**Patient**: Walter Graham (DOB 1952-02-14)  
**MRN**: 782156  
**Admission**: 2025-03-24 | **Discharge**: 2025-04-01  
**Physicians**: Dr. M. Reynolds (Hematology/Oncology), Dr. J. Nakamura (Infectious Disease), Dr. S. Patel (Nephrology)

**Discharge diagnosis: MDS-EB2 with neutropenic fever**

**1. Diagnostic Findings**

* **CBC**: Hgb 7.2 g/dL, WBC 1.8 × 10^9/L, ANC 0.4 × 10^9/L, Platelets 24 × 10^9/L
* **Peripheral Smear**: Dysplastic changes, hypogranular neutrophils, pseudo-Pelger-Huët anomaly, 3% circulating blasts
* **Bone Marrow** (3/25/25):
  + Hypercellular (80%)
  + Trilineage dysplasia
  + 12% myeloblasts
  + Grade 1/3 reticulin fibrosis
  + 3% ringed sideroblasts
* **Flow Cytometry**: 11% myeloblasts (CD34+, CD117+, HLA-DR+, partial CD13/CD33+)
* **Cytogenetics**: 46,XY,del(7q),+8[18]/46,XY[2]
* **Molecular**: TP53 (42%), ASXL1 (36%), RUNX1 (28%), TET2 (45%)
* **Risk Stratification**:
  + IPSS: High risk (3.0)
  + IPSS-R: Very high risk (9.0)
  + IPSS-M: Very high (2.80)

**2. Current Treatment**

* **Blood Products**:
  + PRBC: 2 units on admission, 2 units on 3/28
  + Platelets: 1 unit on admission, 1 unit on 3/27, 1 unit on 3/30
* **Antibiotics** (neutropenic fever):
  + Piperacillin-tazobactam 4.5 g IV q8h
  + Vancomycin 1 g IV q12h (renally adjusted)
  + Infectious source: UTI (E. coli)
* **Disease-Directed Therapy**:
  + Azacitidine 75 mg/m²/day SC × 7 days (began 3/28/25)
  + Completed day 1-5 inpatient, day 6-7 scheduled outpatient
* **Prophylaxis**:
  + Levofloxacin 250 mg PO daily (while ANC <0.5)
  + Posaconazole 300 mg PO daily
  + Acyclovir 400 mg PO BID
  + Allopurinol 100 mg PO daily

**3. Clinical Course**

* New MDS diagnosis (previously attributed to vitamin deficiency)
* Neutropenic fever on admission
* Acute kidney injury (Cr 1.7 → peak 1.9 → 1.6 mg/dL)
* Tolerated azacitidine with minimal side effects
* Referred for allogeneic stem cell transplant evaluation

**4. Comorbidities**

* CKD stage 3a (baseline eGFR 50, Cr 1.4)
* Hypertension
* Type 2 diabetes (HbA1c 7.1%)
* CAD (LAD stent 2020)
* Hyperlipidemia
* BPH
* Osteoarthritis

**5. Discharge Medications**

* Azacitidine 75 mg/m²/day SC for 2 more days (days 6-7)
* Levofloxacin 250 mg PO daily
* Posaconazole 300 mg PO daily
* Acyclovir 400 mg PO BID
* Allopurinol 100 mg PO daily
* Ondansetron 8 mg PO TID PRN
* Lisinopril 10 mg PO daily
* Metformin 500 mg PO BID
* Rosuvastatin 20 mg PO daily
* Aspirin 81 mg PO daily (pause if platelets <50)
* Tamsulosin 0.4 mg PO daily
* Pantoprazol 40 mg PO daily
* Acetaminophen 650 mg PO Q6H PRN (max 3g/day)

**6. Follow-up Plan**

* **Hematology**:
  + Dr. M. Reynolds on 4/2/25 and 4/3/25 (azacitidine days 6-7)
  + Follow-up 4/10/25
  + Cycle 2 approximately 4/25/25 (pending counts)
* **Transplant**: University Medical Center 4/15/25
  + HLA typing completed, results pending
  + 2 siblings for potential donor evaluation
* **Infectious Disease**: Dr. J. Nakamura 4/8/25
* **Laboratory Monitoring**:
  + CBC, CMP twice weekly
  + Weekly ferritin, LDH
  + Bone marrow biopsy after 4 cycles
* **Transfusion Parameters**:
  + PRBC for Hgb <7 g/dL or symptomatic
  + Platelets for plt <10 × 10^9/L or <20 × 10^9/L with bleeding

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

* WBC: 1.8 → 1.7 × 10^9/L
* ANC: 0.4 → 0.4 × 10^9/L
* Hemoglobin: 7.2 → 8.6 g/dL
* Platelets: 24 → 56 × 10^9/L
* Creatinine: 1.7 → 1.6 mg/dL
* eGFR: 39 → 42 mL/min/1.73m²
* LDH: 380 → 345 U/L
* Ferritin: 768 → 792 ng/mL
* CRP: 3.8 → 1.6 mg/dL

**Electronically Signed By**:  
Dr. M. Reynolds (Hematology/Oncology) - 2025-04-01 14:30  
Dr. J. Nakamura (Infectious Disease) - 2025-04-01 13:15  
Dr. S. Patel (Nephrology) - 2025-04-01 12:45