

Medical Laboratory Techniques Department

General Urine Examination



Msc. Sarah Abd Elkhalek

Urinalysis

Urinalysis

- It can detect diseases which pass unnoticed
- Diagnosis of many renal diseases
- Screening for drug abuse (e.g. Sulfonamide or aminoglycosides).

Collection of urine specimens

- For most of the routine investigations fresh midstream specimen of 10-20ml urine is collected in a clean dry vial
- Analysed within 2hours of collection In some cases 24hour urine sample is also collected Types of specimens
- Random specimen (at any time)
- First morning specimen
- Clean catch sample (midstream urine)

Urinalysis look of:

A-physical Examination

1-Volume 2-Color 3-Odor 4-Reaction (pH)

5-Specific gravity

B-Chemical analysis

C-Microscopic Examination

A-physical Examination

1-Volume

Adult urine volume= 0.6-2.5 L/day average 1.5 L/day



Medical Laboratory Techniques Department

General Urine Examination



Msc. Sarah Abd Elkhalek

• Children urine volume= 0.2-0.4 L/day

The volume of urine is affected by:

- 1)Water intake
- 2) External temperature
- 3) Type of diet

4) Mental and physical state

- 5) Cardio-Vascular status
- 6) Intake of fluid and diuretics (drugs, alcohol and tea)
- 7) Renal functions

* Variations in volume of urine

excreted A-Polyuria B-Oliguria C-

Anuria A-Polyuria

(Urine output > 2.5 L/day)

• Conditions causing polyuria:

1-Increased water ingestion

2-Diabetes mellitus and insipidus

3-Late stage of chronic glomerulonephritis

4-Drug induced-diuretics

5-Alcohol

6-Compulsive polydipsia

B-Oliguria

(Urine output < 0.4 L/day)

- Conditions causing Oliguria:

1-Fever

2-Diarrhea and Dehydration

3-Shock

4-Sever edema

5-Acute nephritis

6-Early stage of acute glomerulonephritis

7-Cardiac failure and hypotension (reduced circulatory volume)

2-Color

• The color of normal urine may vary from pale yellow to dark amber due to the presence of pigment surochrome, urobilin and uroerythrin



Medical Laboratory Techniques Department

General Urine Examination



Msc. Sarah Abd Elkhalek

 Turbidity may because by excessive cellular material or protein in the urine or may develop from crystallization

• Color of urine depending upon its constituents

• Variations in urinary abnormal colors:

Interpretation Color

Very dilute urine (Diabetes and polyuria) Colorless

Concentrated urine, Excess bile pigments and

Deep yellow

Jaundice

Carrots or Vitamin A Orange

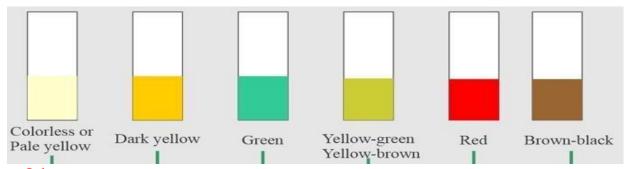
RBCs ,Myoglobin ,beetroot and menstrual Red/smoky

contamination

Pseudomonas infection Blue-Green

Iron therapy Black

Pus cells and bacteria Cloudy



3-Odor

- Normal urine has an aromatic odor due to the volatile fatty acid.

Interpretation

Odor

On keeping sample for a long time

Ammonia

Haran Contraction

Medical Laboratory Techniques Department

General Urine Examination



Msc. Sarah Abd Elkhalek

Due to bacterial infections Foul or offensive

Due to acetone(Diabetic urine) Fruity

Phenylketonuria Mousy

Tyrosinaemia Rancid

4-pH

- Urine pH range from 4.5 to 8
- Normally it is slightly acidic lying between 6-6.5
- Acidic urine : seen in

1-Ketosis (such as diabetes, starvation and fever) 2-Systemic acidosis

3-Urinary tract infections (UTI)-E. coli 4-Acidification therapy

• Alkaline urine : seen in

1-Diet rich in citrus fruits 2-Excessive intake of milk and antacids

3-UTI 4-Conditions of alkalosis

4-Specific gravity (SG)

- It is measurement of urine density which reflects the ability of the kidney to concentrate or dilute the urine relative to plasma from which it is filtered
- Measured by dipsticks
- The normal SG of urine ranges from 1.001to1.035



Normal urine

abnormal urine