

Final Episode Report

Pathcare Winelands & Overberg
 MEDICLINIC STELLENBOSCH
 1 Elsie du Toit Drive
 Tel: 021 887 6817



Practice No:0774383

Report to:
DALING JAN-MARTEN

Referred by: DR KYLEN NAIDOO
Copies to: DR CARISSA VAN AARDE; DR NATALIE HOBBS; STELLENBOSCH M/C (ER)

Requisition No: 691252146
Collection Date: 2025-09-17 19:50
Received Date: 2025-09-17 20:04
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Patient: (File No: 88130)
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

Clinical Data: TEMPERATURE: 37.4

Tests requested: Query - Copy dr; FULL BLOOD COUNT & PLT; C-REACTIVE PROTEIN; PROCALCITONIN - QUANTITATIVE

Referral ICD10 code(s): Z76.9/C37

Ch Biochemistry	0917:BA07109U	Final
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Test Name	Result	Flag	Reference Range
C-REACTIVE PROTEIN	44.5	H	0-5.0 mg/L

Ha Haematology	0917:HA05316U	Final
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Test Name	Result	Flag	Reference Range
RED CELLS			
Red cell count	2.54	L	4.5 - 5.9 x10E12/L
Haemoglobin	7.8	#*L	12.5 - 16.5 g/dL
*** Delta : 9.6 - Sep 17 2025 10:20AM			
Haematocrit	0.23	L	0.40 - 0.50 L/L
MCV	92	#	81 - 95 fl
*** Delta : 95 - Sep 17 2025 10:20AM			
MCH	31		28 - 35 pg
MCHC	34		32 - 36 g/dL
RDW	17.4	H	10 - 15 %
WHITE CELLS			
White cell count	0.5	*L	4.0 - 11.0 x10E9/L
Neutrophils %	71.7		%
Lymphocytes %	17.4		%
Monocytes %	8.7		%
Basophils %	2.2		%
Imm Granulocytes %	0.0		<0.9 %
Neutrophils ABS	0.36	*L	2.00 - 7.50 x10E9/L
Lymphocytes ABS	0.09	*L	1.00 - 4.00 x10E9/L
Monocytes ABS	0.04		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	0.00	<0.07 x10E9/L

PLATELETS

Platelet count	60	*L	140 - 420 x10E9/L
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BLOOD FILM MORPHOLOGY

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Toxic granulation of neutrophils

Teardrop cells 2+

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

0917:SA00848U

Final

Test Name	Result	Flag	Reference Range
PROCALCITONIN-QUANT (ABBOTT)	0.81	H	0.00 - 0.50 ng/mL
Systemic infection possible. PCT may also elevate with: major trauma, recent surgery, burns, shock, peritoneal-/hemodialysis, severe renal failure, certain cancers, viral hepatitis, severe liver cirrhosis, pancreatitis, chemical pneumonitis, heat stroke, invasive fungal infections, acute P. falciparum malaria, atypical pneumonia, Kawasaki disease, Still's disease and Bell's palsy. There is a moderate risk for progression to severe systemic infection. The patient should be closely monitored both clinically and by re-assessing PCT within 6-24 hours.			

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