



Ontario

MINISTRY OF PUBLIC AND BUSINESS SERVICE DELIVERY
Ministère des Services au public et aux entreprises

APOSTILLE

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5. at / à

Toronto Ontario

6. the / le **2026-02-09**

7. by / par



8. N° / sous n°



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AFFIDAVIT

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

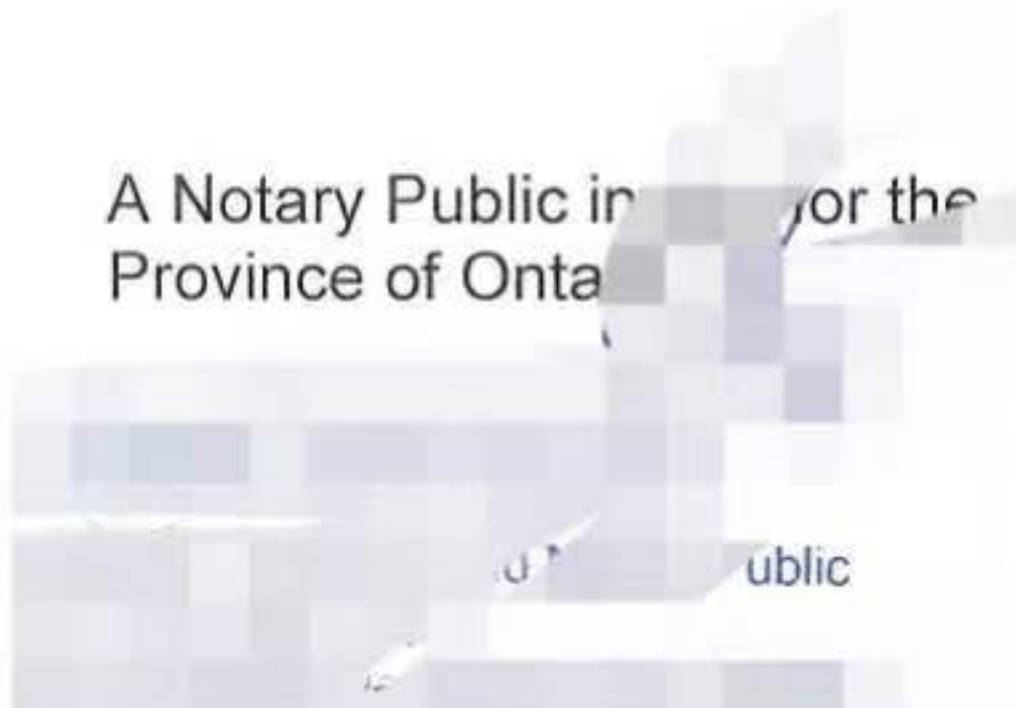
1. I am fluent in both Chinese and English.
2. I have translated the annexed document and carefully compared the translation from English into Chinese with regard to the following document:

Discharge Summary
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 4th day of Feb, 2026

A Notary Public in _____ for the
Province of Ontario





WUWEN GUO

Trillium 医疗合作机构
携手共进

日期格式: 日/月/年

姓名:	
出生日期: 19 年 月 日	法定性别: 男
MRN:	家庭医生: 医生 医学博士
病例序列号:	登记日期: 202 年 月 日
健康卡编号:	科室:

出院小结

记录时间: 202 年 月 日 早上 6:57

记录人: 执业护士	科室: 心脏外科	记录人职称: 执业护士
归档时间: 202 年 月 日 下午 12:50	服务日期: 202 年 月 日 早上	状态: 已签字
编辑人: , 执业护士		
入院日期: 202 年 月 日		
手术日期: 202 年 月 日		
出院日期: 202 年 月 日		

主要诊断

主动脉夹层
1 级左心室功能不全

住院期间重大医疗干预措施

1. 主动脉半弓置换术
2. 升主动脉置换术, 采用 28 号人造血管
3. 运用生物胶和带垫片缝线, 对主动脉瓣及主动脉根部进行悬吊修复
4. 采用 8 毫米涤纶腋动脉血管移植物, 建立动脉插管灌注通道

既往史回顾

无特殊既往病史, 无特殊既往手术史

现病史/住院病程

患者, 男性, 岁, 因 A 型主动脉夹层, 急诊收治拟行主动脉修复术。

患者于当日驾车途中突发胸痛, 并放射至左臂。患者随即向朋友发送定位信息, 朋友找到患者后呼叫了急救医疗服务。胸部计算机断层扫描检查提示, 患者存在主动脉根部夹层, 且合并严重肺水肿。影像学明确显示患者为 A 型主动脉夹层, 破口始于主动脉根部。主动脉管径增宽, 测量直径约为 44 毫米。

患者明确表示, 指定其 1 岁女儿作为医疗决策代理人。患者已离异, 明确拒绝其前妻参与医疗决策相关事宜。患者育有两女, 另一名女儿年龄为 岁。

术后病程

术中患者出现不适, 心电图显示 ST 段改变, 计算机断层扫描可见明显的爆发性肺水肿, 且存在血氧饱和度下降。术后发现以下问题:



Date Format is DD/MM/YYYY

Name: [REDACTED]

DOB: [REDACTED]

MRN: [REDACTED]

CSN: [REDACTED]

HCN: 8 [REDACTED]

Legal Sex: Male [2]

Family Doctor

Registration Date 2/1/2021

Disc:

MD

Discharge Summary by [REDACTED] at 2/1/2021 6:57 AM

Author: [REDACTED] Bacchus, NP

Service: Cardiac Surgery

Author Type: Nurse Practitioner

Filed: 2/1/2021 12:51 PM

Date of Service: 2/1/2021 6:57 AM

Status: Signed

Editor: [REDACTED] NP (Nurse Practitioner)

Date of Admission: 2/1/2021

Date of Surgery: 2/1/2021

Date of Discharge: 2/1/2021

I certify that

of the content

Date: 2/1/2021

by

/b

Most Responsible Diagnosis:

Aortic dissection

Grade 1 LVF

Significant Intervention While in Hospital:

- 1) replacement hemiarch
- 2) replacement ascending aorta Number 28 tube graft
- 3) resuspension and repair of the aortic valve and aortic root with a bio glue and pledgetted sutures.
- 4) axillary graft 8 mm Dacron used for arterial cannula inflow.

History reviewed. No pertinent past medical history.**History reviewed. No pertinent surgical history.****History of Presenting Illness/ Hospital Course**

[REDACTED] is a [REDACTED] y.o. male booked for an emergency aortic repair for type A dissection

Started having pain in the chest and left arm earlier today while driving. He texted his friend his coordinates who went to find him and called EMS. He was found on CT to have an aortic root dissection and florid pulmonary edema. He has a clear type a dissection that starts at the root. The aorta appears to be enlarged however the measures approximately 44 mm.

The patient clearly states that he wants his [REDACTED] year old daughter to be his decision maker. He is divorced and does not want his ex-wife involved. He also has an [REDACTED] year old daughter.

Post operative Course:

Intra operatively there was distress with a ST changes obvious fulminant pulmonary edema in the CT and