

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)

This test is **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: For 4 to 6 weeks before specimen collection, spironolactone (Aldactone) should be discontinued, as plasma renin activity cannot be interpreted if the patient is being treated with spironolactone.

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

Submission Container/Tube: Plastic vial

Specimen Volume: 0.8 mL

Collection Instructions:

1. Draw blood in a chilled syringe from a patient in a seated position; place specimen in a chilled, 3-mL lavender-top (EDTA) tube and mix well. Alternatively, draw blood directly in a chilled, EDTA tube.
2. Immediately place EDTA tube into an ice-water bath until thoroughly cooled.
3. Immediately centrifuge using a refrigerated centrifuge and aliquot plasma into a plastic vial.

Note: If a refrigerated centrifuge is unavailable, chill the centrifuge carriers before use. Centrifuge specimen for 5 minutes or less, then promptly aliquot plasma into a plastic vial.

4. Immediately freeze plasma.

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

0.5 mL

Reject Due To

Gross hemolysis	Reject
Gross lipemia	OK
Gross icterus	OK

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Plasma EDTA	Frozen	14 days	

Clinical & 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/h (mean)* Range: 1.4-7.8 ng/mL/h

3-5 years: 2.5 ng/mL/h (mean)* Range: 1.5-3.5 ng/mL/h

6-8 years: 1.4 ng/mL/h (mean)* Range: 0.8-2.0 ng/mL/h

9-11 years: 1.9 ng/mL/h (mean)* Range: 0.9-2.9 ng/mL/h

12-17 years: 1.8 ng/mL/h (mean)* Range: 1.2-2.4 ng/mL/h

Mean data not standardized as to time of day or diet. Infants were supine, children sitting.

*Stalker HP, Holland NH, Kotchen JM, Kotchen TA. Plasma renin activity in healthy children. J Pediatr. 1976;89(2):256-258

Na-depleted, upright (peripheral vein specimen)

18-39 years: 10.8 ng/mL/h (mean)

2.9-24.0 ng/mL/h (range)

> or =40 years: 5.9 ng/mL/h (mean)

2.9-10.8 ng/mL/h (range)

Na-replete, upright (peripheral vein specimen)

18-39 years: 1.9 ng/mL/h (mean)

< or =0.6-4.3 ng/mL/hour (range)

> or =40 years: 1.0 ng/mL/h (mean)

< or =0.6-3.0 ng/mL/h (range)

Interpretation

A high ratio of serum aldosterone (SA) in ng/dL to plasma renin activity (PRA) in ng/mL/h, is a positive screening test result, a finding that warrants further testing. A SA:PRA ratio greater than or equal to 20 and SA of greater than or equal to 15 ng/dL indicates probable primary aldosteronism.

Kidney disease, such as unilateral renal artery stenosis, results in elevated renin and aldosterone levels. Kidney venous catheterization may be helpful. A positive test is a renal venous renin ratio (affected:normal) above 1.5.

For more information see [Renin-Aldosterone Studies](#).

Cautions

Angiotensin-converting enzyme (ACE) inhibitors have the potential to falsely elevate plasma renin activity (PRA).

Therefore, in a patient treated with an ACE inhibitor, the findings of a detectable PRA level or a low serum aldosterone/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(4):207-214
2. Young WF Jr. Pheochromocytoma and primary aldosteronism: diagnostic approaches. *Endocrinol Metab Clin North Am*. 1997;26(4):801-827. doi:10.1016/s0889-8529(05)70283-8
3. Haber E, Koerner T, Page LB, Kliman B, Purnode A. Application of a radioimmunoassay for angiotensin I to the physiologic measurements of plasma renin activity in normal human subjects. *J Clin Endocrinol Metab*. 1969;29(10):1349-1355. doi:10.1210/jcem-29-10-1349
4. Baudrand R, Vaidya A. The low-renin hypertension phenotype: genetics and the role of the mineralocorticoid receptor. *Int J Mol Sci*. 2018;19(2):546. doi:10.3390/ijms19020546

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 liquid chromatography tandem mass spectrometry (LC-MS/MS). Renin activity is expressed in ng of angiotensin produced per mL of plasma per hour of incubation.

The primary metabolite of renin activity, angiotensin I, is cleaved by converting enzyme to angiotensin II. By inhibiting the action of converting enzyme and the angiotensinases with EDTA, dimercaprol (BAL) and 8-hydroxyquinoline, it is possible to indirectly measure the activity of renin during a controlled incubation by measuring the concentration (in ng)

of angiotensin I that is generated.

Plasma is mixed with generation buffer in two microtiter plates, which are then incubated: one at 0 degrees C and the other at 37 degrees C for 1 hour. During incubation, internal standard (IS) and reagent are added to the 0 degrees C mixture. After incubation, IS and reagent are added to the 37 degrees C mixture. The plates are then centrifuged, and the supernatant layers transferred to clean microtiter plates. The reagents are evaporated under nitrogen, reconstituted, and the angiotensin I analyzed by LC-MS/MS. (Bruton J, Singh RJ, Grebe SK, Ladwig P, Barnidge D. Sensitive and rapid determination of angiotensin I utilizing on-line extraction and LC-MS/MS [Abstract D-64] Clin Chem. 2007;53(Suppl):A180–A181)

PDF Report

No

Day(s) Performed

Monday through Friday, Sunday

Report Available

2 to 5 days

Specimen Retention Time

14 days

Performing Laboratory Location

Rochester

Fees & 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 account representative. 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. It has not been cleared or approved by the US Food and Drug Administration.

CPT Code Information

84244

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
PRA	Renin Activity, P	2915-7

Result ID	Test Result Name	Result LOINC® Value
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8060	Renin Activity, P	2915-7
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