



INDIAN TRANSLATORS ASSOCIATION

Voice of Language Professionals

TRANSLATION QUALITY CERTIFICATE

I do hereby certify and declare that the translation of the attached attested Medical Report of Mr. Siemaszko Michal from German to English has been done by Ms. Neha Singh of M/s. Modlingua Learning Pvt. Ltd., New Delhi, a bonafide member of our association holding ITAINDIA Registration No.012007.

This translation has been done exclusively for facilitation purposes without any legal binding on the association.

New Delhi, March 12, 2018



Harvinder Singh
Harvinder Singh Vohra

Authorized Signatory

Note: Indian Translators Association, New Delhi, is a registered regular Member of International Federation of Translators (FIT) connecting more than 72 Translators Associations of the world.

Translation from German to English

Radiology Centre

Mr.
Siemaszko Michal

Vienna, on 13.02.2018/E/PP

Report

Mr. Siemaszko Michal, born on 07.06.1979

Indication as per electronic referral: as per referral

CT- pelvis bony

Examination procedure: Topogram 0.6 T20s, pelvis 1.5 B70s bones, pelvis 1.5 B31s soft part, patient protocol, MPR 2/2 ax KN, MPR 2/2 cor KN, MPR 2/2 sag KN, MPR 2/2 ax WT, MPR 2/2 sag WT, MPR 2/2 cor WT, DOSE LENGTH PRODUCT: 710 mGy cm.

Examination procedure axial layers from L5 till up to the knee joint gap, multi planar and three dimensional reconstructions.

History:

Condition after penetrating trauma left pelvic, dysaesthesia, neurological impairment. For better orientation, the skin scar was marked. The skin scar is also detectable by computer tomographically as low subcutaneous compression zone in the course via the proximal and anterior portion of the tensor fascia latae muscle.

Bones show no defect in the course of the Spina iliaca anterior superior and the other components of the left iliac bone blade. No metallic residues are detected intra ossary or para ossary. The muscle layers of the fibro-muscular stomach wall are imaged/depicted on all sides as vertical symmetrically intact. The iliac muscle and the iliopsoas muscle are imaged/depicted vertical symmetrical, likewise the gluteal muscle layers. The mesorectal fatty tissue is free. The seminal vesicles are smoothly bounded. The prostate is smoothly bounded. The urinary bladder is of normal size and is imaged/depicted as smoothly bounded. No detection of a fluid equivalent retention, space- occupying effective change or coarse scar forming tissue compression in the course of the iliaca externa neuro vascular bundles. Even further distal in the course of the thigh muscle as well as of the left femur direct vertical symmetric representation of the muscles, tissues and large neural guide structures. No metallic foreign body.

| Radiology | Nuclear medicine | PET/CT | MRT |
|--|---|---|-----|
| Private physician Dr. Philipp Peloschek Private physician Dr. Johannes Sailer | Specialist for radiology OG Lazarettgasse 25 1090 Vienna Telephone +43 1 408 12 82 Fax-17 | www.radiology-center.com office@radiology-centre.com company register number 326017m IBAN AT 43 2026 7020 0006 9449 BIC WINSATWN | |

This is to certify that this is true and correct translation of the attached attested Medical Report from German to English.


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Modlingua Learning Pvt. Ltd.

Dated: March 12, 2018

ITAINDIA Registration No. A012007

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Translation from German to English

Result:

No detection of a pelvic tumor, a coarse scar formation left iliacal or femoral. Severe cutaneous scar formation on the left in the anterior proximal course of the tensor fascia latae muscle. As further procedure, a targeted consultation is recommended in a reconstructive nerve surgical centre (for example Millesi- centre in the hospital), in order to decide upon the further steps.

Conclusion:

No expansive mass, no gross scarring in the left iliacal or femoral region.

Scarring around the left superior anterior iliacspur and neighbouring parts of the tensor fascia latae muscle. We recommend a consultation of a specialized centre for reconstructive peripheral nerve surgery (e.g. Millesi Center) after neurological testing.

With friendly greetings
And thanks for the referral
Physician Dr. Philipp Peloschek

Report for **Siemaszko Michal**, born on 07.06.1979

This report was electronically approved by physician Dr. Philipp Peloschek.

Images for the report:
Pelvis^Pelvis (adult)

Radiology

Nuclear medicine

PET/CT

MRT

Private physician Dr. Philipp Peloschek
Private physician Dr. Johannes Sailer

Specialist for radiology OG

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Simari
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Dated: March 12, 2018

ITAINDIA Registration No. A012007

Herr
Siemaszko Michal

Wien, am 13.02.2018/E/PP

Befund

Herr Siemaszko Michal, geb. 07.06.1979

Indikation laut elektronischer Zuweisung: laut Zuweisung

CT-Becken knöchern

Untersuchungstechnik: Topogramm 0.6 T20s, Becken 1.5 B70s Knochen, Becken 1.5 B31s Weichteil, Patientenprotokoll, MPR 2/2 ax KN, MPR 2/2 cor KN, MPR 2/2 sag KN, MPR 2/2 ax WT, MPR 2/2 sag WT, MPR 2/2 cor WT, DLP: 710 mGycm.

Untersuchungstechnik axiale Schichten von L5 bis zum Kniegelenksspat, multiplanare und dreidimensionale Rekonstruktionen.

Anamnese:

Zustand nach penetrierendem Trauma links pelvin, Dysästhesien, neurologische Funktionseinschränkung. Zur besseren Orientierung wurde die Hautnarbe markiert. Die Hautnarbe ist auch computertomographisch als geringe subkutane Verdichtungszone etwa im Verlauf über dem proximalen und anterioren Anteil des Musculus tensor fascia lata nachweisbar.

Knöchern zeigt sich im Verlauf der Spina iliaca anterior superior und den anderen Bestandteilen der linken Darmbeinschaukel kein Defekt. Es sind keine metallischen Residuen intra- oder paraossär nachzuweisen. Die Muskelschichten der fibromuskulären Bauchwand sind allseits seitensymmetrisch intakt abgebildet. Der Musculus iliacus und Musculus iliopsoas seitensymmetrisch abgebildet, ebenso die glutealen Muskelschichten. Das mesorektale Fettgewebe ist frei. Die Samenbläschen sind glatt begrenzt. Die Prostata ist glatt begrenzt. Die Harnblase ist normgroß und glatt begrenzt abgebildet.

Kein Nachweis einer flüssigkeitsäquivalenten Retention, raumfordernd wirksamen Veränderung oder groben narbenzugartigen Gewebsverdichtung im Verlauf der Iliaca externa neurovaskulären Bündels. Auch weiter distal im Verlauf der Oberschenkelmuskulatur sowie des linken Femurs durchgehend seitensymmetrische Darstellung der Muskeln, Gefäße und großen neuralen Leitstrukturen. Kein metallischer Fremdkörper.

Ergebnis:

Kein Nachweis einer pelvinen Raumforderung, eines groben Narbenzuges links iliacal oder femoral. Kräftige cutane Narbenbildung links im anterioren proximalen Verlauf des Musculus tensor fascia lata. Als weiteres Prozedere ist eine gezielte Konsultation in einem rekonstruktiv nervenchirurgischen Zentrum (z.B. z. B. Millesi-Center im Hause) empfehlenswert, um allfällige weitere Schritte zu entscheiden.

Conclusion:

No expansive mass, no gross scarring in the left iliacal or femoral region. Scarring around the left superior anterior iliac spur and neighboring parts of the tensor fascia lata muscle. We recommend a consultation of a specialized center for reconstructive peripheral nerve surgery (e.g. Millesi Center) after neurological testing.

Mit freundlichen Grüßen
und bestem Dank für die Zuweisung
Dz. Dr. Philipp Peloschek



For Modlingua Learning Pvt. Ltd.

Sinai
Authorised Signatory



12/3/18

Radiologie

Nuklearmedizin

PET/CT

MRT

Priv.Do. Dr. Philipp Peloschek
Priv.Do. Dr. Johannes Sailer

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Befund für Siemaszko Michal, geb. 07.06.1979

Wien, am 13.02.2018/E
Seite: 2

Dieser Befund wurde von Doz.Dr. Philipp Peloschek elektronisch vidiert.

Bilder zum Befund:
Becken^Becken (Erwachsener)

12/3/18



For Modlingua Learning Pvt. Ltd.

Siemaszko
Authorised Signatory



Radiologie

Nuklearmedizin

PET/CT

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