



File No.: 038934

Nationality: Q

GYNAECOLOGICAL SHEET

Name: Mariam Mohammed Abdulla Abudawas Age: 35 yrs
Occupation: Housewife Marital Status: 15 yrs
ID. No: 28804800122 Husband's Name: Hassan Ali Almansouri
Address: Ezgwa Mobile Phone: 66612285 Residence Phone:

SYMPTOMS: H/o both previous pregnancies complicated by liver enzyme renal impairment & Rheumatoid, cardiac known case of still disease (2010) - Gynaecological not lactating

Medical History: on thyroxin 125mg-34% PH. (2) clb (PIH) FH. DM & HTN
- prednisolone 20mg C-section 2011 - both preterm 32-33/52
MENSTRUAL HISTORY: 14% H. pale malon 20% L.N.M.P. 152/52

Menarche: Regular monthly for 8-9 days
Menstrual Habits: Menopause: 7-2-24
Menstrual Symptoms: Parity: P 2 Abortion 2 - complete Ectopic LCB

♀ 0 ♂ 2 **EXAMINATION**

General Examination: Ht. 177 cm Wt. 161.6 Kg BMI 110/80 mm Hg

Look, ♀ obese +, coop, nice personality
Chest, C.V.S. NAD

Abdomen: Fatty obese - Not Informative

Breasts: NAD

PELVIC EXAMINATION:

Speculum Exam. high C & hyperemic, reddish mucoid
Bimanual Exam. high, Non coop, Pap smear taken →
Rectal Exam. fresh bleed +

Investigation Requested: RUF ut of regular contour & GB endomet 8mm
+ T.A. 4 ovaries - Rt - one follicle - old & collapsed
+ T.V. Lt - one follicle 12mm.

Diagnosis: Gynae check up - cervicitis

Plan of Management: Rx for cervicitis

Next Appointment:

**Pap Smear Report****Patient Name** : MARYAM MOHAMED A A BUDAWAS**File No.** : 2586727 / 038934**Visit No.** : ALZ204291**Report No.** : 24053414**Ref by Doctor** : Laila Hamid**Age** : 35 Years**Gender** : Female**Identify Type** : 28804800122**Sample Date** : 28/05/2024**Result Date** : 29/05/2024**Liquid-based preparation PAP Smear****Cytological Number: PAP 24/053414**

Test requested	:	Cervical smear in liquid fixation.
Clinical information	:	LMP 17/05/2024.
Adequacy	:	Satisfactory for evaluation.
Microscopy	:	-The squamous cells are superficial and intermediate, metaplastic cells. - Reactive cellular changes associated with mild inflammation few sets show mild nuclear enlargement, slight nuclear membrane irregularity. - Negative for: trichomonas vaginalis and candida albicans and actinomyces spp and herpes simplex virus, few normal endocervical glandular cells, no endometrial cells.
Diagnosis	:	Mild Nonspecific Cervicitis with metaplastic changes.
Recommendation	:	Clinical follow up Repeat after 3 to 6 months.

Lab Doctor: Dr. Maha Kotrob / P12783

Dr. Maha Fares Kotrob
Laboratory
Medicine/Anatomic Pathology
License No P12783



GULF LABORATORY & RADIOLOGY

Laboratory Tests | CT Scan | MRI | Ultrasound | X-Ray

Laboratory complies with external Q. C. program (EQAS - USA & RIQAS - UK)



مختبر وأشعة الخليج

تحاليل طبية | الأشعة المقطعية | الرنين المغناطيسي | موجات صوتية | أشعة
المختبر يطبق معايير الجودة الدولية الأمريكية والبريطانية

Pap Smear Report

Patient Name : MARYAM MOHAMED A A BUDAWAS

File No. : 2586727

Visit No. : ALZ204291

Report No. : 24053414

Ref by Doctor : Laila Hamid

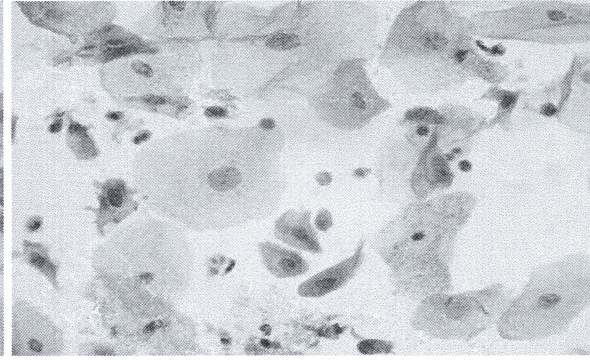
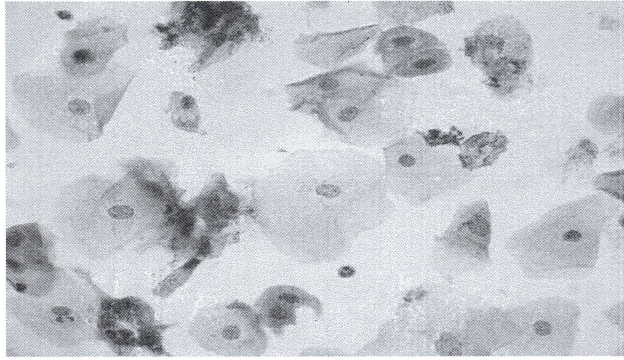
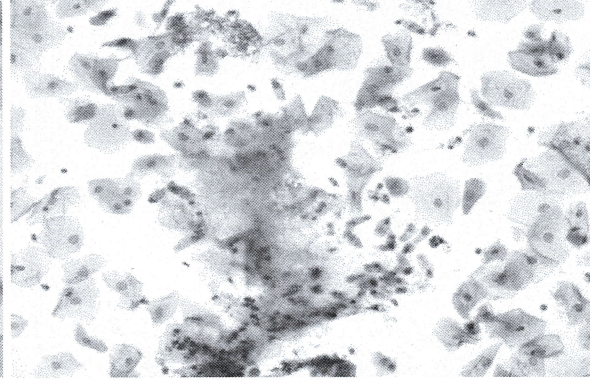
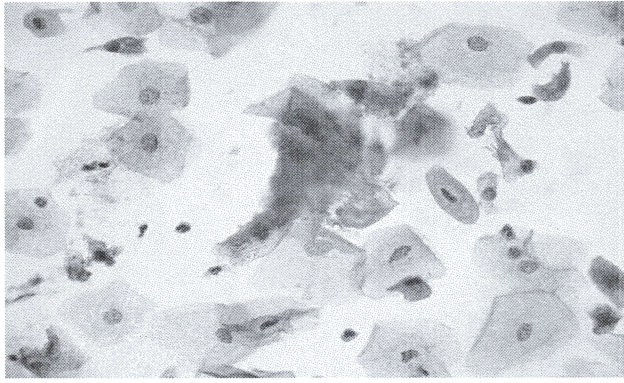
Age : 35 Years

Gender : Female

Identify Type : 28804800122

Sample Date : 28/05/2024

Result Date : 29/05/2024



Note: All slides are kept for 5 years after the date of reporting.

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Our Location



Our Location

AL ARABI LABORATORY & RADIOLOGY

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مركز العربي للأشعة والمختبرات الطبية

أشعة | موجات صوتية | الرنين المغناطيسي | الأشعة المقطعية

المرادف: تطبيق معايير الجودة الدولية الأمريكية والبريطانية

PAP Smear REQUEST

Patient Name: <u>Mariam Mohamed</u>	Patient QID: <u>28804800122</u>	Patient File No: <u>088934</u>
Nationality: <u>Q</u>	Age: _____	Gender ☐ M ☐ F
Mobile No: <u>Dr. Leila Bahig</u>	E-mail: _____	Date of Request: <u>28/5/24</u>
Patient Clinical Data: <u>Routine screening</u>	Married? ☒ YES ☐ NO	Children No: <u>P2 + 2</u>

Sample obtained by:

☐ Ayres Spatula

☐ Brush

☒ Liquid-based Cytology

Smear Site:

☒ Cervix

☐ Endocervix

☐ Endometrial Aspiration

☐ Labia

☐ Vaginal Vault

☐ Vaginal Wall

☐ Vulva

Menstrual State:

☐ Post Menopausal

☐ Post Partum

☐ Pregnant

HPV Vaccination?

☐ YES ☐ NO

LMP: 17 Day 5 Month 24 Year

Current Hormone Use:

On Hormone?

☐ YES ☒ NO

For Contraception

☐ YES ☒ NO

For Therapy

☐ YES ☒ NO

Estrogen & Progesterone

☐ YES ☐ NO

☐ Estrogen Only

☐ Progesterone Only

Other Medication (Specify): _____

Other relevant information:

Abnormal Bleeding

☐ YES ☒ NO

Suspicious Lesion

☐ YES ☒ NO

Using IUD

☐ YES ☒ NO

Previous Uterine Procedures:

☐ Bite Biopsy

☐ Cryotherapy

☐ Endometrial Biopsy

☐ Leep

☐ Colposcopy

☐ Electrocautery

☐ Cone Biopsy

☐ Laser

Hysterectomy:

☐ Subtotal (uterus removed, cervix remain)

☐ Total (uterus & cervix excised)

Date conducted: _____ Day _____ Month _____ Year

Prior Malignancy

☐ YES ☐ NO

Requesting Physician Signature & Stamp: Dr. Leila Hamid

Date of Procedure: 29/05/24

Procedure Done By (Name & Signature): _____

Madinat Khalifa South

Tel.: +974 4486 8675



مدينة خليفة الجنوبية

هاتف: +974 4486 8675

Al Waab St. - Al Aziziya

Tel.: +974 4450 0074



شارع الوعب - العزيزية

هاتف: +974 4450 0074

د. ليلى شاميد
استشارية نسائية وتوليد
Consultant OB GYN
ترخيص رقم P832
Cons No. P832



MEDICAL REPORT

NAME:	MARYAM MOHAMED A A BUDAWAS
HC NO:	HC02349686
DOB:	13/12/1988
GENDER:	FEMALE
NATIONALITY:	QATARI

DATE OF ADMISSION: 13/02/2024

DATE OF DISCHARGE: 29/02/2024

PRINCIPAL DIAGNOSIS: DEPLETED IMPLANTABLE CARDIOVERTER-
DEFIBRILLATOR (ICD) BATTERY

OTHER DIAGNOSES:

1. PERIPARTUM CARDIOMYOPATHY IN 2010 (EJECTION FRACTION WAS 15% TO 19%), RECOVERED
2. CARDIAC ARREST TWICE, STATUS POST IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR INSERTION IN SINGAPORE
3. NORMAL EJECTION FRACTION AT HEART HOSPITAL SINCE 2017, ON BETA BLOCKER
4. FOCAL SEGMENTAL GLOMERULOSCLEROSIS BIOPSY IN 2012, CREATININE WAS AROUND 200-300 $\mu\text{mol/L}$
5. HYPERTENSION
6. HISTORY OF SLEEVE GASTRIC SURGERY
7. THYROTOXICOSIS, ON CARBIMAZOLE; RECEIVED RADIOACTIVE IODINE AND CURRENTLY ON LEVOTHYROXINE
8. MORBID OBESITY
9. NEW-ONSET IDIOPATHIC THROMBOCYTOPENIC PURPURA (ITP)

REASON FOR ADMISSION: The patient was referred from Women's Hospital for ICD battery replacement after cesarean delivery. Her last ICD check showed depleted battery, and the device sensed, at the time, runs of ventricular tachycardia but no shocks were given.

HOSPITAL COURSE: During the patient's stay, she was planned for ICD replacement but it was delayed due to drop in platelets from her baseline to approximately $30 \times 10^3/\mu\text{L}$.

All her cardiac medications that were resumed were held to exclude drug-induced thrombocytopenia; however, she did not improve.



Continued

NAME:	MARYAM MOHAMED A A BUDAWAS
HC NO:	HC02349686

The rheumatology and hematology teams were contacted, and the possibility of ITP rose as the patient did not have any symptoms to suggest rheumatological flair and/or biochemical evidence of ongoing diseases.

She was started on intravenous immunoglobulin and methylprednisolone for empiric therapy and she responded rapidly, highly suggesting ITP. Her platelets improved to more than $300 \times 10^3/\mu\text{L}$, and she underwent ICD battery replacement. The procedure was completed with no immediate complications, and she was observed for 48 hours.

Inpatient Medications:

1. Aquaderm emollient (100 g) cream 1 application topically 3 times daily.
2. Beta-sitosterol 0.25% (30 g) ointment 1 application topically 2 times daily.
3. Bisoprolol 5 mg 1 tablet orally daily.
4. Cyclosporine (Neoral) 50 mg 1 capsule orally 2 times daily.
5. Dapagliflozin 10 mg 1 tablet orally daily.
6. Econazole 1% (30 g) cream 1 application topically 2 times daily.
7. Iron, ferrous sulfate 300 mg (60 mg iron) 1 tablet – C orally every other day.
8. Levothyroxine 25 mcg tablet plus levothyroxine 100 mcg tablet (125 mcg) orally daily.
9. Mometasone 0.1% (15 g) cream 1 application topically daily.
10. Panthenol 5% (30 g) cream 1 application topically 2 times daily.
11. Sodium bicarbonate 600 mg 1 tablet – C orally 3 times daily.
12. Valsartan 80 mg 1 tablet orally daily.
13. Paracetamol 500 mg 2 tablets (1,000 mg) orally every 6 hours as needed.

SIGNIFICANT FINDINGS:

Laboratory Results:

Hematology:

- WBC: $11.1 \times 10^3/\mu\text{L}$ (high)
- RBC: $4.2 \times 10^6/\mu\text{L}$
- Hgb: 12.2 g/dL
- Hct: 36.9%
- MCV: 88.6 fL
- MCH: 29.2 pg
- MCHC: 32.9 g/dL
- RDW-CV: 13.5%
- Platelets: $606 \times 10^3/\mu\text{L}$ (high)

مستشفى القلب Heart Hospital

عضو في مؤسسة حمد الطبية
A Member of Hamad Medical Corporation



Continued

NAME:	MARYAM MOHAMED A A BUDAWAS
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- MPV: 8.1 fL (low)
- Absolute Neutrophil Auto #: $7.9 \times 10^3/\mu\text{L}$ (high)
- Lymphocyte Auto #: $2.1 \times 10^3/\mu\text{L}$
- Monocyte Auto #: $0.8 \times 10^3/\mu\text{L}$
- Eosinophil Auto #: $0.2 \times 10^3/\mu\text{L}$
- Basophil Auto #: $0 \times 10^3/\mu\text{L}$ (low)
- Neutrophil Auto %: 71.7%
- Lymphocyte Auto %: 18.9%
- Monocyte Auto %: 7.5%
- Eosinophil Auto %: 1.6%
- Basophil Auto %: 0.3%

Chemistry:

- BUN: 19.1 mmol/L (high)
- Creatinine: 230 $\mu\text{mol/L}$ (high)
- Sodium: 138 mmol/L
- Potassium: 5.5 mmol/L (high)
- Chloride: 105 mmol/L
- Bicarbonate: 20 mmol/L (low)
- Magnesium: 0.85 mmol/L

Diagnostic Results:

Echocardiography:

- Normal size and global systolic left ventricular (LV) function, with an left ventricular ejection fraction (LVEF) of 56%.
- LV global peak longitudinal strain (GPLS) average of -18.2%.
- There is mild septal left ventricular hypertrophy.
- Upper normal-sized right ventricle.
- Trivial mitral regurgitation.
- Mild tricuspid regurgitation
- Pulmonary artery pressure is normal.

Ultrasound of the abdomen:

- Suboptimal gassy abdomen.
- Enlarged liver measuring approximately 19 cm in the right midclavicular line with mild increase in parenchymal echogenicity. No sizeable hepatic focal lesions or dilated intra hepatic biliary radicals could be seen.
- Patent portal vein measuring 9 mm in diameter.



Continued

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- The common bile duct measured 4 mm.
- Unremarkable appearance of the gallbladder.
- Average size and echo pattern of the spleen measuring 12 cm in span.
- Both kidneys showed average size with increased parenchymal echogenicity. No stones or back pressure changes could be seen.
- The right kidney measured 10.8 x 5.3 cm and the left kidney measured 10.9 x 5.4 cm.
- The partially seen neck of the pancreas appeared unremarkable.
- No evidence of free abdominal fluid.

Impression:

1. Fatty hepatomegaly.
2. Bilateral nephropathy.

CONDITION AT DISCHARGE: At baseline.

DISCHARGE MEDICATIONS:

1. Amoxicillin/clavulanate 625 mg orally every 12 hours.
2. Bisoprolol 5 mg orally daily.
3. Cyclosporine 50 mg orally 2 times daily.
4. Dapagliflozin 10 mg orally daily.
5. Enoxaparin 40 mg subcutaneously daily.
6. Ferrous sulfate 300 mg orally daily.
7. Levothyroxine 125 mcg orally daily.
8. Paracetamol 1,000 mg orally every 6 hours as needed for pain.
9. Sodium bicarbonate 600 mg orally 3 times daily.
10. Valsartan 80 mg orally daily.

FOLLOW-UP INSTRUCTIONS:

1. Augmentin for 5 days.
2. Keep on cyclosporine for now, to be reviewed in the nephrology clinic.
3. Keep on deep venous thrombosis prophylaxis (enoxaparin) for 3 more weeks (started on 7 February 2024) to complete a total of 6 weeks postpartum.
4. Status post ICD insertion protocol
 - Keep the dressing dry until the wound is closed (approximately 10 days).
 - Do not elevate the left arm above the shoulder for 4 weeks.
5. Rheumatology and Hematology outpatient follow up.



Continued

NAME: MARYAM MOHAMED A A BUDAWAS
HC NO: HC02349686

6. Cardiology outpatient follow up (valsartan/dapagliflozin were resumed postpartum; spironolactone was kept on hold).
7. Avoid breastfeeding due to cyclosporine.
8. Cardiac medications were resumed.

DISCHARGE DISPOSITION: Home.

The plan was explained to the patient, and she understood and agreed with it.

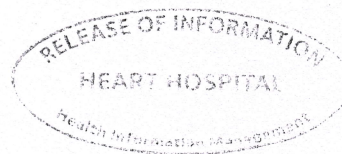
Dr. Mohammad Ahmed Jamil Es Salim
Resident
Adult Cardiology/Noninvasive

Dr. Hakam Abdallah Alzaeem
Consultant
Adult Cardiology/Noninvasive

Dr. Ammar K...
Consultant, Cardiology - H...
03/03/24

on behalf of
A. Alzaeem

MSA/KIM/EBI
03/03/2024



Date 28/5/20

New Patient Registration Form

Full Name الاسم الكامل

Date of Birth تاريخ الميلاد

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

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

Occupation المهنة

I.D Number رقم البطاقة الشخصية

Telephone No. (Home) رقم الهاتف المنزلي

Mobile Number رقم الجوال

Emergency Contact Person أقرب الأقارب

Emergency Contact Number رقم هاتف

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

رقم البناية

7

Zone No.

31

Street No.

954

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 / بالاسم ☐ By No / بالرقم ☐ Others (please specify) / حدد الطريقة التي تفضلها

I receive my Rights & Responsibilities

استلمت قائمة حقوق و مسؤوليات المريض

Signature التوقيع

File Number 038934

نموذج الموافقة المستنيرة

موافقة على العلاج الطبي

أوافق و أوجة الطبيب / الطيبة 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.

استأذ

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

حليم محمد عبد الله

اسم المريض / المريضة:

التاريخ: 28-5-2024

ملف رقم: 038939

التوقيع:

د/ليلى حامد
Dr. Leila Hamid
استشارية نسائية وتوليد
ترخيص رقم 832
License No. 832

State of Qatar
ID. Card



دولة قطر
بطاقة إثبات شخصية



ID. No: 28804800122

الرقم:

D.O.B. 13/12/1988

تاريخ الميلاد:

Nationality:

QATAR

/

قطريه

الجنسية:

Date of expiry:

05/07/2030

الصلاحية:



الإسم: مريم محمد عبدالله احمد بودواس

Name: MARYAM MOHAMED A A BUDAWAS

منطقة 31 - شارع 954 - مبنى 7

العنوان:

Serial No:

الرقم المسلسل:

مدير إدارة الجنسية و وثائق السفر
Authority's signature

توقيع حامل البطاقة
Holder's signature

