



File No.: 039330

Nationality: Q

GYNAECOLOGICAL SHEET

DR LEILA HAMID MEDICAL CENTER

File No: 039330

Name: SARAH NASSER KHALID ALN

QID No: 25863401660 Sex: Female

Mob: 55547885 ADDRESS : ALDUHAIL



Age: 66yrs

Marital Status: Widow

band's Name:

Mobile Phone:

Residence Phone:

SYMPTOMS:

c/o vaginal spotting, no urinary symptoms, want to do Gynae check.

Medical History: DM & HTN on medical (2 drugs) treatment.

P.H. Non

F.H. HTN (M)

MENSTRUAL HISTORY:

(Control) on Ca⁺⁺ (4 tabs/day)

Menarche: 14 years

L.N.M.P

Menstrual Habits: was regular, monthly -

Menstrual Symptoms:

Menopause: 23 years - 2001

Parity: P 7 - Abortion 0

Ectopic

LCB 35yrs

♀ 4

♂ 3

all NVD, all a.w.

EXAMINATION

General Examination: Ht. 157 cm Wt. 68.4 Kg BMI Kg/m² Bp 150/90 mm Hg

Slm, shy coop.

Chest, C.V.S. NAD.

Abdomen: soft, fatty.

Breasts: NAD

PELVIC EXAMINATION:

Speculum Exam. red vaginal mucosa, c/o of menop. e-stenosed

Bimanual Exam. ext os - no bleeding seen but vaginal Puffiness

Rectal Exam. disappeared. Pap smear taken

Investigation Requested: Small ut w/ Av F - e-calified wall & thin endomet - ovaries Rt? Lt? No seen b/c either T.AAT-V

Diagnosis: Post menopausal bleeding, atrophic endometritis (PMR) PM

Plan of Management: - Pap smear - gynovit

Next Appointment:

TA & TV

Name : Sarah Nasser Al-Naimi
Lab. No. : 332443375
Contract. : Dr. Layla Bashir
Patient No. : 2160-039330
File No. :

Sample Date : 06/08/2024 16:47 PM
Report Date : 11/08/2024 11:11 AM

this sample was collected outside lab

Branch : Qatar Waab Age : 66 Year Sex : Female Int. No. : 4G24.3304

Cytology Unit

Liquid Based Pap (Sure Path®)

SCIMEN TYPE

PAP smear cytology (sure path)

CLINICAL DATA

Spotting twice / Red vagina / Normal cervix / Atrophic

ADEQUACY

Adequate, endocervical cells

INTERPRETATION

Smear shows superficial and intermediate squamous cells.
Parabasal cells seen.
Heavy mixed inflammatory cells infiltration.
Endometrial cells (According to The Bethesda System in women ≥ 45 years): One group seen.
There are no features of intraepithelial lesion or viral change.

RESULT

Negative for intraepithelial lesion or malignancy (NILM).
Deep atrophic changes with inflammation.

RECOMMENDATION

- Clinical follow up and **repeat** PAP test after treatment (at least 3 months later) if applicable and if clinically indicated.
- Endometrial cells after age 40, particularly out of phase or after menopause may be associated with benign endometrium, hormonal alteration and less commonly endometrial / uterine abnormality. Clinical check up considering history and clinical finding.

COMMENT

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

References:

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- 2016 Practice Bulletin No. 168; American College of Obstetricians and Gynecologists (ACOG).

Verified By :

Dr. Delaram Mohammad
Mahmoud Arwlan

FRCPATH, License No. 2778

Dr. Delaram M. Mahmoud
Histopathology & Cytology
License No. 2778
Al Borg Laboratory



مختبرات البرج الطبية
Al Borg Medical Laboratories

Client Code

039330

Date 6/8/24

PATHOLOGY REQUEST FORM

(Please complete required data for quality assurance)

Physician Data	Patient Data
Hospital/Clinic: Dr. Leila Medical Center	Name: Sarah Nasser Alnaim
Physician Name: Dr. Leila Bashir	Age: 66 yrs
Mob./Fax:	Nationality: Q
P.O.Box:	File No.: 039330
Email:	Telephone: 55547885

Surgical Specimen: Wet Cx. prep for Cytopath	
Clinical data: D7 H0 menopausal for 23 yrs. clo vaginal spotting twice last week. O/E red Vagina. Cx H.	Previous investigations ☐ Previous Cytology ☐ Previous Biopsy ☒ Previous PAP smear Neg 10 yrs ago ☐ Normal ☐ Abnormal Lab No. ()
Radiological Findings and Lab. Investigation:	
Provisional diagnosis: atrophic endometritis	
Signature: [Signature]	

Cytology (non Gynecology)

Date / /

☐ Conventional

☐ L B C

SPECIMEN SOURCE

☒ FNA

Site
No. of slides

☐ Body Fluids

- ☐ Pleural
- ☐ Peritoneal
- ☐ Pericardial
- ☐ CSF
- ☐ Nipple Discharge

☐ Urine

- ☐ Voided
- ☐ Catheterized

☐ Respiratory

- ☐ Sputum
- ☐ Bronchial Wash
- ☐ Rt.
- ☐ Lt.

☐ Synovial Fluid

- ☐ Source
- ☐ Rt.
- ☐ Lt.

☐ Others

CLINICAL DATA

RADIOLOGICAL FINDINGS

Signature



Date 6 / 8 / 24

New Patient Registration Form

Full Name سارة ناصر خالد النقي 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

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

استلمت قائمة حقوق و مسؤوليات المريض

Signature التوقيع

File Number 039330

نموذج الموافقة المستنيرة

موافقة على العلاج الطبي

أوافق و أوجه 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.

استأثر

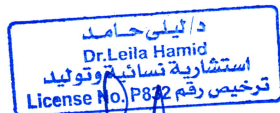
وقد قرأت ووافقت على نموذج الموافقة المستنيرة حسب تعليمات وزارة الصحة العامة.

اسم المريض / المريضة: سارة ناصر خالد النعيمي

التاريخ: ٢٠٢٤/٨/٦

ملف رقم: 039330

التوقيع:



State of Qatar
ID. Card



دولة قطر
بطاقة إثبات شخصية



ID. No: 25863401660

الرقم:

D.O.B. 01/01/1958

تاريخ الميلاد:

Nationality:

QATAR

/ قطريه

الجنسية:

Date of expiry:

13/05/2034

الصلاحية:



الإسم: ساره ناصر خالد الجير النعيمي

Name: SARA NASSER K A AL-NAIMI

منطقة 70 - شارع 634 - مبنى 3

العنوان:

Serial No:

111012050E51A127

الرقم المسلسل:

مدير إدارة الجنسية و وثائق السفر
Authority's signature

توقيع حامل البطاقة
Holder's signature



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DR. LEILA H. MEDICAL CENTER W.L.L

Tel. 44817651/ 44817652 - Fax: 44812796

Al Salam Street - North Muaither

Villa No.: 80 & 82



مركز د. ليلى حامد الطبي د.م.م.

تليفون: ٤٤٨١٧٦٥١ / ٤٤٨١٧٦٥٢ - فاكس: ٤٤٨١٢٧٩٦

شارع السلام - معيذر الشمالي

فيلا رقم: ٨٠ و ٨٢

وصفة طبية Prescription

No

Date: 06 AUG 2024 التاريخ:

Patient's name: Sara Naser Khaled اسم المريض:

File No.: 039 330 رقم الملف:

Age: 66 years العمر: atrophic endometritis

Rx

- Gynofit gel «lactic
عينة مصلية يوسيفاتة - ألبان، أولان

- Gynofit Moisturising
عينة مصلية يوسيفاتة - لبيل، غمر يوس

Doctor's signature:

Email: dr.leilamedcenter@gmail.com

Mobile: 55868523