

Ascitic Fluid (Biochemistry)

Synonyms

Ascitic Fluid

Clinical Indication

The serum-to-ascites albumin gradient (SAAG) accurately identifies the presence of portal hypertension. The SAAG is calculated by subtracting the ascitic fluid albumin value from the serum albumin value, which should be obtained the same day.

Other tests may be done as requested on the form – total protein, glucose etc.

Part of Profile / See Also

Fluid albumin should be measured

Serum/plasma albumin should also be measured

Request Form

Combined Pathology manual Blood form or ICE request

Availability / Frequency of Analysis

On request

Turnaround Time

Same day

Patient Preparation

None required.

Sample Requirements

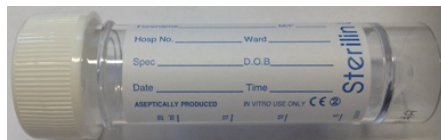
Specimen Type

Fluid and serum/plasma for the analysis of albumin collected 24 hours pre or post fluid collection.

Volume

1 ml

Container



White top universal container.

Reference Range & Units

Ascitic fluid albumin more than 10g/L lower than serum albumin level is consistent with the ascites being due to portal hypertension

Interferences

Interpretation & Clinical Decision Value (if applicable)

The presence of a gradient ≥ 11 g/L predicts that the patient has portal hypertension with 97 percent accuracy.

A gradient < 11 g/L indicates that the patient does not have portal hypertension.

The SAAG will be elevated with any disorder leading to portal hypertension and is not specific to ascites due to cirrhosis

References

Runyon, B. Evaluation of adults with ascites In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on 9th February 2018)

Test code

SAAG

Lab Handling

Aliquot sample and store primary container at -20°C.
Appearance should be recorded before centrifugation.