Final Episode Report

Constantiaberg Medi-Clinic
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PathCare

Practice No:0774383

Report to:
DALING JAN-MARTEN

Referred by: **DR GARTH DAVIDS**
Copies to: CONSTANTIABERG MEDICLINIC (R)

Requisition No: **664471701**
Collection Date: 2025-04-01 10:39
Received Date: 2025-04-01 11:03
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Patient: *(**File No:** 55409)*
MR JAN-MARTEN DALING
Patient ID No: 8305145088089
Age:Sex:DoB: 41y: M: 1983-05-14
Contact No: 0825578133
Patient Email: JMDALING@GMAIL.COM

Guarantor:
MR J DALING
Med Aid: DISCOVERY
Member No: 255751841
Contact No: 0825578133

Tests requested: FULL BLOOD COUNT & PLT; INR; U/E + CREAT-S; CALCIUM; MAGNESIUM-S; PHOSPHATE-S; C-REACTIVE PROTEIN; LIVER FUNCTION TESTS; PROCALCITONIN - QUANTITATIVE; CKD-EPI (GFR ESTIMATE); VITAMIN B12; THYROID FUNC DISCOVERY TSH+T4; BHCG TUMOUR MARKER (ROCHE); ALPHA FETOPROTEIN; CEA; CA 19.9

Referral ICD10 code(s): C34.9/C78.0

Ch BIOCHEMISTRY

0401:BA03641U — **Final**

Test Name	Result	Flag	Reference Range
SAMPLE APPEARANCE			
LIPAEMIC	ABSENT		
ICTERUS	ABSENT		
HAEMOLYSIS	ABSENT		
ELECTROLYTES			
S-SODIUM	139		136-145 mmol/L
S-POTASSIUM	4.7		3.5-5.1 mmol/L
S-CHLORIDE	106		98-108 mmol/L
S-BICARBONATE	22.0		22.0-28.0 mmol/L
ANION GAP	11		3-15 mmol/L
S-UREA	4.6	#	2.1-7.1 mmol/L
*** Delta : 3.1 - Mar 21 2025 12:10PM			
S-CREATININE (Enzymatic)	69		64-104 umol/L
*** Delta : 83 - Mar 21 2025 12:10PM			
CKD-EPI eGFR (ml/min/1.73m2)	112		>=90
Results for eGFR should be interpreted in conjunction with urine albumin creatinine ratio (ACR). eGFR may be unreliable in pregnancy, the elderly, extremes of muscle mass, acute renal impairment, severe dehydration. Ref: NKF K/DQI Guidelines/ KDIGO 2012 Guideline			
S-CALCIUM (total)	2.02	L	2.15-2.50 mmol/L
CALCIUM (adjusted)	2.30		2.15-2.50 mmol/L
Corrected Ca is no longer recommended to evaluate calcium status. Ionised Ca is advised in patients with abnormal protein concentrations or disturbed acid-base balance.			
S-MAGNESIUM	0.90		0.66-1.07 mmol/L
S-PHOSPHATE	1.27		0.78-1.42 mmol/L
C-REACTIVE PROTEIN	159.8	# H	0-5.0 mg/L
*** Delta : 73.7 - Mar 21 2025 12:10PM			
LIVER FUNCTIONS			
S-TOTAL PROTEIN	47	L	64-83 g/L

S-ALBUMIN	29	# L	35-52 g/L
*** Delta : 37 - Mar 21 2025 12:10PM			
GLOBULIN	18	L	21-35 g/L
BILIRUBIN TOTAL-S	7	#	< 22 umol/L
*** Delta : 9 - Mar 21 2025 12:10PM			
S-CONJ. BILIRUBIN	4		< 9 umol/L
UNCONJ. BILIRUBIN	3		< 19 umol/L
S-ALK. PHOSPHATASE	107	#	53-128 IU/L
S-GAMMA GT	68	# H	< 60 IU/L
*** Delta : 26 - Mar 21 2025 12:10PM			
S-ALT	62	# H	< 41 IU/L
*** Delta : 21 - Mar 21 2025 12:10PM			
S-AST	43	# H	< 41 IU/L
*** Delta : 19 - Mar 21 2025 12:10PM			

En ENDOCRINOLOGY

0401:EA01829U — **Final**

Test Name	Result	Flag	Reference Range
VITAMIN B12 (ROCHE)	1186	H	185-706 pmol/L

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<185 pmol/L             Deficient
185 - 250 pmol/L        Grey zone
>250 pmol/L             Deficiency unlikely
>706 pmol/L             Elevated

Vit B12 may be increased with:
- Oral or Parenteral B12 supplements
- Haematological disorders - myeloproliferative disorders,
  leukaemia, high WCC
- Solid neoplasms
- Liver disease
- Kidney failure
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FREE T4 (ABBOTT)	12.2		9.0 - 19.1 pmol/L
S-TSH (ABBOTT)	0.51		0.35 - 4.94 mIU/L
THYROID COMMENT	.		

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The thyroid results suggest EUTHYROIDISM.
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BHCG TUMOUR MARKER (ROCHE)	51736	H	< 2 IU/L

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Result has been checked in dilution.

B-HCG is used as a tumour marker in testicular germ cell
tumours. Raised levels are seen in about 35% of
non-seminomatous tumours and in less than 20% of
seminomatous tumours.
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ALPHA FETOPROTEIN (ABBOTT)	< 2.0		0.9 - 8.8 ug/L
CEA (ABBOTT)	< 2		< 5 ug/L

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Previous result: < 2 ug/L on 21/03/25
CEA should not be used for cancer screening purposes. 7% of
smokers may have values up to 10 ug/L.
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CA 19.9 (ROCHE)	34		< 35 U/mL

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CA 19-9 should not be used for screening purposes, but is
specifically indicated for the monitoring of patients with
confirmed pancreatic cancer. Levels < 35 U/mL do not
exclude the diagnosis of pancreatic cancer.
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Ha HAEMATOLOGY

0401:HA02746U — **Final**

Test Name	Result	Flag	Reference Range
RED CELLS			
Red cell count	2.67	L	4.5 - 5.9 x10E12/L
Haemoglobin	**8.0**	***L**	12.5 - 16.5 g/dL

	*** Delta : 8.8 - Mar 29 2025 11:00AM		
Haematocrit	0.25	L	0.40 - 0.50 L/L
MCV	95	#	81 - 95 fl
	*** Delta : 90 - Mar 29 2025 11:00AM		
MCH	30		28 - 35 pg
MCHC	32		32 - 36 g/dL
RDW	14.3		10 - 15 %
WHITE CELLS			
White cell count	8.1		4.0 - 11.0 x10E9/L
Neutrophils %	79.8		%
Lymphocytes %	10.6		%
Monocytes %	7.5		%
Eosinophils %	1.4		%
Basophils %	0.2		%
Imm Granulocytes %	0.5		<0.9 %
Neutrophils ABS	6.48		2.00 - 7.50 x10E9/L
Lymphocytes ABS	0.86	L	1.00 - 4.00 x10E9/L
Monocytes ABS	0.61		0.00 - 0.80 x10E9/L
Eosinophils ABS	0.11		0.00 - 0.40 x10E9/L
Basophils ABS	0.02		0.00 - 0.10 x10E9/L
Imm Granulocyte ABS	0.04		<0.07 x10E9/L
PLATELETS			
Platelet count	286		140 - 420 x10E9/L
FULL BLOOD COUNT COMMENT (SUPPLIED IF RELEVANT)			
-	.		
Prothrombin Time	13.60	H	9.9 - 11.8 sec
Control time	11.20		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	1.24		

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

GENERAL GUIDELINES FOR PATIENTS ON WARFARIN THERAPY

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.

Se SEROLOGY

0401:SA00482U — **Final**

Test Name	Result	Flag	Reference Range
PROCALCITONIN-QUANT (ABBOTT)	0.06		0.00 - 0.50 ng/mL

Systemic infection is unlikely but local bacterial infection is possible. There is a low risk for progression to severe systemic infection. If the PCT measurement is done very early after bacterial insult (< 6 hours), values may still be low. In this case, PCT should be re-assessed, 6-24 hours later.

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