Ontario

MINISTRY OF PUBLIC AND BUSINESS SERVICE DELIVERY

Ministère des Services au public et aux entreprises

APOSTILLE

(Convention de La Haye du 5 Octobre 1961)

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   This public document / **Le présent acte public**

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Certified
Attesté

5. at / **à** **Toronto, Ontario**

6. the / **le** **2025-07-18**

7. by / **par** [redacted]

8. N° / **sous n°** [redacted]

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2025298

AFFIDAVIT

I [redacted], 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 documents and carefully compared the translations from English into Chinese with regard the following documents:

   Medical Reports

3. The said translations are, to the best of my knowledge and ability, the complete and correct translations of said documents.

SWORN before me at the City of Toronto
In the Regional Municipality of Metropolitan Toronto)
)
This 14th day of July)
)
)
)
)
)
)
)
)
)
)
)

A Notary Public in and ...)
Province of Ontario

[redacted] Solicitor

右乳磁共振引导下活检（含对比剂）

尚未经过医护团队审核。

结果

SHN - 百年纪念医院一楼玛格丽特·伯奇翼楼-
磁共振成像医学影像结果

所执行的检查： 右乳磁共振引导下活检	检查日期和时间： 2025 年 6 月 6 日 12：27	档案编号： [redacted]
授权医生： [redacted]	初级保健医生： [redacted]	抄送：
患者姓名： [redacted]	患者电话： [redacted]	

补遗

病理报告显示浸润性导管癌，以及导管原位癌病灶和血管侵犯。

影像-病理结果一致。

补充说明：

对于非恶性的一致性病变，建议如下：

1. 明确良性（如淋巴结或纤维腺瘤）——建议一年随访

2. 非特异性（如纤维囊性变、顶端化生、良性或纤维乳腺组织）——建议六个月随访及长期随访

3. 不确定（如非典型增生，如导管上皮非典型增生、小叶非典型增生、平坦上皮非典型增生、小叶原位癌、乳头状区域、放射状瘢痕、黏液性病变、黏膜病变、可能的、不明确具体来源但疑似导管原位癌的微钙化——由于低估/升级率高，可能需要切除。

4. 样本不足——建议重复活检。

对于不一致病变的建议：

对于不一致的病变，建议重复活检，考虑获取最大的简单样本大小，或在进一步放射检查后进行手术切除。

参考：2016 年加拿大放射学会乳腺成像和介入实践指南及技术标准。

[redacted]医师于 6 月 13 日补充。

检查结果

叙述与印象

磁共振引导下乳腺活检

指征：右腋窝淋巴结转移性乳腺癌——原发灶不明。乳腺钼靶检查无异常。磁共振提示对不确定的非肿块强化区域进行活检。

对比：2025 年 5 月 8 日的磁共振检查

技术：常规双侧乳腺磁共振检查（含对比剂及不含对比剂）

发现：

右侧乳腺中央区，乳头下方 6 点位置可见一 9 毫米的非肿块强化区，以此为目标进行活检。皮肤准备完毕。约 1%利多卡因注入皮肤和软组织。使用真空辅助核心针活检装置获取 6 个样本。放置了活检标记物。

右侧腋窝淋巴结肿大。

印象：

右侧乳腺中央区非肿块强化区的磁共振引导下活检技术成功。

乳腺影像报告和数据系统分类：6 类

不完整；需要额外的影像评估

性

MR Breast Biopsy Right w Contrast

Not yet reviewed by care team.

Results

SHN - Centenary 1st Floor Margaret Birch Wing - Magnetic Resonance Imaging
Medical Imaging Result

Procedures Performed:
MR Breast Biopsy Right
Authorizing Provider:
[redacted]
Patient Name:
[redacted]

Exam Date & Time:
[redacted]
PCP:
[redacted]
Patient Phone:
[redacted]

Accession Number:
[redacted]
CC:

Addendum

Pathology report shows invasive ductal carcinoma as well as foci of DCIS and vascular invasion.

Radiology-pathology findings are concordant.

Suffix:

Recommendations for concordant lesions other than malignancy:
1. Definitely benign (e.g. lymph node or fibroadenoma) --> recommend one year follow-up
2. Nonspecific (e.g. fibrocystic change, apical metaplasia, benign or fibrous breast tissue) --> recommend six-month follow-up and longer term
3. Indeterminate (e.g. atypia such as ADH, ALH, FEA, LCIS, papillary regions, radial scar, mucinous lesion, mucosal lesion, likely, microcalcifications not assoc specific origin but suspicious for DCIS --> excision may be required due to a high rate of underestimation/upgrading.
4. Insufficient sample --> recommend repeat biopsy.

Recommendations for discordant lesions:
For discordant lesions, repeat biopsy is recommended with consideration for largest simple size obtained or operative versus surgical excision after further rad

Reference: CAR practice guidelines and technical standards for breast imaging and intervention 2016.

[redacted]o, MD on 13/6/

Study Result

Narrative & Impression

MRI guided breast biopsy

INDICATION: R metastatic Breast ca to LN- unknown primary. Nil on mammo. MRI suggests bx of indeterminate area NME

COMPARISON: MRI May 8, 2025

TECHNIQUE: Routine MRI bilateral breasts with and without contrast.

FINDINGS:

9 mm area of nonmass enhancement seen in the right central breast just below the level of the nipple at the 6:00 position was targeted. Skin prepped. Approx 1% lidocaine was injected into the skin and soft tissues. 6 samples were obtained using a vacuum-assisted core needle biopsy device. Biopsy marker was pla

Right axillary lymphadenopathy.

IMPRESSION:
Technically successful MRI guided biopsy of right breast central nonmass enhanc[redacted]t.

BI-RADS CATEGORY: 6

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0 - Incomplete; Needs Additional Imaging Evaluation
1 - Negative

2 - Benign Finding(s)
3 - Probably Benign Finding(s); Short Interval Follow-Up Suggested
4 - Suspicious; Biopsy Should Be Considered
5 - Highly Suggestive Of Malignancy; Appropriate Action Should Be Taken
6 - Known Biopsy-Proven Malignancy

If a follow up report is NOT received in 4 weeks please contact us at the following numbers:
For Scarborough Health Network - Centenary site - 416-281-7299.
For Scarborough Health Network - General & Birchmount site - 416-431-8168
For Lakeridge Health Ajax and Pickering - 905-683-2320 x1434.
Biopsy

Signed by:
on 06 June 2025 14:19

Disclaimer

To ensure results are accurately interpreted in the context of your clinical situation, please review your results with your referring physician.

Scan 1