

Overview

Useful For

Preferred test for diagnosing D-lactate acidosis, especially in patients with jejunioileal bypass and short-bowel syndrome

Special Instructions

- [Biochemical Genetics Patient Information](#)

Method Name

Enzymatic

NY State Available

Yes

Specimen

Specimen Type

Urine

Specimen Required

Container/Tube: Plastic, 10-mL urine tube (T068)

Specimen Volume: 2.5 mL

Collection Instructions:

1. Collect a timed or random urine specimen.
2. No preservative.
3. Immediately freeze specimen.

Forms

[Biochemical Genetics Patient Information](#) (T602) in Special Instructions

Specimen Minimum Volume

0.65 mL

Reject Due To

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

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Urine	Frozen (preferred)	365 days	
	Refrigerated	7 days	

Specimen Type	Temperature	Time	Special Container
	Ambient	72 hours	

Clinical and Interpretive

Clinical Information

D-lactate is produced by bacteria residing in the colon when carbohydrates are not completely absorbed in the small intestine. When large amounts are absorbed it can cause metabolic acidosis, altered mental status (from drowsiness to coma) and a variety of other neurologic symptoms, in particular dysarthria and ataxia. Although a temporal relationship has been described between elevations of plasma and urine D-lactate and the accompanying encephalopathy, the mechanism of neurologic manifestations has not been elucidated.

D-lactic acidosis is typically observed in patients with short-bowel syndrome and following jejunioileal bypass resulting in carbohydrate malabsorption. In addition, healthy children presenting with gastroenteritis may also develop the critical presentation of D-lactic acidosis.

Routine lactic acid determinations in blood will not reveal abnormalities because most lactic acid assays measure only L-lactate. Accordingly, D-lactate analysis must be specifically requested (eg, DLAC / D-Lactate, Plasma). However, as D-lactate is readily excreted in urine, this is the preferred specimen for D-lactate determinations.

Reference Values

0.0-0.25 mmol/L

Interpretation

Increased levels are diagnostic.

Cautions

The test performed was D-lactate. This is a product of bacterial overgrowth in the gastrointestinal tract. It should not be confused with L-lactate, which accumulates in some metabolic acidosis.

Clinical Reference

1. Brandt RB, Siegel SA, Waters MG, Bloch MH: Spectrophotometric assay for D-(-)-lactate in plasma. *Anal Biochem* 1980;102(1):39-46
2. Petersen C: D-lactic acidosis. *Nutr Clin Pract* 2005 Dec;20(6):634-645

Performance

Method Description

D-lactate is oxidized to pyruvate in the presence of D-lactate dehydrogenase and nicotinamide adenine dinucleotide phosphate (NAD). The reaction proceeds because the pyruvate is continually removed as a pyruvate-hydrazone complex. The quantity of reduced NAD produced is directly proportional to the amount of D-lactate oxidized and is measured spectrophotometrically at 340 nm.(Unpublished Mayo method based on Brandt approach[1])

PDF Report

No

Day(s) Performed

Varies

Report Available

4 to 8 days

Specimen Retention Time

1 month

Performing Laboratory Location

Rochester

Fees and Codes**Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

Test Classification

This test was developed, and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the US Food and Drug Administration.

CPT Code Information

83605

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
DLAU	D-Lactate, U	14046-7

Result ID	Test Result Name	Result LOINC Value
8873	D-Lactate, U	14046-7