**Patient**: Harold Richardson (DOB 1942-02-24)  
**MRN**: 784915  
**Admission**: 2025-03-05 | **Discharge**: 2025-03-23  
**Physicians**: Dr. L. Kapoor (Hematology/Oncology), Dr. J. Robinson (Infectious Disease), Dr. E. Washington (Nephrology)

**Discharge diagnosis: AML with MDS-related changes, Cycle 1 Ven/Aza**

**1. Hematological Diagnosis**

* **Primary**: AML with myelodysplasia-related changes (Diagnosed 2/28/2025)
* **Labs at Diagnosis**: WBC 32.6 × 10^9/L with 45% blasts, Hgb 8.2 g/dL, Platelets 45 × 10^9/L
* **Bone Marrow**: Hypercellular (90%) with 40% myeloblasts, multilineage dysplasia
* **Flow Cytometry**: CD34+, CD117+, CD13+, CD33+, HLA-DR+, CD123+
* **Cytogenetics**: Complex karyotype including del(5q), -7, +8
* **Molecular**: TP53+ (VAF 45%), RUNX1+, ASXL1+, DNMT3A+; NPM1-, FLT3-, IDH1/2-
* **Risk**: ELN 2022 Adverse Risk

**2. Prior Hematological History**

* MDS (RAEB-2) diagnosed October 2024, progressed to AML February 2025

**3. Current Treatment**

* **Venetoclax/Azacitidine**:
  + Venetoclax: 10mg→20mg→50mg→70mg (dose-reduced for posaconazole)
  + Azacitidine: 75 mg/m² SC daily × 7 days (3/6-12/2025)
* **Complications**:
  + Febrile neutropenia (3/13/2025): Meropenem 2g IV q8h, cultures negative
  + Grade 2 mucositis: Magic mouthwash, pain control
* **Support**:
  + RBC transfusions: 4 units
  + Platelet transfusions: 2 units
  + Prophylaxis: Posaconazole, Acyclovir, Levofloxacin (d/c)
  + ANC recovery: 1.8 × 10^9/L (discharge)

**4. Relevant Comorbidities**

* Parkinson's disease (2018)
* CKD stage 3 (baseline Cr 1.5)
* MGUS (2019)
* History of melanoma (2015, NED)
* Allergies: Iodinated contrast (anaphylaxis), Latex, Peanuts

**5. Discharge Medications**

* Venetoclax 70 mg PO daily
* Posaconazole 300 mg PO daily
* Acyclovir 400 mg PO BID
* Magic mouthwash 5-10 mL q4h PRN
* Carbidopa-levodopa 25/100 mg PO TID
* Vitamin B12 1000 mcg IM monthly (next: 4/15/2025)
* Omeprazole 20 mg PO daily
* Tamsulosin 0.4 mg PO daily at bedtime
* Cholecalciferol 2000 IU PO daily
* Acetaminophen 650 mg PO q6h PRN

**6. Temporarily Held**:

* Amantadine (reassess at follow-up)
* Levofloxacin 500 mg
* Allopurinol 300 mg

**7. Follow-up**

* **Hematology**: Dr. L. Kapoor on 3/26/2025 (3 days)
* **Labs**: CBC twice weekly; CMP weekly
* **Bone Marrow Biopsy**: 4/2/2025 (day 28) to assess response
* **Treatment Plan**:
  + If CR: Continue with cycle 2
  + If PR: Consider dose modifications
  + Planned cycle 2: ~4/9/2025 (pending marrow results)
* **Other Follow-ups**:
  + Infectious Disease: Dr. J. Robinson on 4/3/2025
  + Nephrology: Dr. E. Washington on 4/10/2025

**8. Lab Values (Admission → Nadir → Discharge)**

* WBC: 32.6 → 0.4 → 2.8 × 10^9/L
* Blasts: 45% → Not detected → Not detected
* ANC: 1.4 → 0.0 → 1.8 × 10^9/L
* Hemoglobin: 8.2 → 7.5 → 9.5 g/dL
* Platelets: 45 → 12 → 85 × 10^9/L
* Creatinine: 1.5 → 1.7 → 1.4 mg/dL
* LDH: 325 → 180 → 195 U/L

**Electronically Signed By**:  
Dr. L. Kapoor (Hematology/Oncology) - 2025-03-23 15:45  
Dr. J. Robinson (Infectious Disease) - 2025-03-23 13:30  
Dr. E. Washington (Nephrology) - 2025-03-22 16:15