Test Definition: PALD

Aldosterone, P

Overview

Useful For

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 syndrome) in plasma

Testing Algorithm

See Steroid Pathways in Special Instructions.

Special Instructions

- Renin-Aldosterone Studies
- Steroid Pathways

Method Name

Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS)

NY State Available

Yes

Specimen

Specimen Type

Plasma EDTA

Specimen Required

Collection Container/Tube:

Preferred: Lavender top (EDTA)

Submission Container/Tube: Plastic vial

Specimen Volume: 2 mL

Collection Instructions: 8 a.m. draw time (after the patient is active for 2 hours) is recommended; preferably no later than 10 a.m.

Additional Information: See Renin-Aldosterone Studies in Special Instructions for more detailed instructions.

Specimen Minimum Volume

1.2 mL

Reject Due To

Gross hemolysis	OK
Gross lipemia	OK
Gross icterus	OK

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Plasma EDTA	Frozen (preferred)	30 days	
	Refrigerated	28 days	
	Ambient	4 days	

Clinical and Interpretive

Clinical Information

Aldosterone stimulates sodium transport across cell membranes, particularly in the distal renal tubule where sodium is exchanged for hydrogen and potassium. Secondarily, aldosterone is important in the maintenance of blood pressure and blood volume.

Aldosterone is the major mineralocorticoid and is produced by the adrenal cortex.

The renin-angiotensin system is the primary regulator of the synthesis and secretion of aldosterone. Likewise, increased concentrations of potassium in the plasma may directly stimulate adrenal production of the hormone. Under physiologic conditions, pituitary adrenocorticotropic hormone is not a major factor in regulating aldosterone secretion.

See Steroid Pathways in Special Instructions.

Reference Values

0-30 days: 17-154 ng/dL*

31 days-11 months: 6.5-86 ng/dL*

1-10 years:

< or =40 ng/dL (supine)*

< or =124 ng/dL (upright)*

> or =11 years: < or =21 ng/dL (a.m. peripheral vein specimen)

*Loeuille GA, Racadot A, Vasseur P, Vandewalle B: Blood and urinary aldosterone levels in normal neonates, infants and children. Pediatrie 1981;36:335-344

For SI unit Reference Values, see https://www.mayocliniclabs.com/order-tests/si-unit-conversion.html

Interpretation

A high ratio of plasma aldosterone (PA) in ng/dL to plasma renin activity (PRA) in ng/mL per hour, is a positive screening test result, a finding that warrants further testing. An PA/PRA ratio greater than or equal to 20 is only interpretable with an PA greater than or equal to 15 ng/dL and indicates probable primary aldosteronism.

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) greater than 1.5.

See Renin-Aldosterone Studies and Steroid Pathways in Special Instructions.

Note: Advice on stimulation or suppression tests is available from Mayo Clinic's Division of Endocrinology and may be obtained by calling 800-533-1710.

Cautions

The plasma renin activity (PRA) cannot be interpreted if the patient is being treated with spironolactone (Aldactone). Spironolactone should be discontinued for 4 to 6 weeks before testing.

Late p.m. levels can be up to 30% lower than early a.m. levels. Supine values are on average 50% lower than upright collections. Sodium deplete subjects have significantly elevated plasma aldosterone (PA) levels, potentially exceeding the upper limit of the salt replete upright reference range by several fold. To account for these variables, at least in part, it is recommended that PRA is measured concomitantly. In situations of physiological variability, PRA should be altered in the same direction as aldosterone. See Renin-Aldosterone Studies in Special Instructions.

Angiotensin converting enzyme (ACE) inhibitors have the potential to falsely elevate PRA. Therefore, in a patient treated with an ACE inhibitor, the findings of a detectable PRA level or a low PA/PRA ratio do not exclude the diagnosis of primary aldosteronism. In addition, a strong predictor for primary aldosteronism is a PRA level undetectably low in a patient taking an ACE inhibitor.

Clinical Reference

1. Young WF Jr: Primary aldosteronism: A common and curable form of hypertension. Cardiol Rev 1999;7:207-214

2. Young WF Jr: Pheochromocytoma and primary aldosteronism: diagnostic approaches. Endocrinol Metab Clin North Am 1997;26:801-827

3. Hurwitz S, Cohen RJ, Williams GH: Diurnal variation of aldosterone and plasma renin activity: timing relation to melatonin and cortisol and consistency after prolonged bed rest. J Appl Physiol 2004;96:1406-1414

Performance

Method Description

Aldosterone-d6 is added to serum and plasma samples as an internal standard. Aldosterone and aldosterone-d6 are extracted from the specimens using a Strata X cartridge. The eluate is dried down under nitrogen, reconstituted with 70/30 methanol/H2O containing estriol and analyzed by liquid chromatography-tandem mass spectrometry using multiple reaction monitoring in the negative mode.(Fredline VF, Taylor PJ, Dodds HM, Johnson AG: A reference method for the analysis of aldosterone in blood by high-performance liquid chromatography-atmospheric pressure chemical ionization-tandem mass spectrometry. Anal Biochem 1997 Oct 15;252(2):308-313)

PDF Report

No

Day(s) and Time(s) Test Performed

Monday through Friday; 4 p.m.

Analytic Time

2 days

Maximum Laboratory Time

5 days

Specimen Retention Time

14 days

Performing Laboratory Location

Rochester

Fees and Codes

Fees

- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact Customer Service.

Test Classification

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

CPT Code Information

82088

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
PALD	Aldosterone, P	1763-2

Result ID	Test Result Name	Result LOINC Value
65424	Aldosterone, P	1763-2