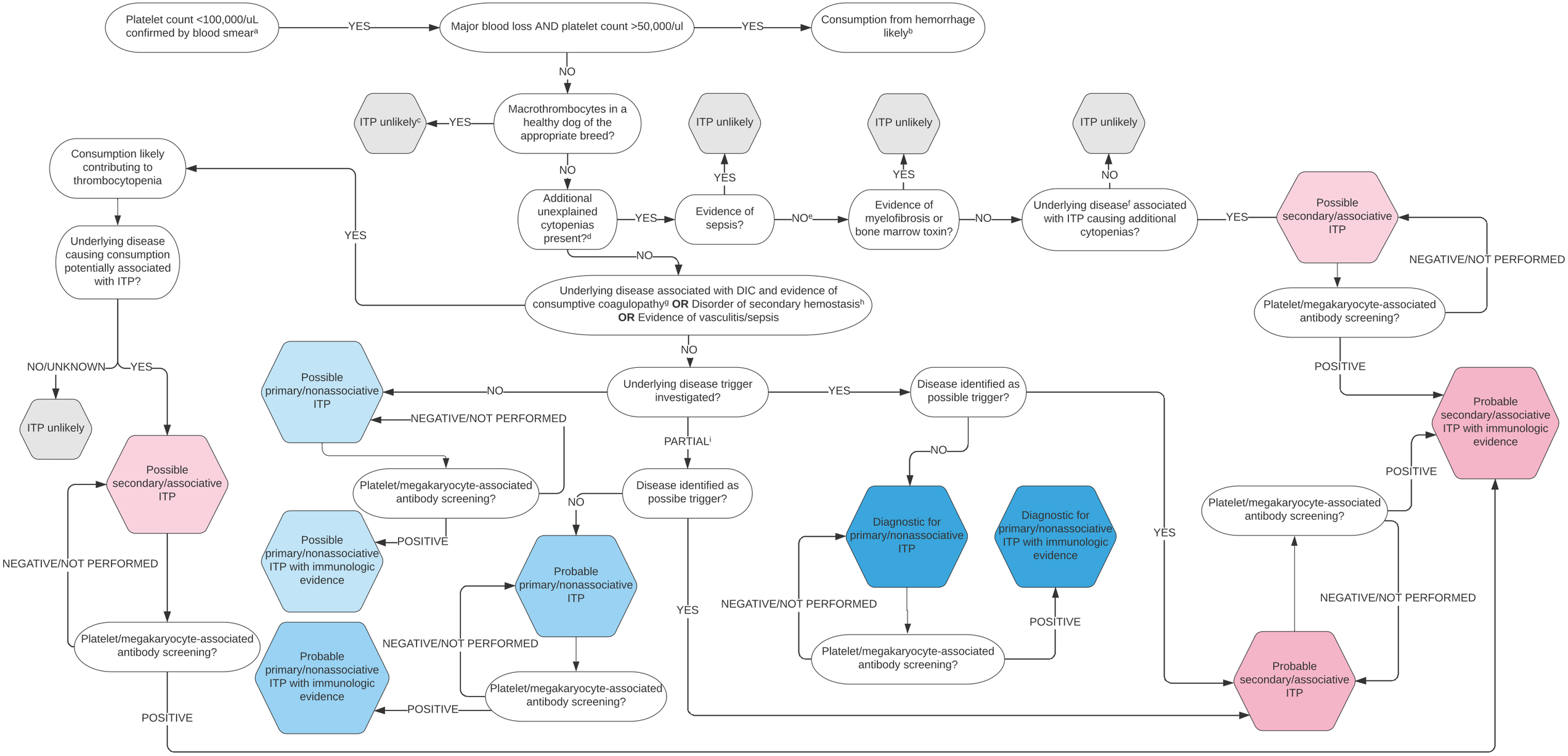
Platelet count <100,000/uL confirmed by blood smear[a]
YES
Major blood loss AND platelet count >50,000/ul
YES
Consumption from hemorrhage likely[b]
NO
Macrothrombocytes in a healthy dog of the appropriate breed?
YES
ITP unlikely[c]
NO
Additional unexplained cytopenias present?[d]
YES
Evidence of sepsis?
YES
ITP unlikely
NO[e]
Evidence of myelofibrosis or bone marrow toxin?
YES
ITP unlikely
NO
Underlying disease[f] associated with ITP causing additional cytopenias?
YES
ITP unlikely
NO
Underlying disease associated with DIC and evidence of consumptive coagulopathy[g] OR Disorder of secondary hemostasis[h] OR Evidence of vasculitis/sepsis
YES
Consumption likely contributing to thrombocytopenia
Underlying disease causing consumption potentially associated with ITP?
NO/UNKNOWN
ITP unlikely
YES
Possible secondary/associative ITP
Platelet/megakaryocyte-associated antibody screening?
NEGATIVE/NOT PERFORMED
POSITIVE
Probable secondary/associative ITP with immunologic evidence
NO
Underlying disease trigger investigated?
YES
Disease identified as possible trigger?
NO
Possible primary/nonassociative ITP
NEGATIVE/NOT PERFORMED
Platelet/megakaryocyte-associated antibody screening?
POSITIVE
Possible primary/nonassociative ITP with immunologic evidence
PARTIAL[i]
Disease identified as possibe trigger?
NO
Probable primary/nonassociative ITP
NEGATIVE/NOT PERFORMED
Platelet/megakaryocyte-associated antibody screening?
POSITIVE
Probable primary/nonassociative ITP with immunologic evidence
YES
NO
Diagnostic for primary/nonassociative ITP
NEGATIVE/NOT PERFORMED
Platelet/megakaryocyte-associated antibody screening?
Diagnostic for primary/nonassociative ITP with immunologic evidence
POSITIVE
YES
Probable secondary/associative ITP
Platelet/megakaryocyte-associated antibody screening?
NEGATIVE/NOT PERFORMED
POSITIVE
Probable secondary/associative ITP with immunologic evidence
Possible secondary/associative ITP
NEGATIVE/NOT PERFORMED
Platelet/megakaryocyte-associated antibody screening?
POSITIVE