

General Information

FEE: \$122.70

LABORATORY AREA: Porphyrin.32/HC25

ANALYTIC TIME: 1 day

DAY(S) TEST SET UP: Monday through Saturday

TIME OF DAY: Continuously

LABORATORY HOURS:

MAXIMUM LAB TIME: 3 days

COMMENTS AND OTHER REJECTION:

-CV 6%.

-If thawed but cold, note to laboratory.

-If RANDOM SAMPLE is rec'd, REJECT. If client insists on testing:

1. Consultation with Dr. McConnell must occur before lab will accept specimen and perform the assay.

2. We have NO NORMALS for a RANDOM specimen.

3. If test is run, the report will be as grams of specimen.

-Should be a 24, 48 or 72 hour collection.

-Lab will NOT do on anything other than the above listed timed collections.

-Please do not call the routine laboratory for approval of specimen not meeting collection duration criteria.

SPECIMEN RETENTION TIME: Until reported

LAB CONSULTANT TO CONTACT 1st: Dr. McConnell 4-7437

LAB CONSULTANT TO CONTACT 2nd:

LAB CONSULTANT TO CONTACT 3rd:

CLINICAL CONSULTANT:

CLINICAL SERVICE:

TECH TO CONTACT 1st: Paul Chezick 4-8081

TECH TO CONTACT 2nd: Chuck Kroll 4-3232

LABORATORY: Porphyrins 4-3232

Unit Code 8308 1/14/99 2:56PM
UROBILINOGEN, 48-HOUR, FECES

Method and Reference

METHODOLOGY:

Colorimetric

METHOD:

Urobilin in the feces is reduced to urobilinogen by treatment with alkaline ferrous hydroxide. The urobilinogen is then allowed to react with Ehrlich's reagent to form a red color which can be measured spectrophotometrically.

Clinical Information

CLINICAL INFORMATION:

- Urobilinogen consists of the colorless end products of bilirubin metabolism which are oxidized by intestinal microorganisms to brown pigments (stercobilin).
- Normally, fecal urobilinogen approximates the total excretion of bile pigments (the breakdown products of heme).

USEFUL FOR

- Diagnosis of disorders involving hemolysis and hepatic obstructive conditions

INTERPRETATION

- Increased destruction of red blood cells, such as in hemolytic anemia, increases the amount of urobilinogen excreted.
- Liver diseases in general lessen the flow of bilirubin to the intestine and thus decrease fecal excretion of urobilinogen.
- Complete obstruction of the bile duct reduces the urobilinogen of the feces to very low levels. Clay-colored feces in obstructive jaundice results from the exclusion of bile pigments from the intestine.
- Oral administration of broad-spectrum antibiotics diminishes conversion of the bilirubin to urobilinogen in the intestines.

CAUTIONS

- Information about oral broad spectrum antibiotics taken recently by the patient must be accurate. Oral broad spectrum antibiotics decrease urobilinogen measurements by diminishing bacterial conversion of bilirubin to urobilinogen in the feces, leading to falsely low values.

IMMEDIATE fixation of specimen by the prescribed preservative (sodium carbonate/petroleum ether) in an opaque container is essential, since urobilinogen is light sensitive. Poor fixation gives a falsely low reading.

REFERENCE

- Schwartz S, Sborov V, Watson CJ: Studies of urobilinogen: quantitative determination of urobilinogen by means of the Evelyn photoelectric colorimeter. Am J Clin Pathol 14:598-604, 1994