

Patient

JAN-MARTEN DALING

ID: 8305145088089

Age: 42 yrs 6 months

Date Of Birth: 14 May 1983

Gender: Male

Contact Number: 0825578133

Email: jmdaling@gmail.com

Medical Aid: DISCOVERY - CORE COASTAL ACUTE,
255751841, Dependent 00

Main Member: No

Date: 19 Nov 2025

General Notes

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Diagnoses:

1. Germ cell tumour with anterior mediastinal mass

- ICD-10 Code: C38.1

2. Multiple pulmonary nodules

- ICD-10 Code: R91.1

3. Malignant pericardial effusion

- ICD-10 Code: I31.31

4. Pleural thickening

- ICD-10 Code: J94.1

5. Upper-airway cough syndrome

- ICD-10 Code: R05.1

6. Allergic rhinitis

- ICD-10 Code: J30.4

Current medical complaints:

Mr Daling is a 42-year-old gentleman with a partner, who has no children. He has a known history of a germ cell tumour and has been referred by his oncologist, Dr Garth Davis, for a baseline assessment of his pulmonary function prior to commencing a new chemotherapy regimen containing bleomycin. He was initially diagnosed with an anterior mediastinal mass, multiple pulmonary nodules, and a left-sided pleural effusion. He subsequently required a pericardial window for a pericardial effusion. He had an incomplete response to his initial chemotherapy, and his tumour markers are now rising again. The referral is to establish a baseline lung function before starting bleomycin, which has known pulmonary toxicity. He reports a recent intermittent, non-productive cough and a very runny nose post-chemotherapy, but is otherwise well.

Baseline:

He is very active, engaging in hiking, walking, and calisthenics training. He was able to complete a recent hike, noting some initial tiredness which resolved as he continued. He feels he is able to push through and is generally well.

Past medical history:

- Germ cell tumour: Diagnosed with an anterior mediastinal mass. He was also found to have a left pleural effusion at diagnosis. He received chemotherapy with a good initial response, but his tumour markers are now climbing. He did not receive radiotherapy. Multiple pulmonary nodules are present on imaging.
- Pericardial effusion: Required a pericardial window procedure to drain fluid from around the heart.

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Medications:

He is not currently on any chronic medications. He has been offered a nasal spray for his rhinitis symptoms but prefers not to use any medication at this time.

Past Surgical history:

- Pericardial window for drainage of a malignant pericardial effusion.

Social:

He lives with his partner. He has no children. He works in IT with computers. He has chickens which are kept outside in a coop.

Exposures:

- Smoking: He smoked cigarettes a long time ago and more recently used a vape, but has stopped completely since his diagnosis.
- Alcohol: Not mentioned.
- Occupational: No known exposure to beryllium.
- Environmental: Exposure to chickens. No exposure to pigeons.

Allergies:

NIL

Examination Findings:

- Heart Rate: Good
- Saturation on Room air: 99%
- General examination: He is a tall, fit-looking gentleman in good general condition.
- Respiratory examination: Crackles were heard at the left lung base, consistent with known scarring. Crackles were also noted on the right side but cleared with coughing.

Investigations:

- Pulmonary Function Tests (19/11/2025): Normal lung volumes.
- FVC: 5.64 L (109% predicted)
- FEV1: 3.55 L (85% predicted)
- FEV1/FVC Ratio: 0.63
- FEF 25-75%: 50-52% predicted
- PET CT (17/11/2025):
- Raised left hemidiaphragm with pleural thickening and scarring.
- Multiple metabolically active nodules in both the left and right lungs.
- CT Chest (28/10/2025):
- Partial response to treatment with a significant decrease in the size of the primary mediastinal mass and bilateral pulmonary nodules.
- No mosaic attenuation was seen.

Summary:

Mr Jan Marten Daling is a 42-year-old gentleman with a germ cell tumour, referred for pre-bleomycin pulmonary assessment. He has a history of an anterior mediastinal mass, multiple pulmonary nodules, and a malignant pericardial effusion status-post pericardial window. He has had an incomplete response to initial chemotherapy. He is clinically well, with a cough likely attributable to upper-airway cough syndrome. Baseline

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pulmonary function tests today are within normal limits despite some radiological scarring.

Plan:

1. A report will be sent to his oncologist, Dr Garth Davis, confirming normal baseline lung function for the commencement of bleomycin therapy.
2. Counselling on the risks of bleomycin-induced lung toxicity. It can be idiosyncratic and not dose-dependent.
3. Advised on conservative management for his cough and rhinitis, including steam inhalation and saline nasal rinses, as he declined a nasal spray.
4. No further routine follow-up with me is required at this stage. He will be followed up by his oncologist, who will refer him back should any pulmonary symptoms or new radiological changes develop.