

Final Episode Report

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Practice No:0774383

Report to:
DALING JAN-MARTEN

Referred by: DR GARTH DAVIDS
Copies to: CONSTANTIABERG MEDICLINIC (R)

Requisition No: 664022453
Collection Date: 2025-09-18 09:20
Received Date: 2025-09-18 09:28
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Patient: (File No: 72854)
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: U/E + CREAT-S; C-REACTIVE PROTEIN; PROCALCITONIN - QUANTITATIVE; CKD-EPI (GFR ESTIMATE)

Referral ICD10 code(s): C37

Ch Biochemistry	0918:BA02499H	Final
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Test Name	Result	Flag	Reference Range
SAMPLE APPEARANCE			
LIPAEMIC	ABSENT		
ICTERUS	ABSENT		
HAEMOLYSIS	ABSENT		
ELECTROLYTES			
S-SODIUM	140		136-145 mmol/L
S-POTASSIUM	4.4		3.5-5.1 mmol/L
S-CHLORIDE	108		98-108 mmol/L
S-BICARBONATE	28.0		22.0-28.0 mmol/L
ANION GAP	4	#	3-15 mmol/L
*** Delta : 11 - Sep 8 2025 7:15AM			
S-UREA	5.4		2.1-7.1 mmol/L
S-CREATININE (Enzymatic)	65		64-104 umol/L
C-REACTIVE PROTEIN	91.8	# H	0-5.0 mg/L
*** Delta : 6.2 - Sep 17 2025 10:20AM			
CKD-EPI eGFR (ml/min/1.73m2)	114		>=90
Equation based on serum creatinine. Not valid in acute kidney injury or rapidly changing renal function. A value <60 mL/min/1.73 m2 may suggest CKD if persistent >=3 months. Consider combined cystatin C/creatinine-based eGFR if accuracy is uncertain (e.g. elderly, low muscle mass, pregnancy). Ref: KDIGO 2024 Chronic Kidney Disease Guideline			

Se Serology	0918:SA00385H	Final
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Test Name	Result	Flag	Reference Range
PROCALCITONIN-QUANT (ABBOTT)	0.89	# H	0.00 - 0.50 ng/mL
*** Delta : 0.04 - Aug 7 2025 9:30AM			
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