

## Patient Information

Username: Aditya

Latest Lab Pdf: uploads/lab\_reports/Aditya\_kidney\_stone\_sa

## Medications & Dosage

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

## Clinical Insights

- The prescribed medication 'wdasd' is not a recognized drug name. Therefore, a specific clinical analysis in the context of CKD cannot be provided. For any new medication, it is crucial to understand its purpose, mechanism of action, and potential impact on kidney function, especially for patients with an eGFR of 60, which indicates mild to moderate kidney impairment (CKD Stage 2). The patient's current electrolyte levels (Potassium 4.0, Sodium 140) and blood urea (20) are within normal limits, and they do not have diabetes or hypertension, which are common comorbidities in CKD.

## Risk Assessment

- Without a known medication name, it is impossible to assess specific risks or concerns. Administering an unidentified substance carries inherent, unquantifiable risks. General risks for CKD patients starting new medications include potential for nephrotoxicity, electrolyte imbalances, or worsening kidney function, depending on the drug's properties and metabolism.

## Lifestyle & Care Recommendations

- It is strongly recommended to clarify the exact name and purpose of the prescribed medication 'wdasd' with the prescribing healthcare provider or pharmacist. Once the medication is identified, its dosage, frequency, and duration should be reviewed for appropriateness given the patient's eGFR of 60. General monitoring for CKD patients on new medications typically includes periodic checks of eGFR, serum creatinine, and electrolytes (potassium, sodium) to ensure kidney function remains stable and to detect any adverse effects early.

## Potential Drug Interactions

- As the medication 'wdasd' is not identifiable, no potential drug interactions can be identified. Once the medication is known, a comprehensive review for interactions with any other medications or supplements the patient may be taking would be necessary to prevent adverse events.

## Recommended Follow-up

- Given the unknown nature of the medication, a specific follow-up timeline cannot be recommended. However, for any new medication, especially in a patient with CKD, a follow-up within 1-4 weeks to assess tolerance, efficacy, and kidney function parameters (eGFR, creatinine, electrolytes) is generally prudent. The exact timeline would be determined by the specific medication and the patient's overall clinical picture, once the medication is identified.

### MEDICAL DISCLAIMER

*This report is generated using AI analysis of provided prescription data. It is intended for informational and educational purposes only. This analysis does NOT constitute medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition.*