

Name	: Dummy-B175	Collected	: 22/3/2018 7:34:00AM
Lab No.	: LPLT12367	Received	: 22/3/2018 3:59:42PM
Age:	28 Years	Reported	: 26/3/2018 2:18:02PM
Gender:	Female	Report Status	:
A/c Status	: P	Ref By	: -----

Test Name	Results	Units	Bio. Ref. Interval
<b>ALDOSTERONE / PLASMA RENIN (DIRECT) RATIO (CLIA)</b>			
Aldosterone, Serum		ng/dL	
Renin, Direct		μIU/mL	
Aldosterone / Renin Ratio (ARR)		ng/dL/μIU/mL	

**Note**

1. Patient should be ambulatory / upright for at least 2 hours prior to the test
2. It is recommended that patient should avoid Spironolactone & Eplerenone for at least 4-6 weeks and other Antihypertensives for at least 2 weeks prior to the test
3. Hypokalemia should be corrected and patient should not be on a sodium restricted diet
4. It is recommended that patients with a positive aldosterone-renin ratio (ARR) should undergo testing, by any of four confirmatory tests (oral sodium loading, saline infusion, fludrocortisone suppression, and captopril challenge), to definitively confirm or exclude the diagnosis
5. Increased ARR may not be consistent with PA in the presence of very low renin when plasma aldosterone is also low.

POSTURE	REFERENCE RANGE OF RENIN, DIRECT IN μIU/mL	REFERENCE RANGE OF ALDOSTERONE IN ng/dL
Upright	4.4-46.1	2.52-39.2
Supine	2.8-39.9	1.76-23.2

ARR (ng/dL/μIU/mL)	ALDOSTERONE CONCENTRATION (ng/dL)	SENSITIVITY	SPECIFICITY	PPV	NPV
≥ 3.7	≥ 15	80.0%	100.0%	100.0%	94.9%
≥ 2.7	≥ 15	85.0%	100.0%	100.0%	96.2%
≥ 3.7	≥ 10	90.0%	98.7%	94.7%	97.4%
≥ 2.7	≥ 10	95.0%	97.3%	90.5%	98.7%

**Comments**

Primary aldosteronism (PA) is considered as the most common cause of secondary hypertension with an



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<p>overall prevalence of approximately 10%. The diagnosis of PA is important because it is associated with higher cardiovascular morbidity and mortality than age- and sex-matched patients with essential hypertension and the same degree of blood pressure elevation. Furthermore, specific treatments are available that ameliorate the impact of this condition on patient-important outcomes. In recent studies, only a minority of patients with PA (9- 37%) had hypokalemia. Normokalemic hypertension constitutes the most common presentation of the disease, thus, the presence of hypokalemia has low sensitivity and specificity and a low positive predictive value for the diagnosis of PA. The ARR is currently the most reliable means of screening for PA.</p>			

### Clinical Utility

**Endocrine Society Clinical Practice Guidelines (2016) recommends screening of following patients for PA:**

- Patients with sustained BP above 150/100 on each of three measurements obtained on different days
- Patients with hypertension (BP>140/90) resistant to three conventional antihypertensive drugs (including a diuretic),
- Patients with controlled BP < 140/90 on four or more antihypertensive drugs
- Hypertension and spontaneous or diuretic-induced hypokalemia
- Hypertension and adrenal incidentaloma
- Hypertension and sleep apnea
- Hypertension and a family history of early onset hypertension or cerebrovascular accident at a young age (<40 years)
- All hypertensive first-degree relatives of patients with A

**The Society recommends use of the plasma aldosterone to renin ratio (ARR) to detect cases of PA in these patient groups**



LPL - PRODUCTION TEST COLLECTION  
CENTRE  
SECTOR - 18, BLOCK-E ROHINI  
DELHI 110085

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Result/s to follow:

ALDOSTERONE / PLASMA RENIN (DIRECT) RATIO

**IMPORTANT INSTRUCTIONS**

\*Test results released pertain to the specimen submitted.\*All test results are dependent on the quality of the sample received by the Laboratory.  
\*Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.\*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.\*Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.\*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.\*Test results may show interlaboratory variations.\*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).\*Test results are not valid for medico legal purposes. \*Contact customer care Tel No. +91-11-39885050 for all queries related to test results.

