Final Episode Report

George Laboratory
1 Gloucester Lane
George
Tel: 044 803 8200

PathCare

Practice No:0774383

Report to:
DALING JAN-MARTEN

Referred by: **DR S R KRUGER**

Requisition No:	**723444261**	***Patient:***		***Guarantor:***	
Collection Date:	2025-03-29 11:00	**MR JAN-MARTEN DALING**		**MR J DALING**	
Received Date:	2025-03-29 11:44	*Patient ID No:*	8305145088089	*Med Aid:*	DISCOVERY
Generated On:	2025-06-24 09:52	*Age:Sex:DoB:*	41y: M: 1983-05-14	*Member No:*	255751841
		Contact No:	0825578133	*Contact No:*	0825578133
		Patient Email:	JMDALING@GMAIL.COM		

Tests requested: Query - Tests; Resolved - Tests; FULL BLOOD COUNT & PLT; INR; VITAMIN D3 (25 OH)

Referral ICD10 code(s): Z76.9

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0329:EA01001U — **Final**

Test Name	Result	Flag	Reference Range
VITAMIN D (25 OH) (ABBOTT)	29		ng/mL

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Interpretation of 25-OH Vit D level [ng/ml]:
Deficiency:                 < 12
Partial deficiency:       12 - 19
Optimal level:             > 20
Toxicity:                 > 100
Ref: Munn et al. JCEM.2016;101(2):394
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0329:HA01889U — **Final**

Test Name	Result	Flag	Reference Range
RED CELLS			
Red cell count	2.97	L	4.5 - 5.9 x10E12/L
Haemoglobin	**8.8**	***L**	12.5 - 16.5 g/dL
*** Delta : 10.5 - Mar 27 2025 4:45PM			
Haematocrit	0.27	L	0.40 - 0.50 L/L
MCV	90	#	81 - 95 fl
*** Delta : 93 - Mar 21 2025 12:10PM			
MCH	30		28 - 35 pg
MCHC	33		32 - 36 g/dL
RDW	13.8		10 - 15 %
WHITE CELLS			
White cell count	9.5		4.0 - 11.0 x10E9/L
Neutrophils %	80.8		%
Lymphocytes %	10.4		%
Monocytes %	7.3		%
Eosinophils %	0.7		%
Basophils %	0.2		%
Imm Granulocytes %	0.6		<0.9 %

Neutrophils ABS	7.67	H	2.00 - 7.50 x10E9/L
Lymphocytes ABS	0.99	L	1.00 - 4.00 x10E9/L
Monocytes ABS	0.69		0.00 - 0.80 x10E9/L
Eosinophils ABS	0.07		0.00 - 0.40 x10E9/L
Basophils ABS	0.02		0.00 - 0.10 x10E9/L
Imm Granulocyte ABS	0.06		<0.07 x10E9/L
PLATELETS			
Platelet count	274		140 - 420 x10E9/L
FULL BLOOD COUNT COMMENT (SUPPLIED IF RELEVANT)			
-	.		
Prothrombin Time	13.00	H	9.9 - 11.8 sec
Control time	11.00		sec

NOTE: The Prothrombin Time measures the overall efficiency of the extrinsic clotting system. Common causes of a prolonged result include anticoagulation therapy, liver disease, vitamin K deficiency, disseminated intravascular coagulation or congenital factor deficiencies. The Prothrombin Time is used to calculate the INR in patients on warfarin therapy.

INR	1.21		

NOTE: This is a direct INR. The INR is calculated from a calibration line.

GENERAL GUIDELINES FOR PATIENTS ON WARFARIN THERAPY

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The target INR is 2.5 (range 2.0 - 3.0) for most indications (including low-risk patient with bi-leaflet mechanical valves such as the St Jude Medical device in the aortic position) and 3.0 (range 2.5 - 3.5) for other mechanical prosthetic valves.

The interpretation of laboratory test results requires the clinical evaluation to be known and contextualised. Please contact your medical practitioner for any questions related to these results. Your doctor would know whether further consultation with one of our specialist pathologists is necessary.

L=Low ***L**=Critically Low H=High ***H**=Critically High #=Delta Checked