

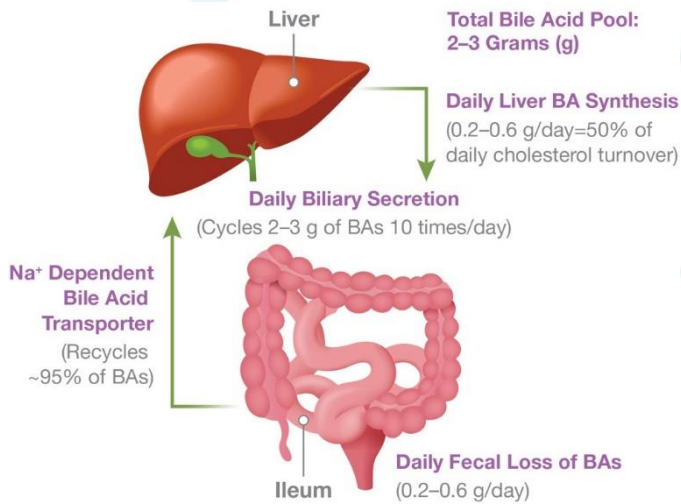
Total Bile Acid

CPT Code: 82239

Sample Type: Serum

Order Code: 4059

Tube Type: SST Serum Separator



Clinical Use:

Aiding in the evaluation of liver function; evaluation of liver function changes before the formation of more advanced clinical signs of illness such as icterus

Clinical Significance:

Bile acids are formed in the liver from cholesterol, conjugated primarily to glycine and taurine, stored and concentrated in the gallbladder, and secreted into the intestine after the ingestion of a meal. In the intestinal lumen, the bile acids serve to emulsify ingested fats and thereby promote digestion. During the absorptive phase of digestion, approximately 90% of the bile acids are reabsorbed. The efficiency of the hepatic clearance of bile acids from portal blood maintains serum concentrations at low levels in normal persons. An elevated fasting level, due to impaired hepatic clearance, is a sensitive indicator of liver disease. Following meals, serum bile acid levels have been shown to increase only slightly in normal persons, but markedly in patients with various liver diseases, including cirrhosis, hepatitis, cholestasis, portal-vein thrombosis, Budd-Chiari syndrome, cholangitis, Wilson disease, and hemochromatosis. No increase in bile acids will be noted in patients with intestinal malabsorption. Metabolic hepatic disorders involving organic anions (eg, Gilbert disease, Crigler-Najjar syndrome, and Dubin-Johnson syndrome) do not cause abnormal serum bile acid concentrations.

Serum Bile acids are elevated in individuals with liver dysfunction.

This bile acid test can be used in the diagnosis of intrahepatic cholestasis of pregnancy.

Testing Frequency:

Total Bile Acid testing is determined by an individual's medical history, but may be performed semi-annually or annually as necessary. If the initial test result is abnormal, then follow-up testing may be performed within 3-6 months following treatment.

Days Performed:

Mondays- Saturday

Reference Range:

<10 Normal

≥10 High



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