



File No.: 038933

Husband
- 33 Y-S
- Single
- Slim
- Not smoker
- Healthy

Nationality: SUD

GYNAECOLOGICAL SHEET

DR. LEILA HAMID MEDICAL CENTER
File No: 038933
Name: JEHAD SABB PASHA THANI
QID No: VISIT VISA Sex: Female
Mob: 33949470 Address: AL MARKHIYA



Age: 27 yrs
Marital Status: 3 yrs
Husband's Name: Aakif Mohammed Abaker
Phone: 33949470 Residence Phone:

SYMPTOMS:

Wants to conceive - Stayed together only 3 months continuously - S-R during No apparent sexual issue - occasional Failing of ejaculation - medically Free

Medical History:

P.H. Not smoked F.H. DM + HTN BAH Present

MENSTRUAL HISTORY:

Menarche: 14 Y-S L.N.M.P 17-5-24
Menstrual Habits: Regular every 30 days - 6 days
Menstrual Symptoms: severe dysmenorrhea - Menopause:
Parity: P 0 Abortion 0 Ectopic LCB

EXAMINATION

General Examination: Ht. 155 cm Wt. 47.9 Kg BMI 19.2 Bp 100/80 mmHg
well - cooperative - Nice Physically

Chest, C.V.S. NAD

Abdomen: NAD

Breasts: No galactorrhea

PELVIC EXAMINATION:

Speculum Exam. /
Bimanual Exam. /
Rectal Exam.

Investigation Requested:

TVS - RVF uterus ET 12.04 cm - Normal ovaries No dominant follicle. FFCDs ++

Diagnosis: Eager to conceive (did not stay together long time)

Plan of Management:

- S-R arranged today - tomorrow 2 days after tomorrow
- Do hormones + CEA IF No Pregnancy



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ENDOCRINOLOGY

Name : JENAD SABB PASHA
Sex/Age : F/ 27 y / 5 m / 22 d
Nationality : Sudan
Sample Col. : At Lab
Ref. By Dr. : Dr Salwa Elgaly Musa
Ref. By Clinic : DRLEILAMC

Lab No : 31042
DL No : 22868
Entrance Tm: 22-JUN-2024 22:37:48
Exit Date : 23-JUN-2024 10:15:30
Ext. Ref. Num.: 038933

TEST RESULT UNIT REFERENCE VALUE

FSH

11.60

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
- When 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

8.42

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

12.77

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

Pathologist Name. Dr .Swaroop, Anatomical and Clinical Pathologist

Dr Swaroop



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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 -Intense exercise			
TSH	0.98	μIU/ml	Euthyroid: 0.25 - 5 μIU/ml Hyperthyroid: <0.15 μIU/ml Hypothyroid: > 7 μIU/ml For Pregnant women: 1st Trimester: 0.30 - 2.50 2nd Trimester: 0.30 - 3.00 3rd Trimester: 0.80 - 3.50
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.			

Pathologist Name. Dr .Swaroop, Anatomical and Clinical Pathologist

Dr Swaroop



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Date ٢٠٢٠ / ٥ / ١٨

New Patient Registration Form

Full Name جيهاد سبيح با شيا ثاني الإسم الكامل

Date of Birth ١٩٩٥ / ٢ / ٥ تاريخ الميلاد

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

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

Occupation ربة منزل المهنة

I.D Number رقم البطاقة الشخصية

Telephone No. (Home) رقم الهاتف المنزلي

Mobile Number ٣٣٩٤٩٤٧٠ رقم الجوال

Emergency Contact Person الزوج أقرب الأقارب

Emergency Contact Number ٥٠٥٤٤٠١٠ رقم هاتف

Address: Building No. ٦٤ Zone No. ٩٦٦ Street No. المدينة العنوان:

رقم البناية رقم المنطقة رقم الشارع العنوان:

How did you hear about our Center
☐ Advertisements / إعلانات ☐ Referral by doctor ☒ Friends & Relatives / أصدقاء وأقارب من أين سمعت عن مركزنا؟

☐ 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 جيهاد التوقيع

File Number 038938

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: صعد سية ياشا تاني

التاريخ: ٢٠٢٤ / ٥ / ٢٨



ملف رقم: 038933

التوقيع: صعد

