Final Episode Report

Constantiaberg Medi-Clinic
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Practice No:0774383

Report to:
DALING JAN

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

Requisition No: **664022605**
Collection Date: 2025-09-21 06:50
Received Date: 2025-09-21 07:07
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: DATE AND TIME OF LAST DOSAGE: 20/9/25 AT 10H00

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

Referral ICD10 code(s): C32.0

Ch Biochemistry

0921:BA01069H — **Final**

Test Name	Result	Flag	Reference Range
SAMPLE APPEARANCE			
LIPAEMIC	ABSENT		
ICTERUS	ABSENT		
HAEMOLYSIS	ABSENT		
ELECTROLYTES			
S-SODIUM	140		136-145 mmol/L
S-POTASSIUM	4.2		3.5-5.1 mmol/L
S-CHLORIDE	107		98-108 mmol/L
S-BICARBONATE	26.0		22.0-28.0 mmol/L
ANION GAP	7	#	3-15 mmol/L
*** Delta : 10 - Sep 20 2025 6:25AM			
S-UREA	5.6		2.1-7.1 mmol/L
S-CREATININE (Enzymatic)	61	L	64-104 umol/L
C-REACTIVE PROTEIN	18.6	# H	0-5.0 mg/L
*** Delta : 29.2 - Sep 20 2025 6:25AM			
CKD-EPI eGFR (ml/min/1.73m2)	117		>=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

0921:HA00833H — **Final**

Test Name	Result	Flag	Reference Range
RED CELLS			
Red cell count	2.92	L	4.5 - 5.9 x10E12/L
Haemoglobin	**9.0**	***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	15.9	H	10 - 15 %
WHITE CELLS			
White cell count	2.0	L	4.0 - 11.0 x10E9/L
Neutrophils %	59.0		%
Lymphocytes %	29.0		%
Monocytes %	11.0		%
Basophils %	1.0		%
Neutrophils ABS	**1.18**	***L**	2.00 - 7.50 x10E9/L
Lymphocytes ABS	0.58	L	1.00 - 4.00 x10E9/L
Monocytes ABS	0.22		0.00 - 0.80 x10E9/L
Basophils ABS	0.02		0.00 - 0.10 x10E9/L
PLATELETS			
Platelet count	**30**	***L**	140 - 420 x10E9/L
BLOOD FILM MORPHOLOGY			
-			

Elliptocytes 1+
Teardrop cells 1+
Occasional band cells seen. < 5 per 100 White cells seen.
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)

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Se Serology

0921:SA00307H — **Final**

Test Name	Result	Flag	Reference Range
PROCALCITONIN-QUANT (ABBOTT)	0.24	#	0.00 - 0.50 ng/mL

*** Delta : 0.33 - Sep 20 2025 6:25AM

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