# Biochemistry of biological fluids (BIOCH 472)

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# Class 6:

# Urinalysis: Urine Examination

### **Objectives for this lecture**

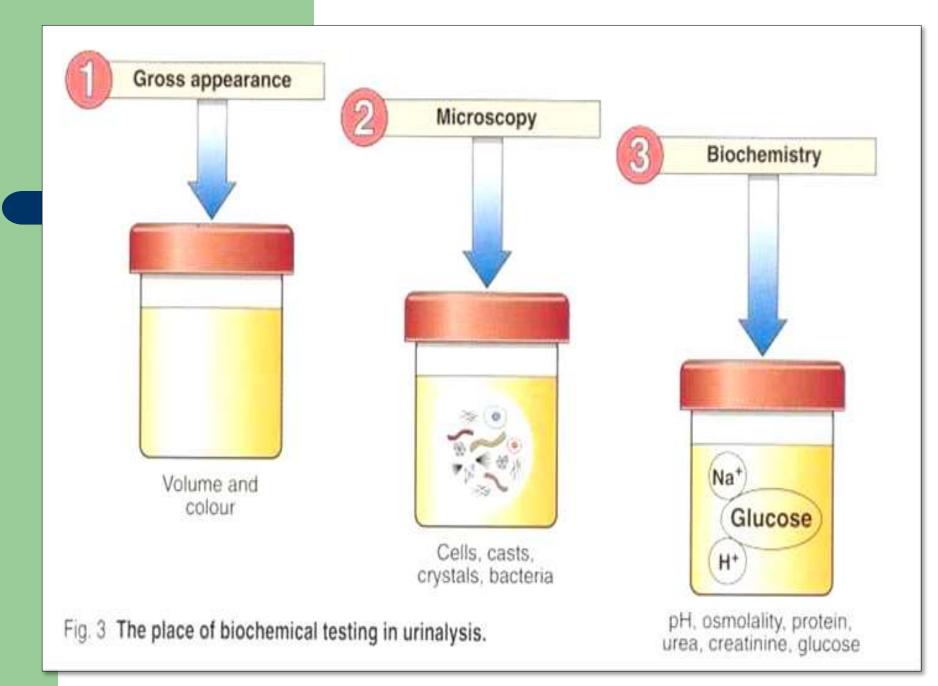
- Discuss the significance of physical examination.
- State the clinical significance of urine test results.
- Discuss the significance of chemical examination.
- List the pathologic and nonpathologic causes of some urine results.

# **Urine Analysis**

#### **Type of analysis:**

• *microscopic examination:* urine sediment is examined under microscope to identify the components of the urinary sediments.

- macroscopic analysis: Physical characteristics
- Chemical characteristics



# Physical Examination of Urine

- provides information on disorders such as glomerular bleeding, liver disease, inborn errors of metabolism, and urinary tract infection.
- Physical examination involves: 1- Color
  - 2- Transparency
  - 3- Odour
  - 4- Volume
  - 5- pH
  - 6- Specific gravity

### **Physical Examination - Color**

- Urine color is affected by metabolic functions, physical activity, ingested materials, or pathologic conditions.
- Normal Urine Color pale yellow, yellow, dark yellow, and amber.
- yellow color of urine is caused by the presence of urochrome.

#### **Urine** color

Colorless
 Recent fluid consumption

Pale yellow
 Polyuria or diabetes Dilute specimen

Dark yellow Concentrated specimen

Orange Bilirubin, acriflavine, medicatin

Yellow-green/brown Bilirubin oxidized to biliverdin

Green Pseudomonas infection

Blue-green Amitriptyline, Phenol, Indican

RBCs, Hemoglobin

Brown Black Methemoglobin, Melanin, Methyldopa

# Physical Examination - Clarity

- refers to the transparency/turbidity of a urine specimen.
- Freshly voided normal urine is usually clear.

#### Urine Clarity (Transparency)

- Clear No visible particulates, transparent.
- Hazy particulates, print easily seen through urine.
   precipitation of amorphous phosphates and carbonates may cause a white cloudiness (ref.).
- Cloudy Many particulates, print blurred through urine.
- Turbid Print cannot be seen through urine.
   epithelial cells and mucus if specimens from women.
   Semen, fecal contamination.
- Milky May precipitate or be clotted.

#### **Pathologic Turbidity**

- RBCs, WBCs, and bacteria caused by infection or a systemic organ disorder.
- Epithelial cells, yeast, abnormal crystals, lymph fluid, and lipids.

### Physical Examination - Odor

- not a part of the routine urinalysis, it is a noticeable physical property.
- Freshly urine has a faint aromatic odor.
- Breakdown of urea is responsible for the ammonia odor.

# Common Causes of Urine Odor

Λ	
Aromatic	
AIUIIIalii	

Foul, ammonia-like

• Fruity, sweet

Maple syrup

Mousy

Rancid

Sweaty feet

Bleach

#### **Normal**

Bacterial decomposition,

urinary tract infection

Ketones (diabetes mellitus,

starvation, vomiting)

Maple syrup urine disease

Phenylketonuria

Tyrosinemia

Isovaleric acidemia

Contamination

# **Chemical Examination**of Urine

- At he early days we have the development of the reagent strip method for chemical analysis.
- It is simple, rapid
- Perform chemical analysis of urine for pH, protein, glucose, ketones, blood, bilirubin, urobilinogen, nitrite, leukocytes, and SG.
- Chemical-impregnated absorbent pads attached to a plastic strip.

- pH

- pH of normal samples range from 4.5 to 8.0.
- pH help in the identification of crystals during microscopic examination.
- Urine acid-base condition is affected by respiratory or metabolic system, if not then this is an indication of kidneys disorder.
- Urinary pH is controlled by dietary regulation:
  - high-protein produce acidic urine.
  - vegetarians produce alkaline urine.

#### - Protein

- Proteinuria is associated with renal disease.
- Normal urine contains less than 10 mg/dL.
  - Prerenal infection and inflammation (e.g. vascular hemolysis, muscle injury, myeloma)
  - > Renal true renal disease
- Postrenal ureters, bladder, prostate, vagina

#### - Glucose

- detection and monitoring of diabetes mellitus.
- <u>blood</u> and <u>urine</u> glucose tests are included in all Glucose Tolerance Test (GTT).
- Hypoglycemia:
  - ✓ Diabetes mellitus.
  - meal with a high glucose content.
  - ✓ Pregnancy (placenta hormone block insulin).
  - ✓ Hyperthyrodism, acromegaly, Cushing syndrome.
  - ✓ Stress.

#### - Ketones

- ketones represents: acetone, acetoacetic acid, and beta-hydroxybutyric acid.
- Ketonuria is detected when body stores of fat metabolized to supply energy:
  - Diabetes mellitus (type-I)
  - > Starvation.
  - malabsorption.
  - Vomiting.
- Ketones leads to dehydration, acidosis, coma.

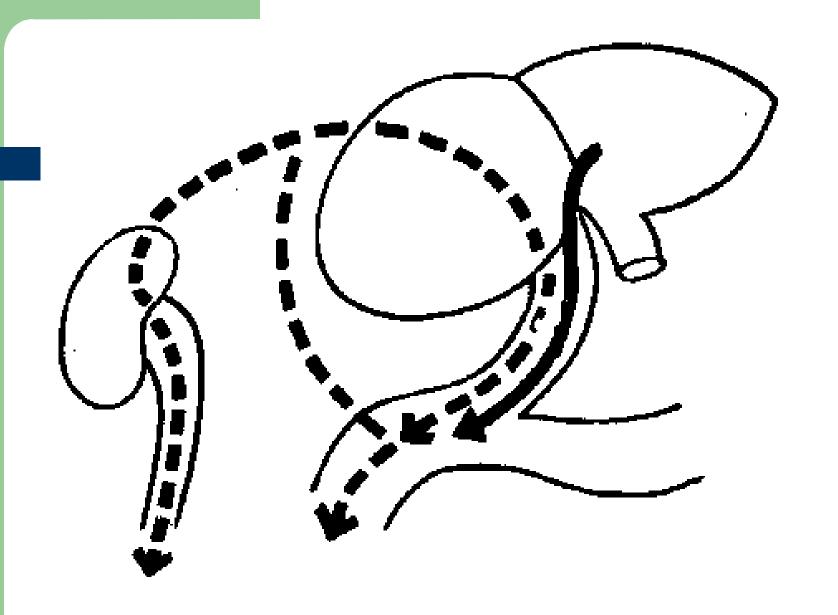
#### - Blood

- Hematuria is related to disorders of renal by:
  - √ renal calculi
  - ✓ glomerular diseases
  - √ tumors,
  - ✓ exposure to toxic chemicals
  - Anticoagulant therapy
  - ✓ Strenuous exercise

#### - Bilirubin

- Early indication of liver disease (jaundice).
- Conjugated bilirubin appears in the urine:
- obstruction of bile duct (gallstones).
- liver damage (Hepatitis and cirrhosis)

 hemolysis of RBCs does not produce bilirubinuria, because the serum bilirubin is water insoluble.



### Urobilinogen

- the intestinal bacteria convert the bilirubin to:
  - Urobilinogen (reabsorbed into blood and filtered by the glomerulus)
  - Stercobilinogen (oxidized to urobilin and excreted in the feces)
- Increase urine: liver disease, hemolytic disorders.
- Absence urine: obstruction of the bile duct.

#### - Nitrite

- Detect initial bladder infection (cystitis).
- It is a good for:
  - > Detect the need for urine culture.
  - > Detect Bacteriuria.
  - > Evaluate the success of antibiotic.

# Leukocyte Esterase

- Detects the presence of leukocytes, and also that have been lysed in dilute alkaline urine, and would not appear in the microscopic examination.
- positive result is accompanied by the presence of bacteria, yeast, *Trichomonas*, renal inflammation.

# Macroscopic Examination of Urine

- detect and to identify insoluble materials present in the urine.
- Abnormalities in the physical and chemical urinalysis give decision to perform a microscopic analysis.