

Patient Results Report

PATIENT

Patient, Sample

DATE OF BIRTH


05/26/1949

PHYSICIAN

Physician, Sample

Sample Physician MD
Litholink Corporation
2250 West Campbell Park Drive
Chicago, IL 60612

Current Test Overview

SAMPLE ID	RESULTS TURNAROUND (IN DAYS)	PATIENT COLLECTION DATE	LAB RECEIPT DATE	TEST COMPLETION DATE	SAMPLE BARCODE
S33501	2	07/02/2001	07/03/2001	07/05/2001	

Litholink'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. Litholink 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 Litholink Corporation. It has not been cleared or approved by the US Food and Drug Administration.

Patient Results Report

PATIENT

Patient, Sample

DATE OF BIRTH

05/26/1949

PHYSICIAN

Physician, Sample

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

Summary Stone Risk FactorsSAMPLE ID: **S33501**PATIENT COLLECTION DATE: **07/02/2001**

ANALYTE	← DECREASED RISK	INCREASING RISK FOR STONE FORMATION →
Urine Volume (liters/day)	● 2.13	
SS CaOx	● 3.93	
Urine Calcium (mg/day)	● 157	
Urine Oxalate (mg/day)	● 35	
Urine Citrate (mg/day)	● 549	
SS CaP	● 1.27	
24 Hour Urine pH		● 6.485
SS Uric Acid	● 0.23	
Urine Uric Acid (g/day)	● 0.644	

Interpretation Of Laboratory Results

Urine pH has risen and is elevated (average of last two was 5.887 and now is 6.485). Despite high urine pH, calcium phosphate stone risk is not elevated. The patient reports that alkali has been prescribed. This is the likely cause of the increased urine pH. High urine volume is protective and should be maintained. Hypercalciuria is absent which protects against high calcium phosphate stone risk despite high urine pH.

Patient Results Report

PATIENT

Patient, Sample

DATE OF BIRTH

05/26/1949

PHYSICIAN

Physician, Sample

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 (03/18/2001)

DATE	SAMPLE ID	Vol 24	SS CaOx	Ca 24	Ox 24	Cit 24	SS CaP	pH	SS UA	UA 24
07/02/01	S33501	2.13	3.93	157	35	549	1.27	6.485	0.23	0.644
03/19/01	S29214	0.68	13.42	239	22	222	5.47	6.134	1.17	0.526
03/18/01	S29215	1.01	11.04	258	30	281	1.49	5.640	2.21	0.611
NORMAL 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
07/02/01	S33501	185	45	132	1.047	32	154	39	8.66	0.8
03/19/01	S29214	147	22	116	0.799	30	125	18	7.28	0.7
03/18/01	S29215	223	33	133	0.960	29	190	37	8.95	0.9
NORMAL RANGE		50 - 150	20 - 100	30 - 120	0.6 - 1.2	15 - 60	70 - 250	20 - 80	6 - 17	0.8 - 1.4

Renal Function Normalized Values

DATE	SAMPLE ID	WEIGHT	Cr 24	Cr 24/Kg	C Cr	Ca 24/Kg	Ca 24/Cr 24
07/02/01	S33501	84.1	1943	23.1		1.9	81
03/19/01	S29214	81.8	1974	24.1		2.9	121
03/18/01	S29215	81.8	1914	23.4		3.2	135
NORMAL RANGE				male 18-24 female 15-20	male >100 female >90	<4	<140

Patient Results Report

PATIENT

Patient, Sample

DATE OF BIRTH

05/26/1949

PHYSICIAN

Physician, Sample

Clinical Report

The clinical information shown below was obtained directly from your patient during our telephone interview, and, where possible, from medical records forwarded from your office.

Stone Morbidity	BEFORE TREATMENT	AFTER TREATMENT
First Stone Date:	03/01/1997	N/A
Total Stones:	6	0
ER Visits:	2	0
Hospital Visits:	0	0
Infections:	0	0
Cystoscopies:	0	0
Lithotripsies:	0	0
Operations:	0	0
Treatment Began:	N/A	04/03/2001

Family History

Father had stones:	No
Mother had stones:	No
Number of siblings:	
Siblings with stones:	
Number of children:	
Children with stones:	

Contributing Factors

Hot or dry environment:	No
Limited access to restroom:	No
Long term immobilization:	No
Long term steroid therapy:	No
Kidney removed:	No

Surgical History

EVENT DATE

Dietary History

START

STOP

Medication History

DRUG (DOSE/DAY)

START

STOP

▶ Urocit K (Potassium Citrate) (1080 mg) 05/10/2001

Related Diseases

DIAGNOSED

◀ = Before Treatment

▶ = After Treatment

Patient Results Report

PATIENT

Patient, Sample

DATE OF BIRTH

05/26/1949

PHYSICIAN

Physician, Sample

Stone Risk Factors / Cystine Screening

ABBR.	ANALYTE	NORMAL RANGE	TREATMENT RECOMMENDATION
Vol 24	Urine Volume	l/d: 0.5 - 4 L	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	mg/d; IH, consider hydrochlorothiazide 25 mg bid or chlorthalidone 12.5 - 25 mg qam, urine Na <100.
Ox 24	Urine Oxalate	20 - 40	mg/d; 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	mg/d; 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, IH 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	g/day: 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	NORMAL RANGE	TREATMENT RECOMMENDATION
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 g/d	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	mmol /d; 20 - 80	When high shows high protein diet.
UUN 24	Urine Urea Nitrogen	g/d; 6 - 17	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.

Renal Function Normalized Values

ABBR.	ANALYTE	TREATMENT RECOMMENDATION
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 18 - 24, female 15 - 20; low in obesity, incomplete collections; high with opposite.
C Cr	Creatinine Clearance	ml/min: female >90 , male >100.
Ca 24/Kg	Calcium/Kg	mg/kg/d; <4.00; when high, treated as if mg/d were high (see previous page).
Ca 24/Cr 24	Calcium/Creatinine	(mg/g); <140; when high, treated as if mg/d were high (see previous page).



Date Printed: 4/17/2006