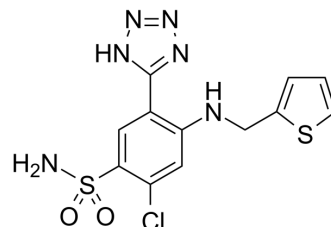


Azosemide

Cat. No.:	HY-107321		
CAS No.:	27589-33-9		
Molecular Formula:	C ₁₂ H ₁₁ ClN ₆ O ₂ S ₂		
Molecular Weight:	370.84		
Target:	NKCC		
Pathway:	Membrane Transporter/Ion Channel		
Storage:	Powder	-20°C	3 years
		4°C	2 years
	In solvent	-80°C	6 months
		-20°C	1 month



SOLVENT & SOLUBILITY

In Vitro	DMSO : 250 mg/mL (674.15 mM; Need ultrasonic)				
		Solvent Concentration	Mass 1 mg	5 mg	10 mg
	Preparing Stock Solutions	1 mM	2.6966 mL	13.4829 mL	26.9658 mL
		5 mM	0.5393 mL	2.6966 mL	5.3932 mL
10 mM		0.2697 mL	1.3483 mL	2.6966 mL	
Please refer to the solubility information to select the appropriate solvent.					
In Vivo	<ol style="list-style-type: none"> Add each solvent one by one: 10% DMSO >> 40% PEG300 >> 5% Tween-80 >> 45% saline Solubility: ≥ 2.17 mg/mL (5.85 mM); Clear solution Add each solvent one by one: 10% DMSO >> 90% corn oil Solubility: ≥ 2.17 mg/mL (5.85 mM); Clear solution Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline) Solubility: ≥ 2.08 mg/mL (5.61 mM); Clear solution 				

BIOLOGICAL ACTIVITY

Description	Azosemide, a sulfonamide loop diuretic, is a potent NKCC1 inhibitor with IC ₅₀ s of 0.246 μM and 0.197 μM for hNKCC1A and NKCC1B, respectively ^[1] .
IC₅₀ & Target	IC ₅₀ : 0.246 μM (hNKCC1A) and 0.197 μM (NKCC1B) ^[1]
In Vitro	Azosemide inhibits the sodium-potassium-chloride-cotransporter human variants hNKCC1A and hNKCC1B ^[1] . MCE has not independently confirmed the accuracy of these methods. They are for reference only.

In Vivo

Azosemide shows a smaller AUC (81.9% decrease), shorter terminal half-life (50.9% decrease) and MRT (64.1% decrease), faster CL (454% increase), CLR (853% increase) and CLNR (307% increase) for NARs^[2].

MCE has not independently confirmed the accuracy of these methods. They are for reference only.

Animal Model:	Male Sprague-Dawley rats (control rats, weighing 310345 g) and NARs (weighing 220315 g) of 9 weeks of age ^[2]
Dosage:	10 mg/kg (Pharmacokinetic Analysis)
Administration:	Infused over 1 min via the jugular vein (i.v.)
Result:	Showed a smaller AUC (81.9% decrease), shorter terminal half-life (50.9% decrease) and MRT (64.1% decrease), faster CL (454% increase), CLR (853% increase) and CLNR (307% increase) for NARs.

CUSTOMER VALIDATION

- J Exp Med. 2023 Mar 6;220(3):e20211827.
- J Pharmaceut Biomed. 2020, 113870.

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REFERENCES

[1]. Hampel P, et al. Azosemide is more potent than bumetanide and various other loop diuretics to inhibit the sodium-potassium-chloride-cotransporter human variants hNKCC1A and hNKCC1B. Sci Rep. 2018 Jun 29;8(1):9877.

[2]. Kim EJ, et al. Pharmacokinetics and pharmacodynamics of intravenous azosemide in mutant Nagaseanalbuminemic rats. Drug Metab Dispos. 2003 Feb;31(2):194-201.

Caution: Product has not been fully validated for medical applications. For research use only.

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