



## Auktorisoidun kääntäjän tutkinto 16.11.2013

Kielet ja käännösuunta  
englannista suomeen

Aihepiiri (aukt3)  
lääketiede

Käännöstehtävä  
Laadi liiteasiakirjasta laillisesti pätevä käännös

Lähde: <http://path.upmc.edu/cases/>

Katso kohta 583!

### Käännöksen käyttötarkoitus

Suomalainen turisti nostaa syytteen suomalaista matkatoimistoa vastaan saamansa ruokamyrkytyksen vuoksi. Lääkärintodistusta käytetään todistusaineistona.

*Huom! Käännökseen ei saa kirjoittaa vakuuslauseketta eikä nimeä!  
Vakuuslausekkeen tai nimen kirjoittaminen käännökseen johtaa  
tutkintosuorituksen hylkäämiseen.*

Käännettävän tekstin pituus on 1988 merkkiä.

## PATIENT HISTORY:

A 77 year-old male with a history of atrial fibrillation, hypertension, hyperlipidemia, and gastroesophageal reflux presented to the Emergency Department with complaints of two days of copious watery diarrhea. He admitted to anorexia, but denied abdominal pain or cramping, nausea, fever, and blood or mucus in the stool. He had not recently taken any antibiotics and his maintenance medications included warfarin, metoprolol, hydrochlorothiazide, atorvastatin, and pantoprazole.

The patient had a recent travel history including one week in San Francisco, a weekend visiting family and a grandchild in daycare, and a week of boating in the Chesapeake Bay. During the boat trip the patient and other travelers consumed raw oysters. Approximately 24 hours after returning from the trip, the patient developed symptoms. Of the patient's traveling companions in Chesapeake, some but not all reported similar ailments.

Upon examination, the patient had a temperature of 36.7 C, irregularly irregular pulse of 112 beats per minute, respiratory rate of 16 breaths per minute, and blood pressure of 132/80 mmHg. Mucous membranes were tacky. His abdomen was soft and non-tender, and without rebound, guarding, or flank pain. Initial laboratory evaluation revealed a white blood cell count of  $9.1 \times 10^9$  per L with a slight left shift of 83% neutrophils.

The patient's stool was positive for occult blood and negative for *Clostridium difficile* toxin and ova and parasites. Moderate white blood cells were present.

Two different types of colonies grew from the patient's stool culture on a CAMPY blood agar plate. Organism 1 grew in smooth, creamy, gray-white, beta-hemolytic colonies. Gram stain showed curved gram negative bacilli. The organism was strongly oxidase positive. Organism 2 was identified as small gray, non-hemolytic, flat, and slightly mucoid colonies on Campy agar at 42°C. Gram stain revealed curved weakly-staining gram-negative rods with a 'gull-wing' shape.

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