**Patient**: R.C. (DOB 1952-06-06)  
**MRN**: 672915  
**Admission**: 2025-03-21 | **Discharge**: 2025-03-30  
**Physicians**: Dr. A. Mehta (Nephrology), Dr. S. Washington (Hematology/Oncology), Dr. J. Park (Urology)

**DISCHARGE DIAGNOSIS**

Relapsed Follicular Lymphoma Grade 2, Stage IV with Postrenal Acute Kidney Injury due to Retroperitoneal Lymphadenopathy, Status Post Bilateral Ureteral Double J Stent Placement

**ONCOLOGICAL DIAGNOSIS**

* **Primary**: Follicular Lymphoma, Grade 2
* **Initial Diagnosis**: 2023-04-18
* **Current Status**: First relapse after 17-month remission
* **Histology**:
  + Left inguinal lymph node excisional biopsy
  + Follicular growth pattern (>75%)
  + IHC: CD20+, CD10+, BCL2+, BCL6+, CD3- (scattered T-cells), CD5-, cyclin D1-
  + Ki-67: 25%
* **Molecular/Genetic**:
  + FISH: t(14;18)(q32;q21) BCL2-IGH rearrangement+
  + NGS: CREBBP mutation, KMT2D mutation
* **Current Staging**:
  + PET/CT (2025-03-22): Multiple FDG-avid lymph nodes above and below diaphragm
  + Retroperitoneal: 7.2 × 5.8 cm conglomerate surrounding aorta, IVC, and bilateral ureters at L3-L5, causing hydronephrosis, SUVmax 11.5
  + Bone marrow biopsy (2025-03-24): Positive (15% paratrabecular involvement)
  + Ann Arbor Stage: IV
  + FLIPI score: 5 (High risk)

**CURRENT TREATMENT**

* Bilateral double J ureteral stents placed on 2025-03-21
* Rituximab 375 mg/m² IV on 2025-03-28

**TREATMENT HISTORY**

**Initial Therapy** (2023-05 to 2023-10):

* BR (bendamustine, rituximab) × 6 cycles
* Tolerated well with Grade 2 neutropenia (nadir ANC 1.0 × 10⁹/L)
* Complete metabolic response (negative PET/CT on 2023-11-10)

**Maintenance Therapy** (2023-11 to 2024-10):

* Rituximab 375 mg/m² IV every 2 months (stopped after 1 year per patient's wish)
* Remained in remission until surveillance PET/CT on 2025-03-10 showed relapse

**COMORBIDITIES**

* Hypertension (2015)
* Coronary artery disease (s/p LAD stent 2019)
* Chronic kidney disease stage G2 (baseline eGFR 65 mL/min/1.73m², Cr 1.1 mg/dL)
* GERD
* Benign prostatic hyperplasia
* Hyperlipidemia

**HOSPITAL COURSE**

72-year-old male with history of follicular lymphoma presented with oliguria, bilateral flank pain, lower extremity edema, and fatigue. Labs revealed severe AKI with creatinine of 6.2 mg/dL (baseline 1.1 mg/dL).

Renal ultrasound and CT demonstrated severe bilateral hydronephrosis due to extensive retroperitoneal lymphadenopathy from relapsed lymphoma. PET/CT showed widespread nodal involvement above and below the diaphragm. CT-guided biopsy confirmed relapsed lymphoma with MIB-1 of 90%. Bone marrow biopsy confirmed marrow involvement.

Patient underwent cystoscopy with bilateral retrograde pyelogram and placement of bilateral double J ureteral stents on 2025-03-21. Following decompression, he experienced significant post-obstructive diuresis (3-4 L/day). Creatinine improved from 6.2 mg/dL to 2.1 mg/dL at discharge.

Hematology/Oncology established a treatment plan for Rituximab/Lenalidomide as second-line therapy once renal function stabilizes. After negative hepatitis/HIV serology, Rituximab was administered on 2025-03-28. Lenalidomide will be initiated once renal function has sufficiently recovered.

Supportive care included IV fluids, electrolyte management, and pain control with continued improvement in renal parameters.

**DISCHARGE MEDICATIONS**

* Amlodipine 10 mg PO daily
* Lisinopril 5 mg PO daily (reduced from 20 mg due to renal function)
* Valacyclovir 500 mg PO daily
* Atorvastatin 40 mg PO daily
* Aspirin 81 mg PO daily
* Allopurinol 200 mg PO daily (dose adjusted for renal function)
* Pantoprazole 40 mg PO daily
* Tamsulosin 0.4 mg PO daily
* Acetaminophen 650 mg PO Q6H PRN pain
* Oxycodone 5 mg PO Q6H PRN moderate-severe pain (max 20 mg/24h)
* Ondansetron 4 mg PO Q8H PRN nausea
* Docusate sodium 100 mg PO BID
* Potassium chloride 20 mEq PO daily (for mild hypokalemia due to post-obstructive diuresis)
* Magnesium oxide 400 mg PO BID (for mild hypomagnesemia)

**Medications Held**:

* Furosemide (due to post-obstructive diuresis)

**FOLLOW-UP PLAN**

**Nephrology**:

* Dr. A. Mehta in 2 days (2025-04-01)
* Labs: CBC, CMP, magnesium, phosphorus every 3 days for 2 weeks, then weekly
* Fluid intake: Minimum 2.5-3 liters daily
* Daily weight monitoring

**Urology**:

* Dr. J. Park in 2 weeks (2025-04-14)
* Double J stent management:
  + Remain in place ~3 months or until sufficient tumor regression
  + Stent exchange at 3 months if ongoing compression
* Renal ultrasound scheduled for 2025-04-14

**Hematology/Oncology**:

* Dr. S. Washington on 2025-04-03 for Rituximab day 8
* Lenalidomide 10 mg once creatinine improves to <1.8 mg/dL (anticipated 2025-04-08)
* Consider PCP prophylaxis
* Labs for tumor lysis: CBC, CMP, LDH, uric acid, phosphorus, calcium every 3 days

**Imaging**:

* Renal ultrasound in 2 weeks (2025-04-14)
* PET/CT after 3 cycles of Rituximab/Lenalidomide

**Patient Education**:

* Double J stent care and potential symptoms
* Symptoms requiring urgent attention: fever ≥38.0°C, severe flank pain, decreased urine output, gross hematuria, increasing LE edema, SOB
* Fluid intake requirements: 2.5-3 L daily

**KEY LAB VALUES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameter** | **Admission** | **Discharge** | **Reference** |
| WBC | 7.6 | 7.2 | 4.0-11.0 x10^9/L |
| Hemoglobin | 10.2 | 10.8 | 13.5-17.5 g/dL |
| Platelets | 212 | 225 | 150-400 x10^9/L |
| Creatinine | 6.2 | 2.1 | 0.7-1.3 mg/dL |
| eGFR | 9 | 32 | >60 mL/min/1.73m² |
| BUN | 72 | 38 | 7-20 mg/dL |
| Sodium | 133 | 136 | 135-145 mmol/L |
| Potassium | 5.8 | 3.6 | 3.5-5.0 mmol/L |
| Bicarbonate | 17 | 22 | 22-29 mmol/L |
| Phosphorus | 6.4 | 4.1 | 2.5-4.5 mg/dL |
| LDH | 395 | 350 | 135-225 U/L |
| Uric Acid | 8.2 | 6.1 | 3.5-7.2 mg/dL |
| Beta-2 Microglobulin | 9.2 | 6.4 | <2.7 mg/L |
| Urinalysis | SG 1.022, Protein 2+, Blood 1+, WBC 5-10/hpf, RBC 5-10/hpf, Granular casts | SG 1.012, Protein 1+, Blood 1+, WBC 0-5/hpf, RBC 2-5/hpf, No casts | - |

**Electronically Signed**:  
Dr. A. Mehta (Nephrology)  
Dr. S. Washington (Hematology/Oncology)  
Dr. J. Park (Urology)  
Date: 2025-03-30