

Final Episode Report

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Practice No:0774383

Report to:
DALING JAN-MARTEN

Referred by: DRS MABASA & D ANDREA INC
Copies to: DR GARTH DAVIDS

Requisition No: 664473079
Collection Date: 2025-04-16 13:03
Received Date: 2025-04-16 13:07
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Patient: (File No: 57035)
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: Query - Tests; Resolved - Tests; Query - Copy dr; WHITE CELL COUNT & DIFF; INR; U/E + CREAT-S; CALCIUM; MAGNESIUM-S; PHOSPHATE-S; C-REACTIVE PROTEIN; LIVER FUNCTION TESTS; PROCALCITONIN - QUANTITATIVE; TROPONIN-I (QUANT); IRON PROFILE + FERRITIN; CKD-EPI (GFR ESTIMATE); THYROID FUNC DISCOVERY TSH+T4

Referral ICD10 code(s): R06.0

Ch	BIOCHEMISTRY	0416:BA05071U	Final
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Test Name	Result	Flag	Reference Range
SAMPLE APPEARANCE			
LIPAEMIC			
ICTERUS	ABSENT		
HAEMOLYSIS	ABSENT		
ELECTROLYTES			
S-SODIUM	137		136-145 mmol/L
S-POTASSIUM	4.3		3.5-5.1 mmol/L
S-CHLORIDE	104		98-108 mmol/L
S-BICARBONATE	23.0		22.0-28.0 mmol/L
ANION GAP	10	#	3-15 mmol/L
*** Delta : 8 - Apr 9 2025 10:45AM			
S-UREA	4.1		2.1-7.1 mmol/L
S-CREATININE (Enzymatic)	77		64-104 umol/L
CKD-EPI eGFR (ml/min/1.73m2)	107		>=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)	2.00	L	2.15-2.50 mmol/L
CALCIUM (adjusted)	2.28		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	0.86		0.66-1.07 mmol/L
S-PHOSPHATE	1.15		0.78-1.42 mmol/L
C-REACTIVE PROTEIN	222.0	# H	0-5.0 mg/L
*** Delta : 155.7 - Apr 9 2025 10:45AM			
LIVER FUNCTIONS			
S-TOTAL PROTEIN	49	L	64-83 g/L

S-ALBUMIN	29	L	35-52 g/L
GLOBULIN	20	L	21-35 g/L
BILIRUBIN TOTAL-S	11	#	< 22 umol/L
S-CONJ. BILIRUBIN	6		< 9 umol/L
UNCONJ. BILIRUBIN	5		< 19 umol/L
S-ALK. PHOSPHATASE	108		53-128 IU/L
S-GAMMA GT	42	#	< 60 IU/L
	*** Delta : 66 - Apr 4 2025 2:00PM		
S-ALT	28	#	< 41 IU/L
	*** Delta : 50 - Apr 4 2025 2:00PM		
S-AST	27		< 41 IU/L
HIGH SENS TROPONIN-I(ABBOTT)	< 4	#	0 - 26 ng/L

Please Note: This is a high sensitivity Troponin I assay (Abbott). Troponin I assays are not standardized. The ABBOTT assay is therefore NOT comparable with the Stratus and Mini Vidas Assays.

Serial monitoring MUST be performed using the same assay. Reference range based on 99th percentile. Elevations > 130 ng/L have > 90% PPV for acute type 1 MI. Rising/falling cardiac troponin levels differentiate acute from chronic cardiac cardiomyocyte damage.

Other causes for raised troponin: cardiac failure, myocarditis, cardiomyopathy, cardiac contusion, arrhythmias, pulmonary embolism, aortic dissection, gastro-intestinal bleed, acute neurologic disease, sepsis, renal failure, extreme exertion, etc.

Analytical interference may cause false positive/negative results. Should the result not correlate with the clinical picture, please contact the laboratory.

S-IRON	2.8	#L	12 - 31 umol/L
	*** Delta : 4.2 - Apr 4 2025 2:00PM		
Please note: IV iron administration interferes with the method and testing should be postponed for at least 3 weeks after treatment.			
S-TRANSFERRIN	1.38	#L	1.74 - 3.64 g/L
	*** Delta : 1.76 - Apr 4 2025 2:00PM		
Please note that this test has been performed within a shorter timeframe than guidelines suggest for the minimum retesting interval.			
TRANSFERRIN SATURATION	8	*L	20-55 %
FERRITIN (ABBOTT)	2265	#*H	ug/L
	*** Delta : 1264 - Apr 4 2025 2:00PM		
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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0416:EA02580U

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Test Name	Result	Flag	Reference Range
FREE T4 (ABBOTT)	14.6		9.0 - 19.1 pmol/L
S-TSH (ABBOTT)	0.31	#L	0.35 - 4.94 mIU/L
*** Delta : 0.94 - Apr 4 2025 2:00PM			
Please note that this test has been performed within a shorter timeframe than guidelines suggest for the minimum retesting interval.			
Refer previous result: 0.94 mIU/L on 04/04/25 23:02			

THYROID COMMENT

Causes for a low TSH and normal T4 include:

- non-thyroidal illness
- subclinical hyperthyroidism (normal T3)
- hyperthyroidism (high T3)
- glucocorticoid/dopamine treatment
- T3-containing medication
- recent treatment of hyperthyroidism (TSH may take months to normalize).

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0416:HA03806U

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Test Name	Result	Flag	Reference Range
WHITE CELLS			
White cell count	7.3		4.0 - 11.0 x10E9/L
Neutrophils %	77.1		%
Lymphocytes %	11.8		%
Monocytes %	9.9		%
Eosinophils %	0.6		%
Basophils %	0.3		%
Imm Granulocytes %	0.3		<0.9 %
Neutrophils ABS	5.61		2.00 - 7.50 x10E9/L
Lymphocytes ABS	0.86	L	1.00 - 4.00 x10E9/L
Monocytes ABS	0.72		0.00 - 0.80 x10E9/L
Eosinophils ABS	0.04		0.00 - 0.40 x10E9/L
Basophils ABS	0.02		0.00 - 0.10 x10E9/L
Imm Granulocyte ABS	0.02		<0.07 x10E9/L
Prothrombin Time	15.10	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

1.38 #

*** Delta : 1.24 - Apr 1 2025 10:39AM
 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.

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0416:SA00642U

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Test Name	Result	Flag	Reference Range
PROCALCITONIN-QUANT (ABBOTT)	0.22	#	0.00 - 0.50 ng/mL
*** Delta : 0.06 - Apr 1 2025 10:39AM 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