Final Episode Report

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Practice No:0774383

Report to:
DALING JAN-MARTEN

Referred by: **DR MEAGAN DUDLEY**
Copies to: CONSTANTIABERG MEDICLINIC (ICU; PROF K M DE GROOT

Requisition No: **664473290**
Collection Date: 2025-04-18 04:50
Received Date: 2025-04-18 05:25
Generated On: 2025-04-19 20:35

Patient: *(**File No:** 57056)*
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; POTASSIUM-S; SODIUM-S; UREA-S; CREATININE-S; CALCIUM; MAGNESIUM-S; PHOSPHATE-S; C-REACTIVE PROTEIN; PROCALCITONIN - QUANTITATIVE; CKD-EPI (GFR ESTIMATE)

Referral ICD10 code(s): Z76.9

Ch BIOCHEMISTRY

0418:BA00809H — **Final**

Test Name	Result	Flag	Reference Range
SAMPLE APPEARANCE			
LIPAEMIC	ABSENT		
ICTERUS	ABSENT		
HAEMOLYSIS	1+		
ELECTROLYTES			
S-SODIUM	134	L	136-145 mmol/L
S-POTASSIUM	4.6		3.5-5.1 mmol/L
S-UREA	2.4	#	2.1-7.1 mmol/L
*** Delta : 3.8 - Apr 17 2025 11:40AM			
S-CREATININE (Enzymatic)	57	L	64-104 umol/L
CKD-EPI eGFR (ml/min/1.73m2)	> 120		>=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)	1.81	# L	2.15-2.50 mmol/L
*** Delta : 2.00 - Apr 16 2025 1:03PM			
CALCIUM (corrected)	2.26		2.15-2.50 mmol/L
The calcium may be over corrected due to the low albumin. Ionised calcium is the gold standard for accurate calcium determination and is recommended. Please contact the laboratory if an ionised calcium is required.			
S-MAGNESIUM	0.77		0.66-1.07 mmol/L
S-PHOSPHATE	1.13		0.78-1.42 mmol/L
C-REACTIVE PROTEIN	214.2	H	0-5.0 mg/L
LIVER FUNCTIONS			
S-ALBUMIN	**22**	**#*L**	35-52 g/L
*** Delta : 29 - Apr 16 2025 1:03PM			

Ha HAEMATOLOGY

0418:HA00684H — **Final**

Test Name	Result	Flag	Reference Range
RED CELLS			
Red cell count	3.19	L	4.5 - 5.9 x10E12/L
Haemoglobin	**9.5**	***L**	12.5 - 16.5 g/dL
Haematocrit	0.29	L	0.40 - 0.50 L/L
MCV	92		81 - 95 fl
MCH	30		28 - 35 pg
MCHC	33		32 - 36 g/dL
RDW	15.0		10 - 15 %
WHITE CELLS			
White cell count	7.2		4.0 - 11.0 x10E9/L
Neutrophils %	74.5		%
Lymphocytes %	13.2		%
Monocytes %	10.3		%
Eosinophils %	1.0		%
Basophils %	0.4		%
Imm Granulocytes %	0.6		<0.9 %
Neutrophils ABS	5.38		2.00 - 7.50 x10E9/L
Lymphocytes ABS	0.95	L	1.00 - 4.00 x10E9/L
Monocytes ABS	0.74		0.00 - 0.80 x10E9/L
Eosinophils ABS	0.07		0.00 - 0.40 x10E9/L
Basophils ABS	0.03		0.00 - 0.10 x10E9/L
Imm Granulocyte ABS	0.04		<0.07 x10E9/L
PLATELETS			
Platelet count	194		140 - 420 x10E9/L
FULL BLOOD COUNT COMMENT (SUPPLIED IF RELEVANT)			
-	.		

Se SEROLOGY

0418:SA00269H — **Final**

Test Name	Result	Flag	Reference Range
PROCALCITONIN-QUANT (ABBOTT)	0.10	#	0.00 - 0.50 ng/mL

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*** Delta : 0.22 - Apr 16 2025  1:03PM
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.
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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