KidneyCompanion

Advanced AI Medical Analysis Report

Patient Information

Name:	Aditya Yogesh Raje	**Age:**	55
Phone:	09699616876	**Blood Type:**	A-
Patient ID:	PRAJE02		
Address:	F-104,TARANGANA RESIDENCY,NEAR KHUTWAD CHOWK, HARPALE WASTI,PHURSUNGI,HADAPSAR, PUNE, MAHARASHTRA, MAHARASHTRA, 412308		

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Medications & Dosage

#	Medication Name	Dosage	Frequency	Notes
1	Lisinopril	1-0-1	3days	

Clinical Insights

- Lisinopril is an Angiotensin-Converting Enzyme (ACE) inhibitor commonly prescribed for conditions such as hypertension, heart failure, and to slow the progression of kidney disease in patients with proteinuria, often associated with diabetes or other kidney conditions. The patient profile indicates 'Has Hypertension: 0' and 'Has Diabetes: False', which suggests these common indications may not be present. The duration of '3 days' for Lisinopril is notably short for a medication typically used chronically for its established indications. Without information on CKD stage, eGFR, serum creatinine, or blood urea, it is challenging to assess the specific rationale for its use in the context of kidney health or to determine if dosage adjustments might be necessary for renal impairment.

Risk Assessment

- The initiation of Lisinopril carries several potential risks, especially when baseline renal function and electrolyte levels are unknown. These include:
- **Hyperkalemia:** ACE inhibitors can increase potassium levels, a significant concern in patients with impaired kidney function.
- **Acute Kidney Injury (AKI):** A transient decrease in kidney function (eGFR) can occur upon initiation,

particularly in individuals with pre-existing kidney disease or volume depletion.

- **Hypotension:** Given the patient is reported as not having hypertension, there is a risk of symptomatic low blood pressure (hypotension).
- **Angioedema and Cough:** These are known, though less common, side effects of ACE inhibitors. The very short 3-day course makes it difficult to assess long-term efficacy or identify chronic side effects.

Lifestyle & Care Recommendations

- For educational purposes, general recommendations for a patient starting Lisinopril, particularly when kidney function and electrolyte status are unknown, typically include:
- **Baseline Assessment:** Obtaining baseline measurements of eGFR, serum creatinine, and potassium levels is crucial before initiating therapy.
- **Blood Pressure Monitoring:** Regular monitoring of blood pressure, especially during the initial days of treatment, is important to detect and manage potential hypotension.
- **Clarification of Indication:** Understanding the specific clinical indication for this short course of Lisinopril is important, given its usual chronic use.
- **Patient Education:** Informing the patient about potential side effects such as dizziness, lightheadedness, or persistent cough.

Potential Drug Interactions

- Common drug interactions with Lisinopril that could be relevant include:
- **Potassium-sparing diuretics or Potassium supplements:** Concomitant use can significantly increase the risk of hyperkalemia.
- **Nonsteroidal Anti-inflammatory Drugs (NSAIDs):** These can reduce the antihypertensive effect of Lisinopril and increase the risk of renal impairment, especially in patients with pre-existing kidney conditions.
- **Lithium:** ACE inhibitors can increase serum lithium levels, potentially leading to toxicity.
- **Other Antihypertensive Agents:** Concurrent use with other medications that lower blood pressure can lead to additive hypotensive effects.

Recommended Follow-up

- General follow-up for a patient initiating Lisinopril typically involves:
- **Early Monitoring:** Re-evaluation of serum creatinine, eGFR, and potassium levels within 1-2 weeks of initiation, especially if there are concerns about kidney function or electrolyte balance.
- **Symptom Review:** Monitoring for symptoms of hypotension (e.g., dizziness), hyperkalemia (e.g., muscle weakness), or angioedema.
- **Therapeutic Reassessment:** Given the prescribed 3-day duration, a re-evaluation of the medication's purpose and continued need would typically occur after this period.