

DR AKSHAY ATHAVALA

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NEPHROLOGY & PHARMACOLOGY

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AA:GR

Monday, 24 February 2025

Dr* Harpreet Dhaliwal
Blue Sky Medical
Lower Level
7 Vidler Avenue
WOY WOY NSW 2256
blueskymedical08@gmail.com

Dear Harry

RE: Marilyn Smith – DOB: 13/05/1948

Background:	Medications:
<ol style="list-style-type: none">End stage kidney disease<ul style="list-style-type: none">- Biopsy confirmed chronic interstitial nephritis- Mon/Wed/Fri haemodialysis- Ideal body weight 79.5kg- Blood pressure 104/42-130/57mmHg- Average ultrafiltration volume 2L- Dialysing through a left forearm fistulaValvular heart disease<ul style="list-style-type: none">- Known to Dr Tony Kull- Not for operative interventionHypertensionDyslipidaemiaPrevious TIAHyperparathyroidism<ul style="list-style-type: none">- Previous parathyroidectomy	<ol style="list-style-type: none">Pramipexole 500µg morning, 750µg at nightCarvedilol 6.25mg bdAspirin 100mg dailyRabeprazole 20mg dailySevelamer 1600mg tdsLanthanum 1000mg tdsCalcitriol 0.25µg twice dailyVitamin B, C, DAllopurinol 100mg dailyRecently ceased Entresto due to hypotension on dialysisAranesp 150 mcg weekly <p>Allergies/adverse drug reactions:</p> <ol style="list-style-type: none">To be confirmed

I saw Marilyn in dialysis clinic today. She continues to be hypotensive at the end of dialysis. She has seen Dr Kull and is thought to be appropriate for TAVI if required. She had an episode of hypotension post fistuloplasty recently and was admitted to hospital overnight for monitoring.

On examination, Marilyn was well. She was dialysing through her left forearm fistula and there was mild pitting peripheral oedema of the lower limbs. Her blood pressure was around 105mmHg systolic.

Biochemistry from the 3rd February is satisfactory. Parathyroid hormone is low at 0.8pmol/L in keeping with her parathyroidectomy. Iron studies show a transferrin saturation of 52% and a ferritin of 1191µg/L. Haemoglobin was 110g/L. HIV was negative as were hepatitis B and C.

In summary, Marilyn is stable regarding her haemodialysis. We will not proceed with gabapentinoid therapy for her neuropathy at this stage given her issues with them in the past. She is likely to continue to suffer with hypotension towards the end of dialysis. It will be important for her to not gain excessive weight between dialysis sessions.

With your permission I will catch up with her in a couple of months at the next dialysis clinic.

Best wishes,



AKSHAY ATHAVALA

Renal Physician

cc Dr Adrian Tchen Central Coast Specialist Centre Gosford Hospital GOSFORD NSW 2250
Ms Amala Thomas Nurse Unit Manager Renal Unit - Gosford Hospital Holden Street GOSFORD NSW 2250
Dr Jeevaka Samarasinghe Bluesky Medical Ltd 7 Vidler Avenue WOY WOY NSW 2256
Dr* Tony Kull 19 Kingsley Ave WOY WOY NSW 2256

For your information, I am happy to receive correspondence via the Argus system.

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Monday, 16 December 2024

Dr Jeevaka Samarasinghe
Bluesky Medical Ltd
7 Vidler Avenue
WOY WOY NSW 2256

Dear Jeevaka

RE: **Marilyn Smith – DOB: 13/05/1948**

Background:	Medications:
<ol style="list-style-type: none">End stage kidney disease<ul style="list-style-type: none">Biopsy confirmed chronic interstitial nephritisMon/Wed/Fri haemodialysisIdeal body weight 79.5kgBlood pressure 104/42-130/57mmHgAverage ultrafiltration volume 2LDialysing through a left forearm fistulaValvular heart disease<ul style="list-style-type: none">Known to Dr Tony KullNot for operative interventionHypertensionDyslipidaemiaPrevious TIAHyperparathyroidism<ul style="list-style-type: none">Previous parathyroidectomy	<ol style="list-style-type: none">Pramipexole 500µg morning, 750µg at nightCarvedilol 6.25mg bdAspirin 100mg dailyRabeprazole 20mg dailySevelamer 1600mg tdsLanthanum 1000mg tdsCalcitriol 0.25µg twice dailyVitamin B, C, DAllopurinol 100mg dailyRecently ceased Entresto due to hypotension on dialysisAranesp 150 mcg weekly <p>Allergies/adverse drug reactions:</p> <ol style="list-style-type: none">To be confirmed

I caught up with Marilyn in dialysis clinic today. She is stable from a haemodialysis perspective but has had some issues with hypotension. Hopefully these improve with cessation of her Entresto. She will continue suffering with problems with hypotension related to her valvular heart disease but given she is not an operative candidate there is little we can do about this at present.

On examination Marilyn was well. Her left forearm fistula had a palpable thrill and audible bruit. Her lungs were clear to auscultation and there was mild peripheral oedema of the lower limbs.

Biochemistry performed in December was satisfactory and fructosamine was elevated at 339µmol/L. Haemoglobin was 115g/L with transferrin saturation of 22% and ferritin of 892µg/L.

In summary, Marilyn is stable with regards to her 3x/week haemodialysis. Her peripheral neuropathy is still posing problems but she has had problems with pregabalin in the past. We can trial gabapentin in the future. Her ideal body weight appears to be reasonable for now though it may need a reduction over time depending on how her blood pressure progresses. She is due a fistuloplasty in January 2025.

With your permission I will catch up with her at the next dialysis clinic.

Best wishes,



AKSHAY ATHAVALE
Renal Physician

cc Dr* Adrian Tchen; Dr* Tony Kull; Amala Thomas;

For your information, I am happy to receive correspondence via the Argus system.