



Patient Report

Reference No.:BR2653

Patient Name	Nabil Awad				
Sample Date	2024-03-29 09:29:00	Gender	Male	DOB	1988-04-17
Blood Group	A+	Allergies	NKDA		
Company	Insurance	Occupation	Patient ID		865

Presenting Complaint	Fever and chills after receiving IVIG				
Past Medical History	CIDP				
Past Surgical History					
Family History					
Social History					
Assessment	Young male who is a known case of CIDP developed fever and chills 5 minutes after receiving his every two week IVIG treatment, he had received 15mg of the first bottle before it was stopped due to his fever. Associated with flushing but No rash or itching. Patient also reported back pain.				

Chest:	Clear, good air entry bilaterally, no added sounds	BP:	120/80	mmHg
Abdomen:	soft nontender abdomen	PR:	85	bpm
Heart:	Normal	RR:	16	cpm
CNS:	Normal	Temp:	37	°C
		SPO <sub>2</sub> :	98	%
		GCS:	15	/15

Investigations/Lab

#	Lab Test	Result	Units	Reference Values	Note	Added By	Datetime
1	CBC	ATTACHED				WARD-O1	2024-03-29 12:26:22
2	C-Reactive Protein	2.89	mg/L	< 5.0		WARD-O1	2024-03-29 12:27:40
3	Procalcitonin	0.83				WARD-O1	2024-03-29 12:27:40
4	Blood Urea	25.85	mg/dl	10-50		WARD-O1	2024-03-29 12:27:40
5	Creatinine	0.8	mg/dl	0.7-1.2		WARD-O1	2024-03-29 12:27:40
6	D- Dimer	7517.49	ng/ml	To Rule E-Out VTE in Low or Medium PTP: Conventional cut-off: <500 µg/L Rule-Out PE/DVT: (>= 500µg/L continue		WARD-O1	2024-03-29 12:27:40

				examination).			
				-Age-adjusted cut-off >50 y.o			

Investigations/Radiology

#	Study Name	Result	Note	Added By	Datetime
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Consultation

#	Consultation Type	Consultant Name	Consultant Note	Added By	Datetime
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Procedures & Services

#	Procedure/Service	Employee Name	Note	Added By	Datetime
1	VIP Room / Gold room	sewa	admission from 9 am - 2 pm	WARD-O1	2024-03-29 09:31:27
2	A&E - Cannula insertion	sewa		WARD-O1	2024-03-29 09:31:27
3	IV Set.	sewa		WARD-O1	2024-03-29 09:31:27
4	Vital signs checking	sewa		WARD-O1	2024-03-29 09:31:27
5	Syringe	sewa		WARD-O1	2024-03-29 12:29:12
6	Ambulance transport for patient accompanied by Nurse/ hour	sewa		WARD-O1	2024-03-29 15:00:36
7	A&E - ECG	Riwall		WARD-O1	2024-03-29 15:00:36

Provisional Diagnosis:	Allergic reaction
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Treatment (Dose and route)

#	Medicine	Form	Dose	Route	Frequency	Note	Added By	Datetime
1	allermine	Ampule	10mg	IV	1 by 1		Emergency Department	2024-03-29 15:20:54
2	paracetamol	Bottle	1g	IV	1 by 1		WARD-O1	2024-04-02 14:11:05
3	plasil	Ampule		IV	1 by 1		WARD-O1	2024-04-02 14:11:05
4	normal saline	null	500 ml	IV	1 by 1		WARD-O1	2024-04-02 14:11:05

Doctors, Nurse & Tour Notes

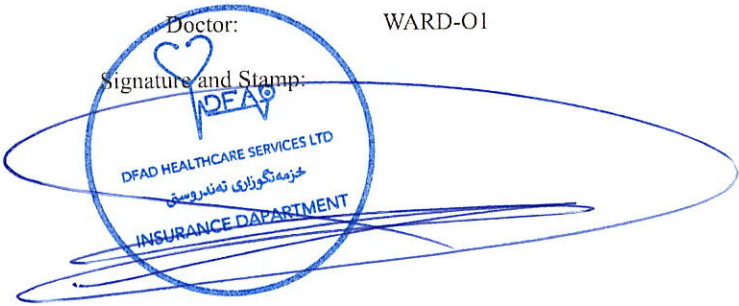
#	Tour/Note	Medical Name	Type	Added By	Datetime
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Follow up:		Sick Leave:	From 2024-03-29
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			To 2024-03-29
Referral to:		Reason of Referral:	
Note:	<p>The patient developed fever and rigor 5 mins after receiving his IVIG treatment at 9:30 Am. The treatment was stopped at 20 grams of a 50 gram bottle. His vitals were as follows: PR: 80 bpm, BP: 120/70, Temp: 37C, SPO2 98%. Paracetamol bottle was given and his rigor reduced. His specialist Dr. Salar was contacted and he requested the IVIG to be continued at 10AM. After 70 grams he developed higher fever and rigor associated with lightheadedness, flushing, nausea, vomiting, diarrhea and abdominal pain. There was no itching or rash. His vitals at 11:00 AM were as follows: Pr: 135bpm, Bp: 95/55, Temp: 39.5C, Spo2 92% on room air. These investigations were done for him: CBC, crp, d-dimer, b.urea, s.creatinine. Dr. Mohammed emergency medicine specialist was contacted about the case. He received another paracetamol bottle, allermine amp, Normal saline 500cc. Another IV line was added. He was visited by dr. salar at 1:30 PM and recommended that he'd be transferred to Balsam private hospital. His vitals at 1:30PM were as follows: PR: 135bpm, bp: 90/45, temp: 38.5 C, spo2 93% on room air. The patient was transferred afterwards.</p>		
Discharge Summary			

Doctor: WARD-01

Signature and Stamp:



DFAD HEALTHCARE SERVICES LTD  
خزانه تندرستی نه‌اندروسی  
INSURANCE DEPARTMENT

( ) : العمر

الدكتور :

الاسم : نجل عوی

التاريخ : 27/3/2024

Rr

To whom It May Concern  
patient known by us with a Diagnosis  
of CIDP

1 Month earlier started new Complaint  
of R. Foot numbness which  
Could be Relapse

So the Recommendation now  
↑ Dosage of IVIG (I suggest  
70G) and Reassessment  
after Dosage

Best Regards

الدكتور  
سجاد عثمان  
داخية - عصبية



نهڅوڅځانه‌ی به‌لسم  
مستشفی بلسم  
BALSAM HOSPITAL



Patient Name:

بیل غولی

Date 29/3 / 2024

Age:

Sex: M ☐ F ☐

To whom it may concern  
Patient known by us with a Diagnosis  
of CIPP  
Today During IVIG symptoms of  
allergic Reaction  
in him Lab's procalcitonin 1.17  
in Different Center, also Dr. Diego  
the patient suspected septemia  
we need stay on hospital  
with treatment by anti-biotic  
and continue treatment until  
him Lab's Return normal

Best Regards

Dr. Omar Younis Amin  
M.B Ch.B  
Junior House Officer

*[Signature]*

0751 303 3001  
0751 303 3002  
0772 933 3001

نهڅوڅځانه‌ی به‌لسم - شه‌فامی ګولان (40م) - پشک زووری بازارګانی همولیر  
مستشفی بلسم - شارع ګولان (40م) - خلف غرغه تجاره اربیل

## ECHOCARDIOGRAPHY REPORT

الدكتور أسمر محمد نوري رمضان

اختصاصي بالأمراض القلبية والباطنية

NAME : نبيل جوزيف عوض AGE : 36 Y DATE : 29 / 3 / 2024

RIF DR : الطبيب المرسل : د. جعفر سعيد - سالار عثمان المحترم

LV: GOOD WALL MOTION AND CONTRACTILITY, GOOD SYSTOLIC FUNCTION ,

IVSD : 10 mm

LVEDD : 49 mm , LVESD : 30mm

SYSTOLIC FUNCTION ( EF:68 % FS: 38 % )

DIASTOLIC FUNCTION ( LV INFLOW = E > A )

LA D : 39 mm , LA/AO : 1.3 , RA : NORMAL, RV : NORMAL

AV : AO root (26mm) , cusps (NORMAL) , V max(1.3 m/s) , PG( 7 mmHg),

MV : cusps (NORMAL) , MVA (3,1cm<sup>2</sup>), no MR .

PV : V max (1 , 2M/s) , PG( 6 mmHg )

TV : cusps (normal) , TR V max ( 2.4 m/s) , RVSP : 34 mmHg

IVC : NORMAL

Pericardium : NORMAL

Conclusion: NORMAL ECHOSTUDY .

CARDIOLOGIST

DR.ASMAR RAMADAN



Patient's name: **Nabel Jozef**  
Date of Examination: **30-3-2024**  
Examination requested: **chest CT scan**  
Referring doctor: **ESQ**  
Clinical notes:

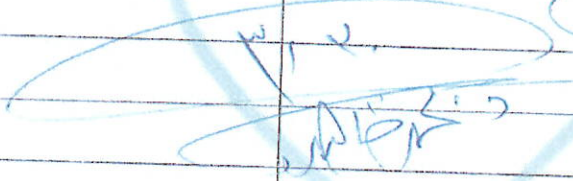
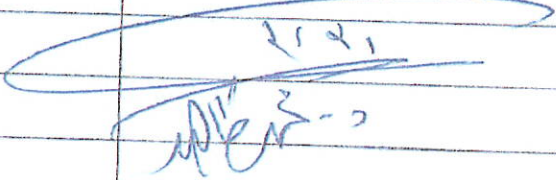
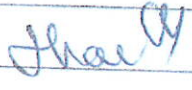
**Report:**

In the posterior basal segments bilaterally alveolar infiltration is seen  
There is mild bilateral bronchiectasis specially of the intermediate and distal posterior bronchi  
The trachea shows wiening of the AP diameter  
..... Findings are of a chronic obstructive airway disease most possibly  
Ther is no SOL  
No pleural effusion and no pneumothorax  
The mediastinum is seen normal and clear

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Specialist Radiologist  
**Dr.Shnrwe Burhan Abdulahad**  
M.B.Ch.B/ C.A.B.M.S- Rad

Doctor's Follow up Notes		
BP: 96/60	PR: 80BP-	SP02: 97%
Consciousness:		
Dyspnea :	Gargling with	
N/V:	Asterion	
Pain:	No NIV	
OI:	Not dyspnea	
BM:	Good OT	
Mobilization:	No ant. circulation and Good VAP	
UOP:	Nausea and	
Drain:	Gait Abnormality	
Others:	to be ending	
Tour: M.T	Date: 31/8/2024	Stamp: [Signature]
BP:	PR:	SP02:
Consciousness:		
Dyspnea :		
N/V:		
Pain:		
OI:		
BM:		
Mobilization:		
UOP:		
Drain:		
Others:		
Tour:	Date:	Stamp:
BP:	PR:	SP02:
Consciousness:		
Dyspnea :		
N/V:		
Pain:		
OI:		
BM:		
Mobilization:		
UOP:		
Drain:		
Others:		
Tour:	Date:	Stamp:

Date & Time	Note
30/3/24	
11:30 AM	Stable general condition
	claim high D-Dimer
	for candidate blood
	analysis.
	
31/3/24	
10:55 AM	- Neurophils elevation, mild
	platelet reduction, no recorded
	bleeding, the patient need
	nothing apart from follow
	up next month.
	- For the elevated D-Dimer
	this is goes with chronic
	inflammation, LMWH
	(Cefadom SC) until the
	stabilization of D-Dimer
	revert.
	
	

## Nurse Progress Note

Date & Time	Note
	<p>neurological follow up            patient stable, no Comp, vital signs            Lab ABG / D-Dimer / Procalcitonin</p>
	<p>now Discharge pt on            - Tamiflu 100mg            - Prednisolone 40mg qd            - Cloxacillin 4000mg qd</p>
	<p><i>[Signature]</i></p>

## Doctors Progress Note

Date & Time	Note
29/3/2024	Respiratory Note
	The patient had cough since about 7 days now (after receiving IVIG) --
	Fever -> hypotension --
	mild lower li-bs edema.
	CXR -> bilateral infiltrates.
	EKG -> normal
	Consulting Cardiologist
	(pulmonary embolism?)
	dealing with as Septicemia
	① Vancomycin 1g x 2 iv
	② Meropenem 1g x 3 iv
	③ Levofloxacin 750 -> 1g x 1 (during 90 mins)
	④ Sputum - urine - blood cultures.
	ABC ⑤ clexon 4000mc IV
	The prognosis right now is not good
29/3/2024 pulmonologist	Respiratory follow up 30/3/2024 The patient is still clinically not by vital signs. (1st dx still septic shock but MPCT) my opinion to continue antibiotics at least meropenem Levofloxacin 750mg regards Dr. H.C.



Age: 36 years

Room: 312

Date: 30.3.2024

VS	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
BP		99/53	91/56		101/64		88/62	106/64	116/63		98/61		99/59		111/69		100/60		100/55		100/56		90/50		95/55
HR		88	88		90			103	111		99		105		106		107		110		100		95		91
RR																									
TEMP		37.3	37.2		37.2			37.3	36.8		36.4		36.2		36.1		36.1		36.2						36.8
SP02		96	95		97			97	98		95		95		98		97		97		96		97		97
RBS		-02	-02		-02			-02	-02		-02		-02		-02		-02		-02		-02		-02		-02
Insulin dose																									
Fluid		60	60		60			60	60		60		60		60		60		60		60		60		60
Fluid with drug					100																				
NG																									
Oral																									
Total input																									
U.O.P																									
Total U.O.P																									
Drains1																									
Drains2																									
Drains3																									
Nurse Name		SA	SA	SA	SA	SA	SA	SA	SA	SA	SA	SA	SA	SA	SA	SA	SA	SA	SA	SA	SA	SA	SA	SA	

Last total 24H input:

10

Last total 24H output:



## Medication

[illegible]

Date:

Room:

Age:

VS	Tim	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
BP																							
HR																							
RR																							
TEMP																							
SP02																							
RBS																							
Insulin dose																							
Fluid																							
Fluid with drug																							
NG																							
Oral																							
Total input																							
U.O.P																							
Total U.O.P																							
Drains1																							
Drains2																							
Drains3																							
Nurse Name																							

Last total 24H output:

12

Last total 24H input:





Age: 36 years

Room: 312

Date: 29.3.2024

VS	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
BP								85/40	100/60	145/40	145/45	145/45	145/45	145/45	145/45	145/45	81/40	78/40		82/45		72/41		84/46	
HR								130	120	108	107	108	104	101	116		105	109		100		101		98	
RR								-	-	-	-	-	-	-	-										
TEMP								38.3	38.4	38.2	38.4	38.2	38.1	36.9	37.1		32.5	38.6		37.5		37.0		37.2	
SP02								94	95	96	95	96	94	95	95		99	95		95		95		96	
RBS								95																	
Insulin dose								insulin																	
Fluid								100		60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60
Fluid with drug								100									100				100	100		100	100
NG								-																	
Oral								10																	
Total input								-																	
U.O.P								10																	
Total U.O.P																									
Drains1								-																	
Drains2								-																	
Drains3								-																	
Nurse Name								(M)	(M)	(M)	(M)	(M)	(M)	(M)	(M)		(M)	(M)		(M)		(M)		(M)	

## Medication Chart

Date: 3/13/2024

Date Admission:     /     / 202

[illegible]

Date: 30/3 / 2024

Date Admission: / / 202

Name of Medication	Dosage	Freq.	Route	8	10	12	2	4	6	8	10	12	2	4	6
Ose flu tab	75mg	1x2	P.O												
Zofran amp		0.1	I.V												
Omeprazole vial	40mg	1x1	I.V												
<del>Meropenem vial</del>	<del>1g</del>	<del>1x3</del>	<del>I.V</del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>
<del>Levofloxacin bottle</del>	<del>750mg</del>	<del>1x1</del>	<del>I.V</del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>
NIS 60cc/hr			I.V												
Clexan	4000	1x1	S.C												
H.C amp		1x2	I.V												

Doctor's Stamp

Dr. Asuda Hashim  
M.B.Ch.B

Date

# Medication Chart

e: / / 202

e Admission: 29/3 / 2024

Name of Medication	Dosage	Freq.	Route	8	10	12	2	4	6	8	10	12	2	4	6
Bisoprolol tab 2.5mg		1x1	PO												
ase P14															
temiflu tab 75mg		1x2	PO												
Parol bottle		1x4	IV												
NIS 60cc/h	60cc	1x4	IV												
Zofran P		1x3	IV												
ampicillin 1g		1x4	IV												
vancomycin 1g		1x2	IV												
meropenem	1g	1x3	IV												
Levofloxacin 500mg	750mg	1x1	IV												
Clexane 1g	400mg	1x1	S.C												
Hydrocortisone	amp 100mg	1x1													

Dr's Stamp

Date

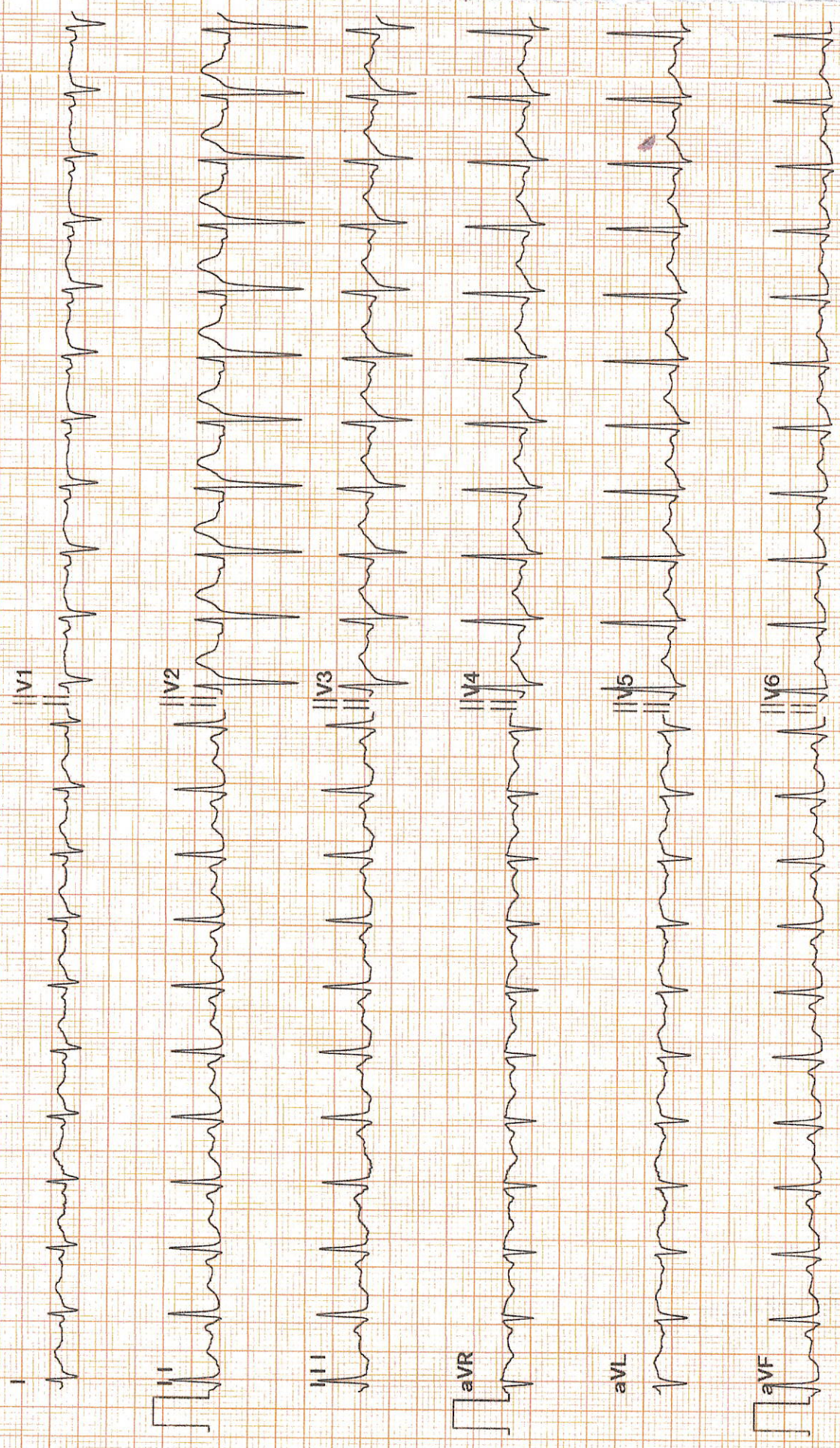
29/3/2024

ID : 2403290000  
Name: **Nabil Ahmed**  
Sex: **M**  
Divisions:

DataTime: 2024-03-29 12:35  
Age: **36**  
BP: **110/70**  
Bed No.:

Patient ID:  
Height: **175** cm  
Weight: **75** kg  
Hospital No.:

Hospital:



Diagnosis for reference, ask your doctor to confirm  
AUTO PRINT 6X2 130bpm 10 mm/mV 0.50Hz-25Hz AC 50Hz

Confirmed By:

ID:  
Name:  
Age:  
Gender:

2024032923263838

2024-03-29 11:39:00 PM

Vent. Rate  
PR Interval  
QRS Duration  
QT/QTc Interval  
P/QRS/T Axes  
QTc-Hodges

111 bpm  
114 ms  
78 ms  
294/383 ms  
72/77/29 deg

Sinus tachycardia

--- Interpretation made without knowing patient's gender/age ---

Normal ECG except for rate

Unconfirmed Diagnosis.

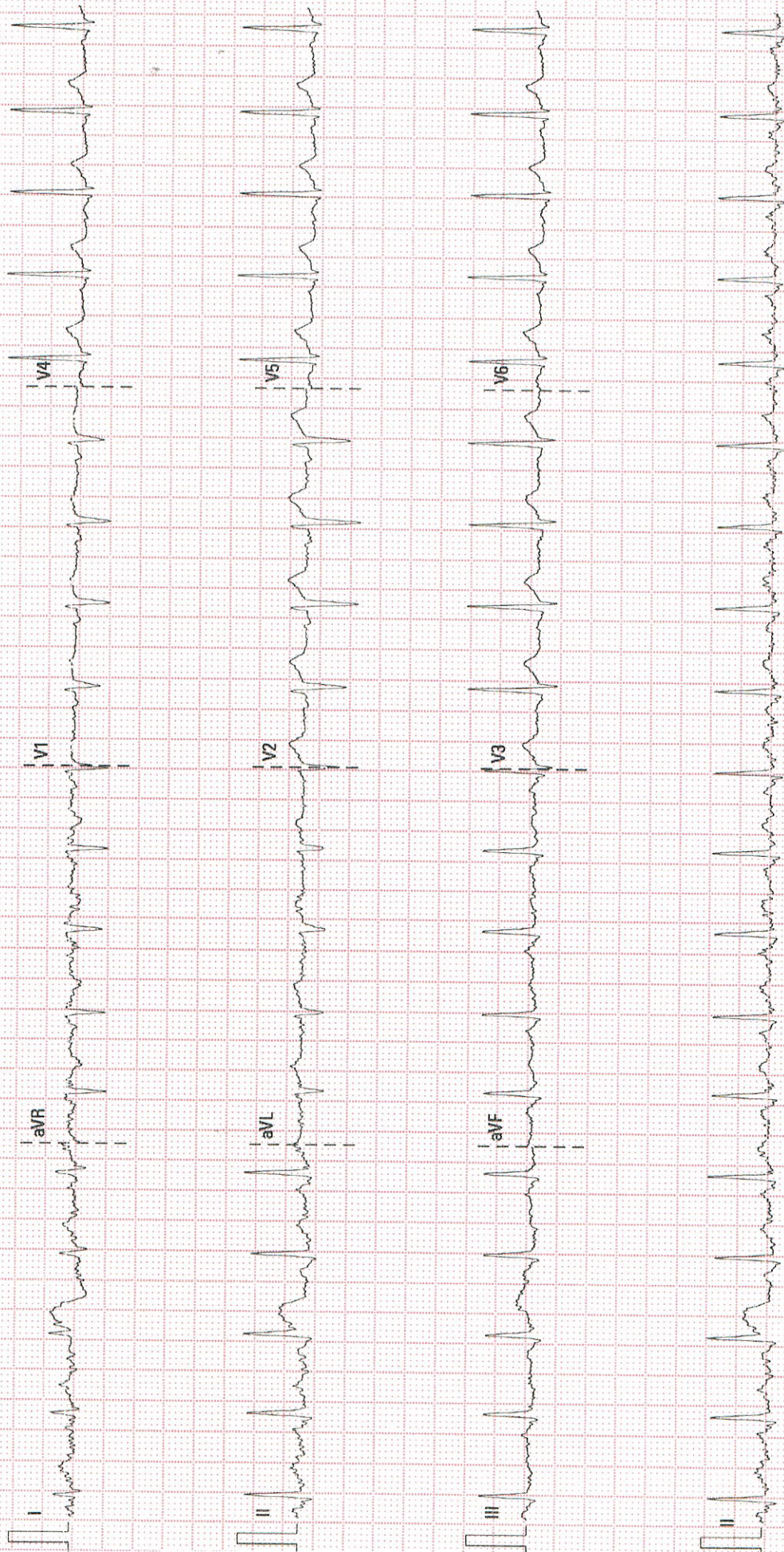
Name: nabil juzif awad  
code: 26330 AGE: 36y SEX: m  
DATE: 29.3.2024  
LAN: arab DR: salar

29.3.2024

11:30

PM

Tab 3



Specimen ID: NABIL AWAD.

Patient ID:

First Name:

Test: CD

Gender: U

Last Name:

Specimen: WB

Run Date/Time: 2024/03/29 12:48 PM

Date of Birth:

Age:

Collection:

Sequence #: 2964

Location:

Physician:

Comments:

Test	Result	Flags	Units	Low	High
WBC	1.07	L	$\times 10^3/\mu\text{L}$	3.71	10.67
LY	46.73	h	%	18.94	46.71
MO	0.09		%	4.88	12.61
NE	52.55		%	40.62	71.65
EO	0.55		%	0.74	6.73
BA	0.09		%	0.05	0.48
LY#	0.50		$\times 10^3/\mu\text{L}$	1.15	3.52
MO#	0.00		$\times 10^3/\mu\text{L}$	0.25	0.99
NE#	0.56		$\times 10^3/\mu\text{L}$	1.85	6.72
EO#	0.01		$\times 10^3/\mu\text{L}$	0.04	0.48
BA#	0.00		$\times 10^3/\mu\text{L}$	0.00	0.03
RBC	4.62		$\times 10^{12}/\mu\text{L}$	3.87	5.68
HGB	14.84		g/dL	12.00	16.75
HCT	43.8		%	35.1	48.7
MCV	94.9		fL	78.4	97.6
MCH	32.1		pg	26.5	33.5
MCHC	33.9		g/dL	32.9	35.4
RDW	13.3		%	12.7	15.6
RDW-SD	43.4		fL	38.9	49.0
PLT	222.4		$\times 10^3/\mu\text{L}$	150.5	366.8
MPV	8.30		fL	7.42	10.77



Neutrophils	
Segmented	
Band	
Lymphocyte	
Monocyte	
Eosinophil	
Basophil	
Metamyelocyte	
Myelocyte	
Promyelocyte	
Blast	
Ab. Lymph	
Other	
NRBC	
Anisocytosis	
Poikilocytosis	
Polychromasia	
Hypochromasia	
Microcytosis	
Macrocytosis	
Other	
Reviewed by	

USER

Printed 2024/03/29 12:48 PM

BF040150

res2964.csv



## MICROBIOLOGY REPORT

Name	Nabil Juzif Awad	Doctor	Salar
File No.	363	Received Date	30.03.2024
Age	36 Years	Reported Date	01.04.2024
Gender	Male		

**INVESTIGATION:** Sputum specimen received for culture and sensitivity

**REPORT STATUS:** Final

**SMEAR REPORT** Pus cells: Moderate  
Red Blood Cells: Nil  
Epithelial Cells: Moderate  
No Microorganism Seen

**Culture result:** No Bacterial Pathogen Isolated.



## MICROBIOLOGY REPORT

Name Nabil Juzif Awad

Doctor

Salar

File No. 364

Received Date 30.03.2024

Age 36 Years

Reported Date 01.04.2024

Gender Male

**INVESTIGATION:** Urine specimen received for culture and sensitivity

**REPORT STATUS:** Final

**Culture result:** Uropathogen Not Isolated.



**LAB No.** p047087 **Date** 29-Mar-2024  
**Name** MR. NABIL JUZIF AAWAD **Age / Sex** 36Yrs / M  
**Referred** DR.SALAR **Printed at** 01-04-2024 15:39

### HEMOSTASIS

Test Name	Result	Units	Normal Range
D-DIMER	14210	ng/mL	(<500)

### SEROLOGICAL ASSAYS

Test Name	Result	Units	Normal Range
C-Reactive protein (CRP)	0.4	mg/dL	(0.0-0.5)

### IMMUNOLOGY

Test Name	Result	Units	Normal Range
Procalcitonin	27.78	ng/mL	

Normal =<0.1  
 Moderate systemic inflammation 0.6-2  
 Local inflammation/infection 0.2-0.5  
 Severe systemic inflammation 2-10  
 Severe bacterial sepsis/ septic shock 11-100



LAB No. p047087 Date 29-Mar-2024  
Name MR. NABIL JUZIF AAWAD Age / Sex 36Yrs / M  
Referred DR.SALAR Printed at 01-04-2024 15:39

### COMPLETE BLOOD PICTURE( CBC )

Test Name	Result	Units	Normal Range
WBC	4.3	$10^9/l$	(3.5-10.0)
LYM	<u>0.3</u>	$10^9/l$	(0.9-5.0)
LYM%	<u>8.2</u>	%	(15.0-50.0)
MID	0.1	$10^9/l$	(0.1-1.5)
MID%	2.3	%	(2.0-15.0)
GRA	3.9	$10^9/l$	(1.2-8.0)
GRA%	<u>89.5</u>	%	(35.0-80.0)
RBCs	3.98	$10^{12}/l$	(3.50-5.50)
HGB	11.9	g/dl	(11.5-16.5)
HCT	<u>34.5</u>	%	(35.0-55.0)
MCV	86.7	fl	(75.0-100.0)
MCH	29.9	pg	(25.0-35.0)
MCHC	34.4	g/dL	(31.0-38.0)
RDW <sub>a</sub>	37.1	fl	(0.1-250)
RDW%	12.4	%	(11.0-16.0)
PLT	132	$10^9/l$	(130-400)
MPV	8.5	fl	(6.5-11.0)
PDW <sub>a</sub>	12.0	fl	(0.1-30.0)
PDW%	43.2	%	(0.1-99.9)
PCT	0.11	%	(0.01-9.99)
P-LCR	18.8	%	(0.1-99.9)
P-LCC	24	$10^9/l$	(1.0-1999)

----- End of Report -----



LAB No. p047093 Date 30-Mar-2024  
Name MR. NABIL JUZIF AWAD Age / Sex 36Yrs / M  
Referred Dr. Salar Printed at 01-04-2024 15:39

### CHEMISTRY SCREENING ASSAY

Test Name	Result	Units	Normal Range
Urea	42.7	mg/dL	(15-50)
Creatinine	1.3	mg/dL	(0.4-1.2)
BUN(Blood Urea Nitrogen)	20	mg/dL	(5-21)
SGOT(AST)	284.9	U/L	(10-40)
SGPT(ALT)	209.1	U/L	(10-41)
Alkaline Phosphatase	63.9	U/L	(40-120)
Bilirubin (total)	2.2	mg/dL	(0.1-1.1)

### HEMOSTASIS

Test Name	Result	Units	Normal Range
D-DIMER	9780	ng/mL	(<500)

### SEROLOGICAL ASSAYS

Test Name	Result	Units	Normal Range
C-Reactive protein (CRP)	13.5	mg/dL	(0.0-0.5)
Salmonella typhi (IgM)	Negative		
Salmonella typhi (IgG)	Negative		
Brucella Test (Rose Bengal)	Negative		

### IMMUNOLOGY

Test Name	Result	Units	Normal Range
Procalcitonin	64.93	ng/mL	

Normal =<0.1  
Moderate systemic inflammation 0.6-2  
Local inflammation/infection 0.2-0.5  
Severe systemic inflammation 2-10  
Severe bacterial sepsis/ septic shock 11-100



LAB No. p047095

Date 30-Mar-2024

Name MR. Nabil Juzif Awad

Age / Sex 36Yrs / M

Referred dr salar

Printed at 01-04-2024 15:39

## HORMONE ASSAY

Test Name	Result	Units	Normal Range
Triiodothyronine(T3)	<u>0.406</u>	nmol/l	(1.07-3.13)
Thyroid Stimulating Hormone (TSH)	<u>4.30</u>	uIU/ml	(0.4-4.2)
Thyroxine (T4)	<u>65.03</u>	nmol/l	(66-181)

----- End of Report -----



LAB No. p047114 Date 30-Mar-2024  
Name MR. NABIL JUZIF AWAD Age / Sex 36Yrs / M  
Referred DR.SALAR Printed at 01-04-2024 15:39

### VIRAL SCREEN ( Cobas E 411 )

Test Name	Result	Units	Normal Range
HIV COMPT	0.480	COI	Non Reactive: < 0.9 Border Line : (0.9-1.0) Reactive : > 1.0
HBsAg	0.693	COI	Non Reactive: < 0.9 Border Line : (0.9-1.0) Reactive : > 1.0
Anti HCV	0.110	COI	Non Reactive: < 0.9 Border Line : (0.9-1.0) Reactive : > 1.0

### HEMOSTASIS

Test Name	Result	Units	Normal Range
Prothrombine Time	20.8	Second	(11.0-13.5)
INR *	1.88		(0.8-1.1)

\* 2.0 - 3.0 for patients with PE, DVT, valvular heart disease.  
2.5 - 3.5 for patients with prosthetic heart valve or recurrent systemic embolism.

APTT	46.0	Second	(27-40)
Fibrinogen	259.4	mg/dL	(150-400)



LAB No.	p047114	Date	30-Mar-2024
Name	MR. NABIL JUZIF AWAD	Age / Sex	36Yrs / M
Referred	DR.SALAR	Printed at	01-04-2024 15:39

### IMMUNOLOGY

Test Name	Result	Units	Normal Range
Anti HAV IgM	2.9	COL	Negative : <20 Positive : > 20

End of Report



LAB No. p047129 Date 31-Mar-2024  
Name MR. NABIL JUZIF AWAD Age / Sex 36Yrs / M  
Referred DR. SALAR Printed at 01-04-2024 15:39

### CHEMISTRY SCREENING ASSAY

Test Name	Result	Units	Normal Range
Urea	25.6	mg/dL	(15-50)
Creatinine	0.9	mg/dL	(0.4-1.2)
BUN(Blood Urea Nitrogen)	12	mg/dL	(5-21)
SGOT(AST)	74.0	U/L	(10-40)
SGPT(ALT)	122.4	U/L	(10-41)

### HEMOSTASIS

Test Name	Result	Units	Normal Range
D-DIMER	4610	ng/mL	(<500)

### SEROLOGICAL ASSAYS

Test Name	Result	Units	Normal Range
C-Reactive protein (CRP)	17.5	mg/dL	(0.0-0.5)

### IMMUNOLOGY

Test Name	Result	Units	Normal Range
Procalcitonin	28.04	ng/mL	

Normal =<0.1  
Moderate systemic inflammation 0.6-2  
Local inflammation/infection 0.2-0.5  
Severe systemic inflammation 2-10  
Severe bacterial sepsis/ septic shock 11-100



LAB No. p047129 Date 31-Mar-2024  
Name MR. NABIL JUZIF AWAD Age / Sex 36Yrs / M  
Referred DR. SALAR Printed at 01-04-2024 15:39

### COMPLETE BLOOD PICTURE( CBC )

Test Name	Result	Units	Normal Range
WBC	<b>19.3</b>	$10^9/l$	(3.5-10.0)
LYM	<b>1.6</b>	$10^9/l$	(0.9-5.0)
LYM%	<b>8.6</b>	%	(15.0-50.0)
MID	<b>0.7</b>	$10^9/l$	(0.1-1.5)
MID%	<b>3.8</b>	%	(2.0-15.0)
GRA	<b>17.0</b>	$10^9/l$	(1.2-8.0)
GRA%	<b>87.6</b>	%	(35.0-80.0)
RBCs	<b>3.79</b>	$10^{12}/l$	(3.50-5.50)
HGB	<b>11.6</b>	g/dl	(11.5-16.5)
HCT	<b>32.8</b>	%	(35.0-55.0)
MCV	<b>86.5</b>	fl	(75.0-100.0)
MCH	<b>30.7</b>	pg	(25.0-35.0)
MCHC	<b>35.5</b>	g/dL	(31.0-38.0)
RDWa	<b>38.3</b>	fL	(0.1-250)
RDW%	<b>13.1</b>	%	(11.0-16.0)
PLT	<b>117</b>	$10^9/l$	(130-400)
MPV	<b>9.3</b>	fL	(6.5-11.0)
PDWa	<b>12.9</b>	fL	(0.1-30.0)
PDW%	<b>44.0</b>	%	(0.1-99.9)
PCT	<b>0.11</b>	%	(0.01-9.99)
P-LCR	<b>23.9</b>	%	(0.1-99.9)
P-LCC	<b>28</b>	$10^9/l$	(1.0-1999)

End of Report



Name : **NABIL JUZEF AAWAD**      Sample No : 772468  
 File No : 592993      Sample Date : 29/03/2024/ 20:19:37  
 Age : 35 Year(s) 8 Month(s) 28 Day(s)      Report Date : 29/03/2024/ 20:42:17  
 Gender : Male      Doctor : LAB DOCTOR

Test	Result	Unit	Range
<b>Hematology</b>			
<b>Whole Blood Count (Expanded Panel)</b>			
Leucocyte (WBC)	4.7	$\times 10^3/\text{ul}$	4.5-11
Erythrocyte (RBC)	13.86	$\times 10^6/\text{ul}$	4.3-5.7
Hemoglobin (HGB)	12.5	g/dl	13.2-17.3
Hematocrit (HCT)	34.0	%	39-49
Mean Corpuscular Volume (MCV)	88.1	fL	80-99
Mean Corpuscular Hemoglobin (MCH)	32.4	pg	27-34
Mean Corpuscular Hemoglobin Concentration (MCHC)	36.8	g/dl	32-37
Thrombocyte (PLT)	116.0	$\times 10^3/\text{ul}$	150-440
Lymphocyte (LYM%)	9.7	%	18-44
Monocyte (MXD%)	2.8	%	0.01-10
Neutrophil (NEUT%)	87.5	%	35-80
Lymphocyte Count, Absolute (LYM#)	0.5	$\times 10^3/\text{ul}$	0.8-4.8
Monocyte Count, Absolute (MXD#)	0.1	$\times 10^3/\text{ul}$	0.2-0.9
Neutrophil Count, Absolute (NEUT#)	4.1	$\times 10^3/\text{ul}$	1.8-7.7
Red Blood Cell Distribution Width (RDW-SD)	41.9	fL	35-46
Red Blood Cell Distribution Width (RDW-CV)	12.2	%	11.5-14.6
Platelet Distribution Width (PDW)	13.2	fL	9-20
Mean Platelet Volume (MPV)	10.2	fL	8.5-13
Plateletcrit (PCT)	0.12	%	0.17-0.45

Name : **NABIL JUZEF AAWAD**

File No : 592993

Age : 35 Year(s) 8 Month(s) 28 Day(s)

Gender : Male

Sample No : 772468

Sample Date : 29/03/2024/ 20:19:37

Report Date : 29/03/2024/ 20:42:17

Doctor : LAB DOCTOR

Test	Result	Unit	Range
------	--------	------	-------

#### Biochemistry

Procalcitonin, serum

34.4 ng/mL

Normal	=<0.1
Moderate systemic inflammation	0.6-2
Local inflammation/infection	0.2-0.5
Severe systemic inflammation	2-10
Severe bacterial sepsis/ septic shock	11-100



التاريخ 2024 / 03 / 28

حضرة السيد:

[illegible]

الغلط والسهو مرجع للطرفين

# ALLIANCE PHARMACY

Sales Invoice 02/04/2024 2:15 PM

Cashier Name: Insurance

Invoice No.# 5247

ITEM	QTY	Price	Total
METODAR-DARNITSA AMPULE	1	1,250	1,250
chlomal Chlorpheniramine Maleate ampoules	1	1,000	1,000
NORMAL SALINE 500ML	1	3,000	3,000
PACOL AVERSY 1000MG /100ML	1	5,000	5,000

Credit

Sub Total	10,250
Dissscount	
Net Total	10,250
Received	0
Change	-10,250

اسم العميل : Nabil Awad

فهر الدواء دهر مان تفتها نه ماودي 24 كاتر مير

يسمح بعمل مرتجع للفاورة خلال 24 ساعة مع احضار  
الوصف

# ALLIANCE PHARMACY

Sales Invoice 29/03/2024 9:21 PM

Cashier Name: Insurance

Invoice No.# 5201

ITEM	QTY	Price	Total
Pacimol1000mg/100ml	1	3,500	3,500

Credit

Sub Total	3,500
Dissscount	
Net Total	3,500
Received	0
Change	0

اسم العميل : Nabil Awad

فهر الدواء دهر مان تفتها نه ماودي 24 كاتر مير

يسمح بعمل مرتجع للفاورة خلال 24 ساعة مع احضار  
الوصف



### قائمة الدخالات المتعددة

اسم المريض :

نبيل جوزيف عواد- 121053647

رقم الايصال 97511

طبيب المنفذ : زيون رقم 1-121000002

طريقة الدفع : Cash

ملاحظات :

رقم الهاتف : 0

العمر : D 0

10000	LAB - C.B.Count
25000	lab- C.B.P
20000	lab - D-dimer
10000	LAB - C.R.proteine Q+Hi
50000	lab - procalcitonin

قيمة النسب : 0

لصافي الدفع : 115,000 I.Q

المبلغ الأجمالي 115,000

اسم الموظف : yuosf

Cretive Soft

وقت الطباعة :

3.09.02PM

تاريخ الطباعة :

3/29/2024



### قائمة الدخالات المتعددة

اسم المريض :

نبيل جوزيف عواد- 121053647

رقم الايصال 97627

لطببيب المنفذ : زبون رقم 1-121000002

طريقة الدفع : Cash

ملاحظات :

رقم الهاتف : 0

العمر : D 3

10000	LAB - C.B.Count
20000	lab - D-dimer
10000	LAB - C.R.proteine Q+Hi
50000	lab - procalcitonin
8000	LAB - AST- GOT
8000	LAB - ALT-GPT
7000	LAB - Urea
7000	LAB - Creatinine

قيمة الحسم : 0

لصافي للدفع : 120,000 I.Q

المبلغ الاجمالي 120,000

اسم الموظف : dlpak

Cretive Soft

وقت الطباعة :

7:38:18PM

تاريخ الطباعة :

4/1/2024

دوره های آموزشی

شماره: 216268  
تاریخ: 20/03/2024

فهرست اقلام

ردیف	تعداد	شرح اقلام	واحد	قیمت
1	4,000	PACOL 100ML BOTTLE	3,000	
2	2,500	LE FRACON 2MG/ML AMPHOLE	5,000	
3	5,000	Amox 40 mg/ml	5,000	
4	5,000	AMTICOR 25MG TAB	5,000	

Sub Total 23,000

Discount

Total 23,000



### قائمة الدخالات المتعددة

اسم المريض :

نبيل حوزيف بنو اد- 121053647

رقم الاتصال 97517

طبيب المنفذ : زبون رقم 1-121000002

طريقة الدفع : Cash

ملاحظات :

رقم الهاتف : 0

العمر : D 1

60000	Micro- Blood C/S
40000	Micro - sputum culture
40000	Micro- urine culutre

0 قيمة الحسم :

140,000 لصافي للدفع : I.Q

المبلغ الأجمالي 140,000

اسم الموظف : yuosf

Cretive Soft

وقت الطباعة :

2:09:07AM

تاريخ الطباعة :

3/30/2024

كشف رقم (1)

اسم المريض	نبيل جوزيف عوض
دكتور	د. سالار
تةمةن	36
نوع العملية	ماندة/
تاريخ الدخول	29/03/2024 10:20 pm
تاريخ الخروج	31/03/2024 01:00 am

نوع الخدمات	المصروفات	تفاصيل	التفاصيل
استشاري/د. سالار	150,000	0	
استشاري/د. جعفر	100,000	0	
استشاري/د. محمد ظاهر	106,000	0	
استشاري/محمد صالح	50,000	0	
صيدلية	123,250	0	
مختبر	256,000	0	
ايكو	50,000	0	
غرفة (0.000)	240,000	0	
مصاريف طابق (0.000)	84,750	0	
سونار	40,000	0	
ct	150,000	0	
ABG	25,000	0	
الاشعه	25,000	0	
مجموع المصروفات	1,400,000	0	1,400,000
مجموع عملية + مصروفات :	1,400,000		

Balsam Hospital  
كاشير  
مستشفى بلسم



0751 303 3001

0751 303 3002

info@balsam-hospital.com

www.balsam-hospital.com

شہ قامي گولان - تہنیشتی ژووری بازارگانی ہولیر

BASLSAM HOSPITAL



Preview

Search: nabil



ID

19

17

11

86



الحمراء للتأمين  
Hamraa Insurance

Rotana Erbil Grade (2-5)  
NABIL AWAD  
67555476 73525090

1988

St. Date: 01/02/2022 Exp.Date: 31/12/2023  
IP 0% OP 0% PH 20% CS 15 USD

< 1 >

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