



File No.: 034140

Nationality: SUD.

GYNAECOLOGICAL SHEET

DR. LEILA HAMID MED. CENTER

File No: 034140

NAME: HADEEL MUDATHER KHALIFA

ID NO: 29473600099

SEX: FEMALE

MOB: 70700393

ADDRESS: AL RAYYAN

Age: 28 YRS

Marital Status: DIVORCED

Spouse's Name:

Mobile Phone:

Residence Phone:

SYMPTOMS:

Recurrent vaginal discharge, yellowish whitish, sometimes smelly. Diagnosed as mixed bacterial infection, no benefit from Ht.

Medical History:

P.H.

F.H.

MENSTRUAL HISTORY:

Menarche:

Menstrual Habits:

Menstrual Symptoms:

Parity:

P

Abortion

Ectopic

Menopause:

LCB

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♂

EXAMINATION

General Examination: Ht. 163 cm

Wt. 93.1 Kg

BMI

Kg/m² Bp

110/80 mm Hg

Chest, C.V.S.

Abdomen:

Breasts:

PELVIC EXAMINATION:

Speculum Exam.

Bimanual Exam.

Rectal Exam.

Investigation Requested:

Diagnosis:

Plan of Management:

Next Appointment:

Wide introitus (+) evaginated hymenal ring remnants
mild rectocele, colourless vaginal disch
ex & erosion, Sudanese circumcision open
Ht not saved, A/F ut & triple line
R/OV - follicle

Ch. Rec. Vaginitis, cervicitis + ? for post

repair complete + under G-A

DATE	FOLLOW UP	NEXT VISIT
	<u>PV AS/E:</u> mild monilial disch. non coop. cx normal, no vulvitis Wants to be seen again FSH ? LH } D2-4.	
20.2.23 93kg 110/70	LMP: -26.01.23 P/AO RBS 5.6 mmol/L Smelly yellow vaginal disch No itching & no sores Could not do <u>PV AS/E:</u> cx ectopy Ø 1.5cm easily bleed on touch white mucoid disch Vagina = mild ectocul & disrupted hymenal ring. HUS taken Pap smear taken for small repair	open
22/2/23 walk in	about her diagnosis yest- gave H10 Wants be fro she & her divorce her mother suspected cx CIN & came to make sure reassured	
23/2/23	HUS - No growth Pap smear - Negative } informed	Feb



DATE	FOLLOW UP	NEXT VISIT
10.9.23 Tele informed	HVS. No growth.	
8-2-24 89 110/70	Lmp: 20-01-24 yellow disch + burning midw for 1wk Pr a S/E: no vulvitis wide introitus mild rectocoele yellow disch + a no erosion thick creamy disch, Hvs not taken	2 Wks
29.2.24 89.1 kg 110/70 '	Temp: 36.1°C LMP: 10.2.24 feels no good improvement & poor local hygiene - skin changes cleansed. reaching educated perianal area to complete the course of Protogyn as not used y of kenzale cream metronidazole / Nystatin GL9	1 5/3



MICROBIOLOGY

Name : HADEEL MUDATHER
Sex/Age : F/ 29 y / 2 m / 25 d
Nationality : Sudan
Sample Col. : At Lab
Ref. By Dr. : Dr. Leila Hamid
Ref. By Clinic : DR.LEILA

Lab No : 200372
AL No : 53830
Entrance Tm: 07-SEP-2023 13:58:32
Exit Date : 09-SEP-2023 18:18:37
Ext. Ref. Num.: 034140

TESTS	RESULTS
Microbiology:	
Test Name:	High Vaginal Swab C/S
Specimen:	Vaginal Swab
Gram Stain:	:
Pus Cells/h.p.f.	Few
Epithelial Cells/h.p.f.	Few
Gram Positive Bacilli(lactobacilli):	Occasional
Yeast Cells:	Nil
Result:	Normal Flora of Female genital tract grown after 48 hours of incubation.
Comments: The most common kinds of Vaginal infections are: " Bacterial vaginosis. " Candida or "yeast" infections. " Gonorrhea. " Trichomoniasis. " Chlamydia. " Reactions or allergies (non-infectious vaginitis) " Viral vaginitis(HPV) " Genital Herpes " Genital warts " Rarely Urea plasma and Mycoplasma. Bacterial cultures are performed to isolate and identify the Bacterial, Candida and Gonorrhea infection. Culture negative samples are advised to correlate with the clinical symptoms, and advised for PCR.	

Name : **Hadeel Mudather**
Lab. No. : **3323416567**
Contract. : **Dr. Layla Bashir**
Patient No. : **2160-034140**
File No. :

Sample Date : **20/02/2023 10:56 AM**
Report Date : **22/02/2023 10:06 AM**

Branch : **Qatar Waab** Age : **28 Year** Sex : **Female**

Microbiology Unit

Vaginal Swab Examination C/S

Test	Result
Vaginal Discharge Examination	
Gram Stain	Some large gram positive bacilli; few epithelial cells
WBCs/ LPF	Occasional

1. Isolation Organisms:

(1) No Growth

Modifier : (Normal)

Antibiotics	(1)No Growth
-	-

P:Pos-:N:NegS:SensitiveI:IntermediateR:Resistant

Assessment of Gram stain is based on Nugent Scoring System
Nugent Score = 1, which is considered negative for Bacterial Vaginosis

Please correlate clinically.

Reviewed By:

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

Name : **Hadeel Mudather**
Lab. No. : **3323416567**
Contract. : **Dr. Layla Bashir**
Patient No. : **2160-034140**
File No. :

Sample Date : **20/02/2023 10:56 AM**
Report Date : **21/02/2023 20:19 PM**

Branch : **Qatar Waab** Age : **28 Year** Sex : **Female** Int. No. : **4G23.1167**
Cytology Unit

Liquid Based Pap (Sure Path®)

SPECIMEN TYPE

Papanicolaou cytology (sure path)

CLINICAL DATA

Cervical ectropion / Contact bleeding

ADEQUACY

Adequate, endocervical cells

INTERPRETATION

Smear shows superficial and intermediate squamous cells in a background of a few neutrophils.
There are no features of intraepithelial lesion or viral change.

RESULT

Negative for intraepithelial lesion or malignancy (NILM).
Mild to moderate inflammatory background.

RECOMMENDATION

Routine PAP screening.

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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Sample Date : **20/02/2023 10:56 AM**
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Cytology Unit

Liquid Based Pap (Sure Path®)

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).

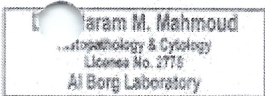
References:

- 2012 Updated Consensus Guidelines for the Management of Abnormal Cervical Cancer Screening Tests and Cancer Precursors; American Society for Colposcopy and Cervical Pathology (ASCCP) Consensus Guidelines Conference.
- Huh WK et al 2015. Use of primary high-risk human papillomavirus testing for cervical cancer screening: interim clinical guidance.
- 2016 Practice Bulletin No. 168; American College of Obstetricians and Gynecologists (ACOG).

Verified By :

Dr. Delaram Mohammad
Mahmoud Arwlan

FRCPath ,License No. 2778



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Ermala Street, Al Rayyan,

Qatar. PO Box: 92932

🌐 www.naseemalrabeeh.com ✉ info.rayyan@naseemalrabeeh.com

Naseem Medical Centre

Report No : 310506 QID / PP 29473600099
Patient ID : 36624
Name : HADEEL MUDATHER KHALIFA
DOB : 01-JAN-94
Nationality : SUDAN
Referred By : OUTPATIENT
Company : REGULAR CASH PATIENTS

Bill Date : 11-OCT-2022

Sex/Age : F / 28 y / 9 m / 11 d

Report Tm. : 12-OCT-2022 10:53:55

Bill No : 798030



ENDOCRINOLOGY

TEST	RESULT	REFERENCE	UNIT
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FREE T4 - LAB

FREE T4	1.21	0.82- 1.76	ng/dl
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TSH - LAB

TSH	0.29	ADULT : 0.25-5.80 1 YR-5 YR : 0.7-6.6 6YR-10 YR : 0.8-6.0	mIU/ml
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VITAMIN D - LAB

Vitamin D (25 OH)	61.68	DEFICIENCY:<20 INSUFFICIENCY:21 - 29 OPTIMUM LEVEL:30-100 TOXICITY POSSIBLE:>100	ng/ml
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د/ پنکج چاندولال جبار
Dr. Pankaj Chandulal Gajar

1 41 adref.
23-07-28 18:46

GLU NEGATIVE
STU NEGATIVE
VET NEGATIVE
SG >=1.030
BLO NEGATIVE
PH 5.5
PRO NEGATIVE



وصفة طبية Prescription

Nº

Date: 08 FEB 2024 التاريخ:

Patient's name: Hadeel Madothun اسم المريض:

File No.: 0341410 رقم الملف:

Age: 29yr, Recurrent Vaginitis العمر:

Rx

Azithromycin - cap 250mg
علاج حبس حبس

Protagon Tab
علاج حبس حبس

Vaginal Mucositis
علاج حبس حبس

Handwritten signature

Doctor's signature: