Renal K+®

Managing hypokalemia associated with CKD has never been easier

Innovative Treatments for Chronic Kidney Disease

Chronic kidney disease (CKD) affects, on average, 10.8% of cats and 5.2% of dogs brought in for consultation¹ and is a leading cause of death.² CKD commonly causes hypokalemia, a condition where the potassium in the blood is too low.

Common Clinical Manifestations of Hypokalemia

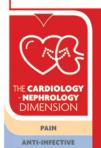
- Hypokalemic myopathy (muscle weakness)
- Persistent cervical ventroflexion
- Impaired renal function
- Cardiac dysfunction
- Weight loss
- Anemia
- Anorexia
- Listlessness
- Poor hair coat



Preventing hypokalemia and its associated continuing kidney damage is an important part of preserving a patient's quality of life. Renal K+ is a highly palatable Potassium Supplement in the form of potassium gluconate with B-complex vitamins for use in treating hypokalemia associated with renal insufficiency in cats and dogs.

Oral Potassium Supplementation:

- Helps reverse neuromuscular abnormalities induced by potassium depletion
- Improves renal function
- May play an important role in the management of CKD as suggested by declines in serum creatinine and urinary excretion



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1-800-267-5707



Dosing and Treatment

Renal K+ is available in highly palatable powder or gel formulations; it can be top-dressed over dry food or mixed with canned food. Since blood potassium levels are not 100% accurate at measuring total body potassium, patients with chronic renal insufficiency that have blood potassium levels that are low or are in the low half of the normal range should be treated.



Renal K+

A powerful tool for advanced renal support

- Safe to use
- Highly palatable
- Easy and convenient to administer for improved compliance
- Compatible with other therapies



Sources

- 1 North American Veterinary Research Group (NAVRG). The management of chronic kidney disease in dogs and cats. Survey conducted among 109 Veterinarians in the USA, 2005.
- 2 Morris Animal Foundation, 1997 Animal Health Study. Denver, CO.

