**Patient**: Richard Coleman (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 with postrenal AKI**

**1. Oncological Diagnosis**

* **Primary**: Follicular Lymphoma, Grade 2
* **Initial Diagnosis**: 2023-04-18
* **Histology**: CD20+, CD10+, BCL2+, BCL6+, CD3-, CD5-, cyclin D1-; Ki-67: 25%
* **Molecular**: t(14;18)(q32;q21) BCL2-IGH+, CREBBP mutation, KMT2D mutation
* **Current Staging**:
  + PET/CT (3/22/25): Multiple FDG-avid nodes above/below diaphragm
  + Retroperitoneal conglomerate (7.2 × 5.8 cm, SUVmax 11.5) surrounding aorta, IVC, bilateral ureters at L3-L5, causing hydronephrosis
  + Bone marrow: Positive (15% paratrabecular involvement)
  + Ann Arbor Stage IV
  + FLIPI score: 5 (High risk)

**2. Current Treatment**

* Presented with oliguria, flank pain, LE edema, fatigue
* PET-CT confirmed bilateral hydronephrosis due to retroperitoneal lymphadenopathy
* CT-guided biopsy confirmed relapsed follicular lymphoma.
* Bilateral double J ureteral stents placed 3/21/25
* Renal function improved (Cr 6.2 → 2.1 mg/dL)
* Rituximab 375 mg/m² IV on 3/28/25
* Hepatitis/HIV serology negative, TTE 52% LVEF

**3. Prior Treatment**

* **Initial**: BR × 6 cycles (5/2023-10/2023)
  + Complete metabolic response (11/10/2023)
* **Maintenance**: Rituximab q2months, stopped on patient wish (11/2023-10/2024)
* Relapse detected on surveillance PET/CT (3/10/2025)

**4. Comorbidities**

* Hypertension (2015)
* CAD (LAD stent 2019)
* CKD stage G2 (baseline Cr 1.1 mg/dL, eGFR 65)
* GERD
* BPH
* Hyperlipidemia

**5. Discharge Medications**

* Amlodipine 10 mg PO daily
* Lisinopril 5 mg PO daily (↓ from 20 mg pre-admission)
* 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
* Oxycodone 5 mg PO Q6H PRN (max 20 mg/24h)
* Ondansetron 4 mg PO Q8H PRN
* Docusate sodium 100 mg PO BID
* Potassium chloride 20 mEq PO daily
* Magnesium oxide 400 mg PO BID

**Held**: Furosemide (due to post-obstructive diuresis)

**6. Follow-up Plan**

* **Nephrology**: Dr. A. Mehta in 2 days (4/1/25)
  + Labs (CBC, CMP, Mg, P) q3days × 2 weeks, then weekly
  + Fluid goal: Minimum 2.5-3 L daily
  + Daily weight monitoring
* **Urology**: Dr. J. Park in 2 weeks (4/14/25)
  + Stents to remain ~3 months or until tumor regression
  + Renal ultrasound 4/14/25
* **Hematology/Oncology**: Dr. S. Washington on 4/3/25 for Rituximab d8
  + Lenalidomide once Cr <1.8 mg/dL (~4/8/25)
  + TLS labs q3days
* **Imaging**:
  + Renal ultrasound in 2 weeks (4/14/25)
  + PET/CT after 3 cycles Rituximab/Lenalidomide (~6/30/25)

**Patient Education**

* Double J stent symptoms/care
* Urgent symptoms: fever, severe flank pain, decreased urine output, gross hematuria
* Minimum fluid intake: 2.5-3 L daily

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

* WBC: 7.6 → 7.2 × 10^9/L
* Hemoglobin: 10.2 → 10.8 g/dL
* Platelets: 212 → 225 × 10^9/L
* Creatinine: 6.2 → 2.1 mg/dL
* eGFR: 9 → 32 mL/min/1.73m²
* BUN: 72 → 38 mg/dL
* Sodium: 133 → 136 mmol/L
* Potassium: 5.8 → 3.6 mmol/L
* Phosphorus: 6.4 → 4.1 mg/dL
* LDH: 395 → 350 U/L
* Uric Acid: 8.2 → 6.1 mg/dL
* Beta-2 Microglobulin: 9.2 → 6.4 mg/L
* Urinalysis: Improved (decreased protein, WBC, RBC, no casts)

**Electronically Signed By**:  
Dr. A. Mehta (Nephrology) - 2025-03-30 16:15  
Dr. S. Washington (Hematology/Oncology) - 2025-03-30 15:30  
Dr. J. Park (Urology) - 2025-03-30 14:45