File No.: 038351 Nationality: INDONESIA

GYNAECOLOGICAL SHEET

DR. LEILA HAMID MEDICAL CI
File No: 038351
NAME:RINAWATI BT SOPAIN ENDIN
ID NO:28436008805 SEX: FEMALE
MOB:55169232 ADDRESS: AL WAKRA

Age: 30/10
Marital Status: 10yrs
Husband's Name: Norkhuseem
Phone: Residence Phone:

SYMPTOMS: c/o prolonged heavy period / 2 months ago ? clots. Continued for 2 months but increased for the last 5 days.
- husband not here. brought by her madam.

Medical History: medically free P.H. Non F.H. Non.

MENSTRUAL HISTORY:

Menarche: 15 yrs. L.N.M.P 5/1/24
Menstrual Habits: regular.
Menstrual Symptoms: Nil. Menopause:
Parity: P 2 Abortion 0 Ectopic LCB 7 yrs.
Both VDs, alive
♀ 1 ♂ 1

EXAMINATION

General Examination: Ht. 145 cm Wt. 49.4 Kg BMI Kg/m² Bp 120/70 mm Hg
Pale. Cooperative.

Chest, C.V.S.
Abdomen: NAD.
Breasts: not examined.

PELVIC EXAMINATION: wide introitus & vagina. first degree uterine prolapse. vag. bleeding (Lavage)
Speculum Exam. Cx erosion.
Bimanual Exam.
Rectal Exam. / not done

Investigation Requested: TV-S = R/V normal size uterus, thick endo. ——, normal ovaries & Left leading follicle ——, + + FFCOS.

Diagnosis: Δ metromenorrhagia For investigations.

Plan of Management: S. β hCG Negative, TSH requested.
- Pt reassured. tt given.

Next Appointment:

ENDOCRINOLOGY

Name	:	RINAWATI ENDIN	**Lab No**	:	23988
Sex/Age	:	F/ 30 y/ 1 m / 19 d	**DL No**	:	18661
Nationality	:	~~Nepal~~ Indonesia	**Entrance Tm**	:	20-FEB-2024 23:00:36
Sample Col.	:	At Lab	**Exit Date**	:	20-FEB-2024 23:54:10
Ref. By Dr.	:	Dr Selma Babiker Ahmed	**Ext. Ref. Num.**	:	038351
Ref. By Clinic	:	DRLEILAMC			

TEST	RESULT	UNIT	REFERENCE VALUE
TSH	0.86	µIU/ml	Euthyroid: 0.25 - 5 µIU/ml Hyperthyroid: <0.15 µIU/ml Hypothyroid: > 7 µIU/ml For Pregnant women: 1st Trimester: 0.30 - 2.50 2nd Trimester: 0.30 - 3.00 3rd Trimester: 0.80 - 3.50

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, monoiodotyrosine)

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.

Pathologist Name. Dr .Swaroop, Anatomical and Clinical Pathologist

Dr Swaroop

Delta Intl. Labs-Qatar
مختبرات دلتا العالمية-قطر
License No:4324 DOHA - QATAR

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 ذ.م.م.
تليفون: ٤٤٨١٧٦٥١ / ٤٤٨١٧٦٥٢ - فاكس: ٤٤٨١٢٧٩٦
شارع السلام - معيذر الشمالي
فيلا رقم : ٨٠ و ٨٢

Prescription وصفة طبية

№

20 FEB 2024

Date: .... : التاريخ

Patient's name: Rinawati Endin : إسم المريض

File No.: 038351 : رقم الملف

Age: 30 yrs . Δ metromenorrhagia : العمر

Rx

. Primolut N. tabs 5 mg

حبة مع حبة ٣ مرات اسبوعين.

- Marvelon tabs cos (21)

حبة يومياً في نفس الوقت من خامس

يوم دورة شهر مارس ولمدة ٢١ يوم

يكرر لمدة ٢ شهور.

- Daflon tabs 500 mg.

حبة كل ٨ ساعات حتى يتوقف الدم.

- Ferrosom caps 30 mg

كبسولة يومياً بعد الفطور

Doctor's signature: ....

Email: dr.leilamedcenter@gmail.com
Mobile: 55868523