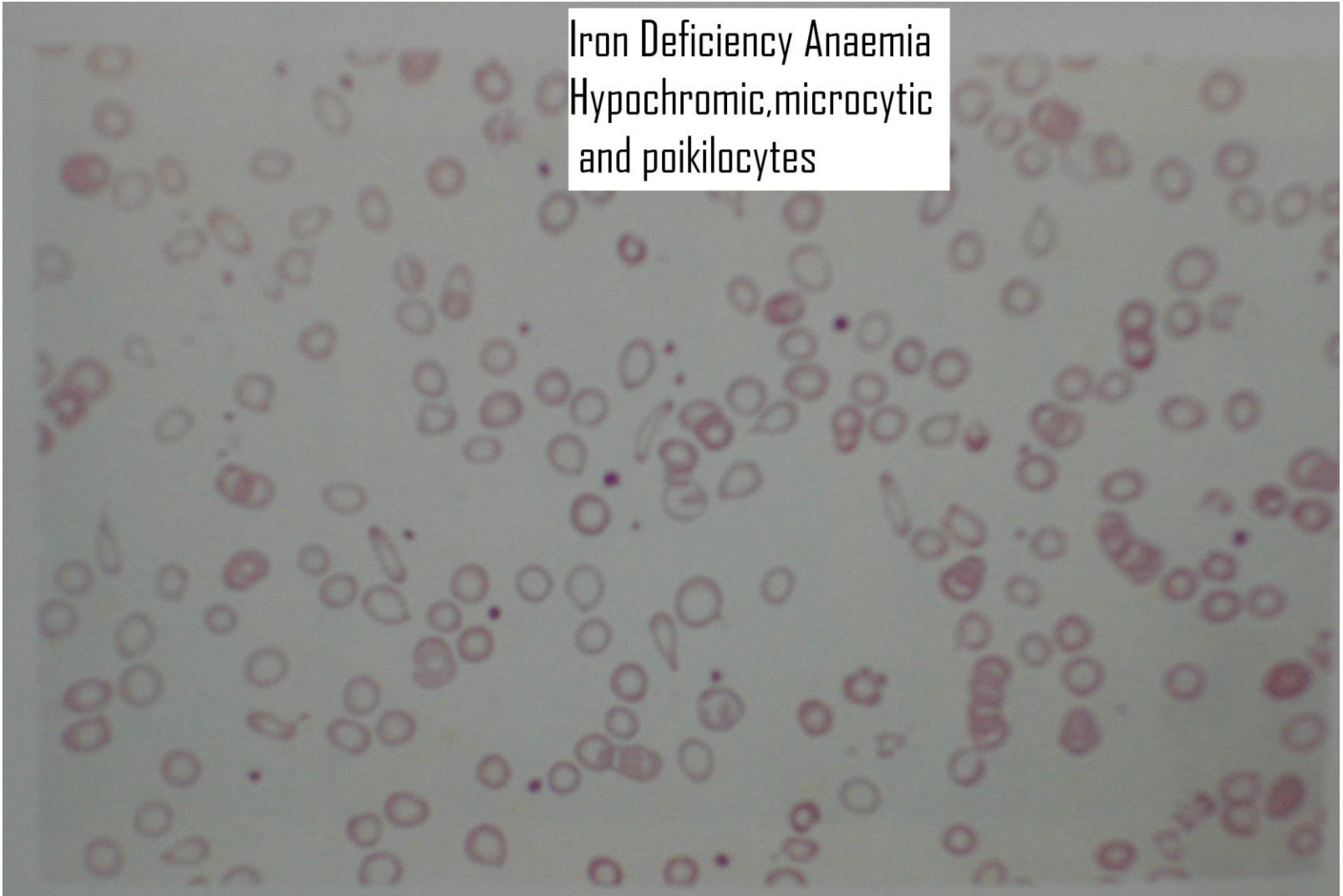


# Continuation

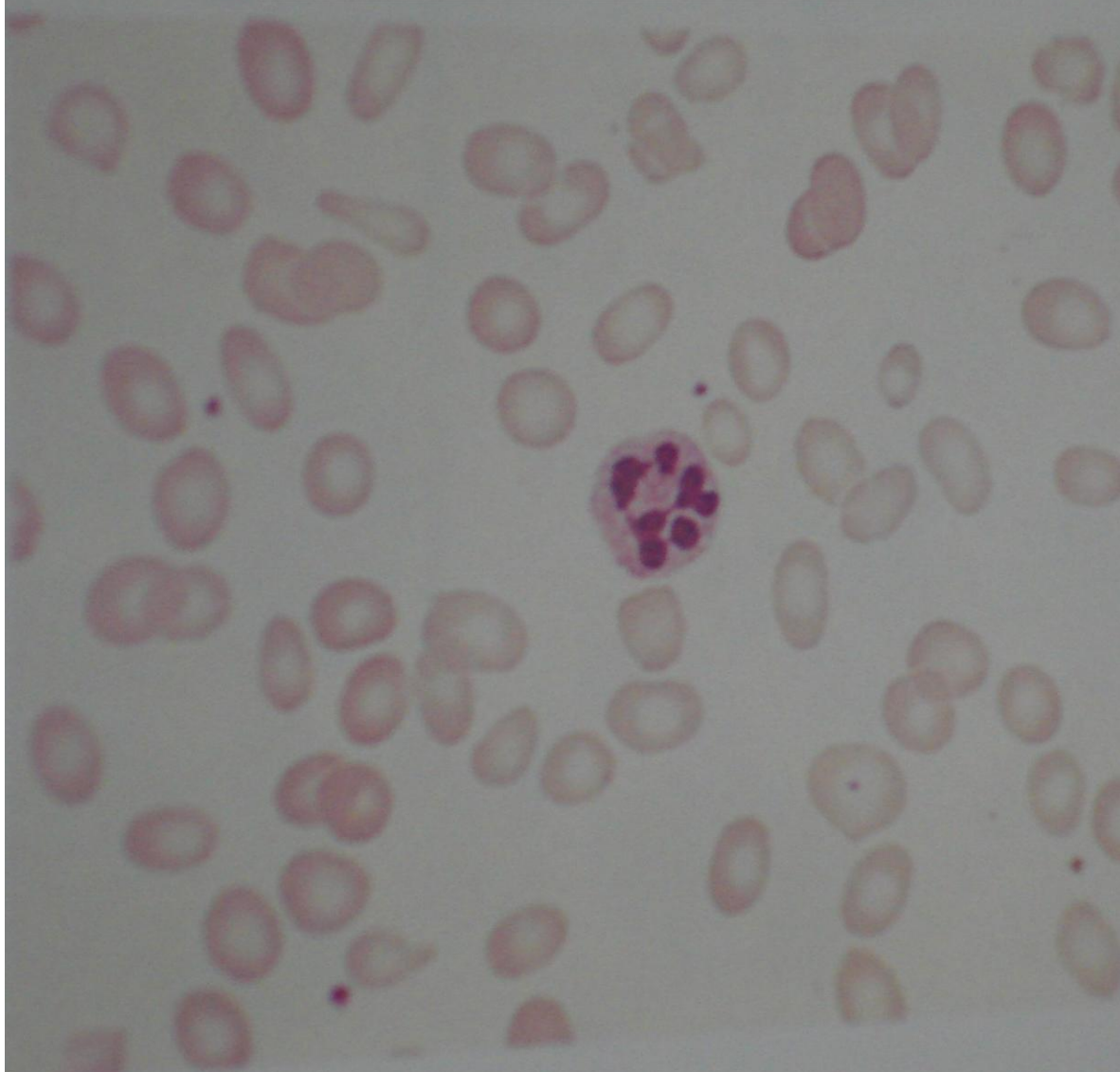
## Haematology

# Iron deficiency anaemia

Iron Deficiency Anaemia  
Hypochromic, microcytic  
and poikilocytes



# Megaloblastic anaemia-Showing hypersegmented neutrophil



# Megaloblastic anaemia

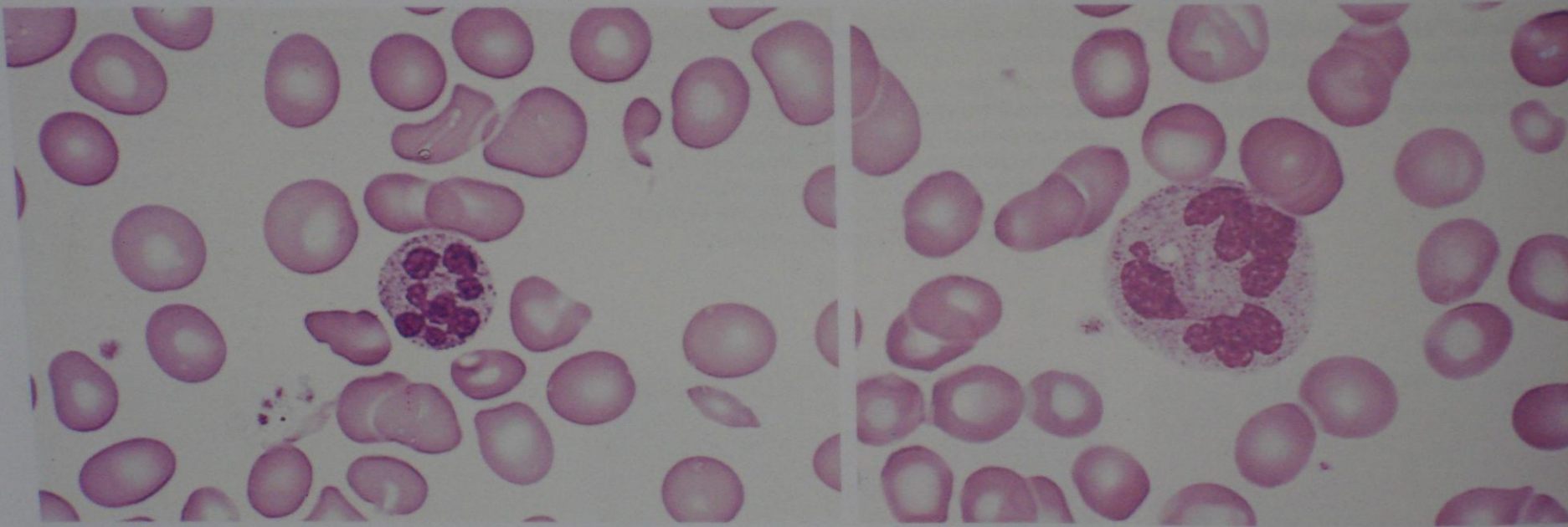


Fig. 3.13

*Megaloblastic anaemia: higher power views showing (left) a hypersegmented neutrophil and (right) a hyperdiploid neutrophil or 'macropolycyte'.*

# Haemolytic anaemia slide

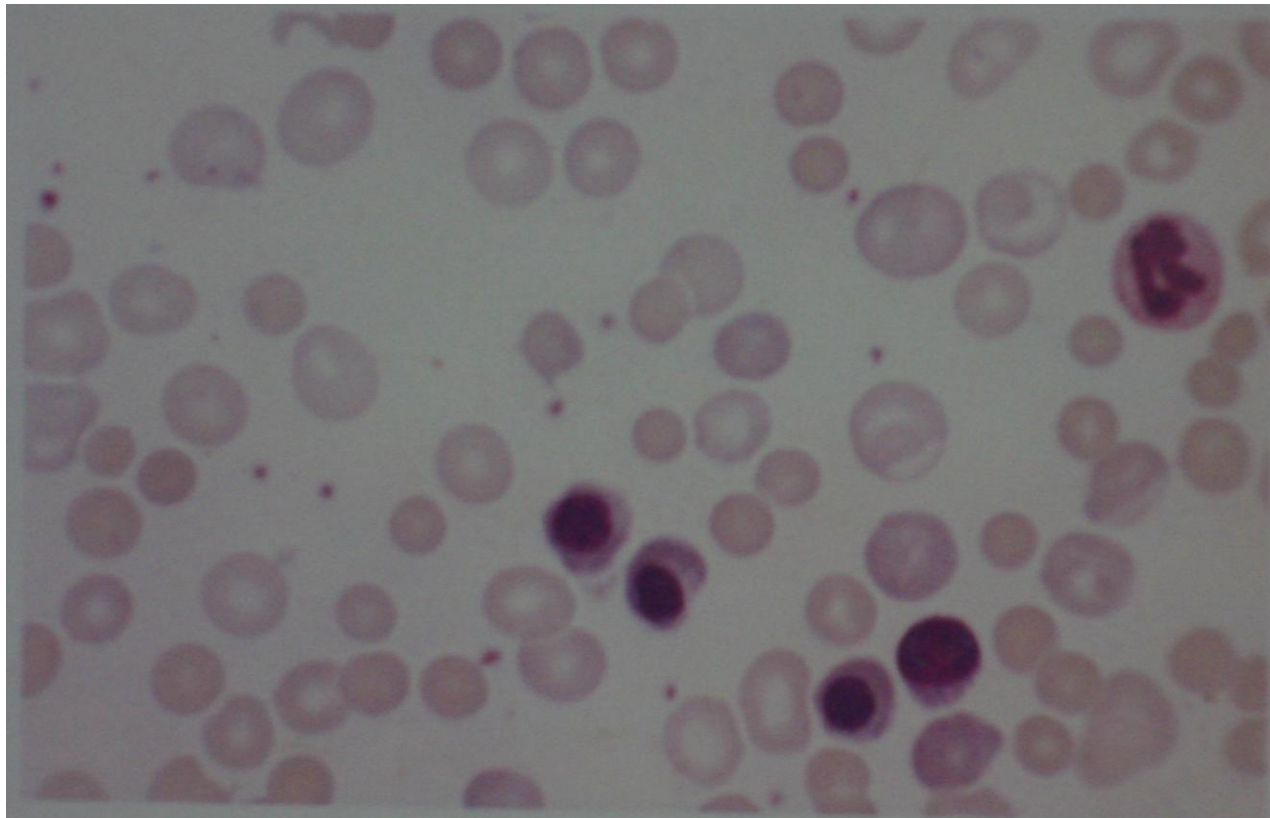
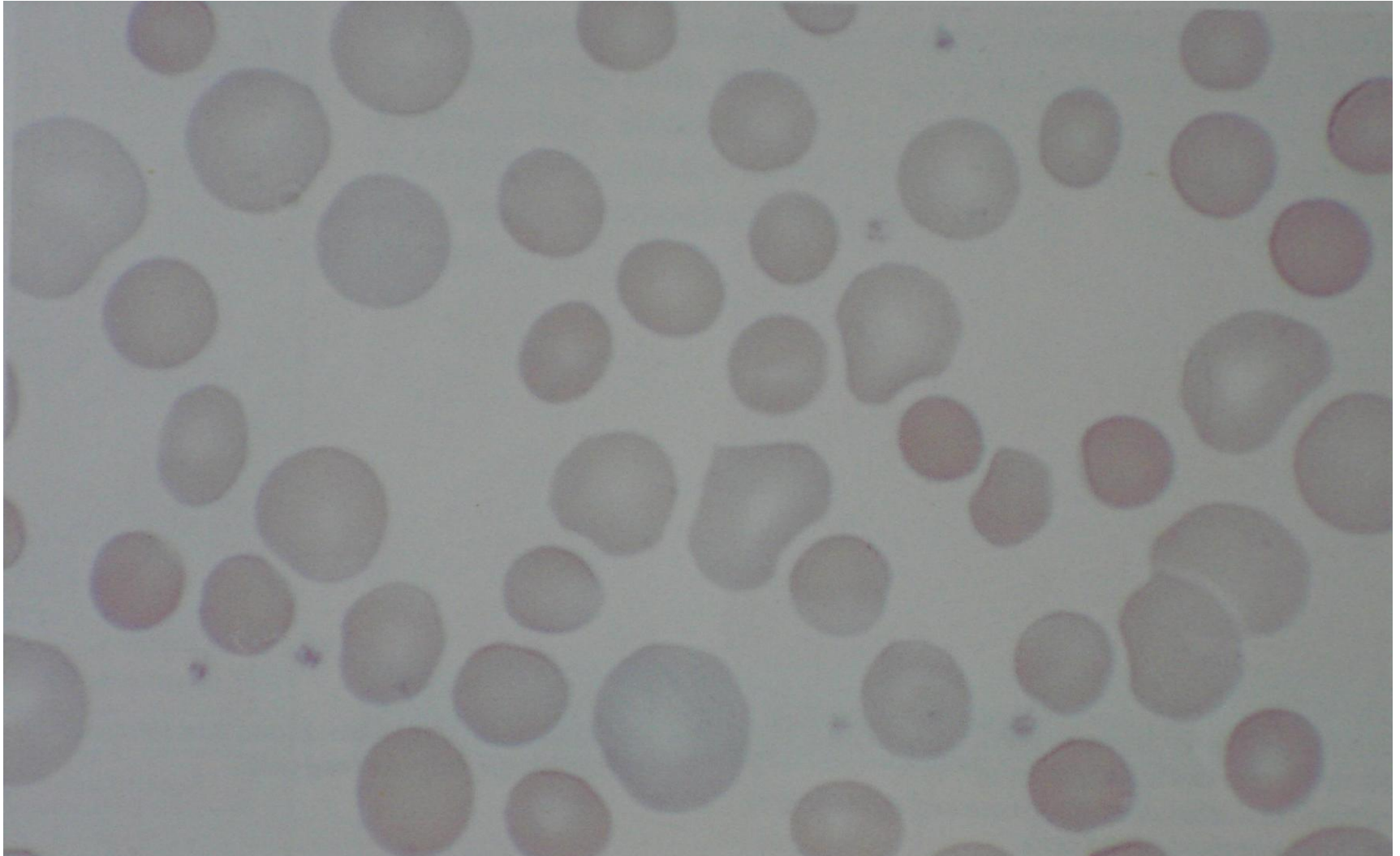


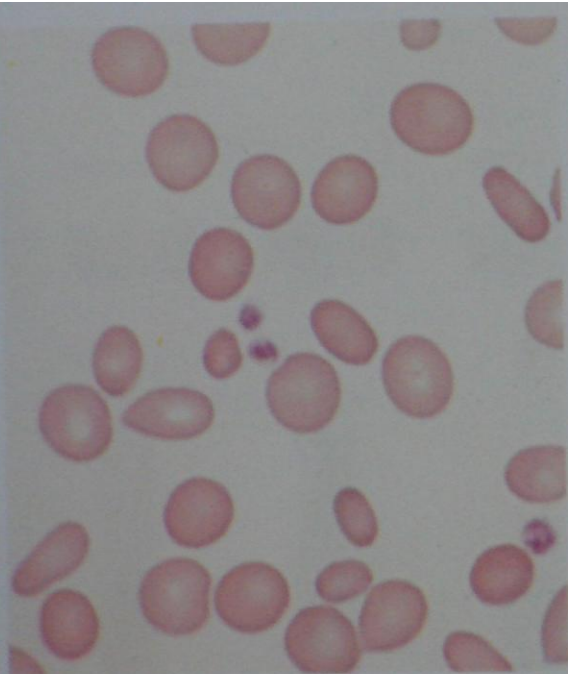
Fig. 4.9  
*Haemolytic anaemia (autoimmune): peripheral blood film showing erythroblasts, red cell polychromasia and spherocytosis.*

# Hereditary spherocytosis

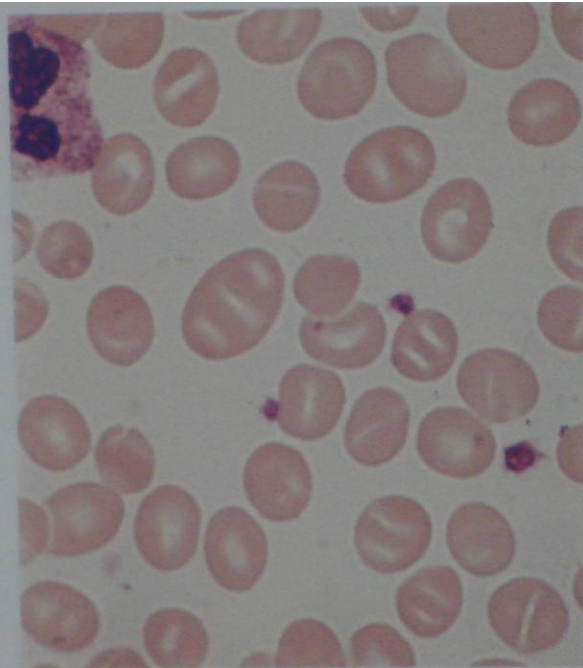
no dent in middle



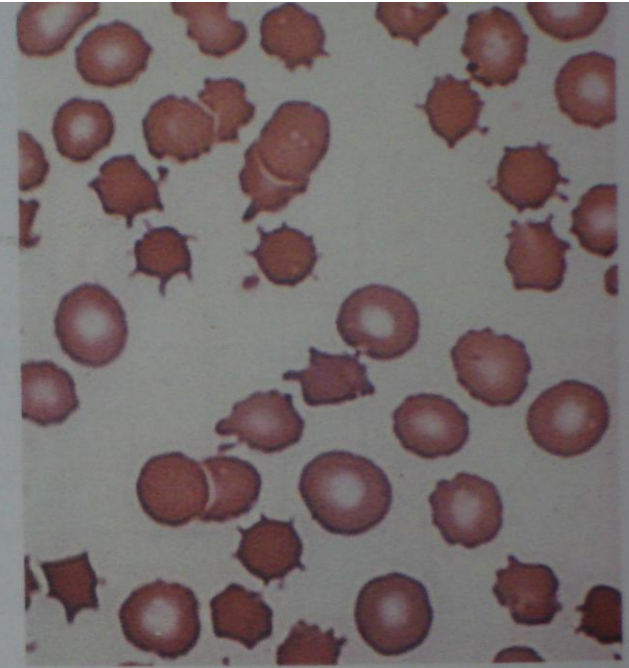
# Hereditary elliptocytosis, stomatocytosis and acanthocytosis



**Fig. 4.24**  
*Hereditary elliptocytosis: peripheral blood film from the child in Fig. 4.23 shows red cell anisocytosis and poikilocytosis, with elliptocytes and microspherocytes, a hereditary pyropoikilocytosis.*

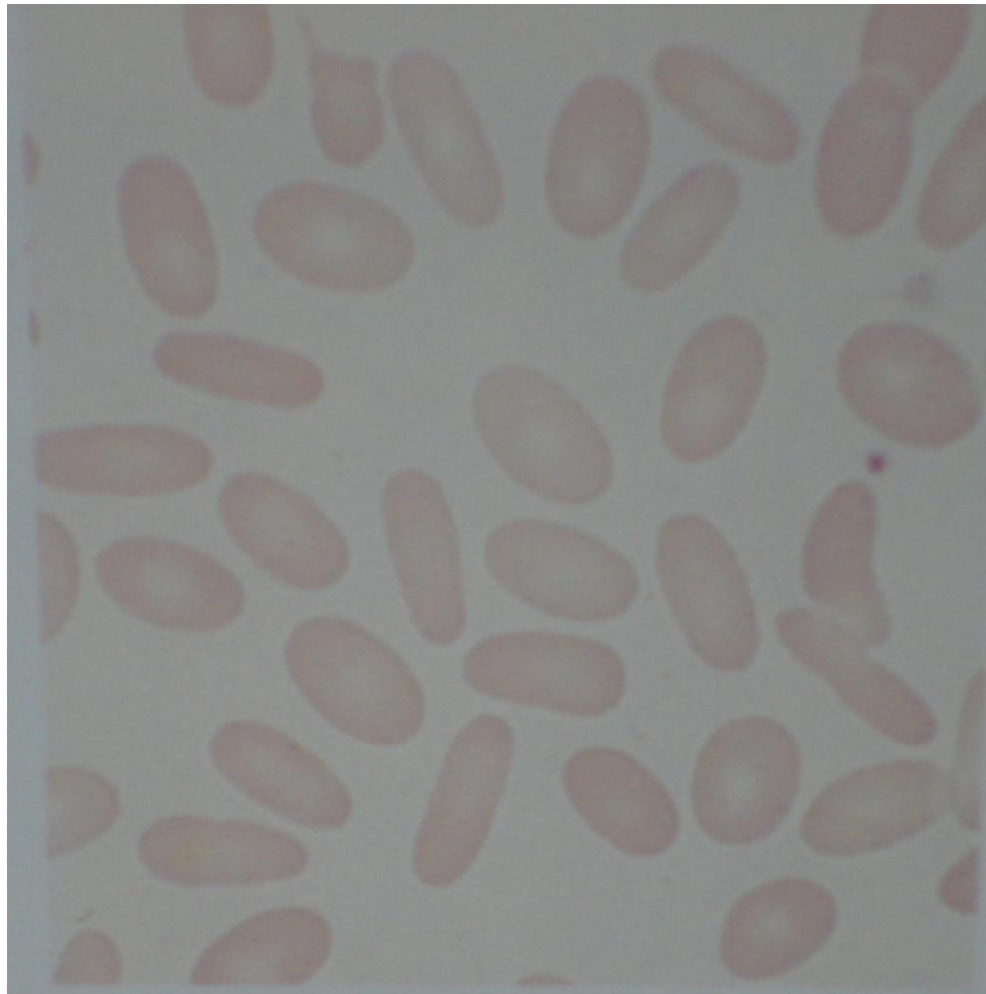


**Fig. 4.25**  
*Hereditary stomatocytosis: peripheral blood film showing many cells with the characteristic loosely folded appearance of the membrane. The membrane has increased passive permeability, allowing excess sodium entry.*



**Fig. 4.26**  
*McLeod phenotype: peripheral blood film showing marked acanthocytosis of red cells associated with the rare McLeod blood group. There is lack of the Kell antigen precursor (Kx).*

# Hereditary elliptocytosis



myelofibrosis  
thalassemia  
ida  
hereditary elliptocytes



# Auto immune haemolytic anaemia

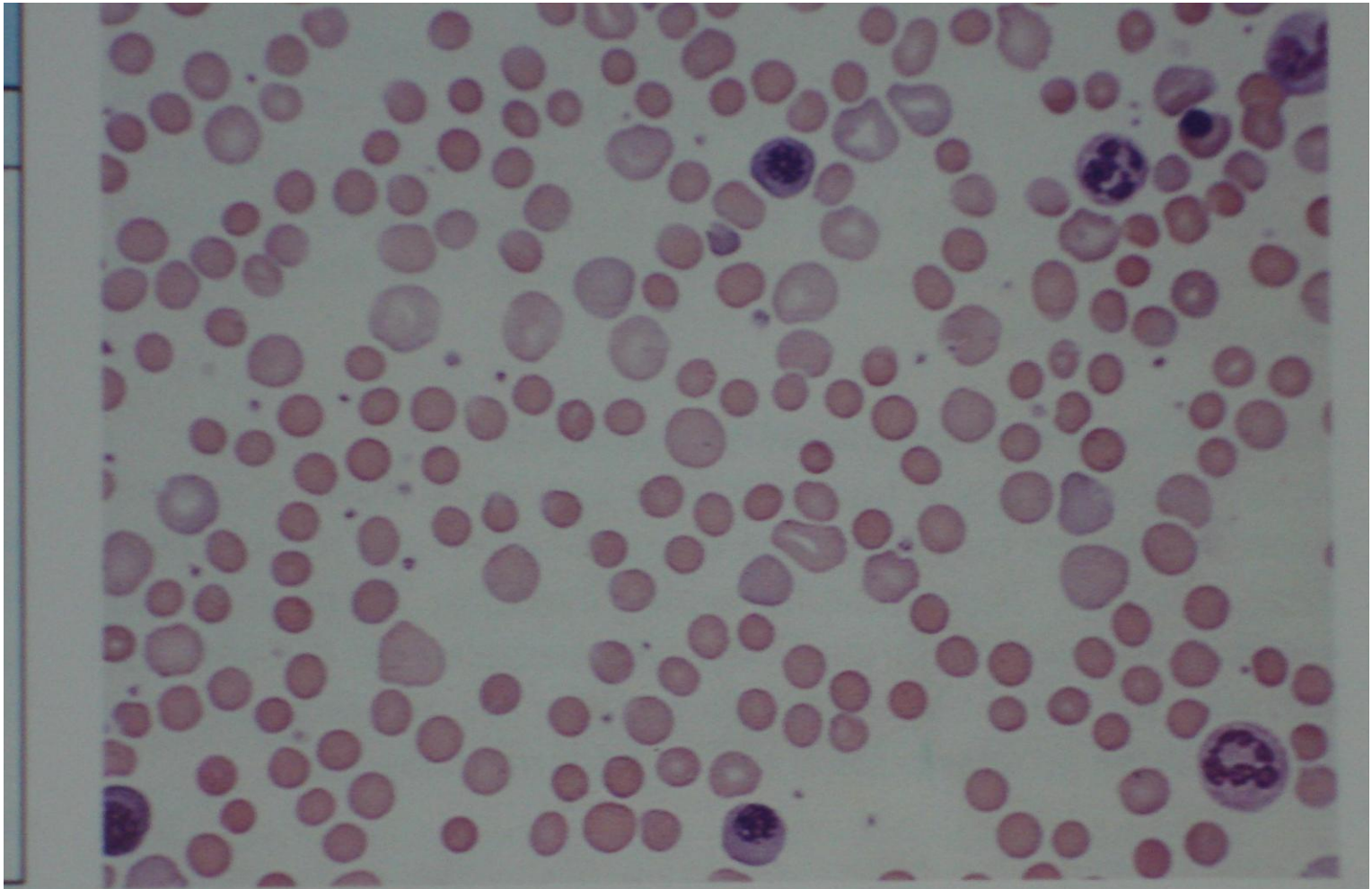


Fig. 4.39

*Autoimmune haemolytic anaemia: peripheral blood film showing erythroblasts, polychromatic macrocytes and marked spherocytosis.*

# Beta-thalassaemia major

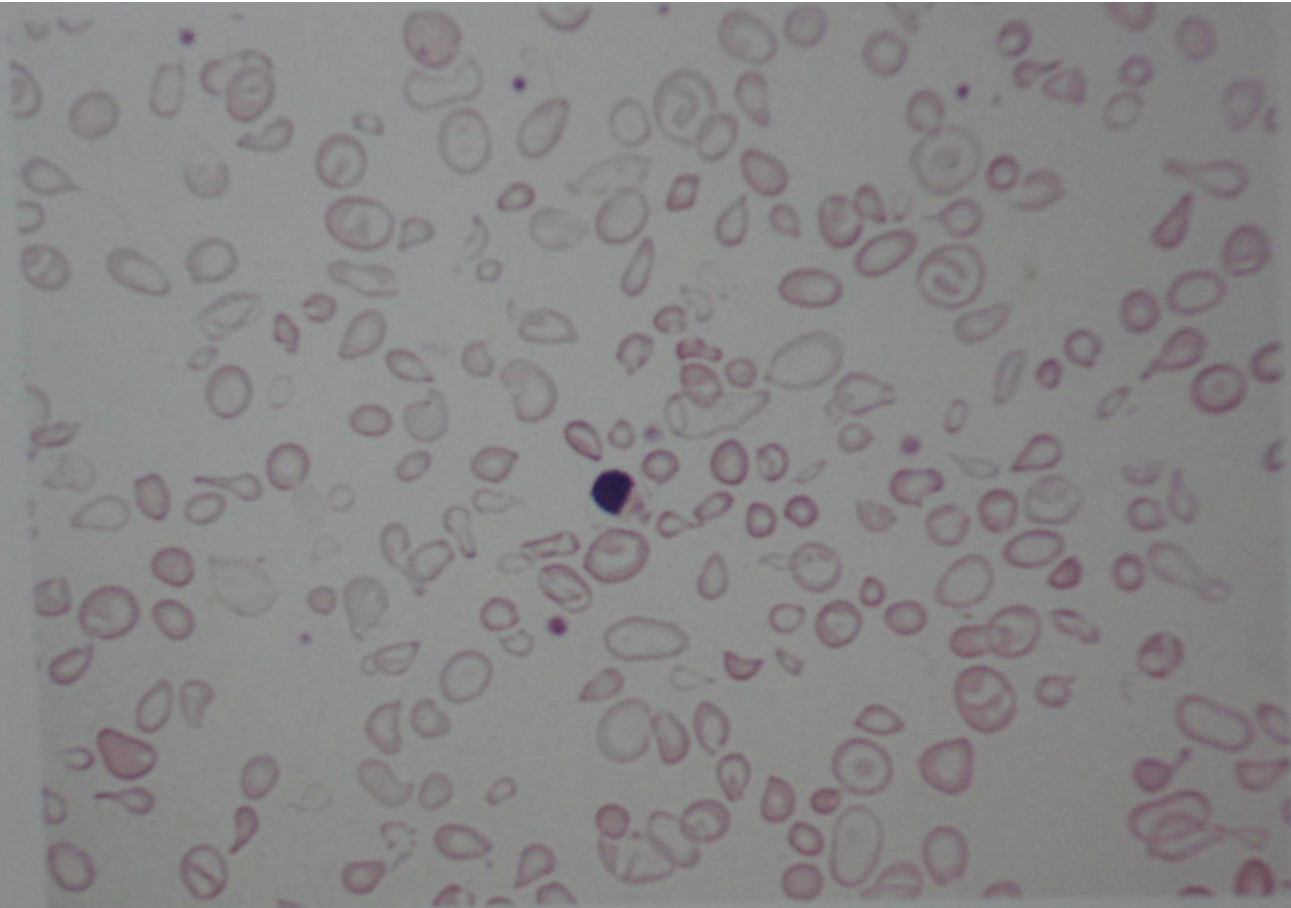
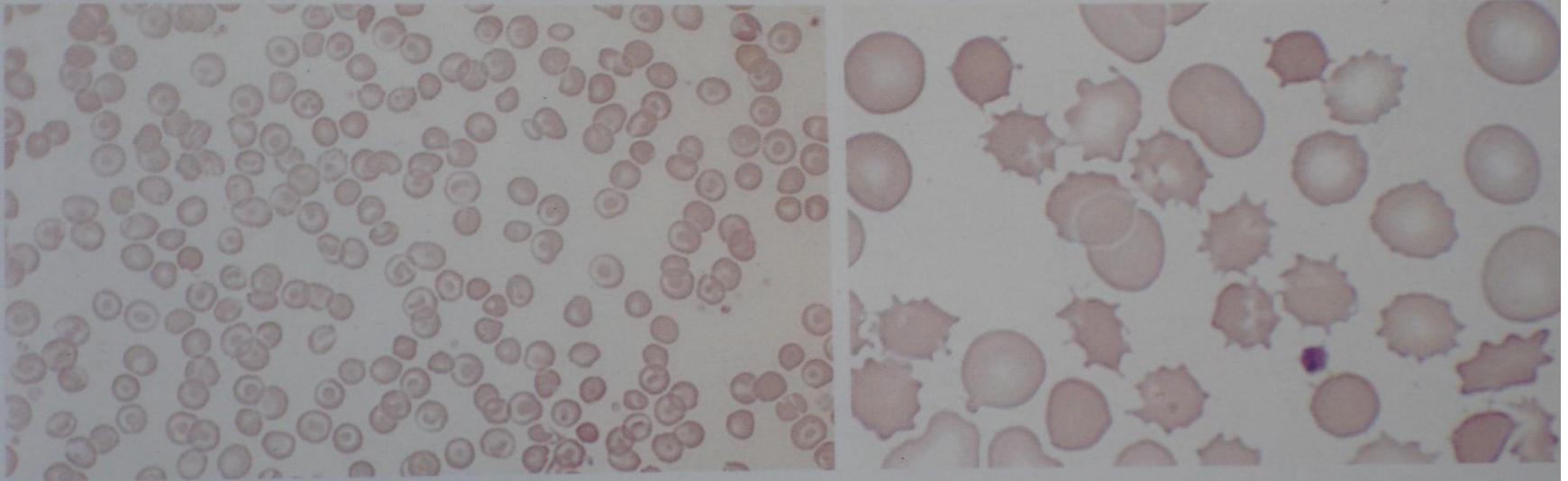


Fig. 5.13  
*β*-Thalassaemia major: peripheral blood film showing prominent hypochromic microcytic cells, target cells and an erythroblast. Some normochromic cells are present from a previous blood transfusion.



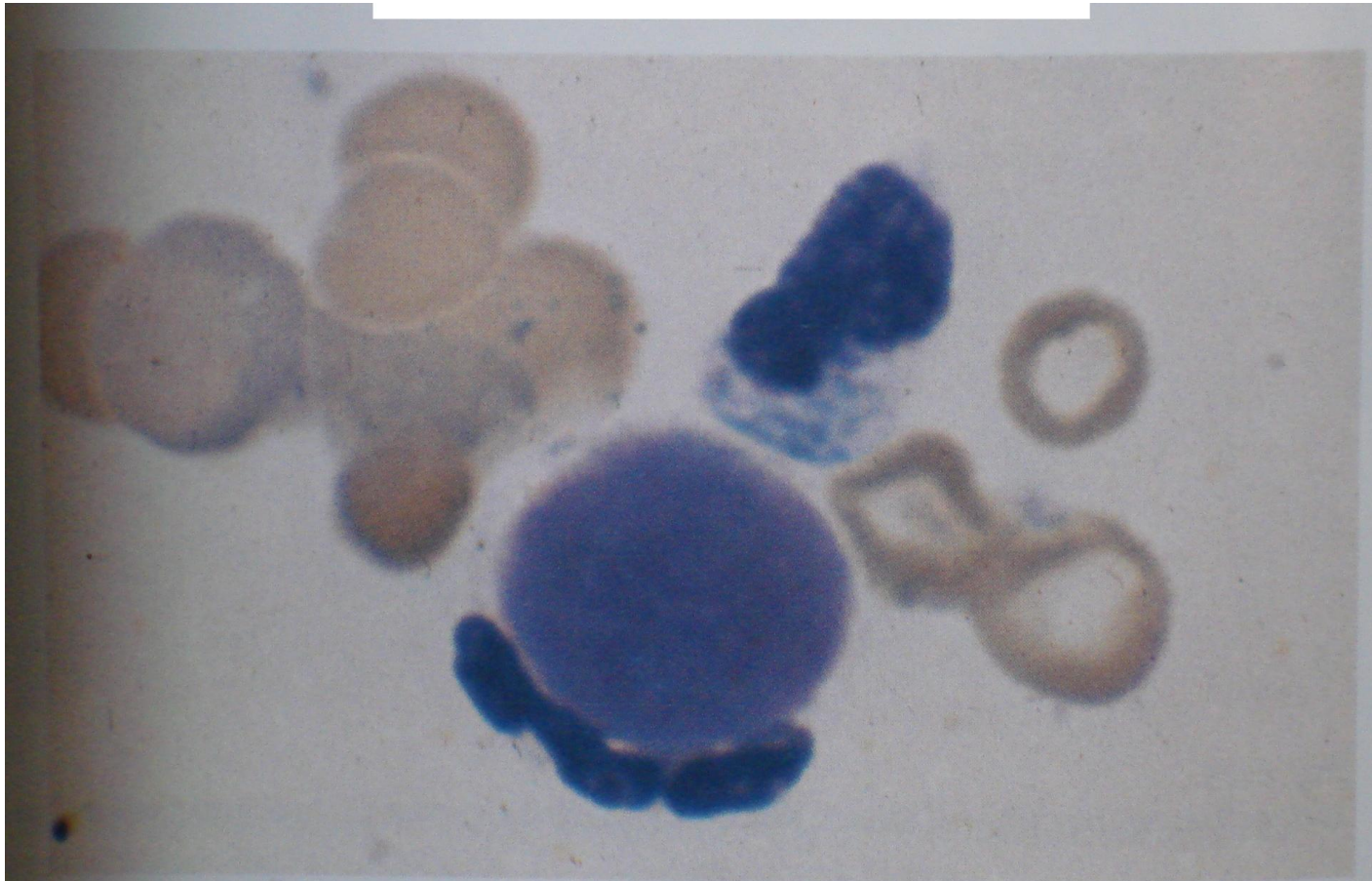
Fig. 5.14  
*β*-Thalassaemia major: hypochromic cells and a Pappenheimer body.

# Target cells and acanthocytes



*Fig. 6.34  
Liver disease: peripheral blood films showing (left) marked target cell formation and (right), at higher magnification, marked red cell acanthocytosis.*

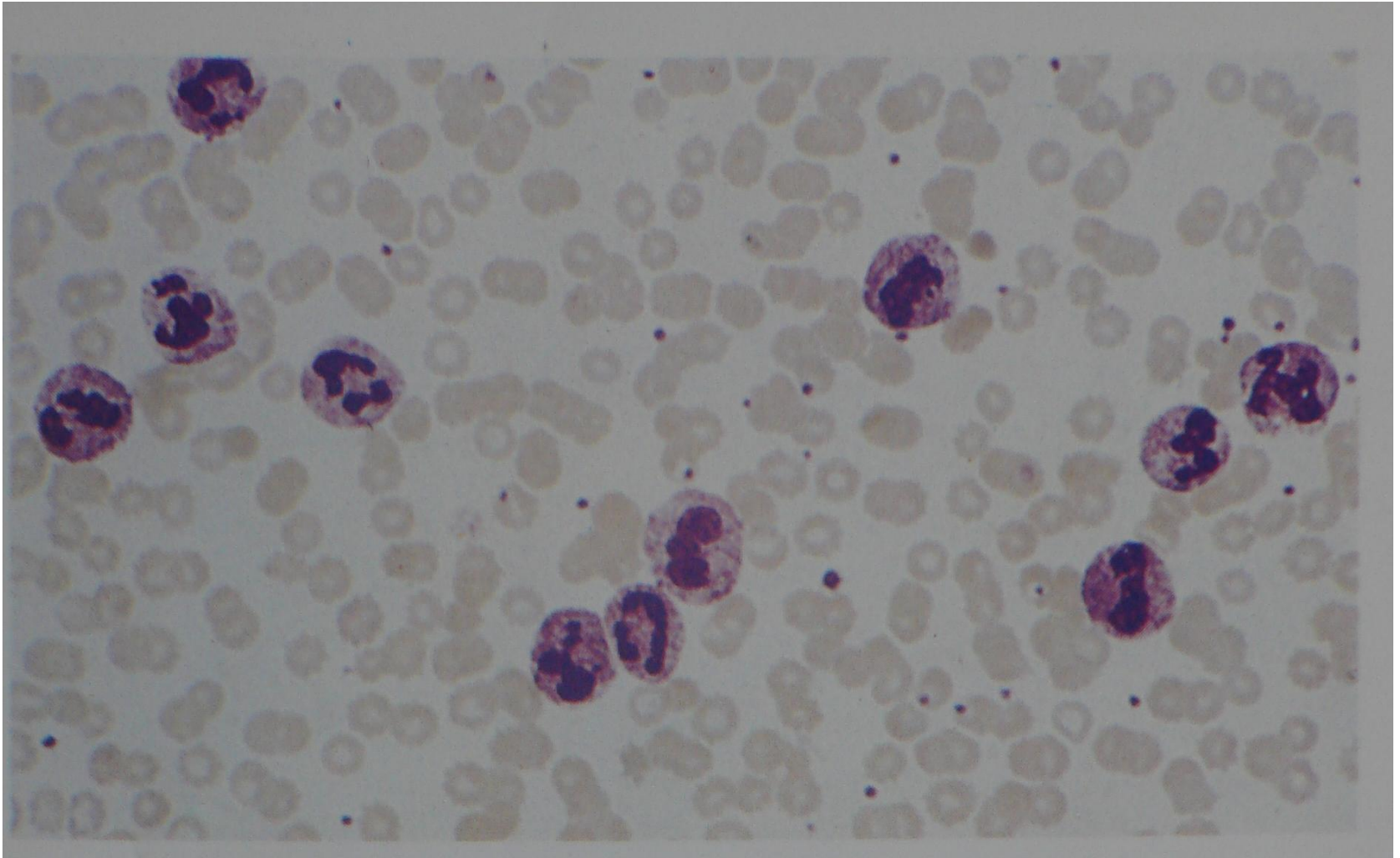
# LE cell



*Fig. 6.38*

*Positive lupus erythematosus (LE) cell test: the amorphous purple-staining nucleus has been phagocytosed by a neutrophil.*

# Neutrophilia



# Leukamoid reaction

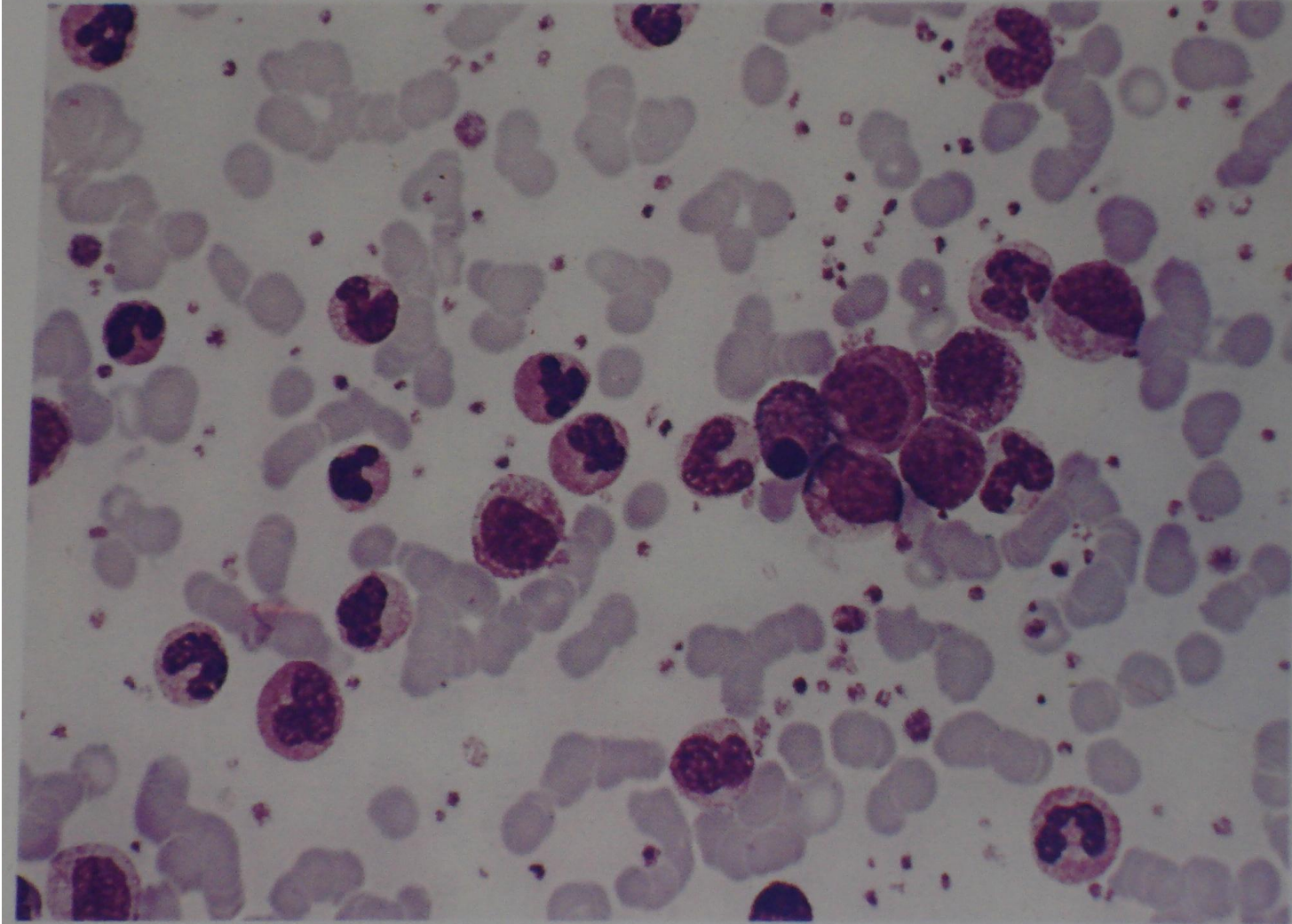


Fig. 7.18  
*Leukaemoid reaction: neutrophils, stab forms, metamyelocytes, myelocytes and a single necrobiotic neutrophil (centre) in staphylococcal pneumonia. WBC:  $94 \times 10^9/\text{l}$ .*

# Infectious mononucleosis



# AML

Acute lymphoblastic leukaemia: testicular swelling and erythema of the left side of the scrotum due to testicular infiltration. Courtesy of Dr J.M. Chessells.

Acute lymphoblastic leukaemia: radiographs of children's skulls showing (left) a mottled appearance due to widespread leukaemic infiltration of bone and (right) multiple punched-out lesions due to leukaemic deposits. Courtesy of Dr J.M. Chessells.

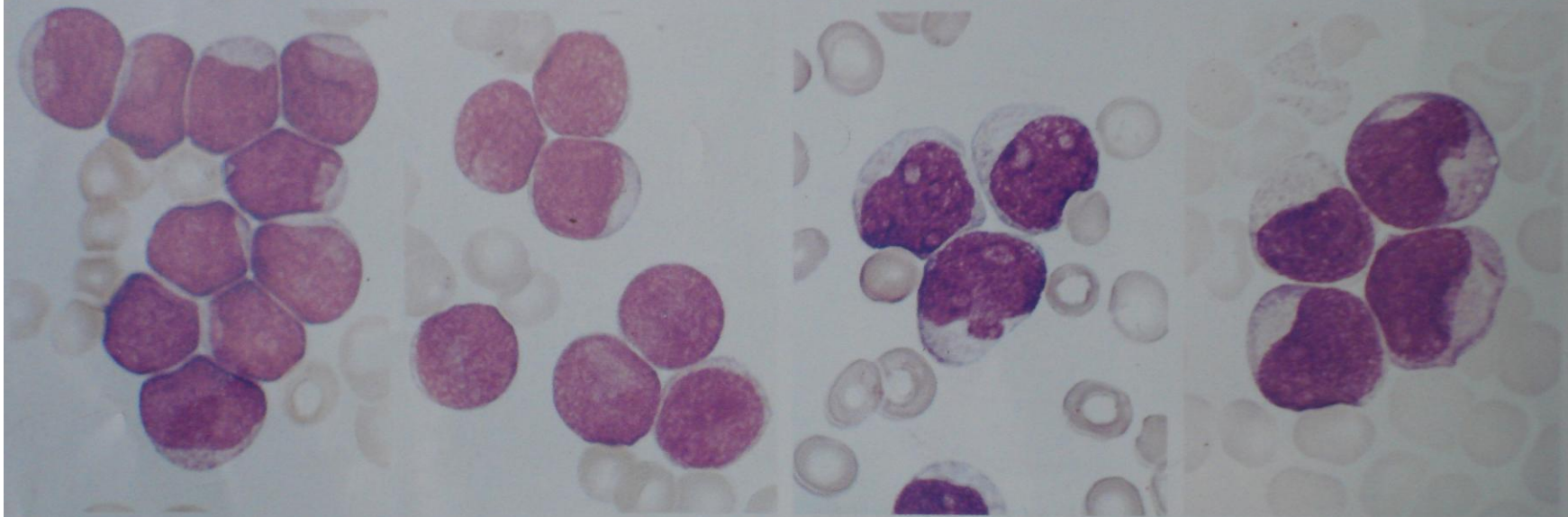


Fig. 8.22  
Acute myeloblastic leukaemia, M<sub>1</sub> subtype: bone marrow aspirates showing blasts with large, often irregular, nuclei with one or more nucleoli, and with varying amounts of eccentrically placed cytoplasm. There is either no definite granulation or a few azurophilic granules and occasional Auer rods. At least 3% of cells stain with Sudan black or myeloperoxidase.