

Final Episode Report

Hout Bay Medical Centre
30 Victoria Ave
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Report to:
DALING JAN-MARTEN

Referred by: DR GARTH DAVIDS

Requisition No: 664556637

Collection Date: 2025-06-09 09:15

Received Date: 2025-06-09 09:19

Generated On: 2025-06-10 18:17

Patient: (File No: 2439789)

MR JAN-MARTEN DALING

Patient ID No: 8305145088089

Age:Sex:DoB: 42y: 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: INR; THYROID FUNC DISCOVERY TSH+T4; FREE T3; THYROID PEROXIDASE ANTIBODY

Referral ICD10 C37
code(s):

En ENDOCRINOLOGY

0609:EA00789U

Final

| Test Name | Result | Flag | Reference Range |
|---|--------|------|-------------------|
| FREE T4 (ABBOTT) | 9.1 | # | 9.0 - 19.1 pmol/L |
| *** Delta : 12.9 - Apr 29 2025 11:40AM | | | |
| FREE T3 (ABBOTT) | 3.3 | # | 2.4 - 6.0 pmol/L |
| *** Delta : 2.2 - Apr 29 2025 11:40AM | | | |
| S-TSH (ABBOTT) | 0.32 | L | 0.35 - 4.94 mIU/L |
| THYROID COMMENT | . | | |
| TSH levels vary considerably during the day and the slightly low TSH may be normal. TSH may also decrease during non-thyroidal illness, subclinical hyperthyroidism, or with glucocorticoid/dopamine treatment. The low TSH may be followed up after 4-6 weeks. | | | |
| THYROPEROXIDASE Ab (ABBOTT) | < 0.3 | | < 5.6 IU/mL |
| INTERPRETATION OF THYROID ANTIBODIES | | | |
| Interpret with clinical picture and thyroid function test. Antibodies against Thyroid Peroxidase and Thyroglobulin are associated with autoimmune thyroid disease. Low levels may also be detected in elderly patients or clinically euthyroid patients. Antithyroid Peroxidase Antibodies present in: - almost 100% Hashimoto's thyroiditis - > 70% Grave's disease - postpartum thyroiditis Antithyroglobulin Antibodies present in: - 80-100% Hashimoto's or chronic thyroiditis - 60-70% Grave's disease | | | |

Ha HAEMATOLOGY

0609:HA01741U

Final

| Test Name | Result | Flag | Reference Range |
|---|--------|------|-----------------|
| Prothrombin Time | 11.50 | | 9.9 - 11.8 sec |
| Control time | 11.00 | | 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 | 1.05 |
| 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. | |

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