Madison Adoption Associates
1009 Woodstream Drive ◆ Wilmington, DE 19810
Phone: 302-475-8977 ◆ Fax: 302-529-1976
www.MadisonAdoption.com

MAA Child Summary

Child's MAA Name:	**Sienna**
Date of Birth:	**May 15, 2007**
Special Need:	**cerebral palsy**
Dossier due:	**6 months after Pre-Approval**

- [x] MAA Individual List
- [x] Special Focus
- [x] One-to-One Orphanage Program
- [ ] MAA Staff met this child
- [x] Video(s) available

Grants available for the adoption of this child:

- [x] Special Focus Program -$1000
- [ ] Adoption of a Boy -$1000
- [x] Adoption of a child over age 8 years -$1000

**other grants may be available based on the adoptive family circumstances. Grants are awarded as agency fee reductions.*

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*The referral is presented by **China Center for Children's Welfare and Adoption.** The information contained herein is provided by independent third parties, including foreign government agents, orphanage staff, and/or others, according to local policy and procedure. **Madison Adoption Associates** cannot offer medical opinion or analysis as to the health or conditions described in this referral. We encourage all families who are considering the adoption of a child with special needs to consult with a medical specialist to fully understand the information in this report. **Madison Adoption Associates** does not guarantee the translated accuracy of medical information.*

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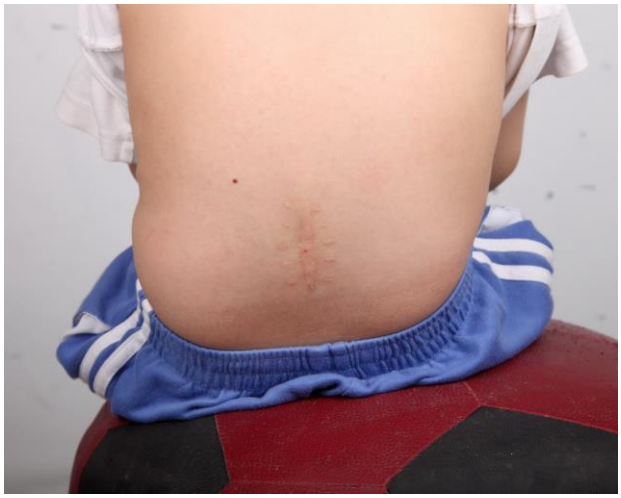
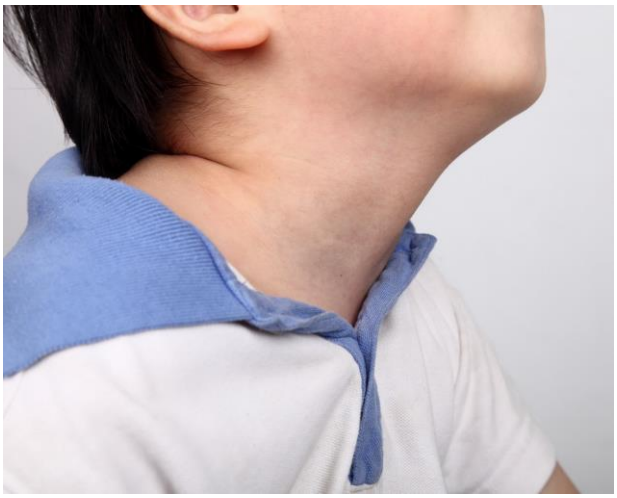
Waiting Child Review Form

This Form must be completed before Madison Adoption Associates can discuss a specific child with an interested adoptive family.

Video:
https://vimeo.com/maaspecialkids/maa-sienna1
https://vimeo.com/maaspecialkids/maa-sienna2
password: Adoptmaa

Referral Photos





CHILDREN MEDICAL EXAMINATION RECORD

Date of Examination:

Name: SIENNA	Sex: Female	DOB: May 15, 2007	
Placement Person (Institute): The Social Welfare Institute of ,			
Medical history: cerebral palsy			
Physical growth:	Height: 108.0 cm	Weight: 17.0 kg	
	Head circumference: 49.0 cm	Chest circumference: 59.0 cm	
Vision: L & R normal	Corrective Vision: L & R normal		
Color Sense: No check	Trachoma: L & R Nil	Others: nil	
Hearing: L&R normal	Ear Disease: L & R nil		
Nose: normal	Sense of Smell: normal	Others: Normal	
Throat: normal	Oral Cavity: normal	Teeth: 20	Dental Caries: yes
Lungs: No abnormal findings			
Abdomen: Normal	Liver: Normal	Spleen: Normal	
Heart: normal	Heart rate: 75 beats/minute	Rhythm: in order	
Blood Pressure:			
Nervous system: cannot answer the question correctly			
Nervous reflex: no knee jerk reflex consciousness, muscle strength of both upper limbs was V degree, both lower limbs were bending, muscular tension was hyperfunction			
Spine: normal	Thorax: normal		
Limbs: muscle strength of both lower limbs was 0 degree	Motion: both lower limbs couldn't move	Deformity: both lower limbs were bending	
Skin: operative scar about 5cm around waist	Anus: postoperative anal atresia	Urinogenital System: concealed penis	
Hernia: nil	Fontanel: closed	Others:	

People's Hospital of ,
Blood test Report

Name: SIENNA Sex: Female Age: 7
Department: Physical examination center work area
Specimen type: EDTA anticoagulant blood
Diagnostics:

No.		Items		Results	Range	Units
1	WBC	WBC		7.29	3. 5—9.5	10^9/L
2	NEU%	NEU%		43.80	40—75	%
3	LYM%	LYM%		48.80	20—50	%
4	MON%	MON%		5.90	3—10	%
5	BAS%	BAS%		1.40	0—1	%
6	EOS%	EOS%		0.10	0.4—8.0	%
7	NEU#	NEU#		3.19	1.8—6.3	10^9/L
8	LYM#	LYM#		3.56↑	1.1-3.2	10^9/L
9	MON#	MON#		0.43	0.1—0.6	10^9/L
10	BAS#	BAS#		0.10	0—0.06	10^9/L
11	EOS#	EOS#		0.01	0.02—0.52	10^9/L
12	RBC	RBC		4.26	4.3 – 5.8	10^12/L
13	HGB	HGB		115.0	130 - 175	g/L
14	HCT	HCT		0.347↓	0.40 – 0.50	%
15	MCV	MCV		81.5↓	82—100	fL
16	MCH	MCH		27.0	27—34	pg
17	MCHC	MCHC		331	316—354	g/L
18	RDW	RDW		36.80		
19	RDW-C	RDW-C		12.6	11.6 – 16.0	%
20	PLT	PLT		260	100 - 300	10^9/L
21	PCT	PCT		0.280	0.108 – 0.282	%
22	MPV	MPV		10.6	5.5 – 12.5	fL
23	PDW	PDW		12.2	0.0 – 23.1	fL
24	P-LCR	P-LCR		29.40		

People's Hospital of ,
Blood test Report

Name: SIENNA Sex: Female Age: 7
Department: Physical examination center work area
Specimen type: urine
Diagnostics:

Urine routine + chemical analysis				
Item	results	suggesting	Units	Ref.
Colour	yellow			yellow
Clarity	clear			clear
Glu	Negative		mmol/L	Negative
Bil	Negative		/LPF	Negative
Ket	Negative		mmol/L	Negative
SG	1.025			1.01-1.03
OB	Negative		cel/uL	Negative
pH	6.00			5.4-8.4
Pro	Negative		g/L	Negative
Uro	Negative		EU/dl	<1
Nit	阻性			Negative
VitC	Negative		mmol/L	Negative
LEU	1+		cel/uL	Negative
comments for specimen:				
sampling date: 15-03-20		receive date: 15-03-20		
sampled by:		applied doctor: entire		

Qualitative urinary sediment				
Item	results	suggesting	Units	Ref.
WB/HP	some		/HP	Negative
RBC/HP	Negative		/HP	Negative
Epithelial Cell/HP	Negative			some
cast/HP	Negative		/LP	Negative
bactera/HP	Negative		/HP	Negative
salts/HP	Negative		/HP	Negative
This report is only responsible for the specimen tested!		*mutual recognition with other tertiary hospitals		
test date: 15-03-20		report date: 15-03-20		
Tested by:		Reviewed by:		

People's Hospital of ,
TEST REPORT

Name: SIENNA Sex: Female Age: 7
Department: Physical examination center work area
Specimen type: Plasma
Diagnostics:

Item	Result	Index	Unit	Reference
HBsAg:	Negative			Negative
HBsAb:	Positive			Negative
HBeAg:	Negative			Negative
HBeAb:	Negative			Negative
HBcAb:	Negative			Negative
TRUST	<1:80			<1:80
Anti-HIV	Negative			Negative

Reported by: Certified by: Date of report: 2015-03-21

Growth Report for SIENNA

Name: SIENNA Gender: Female DOB: May 15, 2007
Date of admission: November 17, 2010

SIENNA was born on May 15, 2007, who was found near the corridor of 2nd floor of Obstetrics and Gynecology in People's Hospital of , District, , by the policeman in police station on May 21, 2014, then was delivered to Social Welfare Institute of , (our institute), and now he was cared to raise by our institute. As there is no birth note, the date of birth was estimated by pediatrician in our institute based on growth and development condition after comprehensive examination.

At admission, there was no fever, no nasal discharge, no cough nor asthma, no vomiting, no diarrhea, and no convulsion, so as couldn't turn over, sit alone, nor stand, and the body condition was weight 12.0 kg, length 85.0cm, T36.7℃, P100 beats/min, R 25 beats/min with delayed development, moderate nutrition but consciousness with dull mentality. There was no rash nor petechial, ecchymosis, jaundice on the skins. The superficial lymph nodes were not palpated, so as enlargement. There was no malformation on skull. There was no hyperemia on pharynx, no enlargement on tonsil. The neck was soft, and the respiratory was normal with clear sound and without rhonchi and moist rale. Thorax was normal without malformation and the Vertebrate trachea centered. There was no abnormal for cardiopulmonary function. Abdominal was flat and soft with normal intestinal sound. The appearance was Female genital with normal appearance. The anus was normal. There was no malformation on spine, limbs. The muscular tension and muscle strength were increased with significantly increased on lower limbs. Her movement was limited as she can raise her head up, turn over but not sit alone nor stand nor walk without helping. Nutrition for muscle was poor. The physiological reflection was existed while the pathological reflection was not educed. Admission diagnosis was

cerebral palsy.

After admission, the physical development was listed the following table.

Age	Height (cm)	Weight (kg)	Head circumference (cm)	Chest circumference (cm)	Teeth
3.5 years old	85, 0	12. 0	47. 0	51. 0	20
4 years old	94. 0	12.4	47, 0	51. 0	20
5 years old	99. 0	14. 8	48, 1	51. 0	22
now	108. 0	17. 0	49. 0	59. 0	24

The development of SIENNA was a bit delay. When she was 4 years old, she couldn't turn over, nor sit alone with poor range of motion of joints and muscle strength because of the delayed motor development. Therefore she was arranged to receive the rehabilitation therapy. When she was 5 years old, she could recognize the people close to her and strangers. She would smile to the people who were familiar for her. She could eat by herself and knew her name. If you called her name, she would respond you. When she was happy, she would giggle. When she was 7 years old, she received preschool education at institute. Her self-conscious strengthened, and knew that waving hands means goodbye. At that time, she could recognized the familiar address and name of objects. But her language expression skills delayed. It was very hard for her to pronounce. Her teacher for Special Education trained her language skills and pronunciation skills. Afterwards, her comprehension ability was acceptable and her expression sills improved significantly. At that time, she could answer the simple question clearly and express her little wishes and needs with clear pronunciation. When she was in good mood, she would murmur some songs, meanwhile, she could count 1 to 10 and could call some name of objects. Her upper limbs movements was acceptable with eating by herself. But she couldn't do some fine motors. For the lower limbs, she had a great progress, and she could crawl, sit alone, but couldn't stand nor walk. Her activity of daily living improved slowly.

She is an open minded, adorable girl loving to smile with warm heart. She loves cuddle and listen soft music. She is very happy every time she is in music class. She is growing up happily with all people caring her. We are looking forward to getting a happy family for her.

The institute arranged her a comprehensive test on Nov. 5, 2012 at the Fourth Attached Hospital of University Medical College to improve her health condition, as she was diagnosed as cerebral palsy with poor movement of limbs. As there was no contraindication for operation, right ACC + SPR procedure was performed following pre-operation preparation. The procedure was well done, and ECG monitoring, oxygen inhalation, infusion treatment was given expectantly during post-operation. She recovered very well. Therefore, we changed our diagnostics to sequelae of cerebral palsy, post-operation of partial dissection and guillotine for sympathetic nerve net of right carotid, post-amputation for posterior root of spinal nerve partially, delayed mental development. To improve her body condition, we arranged her to participate

conductive education in weekend from July 12, 2014 till now. Now they focus on improving range of motion of joints, preventing further muscular atrophy and joint contracture, and improving self-care ability. Besides, we arranged her craniocerebral CT spiral scan at Children's Hospital. The Diagnostics was myelin sheath of white matters was backwards, and suspected small corpus callosum, suggesting future test on MRI; and the wall of the arterial siphon section was calcification in bilateral cerebral, suggesting future test on MRA or CEMRA. She was also assessed by WSIC-CR about social life ability on March 23, 2015 at Children's Hospital, and the results was extremely severe defect. The hospital issued the Doctor's Certificate suggesting this patient should take rehabilitation therapy. SIENNA only had flu, cough, and fever occasionally, and recovered very fast. Sometimes he got vomiting and some gastrointestinal sign but recovered very fast as well. There is no drug allergic observed.

Filled by: XXX
Sealed by institute: The Social Welfare Institute of , (seal)

Children's Hospital
Social Life Ability Scale for Infant – Junior middle school student
(Japanese S-M Social Life Ability test revised edition) Records

Name: SIENNA Gender: Female Test date: 2015-3-23
Name of school: birthdate: 2007-5-15
Address: The Social Welfare Institute of
chronological age: 7 years 10 months and 8 days

Field	SH	L	O	C	S	SD	total score	evaluated result
score	5	1	5	5	2	1	19	extremely severe

WISC-IV

experimenter's name	ZLL
child's name	Sienna
child code	010900654704

Calculating the child's year

	year	month	day
Test date	2015	3	24
Birthdate	2007	5	15
chronological age	7	10	9

Conversion Table for Raw Score and Scale Score

subtest	raw score	scale score				
Toy Block	0		1			1
Analogy	0	1				1
Digit Span	2			1		1
Picture Concepts	0		1			1
Decode	0				1	1

Vocabulary	1	1				1
Alphabet – Number	0			1		1
Matrix Reasoning	0		1			
Comprehension	0	1				1
Symbol Indexing	0				1	1
(platting)	-		(-)			(-)
(XX)	-				(-)	(-)
(Knowledge)	-	(-)				(-)
(arithmetic)	-			(-)		(-)
total scale score:		3	3	2	2	10
		speech comprehension	Perceptual Reasoning	Working Memory	Processing Speed	Full Scale

Conversion Table for Total Scale Score and Composite Score

scale	Total Scale Score	Composite Score	percentile rank	95% CI
speech comprehension	3	speech comprehension index ≤45*	<0.1	42-55
Perceptual Reasoning	3	Perceptual Reasoning index ≤45*	<0.1	42-57
Working Memory	2	Working Memory index ≤45*	<0.1	42-55
Processing Speed	2	Processing Speed index ≤45*	<0.1	53-61
Full Scale	10	XXX≤40*	<0.1	37-47

Subtest scale score profile chart

	speech comprehension				Perceptual Reasoning				Working Memory			Processing Speed		
	Analogy	Vocabulary	Comprehension	Knowledge	Toy Block	Picture Concepts	Matrix Reasoning	platting	Digit Span	Alphabet – Number	arithmetic	Decode	Symbol Indexing	XX
	1	1	1	-	1	1	1	-	1	1	-	1	1	-
22														
21														
20														
19														
18														
17														
16														
15														
14														
13														
12														
11														
10														
9														
8														
7														
6														
5														
4														
3														
2														
1														

Composite Score profile chart

	speech comprehension	Perceptual Reasoning	Working Memory	Processing Speed	Full Scale
160	45	45	45	45	40
140					
120					
100					
80					
60					
40					

Children's Hospital
CT TEST REPORT

Test Date: 2015/3/9 Report Date: 2015/3/9

Name: SIENNA	Sex: Female	Age: 7 years, 9 months	Department	Patient ID
Tested Site: craniocerebral CT spiral scan				
Imaging Findings: Scanning parameters: slice thickness: 7.5mm, slice numbers: 15; scanning type: spiral scan Bilateral hemisphere was normal. Grey-white contrast was decreased for bilateral hemisphere. The density for white matter was similar to the gray matter. sagittal reconstruction of thin layer showed the small corpus callosum. Bilateral ventricle were plumpness, especially for the left. There is no abnormal in Ventricular and Cisternal System. Midline structure is centered. The density was normal for cerebellum. The wall of the arterial siphon section was calcification in bilateral cerebral.				
Comments: Myelin sheath of white matters was backwards, and suspected small corpus callosum, suggesting future test on MRI. The wall of the arterial siphon section was calcification in bilateral cerebral, suggesting future test on MRI.				

Reported by: LLQ Reviewed by: XXX
Report date: 2014-12-3

Children's Hospital
Diagnostics Certificates

Department: Pediatrics case no or hospitalization number
Name: Sienna Gender: Female Address: The Social Welfare Institute of

Diagnostics: cerebral palsy

Suggesting: rehabilitation therapy

Issued by: XX
Children's Hospital (sealed)
2015-3-24

The Social Welfare Institute of Province
Child vaccination vaccine registration form

Institute: The Social Welfare Institute of ,		create table date: 2010-11-17	
Name: SIENNA	Gender: Female	birth date: 2007-5-15	
vaccine type	vaccinated date	Doctor sign	
BCG	initial immunization		
	multiple immunization		
OPV	initial taking	2011-01-19	05
		2011-04-08	05
		2011-07-20	05
	multiple taking	2012-06-27	05
DPT	basic immunization		
	booster		
DT	booster		
MV	initial immunization	2011-07-20	05
	booster		
MMR	initial immunization	2012-05-23	05
	booster		
MV	basic immunization		
	booster		
EMV	initial immunization		
	booster		
EBV	initial immunization		
	booster		
HepB	initial immunization	2010-12-15	05
	booster	2011-01-19 2011-08-26	05 05
HepA-i	initial immunization	2010-12-15	05
	booster	2011-06-15	05
Var		2011-02-18	05

Prevention departments (seal)
2014-05-23

Discharged Record
Fourth Affiliated Hospital of University

Name: Sienna Age: Female Age: 4 years
Date of admission: Nov. 5, 2012 Date of discharge: Nov 24, 2012

Condition on discharge: she was admitted to the hospital because of underactivity 3 years. Physical examination: development was normal and nourishment was well. Mind was clear. There was not stained yellow or bleeding point. There was not superficial lymphadenectasis. Skull was normal. Pupils were equal and round, 3mm at diameter, reacting to light. Lip was red. There was not pharyngeal congestion or thyromegaly. Ear and nose were normal. Neck was soft without distention of jugular vein. Trachea was at middle without

thyromegaly. Movement of both lungs was symmetria. Fremitus vocalis was not reinforced or weakened. Percussion of both lungs was clear. Both breath sounds were clear without dry and moist rales. There was not precordial prominence and apex beat was 0.5cm interior left fifth intercostal medioclavicular line. Heart rate was 56bpm with regular rhythm. There was not murmur or pericardial friction rub. Abdomen was soft without GI form or PW, tenderness or splenohepatomegalia. Jecoral tone was normal. Bowel sounds were normal. Shifting dullness was negative. Anus and genitalia were normal. He could sit but stand. Physiological curve was normal without tenderness. Percussion tenderness over kidney region was negative. Tongue was normal. There was not sialorrhea or strabismus. Spine was normal. Movement of left hand was poor. Muscle force of adductors of lower limbs was III degree. Muscle force of knee joints was IV degree. Patellar reflex was hyperreflexia. Pathological reflexes were positive.

Admitting diagnosis: cerebral palsy sequelae

Treatment: by active examination and eliminating surgical contraindication, resection of sympathetic networks around right carotid artery and spinal posterior rhizotomy was made under general anesthesia on Nov 7, 2012. Procedure of operation was successful. She was granted anti-infection and symptomatic treatment. Operative incision healed well and was sutured out.

She was permitted discharge.

Discharged diagnosis: cerebral palsy sequelae

Condition on discharge: general condition was normal. Vital signs were stable. Heart, lung and abdomen were normal. Operative incision healed well.

Advice on discharge:
1. Protecting wound
2. Functional exercise
3. Rechecking regularly

Physician: XXX