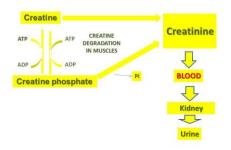
Biochemical Investigations in Renal Disease

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Why Test Renal Function?

- To identify renal dysfunction.
- · To diagnose renal disease.
- To monitor disease progress.
- To monitor response to treatment.
- To assess changes in function that may impact on therapy.

Creatine and Creatinine



Creatinine & muscle mass





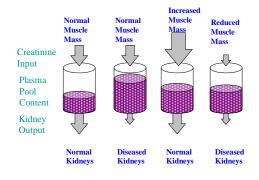
Creatinine

Increase

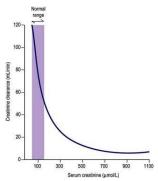
- Male
- Muscular body type
- Meat in diet
- Cimetidine

Decrease

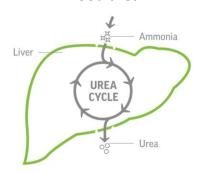
- Age
- Female
- Malnutrition
- Muscle wasting
- Amputation



Serum creatinine vs GFR



Blood urea



Blood urea

- Is it sensitive?
- Urea:Creatinine Ratio
- BUN vs BU



Test	US US units	Other SI Units
Urea	BUN (mg/dL)	U (mmol/L)
	7-30 mg/dL	2.5-10.7 mmol/L

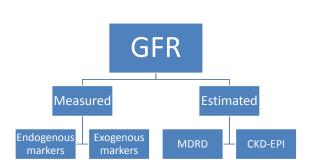
Blood urea

Low urea

- Pregnancy
- Starvation
- · Chronic liver disease

High urea

- · Renal failure
- High protein diet
- Dehydration
- · Gastrointestinal bleed

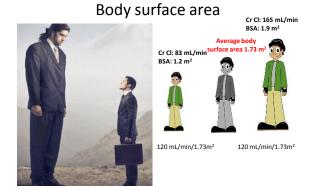


Filtration markers

- Creatinine
- Inulin
- Iothalamate

Peforming a creatinine clearance

- 24 hr collection of urine
- · Creatinine measured on both serum and urine
- · Urine volume noted
- Cr Cl $= \frac{Creatinine_{urine}}{Creatinine_{serum}} \times \frac{Volume_{urine}(mL)}{Time(hours) \times 60}$



Problems of creatinine clearance

- · Overestimates GFR
- Creatinine method problems
- · Inconvenience of 24 hour urine collection
- · Collection errors

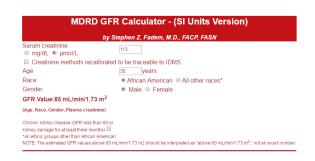


eGFR

GFR = $186 \times (\text{serum creatinine } [\text{mg/dL}]^{-1.154} \times (\text{age})^{-0.208}$ $(\times 0.742 \text{ for females})$ $(\times 1.210 \text{ for blacks})$

- · Results standardised for BSA
- No 24 hour urine collections
- · No collection errors
- · Just one blood sample

MDRD eGFR calculator



	THE SAME SERUM CREATININE: VERY DIFFERENT eGFR			
	22-YB-0LD	Se-YR-OLD	80-YR-0LD	
Serum creatinine	BLACK MAN 1.2 mg/dL	WHITE MAN 1.2 mg/dL	WHITE WOMAN 1.2 mg/dL	
GFR as estimated by the MDRD equation	98 mL/min/1.73 m²	66 mL/min/1.73 m²	46 mL/min/1.73 m ²	
Kidney function	Normal GFR or stage 1 CKD if kidney damage is also present	Stage 2 CKD if kidney damage is also present	Stage 3 CKD	

eGFR for anybody? NO!

- · Extremes of age
- Pregnant
- Disease of skeletal muscle/amputation
- Extremes of nutritional status (severe malnutrition or obesity, creatine supplements)
- · Have rapidly changing kidney function -ARF
- CKD-EPI

CKD

Stages of Chronic Kidney Disease of all Types					
Stage	Qualitative Description	Renal Function (mL/min/1.73 m²)			
1	Kidney damage-normal GFR	≥90			
2	Kidney damage-mild ↓ GFR	60-89			
3	Moderate ↓ GFR	30-59			
4	Severe ↓ GFR	15-29			
5	End-stage renal disease	<15 (or dialysis)			

Urine protein

• Normal adults excrete less than 150 mg/d

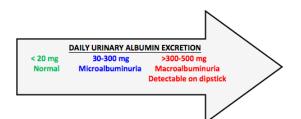
• Albumin <30 mg/d

Abnormal urinary protein excretion is a marker of renal disease

Urine protein concentration : mg/dL Protein to creatinine ratio : mg/mmoL

Albuminuria

Normalbuminuria : <30mg/d
 "Microalbuminuria": 30-300mg/d
 Macroalbuminuria : >300mg/d



Spot urine albumin

- · Albumin to creatinine ratio
- · Best sample?

Sample collection cont.

- Recent exercise (within 24 hours before the test)
- Recent sexual intercourse (within 24 hours before the test) in males
- Illness
- UTI
- Menstruation or pregnancy in women

	24-Hour Urine: Urinary Albumin Excretion, mg/24 hours	First Morning Void				
		Albumin Excretion, Urinary Albumi	Urinary Albumin	Albumin:Creatinine Ratio		
		Concentration, mg/L	Sex	mg/mmol	mg/g	
Normoalbuminuria	<30	<20	Male	<2.5	<20	
			Female	<3.5	<30	
Microalbuminuria	30-300	20-200	Male	2.5-25	20-200	
			Female	3.5-35	30-300	
Macroalbuminuria	>300	>200	Male	>25	>200	
			Female	>35	>300	

Osmolality

- Osmolality is a count of the number of particles in a fluid sample.
- Measured by osmometer

Plasma osmolality

- The osmolality of plasma is closely regulated by anti-diuretic hormone (ADH).
- 275-295 mmol/kg
- · Usually depends on
 - serum sodium
 - blood glucose
 - blood urea

Calculated osmolality

Calculated osmolality=
 2 x serum sodium + serum glucose + serum urea
 (all in mmol/L)

Thank You