

Final Episode Report

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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

Collection Date: 2025-04-20 05:35

Received Date: 20-04-2025 UNK

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; 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 Z76.9
code(s):

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/1.73m2) | 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 |

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|----|---------------|-------|
| En | ENDOCRINOLOGY | |
| | 0420:EA00255H | Final |

| Test Name | Result | Flag | Reference Range |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------|--------------------|
| VITAMIN B12 (ROCHE) | 680 | | 185-706 pmol/L |
| <div><185 pmol/L Deficient: Recommend IF and parietal cell Ab</div> <div>185-250 pmol/L Grey zone: Recommend homocysteine(Hcy); methylmalonic acid (MM);IF & parietal cell Ab</div> <div>>250 pmol/L Deficiency unlikely</div> <div>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.</div> | | | |
| SERUM FOLATE | 12.7 | | 10.0 - 45.3 nmol/L |
| Folate deficiency: <10 nmol/L | | | |

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|----|---------------|-------|
| 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 |
| *** Delta : 8.9 - Apr 19 2025 5:55AM | | | |
| 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. | | | |

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|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Retic Comment | |
| | <p>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 haematinic deficiencies whereas increased counts may be due to recovery from anaemia, haemorrhage or haemolysis.</p> <p>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.</p> |

PLATELETS

| | | |
|----------------|-----|-------------------|
| Platelet count | 155 | 140 - 420 x10E9/L |
|----------------|-----|-------------------|

FULL BLOOD COUNT COMMENT (SUPPLIED IF RELEVANT)

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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