

**Telemedicine Clinic**  
*Rattanakiri*  
**Referral Hospital**  
**April 2007**

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

On Tuesday and Wednesday April 24-25, 2007, Rattanakiri Referral Hospital (RRH) staff began their TM clinic. Patients (8 new cases) were examined, other 4 new patients seen by PA Rithy without sending data and the data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh.

The following day, Thursday April 26, 2007, 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 the PA Rithy Chau 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:** Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]  
**Sent:** Wednesday, April 18, 2007 9:15 AM  
**To:** Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau; Cornelia Haener  
**Cc:** Ed & Laurie Bachrach; HealthNet International; Bernie Krisher; Noun SoThero  
**Subject:** April 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, April 25, 2007 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 ,April 26, 2007. 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:** Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]  
**Sent:** Wednesday, April 25, 2007 4:47 PM  
**To:** Rithy Chau; Paul J. M.D. Heinzelmann; Kruiy Lim; Amphar Khat Ty; Joseph Kvedar  
**Cc:** Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach  
**Subject:** Rattanakiri TM April 2007, Case# 1, MM#00228, 55F (Village I)

Dear all,

Today, we are at Rattanakiri for Rattanakiri TM April 2007. We have 8 new cases. This is case number 1, MM#00228, 55F and photos.

Best regards,  
Sovann

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



**Patient:** MM# 00228, 55F (Village I)

**Chief Complaint:** Right hip pain x 10y

**HPI:** 55F came to us complaining of right hip pain x 10y. In last 10y, she presented with symptoms of slight sharp pain of right hip during the night, radiated to lower leg for sometime without numbness, tingling and she took pain killer prn. In these two months, she presented with severe sharp pain, radiating to right lower leg so she went to Calmette hospital in Phnom Penh, lumbar x-ray taken and treated her for 5d with Nise 1t po bid, Nevramine, Decontractyl 1t po bid, the pain didn't get better.

**PMH:** Unremarkable

**Family Hx:** Mother with HTN

**Social Hx:** No smoking, no alcohol drinking, 4 children

**Medication:** Nise 1t po bid  
Nevramine  
Decontractyl 1t po bid

**Allergies:** NKDA

**ROS:** no fever, no cough, no palpitation, no GI complaint, no leg edema, on stool with blood, regular period, LMP on April 15, 2007

**PE:**  
**Vital Signs:** BP: 112/60 P: 80 R: 20 T: 36.5°C Wt: 58Kg

**General:** Look stable

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

**Chest:** CTA bilaterally, no crackle, no ronchi, HRRR, no murmur

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

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

**Hip:** Normal ROM, no deformity, schiatica test (+), raised straight leg test (+)

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

**Lab/Studies done:** Lumbar x-ray and hip x-ray attached



**Assessment:**

1. Right schiatica( Nerve root pain)
2. Osteoprosis by Lumbar Xray

**Plan:**

1. Diflunisal 500mg 1t po bid prn pain for two months
2. Calcium 600mg 1t po bid for two months

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

**Examined by: Nurse Peng Sovann**

**Date: April 24, 2007**

Please send all replies to [kirihospital@yahoo.com](mailto:kirihospital@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh) .

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**From:** Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]

**Sent:** Wednesday, April 25, 2007 4:53 PM

**To:** Rithy Chau; Paul J. M.D. Heinzelmann; Kruy Lim; Amphar Khat Ty; Joseph Kvedar

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

**Subject:** Rattanakiri TM April 2007, Case# 2, PN#00229, 45F (Village VI)

Dear all,

This is case number 2, PN#00229, 45F and photo.

Best regards,  
Sovann

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



**Patient:** PN# 00229, 45F (Village VI)

**Chief Complaint:** Palpitation and blurred vision x 2y

**HPI:** 45F, housewife, came to us complaining of palpitation and blurred vision x 2y. In 2000, she presented with symptoms of fatigue, dizziness, poor appetite, polyuria, so she was diagnosed with DMII at private clinic, and treated with Chlorpropramide 250mg 1/2t po qd. One month later the sugar still high so the medication increased to 1t qd. In these two years, she presented with palpitation and blurred vision and denied of fever, cough, chest pain, nausea, vomiting, oliguria, polyuria, edema, numbness, and tingling.

**PMH:** unremarkable

**Family Hx:** None

**Social Hx:** No smoking, no EtOH, 12 children

**Medication:** Chlorpropramide 250mg 1t po qd

**Allergies:** NKDA

**ROS:** No nausea, no vomiting, no chest pain, no stool with blood or mucus, no edema, no numbness, no tingling, regular period, last menstrual period on March 30, 2007

**PE:**

**Vital Signs:**    **BP: 100/58**    **P: 86**    **R: 20**    **T: 37°C**    **Wt: 60Kg**

**General:** Look stable

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

**Chest:** CTA bilaterally, no rales, no ronchi, HRRR, no murmur

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

**Extremity/Skin:** No edema, no rash, no food wound

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

**Lab/Studies done:** April 25, 2007

FBS: 151mg/dl; UA: Protein 3+

Na	=140	[135 - 155]
K	=5.7	[3.6 - 5.5]
Cl	=95	[99 - 108]
BUN	=35	[10 - 50]
Creat	=0.6	[0.5 - 0.9]
Glu	=45	[75 - 115]

**Assessment:**

1. DMII

**Plan:**

1. Chlorpropamide 250mg 1t po bid for two months
2. Diabetic diet education, foot care and do regular exercise

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

**Examined by: Nurse Peng Sovann**

**Date: April 24, 2007**

Please send all replies to [kirihospital@yahoo.com](mailto:kirihospital@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh) .

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**From:** Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]

**Sent:** Wednesday, April 25, 2007 4:59 PM

**To:** Rithy Chau; Paul J. M.D. Heinzelmann; Kruy Lim; Amphar Khat Ty; Joseph Kvedar; Cornelia Haener

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

**Subject:** Rattanakiri TM April 2007, Case# 3, OH#00230, 59F (Village III)

Dear all,

This is case number 3, OH#0230, 59F and photos.

Best regards,  
Sovann

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



**Patient:** OH#00230, 59F (Village III)

**Chief Complaint:** Neck Mass x 5y

**HPI:** 59F, housewife, came to us complaining of neck mass x 5y. She noticed a mass about 4x5cm without any symptoms so she didn't seek any medical care. In this year, she presented with symptoms of palpitation, tremor, heat intolerance, insomnia, fatigue, HA on/off, but she bought medication from pharmacy when the symptoms happened. She denied of fever, cough, chest pain, dyspnea, nausea, vomiting, stool with blood, edema.

**PMH:** HTN, she took antihypertension drug while she presented with dizziness, headaches

**Family Hx:** None

**Social Hx:** No smoking, drinking alcohol casually

**Medication:** None

**Allergies:** NKDA

**ROS:** (+) palpitation, no chest pain, no fever, no cough, (+) insomnia, no stool with blood or mucus, no edema, no oliguria, no polyuria

**PE:**

**Vital Signs:** BP: 168/100 P: 76 R: 20 T: 37°C Wt: 58Kg

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 4x6cm, smooth, soft, no tender, regular border, no bruit, mobile on swallowing, , no lymph node palpable

**Chest:** CTA bilaterally, no rales, no ronchi, HRRR, no murmur

**Abdomen:** Soft, no tender, no distension, (+) BS, no HSM, no 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:** None

**Assessment:**

1. Goiter
2. HTN

**Plan:**

1. Draw blood for TSH and Free T4, RFT, Lytes, BS at SHCH



2. HCTZ 50mg 1/2t po qd for two months

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

**Examined by: Nurse Peng Sovann**

**Date: April 24, 2007**

Please send all replies to [kirihospital@yahoo.com](mailto:kirihospital@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From:** Cornelia Haener [mailto:cornelia\_haener@online.com.kh]

**Sent:** Thursday, April 26, 2007 3:00 PM

**To:** 'Rattanakiri Referral Hospital'; 'Rithy Chau'; 'Paul J. M.D. Heinzelmann'; 'Kruy Lim'; 'Amphar Khat Ty'; 'Joseph Kvedar'

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

**Subject:** RE: Rattanakiri TM April 2007, Case# 3, OH#00230, 59F (Village III)

Dear all,  
I agree to your plan.  
Kind regards  
Cornelia

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**From:** Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]

**Sent:** Wednesday, April 25, 2007 5:04 PM

**To:** Rithy Chau; Paul J. M.D. Heinzelmann; Kruy Lim; Amphar Khat Ty; Joseph Kvedar

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

**Subject:** Rattanakiri TM April 2007, Case# 4, KK#00231, 45F (Village I)

Dear all,

This is case number 4, KK#0231, 45F and photo.

Best regards,  
Sovann

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



**Patient:** KK#00231, 45F (Village I)

**Chief Complaint:** Fatigue x 5y

**HPI:** 45F, housewife, came to us complaining of fatigue x 5y. In last 5y, she presented with symptoms of fatigue, palpitation, dizziness, polyuria so she went to provincial hospital, she was as diagnosed DMII and treated with Chlorpropramide 250mg 1t po qd. She got much better and had follow up with private clinic because the sugar still elevated so Chlorpropramide increase to 1t bid. She denied of fever, cough, dyspnea, nausea, vomiting, stool with blood or mucus, edema, foot wound, numbness, tingling.

**PMH:** DMII for 5y

**Family Hx:** None

**Social Hx:** Smoking 6cig/d, no alcohol drinking, 5 children

**Medication:** Chlorporpramide(250mg) 1t po bid

**Allergies:** NKDA

**ROS:** LMP on May 30, 2007

**PE:**

**Vital Signs:**    **BP: 106/60**    **P: 86**    **R: 20**    **T: 36.5°C**    **Wt: 50Kg**

**General:** Look stable

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

**Chest:** CTA bilaterally, no rales, no ronchi, HRRR, no murmur

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

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

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

**Lab/Studies done:** April 25, 2007

RBS: 330mg/dl

Na	=146	[135 - 155]
K	=6	[3.6 - 5.5]
Cl	=90	[99 - 108]
BUN	=33	[10 - 50]
Creat	=0.9	[0.5 – 0.9md/dl]
Glu	=220	[75 - 115]



**Assessment:**

1. DMII

**Plan:**

1. Chlorpropamide 250mg 1t po bid for two months
2. Metformin 500mg 1t po qhs for two months
3. Captopril 25mg 1/4t po qd for two months
4. Diabetic diet education, foot care, do regular exercise

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

**Examined by: Nurse Peng Sovann**

**Date: April 24, 2007**

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**From:** Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]

**Sent:** Wednesday, April 25, 2007 5:13 PM

**To:** Rithy Chau; Paul J. M.D. Heinzelmann; Kruey Lim; Amphar Khat Ty; Joseph Kvedar

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

**Subject:** Rattanakiri TM April 2007, Case# 5, MR#00232, 70F (Village I)

Dear all,

This is case number 5, MR#0232, 70F and photo.

Best regards,

Sovann

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



**Patient:** MR# 00232, 70F (Village III)

**Chief Complaint:** Right Knee pain x 8months

**HPI:** 70F came to us complaining of right knee pain x 8 months. She presented with pain on the right knee without redness, swelling, stiffness, she didn't flex and extension that knee fully due to pain. She denied of fever, cough, palpitation, nausea, vomiting, stool with blood or mucus, edema.

**PMH:** Motor vehicle accident, right knee was affected but she could do normal activity 20y ago

**Family Hx:** Sister with HTN

**Social Hx:** No smoking, no EtOH, 12 children

**Medication:** None

**Allergies:** NKDA

**ROS:** no swelling, no redness, no stiffness, no warmth

**PE:**

**Vital Signs:** BP: 128/60 P: 86 R: 20 T: 37°C Wt: 45Kg

**General:** Look stable, Right limping gait

**HEENT:** No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 5x7cm, soft, smooth, no tender, regular border, no lymph node palpable

**Chest:** CTA bilaterally, no rales, no ronchi, HRRR, no murmur

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

**Extremity/Skin:** Right knee joint no swelling, no redness, no deformity, no crepitus, no fluid. Tender on passive extension, 75% of flexion, 80% of extension (150 degree extension), stiffness. Reduce ROM almost 60%

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

**Lab/Studies done:** None

**Assessment:**

1. Post traumatic Right Frozen knee(MVA)
2. Thyroid disorder?

**Plan:**

1. Do regular passive exercise on right knee joint with full flexion and extension
2. Naproxen 375mg 1t po bid prn pain for two weeks
3. Draw blood for TSH at SHCH

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

**Examined by: Nurse Peng Sovann**

**Date: April 24, 2007**

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**From:** Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]

**Sent:** Wednesday, April 25, 2007 5:23 PM

**To:** Rithy Chau; Paul J. M.D. Heinzelmann; Kruy Lim; Amphar Khat Ty; Joseph Kvedar

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

**Subject:** Rattanakiri TM April 2007, Case# 6, KP#00235, 56F (Tiem Village )

Dear all,

This is case number 6, KP#0235, 56F and photo.

Best regards,  
Sovann

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



**Patient:** KP#00235, 56F (Tiem Village)

**Chief Complaint:** Right Lateral Neck Mass x 3y

**HPI:** 56F, farmer, came to us complaining of right lateral neck mass x 3y. She presented a small mass about 2x2cm below right ear, without redness, swelling, pain, and developed to about 4x5cm in one year. She didn't seek medical care just treated it with traditional medication, it doesn't better and presented with HA, neck tension, poor appetite, She denied of fever, cough, sore throat, dyspnea, nausea, vomiting, ear pain, hearing loss, stool with blood, edema.

**PMH:** Unremarkable

**Family Hx:** None

**Social Hx:** Smoking 6cig/d over 10y, no alcohol drinking

**Medication:** None

**Allergies:** NKDA

**ROS:** No fever, no cough, no dyspnea, ear pain, hearing loss, sore throat

**PE:**

**Vital Signs:** BP: 136/72 P: 76 R: 20 T: 37°C Wt: 36Kg

**General:** Look stable, cachexia

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no lymph node palpable, postero-inferior auricular mass about 4x5cm, smooth, firm, no tender, regular border, fixed, both ears are normal

**Chest:** CTA bilaterally, no rales, no ronchi, HRRR, no murmur

**Abdomen:** Soft, no tender, no distension, (+) BS, no HSM, no 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:** None

**Assessment:**

1. Right Lateral Neck Cold Abscess consider TB?

**Plan:**

1. MTV 1tpo qd for two months
2. Aspiration the abscess revealed cloudy fluid around 10cc sent to local Lab for AFB direct smear.



The remain fluid will try to keep in frig and sent to SHCH for other work up ( Proteine, glucose, LDH, gram stain)

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

**Examined by: Nurse Peng Sovann**

**Date: April 24, 2007**

Please send all replies to [kirihospital@yahoo.com](mailto:kirihospital@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh) .

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**From:** Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]

**Sent:** Wednesday, April 25, 2007 5:31 PM

**To:** Rithy Chau; Paul J. M.D. Heinzelmann; Kruy Lim; Amphar Khat Ty; Joseph Kvedar; Cornelia Haener

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

**Subject:** Rattanakiri TM April 2007, Case# 7, SP#00238, 56F (Village I)

Dear all,

This is case number 7, SP#0238, 34F and photos.

Best regards,  
Sovann

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



**Patient:** SP#00238, 34F (Village I)

**Chief Complaint:** Neck Mass x 3y

**HPI:** 59F, housewife, came to us complaining of neck mass x 3y. She presented with symptoms of palpitation, fatigue, tremor, insomnia so she went to provincial hospital and Diagnose of thyroid disorder . She took traditional medication, then the symptom got better. In this year, she developed again with symptoms of palpitation, tremor, insomnia, heat intolerance. She denied of fever, cough, sore throat, dysphagia, chest pain, edema.

**PMH:** Past two years, malaria with complete treatment

**Family Hx:** None

**Social Hx:** No smoking, drinking alcohol casually, 4 children, 2y old baby breast feeding

**Medication:** None

**Allergies:** NKDA

**ROS:** no cough, no fever, no sore throat, no dysphagia, no stool with blood, no edema, regular period

**PE:**

**Vital Signs:** BP: 120/60 P: 128 R: 20 T: 37°C Wt: 48Kg

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 5x6cm, smooth, soft, no tender, regular border, mobile on swallowing, no bruit, no lymph node palpable

**Chest:** CTA bilaterally, no rales, no ronchi, H tachycardia, RR, no murmur

**Abdomen:** Soft, no tender, no distension, (+) BS, no HSM, no 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:** None

**Assessment:**

1. T/c hyperthyroid
2. Tachycardia

**Plan:**

1. Draw blood for TSH and Free T4 at SHCH
2. Propranolol 40mg 1/4t po bid for two months



3. Advise to consult at district MCH for birth spacing preferable DMPA

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

**Examined by: Nurse Peng Sovann**

**Date: April 24, 2007**

Please send all replies to [kirihospital@yahoo.com](mailto:kirihospital@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh) .

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**From:** Cornelia Haener [mailto:cornelia\_haener@online.com.kh]

**Sent:** Thursday, April 26, 2007 3:00 PM

**To:** 'Rattanakiri Referral Hospital'; 'Rithy Chau'; 'Paul J. M.D. Heinzelmann'; 'Kruy Lim'; 'Amphar Khat Ty'; 'Joseph Kvedar'

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

**Subject:** RE: Rattanakiri TM April 2007, Case# 7, SP#00238, 56F (Village I)

Dear Sovann,

I agree to your management. If she is euthyroid, she does not need any further treatment as the goiter is small.

Kind regards

Cornelia

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**From:** Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]

**Sent:** Wednesday, April 25, 2007 5:44 PM

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

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

**Subject:** Rattanakiri TM April 2007, Case# 8, TO#00152, 45M (Village II)

Dear all,

This is last case for Rattanakiri TM April 2007, number 8, TO#0152, 45M and photos.

Best regards,

Sovann



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



**Patient:** TO#00152, 45M (Village II)

**Chief Complaint:** Sore throat x 5months

**HPI:** 45M, motorman, came to us complaining of sore throat x 5 months. He presented with symptoms of sore throat, fever, HA, cough, more salivary, so he bought medication from pharmacy and taken for a few days but the sore throat still presented. He went to provincial hospital and treated with some medications for a week. He denied of palpitation, chest pain, dyspnea, nausea, vomiting, diarrhea, constipation, edema.

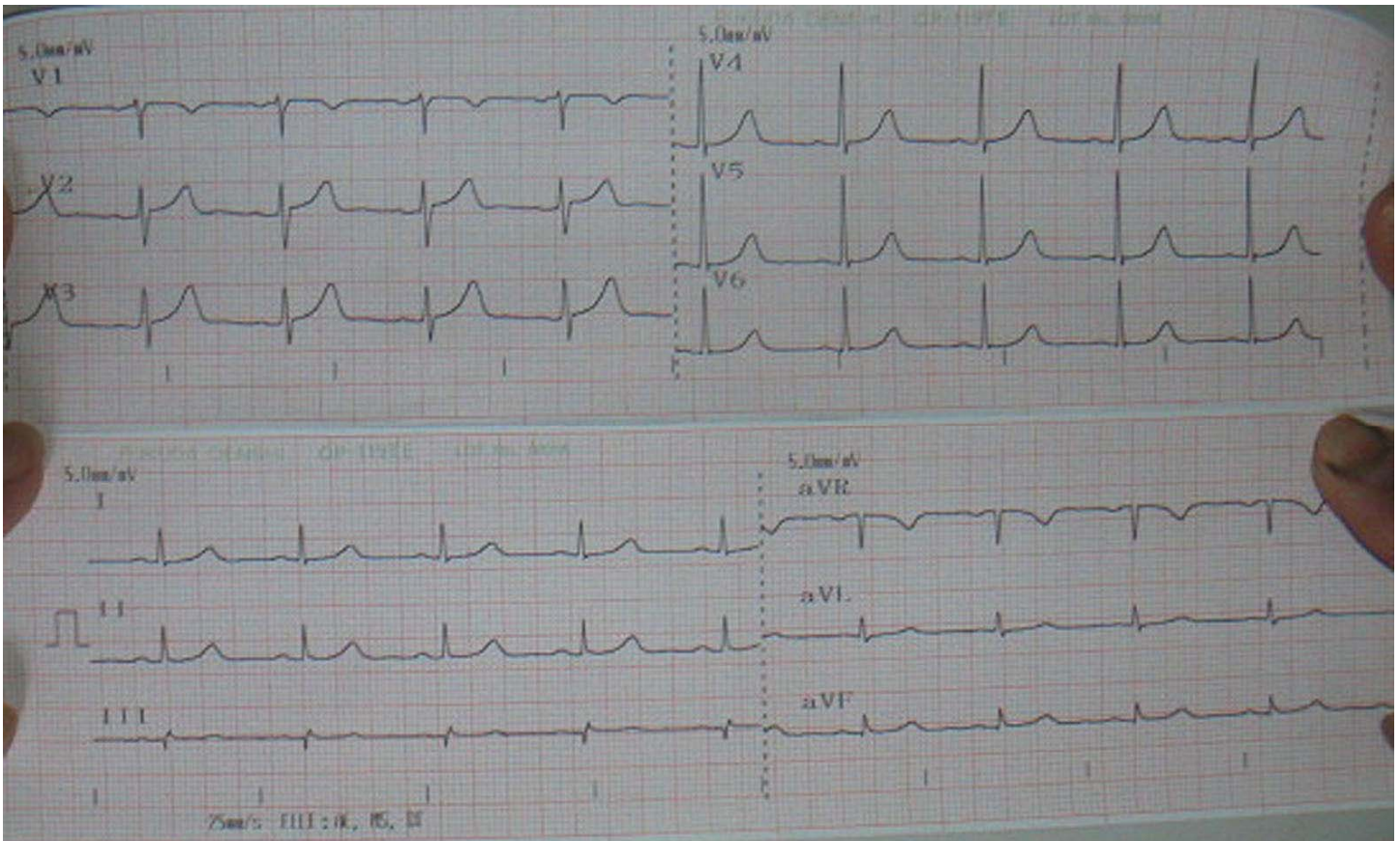
**PMH/SH:** Malaria with complete treatment

**Family Hx:** None

**Social Hx:** Smoking 20cig/d for 10y, stop 1y; drinking alcohol casually

**Medication:** A few medication (unknown name) tid for sore throat

**Allergies:** NKDA





**ROS:** No fever, no cough, no dyspnea, no chest pain, no nausea, no vomiting, no stool with blood or mucus, oliguria, edema.

**PE:**  
**Vital Signs:** BP: 130/90 P: 86 R: 20 T: 37°C Wt: 57kg at 2PM  
BP 150/100 P: 80 at 1000AM

**General:** Look stable

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

**Chest:** Crackle on left lower lobe, other is normal; HRRR, no murmur

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

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

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

**Lab/Studies done:** EKG, CXR attached

**Assessment:**

1. Pneumonia
2. PTB??
3. Borderline HTN

**Plan:**

1. Augmentin 875mg 1t po bid for two weeks
2. Do AFB in local hospital
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG, Chole at SHCH

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

**Examined by:** Nurse Peng Sovann

**Date:** April 24, 2007

Please send all replies to [kirihospital@yahoo.com](mailto:kirihospital@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From:** Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]

**Sent:** Wednesday, April 25, 2007 5:52 PM

**To:** Cornelia Haener

**Cc:** Bernie Krisher; Rithy Chau; Kruy Lim; Noun SoThero; Paul J. M.D. Heinzelmann; Ed & Laurie Bachrach

**Subject:** Patients be asking for referring to SHCH for surgery consultation

Dear Conelia,

We have three patients will be asking for referring SHCH for surgery consultation.

1. CL#00122, 36F (Village III)

Diagnosis:

Euthyroid for 6 months

Now with symptoms of neck compression, and mild dysphagia

2. KM#00158, 52F (Sre Angkrang Village)

Diagnosis:

Euthyroid Nodular goiter

with neck compression syndrome and large mass

FNA was done two times with no conclusion due to no cells seen

3. NS#00214, 14F (Village III)

Diagnosis:

Right neck Tumor (Malignancy?)

FNA done on December 2006 with no conclusion due to bad sample

FNB done on February 2006 with no conclusion due to biopsy showing only some normal striated muscle and connective tissue

comment: to remove the mass or do a bigger biopsy for final diagnosis

The pictures of the patients attached\_ we attach only one picture NS#00214 ( please see the previous picture).

Other cases KM #00158, CL#00122 no picture attached

Best regards,

Sovann

From: "Cornelia Haener" <cornelia\_haener@online.com.kh>

To: "Rattanakiri Referral Hospital" <kirihospital@yahoo.com>

CC: "dan liu" <dan\_liu@hopeww.org>,

"Gary Jacques" <gjacques@online.com.kh>

Subject: RE: Patients being asked for referral to SHCH for surgery consultation

Date: Thu, 26 Apr 2007 14:37:04 +0700

Dear Rithy,

I would accept the thyroid patients as urgent cases if they have signs of trachea compression (Do they have stridor?) or if they are fast growing, so suspicion of cancer. Would you mind sending me pictures of these goiter patients so that I have more facts to make a decision?

Concerning the 14-year old girl, I would love to accept her for a biopsy.

Thanks

Cornelia

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**From:** Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]  
**Sent:** Wednesday, April 25, 2007 6:02 PM  
**To:** Paul J. M.D. Heinzelmann  
**Cc:** Rithy Chau; Kathleen M. Kelleher  
**Subject:** Forwards the first 7 cases

Dear Paul,

Please help us to forward the first 7 cases to Kathy, by accidentally we did the wrong email address ( in steat of Kathy we did kathy Amphar).

Sorry for this inconvient work.

Thanks for your time to help us by this mistake.

Best Regards

Sovann

From: Heinzelmann, Paul J.,M.D. [mailto:PHEINZELMANN@PARTNERS.ORG]  
Sent: Saturday, April 28, 2007 6:53 AM  
To: Rattanakiri Referral Hospital  
Cc: Rithy Chau; Fiamma, Kathleen M.  
Subject: RE: Forwards the first 7 cases

Dear All,

This is a problem. I was out of the country and just returned last night - and just received this email....I erased the cases before I opened this email as they are typically saved on Kathy's computer. Have the cases been sent? Can they be resent?

Paul Heinzelmann, MD, MPH  
Project Leader - Operation Village Health  
Center for Connected Health  
Partners HealthCare  
25 New Chardon St.  
Boston, MA 02114

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# Thursday, April 26, 2007

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## Follow-up Report for Rattanakiri TM Clinic

There were patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 8 new cases was transmitted and received replies from both Phnom Penh and Boston. 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 April 2007

### 1. MM# 00228, 55F (Village I)

#### Diagnosis:

1. Right sciatica( Nerve root pain)
2. Osteoprosis by Lumbar Xray

#### Treatment:

1. Diflunisal 500mg 1t po bid prn pain for two months (#100)
2. Calcium 600mg 1t po bid for two months (#200)
3. Physical therapy

### 2. PN# 00229, 45F (Village VI)

#### Diagnosis:

1. DMII

#### Treatment:

1. Chlorpropramide 250mg 1t po bid for two months (buy)
2. ASA 81mg 1t po qd for two months (#100)
3. Diabetic diet education, foot care and do regular exercise

### 3. OH#00230, 59F (Village III)

#### Diagnosis:

1. Goiter
2. Hyperthyroidism
3. HTN

#### Treatment:

1. Propranolol 40mg 1/4t po bid for two months (buy)
2. Draw blood for TSH and Free T4, RFT, Lytes, BS at SHCH

#### Lab Result on April 26, 2007

Na =142 [135 - 145]

K	=4.4	[3.5 - 5.0]
Cl	=98	[95 - 110]
BUN	=1.6	[0.8 - 3.9]
Creat	=65	[44 - 80]
Glu	=4.8	[4.2 - 6.4]
TSH	=0.06	[0.49 - 4.67]
Free T4	=25.21	[9.14 - 23.81]

#### 4. KK#00231, 45F (Village I)

##### Diagnosis:

1. DMII

##### Treatment:

1. Chlorpropamide 250mg 1t po bid for two months (buy)
2. Metformin 500mg 1t po qhs for two months (buy)
3. Captopril 25mg 1/4t po qd for two months (buy)
4. ASA 81mg 1t po qd for two months (#100)
5. Diabetic diet education, foot care, do regular exercise

#### 5. MR#00232, 70F (Village III)

##### Diagnosis:

1. Post traumatic Right Frozen knee(MVA)
2. Thyroid disorder?

##### Treatment:

1. Do regular passive exercise on right knee joint with full flexion and extension
2. Naproxen 375mg 1t po bid prn pain for two weeks (#70)
3. Draw blood for TSH at SHCH

##### Lab Result on April 26, 2007

TSH = <0.02 [0.49 - 4.67]

#### 6. KP#00235, 56F (Tiem Village)

##### Diagnosis:

1. Right Lateral Neck Cold Abscess consider TB?

##### Treatment:

1. MTV 1tpo qd for two months (#100)
2. Aspiration the abscess revealed cloudy fluid around 10cc sent to local Lab for AFB direct smear.
3. The remain fluid will try to keep in frig and sent to SHCH for other work up ( Proteine, glucose, LDH, gram stain)

##### Lab Result on April 26, 2007

Gluco =6.4  
 Protein =182.9  
 Direct gram stain: no organism seen

#### 7. SP#00238, 34F (Village I)

##### Diagnosis:

1. T/c hyperthyroid
2. Tachycardia

##### Treatment:

1. Propranolol 40mg 1/4t po bid for two months (buy)

2. Draw blood for TSH and Free T4 at SHCH
3. Advise to consult at district MCH for birth spacing preferable DMPA

**Lab Result on April 26, 2007**

TSH =0.02 [0.49 - 4.67]  
 Free T4=68.30 [9.14 - 23.81]

**8. TO#00152, 45M (Village II)**

**Diagnosis:**

1. Pneumonia
2. PTB??
3. Borderline HTN

**Treatment:**

1. Amoxiciline 400mg 1t po tid for 10d (#60)
2. Paracetamol 500mg 1t po qid prn for (#30)
3. Do AFB in local hospital
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG, Chole at SHCH

**Lab result on April 26, 2007**

WBC =9	[4 - 11x10 <sup>9</sup> /L]	Na =140	[135 - 145]
RBC =5.4	[4.6 - 6.0x10 <sup>12</sup> /L]	K =4.2	[3.5 - 5.0]
Hb =14.2	[14.0 - 16.0g/dL]	Cl =94	[95 - 110]
Ht =45	[42 - 52%]	BUN =1.9	[0.8 - 3.9]
MCV =83	[80 - 100fl]	Creat =93	[53 - 97]
MCH =26	[25 - 35pg]	Gluc =4.5	[4.2 - 6.4]
MHCH =31	[30 - 37%]	T. Chol =7.8	[<5.7]
Plt =291	[150 - 450x10 <sup>9</sup> /L]	TG =4.3	[<1.71]
Lym =2.7	[1.0 - 4.0x10 <sup>9</sup> /L]		

**Patients who came for follow up and refill medication**

**1. HN#00220, 51F (Village I)**

**Diagnosis:**

1. DMII with PNP
2. HTN
3. Chronic renal failure
4. Anemia

**Treatment:**

1. Glibenclamide 5mg 1t po bid for two months
2. Metformin 500mg 2t po bid for two months
3. Atenolol 50mg 1/2t po bid for two months (buy)
4. Nifedipine 10mg 1t po q8
5. MTV 1t po qd for two months (#100)
6. FeSO4/Folic Acid 200/0.25mg 1t po bid for two months (#200)
7. Amitriptylin 25mg 1/4t po qhs for two months (# 25)
8. Educate patient eat on diabetic diet, low sugar, low sodium, regular exercise
9. Foot care

**Lab/Test requested:** CBC, Lyte, BUN, Creat, Glu, HbA1C, Reti count and peripheral smear at SHCH

**Lab result on April 26, 2007**

WBC =5	[4 - 11x10 <sup>9</sup> /L]	Na =134	[135 - 145]
RBC =3.1	[4.6 - 6.0x10 <sup>12</sup> /L]	K =3.7	[3.5 - 5.0]

Hb	=10.7	[14.0 - 16.0g/dL]	Cl	=96	[95 - 110]
Ht	=31	[42 - 52%]	BUN	=2.7	[0.8 - 3.9]
MCV	=87	[80 - 100fl]	Creat	=197	[53 - 97]
MCH	=30	[25 - 35pg]	Gluc	=13.8	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	HbA1C	=10.5	[4 - 6]
Plt	=303	[150 - 450x10 <sup>9</sup> /L]			
Lym	=0.8	[1.0 - 4.0x10 <sup>9</sup> /L]			
Reticulocyte	= 0.9	[0.5 - 1.5]			
Microcytic	1+				
Hypocromic	1+				

## 2. US#00203, 50F (Village IV)

### Diagnosis:

1. GERD
2. Euthyroid
3. Right Sciatica

### Treatment:

1. Paracetamol 500mg 1t po qid prn pain
2. GERD prevention education
3. Do regular exercise

## 3. NS#00214, 14F (Village III)

### Diagnosis:

1. Right Neck Tumor?
2. Malignant tumor??

### Treatment:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluco at SHCH

### Lab Result on April 26, 2007

WBC	=6	[4 - 11x10 <sup>9</sup> /L]	Na	=139	[135 - 145]
RBC	=5.1	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=4.7	[3.5 - 5.0]
Hb	=9.6	[12.0 - 15.0g/dL]	Cl	=96	[95 - 110]
Ht	=35	[35 - 47%]	BUN	=0.4	[0.8 - 3.9]
MCV	=68	[80 - 100fl]	Creat	=50	[44 - 80]
MCH	=19	[25 - 35pg]	Glu	=4.5	[4.2 - 6.4]
MHCH	=28	[30 - 37%]	Ca 2+	=0.94	[1.12 - 1.32]
Plt	=374	[150 - 450x10 <sup>9</sup> /L]			
Lym	=1.7	[1.0 - 4.0x10 <sup>9</sup> /L]			
Mxd	=0.7	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=3.3	[1.8 - 7.5x10 <sup>9</sup> /L]			

## 4. EM#00193, 22F (Village I)

### Diagnosis:

1. Subclinical Hyperthyroidism

### Treatment:

1. Propranolol 40mg ¼t po qd

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

### Diagnosis:

1. HTN
2. DMII

**Treatment:**

1. Lisinopril 20mg 1/2t po qd (#25)
2. Metformin 500mg 2t po bid (#400)
3. Glibenclamide 5mg 2t po bid (#400)
4. ASA 300mg ¼t po qd (#25)
5. Amitriptylin 25mg ½t po qhs (#50)
6. Citirizin 10mg 1t po qd
7. Draw blood for Lyte, BUN, Creat, Gluc and HbA1C at SHCH

**Lab result on April 26, 2007**

Na	=140	[135 - 145]
K	=4.7	[3.5 - 5.0]
Cl	=95	[95 - 110]
BUN	=0.7	[0.8 - 3.9]
Creat	=67	[44 - 80]
Gluc	=11.4	[4.2 - 6.4]
HbA1C	=12.3	[4.0 - 6.0]

**6. MY#00156, 56F (Village I)**

**Diagnosis:**

1. DMII with PNP
2. Overweight
3. PVC
4. Hyperlipidemia

**Treatment:**

1. Metformin 500mg 1t po qhs (#100)
2. ASA 300mg ¼t po qd (#25)
3. Trandolapril 0.5mg 1t po qd (#100)
4. Amitriptyline 25mg ¼t po qhs (#25)
5. Draw blood for Gluc and HbA1C at SHCH

**Lab Result on April 26, 2007**

Gluc	=12.4	[4.2 - 6.4]
HbA1C	=8.7	[4.0 - 6.0]

**7. NH#00010, 53F (Village III)**

**Diagnosis:**

1. HTN
2. DMII
3. LVH
4. Aorta Insufficiency?
5. Aorta Stenosis?

**Treatment:**

1. Atenolol 50mg 1t po bid (buy)
2. Chlorpropramide 1t po qd (buy)
3. ASA 81mg 1t po qd (#100)
4. Captopril 25mg 1t po tid (buy)
5. HCTZ 50mg 1/2t po qd (buy)
6. Fenofibrate 100mg 1t po qd (buy)
7. Draw blood for Lyte, BUN, Creat, Gluc at SHCH

**Lab Result on April 26, 2007**

Na	=138	[135 - 145]
K	=3.2	[3.5 - 5.0]



Cl	=94	[95 - 110]
BUN	=0.8	[0.8 - 3.9]
Creat	=72	[44 - 80]
Glu	=5.9	[4.2 - 6.4]

**8. UP#00093, 52F (Village III)**

**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Carbimazole 5mg 1t po bid
2. Propranolol 40mg 1/4t po bid (#22)

**9. PO#00148, 67F (Village III)**

**Diagnosis:**

1. HTN
2. DMII
3. PNP

**Treatment:**

1. Lisinopril 20mg ¼t po qd (#25)
2. Metformin 500mg 1t po qhs (#100)
3. Glibenclamide 5mg 1t po bid (#200)
4. ASA 300mg ¼t po qd (#25)
5. Amitriptylin 25mg ½t po qhs (#50)

**10. CL#00122, 33F (Village III)**

**Diagnosis:**

1. Hyperthyroidism
2. BV
3. Vaginal Candidiasis

**Treatment:**

1. Metronidazole 500mg 4t po once
2. Claritin 10mg 1t po qd prn (#30)
3. Tylenol PM 500/25mg 1t po qhs prn (#30)

**11. NS#00006, 18F (Village I)**

**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Carbimazole 5mg 1t po bid
2. Propranolol 40mg ¼t po bid
3. Draw blood for Free T4 at SHCH

**Lab Result on April 26, 2007**

Free T4=19.16 [9.14 - 23.81]

**12. PS#00149, 26F (Village I)**

**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Carbimazole 5mg 1t po qd
2. Draw blood for TSH, and Free T4 at SHCH

**Lab result on April 26, 2007**

TSH =2.74 [0.49 - 4.67]  
Free T4 =12.97 [9.14 - 23.81]

**13. KP#00153, 57F (Village III)**

**Diagnosis:**

1. DMII
2. HTN
3. A fib
4. Dyspepsia

**Treatment:**

1. Glibenclamide 5mg ½tab po qd (#50)
2. Atenolol 50mg ½tab po bid (#100)
3. Lisinopril 20mg 1/2t po qd (#50)
4. MTV 1 tab po qd (#100)
5. ASA 300mg ¼tab po qd (#25)
6. Amitriptylin 25mg ½tab po qhs (#50)
7. Draw blood for CBC, Lyte, BUN, Creat, Gluc and HbA1C at SHCH

**Lab result on April 26, 2007**

WBC =6	[4 - 11x10 <sup>9</sup> /L]	Na =143	[135 - 145]
RBC =4.2	[3.9 - 5.5x10 <sup>12</sup> /L]	K =3.6	[3.5 - 5.0]
Hb =11.3	[12.0 - 15.0g/dL]	Cl =99	[95 - 110]
Ht =37	[35 - 47%]	BUN =1.6	[0.8 - 3.9]
MCV =88	[80 - 100fl]	Creat =93	[44 - 80]
MCH =27	[25 - 35pg]	Gluc =7.1	[4.2 - 6.4]
MHCH =30	[30 - 37%]	HbA1C =6.5	[4.0 - 6.0]
Plt =134	[150 - 450x10 <sup>9</sup> /L]		
Lym =1.4	[1.0 - 4.0x10 <sup>9</sup> /L]		
Mxd =0.8	[0.1 - 1.0x10 <sup>9</sup> /L]		
Neut =2.3	[1.8 - 7.5x10 <sup>9</sup> /L]		

**14. LH#00116, 59F (Village IV)**

**Diagnosis:**

1. Hyperthyroidism
2. Cardiomegaly

**Diagnosis:**

1. ASA 81 mg 1 tab po chew qd
2. HCTZ 50mg ½ tab po qd
3. Draw blood for TSH, free T4 at SHCH

**Lab result on April 26, 2007**

TSH =0.93 [0.49 - 4.67]  
Free T4=13.25 [9.14 - 23.81]

**15. NS#00089, 16F (Village I)**

**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Draw blood for TSH, Free T4 at SHCH

**Lab result on April 26, 2007**

TSH =0.13 [0.49 - 4.67]  
Free T4=13.37 [9.14 - 23.81]

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

**Diagnosis:**

1. CHF
2. Incompleted RBBB

**Treatment:**

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

## **Patients Seen by PA Rithy without Sending Data**

**1. PS#00233, 8F (Thmey Village)**

**Diagnosis:**

1. Allergic Rhinitis

**Treatment:**

1. Asthalin Nasal Spray 1puff per nostril qhs (#1)
2. Tylenol PM 500/25mg 5cc po qhs (#4)

**2. CS#00234, 48F (Thmey Village)**

**Diagnosis:**

1. Migraine HA
2. Cachexia

**Treatment:**

1. Naproxen 375mg 1t po bid prn (#50)
2. Drink 2-3l water per day and do regular exercise
3. MTV 1t po qd (#30)

**3. MC#00236, 2M (Thmey Village)**

**Diagnosis:**

1. Parasititis

**Treatment:**

1. MTV 1t po qd (#50)
2. Niclosamide 500mg 2t qAM once
3. Wash hand

**4. SK#00237, 33F (Village I)**

**Diagnosis:**

1. Allergic Rhinitis

**Treatment:**

1. Chlaritin 5mg/5cc 10cc po qd (#1)
2. Tylenol PM 500/25mg 1t po qhs prn (#30)

**The next Rattanakiri TM Clinic will be Held on  
July 2007**