

**Department of Medical Oncology, Haematology &  
Bone Marrow Transplantation,  
Fortis Memorial Research Institute  
Sector-44, Gurgaon-122002, Haryana**

**DISCHARGE SUMMARY**

Patient's Name	: Mr. Sanjeev Kumar Singh	UHID	: 13581945
Age/D.O.B.	: 48 Years	IPID	: 615/25/1111
Gender	: Male	Date of Admission	: 02.01.2025
Bed no.	: CD-08	Date of Discharge	: 02.01.2025
Patient's Ph. No.	: 9327564770		
Patient's Address	Near Dhanbad Vikas Vidhyalaya, Dhanbad, Jharkhand, India, 826001		
Admitted under	Medical Oncology Team -I.		
UNIT HEAD	PROF. VINOD RAINA MD, MRCP, FRCP Chairman Oncosciences, Executive Director & Head E-mail: vinodraina@hotmail.com		
Treating Consultant	Dr. Jasmine Porwal: MD, DM		

**Diagnosis:**

- Metastatic Carcinoma Lung (NOS) with cerebellar – single lesion, liver, left adrenal, bone, Mediastinal + abdomen lymph node mets, Muscle deposits, Bilateral pleural effusion
- TTF1-negative, P40-negative, Synaptophysin-negative, PDL1- (TPS-2-5%)
- Started on weekly TP regimen w.e.f. 26.12.2024

**Comorbidities (if any):** DM-OHA controlled, HTN, Post CABG, Post MVR in 2021.

**Reason of Admission:** Admitted today for chemotherapy week # 2.

**O/E:** Temp-97°F, HR-86/min, BP-120/70mmHg, RR-18/min, Wt-75Kg & Ht-162cms.

**Course in Hospital:** Patient received week # 2 chemotherapy today and tolerated it well, without any acute side effects. Now he is being discharged in stable condition with further follow-up advice.

**Investigation dated (01.01.2025):**

**CBC:** Hb-12g/dL, WBC-17.50thou/μL, Plt-121thou/μL and N92.80%.

Cr-0.91mg/dL, EGFR: 104mL/min/1.73m<sup>2</sup>

**(22.12.2024) KFT:** Urea-36mg/dL, Cr-0.90mg/dL, UrAc-3.2mg/dL, Sod-134mmol/L, Pot-3.8mmol/L

**LFT:** Bil(T)-0.40mg/dL, SGOT-47U/L, SGPT-46U/L, GGT-178U/L, ALP-746U/L, Prt(T)-4.60g/dL, Alb-2.30g/dL

**2 D ECHO 23.12.2024:** No RWMA, LVEF 55%





**CT Chest 30.11.2024:** There is mild right pleural effusion showing Interval increase with extension into the oblique and horizontal fissures and associated collapse consolidation in right lower lobe. There is interval appearance of moderate left pleural effusion with collapse consolidation in left lower lobe. Large para hilar opacity is seen in right lung, more in the middle and lower lobes encasing all the bronchia and their segmental branches with surrounding ground glass haziness, interstitial septal thickening and bronchial wall thickening. Smaller discrete areas of air space opacities are seen in right upper lobe and right lower lobe. The para hilar and other air opacity opacities in the right lung show marginal to mild interval increase in extent. There is interval appearance of mild mosaic attenuation with interstitial septal thickening in left lung also. These findings could suggest infective/inflammatory etiology, however BAL correlation / EBUS guided FNAC from mediastinal nodes is suggested. Multiple enlarged pre-paratracheal, AP window, precarinal, subcarinal and bilateral hilar lymph nodes are seen, showing heterogenous enhancement and necrotic changes in the precarinal and subcarinal nodes, larger discrete node measuring approximately 24mm in SAD as before. Other confluent nodes are seen in right hilar region.

**Right lung lesion biopsy 14.12.2024:** TTF1-negative, P40-negative, Synaptophysin-negative, WT1-negative, D2-40-negative. **Impression:** Metastatic Carcinoma Right Lung (Brain, Liver, Adrenal and Bone mets)

**PET CT scan 16.12.2024: BRAIN:** Enhancing FDG avid nodular lesion seen in left cerebellar hemisphere, measuring (1.1 x 0.8 cm SUVmax 14.0). Mild perilesional oedema seen.

**Neck:** Enlarged FDG avid lymph node with central necrosis seen in right supraclavicular region, measuring (size 1.3 x 1.1 cm, SUVmax 5.4). **THORAX:** Post CABG status. **LUNGS AND PLEURA:** FDG avid (SUVmax 12.5) large heterogeneously enhancing and para mass/consolidation is seen in right lung, involving all the lobes, more in the middle and lower lobes encasing all the lobar, segmental and subsegmental bronchi and vessels with surrounding ground glass haziness, interstitial septal thickening and bronchial wall thickening. Measuring 9.1 x 5.0 x 13.2 cm (AP x TR x CC). Encasing right pulmonary artery and abutting left atrium focal indistinct fat plane. Smaller discrete areas of air space opacities are seen in right upper and right lower lobe with heterogeneous FDG uptake. Mosaic attenuation with interstitial septal thickening in left lung. Few peribronchovascular pc ground glass opacities seen in basal segments of left lower lobe. **LYMPHADENOPATHY:** FDG avid multiple enlarged pre-paratracheal, perivascular (size 2.3 x 1.7 SUVmax 8.7), AP window, precarinal, subcarinal and bilateral hilar lymph nodes are seen, heterogeneous enhancement and necrotic changes, larger discrete node measuring approximate: size 2.4 x 3.2 cm, SUVmax 5.4 in right lower para-tracheal region, as before. Few confluent n are seen in right hilar region. FDG avid enlarged lymph nodes seen in left paraoesophageal, left internal mammary (size 1.3 cm, SUVmax 10.8), and cardiophrenic/ diaphragmatic/ region. **Abdomen: LIVER:** normal in size. An ill-defined hypoenhancing FDG avid lesion seen in segment I of liver measuring 1.5 x 1.6 cm, SUVmax 11.8. No evidence of IHBR dilatation. **SPLEEN:** normal in size, shape and contrast enhancement. No focal lesion is seen. **GB AND BILIARY SYSTEM:** Gallbladder is partially distended and appears normal with normal wall thickness. No radiodense intraluminal calculus is seen. CBD is not dilated. **PANCREAS:** Pancreas is normal in size, shape, and contrast enhancement. MPD is not dilated. Peripancreatic fat planes are preserved. **ADRENALS:** FDG avid hypodense lesion noted in left adrenal measuring (size 1.0 x 0.9, SUVmax 5.5). Right adrenal gland appears largely normal.

**KIDNEYS:** Both kidneys are normal in size, shape and contrast enhancement. No evidence of calculus/hydronephrosis is seen. Mild bilateral perinephric fat stranding seen. **BOWEL, MESENTERY, OMENTUM:** no significant abnormality. **LYMPHADENOPATHY:** FDG avid multiple enlarged variable sized lymph nodes seen in bilat retrocrural, gastrohepatic, portocaval, periportal, retropancreatic,



aortocaval, retrocaval, left aortic regions, largest measuring size- 1.8 x 1.4cm, SUVmax 13.8 in portocaval region. **ABDOMINAL VESSELS:** nil significant. **FLUID IN ABDOMEN:** Trace free fluid seen in pelvis. **URINARY BLADDER:** partially distended. Bilateral ureters are not dilated. **PROSTATE and SEMINAL VESICLES:** nil significant **INGUINAL ORIFICES:** nil significant. **CHEST AND ABDOMINAL WALL:** nil significant. Mild FDG avid heterogeneously enhancing avid soft tissue density lesion seen in subcutaneous plane overlying left deltoid muscle, measuring size ~1.8 x 1.4 cm, SUVmax 3.0. **SKELETAL SYSTEM:** FDG avid innumerable sclerotic lesions seen in bilateral proximal femora, bilateral pelvic bone cervical- dorsal - lumbar - sacral vertebrae at multiple levels, bilateral scapula and multiple rib bilaterally. **IMPRESSION:** Metabolically active large heterogeneously enhancing and para hilar mass/consolidation in right lung with bronchovascular encasement, surrounding ground glass haziness, pat opacities, interstitial septal thickening and bronchial wall thickening as described above possibility of neoplasm--suggested HPE correlation. Mild right pleural effusion and moderate left pleural effusion with underlying collapse consolidation. Few peribronchovascular patchy ground glass opacities in basal segments of left lower lobe- ? Infective. Metabolically active right supraclavicular, mediastinal and abdominal lymph nodes as described above - likely metastatic. Metabolically active left adrenal, liver and multiple skeletal lesions as described above likely metastatic. Metabolically active brain lesion- likely metastatic as described above - needs MRI correlation. Mild metabolically active heterogeneously enhancing soft tissue density lesion in subcutaneous plane overlying left deltoid muscle-? Metastatic. No hypermetabolic focus noted in the visualized body suggestive of malignant.

**MRI Brain report 19.12.2024:** Left mid cerebellar region ~10x7mm.

**Status on discharge:** - Stable

**Medication given:**

1. Inj. Fosaport 150mg IV in 150ml NS over 30mins.
2. Inj. Dexta 8mg + Inj. Emeset 8mg IV in 100ml NS over 30mins.
3. Inj. Pantop 40mg IV Push.

**Chemotherapy given:**

1. Inj. Nab-Paclitaxel 100mg IV in 250 ml NS over 30 mins
2. Inj. Carboplatin 150mg in IV 250ml D5% over 60 mins

**Advice on discharge:**

1. Inj. GCSF 300mcg s/c to be given on D3 (04.01.2025) and D5 (06.01.2025)
2. Tab. Shelcal 500mg once a day
3. Sachet Vit D3 60k IU once a week with glass of milk
4. Syp. Bromhexine 2tsp thrice a day
5. Tab. Dexta 4mg twice a day ~~x 5 days~~ after meals x 10 days ✓
6. Tab. Pantocid 40mg x 1-tab x twice a day x 5 days
7. Syp. Glycerol 2tsp thrice a day Glycerol
8. Tab. Levipil 750mg twice a day
9. Tab. Flucan 150mg once a day
10. Tab. Domstal 20mg x 1-tab x twice a day x 3 days --- before meals
11. Tab. Emeset 8mg thrice a day x 3 days
12. High protein diet



**As and when required:**

1. Tab. PCM 650mg as and when required for fever and pain
  2. Tab. Emeset 8mg as and when required for vomiting
  3. Syp. Cremaffin 30ml as and when required for constipation
  4. Cap. Imodium 1cap as and when required for diarrhoea
- Continue regular medicine

**Follow-up:** Next dose Inj. Denosumab 120mg subcutaneous on 23.01.2025

Follow-up next chemotherapy in Medical oncology OPD on 09.01.2025 with CBC, Serum Creatine with prior appointment with **Dr. Jasmine Porwal**.

**When to obtain urgent care:** Please contact your doctor if you experience the following:

- Fever
- Loose Stools
- Bleeding from any site
- Seizures

**In case of emergency please contact 8376804139**

*Narendra*  
DISCHARGE PREPARED BY:  
Doctor Name & Signature.

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