

Proteinuria

Normal urine contains a tiny amount of protein, with albumin being one type of protein. The normal cut-off for proteinuria (protein in the urine) is less than 10 mg/dl or 150 mg per 24 hours and the normal cut-off for albuminuria (often referred to as the microalbumin test) is less than or equal to 3 mg/dl. The concentration of the urine can affect the reported protein level. To correct for that, the protein/ creatinine ratio (P/C) is often looked at as a more accurate indicator of true proteinuria. A normal P/C ratio is less than 0.2. Frequent or persistent albuminuria indicates possible kidney disease. Other causes of increased albuminuria include recent illness, fever, or exercise but these should only cause transient and not persistent albuminuria. A benign condition that causes persistent proteinuria/albuminuria is orthostatic proteinuria, where protein levels in the urine rise only after a person has been in a standing position. This requires careful evaluation by an attending physician with urine collections done in the morning before rising from bed, which will be normal. Once diagnosed, orthostatic proteinuria would not be rated. Underwriting considerations, absent other significant impairment.

If your client has a history of Proteinuria, please answer the following:

1. How long has this abnormality been present? _____
(years)

2. Has a specific cause for the proteinuria been found?
Yes (Please give results) _____

3. Please give the date and results of the most recent urinalysis:

- a) Protein _____
- b) Red Blood Cells (RBCs) _____
- c) White Blood Cells (WBCs) _____
- d) Protein/creatinine ratio _____

4. Please check if your client has had any of the following:

- Weight loss Biliary cirrhosis ____
- Heart disease Liver enzyme abnormality ____
- Lung disease Kidney disease ____
- Raynaud's disease Trouble swallowing ____

5. If any of the following urinary tests have been completed, please give the date and result:

a) Microalbumin _____

b) 24 hour protein _____

c) 24 hour Creatinine Clearance _____

d) Other: _____

6. Is your client currently on any other medications?

Yes (details) _____

7. Has your client smoked cigarettes or any other tobacco products in the last 5 years?

Yes (details) _____

8. Does your client have any other major health problems?

Yes (details) _____