VETERANS AFFAIRS MEDICAL CENTER ONCOLOGY DIVISION CLINICAL DOCUMENTATION

[redacted] PATIENT: Julian Grant, ID: SYN179 DOB: 08/14/1952 ADMISSION: 04/09/2025 DISCHARGE: 04/14/2025 SERVICE: Oncology PHYSICIAN: Vasquez, MD CONSULTS: Neurology, Nephrology CHIEF COMPLAINT: Acute kidney injury during cycle 4 docetaxel [redacted]

CANCER SUMMARY: • 72-year-old male with KRAS G12D+ NSCLC diagnosed 02/03/2022 • Stage IV with bone metastases (spine, ribs) and mediastinal and retroperitoneal LAP • PD-L1 negative (<1%) • 1st line: Carbo/Pem/Pembro (02/15/2022-04/11/2023) • 2nd line: Docetaxel started 04/2023 (currently cycle 4) • Disease status: Stable per last CT 03/15/2025

PROBLEM SUMMARY:

1. AKI (Cr 3.8 from baseline 1.2) during cycle 4 docetaxel
2. Chemical neuropathy (docetaxel-related)
3. Grade 2 neutropenia (ANC 960)
4. Hypomagnesemia (1.2 mg/dL)
5. Controlled HTN, T2DM, CAD

HOSPITAL COURSE: Patient developed AKI 4 days after receiving cycle 4 docetaxel. Initial workup revealed Cr 3.8 (baseline 1.2), hypomagnesemia, and microscopic hematuria. Nephrology consulted. Renal ultrasound showed no obstruction. Renal biopsy demonstrated acute tubular necrosis consistent with docetaxel-induced nephrotoxicity. No evidence of glomerulonephritis, TMA, or tumor infiltration.

Patient received IV fluids, electrolyte repletion, and supportive care. Docetaxel was held. Creatinine peaked at 4.2 on hospital day 2, then gradually improved to 1.8 at discharge. Did not require dialysis. Neuropathy symptoms (grade 2) managed with gabapentin.

LABORATORY DATA:

Renal Function Panel:

Date	Cr (mg/dL)	BUN (mg/dL)	eGFR (mL/min)	Na (mmol/L)	K (mmol/L)	Cl (mmol/L)	CO2 (mmol/L)
Base	1.2	18	62	138	4.2	102	24
4/9	3.8	42	17	135	4.8	98	21
4/11	4.2	48	15	136	4.5	100	22
4/13	2.3	36	32	138	4.3	101	23
4/14	1.8	28	42	139	4.2	102	24

Complete Blood Count:

Date	WBC (×10³/μL)	ANC (/μL)	Hgb (g/dL)	Hct (%)	Plt (×10³/μL)
Base	5.8	3400	12.2	36.6	158
4/9	2.1	960	10.8	32.4	132
4/11	2.4	1200	10.2	30.6	124
4/14	4.2	2800	10.6	31.8	145

Chemistry Panel:

Date	Mg (mg/dL)	Ca (mg/dL)	Phos (mg/dL)	Alb (g/dL)	T.Bili (mg/dL)	AST (U/L)	ALT (U/L)	LDH (U/L)
Base	1.8	9.2	3.6	3.8	0.8	28	32	212
4/9	1.2	8.4	4.8	3.6	0.7	36	42	248
4/14	1.9	9.0	3.8	3.7	0.6	30	38	220

Urinalysis (4/9/2025): • Color: Amber • Clarity: Slightly cloudy • pH: 6.0 • Specific gravity: 1.015 • Protein: 2+ • Glucose: Negative • Ketones: Negative • Blood: 2+ • Leukocyte esterase: Trace • Nitrite: Negative • WBC: 5-10/HPF • RBC: 20-30/HPF • Granular casts: 2-5/LPF • Hyaline casts: 5-10/LPF • Bacteria: Few • Epithelial cells: Few

IMAGING:

Renal Ultrasound (4/9/2025): • Right kidney: 11.2 × 5.8 × 5.2 cm • Left kidney: 11.0 × 5.6 × 5.0 cm • Normal echogenicity bilaterally • No hydronephrosis or renal calculi • Renal vasculature patent by Doppler • No masses or cysts identified • Normal-appearing bladder without masses

CT Chest/Abdomen/Pelvis (4/10/2025): • Stable primary RLL mass (3.2 × 2.8 cm) • Stable mediastinal lymphadenopathy • Stable sclerotic bone metastases • No hydronephrosis or renal masses • No new metastatic lesions

DISCHARGE PLAN:

1. ONCOLOGY CARE: • Hold docetaxel for at least 4 weeks • Reduce dose by 25% when restarting (56mg/m²) • Consider switching to gemcitabine if nephrotoxicity recurs • Next CT imaging in 8 weeks
2. RENAL CARE: • Nephrology follow-up in 2 weeks • Monitor Cr weekly × 4 weeks • Avoid nephrotoxic agents • Ensure adequate hydration • Adjust all medications for renal function
3. MEDICATIONS: • Continue home medications with renal adjustments • Increase gabapentin to 300mg TID for neuropathy • Temporary Mg supplementation
4. APPOINTMENTS: • Oncology: 04/21/2025 • Nephrology: 04/28/2025 • Labs: 04/21/2025
5. SPECIFIC WARNINGS: • Report oliguria, edema, lethargy, or worsening neuropathy • Maintain fluid intake >2L daily • Weigh daily and report >2kg gain in 3 days

DISCHARGE CONDITION: Improved. Cr down to 1.8. Stable vital signs. No edema. Mild residual neuropathy.

[redacted] RESPONSIBLE PROVIDER: Vasquez, MD DATE: 04/14/2025 TRANSCRIPTIONIST: JW/453 TIME: 16:42
[redacted]