KidneyCompanion - Medical Prescription Analysis Report

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Report Date: 2025-12-19 14:29

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 provided medication 'wdasd' is not a recognized pharmaceutical name. Without knowing the specific drug, its class, mechanism of action, and intended therapeutic use, a detailed clinical analysis in the context of the patient's CKD (eGFR 60 mL/min, indicating CKD G2) is not possible. General considerations for patients with CKD include careful review of drug elimination pathways, potential for accumulation, and impact on kidney function or electrolyte balance. The patient's eGFR of 60 mL/min suggests mild to moderate impairment, which may necessitate dose adjustments for renally cleared medications. The patient's current potassium, sodium, and blood urea levels are within normal limits, and they do not have diabetes or hypertension, which are common comorbidities in CKD.

Risk Assessment:

Due to the unknown nature of the medication 'wdasd', a specific risk assessment cannot be performed. However, general risks for any medication in a patient with

CKD G2 include: 1. Accumulation of the drug or its metabolites if it is primarily renally cleared, potentially leading to increased side effects or toxicity. 2. Potential for nephrotoxicity, even with mild kidney impairment. 3. Exacerbation of electrolyte imbalances, although the patient's current potassium and sodium levels are normal. 4. Undesirable effects on blood pressure or glucose control, even though the patient does not currently have hypertension or diabetes.

Recommendations:

Given the inability to identify the medication 'wdasd', the primary recommendation is to clarify the exact name of the prescribed drug. Once the medication is identified, a comprehensive review should be conducted, considering: 1. The drug's renal clearance and whether dose adjustment is required for an eGFR of 60 mL/min. 2. Potential for nephrotoxicity or other adverse effects on kidney function. 3. Monitoring for specific side effects related to the drug. 4. Regular monitoring of kidney function (eGFR, serum creatinine) and electrolytes (potassium, sodium) as appropriate for the specific medication and the patient's CKD G2 status.

Drug Interactions:

Without knowing the specific medication 'wdasd', it is impossible to identify any potential drug interactions. All medications carry a risk of interacting with other drugs, supplements, or even certain foods. A thorough review of all concomitant medications and substances would be necessary once the drug is identified.

Follow-up Timeline:

In the absence of specific drug information, a precise follow-up timeline cannot be recommended. However, for a patient with CKD G2 (eGFR 60 mL/min) starting any new medication, it is generally prudent to: 1. Re-evaluate kidney function (eGFR, serum creatinine) and electrolytes within a few days to a week after

initiation, especially if the drug is renally cleared or has potential renal effects. 2. Monitor for clinical symptoms or signs of adverse effects. 3. Regular follow-up for CKD management, typically every 6-12 months, should continue as per standard guidelines, with adjustments based on the specific medication and patient response.

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