

Zhongshan Hospital, Fudan University
Xuhui Hospital
Colonoscopy Examination and Treatment Report

Examination No.: CJ029096

| | | | |
|---------------------|---------------------------------|-------------------------------|----------------------------|
| Name: Caiyun CHEN | Sex: Female | Age: | Outpatient No.: 9011361935 |
| Department: Surgery | Ward: | Bed No.: | Hospitalization No.: |
| Department | | | |
| Endoscope No.: 4 | Exanimated on: 13 December 2021 | Reported on: 13 December 2021 | Pathology No.: |

Description of diagnosis: The endoscope was inserted into the cecum, revealing a smooth appendiceal orifice and ileocecal valve. The ascending colon, hepatic flexure, transverse colon, splenic flexure, and descending colon showed patent lumens with clear valves and smooth mucosa, without any ulcers, masses, diverticula, or polyps. The vascular network in the sigmoid colon and rectum was clear, and no ulcers or masses were observed. However, the mucosa in the lower rectum exhibited marked congestion and edema, with a granular surface. The anus appeared normal. On digital rectal examination, the mucosa in the lower rectum felt rough and had a granular appearance.

Blood report: ALT: HbsAg: Syphilis: HIV:
 Anesthesia method: Intravenous anesthesia Treatment or not: No Level of intestinal cleansing: Level 2



Biopsy site: Rectum*1

Colonoscopy diagnosis: Proctitis? (Pathological nature pending)

Pathological diagnosis:

Recommendation: After seven working days, please bring your endoscopy report to the outpatient service desk to collect your pathology report and attend your follow-up appointment.

Please return to the endoscopy outpatient clinic for your follow-up visit.



Product name: Disposable biopsy forceps

Specification: AG-5019-2323

LOT: 5012107006

(01) 0 6959664 90127 4 (17) 230702 (10) 5012107006

Reporting time: 13 December 2021

Operating nurse: Xiaoqiang XUE

Operating physician: Jianhong SHEN

Operation assistant: Jianhong SHEN



Certified Translation (from Chinese into English, source document: electronic copy)

I, Yuanjie Gu, NAATI Certified Translator between Chinese and English (both directions), certify that this is a true and accurate translation of the text provided on the original document.

NAATI Practitioner ID: CPN0ZO95Z
 E-mail: justina_guyuanjie@126.com

Ruijin Hospital, Shanghai Jiao Tong University School of Medicine

Report of Digestive Endoscopy

[Barcode]

Name: Caiyun CHEN

Endoscope No.: GF030

Sex: Female

Bed No.: /

Age: 20

Outpatient No./ Hospitalization No.:

9220224000001

Image No.: 301188600

Department:

Gastroenterology Outpatient Department

Preoperative medication:



Cardia



Duodenal bulb



Descending part of the duodenum



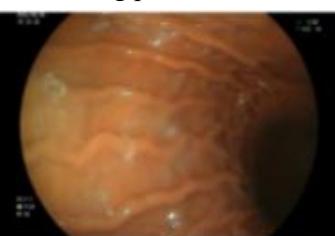
Gastric antrum



Gastric angle



Gastric fundus



Gastric body



Cardia

Endoscopic examination findings: Esophagus: The lumen was patent, and the mucosa was smooth with a regular zigzag line.

Cardia: No abnormalities were observed.

Gastric fundus: Clear fluid was visible.

Gastric body: The rugae were smooth, and their shape and orientation were normal.

Gastric angle: The mucosa was smooth.

Gastric antrum: The mucosa showed congestion and edema, and one biopsy specimen was taken.

Pylorus: It was round, patent, and opened and closed normally.

Duodenal bulb: No abnormalities were observed.

Descending segment of the duodenum: No obvious abnormalities were observed within the visible range.

Endoscopic diagnosis: Chronic superficial non-atrophic gastritis

Biopsy site: Gastric antrum: 1 piece

Surgical procedure: Gastroscopy, gastric biopsy under gastroscopy

Recommendation: Fasting for 2 hours; consume lukewarm or cold liquid diet on the day. Attend the Gastroenterology Outpatient Clinic for consultation and treatment. Attend regular follow-up appointments.

After 7 working days, present this report and your magnetic card to the appointment desk at the nurses' station to collect your pathology results.

Examining physician: Ying ZHU

Physician's signature: Ying ZHU

Reporting time: 6 June 2022

This report is for the clinician's diagnostic reference only.



| | |
|----------------------------------|--|
| Miss Guannan Xiao | |
| CPN1QW59A | |
| Chinese > English | |
| Digitally Authenticated by NAATI | |
| Stamp generated on 13/01/2026 | |
| Certified Translator | |

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E-mail: justina_guyuanjie@126.com

Ruijin Hospital, Shanghai Jiao Tong University School of Medicine

Report of Digestive Endoscopy

[Barcode]

Name: Caiyun CHEN

Endoscope No.: CF004

Sex: Female

Bed No.: /

Age: 20

Outpatient No./ Hospitalization No.: 9220224000001

Image No.: 301188600

Department: Gastroenterology

Outpatient Department

Preoperative medication:



Terminal ileum



Ileocecal junction



Ascending colon



Transverse colon



Descending colon



Descending colon



Sigmoid colon



Rectum

Endoscopic examination findings: Remarks: The bowel preparation was inadequate; upon advancing the endoscope to the terminal ileum, faecal matter within the intestinal lumen impaired the visual field.

Terminal ileum: Lymphoid follicular hyperplasia was observed, with no ulcers or erosions present.

Ileocecal junction: A labial ileocecal valve was seen, which was slightly congested.

Ascending colon: Scattered congestion and erosions were present on the mucosa.

Hepatic flexure: An external purple imprint was visible.

Transverse colon: Scattered congestion and erosions were present on the mucosa.

Splenic flexure, descending colon, and sigmoid colon: Marked congestion, edema, and erosions were evident on the mucosa of the intestinal segments located approximately 10-40 cm from the anus. One biopsy specimen was taken from the descending colon.

Rectum: The ampulla was present, and the mucosa showed congestion, edema, and punctate erosions.

Anal canal: No obvious abnormalities were observed.

Endoscopic diagnosis: Colonic erosion (ulcerative colitis to be excluded)

Biopsy site: Descending colon *1

Surgical procedure: Electronic colonoscopy

Recommendation: Fasting for 2 hours, followed by consumption of a residue-free, lukewarm liquid diet. Attend the Gastroenterology Outpatient Clinic for stool culture and parasitic examination.

After 7 working days, present this report and your magnetic card to the appointment desk at the nurses' station to collect your pathology results.

Examining physician: Ying ZHU

Physician's signature: Ying ZHU

Reporting time: 6 June 2022

This report is for the clinician's diagnostic reference only.



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Shuguang Hospital Affiliated to Shanghai University of TCM

Painless Gastroscopy Report

SGH-39-QR-07A

Endoscope No.: 2854299

Patient No.: 0802747676

Name: Caiyun CHEN

Sex: Female

Age: 20

Requesting physician: Sizhen GU

Hospitalization No.:

Ward:

Ward bed No.:

Submitting department: Traditional Medicine



Examination findings: The endoscope was inserted up to the terminal ileum. The mucosa of the terminal ileum appeared normal, with the appendix recess visible. The ileorectal valve was of a labial type and opened and closed normally. In the sigmoid colon, scattered small patchy areas of mild congestion and redness were observed on the mucosa, with no ulcers or erosions present. Two biopsy specimens were taken, and the tissue felt soft. In the terminal 1 cm of the rectum, the mucosa exhibited mild edema and rough unevenness, with scattered flat, granular lymphoid follicular hyperplasia. The tips of these follicles showed slight erosion and were covered with a small amount of white exudate. One biopsy specimen was taken, and the tissue felt soft. The mucosa of the remaining segments of the colon and rectum appeared smooth, with clear submucosal vascular patterns and normal peristalsis of the intestinal wall.

Examination and diagnosis: Mild inflammatory manifestations of the sigmoid colon and rectal mucosa



Biopsy site:

A: Sigmoid colon x2

B: Rectum x1

Recommendation: It is recommended to combine with pathological analysis and conduct endoscopic follow-up visit.

Reported by: Shigui XUE

Signature: Shigui XUE

Reported on: 27 February 2023

Wishing You a Speedy Recovery!



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E-mail: justina_guyuanjie@126.com

Disposable biopsy forceps
 (01) 06944233402368 (17) 240600 (10) 220718020
 REF: WS-2416BT
 LOT: 220718020
 2024-06

Endoscope No.: 2960988

Patient No.: 0802747676

Name: Caiyun CHEN

Sex: Female

Age: 20

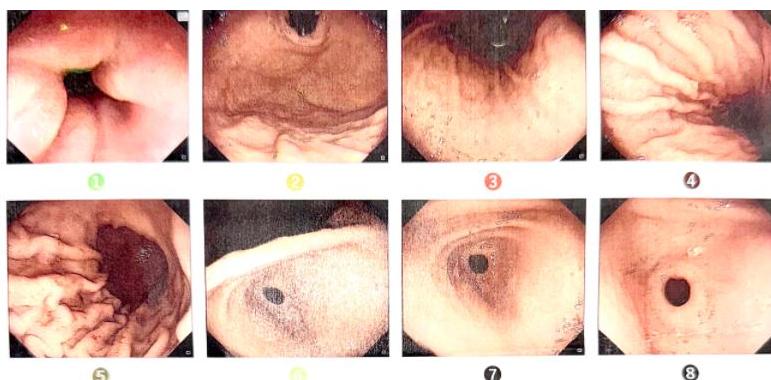
Requesting physician: Sizhen GU

Hospitalization No.:

Ward:

Ward bed No.:

Submitting department: Traditional Medicine



Examination findings: Esophagus: The lumen was patent, the mucosa was smooth, the submucosal vascular pattern was clear, and peristalsis was normal.

Cardia - Gastric fundus: The cardia opened and closed normally, the mucosa was congested, and the mucus lake appeared turbid.

Gastric body: The rugae were slightly swollen, with multiple small patchy areas of congestion and redness on the mucosa. Multiple longitudinal flat erosions were visible on the greater curvature of the distal end. One biopsy specimen was taken, and the tissue felt soft.

Gastric angle: The mucosa was congested.

Gastric antrum: The mucosa showed congestion, edema, and mild rough unevenness, with some areas presenting as granular elevations. Multiple flat erosions were observed in the prepyloric region. One biopsy specimen was taken, and the tissue felt soft.

Pylorus: It opened and closed normally, and the mucosa was smooth.

Duodenum: The mucosa of the bulb and descending part was smooth.

Examination and diagnosis: Congestive-exudative gastritis (pan-gastritis) with erosive inflammation



Biopsy site:

A: Gastric antrum x1

B: Gastric body x1

Recommendation: Endoscopic findings indicated ongoing active gastritis, though this may also represent mucosal repair following eradication therapy. A follow-up gastroscopy is recommended at an appropriate time, in conjunction with pathological assessment. Consumption of food or liquids should be delayed for two hours after gastroscopy. On the day of the procedure, consume only warm, soft foods; avoid excessively hot or hard foods.

Reported by: Shigui XUE

Signature: Shigui XUE

Reported on: 27 February 2023

Wishing You a Speedy Recovery!



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E-mail: justina_guyuanjie@126.com

Renji Hospital, Shanghai Jiao Tong University School of Medicine

Electronic Endoscopy Examination Report

[Barcode]

Name: Caiyun CHEN Sex: Female Age: 22 Ward: Ward 11, East Bed No.: 22 Hospitalization No.:
(Internal Medicine) 1003473113
Examination No.: X250005870-0001 Examination item: [Electronic colonoscopy, general] Examination date: 15 January 2025

Examination images:



Sigmoid colon



Sigmoid colon



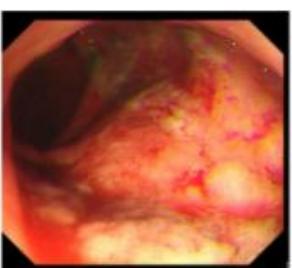
Sigmoid colon



Rectum



Rectum



Rectum

Description of diagnosis:

The endoscope was advanced to approximately 30 cm from the anus. Diffuse congestion and edema of the colorectal mucosa were observed, along with multiple erosions and irregular ulcerative lesions. Some ulcers were relatively deep, while others were longitudinal in shape. The submucosal vascular pattern was disordered, and the mucosa bled easily upon contact. For safety reasons, further advancement of the endoscope was terminated.

Endoscopic diagnosis:

Ulcerative colitis (active phase, severe) with possible superimposed infection

Pathology barcode

Biopsy site: Sigmoid colon: 2 pieces;

Boston score: Unable to score

Whether infected or not:

Medical advice: Follow the medical advice in the ward

Examining physician: Jilin WANG

Signature: Jilin WANG

Tel: 021-68385543 (East)

021-53882117 (West)

021-34506882 (South)

※For the endoscopic pathology report, please print it on the self-service machine on the second floor after 10 working days with your medical card



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E-mail: justina_guyuanjie@126.com

Renji Hospital, Shanghai Jiao Tong University School of Medicine

Electronic Endoscopy Examination Report

[Barcode]

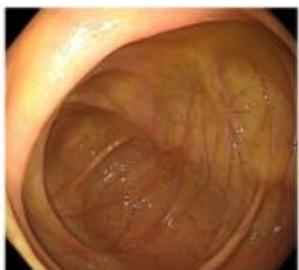
Name: Caiyun CHEN Sex: Female Age: 23 Ward: Ward 11, East Bed No.: 32 Hospitalization No.:
(Internal Medicine) 1003594548

Examination No.: X250005870-0003 Examination item: [Electronic colonoscopy, general] Examination date: 2 September 2025

Examination images:



Terminal ileum



Ileocecal junction



Ascending colon



Transverse colon



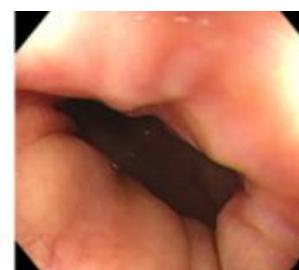
Descending colon



Sigmoid colon



Rectum



Anus

Description of diagnosis:

The endoscope reached the terminal ileum, and no obvious abnormalities were observed in the mucosa. The ileocecal valve appeared normal. From the rectum to the transverse colon, multiple white ulcer scars and polypoid proliferations were seen, with no active ulcers present.

Endoscopic diagnosis:

Ulcerative colitis (remission stage)

Pathology barcode

Biopsy site:

Boston score: 7

Whether infected or not:

Medical advice: If polyp treatment was performed, resuming food and water intake was allowed four hours after the treatment, followed by a liquid diet for three days.

After the colonoscopy and its treatment, if there was persistent abdominal pain and hematochezia that could not be relieved after passing gas and even showed a tendency to worsen, please promptly inform the operating physician or go to the emergency department for treatment.

Examining physician: Xitao XU

Signature: Xitao XU

Tel: 021-68385543 (East)

021-53882117 (West)

021-34506882 (South)

※For the endoscopic pathology report, please print it on the self-service machine on the second, third or fourth floor after 10 working days with your medical card (Available for collection during working hours, Monday to Friday)



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Renji Hospital, Shanghai Jiao Tong University School of Medicine

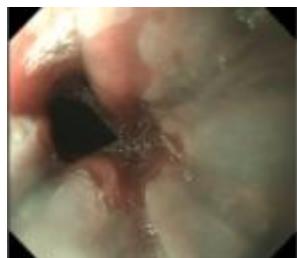
Electronic Endoscopy Examination Report

[Barcode]

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

Examination No.: X250005870-0005 Examination item: [Electronic gastroduodenoscopy, anesthesia] Examination date: 2 September 2025

Examination images:



Esophagus - cardia



Duodenal bulb



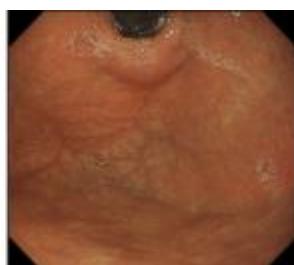
Descending part of the duodenum



Gastric antrum



Gastric angle



Gastric fundus



Gastric body



Gastric body

Description of diagnosis:

Esophagus: No abnormalities were observed.

Cardia: The zigzag line was clear and in a normal position.

Gastric fundus: The mucus lake appeared yellow.

Gastric body: The mucosa was congested.

Gastric angle: It had a normal shape, was smooth, and the arch was present.

Gastric antrum: The mucosa was congested.

Pylorus: It was regular in shape.

Duodenum: No abnormalities were observed in the bulb and the upper segment of the descending part.

Bile regurgitation: Mild

Endoscopic diagnosis:

Chronic congestive exudative gastritis with bile regurgitation, involving the entire stomach with predominant involvement of the gastric antrum (mild) Pathology barcode

Biopsy site: Gastric antrum: 2 pieces;

Helicobacter pylori: Negative

Whether infected or not:

Medical advice: Food and water intake was allowed two hours after the gastroscopy examination. If polyp treatment was performed, food and water intake was permitted four hours after the treatment, and a liquid diet was recommended.

Examining physician: Xitao XU

Signature: Xitao XU

Tel: 021-68385543 (East)

021-53882117 (West)

021-34506882 (South)

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E-mail: justina_guyuanjie@126.com

复旦大学附属中山医院

徐汇医院

肠镜检查和治疗报告单

检查号:CJ029096

姓名:陈采鋆 性别:女 年龄: 19岁 门诊号:9911361935
科室:外科 病区: 床号: 住院号:
镜号:4 检查时间:2021-12-13 报告时间:2021-12-13 病理号:

诊断描述: 内镜插至盲肠, 见阑尾开口和回盲瓣光滑。

升结肠、肝曲、横结肠、脾曲、降结肠肠腔通畅, 肠瓣清晰, 粘膜光滑, 未见溃疡、肿物、憩室、息肉。

乙状结肠、直肠血管网清晰, 未见溃疡、肿物。

下段直肠粘膜充血水肿明显, 表面呈颗粒状。肛门正常。肛指直肠下段粘膜粗糙, 表面呈颗粒状。

血报告: ALT:

HbsAg:

梅毒:

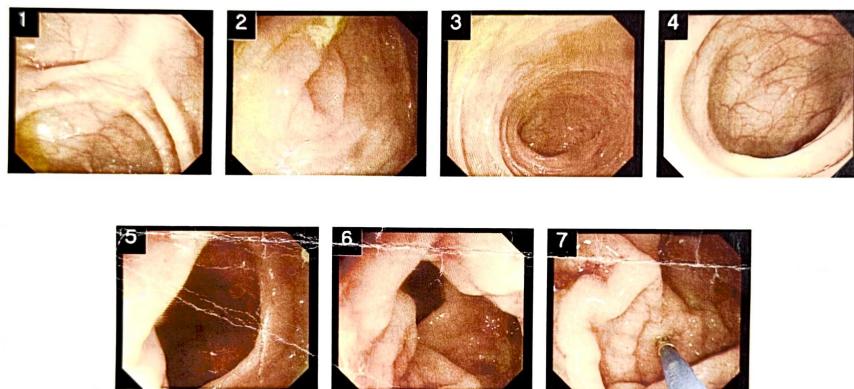
HIV:

麻醉方式: 静脉麻醉

是否治疗:

否

肠道清洁: 2 级



活检部位: 直肠*1

肠镜诊断: 直肠炎? (性质待病理)

病理诊断:

建议: 7个工作日后携内镜报告到门诊服务台领取病理报告, 随访。

内镜门诊复诊

品名: 一次性使用活组织取样钳 规格: AG-5019-2323
(01)0 6959664 901274 (17) 230702 (10) 5012107006
LOT 5012107006

报告日期: 2021-12-13 操作护士: 薛效强 操作医生: 沈剑虹 操作助理: 沈剑虹

上海交通大学医学院附属瑞金医院

消化内镜报告



姓名: 陈采望

性 别: 女

年龄: 20岁

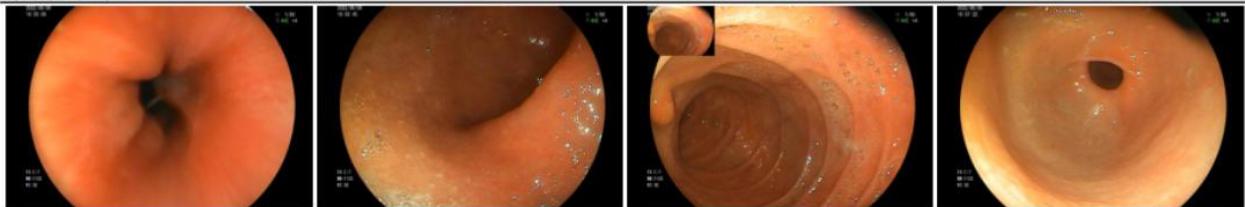
影像号: 301188600

镜号: GF030

床 号: /

门诊号\住院号: 922022400001 科 别: 门诊消化

术前用药:

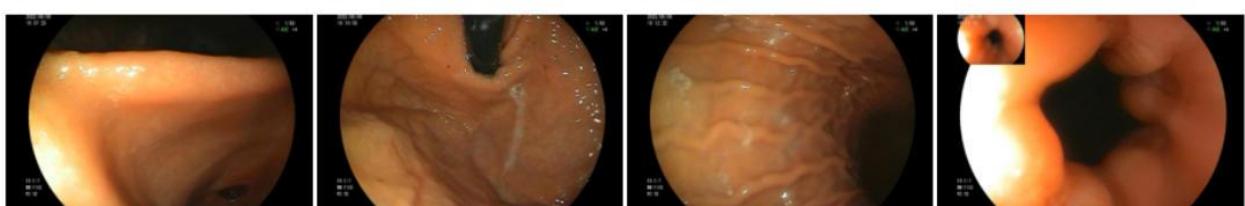


贲门

十二指肠球部

十二指肠降部

胃窦



胃角

胃底

胃体

贲门

镜检所见: 食管: 管腔通畅, 黏膜光整, 齿状线规则。

贲门: 未见异常。

胃底: 可见清亮液体。

胃体: 皱襞光滑, 形态走向未见异常。

胃角: 黏膜光整。

胃窦: 黏膜充血水肿, 活检1块。

幽门: 圆, 畅, 开闭正常。

十二指肠球部: 未见异常。

十二指肠降段: 所见范围未见明显异常。

内镜诊断: 慢性浅表-非萎缩性胃炎

活检部位: 胃窦: 1块

手术名称: 胃镜检查术, 胃镜下胃活检术

建 议: 禁食2小时, 当日温冷流质饮食。消化科门诊就诊、治疗, 定期复查。

7个工作日后凭本报告单和磁卡
心预约护士台领取病理结果

检查医师: 朱颖

医师签字:

报告日期: 2022-06-06

此报告仅供临床医生诊断参考。

上海交通大学医学院附属瑞金医院

消化内镜报告



姓名: 陈采鋆

性 别: 女

年龄: 20岁

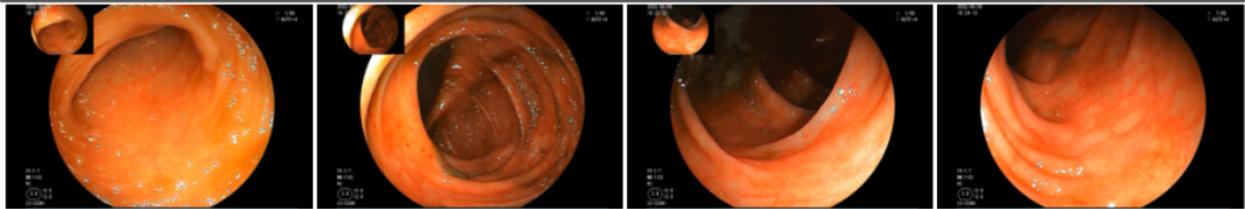
影像号: 301188600

镜号: CF004

床 号: /

门诊号\住院号: 922022400001 科 别: 门诊消化

术前用药:



末端回肠

回盲部

升结肠

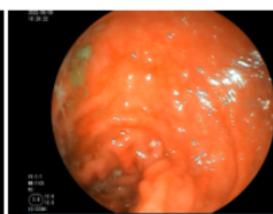
横结肠



降结肠



降结肠



乙状结肠



直肠

镜检所见: 备 注: 肠道准备欠佳, 进镜至末端回肠, 肠腔内粪水影响视野。

末端回肠: 见淋巴滤泡样增生, 未见溃疡糜烂

回盲部: 见唇形回盲瓣, 回盲瓣稍充血。

升结肠: 黏膜散在充血、糜烂。

肝 曲: 外来紫色压迹可见。

横结肠: 黏膜散在充血、糜烂。

脾 曲、降结肠、乙结肠: 距肛门约10-40cm处肠段黏膜充血、水肿、糜烂明显。于降结肠处活检1块

直 肠: 壶腹存在, 黏膜充血水肿, 点状糜烂。

肛 管: 未见明显异常。

内镜诊断: 结肠糜烂 (溃疡性结肠炎待排)

活检部位: 降结肠*1

手术名称: 电子结肠镜检查

建 议: 禁食2小时, 其后进食无渣温流质。消化内科门诊就诊, 粪培养, 寄生虫,

7个工作日后凭本报告单和磁卡
心预约护士台领取病理结果

检查医师: 朱颖

医师签字:

报告日期: 2022-06-06

此报告仅供临床医生诊断参考。

上海中医药大学附属曙光医院
无痛肠镜检查报告单

SGH-39-QR-07A

内镜号:2854299

病 人 号:0802747676

姓 名:陈采鋆 性 别:女

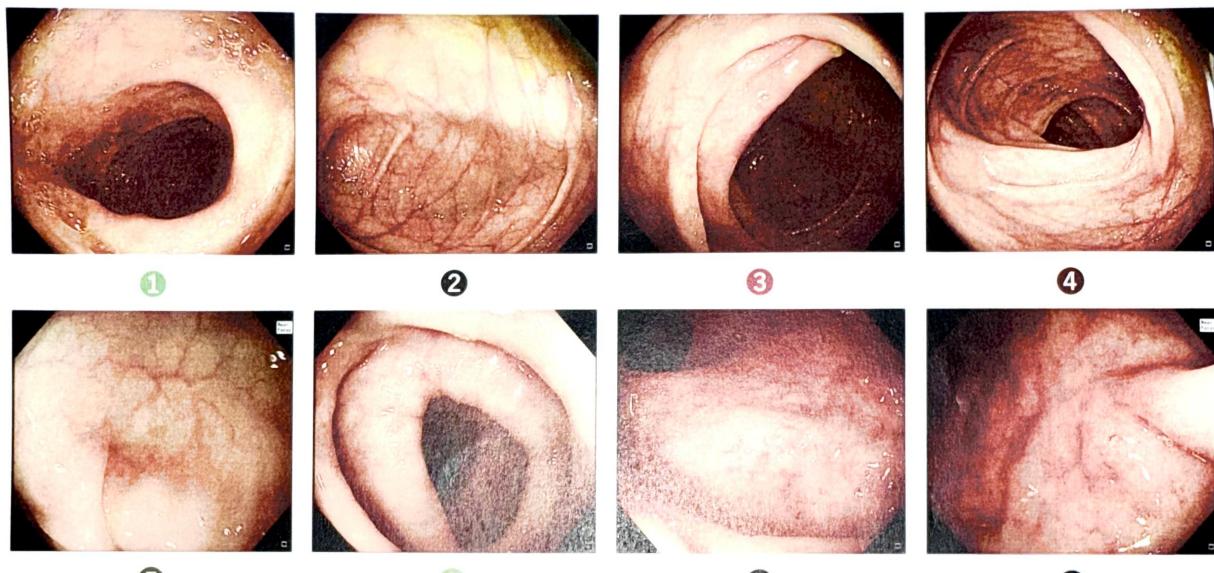
年 龄:20 岁

申请医师:顾思臻

住 院 号: 病 区:

病床号:

送检科室:传统医学科



检查所见: 插镜至回肠末端, 所见回肠末端黏膜无异常, 可见阑尾隐窝, 回盲瓣呈唇型, 开闭正常;

乙状结肠可见黏膜散在小片状轻微充血发红, 未见溃疡或糜烂, 予以活检2块, 质地软;

直肠末端约1cm范围黏膜轻度水肿伴粗糙不平, 可见散在扁平的颗粒样淋巴滤泡增生, 顶端轻微糜烂并覆少许白苔, 予以活检1块, 质地软;

其余所见各段结直肠黏膜光滑, 黏膜下血管纹理清晰, 肠壁蠕动正常。



活检部位:

A: 乙状结肠 × 2

B: 直肠 × 1

检查诊断: 乙状结肠、直肠黏膜轻度炎症表现

建 议: 结合病理, 内镜随访

报告医师: 薛仕贵
报告日期: 2023-02-27

签字: 顾思臻
祝您早日恢复健康!

上海中医药大学附属曙光医院

无痛胃镜检查报告单

SGH-39-QR-07A

WILSON®

一次性使用活组织取样钳

(01)06944233402368(17)240600(10)220718020

REF WS-2416BT LOT 220718020 2024-06

内镜号:2960988

病人号:0802747676

姓 名:陈采鋆 性 别:女

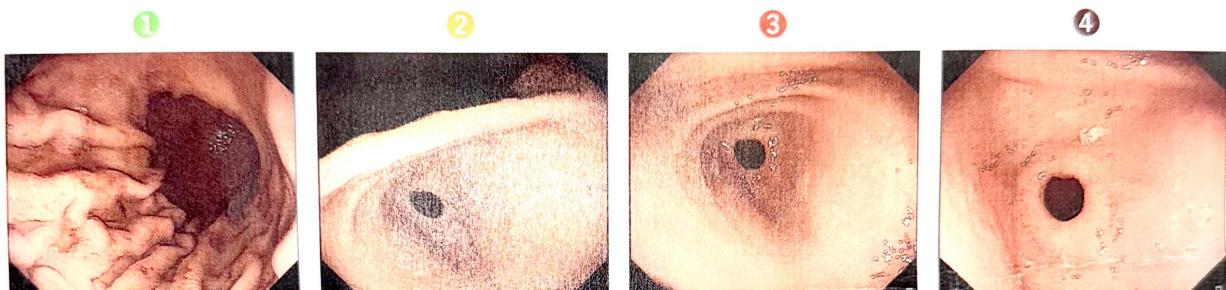
年 龄:20 岁

申请医师:顾思臻

住 院 号: 病 区:

病 床 号:

送 检 科 室:传统医学科



5

6

7

8

检查所见: 食管: 管腔通畅, 粘膜光滑, 粘膜下血管纹理清楚, 蠕动正常。

贲门-胃底: 贲门开闭正常, 粘膜充血, 粘液湖浑浊。

胃体: 皱襞轻度肿胀, 粘膜多发小片状充血发红, 远端大弯可见多发纵形平坦糜烂, 予以活检1块, 质地软。

胃角: 粘膜充血。

胃窦: 粘膜充血水肿伴轻度粗糙不平, 部分呈颗粒样隆起, 幽门前区可见多发平坦糜烂, 予以活检1块, 质地软。

幽门: 开闭正常, 粘膜光滑。

十二指肠: 球部及降部粘膜光滑。



活检部位:

A:胃窦×1

B:胃体×1

检查诊断: 充血渗出性胃炎(全胃炎), 伴糜烂性炎

建 议: 内镜下考虑仍有活动性胃炎表现, 但亦可能是除菌后黏膜修复过程中, 建议结合病理情况, 择期再复查胃镜; 胃镜检查后2小时方可进食进水, 当天尽量温、软饮食, 切勿过热、过硬。

报告医师: 薛仕贵

签字: 薛仕贵

报告日期: 2023-02-27

祝您早日恢复健康!

请于5个工作日内凭此报告至
门诊一楼预约台取病理报告单

上海交通大学医学院附属仁济医院

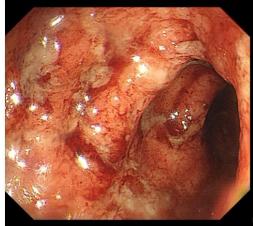
电子内镜检查报告单



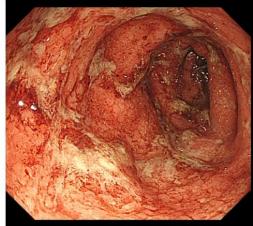
2501150824

姓名:陈采鋆 性别:女 年龄:22岁 病区:东(内)十一床号:22 住院号:1003473113
检查号: X250005870-0001 检查项目: [电子结肠镜检查, 普通] 检查日期: 2025-01-15

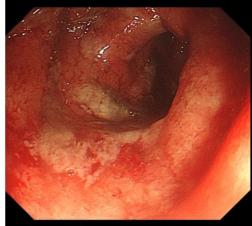
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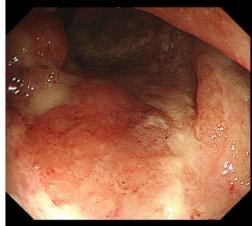
乙状结肠



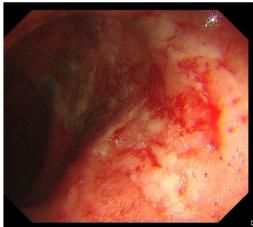
乙状结肠



乙状结肠



直肠



直肠



直肠

诊断描述:

内镜距肛门约30cm, 所见结直肠黏膜弥漫性充血水肿, 见多发糜烂及不规则溃疡灶, 部分溃疡较深, 部分溃疡呈纵行, 血管纹理紊乱, 触之易出血。为安全起见, 终止进镜。

病理条码

镜下诊断:

溃疡性结肠炎(活动期, 重度)合并感染可能

活检部位: 乙状结肠: 2块;

波士顿评分: 无法评分

是否感染:

医生建议: 遵病房医嘱

检查医生: 王吉林

签名: 王吉林

021-68385543(东院)
021-53882117(西院)
021-34506882(南院)

※如取内镜病理报告, 请十个工作日后, 凭就诊卡至二楼[胃镜、肠镜病理报告]自助机上自助打印

上海交通大学医学院附属仁济医院

电子内镜检查报告单



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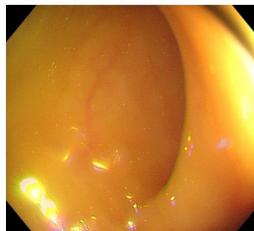
姓名:陈采鋆 性别:女 年龄:23岁 病区:东(内)十一床号:32

住院号:1003594548

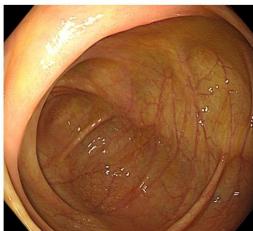
检查号: X250005870-0003 检查项目: [电子结肠镜检查, 麻醉]

检查日期: 2025-09-02

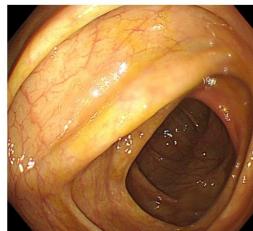
检查图像:



回肠末端



回盲部



升结肠



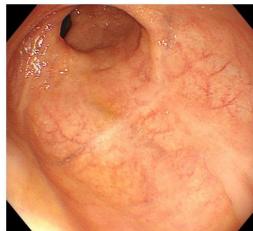
横结肠



降结肠



乙状结肠



直肠



肛门

诊断描述:

内镜至回肠末端, 黏膜未见明显异常。回盲瓣正常。直肠至横结肠见多发白色溃疡疤痕及息肉样增生, 未见活动性溃疡。

病理条码

镜下诊断:

溃疡性结肠炎 (缓解期)

波士顿评分: 7

是否感染:

医生建议: 如行息肉治疗, 治疗后四小时后进食进水, 流质3天。

肠镜检查及治疗后, 如有持续性腹痛及便血, 排气后无法缓解甚至有加重趋势的, 请及时告知操作医生或至急诊就诊。

检查医生: 徐锡涛

签名:

021-68385543(东院)
021-53882117(西院)
021-34506882(南院)

※如取内镜病理报告, 请十个工作日后, 凭就诊卡至二、三、四楼[胃镜、肠镜病理报告]自助机上自助打印(周一至周五工作时间领取)

上海交通大学医学院附属仁济医院

电子内镜检查报告单



2509020993

姓名:陈采鋆 性别:女 年龄:23岁 病区:东(内)十一 床号:32 住院号:1003594548

检查号: X250005870-0005 检查项目: [电子胃十二指肠镜检查, 麻醉] 检查日期: 2025-09-02

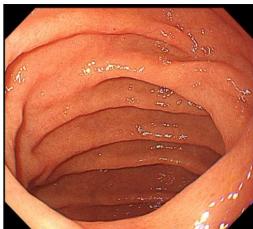
检查图像:



食管-贲门



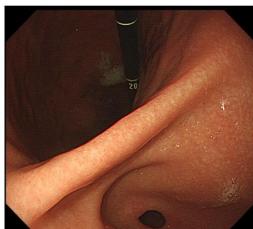
十二指肠球部



十二指肠降部



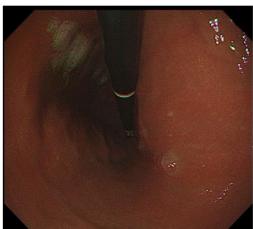
胃窦



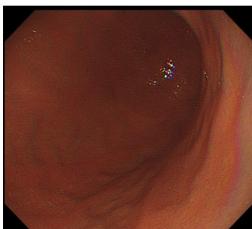
胃角



胃底



胃体



胃体

诊断描述:

食管: 未见异常

贲门: 齿状线清晰, 位置正常。

胃底: 粘液湖黄。

胃体: 黏膜充血。

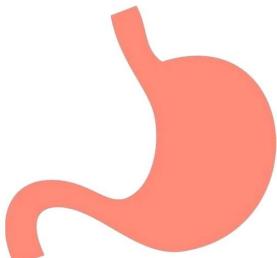
胃角: 形态正常, 光滑, 弧度存在。

胃窦: 黏膜充血。

幽门: 规整

十二指肠: 球部及降部上段未见异常。

胆汁反流: 轻度



镜下诊断:

慢性充血渗出性胃炎伴胆汁反流, 全胃炎胃窦为主(轻度)

病理条码

幽门螺杆菌: 阴性

是否感染:

活检部位: 胃窦: 2块;

医生建议: 胃镜检查2小时后进食进水, 如行息肉治疗, 治疗后四小时进食进水, 流质3天。

检查医生: 徐锡涛

签名:

021-68385543(东院)

021-53882117(西院)

021-34506882(南院)

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