

# Detailed Patient Medical Report

## Chronic Kidney Disease (CKD)

Report Date: 2024-06-17

### Patient Information

Full Name	John Doe
Date of Birth	1972-08-15
Gender	Male
Medical Record #	CKD-2024-00132

### Diagnosis

- Primary Diagnosis:** Chronic Kidney Disease (Stage 3b)
- Date of Initial Diagnosis:** 2020-04-10
- Etiology:** Hypertensive nephropathy

### Clinical History

- Progressive decline in renal function over the past 4 years.
- Comorbid conditions: Hypertension, type 2 diabetes mellitus.
- Previous hospitalizations for fluid overload (2023) and hypertensive emergency (2022).
- Family history of renal disease (mother).

### Laboratory Results

Test	Date	Result	Reference Range
Serum Creatinine	2024-06-12	2.1 mg/dL	0.7 - 1.2 mg/dL
eGFR	2024-06-12	32 mL/min/1.73m <sup>2</sup>	> 60 mL/min/1.73m <sup>2</sup>
Urine Albumin:Creatinine Ratio	2024-06-12	350 mg/g	< 30 mg/g
Hemoglobin	2024-06-12	11.2 g/dL	13.0 - 17.0 g/dL
Blood Urea Nitrogen (BUN)	2024-06-12	38 mg/dL	10 - 20 mg/dL
Potassium	2024-06-12	4.8 mmol/L	3.5 - 5.2 mmol/L

### Treatment History

- Renin-angiotensin system inhibitor (Lisinopril 20 mg daily).
- Calcium channel blocker (Amlodipine 10 mg daily).
- Statin therapy (Atorvastatin 20 mg daily).
- Blood glucose control (Metformin 1000 mg BID).
- Dietary sodium restriction and fluid management.

### Progression & Monitoring

- eGFR declined from 45 to 32 mL/min/1.73m<sup>2</sup> over 2 years.
- Proteinuria has increased; ongoing dietary and pharmacologic interventions.
- Quarterly laboratory monitoring advised.

## Personalized Care Plan

1. Continue antihypertensive, statin, and antidiabetic medications as prescribed.
2. Regular nephrology follow-up (every 3 months).
3. Monitor for complications: anemia, mineral-bone disorder, fluid overload.
4. Dietitian referral for further protein and sodium restriction.
5. Vaccination (influenza, pneumococcal, COVID-19) up to date.
6. Prepare for potential renal replacement therapy in the future.

## Physician Notes & Recommendations

The patient's chronic kidney disease is progressing and requires close monitoring. Strict blood pressure and glycemic control are emphasized. Adherence to medication and dietary recommendations is essential to delay the need for dialysis. Patient education provided regarding symptoms of CKD progression and when to seek medical attention.

## Physician Signature

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Dr. Jane Smith, MD  
Nephrology Department