Final Episode Report

Constantiaberg Medi-Clinic
Room G14 Burnham St
Plumstead
Tel: 021 797 3785

PathCare

Practice No:0774383

Report to:
DALING JAN-MARTEN

Referred by: **DR GARTH DAVIDS**
Copies to: CONSTANTIABERG MEDICLINIC(NEUR

Requisition No: **664007652**
Collection Date: 2025-08-05 06:40
Received Date: 2025-08-05 06:48
Generated On: 2025-08-20 08:58

Patient: *(**File No:** 68194)*
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): C38.1

Ch Biochemistry

0805:BA01161H — **Final**

Test Name	Result	Flag	Reference Range
SAMPLE APPEARANCE			
LIPAEMIC	ABSENT		
ICTERUS	ABSENT		
HAEMOLYSIS	ABSENT		
ELECTROLYTES			
S-SODIUM	141		136-145 mmol/L
S-POTASSIUM	4.8		3.5-5.1 mmol/L
S-CHLORIDE	106		98-108 mmol/L
S-BICARBONATE	28.0		22.0-28.0 mmol/L
ANION GAP	7	#	3-15 mmol/L
*** Delta : 9 - Aug 3 2025 7:52PM			
S-UREA	4.1		2.1-7.1 mmol/L
S-CREATININE (Enzymatic)	68		64-104 umol/L
C-REACTIVE PROTEIN	60.6	# H	0-5.0 mg/L
CKD-EPI eGFR (ml/min/1.73m2)	112		>=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

0805:HA00957H — **Final**

Test Name	Result	Flag	Reference Range
RED CELLS			
Red cell count	2.85	L	4.5 - 5.9 x10E12/L
Haemoglobin	**8.6**	***L**	12.5 - 16.5 g/dL
Haematocrit	0.27	L	0.40 - 0.50 L/L

MCV	93	#	81 - 95 fl
*** Delta : 90 - Aug 3 2025 7:52PM			
MCH	30		28 - 35 pg
MCHC	32		32 - 36 g/dL
RDW	14.3		10 - 15 %
WHITE CELLS			
White cell count	2.1	L	4.0 - 11.0 x10E9/L
ABNORMAL HAEMATOLOGY RESULTS HAVE BEEN CHECKED.			
Neutrophils %	56.0		%
Lymphocytes %	23.0		%
Monocytes %	6.0		%
Neutrophil bands %	**9.0**	***H**	%
Metamyelocytes %	**4.0**	***H**	%
Myelocytes %	2.0		%
Neutrophils ABS	**1.18**	***L**	2.00 - 7.50 x10E9/L
Lymphocytes ABS	**0.48**	***L**	1.00 - 4.00 x10E9/L
Monocytes ABS	0.13		0.00 - 0.80 x10E9/L
Eosinophils ABS	0.00		0.00 - 0.40 x10E9/L
Basophils ABS	0.00		0.00 - 0.10 x10E9/L
Neutrophil bands ABS	0.19		0.00 - 0.70 x10E9/L
Metamyelocytes ABS	0.08	H	0.00 - 0.01 x10E9/L
Myelocytes ABS	0.04	H	0.00 - 0.01 x10E9/L
PLATELETS			
Platelet count	**42**	***L**	140 - 420 x10E9/L
BLOOD FILM MORPHOLOGY			
-			

Elliptocytes 1+
Polychromasia 1+
Teardrop cells 1+
Dohle bodies
Platelets appear reduced.
No platelet clumping or fibrin strands observed.
Smear reviewed by Technical Laboratory Professional.

FULL BLOOD COUNT COMMENT (SUPPLIED IF RELEVANT)

- .

Se Serology

0805:SA00327H	**Final**

Test Name	**Result**	**Flag**	**Reference Range**
PROCALCITONIN-QUANT (ABBOTT)	0.16	#	0.00 - 0.50 ng/mL
*** Delta : 0.07 - Aug 3 2025 7:52PM			

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