

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; DR GARTH DAVIDS; PROF K M DE GROOT

Requisition No: 664473900

Patient: (File No: 57056)

Guarantor:

Collection Date: 2025-04-20 05:35

MR JAN-MARTEN DALING

MR J DALING

Received Date: 20-04-2025 UNK

Patient ID No: 8305145088089

Med Aid: DISCOVERY

Generated On: 2025-04-23 20:05

Age:Sex:DoB: 41y: M: 1983-05-14

Member No: 255751841

Contact No: 0825578133

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Patient Email: JMDALING@GMAIL.COM

Tests requested: FULL BLOOD COUNT & PLT; RETICULOCYTE COUNT; U/E + CREAT-S; URATE-S; CALCIUM; MAGNESIUM-S; PHOSPHATE-S; C-REACTIVE PROTEIN; CKD-EPI (GFR ESTIMATE); VITAMIN B12; SERUM FOLATE

Referral ICD10 code(s): Z76.9

Ch BIOCHEMISTRY

0420:BA00840H

Final

Test Name	Result	Flag	Reference Range
SAMPLE APPEARANCE			
LIPAEMIC			
	ABSENT		
ICTERUS	ABSENT		
HAEMOLYSIS	ABSENT		
ELECTROLYTES			
S-SODIUM	135	L	136-145 mmol/L
S-POTASSIUM	4.2		3.5-5.1 mmol/L
S-CHLORIDE	105		98-108 mmol/L
S-BICARBONATE	22.0		22.0-28.0 mmol/L
ANION GAP	8		3-15 mmol/L
S-UREA	2.2		2.1-7.1 mmol/L
S-CREATININE (Enzymatic)	62	L	64-104 umol/L
CKD-EPI eGFR (ml/min/1.73m ²)	117		>=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-URATE	0.27		0.21 - 0.42 mmol/L
S-CALCIUM (total)	1.81	L	2.15-2.50 mmol/L
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	1.34		0.78-1.42 mmol/L
C-REACTIVE PROTEIN	167.6	# H	0-5.0 mg/L

*** Delta : 212.8 - Apr 19 2025 5:55AM

LIVER FUNCTIONS

S-ALBUMIN

22 *L 35-52 g/L

En ENDOCRINOLOGY

0420:EA00255H

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Test Name	Result	Flag	Reference Range
VITAMIN B12 (ROCHE)	680		185-706 pmol/L
<185 pmol/L	Deficient: Recommend IF and parietal cell Ab		
185-250 pmol/L	Grey zone: Recommend homocysteine(Hcy); methylmalonic acid (MM); IF & parietal cell Ab		
>250 pmol/L	Deficiency unlikely		
	Folate deficiency can lead to false low vit B12 levels. Neurological symptoms may be seen with a normal MCV. Hcy is sensitive for B12 deficiency, while MM is more specific. Interpret both tests in relation to renal function. Interpret results in context of history and clinical findings.		
SERUM FOLATE	12.7		10.0 - 45.3 nmol/L
	Folate deficiency: <10 nmol/L		

Ha HAEMATOLOGY

0420:HA00695H

Final

Test Name	Result	Flag	Reference Range
RED CELLS			
Red cell count	2.62	L	4.5 - 5.9 x10E12/L
Haemoglobin	7.7	#*L	12.5 - 16.5 g/dL
Haematocrit	0.24	L	0.40 - 0.50 L/L
MCV	93		81 - 95 fl
MCH	29		28 - 35 pg
MCHC	32		32 - 36 g/dL
RDW	15.4	H	10 - 15 %
WHITE CELLS			
White cell count	6.4		4.0 - 11.0 x10E9/L
Neutrophils %	77.5		%
Lymphocytes %	11.1		%
Monocytes %	8.5		%
Eosinophils %	1.9		%
Basophils %	0.5		%
Imm Granulocytes %	0.5		<0.9 %
Neutrophils ABS	4.96		2.00 - 7.50 x10E9/L
Lymphocytes ABS	0.71	L	1.00 - 4.00 x10E9/L
Monocytes ABS	0.54		0.00 - 0.80 x10E9/L
Eosinophils ABS	0.12		0.00 - 0.40 x10E9/L
Basophils ABS	0.03		0.00 - 0.10 x10E9/L
Imm Granulocyte ABS	0.03		<0.07 x10E9/L
RETICULOCYTES			
Retic Percentage	2.7	H	0.5 - 2.5 %
Retic Corrected percentage	1.4		%
Retic Production index	0.6		
Retic Absolute count	71.2		30 - 100 x10E9/L

Reticulocyte Hb Content	25.3	L	28	-	36 pg
Reticulocyte haemoglobin content (Reticulocyte haemoglobin equivalent) is a measure of how well haemoglobinised the new red cells are (reticulocytes). Low values are indicative of potential iron deficiency and during treatment with iron these values will rapidly recover, even before significant changes in the haemoglobin level is present.					
Retic Comment	Reticulocyte count is a measure of how efficiently the bone marrow is producing new red cells. Inappropriately normal (for degree of anaemia) and low reticulocyte counts may be indicative of a poor bone marrow production or haematologic deficiencies whereas increased counts may be due to recovery from anaemia, haemorrhage or haemolysis.				
The reticulocyte index (RI) or corrected reticulocyte count is the reticulocyte percentage corrected for degree of anaemia. The reticulocyte production index (RPI) utilizes the RI but also corrects for reticulocyte maturation in the peripheral blood.					
PLATELETS					
Platelet count	155		140	-	420 x10E9/L
FULL BLOOD COUNT COMMENT (SUPPLIED IF RELEVANT)					
-					

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