Proteinuria can be a benign (nonthreatening) finding or it can be a more significant cause of renal disease. In most cases (60% of adolescents) proteinuria has a benign cause. This is often referred to as orthostatic proteinuria. If swelling is experienced in addition to proteinuria, further testing will need to be done to test for nephrotic syndrome (see handout on nephrotic syndrome).

How do you test for proteinuria?
If the doctor is concerned about proteinuria seen on a urine dipstick, they will quantify the protein by further urine specimen testing or by ordering a 24-hour urine collection. The doctor will explain how to correctly collect a 24-hour urine specimen if one is needed.

What is orthostatic proteinuria?
Orthostatic proteinuria is most common in children between 10 and 20 years of age. Proteinuria is less likely to occur in the morning and more likely to occur at the end of the day in this population.

Is further workup required?
If high blood pressure, blood in the urine, swelling, and/or a family history of kidney problems are also present, the proteinuria may represent a more serious condition. The nephrologist will talk to you about additional testing.

Location and Appointments
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