

COMPREHENSIVE MEDICAL DISCHARGE REPORT

CONFIDENTIAL PATIENT RECORD

PATIENT DEMOGRAPHICS

ID: SYN008

Full Name: Aisha Rahman

Medical Record Number: 7189253

Date of Birth: February 14, 1968

Primary Language: English

Contact: (415) 555-7842

Insurance: Blue Cross Blue Shield PPO

Primary Care Provider: Dr. Maxwell Chen

ENCOUNTER INFORMATION

Facility: University Medical Center

Unit: 8 East - Oncology

Admission Date/Time: April 5, 2025 / 14:32

Discharge Date/Time: April 13, 2025 / 11:45

Attending Physician: Dr. Michael Richardson, MD

Service: Medical Oncology

PRIMARY DIAGNOSIS & ONCOLOGIC HISTORY

Ms. Rahman is a 57-year-old patient with no prior smoking history diagnosed with stage IV non-small cell lung adenocarcinoma on September 11, 2023. Molecular profiling revealed ROS1 fusion and high PDL1 expression (TPS: 80%, CPS: 85%, IC: 10%). Initial presentation included multiple brain metastases that were treated with stereotactic radiosurgery (SRS) on September 25, 2023, followed by initiation of entrectinib 600mg daily on October 2, 2023. Patient has maintained excellent response with significant reduction in primary tumor and brain metastases.

SECONDARY DIAGNOSES

1. Controlled seizure disorder secondary to brain metastases
2. Iatrogenic adrenal insufficiency (steroid-induced)
3. Hypothyroidism
4. Generalized anxiety disorder
5. Depression

REASON FOR ADMISSION

Ms. Rahman presented with progressively worsening dyspnea, dry cough, and low-grade fever for 5 days before admission. Initial assessment was consistent with drug-induced pneumonitis.

HOSPITAL COURSE

Imaging showed bilateral ground-glass opacities consistent with pneumonitis. Entrectinib was held and methylprednisolone 1mg/kg/day IV was initiated. Comprehensive infectious workup including blood cultures, respiratory panel, and bronchoscopy with BAL was negative. Patient demonstrated significant clinical improvement within 48 hours of steroid initiation. On day 5 of admission, entrectinib was cautiously reintroduced at reduced dose of 400mg daily with continued monitoring and no recurrence of respiratory symptoms.

****KEY LABORATORY FINDINGS****

Initial (04/05/2025):

- WBC: 9.2 K/ μ L, Hgb: 12.8 g/dL, Plt: 234 K/ μ L
- CMP: Within normal limits except glucose 118 mg/dL
- LFTs: Normal
- TSH: 3.8 μ IU/mL (normal on levothyroxine)
- AM Cortisol: 3.2 μ g/dL (consistent with iatrogenic adrenal suppression)
- CRP: 4.8 mg/dL (elevated)

Discharge (04/12/2025):

- CRP: 1.2 mg/dL (improved)
- All other values stable or improved

****DIAGNOSTIC IMAGING****

CT Chest (04/05/2025):

- Bilateral ground-glass opacities predominantly in the lower lobes
- Primary left lower lobe mass decreased to 1.2 cm (previously 3.8 cm at diagnosis)
- No evidence of new pulmonary nodules
- No pleural effusion

MRI Brain with contrast (04/07/2025):

- Previously treated brain metastases show continued decrease in size with minimal enhancement
- Largest lesion in right parietal lobe measures 0.7 cm (previously 2.1 cm)
- No evidence of new intracranial metastases
- Minimal vasogenic edema

****CONSULTATIONS****

- Pulmonology: Dr. Kaplowitz - Recommended bronchoscopy with BAL, steroid therapy
- Neurology: Dr. Rodriguez - Reviewed seizure management
- Psychiatry: Dr. Walsh - Adjusted escitalopram dose

****PROCEDURES****

Bronchoscopy with bronchoalveolar lavage (04/06/2025):

- No endobronchial lesions
- BAL fluid negative for malignant cells and pathogens

****MEDICATIONS AT DISCHARGE****

1. Entrectinib 400mg PO daily (reduced from 600mg)
2. Prednisone 40mg PO daily \times 3 days, then taper over 2 weeks
3. Levetiracetam 500mg PO BID
4. Levothyroxine 112mcg PO daily
5. Escitalopram 15mg PO daily (increased from 10mg)
6. Pantoprazole 40mg PO daily
7. Calcium carbonate 1200mg/Vitamin D 800 IU PO daily
8. Lorazepam 0.5mg PO PRN anxiety (max 3 doses per day)
9. Hydrocortisone 100mg IM/IV for stress dosing in emergencies

****DISCHARGE INSTRUCTIONS & FOLLOW-UP****

- Continue reduced dose entrectinib 400mg daily
- Complete steroid taper as prescribed

- Medical alert bracelet for adrenal insufficiency recommended
- Seizure precautions to continue
- Monitor for respiratory symptoms and report immediately

Follow-up Appointments:

1. Medical Oncology - Dr. Richardson: 04/20/2025
2. Pulmonology - Dr. Kaplowitz: 04/27/2025
3. Neurology - Dr. Rodriguez: 05/11/2025
4. Psychiatry - Dr. Walsh: 05/04/2025
5. MRI Brain & CT Chest/Abdomen/Pelvis: 07/10/2025

****ASSESSMENT & PROGNOSIS****

Ms. Rahman continues to demonstrate excellent response to targeted therapy after 18 months, with no evidence of disease progression in primary site or brain. Current episode of drug-related pneumonitis has resolved with appropriate management. Prognosis remains favorable with continued treatment response at reduced dosage.

****REPORT PREPARED BY:****

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Medical Oncology Fellow

Reviewed and approved by:
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Attending Oncologist
