Overview

Useful For

Monitoring therapy for diabetic ketoacidosis

Investigating the differential diagnosis of any patient presenting to the emergency room with hypoglycemia, acidosis, suspected alcohol ingestion, or an unexplained increase in the anion gap

In pediatric patients, the presence or absence of ketonemia/uria is an essential component in the differential diagnosis of inborn errors of metabolism

Serum beta-hydroxybutyrate is a key parameter monitored during controlled 24-hour fasts

Method Name

Photometric, B-Hydroxybutyrate Dehydrogenase (B-HBDH)

NY State Available

Yes

Specimen

Specimen Type

Serum

Specimen Required

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions:

1. Serum gel tubes should be centrifuged within 2 hours of collection.

2. Red-top tubes should be centrifuged and aliquoted within 2 hours of collection.

Specimen Minimum Volume

0.25 mL

Reject Due To

| Gross hemolysis | Reject |

Specimen Stability Information
Clinical and Interpretive

Clinical Information

Beta-hydroxybutyrate (BHB) is 1 of 3 sources of ketone bodies. Its relative proportion in the blood (78%) is greater than the other 2 ketone bodies, acetoacetate (20%) and acetone (2%). During carbohydrate deprivation (starvation, digestive disturbances, frequent vomiting), decreased carbohydrate utilization (diabetes mellitus), glycogen storage diseases, and alkalosis, acetoacetate production increases. The increase may exceed the metabolic capacity of the peripheral tissues. As acetoacetate accumulates in the blood, a small amount is converted to acetone by spontaneous decarboxylation. The remaining and greater portion of acetoacetate is converted to BHB.

Reference Values

<0.4 mmol/L

Interpretation

The beta-hydroxybutyrate (BHB)/acetoacetate ratio is typically between 3:1 and 7:1 in severe ketotic states.

Serum BHB increases in response to fasting, but should not exceed 0.4 mmol/L following an overnight fast (up to 12 hours).

In pediatric patients, a hypo- or hyper-ketotic state (with or without hypoglycemia) may suggest specific groups of metabolic disorders.

Cautions

Twenty four-hour fasting tests should not be performed in patients <2 years of age.

Dipstick serum ketone determination using nitroprusside reagent is often used to estimate ketone body status, but that method has inherent problems. The dipstick does not measure beta-hydroxybutyrate, the most abundant of the physiological ketone bodies; the nitroprusside reagent only reacts with acetoacetate and acetone.

Clinical Reference


Performance

Method Description

D-3-hydroxybutyrate in the presence of NAD is converted to acetoacetate and NADH at pH 8.5 by
D-3-hydroxybutyrate dehydrogenase. At this pH the reaction is favored to the right. The NADH is converted to a colored compound using INT and Diaphorase. (Package insert: Stanbio Beta-hydroxybutyrate LiquiColor Procedure No. 2440; DN: RBR.2440.00, 4/16/2002)

**PDF Report**

No

**Day(s) and Time(s) Test Performed**

Monday through Sunday; Continuously

**Analytic Time**

Same day/1 day

**Maximum Laboratory Time**

2 days

**Specimen Retention Time**

1 week

**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 has been cleared, approved or is exempt by the U.S. 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**

82010

**LOINC® Information**

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