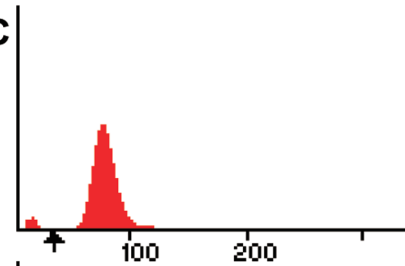


## Information from Celltac

<b>WBC</b>	8.3	[10 <sup>3</sup> /μL]
<b>NE</b>	3.9*	47.5* [%]
<b>LY</b>	0.9	10.8 L [%]
<b>MO</b>	0.5	6.0 [%]
<b>EO</b>	2.9*	34.8* [%]
<b>BA</b>	0.1	0.9 [%]

[WBC FLAG] —————  
Ne-Eo Interference  
Eosinophilia

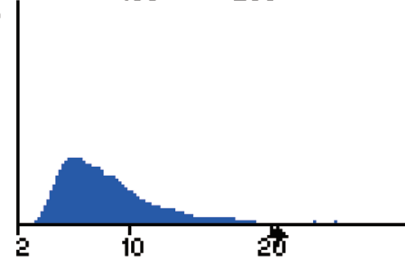
**RBC**



<b>RBC</b>	4.10	[10 <sup>6</sup> /μL]
<b>HGB</b>	12.3	[g/dL]
<b>HCT</b>	37.6	[%]
<b>MCV</b>	91.7	[fL]
<b>MCH</b>	30.0	[pg]
<b>MCHC</b>	32.7	[g/dL]
<b>RDW</b>	12.4	[%]

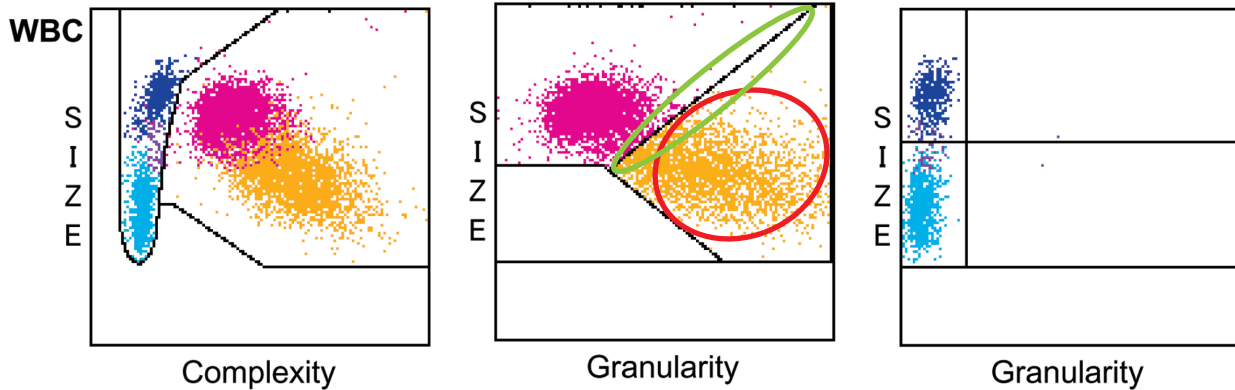
[RBC FLAG] —————

**PLT**



<b>PLT</b>	314	[10 <sup>3</sup> /μL]
<b>PCT</b>	0.20	[%]
<b>MPV</b>	6.5	[fL]
<b>PDW</b>	16.8	[%]

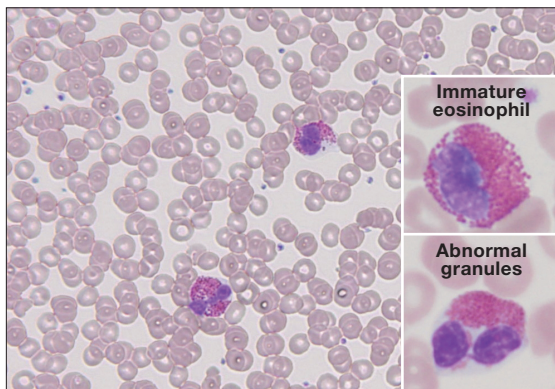
[PLT FLAG] —————



### Data interpretation

A large population was seen in the EO area on the S-G (NE/EO) scattergram (○), and it triggered the Eosinophilia flag. The numeric data showed a relative and absolute eosinophilia (34.8% and 2.9 × 10<sup>3</sup>/μL). Since a number of immature and degranulated eosinophils appear around NE and EO areas, these two subpopulations overlap and generate the Ne-Eo Interference flag. This patient's eosinophilia was confirmed by microscopic examination and manual differential (EO: 24.5%).

## Morphology



### Doctor's comment

A higher ratio of eosinophils was confirmed by microscopic analysis. Among the mature eosinophils with a segmented nucleus, a few immature eosinophils were observed. Eosinophilia may be a reactive response triggered by several causes, such as bronchial asthma, parasitic infestation and drug allergy. Importantly this may also be accompanied by hypereosinophilic syndrome or malignancy and therefore requires further tests and clinical assessment.

### Manual differential

<b>Blast</b>	
<b>Promyelocyte</b>	
<b>Myelocyte</b>	
<b>Metamyelocyte</b>	
<b>Band</b>	1.0%
<b>Seg</b>	56.5%
<b>Lymphocyte</b>	12.0%
<b>Atypical Ly</b>	0.5%
<b>Monocyte</b>	4.5%
<b>Eosinophil</b>	24.5%
<b>Basophil</b>	1.0%
<b>Other</b>	
<b>Total</b>	200
<b>NRBC/100WBC</b>	
<b>RBC/ other findings</b>	ANISO (+)

## Information from Celltac

<b>WBC</b>	10.7 H	[10 <sup>3</sup> /μL]
<b>NE</b>	7.9 *	73.5 * [%]
<b>LY</b>	1.7 *	16.0 * [%]
<b>MO</b>	0.2 *	2.2 * [%]
<b>EO</b>	0.4 *	3.3 * [%]
<b>BA</b>	0.5 *	5.0 * [%]

**[WBC FLAG]**  
 Blasts  
 Atypical Lymphocytes  
 Ly-Mo Interference  
Basophilia

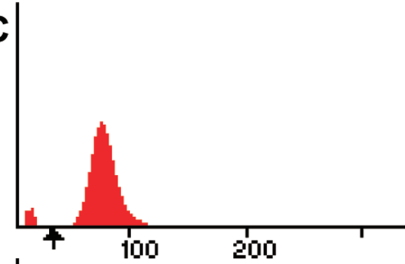
<b>RBC</b>	4.28	[10 <sup>6</sup> /μL]
<b>HGB</b>	12.4	[g/dL]
<b>HCT</b>	38.6	[%]
<b>MCV</b>	90.2	[fL]
<b>MCH</b>	29.0	[pg]
<b>MCHC</b>	32.1	[g/dL]
<b>RDW</b>	14.1	[%]

**[RBC FLAG]**

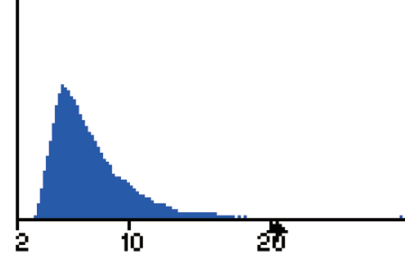
<b>PLT</b>	467 H	[10 <sup>3</sup> /μL]
<b>PCT</b>	0.22	[%]
<b>MPV</b>	4.7 L	[fL]
<b>PDW</b>	16.7	[%]

**[PLT FLAG]**

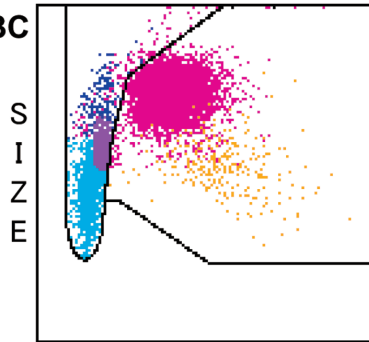
**RBC**



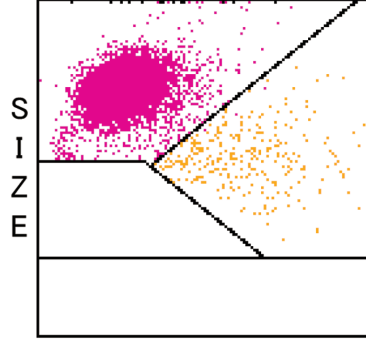
**PLT**



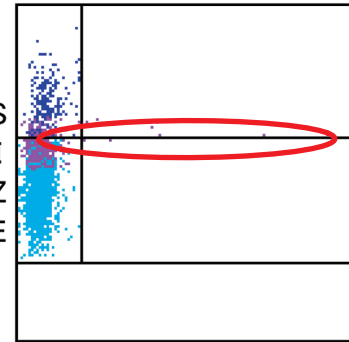
**WBC**



Complexity



Granularity

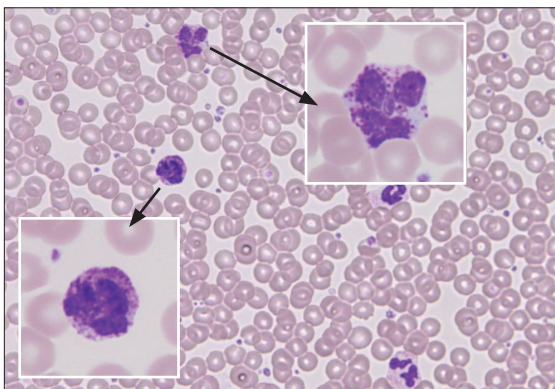


Granularity

### Data interpretation

A large distinct population was confirmed in the BA area on the S-G (MO/BA) scattergram (○), and it triggered the Basophilia flag.

## Morphology



### Doctor's comment

On the blood film, increased leukocytes with a higher ratio of basophils were confirmed. Basophilia is often seen in cases of chronic myelocytic leukemia (CML) and occasionally myeloproliferative leukemia. Therefore further testing and clinical assessment is necessary. Neither blasts nor immature granulocytes were seen.

### Manual differential

<b>Blast</b>	
<b>Promyelocyte</b>	
<b>Myelocyte</b>	
<b>Metamyelocyte</b>	
<b>Band</b>	
<b>Seg</b>	68.5%
<b>Lymphocyte</b>	16.0%
<b>Atypical Ly</b>	
<b>Monocyte</b>	1.5%
<b>Eosinophil</b>	4.0%
<b>Basophil</b>	10.0%
<b>Other</b>	
<b>Total</b>	200
<b>NRBC/100WBC</b>	
<b>RBC/ other findings</b>	