Final Episode Report

Constantiaberg Medi-Clinic
Room G14 Burnham St
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PathCare

Practice No:0774383

Report to:
DALING JAN-MARTEN

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

Requisition No: **664473886**
Collection Date: 2025-04-19 05:55
Received Date: 2025-04-19 06:01
Generated On: 2025-04-23 20:05

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; U/E + CREAT-S; CALCIUM; MAGNESIUM-S; PHOSPHATE-S; C-REACTIVE PROTEIN; PROCALCITONIN - QUANTITATIVE; BILIRUBIN TOTAL-S; ALK. PHOSPHATASE-S; ALT (SGPT); AST (SGOT); CKD-EPI (GFR ESTIMATE)

Referral ICD10 code(s): C37

Ch BIOCHEMISTRY

0419:BA00909H — **Final**

Test Name	Result	Flag	Reference Range
SAMPLE APPEARANCE			
LIPAEMIC	ABSENT		
ICTERUS	ABSENT		
HAEMOLYSIS	ABSENT		
ELECTROLYTES			
S-SODIUM	136		136-145 mmol/L
S-POTASSIUM	4.4		3.5-5.1 mmol/L
S-CHLORIDE	106		98-108 mmol/L
S-BICARBONATE	21.0	L	22.0-28.0 mmol/L
ANION GAP	9		3-15 mmol/L
S-UREA	2.1		2.1-7.1 mmol/L
S-CREATININE (Enzymatic)	60	L	64-104 umol/L
CKD-EPI eGFR (ml/min/1.73m2)	119		>=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)	1.85	L	2.15-2.50 mmol/L
CALCIUM (corrected)	2.28		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	1.17		0.78-1.42 mmol/L
C-REACTIVE PROTEIN	212.8	H	0-5.0 mg/L
LIVER FUNCTIONS			
S-ALBUMIN	**23**	***L**	35-52 g/L
BILIRUBIN TOTAL-S	11		< 22 umol/L

S-ALK. PHOSPHATASE	83	#	53-128 IU/L
*** Delta : 108 - Apr 16 2025 1:03PM			
S-ALT	18	#	< 41 IU/L
*** Delta : 28 - Apr 16 2025 1:03PM			
S-AST	21	#	< 41 IU/L
*** Delta : 27 - Apr 16 2025 1:03PM			

Ha HAEMATOLOGY

0419:HA00752H — **Final**

Test Name	Result	Flag	Reference Range
RED CELLS			
Red cell count	2.95	L	4.5 - 5.9 x10E12/L
Haemoglobin	**8.9**	***L**	12.5 - 16.5 g/dL
Haematocrit	0.27	L	0.40 - 0.50 L/L
MCV	92		81 - 95 fl
MCH	30		28 - 35 pg
MCHC	33		32 - 36 g/dL
RDW	15.2	H	10 - 15 %
WHITE CELLS			
White cell count	6.2		4.0 - 11.0 x10E9/L
Neutrophils %	70.3		%
Lymphocytes %	16.7		%
Monocytes %	10.6		%
Eosinophils %	1.6		%
Basophils %	0.3		%
Imm Granulocytes %	0.5		<0.9 %
Neutrophils ABS	4.39		2.00 - 7.50 x10E9/L
Lymphocytes ABS	1.04		1.00 - 4.00 x10E9/L
Monocytes ABS	0.66		0.00 - 0.80 x10E9/L
Eosinophils ABS	0.10		0.00 - 0.40 x10E9/L
Basophils ABS	0.02		0.00 - 0.10 x10E9/L
Imm Granulocyte ABS	0.03		<0.07 x10E9/L
PLATELETS			
Platelet count	172		140 - 420 x10E9/L
FULL BLOOD COUNT COMMENT (SUPPLIED IF RELEVANT)			
-	.		

Se SEROLOGY

0419:SA00273H — **Final**

Test Name	Result	Flag	Reference Range
PROCALCITONIN-QUANT (ABBOTT)	0.10		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