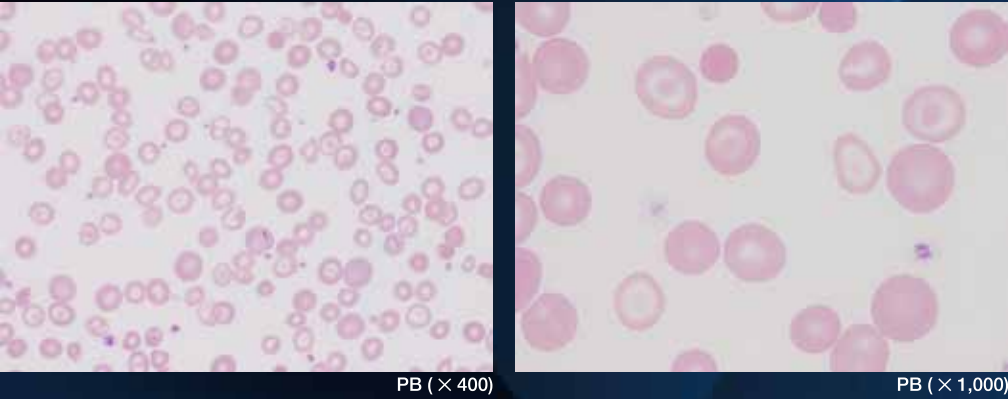


Case 10

Iron Deficiency Anemia (IDA)

The patient visited a local clinic because of shortness of breath and was referred to the hospital after receiving a diagnosis of anemia.

Blood smear (May-Giemsa staining)



Visual differential counts

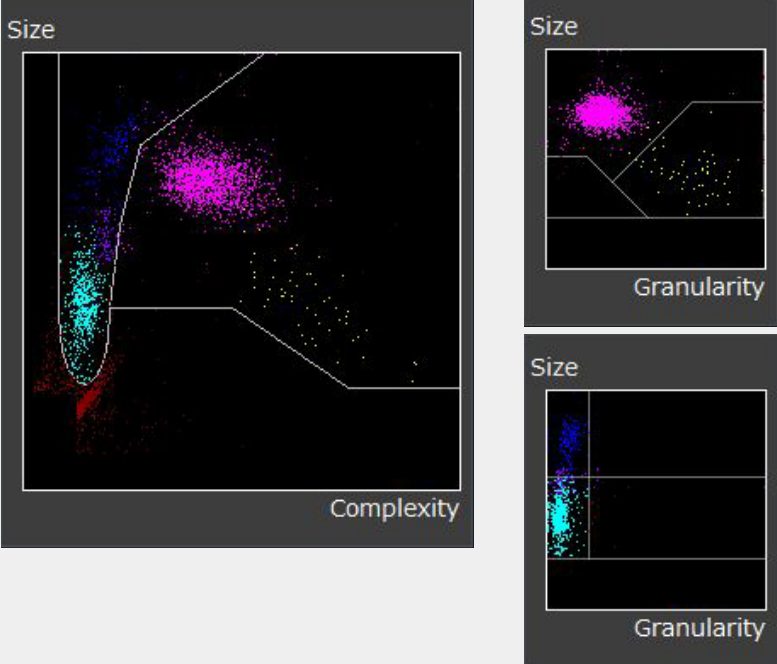
	(%)
Blast	0.0
Promyelo	0.0
Myelo	0.0
Meta	0.0
Band	0.0
Seg	70.0
Eosino	2.0
Baso	2.0
Mono	5.0
Lympho	21.0
Reactive-Ly	0.0
Other	0.0
NRBC	0.0
Megakaryo	1/100WBC

Celltac Data

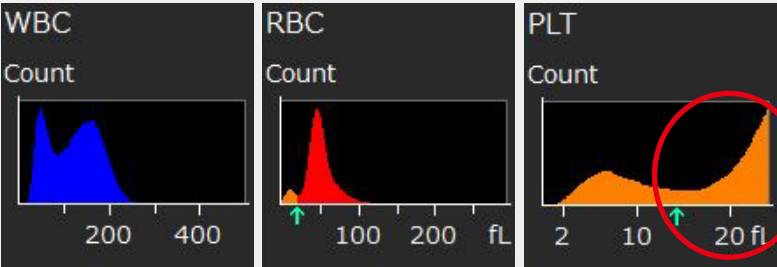
Numerical results

WBC	4.33		10 <sup>3</sup> /μL
RBC	3.35	*	10 <sup>6</sup> /μL
HGB	5.35	L	g/dL
HCT	16.9	L	%
MCV	50.4	L	fL
MCH	16.0	L	pg
MCHC	31.7	L	g/dL
RDW-CV	26.5	H	%
RDW-SD	53.4	H	fL
PLT	359.5	*	10 <sup>3</sup> /μL
PCT	0.31		%
MPV	8.5		fL
PDW	15.7	L	%
P-LCR	45.3		%
P-LCC	162.9		10 <sup>3</sup> /μL
NE	2.87		10 <sup>3</sup> /μL
LY	1.05		10 <sup>3</sup> /μL
MO	0.18	L	10 <sup>3</sup> /μL
EO	0.09		10 <sup>3</sup> /μL
BA	0.14	H	10 <sup>3</sup> /μL
NE%	66.17		%
LY%	24.26		%
MO%	4.27		%
EO%	2.15		%
BA%	3.15	H	%

Scattergrams



Histograms



Flags

Morphological Flags	Numerical Flags
	Anemia
	Anisocytosis
	Microcytosis
	PLT-RBC Interference

@Research use only

@Mentzer Index	15
@RDWI	398

Explanation of scattergram/histogram

Low levels of HGB, HCT and MCV suggest microcytic hypochromic anemia. “Anemia” and “Microcytosis” flags indicating this are shown. Additionally, RDW-CV was abnormally high (26.5%), suggesting the appearance of RBCs of varying sizes. An “Anisocytosis” flag indicating this is shown. In addition, the PLT histogram shows a peak on the right side (○), deviating from the normal pattern. Additionally, the “PLT-RBC Interference” flag indicates interference by platelets and RBCs, suggesting the presence of schistocytes and small RBCs. Similar to Case 8, the test results suggest microcytic hypochromic anemia; however, the Mentzer Index\* (15) and RDWI\*\* (393), which are for research use only, do not indicate thalassemia.

\* Mentzer index = MCV/RBC<sup>1)</sup>  
<13: suspect thalassemia  
13<: thalassemia is less likely

\*\* RDWI = MCV x RDW/RBC<sup>2)</sup>  
<220: suspect thalassemia  
220<: thalassemia is less likely

Reference  
\*1) Differentiation of iron deficiency from thalassemia trait. The Lancet. 1973;1(7808):p. 882. PMID: 4123424  
\*2) Vehapoglu A, Ozgurhan G, Demir AD, Uzuner S, Nursay MA, Turkmen S, et al. Hematological indices for differential diagnosis of beta thalassemia trait and iron deficiency anemia. Anemia. 2014;10(5):1-7. doi:10.1155/2014/576738.

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Explanation of case

The complete blood count revealed an HGB level of 5.35 g/dL and an MCV of 50.4 fL, indicating microcytic anemia. Biochemical tests revealed the following findings: Fe, 15 μg/dL; unsaturated iron binding capacity (UIBC), 613 μg/dL; and ferritin, 13 ng/mL. These findings suggest iron deficiency anemia due to reduced Fe and ferritin levels and elevated UIBC.

Peripheral blood smear showed target cell and Hypochromic cell, consistent with iron deficiency anemia.