Execution: The **right AV**, **IVC**, and **left AV** are cannulated, and blood is sampled for analysis of **AS** and **cortisol** levels. The AVs are catheterized through the percutaneous femoral vein approach. Gentle contrast injections are used to verify the position of the catheter tip.

- Why is blood sampled from the IVC? Why is the cortisol level analyzed? Aren't we only interested in the AS levels? These questions are answered in the interpretation section.

Interpretation: Ultimately, we're interested in whether there's a significant difference between AS levels in the two adrenal veins. So why cannulate the IVC? Because comparing the right AV and IVC cortisol levels tells us whether or not the difficult cannulation was successful – the cortisol level should be **≥3 higher** in the right AV. If this is the case, we can trust subsequent measurements.

Before AS levels are compared, we must account for dilution. This is done by dividing the AS level with the cortisol level in each AV – the ratio will be the same regardless of dilution. These **corrected** values (A/C ratios) are the ones used in the final comparison.

If the A/C ratio of one adrenal vein is ≥4 times higher than that of the other, the source of AS is unilateral and should be treated **surgically**.