11thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: DZIFA AGBOLOTSI**

**AGE: 35 years**

**SEX: FEMALE**

**INDICATION: PANCYTOPENIA ? CAUSE**

**ERYTHROCYTES**: Sparesly distributed anisocytosis with occasional target cells+ and shistocytes hypochromasia, occasional polychromasia.

**LEUCOCYTES**: Adequate . neutrophil left shift, toxic granules and cytoplasmic vacuoles. Occasional atypical lymphocytes.

**PLATELETS**: Moderately reduced. No clumps seen

**COMMENT:** - Exclude infection with hemolysis

**-** Exclude IDA

**SUGGEST:** Repeat film in two weeks after treating for infection

Validated by

**DRS. AMOAKO/ HANSON**

11thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: IDA MENSAH OPOKU**

**AGE: 58 years**

**SEX: FEMALE**

**INDICATION: BEING MANAGED AS A CASE OF CIDP**

**ERYTHROCYTES**: Normocytic normochromic

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Adequate. Anisocytosis

**COMMENT:** Normal blood film

Validated by

**DR. AMOAKO**

**11TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: DZIFA AGBOLOTSI**

**AGE: 35 years**

**SEX: FEMALE**

**INDICATION: PANCYTOPENIA ? CAUSE**

**ERYTHROCYTES**: Sparesly distributed anisocytosis with occasional target cells+ and shistocytes hypochromasia, occasional polychromasia.

**LEUCOCYTES**: Adequate . neutrophil left shift, toxic granules and cytoplasmic vacuoles. Occasional atypical lymphocytes.

**PLATELETS**: Moderately reduced. No clumps seen

**COMMENT:** - Exclude infection with hemolysis

**-** Exclude IDA

**SUGGEST:** Repeat film in two weeks after treating for infection

Validated by

**DRS. AMOAKO/ HANSON**

11th March, 2024

**BLOOD FILM COMMENT**

**NAME: GRACE TANOKYI**

**AGE: 1 years**

**SEX: female**

**INDICATION: SEVERE ANAEMIA ? CAUSE**

**ERYTHROCYTES**:Anisocytosis with few target cells, macocytes ++( round and oval) polychromasia+ normoblasts+.

**LEUCOCYTES**: Adequate. Relative lymphocytosis with some reactive lymphocytes. Few atypical lymphocytes seen.

**PLATELETS**: Slightly increased on film. Anisocytosis. Clumps++

**COMMENTS:** 1.Leucoerythroblastic picture

**2.** Exclude hemoglobinopathy

Validated by

**DRS. AMOAKO/AGGREY**

**11TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: ZAIDA APPIAH**

**AGE:**

**SEX: FEMALE**

**INDICATION: SEPSIS?**

**ERYTHROCYTES**: Anisocytosis

**LEUCOCYTES**: Adequate . Neutrophil left shift with toxic granules and cytoplasmic vacuoles

**PLATELETS**: Slightly increased on film. Anisocytosis. Few clumps seen

**COMMENT:** - Consistent with history

**-** Reactive thrombocytosis

Validated by

**DR. AMOAKO**

**11TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: RACHAEL OTOO**

**AGE: 25 years**

**SEX: FEMALE**

**INDICATION: SEVERE ANAEMIA**

**ERYTHROCYTES**: Anisopoikilocytosis ( target cells+,pencil cells+) polychromasia cells+ normoblasts+

**LEUCOCYTES**: Adequate . neutrophil left shift, toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Adequate on film, anisocytosis with some few giant forms seen. Clumps++

**COMMENT:** - Consistent with sepsis and hemolysis

**-** Exclude infection

Validated by

**DR. AMOAKO**

**11TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: DENZEL OFORI OMARI BOATENG**

**AGE: 2 years**

**SEX: MALE**

**INDICATION: SUSPECTED HAEMATOLOGICALMALIGNANCY**

**ERYTHROCYTES**: Anisopoikilocytosis (taget cells+, irreversibly sickled cells+,shistocytes+), normoblasts++, polychromatic cells+

**LEUCOCYTES**: Moderately increased. Corrected wbc -25.64x109

Marked neutrophilia left shift with toxic granules cytoplasmic vacuoles

**PLATELETS**: Adequate, anisocytosis. Few clumps seen.

**COMMENT:** 1. Leucoerythroblastic picture

a**.** Sepsis

b. Exclude hemolysis

2. Hemoglobinopathy

**SUGGEST:** 1. Septic screen

2. HPLC

3. BMA

Validated by

**DRS. AMOAKO/ OTENG**

**11TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: BERNARD EYRAM DOH**

**AGE: 2 years**

**SEX: MALE**

**INDICATION: RECURRECT ANAEMIA. R/O HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Reduced red cells mass. Microcytic hypochromic cells with occasional tear drop cells, target cells and dense cells. Occasional polychromatic cells.

**LEUCOCYTES**: Adequate. Neutrophil left shift, toxic granules and cytoplasmic vacuoles with few hypersegmented neutrophil. Relative lymphocytosis with some reactive lymphocytes. No blast seen.

**PLATELETS**: Moderately reduced. Anisocytosis. No clumps seen

**COMMENT:** - Bicytopenia

**-** Exclude Myelosuppresion from RVI or ARVs

Validated by

**DRS. AMOAKO/ OTENG**

**11TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: CONSTANCE BEDIAKO**

**AGE: 69 years**

**SEX: FEMALE**

**INDICATION: T-CELL NHL**

**ERYTHROCYTES**:Mostly normocytic normochromic, target cells++, occasional polychromasia and normoblast.

**LEUCOCYTES**: Markedly increased, lymphocytes with whorled nuclei. Some large immature cells seen. Most have irregular shaped nuclei smudge cells++

**PLATELETS**: Appear reduced on film. Few clumps seen

**COMMENT:** Known T-Cell Lymphoma in leukaemic phase

Validated by

**DR. LETICIA HANSON**

**11TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: MIRIAM ANNAN**

**AGE: 47 years**

**SEX: FEMALE**

**INDICATION: ? LEUKAEMIA**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Adequate . Neutrophil left shift

**PLATELETS**: Adequate. Anisocytosis

**COMMENT:** Exclude infection

Validated by

**DR. AMOAKO**

**11TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: KWABENA OWUSU AGYEMANG**

**AGE: 75 years**

**SEX: MALE**

**INDICATION: ?NHL**

**ERYTHROCYTES**:Anisopoikilocytosis ( pencil cells+, target cells+), mild hypochromasia

**LEUCOCYTES**: Adequate . neutrophil left shift with toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Moderately increased. Anisocytosis . clumps++

**COMMENT:** - Thrombocytosis ? Cause

**-** Exclude IDA

**-** Exclude infection

Validated by

**DR. AMOAKO/ OTENG**

**12TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: REBECCA AGIDI**

**AGE: 24 years**

**SEX: FEMALE**

**INDICATION: THROMBOCYTOSIS R/O HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Adequate . Neutrophil left shift. No blast seen

**PLATELETS**: Markedly increased. Anisocytosis with few giant forms seen . Clumps++

**COMMENT:** -Thrombocytosis R/o essential thrombocythemia.

- Haematological malignancy cannnot be ruled out

**SUGGEST:** - Jak 2 mutation

- BMA

Validated by

**DR. AMOAKO**

**12TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: GLADYS DOGBEY**

**AGE: 55 years**

**SEX: FEMALE**

**INDICATION: SEVERE ANAEMIA + THROMBOCYTOPENIA**

**ERYTHROCYTES**:Dimorphic picture ( normocytic normochromic and microcytic hypochromic). Polychromatic cells+

**LEUCOCYTES**: Moderately increased. Relative lymphocytosis with some reactive lymphocytes. Large atypical immature looking lymphoid cells some containing nucleoli.

**PLATELETS**: Moderately reduced. Anisocytosis. No clumps seen.

**COMMENT:** - Bicytopenia ( microcytic hypochromic anaemia + thrombocytopenia)

- Significance of atypical lymphocyte

**SUGGEST:** BMA / Trephine

Validated by

**DR. AMOAKO**

**12TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: YATASU KASSIM**

**AGE: 62 years**

**SEX: FEMALE**

**INDICATION: CERVICAL LYMPHADENIPATHY**

**ERYTHROCYTES**:Anisopoikilocytosis ( tear drop cells+, pencil cell+, shistocytes+)

**LEUCOCYTES**: Adequate on film. Neutrophil left shift, toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Adequate. Anisocytosis. Few clumps seen

**COMMENT:** -Exclude infection

- Exclude IDA

**SUGGEST:** - Septic screen

- Lymph node biopsy

- Iron studies

Validated by

**DRS. AMOAKO/OTENG**

**15TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: ISAAC ANGMOR**

**AGE: 57 years**

**SEX: MALE**

**INDICATION: DVT**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Adequate . Neutrophil with toxic granules and cytoplasmic vacuoles. Relative lymphocytosis with some reactive lymphocytes

**PLATELETS**: Adequate. Anisocytosis with giant forms seen. Few aggregates seen

**COMMENT:** Exclude infection

Validated by

**DR. AMOAKO**

**15TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: MICHAEL FRIMPONG OSEI**

**AGE: 35 years**

**SEX: MALE**

**INDICATION: LYMPHOMA WITH SEVERE ANAEMIA**

**ERYTHROCYTES**:Anisocytosis with occassional tear drop cells and pencil cells polychromasia

**LEUCOCYTES**: Moderately reduced. Relative lymphocytosis with some few immature looking ones.

**PLATELETS**: Markedly reduced. No clumps seen

**COMMENT:** Consistent with history

Thrombocytopenia ? Cause

Validated by

**DR. AMOAKO**

**15TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: ELIZABETH MENYAH**

**AGE: 71 years**

**SEX: FEMALE**

**INDICATION: R/O HAEMATOLOGICAL DISEASE**

**ERYTHROCYTES**:Microcytic hypochromic cells with target cells+ and pencil cells+. Few normoblasts

**LEUCOCYTES**: Adequate . Neutrophils left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Slightly increased. Anisocytosis . Clumpss++

**COMMENT:** -Exclude microcytic anaemia likely IDA

- Exclude infection with reactive thrombocytosis

Validated by

**DR. AMOAKO**

**14TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: LYDIA MINGLE**

**AGE: 60 years**

**SEX: FEMALE**

**INDICATION: BICYTOPENIA ? CAUSE**

**ERYTHROCYTES**:Anisopoikilocytosis ( tear drop cells+, dense cells+), polychromatic cells+, nucleated red cells+

**LEUCOCYTES**: Adequate. Neutrophil left shift, toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Slightly reduced on film. Anisocytosis

**COMMENT:** -Exclude infection

- Exclude Hemoglobinopathy

- Leucoerythroblastic picture

Validated by

**DR. AMOAKO**

**14TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: GLADYS AKORNOR**

**AGE: 78 years**

**SEX: FEMALE**

**INDICATION: MM WITH BICYTOPENIA ? THERAPY INDUCED**

**ERYTHROCYTES**:Anisocytosis with few pencil cells, polychromasia, hypochromasia

**LEUCOCYTES**: Moderately reduced. Normal morphology

**PLATELETS**: Adequate. Anisocytosis. No clumps seen

**COMMENT:** -Consistent with history

- Exclude IDA

Validated by

**DR. AMOAKO**

**15TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: AUGUSTINE DONKOR**

**AGE: 72 years**

**SEX: FEMALE**

**INDICATION: ? POLYTHEMIA VERA**

**ERYTHROCYTES**:Increased cell mass. Normocytic normochromic

**LEUCOCYTES**: Adequate . Normal morphology

**PLATELETS**: Adequate. Few clumps seen

**COMMENT:** Consistent with history

Validated by

**DR. AMOAKO**

**15TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: CHRISTIANA ANTWI**

**AGE: 54 years**

**SEX: FEMALE**

**INDICATION: SEVERE ANAEMIA DUE TO ACUTE CHRONIC KIDNEY DX**

**ERYTHROCYTES**:Reduced red cell mass.Anisocytosis with few polychromatic cells

**LEUCOCYTES**: Slightly increased. Neutrophilia with left shift toxic granules and cytoplsmic vacuoles

**PLATELETS**: Adequate. Anisocytosis. Clumps++

**COMMENT:** Exclude infection

Validated by

**DR. AMOAKO**

**12TH MARCH , 2024**

**BLOOD FILM COMMENT**

**NAME: MARY ANSOWAA**

**AGE: 82 years**

**SEX: FEMALE**

**INDICATION: R/O SEPSIS. R/O HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Anisocytosis with occassional target cells. Few polychromatic cells. Hypochromasia.

**LEUCOCYTES**: Moderately increased. Neutrophilia with marked left shift, toxic granules and cytoplasmic vacuoles. No blast seen.

**PLATELETS**: Adequate. Anisocytosis. Few clumps seen

**COMMENT:** - Haematological malignancy cannot be ruled out

- Exclude infection

Validated by

**DR. AMOAKO**

**15TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: FRANCISCO SAM**

**AGE: 22 years**

**SEX: MALE**

**INDICATION: SEVERE ANAEMIA**

**ERYTHROCYTES**:Microcytic hypochromic (marked) cells. Few polychromatic cells

**LEUCOCYTES**: Adequate on film. Neutrophil left shift, toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Moderately reduced. Anisocytosis with few giant forms seen. Few clumps seen.

**COMMENT:** -Exclude infection

- Exclude IDA

- Thrombocytopenia ? Cause

Validated by

**DR. AMOAKO**

**15TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: ALEX BAAH**

**AGE: 22 years**

**SEX: MALE**

**INDICATION: BLEEDING DIACTHESIS**

**ERYTHROCYTES**:Dimorphic (normocytic normochromic and microcytic hypochromic cells). Few polychromatic cells.

**LEUCOCYTES**: Adequate . Normal morphology

**PLATELETS**: Adequate on film. Anisocytosis. Few clumps seen

**COMMENT:** Consistent with history

Validated by

**DR. AMOAKO**

**16TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: FLORENCE QUARSHIE**

**AGE: 5 WEEKS**

**SEX: FEMALE**

**INDICATION: ANAEMIA WITH THROMBOCYTOPENIA**

**ERYTHROCYTES**:Anisopoikilocytosis ( target cells) , hypochromasia, mild rouleaux

**LEUCOCYTES**: Adequate. Relative lymphocytosis with some reactive lymphocytes

**PLATELETS**: Adequate. Anisocytosis. Few clumps seen

**COMMENT:** Exclude hemaglobinopathy

**SUGGEST:** HPLC

Validated by

**DRS. AMOAKO/OTENG**

**16TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: DANIELLE WUAKU**

**AGE: 6 YEARS**

**SEX: FEMALE**

**INDICATION: HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Microcytic hypochromic cells with occasional target cells

**LEUCOCYTES**: Slightly increased. Neutrophil left shift, toxic granules and cytoplasmic vocuoles. Occasional reactive lymphocytes.

**PLATELETS**: Slightly increased. Anisocytosis.Clumps seen++

**COMMENT:** 1. Exclude IDA with reactive thrombocytosis

2. Exclude infection

Validated by

**DRS. AMOAKO/OTENG**

**16TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: RUTH NICHOLINA QUAYE**

**AGE: 64 YEARS**

**SEX: FEMALE**

**INDICATION: R/O IDA**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Adequate. Anisocytosis. Clumps ++

**COMMENT:** Normal morphology

Validated by

**DR. AMOAKO**

**16TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: IBRAHIM AWUDU**

**AGE: 50 YEARS**

**SEX: MALE**

**INDICATION: GENERAL BODY WEAKNESS**

**ERYTHROCYTES**:Anisopoikilocytosis ( tear drop cells++, stomatocytes)

**LEUCOCYTES**: Adequate. Mild neutrophil left shift

**PLATELETS**: Slightly reduced on film. Anisocytosis. Aggregates and clumps seen

**COMMENT:** Exclude infection

Validated by

**DR. AMOAKO**

**16TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: REBECCA DANINO**

**AGE: 93 YEARS**

**SEX: FEMALE**

**INDICATION: MILD ANAEMIA AND TP**

**ERYTHROCYTES**:Anisocytosis with occasional target cells

**LEUCOCYTES**: Adequate. Neutrophil with toxic granules

**PLATELETS**: Adequate on film. Anisocytosis. Few clumps seen

**COMMENT:** Exclude infection

Validated by

**DR. AMOAKO**

**16TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: ELIZABETH EGHAN**

**AGE: 40 YEARS**

**SEX: MALE**

**INDICATION: ACUTE**

**ERYTHROCYTES**:normocytic normochromic

**LEUCOCYTES**: Adequate. Neutrophil left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Adequate. Anisocytosis. No clumps seen

**COMMENT:** Exclude infection

Validated by

**DR. AMOAKO**

**16TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: BRIGHT HENRY LARBI**

**AGE: 65 YEARS**

**SEX: MALE**

**INDICATION: CKD R/O MM**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Adequate. Neutrophil left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Adequate. Anisocytosis. No clumps seen

**COMMENT:** 1. Plasma Cell Dyscrasia cannot be ruled out

2. Exclude infection

**SUGGEST:** SFLC,SPEP,Serum Ca21, BMA , Skeletal survey

Validated by

**DR. AMOAKO**

**16TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: MARYAM SAMU**

**AGE: 25 YEARS**

**SEX: FEMALE**

**INDICATION: PERSISTENT THROMBOCYTOSIS**

**ERYTHROCYTES**:Anisocytosis, polychromasia, macrocytes+, normoblasts+

**LEUCOCYTES**: Slightly increased. Marked neutrophil left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Marked increased. Anisocytosis with few giant forms seen. Clumps+++

**COMMENT:** 1. Exclude infection with reactive thrombocytosis

**2.** Leucoerythroblastic picture R/o E.T

**SUGGEST:** 1. Septic screen

**2.** BMA

**3.** Jak 2 mutation

Validated by

**DRS. AMOAKO/AGGREY/GHUNNEY**

**13th June ,2024**

**BLOOD FILM COMMENT**

**NAME: VICTORIA KUUPUORE**

**AGE: 32 YEARS**

**SEX: FEMALE**

**INDICATION: CML**

**ERYTHROCYTES**:Normocytic normochromic cells, target cells+, bite cells+

**LEUCOCYTES**: Increased. Full spectrum of myeloid precusors

Myelobast -12%

Promyelocyte -10%

Metal/Myelocyte -10%

Band/neutrophil -58%

Eosinophil -8%

Basophil -2%

**PLATELETS**: Markedly increased on film. Anisocytosis, occasional giant platelets, few clumps seen

**COMMENT:** CML in accelerated phase

Validated by

**DRS. ANSAH-OTU/OTENG**

**16TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: CHRISTIANA OWUSUA**

**AGE: 25 YEARS**

**SEX: FEMALE**

**INDICATION: CML**

**ERYTHROCYTES**:Microcytic hypochromic cells. Polychromatic cells+, few normoblasts

**LEUCOCYTES**: Slightly increased. Neutrophilia with left shift, toxic granules and cytoplasmic vacuoles. Few blasts seen

Myelobast -10

Promyelocyte -4

Metal/Myelocyte -32

Band/neutrophil -41

Eosinophil -2

Basophil -11

**PLATELETS**: Markedly increased. Anisocytosis with few giant forms

**COMMENT:** 1. CML in accelerated phase

2. Exclude infection

Validated by

**DR. AMOAKO**

**16TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: ELLEN KWAO**

**AGE: 43 YEARS**

**SEX: FEMALE**

**INDICATION: MICROCYTIC HYPOCHROMIC ANAEMIA**

**ERYTHROCYTES**:Microcytic hypochromic cells with target cells+

**LEUCOCYTES**: Adequate. Neutrophil left shift with toxic granules and cytoplasmic vacuoles

**PLATELETS**: Adequate. Anisocytosis .Few clumps seeen

**COMMENT:** 1. Microcytic anaemia likely IDA

**2.** Exclude infection

**SUGGEST:** 1. Septic screen

**2.** Screen for chronic blood loss

**3.** Iron studies

Validated by

**DRS. AMOAKO/AGGREY**

**16TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: THOMAS SHABASHIE**

**AGE: 61YEARS**

**SEX: MALE**

**INDICATION: PERSISTENT THROMBOCYTOPENIA**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Adequate. Relative lymphocytosis

**PLATELETS**: Slightly reduced. Anisocytosis with few giant forms seen. few aggregates

**COMMENT:** Thrombocytopenia ? Cause

Validated by

**DR. AMOAKO**

**13TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: EMMANUEL ABAHA**

**AGE: 28 YEARS**

**SEX: MALE**

**INDICATION:**

**ERYTHROCYTES**:Anisopoikilocytosis ( target cells+, pencil cells+), hypochromasia.

**LEUCOCYTES**: Slightly increased. Neutrophil left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Moderately increased. Anisocytosis with few giant forms seen. Clumps+++

**COMMENT:** 1. No clinical history provided

2. Exclude infection

3**.** Exclude hemoglobinopathy

Validated by

**DRS. AMOAKO/AGGREY/GHUNNEY**

**19TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: ONGANIA BARNOR**

**AGE: 23 YEARS**

**SEX: FEMALE**

**INDICATION: JOINT PAINS ? CAUSE**

**ERYTHROCYTES**:Normocytic normochromic cells with occasional target cells and dense cells.

**LEUCOCYTES**: Adequate. Neutrophil left shift with toxic granules and cytoplasmic vacuoles

**PLATELETS**: Adequate. Anisocytosis

**COMMENT:** 1. Exclude hemoglobinopathy

**2.** Exclude infection

Validated by

**DR. AMOAKO**

**16TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: SHEPHEN ESHUN**

**AGE: 19 YEARS**

**SEX: MALE**

**INDICATION: ANAEMIA ? CAUSE**

**ERYTHROCYTES**:Anisocytosis with mild hypochromasia. Few polychromatic cells

**LEUCOCYTES**: Adequate. Neutrophil left shift with toxic granules and cytoplasmic vacuoles

**PLATELETS**: Slightly increased. Anisocytosis . Clumps+ seeen

**COMMENT:** 1. Microcytic anaemia

**2.** Exclude infection with reactive thrombocytosis

Validated by

**DR. AMOAKO**

**19TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: SYLVIA PERTEY WAYO**

**AGE: 10 YEARS**

**SEX: FEMALE**

**INDICATION: MODERATE ANAEMIA WITH PUDX**

**ERYTHROCYTES**:Mostly microcytic hypochromic cells, polychromatic cells+

**LEUCOCYTES**: Adequate. Relative lymphocytosis. Atypical lymphocytes. Neutrophil with left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Adequate on film. Anisocytosis . Clumps++ seeen

**COMMENT:** 1. Microcytic anaemia

**2.** Exclude infection

**SUGGEST:** 1. Septic screen

**2.** Iron studies

**3.** Repeat film in 2/52

**4.** Tissue biopsy if applicable

Validated by

**DR. AMOAKO**

**19TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: RICHMOND QUANSAH**

**AGE: 4 YEARS**

**SEX: MALE**

**INDICATION: ANAEMIA ? CAUSE**

**ERYTHROCYTES**:Anisocytosis with hypochromasia, polychromatic cell++

**LEUCOCYTES**: Slightly increased. Neutrophil with marked left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Slightly increased on film. Anisocytosis with few Clumps seeen

**COMMENT:** 1. Likely infection with hemolysis

**2.** Reactive thrombocytosis

Validated by

**DR. AMOAKO**

**19TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: HARVEY BONDAM**

**AGE: 12 YEARS**

**SEX: MALE**

**INDICATION: SCD**

**ERYTHROCYTES**:Anisopoikilocytosis (Target cells+, irreversibly sickled cells+, pencil cells+) . Few polychromatic cells and macrocytes seen.

**LEUCOCYTES**: Adequate. Relative lymphocytosis with some reactive lymphocytes. Atypical lymphocytes seen.

**PLATELETS**: Slightly increased. Anisocytosis with few giant forms seen. Clumps and aggregates observed.

**COMMENT:** 1. Known sickled cell Dx

**2.** Exclude infection with reactive thrombocytosis

Validated by

**DR. AMOAKO**

**19TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: REV. JONAS ABURAM-AGYAKWA**

**AGE:**

**SEX: MALE**

**INDICATION: HIGH WBC ON FBC ? CAUSE**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Adequate. Neutrophil with mild left shift, toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Adequate. Anisocytosis . Clumps++

**COMMENT:** Exclude infection

Validated by

**DR. AMOAKO**

**19TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: PATRICK OKYERE**

**AGE: 39 YEARS**

**SEX: MALE**

**INDICATION: CML**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Moderately increased. Neutrophilia showing entire spectrum of myeloid cell as follows:

**Myloblast** - 4

**Promyelo** - 3

**Meta/Myelo** - 21

**Band** / Neutrophil - 66

**Eosinophil - 2**

**Basophil - 4**

**PLATELETS**: Adequate. Anisocytosis . Clumps seeen

**COMMENT:** CML in chronic phase

Validated by

**DR. AMOAKO**

**19TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: KATE ADDAI**

**AGE: 47 YEARS**

**SEX: FEMALE**

**INDICATION: CLL WITH POOR RESPONSE TO TREATMENT**

**ERYTHROCYTES**:Anisocytosis with few polychromatic cells

**LEUCOCYTES**: Moderately increased. Large immature looking lymphoid cells with high N:C ratio, scanty cytoplasm and open chromatin. Some have bilobegiftd nuclei. Neutrophil left shift with toxic granules and cytoplasmic vacuoles

**PLATELETS**: Adequate. Anisocytosis .No Clumps seen

**COMMENT:** CLL with likely ricther’s transformation

**SUGGEST:** 1. Tissue biospy + IHC if applicable

2. BMA + Immunophenotyping

Validated by

**DRS. AMOAKO/AGGREY**

**19TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: SANDRA PETERSON**

**AGE: 31 YEARS**

**SEX: FEMALE**

**INDICATION:**

**ERYTHROCYTES**:Normocytic normochromic with occasional target cells. No shistocyte seen.

**LEUCOCYTES**: Slightly increased. Neutrophilia with marked left shift, toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Adequate. Anisocytosis . No Clumpsseen

**COMMENT:** 1. Thrombocytopenia ? cause

**2.** Exclude infection

Validated by

**DR. AMOAKO**

**19TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: ANDREWS SACKEY**

**AGE: 31 YEARS**

**SEX: MALE**

**INDICATION: HB CC**

**ERYTHROCYTES**:Anisopoikilocytosis ( target cells++ , dense cells+)

**LEUCOCYTES**: Adequate. Neutrophil left shift. Few eosinophils sen

**PLATELETS**: Moderately reduced. Anisocytosis .Few Clumps seen

**COMMENT:** 1. Consistent with history of Hb CC

**2.** thrombocytopenia ? cause

**3.** Exclude infection

Validated by

**DRS. AMOAKO/AGGREY**

**19TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: SAKIBU HALIDU**

**AGE: 45 YEARS**

**SEX: MALE**

**INDICATION: HEPATOMEGALY WITH THROMBOCYTOPENIA. R/O HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Normocytic normochromic. Few target cells present. Few normoblasts seen. No shistocyte

**LEUCOCYTES**: Adequate. Neutrophil with marked left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Adequate. Anisocytosis .Few Clumps seen

**COMMENT:** Leucoerythroblastic picture. R/O Bone Marrow Infitration

**SUGGEST:** Tissue biospy if applicable

Validated by

**DRS. AMOAKO/AGGREY**

**19TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: DORA TWUM**

**AGE: 54 YEARS**

**SEX: FEMALE**

**INDICATION: PANCYTOPENIA**

**ERYTHROCYTES**:Anisocytosis with marked hypochromasia

**LEUCOCYTES**: Moderately reduced

**PLATELETS**: Markedly reduced. Anisocytosis with no clumps seen

**COMMENT:** Pancytopenia

Validated by

**DR. AMOAKO**

**19TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: CHRISTIANA ALLOTEY**

**AGE: 47 YEARS**

**SEX: MALE**

**INDICATION: DVT**

**ERYTHROCYTES**:Normocytic normochromic.

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Adequate. Anisocytosis .Few Clumps seen

**COMMENT:** Normal boold film comment

Validated by

**DR. AMOAKO**

**19TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: GIFTY TAMAKLOE**

**AGE: 73 YEARS**

**SEX: FEMALE**

**INDICATION: DVT**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Adequate on film. Neutrophil with left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Adequate. Anisocytosis .Few Clumps seen

**COMMENT :** Exclude Infection

Validated by

**DR. AMOAKO**

**19TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: SADIA ISMALIA**

**AGE: 58 YEARS**

**SEX: FEMALE**

**INDICATION: MM ON MPT**

**ERYTHROCYTES**:Anisocytosis with occasional pencil cells. Polychromatic cells. Hypochromasia

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Adequate on film. Anisocytosis with few Clumps seen

**COMMENT:** Exclude IDA

Validated by

**DR. AMOAKO**

**19TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: FRANK BOAKYE**

**AGE: 53 YEARS**

**SEX: MALE**

**INDICATION: ? MM**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Adequate. Neutrophil with left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Adequate. Anisocytosis .Clumps++

**COMMENT:** 1. Plasma Cell Dyscresia cannot be ruled out

**2.** Exclude infection

**SUGGEST:** 1. BMA

**2.** SPEP. SFLC, Serum Ca2+ , Skeletal Survey

**3.** Septic Screen

Validated by

**DR. AMOAKO**

**19TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: EMMA AKLIKO**

**AGE: 43 YEARS**

**SEX: MALE**

**INDICATION: KNOWN RVI, MODERATE ANAEMIA**

**ERYTHROCYTES**:Anisopoikilocytosis (microcytes++, target cells+, pencil cells+). Marked hypochromasia

**LEUCOCYTES**: Adequate. Relative lymphocytosis with some reactive lymphocytes. Neutrophil with left shift, toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Adequate. Anisocytosis Clumps+ seen.

**COMMENT:** 1. Exclude microcytic anaemia, likely IDA

**2.** Exclude infection

**SUGGEST:** Iron studies

Validated by

**DR. AMOAKO**

**19TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: REV. MICHAEL ADJEI**

**AGE: 49 YEARS**

**SEX: MALE**

**INDICATION: MACROCYTIC ANAEMIA**

**ERYTHROCYTES**:Normocytic normochromic.

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Adequate on film. Anisocytosis

**COMMENT:** Normal blood film

Validated by

**DR. AMOAKO**

**19TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: FELICIA JUNIOR LETSU**

**AGE: 79 YEARS**

**SEX: FEMALE**

**INDICATION: CML ON HU**

**ERYTHROCYTES**:Anisopoikilocytosis ( microcytes+, target cells+. Pencil cells+) Hypochromasia. Few polychromatic cells seen

**LEUCOCYTES**: Adequate. Neutrophil with left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Adequate. Anisocytosis . Clumps+

**COMMENT:** 1. Consistent with history

**2.** Exclude microcytic anaemia likely IDA

**3.** Exclude infection

**SUGGEST:** 1. Iron studies

**2.** Septic screen

Validated by

**DR. AMOAKO**

**19TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: SARAH NARTEY**

**AGE: 47 YEARS**

**SEX: FEMALE**

**INDICATION: ? MYELOPROLIFERATIVE DISORDER**

**ERYTHROCYTES**:Increased red cell mass. Normocytic normochromic

**LEUCOCYTES**: Adequate. Neutrophil with marked left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Markedly increased. Anisocytosis with few giant form seen Clumps++

**COMMENT:** 1. Consistent with history

**2.** Exclude infection

**SUGGEST:** 1. BMA

**2.** Jak 2 mutation

**3.** Septic screen

Validated by

**DR. AMOAKO**

**19TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: VICTOR AGBENU OFOE**

**AGE: 43 YEARS**

**SEX: MALE**

**INDICATION: SICKLE CELL DX WITH ANAEMIA**

**ERYTHROCYTES**:Anisopoikilocytosis ( target cells+, irreversibly sickled cells+, pencil cells). Ploychromatic cells. Normoblasts++(47 per 100 Wbc)

**LEUCOCYTES**: Slightly increased. Corrected Wbc = 26.14x109

Neutrophilia with left shift, toxic granules and cytoplasmic vacuoles. Lymphocytosis with some mature lymphocytes.

**PLATELETS**: Adequate. Anisocytosis .Few Clumps seen

**COMMENT:** 1. Known sickle cell

**2.** Exclude infection

**3.** Leucoerythroblastic picture

Validated by

**DR. AMOAKO**

**20TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: DAVID AYITTEY**

**AGE: 48 YEARS**

**SEX: MALE**

**INDICATION: ANAEMIA ? CAUSE**

**ERYTHROCYTES**:Dimorphic ( normocytic normochromic, microcytic hypochromatic). Few polychromatic cells.

**LEUCOCYTES**: Adequate. Neutrophil with mild left shift

**PLATELETS**: Adequate. Anisocytosis with few giant forms Clumps+

**COMMENT:** 1. Exclude IDA

**2.** Exclude infection

Validated by

**DR. AMOAKO**

**20TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: VINCENTIA OKAI**

**AGE: 67 YEARS**

**SEX: FEMALE**

**INDICATION: MACROCYTOSIS**

**ERYTHROCYTES**:Anisocytosis with mild hypochromasia, macrocytes+ ( round and oval)

**LEUCOCYTES**: Adequate. Relative lymphocytosis with some reactive lymphocytes. Neutrophil left shift, toxic granules and cytoplasmic vacuoles. No hypersegmented neutrophils seen.

**PLATELETS**: Adequate. Anisocytosis .Few Clumps seen

**COMMENT:** Exclude infection

Validated by

**DR. AMOAKO**

**20TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: VIDA BUXTON CLOTTEY**

**AGE: 45 YEARS**

**SEX: FEMALE**

**INDICATION: KNOWN RETRO WITH LOW HB &HIGH PLT**

**ERYTHROCYTES**:Anispoikilocytosis ( target cells+, pencil cells+). Hypochromasia

**LEUCOCYTES**: Adequate. Neutrophil with toxic granules

**PLATELETS**: Markedly increased. Anisocytosis Clumps++

**COMMENT:** 1. Exclude mcrocytic Anaemia (IDA)

**2.** Exclude infection with reactive thrombocytosis

Validated by

**DR. AMOAKO**

**20TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: STEVE PARRY**

**AGE: 53 YEARS**

**SEX: MALE**

**INDICATION: CKD**

**ERYTHROCYTES**:Anisocytosis with few polychromatic cells

**LEUCOCYTES**: Adequate. Relative lymphocytosis with some reactive lymphocytes

**PLATELETS**: Adequate. Anisocytosis few Clumps seen

**COMMENT:** Exclude infection

Validated by

**DR. AMOAKO**

**20TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: GRACE BANINI**

**AGE: 63 YEARS**

**SEX: FEMALE**

**INDICATION: ANAEMIA + THROMBOCYTOPENIA ? CAUSE**

**ERYTHROCYTES**:Anisocytosis with few hypochromasia . Few polychromatic cells seen.

**LEUCOCYTES**: adequate. Normal morphology

**PLATELETS**: Adequate. Anisocytosis with few giant forms seen. Few aggregates

**COMMENT:** Exclude IDA

Validated by

**DR. AMOAKO**

**20TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: TACKYI ADAMS**

**AGE: 52 YEARS**

**SEX: MALE**

**INDICATION: MALIGNANT HYPERTENSION**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Adequate. Anisocytosis few clumps seen

**COMMENT:** Normal blood film comment

Validated by

**DR. AMOAKO**

**20TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: ABIGAIL ASABEA AWUDI**

**AGE: 38 YEARS**

**SEX: FEMALE**

**INDICATION: ANAPLASTIC LARGE B CELL LYMPHOMA WITH THROMBOCYTOSIS**

**ERYTHROCYTES**:Anisocytosis with mild hypochromasia . Polychromatic cells+

**LEUCOCYTES**: Adequate. Neutrophil with left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Markedly increased. Anisocytosis clumps+

**COMMENT:** 1. Consistent with history

**2.** Exclude infection

Validated by

**DR. AMOAKO**

**20TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: JULIANA BOATEMAA**

**AGE: 60 YEARS**

**SEX: FEMALE**

**INDICATION: CLL**

**ERYTHROCYTES**:Reduced red cell mass. Anisocytosis with occasional target cells.

**LEUCOCYTES**: Markedly increased . Mostly small mature looking lymphocytes

**PLATELETS**: Markedly increased. Anisocytosis with few giant form seen Clumps++

**COMMENT:** Consistent with history

Validated by

**DRS. AMOAKO/AGGREY**

**20TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: BLESSING FRANCISCA ODAME**

**AGE: 5 YEARS**

**SEX: FEMALE**

**INDICATION: R/O HEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Anisocytosis with hypochromasia

**LEUCOCYTES**: Adequate. Mild neutrophil with left shift, few eosinophils present. No blasts seen. Occasional atypical lymphocytes.

**PLATELETS**: Markedly reduced. Anisocytosis . No clumps seen

**COMMENT:** Haematological malignancy cannot be ruled out

Validated by

**DRS. AMOAKO/AGGREY**

**20TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: COMFORT AWUKU**

**AGE: 47 YEARS**

**SEX: FEMALE**

**INDICATION: AML**

**ERYTHROCYTES**:Anisocytosis with few polychromatic cells. Macocytes+ (round) also seen.

**LEUCOCYTES**: Adequate. Neutrophil with marked left shift, toxic granules and cytoplasmic vacuoles. Occasional cell with granular cytoplasmic, high N:C ratio.

**PLATELETS**: Adequate. Anisocytosis. Few clumps seen

**COMMENT:** Consistent with history

Validated by

**DR. AMOAKO**

**20TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: MICHAEL AMPADU**

**AGE: 1 YEAR**

**SEX: MALE**

**INDICATION: R/O HEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Anisocytosis with occasional target cells. Few polychromatic cells.

**LEUCOCYTES**: Adequate. Neutrophil with left shift some reactive lymphocytes seen

**PLATELETS**: Adequate. Anisocytosis . Few clumps seen

**COMMENT:** Exclude infection

Validated by

**DR. AMOAKO**

**20TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: AIKINS QUAYE**

**AGE: 14 YEAR**

**SEX: MALE**

**INDICATION: FEVER, SEVERE ANAEMIA**

**ERYTHROCYTES**:

**LEUCOCYTES**:

**PLATELETS**:

**COMMENT:**

Validated by

**DR. AMOAKO**

**21ST MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: AIKINS QUAYE**

**AGE: 14 YEARS**

**SEX: MALE**

**INDICATION: FEVER, SEVERE ANAEMIA**

**ERYTHROCYTES**:Reduced red cell mass. Anisocytosis with few polychromatic cells seen

**LEUCOCYTES**: Moderately increased. Lymphocytosis with some reactive lymphocytes. Large immature looking lymphoid cell with high N:C ratio, granular cytoplasm and open chromatia

**PLATELETS**: Moderately reduced. Anisocytosis

**COMMENT:** Acute lymphoblastic leukaemia

**SUGGEST:** BMA + Immunophenotyping

Validated by

**DRS. AMOAKO/AGGREY/GHUNNEY**

**21ST MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: FLORENCE ADDO**

**AGE: 51 YEARS**

**SEX: FEMALE**

**INDICATION: CLL**

**ERYTHROCYTES**:Anisocytosis .Polychromasia

**LEUCOCYTES**: Moderately increased. Lymphocytosis with some reactive lymphocytes. Mostly small mature lymphocytes. Some with convoluted nuclei

**PLATELETS**: Adequate. Anisocytosis with few clumps seen

**COMMENT:** Consistent with CLL

**SUGGEST:** Flow Cytometry

Validated by

**DRS. AMOAKO/AGGREY/GHUNNEY**

**21ST MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: ADAMU ABDULLAI**

**AGE: 34 YEARS**

**SEX: MALE**

**INDICATION: RECURRENT ANAEMIA**

**ERYTHROCYTES**:Anisopoikilocytosis ( target cells+, pencil cells+). Mild hypochromasia. Few polychromatic cells

**LEUCOCYTES**: Slightly increased. Neutrophilia with left shift, toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Slightly increased on film. Anisocytosis . Clumps and aggregates seen.

**COMMENT:** 1. Exclude IDA

**2.** Exclude infection with reactive thrombocytosis

Validated by

**DR. AMOAKO**

**21ST MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: MAAME ADWUBI BOATENG**

**AGE: 28 YEARS**

**SEX: FEMALE**

**INDICATION:**

**ERYTHROCYTES**:Normocytic normochromic. Few normoblasts seen.

**LEUCOCYTES**: Markedly increased. Large immature cells with high N:C ratio, agranular cytoplasm and nucleoli. Some appears clumped togebther.

**PLATELETS**: Adequate. Anisocytosis. Few clumps seen.

**COMMENT:** Relapsed ALL

**SUGGEST:** BMA

Validated by

**DRS. AMOAKO/AGGREY/GHUNNEY**

**21ST MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: MARGARET ABBA DONKOR**

**AGE: 63 YEARS**

**SEX: FEMALE**

**INDICATION: RECURRENT LOW BACK PAIN**

**ERYTHROCYTES**:Adequate. Neutrophl left shift with toxic granules and cytoplasmic vacuoles

**LEUCOCYTES**: Adequate. Anisocytosis with toxic granules and cytoplasmic vacuoles

**PLATELETS**: Adequate. Anisocytosis with few giant forms seen. Clumps++

**COMMENT:** 1. Plasma Cell dyscrasia cannot be ruled out

**2.** Exclude infection

**SUGGEST:** 1. SPEP,SPLC,Serum Ca

2. Septic Screen

Validated by

**DR. AMOAKO**

**25TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: BARBARA BAMPOE**

**AGE: 47 YEARS**

**SEX: FEMALE**

**INDICATION: SCD/SS**

**ERYTHROCYTES**:Anisopoikilocytosis (pencil cells+), target cells+, irreversibly sickled cells+). Macrocytes+ (round and oval)

**LEUCOCYTES**: Adequate. Neutrophil left shift. Few hypersegmented neutrophils seen.

**PLATELETS**: Moderately reduced. Anisocytosis .

**COMMENT:** 1. Consistent with history

**2.** Exclude mixed deficiency anaemia

**3.** Thrombocytopenia? Cause

**4.** Exclude infection

**SUGGEST:** 1. Iron studies

2. Vitamin B12 and folate assay

3. Septic screen.

Validated by

**DR. AMOAKO**

**25TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: GERTRUDE KAFE**

**AGE: 72 YEARS**

**SEX: FEMALE**

**INDICATION: CKD**

**ERYTHROCYTES**:Dimorphic (normocytic normochromic and microcytic, hypochromic cells)

**LEUCOCYTES**: Adequate. Relative lymphocytosis. Neutrophil with mild left shift. Few eosinophils seen.

**PLATELETS**: Adequate. Anisocytosis

**COMMENT:** Exclude infection

Validated by

**DR. AMOAKO**

**25TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: BABA MOHAMMED**

**AGE: 48 YEARS**

**SEX: MALE**

**INDICATION: MILD NEUTROPENIA**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Adequate. Mild neutrophil left shift

**PLATELETS**: Adequate. Anisocytosis . Few clumps seen

**COMMENT:** Exclude infection

Validated by

**DR. AMOAKO**

**25TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: AKOSUA ANSOWAA BOATENG**

**AGE: 66 YEARS**

**SEX: FEMALE**

**INDICATION: RECURRENT ANAEMIA IN A KNOWN SCDX**

**ERYTHROCYTES**:Anisopoikilocytosis (microcytes+,target cells+, pencil cells+,dense cells+) . polychromatic cells+. Hypochromasia

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Adequate on film. Anisocytosis . Clumps+

**COMMENT:** Exclude microcytic anaemia

Validated by

**DR. AMOAKO**

**25TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: ADRIAN BROWN**

**AGE: 54 YEARS**

**SEX: MALE**

**INDICATION: DEFAULTED CML**

**ERYTHROCYTES**:Anisocytosis with mild hypochromasia

**LEUCOCYTES**: Markedly increased. Neutrophilia showing entire spectrum of myeloid cells as follows:

**Myeloblast** - 12

**Promyelocyte** - 6

**Metal Myelo** - 18

**Band / Neutrophil** - 55

**Eosinophil** - 2

**Basophil** -7

**PLATELETS**: Moderately reduced with no clumps

**COMMENT:** CML in accelerated phase

Validated by

**DR. AMOAKO**

**25TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: KARL FRANZ**

**AGE: 2 YEARS**

**SEX: MALE**

**INDICATION: ALL**

**ERYTHROCYTES**:Anisocytosis with occasional target cells. Mild hypochromasia

**LEUCOCYTES**: Moderately increased. Mostly moderate to large to immature looking cells with scanty agranular cytoplasm, loose chromatin with nucleoli. Smear cells+

**PLATELETS**: Markedly reduced. No clumps seen.

**COMMENT:** Likely ALL

**SUGGEST:** BMA

Validated by

**DR. AMOAKO**

**25TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: GIDEON AWUSI**

**AGE: 35 YEARS**

**SEX: FEMALE**

**INDICATION: ? POLYCYTHEMIA**

**ERYTHROCYTES**:Increased red cells mass. Normocytic norchromic.

**LEUCOCYTES**: Adequate. Neutrophil with mild left shift, toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Adequate. Anisocytosis. Few clumps seen

**COMMENT:** 1. Consistent with history

**2.** Exclude infection

Validated by

**DR. AMOAKO**

**25TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: SAMUEL DANSO**

**AGE: 8 YEARS**

**SEX: MALE**

**INDICATION: HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Anisopoikilocytosis (target cells+, pencil cells+). Few polychromatic cells and normoblasts seen.

**LEUCOCYTES**: Markedly increased. Lymphocytosis. Large immature looking lymphoid cells, high N:C, agranular cytoplasm and open chromatin. Smear cells++

**PLATELETS**: Markedly reduced. Anisocytosis .No clumps seen.

**COMMENT:** Acute Leukaemia

**SUGGEST:** 1. BMA + Immunophenotyping

Validated by

**DRS. AMOAKO/AGGREY**

**25TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: BABY VICTORIA VINSON**

**AGE: 2 WEEKS**

**SEX: FEMALE**

**INDICATION: SYPHILLIS EXPOSED BABY WITH PROLONG CANNDICE**

**ERYTHROCYTES**: Anisopoikilocytosis (target cells+). Polychromatic cells++ . Hypochromasia

**LEUCOCYTES**: Mildly increased. Lymphocytosis with some reactive lymphocytes. Neutrophil with mild left shift.

**PLATELETS**: Adequate. Anisocytosis. Clumps+

**COMMENT:** Exclude infection with hemolysis

Validated by

**DRS. AMOAKO/AGGREY**

**25TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: ISHMAEL TAGOE**

**AGE:**

**SEX: MALE**

**INDICATION: ANAEMIA**

**ERYTHROCYTES**: Anisopoikilocytosis (Pencil cells+,target cells+). Hypochromasia

**LEUCOCYTES**: Slightly increased. Neutrophilia with left shift, toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Adequate. Anisocytosis. Few clumps seen.

**COMMENT:** 1. Exclude infection

**2.** Eclude IDA

Validated by

**DR. AMOAKO**

**25TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: RICHARDS HAWA**

**AGE: 35 YEARS**

**SEX: MALE**

**INDICATION: ? HEPATOSPENOMEGALLY**

**ERYTHROCYTES**: Anisocytosis with occasional pencil cells, target cells. Hypochromasia

**LEUCOCYTES**: Markedly reduced. Neutrophil with mild left shift

**PLATELETS**: Moderately reduced. Anisocytosis. No clumps seen

**COMMENT:** Pancytopenia ? Cause

Validated by

**DR. AMOAKO**

**25TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: EDITH BOATENG**

**AGE: 30 YEARS**

**SEX: FEMALE**

**INDICATION: ITP**

**ERYTHROCYTES**: Mostly microcytic hypochromic cells with occasional target cells.

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Markedly reduced . No clumps seen

**COMMENT:** 1. Consistent with history

**2.** Exclude microcytic anaemia

Validated by

**DR. AMOAKO**

**25TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: FAUZIA SANI**

**AGE: 38 YEARS**

**SEX: FEMALE**

**INDICATION: ANAEMIA IN PREGNANCY ? CAUSE**

**ERYTHROCYTES**: Anisocytosis with occasional dense cells and pencil cells.

**LEUCOCYTES**: Slightly increased. Neutrophilia with left shift, toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Adequate. Anisocytosis with few giant forms seen. Occasional clumps

**COMMENT:** 1. Exclude microcytic anaemia (IDA)

**2.** Exclude hemoglobinopathy

**3.** Exclude infection

Validated by

**DR. AMOAKO**

**26TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: BENJAMIN BLAY**

**AGE: 21 YEARS**

**SEX: MALE**

**INDICATION: CML**

**ERYTHROCYTES**: Mostly normochromic normocytic

**LEUCOCYTES**: Moderately increased. Neutrophil showing entire spectrum of myeloid cells.Myeloblast - 8

Promyelocyte - 4

Metal Myelo - 18

Band / Neutrophil - 62

Eosinophil - 5

Basophil -3

**PLATELETS**: Adequate. Anisocytosis

**COMMENT:** CML in chronic phase

Validated by

**DR. AMOAKO**

**26TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: SETH LARYEA**

**AGE: 56 YEARS**

**SEX: MALE**

**INDICATION: ?CML**

**ERYTHROCYTES**: Normocytic normochromic with occasional pencil cells. Few polychromatic cells and normoblasts seen.

**LEUCOCYTES**: Slightly increased. Neutrophilia showing entire spectrum of myeloid cells.Myeloblast - 1

Promyelocyte - 4

Metal Myelo - 11

Band / Neutrophil - 80

Eosinophil - 3

Basophil -1

**PLATELETS**: Adequate. Anisocytosis . Few clumps seen

**COMMENT:** CML in chronic phase

**SUGGEST:** BCR-ABL Transcript

Validated by

**DR. AMOAKO**

**26TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: REGINA KWANKYEWA**

**AGE: 76 YEARS**

**SEX: FEMALE**

**INDICATION: ?LYMPHOMA**

**ERYTHROCYTES**: Anisopoikilocytosis (target cells+, pencil cells+) Hypochromasia . few normoblasts seen

**LEUCOCYTES**: Adequate. Neutrophi left shift, toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Adequate on film. Anisocytosis . Few clumps seen

**COMMENT:** 1. Leucoerythroblastic picture. Haemtological malignancy cannot be ruled out

**2.** Exclude IDA

**3.** Septic screen

**SUGGEST:** 1. Tissue biopsy if applicable

2. Iron studies

3. Septic Screen

Validated by

**DR. AMOAKO**

**26TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: ERIC KOFI BOATENG**

**AGE: 71 YEARS**

**SEX: MALE**

**INDICATION: UNEXPLAINED THROMBOCYTOPENIC**

**ERYTHROCYTES**: Normocytic normochromic

**LEUCOCYTES**: Adequate. Neutrophil with left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Slightly reduced . Manual count = 117 x 109. Anisocytosis with few giant forms seen. Clumps++

**COMMENT:** 1. Exclude infection

2. Thrombocytopenia ? cause

**SUGGEST:** 1. Septic screen

2. LFT

Validated by

**DR. AMOAKO**

**26TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: BABY EMELIA NARTEY**

**AGE: 15 DAYS**

**SEX: MALE**

**INDICATION: NEONATAL SEPSIS AND NEONATAL JAUNDICE**

**ERYTHROCYTES**: Anisopoikilocytosis (target cells++, pencil cells+, dense cells+)

**LEUCOCYTES**: Slightly increased. Lymphocytosis with some reactive lymphocytes. Occasional atypical forms seen. Neutrophil with mild left shift.

**PLATELETS**: Moderately increased. Anisocytosis. Few clumps seen.

**COMMENT:** Exclude infection with reactive thrombocytosis

Validated by

**DR. AMOAKO**

**26TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: DANIEL BENTUM**

**AGE: 59 YEARS**

**SEX: MALE**

**INDICATION: ? CHOLANGIOCARCINOMA R/O HCC**

**ERYTHROCYTES**: Reduced red cells mass. Anisopoikilocytosis(target cells+,pencil cells+).Hypochromasia

**LEUCOCYTES**: Slightly increased. Neutrophilia with marked left shift, toxic granules and cytoplasmic

vacuoles.

**PLATELETS**: Slightly reduced on film . Anisocytosis. Clumps +

**COMMENT:** 1. Exclude infection with reactive thrombocytosis

2. Haematological Malignancy cannot be ruled out.

Validated by

**DR. AMOAKO**

**26TH MARCH ,2024**

**BLOOD FILM COMMENT**

**NAME: MICHAEL GATI**

**AGE: 40YEARS**

**SEX: MALE**

**INDICATION: ? LYMPHOMA**

**ERYTHROCYTES**: Reduced red cells mass. Anisocytosis with occasional target cells. Polychromatic cells+. Hypochromasia.

**LEUCOCYTES**: Adequate. Neutrophil left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Slightly reduced. Anisocytosis. Few clumps

**COMMENT:** 1. Exclude infection

Validated by

**DR. AMOAKO**

26thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: JOSHUA KOFI SACKEY**

**AGE: 67 years**

**SEX: MALE**

**INDICATION: R/O MALIGNANCY**

**ERYTHROCYTES**:Dimorphic ( normocytic normochromic and microcytic. Hypochromic cells). Occasional target cells. Polychromatic cells+

**LEUCOCYTES**: Adequate . neutrophil left shift, toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Adequate. Anisocytosis

**COMMENT:** Exclude infection

Validated by

**DR. AMOAKO**

26thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: SAMUEL DANSO**

**AGE: 9 YEARS**

**SEX: MALE**

**INDICATION: HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Anisopoikilocytosis (target cells+, pencil cells+)

**LEUCOCYTES**: Markedly increased. Mostly large immature looking cells with high N:C ratio. Scanty agranular cytoplasm and open chromatin. Smear cells+ some of the nuclei appear cleaved and some convulated

**PLATELETS**: Markedly reduced. No clumps seen

**COMMENT:** Acute Leukaemia likely ALL

**SUGGEST:** BMA + immunophenotyping

Validated by

**DRS. AMOAKO/AGGREY**

26thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: GIFTY AIDOO**

**AGE: 30 years**

**SEX: FEMALE**

**INDICATION: SICKLE CELL ANAEMIA**

**ERYTHROCYTES**:Anispoikilocytosis (target cells+, burr cells+, irreversibly sickled cells+) . Hypochromasia . Polychromatic cells+. Normoblasts+++(344 per 100 wbc)

**LEUCOCYTES**: Moderately increased. Correated count = 43.69x109 .

**Mostly mature lympocytes**. Neutrophilia with left shift, toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Adequate. Anisocytosis with few giant forms seen. Clumps+

**COMMENT:** 1.Known Sickle cell

**2.** Likely sepsis with hemolysis

Validated by

**DRS. AMOAKO/ AGGREY**

26thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: ZINABU KARIYAMA**

**AGE: 78 years**

**SEX: FEMALE**

**INDICATION: DEFAULTED CML**

**ERYTHROCYTES**:Mostly microcytic hypochromic cells with target cells+

**LEUCOCYTES**: Slightly increased. Neutrophil with marked left shift, toxic ganules and cytoplasmic vacuoles

**PLATELETS**: Markedly increased. Anisocytosis with giant forms seen. Clumps+++

**COMMENT:** CML in accelerated phase (thrombocytosis)

**-** Exclude IDA

Validated by

**DR. AMOAKO**

26thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: ESI BRONYA**

**AGE: 57 years**

**SEX: FEMALE**

**INDICATION: RVI WITH SEVERE ANAEMIA**

**ERYTHROCYTES**:Anisopoikilocytosis (target cells+, pencil cells+) . Hypochromasia

**LEUCOCYTES**: Adequate . neutrophil left shift, toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Adequate. Anisocytosis

**COMMENT:** - Exclude infection

**-** Exclude IDA

Validated by

**DR. AMOAKO**

26thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: FELICIA OCRAN**

**AGE: 55 years**

**SEX: FEMALE**

**INDICATION: CHRONIC DVT ON XARELTO**

**ERYTHROCYTES**:Anisocytosis with mild hypochromasia

**LEUCOCYTES**: Adequate . neutrophil left shift, toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Adequate . Anisocytosis . Clumps+

**COMMENT:** Exclude infection

Validated by

**DR. AMOAKO**

26thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: PATRICIA EFFUM**

**AGE: 35 years**

**SEX: FEMALE**

**INDICATION: DVT**

**ERYTHROCYTES**:Anisopoikilocytosis (Target cells) Hypochromasia.

**LEUCOCYTES**: Adequate . neutrophil left shift.

**PLATELETS**: Adequate. Anisocytosis. Clumps+

**COMMENT:** - Exclude infection

**-** Exclude IDA

Validated by

**DR. AMOAKO**

26thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: STEPHEN MENSAH**

**AGE: 63 years**

**SEX: MALE**

**INDICATION: CLL/SLL ON CVP**

**ERYTHROCYTES**:Dimorphic (normochromic normochromic and microcytic hypochromic cells)

**LEUCOCYTES**: Adequate . Relative lymphocytosis with some reactive lymphocytes

**PLATELETS**: Adequate. Anisocytosis. Few clumps seen.

**COMMENT:** 1. Consistent with CLL

2.Exclude IDA

Validated by

**DRS. AMOAKO/ AGGREY**

26thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: KENNEDY OWUSU**

**AGE: 17 YEARS**

**SEX: MALE**

**INDICATION: HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Anisopoikilocytosis ( pencil cells+, target cells+) . Few normoblasts seen

**LEUCOCYTES**: Slightly increased. Most mature looking lymphocytes. Neutrophil with left shift

**PLATELETS**: Slightly reduced. Anisocytosis. Clumps+

**COMMENT:** - Leucoerythroblastic picture

**-** Exclude Microcytic anaemia

Validated by

**DR. AMOAKO**

26thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: MAVIS ATTAH**

**AGE: 55 years**

**SEX: FEMALE**

**INDICATION: GENERALISED LYMPHADENOPATHY**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Moderately mature looking lymphoid cells. Smear cells++. Atypical lymphocytes. Neutrophilia with left shift

**PLATELETS**: Adequate. Anisocytosis. Few clumps seen.

**COMMENT:** Chronic Lymphoid Leukaemia

**SUGGEST:** Immunophenotyping or Tissue biopsy + IHC

Validated by

**DR. AMOAKO/ AGGREY**

28thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: REGINA ABEFE**

**AGE: 56 years**

**SEX: FEMALE**

**INDICATION: LEUCOERTHROBLASTIC PICTURE ON FILM**

**ERYTHROCYTES**:Anisocytosis with occasional target cells . Hypochromasia.

**LEUCOCYTES**: Markedly increased. Neutrophilia showing entire spectrum of myeloid cells.

Myeloblast - 6

Promyelocyte -3

Metal Myelo -17

Band/ Neutro -63

Basophil -10

Eosinophil -3

**PLATELETS**: Adequate. Anisocytosis.

**COMMENT:** CML in chronic phase

**SUGGEST:** BCR-ABL Transcript or FISH for Philadelphia chromosome

Validated by

**DR. AMOAKO/AGGREY**

27thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: EVELYN HORMEKU**

**AGE: 24 years**

**SEX: FEMALE**

**INDICATION: RELAPSE AML**

**ERYTHROCYTES**:Reduced red cell mass. Anisocytosis with occasional pencil cells. Hypochromasia

**LEUCOCYTES**: Moderately reduced. Neutrophil left shift, toxic granules and cytoplasmic vacuoles. Occasional large looking cells with high N:C ratio, open chromatin and agranular cytoplasms

**PLATELETS**: Markedly reduced. No clumps seen

**COMMENT:** 1. Consistent with AML

Validated by

**DR. AMOAKO**

27thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: COMFORT PEPRAH**

**AGE: 55 years**

**SEX: FEMALE**

**INDICATION: MALIGNANCY**

**ERYTHROCYTES**:anisopoikilocytosis (target cells++,pencil cells+). Hypochromasia

**LEUCOCYTES**: Adequate. Neutrophil left shift, toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Moderately reduced. Anisocytosis. Few clumps seen.

**COMMENT:** 1. Exclude microcytic anaemia (likely IDA)

2. Exclude infection

3. Thrombocytopenia ? cause

Validated by

**DR. AMOAKO**

27th March, 2024

**BLOOD FILM COMMENT**

**NAME: PATIENCE PRABENG**

**AGE: 64 years**

**SEX: FEMALE**

**INDICATION: PERSISTENT SEVERE ANAEMIA**

**ERYTHROCYTES**:Dimorphic **(**Normocytic normochromic, microcytic hypochromic). Occasional pencil cells.

**LEUCOCYTES**: Adequate. Neutrophil with left shift toxic granules and cytoplasmic vacuoles

**PLATELETS**: Adequate. Anisocytosis. Few clumps seen.

**COMMENT:** 1. Exclude microcytic anaemia

**2.** Exclude infection

**SUGGEST:** Immunophenotyping or Tissue biopsy + IHC

Validated by

**DR. AMOAKO**

27thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: ISAAC ANKRAH**

**AGE: 64 years**

**SEX: MALE**

**INDICATION: RECURRENT ANAEAMIA, ?MM**

**ERYTHROCYTES**:Anisopoikilocytosis (target cells+, pencil cells+). Marked hypochromasia. Mild rouleaux

**LEUCOCYTES**: Adequate. Neutrophil with left shift, toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Slightly increased. Anisocytosis with few giant forms seen. Clumps++

**COMMENT:** 1. Exclude microcytic anaemia (likely IDA)

2. exclude infection with reactive thrombocytosis

3. Plasma cell dyscrasia cannot be ruled out

Validated by

**DR. AMOAKO**

27thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: ESTHER TERKPER**

**AGE: 55 years**

**SEX: FEMALE**

**INDICATION: SEVERE ANAEMIA ? CAUSE**

**ERYTHROCYTES**:Anisopoikilocytosis (target cells+, pencil cells++) . Hypochromasia

**LEUCOCYTES**: Adequate. Relative lymphocytosis. Neutrophil with left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Adequate. Anisocytosis. Few clumps seen.

**COMMENT:** 1. Exclude microcytic anaemia

**2.** exclude infection

Validated by

**DR. AMOAKO**

27thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: KERRON KOJO MAWULORM TSAKU**

**AGE: 2 years**

**SEX: MALE**

**INDICATION: SEPSIS ? SEVERE ANAEMIA**

**ERYTHROCYTES**:Anisopoikilocytosis (target cells++, pencil cells+). Hypochromasia. Polychromatic cells.

**LEUCOCYTES**: Slightly increased . Neutrophilia with marked left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Mildly increased. Clumps++

**COMMENT:** 1. Microcytic anaemia, likely IDA.

**2.** Sepsis

**3.** Exclude haemoglobinopathy

Validated by

**DRS. AMOAKO/ AGGREY/GHUNNEY**

27thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: JOHN ANDAM**

**AGE: 34 years**

**SEX: MALE**

**INDICATION: SUSPECTED HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Adequate. Relative lymphocytosis with some atypical forms

**PLATELETS**: Moderately reduced on film. Anisocytosis

**COMMENT:** Haematological malignancy cannot be ruled out

Validated by

**DRS. AMOAKO/ GHUNNEY**

28thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: BIYIRA RYDER**

**AGE: 1 year**

**SEX: MALE**

**INDICATION: LYMPHADENOPATHY**

**ERYTHROCYTES**:Anisocytosis with occasional target cells

**LEUCOCYTES**: Adequate. Relative lymphocytosis with some reactive lymphocytes. Neutrophil with left shift toxic granules and cytoplasmic vacuoles

**PLATELETS**: Adequate. Anisocytosis

**COMMENT:** Exclude infection

**SUGGEST:** Tissue biopsy if applicable

Validated by

**DRS. AMOAKO/ AGGREY**

28thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: ELIZABETH GYAPONG**

**AGE: 73 year**

**SEX: FEMALE**

**INDICATION: SMALL CELL LYMPHOCYTIC LYMPHOMA**

**ERYTHROCYTES**:Anisopoikilocytosis (target cells++, pencil cells+)

**LEUCOCYTES**: Adequate. Neutrophil with left shift toxic granules and cytoplasmic vacuoles

**PLATELETS**: Adequate. Anisocytosis

**COMMENT:** Exclude infection

Validated by

**DRS. AMOAKO/ AGGREY**

28thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: CHRISTIAN OWUSUAA**

**AGE: 27 YRS**

**SEX: FEMALE**

**INDICATION: CML**

**ERYTHROCYTES**:Anisocytosis . Hypochromasia

**LEUCOCYTES**: Slightly increased showing entire spectrum of myeloid cells. Few hypersegmented neutrophils.

Myeloblast - 15

Promyelocyte - 4

Metal Myelo -15

Band/ Neutro -63

Basophil -10

Eosinophil -3

**PLATELETS**: Markedly increased. Anisocytosis with few giant forms seen.

**COMMENT:** CML in accelerated phase.

**SUGGEST:** BMA

Validated by

**DRS. AMOAKO/ TETTEY**

28thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: GODFRE YOHUNO**

**AGE: 41 YRS**

**SEX: MALE**

**INDICATION: PANCYTOPENIA ? CAUSE**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Slightly reduced. Neutrophil left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Adequate on film. Anisocytosis. Clumps++

**COMMENT:** 1.Exclude Infection

2. Pancytopenia ? cause

**SUGGEST:** 1.BMA

2. Viral screen

Validated by

**DR. AMOAKO**

28thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: JAYDEN AMETEPEY**

**AGE: 1 YRS**

**SEX: MALE**

**INDICATION: RECURRENT FEVER**

**ERYTHROCYTES**:Normocytic normochromic.

**LEUCOCYTES**: Mildly increased on film, lymphocytosis. Occasional atypical forms seen.

**PLATELETS**: Adequate. Anisocytosis with few giant forms seen. Clumps+

**COMMENT:** Exclude infection

**SUGGEST:** 1. Tissue biopsy if applicable

2. Repeat film in 2 weeks

Validated by

**DRS. AMOAKO/ AGGREY**

28thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: LINDA AGBATTEY**

**AGE: 33 YRS**

**SEX: FEMALE**

**INDICATION: RECURRENT ANAEMIA**

**ERYTHROCYTES**:Dimorphic ( Normochromic, microcytic hypochromic cells). Few pencil cells and polychromatic cells present

**LEUCOCYTES**: Moderately increased. Neutrophilia with left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Reduced on film. No clumps seen

**COMMENT:** 1. Likely sepsis

**2.** Thrombocytopenia, ?? DIC

**SUGGEST:** BMA

Validated by

**DRS. AMOAKO/ TETTEY**

28thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: FELIX AKRONG**

**AGE: 41 YRS**

**SEX: MALE**

**INDICATION:** LYMPHOMA, THROMBOCYTOPENIA

**ERYTHROCYTES**:Anisocytosis with occasional target cells and pencil cells.

**LEUCOCYTES**: Slightly reduced. Neutrophilia with left shift, toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Markedly reduced with no clumps seen

**COMMENT:** 1. Exclude infection

2. Thrombocytopenia ? cause

3**.** Lymphoma cannot be ruled out

Validated by

**DR. AMOAKO**

28thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: ELIZABETH EGHAN**

**AGE: 40YRS**

**SEX: FEMALE**

**INDICATION: SPLENOMALY AND HEMOLYSIS**

**ERYTHROCYTES**:Microcytosis, hypochromasia, polychromasia+, microspherocytes+, normoblasts+

**LEUCOCYTES**: Adequate, mild neutrophil left shift with toxic granulation

**PLATELETS**: Adequate, anisocytosis, no clumps

**COMMENT:** Likely infection with haemolysis

**SUGGEST:**  Repeat film in two weeks after treating infection

Validated by

**DRS. INTERKUDZI/ LOKKO**

28thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: GIFTY MENSAH**

**AGE: 76 YRS**

**SEX: FEMALE**

**INDICATION: AML**

**ERYTHROCYTES**:Anisocytosis with occasional target cells. Few normoblasts seen

**LEUCOCYTES**: Moderately increased. Neutrophilia with left shift, toxic granules and cytoplasmic vacuoles. Occasional large mature looking cells with high N:C ratio, open chromatin and granular cytoplasm. Few basophils and eosinophil seen

**PLATELETS**: Moderately reduced. Anisocytosis

**COMMENT:** AML not in morphological remission

Validated by

**DRS. AMOAKO/ AGGREY/GHUNNEY**

28thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: BABY BEATRICE AMPAMAH**

**AGE: 4 WEEKS**

**SEX: FEMALE**

**INDICATION: MODERATE ANAEMIA**

**ERYTHROCYTES**:Anisopoikilocytosis, target cells++, pencil cells+. Few polychromatic cells.

**LEUCOCYTES**: Adequate. Relative lymphocytosis with some reactive lymphocytes. Neutrophil with mild left shift

**PLATELETS**: Slightly increased on film. Anisocytosis. Clumps+

**COMMENT:** 1. Exclude hemoglobinopathy

**2.** Exclude infection with hemolysis

**3.** Reactive thrombocytosis

**SUGGEST:** 1. Hb electrophoresis , HPLC

2. septic screen

Validated by

**DRS. AMOAKO/ AGGREY**

28thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: YUSSIF ADAMA**

**AGE: 75 YRS**

**SEX: MALE**

**INDICATION: ?? MM**

**ERYTHROCYTES**:Anisocytosis with occasional pencil and tear drop cells.

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Adequate. Anisocytosis

**COMMENT:** Plasma cell dyscrasia cannot be ruled out

**SUGGEST:** BMA, SPEP, SFLC, Scrum Ca2+

Validated by

**DR. AMOAKO**

28thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: CHRISTIANA DOMAKPE**

**AGE: 59 YRS**

**SEX: FEMALE**

**INDICATION: ?MM**

**ERYTHROCYTES**:Anisocytosis with hypochromasia. Few polychromatic cells seen.

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Moderately reduced on film. Anisocytosis

**COMMENT:** Plasma cell dyscrasia cannot be ruled out

**SUGGEST:** BMA,SPEP,SFLC, Serum Ca2+

Validated by

**DR. AMOAKO**

29thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: MARY TAKYIWAA**

**AGE: 63 YRS**

**SEX: FEMALE**

**INDICATION:**

**ERYTHROCYTES**:Anisocytosis with occasional pencil and tear drop cells

**LEUCOCYTES**: Adequate. Neutrophil left shift, toxic granules and cytoplasmic vacuoles. Few eosinophils seen

**PLATELETS**: Adequate on film. Anisocytosis

**COMMENT:** Exclude infection

**SUGGEST:** For possible tissue biopsy

Validated by

**DRS. AMOAKO/ AGGREY**

29thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: BELINDA OWUSU**

**AGE: 19 YRS**

**SEX: FEMALE**

**INDICATION: NHL**

**ERYTHROCYTES**:Microcytic hypochromic cells

**LEUCOCYTES**: Adequate. Relative lymphocytosis. Some reactive. Neutrophil with left shift

**PLATELETS**: Slightly increased on film. Anisocytosis. Clumps++

**COMMENT:** 1. Likely IDA

2. Exclude infection

**SUGGEST:** Tissue biopsy

Validated by

**DRS. AMOAKO/ AGGREY**

29thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: JOSHUA APOBESAH**

**AGE: 10 YRS**

**SEX: MALE**

**INDICATION: ??ALL**

**ERYTHROCYTES**:Anisopoikilocytosis (target cells+, stomatocytes+)

**LEUCOCYTES**: Adequate. Neutrophil with left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Adequate. Anisocytosis. Few clumps seen

**COMMENT:** Exclude hemoglobinopathy

**SUGGEST:** 1. Tissue biopsy

2. Hb electrophoresis

Validated by

**DRS. AMOAKO/ AGGREY**

28thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: EMMANUEL DAVIES**

**AGE: 21 YRS**

**SEX: MALE**

**INDICATION: AML**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Adequate. Relative lymphocytosis. Neutrophil with mild left shift, toxic granules and cytoplasmic vacuoles. No blasts seen.

**PLATELETS**: Adequate. Anisocytosis. Few clumps seen.

**COMMENT:** 1. Inadequate clinical history provided

2. AML in morphological remission

Validated by

**DRS. AMOAKO/ AGGREY**

29thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: BABY GRACE AGYEMANG DUAH**

**AGE:**

**SEX: FEMALE**

**INDICATION:**

**ERYTHROCYTES**:Anisopoikilocytosis, target cells++, dense cells+, polychromatic cells+

**LEUCOCYTES**: Slightly increased . neutrophil with left shift, toxic granules and cytoplasmic vacuoles. Some reactive lymphocyte

**PLATELETS**: Slightly increased on film. Anisocytosis . clumps+

**COMMENT:** Exclude hemoglobinopathy

Validated by

**DRS. AMOAKO/ AGGREY**

29thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: SEMEVO ZAYYAN**

**AGE: 2 YRS**

**SEX: FEMALE**

**INDICATION: NON TENDER SWELLING BELOW THE LEFT EAR**

**ERYTHROCYTES**:Normocytic normochromic with few pencil cells

**LEUCOCYTES**: Adequate. Relative lymphocytosis. Most are mature lymphocytes. Neutrophil with left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Slightly increased on film. Anisocytosis with few aggregates seen.

**COMMENT:** Exclude infection with reactive thrombocytosis

Validated by

**DRS. AMOAKO/ AGGREY**

28thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: AMJAD SEMEVO**

**AGE: 10 MONTHS**

**SEX: MALE**

**INDICATION: NON-TENDER SWELLING BELOW THE RIGHT EAR**

**ERYTHROCYTES**:Anisocytosis with occasional target cells. Mild hypochromasia

**LEUCOCYTES**: Slightly increased. Neutrophil left shift. Lymphocytosis, mostly mature lymphocytes and some atypical forms seen.

**PLATELETS**: Adequate. Anisocytosis. Few clumps

**COMMENT:** Exclude infection

**SUGGEST:** Consider tissue biopsy

Validated by

**DRS. AMOAKO/ AGGREY**

29thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: COMFORT BADDOO**

**AGE: 81YRS**

**SEX: FEMALE**

**INDICATION: SEVERE ANAEMIA**

**ERYTHROCYTES**:Anisocytosis with occasional target cells and pencil cells.

**LEUCOCYTES**: Adequate. Neutrophil left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Slightly reduced. Anisocytosis

**COMMENT:** 1. Likely IDA

**2.** Exclude infection

**SUGGEST:** 1. Iron studies

2. Screen for chronic blood loss

Validated by

**DRS. AMOAKO/ AGGREY**

4TH APRIL, 2024

**BLOOD FILM COMMENT**

**NAME: MOHAMMED RASHID ABDUL**

**AGE: 28 YRS**

**SEX: MALE**

**INDICATION: CML**

**ERYTHROCYTES**:Microcytic hypochromic cells, mild rouleaux, target cells

**LEUCOCYTES**: Adequate. Normal morphology, relative lymphocytosis

**PLATELETS**: Mild thrombocytopenia, few clumps seen, anisocytosis.

Manual count – 146 x 109/L

**COMMENT:** Known CML with mild thrombocytopenia

Validated by

**DRS. INTERKUDZI/ BANKAS**

28thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: NOWAN WASSAM**

**AGE: 43 YRS**

**SEX: FEMALE**

**INDICATION: SEVERE ANAEMIA, THROMBOCYTOSIS AND INCREASED WBC**

**ERYTHROCYTES**:Anisopoikilocytosis ( target cells+, pencil cells++, tear drops). Hypochromasia

**LEUCOCYTES**: Slightly increased. Neutrophilia with left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Slightly increased on film . No clumps seen

**COMMENT:** 1. Exclude IDA

2. Exclude infection with reactive thrombocytosis

Validated by

**DR. AMOAKO**

4TH APRIL, 2024

**BLOOD FILM COMMENT**

**NAME: MARY NUAMAN**

**AGE: 57 YRS**

**SEX: FEMALE**

**INDICATION: HIGH WBC ? CAUSE**

**ERYTHROCYTES**:Microcytic hypochromic cells, few target cells

**LEUCOCYTES**: Mildly increased. Neutrophilia with toxic granulation

**PLATELETS**: Adequate, Anisocytosis, clumps+

**COMMENT:** 1. Likely infection

**2.** Exclude IDA

**SUGGEST:** 1. Iron studies

2. Septic screen

Validated by

**DR. INTERKUDZI**

30th March, 2024

**BLOOD FILM COMMENT**

**NAME: BABY URSULA KWAUSE**

**AGE: 4 MONTHS**

**SEX: FEMALE**

**INDICATION: MODERATE ANAEMIA**

**ERYTHROCYTES**:Anisopoikilocytosis .( Target cells++, pencil cells+). Hypochromasia

**LEUCOCYTES**: Slightly increased. Mostly mature looking lymphocytes

**PLATELETS**: Adequate. Anisocytosis .Few clumps seen

**COMMENT:** Exclude hemoglobinopathy

Validated by

**DRS. AMOAKO/ AGGREY**

30thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: GIFTY YARTEY**

**AGE: 43YRS**

**SEX: FEMALE**

**INDICATION: SEVERE ANAEMIA**

**ERYTHROCYTES**:Mostly microcytic hypochromic cells with pencil cells+, target cells+ and occasional tear drop cells. Few normoblasts seen.

**LEUCOCYTES**: Slightly reduced. Neutrophil left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Adequate. Anisocytosis

**COMMENT:** 1. Likely IDA

**2.** Leucoerythroblastic picture

**SUGGEST:** 1. Iron studies

2. Screen for chronic blood loss

Validated by

**DRS. AMOAKO/ AGGREY**

30thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: FIONA NELSON - COFIE**

**AGE: 49YRS**

**SEX: FEMALE**

**INDICATION: LARGE B CELL LYMPHOMA – IHC CONFIRMED**

**ERYTHROCYTES**:Anisopoikilocytosis ( target cells+, pencil cells+). Few normoblasts seen

**LEUCOCYTES**: Adequate. Neutrophil left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Adequate with occasional giant forms seen. Clumps+

**COMMENT:** 1. Likely IDA

2. Exclude infection

Validated by

**DRS. AMOAKO/ AGGREY**

30thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: ENOCK TAYLOR**

**AGE: 10 YRS**

**SEX: MALE**

**INDICATION: ? LYMPHOPROLIFERATIVE DISORDER**

**ERYTHROCYTES**:Reduced red cells mass . Dimorphic (normocytic normochromic, microcytic hypochromic cells) with pencil cells+.

**LEUCOCYTES**: Moderately reduced. Relative lymphocytosis. Mostly small mature lymphocytes. Neutrophil left shift.

**PLATELETS**: Markedly reduced. Anisocytosis

**COMMENT:** Pancytopenia ? cause

**SUGGEST:** 1. BMA

2. Tissue biopsy if applicable

Validated by

**DRS. AMOAKO/ AGGREY**

29thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: THOMAS ASAAN**

**AGE: 23YRS**

**SEX: MALE**

**INDICATION: CASE OF B-CELL ALL**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Markedly reduced with no clumps seen. Anisocytosis

**COMMENT:** Thrombocytopenia ? cause ( ? therapy induced)

Validated by

**DR. AMOAKO**

30thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: GLADYS MENSAH**

**AGE: 59YRS**

**SEX: FEMALE**

**INDICATION: CKD**

**ERYTHROCYTES**:Anisopoikilocytosis ( target cells+, pencil cells+). Hypochromasia. Few polychromatic cells seen.

**LEUCOCYTES**: Adequate. Neutrophil left shift.

**PLATELETS**: Adequate. Anisocytosis. Few clumps seen

**COMMENT:** 1. Exclude infection with hemolysis

**2.** Exclude microcytic anaemia

**SUGGEST: -**Urine R/E

-LFT,

-Reticlocyte Count

-Screen for chronic blood loss

Validated by

**DR. AMOAKO**

30thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: BRIGHT ARTHUR**

**AGE: 19 YRS**

**SEX: MALE**

**INDICATION: HAEMATEMESIS**

**ERYTHROCYTES**:Reduced red cell mass. Mostly microcytic hypochromic cells with pencil cells+ and occasional tear drop cells. Polychromatic cells+

**LEUCOCYTES**: Moderately reduced. Neutrophil left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Moderately reduced. Anisocytosis. Few clumps seen

**COMMENT:** 1. Exclude infection with hemolysis

**2.** Exclude microcytic anaemia

**3.** Thrombocytopenia ? cause

**SUGGEST:** 1. Iron studies

2. Screen for chronic blood loss

Validated by

**DR. AMOAKO**

30thMarch, 2024

**BLOOD FILM COMMENT**

**NAME: GEORGE TEI MADJITEY**

**AGE: 51YRS**

**SEX: MALE**

**INDICATION: MULTIPLE MYELOMA**

**ERYTHROCYTES**:Anisopoikilocytosis (target cells+, pencil cells+). Hypochromasia.

**LEUCOCYTES**: Slightly increased. Neutrophil left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Slightly reduced. Anisocytosis. Clumps++

**COMMENT:** 1. Plasma cell dyscrasia cannot be ruled out

**2.** Exclude IDA

**SUGGEST:** SPEP,SPLC,Serum Ca2+, BMA

Validated by

**DR. AMOAKO**

**8th April, 2024**

**BLOOD FILM COMMENT**

**NAME: MOHAMMED ALHASSAN HARDI**

**AGE: 29YRS**

**SEX: MALE**

**INDICATION: CML**

**ERYTHROCYTES**:Anisocytosis with mild hypochromasia

**LEUCOCYTES**: Markedly increased, neutrophilia showing entire spectrum of myeloid cells

Myeloblast - 13

Promyelocyte - 4

Meta / Myelo -22

Band/ Neutro -49

Basophil -4

Eosinophil -8

**PLATELETS**: Markedly increased. Anisocytosis, clumps++

**COMMENT:** CML in accelerated phase

Validated by

**DRS. AMOAKO/TETTEY**

**8th April, 2024**

**BLOOD FILM COMMENT**

**NAME: DORA TWUM**

**AGE: 54YRS**

**SEX: FEMALE**

**INDICATION: PANCYTOPENIA UNDER INVESTIGATION**

**ERYTHROCYTES**:Anisocytosis with hypochromasia . Few target cells seen

**LEUCOCYTES**: Reduced. Relative lymphocytosis

**PLATELETS**: Markedly reduced, anisocytosis, large forms present, no clumps seen.

**COMMENT:** Pancytopenia ? cause

**SUGGEST:** BMA

Validated by

**DRS. INTERKUDZI/TETTEY**

**8th April, 2024**

**BLOOD FILM COMMENT**

**NAME: GRACE ANSOMAH MENSAH**

**AGE: 89 YRS**

**SEX: FEMALE**

**INDICATION: SEVERE ANAEMIA**

**ERYTHROCYTES**:Anisopoikilocytosis, hypochromasia, target cells++, few tear drop cells

**LEUCOCYTES**: Adequate, relative neutrophilia, normal morphology

**PLATELETS**: Mildly increased. Anisocytosis, large forms present, clumps++

**COMMENT:** Likely infection with reactive thrombocytosis

Validated by

**DR. INTERKUDZI**

**8th April, 2024**

**BLOOD FILM COMMENT**

**NAME: ESTHER ATAPAGREM**

**AGE: 43YRS**

**SEX: FEMALE**

**INDICATION: SEVERE ANAEMIA**

**ERYTHROCYTES**:Marked microcytosis and hypochromasia, target cells+

**LEUCOCYTES**: Increased, neutrophilic3 with toxic granulation

**PLATELETS**: Adequate, no clumps seen

**COMMENT:** Likely infection

**SUGGEST:** Septic screen

Validated by

**DR. INTERKUDZI**

**8th April, 2024**

**BLOOD FILM COMMENT**

**NAME: EBENEZER ADARKWA**

**AGE: 28YRS**

**SEX: MALE**

**INDICATION: EASY FATIQUE AND PALPITATION**

**ERYTHROCYTES**:Reduced , sparsely distributed, normocytic cells with mild hypochromasia

**LEUCOCYTES**: Reduced. Relative lymphocytosis, few atypical lymphocytes seen. ? significance

**PLATELETS**: Markedly reduced on film. No clumps seen

**COMMENT:** 1.Inadequate clinical history

**2.** Pancytopenia ? cause

**SUGGEST:** BMA / TREPHINE

Validated by

**DRS. INTERKUDZI/LOKKO**

**8th April, 2024**

**BLOOD FILM COMMENT**

**NAME: HARRIET OTOO**

**AGE: 32 YRS**

**SEX: FEMALE**

**INDICATION: POST PARTUM ECLAMPSIA WITH HELLP SYNDROME**

**ERYTHROCYTES**:Anisopoikilocytosis, hypochromasia, polychromatic cells++, normoblasts++, schistocytes+

**LEUCOCYTES**: Increased. Neutrophilia with left shift and toxic granulation some with cytoplasmic vacuolation

**PLATELETS**: Moderately reduced, anisocytosis, no clumps seen

**COMMENT:** 1. Sepsis with haemolysis

**2.** Consistent with a micro angiopathic haemolytic process

Validated by

**DRS. INTERKUDZI/TETTEY**

**8th April, 2024**

**BLOOD FILM COMMENT**

**NAME: DESMOND NENEVI**

**AGE: 9YRS**

**SEX: MALE**

**INDICATION: EPISTAXIS 2? BLEEDING DISORDER**

**ERYTHROCYTES**:Mild microcytosis and hypochromasia

**LEUCOCYTES**: Adequate, normal morphology. Eosinophilia

**PLATELETS**: Mildly increased. Anisocytosis, no clumps seen

**COMMENT:** 1. Microcytic hypochromic anaemia likely IDA

**2.** Eosinophilia

**SUGGEST:** 1. Iron studies

**2.** Screen for parasitic infection

**3.** Clotting Profile

**4.** Screen for bleeding disorders

Validated by

**DRS. INTERKUDZI/BANKAS**

**8th April, 2024**

**BLOOD FILM COMMENT**

**NAME: SAWDATA AHMED**

**AGE: 53 YRS**

**SEX: FEMALE**

**INDICATION: ANAEMIA + LEUCOCYTOSIS**

**ERYTHROCYTES**:Reduced red cell mass. Anisocytosis

**LEUCOCYTES**: Moderately increased mostly large looking cells with high N:C ; open chromatin and agranular cytoplasm. Some have auer rods in them

**PLATELETS**: Markedly decreased. No clumps seen

**COMMENT:** Likely Acute Myeloid Leukaemia

**SUGGEST: BMA + IMMUNOPHENOTYPING**

Validated by

**DRS. AMOAKO/AGGREY/GHUNNEY**

**8th April, 2024**

**BLOOD FILM COMMENT**

**NAME: SACKEY HANSEN**

**AGE: 46YRS**

**SEX: MALE**

**INDICATION: ANAEMIA WITH RENAL IMPAIRMENT ? MM**

**ERYTHROCYTES**:Mild microcytosis and hypochromasia few target cells seen

**LEUCOCYTES**: Increased. Mild neutrophilia with left shift some with toxic granulation. Few dysplastic neutrophil seen

**PLATELETS**: Adequate, no clumps

**COMMENT:** Likely infection

**SUGGEST:** 1. Septic screen

2. Repeat film in 2 weeks

Validated by

**DR. INTERKUDZI**

**8th April, 2024**

**BLOOD FILM COMMENT**

**NAME: MARY ADUBEA**

**AGE: 38 YRS**

**SEX: FEMALE**

**INDICATION: PANCYTOPENIA + SPLENOMEGALLY**

**ERYTHROCYTES**:Reduced, marked microcytosis and hypochromasia

**LEUCOCYTES**: Markedly reduced, normal morphology

**PLATELETS**: Markedly reduced, no clumps seen

**COMMENT:** Pancytopenia

**SUGGEST:**  Trephine biopsy/BM

Validated by

**DR. INTERKUDZI**

**9th April, 2024**

**BLOOD FILM COMMENT**

**NAME: MICHAEL GATI**

**AGE: 40 YRS**

**SEX: MALE**

**INDICATION: SUSPECTED HAEMATOLOGICAL MALIGNANCY WITH SEVERE ANAEMIA**

**ERYTHROCYTES**:Anisopoikilocytosis, hypochromasia, target cells+, polychromatic cells++, normoblast

**LEUCOCYTES**: Adequate. Neutrophil left shift.

**PLATELETS**: Reduced, platelets anisocytosis, few giant platelets seen. Few clumps noted

**COMMENT:** Likely haemolysis

**SUGGEST:**  1. Coombs test

**2.** Screen for autoimmune disease

**3.** R/o PNH

Validated by

**DR. INTERKUDZI/PROF. DEI**

**9th April, 2024**

**BLOOD FILM COMMENT**

**NAME: HANNAH KODJO**

**AGE: 49 YRS**

**SEX: FEMALE**

**INDICATION: ? CHRONIC LYMHOCYTIC LEUKEMIA**

**ERYTHROCYTES**:Anisopoikilocytosis, hypochromasia target cells++, pencil cells+

**LEUCOCYTES**: Increased. Mostly mature looking lymphocytes. Also seen are large cells with high nuclear cytoplasmic ratio. Smudge cells+++

**PLATELETS**: Reduced, no clumps seen

**COMMENT:** Likely CLL

**SUGGEST:**  Immunophenotyping

Validated by

**DR. INTERKUDZI/ PROF. DEI-ADOMAKOH**

**9th April, 2024**

**BLOOD FILM COMMENT**

**NAME: BABY JONAH ELIZABETH**

**AGE: 3 DAYS**

**SEX: FEMALE**

**INDICATION: JAUNDICE AND DROPPING HB**

**ERYTHROCYTES**:Dimorphic picture of macrocytic and normocytic cells. Few polychromatic cells seen.

**LEUCOCYTES**: Adequate, relative lymphocytosis, few atypical lymphocytes seen.

**PLATELETS**: Adequate, no clumps seen

**COMMENT:** 1. Likely haemolysis

**2.** Exclude infection

Validated by

**DRS. INTERKUDZI/AGGREY**

**9th April, 2024**

**BLOOD FILM COMMENT**

**NAME: CATE OSEI**

**AGE: 71 YRS**

**SEX: FEMALE**

**INDICATION: AML**

**ERYTHROCYTES**:Mild microcytosis and hypochromasia, occasional target cells

**LEUCOCYTES**: Adequate. Mostly cells with high N:C ratio and granular cytoplasm. Some with auer rods. Some of the cells have nucleoli

**PLATELETS**: Markedly reduced, no clumps seen

**COMMENT:** AML not in morphological remission

Validated by

**DR. INTERKUDZI**

**9th April, 2024**

**BLOOD FILM COMMENT**

**NAME: COLLINS WIAFE**

**AGE: 47 YRS**

**SEX: MALE**

**INDICATION: ACUTE ON CHRONIC KIDNEY DISEASE**

**ERYTHROCYTES**:Normocytic normochromic cells. Mild rouleaux

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate, no clumps seen

**COMMENT:** Multiple myeloma cannot be ruled out

**SUGGEST**: 1. SPEP

2. SFLC

3. Serum Calcium

4. Skeletal survey

Validated by

**DR. INTERKUDZI**

**9th April, 2024**

**BLOOD FILM COMMENT**

**NAME: GABRIEL LAWSON**

**AGE: 52 YRS**

**SEX: MALE**

**INDICATION: PANCYTOPENIA**

**ERYTHROCYTES**:Normocytic, normochromic cells

**LEUCOCYTES**: Reduced on film, normal morphology

**PLATELETS**: Adequate, clumps++

**COMMENT:** Leucopenia ? cause

Validated by

**DR. INTERKUDZI/AGGREY**

**9th April, 2024**

**BLOOD FILM COMMENT**

**NAME: SALIANU ADAMS**

**AGE: 52 YRS**

**SEX: FEMALE**

**INDICATION: ? AUTOIMMUNE DISEASE**

**ERYTHROCYTES**:Mostly microcytic , hypochromic cells, target cells+, no spherocytes seen. Occasional pencil cells.

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate, anisocytosis, no clumps seen

**COMMENT:** Exclude IDA

**SUGGEST:**  Iron studies

Validated by

**DRS. INTERKUDZI/AGGREY**

**9th April, 2024**

**BLOOD FILM COMMENT**

**NAME: MARGARET TWUMWAA**

**AGE: 73 YRS**

**SEX: FEMALE**

**INDICATION: CLD ? CAUSE DDx CML**

**ERYTHROCYTES**:Normocytic normochromic, target cells+++, few polychromatic cells

**LEUCOCYTES**: Increased. Neutrophilia with mild left shift and toxic granulation

**PLATELETS**: Adequate, anisocytosis, no clumps seen

**COMMENT:** Consistent with Liver disease

Validated by

**DR. INTERKUDZI**

**9th April, 2024**

**BLOOD FILM COMMENT**

**NAME: IRENE ALLOTEY**

**AGE: 70 YRS**

**SEX: FEMALE**

**INDICATION: MODERATE TO SEVERE ANAEMIA**

**ERYTHROCYTES**:Mostly normocytic normochromic cells, macrocytes+, polychromatic cells++, normoblasts, tear drop cells

**LEUCOCYTES**: Adequate. Neutrophilic left shift

**PLATELETS**: Markedly reduced, no clumps seen

**COMMENT:** 1. Leucoerythroblastic picture

**2.** Thrombocytopenia

**3.** Possible marrow infiltration

**SUGGEST:**  BMA

Validated by

**DRS. INTERKUDZI/AGGREY**

**9th April, 2024**

**BLOOD FILM COMMENT**

**NAME: ETHEL MENSAH**

**AGE: 33 YRS**

**SEX: FEMALE**

**INDICATION: LYMPHADENOPATHY**

**ERYTHROCYTES**:Anisopoilokicytosis, mild hypochromasia, tear drop cells+, pencil cells, target cells+

**LEUCOCYTES**: Adequate, neutrophil left shift with toxic granulation

**PLATELETS**: Adequate, anisocytosis, no clumps seen

**COMMENT:** 1. Likely infection

**2.** Likely IDA

**SUGGEST:**  1. Septic screen

**2.** Iron studies

**3.** Tissue biopsy

Validated by

**DRS. INTERKUDZI/AGGREY**

**9th April, 2024**

**BLOOD FILM COMMENT**

**NAME: ALFRED BOYE**

**AGE: 82 YRS**

**SEX: MALE**

**INDICATION: ANAEMIA SCREEN**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, occasional target cells

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Increased on film,anisocytosis no clumps seen

**COMMENT:** 1. Inadequate clinical history

**2.** Likely IDA with reactive thrombocytosis

**SUGGEST:**  Iron studies

Validated by

**DR. INTERKUDZI**

**9th April, 2024**

**BLOOD FILM COMMENT**

**NAME: LETICIA LAMPTEY**

**AGE: 62 YRS**

**SEX: FEMALE**

**INDICATION: R/O MULTIPLE MYELOMA**

**ERYTHROCYTES**:Normocytic Normochromic, Target Cells+, Polychromatic Cells+

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate,anisocytosis, no clumps seen

**COMMENT:** Multiple Myeloma cannot be ruled out

**SUGGEST:**  1. Serum Protein Electrophoresis

**2.** Serum free light chain

**3.** Serum Calcium

**4.** Skeletal survey

Validated by

**DR. INTERKUDZI**

**9th April, 2024**

**BLOOD FILM COMMENT**

**NAME: GODFRED OBIRI**

**AGE: 60 YRS**

**SEX: MALE**

**INDICATION: SEVERE ANAEMIA ? CAUSE. LYMPHADENOPATHY ? CAUSE**

**ERYTHROCYTES**:Dimorphic picture, normocytic and macrocytic

**LEUCOCYTES**: Markedly increased. Lymphocytosis. Mostly mature looking medium size lymphocytes. Smudge cells++

**PLATELETS**: Reduced,anisocytosis, no clumps seen

**COMMENT:** Probable CLL

**SUGGEST:**  Immunophenotyping

Validated by

**DR. INTERKUDZI**

**10th April, 2024**

**BLOOD FILM COMMENT**

**NAME: DOUGLAS NYARKO**

**AGE: 14 YRS**

**SEX: MALE**

**INDICATION: ? HEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Anisopoikilocytosis, normochromasia, target cells+, tear drop cells+, pencil cells+, polychromatic cells+, occasional normoblast seen

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Adequate,anisocytosis, occasional clumps seen

**COMMENT:** Consistent with haemolytic process

Validated by

**DR. INTERKUDZI/ PROF DEI-ADOMAKOH**

**10th April, 2024**

**BLOOD FILM COMMENT**

**NAME: DORA SAAH**

**AGE: 45 YRS**

**SEX: FEMALE**

**INDICATION: PANCYTOPENIA?CAUSE**

**ERYTHROCYTES**:Mildly reduced, anisocytosis, hypochromasia, target cells+, pencil cells+

**LEUCOCYTES**: Adequate. Relative lymphocytosis . few atypical lymphocytes seen.

? significance

**PLATELETS**: Markedly reduced anisocytosis, clumps seen

**COMMENT:** Pancytopenia ? cause

**SUGGEST:**  BMA/TREPHINE

Validated by

**DR. INTERKUDZI**

**10th April, 2024**

**BLOOD FILM COMMENT**

**NAME: ALIYU RASHEED**

**AGE: 1YR**

**SEX: MALE**

**INDICATION: BRONCHOPNEUMONIA**

**ERYTHROCYTES**:Anisocytosis, normochromasia, target cells+

**LEUCOCYTES**: Adequate, neutrophilia. Few reactive lymphocytes seen

**PLATELETS**: Adequate, clumps, anisocytosis

**COMMENT:** Consistent with infection

Validated by

**DR. INTERKUDZI/PROF. DEI**

**10th April, 2024**

**BLOOD FILM COMMENT**

**NAME: AMOS ELIKEM ETSE**

**AGE: 5 MONTHS**

**SEX: MALE**

**INDICATION: MODERATE ANAEMIA**

**ERYTHROCYTES**:Anisopoikilocytosis with marked hypochromasia, target cells+, pencil cells+, polychromatic cells+, microspherocytes+

**LEUCOCYTES**: Increased. Neutrophilia with left shift

**PLATELETS**: Increased, anisocytosis, Clumps+. Large forms present.

**COMMENT:** 1. Bacterial infection

**2.** Likely IDA

**3.** R/o Haemoglobinopathy

Validated by

**DR. INTERKUDZI/ PROF. DEI-ADOMAKOH**

**10th April, 2024**

**BLOOD FILM COMMENT**

**NAME: ADELAIDE ANTWIWAA**

**AGE: 8 YRS**

**SEX: FEMALE**

**INDICATION: GENOTYPE AS WITH RECURRENT JOINT PAIN**

**ERYTHROCYTES**:Normocytic normochromic with occasional target cells

**LEUCOCYTES**: Adequate. Relative lymphocytosis. Mostly mature looking lymphocyte. Few atypical lymphocytes seen ? significance

**PLATELETS**: Adequate. Anisocytosis . few clumps

**COMMENT:** 1. Probable infection

**2.** ? significane of atypical lymphocytes seen

**SUGGEST:**  Repeat film in 2 weeeks

Validated by

**DRS. AMOAKO/INTERKUDZI/BANKAS**

**10th April, 2024**

**BLOOD FILM COMMENT**

**NAME: EMMANUEL DANFEH**

**AGE:**

**SEX: MALE**

**INDICATION:**

**ERYTHROCYTES**:Anisopoikilocytosis, hypochromasia, irreversibly sickled cells+, target cells+, pencil cells+, polychromatic cells++, normoblast+

**LEUCOCYTES**: Increased neutrophilia with left shift with toxic granules and cytoplasmic vacuoles

**PLATELETS**: Increased on film, no clumps seen

**COMMENT:** Likely sepsis with haemolysis

**SUGGEST:**  Septic screen

Validated by

**DR. INTERKUDZI**

**10th April, 2024**

**BLOOD FILM COMMENT**

**NAME: COMFORT BENTIL**

**AGE: YRS**

**SEX: FEMALE**

**INDICATION:**

**ERYTHROCYTES**:Normocytic normochromic cells. Target cells+

**LEUCOCYTES**: Increased. Neutrophilia with left shift and toxic granulation

**PLATELETS**: Moderately reduced,anisocytosis, no clumps

**COMMENT:** Probable sepsis

Validated by

**DR. INTERKUDZI**

**10th April, 2024**

**BLOOD FILM COMMENT**

**NAME: BABY PRISCILLA ABABIO**

**AGE: 8 WEEKS**

**SEX: MALE**

**INDICATION: SEPSIS. SEVERE ANAEMIA**

**ERYTHROCYTES**:Anisocytosis, normochromasia. Few target and pencil cells+, microspherocyte+, red cell fragments+

**LEUCOCYTES**: Adequate. Neutrophilia with toxic granulation and cytoplasmic vacuoles

**PLATELETS**: Mildly reduced with anisocytosis

**COMMENT:** Consistent with sepsis

**SUGGEST:**  Repeat film after infection resolves

Validated by

**DR. INTERKUDZI**

**10th April, 2024**

**BLOOD FILM COMMENT**

**NAME: AGNES TSIUATOFIE**

**AGE: 66 YRS**

**SEX: FEMALE**

**INDICATION: MODERATE ANAEMIA WITH LEUCOCYTOSIS**

**ERYTHROCYTES**:Anisocytosis, target cells++

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate, occasional clumps seen, anisocytosis

**COMMENT:** 1. Inadequate clinical details

**2.** Exclude Liver Disease

Validated by

**DR. INTERKUDZI**

**15th April, 2024**

**BLOOD FILM COMMENT**

**NAME: DESMOND AMISSAH**

**AGE: 9 YEARS**

**SEX: MALE**

**INDICATION: SUSPECTED HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Mostly microcytic hypochromic

**LEUCOCYTES**: Markedly increased. Mostly by large cells with high N:C ratio, irregularly shaped nuclei some with nuleoli and open chromatin and granular cytoplasm with aver rods.

**PLATELETS**: Markedly reduced, no clumps seen

**COMMENT:** Acute Myeloid Leukaemia

**SUGGEST:**  BMA + Immunophenotyping

Validated by

**DR. INTERKUDZI/ PROF. DEI**

**15th April, 2024**

**BLOOD FILM COMMENT**

**NAME: DENNIS ADJEI**

**AGE: 11 YEARS**

**SEX: MALE**

**INDICATION: ? HAEMATOLOGICAL DISORDER**

**ERYTHROCYTES**:Anisopoikilocytosis, normochromasia, few target cells++, pencil cells+, tear drop cells+

**LEUCOCYTES**: Adequate. Large immature lymphoid cells with high N:C ratio, open chromatin, some with cleaved nuclei

**PLATELETS**: Markedly reduced, no clumps seen

**COMMENT:** R/o Acute Leukaemia

**SUGGEST:**  BMA

Validated by

**DR. INTERKUDZI/PROF. DEI**

**15th April, 2024**

**BLOOD FILM COMMENT**

**NAME: KWAKU BOAHEN KWARTENG**

**AGE: 16 YEARS**

**SEX: MALE**

**INDICATION: SEVERE ANAEMIA, PANCYTOPENIA**

**ERYTHROCYTES**:Dimorphic picture of microcytic hypochromic and normocytic normochromic cells, few polychromatic cells seen.

**LEUCOCYTES**: Increased. Neutrophilia with left shift and toxic granulation

**PLATELETS**: Reduced, large forms present, no clumps seen

**COMMENT:** Likely infection with haemolysis

**SUGGEST:**  Hb Electrophoresis after 3 months

Validated by

**DRS. INTERKUDZI/AGGREY**

**15th April, 2024**

**BLOOD FILM COMMENT**

**NAME: DANQUAH AWUAH OPPONG**

**AGE: 45 YEARS**

**SEX: MALE**

**INDICATION: CML ON GLIVEC WITH THROMBOCYTOPENIA ? CAUSE**

**ERYTHROCYTES**:Normocytic normochromic, occasional target cells

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Moderately reduced, anisocytosis, no clumps seen

**COMMENT:** Thrombocytopenia ? therapy related

Validated by

**DR. INTERKUDZI**

**15th April, 2024**

**BLOOD FILM COMMENT**

**NAME: JERRY TAMAKLOE**

**AGE: 44 YRS**

**SEX: MALE**

**INDICATION: NHL ON TREATMENT WITH PANCYTOPENIA**

**ERYTHROCYTES**:Anisocytosis, hypochromasia.

**LEUCOCYTES**: Markedly reduced. Normal morphology

**PLATELETS**: markedly reduced. No clumps seen

**COMMENT:** Pancytopenia ? cause. R/o marrow involvement

**SUGGEST:**  BMA

Validated by

**DR. INTERKUDZI**

**15th April, 2024**

**BLOOD FILM COMMENT**

**NAME: ABIBATU MAHAMA**

**AGE: 35 YRS**

**SEX: FEMALE**

**INDICATION: CML IN ? ACCELERATED PHASE**

**ERYTHROCYTES**:Dimorphic picture of normocytic normochromic and microcytic hypochromic cells. Few target cells and tear drop cells seen. Occasional normoblast

**LEUCOCYTES**: Adequate. Full spectrum of myeloid cells seen

**PLATELETS**: Markedly increased. Anisocytosis .Clumps+++

**COMMENT:** Likely accelerated phase if patient on therapy on account of thrombocytosis

Validated by

**DR. INTERKUDZI**

**15th April, 2024**

**BLOOD FILM COMMENT**

**NAME: QUAYE OKAI**

**AGE: 67 YRS**

**SEX: MALE**

**INDICATION: ? LYMPHOPROLIFERATIVE DISORDER**

**ERYTHROCYTES**:Microcytic hypochromic cells

**LEUCOCYTES**: Markedly increased. Lymphocytosis . Mostly mature looking lymphocytes smudge cells++

**PLATELETS**: Adequate on film. Clumps++

**COMMENT:** Probable CLL

**SUGGEST:**  Immunophenotyping

Validated by

**DR. INTERKUDZI**

**15th April, 2024**

**BLOOD FILM COMMENT**

**NAME: MOSES SESAY**

**AGE: 47 YRS**

**SEX: MALE**

**INDICATION: PANCYTOPENIA ? CAUSE**

**ERYTHROCYTES**:Anisocytosis, occasional pencil cells, macrocytes+

**LEUCOCYTES**: Adequate on film. Neutrophil left shift with toxic granulation

**PLATELETS**: Adequate on film, anisocytosis

**COMMENT:** 1. Film not suggestive of pancytopenia

**2.** Exclude mixed deficiency anaemia

Validated by

**DRS. OLAGA/AGGREY**

**1th April, 2024**

**BLOOD FILM COMMENT**

**NAME: BABY PRISCILLA ABABIO**

**AGE: 8 WEEKS**

**SEX: FEMALE**

**INDICATION: SEPSIS. SEVERE ANAEMIA**

**ERYTHROCYTES**:Anisocytosis, normochromasia. Few target with pencil cells+, microspherocytes+, red cell fragment

**LEUCOCYTES**: Adequate. Neutrophilia with toxic granulation and cytoplasmic vacuoles

**PLATELETS**: Mildly reduced with anisocytosis

**COMMENT:** Consistent with sepsis

**SUGGEST:**  Repeat film after infection resolves

Validated by

**DR. INTERKUDZI**

**15th April, 2024**

**BLOOD FILM COMMENT**

**NAME: JOICE ADUTWUMWAA**

**AGE: 56 YRS**

**SEX: FEMALE**

**INDICATION: ? LYMPHOMA**

**ERYTHROCYTES**:Anisopoikilocytosis, hypochromasia, target cells+, pencil cells+, polychromatic cells+

**LEUCOCYTES**: Increased. Neutrophilis with left shift and toxic granulation

**PLATELETS**: Adequate, clumps+

**COMMENT:** 1. Likely infection

**2.** Exclude IDA

**SUGGEST:**  1. Septic screen

**2.** Iron studies

**3.** Tissue Biopsy

Validated by

**DR. INTERKUDZI**

**15th April, 2024**

**BLOOD FILM COMMENT**

**NAME: EWDIN EFUA**

**AGE: 13 YRS**

**SEX: FEMALE**

**INDICATION: ? LYMPHOMA . R/O AUTOIMUNE DISEASE**

**ERYTHROCYTES**:Microcytic hypochromic cells, target cells+++, spherocytes+

**LEUCOCYTES**: Adequate. Neutrophilia with left shift and toxic granulation.

**PLATELETS**: Adequate, anisocytosis, no clumps seen

**COMMENT:** 1. Likely infection

**2.** Exclude haemoglobinopathy

**SUGGEST:**  1. Septic screen

**2.** Hb Electrophoresis

**3.** Tissue biopsy if applicable

Validated by

**DRS. INTERKUDZI/BANKAS**

**15th April, 2024**

**BLOOD FILM COMMENT**

**NAME: SAWUDATU AMADU**

**AGE:**

**SEX: FEMALE**

**INDICATION: ANAEMIA ? CAUSE**

**ERYTHROCYTES**:Anisopoikilocytosis, macrocytes+, target cells++, pencil cells++

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Adequate.

**COMMENT:** 1. Inadequate clinical details

**2.** Rule out mixed deficiency anaemia

**SUGGEST:**  1. Iron studies

**2.** B12/Folate Assay

Validated by

**DRS. INTERKUDZI/BANKAS**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: RAPHAEL MAHAMA**

**AGE: 14 YRS**

**SEX: MALE**

**INDICATION: MICROCYTIC HYPOCHROMIC ANAEMIA**

**ERYTHROCYTES**:Mostly microcytic hypochromic cells. Target cells+, pencil cells+

**LEUCOCYTES**: Increased. Neutrophilia with left shift

**PLATELETS**: Adequate, anisocytosis, no clumps seen

**COMMENT:** 1. Likely IDA

**2.** Exclude infection

**SUGGEST:**  1. Iron studies

**2.** screen for infection

Validated by

**DR. INTERKUDZI**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: CECILIA AKOSUA DONKOR**

**AGE: 48 YRS**

**SEX: FEMALE**

**INDICATION: PANCYTOPENIA**

**ERYTHROCYTES**:Normocytic normochromic, few pencil cells seen

**LEUCOCYTES**: Adequate. Neutrophils with toxic granular and cytoplasmic vacuolation. eosinophilia .

**PLATELETS**: Adequate, anisocytosis

**COMMENT:** Likely infection

**SUGGEST:**  Screen for infection

Validated by

**DR. INTERKUDZI**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: EUNICE MENSAH**

**AGE: 82 YRS**

**SEX: FEMALE**

**INDICATION: ANAEMIA**

**ERYTHROCYTES**:Anisopoikilocytosis, target cells++, hypochromasia

**LEUCOCYTES**: Slightly increased. Neutrophilia with left shift, toxic granuules and cytoplasmic vacuoles.

**PLATELETS**: Slightly increased on film. Anisocytosis. Clumps+

**COMMENT:** 1. Exclude microcytic hypochromic anaemia

**2.** Likely sepsis with reactive thrombocytosis

Validated by

**DR. AMOAKO**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: ISAAC B. NYANTAKYI**

**AGE: 32 YRS**

**SEX: MALE**

**INDICATION: ? LYMPOPROLIFERATIVE DISORDER**

**ERYTHROCYTES**:Mostly normocytic normochromic cells

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Slightly increased on film. Clumps++

**COMMENT:** Thrombocytosis ? cause

**SUGGEST:**  Repeat film in 2 weeks

Validated by

**DRS. INTERKUDZI/BANKAS**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: DELALI KUDJO**

**AGE: 19 YRS**

**SEX: MALE**

**INDICATION: SEVERE ANAEMIA 20 APLASTIC ANAEMIA**

**ERYTHROCYTES**:Reduced red cells mass. Anisocytosis with mild hypochromasia

**LEUCOCYTES**: Markedly reduced. Relative lymphocytosis. Normal morphology

**PLATELETS**: Markedly reduced. Few clumps seen. ? Lots of debris

**COMMENT:** Pancytopenia ? Cause

**SUGGEST:**  Trephine ?BMA

Validated by

**DR. AMOAKO**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: RAPHAEL KOOMSON**

**AGE: 16 YRS**

**SEX: MALE**

**INDICATION: HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Adequate. Neutrophils with toxic granulation and cytoplasmic vacuoles. Occasional larger cells with high N:C ratio ? blasts

**PLATELETS**: Moderately increased, anisocytosis, large forms present, clumps++

**COMMENT:** 1.? Significance of atypical cells

**2.** Exclude infection

**SUGGEST:**  1. BMA

**2.** Screen for infection

Validated by

**DRS. INTERKUDZI/BANKAS**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: EBENEZER KURANCHIE**

**AGE: 31 YRS**

**SEX: MALE**

**INDICATION: CML**

**ERYTHROCYTES**:Normocytic normochromic, few target cell, few pencil cells

**LEUCOCYTES**: Adequate, relative lymphocytosis

**PLATELETS**: Markedly reduced, no clumps seen

**COMMENT:** 1.Inadequate clinical details

**2.** CML with thrombocytopenia

**SUGGEST:**  Correlate with clinical details

Validated by

**DR. INTERKUDZI**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: ELIZABETH DARTEY**

**AGE: 73 YRS**

**SEX: FEMALE**

**INDICATION: SEVERE ANAEMIA ? CAUSE**

**ERYTHROCYTES**:Reduced anisocytosis, macrocytes+, pencil cell+, tear drop cells+, occasional target cells+, polychromatic cells.

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Adequate, clumps seen+

**COMMENT:** Exclude mixed deficiency anaemia

Validated by

**DRS. INTERKUDZI/BANKAS**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: EMMANUEL DEDUME**

**AGE: 51 YRS**

**SEX: MALE**

**INDICATION: ANAEMIA ? CAUSE**

**ERYTHROCYTES**:anisopoikilocytosis, pencil cells+, target cells++, hypochromasia

**LEUCOCYTES**: Increased. Neutrophilia with left shift, toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Adequate, anisocytosis, clumps+

**COMMENT:** 1.Microcytic hypochromic anaemia, likely IDA

**2.** Sepsis

Validated by

**DRS. AMOAKO/INTERKUDZI**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: FLORENCE YAODEDE**

**AGE: 69 YRS**

**SEX: FEMALE**

**INDICATION: LYMPHOEDEMA 20 LYMPHOVASCULAR INVOLVEMENT OF LYMPHOMA**

**ERYTHROCYTES**:Anisocytosis, marked hypochromasia, target cells+

**LEUCOCYTES**: Adqeuate, normal morphology .

**PLATELETS**: Adequate

**COMMENT:** Likely IDA

Validated by

**DR. INTERKUDZI**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: MICHAEL DARKU**

**AGE: 59 YRS**

**SEX: MALE**

**INDICATION: ANAEMIA ON FOLIC ACID**

**ERYTHROCYTES**:Anisocytosis. Mild hypochromasia

**LEUCOCYTES**: Adequate. Neutrophils with left shift, toxic granules and cytoplasmic vacuoles. Few hypersegmented neutrophils seen.

**PLATELETS**: Adequate, anisocytosis. No clumps seen

**COMMENT:** 1.Exclude infection

**2.** ??Mixed deficiency anaemia

**SUGGEST:**  Screen for infection

Validated by

**DR. AMOAKO**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: ADWOA AKUFFO**

**AGE: 49 YRS**

**SEX: FEMALE**

**INDICATION: THROMBOCYTOPENIA**

**ERYTHROCYTES**:Anisocytosis, marked hypochromasia , pencil cells+

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Markedly reduced, no clumps seen, giant platelets

**COMMENT:** 1.Thrombocytopenia ? cause

2. IDA

**SUGGEST :** Review drug history

Validated by

**DR. INTERKUDZI**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: FARID FAISAL**

**AGE: 1 YR**

**SEX: MALE**

**INDICATION: SEVERE ANAEMIA ? CAUSE**

**ERYTHROCYTES**:Anisocytosis, hypochromasia , target cells+,polychromatic cells+, normoblast+

**LEUCOCYTES**: Increased. Neutrophilia, reactive lymphocytes+. Atypical lymphocytes.

Corrected WBC Count – 27.91x109

**PLATELETS**: Mildly increased. Clumps+

**COMMENT:** 1.Likely infection with haemolysis

2. Reactive thrombocytosis

3. Treat infection

4. Repeat film comment in a week

Validated by

**DRS. INTERKUDZI/BANKAS**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: FRANK NEEQUAYE**

**AGE: 85 YRS**

**SEX: MALE**

**INDICATION: ANAEMIA ? CAUSE**

**ERYTHROCYTES**:Anisopoikilocytosis, marked hypochromasia, macrocytes++, target cells++, polychromatic cells+, normoblasts+

**LEUCOCYTES**: Slightly increased. Neutrophilia, hypersegmented neutrophils++

**PLATELETS**: Adequate, No clumps seen

**COMMENT:** Mixed deficiency anaemia

**SUGGEST:**  1. Iron studies

**2.** B12 and folate assay

Validated by

**DRS. INTERKUDZI/BANKAS**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: ABENA KESEWA OPARE**

**AGE: 1YR**

**SEX: FEMALE**

**INDICATION: ANAEMIA ON FOLIC ACID**

**ERYTHROCYTES**:Anisopoikilocytosis, hypochromasia, target cells++, microsperocytes+, normoblast+, polychromatic cells+

**LEUCOCYTES**: Increased. Lymphocytosis, atypical lymphocytes

**PLATELETS**: Slightly elevated, anisocytosis, clumps++

**COMMENT:** 1.Inadequate clinical details

**2.** Likely infection

**SUGGEST:**  1. Septic screen

2. Correlate with clinical picture

3. Repeat film in 2 weeks

Validated by

**DRS. INTERKUDZI/BANKAS/GHUNNEY**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: LINDA ASANTEWAA**

**AGE: 43 YRS**

**SEX: FEMALE**

**INDICATION: ?? MICROCYTIC HYPOCHROMIC**

**ERYTHROCYTES**:Dimorphic picture of microcytic hypochromic and normochromic normocytic cells, target cells+, pencil cells+.

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Adequate. No clumps seen

**COMMENT:** Likely IDA

Validated by

**DR. INTERKUDZI**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: GODWIN DENUTSUI**

**AGE: 38 YRS**

**SEX: MALE**

**INDICATION:**

**ERYTHROCYTES**:Anisocytosis, normochromic, target cells, macrocytes++

**LEUCOCYTES**: Increased. Neutrophilia with left shift, toxic granules and cytoplasmic vacuoles.

**PLATELETS**: Reduced on film. Clumps+

**COMMENT:** 1.Consistent with liver disease

**2.** Probable infection

Validated by

**DR. INTERKUDZI**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: CATE TSETSE**

**AGE: 52 YRS**

**SEX: FEMALE**

**INDICATION: NHL**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Slightly increased. Lymphocytosis, mostly mature lymphocytes. Neutrophil with left shift and toxic granulation

**PLATELETS**: Adequate, anisocytosis. No clumps seen

**COMMENT:** Exclude infection

Validated by

**DR. AMOAKO**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: DAVID KUMAH AYITTEY**

**AGE: 48 YRS**

**SEX: MALE**

**INDICATION: UNEXPLAINED ANAEMIA**

**ERYTHROCYTES**:Mildanisocytosis with hypochromasia

**LEUCOCYTES**: Adequate. Neutrophils with left shift, some toxic granules. No eosinophils seen on film

**PLATELETS**: Adequate, clumps seen

**COMMENT:** Exclude infection

Validated by

**DRS. INTERKUDZI/BANKAS**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: HANNAH AMPADU**

**AGE: 35 YRS**

**SEX: FEMALE**

**INDICATION: PERSISTENT ANAEMIA ? CAUSE. R/O IDA**

**ERYTHROCYTES**:Anisocytosis, mostly microcytic cells with hypochromasia, pencil cells+

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Adequate, normal morphology

**COMMENT:** IDA

**SUGGEST:**  Iron studies

Validated by

**DRS. INTERKUDZI/AGGREY**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: EMMANUEL SACKEY**

**AGE: 34 YRS**

**SEX: MALE**

**INDICATION: ANAEMIA**

**ERYTHROCYTES**:Microcytic hypochromic cells, pencil cells+

**LEUCOCYTES**: Increased. Neutrophilia with left shift and toxic granulation

**PLATELETS**: Adequate, anisocytosis, giant platelets+. No clumps seen

**COMMENT:** 1.Bacterial infection

**2.** IDA

**SUGGEST:**  Iron studies

Validated by

**DR. INTERKUDZI**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: FRIMPONG KWABENA**

**AGE: 58 YRS**

**SEX: MALE**

**INDICATION: PANCYTOPENIA + MASSIVE SPLENOMEGALLY**

**ERYTHROCYTES**:Anisocytosis , mild hypochromasia

**LEUCOCYTES**: Increased. Lymphocytosis mostly mature looking lymphocytes smudge cells+

**PLATELETS**: Reduced, no clumps seen

**COMMENT:** Probable CLL

**SUGGEST:**  Immunophenotyping

Validated by

**DRs. INTERKUDZI/BANKAS**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: MAUD BOAKYEWAA**

**AGE: 2 YRS**

**SEX: FEMALE**

**INDICATION: SEVERE ANAEMIA . ?AML,ALL**

**ERYTHROCYTES**:Marked microcytosis and hypochromasia

**LEUCOCYTES**: Moderately increased. Mostly by large immature cells with high N:C ratio, some with granular cytoplasm and cytoplasmic blebs

**PLATELETS**: Markedly reduced, no clumps seen

**COMMENT:** Acute Leukaemia

**SUGGEST:**  BMA

Validated by

**DR. INTERKUDZI/PROF. DEI**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: MAXWELL FRIMPONG**

**AGE: 2 YRS**

**SEX: MALE**

**INDICATION: SEVERE ANAEMIA**

**ERYTHROCYTES**:Microcytosis, hypochromasia, target cells++, few pencil cells.

**LEUCOCYTES**: Increased. Neutrophilia with left shift and toxic granulation and cytoplasmic vacuoles. Seen are large cells with fine open chromatin. Malaria pigment present smudge cells++

**PLATELETS**: Reduced, occasional clumps seen

**COMMENT:** 1.Bacterial infection

**2.** Malaria

**SUGGEST:**  1. Treat for bacterial infection

**2.** Repeat film in 2 weeks

Validated by

**DR. INTERKUDZI/ PROF. DEI**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: BRENDIL NYAMEYE KOTTOH**

**AGE: 1 YR**

**SEX: MALE**

**INDICATION:**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, target cells+,pencil cells+

**LEUCOCYTES**: Adequate. Relative lymphocytosis. Mostly mature looking lymphocytes. Few atypical lymphocytes seen.

**PLATELETS**: Adequate, no clumps seen

**COMMENT:** 1.Consistent with infection

**SUGGEST:**  1. Repeat film in 2 weeks after treating infection

**2.** Tissue biopsy if clinically indicated

Validated by

**DR. INTERKUDZI**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: ALICIA DZINORNYI**

**AGE: 11 YRS**

**SEX: FEMALE**

**INDICATION: CCF, R/O KOCH’S**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, target cells++, penicl cells+

**LEUCOCYTES**: Moderately increased. Neutrophilia with left shift, toxic granulation and cytoplasmicvacuoles. Few atypical lymphocytes seen. Monocytes+

**PLATELETS**: Moderately increased, anisocytosis, clumps++

**COMMENT:** Bacterial infection

**SUGGEST:**  Repeat film in 2 weeks

Validated by

**DRS. INTERKUDZI/BANKAS**

**17th April, 2024**

**BLOOD FILM COMMENT**

**NAME: BENEDICTA OFORIWAA**

**AGE: 20 YRS**

**SEX: FEMALE**

**INDICATION: SCD WITH VOC, TTP**

**ERYTHROCYTES**:Anisopoikilocytosis, hypochromasia, irreversibly sickled cells, target cells++, normoblasts++, polychromatic cells. No shistocytes seen.

**LEUCOCYTES**: Increased. Neutrophilia with left shift and toxic granulation and cytoplasmic vacuoles. Corrected Wbc count – 13.59x109/L

**PLATELETS**: Reduced on film, anisocytosis, large forms present

**COMMENT:** 1.SCDX with sepsis and haemolysis

2. Thrombocytopenia

**SUGGEST:**  Treat infection and repeat film in one week

Validated by

**DRS. INTERKUDZI/AGGREY**

**22nd April, 2024**

**BLOOD FILM COMMENT**

**NAME: HARRIET NKETSIAH**

**AGE: 47 YRS**

**SEX: FEMALE**

**INDICATION: ?AUTOIMMUNE HAEMOLYSIS R/O ITP**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, target cells++

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate on film, no clumps seen

**COMMENT:** Film not suggestive of thrombocytopenia

**SUGGEST:**  1. Rule out haemoglobinopathy

**2.** Exclude liver disease

Validated by

**DRS. INTERKUDZI/AGGREY**

**22nd April, 2024**

**BLOOD FILM COMMENT**

**NAME: ISLAM TIBILA**

**AGE: 14 YRS**

**SEX: MALE**

**INDICATION: RHABDOMYOSARCOMA**

**ERYTHROCYTES**:Microcytic hypochromic cells

**LEUCOCYTES**: Adequate . Neutrophil left shift. Relative lymphocytosis

**PLATELETS**: Markedly reduced, no clumps seen

**COMMENT:** 1.Inadequate clinical details

**2.** Exclude infection

**3.** Bicytopenia

Exclude marrow involvement

**SUGGEST:**  1. Septic screen

**2.** BMA

Validated by

**DRS. INTERKUDZI/AGGREY**

**22ndApril, 2024**

**BLOOD FILM COMMENT**

**NAME: JOSHUA AMPONSAH TWUMASI**

**AGE: 2 YRS**

**SEX: MALE**

**INDICATION: HAEMATURIA**

**ERYTHROCYTES**:Reduced,anisopoikilocytosis, marked hypochromasia, target cells++, pencil cells+, polychromatic cells+ normoblasts+

**LEUCOCYTES**: Increased. Neutrophilia with left shift and toxic granulation. Lymphocytosis. Mostly mature looking lymphocytes . Few atypical forms seen

**PLATELETS**: Adequate

**COMMENT:** 1.Infection

**2.** Leucoerythroblastic picture

**3.** Exclude haemohlobinopathy

Validated by

**DRS. INTERKUDZI/AGGREY**

**23rdApril, 2024**

**BLOOD FILM COMMENT**

**NAME: BABY JOSEPHINE HALIGAH**

**AGE: 9 DAYS**

**SEX: MALE**

**INDICATION:**

**ERYTHROCYTES**:Anisopoikilocytosis, target cells+, polychromatic cells+, normoblasts++, red cell fragments+ (schistocytes)

**LEUCOCYTES**: Increased. Neutrophilia with left shift and toxic granulation. Reactive lymphocytes+. Corrected Wbc count – 10x109/L

**PLATELETS**: Adequate , no clumps seen

**COMMENT:** Infection with haemolysis

**SUGGEST:**  1. Treat infection

**2.** Repeat BFC in 2 weeks

Validated by

**DRS. INTERKUDZI/BANKAS**

**23rdApril, 2024**

**BLOOD FILM COMMENT**

**NAME: GLADYS AKORNOR**

**AGE: 77 YRS**

**SEX: FEMALE**

**INDICATION: MM WITH ASYMPTOMATIC PANCYTOPENIA ? TX INDUCED**

**ERYTHROCYTES**:Mostly normocytic normochromic rouleaux+

**LEUCOCYTES**: Reduced, normal morphology

**PLATELETS**: Moderately reduced, no clumps seen

**COMMENT:** Pancytopenia ? cause

Validated by

**DRS. INTERKUDZI/BANKAS**

**23rdApril, 2024**

**BLOOD FILM COMMENT**

**NAME: JACQUELINE OWUSU**

**AGE: 42 YEARS**

**SEX: FEMALE**

**INDICATION: CML**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, occasional target cells

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Moderately increased, clumps+, anisocytosis, large forms present

**COMMENT:** 1.CML with thrombocytosis

**2.** R/O IDA with reactive thrombocytosis

SUGGEST: Correlate with clinical details

Validated by

**DR. INTERKUDZI**

**23rdApril, 2024**

**BLOOD FILM COMMENT**

**NAME: ASHLEY DROMO OTHNIEL**

**AGE: 3 YEARS**

**SEX: MALE**

**INDICATION: THROMBOCYTOPENIA ? CAUSE**

**ERYTHROCYTES**:Mostly normocytic normochromic

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate , anisocytosis, few clumps seen

**COMMENT:** Film not suggestive of thrombocytopenia

Validated by

**DR. INTERKUDZI**

**23rd April, 2024**

**BLOOD FILM COMMENT**

**NAME: EMMANUEL ADDO**

**AGE: 62 YEARS**

**SEX: MALE**

**INDICATION: SPLENIC LYMPHOMA WITH METASTASIS**

**ERYTHROCYTES**:Anisocytosis, target cells+, hypochromasia

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate , occasional clumps seen

**COMMENT:** Likely IDA

**SUGGEST:**  Iron studies

Validated by

**DR. INTERKUDZI**

**23rd April, 2024**

**BLOOD FILM COMMENT**

**NAME: FAUSTINA NEEQUAYE**

**AGE: 24 YEARS**

**SEX: FEMALE**

**INDICATION: RENAL IMPAIRMENT**

**ERYTHROCYTES**:Reduced, microcytosis, marked hypochromasia, target cells+, pencil cells+

**LEUCOCYTES**: Increased . Neutrophilia with left shift and toxic granules

**PLATELETS**: Mildly increased, no clumps seen

**COMMENT:** 1. IDA with reactive thrombocytosis

**2.** Bacterial infection

**SUGGEST:**  Iron studies

Validated by

**DR. INTERKUDZI**

**23rd April, 2024**

**BLOOD FILM COMMENT**

**NAME: LYDIA TEYE**

**AGE: 49 YEARS**

**SEX: FEMALE**

**INDICATION: BEING INVESTIGATED FOR LYMPHOMA**

**ERYTHROCYTES**:Anisocytosis, normochromasia,target cells+, rouleaux

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Moderately increased, anisocytosis, target forms present. Clumps+++

**COMMENT:** 1. Inadequate clinical details

**2.** eosinophilia ? cause

**3.** Likely reactive thrombocytosis

**SUGGEST:**  1. Tissue biopsy for morphology + IHC

2. Screen for parasite infection

Validated by

**DRS. INTERKUDZI/BANKAS**

**23rd April, 2024**

**BLOOD FILM COMMENT**

**NAME: HILDA AYERKO**

**AGE: 10 MONTHS**

**SEX: FEMALE**

**INDICATION: FAILURE TO THRIVE, ANAEMIA**

**ERYTHROCYTES**:Anisocytosis, macrocytes+, target cells+

**LEUCOCYTES**: Increased. Neutrophilia with mild left shift, toxic granulation and cytoplasmic vacuoles.

**PLATELETS**: Adequate , occasional clumps seen

**COMMENT:** 1. Bacterial infection

**2.** R/O B12 deficiency

Validated by

**DR. INTERKUDZI/PROF. DEI-ADOMAKOH**

**23rd April, 2024**

**BLOOD FILM COMMENT**

**NAME: REV. HAROLD M. HOLDBROOK**

**AGE: 81 YEARS**

**SEX: MALE**

**INDICATION: CML ON THERAPY**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate.

**COMMENT:** Normal Blood Film

Validated by

**DR. AMEYAW**

**23rd April, 2024**

**BLOOD FILM COMMENT**

**NAME: MARCEL KLOPAH**

**AGE: 20 YEARS**

**SEX: MALE**

**INDICATION: SCD, ?HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Reduced red cell mass. Anisocytosis. Hypochromasia++, Polychromasia+, normoblasts+

**LEUCOCYTES**: Increased. Neutrophilia with left shift

**PLATELETS**: Reduced on film. No clumps

**COMMENT:** 1. Inadequate clinical details

**2.** Infection with haemolysis

**3.** Exclude concurrent iron deficiency

**SUGGEST:**  1.Iron studies

**2.** Septic screen

**3.**Repeat film in 2 weeks with further clinical details

Validated by

**DR. AMEYAW**

**23rd April, 2024**

**BLOOD FILM COMMENT**

**NAME: RITA OYE DARTEY**

**AGE: YEARS**

**SEX: FEMALE**

**INDICATION: RECURRENT MODERATE TO SEVERE ANAEMIA**

**ERYTHROCYTES**:Anisopoikilocytosis, target cells+, folded cells+, normoblasts+

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate

**COMMENT:** Exclude hemoglobinopathy

**SUGGEST:**  HB Electropheresis

Validated by

**DR. AMEYAW**

**23rd April, 2024**

**BLOOD FILM COMMENT**

**NAME: MAMA DAFEH**

**AGE: 58 YEARS**

**SEX: FEMALE**

**INDICATION: OVARIAN CANCER RECEIVING CHEMOTHERAPY**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Increased . neutrophilia with mild left shift. Toxic changes not observed.

**PLATELETS**: Adequate

**COMMENT:** Neutrophilia ? cause

**SUGGEST:**  1. Review drug history for G-CSF

**2.** Septic screen if clinically indicated

Validated by

**DR. AMEYAW**

**23rd April, 2024**

**BLOOD FILM COMMENT**

**NAME: HENRIETTA OSABUTEY**

**AGE: 21 YEARS**

**SEX: FEMALE**

**INDICATION: THROMBOCYTOPENIA**

**ERYTHROCYTES**:Mostly normocytic normochromic

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate , no clumps seen

**COMMENT:** 1.Film not suggestive of thrombocytopenia

2. Normal blood film

Validated by

**DR. INTERKUDZI**

**23rd April, 2024**

**BLOOD FILM COMMENT**

**NAME: OBEILEY COMMEY**

**AGE: 56 YEARS**

**SEX: FEMALE**

**INDICATION: SEVERE ANAEMIA ? CAUSE**

**ERYTHROCYTES**:Sparsely distributed , anisocytosis, microcyte++, hypochromasia, pencil cells

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate , no clumps seen

**COMMENT:** -Inadequate clinical details

**-** Exclude IDA

- Exclude chronic blood loss

**SUGGEST:**  - Iron studies

**-** Stool for ocult blood

Validated by

**DR. INTERKUDZI**

**23rd April, 2024**

**BLOOD FILM COMMENT**

**NAME: KWASI ARMAH**

**AGE: 54 YEARS**

**SEX: MALE**

**INDICATION: CML WITH THROMBOCYTOPENIA**

**ERYTHROCYTES**:Anisocytosis, normochromasia

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Reduced , no clumps seen

**COMMENT:** Known CML with thrombocytopenia

Validated by

**DR. INTERKUDZI**

**23rd April, 2024**

**BLOOD FILM COMMENT**

**NAME: MANUEL NII KOJO BENJAMIN-ADDY**

**AGE: 23 YEARS**

**SEX: MALE**

**INDICATION: HAEMATOLOGICAL MALIGANCY**

**ERYTHROCYTES**:Anisocytosis, hypochromasia

**LEUCOCYTES**: Mildly increased. Neutrophilia with mild left shift

**PLATELETS**: Moderately increased, anisocytosis, no clumps seen

**COMMENT:** Infection/ Inflammation with reactive thrombocytosis

Validated by

**DR. INTERKUDZI**

**23rd April, 2024**

**BLOOD FILM COMMENT**

**NAME: KENNEDY OWUSU JNR**

**AGE: 16 YEARS**

**SEX: MALE**

**INDICATION: PANCYTOPENIA ? HAEMATOLOGICAL MALIGNANCY, ? APLASTIC ANAEMIA**

**ERYTHROCYTES**:Anisocytosis, microcytosis marked hypochromasia, schistocytes, occasional tear drop cell seen

**LEUCOCYTES**: Adequate, normal morphology, relative lymphocytosis

**PLATELETS**: Markedly reduced, no clumps seen

**COMMENT:** 1. IDA

**2.** Thrombocytopenia

**SUGGEST:**  BMA

Validated by

**DR. INTERKUDZI/PROF. DEI-ADOMAKOH**

**23rd April, 2024**

**BLOOD FILM COMMENT**

**NAME: SETH BOADU-OPARE**

**AGE: 61 YEARS**

**p**

**SEX: MALE**

**INDICATION: ANAEMIA? CAUSE**

**ERYTHROCYTES**:Anisopoikilocytosis, macrocytes+, target cells+, pencil cells++

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Reduced, no clumps seen

**COMMENT:** 1. Inadequate clinical details

**2.** Mixed deficiency anaemia

**SUGGEST:**  1.Iron studies

2. B12/ folate assay

Validated by

**DR. INTERKUDZI**

**23rd April, 2024**

**BLOOD FILM COMMENT**

**NAME: JOSEPH QUARSHIE**

**AGE: 1 YEAR**

**SEX: MALE**

**INDICATION: SEVERE ANAEMIA**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, polychromatic cells, normoblast++ most of which are dysplastic

**LEUCOCYTES**: Increased. Mostly large cells with high N:C ratio, some with nucleoli, some of the nuclei are irregularly shaped. Some cells have a granular cytoplasm with auer rods.

**PLATELETS**: Markedly reduced, no clumps seen

**COMMENT:** Acute Myeloid Leukaemia cannot be ruled out

**SUGGEST:**  BMA

Validated by

**DR. INTERKUDZI/PROF. DEI-ADOMAKOH**

**23rd April, 2024**

**BLOOD FILM COMMENT**

**NAME: DOROTHY ATAKORA**

**AGE: 79 YEARS**

**SEX: FEMALE**

**INDICATION: MODERATE ANAEMIA**

**ERYTHROCYTES**:Microcytic hypochromic

**LEUCOCYTES**: Increased. Neutrophilia with left shift

**PLATELETS**: Adequate

**COMMENT:** 1. Inadequate clinical details

**2.** Neutrophilia ? cause

Exclude sepsis

3.IDA

**SUGGEST:**  1. Iron studies

**2.** Septic screen

**3.** Haematology review if persistent neutrophilia without an attributable cause

Validated by

**DR. AMEYAW**

**23rd April, 2024**

**BLOOD FILM COMMENT**

**NAME: VIDA YAA AGAMAH**

**AGE: 57 YEARS**

**SEX: FEMALE**

**INDICATION: CKD WITH ANAEMIA**

**ERYTHROCYTES**:Microcytic hypochromic, pencil cells+

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate , no clumps seen

**COMMENT:** Likely IDA

**SUGGEST:**  Iron studies

Validated by

**DR. INTERKUDZI**

**25th April, 2024**

**BLOOD FILM COMMENT**

**NAME: RICHMOND NANA KWASI SIAW**

**AGE: 1 YEAR**

**SEX: MALE**

**INDICATION: BEING INVESTIGATED FOR PID**

**ERYTHROCYTES**:Anisocytosis, microcytes+, macrocyte+, hypochromasia, pencil cells

**LEUCOCYTES**: Adequate, relative lymphocytosis mostly mature looking

**PLATELETS**: Adequate , Clumps+, anisocytosis

**COMMENT:** 1. Film not suggestive of Thrombocytopenia

**2.** R/o mixed deficiency anaemia

Validated by

**DR. INTERKUDZI**

**23rd April, 2024**

**BLOOD FILM COMMENT**

**NAME: GERTRUDE OCRAN**

**AGE: 40 YEARS**

**SEX: FEMALE**

**INDICATION: AUB-L**

**ERYTHROCYTES**:Mostly normocytic normochromic cells.

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate , no clumps seen

**COMMENT:** Normal blood film

Validated by

**DR. INTERKUDZI**

**25th April, 2024**

**BLOOD FILM COMMENT**

**NAME: AKUA TAKYIWAA**

**AGE: 54 YEARS**

**SEX: FEMALE**

**INDICATION: ? HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Mostly normocytic normochromic

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate , anisocytosis, no clumps seen

**COMMENT:** 1. Inadequate clinical details

2. Normal blood film

**SUGGESTIVE**: Correlate with clinical findings

Validated by

**DR. INTERKUDZI**

**25th April, 2024**

**BLOOD FILM COMMENT**

**NAME: REJOICE TAWIAH**

**AGE: 69 YEARS**

**SEX: FEMALE**

**INDICATION: M M**

**ERYTHROCYTES**:Reduced, anisopoikilocytosis, target cells++, mild rouleaux

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate on film . Clumps++, anisocytosis

**COMMENT:** Multiple Myeloma cannot be ruled out

**SUGGEST**: 1. SPEP

2. SFLC

3. Serum Calcium

4. Skeletal Survey

Validated by

**DR. INTERKUDZI**

**26th April, 2024**

**BLOOD FILM COMMENT**

**NAME: LEMUEL YAW FOSU**

**AGE: 45 YEARS**

**SEX: MALE**

**INDICATION: ?LYMPHOPROLIFERATIVE DISORDER**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Adequate. 1% small to medium sized, atypical lymphoid forms with mature nuclei and scanty, agranular cytoplasm

**PLATELETS**: Adequate

**COMMENT:** ? Significance of atypical lymphoid forms

**SUGGEST**: 1. Monitor for progressive lymphocytosis and / or lymphadenopathy

2. Repeat film in 1 month

Validated by

**DR.AMEYAW**

**26th April, 2024**

**BLOOD FILM COMMENT**

**NAME: ISSAH OMARO**

**AGE: 20 YEARS**

**SEX: MALE**

**INDICATION: ? CHRONIC LYMPHARGITIS**

**ERYTHROCYTES**:Microcytic hypochromic polychromasia+

**LEUCOCYTES**: Increased. Neutrophils contain toxic granules and vacuoles

**PLATELETS**: Increased. Anisocytosis

**COMMENT:** 1. IDA with reactive thrombocytosis

**2.** Exclude infection

**SUGGEST**: 1. Iron studies

2. Septic screen

Validated by

**DR. AMEYAW**

**26th April, 2024**

**BLOOD FILM COMMENT**

**NAME: MICHAEL ASIEDU**

**AGE: 1 ½ YEARS**

**SEX: MALE**

**INDICATION: SEVERE ANAEMIA**

**ERYTHROCYTES**:Anisocytosis

**LEUCOCYTES**: Adequate. Relative lymphocytosis. Occasional large , atypical forms with a mature chromatin pattern

**PLATELETS**: Adequate . Few clumps

**COMMENT:** 1. Inadequate clinical history

**2.** Screen for infection

**SUGGEST**: Repeat film in 2 weeks with further clinical details

Validated by

**DR. AMEYAW**

**26th April, 2024**

**BLOOD FILM COMMENT**

**NAME: RASHIDATU ALI**

**AGE: 22 YEARS**

**SEX: FEMALE**

**INDICATION: SCDX WITH MODERATE ANAEMIA**

**ERYTHROCYTES**:Anisocytosis. Polychromasia+. Target cells+. Dense cells+

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Slightly increased on film, anisocytosis

**COMMENT:** 1.Consistent with history of sickle cell anaemia

2. Exclude concurrent Iron deficiency

Validated by

**DR. AMEYAW**

**26th April, 2024**

**BLOOD FILM COMMENT**

**NAME: HELENA BANOR**

**AGE: 16 YEARS**

**SEX: FEMALE**

**INDICATION: SLE WITH PERSISTENT THROMBOCYTOSIS AND ANAEMIA. R/O HAEMATOLOGICAL MALIGNANACY**

**ERYTHROCYTES**:Microcytic hypochromic

**LEUCOCYTES**: Slightly increased. Neutrophilia with left shift and toxic granulation

**PLATELETS**: Increased.

**COMMENT:** 1. Exclude infection

**2.** Exclude IDA / anaemia of chronic disease

**3.** Haematological Malignancy cannot be excluded

Validated by

**DR. AMEYAW**

**26th April, 2024**

**BLOOD FILM COMMENT**

**NAME: FREDERICK DUSE**

**AGE: 51 YEARS**

**SEX: MALE**

**INDICATION: ? PANCYTOPENIA, SEVERE ANAEMIA**

**ERYTHROCYTES**:Anisocytosis, normochromasia

**LEUCOCYTES**: Reduced, normal morphology

**PLATELETS**: Reduced, no clumps seen

**COMMENT:** Pancytopenia ? cause

**SUGGEST**: BMA/ Trephine

Validated by

**DR. INTERKUDZI**

**25th April, 2024**

**BLOOD FILM COMMENT**

**NAME: BABY JOSEPHINE HALIGAH**

**AGE:**

**SEX: FEMALE**

**INDICATION: PROLONGED JAUNDICE**

**ERYTHROCYTES**:Anisocytosis. Normoblasts+. Polychromatic cells+

**LEUCOCYTES**: Adequate . Relative lymphocytosis. Lymphocytes have a mature morphology. Mild neutrophil left shift

**PLATELETS**: Adequate .

**COMMENT:** Exclude infection with haemolysis

Validated by

**DR. AMEYAW**

**26th April, 2024**

**BLOOD FILM COMMENT**

**NAME: SUSANA AMPONG**

**AGE: 56 YEARS**

**SEX: FEMALE**

**INDICATION: HEPATOSPLENOMEGALY**

**ERYTHROCYTES**:Anisocytosis, hypochromasia

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate on film . Clumps+++, anisocytosis

Manual count– 183 x 109/L

**COMMENT:** 1. Film not suggestive of thrombocytopenia

**2.** Exclude IDA

**SUGGEST**: 1.Tissue biopsy

2. Iron studies

Validated by

**DR. INTERKUDZI**

**25th April, 2024**

**BLOOD FILM COMMENT**

**NAME: JOSEPH NKRUMAH**

**AGE: 44 YEARS**

**SEX: MALE**

**INDICATION: SEVERE ANAEMIA**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, normoblast+

**LEUCOCYTES**: Adequate. Neutrophil left shift

**PLATELETS**: Markedly reduced, no clumps seen

**COMMENT:** Leucoerythroblastic picture

**SUGGEST**: BMA

Validated by

**DR. INTERKUDZI**

**26thApril, 2024**

**BLOOD FILM COMMENT**

**NAME: DANKWA SARFO**

**AGE: 56 YEARS**

**SEX: MALE**

**INDICATION: ? LYMPHOMA TO R/O LEUKAEMIA**

**ERYTHROCYTES**:Anisocytosis, normochromasia

**LEUCOCYTES**: Increased. Mostly mature looking lymphocytes. Smudge cells++

**PLATELETS**: Adequate , no clumps seen

**COMMENT:** Likely CLL

**SUGGEST**: Immunophenotyping

Validated by

**DR. INTERKUDZI**

**26th April, 2024**

**BLOOD FILM COMMENT**

**NAME: ROSE YEBOAH**

**AGE: 42 YEARS**

**SEX: FEMALE**

**INDICATION: ? SLE**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, occasional target cells

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Slightly reduced on film, no clumps seen

**COMMENT:** 1. Thrombocytopenia

**2.** IDA

Validated by

**DR. INTERKUDZI**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: HENRIETTA OSABUTEY**

**AGE: 21 YEARS**

**SEX: FEMALE**

**INDICATION: THROMBOCYTOPENIA**

**ERYTHROCYTES**:Mostly normocytic normochromic

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate, no clumps seen

**COMMENT:** Film not suggestive of thrombocytopenia.

Normal blood film

Validated by

**DR. INTERKUDZI**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: RALIAT ADEDOKU**

**AGE: 2 YEARS**

**SEX: FEMALE**

**INDICATION: PANCYTOPENIA ? HAEMATOLOGICAL MALIGNANCY/SEPSIS**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, target cells+, spherocytes+,pencil cells+

**LEUCOCYTES**: Increased. Neutrophilia with toxic granules and cytoplasmic vacuoles. Few hypersegmented neutrophils present

**PLATELETS**: Increased. Anisocytosis. No clumps seen

**COMMENT:** 1. Consistent with infection

**2.** IDA

**3.** Thrombocytosis, likely reactive

**SUGGEST:** Repeat film in a week

Validated by

**DR. INTERKUDZI**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: JOYCE QUARTEY**

**AGE: 55 YEARS**

**SEX: FEMALE**

**INDICATION: PERSISTENT ANAEMIA**

**ERYTHROCYTES**:Dimorphic picture (Normocytic normochromic and microcytic hypochromic). Polychromasia+, occasional fragmented red cells present

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate

**COMMENT:** 1. Probable iron deficiency anaemia

**2.** Consider microangiopathic hemolysis

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: COMFORT MARFO**

**AGE: 25 YEARS**

**SEX: FEMALE**

**INDICATION: PANCYTOPENIA**

**ERYTHROCYTES**:Normocyttic normochromic, occasional normoblast observed

**LEUCOCYTES**: Slightly reduced. Some neutrophils showing toxic changes

**PLATELETS**: Reduced . no clumps

**COMMENT:** Pancytopenia ? cause

**SUGGEST:** BMA

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: KOFI ANSAH-OTOO**

**AGE: 61 YEARS**

**SEX: MALE**

**INDICATION: BEING INVESTIGATED FOR A MYELOPROLIFERATIVE NEOPLASM**

**ERYTHROCYTES**:Mild hypochromic cells. Polychromasia++

**LEUCOCYTES**: Neutrophilia with toxic granulation

**PLATELETS**: Adequate on film

**COMMENT:** 1. Treat for bacterial infection

**2.** Probably recovering from iron deficiency anaemia

**SUGGEST:** Serum fe and ferritin

Validated by

**PROF. DEI-ADOMAKOH**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: AUGUSTINA ATSUTSE**

**AGE: 40 YEARS**

**SEX: FEMALE**

**INDICATION: CML**

**ERYTHROCYTES**:Microcytic hypochromic. Polychromasia+. Normoblasts+

**LEUCOCYTES**: Increased.

Myeloblasts - 5%

Promyelocytes - 0%

Myelocytes/metamyelocytes - 19%

Band/Segmented Neutrophils - 68%

Eosinophils - 3%

Basophils - 9%

Lymphocytes - 1%

**PLATELETS**: Increased . Anisocytosis

**COMMENT:** 1. CML – chronic phase

**2.** Exclude concurrent iron deficiency

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: MIKAYLA DEWONA**

**AGE: 5 YEARS**

**SEX: FEMALE**

**INDICATION: ACUTE OSTEOMYELITS/ACUTE SEPTIC ARTHRITIS**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, target cells+, pencil cells+,

**LEUCOCYTES**: Increased. Neutrophilia with left shift, toxic granulation and cytoplasmic granules

**PLATELETS**: Markedly increased. Clumps+ seen, anisocytosis

**COMMENT:** 1. Bacterial infection

**2.** Iron deficiency anaemia

**3.** Reactive thrombocytosis

Validated by

**DR. INTERKUDZI**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: ELIZABETH OSMANU**

**AGE: 31 YEARS**

**SEX: FEMALE**

**INDICATION: CML**

**ERYTHROCYTES**:Anisocytosis, normoblasts+, polychromasia+

**LEUCOCYTES**: Markedly increased.

Myelocytes / metamyelocytes - 29%

Band/segmented neutrophils - 66%

Basophils - 2%

Eosinophils - 2%

Monocytes - 1%

**PLATELETS**: Increased. Anisocytosis

**COMMENT:** CML – chronic phase

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: BEATRICE QUAYE**

**AGE: 62 YEARS**

**SEX: FEMALE**

**INDICATION: MM**

**ERYTHROCYTES**:Anisocytosis

**LEUCOCYTES**: Adequate. Mild neutrophil left shift

**PLATELETS**: Reduced. No clumps

**COMMENT:** Thrombocytopenia **?** therapy related

**SUGGEST:** Kindly correlate with clinical findings

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: STEPHEN ADDO**

**AGE: 74 YEARS**

**SEX: MALE**

**INDICATION: ?CLL WITH SEVERE ANAEMIA**

**ERYTHROCYTES**:Dimorphic picture ( Normocytic normochromic and microcytic hypochromic). Normoblasts+

**LEUCOCYTES**: Increased. Neutrophilia, some with unusual nuclear lobe formation. Present are few large immature cells with a high N:C ratio and scanty agranular cytoplasm

**PLATELETS**: Reduced. No clumps

**COMMENT:** Concerning for MDS/AML

**SUGGEST:** BMA

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: EBENEZER ADUBOAHENE**

**AGE: 21 YEARS**

**SEX: MALE**

**INDICATION: CHRONIC OSTEOMYELITIS OF LEFT TIBIA**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Adequate . Normal morphology

**PLATELETS**: Adequate

**COMMENT:** Normal blood film

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: ANGEL NOWAH GAYWEAI**

**AGE: 2 YEARS**

**SEX: FEMALE**

**INDICATION: FEVER**

**ERYTHROCYTES**:Anisocytosis.

**LEUCOCYTES**: Increased. Lymphocytosis. Lymphocytes observed have a mature morphology. Occasional reactive lymphocytes noted. Neutrophil left shift present

**PLATELETS**: Adequate

**COMMENT:** Consistent with history of febrile illness

**SUGGEST:** Septic screen

Repeat film in 3 weeks if indicated with further clinical details

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: MABEL MENSAH SOLOMON**

**AGE: 31 YEARS**

**SEX: FEMALE**

**INDICATION: THROMBOCYTOPENIA**

**ERYTHROCYTES**:Anisocytosis

**LEUCOCYTES**: Adequate. Mild neutrophil left shift with occasional toxic granulation and vacuolation.

**PLATELETS**: Markedly reduced. No clumps

**COMMENT:** 1. Thrombocytopenia ? cause

**2.** Exclude infection

**SUGGEST:** 1. Screen for autoimmune disease

**2.** Viral screen

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: CHARLES MPONG**

**AGE: 40 YEARS**

**SEX: MALE**

**INDICATION: THROMBOCYTOPENIA ? CAUSE. R/O ITP**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Markedly reduced. No clumps seen

**COMMENT:** Thrombocytopenia ? cause

**SUGGEST:** LFT

Viral screen

Stool for H. pylori

Validated by

**DR. INTERKUDZI**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: DEBORAH FRIMPONG**

**AGE: 3 ½ YEARS**

**SEX: FEMALE**

**INDICATION: ? HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, normoblasts++, polychromatic cells+

**LEUCOCYTES**: Neutrophilia with left shift, toxic granulation and cytoplasmic vacuoles

**PLATELETS**: Adequate, clumps+++

**COMMENT:** 1. Inadequate clinical details

**2.** Bacterial infection

**SUGGEST:** 1. Treat infection

**2.** Repeat film in 2 weeks

Validated by

**DR. INTERKUDZI**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: VICTORIA WOAYRIAM**

**AGE: 90 YEARS**

**SEX: FEMALE**

**INDICATION: R/O HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Anisopoikilocytosis. Target cells+, Normoblasts+, Polychromatic cells+

**LEUCOCYTES**: Increased on film. Neutrophilia with toxic granules and cytoplasmic vacuoles

**PLATELETS**: Reduced on film

**COMMENT:** Bacterial infection

R/o Immune mediated thrombocytopenia

**SUGGEST:** Treat for infection and repeat film in 2 weeks

Validated by

**DRS/ BANKS/ AGGREY/PROF. DEI-ADOMAKOH**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: COMFORT DEKPETOR**

**AGE: 53 YEARS**

**SEX: FEMALE**

**INDICATION: ? CLL**

**ERYTHROCYTES**:Anisocytosis. Target cells++

**LEUCOCYTES**: Increased on film . Lymphocytosis, some with petal shaped nuclei. Smear cells++

**PLATELETS**: Adequate on film. No clumps

**COMMENT:** T- Cell CLL

**SUGGEST:** Immunophenotyping

Validated by

**DR. BANKAS/AGGREY/PROF. DEI-ADOMAKOH**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: AHMED SAWDATU**

**AGE: 53 YEARS**

**SEX: FEMALE**

**INDICATION: AML WITH THROMBOCYTOPENIA**

**ERYTHROCYTES**:Mostly microcytic hypochromic cells.

**LEUCOCYTES**: Adequate on film. Neutrophilia. Left shift with toxic granules. No blasts seen on film

**PLATELETS**: Markedly reduced on film

**COMMENT:** 1. Thrombocytopenia ? therapy induced

**2.** Exclude infection

Validated by

**DR. AGGREY**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: BABA SAED**

**AGE: 3 YEARS**

**SEX: MALE**

**INDICATION: SEVERE ANAEMIA**

**ERYTHROCYTES**:Anisocytosis. Hypochromasia++. Polychromasia+, Normoblasts+, Target cells+

**LEUCOCYTES**: Increased. Neutrophilia with left shift and occasional toxic vacuoles. Monocytosis

**PLATELETS**: Adequate

**COMMENT:** 1. Infection – related haemolysis

**2.** Exclude concurrent iron deficiency

**SUGGEST:** 1. Septic screen

**2.** Iron studies

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: FREEHEART ADJOLATSE**

**AGE: 18 YEARS**

**SEX: MALE**

**INDICATION: SCDX**

**ERYTHROCYTES**:Anisopoikilocytosis. Target cells+,Polychromasia+,Normoblasts+, Macrocytes+. Irreversibly sickled cells+.

**LEUCOCYTES**: Corrected Wbc count = 9x109/L.

Slightly increased. Mild neutrophil left shift with reactive lymphocytes

**PLATELETS**: Adequate

**COMMENT:** 1. Consistent with history of sickle cell anaemia

**2.** Infection with haemolysis

**SUGGEST:** Septic screen

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: VINCENT EMEFA SEPENU**

**AGE: 64 YEARS**

**SEX: MALE**

**INDICATION: RECURRENT INFARCTIVE STROKE**

**ERYTHROCYTES**:Anisopoikilocytosis. Macrocytes++. Target cells++. Folded cells+

**LEUCOCYTES**: Adequate . Normal morphology

**PLATELETS**: Adequate .

**COMMENT:** Exclude haemoglobinopathy

**SUGGEST:** HB Electrophoresis

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: CYNTHIA TEYE**

**AGE: 44 YEARS**

**SEX: FEMALE**

**INDICATION: SEVERE ANAEMIA. ? MM**

**ERYTHROCYTES**:Anisopoikilocytosis. Macrocytes+, pencil cells+, hypochromasia+

**LEUCOCYTES**: Adequate . Neutrophils contain toxic granules

**PLATELETS**: Adequate

**COMMENT:** 1. Consistent with history of infection

**2.** Exclude mixed deficiency anaemia

**SUGGEST:** 1, Review drug history

**2.** Iron studies

**3.** Vit B12 / Folate assay

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: FELIX AGYARKO DAMPARE**

**AGE: 47 YEARS**

**SEX: MALE**

**INDICATION: R/O MULTIPLE MYELOMA**

**ERYTHROCYTES**:Microcytic hypochromic

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Adequate

**COMMENT:** 1. Iron deficiency anaemia

**2.** Multiple myeloma cannot be excluded

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: FREDA KRAMPAH**

**AGE: 7 YEARS**

**SEX: FEMALE**

**INDICATION:**

**ERYTHROCYTES**:Microcytic hypochromic

**LEUCOCYTES**: Slightly increased. Present are few large cells with a high N:C ratio, open chromatin and scanty agranular cytoplasm.

**PLATELETS**: Reduced. No clumps

**COMMENT:** 1. No clinical history

**2.** Concerning for acute leukaemia

**3.** Concurrent iron deficiency anaemia

**SUGGEST:** BMA

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: SONIA LARYEA**

**AGE: 23 YEARS**

**SEX: FEMALE**

**INDICATION: SLE. ? OCCULT MALIGNANCY**

**ERYTHROCYTES**:Microcytic hypochromic

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Increased.

**COMMENT:** Exclude concurrent iron deficiency with reactive thrombocytosis

**SUGGEST:** Iron studies

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: PATRICK BOATENG**

**AGE: 33 YEARS**

**SEX: MALE**

**INDICATION: PERSISTENT THROMBOCYTOPENIA**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Manual platelet count = 210 x 109/L

Adequate. Anisocytosis

**COMMENT:** Normal blood film

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: LYDIA QUARCOO**

**AGE: 84 YEARS**

**SEX: FEMALE**

**INDICATION: CKD WITH SEVERE ANAEMIA**

**ERYTHROCYTES**:Microcytic hypochromic

**LEUCOCYTES**: Slightly increased. Few hypersegmented neutrophils seen

**PLATELETS**: Adequate .

**COMMENT:** Suggestive of a mixed deficiency anaemia

**SUGGEST:** 1. Iron studies

**2.** Folate / Vit. B12 assay

**3.** Review drug history

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: NATHAN ADZAKOR**

**AGE: 12 YEARS**

**SEX: MALE**

**INDICATION: R/O HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Anisocytosis. Hypochromasia+, Pencil cells+.

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Adequate

**COMMENT:** 1. Inadequate clinical details

**2.** Iron deficiency anaemia

**3.** Haematological malignancy cannot be excluded

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: BELINDA OWUSU**

**AGE: 19 YEARS**

**SEX: FEMALE**

**INDICATION: NHL**

**ERYTHROCYTES**:Microcytic hypochromic

**LEUCOCYTES**: Adequate. Mild neutrophil left shift

**PLATELETS**: Increased. Anisocytosis

**COMMENT:** Iron deficiency anaemia with reactive thrombocytosis

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: PATRICIA ADDO**

**AGE: 50 YEARS**

**SEX: FEMALE**

**INDICATION: PERSISTENT MICROCYTIC ANAEMIA**

**ERYTHROCYTES**:Microcytic hypochromic

**LEUCOCYTES**: Adequate . Normal morphology

**PLATELETS**: Adequate

**COMMENT:** 1. Inadequate clinical details

**2.** Iron deficiency anaemia

**SUGGEST:** Iron studies

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: BELINDA OWUSU**

**AGE: 19 YEARS**

**SEX: FEMALE**

**INDICATION: NHL**

**ERYTHROCYTES**:Microcytic hypochromic

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Increased. Anisocytosis

**COMMENT:** Iron deficiency anaemia with reactive thrombocytosis

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: SARAH ESHUN**

**AGE: 57 YEARS**

**SEX: FEMALE**

**INDICATION: HEART FAILURE**

**ERYTHROCYTES**:Anisocytosis. Hypochromasia+

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Adequate

**COMMENT:** 1. Inadequate clinical details

**2.** Exclude IDA / anaemia of chronic disease

**SUGGEST :** Iron studies

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: ANTHONY ATTAH OFORI**

**AGE:**

**SEX: MALE**

**INDICATION: T-CELL NHL**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Increased. Mostly medium to large sized lymphoid cells with dense nuclei and agranular pale blue cytoplasm

**PLATELETS**: Reduced. No clumps

**COMMENT:** NHL in leukemic phase

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: CHRISTIAN NKANSAH**

**AGE: 93 YEARS**

**SEX: MALE**

**INDICATION: SEPSIS**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Increased. Neutrophilia with toxic granulation and occasional hypersegmented forms.

**PLATELETS**: Reduced. No clumps

**COMMENT:** Consistent with history of sepsis

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: JENNIFER MENSAH**

**AGE: 35 YEARS**

**SEX: FEMALE**

**INDICATION: ITP**

**ERYTHROCYTES**:Dimorphic picture. Polychromasia+

**LEUCOCYTES**: Increased. Neutrophilia with left shift

**PLATELETS**: Reduced. No clumps

**COMMENT:** Known ITP with sepsis

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: OBED KONNE**

**AGE: 30 YEARS**

**SEX: MALE**

**INDICATION: SEVERE ANAEMIA ? CAUSE**

**ERYTHROCYTES**:Dimorphic picture (normocytic normochromic and microcytic hypochromic). Polychromasia+

**LEUCOCYTES**: Increased. Neutrophilia with left shift

**PLATELETS**: Slightly increased. Anisocytosis

**COMMENT:** 1. Exclude concurrent iron deficiency

**2.** Exclude infection

SUGGEST: 1. Iron studies

2. Septic screen

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: PRINCE DANSO ADABO NIMAKO**

**AGE: 5 YEARS**

**SEX: MALE**

**INDICATION: ANAEMIA**

**ERYTHROCYTES**:Anisocytosis . Hypochromasia+, Microcytes+

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Adequate. Anisocytosis

**COMMENT:** 1. Inadequate clinical history

**2.** Probable Iron deficiency anaemia.

Exclude thalassemia

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: PRINCESS LAMPTEY**

**AGE: 13 MONTHS**

**SEX: FEMALE**

**INDICATION: VSD WITH CCF BEING MANAGED FOR SEVERE ANAEMIA**

**ERYTHROCYTES**:Microcytic hypochromic, normoblasts+ polychromasia+

**LEUCOCYTES**: Increased. Lymphocytosis, most of which have a mature morphology

**PLATELETS**: Adequate

**COMMENT:** 1. Infection with haemolysis

**2.** Iron deficiency anaemia

**SUGGEST:** 1. Septic screen

2. Iron studies

3. Repeat film in 3/52 if clinically indicated

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: CALEB ADABO NIMAKO**

**AGE: 6 YEARS**

**SEX: MALE**

**INDICATION: ? H. PYLORI GASTRITIS**

**ERYTHROCYTES**:Anisocytosis. Microcytes+

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Adequate.

**COMMENT:** Exclude intercurrent iron deficiency

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: ABENA KESEWAA OPARE**

**AGE: 1 YEAR**

**SEX: FEMALE**

**INDICATION: PERSISTENT FEVER**

**ERYTHROCYTES**:Anisocytosis

**LEUCOCYTES**: Adequate. Relative lymphocytosis. Lymphocytes observed have a mature morphology

**PLATELETS**: Adequate

**COMMENT:** Consistent with history of infection

SUGGEST: 1. Monitor for progressive lymphocytosis

2. Repeat film in 3 weeks if clinically indicated.

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: EDWARD YEBOAH**

**AGE: 68 YEARS**

**SEX: MALE**

**INDICATION: PANCYTOPENIA ? CAUSE**

**ERYTHROCYTES**:Reduced red cell mass. Dimorphic picture

**LEUCOCYTES**: Reduced

**PLATELETS**: Adequate

**COMMENT:** Bicytopenia ? cause

**SUGGEST:** BMA

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: REGINA PAINTI**

**AGE: 58 YEARS**

**SEX: MALE**

**INDICATION: ? CML**

**ERYTHROCYTES**:Normocytic normochromic. Normoblasts+

**LEUCOCYTES**: Markedly increased.

Myeloblasts - 2%

Myelocytes/meta - 33%

Band/Segmented Neutrophils - 60%

Eosinophils - 3%

Bansophils - 2%

**PLATELETS**: Adequate. Anisocytosis

**COMMENT:** Probable CML

**SUGGEST:** FISH for Ph chromosome

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: JESSE ASABU TAGOE**

**AGE: 7 YEARS**

**SEX: MALE**

**INDICATION: ? SEPSIS**

**ERYTHROCYTES**:Anisocytosis

**LEUCOCYTES**: Adequate. Neutrophil left shift with toxic granulation

**PLATELETS**: Adequate. Clumps present

**COMMENT:** Consistent with infection

**SUGGEST:** 1. Septic screen

**2.** Repeat film in 2 weeks / after treatment of infection with further clinical details

Validated by

**DR. AMEYAW**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: NANA AMOAKO**

**AGE: 63 YEARS**

**SEX: MALE**

**INDICATION: ? LEUKAEMIA**

**ERYTHROCYTES**:Anisocytosis. Hypochromasia+

**LEUCOCYTES**: Reduced.

**PLATELETS**: Reduced. No clumps

**COMMENT:** Pancytopenia

**SUGGEST:** BMA

Validated by

**DR. AMEYAW**

**29TH APRIL,2024**

**BLOOD FILM COMMENT**

**NAME: CLARISSA COFFIE**

**AGE: 28 YEARS**

**SEX: MALE**

**INDICATION: ?? DIC**

**ERYTHROCYTES**:Anisocytosis . Normoblasts. Few schistocytes. Neutrophil left shift

**LEUCOCYTES**: Adequate. Neutrophil left shift with toxic granulation

**PLATELETS**: Reduced. Anisocytosis

**COMMENT:** Consistent with DIC

Validated by

**DR. AMEYAW**

**7thMay 2024**

**BLOOD FILM COMMENT**

**NAME: MARTIN KWABENA YEBOAH**

**AGE: 72 YEARS**

**SEX: MALE**

**INDICATION: SPLENOMEGALLY?CAUSE**

**ERYTHROCYTES**:Mostly microcytic hypochromic, polychromatic cells++

**LEUCOCYTES**: Relative lymphocytosis, normal morphology

**PLATELETS**: Increased on film

**COMMENT:** 1. Inadequate clinical history

**2.** Exclude infection

Validated by

**DRS. HOWARD/OTENG**

**29th April, 2024**

**BLOOD FILM COMMENT**

**NAME: AKISOLA AKIWUMI**

**AGE: 82 YEARS**

**SEX: FEMALE**

**INDICATION: THROMBOCYTOPENIA**

**ERYTHROCYTES**:Reduced red cell mass. Microcytic hypochromic cells, occasional polychromatic cells.

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Markedly reduced on film, platelets anisocytosis, occasional giant platelet seen

**COMMENT:** Bicytopenia ? cause

**SUGGEST:** 1. BMA

2. Viral screen

Validated by

**DRS. HOWARD/OTENG**

**7th May, 2024**

**BLOOD FILM COMMENT**

**NAME: JOYCE BRAMPAH**

**AGE: 30 YEARS**

**SEX: FEMALE**

**INDICATION: PANCYTOPENIA**

**ERYTHROCYTES**:Reduced red cell mass. Anisocytosis, hypochromasia

**LEUCOCYTES**: Reduced. Predominantly lymphocytes with normal morphology

**PLATELETS**: Markedly reduced on film. Clumps seen

**COMMENT:** Pancytopenia ? Cause

**SUGGEST:** 1.Inadequate clinical history provided

2. BMA

Validated by

**DRS. HOWARD/LOKKO**

**10th May, 2024**

**BLOOD FILM COMMENT**

**NAME: WILSON HELEGBE**

**AGE: 46 YEARS**

**SEX: MALE**

**INDICATION: PANCYTOPENIA**

**ERYTHROCYTES**:Anisocytosis++, hypochromasia++, polychromasia+

**LEUCOCYTES**: Markedly increased. Mostly medium sized mature looking lymphocytes. Smudge cells seen++, a few immature forms present

**PLATELETS**: Adequate on film

**COMMENT:** Chromic Lymphocytic Leukaemia

**SUGGEST:** Confirm with immunophenotyping

Validated by

**DRS. OTENG/LOKKO**

**13th May, 2024**

**BLOOD FILM COMMENT**

**NAME: ALLYSAA ESIWAA YANKAH**

**AGE: 1 YEAR**

**SEX: FEMALE**

**INDICATION: ? FEVER**

**ERYTHROCYTES**:Anisocytosis. Dense cells

**LEUCOCYTES**: Mildly increased, lymphocytosis, normal morphology

**PLATELETS**: Adequate on film

**COMMENT:** 1. Exclude viral infection

**2.** Exclude Haemoglobinopathy

**SUGGEST:** Hb Electrophoresis, viral screen

Validated by

**DRS. OTENG/LOKKO**

**13th May, 2024**

**BLOOD FILM COMMENT**

**NAME: MICHAEL FRIMPONG**

**AGE: 35 YEARS**

**SEX: MALE**

**INDICATION: ALL**

**ERYTHROCYTES**:Reduced red cell mass, anisocytosis+, hypochromasia++, polychromasia+

**LEUCOCYTES**: Reduced. Reactive lymphocytosis. No blasts seen

**PLATELETS**: Reduced on film. No clumps seen

**COMMENT:** Pancytopenia in a known case of ALL (? Therapy induced)

Validated by

**DR. OTENG**

**13th May, 2024**

**BLOOD FILM COMMENT**

**NAME: SARAH ANNABIL**

**AGE: 59 YEARS**

**SEX: FEMALE**

**INDICATION: ? HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Microcytic, hypochromic cells, target cells++

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate on film

**COMMENT:** Exclude haemoglobinopathy /IDA

**SUGGEST:** Hb Electrophoresis, G6PD Assay, Iron studies

Validated by

**DR. OTENG**

**10th May, 2024**

**BLOOD FILM COMMENT**

**NAME: NYYIRA OHENE AKOTO**

**AGE: 10 YEARS**

**SEX: MALE**

**INDICATION: GENERALIZED LYMPHADENOPATHY**

**ERYTHROCYTES**:Ansocytosis, hypochromasia, target cells+

**LEUCOCYTES**: Adequate relative lymphocytosis present are reactive lymphocytes. Neutrophil left shift with toxic granulation. No blast seen

**PLATELETS**: Adequate, platelet anisocytosis, few clumps+

**COMMENT:** 1. Exclude IDA

**2.** Exclude virial infection

Validated by

**DRS. OTENG/LOKKO**

**13th May, 2024**

**BLOOD FILM COMMENT**

**NAME: AFIA KYERE**

**AGE: 32 YEARS**

**SEX: FEMALE**

**INDICATION: THROMBOCYTOPENIA**

**ERYTHROCYTES**:Normocytic, normochromic cells.

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate on film. No clumps seen

Manual count = 140 x 109/L

**COMMENT:** Normal Blood Film

Validated by

**DR. OTENG**

**13th May, 2024**

**BLOOD FILM COMMENT**

**NAME: KATE ENYAN**

**AGE: 52 YEARS**

**SEX: FEMALE**

**INDICATION: SPLENOMEGALLY ? CAUSE DDX SPLENIC LYPHOMA**

**ERYTHROCYTES**:Microcytic, hypochrochromic cells+++, rouleaux formation+, target cells+, pencil cells+, occasional normoblasts.

**LEUCOCYTES**: Mildly increased. Neutrophilia with left shift with toxic granulation and vacuolation. A few large neutrophils seen, some have hypersegmented neutrophils.

**PLATELETS**: Adequate on film, giant forms noted. Clumps seen

**COMMENT:** 1. Exclude mixed deficiency anaemia

**2.** Exclude infection

**3.** Exclude haemoglobinopathy

**SUGGEST:** 1. Iron studies, B12 and Folate assay

**2.** HPLC

**3.** Septic screen

Validated by

**DRS. OTENG/LOKKO**

**13th May, 2024**

**BLOOD FILM COMMENT**

**NAME: EFUA OBENEWAA**

**AGE: 69 YEARS**

**SEX: FEMALE**

**INDICATION: JAK2 + MPN. PERSISTENT ANAEMIA**

**ERYTHROCYTES**:Reduced red cell mass. Microcytosis+, hypochromasia++, polychromasia+, poikilocytosis++ (tear drop cells, pencil cells)

**LEUCOCYTES**: Adequate, some neutrophils shows atypia

**PLATELETS**: Increased on film. Platelet anisocytosis, few giant forms noted

**COMMENT:** Consistent with history of MPN

Validated by

**DRS. HOWARD/OTENG/LOKKO**

**13th May, 2024**

**BLOOD FILM COMMENT**

**NAME: FAREDATU NAA TACKIE BILL**

**AGE: 49 YEARS**

**SEX: FEMALE**

**INDICATION: SEVERE ANAEMIA 20 AUBL**

**ERYTHROCYTES**:Dimorphic picture. ( mostly microcytic hypochromic), polychromasia++

**LEUCOCYTES**: Increased. Neutrophilia with left shift with toxic granulation

**PLATELETS**: Increased on film

**COMMENT:** 1. Consistent with history of chronic blood loss with attendant reactive thrombocytopenia

**2.** Exclude infection

**SUGGEST:** 1. Iron studies, clothing profile, LFTs

**2.** Septic screen

Validated by

**DRS. OTENG/LOKKO**

**13th May, 2024**

**BLOOD FILM COMMENT**

**NAME: LASSEY XORSE**

**AGE: 3 YEARS**

**SEX: MALE**

**INDICATION: ANAEMIA**

**ERYTHROCYTES**:Microcytosis+, hypochromasia++, polychromasia++, target cells+, occasional normoblasts

**LEUCOCYTES**: Mild neutrophil left shift with toxic granulation

**PLATELETS**: Increased on film

**COMMENT:** 1. Inadequate clinical details

**2.** Exclude IDA

**3.** Exclude infection with haemolysis

**SUGGEST:** Correlate clinically

Validated by

**DRS. OTENG/LOKKO**

**13th May, 2024**

**BLOOD FILM COMMENT**

**NAME: JOCHEBED TEI**

**AGE: 6 YEARS**

**SEX: FEMALE**

**INDICATION: RECURRENT FEVER**

**ERYTHROCYTES**:Reduced red cell mass, microcytic, hypochromic cells, target cells+

**LEUCOCYTES**: Increased, neutrophilia with left shift. Some reactive lymphocytes seen

**PLATELETS**: Increased on film

**COMMENT:** 1. Anaemia ? cause

**2.** Exclude haemoglobinopathy

**3.** Exclude infection

Validated by

**DR. OTENG**

**14th May, 2024**

**BLOOD FILM COMMENT**

**NAME: MUSTAPHA JIHADA**

**AGE: 13 YEARS**

**SEX: MALE**

**INDICATION: PERSISTENT LEUCOCYTOSIS**

**ERYTHROCYTES**:Normocytic, normochromic cells, target cells+

**LEUCOCYTES**: Mildly increased on film. Neutrophilia with left shift with toxic granulation

**PLATELETS**: Increased on film

**COMMENT:** 1. Inadequate clinical history

**2.** Exclude infection/ inflammation

**SUGGEST:** Correlate clinically

Validated by

**DRS. OTENG/LOKKO**

**13th May, 2024**

**BLOOD FILM COMMENT**

**NAME: FRANCIS AGYEMANG**

**AGE: 35 YEARS**

**SEX: MALE**

**INDICATION: CML**

**ERYTHROCYTES**:Reduced red cell mass . Microcytic , hypochromic cells+, pencil cells+

**LEUCOCYTES**: Markedly increased. Myeloid cells and their precursions seen in the following proportions:

Myeloblast = 15%

Promyelocyte s = 5%

Meta/Myelocytes = 52%

Band/seg neutrophils = 25%

Basophils =2%

Eosinophils = 1%

**PLATELETS**: Adequate on film

**COMMENT:** CML in accelerated phase

Validated by

**DRS. OTENG/LOKKO**

**13th May, 2024**

**BLOOD FILM COMMENT**

**NAME: SHEILA ADDY**

**AGE: 33 YEARS**

**SEX: FEMALE**

**INDICATION: ? KOCH’S**

**ERYTHROCYTES**:Microcytic, hypochromic cells

**LEUCOCYTES**: Increased, neutrophilia with toxic granulation. Few reactive lymphocytes seen

**PLATELETS**: Adequate on film

**COMMENT:** 1. Exclude IDA

**2.** Exclude infection / inflammation

Validated by

**DR. OTENG**

**14th May, 2024**

**BLOOD FILM COMMENT**

**NAME: JENNIFER NYARKO ASANTE**

**AGE: 35 YEARS**

**SEX: FEMALE**

**INDICATION: SEVERE ANAEMIA**

**ERYTHROCYTES**:Anisopoikilocytosis ( tear drop cells, pencil cells). Hypochromasia++, polychromasia+, rouleaux formation

**LEUCOCYTES**: Increased neutrophilia with marked left shift with toxic granulation

**PLATELETS**: Increased on film , anisocytosis, few clumps noted

**COMMENT:** 1. Exlude IDA with reactive thrombocytosis

**2.** Exclude infection

**SUGGEST:** 1. Iron studies

**2.** Septic screen

Validated by

**DRS. HOWARD/OTENG**

**14th May, 2024**

**BLOOD FILM COMMENT**

**NAME: RITA ARDAY**

**AGE: 57 YEARS**

**SEX: FEMALE**

**INDICATION: VIT B12 DEFICIENCY**

**ERYTHROCYTES**:Anisocytosis, hypochromasia

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate on film

**COMMENT:** Exclude concomitant IDA

**SUGGEST:** Iron studies

Validated by

**DR. OTENG**

**14th May, 2024**

**BLOOD FILM COMMENT**

**NAME: MARY BUERNOR**

**AGE: 50 YEARS**

**SEX: FEMALE**

**INDICATION: APLASTIC ANAEMIA**

**ERYTHROCYTES**:Mostly normocytic, hypochromic cells

**LEUCOCYTES**: Adequate, relative lymphocytosis, a few large immature lymphoid cells noted

**PLATELETS**: Increased on film

**COMMENT:** 1. Not suggestive of aplastic anaemia

**2.** Exclude infection

**3.** Thrombocytopenia ? cause

**SUGGEST:** 1. Viral screen, iron studies, LFTs

Validated by

**DRS. OTENG/LOKKO**

**14th May, 2024**

**BLOOD FILM COMMENT**

**NAME: FLORENCE DADZI**

**AGE: 34 YEARS**

**SEX: FEMALE**

**INDICATION: CML**

**ERYTHROCYTES**:Anisocytosis, hypochromasia++

**LEUCOCYTES**: Increased, mostly by myeloid cells and precursor in the following proportion

Myeloblast = 1%

Promyelocyte s = 5%

Meta/Myelocytes = 35%

Band/seg neutrophils = 52%

Basophils =2%

Eosinophils = 0%

**PLATELETS**: Markedly increased. Clumps present+++

**COMMENT:** 1. Inadequate clinical history

**2.** Known CML with thrombocytosis

**SUGGEST:** Correlate clinically

Validated by

**DRS. OTENG/LOKKO**

**14th May, 2024**

**BLOOD FILM COMMENT**

**NAME: GIFTY ANGELINA ANAMAN**

**AGE: 74 YEARS**

**SEX: FEMALE**

**INDICATION: ? MM**

**ERYTHROCYTES**:Normocytic, normochromic cells. Rouleaux formation++, occasional normoblasts

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate on film

**COMMENT:** Multiple Myeloma cannot be excluded

**SUGGEST:** 1. SFLC, SPEP

**2.** CONSIDER BMA

Validated by

**DR. OTENG**

**14th May, 2024**

**BLOOD FILM COMMENT**

**NAME: EDZIORDZINAM NTUMI ANSAH**

**AGE: 30 YEARS**

**SEX: MALE**

**INDICATION: THROMBOCYTOPENIA**

**ERYTHROCYTES**:Reduced red cell mass, microcytic, normochromic cells

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Reduced on film, platelet anisocytosis. No clumps seen

**COMMENT:** 1. Likely anaemia of chronic disease

**2.** Thrombocytopenia (possibly due to marraw suspression in patient with a known viral disease)

Validated by

**DR. OTENG**

**14th May, 2024**

**BLOOD FILM COMMENT**

**NAME: OPHELIA MAWULI**

**AGE: 35 YEARS**

**SEX: FEMALE**

**INDICATION: ? CML**

**ERYTHROCYTES**:Reduced red cell mass. Microcytosis++, hypochromasia++, normoblasts+

**LEUCOCYTES**: Increased, mostly by myeloid cells and their precursors in the following proportions:

Myeloblast = 16%

Promyelocyte s = 4%

Meta/Myelocytes = 34%

Band/seg neutrophils = 43%

Basophils =2%

Eosinophils = 1%

**PLATELETS**: Moderately increased on film. Platelet anisocytosis. Clumps present++

**COMMENT:** CML (accelerated phased)

Validated by

**DR. OTENG**

**14th May, 2024**

**BLOOD FILM COMMENT**

**NAME: JULIANA OCRAN**

**AGE: 39 YEARS**

**SEX: FEMALE**

**INDICATION: D I C**

**ERYTHROCYTES**:Reduced red mass, microcytosis+++, hypochromasia+++, polychromasia+, occasional normoblasts+ rbc fragments+

**LEUCOCYTES**: Increased, neutrophilia with left shift with toxic granulation

**PLATELETS**: Reduced on film. No clumps seen

**COMMENT:** 1. Consistent with history of D I C

**2.** Exclude infection

**SUGGEST:** Kindly correlate clinically

Validated by

**DR. OTENG**

**14th May, 2024**

**BLOOD FILM COMMENT**

**NAME: HABIB SUMAILA**

**AGE: 45 YEARS**

**SEX: MALE**

**INDICATION: VIT B12 DEFICIENCY**

**ERYTHROCYTES**:Macrocytosis+, polychromasia, occasional target cells

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Moderately increased on film. Clumps present++

**COMMENT:** Macrocytic Anaemia with reactive thrombocytosis

**SUGGEST:** Folate, B12 Assay, LFTs

Validated by

**DR. OTENG**

**14th May, 2024**

**BLOOD FILM COMMENT**

**NAME: PROMISE BEDZO**

**AGE: 18 YEARS**

**SEX: FEMALE**

**INDICATION: LYMPHOPROLIFERATIVE DISEASE**

**ERYTHROCYTES**:Anisopoikilocytosis (tear drop cells, pencil cells). Hypochromasia++

**LEUCOCYTES**: Adequate on film, relative neutrophilia with left shift+, toxic granulation. No blasts seen

**PLATELETS**: Adequate on film, giant forms noted

**COMMENT:** Consider tissue/LN biopsy

Validated by

**DR. OTENG**

**14th May, 2024**

**BLOOD FILM COMMENT**

**NAME: JOSEPHINE NELSON**

**AGE: 67 YEARS**

**SEX: FEMALE**

**INDICATION: MYELOFIBROSIS**

**ERYTHROCYTES**:Microcytic, hypochromic cells

**LEUCOCYTES**: Adequate on film. Relative lymphocytosis. Mild neutrophil left shift. No blast seen.

**PLATELETS**: Moderately increased on film. Platelet anisocytosis. Giant forms seen

**COMMENT:** Known case of myelofibrosis with

- IDA

- Thrombocytosis ( ? proliferative phase)

- Infection

Validated by

**DR. OTENG**

**14th May, 2024**

**BLOOD FILM COMMENT**

**NAME: HENRY DODOO**

**AGE: 71 YEARS**

**SEX: MALE**

**INDICATION: STROKE WITH ACUTE KIDNEY INJURY**

**ERYTHROCYTES**:Reduced red cell mass. Microcytosis++, hypochromasia++

**LEUCOCYTES**: Mildly increased . Neutrophilia with left shift and some degree of cytoplasmic vacuolation

**PLATELETS**: Adequate on film

**COMMENT:** 1. Exclude anaemia of chronic disease / IDA

**2.** Exclude infection

Validated by

**DR. OTENG**

**14th May, 2024**

**BLOOD FILM COMMENT**

**NAME: SAMUEL OWUSU ANSAH**

**AGE: 75 YEARS**

**SEX: MALE**

**INDICATION: BICYTOPENIA WITH HEPATOSPLENOMEGALY**

**ERYTHROCYTES**:Mostly microcytic, hypochromic cells.

**LEUCOCYTES**: Adequate on flim, relative lymphocytosis with reactive forms. No blasts seen

**PLATELETS**: Adequate on film. Platelet anisocytosis

**COMMENT:** 1.Exclude IDA

**2.** Exclude infection / inflammation

**SUGGEST:** 1. Kindly correlate clinically

2.Consider Tissue biopsy

Validated by

**DR. OTENG**

**14th May, 2024**

**BLOOD FILM COMMENT**

**NAME: MARIAM ALHASSAN**

**AGE: 27 YEARS**

**SEX: FEMALE**

**INDICATION: SEVERE MACROCYTIC ANAEMIA**

**ERYTHROCYTES**:Dimorphic picture (microcytic hypochromic cells and macroytic, target cells). Hypochromasia+

**LEUCOCYTES**: Increased, neutrophilia with left shift with toxic granulation

**PLATELETS**: Increased on film. Platelet anisocytosis++

**COMMENT:** 1. Consistent with history of alcoholic liver disease

**2.** Exclude infection

Validated by

**DRS. OTENG/ AMEYAW**

**14th May, 2024**

**BLOOD FILM COMMENT**

**NAME: SULLEY WASILATU**

**AGE: 66 YEARS**

**SEX: FEMALE**

**INDICATION: PATHOLOGICAL FRACTURE**

**ERYTHROCYTES**:Microcytic, hypochromic cells, rouleaux formation

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate on film

**COMMENT:** 1. Exclude IDA

**2.** Plasma cell dyscrasia cannot be objectively included or excluded

Validated by

**DR. OTENG**

**14th May, 2024**

**BLOOD FILM COMMENT**

**NAME: LIVINGSTONE APEDO**

**AGE: 68 YEARS**

**SEX: FEMALE**

**INDICATION: PANCYTOPENIA**

**ERYTHROCYTES**:Reduced red cell mass, poikilocytosis ( tear drop cells , pencil cells), hypochromasia++

**LEUCOCYTES**: Markedly reduced. Few reactive lymphocytes noted

**PLATELETS**: Moderately increased on film. Platelet anisocytosis. Clumps present++

**COMMENT:** Pancytopenia

**SUGGEST:** BMA + Trephine biopsy

Validated by

**DR. OTENG**

**15th May, 2024**

**BLOOD FILM COMMENT**

**NAME: THOMAS ASAAN**

**AGE: 23 YEARS**

**SEX: MALE**

**INDICATION: RELAPSED ALL**

**ERYTHROCYTES**:Anisocytosis, hypochromasia++. No RBC fragments or stistocytes seen

**LEUCOCYTES**: Increased on film, relative lymphocytosis. Large cells seen with high nuclear cytoplasmic ratio, agranular pale blue cytoplasm.

Blast count = 46%

**PLATELETS**: Markedly reduced on film. No clumps seen

**COMMENT:** Bicytopenia (anaemia with severe thrombocytopenia) in a known case of ALL (Relapsed)

Validated by

**DR. OTENG**

**15th May, 2024**

**BLOOD FILM COMMENT**

**NAME: KUDUS AFO**

**AGE: 23 YEARS**

**SEX: MALE**

**INDICATION: RECURRENT ANAEMIA? HAEMATOLOGICAL MALIGNANACY**

**ERYTHROCYTES**:Microcytosis++, hypochromasia++, target cells, normoblasts+, dense cells

**LEUCOCYTES**: Adequate on film. Relative lymphocytosis. No blasts seen

**PLATELETS**: Mildly increased on film. Platelet anisocytosis

**COMMENT:** 1. Exclude haemoglobinopathy

**2.** Exclude IDA with reactive thrombocytosis

**SUGGEST:** HPLC, Iron studies

Validated by

**DR. OTENG**

**14th May, 2024**

**BLOOD FILM COMMENT**

**NAME: SPENDILOVE DEBOAH**

**AGE: 9 MONTHS**

**SEX: FEMALE**

**INDICATION: HIGH PLATELET COUNT**

**ERYTHROCYTES**:Microcytic , hypochromic cells

**LEUCOCYTES**: Mildly increased on film. Relative lymphocytosis. Normal morphology

**PLATELETS**: Moderately on film . clumps seen+++

**COMMENT:** Microcytic hypochromic anaemia with reactive thrombocytosis

**SUGGEST:** 1. Repeat blood film in 2 weeks

2. screen for chronic blood loss

Validated by

**DR. OTENG**

**15th May, 2024**

**BLOOD FILM COMMENT**

**NAME: FELICIA SEFA AMOAFO**

**AGE: 62 YEARS**

**SEX: FEMALE**

**INDICATION: CML**

**ERYTHROCYTES**:Normocytic, hypochromic cells

**LEUCOCYTES**: Mildly increased, relative lymphocytosis. Normal morphology

**PLATELETS**: Mildly increased on film

**COMMENT:** Exclude viral infection

**SUGGEST:** Kindly correlate clinically

Validated by

**DR. OTENG**

**15th May, 2024**

**BLOOD FILM COMMENT**

**NAME: JONATHAN ANYETTEI**

**AGE: 99 YEARS**

**SEX: MALE**

**INDICATION: PERSISTENT THROMBOCYTOPENIA**

**ERYTHROCYTES**:Normocytic, normochromic cells. Rouleaux formation

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Reduced on film. No clumps seen

**COMMENT:** Thrombocytopenia ? cause

**SUGGEST:** 1. Viral screen, LFTs, H pylori test

2. Consider SPEP, SFLC if clinically appropriate

Validated by

**DR. OTENG**

**15th May, 2024**

**BLOOD FILM COMMENT**

**NAME: DORIS ASHIAGBOR**

**AGE: 59 YEARS**

**SEX: FEMALE**

**INDICATION: CML ON BOSUTINIB**

**ERYTHROCYTES**:Anisocytosis++, hypochromasia, polychromatic cells+, few macrocytes noted

**LEUCOCYTES**: Adequate on film. Normal morphology

**PLATELETS**: Adequate on film

**COMMENT:** Macrocytic anaemia in a known CML patient

**SUGGEST:** 1. Kindly correlate clinically

2. Consider TKI induced macrocytosis

Validated by

**DR. OTENG**

**15th May, 2024**

**BLOOD FILM COMMENT**

**NAME: JULIET DANIO ODOI**

**AGE: 46 YEARS**

**SEX: FEMALE**

**INDICATION: IDA ? CAUSE**

**ERYTHROCYTES**:Microcytosis++, hypochromasia++, rouleaux formation

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate on film

**COMMENT:** Likely IDA

**SUGGEST:** Iron studies

Validated by

**DR. OTENG**

**15th May, 2024**

**BLOOD FILM COMMENT**

**NAME: IBRAHIM HARUNA**

**AGE: 2 YEARS**

**SEX: MALE**

**INDICATION: SEVERE ANAEMIA**

**ERYTHROCYTES**:Reduced red cell mass, Anisocytosis, hypochromasia. No polychromatic cells, normoblasts or schistocytes seen.

**LEUCOCYTES**: Increased on film. Neutrophilia with left shift with toxic granulation

**PLATELETS**: Increased on film. Clumps seen

**COMMENT:** 1. No obvious signs of haemolysis

**2.** Exclude infection

**SUGGEST:** 1. Septic screen

2. Coombs test, LFTs, Urine R/E

3. Repeat Blood film in 2 weeks

Validated by

**DR. OTENG**

**15th May, 2024**

**BLOOD FILM COMMENT**

**NAME: MERCY AYENSUA**

**AGE: 41 YEARS**

**SEX: FEMALE**

**INDICATION: ABNORMAL UTERINE BLEEDING**

**ERYTHROCYTES**:Anisocytosis, hypochromic cells

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate on film

**COMMENT:** Exclude IDA possibly from chronic blood loss

Validated by

**DR. OTENG**

**15th May, 2024**

**BLOOD FILM COMMENT**

**NAME: OSMAN ADAN ABDULLAI**

**AGE: 31 YEARS**

**SEX: MALE**

**INDICATION: CML**

**ERYTHROCYTES**:Normocytic normochromic cells

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate on film

**COMMENT:** Normal findings

Validated by

**DR. OTENG**

**15th May, 2024**

**BLOOD FILM COMMENT**

**NAME: PRINCE ANABA**

**AGE:**

**SEX: MALE**

**INDICATION: ? CML**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, occasional normoblasts+

**LEUCOCYTES**: Increased, mostly by myeloid cells and their precursors in the following proportions:

Myeloblast = 16%

Promyelocyte s = 3%

Meta/Myelocytes = 31%

Band/seg neutrophils = 48%

Basophils =2%

Eosinophils = 0%

**PLATELETS**: Reduced on film. No clumps seen

**COMMENT:** CML (accelerated phased)

**SUGGEST:** BCR-ABL Transcript

Validated by

**DR. OTENG**

**15th May, 2024**

**BLOOD FILM COMMENT**

**NAME: EDWARD BOATENG**

**AGE: 19 YEARS**

**SEX: MALE**

**INDICATION: CML**

**ERYTHROCYTES**:Anisopoikilocytosis (pencil cells, tear drop cell). normochromasia

**LEUCOCYTES**: Increased, mostly by myeloid cells and their precursors in the following proportions:

Myeloblast = 6%

Promyelocyte s = 0%

Meta/Myelocytes = 10%

Band/seg neutrophils = 82%

Basophils =8%

Eosinophils = 0%

**PLATELETS**: Reduced on film. Platelet anisocytosis+ . clumps noted

**COMMENT:** CML (chronic phased with thrombocytopenia)

Validated by

**DR. OTENG**

**15th May, 2024**

**BLOOD FILM COMMENT**

**NAME: ELZAPHAN MANUEPEE ABAJOR**

**AGE:**

**SEX: MALE**

**INDICATION: SCDX**

**ERYTHROCYTES**:Microcytic, hypochromic cells, target cells+, normoblasts+, pencil cells, rouleaux

**LEUCOCYTES**: Adequate on film. Relative lymphocytosis, normal morphology

**PLATELETS**: Increased, platelet anisocytosis. Clumps

**COMMENT:** 1. Inadequate clinical history

**2.** Consistent of history of haemoglobinopathy

Validated by

**DRS. HOWARD/OTENG**

**15th May, 2024**

**BLOOD FILM COMMENT**

**NAME: LINDA BIMPONG**

**AGE: 21 YEARS**

**SEX: FEMALE**

**INDICATION: SEVERE ANAEMIA**

**ERYTHROCYTES**:Anisocytosis, hypochromasia+, polychromasia+

**LEUCOCYTES**: Adequate. Neutrophilia with left shift

**PLATELETS**: Increased on film. Platelet anisocytosis. Giant forms noted

**COMMENT:** 1.Inadequate clinical history

**2.** Exclude IDA with reactive thrombocytosis

**SUGGEST:** 1. Iron studies

2. Screen for chronic blood loss

Validated by

**DR. OTENG**

**15th May, 2024**

**BLOOD FILM COMMENT**

**NAME: ABDULAI SAAKA**

**AGE: 42 YEARS**

**SEX: MALE**

**INDICATION: HODGKINS LYMPHOMA**

**ERYTHROCYTES**:Normocytic normochromic, polychromasia+

**LEUCOCYTES**: Increased on film. Neutrophilia with marked left shift. Large cells present with high nuclear / cytoplasmic ratio, open lacy chromatin some have left nuclei, pale blue agranular cytoplasm

**PLATELETS**: Markedly increased, platelet anisocytosis, clumps+++

**COMMENT:** Possible lymphoma in leukaemic phase

**SUGGEST:** Correlate clinically

Validated by

**DR. OTENG**

**15th May, 2024**

**BLOOD FILM COMMENT**

**NAME: REBECCA DUGBENU**

**AGE: 39 YEARS**

**SEX: FEMALE**

**INDICATION: THROMBOCYTOPENIA ? CAUSE**

**ERYTHROCYTES**:Microcytic hypochromic cells, target cells+, pencil cells+, rouleaux formation+

**LEUCOCYTES**: Adequate on film, normal morphology. Relative lymphocytosis

**PLATELETS**: Reduced on film, few clumps noted. Platelet anisocytosis, manual platelet count=62

**COMMENT:** 1. Exclude IDA

**2.** Exclude possible viral cause with thrombocytopenia

**SUGGEST:** 1. Iron studies

2. Viral screen,LFTs, H-pylori

Validated by

**DR. OTENG**

**15th May, 2024**

**BLOOD FILM COMMENT**

**NAME: BLESSED CUDJO NUNANA AMEDZEKOR**

**AGE: 20 YEARS**

**SEX: MALE**

**INDICATION: AML IN MORPHOLOGICAL REMISSION**

**ERYTHROCYTES**:Mostly normocytic, normochromic

**LEUCOCYTES**: Adequate. Normal morphology. Blast count = 3%

**PLATELETS**: Mildly increased with clumps

**COMMENT:** Known AML (with blast count of 3%)

Validated by

**DR. OTENG**

**15th May, 2024**

**BLOOD FILM COMMENT**

**NAME: SANDRA OKINE**

**AGE: 28 YEARS**

**SEX: FEMALE**

**INDICATION: SCDX**

**ERYTHROCYTES**:Anisocytosis, hypochromasia,target cells+, dense cells+. No shistocytes or polychromatic cells, however normoblasts seen+

**LEUCOCYTES**: Adequate, normal morphology. Corrected count = 12x109/L

**PLATELETS**: Increased on film. Platelet anisocytosis. Clumps+

**COMMENT:** Consistent with history of sickle cell with haemolysis

Validated by

**DR. OTENG**

**15th May, 2024**

**BLOOD FILM COMMENT**

**NAME: KINGSFORD AKWASI AMEYAW**

**AGE: 10 YEARS**

**SEX: MALE**

**INDICATION: RECURRENT ANAEMIA, JAUNDICE, JOINT PAIN. SICKLING UNKNOWN**

**ERYTHROCYTES**:Mostly microcytic, hypochromic cells

**LEUCOCYTES**: Adequate, normal morphology. No blasts noted

**PLATELETS**: Adequate on film.

**COMMENT:** Exclude IDA

Validated by

**DRS. HOWARD/OTENG**

**20th May, 2024**

**BLOOD FILM COMMENT**

**NAME: GEORGE NTIM**

**AGE: 7 YEARS**

**SEX: MALE**

**INDICATION: SEVERE ANAEMIA**

**ERYTHROCYTES**:Reduced red cell mass, microcytosis++, hypochromasia++, occasional normoblast

**LEUCOCYTES**: White cell increased. Neutrophilia with left shift with toxic granulation, occasional hypersegmented neutrophils seen.

**PLATELETS**: Mildly reduced. No clumps seen

**COMMENT:** 1. Leucoerythroblastic picture

**2.** Exclude infection

SUGGEST: 1. Septic screen

2. BMA / Trephine

Validated by

**DRS. HOWARD/OTENG**

**20th May, 2024**

**BLOOD FILM COMMENT**

**NAME: ISAAC BOATENG**

**AGE: 20 YEARS**

**SEX: MALE**

**INDICATION: CML**

**ERYTHROCYTES**:Normocytic, normochromic cell

**LEUCOCYTES**: Adequate on film. Normal morphology. No blasts seen

**PLATELETS**: Mildly reduced on film. No clumps seen

**COMMENT:** Thrombocytopenia in a known CML

Validated by

**DRS. HOWARD/OTENG**

**20th May, 2024**

**BLOOD FILM COMMENT**

**NAME: JOSHUA ATSU**

**AGE: 14 YEARS**

**SEX: MALE**

**INDICATION: LYMPHOMA**

**ERYTHROCYTES**:Microcytic hypochromic cells

**LEUCOCYTES**: Adequate, normal morphology. No blasts noted

**PLATELETS**: Increased. Anisocytosis

**COMMENT:** 1. Inadequate clinical history

**2.** Exclude IDA with reactive thrombocytosis

**SUGGEST:** 1. Kindly correlate clinically

2. Iron studies

3. To consider lymph node or tissue biopsy if applicable

Validated by

**DRS. HOWARD/OTENG**

**20th May, 2024**

**BLOOD FILM COMMENT**

**NAME: MOHAMMED HAWAWU**

**AGE: 2 YEARS**

**SEX: FEMALE**

**INDICATION: GENERALISED LYMPH NODES**

**ERYTHROCYTES**:Microcytic hypochromic, target cells++

**LEUCOCYTES**: Mildly increased. Relative lymphocytosis. A few large immature forms seeen ( large cells with cleff nuclei and aggranular cytoplasm)

**PLATELETS**: Mildly reduce on film. Few platelet clumps seen

**COMMENT:** 1. Exclude hemoglobinopathy

**2.** Exclude viral infection

**3.** ? Significance of atypical lymphoid cell

**SUGGEST:** 1. HB Electrophoresis

2. Virial screen

3. Consider tissue biopsy

Validated by

**DRS. HOWARD/OTENG**

**20th May, 2024**

**BLOOD FILM COMMENT**

**NAME: LAMIN MOHAMMED**

**AGE: 2 YEARS**

**SEX: MALE**

**INDICATION: GENERALISED LYMPHADENOPATHY ? CAUSE**

**ERYTHROCYTES**:Mostly microcytic normochromic

**LEUCOCYTES**: Adequate, normal morphology. No blasts noted

**PLATELETS**: Adequate on film.

**COMMENT:** Exclude IDA

SUGGEST: 1. To do viral screen

2. Consider tissue biopsy if application clinically

Validated by

**DRS. HOWARD/OTENG**

**20th May, 2024**

**BLOOD FILM COMMENT**

**NAME: RUTH PETUAH**

**AGE:**

**SEX: FEMALE**

**INDICATION: ? AML**

**ERYTHROCYTES**:Microcytic, hypochromic cells

**LEUCOCYTES**: Increased, mostly by large cells with high nuclear: cytoplasmic ratio, open lacy chromatin, granular cytoplasm, some contain aeur rods

**PLATELETS**: Markedly reduced on film. No clumps seen

**COMMENT:** Acute leukaemia

**SUGGEST:** BMA + Immunophenotyping

Validated by

**DRS. HOWARD/OTENG**

**20th May, 2024**

**BLOOD FILM COMMENT**

**NAME: NKUNIM KESSEWA**

**AGE: 7 YEARS**

**SEX: FEMALE**

**INDICATION: RECURRENT SEVERE ANAEMIA**

**ERYTHROCYTES**:Anisocytosis. hypochromasia

**LEUCOCYTES**: Increased on film. Relative lymphocytosis. Neutrophil left shift with toxic granulation

**PLATELETS**: Reduced on film

**COMMENT:** 1. Exclude viral infection

**2.** Exclude IDA

**SUGGEST:** 1.Viral screen

**2.** Iron studies

Validated by

**DRS. HOWARD/OTENG**

**20th May, 2024**

**BLOOD FILM COMMENT**

**NAME: SABINA EFFAH**

**AGE: 67 YEARS**

**SEX: FEMALE**

**INDICATION: ? AML**

**ERYTHROCYTES**:Reduced red cell mass. Anisocytosis , hypochromasia++, polychromasia , normoblasts+

**LEUCOCYTES**: Corrected count = 9 x 109/L . Slightly increased on film: mostly by large cells with high nuclear: cytoplasmic ratio, open lacy chromatin and granular cytoplasm

**PLATELETS**: Markedly reduced on film. No clumps seen

**COMMENT:** 1. AML ( not in morphological remission)

**2.** Bicytopenia

**-** ? therapy induced

**-** ? disease progression

Validated by

**DRS. HOWARD/OTENG**

**20th May, 2024**

**BLOOD FILM COMMENT**

**NAME: LETITIA AKUMIAH**

**AGE: 69 YEARS**

**SEX: FEMALE**

**INDICATION: PANCYTOPENIA ? CAUSE**

**ERYTHROCYTES**:Mostly normocytic, normochromic cells

**LEUCOCYTES**: Adequate on film. Normal morphology

**PLATELETS**: Adequate on film. No clumps seen

**COMMENT:** Normal findings

Validated by

**DRS. HOWARD/OTENG**

**20th May, 2024**

**BLOOD FILM COMMENT**

**NAME: RUTH PETUAH**

**AGE:**

**SEX: FEMALE**

**INDICATION: ? AML**

**ERYTHROCYTES**:Microcytic, hypochromic cells

**LEUCOCYTES**: Increased, mostly by large cells with high nuclear: cytoplasmic ratio, open lacy chromann, granular cytoplasm, some contain aeur rods

**PLATELETS**: Markedly reduced on film. No clumps seen

**COMMENT:** Acute leukaemia

**SUGGEST:** BMA + Immunophenotyping

Validated by

**DRS. HOWARD/OTENG**

**20th May, 2024**

**BLOOD FILM COMMENT**

**NAME: GLORIA OWUSU**

**AGE: 45**

**SEX: FEMALE**

**INDICATION: NEUTROPENIA**

**ERYTHROCYTES**:Microcytic, hypochromic cells. Dense cells+, irreversibly sickled cells+, normoblasts+

**LEUCOCYTES**: Adequate on film. Relative lymphocytosis. Neutropenia noted.

**PLATELETS**: Adequate on film.

**COMMENT:** 1. Consistent with history of SCD

**2.** Exclude viral infection

**SUGGEST:** 1. Viral screen

Validated by

**DRS. HOWARD/OTENG**

**20th May, 2024**

**BLOOD FILM COMMENT**

**NAME: MARY HANSON**

**AGE: 59**

**SEX: FEMALE**

**INDICATION: MM**

**ERYTHROCYTES**:Anisopoikilocytosis (tear drop cells, pencil cells)

**LEUCOCYTES**: Reduced on film, relative lymphocytosis

**PLATELETS**: Reduced on film. No clumps seen

**COMMENT:** 1.Pancytopenia ? cause

**2.** Multiple myeloma cannot be objectively excluded or included

**SUGGEST:** 1. Consider BMA + Trephine

**2.** SPEP, SFLC

Validated by

**DR.OTENG**

**21st May, 2024**

**BLOOD FILM COMMENT**

**NAME: STELLA GORGOR**

**AGE: 41**

**SEX: FEMALE**

**INDICATION: THROMBOCYTOSIS**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, target cells+

**LEUCOCYTES**: Increased on flim, neutropenia with left shift with toxic granulation.

**PLATELETS**: increased on flim, platelet anisocytosis. Clumps+

**COMMENT:** 1. Exclude sepsis with reactive thrombocytosis

**2.** Exclude IDA

**SUGGEST:** 1. Septic screen

**2.** Iron studies

Validated by

**DR. OTENG**

**21st May, 2024**

**BLOOD FILM COMMENT**

**NAME: BENJAMIN ATSU AGBOMANYI**

**AGE: 71 YEARS**

**SEX: FEMALE**

**INDICATION: JAK2 WITH MPN**

**ERYTHROCYTES**:Microcytic, normochromic, target cells+, normoblasts+,polychromasia

**LEUCOCYTES**: Markedly increased with marked neutrophilia with left shift

Promyelocytes -1%

Seg/bands -67%

Monocytes -3%

Myelo/Meta -27%

Eosinophils -2%

**PLATELETS**: Markedly reduced . No clumps seen

**COMMENT:** 1. Consistent with JAK2 with MPN

**2.** Exclude CML

**SUGGEST:** BCR-ABL

Validated by

**DRS. LOKKO/GHUNNEY**

**21st  May, 2024**

**BLOOD FILM COMMENT**

**NAME: CHARLES QUANSAH**

**AGE: 59**

**SEX: MALE**

**INDICATION: SEVERE ANAEMIA WITH PANCYTOPENIA**

**ERYTHROCYTES**:Dimorphic picture ( mostly normocytic, normochromic cells). Tear drop cells+, pencil cells+)

**LEUCOCYTES**: Adequate on film. Normal morphology

**PLATELETS**: Markedly reduced on film. No clumps seen

**COMMENT:** Exclude IDA

**SUGGEST:** Iron studies

Validated by

**DR. OTENG**

**21st May, 2024**

**BLOOD FILM COMMENT**

**NAME: MAVIS TEGA**

**AGE: 24**

**SEX: FEMALE**

**INDICATION: AKI WITH MACOCYTES AND NEUTROPHILS**

**ERYTHROCYTES**:Mostly microcytic, hypochromic cells with a few target cells. Normoblasts with polychromatic cells.

**LEUCOCYTES**: Increased. Relative lymphocytosis with a few reactive forms. Also neutrophilia with left shift with toxic granulation

**PLATELETS**: Mildly increased on film. Few clumps noted.

**COMMENT:** 1. Likely infection with haemolysis

**2.** Exclude viral screen

**SUGGEST:** 1. Septic screen

**2.** Viral screen

**3.** Screen for chronic blood loss

Validated by

**DR. OTENG**

**21st May, 2024**

**BLOOD FILM COMMENT**

**NAME: NANA SARPONG AKUOKO**

**AGE: 4**

**SEX: MALE**

**INDICATION: ? LYMPHOMA**

**ERYTHROCYTES**:Mostly microcytic, hypochromic cells

**LEUCOCYTES**: Slightly increased. Relative lymphocytosis with reactive lymphocytes

**PLATELETS**: Increased on film. No clumps

**COMMENT:** 1. Exclude IDA with reactive thrombocytosis

**2.** Exclude viral infection

**SUGGEST:** 1. Iron studies, viral screen

**2.** Tissue / Lymph node biopsy

Validated by

**DR. OTENG**

**21st May, 2024**

**BLOOD FILM COMMENT**

**NAME: CHRISTODIA OWUSUA DARKO**

**AGE: 8**

**SEX: FEMALE**

**INDICATION: ALL ON AR CNS**

**ERYTHROCYTES**:Microcytosis+++, hypochromasia++, normoblast+, polychromasia+

**LEUCOCYTES**: White cells increased. Mostly lymphocytes. Present are also large cells with high nuclear cytoplasmic ratio, open lacy chromatin, pale blue agranular cytoplasm. Some of their nuclei have clefts. Blasts count 42%

**PLATELETS**: Markedly reduced, no clumps seen

**COMMENT:** Acute Lymphoblastic Leukaemia ( not in remission)

Validated by

**DRS. HOWARD/OTENG**

**21st May, 2024**

**BLOOD FILM COMMENT**

**NAME: HILLARY KUFOALOR**

**AGE: 24**

**SEX: FEMALE**

**INDICATION: SEPSIS**

**ERYTHROCYTES**:Normocytic, normochromic cells. Normoblasts+, polychromatic cells+

**LEUCOCYTES**: Increased. Neutrophilia with marked left shift with toxic granulation

**PLATELETS**: Increased on film. Clumps present+

**COMMENT:** Consistent with history of sepsis with possible haemolysis

**SUGGEST:** 1. LFTs

**2.** Mixing studies

Validated by

**DR. OTENG**

**21st May, 2024**

**BLOOD FILM COMMENT**

**NAME: ERNESTINA LAMPTEY**

**AGE: 69 YEARS**

**SEX: FEMALE**

**INDICATION: UNEXPLAINED SEVERE ANAEMIA**

**ERYTHROCYTES**:Mostly microcytic, hypochromic cells with a few target cells. Normoblasts with polychromatic cells.

**LEUCOCYTES**: Increased. Relative lymphocytosis with a few reactive forms. Also neutrophilia with left shift with toxic granulation

**PLATELETS**: Increased on film with platelet anisocytosis

**COMMENT:** 1. Exclude IDA / Anaemia of chronic disease

**2.** Consistent with history of infection

**3.** Reactive thrombocytosis likely secondary to the preceeding indications

Validated by

**DR. OTENG**

**21st May, 2024**

**BLOOD FILM COMMENT**

**NAME: EVELYN ACHEAMPONG**

**AGE: 85 YEARS**

**SEX: FEMALE**

**INDICATION: NORMOCYTIC ANAEMIA**

**ERYTHROCYTES**:Anisocytosis , hypochromasia+, rouleaux formation+

**LEUCOCYTES**: Adequate. Neutrophilia with marked left shift with toxic granulation

**PLATELETS**: Adequate on film

**COMMENT:** 1. Exclude IDA / Anaemia of chronic disease

**2.** Exclude infection

**SUGGEST:** 1. Iron studies

**2.** Septic screen

Validated by

**DR. OTENG**

**21st May, 2024**

**BLOOD FILM COMMENT**

**NAME: GLADYS WUO-ASARE**

**AGE: 70 YEARS**

**SEX: FEMALE**

**INDICATION: UNEXPLAINED WEIGHT LOSS. MEGALOBLASTIC R/O MDS**

**ERYTHROCYTES**:Anisocytosis, hypochromasia++, target cells. Normoblasts+

**LEUCOCYTES**: Increased. Neutrophilia with marked left shift with toxic granulation , some have cytoplamic vacuolation also lymphocytosis with some reactive forms, occasional hypersegmented neutrophils

**PLATELETS**: Increased on film. Clumps present+

**COMMENT:** Leucoerythroblastic picture

**1.** Sepsis with reactive thrombocytosis

2. Exclude mixed deficiency anaemia

**SUGGEST:** 1. Repeat BMA

**2.** Septic screen

**3.** Folate assay, B12 assay, Iron studies

Validated by

**DR. OTENG**

**21st May, 2024**

**BLOOD FILM COMMENT**

**NAME: JOSEPH BADDOO**

**AGE: 24 YEARS**

**SEX: MALE**

**INDICATION: MODERATE ANAEMIA**

**ERYTHROCYTES**:Normocytic, hypochromic cells

**LEUCOCYTES**: Adequate on film. Normal morphology

**PLATELETS**: Increased on film. Platelet clumps+ . Platelet anisocytosis

**COMMENT:** Exclude IDA / Anaemia of chronic disease

**SUGGEST:** Iron studies

Validated by

**DR. OTENG**

**21st May, 2024**

**BLOOD FILM COMMENT**

**NAME: GLADYS FOFO OKAI**

**AGE: 70 YEARS**

**SEX: FEMALE**

**INDICATION: SEVERE ANAEMIA**

**ERYTHROCYTES**:Reduced red cell mass. Anisocytosis , hypochromasia+, polychromasia

**LEUCOCYTES**: Adequate on film,relative lymphocytosis with a few reactive forms. Neutrophilia with left with toxic granulation

**PLATELETS**: Adequate on film

**COMMENT:** 1. Exclude IDA

**2.** Exclude infection

**SUGGEST:** 1.Iron studies

**2.** Septic screen

Validated by

**DR. OTENG**

**21st May, 2024**

**BLOOD FILM COMMENT**

**NAME: GRACE KWASITSEY**

**AGE: 81 YEARS**

**SEX: FEMALE**

**INDICATION: ? POLYTHAEMIA, PROBABLE MPN**

**ERYTHROCYTES**:Increased red cell mass. Mostly normocytic,normochromic cells

**LEUCOCYTES**: Increased moderately . Mostly neutrophilia. Normal morphology

**PLATELETS**: Markedly increased on film. Platelet anisocytosis, clumps++

**COMMENT:** Myeloproliferative disorder

**SUGGEST:** 1. BMA

**2.** JAK2 mutation analysis

Validated by

**DR. OTENG**

**21st May, 2024**

**BLOOD FILM COMMENT**

**NAME: HANNAH NINSON**

**AGE: 52 YEARS**

**SEX: FEMALE**

**INDICATION: LYMPHOPROLIFERATIVE DISORDER**

**ERYTHROCYTES**:Anisopoikilocytosis ( pencil cells, schistocytes),hypochromasia++, polychromasia

**LEUCOCYTES**: Increased. Mostly by medium sized mature looking lymphocytes cells++ , smudge cells++

**PLATELETS**: Adequate on film

**COMMENT:** CLL

**SUGGEST:** Flow cytometry

Validated by

**DR. OTENG**

**21st May, 2024**

**BLOOD FILM COMMENT**

**NAME: HILLARY KUFOALOR**

**AGE: 24**

**SEX: FEMALE**

**INDICATION: SEPSIS**

**ERYTHROCYTES**:Normocytic, normochromic cells. Normoblasts+, polychromatic cells+

**LEUCOCYTES**: Increased. Neutrophilia with marked left shift with toxic granulation

**PLATELETS**: Increased on film. Clumps present+

**COMMENT:** Consistent with history of sepsis with possible haemolysis

**SUGGEST:** 1. LFTs

**2.** Mixing studies

Validated by

**DR. OTENG**

**22nd May, 2024**

**BLOOD FILM COMMENT**

**NAME: ESTHER NANA ADWOA NYAMEKYE**

**AGE: 2 YEARS**

**SEX: FEMALE**

**INDICATION: ?? LYMPHOMA**

**ERYTHROCYTES**:Normocytic, normochromic cells.

**LEUCOCYTES**: Moderately increased on film. Both lymphocytosis with reactive forms and neutrophilia ( with left shift with toxic granulation)

**PLATELETS**: Increased on film. Clumps noted.

**COMMENT:** 1. Exclude sepsis with reactive thrombocytosis

**2.** Exclude IDA

**SUGGEST:** 1. Septic screen, viral screen

**2.** Iron studeis

Validated by

**DR. OTENG**

**22nd May, 2024**

**BLOOD FILM COMMENT**

**NAME: MAHMOUD MOHAMMED**

**AGE: 4 YEARS**

**SEX: MALE**

**INDICATION: ?. OBSTRUCTIVE JAUNDICE**

**ERYTHROCYTES**:Anisocytosis, hypochromasia+

**LEUCOCYTES**: Adequate on film. Normal morphology

**PLATELETS**: Mildly increased on film. Platelet clumps++.

**COMMENT:** Exclude IDA with reactive thrombocytosis

**SUGGEST:** Iron studies

Validated by

**DR. OTENG**

**22nd May, 2024**

**BLOOD FILM COMMENT**

**NAME: JUDAH NEWMAN**

**AGE: 52 YEARS**

**SEX: FEMALE**

**INDICATION: MACROCYTIC ANAEAMIA**

**ERYTHROCYTES**:Reduced red cell mass. Macrocytosis+, hypochromasia++, target cells++

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate on film

**COMMENT:** Consistent with history of macrocytic anaemia

**SUGGEST:** Correlate clinically

Validated by

**DR. OTENG**

**22nd May, 2024**

**BLOOD FILM COMMENT**

**NAME: PATIENCE FOLI**

**AGE: 39 YEARS**

**SEX: FEMALE**

**INDICATION: RVI ON HAART WITH CML**

**ERYTHROCYTES**:Microcytic, hypochromic cells, tear drop cells, polychromatic cells+

**LEUCOCYTES**: Increased, mostly myeloid cells and their precursors in the following proportion as follows:

Myeloblasts -17%

Promyelocytes -3%

Metamyelocytes -25%

Band/segment neut -45%

Basophils -3%

Eosinophils -1%

**PLATELETS**: Increased on film. Clumps present++

**COMMENT:** 1. CML ( in accelerated phase) in a known RVI patient

**2.** Likely anaemia of chronic disease

Validated by

**DR. OTENG**

**22nd May, 2024**

**BLOOD FILM COMMENT**

**NAME: LOUIS OSEI OWUSU**

**AGE: 40 YEARS**

**SEX: MALE**

**INDICATION: ?THALASEMIA**

**ERYTHROCYTES**:Mostly normocytic, normochromic cells.

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate on film.

**COMMENT:** Normal findings

**SUGGEST:** Kindly correlate clinically

Validated by

**DR. OTENG**

**22nd May, 2024**

**BLOOD FILM COMMENT**

**NAME: SEIDU OSMAN**

**AGE: 9 MONTHS**

**SEX: MALE**

**INDICATION: SPLENOMEGALY ? CAUSE**

**ERYTHROCYTES**:Normocytic, hypochromic cells.

**LEUCOCYTES**: Increased moderately, relative lymphocytosis. Some atypical lymphoid cells seen. Occasional hypersegmented neutrophil with toxic granules

**PLATELETS**: Moderately increased on flim, platelet anisocytosis. Platelet clumps++

**COMMENT:** 1. Inadequate clinical history

**2.** Sepsis with reactive thrombocytosis

**SUGGEST:** 1. Septic screen

**2.** Consider tissue biopsy if applicable

Validated by

**DRS. OTENG/BANKAS/GHUNNEY**

**22nd May, 2024**

**BLOOD FILM COMMENT**

**NAME: NANA YAW ANIM**

**AGE: 31 YEARS**

**SEX: MALE**

**INDICATION: JAUNDICE AND HEMATURIA**

**ERYTHROCYTES**:Mostly normocytic, normochromic cells. Polychromasia+, occasional normoblasts

**LEUCOCYTES**: Increased on film, neutrophilia with left shift left shift with toxic granulation

**PLATELETS**: Adequate on film

**COMMENT:** Consistent with history of haemolysis with concomtant infection

**SUGGEST:** Kindly correlate clinically

Validated by

**DR. OTENG**

**22nd May, 2024**

**BLOOD FILM COMMENT**

**NAME: MACOLINO K. MISSE BUKPO**

**AGE: 14 YEARS**

**SEX: MALE**

**INDICATION: SEVERE ANAEMIA ? CAUSE**

**ERYTHROCYTES**:Reduced red cell mass. Anisocytosis, hypochromasia+++, normoblasts+

**LEUCOCYTES**: Adequate on film. Neutrophil left shift with toxic granulation. No blasts seen

**PLATELETS**: Increased on film . platelet anisocytosis+, some giant forms seen

**COMMENT:** Leucoerythroblastic picture

**SUGGEST:** BMA

Validated by

**DR. OTENG**

**22nd May, 2024**

**BLOOD FILM COMMENT**

**NAME: CHARLES AYAMBUNU**

**AGE: 26 YEARS**

**SEX: MALE**

**INDICATION: RECURRENT THROMBOCYTOPENIA**

**ERYTHROCYTES**:Normocytic, normochromic cells.

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate on film

**COMMENT:** Normal Blood Film with adequate platelet count

Validated by

**DR. OTENG**

**23rd May, 2024**

**BLOOD FILM COMMENT**

**NAME: EMELIA APEDA OSUFLES TETTEH**

**AGE: 24 YEARS**

**SEX: FEMALE**

**INDICATION: SCD WITH SUSPECTED LEUKAMIA**

**ERYTHROCYTES**:Dimorphic. Normocytic normochronic and microcytic hypochromic. Few normoblasts

**LEUCOCYTES**: Markedly increased. Mostly large cells with irregular immature nucleus with visible nucleoi and variable granular cytoplasm

**PLATELETS**: Markedly reduced. No clumps

**COMMENT:** Acute leukaemia, likely myeloid, AML M4/Ms

**SUGGEST:** BMA + Immunophenotyping

Validated by

**DRS. BANKS/GHUNNEY/ PROF. OLAYEMI**

**23rd May, 2024**

**BLOOD FILM COMMENT**

**NAME: CHRYS PLACCA**

**AGE: 64 YEARS**

**SEX: MALE**

**INDICATION: THROMBOCYTOSIS ? CAUSE**

**ERYTHROCYTES**:Anisopoikilocytosis ( pencil cells, tear drop cells), hypochromasia

**LEUCOCYTES**: Increased, neutrophilia with toxic granulation, some hypersegmented neutrophils seen

**PLATELETS**: Increased moderately on film

**COMMENT:** 1. Exclude leukaemoid reaction

**2.** Exclude infection

**3.** Exclude IDA

**SUGGEST:** 1. LAP, Infection screen

2. Iron studies

3. Consider BMA

Validated by

**DR. OTENG**

**23rd May, 2024**

**BLOOD FILM COMMENT**

**NAME: MONICA COBBSON**

**AGE: 47 YEARS**

**SEX: FEMALE**

**INDICATION: DIFFUSE LARGE B-CELL LYMPHOMA**

**ERYTHROCYTES**:Anisocytosis, hypochromasia++, target cells+,pencil cells+

**LEUCOCYTES**: Adequate on film. Normal morphology

**PLATELETS**: Increased on film. Platelet anisocytosis

**COMMENT:** Known case of DLBCL with concomtant IDA and possible reactive thrombocytosis

Validated by

**DR. OTENG**

**23rd May, 2024**

**BLOOD FILM COMMENT**

**NAME: ELIZABETH TORKONYO**

**AGE: 7 YEARS**

**SEX: FEMALE**

**INDICATION: ?ACUTE LEUKAEMIA**

**ERYTHROCYTES**:Reduced red cells mass. Dimorphic picture ( mostly microcytic, hypochromic cells). Normoblasts+

**LEUCOCYTES**: Increased,relative lymphocytosis, also present is neutrophilia with left shift with toxic granulation

**PLATELETS**: Markedly reduced, no clumps noted

**COMMENT:** 1. Leucoerythroblastic picture

**2.** Thrombocytopenia ? cause

**SUGGEST:** BMA

Validated by

**DR. OTENG**

**23rd May, 2024**

**BLOOD FILM COMMENT**

**NAME: RAAFATU FRIMPONG**

**AGE: 24 YEARS**

**SEX: FEMALE**

**INDICATION: ? IDA**

**ERYTHROCYTES**:Microcytic, hypochromic cells. Rouleaux formation

**LEUCOCYTES**: Adequate on film. Normal morphology

**PLATELETS**: Increased . Platelet anisocytosis. Few clumps

**COMMENT:** Exclude IDA with reactive thrombocytosis

**SUGGEST:** Iron studies

Validated by

**DR. OTENG**

**23rd May, 2024**

**BLOOD FILM COMMENT**

**NAME: DELORIS OSEI TUTU**

**AGE: 1 YEAR**

**SEX: FEMALE**

**INDICATION: FEVER**

**ERYTHROCYTES**:Microcytic, hypochromic cells , target cells, dense cells

**LEUCOCYTES**: Adequate . Relative lymphocytosis. Normal morphology

**PLATELETS**: Adequate on film

**COMMENT:** 1. Exclude haemoglobinopathy

**2.** Exclude viral infection

**SUGGEST:** 1. Hb electrophoresis

**2.** Viral screen

Validated by

**DR. OTENG**

**23rd May, 2024**

**BLOOD FILM COMMENT**

**NAME: KINFUL ACQUAH**

**AGE: 63 YEARS**

**SEX: FEMALE**

**INDICATION: ANAEMIA ? CAUSE**

**ERYTHROCYTES**:Dimorphic picture ( macrocytic, normochromic and microcytic, hypochromic cells)

**LEUCOCYTES**: Adequate o, relative lymphocytosis with occasional atypical forms. Occasional hypersegmented neutrophils

**PLATELETS**: Adequate on film

**COMMENT:** Exclude mixed deficiency anaemia

**SUGGEST:** B12, Folate and Iron assay

Validated by

**DR. OTENG**

**23rd May, 2024**

**BLOOD FILM COMMENT**

**NAME: CONDOLEZZA OWUSU**

**AGE: 15 YEARS**

**SEX: FEMALE**

**INDICATION: PANCYTOPENIA? CAUSE**

**ERYTHROCYTES**:Microcytic, hypochromic cells, pencil cells, polychromatic cells, occasional normoblasts

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Adequate on film

**COMMENT:** Exclude IDA / Haemolysis

**SUGGEST**: 1.Iron studies

2. LFTs, Urine R/E , Stool for occult blood

Validated by

**DR. OTENG**

**23rd May, 2024**

**BLOOD FILM COMMENT**

**NAME: RAAFATU FRIMPONG**

**AGE: 24 YEARS**

**SEX: FEMALE**

**INDICATION: ? IDA**

**ERYTHROCYTES**:Microcytic, hypochromic cells. Rouleaux formation

**LEUCOCYTES**: Adequate on film. Normal morphology

**PLATELETS**: Increased . Platelet anisocytosis. Few clumps

**COMMENT:** Exclude IDA with reactive thrombocytosis

**SUGGEST:** Iron studies

Validated by

**DR. OTENG**

**23rd May, 2024**

**BLOOD FILM COMMENT**

**NAME: JOYCELYN NAA ANYEMA OKAI**

**AGE: 40 YEARS**

**SEX: FEMALE**

**INDICATION: UNEXPLAINED ANAEMIA**

**ERYTHROCYTES**:Mostly microcytic, hypochromic cells.

**LEUCOCYTES**: Adequate . Normal morphology

**PLATELETS**: Adequate on film

**COMMENT:** Exclude IDA

**SUGGEST:** Iron studies

Validated by

**DR. OTENG**

**23rd May, 2024**

**BLOOD FILM COMMENT**

**NAME: AGNES ADZO AYATTEY**

**AGE: 71 YEARS**

**SEX: FEMALE**

**INDICATION: CML ON NILOTINIB 300MG BD**

**ERYTHROCYTES**:Mostly normocytic, normochromic cells

**LEUCOCYTES**: Adequate . mostly neutrophilia

**PLATELETS**: Reduced on film. No clumps seen . Maunal count = 37 x 109/L

**COMMENT:** CML with thrombocytopenia ( ? therapy induced)

Validated by

**DR. OTENG**

**23rd May, 2024**

**BLOOD FILM COMMENT**

**NAME: CECILIA GYAMFI**

**AGE: 32 YEARS**

**SEX: FEMALE**

**INDICATION:**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, polychromasia

**LEUCOCYTES**: Adequate on film. Neutrophilia with toxic granulation and cytoplasmic vacuolation

**PLATELETS**: Markedly reduced on film. No clumps seen

**COMMENT:** 1. Consistent with history of haemolysis with concomtant infection

**2.** Thrombocytopenia ( ? splenic pooling) from splenomegally

Validated by

**DR. OTENG**

**23rd May, 2024**

**BLOOD FILM COMMENT**

**NAME: NAOMI AKOSUA ANTWI**

**AGE: 41 YEARS**

**SEX: FEMALE**

**INDICATION: SLE**

**ERYTHROCYTES**:Mostly microcytic, hypochromic cells.

**LEUCOCYTES**: Adequate . Normal morphology

**PLATELETS**: Adequate on film

**COMMENT:** Exclude IDA

**SUGGEST:** Iron studies

Validated by

**DR. OTENG**

**23rd May ,2024**

**BLOOD FILM COMMENT**

**NAME: FATI MOHAMMED**

**AGE: 47 YEARS**

**SEX: FEMALE**

**INDICATION: CML**

**ERYTHROCYTES**:Mostly normocytic, normochromic cells

**LEUCOCYTES**: Increased, mostly by myeloid cells and their precursors in the following proportion:

Myelobast -4%

Promyelocyte -1%

Metal/Myelocyte -42%

Band/neutrophil -49%

Eosinophil -4%

Basophil -0%

**PLATELETS**: Moderately increased on film

**COMMENT:** CML (in chronic phase)

Validated by

**DR. OTENG**

**23rd May ,2024**

**BLOOD FILM COMMENT**

**NAME: EVANS SEFA**

**AGE: 38 YEARS**

**SEX: MALE**

**INDICATION: CML**

**ERYTHROCYTES**:Mostly normocytic, normochromic cells

**LEUCOCYTES**: Increased, mostly by myeloid cells and their precursors in the following proportion:

Myelobast -17%

Promyelocyte -2%

Metal/Myelocyte -40%

Band/neutrophil -34%

Eosinophil -6%

Basophil -1%

**PLATELETS**: Markedly increased on film. Platelet anisocytosis. Clumps present++

**COMMENT:** CML (in accelerated phase)

Validated by

**DR. OTENG**

**23rd May, 2024**

**BLOOD FILM COMMENT**

**NAME: SHERIFA ABUBAKAR**

**AGE: 51 YEARS**

**SEX: FEMALE**

**INDICATION: CLL WITH INCREASING WBC**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, Occasional normoblasts

**LEUCOCYTES**: Increased on film, mostly medium sized mature looking lymphocytes. Some have nucleoli

**PLATELETS**: Adequate on film

**COMMENT:** 1. Consistent with history of CLL

**SUGGEST:** Kindly correlate clinically

Validated by

**DR. OTENG**

**27th May, 2024**

**BLOOD FILM COMMENT**

**NAME: ALICE ASABEA**

**AGE: 39 YEARS**

**SEX: FEMALE**

**INDICATION: PANCYTOPENIA**

**ERYTHROCYTES**:Reduced red cell mass. Microcytic hypochromic cell, polychromatic cells

**LEUCOCYTES**: Reduced neutrophil left shift with toxic granulation

**PLATELETS**: Markedly reduced on film. No clumps noted

**COMMENT:** 1. Pancytopenia ? cause

**2.** Exclude infection

**SUGGEST:** 1. Considered BMA + Trephine

**2.** Septic screen

Validated by

**DR. OTENG**

**27th May, 2024**

**BLOOD FILM COMMENT**

**NAME: YAW KATABO**

**AGE: 66 YEARS**

**SEX: MALE**

**INDICATION: CML**

**ERYTHROCYTES**:Reduced red cell mass. Microcytic hypochromic cells. Normoblasts++

**LEUCOCYTES**: Increased , mostly by large cells with high nuclear cytoplasmic ratio, open lacy chromatin and vacuolated granular cytoplasm

**PLATELETS**: Markedly reduced. No clumps seen

**COMMENT:** Acute leukaemia (likely myelomonocytic)

**SUGGEST:** BMA + immunophenityping

Validated by

**DRS. INTERKUDZI/OTENG/PROF. DEI-ADOMAKOH**

**27th May, 2024**

**BLOOD FILM COMMENT**

**NAME: LYDIA POMAAH**

**AGE: 67 YEARS**

**SEX: FEMALE**

**INDICATION: ? MYELOPROLIFERATIVE DISORDER**

**ERYTHROCYTES**:Mostly normocytic, normochromic cells

**LEUCOCYTES**: Increased . Relative lymphocytosis. Normal morphology

**PLATELETS**: Reduced on film. No clumps noted

**COMMENT:** Exclude viral infection

**SUGGEST:** 1. Viral screen

**2.** Consider BMA if clinical concern persists

Validated by

**DR. OTENG**

**27th May, 2024**

**BLOOD FILM COMMENT**

**NAME: REBECCA NANGWA**

**AGE: 54 YEARS**

**SEX: FEMALE**

**INDICATION: ANAEMIA WITH LEUCOCYTES**

**ERYTHROCYTES**:Reduced red cell mass. Mostly normocytic, normochromic cells

**LEUCOCYTES**: Increased on film. Relative lymphocytosis with some large atypical lymphoid cells

**PLATELETS**: Mildly increased on film. No clumps seen

**COMMENT:** Exclude viral infection

**SUGGEST:** 1. Viral screen

**2.** Consider LN/Tissue biopsy

Validated by

**DR. OTENG**

**27th May, 2024**

**BLOOD FILM COMMENT**

**NAME: JUSTINA HAGAN**

**AGE: 7 YEARS**

**SEX: FEMALE**

**INDICATION: R/O HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Normocytic, normochromic cells

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate on film

**COMMENT:** Normal blood film

**SUGGEST:** Exlude local causes

Validated by

**DR. OTENG**

**27th May, 2024**

**BLOOD FILM COMMENT**

**NAME: ADELAID MABEL OFORI APEA**

**AGE: 45 YEARS**

**SEX: FEMALE**

**INDICATION: ? ESSENTIAL THROMBOCYTOSIS. SEVERE ANAEMIA**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, polychromasia, macrocytic target cells

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Markedly increased on film. Platelet clumps+, platelet anisocytosis

**COMMENT:** 1. Exclude IDA with reactive thrombocytosis

**2.** Exclude myeloproliferative disorder ( essential thrombocythemia)

**3.** Exclude liver disese

**SUGGEST:** 1. Iron studies, LFTs

**2.** Consider JAK2 Mutation analysis

Validated by

**DR. OTENG**

**27th May, 2024**

**BLOOD FILM COMMENT**

**NAME: PHYLIX AGYARE**

**AGE: 15 YEARS**

**SEX: FEMALE**

**INDICATION: ? LEUKAEMIA**

**ERYTHROCYTES**:Reduced, marked microcytosis with marked hypochromasia, poikilocytosis++, target cells+, pencil cells+

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Mildly increased on film. Clumps++

**COMMENT:** 1. Inadequate clinical details

**2.** IDA with reactive thrombocytosis

**3.** Film not suggestive of Acute Leukaemia

**SUGGEST:** Iron studies

Validated by

**DR. OTENG**

**27th May, 2024**

**BLOOD FILM COMMENT**

**NAME: REBECCA AGBEKO**

**AGE: 22 YEARS**

**SEX: FEMALE**

**INDICATION: SCREENING**

**ERYTHROCYTES**:Microcytosis+, hypochromasia+, pencil cells+

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Slightly increased on film. Clumps present++

**COMMENT:** Likely IDA with reactive thrombocytosis

**SUGGEST:**  Iron studies

Validated by

**DR. OTENG**

**27th May, 2024**

**BLOOD FILM COMMENT**

**NAME: GODLOVE ASUMANG**

**AGE: 43 YEARS**

**SEX: MALE**

**INDICATION: THROAT INFECTION. SEPSIS?**

**ERYTHROCYTES**:Normocytic, normochromic cells

**LEUCOCYTES**: Adequate on film, relative lymphocytosis with occasional large reactive forms

**PLATELETS**: Adequate on film

**COMMENT:** Exclude viral infection / inflammation

**SUGGEST:** Kindly correlate clinically

Validated by

**DR. OTENG**

**27th May, 2024**

**BLOOD FILM COMMENT**

**NAME: CLEMENT DONKOR**

**AGE: 67 YEARS**

**SEX: MALE**

**INDICATION: IVH 20 SEPSIS**

**ERYTHROCYTES**:Anisocytosis++, mostly microcytic, hypochromic cells. Polychromatic cells+, normoblasts+

**LEUCOCYTES**: Increased, neutrophilia with left shift with toxic granulation and cytoplasmic vacuolation. Also lymphocytosis with reactive forms

**PLATELETS**: Mildly increased on film

**COMMENT:** Consistent with history of haemolysis and concomitant infection

Validated by

**DR. OTENG**

**27th May, 2024**

**BLOOD FILM COMMENT**

**NAME: GRACE ACQUAH**

**AGE: 52 YEARS**

**SEX: FEMALE**

**INDICATION: ANAEMIA WITH THROMBOCYTOSIS**

**ERYTHROCYTES**:Mostly microcytic, hypochromic cells. Rouleaux formation+, target cells++

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Moderately increased with platelet anisocytosis, platelet clumps+, occasional giant forms seen.

**COMMENT:** 1. Exclude IDA with reactive thrombocytosis

**2.** Exclude hemoglobinopathy

**SUGGEST:** 1. Iron studies

**2.** G6PD, Hb Electrophoresis

Validated by

**DRS. HOWARD/OTENG**

**27th May, 2024**

**BLOOD FILM COMMENT**

**NAME: MARTHA PAINSTIL**

**AGE: 35 YEARS**

**SEX: FEMALE**

**INDICATION: SEVERE ANAEMIA IN PREGNANCY**

**ERYTHROCYTES**:Reduced red cells mass. Mostly microcytic hypochromic cells. Pencil cells+, occasional normoblast, polychromasia

**LEUCOCYTES**: Increased . Neutrophilia with left shift with toxic granulation and cytoplasmic vacuolation. Also lymphocytosis with a few reactive forms

**PLATELETS**: increased on film with platelet anisocytosis. Platelet clumps++

**COMMENT:** 1.Exclude hemolysis with infection

**2.** Exclude IDA

**SUGGEST:** 1. Screen for infection

**2.** Screen for chronic blood loss

**3.** Iron studies

Validated by

**DRS.HOWARD/ OTENG**

**27th May, 2024**

**BLOOD FILM COMMENT**

**NAME: MAWADDAW SEIDU**

**AGE: 1 YEAR**

**SEX: MALE**

**INDICATION: HIGH WBC AND THROMBOCYTOPENIA**

**ERYTHROCYTES**:Mostly microcyticc with moderate hypochromasia

**LEUCOCYTES**: Moderately increased. Neutrophilia with left shift toxic granulation and cytoplasmic vacuoles

**PLATELETS**: Markedly reduced. No clumps seen

**COMMENT:** Probable sepsis

**SUGGEST:** Septic screen

Validated by

**DR. INTERKUDZI**

**27th May, 2024**

**BLOOD FILM COMMENT**

**NAME: FREDRICK TORGBOR**

**AGE: 64 YEARS**

**SEX: MALE**

**INDICATION: ANAEMIA ? CAUSE**

**ERYTHROCYTES**:Microcytic, hypochromic

**LEUCOCYTES**: increased. Neutrophilia with left shift with toxic granulation. Occasional hypersegmented, neutrophils seen

**PLATELETS**: Increased on film. Few clumps seen

**COMMENT:** 1. Consistent with history of anaemia with cocomitant infection/ inflammation

**2.** Exclude IDA

**SUGGEST:** Kindly correlate clinically

Validated by

**DR. OTENG**

**27th May, 2024**

**BLOOD FILM COMMENT**

**NAME: RICHMOND OSEI**

**AGE: 10 YEARS**

**SEX: MALE**

**INDICATION: SEVERE GUM BLEEDING**

**ERYTHROCYTES**:Mostly normocytic, normochromic cells. No polychromatic cells or normoblasts seen

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Increased on film

**COMMENT:** Reactive thrombocytosis likely in response to bleeding episodes

**SUGGEST:** LFTs and clotting profile

Validated by

**DRS. HOWARD/OTENG**

**27th May, 2024**

**BLOOD FILM COMMENT**

**NAME: MAGDALENE TORTO**

**AGE: 38 YEARS**

**SEX: FEMALE**

**INDICATION: ? MYELOPROLIFERATIVE DISORDER**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, pencil cells

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Mildly increased on film

**COMMENT:** Exclude IDA

**SUGGEST:** Iron Studies

Validated by

**DR. OTENG**

**27th May, 2024**

**BLOOD FILM COMMENT**

**NAME: LYDIA OSEI NARH**

**AGE: 30 YEARS**

**SEX: FEMALE**

**INDICATION: RECURRENT ANAEMIA**

**ERYTHROCYTES**:Anisopoikilocytosis, hypochromasia, target cells+, pencil cells+, irreversibly sickled cells+, dense cells+, normoblast+ polychromasia+

**LEUCOCYTES**: Slightly increased, neutrophilia with mild left shift, toxic granules and cytoplasmic vacuoles

**PLATELETS**: Slighly increased on film. Large forms present. No clumps present

**COMMENT:** 1. Inadequate clinical history

**2.** Exclude haemoglobinopathy

**3.** IDA with reactive normobocytosis

**SUGGEST:** 1. Hb electrophoresis

**2.** Iron studies

**3.** Correlate with clinical details

Validated by

**DR. INTERKUDZI**

**27th May, 2024**

**BLOOD FILM COMMENT**

**NAME: EMMANUEL ASAMOAH ASHIA**

**AGE: 24 YEARS**

**SEX: MALE**

**INDICATION: GUM BLEEDING ? CAUSE**

**ERYTHROCYTES**:Increased, mostly microcytic hypochromic cells, target cells+++

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Markedly reduced. No clumps seen

**COMMENT:** 1. Thrombocytopenia

**2.** Exclude haemoglobinopathy

**SUGGEST:** 1. Hb electrophoresis

**2.** LFTs, viral screen

Validated by

**DRS. INTERKUDZI/OTENG/LOKKO**

**27th May, 2024**

**BLOOD FILM COMMENT**

**NAME: HARRIET ENYONAM ADONU**

**AGE: 2 YEARS**

**SEX: FEMALE**

**INDICATION: ALL**

**ERYTHROCYTES**:Anisocytosis, mild hypochromasia, normoblast++

**LEUCOCYTES**: Markedly increased. Mostly heteogenous large cells with high nuclear, cytoplasmic ratio, open lacy chromatin. Some have predominate nucleoli. Some of the nuclei are cleared while others are clover leaf shaped. They have an agranular cytoplasm

**PLATELETS**: Markedly reduced . no clumps seen

**COMMENT:** Acute leukaemia

**SUGGEST:** BMA with immophenotyping

Validated by

**DR. INTERKUDZI**

**28th May, 2024**

**BLOOD FILM COMMENT**

**NAME: VIDA SERWAA OPPONG**

**AGE: 50 YEARS**

**SEX: FEMALE**

**INDICATION: ? MULTIPLE MYELOMA**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, macrocytes+, pencil cells+

**LEUCOCYTES**: Adequate. Neutrophils with toxic granulation

**PLATELETS**: Adequate, no clumps seen

**COMMENT:** 1. Multiple myeloma cannot be ruled out

**2.** Exclude mixed deficiency anaemia

**SUGGEST:** 1. SPEP, SFLC

**2.** Serum calcium

**3.** Iron studies

**4.** B12/folate assay

Validated by

**DR. INTERKUDZI**

**28th May, 2024**

**BLOOD FILM COMMENT**

**NAME: SYLVIA POMARY**

**AGE: 27 YEARS**

**SEX: FEMALE**

**INDICATION: RECURRENT ANAEMIA ? CAUSE. ? IDA**

**ERYTHROCYTES**:Anisocytosis, moderatehypochromasia, pencil cells+

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate. Clumps+

**COMMENT:** Likely IDA

**SUGGEST:** Iron studies

Validated by

**DR. INTERKUDZI**

**28th May, 2024**

**BLOOD FILM COMMENT**

**NAME: ELIZABETH TORKORNYO**

**AGE: 7 YEARS**

**SEX: FEMALE**

**INDICATION: ? BLEEDING DISORDER**

**ERYTHROCYTES**:Normocytic normochromic

**LEUCOCYTES**: Adequate, few reactive lymphocytes seen

**PLATELETS**: Slightly increased, anisocytosis, few large forms present, no clumps seen

**COMMENT:** Essentially normal

Validated by

**DRS. INTERKUDZI/LOKKO**

**28th May, 2024**

**BLOOD FILM COMMENT**

**NAME: REGINA WILSON DEDE**

**AGE: 56 YEARS**

**SEX: FEMALE**

**INDICATION: SLE WITH PERSISTENT NEUTROPENIA AND LEUCOPENIA**

**ERYTHROCYTES**:Mostly normocytic normochromic

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate. No clumps seen

**COMMENT:** Normal film comment

Validated by

**DR. INTERKUDZI**

**28th May, 2024**

**BLOOD FILM COMMENT**

**NAME: PRISCILLA ADUMAKO**

**AGE: 40 YEARS**

**SEX: FEMALE**

**INDICATION: RECURRENT PALPITATION**

**ERYTHROCYTES**:Anisopoikilocytosis, mild hypochromasia, target cells+, pencil cells+

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate. No clumps seen

**COMMENT:** Exclude IDA

**SUGGEST:** Iron studies

Validated by

**DR. INTERKUDZI**

**29th May, 2024**

**BLOOD FILM COMMENT**

**NAME: MAVIS TEGA**

**AGE: 29 YEARS**

**SEX: FEMALE**

**INDICATION: ? LYMPHOLIFERATIVE DISORDER**

**ERYTHROCYTES**:Anisocytosis, target cells+, polychromatic cells+, normoblasts++

**LEUCOCYTES**: Moderately increased. Neutrophilia with left shift. Hypersegmented neutrophils+ Monocytosis. Smudge cells++

**PLATELETS**: Adequate. No clumps seen

**COMMENT:** 1. Inadequate clinical details

**2.** Rule out myeloproliferative neoplasm

**SUGGEST: 1.**BMA

**2.** Correlate with clinical picture

Validated by

**DRS. INTERKUDZI/LOKKO/GHUNNEY**

**29th May, 2024**

**BLOOD FILM COMMENT**

**NAME: BLESSING OWUSU**

**AGE: 13 YEARS**

**SEX: FEMALE**

**INDICATION: ? HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, pencil cells+, polychromatic cells+, normoblasts+

**LEUCOCYTES**: Markedly increased. Mostly by large cells with high N:C ratio, open lacy chromatin some with prominent nucleoli and agranular cytoplasm

**PLATELETS**: Reduced on film, no clumps seen.

**COMMENT:** Acute Leukaemia

**SUGGEST:** BMA + Immunophenotyping

Validated by

**DR. INTERKUDZI**

**29th May, 2024**

**BLOOD FILM COMMENT**

**NAME: JOSEPH KOOMSON**

**AGE: 80 YEARS**

**SEX: MALE**

**INDICATION: THROMBOCYTOPENIA ? CAUSE**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, target cells+, pencil cells+

**LEUCOCYTES**: Adequate . neutrophil left shift with toxic granulation

**PLATELETS**: Reduced. No clumps seen

**COMMENT:** 1. Thrombocytopenia ? cause

**2.** Exclude IDA

**3.** Exclude infection

**SUGGEST: 1.**Iron studies

**2.** Septic screen

**3.** Viral screen

Validated by

**DR. INTERKUDZI**

**29th May, 2024**

**BLOOD FILM COMMENT**

**NAME: PATRICIA AKOTOWAA ASARE**

**AGE: 34 YEARS**

**SEX: FEMALE**

**INDICATION: AKI 20 HELLP SYNDROME WITH RELATIVE NEUTROPHILIA**

**ERYTHROCYTES**:Anisocytosis,hypochromasia, polychromatic cells, normoblasts++, spherocytes+

**LEUCOCYTES**: moderately increased. Neutrophilia with left shift toxic granulation and cytoplasmic vacuoles. Corrected Wbc Count = 34.2x109/L

**PLATELETS**: Adequate, anisocytosis, no clumps seen

**COMMENT:** Sepsis with haemolysis

**SUGGEST:** Septic screen

Validated by

**DR. INTERKUDZI**

**30th May, 2024**

**BLOOD FILM COMMENT**

**NAME: INNOCENT KPODO**

**AGE: 50 YEARS**

**SEX: MALE**

**INDICATION: POST RENAL TRANSPLANT WITH REDUCED PLATELETS COUNT AND MILD ANAEMIA**

**ERYTHROCYTES**:Mostly normocytic normochromic cells, target cells+

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Mildly reduced. No clumps seen. Manual count = 115x109/L

**COMMENT:** Mild thrombocytopenia in a known post transport

Validated by

**DR. INTERKUDZI**

**30th May, 2024**

**BLOOD FILM COMMENT**

**NAME: RITA ALLOTEY**

**AGE: 47 YEARS**

**SEX: FEMALE**

**INDICATION: SEVERE ANAEMIA?**

**ERYTHROCYTES**:Reduced microcytic hypochromic cells

**LEUCOCYTES**: Reduced. Neutrophil left shift

**PLATELETS**: Moderately reduced on film. No clumps . Platelet anisocytosis

**COMMENT:** Pancytopenia ? cause

**SUGGEST:** BMA ? Trephine

Validated by

**DR. INTERKUDZI**

**30th May, 2024**

**BLOOD FILM COMMENT**

**NAME: LASSEY XORSE**

**AGE: 34 YEARS**

**SEX: FEMALE**

**INDICATION: POST 2/12 TRANSPHENOIDE & HIPOPINSECTOMY**

**ERYTHROCYTES**:Mostly normocytic normochromic

**LEUCOCYTES**: Adequate, neutrophil left shift

**PLATELETS**: Adequate, no clumps seen

**COMMENT:** Infection / inflammation

**SUGGEST: 1.**Septic screen

**2.** Repeat film in 2 weeks

Validated by

**DR. INTERKUDZI**

**30th May, 2024**

**BLOOD FILM COMMENT**

**NAME: BABA INUSAH**

**AGE: 8 YEARS**

**SEX: MALE**

**INDICATION: SEPSIS BRONCHOPNEUMONIA**

**ERYTHROCYTES**:Anisocytosis, mild hypochromasia, target cells++

**LEUCOCYTES**: Adequate. Neutrophil left shift with toxic granules and cytoplasmic vacuoles

**PLATELETS**: Mildly increased. Clumps++

**COMMENT:** 1. Infection with reactive thrombocytosis

**2.** Rule out haemoglobinopathy

**SUGGEST: 1.**Septic screen

**2.** Hb electrophoresis

Validated by

**DR. INTERKUDZI**

**30th May, 2024**

**BLOOD FILM COMMENT**

**NAME: CHRISTIAN AKILISI**

**AGE: 15 YEARS**

**SEX: MALE**

**INDICATION: JAUNDICE ? CAUSE TO R/O SCDX AND G6PD**

**ERYTHROCYTES**:Anisocytosis,microcytosis, hypochromasia, target cells++

**LEUCOCYTES**: Adequate neutrophil, left shift

**PLATELETS**: Adequate, no clumps seen

**COMMENT:** Haemoglobinopathy

**SUGGEST:** 1. Hb Electrophoresis

**2.** HPLC

Validated by

**DR. INTERKUDZI**

**30th May, 2024**

**BLOOD FILM COMMENT**

**NAME: SHERIFA ISSAH**

**AGE: 32 YEARS**

**SEX: FEMALE**

**INDICATION: KNOWN RVI WITH ? LYMPHOPROLIFERATIVE DISORDER**

**ERYTHROCYTES**:Anisocytosis,hypochromasia++, macrocytic target cells+. Normoblasts, polychromatic cells+

**LEUCOCYTES**: Increased on film. Relative lymphocytosis with a few reactive forms. Neutrophil left shift + toxic granulations.

**PLATELETS**: Adequate on film

**COMMENT:** 1. Exclude haemolysis with infection

**2.** Exclude anaemia of chronic disease/IDA

**SUGGEST:** 1. Consider LN/Tissue biopsy

**2.** Screen for chronic blood loss

Validated by

**DR. OTENG**

**30th May, 2024**

**BLOOD FILM COMMENT**

**NAME: DANIEL ADOM**

**AGE: 31 YEARS**

**SEX: MALE**

**INDICATION: ? CLL, LYMPHOPROLIFEREATIVE DISORDER**

**ERYTHROCYTES**:Normocytic normochromic, mumerous target cells, few boat shaped cells, occasional nomoblast and polychromasia.

**LEUCOCYTES**: Markedly increased, lymphocytosis, some with irregular nuclear shape and cleaved nuclei. Few smudge cells. Monocytes increased.

**PLATELETS**: Adequate.

**COMMENT:** 1. Lymphoma in leukaemia phase

**2.** R/o Haemoglobinopathy

**SUGGEST:** 1. Sickling + Hb electrophoresis

Validated by

**DR. LOKKO/ PROF DEI-ADOMAKOH**

**30th May, 2024**

**BLOOD FILM COMMENT**

**NAME: HAPPY GOKAH**

**AGE: 38 YEARS**

**SEX: FEMALE**

**INDICATION: ? HAEMOGLOBINOPATHY**

**ERYTHROCYTES**:Mostly microcytic hypochromic cells, pencil cells+, target cells++

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Adequate, no clumps seen

**COMMENT:** 1. IDA

**2.** Haemoglobinopathy cannot be ruled out

**SUGGEST:** 1. Iron studies

**2.** Hb electrophoresis

Validated by

**DR. INTERKUDZI**

**30th May, 2024**

**BLOOD FILM COMMENT**

**NAME: FLORENCE OHENE APPIAH**

**AGE: 44 YEARS**

**SEX: FEMALE**

**INDICATION: AKI WITH DERANGED RFT, LFT**

**ERYTHROCYTES**:Anisocytosis,hypochromasia, polychromatic cells, red cell fragments+

**LEUCOCYTES**: moderately increased. Neutrophilia with left shift toxic granulation and cytoplasmic vacuoles.

**PLATELETS**: Markedly reduced. No clumps seen

**COMMENT:** 1.Sepsis

**2.** Exclude microangiopathic haemolytic anaemia

**3.** Correlate with clinical finding

**SUGGEST:** Septic screen

Validated by

**DR. INTERKUDZI**

**30th May, 2024**

**BLOOD FILM COMMENT**

**NAME: FRANKLIN BOAPIAH**

**AGE: 49 YEARS**

**SEX: MALE**

**INDICATION: ? HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, target cells++

**LEUCOCYTES**: Adequate. Neutrophil left shift with toxic granulation

**PLATELETS**: Adequate, no clumps seen

**COMMENT:** 1.Likely infection

**2.** Exclude Iron deficiency

**SUGGEST:** Repeat film in 2 weeks

Validated by

**DR. INTERKUDZI**

**30th May, 2024**

**BLOOD FILM COMMENT**

**NAME: JONATHAN GOVINA**

**AGE: 7 YEARS**

**SEX: MALE**

**INDICATION: PANCYTOPENIA + GENERALIZED LYMPHADENOPATHY**

**ERYTHROCYTES**:Reduced, anisocytosis, moderate hypochromasia, polychromatic cells+, normoblast+

**LEUCOCYTES**: Markedly reduced on film

**PLATELETS**: Markedly reduced. No clumps seen

**COMMENT:** Pancytopenia ? cause

**SUGGEST:** 1. BMA

**2.** Tissue biopsy

Validated by

**DR. INTERKUDZI**

**3rd June, 2024**

**BLOOD FILM COMMENT**

**NAME: KATE ADDAI**

**AGE: 47 YEARS**

**SEX: FEMALE**

**INDICATION: CLL ON CVP**

**ERYTHROCYTES**:Anisocytosis,hypochromasia, pencil cells, tear drop cells, polychromasia

**LEUCOCYTES**: Adequate on film, relative lymphocytosis. Normal morphology

**PLATELETS**: Adequate on film

**COMMENT:** 1.Exclude IDA

**2.** Exclude chronic blood loss

**SUGGEST:** Kindly correlate clinically

Validated by

**DR. OTENG**

**3rd June, 2024**

**BLOOD FILM COMMENT**

**NAME: JOSEPH TURKSON**

**AGE: 78 YEARS**

**SEX: MALE**

**INDICATION: KNOWN DM AND HPT WITH ACUTE ON CHRONIC CKD**

**ERYTHROCYTES**:Anisopoikilocytosis (target cells, pencil cells, tear drop cells), hypochromasia

**LEUCOCYTES**: Adequate, normal morphology

**PLATELETS**: Adequate on film

**COMMENT:** Exclude IDA/Anaemia of chronic disease

Validated by

**DR. OTENG**

**3rd June, 2024**

**BLOOD FILM COMMENT**

**NAME: AMANDA HALKER**

**AGE: 4 YEARS**

**SEX: FEMALE**

**INDICATION: MODERATE ANAEMIA**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, target cells++, irreversibly sickled cells+, dense cells+

**LEUCOCYTES**: Increased, relative lymphocytosis. Normal morphology

**PLATELETS**: Increased on film

**COMMENT:** Exclude Haemoglobinopathy

**SUGGEST:** HPLC/Hb electrophoresis

Validated by

**DR. OTENG**

**3rd June, 2024**

**BLOOD FILM COMMENT**

**NAME: LAMISI AZUSONG**

**AGE:**

**SEX: FEMALE**

**INDICATION: INTRAVASCULAR HAEMOLYSIS ASSOCIATED WITH PROSTHETIC MITRAL VALVE**

**ERYTHROCYTES**:Reduced red cells mass. Dimorphic picture ( mostly microcytic,hypochromic cells). Schistocytes+, polychromatic cells+.

**LEUCOCYTES**: Adequate on film. Normal morphology

**PLATELETS**: Adequate on film

**COMMENT:** Consistent with history of IVH

**SUGGEST:** Kindly correlate clinically

Validated by

**DR. OTENG**

**3rd June, 2024**

**BLOOD FILM COMMENT**

**NAME: BABY SAM MONICA**

**AGE: 7 WEEKS**

**SEX: MALE**

**INDICATION: MODERATE ANAEMIA**

**ERYTHROCYTES**:Anisocytosis,hypochromasia++, tear drop cells++

**LEUCOCYTES**: Adequate , relative lymphocytosis. Normal morphology

**PLATELETS**: Adequate , anisocytosis. Clumps++

**COMMENT:** Consistent with history of haemoglobinopathy

**SUGGEST:** Consider iron studies

Validated by

**DRS. INTERKUDZI/OTENG**

**3rd June, 2024**

**BLOOD FILM COMMENT**

**NAME: THOMAS ASAAN**

**AGE: 23 YEARS**

**SEX: MALE**

**INDICATION: RELAPSED ALL**

**ERYTHROCYTES**:Reduced, anisocytosis, hypochromasia

**LEUCOCYTES**: Mostly lymphoid cells, there are large cells with high nuclear, cytoplasmic ration, open lacy chromatin and agranular cytoplasm

**PLATELETS**: Markedly reduced, no clumps seen

**COMMENT:** Markedly reduced, no clumps seen

**SUGGEST:** Consider BMA for further assessment

Validated by

**DRS. INTERKUDZI/OTENG**

**3rd June, 2024**

**BLOOD FILM COMMENT**

**NAME: DISSAMLA KOUMA BAYOUMA**

**AGE: 6 YEARS**

**SEX: FEMALE**

**INDICATION: HEPATOMEGALY / LYMPHADENOPATHY**

**ERYTHROCYTES**:Anisocytosis,mild hypochromasia

**LEUCOCYTES**: Adequate . Neutrophil left shift plus toxic granulation. There is also lymphocytosis with occassional large atypical forms

**PLATELETS**: Adequate,few clumps seen, platelet anisocytosis

**COMMENT:** Exclude infection/inflammation

**SUGGEST:** Consider tissue biopsy + IHC

Validated by

**DRS. INTERKUDZI/OTENG**

**3rd June, 2024**

**BLOOD FILM COMMENT**

**NAME: MAXWELL A. KWARTENG**

**AGE: 61 YEARS**

**SEX: MALE**

**INDICATION: PANCYTOPENIA , SEVERE THROMBOCYTOPENIA,MODERATE ANAEMIA**

**ERYTHROCYTES**:Anisocytosis, microcytosis, hypochromasia, pencil cells+, target cells+, spherocytes. Rouleaux+

**LEUCOCYTES**: Adequate , neutrophil left shift

**PLATELETS**: Markedly reduced, no clumps seen

**COMMENT:** Bicytopenia ? cause

**SUGGEST:** Consider BMA

Validated by

**DR. OTENG**

**3rd June, 2024**

**BLOOD FILM COMMENT**

**NAME: SHADRACK AMO**

**AGE: 10 YEARS**

**SEX: MALE**

**INDICATION: ? HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Anisocytosis, hypochromasia, target cells

**LEUCOCYTES**: Increased on film, mostly lymphoid cells. Present are large cells with high nuclear, cytoplasmic ratio, open lacy nuclear chromatin in a background of pale blue agranular cytoplasm some have cleft nucleo

**PLATELETS**: Adequate on film.

**COMMENT:** Acute leukaemia

**SUGGEST:** BMA + Immunophenotyping

Validated by

**DR. OTENG**

**3rd June, 2024**

**BLOOD FILM COMMENT**

**NAME: NANA KOJO ANNOR**

**AGE: 8 MONTH**

**SEX: MALE**

**INDICATION:**

**ERYTHROCYTES**:Microcytic, hypochromic cells. Dense cells++

**LEUCOCYTES**: Increased, relative lymphocytosis. Normal morphology

**PLATELETS**: Increased on film. Platelet anisocytosis

**COMMENT:** 1.Exclude Haemoglobinopathy

**2.** Exclude viral infection/inflammation

**SUGGEST:** HPLC, Viral screen

Validated by

**DR. OTENG**

**3rd June, 2024**

**BLOOD FILM COMMENT**

**NAME: DIANA OFORI**

**AGE: 30 YEARS**

**SEX: FEMALE**

**INDICATION: CKD**

**ERYTHROCYTES**:Microcytic , hypochromic cells. Rouleaux formation+

**LEUCOCYTES**: Adequate on film. Normal morphology

**PLATELETS**: Increased on film platelet anisocytosis

**COMMENT:** Exclude IDA/ Anaemia of chronic disease

**SUGGEST:** Iron studies

Validated by

**DR. OTENG**

**3rd June, 2024**

**BLOOD FILM COMMENT**

**NAME: DORCAS COMMEY**

**AGE: 21 YEARS**

**SEX: FEMALE**

**INDICATION: PANCYTOPENIA WITH INTRAVASCULAR HAEMOLYSIS**

**ERYTHROCYTES**:Reducedred cell mass, microcytosis++, hypochromasia++, polychromasia++, occassional normoblasts, rouleaux formation+

**LEUCOCYTES**: Adequate. Neutrophil left shift with toxic granulation and cytoplasmic vacuoles

**PLATELETS**: Reduce on film, platelet anisocytosis. Large forms seen. No clumps

**COMMENT:** Leucoerythroblastic picture

**SUGGEST:** Consistent with haemolysis and infection

Validated by

**DRS. INTERKUDZI/OTENG**

**3rd June, 2024**

**BLOOD FILM COMMENT**

**NAME: THEODORA BROCKE**

**AGE: 37 YEARS**

**SEX: FEMALE**

**INDICATION: RECURRENT ANAEMIA**

**ERYTHROCYTES**:Reduced red cells mass, microcytosis++, hypochromasia++, pencil cells+, normoblasts

**LEUCOCYTES**: Adequate, neutrophil left shift with toxic granulations.

**PLATELETS**: Moderately reduced. No clumps

**COMMENT:** 1.Leucoerythroblastic picture

**SUGGEST:** Consider BMA

Validated by

**DRS. INTERKUDZI / OTENG**

**3rd June, 2024**

**BLOOD FILM COMMENT**

**NAME: REBECCA NANGWA**

**AGE: 55 YEARS**

**SEX: FEMALE**

**INDICATION: ANAEMIA**

**ERYTHROCYTES**:Dimorphic picture ( mostly microcytic , hypochromic cells)

**LEUCOCYTES**: Increased on film. Relative lymphocytosis, with a few large atypical forms. Eosinophilia+

**PLATELETS**: Increased on film. Platelet clumps++

**COMMENT:** 1.Anaemia under investigation

2. Exclude infection/inflammation

**SUGGEST:** 1. Viral screen

**2.** Consider BMA + Trephine

Validated by

**DRS. INTERKUDZI / OTENG**

**3rd June, 2024**

**BLOOD FILM COMMENT**

**NAME: CARIS ARTHUR**

**AGE: 31 YEARS**

**SEX: MALE**

**INDICATION: COAGULOPATHY**

**ERYTHROCYTES**:Mostly normocytic normochromic

**LEUCOCYTES**: Adequate , mild neutrophil left shift

**PLATELETS**: Adequate , no clumps seen

**COMMENT:** 1.Inadequate clinical details

**2.** Exclude infection

**SUGGEST:** Kindly correlate clinically

Validated by

**DRS. INTERKUDZI/ OTENG**

**3rd June, 2024**

**BLOOD FILM COMMENT**

**NAME: ALHAJI BAWA ISSAH**

**AGE: 50 YEARS**

**SEX: MALE**

**INDICATION: DLBCL**

**ERYTHROCYTES**:Anisocytosis,moderate hypochromasia. Few target cells and pencil cells

**LEUCOCYTES**: Adequate , mild neutrophil left shift

**PLATELETS**: Adequate, clumps+

**COMMENT:** Exclude IDA

**SUGGEST:** Iron studies

Validated by

**DR. INTERKUDZI**

**3rd June, 2024**

**BLOOD FILM COMMENT**

**NAME: PRINCE KWAASI**

**AGE: 19 YEARS**

**SEX: MALE**

**INDICATION: SPLENOMEGALY ? CAUSE**

**ERYTHROCYTES**:Mostly normocytic normochromic

**LEUCOCYTES**: Adequate. Normal morphology

**PLATELETS**: Adequate on film

**COMMENT:** Normal blood film. Cause of splenomegally not evident on film

Validated by

**DR. INTERKUDZI**

**3rd June, 2024**

**BLOOD FILM COMMENT**

**NAME: PATIENCE KWADAM**

**AGE:**

**SEX: FEMALE**

**INDICATION: CURRENT SEVERE ANAEMIA**

**ERYTHROCYTES**:Anisopoikilocytosis, hypochromic, pencil cells+

**LEUCOCYTES**: Adequate , neutrophil left shift

**PLATELETS**: Moderately increased with occassional clumps seen. Platelet anisocytosis. Large forms seen

**COMMENT:** 1.IDA with reactive thrombocytosis

**2.** R/o haemoglobinopathy

**SUGGEST:** 1. Iron studies

**2.** Hb electrophoresis

Validated by

**DRS. HOWARD/INTERKUDZI**

**4th June, 2024**

**BLOOD FILM COMMENT**

**NAME: FRANK TEYE KWEKU**

**AGE: 54 YEARS**

**SEX: MALE**

**INDICATION: MICROCYTIC NORMOCHROMIC ANAEMIA**

**ERYTHROCYTES**:Mostly microcytic , hypochromic cells. Rouleaux formation

**LEUCOCYTES**: Adequate , normal morphology

**PLATELETS**: Slightly increased on film

**COMMENT:** IDA

**SUGGEST:** 1. Iron studies

**2.** Screen for chronic blood loss

Validated by

**DR. OTENG**

**4th June, 2024**

**BLOOD FILM COMMENT**

**NAME: ISSAKA ABDUL FAUZU**

**AGE: 2 YEARS**

**SEX: MALE**

**INDICATION: HAEMATOLOGICAL MALIGNANCY**

**ERYTHROCYTES**:Anisocytosis, hypochromasia

**LEUCOCYTES**: Increased moderately. Relative lymphocytosis with reactive forms seen. There are some larger, relatively immature lymphoid cells present. Neutrophil left shift with toxic granulation noted.

**PLATELETS**: Moderately increased . Multiple clumps present++

**COMMENT:** 1.Exclude IDA with reactive thrombocytosis

**2.** Exclude infection

**SUGGEST:**  BMA / Tissue biopsy

Validated by

**DR. OTENG**

**4th June, 2024**

**BLOOD FILM COMMENT**

**NAME: SALAMATU SALAM ABDUL**

**AGE: 68 YEARS**

**SEX: FEMALE**

**INDICATION: LUMBAR CANAL STENOSIS**

**ERYTHROCYTES**:Dimorphic picture (microcytic, hypochromic and normocytic, normochromic cells), pencil cells+, rouleaux formation+

**LEUCOCYTES**: Adequate , normal morphology

**PLATELETS**: Increased on film, clumps noted++

**COMMENT:** 1.Inadequate clinical history

**2.** Exclude IDA with reactive thrombocytosis

Validated by

**DR. OTENG**

**4th June, 2024**

**BLOOD FILM COMMENT**

**NAME: ANTHONY OFORI-ATTA**

**AGE: 60 YEARS**

**SEX: MALE**

**INDICATION: T-CELL NHL IN LEUKAEMIC PHASE**

**ERYTHROCYTES**:Reduced red cell mass. Anisocytosis, hypochromasia, tear drop cell

**LEUCOCYTES**: Increased on film, relative lymphocytosis with a few reactive forms seen. Present are also large atypical lymphoid cells. Neutrophil left shift plus toxic granulation with vacuolation noted.

**PLATELETS**: Moderately reduced, no clumps seen

**COMMENT:** Likely infection/inflammation in a known NHL patient

**SUGGEST:** Septic screen

Validated by

**DR. OTENG**

**4th June, 2024**

**BLOOD FILM COMMENT**

**NAME: IRENE DEDE SACKITEY**

**AGE: 21 YEARS**

**SEX: FEMALE**

**INDICATION: ANAEMIA**

**ERYTHROCYTES**:Reduced red cells mass. Microcytosis++, hypochromasia++,polychromasia+,tear drop cells+

**LEUCOCYTES**: Reduced on film, normal morphology

**PLATELETS**: Increased on film. Platelet anisocytosis

**COMMENT:** 1.Exclude marrow suppression

**2.** Exclude IDA with reactive thrombocytosis

**SUGGEST:** BMA

Validated by

**DR. OTENG**

**4th June, 2024**

**BLOOD FILM COMMENT**

**NAME: TAHIRU ABDUL-RAZAK**

**AGE: 27 YEARS**

**SEX: MALE**

**INDICATION: MYELOPROLIFERATIVE DISEASE ? ACUTE LEUKAEMIA**

**ERYTHROCYTES**:Reduced red cell mass. Anisocytosis, hypochromasia, polychromasia. Normoblasts++

**LEUCOCYTES**: Increased, mostly by myeloid cells in the following proportion:

Myelobast -19%

Promyelocyte -2%

Metal/Myelocyte -23%

Band/neutrophil -35%

Eosinophil -21%

Basophil -0%

Hypersegmented neutrophils noted as well

**PLATELETS**: Reduced on film. No clumps noted

**COMMENT:** ? Transformed MPN

**SUGGEST:** 1. BMA + Immunophenotyping

**2.** BCR-ABL

Validated by

**DR. OTENG/LOKKO**

**10th June, 2024**

**BLOOD FILM COMMENT**

**NAME: NANA OSEI ASUMANG**

**AGE: 7 YEARS**

**SEX: MALE**

**INDICATION:**

**ERYTHROCYTES**:Mostly normocytic, normochromic cells. Polychromatic cells+, schistocytes

**LEUCOCYTES**: Reduced on film. Normal morphology

**PLATELETS**: Moderately increased on film. Platelet anisocytosis

**COMMENT:** 1. No clinical history provided

**2.** Exclude haemolysis

**SUGGEST:** 1. Screen for chronic blood loss

**2.** LFTS,Urine R/E,Stool R/E, Stool for occult blood

Validated by

**DR. OTENG**

**4th June, 2024**

**BLOOD FILM COMMENT**

**NAME: JOYCE ASAMOAH**

**AGE: 2 YEARS**

**SEX: FEMALE**

**INDICATION: R/O MALIGNANCY ? KOCHS**

**ERYTHROCYTES**:Normocytic, normochromic cells, burr cells+ with occasional target cells

**LEUCOCYTES**: Adeqaute, relative lymphocytosis with reactive lymphocytes

**PLATELETS**: mildly increased, anisocytosis with occasional large platelets

**COMMENT:** Likely infection

**SUGGEST:** Septic screen

Validated by

**DR. OTENG**

**10th June, 2024**

**BLOOD FILM COMMENT**

**NAME: CALEB QUAYENOR**

**AGE: 61 YEARS**

**SEX: MALE**

**INDICATION: ANAEMIA IN CKD**

**ERYTHROCYTES**:Normocytic normochromic cells, target cells+

**LEUCOCYTES**: Reduced on film, occasional reactive lymphocytes

**PLATELETS**: Reduced on film, anisocytosis, no clumps seen

**COMMENT:** 1. Likely anaemia of chronic disease

**2.** Exclude viral infection

**SUGGEST:** Kindly correlate clinically

Validated by

**DRS. ANSAH-OTU/ OTENG**

**10th June, 2024**

**BLOOD FILM COMMENT**

**NAME: RONEN AYITTEY**

**AGE: 7 YEARS**

**SEX: MALE**

**INDICATION: SCD**

**ERYTHROCYTES**:Anisopoikilocytosis, microcytic, hypochromic cells, target cells+++, occasional dense cells

**LEUCOCYTES**: Adequate, neutrophils with toxic granules, occasional reactive lymphocytes

**PLATELETS**: Adequate, anisocytosis, no clumps seen

**COMMENT:** 1. Microcytic hypochromic anaemia in a known SCDX

**2.** Likely infection

Validated by

**DR. OTENG**

**10th June, 2024**

**BLOOD FILM COMMENT**

**NAME: FREEMAN ALORKPA**

**AGE: 33 YEARS**

**SEX: MALE**

**INDICATION: ESRD 2O TO ? HIVAN WITH SEVERE ANAEMIA**

**ERYTHROCYTES**:Mostly microcytic, hypochromic cells

**LEUCOCYTES**: Adequate, neutrophil left shift with occasional reactive lymphocytes

**PLATELETS**: Mildly reduced on film, no clumps seen. Manual count = 90 x 109/L

**COMMENT:** Bicytopenia (anaemia and thrombocytopenia)

Validated by

**DRS. ANSAH-OTU/OTENG**

**10th June, 2024**

**BLOOD FILM COMMENT**

**NAME: BABY GRACE DOUGHAN**

**AGE: 1 MONTH**

**SEX: MALE**

**INDICATION: SEVERE ANAEMIA**

**ERYTHROCYTES**:Mostly normocytic , normochromic cells, target cells+. No normoblasts or polychromatic cells

**LEUCOCYTES**: Increased slightly on film, relative lymphocytosis

**PLATELETS**: Increased on film. Platelelt anisocytosis

**COMMENT:** Exclude haemoglobinopathy

**SUGGEST:** Hb electrophoresis

Validated by

**DRS. OTENG/AGGREY**

**10th June, 2024**

**BLOOD FILM COMMENT**

**NAME: SARAH CHUBBY**

**AGE: 55 YEARS**

**SEX: FEMALE**

**INDICATION: ANAEMIA ? CAUSE**

**ERYTHROCYTES**:Reduced on film. Microcytic, hypochromic cells. Polychromatic cells

**LEUCOCYTES**: Slightly increased on film, relative lymphocytosis. Normal morphology

**PLATELETS**: Adequate on film

**COMMENT:** 1. Exclude haemolysis

**2.** Exclude viral infection

**SUGGEST:** 1. LFTs,Urine R/E, Stool R/E, Coombs test , Stool for occult blood

**2.** Viral Screen

Validated by

**DR. OTENG**

**10th June, 2024**

**BLOOD FILM COMMENT**

**NAME: AMMA OBEYAA**

**AGE: 68 YEARS**

**SEX: FEMALE**

**INDICATION: SEVERE ANAEMIA**

**ERYTHROCYTES**:Anisopoikilocytosis (tear drop cells, pencil cells), hypochromasia

**LEUCOCYTES**: Increased on film. Neutrophilia with mild left shift. Some have hypersegmented nuclei

**PLATELETS**: Markedly reduced. No clumps noted

**COMMENT:** Consistent with history of myelofibrosis

**SUGGEST:** Kindly correlate clinically

Validated by

**DR. OTENG**

**10th June, 2024**

**BLOOD FILM COMMENT**

**NAME: RITA ALLOTEY**

**AGE: 47 YEARS**

**SEX: FEMALE**

**INDICATION: SEVERE ANAEMIA**

**ERYTHROCYTES**:Reduced red cell mass, hypochromasia++, microcytosis++

**LEUCOCYTES**: Adequate on film. Neutrophil left shift with toxic granulation and cytoplasmic vacuolation

**PLATELETS**: Reduced on film. Clumps present+

**COMMENT:** Bicytopenia ? cause

**SUGGEST:** Consider BMA

Validated by

**DR. OTENG**

**11th June, 2024**

**BLOOD FILM COMMENT**

**NAME: VIDA-VIVIAN ADDY**

**AGE: 59 YEARS**

**SEX: FEMALE**

**INDICATION: CLL**

**ERYTHROCYTES**:Mostly normocytic, normochromic cells.

**LEUCOCYTES**: Adequate on film. Relative lymphocytosis. No blasts noted

**PLATELETS**: Adequate on film

**COMMENT:** Consistent with history of CLL on treatment

**SUGGEST:** To consider LN biopsy if concerns of Ritcher’s transformation persists

Validated by

**DRS. OTENG /AGGREY**