

## Overview

### Useful For

Assessing chronic exposure and monitoring effectiveness of dialysis in a 24-hour urine collection

### Special Instructions

- [Urine Preservatives-Collection and Transportation for 24-Hour Urine Specimens](#)
- [Metals Analysis Specimen Collection and Transport](#)

### Method Name

Inductively Coupled Plasma Mass Spectrometry (ICP-MS)

### NY State Available

Yes

## Specimen

### Specimen Type

Urine

### Necessary Information

**24-Hour volume (in milliliters) is required.**

### Specimen Required

**Patient Preparation:** High concentrations of gadolinium and iodine are known to interfere with most metal tests. If either gadolinium- or iodine-containing contrast media has been administered, a specimen should not be collected for 96 hours.

**Supplies:** Urine Tubes, 10 mL (T068)

**Container/Tube:** Plastic, 10-mL urine tube or clean, plastic aliquot container with no metal cap or glued insert

**Specimen Volume:** 0.3 mL

#### Collection Instructions:

1. Collect urine for 24 hours.
2. Refrigerate specimen within 4 hours of completion of 24-hour collection.
3. See [Metals Analysis Specimen Collection and Transport](#) for complete instructions.

**Additional Information:** See [Urine Preservatives-Collection and Transportation for 24-Hour Urine Specimens](#) for multiple collections.

### Forms

If not ordering electronically, complete, print, and send a [Renal Diagnostics Test Request](#) (T830) with the specimen.

### Urine Preservative Collection Options

**Note:** The addition of preservative or application of temperature controls **must occur within 4 hours of completion** of the collection.

Ambient	OK
Refrigerate	Preferred
Frozen	OK
50% Acetic Acid	No
Boric Acid	No
Diazolidinyl Urea	No
6M Hydrochloric Acid	OK
6M Nitric Acid	OK
Sodium Carbonate	No
Thymol	No
Toluene	No

### Specimen Minimum Volume

0.2 mL

### Reject Due To

All specimens will be evaluated at Mayo Clinic Laboratories for test suitability.

### Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Urine	Ambient	28 days	
	Refrigerated (preferred)	28 days	
	Frozen	28 days	

## Clinical & Interpretive

### Clinical Information

Gadolinium is a member of the lanthanide series of the periodic table of elements and is considered a nonessential element. Due to its paramagnetic properties, chelated gadolinium is commonly employed as contrast media (gadolinium-based contrast agents: GBCA) for magnetic resonance imaging and computer tomography scanning.

Gadolinium is primarily eliminated via the kidneys, so exposure can be prolonged in patients with kidney insufficiency. Patients with reduced kidney function and some patients with normal [kidney](#) function may exhibit a prolonged gadolinium elimination half-life.

To date the only known adverse health effect related to gadolinium retention is a rare condition called nephrogenic systemic fibrosis (NSF). NSF is a relatively uncommon condition in which fibrous plaques develop in the dermis and often in deeper connective tissues. Reported cases have occurred almost exclusively in patients with severe kidney disease, and almost all have been associated with prior use of GBCA. NSF is a painful skin disease characterized by thickening of the skin, which can involve the joints and cause significant limitation of motion within weeks to months. Over the past

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decade, changes in clinical practice guidelines have almost completely eliminated the incidence of NSF. However, the association of NSF and observed elevated gadolinium concentrations is still not fully understood.

**Reference Values**

0-17 years: Not established

> or =18 years: <1.1 mcg/24 hours

**Interpretation**

Elevated urine gadolinium results from a specimen collected more than 96 hours after administration of a gadolinium-based contrast agent confirms past exposure or continued exposure through anthropogenic sources and prolonged elimination of gadolinium. Gadolinium also has been shown to be present in some municipal water sources, which may contribute to the observation of low concentrations of gadolinium in patients who never have been exposed to gadolinium-based contrast agents.

Elevated gadolinium in a specimen collected more than 96 hours after contrast media infusion does not indicate risk of nephrogenic systemic fibrosis.

**Cautions**

Urine gadolinium concentration will be elevated if the specimen is collected less than 96 hours after administration of gadolinium-based contrast agents. This elevation is due to the residual gadolinium present from contrast media infusion. An elevated gadolinium in a specimen collected more than 96 hours after contrast media infusion does not definitively indicate risk of nephrogenic systemic fibrosis or gadolinium toxicity. Ultimately, individuals should consult with their healthcare providers to interpret any test results.

Gadolinium may also be present in the effluent of metropolitan sewage treatment plants and in the rivers near metropolitan areas. Sewage treatment does not remove gadolinium. Anthropogenic sources of gadolinium could contribute to low concentrations of gadolinium excreted in the urine.

**Supportive Data**

An evaluation of urine gadolinium concentration in healthy human subjects not exposed to gadolinium within 96 hours of specimen collection generated a reference range of less than 0.7 mcg/24 hours with no evidence of age or gender trend.

**Clinical Reference**

1. Othersen JB, Maize JC, Woolson RF, Budisavljevic MN. Nephrogenic systemic fibrosis after exposure to gadolinium in patients with renal failure. *Nephrol Dial Transplant*. 2007;22:3179-3185
2. Christensen KN, Lee CU, Hanley MM, et al. Quantification of gadolinium in fresh skin and serum samples from patients with nephrogenic systemic fibrosis. *J Am Acad Dermatol*. 2011;64(1):91-96
3. Telgmann L, Sperling M, Karst U. Determination of gadolinium-based MRI contrast agents in biological and environmental samples: A review. *Analytica Chimica Acta*. 2013;764:1-16
4. Daftari Besheli L, Aran S, Shaqdan K, et al. Current status of nephrogenic systemic fibrosis. *Clin Radiol*. 2014;69(7):661-668
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7. Attari H, Cao Y, Elmholt TR, Zhao Y, Prince MR. A systematic review of 639 patients with biopsy-confirmed nephrogenic systemic fibrosis. *Radiology*. 2019;292(2):376-386
8. Woolen SA, Shankar PR, Gagnier JJ, MacEachern MP, Singer L, Davenport MS. Risk of nephrogenic systemic fibrosis in patients with stage 4 or 5 chronic kidney disease receiving a group II gadolinium-based contrast agent: A systematic review and meta-analysis. *JAMA Intern Med*. 2020;180(2):223-230
9. Bornhorst J, Wegwerth P, Day P, et al. Urinary reference intervals for gadolinium in individuals without recent exposure to gadolinium-based contrast agents. *Clin Chem Lab Med*. 2020;58(3):e87-e90
10. Alwasiyah D, Murphy C, Jannetto P, Hogg M, Beuhler MC. Urinary Gadolinium Levels After Contrast-Enhanced MRI in Individuals with Normal Renal Function: a Pilot Study. *J Med Toxicol*. 2019;15(2):121-127

## Performance

### Method Description

The metal of interest is analyzed by inductively coupled plasma mass spectrometry.(Unpublished Mayo method)

### PDF Report

No

### Day(s) Performed

Thursday

### Report Available

2 to 8 days

### Specimen Retention Time

14 days

### Performing Laboratory Location

Rochester

## Fees & Codes

### Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

### Test Classification

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.

### CPT Code Information

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83018

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
GDU	Gadolinium, 24 Hr, U	8201-6

Result ID	Test Result Name	Result LOINC® Value
29252	Gadolinium, 24 Hr, U	8201-6
TM101	Collection Duration	13362-9
VL82	Urine Volume	3167-4