

INTERPRETATION OF URINALYSIS



1.000 - 1.005

Inability to concentrate urine or excessive hydration which may be caused by renal disease.

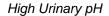
1.010

Measurement below this range indicates hydration and any measurement above it indicates relative dehydration.

1.015 - 1.030

Dehydration (fever, vomiting, diarrohea), SIADH, adrenal insufficiency, renal disease, hyponatraemia with oedema, liver failure, CCF.





Urinary tract infections, systemic alkalosis (metabolic or respiratory), renal tubular acidosis, Fanconi syndrome, vegetarian diet, low carbohydrate diet or ingestion of citrus fruit

Low Urinary pH

Diabetes mellitus, starvation, diarrhoea, malabsorption, systemic acidosis (metabolic or respiratory), phenylketonuria, alkaptonuria, renal tuberculosis, high protein diet or fruits such as cranberries.



A raised result may indicate renal disease, malignant hypertension, benign HT, CCF, SBE, fever, cold exposure, stress, CHF, shock, severe exercise, orthostatic proteinuria, electric current injury, hypokalaemia, Cushing's syndrome.

Leukocytes Leucocitos 60-120 sec/seg. neg. ca. 15 ca. 75 ca. 125 ca. 500 Leuko/uL

A positive result indicates pus in the urine.

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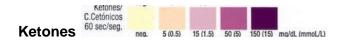


Nitrates in the urine are converted to nitrites in the presence of Gram-negative bacteria such as E.coli and Klebsiella. A positive test strongly suggests infection but negative test does not exclude it.

Blood



A positive result may indicate trauma, infection, inflammation, infarction, calculi, neoplasia, clotting disorders or chronic infection, intravascular haemolysis, burns, sudden cold, sickle cell crisis, multiple myeloma, alkaloids (mushrooms) and transfusion reactions.



A positive result is associated with diabetes, starvation, alcoholism, low carbohydrate (high fat/protein) diets, overdose of insulin and hyperthyroidism.



A positive result occurs in residents with diabetes or in the presence of renal disease.



A positive result may be an early indicator of liver disease e.g. hepatocellular disease, cirrhosis, viral and drug induced hepatitis, biliary tract obstruction, pancreatic causes of obstructive jaundice.



A raised result may indicate cirrhosis, hepatitis, extravascular haemolysis, haemolytic anaemia, pernicious anaemia, malaria.

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