



File No.: 038943

Nationality: Q

### GYNAECOLOGICAL SHEET

DR. LEILA HAMID MEDICAL CENTER  
 File No: 038943  
 Name: ASMA HASSAN AL SULAITI  
 QID No: 27963402992 Sex: Female  
 Mob: 55852829 Address: AL WAJBA



Age: 45  
 Marital Status: 20 YEARS  
 Band's Name: KHALIFA ABDULLA ABDULKAHMAN  
 Mobile Phone: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

#### SYMPTOMS:

Post coital bleeding & Painful sex / 1 year  
 2 intermenstrual bleeding - diagnosed as WUKC  
 as cervical ulcer informed the head for coudery  
 requested second opinion

Medical History: New by DM on Glucophage P.H. - Cx Polypectomy 2019 FH. DM Father & mother.

#### MENSTRUAL HISTORY:

Menarche: 12 Y.S L.N.M.P 7-5-24  
 Menstrual Habits: Regular before each 30 days - 7 days  
 Menstrual Symptoms: NA S. Z. ulcers Menopause: \_\_\_\_\_  
 Parity: P 5 Abortion 0 Ectopic \_\_\_\_\_ LCB 10 X.S  
 ♀ 2 ♂ 3

#### EXAMINATION

General Examination: Ht. 166 cm Wt. 63.4 Kg BMI \_\_\_\_\_ Kg/m<sup>2</sup> Bp 100/70 mm Hg  
 Non Coop, Slim

Chest, C.V.S. NAD

Abdomen: NAD

Breasts: indurated mass submammary 5x4x3 cm but by U/S  
 only 3cm of clear fluid inside

#### PELVIC EXAMINATION:

Speculum Exam. Cx e-circum oral hyperemic, evidence of  
 Bimanual Exam. blood; 2 Nabothian cysts one punctured 2nd reflux  
 Rectal Exam. Negative normal

Investigation Requested: AVF ut e- Normal endomet & about 5-6  
 intramural fibroids 8-10 cm  
 ovaries - Rt & Lt - see e- difficulty

Diagnosis: Gynae check up + ut fibroids  
 ex erosion

Plan of Management: Pap smear says Neg = for Cx Cervix  
 Breast cyt to consult Dr AL Feki

Next Appointment: \_\_\_\_\_

n/a

Client: n/a

Address: n/a

Patient: **ASMA HASSAN A AL-SULAITI**

Qatari ID: 27963402992

DOB/Age/Sex: 10/02/1979 45 years Female

Admitting: n/a

Attending: n/a

HC Number: HC00032199

FIN: n/a

Admit: n/a

Disch: n/a

Location: n/a



### Chemistry

#### Blood Chemistry

Collected Date	14/05/2024	25/12/2023	07/09/2023		
Collected Time	09:17	11:23	10:11		
Test				Units	Reference Range
Urea	3.9 <sup>*1</sup>	-	4.0 <sup>*1</sup>	mmol/L	[2.1-8.1]
Creatinine	55 <sup>*1</sup>	-	65 <sup>*1</sup>	umol/L	[38-97]
eGFR	>90 <sup>i1 *1</sup>	-	>90 <sup>i1 *1</sup>	mL/min/1.73m <sup>2</sup>	
Sodium	137 <sup>*1</sup>	-	135 <sup>*1</sup>	mmol/L	[135-145]
Potassium	3.8 <sup>*1</sup>	-	3.9 <sup>*1</sup>	mmol/L	[3.6-5.1]
Chloride	106.4 <sup>*1</sup>	-	103.1 <sup>*1</sup>	mmol/L	[96.0-110.0]
Bicarbonate	na <sup>*1</sup>	-	na <sup>*1</sup>	mmol/L	[24.0-30.0]
Calcium	2.13 <sup>*1</sup>	-	2.30 <sup>*1</sup>	mmol/L	[2.10-2.60]
Adjusted Calcium	<b>2.07<sup>L *1</sup></b>	-	2.22 <sup>*1</sup>	mmol/L	[2.10-2.60]
Bilirubin T	7.0 <sup>*1</sup>	-	11.6 <sup>*1</sup>	umol/L	[3.5-24.0]
Total Protein	68 <sup>*1</sup>	-	74 <sup>*1</sup>	gm/L	[66-87]
Albumin Lvl	43 <sup>*1</sup>	-	44 <sup>*1</sup>	gm/L	[35-50]
Alk Phos	62.0 <sup>*1</sup>	-	73.0 <sup>*1</sup>	U/L	[33.5-129.0]
ALT	24.1 <sup>*1</sup>	-	26.0 <sup>*1</sup>	U/L	[0.0-30.0]
AST	14 <sup>*1</sup>	-	18 <sup>*1</sup>	U/L	[0-31]
Cholesterol	5.78 <sup>i2 *1</sup>	-	5.53 <sup>i2 *1</sup>	mmol/L	
Triglyceride	1.75 <sup>i3 *1</sup>	-	2.08 <sup>i3 *1</sup>	mmol/L	
HDL	1.27 <sup>i4 *1</sup>	-	1.28 <sup>i4 *1</sup>	mmol/L	
LDL-Calc	3.72 <sup>f1 i5 *1</sup>	-	3.31 <sup>f1 i5 *1</sup>	mmol/L	
Iron	-	<b>4.2<sup>L *1</sup></b>	-	umol/L	[5.8-34.5]
Glucose Fasting	<b>10.6<sup>H *1</sup></b>	-	<b>7.0<sup>H *1</sup></b>	mmol/L	[3.3-5.5]
HbA1C %	-	-	7.1 <sup>i6 *2</sup>	%	
HbA1C %	<b>8.6<sup>H i7 *1</sup></b>	-	-	%	[4.8-6.0]
Non HDL	4.5 <sup>i8 *1</sup>	-	-	mmol/L	

LEGEND: \*=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Footnote, #=Interpretive Data, R=Ref Lab

Department of Laboratory Medicine & Pathology  
P.O Box 3050 Doha, Qatar  
Administrative Enquires +974 4026 4011  
Email: Pathlabmed@hamad.qa

HGH Lab Rapid Response; +974 4025 7359  
HGH Lab Anatomical Pathology; +974 44392046/7  
HGH Lab Microbiology; +974 4439 4975/2038

Al Wakra hospital Lab; +974 4011 4201  
Al Khor Hospital Lab; +974 4474 5181/2  
NCCCR hospital Lab; +974 4439 7755/6  
The Cuban Hospital Lab; +974 4015 7790  
HBKMC Lab; +974 4026 4077/8  
PEC Al Saad Lab; +974 4439 6014  
HMGH Lab; +974 4024 0275  
AAH Lab; +974 4024 8098

n/a



Patient: **ASMA HASSAN A AL-SULAITI**

HC Number: HC00032199

Qatari ID: 27963402992

FIN: n/a

DOB/Age/Sex: 10/02/1979 45 years Female

Admit: n/a

Admitting: n/a

Disch: n/a

Attending: n/a

Location: n/a

File # 038943

**Anatomic Pathology**

ACCESSION: 10-CG-24-0002753

COLLECTED DATE/TIME: 07/02/2024 09:30

PATHOLOGIST:

RECEIVED DATE/TIME: 08/02/2024 09:53

ORDERING PHYSICIAN: Dr.Najla Abdalla Ahmed Shrif -047178 -Specialist -Obstetrics & Gynecology

**Cyto Gyn Report – 11/02/2024 10:06 – Auth (Verified)**

**Clinical Information**

Clinical Data: with cervical erosion  
Specimen(Cervical/endocervical/Vaginal): CERVICAL  
Previous Cytology/ Biopsy: No  
Discharge: NO  
IUD: NO  
L.M.P: 11/01/202  
Hormones: No  
Pregnant: No  
Postpartum: No  
Postmenopausal: No  
Hysterectomy: No

**Specimen Source**

Cervix Liquid Prep-SurePath

**Interpretation of Adequacy**

Satisfactory for evaluation: endocervical/transformation zone component present.

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**Diagnosis**

**NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY**

Reactive cellular changes associated with inflammation.

Screened by: Khatma Aleidi S A Al-Ruwaili - 017781 - Laboratory Senior Technologist-II - Laboratory

Electronically signed on 11-FEB-2024 10:06

By Khatma Aleidi S A Al-Ruwaili, Ms.

HH Laboratory

Gynecologic cytology is a screening procedure subject to both false negative and false positive results. It is most reliable when satisfactory sampling is obtained on a regular repetitive basis. Results must be interpreted in the context of historic and current clinical information. A negative or nondiagnostic cytologic interpretation does not exclude the possibility of neoplastic or infectious disease.

LEGEND: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, \*=Performing Lab

Report Request ID: 38427152

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Print Date/Time: 30/05/2024 08:30

### Clinical Imaging

HC NO:HC00032199

QID:27963402992

Request Information:

Patient Name: ASMA HASSAN A AL-SULAITI	DOB: 10/02/1979
Medical Location: Ambulatory Care Center	Sex:F
Ordering Physician: Talal Talal	Request Date: 19/09/2023
Allergies/Risks:	Diabetes:
Patient Pregnant: No	Transport by:

Exam Information

Procedure ID: 123665917	Registration Date:19/09/2023
Exam Date: 19/09/2023	Exam Completion Date: 19/09/2023 10:00
Exam Name: XR Foot Both	Report Type:
Resident Radiologist: Ahmed Yasin Ibrahim Taha	Contrast Used:
Dictated by: Ahmed Yasin Ibrahim Taha	Supv. Remarks:
Approved by: Ahmed Yasin Ibrahim Taha	

XR Foot Both 19/09/2023

### Findings

Findings:

Bilateral mild hallux valgus deformity.

Bilateral Achilles insertional enthesophyte.

Dictated by: Ahmed Yasin Ibrahim Taha  
Approved by: Ahmed Yasin Ibrahim Taha  
Transcribed by:

Transcribed on: 19/09/2023 11:18  
Approved on: 19/09/2023  
Printed on: 30/05/2024



MEDICAL REFERRAL LETTER

GYNE AND GENERAL REFERRAL

To Doctor : WWRC, Gyneclinics

From : DR. LEILA HAMID MEDICAL CENTER

Patient's Name: Asmaa Hassan ALSulaiti

Age: 45 Nationality: Qat.

Is P: 5 Abortion: 0 Ectopic: 0

HIGH RISK

INF

OTHERS - ex. erosion for cryocauter

*Cancelled*

Case Summary:

cls Postcoital bleeding intermenstrual bleeding for 2nd opinion about ex erosion for painful coitus  
@LE Hamid coop, ex hyperemesis gestation @ one punctured  
Pap smear -ve at WWRC - planned already for cryocauter

Referred To:

OPD 2 weeks

ER

*Requested referral  
+ Refer for coop*

Referred By: [Signature]

Doctor's Signature & Stamp

Date: 01 JUN 2024







Date 29 / 5 / 2024

**New Patient Registration Form**

Full Name Asma Hassan Alsulaiti الإسم الكامل

Date of Birth 10/2/79 تاريخ الميلاد

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

Gender:  Male / ذكر  Female / أنثى Nationality Qatari الجنسية

Occupation ..... المهنة

I.D Number 27963402992 رقم البطاقة الشخصية

Telephone No. (Home) ..... رقم الهاتف المنزلي

Mobile Number 55852829 رقم الجوال

Emergency Contact Person الأخت نوره أقرب الأقارب

Emergency Contact Number 55155449 رقم هاتف

Address: Building No. 16 Zone No. 53 Street No. 15 العنوان

رقم البناية

رقم المنطقة

رقم الشارع

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) / حدد الطريقة التي تفضلها

I receive my Rights & Responsibilities

إستلمت قائمة حقوق و مسؤوليات المريض

Signature [Signature] التوقيع

File Number 038943



## نموذج الموافقة المستنيرة

### موافقة على العلاج الطبي

أوافق و أوجة الطبيب / الطبيبة المعالج لي لمقابتي 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: Asma Hassan

التاريخ: 29/5/ 2024

ملف رقم: 038943

التوقيع:

د. ليلى حامد  
Dr. Leila Hamid  
استشارية تساقية وتوليد  
ترخيص رقم P832

State of Qatar  
ID. Card



دولة قطر  
بطاقة إثبات شخصية



الرقم: ID. No: 27963402992

تاريخ الميلاد: D.O.B. 10/02/1979

الجنسية: القطريه / QATAR

الصلاحية: 14/08/2031



الإسم: أسماء حسن عبدالرحمن ابوظاعن السليطي

Name: ASMA HASSAN A A AL-SULAITI

منطقة 55 - شارع 529 - مبنى 42

العنوان:

Serial No: 43469E130F112482

الرقم المسلسل:

مدير إدارة الجنسية و وثائق السفر  
Authority's signature

توقيع حامل البطاقة  
Holder's signature

