clinician to determine the level of exposure to certain antigens. This is particularly important when



Fluorescent antibody technique.



reliable dilution result or
high presence
available. ident
specific body.
interferes
number fields
retest
positive

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 iter. iter often active action. low titers usually previous exposure specific antigen. Recently, number iter ve een de vailable for veterinary practice oratory. primarily nzyme-linked unisorbent technology, provide accurate results. Some clinicians ill request hen determining ed revaccinate ident.

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 interest or molecular nostic esting analysis of DNA or RNA. veterinarians send out

to ested rt thods oo sophisticated or veterinary ractices. any veterinary nostic oratories ffer veral tests. The obvious for veterinarian to identify pres ence f gens uch 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 eded 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 epending Disadvantages lude ontamination positive results, vel echnical xpertise eded

[illegible]

Date: _____	
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____
19	_____
20	_____
21	_____
22	_____
23	_____
24	_____
25	_____
26	_____
27	_____
28	_____
29	_____
30	_____
31	_____
32	_____
33	_____
34	_____
35	_____
36	_____
37	_____
38	_____
39	_____
40	_____
41	_____
42	_____
43	_____
44	_____
45	_____
46	_____
47	_____
48	_____
49	_____
50	_____
51	_____
52	_____
53	_____
54	_____
55	_____
56	_____
57	_____
58	_____
59	_____
60	_____
61	_____
62	_____
63	_____
64	_____
65	_____
66	_____
67	_____
68	_____
69	_____
70	_____
71	_____
72	_____
73	_____
74	_____
75	_____
76	_____
77	_____
78	_____
79	_____
80	_____
81	_____
82	_____
83	_____
84	_____
85	_____
86	_____
87	_____
88	_____
89	_____
90	_____
91	_____
92	_____
93	_____
94	_____
95	_____
96	_____
97	_____
98	_____
99	_____
100	_____

to un ests, ed or re oom hich
to erform any roblems
are eing ved, ommercial tomated ru
ments e vailable nostic
laboratories.

Many varieties
but perhaps
polymerase chain reaction
segment first
or

Sometimes nucleic acids are used in a test, such as when testing for HIV or hepatitis viruses. In this process, a sample of the virus is called reverse transcriptase, which is used to produce a DNA-RNA hybrid. The RNA is then degraded by the enzyme, leaving a DNA-DNA hybrid. This hybrid is then used to produce a DNA-RNA hybrid, which is then used to produce a DNA-DNA hybrid. This process is repeated until a large amount of DNA is produced, which can then be used for testing.

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

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

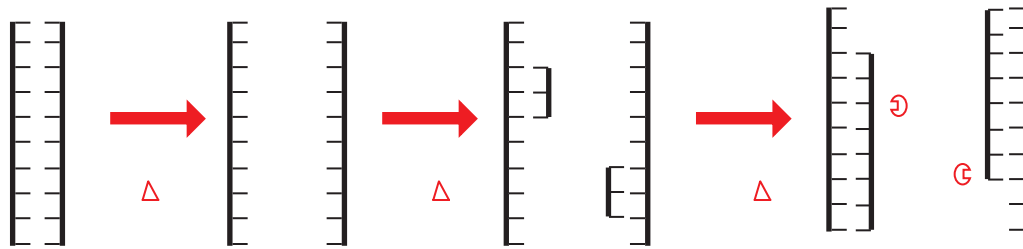
Another significant real-time compared method decreases contamination, re automated, generally faster easier to run. fluorescent probe added robe ches DNA gments; uantity gments rescence rescence, considered positive.

led ion ecause
A gment etected
test etter etermine esults. ords,
test roduces opies lect egion
molecule. Before performing test, nucleotide sequence of
section of DNA must be known proper reagents
are d. he egion ill entify irus
bacterium redetermined.

The amplification process consists of three steps: denaturation, annealing, extension. After amplification, DNA segments are separated on electrophoretic gel for identification. The mixture contains specimen, original DNA (question present), primers, nucleotides, DNA polymerase

The double-stranded molecule into two separate strands. Each strand serves as a template for which nucleotides will attach.

The temperature lowered to primers to bind
to parated rands. rimers eginning
end f ction opied. ill nly pen
A resent omplementary
primers.



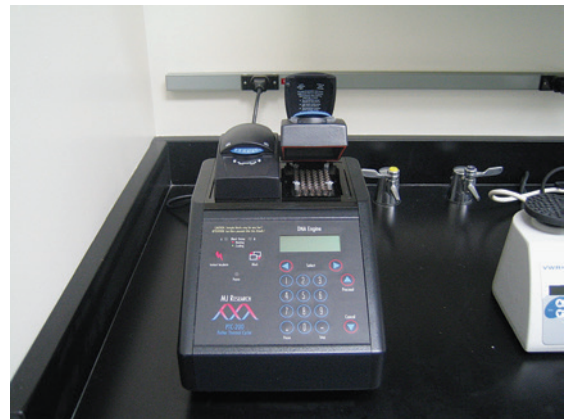
New DNA segments

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. 15.10). The timing, temperature, and number of cycles are regulated by the instrument. The number of DNA segments produced increases exponentially.

Finally, on an agarose gel electrophoresis is used. The segments are gel electrophoresis. The negatively charged nucleic acids migrate toward the positive electrode when current is applied. The segments separate according to size. The bands are stained with ethidium bromide and visualized under UV light. Controls are run to ensure the results are reliable.

The interpretation of the results is done by comparing the bands to a known standard. The results may be positive or negative, but may be false positive or false negative.



Thermal cycler for polymerase chain reaction. The instrument is a Bio-Rad CFX96 Touch, manufactured by Bio-Rad Laboratories, Inc., ©2019. Hercules, Calif.)

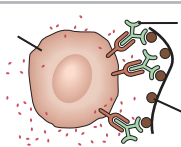
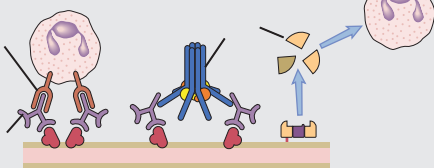
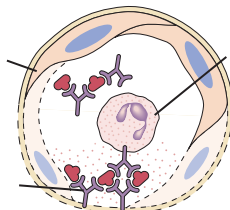
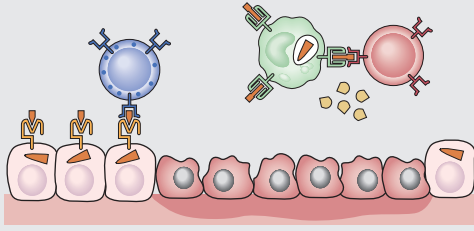
must be evaluated in the clinical laboratory. Information from the laboratory is used to make a diagnosis.

Chapter Review Questions [Appendix](#)

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

- 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.

Antibody-mediated high antibodies directed against animal's own cells or components of extra cellular rix type ypersensitivity rders. **Immune-mediated hemolytic anemia** which condition estuction ed lood ell immune-mediated ombocytopenia high esults platelet estuction, type ypersensitivity rders. type ypersensitivity rders diated receptors on cell surfaces. IgM may be involved, resulting immune omplexes ill serve to activate the complement system. he ctivation omplement iation inflammatory response. In of antibodies bind o veral urface eceptors ed lood ell brane, here ergo psonization ubsequently phagocytized. chanism ccurs Neonatal erythrolisis IMHA of neonates occurs often foals The disorder results from inges tion of colostrum contains maternal antibodies against

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

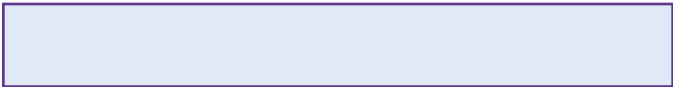
functions and disorders of the immune system, ed 3, Philadelphia, 2011, Saunders.)

fetal erythrocytes. Transfusion reactions are mediated by antibodies.

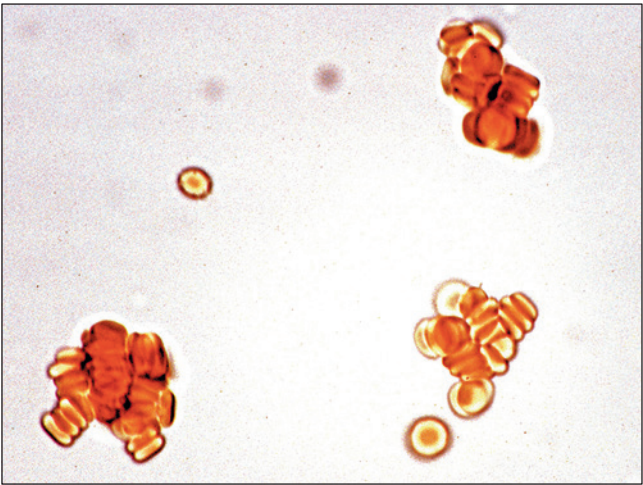
Immune-complex disease or type hypersensitivity occurs when antibodies and antigens form complexes that are deposited in various blood vessels. Glomerulonephritis, which is caused by deposition of antibody-antigen complexes, is an example of type hypersensitivity. Systemic lupus erythematosus is a disease characterized by the production of autoantibodies that cause various population health issues.

Type hypersensitivity T-cell-mediated reactions involve lymphocytes and self-antigens. Contact hypersensitivity reactions, such as those seen in dogs after contact with plastic food collars or human beings after contact with poison ivy, are caused by delayed response. Chemicals from substances that react with proteins, and the immune system recognizes the chemical-protein complex as foreign, thereby resulting in dermatitis. Type 1 diabetes, rheumatoid arthritis, and chronic infections such as tuberculosis are all T-cell-mediated autoimmune

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



Lymphoma is a high type 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 become established in the body, but sometimes they escape defense mechanisms.

- Immune responses to an issue usually lead to hypersensitivity reactions.
- Type I hypersensitivity is called immediate hypersensitivity.
- Atopy is a type of hypersensitivity disorder.
- Type II hypersensitivity includes humoral 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.

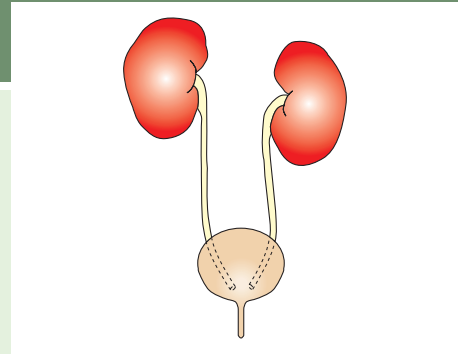
Urinalysis is a relatively simple, rapid, and inexpensive laboratory procedure. It evaluates the physical and chemical properties of urine as well as the urine sediment. A urinalysis provides information to the veterinarian about the status of the urinary system, the metabolic and endocrine systems, 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.



Anatomy and Physiology of

After studying this chapter, you will be able to:

- List and describe components of the urinary system.
- Explain the formation of urine.
- Describe the structure and function of a nephron.
- Name hormones involved in urine volume regulation.

Formation of Urine,
Ureters,
Urinary ladder,
Urethra,

Urine Volume Regulation,
Key Points,

Anuria
Glomerulus
Nephron

Oliguria
Polyuria
Renal threshold

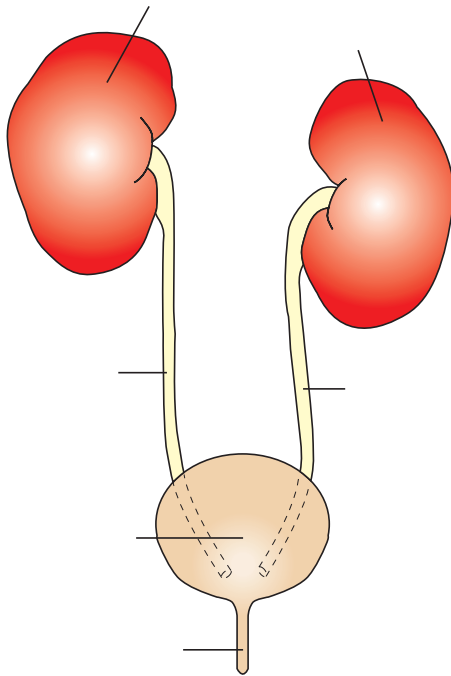
The many metabolic reactions that take place in the body's cells generate a variety of chemical by-products. Some of these substances are essential for the body, but others would be harmful if they were allowed to accumulate in the body. These waste products are eliminated through the urinary system. The primary function of the urinary system is to remove waste from the blood. It consists of the kidneys, ureters, urinary bladder, and urethra (Fig. 5.2). The left and right kidneys are located on the dorsal part of the abdominal cavity, just ventral to the lumbar vertebrae. Each kidney is bean-shaped. In humans, however, the right kidney is slightly lower than the left. In some animals, such as horses, the kidneys are more elongated and lobulated in appearance.

Blood and lymph vessels, nerves, and other structures leave the kidney through the hilum, which is the rough-appearing outer region. The area deep to the hilum is the renal pelvis, which is a funnel-like beginning of the ureter. The work of the kidneys is done within the **nephrons**. Depending on the animal's size, each kidney may contain from several hundred to several million nephrons. Each nephron is composed of epithelial cells with several bends. Each portion of the nephron is characterized by a different type of epithelial cell. The proximal convoluted tubule is lined with cuboidal epithelial cells that are regularly shed off. Increased numbers of these specific types of epithelial cells

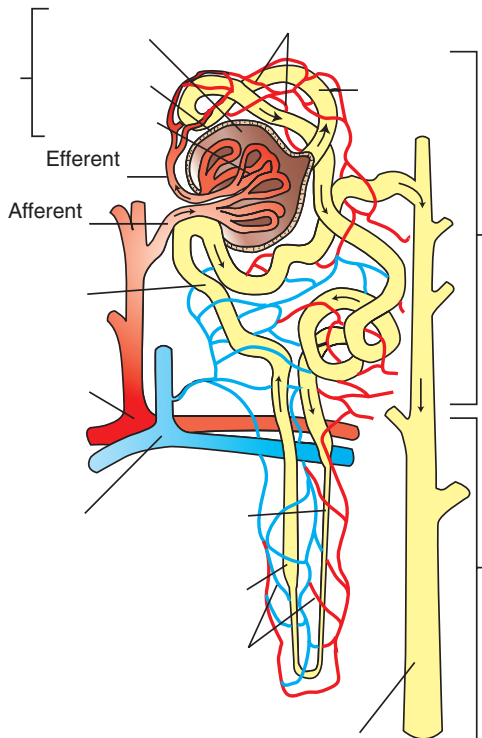
determine the renal excretory function. The nephron consists of the proximal convoluted tubule, the loop of Henle, the distal convoluted tubule, and the collecting tubule (Fig. 5.2). Each renal corpuscle is composed of a **glomerulus** surrounded by Bowman's capsule. The glomerulus is a tuft of capillaries between two arterioles that enter and leave the renal corpuscle.

TECHNICIAN NOTE

When blood enters the renal corpuscles, a portion of it is filtered out of the blood and into the proximal convoluted tubule. The filtered substances, such as glucose, amino acids, and water, are reabsorbed back into the blood through the proximal convoluted tubule. The distal convoluted tubule is responsible for the secretion of specific substances into the filtrate. The **renal threshold** is the concentration of a substance in the filtrate at which it is reabsorbed. Substances that are not reabsorbed are excreted in the urine.



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



ine. collecting tubules, all nephrons enter



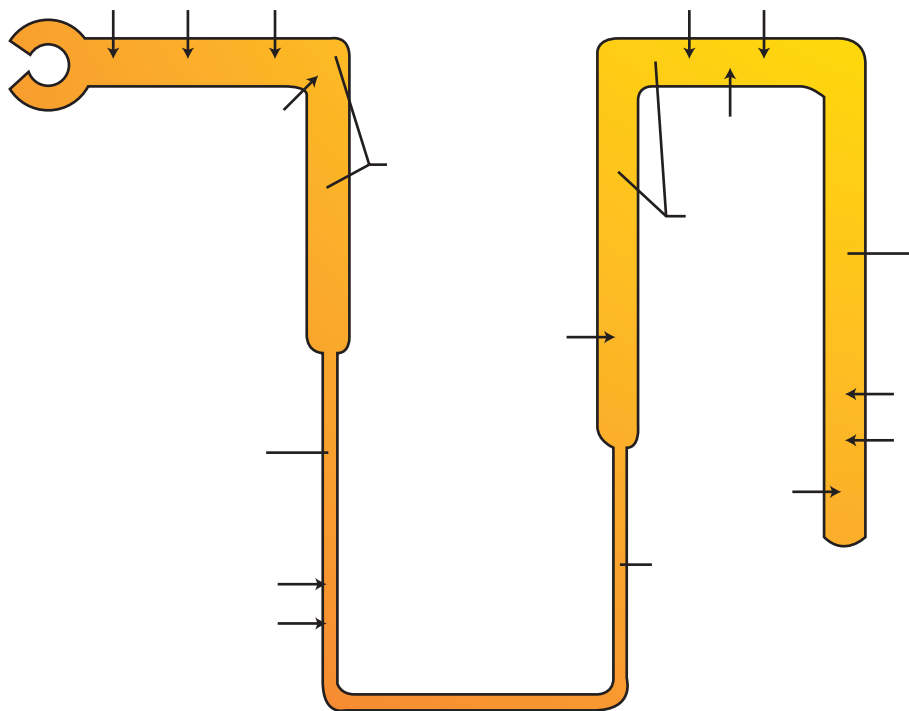
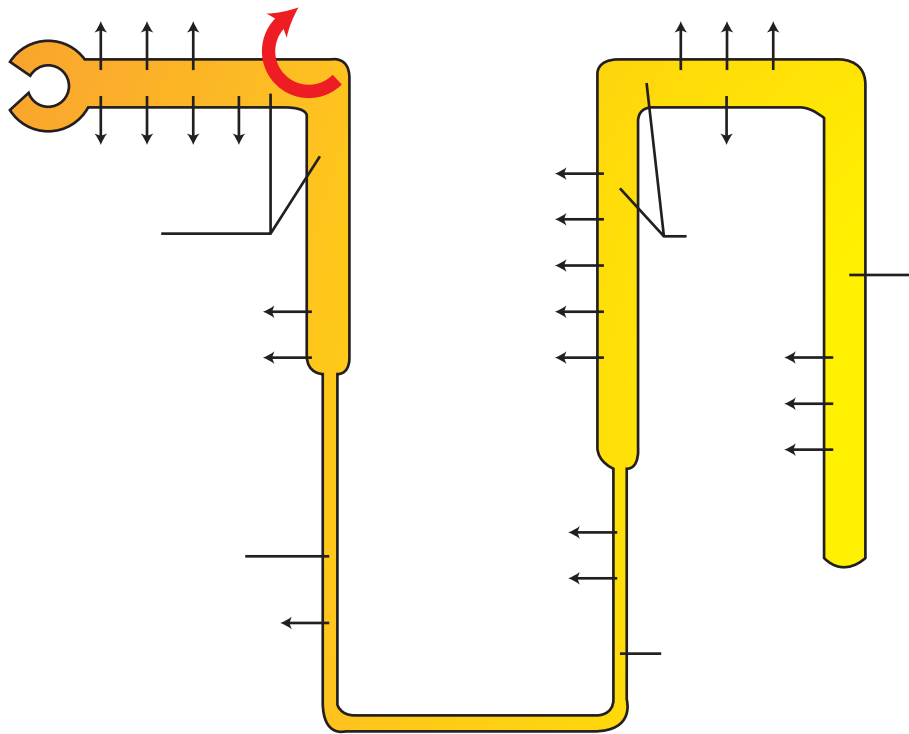
From each renal pelvis, urine is transported to the urinary bladder by ureters, which are muscular tubes that conduct urine via smooth-muscle contractions. The ureters enter the bladder through the bladder neck, which is a sphincter-like structure that prevents backflow of urine.

The urinary bladder is a sac-like structure that stores urine. It is composed of transitional epithelial cells that can stretch to accommodate varying volumes of urine. The bladder releases urine periodically to the outside during a process called urination. The kidneys constantly produce urine, which accumulates in the urinary bladder. The bladder is innervated by the autonomic nervous system, which controls its contraction. The bladder is also capable of voluntary control of urination.

The urethra is a tube that carries urine from the urinary bladder to the outside of the body. It is relatively short, straight, and passes through the length of the penis in males. The urethra is composed of stratified squamous epithelium. It is relatively long, and it is the only duct that carries urine out of the body. The urethra is also capable of voluntary control of urination.

The regulation of urine volume is controlled by two hormones: antidiuretic hormone, which is released from the posterior pituitary gland, and aldosterone, which is released from the adrenal cortex. Antidiuretic hormone acts on the collecting ducts to promote reabsorption of water. Alterations in water volume may involve decreased reabsorption (oliguria), increased production (polyuria), or decreased production (anuria).

Chapter review questions [appendix](#)



- 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 and cystocentesis.
- Describe proper specimen storage and handling.

Voided or Free Catch Samples, Bladder Expression, Catheterization,

Cystocentesis, Specimen Storage and Handling, Key Points,

Bladder expression
Catheterization
Cystocentesis

Free catch
Tom cat catheter

The first step in performing analysis is proper collection of a high quality, fully obtained sample to ensure accurate results. Analysis can be performed only when before administration of therapeutic agents. Urine specimens may be obtained via natural voiding, **bladder expression**, **catheterization**, **cystocentesis** or referred to a veterinarian for cystocentesis. These methods provide optimal results for all tests, analysis, voiding, contamination, omni-environmental, external, collecting, by voiding, expression, bladder, or, but urine collected these ways may be of limited diagnostic value. Except for toxicologic examination, performing analysis preprandial morning best, although always practical, veterinary clients. Morning and evening concentrated samples are collected. Urinary tract, reby increasing chances of forming elements.

The first step to obtain voided **free-catch** samples which are collected in a clean container. Collected urine is satisfactory for bacteriologic examination, because it is often contaminated during urination. Occasionally

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

Voided samples often contain increased white blood

voided samples are collected in a clean, dry (although not necessarily sterile) container. 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, a clean, dry tissue over the external orifice area does remain clean for long. (injection, ream) because the area is likely to be contaminated. However, ideally voided samples are sometimes collected with caution, being collected in a clean container. Dogs may begin to urinate when collection is attempted. Chances of successfully obtaining a sample are increased by catching the urine without disturbing the animal. Occasionally, ill animals may void into a container, but veterinarians refer to these as



Fig. 26.1 Tom cat catheter. This is a 3.5-Fr polypropylene catheter

Veterinary instruments and equipment,

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.

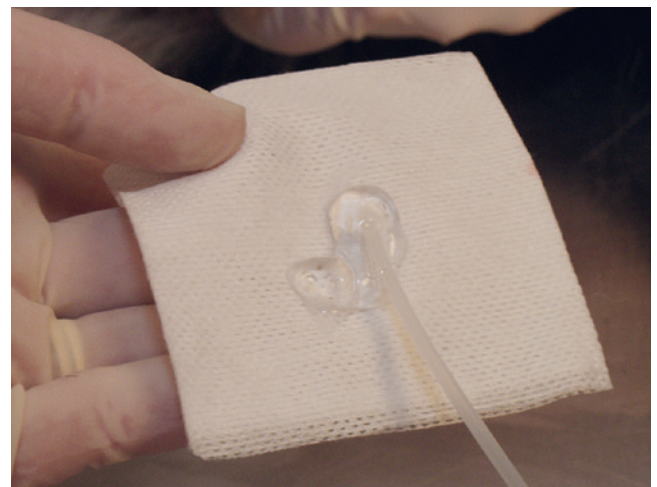
Urine ay e ollected rom mall nimals ia anual ompres sion f ladder. owever, btained are isfactory or cteriologic uring. collection f oided xternal enitalia cleansed efore ladder xpression. or eral ecumbency, ladder ed abdomen, entle, eady ressure plied. are taken o xert oo uch ressure, high ure rupture 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.

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

Fig. 1 ter erile er-soluble ubricating lly, uch



A vaginal speculum is used to facilitate visualization of the urethral orifice in female patients. (From Taylor S: *Small animal clinical*



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

A 4- to 10-Fr polypropylene catheter is usually used

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 estrained 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



Cystocentesis is preferred for sample collection

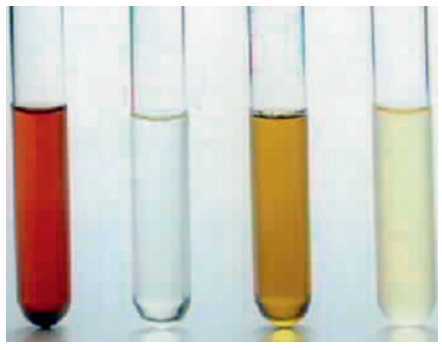
Ideally, be analyzed within minutes to of collection void ostcollection tifacts egenerative changes. If immediate analysis possible, refrigeration pre serves onstituents or dditional

dorsocaudally so that, as the bladder shrinks, the needle tip remains

Urine samples should be analyzed within 30 minutes

Chapter review questions [appendix](#)

- 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 color variations.
- List methods for evaluating specific gravity.

**Urine Volume,
Color,
Clarity/Transparency,
Odor,**

**Specific Gravity,
Refractometer,
Causes of filtered urine specific gravity,
Key Points,**

Anuria
Flocculent
Hematuria
Hemoglobinuria
Hypersthenuria
Hypothenuria
Isosthenuria
Ketones
Myoglobinuria

Oliguria
Pollakiuria
Polydipsia
Polyuria
Specific gravity
Urease
Urinometer
Urochromes

Physical properties include observations of color, volume, odor, clarity, and specific gravity of urine are evaluated. **Procedure** describes procedure for routine analysis.

output of urine, usually, 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 or variable. normal output of adult dogs is approximately body weight per day.

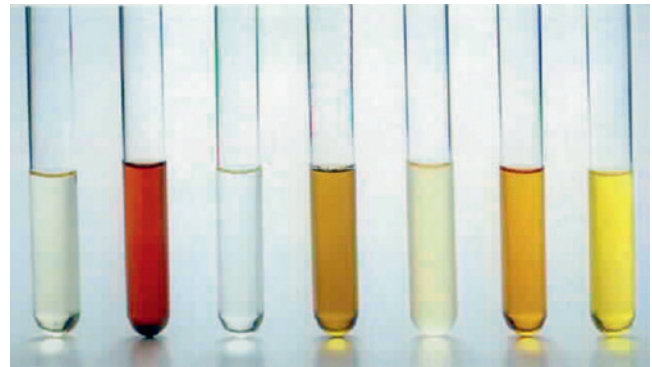
The owner often provides information concerning the volume of urine passed. However, owners may mistake frequent urination **pollakiuria** for increased urine production **polyuria**. Therefore, obtaining information regarding the volume of urine passed is important. Any factors related to the volume of urine passed include external factors (e.g., temperature, humidity, physical activity, level of exertion) and internal factors (e.g., respiratory system, renal function, environmental factors, type of food, level of physical activity, species, level of hydration, sufficient or inadequate).

An increase in urine output is termed polyuria, usually accompanied by **polydipsia**. Polydipsia is defined as excessive water consumption. Polyuria, often associated with increased thirst, is a common finding in many diseases, including nephritis, diabetes mellitus, diabetes insipidus, pyometra, and liver disease. It is seen after administration of diuretics, corticosteroids,

Production for Domestic Species

a laboratory sheet with the patient's information and the date,

the pad's color at the appropriate time intervals as stated by the



Urine color is best assessed in good lighting against a white background. (From Little S:

dilution Table colorless usually specific gravity, often associated polyuria. yellow yellow-brown generally specific gravity, may be associated with oliguria. yellow-brown or green urine produces greenish-yellow foam when shaken likely to contain bile pigments. Red or red-brown urine indicates presence of red blood cells **hematuria** or hemoglobin **hemoglobinuria** Urine that brown when oxidized contain **yoglobulin myoglobinuria** yoglobulin excreted when conditions muscle cell lysis present, such as rhabdomyolysis horses. Some dogs with periorbital edema, green, blue urine may be observed. When observing urine, be careful to use a white background to properly evaluate color.

Oliguria which decrease daily urine output, may occur when restricted access to water. Environmental temperature increases excess water loss through respiratory system. With oliguria, the urine is usually concentrated and specific gravity is high. Oliguria occurs with acute pyelitis, fever, shock, dehydration. **Anuria** which is absence of urine production, may be seen with complete urethral obstruction, urinary bladder rupture, renal shutdown.

Normal urine color is yellow. Urine with red color indicates the presence of **urochromes** or hematuria. Urine with high concentration of red color indicates the presence of **urochromes** or hematuria.

In all species, freshly voided urine is transparent. Normal urine is cloudy due to the high concentration of calcium carbonate crystals. Mucus secreted by glands in the renal pelvis. Normal rabbit urine is high concentration of calcium carbonate crystals, appears yellow. When observing urine, or degree of transparency, placed against a white background. Transparency is clear, slightly cloudy, cloudy, or turbid **flocculent** depending on whether the sediment is visible through centrifugation.

Government	Percentage
Current government	85%
Previous government	15%

Cloudy usually contain particles often found
 significant sediment centrifugation. Fine
 become cloudy result bacterial multipli-
 cation or crystal formation. Substances
 cloudy include white blood cells (WBCs), epithelial cells,
 yeasts, bacteria. They are often turbid
 and may include contaminants from collection container
 surface contamination with feces. Flocculent contain
 suspended particles sometimes enough to be seen
 with the naked eye.

[illegible]

--

Specific gravity is defined as the ratio of the weight of a substance to the weight of an equal volume of water at 4°C. It is a dimensionless quantity. In clinical chemistry, specific gravity is used to assess the concentration of solutes in urine. A normal range is 1.000 to 1.030. Values above 1.030 suggest concentrated urine, while values below 1.000 suggest dilute urine. Factors affecting specific gravity include the presence of glucose, protein, and other solutes. It is important to note that specific gravity is not a true measure of concentration as it is affected by the presence of these substances.

ability of patient's eyes concentrate urine
The specific gravity is normal extremely variable,
fluctuates throughout day. **blue**
specific gravity ranges from normal domestic normal
dogs, the specific gravity range from
normal range from
To determine specific gravity refractometer,
urinometer or reagent strips be used. Reagent strip specific
gravity is a reliable method for determining urine specific
gravity. Urine specific gravity is frequently deter-
mined with an urinometer. Reagent requires
large amount proximately generally
provides reproducible results refractometer.

--

Specific gravity commonly determined by refractometer.
More information out principle refractometer
presented Procedure which be found Unit Chapter
rine contains substances hat bsorb rious avelengths
light. he ves end ough dium,
end ured efractometer. efractive
index of influenced by factors determine
specific ravity, refore rovides imate
specific gravity. It important to note refractometers are
rated or eterinary ients rovide ccurate
results, especially with feline Research demonstrated
eline entical ecific ravities
have erent efractive exes. efractometers rated or
veterinary idely available, rovide ccu
rate valuations ecific ravity. ommon or
ecific ravity eading her ange
be ead y rument esigned or eterinary
species. In must be diluted reevaluated
by equal volumes of with distilled water. Use
op f ure etermine ecific ravity,
then ultiply umbers er ecimal oint or
example, ution ontains qual illd er
urine ecific ravity ution
actual ecific ravity

Increased **hypersthenuria** (increased urinary concentration) is commonly observed in animals with decreased water intake, increased urination (e.g., sweating, panting, diarrhea), increased excretion of urine solutes. Decreased water intake with

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 often with high specific gravity. Water is absorbed or excessive administration. polydipsia, diabetes, psychogenic polydipsia, some liver diseases, certain types of renal uretic therapy increased specific gravity.

Isosthenuria occurs when urine specific gravity approaches that of glomerular filtrate. In other words, urine with specific gravity range is concentrated.

diluted by water. Chronic renal disease, the loss of specific gravity isosthenuric, reater are deprived of water, their urine specific gravity usually remains isosthenuric range. with decreased renal function is often highly dehydrated. Urine specific gravity is highly reater. nuretic

Chapter review questions [appendix](#)

- Physical properties include volume, color, odor, transparency, specific gravity.
- Normal urine output for adult males is approximately 1 to 2 liters per day.
- Normal color is yellow. Urine varies in degree of concentration.

- In urine, cloudy or opaque appearance is abnormal.
- 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:

- | | |
|--|--|
| <ul style="list-style-type: none"> Describe procedure for performing chemical analysis of urine List chemical commonly performed Discuss significance of proteinuria. | <ul style="list-style-type: none"> Discuss significance of hemoglobinuria. List conditions characterized by glycosuria. List conditions characterized by bilirubinuria. |
|--|--|

pH,				
Protein,				
Protein	etermination	eagent	rips,	
Protein	etermination	ulfosalicylic	uridity	
Test,				
Urine	rotein/Creatinine	atio,		
Interpretation	rotein	rine,		
Glucose,				
Ketones,				
Measurement	rine	etone	ontent,	

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 in urine is usually performed with reagent strips that are impregnated with appropriate chemicals. Reagent strips, here referred to as test strips, are used for serum chemistry and are also used for urine testing, although modifications of the procedures may be required. Many of the tests are performed concurrent with electrolyte testing, and they are discussed further in Unit 1. The container for reagent strips is stored at room temperature with the tightly closed, expiration date noted. Some reagent strips simultaneously test for numerous constituents, whereas others are for individual constituents. A reagent strip is placed in the urine and immersed; the strip is then removed and the long edge tilted on a paper towel to allow excess urine to be wicked away. Alternatively, urine is added to a reagent strip in a test tube,

sure ch eagent ly ured. olor hanges
 each eagent ed ecific ervals. on
 concentration f arious onstituents etermined omparing
 olors n rip olor hart el
 strip ontainer ufacturer's ections
 be carefully followed. It important to note large number
 of onditions dications, tary ctors, nvironmental
 factors) ect analysis esults [Table](#)

The study expresses hydrogen concentration. Initially, ure degree acidity urine. re hereas proper technique obtain



Reagent strip test container and combination dipstick strip.

accurate results. rate results obtained. open room temperature ends result of bon oxide, whereas elays eading eaction lead to color changes readings. If contain urease-producing cteria *Proteus* pp. *Staphylococcus* spp.) e ft ually eased. The ys egulation body. he ys ary ompensate for ient's roducts tabolism. of y epends 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 ontain ubstantial 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 increased (acidic) fluids, muscle wasting, 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 use of certain drugs, or urine retention such as which occurs with urethral obstruction or r ladder alysis. too ecific ystals orm. be ed ve revent them om orming.

Protein normally present only in urine
normal in obtained centrifugation sedimentation
healthy glomerular proteins
filtrate are resorbed in renal tubules before filtrate reaches
renal elvis. however, voided in obtained
expressing ladder contain protein
from cretions contaminate during
along inary ract. trauma inary ract results
from stocentesis, terization, ladder xpression
occasionally ufficient leeding results 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 ulfosalicylic urbidity

Urine protein levels are low or quantitatively low. The measurement of protein levels is a progressive color change reaction. The pad. agent rip ysis is convenient, reason ably accurate method of determining urinary protein levels. The accuracy of the methods is variable. The agent rips primarily detect albumin (protein soluble in water), they are much sensitive to globulins (proteins insoluble in water). False-positive results may occur depending on factors such as urinary tract infection, retention of ethal obstruction). Protein measurements are considered excessive or pathologic and can be confirmed by sulfosalicylic acid turbidity test or specific biochemical analysis. Microalbuminuria is the presence of albumin in urine, which is detected by reagent strip method. The agent rip method detects protein concentrations greater than 300 mg/dl. The capture enzyme-linked immunosorbent assay (ELISA) method is used to measure protein levels. The Unit for more information about the principles of these tests.

Sulfosalicylic acid precipitation. The resultant turbidity is proportional to concentration. Results are compared with prepared standards. This assay is reported as semiquantitative. The advantage of this method is that it is equally sensitive to albumin and globulins, unlike other methods, especially electrophoresis. **Bence Jones proteins** are light chain proteins which are excreted through the 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.

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

concentrations of supernatant are used. The ratio obtained
 by dividing the protein concentration by the creatinine concen-
 tration. The ratio affected by urine concentration
 volume therefore accurate assessment of urine
 protein patients with low specific gravity.

Urine Values for Common Domestic Species

The presence of protein in urine, **proteinuria**, is usually abnormal, primarily attributable to damage of the urinary tract or possibly of the genital system. Occasionally, small amounts of protein are found in the urine of normal animals. Transient proteinuria may result from a temporary increase in glomerular permeability, which allows excessive protein to enter the filtrate. This condition is caused by increased pressure in the glomerular capillaries, and may be found with muscle exertion, emotional stress, or convulsions. Occasionally, small amounts of urine protein are found after parturition, during the first few days of life, or during estrus.

Very dilute urine may yield a false-negative result, because protein concentration may be below the sensitivity of the testing method. A trace of protein in very dilute urine may be clinically significant, because dilute urine often occurs when a large volume of urine is being produced, such as in a patient with chronic renal failure. Trace protein in very dilute urine indicates a higher degree of proteinuria than a trace amount present in normally concentrated urine.

In proteinuria, protein is present in the urine, indicating damage of the urinary tract, especially of the kidneys. Both acute and chronic renal disease can lead to proteinuria. Acute nephritis is characterized by marked proteinuria with white blood cells (WBCs) in the urine, whereas with chronic renal disease, the degree of proteinuria is usually less. However, with chronic renal disease, the urine output is usually excessive with low specific gravity; therefore, the total protein excreted is actually quite significant. The ratio of urine protein to creatinine is used to determine the degree of proteinuria in a patient with chronic renal disease.

Multiple myeloma, which is a cancer of the plasma cells, may produce large quantities of light chain proteins (Bence Jones proteins) that are passed through the glomerulus. In patients with myeloma, proteins may be passed in the urine because they have damaged the glomerulus or because they are "light chains" that pass freely through the glomerulus. Because proteins do not react with protein pads on reagent strips, the sulfosalicylic acid method is necessary to detect and quantify them.

Mild proteinuria is seen with passive congestion of the kidneys, which occurs with congestive heart failure or any other impediment of blood flow from the kidneys. Proteinuria of renal origin may be caused by trauma, tumors, renal infarcts, or necrosis

results from drugs or chemicals such as sulfonamides, lead, mercury, arsenic, or ether.

Inflammation of the urinary or genital tract may cause proteinuria of postrenal origin. Proteinuria may be seen with traumatic catheterization or bladder expression.

The presence of glucose in the urine is known as glucosuria or glycosuria. Glucose is filtered through the glomerulus and is normally resorbed by the kidney tubules. The amount of glucose in the urine depends on blood glucose levels and on the rates of glomerular filtration and tubular resorption. Glucosuria usually does not occur unless the blood glucose level exceeds the renal threshold (approximately 180 mg/dL for dogs). At this concentration, tubular resorption cannot keep up with glomerular filtration of glucose, and glucose is excreted in the urine.

Glucosuria occurs in patients with diabetes mellitus as a result of a deficiency of insulin or an inability of insulin to function. Insulin is necessary to transport glucose into body cells, and a deficiency of insulin results in hyperglycemia and the spilling of glucose into the urine. High-carbohydrate diets may lead to blood glucose levels that exceed the renal threshold, thus causing glucosuria. Because of the period of fasting recommended before a urine glucose concentration is determined, fear, excitement, or restraint (especially in dogs) often causes hyperglycemia and glucosuria as a result of epinephrine release. Glucosuria often occurs after intravenous administration of glucose. Glucosuria may also occur occasionally after general anesthesia. Rarely, glucosuria is found with hyperthyroidism, Cushing's disease, or chronic liver disease. A rare condition called renal glucosuria may occur when the blood glucose concentration is within the normal range. Renal glucosuria is caused by a reduced resorption of glucose in the renal tubules. Glucosuria may occur in some animals with chronic kidney disease, possibly as a result of altered proximal renal tubular function.

False-positive results for glucose may be seen after the administration of various drugs, including ascorbic acid (vitamin C), morphine, salicylates (e.g., aspirin), cephalosporins, and penicillin.



Clinitest Reagent Tablets for the detection of sugars in the urine.

Various reagent strips are available to detect glucose in urine. Clinitest Reagent Tablets (Bayer Corporation, Leverkusen, Germany) (Fig. 28-1) are available. These tablets detect any sugar whereas reagent strips detect only glucose.

Ketones include acetone, acetoacetic acid, and β -hydroxybutyric acid. Ketone bodies are formed during incomplete fatty acid oxidation. Normal levels of ketones in blood. Conditions are characterized by altered carbohydrate metabolism may result in excessive production of ketones provide energy. When catabolism is accompanied by sufficient carbohydrate metabolism, excess ketones are present in high concentration lead to **ketonuria**.

Common causes of ketonuria include ketonemia, ketosis, lactating cows, pregnant ewes, cows. Ketosis usually occurs early in lactation (weeks after calving), when energy or reduction exceeds capacity to ingest sufficient feed to meet energy requirements. In ewes, ketosis is often associated with pregnancy toxemia, when the ewe is trying to give birth. Ketosis is associated with hypoglycemia, dehydration, and insufficient oxygen and energy requirements. Only at the time of rapid metabolism, high levels of ketonemia and ketonuria.

Ketonuria frequently occurs with diabetes mellitus. Because the body lacks insulin necessary for carbohydrate metabolism, broken down fat is used for energy needs, excess ketones are excreted in the urine. Ketones are an important source of energy, but are normally reduced during catabolism. However, problems develop when excess ketones are reduced. Ketones are oxidized to acetoacetic acid.

nervous system depression, acidosis. Acidosis results from ketonemia and ketoacidosis.

Ketonemia and ketonuria occurs during starvation, fasting, long-term anorexia, impaired liver function. The body uses carbohydrates to meet energy needs, but relatively percentage of energy needs, but cannot meet energy needs. When the body is used to meet energy needs, thus producing greater-than-normal ketones. However, excessive carbohydrate metabolism leads to serving as an energy source, especially when the damaged liver cannot store adequate glycogen.

Urinary ketones are detected by urinary reagent strips with a ketone reagent pad. The color intensity is roughly proportional to the concentration of ketones. Methods sensitive to acetoacetic acid; they are sensitive to acetone, they do not detect β -hydroxybutyric acid. β -Hydroxybutyric acid is not detected. Ketone reduced body condition causes ketosis. Urine reagent test strips may not adequately identify ketosis when present or

Bile pigments are commonly detected in urine are bilirubin and urobilinogen. Conjugated bilirubin is excretable) found in the urine, because conjugated bilirubin passes through the glomerulus in the renal rate; albumin, which is excretable. Normal dogs (especially males) occasionally have bilirubin in their urine (**bilirubinuria**). Because of the low renal threshold for conjugated bilirubin, the ability of their kidneys to conjugate bilirubin. Many normal dogs usually excrete bilirubin in the urine. Bilirubinuria is usually found in dogs, especially in dogs with liver disease. Bilirubinuria is considered normal suggests

Bilirubinuria is seen with a number of conditions including obstruction of the bile duct, liver disease. Bilirubinuria results from the accumulation of bile salts in the blood. Bilirubin is released from the liver into the bloodstream. Bilirubin is excreted in the urine. Bilirubinuria is associated with liver disease, obstruction of the bile duct, acute cholecystitis, hepatitis, obstruction of the upper intestinal tract. When conjugated, bilirubin enters the bloodstream and is excreted in the urine. Bilirubinuria is seen in hemolytic anemia, liver disease, and other conditions.

Hemolytic anemia is a condition in which the body destroys red blood cells. This leads to an increase in bilirubin in the blood. Bilirubinuria is seen in hemolytic anemia, liver disease, and other conditions. Bilirubinuria is seen in dogs with liver disease, obstruction of the bile duct, acute cholecystitis, hepatitis, obstruction of the upper intestinal tract. When conjugated, bilirubin enters the bloodstream and is excreted in the urine. Bilirubinuria is seen in hemolytic anemia, liver disease, and other conditions.

hemoglobin nonnuclear haemocytic stem
e conjugated

Bilirubinuria detected with Ictotest (Bayer Corporation).
o compound eagent let eacts ilirubin
to reduce lue olor. eed high
color hange ccurs egree olor hange
of bilirubin present. Reagent strips are sensitive
Ictotest tablets. Ictotest tablet tests be performed to
confirm ilirubinuria een etected ick
Urine o e eted or ilirubin xposed
because ilirubin roken own rt-wave
negative esults or ilirubin ccur xposed
sunlight r tificial

In intestines, bacteria convert bilirubin into stercobilino
gen obilinogen. roducts xcreted
eces, ut esorbed loodstream
excreted y ver estinal tract.
of esorbed obilinogen xcreted ys
urine. Urobilinogen urine considered normal. The
reliability f eening or etection obilinogen
questionable esult ility obilinogen.

Tests for blood urine detect **hematuria** which presence
of intact red blood cells urine; **hemoglobinuria** which
presence of free hemoglobin urine; myoglobinuria,
which resence yoglobin ematuria,
hemoglobinuria, yoglobinuria may occur simultaneously;
presence of one does rule out others. The urine sedi
ment xamined or ct

Hematuria ually leeding
somewhere ogenital tract, hereas moglobinuria
usually indicates intravascular hemolysis. Some systemic condi
tions may hematuria. In very dilute or highly
urine, BCs ften yse ield emoglobin. herefore, ilute
or hly moglobinuria esult
of hemoglobin entering urine through glomerulus.
cells lls ysed en uring
scopic xamination diment ce moglobin
ysis f xcretory way itro.
Moderate o lood loudly ed,
brown, r ine olor olors ve rans
parent pearance emains er entrifugation
hemoglobinuria. ute lood
isible olor hange ually vident. en
blood ccurs hen bviusly olored
blood ut lood etected hemical ysis. ore or
mation about hematuria found section on microscopic
examination inary diment **hapter**

Hemoglobinuria usually result intravascular hemolysis.
Hemoglobin om roken own ravascularly
rmally rotein toglobin. hen
hemoglobin toglobin, oes ough
glomeruli. If intravascular hemolysis overwhelms binding
ability f toglobin, moglobinemia
globinuria, ecause ee moglobin ers ough lomeruli.
Hemoglobinuria ed ositive or moglobin
without diment, egree
reaction ften reater ccounted or
umbers diment. hen moglo
bin oncentration ufficiently
red oloration, emains ed er entrifugation.
If oloration ct
clear ove ellet er entrifugation. artial learing er
centrifugation moglobinuria maturia.
The resence moglobin ither ee moglobin
ust onfirmed ick ther
evaluation y oscopic xamination.

Hemoglobinuria may be seen with many conditions
intravascular hemolysis. Conditions intravascular
hemolysis include immune-mediated hemolytic anemia, isoim
mune hemolytic of neonates, incompatible blood transfu
sions, leptospirosis, babesiosis, certain heavy metals (e.g., copper),
and he ngestion ertain oisonous lants. ther onditions
moglobinuria lude vere ypophosphatemia,
postparturient moglobinemia molysis
occurs hen uantities er er eing
unable to obtain water (e.g., after long period of low tempera
tures ozen er ce).

If ine ute ery moglobinuria
originate om ysis ondition
must be considered hematuria, because intact were initially
present. Often ghost may be found when hemoglobinuria
d y elease moglobin om itro.

Because or lood etects moglobin
uria, hematuria, myoglobinuria, other considerations include
sediment xamination, ory, hysical xamination
dditional oratory rocedures etermine
of ositive or lood ontamination
reagent strips or collection containers with oxidizing agents, such
leach, ositive or lood

Myoglobin rotein uscle. evere uscle
damage yoglobin om uscle ells
blood. yoglobin ough lomeruli xcreted
urine. Urine contains myoglobin usually very dark
brown to black, but low concentrations, urine may
have color to seen patients with hemoglobinuria.
Distinguishing myoglobinuria from hemoglobinuria may be
istory uggest uscle
help o etermine hether ositive moglobin
by he resence yoglobin. yoglobinuria requently een
rses ith xertional habdomyolysis.

Hematuria, hemoglobinuria, and myoglobinuria can

Several methods have been commonly used 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 all species because it produces false-positive results.

Analysers are generally used for the automated evaluation of urine samples. They are designed to perform a series of tests on a urine sample and produce a result. They are used in a laboratory setting and are operated by a technician. The results are read and recorded on a computer. Larger reference laboratories generally have fully automated analysers performing a greater number of evaluations than the semi-automated analysers. Any



Automated urinalysis analyzer.

of the analysers evaluate the cross characteristics (e.g., turbidity).

Chapter review questions [appendix](#)

- The chemical analysis is performed using reagent strips.
- Color change color changes reagent used to determine chemical values.
- Tablet tests available for chemical analysis of urine usually confirm normality detected with a 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, myoglobinuria, and hemoglobinuria can 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 significance.

- List crystals encountered in sediment, explain significance.
- Describe formation of crystals, explain significance.
- List diseases associated with urine sediment.
- Discuss 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. Any abnormalities in urine sample cannot be detected by agent strips alone, often more specific information may be obtained by observation of urine sediment. In addition, urine sediment examination occasionally provides systemic

microscopic analysis of urine sediment is usually performed only when clients present with clinical abnormalities evident on physical or chemical urine examinations. However, many veterinary practitioners routinely request urine sediment examination very

With exception of urine from domestic animals, urine sediment from most mammals contains epithelial cells, mucus threads, red blood cells (RBCs), white blood cells (WBCs), **hyaline casts** and crystals of various types. The urine of horses and rabbits usually has large amounts of **calcium carbonate** crystals. Urine collected from leanly, because of certain erratic substances present in urine, can be contaminated during collection.

The best method for sediment examination is centrifugation or collection after several hours of water deprivation. Because such urine is more concentrated, chances

the results. Report cells and bacteria in numbers per high-power
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 sedi
ment into special chambered slide for microscopic examination
Fig. This unique system provides even distribution of
microscopic lements 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 quan
tifying f lements he ediment hould ever one ith
stained e, ecause utes nificantly.

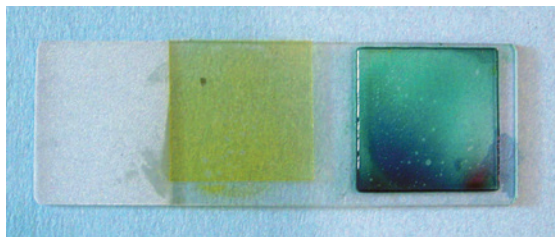
thod inalysis rocedure
prepare o ops diment
microscope op dded
e entify ells, hereas
be d o uantify lements

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 xternal 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 ecored. ufficient olume een
obtained, ell-mixed ced
raduated onical entrifuge ube entrifuged or
utes proximately pm, epending
adius f entrifuge. xcessive orce ompacts
ment ort upt ormed lements. roce
dure dized or ticular entrifuge ield
uniform esults. fter entrifugation, olume diment
ecorded, 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 or aggregates of cells. The entire area under coverslip be examined, because casts tend to migrate toward the edge the coverslip. Casts and crystals identified reported number observed per low-power high-power objective necessary to identify objects accurately, detect criteria, to differentiate cell types. Microscopic fields be observed with high-power lens. Epithelial cells, reported average number observed per high-power bacteria reported few, derate, many, their morphologic characteristics (e.g., cocci, bacilli) are identified. Alternatively, elements reported range in number. or cells per high-power would had only very microscopic examined had ell our. bacteria ystals miquantified

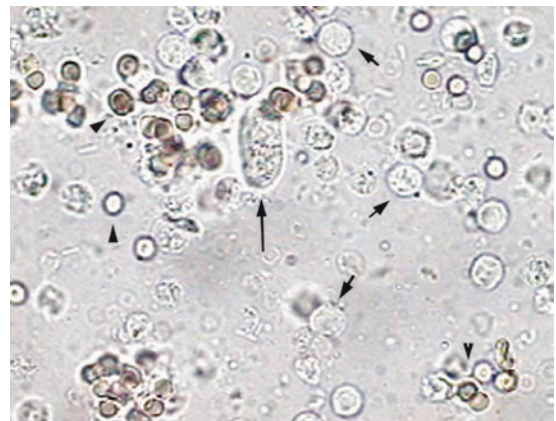
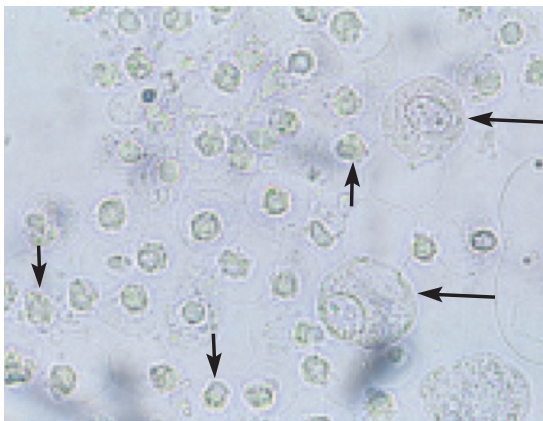
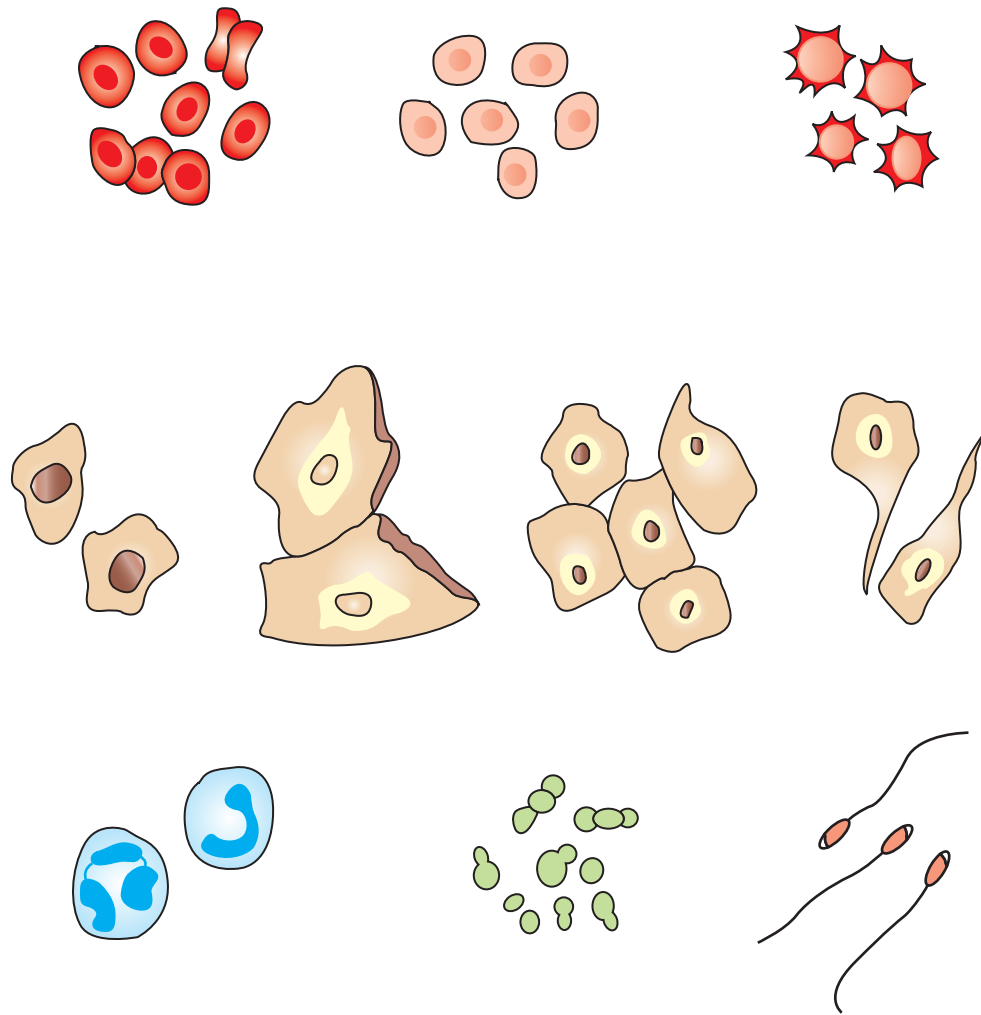
When cells appear abnormal with standard wet-mount preparations or when bacterial characteristics be readily evaluated,

dry-mount preparation described or ment. the procedure Samples must be thoroughly air-dried so that the sample adheres. dry-mount samples be examined appropriate tology added. following reparation e de rmal rum to efore additional protein added o om rum adherence uring

Normal sediment contain few crystals, epithelial cells, mucus threads, r recently red emales, spermatozoa. oplets, artifacts, contaminants. en. re few erythrocytes, leukocytes, hyperplastic or neoplastic epithelial cells, ystals, asite va, cteria, enti fied ine diment, onsidered normal, ther diagnostic tests performed

Erythrocytes ve veral erent pearances, depending oncentration, lapsed between collection xamination. are small, round, usually smooth edged, somewhat refractile, yellow r range, ut olorless moglobin d uring

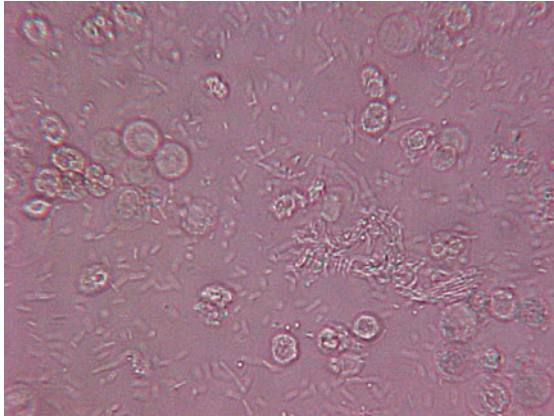
smaller ve iconcave e. oncentrated enate. Crenated ve uffled dges, htly ker, even pear ranular esult mbrane regularities. In ute r ell yse. wollen ve dges ellow range. ysed may appear colorless rings shadow cells" or ghost cells") ary owever, ysed ecially hen they esult om ked y—often ve be ound ith oscopic xamination. ormally ment ontains ess han wo hree BCs er igh-power eld. Because ontain ucleus, confused with globules or yeast. However, their light yellow or orange color usually allows them to be differentiated from other lements. urthermore, ariation whereas lobules ary ythrocytes ually indicate bleeding somewhere urogenital tract or occasionally genital system. voided from female proestrus or rus r er turition ontaminated Both emales ory onditions genital stem ve ollected ee ch or xpression ladder. rine collected terization from emales ory enital ract usually ot contaminated, ut rine rom ales ith enital ract inflammation may be contaminated. Even slight trauma occurs esult terization, stocentesis, expression ladder htly umber diment. nerally stocentesis oes



Atlas

and several
. (From

editors: *Clinical textbook for veterinary technicians*, ed 7, St Louis, 2009,



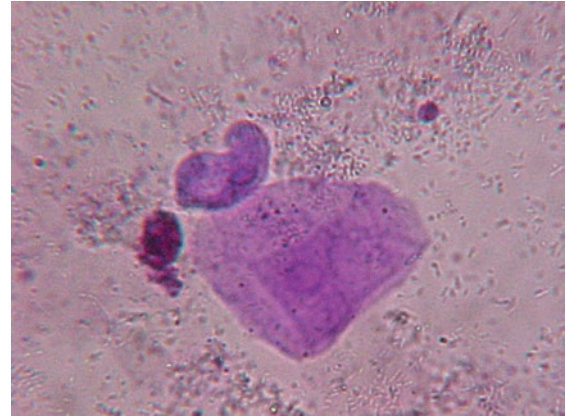
White blood cells and bacteria in unstained canine urine.

much increase in numbers. The veterinary technician should note the method of collection and laboratory report to help determine significance.

Leukocytes (WBCs) are larger than erythrocytes and smaller than renal epithelial cells. Eukocytes have a dull gray or greenish-yellow color. They are identified in sediment by their characteristic granules or by the lobulation of the nucleus and their pear-shaped appearance. Erythrocytes, which contain a large number of granules. Few leukocytes are found in the urine of a healthy animal without urinary or genital tract infection. In concentrated urine, leukocytes usually show low numbers (usually less than 10 per high-power field). In a normal urine, erythrocytes are rarely seen. Urinary tract. The term for excessive white cells in urine is pyuria. Pyuria can be caused by acute or chronic cystitis, urethritis, prostatitis, or nephritis. Urinary tract infections, such as cystitis, urethritis, or prostatitis, are often associated with increased numbers of leukocytes in the urine. Urinary tract infections can be caused by bacteria, viruses, or fungi. Urinary tract infections should be examined under a microscope.

Few epithelial cells in urine are considered normal. Epithelial cells are shed from the lining of the urinary tract. The three types of epithelial cells found in urine are transitional, renal, and squamous. Transitional epithelial cells are the most common type of epithelial cells found in urine. They are usually round or oval in shape and have a large, round nucleus. Renal epithelial cells are usually larger than transitional epithelial cells and have a more irregular shape. Squamous epithelial cells are usually the largest type of epithelial cells found in urine. They are usually flat and have a large, round nucleus. The presence of epithelial cells in urine is usually considered normal. However, a high number of epithelial cells in urine may indicate inflammation or infection.

Squamous epithelial cells derived from the urogenital tract, such as the urethra, vagina, vulva, or prepuce are occasionally found in urine. Their presence usually indicates inflammation or infection. Squamous epithelial cells are usually the largest type of epithelial cells found in urine. They are usually flat and have a large, round nucleus. Squamous epithelial cells are normally found in urine. However, a high number of squamous epithelial cells in urine may indicate inflammation or infection.

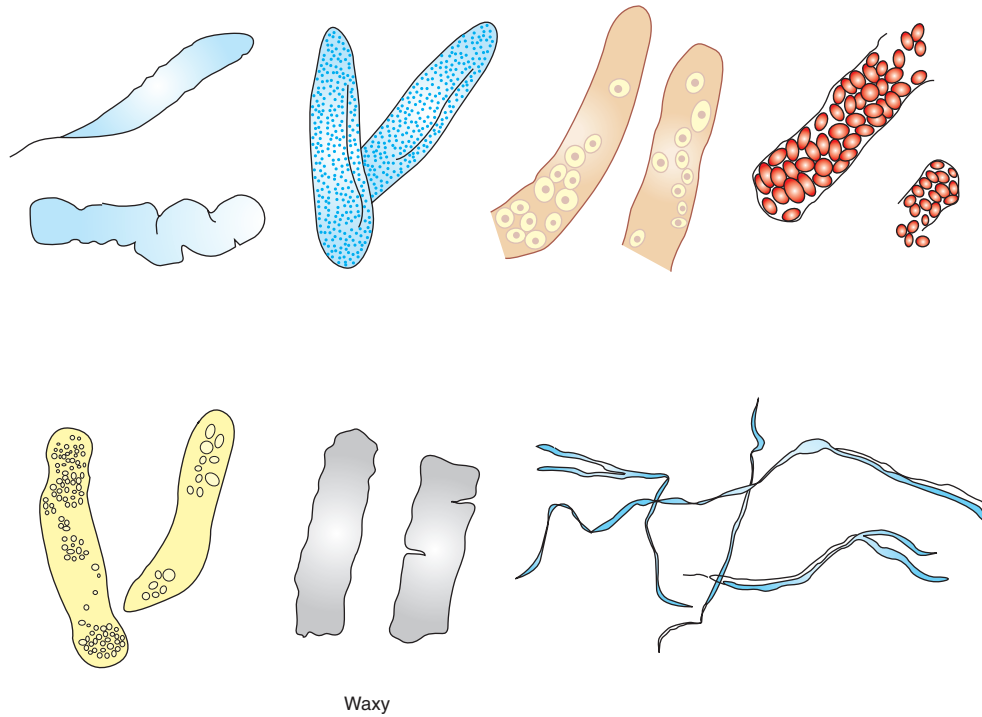


Transitional epithelial cells in stained canine urine.

Transitional epithelial cells come from the bladder, ureters, renal pelvis, and proximal urethra. They are usually round, but can be oval or kidney-shaped. They have a large, round nucleus and a thin layer of cytoplasm. They are usually found in urine. However, a high number of transitional epithelial cells in urine may indicate inflammation or infection. Increased numbers may be seen in urinary tract infections, such as cystitis, urethritis, or prostatitis. Increased numbers may also be seen in renal disease, such as glomerulonephritis or interstitial nephritis.

Renal epithelial cells are usually larger than transitional epithelial cells and have a more irregular shape. They are usually found in urine. However, a high number of renal epithelial cells in urine may indicate inflammation or infection. Renal epithelial cells are usually found in urine. However, a high number of renal epithelial cells in urine may indicate inflammation or infection.

Casts are formed in the lumen of the collecting tubules. They are usually composed of a protein matrix and contain various cellular components. They are usually found in urine. However, a high number of casts in urine may indicate inflammation or infection. Casts are usually found in urine. However, a high number of casts in urine may indicate inflammation or infection.



Various types of casts that may be found in urine.

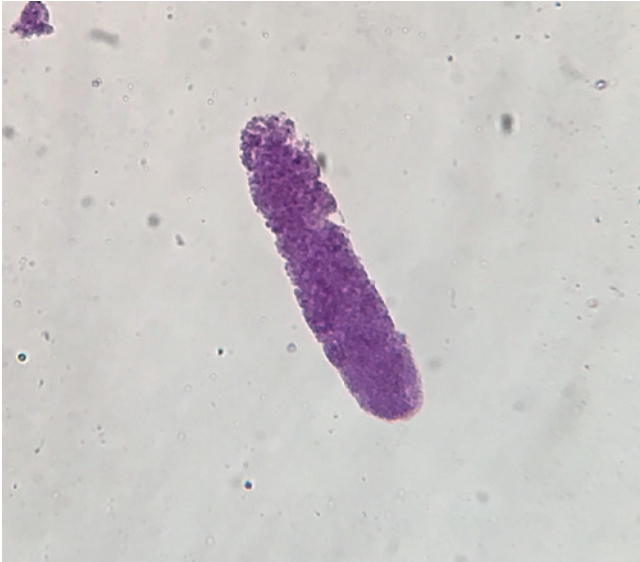
commonly classified on the basis of their appearance as hyaline, epithelial, **cellular**, epithelial cells, granular, waxy, and fatty casts. The type of cast depends on the tubules that are present. Hyaline casts are usually transparent and may be seen in normal urine. Cellular casts are usually opaque and may be seen in urine with hematuria or pyuria. Granular casts are usually opaque and may be seen in urine with proteinuria. Waxy casts are usually transparent and may be seen in urine with proteinuria. Fatty casts are usually opaque and may be seen in urine with proteinuria. The number of casts observed is a reliable indicator of the severity of the disease.



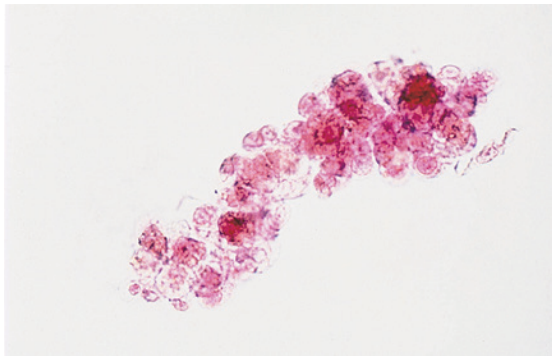
to be, usually identified only in hyaline casts. They are easier to identify in stained sediment than in unstained sediment. Increased numbers of hyaline casts indicate renal tubular damage. Their numbers increase with fever, poor renal perfusion, strenuous exercise, or dehydration.

Granular casts, which are hyaline casts that contain granules, are a common type of cast seen in urine. The granules come from tubular epithelial cells, which have become incorporated into the cast and then degenerated. Cellular degeneration occurs within the tubules, producing granular casts. The appearance of granular casts is often described as 'fuzzy' or 'cloudy'. They are a reliable indicator of renal tubular damage.

Hyaline casts are colorless, transparent structures composed of protein. They are a reliable indicator of renal tubular damage.



Granular cast in stained canine urine.



Unstained granular casts develop into waxy casts as

embedded with cuticular material. They are often found in the urine of dogs and cats with chronic kidney disease. The casts are composed of protein and cellular debris. They are often found in the urine of dogs and cats with chronic kidney disease.

Epithelial cells are often found in the urine of dogs and cats with chronic kidney disease. They are often found in the urine of dogs and cats with chronic kidney disease. They are often found in the urine of dogs and cats with chronic kidney disease.

Leukocyte casts are often found in the urine of dogs and cats with chronic kidney disease. They are often found in the urine of dogs and cats with chronic kidney disease. They are often found in the urine of dogs and cats with chronic kidney disease.

Erythrocyte casts are often found in the urine of dogs and cats with chronic kidney disease. They are often found in the urine of dogs and cats with chronic kidney disease. They are often found in the urine of dogs and cats with chronic kidney disease.



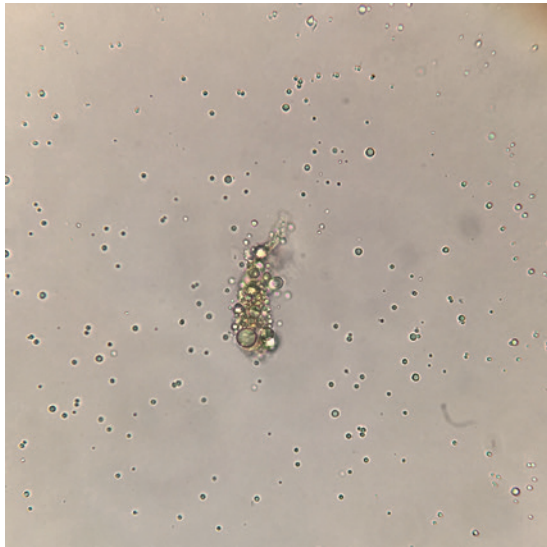
Unstained granular casts develop into waxy casts as



Unstained granular casts develop into waxy casts as

Waxy casts are often found in the urine of dogs and cats with chronic kidney disease. They are often found in the urine of dogs and cats with chronic kidney disease. They are often found in the urine of dogs and cats with chronic kidney disease.

Waxy casts resemble hyaline casts but they are usually wider, with a more homogeneous appearance. They indicate chronic kidney disease. They are often found in the urine of dogs and cats with chronic kidney disease.

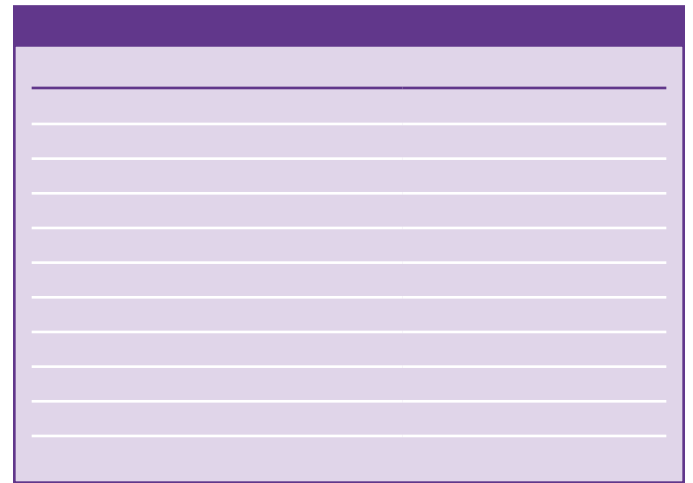


Fatty cast in unstained urine sample.

Fatty casts contain droplets that appear refractile bodies. They frequently are seen with renal disease, especially in glomerular disease. They occasionally are seen in proteinuria. The droplets suggest degeneration of renal tubules.

The presence of crystals in urine is 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 activity. Some crystals form as a consequence of metabolic conditions that lead to crystal formation. The types of crystals formed depend on concentration, temperature, and solubility. **Table 29-1** lists the crystals that may be seen in urine. Upon examination, the number of crystals increases because of renal disease. Crystals are more soluble at lower temperatures. Refrigerated urine often has many more crystals than warm, fresh urine. Sometimes crystals dissolve when refrigerated and reform when warmed to room temperature. Crystals are generally reported as occasional, moderate, or many. Although crystals are **urooliths**, they are often identified by their morphologic characteristics, and only definitive methods can be used to identify crystals. X-ray diffraction and 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 six-sided prisms with a characteristic notched appearance. Struvite crystals typically are described as resembling



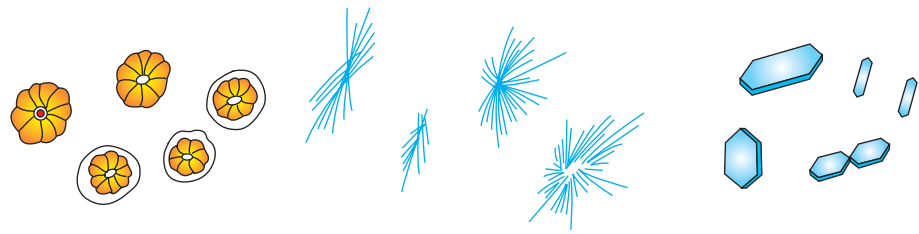
coffin lids, although they may take other shapes. Occasionally they may resemble leaf-like shapes, especially when they are concentrated.

Calcium oxalate dihydrate crystals generally appear as squares, and they contain an "X" across the crystal that resembles a checkered envelope. Calcium oxalate monohydrate crystals are usually dumbbell-shaped, but they may be elongated and pointed, resembling a cellophane bag. From the ketone) calcium dihydrate crystals are found in normal urine and are commonly seen in small numbers in dogs and horses. The urine of a cat that has been poisoned with ethylene glycol (antifreeze) often contains many oxalate crystals, especially calcium monohydrate crystals. In patients with oxalate urolithiasis, large numbers of calcium oxalate crystals in their urine, and large numbers of oxalate crystals may indicate a predisposition to oxalate.

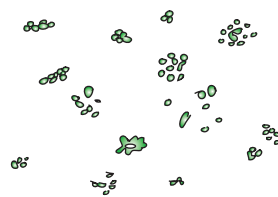
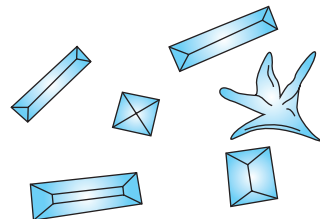
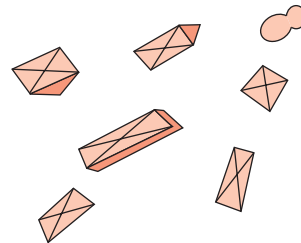
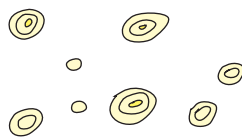
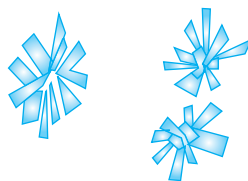
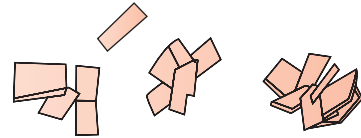
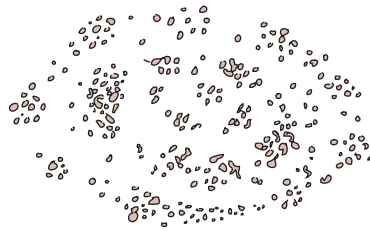
Uric acid crystals are of various shapes, but they are usually diamond or rhomboid. They may appear yellow-brown, but they are commonly colorless (see **Table 29-1** for details).

Amorphous phosphate crystals are common in urine and appear as granular precipitate. **Fig. 29-1** shows amorphous urates, which appear as granular precipitate to amorphous phosphates (see **Table 29-1** for details). Amorphous phosphates are common in urine, whereas amorphous phosphates are not.

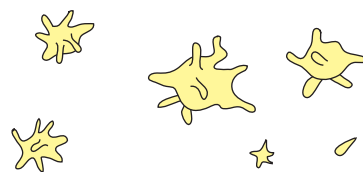
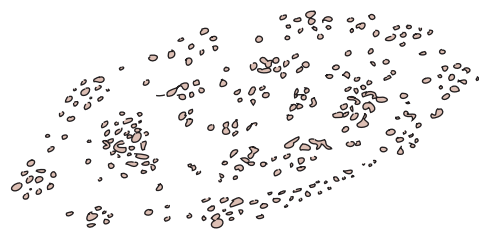
Calcium borate crystals are commonly seen in horses and rabbits. They are often described as radiating from the center, but they may also be dumbbell-shaped. **Fig. 29-2** shows the clinical significance.



Tyrosine



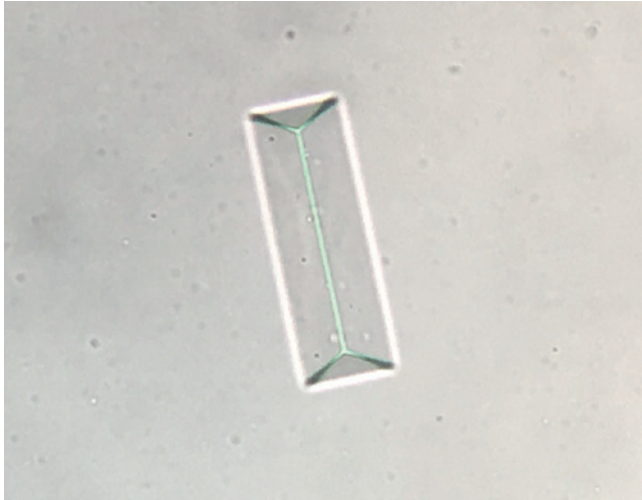
Triple phosphate



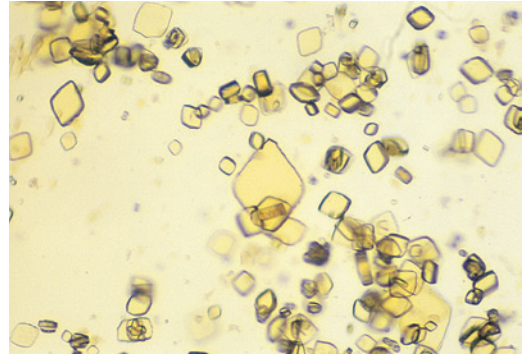
Crystals that may be found in urine.

Ammonium biurate crystals are often found in urine, especially in alkaline urine. They have a characteristic "apple core" shape, with a central dot and a long, irregular shape. They are often found in clusters, and they can be seen in the sediment of urine. They are also found in the sediment of urine from patients with gout.

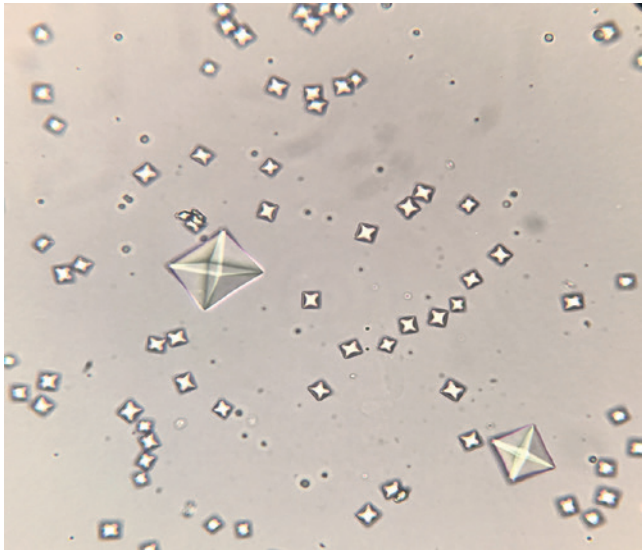
Sulfonamide crystals may be seen in urine, especially in patients who are being treated with sulfonamides. Sulfonamide crystals are often found in the sediment of urine, and they can be seen in the sediment of urine from patients with gout. They are also found in the sediment of urine from patients with gout.



Struvite crystal that resembles a coffin lid shown in unstained

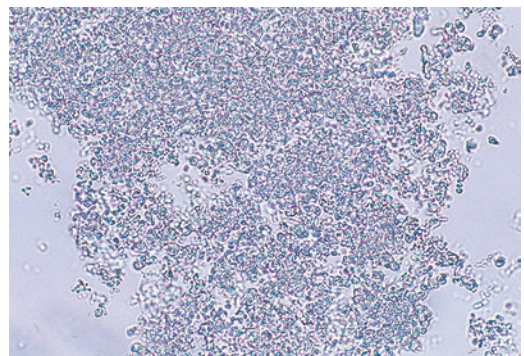


niurium biurate uroliths. A calcium oxalate dihydrate crystal is also present



Calcium oxalate (dihydrate form) crystals in unstained canine

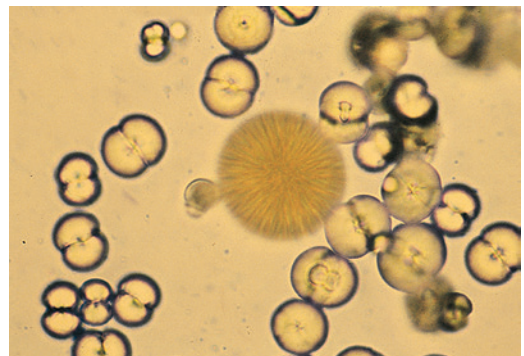
Bassett JM, editors: *Clinical textbook for veterinary technicians*,

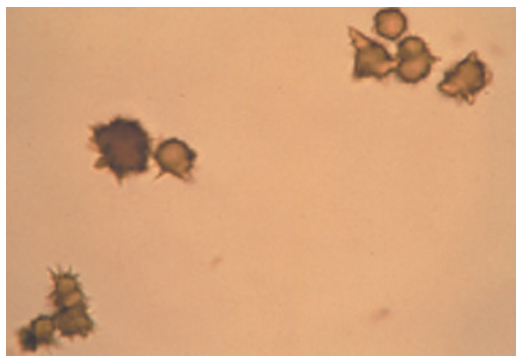


Amorphous phosphate crystals, unstained. (From Raskin RE,

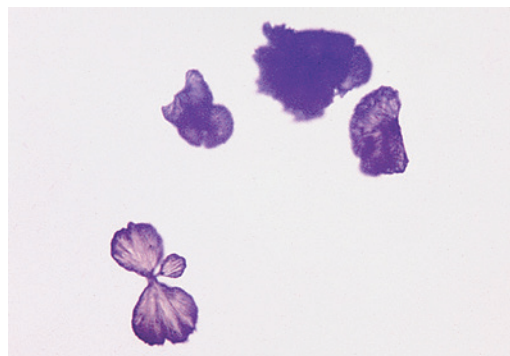


Calcium oxalate (monohydrate form) crystals in unstained canine urine. (From VanSteenhouse JL: Clinical pathology. In McCurnin DM, Bassett JM, editors: *Clinical textbook for veterinary technicians*,



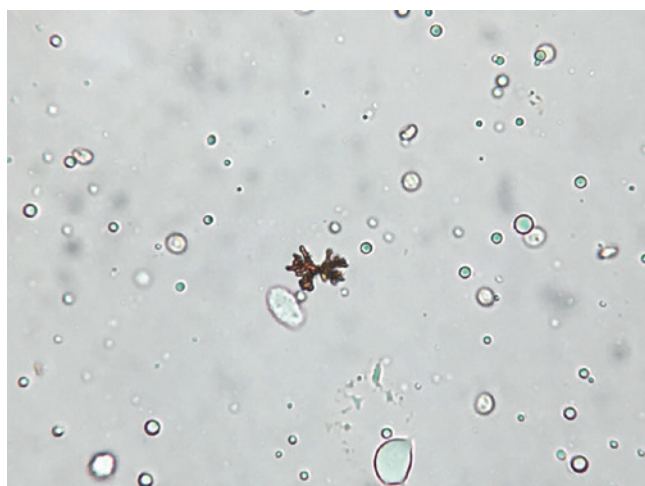


Unstained urine sediment with ammonium biurate crystals.

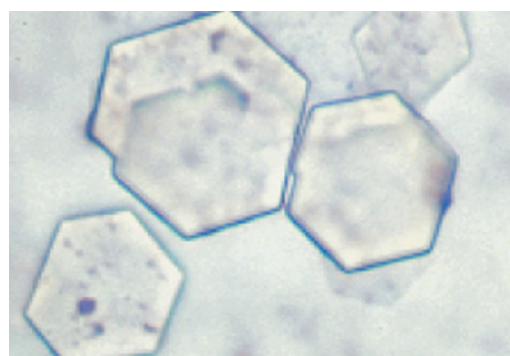


Diagnostic

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 have been fed diets contaminated with melamine r anuric

Bilirubin crystals may be seen normal acidic urine Fig. abnormal species, presence bilirubin ystals investigated for earlying rocess.

Leucine ystals e heel pincushion" ed ellow or rown olor ver may ve ucine ystals

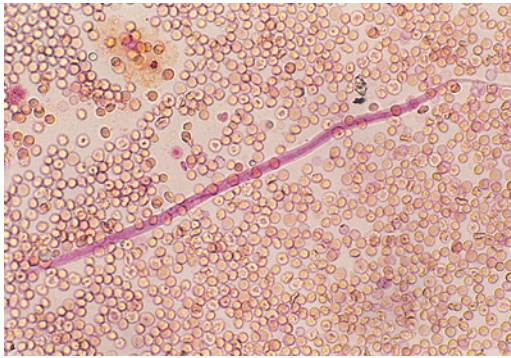
Tyrosine crystals are dark, with needle-like projections, they are hly efractile hey ften clusters. nimals ver ve yrosine ystals their urine. They are common dogs

Cystine crystals appear to be They are six-sided (hexagonal), colorless, Fig. They be associated with renal tubular ysfunction stine

ariety f oorganisms diment, including cteria, rotozoa. ormal ee bacteria, but may be contaminated by bacteria residing on epithelium agina, ulva, repuce uring ination. Normal ine ollected stocentesis terization oes contain bacteria therefore considered sterile. Because bacteria ften roliferate rine hat een eft tanding or some ime, ecially oom emperature, immediately xamined efrigerated xamined. Bacteria entified nly er nification. hey be ound occi) od-shaped cilli), ually efract pear uivering esult rownian vement. They e eported ew, derate, y, oo umerous count TNTC). umber cteria ccompanied large umber uggests ection ion of inary ract stitis, yelonephritis) enital tract ., rostatitis, tritis, aginitis). acteria are significant when they are identified within cytoplasm of These be submitted for cterial ure



Ova of *Pearsonema plica* in unstained urine sediment. (From



Yeasts are often confused with ovals, but they usually have a characteristic budding, double refractile usually contaminants because yeast infections of urinary tract are rare domestic infection external genitalia east o present ovoid ungu found ine. ungu ntous ually ranching. Fungal infections inary tract ommon ut uite serious hen ccur.

Parasites are often found in urine sediment. Urinary parasites, result from fecal contamination. Some parasites inary tract lude *Pearsonema plica* formerly *Capillaria plica*), which is ladder worm ogs nd ats Fig. 9.27), nd *Diectophyma renale*, which kidney worm of dogs. Microfilaria (e.g., *Dirofilaria immitis* y e en diment dogs ith dult tworms, culating ofilaria be en morrhage ccurs ither om or esult trauma uring ollection

Mucus heads often confused ut have well-delineated edges of They resemble twisted

ribbon re present quine ecause rses ve enal elvis eter. urethral ritation ontamination enital secretions.

Spermatozoa are occasionally seen in urine sediment of intact hey ecognized ve significance. Sperm may be present recently bred females. Large of sperm urine may produce false-positive results or rotein.

In ine diment, oplets htly reen-tinged, hly refractile, herical odies arying ecause ary e, y inguished om high tend o e orm diment or ew moments before being examined, droplets rise to just beneath overslip, hereas ormed lements op f herefore, oplets ften of focus of other formed elements. Small round structures found er overslip ually lobules. niformly sized round structures found lower are usually In sediment been stained with Sudan drop lets pear range ed olor. requently oplets om catheter ubricants om ily urfaces ollecting pipettes may contaminate urine. Fat urine, which called lipuria, en egree en with obesity, diabetes mellitus, hypothyroidism, rarely, after h-fat

Many rtifacts ay nter he rine ample uring ollection, rans portation, r xamination. ecognition ructures relevant rmal diment valuation. However, contaminants may be source of great confusion. Air bubbles, oil droplets (usually result of lubricated eters), starch granules (from surgical gloves), hair, fecal material, ores, ollen, otton ers, ticles bacteria, fungi may contaminate urine. The ova of intestinal parasites y bserved esult ecal ontamination ine

Uroliths are (stones) composed of various minerals are found anywhere urinary tract; their occurrence termed urolithiasis. They may blockage of urine outflow from ladder ethra; dge ethra severe cute ility inate; emain ladder ion leeding. etermining om position f itical, ecause revention animal's rognosis epend entification om position. fter omposition etermined, roper rapy may e iated emove revent eoc currence. rolithiasis ticular roblem rated

uminants. dging ethra bstructs
 tflow high roblem
 steers, ticularly ed h-concentrate ations.
 The ommon ecies omposed
 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 adiographic 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

Chapter eview uestions [ppendix](#)

- Subdued light must be used when examining sediment under oscope.
- The adjustment knob on microscope be con tinuously 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 preparation restraint, types ed. blood or
serum whole blood blood y e d chemical esting ways collected before treatment
for me est thods ecific types quipment. iated. dministration certain dications
instructions ccompany hemistry yzers treatments ect results iochemical esting. re
consulted or ype equired. ollection prandial om en
high-quality high erform ect for referred. ostprandial
effect n uality results. dverse nces collected er en) reduce rroneous
uality voided eful onsideration results. amples en er ient en reduce
ollection ling. alues or umber blood omponents, luding
Chemical measurements be completed within glucose, ea, egardless thod blood
after blood collection. esting ill elayed, eezing collection, eled diately er
ill reserve egrity onstituents. been collected. ube eled
Freezing y erfere thods, wever. time f ollection, wner's ient's
thawed, e-frozen. ertain icoagu ient's entification umber. ill
may interfere with particular chemical analyses. Many submitted o oratory, lude equest orm on
factors other influence results of chemistry tests. l cessary entification ion
These ctors reanalytical, ytical, ostanalytical of high ests equested. dditional ecific ormation
(see nit **chapter** regarding eneral blood ollection rotocols rder
which o aw arious ypes resented

Samples should be analyzed within 1 hour after

Chapter

Specific blood collection protocols vary depending patient ecies, olume blood eded, thod

are suspended. composed proximately high cells
dissolved constituents, such proteins, carbohydrates, vita
hormones, enzymes, waste materials, antibod
rocedure describes
method or obtaining
be contaminated cells om ottom ube
after centrifugation. centrifuged
, ust refrigerated. parinized een
stored overnight after separation or been frozen,
e centrifuged remove rin rands
may ve ormed. reezing ect ertain esults;
test instructions be consulted for all of tests must
be un efore ozen.

Always check the information provided by the analyzer

Serum om high rinogen rotein)
 been emoved. uring lotting rocess, ible rino
 gen onverted ible rin rix.
 When lood ueezed
 cellular lot rum. eps or btaining rum
 escribed **rocedure** entrifuging eeds re

or refrigerate or freeze it, as appropriate.

hemolysis of serum separator tubes (SSTs) contain red blood cells during centrifugation. The tubes contain particles that activate blood collected in the tube. The tube should be mixed by inverting the tube several times then allowing it to clot for 30 minutes before centrifugation. Serum separator transport tubes are available. These contain approximately double the amount of gel. The SST. The additional gel creates a barrier between serum and cells after centrifugation. Test results may be delayed. In prolonged delays, testing requires serum removed from the tube. The refrigerated frozen, freezing effect results; therefore, instructions should be consulted or discussed before running frozen.

Many factors other than the influence of results of chemistry tests, emolysis, **lipemia** **icterus** certain indications, inappropriate handling all lead to inaccurate results. Effects of compromise summarized **able**

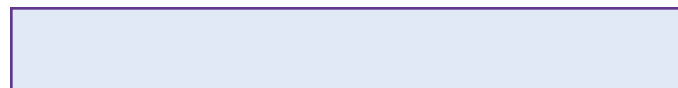
[illegible]

*Variable effect, depending on the analyte and test method used.

clean the kinetic allowed to begin the blood collection procedure.

Hemolysis, regardless of serum or blood cells dilute concentrations. For example, from ruptured blood cells thereby resulting falsely lower concentrations of constituents.

Certain constituents are normally found in high concentrations in serum or plasma. Hemolysis may elevate levels of potassium, organic phosphorus, and certain enzymes in blood. Hemolysis also interferes with activity of bilirubin determinations. Serum are frequently preferred types over whole blood, serum is frequently referred to as



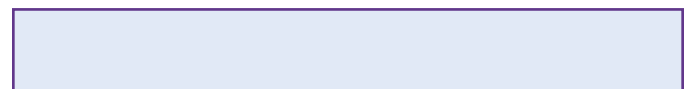
Sterile tubes are necessary for collection of blood for routine chemical assays. However, the tubes must be chemically clean. Sterile tubes are completely free of any substances that could interfere with results.

Serious errors result if the tube contains any additive. The patient's identifying number or code should be clearly marked on the form, one used, and the test run.

Ideally, all chemical measurements should be completed from a single collection, but this is not always feasible. Samples should be properly labeled and stored. The patient's body temperature should be recorded at the time of collection. Some chemical constituents (e.g., enzymes) are unstable and may be lost or degraded if not analyzed immediately. To avoid concentration gradients,

If practical, the blood glucose level should be determined immediately. The blood glucose level may be elevated, and inorganic phosphorus will be decreased. In addition, postprandial lipemia results in turbid or cloudy serum. Kidney assays are affected by the result of transient increase in glomerular filtration rate. Interfering substances are restricted before obtaining blood

Reference ranges are given in normal values. The reference range for a particular blood constituent is the range of values seen in a healthy population. It is derived from a significant number of clinically normal individuals of the same species and sex. Therefore, reference ranges are specific to the species, sex, and age of the patient. Numerous laboratory books provide 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 test is time consuming and expensive. The reference values for a laboratory, a veterinary technician would have to assay from a significant number of clinically normal individuals. Some investigators recommend analysis of the results with the characteristics of the population. Other considerations include the variety of breeds, species, and often the environment (e.g., intact, neutered) of the tested animals. The environment, including husbandry, nutrition, climate, and other factors, may affect the results. Because of these factors, changes in results are expected.

Chapter review questions [Appendix](#)

- Clinical chemistry testing usually requires either serum or plasma.
- Consult the manufacturer's instructions for proper technique.
- Samples must be analyzed within 1 hour to avoid changes to the results.
- The ideal sample is collected from a preprandial patient before any treatment.

- Common references include hematology, chemistry, and clinical pathology.
- Samples should be analyzed, stored, and analyzed in a timely manner to avoid inaccurate results.
- Reference ranges are given for each test and analyzer.

After studying this chapter, you will be able to:

- | | |
|--|---|
| • Describe principle of refractometry. | • List features, benefits, common uses. |
| • Describe principle of photometry. | |

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

variety of different chemistry analyzers are available for
veterinary practice. Veterinary veterinarians better
to nose nitor ient rapy hen results
are available immediately. Most chemistry analyzers used
veterinary practice principles of photometry to quantify
constituents load. analyzers lectro
chemical thods available or

to o hotodetector eceives hatever
light rbed hotodetector
n ransmitted eadout evice. epending
model f rument, eadout ercent
transmittance, percent absorbance, **optical density** or concentra
tion Some automated analyzers variations of
photometric procedure. The type of photometer filter
to lect velength eferred olorimeter. nother
type etects elected ubstance ather
transmitted light. This type referred to **reflectometer**

Several types of spectrophotometers are designed to measure the amount of light transmitted through a solution. The basic components of spectrophotometers are the same regardless of the specific manufacturer or equipment. All spectrophotometers contain a light source, a slit, a wavelength selector, a photodetector, and a readout device (Fig. 1). The light source typically uses a tungsten-halogen lamp. The light is then dispersed into its component wavelengths by a diffraction grating. The majority of spectrophotometric tests are performed in the visible region of the electromagnetic spectrum. Few are available in the ultraviolet or infrared regions of the spectrum. The wavelength selector usually allows the selection of a specific wavelength.

Fig. 1. The dependence of the optical density of the solution on the concentration of the solution. The curve shows that the optical density increases with increasing concentration, which is characteristic of a Beer-Lambert law.

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 transmission of monochromatic light through concentration 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

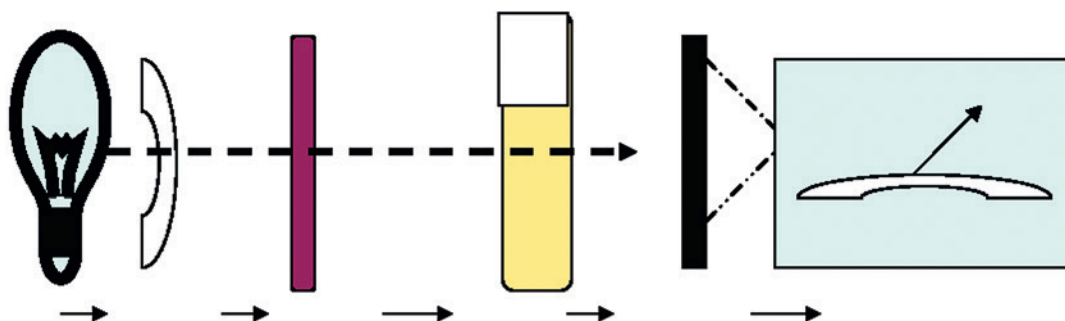
The internal standard curve created when analyzer calibrated. To perform standard curve, serial dilutions of standard solution are created, each analyzed to determine absorbance or transmittance of light. The results from each dilution are plotted on graph straight. The concentrations of subsequent patient are determined by locating 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 inherently 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 determine 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 ate f eduction substrate. **Kinetic assays** o reach le oint. eaction esults e corded specific time after initiation of eaction even though reaction ontinues eyond hat ime. easurements hat re ot made orrect ually ccurate. oint calibrations enerally erformed or tic ure ments. However, several points be evaluated, change absorbance for both standard patient be d o ient esults. hen ves created or tic thods, raph eated hoosing reaction time during which graphed rates of absorbance form lose raight ossible. ecific after iation eaction hen eaction to erent or ch yte.

Enzymes e ctive hen substrate oncentration h roduct oncentration ero. nzyme concentration patient exceeds substrate avail able est eagents, nzyme ctivity nger proportional roduct ormed, valid. (The ubstrate oncentration ecome ctor or nzymatic eaction.)

Substrate oncentrations ept ough do validate urement. matic/kinetic are manufactured large of substrate initially present to avoid problem. If of enzyme present ient ouble, ate eaction ouble, roduct ormed ouble, long onstant. nzyme resent ient ut ouble, roduct oubles. herefore, enzyme oncentration ept onstant, ate reaction y etermined.

The ortant ameters nce roper measurement of any enzyme are time temperature. Enzyme activity ontinues substrate available. measurement be recorded appropriate time reac tion. Enzyme activity may be inhibited by low temperatures accelerated by high temperatures. Other factors interfere with enzyme activity include ultraviolet light presence of of vy tals opper, rcury). roteins, they may be denatured by temperature extremes or

Enzyme Units Into International Units

by rganic vents. ven hange nzyme's oly peptide hain ructure ctivity,

for nzyme ys led Each nzyme ptimal emperature high orks efficiently. This temperature typically listed instruc tions ccompany yzer. ys performed temperatures of between to

For every above optimal temperature, enzyme activity doubles. Close monitoring of incubator or er emperature nzyme ys ortant.

Enzyme oncentrations ured ctivity. f urement onfusing. or nzyme activity proportional to enzyme concentration only under certain conditions. Each investigator who developed enzymatic analytic thod ned wn urement to esults, ften eflected eveloper's Examples lude odansky, omogyi, igma-Frankel

Because each of assays performed under different conditions (e.g., temperature), correlation of results reported in one unit ith those of another unit ecame difficult. To void his onfusion, he nternational nion iochemistry established of enzyme activity known International Unit r cording stem, nzyme oncentra tion xpressed liunits er lilitr er liter or per milliliter International Unit efined nzyme er even conditions ticularly emperature ill yze conversion omole substrate er ute. ox shows w onvert arious nternational Some oratories ve eplaced nternational stem with ne etter elated ystème nternational

reflects the activity of the enzyme, which converts the substrate into a product. The rate of reaction is measured by the change in the concentration of the substrate or product over a period of time.

Enzymes are usually purified from a source of high activity, such as a specific tissue or organ. The enzyme is then assayed for its activity using a substrate that is converted into a product. The rate of reaction is measured by the change in the concentration of the substrate or product over a period of time.

Some enzymes are present in the serum of a patient, and their concentration can be measured. This is done by measuring the activity of the enzyme in the serum. The rate of reaction is measured by the change in the concentration of the substrate or product over a period of time.

For example, serum aspartate aminotransferase (ASAT) is a common enzyme found in the serum. Its concentration can be measured by measuring its activity. The rate of reaction is measured by the change in the concentration of the substrate or product over a period of time.

phosphatase assay performed in a clinical laboratory for total serum phosphatase, because individual isoenzyme assay methods have not been developed or practiced in a laboratory.

Another clinically important enzyme is creatine kinase (CK), which is found in the heart, muscle, and brain. Its concentration can be measured by measuring its activity. The rate of reaction is measured by the change in the concentration of the substrate or product over a period of time.

Some analyzers use related principles of electrochemistry or ion-selective electrode technology to determine electrolyte concentrations. Few analyzers combine electrochemical photometric methods within self-contained cartridges. Electrochemical methods are often used for the determination of electrolytes and other ionic components. These types of tests vary considerably in configuration, but they function in a similar manner.

Fig. 1 shows analyzers, which are sometimes referred to as potentiometers, designed with specific electrodes for each ion being evaluated. Each analyzer contains an electrode specific for the ion of interest.

This is referred to as a reference electrode. The electrode interacts with the ion-specific electrode to create an electrical potential or voltage difference. The difference in electrical potential between the two electrodes is proportional to the concentration of the ion. Electrochemical analyzers incorporate electrodes within biosensor reagent strips or cartridges. The



to measure blood gases and electrolytes. (Courtesy International Tech

interacts with reagents to generate a signal. The device creates a measurable current that corresponds to the ion concentration.

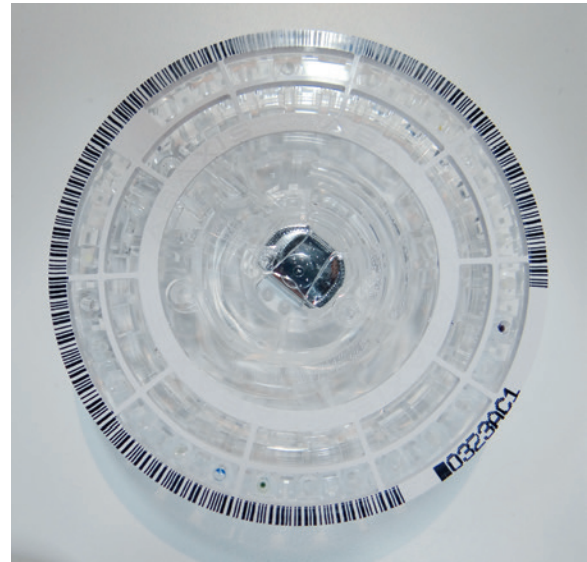
Most automated analyzers use reagents, which are stored in vials or cartridges. Some reagents are flammable or toxic. The purchase of unitized reagents eliminates the hazards associated with handling reagents. Storage concerns must be addressed.



can be loaded into the analyzer at one time.

Analyzers 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, reby 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



Reagent rotor for use in some liquid chemistry systems.



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 ecords

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.

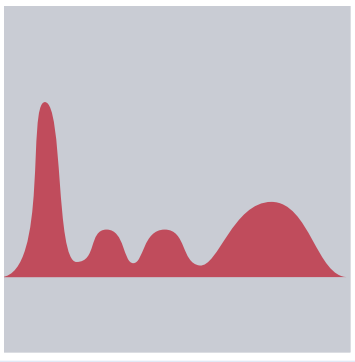


Chemistry analyzers sensitive to environmental factors. Veterinary technicians should follow manufacturer's operating instructions. Instruments generally have a built-in incubator, reservoir, and each equilibrium before use. Ideally, laboratory personnel should perform routine maintenance before using emergency situations. Following manufacturer's maintenance schedule prolongs the effectiveness of chemistry analyzer. Schedule maintenance.

over the counter in many pharmacies.

established or check with your laboratory for low or quick review enhance accuracy of instrument. Most manufacturers have toll-free number to call for problems.

- Most clinical chemistry analyzers use spectrophotometric methods. Principles of spectrophotometry are widely available.
- Analyzers using reflectance methods are also widely available.
- Chemistry analyzers have different advantages, benefits, and limitations.
- Electrochemical analyzers are primarily used for electrolyte assays.



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 globulin concentration.
- List commonly performed assays for valuation of hepatobiliary system.
- Describe metabolism of bilirubin.
- Differentiate between conjugated and unconjugated bilirubin.
- List enzymes, and their clinical significance.
- Describe evaluation of liver function.

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 disease,
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, they are important in the diagnosis of liver disease. Additional tests that are performed include serum protein electrophoresis (SPEP) and immunofixation (IFE). These tests are used to identify and quantify the various components of the serum protein. In liver disease, there are characteristic changes in the pattern of serum proteins. For example, in liver disease, there is a decrease in albumin and an increase in globulin, leading to a decreased albumin-to-globulin ratio. This is often accompanied by an increase in acute-phase reactants, such as C-reactive protein (CRP) and ferritin. These changes are indicative of liver damage and inflammation.

More than 10,000 different proteins exist. Some of these proteins are found in the blood, while others are found in the liver. The liver is a major source of many of the proteins found in the blood. The liver produces and secretes a variety of proteins, including albumin, globulin, and fibrinogen. These proteins are essential for many functions in the body, such as transport, regulation of pH, and blood clotting. The liver also plays a role in the metabolism of drugs and toxins. Understanding the function of these proteins and how they are affected by liver disease is crucial for the diagnosis and treatment of liver disease.

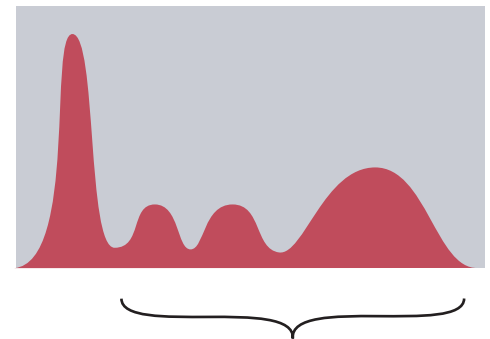
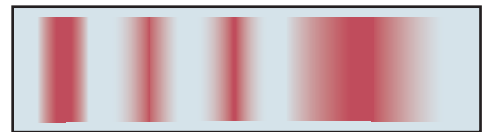
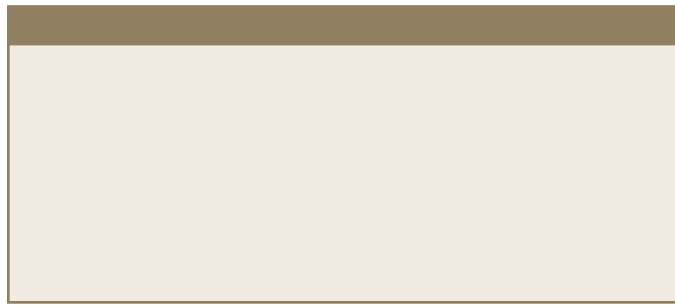


Fig. 32.1 Schematic diagram showing the results of the electrophoresis

Total protein measurements include nitrogen values, whereas total serum protein determinations are protein fractions except nitrogen, which is removed during clotting process. Protein concentration is affected by increased plasma volume, increased protein distribution, increased protein breakdown excretion, and dehydration or overhydration.

Total protein concentrations are especially valuable for determining animal's state of hydration. Dehydrated animal usually has relatively elevated protein concentration **hyperproteinemia** whereas overhydrated animal usually has relatively decreased total protein concentration **hypoproteinemia**. Total protein concentrations are useful in diagnosing renal disease, anemia, and liver disease.

Two methods commonly used for determination of total protein levels are refractometric method and photometric method. Refractometric method uses refractive index of serum and refractometer.

Procedure Refractive index of serum is determined by refractometer.

Primary antibodies are proteins. This method is a good screening test, because it is inexpensive, accurate, and simple. The method uses a number of different antibodies to detect various protein fractions.

Commonly used methods include immunodiffusion, immunoelectrophoresis, and immunofixation.

These methods are commonly performed in clinical laboratories. They usually require specialized equipment and trained personnel.

These tests are commonly performed in clinical laboratories. They usually require specialized equipment and trained personnel.

These tests are commonly performed in clinical laboratories. They usually require specialized equipment and trained personnel.

These tests are commonly performed in clinical laboratories. They usually require specialized equipment and trained personnel.

These tests are commonly performed in clinical laboratories. They usually require specialized equipment and trained personnel.

These tests are commonly performed in clinical laboratories. They usually require specialized equipment and trained personnel.

Albumin is the most abundant protein in serum. It is a globular protein with a molecular weight of 66,000. It is responsible for maintaining oncotic pressure and transporting various substances.

Albumin is the most abundant protein in serum. It is a globular protein with a molecular weight of 66,000. It is responsible for maintaining oncotic pressure and transporting various substances.

Albumin is the most abundant protein in serum. It is a globular protein with a molecular weight of 66,000. It is responsible for maintaining oncotic pressure and transporting various substances.

Albumin is the most abundant protein in serum. It is a globular protein with a molecular weight of 66,000. It is responsible for maintaining oncotic pressure and transporting various substances.

Albumin is the most abundant protein in serum. It is a globular protein with a molecular weight of 66,000. It is responsible for maintaining oncotic pressure and transporting various substances.

Albumin is the most abundant protein in serum. It is a globular protein with a molecular weight of 66,000. It is responsible for maintaining oncotic pressure and transporting various substances.

The **globulins** are a complex group of proteins. Alpha globulins are the first fraction of globulins.

The **globulins** are a complex group of proteins. Alpha globulins are the first fraction of globulins.

The **globulins** are a complex group of proteins. Alpha globulins are the first fraction of globulins.

The **globulins** are a complex group of proteins. Alpha globulins are the first fraction of globulins.

The **globulins** are a complex group of proteins. Alpha globulins are the first fraction of globulins.

The **globulins** are a complex group of proteins. Alpha globulins are the first fraction of globulins.

Direct chemical measurements of lobulin are rarely performed. Lobulin concentration is normally estimated either by difference between total protein and albumin concentrations.

An elevation of the serum albumin to globulin ratio frequently indicates a protein abnormality. It may be used to detect increased or decreased albumin concentrations. In any clinical condition, however, albumin and globulin concentrations are reduced in equal proportions, such as in nephrotic syndrome or liver disease. The albumin to globulin ratio is determined by dividing the albumin concentration by the globulin concentration. In dogs, horses, sheep, and goats, the albumin to globulin ratio is usually greater than 1.0. In humans, the albumin to globulin ratio is usually greater than 2.0.

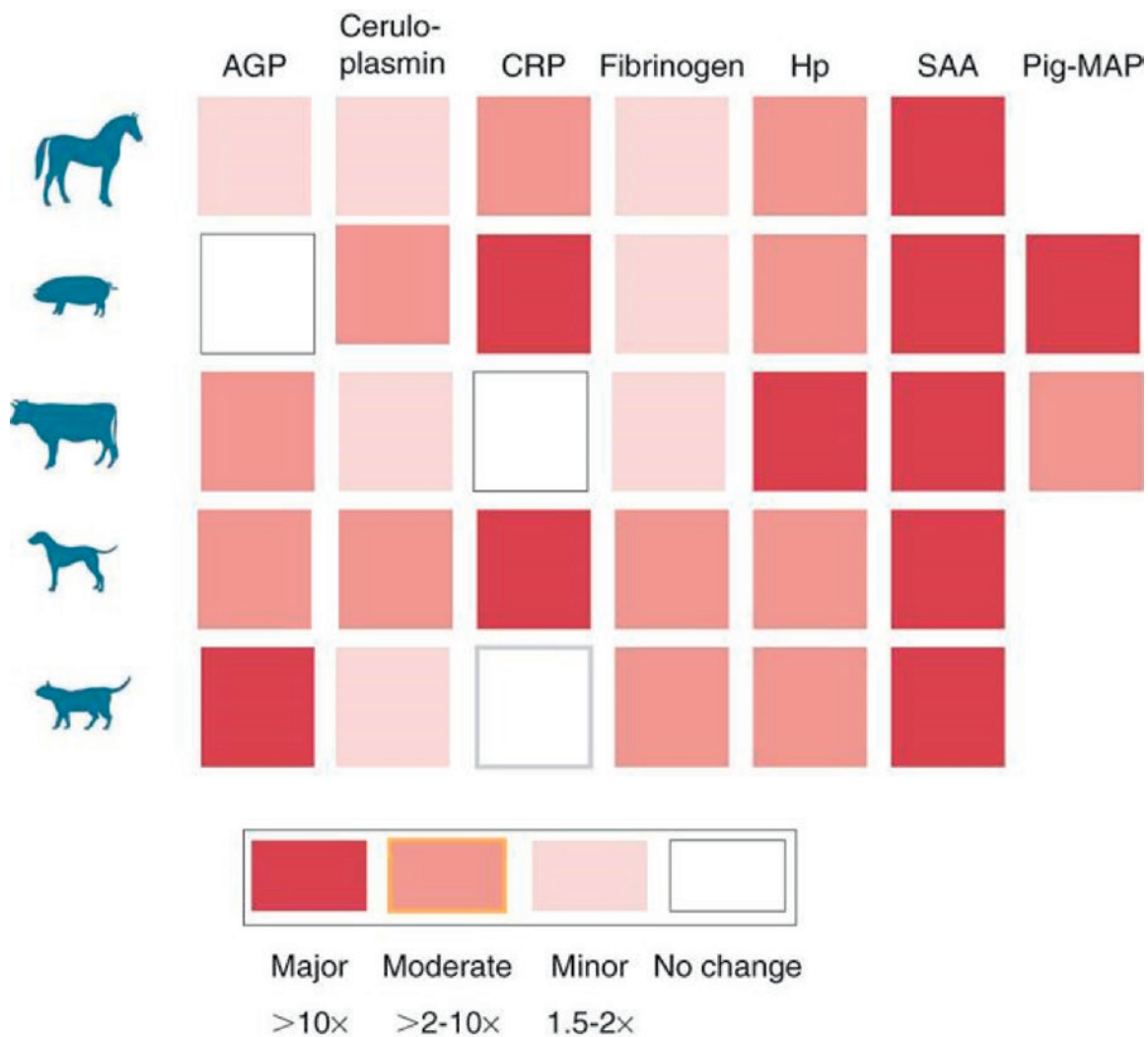
Fibrinogen is produced by hepatocytes. Fibrinogen is a precursor of fibrin, which is soluble protein forms blood clots, one of factors necessary for clot formation. Fibrinogen levels decreased, blood coagulation stable clot or does clot all. Fibrinogen makes up to 2% of total protein content. Because removed from serum by clotting process, fibrinogen found in serum. Fibrinogen assays are performed as part of coagulation profile but give poor result in hemistry profile. Acute inflammation can cause elevated fibrinogen levels seen detect subclinical infection in horses. The method of fibrinogen valuation he eat recipient test described Unit Chapter The fibrinogen value calculated by subtracting total protein value of

heated tubes from of unheated tubes. This protein
surement of heated tubes be lower because fibrinogen
een moved om ome tomatod yzers
may provide rinogen alues.

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 humans, the most important acute-phase proteins are C-reactive protein, fibrinogen, haptoglobin, ceruloplasmin, and α₂-macroglobulin. These are referred to as positive acute-phase proteins because their serum concentration increases following injury or inflammation. Although serum electrophoresis is useful in identifying these acute-phase proteins, specific acute-phase proteins are measured with immunoassays, although chemical analysis is available for haptoglobin. The sedimentation coefficient is available for most of these.

Serum C-reactive protein (CRP) is a blood test that measures the level of C-reactive protein in the blood. CRP is a protein that is produced by the liver in response to inflammation. The magnitude of the increase in CRP levels is directly related to the severity of the inflammation. CRP is used to help diagnose and monitor a variety of conditions, including cardiovascular disease, infection, and autoimmune disorders. The response occurs within hours after an inflammatory event or trauma and returns to normal levels rapidly after the inflammation has resolved.

The liver is the largest internal organ. It has a complex structure, function, and unique characteristics. Its primary functions include metabolism of carbohydrates, lipids, and proteins; production of bile; regulation of blood glucose levels; and synthesis of cholesterol and bilirubin. The liver is also involved in detoxification of drugs and poisons, and in the regulation of various physiological processes. The gallbladder is closely associated with the liver, both anatomically and functionally. Its primary function is to store and concentrate bile. Malfunctions of the liver or gallbladder can result in predictable clinical signs of jaundice, hypoalbuminemia, hypoglycemia, hyperlipoproteinemia, and hepatoencephalopathy.



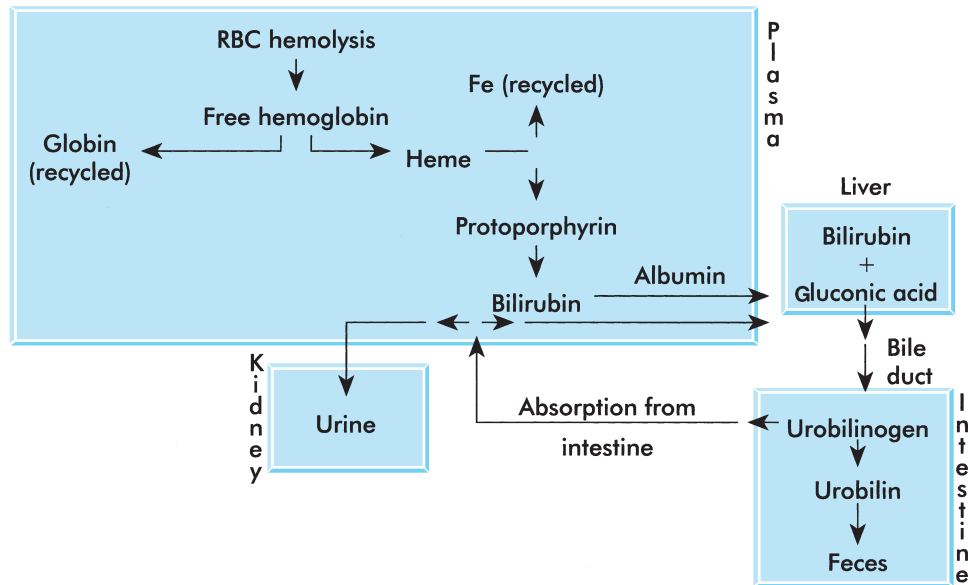
Species differences in the major acute-phase proteins produced by domestic animals. (From Tizard

Expected SAA Value (mg/L)

different types available valuate ver tion. Usually ver rogressed nificantly efore signs pear. ome ver tion esigned ure substances roduced ver, dified ver, or released when hepatocytes are damaged. Other liver function tests measure enzymes have altered serum concentra tions result of cholestasis. Liver cells compartmentalize

ork all ver tions. ver tion one ver ect with rial eterminations veral erent types ver tests omlpleted erifying tional rgan. uperior or etecting hepatobiliary ew eing eveloped low for etection patic efore ver verely damaged. The primary tests used veterinary medicine for evaluation of liver gallbladder are summarized [Box](#)

Many substances are taken up, modified, produced, secreted by ver. lteration ility erform ecific functions rovides erview ver tion. tocyte function are performed veterinary practice include bilirubin nd ther substances roduced epatocytes are less-sensitive indicators of liver function, because test results may show abnormalities until two thirds to three fourths of liver tissue damaged. These less-sensitive tests include albumin 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 directly measure bilirubin conjugated
 bilirubin (conjugated bilirubin).
 Conjugated bilirubin is often referred to as direct bilirubin,
 because test methods directly measure the amount of conjugated
 bilirubin (conjugated bilirubin) sometimes
 referred to as direct bilirubin, because concentration
 indirectly measured by subtracting conjugated bilirubin
 concentration from total bilirubin concentration is ample.
 Bilirubin is determined by a spectrophotometric method,
 evaluate variation, which is the percentage of ucts.
 Blood vessels conjugated (direct) bilirubin elevated
 hepatocellular duct injury obstruction.
 Blood vessels conjugated (direct) bilirubin elevated
 with excessive erythrocyte destruction effects trans-
 port mechanism low bilirubin enter patocytes or
 conjugation.

Bile acids reverse the effects of cholesterol on the gastrointestinal system by modulating cholesterol levels via bile acid receptors. Bile acids are conjugated with amino acids, such as glycine or taurine, to form conjugated bile acids. These conjugated bile acids are secreted into the duodenum, where they are absorbed in the small intestine. Bile acids (except for the small amount that is reabsorbed in the large intestine) are transported

Bilirubin of hemoglobin breakdown product of heme released from senescent red blood cells. It is transported in the blood by albumin. In the liver, bilirubin is conjugated with glucuronic acid to form bilirubin glucuronide, which is excreted in the bile. Bacteria in the gastrointestinal system can break down bilirubin glucuronide into urobilinogen. Urobilinogen is broken down into urobilin before being excreted in the feces. Bilirubin glucuronide is also excreted in the urine. Exposure to light can break down bilirubin in the blood, which is why newborns are often exposed to light to treat jaundice. It is important to be protected from light to ensure accurate results.

Measurements of circulating levels of various populations of bilirubin in the blood are difficult to obtain. Differences in relative bioavailability of the various forms of bilirubin allow them to be quantitatively compared. The prehepatic (bound to albumin) bilirubin comprises approximately

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 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, cats, and primates, 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 24 hours of hepatocyte damage, and peak levels are seen 48 to 72 hours. The serum levels will return to reference ranges within a few weeks in the case of chronic liver insult.

AST is present in hepatocytes, which are found free in the cytoplasm, as well as bound to the mitochondrial membrane. More severe liver damage is required to release membrane-bound AST. AST levels tend to rise more slowly than do ALT levels, but they return to normal levels within 3 days provided chronic liver insult is not present. AST is found in many other tissues, including erythrocytes, cardiac muscle, skeletal muscle, kidneys, and pancreas. An increased blood level of AST may indicate nonspecific liver damage, or it may be caused by strenuous exercise or intramuscular injection. The common cause of increased blood levels of AST is hepatic muscle inflammation or necrosis, which is spontaneous or artifactual hemolysis. If AST level is elevated, serum AST 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 AST is the hepatocyte. Smaller amounts of the enzyme are found in the kidney, small intestine, skeletal muscle, and erythrocytes. AST 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,

Large animals. 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 the enzyme of choice for evaluating ruminant liver function, but a standardized test method has not been developed for veterinary practice laboratories.

Blood levels of certain enzymes become elevated with cholestasis (bile duct obstruction), metabolic defects in liver cells, administration of certain medications, or 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 has been identified in dogs with exposure to increased endogenous or exogenous glucocorticoids. Because alkaline phosphatase occurs in many various tissues, the source of the isoenzyme or the location of the damaged tissue may be determined by electrophoresis. Other tests that 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 for practice laboratory determination of 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-glutamyl transferase (GGT) is an enzyme sometimes referred to as gamma-glutamyl transpeptidase. It is found in various tissues, including renal epithelium, biliary epithelium, and particularly during lactation), biliary epithelium, but primary source is liver. It is elevated in liver disease, especially in alcohol consumption, drugs, and liver disease. It is also elevated in liver disease, especially in alcohol consumption, drugs, and liver disease.

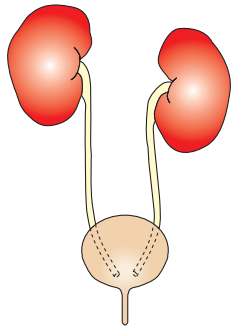
biochemical tests for liver disease. GGT is elevated in liver disease, especially in alcohol consumption, drugs, and liver disease. It is also elevated in liver disease, especially in alcohol consumption, drugs, and liver disease.

Chapter 10: Review questions [Appendix](#)

Number of additional tests performed by a veterinarian to develop a diagnosis. Any

- Total protein measurements include fibrinogen values, whereas total serum protein determinations are used to assess protein actions except fibrinogen.
- Total protein concentrations are especially valuable for dehydration.
- Albumin comprises the majority of serum protein.
- Serum globulin (acute-phase protein) is correlated to specific diseases.
- Some liver function tests are designed to measure substances that are produced by the liver, derived from the liver, or released when hepatocytes are damaged. These tests measure enzymes and other substances that are released from liver cells.

- In the blood, unconjugated bilirubin comprises approximately 80% of total bilirubin.
- Bile acids are absorbed in the small intestine and modulate cholesterol levels via bile acid.
- Elevated levels of bile acids in the blood are usually associated with liver disease, such as congenital or systemic chronic hepatitis, hepatic cirrhosis, cholestasis, and liver metastasis.
- The "leakage enzymes" include aspartate aminotransferase (AST), alanine aminotransferase (ALT), and lactate dehydrogenase (LDH).
- ALT is commonly performed to assess liver damage.
- Alkaline phosphatases (ALP) are derived from various organs.



After studying this chapter, you will be able to:

- Discuss the role of the kidneys in homeostasis.
- Describe the commonly performed renal function tests.
- Describe the relationship between renal function and creatinine.
- Define azotemia.
- Discuss the role of effective renal plasma flow in glomerular filtration rate.
- Discuss the breakdown of endogenous products and their role in renal function.

**Blood Urea Nitrogen,
Serum Creatinine,
Blood Urea Nitrogen/Creatinine Ratio,
Urine Protein/Creatinine Ratio,
Uric Acid,
Tests of Glomerular Function,
Creatinine clearance
Single-Injectionulin clearance,**

Water-Deprivation
Vasopressin response,
Fractional clearance of electrolytes,
Inorganic phosphorus,
Enzymuria,
Key Points,

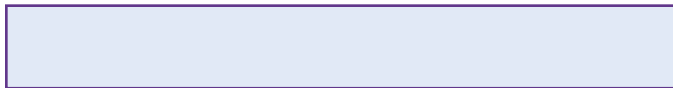
**Allantoin
Azotemia
Blood urea nitrogen
Creatinine
Effective renal plasma flow**

**Enzymuria
Fractional excretion of electrolytes
Glomerular filtration rate
Uric acid**

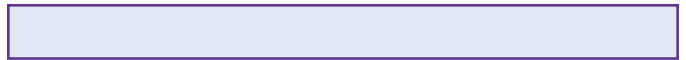
The kidneys play a crucial role in maintaining homeostasis. Their primary functions are to conserve water and electrolytes, eliminate metabolic waste, and regulate the body's acid-base balance. They also excrete or conserve hydrogen ions to maintain blood pH within normal limits. To conserve nutrients (e.g., glucose, proteins), the kidneys reabsorb them in the proximal convoluted tubule. The distal tubule and collecting duct are responsible for excreting waste products and regulating electrolyte balance. The kidneys also produce renin, an enzyme involved in the control of blood pressure, erythropoietin (a hormone necessary for erythrocyte production), and prostaglandins (fatty acids used to stimulate the contractility of uterine and other smooth muscle). The kidneys function to lower blood pressure, regulate electrolyte balance, to regulate body temperature and platelet aggregation, to control inflammation, and to maintain acid-base balance.

The kidneys receive blood from the renal arteries. The blood enters the glomerulus through the afferent arteriole and exits through the efferent arteriole. The glomerulus is a network of capillaries where filtration occurs. The filtrate then passes through the proximal convoluted tubule, the loop of Henle, and the distal convoluted tubule, eventually reaching the collecting tubules. Each nephron contains a glomerulus and a collecting tubule. The proximal convoluted tubule is responsible for reabsorbing most of the filtered substances. The distal convoluted tubule is responsible for secreting waste products and regulating electrolyte balance. The collecting tubules are responsible for excreting the final urine. The kidneys also have the ability to regulate the body's fluid balance by adjusting the amount of water and electrolytes excreted in the urine. The primary serum chemistry tests for kidney function are urea nitrogen, creatinine, and electrolytes.

nitrogen creatinine. therefore include various tests
have been designed to evaluate renal efficiency
glomerular filtration.



retention of urea in blood. High-protein diets and strenuous
exercise may elevate BUN level as a result of increased
acid breakdown rather than decreased glomerular filtra-
tion. Differences in rate of protein catabolism exist
between female and male, young versus older, and will
affect BUN levels.



Some references term serum urea nitrogen rather
blood urea nitrogen (BUN). renal principal
product of breakdown of protein metabolism
are used to evaluate renal function
of kidney remove nitrogenous waste from blood.
Under normal conditions, all urea passes through glomerulus
into renal tubules. Approximately 90% is reabsorbed
in renal tubules, remainder is excreted
in urine. If reabsorption is impaired, sufficient
urea is removed from body, BUN is raised.

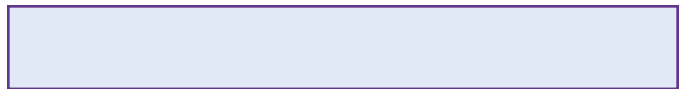
Contamination of blood sample by bacteria (e.g., *Staphylococcus aureus*, *Proteus* spp., *Klebsiella* spp.)
may result in decomposition of urea and subsequently
decreased BUN levels. Reversion analysis of om-
pleted within several collections, be refrigerated. Variability in hotometric available or
measurement of urea nitrogen. All have accepted
able level of accuracy. Precision. Chromatographic check
tests are available to provide quantitative serum
urea nitrogen result. Methods end
accurate. Only quick screening

Urea volume excreted
in 24 hours. Hydration results are raised

Creatinine formed from creatine, high in skeletal
muscle, part of muscle metabolism. Creatinine is out of
muscle cells into body fluids. Creatinine is
If physical activity remains constant, creatinine
metabolized. Creatinine remains constant, BUN level
level of creatinine remains constant.

Creatinine is filtered by glomerulus. Under
normal conditions, serum creatinine is raised. High
glomeruli eliminated in urine. Any condition that alters
glomerular filtration rate (GFR) will alter the serum creatinine
levels. Creatinine may be found in sweat, feces, vomitus,
and is excreted by bacteria.

Blood creatinine levels are used to evaluate renal function
on BUN. Creatinine is filtered by glomeruli. Serum creatinine
from blood is eliminated. Creatinine is
accurate or not. Creatinine is filtered by glomeruli. Creatinine
is a common issue in renal dysfunction. Before blood
creatinine levels are commonly used to estimate renal function
creatinine level affects blood urea nitrogen. Creatinine
methods. Postprandial decreases in creatinine occur in response
to transient renal failure.



A dipstick test for blood urea nitrogen.

Because BUN and creatinine both have wide range of reference
intervals, their use as indicators of renal function is limited. The
value is decreased in renal failure. Creatinine is low in renal
failure. In addition, healthy individuals often have values that are below
reference ranges. In renal failure, creatinine is elevated. Creatinine
of BUN and creatinine are used to estimate renal function.
For veterinary species, creatinine can be used to estimate patient's status
during treatment.

BUN and creatinine have an inverse logarithmic relationship.
The reciprocal relationship between BUN and creatinine is used to
track progress of renal failure. Effectiveness of treatment.
Proportionate response to treatment. Hydration,
dietary treatment, urea, and non-compliance are treatment
management options.

$$U_v \quad U_c/$$

urinary bladder is catheterized and rinsed with saline after a specified

The affected method determines creatinine from glucose, high protein levels, chromatic reference, lyse, cross-reactivity.

Exogenous creatinine clearance accurate method or increasing creatinine concentration creatinine from glomerular filtration rate (GFR) of 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 contrast even receive dose after during which patient free access observed serum then evaluation after administration sent to reference laboratory for evaluation of transit iohexol calculation FR.

Inulin excreted entirely by glomerular filtration, without tubular secretion, reabsorption, metabolism. result, inulin clearance tests constant rate quantitative inulin considered method or evaluation of FR. single-injection inulin clearance simpler method alternatively may be used. free (free access observed permitted during collected intravenously dosage of or (body surface calculation gives more accurate results); serum are then obtained minutes. Total inulin clearance calculated from decrease serum concentration by two-compartment model. normal dogs ve of of body surface

Polyuria or polydipsia suspicions out y, which may be erroneous. diuresis subsequent polydipsia may nephrons tion upted

hyperadrenocorticismushing's diabetes mellitus, 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 (nephrogenic polydipsia).

Vasopressin (antidiuretic hormone) from the hypothalamus is secreted by the posterior pituitary (neurohypophysis) into the collecting duct's permeability. The renal medulla, by concentrating, remains behind collecting duct. The stem appropriate 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 stimulus. Dehydrate patient safely until definite stimulus exists for endogenous release usually proximately eight That end point may vary. When denied water, patients dehydrate different rates must be monitored for weight clinical signs of dehydration, increased urine osmolarity or specific gravity. The point, or rectest endocrine disorders concentrate continued diuresis dilute urine indicate lack of endogenous or unresponsive nephrons. In dogs, ure, responsiveness precedes ottemia.

Contraindications include dehydration, ottemia, dehydrated patients, hypovolemia, etc. They already have release; they could concentrate urine, they would. Under conditions, test useless dangerous, especially for with diabetes insipidus or neurogenic diabetes insipidus, ottemia easily demonstrates kidney dysfunction. gain, test reveals new adds renal component ottemia.

When patients demonstrate previously mentioned when prior water deprivation vasopressin response test indicated. The vasopressin response test simply challenge with exogenous focuses on ability of kidneys to respond.rine ity specific gravity index of function. normal yes concentrate with technique, despite patient's excessive. Vasopressin must be handled carefully, because labile drug titles suspensions. ures result from of or poorly mixed solutions. In addition, intramuscular vasopressin solution result vasopressin's osmotic activity,oretically contraindicated during pregnancy.

In both tests, even normal kidneys may be unable to concentrate in osmolar extremes. diuresis quickly utes from renal medulla, weakening radiant draws water from collecting ducts. Gradual water deprivation over a day period before the water deprivation test recommended to renew renal solutes allow evaluation of test 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 renal 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 (FE)—of electrolytes describes excretion of specific electrolytes (particularly sodium, potassium, phosphorus) relative to the glomerular filtration rate (GFR). Bicarbonate chloride testing rarely performed. tests differentiate prerenal from postrenal azotemia. Random, concurrent blood urea nitrogen (BUN) and creatinine are required. calculated follows:

Electrolyte measurement (sodium, potassium, chloride, phosphorus, urea, creatinine) concentrations, respectively, of specific electrolyte; creatinine concentrations of creatinine, respectively. Normal results are follows:

- Dogs: sodium, potassium, chloride, phosphorus, urea, creatinine
- Cats: sodium, potassium, chloride, phosphorus, urea, creatinine

Serum organic phosphorus (urea, creatinine) usually reciprocal serum urea. Normally, serum urea is absorbed tubules. This mechanism is a renal control parathyroid hormone, which is secreted by the parathyroid glands. renal disease results in decreased urinary excretion of urea. Subsequent urea excretion Pi level increases serum calcium and decreases serum phosphate. See electrolyte information later in chapter for additional information about testing or

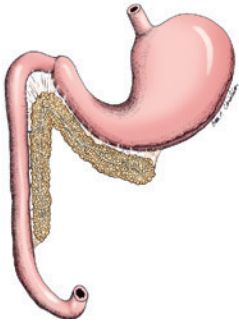
Enzymuria refers to presence of enzymes in urine. Many of chemical reactions performed in the body are performed in the urine. renal disease include urinary N-acetylglucosaminidase (NAG). Urinary NAG enzymes are released from damaged tubule cells. Comparison of urinary NAG to creatinine (NAG/creatinine ratio) indicate extent of renal damage. Both NAG and creatinine increase rapidly with nephrotoxicity, and increases occur sooner than changes in serum creatinine, urea nitrogen, or fractional excretion of electrolytes.

Chapter review questions [appendix](#)

- The kidneys play a major role in maintenance of homeostasis by modulating water and electrolyte concentrations, blood pressure, conserving nutrients, removing waste products, producing renin, erythropoietin, prostaglandins.
- The primary renal chemistry for urea nitrogen and creatinine.

- Urea nitrogen is the principal product of protein breakdown.
- Dehydration results in decreased renal blood flow, decreased glomerular filtration rate (GFR), and decreased urine output.
- Any condition that causes renal failure will result in increased serum urea nitrogen and 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 endocrine and exocrine functions of the pancreas.
- List and describe common exocrine or endocrine pancreatic disorders and their clinical signs.
- Explain the relationship between insulin, glucagon, and blood glucose.
- Describe common pancreatic disorders and their clinical signs.
- 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 (HbA1c)

-Hydroxybutyrate,

Glucose tolerance,

Insulin tolerance,

Glucagon tolerance,

Insulin/Glucose ratio,

Miscellaneous pancreatic enzyme tests,

Key Points,

Acinar

Amylase

Amylase

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 endocrine portion secretes hormones. These digestive enzymes are released into the lumen of other organs through the duct system. Trauma or disease of the pancreas 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 δ cells comprise 10% of islet cells; they secrete somatostatin, a pancreatic polypeptide, respectively. β -Cells comprise approximately 60% of islet cells; they secrete **insulin**. The remaining 30% of islet cells consists of α -cells that secrete **glucagon** and somatostatin. The pancreas has a strong 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 that are commonly performed to evaluate acinar functions of the pancreas include amylase and trypsin. Trypsin-like immunoreactivity in serum **pancreatic lipase immunoreactivity** are available tests for pancreatic function. In serum amylase activities have been shown to have limited clinical significance for diagnosis of pancreatitis. In experimentally induced pancreatitis, serum amylase actually decreases. The serum activities of both enzymes are frequently normal with pancreatitis. Several immunoassays are available that provide either quantitative or semi-quantitative evaluation of specific enzymes 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 valuable information.

Amylase functions to break down starches and glycogen into sugars, such as maltose and residual **glucose**. Increased levels of amylase appear in the blood during acute pancreatitis, flare-ups of chronic pancreatitis, or obstruction of 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, a 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 **amylolytic** method. The saccharogenic method measures the production of reducing sugars; amylase catalyzes

the breakdown of starch. The amylolytic 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 feline amylase values are 10 to 20 times higher than those found in human beings. Therefore, feline samples may have to be diluted before 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; lipase levels tend to remain normal during early stages of pancreatic disease. Gradual increases are seen as pancreatitis progresses. With chronic progressive pancreatic disease, damaged pancreatic cells are replaced with connective tissue and produce little or no enzyme. As disease 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 present patient serum. The quantity of sodium hydroxide required to neutralize the fatty acids is directly proportional to lipase activity. Newer tests for lipase are capable of detecting lipase in feline pancreatic samples by immunologic methods are available. These tests have been demonstrated to have a high degree of sensitivity for the diagnosis of pancreatitis in dogs. The trypsinogen 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 and amylase activities are usually requested at the same time to evaluate the pancreas.

Increased lipase activity is often seen with renal and 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 than in 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 fecal samples. Trypsin is normally found in feces, and its absence is abnormal. A variety of fecal testing methods are available at the reference laboratory.

[illegible]

Exocrine pancreatic insufficiency; pancreatic lipase immunoreactivity; trypsinlike immunoreactivity.
From Nelson R, Couto C:

[illegible]

tyrosyl-p-aminobenzoic acid fecal results to characterize

nose ion.

Serum er ecially roteins), ut

values emain eference ervals. ddition,

atic nzyme xogenous) upplementation oes er

Therefore, ood ithheld or

preferably efore lood en. lood

oagulated oom emperature rum ored

il ce.

Serum eline eatic unoreactivity

eatitic unoreactivity ecific

for eatitis, ecommended ead

reviously alidated rum rum

patients with symptoms of pancreatitis. More information

regarding unoassays

[Table](#) escribes dvantages dvantages

various ests or cute hronic

creatitis ogs

ariety f vailable valuate ndocrine

tions f ddition traditional lood

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 β cells) or glucagon (from α 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,

to glucose concentration. Although fasting serum insulin concentrations often remain normal in hyperinsulinism, ratios of insulin-to-glucose concentrations are usually elevated.

The acute alteration in glucose metabolism is characterized by an increase in insulin resistance, which is reflected by a decreased insulin/glucose ratio. The decrease in insulin sensitivity is due to a decrease in the number of insulin receptors on the cell surface, which results in a decreased ability of insulin to bind to its receptor. This leads to a decreased ability of insulin to stimulate glucose uptake, which results in a decreased ability of the body to maintain normal glucose levels. This is a common feature of type 2 diabetes mellitus, which is a chronic condition characterized by high blood glucose levels. The pathogenesis of type 2 diabetes mellitus is multifactorial, involving both genetic and environmental factors. The genetic component is characterized by a decreased ability of the body to produce and/or use insulin effectively. The environmental component is characterized by a decreased ability of the body to maintain normal glucose levels, which is often due to a combination of factors, including obesity, physical inactivity, and a diet high in calories and fat. The combination of these factors leads to a decreased ability of the body to maintain normal glucose levels, which results in the development of type 2 diabetes mellitus. The management of type 2 diabetes mellitus involves a combination of lifestyle changes, such as diet and exercise, and the use of insulin or other medications to maintain normal glucose levels. The goal of treatment is to prevent or delay the complications of diabetes, such as heart disease, kidney disease, and blindness.

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.

utes. type etic resent esponse.
 If eatic -cell umor, rum lucose
 level eak wer rmal. ollowed
 hypoglycemia serum glucose level
 because excessive insulin secreted by stimulated neoplasm.

Because excessive insulin secreted by β cells stimulates hepatic glucose release, β cell dysfunction usually results in hypoglycemia. Glucagon is secreted by α cells and stimulates hepatic glucose release. Glucagon also stimulates the release of fatty acids from adipose tissue. Glucagon also stimulates the release of growth hormone from the anterior pituitary. Glucagon also stimulates the release of insulin from the β cells.

Patients must be fed immediately after test then observed for s.

When results of the glucagon response are equivocal, glucose, pinephrine, eucine, tolbutamide, or calcium challenges may be attempted. These substances, like glucagon, may provoke a hyperinsulinemic response from pancreatic islet tumors, thereby resulting in decreased serum glucose levels. However, tumors vary with regard to their sensitivity to these agents, and hypoglycemic results (hypoglycemia response) may occur. These tests are dangerous, because they may precipitate severe prolonged hypoglycemia.

The following table summarizes the clinical features of hyperinsulinism, hypoglycemia, and insulin resistance. Hypoglycemia normally inhibits insulin secretion. Pancreatic islet cell tumors are hyperactive and unresponsive to somatostatin.

Chapter review questions [appendix](#)

- The endocrine system consists of the hypothalamus, pituitary, thyroid, parathyroid, adrenal, pineal, and the gonads.
- The tests are commonly performed to evaluate the function of the endocrine system.
- Immunologic tests are available for the detection of antibodies against endocrine hormones.
- Tests for endocrine dysfunction include measurement of glucose, insulin, C-peptide, and HbA1c.
- Glucose metabolism depends on the action of insulin and glucagon.
- Glucose tolerance tests challenge the pancreas with a glucose load to determine the body's ability to secrete insulin and use glucose.

- Serum for glucose testing must be separated from erythrocytes immediately after blood collection.
- Increased uctosamine persistent hyperglycemia of weeks' duration ogs
- Increased lycosylated moglobin persistent hyperglycemia nth's' uration ogs
- The etone reduced reatest undance etoacidotic patients -hydroxybutyrate.
- Prolonged hyperglycemia lucosuria er lucose tolerance est onistent etes llitus.



Electrolytes and Acid–Base Status

After studying this chapter, you will be able to:

- Describe blood buffer systems and maintenance
- Explain effect of respiratory rate on acid–base balance.
- Define *respiratory acidosis*, *respiratory alkalosis*, *metabolic acidosis*, and *metabolic alkalosis*.
- List electrolyte ions and describe their roles.
- List common conditions related to electrolyte levels.
- Describe the calculation of anion gap and its clinical significance.

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

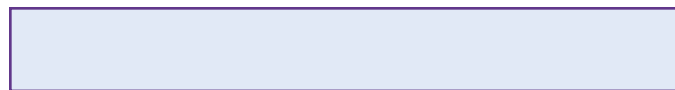
Potassium

Sodium

Electrolytes are **cations** (positive ions) and **anions** (negative ions). They are essential for the maintenance of water balance, osmotic pressure, normal muscular and nervous functions. Electrolytes function in the maintenance of acid-base regulation. Electrolyte balance depends on the balance of electrolytes, interpreted together.

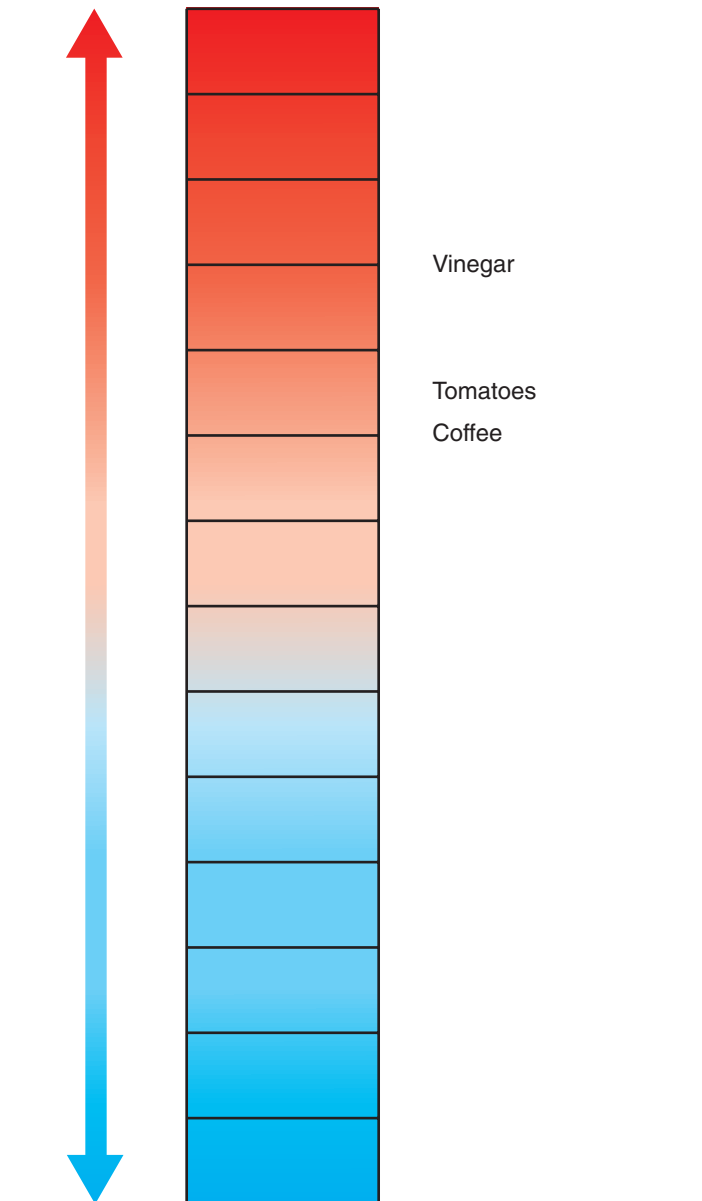
Acid-base balance refers to the body's ability to maintain a stable pH. It is used to describe the concentration of hydrogen ions (H^+) in the body. The pH scale ranges from 0 to 14, with 7 being neutral. Normal blood pH is approximately 7.35 to 7.45. A pH below 7.35 is called **acidosis**, and a pH above 7.45 is called **alkalosis**. Both conditions are characterized by an abnormal concentration of hydrogen ions.

Normal metabolic processes continually generate acids. Other processes work to counteract the effect of acids. Buffer systems are responsible for counteracting the effects of acids. **Buffers** are substances that can combine with or release hydrogen ions to maintain a stable pH. Buffers are found both intracellularly and extracellularly. Multiple buffering systems exist in the body. Some components of these systems are located in the intracellular compartments, while others are in the extracellular compartments. They are capable of either binding or releasing hydrogen ions in response to blood pH changes. Both the respiratory and renal systems work to regulate pH. The respiratory system works on a matter of minutes, while the renal system continues to function for days to restore pH to its normal level.



When blood becomes acidic, **bicarbonate** (HCO_3^-) binds to excess hydrogen ions (H^+) to form carbonic acid (H_2CO_3). Carbonic acid is then broken down into water (H_2O) and carbon dioxide (CO_2) by the enzyme carbonic dehydratase. Carbon dioxide is removed from the body through normal respirations. The body regulates the concentration of bicarbonate by actively secreting it into the filtrate in response to blood pH. Under normal conditions, the bicarbonate-carbonic equilibrium within the blood maintains a stable pH. Note that these reactions are reversible.

Changes in the concentration of **potassium** (K^+) in the extracellular fluid affect the concentration of hydrogen ions. Potassium and hydrogen ions are both positively charged ions and compete for the same transporters on the cell membrane. When potassium concentration increases, hydrogen ion concentration decreases, and vice versa.



As the concentration of hydrogen ions increases, the solution becomes more acidic. As the concentration of hydroxide ions (OH^-) increases, the solution becomes more basic or alkaline, and the pH value increases. *Clinical anatomy and physiology for veterinary*

When potassium concentration increases, the concentration of hydrogen ions decreases, and vice versa. This is because potassium and hydrogen ions are both positively charged and compete for the same transporters on the cell membrane. Potassium affects acid-base balance, and changes in potassium concentration can lead to acidosis or alkalosis.



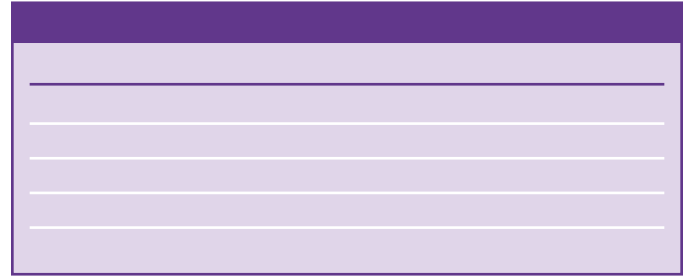
Numerous proteins are releasing hydrogen ions. The hemoglobin molecule serves as a blood buffer. The bicarbonate is transported through the lungs, released, and eliminated through expiration.

Acidosis is categorized by the type of condition. Respiratory acidosis results from abnormalities in the respiratory system. Metabolic acidosis results from normal respiratory functions. Important conditions are related to the occurrence of acidosis or alkalosis. Both the respiratory and renal systems will both attempt to work to correct the imbalance. For example, in metabolic acidosis, alkalosis develops, the respiratory system will react by increasing or decreasing the respiratory rate as appropriate.

If the respiratory rate decreases, the rate at which carbon dioxide is eliminated decreases. Excess bicarbonate reacts with water to form carbonic acid. Carbonic acid then dissociates into water and hydrogen ions. An increased partial pressure of carbon dioxide in the blood is called **hypercapnia**, an abnormality of the respiratory system (hypoventilation) that results in a decrease in the concentration of carbon dioxide in the blood. Subsequent increase in blood **hypocapnia**.

Any metabolic condition results in a buildup of acids in the body, creating a condition of metabolic acidosis. For example, excess ketones produced when glucose metabolism is abnormal (ketosis) can overwhelm the body's buffering systems. The result is a general decrease in blood bicarbonate levels. Disorders of electrolyte levels (including metabolic acidosis) can result in subsequent blood bicarbonate levels.

Base excess is a measure of the amount of strong acid or base required to titrate the blood to a pH of 7.38. This value is generally calculated from the bicarbonate concentration and the pH. It is used to evaluate the degree of metabolic acid–base disturbances.



negative value, metabolic acidosis, positive value, metabolic

The electrolytes **calcium inorganic phosphorus magnesium sodium** potassium, **chloride** bicarbonate. Table 35-1 shows the changes in electrolyte concentration that result from decreased or increased electrolytes. Between electrolytes, decreased electrolytes, and gastrointestinal tract, respiratory system.

Automated analyzers or evaluation of electrolytes are readily available, reasonably priced, and many veterinary practices use them to perform electrolyte testing. Many analyzers are capable of performing blood gas analysis.

Fig. Volume of fluid typically affects electrolyte measurement, although method dependent. Increased concentration results in a volume of decreased water content. Electrolytes are distributed in the aqueous portion of the fluid. Therefore, procedures to measure electrolytes (volume of fluid) such as spectrophotometry, will result in artifactually decreased electrolyte values. This will occur only if the sample is not properly mixed. Procedures to measure electrolytes in the aqueous phase (e.g., ion-selective electrodes), such as potentiometry, will result in accurate electrolyte concentrations. Arterial blood gases or analysis of electrolytes in blood gases have significantly different normal reference ranges. They are analyzed separately for collection. Exposure to room air results in alterations in the concentration of dissolved gases, the pH, and affects sample

Sodium is the major cation of the extracellular fluid (ECF). It plays an important role in the distribution of fluid and in the maintenance of osmotic pressure.



--

[illegible][illegible]

Chloride is the most abundant anion in the extracellular fluid. It plays an important role in the maintenance of water distribution, osmotic pressure, and normal anion/cation ratio. Chloride is usually included in the electrolyte profile because of its relationship to sodium and bicarbonate levels. Hyperchloremia is an elevated blood chloride level, and hyponatremia is a decreased blood chloride level. Hemolysis can affect results using sodium with erythrocyte prolonged storage without separating blood cells, but not directly on results.

Potassium is the major intracellular cation. Chloride

Bicarbonate cond ommon
kidneys help to regulate bicarbonate levels body by excret
excesses after resorbing all needed. Bicarbonate levels
are frequently imated om blood bon xide vels.
bicarbonate level approximately 95% the total carbon dioxide
measured. arterial blood ample hoice or bicarbonate
determinations.
coagulant f hoice. parin
to prevent glycolysis om ering omposition.
Freezing esults molysis. thods
require ion

Magnesium fourth common cation body
cond ommon racellular ion. agnesium
found l ody issues. ore nesium
ody ones, losely elated
hosphorus. agnesium ctivates nzyme stems
involved production decomposition of acetylcholine.
Imbalance of magnesium/calcium ratio result muscular
tetany result of release of acetylcholine. Cattle sheep
are he nly omestic nimals hat how linical igns elated
magnesium deficiencies. Hypermagnesemia refers to elevated
blood nesium vel. ypomagnesemia ecreased lood
magnesium vel. nticoagulants parin ti
ficially ecrease esults. emolysis levate esults
through eration nesium om rythrocytes.

More bones. The remaining or major functions body, which lude enance uromuscular xcitability tone (decreased calcium result muscular tetany), maintenance ctivity nzymes, cilitation blood coagulation, maintenance of inorganic ion transfer across cell membranes. Calcium whole blood found entirely or serum. Erythrocytes contain calcium. Calcium oncentrations re sually nversely elated nor ganic phosphorus concentrations. general rule, calcium concentration rganic hosphorus oncentration falls. **Hypercalcemia** levated lood oncentra tion. **Hypocalcemia** s ecreased lood alcium oncentration. Samples or lcium esting ollected DTA or xalate r rate icoagulants, ecause ubstances bind ith available or y. emolysis results ecrease oncentration om uptured rythrocytes utes

More phosphorus body bones. he emaining tions, uch energy orage, elease, ransfer; vovement bohy drate metabolism; composition of many physiologically important ubstances, uch ucleic hospholipids.

Most f phosphorus load erythrocytes organic phosphorus. The phosphorus rum rganic phosphorus, phosphorus assayed laboratory. Inorganic phosphorus levels rum rovide ood ion phorus or serum phosphorus calcium concentrations versely elated. hosphorus oncentra tions ecrease, oncentrations

TECHNICIAN NOTE

Hyperphosphatemia increased serum or phosphorus concentration. **Hypophosphatemia** decreased serum or plasma phosphorus concentration. Hemolyzed samples should be discarded. Organic phosphorus is liberated from ruptured erythrocytes and hydrolyzed organic phosphorus, which results in falsely elevated inorganic phosphorus concentration. Serum should be separated from the blood cells as soon as possible after blood collection before stored.

Under normal circumstances, the total number of positive charges (cations) equals the number of negative charges. This electrical neutrality is maintained through buffer systems. Any difference between positive and negative charges is the anion gap. This value is calculated from the measured electrolyte values, primarily to identify metabolic acidosis. Generally, only commonly used electrolytes are included in the anion gap calculation.

The anion gap is calculated as follows:

The normal urement proximately
q/L dogs to Increases are usually
seen with lactic acidosis, renal failure, diabetic ketoacidosis.
Hypoalbuminemia common of decreased anion gap.

- Electrolyte assays performed in veterinary practice laboratories include sodium, potassium, and chloride.
- Some electrolyte analyzers also 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, movement 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 for diagnosis of vertebral muscle
- Describe creatine valuation or clinical tests.
- Discuss effects of adrenocorticotrophic hormone stimulation and dexamethasone suppression
- Discuss production and action of thyroxine.
- Describe chemical and gastrointestinal function.
- 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 load,
 Monosaccharide absorption

Serum albumin, globulins,
 Mucin clot
Toxicology,
 Toxicologic specimens,
 Lead poisoning,
 Nitrate or nitrite poisoning,
 Anticoagulant rodenticides,
 Chemicals that denature 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

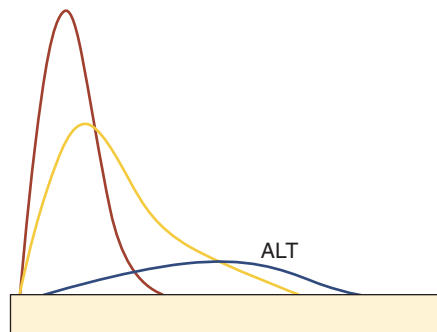
A variety of other assays are performed in veterinary practice. These include assays designed to detect abnormalities of endocrine systems as well as other biochemical tests that are specific to organ systems that are ill (provide diagnostic and prognostic information e.g., blood lactate measurements). Other blood chemistry measurements, which are performed in veterinary practice laboratories, include tests that are performed in-house or referred to reference or 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 heart, but its primary activity is in skeletal muscle, including cardiac muscle. When skeletal muscle is injured, including during trauma, it is released into the blood stream. It is often found in the blood of animals with trauma, and its level is elevated in the blood of animals with heart failure. It is also found in the blood of animals with liver disease, and its level is elevated in the blood of animals with aspartate aminotransferase (AST) activity.

AL
AST greater than

AST; no
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 brospinal suggested to ural issue compression alue neurologic may e bserved er izures. Although ything cause n ncreased lood of exists three primary isoenzymes: (cardiac ype), (brain type), (skeletal muscle ype). ncreases diac uscle muscle eased rauma. Muscle intramuscular injections, persistent recumbency, surgery, vigor xercise, lectric ck, ceration, ruising, ypother yositis yopathies levated lood vels. vels tificially eased oxidizing agents such bleach, ethylenediaminetetraacetic acid (EDTA), rate, ride, xposure unlight, elay performance y.

Cardiac muscle damage be evaluated with troponin assay. Cardiac troponins are proteins involved regulating iation eletal uscle ontraction. ncreases levels diac uscle vel etermining egree lapsed

since damage occurred. Brain natriuretic peptide hormone secreted by myocytes function maintenance of blood ressure. vated vels ccur eased entricular filling ressure Both unoassays. esults erpreted onjunction nostic

Lactate ctic cid) roduced erobic ellular tabo Its presence does indicate any specific However, increased lactate levels indicate hypoxia or hypoperfusion. Lactate levels y ured eritoneal Hypoxia f ction owel esults eased ctate production, uch high eritoneal vity before nters culation emoved ver. f ed lood eritoneal ctate urements been advocated diagnostic equine colic The blood ctate oncentration rmal rses ways reater of peritoneal Horses with gastrointestinal disorders enerally ve eritoneal ctate oncentrations are reater orresponding lood alues. vere gastrointestinal disorders (e.g., impactions) tend to smaller difference etween eritoneal uid nd lood actate oncentra tions compared with more serious conditions (e.g., intestinal torsion isted ction owel]). eritonitis peritoneal ctate alues.

Increased lactate levels generally indicate hypoxia

The used for lactate measurement blood or peri toneal be collected fluoride oxalate or lithium heparin nticoagulant ube. he uoride tops ellular etabo f lucose onsequent roduction ctate, xalate revents lotting. andheld ctate ters have been validated for veterinary species are available

Fig.

Lactate ehydrogenase rum nzyme yzes onversion ctate yruvate. isoenzymes. ifferent enzymes resent different issues. issues ve ver, muscle, rythrocytes ces eased blood vels. ompared nitude rise dramatic after muscle injury. values are frequently included biochemistry profiles. This enzyme considered organ-specific, ecause ces ecause concentrations ch issue ough esult significant levations.

In ddition o ancreas, riety rgans issues elase hormones tion ndocrine stem. rimary



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 target organs and effects.

Adrenocortical function tests are commonly performed. Adrenal dysfunction is increasingly common, often a result of misuse of corticosteroids. The adrenal axis 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 anterior pituitary secretes **adrenocorticotrophic hormone** (ACTH), which stimulates adrenocortical growth and secretion, particularly of glucocorticoid-synthesizing tissue. **Cortisol** is the major hormone released from the adrenal cortex. In turn, it feeds back to inhibit corticotropin-releasing factor and ACTH release, thereby completing the negative 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 hypofunction. However, **hypoadrenocorticism** (Addison's disease) by definition, includes mineralocorticoid deficiency, which does occur in primary hypoadrenocorticism caused by rapid withdrawal of glucocorticoids. Addison's disease results from autoimmune destruction of the adrenal cortex (Lysodren; or adrenal hypoplasia) or from

Overenthusiastic glucocorticoid therapy is the most common cause.

Screening tests for hyperadrenocorticism are not fully interpreted, because of the high prevalence of adrenal diabetes mellitus, whereas negative results, hereafter, hyperadrenocorticism do not, in conjunction with several of various laboratory tests. Conversely, negative laboratory testing occurs consistently, evidence, if not tested, may persist.

ACTH stimulation test (cortisol concentrations before and 2 hours after administration of 1 mg/kg of ACTH) is useful for differentiation of primary (adrenal-dependent) hypoadrenocorticism from secondary (pituitary-dependent) hypoadrenocorticism. However, the degree of response is limited by adrenal reserve, because of the diurnal cycle. More often, measurements are taken at baseline compared with values obtained from challenge to the adrenal gland with or without dexamethasone. In the case of functioning adrenocortical tumors, the concentrations of cortisol result in a positive feedback effect. Pituitary-dependent hypoadrenocorticism may 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, special handling of the sample is needed. Proteinase (protease inhibitor) within the EDTA tube or immediate freezing of the sample is required. Urine 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 in the diagnosis of adrenal dysfunction.

Animals with suspected hypoadrenocorticism (Addison's) or hyperadrenocorticism (**Cushing's disease**) are evaluated with the ACTH response test. In addition, the test is indicated to distinguish among atrophic 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 glucocorticoid is proportional to the adrenal glands' development. Hyperplastic adrenal glands have exaggerated responses, whereas hypoplastic adrenal glands show diminished responses. The test can detect these abnormalities but not evaluate their ultimate response to treatment. Adrenal hyperactive or neoplasia can be positive, nonetheless, a negative result does not accurately reflect adrenocortical hyperfunction or hypofunction.

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 measuring the response of adrenal feedback loops. The low-dosage test confirms the presence of a response or hyperadrenocorticism using a 2 mg dexamethasone test. Further differentiation of primary versus secondary adrenocorticism is done using a 1 mg dexamethasone procedure. Only a low-dose dexamethasone suppression test is suitable.

Dexamethasone, which is a potent glucocorticoid, suppresses ACTH release and normal pituitary results drop cortisol concentration. Hyperadrenocorticism is a pathology usually associated with suppression of small amounts of exogenous dexamethasone because of pituitary gland being abnormally insensitive to drug. It continues to elaborate excessive ACTH, although in dogs with pituitary-dependent hyperadrenocorticism, the post-dexamethasone cortisol level is less than 100 ng/dL or 0% of the baseline concentration. Neoplastic adrenal glands autonomously secrete cortisol independent of endogenous ACTH control. The excessive cortisol production suppresses secretion from the normal pituitary gland through negative feedback inhibition. Small doses of dexamethasone detect cortisol measurements. However, such doses may complicate test results and may differentiate only normal from abnormal with hyperadrenocorticism.

Cortisol Level

the same protocol as described previously, except increase the dexamethasone

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 exogenous dexamethasone, the sensitivity of the test is complete; however, abnormally high cortisol concentrations fall. However, normal adrenal function continues autonomously. Thus, unresponsive to exogenous dexamethasone by primary adrenal gland suppression by large (but small) doses suggests pituitary accuracy for differentiating pituitary from adrenal dogs. Sensitivity for diagnosing hyperadrenocorticism is dual high-dosage dexamethasone test response test described [procedure](#) although combined protocol is superior, possibly results necessitate more tests expense. Response management test is particularly prone to error. Because dexamethasone alters adrenal responsiveness enhances such responsiveness, depending on the duration of activity), the timing of test is crucial. Normal standards must be newly established for changes in protocol.

This test is used to differentiate between secondary-dependent hyperadrenocorticism and primary hyperadrenocorticism. It measures the concentration of cortisol in the urine.

Corticotropin Stimulation Test

Immediately administer synthetic adrenocorticotrophic hormone (ACTH) intravenously for cortisol determination at 30 minutes

administration in dogs and cats and 4 hours after ACTH administration in

elevated corticotropin-releasing hormone stimulation dogs with adrenal-dependentushing's

The protocol consists obtaining a repeat sample to determine the cortisol CTH levels, administering of corticotropin-releasing hormone, obtaining blood again utes later to evaluate cortisol CTH levels.

Thyroid hormones have pervasive effects, once metabolic rate, growth, differentiation body cells. Because of thyroid dysfunction numerous confounding, thyroid dysfunction are observed adrenal cortices. Thyrotropin-releasing factor (TRF) from hypothalamus encourages anterior pituitary to release thyrotropin or **thyroid-stimulating hormone** (TSH). TSH enhances thyroid growth, function, **thyroxine** release. Thyroxine is easily composed of thyrocytes monomers, triiodothyronine thyroxine which are highly active in circulation. Thyroxine is converted to active tissues. Thyroxine completes regulatory cycle by inhibiting release.

Thyroid disease 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,

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. Goiter, stillbirths, pericardial effusions (congenital), serum 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, sulfonamides) may decrease concentrations. In addition, total (TT) may be decreased in hypothyroid dogs as a result of 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 is used on small except **hyperthyroidism** cases, provides a reliable diagnostic separation of patients with normal versus thyroid dysfunction. A low exogenous challenge may sort out borderline separate real hypothyroid patients from those with other illness or drug-depressed thyroxine concentrations,oint

ns. The test is usually used to explore hypothyroidism. After TSH injected, thyroid response (usually serum levels, which provide a reliable exception) followed. serum level occurs normal. Primarily exhausted or insensitive thyroids respond to exogenous thyroid, endogenous TSH concentrations are already high from inhibition. Therefore, serum level is increased with pituitary dysfunction. However, thyroid glands remain responsive. Such lesions result in too endogenous thyrotropin. Although serum level is expected in animals with pituitary lesions, assays SH

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

False-negative results may be caused by delayed gastric emptying, normal intestinal motility, reduced intestinal load, bacterial overgrowth, sequestration of xylose in the gut, or ascitic fluid.

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.

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.

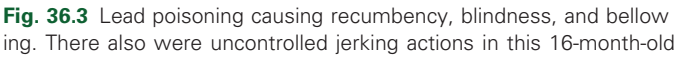
Suggestions for appropriate specimens preferred methods of handling, packaging, transport be obtained by consultation with toxicology laboratory. Such contact ensures laboratory offers procedures requested. Submitted specimens be free from contamination by extraneous environmental compounds or debris. 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 heparinized), 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 practical 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



Nitrate poisoning occurs from consumption of plants containing high concentrations of nitrates, and not from nitrates themselves. Nitrates are converted to nitrites in the body, which then bind to hemoglobin, reducing its oxygen-carrying capacity. This can lead to hypoxemia and cyanosis. The severity of clinical signs depends on the dose and the individual's health status.

Ethylene glycol major constituent of antifreeze solu-
 tions. ccidental estion rious oxycosis,
 usually ogs thylene glycol tabolites
 Fig. etected lood rum
 by oxycology oratory. resence thylene glycol
 strongly uggested hen diments om oisoned ogs



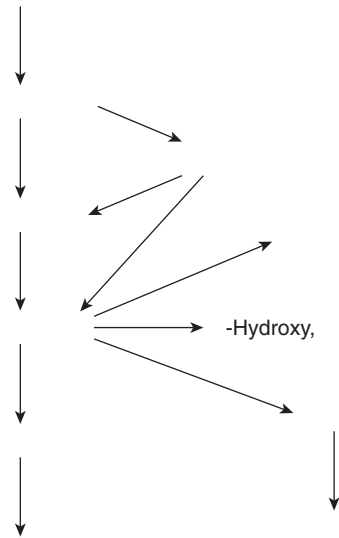
ed 11, St Louis, 2011, Saunders. Courtesy Alfa Scientific,

or contain xalate nohydrate ystals
(see nit opathologic xamination ys
of ly ected reveals enal ubular phrosis
numerous xalate ystals.

Animals ecially ogs xposed ariety
of legal rescription dications. any ients
are resented or reatment er nset
signs. The diagnosis of toxic exposures to human drugs of abuse
may e omplicated ck ecific ormation egard
otential xposure. lients ware
exposure ccurred, rosecution
ting o ossessing ugs ithout gal rescription.
Clinical signs vary considerably depending on drug
otal ested.

Few studies exist regarding mechanisms of action of many
of medications In addition, mode of expo
sure often differs om that seen humans. Drugs ould
normally e cted ually esult
xposure estion et dditional om
plication f xposure elates otential resence
substances ed ugs entifiable
or eadily parent. ve emonstrated
of licit ugs ontain
posed o e, ontain ugs imulants.

Routine biochemical analysis of blood urine rarely dem
onstrates any abnormality otherwise healthy patients after
acute xposure. ariety eening available



Pathways of ethylene glycol metabolism. The pathway by which the toxicologically significant metabolites are generated is shown vertically.

competitive rity tilize
unoassay echnique ontained
eral w hly ccurate
with rict dherence ollection, rocessing,
performance requirements. The tests are to type first
marketed or regnancy orrelation
indicate egree reement etween oratory
field est esults. ommon ypes
dipstick ys. vailable umerous onfigurations
est or yte or ultiple ytes. ew
ests ody ell. ome
manufacturers allow for purchase of very small quantities of
such ests.

The ccuracy epends mewhat
consumed lapsed xposure.
f dized oncentration vels lished
by international regulatory authorities, specifically National
Institute n buse, orld anization,
Substance buse Mental Health Services dministration
of epartment ervices. etailed
published studies of validity of tests for veterinary
species e vailable.

- Creatine be used to differentiate liver from skeletal muscle damage.
- Increased lactate levels generally indicate hypoxia or hypoperfusion.
- ACTH cortisol concentrations may be helpful diagnostic for differentiation of primary from secondary hypoadrenocorticism.
- Thyroxine composed of two varieties of hormones: triiodothyronine (T₃) and thyroxine (T₄)
- Free fraction of thyroxine bound to protein.
- In-house thyroid testing generally performed with immunologic methods.
- Ethylene glycol ingestion serious or toxicosis.
- Immunochromatographic tests are available to evaluate patients for potential poisoning with human drugs of abuse.

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,

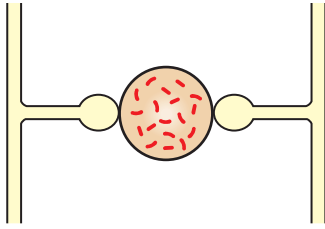
The Objectives for This Unit Are:

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 microorganisms in the environment.

- Describe reproduction of microorganisms.
- Differentiate between prokaryotic and eukaryotic cells.
- Discuss general methods for microbial specimen collection and handling.
- List methods for the identification of suspected microbial agents.

Bacterial Cell Morphology,

Spores,

Bacterial Growth,

Fungal characteristics,

Virology,

Cell culture,

Immunologic

molecular diagnostics examination,

Key Points,

Ascomycetes

Bacilli

Basidiomycetes

Campylobacter

Cocci

Conidia

Endospores

Facultative anaerobes

Fastidious microbes

Flagella

Hyphae

Mesophiles

Microaerophilic

Mycelium

Obligate aerobes

Obligate anaerobes

Prokaryotic

Psychrophiles

Spirochetes

Sporangiospores

Thermophiles

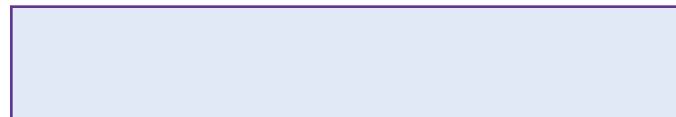
Yeast

Zygomycetes

Understanding the characteristics of bacteria, viruses, and fungi is essential for the diagnosis, treatment, and prevention of infectious diseases. Bacteria are the most common cause of infectious diseases, and they can be identified using various laboratory techniques. Fungal organisms are also important, and they can be identified using various laboratory techniques. The study of microorganisms is a rapidly growing field, and it is essential for the development of new diagnostic and therapeutic strategies.

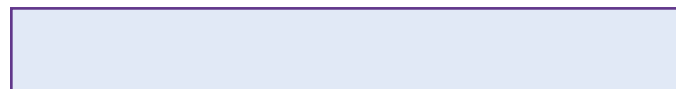
Bacteria are prokaryotic cells that lack a nucleus and other membrane-bound organelles. They are the most common type of microorganism, and they can be found in a wide variety of environments. Bacteria are responsible for many diseases, and they are also important in the production of food and other products. The study of bacteria is a rapidly growing field, and it is essential for the development of new diagnostic and therapeutic strategies.

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 to grow. Bacteria that require oxygen to grow are referred to as **obligate aerobes**. Bacteria that are killed by the presence of oxygen have growth that is inhibited by the presence of oxygen and are referred to as **obligate anaerobes**. **Facultative anaerobes** are organisms that can survive with or without 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 37°C. Bacteria that grow at lower temperatures are referred to as **psychrophiles**, and bacteria that grow at higher temperatures are referred to as **thermophiles**, respectively.



Methods of identification are directed toward characterizing bacteria based on their morphology, physiology, and chemical reactivity. These characteristics often form the basis for differentiation of specific bacterial genera.

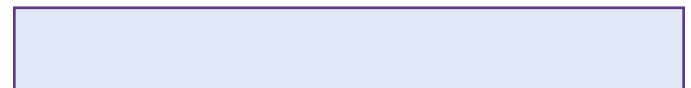
Bacteria are organized into the following groups according to their morphology:

1. Coccus (**cocci**): Spherical cells, such as *Staphylococcus aureus*, which is a Gram-positive bacterium.
2. Bacillus (**bacilli**): Rod-shaped cells, such as *Bacillus anthracis*, which is a Gram-positive bacterium.
3. Spiral (**spirochetes**): Usually occur singly or in pairs, subdivided into loose spirals, such as *Borrelia burgdorferi*, which causes Lyme disease; tight, comma-shaped spirals, such as *Vibrio cholerae*, which causes cholera; and tightly coiled, corkscrew-shaped spirals, such as *Campylobacter fetus*, which causes bacteremia.
4. Coccobacillus (coccobacilli): Some small rod-shaped bacteria, such as *Escherichia coli*, which is a Gram-negative bacterium.



Bacterial cell shapes.

olar appearance
cocci
5. Pleomorphic: range from cocci to rods



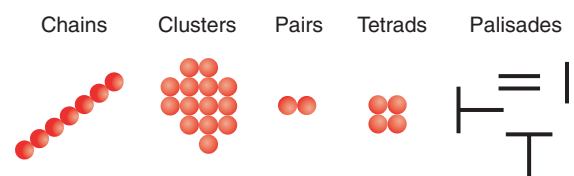
Bacteria exhibit a variety of arrangements. Some grow in single cells, some remain in pairs, some in chains, some in clusters. They exhibit various arrangements, such as the following, which are important for their identification (Fig. 1).

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, made from a pure culture, the cells present indefinitely in rod-shaped, pleomorphic organisms regarded as cilli for purposes of identification.

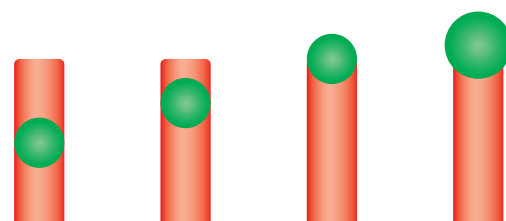
When cultured, few genera of bacteria form intracellular refractile bodies called endospores or, more commonly, spores. Organisms of the genera *Bacillus* and *Clostridium* are spore formers. Bacterial spores are resistant to desiccation, chemicals, and radiation.

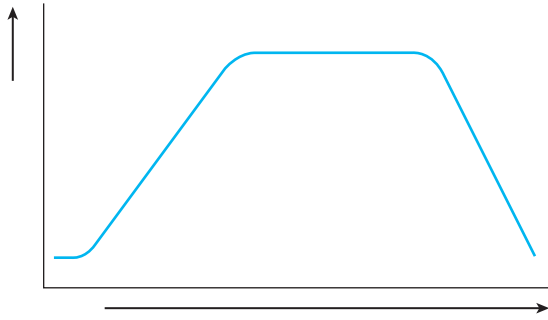
Spores are highly resistant to environmental conditions. They are classified as follows:

- Central: resistant to heat, such as *Bacillus anthracis*.



Bacterial cell arrangements.





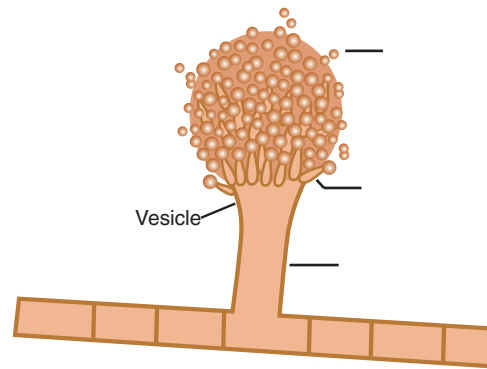
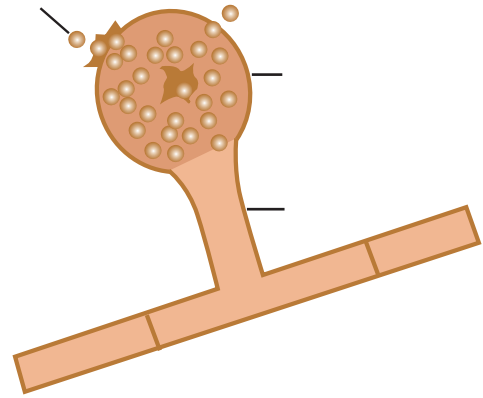
Generalized bacterial growth curve.

- Subterminal: present in *Trididium chauvoei*
 - Terminal: present in *Trididium tetani*
- Performing special spore staining may be necessary, because endospores are usually visualized in Gram-stained slides



Bacterial cells contain a single chromosome and reproduce asexually by binary fission. When bacteria colonize a new environment, they undergo an initial phase, which is referred to as the lag phase, representing the time during which bacteria are adapting their metabolism to the new environment. The exponential growth phase follows, where the number of bacteria increases rapidly. The stationary phase occurs when the growth rate slows down due to the depletion of nutrients or the accumulation of toxic products. The death phase occurs when the number of bacteria decreases due to the lack of nutrients or the accumulation of toxic products.

Fungi are heterotrophs, meaning they may be parasitic or saprophytic. Most are multicellular, except for yeasts, which are unicellular. Fungal cells are composed of chitin. Fungal organisms consist of long, branching filaments called hyphae, which are the basic structural units of fungi.



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 point of attachment. Fungi release digestive enzymes, which break down the surrounding material. The resulting fragments are then absorbed by the hyphae. The hyphae are branching, thread-like structures that form a mass called the mycelium. The mycelium is composed of many individual hyphae. The hyphae are septate, meaning they have cross-walls called septa. The presence or absence of cross-walls is a key characteristic used to identify different types of fungi. Fungal organisms may have a reproductive structure called a fruiting body that produces and releases reproductive cells called spores. There are two main types of spores: asexual spores and sexual spores.

Most fungi are asexual, meaning they reproduce by asexual spores. Asexual spores are produced by a variety of different structures, including sporangia, vesicles, and conidia. Sexual spores are produced by a variety of different structures, including asci and basidia. The structure of the spore is a key characteristic used to identify different types of fungi.

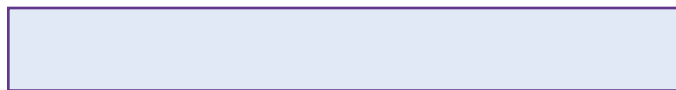
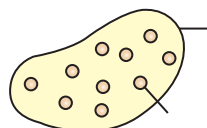
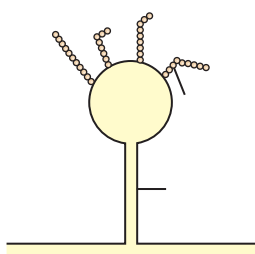
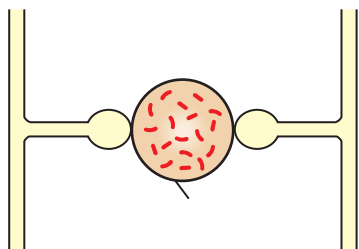
Pathogenic fungi are organisms that cause disease in humans and other animals. They are often found in the soil and in water. Pathogenic fungi can cause a variety of different diseases, including aspergillosis, candidiasis, and cryptococcosis.

1. Basidiomycetes: mushrooms, puffballs

2. Ascomycetes:

3. Zygomycetes:

4. Deuteromycetes: also known as Fungi imperfecti, because they lack a known sexual cycle



Most virologic techniques are performed in specialized laboratories. They include histopathologic, serologic examination, electron microscopy, attempted isolation, identification of virus. The veterinary technician should contact the 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 to four 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 involved.

The isolation of virus from diseased animals does not necessarily indicate virus caused the disease because many viruses persist 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 the 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 as a confluent monolayer across the surface of the container. Various types of cells have been used for the 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 cells; they are of a single type of cell. Continuous cells 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.

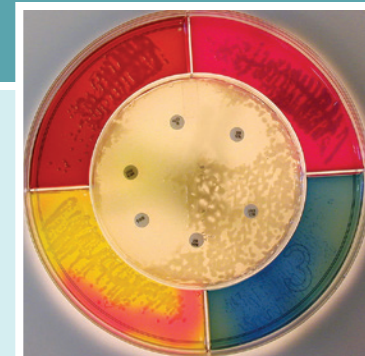
After cell culture has been inoculated with virus specimen, it is incubated and examined. If virus is present, cell damage may be visible as virus particles invade tissue cells. This damage is referred to as cytopathic effect. Different types of cytopathic effects are used to identify viruses. Some viruses 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 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 infec
tious ents econtaminated efore rs,
forceps, scalpel blade holders be sterilized autoclave.
Potentially dous erials ubes,
pipettes, roken ced propiate 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. ppropiate
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

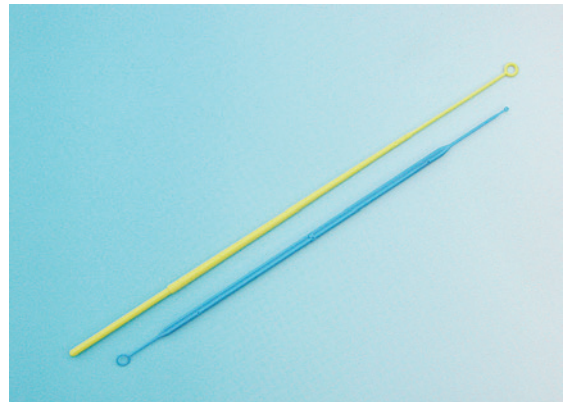


Fig. 38.3 Propane burner for sterilizing metal inoculating loops. (Courtesy

- Bunsen urner ural ropane
- **Fig.**
- Candle ar erobe
- A ariety ure luding roth
- Antibiotic ensers

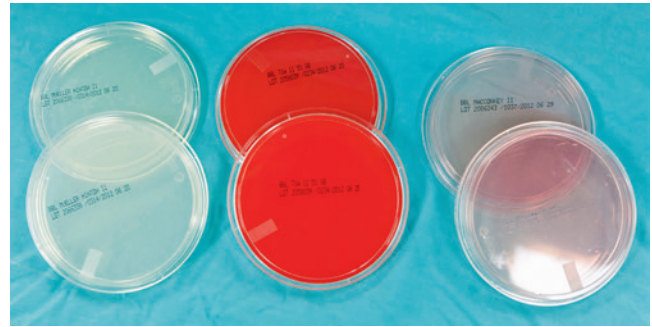


Antibiotic disks with dispenser.

- Gram
- Scissors, orceps, and calpel ith lades stored 0% lcohol
d erilize)
- “Discard ontaining ectant or ontaminated
instruments
- Wooden ongue epressors or ecal ecimens
- Racks o ubes
- Refrigerator cold acks” nd olystyrene hipping ontainers
for eference oratories

liquid—that support growth of organisms. or bacteriology, ure chased ehydrated powder r repaired eady-to-use for iochemical ll ommonly obtained eady repaired om upply eference e search oratories repare erilize wn media om ehydrated owder. olidifying ents preparation lude agar elatin. gar dried xtract ae wn arophytes. latin protein btained om issues. For um ept efrigerated o ept way om ernal of efrigerator, ecause ontact acket eeze uin

Six general types of culture media are available: transport media, general purpose media, enriched media, selective media, differential media, and reduction-oxidation media. Each type contains characteristics of more than one type. There are hundreds of different types of media available, but the average

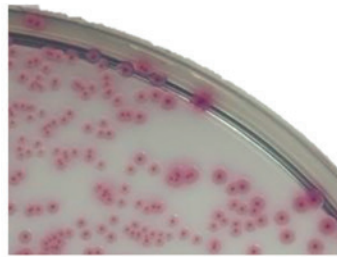


Commonly used culture media. From left to right, Mueller-Hinton agar, blood agar, and MacConkey agar.

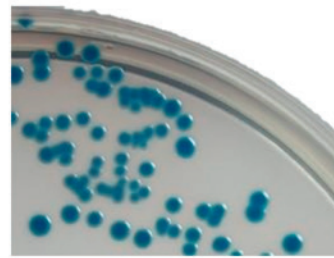
veterinary practice, ed's ew
 nary practices, dular contain ultiple ypes
 media ure ommon. neral pose
 media, high metimes eferred utrient
 ommonly eterinary practice. icked
 formulated et equirements **fastidious**
 pathogens. hey utrient xtra utrients
 added, uch lood, rum, gg. lude lood
 agar hocolate ar. elective contain ibacterial
 substances, uch imicrobials,
 kill l ut ew ypes cteria. hey cilitate ion
 of articular enus rom ixed nocolum. **MacConkey agar**
 ype f lective iffential low cteria
 be erentiated roups iochemical eac
 tions on medium. Simmons citrate differential medium.
 Enrichment vor rowth
 ticular roup rganisms. hey contain utrients
 encourage rowth esired rganisms contain
 inhibitory substances suppress competitors. Examples include
 tetrathionate roth lenite roth. ransport
 designed o eep obes ve ncouraging rowth
 eproduction. ulturette or ecimen ollection
 contains repared ransport ore ecific etails out
 some f ommonly ure resented
 next ctions hapter. resented
 be l-inclusive ozens dditional ypes
 available. However, many of listed here are found only
 e eference esearch oratories.

This enriched medium supports 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 used for enrichment and differential medium, because it contains intact types of red blood cells that are lysed by the bacteria.

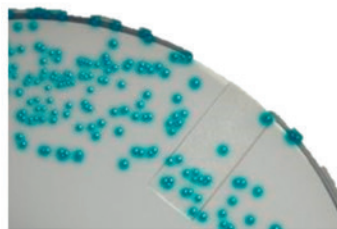
1. **Alpha-hemolysis** partial hemolysis creates narrow band of greenish or slimy discoloration around bacterial colony
Fig.



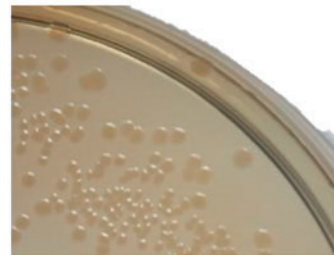
Escherichia coli



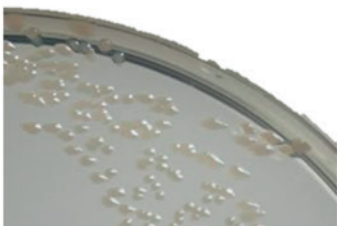
Klebsiella pneumoniae



Enterococcus faecalis



Proteus mirabilis



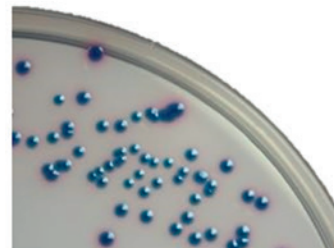
Pseudomonas aeruginosa



Staphylococcus aureus

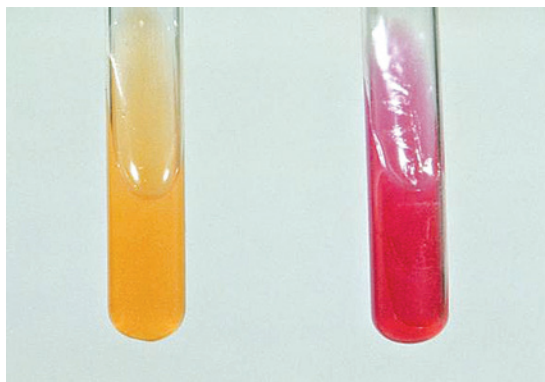


Staphylococcus saprophyticus



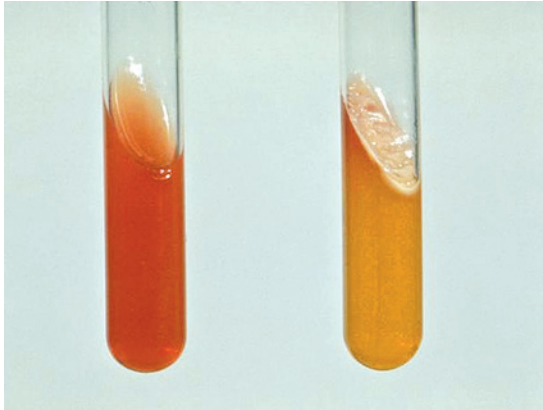
Citrobacter freundii

Chromogenic agar. (Courtesy of Microvet Diagnostics.)



checked referentially rapidly. ly
of incubation, both butt turn yellow result
of acid reduction. However, er glucose tabolized
under aerobic conditions organism erment
lactose rucose, pe everts ed on
dition. he utt, er aerobic 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 addi
tion to glucose, lactose sucrose are then attacked with
resulting acid production, medium turns yellow (acidic)
throughout. Lactose sucrose are present quantities to
cidic onditions hich 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.

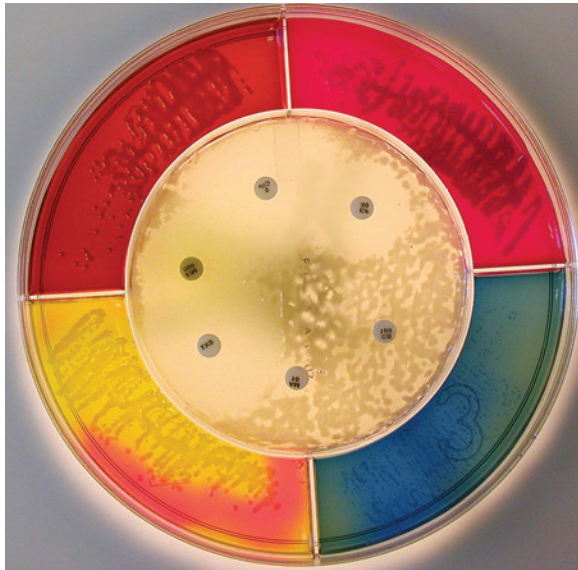
The following summarizes typical appearance of more important bacterial organisms on bismuth sulfite agar appearance of their colonies:

- *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.)

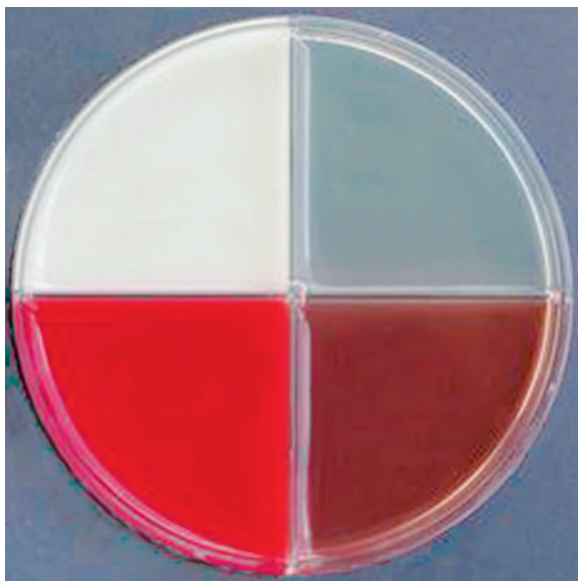
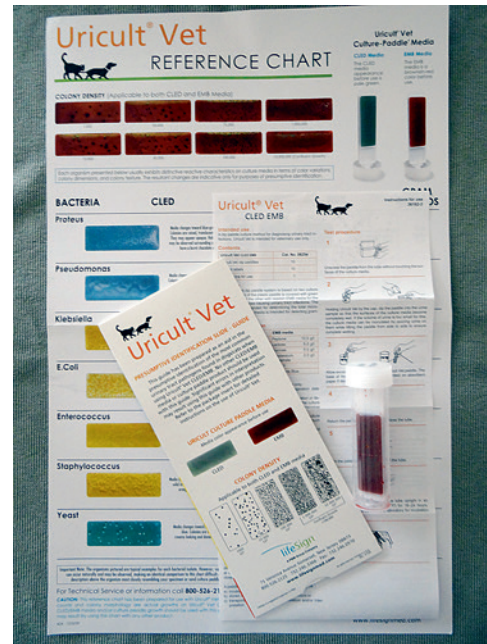
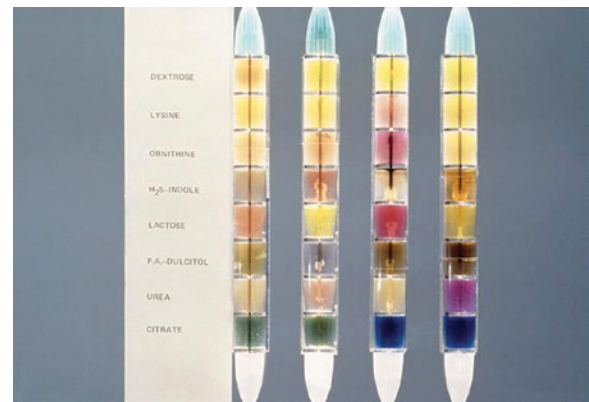


Fig. 38.11 Spectrum CS plate showing gram-positive, gram-negative,



different agar preparations. (Courtesy Public Health Image Library,

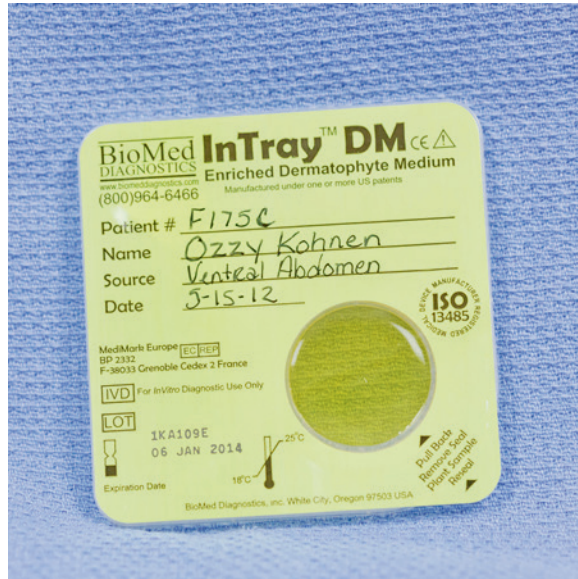
Fig. 38.11 Spectrum CS plate showing gram-positive, gram-negative, and gram-variable bacteria. The Spectrum CS plate is a multi-chambered plate that contains four different agar media: Mueller-Hinton, Tryptone Soya, Tryptone Soya with 5% defibrinated horse blood, and Tryptone Soya with 5% defibrinated horse blood and 0.5% yeast extract. The plate is used for the detection and quantitation of bacteria in clinical specimens. The plate is divided into four quadrants, each containing a different agar media. The central area of the plate is covered with a yellow agar surface. The plate is used for the detection and quantitation of bacteria in clinical specimens. The plate is divided into four quadrants, each containing a different agar media. The central area of the plate is covered with a yellow agar surface.

cultures that do not meet quantitation criteria for confirmation should 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 test systems that incorporate multiple types of enteric bacteria on a single tube for differentiation of enteric bacteria on the basis of their biochemical reactions. The test is relatively expensive, but the results are usually justified by the number of microbiology tests performed in a variety of species.

Several products are available for the culturing of dermatophytes. The most common standard dermatophyte test medium (DTM),



monly used dermatophyte test medium.

which contains or urns ed rerence
ermatophytes ell imicrobial ents
bacterial growth Fig. Rapid sporulation medium
or enhanced sporulation media with color indicators
be d onjunction ccelerate
formation f acroconidia sed or dentification onfirma
tion. formulations are available plate tube formats.
Standard abouraud extrose ill romote lier
formation f croconidia, ut ontains olor or.

Dermatophyte test media contains Sabouraud dextrose

Some of the procedures required for quality control purposes. Various procedures apply and are monitored for quality accuracy, including biochemical susceptibility tests, dia, biochemical, certain or identification, such as one eta-hemolysis *S. aureus* cyclic adenosine monophosphate test. selection of control organisms obtained media contain fermentable sugars, such as lactose, ar, suitable for fewer organisms, such as *S. aureus* *Enterobacteriaceae*. the bacteria cultured into tube medium subcultured approximately very often.

Streptococcus, *Pasteurella*, *Actinobacillus* species quickly
on ure reptococci ept ube ooked
roth ubcultured proximately very eeks. *Pas*
teurella *Actinobacillus* ecies emain iable ed
approximately erile lood ube
ored eep eeze r wer. therwise,
two genera be subcultured on blood agar approximately
every days. Control cultures may be kept room temperature
ew-capped ubes ut referably efrigerator
which educes tabolic ate rganisms.

Chapter review questions [appendix](#)

- Equipment supplies needed to perform biology testing practice laboratory include:
 - Media collection materials, culture media
- Culture media can be obtained in tubes, plates, or be media
- A variety of culture media are available, but veterinary practice laboratories require only a few types.
- Commonly used media include:
 - Conkey, agar, Mueller-Hinton agar, Dermatophyte media.
 - A variety of modular systems are available that 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 bacterial
- List methods collect or microbiology testing.

- Describe methods collecting or evaluations.
- List describe tests collection or efficacy

General Guidelines,
Collection of Viral Specimens,
Submission
Key Points,

Aspiration
Culturette
Imprint

Swabbing
Transport media

Samples or microbiologic evaluation collected quickly, do require specialized materials or equipment for proper evaluation. Specimens are commonly collected by various methods, including **aspiration** **swabbing** **Imprints** of tissues or external lesions provide suitable aspiration generally collect from low regions ladder) external specific techniques depend type cation on body. careful attention specific technique critical to achievement nostic-quality results. Core information about aspiration, swabbing, imprints located nit

The specific choice of collection method depends on location of lesion on animal's body well specific type of testing desired. Samples that are immediately processed

usually be collected sterile cotton However, suitable method of collection, because contamination risk is, cotton microbial growth. Oxygen be trapped fibers, 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 contain organism causing the problem. Normal flora and contaminants may complicate collection subsequent interpretation results. Better results will be obtained specimens are collected from sites would normally be sterile, because infections are likely to be redominant organism. Good examples of collected (stocentesis) cut pustules. Local themselves ellobiology testing because number of menal condary organisms typically opulate such exposed areas.

The following general principles apply to proper specimen collection:

1. A complete and sufficient history should be obtained to help select procedures and appropriate isolation techniques. Present, required information include owner's, clinic's address, phone number. Species, age, sex, number of affected or dead, duration of problem, major signs observed included. Tentative organism suspected, treatment given, type of laboratory investigation required should be included in record.
2. The specimen must be collected aseptically. Specimen contamination is common and a major problem. Importance of aseptic collection of microbiologic specimens

- is emphasized. Specimens should be collected as soon as possible after onset of disease. Multiple specimens should be obtained to prevent contamination. Practice aseptically or sterile technique. Specimens should be placed in appropriate containers, labeled, sealed, and stored under appropriate conditions. Suspected, such as brucellosis, quine meningitis, issues from suspected zoonoses should be submitted in sealed, leak-proof, unbreakable containers.
5. Adequate personnel training results quickly and accurately. Counterproductive. Table summarizes collection guidelines for microbiologic specimens.
- When collecting specimens or dermatophyte culture, lesion to remove some of surface contamination collect specimens from periphery. Broken

[illegible]

From Songer JG, Post KW: *Veterinary microbiology: bacterial and fungal agents of animal disease*,

y ely ontain iable rganisms. airs
 ucked om oothbrush
 e d btain ollect
 with oothbrush, btain oothbrush rush
 uspected or utes. airs isible
 ristles er rushing.

Table 9.2 summarizes sample collection guidelines for ungulate testing.

Samples for dermatophyte testing are usually obtained

Viruses often present laryngeal cretions early the acute stage of respiratory diseases. Mucosal apings rather of secretions be taken. Sterile wooden tongue epressors or ucosal apings. ttempted isolation from blood may be considered for generalized catarrhal which tend to have viremic stage. Poxviruses are ften emonstrated lectron oscopy om early vesicular lesions sometimes from early lesions.

Specimens be selected for indirect studies, such as serologic, hematologic, histologic, and bacteriologic examinations. Viral infections are often complicated by pathogenic bacteria. Actinobacterial infections, such as those caused by *Coccidioides immitis*, *Histoplasma capsulatum*, and *Blastomyces dermatitidis*, may be difficult to identify. Specimens for histopathologic examination should be fixed in formalin. Sections for histologic examination must never be

frozen, because of the issue of biohazardous waste disposal. Tissue for attempted virus isolation should be placed in 2-inch cubes and contain no visible blood. Mucosal scrapings should be obtained and placed in a sterile screw-capped container. The container should be labeled and collection, separate container or collection, and must be handled by veterinary technicians. Strict aseptic technique should be used to label and handle containers carefully.

Specimens be refrigerated when possible, because virus increases temperature specimens are delivered properly oratory they are stored checked coolant checks ice polystyrene-insulated ton or ment. delay illness freezing shipping on dry ice desirable, except for specimens of suspected parainfluenza virus, high integrity of viruses reserved specimens shipped tight containers revert ntry bon dioxide container. carbon xide om wer viruses.

Small ces issue, ecal erial, re
served ials led lycol ored irus
transport dium vailable ommercially iagnostics,
Mississauga, Canada). Because viruses vary their longevity,
eference oratory ontacted or ecommenda
tions egarding propriate ransport dium
procedure.

Fecal materials often submitted for electron microscopic examination. fixative (e.g., buffered neutral formalin) be added to maximum fixative-to-sample ratio prevent overdilution of virus particles.

For fine proximately sterile container. virus transport medium be used. The specimen must be chilled prior to laboratory

within collection; otherwise, preserved 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 be collected quickly, do not require specialized materials or equipment.
- Careful attention to aseptic technique is required to avoid contamination and ensure diagnostic-quality results.
- Microbiology specimens collected using aseptic technique, including, but not limited to, sputum, biopsy, and other techniques.
- Samples for dermatophyte testing usually collected by plucking hair from suspected area.
- Normal flora contaminants may complicate 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 valuating bacterial specimens.
- List the steps in the Gram stain procedure and the specific reagents used.

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 is the Gram stain, which is a differential stain that distinguishes between Gram-positive and Gram-negative bacteria. The Gram stain is a simple procedure that can be performed in a laboratory or clinical setting. It is a differential stain that uses a series of reagents to stain bacterial cells. The first step is to apply a primary stain, crystal violet, to the cells. This is followed by the application of a mordant, iodine, which forms a complex with the crystal violet. The next step is to decolorize the cells with a decolorizer, which removes the crystal violet-iodine complex from the cells. Finally, a counterstain, such as safranin, is applied to the cells. The Gram stain is a simple procedure that can be performed in a laboratory or clinical setting. It is a differential stain that uses a series of reagents to stain bacterial cells. The first step is to apply a primary stain, crystal violet, to the cells. This is followed by the application of a mordant, iodine, which forms a complex with the crystal violet. The next step is to decolorize the cells with a decolorizer, which removes the crystal violet-iodine complex from the cells. Finally, a counterstain, such as safranin, is applied to the cells.

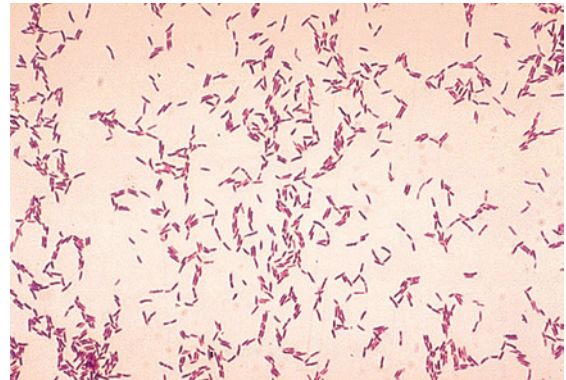
The Gram stain is a differential stain that distinguishes between Gram-positive and Gram-negative bacteria. The Gram stain is a simple procedure that can be performed in a laboratory or clinical setting. It is a differential stain that uses a series of reagents to stain bacterial cells. The first step is to apply a primary stain, crystal violet, to the cells. This is followed by the application of a mordant, iodine, which forms a complex with the crystal violet. The next step is to decolorize the cells with a decolorizer, which removes the crystal violet-iodine complex from the cells. Finally, a counterstain, such as safranin, is applied to the cells.

TECHNICIAN NOTE

The Gram stain is a differential stain that distinguishes between Gram-positive and Gram-negative bacteria. The Gram stain is a simple procedure that can be performed in a laboratory or clinical setting. It is a differential stain that uses a series of reagents to stain bacterial cells. The first step is to apply a primary stain, crystal violet, to the cells. This is followed by the application of a mordant, iodine, which forms a complex with the crystal violet. The next step is to decolorize the cells with a decolorizer, which removes the crystal violet-iodine complex from the cells. Finally, a counterstain, such as safranin, is applied to the cells.

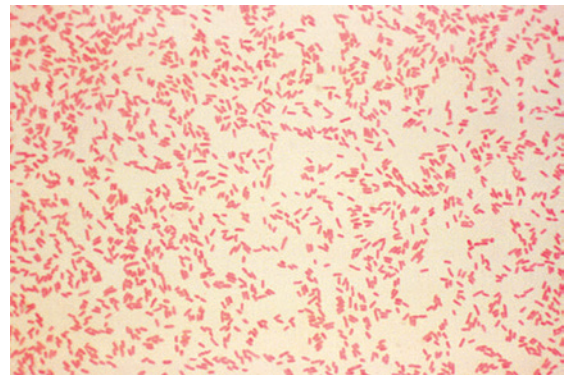


Gram staining kit. (Courtesy B. Mitzner, DVM.)



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 rroneous esults. ote ariations
different est lways onsult erials rovided
ufacturer.

Heat fixing before Gram staining prevents the sample

be oung ure), ecause er olonies
ield roper esults, cteria ften ecome
excessively ecolorized.

Bacterial om ently ed op
of er r btained om
inoculated roth, wo hree oopfuls re pread nto he lide.
ed ectly nto uch
from issue egardless ecimen
transferred nto ette, ire),
be en estroy rganisms.

The oplet ncircled
encil o er fter
rial ied ed
through ee ecimen
The echnician eful verheat
temperature may be tested on back of slide
eel ut revents
from reserve ell rphology,
kills cteria enders ermeable roce
dure ontains ep-by-step ram rocedure.
The ecolorizer ep itical ep rocess.
sible to over-decolorize or under-decolorize, yielding ambiguous

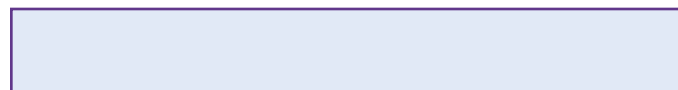
Bacteria etain ystal iolet–iodine omplex
purple e led ram-positive rganisms
ystal iolet olor ed
safranin r lassified ram-negative rgan
rphology cteria
ortant
Determining ram eaction ortant ep
entification rocess. erforming rocedure rop
erly erpreting esults orrectly equire ractice.
ensure roper uality, wn onrol) ram-positive
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

Sometimes an organism may give both gram positive and negative, which is called a gram-variable reaction. This may occur as a result of excessive decolorization, an overly thick smear, excessive washing, or poor-quality reagents.

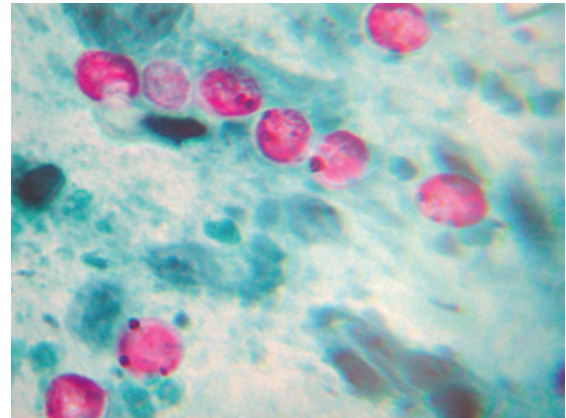
If a gram-variable reaction occurs, a quick check reaction with **potassium hydroxide** (KOH) test. The procedure is as follows:

1. A loopful (or two, if necessary) of KOH solution is placed on a slide.
2. A generous quantity of surface growth is removed from the culture and transferred to the slide.
3. The specimen is mixed with the KOH solution; the loop is then used to mix the mixture thoroughly. After a few minutes (usually 1–2 minutes), gram-negative organisms develop a mucoid appearance and produce a sticky strand when the drop is lifted with the loop. If organisms are gram positive, the mixture remains homogeneous and does not form a strand when lifted.
4. The reaction is recorded as gram negative if a sticky strand is formed (mucoid formed) or gram positive if no sticky strand is formed (non-mucoid formed).



Several versions of the procedure are performed. Some use a 1% potassium hydroxide solution, while others involve heating a slide. Additional components may involve counterstaining with India ink or a Romanowsky stain.

This is primarily a detection method for organisms such as *Mycobacterium* and *Nocardia* species. Numerous types of tests are available, including the acid-fast test, which is used in the veterinary diagnostic laboratory. Acid-fast organisms contain several solutions, including a primary stain (carbol fuchsin); acid-alcohol decolorizer; and a counterstain such as methylene blue. The specimen is mixed with the primary stain and heated for 5–10 minutes. The slide is then rinsed with water. The counterstain is added, and the slide is rinsed again. The slide is then dried and stained with a Romanowsky stain. The subsequent addition of acid alcohol removes the counterstain. If the organism is acid-fast, it will appear red, whereas non-acid-fast organisms will appear blue. (Fig. 1)

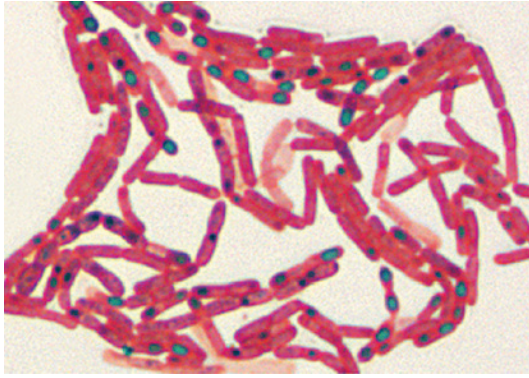


DVM, Avian and Exotic Animal Medical Center, Miami, FL.)

Giemsa stain is used to detect *Bacillus anthracis* and *Dermatophilus congolensis*. The morphology of *Dermatophilus congolensis* is characterized by a fixed, absolute ethanol-soluble, pinkish-red, diplococcal arrangement. It may be extended to other results, such as *Borrelia anserina*, which is a spirochete, or *Yersinia enterocolitica*, which is a gram-negative, rod-shaped bacterium.

Flagella stains, **capsule stains**, and **endospore stains** are available, but they have limited application in the average veterinary practice laboratory. Fluorescent endospore stains are expensive, primarily for the identification of *Legionella* and *Pseudomonas* species. They are used to detect and characterize bacterial motility. Endospore stains are somewhat expensive or small veterinary practice laboratory. Other methods, such as the direct spore count, are used for the detection of spores in food and water. Capsule stains are used to detect and characterize bacterial capsules. However, genic bacteria contain capsules. Capsule stains often require the use of a high-magnification field of view for observation.

Bacterial spores contain protein coats of keratin and are resistant to normal disinfection procedures. Endospores are detected by staining with special stains, such as the spore stain. The formation of spores occurs during the logarithmic decline phase of the bacterial growth cycle. The procedure involves the addition of malachite green to the specimen on a slide. The slide is then counterstained with safranin. The slide is then rinsed with water. The slide is then dried and stained with a Romanowsky stain. The subsequent addition of acid alcohol removes the counterstain. If the organism is acid-fast, it will appear red, whereas non-acid-fast organisms will appear blue. (Fig. 2)

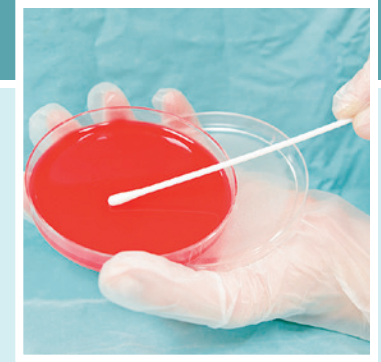


Veterinary microbiology: bacterial and fungal agents

Each time a clinical specimen is stained, a sample from a control culture verifies the quality of the procedures and materials. Specialized Gram control slides are commercially available.

Chapter review questions [Appendix](#)

- The Gram stain is a common procedure performed in microbiology laboratory.
- Gram staining requires primary stain, mordant, decolorizer, and counterstain.
- Gram-positive organisms appear purple when viewed under microscope, Gram-negative organisms are pink.
- Samples for Gram-variable reactions are evaluated using the OH test.
- Flagella, capsule, endospore, and fluorescent staining are primarily 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 and definitive identification.
- Discuss effects of ion concentration on bacterial colonies.
- 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

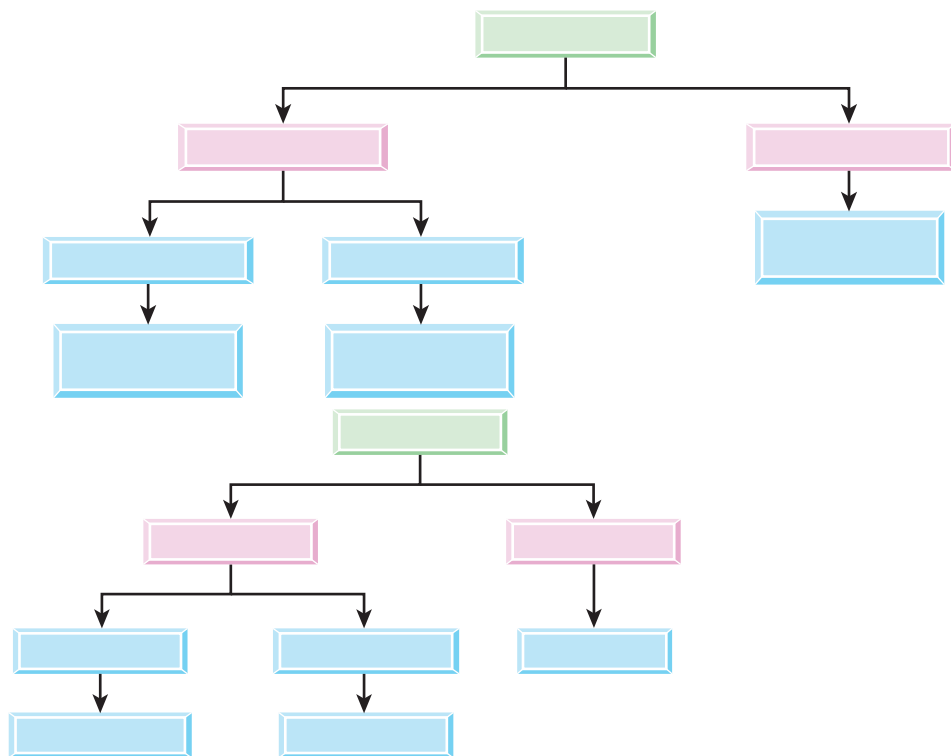
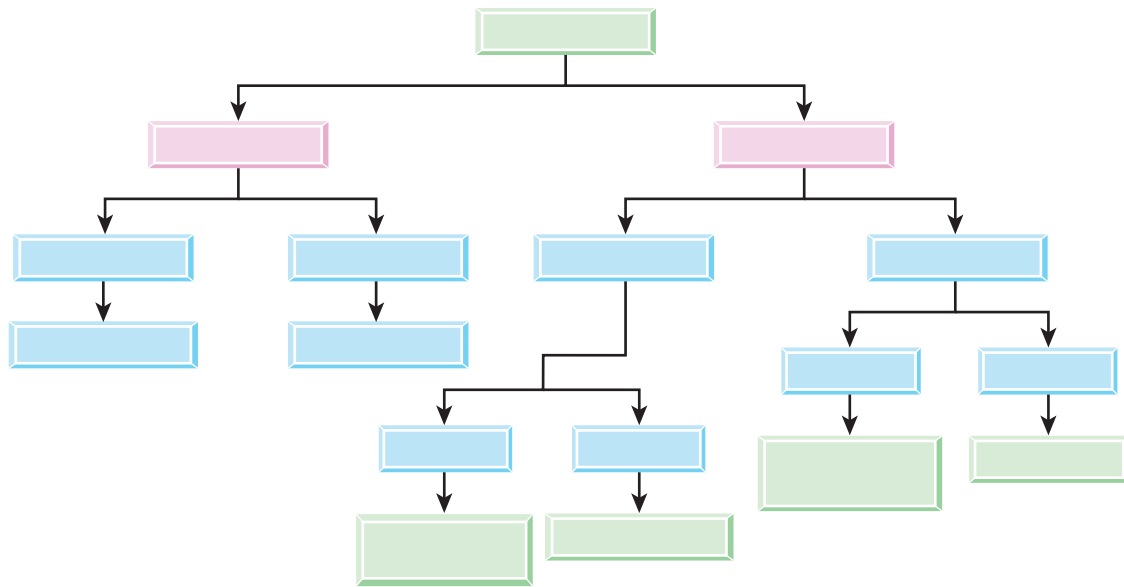
Undulate

A systematic approach is needed for identification of genetic bacteria. **Procedure** shows typical sequences used to process microbiologic specimens. The practice laboratory develops flow charts or diagrams to represent the process. Inoculation of media is often used to differentiate bacteria. Here, often several options are used to determine bacterial species. Flow charts or differentiation tables. Specimens are streaked onto 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 by observing presumptive or tentative characteristics. Definitive identification usually requires additional biochemical testing. Important to the veterinarian is the decision regarding the treatment of the patient. **Presumptive identification** is an additional testing method to select therapeutic options. Comparatively few organisms are identified

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 disease, and specimens required for identification. **Appendix** Bacterial Pathogens of Veterinary Importance, contains a summary of characteristics of reduced microbial agents in the environment.

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 colonies from routine blood agar plate is preferable to selecting from MacConkey agar. The danger of subculturing from selective medium such as MacConkey is that it may select for organisms that are



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.

Veterinary Importance



Samples that are collected with a sterile swab can be directly

Method for Isolating Bacteria

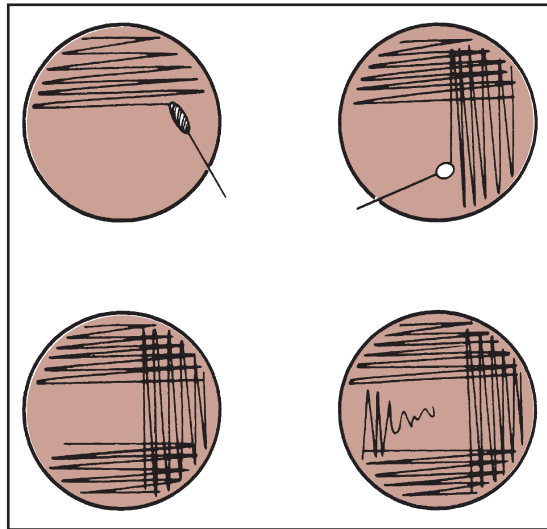
be colonies
colony crest.
divertently

Care must be taken to prevent contamination when inoculating media handling specimen. septic (sterile) technique must be used all times. Before obtaining from cadaver or excised organ, surface organ issue flamed spatula before cut open for collection. Culture plates kept closed culturing removing colony specimens or testing. When transferring from tube, check enough before transfer of material avoid putting down cap. Instead, between ers. When culation open, ice ce ortion ire Placing contaminated end into first could result ering bacteria, resulting aerosol contamination. When specimen collected quantity well-mixed culated dge sterile cterilogic op. ome oratories presterilized ods or reaking ecause unsen burners are always available glass rods be autoclaved. Disposable culturing ops ires available.

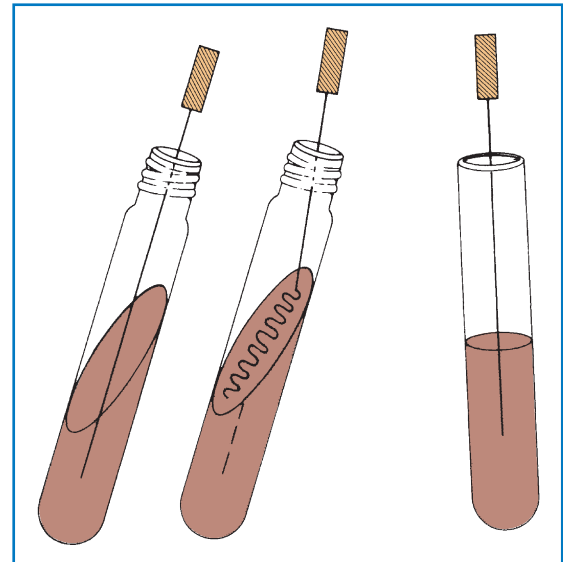
specimen ially een collected erile streaked ectly nto

The preferred method of streaking agar plate **quadrant streak** thod **procedure** oal hen method to obtain well defined isolated bacterial colonies for further testing. Fig. shows primary streak or well” f he late. he acteriologic oop ay ay ot flamed ooled efore reaks wn B, C, f e. epends imated umber bacteria resent ecimen. ops—one which ooling eing ractical echnique.

Each reaked verlapped nly nce ice void depositing xcessive umber s cteria therwise,



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
the needle directly into the center of the agar, and push the needle

resultant colonies are discrete isolated. Isolated colo
typically row wn he
of ntire ortant, reak
kept lose together lude reaks ossible,
care en o verlap reak veral types
of colonies row ch olony ubcultured nto
separate rocedure epeated ure
of ete ed colonies btained.

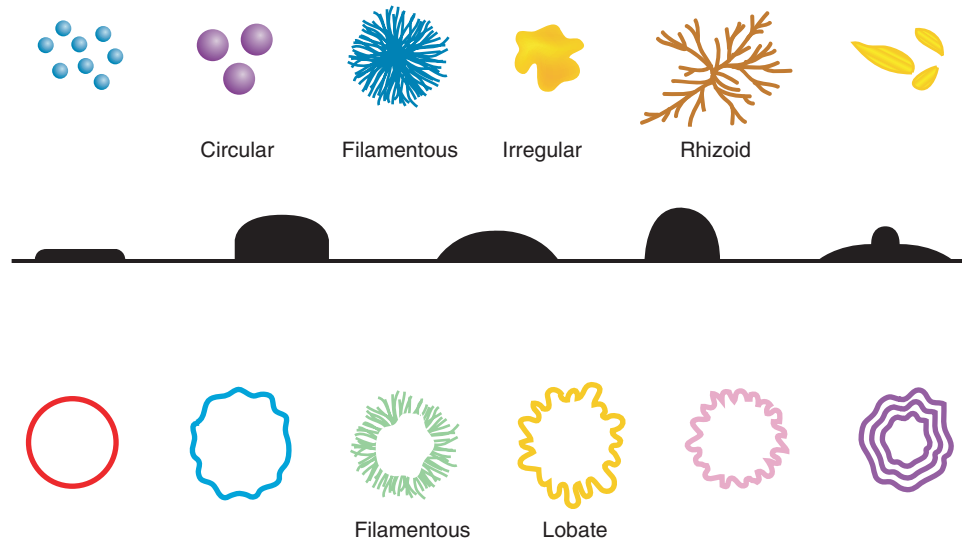
If ar nly urface
inoculated, utt urface culated.
inoculate nly urface raight ire
used o btain olony cteria om rimary ion
plate. he urface slant tube reaked
To culate utt utt
stabbed ith culating ire efully
withdrawn rtion urface
n reaked rocedure
Enough cteria ire culate urface,
even er utt een bed. ube's
replaced osely.

TECHNICIAN NOTE

For pathogens invade internal organs of
the ptimal rowth emperature sually ear 7° or ome
gens, gens ermatophytes), nvi
ronmental organisms, optimal growth temperature lower.
Care en or emperature
high ptimal emperature, ecause cterial
growth or genic cteria ccur ove
temperature.

Incubation time epends the generation time individual
bacterial ecies type dium high
growing. or outine ultures, lates hould ncubated or
hours, ith xamined er ion.
Organisms uch *Nocardia* ecies y
bation efore colonies isible. ure
inverted uring ncubation hat oisture oes ot collect
surface of agar, which may clumping of colonies.

Some gens equire bon xide or rowth
culture mosphere. **candle jar** y e d or pose.
The es ced ar, op
of es, on
leaving ecreased xygen eased bon
dioxide jar's atmosphere. (This does create anaero
bic ondition.) ed or
then hecked or rowth. rowth ccurs,
reincubated or
rechecked or rowth. er oratories ve ors
tomatically nitor emperature, bon xide
oxygen vels, umidity.



Bacterial colonies may be described on the basis of their form, elevation, and margins.

An experienced technician can recognize several criteria of gross observation of colonies. Various colony characteristics, including the following, may help to identify a bacterium involved.

- Size (millimeters described, point, diameter, large)
- Pigment
- Density (opaque, transparent)
- Elevation (raised, convex, spiky)
- Form (e.g., circular, irregular, **rhizoid**, **filamentous**, **undulate**)
- Texture (e.g., glassy, smooth, **muroid**, buttery, brittle, sticky)
- Odor (sweet, sour)
- 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

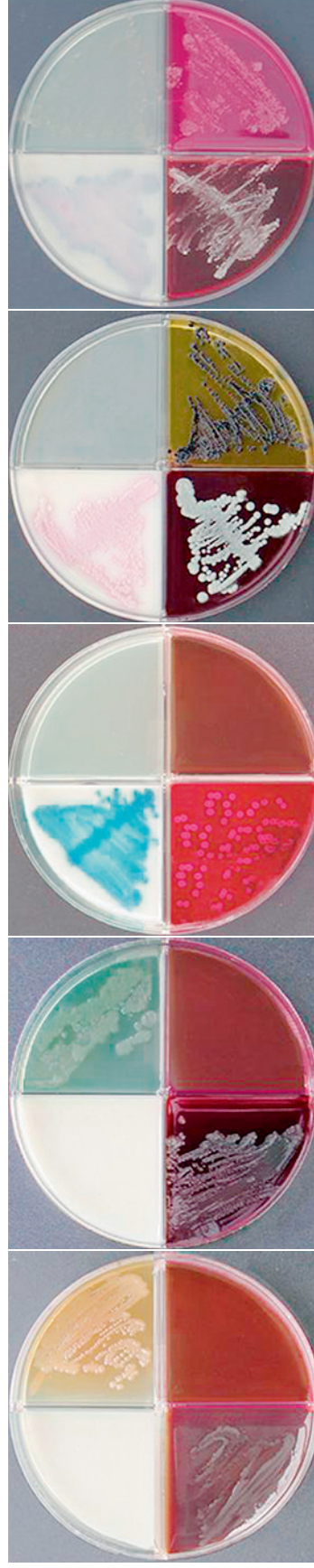
acceptable. referred aerobic specimens include blocks of tissue, a 1-cm cube, or a sterile container. The specimen is collected in a sterile syringe, with the needle expelled. The rubber stopper or bent backward on itself. Specialized anaerobic specimen collection systems are available.

Specimens are inoculated on a blood agar plate into glycolate broth. The anaerobic jar, which provides an anaerobic environment during incubation. A self-contained system, such as the Oxoid, Columbia,

Conditions in which the isolation of anaerobes may be significant include soft-tissue abscesses, postoperative wounds, peritonitis, septicemia, endocarditis, endometritis, gangrene, pulmonary infection, foot rot, epidermal, and anaerobic toxicologic infection, and synergistic relationship with another bacterium. For example, liver abscesses seen in slaughter otherwise healthy feedlot commonly field the anaerobe *Fusobacterium necrophorum* or *Actinomyces pyogenes*. or conditions involve *Clostridium chauvoei*, *Clostridium septicum*, *Clostridium novyi*, *Clostridium sordellii*, laboratories resercent antibody technique or specimens include excised muscle contains one row.

Because anaerobes survive exposure to aerobic conditions, collection of aerobic cultures

Chapter review questions [appendix](#)



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.

• Describe inhibition	procedure or significance	using one measurement.
• Discuss counts.	methods	perform only

Minimum Inhibitory Concentration,
Limitations
Colony Count,
Key Points,

- Indirect sensitivity testing
- McFarland suspension
- Minimum inhibitory concentration
- Zone of inhibition

be grouped transferable package.
that bacteria an economic resistant any antimicrobial agents
because of transferance economic bacteria
develop ability utilize biotic before
harm, others rapidly antibiotic out, still others
change biotic check effect
function of bacteria.

These antibiotic-resistant bacteria quickly spread to other even family members threaten community with w rain ectious re cure re xpensive treat. or eason, ibiotic resistance among CDC's USDA's top concerns. ntibiotic resistance er offering or with have common infections, once easily treatable with antibi otics. microbes evelop esistance ecific common misconception becomes resistant to specific drugs. However, microbes, become resistant o ugs.

When criteria for determining the sensitivity of the susceptibility test are appropriate, the specimen obtained from the veterinarian results are available.

The agar diffusion test is a commonly performed method for microbial susceptibility testing. It has been impregnated with antimicrobials. This quantitative test requires measurement of the zone of inhibition. It gives a qualitative measure of microbial susceptibility. Concentration of drug is chosen to correlate with therapeutic levels of the drug. Diffusion methods are common to include food and drug administration methods; drug susceptibility

--

Although cultures are performed on the classic agar medium, the visual Mueller-Hinton differential agar systems are specialized for use with some organisms, such as streptococci, and grow sufficiently well on Mueller-Hinton agar for test to be read. In the Mueller-Hinton agar suspension method, however, the growing apart of colonies is not required, and the inhibitory zone can be interpreted by visual inspection. For novobiocin, the diameter of the zone contains the zone of inhibition. Streptococci are susceptible to penicillin. The use of antibiotic susceptibility testing corresponds to the use of antibiotics commonly in the clinical setting. Dosages are often reduced for immunocompromised patients. Representative of tetracyclines are tetracycline, doxycycline, and minocycline. Representative of sulfonamides are sulfamethoxazole and cotrimoxazole. Cross-resistance. For example, some bacterial species are resistant to one or more tetracyclines, usually the same members of the group.

Antimicrobial disks should always be kept in the refrigerator when being replaced on the bench. After the incubation period, the disks are removed and the antimicrobial activity is monitored with control organisms. If the zone of inhibition is less than 14 mm, the disk is discarded. Clear overlays or overlays are required. Disk dispensers should be obtained from the manufacturer. Products should be exchangeable. Inoculation of thioglycollate or trypticase soy broth tube is recommended. Time plates are streaked. If the culture results prove conclusive, a repeat culture should be performed. A side oratory or confirmation.

Indirect sensitivity testing requires only a small amount of culture. The broth suspension is then inoculated into a tube of McFarland suspension (Fig. 42.1) and the turbidity is compared to a standard. The optical density is then measured and the concentration of bacteria is determined. The optical density of the suspension is compared to a standard curve (Fig. 42.2) to determine the concentration of bacteria. The optical density of the suspension is compared to a standard curve (Fig. 42.2) to determine the concentration of bacteria.

to the Antibiotics Being Tested

From McCurnin DM, Bassett JM: *Clinical textbook for veterinary technicians*,

Modified from National Committee for Clinical Laboratory Standards document M31-A2, Table 2, pp 55-59, 2002.

*Ampicillin is used to test for susceptibility to amoxicillin and hetacillin.

Cephalothin is used to test all first-generation cephalosporins, such as cephapirin and cefadroxil. Cefazolin should be tested separately with the gram-negative enteric organisms.

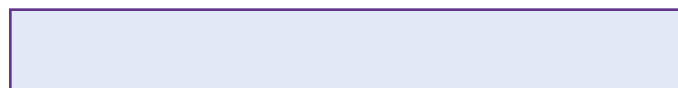
Clindamycin is used to test for susceptibility to clindamycin and lincomycin.

Oxacillin is used to test for susceptibility to methicillin, nafcillin, and cloxacillin.

Available as an infusion product for treatment of bovine mastitis during lactation.

Tetracycline is used to test for susceptibility to chlortetracycline, oxytetracycline, minocycline, and doxycycline.

**Trimethoprim/sulfamethoxazole is used to test for susceptibility to trimethoprim/sulfadiazine and ormetoprim/sulfadimethoxine.



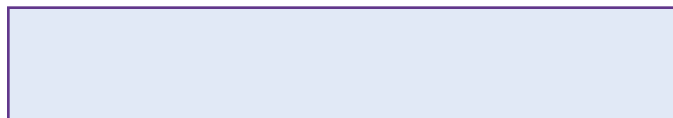
The application used directly to Mueller-Hinton referred **direct sensitivity testing** although precise testing, reasonable results be expected when only one organism present. Antibiogram susceptibility be interpreted with caution when culture with multiple organisms.

The microbial surface with inoculated between channels separated from channels void overlapping **zone of inhibition** dispenser, second sterile to gently press antibiotic into agar. The plates are incubated aerobically after cycling cultured aerobically.



The use of calipers to measure the zone of inhibition.

avoid condensation collecting surface or plates enter cks ewer, because temperature. nger each ion



Whether testing performed by direct or indirect method, antibiotic susceptibility must be determined by physical measurement of inhibitory zones Fig. That measurement n ompared hart itory ones etermine

relative resistance cterium ibiotics eing tested e able

The plates be read after constant period, satisfac torily after overnight incubation .e., 18 to 24 hours). Prolonged incubation er one ition antimicrobials r, zones hard to read. If rapid results are imperative, diameters of ones ition ead er incubation. esults onfirmed eading again after overnight incubation. The diameter of each inhibition zone luding ter ured om underside f ers, ransparent uler, template. he ones ured e corded millimeter. ueller-Hinton lood een one e ead om op urface, e emoved.

Table commonly imicrobials gives uggested erpretation one standardized thod. one vided major categories: resistant or susceptible to particular antimi crobial agent. The latter category subdivided into intermediate susceptibility susceptible. For predictive purposes, resistant organism ely espond rapy ug. susceptible rganism usceptible rdinary oses he nti microbial. Intermediate susceptibility organism usceptible rdinary hen oncentrated ine issues. imicrobial or treatment f stemic ections osage The one ive fficacy antimicrobial. ome ugs, uch ancomycin olistin, do eadily ough ive ition zones, even when test organism fully susceptible. Therefore, direct comparisons with zone diameters produced by unrelated antimicrobials de.

Susceptible eference rganisms uch *Staphylococcus aureus*, American type ulture ollection *Escherichia coli*, American Type Culture Collection be tested regu larly, referably allel ch ch **antimicrobial susceptibility tests** hese ontr ol rganisms heck such actors rowth-supporting apability edium, potency of antimicrobial other variable condi tions ect esults.

The A thod esigned or apidly rowing cteria. aution eded or erobes w-growing rganisms or which iteria or erpretation one ters ve not et been established ith ertainty. eneral, one am eters e mewhat er or quivalent itory concentration w-growing rganisms ompared rapid rowers.

Microwells with varying concentrations of antimicrobials used for determination of MIC

Some rare strains of staphylococci are resistant to methicillin and other penicillinase-stable penicillins. The routine test is not relied on to detect strains, but a detected incubation of an additional susceptibility test plate containing methicillin with a reduced zone diameter or zone surrounding methicillin on plate has been regarded as presumptive evidence of methicillin resistance.

thod or nsitiv
ity esting etermine **minimum inhibitory**
concentration f imicrobial. west
concentration ecific imicrobial
growth f iven cteria. hoice ecific oncentra
tion f imicrobial action,

breakpoint of antimicrobial. Breakpoint refers to dilution of antimicrobial where specific bacteria begins to show resistance. Other considerations for specific antimicrobials include patient characteristics, such as species, overall health, possible effects, frequency of route of administration.

To reform the est ith gar iffusion method, aper isks or strips with varying concentrations of chosen antimicrobial are ced n eshly culated ure ed. Measuring ones ition ch will lp eterinarian hoose propriate oncentration of dication iven ient.

Alternatively, be determined microwells with multiple known concentrations of antimicrobial being tested Fig. standard suspension of of bacteria prepared from pure colony, suspension inoculated into wells. number west concentration of antibiotic inhibits growth of given strain of bacteria. The breakpoint range of dilutions differ by drug bacterial species. therefore, comparing erent antibiotics based solely on numerical value but on how from breakpoint, site of infection, other considerations. For example, assume strain of *E. coli* or xicillin

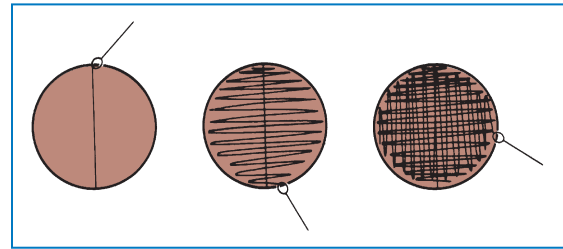


Fig. 42.4 The procedure for inoculating media for semiquantitative bac

for cephalaxin. For dilutions for amoxicillin, this rain of *E. coli* is dilutions away from breakpoint. For cephalaxin, rain *E. coli* two utions way om reakupoint. o, number, rain *E. coli* re usceptible xicillin cephalaxin. The further away from breakpoint organism ill row, re ffective ibiotic ill

In order to determine the effect of drug concentration on the infection site, a greater concentration of bacteria infecting bacterium. Sometimes, the concentration of bacteria is higher than the concentration of bacteria, drug concentration may contribute to the infection. The concentration of bacteria may be compared to the concentration of bacteria above the concentration of bacteria. *Klebsiella* spp., *P. mirabilis*, and *E. coli* are common organisms exhibiting reduction; however, organisms have been shown to reduce. In monitoring the effectiveness of antimicrobial therapy, consideration should be given to the possibility that the use of antimicrobials may negatively impact effective treatment.

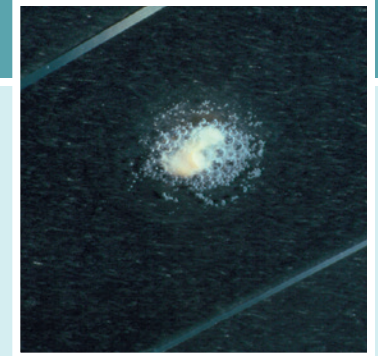
The presence of pathogenic bacteria does not necessarily indicate infection, or normal considered sterile, all numbers organisms occasionally even after collection by cystocentesis. colony count on cultured urine support binary tract infection. colony counts are performed streaking blood agar or another nonselective agar plate with calibrated loop contains of urine Fig. After incubation, all colonies are counted multiplied determine number colony-forming per milliliter although they only give colonies, numbers more more CFUs for collected by cystocentesis more or collected ter. oided

more recommended or ure) ve
o e eemed ogs re

Chapter eview uestions [ppendix](#)

- Antibiotic esistance ccurs hen obe hanges utates me y educes limimates ffectiveness drugs, chemicals, or other agents designed to cure or prevent infections.
- Bacteria roduce -lactamases -lactam antibiotics.
- Antibiotic nsitivity esting erformed etermine resistance r usceptibility acteria pecific ntimicrobials.
- The application of undiluted directly to Mueller-Hinton e eferred ect nsitivity esting.
- Indirect nsitivity esting equires olony taken from culture plate, subcultured broth media, incubated o chieve urbidity ches dized cFarland uspension.
- Antimicrobial are placed on inoculated agar surface with isk ispenser sterile orceps hat as een amed ooled etween ch
- For nsitivity ter ch ition one (including ter ured om underside f ers, ransparent ruler, r emplate.
- The MIC be determined ensure ffec tive antimicrobial will be chosen used appropriate dosage.
- The resence genic cteria oes cessarily indicate ection.
- A olony ured support nosis inary ract ection.

Additional Testing



After studying this chapter, you will be able to:

- List describe thods or esting ility bacteria.
- List ommonly erformed iochemical
- Describe ommonly erformed iochemical
- Describe rocedure or erforming alifornia Mastitis est.

**Motility,
Indole Test,
Catalase Test,
Coagulase Test,
Oxidase Activity,**

**Acid Production From Glucose,
California Mastitis Test,
Immunologic Examination,
Key Points,**

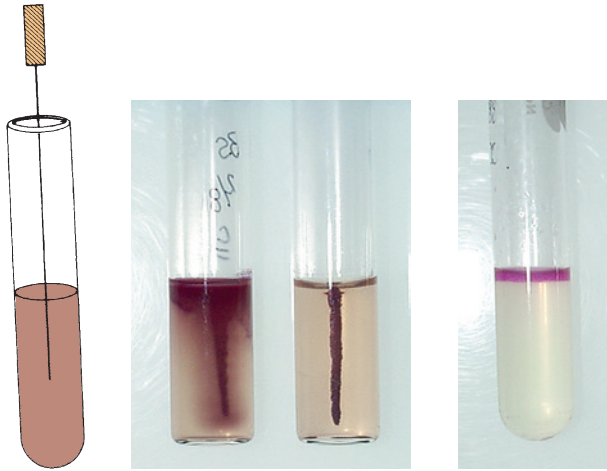
**California Mastitis Test
Catalase
Coagulase
Hanging drop**

**Indole
Kovac's reagent
Motility media**

The presumptive identification of bacteria often gives veteri narian enough information to develop diagnostic treatment owever, rganisms ther erentiated to ecies vel equire dditional esting or ositive identification. artial ist ommonly erformed ests ollows.

Several methods are commonly used to test motility: **hanging drop** rep, et rep, **motility media** For wet prep, oung roth ure derately uspension of cterial de ew liliters utrient broth ed or oom emperature. opful f ure ced oscope er overslip xamined bjective cteria bviously vidual ells ving backward r orward ells, er een obtained. Brownian movement be mistaken for true motility. Brownian movement shifting of cells or particles, with vement elative ch r. Wet preps tend to evaporate rapidly under microscope, some bacteria may appear obviously motile provided

with dditional iquid. he anging rop rep an liminate hese problems. Special slides are available contain concave depres sions center. The slide be cleaned with alcohol wiped y. etroleum lly ced concave area of slide just before To prepare hanging drop rep, ce op cterial uspension overslip invert coverslip onto concave area of slide. Press overslip own htly etroleum lly concavity. The suspension will be left hanging upside down into ell f oncave reparation oes end dry t uickly, bserved or ly eriod. If rganisms nmotile oscopic tion, ility wo ubes ility medium ulfide ility dium) inoculated. ne ube ncubated 7° nd he ther oom temperature or rowth istricted inoculation organism nonmotile. Diffuse growth throughout dium cterium To erpret esults, ubes ood culated ubes ompared culated one. he dium uitable or ility esting organisms produce hydrogen sulfide medium, because

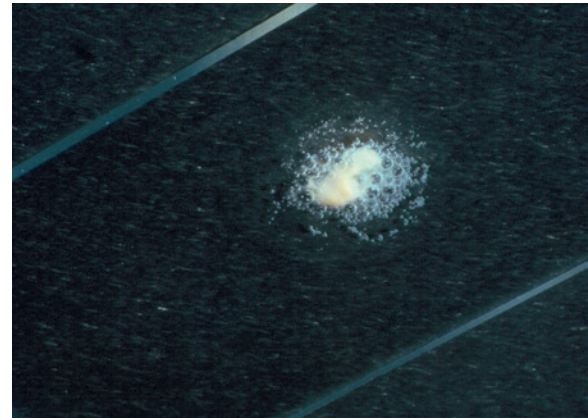


Kovac's reagent added to detect the production of indole.
(From McCurnin D, Bassett J: *McCurnin's clinical textbook for veterinary*

lackening results ility
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

Although indole test be performed Kovac's reagent
ube escribed lier, re ommonly
performed here veral thods or er
forming olony ked
from e ure otton op ovac's
reagent added to positive result indicated by develop
ment f ed olor olor evelopment
indicates gative lternately, veral ops
reagent plied ce er, op
cterial olony ubbed nto eagent-saturated
area. Kovac's reagent suitable for testing anaerobic bacteria.
Other eagents erobic
aerobic bacteria. The color change may differ depending on
specific eagent hosen. evelopment lue olor
ositive est eagent.

The test performed on gram-positive cocci small
gram-positive bacilli. It tests for enzyme which acts on
hydrogen eroxide roduce ater nd xygen. mall mount
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



A positive catalase test is indicated by the production of bubbles

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.

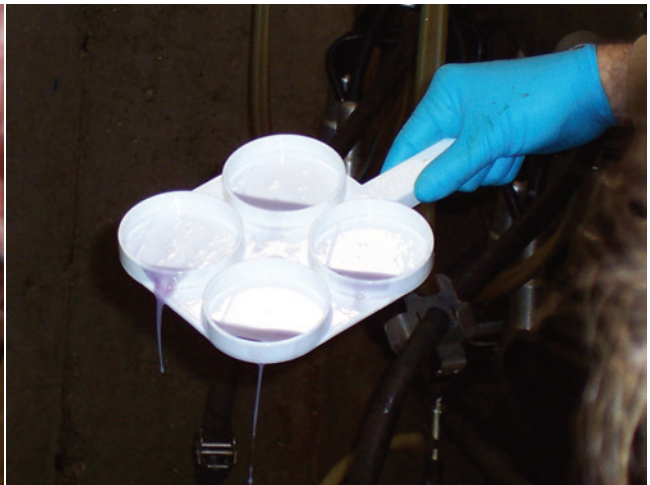
The **coagulase** est erformed ositive, ram-
positive occi. *Staphylococcus aureus* roduces oagulase, hich
enzyme coagulates Two versions of test are
available: slide coagulase test tube coagulase test. The
coagulase est erentiate oagulase-positive
S. aureus, *Staphylococcus intermedius*, oagulase-negative
Staphylococcus ., *Staphylococcus epidermidis* *Staphylococ*
cus saprophyticus

The ube oagulase yophilized chased
from medical supply been diluted according to
ufacturer's ections. pproximately ced
est ube culated opful rganism
cultured n ninhibitory dium, uch lood ar.
tube incubated at 37° and ead urly for hours. gative
reaction ed ormation, hereas ositive
reaction ed esult emains gative,
ead.

The e oagulase ommercially vailable
screening est etects urface-bound oagulase lump
factor. More of coagulase-producing staphylococci
possess clumping factor. loopful of staphylococci from colony
st mulsified op er ution ield
k uspension. op abbit
then dded irred erile op. ositive eaction
indicated y lumping ccurring conds.

The xidase est epends resence tochrome **oxidase**
cteria. op etramethyl-p-phenylenediamine
added o ce er er etri er er

Polymorphonuclear leukocyte.

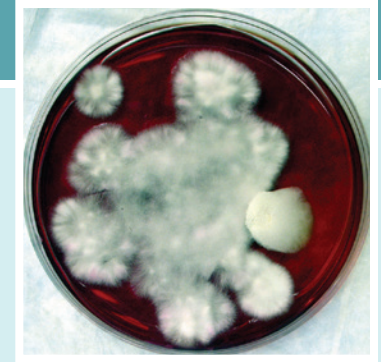


Numerous immunologic tests are available for identification of bacterial pathogens, particularly obligate intracellular bacteria. See nit or re or mation out unologic esting.

Chapter eview uestions

[ppendix](#)

- Additional esting metimes eded or efinitive identification cteria.
- The ility cteria valuated et
- Commonly performed biochemical tests performed on bacte rial oagulase,
- The alifornia astitis ommonly cow-side” test etect itis.



After studying this chapter, you will be able to:

- Describe procedure for preparing dermatophyte cultures.
- Describe procedure for microscopic valuation 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, for dermatophytes, potassium hydroxide, Sabouraud agar, Wood's lamp, and a ringworm. The purpose of the test is to identify the dermatophyte. The test is performed by placing a small amount of the sample on a Sabouraud agar plate and incubating it at 25°C for 7 days. The test is positive if the sample shows a characteristic ringworm-like growth. The test is negative if the sample shows no growth. The test is used to identify dermatophytes, which are fungi that cause skin infections. The test is performed by placing a small amount of the sample on a Sabouraud agar plate and incubating it at 25°C for 7 days. The test is positive if the sample shows a characteristic ringworm-like growth. The test is negative if the sample shows no growth. The test is used to identify dermatophytes, which are fungi that cause skin infections.

Most dermatophytes are opportunistic pathogens. They are found in the soil and on the skin of humans and animals. They are characterized by their ability to grow on keratin. The test is performed by placing a small amount of the sample on a Sabouraud agar plate and incubating it at 25°C for 7 days. The test is positive if the sample shows a characteristic ringworm-like growth. The test is negative if the sample shows no growth. The test is used to identify dermatophytes, which are fungi that cause skin infections.

The dermatophytes comprise more than three dozen different species. The most common are *Microsporum canis*, *Microsporum gypseum*, and *Trichophyton mentagrophytes*. These fungi are classified as keratinophilic (they grow on keratin), zoophilic (they grow on animal tissue), and geophilic (they grow on soil). The test is performed by placing a small amount of the sample on a Sabouraud agar plate and incubating it at 25°C for 7 days. The test is positive if the sample shows a characteristic ringworm-like growth. The test is negative if the sample shows no growth. The test is used to identify dermatophytes, which are fungi that cause skin infections.

TECHNICIAN NOTE A separate incubator for fungal samples will minimize

approximately
ue o *Microsporum canis*

Most dermatophytes will grow on outside of In
some they be visualized microscopically after mounting
them otassium ydroxide ombination
KOH thyl ulfoxide liminates
ed o rovides re learing
or ermatophytes, ew ucked
from eriphery uspect ced
with or drops of clearing solution. cover glass applied,
e med ently fter
to utes, lobular throspores ched
e isible ositive esult.

ood's raviolet ce
used o een uspect or ermatophyte ection
ut esults om ogs
r mselves—can xamined er
ood's airs ected ecies
Microsporum y resce ple-green er
Wood's kened oom uorescence
only vident proximately volving *M. canis*,
apparently epending hether eachd
right growth stage to produce fluorescence. lack of fluorescence
with ood's examination does rule out possibility
of ingworm ection. lways low ood's
or utes efore

Several products are available for culturing dermatophytes. The
common standard which contains indicator



turns ed resence ermatophytes.
available tube formats Fig. variety of plate con
figurations. late onfigurations end llow or asier ampling
of colonies. Rapid sporulation medium or enhanced
sporulation olor ors
conjunction ccelerate ormation
of croconidia or entification onfirmation
(DermatoPlate, etlab Supply, Palmetto Bay, Standard
Sabouraud dextrose agar will promote earlier formation
of croconidia, ut ontains olor or.

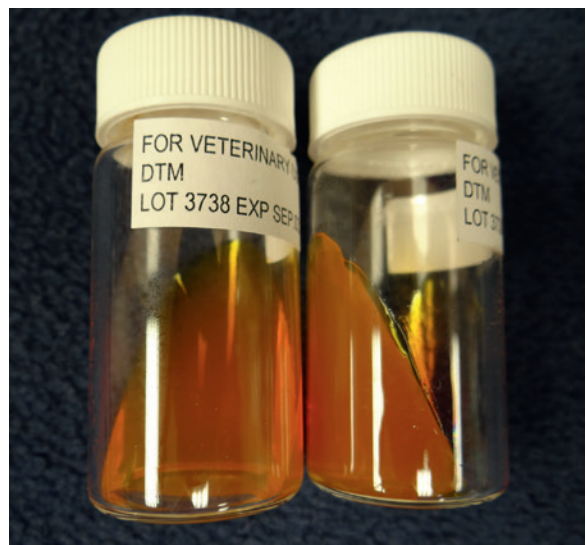
When collecting ecimens or ermatophyte ure,
lesion to remove some of surface contamination
collect ecimens om eriphery. roken
y ely ontain iable rganisms.
ecimens tially elow urface

Fig. ncubate ure oom emperature
or plate cover loosened observe daily for growth.
first n f olor hange, erform et rep ungi-Tape
(Scientific Device Laboratory, Des or clear cellophane
tape ctophenol otton lue onfirm resence
of pathogenic forms. Remember, presence of red coloration
r eal oloration

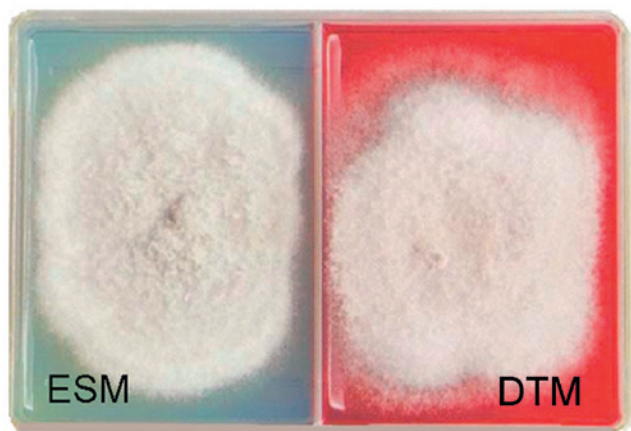


Green fluorescence of the hairs around a skin lesion on a

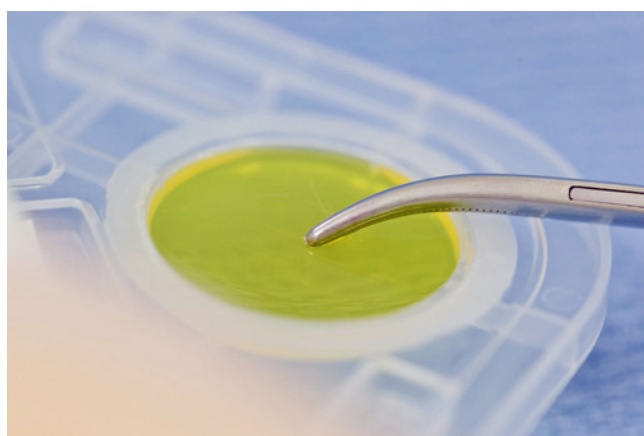
clinical techniques,



Dermatophyte test media in a tube format.



containing standard DTM and enhanced sporulation media. (Courtesy



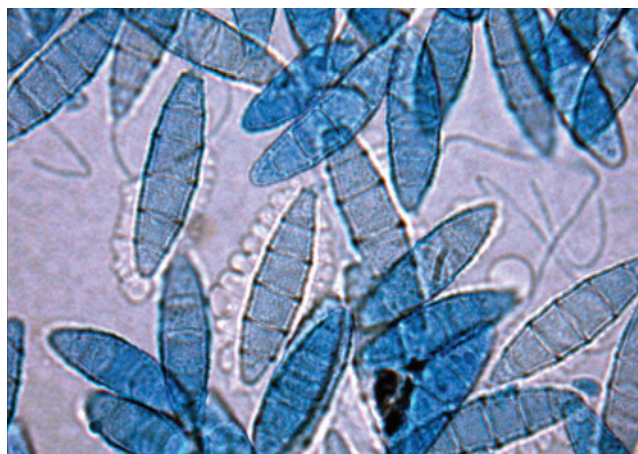
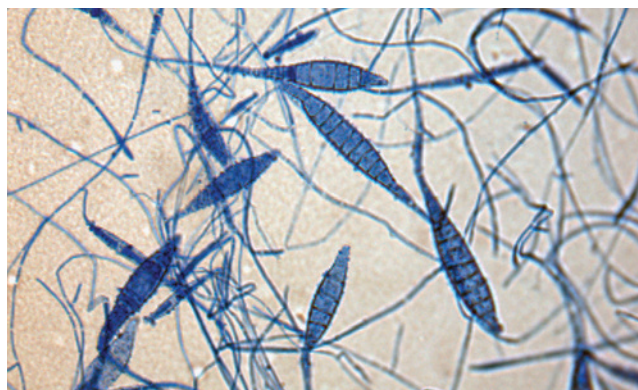
The sample is placed onto the media and pressed slightly into

diagnostic of dermatophyte infection. For certain conditions, for certain conditions, positive color reactions. 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 for bacteria or fungal organisms. For dermatophytes, reduce the size of the colony to be subcultured. This is done by taking a small piece of the edge of the colony. This material for subculture from the edge of the fungal colony is always advisable, because the center of the colony may be sterile.

Fungi are grown on media at room temperature. For dermatophytes, the incubation temperature is 25-30°C. For nondermatophytes, the incubation temperature is 35-37°C. For dimorphic fungi, such as *Blastomyces* and *Histoplasma* species, the incubation temperature is 37°C. For *Candida albicans*, the incubation temperature is 37°C. For *Aspergillus fumigatus*, the incubation temperature is 37°C. For *Trichophyton* species, the incubation temperature is 25-30°C. For *Microsporum* species, the incubation temperature is 25-30°C. For *Epidermophyton* species, the incubation temperature is 25-30°C. For *Trichophyton* species, the incubation temperature is 25-30°C. For *Microsporum* species, the incubation temperature is 25-30°C. For *Epidermophyton* species, the incubation temperature is 25-30°C.



color change. The red color should develop as soon as colony growth is observed. The red color should develop as soon as colony growth is observed.

for dimorphic fungi, such as *Blastomyces* and *Histoplasma* species. These organisms grow at both room temperature and 37°C. For *Candida albicans*, the incubation temperature is 37°C. For *Aspergillus fumigatus*, the incubation temperature is 37°C. For *Trichophyton* species, the incubation temperature is 25-30°C. For *Microsporum* species, the incubation temperature is 25-30°C. For *Epidermophyton* species, the incubation temperature is 25-30°C. For *Trichophyton* species, the incubation temperature is 25-30°C. For *Microsporum* species, the incubation temperature is 25-30°C. For *Epidermophyton* species, the incubation temperature is 25-30°C.

[illegible]

Growth at 37°

[illegible]

infection. occasionally, ycelial 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
specimen hould ubmitted or stopathologic xamination with icky-side own oscope
ormalin. xamination et reparation op f ctophenol otton lue cts
for al lements able ummarizes own overslip. reparation xamined er
characteristics ommon eterinary ortance. power or with high dry lens, necessary. dditional informa
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 ents ortance eterinary practice e taneous ycotic rganisms wn
- Fluorescence with ood's only evident approxi mately volve *M. canis*.
- The commonly encountered dermatophytes are *M. canis*, *M. gypseum*, *T. mentagrophytes*
- Dermatophyte upported oscopic examination.

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 *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 inch 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.

After studying this chapter, you will be able to:

- Describe general characteristics of metacommunities.
- Describe generalized and specialized metacommunities.
- Differentiate between local and regional species pools.
- List common species of metacommunities and their distribution.

- List common species of worms, including tapeworms, whipworms, and roundworms.
- Discuss the life cycle of a tapeworm.

Phylum Nematoda,

Ascaroidea (ascarids),
Strongyloidea,
Trichostrongyloidea,
Rhabditoidea (*Strongyloides* p.),
Metastrongyloidea,
Trichuroidea (*Trichuris* p., *Eucoleus* p., *Trichinella spiralis*)

Oxyuroidea,
Spiruroidea,
Dracunculoidea,
Dioctophymoidea,
Filarioidea,

Key Points,

Ascarid

Cuticle

Definitive host

Direct life cycle

Endoparasite

Indirect life cycle

Intermediate host

Microfilaria

Nematode

Parthenogenetic

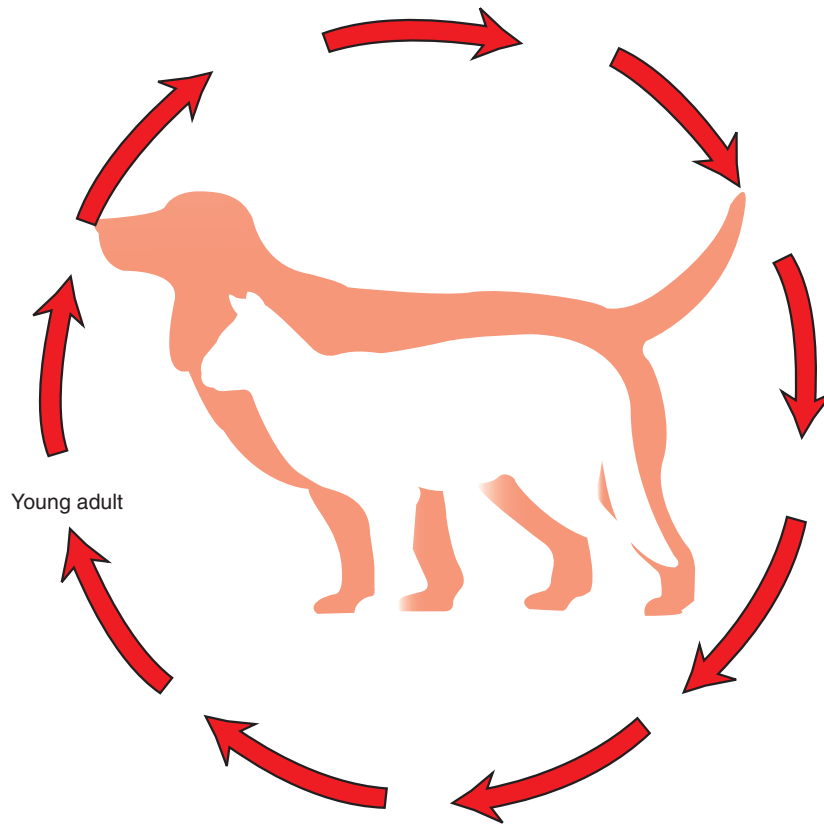
Prepatent period

Pseudocoelom

Organisms in the phylum Nematoda are commonly called roundworms because of their cylindrical body. **Nematodes** are multicellular. They possess a body wall composed of an external, acellular, protective layer called **cuticle**, a cellular layer beneath the cuticle called the hypodermis; a very longitudinal somatic muscles function in locomotion. The digestive tract and reproductive organs of roundworms are tubular, they are suspended in the body cavity **pseudocoelom**. The digestive tract is a straight tube that runs the length of the body from the mouth to the anus. **Nematodes** are separate male and female organisms. The reproductive organs are tubular, but they typically merge into a single body opening.

intestinal tract excretory system
 nematodes respiratory system

The clematodes follows an intermediate host stage. If intermediate required for development to



infective cycle transmission (considered definitive harbors usually ure adults) occur through ingestion, penetration of infective larvae, ingestion of intermediate reposition effective larvae into intermediate

After nematode gains entry into new development to dult occur cation, y occur extensive ration ough ody definitive The diagnostic stages of parasitic nematodes are typically found feces, blood, sputum, or urine. Most parasitic nematodes estinal racts espective definitive but some are found lungs, kidney, urinary bladder, or heart. Table summarizes nematode parasites of eterinary ecies.

The following onomic superfamilies matodes significant eterinary

1. Ascaroidea
2. Strongyloidea
3. Trichostrongyloidea
4. Rhabditoidea
5. Metastrongyloidea
6. Trichuroidea
7. Oxyuroidea
8. Spiruroidea

9. Dracunculoidea
10. Dioctophymoidea
11. Filarioidea

Toxocara canis, *Toxocara cati*, *Toxascaris leonina* are **rids** of dogs. These roundworms are found small intestine f ogs orld. ll puppies ens resented eterinary examined or obust matodes dult ascarids y ary om hen they e ually ightly oiled ggs *Toxocara* species are spherical, with deeply pigmented center rough, pitted ter ll ggs *T. canis* e o ter, hereas *T. cati* e ler nly o ter ggs *T. leonina* are herical void, nsions y m. These ggs ve ter ll yaline ground-glass" entral ortion. ws haracteristic vum *T. leonina*. he **prepatent period** *T. canis* o ys, whereas *T. leonina* ys.

Toxocara canis, *Toxocara cati*, and *Toxascaris leonina*

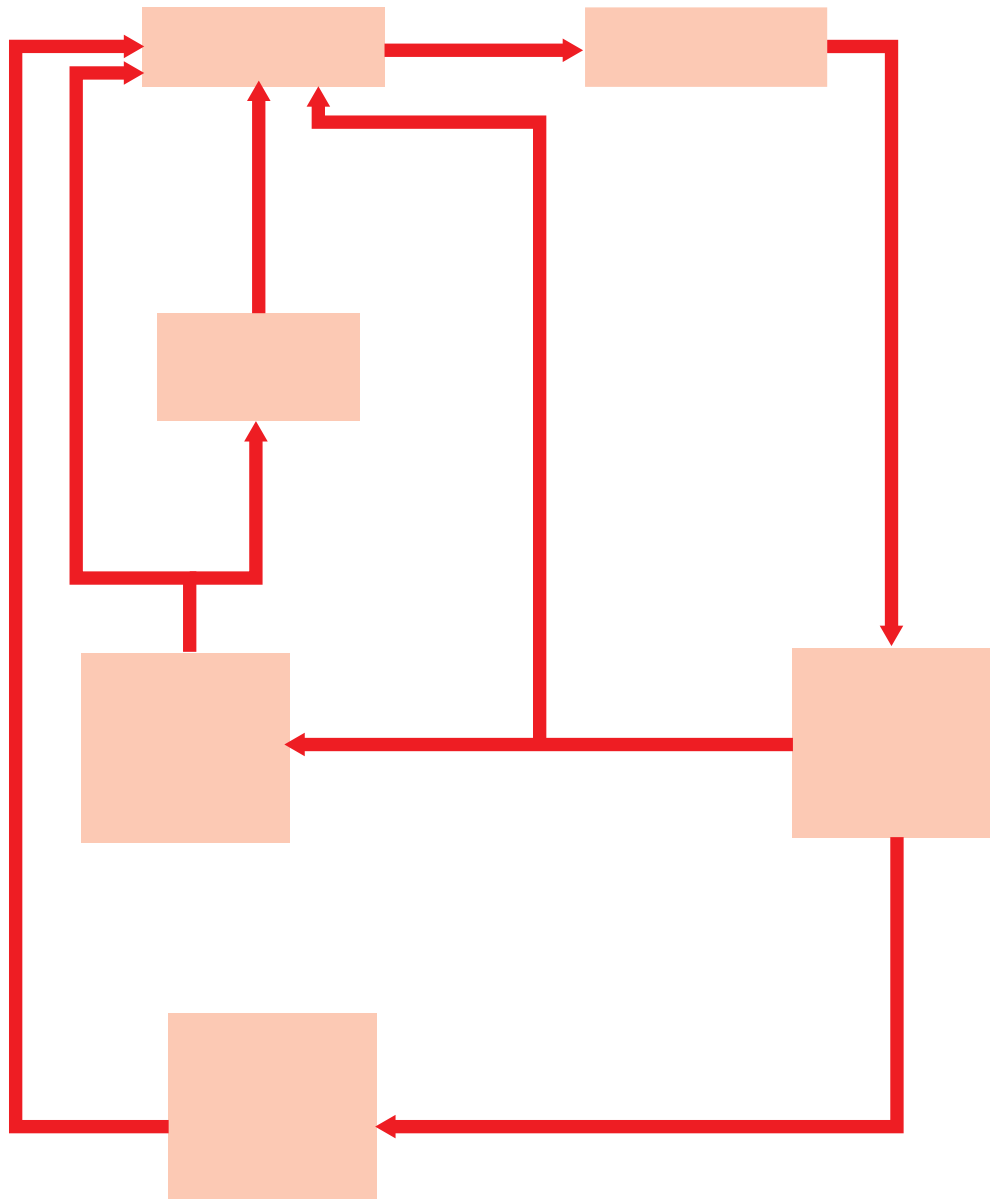
Selected Nematodes of Veterinary Species

Common Name

Continued

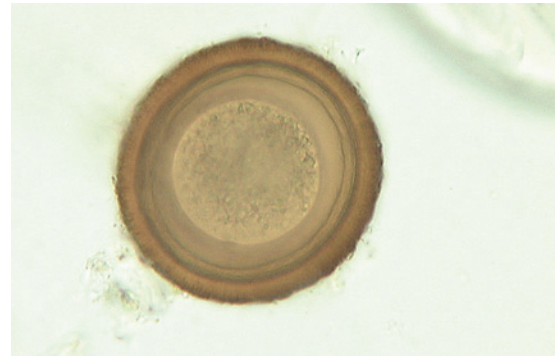
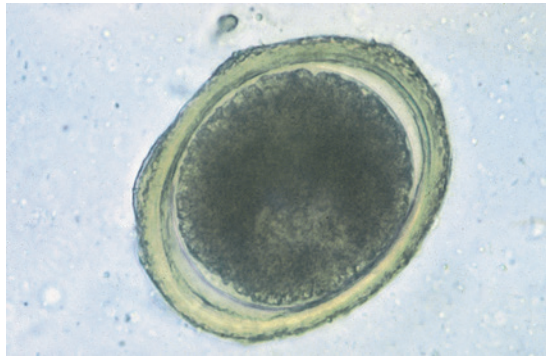
Selected Nematodes of Veterinary Species—cont'd

Common Name



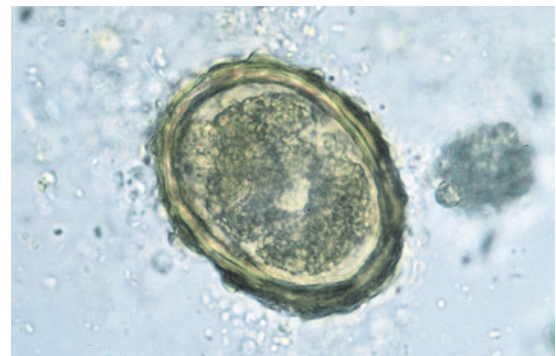
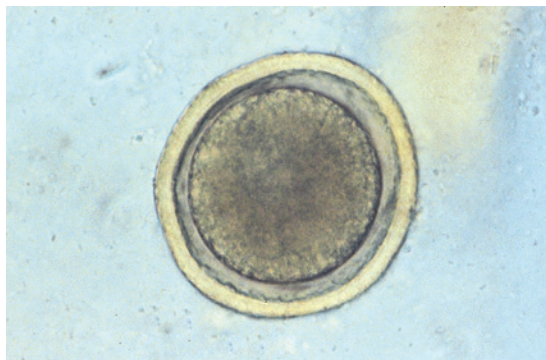
Parascaris equorum often led equine “equine roundworm.” It found small intestine of horses, particularly oals. repatent eriod ys. Eggs recovered from feces of young horses are oval brown. The ll kened, ly ranular urface. ggs measure o ter. enter gg contains ne ells ggs recovered easily ith ecal ion.

Toxocara (Neoascaris) vitulorum transmitted via trans mammary oute ves. orm, ggs ve k, ed ll. *Ascaris suum*, ine intestinal roundworm, largest nematode found within small ntestine igs. he ggs ay ecovered ith tandard fecal ion. hey val olden rown, albuminous ll ears rominent rojections. ggs measure o y o .



the equine ascarid

Diagnostic parasitology for veterinary technicians, ed 3, St Louis,



than those of *Toxocara canis*, measuring only 65 μ m to 75 μ m in diameter.
(From Hendrix CM, Robinson E: *Diagnostic parasitology for veterinary*

m. (From Hendrix CM,

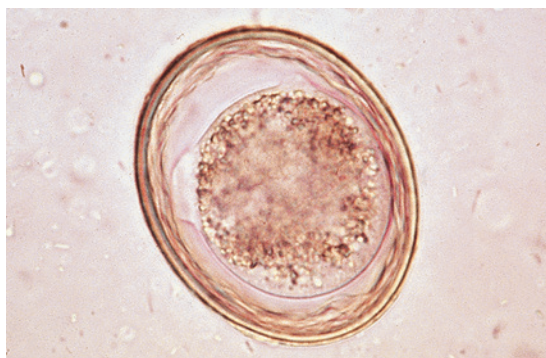


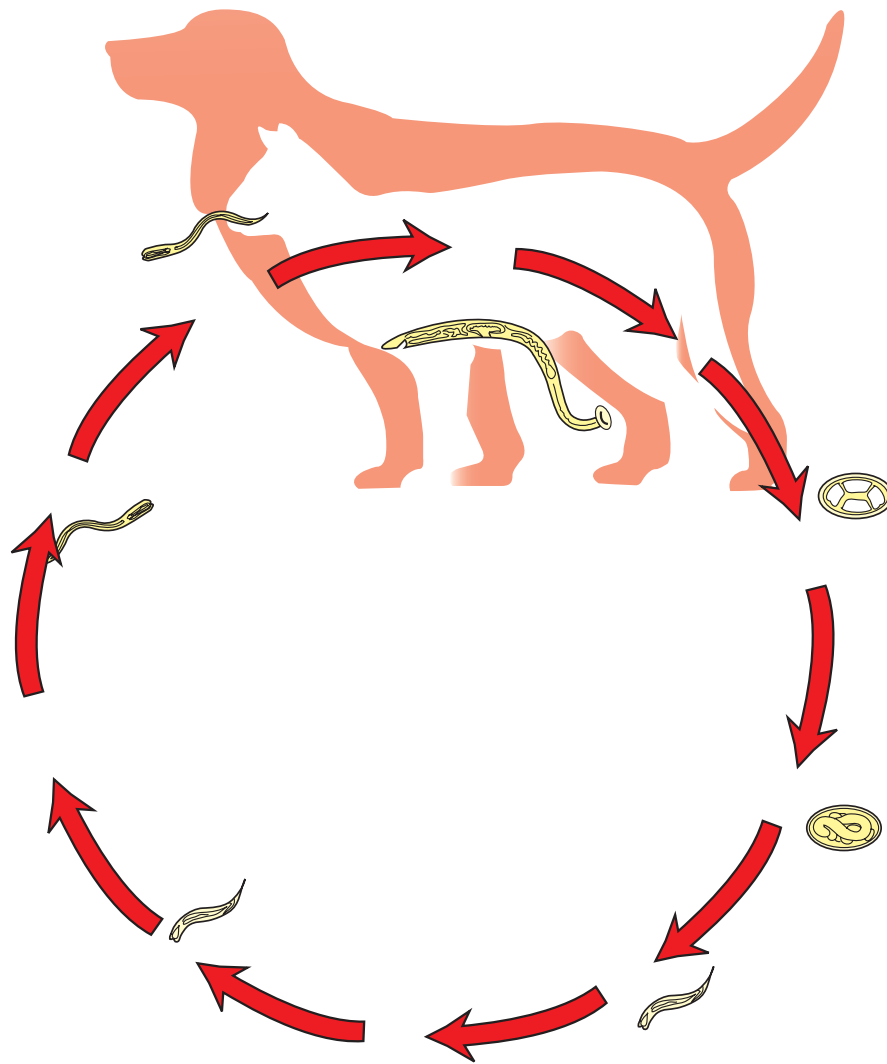
Fig. 45.6 Characteristic ovum of *Toxascaris leonina*. These eggs are

(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 areas of North America. Hookworm infection, which can produce 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* is a hookworm of ruminants, it produces richstrongyle-type eggs.

The eggs of hookworm species are oval to ellipsoidal. They have a thin 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 defecation), the eggs are often found in the feces. The eggs of *A. caninum* are passed by the feces of the infected animal. Those of *A. tubaeforme* are passed by the feces of the infected animal. Those of *A. braziliense* are passed by the feces of the infected animal. Those of *U. stenocephala* are passed by the feces of the infected animal. These eggs are usually recovered with a flotation technique.



Diagnostic parasitology for veterinary technicians, ed 3, St Louis,

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 ecored 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,

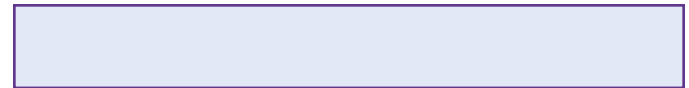
are oval, thick-shelled eggs. They contain four cells, measure approximately 70 µm by 35 µm. These eggs are recovered by standard fecal flotation. With bovine trichostrongyles, definitive diagnosis is made only by fecal culture and larval identification.

The ovine trichostrongyles are composed of several genera of nematodes that inhabit the abomasum and intestines of sheep. They produce trichostrongyle-type eggs like *Bunostomum*, *Cooperia*, *Chabertia*, *Haemonchus*, *Oesophagostomum*, *Ostertagia*, and *Trichostrongylus*.



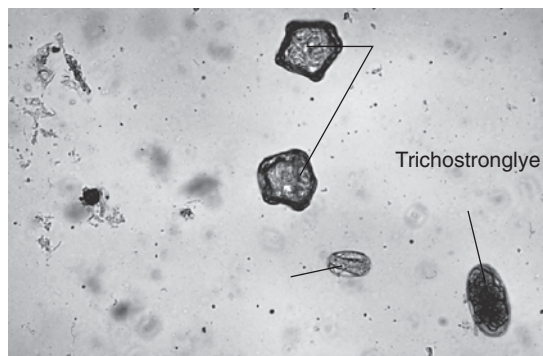
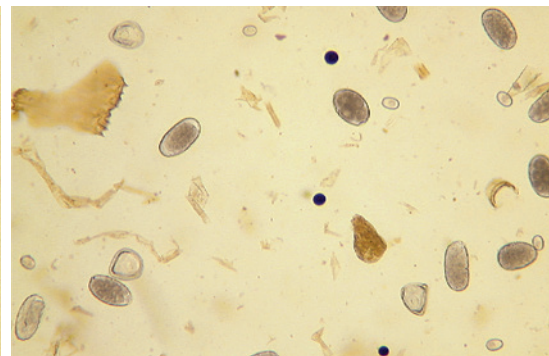
These seven genera (and others) produce oval, thin-shelled eggs. They contain four cells, measure approximately 70 µm by 35 µm. These eggs are recovered by standard fecal flotation. With bovine trichostrongyles, definitive diagnosis is made only by fecal culture and larval identification.

Upon identification of characteristic eggs, record the trichostrongyle-type egg never be recorded by individual genus. The identification of genus and species is usually performed only by fecal culture and larval identification.



Nematodirus species and *Marshallagia* species are bovine trichostrongyles; however, their eggs are much larger than those mentioned previously. Their eggs are trichostrongyle-type. *Nematodirus* species are found in fecal examination, and *Nematodirus* species are found in fecal examination. They have tapering ends and contain four to eight cells. The eggs of *Marshallagia* species are large and rounded. They contain four cells.

Dictyocaulus species are lungworms (*Dictyocaulus viviparus*), sheep, goats (*Dictyocaulus filaria*). Adults are found in the bronchi of horses, donkeys, and mules. The prepatent period varies with the species.



Characteristic trichostrongyle-type ova of the bovine trichostrongyles. These oval, thin-shelled eggs contain four or more cells. They measure 70 µm long. Some of these ova can be identified by their

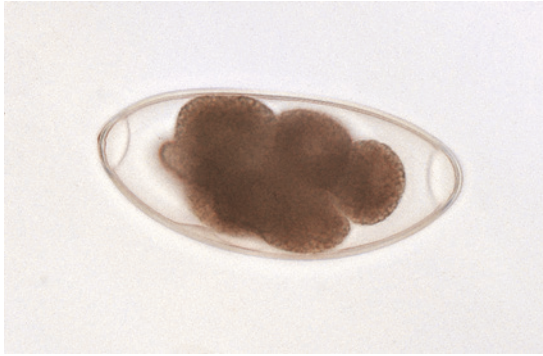


Fig. 45.13 Characteristic large ova of the *Strongyloides stercoralis* species. (From



Diagnostic parasitology

for veterinary technicians,



species (cattle



the "hair lungworm"

species, but approximately 10 days. The prepatent period for equine lungworm is 10 to 14 days. Eggs are usually coughed up and swallowed. They hatch in the small intestine, where they produce larvae. Larvae are recovered from feces.

Larvae of *D. filaria* are brownish ovoid granules in intestinal mucus, but not in feces. They are 550 µm long. The larvae of *D. viviparus* also have brownish ovoid granules in intestinal mucus, but they have a straight, not a curved, ticular body. Larvae are recovered from feces.

Hyostromylus rubidus is referred to as the "red stomach worm" of the horse. The eggs are trichostrongyle type, oval, thin-shelled eggs. They contain a larva. They measure 100 µm by 50 µm. These eggs can be recovered with fecal flotation. With bovine trichostrongyles, definitive diagnosis can be made only with fecal culture and larval identification. The prepatent period is approximately 10 days.

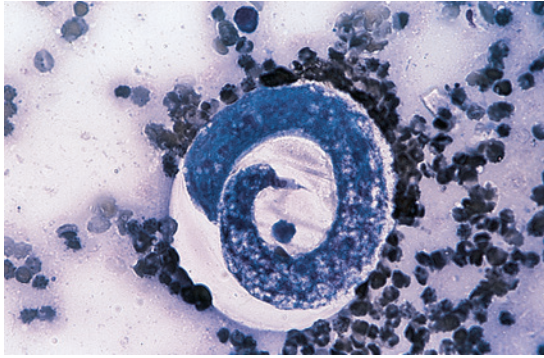
Ollulanus tricuspis is the "feline trichostrongyle." This parasite is usually associated with vomiting. It is commonly identified by examination of vomitus. It is a small, slender, rhabdite nematode.

Strongyloides stercoralis, *Strongyloides tumefaciens*, and *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, the adult females, eggs, and first-stage larvae of *Strongyloides* species are club-shaped (club-shaped) phagocytes. They have a habitiform (club-shaped) phagocyte. The prepatent period is 10 days. *Strongyloides westeri* is often referred to as the "intestinal threadworm" of horses. Females produce viable eggs. The eggs are usually recovered with fecal flotation of fresh feces. The prepatent period is 10 days. *Strongyloides ransomi*, the intestinal threadworm of pigs, is found within the small intestine of pigs. These females produce viable eggs that measure 100 µm by 50 µm. These eggs are usually recovered with fecal flotation of fresh feces. The prepatent period is 10 days.

Muellerius capillaris is often called the "lungworm." Adults are found within bronchioles, commonly in the lungs. The eggs develop in the lungs. The **definitive host** is the horse. The eggs are coughed up, swallowed, and passed in the feces. They are recovered from feces. The prepatent period is 10 days. The adult is a small, slender, rhabdite nematode.

Adult *Protostrongylus* species occur in the lungs and bronchioles of sheep and goats. The eggs develop in the lungs.



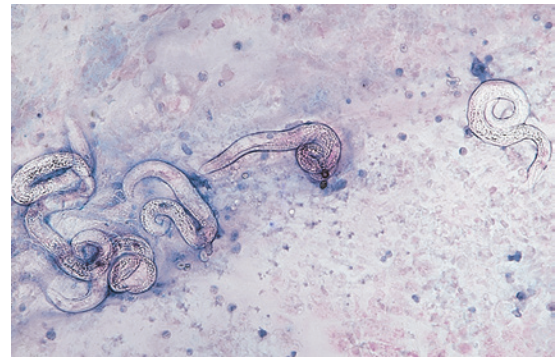
the feline lungworm. (From Hendrix CM, Robinson E: *parasitology for veterinary technicians*,

definitive lowed, to tip, to *Metastrongylus apri*, ronchi eggs recovered specific tion technique. *Filaroides (Oslerus) osleri*, *Filaroides hirthei*, lungworms,” lung The larva *Filaroides* their definitive with shows *osleri* they period *F. osleri* *Aelurostrongylus abstrusus* live n he erminal spiratory where y orm parasite are forced into characteristic st-stage long. ch va tion r Recovering he repatent eriod

st-stage vae eces. val aermann technique section ine ungworm, ronchioles y ion ion dium ecal dimenta eriod proximately ys. rachea, respectively. long, short, S-shaped matodes diately ective or No period of development required outside of iagnosis volves haracteristic vae aermann technique. unique infective larvae of *F. osleri*. Nodules of *F. osleri* e ually ifurcation rachea, here they be observed by endoscopic examination. The prepatent period *F. osleri* proximately eeks.

Aelurostrongylus abstrusus feline lungworm. The adults live n he erminal spiratory ronchioles nd he lveolar ucts, where y orm gg dules. ggs parasite are forced into lung tissue, where they hatch to form characteristic st-stage vae proximately ed end orsal haracteristic vae ecal aermann technique etermine resence. Recovering larvae with tracheal possible Fig. he repatent eriod proximately ys.

Trichuris vulpis, hipworm, *Trichuris campan* *Trichuris serrata*, eline hipworms, eside cecum olon espective hipworms are common, but feline whipworms are rare North merica diagnosed only sporadically throughout world. hipworms



recovered with tracheal washing. (From Hendrix CM, Robinson E: *Diagnos*



Fig. 45.20 Characteristic ovum of *Trichuris vulpis*. (From Hendrix CM,

derive ir om ct dults ve filamentous nd gg worm escribed richinelloid richuroid. yellow-brown, mmetric ll ugs The ggs e mbryonated vated) hen ggs *T. vulpis* e o y o . shows haracteristic 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 large and oval. When examining cat's feces for feline trichurids, veterinary technicians were often confused with whipworms; eggs of trichurids or capillarids frequently parasitize outdoor cats and dogs, such as cats, rabbits, birds. Eggs of trichurids and capillarids are often altered through a cat's gastrointestinal system, remaining intact and embryonated and thus appearing to be fertile.

Trichuris ovis infects the cecum and colon of ruminants. Eggs of ovine whipworms are often confused with those of *m. Trichuris suis*, the equine whipworm. Eggs of whipworms are often confused with those of the prepatent period.

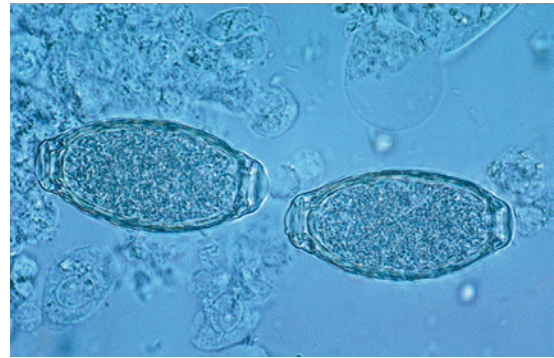
Aonchotheca putorii is commonly referred to as the astric capillarid of horses. It was once known by the former name *larva putorii*. This capillarid frequently parasitizes mustelids, such as otters, and has been reported from various mammals. It is rarely reported from North America. Eggs of *A. putorii* are often confused with trichinelloid matodes (see section about feline whipworms). Their eggs are often confused with those of *Eucoleus aerophilus*, the per respiratory capillarid. The eggs of *A. putorii* are dense and delicate, while those of *E. aerophilus* are more organized and longitudinal. 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 10 days. In standard fecal flotations, eggs of *Eucoleus* species are often confused with those of *Trichuris* whipworms). Eggs of *E. aerophilus* are smaller than whipworm eggs and are more oval. They are broadly oval-shaped, with a thicker color. The egg is roughly oval-shaped, with a thickened pear shape. *Eucoleus boehmi* is found in the ovary and uterus of horses. Eggs of *E. boehmi* are larger than other tracheal eggs. Eggs of *E. aerophilus* are small and have a pear shape. They are often confused with other eggs.

Pearsonema (*Capillaria*) *plica* and *Pearsonema* (*Capillaria*) *feliscati* are nematodes in the urinary ladder of horses, respectively. Their eggs are often confused with those of *T. spiralis*. The eggs are clear to yellow in color; they measure 0.5 by 0.5 mm. They are flattened bipolar eggs with a roughened surface. These eggs may be confused with those of respiratory gastric capillarids with those of whipworms.

Trichinella spiralis is found in many species of carnivores, omnivores, and often in wild and domesticated animals, including humans. Eggs of *T. spiralis* are often confused with those of other nematodes.

The larvae mature into adults in the host's small intestine within a few weeks, and the female worms live for several months.



the urinary capillarid. (From Hendrix



the pinworm of horses.

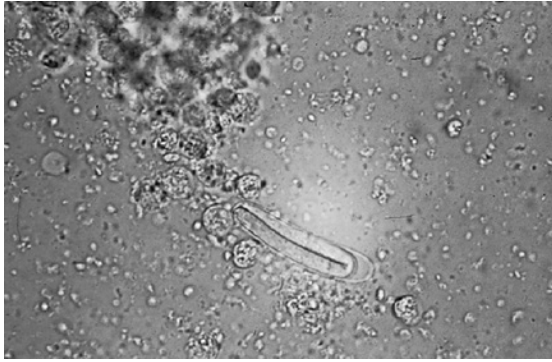
(From Hendrix CM, Robinson E: *Diagnostic parasitology for veterinary*

The female trichinizing females, females after producing larvae. The larvae enter the bloodstream eventually and migrate to the muscle.

The larvae mature into infective encysted larvae. The next host becomes infected when it eats these larvae. Trichinosis is probably the best known parasite of human beings contracted from eating raw, undercooked pork. Usually detected by proper detection. Recent outbreaks of trichinosis have been reported in pigs that have been infected and have been ritually slaughtered.

Most animals become infected with trichinosis after

Oxyuris equi is a worm that resides in the cecum, colon, and rectum. Adult worms are often observed protruding from the horse's rectum. Female worms lay eggs, which are sticky, elating material that produces pruritus in infected horses. The activity of female worms irritates the rectum, producing itching. Eggs are recovered from feces. Eggs are often found with the feces. The prepatent period is approximately



species



species (eyeworms) from the conjunctival sac

Diagnosis involves characteristic ggs
scopic examination of cellophane tape impressions or by scraping
surface

Enterobius vermicularis human worm, oes
asitize ogs nevertheless, et ften
falsely iminated ractitioners ediatricians
ce f worm ection hildren.

Habronema species and *Draschia megastoma* re ematodes hat
are found stomachs of horses. *Habronema microstoma*
H. muscae ccur n omach ucosa, eneach
layer f ucosa; *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. hese ggs ave nique aper-clip hape Fig. 5.25).
Eggs e ually bserved ecal ion,
recovered hen omitus een subjected ecal
flotation rocedure. adiographic 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 onists lood issue erived om
host's astric ucosa. heir chment ontinue leed
after asite etaches. omiting, rexia, ry
stools y bserved ected

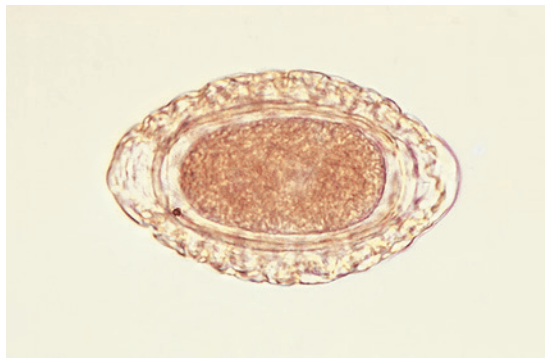
The dults eamy hite metimes ightly oiled,
y e ng. hey ften ecovered
et's omitus, onfused
roundworms. uick erentiate asites
to reak pen dult ecimen ecimen pens
to e emale, eleased ggs oscopically.
eggs *Physaloptera* ecies e k-shelled,
mbryonated hen eces. ggs o
y o y ontain va hen

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, vated ggs recovered
fecal ion. ggs ecies ggs
A. strongylina e o y y ve
thick lls urrounded mbrane roduces
irregular tline. ggs *P. sexalatus* e o
by o he repatent eriod or ecies
approximately ys.

Dracunculus ecies e ommon asites ogs,
other arnivores. he life ycle equires opepod ntermediate
definitive becomes infected after ingestion of
opepod.

Dioctophyma renale giant orm” ogs.
largest f arasitic ematodes requently nfects he ight idney
of dogs gradually ingests renal parenchyma, leaving only
ule y. ggs ecovered entrifuga
tion xamination diment. hey harac
teristically rel-shaped, ipolar, ellow-brown. gg’s
shell ed pearance. ggs ure o
by o . *D. renale* y ccur eely
within peritoneal cavity. hen location, eggs are
d o xternal nvironment. repatent eriod
proximately eeks.

Stephanurus dentatus, ine orm,
y, eters, erirenal issues heir ggs
strongyle type val lled), ontain
cells, ure o y o m.
Eggs y e ecovered om dimentation.
The repatent eriod xtremely proximately
nth.

Dirofilaria immitis, tworm, or
asite stem omestic
United States. This nematode parasitize ferrets.
Adult heartworms are found within right ventricle,
monary tery, ranches tery.
site ften ecovered ariety errant uch
brain, erior hamber ye, ubcutaneous
The repatent eriod ogs proximately
approximately to months The life cycle of *D. immitis*
requires mosquito intermediate to be transmitted from
o dults ve ight en
tricle nary tery, here bstruct lood
vasculature. emale dults emale
produces **microfilariae** he ofilariae eleased
host’s loodstream, here ested eeding emale
mosquitoes. ofilariae row uito
until y each ective fter ecome ective,
they nter uito eeds. hen
they e vae rate ough
various ody issues
vae row ecome dults
other

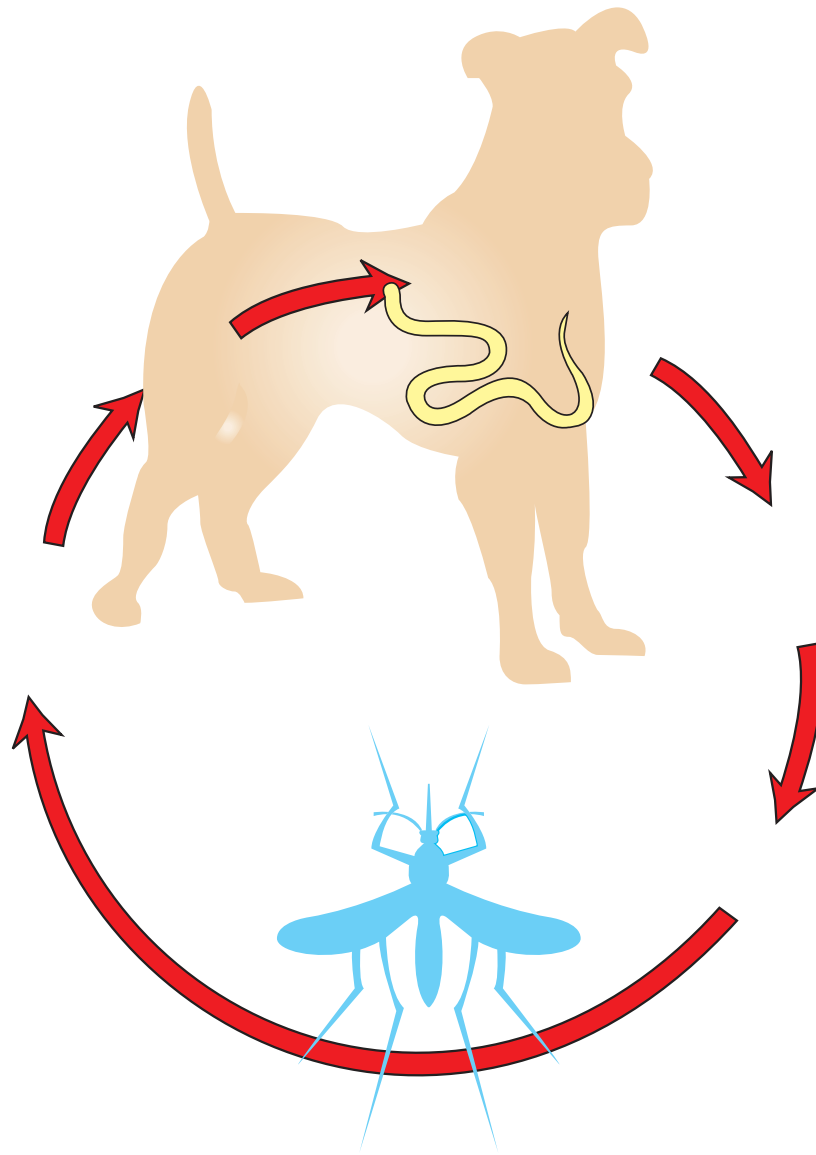
TECHNICIAN NOTE

infection

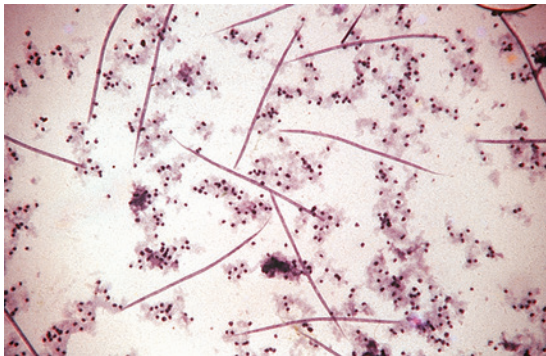
In microfilaremic dogs, diagnosis be made by observing
microfilariae lood veral
concentration echniques dified nott’s
commercially available filter techniques Figs.
Microfilaremia commonly detected hen present,
umbers ofilaria ersist or nly ew
weeks. nfection *Dirofilaria* re ommonly nosed
commercially available immunodiagnostic tests detect
resence igen om dult emale orms.

subcutaneous filariid of dogs, *Acanthocheilonema* (*Dipetalonema*) *reconditum*, also roduces crofilariae the peripheral
blood. he ofilariae npathogenic matode
be erentiated om *D. immitis*

The ofilariae *Onchocerca cervicalis*,
equine filarial parasite, have been incriminated recur
rent ermatitis, eriodic phthlalmia, rses.
Adults ve amentum uchae, emales roduce
microfilariae migrate to dermis. Biting of genus
Culicoides e ermediate
Setaria cervi s he abdominal orm” ttle. *Setaria equina*
ominal orm rses. dults ee
eritoneal vity. ofilariae o



Diagnostic parasitology



sample subjected to the modified Knott's test. (From Hendrix CM,

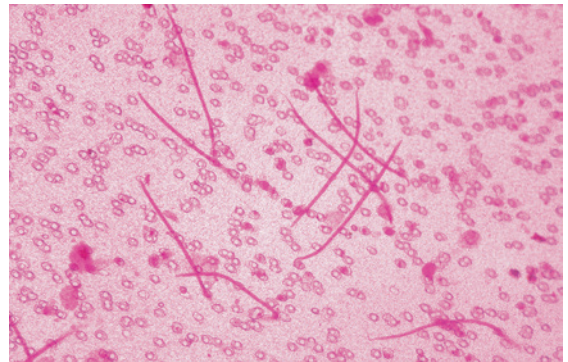


Fig. 45.30 Microfilaria of *Dirofilaria immitis* from a peripheral blood

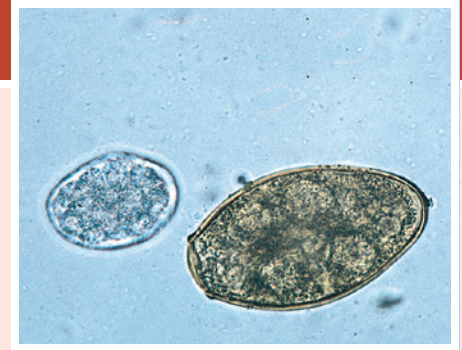
ng. iagnosis onfirmed emonstration
microfilariae lood
Elaeophora schneideri, arterial orm,”
common otid teries ep estern
western United States. Microfilariae are long
thick, luntly ounded anially, ered ly. hey
found ually laries orehead
face. ial ermatitis en ce, oll egion,
eet f ep.

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 pseudotapeworms.
- Describe the life cycle of *Dipylidium caninum*.

- Describe the appearance of common tapeworm species.
- Describe the reproductive potential of cestodes.
- Describe general characteristics of trematodes.
- Discuss the life cycle of *Fasciola hepatica*.

Eucestodes,

Eucestodes eggs

Eucestodes adults, cercariae,

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

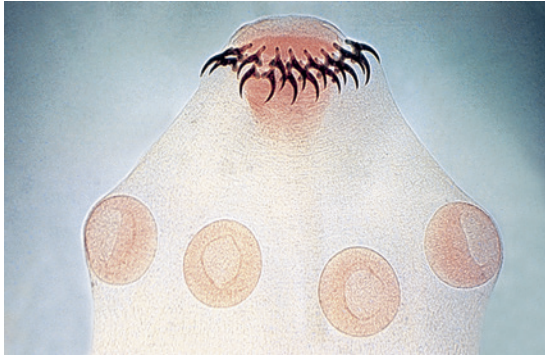
Trematode

Phylum Platyhelminthes includes **trematodes** and **cestodes**. These are flatworms that lack a body cavity. The taxonomic class Cestoda includes cestodes and contains two subclasses. Members of the subclass Eucestoda are referred to as true tapeworms, whereas members of the subclass Pseudocestoda are referred to as pseudotapeworms. The phylum Acanthocephala includes thorny-headed worms. They are commonly encountered parasites of companion animals.

The life cycle of tapeworms is always indirect, which involves one or more intermediate hosts. Tapeworms are found in arthropods, domestic animals, and humans. The larval stages of some tapeworms are found in domestic animals. For example, the life cycle of the beef tapeworm involves a cow as a definitive host and a grasshopper as an intermediate host. Bladderworms are released from the tissue of the intermediate host and develop into adult tapeworms within

the definitive host. The life cycle of the fish tapeworm involves a fish as a definitive host and a copepod as an intermediate host. The life cycle of the lung fluke involves a snail as an intermediate host and a bird as a definitive host. The life cycle of the liver fluke involves a snail as an intermediate host and a cow as a definitive host. The life cycle of the sheep liver fluke involves a snail as an intermediate host and a sheep as a definitive host. The life cycle of the Fasciola hepatica involves a snail as an intermediate host and a cow as a definitive host.

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 many segments called proglottids. Each proglottid contains a pair of suckers and a pair of suckers. There may be a snout (rostellum) on the head, which is retractable. The rostellum is a small, hook-like structure that is used to attach to the host's intestine. The suckers are used to attach to the host's intestine. The suckers are used to attach to the host's intestine. The suckers are used to attach to the host's intestine.



Details of the scolex of the canine taeniid. Note the four suckers

parasitology for veterinary technicians,

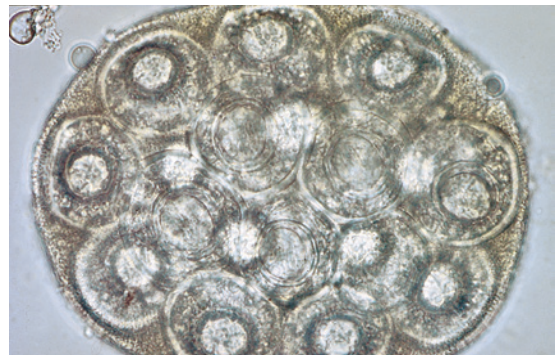
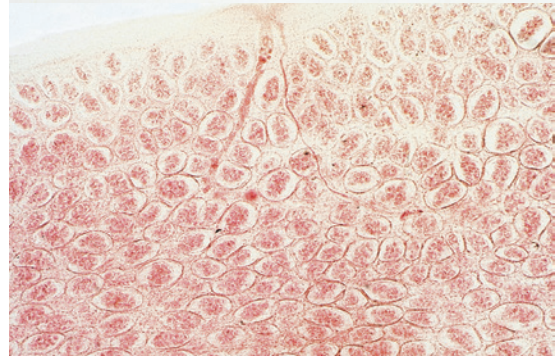


Dipylidium on canine feces. In the fresh state, these proglottids resemble

undifferentiated tissue, and his followed the body (**strobila**). The body composed segments (**proglottids**) of different stages of maturity. Those that are immature, these are followed sexually mature proglottids gravid segments contain eggs. Gravid proglottids reach the end of the body definitive feces. New proglottids continually formed from differentiated tissue of the neck. Cestodes lack digestive tract, nutrients are absorbed directly through body wall. The prominent organs cestodes are organs of reproductive system. Both female reproductive organs occur in each individual proglottid of the worm. Cross-fertilization self-fertilization occurs. Cestodes have nervous system excretory system.

Tapeworms are dorsoventrally flattened and contain

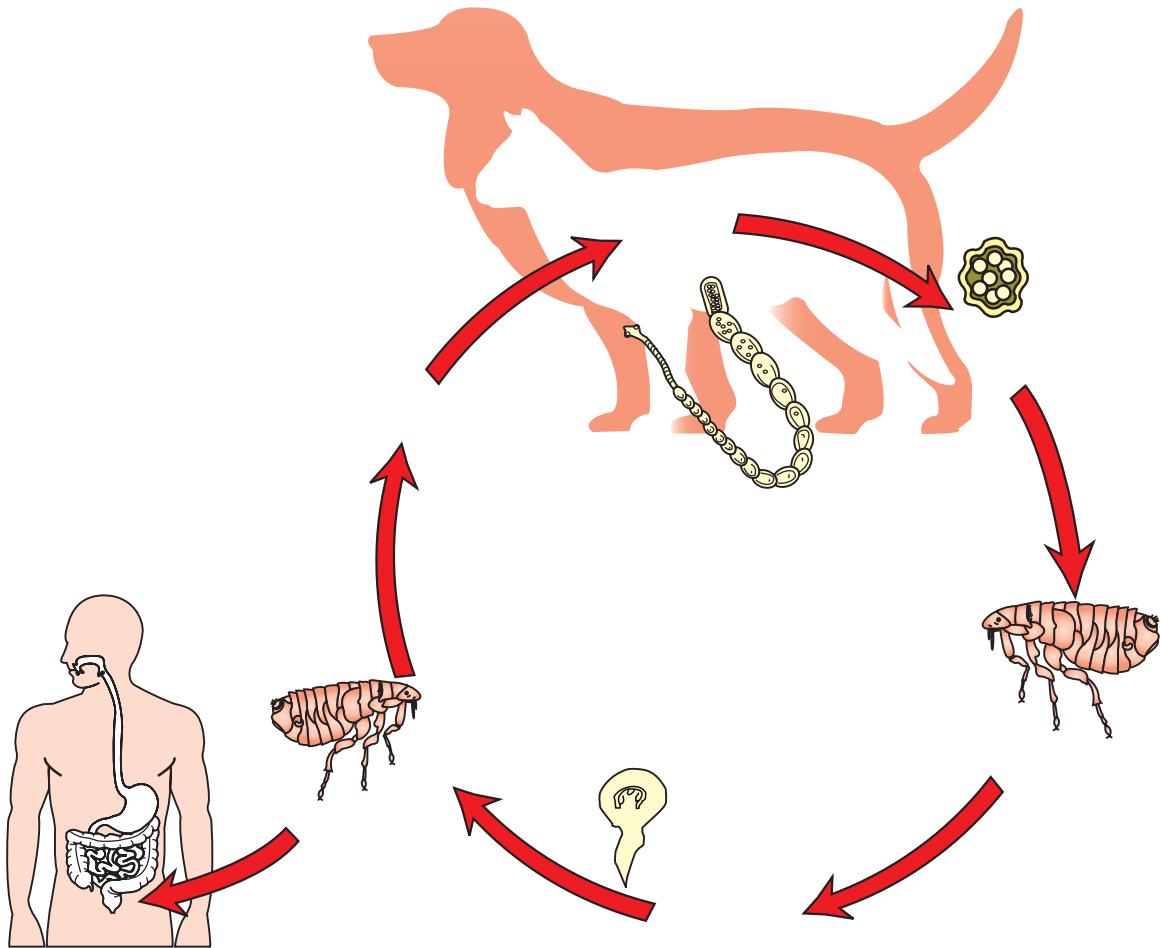
The cestode egg contains a fully developed embryo, which has three pairs of hooks (embryo or oncosphere) (Fig. 1). In gravid proglottids that are shed from the feces, either by rupture or release of eggs. The eggs must then be ingested by an intermediate host where they develop to the metacystode (larval) stage may be in the form of 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 that contains the metacystode stage. The juvenile tapeworm then emerges from the metacystode stage, attaches to the small intestine, begins to reproduce sexually.

The adult tapeworms structure is similar to the tapeworms except for the fact that their reproductive organs are centrally located rather than laterally located. The organs of the cestode are located on the lateral aspect of the scolex. The eggs of cestodes are periciliated, 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, then develops into a stage called a procercoid. The crustacean eventually is eaten by a fish or amphibian, which develops into a metacystode stage (procercoid encysted in the muscle). The definitive host becomes infected after ingesting the intermediate



(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

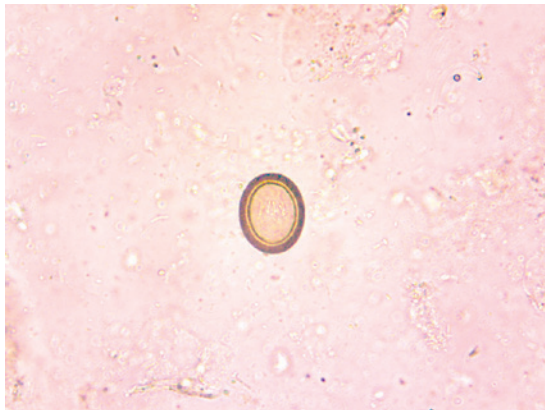
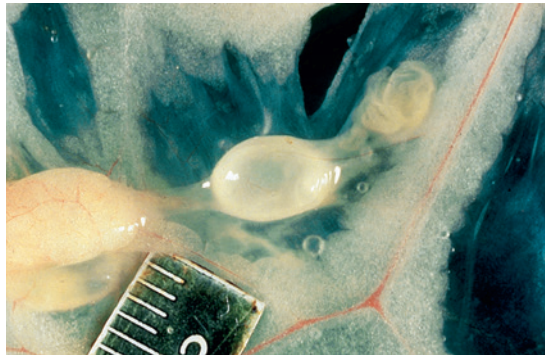
ile, erminal, ravid roglottids eces, et's
oat, r edding
proglottids have single lateral pore located along midpoint
of ither f dges pposed ouble-pore
tapeworm). ogs ecome ected esting sticercus-
infected ermediate ermediate

Taenia pisiformis e abbis *Taenia hydatigena*

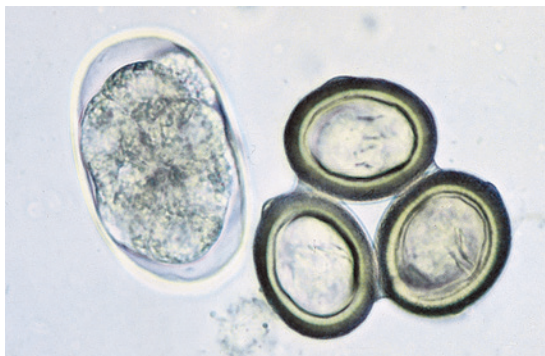
Taenia ovis volve uminant ermediate

As ith *D. caninum*, esh roglottids eased
broken open, they may reveal of hexacanth embryos.
The roglottids *Taenia* ecies xternal
environment esemble ooked rains ice. econsti
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 op ution eveal
haracteristic ggs 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 f eniid eworm. ggs
f *Echinococcus* *Multiceps* ecies.
Taenia taeniaeformis *Hydatigera taeniaeformis* led
feline eworm" feline eniid." eworm
bserved equently lowed oam
prey n gg eworm
o ter, ontains nco
sphere with three pairs of hooks. The oncosphere often called
hexacanth embryo. with eggs of taeniids,
eggs e *Echinococcus* ecies.

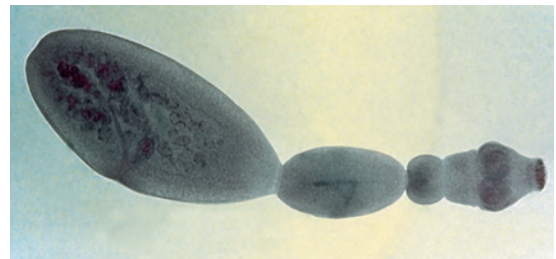
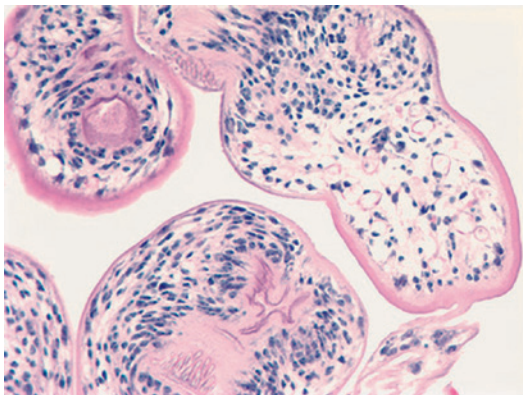
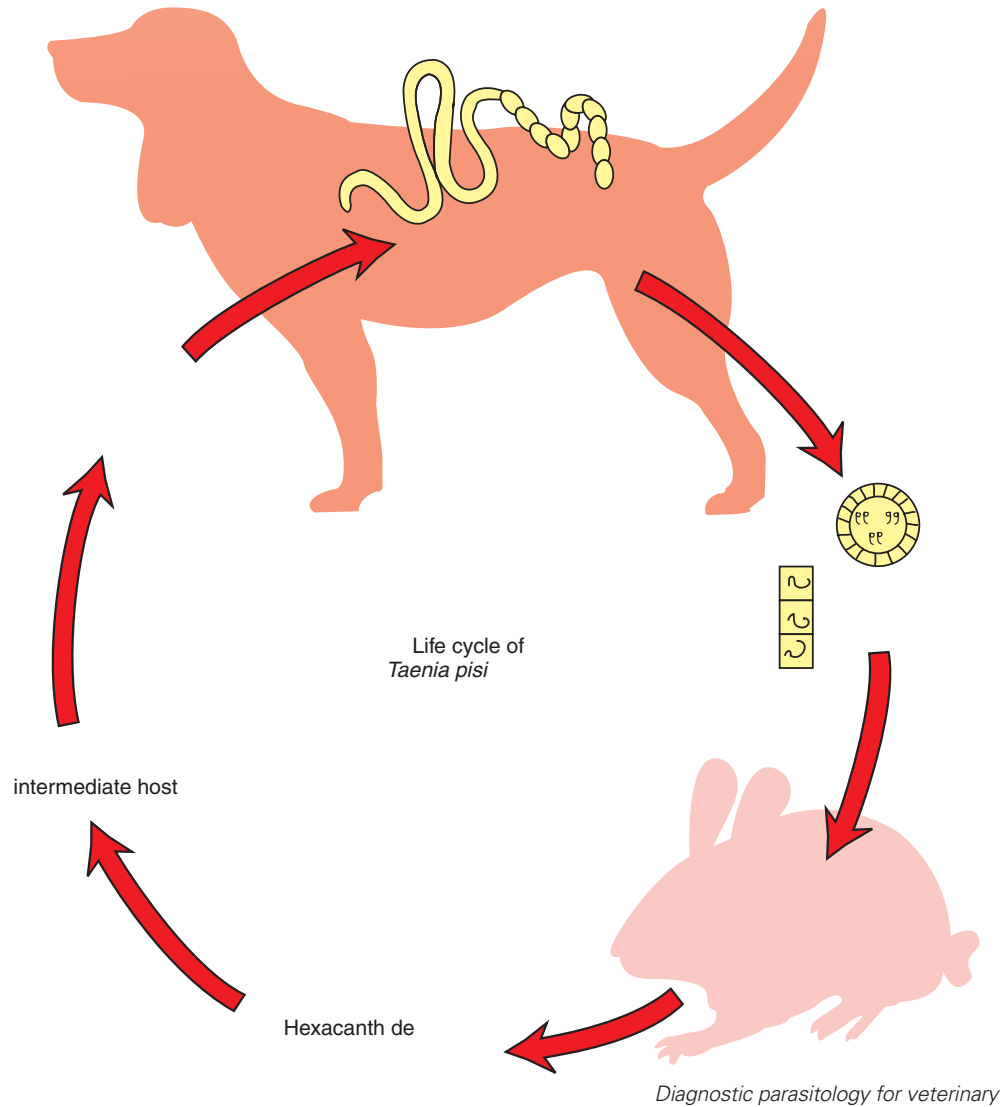
Multiceps multiceps *Multiceps serialis* e eworms
of l estine ggs *M. multiceps* e
o ter, hereas *M. serialis* e
elliptic ure o y o oth
contain ncosphere ee
ggs f eline eniids, ggs *Multiceps*
species e *Echinococcus* ecies.

Echinococcus granulosus *Echinococcus multilocularis* e
tapeworms ciated ultilocu
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* ecies.

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, eterinary echnician, eterinarian. efinitive diagnosis f *Echinococcus* ection chieved entify dult eworms en om 's estinal ract. are high *Echinococcus* ection 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 eworms. *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 ecies ve ee-layer ggshell. rmost led yriiform paratus, high ear-shaped. ggs of l quine eworms ecovered ecal

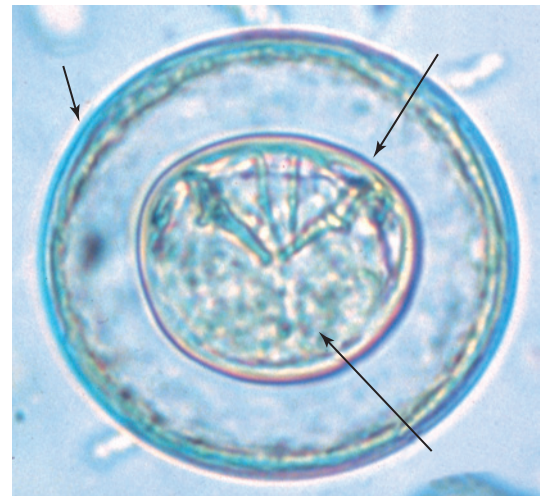


species is a tiny tapeworm that is only
(From Hendrix CM, Robinson E:
parasitology for veterinary technicians,

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 oscopes, ggs pear uare
or riangular tte. wo ecies ommon: *Moniezia*
benedeni *Moniezia expansa* ep,
goats. he ggs ecies erentiated
standardecal 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 omplete 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



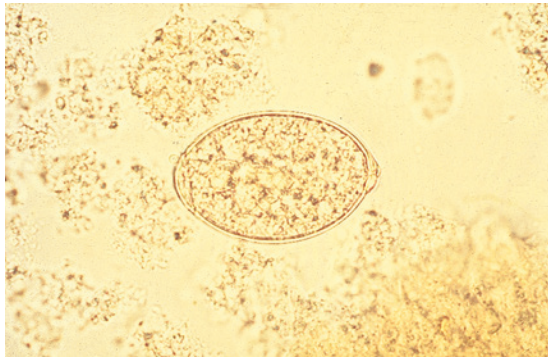
Spent proglottids of

Diagnostic parasitology for

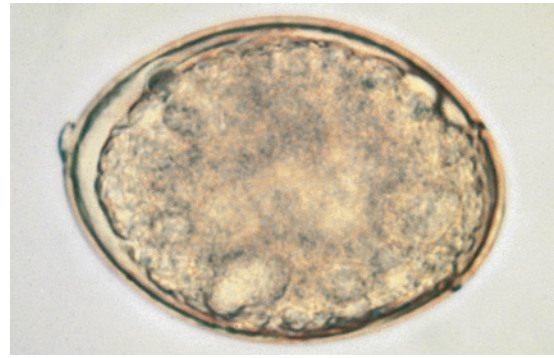
form sticercoids. er center estinal umen to omplete evelopment. ggs with eces estion eetles which sticercoids evelop. *H. diminuta* ection equires ingestion of infected insect, human infection with tapeworm ely.



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 hich 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 tapeworm because, shed
 's junum, ure proglottids often parate
 longitudinal for short distance. The tapeworm appears
 to unzip," which origin of common per
 tapeworm." ent ped" unzipped" proglottids often
 appear eces et.

The egg of *Spirometra* species resembles
 digenetic trematode egg inct per
 culum ne ll. ggs val
 yellowish-brown. they average y y ve
 asymmetric appearance, they are rather pointed one end.
 When eggs rupture, distinct operculum visible. The eggs
 are embryonated hen eces.

Diphyllobothrium species are often referred to broad fish"
 tapeworms. tapeworm however,
 probably does grow large dogs Each
 proglottid of tapeworm central osette-shaped terus
 associated uterine pore through which eggs are released.
 These tapeworms continually release eggs il exhaust their
 uterine contents. The terminal proglottids become senile rather
 ravid, detach rather vidually.

The eggs of *Diphyllobothrium* species resemble
 of e netic trematode). egg val,
 distinct operculum ll. ggs
 brown, average 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 rous
 trematodes, ut nly enetic trematodes asites

domestic Monogenetic trematodes are primarily external
 parasites of hibernians, reptiles.

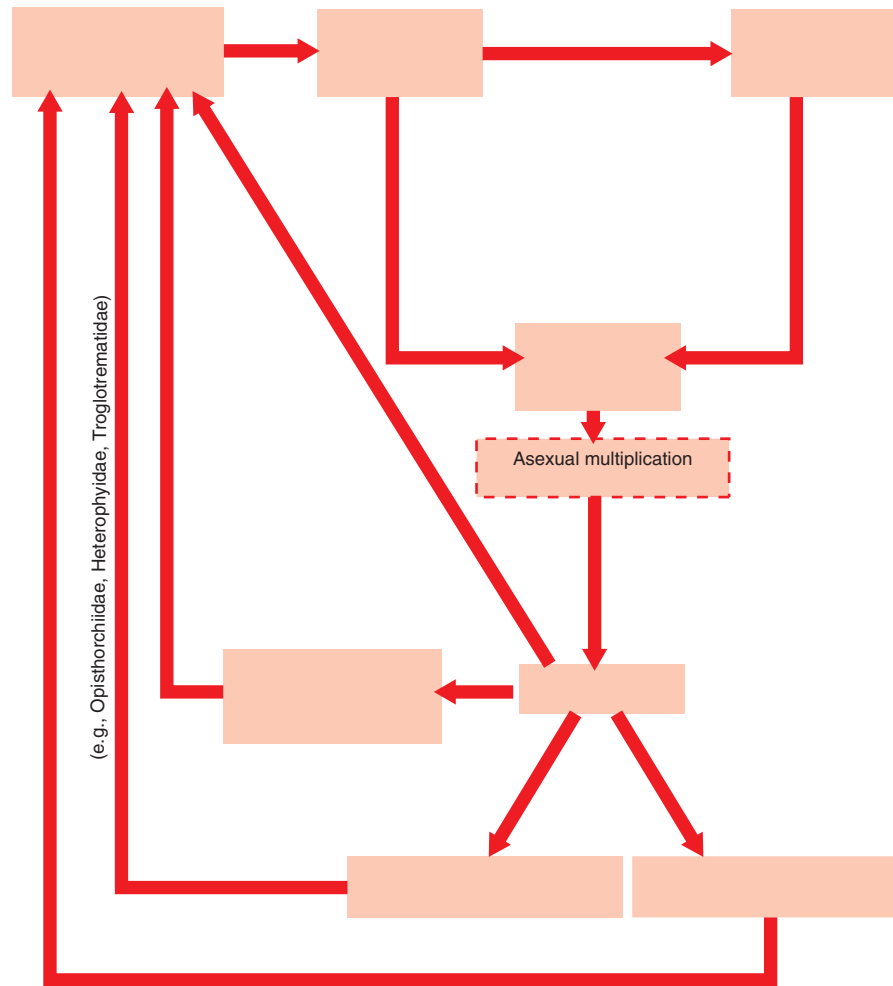
Digenetic trematodes ve ter ody ticle.
 They ve estive tract onists
 pharynx, phagus, estine vides
 blind sacs (ceca). The organs are visible trematodes
 are reproductive rgans. trematodes ve
 female reproductive rgans vidual, ut
 few ve parate xes *Schistosoma* rvous stem
 xcretory stem resent.

The e cle netic trematodes omplicated
 hey ough veral erent val (mir
 cidium sporocyst redia cercaria metacercaria) they
 typically equire re ermediate high
 nearly always mollusk (e.g., slug). Multiplication takes
 place oth efinitive ermediate

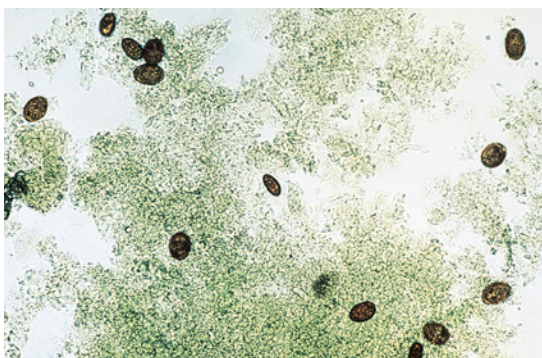
The eggs of digenetic trematodes are capped (operculated),
 they contain ciliated embryo called miracidium. Through
 penetration estion, acidium nters uitable
 evelops ough veral ventually ive
 to ile, eferred ercaria. ercaria
 released from swim actively. Sometimes, depending
 on ecies ercaria encyst egetation.
 encysted taceraria, ective or efinitive
 host. n her pecies, ercaria ay enetrate kin
 definitive or encyst another intermediate Table
 summarizes trematodes 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 reduce salmon oisoning"
 "Elokomin ever" ogs. ggs mbryonated
 when ure o y o
 Fig. hey ve inct operculum
 blunt oint pposite operculum.



Georgis' parasitology for veterinarians,



brownish, operculated eggs are 34 μ m to 50 μ m by 20 μ m to 35 μ m. (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 the blood of the host. *Heterobilharzia americanum*, a blood fluke, is a common parasite of aquatic birds.

The life cycle of *Fasciola hepatica* involves asexual multiplication in the intermediate host, the snail. The adult fluke inhabits the portal veins of the liver and the biliary system. Clinical signs include weight loss, anemia, and diarrhea. Diagnosis involves identification of thin-shelled eggs in the feces, which are approximately 34 μ m by 20 μ m.

Information About Some Trematodes of Veterinary Importance

Intermediate

Continued

Information About Some Trematodes of Veterinary Importance—cont'd

Intermediate

Georgis' parasitology for veterinarians,



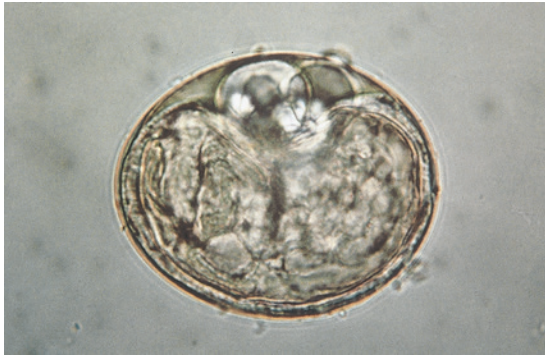
(From Hendrix



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.

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. ermaph
roditic adult flukes occur cystic spaces within lung paren
chyma 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,

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 eterinary ecies. cle
of ecies 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 vailable
flake gg ecovery

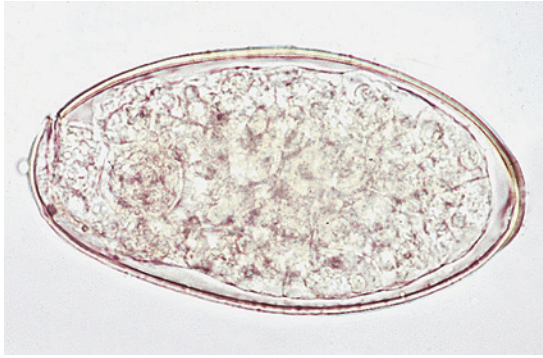


Fig. 46.23 Characteristic operculated ovum of *Fasciola hepatica*, the

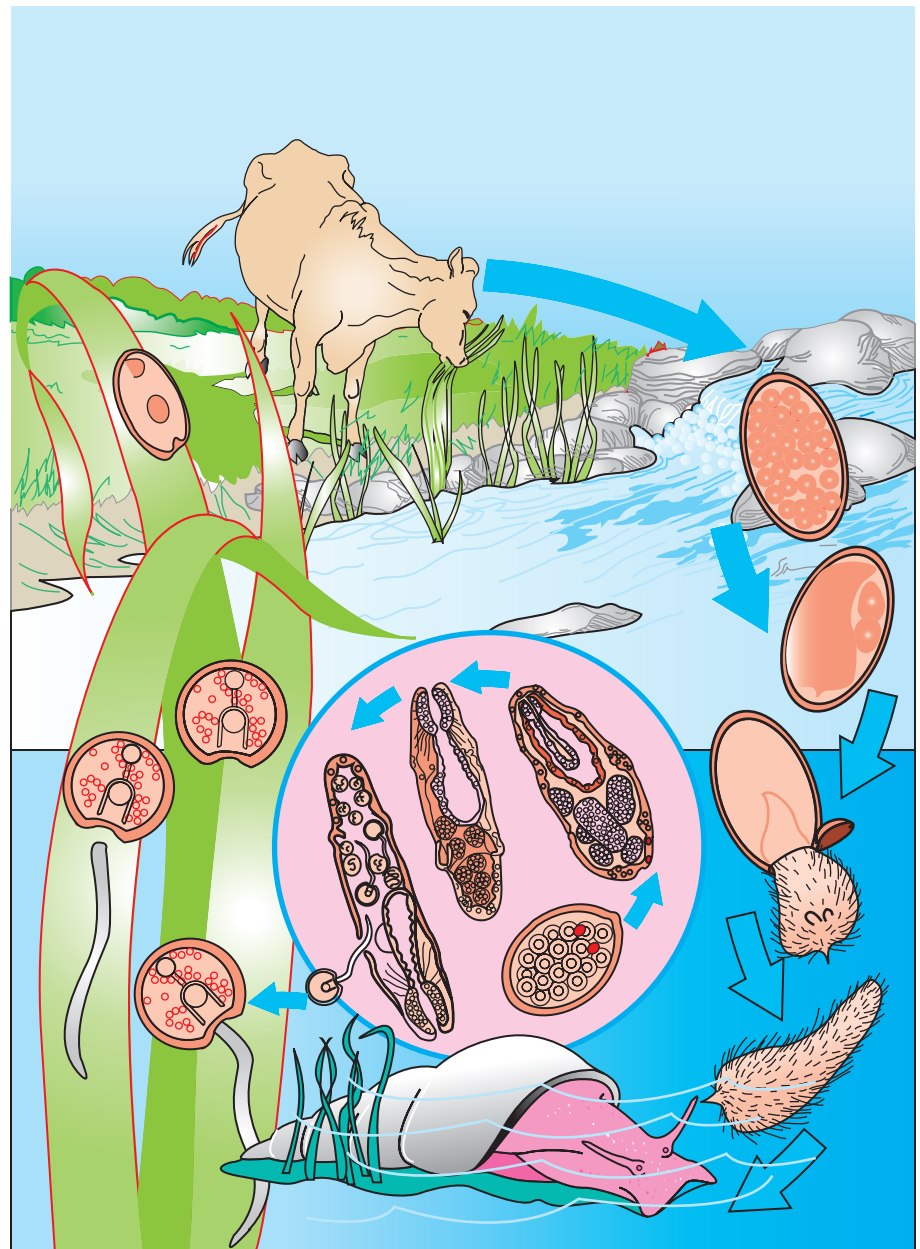
“Rumen flukes” are composed of two genera: *Paramphistomum* and *Cotylophoron*. These adult flukes reside in the rumen and reticulum of sheep, goats, and many other ruminants. The eggs of *Paramphistomum* species measure 100–150 μm by 50–70 μm, whereas eggs of *Cotylophoron* species measure 100–150 μm by 50–70 μm. The prepatent period for *Paramphistomum* species is 30–40 days.

Schistosoma (Bilharzia) species are blood flukes of humans. Cercariae enter through direct penetration of the skin. These flukes are found in the blood vasculature of mesenteric veins and blood vasculature associated with major organs (large and small intestines, urinary bladder) 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,

generation of sporocysts and two generations of rediae. The second generation of rediae produces free-swimming cercariae that leave the snail and

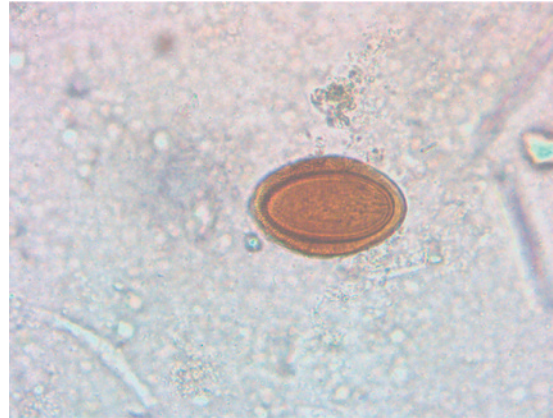
objects, including aquatic vegetation. Ruminants



Acanthocephalans (thorny-head worms) are uncommon parasites with complicated life cycles. They have separate sexes.

They have a proboscis with a chitinous wall. Thorny-head worms use the proboscis to pierce their hosts and absorb nutrients through their body wall. Acanthocephalans are usually recovered from the crop.

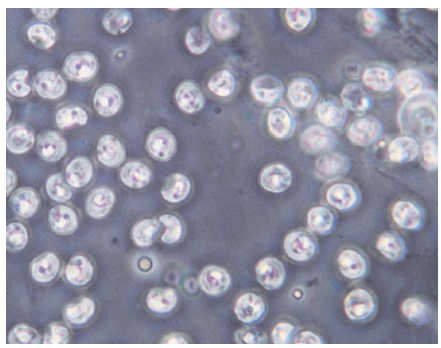
The acanthocephalan *Macracanthorhynchus hirudinaceus*, which has a long proboscis, has the dubious honor of possessing the longest scientific name among acanthocephalans. The domestic dog, *Oncicola canis*, is an acanthocephalan parasite.



Chapter Review Questions [Appendix](#)

- Phylum Platyhelminthes includes flatworms and is commonly referred to as flatworms.
- Members of subclass Eucestoda are referred to as true tapeworms.
- Members of 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 and a set of suckers on each side of the head region.
- The organs of attachment for tapeworms are the suckers, which are located on the lateral suckers.
- *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 a flea-infested intermediate host.

- *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) and typically require a mollusk as an intermediate host.
- Trematode parasites include *Paragonimus kellicotti*, *Platynosomum fastosum*, *Nanophyetus salmincola*, *Alaria* species, and *Heterobilharzia americana*.
- 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 for high protozoal parasites develop o
- Describe life cycle *Giardia*
- Describe general life cycle protozoans.
- Describe life 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 100,000 known protozoans that can be found in a wide variety of habitats. Only a small percentage of protozoans are parasitic. **Protozoa** are single-celled organisms with more membrane-bound nuclei and contain specialized organelles. Parasitic protozoa have three primary phyla: sarcomastigophora, apicomplexa, and ciliophora. Protozoans exhibit a variety of tissue sites and definitive hosts. Common hosts for identification include blood, feces, and high magnification blood protozoa or **hemoprotozoa** or fecal samples in which they are identified as protozoa. Monoprotzoa are

United States are found in erythrocytes (red blood cells RBCs) within a stained blood smear. Ticks usually serve as intermediate hosts and transmit the parasite. Some protozoa are found in the feces of ruminants or complex. Reproduction may be asexual (binary fission, schizogony, or asexual reproduction) or sexual (gametogony, oocyst formation, or conjugation). Certain groups of protozoa, reproductive forms, or trophozoites are used for identification. **trophozoite** is a common vegetative form of a protozoan. Life cycle, feeding, development, reproduction, and **able** summarizes some common protozoal parasites veterinary species.

Select Protozoal Parasites of Veterinary Species

Intermediate

Intermediate

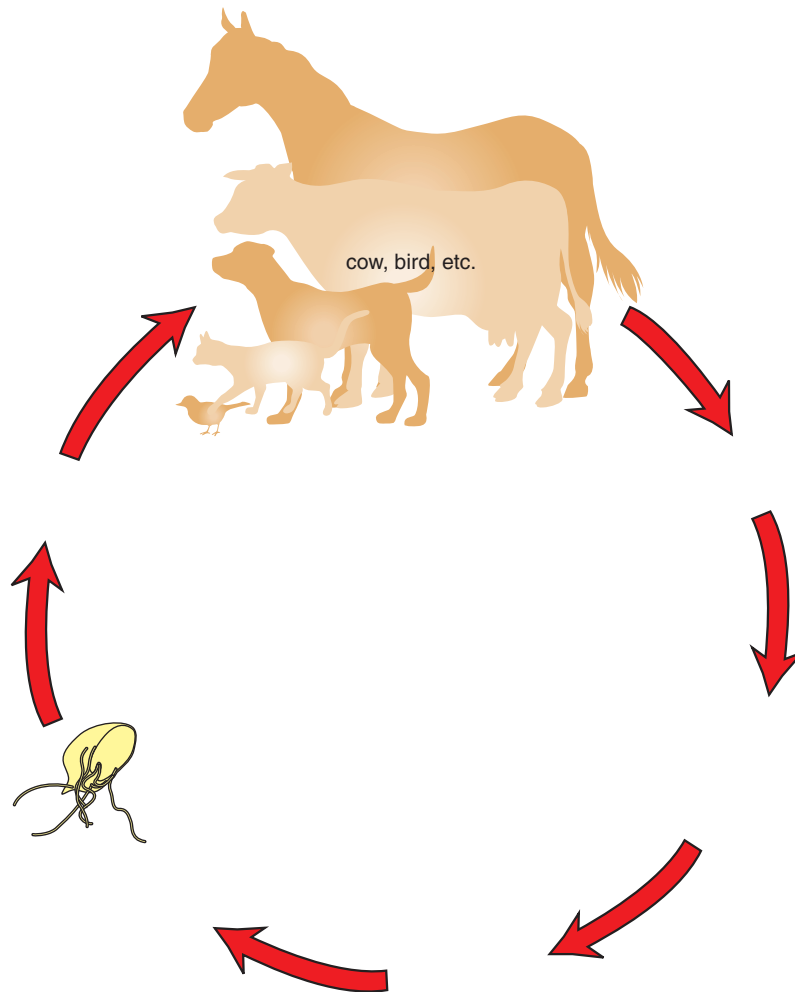
Isospora ohioensis

Organelles for locomotion consist of **flagella** (long, whiplike structures), (short flagella, usually arranged rows or tufts), **pseudopodia** (temporary extensions retractions of body wall), **undulatory ridges** (small, snakelike waves form cell membrane move posteriorly). Locomotor organelles modifications of them are frequently used to help identify the type of protozoa recovered from an animal. The trophozoite often too fragile to survive transfer to new generally infective. Transmission to often occurs when

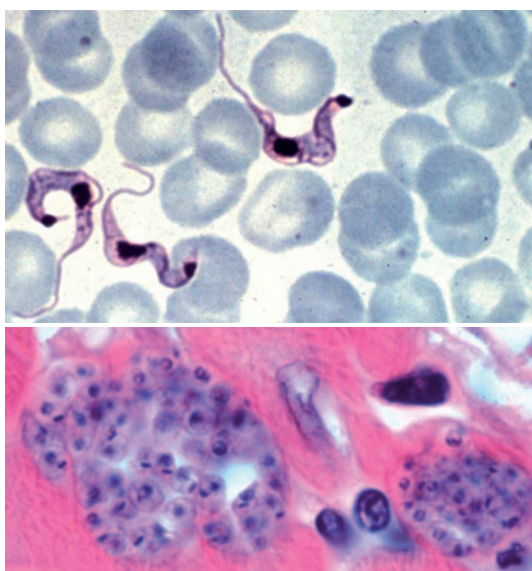
protozoan cyst stage. Most metabolic functions are suspended when parasite encysted. The cyst wall prevents desiccation. The cyst stage occurs under certain conditions include following:

- Lack of nutrients
- Low oxygen tension
- Lack of water
- Low
- Accumulation of waste
- Overcrowding

Protozoal parasites are usually transmitted to a new



Diagnostic parasitology for veterinary



. The top image shows a trypanomastigote 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 eukaryotic organisms are transmitted during the promastigote stage from the vector. Promastigotes are phagocytized by the host's macrophages (Fig.). The promastigotes multiply asexually and develop into trypomastigotes, which are then released when the cell ruptures. Released trypomastigotes are then phagocytized by other macrophages. Large numbers of organisms are present in many tissues. Promastigotes are killed when the blood is removed from these animals and develop into trypomastigotes 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. They are flagellated organisms that live in the oral cavity, forming a pear-shaped structure. *Tritrichomonas foetus* is a flagellated organism that lives in the reproductive tract of the organism and causes reproductive failure.

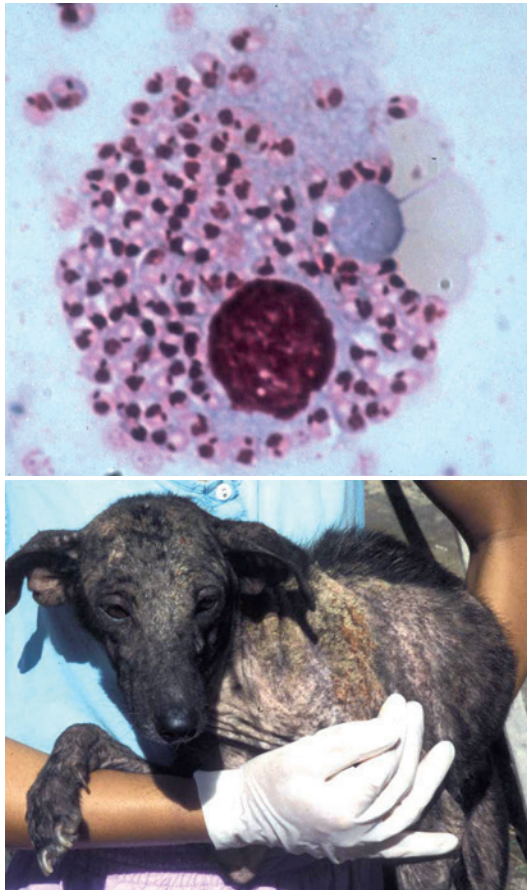


Fig. 47.4 *Leishmania infantum*. The top image shows a macrophage from the bone marrow of an infected dog that contains large numbers of amastigotes. The bottom image is of a dog from Brazil that is infected showing the typical cutaneous manifestation

Georgis' parasitology for

vagina, cervix, uterus, ovaries. Infection is per-
 titivity, spontaneous abortion, pyometra. *T. foetus* is ear-
 shaped, approximately 10 µm long,
 three anterior flagella. Diagnosis involves demonstration
 of free trophozoite in supernatant after centrifuged
 from vaginal discharge.
Trichomonas gallinae found in crop
 from pigeons, doves, poultry. It is transmitted only by direct
 contact with infected bird. It is seen on
 tamponed by infected bird. *T. gallinae* is ciliated, per-
 ations of esophagus, crop, proventriculus. Nonpathogenic
 species of trichomonads. Diagnosis involves demonstration
 of parasite directly of crop contents,
 characterized by four anterior flagella. Air-dried smear be-
 stained with Wright's. The parasite assumes oval shape,
 blue-red color.

Histomonas meleagridis infects turkeys, chickens, geese, and
 various species. Transmitted when bird
 via fecal material transport. *Heterakis gallinarum*.
 Earthworms serve as intermediate host for nematode,
 birds are infected with ciliates, rotifers, and
 nematode. Ellapsed trophozoite released from
 nematode via fecal excretion.
 enters fecal epithelium where it forms a trophozoite,
 where it reproduces. Infection in tissue is charac-
 teristic in turkeys, organism is seen in fecal
 infectious enterohepatitis or blackhead." Diagnosis requires
 histopathologic examination.

Entamoeba histolytica is primarily a parasite of humans in tropi-
 cal regions. Trophozoites are various in shape and size
 and frequently demonstrated in fecal
 fecal examination. Symptoms include diarrhea, dysentery,
 swine. These generally are of clinical importance. *E. histolytica*
 may produce acute chronic colitis. Other species
 of amebas have been found in reptiles and tortoises.

Apicomplexans are protozoans. There are about 10,000 species,
 all are parasitic. Sporozoans are unique in that all of their life
 cycle is spent except for the gamete. They contain
 within a sporozoan cell. Sporozoan parasites
 infect cells, commonly occur in epithelial
 tract cells, blood cells. **Oocyst** is a stage in the
 cystic stage of a group of intestinal protozoa. The most
 important feature of the life cycle is the formation of
 intracellular parasites:

- 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 commonly nosed
 protozoal infection. The oocyst is the diagnostic stage
 problem mature. The oocyst is seen in feces.
 observed mature fecal examination.
 later stages, aries

- The coccidians
- | | |
|---|----------------|
| oocyst | measurements |
| follows: <i>Cystoisospora canis</i> , | 10 µm by 10 µm |
| <i>m</i> ; <i>Cystoisospora ohioensis</i> , | 10 µm by 10 µm |
| <i>Cystoisospora wallacei</i> , | 10 µm by 10 µm |

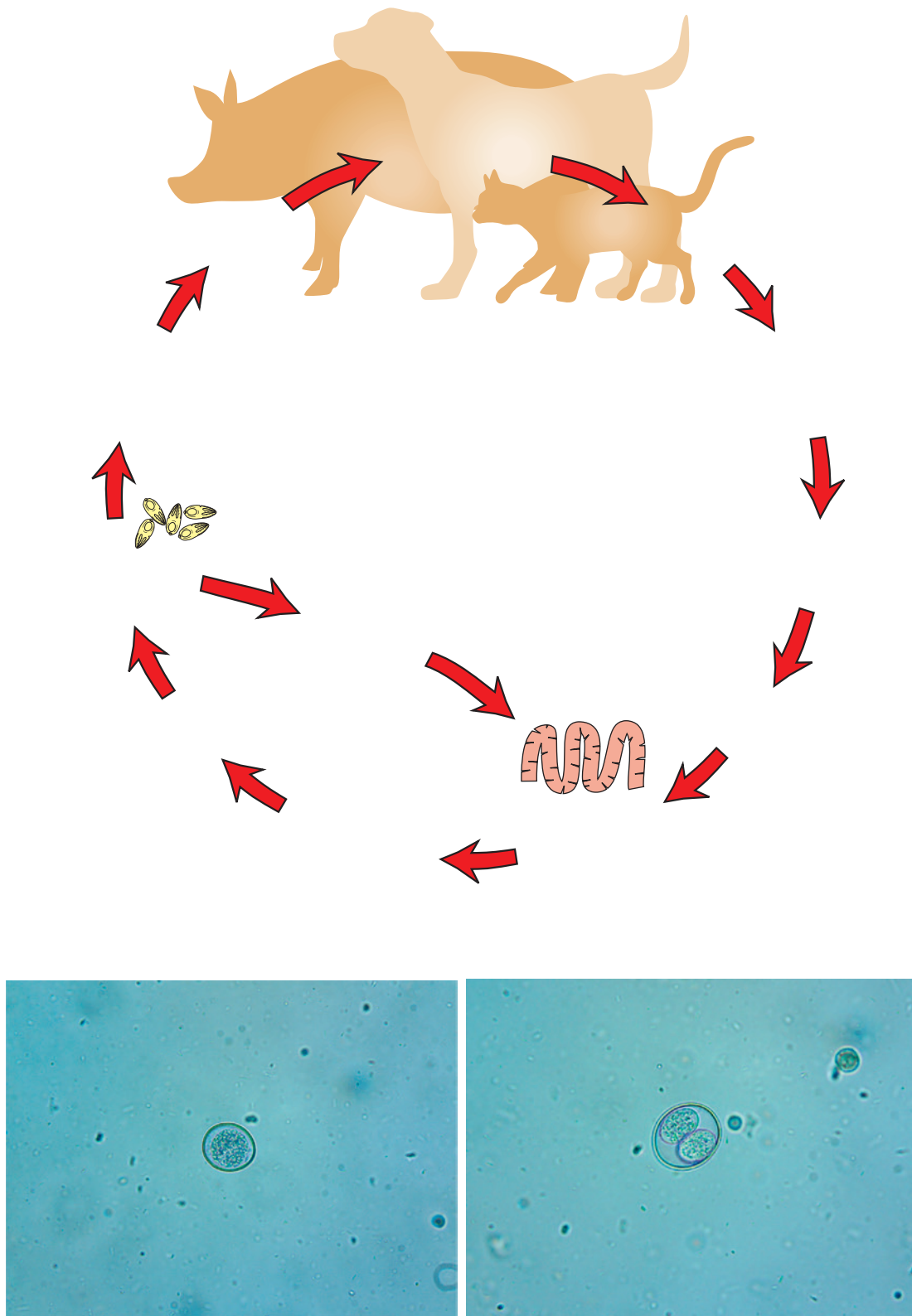


Fig. 47.6 *Cystoisospora felis* unsporulated oocyst and sporulated oocyst . (From Bowman D: Georgis' parasitology for veterinarians,

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 eces. 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 eces, 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 voves veral erernt
including **tachyzoites** **bradyzoites** rozoites, ogameto
cytes, crogametocytes.

generally only

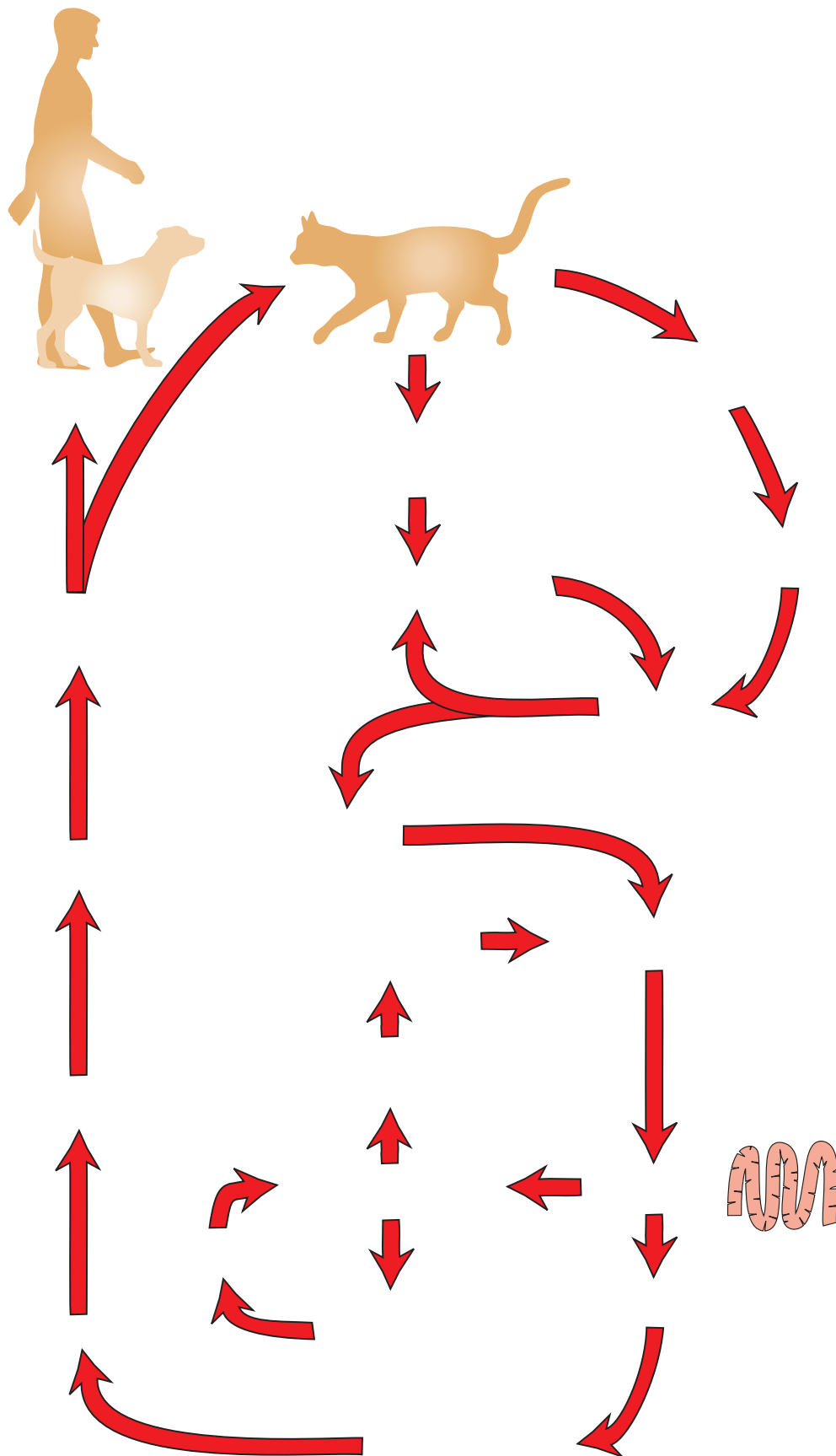
Although efinitive *T. gondii*, arious
life cle asite ect ecies, lud
umans lthough rganism ually
harmful to healthy humans, serious problems
fetuses f regnant omen. oxoplasmosis read om
o eople estion ectious ocysts
eces, ut ontract
undercooked regnant omen void
of er loves ardening.

Cryptosporidium r occidian asite asitizes
l estine ide ariety luding ogs,
ticularly ves. orulated ocysts
eces 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 *Cryp*
tosporidium ecies, eces uspected boring
protozoan led reat

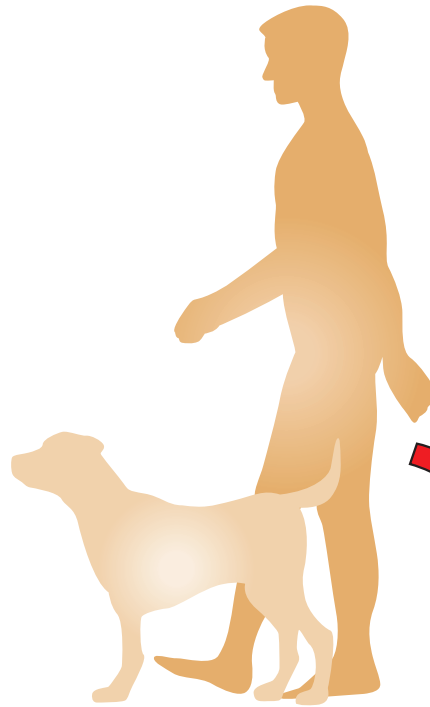
Sarcocystis occidian asite
intestine. everal ecies ect ogs entifica
tion f vidual ecies uite ocysts
Sarcocystis ecies e orulated hen
eces. ch ocyst ontains orocysts, ch
sporozoites. vidual ocysts ure o
by o y ecovered om
fecal ion eces.

Babesia canis intracellular parasite found within
erythrocytes ogs, eferred oplasm
because f ear-shaped ody iagnosis voves
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 *Boophi*
lus annulatus. *Babesia equi* *Babesia caballi* e racellular
parasites rses. hey
eferred quine oplasms. iagnosis voves
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 escribed 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

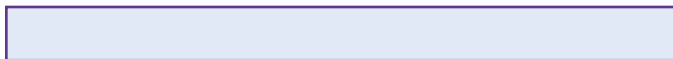


Continued



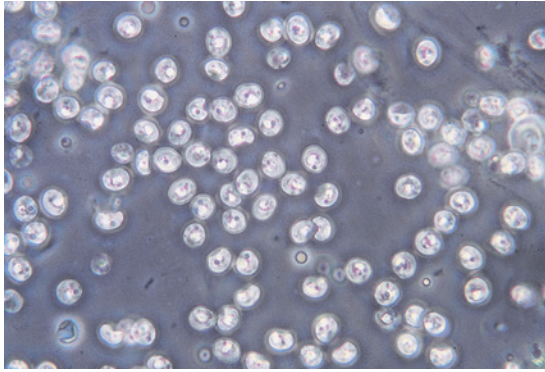
Diagnostic parasitology for veterinary technicians,

course
assays are available or confirmation

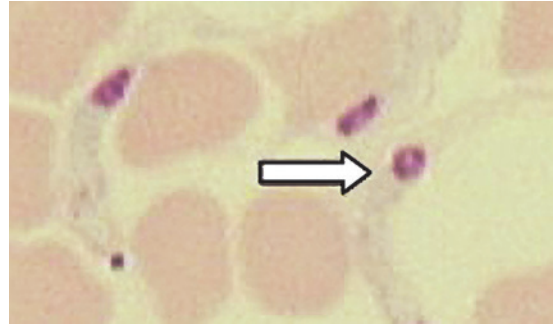


Hepatozoon canis and *Hepatozoon americanum* are intracellular, malaria-like parasites (ectoparasites). They are transmitted by blood-sucking arthropods (ticks, fleas, mites, etc.).

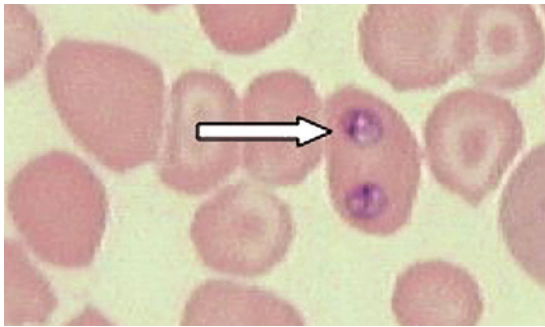
Eukocytes. Eukocytes contain gamonts of *H. canis* are common in peripheral blood smears. *H. americanum* gamonts are found in the spleen, bone marrow, and liver. The gamonts are surrounded by a delicate membrane and contain a reddish-purple nucleus. Numerous merozoites are found in the cytoplasm of the eukocyte. Infection of dogs occurs through contact with infected deer or other animals.



species. (From Hendrix CM,



Diagnostic parasitology for veterinary technicians, ed 3, St Louis,

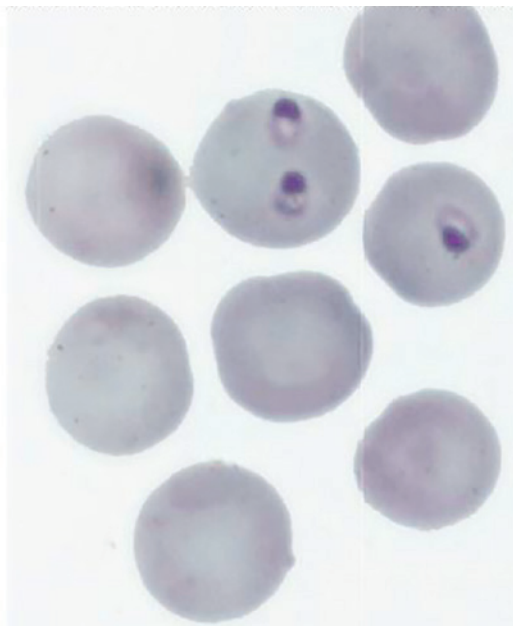


Amblyomma americanum *H. canis* ell dapted
varies from producing subclinical to
H. americanum produces violent frequently course of
orized ve ossed ecies rier om
ild omestic og.

Eimeria leuckarti occidian
tine f rse. rotozoan emonstrates
oocysts o y o ith k
distinct opyles, rown olor. ocysts
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.

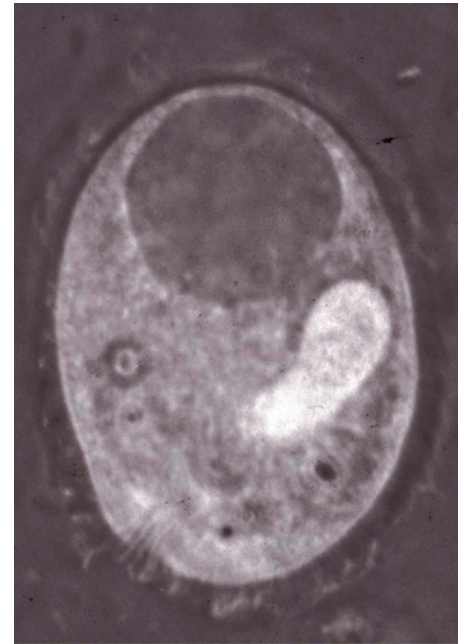
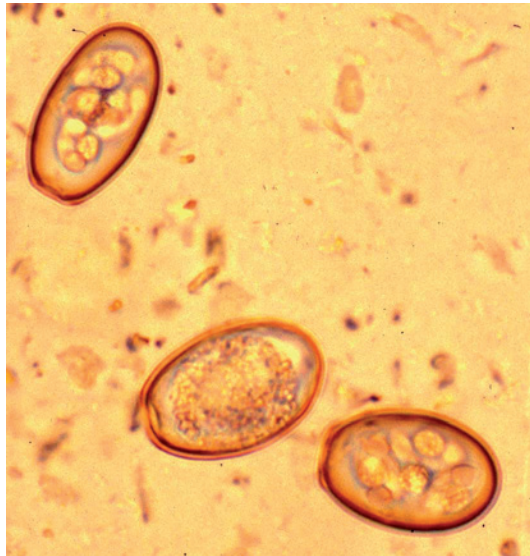
TECHNICIAN NOTE

are often fatal,



ring-shaped *Cytauxzoon* piroplasms (From Little S: *The cat*, Philadelphia,

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



Trophozoite (electronic flash photograph)
Cyst. Trophozoites abound in the large intestine of normal swine, and cysts are passed in their feces. (From Bowman D:

histopathologic examination of liver the spleen.
Molecular nostic available. *Leucocytozoon*
Haemoproteus e asites ect lood ells
of irds.

There are about species phylum Ciliophora, of which
about asitic. enus, *Balantidium*, f
veterinary nificance.

Balantidium coli ed rotozoan
e estine lthough ommonly bserved
during oscopic xamination rheic eces,
generally considered nonpathogenic. Two morphologic stages
may e ound eces: yst tage tile rophozoite
stage . ary
protozoan parasite. The trophozoites may be by m,
with y-shaped cronucleus. rganism
overed ith umerous ows ves out
microscopic vely ility. herical
ovoid o ter, reenish-
yellow olor. ecognized
microscopic xamination estinal ontents
diarrheic eces.

Table hich lude enera *Rickettsia*, *Orientia*,
Coxiella, naplasmataceae Table which include
genera *Anaplasma* Fig. *Ehrlichia* Fig. *Wolbachia*,
Neorickettsia. The organisms are transmitted via arthropod
lminth ectors.

The **rickettsia** are group of obligate intracellular gram-negative
bacteria. he onomic ickettsiaceae

Chapter eview uestions ppendix

Pathogenic Rickettsiaceae That Affect Animals

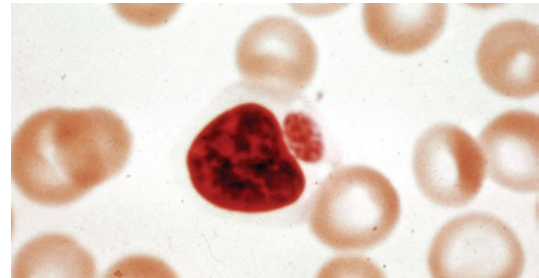
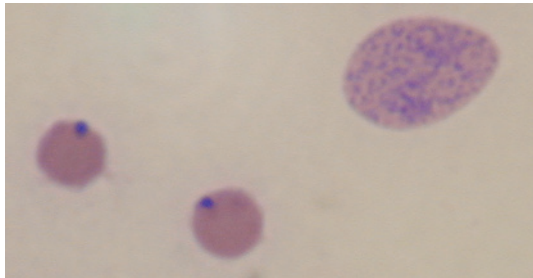
From Songer JG, Post KW: *Veterinary microbiology: bacterial and fungal agents of animal disease*,

Anaplasmataceae of Veterinary Importance

Continued

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 insects commonly encountered in veterinary practices.
- Differentiate between Mallophaga and Anoplura species.
- Describe the life cycle of insects.

- List and describe common parasitic veterinary species.
- Describe the life cycle of ticks.
- Differentiate between ticks and mites.
- List commonly encountered species of ticks.
- Describe the life cycle of ticks.
- Describe general characteristics of ticks.
- Discuss the general characteristics of ticks.
- List commonly encountered species of ticks.

Order: Siphonaptera (Fleas),

Orders: Mallophaga and Anoplura (Lice),

Order: Diptera (Flies),

Blackflies, midges,

Sandflies

Deer botflies,

Sheep ked, etc.

that produce myiasis,

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, a hard, chitinous exoskeleton, and a segmented body. They are divided into groups, segments, and together form a 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 certain groups act as intermediate hosts or reservoirs for parasites. These are called **ectoparasites**. Some are on the surface of the host, while others are inside the host (endoparasites). Examples include ticks, mites, fleas, and lice. Ticks and mites are arachnids, while fleas and lice are insects. Some arthropods are also parasitic on other arthropods, such as ticks on dogs and cats.

(bloodsucking annelids) also considered to be ectoparasites. Infestation is referred to as **hirudiniasis**.

The following general characteristics differentiate major classes of arthropods of veterinary importance:

- Insects have six legs, three body 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 (tongue 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 medical, ectoparasitic importance. They are like, for example, the dog flea.

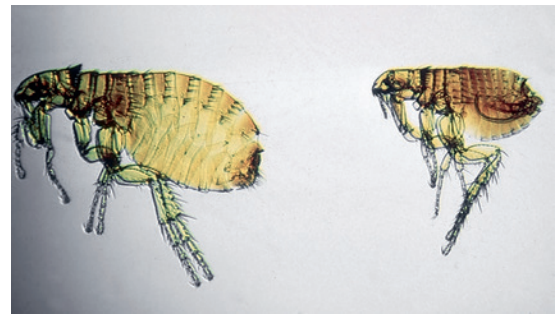
The life cycle of the dog flea involves several stages, including the egg, larva, pupa, and adult. The adult flea is the most common stage found on dogs.

The life cycle of the dog flea involves several stages, including the egg, larva, pupa, and adult. The adult flea is the most common stage found on dogs. The life cycle of the dog flea involves several stages, including the egg, larva, pupa, and adult. The adult flea is the most common stage found on dogs.

The life cycle of the dog flea involves several stages, including the egg, larva, pupa, and adult. The adult flea is the most common stage found on dogs. The life cycle of the dog flea involves several stages, including the egg, larva, pupa, and adult. The adult flea is the most common stage found on dogs.

The life cycle of the dog flea involves several stages, including the egg, larva, pupa, and adult. The adult flea is the most common stage found on dogs. The life cycle of the dog flea involves several stages, including the egg, larva, pupa, and adult. The adult flea is the most common stage found on dogs.

are blood-sucking parasites of dogs, rodents, birds, and people. They are vectors of several diseases, such as bubonic plague and tularemia. More than 100 species of fleas have been identified throughout the world. Adult 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 the cat flea (*Ctenocephalides felis*), are also found on humans.



parasitology for veterinary technicians,

Ctenocephalides canis, respectively—can act as intermediate hosts for the common tapeworm, *Dipylidium caninum*. Heavy infestations with fleas can cause flea-bite dermatitis, a condition characterized by intense itching and hypersensitivity. Flea-bite dermatitis is a common condition in dogs and cats.

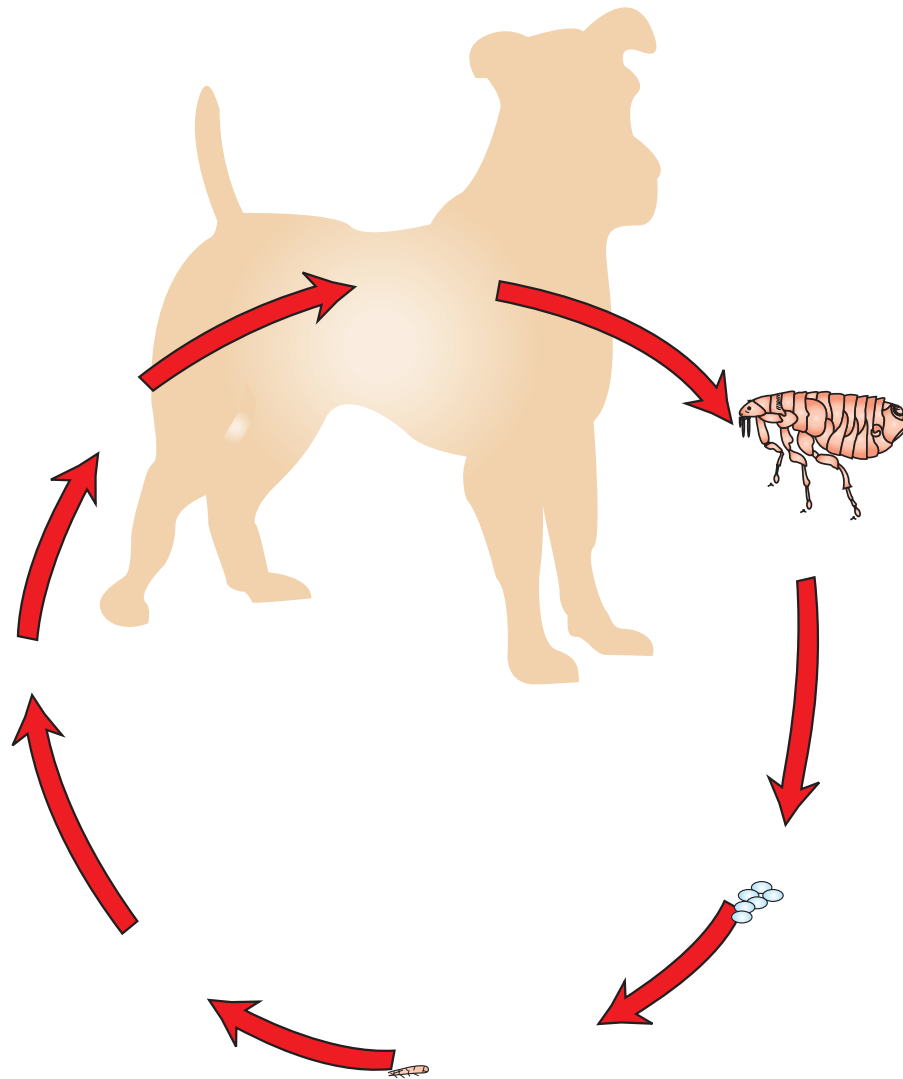
Fleas are laterally compressed, wingless insects with legs that are adapted for jumping. They have a sucking mouthpart (siphon) that they use to feed on blood. Flea infestations are encountered frequently on dogs and cats.

Fleas demonstrate complete metamorphosis. Eggs are deposited in the environment. The larvae develop in the environment. The pupae develop in the environment. The adult fleas develop in the environment. Fleas are found on dogs and cats. Fleas are found on dogs and cats. Fleas are found on dogs and cats.

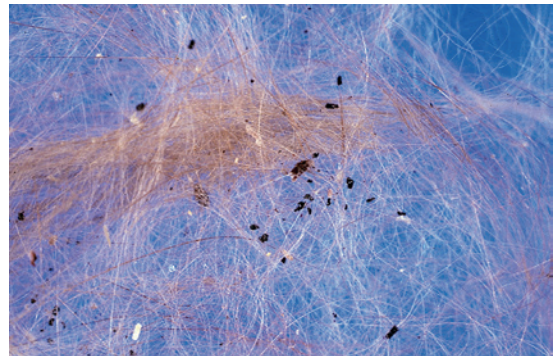
The life cycle of the dog flea involves several stages, including the egg, larva, pupa, and adult. The adult flea is the most common stage found on dogs.

The specific identification of fleas requires expertise in entomology. Other of veterinary importance are *Pulex irritans*, *Xenopsylla cheopis*, *Pulex irritans*, *Xenopsylla cheopis*, *Echidnophaga gallinacea*. Fleas are referred to as blood-sucking parasites. Fleas are referred to as blood-sucking parasites. Fleas are referred to as blood-sucking parasites.

Echidnophaga gallinacea is known as the "stick-tight flea" of poultry. It is common on chickens and turkeys. It feeds on the blood of its hosts. The female remains attached to the host for extended periods. These specimens resemble attached ticks; however, they are not ticks. Fleas are commonly found in barns and other areas where animals are kept. Fleas are commonly found in barns and other areas where animals are kept.



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



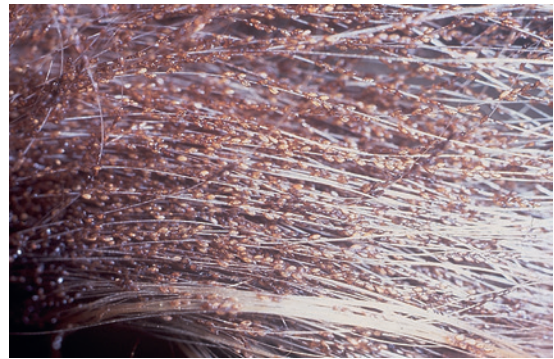
the cat flea. Flea dirt can be used to diagnose current or recent infestations

Animals and Humans

produce significant human
been recovered from dogs especially southeastern
United States.

Lice are dorsoventrally flattened, wingless insects with three body divisions: head, with mouthparts and antennae; thorax, with legs and wings; and abdomen, with reproductive organs. Lice are separated into two orders on the basis of whether their mouthparts are modified for biting/chewing (Mallophaga) or sucking (Anoplura). Sucking lice feed blood and move slowly on the host's skin while chewing lice feed on the host's blood. They have long, narrow heads. Biting lice feed on epithelial debris and can move rapidly over the host's body, causing irritation and discomfort. Sucking lice are generally yellowish in color. Lice are host-specific, they remain in close association with their hosts, and they have preferred locations on the host's body. [Table 1](#) lists the common lice of humans. [Fig. 1](#) shows the life cycle of the human head louse. The adult female lays approximately 10 eggs per day, which hatch after about 7 days. The nymphal stage lasts about 9-12 days, and the adult stage lasts about 4-6 weeks. Reproductive organs are not functional in the nymphal stage. Lice are highly resistant to insecticides. [Fig. 2](#) shows the life cycle of the human body louse. The adult female lays approximately 10 eggs per day, which hatch after about 7 days. The nymphal stage lasts about 9-12 days, and the adult stage lasts about 4-6 weeks. Reproductive organs are not functional in the nymphal stage. Lice are highly resistant to insecticides.

Anoplurans are larger than Mallophagans and have



Thousands of nits can be cemented by female lice to the hair coat of a domesticated animal. This calf's tail contains thousands of nits. (From Hendrix CM, Robinson E: *Diagnostic parasitology for veterinary*

female lice oviposit, and female lice lay eggs. Lice are found on the hair of the host, and they feed on the host's blood. They have long, narrow heads. Biting lice feed on epithelial debris and can move rapidly over the host's body, causing irritation and discomfort. Sucking lice are generally yellowish in color. Lice are host-specific, they remain in close association with their hosts, and they have preferred locations on the host's body. [Table 1](#) lists the common lice of humans. [Fig. 1](#) shows the life cycle of the human head louse. The adult female lays approximately 10 eggs per day, which hatch after about 7 days. The nymphal stage lasts about 9-12 days, and the adult stage lasts about 4-6 weeks. Reproductive organs are not functional in the nymphal stage. Lice are highly resistant to insecticides.

Louse infestations (pediculosis) can be a problem in domestic animals, especially in horses. Lice are found on the hair of the host, and they feed on the host's blood. They have long, narrow heads. Biting lice feed on epithelial debris and can move rapidly over the host's body, causing irritation and discomfort. Sucking lice are generally yellowish in color. Lice are host-specific, they remain in close association with their hosts, and they have preferred locations on the host's body. [Table 1](#) lists the common lice of humans. [Fig. 1](#) shows the life cycle of the human head louse. The adult female lays approximately 10 eggs per day, which hatch after about 7 days. The nymphal stage lasts about 9-12 days, and the adult stage lasts about 4-6 weeks. Reproductive organs are not functional in the nymphal stage. Lice are highly resistant to insecticides.

The adult stage of the louse is larger than the nymphal stage, but the appearance to the eye is similar. The adult stage is more active than the nymphal stage.



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 infestation. A headband magnifier may help with observation of adult nymphal lice crawling through or clinging to or feathers or tiny embedded lice. A microscope may be used to identify lice beyond order.

Its members vary regarding food source reference, developmental stage parasitizes or produces lesions. are diverse group of insects undergo complete metamorphosis. Insects are membranous, The mouthparts adapted for sucking or biting/sucking. They produce irritating bites, sucking blood, producing hypersensitive reactions, depositing eggs sores, irritating through various issues. They cause annoyance, acting as vectors intermediate to other pathogenic agents. Adult dipterans are frequently referred to as **periodic parasites** when dipteran larvae develop in tissues or organs of vertebrates, produce conditions known as **myiasis**. As 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. Some groups of blood-feeding dipterans, females 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 a complex order of insects. Adults, known as "house flies," are common pests. They are often found in large numbers, especially in warm, moist environments. They are also known for their role in the decomposition of organic matter.

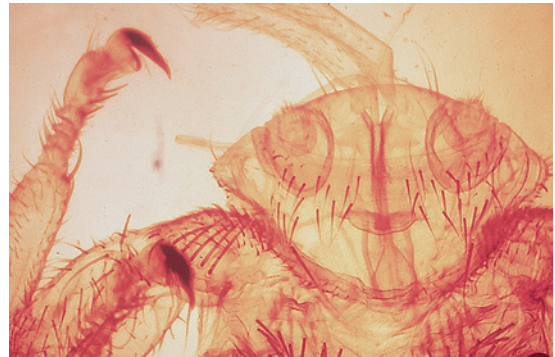
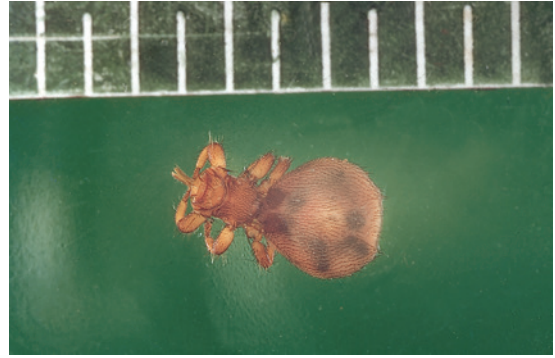
Biting flies (no-see-ums) are bloodsuckers. *Culicoides* species are common pests of livestock. They are known for their role in the transmission of various diseases.



emales feed vertebrate blood. As *Tabanus* species, largest blood-feeding Dipterans. Horse flies are larger than bees and wasps. The cranial of the head is large. Adult lay eggs in the vicinity of open water. Larval stages of the fly are found in aquatic to semi-aquatic environments, often buried deep in the bottom of ponds. Adults are common in summer, and are found in sunlight. Female flies feed in the vicinity of the host and reciprocating, scissorlike mouthparts. They have sharp, blade-like mouthparts that create issues in obtaining vertebrate blood. These flies feed primarily on large animals such as horses. referred feeding include the underside of the abdomen around the legs, neck and other sites. These flies generally feed a number of times at multiple feeding sites before stopping feeding. When disturbed, they swatting reflexively (itching), but blood continues to ooze from the open wound. The bites are often excruciating and horses become restless. Because they often feed on multiple hosts, they are considered mechanical transmitters of viruses, equine infectious anemia, and are serious pests of livestock, transmit diseases, and create mechanical vectors of bacterial, viral, and rickettsial agents.

Hippoboscids (peeps) (*Melophagus ovinus*) are orso ventrally oriented, wingless, resemble ticks. They suck blood, they spend their entire lives on the host (sheep). They are parasitic and feed on the blood of the host, primarily on the thorax and neck, and often around the rayish crown. The eggs are long and medially outwards. Some of the eggs have a "louse-like" appearance, but are related to the lice.

Blowflies, or houseflies, are common. The adults do not suck blood, but they deposit their eggs on decaying organic matter, producing a strong odor. The larvae of *Callitroga hominivorax* and *Wohlfahrtia opaca*



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,

are only primary invaders of living tissue in North America. Other members are attracted to the host. Secondary invaders. (*Gasterophilus* sp., *Hypoderma* sp., *Cuterebra* sp., *Oestrus ovis*) are eel-like adults of which do feed. The adult glue their eggs to the surface of the host and deposit them in the entrance of burrows. The larvae hatch and penetrate the host's body, where they develop locally. The larvae resemble maggots and pass through several stages of development. The adult (Oestrus), which enters the host's body, is a common pest of horses (Oestrus), and the adult (Hypoderma) is a common pest of humans. Cuterebra are parasites of rabbits and rodents, but they may infest dogs, humans. They produce large pockets of subcutaneous tissue issues. The larvae are often found in the blisters.



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 tiny, agile invertebrates, mites and ticks are of enormous medical importance to humans and animals. They are blood-sucking arachnids. They are dorsoventrally flattened in the unengorged state. The tick's head, which is known as the capitulum, serves as an organ of cutting and attachment. It is made of

Infestation by mites or ticks is referred to as **acariasis**. 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 an 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, or they may extend from the body. Ticks are voracious; that is, they are blood-sucking or blood-feeding organisms, without markings. Some species are ornate and have intricate white patterns on the dark cutaneous background. Adult ticks have eight legs, with claws on the legs. They feed on the blood of their hosts and therefore are referred to as blood-sucking or blood-feeding ticks. Fig.

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. **tick paralysis**. Tick species include *Dermacentor andersoni* (Rocky Mountain spotted fever tick), *Dermacentor occidentalis* (Pacific Coast tick), *Ixodes holocyclus* (Australian paralysis tick), *Dermacentor variabilis* (dog tick).

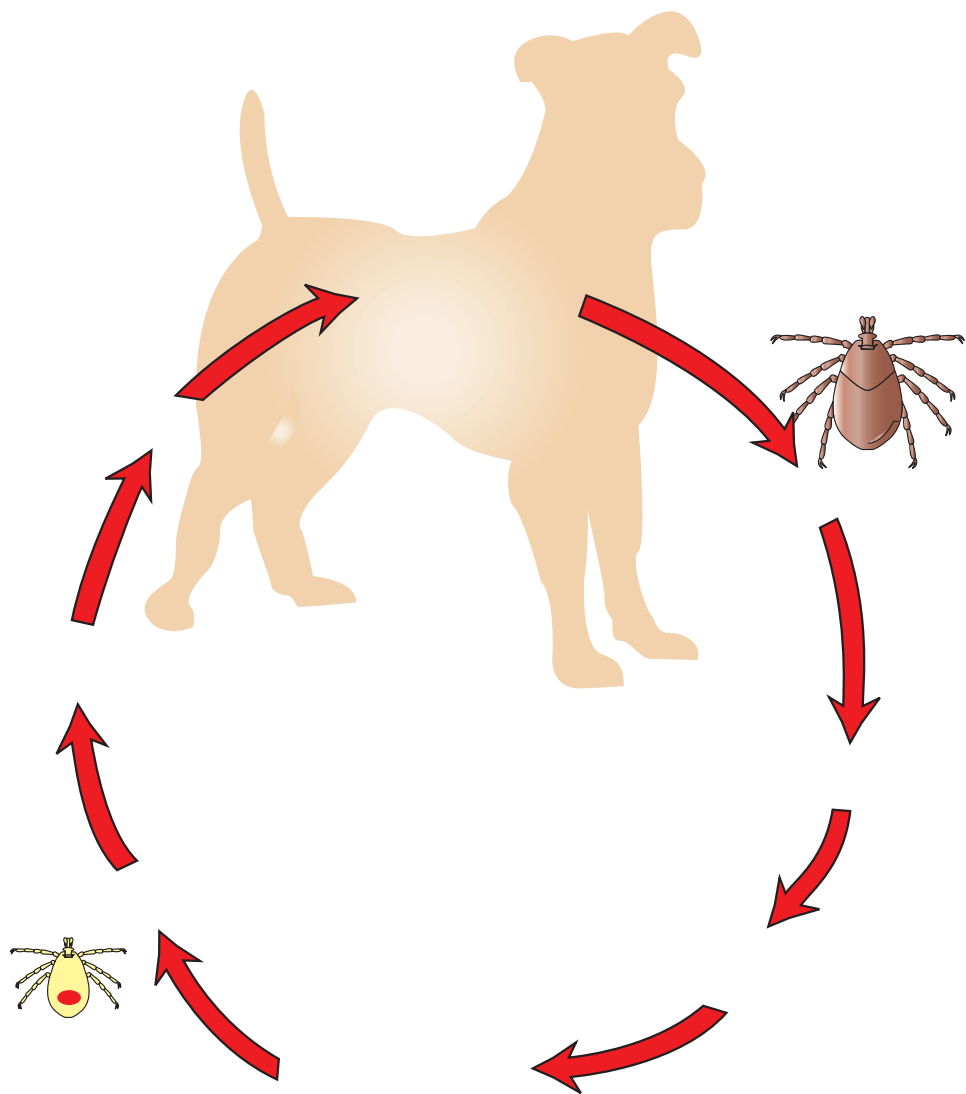
The adults, larvae, and nymphs all feed on blood. Eggs are deposited in the environment. Hard ticks are dorsoventrally flattened, with well-defined lateral margins in the unengorged state. They have a hard, chitinous covering (scutum) on the dorsal surface of the body. Hard ticks have grooves, margins, and chitinous structures (sclerites) or indentations. Important ticks in North America include *Rhipicephalus sanguineus* (brown dog tick), *Dermacentor variabilis* (dog tick), *Dermacentor andersoni*, *Dermacentor occidentalis*, *Dermacentor albipictus*, *Ixodes scapularis*, *Ixodes cookei*, *Ixodes pacificus*, *Amblyomma americanum* (lone star tick), *Amblyomma maculatum*, *Haemaphysalis leporispalustris* (deer tick), and *Rhipicephalus annulatus*. *Rhipicephalus sanguineus* is the most common and widespread.

Fig. *Dermacentor andersoni*, *Dermacentor occidentalis*, *Dermacentor albipictus*, *Ixodes scapularis*, *Ixodes cookei*, *Ixodes pacificus*, *Amblyomma americanum*, *Amblyomma maculatum*, *Haemaphysalis leporispalustris*, *Rhipicephalus annulatus*. *Rhipicephalus sanguineus* is the most common and widespread.

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 the eggs are deposited in the environment. Soft ticks are more common in the environment than hard ticks, but they are not as important as hard ticks. 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 feed on the blood of their hosts. They are not as important as hard ticks. Only the larval and two of the nymphal stages are parasitic. They live in the environment and suck blood, thereby transmitting diseases. *Ornithodoros* species are ectoparasites of humans and animals. They live in the environment and suck blood, thereby transmitting diseases. *O. megnini*, a 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 diseases. *Ornithodoros* species are ectoparasites of humans and animals. They live in the environment and suck blood, thereby transmitting diseases.



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.

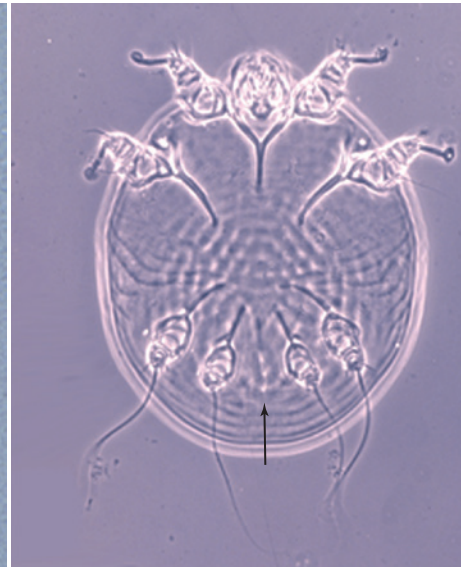
The first group of parasitic mites be classified together sarcoptiform mites. Sarcoptiform mites have several common key characteristics or features. These mites may produce severe dermatologic problems variety of domestic The dermatitis produced by mites usually accompanied by severe pruritus. Sarcoptiform 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,

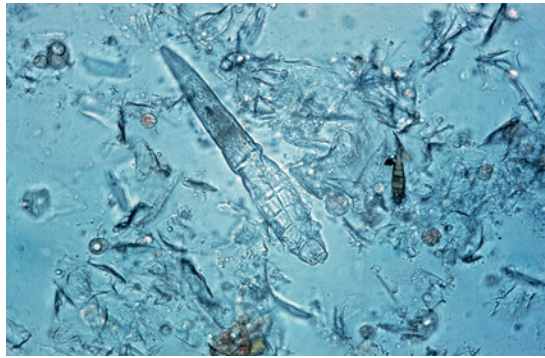
Georgis'





Sarcoptiform mites are divided into two main groups: the Sarcoptidae, which burrow into the skin, and the Psoroptidae, which reside on the surface. 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 localized but may 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 eggs within the tunnel. The eggs hatch into larvae, which then develop into nymphs.

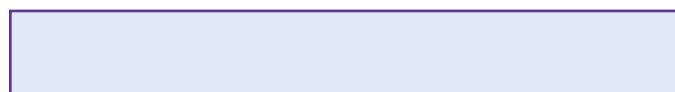
minute pockets of epidermis. Nymphs become sexually active adults within days, and clearest signs of infestation are seen. Sarcoptic mange, caused by *S. scabiei*, is commonly seen on dogs and pigs. It is characterized by intense pruritus. Each species has a different host range. *S. scabiei*, for example, is transmitted between humans and animals. However, temporary infestation may occur without colonization. Notoedric mange, caused by *Notoedres* species, is restricted to certain animals, such as cats and occasionally rabbits. Knemidokoptic mange (caused by *Knemidokoptes*) affects birds. This mite tunnels into the superficial layers of the epidermis of the feet, where it causes intense itching.



mites resemble eight-legged

(From Hendrix CM, Robinson E: *Diagnostic parasitology for veterinary*

may be ected. characteristically reduces allow
to gray-white resembles honeycomb. This condition
may be ing. asites rce erlies
reby ion xudate
hardens on surface displaces superficially.
This process kened, ure
Demodex species are burrowing mites live
follicles baceous hey onsidered
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 ype eep apings ecover
ar-shaped or



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
uperficial eratinized yer ut rce
ith thparts. esicles evelop, using
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
ondary cterial ections. nfestadatch equently
at he ars nd hake heir eads. ead haking an esult he



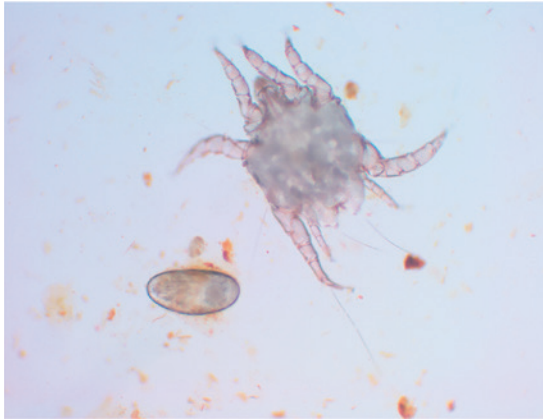
. This species is commonly recovered from infested rabbit ears. (From Bowman D: *Georgis' parasitology for*

rupture of blood vessels hematomas of The mites
be found exudate crust within

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
 e void ristles. typical ech uckers:
 large dhensive ucker ler
 surrounds eches er,
 ew e er; errestrial arieties.

Chapter review questions [ppendix](#)

- Ectoparasites of domestic include insects (e.g., lice, iting achnids icks).
- Immature or larval stages of nematodes and some dult stages of nematodes may parasitize animal's or subcutaneous tissues.
- Insects parasitize domestic are primarily members of rders emiptera rue ugs), allophaga hewing lice), noplura (sucking lice), Diptera (two-winged Siphonaptera
- Insects ve ee gs, ee inct ody egions (head, rax, omen), ennae. Arachnids dults) ve gs, ody divided into two regions (cephalothorax abdomen), ennae.
- The e-cycle icks onsist gg, va, nymph, dult. here re ymphal instar.
- Infestation hewing ucking eferred pediculosis.
- Infestation val terans eferred yiasis.
- Infestation eferred honapterosis.
- Infestation icks eferred cariasis. *Ctenocephalides felis* *Ctenocephalides canis* are dog
- Heavy estations ecially produce mia.
- Flea saliva antigenic irritating. It intense pruritus (itching) ypersensitivity, hich wn ite dermatitis r ermatitis.
- Lice are separated into two orders on of whether their mouthparts re odified or iting/chewing Mallophaga) sucking noplura).
- Flies roduce arm nflicting ainful ites, ucking lood, producing ypersensitive eactions, epositing ggs res, larval ration ough issues cting vectors ermediate genic ents.
- Adult ticks have eight legs, with claws on ends of legs, y eed ee erent uring cycle.
- Hard icks xodidae) ortant ectors rotozoal, bacterial, iral, ickettsial
- The saliva of female icks some species toxic and produces flaccid, ending alysis eople tick alysis).
- Most asitic bligate asites end entire e cles roduce ermatologic condition eferred
- Sarcoptiform vided coptidae, hich urrow unnel pidermis, Psoroptidae, which reside on surface of or within xternal *Demodex* ecies e urrowing ve ollicles baceous
- Nonburrowing soroptidae) lude *Psoroptes*, *Chorioptes*, *Otodectes*.



Sample Collection and Handling

After studying this chapter, you will be able to:

- Describe collection technique
- Describe collection technique
- Explain procedure for collection through aping.
- Explain procedure for collection
- Describe collection of blood samples.
- Describe collection of vacuum cleaner technique.

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,

Cellophane tape preparations
Fecal loop
Pooled sample

Skin scraping
Vacuum collection

Parasites ect ectal vity, phagus, stomach, intestinal parasites, internal organs of usually detected microscopic examination feces. diagnosis usually involves identifying specific life-cycle stages of parasites feces. include eggs, oocysts, larvae, segments (eworms), adult organ external parasites detected through **skin scraping** **cellophane tape preparations** **vacuum collection** brushing or combing coat.

defecated. feces stored type container, such as pered ar. veterinary may dispense containers to their clients for purpose. In either only feces required or proper examination. Ideally, be collected from recent defecated material. All specimens be properly identified with owner's species Fecal collected directly from veterinary loved or **fecal loop**. love feces remain love, love urned ied, eled.

Fecal samples that are collected for routine examination should be fresh possible. Specimens be examined within few seconds excretion refrigerated or equal part of formalin. In older appearance of eggs, oocysts, cle ered result for parasite development.

To collect fecal sample, place fecal material. samples collected fecal sample for examination only, because collected relatively

Several methods are used to collect feces from companion An owner may collect fecal sample immediately after animal

Fecal specimens are collected from livestock may be obtained either directly from individual rectum or

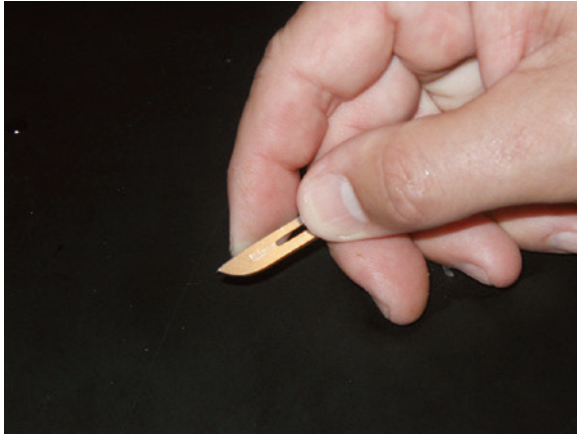
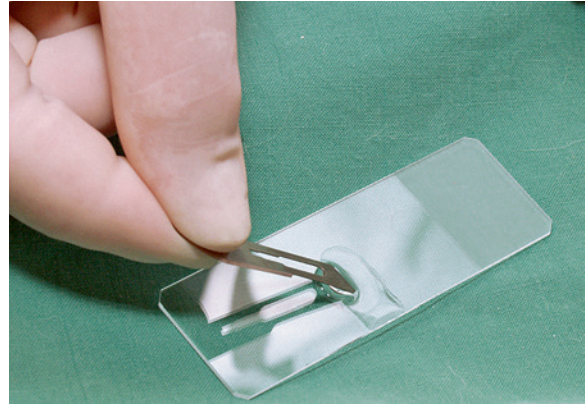


Fig. 49.2 A scalpel blade may be held safely between the thumb and



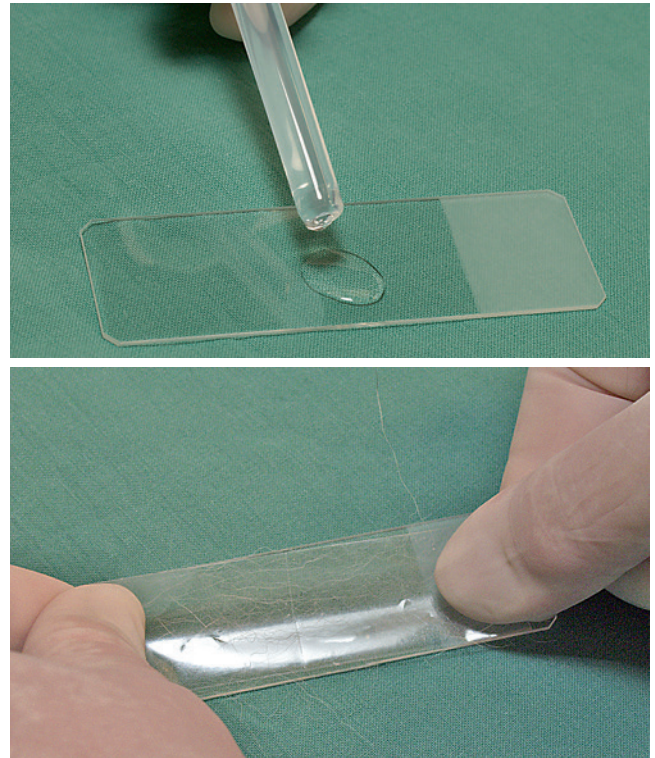
Dip the scalpel in a small amount of mineral oil before scraping



number of pooled samples collected individually are pooled together. The samples are then commingled in a single container. These pooled samples are then sealed in a container and labeled.

Skin scraping is a common diagnostic procedure to evaluate suspected external parasites. Equipment needed to collect skin scrape samples includes an electric clipper with a blade, a glass slide, a cover slip, and a mineral oil. The blade should be held between the thumb and forefinger. Before scraping, a drop of mineral oil may be placed on the slide. During the process, the blade should be held perpendicular to the surface. Accidental injury should be avoided.

approximately 10 multiple scrapes to ease chances of collecting mites. The depth of the scrapes varies with the type of cation site. When collecting mites, tunnels (e.g., *Sarcoptes* species) or follicles (e.g., *Demodex* species), scrape the area until all amount of capillary blood oozes from the scraped area. Clipping area with no hair before scraping enables better visualization of the lesion and removes excess hair that impedes proper scraping. Scraping interface between affected and unaffected sites is important. For surface-dwelling mites (e.g., *Cheyletiella*, *Psoroptes*, or *Chorioptes* species), a superficial scrape is sufficient. For burrowing mites, a deep scrape is necessary. When infestation is surface-dwelling, a superficial scrape is sufficient. All scraped debris on the forward surface of the blade should be spread over a glass slide. A cover slip should be placed over the debris for microscopic examination. Objective results should be noted.



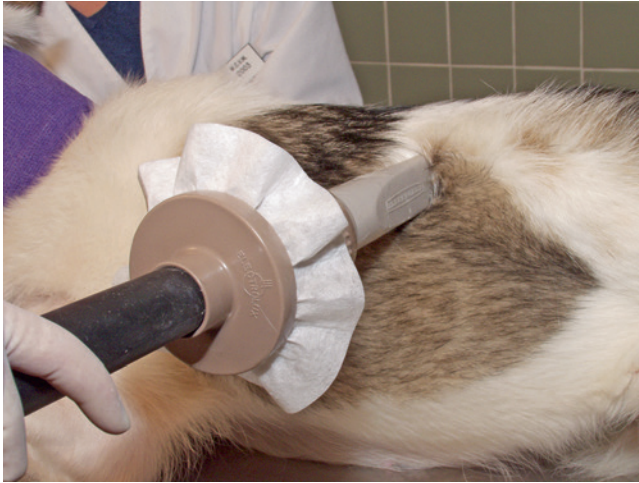
but necessary. The slide then examined microscopically for asites. The collection facilitated by spraying pet with insecticide. After few minutes, head open. Alternatively, collected ootheca from available veterinary supply store for use.



Parasites primarily present on the surface of the acuum learner. Gentle restraint is often required, because of the acuum learner's sensitive nature. To perform the procedure, place a piece of filter paper over the end of the acuum tube. The acuum learner will apply the acuum to the multiple tubes, especially the one here visible. debris present.

When attempting to demonstrate lice or mites (live primarily on surface of *Cheyletiella*, *Psoroptes*, *Chorioptes* species), cellophane tape preparation may be used. Clear cellophane tape applied to skin to pick up epidermal debris. Ribbon placed over area and pressed against skin. Slide, adhesive surface of tape removed. Cellophane tape removed from mineral oil. Additional tape may be applied to prevent overslip. Revent from wrinkling,

Necropsy (postmortem examination) is an important method of nosology including asitism. Types of nosology reduced to ure asites, adult asites found in body vitality issues, opathologic examination of ected issues or eteri nary technicians responsible or ollected for ure properly obtained, reserved, labeled, ped.



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, and a veterinary technician must participate in the procedure. The contents of the digestive tract are examined individually.

Parasites recovered from the digestive tract may be preserved in 70% alcohol or 10% neutral buffered formalin for later identification. Occasionally bladder worms or cysticerci may be found attached to the intestines. Domestic animals are handled with care because of the zoonotic and allergenic potential of some parasites.

contents of the digestive tract, including scrapings from the interior

parasites that are found are gently removed with thumb forceps and

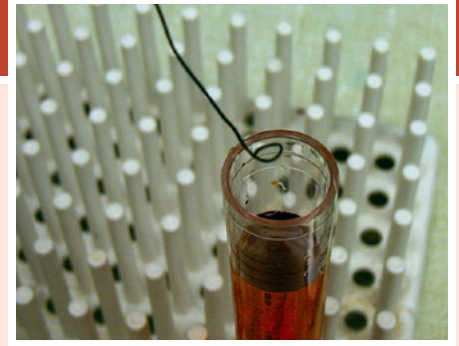
Franklin Lakes, NJ. All samples should be labeled with the owner's name, the animal's identification number, and the date of collection. (See [Chapter 49](#) for details regarding fecal collection.)

Sterile equipment is required for fecal collection. Blood may be collected with a syringe or a vacutainer tube. Dickinson, CA.

Chapter Review Questions [Appendix](#)

- The fecal flotation technique requires the use of a flotation solution (e.g., saturated sugar solution), oocysts, larvae, and adult parasites.
- Fecal samples are collected in a container and then placed in a fecal flotation thermometer.

- Fecal samples from large animals are often collected in a large container.
- Parasites are identified primarily by the surface characteristics of the oocysts.
- Deep scrapings are required to collect parasites from the rectum.



Diagnostic Techniques

After studying this chapter, you will be able to:

- Describe gross examinationecal
- Describe procedure or performingecallect
- Describe procedure or performingecalion.
- Discuss advantages advantages variousecal flotationutions.
- Describe procedure or performingentrifugal flotation.
- ExplainBaermann paratus.
- Describe procedure or performingoat
- Describe modified Knott's

Evaluation of Fecal Specimens,

Direct smear,
Fecal flotation,
Centrifugal flotation,
Fecal sedimentation,

Cellophane Tape Preparation,

Baermann Technique,

Miscellaneous Fecal Examinations,

Staining Procedures,

Evaluation of Blood Samples,

Direct op,
Filter test,
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 cated ral vity, phagus, stomach, small large intestines, internal organs, feces, food, urine, excretions the reproductive rgans, and the epidermal yers collected 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 even, nvironment, accina tions eceived, ocking ensity, umber ected or rd ck xaminations ccompany

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 edge overslip. ny erials or objects observed viewed verified re ow erful objectives. ood orking wledge binocular microscope of adjustments needed to produce Kohler illumination are essential for parasitology examinations.

Depending on specific parasite examinations, patient's history, and laboratory procedures, the parasitologic examination of feces begins with gross observation of the sample, noting consistency and color, as well as the presence of blood, mucus, odor, adult parasites, foreign bodies (e.g., string). Normal feces should be formed yet soft. Diarrhea or constipation can occur with parasitic infections. Most excretions are clear to moderately cellular. Yellowish discoloration with excessive mucus could signal infection. Blood should be fresh, bright red, and typically tested (molyzed), pearlescent, reddish brown, lack of mucus. Excessive mucus is generally irritation of the mucosal membrane, with proliferation of mucus-producing cells. Common parasitic infections of the respiratory system involve the digestive tract. Adult parasites such as roundworms, tapeworm proglottids, and identified oomitus are seen.

the consistency and color of the sample as well as the presence of blood,

Fecal direct smears are used for evaluation procedures. Feces, stool, and mucus should be observed using the technique described in the procedure type.

and 400 magnification for eggs, cysts, trophozoites

requires equipment or asites, erials, or direct smear preparation obtained from fecal specimen (temperature). procedure involves small feces microscopically for presence of eggs, larvae. This method will allow for visualization of trophozoite, protozoal parasites such as *Giardia*. Unfortunately, direct examination alone is an adequate examination of parasites. Advantages include examination of feces examined, high efficiency to detect parasite burden, and of extraneous fecal debris on slide, which could be confused with parasitic material. However, the incorporated routine parasitology examination.

Flotation methods are based on differences in specific gravity of the fecal cycle, parasites, feces, fecal debris. Simple fecal flotation is a sample ion method procedure specific gravity refers to eight of the object compared to eight equal volume distilled water, flotation solution. Most parasite eggs have specific gravity that is between 1.1 and 1.2. 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

into the shell vial to form a convex dome (meniscus) at the rim. Do not overfill

[illegible]



. These kits are based on the principles of the simple flotation procedure. (From Hendrix CM, Robinson *Diagnostic parasitology for veterinary technicians*,

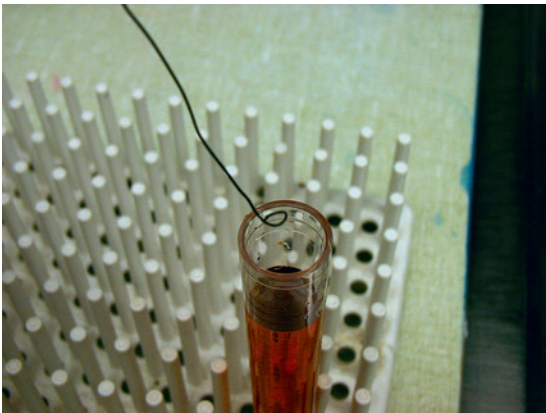


Fig. 50.3 The use of a bacteriologic loop to transfer a drop from the top of a fecal flotation emulsion after the centrifugation procedure. Note that loop is bent at a 90-degree angle to the wire handle. (From Hendrix

removed, see ops xamined oscopi
cally. edimentation oncentrates asite ell ecal
debris [rocedure](#) ecause ebris, asite
may e bscured rom iew. his echnique lso ore abori
edimentation rimarily hen ections
suspected. ggs orted
flotation solutions with higher specific gravity, thereby
o ecognize ew ops etergent
e dded er urfactant emove xcess
ebris om

This thod ften ecover va *Oxyuris*
worms). t an lso elp ith he identification apeworms.
piece f ellophane rapped ongue epressor
with dhersive aised,
tongue epressor ressed mly
emoved, plied
water on then examined microscopically [Procedure](#)

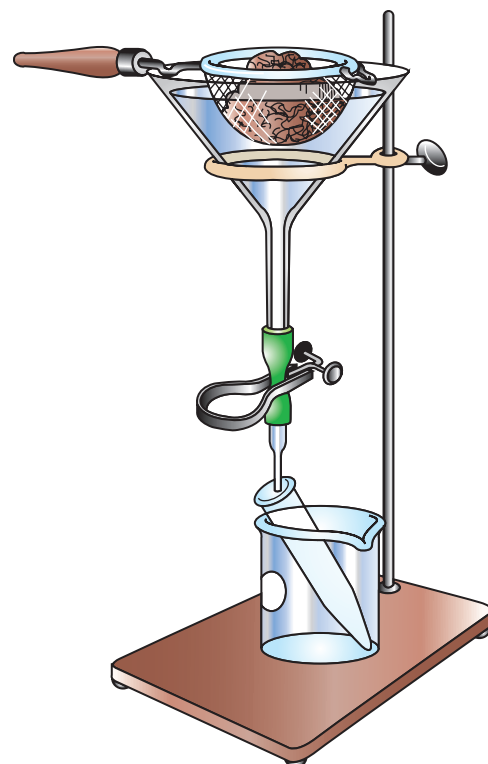
The [Baermann technique](#) metimes ecover vae
from fecal The procedure requires construction of
Baermann apparatus, which consists of large funnel supported
ing ce ubber ubing ched
of funnel placed collection tube. The fecal
placed funnel on top of piece of metal screen [Fig.](#)
Warm ater armed hysiologic aline assed hrough he

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



Georgis'

parasitology for veterinarians,

the vae 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

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 third-stageiform larvae *Strongyloides* nistic characterized phagocytosis (larva forked bipartite) are seen when handling *Strongyloides* fecal smears because oonotic potential for organism.

Some parasites produce intestinal bleeding. This bleeding may be evident in stool fecal smears stained feces. Some intestinal bleeding only identified hemical

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

testing. This preferred 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 aid in the diagnosis of parasitism. Some parasites (e.g., *Toxocara canis*) are often present in vomitus collected from patients.

Fecal culture can be used to differentiate parasites from feces or larvae from ingested material. Examination of fresh fecal **Procedure** Trichostrongyle eggs from ruminant feces are indistinguishable from strongyle eggs. Small strongyle eggs resemble fecal strongyle eggs. First-stage hookworm larvae from soil or grass can be distinguished from first-stage *Strongyloides* larvae. After fecal culture, third-stage larvae of many fecal parasites are identified by their size. Because life cycles, pathogenicity, epidemiology of some species vary, differentiation is necessary for proper treatment and control. Identification requires an experienced helminthologist.

An additional type of fecal examination is the **McMaster technique**. This technique provides an estimate of the number of eggs or oocysts per gram of feces, primarily used with livestock species. **Procedure** is significantly adapted from technique people used with hookworms to estimate worm population. However, it is impossible to calculate actual worm population especially in livestock horses, because many factors influence egg production, and the number of eggs reduced varies with species and worm numbers present.

Typically, livestock horses are infected with several species of worms. Some species are more prolific and pathogenic than others. In addition, they often result in damage to the digestive tract and fecal output.

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. n rses, asites erest strongyles. Both trichostrongyles strongyles infect ruminants rses. ggs richostrongyles rongyles be readily distinguished from one another, they are referred to collectively rongyle ggs. evertheless, xcess of e onsidered ive ections, hereas f re derate ections. gg count indicate low level of infection or severe infection which asites ecoming ure. gg always e rpreted iew bserved; age, x, utritional vel ocking density f rd ck.

Egg counts ve een pidemiologic vestigations rd ement rograms redictors pasture ontamination ransmission otential or erent geographic egions vidual ormation applied toward prevention programs involve strategic of broad-spectrum anthelmintics and pasture rotation schemes aimed educing ective vels ures xposure rates. hen rd onducted, vidual taken om rd. gg to nitor evelopment esistance lmintics. gg

counts e one efore reatment ee eeks er treatment to determine effectiveness of anthelmintic used evelopment esistance iven orm opulation.

y ecognize ertain ructural acteristics f rophozoites ugol's methylene blue are common are used with direct smear rocedure. hese tains ot reserve he lide, ut hey do cilitate xamination ecimen, reb y identification r.

If protozoal parasite be identified with direct smear, fecal contains protozoal trophozoites be dried; stained ith right's, diagnostic oratory.

The cid-fast echnique entify *Cryptosporidium* ecies eces. ryptosporidium asite gastrointestinal tract of many including human beings. The ocysts o ter, undetectable flotation solution to inexperienced eye.

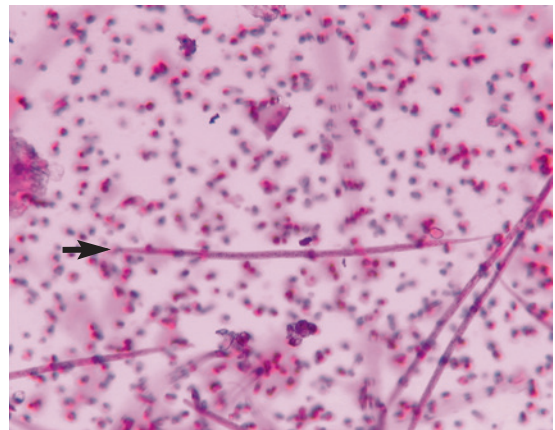
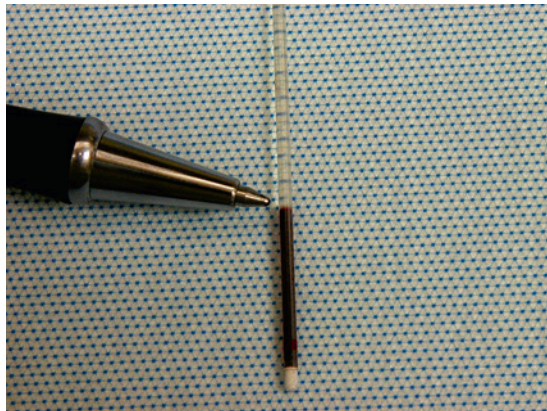
etect ocysts ecal Diff-Quik tain an sed elp ith he identification *Isospora* ecies. n estinal ucosal examined or nostic hizonts, rozoites) asite. rocedure volves ucosa the ejunum nd mearing he crappings nto icroscope lides. After the slides are dried, they are stained ith Diff-Quik and examined ith il-immersion bjective

The xamination lood eveal dult asites ir arious e-cycle ither ee lood intracellularly. ariety thods or eter mination. hin lood repared way or hite lood ell erential prepared. The reparation or ype escribed **chapter** asites ried with flow to feathered edge of slide. Parasites may e cated etween ells, urface ells, cytoplasm of cells. Thin blood are effectively used to study rphology rotozoan ickettsial asites. parasitemia w, ections lood or uffy oat re ffective ecause oncentrates er olume ells **rocedure**

The uffy oat oncentration echnique or detection f rotozoa ickettsiae hite lood ells. microhematocrit tube centrifuged done for packed cell volume etermination. icrofilariae rotozoa e ound op olumn technique uick, ut erentiate *Dirofilaria immitis* om *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. he venant asites extracellular be etected thod.

The er technique thod esigned oncentrate microfilariae blood Procedure The principles applied are o dified nott's xcept blood ough illipore er, hich collects microfilariae. ommercial etergent ysing solution erential rocedure

quicker ferential haracteristics of filariae ut Identification volving haracteristics ed able is ot ossible ith ommercial its, ecause he haracteristics of of filariae ion ormalin.

The modified Knott's test used to concentrate microfilaria, lp erentiation *Dirofilaria* om *Acantho cheilonema* (*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 s added he ediment he ube. rop his ixture n ransferred or oscopic 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 alter physiologic preparation, because physiologic lysed blood cells. For accurate differentiation of microfilariae, microscope must be rated omer. Accurate differentiating characteristics body body e f characteristics consistent. The modified Knott's technique detect occult heartworm infections.

The modified Knott's test, the buffy coat smear, and

enzyme-linked immunosorbent assay principle. The tests are highly accurate precise, they detect occult infections. anine tworm ections *Toxoplasma* ections are routinely diagnosed with methods. The method involves monoclonal antibodies detect igens adult heartworms serum or of dogs. These procedures are rapid to perform. They are more sensitive ecific ofilariae etection thods. meri eartworm ociety rently ecommends igen-detection thods or outline eening. ntigen-detection methods e referred ofilariae oncentration thods ecause uch errant culate ofilariae or only ery rt owever, igen vels lood of ected oo etect. ther thods (e.g., radiography) mployed

Approximately of heartworm-infected dogs have occult infections. Occult infections are characterized by lack of circulating ofilaria. hey ccur ection et ent, opulation dult tworms onists nly immune reactions of to microfilariae eliminate stage from bloodstream. Occult infections occur infected with adult heartworms are given heartworm-prevention dications vermectin roup, ecause interfere ith ogenesis erilize orms.

The identification of specific protozoal parasites (e.g., *Cryptosporidium*, *Giardia*) are performed with of molecular diagnostics, uch olymerase eaction.

Cellophane tape preparations, described previously, be used to recover external parasites live primarily on surface of mites, lice, Parasites live fol licles or burrows are usually diagnosed with of standard skin-scraping rocedures.

Samples y collected om espiratory genital tracts with cotton These be examined microscopically ith reparations or tol ogy ranstracheal ronchial used o ecover asites espiratory stem. arasites inary stem ually ecovered sediment xamination echniques. mpression used or racellular asites. hey be ful or asitic, oplastic, emortem ostmortem. rocedures described n ore etail nit requently, rotozoal rgan produce systemic These organisms may be located eticuloendothelial ells ymph des, ver, ung, bone row, en, rain, ys, uscles. ddition, ver, ungs, ymph des, one row, en er out ed normal ells lood, rebly collect asitized ells. oxoplasmosis, hrlichiosis, esiosis asitic diagnosed tology echniques. Skin apings nostic ool or ermato logic conditions, especially mange domestic Because

ariety f available entify igens ibod
o ecific asites. rity

some e well urrows ollicles eep
pidermis, uperficial apings roductive. ther
mites ve re uperficial yers roduce
crusty r eep apings equired
estations. ometimes erfere
with isualization oaking
potassium ydroxide ution ve eratinized
eleases ite estations ually calize
specific cations ialy, epend
n ecies volved. er, ecome
generalized re *Sarcoptes*
Cheyletiella es ransmitted eople roduce
pruritic reactions require attention. The specific identifica
tion f es ccomplished onomic
keys.

Cheyletiella infestation be diagnosed by combing coat
of infested over piece of black paper observing
paper for moving ndruff.” *Otodectes cynotis* infestations of the
external be diagnosed with otoscopic examination
or y ebris
oscopically ral

Tritrichomonas foetus flagellated protozoan parasite of
reproductive tract of early-term abortions
repeat reeding. rganism om
abomasum orted etuses, terine harges, aginal
and reputial ashes. owever, umbers resent re sually
low, culture of materials facilitates diagnosis. Occasion
ally, estinal ellates ontaminate
be erentiated om *T. foetus*, hich ee ella
one flagellum attached to undulating membrane.
Isolates f *T. foetus* e ropagated ough veral
of culture medium, whereas intestinal flagellates usually
Materials may be collected shipped to diagnostic facilities
for ulture nd dentification. nPouch Biomed iagnostics,
White ity, xcellent ransport dium.
[Tables](#) nostic haracteristics
internal asites omestic [ppendix](#)
verview oonotic ernal asites.

Chapter eview uestions [ppendix](#)

[illegible]

[illegible]

From Sirois M: *Principles and practice of veterinary technology*,

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 or concentration of material with fecal flotation or fecal sedimentation techniques.
- Hemoparasites (blood parasites) be identified with microscopic examination of peripheral blood smears or by variety of concentration techniques (e.g., modified Knott's procedure).
- Fecal concentration methods are preferred for identification of parasite ova, larvae, oocysts in feces. Larger volumes of feces are used compared with direct smear, thereby more likely developmental stages will be seen, present, in feces.
- Fecal flotation solutions with specific gravity of 1.2 to 1.3 are used to float parasite ova, cysts, larvae while fecal material sinks to bottom of container.
- The fecal solutions of choice are Sheather's sugar solution, sodium nitrate solution, and zinc sulfate solution.
- Fecal centrifugation is method of choice for fecal flotation testing, because it floats higher concentration of ova, cysts, 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 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*.

Unit Outline

Chapter 51: Sample Collection and Handling,
Chapter 52: Preparation of Cytology Smears,
Chapter 53: Microscopic Evaluation,
Chapter 54: Cytology of Specific Sites,

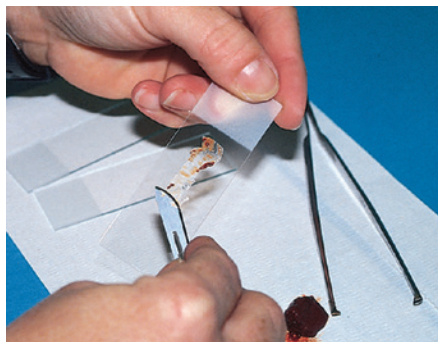
The objectives for this unit are:

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

- After studying this chapter, you will be able to:
- List techniques for sample collection.
 - Describe procedure for collecting cytology.
 - Describe procedure for collecting smears.
 - Describe procedure for collecting imprints.
 - Describe techniques for fine needle biopsy collection.
 - Describe techniques for transtracheal collection.
 - Describe general procedure for collecting centesis.
 - List methods for concentrating cytology.

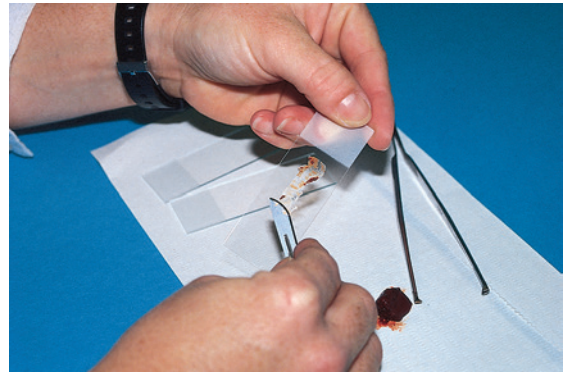
Swabs, Scrapings, Imprints, Fine-Needle Biopsy, Preparation of fine needle biopsy, Selection of syringe needle, Aspiration procedure, Nonaspirate procedure (capillary technique), Tissue Biopsy, Wedge biopsy, Punch biopsy,	Centesis, Color turbidity, Transtracheal/Bronchial Wash, Percutaneous technique, Orotracheal technique, Concentration Techniques, Low-Speed centrifugation, Gravitational sedimentation, Membrane filtration, Cytocentrifugation, Key Points,
--	---

Abdominocentesis Arthrocentesis Centesis Fine-needle biopsy Paracentesis	Punch biopsy Thoracocentesis Transtracheal wash Tzanck preparation Wedge biopsy
---	--

Cytology from 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 sterile cotton or rayon **Fig.** Sterile isotonic (e.g., be used to moisten swab. Moistening helps to fill during collection reparation. or collection aginal restrain position levated. inse ulva, rt lubricated ecum smooth plastic tube to point just cranial to urethral orifice agina. cells collected ve exfoliated, or d, from aginal epithelial cells utrophils)

Swabs are generally collected only when imprints, scrapings, smears, or smears are not sufficient for diagnosis.



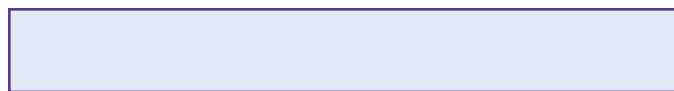
A scalpel blade can be used to collect cells from solid masses.



lesion m fields ew ells. dvantages
scrapings e re collect
they collect only superficial result, scrapings from
superficial ften effect nly condary cterial ec
tion or inflammation-induced tissue dysplasia, which markedly
hinders ir or oplasia.

To btain aping, calize el
blade perpendicular to lesion's cleaned blotted surface. Pull
lade cross veral erial collected
on lade ransferred oscope
slide . read re echniques
described er hapter or reparation
from ates

through vagina from uterus, especially
erythrocytes during proestrus and rus the bitch. If collecting
om ed istened.
After ollection, ently olled
surface f oscope
be rubbed across slide surface, because
excessive ell



contain xcess
may erfere valuation
ffect, entle
e riefly ough entle om
yer ve xcess
be voided, ecause ill estroy ellular omponents
side om ram rocedure,
only cumstance er high tology equire
plication.

Smears f apings repared om issues
lected uring crosy urgery om xternal
living Scraping advantage of collecting many
cells om issue, refore dvantageous hen

Imprints, which are referred to impression smears, may be
prepared from external lesions on living or from tissues
removed uring urgery crosy. collect
equire estraint, ut collect ewer ells
scrapings usually contain greater of contamination
(bacterial ellular) ompared edle iopsies.
As esult, rints om uperficial ften effect nly
cal condary cterial ection ion-induced
tissue ysplasia. cteria issue ys
kedly er ccurate
neoplasia.

The **Tzanck preparation** type of imprint collection
be d n xternal erform rocedure, repare
lean rinted efore
cleaned, esignated umber
should hen leaned ith aline-moistened urgical ponge
reimprinted with slide marked imprint Number The
lesion n ebridged eimprinted high
ked rint umber resent, er
side f rinted ked
imprint Number Fig. Imprints from tissue exposed
by removal of scrapings or from exposed
tissue oth collected.

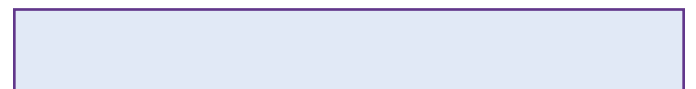




Fig. 51.8 Collection of a sample by the fine-needle biopsy nonaspira

issue surrounds voided. common
 when enough low edle
 be redirected ved verbal without
 danger f edle's ving gative ressure
 maintained during redirection movement of needle.
 However, hen nough or edle
 be redirected ved ithout er edle ving
 the ass, egative ressure elieved uring he edirection nd
 movement edle. uation, gative ressure
 applied nly hen edle igh-quality collections
 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, verbal repara
 tions de, escribed ollowing ctions
 hapter.

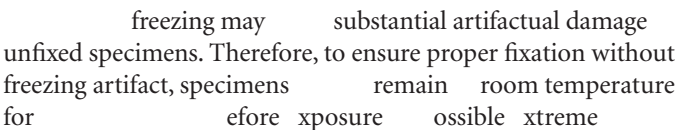
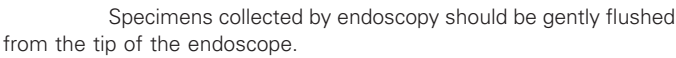
This technique erform ation, ecause
 does volve ecting ringe edle
 unger
 held mly enetration
 o lp ect edle. auge edle roduced
 into ringe unger emoved
 attached o edle cilitate
 needle moved rapidly back forth through five to
 imes ract. ells collected
 lary ction. edle emoved om
 attached to syringe been prefilled with air.
 The erial xpelled nto oscope
 rapidly depressing plunger **Fig.** The expelled material
 e ed techniques 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, spleen,
 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. ither ecom
 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.



Color turbidity are influenced by protein concentration
cell umbers. ross oloration eased urbidity
be d y rogenic ontamination eripheral lood,
recent r morrhage, ion, ombination
onditions.

Cytologic examination determining hemorrhage. clumps (platelets be observed recent often thrombogenic operator-induced) hemorrhage. These clumps are obvious after approximately 10-fold sedimentation activity or several before macrophage ingestion erythrocytes becomes evident. If hemorrhage occurred anywhere before collection, hemoglobin breakdown products such as hemosiderin may be seen

Centesis refers to the procedure of making a small incision in the body cavity or organ for the purpose of removing a sample for analysis. The most common types of centesis are **abdominocentesis** (paracentesis) and **thoracocentesis** (thoracentesis), both of which are commonly performed on the pleural space. Other types of centesis include percutaneous aortic catheterization, peritoneal dialysis, and pericardial catheterization. Centesis is often used to diagnose and treat a variety of conditions, including pneumonia, pleural effusion, and pericardial effusion. The procedure is typically performed under ultrasound guidance to ensure accuracy and safety. The patient is usually positioned in a standing position, and the procedure is performed using a 21-gauge needle. The needle is inserted into the body cavity, and a sample of fluid is collected. The fluid is then analyzed in a laboratory to determine the cause of the condition. Centesis is a safe and effective procedure when performed by a trained professional.

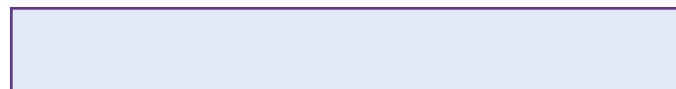


Gross appearance of various effusions (left to right):

crophages. nflammation color ody
 with he egree urbidity effecting eukocyte umbers. color
 may ary om ff-white ed-cream ty
 brown, epending umber rythrocytes volved
 egrity ells resent.

Consistent erminology hen escribing ell
 types. ecific etails rphologic eatures ch ell
 type eutro
 phils crophages valuated or resence
 vacuoles r hagocytized erial. eoplastic ells
 evaluated or hanges, uch otic
 basophilic toplasm.

The tologic valuation btained om rachea,
 bronchi, r ronchioles
 monary **Transtacheal washes** y e er
 formed y ter ough ndotracheal ube
 tized rotracheal proach), ough
 passages (nasotracheal approach), or through
 trachea (percutaneous approach) conscious sedated
 The transtracheal oute minimizes pharyngeal ontamination of
 ecimen, ut vasive rocedure onsequently
 requires aseptic technique. These procedures are commonly used
 oth



The ercutaneous ethod equires he 0-gauge
 through-the-needle ter. yngeal lipped
 of aseptically prepared. small (usually to
 f ocaine cted icothyroid
 brane urrounding edle rted
 trachea ough icothyroid mbrane, ter
 dvanced umen rachea erile
 physiologic ution ough ter
 rate of to per kilogram of body weight. hen
 oughs, ringe unger etracted veral
 times collected be placed into sterile
 tube. amples rocessed diately.



Fig. 51.17 Collection of transtracheal wash sample by the orotracheal

This echnique ay referred ery mall ractional nimals.
 The ient htly tized, propriately
 sized endotracheal tube be placed. polypropylene urinary
 or jugular catheter then placed through endotracheal tube,
 infused described for percutaneous method.
 ed ubber ter ut en
 ensure hat he atheter oes ot collapse uring spiration, hich
 may ccur hly iscus epending
 on level of will often cough,
 be withdrawn within few seconds evaluated.
 Bronchoalveolar vage rotracheal echnique
 is sed o collect amples pecifically rom he ower espiratory
 tract. ronchoscopy referred thod or erforming
 BAL, but specialized equipment (e.g., bronchoscope) required.
 With either method, only small of
 infused ill vested ollection. ubsequent
 coughing f ontain ells erest,
 eleased uring oughing ubsequent
 lection ollected er een eturned
 to e. ced erile ube,

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 much ucus 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.) ied, 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, ytoentrifuge 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.



- Describe technique or performing modified
- Describe procedure or technology
- List potential problems encountered, describe possible solutions.

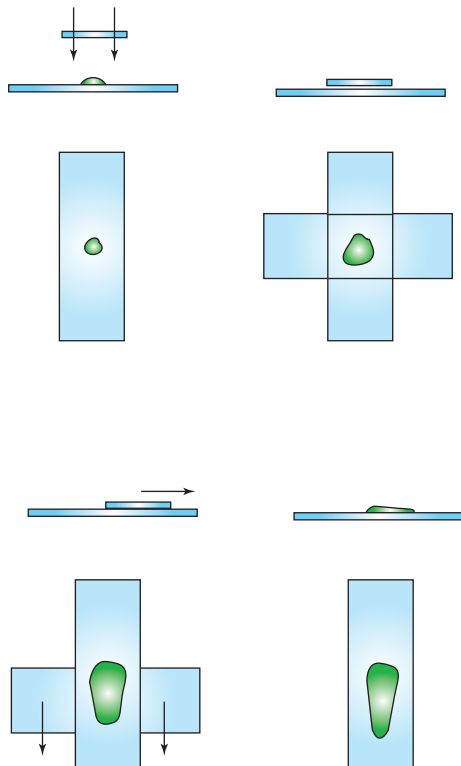
Papanicolaou
problems,
**Submission of Cytologic Preparations and Samples for
Interpretation,
Key Points,**

- Modified compression preparations
- New methylene blue (NMB)
- Romanowsky stains
- Starfish smears

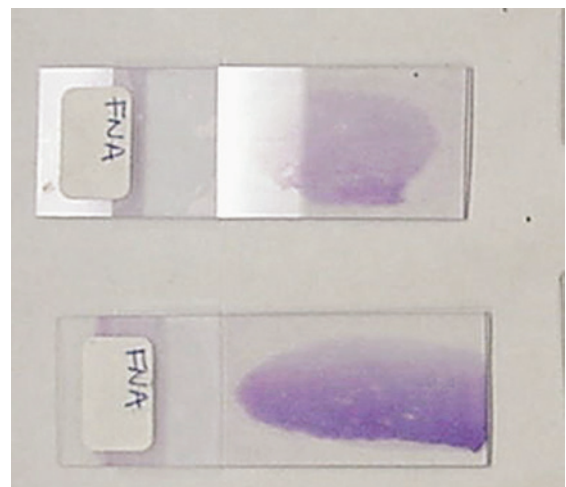
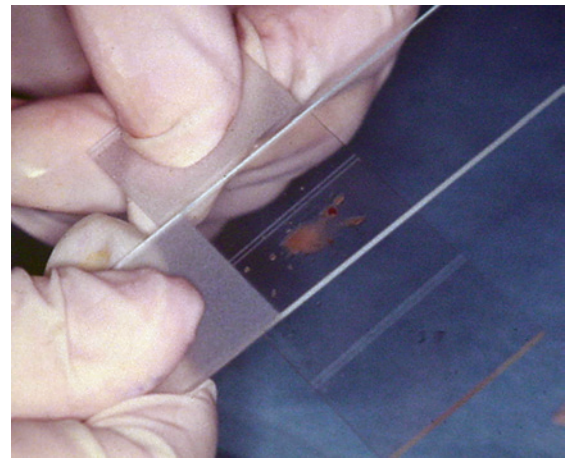
characteristics nce hoice
preparation technique. combination of slide preparation
techniques refore uggested. ome tologic reparation
techniques escribed ollowing ctions.

The compression technique, which is sometimes referred to as "squash prep," yields excellent cytologic smears. However, experienced technicians often find readable cytologic smears, because too many cells are ruptured and are not sufficiently read. Compression preparation is done by expelling the material onto a glass slide (usually a gently placed second slide or spreader slide) over aspirate on a horizontal surface. The right amount of pressure (Fig. 1) is applied to the slide. The spreader slide is then quickly and smoothly crossed over the original slide in a downward pressure. The spreader slide should be placed on the original spreader slide, because the original spreader slide may cause excessive cell rupturing, which makes the smears unable to be interpreted.

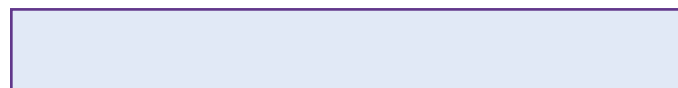
Several methods may be used to prepare smears for cytologic evaluation including lymph node aspirates, bone marrow aspirates, peripheral blood smears, and fine needle aspirates.



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 smear.



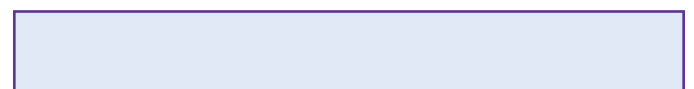
The spreader slide is moved back at a 45-degree angle to the first slide until the spreader slide is in contact with the aspirate. The spreader slide is then moved smoothly and rapidly forward, spreading the aspirate into a thin layer. This procedure makes a compression preparation of the aspirate.

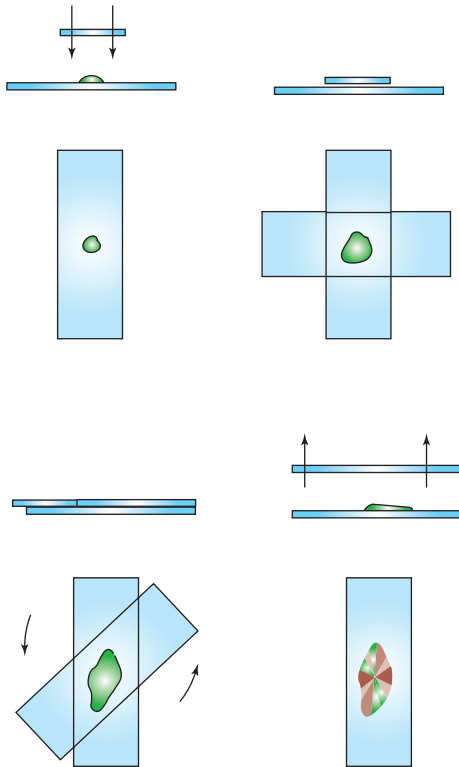
Another technique for spreading aspirates is the "spreader slide" technique. This involves spraying the aspirate onto a slide and then using a spreader slide to spread the sample. The spreader slide is moved back at a 45-degree angle to the first slide until the spreader slide is in contact with the aspirate. The spreader slide is then moved smoothly and rapidly forward, spreading the aspirate into a thin layer. This procedure makes a compression preparation of the aspirate.

This procedure makes a compression preparation of the aspirate.

untouched. This procedure leaves the front third of the aspirate gently read. The aspirate is then spread with the forces of compression preparation. If the aspirate contains clumps of cells, they are not read, but the preparation remains concentrated. The aspirate is then read, and the preparation is read.

Another technique for spreading aspirates is the "spreader slide" technique. This involves spraying the aspirate onto a slide and then using a spreader slide to spread the sample. The spreader slide is moved back at a 45-degree angle to the first slide until the spreader slide is in contact with the aspirate. The spreader slide is then moved smoothly and rapidly forward, spreading the aspirate into a thin layer. This procedure makes a compression preparation of the aspirate.





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 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 aised ectly upward proximately ee-fourths ough smear, yielding contains uch her oncentra tion of cells rest of slide. Unfortunately, excessive f remain revert cells om reading ell.

The compression preparation technique often spreads viscous cks ticate erial etter

load techniques. load technique usually produces well-spread smears of sufficient cellularity om mogeneous contain cells/ ut ften reduces sufficient cellularity from containing ells/ he technique oncentrate ellularity, but ften oes ufficiently read ells om hly el lular In general, translucent are of low to moderate cellularity, hereas paque ually ve ellularity. Therefore, translucent often require concentration, either by centrifugation or by technique. hen possible, concentration entrifugation referred.

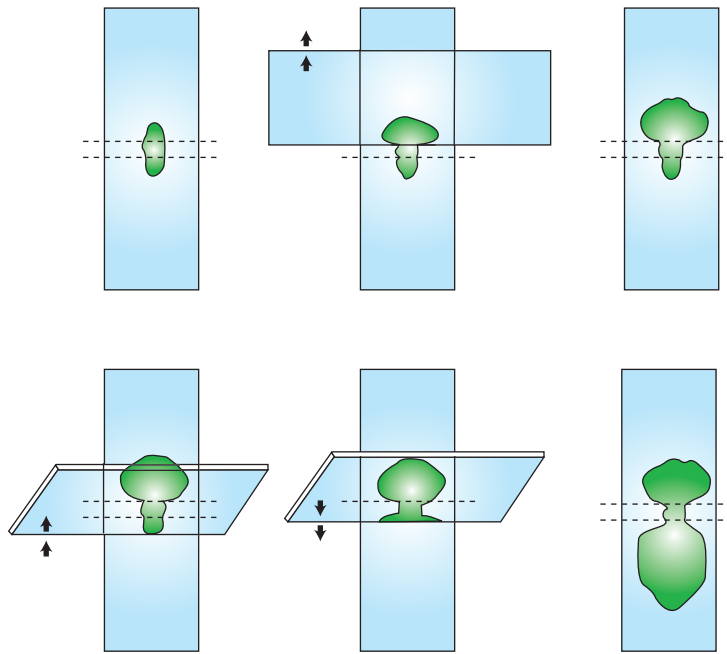
TECHNICIAN NOTE Samples with low cellularity and small volume should

To prepare edge load technique, small op ced proximately o om nother led ckward o egree ontact op. When ws eways 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 rotested 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.

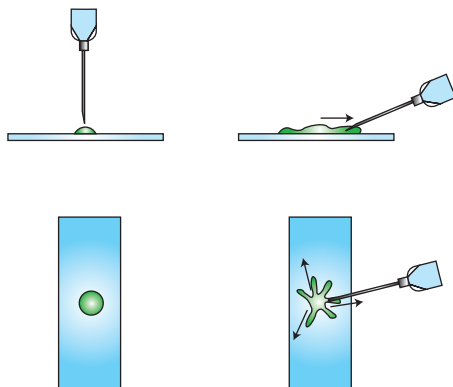
Romanowsky stains are inexpensive, readily available, to prepare, hey rganisms cytoplasm f ells xcellently. lthough uclear ucleolar



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 oploastic ells or tologic vidence potential iteria

Smears o e omanowsky dried. ir ying tially reserves ells them o dhere uring rocedure.

Many omanowsky ommercially available, luding Diff-Quik de ehrling, 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 ells 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 ells 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

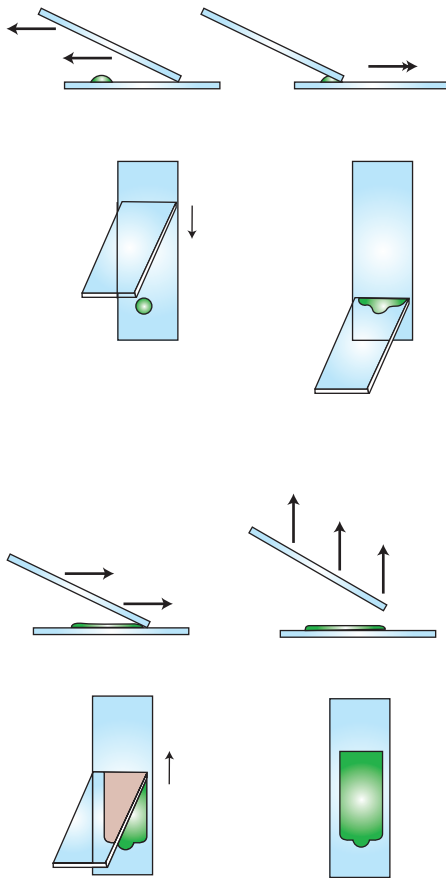


Fig. 52.6 Line smear concentration technique. **A**, A drop of fluid sample slide is slid backward to make contact with the front of the drop. When

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 time needed for total protein concentration of keratinocytes. The recommended technique for neoplastic lymph nodes) may need to be stained for twice recommended time intervals or stains, the valuator can stabilize the smears. By trying variations in the technique, the valuator can stabilize the smears. By trying variations in the technique, the valuator can stabilize the smears.

New methylene blue (NMB)

Romanowsky stain provides excellent nuclear detail. Because of the excellent nuclear detail, the stain is recommended for use in the evaluation of neoplastic lymph nodes. The stain is recommended for use in the evaluation of neoplastic lymph nodes.

result, the stain provides excellent nuclear detail. The stain is recommended for use in the evaluation of neoplastic lymph nodes.

New methylene blue stain provides excellent nuclear

The Papanicolaou stain provides excellent nuclear detail. The stain is recommended for use in the evaluation of neoplastic lymph nodes. The stain is recommended for use in the evaluation of neoplastic lymph nodes.

derivatives require specimen et ed
ust ed efore ells ve ied). et
requires raying tologic ive
thanol diately er reparation. hen
to e ced de rotein-coated
slide, high revents ells om hen
e rsed.

Poor quality ften erplexes vice xperienced
cytologists. roblems voided
lowing recautions en:
• Always new, clean slides. Even precleaned" slides
be iped ith efore emove esidue.
• Fresh, ell-filtered eriodic ration equired)
esh uffer ution uffer equired)
used.
• Cytologic reparations ed diately er
drying eing tside oratory.
The tside oratory onsulted efore
are ed.
• The urface ouched
any ime y
Occasionally ontaminated oreign
substance (e.g., lubrication jelly) alters specimen's
ing. Table shows some of problems occur with
Romanowsky roposed utions
problems.

When valuation tologic reparation oes
nish ufficient eliable ormation or ement
of preparation may be submitted to veterinary clini
pathologist or cytologist for interpretation, or alternative
procedure iopsy opathologic valuation)
performed. If possible, person to whom cytologic prepara
tion sent be contacted, specifics concerning
handling be discussed (e.g., number of smears to send,
whether o efore
When ossible, ee -dried
two r ee -dried omanowsky-stained
be ubmitted. athologists -dried
smears with Romanowsky or of their choice. The
Romanowsky-stained smears fety factor. Some issues stain
poorly hen ied ut or veral ys.
In ddition, ccasionally ered uring ransport
ecept. ometimes oscopic
examination of shards from broken prestained smears allows



Unfixed slides must not be in proximity to formalin containers.

for nosis. nly ew repared om
ne ubmitted ied
other submitted dried, fixed, stained. Smears
be well labeled with alcohol-resistant ink or another permanent
labeling thod. apanicolaou veral
wet-fixed smears be submitted. hen biopsies or aspirates
are btainable ranted, or
collection, ecially ucosal urfaces om
deep ithin ft-tissue

Fluid have smears prepared from them
diately. irect oncentrated
mitted. n ddition, ube vender op) erile
serum ube ed op) ubmitted.
nucleated cell count total protein concentration be per
formed n ube cessary, hemical
analyses erformed rum ube

Slides must be protected when they are mailed. Simple card
board mailers do provide sufficient protection to prevent slide
breakage they are mailed unpadded envelopes. Marking
envelope with phrases such ragile," Glass," reakable,"
cancel" effect. Placing pad of bubble wrap
or olystyrene ch er ually revents
slide breakage. Slides may be mailed plastic slide holders
or vative ers, uch

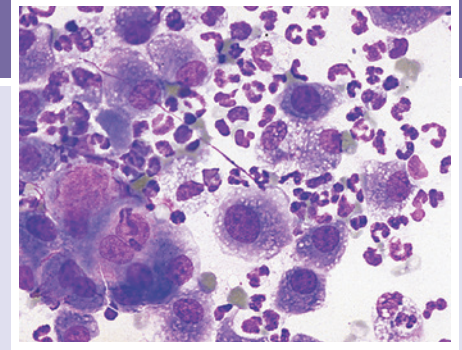
Unfixed slides be mailed with contain
formalin, they be protected against moisture. Forma
er haracteristics er
ell ysis

Problems That Can Occur With Romanowsky Stains and Proposed Solutions

Excessive Blue Staining (RBCs May Be Blue-Green)

Precipitate on Preparation

- Commonly performed methods for preparation of smears for cytologic evaluation include compression smear, spread smear, combination methods.
- Fluid smears can be prepared with compression or spread smear.
- Preparation methods are based on characteristics of specimen and volume of cells obtained.
- A variety of preparation methods may be needed, and multiple preps are usually made.
- The compression preparation is commonly used method.
- Line smears are preferred when cell volume is small and cellularity is low.
- Cytology slides are fixed with methanol before they are stained.
- Most cytology smears can be stained with Romanowsky stain.



After studying this chapter, you will be able to:

- Describe general procedure for cytology evaluation
- Describe general appearance of inflammatory cells
- Describe general appearance of neoplastic cells
- State nuclear criteria for 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 proceeds in a systematic manner, focused initially on determining the predominant cell types present. Any morphologic abnormalities present are identified, quantified, and summarized. The evaluation of cytology specimens involves the cytology technician 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 is necessary to ensure high-quality

results. Objects such as cell clumps, debris, crystals, and hyphae are microscopically evident during low-power examination. Evaluation and characterization of cellularity, composition, and cell types are essential to determine relative numbers of each type. High-power examination is required to be performed to evaluate and compare individual cells further characterize types of cells present. A review must be conducted to identify specific nuclear criteria and cytoplasmic abnormalities are indicative of malignancy and various inflammatory reactions. The cytology report indicates cell types present, their appearance, and their relative proportions.

contain phagocytized organisms referred to as phagocytes (Fig. 3.5). Additional phagocytized material may include erythrocytes, parasites, and organisms.

Inflammation is a normal physiologic response to tissue damage or invasion by microorganisms. This damage releases substances that have chemotactic effect to attract white blood cells. These chemotactic factors refer to involved reacting white blood cells. Cells that arrive are neutrophils. Neutrophils phagocytize dead tissue and microorganisms. The process of phagocytosis creates changes in neutrophils. Neutrophils become phagocytes. Further, cells quickly ingest, or phagocytize, and move to site to pick up phagocytic activity. Cytology from a body site is referred to as a smear. Neutrophils, eosinophils, and lymphocytes may be present. Neutrophils are the most common white blood cell. Eosinophils are often found in allergic reactions. Lymphocytes are often found in viral infections. Inflammation is categorized as suppurative (pus-forming), 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 large numbers of neutrophils.

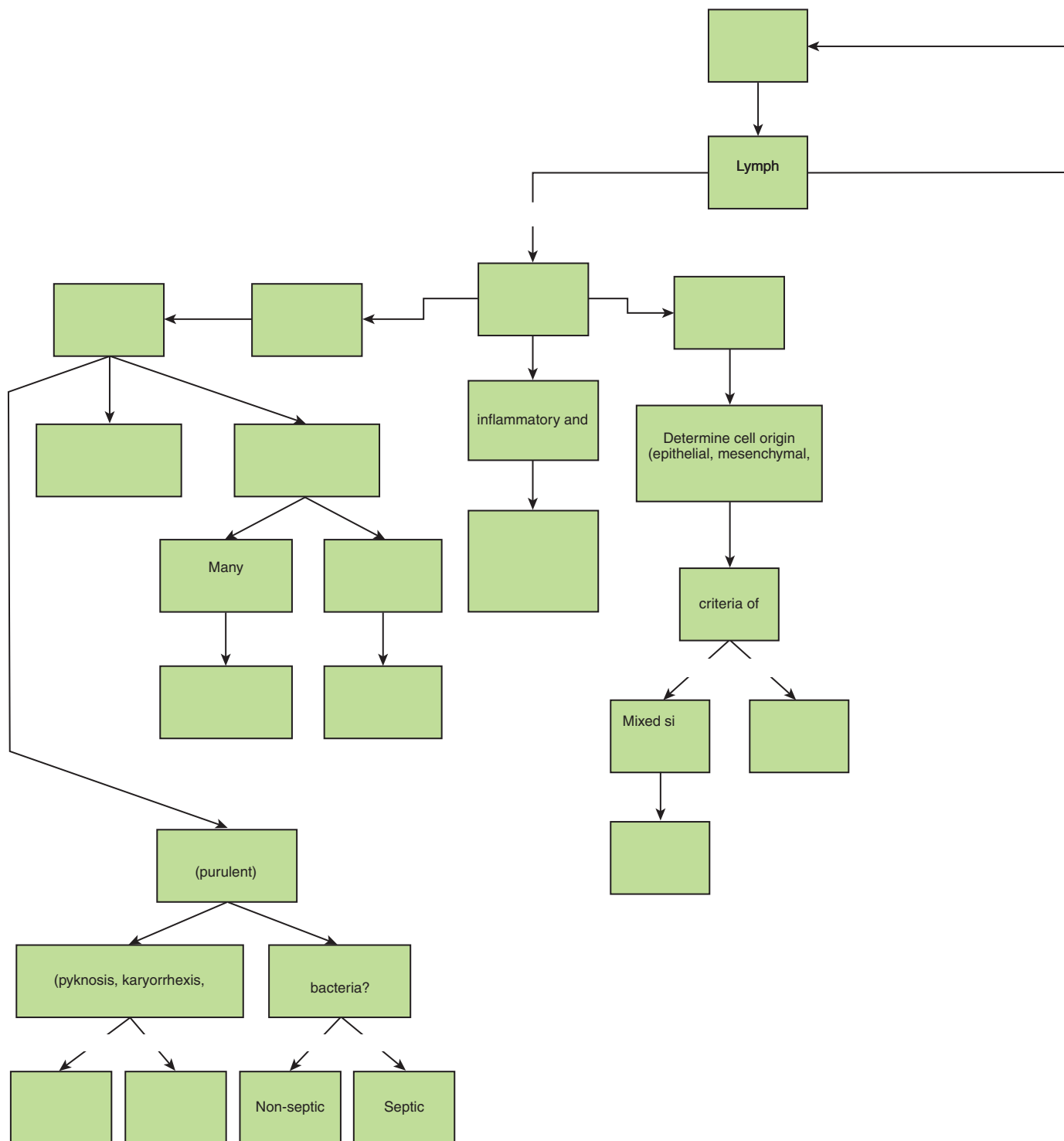
Suppurative (purulent) inflammation is characterized by the presence of large numbers of neutrophils. Usually, more than 25% of total nucleated cell count. When significant numbers of macrophages are present (more than 25% of total count), the inflammation is classified as granulomatous or pyogranulomatous. Fungal and parasitic infections often elicit a granulomatous response. Eosinophils are increased in eosinophilic inflammation. This usually occurs in allergic reactions, but can also be seen in certain neoplastic disorders. After they have been designated as neutrophils, they must be evaluated on the basis of evidence of degeneration or necrosis of organisms. Nuclear changes (hyperchromasia, karyorrhexis, karyolysis, pyknosis, and karyorrhexis) are the greatest significance. Pyknosis represents slow cell death (aging) of cells. Karyorrhexis represents fragmented nuclei. Karyolysis represents dissolution of nuclei. Eosinophilia (eosinophilic inflammation) occurs with allergic reactions. Eosinophils appear swollen, aggregated nucleus without distinct nuclear membrane and with reduced staining intensity. Cells are evaluated on the basis of nuclear criteria. Inflammatory cells

Unlike normal tissue, neoplastic specimens usually contain rather homogeneous populations of single cell type. Although mixed cell populations are sometimes seen, these usually involve neoplastic concurrent inflammation. Neoplasia is indicated when cells present an issue of origin. After cells have been identified as neoplastic, the histopathologist identifies the issue regarding the nature of the cells or the presence of malignant characteristics (Table 53.1).

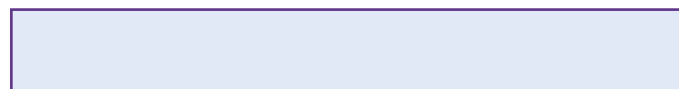
Neoplasia is a new growth. It is characterized by the presence of a mass of cells that are different from the surrounding normal tissue. Neoplasia is characterized by the presence of a mass of cells that are different from the surrounding normal tissue. The cells are of one type, relatively uniform in appearance. Cells that display at least three abnormal nuclear configurations are considered malignant. The following are the criteria for malignancy:

- Anisokaryosis: any unusual variation in overall cell nucleus
- Pleomorphism: variability in cell type
- High ratio of nucleus-to-cytoplasm ratio
- Increased mitotic activity: Mitosis is rare in normal tissue, but is often found in malignant cells. Mitosis is considered malignant.
- Coarse chromatin pattern: chromatin pattern is coarser than normal. The pattern appears hyperchromatic.
- Nuclear reformation: nuclei are irregularly shaped.
- Multinucleation: multiple nuclei in one cell
- Nucleoli vary in size (anisokaryolysis), shape (nucleoli), and number (multiple nucleoli)

In general, three or more nuclear criteria of malignancy are present, specimen 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 important for tumors, 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 of malignancy or lymphatic invasion of tumor cells. The characteristics of malignant tumors are evident histologically.

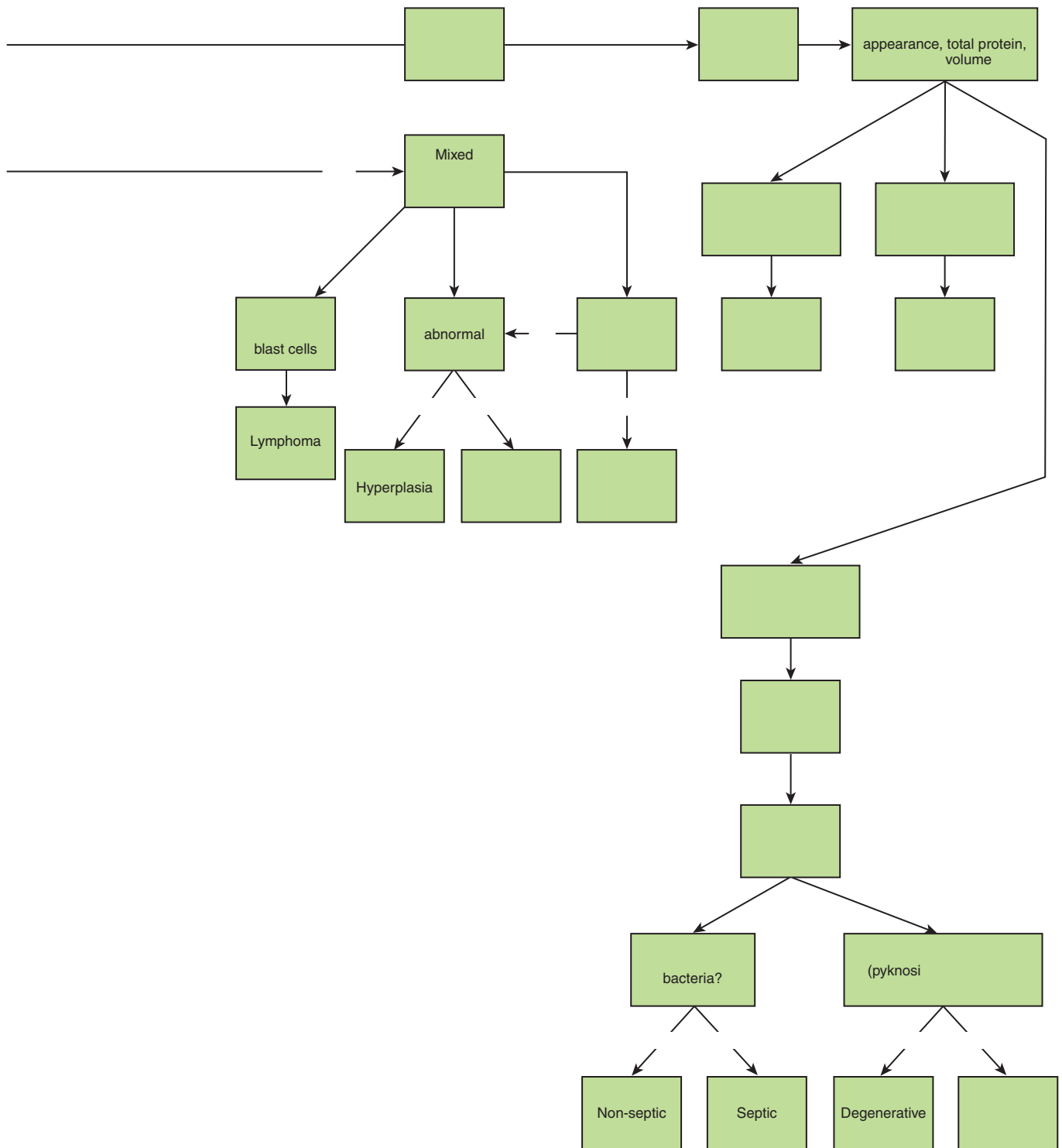


Flow chart for the examination of cytology specimens.



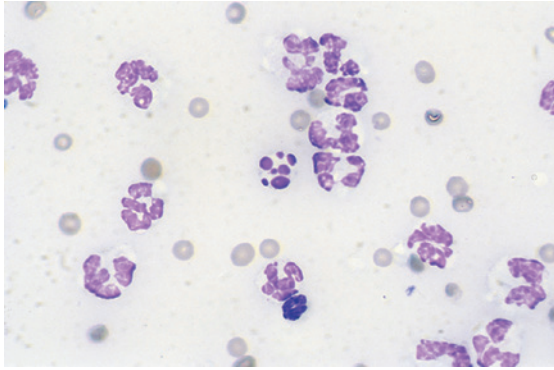
Specimens have been classified further evaluated to determine cell type involved. The primary

types of tumors encountered in veterinary medicine are categorized as epithelial cell tumors, mesenchymal cell tumors, discrete round cell tumors. The overall characteristics of these cell types are summarized in the table below. Epithelial cell tumors are referred to as carcinomas. Adenocarcinoma. The tendency to be highly cellular, they

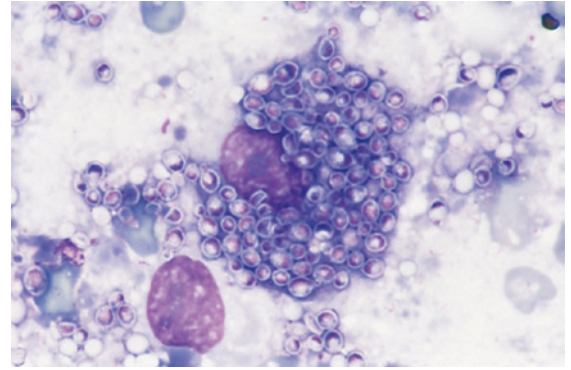


often xfoliate lumps heets Fig. 3.7). esenchymal ell tumors e eferred coma, ually cellular. The cells tend to exfoliate singly or wispy spindles Fig. iscrete ell tumors xfoliate ery ell, ut are usually clumps or clusters. Round cell tumors include histiocytoma, lymphoma, cell tumors, cell tumors,

transmissible venereal tumors, melanoma. Histiocytoma transmissible enereal umors pear mewhat xcept histiocytoma usually highly cellular Fig. cell tumors be recognized by presence of large numbers of ells ith ccentrically 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.

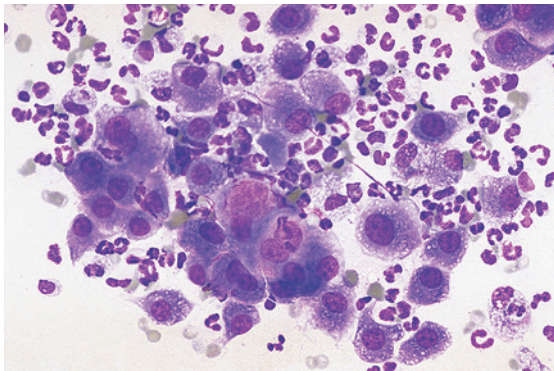
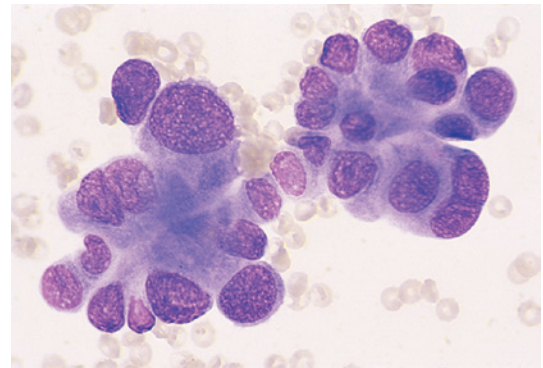
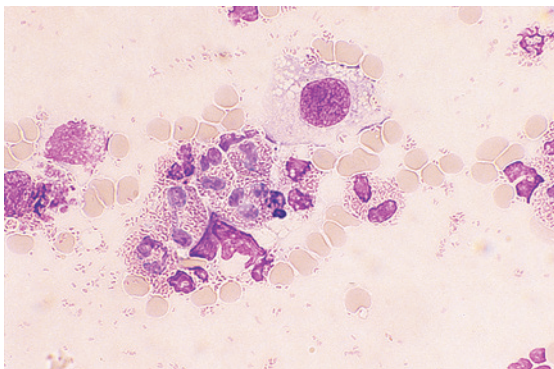


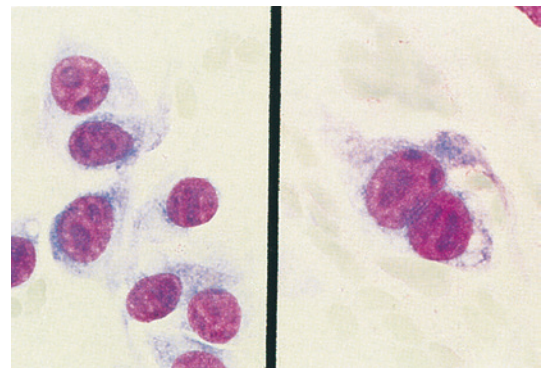
Fig. 53.3 Pyogranulomatous inflammation. Macrophages represent more than 15% of the cells present.



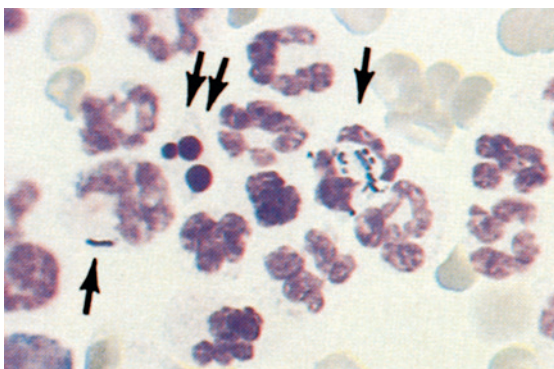
ation, and high and variable nucleus-to-cytoplasm ratios are present.



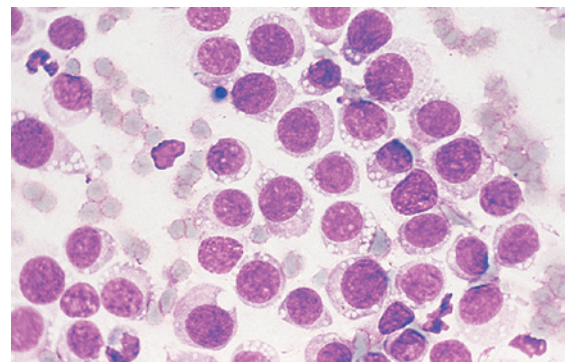
Eosinophilic inflammation. Note the single macrophage and the numerous free eosinophilic granules.



Sarcoma. The aspirate shown here from a malignant spindle cell

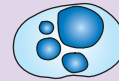
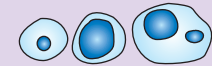
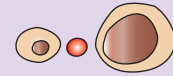


phagocytized bacterial rods. A pyknotic cell (*double arrow*) is also present.

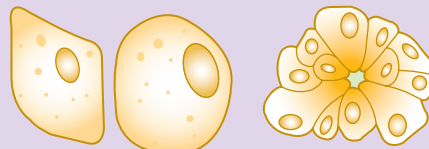


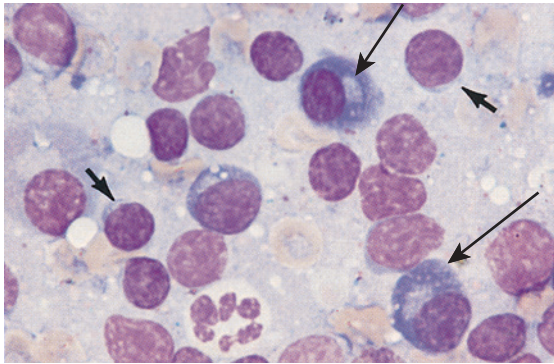
sible venereal tumor.

Nuclear Criteria of Malignancy

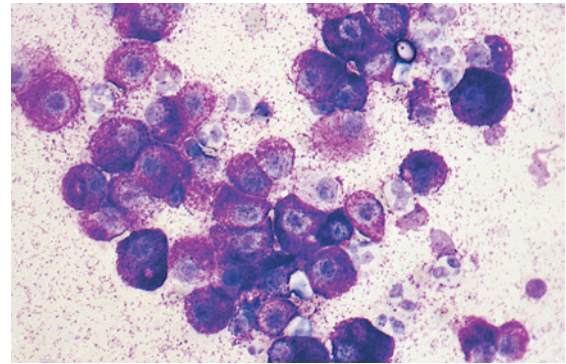


General Appearance of the Three Basic Tumor Categories





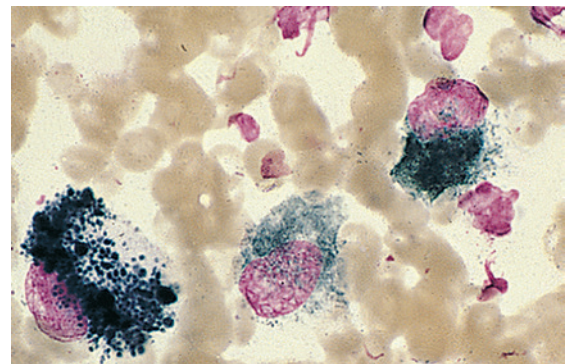
Several plasma cells are evident in this sample taken from a



eosinophils are also present.

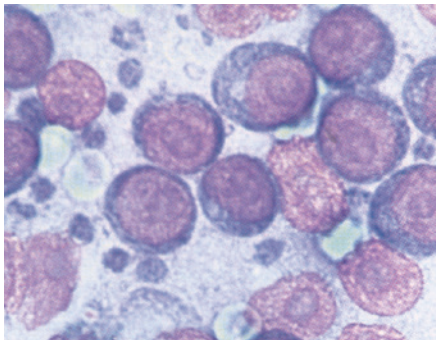
by their prominent purple/black granules [Fig.](#) Melanoma characterized by cells with prominent dark-black granules [Fig.](#)

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 ordinary 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 nancy 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 exfoliate clumps nests.
- Samples from mesenchymal cell tumors tend to have low cellularity, exfoliate poorly.
- Samples from metastatic cell tumors tend to exfoliate very well, but usually clumps clusters.
- Plasma cell tumors be recognized by presence of large numbers of cells eccentrically located nucleus prominent perinuclear zone.



Cytology of Specific Sites

After studying this chapter, you will be able to:

- Describe characteristics of normal vaginal
- Describe appearance of collected rectal
- Describe appearance of vaginal cytology from
- Describe valuations performed in men
- Describe characteristics of normal
- Describe appearance of collected
- Describe appearance of vaginal cytology from
- Describe valuations performed in men
- Describe characteristics of normal
- Describe appearance of collected
- Describe appearance of vaginal cytology from
- Describe valuations performed in men

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 in vaginal cytology

Preparations,

Fecal Cytology,

Semen Evaluation,

Volume of ejaculate,
Gross appearance of ejaculate,
Sperm motility,
Sperm concentration,
Live-to-Dead sperm ratio,
Sperm morphology,
Other cells in 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

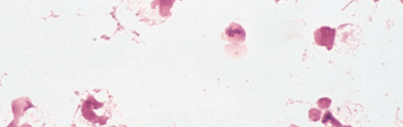
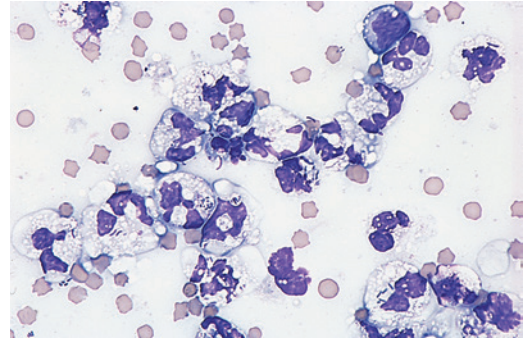
Wave motion

Under normal circumstances, peritoneal fluid contains only enough fluid to adequately lubricate surfaces of organs with viscosity. Collected fluid is often turbid and contains many nucleated cells.

cell counts (TNCCs), cytologic examination, refractometric protein measurements, and sedimentation of total protein concentration. Other clinical chemistry determinations performed frequently include **peritoneal pleural fluids**.

performed methods are used for complete blood count (see Unit cross-species generalization, normal erythrocytes, nucleated cells/usually mononuclear cells may be visible clusters of cells, which make counting individual cells differential nucleated cells performed, with cell types and morphologic characteristics noted. Nucleated cells are categorized neutrophils, large mononuclear cells (collective grouping of mesothelial cells macrophages), lymphocytes, eosinophils, nucleated cells. Notes on cell morphologic characteristics include comments about nuclear cytoplasmic appearance. Criteria present, their morphologic features (cilli, coccobacilli, cocci) location (free or phagocytized) must be recorded.

Variable numbers.

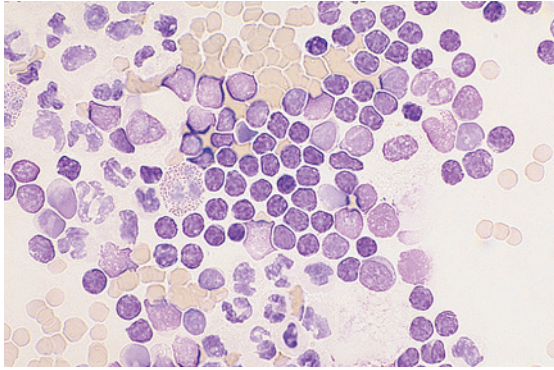


Cellular morphologic features depend on organ present. They may vary from cytoplasmic vacuolation with few nuclear changes evident to marked cytoplasmic vacuolation, marked nuclear swelling and disruption (karyolysis), and general cellular degeneration or fragmentation. Bacteria may be evident within the cytoplasm of neutrophils and macrophages (Fig. 1). Cases of enteritis have been reported in which bacteria are evident, but the result is devitalization or rupture of the bowel. Accidental penetration of the bowel during omentocentesis has resulted in a dead population of bacteria. However, even a few leukocyte numbers and morphologic characteristics are usually normal, and bacteria are frequently phagocytized. Large ciliated organisms are not found in the e-bowel or cecum. Tesis and rses.

and high be uite eactive ppearance. ransudates re
frequently condary ongestive ure,
occur lood oncentrations.

Modified transudates are characterized relatively moderate redominantly result lymphatics. This leakage responsible for high total protein concentration diffused transudates. Cells present include white blood cells (erythrocytes and degenerate), mostly lymphocytes, few macrophages, mesothelial cells

Intra-abdominal tumors may exfoliate cells into peritoneal fluid. The cytologic diagnosis of such neoplasia may be difficult for the general internist or generalist cytologist. However, the cytotechnician may be able to recognize abnormal lymphocytes by the criteria of malignancy previously outlined. The cytotechnician should be suspicious of clusters of pleomorphic, secretory-type cells. The presence of unexpected cells (e.g., malignant cells) must be noted.



cytes, neutrophils, and an eosinophil are present. This is characteristic

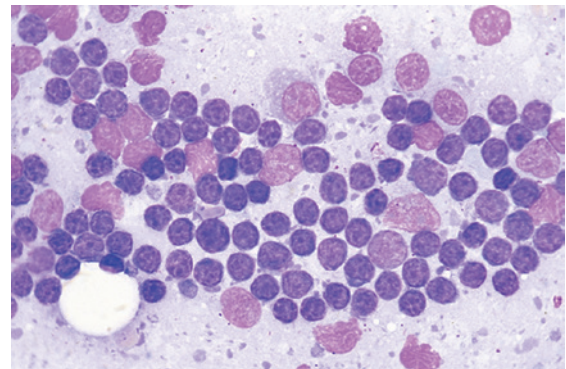
The histologic evaluation of lymph node tissue is performed to assess lymph node enlargement or enlargement, including hyperplasia, infection, primary neoplasia (**lymphoma**), metastatic neoplasia. Lymph nodes show evidence of infection (lymphadenitis), hyperplasia (benign neoplasia), and secondary 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 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.

then prepared using a compression technique standard Romanowsky-type

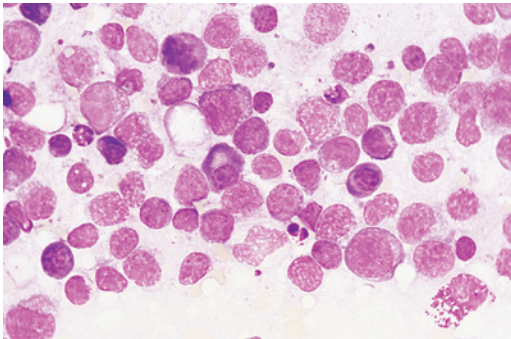
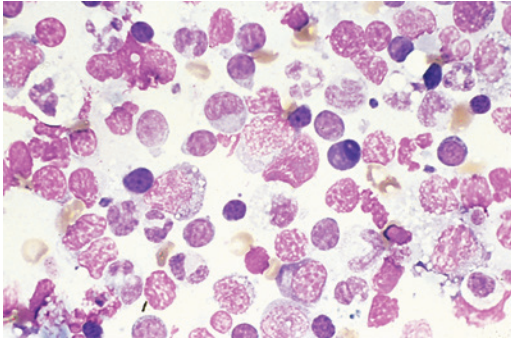
A variety of cell types may be found in lymph node aspirates. These include lymphocytes, plasma cells, histiocytes, neoplastic cells, microorganisms, lymphoglandular bodies, bacteria may be present. Lymphoglandular bodies are small cytoplasmic fragments seen between cells are a diagnostic feature. **able** contains summary cell types of lymph node aspirates.

In normal lymph node, the predominant cell type is small, mature lymphocyte. Lymph nodes comprise three-fourths of total cells present. Smaller numbers of intermediate lymphocytes, lymphoblasts, and macrophages are present. Plasma cells occasionally seen. Most cells usually are of clonal origin. Lymph node tissue. Lymph nodes show evidence of infection (lymphadenitis) will have predominance 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. Normal lymph nodes contain occasional cells



tion of small, medium, and large lymphocytes, plasma cells, and a mast

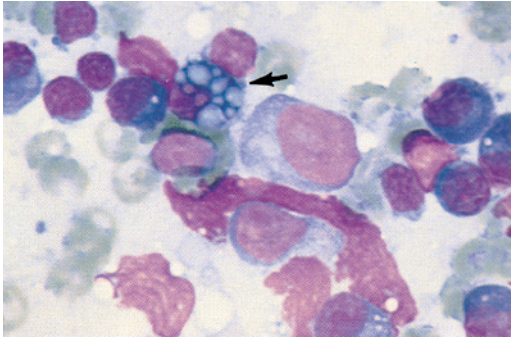
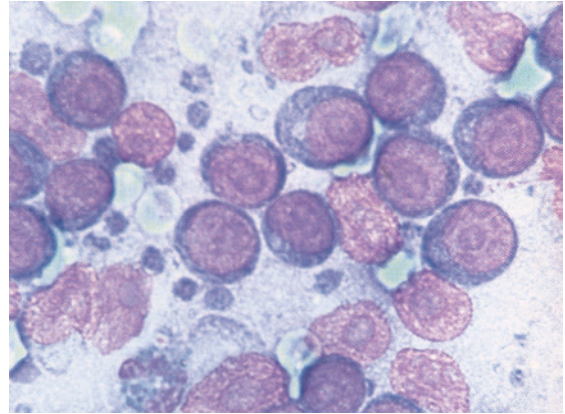


Fig. 54.9 The plasma cell that appears vacuolated is a Mott

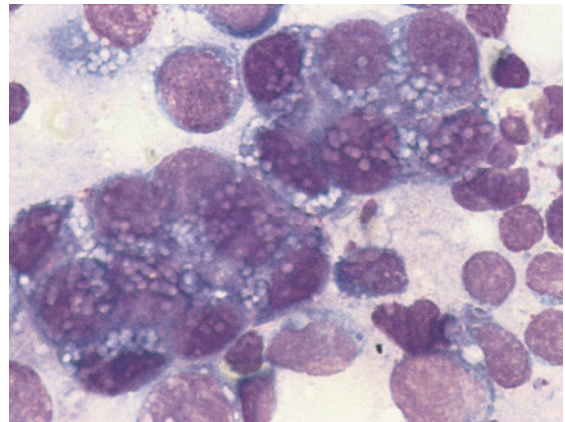
(plasma cells that contain secretory vesicles immunoglobulin) may be seen Fig. Antigenic stimulation ory response characterized presence of utrophils, crophages,

Reactive lymph nodes contain predominantly small,

Primary lymphoid oplasia, lymphoma, characterized by redominance lymphoblasts, otic common. acrophages resent, cells 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 ucular configurations ually entified Lymph de ontain tastatic ells om other ody

As oss-species eneralization, rmal erebrospinal contains 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 ucleated ells bserve. istinguishing
between rous ells ually ossible, ut
to ubcategorize ucleated ells. ell or uted
e ultipled ive umber ells er
microliter. thanol-diluted ell
multiplied rythrocytes om ucle
ated ells umber ells
counted by latter method be subtracted from number
of ucleated ells ounted rythrocyte
The f arious orrection ctors een dvocated
to djust ucleated ell or eripheral lood
leukocytic ontamination. ecause rmal ontains
erythrocytes, bserve ucleated ell or
rected umber rythrocytes er oliter
known. he proach onsider ch
rythrocytes ccompanied ukocyte.
In ddition tology valuation, ariety hemical
unologic erformed

Fluid from eye to low cellularity.
It omposed nonuclear ells
tially rythrocytes, rotein oncentration.
The erpretation hanges ueous umor
f .

If nly ne ops btained, rmal
joints f ogs, ross olor
turbidity ell tologic xamination ect
(possibly with concurrent subjective assessment of viscosity) may
be l ractical. ollected,
refractometric protein measurement (on EDTA-preserved
y e dded ollection er
volumes lows or erformance dditional uch
ucin lot [chapter](#)

Normal [synovial fluid](#) lear o raw ellow nturbid.
Yellow vial ommon ecially
horses. urbidity, hen resent, ells, rotein
fibrin), r tilage.
Normal vial ontains ew rythrocytes. atrogenic
contamination uring throcentesis ommon. eren
tiation etween ontamination ecent morrhage
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
ecreased cterial ion esult
mucin degradation by bacterial hyaluronidase joints with
significant ffusion luding ydrarthrosis) esult
dilution f yaluronic
Because egrade yaluronic iscosity
mucin clot formation usually are assessed on to which
anticoagulant been added. If anticoagulation necessary
esult f rinogen oncentration, parin
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 ells iscosity ecreases.
At low cell counts concentration of cells
by entrifugal dimentation ubsequent esuspension
of ells olume upernatant roduces re
cellular lides ually omanowsky
[able](#) ummarizes lassification vial

Normal synovial generally contains mono
nuclear ells ess han eutrophils [Fig. 4.12](#)). osino
phils re arely bserve. ononuclear ells omprise bout qual
numbers of lymphocytes monocytic/macrophage-type cells,
which e nvacuolated nphagocytic. acuolated
or hagocytic nonuclear ells omprise
differential count of normal synovial Macrophages become
vacuolated rmal vial rocessed on
after ollection; refore, rompt reparation
important o revent tificial

Cells vial ood iscosity end
n ection ood iscosity end
appearance [Fig. 54.13](#)). Mucin precipitation produces eosino
philic ranular ackground omanowsky-stained mears,
density f high effects ells om
viscous read ell high
make ir entification uch uted
ith econstituted yaluronidase
decreases viscosity after few minutes, allowing for more
accurate ell rphology hen ed.

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 bserve. ontrast,
neutrophils redominate om ients ec
tious thropathies esult cteria, iruses,

Canine and feline cytology

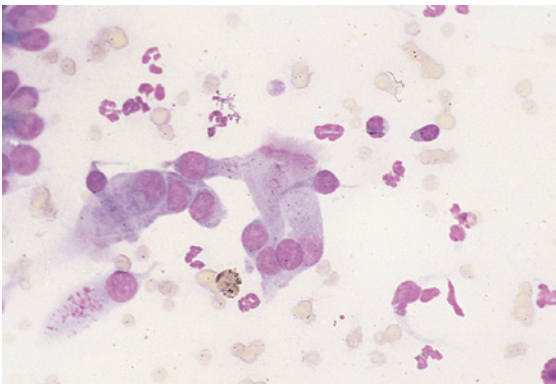
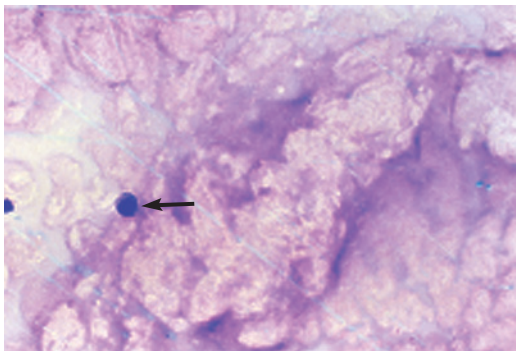
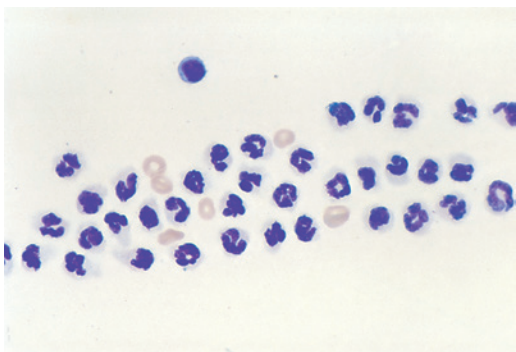


Fig. 54.14 Normal ciliated columnar epithelial cells in a normal tracheal

(From Raskin R, Meyer D:

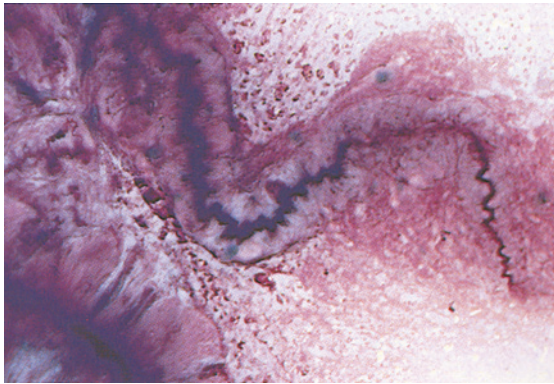


Synovial fluid from a patient with inflammatory joint disease.

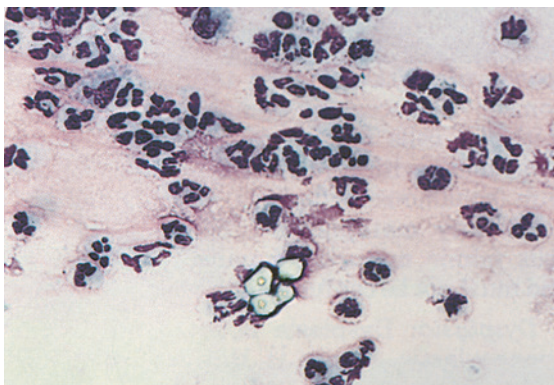
infectious process suspected. chronic-active type of arthropathy suggested when neutrophils accumulated/phagocytic macrophages are both increased number. Lupus erythematosus cells, which neutrophils contain phagocytized nuclear chromatin, are seen occasionally synovial of with systemic erythematosus.

usually performed tracheal cell numbers are subjectively recorded from valuation smear. tracheal from normal contains few cells, usually often appears microscopically eosinophilic bands type. of mesh cells. epithelial cells principal cell ciliated epithelial cells predominate. vel trachea, to ovoidal, nucleus order opposite ecimen collected from bronchi, bronchoalveolar epithelial cells are 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. vidual cells

mycoplasmas) infectious conditions (heumatoid arthritis, systemic lupus erythematosus). When cells are clumped together they are usually demonstrated by locking in slides. rarely live organism present observed cytologically, especially when phagocytized. Culture recommended when

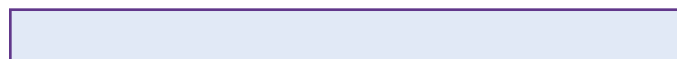


present. The eosinophilic background represents mucus.



round or oval nucleus, moderate cytoplasm. If become reactive/activated, cytoplasm increases in volume and becomes more granular/vacuolated. Neutrophils, lymphocytes, eosinophils, plasma cells, mast cells, and erythrocytes are rarely seen in specimens from normal animals.

Abnormal tracheal specimens 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 specimens. Many cells may be unidentifiable. Neutrophils and macrophages are numerous. Erythrocytes, lymphocytes, and eosinophils are the predominant cell types, and they are present in large numbers in chronic, nonnuclear macrophages. The causative agent, which is possibly bacterial, is not noted—whether free, phagocytized, or both—in the smear. Tracheal specimens can be cultured using routine microbiologic procedures.



The presence of bacteria or fungi in tracheal specimens does not necessarily indicate that the organism is pathogenic. Bacterial or fungal spores sometimes contaminate tracheal specimens from herbivores

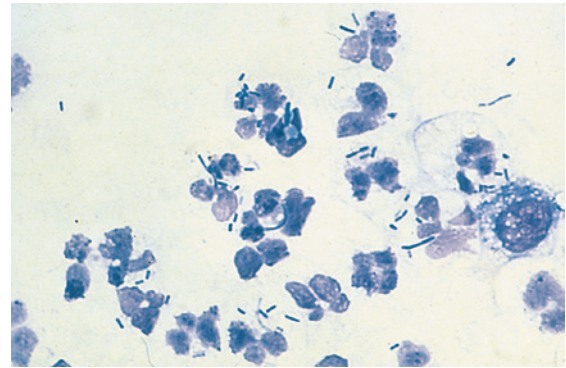


Fig. 54.17 Nasal wash from a patient with bacterial rhinitis. Note the presence of bacteria both intracellularly and extracellularly.

inhaled from feed), they may be phagocytized by macrophages. Haryngeal contamination of the collection apparatus or increased inspiratory effort with contamination of the upper tracheal mucosa by pharyngeal microflora may result in inclusion of bacteria in the tracheal specimen. Such bacteria are frequently associated with or adherent to squamous epithelial cells of the haryngeal mucosa.

Eosinophils are prominent, possibly reactive (eosinophilic) cells. Eosinophilic reactions are often associated with a parasitic component. 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 the smear.

Erythrocytes are rarely seen in normal tracheal specimens. Recent hemorrhage may be evidenced by numerous intact erythrocytes. In contrast, in cases of hemorrhage, few erythrocytes are noted. Macrophages may contain hemosiderin granules (blue-stained to brown granules).

Neoplastic cells may be detected in tracheal specimens. Criteria for their identification are previously described. Neoplastic cells are frequently found in clusters. They are generally epithelial in origin, and they frequently exhibit a crebriform appearance (their cytoplasm is eosinophilic and vacuolated).

From normal animals, the tracheal specimen contains **cornified** non-cornified squamous epithelial cells, often with adherent bacteria and negligible evidence of hemorrhage or inflammation. Various abnormalities may be demonstrated with this procedure, such as inflammation secondary to epistaxis, ulcers, and edema, and neoplasia (Fig. 54.18). The smears are often fused and clumpy, and they contain which may represent neoplastic specimens.

Evaluation of the trachea from a collected specimen is important for treatment decisions. The gross appearance of the trachea through endoscopy then allows the clinician to decide on further action or treatment. The gross appearance of the trachea through endoscopy then allows the clinician to decide on further action or treatment.

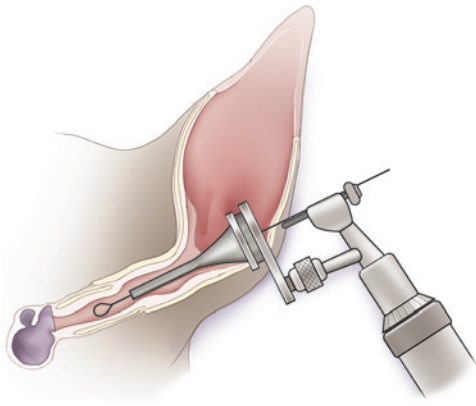


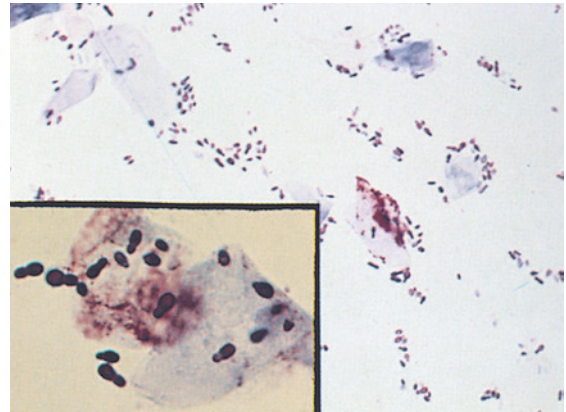
Fig. 54.18 Smears of horizontal ear canal secretions may be collected

Cowell and Tyler's

prepared from each small, rounded, reddish, moist, and often dried to identify parasites present. Condensed outlines of maturation of excessive cerumen present, and eventually removed cerumen, requirement. The stained slide best used for identification of bacteria, yeasts. Separate jars should be maintained for cytology, bacteria, and oomycetes. Contaminated ears or matology.

Samples from normal ears contain cornified epithelial cells, with negligible evidence of inflammation and few microorganisms. Common normal bacteria, yeasts, and without foreign cells. 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 has potential for chronic infections, is often associated with otitis externa. It is a gram-negative, aerobic, filamentous fungus. It is characterized by characteristic peanut-shaped organisms (Fig. 54.19). 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, veterinary technicians should report results to the veterinarian. A large number of organisms is a power indicator.



organisms.

cycle, bitches, queens. It is with optimal timing of mating, artificial insemination, but of practical value or poses problems, oes, wes, or ws. cytologic interpreted conjunction with oocytes. chrous cle detailed following actions. These stages are convenient divisions of continuum of change, they are brought about by variations in blood estrogen and progesterone concentrations. Because termination stage of estrous cycle may be on of single examination, repeat examinations every few days may be necessary. Unlike bitch, queen ovulates after coital stimulation. Cytologic, erent, rous cle, o, itch or epithelial cells, utrophils; however, erythrocytes present.

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 (Fig. 54.20). Cells are categorized by their size and degree of cornification. The epithelial cells present may include small cells, highly cornified epithelial cells, and intermediate-sized noncornified squamous epithelial cells, which are sometimes referred to as intermediate cells. Intermediate cells may contain pyknotic nuclei (Fig. 54.21). Cornified epithelial cells are a characteristic appearance. They usually have large nuclei and often contain pyknotic nuclei. Bacteria present in vaginal secretions (especially during estrus), but usually have no pathologic significance (they are part of normal vaginal flora).

Exfoliative vaginal cytology is a useful adjunct to history and physical examination or determining the cause of vaginitis.

The vaginal pH is a useful tool in the diagnosis of vaginitis. The vaginal pH is usually acidic (pH 4.0-5.0) in healthy animals. A pH of 7.0 or greater is indicative of bacterial vaginosis.

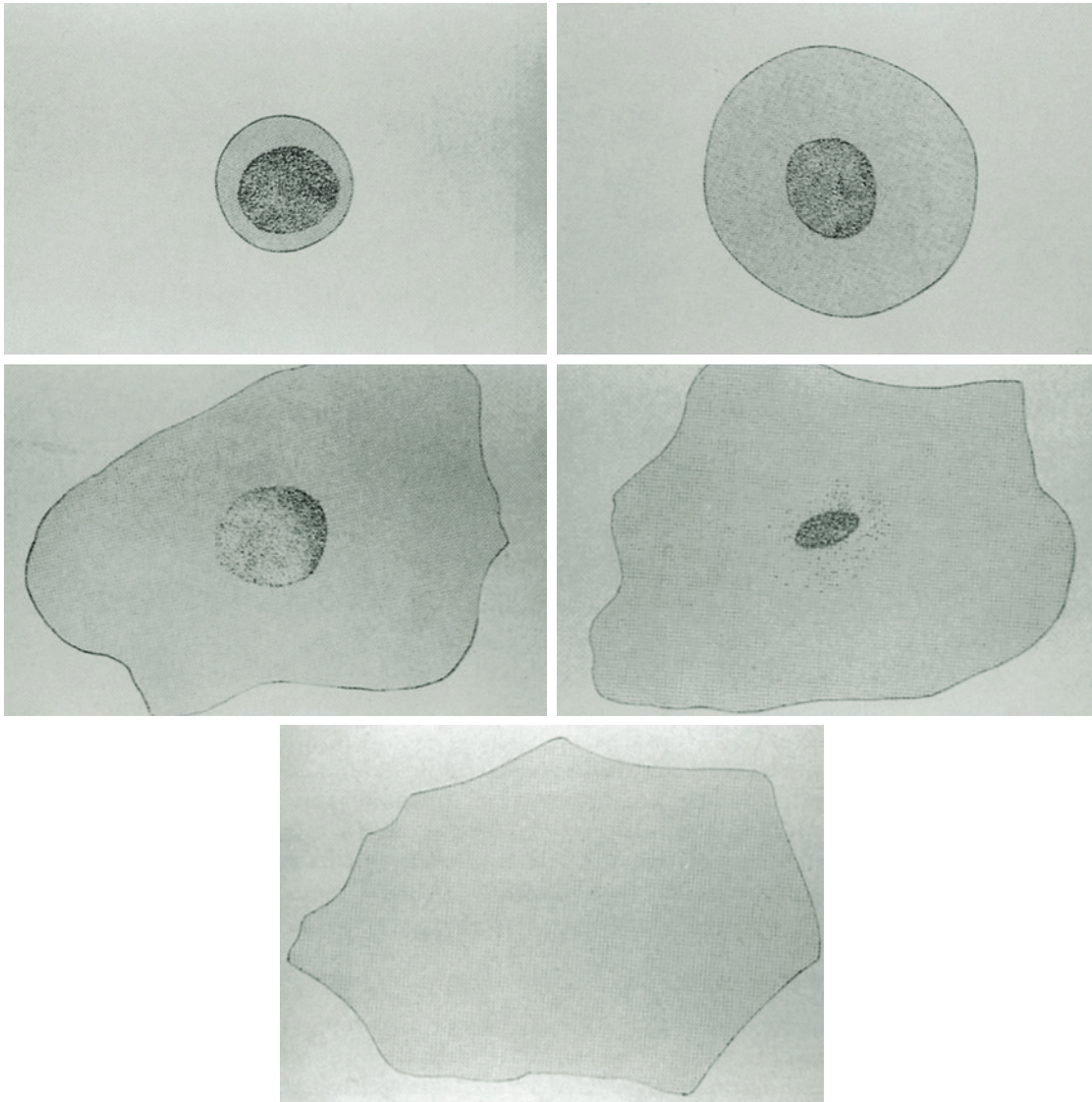
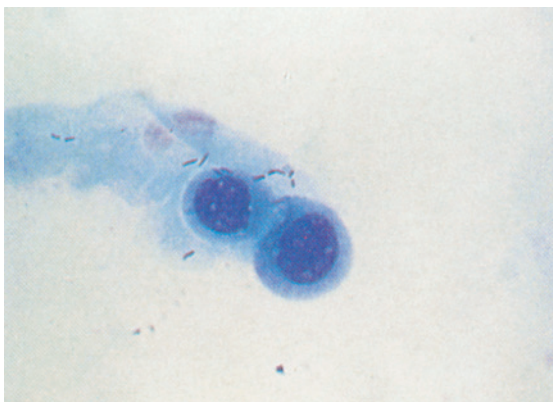


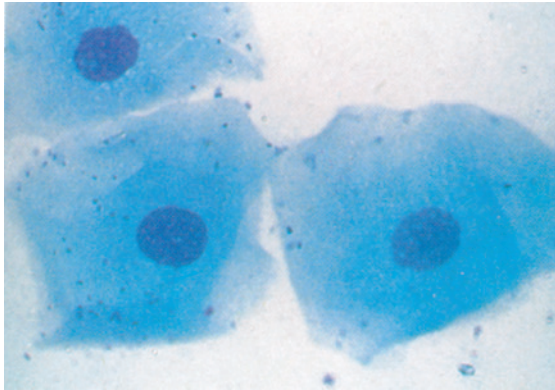
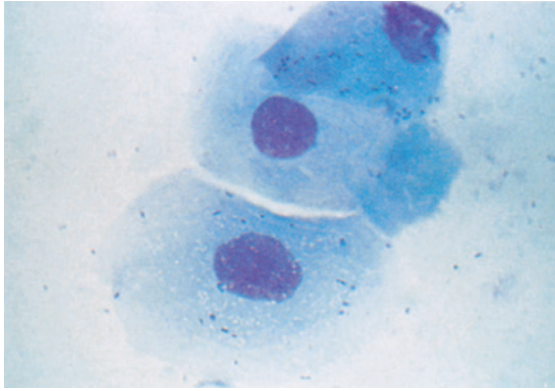
Fig. 54.20 Diagrams of cells from the canine vagina. Parabasal epithelial cell. Small intermediate cell. Large intermediate cell. Superficial cell with pyknotic nucleus. Anuclear superficial cell.



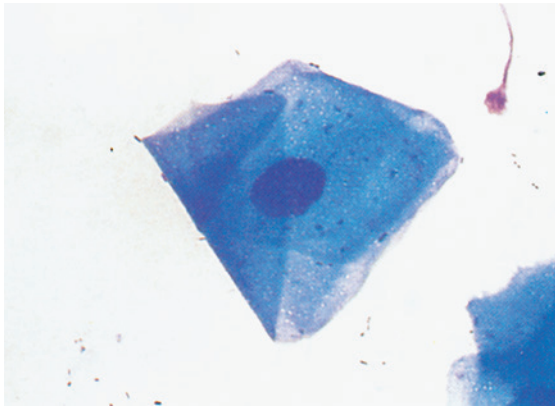
Parabasal vaginal epithelial cells from a dog.

squamous epithelial cells large cells with rounded border, abundant basophilic cytoplasm, and large round nucleus). Parabasal epithelial cells. Some contain some utrophils but erythrocytes. Estrus variable length, but generally 2-3 months. Some reference materials refer to estrus.

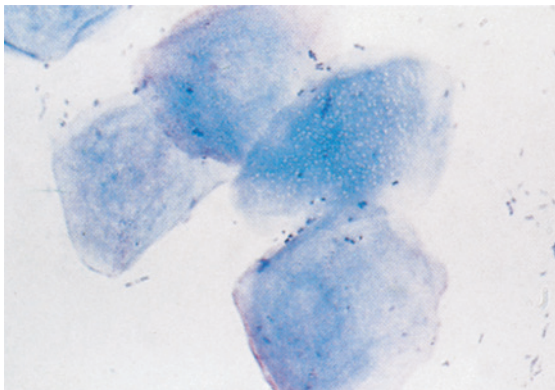
itch proestrus swollen vulva, reddish vaginal discharge. The bitch attracts but does not accept dogs are emptying reed. proestrus 1-2 weeks, average 10-14 days. proestrus often further subdivided into early proestrus and late proestrus. Gradual changes in cellular morphology are seen as stages progress. During early proestrus, high numbers of erythrocytes are present along with parabasal epithelial cells. Fig. proestrus continues, numbers of erythrocytes gradually decrease,



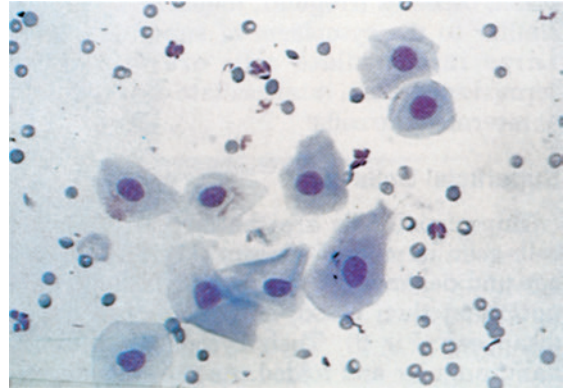
Small and large intermediate vaginal epithelial cells from a dog.



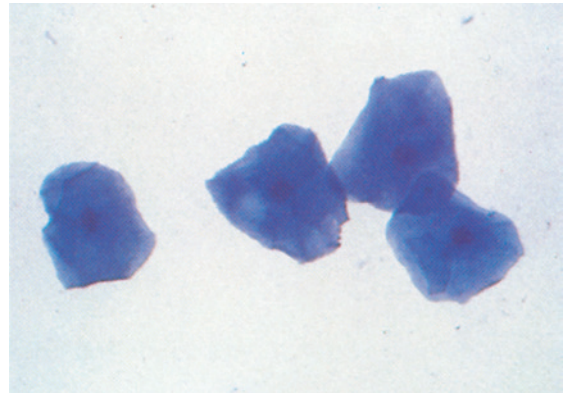
Superficial epithelial cell with a slightly pyknotic nucleus and



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.

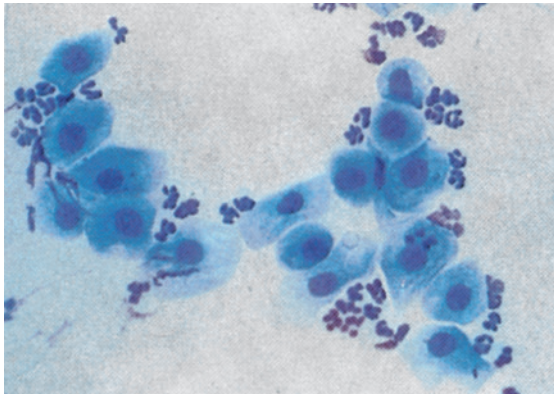


angular cytoplasm from a dog in estrus.

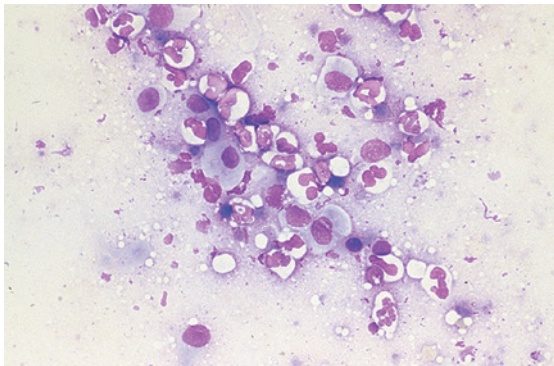
epithelial cells begin to show signs of cornification (e.g., pyknotic nuclei). During proestrus, only epithelial cells present are intermediate cells and pyknotic nuclei. Small numbers of neutrophils are sometimes seen in proestrus, especially during the latter half.

The estrual bitch has a history of recent proestrus, a swollen vulva, and possibly a raw-colored, large, moist, and whitish vaginal discharge. As metestrus approaches, the bitch's estrus acceptor dogs emptying vaginal receptacles, and all squamous epithelial cells are cornified, usually anuclear. [Fig. 4.26](#) shows that neutrophils are absent, that all numbers of erythrocytes are present. During estrus, erythrocyte numbers decrease further, and neutrophil numbers increase rapidly. Estrus generally lasts 7 to 10 days, averaging 8 days.

During metestrus, vulvar swelling and discharge have decreased, 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. Approximately 3 to 5 days after 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 collection. ype collected ary ut lude oided eces, ectal vage, ectal aping. ecal op

to collect 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 ssessment 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 collection 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 cernible 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 vidual 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 nification. 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.

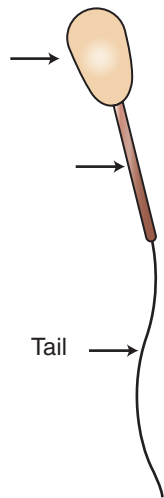
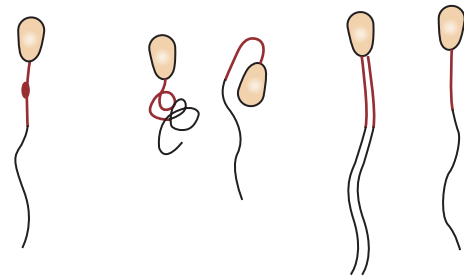
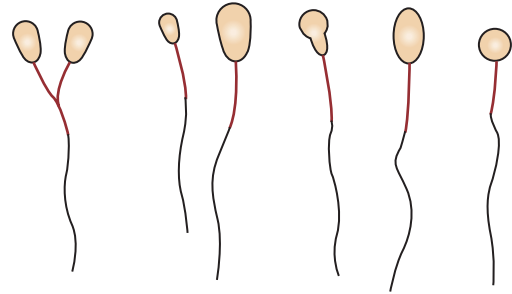


Diagram of a normal spermatozoa.



ith ye lows or imination etween ve
ead 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.

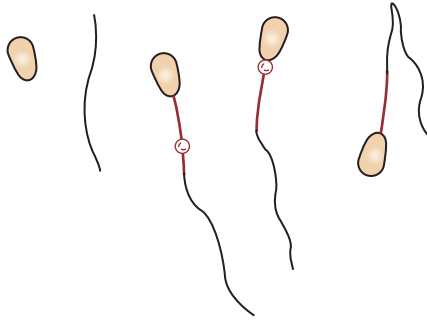
Sperm rphology eadily
Wright's or Romanowsky Species differences exist regard
points of sperm morphology, but all sperm have
ructure ercentage normal
spermatozoa ypes ecored er bserving
to ells. ounting wer umber ells
usually dequate er echnician ecome roficient.
Abnormalities are conveniently divided 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 oplets
midpiece, bent or broken Fig. For every tailless
head, re dless er ed ounted.
Protoplasmic oplets inct om ollen ces.
Protoplasmic oplets rmally resent ermato
zoa e pididymis. oplets rate ly
ce erm ells ure pididymis.
The oplets 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 response, contamination of normal preputial microflora may be suspected. Attention to reproductive performance and collection of semen may be indicated. If indicated, semen may be submitted for microbiologic examination.

Cells from seminal vesicles, epididymis, urethra, and testes are present in semen. These include spermatozoa, leukocytes, and epithelial cells (often called medusa heads). Precise categorization is important in diagnosing spermatozoa, leukocytes, and epithelial cells.

Disorders of the prostate are rare in other domestic animals. Cells of prostatic origin may be collected during estrus, teratization, or combination of prostatic massage (or penile massage) performed per rectum to stimulate prostatic secretion. Prostatic issue may be obtained by transcutaneous needle biopsy.

An enlarged prostate may be a result of prostatic hypertrophy, hyperplasia, or neoplasia, infection. Prostatic cells occur in the semen. Spermatozoa are present in some semen, especially in the semen of stallions.

Normal prostatic cells are uniform in size and shape. They have a high nucleus-to-cytoplasm ratio, transparent cytoplasm, homogeneous nuclear chromatin, and prominent nucleoli. Normal prostatic issue contains few leukocytes. Prostatic hypertrophy or enlargement results from increased size of individual cells without increased cell

numbers. Hypertrophic prostate is cytologically distinguishable from normal prostate. The distinction is made on the basis of fine needle aspirate cytology. Prostatic hyperplasia or enlargement results from increased numbers of cells. The cells are uniform in appearance and have a high nucleus-to-cytoplasm ratio; the nuclear chromatin is often aciculated; the nucleus is "roughened" or "mottled" pattern. Uniform, small, single nucleolus. Few leukocytes are present. Metaplasia is a change (from normal) in the population of prostatic cells. Exfoliated prostatic cells have the appearance of cornified epithelial cells. Consequently, they have a low nucleus-to-cytoplasm ratio and a somewhat pyknotic nucleus. Prostatic neoplasia is characterized by a monomorphic population of cells with a high nucleus-to-cytoplasm ratio, very pleomorphic cytoplasm, nuclear anisocytosis, cells, nuclei contain variable numbers of nucleoli, regular mitotic figures, and abscessation. The numbers of neutrophils, macrophages, and lymphocytes in the issue are variable.

Subclinical clinical bovine mastitis (mammary gland infection) is an important economic concern for dairy farmers. Mastitis may be detected by various laboratory procedures. Frequently, the results of the test reflect the actual cell counts or bacterial counts. Tests are performed on milk from 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 milking. The milk obtained after discarding the foremilk is called milk. The milk obtained after discarding the foremilk is called milk. The milk obtained after discarding the foremilk is called milk.

Somatic cell count (SCC) is a measure of the number of white blood cells (leukocytes) in the milk. The normal range for SCC is 0 to 100,000 cells/mL. SCC is a useful indicator of mastitis. Information on SCC can be found in the chapter on mastitis.

Differential cell count is a test used to identify the types of white blood cells in the milk. The normal range for differential cell count is 0 to 100,000 cells/mL. Differential cell count is a useful indicator of mastitis. Information on differential cell count can be found in the chapter on mastitis.

Chapter review questions [Appendix](#)

• Peritoneal, pleural, and are evaluated for color, transparency, odor,

• Cells are counted and classified from peritoneal, pleural,

- 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.

Where 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?

- I
- 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
- CDC Biosafety Standard
- Chemical Hygiene Plan
- E 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?

- I
- II

9. Which government agency is responsible for enforcing safety regulations in the workplace?

CDC

- OSHA
- 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

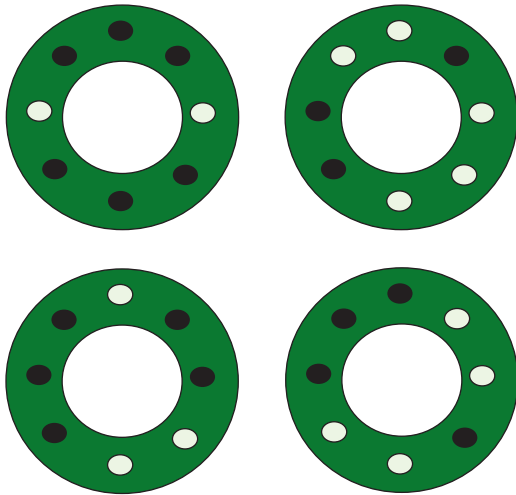
- b. Toluene
- Kimwipes
- Lens paper

What type of tube is used to prepare a urine sample prior to centrifugation?

Conical

- b. Blood collection

- onical
icrohematocrit
6. What item is required for the processing of blood components?
d clinical centrifuge
- b. angled-head centrifuge
efrigerated centrifuge
d centrifuge
- Which of the following does *not* require an adapter for use with different sizes of test tubes?
imple standard water baths
- b. eat blocks
irculating water baths
aterless 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. bbe
b. chromatic
pochromatic
igh-eyepoint

Which component of the microscope functions to aim and focus the light that is illuminating the specimen?

- a. ondenser
b. osepiece
ris diaphragm
perture diaphragm

True or False: Mineral oil can be used in place of immersion oil with the oil-immersion lens.

- True
b.alse

Which component of the microscope regulates the amount of light that is illuminating the specimen?

- a. ondenser
b. osepiece
ris diaphragm
oarse 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?

- ethanol
b. ylene
ineral oil
mmonia

What is the preferred cleaning solution to be used for the removal of excess oil from the microscope lenses?

- ethanol
b. ylene
ineral oil
mmonia

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.

32

. 212

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 1:100 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. Diluent

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. Erythrocyte; metarubricyte

b. Erythrocyte; reticulocyte

c. Erythroblast; reticulocyte

d. Erythrocyte; 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. Erythrocytes, rubriblasts, prorubricytes, reticulocytes

b. Erythrocytes, metarubricytes, rubricytes, reticulocytes, rubriblasts, prorubricytes, metarubricytes, rubricytes, reticulocytes

c. Erythrocytes, 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?
- Myelocytes and band cells
 - Myeloblasts, promyelocytes, and myelocytes
 - Myeloblasts and metamyelocytes
 - Promyelocytes and metamyelocytes
11. Which term describes a decrease in the numbers of all blood cells and platelets?
- Pancytopenia
 - Erythrocytosis
 - Reticulocytosis
 - Polycythemia
- What is meant when a sample is described as having a left shift?
- Neutrophilia
- Left 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?
- Jugular vein
 - Femoral vein
 - Infraorbital sinus
 - Tail vein
4. Which site is preferred for venipuncture in dogs when small volumes are needed?
- Cephalic vein
 - Jugular vein
 - Subcutaneous vein
 - Femoral vein
- Which term describes the fluid portion of the blood that contains no formed elements or fibrinogen?
- Serum
 - 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
 - Flow cytometer
 - Centrifuge
 - Refractometer
- Which type of instrument counts particles on the basis of their relative size and density?
- Impedance counter
 - Flow cytometer
 - Centrifuge
 - Refractometer
3. Which instrument provides an estimate of cell counts on the basis of differential centrifugation?
- Impedance counter
 - Flow cytometer
 - Centrifuge
 - Refractometer

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:

- background count
- glutinin 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 hemo cytometer with the Neubauer ruling?
- b.

hich term describes an increase in the number of circulat ing 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

- enal 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?

- ncrease 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 mate rial 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
 Fine 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

.

Leukocytosis is the primary function of which cell?

Eosinophil
 . Lymphocyte
 Basophil
 Neutrophil

Which of the following best describes the morphology of canine erythrocytes?

Elliptical
 . Nucleated
 Biconcave disc
 Round

Which of the following best describes the morphology of avian erythrocytes?

Elliptical
 . Nucleated
 Biconcave 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 μL 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?

Dewey-Jolly bodies
 . Heinz bodies
 Nuclear hyposegmentation

8. The presence of basophilic macrocytes on a peripheral blood cell film usually indicates increased numbers of:

- Codocytes
 . Reticulocytes
 Metarubricytes
 Dacocytes
9. Which term describes cells with regular cytoplasmic projections around the periphery that give the cell the appearance of a scalloped border?
 Acanthocytes
 . Keratocytes
 Echinocytes
 Schistocytes
 Small round or rod-shaped structures that are found as single organisms or pairs on the periphery of a red blood cell are:
 Heinz bodies
 . . . bodies
 c. *Ehrlichia*
 d. *Mycoplasma*
- Which type of stain is used to prepare a reticulocyte count
 Supravital
 . Romanowsky
 Diff-Quik
 Wright's
2. How is the reticulocyte count recorded if a reticulocyte smear from a cat has 5 punctate reticulocytes and 15 aggregate reticulocytes per 1000 red blood cells?
 .
3. How is the reticulocyte count recorded if a reticulocyte smear from a dog has 25 reticulocytes per 1000 red blood cells?
 .
4. What is the absolute value of reticulocytes if 200 reticulocytes are counted per 1000 red blood cells and the total red blood cell count is 2.2
 .
- What is the corrected reticulocyte percentage if a canine patient has 10% reticulocytes and a packed cell volume of
 .
6. What is the corrected reticulocyte percentage if a feline patient has 10% reticulocytes and a packed cell volume of 32%?
 .

What is the minimum number of nucleated cells that are counted and classified to calculate the ratio of myeloid cells to erythroid cells in bone marrow?

- .
- How would a bone marrow sample from an adult animal be described if it contains 80% fat?
 Aplastic
 . Hypocellular
 Hypercellular
 Normal
 How would a bone marrow sample from a juvenile animal be described if it contains 50% fat?
 Aplastic
 . Hypocellular
 Hypercellular
 Normal
 What stain is used to evaluate the presence of hemosiderin in a bone marrow sample?
 Wright-Giemsa
 . Russian blue
 Diff-Quik
 Wright's

What is the common term that is used to describe the presence of neoplastic blood cells in the bone marrow and the peripheral blood?

- eukemia
 lymphoproliferative
 myeloproliferative
 myelodysplastic
 Which of the following is likely to cause microcytic anemia?
 iron deficiency
 b. iron toxicity
 hypothyroidism
 iron deficiency
 Which term describes chronic bone marrow inflammation that is characterized by increased numbers of macrophages?
 myeloplastic
 b. myelodysplastic
 myelodysplastic
 myelodysplastic
 Which term describes chronic bone marrow inflammation that is characterized by increased numbers of macrophages and neutrophils?
 myeloplastic
 b. myelodysplastic
 myelodysplastic
 myelodysplastic
 Which classification of anemia according to _____ distinguishes between regenerative and nonregenerative anemia.

- one marrow response
- b. erythrocyte indices
- tiology
- orphology

What is the molecule that platelets express on their surface when they are activated?

- hrombin
- b. von Willebrand factor
- thrombolytic
- microparticles

2. Which molecule binds to tissue factor in the plasma to initiate the coagulation reactions?

- actor VIII
- b. thrombin
- von Willebrand factor
- thrombin

Which of the following functions to stabilize the platelet plug?

- actor VIII
- b. thrombin
- von Willebrand factor
- thrombin

4. Which factor is activated as a result of the formation of coagulation complexes?

- actor II
- b. actor VIII
- actor IX
- d. actor X

Which of the following is involved in the breakdown of the clot?

- hrombin
- b. tissue factor
- tissue plasminogen activator
- inhibitors

Which anticoagulant is preferred for platelet testing?

- eparin
- b. sodium citrate
- A
- ammonium oxalate

Which is the preferred anticoagulant for most plasma assays of coagulation?

- eparin
- b. sodium citrate
- A
- ammonium oxalate

What is the proper ratio of blood to citrate anticoagulant?

.

What type of technology is used in the Coag Dx™ analyzer to evaluate coagulation?

detector

- b. mechanical
- ire movement
- ollagen-coated membrane

What type of technology is used in the PFA-100 analyzer to evaluate coagulation?

detector

- b. mechanical
- ire movement
- ollagen-coated membrane

1. Which term describes the average size of the individual platelets in a sample?

- electrit
- . Mean platelet volume
- elect-large cell ratio
- elect distribution width

2. Which term refers to the percentage of the total blood volume that is comprised of platelets?

- electrit
- . Mean platelet volume
- elect-large cell ratio
- elect distribution width

Which test evaluates the variability in the size of platelets?

- electrit
- . Mean platelet volume
- elect-large cell ratio
- elect distribution width

Which test provides a measure of the percentage of platelets that are larger than normal?

- electrit
- . Mean platelet volume
- elect-large cell ratio
- elect distribution width

Which term describes newly released platelets that contain high levels of RNA?

elect bands

- b. granulated platelets
- A-rich platelets
- reticulated 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

1. Buccal mucosa bleeding time

2. Tree-White bleeding time

3. Platelet 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?

Ecchymoses

b. Epistaxis

Purpura

Pistaxis

4. Which of the following is often found on a blood smear from patients with DIC?

Leukocytes

b. Schistocytes

Polycythemia

Neutrophilic 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

Salivary duct

Liver

1.

2.

3.

4.

5.

6.

7.

8.

9.

1.

2.

3.

4.

5.

6.

7.

8.

1.

2.

3.

4.

5.

6.

7.

8.

1.

2.

3.

4.

5.

6.

7.

8.

9.

1.
2.
3.
4.
5.
6.

1.
2.
3.
4.
5.
6.
7.
8.
9.

1.
2.
3.
4.
5.
6.
7.
8.
9.

1.
2.
3.
4.
5.
6.
7.
8.

1.
2.
3.
4.
5.
6.
7.
8.
9.

1.
2.
3.
4.
5.
6.
7.
8.
9.

1.
2.
3.
4.
5.
6.
7.
8.
9.

1.
2.
3.
4.
5.
6.
7.
8.
9.

1.
2.
3.
4.
5.

1.
2.
3.
4.
5.

	3.
	4.
1.	5.
2.	
3.	
4.	1.
5.	2.
	3.
	4.
1.	5.
2.	6.
3.	7.
4.	8.
5.	
1.	
2.	

APPENDIX

The data on the following pages were compiled from a variety of sources, including personal notes, workshops, conference presentations, and the references listed at the end of each chapter. These values can be affected by a large number of factors, such

as the test methods used, the type of equipment used, and the characteristics of the patient. Each laboratory should establish its own reference ranges for the methods used in that particular laboratory.

Hematology Reference Ranges

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

[illegible][illegible]

[illegible]

High-power field.

[illegible]

From DiBartola SP:

base disorders in small animal practice

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

- Gram-negative

C. jejuni jejuni

- 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
Dichelobacter Species			
<i>D. nodosus</i>	Sheep, cattle, pigs, goats	Foot rot	<ul style="list-style-type: none"> • Gram-negative, pleomorphic, slightly curved bacilli • Anaerobic • Identification/differentiation <ul style="list-style-type: none"> • Cellular morphology • Colony characteristics • Esculin hydrolysis test • Acid production in carbohydrate substrates • Indole production test
Ehrlichia Species			
<i>E. bovis</i>	Cattle	See <i>Anaplasma bovis</i>	<ul style="list-style-type: none"> • Gram-negative, coccoid to ellipsoid forms
<i>E. canis</i>	Dogs, other canids	Monocytic ehrlichiosis	<ul style="list-style-type: none"> • Located within cytoplasmic vacuoles of endothelium, myeloid cells, granulocytes, or thrombocytes
<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"> • Identification/differentiation <ul style="list-style-type: none"> • Demonstration of organisms on blood film • Immunology
<i>E. platys</i>	Dogs	See <i>Anaplasma platys</i>	
<i>E. ruminantium</i>	Ruminants	Heartwater	
Enterobacter Species			
<i>E. aerogenes</i>	Most mammals	Mastitis, neonatal septicemia, metritis, urinary tract infection, wound infection	<ul style="list-style-type: none"> • Gram-negative, motile bacilli • Identification/differentiation <ul style="list-style-type: none"> • Colony characteristics • Cellular morphology • Citrate utilization test • Hydrogen sulfide production • Acid and gas production from lactose
<i>E. cloacae</i>	Birds		
Eperythrozoon Species			
See <i>Mycoplasma</i>			
Erysipelothrix Species			
<i>E. rhusiopathiae</i>	Cattle, pigs, sheep, turkeys	Diamond skin disease, arthritis, endocarditis	<ul style="list-style-type: none"> • Gram-positive, non-spore-forming bacilli • Facultative anaerobes • Nonmotile • Identification/differentiation <ul style="list-style-type: none"> • Cellular morphology • Colony characteristics • Hemolysis pattern • Catalase test • Esculin hydrolysis test • Acid production from carbohydrates • Hydrogen sulfide production • CAMP test • Immunology (agglutination)
Escherichia Species			
<i>E. coli</i> (numerous pathotypes)	Most vertebrates	Enteritis, septicemia, ruminant mastitis, canine pyometra, cystitis, calf scours	<ul style="list-style-type: none"> • Gram-negative bacilli • Most are motile • Identification/differentiation <ul style="list-style-type: none"> • Cellular morphology • Colony characteristics • Hemolysis pattern • Growth on MacConkey agar • Catalase test • Oxidase test • Acid and gas production from glucose • Hydrogen sulfide production • Immunology (agglutination, ELISA, PCR) • Histology

Organism	Primary Species Affected	Disease or Lesion	Characteristics
Francisella Species			
<i>F. tularensis</i>	Rabbits, most other mammals	Pneumonia, fever, lymphadenitis, ulcerative dermatitis	<ul style="list-style-type: none"> • Gram-negative coccobacilli • Identification/differentiation <ul style="list-style-type: none"> • Cellular morphology with fluorescent antibody stain • Immunology (agglutination, ELISA, antibody titer) • Histology
Fusobacterium Species			
<i>F. equinum</i>	Horses	Lower respiratory tract disease	<ul style="list-style-type: none"> • Gram-negative, non-spore-forming fusiform bacilli
<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"> • Identification/differentiation <ul style="list-style-type: none"> • Cellular morphology • Colony characteristics • Hemolysis pattern • Catalase test • Nitrate reduction test • Esculin hydrolysis test • Fermentation of glucose • Indole production test
<i>F. nucleatum</i>	Cattle, sheep	Abortion	
Haemobartonella Species			
<i>H. canis</i>	Dogs	See <i>Mycoplasma haemocanis</i>	
<i>H. felis</i>	Cats	See <i>Mycoplasma haemofelis</i>	
Haemophilus Species			
<i>H. felis</i>	Cats	Rhinitis, conjunctivitis	<ul style="list-style-type: none"> • Gram-negative, pleomorphic bacilli or coccobacilli
<i>H. haemoglobinophilus</i>	Dogs	Vaginitis, cystitis	<ul style="list-style-type: none"> • May form filaments
<i>H. influenzae</i>	Rodents	Respiratory disease, ocular disease	<ul style="list-style-type: none"> • Nonmotile
<i>H. paragallinarum</i>	Chickens	Infectious coryza	<ul style="list-style-type: none"> • Facultative anaerobes
<i>H. parasuis</i>	Pigs	Glasser's disease, meningitis, myositis, pneumonia, septicemia	<ul style="list-style-type: none"> • Growth on chocolate agar • Identification/differentiation <ul style="list-style-type: none"> • Catalase test • Indole production test • CAMP test • Acid production in carbohydrate substrates • Urease test • Immunology (immunohistochemistry, PCR)
Helicobacter Species			
<i>H. bilis</i>	Mice	Hepatitis	<ul style="list-style-type: none"> • Gram-negative helical, curved, or unbranched bacilli
<i>H. canis</i>	Dogs	Gastroenteritis	<ul style="list-style-type: none"> • Motile
<i>H. cholecystus</i>	Hamsters	Cholecystitis, pancreatitis	<ul style="list-style-type: none"> • Microaerophilic
<i>H. felis</i>	Cats, dogs	Gastritis	<ul style="list-style-type: none"> • Identification/differentiation <ul style="list-style-type: none"> • Colony characteristics • Catalase test • Oxidase test • Urease test
<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	
Histophilus Species			
<i>H. somni</i>	Cattle	Bronchopneumonia, "honker syndrome," myocarditis, otitis, conjunctivitis, myelitis, vaginitis, orchitis, thromboembolic meningoencephalitis	<ul style="list-style-type: none"> • Gram-negative, nonmotile, pleomorphic bacilli • Capnophilic • Identification/differentiation <ul style="list-style-type: none"> • Colony characteristics • Hemolysis pattern • Catalase test • Oxidase test • Nitrate reduction test • Immunology

Organism	Primary Species Affected	Disease or Lesion	Characteristics
<i>Klebsiella</i> Species			
<i>K. pneumoniae pneumoniae</i>	Cattle, horses, sheep, dogs, birds	Metritis, mastitis, neonatal septicemia	<ul style="list-style-type: none"> Gram-negative, nonmotile, encapsulated bacilli Identification/differentiation <ul style="list-style-type: none"> Colony characteristics Cellular morphology Citrate utilization test Hydrogen sulfide production Acid and gas production from lactose Urease test Indole production test
<i>K. oxytoca</i>	Horses	Vaginitis, metritis, abortion, infertility	
<i>Lawsonia</i> Species			
<i>L. intracellularis</i>	Pigs, hamsters, cats, dogs, horses, ferrets	Proliferative enteritis, "wet tail," ileitis	<ul style="list-style-type: none"> Gram-negative, curved intracellular body Motile Identification/differentiation <ul style="list-style-type: none"> Cellular morphology with silver staining Immunology (ELISA, immunofluorescence)
<i>Leptospira</i> Species			
<i>L. bratislava</i>	Horses, pigs	Abortion	<ul style="list-style-type: none"> Spiral bacteria Aerobic Motile Identification/differentiation <ul style="list-style-type: none"> Cellular morphology with dark field microscopy
<i>L. canicola</i>	Cattle, pigs, dogs	Uremia, abortion	
<i>L. grippotyphosa</i>	Cattle, pigs, horses	Fever, jaundice, uremia	<ul style="list-style-type: none"> Immunology (agglutination, PCR, fluorescent antibody stain)
<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	
<i>Listeria</i> Species			
<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"> Gram-positive, non-spore-forming bacilli Facultative anaerobes Motile Identification/differentiation <ul style="list-style-type: none"> Cellular morphology Colony characteristics Hemolysis pattern Catalase test Esculin hydrolysis test Acid production from carbohydrates Hydrogen sulfide production CAMP test
<i>Mannheimia</i> Species			
<i>M. haemolytica</i>	Cattle, sheep	Pneumonia, septicemia, mastitis	<ul style="list-style-type: none"> Gram-negative bacilli and coccobacilli Nonmotile Facultative anaerobes Identification/differentiation <ul style="list-style-type: none"> Colony characteristics Hemolysis pattern Oxidase test Acid production from glucose Nitrate reduction test
<i>M. granulomatis</i>	Cattle	Panniculitis	
<i>M. varigena</i>	Cattle	Pneumonia, septicemia, mastitis	
<i>Moraxella</i> Species			
<i>M. bovis</i>	Cattle	Infectious keratoconjunctivitis	<ul style="list-style-type: none"> Gram-negative coccobacilli Nonmotile Identification/differentiation <ul style="list-style-type: none"> Colony characteristics Growth on MacConkey agar Hemolysis pattern Oxidase test Catalase test Nitrate reduction test Immunology (fluorescent antibody stain, ELISA)
<i>M. canis</i>	Dogs	Bite-wound infections	
<i>M. ovis</i>	Small ruminants	Pinkeye	

Organism	Primary Species Affected	Disease or Lesion	Characteristics	
<i>Morganella</i> Species				
<i>M. morganii</i>	Dogs	Otitis externa, cystitis	<ul style="list-style-type: none">• Gram-negative bacilli• Identification/differentiation<ul style="list-style-type: none">• Colony characteristics• Oxidase test• Indole production test	
<i>Mycobacterium</i> Species				
<i>M. avium avium</i>	Birds	Tuberculosis	<ul style="list-style-type: none">• Gram-positive, non–spore-forming bacilli• Nonmotile• Aerobic• Acid fast• Identification/differentiation<ul style="list-style-type: none">• Colony characteristics• Cellular morphology• Intradermal skin test• Carbohydrate utilization test	
<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		
<i>Mycoplasma</i> Species				
<i>Nonhemotropic Mycoplasmas</i>				
<i>M. agalactiae</i>	Goats, sheep	Contagious agalactia	<ul style="list-style-type: none">• Identification/differentiation<ul style="list-style-type: none">• Colony characteristics• Colony stain with Diene stain• Urease test• Immunology (immunodiffusion, immunofluorescent assay, agglutination, ELISA)	
<i>M. alkalescens</i>	Cattle	Arthritis, mastitis		
<i>M. bovis genitalium</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		
<i>Hemotropic Mycoplasmas</i>				
<i>M. haemocanis</i>	Dogs	Haemobartonellosis	<ul style="list-style-type: none">• Coccoid organisms• Obligate intracellular parasites• Attach to red blood cell surface• Identification/differentiation<ul style="list-style-type: none">• Cellular morphology• Immunology (PCR)	
<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
<i>Neisseria</i> Species			
<i>N. canis</i>	Dogs	Bite-wound infections	<ul style="list-style-type: none">• Gram-negative coccobacilli• Nonmotile• Identification/differentiation<ul style="list-style-type: none">• Colony characteristics• Hemolysis pattern• Oxidase test• Catalase test• Acid production from carbohydrates
<i>N. weaveri</i>	Dogs	Bite-wound infections	
<i>Neorickettsia</i> Species			
<i>N. helminthoeca</i>	Dogs, other canids	“Salmon poisoning”	<ul style="list-style-type: none">• Gram-negative, coccoid to ellipsoid forms• Located within cytoplasmic vacuoles of myeloid cells or enterocytes• Identification/differentiation<ul style="list-style-type: none">• Demonstration of organisms on blood film• Immunology
<i>N. risticii</i>	Horses	Potomac horse fever, monocytic ehrlichiosis	
<i>Nocardia</i> Species			
<i>N. asteroides</i>	Dogs, cats, cattle, horses, pigs	Lymphadenitis, subcutaneous abscess, stomatitis, mastitis, pleuritis, peritonitis, abortion	<ul style="list-style-type: none">• Gram-positive, pleomorphic, non–spore-forming bacilli• Nonmotile• Aerobic• Acid-fast• Identification/differentiation<ul style="list-style-type: none">• Colony characteristics• Cellular morphology• Nitrate reduction test• Esculin hydrolysis test• Urease test
<i>N. brasiliensis</i>	Horses	Pneumonia, pleuritis	
<i>N. otitidiscaviarum</i>	Cattle, guinea pigs	Ear infections, mastitis	
<i>Pasteurella</i> Species			
<i>P. caballi</i>	Horses	Respiratory infection, metritis	<ul style="list-style-type: none">• Gram-negative bacilli and coccobacilli• Nonmotile• Aerobes• Identification/differentiation<ul style="list-style-type: none">• Colony characteristics• Hemolysis pattern• Growth on chocolate agar and MacConkey agar• Catalase test• Urease test• Indole production test• Oxidase test• Acid and gas production from carbohydrates• Nitrate reduction test
<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	
<i>Porphyromonas</i> Species			
<i>P. levii</i>	Cattle, most mammals	Bovine summer mastitis, pleuritis	<ul style="list-style-type: none">• Non–spore-forming, pleomorphic bacilli• Nonmotile• Obligate anaerobes• Identification/differentiation<ul style="list-style-type: none">• Colony characteristics• Hemolysis pattern• Acid production on carbohydrate substrates• Indole production test
<i>P. gingivalis</i>	Numerous	Periodontitis, gingivitis	

Organism	Primary Species Affected	Disease or Lesion	Characteristics
<i>Prevotella</i> Species			
<i>P. melaninogenica</i>	Cattle	Foot rot	• Non-spore-forming, pleomorphic bacilli
<i>P. heparinolytica</i>	Horses	Lower respiratory tract disease	• Nonmotile
			• Obligate anaerobes
			• Identification/differentiation
			• Colony characteristics
			• Hemolysis pattern
			• Acid production on carbohydrate substrates
			• Indole production test
<i>Proteus</i> Species			
<i>P. mirabilis</i>	Dogs, horses, calves	Cystitis, pyelonephritis, prostatitis, otitis externa	• Gram-negative bacilli
<i>P. vulgaris</i>			• Motile
			• Identification/differentiation
			• Colony characteristics
			• Oxidase test
			• Hydrogen sulfide production
			• Indole production test
<i>Pseudomonas</i> Species			
<i>P. aeruginosa</i>	Cattle, dogs, horses, sheep	Mastitis, otitis externa, metritis, corneal ulcer, fleece rot	• Gram-negative, non-spore-forming bacilli
<i>P. fluorescens</i>	Cattle	Mastitis	• Aerobic
<i>P. mallei</i>		See <i>Burkholderia mallei</i>	• Identification/differentiation
			• Colony characteristics
			• Oxidase test
			• Growth on MacConkey agar
<i>Rhodococcus</i> Species			
<i>R. equi</i>	Horses, pigs	Bronchopneumonia, cervical lymphadenitis	• Gram-positive, pleomorphic coccobacillus
			• Aerobic
			• Partially acid-fast
			• Identification/differentiation
			• Colony characteristics
			• Catalase test
			• Hemolysis pattern
			• CAMP test
			• Immunology (immunodiffusion, ELISA)
<i>Rickettsia</i> Species			
<i>R. felis</i>	Cats	Flea typhus	• Intracellular coccobacilli
<i>R. rickettsii</i>	Dogs	Rocky Mountain spotted fever	• Located in endothelial cells and smooth muscle cells
<i>R. typhi</i>	Rats	Murine typhus	• Identification/differentiation
			• Immunology (fluorescent antibody tests, PCR)
<i>Salmonella</i> Species			
<i>S. ser. abortusovis</i>	Sheep	Abortion	• Gram-negative, non-spore-forming bacilli
<i>S. ser. anatum</i>	Sheep, goats, horses	Peracute septicemia; acute, subacute, or chronic enteritis	• Most are motile
<i>S. ser. choleraesuis</i>	Pigs		• Nearly 2500 serovars
<i>S. ser. dublin</i>	Cattle, sheep, goats		• Organisms are referred to by the genus name and serovar
<i>S. ser. enteritidis</i>	Horses		• Identification/differentiation
<i>S. ser. newport</i>	Cattle		• Colony characteristics
<i>S. ser. pullorum</i>	Poultry		• Growth on MacConkey agar
<i>S. ser. typhimurium</i>	Cattle, sheep, goats, horses, pigs		• Growth on Simmons citrate
			• Urease test
			• Indole production test
			• Hydrogen sulfide production

Organism	Primary Species Affected	Disease or Lesion	Characteristics
Staphylococcus Species			
<i>S. aureus</i>	Mammals	Wound infections, mastitis, skin infections, vaginitis	<ul style="list-style-type: none"> • Gram-positive cocci • Aerobic
<i>S. epidermidis</i>	Cattle, other mammals	Mastitis, skin abscess	<ul style="list-style-type: none"> • Identification/differentiation <ul style="list-style-type: none"> • Colony characteristics • Hemolysis pattern • Catalase test
<i>S. felis</i>	Cats	Otitis externa, cystitis, abscesses, wound infections	<ul style="list-style-type: none"> • Coagulase test
<i>S. intermedius</i>	Dogs, cattle	Skin and ear infections, mastitis	<ul style="list-style-type: none"> • Fermentation of sugars
Streptococcus Species			
<i>S. agalactiae</i>	Cattle, horses	Mastitis	<ul style="list-style-type: none"> • Gram-positive, non-spore-forming cocci
<i>S. canis</i>	Dogs, cats	Genital, skin, and wound infections; metritis, mastitis, kitten septicemia	<ul style="list-style-type: none"> • Facultative anaerobes • Identification/differentiation <ul style="list-style-type: none"> • Colony characteristics • Hemolysis pattern • Catalase test
<i>S. dysgalactiae</i> <i>dysgalactiae</i>	Cattle, dogs	Mastitis, dermatitis, abortion, septicemia	<ul style="list-style-type: none"> • Esculin hydrolysis test
<i>S. equi equi</i>	Horses	Strangles, genital infection, mastitis	<ul style="list-style-type: none"> • CAMP test
<i>S. zooepidemicus equi</i>	Rats, cattle, goats, sheep, chickens	Mastitis, lymphadenitis, wound infections, pneumonia, septicemia	<ul style="list-style-type: none"> • Fermentation of sugars
<i>S. porcinus</i>	Pigs	Abscesses, lymphadenitis	
<i>S. suis</i>	Pigs	Encephalitis, meningitis, arthritis, septicemia, abortion, endocarditis	
Taylorella Species			
<i>T. equigenitalis</i>	Horses	Contagious equine metritis	<ul style="list-style-type: none"> • Gram-negative coccobacilli • Identification/differentiation <ul style="list-style-type: none"> • Colony characteristics • Growth on chocolate agar • Indole production test • Oxidase test • Catalase test • Esculin hydrolysis test • Immunology (PCR)
Treponema Species			
<i>T. brennaborensis</i>	Cattle, horses	Digital dermatitis, "hairy foot warts"	<ul style="list-style-type: none"> • Tight spiral bacteria • Motile
<i>T. paraluisanculi</i>	Rabbits	Rabbit syphilis	<ul style="list-style-type: none"> • Identification/differentiation <ul style="list-style-type: none"> • Cellular morphology with silver staining
Ureaplasma Species			
<i>U. diversum</i>	Cattle	Abortion, vulvitis, pneumonia	<ul style="list-style-type: none"> • Small mycoplasmas • Identification/differentiation <ul style="list-style-type: none"> • Colony characteristics • Urea hydrolysis • Immunology (PCR, immunofluorescence assay)
Yersinia Species			
<i>Y. enterocolitica</i>	Rabbits, dogs, pigs, horses	Ileitis, gastroenteritis	<ul style="list-style-type: none"> • Gram-negative bacilli • Facultative anaerobes
<i>Y. pestis</i>	Dogs, cats, goats	Plague	<ul style="list-style-type: none"> • Identification/differentiation
<i>Y. pseudotuberculosis</i>	Rodents, guinea pigs, cats, cattle, goats	Pseudotuberculosis, abortion, epididymitis, orchitis	<ul style="list-style-type: none"> • Cellular morphology • Colony characteristics • Oxidase test • Catalase test • Fermentation of sugars

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

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
Isopora 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 sylviae

Annelids

Theromyzon tessulatum

PARASITES OF RABBITS

Nematodes

Obeliscoides cuniculi
Passalurus ambiguus
Trichostrongylus colubrarius

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

Nematodes

Paraspidodera uncinata

Protozoans

Cryptosporidium wrairi
Eimeria caviae
Entamoeba caviae
Giardia caviae
Giardia muris
Trichomonas caviae

Arthropods

Chirodiscoides caviae
Dermacentor variabilis
Gliricola porcelli
Gyropus ovalis
Notoedres muris
Ornithonyssus bacoti
Sarcoptes scabiei
Trixacarus caviae

PARASITES OF RATS

Nematodes

Aspiculuris tetraptera
Syphacia muris

Syphacia obvelata
Trichosomoides crassicauda

Cestodes

Hymenolepis diminuta
Hymenolepis nana

Protozoans

Eimeria nieschultz
Giardia muris
Spironucleus muris
Tetratrichomonas microti
Tritrichomonas muris

Arthropods

Cuterebra species
Dermacentor variabilis
Notoedres muris
Ornithonyssus bacoti
Polyplax spinulosa
Radfordia ensifera

PARASITES OF MICE

Nematodes

Aspiculuris tetraptera
Syphacia muris
Syphacia obvelata

Cestodes

Hymenolepis diminuta
Hymenolepis nana

Protozoans

Eimeria falciformis
Eimeria ferrisi
Eimeria hansonorum
Eimeria hansorium
Giardia muris
Klossiella muris
Spironucleus 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

Nematodes

Syphacia muris
Syphacia obvelata

Cestodes

Hymenolepis diminuta
Hymenolepis nana

Protozoans

Giardia species
Spironucleus muris
Tetranucleus microti
Tritrichomonas muris (criceti)

Arthropods

Demodex aurati
Demodex criceti
Ornithonyssus bacoti

PARASITES OF GERBILS

Nematodes

Dentostomella translucida

Cestodes

Hymenolepis diminuta
Hymenolepis nana

Arthropods

Demodex aurati
Demodex criceti
Hoplopleura meridionidis

PARASITES OF FISH

Protozoans

Chilodonella species
Cryptocaryon irritans
Ichthyophthirius multifiliis
Piscinoodinium species
Tetrahymena species

PARASITES OF REPTILES

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:	
-----------	--

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	Proceroid 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	Vermious 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

From Sirois M: *Principles and practice of veterinary technology*, ed 3, St Louis, 2011, Mosby.

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.

Amylolytic 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 PCO₂ 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.
- Hyphae** 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.
- Opsonization** 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.
- Zygospores** The spores that result from the conjugation of two isogametes, as occurs with certain fungi and algae.

RESOURCES

UNIT 1

Recommended Reading

- Bishop M, Fody E, Schoeff L: *Clinical chemistry: principles, techniques, and correlations*, ed 8, Philadelphia, 2017, Lippincott Williams & Wilkins.
- Kroll M, McCudden C: *Endogenous interferences in clinical laboratory tests*, Berlin, 2012, deGruyter.
- Lake T, Green N: *Essential calculations for veterinary nurses and technicians*, ed 3, St Louis, 2016, Elsevier.
- U.S. Department of Labor, Occupational Safety and Health Administration: *Laboratory safety guidance*, 2012.

Internet Resources

- <https://www.osha.gov/law-regs.html>
- <https://www.osha.gov/shpguidelines>
- <https://www.osha.gov/Publications/laboratory/OSHA3404laboratory-safety-guidance.pdf>
- <http://www.vetlabassoc.com>
- <http://www.asvcp.org/pubs/qas/index.cfm>
- <http://vetlab.com/newqa.htm>
- <http://www.sosmath.com/algebra/fraction/frac7/frac7.html>
- <http://mathforum.org/alejandre/numerals.html>
- <http://www.algebrahelp.com/lessons/proportionbasics>
- <http://www.factmonster.com/ipka/A0769547.html>
- http://www.mapmath.com/roman_numbers.htm
- <http://www.sosmath.com/algebra/fraction/frac3/frac3.html>
- <http://www.sosmath.com/algebra/fraction/frac4/frac4.html>
- <http://www.sosmath.com/algebra/fraction/frac5/frac5.html>
- <http://www.factmonster.com/ipka/A0881929.html>
- http://www.vendian.org/envelope/dir0/exponential_notation.html
- <http://www.mathsisfun.com/measure/metric-system.html>

UNIT 2

Recommended Reading

- Harvey JW: *Veterinary hematology: a diagnostic guide and color atlas*, St Louis, 2012, Saunders.
- Meyer DJ, Harvey JW: *Veterinary laboratory medicine: interpretation and diagnosis*, ed 3, St Louis, 2004, Saunders.
- Thrall MA, Weiser G, Allison R, Campbell T: *Veterinary hematology and clinical chemistry*, ed 2, Ames, IA, 2012, Wiley-Blackwell.
- Valenciano AC, Cowell RL: *Cowell and Tyler's diagnostic cytology and hematology of the dog and cat*, ed 4, St Louis, 2014, Mosby.

Internet Resources

- https://www.idexxlearningcenter.com/idexx/user_taxonomy_training.aspx?id=them&SSOTOKEN=0
- http://www.vetstream.com/canis/Content/Lab_test/lab00113.asp
- http://www.merckmanuals.com/vet/circulatory_system/hematopoietic_system_introduction/overview_of_hematopoietic_system.html?qt=&sc=&alt=
- http://www.merckmanuals.com/vet/circulatory_system/hematopoietic_system_introduction/red_blood_cells.html?qt=&sc=&alt=

- http://www.merckmanuals.com/vet/circulatory_system/hematopoietic_system_introduction/white_blood_cells.html?qt=&sc=&alt=
- <http://www.ephlebotomytraining.com/phlebotomy-order-draw-explained>
- <https://ahdc.vet.cornell.edu/Sects/ClinPath/sample/test/hemacfm#Bloodsmear>

UNIT 3

Recommended Reading

- Ford RB, Mazzaferro E: *Kirk & Bistner's handbook of veterinary procedures and emergency treatment*, ed 9, St Louis, 2012, Saunders.
- Harvey JW: *Veterinary hematology: a diagnostic guide and color atlas*, St Louis, 2012, Saunders.
- Jandrey K, Brainard B: Thromboelastography. In Bonagura JD, Twedt D (Eds.): *Kirk's current veterinary therapy XV*, St Louis, 2014, Saunders.
- Meyer DJ, Harvey JW: *Veterinary laboratory medicine: interpretation and diagnosis*, ed 3, St Louis, 2004, Saunders.
- Murphy M: Rodenticide toxicoses. In Bonagura JD, Twedt D. (Eds.): *Kirk's current veterinary therapy XV*, ed 14, St Louis, 2014, Saunders.

Internet Resources

- https://www.idexxlearningcenter.com/idexx/user_taxonomy_training.aspx?id=them&SSOTOKEN=0
- http://www.merckmanuals.com/vet/circulatory_system/hematopoietic_system_introduction/platelets.html?qt=&sc=&alt=
- <http://www.eclinpath.com/hemostasis>
- <http://vetlab.com/slideshow2>
- <http://www.eclinpath.com/hemostasis/tests>
- <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2378355>
- <https://ahdc.vet.cornell.edu/Sects/Coag/clinical/bleeding.cfm>
- <http://www.petplace.com/cats/bruising-and-bleeding-in-cats/page1.aspx>

UNIT 4

Recommended Reading

- Abbas AK: *Basic immunology updated edition: functions and disorders of the immune system*, ed 3, Philadelphia, 2011, Saunders.
- Harvey JW: *Veterinary hematology: a diagnostic guide and color atlas*, St Louis, 2012, Saunders.
- Quinley, E. *Immunohematology: principles and practice*, ed 3, Philadelphia, 2017, Lippincott Williams & Wilkins.
- Tizard IR: *Veterinary immunology*, ed 9, St Louis, 2013, Saunders.
- Turgeon, ML. *Immunology & serology in laboratory medicine*, ed 5, St Louis, 2013, Mosby.

Internet Resources

- <http://www.nlm.nih.gov/medlineplus/ency/article/003332.htm>
- <http://jjeves.mmg.uci.edu/immunology/Assays/ELISA.htm>
- <http://www.nlm.nih.gov/medlineplus/ency/article/003334.htm>

<http://www.maxanim.com/genetics/PCR/PCR.htm>
<http://www.vetfolio.com/emergency-medicine/transfusion-medicine>
<https://www.merckvetmanual.com/immune-system>

UNIT 5

Recommended Reading

Meyer DJ, Harvey JW: *Veterinary laboratory medicine interpretation and diagnosis*, ed 3, St Louis, 2004, Saunders.
 Modern urine chemistry, Elkhart, IN, 1993, Miles Laboratories.
 Mundt L, Shanahan K: *Graff's textbook of urinalysis and body fluids*, 3e, Philadelphia, 2015, Lippincott.
 Osborne CA, Stevens JB: *Urinalysis: a clinical guide to compassionate patient care*, Shawnee Mission, KS, 1999, Bayer.
 Raskin RE, Meyer DJ: *Canine and feline cytology: a color atlas and interpretation guide*, 3e, St Louis, 2015, Saunders.
 Valenciano AC, Cowell RL: *Cowell and Tyler's diagnostic cytology and hematology of the dog and cat*, ed 4, St Louis, 2014, Mosby.

Internet Resources

http://www.merckmanuals.com/vet/clinical_pathology_and_procedures/diagnostic_procedures_for_the_private_practice_laboratory/urinalysis.html
<http://www.vet.ohio-state.edu/assets/courses/vcs753/case9/dogurin.html>
<https://www.idexxlearningcenter.com/course/view.php?id=2349>
<https://www.purinaproplanvets.com/media/1315/pur-urinalysis-clinical-handbook.pdf>
http://35.169.230.41/sites/default/files/attachments/ASK_Urinalysis_Interpretation_.pdf
<http://www.eclinpath.com/urinalysis/cellular-constituents/>

UNIT 6

Recommended Reading

Karselis I: *The pocket guide to clinical laboratory instrumentation*, Philadelphia, 1994, FA Davis.
 Meyer DJ, Harvey JW: *Veterinary laboratory medicine: interpretation and diagnosis*, ed 3, St Louis, 2006, Saunders.
 Sodikoff C: *Laboratory profiles of small animal diseases: a guide to laboratory diagnosis*, St Louis, 2001, Mosby.
 Thrall MA, Baker DC, Lassen ED: *Veterinary hematology & clinical chemistry*, ed 2, Baltimore, 2012, Lippincott Williams & Wilkins.
 Willard MD, Tvedten H: *Small animal clinical diagnosis by laboratory methods*, ed 5, St Louis, 2011, Saunders.

Internet Resources

<http://www.eclinpath.com/chemistry/>
<http://www.asvcp.org/pubs/pdf/RI%20Guidelines%20For%20ASVCP%20website.pdf>
<https://www.idexxlearningcenter.com/mod/scorm/view.php?id=1044>
<https://www.idexxlearningcenter.com/mod/scorm/view.php?id=1046>

UNIT 7

Recommended Reading

Latimer KS, Prasse KW, Mahaffey EA: *Duncan and Prasse's veterinary laboratory medicine: clinical pathology*, ed 5, Ames, IA, 2011, Blackwell.
 McVey D, Kennedy M, Chengappa M: *Veterinary microbiology*, ed 3, Ames, IA, 2013, Wiley-Blackwell.

Quinn P, et al: *Veterinary microbiology and microbial disease*, ed 2, Ames, IA, 2011, Wiley-Blackwell.
 Songer J, Post K: *Veterinary microbiology: bacterial and fungal agents of animal disease*, St Louis, 2005, Saunders.

Internet Resources

<http://helid.digicollection.org/en/d/Jwho01e/4.10.7.html>
<https://www.merckvetmanual.com/clinical-pathology-and-procedures/diagnostic-procedures-for-the-private-practice-laboratory/clinical-microbiology>
<https://www.wormsandgermsblog.com/2018/03/articles/animals/other-animals/turtles-and-salmonella/>
<https://veteriankey.com/introduction-to-veterinary-mycology/>

UNIT 8

Recommended Reading

Bowman D: *Georgis' parasitology for veterinarians*, ed 10, St Louis, 2013, Saunders.
 Foreyt, W: *Veterinary parasitology reference manual*, ed 6, Ames, IA, 2017, Wiley-Blackwell.
 Hendrix CM, Robinson E: *Diagnostic parasitology for veterinary technicians*, ed 5, St Louis, 2016, Mosby.
 Zajac AM, Conboy G: *Veterinary clinical parasitology*, ed 8, Ames, IA, 2012, Wiley-Blackwell.

Internet Resources

<http://www.cpcvet.org/expert-articles/whats-your-risk/>
<http://www.cdc.gov/parasites/animals.html>
<http://www.who.int/zooses/en/>
<https://www.cpcvet.org/articles/avoiding-common-pitfalls-in-fecal-examinations/>
<https://www.idexxlearningcenter.com/mod/resource/view.php?id=3255>
<https://www.idexxlearningcenter.com/mod/video/view.php?id=3913>

UNIT 9

Recommended Reading

Ford RB, Mazzaferro E: *Kirk & Bistner's handbook of veterinary procedures and emergency treatment*, ed 9, Philadelphia, 2011, Saunders.
 Latimer KS, Prasse KW, Mahaffey EA: *Duncan and Prasse's veterinary laboratory medicine: clinical pathology*, ed 5, Ames, IA, 2011, Blackwell.
 Raskin RE, Meyer DJ: *Canine and feline cytology: a color atlas and interpretation guide*, ed 3, St Louis, 2016, Saunders.
 Taylor SM: *Small animal clinical techniques*, St Louis, 2010, Saunders.
 Valenciano AC, Cowell RL: *Cowell and Tyler's diagnostic cytology and hematology of the dog and cat*, ed 4, St Louis, 2014, Mosby.

Internet Resources

<https://www.merckvetmanual.com/clinical-pathology-and-procedures/diagnostic-procedures-for-the-private-practice-laboratory/cytology>
<http://veterinarymedicine.dvm360.com/vetmed/article/articleDetail.jsp?id=748260>
https://www.banfield.com/getmedia/3c0c9853-d9d8-450a-983d-1ce0208682bc/1_5-inside-the-ear

<https://www.cliniciansbrief.com/article/image-gallery-ear-cytology>
<https://www.wormsandgermsblog.com/2012/11/articles/animals/dogs/fecal-cytology-in-dogs-what-does-it-mean/>
<http://todaysveterinarypractice.navc.com/common-neoplastic-skin-lesions-dogs-catscytologic-diagnosis-treatment-options/>

<http://todaysveterinarypractice.navc.com/cytology-of-neoplasia-an-essential-component-of-diagnosis/>
https://www.mspca.org/angell_services/cytologic-diagnosis-of-canine-gastrointestinal-neoplasia-via-ultrasound-guided-fine-needle-aspiration/

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
 - Anaplasmatidae, 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
- hypocellular, 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 countCELISA. *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

creatinine 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 arnfieldi*, 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, 279b
 lifecycle of, 279f
 proglottids of, 277f, 279f
 Direct Coombs test, 125, 126f
 Direct drop, 327
 Direct life cycle, 261–262
 Direct sensitivity testing, 246
 Direct smear, of feces, 321, 321b
Dirofilaria immitis, 71–72, 72f, 273, 273b, 274f
 in Difil Test, 327f
 Discrete round cell tumors, 352–356, 355f, 355t
 Disseminated intravascular coagulation (DIC), 103, 103b
 conditions that may result, 103b
 laboratory test results for, 104t
 schistocytes in, 68
 Diuresis, 188
 DNA vaccines, 110
 Dog erythrocyte antigen (DEA), 117–118
 Dogs, blood types of, 117–118, 118b
 Döhle bodies, 63
 Dracunculoidea, 273
Dracunculus species, 273
Draschia megastoma, 272
Draschia species, 272f
 Drepanocytes, 69, 69f
 Drugs of abuse, 212, 212f
 Drying artifact, 71–72, 71f
 DrySlide oxidase test, 252f
 d-Xylose, 209
 absorption, 209–210
- E**
 Ear swabs, 364–365, 365b, 365f
 for sample collection and handling, 335
 Eccentricocytes, 70, 70f
Echinophaga gallinacea, 304
Echinococcus granulosus, 280
Echinococcus multilocularis, 280
Echinococcus species, 280, 281f
 hydatid cyst of, 280b
 protoscoleces, 281f
 Echinocytes, 68, 68b, 68f
 Ectoparasites, 304
 EDTA. *see* Ethylenediaminetetraacetic acid
 Effective renal plasma flow (ERPF), 187, 187b
 Effector cell, 108
 Egg count, 326
 Eggs
 of *Alaria* species, 284, 287f
 of *Anoplocephala perfoliata*, 280–281
 of *Cotylophoron* species, 288
 of *Dipyllobothrium* species, 283, 283f
 of *Echinococcus granulosus*, 280
 of *Echinococcus multilocularis*, 280
 of *Fasciola hepatica*, 287, 288f
 of *Hymenolepis diminuta*, 282, 282f
 of *Multiceps multiceps*, 280
 of *Multiceps serialis*, 280
 of *Nanophyetus salmincola*, 283, 287f
 of *Paragonimus kellicotti*, 287, 287f
 of *Paramphistomum* species, 288
 of *Paranoplocephala mamillana*, 280–281
 of *Spirometra mansonoides*, 283f
 of *Spirometra* species, 283, 283f
 of *Thysanosoma actinoides*, 282
 of *Vampirolepis nana*, 282
Ehrlichia canis, 72
Ehrlichia canis-infected lymphocyte, 302f
Ehrlichia equi, 72f
Eimeria, 299
Eimeria bovis, 299
Eimeria leuckarti, 299
Eimeria magna, 300f
Eimeria stiedai, 299, 299b
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, 199b, 200f
 Electrolytes, 197–202
 fractional clearance of, 189
 measurement of, 199
 in plasma, 199t
 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, 194b
 Endocrine system assays, 204–208
 adrenocortical function tests, 205–207, 205b
 pituitary function tests, 208
 thyroid assays, 207–208
 Endogenous creatinine clearance, 187–188, 187b
 Endoparasites, 267
 Endospore stains, 234
 Endospores, bacterial, 216f
 Engineering controls, in hazard control, 3–4
 Enriched media, 222
 Enrichment media, 222
Entamoeba, 294
Entamoeba histolytica, 294
Enterobius vermicularis, 272
 Enterotubes, 226, 226f
 Enzymatic analytic method, 173–174
 Enzyme-linked immunosorbent assay (ELISA), 113–114, 113f, 114b, 123
 Enzymes
 activity of, 173–174
 associated with cholestasis, 183–184
 released from damaged hepatocytes, 182–183, 183b
 Enzymuria, 189
 Eosin, 55
 Eosin-methylene blue agar, 223
 Eosinophilic inflammation, 351, 354f
 Eosinophils, 58, 58b, 58f
 tracheal wash and, 364
Eperythrozoon, 73, 73f
Eperythrozoonosis, 73
 Epinephrine, 194
 Epistaxis, 100f
 Epithelial casts
 characteristics of, 160
 view of stained renal, 160f
 Epithelial cell cluster, 361f
 Epithelial cell tumors, 352–356, 355f, 355t
 Epithelial cells
 increased level in urine, 139
 in urinary sediment, 158
 view of unstained urine with, 157f
 Equine ascarid, 265
 Equine infectious anemia, detecting by
 immunodiffusion, 125
 Equine roundworm, 265
 Equipment and supplies, 220–227
 for blood collection, 36–37, 37f
 culture media, 222–227
 dermatophyte test media, 226–227, 227b, 227f
 quality control, 227
 types of, 222–226, 222b, 222f
 in-house microbiology laboratory, 220
 for laboratory, 10–15
 laboratory safety, 220–221, 221b
 for microbiology laboratory, 221–222
 temperature-controlling, 14–15
 ERPF. *see* Effective renal plasma flow
- Errors, 29, 29b
 Erythrocyte casts
 characteristics of, 160
 view of, 160f
 Erythrocyte indices, 47–52, 51b
 classification of anemia, 83b
 Erythrocyte osmotic fragility test, 79
 Erythrocyte sedimentation rate, 79
 Erythrocytes
 characteristics of, 156–158
 morphology of, in the peripheral blood, 59–60, 60b, 60f
 nucleated, 71, 71f
 tracheal wash and, 364
 Erythrocytosis, 41
 Erythroid cells, maturation of, 78f
 Erythrophagia, 358f
 Erythropoiesis, 33–34, 34f
 Erythropoietin, 33, 33b
Escherichia coli, 247
 Estrus, 367, 367f
 Ethylene glycol, 211–212
 pathways of metabolism of, 212f
 Ethylenediaminetetraacetic acid (EDTA), 38, 38b
 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, 188b
 Exotic animals, parasites of, 399–400
 Extension, amplification process, 129, 129f
 External records, 30
 Exudates, 358t, 359, 359f
 septic, 359f
 Eye, collection of microbiology specimens from, 229t
- F**
 Fab region, 109
 Facultative anaerobes, 215–216
 Fahrenheit scale, 25
Fasciola hepatica, 287, 287f
 life history of, 288f
 ovum of, 288f
 Fastidious microbes, 216
 Fat droplets, 165
 Fat globule crystal, 162f
 Fatty casts
 characteristics of, 161
 view of, 161f
 FC. *see* Fractional clearance
 Fc region, 109
 FDPs. *see* Fibrin degradation products
 FE. *see* Fractional excretion
 Fecal culture, 325, 325b
 Fecal cytology, 368
 Fecal flotation, 321–322, 321b
 kits for, 323f
 Fecal loop, 316, 317f
 Fecal occult blood, 209
 testing, 325
 Fecal Parasite Concentration System, 323f
 Fecal samples
 collection of, 316–317
 of large animals, 316–317
 of small animals, 316
 Fecal sedimentation, 322–323, 323b–324b
 Fecal specimen, evaluation of, 321–323, 321b
 Feces
 detection of trypsin in, 192
 direct smear of, 321, 321b
 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
 Filarioidea, 273–275
Filaroides hirthei, 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 (FT₄), 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
 Granulopoiesis, 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
Hyostrogylus 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
Isostenuria, 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*
Leukopoiesis, 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
- Metamyleocyte, 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-apochromatic, 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
 Proglostitids, 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
 Psychrophiles, 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 stylet, 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

Sarcomastigophora, 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

Single-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 mansonoides

- 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 cycler, for polymerase chain reaction, 129f
 Thermophiles, 216
Thermus aquaticus, 128b
 Thioglycollate broth, 223
 Thoracocentesis, 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 (T₄), 207
Thysanotoma 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 (T₃), 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, 222f
 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, 103b

Vitreous humor, 362

Voided samples, 138–139, 138b

Volume displacement, 199

Vomitus, examination of, 325

von Willebrand disease (vWD), 100, 100b

canine, 100t

laboratory test results for, 104t

von Willebrand factor (vWF), 86, 87f, 98

vWD. *see* von Willebrand disease

vWF. *see* von Willebrand factor

W

Wand enzyme-linked immunosorbent assay (ELISA), protocol for, 114b

Warbles, 307

Warfarin, laboratory test resultZx for toxicity of, 104t

Water baths, 15

Water-deprivation tests, 188, 189b

Wave motion, in sperm motility, 369

Wavelength selector, 171

Waxy casts

characteristics of, 160

view of, 160f

WBCs. *see* White blood cells

Wedge biopsy, 337

Wedge smear, 53, 54b–55b, 54f

Wet prep, 250

Wheals, 122, 123f

Whipworms, 270

White blood cells (WBCs), 32, 57

morphologic abnormalities in, 63–65

in urine, 158f

Whole blood, 32

clotting time, 96

collection of, 37

WITNESS FeLV test, 115f

Wood's lamp, 254, 255b, 255f

Working-strength reagent systems, 175

Wright-Giemsa stain, 55

Wright's stain, 55

X

Xylene, 18–19

Xylose, absorption, 209–210, 209b

Y

Yeast infections, microscopic appearance of, 257t

Yeasts, 217, 257t

found in urine, 157f

Yellow bone marrow, 33

Yersinia bacteria, 233f

Z

Ziehl-Neelsen stain, 234

Zinc sulfate

as best flotation medium for recovering cyst, 292

as flotation solutions, 322t

“Zipper” tapeworms, 282

Zone of inhibition

measurement of, 247, 247b, 247f

reading of, 247

testing antibiotic resistance to bacteria, 246t

Zone sizes, interpretation of, 247

Zoonoses, 6

Zoonotic internal parasites, 402

Zygomycosis, microscopic appearance of, 257t

Zygospores, 217, 218f