Final Episode Report

George Laboratory
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PathCare

Practice No:0774383

Report to:
DALING JAN-MARTEN

Referred by: **MEDICLINIC GEORGE EMERGENCY**
Copies to: DR GARTH DAVIDS; MEDICLINIC GEORGE EMERGENCY UN

Requisition No: **723484157**
Collection Date: 2025-08-03 19:52
Received Date: 2025-08-03 20:31
Generated On: 2025-08-20 08:58

Patient: *(**File No:** 51508)*
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: FULL BLOOD COUNT & PLT; U/E + CREAT-S; C-REACTIVE PROTEIN; PROCALCITONIN - QUANTITATIVE; CKD-EPI (GFR ESTIMATE)
Referral ICD10 code(s): R50.9/T37.4

Ch Biochemistry

0803:BA02225H — **Final**

Test Name	Result	Flag	Reference Range
SAMPLE APPEARANCE			
LIPAEMIC	ABSENT		
ICTERUS	ABSENT		
HAEMOLYSIS	ABSENT		
ELECTROLYTES			
S-SODIUM	138		136-145 mmol/L
S-POTASSIUM	4.1		3.5-5.1 mmol/L
S-CHLORIDE	105		98-108 mmol/L
S-BICARBONATE	24.3		22.0-28.0 mmol/L
ANION GAP	9		3-15 mmol/L
*** Delta : 11 - Jul 31 2025 2:06PM			
S-UREA	4.0		2.1-7.1 mmol/L
S-CREATININE (Enzymatic)	65		64-104 umol/L
C-REACTIVE PROTEIN	48.7	# H	0-5.0 mg/L
*** Delta : 25.5 - Jul 31 2025 2:06PM			
CKD-EPI eGFR (ml/min/1.73m2)	114		>=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			

Ha Haematology

0803:HA01752H — **Final**

Test Name	Result	Flag	Reference Range
RED CELLS			
Red cell count	2.99	L	4.5 - 5.9 x10E12/L
Haemoglobin	**8.9**	***L**	12.5 - 16.5 g/dL
*** Delta : 9.8 - Jul 31 2025 2:06PM			

	Haematocrit	0.27	L	0.40 - 0.50 L/L
	MCV	90	#	81 - 95 fl
	*** Delta : 94 - Jul 31 2025 2:06PM			
	MCH	30		28 - 35 pg
	MCHC	33		32 - 36 g/dL
	RDW	14.1		10 - 15 %
WHITE CELLS				
	White cell count	1.1	L	4.0 - 11.0 x10E9/L
	Abnormal results have been checked.			
	Neutrophils %	49.6		%
	Lymphocytes %	42.2		%
	Monocytes %	5.5		%
	Basophils %	0.9		%
	Imm Granulocytes %	1.8	H	<0.9 %
	Neutrophils ABS	**0.55**	***L**	2.00 - 7.50 x10E9/L
	Lymphocytes ABS	**0.46**	***L**	1.00 - 4.00 x10E9/L
	Monocytes ABS	0.06		0.00 - 0.80 x10E9/L
	Eosinophils ABS	0.00		0.00 - 0.40 x10E9/L
	Basophils ABS	0.01		0.00 - 0.10 x10E9/L
	Imm Granulocyte ABS	0.02		<0.07 x10E9/L
PLATELETS				
	Platelet count	**10**	***L**	140 - 420 x10E9/L
	Abnormal results have been checked.			
BLOOD FILM MORPHOLOGY				
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	Elliptocytes 1+ Polychromasia 1+ Toxic granulation of neutrophils Some lymphocytes with stimulated / activated appearance Platelets appear reduced. No platelet clumping or fibrin strands observed. Smear reviewed by Technical Laboratory Professional.			
FULL BLOOD COUNT COMMENT (SUPPLIED IF RELEVANT)				
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Se Serology

0803:SA00515H	Final

Test Name	Result	Flag	Reference Range
PROCALCITONIN-QUANT (ABBOTT)	0.07	#	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