H·O·D
HOUSE of DIAGNOSTICS

Patient Name :	Demo Patient Name	**Lab No :**	Demo Visit No
Age / Sex :	16 Y / M	**Registration On :**	05-Nov-26 10:12
Referred By :	DEMO HOSPITAL	**Patient ID :**	UHID.DEMO.001
Centre :	HOD Head Office		

Aldosterone — Serum Sample

Accession No: DEMO_BARCODE **Collected On:** 05-Nov-26 10:43 **Received On:** 05-Nov-26 14:53 **Approved On:** 05-Nov-26 16:07

Observation	Result	Unit	Biological Ref. Interval	Method
Aldosterone	7.00	ng/dL	Upright:2.21 - 35.30 Supine: 1.17 - 23.60	CLIA

Aldosterone-Renin Ratio

Accession No: DEMO_BARCODE **Collected On:** 05-Nov-26 10:43 **Received On:** 05-Nov-26 14:48 **Approved On:** 05-Nov-26 17:33

Observation	Result	Unit	Biological Ref. Interval	Method
Aldosterone	7.00	ng/dL	Upright:2.21 - 35.30 Supine: 1.17 - 23.60	CLIA
Plasma Renin - Direct	**31.3**	mIU/L	Upright:4.4-46.1 Supine:2.8-39.9	CLIA
Aldosterone-Renin Ratio (ARR)	0.22	ng/µIU	Normal:<20.6 Elevated:20.6-45 Markedly Elevated:>45	Calculated

Clinical Notes:

- Investigation of primary aldosteronism (eg, adrenal adenoma/carcinoma and adrenal cortical hyperplasia) and secondary aldosteronism (renovascular disease, salt depletion, potassium loading, cardiac failure with ascites, pregnancy, Bartter's syndrome)
- A high ratio of serum aldosterone (SA) to renin level, is a positive screening test result, a finding that warrants further testing.
- Renal disease, such as unilateral renal artery stenosis, results in elevated renin and aldosterone levels. Renal venous catheterization may be helpful. A positive test is a renal venous renin ratio (affected/normal) >1.5.

Cautions:

- The plasma renin level cannot be interpreted if the patient is being treated with spironolactone (Aldactone). Spironolactone (Aldactone) should be discontinued for 4 to 6 weeks before testing. Angiotensin converting enzyme (ACE) inhibitors have the potential to "falsely elevate" renin level. Therefore, in a patient treated with an ACEinhibitor, the findings of a detectable renin level or a low SA/renin level ratio do not exclude the diagnosis of primary aldosteronism. In addition, a strong predictor for primary aldosteronism is a renin level undetectably low in a patient taking an ACE-inhibitor.
- This test should not be requested in patients who have recently received radioisotopes, therapeutically or diagnostically, because of potential assay interference.
- Please note change in reference range for aldosterone to renin ratio. (Ref: Trenkel S, Seifarth C, Schobel H, Hahn EG, Hensen J. Ratio of serum aldosterone to plasma renin concentration in essential hypertension and primary aldosteronism. Exp Clin Endocrinol Diabetes 2002;110:80-85.& Ferrari P, Shaw SG, Nicod J, Saner E, Nussberger J. Active renin versus plasma renin activity to define aldosterone-to-renin ratio for primary aldosteronism. J Hypertens 2004;22:377

Remarks: Please correlate results clinically.

This is a Demo Signature
and the doctor's signature should appear here

In case of any unexpected or alarming results, please contact us immediately for re-confirmation, clarifications, and rectifications, if needed.

Sample Report

Scan to Validate