

# **Telemedicine Clinic**

## *Rattanakiri*

### **Referral Hospital**

#### **April 2009**

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

On Tuesday March 31 and Wednesday April 1, 2009, 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 Chau saw 25 patients extra for minor illnesses without transmitting the data.

The following day, Thursday April 2, 2009, 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:** Mar 27, 2009 10:10 AM

**Subject:** April TM clinic at Rattanakiri Referral Hospital

**To:** Chau Rithy; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; "Kathleen M. Kelleher"; Cornelia Haener; Kruey Lim; Brian Hammond

**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, April 01, 2009 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 02, 2009. 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:** Apr 1, 2009 5:24 PM

**Subject:** Rattanakiri TM Clinic April 2009, Case#1, KS#00312, 55F (Village I)

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

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

Dear all,

There are five new cases for Rattanakiri TM Clinic for April 2009 and this is the case number 1, KS#00312, 55F (Village I) and photo.

Best regards,

Sovann/Dr. Sreng

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



**Patient:** KS#00312, 55F (Village I)

**Chief Complaint:** HA, blurred vision, neck tension on/off x 5y and joint pain x 1y

**HPI:** 55F presented with symptoms of HA, neck tension, blurred vision, she was examined with BP:210mmHg and she was treated with HCTZ 50mg 1/2t po qd, Atenolol 50mg 1t po qd, ASA 300mg 1/4t po qd, for 5y and she had been stopped treatment and advised to seek treatment from

provincial hospital but she didn't seek treatment for 6months then developed with right hip pain, radiating to the knee, HA, neck tension, blurred vision, and sought treatment at private clinic with Paracetamol and Ciprofloxacin.

**PMH/SH:** Hematoma on forehead

**Social Hx:** No alcohol drinking; no cig smoking

**Family Hx:** Unremarkable

**Medication:** None

**Allergies:** NKDA

**ROS:** Unremarkable

**PE:**

**Vital Signs:** BP: 180/110      P: 72      R: 20      T: 37°C      Wt: 63kg

Give Captopril 25mg 1/2t, 2h later BP:150/106

**General:** Look stable

**HEEN:** No icterus, no oropharyngeal lesion, pink conjunctiva, hematoma on frontal area

**Chest:** Clear both sides, no crackles, no rhonchi; H RRR, no murmur

**Abdomen:** Soft, no mass, (+) BS, no HSM

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

**MS/Neuro:** MS+5/5, motor and sensory intact, DTRs+2/4, (+) straight leg raise on right leg

**Lab/Studies:** Done on March 31, 2009

WBC : 6800/mm<sup>3</sup>

Eosinophil: 0.3%

Neutrophil: 55%

Lymphocyte: 40%  
Monocyte: 0.2%  
Calcium: 8.9 [8.1 – 10.4]  
Tot chole: 165.2 [<200]  
Creatinine: 1.8 [0.5 – 0.9]  
Gluc :61.6 [75 – 115]  
Uric acid: 3.6 [2.4 – 5.7]  
Malaria smear negative

**Assessment:**

1. HTN
2. Frontal hematoma
3. Sciatica

**Plan:**

1. HCTZ 12.5mg 2t po qd
2. ASA 300mg 1/4t po qd
3. Naproxen 375mg 1t po bid prn
4. Paracetamol 500mg 1t po qid prn
5. Draw blood for CBC, Lyte, BUN, Creat, Glcu 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: April 1, 2009**

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

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

**Date:** Apr 2, 2009 12:48 AM

**Subject:** Rattanakiri TM Clinic April 2009, Case#1, KS#00312, 55F (Village I)

**To:** "Fiamma, Kathleen M."; [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh)

**Cc:** [kirihospital@gmail.com](mailto:kirihospital@gmail.com)

Thank you for the opportunity to consult.

This woman has hypertension with headache and blurred vision. This certainly could represent a hypertensive crisis(Systolic blood pressure >180 and diastolic pressure >120 ) and increased creatinine

Her blood pressure of 180/110 is quite high.

I would treat her with hctz and atenolol in order to lower her blood pressure to a better and safer range.

I would avoid naproxen NSAID and captopril with her renal insufficiency.

Aspirin is a good medication for her.

I would advocate using tylenol for her hip and knee ?sciatic pain.

Best of luck.

Paul

**From: Hospital Rattanakiri Referral**

**Date:** Apr 1, 2009 5:29 PM

**Subject:** Rattanakiri TM Clinic April 2009, Case#2, TT#00313, 49F (Village V)

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

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

Dear all,

This is case number 2, TT#00313, 49F and photos.

Best regards,  
Sovann

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



**Patient:** TT#00313, 49F (Village V)

**Chief Complaint:** Big mass on left popliteal for 2y and epigastric pain

**HPI:** 49F came to us complaining of left popliteal mass for 2y, she presented with a small mass about thumb size and developed bigger to about 5 x 6cm during these five months and epigastric pain and was examined at private clinic, diagnosed with osteomyelitis and GERD and treated with Ibuprofen, Vitamin bid for 5d and traditional medicine for epigastric pain. Now she stopped taking it and she presented with symptoms of left mass pain and epigastric pain so that she came to us.

**PMH/SH:** No past surgery, no injury

**Social Hx:** Drinking alcohol; no cig smoking

**Family Hx:** Unremarkable

**Medication:** None

**Allergies:** NKDA

**ROS:** no nausea, no vomiting, no black stool, no bloody stool, no trauma to the mass area

**PE:**

**Vital Signs:** BP: 110/80    P: 74    R: 22    T: 37°C  
Wt: 46kg

**General:** Look stable

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



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

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

**Extremity/Skin:** on left popliteal, a mass about 5 x 6cm, firm, smooth, regular border, no redness, no swelling, no warmth, no tender; a bony growing mass of distal femoral head about 6 x 8cm, no tender, no redness, no swelling

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

**Lab/Studies:** Done on March 31, 2009

WBC : 12500/mm<sup>3</sup>

Eosinophil: 0.6%

Neutrophil: 54%

Lymphocyte: 35%

Monocyte: 0.5%

Malaria smear negative

Popliteal mass ultrasound conclusion: Lipoma

**Assessment:**

1. Left popliteal cyst
2. Left popliteal Lipoma
3. Dyspepsia

**Plan:**

1. Pepcid 1t po qhs for one month
2. Popliteal mass FNA for Cytology at SHCH
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: Dr. Leng Sreng**

**Date: April 1, 2009**

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

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**From: Cornelia Haener**

**Date:** Apr 1, 2009 10:26 PM

**Subject:** Rattanakiri TM Clinic April 2009, Case#2, TT#00313, 49F (Village V)

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

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

Dear Sovann,

Thanks for your case. It would be best to present this patient to the orthopedic team at SHCH on a Wednesday afternoon during the orthopedic F/U clinic for further work up and treatment. As the exostosis is very big, it might be good to remove that as well.

Kind regards

Cornelia

From: **Fiamma, Kathleen M.**

Date: Apr 2, 2009 4:05 AM

Subject: FW: Rattanakiri TM Clinic April 2009, Case#2, TT#00313, 49F (Village V)

To: Hospital Rattanakiri Referral; Rithy Chau

This patient has two conditions:

- 1 Osteochondroma of distal femur and looks on the picture as swelling observe only, but if persists than get x-rays of the knee
- 2 Popliteal cyst  
very rarely the swelling in the popliteal region or mass may be related to tuberculoses so would not hurt to test that as well

Let me know if these suggestions help.

Thanks,

Dinesh

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**From: Hospital Rattanakiri Referral**

**Date:** Apr 1, 2009 5:31 PM

**Subject:** Rattanakiri TM Clinic April 2009, Case#3, TS#00314, 66M (Village IV)

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

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

Dear all,

This is case number 3, TS#00314, 66M and photos.

Best regards,  
Sovann



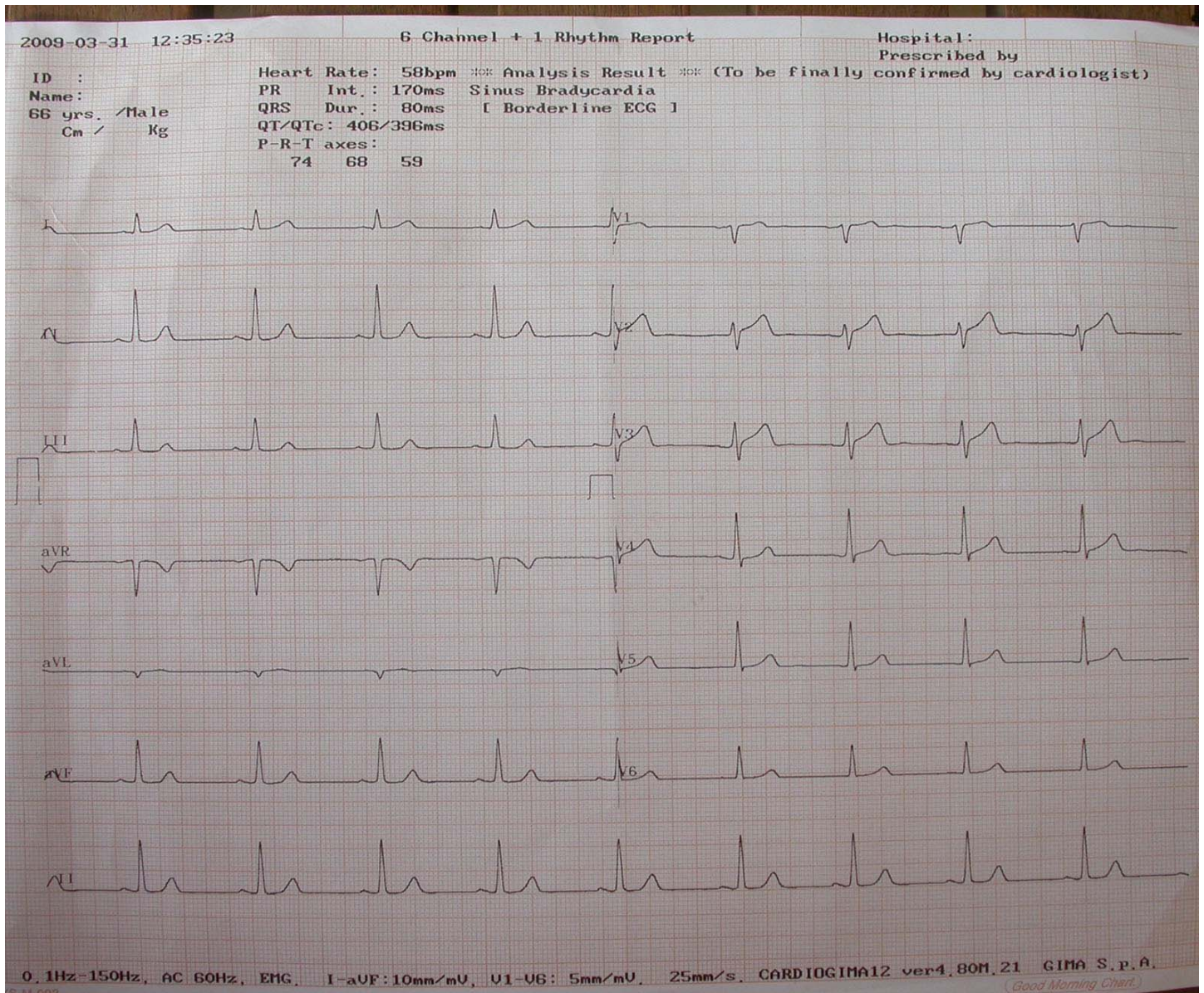
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**Patient: TS#00314, 66M (Village IV)**

**Chief Complaint:** Ear ringing x 1y

**HPI:** 66M presented with history of falling from the bed, with bleeding from the head and brought to the provincial hospital and got suture on laceration, and told he had elevated BP, treated in hospital for two days then he was discharged. A few months later he noticed with symptoms of ear ringing, HA, neck tension, dizziness, fatigue, chest pain, he bought Chinese antihypertensive compound medication from local pharmacy taking 1t po tid and got a bit better so he come to see us. He denied of fever, cough, nausea/vomiting, abdominal pain, diarrhea/constipation, dysuria, oliguria, hematuria, edema.



**PMH/SH:** Unremarkable

**Social Hx:** casually drinking alcohol; smoking 10cig/d

**Family Hx:** None

**Medication:**

Chinese antihypertensive compound medication 1t po tid

**Allergies:** NKDA

**ROS:** Unremarkable

**PE:**

**Vital Signs:** **BP: 166/86 (both arms)**    **P: 70**    **R: 20**    **T: 37°C**    **Wt: 50kg**

Give Captopril 25mg 1/2t then BP: 121/76

**General:** Look stable

**HEEN:** No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no lymph node palpable, Ear normal, no JVD

**Chest:** CTA bilaterally, no rales, no rhonchi; H bradycardia, RR, 2+ systolic murmur, loudest at mitral area

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

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

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

**Lab/Studies:** Done on March 31, 2009

U/A: normal

EKG: attached

**Assessment:**

1. HTN
2. VHD (MR/MS?)
3. Sinus bradycardia

**Plan:**

1. Captopril 25mg 1/2t po bid
2. ASA 300mg 1/4t po qd
3. Stop Chinese antihypertensive med
4. Smoking and alcohol drinking cessation
5. Do regular exercise, eat low salt and fats diet
6. Draw blood for CBC, Lyte, BUN, Creat, Glcu 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: April 1, 2009**

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

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**From: Hospital Rattanakiri Referral**

**Date:** Apr 1, 2009 5:35 PM

**Subject:** Rattanakiri TM Clinic April 2009, Case#4, SS#00315, 52F (Village I)

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

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

Dear all,

This is the case number 4, SS#00315, 52F and photos.

Best regards,  
Sovann/Dr. Sreng

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



**Patient: SS#00315, 52F (Village I)**

**Chief Complaint:** Lower back pain x 5y

**HPI:** 52F presented with symptoms of lower back pain with burning sensation, radiate to the thigh, and calf, denied of trauma, swelling, redness, warmth, get better with massage and bought NSAIDs from local pharmacy and taking prn and traditional medicine. She didn't seek care just to us today. She denied of fever, skin rash, nausea, vomiting, abdominal pain, stool with blood or mucus, edema, oliguria, hematuria.

**PMH/SH:** Unremarkable

**Social Hx:** no alcohol drinking, no cig smoking

**Family Hx:** Unknown

**Medication:** NSAIDs (unknown name) 1t po prn

**Allergies:** NKDA

**ROS:** 2y post menopausal

**PE:**

**Vital Signs:** **BP: 97/69**    **P: 93**    **R: 24**    **T: 37.5°C**    **Wt: 70kg**

**General:** Look stable

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

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

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

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

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

**Lab/Studies:** Done on March 31, 2009

Calcium: 7.2	[8.1 – 10.4]
Tot chole: 133	[<200]
Creatinine: 1.6	[0.5 – 0.9]
Gluc :92.1	[75 – 115]
Uric acid: 3.7	[2.4 – 5.7]
Urea: 61.7	[10 – 50]

**Assessment:**

1. Sciatica

**Plan:**

1. Paracetamol 500mg 1t po qid prn pain
2. Ibuprofen 200mg 2t po bid prn severe pain
3. Do regular exercise, eat low fats diet

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:** MA. Lok Vannthorn/Nurse Sovann Peng

**Date:** April 1, 2009

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

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**From: Paul Heinzelmann**

**Date:** Apr 2, 2009 10:58 PM

**Subject:** Rattanakiri TM Clinic April 2009, Case#4, SS#00315, 52F (Village I)

**To:** kirihospital@gmail.com, Rithy Chau <tmed\_rithy@online.com.kh>, "Fiamma, Kathleen M." <kfiamma@partners.org>

Sovann,

I do agree with your plan. Here are a few pointers for the future

History:

- How long? - you mentioned 5 yr in the chief complaint, but how long for this episode?
- How severe is the pain? Is it interrupting sleep? Affecting work?
- Any inciting incident for this episode?
- Do they do any heavy lifting as part of their work or home life?
- Any loss of bladder/bowel control?

Exam:

- you should do a **Strait Leg Raise** to see if you can reproduce the pain
- assess their **gait**

Plan:

- avoid heavy lifting,
- when able, core muscle strengthening
- NSAIDs will be mainstay if they can tolerate it

Apologies for late review -

Paul

Paul Heinzelmann, MD

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**From: Hospital Rattanakiri Referral**

**Date:** Apr 1, 2009 5:46 PM

**Subject:** Rattanakiri TM Clinic April 2009, Case#5, MK#00316, 19F (Village I)

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

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

Dear all,

This is the last case for Rattanakiri TM Clinic April 2009, case number 5, MK#00316, 19F 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  
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**Patient:** MK#00316, 19F (Village I)

**Chief Complaint:** Joint pain and round face x 2y

**HPI:** 19F has had car accident but didn't notice any pain, echymosis, bruising on knee and a few months later she noticed the right knee presented with swelling, redness, warmth, stiffness, and some red skin rash on the affected knee, face and body, fever, she was brought to provincial hospital and got treatment with I & D and some medication but it seemed not better so went to private clinic and injected with steroid, other medication (unknown name), her joint pain became better, but a few months later her face became round. On October 2008, she developed the same symptoms of joint pain, swelling, stiffness and got steroid injection again, she developed moon face, weight loss, no menstrual period and noticed her skin color change from normal to pale in day times.

**PMH/SH:** Unremarkable

**Social Hx:** no alcohol drinking, no cig smoking, Stopped study in grade 5 two years ago

**Family Hx:** Grandmother with Uterine cancer

**Medication:** None for 5 months

**Allergies:** NKDA

**ROS:** no fever, no nausea/vomiting, no SOB, no abdominal pain, no stool with blood/mucus, oliguria, hematuria, dysuria,

**PE:**

**Vital Signs:** BP: 101/50      P: 92      R: 24      T: 37°C  
Wt: 40kg

**General:** Look stable, moon face

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

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

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

**Extremity/Skin:** Knee joint, two complete healed scar, no swelling, no redness, no warmth, no stiffness, other joint are normal, no skin rash,



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

**Lab/Studies:** Done on March 31, 2009

Knee x-ray attached

**Assessment:**

1. Right Knee Strain/Sprain?
2. Arthritis by history??

**Plan:**

1. Paracetamol 500mg 1t po qid prn pain
2. Ibuprofen 200mg 2t po bid prn severe pain
3. Do regular exercise, eat low fats diet
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc 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:** MA. Lok Vanthan/Nurse Sovann Peng

**Date:** April 1, 2009

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

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**From:** Cornelia Haener

**Date:** Apr 2, 2009 9:47 AM

**Subject:** Rattanakiri TM Clinic April 2009, Case#5, MK#00316, 19F (Village I)

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

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

Dear Sovann,

Thanks so much for this case. I am wondering concerning the cause of recurrent arthritis in this young patient. Does she have involvement of any other joints? Any recurrent tonsillitis? TB?

Would it be possible to do a chest X-ray to rule out pulmonary TB?

She certainly has a Cushing syndrome due to the steroid injections.

Kind regards

Cornelia



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# Thursday, April 2, 2009

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## 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, other 16 patients came for follow up and refill medication and 25 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 April 2009

#### 1. KS#00312, 55F (Village I)

##### Diagnosis:

1. HTN
2. Frontal hematoma
3. Sciatica

##### Treatment:

1. HCTZ 12.5mg 2t po qd
2. ASA 300mg 1/4t po qd
3. Naproxen 375mg 1t po bid prn
4. Paracetamol 500mg 1t po qid prn
5. Draw blood for CBC, Lyte, BUN, Creat, Glcu, Tot chole, TG at SHCH

##### Lab result on April 2, 2009

WBC	=4.0	[4 - 11x10 <sup>9</sup> /L]	Na	=141	[135 - 145]
RBC	=4.2	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=3.8	[3.5 - 5.0]
Hb	=11.6	[12.0 - 15.0g/dL]	Cl	=106	[95 - 110]
Ht	=37	[35 - 47%]	BUN	=1.7	[0.8 - 3.9]
MCV	=89	[80 - 100fl]	Creat	=74	[44 - 80]
MCH	=28	[25 - 35pg]	Gluc	=4.5	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=5.8	[<5.7]
Plt	=281	[150 - 450x10 <sup>9</sup> /L]	TG	=2.1	[<1.71]
Lym	=2.0	[1.0 - 4.0x10 <sup>9</sup> /L]			

#### 2. TT#00313, 49F (Village V)

##### Diagnosis:

1. Left popliteal cyst
2. Left popliteal Lipoma
3. Dyspepsia

**Treatment:**

1. Pepcid 1t po qhs for one month
2. Paracetamol 500mg 1t po qid prn pain
3. Refer to SHCH for surgical consultation

**3. TS#00314, 66M (Village IV)****Diagnosis:**

1. HTN
2. VHD (MR/MS?)
3. Sinus bradycardia

**Treatment:**

1. Captopril 25mg 1/2t po bid
2. ASA 300mg 1/4t po qd
3. Stop Chinese antihypertensive med
4. Smoking and alcohol drinking cessation
5. Do regular exercise, eat low salt and fats diet
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

**Lab result on April 2, 2009**

WBC	=5.4	[4 - 11x10 <sup>9</sup> /L]	Na	=141	[135 - 145]
RBC	=4.1	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=4.3	[3.5 - 5.0]
Hb	=10.8	[14.0 - 16.0g/dL]	Cl	=109	[95 - 110]
Ht	=33	[42 - 52%]	BUN	=4.5	[0.8 - 3.9]
MCV	=84	[80 - 100fl]	Creat	=171	[53 - 97]
MCH	=27	[25 - 35pg]	Gluc	=6.9	[4.2 - 6.4]
MHCH	=33	[30 - 37%]			
Plt	=114	[150 - 450x10 <sup>9</sup> /L]			
Lym	=1.3	[1.0 - 4.0x10 <sup>9</sup> /L]			
Mxd	=0.6	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=3.5	[1.8 - 7.5x10 <sup>9</sup> /L]			

**4. SS#00315, 52F (Village I)****Diagnosis:**

1. Sciatica

**Treatment:**

1. Paracetamol 500mg 1t po qid prn pain
2. Ibuprofen 200mg 2t po bid prn severe pain
3. Do regular exercise, eat low fats diet

**5. MK#00316, 19F (Village I)****Diagnosis:**

1. Right Knee Strain/Sprain?
2. Arthritis by history??

**Treatment:**

1. Paracetamol 500mg 1t po qid prn pain
2. Ibuprofen 200mg 2t po bid prn severe pain
3. Do regular exercise, eat low fats diet

**Patients who come for follow up and refill medicine****1. 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. HCTZ 50mg 1t po qd (#buy)

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

**Diagnosis:**

1. Euthyroid goiter

**Treatment:**

1. Draw blood for TSH and Free T4 at SHCH

**Lab result on April 2, 2009**

TSH =0.63 [0.49 - 4.67]  
Free T4=12.44 [9.14 - 23.81]

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

**Diagnosis:**

1. Euthyroid Goiter

**Treatment:**

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

**Lab result on April 2, 2009**

TSH =1.52 [0.49 - 4.67]  
Free T4=12.91 [9.14 - 23.81]

**4. OT#00155, 45F (Bor Keo)**

**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. Metformin 500mg 2t po bid
2. Captopril 25mg 1/2t po tid
3. ASA 300mg ¼t po qd
4. Insulin NPH 20UI qAM

**5. RH#00160, 67F (Village I)**

**Diagnosis:**

1. HTN
2. OA

**Treatment:**

1. Captopril 25mgmg 1tab po qd (#100)
2. Amitriptylin 25mg ½ tab po qhs (#50)
3. ASA 300mg ¼tab po qd (#25)

**6. PN#00229, 45F (Village VI)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Chlorpropramide 250mg 11/2t po bid (buy)

2. Metformin 500mg 1t po qhs (#100tab)
3. ASA 300mg 1/4t po qd (#25tab)
4. Draw blood for Lyte, BUN, Creat, Gluc and HbA1C at SHCH

**Lab result on April 2, 2009**

Na	=146	[135 - 145]
K	=3.9	[3.5 - 5.0]
Cl	=112	[95 - 110]
BUN	=2.9	[0.8 - 3.9]
Creat	=89	[44 - 80]
Gluc	=5.8	[4.2 - 6.4]
HbA1C	=7.2	[4 - 6]

**7. OH#00230, 59F (Village III)**

**Diagnosis:**

1. Euthyroid
2. HTN

**Treatment:**

1. HCTZ 12.5mg 2t po qd (#200)
2. Captopril 25mg 1/2t po bid (#100)

**8. KK#00231, 45F (Village I)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Chlorpromamide 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 Lyte, BUN, Creat, Gluc and HbA1C at SHCH

**Lab result on April 2, 2009**

Na	=138	[135 - 145]
K	=4.2	[3.5 - 5.0]
Cl	=103	[95 - 110]
BUN	=2.2	[0.8 - 3.9]
Creat	=65	[44 - 80]
Gluc	=10.2	[4.2 - 6.4]
HbA1C	=12.1	[4 - 6]

**9. KC#00260, 44F (Village V)**

**Diagnosis:**

1. DMII

**Treatment:**

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

**Lab result on April 2, 2009**

Na	=142	[135 - 145]
K	=4.4	[3.5 - 5.0]
Cl	=107	[95 - 110]
BUN	=1.9	[0.8 - 3.9]
Creat	=69	[44 - 80]
Gluc	=3.6	[4.2 - 6.4]

HbA1C =7.1 [4 – 6]

**10. TV#00267, 55F (Village II)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid (#400)
2. Glibenclamide 5mg 1t po qd (#100)
3. Captopril 25mg 1/4t po bid (buy)
4. ASA 300mg 1/4t po qd (#25)
5. Draw blood for Creat, Gluc and HbA1C at SHCH

**Lab result on April 2, 2009**

Creat =71 [44 - 80]  
Gluc =10.2 [4.2 - 6.4]  
HbA1C =10.6 [4 – 6]

**11. 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)
5. Draw blood for BUN, Creat, Gluc and HbA1C at SHCH

**Lab result on April 2, 2009**

BUN =2.2 [0.8 - 3.9]  
Creat =74 [44 - 80]  
Gluc =10.9 [4.2 - 6.4]  
HbA1C =9.0 [4 – 6]

**12. 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
6. Draw blood for Lyte, BUN, Creat, Gluc and HbA1C at SHCH

**Lab result on April 2, 2009**

Na =142 [135 - 145]  
K =3.6 [3.5 - 5.0]  
Cl =107 [95 - 110]  
BUN =1.9 [0.8 - 3.9]  
Creat =93 [44 - 80]  
Gluc =3.6 [4.2 - 6.4]  
HbA1C =6.3 [4 – 6]

**13. VY#00279, 59F (Village I)**

**Diagnosis:**



1. HTN

**Treatment:**

1. Amlodipine 5mg 1t po qd
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, and TG at SHCH

**Lab result on April 2, 2009**

WBC	=4.6	[4 - 11x10 <sup>9</sup> /L]	Na	=144	[135 - 145]
RBC	=4.5	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=4.5	[3.5 - 5.0]
Hb	=12.8	[12.0 - 15.0g/dL]	Cl	=108	[95 - 110]
Ht	=41	[35 - 47%]	BUN	=2.7	[0.8 - 3.9]
MCV	=92	[80 - 100fl]	Creat	=71	[44 - 80]
MCH	=29	[25 - 35pg]	Gluc	=5.3	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=6.5	[<5.7]
Plt	=273	[150 - 450x10 <sup>9</sup> /L]	TG	=1.5	[<1.71]
Lym	=2.1	[1.0 - 4.0x10 <sup>9</sup> /L]			
Mxd	=0.2	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=2.3	[1.8 - 7.5x10 <sup>9</sup> /L]			

**14. SS#00299, 46F (Thmey Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 2tab bid (#400)
2. ASA 300mg 1/4 tab qd (#25)
3. Fenofibrate 100mg 1tb qd (BUY)
4. Captopril 25mg 1/4 tab bid (#50)

**15. SS#00305, 57F (Village IV)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 1 po bid (buy)
2. Captopril 1/2t po bid (#100)
3. ASA 300mg 1/4t po qd (#25)

**16. NV#00306, 25M (Thmey Village)**

**Diagnosis:**

1. DM

**Treatment:**

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

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**The next Rattanakiri TM Clinic will be held in  
July 2009**