

Telemedicine Clinic

Rattanakiri

Referral Hospital

June 2012

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

On Tuesday June 26 and Wednesday June 27, 2012, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 8 new cases and 1 follow case 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 June 28, 2012, 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: Wed, Jun 20, 2012 at 4:36 PM

Subject: Telemedicine Clinic June 2012 at Rattanakiri referral hospital

To: Cornelia Haener <corneliahaener@sihosp.org>, "Kathleen M. Kelleher" <kfiamma@partners.org>, Joseph Kvedar <jkvedar@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,

Please be informed that the TM clinic at Rattanakiri Referral Hospital will be held on Tuesday and Wednesday, June 26 - 27, 2012 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 noon time the following day, Thursday, June 28, 2012. 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, Jun 27, 2012 at 4:41 PM

Subject: Rattanakiri TM Clinic June 2012, MS#RK00382, 47M

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,

There are 8 new cases and 1 follow up case for Telemedicine clinic in June 2012 at Rattanakiri referral hospital.

This is case number 1, MS#RK00382, 47M and photo.

Best regards,
Polo/Sovann

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



Patient: MS#RK00382, 47M (Village V, LBS)

Chief Complaint: Fatigue x 4 months

HPI: 47M presented with symptoms of fatigue and polyuria, no polyphagia, no polydipsia, no blurred vision, no dysuria, no hematuria, no numbness/tingling. He went to consult in private clinic with blood sugar 167mg/dl and was treated with Coversyl plus (Perindopril 4mg, Indapamide 1.25mg) 1t qd, Acarbose 50mg 1t bid, REVIZ (Polygonum 30mg, Cuspidatum 30mg, Resveratrol 29.4mg, Crataegus monotynga flesh 100mg, Magnesium oxide 50mg, Biotin 2mg) 1t qd. He became better with still fatigue.

PMH/SH: Unremarkable

Family Hx: No Diabetes, no HTN, no Tuberculosis

Medication:

1. Coversyl plus (Perindopril 4mg, Indapamide 1.25mg) 1t qd
2. Acarbose 50mg 1t bid
3. REVIZ (Polygonum 30mg, Cuspidatum 30mg, Resveratrol 29.4mg, Crataegus monotynga flesh 100mg, Magnesium oxide 50mg, Biotin 2mg) 1t qd

Social Hx: No cig smoking, casual alcohol drinking, 5 children

Allergies: NKDA

ROS: No fever, no SOB, no chest pain, no abd complaint, no syncope

PE:
Vital Signs: BP: 136/86 P: 86 RR: 20 T: 36.5°C Wt: 92kg Ht:1.66m BMI: 33.38

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no neck lymph nodes palpable
Chest: CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

Abdomen: Soft, no tender, (+) BS, no HSM, no surgical scar

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

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

Lab/Study:

Lab result on June 8, 2012

Triglyceride	=9.47	[<2.3]
Tot chole	=4.8	[3.9 – 5.2]
Glucose	=167	[75 – 115]
Uric acid	=6.3	[3.0 – 6.5]
HBsAg	=Negative	
HbSAb	=Negative	
HCV Ab	=Negative	

Done today on June 26, 2012

RBS:	158mg/dl	
U/A:	no glucose, no protein, no blood	
Triglyceride	=339	[10 – 150]
Tot chole	=100	[150 – 220]

June 27, 2012 FBS: 140mg/dl

Assessment:

1. DMII
2. Hypertriglyceridemia

Plan:

1. Metformin 500mg 1t po qhs
2. Captopril 25mg 1/2t po bid
3. ASA 300mg 1/4t po qd
4. Fenofibrate 100mg 1t po qhs
5. Diabetic diet education, regular exercise and foot care
6. Draw blood for lyte, Creat, glucose, HbA1C at SHCH

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

Examined by: Nurse Sovann Peng

Date: June 27, 2012

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, Jun 27, 2012 at 4:46 PM

Subject: Rattanakiri TM Clinic June 2012, Case#2, KL#RK00383, 58F

To: "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Kruy Lim <kruylim@yahoo.com>, Rithy Chau <rithychau@sihosp.org>, "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 2, KL#RK00383, 58F and photo.

Best regards,
Polo/Sovann

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



Patient: KL#RK00383, 58F (Village V, LBS)

Chief Complaint: Fatigue x 4 months

HPI: 58F presented with symptoms of blurred vision, fatigue, polyuria, polyphagia, polydipsia, heat intolerance, palpitation, and insomnia, she went to consult in private clinic with blood sugar 150mg/dl and was treated with Glibenclamide 5mg 1t qhs and educated with diabetic diet. Following blood sugar checked after treatment, FBS: 125mg/dl, 107mg/dl but she still feeling fatigue, heat intolerance, palpitation and insomnia.

PMH/SH: Unremarkable

Family Hx: Sister with Diabetes, no HTN, no Tuberculosis

Medication: Glibenclamide 5mg 1t po qhs

Social Hx: No cig smoking, no EtOH

Allergies: NKDA

ROS: 6y post menopause

PE:

Vital Signs: BP: 118/82 P: 91 R: 18 T: 36.5°C Wt: 54kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no neck lymph nodes palpable

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

Abdomen: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar

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

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

Lab/Study:

Done today on June 26, 2012

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

FBS:117mg/dl

Assessment:

1. DMII

Plan:

1. Glibenclamide 5mg 1t po qd
2. Diabetes diet education, do regular exercise and foot care
3. Draw blood for Creat, Glucose, and HbA1C at SHCH

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

Examined by: Nurse Sovann Peng

Date: June 27, 2012

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, Jun 27, 2012 at 4:48 PM

Subject: Rattanakiri TM Clinic June 2012, Case#3, SS#RK00384, 44F

To: 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 3, SS#RK00384, 44F and photo.

Best regards,
Polo/Sovann

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



Patient: SS#RK00384, 44F (Village I, LBS)

Chief Complaint: Headache x 1y

HPI: 44F, farmer, presented with symptoms of HA, neck tension, and dizziness. HA is generalized pressure pain which came with neck tension and dizziness. No SOB, diaphoresis, CP, palpitation, syncope or N/V/D. She went to consult in private clinic with blood pressure 180/? and treated with Amlodipine 5mg 1t qd which made her feel better and blood pressure decreased to about 140-150mmHg systolic.

PMH/SH: Hysterectomy due to placenta accreta in 1993; 2010, She had consultation with ophthalmologist in Takeo about her blurred vision but she could not afford the operation due to financial problem

Family Hx: No Diabetes, no HTN, no Tuberculosis, no heart disease

Social Hx: 4 children, no cig smoking, casual alcohol drinking

Medication: Amlodipine 5mg 1t when she feels unwell

Allergies: NKDA

ROS: Epigastric burning pain, burping with sour taste, radiation to the back, better with H2 blocker, no black or bloody stool

PE:

Vital Signs: BP: Rt 169/111, Lt 160/102 P: 80 R: 18 T: 37°C Wt: 65kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no neck lymph nodes palpable, no JVD; Fundi exam revealed vessel nicking?? on right side, and dusty speckle-looking retina?? (performed per Rithy)

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

Abdomen: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

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

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

Lab/Study:

Done today on June 26, 2012

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

Assessment:

1. HTN
2. GERD
3. Retinal problem vs. Ophthalmic nerve problem??

Plan:

1. Amlodipine 5mg 1t po qd
2. Cimetidine 200mg 1t po qhs for one month
3. GERD prevention education
4. Draw blood for Lyte, Creat at SHCH
5. Do regular exercise, eat less salt and fatty diet
6. Refer to Ophthalmology specialist at Angdoun Hospital for ENT

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

Examined by: Nurse Sovann Peng

Date: June 27, 2012

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, Jun 27, 2012 at 4:50 PM

Subject: Rattanakiri TM Clinic Case#4, EP#RK00385, 43M

To: 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>, 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 4, EP#RK00385, 43M and photo.

Best regards,
Polo/Sovann

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



Patient: EP#RK00385, 43M (Village IV, LBS)

Chief Complaint: History of diabetes x 2 years

HPI: 43M with history of diabetes for almost 2y when he had health check (Blood sugar 200mg/dl, HbA1C>12) and treated with Amarel (Glimepiride) 2mg 1/2t qd, metformin 850mg 1t tid, Atorvastatin 10mg 1t qhs, Lorsartan potassium 50mg 1t qd. On Sept 2011, his HbA1C decreased to 8.5 and May 2012, HbA1C=7.8. His finger stick FBS ranged from 140 – 250mgmg/dl. Since the diagnosis and tx of Diabetes, he said his symptoms of polyuria, polyphagia, polydypsia decreased markedly and denied

having extremity numbness/tingling, blurred vision, CP, palpitation, diaphoresis nor foot wound.

PMH/SH: Otitis externa, cervical spine compression

Family Hx: mother with Diabetes, no HTN, no cardiac dz

Social Hx: No cig smoking, casual alcohol drinking

Medication:

1. Amarel (Glimepiride) 2mg 1/2t qd
2. Metformin 850mg 1t po tid
3. Atorvastatin 10mg 1t po qhs
4. Lorsartan potassium 50mg 1t po qd

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 141/99 (both arms) P: 94 RR: 18 T: 37°C Wt: 80kg BMI: 30.80

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no neck lymph nodes palpable

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

Abdomen: Soft, no tender, (+) BS, no HSM, no surgical scar

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

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

Lab/Study:

Lab result on September 2011

HbA1C = 8.50

Lab result on May 13, 2012

WBC =6.7	[4 - 11x10 ⁹ /L]	Na =140	[135 - 145]
RBC =5.7	[4.6 - 6.0x10 ¹² /L]	K =4.3	[3.5 - 5.0]
Hb =16.4	[14.0 - 16.0g/dL]	Cl =101	[95 - 110]
Ht =48	[42 - 52%]	BUN =0.36	[0.15 - 0.45]
MCV =84	[80 - 100fl]	Creat =11	[5 - 13]
MCH =28	[25 - 35pg]	Gluc =1.72	[0.75 - 1.10]
MHCH =34	[30 - 37%]	T. Chol =1.87	[1.20 - 2.20]
Plt =185	[150 - 450x10 ⁹ /L]	HDL chole =0.45	[0.35 - 0.55]
Neut =2.55	[2.0 - 8.0x10 ⁹ /L]	LDL chole =0.79	[<1.50]
Lymph =3.35	[0.7 - 4.4x10 ⁹ /L]	TG =3.18	[0.6 - 1.60]
Mono =0.47	[0.1 - 0.8x10 ⁹ /L]	Uric Aci =63	[25 - 60]
Eosino =0.34	[0.8 - 0.40]	Ca2+ =94	[88 - 104]
HbA1C =7.80	[4.60 - 6.0]	AST =52	[<37]
GAMMa G T =290	[11 - 61]	ALT =78	[<40]

FBS: 163, 150, 141, and 145mg/dl (June 2012)

Bedtime BS: 173, 232, 241mg/dl

Done today on June 26, 2012

FBS:142mg/dl

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

Assessment:

1. DMII
2. HTN
3. Hypertriglyceridemia
4. Obesity

Plan:

1. Amarel (Glimepiride) 2mg 1/2t qd
2. Metformin 850mg 1t po tid
3. Atorvastatin 10mg 1t po qhs
4. Captopril 25mg 1/2t po bid
5. Aspirin 300mg 1/4t po qd
6. Diabetes diet education, do regular exercise, and foot care

Comments/Notes: Do you agree with my assessment and plan?**Examined by: Nurse Sovann Peng****Date: June 27, 2012**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, Jun 27, 2012 at 4:53 PM

Subject: Rattanakiri TM Clinic June 2012, Case#5, NM#RK00386, 27M

To: Cornelia Haener <corneliahaener@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>, 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 5, NM#RK00386, 27M and photos.

Best regards,
Polo/Sovann

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



Patient: NM#RK00386, 27M (Village I, LBS)

Chief Complaint: Neck mass x 2 months

HPI: 27M, farmer, noticed a small mass on the anterior of neck and went to consult in private clinic with ultrasound result of nodular goiter so he come to consult with Telemedicine Clinic for recommendation. Since the mass noticed until now, he denied of heat intolerance, tremor, palpitation, insomnia, weight loss, hair loss, bowel movement change. He has 2 sisters seen at TM clinic many years ago with thyroid problem.

PMH/SH: Unremarkable

Family Hx: Sister with goiter (hyperthyroidism); one sister with hypothyroidism; grandmother with goiter

Medication: None

Social Hx: smoking 1 pack of cig per day, casual alcohol drinking

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 102/59 P: 79 RR: 20 T: 36.5°C Wt: 59kg

General: Look stable



HEENT: Small mass on right side of thyroid gland, smooth, soft, no tender, mobile on swallowing, No oropharyngeal lesion, pink conjunctiva, no neck lymph node palpable

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

Abdomen: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar

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

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

Lab/Study:

Neck mass ultrasound result: nodular goiter

Assessment:

1. Nodular goiter?
2. Thyroid dysfunction

Plan:

1. Draw blood for TSH at SHCH
2. Smoking Cessation

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

Examined by: Nurse Sovann Peng

Date: June 27, 2012

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, Jun 27, 2012 at 5:27 PM

Subject: Rattanakiri TM Clinic June 2012, Case#6, KT#RK00387, 50M

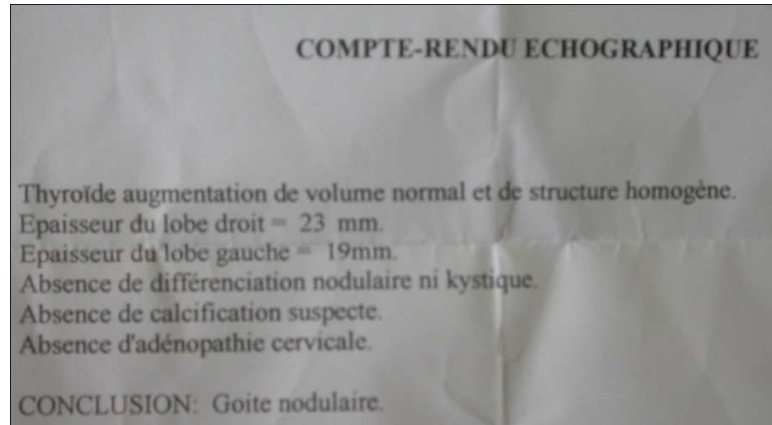
To: Cornelia Haener <corneliahaener@sihosp.org>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Rithy Chau <rithychau@sihosp.org>, Kruy Lim <kruylim@yahoo.com>

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

Dear all,

This is case number 6, KT#RK00387, 50M and photo.

Best regards,
Polo/Sovann



**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine**



Patient: KT#RK00387, 50M (Pak Loa Village, Veunsai)

Chief Complaint: Fever and abdominal pain x 10d

HPI: 50M was diagnosed with Malaria and got treatment for 3d, he became better. 2d later, he developed fever, epigastric burning pain, bloating, and absence of passing gas, he got treatment with traditional medicine. He denied of cough, SOB, diaphoresis, vomiting, hematemesis, nose/gum bleed, oliguria, dysuria, edema. 7d later, his abd pian became worse so he was brought to referral hospital then he developed bloody stool with dark blood, SOB, and cyanosis. On June 26, his hematocrit decreased to 14 and he was sent to emergency room due to hypotension and tachypnea. He was stable the next day and then sent back to medical ward. Now he still has mild upper

abdominal pain, pale, mild SOB, but no bloody stool yet, but in late afternoon of June 27th, he passed another bout of dark bloody stool.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: smoking 5cig per day, casual alcohol drinking

Medication: None

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 94/67 P: 82 R: 24 T: 38°C Wt: 60kg

General: Look sick

HEENT: No oropharyngeal lesion, pale conjunctiva, no neck mass, no neck lymph nodes palpable, no JVD

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

Abdomen: Soft, mild tender on upper abdomen, no distension, (+) BS, -HSM, no surgical scar, no lesion

Extremities/Skin: No legs edema, no lesion

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

Rectal: Not done

Lab/Study:

Done on June 25, 2012

WBC:22000

Ht: 24

Plt: 276000

Abdominal ultrasound: Liver abscess

Assessment:

1. Liver abscess
2. Anemia due to GI bleed

Plan:

1. Infusion Lactate Ringer 2000mL/24h
2. Ceftriaxone 2g IV
3. Metronidazole 250mg 2t tid
4. Cimetidine 200mg 2t po bid
5. FeSO4/Folate 200/0.4mg 1t po bid
6. Xango powder bid

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

Examined by: Dr. Lok Vanthorn

Date: June 27, 2012

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, Jun 27, 2012 at 5:35 PM

Subject: RE: Rattanakiri TM Clinic June 2012, Case#6, KT#RK00387, 50M

To: Hospital Rattanakiri Referral <kirihospital@gmail.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>, Kruy Lim <kruylim@yahoo.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 case.

I agree with your plan. How big is the liver abscess?

Regards

Cornelia

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jun 27, 2012 at 4:56 PM
Subject: Rattanakiri TM Clinic June 2012, Case#7, KN#RK00388, 47M
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 the case number 7, KN#RK00388, 47M and photos.

Best regards,
Polo/Sovan

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



Patient: KN#RK00388, 47M (Village VII, LBS)

Chief Complaint: Chest discomfort x 3 years

HPI: 47M, works at radio station, presented with history of chest discomfort about a few times per year located centrally on chest, pressure like pain 3-4/10 but no radiation to arm, neck or shoulder; he complained of recent SOBOE when he worked on his farm or walked a few hundred meters; he denied any symptoms of diaphoresis, fever, cough, edema. He took medicine bought from local pharmacy without consultation and they gave him medicine for dyspepsia. He was told that the symptoms is related to GI problem and treated accordingly and make him a bit better but not disappeared. He said this year his symptoms became worse with more chest discomfort, palpitation, and SOBOE but no orthopnea, diaphoresis, syncope, or edema. He mentioned that he gain a few Kg during the past year.

PMH/SH: Diarrhea with blood and admitted to referral hospital for 1w in 2009; dyspepsia, TF

Family Hx: No Diabetes, no HTN, no Tuberculosis

Social Hx: Smoking 1 pack of cig per day, stopped 5y ago; casual alcohol drinking

Medication: None

Allergies: NKDA

ROS: no fever, no nausea, no vomiting, no stool with blood/mucus, no oliguria, no dysuria; rash on medial side of his lower legs with pruritus.



PE:

Vital Signs: BP: 104/68 P: 43 RR: 20 T: 37°C Wt: 59kg O2sat: 99%

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no neck lymph nodes palpable, no JVD

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

Abdomen: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar

Extremities/Skin: No legs edema, no lesion, (+) dorsalis pedis and posterior tibial pulse; maculopapular rashes over medial shin areas bilaterally extending posteriorly to his calves, hyperpigmented, dry scab-like, slightly raise, +pruritos, -pus, - vesicle, slight erythema, - warmth.

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

Lab/Study:

Done today on June 27, 2012

CXR attached

3 photos of EKG attached (before exercise, about 3minute and about 5minutes after exercise)

Assessment:

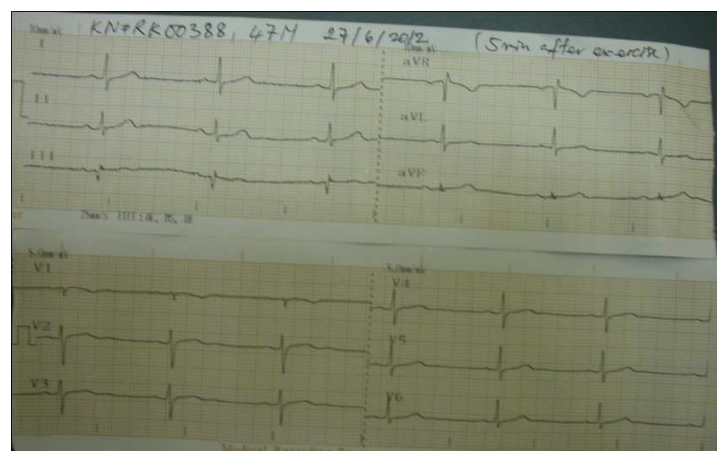
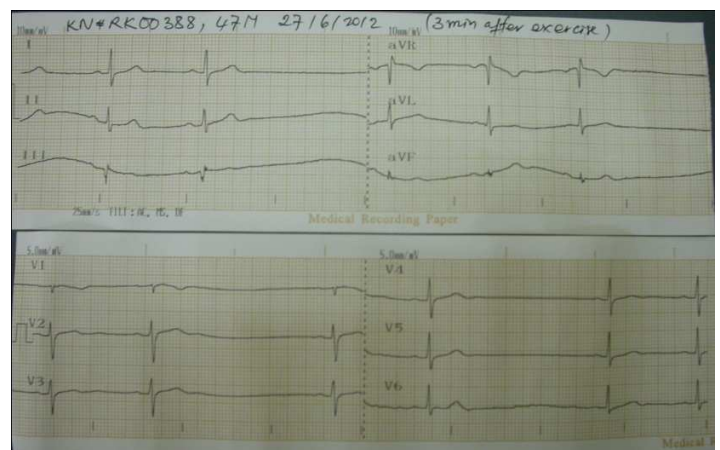
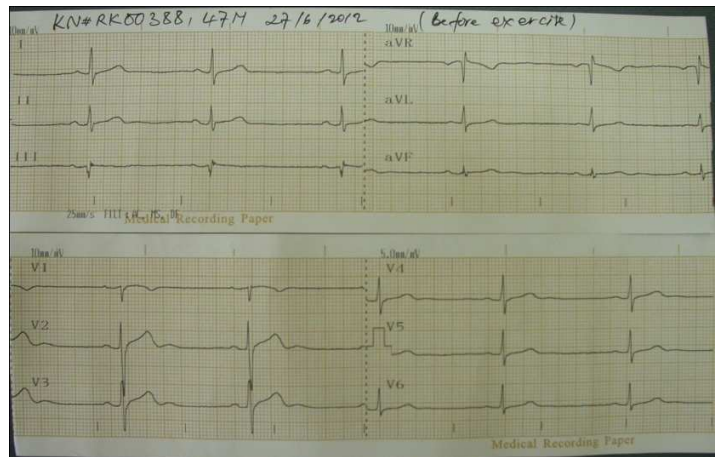
- 1. Sick Sinus Syndrome
- 2. Eczema
- 3. Dyspepsia
- 4. Parasititis

Plan:

- 1. Theophylline 100mg po qd
- 2. Hydrocortizone cream apply bid
- 3. Certirizine 10mg 1 po qd prn pruritus
- 4. Omeprazole 20 1 po qhs
- 5. Metoclopramide 10mg 1 po qhs
- 6. Albendazole 400mg 1 po bid x 5d
- 7. Draw blood for CBC, Lyte, Creat, Calcium, Magnesium, TSH, tot chol, TG at SHCH

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

Examined by: Nurse Sovann Peng



Date: June 27, 2012

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, Jun 27, 2012 at 4:59 PM
Subject: Rattanakiri TM Clinic June 2012, Case#8, SS#RK00389, 38F
To: Cornelia Haener <corneliahaener@sihosp.org>, Kruly 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 the case number 8, SS#RK00389, 38F and photos.

Best regards,
Polo/Sovann

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



Patient: SS#RK00389, 38F (Kalagn Village, Veunsai)

Chief Complaint: Neck mass x 7 years

HPI: 38F, farmer, presented with a bean size mass on the anterior of the neck after she had delivery the 6th baby and noticed it progressively increased in size and symptoms of tremor, palpitation, hair loss and insomnia. She came to consult with referral hospital and advise to seek further consult with Telemedicine clinic.

PMH/SH: Unremarkable

Family Hx: No family member with goiter

Social Hx: No cig smoking, casual alcohol drinking, 6 children

Medication: None

Allergies: NKDA

ROS: Regular menstruation, no fever, no cough, no SOB, no abd complaint, no weight loss, no bowel movement change



PE:

Vital Signs: BP: 112/83 P: 104 RR: 20 T: 37°C Wt: 45kg

General: Look stable

HEENT: A mass about 1x2cm on right lobe of thyroid gland, smooth, firm, mobile on swallowing, no tender, no bruit, No oropharyngeal lesion, pink conjunctiva

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

Abdomen: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar

Extremities/Skin: No legs edema, no lesion

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

Lab/Study:

Neck mass ultrasound: Nodular goiter

Assessment:

1. Nodular goiter

Plan:

1. Draw blood for TSH and Free T4 at SHCH

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

Examined by: Nurse Sovann Peng

Date: June 27, 2012

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, Jun 27, 2012 at 5:28 PM

Subject: RE: Rattanakiri TM Clinic June 2012, Case#8, SS#RK00389, 38F

To: Hospital Rattanakiri Referral <kirihospital@gmail.com>, Kruly Lim <krulylim@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 Polo and Sovann,

I agree with your assessment and plan.

Kind regards

Cornelia

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

Date: Wed, Jun 27, 2012 at 5:05 PM

Subject: Rattanakiri TM Clinic June 2012, Case#9, SP#RK00081, 58F

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 the last case for Rattanakiri TM Clinic June 2012, Case number 9, SP#RK00081, 58F and photos.

Please reply to the cases before Thursday afternoon, Cambodia time, when the patients will come to get treatment during this time.

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: SP#RK00081, 58F (Village III, LBS)

Subject: 58F with diagnosis of HTN and DMII (in March 2012, BP: 149/88, P: 92, FBS:139mg/dl, RBS:372mg/dl, U/A protein trace, glucose negative) and was treated with Glibenclamide 5mg 1t bid, Amlodipine 5mg 1t qd and Blood result done at SHCH on March 22, 2012 (Na+:134, K+:2.9, Cl:99, Creat:46, HbA1C:11.9). In May 2012, she developed progressive abdominal distension, legs and facial edema, dyspnea, palpitation, poor appetite, weight loss and hair loss. Because of severe abdominal distension and dyspnea, she was brought to referral hospital and diagnosed with HTN, DMII, Liver cirrhosis and Ascite. She was treated in hospital for three weeks with Amlodipine, Glibenclamide, Metformin, Furosemide, KCl and Cimetidine. She became better and was discharged from

hospital with mild abdominal distension, less dypnea, better appetite and no legs edema. She was on treatment as below with one week follow up. She was positive with HCV antibody in 2008.

Medication:

1. Glibenclamide 5mg 1t po bid
2. Metformin 500mg 1t po bid
3. Amlodipine 5mg 1t po qd
4. Cimetidine 400mg 1t bid

Allergies: NKDA

Object:

Vital Signs: BP: 138/92 P: 127 RR: 20 T: 37 Wt: 42kg

General: Look sick

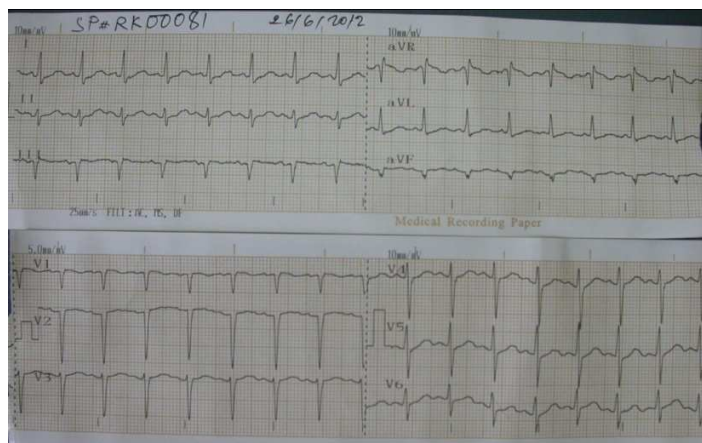
HEENT: No oropharyngeal lesion, pink conjunctiva, no jaundice, no neck mass, no JVD

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

Abdomen: Soft, mild tender on Epigastric and RUQ, mild distension, (+) BS, no spider angioma, no colateral vein dilatation

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

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



Lab/Study:

Done today on June 26, 2012

FBS: 96mg/dl

U/A: glucose 3+, no protien, no ketone, no blood

EKG attached

Assessment:

1. HTN
2. DMII
3. Liver cirrhosis

Plan:

1. Glibenclamide 5mg 1t po bid
2. Metformin 500mg 1t po bid
3. Amlodipine 5mg 1t po qd
4. Spironolactone 25mg 1t po bid
5. Propranolol 40mg 1/4t po bid
6. Furosemide 40mg 1t po qd for 7d
7. Cimetidine 400mg 1t bid for one month
8. Draw blood for CBC, Lyte, Creat, Glucose, Transaminase, HbA1C and TSH at SHCH

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

Examined by: Nurse Sovann Peng

Date: June 27, 2012

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: Sat, Jun 30, 2012 at 3:20 PM
Subject: Reply to the cases of Rattanakiri Telemedicine Clinic June 2012
To: "Kathleen M. Kelleher" <kfiamma@partners.org>
Cc: Rithy Chau <rithychau@sihosp.org>

Dear Kathy,

I would like to tell you that until now I have not yet received the reply to the nine cases of Rattanakiri Telemedicine June 2012.

Best regards,
Sovann

From: **chaurithy** <rithychau@sihosp.org>
Date: Wed, Jul 4, 2012 at 9:28 AM
Subject: RE: Reply to the cases of Rattanakiri Telemedicine Clinic June 2012
To: "Kathleen M. Kelleher" <kfiamma@partners.org>
Cc: Hospital Rattanakiri Referral <kirihospital@gmail.com>, Sovann Peng <sovannpeng@sihosp.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, kruylim@sihosp.org

Dear Kathy,

Sur S'dey! (That's "Greetings!" in Cambodian). Hope everything finds you well at the other side of the world. We appreciate the cooperation and partnership from CCH for TM project at both sites. Thank you for your dedication to provide service for the poor of Cambodia.

We would like to follow up on the issue of getting replies for Rattanakiri telemedicine clinic (which is now being held every quarter). Was there anything that we should be aware for the delay in replies for Rattanakiri cases for June 2012? Is there anything else that we can do from our side to facilitate this process so that the information you provided will be used in a more effective fashion? Can you give us an approximate time you may need to get replies to us for this TM session?

Again, thank you for your cooperation and dedication to the Operation Village Health in Cambodia. We are looking to hear from you soon. Please extend our regards to the team at CCH/Boston and wishing all of you a Happy July 4th!

Best Regards,
Rithy

Rithy Chau, MPH, MHS, PA-C

Director Telemedicine/EHC Officer
Sihanouk Hospital Center of HOPE

rithychau@sihosp.org

TEL: 855-23-882-484, Ext 250, FAX: 855-23-882-485

HP: 855-11-623-805, 855-12-520-547

www.sihosp.org, www.care4cambodia.org, www.villageleap.com/telemedicine

Thursday, June 28, 2012

Follow-up Report for Rattanakiri TM Clinic

There were 8 new patients and 1 follow up patient seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 9 cases was transmitted and received replies from both Phnom Penh and Boston, and other 18 patients came for brief consult and refill medication only, and other 25 new patients seen by PA Rithy for minor problem without sending data. Per advice sent by CCH/MGH physicians in Boston and Sihanouk Hospital Center of HOPE in Cambodia 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 June 2012

1. MS#RK00382, 47M (Village V, LBS)

Diagnosis:

1. DMII
2. Hypertriglyceridemia

Treatment:

1. Metformin 500mg 1t po qhs (#100)
2. Captopril 25mg 1/2t po bid (buy)
3. ASA 300mg 1/4t po qd (#25)
4. Fenofibrate 100mg 1t po qhs (buy)
5. Diabetic diet education, regular exercise and foot care
6. Draw blood for lyte, Creat, glucose, HbA1C at SHCH

Lab result on June 28, 2012

Na	=135	[135 - 145]
K	=4.3	[3.5 - 5.0]
Cl	=105	[95 - 110]
Creat	=69	[53 - 97]
Gluc	=8.8	[4.2 - 6.4]
HbA1C	=7.5	[4.8 - 5.9]

Recommendation: Keep the same treatment

2. KL#RK00383, 58F (Village V, LBS)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po qd (#70)
2. Diabetes diet education, do regular exercise and foot care
3. Draw blood for Creat, Glucose, and HbA1C at SHCH

Lab result on June 28, 2012

Creat	=59	[44 - 80]
Gluc	=6.2	[4.1 - 6.1]

HbA1C =5.9 [4.8 - 5.9]

Recommendation: Keep the same treatment

3. SS#RK00384, 44F (Village I, LBS)

Diagnosis:

1. HTN
2. GERD
3. Retinal problem vs. Ophthalmic nerve problem??

Treatment:

1. Amlodipine 5mg 1t po qd (#50)
2. Cimetidine 200mg 1t po qhs for one month (#30)
3. GERD prevention education
4. Draw blood for Lyte, Creat at SHCH
5. Do regular exercise, eat less salt and fatty diet
6. Refer to Ophthalmology specialist at Angdoun Hospital for ENT

Lab result on June 28, 2012

Na	=135	[135 - 145]
K	=4.0	[3.5 - 5.0]
Cl	=105	[95 - 110]
Creat	=46	[44 - 80]

Recommendation: Keep the same treatment

4. EP#RK00385, 43M (Village IV, LBS)

Diagnosis:

1. DMII
2. HTN
3. Hypertriglyceridemia
4. Obesity

Treatment:

1. Amarel (Glimepiride) 2mg 1/2t qd (buy)
2. Metformin 850mg 1t po tid (buy)
3. Atorvastatin 10mg 1t po qhs (Buy)
4. Captopril 25mg 1/2t po bid (buy)
5. Aspirin 300mg 1/4t po qd (#25)
6. Diabetes diet education, do regular exercise, and foot care

5. NM#RK00386, 27M (Village I, LBS)

Diagnosis:

1. Nodular goiter

Treatment:

1. Draw blood for TSH at SHCH
2. Smoking Cessation

Lab result on June 28, 2012

TSH	=0.91	[0.27 - 4.20]
Free T4	=15.2	[12.0 - 22.0]

Recommendation: Do FNA in the next follow up

6. KT#RK00387, 50M (Pak Loa Village, Veunsai)

Diagnosis:

1. Liver abscess
2. Anemia due to GI bleed

Treatment:

1. Infusion Lactate Ringer 2000mL/24h
2. Ceftriaxone 2g IV
3. Metronidazole 250mg 2t tid
4. Cimetidine 200mg 2t po bid
5. FeSO4/Folate 200/0.4mg 1t po bid (#60)
6. Xango powder bid (#1)

Remark: Patient became better and discharged from hospital

7. KN#RK00388, 47M (Village VII, LBS)

Diagnosis:

1. Sick Sinus Syndrome
2. Eczema
3. Dyspepsia
4. Parasititis

Treatment:

1. Theophylline 100mg po qd (buy)
2. Hydrocortizone cream apply bid (#2)
3. Certirizine 10mg 1 po qd prn pruritus (#20)
4. Omeprazole 20 1 po qhs (#30)
5. Metoclopramide 10mg 1 po qhs (#15)
6. Albendazole 400mg 1 po bid x 5d (#10)
7. Draw blood for CBC, Lyte, Creat, Calcium, Magnesium, TSH, tot chol, TG at SHCH

Lab result on June 28, 2012

WBC	=5.3	[4 - 11x10 ⁹ /L]	Na	=135	[135 - 145]
RBC	=5.9	[4.6 - 6.0x10 ¹² /L]	K	=4.1	[3.5 - 5.0]
Hb	=16.6	[14.0 - 16.0g/dL]	Cl	=103	[95 - 110]
Ht	=52	[42 - 52%]	Creat	=81	[53 - 97]
MCV	=87	[80 - 100fl]	T. Chol	=6.7	<5.7]
MCH	=28	[25 - 35pg]	TG	=2.0	<1.7]
MHCH	=32	[30 - 37%]	Ca2+	=1.05	[1.12 - 1.32]
Plt	=295	[150 - 450x10 ⁹ /L]	Mg2+	=0.77	[0.66 - 1.07]
Lymph	=2.2	[0.7 - 4.4x10 ⁹ /L]	TSH	=2.08	[0.27 - 4.20]

Remark: Patient has come for further evaluation at Phnom Penh

8. SS#RK00389, 38F (Kalagn Village, Veunsai)

Diagnosis:

1. Nodular goiter

Treatment:

1. Draw blood for TSH and Free T4 at SHCH

Lab result on June 28, 2012

TSH	=1.24	[0.27 - 4.20]
Free T4	=14.8	[12.0 - 22.0]

Recommendation: Do FNA in next follow up

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

Diagnosis:

1. HTN
2. DMII
3. Liver cirrhosis

Treatment:

1. Glibenclamide 5mg 1t po bid (#100)
2. Metformin 500mg 1t po bid (#100)
3. Amlodipine 5mg 1t po qd (#100)
4. Spironolactone 25mg 1t po bid (#200)
5. Propranolol 40mg 1/4t po bid (#30)
6. Furosemide 40mg 1t po qd for 7d (#7)
7. Cimetidine 200mg 1t qhs for one month (#30)
8. Draw blood for CBC, Lyte, Creat, Glucose, Transaminase, HbA1C and TSH at SHCH

Lab result on June 28, 2012

WBC	=5.4	[4 - 11x10 ⁹ /L]	Na	=134	[135 - 145]
RBC	=4.5	[3.9 - 5.5x10 ¹² /L]	K	=3.5	[3.5 - 5.0]
Hb	=13.1	[12.0 - 15.0g/dL]	Cl	=95	[95 - 110]
Ht	=43	[35 - 47%]	Creat	=34	[44 - 80]
MCV	=95	[80 - 100fl]	Gluc	=4.6	[4.2 - 6.4]
MCH	=29	[25 - 35pg]	AST	=119	[<32]
MHCH	=31	[30 - 37%]	ALT	=52	[<33]
Plt	=54	[150 - 450x10 ⁹ /L]	HbA1C	=10.7	[4.8 - 5.9]
Lymph	=3.4	[0.7 - 4.4x10 ⁹ /L]	TSH	=1.77	[0.27 - 4.20]

Recommendation: Keep observe the progression with treatment

Patient Who come for follow up and refill medicine**1. NS#RK00006, 25F (Village I)****Diagnosis:**

1. Left total and right subtotal thyroidectomy
2. Hyperthyroidism
3. Hypocalcemia

Treatment:

1. Carbimazole 5mg 1t po bid (buy)
2. Calcium/Vit D 1t po qid (buy)
3. Draw blood for F T4 and Ca²⁺ at SHCH

Lab result on June 28, 2012

F T4	=8.8	[12.0 - 22.0]
Ca2+	=0.63	[1.12 - 1.32]

Recommendation: Reduce Carbimazole 5mg 1t qd

2. NH#RK00010, 55F (Village III)**Diagnosis:**

1. HTN
2. DMII
3. VHD (AI/MR)

Treatment:

1. Atenolol 50mg 1t po bid (#200)
2. Glibenclamide 5mg 1t po bid (buy)
3. HCTZ 25mg 2t po qd (#200)
4. Captopril 25mg 1t po bid (buy)

3. KY#RK00069, 61F (Village III)**Diagnosis:**

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 1t po bid (#200)
2. Metformin 500mg 2t po bid (buy)
3. Captopril 25mg 1/2t po bid (buy)
4. ASA 300mg 1/4t po qd (#25)

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 (#100)
3. Spironolactone 25mg 1t po bid (#200)

5. OT#RK00155, 45F (Bor Keo)

Diagnosis:

1. HTN
2. DMII
3. Hyperlipidemia

Treatment:

1. Metformin 500mg 2t po bid (#200)
2. Captopril 25mg 1t po bid (#buy)
3. Atenolol 50mg 1/2t po bid (#50)
4. ASA 300mg 1/4t po qd (#25)
5. Amitriptylin 25mg 1/2t po qhs (#50)
6. Insulin NPH 23UI qAM and 5UI qPM
7. Simvastatin 10mg 1t po qhs (buy)
8. Draw blood for Glucose, Tot chole, TG, Creat, Transaminase, and HbA1C at SHCH

Lab result on June 28, 2012

Creat	=49	[44 - 80]
Gluc	=7.3	[4.1 - 6.1]
T. Chol	=6.1	[<5.7]
TG	=4.8	[<1.71]
AST	=31	[<32]
ALT	=50	[<33]
HbA1C	=11.2	[4.8 - 5.9]

6. KK#RK00231, 45F (Village I)

Diagnosis:

1. DMII

Treatment:

1. Glyburide 2.5mg 2t po bid (#400)
2. Metformin 850mg 1 1/2t bid (#80)
3. Captopril 25mg 1/4t po qd (buy)
4. ASA 300mg 1/4t po qd (#25)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on June 28, 2012

Gluc	=9.1	[4.1 - 6.1]
HbA1C	=10.8	[4.8 - 5.9]

7. SV#RK00256, 43M (Village I)

Diagnosis:

1. DMII
2. HTN

3. Hypertriglyceridemia

Treatment:

1. Glibenclamide 5mg 1t po bid (#200)
2. Metformin 850mg 1 1/2t po bid (#80)
3. Captopril 25mg 1/2t po bid (buy)
4. Draw blood for glucose, tot chole, TG and hbA1C at SHCH

Lab result on June 28, 2012

Gluc	=10.6	[4.2 - 6.4]
T. Chol	=5.2	[<5.7]
TG	=3.5	[<1.71]
HbA1C	=10.7	[4.8 – 5.9]

8. KC#RK00260, 44F (Village V)

Diagnosis:

1. DMII

Treatment:

1. Metformin 850mg 1t po qhs (#60)
2. Captopril 25mg 1/4t po bid (buy)
3. Draw blood for glucose, and HbA1C at SHCH

Lab result on June 28, 2012

Gluc	=8.0	[4.2 - 6.4]
HbA1C	=7.4	[4.8 – 5.9]

9. VC#RK00268, 66M (Bey Srok Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 2t po qAM and 3t qPM (#200)
2. Glibenclamide 5mg 2t po bid (buy)
3. Captopril 25mg 1/2t po bid (buy)
4. ASA 300mg 1/4t po qd (#25)
5. Draw blood for glucose and HbA1C at SHCH

Lab result on June 28, 2012

Glucose	=15.5	[4.1 – 6.1]
HbA1C	=9.9	[4.8 – 5.9]

10. SS#RK00299, 46F (Thmey Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1tab bid (#100)
2. Metformin 850mg 1t po bid (#80)
3. Captopril 25mg 1/2 tab bid (buy)
4. ASA 300mg 1/4t po qd (#25)
5. Draw blood for glucose, and HbA1C at SHCH

Lab result on June 28, 2012

Glucose	=8.9	[4.1 – 6.1]
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HbA1C =10.8 [4.8 – 5.9]

11. CT#RK00318, 31F (Village I)

Diagnosis:

1. DMII

Treatment:

1. Metformin 850mg 1t po bid (#80)
2. Glyburide 2.5mg 1t po bid (#200)

12. TS#RK00320, 51M (Village V)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid (#200)
2. Metformin 850mg 1t po bid (#100)
3. Captopril 25mg 1/2t po bid (buy)

13. HY#RK00341, 41M (Village VI, Labansirk commune)

Diagnosis:

1. DMII
2. HTN
3. Hyperlipidemia

Treatment:

1. Metformine 850mg 1t po qhs (#50)
2. Glibenclamide 5mg 2t po bid (#200)
3. Atenolol 50mg 1/2t po qd (#50)
4. Captopril 25mg 1/2t po bid (buy)
5. Amitriptylin 25mg 1/4t po qhs (buy)
6. Draw blood for glucose, tot chole, TG and HbA1C at SHCH

Lab result on June 28, 2012

Gluc	=6.4	[4.1 - 6.1]
T. Chol	=6.0	[<5.7]
TG	=2.7	[<1.71]
HbA1C	=7.1	[4.8 – 5.9]

14. MC#RK00342, 52F (Village III, Labansirk commune)

Diagnosis:

1. Dyspepsia

Treatment:

1. Cimetidine 200mg 1t po qhs (#30)

15. CK#RK00362, 39M (Beysrok)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid (buy)
2. Metformin 500mg 1t po bid (#100)
3. Draw blood for glucose, creat, HbA1C at SHCH

Lab result on June 28, 2012

Gluc	=11.6	[4.1 - 6.1]
Creat	=79	[53 – 97]

HbA1C =9.3 [4.8 – 5.9]

16. LV#RK00369, 55F (Village I, LBS)

Diagnosis:

1. DMII with PNP

Treatment:

1. Metformin 850mg 1t po bid (#100)
2. Glyburide 2.5mg 2t po bid (#400)
3. Amitriptyline 25mg 1/4t po qd (#25)

17. HS#RK00370, 47F (Village I, LBS)

Diagnosis:

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

Treatment:

1. Metformin 850mg 1t po bid (#100)
2. Glibenclamide 5mg 1t po bid (#200)
3. Captopril 25mg 1/2t po bid (buy)
4. Fenofibrate 100mg 1t po bid (buy)
5. Draw blood for HbA1C at SHCH

Lab result on June 28, 2012

HbA1C =8.4 [4.8 – 5.9]

18. SC#RK00374, 55F (Sayons, Kaleng, Lumphat)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 850mg 1t po bid (#100)
2. Glibenclamide 5mg 1t po bid (buy)
3. Captopril 25mg 1/2t po bid (buy)

**The next Rattanakiri TM Clinic will be held in
September 2012**