



OUTPATIENT ASSESSMENT FORM

DATE: 26.9.2016 TIME: _____

File No: 015377

Name: Faten Moltou Sex: Female Nationality: SAR Age: 26 YRS.
 Occupation: Housewife LCB: _____ Marital Status: 5 YRS.
 QID. No: 29068200430 Husband's / Wife's Name: MASOUD NASSER MASOUD
 Address: AL SILIYA Mobile No: 55999422-4 Residence Phone: _____
 33975740

Pulse	BP	Temperature	Respiratory Rate	Weight Height	Pain Score	Head Circum (Pedia)	Nurse ID/Signature
98/nt	100/70		24/nt	49.3 148			

Presenting complain and duration : She wants rejuvenation
 of her skin after pregnancy

History of Present Illness : of Lactation
 Itching, redness with small papules
 Sudden onset of progressive course.

Allergies: ☐ Medication ☒ No ☐ Yes ☐ Food ☒ No ☐ Yes

Others If Yes, Specify: _____

Past History (Medical / Surgical / Psychological): ☒ No ☐ Yes If Yes Specify _____

Atopic dermatitis

Review Of Systems: ☒ Not Significant ☐ Significant Specify: _____

Family History: ☒ No ☐ Yes If Yes Specify _____

Current Medications: ☒ No ☐ Yes If Yes Specify _____

1. _____ 4. _____ 7. _____
 2. _____ 5. _____ 8. _____

DATE	FOLLOW UP	NEXT VISIT
11.8.22 53.2kg 100/60	LMP 8.8.22 P ^{IV} All WDS LCB 34rs- used COCS pills & never she had bleeding while using COCS then stopped it & has break through bleeding for now. I want to insert loop. O/E vitally stable 4/5 RVE uterus, thin endometrium 4-5mm, none both ovaries no clearly follicles, + FFCS. PR constantly & mild bleeding. Hesitant about inserting loop or to try baby [♂] pregnancy. ± concerned for loop insertion ± baby boy pregnancy & regulate the cycle.	
13.8.22 53 100/70	went to continue baby boy programme, for cycle regulation then cycle tracking next cycle & start programme from October cycle	Dr 12 10/11
30.8.22 Tele	LMP 29.08.22 9M Continue for baby boy pregnancy CT D12 10.00-22	Dr. Shihab Mohamed Mohieldin Specialty (Obstetrics & Gynecology) Licence No. P13970
10.9.22 53.5kg 100/60	LMP 6.9.22 No Intermittent bleeding Knew HYPOTHYROIDISM now on Rx O/E vitally stable 4/5 RVE uterus, ET 8mm CTA, Rt-ov small & no clearly	

DATE	FOLLOW UP	NEXT VISIT
6/12/22	Bled profusely 4/12. Friday good flow yest mild bleeding today none	
01.01.23 51kg 110/70	LMP: 29.12.22 PM D3 D, 30/12 Femara 2.5mg 1x2x5 S.R. ok till 7/1 C-T 8/11	8/11
29.1.23 Tele	P.M. LMP: 28.1.23 D1 for Femara 2.5mg tabs 1x2x5 Tamoxifen 10mg tabs 2x1x5 SR OK till 6.2 C-T → 7.2.23	
2/3/23 Tele	LMP = 2/3/23 - Tamoxifen tabs 40mg /day /5day Femara 2.5mg 1x2x5 day S-R until 10/3/23 C-T → 11/3/23	
6/3/23 + tele	called about period being scanty & for 2 days.	

Name : Faten MohamedFile Number : 015377

Date	Cycle Day	Drugs	Endo.	Right Ovary	Left Ovary
12/10/22 52.2 110/70	29/09/22 ^{pm} D ₁₂	Tamoxifen 1x1x5	GA 9.5mm	21. Ovarian cyst 4.5 x 4.6mm -ve Doppler	NO leading NO FFCDs
3/11/2022 50.2 110/70	28/10/22 ^{am} D ₇	—	GA 7.0mm	Small Follicles	one leading 13.5mm
9/11/2022 51 kg 110/70	28/10/22 ^{AM} D ₁₃	Tamoxifen 20mg 1x1x3 days Progyluton 1x3x3 days 20mg/d	GA 9.7mm	No leading Small only SCanty FFCDs	one Leading 15.5mm
6-12-22 51.5kg 110/70	25-11-22 D ₁₂	Tamoxifen 40mg/day x 5 days Progyluton 1x2x5 1/2 days	GAB 2.5 mm. NO FFCDs	one mediu. follicle 11mm.	one med. follicle 12mm Rupture
08.01.23 50.7kg 110/70	29.12.22 PM D ₁₀	Femara 2.5mg 1x2x5 days	GAB 6.6 mm	2 follicles 11 & 12mm	2 follicles 13 & 11mm

Notes: 11-10-22 Cancel cycle for D₄. cyst follow up.3-11-22 For tamoxifen 20mg 1x1x3
Progyluton supp.
Ovulation kits & CT study.

09 NOV 2022 ovulation test → Neg.

for again Tamoxifen 20mg x 2 more days.
then ovulation test daily for 3 days
S-F Rearranged

Name : Faten Mohammed Alhareth
Lab. No. : 3323474071
Contract. : Al Koot Insurance
Patient No. : 29068200430
File No. :

Sample Date : 03/12/2023 17:10 PM
Report Date : 03/12/2023 19:13 PM

this sample was collected outside lab

Branch : Qatar Waab Age : 33 Year Sex : Female

Chemistry Unit

Test	Result	Unit	Ref. Range
C-Reactive Protein (CRP) quantitative	11.15	H mg/L	0 - 5

Comments

CRP is a non-specific marker of inflammation and a variety of conditions other than atherosclerosis (e.g. SLE and Ulcerative colitis) may cause elevated concentrations.

Reviewed By:

Dr. Hisham El-Banawy
Anatomical & Clinical Pathology
License No. 3403

Dr. Hisham El Banawy
Consultant

Verified By : Donnie Rey De Guzman Itaralde

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

Name : Faten Mohammed Alhareth
Lab. No. : 3323474071
Contract. : Al Koot Insurance
Patient No. : 29068200430
File No. :

Sample Date : 03/12/2023 17:10 PM
Report Date : 03/12/2023 20:50 PM

Branch : Qatar Waab Age : 33 Year Sex : Female

Haematology Unit

Test	Result	Unit	Ref. Range
Erythrocyte Sedimentation Rate(ESR)	34	H mm/h	0 - 20

Reviewed By:

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Anatomical & Clinical Pathology
License No. 3403

Dr. Hisham El Banawy
Consultant

Verified By : Eman Mohamed Ahmed Abdelnaeim

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Name : Faten Mohammed Alhareth
Lab. No. : 3323474071
Contract. : Al Koot Insurance
Patient No. : 29068200430
File No. :

Sample Date : 03/12/2023 17:10 PM
Report Date : 03/12/2023 19:45 PM

this sample was collected outside lab

Branch : Qatar Waab Age : 33 Year Sex : Female

Autoimmune diseases unit

Test	Result	Unit	Ref. Range
Antistreptolysin O Titre (ASOT)	66	IU/ml	Less Than 200

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Verified By : Hisham El Banawy

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Name : Faten Mohammed Alhareth
Lab. No. : 3323474071
Contract. : Al Koot Insurance
Patient No. : 29068200430
File No. : 015377

Sample Date : 03/12/2023 17:10 PM

Report Date : 03/12/2023 18:26 PM

this sample was collected outside lab

Branch : Qatar Waab Age : 33 Year Sex : Female

Haematology Unit

Complete Blood Count - (CBC)

Test	Result	Unit	Ref. Range
Hemoglobin Level			
Hemoglobin	11.1	L g/dL	12 - 15.5
Hematocrit	32.9	L %	34.9 - 44.5
Red cell Count And indices			
Red cell count	3.65	L $\times 10^{12}/L$	3.9 - 5.03
MCV	90.1	fL	81.6 - 98.3
MCH	30.4	pg	26.5 - 32.6
MCHC	33.7	g/dL	32 - 36
RDW	12.9	%	11.9 - 15.5
Leucocytic count (Total and Differential)			
Total Leucocytic Count	6.53	$\times 10^9/L$	4 - 10.5
Basophils absolute count	0.06	$\times 10^9/L$	0.02 - 0.1
Eosinophils absolute count	0.41	$\times 10^9/L$	0.02 - 0.5
Neutrophils absolute count	3.35	$\times 10^9/L$	2 - 7
Lymphocytes absolute count	2.14	$\times 10^9/L$	0.9 - 3.2
Monocytes absolute count	0.57	$\times 10^9/L$	0.2 - 1
Platelet Count			
Platelet Count	365	$\times 10^9/L$	150 - 450

Comments

There is mild normocytic normochromic anemia for age and sex.

Reviewed By:

Dr. Hisham El-Banawy
Anatomical & Clinical Pathology
Dr. Hisham El Banawy
Consultant

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

TEST RESULT REPORT

Patient Name : MS. FATEN MOHAMMED M ALALHARETH
Age/Gender : 33 Y/Female Qatar ID : 29068200430
Sample Collected : Clinic
Ref By Clinic : Dr. Leila H Medical Center
Ref By Doctor : Ebtesam Abdullah

Accession No : 140067304
Patient UID : MHLQ05564
Entrance Date : 12-11-2023 10:59
Exit Date : 12-11-2023 13:43
Ext.Ref.Num :



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HEMATOLOGY

TEST NAME	RESULT	REFERENCE RANGE	UNIT	METHOD
COMPLETE BLOOD COUNT (CBC)				
WBC COUNT	4.9	4 - 10	10 ⁹ /L	
RBC COUNT	4.08	3.8 - 4.8	10 ¹² /L	
HEMOGLOBIN	12.9	12 - 15	gm/dl	
HCT	38.1	36 - 46	%	
MEAN CELL VOLUME (MCV)	93.5	83 - 101	fl	
MEAN CELL HEMOGLOBIN (MCH)	31.6	27 - 32	pg	
MEAN CELL HB CONC (MCHC)	33.9	31.5 - 34.5	g/dl	
PLATELET COUNT	291	150 - 410	10 ⁹ /L	
MPV	9.5	7 - 11	fl	
RDW-CV	13.4	11.6 - 14	%	
DIFFERENTIAL COUNT				
NEUTROPHILS	47.6	37 - 65	%	
LYMPHOCYTES	36.8	20 - 40	%	
MONOCYTES	11.9	2 - 10	%	
EOSINOPHILS	3.3	1 - 6	%	
BASOPHILS	0.4	0 - 2	%	
ABSOLUTE COUNT				
#NEUTROPHIL	2.3	2 - 7	10 ⁹ /L	
#LYMPHOCYTE	1.8	1 - 3	10 ⁹ /L	

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Page 3 of 5

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Shiju Nelliyyulla Parambath.

MOPH LS:A4737
Sr. Laboratory Technologist

**Dr. Maha Mohammed Selim
Taher**

MBBCH,MS,MD
(MOPH-LS: P800)
Anatomical and Clinical Pathology

TEST RESULT REPORT

Patient Name : MS. FATEN MOHAMMED M ALALHARETH
Age/Gender : 33 Y/Female Qatar ID : 29068200430
Sample Collected : Clinic
Ref By Clinic : Dr. Leila H Medical Center
Ref By Doctor : Ebtesam Abdullah

Accession No : 140067304
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#MONOCYTE	0.6	0.2 - 1	10 ⁹ /L
#EOSINOPHIL	0.2	0.02 - 0.5	10 ⁹ /L
#BASOPHIL	0.0	0.02 - 0.1	10 ⁹ /L

Primary Sample Type : EDTA Blood


----- End of Report -----

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Page 4 of 5

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Anatomical and Clinical Pathology

TEST RESULT REPORT

Patient Name : MS. FATEN MOHAMMED M ALALHARETH
Age/Gender : 33 Y/Female Qatar ID : 29068200430
Sample Collected : Clinic
Ref By Clinic : Dr. Leila H Medical Center
Ref By Doctor : Ebtesam Abdullah

Accession No : 140067304
Patient UID : MHLQ05564
Entrance Date : 12-11-2023 10:59
Exit Date : 12-11-2023 13:43
Ext.Ref.Num :



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ENDOCRINOLOGY

TEST NAME	RESULT	REFERENCE RANGE	UNIT	METHOD
TSH (THYROID STIMULATING HORMONE)	1.92	0.25 - 5.0 Pregnant: 1st Tri: 0.30 - 2.50 2nd Tri: 0.30 - 3.00 3rd Tri: 0.80 - 3.50 (ref adapted:AACE/ATA)	uIU/ml	CMIA

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 (dyshormonogenesis), 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

— End of Report —

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TEST RESULT REPORT

Patient Name : MS. FATEN MOHAMMED M ALALHARETH
Age/Gender : 33 Y/Female Qatar ID : 29068200430
Sample Collected : Clinic
Ref By Clinic : Dr. Leila H Medical Center
Ref By Doctor : Ebtessam Abdullah

Accession No : 140067304
Patient UID : MHLQ05564
Entrance Date : 12-11-2023 10:59
Exit Date : 12-11-2023 13:43
Ext.Ref.Num :



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IMMUNOLOGY

TEST NAME	RESULT	REFERENCE RANGE	UNIT	METHOD
HEPATITIS B SURFACE ANTIGEN (HBSAG SCREENING)	Negative	Negative		Qualitative Chromatographic Immunoassay

Comment: A negative test result does not exclude the possibility of exposure to or infection with Hepatitis B Virus. levels of HbsAg may be undetectable both in early infection and late after infection. The hepatitis B surface antigen, a polypeptide of varying size, is a component of the external envelope of the hepatitis B virus particle (HBV). The blood of persons infected with HBV contains, in addition to intact infectious HBV particles, smaller non-infectious "empty" envelope particles, which are formed in great excess and also contain the hepatitis B surface antigen. The detection of HBsAg in human serum or plasma indicates an infection by the hepatitis B virus. HBsAg is the first immunological marker and is generally present some days or weeks before clinical symptoms begin to appear. HBsAg is observed in persons with acute and chronic hepatitis B infections. HBsAg usually appears 4 weeks after viral exposure but can be detected any time after the first week. An individual positive for HBsAg is considered to be infected and is therefore potentially infectious. Persistence of HBsAg is used to differentiate acute from chronic infection. Presence of the antigen longer than 6 months after initial exposure indicates chronic infection. However, the level of the antigen does not appear to correlate with disease severity. HBsAg can be cleared by normal immune response, and only 1% of patients with acute HBV exposure are estimated to progress to a chronic state. Detection of anti-HBs in the serum implies either active or passive immunization that usually persists for life.

Primary Sample Type : SERUM

RPR	Negative	Negative	Rapid Chromatographic Immunoassay
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Comment: Syphilis is a chronic infection that progresses through distinct stages namely Primary, Secondary, Tertiary, and Quaternary producing diverse clinical symptoms. The infection is caused by the Spirochaete Treponema acquired usually by sexual contact although the disease may be transmitted through blood transfusion and intra-uterine infection. Positive results indicate both past or present infections. False-positive results are seen in patients suffering from Leprosy, Infectious mononucleosis, and Connective tissue disorders. This test does not distinguish between Syphilis and other pathogenic treponemal infections.

Note: All positive results should be confirmed with TPHA Quantitative or Treponema Pallidum-IgG or IgM Abs, Blot.

Primary Sample Type : SERUM

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Page 5 of 5

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TEST RESULT REPORT

Patient Name : MS. FATEN MOHAMMED M ALALHARETH
Age/Gender : 33 Y/Female Qatar ID : 29068200430
Sample Collected : Clinic
Ref By Clinic : Dr. Leila H Medical Center
Ref By Doctor : Ebtesam Abdullah

Accession No : 140067304
Patient UID : MHLQ05564
Entrance Date : 12-11-2023 10:59
Exit Date : 12-11-2023 13:43
Ext.Ref.Num : 015377



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BIOCHEMISTRY

TEST NAME	RESULT	REFERENCE RANGE	UNIT	METHOD
GLUCOSE (RANDOM)	89	80 - 130	mg/dl	Enzymatic.

Note: A blood glucose test measures the amount of a type of sugar, called glucose. Glucose comes from carbohydrate foods and is the main source of energy used by the body. Glucose levels are regulated by insulin and glucagon.

Uses: Diagnosis of DM, Control of DM, Diagnosis of hypoglycemia, Other carbohydrate metabolism disorders - gestational diabetes, neonatal hypoglycemia, idiopathic hypoglycemia and pancreatic islet cell carcinoma.

Criteria for the diagnosis of DM:

*Symptoms of diabetes plus random plasma/serum glucose concentration ≥ 140 mg/dl.

*FPG (fasting plasma glucose) ≥ 110 mg/dl, at least 8 hours of fasting.

*Two-hour PG (post load glucose) ≥ 140 mg/dl during an OGTT. The test should be performed using a 75-g glucose load. HbA1C of $\geq 6.5\%$.

Limitations:

*Most glucose strips and meters quantify whole blood glucose, whereas most laboratories use plasma or serum, which reads 10–15% higher.

*In whole blood glucose determinations, hematocrit of $\geq 55\%$ causes decreased result. Hematocrit of $\leq 35\%$ causes increased result. Blood samples in which serum is not separated from blood cells show glucose values decreasing at rate of 3–5% per hour at room temperature.

*Strenuous exercise, strong emotions, shock, burns, and infections can increase glucose physiologically.

Primary Sample Type : Fluoride Plasma

----- End of Report -----

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TEST RESULT REPORT

Patient Name : MS. FATEN MOHAMMED M ALALHARETH
 Age/Gender : 31 Y/Female Qatar ID : 29068200430
 Sample Collected : Clinic
 Ref By Clinic : Dr. Leila H Medical Center
 Ref By Doctor : Shima Mohamed Mohieldin Ahmed -

Accession No : 030277256
 Patient UID : MHLQ43720
 Entrance Date : 12-09-2022 15:32
 Exit Date : 13-09-2022 18:49
 Ext.Ref.Num : 015777

ENDOCRINOLOGY

TEST NAME	RESULT	REFERENCE RANGE	UNIT	METHOD
PROLACTIN	9.82	5.18 - 26.53	ng/ml	CMIA

Note: 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).

Uses: Aiding in evaluation of pituitary tumors, amenorrhea, galactorrhea, infertility, and hypogonadism. Monitoring therapy of prolactin-producing tumors.

Limitations: 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.

TSH (THYROID STIMULATING HORMONE)	2.11	0.25 - 5.0 Pregnant: 1st Tri: 0.30 - 2.50 2nd Tri: 0.30 - 3.00 3rd Tri: 0.80 - 3.50 (ref adapted: AACE/ATA)	uIU/ml	CMIA
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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).

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Primary Sample Type : Serum

----- End of Report -----




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 Shiju Nelliulla Parambath
 (MOPH-LS-A4737)
 Laboratory Technologist




 Dr. Regi Sukhmani
 MBBS MD - Specialist (Laboratory Medicine & Anatomic Pathology)
 License No: P 5878

Dr. Regi Sukhmani
 MBBS, MD
 (MOPH-LS-P5878)
 Specialist Histopathologist and
 Cytopathologist



ULTRASOUND PHOTO	FILE NO:	015 377
	REG NO:	
	DATE:	27 JAN 2024
	NAME:	Faten MHD Al Hanth
	L.M.P:	27-09-2023
	GRAVIDA:	5 PRIMI: PARA: 4
OBSTETRIC REPORT	FETAL DESCRIPTION	
REFERRED BY:	Dr. Selma Babiker	
OBSTETRIC HISTORY & CLINIC DETAILS:	NO.OF FETUSES:	One
	POSITION:	Cephalic
	PLLOCATION:	Posterior away
DATE:	PLACENTAL GRADE:	II
COMMENTS:	AFB:	AFI: normal
	FHB-FM:	SEEN:
DOCTOR SIGNATURE AND STAMP:	MEASUREMENT	
	BIPARIETAL DIAMETER(BPD):	3-8 cm
	HEAD CIRCUMFERENCE(H/C):	14-1 cm
	ABD, CIRCUMFERENCE(A/C):	11-7 cm
	FEMUR LENGTH(F/L):	2-5 cm
	TL:	HL:
	EDD:	02-07-2024
	EST.FETAL WEIGHT:	200 gm ±

DOCTOR SIGNATURE AND STAMP:



د. سلمي بابكر أحمد
Dr. Selma Babiker Ahmed
Specialist (Obstetrics & gynecology)
إختصاصية : نساء وولادة
ترخيص رقم P11399



HC (Hadlock)	14.13 cm	14.13	avg.	40.9%	17w3d
AC (Hadlock)	11.78 cm	11.78	avg.	51.5%	17w4d
FL (Hadlock)	2.51 cm	2.51	avg.	51.4%	17w4d

2D Measurements	Value	m1	m2	m3	m4	m5	m6	Meth.
AFI								
Q1	3.70 cm	3.70						avg.
AFI	3.70 cm	3.70						

2D Calculations				
FL/AC	21% (20 - 24%)	FL/BPD	66% (GA: OOR)	
HC/AC (Campbell)	1.20 (1.07 - 1.29)	CI (BPD/OFD)	80% (70 - 86%)	

Umbilical Art.

HR	168 bpm	168	max
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GA 9w1d 16.8%



CRI 0.33cm
GA 6w0d <1%

Volume 6.773 cm³ 6.773

Ut-Endom.Th. 2.95mm

Ut-Endom.Th. 8.18mm

Siemens
Clinitek Status®

DR. LEILA HAMID
MEDICAL CENTER

Patient Name: FATEN

Patient ID: 07896

Multistix® 10 SG

Test date 01-27-2024

Time 7:45PM

Operator FATEN

Test number 1477

Color Other

Clarity

Slightly Cloudy

GLU Negative
BIL Negative
KET Negative
SG <=1.005
BLO Negative
pH 6.5
PRO Negative
URO 0.2 E.U./dL
NIT Negative
LEU Negative

Patient Name: C

Patient ID: 1

Multistix® 10 SG

Test date 12-02-2023

Time 4:13PM

Operator B

Test number 1159

Color Yellow

Clarity

Clear

GLU Negative
BIL Negative
KET Negative

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

Tel. 44817651/ 44817652 - Fax: 44812796

Al Salam Street - North Muaither

Villa No.: 80 & 82



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

Allroot

Date: التاريخ:

Patient's name: Faten Mohammed اسم المريض:

File No.: 015377 رقم الملف:

Age: 33 yrs . Δ ANC 17 wks العمر:

Rx

- Ferrosom caps 30mg
تسوية حديدية ٣٠ ملغ

- Calcium & vit D tabs
٣٠ ملغ حديدية و فيتامين د

- Omega(3) caps
تسوية أوميغا ٣

Doctor's signature:

Email: dr.leilamedcenter@gmail.com

Mobile: 55868523

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شارع السلام - معيذر الشمالي

فيلا رقم: ٨٠ و ٨٢

وصفة طبية Prescription

No

Date: 2-12-23 التاريخ:

Patient's name: Faten Mohamed اسم المريض:

File No.: 015377 رقم الملف:

Age: 33 العمر:

Rx

R, Paracetamol tab

take one tab

مرة واحدة = ١٢ ساعة

R, Reparil gel

دواء مضاد للاكتئاب

AM

Doctor's signature:

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Mobile: 55868523

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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

02 DEC 2023

Date: التاريخ:

Patient's name: Falen MOHD اسم المريض:

File No.: 015377 رقم الملف:

Age: 33yr العمر: 33yr
+ AWC 9wk
+ I.B.S.

Rx

- Vomitor tabs
حب على ليريق و حب قبل الاسترخاء

- Charcoal tabs
حب الفحم عند اللزوم

- Folic Acid tabs
حب يروفيا بعد الفطور

Doctor's signature:

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