

Final Episode Report

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Report to:
DALING JANMARTEN

Referred by: DR RAOUL GOLDBERG

Requisition No: 660842854

Collection Date: 2025-04-04 14:00

Received Date: 2025-04-04 15:45

Generated On: 2025-04-10 07:53

Patient:

MR JANMARTEN 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

Clinical Data: LMP: Not supplied

Tests requested: LYMPHOCYTE SUBSETS; C-REACTIVE PROTEIN; HIGH SENSITIVE CRP; LIVER FUNCTION TESTS; IRON PROFILE + FERRITIN; VITAMIN D3 (25 OH); TSH - S; PROLACTIN; FSH; LH; ESTROGEN (E2); DHEAS; FREE TESTOSTERONE CALCULATED

Referral ICD10 code(s): Z76.9

Ch BIOCHEMISTRY

0404:BA06197R

Final

| Test Name | Result | Flag | Reference Range |
|---|--------|------|-----------------|
| SAMPLE APPEARANCE | | | |
| LIPAEMIC | ABSENT | | |
| ICTERUS | ABSENT | | |
| HAEMOLYSIS | ABSENT | | |
| C-REACTIVE PROTEIN | 137.2 | H | 0-5.0 mg/L |
| HIGH SENSITIVE CRP | 137.0 | *H | < 1.00 mg/L |
| INTERPRETATION: | | | |
| <1 mg/L - LOW RISK | | | |
| 1 - 3 mg/L - MODERATE RISK | | | |
| >3 mg/L - HIGH RISK | | | |
| >5.0 mg/L - Consider active infection/inflammation | | | |
| An us-CRP result >5.0 mg/L is suggestive of active infection or inflammation and should not be used for evaluation of cardiovascular risk. Suggest repeat analysis during clinical follow-up, to establish the true baseline value. | | | |
| LIVER FUNCTIONS | | | |
| S-TOTAL PROTEIN | 54 | L | 64-83 g/L |
| S-ALBUMIN | 34 | L | 35-52 g/L |
| GLOBULIN | 20 | L | 21-35 g/L |
| BILIRUBIN TOTAL-S | 9 | # | < 22 umol/L |
| *** Delta : 7 - Apr 1 2025 10:39AM | | | |
| S-CONJ. BILIRUBIN | 5 | # | < 9 umol/L |
| *** Delta : 4 - Apr 1 2025 10:39AM | | | |
| UNCONJ. BILIRUBIN | 4 | | < 19 umol/L |
| S-ALK. PHOSPHATASE | 120 | | 53-128 IU/L |
| S-GAMMA GT | 66 | H | < 60 IU/L |
| S-ALT | 50 | H | < 41 IU/L |

| | | | |
|---|------|----|-----------------|
| *** Delta : 62 - Apr 1 2025 10:39AM | | | |
| S-AST | 30 | # | < 41 IU/L |
| *** Delta : 43 - Apr 1 2025 10:39AM | | | |
| S-IRON | 4.2 | *L | 12 - 31 umol/L |
| Please note: IV iron administration interferes with the method and testing should be postponed for at least 3 weeks after treatment. | | | |
| S-TRANSFERRIN | 1.76 | | 1.74 - 3.64 g/L |
| TRANSFERRIN SATURATION | 9 | *L | 20-55 % |
| FERRITIN (ABBOTT) | 1264 | H | ug/L |
| Upper limit for ferritin is 275 ug/L. Causes of raised ferritin include: Acute and chronic inflammatory disorders Obesity, insulin resistance, metabolic syndrome Excessive alcohol consumption Liver disease Excessive iron therapy Malignancy Iron overload: Hemochromatosis, repeated blood transfusions | | | |

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| En ENDOCRINOLOGY |
| 0404:EA03179R |
| Final |

| Test Name | Result | Flag | Reference Range |
|---|--------|------|-------------------|
| VITAMIN D (25 OH) (ABBOTT) | 33 | | ng/mL |
| 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 | | | |
| S-TSH (ABBOTT) | 0.94 | # | 0.35 - 4.94 mIU/L |
| *** Delta : 0.51 - Apr 1 2025 10:39AM Please note that this test has been performed within a shorter timeframe than guidelines suggest for the minimum retesting interval. Refer previous result: 0.51 mIU/L on 01/04/25 14:45 | | | |
| THYROID COMMENT | . | | |
| The normal TSH excludes primary thyroid disease. The TSH may however, be normal with secondary hypothyroidism (low T4/T3). Please evaluate clinically. | | | |
| PROLACTIN (ABBOTT) | 11.8 | | 3.5-19.4 ug/L |
| FSH (ABBOTT) | < 0.11 | *L | 0.95-11.95 IU/L |
| LH (ABBOTT) | 0.85 | | 0.57-12.07 IU/L |
| ESTROGEN E2 (ABBOTT) | 973 | H | < 161 pmol/L |
| DHEAS (ABBOTT) | 5.5 | | 3.8 - 13.1 umol/L |
| TESTOSTERONE | | | |
| T-TESTOSTERONE (ABBOTT) | 47.3 | *H | 8.3 - 30.1 nmol/L |
| Due to diurnal variation, the ideal blood sampling time is before 10 am. | | | |
| SEX HORMONE BIND.GLOBULIN | 49 | | 11 - 78 nmol/L |
| FREE TESTOSTERONE - CALCULATED | 982.3 | H | 284-734 pmol/L |
| Please note: Change in reference range from 06/11/24 CALCULATED FREE TESTOSTERONE (CFT) ----- 1. The Calculated Free Testosterone is a more reliable reflection of BIO-AVAILABLE TESTOSTERONE than total testosterone or Free Androgen Index. 2. A morning blood sample obtained before 10:00 is recommended. 3. Values are less accurate in patients with low albumin (eg. pregnancy, cirrhosis) Ref: Jnl of Clin.Endocrin. + Metab : 1999 | | | |

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| Ha | HAEMATOLOGY |
| 0404:HS00385R | |
| Final | |

| Test Name | Result | Flag | Reference Range |
|----------------------|--------|------|------------------|
| Total T-Cell count | 932 | L | 1100 - 1700 /cmm |
| CD3 cell % | 66.2 | L | 67 - 76 % |
| CD4 cell count | 597 | L | 724 - 1785 /cmm |
| CD4 cell % | 42.5 | | 37.7 - 55.3 % |
| CD8 cell count | 398 | | 318 - 980 /cmm |
| CD8 cell % | 28.3 | H | 17.2 - 26.8 % |
| CD4+ : CD8+ rat | 1.50 | L | 1.58 - 2.63 |
| N. Killer cell count | 214 | | 200 - 400 /cmm |
| CD 56 NK cell % | 17 | | 10 - 19 % |
| Total B cell count | 102 | L | 200 - 400 /cmm |
| CD19 cell % | 7.98 | L | 11 - 16 % |

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