

Final Episode Report

Constantiaberg Medi-Clinic
Room G14 Burnham St
Plumstead
Tel: 021 797 3785



Practice No:0774383

Report to:
DALING JAN

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

Requisition No: 664022323
Collection Date: 2025-09-22 05:25
Received Date: 2025-09-22 05:45
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

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

Referral ICD10 code(s): C37/C32.0

Ch Biochemistry	0922:BA00969H	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	4.5		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	6		3-15 mmol/L
S-UREA	6.5		2.1-7.1 mmol/L
S-CREATININE (Enzymatic)	65		64-104 umol/L
C-REACTIVE PROTEIN	12.7	# H	0-5.0 mg/L
*** Delta : 18.6 - Sep 21 2025 6:50AM			
CKD-EPI eGFR (ml/min/1.73m ²)	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 m ² 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			

Ha Haematology	0922:HA00790H	Final
----------------	---------------	-------

Test Name	Result	Flag	Reference Range
RED CELLS			
Red cell count	3.69	L	4.5 - 5.9 x10E12/L
Haemoglobin	11.0	L	12.5 - 16.5 g/dL
*** Delta : 9.0 - Sep 21 2025 6:50AM			

Haematocrit	0.33	L	0.40 - 0.50 L/L
MCV	89		81 - 95 fl
MCH	30		28 - 35 pg
MCHC	33		32 - 36 g/dL
RDW	16.4	H	10 - 15 %

WHITE CELLS

White cell count	6.2		4.0 - 11.0 x10E9/L
Neutrophils %	61.0		%
Lymphocytes %	9.0		%
Monocytes %	17.0		%
Eosinophils %	1.0		%
Neutrophil bands %	12.0	*H	%
Neutrophils ABS	3.78		2.00 - 7.50 x10E9/L
Lymphocytes ABS	0.56	L	1.00 - 4.00 x10E9/L
Monocytes ABS	1.05	H	0.00 - 0.80 x10E9/L
Eosinophils ABS	0.06		0.00 - 0.40 x10E9/L
Neutrophil bands ABS	0.74	H	0.00 - 0.70 x10E9/L

PLATELETS

Platelet count	39	*L	140 - 420 x10E9/L
----------------	----	----	-------------------

ABNORMAL HAEMATOLOGY RESULTS HAVE BEEN CHECKED.

BLOOD FILM MORPHOLOGY

-

Toxic granulation of neutrophils
 Some lymphocytes with stimulated / activated appearance
 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)

-

Se	Serology		
	0922:SA00292H		Final

Test Name	Result	Flag	Reference Range
PROCALCITONIN-QUANT (ABBOTT)	0.17	#	0.00 - 0.50 ng/mL
*** Delta : 0.24 - Sep 21 2025 6:50AM			

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