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)

Not useful for determination of plasma renin concentration.

Special Instructions
- Renin-Aldosterone Studies

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

Portions of this test are covered by patents held by Quest Diagnostics

NY State Available
Yes

Specimen

Specimen Type
Plasma EDTA

Specimen Required

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

Collection Container/Tube: Chilled, lavender top (EDTA)

Submission Container/Tube: Plastic vial

Specimen Volume: 2 mL

Collection Instructions:
1. Draw blood in a chilled syringe from a patient in a seated position; place specimen in a chilled, lavender-top (EDTA) tube; and mix.

2. Alternatively, draw blood directly in a chilled, lavender top (EDTA) tube.

3. Immediately place EDTA tube into an ice-water bath until thoroughly cooled.

4. Refrigerate specimen during centrifugation and immediately transfer plasma to plastic vial. (If a refrigerated centrifuge is unavailable, chill the centrifuge carriers. Centrifuge specimen for < or =5 minutes, then promptly transfer plasma.)

5. Immediately freeze plasma.
Additional Information: See Renin-Aldosterone Studies in Special Instructions for further information.

Forms
If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

- General Request (T239)
- Cardiovascular Test Request (T724)

Specimen Minimum Volume
1.15 mL

Reject Due To

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<th>Condition</th>
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<tr>
<td>Gross lipemia</td>
<td>OK</td>
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<td>Gross icterus</td>
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Specimen Stability Information

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<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
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<tbody>
<tr>
<td>Plasma EDTA</td>
<td>Frozen</td>
<td>14 days</td>
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Clinical and Interpretive

Clinical Information
The renal juxtaglomerular apparatus generates renin, an enzyme that converts angiotensinogen to angiotensin I. The inactive angiotensin I is enzymatically converted to the active octapeptide angiotensin II, a potent vasopressor responsible for hypertension of renal origin. Angiotensin II also stimulates the zona glomerulosa of the adrenal cortex to release aldosterone.

Renin secretion by the kidney is stimulated by a fall in glomerular blood pressure, by decreased sodium concentration at the macula densa at the distal tubule, or by stimulation of sympathetic outflow to the kidney, such as in renal vascular diseases.

Reference Values

- 0-2 years: 4.6 ng/mL/hour (mean)* Range: 1.4-7.8 ng/mL/hour
- 3-5 years: 2.5 ng/mL/hour (mean)* Range: 1.5-3.5 ng/mL/hour
- 6-8 years: 1.4 ng/mL/hour (mean)* Range: 0.8-2.0 ng/mL/hour
- 9-11 years: 1.9 ng/mL/hour (mean)* Range: 0.9-2.9 ng/mL/hour
- 12-17 years: 1.8 ng/mL/hour (mean)* Range: 1.2-2.4 ng/mL/hour

Mean data not standardized as to time of day or diet. Infants were supine, children sitting.
Na-depleted, upright (peripheral vein specimen)

18-39 years: 10.8 ng/mL/hour (mean)
2.9-24.0 ng/mL/hour (range)
> or =40 years: 5.9 ng/mL/hour (mean)
2.9-10.8 ng/mL/hour (range)

Na-replete, upright (peripheral vein specimen)

18-39 years: 1.9 ng/mL/hour (mean)
< or =0.6-4.3 ng/mL/hour (range)
> or =40 years: 1.0 ng/mL/hour (mean)
< or =0.6-3.0 ng/mL/hour (range)


**Interpretation**

A high ratio of serum aldosterone (SA) 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. A SA:PRA ratio > or =20 and SA of > or =15 ng/dL 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) above 1.5.

See [Renin-Aldosterone Studies](#) in Special Instructions.

**Cautions**

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 SA: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**


**Performance**

**Method Description**

The renin in plasma is allowed to act on the plasma's endogenous substrate, angiotensinogen, producing angiotensin I. This is measured by mass spectrometry. Renin activity is expressed in nanograms of angiotensin produced per milliliter of plasma per hour of incubation. (Fredline VF, Kovacs EM, Taylor PJ, Johnson AG:...)

**PDF Report**
No

**Day(s) and Time(s) Test Performed**
Monday through Friday; 1 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**
84244

**LOINC® Information**

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