Litholink Laboratory Reporting System ™

Patient Results Report

PATIENT	DATE OF BIRTH	PHYSICIAN
Sample, Patient	**08/09/1988**	**Sample, Physician**

Physician Sample MD
Sample Practice
2 Sample Street
Suite Sample
Providence, RI 02905

Single Day Stone Report Current Test Overview

SAMPLE ID	RESULTS TURNAROUND (IN DAYS)	PATIENT COLLECTION DATE	LAB RECEIPT DATE	TEST COMPLETION DATE	SAMPLE BARCODE
S229590	**2**	**01/04/2007**	**01/05/2007**	**01/07/2007**	

Litholink's computer generated comments are based upon the patient's most recent laboratory results without taking into account concurrent use of medication or dietary therapy. They are intended solely as a guide for the treating physician. Litholink does not have a doctor-patient relationship with the individuals for whom tests are ordered, nor does it have access to a complete medical history, which is required for both a definitive diagnosis and treatment plan. Cys 24, Cys Capacity, Sulfate, and Citrate were developed and their performance characteristics determined by Litholink Corporation. It has not been cleared or approved by the US Food and Drug Administration.

Date Printed: 2/28/2008

Litholink
The Kidney Stone Prevention Resource™

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Patient Results Report

PATIENT	DATE OF BIRTH	PHYSICIAN
Sample, Patient	**08/09/1988**	**Sample, Physician**

Laboratory Results

SAMPLE ID: **S229590** PATIENT COLLECTION DATE: **01/04/2007**

ANALYTE	RESULTS	NORMAL RANGE	← DECREASED RISK	THRESHOLD	INCREASED RISK →
Stone Risk Factors / Cystine Screening: Negative (01/09/2007)					
Urine Volume	**0.59**	l/d: 0.5 - 4 L			0.59
Supersaturation CaOx	**8.14**	6 - 10			8.14
Urine Calcium	**95**	mg/d; male <250, female <200	95		
Urine Oxalate	**23**	mg/d; 20 - 40	23		
Urine Citrate	**379**	mg/d; male >450, female >550			379
Supersaturation CaP	**4.45**	0.5 - 2			4.45
24 Hour Urine pH	**6.655**	5.8 - 6.2			6.655
Supersaturation Uric Acid	**0.43**	0 - 1	0.43		
Urine Uric Acid	**0.505**	g/day: male <0.800, female < 0.750	0.505		
Dietary Factors					
Urine Sodium	**115**	mmol/d; 50 - 150		115	
Urine Potassium	**52**	mmol /d; 20 - 100		52	
Urine Magnesium	**84**	mg/d; 30 - 120		84	
Urine Phosphorus	**0.810**	g/d; 0.6 - 1.2 g/d		0.810	
Urine Ammonium	**29**	mmol/d; 15 - 60		29	
Urine Chloride	**98**	mmol/d; 70 - 250		98	
Urine Sulfate	**28**	mmol /d; 20 - 80		28	
Urine Urea Nitrogen	**6.93**	g/d; 6 - 14		6.93	
Protein Catabolic Rate	**0.9**	g/kg/d; 0.8 - 1.4		0.9	
Renal Function Normalized Values					
Body Weight	**61.2**	kg		61.2	
Urine Creatinine	**1209**	mg/d		1209	
Creatinine/Kg	**19.7**	mg/kg/d; male 18-24, female 15-20		19.7	
Creatinine Clearance		ml/min; female >90; male >100			
Calcium/Kg	**1.6**	mg/kg/d; <4.00		1.6	
Calcium/Creatinine	**79**	mg/g; <140		79	

Interpretation Of Laboratory Results

Extremely low urine volume. Sufficient to cause stones as an isolated defect. Consider diarrheal disease, very poor fluid intake or occupational causes. Need to increase urine volume to above 2.5 liters per day.

Hypocitraturia. Consider treatment with potassium citrate 20 to 60 meq per day in 2 to 3 doses. If pH is above 6.3 monitor SS CaP, hypercalciuria may need to be treated to avoid CaP stones. Hypokalemia can cause hypocitraturia.

High urine pH. High urine pH can promote calcium phosphate stones. When coupled with low urine citrate consider distal renal tubular acidosis. When using alkali supplements (citrate or bicarbonate) manage urine volume and urine calcium to maintain SS CaP less than 2.0.

Moderate CaOx stone risk. If stones are calcium oxalate and actively forming, manage urine volume, calcium and oxalate to lower SS below 4.

Extreme CaP stone risk. Manage volume and calcium to lower SS below 1.5.

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