

Patient Results Report

PATIENT

Sample, Pediatric

DATE OF BIRTH

01/01/2017

GENDER


F

PHYSICIAN

Doctor, Sample

Sample Doctor MD
 Litholink Urology Clinic
 150 West Spring Lake Dr
 Itasca, IL 60143

Current Test Overview

SAMPLE ID	RESULTS TURNAROUND (IN DAYS)	PATIENT COLLECTION DATE	LAB RECEIPT DATE	DATE COMPLETED	SAMPLE BARCODE
S26953978	2	04/27/2022	04/28/2022	04/29/2022	 S26953978

No medical history was taken on this patient and will be reflected in the interpretive algorithms sections of the report. If you would like to update our records, we can rerun the interpretive paragraphs to reflect any changes made.

Sara Best, MD
 Medical Director

Labcorp's computer generated comments are based upon the patient's most recent laboratory results without taking into account concurrent use of medication or dietary therapy. They are intended solely as a guide for the treating physician. Labcorp does not have a doctor-patient relationship with the individuals for whom tests are ordered, nor does it have access to a complete medical history, which is required for both a definitive diagnosis and treatment plan. Cys 24, Cys Capacity, Sulfate, and Citrate were developed and their performance characteristics determined by Labcorp. It has not been cleared or approved by the US Food and Drug Administration.

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Pediatric Chemistry Data

Values larger, bolder and more towards red indicate increasing risk for kidney stone formation.

DATE	SAMPLE ID	SS CaOx	Ca 24 /Kg	Ox 24 /1.73m ²	Cit 24 /Cr 24	pH	UA 24 /1.73m ²	P 24 /Kg	Mg 24 /Kg	HEIGHT	WEIGHT
04/27/22	S26953978	6.41	4.3	46.2	956	7.005	0.84	26	3.2	109.2	22.2

ABBR.	ANALYTE	COMMENTS
SS CaOx	Supersaturation CaOx	Reduce levels by raising urine volume and citrate, lowering urine oxalate and calcium. (J Urol 158:157, 1997)
Ca 24/Kg	24 hr calcium / Kg	mg/kg; <3.7 both genders; if not associated with hypercalcemia consider thiazide diuretic. (Arch Dis Child 49:97, 1974)
Ox 24/1.73 m²	24 hr oxalate / 1.73 m ²	mg/1.73 m ² /d; high from diet excess, severe elevation consider genetic cause or bowel disease. (J Urol 158:157, 1997)
Cit 24/Cr 24	24 hr citrate / 24 hr creatinine	mg/g; if low consider potassium citrate. (Reference range calculated from proprietary Litholink 24-Hour Urine Testing data)
pH	24 hr urine pH	Low pH can cause uric acid stones, treat with alkali; if >8 consider urea splitting infection. (J Urol 158:157, 1997)
UA 24/1.73 m²	24 hr uric acid / 1.73 m ²	g/1.73 m ² /d; <0.81 both genders; high from diet or inborn errors of purine metabolism. (J Pediatr 92:911, 1978)
P 24/Kg	24 hr phosphorous / Kg	mg/kg/d; low in poor nutrition or bowel disease, high from diet intake especially dairy. (J Urol 158:157, 1997)
Mg 24/Kg	24 hr magnesium / Kg	mg/kg/d; low in poor nutrition or bowel disease. (J Urol 158:157, 1997)
Height	Height in cm	Obtained from treating physician or patient.
Weight	Body Weight in Kg	Obtained from treating physician or patient.

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Chemistry	AGE	MALE MEAN	MALE SD	FEMALE MEAN	FEMALE SD
SS Ca0x	0 - 3.9	6.5	8.2	4.4	3.9
	4 - 6.9	6.2	4.7	4.1	3.2
	7 - 9.9	8.8	13.1	5.5	4.3
	10 - 12.9	7.0	6.2	5.5	4.6
	13 - 16	5.3	4.6	3.3	3.9
Ca 24/Kg	1 - 16	2.4	0.7	2.4	0.7
Ox24/1.73 m2	0 - 3.9	35.4	22.7	30.4	17.7
	4 - 6.9	35.3	25.9	29.0	18.3
	7 - 9.9	28.2	11.1	30.4	21.5
	10 - 12.9	28.9	14.7	27.6	38.3
	13 - 16	30.1	24.3	28.2	21.6
Cit 24/Cr 24	2 - 4.9	761	350	1012	350
	5 - 7.9	689	208	722	262
	8 - 10.9	663	260	735	281
	11 - 13.9	525	240	629	270
	14 - 16.9	360	168	537	225
pH	0 - 3.9	6.70	0.8	6.90	0.79
	4 - 6.9	6.45	0.67	6.50	0.4
	7 - 9.9	6.27	0.61	6.34	0.61
	10 - 12.9	6.38	0.54	6.38	0.88
	13 - 16	6.41	0.59	6.37	0.64
Ua24/1.73 m2	1 - 16	0.52	0.15	0.52	0.15
P 24/Kg	0 - 3.9	24.4	7.5	13.8	7.0
	4 - 6.9	17	10.5	14.8	5.9
	7 - 9.9	16.4	7.4	14.3	7.2
	10 - 12.9	15.5	7.0	11.1	5.2
	13 - 16	13.3	8.1	13.1	6.9
Mg 24/Kg	0 - 3.9	2.1	1.1	1.7	1.1
	4 - 6.9	2.1	1.3	2.0	1.3
	7 - 9.9	2.1	1.2	2.0	1.3
	10 - 12.9	1.7	0.9	1.2	0.9
	13 - 16	1.3	1.5	1.2	0.6

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Values larger, bolder and more towards red indicate increasing risk for kidney stone formation. See reverse for further details.

Stone Risk Factors / Cystine Screening: Negative (04/29/2022)

DATE	SAMPLE ID	Vol 24	SS CaOx	Ca 24	Ox 24	Cit 24	SS CaP	pH	SS UA	UA 24
04/27/22	S26953978	0.79	6.41	97	22	306	3.09	7.005	0.11	0.390
REFERENCE RANGE		0.5 - 4L	6 - 10	male <250 female <200	20 - 40	male >450 female >550	0.5 - 2	5.8 - 6.2	0 - 1	male <0.800 female <0.750

Dietary Factors

DATE	SAMPLE ID	Na 24	K 24	Mg 24	P 24	Nh4 24	Cl 24	Sul 24	UUN 24	PCR
04/27/22	S26953978	166	19	70	0.577	10	135	16	3.65	1.2
REFERENCE RANGE		50 - 150	20 - 100	30 - 120	0.6 - 1.2	15 - 60	70 - 250	20 - 80	6 - 14	0.8 - 1.4

Normalized Values

DATE	SAMPLE ID	WEIGHT	Cr 24	Cr 24/Kg	Ca 24/Kg	Ca 24/Cr 24
04/27/22	S26953978	22.2	320	14.4	4.3	301
REFERENCE RANGE				male 11.9-24.4 female 8.7-20.3	<4	male 34-196 female 51-262

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Stone Risk Factors / Cystine Screening

ABBR.	ANALYTE	REFERENCE RANGE	COMMENTS
Vol 24	Urine Volume	0.5 - 4	L/d; Raise vol to at least 2L .
SS CaOx	Supersaturation CaOx	6 - 10	Raise urine vol and cit, lower ox and ca.
Ca 24	Urine Calcium	male <250, female <200	idiopathic hypercalciuria, consider hydrochlorothiazide 25 mg bid or chlorthalidone 12.5 - 25 mg qam, urine Na <100.
Ox 24	Urine Oxalate	20 - 40	usually dietary; if enteric, consider cholestyramine, oral calcium 1-2 gm with meals; if >80, may be primary hyperoxauria.
Cit 24	Urine Citrate	male >450, female >550	consider K citrate 20 - 30 mEq BID; if from RTA (urine pH > 6.5) also use K citrate.
SS CaP	Supersaturation CaP	0.5 - 2	Urine usually pH > 6.5, idiopathic hypercalciuria common.
pH	24 Hour Urine pH	5.8 - 6.2	<5.8 consider K or Na citrate 25-30 mEq BID; 6.5, RTA if citrate is low; >8, urea splitting infection.
SS UA	Supersaturation Uric Acid	0 - 1	Urine pH <6, creates UA stones. Treated with alkali.
UA 24	Urine Uric Acid	male <0.800, female <0.750;	g/d; dietary; if stones are severe and low protein diet fails try allopurinol 200 mg/d.

** Cystine Screening: positive result may be seen in patients with homozygous cystinuria and cystine stone disease, some individuals heterozygous for cystinuria without cystine stone disease, or in patients taking medications such as captopril or penicillamine.

Dietary Factors

ABBR.	ANALYTE	REFERENCE RANGE	COMMENTS
Na 24	Urine Sodium	mmol/d; 50 - 150	When high raises urine Ca, and K loss from thiazide; ideal is <100.
K 24	Urine Potassium	mmol/d; 20 - 100	<20, consider bowel disease, diuretics, laxatives.
Mg 24	Urine Magnesium	mg/d; 30 - 120	Low with poor nutrition, some laxatives, malabsorption syndrome.
P 24	Urine Phosphorus	g/d; 0.6 - 1.2	Low in bowel disease, malnutrition, high with large food intake.
Nh4 24	Urine Ammonium	mmol/d; 15 - 60	High + pH>7, urea splitting infection; low + pH <5.5, renal disease, UA stones, Gout.
Cl 24	Urine Chloride	mmol/d; 70 - 250	Varies with sodium and potassium intake.
Sul 24	Urine Sulfate	meq/d; 20 - 80	When high shows high protein diet.
UUN 24	Urine Urea Nitrogen	g/d; 6 - 14	This measures urea production from diet protein.
PCR	Protein Catabolic Rate	g/kg/d; 0.8 - 1.4	This measure protein intake per kg body weight.

Normalized Urine Values

ABBR.	ANALYTE	COMMENTS
Weight	Body Weight in Kg	Obtained from treating physician or patient.
Cr 24	Urine Creatinine	mg/d; varies with body weight; check for day to day consistency of urine collection.
Cr 24/Kg	Creatinine/Kg	mg/kg/d; male 11.9 - 24.4, female 8.7 - 20.3; low in obesity or incomplete urine collection, high in people with large muscle mass or over-collection of urine.
Ca 24/Kg	Calcium/Kg	mg/kg/d; <4.00; when high, treated as if Ca 24 mg/d were high.
Ca 24/Cr 24	Calcium/Creatinine	mg/g; male 34-196, female 51-262; when high, treated as if Ca 24 mg/d were high.