

## Urinalysis

Urinalysis (UA) may provide information regarding genitourinary disease and other disorders. For insurance purposes, UA is most frequently divided into two parts: a chemical analysis and a microanalysis. The chemical analysis typically focuses on substances such as cotinine (nicotine), cocaine, and protein. A microscopic review is needed to describe cells and casts.

**Glycosuria** – indicates the presence of sugar in the urine. While some non-diabetic individuals show sugar in their urine, Glycosuria suggests that the individual may be diabetic. This probability increases with the quantity of sugar found.

**Casts** – are molds of the inside of kidney tubules. There are two types of casts. Hyaline casts represent protein which has precipitated in the tubule. They are of little significance unless there is known kidney disease or ratable albuminuria. Granular casts may represent casts containing epithelial cells, white blood cells (WBC), or red blood cells (RBC) in various stages of degeneration.

**Red Blood Cells** – may appear in the urine due to some blood disorders or due to impairments in the kidneys, ureters, bladder, prostate, or urethra. Causes include trauma, infections, nephritis, stones, or tumors.

**White Blood Cells** – usually indicate infection at some point in the urinary tract. Most commonly this would be conditions such as urethritis, prostatitis, cystitis, and infection in the kidney.

**Proteinuria** – see Rx for Success – Proteinuria

**Urine Creatinine** – is used to calculate the protein/creatinine ratio and is typically not used in the underwriting process as a standalone value.

If your client had a urinalysis, please answer the following:

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

- a) Protein \_\_\_\_\_
- b) Red Blood Cells (RBC's) \_\_\_\_\_
- c) White Blood Cells (WBC's) \_\_\_\_\_
- d) Protein/creatinine \_\_\_\_\_
- e) Casts: type and # \_\_\_\_\_

**2. Please give the date and results of the most recent kidney function tests:**

a) BUN \_\_\_\_\_

b) Serum creatinine \_\_\_\_\_

**3. If any of the following other tests have been completed, please give the date and result:**

a) Microalbumin \_\_\_\_\_

b) 24-hour protein \_\_\_\_\_

c) 24-hour Creatinine Clearance \_\_\_\_\_

d) Other: \_\_\_\_\_

**4. Is your client on any medications?**

Yes, please give details

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

Yes \_\_\_\_\_

No \_\_\_\_\_

**6. Does your client have any other major health problems (ex: cancer, etc.)?**

Yes, please give details

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