

Final Episode Report

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

Requisition No: 664022631  
Collection Date: 2025-09-20 06:25  
Received Date: 2025-09-20 06:47  
Generated On: 2025-11-15 18:05

Patient: (File No: 72854)  
MR JAN DALING  
Patient ID No: 8305145088089  
Age:Sex:DoB: 42y: M: 1983-05-14  
Contact No: 0825578133  
Patient Email: JMDALING@GMAIL.COM

Guarantor: MR J M DALING  
Med Aid: DISCOVERY  
Member No: 255751841  
Contact No: 0825578133

Clinical Data: DRUG TYPE : AMIKACIN  
DOSAGE : 1 G  
DATE AND TIME OF LAST DOSAGE: TIME: 09H30 AM

Tests requested: FULL BLOOD COUNT & PLT; U/E + CREAT-S; C-REACTIVE PROTEIN; PROCALCITONIN - QUANTITATIVE;  
CKD-EPI (GFR ESTIMATE); AMIKACIN PRE

Referral ICD10 C37  
code(s):

Ch	Biochemistry
0920:BA01097H	
Final	

Test Name	Result	Flag	Reference Range
SAMPLE APPEARANCE			
LIPAEMIC	ABSENT		
ICTERUS	ABSENT		
HAEMOLYSIS	ABSENT		
ELECTROLYTES			
S-SODIUM	142		136-145 mmol/L
S-POTASSIUM	4.3		3.5-5.1 mmol/L
S-CHLORIDE	109	H	98-108 mmol/L
S-BICARBONATE	23.0	#	22.0-28.0 mmol/L
*** Delta : 30.0 - Sep 19 2025 5:57AM			
ANION GAP	10	#	3-15 mmol/L
*** Delta : 3 - Sep 19 2025 5:57AM			
S-UREA	5.2		2.1-7.1 mmol/L
S-CREATININE (Enzymatic)	66		64-104 umol/L
C-REACTIVE PROTEIN	29.2	# H	0-5.0 mg/L
*** Delta : 61.1 - Sep 19 2025 5:57AM			
CKD-EPI eGFR (ml/min/1.73m2)	113		>=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			
AMIKACIN TROUGH	<2.3		ug/mL
TROUGH LEVELS Once daily dosing : <=5 ug/mL (preferred if CrCl >= 30mL/min) Twice daily dosing* : <=10 ug/mL (preferred if CrCl < 30mL/min)  Toxicity may occur if the trough serum concentration is maintained >10 ug/mL for prolonged periods of time. Trough levels are used only to monitor toxicity, not			

efficacy, and assist in ascertaining whether the once daily dose can be repeated, adjusted or omitted.  
On some instruments utilized by Pathcare the lowest level of detection is a value of 2.3 ug/mL.  
\*Twice daily dosing is preferred for Gram positive synergy, endocarditis, hemodialysis, ascites, burns, and pregnancy.

Ha	Haematology
0920:HA00890H	
Final	

Test Name	Result	Flag	Reference Range
RED CELLS			
Red cell count	2.91	L	4.5 - 5.9 x10E12/L
Haemoglobin	8.9	*L	12.5 - 16.5 g/dL
Haematocrit	0.27	L	0.40 - 0.50 L/L
MCV	91		81 - 95 fl
MCH	31		28 - 35 pg
MCHC	34		32 - 36 g/dL
RDW	16.0	H	10 - 15 %
WHITE CELLS			
White cell count	1.2	L	4.0 - 11.0 x10E9/L
ABNORMAL HAEMATOLOGY RESULTS HAVE BEEN CHECKED.			
Neutrophils %	47.9		%
Lymphocytes %	29.8		%
Monocytes %	19.8		%
Eosinophils %	1.7		%
Basophils %	0.8		%
Imm Granulocytes %	0.0		<0.9 %
Neutrophils ABS	0.57	*L	2.00 - 7.50 x10E9/L
Lymphocytes ABS	0.36	*L	1.00 - 4.00 x10E9/L
Monocytes ABS	0.24		0.00 - 0.80 x10E9/L
Eosinophils ABS	0.02		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	50	*L	140 - 420 x10E9/L
BLOOD FILM MORPHOLOGY			
-			
Elliptocytes 1+			
Teardrop cells 1+			
Toxic granulation of neutrophils			
Dohle bodies			
Smear reviewed by Technical Laboratory Professional.			
FULL BLOOD COUNT COMMENT (SUPPLIED IF RELEVANT)			
-			

Se	Serology
0920:SA00288H	
Final	

Test Name	Result	Flag	Reference Range
PROCALCITONIN-QUANT (ABBOTT)	0.33	#	0.00 - 0.50 ng/mL
*** Delta : 1.18 - Sep 19 2025 5:57AM			
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