Final Episode Report

Pathcare Winelands & Overberg
(021) 850 5000

Practice No:0774383

Report to:
DALING JAN-MARTEN

Referred by: **DR GARTH DAVIDS**
Copies to: DR C BREDELL; LIFESHINE WELLNESS CENTRE

Requisition No: **691544902**
Collection Date: 2025-12-12 11:02
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Patient:
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: LMP: Not applicable

Tests requested: FULL BLOOD COUNT & PLT; G6PD - QUANTITATIVE; U/E + CREAT-S; C-REACTIVE PROTEIN; LIVER FUNCTION TESTS; LD-S; CKD-EPI (GFR ESTIMATE); RED CELL FOLATE; VITAMIN B12; VITAMIN D3 (25 OH); BHCG TUMOUR MARKER (ROCHE); ESTROGEN (E2); TESTOSTERONE - TOTAL; DHEAS; CORTISOL RANDOM - S; SARS-COV-2 IgG (N-Ab); SARS-C0V-2 S-Ab IgG

Referral ICD10 code(s): C37

Ch Biochemistry

1212:BA03104U — **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	4.4		3.5-5.1 mmol/L
S-CHLORIDE	104		101-110 mmol/L
Please note: Change in reference interval as of 20/10/2025.			
S-BICARBONATE	24.0		22.0-28.0 mmol/L
ANION GAP	12	#	3-15 mmol/L
S-UREA	7.2	# H	2.1-7.1 mmol/L
S-CREATININE (Enzymatic)	95	#	64-104 umol/L
C-REACTIVE PROTEIN	1.6		0-5.0 mg/L
For cardiac risk assessment, please request Ultrasensitive CRP (hsCRP).			
LIVER FUNCTIONS			
S-TOTAL PROTEIN	61	L	64-83 g/L
S-ALBUMIN	45		35-52 g/L
GLOBULIN	16	L	21-35 g/L
A PROTEIN ELECTROPHORESIS may be of diagnostic help to ascertain the cause of the abnormal globulin. Please phone your local laboratory if required.			
S-TOTAL BILIRUBIN	8		< 22 umol/L
S-CONJ. BILIRUBIN	3		< 9 umol/L
UNCONJ. BILIRUBIN	5		< 19 umol/L
S-ALK. PHOSPHATASE	46	# L	53-128 IU/L
*** Delta : 61 - Nov 22 2025 8:35AM			
S-GAMMA GT	21		< 60 IU/L

S-ALT	15	#	< 41 IU/L
*** Delta : 19 - Nov 22 2025 8:35AM			
S-AST	11	#	< 41 IU/L
*** Delta : 17 - Nov 22 2025 8:35AM			
S-LD	107	L	125-220 IU/L
*** Delta : 138 - Nov 22 2025 8:35AM			
CKD-EPI eGFR (ml/min/1.73m2)	85		>=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

En Endocrinology

1212:EA01336U — **Final**

Test Name	Result	Flag	Reference Range
VITAMIN D (25 OH) (ABBOTT)	34		ng/mL

Interpretation of 25-OH Vit D level [ng/ml]:
Deficiency: < 12
Partial deficiency: 12 - 19
Optimal level: > 20
Toxicity: > 100
Ref: Munn et al. JCEM.2016;101(2):394

VITAMIN B12 (ROCHE)	> 1476	H	185-706 pmol/L

<185 pmol/L Deficient
185 - 250 pmol/L Grey zone
>250 pmol/L Deficiency unlikely
>706 pmol/L Elevated

Vit B12 may be increased with:
- Oral or Parenteral B12 supplements
- Haematological disorders - myeloproliferative disorders, leukaemia, high WCC
- Solid neoplasms
- Liver disease
- Kidney failure

RBC FOLATE - CORRECTED	3303.8	H	1187-2854 nmol/L
BHCG TUMOUR MARKER (ROCHE)	13	H	< 2 IU/L

B-HCG is used as a tumour marker in testicular germ cell tumours. Raised levels are seen in about 35% of non-seminomatous tumours and in less than 20% of seminomatous tumours.

ESTROGEN E2 (ABBOTT)	< 88		< 161 pmol/L
T-TESTOSTERONE (ABBOTT)	6.4	L	8.3 - 30.2 nmol/L

Due to diurnal variation, the ideal blood sampling time is before 10 am.

DHEAS (ABBOTT)	14.8	H	3.8 - 13.1 umol/L
CORTISOL RANDOM (ABBOTT)	244		nmol/L

SERUM CORTISOL REFERENCE RANGES (nmol/l): (NON-STRESSED)
Before 10am : 102 - 535
After 5pm : 80-477

Oestrogen (e.g. contraceptives and pregnancy) may cause values to rise to 2x above of reference interval.
20 - 30 % of patients with Cushing's syndrome may have normal am values, and a dexamethazone suppression test may be required if clinically indicated.

Ha Haematology

1212:HA02306U — **Final**

Test Name	Result	Flag	Reference Range

RED CELLS			
Red cell count	2.63	L	4.5 - 5.9 x10E12/L
Haemoglobin	**8.8**	***L**	12.5 - 16.5 g/dL
Haematocrit	0.26	L	0.40 - 0.50 L/L
MCV	100	H	81 - 95 fl
MCH	34		28 - 35 pg
MCHC	34		32 - 36 g/dL
RDW	14.7		10 - 15 %
WHITE CELLS			
White cell count	**0.5**	***L**	4.0 - 11.0 x10E9/L
Neutrophils %	14.9		%
Lymphocytes %	66.0		%
Monocytes %	17.0		%
Eosinophils %	2.1		%
Imm Granulocytes %	0.0		<0.9 %
Neutrophils ABS	**0.07**	***L**	2.00 - 7.50 x10E9/L
Lymphocytes ABS	**0.33**	***L**	1.00 - 4.00 x10E9/L
Monocytes ABS	0.09		0.00 - 0.80 x10E9/L
Eosinophils ABS	0.01		0.00 - 0.40 x10E9/L
Basophils ABS	0.00		0.00 - 0.10 x10E9/L
Imm Granulocyte ABS	0.00		<0.07 x10E9/L
PLATELETS			
Platelet count	**36**	***L**	140 - 420 x10E9/L
BLOOD FILM MORPHOLOGY			
-	.		

Smear reviewed by Technical Laboratory Professional.
Platelets appear reduced.
No platelet clumping or fibrin strands observed.

FULL BLOOD COUNT COMMENT (SUPPLIED IF RELEVANT)	
-	.

1212:HS00103U	**Final**

The report will be available from 2025-12-18 14:24:00

Vi Virology

1212:KA00085U	**Final**

Test Name	**Result**	**Flag**	**Reference Range**
SARS-CoV-2 N-Ab IgG	Negative		

A negative result may be seen early in the course of the disease. Repeat testing is advised if the clinical picture correlates with infection. Some patients may be unable to produce antibodies in spite of exposure and may thus remain susceptible to repeat infection. Continue with hand hygiene, social distancing and good cough etiquette.

Please discuss with a clinical virologist or microbiologist if requiring further input as to the significance of this result.

Further information on the serological response to SARS-CoV-2 can be found at the following link: http://www.samj.org.za/index.php/samj/article/view/13021/9375

SARS-CoV-2 S-Ab IgG	POSITIVE		

This SARS-CoV-2 serologic assay tests for S-antibodies (IgG antibodies to spike protein). A positive test indicates

	either previous infection or an immune response to vaccination. Currently there is no way of definitively differentiating between the presence of S-antibodies as a result of infection, versus the presence of S-antibodies as a result of vaccination. The significance of different antibody levels is uncertain. Since the exact correlate indicating protection is not known, the reported antibody level cannot be used to determine the degree of immunity. The presence of antibodies, whether due to previous infection or vaccination, does not necessarily imply protection against re-infection. However, it does imply that the immune system has been primed with SARS-CoV-2 antigen, which should result in some level of protection, particularly against severe disease.		
SARS-CoV-2 S-Ab IgG Stats	231.7	H	< 50.0

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