



File No.: 039140

Nationality: SYR

GYNAECOLOGICAL SHEET

DR LEILA HAMID MEDICAL CENTER
File No: 039140
Name: MAJDOLEEN SAEED ABASS
QID No: 29076000951 Sex: Female
Mob: 33600635 ADDRESS: ALWAKRA



Age: 33 yrs

Marital Status: 4 yrs

band's Name: Ahmed Betar

Mobile Phone: Residence Phone:

SYMPTOMS:

also chronic l.t. loir pain betw
period Yeaster day abs & V + Nausea
also v-itching discharge no smelling
want to conceive - psychological issues
medically free

Medical History:

P.H. @ 45 FD

F.H.

MENSTRUAL HISTORY:

Menarche:

L.N.M.P 23-6-24

Menstrual Habits:

Regular emy 23-25 day For 4 day
Normal

Menstrual Symptoms:

Menopause:

Parity: P

1

Abortion 0

Ectopic

LCB

3 1/2 %

♀

♂ 1

EXAMINATION

General Examination: Ht. 167 cm Wt. 64 Kg BMI Kg/m² Bp 120/70 mm Hg

Looks well no acute nor hirsutism

Chest, C.V.S.

Abdomen:

/ NAD

Breasts:

Normal

PELVIC EXAMINATION:

Speculum Exam.

OK - Normal & yellow discharge

Bimanual Exam.

Normal Vagina

Rectal Exam.

Investigation Requested:

T-rails A/F uterus ET 115mm

Diagnosis:

Normal 12+ ovary 1E @ leading follicle
20mm + 19mm

Plan of Management:

Vaginal + want to conceive
D = FSH
S = LH
Husband s.f.a

Next Appointment:

1756



QUEEN MEDICAL

المملكة الطبية

LABORATORY DEPARTMENT

Order # 245485

Print Date: 21/11/2023

Patient Name: MAJDOLEEN ABBAS	Date of Birth: 11/12/1990
MRN: 03119811	Age: 33 year(s)
Mobile # 33600635	Gender: Female
Requested By: Dr. Sahar Said	Charged: Nov 20 2023 2:09PM
	Received: Nov 20 2023 2:18PM

PATIENT REPORT

ENDOCRINOLOGY

DESCRIPTION	RESULT	REFERENCE RANGE
TSH	1.02 uIU/mL	0.5 - 5.1 Pregnant :T1:0.05-4.73 T2:0.30-4.79 T3:0.50-6.02 µIU/mL
FSH	5.73 mIU/ml	Female Follicular phase: 3.2 - 15 mIU/mL Ovulation phase: 7.5 - 20 mIU/mL Luteal phase: 1.3 - 11 mIU/mL Post-menopause: 36 - 138 mIU/mL
LH	5.47 mIU/ml	Follicular : 1.2 - 12.5 Ovulation : 12 - 82 Luteal : 0.4 - 19 Post Menopause : 14 - 48

Doctor's Notes:


Verified By: Dr. Sahar Said

Verified On: Nov 20 2023 4:04PM



Tel: 44190888, 44160499 Fax: 44190890 P.O.Box: 1418 Doha, Qatar

reception@queenmedical.com <http://www.queenmedical.com>

**QUEEN MEDICAL**
الملكة الطبية
LABORATORY DEPARTMENT

Order# 245484

PRINT DATE: November 21, 2023

Patient Name: MAJDOLEEN ABBAS

Date of Birth: December 11, 1990

MRN: 03119811

Age: 33 year(s)

Mobile Number: 33600635

Gender: Female

Requested By: Dr. Sahar Said

Collected: November 20, 2023 2:08 pm


Requested On: November 20, 2023 12:00 am

Recieved: November 20, 2023 2:18 pm

Patient Report**Complete Blood Count (CBC)**

	<u>RESULT</u>	<u>REFERENCE RANGE</u>
Haemoglobin	12.2 gm/dL	12.0 - 15.0
Red Cells Count	4.9 mil/cmm	3.5 - 5.0
Hematocrit	37.4 %	37 - 47
<u>Red Cell Indices</u>		
MCV	76.3 fl	80 - 100
MCH	25.0 pg	27 - 34
MCHC	32.7 gm/dl	32.0 - 36.0
White Cells Count	5,300 /cmm	4,000 - 10,000
Segmented Neutrophils	56.4 %	50 - 70
Lymphocytes	30.9 %	20 - 40
Monocytes	9.7 %	3 - 12
Eosinophils	2.2 %	0 - 5
Basophils :	0.8 %	0 - 2
Platelets Count :	237,000 /cmm	150,000 - 450,000
RDW_SD :	41.8 fL	35 - 56
RDW_CV :	14.8 %	11.0 - 16.0

Doctor's Notes:


مستشفى
الملكة
**QUEEN
HOSPITAL**
W.L.L - 1992



QUEEN MEDICAL

المملكة الطبية

LABORATORY DEPARTMENT

Order # 244661

Print Date: 15/11/2023

Patient Name: MAJDOLEEN ABBAS	Date of Birth: 11/12/1990
MRN: 03119811	Age: 33 year(s)
Mobile # 33600635	Gender: Female
Requested By: Dr. Sahar Said	Charged: Nov 12 2023 3:04PM
	Received: Nov 12 2023 3:04PM

PATIENT REPORT

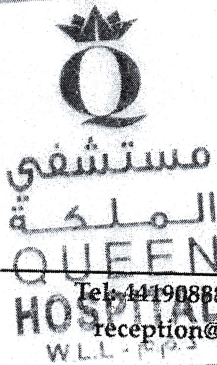
MOLECULAR BIOLOGY

DESCRIPTION	RESULT	REFERENCE RANGE
Human Papilloma Virus (HPV) by PCR (BM)	Negative	

Doctor's Notes:

Verified By: Dr. Sahar Said

Verified On: Nov 13 2023 5:55PM



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QUEEN MEDICAL
المستشفى الطبيّة

LABORATORY DEPARTMENT

Order # 243955.

Print Date: 08/11/2023

Patient Name: MAJDOLEEN ABBAS	Date of Birth: 11/12/1990
MRN: 03119811	Age: 33 year(s)
Mobile # 33600635	Gender: Female
Requested By: Dr. Sahar Said	Charged: Nov 5 2023 9:51PM
	Received: Nov 5 2023 9:51PM

PATIENT REPORT

CYTOLOGY

DESCRIPTION	RESULT	REFERENCE RANGE
Liquid Base Cytology (LBC)	LGSIL	

Doctor's Notes: Clinical Data: - L.M.P: 20.10.2023- Cervix: Post examination bleeding +/- Vaginal spotting +/- Cycles: Irregular.- Discharge ++.

Microscopic Findings: Cellular smear shows scattered, groups and clusters of superficial and intermediate squamous cells admixed with a few endocervical cells. Few squamous cells show enlarged hyperchromatic nuclei with perinuclear clearing in few cells. Inflammatory cells are seen in the background of red blood cells, Coccobacilli (Clue cells) and proteinaceous cell debris. No granulomas seen. No evidence of Candida or Trichomonas noted.

Interpretation: Shift in vaginal flora suggestive of bacterial vaginosis.
Reactive cellular changes associated with acute and chronic inflammation.
Epithelial Cell abnormality: Squamous cells - Low-grade Squamous Intraepithelial Lesion (LGSIL).

Glandular cells - No abnormality detected.
Other malignant neoplasms: No abnormality detected.

Recommendations: Features are suggestive of chronic cervicitis with few cells showing Low-grade Squamous Intraepithelial Lesion (LGSIL) like changes and bacterial vaginosis. Advised HPV screening correlation. Follow-up advised.

Cytology Number: PAP 3852/23.

Note: All slides are kept for 5 years after the date of reporting.



Date 1 / 7 / 2024

New Patient Registration Form

Full Name محولين سعيد عباس الإسم الكامل

Date of Birth 199. / 15 / 11 تاريخ الميلاد

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

Gender: Male / ذكر Female / أنثى Nationality الجنسية

Occupation المهنة

I.D Number 29076000951 رقم البطاقة الشخصية

Telephone No. (Home) رقم الهاتف المنزلي

Mobile Number 33600635 رقم الجوال

Emergency Contact Person أحمد البساطار أقرب الأقارب

Emergency Contact Number 33211414 ~~33211414~~ رقم هاتف

Address: Building No. Zone No. Street No. WAKKRA العنوان
رقم البناية رقم المنطقة رقم الشارع

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 039140

نموذج الموافقة المستنيرة

موافقة على العلاج الطبي

أوافق و أوجه الطبيب / الطبيبة المعالج لي لمقابلي 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 إجراء 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:

التاريخ: ٢٠١٤ / ٧ / ٨

ملف رقم: 039140

التوقيع:



State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 29076000951 الرقم الشخصي:
D.O.B.: 11/12/1990 تاريخ الميلاد:
Expiry: 08/06/2025 الصلاحية:
سورية الجنسية:
Nationality: SYRIA
Occupation: ربة منزل المهنة:



الاسم: مجدولين سعيد عباس

Name: MAJDOLEEN ABBAS

Passport Number: P000282568 رقم جواز السفر:
Passport Expiry: 05/02/2025 تاريخ انتهاء الجواز:
Serial No: 31029076000951 الرقم المسلسل:
Residency Type: عائلية نوع الرخصة:
Employer: احمد مصطفى عباس البيطر المستخدم:
مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports توقيع حامل البطاقة
Holder's signature



RADIOLOGY REQUEST FORM

Patient Name: Majdoleen Saad Patient QID: _____ Patient File No: 039140
 Tel / Mobile No.: _____ Age / Gender: 33 / Fe Date of Request: 13-7-24
 Patient Clinical Data: _____ Lmp: 11-7-24

GENERAL X-RAY

HEAD

- Skull AP
- Skull Lateral
- Paranasal Sinus / Water's view
- Mastoid R L
- Mandible AP / Oblique
- Nasal Bone AP / Lateral
- Neck Lateral Soft Tissue (Adenoid)

CHEST / ABDOMEN

- Chest PA View
- Chest Apicogram
- Chest Lateral R L
- Chest for Ribs (PA / Oblique)
- Plain Abdominal (Erect)
- KUB X-ray / Supine Abdomen

SPINE

- Cervical Spine AP / Lateral
- Cervical Spine AP / Lateral / Oblique
- Cervical Spine Flexion / Extension
- Cervical Spine Open Mouth
- Dorsal Spine AP / Lateral
- Lumbosacral Spine AP / Lateral
- Lumbosacral Spine AP / Lateral / Oblique
- Lumbosacral Flexion / Extension
- Sacrum Coccyx AP / Lateral

UPPER EXTREMITIES

- Shoulder AP / Oblique R L
- Shoulder AP / Lateral R L
- Humerus AP / Lateral R L
- Elbow Joint AP / Lateral R L
- Forearm AP / Lateral R L
- Wrist AP / Lateral R L
- Wrist - Scaphoid Series R L
- Hand AP / Oblique R L
- Finger AP / Lateral R L

LOWER EXTREMITIES

- Femur AP / Lateral R L
- Knee Joint AP / Lateral / Skyline view R L
- Knee Joint Standing R L
- Leg AP / Lateral R L
- Ankle Joint AP / Lateral R L
- Ankle Joint Mortise View R L
- Foot AP / Oblique R L
- Foot Standing AP / Lateral R L
- Both Heel Lateral R L
- Calcaneus Lateral / Axial R L

PELVIS

- Sacroiliac joint AP
- Pelvis AP
- Hip Joint AP / Lateral R L

BARIUM PROCEDURE

- Barium Swallow
- Barium Meal
- Barium Follow Through
- Barium Enema for Colon

SPECIAL PROCEDURES

- Hysterosalpingography
- I.V. Urography
- Ascending Urethrogram
- Cysto-Urethrogram
- Fistulogram

DENTAL IMAGING

- OPG Panoramic View R L
- Cephalometric View R L
- TMJ Open / Close Mouth R L
- 3D Cone Beam CT (CBCT)

ULTRASOUND

- Abdominal
- Pelvic - Suprapubic
- Pelvic - Transvaginal
- Prostate - Suprapubic
- Transcranial (Brain)
- Superficial
- Joint (Shoulder, Knee, etc.)
- KUB Ultrasound
- Neck Ultrasound
- Thyroid Ultrasound
- Folliculometry (1 Visit) / (3 Visits)
- Saline Infusion Sonogram
- Hyfossy
- Endovaginal Ultrasound Test
+Saline Infusion Sonogram
- Obstetric 2D Single Twins Triplet
- OB Anomaly Scan Single Twins Triplet
- Obstetric 3D / 4D Single Twins Triplet
- OB + Fetal Circulation Doppler Single Twins Triplet

BREAST IMAGING

- Breast Ultrasound
- 2D Mammography R L Both
- Digital 3D Mammography R L Both
- 3D Mammography W/contrast R L Both
- Ultrasound & Mammography 2D 3D

DOPPLER STUDIES

- Carotid R L
- Abdominal R L
- Arteries One Limb R L
- Veins One Limb R L
- Arteries & Veins One Limb R L
- Scrotal

BONE DENSITOMETRY

- | | Basic | Advanced |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Total Body BMD | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Spine | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Femur <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Forearm <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Total Body Composition | <input type="checkbox"/> | <input type="checkbox"/> |

CT SCAN

- W/O Contrast W/ Contrast
 Contrast if indicated

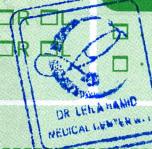
- | | |
|---|---------------------------------------|
| <input type="checkbox"/> CT Brain | <input type="checkbox"/> CT Neck |
| <input type="checkbox"/> CT Sinus / Facial | <input type="checkbox"/> CT Scanogram |
| <input type="checkbox"/> CT Petrous Bone - Ear | <input type="checkbox"/> CT - KUB |
| <input type="checkbox"/> CT Chest | <input type="checkbox"/> CT Pelvis |
| <input type="checkbox"/> CT Abdominal | <input type="checkbox"/> CT Orbit |
| <input type="checkbox"/> CT Abdominal Pelvis | |
| <input type="checkbox"/> CT Cervical Spine | |
| <input type="checkbox"/> CT Dorsal Spine | |
| <input type="checkbox"/> CT Lumbo-Sacral Spine | |
| <input type="checkbox"/> CT Joint (Any Part) | |
| <input type="checkbox"/> CT Angiogram (Upper / Lower) Limbs | |
| <input type="checkbox"/> CT Coronary Angiogram | |
| <input type="checkbox"/> CT Calcium score | |

MRI

- W/O Contrast W/ Contrast
 Contrast if indicated

- MRI Brain
- MRI Cervical Spine
- MRI Dorsal Spine
- MRI Lumbo-Sacral Spine
- MRI Joint (.....)
- MRI Pelvis
- MRI (Any Part)
- MRA / MRV
- MR Spectroscopy
- MRI Sella (Pituitary Gland)
- MRI Facial
- MRI Petrous Bone - Ear
- MRI Orbit
- MRI TMJ (Temporomandibular Joint)
- MRI Neck
- MRI Abdomen
- MRCP
- MRI Prostate
- MRI Fistulogram
- MRI Breast
- MRI Whole Spine
- MRI Whole Body Diffusion (DWIBS)
- MR Angiogram Lower Limb / Aorta

OTHERS (PLEASE SPECIFY)



Dr. Ehtesamuddin
 طبيب عام (نساء وتوليد)
 GP (Obstetrics & Gynecology)
 ترخيص رقم P6E85

Requesting Physician Signature & Stamp: _____

GulfLab X-ray
 GulfLab X-ray
 Gulf Laboratory & Radiology
 www.gulfab-xray.com
 admin@gulfab-xray.com
 P. O. Box: 7613 Doha - Qatar

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جوال رقم : 55868523


№ 0006149

LABORATORY REQUEST FORM

Delta

Patient Name	<i>Majdoleen saeed</i>	Q I D No.		Patient File No.	<i>039140</i>
Nationality	<i>syn</i>	Age	<i>33yr</i>	Gender	<i>Fe</i>
Specimen Requested By	<i>Dr. Ebhisam</i>	Date of Request	<i>13-7-24</i>	Specimen Collected By	
Collecting Med. Technician Signature	<i>FSH, LH</i>	Date		Mobile	<i>33600635</i>

Hematology / Coagulation	Albumin	Vitamin B3 (Nicotinamide)	HAV Ab Total
CBC	Total Globulin	Vitamin B6 (Pyridoxine)	HBs Ag
ESR	A / G Ratio	Vitamin E	HBs Ab
Platelet Count	BUN	Hormones	HBc Ab IgM
Reticulocyte count	Urea	β - HCG	HBc Ab Total
Sickle Cell Test	Creatinine	TSH	H Be Ag
Hb Electrophoresis	Uric Acid	FT 4	H Be Ab
G -6 - PD	Sodium	FT 3	HCV Ab
Malaria Film	Potassium	Total T4	HIV I & II
Bleeding Time	Chloride	Total T3	VDRL / RPR
Clotting	Bicarbonate (HCO ₃)	FSH	TPHA
PT	Creatinine Clearance	LH	Rubella IgM
PTT	Calcium (Totale)	Estradiol (E2)	Rubella IgG
Fibrinogen	Calcium (corrected)	Prolactin	Toxoplasma IgM
Coombs Test (Direct)	Phosphorus	Progesterone	Toxoplasma IgG
Coombs Test(Indirect)	Magnesium	Testosterone (Total)	CMV (IgG , IgM)
Blood Group ABO/Rh Typing	Iron	Testosterone (Free)	HSV I (IgG , IgM)
Biochemistry	TIBC	SHBG	HSV II (IgG , IgM)
Glucose(fasting)	Ferritin	DHEA - SO 4	TORCH Test
Glucose (2 hr PP)	CK (Total)	Anti- Mullerian Hormone	Anticardiolipn (IgG , IgM)
Glucose (random)	CK - MB	Insulin	Lupus Anticoagulant
Glucose 1 hr (50 gme)	LDH	C-Peptide	Anti-ds-DNA
Glucose Tolerance Test (GTT)	Amylase	Growth Hormone	Anti CCP
Hb Alc	Homocysteine	IGF - 1	Extractable Nuclear Ag (ENA)
Microalbumin (urine)	Zinc	Cortisol (AM , PM)	H. Pylori Ab (IgA , IgG)
Cholesterol (Total)	Lithium	17-OH Progesterone	Anti-Thyroid Peroxidase Ab
HDL - Cholesterol	Valproic Acid (Depakene)	PTH	Anti-Thyroglobulin Ab
LDL - cholesterol	Carbamazepine (Tegretol)	Immunology/Serology	Varicella Zoster (IgG,IgM)
Triglycerides	Serum Protein Electrophoresis	ASOT	Allergy Screen
Total Lipids	Vitamins	CRP	IgE Total
AST (SGOT)	Vitamin D	RF	Allergy Screen (Food Panel)
ALT (SGPT)	Vitamin B 12	Brucella Test	Allergy Screen (Inhalant panel)
Alkaline Phosphatase	Folate , Serum	Widal Test	Allergy Screen (Pediatric Panel)
Bilirubin (Total)	Folate , RBC	Monospot Test (IMM.)	
Bilirubin (Direct)	Vitamin A (Retinol)	EBV-VCA (IgM , IgG)	
Gamma-GT	Vitamin B1 (Thiamine)	HAV Ab IgM	
Total Protein	Vitamin B2 (Riboflavin)	ANA	


Dr. Ebtessam Abdulrahman
 (مستشارة ووليد)
 GP (Obstetrics & Gynecology)
 ترخيص رقم: P6685
 License No. P6685

Requesting Physician Signature Requesting Physician Stamp