
















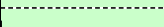





## Toxic Metals; urine

TOXIC METALS					
		RESULT µg/g Creat	REFERENCE INTERVAL	WITHIN REFERENCE	OUTSIDE REFERENCE
Aluminum	(Al)	8.6	< 25		
Antimony	(Sb)	0.013	< 0.18		
Arsenic	(As)	4.7	< 50		
Barium	(Ba)	0.35	< 5		
Beryllium	(Be)	<dl	< 0.01		
Bismuth	(Bi)	0.003	< 1		
Cadmium	(Cd)	0.47	< 0.9		
Cesium	(Cs)	3.1	< 10		
Gadolinium	(Gd)	<dl	< 0.8		
Lead	(Pb)	0.14	< 1.2		
Mercury	(Hg)	0.29	< 1.3		
Nickel	(Ni)	1.6	< 5		
Palladium	(Pd)	<dl	< 0.3		
Platinum	(Pt)	<dl	< 0.1		
Tellurium	(Te)	0.093	< 0.5		
Thallium	(Tl)	0.11	< 0.5		
Thorium	(Th)	<dl	< 0.02		
Tin	(Sn)	0.24	< 5		
Tungsten	(W)	<dl	< 0.4		
Uranium	(U)	<dl	< 0.03		

URINE CREATININE					
	RESULT mg/dL	REFERENCE INTERVAL	-2SD	-1SD	MEAN
Creatinine	80.9	30 – 225			

SPECIMEN DATA

< dl: less than detection limit

Results are creatinine corrected to account for urine dilution variations. **Reference intervals are based upon NHANES (cdc.gov/nhanes) data if available, and are representative of a large population cohort under non-provoked conditions.** Chelation (provocation) agents can increase urinary excretion of metals/elements.

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## Introduction

This analysis of urinary elements was performed by ICP-Mass Spectroscopy following acid digestion of the specimen. Urine element analysis is intended primarily for: diagnostic assessment of toxic element status, monitoring detoxification therapy, and identifying or quantifying renal wasting conditions. It is difficult and problematic to use urinary elements analysis to assess nutritional status or adequacy for essential elements. Blood, cell, and other elemental assimilation and retention parameters are better indicators of nutritional status.

- 24 Hour Collections

"Essential and other" elements are reported as mg/24 h; mg element/urine volume (L) is equivalent to ppm. "Potentially Toxic Elements" are reported as µg/24 h; µg element/urine volume (L) is equivalent to ppb.

- Timed Samples (< 24 hour collections)

All "Potentially Toxic Elements" are reported as µg/g creatinine; all other elements are reported as µg/mg creatinine. Normalization per creatinine reduces the potentially great margin of error which can be introduced by variation in the sample volume. It should be noted, however, that creatinine excretion can vary significantly within an individual over the course of a day.

If one intends to utilize urinary elements analysis to assess nutritional status or renal wasting of essential elements, it is recommended that unprovoked urine samples be collected for a complete 24 hour period. For provocation (challenge) tests for potentially toxic elements, shorter timed collections can be utilized, based upon the pharmacokinetics of the specific chelating agent. When using EDTA, DMPS or DMSA, urine collections up to 12 hours are sufficient to recover greater than 90% of the mobilized metals. Specifically, we recommend collection times of: 9 - 12 hours post intravenous EDTA, 6 hours post intravenous or oral DMPS and, 6 hours post oral bolus administration of DMSA. What ever collection time is selected by the physician, it is important to maintain consistency for subsequent testing for a given patient.

If an essential element is sufficiently abnormal per urine measurement, a descriptive text is included with the report. Because renal excretion is a minor route of excretion for some elements, (Cu, Fe, Mn Zn), urinary excretion may not influence or reflect body stores. Also, renal excretion for many elements reflects homeostasis and the loss of quantities that may be at higher dietary levels than is needed temporarily. For these reasons, descriptive texts are provided for specific elements when deviations are clinically significant. For potentially toxic elements, a descriptive text is provided whenever levels are measured to be higher than expected. If no descriptive texts follow this introduction, then all essential element levels are within acceptable range and all potentially toxic elements are within expected limits.

Reference intervals and corresponding graphs shown in this report are representative of a healthy population under non-provoked conditions. Descriptive texts appear in this report on the basis of measured results and correspond to non-challenge, non-provoked conditions.

Chelation (provocation) agents can increase urinary excretion of metals/elements. Provoked reference intervals have not been established therefore non-provoked reference intervals shown are not recommended for comparison purposes with provoked test results. Provoked results can be compared with non-provoked results (not reference intervals) to assess body burden of metals and to distinguish between transient exposure and net retention of metals. Provoked results can also be compared to previous provoked results to monitor therapies implemented by the treating physician. Additionally, Ca-EDTA provoked results can be used to calculate the EDTA/Lead Excretion Ratio (LER) in patients with elevated blood levels.

**CAUTION:** Even the most sensitive instruments have some detection limit below which a measurement cannot be made reliably. Any value below the method detection limit is simply reported as "< dl." If an individual excretes an abnormally high volume of urine, urinary components are likely to be extremely dilute. It is possible for an individual to excrete a relatively large amount of an element per day that is so diluted by the large urine volume that the value measured is near the dl. This cannot automatically be assumed to be within the reference range.

This analysis of urinary metals was performed by ICP-Mass Spectroscopy. Urine metal analysis is traditionally used for evaluation of very recent or ongoing exposure to potentially toxic metals. The urinary excretion of certain metals is known to be increased (provoked) to a variable extent after administration of specific chelating agents. Reference values and corresponding graphs are representative of a healthy population under non-provoked conditions; reference values have not been established for provoked urine samples. Reference values are age and sex specific.

For timed, random or first morning urine collections, metals are reported as µg/ gram creatinine. Normalization per creatinine reduces the potentially great margin of error that can be introduced by variation in the sample volume (concentration). It should be noted that creatinine excretion for an individual may vary to some extent over the course of a day, and from day to day. For 24 hour (h) urine collections elements are reported as µg/24 h. Results are also reported as µg element/gram creatinine to ensure clinically useful information in the event that an inaccurate 24 h urine volume was reported to the laboratory.

Descriptive texts appear in this report if detected levels of specific elements are abnormally high by comparison to the unprovoked reference values. If no descriptive texts follow this introduction, potentially toxic metals are within reference limits.