Telemedicine Clinic
Rattanakiri
Referral Hospital
May 2008

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

On Tuesday and Wednesday May 20 - 21, 2008, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 5 new 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. PA Rithy also saw 15 patients for minor illnesses without transmitting data.

The following day, Thursday May 22, 2008, 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 [mailto:kirihospital@gmail.com]
Sent: Monday, May 12, 2008 3:54 PM
To: Chau Rithy; Joseph Kvedar; Kathleen M. Kelleher; Chau Rithy; Cornelia Haener; Kruy Lim; Brian Hammond
Cc: Bernie Krisher; Ed & Laurie Bachrach; Noun SoThero
Subject: May TM clinic at Ratanakiri Referral Hospital

Dear All,

Please be informed that the next TM clinic at Rattanakiri Referral Hospital will be held on Wednesday, May 21, 2008 beginning at 8:00am local time for one full day. We expect to enter and transmit the patient data to those of you at SHCH and at Partner in Boston that evening.

Please try to respond before noontime the following day, Thursday, May 22, 2008.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 service.

PS.Please sent your replies to this e-mail address and also cc to kirihospital@yahoo.com

Best regards,

Channarith Ly

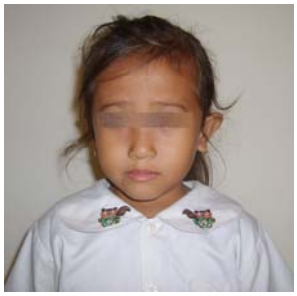
From: Hospital Rattanakiri Referral [mailto:kirihospital@gmail.com]
Sent: Wednesday, May 21, 2008 4:56 PM
To: Chau Rithy; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathleen M. Kelleher; Kruy Lim; Cornelia Haener

Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Subject: Rattanakiri TM Clinic May 2008, Case#1, MP#00276, 6F (Village I)

Dear all,

There are 5 new cases for Rattanakiri Telemedicine clinic May 2008. This is case number 1, MP#00276, 6F and photos.

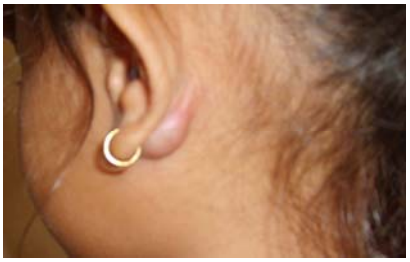
Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

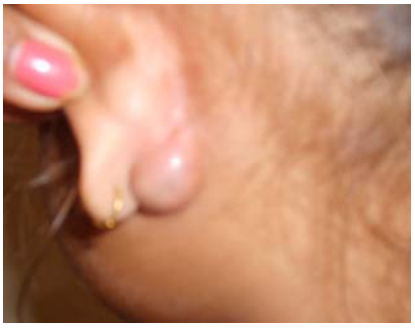


Patient: MP#00276, 6F (Village I)

Chief Complaint: Erythema mass of left ear and right on/off x 5months

HPI: 6F presented with headaches, red mass, warmth, and pustule in right ear canal, she was treated with Amoxicillin 250mg bid and Paracetamol 500mg bid for two days at private clinic. Now she presented with other mass on left postero-inferior auricle, swelling, pain, no fever, no lymph node, she was brought to hospital.





PMH: Unremarkable

Family Hx: Unremarkable

Social Hx: No cig smoking, no alcohol drinking

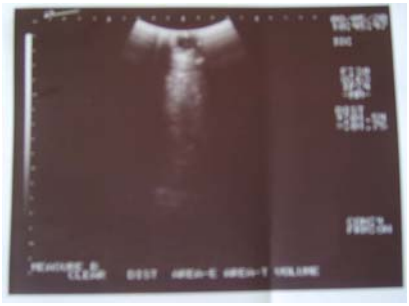
Medication: None

Allergies: NKDA

ROS: Red mass of left ear, swelling, no lymph node, soft, no bleed, and ear pain

PE:
Vital Signs: BP: 100/70 P: 90 R: 24 T: 37°C Wt: 16Kg

General: Look stable



HEENT: No oropharyngeal lesion, pink conjunctiva, no lymph node palpable, left postero-inferior auricle mass, 1x2cm, tender, soft, swelling, no erythema, tender

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

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

Extremity/Skin: Unremarkable

MS/Neuro: Unremarkable

Lab/Studies done today:

Today on May 20, 2008
Left ear mass u/s conclusion: suspected lipoma
WBC =6800/mm^3
Eosino = 0.4%
Neutro = 50%
Lymph = 44%
Mono = 0.2%
Baso = 0.0%

Assessment:

1. Hematoma?
2. Cystic mass?

Plan:

1. Ibuprofen 200mg 1t po tid prn pain x 3d
2. Could we do surgical excision?

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

Examined by: Dr. Leng Sreng **Date: May 20, 2008**

Please send all replies to kirihospital@gmail.com and cc: to tmed_rithy@online.com.kh and kirihospital@yahoo.com.

From: Busaba, Nicolas [mailto:nicolas_busaba@meei.harvard.edu]
Sent: Wednesday, May 21, 2008 4:58 PM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri TM Clinic May 2008, Case#1, MP#00276, 6F (Village I)

Kathy,

Actually, after reviewing the photos, the patient does not need antibiotic ear drops. The mass is most consistent with infected skin inclusion cyst. Cephalexin 250 mg four times a day for 10 days should be tried in combination with incision of drainage under local anesthesia. The appearance is not worrisome for tumor. The appearance is most consistent with an infected skin inclusion cyst.
Please feel free to contact me if you need any further information.

Regards,
Nicolas

Nicolas BuSaba, MD, FACS
Department of Otolaryngology - Head and Neck Surgery
Massachusetts Eye and Ear Infirmary and Harvard Medical School
243 Charles Street
Boston MA 02114
Phone: 617-573-3558
Fax: 617-573-3914

From: cornelia_haener [mailto:cornelia_haener@online.com.kh]
Sent: Thursday, May 22, 2008 11:04 AM
To: 'Hospital Rattanakiri Referral'; 'Chau Rithy'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kathleen M. Kelleher'; 'Kruy

Lim'
Cc: 'Bernie Krisher'; 'Noun SoThero'; 'Ed & Laurie Bachrach'
Subject: RE: Rattanakiri TM Clinic May 2008, Case#1, MP#00276, 6F (Village I)

Dear all,
It looks like an infected epidermoid cyst. If it is very inflammed, an incision and drainage might be better initially, then do the excision later. If it is not acutely inflammed, an excision is feasible.

Kind regards
Cornelia

From: Hospital Rattanakiri Referral [mailto:kirihospital@gmail.com]
Sent: Wednesday, May 21, 2008 5:10 PM
To: Chau Rithy; Kruy Lim; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathleen M. Kelleher
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Subject: Rattanakiri TM Clinic May 2008, Case#2, MP#00275, 10M (Village I)

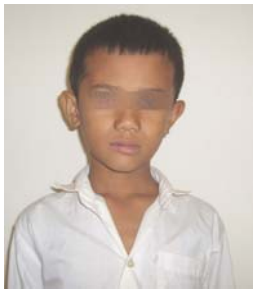
Dear all,

This is case number 2, MP#00275, 10M and photos.

Best regards,
Sovann

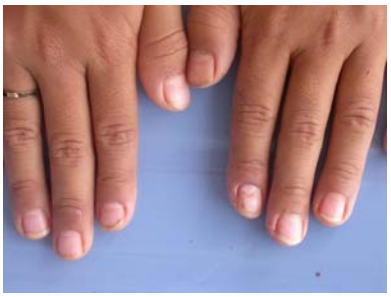
Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Patient: MP#00275, 10M (Village I)



Chief Complaint: Pealed skin and vesicle eruption on foot x 4 years

HPI: 10M, grad 4 student brought to us by his mother with complaining of vesicle eruption and pealed skin on both foot. Since four years, He presented with symptoms of vesicle eruption with clear discharge, pustule on foot and the skin pealed on the toe, itchy, fever and lymph node on both groins. He was brought to health center and private clinic and treated with some known name medicine and lotion. It disappeared for a few months then developed a gain. The symptoms usually presented when he ate food like egg, chicken. In these two months he presented with left index nail plate separated from nail bed and noticed echymosis on his lower lip. This week he presented on pustule lesion on left upper eyelid. Now his symptoms became better.

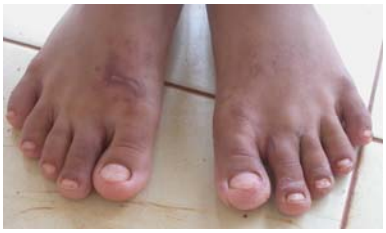


PMH: Unremarkable

Family Hx: None

Social Hx: Grade 4 student

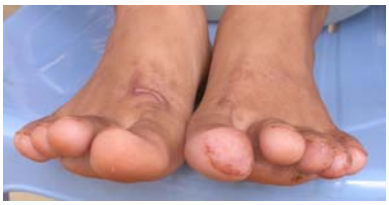
Medication:
1. Unknown name lotion apply on lesion



Allergies: NKDA

ROS: No ear pain, no eye discharge, no fever, no cough, no SOB, normal bowel movement, normal urination

PE:
Vital Signs: BP: 94/56 P: 96 R: 26 T: 37.5^{o}C Wt: 22Kg



General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, one lymph node palpable on left sub-mental, pustule lesion on left upper eye lid, no eye discharge

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

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

Extremity/Skin: On Big toe, 2nd and 3rd toe, pealed skin lesion, no pustule no vesicle, no erythema, some complete healed lesions on both foot, pitting nail, no lymph node palpable in the groin; nail plate separation from nail bed on left index finer

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

Lab/Studies done today: On May 20, 2008
SGOT = 33 [<37]
SGPT =39 [<42]

Ht =37%
HIV negative

Assessment:

1. Fungal infection of toe
2. Tinea Unguium (Onychomycosis)
3. Left upper eyelid dye

Plan:

1. Ibuprofen 200mg 1t po tid for 3d prn pain
2. Fluconazole 150mg 1t po qd for one month

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

Examined by: Nurse Sovann Peng **Date: May 20, 2008**

Please send all replies to kirihospital@gmail.com and cc: to tmed_rithy@online.com.kh and kirihospital@yahoo.com.

From: Kvedar, Joseph Charles,M.D.
Sent: Wednesday, May 21, 2008 3:59 PM
To: Fiamma, Kathleen M.
Subject: Re: Rattanakiri TM Clinic May 2008, Case#2, MP#00275, 10M (Village I)

The findings are suggestive of EITHER a tinea infection or asteatotic eczema. I think the plan of fluconazole treatment as noted is fine. I would suggest follow up. If it is resistant to fluconazole, it probably means it is eczematous and not fungal. We can formulate treatment for that at the time of follow up, if we have to.
--
Joseph C. Kvedar, MD
Director, Center for Connected Health
Partners HealthCare System, Inc.
Associate Professor of Dermatology
Harvard Medical School

25 New Chardon Street
Suite 400 D
Boston, MA 02114

From: Hospital Rattanakiri Referral [mailto:kirihospital@gmail.com]
Sent: Wednesday, May 21, 2008 5:14 PM
To: Chau Rithy; Kruy Lim; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathleen M. Kelleher
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Subject: Rattanakiri TM Clinic May 2008, Case#3, TS#00277, 45F (La Bang Village)

Dear all,

This is case number 3, TS#00277, 45F and photo.

Best regards,
Sovann

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

Patient: TS#00277, 45F (La bang Village)

Chief Complaint: Epigastric pain x 2y

HPI: 45F, farmer, came to us complaining of epigastric pain, burping with sour taste, radiated to the back, and fatigue, headaches, She went to private clinic and told she had gastritis and treated with unknown name medication for two weeks. She usually presented with above symptoms and bought medicine from pharmacy for gastritis and some traditional medicine. She denied of vomiting, stool with blood, or mucus.

PMH: Unremarkable

Family Hx: Unremarkable

Social Hx: Smoking 4cig/d for over 20y, no alcohol drinking, with four children

Medication: Traditional medicine for gastritis

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 100/56 P: 80 R: 20 T: 37^{o}C Wt: Kg

General: Look sick

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

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

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

Extremity/Skin: No edema, no rash, no lesion

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

Rectal Exam: Good sphincter tone, smooth, no mass palpable, (+) colocheck

Lab/Studies done today:
Today on May 20, 2008
UA: normal

Assessment:
1. PUD
2. Parasititis

Plan:

1. Amoxicillin 500mg 2t po bid for two weeks
2. Metronidazole 250mg 2t po bid for two weeks
3. Omeprazole 40mg 1t po bid for two weeks then 1t qhs for one month
4. Metochlopramide 10mg 1t po qhs for two weeks
5. Mebendazole 100mg 1t po bid for 5d
6. GERD prevention education

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

Examined by: Nurse Sovann Peng **Date: May 20, 2008**

Please send all replies to kirihospital@gmail.com and cc: to tmed_rithy@online.com.kh and kirihospital@yahoo.com.

From: Smulders-Meyer, Olga,M.D.
Sent: Wednesday, May 21, 2008 4:14 PM
To: Fiamma, Kathleen M.
Cc: 'kirihospital@gmail.com,'
Subject: RE: Rattanakiri TM Clinic May 2008, Case#3, TS#00277, 45F (La Bang Village)

Hallo Sovann,

The patient is a 45-year-old woman presents with a two-year history off epigastric pain.
Her symptoms are plastic of gastroesophageal reflux disease causing sour taste in her mouth. The back pain is concerning for peptic ulcer disease/gastritis. There is no mention of weight loss.

The patient is afebrile, but she looks sick, could she be anemic? Helico Bacter Pylori infection is associated with anemia, and
causes chronic gastritis which could consistent with her symptoms. You may want to get a CBC. The physical examination is otherwise unremarkable.

I agree with your plan to treat her with Amoxicillin, Flagyl and Omeprazole for two weeks to cover for H. pylori. After that I would continue omeprazole 20 mg for about 6 weeks and gradually wean her off this medication.

If she continues to be symptomatic, she will then need an upper endoscopy to rule out a malignancy, Malt Lymphoma or peptic ulcer disease. Ideally in that case, she would need to undergo an upper endoscopy.

I agree with a good try all esophageal reflux prevention education including smoking cessation, avoiding coffee and tea, and citrus based products. The patient should be advised to drink plenty of water every day. I will increase anti acids over-the-counter medications. She should have small frequent bland meals, 4 to 5 times a day. She should avoid drink milk before bed time, as this might increase nocturnal acid production.

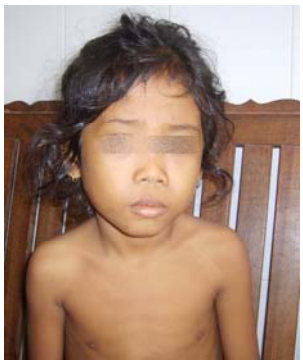
I agree with your plans!

Olga Smulders-Meyer MD

From: Hospital Rattanakiri Referral [mailto:kirihospital@gmail.com]
Sent: Wednesday, May 21, 2008 5:21 PM
To: Chau Rithy; Kruy Lim; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathleen M. Kelleher
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Subject: Rattanakiri TM Clinic May 2008, Case#4, VS#00278, 7F (Vilage I)

Dear all,
This is case number four, VS#00278, 7F and photos.
Best ragards,
Sovann

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



Patient: VS#00278, 7F (Village I)

Chief Complaint: Fever, anemia, and icterus for 10d

HPI: 7F presented with fever, anemia, and icterus. She was examined (WBC: 16300/mm^3, Ht: 19%, TO: 1/160, TH: 1/320 and malaria smear showed PV + and she was treated with Atesunate 1/2t bid Paracetamol 500mg 1t bid, Cefixim 200mg 1/2t pot id and MTV 1t tid for 6d. Now she has presented with fever, anemia, icterus, poor appetite, and admitted to hospital and treated with IVF D10%, Ampicillin, Gentamycin, Prednisolone, Vit K, and Paracetamol.

PMH: Unremarkable

Family Hx: Unremarkable

Social Hx: No cig smoking, no alcohol drinking

Medication: None

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 110/70 P: 130 R: 52 T: 38.5°C Wt: 17Kg O2sat 98%

General: Look sick

HEENT: No oropharyngeal lesion, pale conjunctiva, icterus, no lymph node palpable

Chest: CTA bilaterally, no crackle, no rhonchi; Heart tachycardia, RR, no murmur

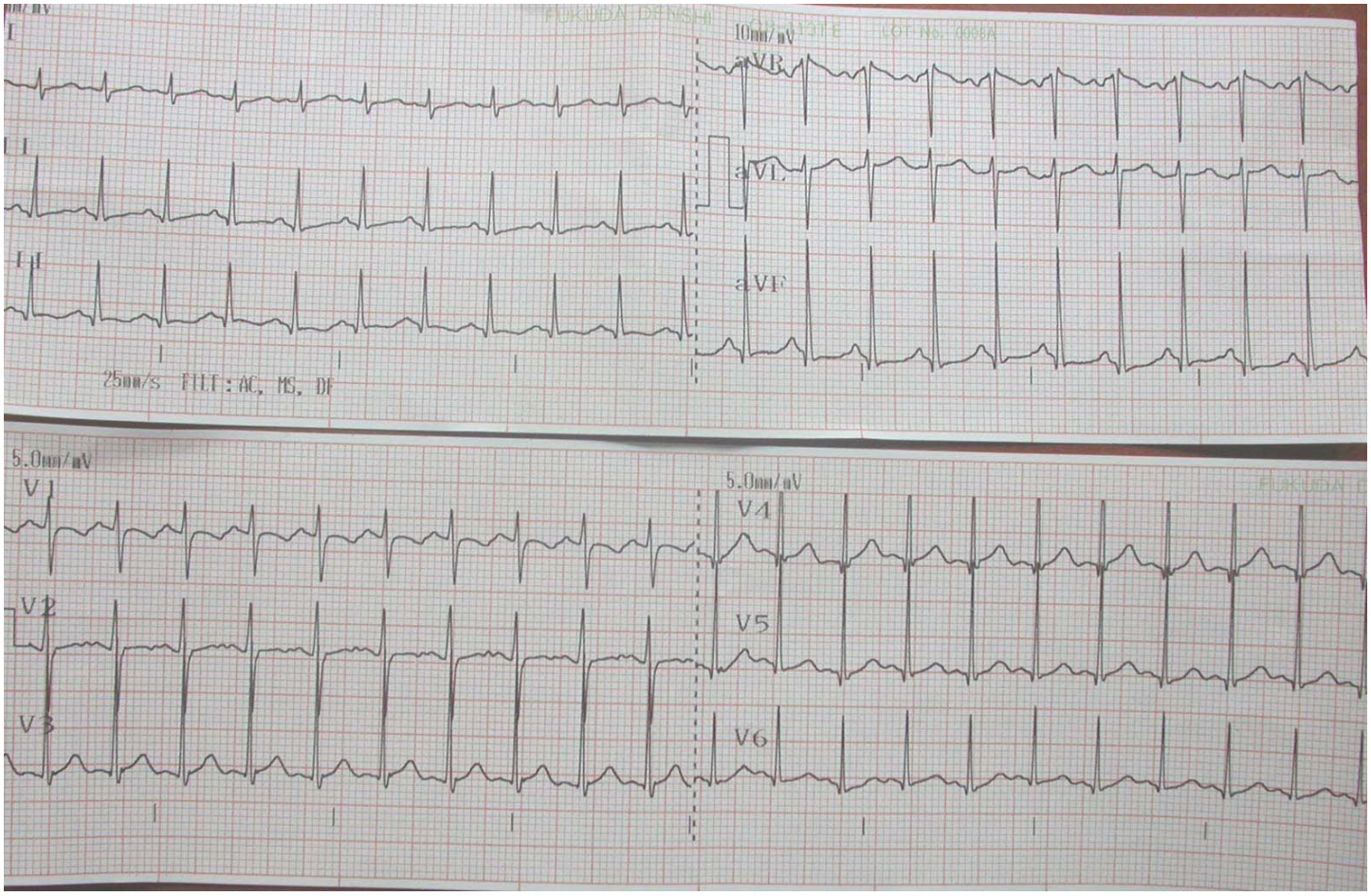
Abdomen: Soft, no tender, distension, (+) BS, Hepatosplenomegaly, no surgical scar

Extremity/Skin: Unremarkable

MS/Neuro: Unremarkable

Lab/Studies done

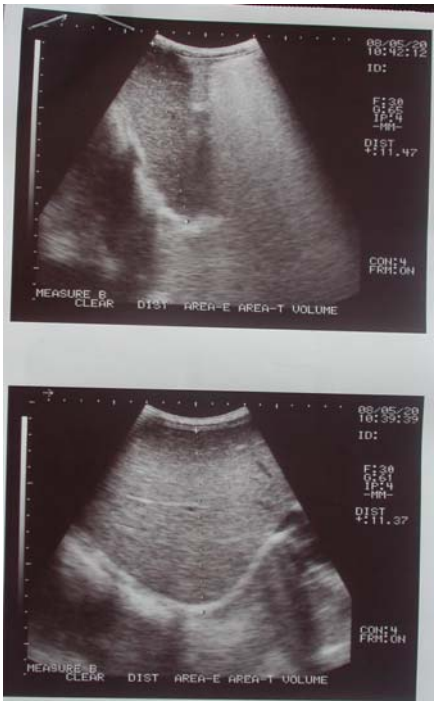
WBC =16300/mm^3
Ht =19%
TO =1/160
TH =1/320
Plasmodium Vivax +



Today May 21, 2008:

Today on May 20, 2008
Left ear mass u/s conclusion: suspected lipoma
WBC =11900/mm^3
RBC =1500000/mm^3
Hb =4.3
Ht =14%
Platelete=175000
Eosino = 0.3%
Neutro = 38%
Lymph = 57%
Mono = 0.2%

Urea	=45	[10 – 50]
Creat	=0.8	[0.5 – 0.9]
Gluc	=140	[75 – 115]
K+	=3.0	[3.6 – 5.5]
Na+	=130	[135 – 155]
SGOT	=35	[<31]
SGPT	=39	[<32]



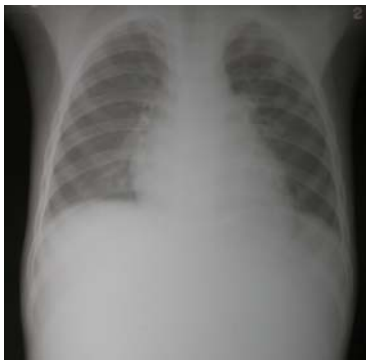
U/S conclusion: unremarkable, CXR attached, EKG attached

Assessment:

1. Severe Anemia (Aplastic Anemia?)
2. Malaria
3. Pneumonia
4. PTB?

Plan:

1. Clarithromycin 500mg 1/2t po bid for 10d
2. Chloroquin 250mg 1t po qd
3. Paracetamol 500mg 1/2t pot id
4. FeSO4/Folic Acid 200/0.25mg 1t po bid
5. MTV 1t po bid
6. Draw blood for CBC, Lyte, BUN, Creat, Gluco, Peripheral smear, Reticulocyte count at SHCH



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

Examined by: Dr. Leng Sreng **Date: May 21, 2008**

Please send all replies to kirihospital@gmail.com and cc: to tmed_rithy@online.com.kh and kirihospital@yahoo.com.

No answer replied

From: Hospital Rattanakiri Referral [mailto:kirihospital@gmail.com]
Sent: Wednesday, May 21, 2008 5:28 PM
To: Chau Rithy; Kruy Lim; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathleen M. Kelleher
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Subject: Rattanakiri TM Clinic May 2008, Case#5, VY#00279, 59F (Village I)

Dear all,

This is the last case for Rattanakiri TM Clinic May 2008, case number five, VY#00279, 59F and photo. Thank you very much for your cooperation and support in this project. Please reply to the case before Thursday afternoon.

Best regards,
Sovann

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

Patient: VY#00279, 56F (Village I)

Chief Complaint: Left side weakness x 4y

HPI: 59F came to us complaining of left side weakness. She presented with symptoms of HA and dizziness, neck tension for a few days then unable to move extremity of one side and asked medical care provider take BP (180/?) and treated her with some injective medicine. A few months later she can move her left arm and leg but it was weaker than before. She developed of HA, dizziness, neck tension on/off but didn't see medical care.

PMH: Remote malaria

Family Hx: Father with HTN

Social Hx: No cig smoking, no alcohol drinking

Medication: None

Allergies: NKDA

ROS: No fever, no cough, no dizziness, no HA, normal bowel movement, normal urination, no edema

PE:
Vital Signs: BP: 170/90 (both side) P: 72 R: 20 T: 37.5^{o}C Wt: 57Kg

General: Look stable

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

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

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

Extremity/Skin: No edema, no rash, no lesion

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

Lab/Studies done today:
Today on May 20, 2008
UA: protein trace

Assessment:
1. HTN
2. Right Side stroke with left side weakness

Plan:
1. Nifedipine 10mg 1/2t po bid for one month
2. ASA 300mg 1/4t po qd for one month
3. Draw blood for Lyte, BUN, Creat, Gluc at SHCH
4. Do regular exercise

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

Examined by: Nurse Sovann Peng **Date: May 21, 2008**

Please send all replies to kirihospital@gmail.com and cc: to tmed_rithy@online.com.kh and kirihospital@yahoo.com.

No answer replied

From: Hospital Rattanakiri Referral [mailto:kirihospital@gmail.com]
Sent: Thursday, May 22, 2008 11:24 AM
To: Kathleen M. Kelleher
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach; Chau Rithy
Subject: Rattanakiri TM Clinic Cases received for May 2008

Dear Kathy,

I have received three cases from you, case number 1, 2, and 3.

Best regards,
Sovann

Thursday, May 22, 2008

Follow-up Report for Rattanakiri TM Clinic

There were 5 new patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 5 cases was transmitted and received replies from both Phnom Penh and Boston, and other 19 patients came for follow up and refill medication. 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 May 2008

1. MP#00276, 6F (Village I)
Diagnosis:
1. Hematoma?
2. Cystic mass?

Treatment:
1. Ibuprofen 200mg/5cc 5cc tid prn pain x 3d (#3)
2. Cephalexin 250mg qid for 10d (#30)

2. MP#00275, 10M (Village I)
Diagnosis:
1. Tinea Unguium (Onychomycosis)
2. Left upper eyelid stye

Treatment:

1. Augmentin 200mg/5cc 10cc po bid x 7d (#3)
2. Ibuprofen 200mg/5cc 5cc po tid for 3d prn pain (#3)
3. Fluconazole 150mg 1t po qd for one month (buy)

3. TS#00277, 45F (Pha Bang Village)
Diagnosis:

1. PUD
2. Parasititis

Treatment:

1. Amoxicillin 500mg 2t po bid for two weeks (#56)
2. Metronidazole 250mg 2t po bid for two weeks (#56)
3. Omeprazole 40mg 1t po bid for two weeks then 1t qhs for one month (buy)
4. Metochlopramide 10mg 1t po qhs for two weeks (#14)
5. Mebendazole 100mg 1t po bid for 5d (#10)
6. GERD prevention education

4. VS#00278, 7F (Village I)
Diagnosis:

1. Severe Anemia (Aplastic Anemia?)
2. Malaria
3. Pneumonia
4. PTB?

Treatment:

1. Clarithromycin 500mg 1/2t po bid for 10d
2. Chloroquin 250mg 1t po qd
3. Paracetamol 500mg 1/2t po tid
4. FeSO4/Folic Acid 200/0.25mg 1t po bid
5. MTV 1t po bid
6. Draw blood for CBC, Lyte, BUN, Creat, Gluco, Peripheral smear, Reticulocyte count at SHCH

Lab result on May 22, 2008

WBC	=16.7	[4 - 11x10^9/L]	Na	=140	[135 - 145]
RBC	=2.3	[3.9 - 5.5x10^{12}/L]	K	=3.6	[3.5 - 5.0]
Hb	=5.3	[12.0 - 15.0g/dL]	Cl	=104	[95 - 110]
Ht	=20	[35 - 47%]	Creat	=44	[44 - 80]
MCV	=89	[80 - 100fl]	Gluc	=6.5	[4.2 - 6.4]
MCH	=23	[25 - 35pg]			
MHCH	=26	[30 - 37%]			
Plt	=182	[150 - 450x10^9/L]			
Lym	=10.5	[1.0 - 4.0x10^9/L]			

Nucleated RBC: Moderate
Target cells : 1+
Microcyte : 3+
Macrocyte : 2+
Anisocytosis: 2+

Reticulocyte count: 28.3 [0.5 – 1.5]

5. VY#00279, 56F (Village I)
Diagnosis:

1. HTN
2. Right Side stroke with left side weakness

Treatment:

1. Nifedipine 10mg 1/2t po bid for one month (buy)
2. ASA 300mg 1/4t po qd for one month (10)
3. Do regular exercise

Patient who came for follow up and refill medication

1. NS#00006, 18F (Village I)
Diagnosis:
1. Euthyroid goiter

Treatment:
1. Carbimazole 5mg 1t po qd (#100)
2. Propranolol 40mg ¼t po bid
3. Draw blood for TSH, Free T4 and T3 at SHCH

Lab result on May 22, 2008

TSH	=<0.02	[0.49 – 4.67]
Free T4	=10.97	[9.14 – 23.81]
Tot T3	=1.83	[0.78 – 2.5]

2. NH#00010, 53F (Village III)
Diagnosis:
1. HTN
2. DMII
3. LVH
4. VHD (AR/AS??)

Treatment:
1. Atenolol 50mg 1t po bid (#200)
2. Chlorpropramide 1t po bid (buy)
3. ASA 300mg 1/4t po qd (#25)
4. Captopril 25mg 1t po tid (#300)
5. HCTZ 25mg 2t po qd (#200)
6. Draw blood for Gluc, HbA1C at SHCH

Lab result on May 22, 2008

Gluc	=8.5	[4.2 - 6.4]
HbA1C	=6.6	[4 – 6]

3. UP#00093, 52F (Village III)
Diagnosis:
1. Euthyroid goiter

Treatment:
1. Carbimazole 5mg 1t po qd (#100)
2. Propranolol 40mg 1/4t po bid

4. CL#00122, 34F (Village III)
Diagnosis:
1. Euthyroid goiter

Treatment:
1. Draw blood for Free T4 at SHCH

Lab result on May 22, 2008

Free T4 =15.69 [9.14 – 23.81]

5. PO#00148, 67F (Village III)
Diagnosis:
1. HTN
2. DMII with PNP

Treatment:
1. Metformin 500mg 2t po qhs (#200)
2. Glibenclamide 5mg 2t po bid (#400)
3. Captopril 25mg ¼t po bid (#50)
4. ASA 300mg ¼t po qd (#25)
5. Amitriptylin 25mg ½t po qhs (#50)
6. Simvastatin 5mg 1t po qhs
7. Recheck Tot Chole, TG, Gluc and HbA1C in August

6. PS#00149, 26F (Village I)
Diagnosis:
1. Euthyroid Goiter

Treatment:
1. Carbimazole 5mg 1t po qd (#100)
2. Recheck Free T4 in October

7. CO#00188, 38F (Village I)
Diagnosis:
1. Euthyroid goiter

Treatment:
1. Draw blood for Free T4 at SHCH

Lab result on May 22, 2008

Free T4 =14.27 [9.14 – 23.81]

8. YM#00189, 16F (Village III)
Diagnosis:
1. Asthma

Treatment:
1. Salbutamol Inhaler 2puffs bid prn (#2)

9. PN#00229, 45F (Village VI)
Diagnosis:
1. DMII

Treatment:
1. Chlorpropramide 250mg 1t po bid (buy)
2. Metformin 500mg 1t po qhs (#100)
3. ASA 300mg $^{1}/_{4}$t po qd (#25)

10. OH#00230, 59F (Village III)
Diagnosis:
1. Euthyroid
2. HTN

Treatment:

1. Atenolol 50mg 1/2t po bid (#100)
2. Captopril 25mg 1/2t po bid (#100)
3. Recheck free T4 in September 2008

11. KK#00231, 45F (Village I)
Diagnosis:

1. DMII

Treatment:

1. Chlorpropramide 250mg 1t po bid (buy)
2. Metformin 500mg 2t po qhs (#200)
3. Captopril 25mg 1/4t po qd (#25)
4. ASA 300mg 1/4t po qd (#25)
5. Draw blood for Gluc and HbA1C at SHCH

Lab result on May 22, 2008

Gluc =6.5 [4.2 - 6.4]
HbA1C =10.8 [4 – 6]

12. SV#00256, 43M (Village I)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 2t po qd (buy)
2. Metformin 500mg 2t po qhs (#200)
3. Draw blood for Gluc and HbA1C at SHCH

Lab result on May 22, 2008

Gluc =8.5 [4.2 - 6.4]
HbA1C =10.7 [4 – 6]

13. SS#00258, 61F (Village III)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 250mg 1t po qd (#100)

14. KC#00260, 44F (Village V)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po qhs (#100)
2. Glibenclamide 5mg 1t po qd (buy)
3. Draw blood for Gluc and HbA1C at SHCH

Lab result on May 22, 2008

Gluc =3.3 [4.2 - 6.4]
HbA1C =5.7 [4 – 6]

15. HS#00263, 20F (Lom phate)
Diagnosis:
1. Right mammary duct obstruction

Treatment:
1. Send breast mass fluid for AFB smear, Gram stain and culture at SHCH

Lab result on May 22, 2008

AFB smear: no AFB seen
Gram stain: no organism seen, few WBC
Culture: sterile

16. BS#00265, 51M (Village VI)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 2t po bid (buy)
2. Metformin 500mg 1t po qhs (#100)
3. Captopril 25mg 1/4t po bid (#25)
4. ASA 500mg 1/4t po qd (#25)
5. Diabetic diet education, regular exercise and foot care
6. Recheck FBS and HbA1C in August.

17. TV#00267, 55F (Village II)
Diagnosis:
1. DMII

Treatment:
1. Metformin 500mg 1t po qAM and 2t po qhs (#300)
2. Captopril 25mg 1/4t po bid (buy)
3. ASA 300mg 1/4t po qd (#25)
4. Draw blood for Gluc and HbA1C at SHCH

Lab result on May 22, 2008

Gluc =8.7 [4.2 - 6.4]
HbA1C =9.5 [4 – 6]

18. VC#00268, 66M (Bey Srok Village)
Diagnosis:
1. DMII

Treatment:
1. Metformin 500mg 2t po bid (#400)
2. Glibenclamide 5mg 2t po bid (buy)
3. Captopril 25mg 1/4t po qd (#25)
4. ASA 300mg 1/4t po qd (#25)
5. Recheck FBS and HbA1C in 2 mo

19. OE#00273, 65M (Village I)
Diagnosis:
1. DMII with PNP

Treatment:
1. Glibenclamide 5mg 2t po bid (#400)
2. Captopril 25mg 1/4t po qd (buy)

3. ASA 300mg 1/4t po qd (#25)
4. Amitriptylin 25mg 1/2t po qhs (#50)
5. MTV 1t po qd for one month (buy)
6. Review on diabetic diet, regular exercise and foot care

The next Rattanakiri TM Clinic will be held on June 10-13, 2008