

DISCHARGE SUMMARY

PATIENT INFORMATION:

- **Name:** Maria Jimenez
- **DOB:** 06/12/1960
- **Gender:** Female
- **MRN:** SYN006
- **Admission 04/01/2025 - 04/19/2025
- **Attending Physician:** Dr. Eliza Montgomery

DIAGNOSIS:

1. Stage IV EGFR-mutated (L858R) non-small cell lung cancer with liver metastases
2. Hypertension
3. Type 2 diabetes mellitus
4. Osteopenia

CLINICAL HISTORY:

Mrs. Jimenez is a 64-year-old female initially diagnosed with stage IV NSCLC on August 5, 2022, after presenting with persistent dry cough and right upper quadrant discomfort. Initial CT chest/abdomen/pelvis revealed a 3.2 cm right upper lobe mass with multiple hepatic lesions. Liver biopsy confirmed metastatic adenocarcinoma of lung origin. Molecular testing revealed EGFR L858R mutation. PDL1 testing showed TPS 35% (1-49% range). The patient was started on Osimertinib 80mg daily on August 29, 2022, and has maintained an excellent clinical and radiographic response to date.

The current admission was prompted by an episode of pneumonia with subsequent pleural effusion requiring therapeutic thoracentesis. Cytology from pleural fluid was negative for malignant cells. Patient responded well to IV antibiotics (Ceftriaxone and Azithromycin) with resolution of fever and significant improvement in respiratory symptoms.

PERTINENT PAST MEDICAL HISTORY:

- Hypertension (diagnosed 2008)
- Type 2 diabetes mellitus (diagnosed 2015)
- Osteopenia (diagnosed 2020)
- Cholecystectomy (2010)

MEDICATIONS ON DISCHARGE:

1. Osimertinib 80mg PO daily
2. Metformin 1000mg PO BID
3. Lisinopril 20mg PO daily
4. Amlodipine 5mg PO daily
5. Atorvastatin 20mg PO daily
6. Calcium carbonate 1200mg + Vitamin D 800 IU PO daily
7. Amoxicillin-clavulanate 875-125mg PO BID for 7 days (5 days remaining)

LABORATORY FINDINGS (04/12/2025):

- WBC: 8.2 K/ μ L (normal)
- Hgb: 11.2 g/dL (slightly low)
- Plt: 245 K/ μ L (normal)
- ALT: 42 U/L (slightly elevated)
- AST: 38 U/L (slightly elevated)

- ALP: 112 U/L (slightly elevated)
- Total Bilirubin: 0.9 mg/dL (normal)
- Creatinine: 0.8 mg/dL (normal)
- Glucose: 142 mg/dL (elevated)
- A1C: 7.2% (elevated)

****IMAGING:****

****CT Chest with contrast (04/02/2025):****

Right upper lobe primary mass significantly decreased from initial measurements, now 1.1 cm (previously 3.2 cm at diagnosis). Right-sided pleural effusion with associated right lower lobe consolidation consistent with pneumonia. Hepatic metastases demonstrate continued response with multiple lesions now measuring <1 cm (previously largest measured 2.8 cm).

****TREATMENT COURSE:****

Patient was admitted for community-acquired pneumonia with associated pleural effusion. She received IV antibiotics (Ceftriaxone 1g daily and Azithromycin 500mg daily) for 5 days with significant clinical improvement. Therapeutic thoracentesis was performed on 04/03/2025 with removal of 850cc serous fluid. Cytology was negative for malignant cells. Patient continued on Osimertinib throughout hospitalization with no dose adjustments. Endocrinology was consulted for blood glucose management, and metformin was optimized.

****ONCOLOGIC ASSESSMENT:****

Patient continues to show excellent response to first-line Osimertinib with ongoing radiographic and clinical benefit. No evidence of disease progression. Next surveillance imaging scheduled for July 2025. Patient will continue current targeted therapy regimen with close monitoring for EGFR TKI-related adverse events.

****DISCHARGE PLAN:****

1. Follow-up with Medical Oncology: Dr. Montgomery in 2 weeks
2. Follow-up with Pulmonology: Dr. Ramirez in 1 week
3. Follow-up with Endocrinology: Dr. Chen in 4 weeks
4. Complete oral antibiotics course as prescribed
5. Resume all home medications
6. Call immediately for fever >100.4°F, worsening shortness of breath, chest pain, or other concerning symptoms

Patient was discharged in stable condition with thorough understanding of discharge instructions. Prognosis remains favorable with ongoing response to targeted therapy.
