

Metanephrines, Fractionated, Random, Urine

Test ID: METRN

Useful for:

A second-order screening test for the presumptive diagnosis of pheochromocytoma in patients with non-episodic hypertension.

Confirming positive plasma metanephrine results in patients with non-episodic hypertension.

Profile Information:

| Test ID | Reporting Name | Available Separately | Always Performed |
|---------|----------------------------------|----------------------|------------------|
| METAU | Metanephrines, Fract., Random, U | No | Yes |
| CRETR | Creatinine, Random, U | Yes (order RCTUR) | Yes |

Methods:

METAU: Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS) Stable Isotope Dilution Analysis

CRETR: Enzymatic Colorimetric Assay

Reference Values:

METANEPHRINE/CREATININE

Normotensives

0-2 years: 82-418 mcg/g creatinine

3-8 years: 65-332 mcg/g creatinine

9-12 years: 41-209 mcg/g creatinine

13-17 years: 30-154 mcg/g creatinine

> or =18 years: 29-158 mcg/g creatinine

NORMETANEPHRINE/CREATININE

Males

Normotensives

0-2 years: 121-946 mcg/g creatinine

3-8 years: 92-718 mcg/g creatinine

9-12 years: 53-413 mcg/g creatinine

13-17 years: 37-286 mcg/g creatinine

18-29 years: 53-190 mcg/g creatinine
30-39 years: 60-216 mcg/g creatinine
40-49 years: 69-247 mcg/g creatinine
50-59 years: 78-282 mcg/g creatinine
60-69 years: 89-322 mcg/g creatinine
> or =70 years: 102-367 mcg/g creatinine

Females

Normotensives

0-2 years: 121-946 mcg/g creatinine
3-8 years: 92-718 mcg/g creatinine
9-12 years: 53-413 mcg/g creatinine
13-17 years: 37-286 mcg/g creatinine
18-29 years: 81-330 mcg/g creatinine
30-39 years: 93-379 mcg/g creatinine
40-49 years: 107-436 mcg/g creatinine
50-59 years: 122-500 mcg/g creatinine
60-69 years: 141-574 mcg/g creatinine
> or =70 years: 161-659 mcg/g creatinine

TOTAL METANEPHRINE/CREATININE

Males

Normotensives

0-2 years: 241-1,272 mcg/g creatinine
3-8 years: 186-980 mcg/g creatinine
9-12 years: 110-582 mcg/g creatinine
13-17 years: 78-412 mcg/g creatinine
18-29 years: 96-286 mcg/g creatinine
30-39 years: 106-316 mcg/g creatinine
40-49 years: 117-349 mcg/g creatinine
50-59 years: 130-386 mcg/g creatinine
60-69 years: 143-427 mcg/g creatinine
> or =70 years: 159-472 mcg/g creatinine

Females

Normotensives

0-2 years: 241-1,272 mcg/g creatinine
3-8 years: 186-980 mcg/g creatinine
9-12 years: 110-582 mcg/g creatinine
13-17 years: 78-412 mcg/g creatinine
18-29 years: 131-467 mcg/g creatinine
30-39 years: 147-523 mcg/g creatinine
40-49 years: 164-585 mcg/g creatinine
50-59 years: 184-655 mcg/g creatinine
60-69 years: 206-733 mcg/g creatinine
> or =70 years: 230-821 mcg/g creatinine

Specimen Requirements:

Supplies: Urine Tubes, 10 mL (T068)

| | |
|---------------------------------|------------------------------------------------------------|
| Container/Tube: | Clean, plastic urine collection container |
| Specimen Volume: | 10 mL |
| Collection Instructions: | 1. Collect a random urine specimen. 2. No preservative. |
| Minimum Volume: | 3 mL |

Specimen Stability Information:

| Specimen Type | Temperature | Time |
|---------------|--------------------------|---------|
| Urine | Refrigerated (preferred) | 28 days |
| | Ambient | 14 days |
| | Frozen | 28 days |

Cautions:

While screening for pheochromocytoma is best accomplished by measuring plasma free fractionated metanephrines (a more sensitive assay), follow-up testing with urinary fractionated metanephrines (a more specific assay) may identify false-positives. Twenty-four hour urine collections are preferred, especially for patients with episodic hypertension; ideally the collection should begin at the onset of a "spell."

This test utilizes a liquid chromatography tandem mass spectrometry (LC-MS/MS) method and is not affected by the interfering substances that affected the previously utilized spectrophotometric (Pisano reaction) method (ie, diatrizoate, chlorpromazine, hydrazine derivatives, imipramine, monoamine oxidase [MAO] inhibitors, methyl dopa, phenacetin, ephedrine, or epinephrine).

This method is also not subject to the known interference of acetaminophen (seen with the plasma metanephrine HPLC-EC method)

When N-acetylcysteine is administered at levels sufficient to act as an antidote for the treatment of acetaminophen overdose, it may lead to falsely decreased creatinine results.

CPT Code:

83835

82570

Day(s) Performed: Monday through Friday; 4 p.m. **Report Available:** 3 days (not reported on Sundays)

Questions

Contact Joshua Yang, Laboratory Technologist Resource Coordinator at 800-533-1710.