

Patient Name	:		Bill Date	:	
DOB/Age/Gender	:		Sample Collected	:	
Patient ID / UHID	:		Sample Received	:	
Referred By	:		Report Date	:	
Sample Type	:		Report Status	:	
Barcode No	:				

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY REPORT

Serum Ascites Albumin Gradient (SAAG)

Albumin, Serum	2.81	g /dL	-
Albumin, Ascitic fluid	1.24	g / dL	-
SAAG	1.57	g / dL	-

Interpretation:

Note:

1. SAAG may be falsely low if serum albumin is < 1.1 g/dL or patient is in shock
2. SAAG may be falsely high in chylous ascites

SAAG IN g/dL	TYPE OF ASCITES	CONDITIONS
>1.1	Transudative ascites	Cirrhosis, Congestive heart failure, Viral hepatitis with hepatic necrosis, Nephritic syndrome, hepatic vein/IVC obstruction Constrictive pericarditis & Meig's syndrome
<1.1	Exudative ascites	TB Peritonitis, Pancreatitis, Myxedema, Peritoneal carcinomatosis, Pseudomyxoma peritonei & Amyloidosis

Comments

Serum albumin ascites gradient (SAAG) is the difference in the concentration of albumin in serum and in ascitic fluid of the same patient. The SAAG is a physiological clinical diagnostic tool for the evaluation of ascites. It is the best single method to differentiate an ascitic exudate from a transudate. An increased SAAG (> 1.1 gm/dL) value indicates the presence of portal hypertension, which is detected by observing portal hypertensive changes in the upper gastrointestinal tract.



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