

Patient Information

Name RISK, SAMPLE HIGH
Date of Birth 01-Aug-1966
Sex Male

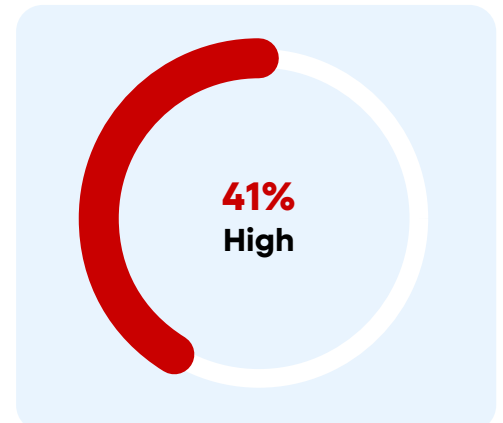
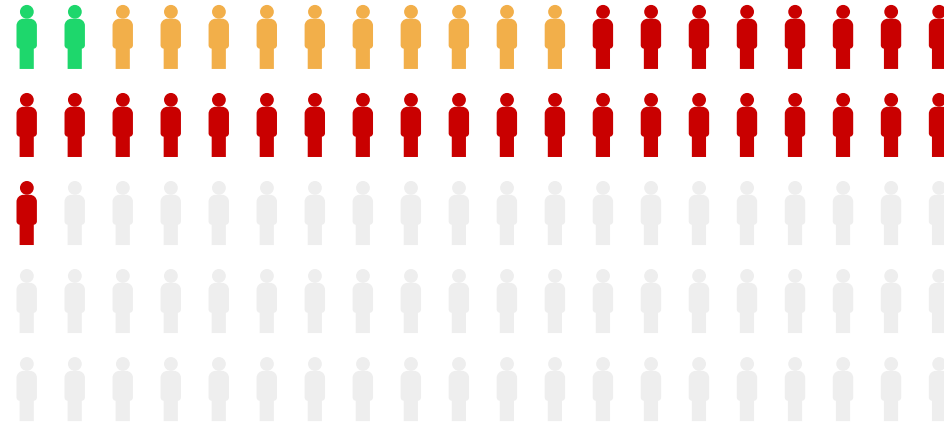
Test Information

Ordered By JANE SMITH
Collection Day 07-Aug-2026
Report Date 07-Aug-2026

Date of Receipt 07-Aug-2026
Time of Receipt 03:00 PM
Medical Record 111222333
(HCN/PHN)

Test Report

Risk of progressive decline in kidney function



Low 0 - 2

Medium 3 - 12

High 13+

The Klinrisk algorithm uses data from blood and urine tests including a complete blood count (CBC), a metabolic panel, and urine albumin to creatinine ratio (uACR) to estimate the probability of kidney function loss of $\geq 40\%$ or kidney failure in the next 5 years. The risk categories and recommendations are intended to alert providers of chronic kidney disease (CKD) progression risk, complications of kidney disease, and associated care pathways recommended by clinical practice guidelines.

Patients at high risk can work with their provider to implement an evidence-based care plan to improve their kidney health.

This test is developed by Klinrisk, Inc. and has been tested for accuracy in independent populations. The test is not cleared or approved by Health Canada, and is not required to be.

The Klinrisk test is used to improve quality of care and is not intended to replace a physician's advice or diagnosis.

The laboratory tests required for the Klinrisk test are performed at LifeLabs.

Clinical Decision Support

Frequency of Monitoring
3 times per year

Blood Pressure Target
Target standardized BP < 120 systolic

Complications of CKD

Anemia

Hyperkalemia

Metabolic Acidosis

CKD-MBD

Anemia - Hemoglobin 110 g/L

Reference range : Hemoglobin 120 to 160 g/L

Hyperkalemia - Potassium - 7.5 mmol/L

Reference range : Potassium 3.5 to 5.2 mmol/L

CKD-MBD - Phosphate - 0.9 mmol/L &

Calcium - 2.90 mmol/L

Reference range : Phosphate 0.8 to 1.5 mmol/L & Calcium 2.15 to 2.60 mmol/L

Disease Modifying Treatment to Slow CKD Progression

RAASI

SGLT2i Therapy

Non Steroidal MRA

GLP-1 Agonist

- Consider SGLT2i therapy
- Consider GLP-1 therapy in adults with Type 2 Diabetes

Referral
Nephrology referral is recommended

Other Recommendations

- Consider treatment with a statin to reduce cardiovascular risk
- Suggest iron studies including ferritin, total iron-binding capacity and serum iron
- Recommend low potassium diet
- Monitor and treat hyperkalemia as per clinical practice guidelines
- Monitor and treat as per CKD-MBD KDIGO clinical practice guidelines

Lifestyle Interventions to Slow CKD

Diet

A balanced diet tailored to individuals with CKD can help slow disease progression by managing blood pressure, reducing proteinuria, and minimizing the buildup of harmful toxins. Emphasizing low-sodium, kidney-friendly foods, while working with your care provider can ensure nutritional needs are met without overburdening the kidneys.

Exercise

Regular physical activity improves overall cardiovascular health, enhances energy levels, and helps maintain a healthy weight, all of which are crucial for slowing CKD progression. Even moderate exercises, like walking or yoga, can have significant benefits when done consistently under medical guidance.

For more information, visit <https://mykidneysmyhealth.com>

Pharmaceutical Interventions to Slow CKD Progression

Medication Class	Heart Failure Risk Reduction	CKD Risk Reduction
RAASi	↓  21%	↓  26%
SGLT2i	↓  37%	↓  23%
ns-MRA	↓  23%	↓  22%
GLP-1	↓  24%	↓  27%

These benefits can be additive. For more information, visit actearlyonkidney.com

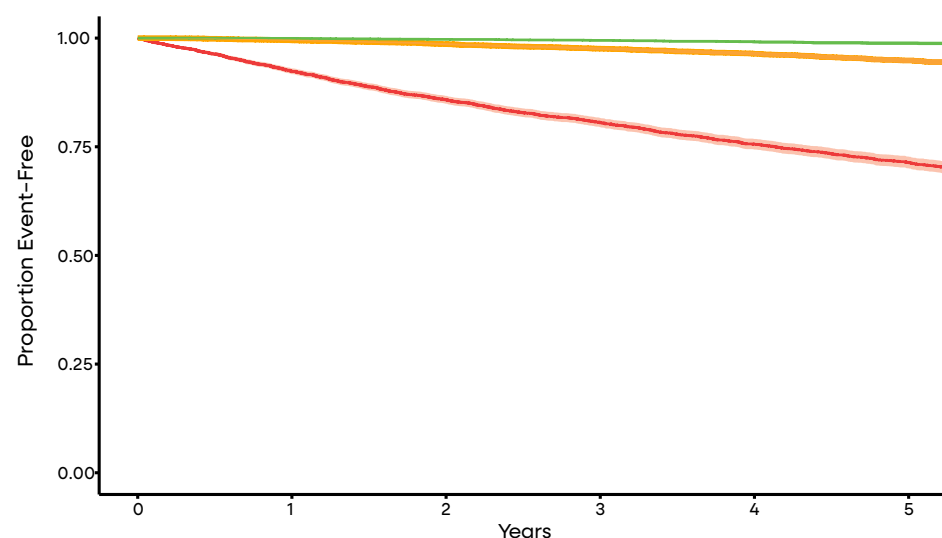
Clinical Validity

The Klinrisk test was developed in a population-based sample of more than 70,000 adults and has been proven to be accurate in more than 5,000,000 patients. The test is externally validated in diverse patient populations and can differentiate risk in patients of different ages, those with or without diabetes, and those with early- or late-stage CKD. Results of the validation studies are described in the figures below.

Clinical Utility

Identifying patients at high risk of CKD progression can help determine intensity of follow-up, need for nephrology referral, as well as guide the initiation of disease-modifying therapy early in the course of disease before kidney function is irreversibly lost. Patients at intermediate or high risk of disease may benefit from more aggressive care to slow CKD progression whereas those at low risk may be safely managed with a conservative care plan.

Relationship Between Categories of Predicted Risk (Low, Medium, and High) from the Klinrisk Test and Occurrence of the Primary Outcome ($\geq 40\%$ Decline in eGFR or Kidney Failure) Over 5 Years



When applying the Klinrisk test, patients who are classified as high risk ($\geq 13\%$ risk over 5 years) had a 22-fold higher risk of a $\geq 40\%$ decline in eGFR or kidney failure at 5 years compared to those classified as low risk. Patients classified as medium risk (3 - $<13\%$ over 5 years) had a 4-fold higher risk of a $\geq 40\%$ decline in eGFR or kidney failure at 5 years. This event separation between patients of different risk classifications is observed immediately and persists over the entire 5-year period.

- High risk
- Medium risk
- Low risk

About the Test

The Klinrisk test uses data collected from blood and urine samples, including the complete blood count (CBC), a metabolic panel, and urine albumin to creatinine ratio (uACR) to identify patients at risk for CKD progression. It was developed as a decision aid to assess the risk of progressive CKD within a period of 5 years for patients over the age of 18 with existing CKD (eGFR <60 ml/min/1.73m² or uACR ≥ 3 mg/mmol) or those at risk of developing kidney disease. Progression of kidney disease

is defined as a sustained decline in kidney function ($\geq 40\%$ decrease in eGFR) or kidney failure (initiation of long-term dialysis or transplant). Klinrisk is not intended to diagnose, treat, mitigate, or prevent a disease, disorder, or abnormal physical state, or any of their symptoms. Independent follow-up with a qualified healthcare professional is necessary prior to any medical diagnosis or treatment decision.

Your Kidney Health Report

Patient Information		Test Information			
Name	RISK, SAMPLE HIGH	Ordered By	JANE SMITH	Date of Receipt	07-Aug-2026
Date of Birth	01-Aug-1966	Collection Day	07-Aug-2026	Time of Receipt	03:00 PM
Sex	Male	Report Date	07-Aug-2026	Medical Record (HCN/PHN)	111222333

Your Kidney Health at a Glance

Chronic kidney disease is often diagnosed late, and late diagnosis leads to suboptimal treatment and a higher risk of kidney and heart disease. This test uses information from your blood and urine samples to help your doctor understand your current kidney health status as well as predict the future risk of decline in kidney function.

Patients that are low risk will continue to have a lower rate of kidney function loss or heart failure in the next decade, while those at intermediate or high risk may have higher rates and benefit more from medical treatment. Your doctor can discuss the treatment options that work best for you.

You are in the: **High Risk Category**

Your report shows that your risk of a big change in your kidney function (a decline of more than 40% or needing kidney failure treatment) over the next 5 years is 41%.

This test uses information from your blood and urine sample to help your doctor understand your kidney health and plan the best personalised care for you.

Key Numbers from Your Test

Here are some important results from your blood and urine tests:

Test Name	Results	What it Means for You
eGFR (Kidney Function)	32 ml/min/1.73m ²	The eGFR measures how well your kidneys are filtering waste products from your blood. A low number may indicate kidney disease. This test helps your healthcare team understand how much kidney function you have and whether it is changing over time.
Albumin/ Creatinine Ratio, Urine	48.0 mg/mmol	This test checks for a protein called albumin in your urine, which should not normally be there in significant amounts. When kidneys are damaged, they can start "leaking" albumin from blood into the urine, making this test an early warning sign of kidney function problems. Catching albumin in the urine early in the disease course, allows your healthcare team to take steps to protect your kidneys before more serious damage occurs.
Potassium	7.5 mmol/L	Potassium is an important mineral that helps your heart beat regularly and your muscles work properly. Healthy kidneys normally remove excess potassium from your blood, but when kidneys are not working well, potassium levels can build up causing damage. If your potassium levels are high or rising over time, your doctor may change your treatment plan to keep you safe.
Hemoglobin	110 g/L	Hemoglobin is an important protein in your red blood cells that carries oxygen throughout your body. Your kidneys tell your bone marrow to produce red blood cells, so when kidneys are not working well, hemoglobin levels often decrease. Low hemoglobin can cause fatigue, weakness, and may indicate that kidney disease is affecting your body's ability to make healthy red blood cells.

What This Means for Your Kidney Care

These recommendations follow <https://mykidneysmyhealth.com> care guidelines for patients classified as High risk in CKD management.

1. Monitoring: You should have your kidney health checked 3 times per year.

2. Blood Pressure Goal: Aim for the normal blood pressure below 120 (systolic). Keeping your blood pressure healthy is vital for your kidneys.

3. Things to Watch For: Your doctor will keep an eye out for common kidney-related issues like:

- Anemia (low red blood cells)
- Hyperkalemia (too much potassium)
- Metabolic Acidosis (imbalance in body chemicals)
- CKD-MBD (bone and mineral problems)

4. Protecting Your Kidneys with Treatments: Your doctor may discuss certain medications that can help protect your kidneys and heart, especially if you have other conditions like heart failure or Type 2 Diabetes. These include:

- a. RAASI therapy (often with potassium monitoring)
- b. SGLT2i therapy
- c. Nonsteroidal MRA therapy (especially if you have Type 2 Diabetes, with potassium monitoring)
- d. GLP-1 therapy

5. Specialist Referral: A referral to a kidney specialist (nephrologist) is recommended at this time, given your test results.

Simple Ways to Support Your Kidney Health

- **Eat Well:** A balanced, kidney-friendly diet can help manage your blood pressure and keep your kidneys working well. Your doctor or a dietitian can help you find the best foods. (Learn more at <https://mykidneysmyhealth.com>).
- **Stay Active:** Regular exercise, even moderate activities like walking, is great for your heart and helps keep your kidneys healthy.

Important Note

This summary is a tool to help you and your doctor discuss your kidney health. It does not replace your doctor's advice or diagnosis. Always talk to your healthcare provider about your specific health needs and treatment plan.

Patient Information

Name RISK, SAMPLE MEDIUM
Date of Birth 01-Aug-1966
Sex Male

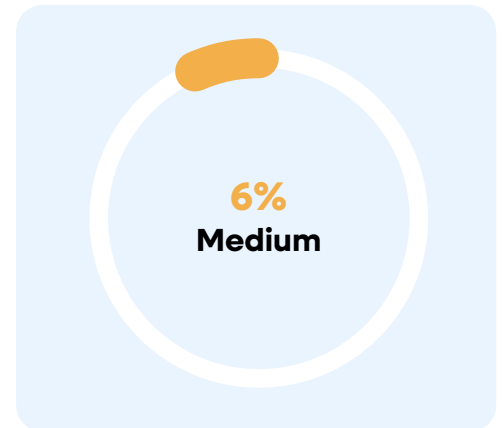
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Test Report

Risk of progressive decline in kidney function



Low 0 - 2

Medium 3 - 12

High 13+

The Klinrisk algorithm uses data from blood and urine tests including a complete blood count (CBC), a metabolic panel, and urine albumin to creatinine ratio (uACR) to estimate the probability of kidney function loss of $\geq 40\%$ or kidney failure in the next 5 years. The risk categories and recommendations are intended to alert providers of chronic kidney disease (CKD) progression risk, complications of kidney disease, and associated care pathways recommended by clinical practice guidelines.

Patients at high risk can work with their provider to implement an evidence-based care plan to improve their kidney health.

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The laboratory tests required for the Klinrisk test are performed at LifeLabs.

Clinical Decision Support

Frequency of Monitoring
1 time per year

Blood Pressure Target
Target standardized BP < 120 systolic

Referral
Nephrology referral may not be indicated

Complications of CKD

Anemia

Hyperkalemia

Metabolic Acidosis

CKD-MBD

Other Recommendations

- Consider treatment with a statin to reduce cardiovascular risk

Disease Modifying Treatment to Slow CKD Progression

RAASi

SGLT2i Therapy

Non Steroidal MRA

GLP-1 Agonist

- Consider RAASi therapy with potassium monitoring
- Consider SGLT2i therapy in patients with heart failure or Type 2 Diabetes
- Consider nonsteroidal MRA therapy with potassium monitoring in adults with Type 2 Diabetes
- Consider GLP-1 therapy in adults with Type 2 Diabetes

Lifestyle Interventions to Slow CKD

Diet

A balanced diet tailored to individuals with CKD can help slow disease progression by managing blood pressure, reducing proteinuria, and minimizing the buildup of harmful toxins. Emphasizing low-sodium, kidney-friendly foods, while working with your care provider can ensure nutritional needs are met without overburdening the kidneys.

Exercise

Regular physical activity improves overall cardiovascular health, enhances energy levels, and helps maintain a healthy weight, all of which are crucial for slowing CKD progression. Even moderate exercises, like walking or yoga, can have significant benefits when done consistently under medical guidance.

For more information, visit <https://mykidneysmyhealth.com>

Pharmaceutical Interventions to Slow CKD Progression

Medication Class	Heart Failure Risk Reduction	CKD Risk Reduction
RAASi	↓  21%	↓  26%
SGLT2i	↓  37%	↓  23%
ns-MRA	↓  23%	↓  22%
GLP-1	↓  24%	↓  27%

These benefits can be additive. For more information, visit actearlyonkidney.com

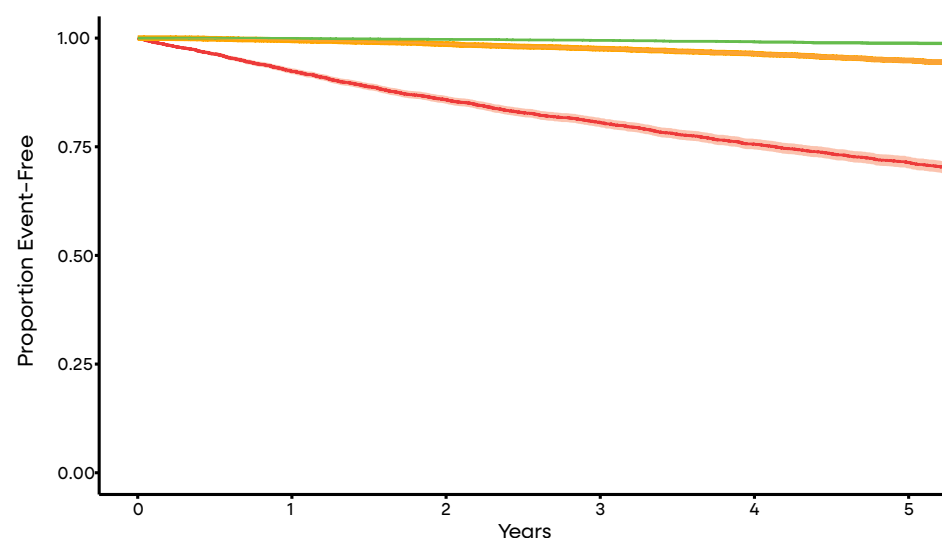
Clinical Validity

The Klinrisk test was developed in a population-based sample of more than 70,000 adults and has been proven to be accurate in more than 5,000,000 patients. The test is externally validated in diverse patient populations and can differentiate risk in patients of different ages, those with or without diabetes, and those with early- or late-stage CKD. Results of the validation studies are described in the figures below.

Clinical Utility

Identifying patients at high risk of CKD progression can help determine intensity of follow-up, need for nephrology referral, as well as guide the initiation of disease-modifying therapy early in the course of disease before kidney function is irreversibly lost. Patients at intermediate or high risk of disease may benefit from more aggressive care to slow CKD progression whereas those at low risk may be safely managed with a conservative care plan.

Relationship Between Categories of Predicted Risk (Low, Medium, and High) from the Klinrisk Test and Occurrence of the Primary Outcome ($\geq 40\%$ Decline in eGFR or Kidney Failure) Over 5 Years



When applying the Klinrisk test, patients who are classified as high risk ($\geq 13\%$ risk over 5 years) had a 22-fold higher risk of a $\geq 40\%$ decline in eGFR or kidney failure at 5 years compared to those classified as low risk. Patients classified as medium risk ($3 - <13\%$ over 5 years) had a 4-fold higher risk of a $\geq 40\%$ decline in eGFR or kidney failure at 5 years. This event separation between patients of different risk classifications is observed immediately and persists over the entire 5-year period.

-  High risk
-  Medium risk
-  Low risk

About the Test

The Klinrisk test uses data collected from blood and urine samples, including the complete blood count (CBC), a metabolic panel, and urine albumin to creatinine ratio (uACR) to identify patients at risk for CKD progression. It was developed as a decision aid to assess the risk of progressive CKD within a period of 5 years for patients over the age of 18 with existing CKD (eGFR $<60\text{ml/min/1.73m}^2$ or uACR $\geq 3\text{mg/mmol}$) or those at risk of developing kidney disease. Progression of kidney disease

is defined as a sustained decline in kidney function ($\geq 40\%$ decrease in eGFR) or kidney failure (initiation of long-term dialysis or transplant). Klinrisk is not intended to diagnose, treat, mitigate, or prevent a disease, disorder, or abnormal physical state, or any of their symptoms. Independent follow-up with a qualified healthcare professional is necessary prior to any medical diagnosis or treatment decision.

Your Kidney Health Report

Patient Information		Test Information			
Name	RISK, SAMPLE MEDIUM	Ordered By	JANE SMITH	Date of Receipt	07-Aug-2026
Date of Birth	01-Aug-1966	Collection Day	07-Aug-2026	Time of Receipt	03:00 PM
Sex	Male	Report Date	07-Aug-2026	Medical Record (HCN/PHN)	111222333

Your Kidney Health at a Glance

Chronic kidney disease is often diagnosed late, and late diagnosis leads to suboptimal treatment and a higher risk of kidney and heart disease. This test uses information from your blood and urine samples to help your doctor understand your current kidney health status as well as predict the future risk of decline in kidney function.

Patients that are low risk will continue to have a lower rate of kidney function loss or heart failure in the next decade, while those at intermediate or high risk may have higher rates and benefit more from medical treatment. Your doctor can discuss the treatment options that work best for you.

You are in the: **Medium Risk Category**

Your report shows that your risk of a big change in your kidney function (a decline of more than 40% or needing kidney failure treatment) over the next 5 years is 6%.

This test uses information from your blood and urine sample to help your doctor understand your kidney health and plan the best personalised care for you.

Key Numbers from Your Test

Here are some important results from your blood and urine tests:

Test Name	Results	What it Means for You
eGFR (Kidney Function)	75 ml/min/1.73m ²	The eGFR measures how well your kidneys are filtering waste products from your blood. A low number may indicate kidney disease. This test helps your healthcare team understand how much kidney function you have and whether it is changing over time.
Albumin/ Creatinine Ratio, Urine	6.0 mg/mmol	This test checks for a protein called albumin in your urine, which should not normally be there in significant amounts. When kidneys are damaged, they can start "leaking" albumin from blood into the urine, making this test an early warning sign of kidney function problems. Catching albumin in the urine early in the disease course, allows your healthcare team to take steps to protect your kidneys before more serious damage occurs.
Potassium	4.0 mmol/L	Potassium is an important mineral that helps your heart beat regularly and your muscles work properly. Healthy kidneys normally remove excess potassium from your blood, but when kidneys are not working well, potassium levels can build up causing damage. If your potassium levels are high or rising over time, your doctor may change your treatment plan to keep you safe.
Hemoglobin	155 g/L	Hemoglobin is an important protein in your red blood cells that carries oxygen throughout your body. Your kidneys tell your bone marrow to produce red blood cells, so when kidneys are not working well, hemoglobin levels often decrease. Low hemoglobin can cause fatigue, weakness, and may indicate that kidney disease is affecting your body's ability to make healthy red blood cells.

What This Means for Your Kidney Care

These recommendations follow <https://mykidneysmyhealth.com> care guidelines for patients classified as Medium risk in CKD management.

1. Monitoring: You should have your kidney health checked 1 time per year.

2. Blood Pressure Goal: Aim for the normal blood pressure below 120 (systolic). Keeping your blood pressure healthy is vital for your kidneys.

3. Things to Watch For: Your doctor will keep an eye out for common kidney-related issues like:

- Anemia (low red blood cells)
- Hyperkalemia (too much potassium)
- Metabolic Acidosis (imbalance in body chemicals)
- CKD-MBD (bone and mineral problems)

4. Protecting Your Kidneys with Treatments: Your doctor may discuss certain medications that can help protect your kidneys and heart, especially if you have other conditions like heart failure or Type 2 Diabetes. These include:

- a. RAASI therapy (often with potassium monitoring)
- b. SGLT2i therapy
- c. Nonsteroidal MRA therapy (especially if you have Type 2 Diabetes, with potassium monitoring)
- d. GLP-1 therapy

5. Specialist Referral: A referral to a kidney specialist (nephrologist) may not be needed at this time, given your test results.

Simple Ways to Support Your Kidney Health

- **Eat Well:** A balanced, kidney-friendly diet can help manage your blood pressure and keep your kidneys working well. Your doctor or a dietitian can help you find the best foods. (Learn more at <https://mykidneysmyhealth.com>).
- **Stay Active:** Regular exercise, even moderate activities like walking, is great for your heart and helps keep your kidneys healthy.

Important Note

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Patient Information		Test Information			
Name	RISK, SAMPLE LOW	Ordered By	JANE SMITH	Date of Receipt	07-Aug-2026
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Sex	Male	Report Date	07-Aug-2026	Medical Record (HCN/PHN)	111222333

Test Report

Risk of progressive decline in kidney function



Low 0 - 2

Medium 3 - 12

High 13+

The Klinrisk algorithm uses data from blood and urine tests including a complete blood count (CBC), a metabolic panel, and urine albumin to creatinine ratio (uACR) to estimate the probability of kidney function loss of ≥40% or kidney failure in the next 5 years. The risk categories and recommendations are intended to alert providers of chronic kidney disease (CKD) progression risk, complications of kidney disease, and associated care pathways recommended by clinical practice guidelines.

Patients at high risk can work with their provider to implement an evidence-based care plan to improve their kidney health.

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Clinical Decision Support		
Frequency of Monitoring 1 time per year	Complications of CKD No CKD detected	Disease Modifying Treatment to Slow CKD Progression No CKD detected
Blood Pressure Target Target standardized BP < 130 systolic		
Referral No CKD detected	Other Recommendations No CKD detected	

Lifestyle Interventions to Slow CKD

Diet

A balanced diet tailored to individuals with CKD can help slow disease progression by managing blood pressure, reducing proteinuria, and minimizing the buildup of harmful toxins. Emphasizing low-sodium, kidney-friendly foods, while working with your care provider can ensure nutritional needs are met without overburdening the kidneys.

Exercise

Regular physical activity improves overall cardiovascular health, enhances energy levels, and helps maintain a healthy weight, all of which are crucial for slowing CKD progression. Even moderate exercises, like walking or yoga, can have significant benefits when done consistently under medical guidance.

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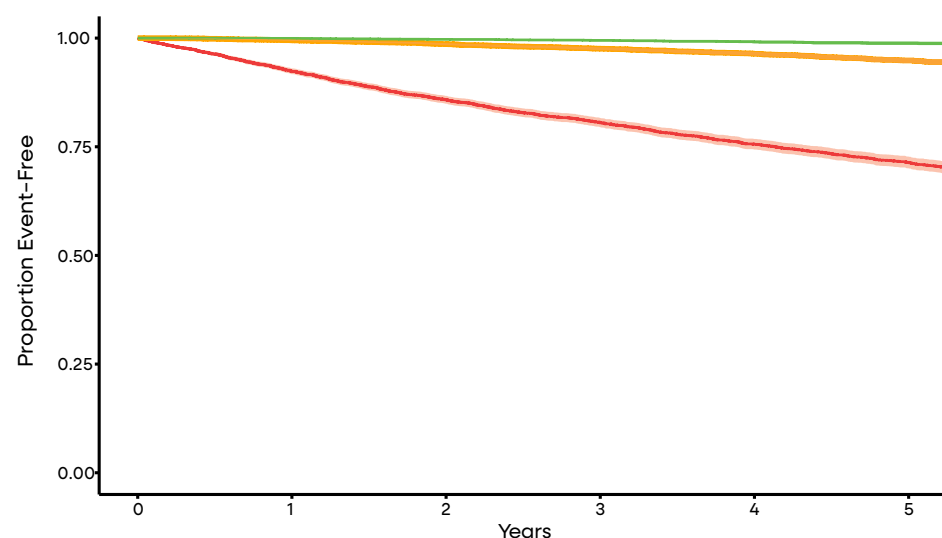
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Clinical Utility

Identifying patients at high risk of CKD progression can help determine intensity of follow-up, need for nephrology referral, as well as guide the initiation of disease-modifying therapy early in the course of disease before kidney function is irreversibly lost. Patients at intermediate or high risk of disease may benefit from more aggressive care to slow CKD progression whereas those at low risk may be safely managed with a conservative care plan.

Relationship Between Categories of Predicted Risk (Low, Medium, and High) from the Klinrisk Test and Occurrence of the Primary Outcome ($\geq 40\%$ Decline in eGFR or Kidney Failure) Over 5 Years



When applying the Klinrisk test, patients who are classified as high risk ($\geq 13\%$ risk over 5 years) had a 22-fold higher risk of a $\geq 40\%$ decline in eGFR or kidney failure at 5 years compared to those classified as low risk. Patients classified as medium risk ($3 - <13\%$ over 5 years) had a 4-fold higher risk of a $\geq 40\%$ decline in eGFR or kidney failure at 5 years. This event separation between patients of different risk classifications is observed immediately and persists over the entire 5-year period.

-  High risk
-  Medium risk
-  Low risk

About the Test

The Klinrisk test uses data collected from blood and urine samples, including the complete blood count (CBC), a metabolic panel, and urine albumin to creatinine ratio (uACR) to identify patients at risk for CKD progression. It was developed as a decision aid to assess the risk of progressive CKD within a period of 5 years for patients over the age of 18 with existing CKD (eGFR $<60\text{ml/min/1.73m}^2$ or uACR $\geq 3\text{mg/mmol}$) or those at risk of developing kidney disease. Progression of kidney disease

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Your Kidney Health Report

Patient Information		Test Information			
Name	RISK, SAMPLE LOW	Ordered By	JANE SMITH	Date of Receipt	07-Aug-2026
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Sex	Male	Report Date	07-Aug-2026	Medical Record (HCN/PHN)	111222333

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Patients that are low risk will continue to have a lower rate of kidney function loss or heart failure in the next decade, while those at intermediate or high risk may have higher rates and benefit more from medical treatment. Your doctor can discuss the treatment options that work best for you.

You are in the: **Low Risk Category**

Your report shows that your risk of a big change in your kidney function (a decline of more than 40% or needing kidney failure treatment) over the next 5 years is 1%.

This test uses information from your blood and urine sample to help your doctor understand your kidney health and plan the best personalised care for you.

Key Numbers from Your Test

Here are some important results from your blood and urine tests:

Test Name	Results	What it Means for You
eGFR (Kidney Function)	108 ml/min/1.73m ²	The eGFR measures how well your kidneys are filtering waste products from your blood. A low number may indicate kidney disease. This test helps your healthcare team understand how much kidney function you have and whether it is changing over time.
Albumin/ Creatinine Ratio, Urine	0.4 mg/mmol	This test checks for a protein called albumin in your urine, which should not normally be there in significant amounts. When kidneys are damaged, they can start "leaking" albumin from blood into the urine, making this test an early warning sign of kidney function problems. Catching albumin in the urine early in the disease course, allows your healthcare team to take steps to protect your kidneys before more serious damage occurs.
Potassium	4.0 mmol/L	Potassium is an important mineral that helps your heart beat regularly and your muscles work properly. Healthy kidneys normally remove excess potassium from your blood, but when kidneys are not working well, potassium levels can build up causing damage. If your potassium levels are high or rising over time, your doctor may change your treatment plan to keep you safe.
Hemoglobin	155 g/L	Hemoglobin is an important protein in your red blood cells that carries oxygen throughout your body. Your kidneys tell your bone marrow to produce red blood cells, so when kidneys are not working well, hemoglobin levels often decrease. Low hemoglobin can cause fatigue, weakness, and may indicate that kidney disease is affecting your body's ability to make healthy red blood cells.

What This Means for Your Kidney Care

These recommendations follow <https://mykidneysmyhealth.com> care guidelines for patients classified as Low risk in CKD management.

1. Monitoring: You should have your kidney health checked 1 time per year.

2. Blood Pressure Goal: Aim for the normal blood pressure below 130 (systolic). Keeping your blood pressure healthy is vital for your kidneys.

3. Things to Watch For: Your doctor will keep an eye out for common kidney-related issues like:

- Anemia (low red blood cells)
- Hyperkalemia (too much potassium)
- Metabolic Acidosis (imbalance in body chemicals)
- CKD-MBD (bone and mineral problems)

4. Protecting Your Kidneys with Treatments: Your doctor may discuss certain medications that can help protect your kidneys and heart, especially if you have other conditions like heart failure or Type 2 Diabetes. These include:

- a. RAASI therapy (often with potassium monitoring)
- b. SGLT2i therapy
- c. Nonsteroidal MRA therapy (especially if you have Type 2 Diabetes, with potassium monitoring)
- d. GLP-1 therapy

5. Specialist Referral: No CKD detected

Simple Ways to Support Your Kidney Health

- **Eat Well:** A balanced, kidney-friendly diet can help manage your blood pressure and keep your kidneys working well. Your doctor or a dietitian can help you find the best foods. (Learn more at <https://mykidneysmyhealth.com>).
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