

Specimen Collected: 03-Feb-26 09:27

Aldosterone Renin ACT Ratio	Received: 03-Feb-26 09:47	Report/Verified: 03-Feb-26 09:50	
Procedure	Result	Units	Reference Interval
Renin Activity	4.0 ⁱ¹	ng/mL/hr	
Aldosterone	80.4 ⁱ²	ng/dL	
Aldosterone/Renin Activity Calculation	20.1 ^{H i3}	ratio	[<=20.0]

Test Information

i1: Renin Activity
 INTERPRETIVE INFORMATION: Renin Activity

Adult, Normal sodium diet:

Supine 0.2-1.6 ng/mL/hr
 Upright 0.5-4.0 ng/mL/hr

Children, Normal sodium diet, Supine:

Newborn (1-7 days) 2.0-35.0 ng/mL/hr
 Cord blood 4.0-32.0 ng/mL/hr
 1-12 mos 2.4-37.0 ng/mL/hr
 13 mos-3 yrs 1.7-11.2 ng/mL/hr
 4-5 yrs 1.0- 6.5 ng/mL/hr
 6-10 yrs 0.5- 5.9 ng/mL/hr
 11-15 yrs 0.5- 3.3 ng/mL/hr

Children, normal sodium diet, Upright:

0-3 yrs Not Available
 4-5 yrs Less than or equal to 15 ng/mL/hr
 6-10 yrs Less than or equal to 17 ng/mL/hr
 11-15 yrs Less than or equal to 16 ng/mL/hr

Plasma renin activity measures enzyme ability to convert angiotensinogen to angiotensin I and is limited by the availability of angiotensinogen. Plasma renin activity is not an accurate indicator of enzyme activity when angiotensinogen is decreased.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

i2: Aldosterone
 INTERPRETIVE INFORMATION: Aldosterone, Serum

Reference intervals for age 15 and older:

Upright 4.0 - 31.0 ng/dL
 Supine Less than or equal to 16.0 ng/dL

*=Abnormal, #=Corrected, C=Critical, f=Result Footnote, H-High, i-Test Information, L-Low, t-Interpretive Text, @=Performing lab

Unless otherwise indicated, testing performed at:

ARUP Laboratories
 500 Chipeta Way, Salt Lake City, UT 84108
 Laboratory Director: Jonathan R. Genzen, MD, PhD

ARUP Accession: 26-034-900078
Report Request ID: 20929829
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Test Information

i2: Aldosterone
Unspecified Less than or equal to 31.0 ng/dL

Normal serum levels of aldosterone are dependent on the sodium intake and whether the patient is upright or supine. High sodium intake will tend to suppress serum aldosterone, whereas low sodium intake will elevate serum aldosterone. The reference intervals for serum aldosterone are based on normal sodium intake.

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

i3: Aldosterone/Renin Activity Calculation
INTERPRETIVE INFORMATION: A/RA Ratio Calculation

An Aldosterone/Renin Activity Ratio of greater than 20 is suggestive of hyperaldosteronism if the aldosterone concentration is greater than or equal to 10 ng/dL.

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