**Patient**: Thomas Nguyen  
**MRN**: 629471  
**Admission**: 2025-03-25 | **Discharge**: 2025-04-01  
**Physicians**: Dr. R. Patel (Medical Oncology), Dr. L. Matthews (Interventional Radiology), Dr. S. Wilson (Pulmonology)

**Discharge diagnosis: bilateral pulmonary emboli in HCC patient on bevacizumab/atezolizumab**

**1. Oncological Diagnosis**

* **Primary**: HCC (Diagnosed 2024-10-08)
* **Histology**: Moderately differentiated (G2); Hepatocyte-specific antigen+, Glypican-3+, Arginase-1+
* **Molecular**: TERT promoter mutation, CTNNB1 mutation, TP53 mutation (R249S)
* **Initial Staging**: cT3N0M0, Stage IIIA; BCLC Stage B (intermediate); ECOG 1
* **Etiology**: Chronic hepatitis B, Cirrhosis (Child-Pugh A5, MELD 9)
* **Imaging**: 6.8 × 5.7 cm dominant mass (segment V) with satellite lesions; No vascular invasion
* **AFP Trend**: 3,450 (diagnosis) → 1,100 ng/mL (after 4 cycles)

**2. Current Event**

* **CTPA** (3/25/2025): Bilateral PEs (right main PA extending to upper/lower lobe branches, left lower lobe segmental arteries)
* **Echo**: EF 55%, mild RV dilation with normal function (submassive PE)
* **DVT**: Left popliteal vein thrombosis
* **Treatment**:
  + Therapeutic enoxaparin 1 mg/kg SubQ BID for 7 days
  + Transitioned to apixaban 5 mg PO BID at discharge

**3. Treatment History**

* **Locoregional**: TACE × 2 sessions (10/22/2024, 11/15/2024) to dominant lesion
* **Systemic**: Atezolizumab 1200 mg IV + Bevacizumab 15 mg/kg IV
  + Completed 5 cycles (12/10/2024 - 3/18/2025)
  + Prior toxicities: Grade 2 fatigue, hypertension, proteinuria; Grade 1 hypothyroidism, transaminitis
* **Plan**: Discontinue bevacizumab permanently; Resume atezolizumab monotherapy in 2-4 weeks

**4. Comorbidities**

* Chronic hepatitis B (on entecavir since 2012)
* Compensated cirrhosis (Child-Pugh A5)
* Hypertension (2019)
* Type 2 diabetes mellitus (2020)
* Esophageal varices (small, no bleeding history)
* Hyperlipidemia

**5. Discharge Medications**

* Apixaban 5 mg PO BID (indefinite, minimum 6 months)
* Entecavir 0.5 mg PO daily
* Lisinopril 10 mg PO daily
* Metformin 1000 mg PO BID
* Atorvastatin 20 mg PO daily
* Levothyroxine 50 mcg PO daily
* Acetaminophen 500 mg PO Q6H PRN (max 2 g/day)
* Pantoprazole 40 mg PO daily

**6. Follow-up Plan**

* **Oncology**: Dr. R. Patel in 1 week (4/8/2025)
  + Resume atezolizumab monotherapy in 2-4 weeks
  + Discuss switch to durvalumab/tremelimumab
* **IR**: Dr. L. Matthews in 1 month (5/1/2025)
* **Pulmonology**: Dr. S. Wilson in 2 weeks (4/15/2025)
  + Follow-up CTPA in 3 months
* **Hepatology**: Dr. C. Ramirez in 2 weeks (4/15/2025)
  + Surveillance endoscopy in 3 months

**Laboratory Monitoring**

* CBC, CMP, PT/INR, AFP weekly × 1 month, then every 3 weeks
* TSH, fT4 every 6 weeks
* Monthly urinalysis for proteinuria
* HBV viral load every 3 months

**Imaging**

* CT chest/abdomen/pelvis with contrast in 6 weeks (5/15/2025)
* Liver ultrasound with Doppler every 6 months

**Patient Education**

* Signs/symptoms of recurrent VTE and bleeding
* Signs of hepatic decompensation
* Immune-related adverse events monitoring

**7. Lab Values (Admission → Discharge)**

* Hemoglobin: 12.3 → 11.8 g/dL
* Platelets: 105 → 110 × 10^9/L
* INR: 1.3 → 1.2
* Creatinine: 1.1 → 1.0 mg/dL
* AST/ALT: 65/48 → 58/45 U/L
* Total Bilirubin: 1.8 → 1.7 mg/dL
* Albumin: 3.2 → 3.3 g/dL
* AFP: 1100 ng/mL
* D-dimer: 3.8 → 2.6 mg/L
* BNP: 210 → 165 pg/mL
* HBV DNA: <20 IU/mL

**Electronically Signed By**:  
Dr. R. Patel (Medical Oncology) - 2025-04-01 14:45  
Dr. S. Wilson (Pulmonology) - 2025-04-01 13:30  
Dr. L. Matthews (Interventional Radiology) - 2025-04-01 12:15