

PATIENT:

DOCTOR:

CONTINUED PAGE: 2

Skhosana, Lington

Life Groenkloof Renal Unit

COPY REPORT

FOLIO:

COLLECTED : 10/06/18 1105

BATCH # : 156359

REQ NO: 05714409

PRINTED : 19/09/18 0915

Test	ABN	Result	Reference	Units
Basophils Abs		0.01	0.00-0.20	10 ⁹ /l
Platelet Count		283	150-450	10 ⁹ /l
UREA & ELECTROLYTES				
Sodium	L	135	136-145	mmol/l
Potassium		3.7	3.5-5.1	mmol/l
Chloride	L	94	98-107	mmol/l
CO2		28	22-29	mmol/l
Anion Gap		17	8-20	mmol/l
Urea	#	4.2	< 8.4	mmol/l
	Delta: 2.1 on 04/05/18-0740			
Creatinine		80	64-104	umol/l
Estimated GFR (CKD-EPI)		107	> 90	ml/min

Estimated glomerular filtration rate (ml/min/1.73m²) (CKD-EPI)

Please note that the calculation and classification of the eGFR have been updated in accordance with new international recommendations from 24/11/2014.

Calcium Corrected	# H	2.79	2.15-2.50	mmol/l
	Delta: 2.45 on 04/05/18-0740			
Albumin		40	35-52	g/l
Magnesium		0.67	0.66-1.07	mmol/l
Phosphate		1.20	0.78-1.42	mmol/l

LIPIDS

Cholesterol Total	#	3.0	2.8-4.9	mmol/l
	Delta: 4.4 on 04/05/18-0740			
Triglycerides		1.2	0.5-1.6	mmol/l
HDL Cholesterol		1.0	1.0-1.6	mmol/l
LDL Cholesterol	L	1.5	1.6-2.9	mmol/l
Non-HDL Cholesterol		2.0	0.8-3.7	mmol/l

Non-HDL cholesterol provides an estimate of the total number of atherogenic particles in plasma including LDL, VLDL, IDL and Lipo(a).

Non-HDL cholesterol is recommended as secondary target for treatment especially in patients with diabetes, metabolic syndrome and chronic kidney disease, where hypertriglyceridaemia/mixed hyperlipidaemia is commonly found.

Therapeutic targets are 0.8 mmol/l above LDL targets.

** Continued on next page **

PATIENT:

Skhosana, Lington
P O Box 4366
White River
1240

Male/19780614/39
ID : 7806145480086
H:0783468976
C:0783468976

FOLIO:

M/A :Medihelp
MEMB :Skhosana, Lington
NO :7950115

DOCTOR:

Life Groenkloof Renal Unit
George Storrar Ave
Groenkloof
0181

ROUTE:02010:1000

SUBMITTING DR:

Moses Mahlangu
COPY DR(s):
Life Groenkloof Renal Unit

COPY REPORT

REQ NO : 05714409

SPEC :0610:AS02510R
PT LOC :35000
BATCH # :156359

COLLECTED :10/06/18 1105
RECEIVED :10/06/18 1105
PRINTED :19/09/18 0915

ORDERED: FBC, UE, Calcium, Magnesium, Phosphate
Lipogram
Urine: Urine MCS

SAMPLE: E01 EDTA Haematology, S01 SST

COMMENTS: Specimen collected by Ampath sisters

PATIENT INFORMATION:

Patient fasting? Yes

Test	ABN	Result	Reference	Units
FULL BLOOD COUNT				
Haemoglobin		14.6	13.0-17.0	g/dl
Red Cell Count		4.99	4.50-5.50	10 ¹² /l
Haematocrit		43.5	40.0-50.0	%
MCV		87.2	79.1-98.9	fl
MCH		29.3	27.0-32.0	pg
MCHC		33.6	31.0-37.0	g/dl
RDW		13.7	10.0-16.3	%
White Cell Count	#	6.75	3.92-9.88	10 ⁹ /l
	Delta: 2.82 on 04/05/18-0740			
Neutrophils		57.6		%
Neutrophils Abs	#	3.88	2.00-7.50	10 ⁹ /l
	Delta: 1.52 on 04/05/18-0740			
Lymphocytes		25.9		%
Lymphocytes Abs		1.75	1.00-4.00	10 ⁹ /l
Monocytes		9.6		%
Monocytes Abs		0.65	0.18-1.00	10 ⁹ /l
Eosinophils		6.8		%
Eosinophils Abs	H	0.46	0.00-0.45	10 ⁹ /l
Basophils		0.1		%

** Continued on next page **

PATIENT:

Skhosana, Lington
P O Box 4633
White River
1240

Male/19780614/39
ID : 7806145480086

H:None

C:0783468976

FOLIO:51254

M/A :Medihelp

MEMB :Skhosana, Lington

NO :7950115

DOCTOR:

Life Groenkloof Renal Unit
George Storrar Ave
Groenkloof
0181

ROUTE:02010:1000

SUBMITTING DR:

M Madua
COPY DR(s):
Scheepers, PA

COPY REPORT

REQ NO : 17175461

SPEC :17:PH34741
PT LOC :35000p -
BATCH # :9689227

SPECIMEN :07/09/17 0700
RECEIVED :07/09/17 0700
PRINTED :19/09/18 0916

CLINICAL HISTORY

39 year old male patient with the nephrotic syndrome and secondary hypertension.

MACROSCOPY

10 mm needle biopsy of the kidney.

MICROSCOPY

The biopsy shows renal cortex. Six glomeruli are identified of which none show global sclerosis. No ecto- or endocapillary proliferation is identified. There is mild thickening of the peripheral basement membranes with no spikes identified on the silver stain. No leukocyte infiltration is noted.

The tubuli and interstitium are normal. A few eosinophilic hyaline casts are identified in some of the tubuli.

No abnormalities are identified in the available interlobular arteries. No muscularized arteries are present.

Electron microscopy shows uniformly aligned subepithelial electron dense deposits with a few basement membrane projections between the deposits and effacement of the foot processes. Unequivocal mesangial deposits are not identified.

Immunohistochemical stains show:

IgG	-	2+ linear membranous.
IgM	-	2+ mesangium.
IgA	-	Negative.
C3	-	Negative

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=>NUWE RESULTAAT SEDERT VORIGE VERSLAG / NEW RESULTS SINCE PREVIOUS REPORT

#BETEKENISVOLLE VERANDERING SEDERT VORIGE VERSLAG / SIGNIFICANT CHANGE SINCE PREVIOUS REPORT *L / *H HOOGS ABNORMALE RESULTATE / HIGHLY ABNORMAL RESULTS

24Uur kontaktnommer
Hour contact number

PATHOLOGISTS · PATOLOË

PROS20005200431

Drs Du Buisson, Kramer, Swart, Bouwer Inc./Ing.

Registration number 2007/018337/21

**PATIENT:**

Skhosana, Lington

FOLIO: 51254

BATCH # : 9689227

DOCTOR:

Life Groenkloof Renal Unit

REQ NO: 17175461

CONTINUED PAGE: 2

COPY REPORT

RECEIVED : 07/09/17 0700

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DIAGNOSIS

KIDNEY - STAGE II MEMBRANOUS GLOMERULONEPHRITIS (SEE COMMENT)

COMMENT

Common disease associations in secondary membranous glomerulonephritis include Hepatitis B, Hepatitis C, SLE, rheumatoid arthritis, carcinomas and some lymphomas which need to be excluded for the diagnosis of primary membranous glomerulonephritis.

ICD

N04.2

ELECTRONICALLY SIGNED: Dr Nickie Combrink 087 087 0200

10/09/17

**** End of report ****

=>NUWE RESULTAAT SEDERT VORIGE VERSLAG / NEW RESULTS SINCE PREVIOUS REPORT

#BETEKENISVOLLE VERANDERING SEDERT VORIGE VERSLAG / SIGNIFICANT CHANGE SINCE PREVIOUS REPORT *L / *H HOOGS ABNORMALE RESULTATE / HIGHLY ABNORMAL RESULTS