Final Episode Report

Constantiaberg Medi-Clinic
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Practice No:0774383

Report to:
DALING JAN-MARTEN

Referred by: **DR M H LETIER**
Copies to: CONSTANTIABERG MEDICLINIC(NEUR; DR GARTH DAVIDS

Requisition No: **664008049**
Collection Date: 2025-08-07 09:30
Received Date: 2025-08-07 09:38
Generated On: 2025-08-20 08:56

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); BHCG TUMOUR MARKER (ROCHE)
Referral ICD10 code(s): C38.1/C37

Ch Biochemistry

0807:BA02724H — **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	4.1		3.5-5.1 mmol/L
S-CHLORIDE	105		98-108 mmol/L
S-BICARBONATE	29.0	H	22.0-28.0 mmol/L
ANION GAP	7		3-15 mmol/L
S-UREA	3.5		2.1-7.1 mmol/L
*** Delta : 4.2 - Aug 6 2025 8:00AM			
S-CREATININE (Enzymatic)	79		64-104 umol/L
C-REACTIVE PROTEIN	45.2	H	0-5.0 mg/L
*** Delta : 54.7 - Aug 6 2025 8:00AM			
CKD-EPI eGFR (ml/min/1.73m2)	105		>=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

En Endocrinology

0807:EA01154H — **Final**

Test Name	Result	Flag	Reference Range
BHCG TUMOUR MARKER (ROCHE)	7324	H	< 2 IU/L

B-HCG is used as a tumour marker in testicular germ cell tumours. Raised levels are seen in about 35% of non-seminomatous tumours and in less than 20% of seminomatous tumours.

Ha Haematology

0807:HA02064H — **Final**

Test Name	Result	Flag	Reference Range
RED CELLS			
Red cell count	3.81	L	4.5 - 5.9 x10E12/L
Haemoglobin	11.4	L	12.5 - 16.5 g/dL
Haematocrit	0.36	L	0.40 - 0.50 L/L
MCV	93		81 - 95 fl
MCH	30		28 - 35 pg
MCHC	32		32 - 36 g/dL
RDW	14.3		10 - 15 %
WHITE CELLS			
White cell count	5.0		4.0 - 11.0 x10E9/L
Neutrophils %	51.0		%
Lymphocytes %	18.0		%
Monocytes %	7.0		%
Neutrophil bands %	**20.0**	***H**	%
Metamyelocytes %	**2.0**	***H**	%
Myelocytes %	2.0		%
Neutrophils ABS	2.55		2.00 - 7.50 x10E9/L
Lymphocytes ABS	0.90	L	1.00 - 4.00 x10E9/L
Monocytes ABS	0.35		0.00 - 0.80 x10E9/L
Basophils ABS	0.00		0.00 - 0.10 x10E9/L
Neutrophil bands ABS	1.00	H	0.00 - 0.70 x10E9/L
Metamyelocytes ABS	0.10	H	0.00 - 0.01 x10E9/L
Myelocytes ABS	**0.10**	***H**	0.00 - 0.01 x10E9/L
PLATELETS			
Platelet count	**92**	***L**	140 - 420 x10E9/L
BLOOD FILM MORPHOLOGY			
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Elliptocytes 1+
Polychromasia 1+
Some lymphocytes with stimulated / activated appearance
Platelets appear reduced.
No platelet clumping or fibrin strands observed.
Smear reviewed by Technical Laboratory Professional.
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FULL BLOOD COUNT COMMENT (SUPPLIED IF RELEVANT)			
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Se Serology

0807:SA00412H — **Final**

Test Name	Result	Flag	Reference Range
PROCALCITONIN-QUANT (ABBOTT)	0.04	#	0.00 - 0.50 ng/mL

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*** Delta : 0.05 - Aug  6 2025  8:00AM
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.
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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