

Telemedicine Clinic

Rattanakiri

Referral Hospital

October 2008

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

On Tuesday and Wednesday October 21 - 22, 2008, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 8 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 Chau saw 4 patients extra for minor illnesses without transmitting the data.

The following day, Thursday October 23, 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

Date: Oct 15, 2008 4:47 PM

Subject: October TM cilnic at Rattanakiri Referral Hospital

To: Chau Rithy; Kruy Lim; Joseph Kvedar; "Paul J. M.D. Heinzelmann" ; "Kathleen M. Kelleher" ; Brian Hammond ; Chau Rithy

Cc: Bernie Krisher; Ed & Laurie Bachrach; Noun SoThero

Dear All,

Please be informed that the next TM clinic at Rattanakiri Referral Hospital will be held on Wednesday, October 22, 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, October 23, 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.

Best regards,
Channarith Ly

From: Hospital Rattanakiri Referral

Date: Oct 22, 2008 5:35 PM

Subject: Rattanakiri TM Clinic October 2008, Case#1, KM#00292, 55F (Sre Angkrang Village)

To: Chau Rithy; Kruy Lim; "Paul J. M.D. Heinzelmann"; "Kathleen M. Kelleher"; Joseph Kvedar; Cornelia Haener

Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

For Rattanakiri TM Clinic for October 2008, There are 8 new cases. This is case number 1, KM#00292, 55F, and photos.

Best regards,
Sovann/Dr. Sreng

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



Patient: KM#00292, 55F (Sre Angkrang Village)

Chief Complaint: A mass on upper gingiva x 2y

HPI: 55F noticed a small mass about 0.5cm on upper gingiva, bleeding with brushing, no pain. In this one year she noticed it is abit bigger than before and last month she went for consultation with dentist and treated with Amoxicillin 500mg 1t qid, Paracetamol 500mg 1t po qid prn, Septyl for guagle.

PMH/SH: Unremarkable

Social Hx: No alcohol drinking, no cig smoking/chewing

Family Hx: None

Medication: None

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 147/88 (both arms) P: 68 R: 18 T: 37 Wt: 39kg

General: Stable

HEEN: A mass about 1cm, redness, irregualr border, no bleeding, pink conjunctiva.

Chest: CTA bilaterally, no rales, no rhonchi; HRRR, no murmur

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

Extremity/Skin: Unreamarakable

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

Previous Lab/Studies:

WBC =8500/mm³

Bleeing time =3mn

Clotting time =5mn

Assessment:

1. Gingiva mass
2. Gingiva carcinoma??



Plan:

1. Do biopsy of the mass for Cytology at SHCH
2. Augmentin 250mg 4t po bid for 5d
3. Naproxen 375mg 1t po bid prn

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Dentist Lath Sophanara

Date: October 22, 2008

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

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From: Cornelia Haener

Date: Oct 23, 2008 4:24 PM

Subject: RE: Rattanakiri TM Clinic October 2008, Case#1, KM#00292, 55F (Sre Angkrang Village)

To: Hospital Rattanakiri Referral; Chau Rithy; Kruy Lim; "Paul J. M.D. Heinzelmann"; "Kathleen M. Kelleher"; Joseph Kvedar

Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

Thank you very much for this case. I agree with you suspicion of cancer and the recommendation to take some material for pathology work up. I would suggest to take a small biopsy under LA instead of a cytology.

Kind regards

Cornelia

From: Hospital Rattanakiri Referral

Date: Oct 22, 2008 5:39 PM

Subject: Rattanakiri TM Clinic October 2008, Case#2, SM#00285, 48M (Osean Laer Village)

To: Chau Rithy; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; "Kathleen M. Kelleher"; Kruy Lim

Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

This is case number 2, SM#00285M and photos.

Best regards,
Sovann/Dr. Sreng

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



Patient: SM#00285, 48M (Osean Laer Village)

Chief Complaint: Polyuria and fatigue x 1m

HPI: 48M, farmer, presented with polyuria, polyphagia, polydypsia, fatigue, he went to private clinic, blood sugar tested 400mg/dl and treated with antidiabetic drug. A month later the above symptoms seem not better so he bought chines medicine for diabetic taking 2t bid, his symptoms became better since then for almost 10y. In this month, he presented with itchy, and redness on his penis and he thought it might be from allergic reaction to medicine so he stopped taking medicine for 3d, then the rash disappeared and when he takes medicine it appeared again. He didn't take medication and developed polyuria, polyphagia, fatigue, and went to diabetic clinic in Phnom Penh and started treating him with Diamicon (Metformin), he developed rash on his penis so the treatment changed to Pyoglytazone and Alcarbose 1t bid and Aspirin qd.

PMH/SH: Kidney stone in 2006 and got treatment in Phnom Penh

Social Hx: Drinking alcohol casually; smoking 20cig/d, stopped 3months

Family Hx: Mother with HTN

Medication:

1. Pyoglytazone 1t po bid
2. Alcarbose 1t po bid
3. ASA 300mg 1/4t po qd

Allergies: presented with rash if taking Penicillin, Bactrim

ROS: Unremarkable

PE:

Vital Signs: BP: 125/80 P: 76 R: 20 T: 37 Wt: 70kg

General: look stable

HEEN: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable, no JVD

Chest: CTA billateraly, no rale, no ronchis, HRRR, no murmur

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

Extremity/Skin: No edema, no lesion, no foot wound

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

Previous Lab/Studies:

Creat : 1.2 [0.6 – 1.1]
Gluc : 319.6 [75 – 115]
K⁺ : 4.6 [3.6 – 5.5]

FBS : 342mg/dl
U/A : gluc 4+

Assessment:

1. DMII

Plan:

1. Pyoglytazone 1t po bid for two months
2. Alcarbose 1t po bid for two months
3. Captopril 25mg 1/4t po bid for one month
4. ASA 300mg 1/4t po qd for one month
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, and HbA1C at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: October 22, 2008

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

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From: Fang, Leslie S.,M.D.

Sent: Saturday, October 25, 2008 9:47 AM

To: Fiamma, Kathleen M.

Subject: Rattanakiri TM Clinic October 2008, Case#2, SM#00285, 48M (Osean Laer Village)

Agree that the diagnosis is Type 2 diabetes mellitus, poorly controlled
The good news is that there does not appear to be obvious end-organ damage as yet with no clinical evidence of peripheral neuropathy or retinopathy or nephropathy.

It is important to continue to aggressively manage the blood sugars.

The slight elevation of creatinine is related to dehydration with the elevated blood sugar and presumed slight ketonemia. This should improve as blood sugars and ketonemia improve.

Leslie Fang, MD PhD

From: Hospital Rattanakiri Referral

Date: Oct 22, 2008 5:41 PM

Subject: Rattanakiri TM Clinic October 2008, Case#3, TB#00286, 44M (Lum Phat)

To: "Paul J. M.D. Heinzelmann"; Joseph Kvedar; "Kathleen M. Kelleher"; Kruiy Lim; Chau Rithy

Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

This is case number 3, TB#00286, 44M and photos.

Best regards,
Sovann/Dr. Sreng

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



Patient: TB#00286, 44M (Lumphat village)

Chief Complaint: General Oedema and muscle crampe x 3months

HPI: 44yo man with presented with symptoms of swelling of both legs, face, oliguria, dark color urine, he went to provincial hospital and treated with some medicines (unknown name) and his condition seems not better. He went to Viet Name hospital and was treated with Furosemide 40mg 1t po qd, KCl 1t po qd, Fenofibrate 200mg qd. He seems better now and come to us for consultation.

PMH/SH: unremarkable

Social Hx: no smoke, no EtOH

Medication:

1. Prednisolone 5mg 6tab qd,
2. Fenofabrate 200mg 1tabqd
3. Furosemide 40mg 1tabqd

Allergies: NKDA

Family Hx: None

ROS: none

PE:

Vital Signs: **BP:** 127/83 **P:** 72 **R:** 20 **T:** 36.5 **Wt:** 68kg

General: Alert and orientedx3

HEENT: No icteric, pink conjuntiva, no oropharyngeal lesions

Chest: clear BS bilaterally, no crackle, no ronchi, HRRR without murmur

Abdomen: Soft, nontendered, active BS, no organomegaly

Musculoskeletal: no gross masses or lesions or rashes

Extremity/Skin:

Neuro: Normal DTRs, motor and sensory intact

GU: oliguria

Previous Lab/Studies: - U/A Proteine 2g/l
- Biochemisry (cholesterol 206mg/dl, triglyceride 198mg/dl)

Lab/Studies Requests: -U/A : Blood (+), Proteine (+++) on 22/10/2008
- Biochemistry: total cholesterol 250.3mg/dl, Calcium 8.1mg/dl, potassium 3.8mmol/l, glucose 130mg/dl
- CBC : ht 45% , WBC 8500/mm³, m/s negative

Assessment: - Nephrotic Syndrome

Plan: 1- Prednisolone 5mg 14tab qd 2months
2- Aspirine 300mg 1/4 tab qd
3- simvastatine 10mg 1tab at night 2months
4 – Captopril 25mg 1/4 tab bid

Comments/Notes:

Examined by: MA Koh Polo

Date: October 22, 2008

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

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From: Fang, Leslie S., M.D.

Sent: Saturday, October 25, 2008 9:44 AM

To: Fiamma, Kathleen M.

Subject: Rattanakiri TM Clinic October 2008, Case#3, TB#00286, 44M (Lum Phat)

Agree that with the information available that this is nephrotic syndrome in a young man

The differential diagnosis is Minimal Change Disease, Membranous nephropathy or Focal Sclerosis

A trial of steroids is reasonable

Captopril and diuretics are also reasonable

Need to determine renal function as well as the available data

Leslie Fang, MD PhD

From: Hospital Rattanakiri Referral

Date: Oct 22, 2008 5:47 PM

Subject: Rattanakiri TM Clinic October 2008, Case#4, VC#00287, 48M (Village V)

To: "Paul J. M.D. Heinzelmann"; Joseph Kvedar; "Kathleen M. Kelleher"; Kruey Lim; Chau Rithy
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

This is case number 4, VC#00287, 48M and photos.

Best regards,
Sovann/Dr. Sreng

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



Patient: VC#00287, 48M (Village V)

Chief Complaint: Both legs edema x 2y

HPI: 48M presented with symptoms of swelling of both legs, pass small amount of urine and he went to private clinic and treated him with Furosemide 1t per day then he had much urine and his swelling better. Three months later, he developed oliguria, swelling and Urine tested showed proteinuria and treated with Prednisolone for three month then he developed epigastric pain so private doctor stopped his Prednisolone. In January 2008, he developed oliguria, legs swelling, lower back pain and urine tested proteinuria and treated with Prednisolone 5mg starting 15t qd with monthly decreasing dose until 5t in six month; Furosemide. Now his legs swelling decreased, but complaining of oliguria if not taking Furosemide, blurred vision, and lower back pain.

PMH/SH: Malaria in 1992, pharyngitis

Social Hx: Drinking alcohol casually, smoking 5cig/d

Family Hx: None

Medication: Furosemide 40mg 1t po qd

Allergies: NKDA

ROS: No fever, no cough, no fatigue, no epigastric pain, no nausea/vomiting, no stool with blood/mucus, no hematuria, no dysuria

PE:

Vital Signs: BP: 122/67 P: 91 R: 20 T: 37 Wt: 128kg

General: look obesity, stable

HEEN: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; HRRR, no murmur

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



Extremity/Skin: 1+pitting edema, no rash, no lesion

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

Previous Lab/Studies:

Calcium	=8.8	[8.1 – 10.4]
Tot Chole	=204.6	[<200]
Creat	=0.7	[0.6 – 1.1]
Glucose	=89.9	[75 – 115]
Na+	=140	[145 – 155]
K+	=4.5	[3.6 – 5.5]

Albu, Prot, TG, Cloride can not be done in local lab

UA: protein trace

Assessment:

1. Nephrotic Syndrome
2. Obesity

Plan:

1. Do regular exercise to reduce weight
2. Drink about 1L water per day
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Albu, Protein, Tot Chole, TG at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: October 21, 2008

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From: Cusick, Paul S.,M.D.

Date: Oct 25, 2008 9:42 AM

Subject: RE: Rattanakiri TM Clinic October 2008, Case#4, VC#00287, 48M (Village V)

To: "Fiamma, Kathleen M."; kirihospital@gmail.com

Cc: tmed_rithy@online.com.kh

thanks for this consult,

He has protein in his urine and edema. He may have nephrotic syndrome. The

etiology is unknown and, while suppressed by prednisone, needs to be diagnosed with consultation to kidney specialists (nephrologist) for urine microscopy (?urine casts etc) and ultrasound and possible biopsy of the kidney to determine cause, treatment and prognosis,

You can continue prednisone at present doses and lasix.
His face appears Cushingoid. This could be from the prednisone.

He needs specialty consultation.

Paul

From: Hospital Rattanakiri Referral

Date: Oct 22, 2008 5:51 PM

Subject: Rattanakiri TM Clinic October 2008, Case#5, YS#00291, 47F (Village II)

To: "Paul J. M.D. Heinzelmann"; Joseph Kvedar; "Kathleen M. Kelleher"; Kruey Lim; Chau Rithy

Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

This is case number 5, YS#00291, 47F and photos.

Best regards,
Sovann/Dr. Sreng

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



Patient: YS#00291, 47F (Village II)

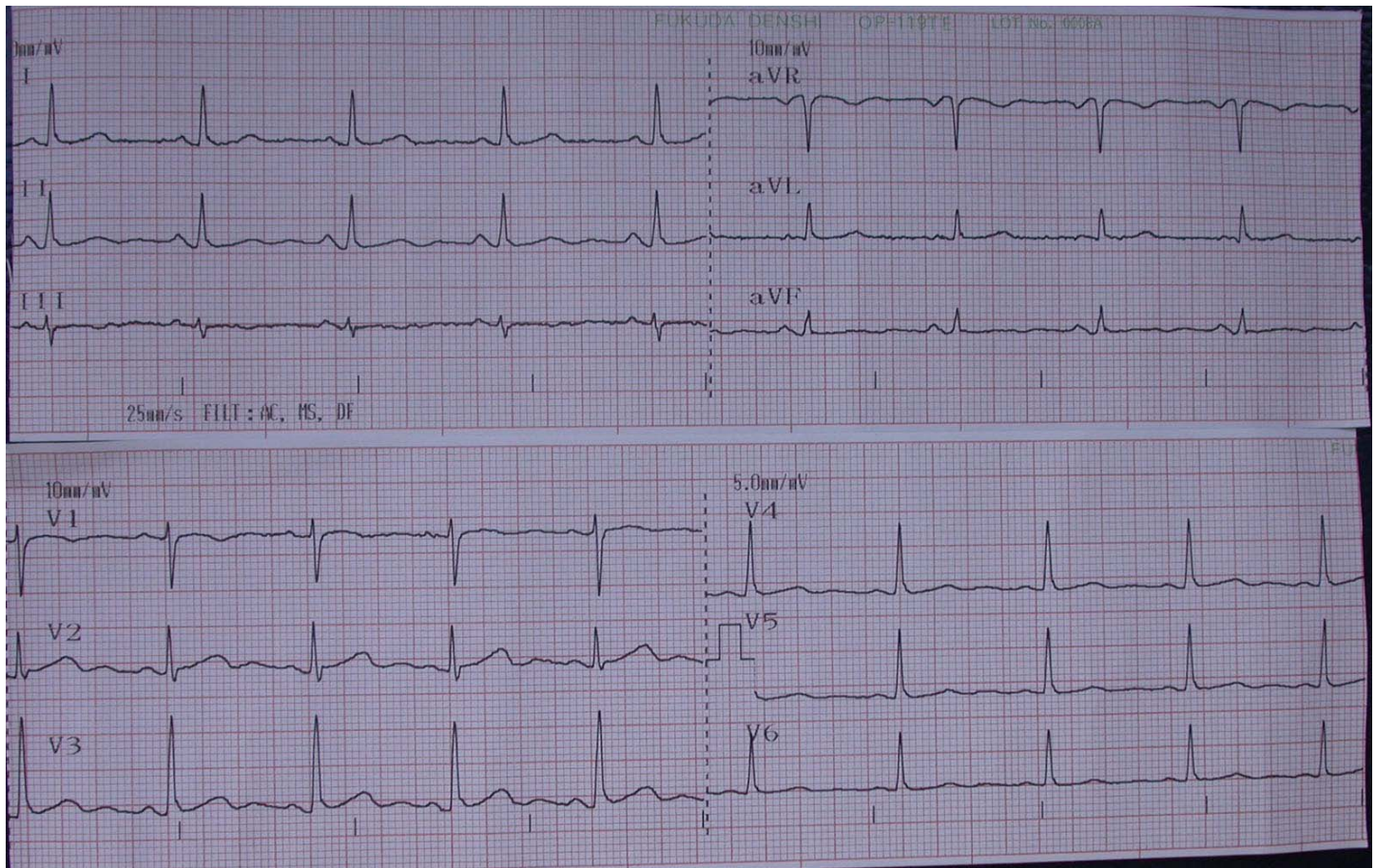
Chief Complaint: Palpitation and insomnia x 1y

HPI: 47F, farmer, presented with symptoms of fever, chill, epigastric discomfort after eating without radiation, vomiting. She went to local health center, negative malaria and told she has gastritis and Typhoid fever and treated with some medicines (unknown name). After she took those medicines for a few hours she developed dyspnea, palpitation, diaphoresis and brought to provincial hospital and told she has drug allergy.

After that time, she presented with palpitation, insomnia, heat intolerance, fatigue, and especially with loud voice, she went to many local clinics and told she has heart disease. She denied cough, chest pain, GI problem, stool with blood/mucus, orthopnea, edema, oliguria, hematuria, dysuria.

PMH/SH: Remote malaria

Social Hx: No cigarette smoking, no alcohol drinking, 7 children



Family Hx: None

Medication: Calcium po

Allergies: NKDA

ROS: Regular period, weith loss 5kg/y

PE:

Vital Signs: BP: 127/87 P: 74 R: 20 T: 37 Wt: 60kg

General: look stable

HEEN: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable, no JVD

Chest: CTA bilaterally, no rales, no rhonchi, HRRR, no murmur

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

Extremity/Skin: No edema, no lesion

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

Previous Lab/Studies:

EKG: Normal Sinus rhythm

Assessment:

1. Anxiety
2. Thyroid disorder ??

Plan:

1. Diphenhydramin 2mg 1t po qhs for 10d
2. MTV 1t po qd for two months
3. Paracetamol 500mg 1t po qid prn for two months
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc and TSH at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: October 22, 2008

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

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No answer replied

From: Hospital Rattanakiri Referral

Date: Oct 22, 2008 5:54 PM

Subject: Rattanakiri TM Clinic October 2008, TP#00293, 22M (Thmey Village)

To: Chau Rithy; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; "Kathleen M. Kelleher"; Kruy Lim

Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

This is case number 6, TP#00293, 22M and Face photos is not available.

Best regards,
Sovann/Dr. Sreng

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

Patient: TP#00293, 22M (Thmey Village)

Chief Complaint: Right breast mass x 2ys

HPI: Patient, construction worker, complaining of right breast mass x 2yrs. Initially large mass with increased swelling and mild tenderness, no lymph node, no fever, no injury or trauma to breast area, no discharge from breast; about five months ago, the mass decrease size and swelling, no tenderness unless squeezed hard on it.

PMH/SH: MVA with minor injuries 2 months ago

Social Hx: No cig smoking, casual drinker

Family Hx: None

Medication: None

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 113/66 P: 60 R: 16 T: 36.5 Wt: 47kg

General: Alert and O x 3, normal physical appearance

HEEN: No oropharyngeal lesion, pink conjunctiva, no lymph node palpable

Chest: CTA bilaterally, no rales, no rhonchi; HRRR, no murmur; Left breast normal; right breast > left breast, no axillary lymph node, 2 lesions 1.5 x 1cm, mobile, bumpy surface, tenderness with slightly compression, no breast discharge, no inflammation, (+) mass translucent

Abdomen: Unremarkable

Extremity/Skin: Unremarkable

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

Previous Lab/Studies:

1. Right breast U/S: two mass 11 x 17mm solid
2. FNA unsuccessful (nothing to draw)

Assessment:

1. Right breast cyst



2. Inflamed breast tissue ?

Plan:

1. Observe
2. Naproxen 375mg 1t po bid prn pain

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: PA Rithy Chau

Date: October 22, 2008

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

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From: Cusick, Paul S.,M.D.

Date: Oct 31, 2008 5:26 AM

Subject: Rattanakiri TM Clinic October 2008, TP#00293, 22M (Thmey Village)

To: "Fiamma, Kathleen M.": kirihospital@gmail.com

Cc: tmed_rithy@online.com.kh

Sorry for the delay in this response.

This is the information and response that I received regarding this man from one of our breast surgeons.

Likely gynecomastia but can't tell from an ultrasound. Diagnosis best by mammogram or physical exam (We need tele-exam).

If this is a smooth, ellipsoid fullness behind the nipple with the nipple at one focus of the ellipse, and if has been there for several months without change, likely gynecomastia.

As we can't confirm exam, might be best to do a core biopsy or a mammogram. Mammo might be cheaper, but not sure which they can afford.

So, this is likely benign gynecomastia. The full answer would come from a biopsy of the lump or a mammogram

Best of luck.

Paul

From: Hospital Rattanakiri Referral

Date: Oct 22, 2008 5:58 PM

Subject: Rattanakiri TM Clinic October 2008, Case#7, KS#00294, 50M (Sre Angkrang Village)

To: "Paul J. M.D. Heinzemann"; Joseph Kvedar; "Kathleen M. Kelleher"; Chau Rithy;

Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

This is the last case for Rattanakiri TM Clinic October 2008, KS#00294, 50M and photos. Please reply to the cases before Thursday afternoon. Thank you very much for your cooperation and support in this project.

Best regards,
Sovann/Dr. Sreng

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



Patient: KS#0094, 50M (Sre Ankrang Village)

Chief Complaint: Left chest pain, and cough x 1month

HPI: 50M, presented with symptoms of left chest pain, the pain increased with cough, white sputum, low grade fever, night sweat and weight loss, he went to private local clinic and treated him with Salbutamol Inhaler and Ofloxacin for a few days but his symptoms not better. He denied of hemoptysis, nausea, vomiting, GI problem, stool with blood/mucus, hematuria, dysuria.

PMH/SH: Unremarkable

Social Hx:

Family Hx: None

Medication: Ofloxacin and Salbutamol inhaler

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 130/97 P: 96 R: 22 T: 37.5 Wt: kg

General: look sick, no tachypnea

HEEN: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable, no JVD

Chest: Decreased breath sound on left middle and lower lobe, absent tactile fremitus, Egophony on left side; Right lung normal, HRRR, no murmur

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

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

Previous Lab/Studies:

CXR : deviation of trachea to the left



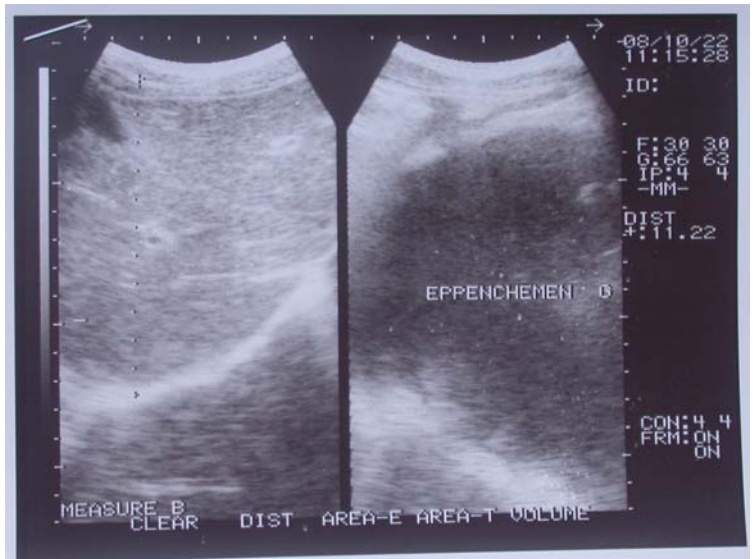
Ultrasound: Left lung pleural effusion
AFB smear done but result not come
yet
Pleural effusion drainage: bloody fluid
Result: RBC, no WBC seen

Assessment:

1. Pleural effusion
2. PTB ?
3. Left lung malignancy

Plan:

1. Clarithromycin 500mg 1t po bid for 2weeks
2. Naproxen 375mg 1t po bid for 10d
3. Paracetamol 500mg 1t po qid prn pain



Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: October 22, 2008

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

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From: Crocker, J.Benjamin,M.D.

Sent: Wednesday, October 22, 2008 12:17 PM

To: Fiamma, Kathleen M.

Subject: RE: Rattanakiri TM Clinic October 2008, Case#7, KS#00294, 50M (Sre Angkrang Village)

Importance: High

This gentleman certainly has pulmonary TB until proven otherwise. Malignancy also must be considered, given age (DOES HE SMOKE??). If he's coughing and has TB, HE MUST BE PRESUMED TO BE HIGHLY CONTAGIOUS, and therefore others in his family, household, work/community environment need to be screened for active TB symptoms.

Given presence of pleural effusion -- this should be tapped ASAP for fluid AFB smear/stain, cell count, cytology, etc. given fever, night sweats, he should be empiricall started on DOT (directly observed therapy) for tuberculosis according to local public health treatment protocols, and I would strongly recommend that this case be reported immediately to the local public health board. Clarithromycin alone is NOT ENOUGH!!

would also consider HIV testing

From: Hospital Rattanakiri Referral

Date: Oct 23, 2008 10:14 AM

Subject: October 2008 KiriTelemedicine Case MC#00290, 75M (Village I)

To: "Kathleen M. Kelleher"; Chau Rithy; Joseph Kvedar; "Paul J. M.D. Heinzelmann"; Kruy Lim

Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear All,

This case was not able to be sent last night for incomplete transaction. It will be sent now and please reply as soon as you can.

Thank you for your cooperation.

Sovann/Channarith

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



Patient: MC#00290, 75M (Village I)

Chief Complaint: Neck tension, blurred vision, itching, dysuria x 4y and cough, rhinorrhea for 15d

HPI: 75M presented with neck tension, blurred vision, itching, and dysuria. He was examined BP:170/? and treated with traditional medicine for one year and acetic acid and Dapson for itching for 3y at private clinic. Nowday he presented with neck tension, blurred vision, itching, dysuria, cough, rhinorrhea so he came to us.

PMH/SH: Right Distal Radio-ulnar bone fracture 50y ago

Social Hx: No alcohol drinking, no cig smoking

Family Hx: None

Medication: None

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 120/70 P: 80 R: 20 T: 37 Wt: 65kg

General: look obesity, stable

HEEN: No icterus, pink conjunctiva, (+) rhinorrhea

Chest: CTA bilaterally, no rales, no rhonchi; HRRR, no murmur

Abdomen: Soft, no distension, (+) BS

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

Rectal exam: Unremarkable

Previous Lab/Studies:

WBC: 5800/mm³
Eosinophil: 0.4%
Neutrophil: 49%
Lymphocyte: 45%
Monocyte: 0.2%
Calcium: 8.3 [8.1 – 10.4]
Creatinin: 0.8 [0.6 – 1.1]
Glucose: 85.9 [75 – 115]

Assessment:

1. HTN by history
2. Allergic rhinitis

Plan:

1. HCTZ 50mg 1/2t po qd for one month
2. Cetirzine 10mg 1t po qd for one week
3. Draw blood for Lyte, BUN, Creat, Gluc, Tot chole and TG at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Dr. Leng Sreng

Date: October 21, 2008

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

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From: Hospital Rattanakiri Referral

Date: Oct 27, 2008 11:23 AM

Subject: Rattanakiri TM Clinic October 2008 cases received

To: "Kathleen M. Kelleher"

Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach; Chau Rithy

Dear Kathy,

For Rattanakiri TM Clinic October 2008, I have received answer of two cases from your side. If you have answer of other cases, please send to me. Below are the cases received:

Case#4, 00287, 48M

Case#7, 00294, 50M

Thank you very much for the answer to the cases in this month.

Best regards,
Sovann

Thursday, October 23, 2008

Follow-up Report for Rattanakiri TM Clinic

There were 8 new patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 8 cases was transmitted and received replies from both Phnom Penh and Boston, other 16 patients came for follow up and refill medication, and 4 patients seen by PA Rithy for minor problems 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 October 2008

1. KM#00292, 55F (Sre Angkrang Village)

Diagnosis:

1. Gingiva mass
2. Gingiva carcinoma??

Treatment:

1. Do biopsy of the mass for Histology at SHCH
2. Augmentin 250mg 4t po bid for 5d (#42)
3. Naproxen 375mg 1t po bid prn (#10)

2. SM#00285, 48M (Osean Laer Village)

Diagnosis:

1. DMII

Treatment:

1. Recommend him to return him to his former doctor and take the same medicine as previous prescribed

3. TB#00286, 44M (Lumphat village)

Diagnosis:

1. Nephrotic Syndrome? (Diagnosed previously)

Treatment:

1. Prednisolone 5mg 14tab qd 2months
2. Aspirine 300mg 1/4 tab qd
3. simvastatine 10mg 1tab at night 2months
4. Captopril 25mg 1/4 tab bid
5. Albendazole 200mg 1t po bid for 5d
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot Chole, Albu, Protein at SHCH

Lab result on October 24, 2008

WBC	=4.7	[4 - 11x10 ⁹ /L]	Na	=142	[135 - 145]
RBC	=5.5	[4.6 - 6.0x10 ¹² /L]	K	=3.5	[3.5 - 5.0]
Hb	=14.6	[14.0 - 16.0g/dL]	Cl	=108	[95 - 110]
Ht	=44	[42 - 52%]	BUN	=3.4	[0.8 - 3.9]
MCV	=80	[80 - 100fl]	Creat	=108	[53 - 97]
MCH	=27	[25 - 35pg]	Gluc	=4.9	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=8.6	[<5.7]
Plt	=241	[150 - 450x10 ⁹ /L]	Protein	=59	[66 - 87]
Lym	=1.9	[1.0 - 4.0x10 ⁹ /L]	Albu	=33	[38 - 51]

4. VC#00287, 48M (Village V)**Diagnosis:**

1. Nephrotic Syndrome (hx)
2. Obesity

Treatment:

1. Do regular exercise to reduce weight
2. Drink about 1L water per day
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Albu, Protein, Tot Chole, TG at SHCH

Lab result on October 24, 2008

WBC	=12.4	[4 - 11x10 ⁹ /L]	Na	=144	[135 - 145]
RBC	=5.1	[4.6 - 6.0x10 ¹² /L]	K	=4.1	[3.5 - 5.0]
Hb	=15.8	[14.0 - 16.0g/dL]	Cl	=107	[95 - 110]
Ht	=48	[42 - 52%]	BUN	=1.8	[0.8 - 3.9]
MCV	=93	[80 - 100fl]	Creat	=90	[53 - 97]
MCH	=31	[25 - 35pg]	Gluc	=4.5	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=7.1	[<5.7]
Plt	=336	[150 - 450x10 ⁹ /L]	TG	=1.9	[<1.71]
Lym	=3.6	[1.0 - 4.0x10 ⁹ /L]	Albu	=45	[38 - 54]
Mxd	=0.7	[0.1 - 1.0x10 ⁹ /L]	Protein	=78	[66 - 87]
Neut	=8.1	[1.8 - 7.5x10 ⁹ /L]			

5. YS#00291, 47F (Village II)**Diagnosis:**

1. Anxiety
2. Thyroid disorder ??

Treatment:

1. Diphenhydramin 2mg 1t po qhs for 10d (#10)
2. MTV 1t po qd for two months (#60)
3. Paracetamol 500mg 1t po qid prn for two months (#30)
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc and TSH at SHCH

Lab result on October 24, 2008

WBC	=4.7	[4 - 11x10 ⁹ /L]	Na	=142	[135 - 145]
RBC	=4.5	[3.9 - 5.5x10 ¹² /L]	K	=4.2	[3.5 - 5.0]
Hb	=11.6	[12.0 - 15.0g/dL]	Cl	=106	[95 - 110]
Ht	=37	[35 - 47%]	Creat	=58	[44 - 80]
MCV	=81	[80 - 100fl]	Gluc	=5.3	[4.2 - 6.4]
MCH	=26	[25 - 35pg]	TSH	=1.18	[0.49 - 4.67]
MHCH	=32	[30 - 37%]			
Plt	=217	[150 - 450x10 ⁹ /L]			
Lym	=2.3	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=0.7	[0.1 - 1.0x10 ⁹ /L]			
Neut	=1.7	[1.8 - 7.5x10 ⁹ /L]			

6. TP#00293, 22M (Thmey Village)

Diagnosis:

1. Right breast cyst
2. Inflamed breast tissue ?

Treatment:

1. Observe
2. Naproxen 375mg 1t po bid prn pain (#30)

7. KS#00294, 50M (Sre Ankrang Village)

Diagnosis:

1. Pleural effusion
2. PTB ?
3. Left lung malignancy

Treatment:

1. Refer to DOT clinic in local hospital
2. Augmentin 250mg 4t po bid for 10d (#80)
3. Naproxen 375mg 1t po bid for 10d (#20)
4. MTV 1t po qd for one month (#30)

8. MC#00290, 75M (Village I)

Diagnosis:

1. HTN by history
2. Allergic rhinitis

Treatment:

1. Stop traditional medicine and recheck BP in a week
2. If still elevate start HCTZ 50mg 1/2t po qd for one month
3. Cetirizine 10mg 1t po qd for one week (#20)
4. Draw blood for Lyte, BUN, Creat, Gluc, Tot chole and TG at SHCH

Patients who come for follow up and refill medication

1. NS#00006, 18F (Village I)

Diagnosis:

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1t po qd
2. Propranolol 40mg ¼t po bid

2. NH#00010, 53F (Village III)

Diagnosis:

1. HTN
2. DMII

3. LVH
4. VHD (AR/AS??)

Treatment:

1. Atenolol 50mg 1t po tid
2. Chlorpropramide 1t po bid
3. ASA 300mg 1/4t po qd
4. Captopril 25mg 1t po tid
5. HCTZ 12.5mg 2t po qd

3. EB#00078, 41F (Village IV) , KON MOM

Diagnosis:

1. CHF
2. Incompleted RBBB

Treatment:

1. Captopril 25mg 1/2t po qd (#50)
2. Digoxin 0.25mg 1t po qd (#100)
3. Furosemide 40mg 1/2t po bid (#100)
4. Spironolactone 25mg 2t po bid (#400)

4. UP#00093, 52F (Village III)

Diagnosis:

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1t po qd (#100)
2. Propranolol 40mg 1/4t po bid
3. Patient request to refer her back to SHCH because she come back to Kampong Speu

5. MS#00144, 52M (Thmey Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1tab po bid (#200)
2. Metformin 500mg 1t po qhs (#100)
3. Captopril 25mg ¼ tab po qd (#25)
4. ASA 300mg 1/4t po qd (#25)

6. PO#00148, 67F (Village III)

Diagnosis:

1. HTN
2. DMII with PNP

Treatment:

1. Metformin 500mg 2t po bid (#200)
2. Glibenclamide 5mg 2t po bid (#400)
3. Captopril 25mg ¼t po bid (#50)
4. ASA 300mg ¼t po qd (#25tab)
5. Amitriptylin 25mg ½t po qhs (#50)

7. PS#00149, 26F (Village I)

Diagnosis:

1. Euthyroid Goiter

Treatment:

1. Carbimazole 5mg 1t po qd (#100)
2. Draw blood for Free T4 at SHCH

Lab result on October 24, 2008

Free T4 = 13.84 [9.14 – 23.81]

8. OT#00155, 45F (Bor Keo)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Metformin 500mg 2t qAM, 3t qPM (#500)
2. Glibenclamide 5mg 2t po bid (#400)
3. Captopril 25mg 1/2t po bid (#100)
4. ASA 300mg ¼t po qd (#25)
5. Amitriptylin 25mg ½t po qhs (#50)
6. Citirizin 10mg 1t po qd (buy)

9. YM#00189, 16F (Village III)

Diagnosis:

1. Asthma

Treatment:

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

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)

11. SV#00256, 43M (Village I)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 2t po qd (buy)
2. Metformin 500mg 2t po bid (#200tab)

12. SS#00258, 61F (Village III)

Diagnosis:

1. DMII

Treatment:

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

13. KC#00260, 44F (Village V)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po qhs (#100tab)
2. Glibenclamide 5mg 1t po qd (buy)

14. VC#00268, 66M (Bey Srok Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid (#400tab)
2. Glibenclamide 5mg 2t po bid (#buy)
3. Captopril 25mg 1/4t po qd (#25tab)
4. ASA 300mg 1/4t po qd (#25tab)

15. OE#00273, 65M (Village I)

Diagnosis:

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 2t po bid (#400tab)
2. Captopril 25mg 1/4t po qd (buy)
3. ASA 300mg 1/4t po qd (#25tab)
4. Amitriptylin 25mg 1/2t po qhs (#50tab)
5. MTV 1t po qd for one month

16. OS#00282, 43M (Village III)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 12.5mg 2t qd (#200)
2. Draw blood for Lyte, BUN, Creat, Gluc at SHCH

Lab result on October 24, 2008

Na	=142	[135 - 145]
K	=4.9	[3.5 - 5.0]
Cl	=104	[95 - 110]
BUN	=1.9	[0.8 - 3.9]
Creat	=102	[53 - 97]
Gluc	=7.4	[4.2 - 6.4]
T. Chol	=7.9	[<5.7]
TG	=2.5	[<1.71]

**The next Rattanakiri TM Clinic will be held in
December 2-4, 2008**