



File No.: 039239

Nationality: SUD

GYNAECOLOGICAL SHEET

DR LEILA HAMID MEDICAL CENTER

File No: 039239

Name: MUTOUN MOHAMMED AHMED

QID No: 25973601333

Mob: 50407474

Sex: Female

ADDRESS: BIN OMRAN



Age: 65yrs

Marital Status: 37yrs

Husband's Name: Hussein Hakim Shareef

Home Phone:

Residence Phone:

menopause

SYMPTOMS:

Post bleeding / 2 days.
she has pile, she didn't know if the bleeding
from pile or vagina or CX. Come to check.

Medical History: hypertensive + hyper. P.H. - Knee - FH. DM & HTN.
lipidemia + IBS. arthroscopy +
cardiac catheter (diagnostic).

MENSTRUAL HISTORY:

Menarche: L.N.M.P

Menstrual Habits:

Menstrual Symptoms:

Menopause: 15 yrs.

Parity: P 5 Abortion 2 Ectopic LCB

♀ 2 ♂ 3

EXAMINATIONGeneral Examination: Ht. cm Wt. Kg BMI Kg/m² Bp mm Hg

non cooperative, not pale.

Chest, C.V.S. NAD

Abdomen: Soft.

Breasts: not examined.

PELVIC EXAMINATION:

Speculum Exam. very narrow introitus & Circumcised,

normal vagina - mild cysto-rectocolic.

Bimanual Exam. normal CX - pap smear was taken.

Rectal Exam. there is stage 2 pile - no evidence of thrombosis
or infectionInvestigation Requested:

pap smear as routine.

Diagnosis:

Δ Cryn. check up.

Plan of Management:

Next Appointment:

Name : Mutoun Mohammed Ahmed
Lab. No. : 332439834
Contract. : Dr. Layla Bashir
Patient No. : 2160-039239
File No. :

Sample Date : 18/07/2024 18:28 PM
Report Date : 22/07/2024 05:34 AM

this sample was collected outside lab

Branch : Qatar Waab Age : 65 Year Sex : Female Int. No. : 4G24.3071
Cytology Unit

Liquid Based Pap (Sure Path®)

SPECIMEN TYPE

P. smear cytology (sure path).

CLINICAL DATA

Routine pap smear.

ADEQUACY

Adequate, endocervical cells

INTERPRETATION

Smear shows superficial and intermediate squamous cells.
Sheets of basal/parabasal cells.
There are no features of intraepithelial lesion or viral change.

RESULT

Negative for intraepithelial lesion or malignancy (NILM).
Reactive cellular changes associated with inflammation.
Post menopausal atrophic changes.

RECOMMENDATION

- Routine PAP screening.
- HPV-DNA testing is advised and can be performed on the provided Liquid PAP sample upon request. (Within 30 Days)

COMMENT

- This report follows the updated Bethesda System for Reporting Cervical Cytology, third edition, 2014.

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EDUCATIONAL NOTES

- Pap test is a screening test for cervical cancer with inherent false negative result.
- Combined HPV DNA testing with cytological examination (Pap smear) is proved to be more sensitive and improves the specificity in detecting cervical abnormalities and minimizes the need of invasive diagnostic procedures when compared to Pap test alone.
- The Interim guidance was developed by American Society for Colposcopy and Cervical Pathology (ASCCP) and the Society for gynecological oncology (SGO) with input from representatives of five other organizations including the American Cancer Society (ACS), American College of Obstetricians and Gynecologists (ACOG), American Society for Clinical Pathology (ASCP), American Society of Cytopathology (ASC) and the college of American Pathologists (CAP).

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Verified By :

Dr. Elif Hasan



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Branch : Qatar Waab Age : 65 Year Sex : Female

Chemistry Unit

Test	Result	Unit	Ref. Range
Ferritin In Serum	477.3	H ng/mL	13 - 150

Reviewed By:

Dr. Menatall El-Tahawy
Anatomical & Clinical Pathology
License No. 5633
Menna El-Tahawy

Verified By : Donnie Rey De Guzman Itaralde

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Printed Date AM 11:39 20/07/2024

Page 1 Of 1

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AI Borg Medical Laboratories Co. Ltd. Doha - Qatar. Email: csv.qatar@alborgdx.com

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Haematology Unit

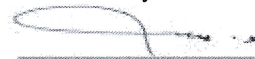
Complete Blood Count - (CBC)

Test	Result	Unit	Ref. Range
Hemoglobin Level			
Hemoglobin	12.1	g/dL	12 - 15.5
Hematocrit	37.7	%	34.9 - 44.5
Red cell Count And indices			
Red cell count	4.30	$\times 10^{12}/L$	3.9 - 5.03
MCV	87.7	fL	81.6 - 98.3
MCH	28.1	pg	26.5 - 32.6
MCHC	32.1	g/dL	32 - 36
RDW	12.3	%	11.9 - 15.5
Leucocytic count (Total and Differential)			
Total Leucocytic Count	4.43	$\times 10^9/L$	3.6 - 10.5
Basophils absolute count	0.04	$\times 10^9/L$	0 - 0.2
Eosinophils absolute count	0.08	$\times 10^9/L$	0.01 - 0.5
Neutrophils absolute count	1.61	$\times 10^9/L$	1.7 - 7.5
Lymphocytes absolute count	2.34	$\times 10^9/L$	0.9 - 3.2
Monocytes absolute count	0.36	$\times 10^9/L$	0.2 - 1
Platelet Count			
Platelet Count	144	$\times 10^9/L$	150 - 450

Comments

Platelets show mild thrombocytopenia, For follow up.

Reviewed By:


Dr. Menatelli El-Tahawy
Menna El-Tahawy

Date 18 / 7 / 24

New Patient Registration Form

Full Name السيد / محمد علي حامد الإسم الكامل

Date of Birth 11/09/1991 تاريخ الميلاد

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

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

Occupation مهندسة / كيميائية المهنة

I.D Number 25973601333 رقم البطاقة الشخصية

Telephone No. (Home) رقم الهاتف المنزلي

Mobile Number 50407474 رقم الجوال

Emergency Contact Person سمي أقرب الأقارب

Emergency Contact Number رقم هاتف

Address: Building No. 41 Zone No. 37 Street No. 850 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 التوقيع

File Number 039239



نموذج الموافقة المستنيرة

موافقة على العلاج الطبي

أوافق و أوجة الطبيب / الطيبة المعالج لي لمقابلي 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.

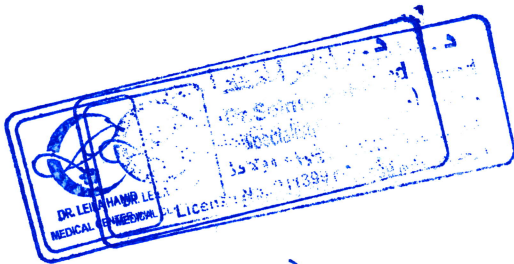
وقد قرأت ووافقت على نموذج الموافقة المستنيرة حسب تعليمات وزارة الصحة العامة.

اسم المريض / المريضة: مكون محمد علي محمد

التاريخ: 18-7-2024

ملف رقم: 039239

التوقيع: [Signature]



State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 25973601333 الرقم الشخصي:
D.O.B.: 27/12/1959 تاريخ الميلاد:
Expiry: 05/05/2027 الصلاحية:
سودانية الجنسية:

Nationality: SUDAN

Occupation: بدون المهنة:



الاسم: متون محمد احمد علي حامد

Name: MUTOON MOHAMMEDAHMED ALI HAMED

Passport Number: P07694220 رقم جواز السفر:
Passport Expiry: 21/02/2026 تاريخ انتهاء الجواز:
Serial No: 30125973601333 الرقم المسلسل:
Residency Type: عقلية نوع الرخصة:
Employer: سارا حسين حاكم شريف المستقدم:
مدير عام الادارة العامة للجوازات
General Director of the General
Directorate of Passports توقيع حامل البطاقة
Holder's signature



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Accurate .. Fast .. reliable Results

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