

Patient Details

Name : DUMMY REPORT
UR :
Ref :

DOB : 16/08/52 Sex : Female
IC NO. : Age : 72 Years
Collected : 13/03/25 10:00 Ward :
Referred : 13/03/25 Yr Ref. :

Doctor Details

GRIBBLES IT DEPARTMENTAAAAA
14 JALAN 19/1 2ND FLR
WISMA KT (IF YOU RCV REPT
PLS GIVE IT TO IT DEPT.)
PETALING JAYA SEL 46300
Lab No. : 25-9900039-I
Courier Run : **WKT**
Report Printed : 13/03/25 11:41

ANALYTES	RESULTS	UNITS	REF. RANGES
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GENERAL SCREENING DBTICBM PROFILE

BIOCHEMISTRY

Sodium	钠	141	mmol/L	(135-145)
Potassium	钾	4.1	mmol/L	(3.5-5.1)
Chloride	氯化物	99	mmol/L	(95-110)
Urea	尿素	7.1	mmol/L	(3.0-10.0)
Creatinine	肌酸酐	88	umol/L	(44-110)
eGFR	估计肾小球滤过率	60	mL/min/1.73m ²	
Uric Acid	尿酸	0.21	mmol/L	(0.15-0.45)

An eGFR(CKD-EPI)- Normal or Mildly decreased.

(60-89 mL/min/1.73m²) NOTE: EGFR is NOT VALID for pregnant women,dialysis patients and/or teenagers under 18 years of age.

Result should be interpreted alongside clinical presentation and in reference to KDIGO 2012 CKD Guidelines and the Malaysian Clinical Practice Guidelines for the Management of Chronic Kidney Disease 2nd Edition (2018).

AST	谷草转氨酶	33	U/L	(< 41)
ALT	谷丙转氨酶	25	U/L	(< 51)

SERUM/PLASMA GLUCOSE

Glucose	葡萄糖	5.6	mmol/L	(3.9 - 6.0)
Specimen collected		08:30 h		
Specimen type		Fasting		

Interpretation:

Category	Fasting Plasma Glucose (mmol/L)
Normal	3.9 - 6.0
IFG (Prediabetes)	6.1 - 6.9
DM	>= 7.0

IFG = Impaired Fasting Glucose; DM = Diabetes Mellitus
Recommend Oral Glucose Tolerance Test (OGTT) for fasting plasma glucose levels 6.1 - 6.9 mmol/L.

Source: 2020 Clinical Practice Guidelines for the Management of Type 2 Diabetes Mellitus (6th Edition). Kuala Lumpur: Joint Publication of the Ministry of Health Malaysia, Academy of Medicine Malaysia, Malaysian Endocrine & Metabolic Society and Diabetes Malaysia.

CC Drs: COMPUTER DEPARTMENTS.



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SPECIAL CHEMISTRY

SPECIMEN: WHOLE BLOOD

HbA1c	葡萄糖血红蛋白	5.2 %	33	mmol/mol
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Diagnostic Values of HbA1c in Malaysian Adults

HbA1c (NGSP) %	HbA1c (IFCC) mmol/mol	
< 5.7	< 39	Normal
5.7 - 6.2	39 - 44	*Prediabetes (IFG or IGT)
>= 6.3	>= 45	T2DM

IFG: Impaired Fasting Glucose; IGT: Impaired Glucose Tolerance; OGTT: Oral Glucose Tolerance Test; T2DM: Type 2 Diabetes Mellitus
*Recommend OGTT for HbA1c levels 5.7 - 6.2%

Individualised HbA1c Target for Known Diabetes

HbA1c (NGSP) %	HbA1c (IFCC) mmol/mol	
<= 6.5	<=48	A: Tight target range for young, newly diagnosed diabetes without hypoglycaemia.
6.6 - 7.0	49 - 53	B: Target range for all other individuals not in category A or C.
7.1 - 8.0	54 - 64	C: Target range for diabetes with comorbidities short life expectancy and/or prone to hypoglycaemia.

Source: 2020 Clinical Practice Guidelines for the Management of Type 2 Diabetes Mellitus (6th Edition). Kuala Lumpur: Joint Publication of of the Ministry of Health Malaysia, Academy of Medicine Malaysia, Malaysian Endocrine & Metabolic Society and Diabetes Malaysia.

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ANALYTES	RESULTS	UNITS	REF. RANGES
<u>SPECIAL CHEMISTRY</u>	<u>SPECIMEN: URINE</u>		
RANDOM URINE ALBUMIN			
ALBUMIN AND CREATININE RATIO (ACR)			
Urine Albumin	1.5	mg/L	(< 20.1)
Urine Creatinine	16.80	mmol/L	(4.00-25.00)
ACR	< 0.1	mg Alb/mmol	(< 3.5)

KDIGO 2012 Albuminuria Categories:

- A1 Normal to Mildly Increased: <3
- A2 Moderately Increased: 3 - 30
- A3 Severely Increased: >30

Due to the variability in urinary albumin excretion, at least 2 specimens, preferably first morning void, collected within a 3 to 6 month period should be abnormal before considering a patient to have crossed one of these diagnostic thresholds. Exercise within 24 hours, infection, fever, congestive heart failure, marked hyperglycaemia, pregnancy, marked hypertension, urinary tract infection and haematuria may increase urinary albumin over baseline values.

KFRE risk calculation is not applicable if eGFR is >=60.

REPORT COMPLETED

Tests Requested:

ALBUMIN/CREATININE RATIO, MULTIPLE BIOCHEM ANALYSIS, HAEMOGLOBIN A1C (HBA1C), GLUCOSE, SERUM/PLASMA, GLUCOSE, SERUM/PLASMA

CC Drs: COMPUTER DEPARTMENTS.

