Chloride (Urine) (UCL)

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TEST OVERVIEW

Test Name	Chloride (Urine)
Test Code	UCL
Short Description	Chloride (Urine)

OVERVIEW

Test Name	Chloride (Urine)
Test Code	UCL
Category	Urine Biochemistry
TAT	Main Lab: 4 Hour(s) Family Site: <4hrs, <5hrs
Specimen(s)	1 x Urine - 20 mL Sterile Urine container - Red - Urine Random No Preservative

SPECIMEN(S)

Urine Random No Preservative

Specimen Type	Urine Random No Preservative
Specimen Format	Sterile Urine container
Specimen Colour	Red
Specimen Volume	20 mL
Sampling Order	0
Origin	Urine
Collection time after baseline	-
Transport Temperature	15-25°C
Accepted Other Specimens	-
TAT	Main Lab: 4 Hour(s)

	Family Site: <4hrs, <5hrs
Test Stability	Room Temp: 7 Day(s) 2–8°C: 7 Day(s)

CLINICAL INFORMATION

Chloride (urine)

Methodology	-
Specimen Type	Urine Random No Preservative
Delay before pre-treatment	2
Transport Temperature	15-25°C
Transport Stability at room temp	7 Day
Transport Stability at 2–8°C	7 Day
Haemolysis interference	No

Clinical Interest

Urine Electrolytes are measured to assess kidney function, fluid balance and the body's electrolyte status.

Urinary electrolyte levels, particularly sodium and potassium, indicate how well the kidneys are managing electrolyte and fluid balance.

Urinary sodium concentration is used to distinguish between pre-renal and intrinsic causes of acute kidney injury (AKI):

- A **low urinary sodium level (<20 mEq/L)** indicates pre-renal causes (dehydration, hypovolaemia).
- A high **urinary sodium** level **(>40 mEq/L)** indicates intrinsic renal damage (e.g. acute tubular necrosis).
- **Hyponatremia/hypernatremia**: A **low urinary sodium level** in the setting of hyponatremia indicates a non-renal cause (e.g. heart failure, cirrhosis of the liver).
- **High urinary sodium** in hyponatremia suggests renal salt loss or inappropriate secretion of antidiuretic hormone (SIADH).
- **Hypokalaemia/hyperkalaemia**: Urinary potassium excretion helps determine whether potassium imbalances are due to renal or non-renal causes.
- A **high level of urinary potassium** in hypokalaemia suggests renal potassium loss (e.g. diuretics, hyperaldosteronism). A **low urinary potassium level** suggests extrarenal losses (e.g. gastrointestinal losses such as diarrhoea).
- **Chloride in metabolic alkalosis**: Urinary chloride levels are used to distinguish the causes of metabolic alkalosis. A low urinary chloride level (<20 mEq/L) suggests a chloride-responsive cause (e.g. vomiting or diuretic use), whereas a high urinary chloride level indicates non-chloride-responsive conditions (e.g. primary hyperaldosteronism).

PATIENT INFORMATION

Clinical Information Required	-
Patient Collection Notes	-

COMMENTS & NOTES

LOINC Code	78-4, 2078-4
Outwork	No