

Overview

Useful For

Assessing acid-base balance, water balance, water intoxication, and dehydration

Method Name

Potentiometric, Indirect Ion-Selective Electrode (ISE)

NY State Available

Yes

Specimen

Specimen Type

Urine

Specimen Required

Supplies: Aliquot Tube, 5 mL (T465)

Container/Tube: Plastic, 5-mL tube

Specimen Volume: 4 mL

Collection Instructions:

1. Collect a random urine specimen.
2. No preservative.

Reject Due To

All specimens will be evaluated at Mayo Clinic Laboratories for test suitability.

Specimen Minimum Volume

1 mL

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Urine	Refrigerated (preferred)	14 days	
	Frozen	30 days	
	Ambient	7 days	

Clinical & Interpretive

Clinical Information

Sodium (Na⁺) is the primary extracellular cation. Na⁺ is responsible for almost one-half the osmolality of the plasma and, therefore, plays a central role in maintaining the normal distribution of water and the osmotic pressure in the

extracellular fluid compartment. The amount of Na⁺ in the body is a reflection of the balance between Na⁺ intake and output. The normal daily diet contains 8 to 15 grams of sodium chloride (NaCl), which is nearly completely absorbed from the gastrointestinal tract. The body requires only 1 to 2 mmol/day, and the excess is excreted by the kidneys, which are the ultimate regulators of the amount of Na⁺ (and thus water) in the body. Na⁺ is freely filtered by the glomeruli. Approximately 70% to 80% of the filtered Na⁺ is actively reabsorbed in the proximal tubules with chloride and water passively following in an iso-osmotic and electrically neutral manner. Another 20% to 25% is reabsorbed in the loop of Henle along with chloride and more water. In the distal tubules, interaction of the adrenocortical hormone aldosterone with the coupled sodium-potassium and sodium-hydrogen exchange systems directly results in the reabsorption of Na⁺ and indirectly of chloride from the remaining 5% to 10% of the filtered load. It is the regulation of this latter fraction of filtered Na⁺ that determines the amount of Na⁺ excreted in the urine.

Reference Values

No established reference values.

Random urine sodium may be interpreted in conjunction with serum sodium, using both values to calculate fractional excretion of sodium.

The calculation for fractional excretion (FE) of sodium (Na) is

$$FE(\text{Na}) = \frac{[\text{Na}(\text{urine}) \times \text{Creat}(\text{serum})]}{[\text{Na}(\text{serum}) \times \text{Creat}(\text{urine})]} \times 100$$

Interpretation

Urinary sodium (Na⁺) excretion varies with dietary intake, and there is a large diurnal variation with the rate of Na⁺ excretion during the night being only 20% of the peak rate during the day.

Na⁺ may be lost in the kidneys as a result of diuretic therapy, salt-losing nephropathies, or adrenal insufficiency, with the urinary Na⁺ concentration usually more than 20 mEq/L. In these hypovolemic states, urine Na⁺ values less than 10 mEq/L indicate extrarenal Na⁺ loss. In hypervolemic states, a low urine Na⁺ (<10 mEq/L) may indicate nephrotic syndrome in addition to non-kidney causes.

Cautions

No significant cautionary statements.

Clinical Reference

1. Delaney MP, Lamb EJ: Kidney disease. In: Rifai N, Horwath AR, Wittwer CT, eds. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 6th ed. Elsevier; 2018:1308-1309

Performance

Method Description

The ion-selective electrode (ISE) module performs indirect measurement of electromotive force (EMF). The ISE module measures the EMF difference between an ion-selective electrode and a reference electrode. The EMF of the ion-selective electrode is dependent on the ion concentration of the sample. The EMF of the reference electrode is constant. An electronic calculation circuit converts EMF of the sample to the ion concentration of the sample. (Package insert: Sodium. Roche Diagnostics; V14.0, 02/2018)

PDF Report

No

Specimen Retention Time

7 days

Performing Laboratory Location

Rochester

Fees & Codes**Test Classification**

This test has been cleared, approved, or is exempt by the US Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

CPT Code Information

84300