

****HOSPITAL CONSULTATION REPORT****

****PATIENT:**** Johnathan Doe

****MRN:**** 789456123

****DATE OF CONSULT:**** 09/18/2025

****REASON FOR CONSULTATION:**** New-onset seizure and altered mental status.

****HISTORY OF PRESENT ILLNESS:****

The patient is a 72-year-old male with a significant past medical history who was brought to the emergency department by his wife after experiencing a witnessed generalized tonic-clonic seizure lasting approximately two minutes. This was his first-ever seizure. Postictally, he has been profoundly confused and demonstrates significant expressive aphasia. His wife reports no recent trauma or illness but notes he has complained of intermittent headaches for the past three weeks.

****PAST MEDICAL HISTORY:****

1. ****Persistent Atrial Fibrillation:**** Diagnosed 8 years ago. Stable on anticoagulation.
2. ****Hypertension:**** Managed with medication for over 15 years.
3. ****Metastatic Melanoma:**** Diagnosed 3 years ago, primary lesion on the back. Treated with surgical excision and a full course of pembrolizumab immunotherapy. Last surveillance scan 6 months ago was clear.

****CURRENT MEDICATIONS:****

1. Apixaban 5 mg twice daily
2. Lisinopril 20 mg daily
3. Metoprolol Succinate 50 mg daily

****PHYSICAL EXAMINATION:****

- ****Vitals:**** BP 145/88 mmHg, HR 78 bpm (irregularly irregular), Temp 98.9°F, SpO2 97% on room air.
- ****Neurological:**** The patient is awake but drowsy and only oriented to person. Demonstrates significant expressive aphasia, able to follow only simple one-step commands. Cranial nerves II-XII are grossly intact. Motor exam reveals 4/5 strength in the right upper and lower extremities compared to 5/5 on the left. Babinski sign is present on the right.

****IMAGING AND LABS:****

- ****CT Head (Non-contrast):**** Revealed a 2.5 cm mass in the left parietal lobe with surrounding vasogenic edema and mild midline shift. No acute hemorrhage.
- ****MRI Brain (with and without contrast):**** Confirmed the presence of a 2.7 cm irregularly ring-enhancing intra-axial mass in the left parietal lobe, highly suspicious for a metastatic lesion given the patient's history.
- ****Chest X-Ray:**** Clear.
- ****Basic Labs:**** CBC and CMP are within normal limits.

****ASSESSMENT AND PLAN:****

This is a 72-year-old male with a history of metastatic melanoma who presents with a first-time seizure secondary to a newly discovered brain mass, most concerning for a brain metastasis.

1. ****Neurology:****

- Initiate anti-epileptic therapy with intravenous Levetiracetam to prevent further seizure activity.
- Start high-dose dexamethasone to decrease vasogenic edema and mass effect.
- Obtain urgent neurosurgery and radiation oncology consultations to discuss definitive management, including potential surgical resection versus stereotactic radiosurgery.

2. ****Cardiology:****

- His atrial fibrillation is stable. However, the apixaban must be held temporarily due to the increased risk of intracranial hemorrhage associated with the tumor. Will discuss bridging anticoagulation strategy with the cardiology team once the neurosurgical plan is established.
- Continue current antihypertensive regimen.

3. ****Oncology:****

- The primary concern is a recurrence of his melanoma with metastasis to the brain.
- We will restage his disease with PET/CT scans to identify any other sites of systemic disease.
- His case will be discussed at the multidisciplinary tumor board.