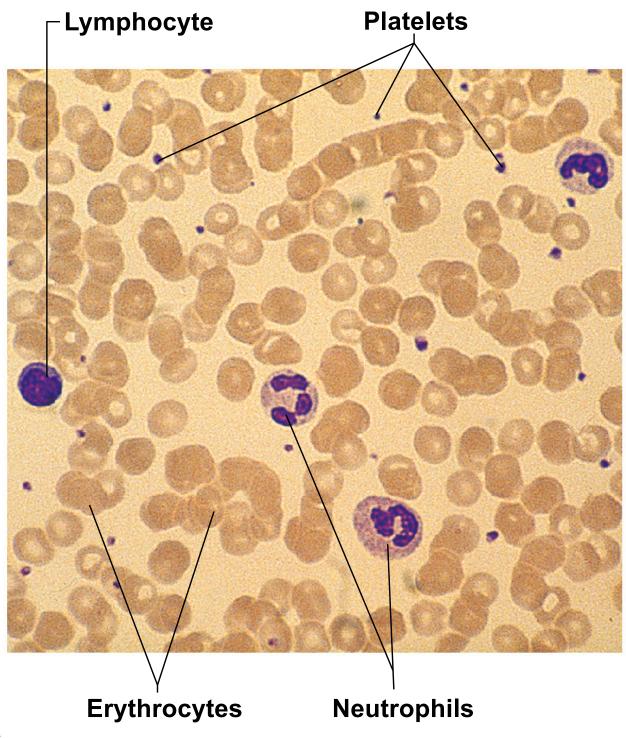
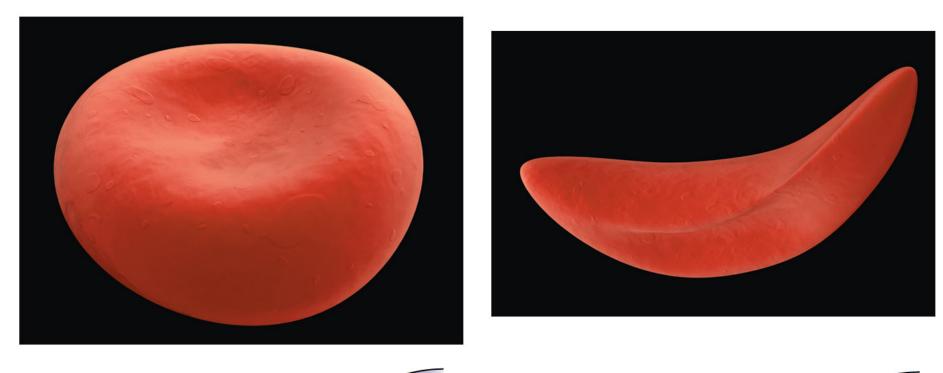
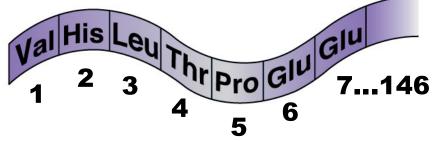
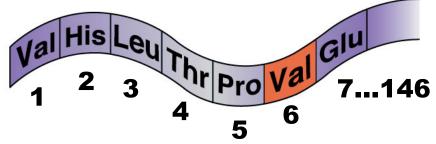
Plasm	na 55%			
Constituent	Major Functions	Form	ed elements (cell	s) 45%
Water	90% of plasma volume; solvent	Cell Type (Number per mm ³ of blood	Functions
	for carrying other substances; absorbs heat	Erythrocytes (red blood cells)	4–6 million	Transport oxygen and help transport
Salts (electrolytes Sodium Potassium	Osmotic balance, pH buffering,	Leukocytes		carbon dioxide
Calcium Magnesium Chloride	regulation of membrane permeability	(white blood cells)	4,800–10,800	Defense and immunity
Bicarbonate Plasma proteins	Ormatia kalanga	Basophil		Lymphocyte
Albumin Fibrinogen Globulins	Osmotic balance, pH buffering Clotting of blood Defense (antibodies) and lipid transport	Eosin Neutrophil	ophil	Monocyte
Substances trans Nutrients (glucose, acids, vitamins)		Platelets	250,000–400,000	Blood clotting
Waste products of (urea, uric acid)				
Respiratory gases Hormones (steroids are carried by plasr	s and thyroid hormone			







(a) Normal RBC and part of the amino acid sequence of its hemoglobin



(b) Sickled RBC and part of its hemoglobin sequence

Table Tort Types of Allenna					
Direct cause	Resulting from	Leading to			
Decrease in RBC number	Sudden hemorrhage	Hemorrhagic anemia			
	Lysis of RBCs as a result of bacterial infections	Hemolytic (he"mo-lit'ik) anemia			
	Lack of vitamin B ₁₂ (usually due to lack of intrinsic factor required for absorption of the vitamin; intrinsic factor is formed by stomach mucosa cells)	Pernicious (per-nish'us) anemia			
	Depression/destruction of bone marrow by cancer, radiation, or certain medications	Aplastic anemia			
Inadequate hemoglobin content in RBCs	Lack of iron in diet or slow/prolonged bleeding (such as heavy menstrual flow or bleeding ulcer), which depletes iron reserves needed to make hemoglobin; RBCs are small and pale because they lack hemoglobin	Iron-deficiency anemia			
Abnormal hemoglobin in RBCs	Genetic defect leads to abnormal hemoglobin, which becomes sharp and sickle-shaped under conditions of increased oxygen use by body; occurs mainly in people of African descent	Sickle cell anemia			

Table 10.1 Types of Anemia

Table 10.2 Characteristics of Formed Elements of the Blood						
Cell type	Occurrence in blood (cells per mm ³)	Cell anatomy*	Function			
Erythrocytes (red blood cells)	4–6 million	Salmon-colored biconcave disks; anucleate; literally, sacs of hemoglobin; most organelles have been ejected	Transport oxygen bound to hemoglobin molecules; also transport small amount of carbon dioxide			

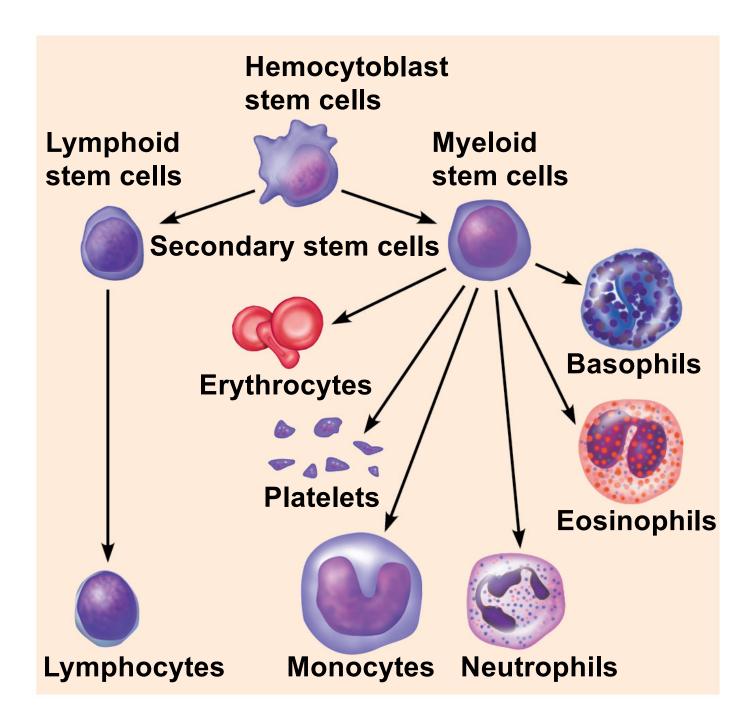
*Appearance when stained with Wright's stain.

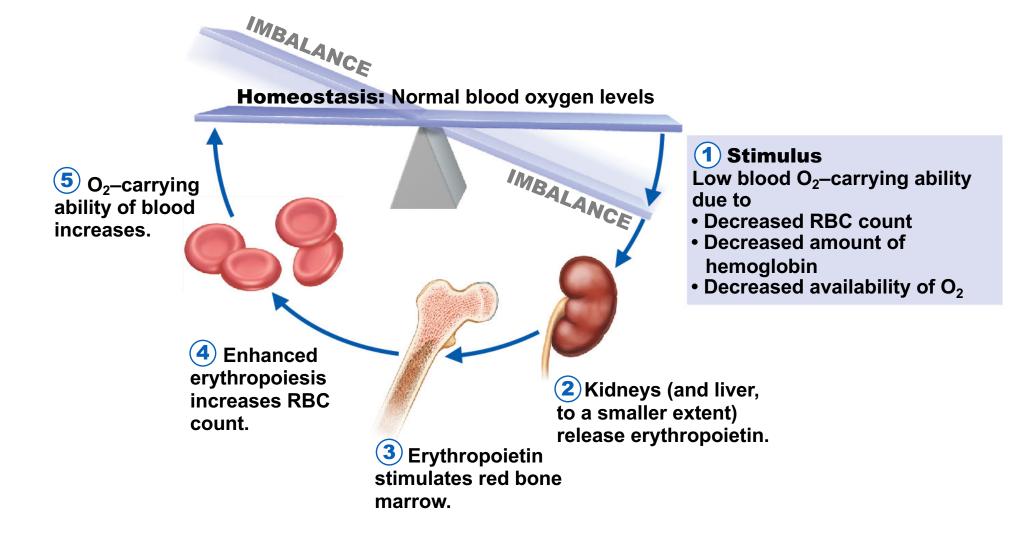
Table 10.2 Cha	racteristics of Fo	(continued)	
Cell type	Occurrence in blood (cells per mm ³)	Cell anatomy*	Function
<i>Leukocytes</i> (white blood cells)	4,800–10,800		
Granulocytes • Neutrophils	3,000–7,000 (40–70% of WBCs)	Cytoplasm stains pale pink and contains fine granules, which are difficult to see; deep purple nucleus consists of three to seven lobes connected by thin strands of nucleoplasm	Active phagocytes; number increases rapidly during short-term or acute infections
• Eosinophils	100–400 (1–4% of WBCs)	Red coarse cytoplasmic granules; figure-8 or bilobed nucleus stains blue-red	Kill parasitic worms by deluging them with digestive enzymes; play a complex role in allergy attacks
• Basophils	20–50 (0–1% of WBCs)	Cytoplasm has a few large blue- purple granules; U- or S-shaped nucleus with constrictions, stains dark blue	Release histamine (vasodilator chemical) at sites of inflammation; contain heparin, an anticoagulant

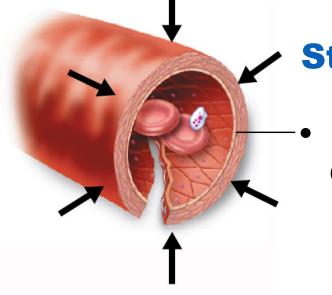
*Appearance when stained with Wright's stain.

Table 10.2 Cha	aracteristics of Fo	(continued)	
Cell type	Occurrence in blood (cells per mm ³)	Cell anatomy*	Function
Agranulocytes • Lymphocytes	1,500–3,000 (20–45% of WBCs)	Cytoplasm pale blue and appears as thin rim around nucleus; spherical (or slightly indented) dark purple-blue nucleus	Part of immune system; B lymphocytes produce antibodies; T lymphocytes are involved in graft rejection and in fighting tumors and viruses via direct cell attack
• Monocytes	100–700 (4–8% of WBCs)	Abundant gray-blue cytoplasm; dark blue-purple nucleus often U- or kidney-shaped	Active phagocytes that become macrophages in the tissues; long-term "cleanup team"; increase in number during chronic infections; activate lymphocytes during immune response
Platelets	150,000–400,000	Essentially irregularly shaped cell fragments; stain deep purple	Needed for normal blood clotting; initiate clotting cascade by clinging to torn area

*Appearance when stained with Wright's stain.







Step 1 Vascular spasms occur.

• Smooth muscle contracts, causing vasoconstriction.

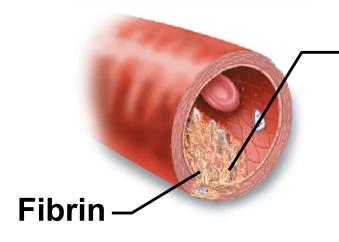
Step 2 Platelet plug forms.

 Injury to lining of vessel exposes collagen fibers; platelets adhere.

Collagen / fibers /

• Platelets release chemicals that make nearby platelets sticky; platelet plug forms.

Platelets



Step 3 Coagulation events occur.

- Clotting factors present in plasma and released by injured tissue cells interact with Ca²⁺ to form thrombin, the enzyme that catalyzes joining of fibrinogen molecules in plasma to fibrin.
- Fibrin forms a mesh that traps red blood cells and platelets, forming the clot.



Table 1	0.3 ABO Blo	ood Groups						
					Frequency (% of U.S. population)			
Blood group	RBC antigens (agglutinogens)	Illustration	Plasma antibodies (agglutinins)	Blood that can be received	White	Black	Asian	Native American
AB	А, В	AB	None	A, B, AB, O "Universal recipient"	4	4	5	<1
В	В	Anti-A	Anti-A (a)	В, О	11	20	27	4

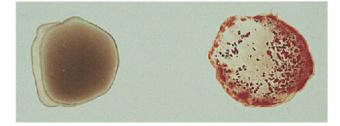
Table 1	10.3 ABO Blo	ood Groups (continued)						
					Frequency (% of U.S. population)			
Blood group	RBC antigens (agglutinogens)) Illustration	Plasma antibodies (agglutinins)	Blood that can be received	White	Black	Asian	Native American
A	A	Anti-B	Anti-B (b)	Α, Ο	40	27	28	16
0	None	Anti-B Anti-A	Anti-A (a) Anti-B (b)	O "Universal donor"	45	49	40	79

Blood being testedSerumAnti-AAnti-BType AB
(contains antigens A and B;
agglutinates with both sera)Image: Contained of the series of the se

RBCs

Туре В

(contains antigen B; agglutinates with anti-B serum)



Type A (contains antigen A; agglutinates with anti-A serum)



Type O (contains no antigens; does not agglutinate with either serum)

