



File No.: 038350

Nationality: Q

GYNAECOLOGICAL SHEET

DR. LEILA HAMID MEDICAL CI

File No: 038350

NAME: BAYNAH OBAID M A ALMARRI

ID NO: 29868200406 SEX: FEMALE

MOB: 5999798 ADDRESS: BANI HAJER

Age: 25y/o

Marital Status: 3yrs

band's Name: Mohammed Hamed Almarri

Mobile Phone: Residence Phone:

SYMPTOMS:

irregular period / this month.
came again on 18-20 as brownish vag. discharge.
- not lactating, natural contraceptive

Medical History: hypothyroidism off tt. PH. cis only. F.H. DM & HTN (F+M).

MENSTRUAL HISTORY:

Menarche: 12 yrs L.N.M.P 7/2/24
Menstrual Habits: regular - last for 7 days every month.
Menstrual Symptoms: mild dysmenorrhoes Menopause:
Parity: P 1 Abortion 0 Ectopic LCB 10 months
CIS due to failed induction.

♀

♂

EXAMINATION

General Examination: Ht. 155 cm Wt. 66.6 Kg BMI 110/80 mm Hg
Cooperative, normal ♀ look, not pale.

Chest, C.V.S. NAD

Abdomen: CIS scar

Breasts: not examined

PELVIC EXAMINATION:

Speculum Exam. normal vulva & vagina - brownish vag. discharge. cx looks normal.

Bimanual Exam. / not done.

Rectal Exam. / not done.

Investigation Requested:

T.U.S = R/V normal size uterus, ET 3.0cm normal ovaries & left leading follicle 10-3mm no cyst - no FFCOS.

Diagnosis: Δ irregular period for investigation.

Plan of Management: TSH requested. pt reassured. tt given.

Next Appointment:



مختبرات دلتا العالمية د.م.م.
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Quality • Safety • Privacy

ENDOCRINOLOGY

Name : BAINA OBEID
Sex/Age : F/ 25 y / 1 m / 19 d
Nationality : Qatar
Sample Col. : At Lab
Ref. By Dr. : Dr Selma Babiker Ahmed
Ref. By Clinic : DRLEILAMC

Lab No : 23989
DL No : 18659
Entrance Tm: 20-FEB-2024 22:54:51
Exit Date : 20-FEB-2024 23:55:31
Ext. Ref. Num.: 038350

TEST	RESULT	UNIT	REFERENCE VALUE
TSH	3.10	μIU/ml	Euthyroid: 0.25 - 5 μIU/ml Hyperthyroid: <0.15 μIU/ml Hypothyroid: > 7 μIU/ml
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.			
For Pregnant women: 1st Trimester: 0.30 - 2.50 2nd Trimester: 0.30 - 3.00 3rd Trimester: 0.80 - 3.50			

Pathologist Name. Dr .Swaroop, Anatomical and Clinical Pathologist

Dr Swaroop



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مركز د. ليلي حامد الطبي د.م.م.

تليفون: ٤٤٨١٧٦٥١ / ٤٤٨١٧٦٥٢ - فاكس: ٤٤٨١٢٧٩٦

شارع السلام - معيذر الشمالي

فيلا رقم: ٨٠ و ٨٢

وصفة طبية Prescription

Nº

Date: 20 FEB 2024 التاريخ:

Patient's name: Baina obeid اسم المريض:

File No.: 038350 رقم الملف:

Age: 28yr. A DUB العمر:

Rx

- Primulot N. tabs 5mg (30) ~~1000mg~~
٣٠ حبة ٥ ملجم من بريمولوت ن

- Daflan tabs 500mg
٥ حبات ٥٠٠ ملجم من دافلان
لضغط الدم

Doctor's signature:

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