

For Doctor's Use Only لاستعمال الطبيب فقط

File No#: 1000120 Date: 02/01/2018 - HW DID YOU KNOW ABOUT US?

Patient Name: SALEM AMANJOI - 0845927841 اسم المريض: - Dr. EMAN Patient.

Date of Birth (تاريخ الميلاد): 29/07/1992 Gender (الجنس): M / F

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Chief Complaint: Testicular pain + swelling w. M  
reduce amount of semen + erection  
for one year

Medical History السجل الطبي

Diseases: / Medication: /

Allergies: / Pregnancy: /

Hospitalization: / Family History: /

Habits: Smoking: Y/N / Alcohol: Y/N / Drugs: Y/N /

Remarks: \_\_\_\_\_

Clinical Findings: \_\_\_\_\_

**DOCTOR NOTE**

3AC0014DE853C71



سلطنة عُمان  
SULTANATE OF OMAN



البطاقة الشخصية

IDENTITY CARD

الرقم المدني  
14526876  
تاريخ الإنتهاء  
23/11/2019  
تاريخ الميلاد  
29/07/1992  
مكان الميلاد  
صلالة / صلالة

CIVIL NUMBER  
EXPIRY DATE  
DATE OF BIRTH

توقيع

SIGNATURE

الإسم  
مسلم بن محمد بن أحمد مطراف المنجوي

### Medical Consent Form

I hereby consent and authorize the doctor to treat my medical condition, which has been explained to me by the qualified physician.

I understand that in order to provide me with the most efficient and enhanced service, diagnostic and other procedures may be deemed necessary.

I understand that my treating doctor may discover other or different conditions, which may require additional or different procedures than those planned.

I authorize my treating doctor to perform such procedure, which are advisable in their professional judgment.

I understand that no warranty or guarantee has been made to me as to a result or cure just as there may be risks and hazards in continuing my present condition without treatment, there are also risk and hazards to the performance of the diagnostic and /or surgical procedure. I realize that common surgical or diagnostic procedure are potential for an infection, swelling, bleeding and allergic reaction.

I understand that there are minimal fees to be paid per service and that all fees must be paid in full after the completion of each treatment.

I understand that any information that I provide regarding my medical status will be kept completely confidential and anonymous.

I believe that I have sufficient information to give this consent. I certify that form has been fully explained to me and that I have read it understand its contents.

Patient Signature/ Guardian (in case of minors):

Date:

Dentist Signature:

### نموذج إقرار طبي

• أوافق و اسمح للطبيب بعلاج حالتي المرضية والتي تم شرحها لي من قبل الطبيب المختص و المؤهل.

• اتفهم انه من أجل تزويدي بالعلاج الأمثل و الخدمة الأفضل، فإن بعض التشخيصات و الإجراءات الطبية الإضافية سوف تكون ضرورية لاستكمال العلاج.

• وأنا اتفهم أن من الممكن أن يكتشف الطبيب خلال العلاج حالات أخرى أو مختلفة عن ما ذكر في الفحص الأولي، والتي قد تتطلب إجراءات إضافية أو مختلفة عن تلك المخطط لها.

• أفرض الطبيب المعالج بإجراء العلاجات اللازمة و المطلوبة بحكم خبرتهم المهنية و العلمية.

• اتفهم أنه ليس هنالك أي ضمانات أو أي تأمين لنتائج العلاج كما أتفهم أن هناك مخاطر ناتجة عن عدم استكمال علاج حالتي المرضية، و اتفهم تماما كافة الاخطار الناجمة عن الفحوصات و الإجراءات العلاجية و الجراحية. و اتفهم احتمالية حدوث عدوى أو تورم أو نزيف أو حساسية نتيجة للفحص أو الإجراء الطبي

• أتفهم أن هناك رسوم بالحد الأدنى يجب دفعها مقابل الخدمة العلاجية و أن جميع الرسوم المطلوبة يجب سدادها مباشرة بعد الانتهاء من كل علاج.

• إن أي معلومات أقدمها بخصوص حالتي الصحية ستبقى سرية تماما ولا يمكن الإفلاع عليها دون موافقتي.

• أقر أنني امالك المعلومات الكافية لتوقيع هذا الإقرار. و أن هذا النموذج قد تم شرحه لي بالكامل و اني قد قرأت و فهمت جميع تفاصيل هذا الإقرار.



توقيع المريض / الوصي :


التاريخ:

توقيع الطبيب المختص:



**LABORATORY INVESTIGATION REPORT**

**Name** : SALIM ALMANOUI  
**Age/Gender** : 26 Years/M  
**Ref. Physician** : Dr. Eman  
**Centre** : Orchid Medical Center  
**Ref No.** : 100120  
**Sample No.** : 180123895  
**Received** : 02/01/2018 02:04PM  
**Registered** : 02/01/2018 02:03PM  
**Reported** : 02/01/2018 03:24PM

Test / Parameters	Result	Flag	Units	Reference Range
<b>Semen Analysis (Routine)</b>				
<b>INVESTIGATION</b>				
Colour	Opaque white			
Semen Volume	1.0		mL	2.0 - 5.0
Liquefaction Time	Completed within 30		Minutes	20 - 30
Viscosity	Normal			
PH	8.0			7.1 - 8.0
<b>SPERM COUNT</b>				
No. of sperm / mL	92		Million	> 25
No. of sperm / ejaculate	92		Million	> 75
<b>MOTILITY</b>				
Rapid linear progressive (Class A+B)	40		%	0 - 50
Sluggish linear progressive (Class C)	40		%	0 - 30
Immotile sperms (Class D)	20		%	10 - 20
<b>SPERM MORPHOLOGY</b>				
Total Normal Forms	60		%	50 - 70
Total Abnormal Forms	40		%	
Abnormal Head Forms	20		%	
Mid- portion Abnormalities	10		%	
Tail Abnormalities	10		%	
Immature Forms	5		%	
Leucocytes (Pus Cells)	5 - 6		/HPF	0 - 2
Sperm Agglutination	Nil			Absent
<b>Methodology:</b>				
<b>Sample Type :</b> Semen				
				
Thana Alwani Lab Incharge Licence no- T38204				
 Dr. Hatem Sang Pathologist Licence no- D44771				



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CLINICAL PATHOLOGY

Test / Parameters	Result	Flag	Units	Reference Range
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\*\*\* End Of Report \*\*\*

Thana Alwani  
 Lab Incharge  
 Licence no- T38204



*Dr. Hatem Sarg*

Dr. Hatem Sarg  
 Pathologist  
 Licence no- D44771

Final Report

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CLINICAL PATHOLOGY

Test / Parameters

Result Flag Units Reference Range

Urine Analysis (Routine)

MACROSCOPY

Color Yellow Pale to Dark Yellow  
 Appearance Clear Clear

CHEMISTRY

Specific Gravity 1.025 1.002 - 1.035  
 pH 5.0 4.5 - 8.0  
 Glucose Negative Negative  
 Blood Negative Negative  
 Protein Negative Negative  
 Urobilinogen Normal Normal  
 Bilirubin Negative Negative  
 Ketone bodies Negative Negative  
 Nitrite Negative Negative

MICROSCOPY

Leucocytes 0 - 2 /HPF 1 - 4  
 Erythrocytes 0 - 1 /HPF 0 - 2  
 Bacteria Nil /HPF Nil  
 Casts Nil /HPF Nil  
 Crystals Nil /HPF Nil  
 Epithelial Cells 0 - 2 /HPF Variable

Methodology:

Sample Type : Urine

\*\*\* End Of Report \*\*\*



*Dr. Hatem Sarg*

Dr. Hatem Sarg  
 Pathologist  
 Licence no- D44771

Thana Alwani  
 Lab Incharge  
 Licence no- T38204

Final Report

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Name: Salim Mohammed Al Manjawi  
File No: 32893 / Male / Omani  
Print date: 02 January 2018  
Mobile #: 054-5927841

Investigation date: 02 January 2018  
Requested date: 02 January 2018  
Referred by: Dr. Iman Mohsin Ali  
Date of birth: 29 July 1992

**CLINICAL DATA:** Pain and swelling in the testicular region

### ULTRASOUND OF TESTES

#### Findings:

Both testes are of average size (the right testicle is measuring approx. 3.5 x 1.9 x 2.2 cm, while the left is measuring approx. 3.9 x 1.6 x 2.4 cm in its maximum dimensions), showing homogenous echopattern with no evident solid or cystic testicular focal lesions. Normal vascularity with normal echogenic mediastinal line.

Evidence of mild dilatation of the pampiniform plexus of veins at the right side giving slight tortuous shape in standing position (ranging up to 2.6 mm in caliber diameter measurement) - Grade I varicocele at the right side, with no reflux seen with valsalva maneuver could be seen.

Normal appearance of the pampiniform plexuses of veins at the left side.

Both epididymi is sonographically free. Showing no cysts or calcifications.

No hydrocele at both sides.

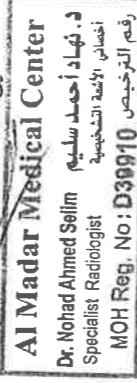
Normal tunical thickness at both sides.

#### IMPRESSION:

**Grade I varicocele at the right side of the scrotum with no reflux seen.**

Please correlate clinically.

Dr. Nohad Ahmed Selim  
Specialist of Radiology



E-mail: [almadarmedicalcentersjh@gmail.com](mailto:almadarmedicalcentersjh@gmail.com)

Tel. : 06-5542662, Fax : 06-5542663, P.O.Box : 80789, Corniche Buhairath-Al Bassam Tower  
First Floor 104, Near Hilton Hotel ( Formerly Millenium Hotel ) Sharjah - U.A.E.

هاتف : ٠٦-٥٥٤٢٦٦٢ ، فاكس : ٠٦-٥٥٤٢٦٦٣ ، ص.ب : ٨٠٧٨٩ - و.ب.ش. البحيرة  
برج البسام، الطابق الأول ١٠٤، بجانب فندق هيلتون (ملينيوم سابقاً)، الشارقة - أ.ع.م.