

AFFIDAVIT

I, WUWEN GUO, translator in the City of Toronto, Province of Ontario, make oath and say:

1. I am fluent in both Chinese and English.
2. I have translated the annexed document and carefully compared the translation from Chinese into English with regard to the following document:

Outpatient and Emergency Medical Record

3. The said translation is, to the best of my knowledge and ability, the complete and correct translation of said document.

SWORN before me at the City of Toronto
In the Regional Municipality of Metropolitan
Toronto

This 24th day of May, 2025

A Notary Public in and for the
Province of Ontario

~z p i h i

WUWEN GUO

Outpatient and Emergency Medical Record

Outpatient No: [REDACTED] Visit Time: 20[REDACTED] 00 Dept.: Hematology Oncology Clinic
Name: [REDACTED] Gender: Female Age: [REDACTED] Ethnicity: Han
Marital Status: [REDACTED] Occupation: Retired Employer: [REDACTED]
Address: [REDACTED] Drug Allergy History: None

Solar Term: Two days after Grain Full (Xiaoman).

Chief Complaint: More than 3 years after cervical cancer surgery.

History of present illness: The patient underwent "Total laparoscopic transabdominal hysterectomy+bilateral adnexectomy under general anesthesia" on November [REDACTED], 2021. Postoperative pathology showed: It was adenocarcinoma in situ of the cervix. Clinical stage TisN0M0. The patient recovered well postoperatively, with regular follow-ups showing no abnormalities. Currently, there was no obvious discomfort; The appetite and sleep were normal, and bowel and urinary functions were regular.

Past Medical History: The general health was good.

TCM inspection, auscultation and pulse diagnosis:

The patient's conscious was clear, the spirit was regular, the appearance was normal, with bright eyes and moderate body shape, the speech was clear with shortness of breath. No abnormal odor was detected. Hair was black and glossy, with normal skin temperature. The skull was normal in size and shape. Slight sunken eye sockets were noted. The sclera was anicteric. No nasal flaring, ear fistula, or sores were observed. Teeth were light yellow and glossy. The pharynx was pink and smooth without tonsillar hyperplasia. The neck was symmetrical with flexible movement. The chest was flat with normal apical impulse. The abdomen was soft without visible varicose veins. No deformities were found in the spine and limbs. No edema was present in the lower extremities. Nails were moist and lustrous. The tongue was pale red with thin white coating. No blood stasis or tortuosity was found in the sublingual veins. The pulse was string-like.

Physical Examination:

- T: 36.6°C, P: 80 beats/min, R: 18 breaths/min, BP: 120/80 mmHg.

The consciousness was clear, the spirit was good, the facial features was normal. There were no jaundice or petechiae on skin and mucous membranes, no enlargement of superficial lymph nodes. No dry or wet rales was heard in both lungs. The heart rate was 80 beats/minute, with regular rhythm, no pathological murmurs were heard in each valve auscultation area. There was no tenderness or rebound tenderness in the abdomen. Liver and spleen were not palpable. No percussion pain was found in the liver and kidneys, the shifting dullness was negative. No edema in the lower limbs was found. The Babinski sign was negative.

VTE score: 0 points.

Auxiliary Examination Results:

Postoperative pathology dated November [REDACTED], 2021: Adenocarcinoma in situ of the cervix.

Differentiation Basis:

Light red tongue with thin white coating, no sublingual vein congestion or tortuosity, string-like pulse.

Treatment Principle and Method:

Promote qi circulation and resolve phlegm to dissipate nodules.

Diagnosis:

1. Shi Jia (Abdominal Mass) [Qi Stagnation and Phlegm Congelation Syndrome]

2. Personal history of cervical malignant tumor

Treatment Recommendations:

No current need for anti-tumor therapy. Regular follow-ups advised; good prognosis (low recurrence risk, 5-year survival rate 90%).

Precautions:

Avoid wind and cold; regulate emotions; maintain regular daily routine; moderate diet; seek medical attention promptly for any discomfort.



Dr. [REDACTED] Notar

市中医医院（市胜利医院）

门急诊病历

门诊号： 就诊时间： 科室：血液肿瘤科门诊

姓名： 性别： 年龄： 岁 民族：汉族

婚姻状况： 职业：退休 工作单位：

住址： 药物过敏史：无

节气：小满后二天

主 诉：宫颈癌术后3年余。

现病史：患者于2021年1月9日行“全麻下腹腔镜经腹全子宫+双侧附件区切除术”，术后病理示：子宫颈原位腺癌。临床分期TisNOM0。术后恢复良好，定期复查无异常。目前无明显不适，纳眠可，二便调。

既往史：体健。

中医望闻切诊：患者神志清楚，精神尚可，面色正常，双目有神，形体适中，语声清晰，气促，无闻及异常气味，毛发乌黑，有光泽，皮温正常。头颅大小形态正常，目窠微陷，白睛不黄，鼻翼无扇动，无耳痒，无生疮，牙齿淡黄，有光泽。咽部色泽红润，未见乳蛾，颈部对称，活动灵活。胸部扁平，虚里搏动正常，腹部软，无青筋暴露，脊柱四肢无畸形，下肢无水肿，爪甲润泽。舌淡红，苔薄白，舌底脉络无淤血，未见迂曲，脉弦。

体格检查：T：36.6℃，P：80次/分，R：18次/分，BP：120/80mmHg

神志清，精神可，面容正常。皮肤粘膜无黄染及出血点，浅表淋巴结无肿大。双肺未闻及干、湿性啰音。心率80次/分，律齐，各瓣膜听诊区未闻及病理性杂音，腹部无压痛，无反跳痛。肝脾脏未触及。肝肾无叩痛，移动性浊音阴性。下肢无水肿。巴氏征阴性。

VTE评分：0分。

辅助检查结果：2021年1月9日术后病理示：子宫颈原位腺癌。

辨证依据：舌淡红，苔薄白，舌底脉络无 治则治法：行气化痰散结
淤血，未见迂曲，脉弦。

诊 断：1.石瘕【气滞痰凝证】
2.宫颈恶性肿瘤个人史

诊疗意见：

目前不需要抗肿瘤治疗。定期复查，预后良好（复发几率较小，5年生存率90%。

注意事项：避风寒，调情志，慎起居，节饮食，不适随诊。

医师签名：

I certify that this is a true copy
of the original document
Date: 2021.1.10