



## Clinical Biochemistry

### Lab. 4

### Measurement of Serum Urea

Prepared by :

**Darya Shorsh Hamad**

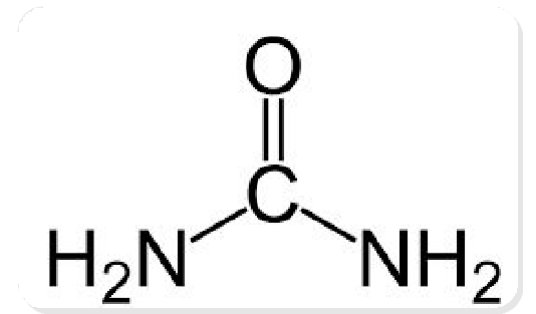
Mcs. in Clinical Biochemistry

E-mail: [darya.shorsh@sulicihan.edu.krd](mailto:darya.shorsh@sulicihan.edu.krd)

# Introduction



- Urea is the highest **non-protein nitrogen** compound in the blood.
- Urea is the major **excretory product of protein metabolism**.
- It is formed by **urea cycle in the liver** from **free ammonia** generated during **protein catabolism**.
- Since historic assays for urea were based on measurement of nitrogen, the **term blood urea nitrogen (BUN)** has been used to refer to urea determination.



**Formula: BUN (mg/dl) = Urea (mg/dl) / 2.1428**

# Clinical significance of urea measurement



- Measurement of **Blood Urea Nitrogen (BUN)** alone is **less useful in diagnosing kidney diseases** because it's blood level is influenced by **dietary protein and hepatic function**.

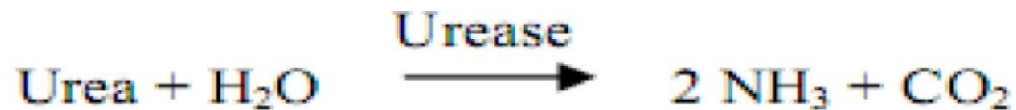
	Type	Cause	Note
<b>High urea</b> (High urea concentration in plasma is called <b>azotemia</b> )	Pre-renal	<ul style="list-style-type: none"><li>• Congestive heart failure.</li><li>• <u>Dehydration</u>.</li><li>• High protein diet.</li><li>• Increased protein catabolism.</li></ul>	Caused by reduced renal blood flow, less blood is delivered to kidney, then less urea is filtered.
	Renal	<ul style="list-style-type: none"><li>• Renal failure .</li></ul>	
	Post-renal	<ul style="list-style-type: none"><li>• Urinary tract obstruction.</li></ul>	
<b>Low urea</b>		<ul style="list-style-type: none"><li>• Low protein intake.</li><li>• Liver disease.</li><li>• Pregnancy.</li></ul>	

# Measurement of serum Urea by Colorimetric Method



**Aim:** Determine the concentration of **Urea in the serum**

**Principle:** Urea is hydrolyzed in the presence of water and urease to produce **ammonia and carbon dioxide**. Then, Ammonium ions react with **hypochlorite and salicylate** to give a **green dye**. The intensity of the color formed at **600 nm** is proportional to the **urea concentration** in the sample.





# Reagents Preparation



**Working reagent:** Add content of vial R2 into Vial R1. Mix gently by inversion.

**Base (Vial R3):**

**Standard (Vial R4):** ready for use

# Specimen Collection and Handling



Unhemolysed serum or heparinised plasma. Avoid fluoride or ammonium as anticoagulant which interfere with the assay.

Urea is stable in serum or plasma for:

- 24 h at room temperature.
- several days at 2-8°C.
- at least 2-3 months frozen.

24h Urine: diluted (1+19) with demineralised water before assay.

Urea is stable in urines for: 4 days at 2-8°C.

Add antibacterial agent as Thymol to improve the stability.

# Procedure



## Manual procedure

Let stand reagents and specimens at room temperature.

Pipette into test tubes	Blank	Standard	Assay
Working reagent (R1+R2)	1 mL	1 mL	1 mL
Demineralised water	5 $\mu$ L		
Standard		5 $\mu$ L	
Specimen (Note 1)			5 $\mu$ L
Mix and wait for 4 minutes at room temperature or 2 minutes at 37°C			
Base (vial R3) diluted $\frac{1}{4}$	1 mL	1 mL	1 mL
Mix. Let stands for 8 minutes at room temperature or 5 minutes at 37°C. Read absorbance at 600 nm (590-610) against blank (Note 3). Reaction coloration is stable for 2 hours.			



# Calculation



## Manual procedure:

Serum and plasma:

$$\text{Result} = \frac{\text{Abs (Assay)}}{\text{Abs (Standard)}} \times \text{Standard concentration}$$

Urines diluted (1+19): Multiply the result by 20 (dilution factor).

To calculate blood urea nitrogen (BUN): multiply the value of urea (mg/dL) by 0.467.

Converting of Urea concentration to the BUN:

**Formulas: BUN (mg/dl) = Urea (mg/dl) / 2.1428**

# Reference Interval



In serum and plasma	mg/dL	[mmol/L]
In cord	45-86	[7.5-14.3]
Premature	6-54	[1.1-8.9]
< 1 year	9-41	[1.4-6.8]
Children	11-39	[1.8-6.4]
18-60 years	13-43	[2.1-7.1]
60-90 years	17-49	[2.9-8.2]
> 90 years	21-66	[3.6-11.1]
In urines	26-43 g/24 h	[0.43-0.71 mol/24 h]