

Telemedicine Clinic
Rattanakiri
Referral Hospital
April 2013

Report and photos compiled by Rithy Chau and Sovann Peng, SHCH Telemedicine

On Tuesday April 9 and Wednesday April 10, 2013, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 4 new and 2 follow up cases were examined, and the data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh.

The following day, Thursday April 11, 2013, the TM clinic opened again to receive the same patients and other follow-up patients for further evaluation, treatment and management. Finally, the data for treatment and management would then be transcribed and transmitted to Nurse Peng Sovann at SHCH who compiled and sent for website publishing.

The followings detail e-mails and replies to the medical inquiries communicated between TM clinic at RRH and their TM partners in Phnom Penh and Boston:

From: Hospital Rattanakiri Referral <kirihospital@gmail.com>

Date: Mon, Apr 1, 2013 at 4:34 PM

Subject: Telemedicine Clinic at Rattanakiri referral hospital in April 2013

To: Rithy Chau <rithychau@sihosp.org>, Cornelia Haener <corneliahaener@sihosp.org>, Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>

Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear All,

Please be informed that the TM clinic at Rattanakiri Referral Hospital will be held on Tuesday and Wednesday, April 9 - 10, 2013 beginning at 8:00am local time for full day. We expect to enter and transmit the patient data to those of you at SHCH and at Partner in Boston on Wednesday evening.

Please try to respond before noontime the following day, Thursday, April 11, 2013. The patients will be asked to return to the hospital that afternoon on Thursday to receive treatment along with a follow up plan or referral.

Thank you very much for your cooperation and support in the project.

Best regards,
Koh Polo

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>

Date: Wed, Apr 10, 2013 at 4:57 PM

Subject: Rattanakiri TM Clinic April 2013 Case#1, HY#RK00411, 8M

To: Rithy Chau <rithychau@sihosp.org>, Kruiy Lim <kruiylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>

Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

There are four new cases and two follow up cases for Rattanakiri Telemedicine Clinic April 2013. This is case number 1, HY#RK00411, 8M and photos.

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Center for Connected Health**



Patient: HY#RK00411, 8M (Kaleng, Lumphat)

Chief Complaint: Swelling of face and lower extremities for 3 years

HPI: 8M was brought to referral hospital in the past 3 years when he presented with symptoms of swelling of face and lower extremities and scanty urine. He was diagnosed with Nephrotic syndrome and treated with Prednisolone for six months and Furosemide in the first several weeks. He became better with less swelling and increased urine output. In the next year, he developed with same above symptoms and got treatment with traditional medicine, and a bit better. In this year, he developed above symptoms again but also with abdominal distension, and weakness, so he was brought to referral hospital on March 28, 2013. During admission, he has been treated with Amoxicillin 250mg 1t bid, Paracetamol 500mg 1/2t tid, Furosemide 40mg 1/2t po bid, and Prednisolone. In these several days, he became a bit better with less swelling, increased urine but still weakness and carpopedal spasm.

PMH/SH: Unremarkable

Family Hx: No family member with Nephrotic

Medication: Above

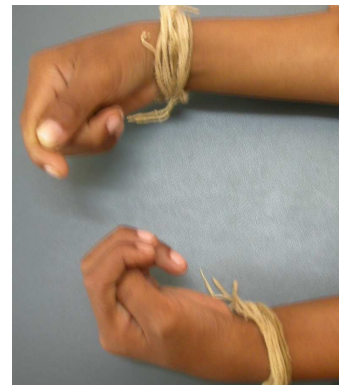
Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: P: 116 RR: 26 T: 37°C O2sat: 100% Wt: 14kg

General: Look sick



HEENT: Swelling of face, No oropharyngeal lesion, pink conjunctiva

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

Abdomen: Soft, mild distension, no tender, (+) BS, no HSM, Negative CVA tenderness

Extremities/Skin: Carpopedal spasm (positive troussau sign??) (see photos), 1+ legs edema, (+) dorsalis pedis and posterior tibial pulse

Lab/Study:

	Mar 28	Apr 8	Apr 9
U/A:	Protein 4+	Protein 2+	protein 2+, glucose 1+

Assessment:

1. Recurrent Nephrotic syndrome
2. Hypocalcemia?

Plan:

1. Prednisolone 5mg 6t po qd for one month then taper
2. Albendazole 400mg 1/2t po bid for 5d
3. Furosemide 40mg 1/2t po qd for 7d
4. MTV 1t po qd
5. ASA 100mg 1/2t po qd
6. Calcium/Vit D3 500mg/200IU 1t po qd
7. Limit water drinking about 1L per day
8. Draw blood for CBC, Lyte, BUN, Creat, Glucose, tot chole, Albumin, Protein, Calcium, Magnesium at SHCH
9. Refer to Kuntha Bopha hospital in Phnom Penh for further evaluation

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: April 10, 2013

Please send all replies to kirihospital@gmail.com and cc: to rithychau@sihosp.org

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No answer replied

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>

Date: Wed, Apr 10, 2013 at 5:00 PM

Subject: Rattanakiri TM Clinic April 2013, Case#2, SD#RK00412

To: Kruey Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>

Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 2, SD#RK00412, 43F and photos.

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Center for Connected Health**



Patient: SD#RK00412, 43F (Bornhok, Samaky, Ochum)

Chief Complaint: Abdominal distension and SOB for six months

HPI: 43F, farmer, has delivered her 6th baby and 2d later, she developed SOB which occur with exertion and better with resting and legs edema. She also had orthopnea, and need to sleep on two pillow or lateral decubitus to make her feel better. She asked local health care worker to put her IV fluid and was admitted to referral hospital and diagnosed with Heart disease and treated with Digoxin, Furosemide, MTV and KCl. One month later, she noticed of jaundice, abd distension, legs edema, oliguria. On April 8, 2013,

because of severe SOB, she was admitted to medical ward of referral hospital and treated with Digoxin 0.25mg 1t qd, Furosemide 40mg 1t qd, MTV 1t qd, KCl 1t qd.

PMH/SH: She was seen at SHCH in 2011 and told that she had heart disease but she didn't return for follow up

Family Hx: No family member with heart disease, HTN, or DMII

Social Hx: No EtOH, no cig smoking

Medication:

1. Digoxin 0.25mg 1t bid
2. Furosemide 40mg 1t bid
3. MTV 1t qd
4. KCl 1t qd

Allergies: NKDA

ROS: Epigastric burning pain, no nausea/vomiting, no black/bloody stool

PE:

Vital Signs:

April 9, 2013	BP: 95/75	P: 120	RR: 24	T: 37°C	Wt: 48kg
April 10, 2013	BP: 101/80	P: 92	RR: 24	T: 36.5	O2sat: 100%

General: Look sick



HEENT: No oropharyngeal lesion, jaundice, no thyroid enlargement, no neck lymph node palpable, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; H Tachycardia, irregular rhythm (delay beat), no murmur

Abdomen: Soft, moderate distension, no tender, (+) BS, no HSM, no abd bruit, positive fluid wave, no colateral vein distension, no spider angioma



Extremities/Skin: 2 - 3+ legs edema, (+) dorsalis pedis and posterior tibial pulse

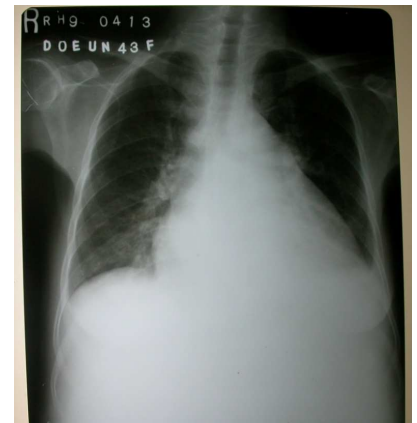
MS/Neuro: MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

Lab/Study:

U/A: no leukocyte, no protein, no blood, no glucose

CXR: cardiomegaly

Abd Ultrasound: Liver cirrhosis with ascites



Assessment:

1. Congestive heart failure?
2. Atrial fibrillation
3. Liver cirrhosis
4. Dyspepsia

Plan:

1. Digoxin 0.25mg 1t po qd
2. Spironolactone 25mg 1/2t po qd
4. Furosemide 40mg 2t po bid for 7d then 1t po qd for other one week
5. Famotidine 200mg 1t po qhs for one month
6. Draw blood for CBC, Lyte, BUN, Creat, Glucose, tot chole, TG, Transaminase, HbsAg, HCV Ab, TSH at SHCH



Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: April 10, 2013

Please send all replies to kirihospital@gmail.com and

cc: to rithychau@sihosp.org

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No answer replied

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>

Date: Wed, Apr 10, 2013 at 5:03 PM

Subject: Rattanakiri TM Clinic April 2013, Case#3, RR#RK00413, 51F

To: "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>

Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 3, RR#RK00413, 51F and photo.

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Center for Connected Health**



Patient: RR#RK00413, 51F (Peark, Yalung, Oyadav)

Chief Complaint: Burning pain on feet and blurred vision x 2y

HPI: 51F, farmer, presented with symptoms of burning pain on both feet and blurred vision and fatigue but denied of polyuria, polydipsia, polyphagia. She went to consult with private clinic, blood sugar 360mg/dl and diagnosed with DMII, and treated with 4 kinds of medicine for 1w. Then she went to see doctor at referral hospital and treated her with Metformin 500mg 1t po bid, Glibenclamide 5mg 1t po bid, Nifedipine 10mg 1t po qd, and Amitriptylin 25mg 1t po qhs. Now she still complained of burning pain on feet and blurred vision.

PMH/SH: Unremarkable

Family Hx: No family member with DM, HTN

Social Hx: Chewing tobacco, no cig smoking, casual EtOH

Medication:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po bid
3. Nifedipine 10mg 1t po qd
4. Amitriptylin 25mg 1t po qhs

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 138/93 P: 98 RR: 20 T: 36.5°C Wt: 56kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck lymph node palpable, no JVD; I am not able to do eye exam with ophthalmoscope

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

Abdomen: Soft, no distension, no tender, (+) BS, no HSM, no abd bruit

Extremities/Skin: No legs edema, no foot wound, (+) posterior tibial and dorsalis pedis pulse

MS/Neuro: Decreased sensation with light touch, position sense and vibration sensation are intact; MS +5/5, motor intact, DTRs +2/4, normal gait

Lab/Study:

U/A: no glucose, no protein, no blood, no leukocyte
FBS: 79mg/dl

Assessment:

1. DMII
2. HTN

Plan:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po qd
3. Enalapril 10mg 1t po qd
4. Amitriptylin 25mg 1/2t po qhs
5. ASA 100mg 1t po qd
6. Suggest to do Eye exam with Ophthalmologist
7. Educate on diabetic diet, no regular exercise and foot care
8. Draw blood for Lyte, BUN, Creat, Glucose, tot chole, TG and HbA1C at SHCH

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: April 10, 2013

Please send all replies to kirihospital@gmail.com and cc: to rithychau@sihosp.org

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No answer replied

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Apr 10, 2013 at 5:07 PM
Subject: Rattanakiri TM Clinic April 2013, Case#4, RD#RK00414, 24F
To: Cornelia Haener <corneliahaener@sihosp.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>
Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 4, RD#RK00414, 24F and photos.

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Center for Connected Health**



Patient: RD#RK00414, 24F (Takok, Borkham, Oyadav)

Chief Complaint: Abdominal distension x 1y

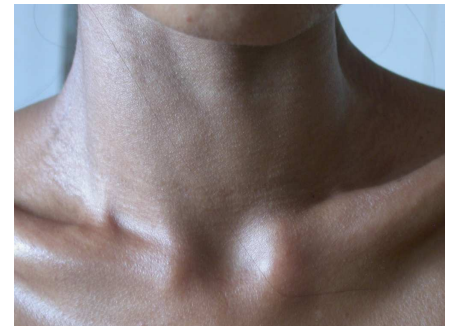
HPI: 24F, Charay minority, had abd pain with her 9month pregnancy for 3d at home then fetal membrane rupture without delivery of baby so she was brought to referral hospital and was told she had labour before term. She has given a birth of her second baby who died immediately after delivery. After delivery, she noticed her abdomen still appeared distension but no pain. Abdominal ultrasound showed fluid inside so it was aspirated and making her feel less distended. She was discharged from hospital and got treatment with traditional medicine at home.

6 months later, she developed pressure pain of the distended abdomen, especially on the right side of abdomen, difficult breathing due to distension, poor appetite and until now she loses about 10kg. She was brought to referral hospital on April 8, 2013 and abdominal ultrasound conclusion with suspect right ovarian cyst and surgeons at her are not able to do operation. She said she passed small caliber stool and no menstruation since giving birth and denied of vaginal bleeding, black/bloody stool.

PMH/SH: Unremarkable

Family Hx: No family member with mass, DM, HTN

Social Hx: Smoking about 5cig/d for over 10y, casual EtOH; She is 3rd child among 9 children and has one 5-y-old daughter



Medication:

1. Traditional medicine at home
2. At hospital (Augmentin 625mg 1t tid, Paracetamol 500mg 1t tid and MTV 1t bid)

Allergies: NKDA**ROS:** Unremarkable**PE:**

Vital Signs: BP: 94/54 P: 112 RR: 24 T: 36.5°C
Wt: 40kg

General: Look sick, skinny

HEENT: No oropharyngeal lesion, pink conjunctiva, diffuse thyroid enlargement, mobile on swallowing, no bruit, no tender, no neck lymph node palpable, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; H Tachycardia, RR, no murmur

Abdomen: Soft, severe distension, mild tender, the mass, liver, and spleen are not palpable, (+) BS, dullness on percusión, negative fluid wave, colateral dilatation

Extremities/Skin: No legs edema, no rash, (+) posterior tibial and dorsalis pedis pulse

MS/Neuro: MS +5/5, motor and sensory intact, DTRs +2/4

Lab/Study:

U/A: no glucose, no protein, no blood, no leukocyte
 RBS: 112mg/dl
 Pregnancy test: negative
 Hb finger stick: 10g/dl
 Abdominal ultrasound conclusion: suspect Right ovarian cyst

Assessment:

1. Right ovarian cyst?
2. Abdominal tumor??
3. Malnutrition

Plan:

1. Xango powder mixed with water tid
2. Refer to Phnom Penh for further evaluation
3. Draw blood for CBC, Lyte, BUN, Creat, Glucose, and TSH at SHCH



Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: April 10, 2013

Please send all replies to kirihospital@gmail.com and cc: to rithychau@sihosp.org

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From: Cornelia Haener <corneliahaener@sihosp.org>

Date: Wed, Apr 10, 2013 at 6:45 PM

Subject: RE: Rattanakiri TM Clinic April 2013, Case#4, RD#RK00414, 24F

To: Hospital Rattanakiri Referral <kirihospital@gmail.com>, "Paul J. M.D. Heinzelmann"

<paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau

<rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>

Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie

Bachrach <lauriebachrach@yahoo.com>

Dear Polo and Sovann,

Thanks for submitting this case.

What did rectal exam or pelvic exam show? Has it been done? You do not mention it. If you feel a big tumor fixed to vagina or rectum already, she will need good palliative care (pain medication).

Kind regards

Cornelia

From: Hospital Rattanakiri Referral <kirihospital@gmail.com>

Date: Wed, Apr 10, 2013 at 5:10 PM

Subject: Rattanakiri TM Clinic April 2013, Case#5, BS#RK00265, 56M

To: Cornelia Haener <corneliahaener@sihosp.org>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau

<rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher"

<kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>

Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie

Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 5, BS#RK00265, 56M and photos (follow up case).

Best regards,

Polo/Sovann

Rattanakiri Provincial Hospital Telemedicine Clinic

**with
Sihanouk Hospital Center of HOPE and Center for Connected Health**



Patient: BS#RK00265, 56M (Village VI, LBS)

Subject: 56M was seen in 2008 and was diagnosed with DMII, and missed follow up since 2011. In the past five months, he presented with symptoms of nasal congestion, "SOB", and fever. He was seen by local doctor and treated with Ceftriaxone 2mg IV qd and Metronidazole 500mg q12h for 7d then his fever was gone but still difficult in breathing and SOB. In March 2013, He was seen and told he had bilateral nasal polyps and treated with RHINO (Cetirizine 5mg, Paracetamol 500mg, Phenylephrine 10mg, Caffein 30mg) 1t qd, Budesonide nasal spray and Xylometazoline nasal spray but was not better.

He said about one month after Antibiotic tx, he noticed lumps about 1x1cm size appeared on the lower limbs and few small lumps on the upper limbs with tenderness on

palpation (see photos) and 10kg weight loss in these five months. He also complained of epigastric burning pain with radiation to the back, no burping, no black/bloody stool. His average FBS was reported to be around 130-160mg/dL.



Medication:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po bid
3. Captopril 25mg 1/4t po bid
4. ASA 300mg 1/4t po qd
5. Nasal sprays

Allergies: NKDA

Objective

PE:

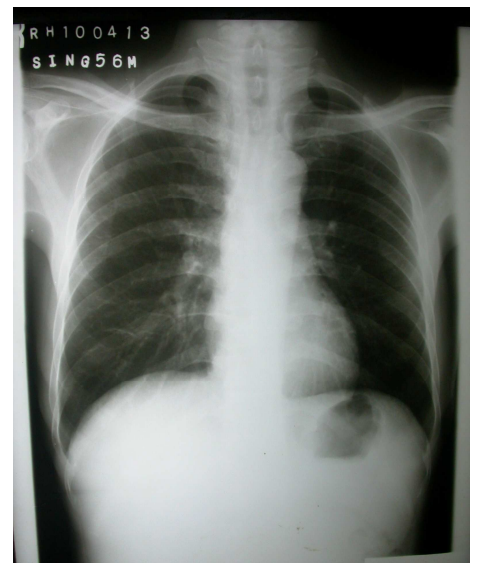
Vital Signs: BP: 88/65 P: 122 RR: 26 T: 37°C
O2sat: 98% Wt: 38kg

General: Look sick

HEENT: Bilateral nasal polyps with hypervascularization, Ulcerated mass on the right side next to uvula (see photo) with pus on the posterior wall of pharynx, no cervical lymph nodes palpable, no thyroid enlargement; ear exam with normal mucosa and tympanic membrane intact bilaterally.

Chest: CTA bilaterally, no rales, no rhonchi; H Tachycardia, RR, no murmur

Abdomen: Soft, no distension, no tender, (+) BS, no HSM, no abd bruit



Extremities/Skin: tender masses, sized about 1x1cm on lower limbs and few mass masses sized ½ x ½cm on the upper limbs; blueish color on each nodule.

MS/Neuro: MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

Lab/Study:

U/A: glucose 2+, no leukocyte, no protein, no blood

CXR: attached

Abd Ultrasound conclusion: normal

Assessment:

1. Pharyngitis
2. Ulcerated lesion of right palate next to uvula
3. Nasal polyp (Tumor??)
4. DMII
5. Tachycardia/low BP 2nd to dehydration?
6. Erythema nodosum (from Beta-lactamase streph infection?)
7. Dyspepsia

Plan:

1. Augmentin 625mg 1t po tid for 10d
2. Ibuprofen 200mg 2t po tid for 5d
3. Omeprazole 1t po qhs
4. Metoclopramide 10mg 1t po qhs
5. Metformin 500mg 1t po bid
6. Glibenclamide 5mg 1t po qd
7. Captopril 25mg 1/4t po bid
8. ASA 300mg 1/4t po qd
9. Draw blood for CBC, TSH, Lyte, Creat, Glucose, HbA1C at SHCH
10. Refer to ENT doctor in Phnom Penh
11. Increase water intake

Comments/Notes: Do you agree with my assessment and plan?

**Examined by: Nurse Sovann Peng
2013**

Date: April 10,

Please send all replies to kirihospital@gmail.com and cc: to rithychau@sihosp.org

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From: **Cornelia Haener** <corneliahaener@sihosp.org>

Date: Wed, Apr 10, 2013 at 6:41 PM

Subject: RE: Rattanakiri TM Clinic April 2013, Case#5, BS#RK00265, 56M

To: Hospital Rattanakiri Referral <kirihospital@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>, Kruiy Lim <kruiylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>



Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear Polo and Sovann,

Thanks for submitting this interesting case.

These lesions are not erythema nodosum. I rather think about malignant lymphoma as differential. It would be good to do an FNA.

Kind regards

Cornelia

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>

Date: Wed, May 1, 2013 at 9:57 AM

Subject: Re: Rattanakiri TM Clinic April 2013, Case#5, BS#RK00265, 56M

To: Cornelia Haener <corneliahaener@sihosp.org>, Joseph Kvedar <jkvedar@partners.org>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>

Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is the progress note of patient BS#RK00265, 56M who was referred from Rattanakiri Telemedicine to Phnom Penh for further evaluation and management/treatment.

Best regards,
Sovann

Progress note of patient BS#RK00265, 56M from Rattanakiri Telemedicine

He was seen and diagnosed with Pharyngitis, Ulcerated lesion of right palate next to uvula, Nasal polyp (Tumor??), DMII, Tachycardia/low BP 2nd to dehydration?, Erythema nodosum (from Beta-lactamase streph infection?), Dyspepsia. He was referred to Phnom Penh for further evaluation.

On April 22, 2013, he came to see ENT doctor at Community Medical Center in Phnom Penh. The patient was interviewed, physical exam was done with doing procedure of biopsy of bilateral nasal mass and palate ulcerated lesion and MRI/CT scan have done with below result:

Histology result on April 23, 2013

Microscopy: All pieces show similar histological appearance. They are composed of diffuse infiltrative neoplastic cells. These infiltrative neoplastic cells are non-cohesive pattern composed of medium and large atypical lymphoid cells. The medium sized lymphoid cells are usually containing smooth regular chromatin with scanty cytoplasm. The large lymphoid cell which are predominance, contain irregular nuclear outline with vesicular chromatin, prominent nucleoli and scanty cytoplasm. The mitoses are numerous. These neoplastic cells are interspersed with macrophages containing cellular debris, giving the characteristic "starry sky" appearance.

Conclusion: NHL, suggestive of B-cell lymphoma

Histology result on April 28, 2013 (Immunohistochemistry)

Microscopy: All pieces show similar histological appearance.

Conclusion: NHL, a nasal NK/T-Cell lymphoma would most likely after an IHC

MRI and CT scan conclusion (April 22, 2013):

- Bilateral nasal polyp
- Maxillary, Ethmoid sinusitis
- No cerebral parenchyma abnormally and no sign of malignancy noted

Lab result on April 11, 2013

WBC =4.1	[4 - 11x10 ⁹ /L]	Na =132	[135 - 145]
RBC =5.7	[4.6 - 6.0x10 ¹² /L]	K =4.3	[3.5 - 5.0]
Hb =11.6	[14.0 - 16.0g/dL]	Cl =98	[95 - 110]
Ht =39	[42 - 52%]	Creat =55	[53 - 97]
MCV =68	[80 - 100fl]	Gluc =13.6	[4.2 - 6.4]
MCH =20	[25 - 35pg]	HbA1C=11.46	[4.8 - 5.9]
MHCH=30	[30 - 37%]	TSH =0.81	[0.27 - 4.20]
Plt =192	[150 - 450x10 ⁹ /L]		
Lymph=0.8	[1.00 - 4.00x10 ⁹ /L]		
Mono =0.8	[0.10 - 1.00x10 ⁹ /L]		
Neut =2.5	[1.80 - 7.50x10 ⁹ /L]		

On Friday April 26, 2013

The patient was referred to Cancer center in Khmer-Soviet Friendship hospital for further evaluation for management/treatment. He was admitted to hospital on April 29, 2013.

If there is any other update information related to the patient, I will let you know.

From: **Cornelia Haener** <corneliahaener@sihosp.org>

Date: Wed, May 1, 2013 at 11:45 AM

Subject: RE: Rattanakiri TM Clinic April 2013, Case#5, BS#RK00265, 56M

To: Hospital Rattanakiri Referral <kirihospital@gmail.com>

Dear Sovann,

Thanks for giving us this report.

Kind regards
Cornelia

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>

Date: Wed, Apr 10, 2013 at 5:15 PM

Subject: Rattanakiri TM Clinic April 2013, Case#6, SH#RK00311, 60F

To: Rithy Chau <rithychau@sihosp.org>, Krui Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>

Cc: Bernie Krisher <berkrish@gmail.com>, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 6, SH#RK00311, 60F and photos (follow up case). Please reply to the cases before Thursday afternoon because the patient will come to receive treatment in noontime.

Thank you very much for your cooperation and support in this project.

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Center for Connected Health**



Patient: SH#RK00311, 60F (Dey Lor Village)

Subject: 60F was seen in 2009 with diagnosis of DMII and treated with Glibenclamide 5mg 1t po bid, Metformin 500mg 1t po bid, Captopril 25mg 1/4t bid. In February 2013, she presented with symptoms of dyspnea on exertion, orthopnea, white productive cough so she went to consult with private clinic in Phnom Penh and diagnosed with Heart disease and treated her with Amiodarone, Lorsartan Potassium, Carvedilol, Spironolactone, Furosemide, ASA 81mg. In this one week, she didn't take Antidiabetic drug. Now she became better with less dyspnea, no cough, no fever, no GI complaint.

Medication:

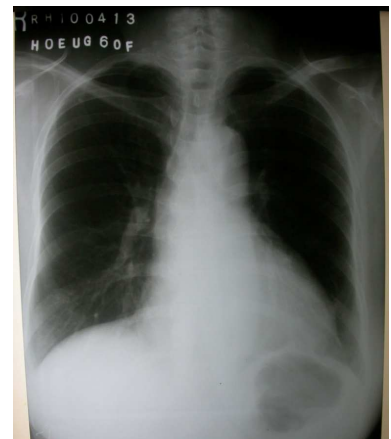
1. Amiodarone 200mg 1t po qd
2. Lorsartan Potassium 50mg 1t po qd
3. Carvedilol 6.25mg 1t po bid
4. Spironolactone 50mg 1/2t po qd
5. Furosemide 40mg 2t po qd
6. ASA 81mg 1t po qd

Allergies: NKDA

Objective

PE:

Vital Signs: BP: 110/68 P: 88 RR: 20 T: 36.5°C Wt: 62kg



General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck lymph node palpable, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

Abdomen: Soft, no distension, no tender, (+) BS, no HSM, no abd bruit

Extremities/Skin: No legs edema, no lesion/rash, (+) posterior tibial and dorsalis pedis pulse

MS/Neuro: MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

Lab/Study:

U/A: no glucose, no protein, no blood, no leukocyte

CXR: Cardiomegaly

2D echo of the heart conclusion: Dilated cardiomyopathy with decreased left ventricle ejection fraction

Assessment:

1. DMII
2. Dilated Cardiomyopathy

Plan:

1. Metformin 500mg 1t po bid
2. Amiodarone 200mg 1t po qd
3. Lorasartan Potassium 50mg 1t po qd
4. Carvedilol 6.25mg 1t po bid
5. Spironolactone 50mg 1/2t po qd
6. Furosemide 40mg 2t po qd
7. ASA 81mg 1t po qd
8. Review on diabetic diet, foot care and regular exercise
9. Draw blood for Lyte, Creat, Glucose and HbA1C at SHCH

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: April 10, 2013

Please send all replies to kirihospital@gmail.com and cc: to rithychau@sihosp.org

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No answer replied

COMPTE-RENDU D'ECHO-DOPPLER CARDIAQUE

Nom et prénom : SOK Hocung, Sexe : F, Age : 61 ans
Demandé par :
Service de provenance :

* MOTIF : Dyspnée
* MESURES :
- Aorte initiale : 29mm
- Oreillette gauche (OG) : 37mm, pas de thrombus ni de contraste spontané visible
- SIV : 9mm, PP : 7mm
- Ventricule gauche (VG)
 . DTDVG : 63mm
 . DTSVG : 53mm
- Fraction du raccourcissement (FR) : 16%
- Fraction d'éjection (FE) : 33%
- Ventricule droit (VD) : Normale
- Péricarde : Sec
- Cinétique : Hypokinésie globale et importante
- Valve mitrale
 . Non remaniée, pas de fuite ni de sténose
- Valve aortique
 . Non remaniée, pas de fuite ni de sténose
- Valve tricuspide : Normal

* DESCRIPTION :
- Les cavités cardiaques sont dilatées
- Fonction systolique du VG est diminuée
- Hypokinésie globale et importante
- Pas de valvulopathie ni de shunt visible
- Signe de bas débit
- Péricarde est sec

* CONCLUSION :
- CMD à FEVG diminuée

Prof SARAK Phally
Rythmologue

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>

Date: Fri, Apr 12, 2013 at 6:10 AM

Subject: Cases reply to Rattanakiri TM Clinic April 2013

To: "Kathleen M. Kelleher" <kfiamma@partners.org>

Cc: Rithy Chau <rithychau@sihosp.org>

Dear Kathy,

Have you received the cases of Rattanakiri Telemedicine I sent to you on Wednesday April 10, 2013? Until now I don't received case reply from you. Please let me know if you have not received the cases.

Thanks for the cooperation and support in this project.

Best regards,
Sovann

Thursday, April 11, 2013

Follow-up Report for Rattanakiri TM Clinic

There were 4 new and 2 follow up patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 6 cases was transmitted and received replies from both Phnom Penh and Boston, and other 20 patients came for brief consult and refill medication only, and other 6 new patients seen by PA Rithy for minor problem without sending data. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE as well as advices from PA Rithy on site, the following patients were managed and treated per local staff:

[Please note that in general the practice of dispensing medications at RRH for all patients is usually limited to a maximum of 7 days treatment with expectation of patients to return for another week of supplies if needed be. This practice allows clinicians to monitor patient compliance to taking medications and to follow up on drug side effects, changing of medications, new arising symptoms especially in patients who live away from the town of Banlung and/or illiterate. Nearly all medications and some lab tests not available/done at RRH are provided by SHCH to TM patients at no cost]

Treatment Plan for Rattanakiri TM Clinic April 2013

1. HY#RK00411, 8M (Kaleng, Lumphat)

Diagnosis:

1. Recurrent Nephrotic syndrome
2. Hypocalcemia

Treatment:

1. Prednisolone 5mg 6t po qd for one month then tapper (#180)
2. Albendazole 400mg 1/2t po bid for 5d (#5)
3. Furosemide 40mg 1/2t po qd for 7d (#4)
4. MTV 1t po qd (#30)
5. ASA 100mg 1/2t po qd (#15)
6. Calcium/Vit D3 500mg/200IU 1t po qd (#30)
7. Limit water drinking about 1L per day
8. Draw blood for CBC, Lyte, BUN, Creat, Glucose, tot chole, Albumin, Protein, Calcium, LFT, HBsAg, HCV Ab at SHCH

9. Refer to Kuntha Bopha hospital in Phnom Penh for further evaluation

Lab result on April 11, 2013

WBC	=19.8	[4 - 11x10 ⁹ /L]	Na	=130	[135 - 145]
RBC	=4.2	[4.6 - 6.0x10 ¹² /L]	K	=2.2	[3.5 - 5.0]
Hb	=9.4	[14.0 - 16.0g/dL]	Cl	=100	[95 - 110]
Ht	=29	[42 - 52%]	BUN	=11.0	[0.8 - 3.9]
MCV	=69	[80 - 100fl]	Creat	=226	[53 - 97]
MCH	=22	[25 - 35pg]	Gluc	=9.2	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=14.4	[<5.7]
Plt	=860	[150 - 450x10 ⁹ /L]	Albumin	=18	[38 - 51]
Lymph	=3.9	[1.00 - 4.00x10 ⁹ /L]	Protein	=41	[66 - 87]
Mono	=0.9	[0.10 - 1.00x10 ⁹ /L]	Calcium	=0.76	[1.12 - 1.32]
Neut	=15.0	[1.80 - 7.50x10 ⁹ /L]	AST	=37	[<40]
			ALT	=26	[<41]
			HBsAg	= non-reactive	
			HCV Ab	= non-reactive	

2. SD#RK00412, 43F (Bornhok, Samaky, Ochum)

Diagnosis:

1. Congestive heart failure?
2. Atrial fibrillation
3. Liver cirrhosis
4. Hyperthyroidism
5. Dyspepsia

Treatment:

1. Digoxin 0.25mg 1t po qd (#80)
2. Spironolactone 25mg 1/2t po qd (#40)
4. Furosemide 40mg 2t po bid for 7d then 1t po qd for other one week (#40)
5. Famotidine 40mg 1t po qhs for one month (#30)
6. Draw blood for CBC, Lyte, BUN, Creat, Glucose, tot chole, TG, Transaminase, HbsAg, HCV Ab, TSH at SHCH

Lab result on April 11, 2013

WBC	=5.1	[4 - 11x10 ⁹ /L]	Na	=134	[135 - 145]
RBC	=3.1	[3.9 - 5.5x10 ¹² /L]	K	=2.9	[3.5 - 5.0]
Hb	=8.6	[12.0 - 15.0g/dL]	Cl	=99	[95 - 110]
Ht	=27	[35 - 47%]	BUN	=2.8	[<8.3]
MCV	=87	[80 - 100fl]	Creat	=33	[44 - 80]
MCH	=27	[25 - 35pg]	Gluc	=8.0	[4.1 - 6.1]
MHCH	=32	[30 - 37%]	T. Chol	=1.8	[<5.7]
Plt	=133	[150 - 450x10 ⁹ /L]	TG	=1.0	[<1.71]
Lymph	=1.1	[1.00 - 4.00x10 ⁹ /L]	AST	=42	[<32]
Mono	=0.2	[0.10 - 1.00x10 ⁹ /L]	ALT	=19	[<33]
Neut	=3.8	[1.80 - 7.50x10 ⁹ /L]	HBsAg	= Non-reactive	
			HCV Ab	= Non-reactive	
			TSH	= <0.005	[0.27 - 4.20]
			F T4	= 75.25	[12.0 - 22.0]

3. RR#RK00413, 51F (Peark, Yalung, Oyadav)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid (buy)
2. Glibenclamide 5mg 1t po qd (#60)
3. Enalapril 10mg 1t po qd (buy)
4. Amitriptylin 25mg 1/2t po qhs (#40)
5. ASA 100mg 1t po qd (#70)

6. Suggest to do Eye exam with Ophthalmologist
7. Educate on diabetic diet, no regular exercise and foot care
8. Draw blood for Lyte, BUN, Creat, Glucose, tot chole, TG and HbA1C at SHCH

Lab result on April 11, 2013

Na	=139	[135 - 145]
K	=3.8	[3.5 - 5.0]
Cl	=104	[95 - 110]
BUN	=6.3	[0.8 - 3.9]
Creat	=113	[44 - 80]
Gluc	=8.2	[4.1 - 6.1]
T. Chol	=4.7	[<5.7]
TG	=2.7	[<1.71]
HbA1C	=9.60	[4.8 - 5.9]

4. RD#RK00414, 24F (Takok, Borkham, Oyadav)

Diagnosis:

1. Right ovarian cyst?
2. Abdominal tumor??
3. Malnutrition

Treatment:

1. Xango powder mixed with water tid (#1)
2. Refer to Phnom Penh for further evaluation
3. Draw blood for CBC, Lyte, BUN, Creat, Glucose, and TSH at SHCH

Lab result on April 11, 2013

WBC	=12.8	[4 - 11x10 ⁹ /L]	Na	=121	[135 - 145]
RBC	=4.8	[3.9 - 5.5x10 ¹² /L]	K	=2.9	[3.5 - 5.0]
Hb	=8.9	[12.0 - 15.0g/dL]	Cl	=87	[95 - 110]
Ht	=29	[35 - 47%]	BUN	=1.7	[<8.3]
MCV	=61	[80 - 100fl]	Creat	=20	[44 - 80]
MCH	=18	[25 - 35pg]	Gluc	=6.8	[4.1 - 6.1]
MHCH	=30	[30 - 37%]	TSH	=<0.005	[0.27 - 4.20]
Plt	=454	[150 - 450x10 ⁹ /L]	F T4	=74.27	[12.0 - 22.0]
Lymph	=2.4	[1.00 - 4.00x10 ⁹ /L]			

5. BS#RK00265, 56M (Village VI, LBS)

Diagnosis:

1. Pharyngitis
2. Ulcerated lesion of right palate next to uvula
3. Nasal polyp (Tumor??)
4. DMII
5. Tachycardia/low BP 2nd to dehydration?
6. Erythema nodosum (from Beta-lactamase streph infection?)
7. Dyspepsia

Treatment:

1. Augmentin 625mg 1t po tid for 10d (#30)
2. Ibuprofen 200mg 2t po tid for 5d (buy)
3. Omeprazole 1t po qhs (buy)
4. Metoclopramide 10mg 1t po qhs (buy)
5. Metformin 500mg 1t po bid (buy)
6. Glibenclamide 5mg 1t po qd (#60)
7. Captopril 25mg 1/4t po bid (buy)
8. ASA 300mg 1/4t po qd (buy)
9. Draw blood for CBC, TSH, Lyte, Creat, Glucose, HbA1C at SHCH

Lab result on April 11, 2013

WBC	=4.1	[4 - 11x10 ⁹ /L]	Na	=132	[135 - 145]
RBC	=5.7	[4.6 - 6.0x10 ¹² /L]	K	=4.3	[3.5 - 5.0]
Hb	=11.6	[14.0 - 16.0g/dL]	Cl	=98	[95 - 110]
Ht	=39	[42 - 52%]	Creat	=55	[53 - 97]
MCV	=68	[80 - 100fl]	Gluc	=13.6	[4.2 - 6.4]
MCH	=20	[25 - 35pg]	HbA1C	=11.46	[4.8 - 5.9]
MHCH	=30	[30 - 37%]	TSH	=0.81	[0.27 - 4.20]
Plt	=192	[150 - 450x10 ⁹ /L]			
Lymph	=0.8	[1.00 - 4.00x10 ⁹ /L]			
Mono	=0.8	[0.10 - 1.00x10 ⁹ /L]			
Neut	=2.5	[1.80 - 7.50x10 ⁹ /L]			

6. SH#RK00311, 60F (Dey Lor Village)

Diagnosis:

1. DMII
2. Dilated Cardiomyopathy

Treatment:

1. Metformin 500mg 1t po bid (#120)
2. Amiodarone 200mg 1t po qd (buy)
3. Lorsartan Potassium 50mg 1t po qd (buy)
4. Carvedilol 6.25mg 1t po bid (buy)
5. Spironolactone 50mg 1/2t po qd (buy)
6. Furosemide 40mg 2t po qd (#120)
7. ASA 81mg 1t po qd (#60)
8. Review on diabetic diet, foot care and regular exercise
9. Draw blood for Lyte, Creat, Glucose and HbA1C at SHCH

Lab result on April 11, 2013

Na	=136	[135 - 145]
K	=4.4	[3.5 - 5.0]
Cl	=101	[95 - 110]
Creat	=71	[44 - 80]
Gluc	=10.8	[4.1 - 6.1]
HbA1C	=9.07	[4.8 - 5.9]

Patients who come for brief consultation and refill medicine

1. NS#RK00006, 26F (Village I)

Diagnosis:

1. Lt total, Rt subtotal thyroidectomy
2. Euthyroid goiter
3. Hypocalcemia

Treatment:

1. Draw blood for Calcium and Free T4
2. Ca/Vit 500mg/400UI 1t po bid (buy)

Lab result on April 11, 2013

Ca2+	=0.91	[1.12 - 1.32]
F T4	=19.98	[12.0 - 22.0]

Recommendation after blood test resulted: keep the same treatment

2. NH#RK00010, 59F (Village III)

Diagnosis:

1. HTN

2. DMII
3. VHD (AI/MR)

Treatment:

1. Atenolol 50mg 1t po bid (buy)
2. HCTZ 25mg 2t po qd (#120)
3. Captopril 25mg 1t po bid (buy)
4. Glibenclamide 5mg 1t po bid (#120)
5. Metformin 500mg 2t po bid (buy)

3. KY#RK00069, 65F (Village III)

Diagnosis:

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 1t po bid (#120)
2. Metformin 500mg 3t po qAM and 2t po qPM (buy)
3. Captopril 25mg 1/2t po bid (buy)
4. ASA 100mg 1t po qd (#60)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on April 11, 2013

Gluc = 10.3 [4.1 - 6.1]
HbA1C = 10.62 [4.8 - 5.9]

4. EB#RK00078, 41F (Village IV), KON MOM

Diagnosis:

1. CHF
2. Incompleted RBBB

Treatment:

1. Captopril 25mg 1/2t po qd (buy)
2. Digoxin 0.25mg 1t po qd (#60)
3. Spironolactone 25mg 1t po bid (#120)

5. SP#RK00081, 58F (Village III, LBS)

Diagnosis:

1. HTN
2. DMII
3. Liver cirrhosis

Treatment:

1. Glibenclamide 5mg 1t po qd (#120)
2. Metformin 500mg 1t po bid (#60)
3. Amlodipine 5mg 1t po qd (#60)
4. Spironolactone 25mg 1t po bid (#120)
5. Propranolol 40mg 1/4t po bid (#30)

6. OT#RK00155, 52F (Bor Keo)

Diagnosis:

1. HTN
2. DMII
3. Hyperlipidemia

Treatment:

1. Metformin 500mg 2t po bid (#100)
2. Captopril 25mg 1t po bid (#buy)
3. Atenolol 50mg 1/2t po bid (#60)
4. ASA 100mg 1t po qd (#60)
5. Amitriptylin 25mg 1/2t po qhs (#30)

6. Insulin NPH 23UI qAM and 5UI qPM (buy)
7. Draw blood for Glucose, TG, and HbA1C at SHCH

Lab result on April 11, 2013

Gluc =5.7 [4.1 - 6.1]
TG = 3.0 [<1.7]
HbA1C =10.86 [4.8 – 5.9]

7. KK#RK00231, 51F (Village I)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid (#120)
2. Metformin 500mg 1t po bid (buy)
3. Captopril 25mg 1/4t po bid (buy)
4. ASA 100mg 1t po qd (#60)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on April 11, 2013

Gluc =5.6 [4.1 - 6.1]
HbA1C =9.99 [4.8 – 5.9]

8. SV#RK00256, 49M (Village I)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1 1/2t po bid (#120)
2. Metformin 500mg 3t qAM and 2t qPM (#50)
3. Captopril 25mg 1/2t po bid (buy)
4. Draw blood for Glucose and HbA1C at SHCH

Lab result on April 11, 2013

Gluc =9.9 [4.1 - 6.1]
HbA1C =11.58 [4.8 – 5.9]

9. KC#RK00260, 50F (Village V)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#50)
2. Captopril 25mg 1/4t po bid (buy)
3. Draw blood for Glucose and HbA1C at SHCH

Lab result on April 11, 2013

Gluc =6.3 [4.1 - 6.1]
HbA1C =6.73 [4.8 – 5.9]

10. VC#RK00268, 70M (Bey Srok Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 3t po qAM and 2t qPM (buy)
2. Glibenclamide 5mg 2t po bid (buy)
3. Pyoglitazone 15mg 1t po qd (buy)
4. Captopril 25mg 1/2t po tid (buy)
5. ASA 100mg 1t po qd (buy)
6. Draw blood for Glucose and HbA1C at SHCH

Lab result on April 11, 2013

Gluc =12.0 [4.1 - 6.1]
 HbA1C =9.47 [4.8 – 5.9]

11. CT#RK00318, 33F (Village I)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 3t qAM, 2t qPM (#70)
2. Glibenclamide 5mg 1t po bid (#120)
3. Draw blood for Glucose and HbA1C at SHCH

Lab result on April 11, 2013

Gluc =9.8 [4.1 - 6.1]
 HbA1C =9.38 [4.8 – 5.9]

12. TS#RK00320, 53M (Village V)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid (#100)
2. Metformin 500mg 2t po bid (#60)
3. Captopril 25mg 1t po bid (buy)
4. Amlodipine 5mg 1/2t po qd (buy)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on April 11, 2013

Gluc =6.4 [4.1 - 6.1]
 HbA1C =8.01 [4.8 – 5.9]

13. HY#RK00341, 43M (Village VI, Labansirk commune)

Diagnosis:

1. DMII
2. HTN
3. Hyperlipidemia

Treatment:

1. Metformine 500mg 1t po bid (#50)
2. Glibenclamide 5mg 1t po bid (#120)
3. Atenolol 50mg 1/2t po qd (#30)
4. Captopril 25mg 1/2t po bid (buy)
5. Amitriptylin 25mg 1/4t po qhs (buy)

14. LV#RK00369, 56F (Village I, LBS)

Diagnosis:

1. DMII with PNP

Treatment:

1. Metformin 500mg 3t po qAM and 2t po qPM (#100)
2. Glibenclamide 5mg 1t po bid (#120)
3. Captopril 25mg 1/4t po bid (buy)
4. Amitriptyline 25mg 1/4t po qhs (#15)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on April 11, 2013

Gluc = 19.9 [4.1 - 6.1]
 HbA1C = 12.07 [4.8 - 5.9]

15. HS#RK00370, 48F (Village I, LBS)

Diagnosis:

1. DMII
2. HTN
3. Renal insufficiency
4. Hyperlipidemia

Treatment:

1. Metformin 500mg 2t qAM and 1t qPM (#70)
2. Glibenclamide 5mg 1t po bid (#120)
3. Pioglitazone 15mg 1t po qd (buy)
4. Captopril 25mg 1/2t po bid (buy)
5. Amlodipine 5mg 1t po qd (#60)
6. Fenofibrate 100mg 1t po bid (buy)
7. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on April 11, 2013

Creat = 279 [44 - 80]
 Gluc = 11.2 [4.1 - 6.1]
 HbA1C = 11.68 [4.8 - 5.9]

16. CS#RK00390, 52F (Village I, LBS)

Diagnosis:

1. DMII
2. HTN
3. Obesity

Treatment:

1. Metformin 500mg 2t po bid (#100)
2. Captopril 25mg 1t po bid (buy)
3. Amlodipine 10mg 1t po bid (buy)
4. HCTZ 25mg 1t po qd (#60)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on April 11, 2013

Gluc = 10.8 [4.1 - 6.1]
 HbA1C = 8.51 [4.8 - 5.9]

17. CA#RK00392, 48M (Village III, LBS)

Diagnosis:

1. DMII with PNP

Treatment:

1. Metformin 500mg 2t po bid (#100)
2. Glibenclamide 5mg 1t po bid (buy)
3. Captopril 25mg 1/2t po bid (buy)
4. Amitriptyline 25mg 1/4t po qhs (#15)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on April 11, 2013

Gluc =6.4 [4.1 - 6.1]
HbA1C =5.36 [4.8 – 5.9]

18. SS#RK00299, 50F (Thmey Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid (#120)
2. Metformin 500mg 2t po bid (#50)
3. Captopril 25mg 1/2 tab bid (buy)
4. Amlodipine 5mg 1t po qd (buy)
5. ASA 100mg 1t po qd (#60)
6. Draw blood for Glucose and HbA1C at SHCH

Lab result on April 11, 2013

Gluc =12.5 [4.1 - 6.1]
HbA1C =10.04 [4.8 – 5.9]

19. NK#RK00371, 70F (Thmey Village, LBS)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#60)
2. Captopril 25mg 1/4t po bid (buy)
3. Draw blood for Glucose and HbA1C at SHCH

Lab result on April 11, 2013

Gluc =6.4 [4.1 - 6.1]
HbA1C =6.62 [4.8 – 5.9]

20. CM#RK00399, 52F (Village IV, Kachagn, Banlung)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 2t qAM and 1t qPM (#60)
2. Captopril 25mg 1/2t po bid (buy)
3. Atenolol 50mg 1/2t po qd (buy)
4. Draw blood for Glucose and HbA1C at SHCH

Lab result on April 11, 2013

Gluc =12.1 [4.1 - 6.1]
HbA1C =11.96 [4.8 – 5.9]

**The next Rattanakiri TM Clinic will be held in
June 3 – 7, 2013**