

# **KOS Diagnostic Lab**

(A Unit of KOS Healthcare)



Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist

NAME : Mr. SANJEEV GANDHI

AGE/ GENDER : 53 YRS/MALE PATIENT ID : 1545389

COLLECTED BY : REG. NO./LAB NO. : 012407110028

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 : 11/Jul/2024 10:38 AM

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 : 01512924
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 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 14/Jul/2024 09:49 AM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

## CLINICAL PATHOLOGY

**METANEPHRINES: 24 HOURS URINE** 

METANEPHRINES: 24 HOURS URINE 0.19 μg/24 hrs up to 1.00 mg/24-h

by ELISA (ENZYME LINKED IMMUNOASSAY)

### **INTERPRETATION:**

1. Metanephrines & Normetanephrines are metabolites of catecholamines (epinephrine & norepinephrine).

2.Catecholamine are important hormones in blood pressure regulation & produced mainly by the adrenal medulla & sympathetic ganglia. They are released in small fluctuating quantities in both the blood and urine.

3.Smaller increases in metanephrine and/or normetanephrine concentrations (less than two times the upper reference limit) usually are the result of physiological stimuli, drugs, or prolonged systemic illness, ingestion of coffee ,tobacco,tea, alcohol, drugs like acetoaminophen. Essential hypertension is often associated with slight elevations (metanephrine less than 700  $\mu$ g/d and normetanephrine less than 900  $\mu$ g/d). 4.Significant elevation of one or both metanephrines (three or more times the upper reference limit) is associated with an increased probability of a neuroendocrine tumor(phaechromocytoma, neuroblastoma).

5. Ratios to creatinine are useful for correct evaluations, especially in the following conditions- like paediatric or elderly patients with a random or a timed collection of less than 20 hours or a collection with total urine volume less than 400 mL.

6. The ratios have also been shown to have better specificity & positive predictive value over 24 hr metanephrine/normetanephrine excretion values.

### NOTE:

- 1. Complete 24 hour urine collection is preferred in patients with episodic hypertension
- 2. Urine metanephrines <=1300 ug/24 hrs can be detected in Non- Pheochromocytoma hypertensive patients.

#### USES:

As a screening test for the presumptive diagnosis of catecholamine secreting Pheochromocytomas and Paragangliomas.



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### CATECHOLAMINES FRACTIONATED (ADRENALINE AND NOR-ADRENALINE): 24 HOURS URINE

URINE VOLUME: 24 HOUR 1600 mL

by LC-MS (LIQUID CHROMATOGRAPHY-MASS SPECTROMETRY)

ADRENALINE/EPINEPHRINE 5.34 µg/24 hrs 4.00 - 20.00

: 24 HOURS URINE

by LC-MS (LIQUID CHROMATOGRAPHY-MASS SPECTROMETRY)

NOR-ADRENALINE/NOREPINEPHRINE 75.5  $\mu g/24 \text{ hrs}$  23.00 - 105.00

- 24 HOURS URINE

by LC-MS (LIQUID CHROMATOGRAPHY-MASS SPECTROMETRY)

#### **INTERPRETATION**

ANALYTE	AGE IN YEARS	REFERENCE RANGE IN μg/24 hrs
EPINEPHRINE	0 - 1	0.00 - 2.50
	> 1 - 2	0.00 - 3.50
	> 2 - 4	0.00 - 6.00
	> 4 - 7	0.00 - 10.00
	> 7 - 10	0.00 - 14.00
	> 10 - 14	0.00 - 20.00
	> 1 4	4.00 – 20.00
NOREPINEPHRINE	0 - 1	0.00 - 10.00
	> 1 - 2	0.00 - 17.00
	> 2 - 4	0.00 - 30.00
	> 4 - 7	0.00 - 45.00
	> 7 - 10	0.00 - 65.00
	> 10 - 14	0.00 - 70.00
	> 1 4	23.00 - 105.00
DOPAMINE	0 - 1	0.00 - 180.00
	> 1 - 3	0.00 - 240.00
	> 3 - 9	30.00 – 378.00
	>9-13	51.00 – 474.00
	>13-17	51.00 - 675.00
	>17	62.00 – 476.00



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#### **COMMENTS:**

- 1. Catecholamines are important neurotransmitters in Central Nervous System and play a crucial role in autonomic regulation of many homeostatic functions.
- 2. The circulating fraction of catecholamines is derived almost exclusively from Adrenal medulla with small contribution from sympathetic ganglia.
- 3. Their levels increase rapidly in response to changes in posture, environmental temperature, physical and emotional stress, hypovolemia, hypotension, hypoglycemia and exercise. Urine catecholamine levels are elevated in Pheochromocytoma and Paraganglioma.

#### USES:

1.As an auxillary test to fractionated plasma and urine metanephrine measurements in the diagnosis of Pheochromocytoma and Paraganglioma 2.As an auxillary test to urine VMA & HVA in the diagnosis and follow up of patients with Neuroblastoma and related tumor.

\*\*\* End Of Report \*\*\*



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