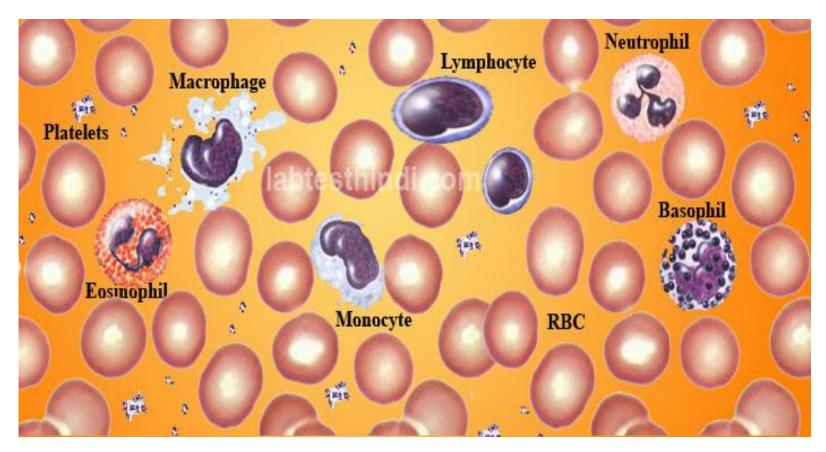
PERIPHERAL SMEAR EXAMINATION



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1. Uses of peripheral blood smear examination

Ans: Evaluation of anemia and thrombocytopenia

Identification of abnormal cells(leukema cells)

Infections like malaria/microfilaria

Inclusions like Howel jolly bodies, cabot rings and basophilic stippling etc

2. What is Anisocytosis

Ans: Variation in size of red blood cells
Microcytes (Mcv<80ft)
Macrocytes (Mcv>100ft)



▶ 3. What is poikilocytosis?
Ans: variation in shape of RBC's is called

poilatocytosis, Stomatocytes, Eliptocytes Sphereocytes, Sickle cells, Target cells Schistocytes, Acanthocytes, Echinocytes Leptocytes

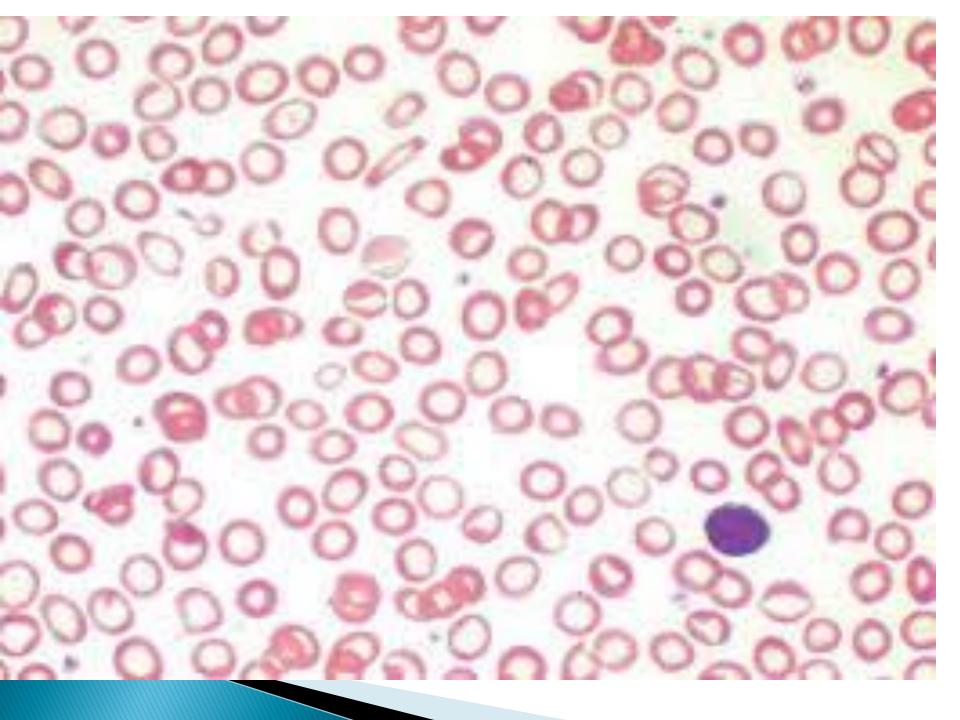
Abnormal RBC Morphology	Cartoon Image	May be associated with
Microcytic RBC	6μm Normal	Pyridoxine deficiency Thalassemia Iron deficiency anemia Chronic disease anemia (sometimes) Sideroblastic anemia (sometimes)
Macrocytic RBC	6μm Normal	Vitamin B12 or Folate deficiency Liver Disease MDS Chemotherapy (e.g. methotrexate)
Spurr Cell RBC (Acanthocyte)	*	Abetalipoproteinemia Liver disease McLeod blood group phenotype Post-splenectomy Etc.
Burr Cell RBC (Echinocyte)		Artifact Uremia Liver disease Etc.
Schistocyte		Microangiopathic Hemolytic Anemia Mechanical valve induced Etc.
Bite Cell RBC		G6PD deficiency Unstable hemoglobin disorders Oxidative drugs
Elliptocyte		Hereditary elliptocytosis

Spherocyte		Hereditary spherocytosis Autoimmune hemolytic anemia
Stomatocyte		Hereditary stomatocytosis Liver disease
Target Cell RBC	0	Thalassemia Hemoglobinopathies Post-splenectomy Liver disease Artifact
Sickle Cell RBC		Hemoglobin SS disease Hemoglobin SC disease Hemoglobin SD disease S-beta thalassemia
Teardrop	\	Myelofibrosis Underlying marrow process/infiltrate Etc.
Hemoglobin C Crystals		Hemoglobin C disease Hemoglobin SC disease
Red Cell Agglutinate		Cold autoimmune hemolytic anemia Paroxysmal cold hemoglobinuria IgM associated lymphoma Multiple myeloma
Rouleaux	000000	Chronic liver disease Malignant lymphoma Multiple myeloma Chronic inflammatory diseases

 4. Mention the conditions of microcytic hypochronic anaemia (Microcytes)

Ans: Size of RBC's (<80ft)

Iron deficiency, thalassemia, anaemia of chronic disease and sideroblastic anaemia



5. Which conditions macrocytes are seen? When Mcv of RBC's is increased (>100ft)

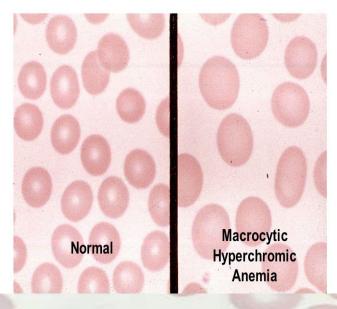
Ans: Megaloblastic anaemia

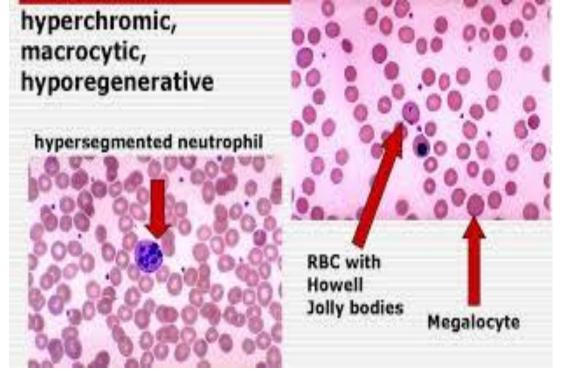
Myelodysplastic syndrome

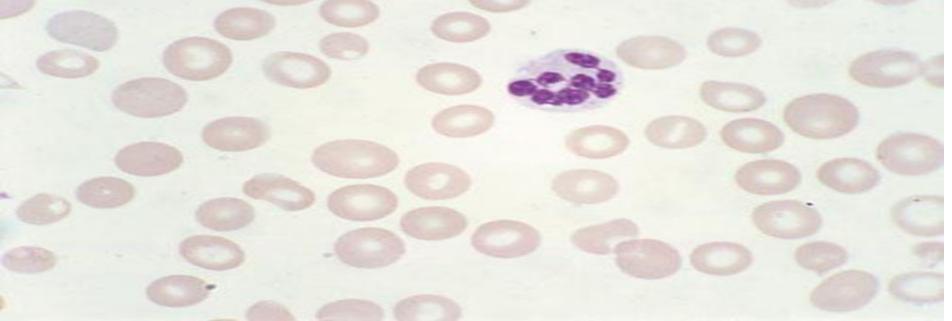
Alcoholism

Liver disease

Blood Smear from normal and hyperchromic macrocytic anemia patients







• 6. What is dimorphic anaemia and mention the conditions

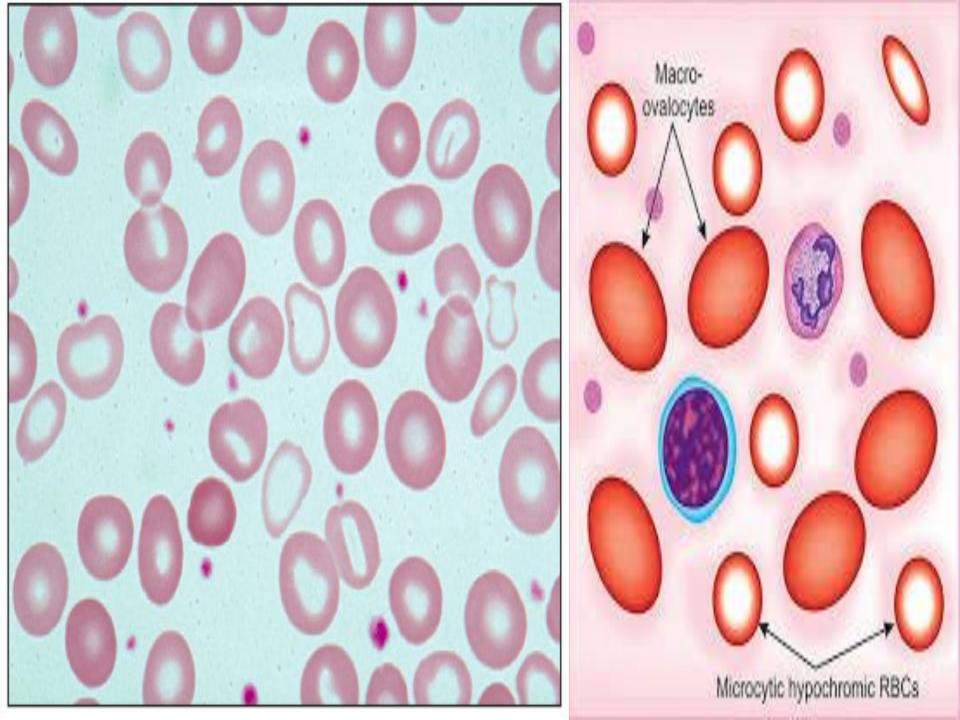
Ans: Presence of two populations of cells

Normocyte and microcyte

Micro and few macro

Seen in after iron therapy

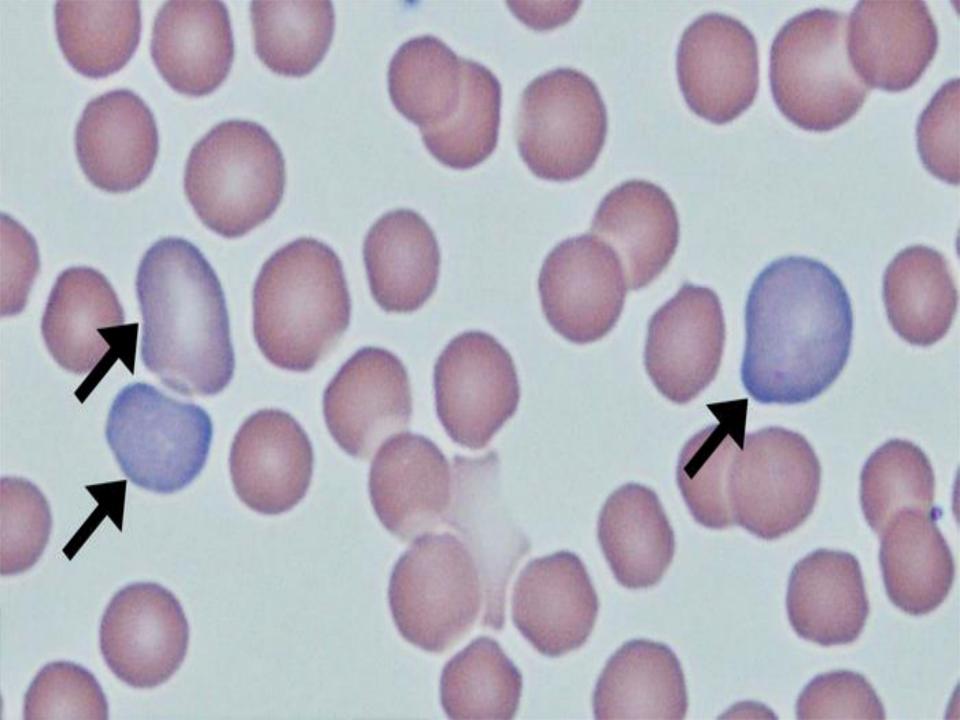
After iron transfusion with normal cells



7. What are polychromatophils

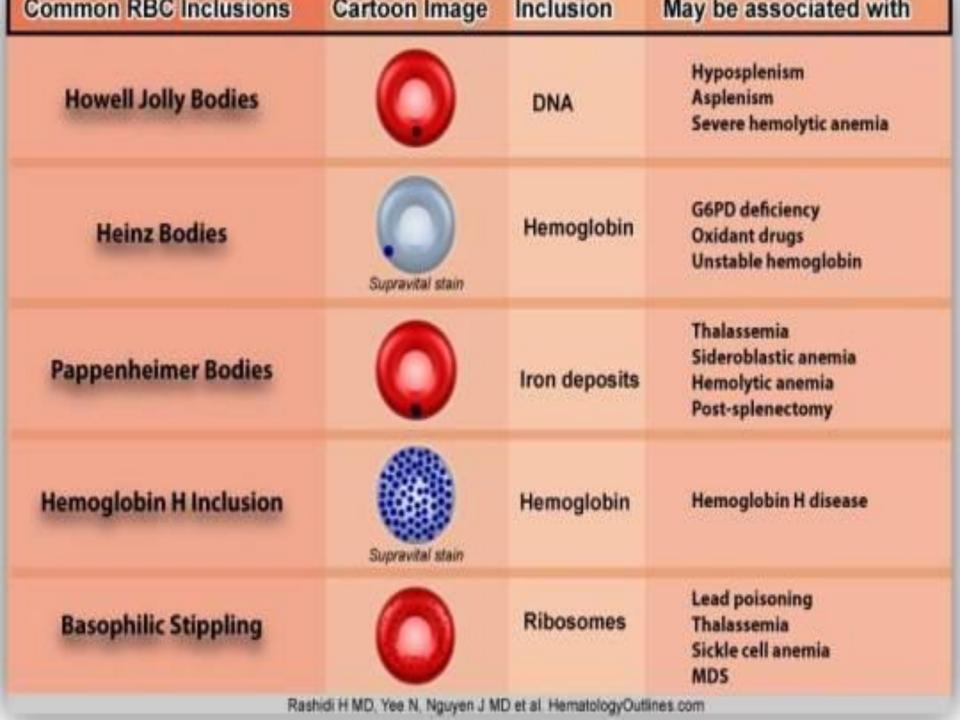
Ans: Larger than normal and may lack central pallor

Blue grey tint of red cells



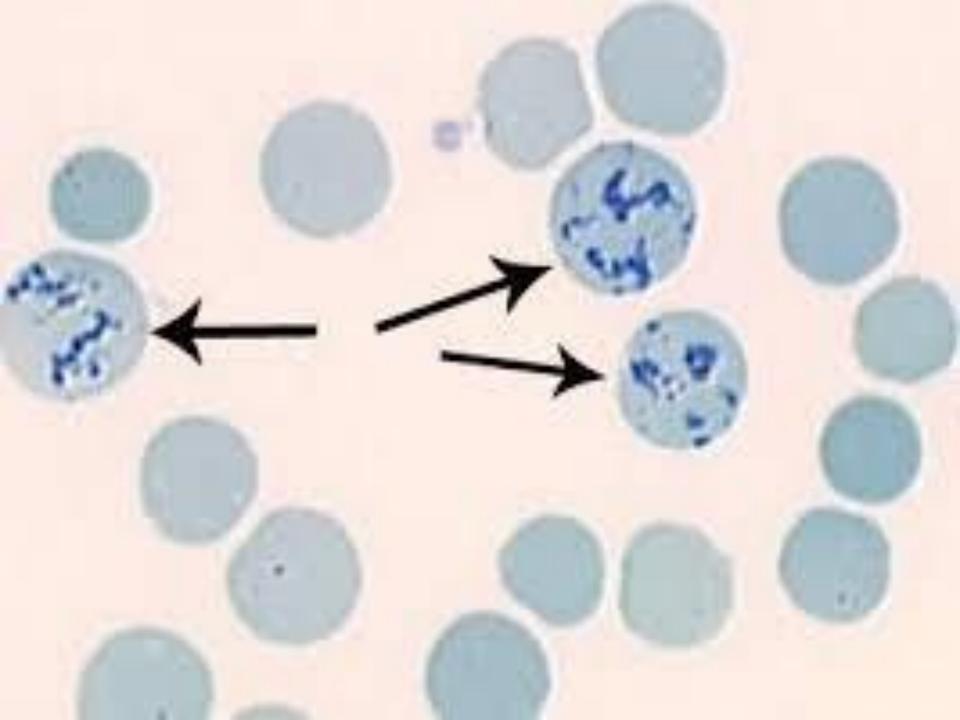
8. What are red cell inclusions

Ans:Howel Jolly bodies, Papen heimer bodies, Cabot rings, Basophilic stippling and heinz bodies



9. what is a reticulocyte? How do you demonstrate

Ans: retilocyte is a precursor of RBC Brillant cresyl blue



16. What are leptocytes?

Ans: Thin red cells with large unstained central area

Seen in iron deficiency anemia and thaleasaemia



RED BLOOD CELL MORPHOLOGY Red cell Hemoglobin Size variation Shape variation Inclusions distribution distribution Agglutination Normal Hypochromia Target cell Acanthocyte Pappenheimer bodies (siderotic granules) Microcyte Spherocyte Cabot's ring Helmet cell 2+ (fragmented cell) Ovalocyte Schistocyte Basophilic stippling Macrocyte Rouleaux (fragmented cell) (coarse) 3+ Oval macrocyte Stomatocyte : Tear drop Howell-Jolly 4+ Hypochromic Polychromasia Sickle cell Crystal formation Burr cell macrocyte **HbSC HbC** (Reticulocyte)