

- 2nd marriage for him, has one child, 1 yr.  
- 2nd marriage for her - no kids.



File No.: 039703

Nationality: Q

## GYNAECOLOGICAL SHEET

DR LEILA HAMID MEDICAL CENTER  
File No: 039703  
Name: NOORA MOHAMED ALMARRI  
QID No: 28163402850 Sex: Female  
Mob: 55431410 ADDRESS: ALMERADH

Age: 42 y.o

Marital Status: 19 yrs.

Name: Nasser Mohd Almarri

Residence Phone: - Younger than her - not smoker

### SYMPTOMS:

- She wants to conceive.  
- she did IVF many Trials, failed.  
- regular S.R.

Medical History: hypothyroid on thyroxin 100mg/d. P.H. - non F.H. MCOM.

### MENSTRUAL HISTORY:

Menarche: not sure L.N.M.P 30.09.24 D<sub>2</sub>.  
Menstrual Habits: regular - last for 5 days every month.  
Menstrual Symptoms: non. Menopause:  
Parity: P II Abortion 0 Ectopic LCB 14 yrs  
Both NVDs, a/w. 2nd IVF.

### EXAMINATION

General Examination: Ht. 154 cm Wt. 95.7 Kg BMI 39.5 Kg/m<sup>2</sup> Bp 140/100 mm Hg  
obese. not pale.

Chest, C.V.S. NAD

Abdomen: soft

Breasts: well developed. no galactorrhoea.

### PELVIC EXAMINATION:

Speculum Exam.

Bimanual Exam.

Rectal Exam.

not indicated.

### Investigation Requested:

- D<sub>2</sub> hormonal Profile.  
- AMH.

### Diagnosis:

A 2ndary infertility for investigation.

### Plan of Management:

→ Folliculometry D<sub>2</sub> & SFA if hormones & AMH reasonable.

### Next Appointment:

Name: Noora mohammed

File Number: 039703

Date	Cycle Day	Drugs	Endo.	Right Ovary	Left Ovary
9/10/24 95.4kg 110/70	01/10/24 D19	—		visit cancelled.	
12.10.24 95.2kg 110/70	D12	—	CA 8.2mm	dormant ovaries & no reserve.	

د. سلمى بابكر احمد  
Selma Babiker Ahmed  
طبيب نسائية وولادة  
Obstetrics & gynecology  
موبايل 011300 111

Notes: 12 OCT 2024 Pt advised to go for I.V.F as fast as possible.



### TEST RESULT REPORT

Patient Name : MS. NOORA MOHAMMED  
Age/Gender : 42 Y/Female  
Sample Collected : Clinic  
Ref By Clinic : Dr. Leila H Medical Center  
Ref By Doctor : Selma Babiker Ahmed

Accession No : 140138213  
Patient UID : MHLQC126422  
Entrance Date : 01-10-2024 22:13  
Exit Date : 02-10-2024 01:00  
Ext.Ref.Num : 039703



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### ENDOCRINOLOGY

TEST NAME	RESULT	REFERENCE RANGE	UNIT	METHOD
<b>FSH (FOLLICLE STIMULATING HORMONE)</b>	6.81	3.03 - 8.08 Follicular Phase 2.55 - 16.69 Mid Cycle Peak 1.38 - 5.47 Luteal Phase 26.72 - 133.41 Postmenopausal	mIU/ml	CMIA
Primary Sample Type : SERUM				
<b>LH (LUTEINIZING HORMONE)</b>	3.78	1.80 - 11.78 Follicular Phase 7.59 - 89.08 Mid Cycle 0.56 - 14.00 Luteal Phase 5.16 - 61.99 Postmenopausal without HRT	mIU/ml	CMIA
Primary Sample Type : SERUM				
<b>PROLACTIN</b>	14	5.18 - 26.53	ng/ml	CMIA
<p><b>Note:</b> Prolactin is a 198-amino acid protein (23-kd) produced in the lactotroph cells of the anterior pituitary gland. Its primary function is to enhance breast development during pregnancy and to induce lactation. However, prolactin also binds to specific receptors in the gonads, lymphoid cells, and liver. It increases with sleep, stress, pregnancy, and chest wall stimulation. Most common cause of increased prolactin level is drug intake(eg: neuroleptics, antipsychotic drugs, dopamine antagonists, isoniazid etc). Decreased levels are noted in Sheehan syndrome, certain drug intake(eg: levodopa, bromocriptine etc).</p> <p><b>Uses:</b> Aiding in evaluation of pituitary tumors, amenorrhea, galactorrhea, infertility, and hypogonadism. Monitoring therapy of prolactin-producing tumors.</p> <p><b>Limitations:</b> Normal prolactin secretion varies with time, which results in serum prolactin levels two to three times higher at night than during the day. Prolactin values that exceed the reference values may be due to macroprolactin (prolactin bound to immunoglobulin). Macroprolactin should be evaluated if signs and symptoms of hyperprolactinemia are absent or pituitary imaging studies are not informative.</p> <p>Primary Sample Type : SERUM</p>				
<b>TSH (THYROID STIMULATING HORMONE)</b>	0.33	0.35 - 4.94 Pregnant: 1st Tri: 0.30 - 2.50 2nd Tri: 0.30 - 3.00 3rd Tri: 0.80 - 3.50	uIU/ml	CMIA

TEST RESULT REPORT

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Test done in Abbott Alinity. Reference range updated as per manufacturer since 01-01-2024

**Note:** Thyroid-stimulating hormone (TSH) also known as thyrotropin, stimulates thyroid follicular cells and regulates the rate of synthesis of thyroid hormones (T4 and T3). Prolonged TSH stimulation leads to eventual hypertrophic enlargement of the thyroid gland (goiter).

**Primary Hyperthyroidism** - A condition caused by excessive production of thyroid hormones and usually associated with decreased TSH. Symptoms and signs are increased basal metabolic rate, enlargement of thyroid gland, rapid heart rate, high systolic blood pressure. Causes include Autoimmune thyroid disease (AITD), Graves disease, Hashitoxicosis, Toxic multinodular goiter.

**Primary Hypothyroidism** - A condition of decreased thyroid hormones associated with increased TSH leading to lethargy, muscle weakness and intolerance to cold. Causes include Hashimoto thyroiditis, Inborn errors (dys-hormonogenesis), Iodine deficiency, Radiation-induced hypothyroidism, Surgical removal of the thyroid gland. Central hypothyroidism occurs due to pituitary or thalamic malfunction (secondary and tertiary hypothyroidism, respectively). This relatively rare but important condition is indicated by presence of low serum T3 and T4 levels, in conjunction with TSH levels that are paradoxically either low/normal or are not elevated to levels that are expected.

Primary Sample Type : SERUM

**ANTI MULLERIAN HORMONE (AMH)** 1.23 0.02 - 5.26 ng/ml CLIA

**Interpretation:** AMH levels may change throughout the menstrual cycle and decrease with age.

Ovarian Fertility Potential Optimal Fertility: 4.0 - 7.0

Satisfactory Fertility: 2.2 - 4.0

Low Fertility: 0.3 - 2.2

Very Low / undetectable: 0.0 - 0.3

High Level: > 7.0

Response to hormonal stimulation (ng/mL)

Negligible: < 0.2 Reduced: 0.2 - 1.0

Normal: 1.0 - 5.0

High (OHSS Risk): > 5.0

The interpretation guides provided above are only suggestions which are based upon examination of multiple published studies. It is expected in the near future that refinement of these ranges may occur.

Primary Sample Type : SERUM

--- End of Report ---





Date ...../...../.....

**New Patient Registration Form**

Full Name ..... نوره محمد علي المري ..... الإسم الكامل

Date of Birth ..... 27-11-1981 ..... تاريخ الميلاد

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

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

Occupation ..... ربة منزل ..... المهنة

I.D Number ..... 28163402850 ..... رقم البطاقة الشخصية

Telephone No. (Home) ..... رقم الهاتف المنزلي

Mobile Number ..... 55431410 ..... رقم الجوال

Emergency Contact Person ..... أختي سها ..... أقرب الأقارب

Emergency Contact Number ..... 55768941 ..... رقم هاتف

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

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 ..... نوره ..... التوقيع

File Number 039703



## 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.

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

اسم المريض / المريضة: نوره محمد المرني

التاريخ: ١ - ١٥ - ٢٠٢٤

ملف رقم: ٥٣٩٧٥٣

التوقيع: نوره

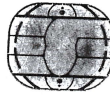




State of Qatar  
ID. Card



دولة قطر  
بطاقة إثبات شخصية



ID. No: 28163402850

الرقم:

D.O.B. 27/11/1981

تاريخ الميلاد:

Nationality:

QATAR

/ قطريه

الجنسية:

Date of expiry:

23/12/2028

الصلاحية:



الإسم: نوره محمد على البريدى المرى

Name: NOORA MOHAMMED A A AL-MARRI

منطقة 55 - شارع 904 - مبنى 16

العنوان:

Serial No:

5361431614222508

الرقم المسلسل:

مدير إدارة الجنسية و وثائق السفر  
Authority's signature

توقيع حامل البطاقة  
Holder's signature

نوره

