

**Patient ID** : 10101989  
**Patient Name** : Aram Ghannadzadeh  
**Age/Gender** : 40Yrs, Male  
**DOB** : 04-May-84

**Visit Date** : 26-Mar-25  
**Referred by** :  
**Endoscopist** : Dr. Ihsan Kommouna, M.D.

**Colonoscopy**

**Indication** : rectal pain

**Consent** :

Informed Consent Obtained. Risks of the Procedure Benefits and alternatives were explained and understood. Patient Connected to the Monitor and Positioned as per the Endoscopy guidelines. Colonoscope Introduced under direct vision upto the terminal ileum. Examination Was carefully done at withdrawal.

**Medication** : midazolam 10 mg IV, Pethidine 100 mg IV

**FINDINGS**

**Ileum** : glandular hypertrophied mucosa

**Cecum** : Appears Normal

**Ascending Colon** : Lumen, haustration, Vascular Pattern are Preserved, Mucosal Lining is Intact.

**Transverse Colon** : Lumen, haustration, Vascular Pattern are Preserved, Mucosal Lining is Intact.

**Descending Colon** : Lumen, haustration, Vascular Pattern are Preserved, Mucosal Lining is Intact.

**Sigmoid** : Lumen, haustration, Vascular Pattern are Preserved, Mucosal Lining is Intact.

**Rectum** : Appears Normal

**Anus** : Internal and external hemorrhoid

**Biopsy** : Terminal ileal mucosa to rule out IBD

**Recommendation** : Can be discharged after fully awake

**Impression** : 1, Glandular hypertrophied mucosa of the terminal ileum  
2. Hemorrhoid grade II -III (to be treated locally and to consider doing band ligation)  
Otherwise normal colo-ileoscopy by well prepared colon.



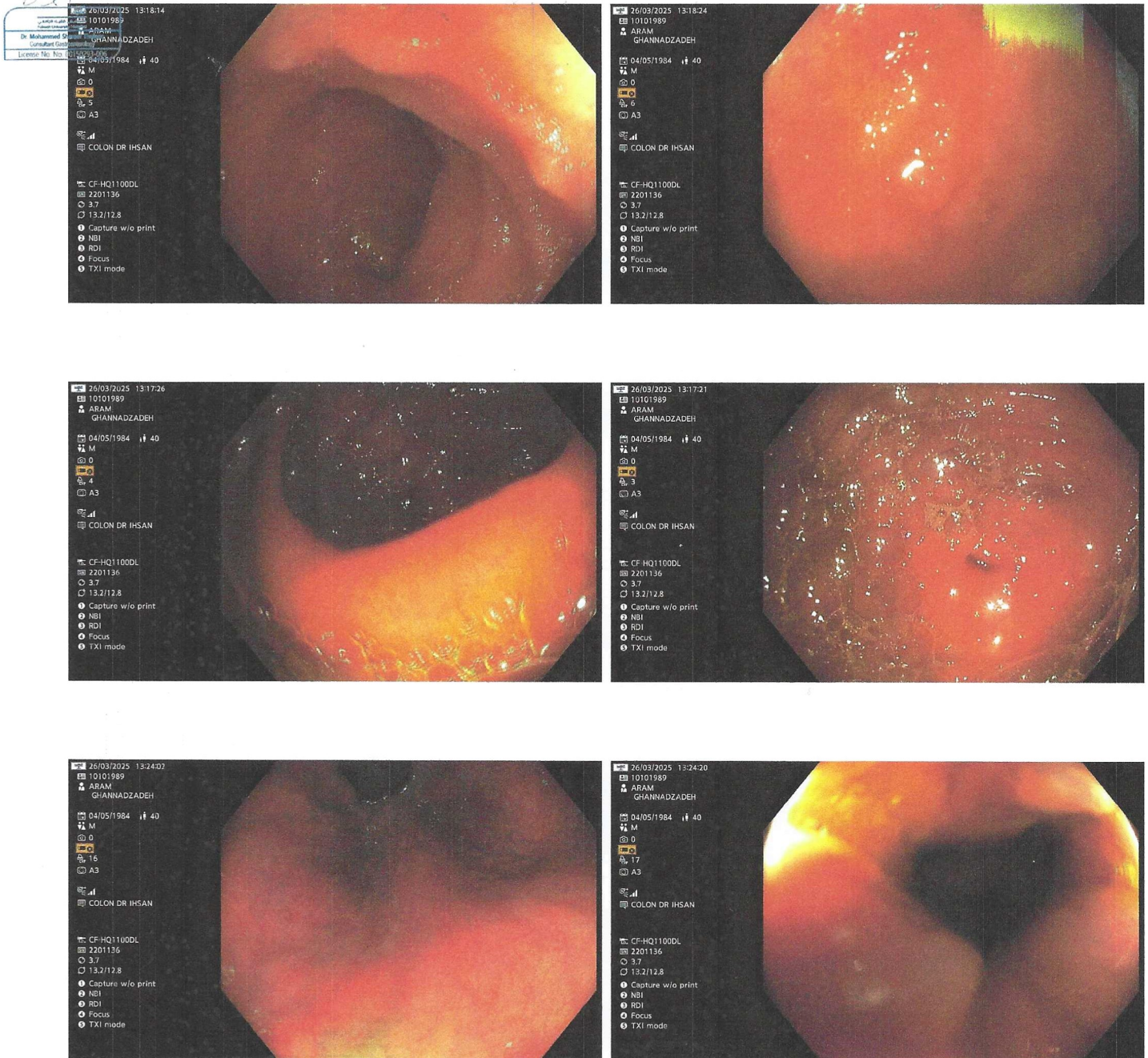
**Dr. Ihsan Kommouna, M.D.**

Consultant Gastroenterologist

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Consulted by : Dr. Ihsan Kommouna, M.D.

## Diagnostic Images:



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Dr. Ihsan Kommouna, M.D.

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