

Urology lab tests explained: urinalysis, culture, PSA, eGFR

Every urine and blood test has a defined scope: it can make a problem more or less likely, but it rarely establishes a diagnosis on its own. How the sample was collected, the trend over time and your symptoms often give a result more meaning than the single value does.

What Common Urology Tests Can—and Cannot—Tell You		
	Can help assess	Cannot establish alone
Urinalysis		
Urine culture	Growing organisms/susceptibility	Cause of all urinary symptoms
Cytology		
Creatinine/eGFR		
PSA	Prostate cancer risk	Cancer diagnosis
Testosterone	Hormonal assessment with symptoms	Deficiency from one value
Glucose/A1c		
CBC		
Metabolic panel	Na^+ K^+ Cl^- HCO_3^-	
Laboratory tests are useful when their clinical question and limitations are explicit.		

Figure 45.1. What Common Urology Tests Can—and Cannot—Tell You. Lab tests are useful when their clinical question and limitations are explicit.

Key points

- A lab flag means a value fell outside a reference range; it is not a diagnosis.
- A poorly collected urine sample can contain skin or vaginal bacteria and cells that obscure the picture.
- When a result conflicts with your symptoms, repeating a clean specimen may be more useful than treating the first report.
- A trend counts only when the measurements are comparable.
- Detection is not explanation: blood, white cells or a low testosterone value start a workup rather than finish it.
- Every result should lead to a clear next decision.

Questions to ask your urologist

- What question was this test designed to answer?
- Could collection, timing, illness or a medication have affected the result?
- Should the sample be repeated before we act on it?
- How does this result compare with my previous values?
- What decision changes because of this result?