KidneyCompanion - Medical Prescription Analysis Report

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Report Date: 2025-12-19 14:28

Patient Information:

Id: 69244ff257e2834a3d8f7994

Username: Aditya

Current Metrics: {'serum_creatinine': 2.1, 'egfr': 38.0, 'sodium': 137.0, 'potassium': 5.6, 'disease_prediction':

History: [{'date': '2025-11-24 18:00:42', 'metrics': {'serum_creatinine': 2.1, 'egfr': 38.0, 'sodium': 137.0, 'pota

Latest Lab Pdf: uploads/lab_reports/Aditya_kidney_stone_sample_lab_report_ckd.pdf

Medications:

1. wdasd - 1-0-1 - 3days

Clinical Insights:

The patient's eGFR of 60 mL/min indicates normal kidney function or early-stage CKD (Stage 2 if persistent for >3 months). Other parameters (Potassium 4.0, Sodium 140, Serum Creatinine 1.2, Blood Urea 20) are within normal ranges. The patient does not have diabetes or hypertension, which are common comorbidities in CKD. However, the prescribed medication 'wdasd' is not a recognized drug name. Without a valid drug name, a specific clinical analysis of its suitability, mechanism of action, or impact on kidney function in the context of this patient's profile cannot be provided. General principles for medication use in patients with an eGFR of 60 mL/min would involve reviewing if the drug is renally cleared and if dose adjustments are typically needed for this level of kidney function.

Risk Assessment:

Given that 'wdasd' is an unknown medication, a specific risk assessment is not possible. In general, for any medication prescribed to a patient with an eGFR of

60 mL/min, potential risks include: 1. Accumulation of renally cleared drugs if not appropriately dosed, leading to increased side effects or toxicity. 2. Electrolyte disturbances, depending on the drug's mechanism. 3. Potential for nephrotoxicity, although less common with an eGFR of 60 mL/min unless specific nephrotoxic agents are used. Without knowing the drug, these are general considerations rather than specific risks for 'wdasd'.

Recommendations:

Since the medication 'wdasd' is not identifiable, the primary recommendation is to clarify the correct medication name. Once the correct medication is identified, general recommendations for a patient with an eGFR of 60 mL/min would include: 1. Verify if the drug requires renal dose adjustment based on eGFR. 2. Monitor for any adverse effects or changes in kidney function (eGFR, serum creatinine) during the course of treatment. 3. Monitor electrolytes (e.g., potassium, sodium) if the medication is known to affect them. 4. Ensure the duration of treatment (3 days) is appropriate for the condition being treated.

Drug Interactions:

Without a valid drug name for 'wdasd', it is impossible to identify any potential drug interactions. A comprehensive drug interaction check would require knowing the specific medication and any other concomitant medications the patient might be taking.

Follow-up Timeline:

Assuming the correct medication is identified and initiated, a follow-up for a short course (3 days) would typically involve monitoring for resolution of symptoms for which the drug was prescribed and any immediate adverse effects. For a patient with an eGFR of 60 mL/min and stable electrolytes, routine kidney function monitoring might not be immediately necessary unless the drug is known to be nephrotoxic or requires close monitoring. However, a follow-up visit or communication after the 3-day course to assess treatment efficacy and

tolerability is generally advisable. Regular annual or semi-annual monitoring of eGFR, electrolytes, and other relevant parameters is recommended for patients with an eGFR of 60 mL/min, regardless of this specific short-term medication.

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