

# RED CELL® Care

Complete vitamin-mineral supplement for the treatment of anaemic conditions and to support recovery in cats and dogs.



## Data Sheet

### Active ingredients (per ml):

Cobalt (Co)	0,04 mg
Copper (Cu)	0,07 mg
Iron (Fe)	2,45 mg
Manganese (Mn)	0,12 mg
Potassium (K)	0,17 mg
Selenium (Se)	1,53 mcg
Zinc (Zn)	1,63 mg
Vitamin A	325,85 UI
Vitamin B <sub>1</sub> (Thiamine)	0,14 mg
Vitamin B <sub>2</sub> (Riboflavin)	0,09 mg
Vitamin B <sub>3</sub> (Niacinamide)	0,98 mg
Vitamin B <sub>5</sub> (d-Pantothenic a.)	0,05 mg
Vitamin B <sub>6</sub> (Pyridoxine)	0,16 mg
Vitamin B <sub>9</sub> (Folic a.)	7,87 mcg
Vitamin B <sub>12</sub> (Cobalamin)	3,26 mcg
Vitamin D <sub>3</sub>	47,19 UI
Vitamin E	1,52 UI
Vitamin K <sub>3</sub> (Menadione)	0,34 mcg
Choline (previously Vit Bp)	0,83 mg



### Features

Rich in iron, copper, cobalt, vitamins B<sub>2</sub>, B<sub>6</sub>, B<sub>9</sub>, B<sub>12</sub> and K<sub>3</sub>, essential for the synthesis of red blood cells.

Provides other vitamins (A, D<sub>3</sub>, E, B<sub>1</sub>, B<sub>3</sub>, B<sub>5</sub>, y Colina) and minerals (K, Mn, Se and Zn) that stimulate appetite and the metabolism and that have antioxidant properties.

Indicated in anaemic, convalescent, post-operative, pregnant and lactating females, puppies and geriatric conditions, etc.

Administer with feed or orally through a syringe.

200 ml container with measuring cap.

Available exclusively through veterinarians.

**Composition** (in descending order): Water, ferric ammonium citrate, ammonium hydroxide, xanthan gum, zinc sulphate, vitamin E, sodium saccharin, citric acid (preservative), vitamin A, choline chloride, potassium sorbate (preservative), liver concentrate, sodium benzoate (preservative), niacinamide, manganese sulphate, potassium chloride, copper sulphate, thiamine hydrochloride, vitamin D<sub>3</sub>, artificial colorant, cobalt sulphate, riboflavin, d-calcium pantothenate, pyridoxine hydrochloride, folic acid, sodium bicarbonate, sodium selenite, vitamin B<sub>12</sub> and menadione sodium bisulphite complex.

**Analytical constituents:** Protein 1.6%; fat content 0.65%; crude fibre 0.3%; ash 1.2%. moisture content 95.8%, potassium 0.017%.

**Mechanism of action:** RED CELL® provides 19 vitamins and trace elements. Iron, copper, cobalt and vitamins B<sub>2</sub>, B<sub>6</sub>, B<sub>9</sub>, B<sub>12</sub> and K<sub>3</sub> are essential for the synthesis of haemoglobin and red blood cells. Vitamins A, D<sub>3</sub>, and B<sub>6</sub> contribute to optimal bone and muscle development. A third group (Vitamins B<sub>1</sub>, B<sub>2</sub>, B<sub>3</sub>, B<sub>5</sub>, choline and potassium) are essential for metabolic processes that transform nutrients into energy. Vitamin B<sub>1</sub> is also an appetite stimulant. Finally, manganese, selenium, zinc and vitamin E are key factors in numerous metabolic processes, as they boost the immune system and protect cells by neutralizing free radicals (antioxidant properties).

- Iron (absorbed mainly in the proximal small intestine) is an essential component in the formation of haemoglobin. Haemoglobin is responsible for transporting oxygen in the blood and for controlling the division of erythrocytes and their release from the bone marrow. When there is an iron deficiency haemoglobin production is insufficient, leading to anaemia. This iron deficiency is usually associated with inadequate dietary intake or with chronic blood loss.
- Copper, B-group vitamins and vitamin K perform different essential roles in the proper formation of haemoglobin and erythrocytes as well as the optimal function of the physiological coagulation mechanisms. Anaemia associated with copper and vitamin B<sub>6</sub>, B<sub>9</sub> and B<sub>12</sub> deficiencies have been described. Furthermore, vitamin K deficiency can cause severe haemostatic problems.
- With iron administration an increase in haemoglobin concentrations is achieved, resulting in a hemato-

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crit increase. It is important that iron deficiency therapy is continued until the hematocrit returns to normal (at approximately 4 weeks from starting treatment). The hematocrit increases before the body's iron stores have been recovered, consequently, if therapy is stopped early (at least 4 weeks, but supplementation may be necessary for several months, depending on the severity of the anaemia), the animal runs the risk of suffering from anaemia again.

- In animals that donate blood, it has been observed that iron supplementation increases the average volume of blood they can donate (16-18 ml/kg every 21 days without supplementation; 22 ml/kg every 21-28 days with supplementation).
- Benefits have been shown in iron supplementation treatment in patients with Chronic Renal Disease.

**Indications:** Anaemic conditions (bleeding from trauma or major surgery, haemolytic anaemia, anaemia associated with infectious diseases and chronic inflammatory or degenerative diseases, neoplasia, poisoning, iron deficiency anaemia, etc.), convalescence and postoperative processes, poor appetite and recovery conditions, pregnant and lactating females, puppies and older dogs, nutritional deficiencies, donor animals...

**Target species:** Cats and dogs.

**Directions of use:** Shake before use. Administer 1 ml/kg body weight a day by mixing it with feed or orally through a syringe. In the case of iron deficiency anaemia, a dose of up to 4 ml/kg body weight a day may be given.

**Warnings:** Keep the container tightly closed in a cool, dry place away from direct sunlight and out of reach of children and animals.

**Presentation:** 200 ml container with measuring cap.

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VN-PUB-0070EN