Patient: Michael Thompson (DOB 1953-07-15)
Medical Record Number: SYN136
Date of Admission: 2025-04-08
Date of Discharge: 2025-04-14
Admitting Physician: Dr. L. Peterson (Medical Oncology)
Consulting Physicians: Dr. G. Sharma (Gastroenterology)

Discharge Diagnosis: Cholangitis Secondary to Biliary Stent Occlusion in Patient with NTRK Fusion-Positive NSCLC

1. Detailed Oncological Diagnosis:

Primary Diagnosis: Non-Small Cell Lung Cancer (NSCLC), Adenocarcinoma, Stage IVB
Date of Initial Diagnosis: October 21, 2021

Histology:

- Bronchoscopic biopsy of right hilar mass (October 2021) revealed poorly differentiated adenocarcinoma.
- Molecular testing revealed NTRK1-LMNA fusion by NGS
- PD-L1 expression: <1% Tumor Proportion Score (TPS), CPS 3, IC <1%

Staging:

- TNM (8th edition): cT3N2M1c (Stage IVB)
- Initial imaging showed 4.6 cm right hilar mass with mediastinal lymphadenopathy and multiple liver metastases.

2. Oncological Treatment History:

Targeted Therapy:

- Larotrectinib 100 mg PO BID
- Initiated November 12, 2021
- Ongoing excellent response with near-complete resolution of liver metastases
- Stable residual hilar disease

Interventional Procedures:

- Percutaneous biliary drain placement (January 2022) for malignant biliary obstruction
- Conversion to internal/external biliary drainage (February 2022)
- Metallic biliary stent placement (April 2022)
- Stent revision (May 2023)

3. Current Hospital Course:

Patient was admitted with fever, right upper quadrant pain, and jaundice consistent with acute cholangitis. Laboratory studies showed leukocytosis and elevated liver enzymes in a

cholestatic pattern. Blood cultures grew E. coli. MRCP demonstrated biliary stent occlusion with intrahepatic ductal dilation.

Gastroenterology performed ERCP with removal of occluded metallic stent and placement of two new self-expandable metallic stents. Biliary brushings showed no evidence of malignant cells, consistent with complete response to targeted therapy. Patient received IV piperacillin-tazobactam with rapid clinical improvement.

Larotrectinib was temporarily held during acute infection and resumed prior to discharge. CT scan showed stable oncologic disease with excellent ongoing response to targeted therapy.

4. Discharge Medications:

Antimicrobial Therapy:

- Ciprofloxacin 500 mg PO BID for 7 days

Targeted Therapy:

- Larotrectinib 100 mg PO BID (resuming pre-hospitalization dose)

Chronic Medications:

- Atorvastatin 40 mg PO daily
- Metoprolol tartrate 25 mg PO BID
- Lisinopril 10 mg PO daily
- Ursodiol 300 mg PO BID
- Pantoprazole 40 mg PO daily

5. Follow-up Plan:

Oncology: Dr. L. Peterson in 2 weeks (April 28, 2025)

Gastroenterology: Dr. G. Sharma in 3 weeks (May 5, 2025)

Imaging: MRCP in 3 months to assess stent patency

Labs: CBC, CMP, and LFTs in 1 week, then monthly

6. Lab Values:

Parameter	Admission (4/8/2025)	Discharge (4/14/2025)	Units	Reference Range
WBC	18.2	9.5	× 10^9/L	4.0-11.0
Total Bilirubin	4.2	1.8	mg/dL	0.2-1.2
Direct Bilirubin	3.5	1.4	mg/dL	0.0-0.3
ALT	132	85	U/L	7-56
AST	148	76	U/L	8-48
Alk Phos	485	285	U/L	45-115

Parameter	Admission (4/8/2025)	Discharge (4/14/2025)	Units	Reference Range
INR	1.3	1.1	Ratio	0.8-1.1

Electronically Signed By:
Dr. L. Peterson (Medical Oncology)
Date/Time: 2025-04-14 16:10

Dr. G. Sharma (Gastroenterology)
Date/Time: 2025-04-14 14:25