Renji Hospital, Shanghai Jiao Tong University School of Medicine

Discharge Summary

Name: Caiyun CHEN | Hospitalization No.: 1003473113 | Ward: Ward 11, East (Internal Medicine) | Bed No.: A1
Department: East Gastroenterology | Sex: Female | Age: 22
Inpatient Department

Admission time: 14 January 2025, 13:40
Discharge time: 27 January 2025, 08:00
Outpatient diagnosis: Ulcerative Colitis
Admission diagnosis: Ulcerative colitis
Discharge diagnosis: Acute severe ulcerative colitis, mild anemia, nutritional risk, malnutrition, hypoproteinemia.
Admission conditions: The patient presented to the hospital due to a 4-year history of confirmed ulcerative colitis and a 2-month exacerbation of diarrhea accompanied by hematochezia. Upon physical examination at the hospital: The patient was conscious, breathing evenly, responding appropriately, and speaking clearly, cooperating with the examination. There was no jaundice of the skin or mucous membranes throughout the body, and no enlargement of superficial lymph nodes was observed. Auscultation of the heart and lungs revealed: a regular rhythm with no murmurs, and clear breath sounds in both lungs. The abdomen was flat, with no tenderness or rebound tenderness and with no palpable enlargement of liver or spleen below the costal margin. There was no edema in both lower extremities.
Main laboratory test results
14 January 2025 [Erythrocyte sedimentation rate]: Erythrocyte sedimentation rate: ESR-39mm/h↑; [Two items of coagulation series tests +DD/FDP fibrinolysis]: Prothrombin Time: 13.20 seconds ↑, International Normalized Ratio: 1.18 ↑, Fibrinogen: 3.91 g/L, Activated Partial Thromboplastin Time: 27.9 seconds, Thrombin Time: 15.9 seconds, D-Dimer: 2.02 DDU mg/L ↑, Fibrin(Fibrinogen) Degradation Products (FDP): 12.00 mg/L ↑; [Determination of procalcitonin]: Procalcitonin: <0.020ng/ml; 15 January 2025, [Hepatitis E Antibody (HEV-IgM) + Hepatitis A Antibody (HAV-IgM)]: Hepatitis A IgM antibody: Negative; Hepatitis E IgM antibody: Negative; [Immunoglobulin IgG4 Determination + Blood Immunoglobulin Comprehensive Panel + Transferrin + Complement C3 + Complement C4]: Complement C3: 0.95 g/L, Complement C4: 0.30 g/L, Immunoglobulin G: 11.70 g/L, Immunoglobulin A: 2.25 g/L, Immunoglobulin M: 0.70 g/L, Immunoglobulin IgG: 40.189 g/L, Serum Transferrin: 2.02 g/L; [Renal Function, eGFR, Cystatin C + Liver Function (New 3) + Electrolytes + Protein Electrophoresis + Total Ca + P + Mg + Serum Fe + Total Fe]: Total Bilirubin: 8.6 μmol/L, Direct Bilirubin: 2.5 μmol/L, Alanine Aminotransferase: 7.5 U/L, Aspartate Aminotransferase: 10.5 U/L↓, Alkaline Phosphatase: 67 U/L, γ-glutamyl transferase: 8 U/L, Total Bile Acids: 0.6 μmol/L, Total Protein: 55.1 g/L↓, Albumin: 31.1 g/L↓, Globulin 24.0 g/L, Albumin-Globulin Ratio 1.30, Prealbumin 100.00 mg/L↓, Lactate Dehydrogenase I: 19U/L↓, Glutamate Dehydrogenase: 1.60U/L, Glycocholic Acid: 1.10mg/L, Fibronectin: 267.10mg/L, Glutathione Reductase: 37.0U/L, Urea: 1.0mmol/L↓, Creatinine: 64μmol/L, Uric Acid: 3474 mmol/L, Cystatin C: 0.48 mg/L, eGFR-EPICr: 119, eGFR-MDRD: 101, eGFR-EPIcySC: 146, eGFR-EPIcr+cysc: 138, Fasting Blood Glucose: 3.8 mmol/L↓, Ca: 2.01 mmol/L↓, P: 0.61 mmol/L↓, Mg: 0.84 mmol/L, Serum Fe: 10.57 μmol/L, Unbound Iron-binding Capacity: 29.10 μmol/L, Total Iron-binding Capacity: 39.67 μmol/L↓, K: 3.22 mmol/L+, Na: 138.0 mmol/L, Cl: 102.1 mmol/L; [IA-B27]: HLA-B27 (flow cytometry method): Negative (-); [Hepatitis C Antibody + HIV Antibody + Hepatitis B Five Panel Test]: Hepatitis B Surface Antigen: 0.48 COI, Anti-Hepatitis B Surface Antibody: 368 mIU/ml↑, Anti-Hepatitis B Core Antibody: 2.36 COI, Hepatitis B Virus E Antigen: 0.08 COI, Anti-Hepatitis B Virus E Antibody: 1.48 COI, Anti-Hepatitis C Virus Antibody: 0.05 COI, Human Immunodeficiency Virus Antigen/Antibody Combined Test: 0.07 COI: [Ferritin + Folic Acid + Vitamin B12]: Ferritin: 27.80 μg/L, Folic Acid: 20.3 μg/L↑, Vitamin B12: 1013.0 pg/mL↑; [Cytomegalovirus Antibodies (IgG/IgM)]: Cytomegalovirus IgG Antibody: 129.00 U/mL↑, Cytomegalovirus IgM Antibody: <5.00 U/mL; [TRAb+TSH+FT3+FT4+TG-Ab+TPO-Ab+CA199+CEA+AFP+CA125+]: Free Triiodothyronine (FT3): 2.74 pmol/L↓, Free Thyroxine (FT4): 14.10 pmol/L, Thyroid-Stimulating Hormone (TSH): 0.727 mIU/L, Thyroglobulin Antibody (TGAb): 54.30 IU/ml, Thyroid Peroxidase Antibody (TPOAb): 13.80 IU/ml, Thyroid-Stimulating Hormone Receptor Antibody (TRAb): <0.80 IU/L,

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Discharge Summary

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Department: East Gastroenterology | Sex: Female | Age: 22
Inpatient Department

Alpha-fetoprotein (AFP): 2.04 ng/mL, Carcinoembryonic Antigen (CEA): 1.16 ng/mL, Carbohydrate Antigen 19-9 (CA19-9): 16.30 U/mL, Cancer Antigen 125 (CA125): 20.10 U/mL, Squamous Cell Carcinoma Marker (SCC): 1.13 ng/mL, Neuron-Specific Enolase (NSE): 4.44 ng/mL. Note: Both results require prompt re-examination. [T-spot 1]: Mycobacterium tuberculosis T cell immune response was negative, antigen stimulation hole 0, negative control hole 0, positive control hole ≥20; 16 January 2025, [Syphilis Specific Antibody Assay]: Syphilis Specific Antibody (Chemiluminescence Method): Negative. [Immuno-fixation Electrophoresis]: IgG Band: Negative, IgA Band: Negative, IgM Band: Negative, κ Band: Negative, λ Band: Negative, Immuno-fixation Electrophoresis: No monoclonal bands were observed [Protein Electrophoresis]: Albumin (%): 51.5% ↓, α1-globulin (%): 7.5% ↑, α2-globulin (%): 11.5%, β1-globulin (%): 6.3%, β2-globulin (%): 5.60%, γ-globulin (%): 17.6%, M protein (%): 0.00%; [Antinuclear Antibody Panel (New 3) + Anti-Double-Stranded DNA Antibody (Crithidia luciliae method)]: Nuclear Pattern 1: Negative, Titer 1: Negative, Nuclear Pattern 2: Negative, Anti-dsDNA Antibody (Short Membrane Test): Negative, Titer (Short Membrane): Negative, Anti-dsDNA Antibody (ELISA): 24.58 IU/ml, Anti-nucleosome Antibody: 0.12, Anti-Sm Antibody: 2, Anti-nRNP/Sm Antibody: 3, Anti-SS-A52 Antibody: 3, Anti-SS-A6 Antibody: 2, Anti-SS-B Antibody: 1, Anti-Jo-1 Antibody: 2, Anti-Sc1-70 antibody: 0, Anti-ribosomal p protein antibody: 1, Anti-histone antibody: 2, Anti-centromere antibody: 2, Anti-PM-ScI antibody: 1, Anti-proliferative Cell Nuclear Antigen Antibody: 1, Anti-Mitochondrial M2 Antibody: 1, Anti-Cardio-Phospholipid Antibody IgA: 1.09 PL IgA U/ml, Anti-Cardio-Phospholipid Antibody IgM: 1.87 PL IgM U/ml, Anti-Cardio-Phospholipid Antibody IgG: 2.68 PL IgG U/ml, Note: Final results shall be subject to the printed paper report! [EBV-DNA and CMV-DNA Combination]: EB Virus DNA: <400 copies/mL, Cytomegalovirus DNA: <400 copies/mL; [Five Items for EB Virus Infection Detection (ELISA Method) + Anti-Neutrophil Antibodies]: Anti-Neutrophil Cytoplasmic Antibodies, Perinuclear Anti-Neutrophil Cytoplasmic Antibodies (PANCA): Positive 1, Cytoplasmic Anti-Neutrophil Cytoplasmic Antibodies (C-ANCA): Negative, Atypical Anti-Neutrophil Cytoplasmic Antibodies (ANCA): Negative, Anti-Neutrophil Cytoplasmic Myeloperoxidase Antibody (MPO): 0.14, Anti-Neutrophil Cytoplasmic Proteinase 3 Antibody (PR3): 0.58, EBV Five Items: Anti-EBV Capsid Antigen IgG: 2.30 S/C0↑, Anti-EBV Capsid Antigen IgM: 0.07 S/C0, Anti-EBV Early Antigen IgG: 0.74 S/C0, Anti-EBV Nuclear Antigen IgG: 2.37 S/C0↑, Anti-EBV Capsid Antigen IgG Affinity: 0.90 High Affinity. Note: Final results shall be subject to the printed paper report! 17 January 2025, [Complete Blood Count (CBC) + C-Reactive Protein]: C-reactive protein: 14.33 mg/L↑, White blood cell count: 15.86 × 10^9/L↑, Neutrophil percentage: 74.6%, Lymphocyte percentage: 12.2%↓, Monocyte percentage: 5.7%, Eosinophil percentage: 7.1%, Basophil percentage: 0.4%, Absolute neutrophil count: 11.83 × 10^9/L↑, Absolute lymphocyte count: 1.93 × 10^9/L, Absolute monocyte count: 0.90 × 10^9/L↑, Absolute eosinophil count: 1.13 × 10^9/L↑, Absolute basophil count: 0.06 × 10^9/L, Red blood cell count: 3.30 × 10^{12}/L↓, Hemoglobin: 101 g/L↓, Hematocrit: 31.6%+, Mean corpuscular volume: 95.8 fl, Mean corpuscular hemoglobin: 30.6 pg, Mean corpuscular hemoglobin concentration: 320 g/L, Erythrocyte distribution width coefficient (CV): 13.2%, Erythrocyte distribution width standard deviation (SD): 46.6 fl, Platelet count: 411 × 10^9/L↑, Thrombocytocrit: 4.10‰↑, Mean platelet volume: 9.9 fl, Platelet distribution width: 10.6 fl, large platelet ratio: 23.4%, Percentage of nucleated red blood cells: 0.0/100 leukocytes, Absolute nucleated red blood cell count: 0.00 × 10^9/L; [DP/FDP 2 Items for Fibrinolysis (Emergency)]: D-dimer: 1.44 DDU mg/L↑, Fibrin (fibrinogen) degradation products: 9.20 mg/L↑; [Blood Electrolytes]: Ka: 3.59 mmol/L, Na: 136.5 mmol/L↓, Cl: 103.8 mmol/L; 21 January 2025, [Complete Blood Count (CBC) + C-Reactive Protein]: C-reactive protein: 4.77 mg/L, White blood cell count: 17.72x10^9/L↑, Neutrophil percentage: 80.6%↑, Lymphocyte percentage: 10.3%↓, Monocyte percentage: 3.7%, Eosinophil percentage: 5.1%, Basophil percentage: 0.3%, Absolute neutrophil count: 14.28x10^9/L↑, Absolute lymphocyte count: 1.83x10^9/L, Absolute monocyte count: 0.66x10^9/L↑, Absolute eosinophil count: 0.90x10^9/L↑, Absolute basophil count: 0.05x10^9/L, Red blood cell count: 3.37 × 10^{12}/L ↓, Hemoglobin: 102 g/L ↓, Hematocrit: 31.7% ↓, Mean corpuscular volume: 94.1 fl,

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Mean corpuscular volume: 30.3 pg, Mean corpuscular concentration: 322 g/L, Erythrocyte distribution width (CV): 12.8%, Erythrocyte distribution width (SD): 44.0 fl, Platelet count: 418 × 10^9/L↑, Thrombocytocrit: 4.20‰↑, Mean platelet volume: 10.1 fl, Platelet distribution width: 11.2 fl, Large platelet ratio: 25.4%, Percentage of nucleated red blood cells: 0.0/100 leukocytes, Absolute nucleated red blood cell count: 0.00x10~9/L; [Blood Electrolytes]: Ka: 3.42 mmol/L↓, Na: 135.1 mmol/L↓, Cl: 101.4 mmol/L; [DD/FDP 2 Items for Fibrinolysis (Emergency)]: D-dimer: 1.13 DDU mg↑, Fibrin (fibrinogen) degradation products: 6.50 mg/L↑; [Determination of procalcitonin]: Procalcitonin: 0.023ng/ml; 23 January 2025, [Uric Acid (UA)]: Uric acid: 257μmol/L

Special Inspection and Important Consultations

15 January 2025: Ultrasound of the liver, gallbladder, pancreas, spleen (requires fasting), kidneys, and perianal region: The liver, gallbladder, pancreas, and spleen showed no significant abnormalities; no obvious abnormalities were observed in both kidneys; no obvious abnormalities were detected around the anus.

15 January 2025: An electronic colonoscopy (standard procedure) revealed: Ulcerative colitis in active phase (severe) with possible concurrent infection.

20 January 2025: A chest high-resolution computed tomography (HRCT) scan showed: Mild inflammation at the bases of both lungs with adjacent pleural thickening and a small right-sided pleural effusion.

21 January 2025: Plain computed tomography scans of the upper and lower abdomen revealed: Thickened and irregular walls of the ascending, transverse, and descending colon with blurred surrounding fat planes, suggestive of inflammatory changes; dense shadows within the small bowel lumen in the left lower abdomen and pelvic region, please make a diagnosis based on clinical practice; multiple enlarged lymph nodes in the pelvis and retroperitoneum, partially reduced in size compared to the previous scan on 13 January 2025; a small amount of pelvic fluid accumulation, slightly increased compared to the prior examination.

22 January 2025: Inflammatory bowel disease evaluation reported: Pelvic fluid accumulation; multiple enlarged mesenteric lymph nodes; diffuse thickening of the entire colonic wall with ulcers (active phase); "creeping fat" sign around the descending and sigmoid colon.

22 January 2025: Gastrointestinal pathology report: 1.&quot Sigmoid colon " (2 pieces); Active chronic colitis with frequent cryptitis and crypt abscesses; epithelial polypoid hyperplasia. Special staining and immunohistochemical results: AB/PAS staining indicated reduced mucin content in the epithelium; CD68 (scattered histiocytes +); MUM1 (plasma cells +); CMV (-).

Course of diagnosis and treatment: After admission, the patient underwent a series of relevant examinations to assess the condition. The colonoscopy indicated [ulcerative colitis (active phase, severe) with possible concurrent infection]. Anti-infective therapy was initiated with metronidazole + ganciclovir + levofloxacin (1.14-1.15) → imipenem (1.16-1.22) → meropenem (1.23-1.26). Following interdisciplinary discussion and exclusion of contraindications, methylprednisolone (MP) was administered at 60 mg (qd) (1.20-1.22) → tapered to 40 mg (qd) (1.23-1.24) → further reduced to 35 mg (qd) (1.25-1.26) for anti-inflammatory treatment. Infliximab (Remicade) (300 mg via intravenous infusion on 23 January 2025) was administered to treat the primary intestinal disease. Supportive therapies included ilaprazole for gastric protection, alfacalcidol for calcium supplementation, and enteral nutrition. The patient reported no discomfort during the treatment course. The patient's general condition had improved, and the current treatment regimen of infliximab (Remicade) combined with corticosteroids for the primary intestinal disease was continued temporarily. Given the patient's stable overall condition, discharge was approved.

Complications

None

Discharge conditions

The patient had no abdominal pain, diarrhea, or other discomfort. Physical examination: The patient was conscious and oriented, with normal respiration and stable vital signs. Breath sounds were clear bilaterally, and no rales were detected. The heart rhythm was regular, with no murmurs or friction rubs. The abdomen was soft, with no tenderness or rebound tenderness throughout and with no palpable enlargement of liver or spleen below the costal margin. No percussion tenderness was noted in the hepatic or splenic regions. Bowel sounds were normal.

Medication and recommended medical advice after discharge

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Discharge Summary

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Department: East Gastroenterology | Sex: Female | Age: 22
Inpatient Department

1. Maintain proper nutrition and rest. Seek immediate medical attention if you experience abdominal pain, diarrhea, bloody stools, or other discomfort.
2. Two weeks after discharge, bring your discharge summary, colonoscopy pathology report, imaging reports, and follow-up blood test results to the Inflammatory Bowel Disease (IBD) Specialized Clinic or Expert Consultation for further evaluation and adjustment of your treatment plan as needed.
3. The second dose of infliximab (Remicade) is scheduled for 6 February 2025, at a medical consortium facility.
4. Follow-up at the IBD Specialist Clinic (Monday afternoons). Regularly monitor complete blood routine, stool routine + occult blood, inflammatory markers, liver and kidney function tests, etc. Repeat colonoscopy, perianal fistula MRI/MRE if clinically indicated.
5. Elevated D-dimer and fibrin (fibrinogen) degradation products: follow-up recommended. Positive P-ANCA: regular retesting advised; consult rheumatology if necessary.
6. Medications to be taken after discharge:
Prednisone acetate: 100 tablets × 2 bottles. Take 7 tablets once daily immediately after breakfast, taper by 1 tablet every 2 weeks until reaching 4 tablets/day, then reduce by 0.5 tablets every 2 weeks.
Alfacalcidol soft capsules (Yianfan): 1 bottle. Take 1 capsule once daily orally.
Wuwei Kushen enteric-coated capsules: 6 boxes. Take 4 capsules three times daily orally.
Ilaprazole enteric-coated tablets (Yilian'an): 3 boxes. Take 1 tablet once daily orally.
Enteral nutrition: Ansu Oral Nutritional Supplement

Follow-up schedule

Follow-up with Inflammatory Bowel Disease specialists or dedicated clinics;
Inflammatory Bowel Disease Specialist Clinic (Monday afternoons, East Hospital);
Director Zhijun CAO (Specialist Outpatient: Tuesday mornings, Thursday afternoons; Expert Outpatient: Wednesday afternoons)
Deputy Director Shujing ZHAO (Specialist Outpatient: Saturday afternoons, East Hospital; Tuesday afternoons, South Hospital);
Deputy Director Xitao XU (Specialist Outpatient: Saturday mornings; Specialist Outpatient: Wednesday mornings; Pu'nan Hospital Specialist Outpatient: Wednesday afternoons);
Deputy Director Jilin WANG (Specialist Outpatient: Tuesday afternoons, Saturday mornings).

Treatment outcome: Improved

Appointment for follow up:

Chief (or associate chief) physician: Zhijun CAO Attending physician: Juntao LU Resident physician: Chengbei ZHOU

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Renji Hospital, Shanghai Jiao Tong University School of Medicine

Discharge Summary

Name: Caiyun CHEN | Hospitalization No.: 1003481179 | Ward: Ward 11, East (Internal Medicine) | Bed No.: 110
Department: East Gastroenterology Inpatient Department | Sex: Female | Age: 22

Admission time: 5 February 2025, 10:04
Discharge time: 6 February 2025, 16:00
Outpatient diagnosis: Ulcerative Colitis
Admission diagnosis: Ulcerative Colitis
Discharge diagnosis: Ulcerative colitis, mild anemia, nutritional risk, malnutrition, hypoalbuminemia, possible gastroesophageal reflux
Admission conditions: The patient was admitted to hospital with a diagnosis of ulcerative colitis for four years. Physical examination: The patient was conscious, breathing evenly, responding appropriately, and speaking clearly, cooperating with the examination. There was no jaundice of the skin or mucous membranes throughout the body, and no enlargement of superficial lymph nodes was observed. Auscultation of the heart and lungs revealed: a regular rhythm with no murmurs, and clear breath sounds in both lungs. The abdomen was flat, with no tenderness or rebound tenderness and with no palpable enlargement of liver or spleen below the costal margin. There was no edema in both lower extremities.
Main laboratory test results
5 February 2025, [Complete Blood Count (CBC) + C-Reactive Protein]: C-reactive protein: <0.50 mg/L White blood cell count: 12.43 × 10^9/L↑, Neutrophil percentage: 90.0%↑, Lymphocyte percentage: 8.8%↓, Monocyte percentage: 0.7%↓, Eosinophil percentage: 0.1%↓, Basophil percentage: 0.4%, Absolute neutrophil count: 11.19 × 10^9/L↑, Absolute lymphocyte count: 1.09 × 10^9/L↓, Absolute monocyte count: 0.09 × 10^9/L↓, Absolute eosinophil count: 0.01 × 10^9/L↓, Absolute basophil count: 0.05 × 10^9/L, Red blood cell count: 3.55 × 10^{12}/L ↓, Hemoglobin: 106g/L↓, Haematocrit: 34.5%↓, Mean corpuscular volume: 97.2fl, Mean corpuscular hemoglobin: 29.9pg, Mean corpuscular hemoglobin concentration: 307g/L↓, Erythrocyte distribution width (CV): 13.54, Erythrocyte distribution width (SD): 47.8 fl, Platelet count: 419 × 10^9/L↑, Thrombocytocrit: 4.60‰↑, Mean platelet volume: 11.1 fl, Platelet distribution width: 12.8 fl, Large platelet percentage: 34.0%, Percentage of nucleated red blood cells: 0.0/100 leukocytes, absolute band cell count: 0.00 × 10^9/L: [Erythrocyte sedimentation rate]: Erythrocyte sedimentation rate: ESR 44mm/h↑ [Blood Electrolytes]: Ka: 3.53 mmol/L, Na: 141.4 mmol/L, Cl: 99.4 mmol/L; [Two items of coagulation series tests +DD/FDP fibrinolysis (Emergency)]: Prothrombin Time: 10.90 seconds, International Normalized Ratio: 0.96, Fibrinogen: 3.37 g/L, Activated Partial Thromboplastin Time: 25.2 seconds, Thrombin Time: 17.0 seconds, D-Dimer: 0.56 DDU mg/L ↑, Fibrin(Fibrinogen) Degradation Products (FDP): 3.60 mg/L. [Determination of procalcitonin]: Procalcitonin: <0.020ng/ml; 6 February 2025, [Renal Function, Cystatin C + Liver Function (New 3)]: Total bilirubin: 5.4 μmol/L, Direct bilirubin: 1.3 μmol/L, Alanine aminotransferase: 24.4 U/L, Aspartate aminotransferase: 13.6 U/L, Alkaline phosphatase: 63 U/L, γ-glutamyl transferase: 31 U/L, Total bile acids: 1.5 μmol/L, Total protein: 60.3 g/L↓, Albumin: 33.7 g/L↓, Globulin: 26.6 g/L, Albumin-globulin ratio: 1.27, Prealbumin: 248.00 mg/L, Lactate dehydrogenase: 92 U/L↓, Glutamate dehydrogenase: 2.60 U/L, Cholinic acid: 0.91 mg/L, Fibronectin: 401.00 mg/L, Glutathione reductase: 42.0 U/L, Urea: 5.3 mmol/L, Creatinine: 62 μmol/L, Uric acid: 292 μmol/L, Cystatin C: 0.81 mg/L, eGFR-EPIC: 123, eGFR-MDRD: 104, eGFR-EPlcysc: 112, eGFR-EPlcrteysc: 115
Special Inspection and Important Consultations
5 February 2025, Computer multi-lead electrocardiogram: Normal electrocardiogram;
Course of diagnosis and treatment:
After admission, the patient completed relevant examinations. Following exclusion of contraindications, the second dose of infliximab (Remicade) 300 mg was administered via intravenous infusion on 6 February 2025. The patient reported no discomfort during the procedure.

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Discharge Summary

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Department: East Gastroenterology | Sex: Female | Age: 22
Inpatient Department

Given the patient's improved overall condition, discharge was approved.

Complications

None

Discharge conditions

The patient had no abdominal pain, diarrhea, or other discomfort. Physical examination: The patient was conscious and oriented, with normal respiration and stable vital signs. Breath sounds were clear bilaterally, and no rales were detected. The heart rhythm was regular, with no murmurs or friction rubs. The abdomen was soft, with no tenderness or rebound tenderness throughout and with no palpable enlargement of liver or spleen below the costal margin. No percussion tenderness was noted in the hepatic or splenic regions. Bowel sounds were normal.

Medication and recommended medical advice after discharge

1. Maintain proper nutrition and rest. Seek immediate medical attention if you experience abdominal pain, diarrhea, bloody stools, or other discomfort.
2. The third dose of infliximab (Remicade) should be scheduled for administration 4 weeks later, with instructions to monitor serum drug concentrations and antibody levels.
3. Follow-up at the IBD Clinic. Regularly monitor complete blood routine, stool routine + occult blood, inflammatory markers, liver and kidney function tests, etc. Repeat colonoscopy, perianal fistula MRI/MRE if clinically indicated.
4. Elevated D-D dimer levels; further testing and follow-up are recommended.
5. Medications to be taken after discharge:

Prednisone acetate: 100 tablets ×1 bottle. Take 6 tablets once daily immediately after breakfast, taper by 1 tablet every 2 weeks until reaching 4 tablets/day, then reduce by 0.5 tablets every 2 weeks.
Alfacalcidol soft capsules (Yianfan): 1 bottle. Take 1 capsule once daily orally.
Wuwei Kushen enteric-coated capsules: 6 boxes. Take 2 capsules three times daily orally.
Ilaprazole enteric-coated tablets (Yilian'an): 3 boxes. Take 1 tablet once daily orally before meals.

Follow-up schedule

Follow-up with Inflammatory Bowel Disease specialists or dedicated clinics;
Inflammatory Bowel Disease Specialist Clinic (Monday afternoons, Wednesday afternoons, East Hospital);
Director Zhijun CAO (Specialist Outpatient: Tuesday mornings, Thursday afternoons; Expert Outpatient: Wednesday afternoons);
Deputy Director Shujing ZHAO (Specialist Outpatient: Saturday afternoons, East Hospital; Tuesday afternoons, South Hospital);
Deputy Director Xitao XU (Specialist Outpatient: Saturday mornings; Specialist Outpatient: Wednesday mornings; Pu'nan Hospital Specialist Outpatient: Wednesday afternoons);
Deputy Director Jilin WANG (Specialist Outpatient: Tuesday afternoons, Saturday mornings).

Treatment outcome: Improved

Appointment for follow up:

Chief (or associate chief) physician: Zhijun CAO Attending physician: Juntao LU Resident physician: Chengbei ZHOU

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Discharge Summary

Name: Caiyun CHEN | Hospitalization No.: 1003594548 | Ward: Ward 11, East (Internal Medicine) | Bed No.: 32
Department: East Gastroenterology | Sex: Female | Age: 23
Inpatient Department

Admission time: 1 September 2025, 11:11
Discharge time: 3 September 2025, 11:00
Outpatient diagnosis: Enteritis
Admission diagnosis: Ulcerative Colitis
Discharge diagnosis: Ulcerative Colitis
Admission conditions:

The patient, a 23-year-old woman, was admitted to hospital due to "the diagnosis of ulcerative colitis for four years". Physical examination: The patient was conscious, breathing evenly, responding appropriately, and speaking clearly, cooperating with the examination. There was no jaundice of the skin or mucous membranes throughout the body, and no enlargement of superficial lymph nodes was observed. Breath sounds were clear bilaterally, and no rales were detected. The abdomen was flat, with no tenderness or rebound tenderness and with no palpable enlargement of liver or spleen below the costal margin. There was no edema in both lower extremities.

Main laboratory test results

3 September 2025, [Five Items for EB Virus Infection Detection (ELISA Method)]: EBV Five Items: Anti-EBV Capsid Antigen IgG: 3.32(+) S/C0↑, Anti-EBV Capsid Antigen IgM: 0.20(-)S/C0, Anti-EBV Early Antigen IgG: 1.10(+)S/C0↑, Anti-EBV Nuclear Antigen IgG: 2.88(+)SC0↑, Anti-EBV Capsid Antigen IgG Affinity: 0.68 High Affinity. Note: Final results shall be subject to the printed paper report! 2 September 2025, [T-spot 1]: Mycobacterium tuberculosis T cell immune response was negative, antigen stimulation hole 0, negative control hole 0, positive control hole ≥20; [Cytomegalovirus Antibodies (IgG/IgM)]: Cytomegalovirus IgG antibody: 99.80 (positive) U/mL↑ Cytomegalovirus IgM antibody: 7.58 (negative) U/mL; [IgE+ Blood Immunoglobulin Comprehensive Panel + Transferrin + Complement C3 + Complement C4]: Complement C3: 0.74 g/L Complement C4: 0.12 g/L Immunoglobulin G: 13.10 g/L Immunoglobulin A: 2.34 g/L Immunoglobulin M: 1.77 g/L Serum Transferrin: 2.67 g/L Immunoglobulin E: 595.0 IU/ml↑ [TRAb+TSH+FT3+FT4+TG-Ab+TPO-Ab+CA199+CEA+AFP+CA125]: Free triiodothyronine (FT3): 3.44 pmol/L, Free thyroxine (FT4): 16.00 pmol/L, Thyroid-stimulating hormone (TSH): 0.641 mIU/L, Thyroglobulin Antibody (TGAb): 23.50 IU/ml, Thyroid Peroxidase Antibody (TPOAb): 25.60 IU/ml, Thyroid-Stimulating Hormone Receptor Antibody (TRAb): <0.80 IU/L, Alpha-fetoprotein (AFP): 3.01 ng/mL, Carcinoembryonic antigen (CEA): 0.98 ng/mL, Carbohydrate antigen (CA19-9): 15.80 U/mL, Carbohydrate antigen (CA125): 17.90 U/mL; [Ferritin + Folic Acid + Vitamin B12]: Ferritin: 16.70 μg/L, Folate: 10.5 μg/L, Vitamin B12: 619.0 pg/ml [Clostridium difficile XPERT Test]: Ribotype 027 assumption: Negative; Toxin B-producing Clostridioides difficile: Negative [Hepatitis C Antibody + HIV Antibody + Hepatitis B Five Panel Test]: Hepatitis B surface antigen: 0.42 (negative) C0I, Anti-hepatitis B surface antibody: 473 (positive) mIU/ml↑, Anti-hepatitis B core antibody: 2.27 (negative) C0I, Hepatitis B e antigen: 0.08 (negative) C0I, Anti-hepatitis B e antibody: 1.60 (negative) COI, Anti-hepatitis C virus antibody: 0.03 (negative) COI, Human immunodeficiency virus antigen/antibody combined test: 0.09 (negative) COI: [Faecal Occult Blood Screening Panel + Faecal Routine (Emergency) (Instrumental Method)]: Color: Brown Character: Soft stool, Red blood cells: Not detected/HP, White blood cells: Not detected/HP, Phagocytes: Not detected/HP, Yeast: Not detected, Parasitic eggs: Not detected, Oil droplets: Not detected, Fecal occult blood test: Negative, Fecal transferrin: Negative [Calprotectin Measurement in Faces]: Calprotectin in faces: 69.9μg/g [★Urinalysis, Microscopic Examination (10A) (Emergency)]: Urine color: Pale yellow, Urine clarity: Clear, Urine specific gravity: 1.007, Urine pH: 7.0, Urine nitrite: neg, Urine leukocyte esterase: neg, Urine protein: neg, Urine glucose: neg, Urine protein: neg, Urine bilirubin: norm, [Procalcitonin test] Urine bilirubin: neg, Urine occult blood: neg, Microscopic examination: Red blood cells: Not detected/HP, White blood cells: Not detected/HP; 2025-09-01, [Procalcitonin test]: Procalcitonin: 0.026ng/ml; [Two items of coagulation series tests +DD/FDP fibrinolysis]: Prothrombin time: 11.30 seconds, International normalized ratio: 0.97,

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Renji Hospital, Shanghai Jiao Tong University School of Medicine

Discharge Summary

Name: Caiyun CHEN Hospitalization No.: 1003594548 Ward: Ward 11, East (Internal Medicine) Bed No.: 32
Department: East Gastroenterology Sex: Female Age: 23
Inpatient Department

Fibrinogen: 1.78 g/L↓, Partial thromboplastin time: 26.8 seconds, Thrombin time: 19.3 seconds, D-dimer: 0.04 DDU mg/L, Fibrin (fibrinogen) degradation products: <2.50 mg/L; [Renal Function, eGFR, Cystatin C + Liver Function (New 3) + Lipid Profile (4 Items) + Electrolytes + Total Ca + P + Mg + Serum Fe + Total Fe]: Total bilirubin: 9.0 μmol/L, Direct bilirubin: 2.5 μmol/L, Alanine aminotransferase: 11.2 U/L, Aspartate aminotransferase: 13.9 U/L, Alkaline phosphatase: 54 U/L, γ-glutamyl transferase: 11 U/L, Total bile acids: 6.7 μmol/L, Total protein: 69.6 g/L, Albumin: 43.4 g/L, Globulin: 26.2 g/L, Albumin-Globulin ratio: 1.66, Prealbumin: 218 mg/L, Lactate dehydrogenase: 108 U/L↓, Glutamate dehydrogenase: 3.9 U/L, Cholic acid: 2.04 mg/L, Fibronectin: 304.7 mg/L, Glutathione reductase: 42 U/L, Urea: 2.8 mmol/L, Creatinine: 49 μmol/L, Uric acid: 263 μmol/L, Cystatin C: 0.64 mg/L, eGFR-EPI Cr: 132, eGFR-MDRD: 136, eGFR-EPIcysc: 126, eGFR-EPIcr+cysc: 133, Total cholesterol: 4.94 mmol/L, Triglycerides: 0.72 mmol/L, High-density lipoprotein cholesterol: 1.54 mmol/L, Low-density lipoprotein cholesterol: 2.82 mmol/L, Non-high-density lipoprotein cholesterol: 3.40 mmol/L, Fasting blood glucose: 3.78 mmol/L↓, Ca: 2.15 mmol/L, P: 1.05 mmol/L, Mg: 0.94 mmol/L, Serum Fe: 21.31 μmol/L, Unsaturated iron-binding capacity: 38.9 μmol/L, Total iron-binding capacity: 60.21 μmol/L, Ka: 3.72 mmol/L, Na: 141.8 mmol/L, Cl: 104.8 mmol/L: [Erythrocyte sedimentation rate]: Erythrocyte sedimentation rate: ESR13mm/h [Whole blood cell analysis (CBC) + C-reactive protein]: C-reactive protein: <0.50 mg/L, White blood cell count: 3.97 × 10^9/L, Neutrophil percentage: 43.6%, Lymphocyte percentage: 45.3%, Monocyte percentage: 8.3%, Eosinophil percentage: 2.0%, Basophil percentage: 0.8%, Absolute neutrophil count: 1.73×10^9/L↓, Absolute lymphocyte count: 1.80×10^9/L, Absolute monocyte count 0.33×10^9/L, Absolute eosinophil count 0.08×10^9/L, Absolute basophil count: 0.03×10^9/L, Red blood cell count: 3.73×10^{12}/L↓, Hemoglobin: 116 g/L, Hematocrit 35.9%, Mean corpuscular volume: 96.2 fl, Mean corpuscular hemoglobin: 31.1 pg, Mean corpuscular hemoglobin concentration: 323 g/L, Erythrocyte distribution width coefficient of variation (CV): 11.9%, Erythrocyte distribution width standard deviation (SD): 41.8 fl, Platelet count: 244 × 10^9/L, Thrombocytocrit: 2.70%, Mean plate volume: 11.1 fl, Platelet distribution width: 13.4 fl, Large platelet ratio: 33.8%, Percentage of nucleated red blood cells: 0.0/100 leukocytes, Absolute nucleated red blood cell count: 0.00 x 10^9/L: [Blood Gas and Blood Glucose Analysis Combination (Intravenous)]: pH: 7.317↓, $PaCO_2$: 53.7 mmHg↑, PaO_2: 35.0 mmHg, K (whole blood): 3.2 mmol/L↓, Na (whole blood): 142 mmol/L, Cl (whole blood) 105 mmol/L, Ca (whole blood) 1.19 mmol/L, O_2 saturation 60.0%, P50(st) 27.61, P50(act) 30.2 mmHg↑, Standard bicarbonate concentration: 24.1 mmol/L, $TC0_2$: 25.8 mmol/L, $T0_2$: 10.0 vol%↑, Gap(K): 9.5 mmol/L↓, Actual base excess: 0.5 mmol/L, Standard base excess: 1.3 mmol/L, Bicarbonate concentration: 27.5 mmol/L, Total hemoglobin: 11.9 g/dL, HCT: 36.6%↓, Lactate (whole blood): 2.2 mmol/L↑, Glucose (whole blood): 3.6 mmol/L

Special Inspection and Important Consultations

1 September 2025, Computer multi-lead electrocardiogram: Normal electrocardiogram;

1 September 2025, A chest high-resolution computed tomography (HRCT) scan showed: No significant abnormalities were observed on plain CT scan of the chest. The cardiac and great vessel density was low, which may be related to anemia.

2 September 2025: An electronic colonoscopy (standard procedure) revealed: Ulcerative colitis (remission stage)

On 2 September 2025, a coated disposable endoscopic biopsy forceps was used during a routine electronic esophagogastroduodenoscopy (EGD) for sampling, followed by routine and histopathological examination. HP: Chronic hyperemic exudative gastritis with bile regurgitation, predominantly diffuse gastritis (mild).

On 3 September 2025, an ultrasound evaluation of the thyroid gland, parathyroid glands, cervical lymph nodes, supraclavicular lymph nodes, breasts, and their drainage lymph node regions was performed. Findings included bilateral mammary gland lobular hyperplasia, with no significantly enlarged lymph nodes detected in the bilateral axillae, cervical regions, supraclavicular regions, or infraclavicular regions. No obvious abnormalities were detected in thyroid; No obvious abnormality was observed in bilateral parathyroids;

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Renji Hospital, Shanghai Jiao Tong University School of Medicine

Discharge Summary

Name: Caiyun CHEN | Hospitalization No.: 1003594548 | Ward: Ward 11, East (Internal Medicine) | Bed No.: 32
Department: East Gastroenterology | Sex: Female | Age: 23
Inpatient Department

Course of diagnosis and treatment:

After admission, the patient completed relevant examinations and underwent a comprehensive disease assessment. Colonoscopy findings indicated ulcerative colitis (remission stage). Given the patient's stable general condition, the current infliximab (Remicade) therapy for the primary intestinal disease was continued temporarily. The patient was instructed to bring the discharge summary, imaging reports, and follow-up blood test results to the Inflammatory Bowel Disease (IBD) Specialized Clinic or Expert Consultation for further evaluation in two weeks and was subsequently discharged.

Complications

/

Discharge conditions

The patient had no abdominal pain, diarrhea, or other discomfort. Physical examination: The patient was conscious and oriented, with normal respiration and stable vital signs. Breath sounds were clear bilaterally, and no rales were detected. The heart rhythm was regular, with no murmurs or friction rubs. The abdomen was soft, with no tenderness or rebound tenderness throughout and with no palpable enlargement of liver or spleen below the costal margin. No percussion tenderness was noted in the hepatic or splenic regions. Bowel sounds were normal.

Medication and recommended medical advice after discharge

1. Maintain proper nutrition and rest. Seek immediate medical attention if you experience abdominal pain, diarrhea, bloody stools, or other discomfort.
2. Two weeks after discharge, bring your discharge summary, colonoscopy pathology report, imaging reports, and follow-up blood test results to the Inflammatory Bowel Disease (IBD) Specialized Clinic or Expert Consultation for further evaluation and adjustment of your treatment plan as needed.
3. Follow-up at the IBD Specialist Clinic (Monday afternoons, Wednesday afternoons). Regularly monitor complete blood routine, stool routine + occult blood, inflammatory markers, liver and kidney function tests, etc. Repeat colonoscopy, perianal fistula MRI/MRE if clinically indicated.
4. Auxiliary test results: Immunoglobulin E 595.0 IU/mL↑. Regular follow-up is recommended. Follow up with the Allergy Department.
5. Auxiliary test results: Antinuclear antibody panel: Nuclear pattern 1 (homogeneous)↑, titer 1 1:160↑. Regular follow-up is recommended. Follow up with the Rheumatology Department. Medications to be taken after discharge: /

Follow-up schedule

Follow-up with Inflammatory Bowel Disease specialists or dedicated clinics;
Inflammatory Bowel Disease Specialist Clinic (Monday afternoons, Wednesday afternoons, East Hospital);
Director Zhijun CAO (Specialist Outpatient: Tuesday mornings, Thursday afternoons; Expert Outpatient: Wednesday afternoons);
Deputy Director Shujing ZHAO (Specialist Outpatient: Saturday afternoons, Tuesday mornings, South Hospital; Expert Outpatient: Wednesday mornings)
Deputy Director Xitao XU (Specialist Outpatient: Saturday mornings; Specialist Outpatient: Wednesday mornings; Pu'nan Hospital Specialist Outpatient: Wednesday afternoons);
Deputy Director Jilin WANG (Specialist Outpatient: Tuesday afternoons, Saturday mornings).

Treatment outcome: Improved

Appointment for follow up:

Chief (or associate chief) physician: Zhijun CAO Attending physician: Juntao LU Resident physician: Chengbei ZHOU

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Renji Hospital, Shanghai Jiao Tong University School of Medicine

Discharge Summary

Name: Caiyun CHEN Sex: Female Bed: Department: Endocrinology Department Ward: Ward 10 Hospitalization No.: 304477

X-ray No.: **Ultrasound (B-scan) No.:** **Pathology No.:**

Admission time: 11 December 2025, 09:29

Discharge time: 11 December 2025

Length of stay: 1 day

Outpatient diagnosis: Ulcerative Colitis

Admission diagnosis: Ulcerative pancolitis, moderate

Discharge diagnosis: Ulcerative pancolitis, moderate

Main symptoms and signs at admission: The patient was admitted to the hospital for "ulcerative colitis diagnosed over four years ago, with planned treatment using infliximab (Remicade)". Physical examination: The patient was conscious and oriented, with normal mental status and stable vital signs. Bilateral lung auscultation revealed clear breath sounds, with no dry or moist rales detected. The heart rhythm was regular, and no significant pathological murmurs were appreciated. The abdomen was soft and flat, with no tenderness or rebound tenderness. Percussion showed negative shifting dullness, with no palpable enlargement of liver or spleen below the costal margin. No palpable masses were identified throughout the abdomen.

Primary Examination Results 11 December 2025 10:43:33 Clinical Examination Report: White blood cells: 6.59 × 10^9/L, Red blood cells: 4.41 × 10^{12}/L, Hemoglobin: 135.00 g/L, Hematocrit: 40.40%, Platelets: 238.0 × 10^9/L, Neutrophil percentage: 54.50%, Lymphocyte percentage: 38.80%, Monocyte percentage: 4.90%, Eosinophil percentage: 1.50%, Basophil percentage: 0.30%, Neutrophil count: 3.59 × 10^9/L, Lymphocyte count: 2.56 × 10^9/L, Monocyte count: 0.32 × 10^9/L, Eosinophil count: 0.10 × 10^9/L, Basophil count: 0.02 × 10^9/L, Mean corpuscular volume: 91.60 fl, Mean corpuscular hemoglobin: 30.60 pg, Mean corpuscular hemoglobin concentration: 334.00 g/L, Erythrocyte distribution width: 12.50, Erythrocyte distribution width-SD: 42.60%, Mean platelet volume: 10.10 fl, Thrombocytocrit: 0.24, Platelet distribution width: 16.1 fl, Large platelet ratio: 26.4%, High-sensitivity C-reactive protein: <5 mg/L. 11 December 2025 11:30:12 Biochemistry Report: Total bilirubin: 11.0 μmol/L, Direct bilirubin: 4.3 μmol/L, Alanine aminotransferase: 16.0 U/L, Aspartate aminotransferase: 22.0 U/L, Alkaline phosphatase: 49 U/L, Total protein: 94.2 g/L ↑, Albumin: 46.3 g/L, Globulin: 47.9 g/L↑, γ-Glutamyl transferase: 15 U/L, Cholinesterase: 5550 U/L, Urea nitrogen: 7.2 mmol/L↑, Creatinine: 64 μmol/L, Uric acid: 420 μmol/L↑, Amylase: 66.00 U/L, Glucose: 3.5 mmol/L+, Ka: 4.60 mmol/L, Na: 136.5 mmol/L↓, Cl: 99.3 mmol/L, Ca: 2.38 mmol/L. 11 December 2025 12:33:25 Clinical Examination Report: Determination of erythrocyte sedimentation rate: 16.5mm/h 11 December 2025 12:40:09 Immunology Test Report: Myoglobin: 19.16 ng/mL, High-sensitivity troponin I: 0.001 ng/mL, Creatine kinase isoenzymes: 0.83 ng/mL, Procalcitonin: 0.020 ng/mL. 11 December 2025 12:42:10 Clinical Examination Report: Partial prothrombin time: 31.80 seconds, Thrombin time: 11.40 seconds, Fibrinogen: 2.91 g/L, D-dimer: 0.15 μg/mL. 11 December 2025 14:12:04 Biochemistry Report: Heart-type fatty acid binding protein: <2.500 ng/ml

Special Inspection and Important Consultations 11 December 2025 10:44:13 Normal electrocardiogram.

Course of disease and treatment outcomes (including surgery date, surgery name, blood transfusion volume, and resuscitation details) The patient's admission examination results showed no abnormalities, and contraindications were ruled out. According to the Renji Hospital treatment protocol, the patient received intravenous treatment with 300mg of infliximab (Remicade). The patient was observed for 1 hour after treatment, during which no nausea, vomiting, headache, dizziness, rash, pruritus, or urticaria were noted. There was no increased sweating, facial flushing, tachycardia, hypotension, or dyspnea. Additionally, the patient reported no fatigue, chest pain, edema, flushing, pain, chills, or other discomfort. With approval from the attending physician, the patient was discharged.

Complications: None

Condition at discharge (symptoms and signs) The patient was conscious and oriented, with normal mental status and stable vital signs and with normal urination and defecation.

Medication and recommended medical advice after discharge: 1. Follow-up at Renji Hospital's IBD Outpatient Clinic.

2. Medications to be taken after discharge: None.

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Renji Hospital, Shanghai Jiao Tong University School of Medicine

Discharge Summary

Name: Caiyun CHEN Sex: Female Bed: Department: Endocrinology Department Ward: Ward 10 Hospitalization No.: 304477

3. For detailed laboratory reports, please bring your original ID card to the Medical Records Office on the third floor of the outpatient building three weeks after discharge to obtain copies.

Health Publicity and Education: 1. Maintain a calm state of mind, avoid unnecessary mental stress, and minimize emotional tension. 2. Advise patient and family members to recognize the disease's tendency to recur, emphasize the importance of preventing relapse, and instruct them to maintain a regular routine with a balance of work and rest. 3. Follow dietary principles of soft texture, easy digestion, and high nutritional value. Adopt a regimen of frequent small meals at fixed times and quantities, focusing on low-residue, easily digestible, low-fat, and high-protein foods. Avoid spicy, frozen, raw or chilled foods, high-fiber vegetables and fruits, milk, and dairy products. 4. Adhere strictly to prescribed medication regimens; do not discontinue or reduce doses without medical advice. 5. Monitor stool shape regularly. Seek prompt medical attention if experiencing abdominal pain, blood in stools, elevated temperature, or worsening symptoms.

Treatment outcome: Improved

Chief (or associate chief) physician: Wenmei YU Attending physician: Dongya LI Resident physician: Tao CHEN 11 December 2025

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上海交通大学医学院附属仁济医院

出 院 小 结

姓名：陈采鎏　　住院号：1003473113　　病室：东(内)十一病区　　床号:A1
科别:东消化科住院　　性别：女　　年龄：22岁

入院日期　2025-01-14 13:40
出院日期　2025-01-27 08:00
门诊诊断　溃疡性结肠炎
入院诊断　溃疡性结肠炎
出院诊断　急性重型溃疡性结肠炎,轻度贫血,营养风险,营养不良,低蛋白血症
入院情况

患者因“确诊溃疡性结肠炎4年，腹泻伴便血加重2月”来院，来院查体：神志清醒，气平，应答切题，口齿清晰，查体合作。全身皮肤粘膜无黄染，无全身浅表淋巴结肿大。心肺听诊：律齐，无杂音，双肺呼吸清音。腹部平坦，无压痛反跳痛，肝脾肋下未及，双下肢无浮肿。

主要化验结果

2025-01-14，【红细胞沉降率】：红细胞沉降率ESR 39mm/h↑ ；【出凝血系列检测+DD/FDP纤溶二项】：凝血酶原时间 13.20秒↑，国际标准化比率 1.18↑，纤维蛋白原 3.91g/L，部分凝血活酶时间 27.9秒，凝血酶时间 15.9秒，D-D二聚体 2.02DDU mg/L↑，纤维蛋白(原)降解物 12.00mg/L↑ ；【降钙素原测定】：降钙素原 <0.020ng/ml ；2025-01-15，【戊肝抗体(HEV-IgM)+甲肝抗体(HAV-IgM)】：甲肝抗体IgM 阴性，戊肝IgM抗体阴性 ；【免疫球蛋白IgG4测定+血液免疫球蛋白组合+转铁蛋白+补体C3+补体C4】：补体C3 0.95g/L，补体C4 0.30g/L，免疫球蛋白G 11.70g/L，免疫球蛋白A 2.25g/L，免疫球蛋白M 0.70g/L，免疫球蛋白IgG4 0.189g/L，血转铁蛋白 2.02g/L ；【肾功、eGFR、胱抑素C+肝功能(新3)+电解质+蛋白电泳+总钙Ca+磷P+镁Mg+血清铁FE+总铁】：总胆红素 8.6μmol/L，直接胆红素 2.5μmol/L，丙氨酸氨基转移酶 7.5U/L，天门冬氨酸氨基转移酶 10.5U/L↓，碱性磷酸酶 67U/L，γ-谷氨酰转肽酶 8U/L，总胆汁酸 0.6μmol/L，总蛋白 55.1g/L↓，白蛋白 31.1g/L↓，球蛋白 24.0g/L，白球比例 1.30，前白蛋白 100.00mg/L↓，乳酸脱氢酶 119U/L↓，谷氨酸脱氢酶 1.60U/L，甘胆酸 1.10mg/L，纤维连接蛋白 267.10mg/L，谷胱甘肽还原酶 37.0U/L，尿素 1.0mmol/L↓，肌酐 64μmol/L，尿酸 347μmol/L，胱抑素C 0.48mg/L，eGFR-EPI Cr 119，eGFR-MDRD 101，eGFR-EPIcysc 146，eGFR-EPIcr+cysc 138，空腹血糖 3.81mmol/L↓，钙 2.01mmol/L↓，磷 0.61mmol/L↓，镁 0.84mmol/L，血清铁 10.57umol/L，不饱和铁结合力 29.10umol/L，总铁结合力 39.67umol/L↓，钾 3.22mmol/L↓，钠 138.0mmol/L，氯 102.1mmol/L ；【HLA-B27】：HLA-B27(流式细胞法) 阴性(-) ；【丙肝抗体+HIV抗体+乙型肝炎二对半检测】：乙型肝炎病毒表面抗原 0.48COI，抗乙型肝炎病毒表面抗体 368mIU/ml↑，抗乙型肝炎病毒核心抗体 2.36COI，乙型肝炎病毒e抗原 0.08COI，抗乙型肝炎病毒e抗体 1.48COI，抗丙型肝炎病毒抗体 0.05COI，人免疫缺陷病毒抗原/抗体联合检测 0.07COI ；【铁蛋白+叶酸+B12】：铁蛋白 27.80μg/L，叶酸 20.3μg/L↑，维生素B12 1013.0pg/ml↑ ；【巨细胞病毒抗体（IGG/IGM）】：巨细胞病毒-IgG抗体 129.00U/mL↑，巨细胞病毒-IgM抗体 <5.00U/mL ；【TRAb+TSH+FT3+FT4+TG-Ab+TPO-Ab+CA199+CEA+AFP+CA125+】：游离三碘甲状腺原氨酸(FT3) 2.74pmol/L↓，游离甲状腺素(FT4) 14.10pmol/L，促甲状腺激素(TSH) 0.727mIU/L，甲状腺球蛋白抗体(TGAb) 54.30IU/ml，甲状腺过氧化物酶抗体(TPOAb) 13.80IU/ml，促甲状腺素受体抗体(

上海交通大学医学院附属仁济医院

出 院 小 结

姓名：陈采鋆　　住院号：1003473113　　病室：东(内)十一病区　　床号:A1
科别:东消化科住院　　性别：女　　年龄：22岁

TRAb) <0.80IU/L，甲胎蛋白(AFP) 2.04ng/mL，癌胚抗原(CEA) 1.16ng/ml，糖类抗原(CA19-9) 16.30U/ml，糖类抗原(CA125) 20.10U/ml，鳞癌抗原(SCC) 1.13ng/ml，神经元特异性烯醇化酶(NSE) 4.44ng/ml，备注 两次结果，请及时复查 ；【T-spot1】：结核分枝杆菌T细胞免疫反应 阴性，抗原刺激孔 0，阴性对照孔 0，阳性对照孔 ≥20 ；2025-01-16，【梅毒特异抗体测定】：梅毒特异性抗体(化学发光法) 阴性 ；【免疫固定电泳】：IgG带 阴性，IgA带 阴性，IgM带 阴性，κ带 阴性，λ带 阴性，免疫固定电泳 未见单克隆条带 ；【蛋白电泳】：清蛋白(%) 51.5%↓，α1球蛋白(%) 7.5%↑，α2球蛋白(%) 11.5%，β1球蛋白(%) 6.3%，β2球蛋白(%) 5.60%，γ球蛋白(%) 17.6%，M蛋白% 0.00% ；【抗核抗体组合(新3)+抗双链DNA抗体(短膜虫)】：核型1 阴性，滴度1 阴性，核型2 阴性，抗ds-DNA抗体(短膜虫法) 阴性，滴度(短膜虫) 阴性，抗ds-DNA抗体(ELISA法) 24.58IU/ml，抗核小体抗体 0.12，抗Sm抗体 2，抗nRNP/Sm抗体 3，抗SS-A52抗体 3，抗SS-A60抗体 2，抗SS-B抗体 1，抗Jo-1抗体 2，抗Scl-70抗体 0，抗核糖体p蛋白抗体 1，抗组蛋白抗体 2，抗着丝点抗体 2，抗PM-ScI抗体 1，抗增殖细胞核抗原抗体 1，抗线粒体M2抗体 1，抗心磷脂抗体IgA 1.09PL IgA U/ml，抗心磷脂抗体IgM 1.87PL IgM U/ml，抗心磷脂抗体IgG 2.68PL IgG U/ml，备注 最终结果以打印纸质报告为准！；【EBV-DNA、CMV-DNA组合】：EB病毒DNA <400copies/mL，巨细胞病毒DNA <400copies/mL ；【EB病毒感染检测组合五项(ELISA法)+抗中性粒细胞抗体】：抗中性粒细胞胞浆抗体 ，核周型抗中性粒细胞胞浆抗体（P-ANCA） 阳性↑，胞浆型抗中性粒细胞胞浆抗体（C-ANCA） 阴性，不典型抗中性粒细胞胞浆抗体(Atypical) 阴性，抗中性粒细胞胞浆髓过氧化物酶抗体(MPO) 0.14，抗中性粒细胞胞浆蛋白酶3抗体(PR3) 0.58，EB病毒五项 ，抗EB病毒衣壳抗原IgG 2.30S/CO↑，抗EB病毒衣壳抗原IgM 0.07S/CO，抗EB病毒早期抗原IgG 0.74S/CO，抗EB病毒核抗原IgG 2.37S/CO↑，抗EB病毒衣壳抗原IgG亲合力 0.90 高亲合力.，备注 最终结果以打印纸质报告为准！；2025-01-17，【全血细胞分析(CBC)+C反应蛋白】：C反应蛋白 14.33mg/L↑，白细胞计数 15.86x10^9/L↑，嗜中性粒细胞百分比 74.6%，淋巴细胞百分比 12.2%↓，单核细胞百分比 5.7%，嗜酸性粒细胞百分比 7.1%，嗜碱性粒细胞百分比 0.4%，嗜中性粒细胞绝对值 11.83x10^9/L↑，淋巴细胞绝对值 1.93x10^9/L，单核细胞绝对值 0.90x10^9/L↑，嗜酸性粒细胞绝对值 1.13x10^9/L↑，嗜碱性粒细胞绝对值 0.06x10^9/L，红细胞计数 3.30x10^12/L↓，血红蛋白 101g/L↓，红细胞压积 31.6%↓，平均红细胞体积 95.8fl，平均血红蛋白量 30.6pg，平均血红蛋白浓度 320g/L，红细胞分布宽度CV 13.2%，红细胞分布宽度SD 46.6fl，血小板计数 411x10^9/L↑，血小板比积 4.10‰↑，平均血小板体积 9.9fl，血小板分布宽度 10.6fl，大血小板比率 23.4%，有核红细胞百分比 0.0/100个白细胞，有核红细胞绝对值 0.00x10^9/L ；【DD/FDP纤溶二项(急诊)】：D-D二聚体 1.44DDU mg/L↑，纤维蛋白(原)降解物 9.20mg/L↑ ；【血电解质】：钾 3.59mmol/L，钠 136.5mmol/L↓，氯 103.8mmol/L ；2025-01-21，【全血细胞分析(CBC)+C反应蛋白】：C反应蛋白 4.77mg/L，白细胞计数 17.72x10^9/L↑，嗜中性粒细胞百分比 80.6%↑，淋巴细胞百分比 10.3%↓，单核细胞百分比 3.7%，嗜酸性粒细胞百分比 5.1%，嗜碱性粒细胞百分比 0.3%，嗜中性粒细胞绝对值 14.28x10^9/L↑，淋巴细胞绝对值 1.83x10^9/L，单核细胞绝对值 0.66x10^9/L↑，嗜酸性粒细胞绝对值 0.90x10^9/L↑，嗜碱性粒细胞绝对值 0.05x10^9/L，红细胞计数 3.37x10^12/L↓，血红蛋白 102g/L↓，红细胞压积 31.7%↓，平均红细

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出 院 小 结

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胞体积 94.1fl，平均血红蛋白量 30.3pg，平均血红蛋白浓度 322g/L，红细胞分布宽度CV 12.8%，红细胞分布宽度SD 44.0fl，血小板计数 418x10^9/L↑，血小板比积 4.20%↑，平均血小板体积 10.1fl，血小板分布宽度 11.2fl，大血小板比率 25.4%，有核红细胞百分比 0.0/100个白细胞，有核红细胞绝对值 0.00x10^9/L ；【血电解质】：钾 3.42mmol/L↓，钠 135.1mmol/L↓，氯 101.4mmol/L ；【DD/FDP纤溶二项(急诊)】：D-D二聚体 1.13DDU mg/L↑，纤维蛋白(原)降解物 6.50mg/L↑ ；【降钙素原测定】：降钙素原 0.023ng/ml ；2025-01-23，【尿酸（UA）】：尿酸 257μmol/L

特殊检验及重要会诊

2025-01-15，肝，胆，胰，脾（需空腹）-、肾-、肛周B超：肝脏,胆囊,胰腺,脾脏未见明显异常；双侧肾脏未见明显异常；肛周未见明显异常;；

2025-01-15，电子结肠镜检查，普通：溃疡性结肠炎（活动期，重度）合并感染可能

2025-01-20，胸部HRCT：两肺底少许炎症伴邻近胸膜增厚毛糙，右侧少量胸腔积液。

2025-01-21，上腹部平扫、下腹部平扫**：升-横-降结肠壁毛糙增厚伴周围脂肪间隙模糊，炎症性改变？左下腹及盆腔段小肠腔内致密影，请结合临床；盆腔、腹膜后多发淋巴结，较前2025-1--13部分略缩小；盆腔少量积液，较前略增多；

2025-01-22，炎症性肠病检查：盆腔积液；肠系膜多发淋巴结肿大；全结肠肠壁增厚伴溃疡（活动期）；降结肠、乙状结肠周边脂肪爬行征；;；

2025-01-22，消化病理报告：1."乙状结肠"(2块):活动性慢性肠炎，隐窝炎和隐窝脓肿易见，上皮呈息肉样增生；特殊染色和免疫酶标检查结果：AB/PAS提示上皮粘液含量减少，CD68（散在组织细胞+），MUM-1（浆细胞+），CMV（-）。

诊疗经过

患者入院后完善相关检查，评估病情，肠镜提示【溃疡性结肠炎（活动期，重度）合并感染可能】，予甲硝唑+更昔洛韦+左氧氟沙星（1.14-1.15）/亚安培南（1.16-1.22）/美罗培南（1.23-1.26）抗感染。经科内讨论，结合患者病情，排除禁忌后予以MP60mg qd（1.20-1.22）→40mg qd（1.23-1.24）→35mg（1.25-1.26）抗炎，类克300mg静滴（2025.1.23日）治疗肠道原发病，并辅以艾普拉唑护胃，阿法骨化醇补钙、肠内营养对症支持治疗，过程中患者未诉不适。现患者一般情况好转，暂继续目前类克+激素治疗肠道原发病。现患者一般情况可，予以出院。

合并症

无

出院时情况

患者无腹痛、腹泻等不适。查体：神志清，气平，精神可。双肺呼吸音清，未及罗音；律齐，未及瓣膜杂音。腹软，全腹无压痛及反跳痛，肝脾肋下未及，肝脾区无叩痛，肠鸣音正常。

出院后用药及建议医嘱

打印签名_____

上海交通大学医学院附属仁济医院

出 院 小 结

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1.注意营养与休息，如有腹痛腹泻血便等不适请立即就诊；
2.出院两周后带齐出院小结、肠镜病理及影像学报告及后续血报告至炎症性肠病专病或专家门诊进一步就诊，酌情考虑后续方案。
3.两周后（2025.2.6）于医联体单位行第2次类克治疗
4.炎症性肠病专病门诊随访（周一下午），定期复查血常规、粪常规+潜血、血炎症指标、肝肾功能等，必要时复查肠镜、肛瘘MR及MRE。
5.D-D二聚体、纤维蛋白(原)降解物升高，建议随访；P-ANCA阳性，建议定期复查，必要时风湿科就诊；
6.出院带药
醋酸泼尼松100粒*2瓶 早饭后立刻服用，每天1次，每次7粒，每2周减1粒，减至4粒时每2周减半粒。
阿法骨化醇软胶囊(依安凡)*1瓶，每天1次，每次1粒，口服；
五味苦参肠溶胶囊*6盒，每天3次，每次4粒，口服；
艾普拉唑肠溶片(壹丽安)*3盒，每天1次，每次1粒，口服；\
肠内营养：安素口服

随访计划
炎症性肠病专家或专病门诊随访：
炎症性肠病专病门诊（周一下午东院）；
曹芝君主任（特需门诊：周二上午、周四下午；专家门诊：周三下午）；
赵树靓副主任（特需门诊：周六下午东院、周二下午南院）
徐锡涛副主任（特需门诊：周六上午；专家门诊：周三上午；浦南医院专家门诊：周三下午）；
王吉林副主任（专家门诊：周二下午、周六上午）.

治疗结果 好转

复诊预约：

主任（或副主任）医师：曹芝君　　**主治医师：**陆君涛　　**住院医师：**周澄蓓

曹芝君　　陆君涛　　周澄蓓

上海交通大学医学院附属仁济医院

出 院 小 结

姓名：陈采鋆　　住院号：1003481179　　病室：东(内)十一病区　　床号:110
科别:东消化科住院　　性别：女　　年龄：22岁

入院日期　2025-02-05 10:04
出院日期　2025-02-06 16:00
门诊诊断　溃疡性结肠炎
入院诊断　溃疡性结肠炎
出院诊断　溃疡性结肠炎,轻度贫血,营养风险,营养不良,低蛋白血症,胃食管反流可能

入院情况

患者因“确诊溃疡性结肠炎4年”入院。查体：神志清醒，气平，应答切题，口齿清晰，查体合作。全身皮肤粘膜无黄染，无全身浅表淋巴结肿大。心肺听诊：律齐，无杂音，双肺呼吸清音。腹部平坦，腹部无压痛、反跳痛，肝脾肋下未及，双下肢无浮肿。

主要化验结果

2025-02-05，【全血细胞分析(CBC)+C反应蛋白】：C反应蛋白 <0.50mg/L，白细胞计数 12.43x10^9/L↑，嗜中性粒细胞百分比 90.0%↑，淋巴细胞百分比 8.8%↓，单核细胞百分比 0.7%↓，嗜酸性粒细胞百分比 0.1%↓，嗜碱性粒细胞百分比 0.4%，嗜中性粒细胞绝对值 11.19x10^9/L↑，淋巴细胞绝对值 1.09x10^9/L↓，单核细胞绝对值 0.09x10^9/L↓，嗜酸性粒细胞绝对值 0.01x10^9/L↓，嗜碱性粒细胞绝对值 0.05x10^9/L，红细胞计数 3.55x10^12/L↓，血红蛋白 106g/L↓，红细胞压积 34.5%↓，平均红细胞体积 97.2fl，平均血红蛋白量 29.9pg，平均血红蛋白浓度 307g/L↓，红细胞分布宽度CV 13.5%，红细胞分布宽度SD 47.8fl，血小板计数 419x10^9/L↑，血小板比积 4.60%↑，平均血小板体积 11.1fl，血小板分布宽度 12.8fl，大血小板比率 34.0%，有核红细胞百分比 0.0/100个白细胞，有核红细胞绝对值 0.00x10^9/L ；【红细胞沉降率】：红细胞沉降率ESR 44mm/h↑ ；【血电解质】：钾 3.53mmol/L，钠 141.4mmol/L，氯 99.4mmol/L ；【出凝血系列检测+DD/FDP纤溶二项(急诊)】：凝血酶原时间 10.90秒，国际标准化比率 0.96，纤维蛋白原 3.37g/L，部分凝血活酶时间 25.2秒，凝血酶时间 17.0秒，D-D二聚体 0.56DDU mg/L↑，纤维蛋白(原)降解物 3.60mg/L ；【降钙素原测定】：降钙素原 <0.020ng/ml ；2025-02-06，【肾功能、胱抑素C+肝功能(新3)】：总胆红素 5.4μmol/L，直接胆红素 1.3μmol/L，丙氨酸氨基转移酶 24.4U/L，天门冬氨酸氨基转移酶 13.6U/L，碱性磷酸酶 63U/L，γ-谷氨酰转肽酶 31U/L，总胆汁酸 1.5μmol/L，总蛋白 60.3g/L↓，白蛋白 33.7g/L↓，球蛋白 26.6g/L，白球比例 1.27，前白蛋白 248.00mg/L，乳酸脱氢酶 92U/L↓，谷氨酸脱氢酶 2.60U/L，甘胆酸 0.91mg/L，纤维连接蛋白 401.00mg/L，谷胱甘肽还原酶 42.0U/L，尿素 5.3mmol/L，肌酐 62μmol/L，尿酸 292μmol/L，胱抑素C 0.81mg/L，eGFR-EPI Cr 123，eGFR-MDRD 104，eGFR-EPIcysc 112，eGFR-EPIcr+cysc 115

特殊检验及重要会诊

2025-02-05，电脑多导联心电图：正常心电图；

诊疗经过

患者入院后完善相关检查，排除禁忌后于2025-02-06行第2次类克300mg静滴，过程中患者未诉不适。现患者一

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般情况好转，予以出院。

合并症

无

出院时情况

患者无腹痛、腹泻等不适。查体：神志清，气平，精神可。双肺呼吸音清，未及罗音；律齐，未及瓣膜杂音。腹软，全腹无压痛及反跳痛，肝脾肋下未及，肝脾区无扣痛，肠鸣音正常。

出院后用药及建议医嘱

1.注意营养与休息，如有腹痛腹泻血便等不适请立即就诊。

2.4周后行第3次类克治疗，注意监测血药浓度和抗体。

3.炎症性肠病门诊随访，定期复查血常规、粪常规+潜血、血炎症指标、肝肾功能等，必要时复查肠镜、肛瘘MR及MRE。

4.D-D二聚体升高，建议复查、随访；

5.出院带药：

醋酸泼尼松100粒*1瓶 早饭后立刻服用，每天1次，每次6粒，每2周减1粒，减至4粒时每2周减半粒。

阿法骨化醇软胶囊(依安凡)*1瓶，每天1次，每次1粒，口服；

五味苦参肠溶胶囊*6盒，每天3次，每次2粒，口服；

艾普拉唑肠溶片(壹丽安)*3盒，每天1次，每次1粒，餐前口服

随访计划

炎症性肠病专家或专病门诊随访:

炎症性肠病专病门诊（周一、周三下午东院）；

曹芝君主任（特需门诊：周二上午、周四下午；专家门诊：周三下午）；

赵树靓副主任（特需门诊：周六下午东院、周二下午南院）

徐锡涛副主任（特需门诊：周六上午；专家门诊：周三上午；浦南医院专家门诊：周三下午）；

王吉林副主任（专家门诊：周二下午、周六上午）.

治疗结果　好转

复诊预约：

主任（或副主任）医师：曹芝君　　**主治医师：陆君涛**　　**住院医师：周澄蓓**

上海交通大学医学院附属仁济医院

出 院 小 结

姓名：陈采鋆　　住院号：1003594548　　病室：东(内)十一病区　　床号:32
科别:东消化科住院　　性别：女　　年龄：23岁

入院日期　2025-09-01 11:11
出院日期　2025-09-03 11:00
门诊诊断　肠炎
入院诊断　溃疡性结肠炎
出院诊断　溃疡性结肠炎

入院情况

患者女，23岁，患者因“确诊溃疡性结肠炎4年”入院。查体：神志清醒，气平，应答切题，口齿清晰，查体合作。全身皮肤粘膜无黄染， 无全身浅表淋巴结肿大。双肺呼吸清音。腹部平坦，腹部无压痛，无腹部反跳痛，肝脾肋下未及，双下肢无浮肿。

主要化验结果

2025-09-03，【EB病毒感染检测组合五项(ELISA法)】：EB病毒五项 ，抗EB病毒衣壳抗原IgG 3.32(+)S/CO↑，抗EB病毒衣壳抗原IgM 0.20(-)S/CO，抗EB病毒早期抗原IgG 1.10(+)S/CO↑，抗EB病毒核抗原IgG 2.88(+)S/CO↑，抗EB病毒衣壳抗原IgG亲合力 0.68 高亲合力.，备注 最终结果以打印纸质报告为准！；2025-09-02，【T-spot1】：结核分枝杆菌T细胞免疫反应 阴性，抗原刺激孔 0，阴性对照孔 0，阳性对照孔 ≥20 ；【巨细胞病毒抗体（IGG/IGM）】：巨细胞病毒-IgG抗体 99.80(阳性)U/mL↑，巨细胞病毒-IgM抗体 7.58(阴性)U/mL ；【IgE+血液免疫球蛋白组合+转铁蛋白+补体C3+补体C4】：补体C3 0.74g/L，补体C4 0.12g/L，免疫球蛋白G 13.10g/L，免疫球蛋白A 2.34g/L，免疫球蛋白M 1.77g/L，血转铁蛋白 2.67g/L，免疫球蛋白E 595.0IU/ml↑ ；【TRAb+TSH+FT3+FT4+TG-Ab+TPO-Ab+CA199+CEA+AFP+CA125】：游离三碘甲状腺原氨酸(FT3) 3.44pmol/L，游离甲状腺素(FT4) 16.00pmol/L，促甲状腺激素(TSH) 0.641mIU/L，甲状腺球蛋白抗体(TGAb) 23.50IU/ml，甲状腺过氧化物酶抗体(TPOAb) 25.60IU/ml，促甲状腺素受体抗体(TRAb) <0.80IU/L，甲胎蛋白(AFP) 3.01ng/mL，癌胚抗原(CEA) 0.98ng/ml，糖类抗原(CA19-9) 15.80U/ml，糖类抗原(CA125) 17.90U/ml ；【铁蛋白+叶酸+B12】：铁蛋白 16.70μg/L，叶酸 10.5μg/L，维生素B12 619.0pg/ml ；【艰难梭菌XPERT检测】：核糖体027型假定 阴性，产B毒素艰难梭菌 阴性 ；【丙肝抗体+HIV抗体+乙型肝炎二对半检测】：乙型肝炎病毒表面抗原 0.42(阴性)COI，抗乙型肝炎病毒表面抗体 473(阳性)mIU/ml↑，抗乙型肝炎病毒核心抗体 2.27(阴性)COI，乙型肝炎病毒e抗原 0.08(阴性)COI，抗乙型肝炎病毒e抗体 1.60(阴性)COI，抗丙型肝炎病毒抗体 0.03(阴性)COI，人免疫缺陷病毒抗原/抗体联合检测 0.09(阴性)COI ；【粪隐血筛查组合+粪便常规(急)(仪器法)】：颜色 棕色，性状 软便，红细胞 未查见/HP，白细胞 未查见/HP，吞噬细胞 未查见/HP，酵母菌 未查见，虫卵 未查见，油滴 未查见，粪隐血试验 阴性，粪转铁蛋白 阴性 ；【粪便钙卫蛋白测定】：粪便钙卫蛋白 69.9μg/g ；【★尿常规、镜检（10A）(急诊)】：尿颜色 浅黄色，尿浑浊度 清亮，尿比重 1.007，尿酸碱度 7.0，尿亚硝酸盐 neg，尿白细胞酯酶 neg，尿蛋白质 neg，尿葡萄糖 neg，尿酮体 neg，尿胆原 norm，尿胆红素 neg，尿潜血 neg，镜检红细胞 未查见/HP，镜检白细胞 未查见/HP ；2025-09-01，【降钙素原测定】：降钙素原 0.026ng/ml ；【出凝血系列检测+DD/FDP纤溶二项】：凝血酶原时间 11.30秒，国际标准化比

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率 0.97，纤维蛋白原 1.78g/L↓，部分凝血活酶时间 26.8秒，凝血酶时间 19.3秒，D-D二聚体 0.04DDU mg/L，纤维蛋白(原)降解物 <2.50mg/L ；【肾功、eGFR、胱抑素C+肝功能(新3)+血脂4项+电解质+总钙Ca+磷P+镁Mg+血清铁FE+总铁】：总胆红素 9.0μmol/L，直接胆红素 2.5μmol/L，丙氨酸氨基转移酶 11.2U/L，天门冬氨酸氨基转移酶 13.9U/L，碱性磷酸酶 54U/L，γ-谷氨酰转肽酶 11U/L，总胆汁酸 6.7μmol/L，总蛋白 69.6g/L，白蛋白 43.4g/L，球蛋白 26.2g/L，白球比例 1.66，前白蛋白 218mg/L，乳酸脱氢酶 108U/L↓，谷氨酸脱氢酶 3.9U/L，甘胆酸 2.04mg/L，纤维连接蛋白 304.7mg/L，谷胱甘肽还原酶 42U/L，尿素 2.8mmol/L，肌酐 49μmol/L，尿酸 263μmol/L，胱抑素C 0.64mg/L，eGFR-EPI Cr 132，eGFR-MDRD 136，eGFR-EPIcysc 126，eGFR-EPIcr+cysc 133，总胆固醇 4.94mmol/L，甘油三酯 0.72mmol/L，高密度脂蛋白胆固醇 1.54mmol/L，低密度脂蛋白胆固醇 2.82mmol/L，非高密度脂蛋白胆固醇 3.40mmol/L，空腹血糖 3.78mmol/L↓，钙 2.15mmol/L，磷 1.05mmol/L，镁 0.94mmol/L，血清铁 21.31umol/L，不饱和铁结合力 38.9umol/L，总铁结合力 60.21umol/L，钾 3.72mmol/L，钠 141.8mmol/L，氯 104.8mmol/L ；【红细胞沉降率】：红细胞沉降率ESR 13mm/h ；【全血细胞分析(CBC)+C反应蛋白】：C反应蛋白 <0.50mg/L，白细胞计数 3.97x10^9/L，嗜中性粒细胞百分比 43.6%，淋巴细胞百分比 45.3%，单核细胞百分比 8.3%，嗜酸性粒细胞百分比 2.0%，嗜碱性粒细胞百分比 0.8%，嗜中性粒细胞绝对值 1.73x10^9/L↓，淋巴细胞绝对值 1.80x10^9/L，单核细胞绝对值 0.33x10^9/L，嗜酸性粒细胞绝对值 0.08x10^9/L，嗜碱性粒细胞绝对值 0.03x10^9/L，红细胞计数 3.73x10^12/L↓，血红蛋白 116g/L，红细胞压积 35.9%，平均红细胞体积 96.2fl，平均血红蛋白量 31.1pg，平均血红蛋白浓度 323g/L，红细胞分布宽度CV 11.9%，红细胞分布宽度SD 41.8fl，血小板计数 244x10^9/L，血小板比积 2.70‰，平均血小板体积 11.1fl，血小板分布宽度 13.4fl，大血小板比率 33.8%，有核红细胞百分比 0.0/100个白细胞，有核红细胞绝对值 0.00x10^9/L ；【血气血糖分析组合(静脉)】：PH 7.317↓，二氧化碳分压 53.7mmHg↑，氧分压 35.0mmHg，钾(全血) 3.2mmol/L↓，钠(全血) 142mmol/L，氯(全血) 105mmol/L，钙(全血) 1.19mmol/L，氧饱和度 60.0%，P50(st) 27.61，P50(act) 30.2mmHg↑，标准碳酸氢根浓度 24.1mmol/L，TCO2 25.8mmol/L，TO2 10.0vol%↑，Gap(K) 9.5mmol/L↓，实际碱剩余 0.5mmol/L，标准碱剩余 1.3mmol/L，碳酸氢根浓度 27.5mmol/L，总血红蛋白 11.9g/dl，HCT 36.6%↓，乳酸(全血) 2.2mmol/L↑，糖(全血) 3.6mmol/L

特殊检验及重要会诊

2025-09-01，电脑多导联心电图：正常心电图；

2025-09-01，胸部HRCT：胸部CT平扫未见明显异常；心脏大血管密度偏低，考虑与贫血相关。

2025-09-02，电子结肠镜检查，普通：溃疡性结肠炎（缓解期）

2025-09-02，带涂层一次性使用内窥镜活体取样钳、电子胃十二指肠镜检查，普通、病理检查、HP：慢性充血渗出性胃炎伴胆汁反流，全胃炎胃窦为主(轻度)

2025-09-03，甲状腺、甲状旁腺、颈部淋巴结、锁骨上淋巴结、乳腺及其引流区淋巴结：双侧乳房小叶增生；双侧腋下,双侧颈部,双侧锁骨上区,双侧锁骨下区未见明显肿大淋巴结；甲状腺未见明显异常；双侧甲状旁腺区

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未见明显异常;;

诊疗经过

患者入院后完善相关检查，评估病情，肠镜提示:溃疡性结肠炎（缓解期），现患者一般情况可，暂继续目前【类克】治疗肠道原发病。两周后带齐出院小结、影像学报告及后续血报告至炎症性肠病专病或专家门诊进一步就诊，予出院。

合并症

/

出院时情况

患者无腹痛、腹泻等不适。查体：神志清，气平，精神可。双肺呼吸音清，未及罗音；律齐，未及瓣膜杂音。腹软，全腹无压痛及反跳痛，肝脾肋下未及，肝脾区无叩痛，肠鸣音正常。

出院后用药及建议医嘱

1.注意营养与休息，如有腹痛腹泻血便等不适请立即就诊；

2.出院两周后带齐出院小结、肠镜病理及影像学报告及后续血报告至炎症性肠病专病或专家门诊进一步就诊，酌情考虑后续方案。

3.炎症性肠病专病门诊随访（周一、周三下午），定期复查血常规、粪常规+潜血、血炎症指标、肝肾功能等，必要时复查肠镜、肛瘘MR及MRE。

4.患者辅检提示：免疫球蛋白E 595.01U/ml↑，建议定期复查，变态反应科随访。

5.患者辅检提示：抗核抗体组合：核型1 均质型↑，滴度1 1:160↑，建议定期复查，风湿科随访。

出院带药:/

随访计划

炎症性肠病专家或专病门诊随访:

炎症性肠病专病门诊（周一、周三下午东院）;

曹芝君主任（特需门诊：周二上午、周四下午；专家门诊：周六下午）;

赵树靓副主任（特需门诊：周六下午东院、周二上午南院；专家门诊：周三上午）

徐锡涛副主任（特需门诊：周六上午；专家门诊：周四下午；浦南医院专家门诊：周三下午）;

王吉林副主任（专家门诊：周二下午、周六上午）.

治疗结果　好转

复诊预约：

主任（或副主任）医师：曹芝君　　主治医师：陆君涛　　住院医师：周澄蓓

打印签名_____

上海安达医院

出 院 小 结

姓名：陈采鋆　　性别：女 床位：　　科室：内分泌科　　病区：十病区　　住院号：304477

X片号：　　B超号：　　病理号：

入院日期　2025年12月11日09时29分

出院日期　2025年12月11日

住院天数　1天

门诊诊断　溃疡性结肠炎

入院诊断　溃疡性全结肠炎，中度

出院诊断　溃疡性全结肠炎，中度

入院时主要症状及体征　因“确诊溃疡性结肠炎4年余，拟行类克治疗”入院；查体：神志清，精神可，生命体征平稳，双肺呼吸音清，未及干湿性啰音，心律齐，未及明显病理性杂音，腹平软，无压痛、反跳痛，移动性浊音阴性，肝脾肋下未见，全腹未及包块。

主要检查结果　2025-12-11 10:43:33 临检检验报告：白细胞 6.59 *10^9/L ，红细胞 4.41 *10^12/L ，血红蛋白 135.00 g/L ，红细胞压积 40.40 % ，血小板 238.0 *10^9/L ，中性细胞比率 54.50 % ，淋巴细胞比率 38.80 % ，单核细胞比率 4.90 % ，嗜酸性粒细胞比率 1.50 % ，嗜碱性粒细胞比率 0.30 % ，中性细胞数 3.59 *10^9/L ，淋巴细胞数 2.56 *10^9/L ，单核细胞数 0.32 *10^9/L ，嗜酸性粒细胞数 0.10 *10^9/L ，嗜碱性粒细胞数 0.02 *10^9/L ，红细胞平均体积 91.60 fl ，平均血红蛋白量 30.60 pg ，平均血红蛋白浓度 334.00 g/L ，红细胞分布宽度 12.50 ，红细胞分布宽度-SD 42.60 % ，平均血小板体积 10.10 fl ，血小板压积 0.24 ，血小板分布宽度 16.1 fl ，大型血小板比率 26.4 % ，超敏C反应蛋白 <5 mg/L 。 2025-12-11 11:30:12 生化检验报告：总胆红素 11.0 umol/L ，直接胆红素 4.3 umol/L ，谷丙转氨酶 16.0 U/L ，谷草转氨酶 22.0 U/L ，碱性磷酸酶 49 U/L ，总蛋白 94.2 g/L ↑，白蛋白 46.3 g/L ，球蛋白 47.9 g/L ↑，γ-谷氨酰基转移酶 15 U/L ，胆碱酯酶 5550 U/L ，尿素氮 7.2 mmol/L ↑，肌酐 64 umol/L ，尿酸 420 umol/L ↑，淀粉酶 66.00 U/L ，葡萄糖 3.5 mmol/L ↓，钾 4.60 mmol/L ，钠 136.5 mmol/L ↓，氯 99.3 mmol/L ，钙 2.38 mmol/L 。 2025-12-11 12:33:25 临检检验报告：红细胞沉降率测定 16.5 mm/h 。 2025-12-11 12:40:09 免疫检验报告：肌红蛋白 19.16 ng/ml ，超敏肌钙蛋白I 0.001 ng/ml ，肌酸激酶同工酶 0.83 ng/ml ，降钙素原 0.020 ng/ml 。 2025-12-11 12:42:10 临检检验报告：部分凝血酶原时间 31.80 s ，凝血酶时间 11.40 s ，纤维蛋白原 2.91 g/L ，D-D二聚体 0.15 ug/ml 。 2025-12-11 14:12:04 生化检验报告：心型脂肪酸结合蛋白 <2.500 ng/ml 。

特殊检验及重要会诊 2025-12-11 10:44:13 心电检查报告：正常心电图。

病程与诊疗结果(注明手术日期、手术名称、输血量及抢救情况)　患者入院检查结果无特殊，排除禁忌症，根据仁济治疗方案行类克300mg静脉治疗。治疗后观察1小时，患者无恶心、呕吐、头痛、眩晕、皮疹、瘙痒，无荨麻疹，无出汗增加，无颜面潮红、心动过速、血压下降、呼吸困难，无乏力、胸痛、水肿、潮红、疼痛、寒战等不适。经上级医师同意，给予出院。

合并症　无

出院时情况(症状与体征)　患者神志清，精神可，生命体征平稳，二便如常。

出院后用药及建议　1、仁济医院IBD门诊随访。

2、出院带药：无。

续上页

上海安达医院

出 院 小 结

姓名：陈采鎏　　性别：女 床位：　　科室：内分泌科　　病区：十病区　　住院号：304477

3、如需详细化验报告，请于出院3周后携带本人身份证原件至门诊3楼病案室复印。

健康宣教：1、需保持心情舒畅，避免不必要的精神刺激，减少情绪紧张。2、嘱患者及家属认识疾病易复发的特点，强调预防复发的重要性，嘱其生活有规律，注意劳逸结合。3、饮食应以质软、易消化、高营养为原则，宜少食多餐，定时定量，易吃少渣、易消化、低脂肪、高蛋白饮食为主。忌食辛辣、冰冻、生冷食品、多纤维的蔬菜水果、牛奶、乳制品等。4、坚持按医嘱服药，不可擅自停药或减量。5、平时注意自己的粪便形状，观察有无腹痛、便血、体温升高、病情较前加重时及时就医。

治疗结果　好转

主任(或副主任)医师 俞文梅　**主治医师** 李东亚　**住院医师** 陈涛　2025年12月11日