

Case 6

A CASE OF ANAEMIA IN A DOG

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Case presentation

An 8-year-old, entire male, Jake Russell terrier dog was presented to the referral vet with one week history of weakness and reluctance to walk.

The dog lived in a rural area with other two dogs and had no travel history outside the UK. Dog's vaccination status was upgraded but the dog was irregularly treated for ecto and endo parasites. Dog's previous medical history included splenectomy 4 years before due to a bleeding haematoma after being hit by a car.

Abnormalities on physical examination were pale mucous membranes, a heart rate of 160 BPM and a bounding pulse.

A blood sample was submitted to our laboratory for a complete haematochemical and a coagulation profile. Abnormalities on CBC were a marked anaemia (RBC $0.98 \times 10^{12}/L$, reference interval 5 to 8.5; haemoglobin 2.7 g/dl, reference interval 12 to 18; HCT 7.8%, reference interval 37 to 55) with evidence of a moderate regeneration (reticulocyte $176.4 \times 10^9/L$, reference interval < 100) and a very mild monocytosis ($1.33 \times 10^9/L$, reference interval 0 to 1.3). PT and aPTT were within normal limits. No significant abnormalities were detected on biochemistry profile.

A blood smear was evaluated.

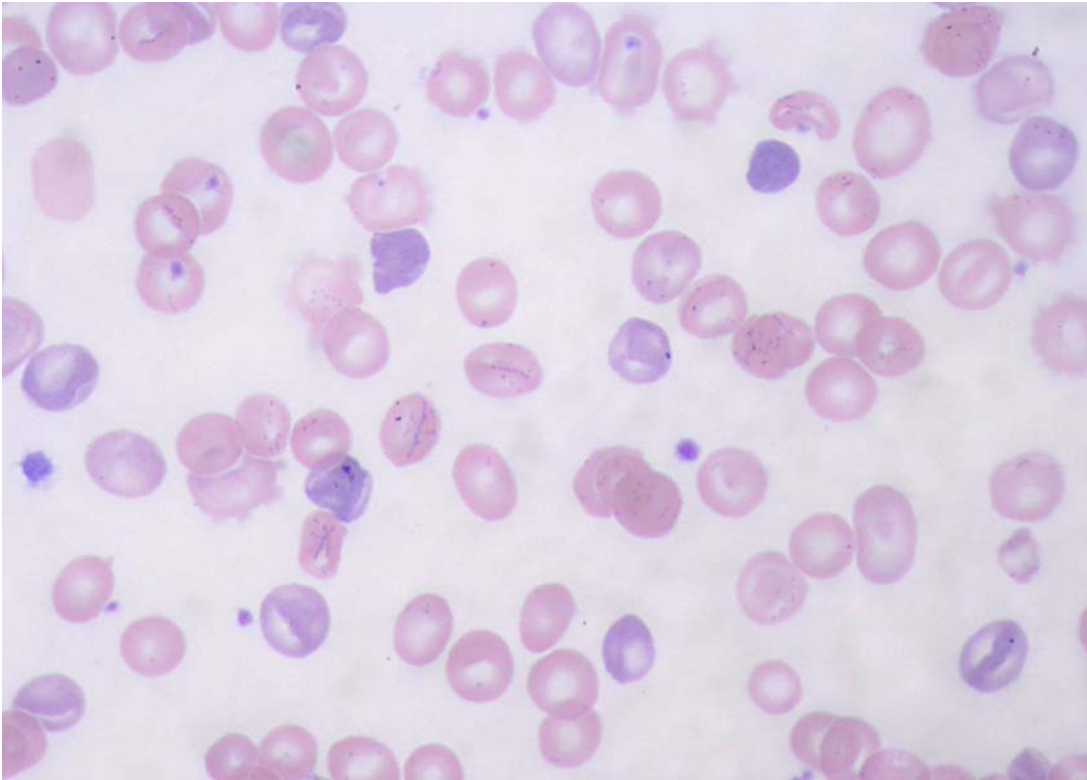


Fig 1 Peripheral blood smear from a dog with marked anaemia (Modified Wright's Stain 100x).

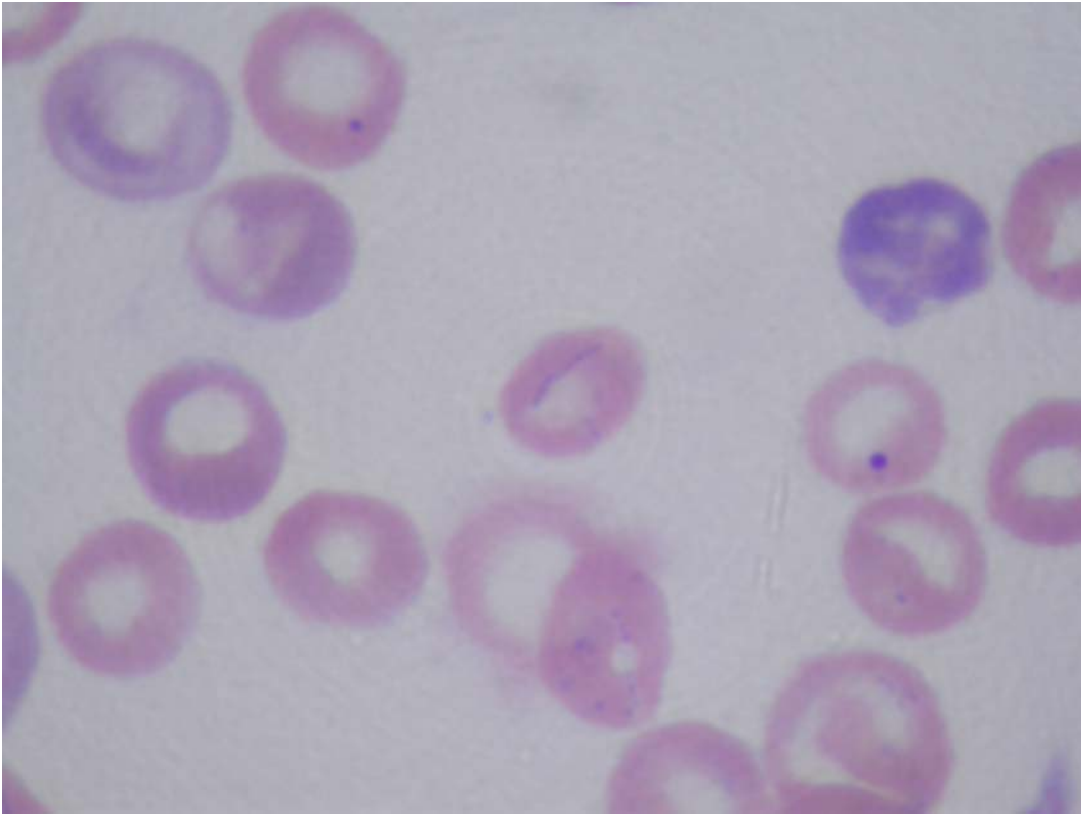


Fig 2 Peripheral blood smear from a dog with marked anaemia (Modified Wright's Stain 100x).

1. What is the most likely diagnosis in this case?
2. What additional test would you recommend to confirm your diagnosis?