



File No.: 039184

Nationality: Q

GYNAECOLOGICAL SHEET

DR LEILA HAMID MEDICAL CENTER
 File No: 039184
 Name: AMNA AHMED ALKHALFAN
 QID No: 28863401505 Sex: Female
 Mob: 50011449 ADDRESS: ALMAMOURA

Age: 36 yrs
 Marital Status: 7 yrs
 Husband's Name: Mohammed Jumah
 Mobile Phone: Residence Phone:

SYMPTOMS:

vulval itching + whitish vaginal discharge / 2 days
 Infected: 127 7 Y-S
 Primary unexplained

Medical History: medically free P.H. Body contour F.H. DM null

MENSTRUAL HISTORY:

Menarche: 14 Y-S L.N.M.P 2-6-24
 Menstrual Habits: Regular every 30 days - 5 days
 Menstrual Symptoms: N/A present Menopause:
 Parity: P 0 Abortion 0 Ectopic LCB

EXAMINATION

General Examination: Ht. 162 cm Wt. 76.5 Kg BMI Kg/m² Bp 120/80 mm Hg
 well - co-operative - Nice personality
 Chest, C.V.S. NAD
 Abdomen: NAD - Scar of Body contour
 Breasts: ✓

PELVIC EXAMINATION:

Speculum Exam. / normal vulva - vagina & cx - normal
 Bimanual Exam. vaginal discharge whitish HVS + thick
 Rectal Exam.

Investigation Requested:

AVF uterus + thickened endometrium ET 13-37 -
 Both ovaries very low reserve - No
 FFCDs -

Diagnosis: Vulvovaginal candidiasis + 1° infertility for work up

Plan of Management: Flu - 8 HVS + Anti-Fungal H + D₂ FSH/LH Release TSH -

Next Appointment: N



MICROBIOLOGY

Name : AMNA AHMED
Sex/Age : F/ 36 y / 2 m / 24 d
Nationality : Qatar
Sample Col. : At Lab
Ref. By Dr. : Dr. Salwa Elgaly Musa
Ref. By Clinic : DR.LEILA

Lab No : 225480
AL No : 62046
Entrance Tm: 04-AUG-2024 20:56:23
Exit Date : 06-AUG-2024 16:44:52
Ext. Ref. Num.: 039184

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:	Moderate
Gram Positive Bacilli(lactobacilli):	Many
Yeast Cells:	Few
Organism Name:	Candida albicans
Growth Pattern:	Heavy growth
Confirmatory :	Germ tube test (+) Positive for Candida albicans

Comments :
Comments* even though individual isolates of any given species may become resistant to any antifungal agent, Candida species are generally considered susceptible to Fluconazole, Amphotericin B, Ketoconazole, Itraconazole and 5-Fluorocytosine.

If drug susceptibility testing for the grown organism, Candida albicans is needed, a special request can be furnished to carry out the test; and the test can be performed at our collaborative laboratory, syn lab Germany.

Name : Amna Ahmed Al-Khavan
Lab. No. : 332437570
Contract. : Dr. Layla Bashir
Patient No. : 2160-039184
File No. :

Sample Date : 08/07/2024 09:30 AM
Report Date : 10/07/2024 11:06 AM

this sample was collected outside lab

Branch : Qatar Waab Age : 36 Year Sex : Female

Microbiology Unit

Vaginal Swab Examination C/S

Test	Result
Vaginal Discharge Examination	
Gram Stain	Many gram variable coccobacilli; Clue cells and Yeast cells present; many epithelial cells
WBCs/ LPF	Few

Isolation Organisms:

(1) Candida spp

Modifier : moderate growth

Antibiotics	(1)Candida spp	MIC
-	-	

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

Vaginal smear and culture was suggestive of Candidiasis
Candida spp.: Antimycotic treatment is recommended.

Assessment of Gram stain is based on Nugent Scoring System
Nugent Score =8, which is indicative of Bacterial Vaginosis. The presence of clue cells is suggestive for Bacterial vaginosis caused by Gardnerella vaginalis which is sensitive to Metronidazole.

Please correlate clinically.

Reviewed By:


Dr. Menatali El-Tahawy
Anatomical & Clinical Pathologist
Menna El-Tahawy



Date ٢٠٢٤ / ١١ / ١٧

New Patient Registration Form

Full Name الإسم الكامل

أحمد أحمد الكلفان

Date of Birth تاريخ الميلاد

١٩٨٨ / ٤ / ٣

Marital Status Single / أعزب Married / متزوج Divorced / مطلق Widowed / أرمل

Gender: Male / ذكر Female / أنثى Nationality الجنسية

قطرية

Occupation المهنة

I.D Number رقم البطاقة الشخصية

٢٨١٦٣٤٠١٥٠٥

Telephone No. (Home) رقم الهاتف المنزلي

Mobile Number رقم الجوال

٥٠١١٤٤٩

Emergency Contact Person أقرب الأقارب

Emergency Contact Number رقم هاتف

Address: Building No. Zone No. Street No. العنوان:

رقم البناية

42

رقم المنطقة

43

رقم الشارع

٦٤١

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) / تفضلها التي

I receive my Rights & Responsibilities

إستلمت قائمة حقوق و مسؤوليات المريض

Signature التوقيع

File Number 039184

نموذج الموافقة المستنيرة

موافقة على العلاج الطبي

أوافق و أوجة 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.

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

اسم المريض / المريضة: أسماء أحمد الخلفان

التاريخ: ٢٠٢٤ / ١٢ / ٠٤

ملف رقم: 039184

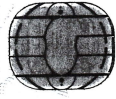
التوقيع:



State of Qatar
ID. Card



دولة قطر
بطاقة إثبات شخصية



ID. No: 28863401505 الرقم:

D.O.B. 03/02/1988 تاريخ الميلاد:

Nationality: QATAR / قطريه الجنسية:

Date of expiry: 09/05/2027 الصلاحية:



الإسم: امته احمد خلفان احمد الخلفان

Name: AMNH AHMAD K A AL-KHALFAN

منطقة 43 - شارع 641 - مبنى 42

العنوان:

Serial No: 53582618203C32DF

الرقم المسلسل:

مدير إدارة الجنسية و وثائق السفر
Authority's signature

توقيع حامل البطاقة
Holder's signature





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