STEPHEN (SHANG) LI
ATIO CERTIFIED TRANSLATOR
CHINESE TO ENGLISH (ZH-EN)
Tel:
Emai

Certified Translation

TRANSLATOR'S STATEMENT

I, of the city of Toronto in the province of Ontario, a Certified Translator Chinese to English, member **in good standing** of the Association of Translators and Interpreters of Ontario (which is a member association of the Canadian Translators, Terminologists, Interpreters Council – CTTIC), member no:

DO SOLEMNLY DECLARE THAT:

1. I have translated the following from the Chinese Language into the English Language;
2. The certified translation attached is, to the best of my knowledge and belief, a true and accurate English translation of the Chinese document provided to me.

Translated Document(s):

- Hospital Discharge Certificate -

November 19, 2024

Association of T... ...rpreters of Ontario

Translated by:

Signature: ________________
ATIO Certified Translator No.:

-Translation-

The First People's Hospital of Shuangliu District, Chengdu
Huaxi Konggang Hospital of Sichuan University
Hospital Discharge Certificate

Name Ward: Ward 1 of General Surgery ,10th Nursing Unit +5 Bed No.: Registration No.: (

Name: Age: 57y Gender: Male

Admission Date Discharge Date: 2024-11-09 Length of Hospital Stay: 4 days

Patient's employer (or address): -tech Zone

The course of diagnosis and treatment: The patient was admitted to the hospital at 11:02 on 2024-11-05 due to "Abdominal distension and pain more than 10 hours". Physical examination on admission: The abdomen was full, no gastrointestinal type or peristaltic wave was found, no varicose veins were found on the abdominal wall, there was scattered tenderness in the abdomen, no muscle tension or rebound tenderness, the liver and spleen were not palpable, Murphy's sign was negative, the liver dullness boundary existed, the shifting dullness was negative, there was no percussion pain in the liver, spleen, and bilateral kidney areas, the bowel sounds were slightly active, no gurgling sound was heard, and no vascular murmur was detected.

Auxiliary Examinations: Full blood count: WBC: 19.16×10^9/L, N: 88.7%. Abdominal CT plain scan: 1. Low small intestine obstruction, the mesenteric blood vessels were slightly thickened, cause? Please combined with relevant clinical examinations. 2. There were several cystic and patchy slightly low and low-density shadows in the liver parenchyma, the largest long diameter of the largest cross-section of larger one was about 29mm, please combined with relevant clinical examinations. 3. Calcification foci in the liver parenchyma. 4. There was a patchy slightly low-density shadow in the left kidney, the largest long diameter of the largest cross-section was about 20mm. There was a patchy fat density shadow in the upper part of the left kidney, the largest long diameter of the largest cross-section was about 10mm. Please combined with relevant clinical examinations. 5. The appendix was slightly thickened, and the surrounding fat space was still clear. 6. Changes after lumbar spine surgery.

After admission, the patient was given routine surgical nursing, secondary nursing, fasting, Cefotaxime for anti-infection, Anisodamine for spasmolysis, and fluid infusion for symptomatic and supportive treatment. Relevant examinations were completed. Full blood count+ High-sensitivity C-reactive Protein (Rapid): *White Blood Cells: 14.40×10^9/L↑, Percentage of Neutrophils: 91.40% ↑, High-sensitivity C-reactive Protein (Rapid Detection) hCRP: 8.21mg/L; No obvious abnormalities were found in coagulation function, liver and kidney functions. Chest plain scan (): Compared with the previous CT film on 2024-10-28: 1. A few chronic inflammatory changes in both lungs, slightly increased compared with before. 2. Several solid small nodules in both lungs, inflammatory nodules? Others? The subpleural nodule in the dorsal segment of the lower lobe of the right lung on the original film was not shown, and no obvious changes were seen in the rest. 3. A small amount of pericardial effusion. 4. The bilateral pleura was slightly thickened. Abdominal CT contrast scan: 1. Review of low small intestine obstruction, compared with the old film on 2024-11-05, the degree of small intestine dilation and fluid accumulation was significantly reduced compared with before, please combined with clinical practice. 2. There was a slightly low-density circular shadow in segment S2 of the liver, with a long diameter about 30mm. After enhancement, the edge was significantly enhanced in the arterial phase, and it progressed centripetally in the portal and delayed phases, which was considered as a hemangioma; There was a circular low-density nodule in the left lobe of the liver, no enhancement was found after contrast scan, it was considered as a cyst. There was a slightly low-density nodule with a long diameter about 20mm in the right lobe of the liver, and it seemed to be enhanced in the equilibrium phase: Atypical hemangioma? Others. Please follow-up. 3. Calcification foci in the liver parenchyma. 4. Cystic lesion in the left kidney, the largest long diameter of the largest cross-section was about 20mm, no enhancement was found after contrast scan, it was considered as Bosniak grade 1; There was a patchy fat density shadow in the upper part of the left kidney, the largest long diameter of the largest cross-section was about 10mm, no enhancement was found after contrast scan, it was considered as possible angiomyolipoma. 5. The appendix was slightly thickened, about 10mm in thickness. The surrounding fat space was still clear. Please combined with clinical practice. 6. A small amount of pelvic effusion. 7. Calcification foci were found beside the ascending colon. 8. Changes after lumbar spine surgery.

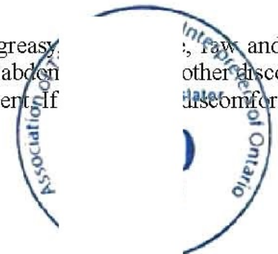
The patient was given Cefotaxime for anti-infection, Anisodamine for spasmolysis, and fluid infusion for symptomatic and supportive treatment. After treatment, the patient had passed gas and defecated, had eaten, had no discomfort such as abdominal distension and pain recently, the condition was relatively stable, and he was discharged today.

Discharge Diagnosis: Incomplete Intestinal Obstruction;

Discharge Instructions:

1. Pay attention to rest, have a light diet, avoid spicy, greasy, raw and cold, and hard-textured foods, eat more vegetables and fruits, and quit smoking and drinking. 2. If abdom other discomfort occurs after discharge, seek medical attention promptly. 3. Follow up at our outpatient department. If discomfort, seek medical attention promptly.

Cause of Injury: -



Translated by:

Signature: ________________

ATIO Certified Translator No

Physician's Signature: Medical Team Leader's Signature: Hospital Seal:
Department Telephone

Seal: The First People's Hospital of Shuangliu District, Chengdu
Special stamp for Discharge Certificate (5)

Instructions:
1. This certificate is invalid without the special medical seal of our hospital.
2. Any alteration is invalid without the special medical seal of our hospital.
3. This certificate only proves the patient's condition at the time of discharge.
4. Please keep it properly. No replacement will be provided if it is lost.

-End of Translation-

Translated by:

Signature: ____________________
ATIO Certified Translator No.: 3

[Source Document]

成都市双流区第一人民医院
四川大学华西空港医院
出　院　证

姓名:　　病区: 普外一医疗单元　　第1　　床　登记号

姓名　　年龄: 57岁　　性别: 男

入院日期:　　出院日期: 2024年11月09日　　住院天数: 4 天

病人单位(或住址):

诊治经过: 患者因“腹部胀痛10余小时 ”于2024年11月05日 11时02分入院，入院查体: 腹丰满，未见胃肠型及蠕动波，腹壁静脉未见曲张，腹部散在压痛，无肌紧张及反跳痛，肝脾未扪及，墨菲氏征阴性，肝浊音界存在，移动性浊音阴性，肝、脾、双肾区无叩痛，肠鸣音稍活跃，未闻及气过水声，无血管杂音。辅助检查: 血常规: WBC: 19.16*10^9/L N: 88.7%。腹部CT平扫: 1.小肠低位梗阻，肠系膜血管稍增粗，原因? 请结合临床相关检查。2.肝实质数个囊状、片状稍低、低密度影，大者最大截面长径约29mm，请结合临床相关检查。3.肝实质钙化灶。4.左肾片状稍低密度影，最大截面长径约20mm。左肾上份片状脂肪密度影，最大截面长径约10mm。请结合临床相关检查。5.阑尾稍增粗，周围脂肪间隙尚清。6.腰椎术后改变。

入院后予外科护理常规、二级护理、禁食，给予头孢他啶抗感染，山莨菪碱解痉，补液对症支持治疗，完善相关检查，血常规+超敏C反应蛋白（快速）:*白细胞:14.40×10^9/L ↑、中性粒细胞百分比:91.40 %↑、超敏C反应蛋白（快速检测）hCRP:8.21 mg/L;凝血功能、肝肾功能未见明显异常。胸部平扫():对比2024.10.28 CT旧片: 1.双肺少许慢性炎变，较前稍增多。2.双肺数个实性小结节，炎性结节? 其它? 原片右肺下叶背段胸膜下结节未见显示，余未见明显变化。3.心包少量积液。4.双侧胸膜稍增厚。腹部增强CT:1.小肠低位梗阻复查，对比前2024-11-05日旧片，小肠扩张积液程度较前明显减轻，请结合临床。2.肝S2段类圆形密度稍低影，长径约30mm，增强后动脉期明显边缘强化，门脉期及延迟期向心性进展，考虑血管瘤; 肝左叶类圆形低密度结节，增强后未见强化，考虑囊肿。肝右叶见一长径约20mm稍低密度结节，平衡期似见强化: 不典型血管瘤? 其它。随诊。3.肝实质钙化灶。4.左肾囊性病灶，最大截面长径约20mm，增强后未见强化，考虑Bosniak 1级; 左肾上份片状脂肪密度影，最大截面长径约10mm，增强后未见强化，考虑血管平滑肌脂肪瘤可能。5.阑尾稍增粗，粗约10mm。周围脂肪间隙尚清。请结合临床。6.盆腔少量积液。7.升结肠旁见钙化灶。8.腰椎术后改变。予头孢他啶抗感染，山莨菪碱解痉，补液对症支持治疗，经治疗后患者已排气排便，已进食，近期无腹胀腹痛等不适，病情相对稳定，今日出院。

出院诊断: 不完全性肠梗阻;

出院医嘱: 1.注意休息，清淡饮食，忌辛辣、油腻、不易消化、生冷、质硬等食物，多吃蔬菜、水果，戒烟戒酒，2.出院后若出现腹痛等不适，及时就诊; 3.我院门诊随诊，如有不适及时就诊。

损伤原因:

医师签名:　　医疗组长签名:　　医院盖章: 2024-11-9

科室电话:

说明:

1.此证明未经我院加盖医疗专用章无效。2.涂改未经我院加盖医疗专用章无效。

3.此证明书仅证明病人出院时病情。4.请妥善保管，遗失不补。

Translated by:

Signature: ______________

ATIO Certified Translator No.