



File No.: 039096

Nationality: Q

GYNAECOLOGICAL SHEET

DR LEILA HAMID MEDICAL CENTER
File No: 039096
Name: AFRAA ABDULLA DAHROUJ
QID No: 29463402737 Sex: Female
Mob: 6 66400249 ADDRESS: MAEZER



Age: 29 yrs

Marital Status: Single

Spouse's Name:

Mobile Phone:

Residence Phone:

SYMPTOMS:

vulval itching 17 days - No
abnormal vaginal discharge - No urinary
symptoms - on Reagentone tabs started
2 months back.

Medical History:

Medically Free

P.H.

Not Significant

F.H.

DM & HTN
mother

MENSTRUAL HISTORY:

Menarche:

12 Y-S

L.N.M.P

3 - 6 - 24

Menstrual Habits:

Regular every 30 days - 4 days

Menstrual Symptoms:

Not Significant

Menopause:

Parity:

P

Abortion

Ectopic

LCB



EXAMINATION

General Examination: Ht. 161 cm Wt. 75 Kg BMI Kg/m² Bp 110/70 mm Hg

Depressed - No eye to eye contact

Chest, C.V.S.

NAD

Abdomen:

NAD

Breasts:

NAD

PELVIC EXAMINATION:

Speculum Exam.

Bimanual Exam.

Rectal Exam.

Single - inspection only minimal
physiologic discharge - External swab
taken - No scratch marks - dry vulva
Hymen intact.

Investigation Requested:

Low vulval swab

Diagnosis:

Dry vulva

Plan of Management:

Lubrication & hygiene advice

Next Appointment:



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ENDOCRINOLOGY

Name : AFRAA ABDULLA
Sex/Age : F/ 29 y / 8 m / 27 d
Nationality : Qatar
Sample Col. : At Lab
Ref. By Dr. : Dr Salwa Elgaly Musa
Ref. By Clinic : DRLEILAMC

Lab No : 37139
DL No : 26331
Entrance Tm: 28-SEP-2024 17:53:07
Exit Date : 28-SEP-2024 18:41:35
Ext. Ref. Num.: 039096

TEST	RESULT	UNIT	REFERENCE VALUE
The following can temporarily increase prolactin levels: -Emotional or physical stress (occasionally) -High-protein meals -Intense breast stimulation -Recent breast exam -Recent exercise			
TSH	1.84	μIU/ml	Euthyroid: 0.25 - 5 μIU/ml Hyperthyroid: <0.15 μIU/ml Hypothyroid: > 7 μIU/ml
Higher than normal levels of TSH and an underactive thyroid can be caused by: -Hypothyroidism (Underactive Thyroid) -Iodine Deficiency or Excess -Radiation Therapy -Obesity -Increases with increasing age -Pituitary Tumors releasing excess TSH -Some toxins, drugs, and supplements can increase TSH, including: Lithium therapy. Opioids, including morphine, methadone, and buprenorphine. Metyrapone (Metopirone), used to treat Cushing's syndrome. Arsenic. Perchlorates found in rocket fuels. Dopamine inhibitors (metoclopramide, domperidone, sulpiride, moniodotyrosine) Lower than normal levels of TSH and an overactive thyroid can be caused by: -Graves' disease -Too much iodine in body -Too much thyroid hormone medication -Too much of a natural supplement that contains the thyroid hormone -Medications like steroids, dopamine, or opioid painkillers (like morphine). -Taking biotin (B vitamin supplements) also can falsely give lower TSH levels.			
For Pregnant women: 1st Trimester: 0.30 - 2.50 2nd Trimester: 0.30 - 3.00 3rd Trimester: 0.80 - 3.50			

Pathologist Name. Dr .Swaroop, Anatomical and Clinical Pathologist

Dr Swaroop



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ENDOCRINOLOGY

Name : AFRAA ABDULLA
Sex/Age : F/ 29 y / 8 m / 27 d
Nationality : Qatar
Sample Col. : At Lab
Ref. By Dr. : Dr Salwa Elgaly Musa
Ref. By Clinic : DRLEILAMC

Lab No : 37139
DL No : 26331
Entrance Tm: 28-SEP-2024 17:53:07
Exit Date : 28-SEP-2024 18:41:35
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TEST	RESULT	UNIT	REFERENCE VALUE
FSH	6.85	mIU/ml	Follicular phase : 3.4 - 12.4 Ovulation phase : 4.5 - 21.3 Luteal phase: 1.6 - 7.5 Postmenopausal stage: 25.5 - 134.5
High FSH levels in women may be present: -During or after menopause, including premature menopause -On receiving hormone therapy -Due to certain types of tumor in the pituitary gland -Due to Turner syndrome Low FSH levels in women may be present due to: -Being very underweight or having had recent rapid weight loss -Not producing eggs (not ovulating) -Parts of the brain (the pituitary gland or hypothalamus) not producing normal amounts of some or all of its hormones -Pregnancy			
LH	3.88	IU/L	Follicular phase: 2.4 - 12.7 Ovulation phase: 14.2 - 95.7 Luteal phase: 1.0 - 11.5 Postmenopausal phase: 7.9 - 58.8
In women, a higher than normal level of LH is seen: -When women of childbearing age are not ovulating -When there is an imbalance of female sex hormones (such as with polycystic ovary syndrome) -During or after menopause -Turner syndrome (rare genetic condition in which a female does not have the usual pair of 2 X chromosomes) - When the ovaries produce little or no hormones (ovarian hypofunction) A lower than normal level of LH may be due to the pituitary gland not making enough hormone (hypopituitarism).			
Prolactin	12.18	ng/ml	4.81-23.4
Following conditions may have high prolactin levels: -Chest wall injury or irritation -Presence of nipple rings -Disease of an area of the brain called the hypothalamus -Thyroid gland does not make enough thyroid hormone (hypothyroidism) -Kidney disease -Pituitary tumor that makes prolactin (prolactinoma) -Other pituitary tumors and diseases in the area of the pituitary -Abnormal clearance of prolactin molecules (macroprolactin) - Certain medications			

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MICROBIOLOGY

Name : AJRAA ABDULLA
Sex/Age : F/ 29 y / 2 m / 25 d
Nationality : Qatar
Sample Col. : At Lab
Ref. By Dr. : Dr. Salwa Elgaly Musa
Ref. By Clinic : DR.LEILA

Lab No : 222128
AL No : 60979
Entrance Tm: 24-JUN-2024 20:03:56
Exit Date : 26-JUN-2024 15:22:30
Ext. Ref. Num.: 039096

TESTS

RESULTS

Microbiology:

Test Name:

Culture and Sensitivity (Vulval swab)

Specimen:

Vulval swab

Gram Stain:

:

Pus cells/h.p.f:

Few

Epithelial cells/h.p.f:

Few

Gram Positive Bacilli(lactobacilli):

Moderate

Yeast:

Nil

Result:

Normal Flora of Female genital tract grown after 48 hours of incubation.

Comments: The most common kinds of Vaginal infections are:

- " Bacterial vaginosis.
- " Candida or "yeast" infections.
- " Gonorrhea.
- " Trichomoniasis.
- " Chlamydia.
- " Reactions or allergies (non-infectious vaginitis)
- " Viral vaginitis(HPV)
- " Genital Herpes
- " Genital warts
- " Rarely Urea plasma and Mycoplasma.

Bacterial cultures are performed to isolate and identify the Bacterial, Candida and Gonorrhea infection. Culture negative samples are advised to correlate with the clinical symptoms, and advised for PCR.

Date 24/6/2024

New Patient Registration Form

Full Name عبد الله د. م. م. م. الإسم الكامل

Date of Birth 24-6-2024 تاريخ الميلاد

Marital Status ☒ Single / أعزب ☐ Married / متزوج ☐ Divorced / مطلق ☐ Widowed / أرمل

Gender: ☐ Male / ذكر ☒ Female / أنثى Nationality عربية الجنسية

Occupation المهنة

I.D Number 29463402737 رقم البطاقة الشخصية

Telephone No. (Home) رقم الهاتف المنزلي

Mobile Number 66400249 رقم الجوال

Emergency Contact Person م. م. م. م. أقرب الأقارب

Emergency Contact Number 74422111 رقم هاتف

Address: Building No. Zone No. Street No. العنوان:

رقم البناية رقم المنطقة رقم الشارع العنوان:

How did you hear about our Center من أين سمعت عن مركزنا؟

☐ Advertisements / إعلانات ☐ Referral by doctor ☒ Friends & Relatives / أصدقاء وأقارب

☐ Others / أخرى

How do you want us to address you ? كيف تفضل أن نناديك ؟

☒ By Name / بالإسم ☐ By No / بالرقم ☐ Others (please specify) / حدد الطريقة التي تفضلها

I receive my Rights & Responsibilities ☒ إستلمت قائمة حقوق و مسؤوليات المريض

Signature عبد الله د. م. م. م. التوقيع

File Number 039096



نموذج الموافقة المستنيرة

موافقة على العلاج الطبي

أوافق و أوجة الطبيب / الطبيبة المعالج لي لمقابلتي وأجراء الكشف علي والقيام بتشخيصي ومعالجتي بالأدوية أو العقاقير أو عمليات إن إحتاج الأمر ، وأنا أدرك أن من مسؤوليتي الحضور في الوقت المحدد لمواعيدي واتباع أوامر الطبيب المعالج لي كما أدرك بأنني لدي الحق في طلب رأي ثاني لو لم أكن راضيا / راضية عن الرعاية المقدمة لي.

وأوافق على أي اجراء فحص طبي إن طلب مني من أجل تقديم رعاية طبية صحيحة.

وقد قرأت ووافقت على نموذج الموافقة المستنيرة حسب تعليمات وزارة الصحة العامة.

اسم المريض / المريضة: كرام د. م. م. م.

التاريخ: ٢٥٢٩ - ٦ - ٢٩

ملف رقم: 039096

التوقيع: كرام



State of Qatar
ID. Card



دولة قطر
بطاقة إثبات شخصية



الرقم:

ID. No: 29463402737

تاريخ الميلاد:

D.O.B. 03/08/1994

الجنسية:

قطريه

QATAR

Nationality:

الصلاحية:

10/08/2026

Date of expiry:

الإسم: عفراء عبدالله حمد لحروج

Name: AFRA ABDULLA H H DAHROUJ