**Patient**: Robert Klein (DOB 1957-02-21)  
**MRN**: 512678  
**Admission**: 2024-03-08 | **Discharge**: 2024-03-13  
**Physicians**: Dr. K. Sharma (Hematology/Oncology), Dr. M. Collins (Nephrology)

**Discharge diagnosis: Hypercalcemia secondary to relapsed DLBCL**

**1. Oncological Diagnosis**

* **Primary**: DLBCL, NOS, GCB subtype, relapsed
* **Initial Diagnosis**: March 2022
  + Right cervical lymph node biopsy: CD20+, CD10+, BCL6+, PAX5+, MUM1-, BCL2+ (60%), Ki-67 85%
  + FISH: Negative for MYC, BCL2, BCL6 rearrangements
  + Stage IIIB, IPI 2 (Low-Intermediate Risk)
  + No bone marrow involvement
* **Current Relapse**: March 2024
  + Retroperitoneal mass biopsy confirmed DLBCL, GCB subtype
  + CD20+, CD10+, BCL6+, MUM1-, BCL2+ (75%), Ki-67 90%
  + PET/CT: 7.3 × 5.1 cm retroperitoneal mass, mediastinal lymphadenopathy, suspicious liver lesions

**2. Treatment History**

* **First-Line**: R-CHOP × 6 cycles (March-August 2022)
  + Complete remission on PET/CT (September 2022)
* **Planned Salvage**:
  + R-DHAP starting March 18, 2024
  + Goal: Cytoreduction followed by autologous stem cell transplantation

**3. Hospital Course**

**Clinical Presentation**

* Severe hypercalcemia (corrected calcium 14.2 mg/dL)
* 2-week history of fatigue, confusion, constipation, decreased appetite, polydipsia, bone pain
* Mild renal dysfunction (creatinine 1.2 mg/dL)
* Elevated LDH (360 U/L)
* ECOG Performance Status: 2

**Current Treatment**:

* IV hydration (NS at 150 mL/hr)
* Calcitonin 4 IU/kg SC q12h × 4 doses (March 8-10)
* Zoledronic acid 4 mg IV (March 9)
* Prednisone 100 mg PO daily × 5 days (March 9-13)

**Course**

* Calcium normalized with treatment (14.2 → 9.4 mg/dL)
* Mental status improved within 24 hours; full resolution of confusion by March 10
* Pain initially managed with opioids, later transitioned to acetaminophen
* Tumor board (March 12): Recommended R-DHAP followed by potential ASCT
* Mobility improved with physical therapy; ambulatory with minimal assistance by discharge

**4. Comorbidities**

* Hypertension (on lisinopril)
* Prostate Cancer (Gleason 3+3=6, 2020, active surveillance)
* Benign Prostatic Hyperplasia
* No allergies

**5. Discharge Medications**

* Pantoprazole 20 mg PO daily
* Allopurinol 300 mg PO daily
* Acyclovir 400 mg PO BID
* Trimethoprim/Sulfamethoxazole 960 mg PO M/W/F
* Lisinopril 10 mg PO daily
* Tamsulosin 0.4 mg PO daily at bedtime
* Acetaminophen 650 mg PO QID PRN pain

**6. Follow-up Plan**

* Dr. K. Sharma on March 15, 2024 (pre-chemotherapy evaluation)
* Central venous access placement: March 16, 2024
* R-DHAP: March 18, 2024
* Urology follow-up for prostate cancer: In 3 months (unchanged)

**Patient Education**

* Temperature monitoring twice daily; report fever >38.0°C
* Daily weight measurement
* Hydration goal: 2-3 liters daily
* Signs requiring urgent attention: fever, unusual bleeding, confusion, persistent vomiting, decreased urination

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

* Calcium (total): 13.8 → 9.1 mg/dL
* Calcium (corrected): 14.2 → 9.4 mg/dL
* Creatinine: 1.2 → 1.0 mg/dL
* BUN: 30 → 18 mg/dL
* Hemoglobin: 11.2 → 11.5 g/dL
* LDH: 360 → 340 U/L
* PSA: 3.6 ng/mL

**Electronically Signed By**:  
Dr. K. Sharma (Hematology/Oncology) - 2024-03-13 14:30  
Dr. M. Collins (Nephrology) - 2024-03-13 13:45