

Telemedicine Clinic

Rattanakiri

Referral Hospital

December 2006

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

On Tuesday and Wednesday December 19-20, 2006, Rattanakiri Referral Hospital (RRH) staff began their TM clinic. Patients (8 new cases) were examined, other 6 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 December 21, 2006, 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, December 13, 2006 10:04 AM

To: Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau; Cornelia Haener

Cc: Gary Jacques; Ed & Laurie Bachrach; HealthNet International; Bernie Krisher; Noun SoThero; Fil B. Tabayoyong

Subject: December TM clinic at Ratanakiri Hospital

Dear All,

Please be informed that the next TM clinic at Rattanakiri Referral Hospital will be held on Wednesday, December 20, 2006 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, December 21, 2006. 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, December 20, 2006 3:46 PM

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: Rattanakiri Referral Hospital TM clinic Patient HS#00202

Dear All,

In this month we have 8 new cases to present to you. Here is the first case of this month patient HS#00202 and her photos.

Best regards,

Channarith/Rithy

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



Patient: HS#00202, 37F (Village IV)

Chief Complaint: Neck mass x 8months

HPI: 50F came here complaining of neck mass x 8months. She noticed a small mass on the neck and presented with symptoms of heat intolerance, tremor and, palpitation for sometime, and she worry that the mass make her that so she reaches to us. She denied of HA, fever, cough, voice change, dysphagia, chest pain, diarrhea, constipation, edema.

PMH: Unremarkable

Family Hx: None

Social Hx: No smoking, no alcohol drinking

Medication: None

Allergies: NKDA

ROS: none

PE:

Vital Signs: BP: 110/72 P: 96 R: 20 T: 37 Wt: 53Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no exophthalmoses, thyroid enlargement about 3x3cm, semi-hard, smooth, no tender, mobile on swallowing, regular border, no bruit, no lymph node palpable

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

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

Extrimity: No edema, no rash, no lesion

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

Lab/Studies Requests: Neck Ultrasound

Neck Ultrasound result: Right side: 18 x 18



Left side: 15 x 16
Conclusion: Nodular Goiter

Assessment:

1. Nodular Goiter

Plan:

1. Draw blood for TSH and Free T4 at SHCH

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

Examined by: Nurse Peng Sovann

Date: December 19, 2006

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

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From: cornelia_haener@online.com.kh [mailto:cornelia_haener@online.com.kh]

Sent: Wednesday, December 20, 2006 4:02 PM

To: Rattanakiri Referral Hospital

Cc: Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; JosephKvedar; Rithy Chau; Ed & Laurie Bachrach; HealthNet International; Bernie Krisher; NounSoThero

Subject: Re: Rattanakiri Referral Hospital TM clinic Patient HS#00202

Dear all,

I agree with your plan.

Thanks

Cornelia

No answer replied from Boston

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

Sent: Wednesday, December 20, 2006 3:51 PM

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: Rattanakiri Referral Hospital TM clinic Patient US#00203

Dear All,

This is the patient US#00203 and her photos.

Best regards,

Channarith/Rithy

Plan:

1. Famotidine 20mg 1t po qhs for one months
2. Do regular exercise, eat food with fiber diet and drink 2 -3L water/d
3. Draw blood for TSH at SHCH

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

Examined by: Nurse Peng Sovann

Date: December 19, 2006

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From: cornelia_haener@online.com.kh [mailto:cornelia_haener@online.com.kh]

Sent: Wednesday, December 20, 2006 4:05 PM

To: Rattanakiri Referral Hospital

Cc: Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; JosephKvedar; Rithy Chau; Ed & Laurie Bachrach; HealthNet International; Bernie Krisher; NounSoThero

Subject: Re: Rattanakiri Referral Hospital TM clinic Patient US#00203

Dear all,

I agree with the proposed plan.

Kind regards

Cornelia

No answer replied from Boston

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

Sent: Wednesday, December 20, 2006 3:59 PM

To: Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau

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

Subject: Rattanakiri Referral Hospital TM clinic Patient OT#00204

Dear All,

This is the patient OT#00204 and her photos.

Best regards,

Channarith/Rithy

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



Patient: OT#00204, 47F (Village III)

Chief Complaint: Joint tenderness on both hands x 6months

HPI: 47F, housewife, came here complaining of joint tenderness of hands x 6months. She presented with symptoms of swelling, tenderness, stiffness, slight redness of MCP, PIP of left index finger a few days later it start to ring finger. When left hand got better it started to right hand. The symptoms attack only MCP and PIP of index and ring finger, other joints are normal. More stiff in morning and better in day time, relieved with activity on left hand and worse with activity on right hand. On October 4, 2006, she presented with chest tightness, dizziness, fatigue, palpitation so she went to Viet Nam and was told she had HTN, cholesterol elevated and PID and treated with Amoxillin 500mg 1t bid, Clarythromycin 500mg 1t bid, Omeprazole 20mg 1t bid, Atorvastatin 1t qd, Perindopril 4mg 1t qd and follow up in one month but she didn't go for follow up because she doesn't have money. She denied of dizziness, fatigue, chest pain, fever, dyspnea, passing stool with mucus or blood, oliguria, hematuria, edema.

PMH: HTN, H pyloric PUD with complete treatment

Family Hx: None

Social Hx: No smoking, alcohol drinking casually

Medication: None

Allergies: NKDA

ROS: 10 post menopause

PE:

Vital Signs: BP: 130/86 P: 70 R: 20 T: 37 Wt: 75Kg Ht:1.55
BMI:32.9

General: Look stable

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

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

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

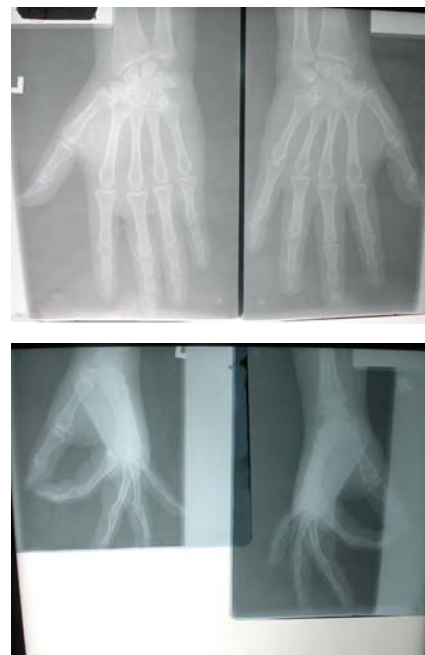
Extrimity: No edema, slight stiffness of index and ring finger of hands, slight swelling, no warmth, no redness, no deformity, full rang of motion

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

Lab/Studies Requests: Both hands x-ray (AP and lateral) attached

Lab result on October 4, 2006

BUN	=31	[20 - 50]
Creat	=1	[0.5 - 1.6]
Glu	=88	[70 - 110]



T. Chol =231	[130 - 200]
TG =206	[<165]
SGPT =57	[<40]
SGPT =44	[<40]
HDL-C =46	[>40]
LDL-C =145	[130]
VLDL =40	[10 – 30]
Gama GT= 64	[11 – 43]
Lym =39%	
Mono =5%	
Neut =53%	
Eosino =3%	

Assessment:

1. History HTN
2. Rhumatoid arthritis??
3. Osteo Arthritis??
4. Obesity

Plan:

1. Recheck BP
2. Do regular exercise and eat low Na diet
3. Diflunisal 500mg 1t po bid for one month
4. Paracetamol 500mg 1t po qid for one month
5. Draw blood for CBC, Lyte, BUN, Creat, Chole, RF at SHCH

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

Examined by: Nurse Peng Sovann

Date: December 19, 2006

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From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]

Sent: Thursday, December 28, 2006 6:30 AM

To: Fiamma, Kathleen M.; kirihospital@yahoo.com

Cc: tmed_rithy@online.com.kh

Subject: RE: Rattanakiri Referral Hospital TM clinic Patient OT#00204

This patient does not have evidence of deforming arthritis on her plain films or by your description of her exam.

I agree that paracetamol would be a good choice.

You need to be careful with the non steroidal anti inflammatory medications as they can impact her stomach and cause ulcers or gastritis.

I would agree to check her Rheumatoid Factor for any signs of inflammatory arthritis.

Good luck,

Paul Cusick

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

Sent: Wednesday, December 20, 2006 4:02 PM

To: Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau

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

Subject: Rattanakiri Referral Hospital TM clinic Patient PY#00205

Dear All,

This is the patient PY#00205 and her photos.

Best regards,

Channarith/Rithy

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



Patient: PY#00205, 49F (Village I)

Chief Complaint: Neck tension and HA x 1y

HPI: 49F, rice seller, came here complaining of neck tension and HA x 1y. She presented with symptoms of neck tension, HA, pressure like, dizziness, diaphoresis, blurred vision, so she went to private clinic for BP check (SBP: 160). She didn't find any medical care. She feel better but still neck tension and HA, and in this month she bought Chinese medication (Anti HTN medication) and taken prn and came to us today. Now she feels better but still HA and neck tension. She denied syncope, oliguria, dysuria, hematuria, edema.

PMH: PTB with complete treatment in 1995

Family Hx: None

Social Hx: No smoking, no alcohol drinking

Medication: Chinese medication for HTN prn (taken last night)

Allergies: NKDA

ROS: None

PE:

Vital Signs: BP: 120/62 P: 74 R: 20 T: 36.5 Wt: 49Kg

General: Look stable

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

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

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

Extrimity: No edema, no rash, no lesion

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

Lab/Studies Requests: None

Assessment:

1. History HTN with prn drug
2. Tension HA

Plan:

1. Stop medication, recheck BP
2. Paracetamol 500mg 1t po qid prn HA

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

Examined by: Nurse Peng Sovann

Date: December 19, 2006

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From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]

Sent: Thursday, December 28, 2006 6:32 AM

To: Fiamma, Kathleen M.; kirihospital@yahoo.com

Cc: tmed_rithy@online.com.kh

Subject: RE: Rattanakiri Referral Hospital TM clinic Patient PY#00205

I agree with you that you need to reassess her blood pressure off of any medications.

I would also use paracetamol and heat to her neck for headache and neck pain.

Best of luck

Paul

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

Sent: Wednesday, December 20, 2006 4:08 PM

To: Brian Hammond; Paul Heinzemann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau

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

Subject: Rattanakiri Referral Hospital TM clinic Patient UY#00206

Dear All,

This is the patient UY#00206 and his photos.

Best regards,

Channarith/Rithy

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



Patient: UY#00206, 12M (Village III)

Chief Complaint: Dyspnea and palpitation x 3y

HPI: 12M, student grad 4, brought to us complaining of dyspnea on exertion and palpitation x 3y. He presented with symptoms of fever, cough with white sputum, sneezing, dyspnea on exertion (running 10mn), palpitation, better after resting 2mn. He got cold easily more often and didn't find any medical care, He denied of HA, chest pain, oliguria, hematuria, passing stool with mucus or blood, edema.

PMH: Unremarkable

Family Hx: None

Social Hx: Student grad 4, no smoking, no alcohol drinking

Medication: None

Allergies: NKDA

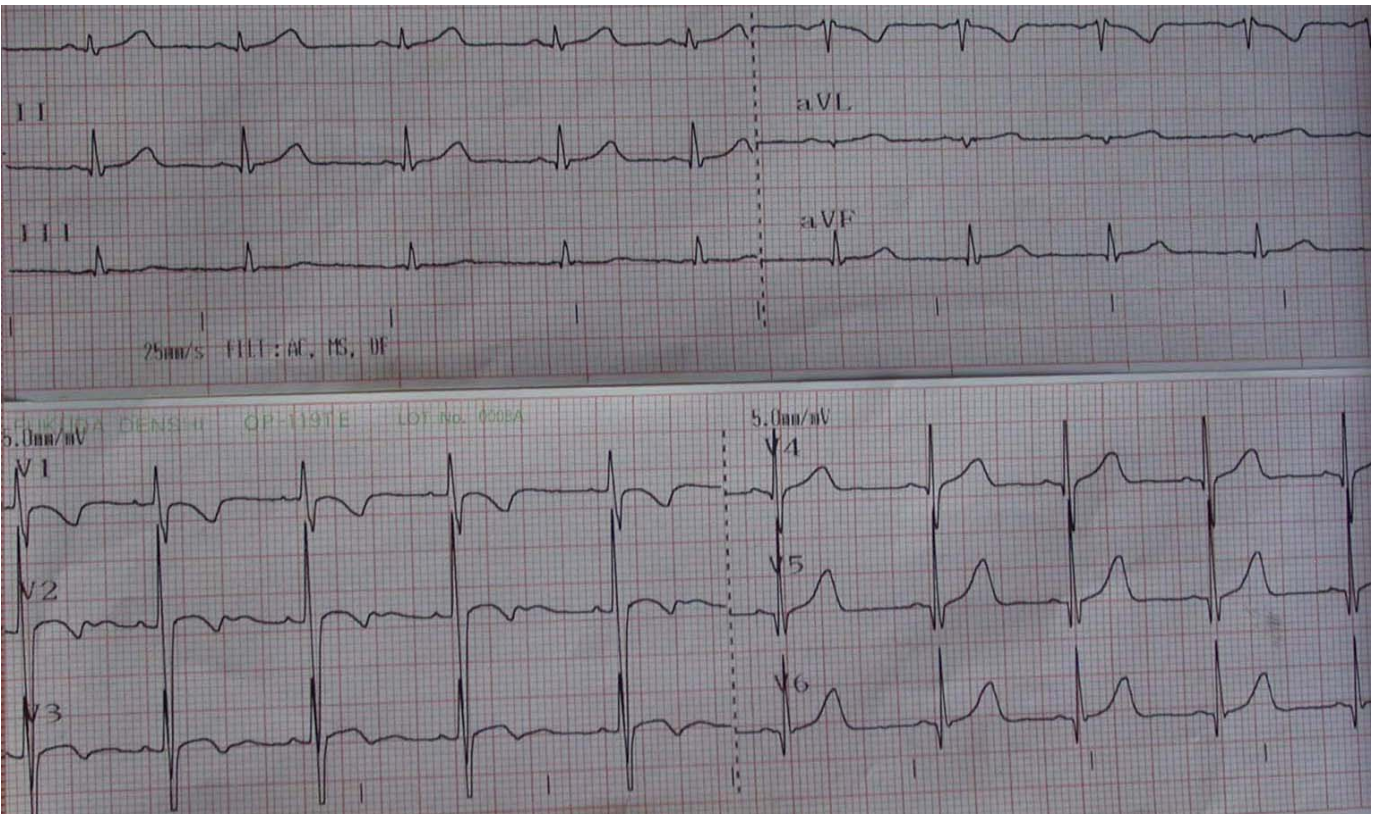
ROS:

PE:

Vital Signs: BP: 98/50 P: 70 R: 20 T: 37 Wt: 26Kg O2sat 97%



General: Look stable, skinny



HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no lymph node palpable, no bruit, TM clear bilaterally

Chest: CTA bilaterally, no rhonchi, no rale; HRR, with skip beat, no murmur

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

Extrimity: No edema

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

Lab/Studies Requests: CXR and EKG attached

Assessment:

1. Allergic Rhinitis
2. Asthma??
3. PTB??
4. Malnutrition

Plan:

1. Albuterol Inhaler 2 puffs bid prn for one month
2. MTV 1t po qd for one month
3. Do AFB smear at Local Hospital

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

Examined by: Nurse Peng Sovann

Date: December 19, 2006

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

Sent: Wednesday, December 20, 2006 4:14 PM

To: Brian Hammond; Paul Heinzemann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau

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

Subject: Rattanakiri Referral Hospital TM clinic Patient SS#00209

Dear All,

This is the patient SS#00209 and her photos.

Best regards,

Channarith/Rithy

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



Patient: SS#00209, 54F (Village I)

Chief Complaint: Epigastric pain x 10y

HPI: 54F, housewife, came here complaining of epigastric pain x 10y. First she presented with symptoms of epigastric pain, burning sensation, burping with sour taste in morning, after eating, relieved by antacid. The epigastric pain recurred every one or two months after and she bought antacid taking prn since then. In this week, she presented the epigastric pain, burning sensation, burping with sours taste, nausea, and vomit for sometime. She denied of dysphagia, passing stool with mucus or blood, oliguria, dysuria, hematuria, edema.

PMH: Unremarkable

Family Hx: None

Social Hx: No smoking, no alcohol drinking

Medication: Antacid prn

Allergies: NKDA

ROS: 3y post menopause

PE:

Vital Signs: BP: 108/60 P: 68 R: 20 T: 37 Wt: 60Kg

General: Look stable

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

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

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

Extrimity: No edema, no lesion, no rash

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

Lab/Studies Requests: None

Assessment:

1. GERD

Plan:

1. Omeprazole 20mg 1t po qhs for two months
2. Metochlorpramide 10mg 1t po bid for 15d
3. GERD Prevention education

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

Examined by: Nurse Peng Sovann

Date: December 19, 2006

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From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Thursday, December 28, 2006 6:23 AM
To: Fiamma, Kathleen M.; kirihospital@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Rattanakiri Referral Hospital TM clinic Patient SS#00209

I agree with your plan to recheck the blood pressure off of the medication and to treat GERD with diet and proton pump inhibitor and promotility agent.

Good luck

Paul

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, December 20, 2006 4:35 PM
To: Brian Hammond; Paul Heinzemann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau
Cc: Ed & Laurie Bachrach; HealthNet International; Bernie Krisher; Noun SoThero
Subject: Rattanakiri Referral Hospital TM clinic Patient PC#00211

Dear All,
This is the patient PC#00211 and her photos.

Best regards,

Channarith/Rithy

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



Patient: PC#00211, 26F (Cha Ung Village)

Chief Complaint: Seizure x 13Y

HPI: 26F, farmer, came here complaining of seizure x 13y. During she was 13y old, she presented with symptoms of fever, HA, palpitation, dizziness, contraction of muscle start from right hand to arm then the body, toni-clonic seizure, foaming in mouth about five minutes. The seizure happened three times a day, only one day a year. She has presented with seizure every year and also complaint that she sees and hears something but she try to find that but nothing. She went to

local NGO for treatment but seizure still present.

PMH: Unremarkable

Family Hx: None

Social Hx: No smoking, no alcohol drinking

Medication: None

Allergies: NKDA

ROS: Left popliteal varicose vein, regular period, no trauma

PE:

Vital Signs: BP: 108/60 P: 94 R: 20 T: 37 Wt: 38Kg O2sat: 97%

General: Look sick

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

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

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

Extrimity: No edema, varicose vein of left popliteal

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

Lab/Studies Requests: CBC, Lyte, BUN, Creat, LFT at Local Hospital

Lab result

WBC	=8500/mm ³	
RBC	=4000000/mm ³	
Hb	=16	
Ht	=41	
Eosinophil	=04%	
Neutrophil	=55%	
Lymphocyte	=39%	
Monocyte	=02%	
Na	=157	[135 – 155]
K	=5.7	[3.6 – 5.5]
BUN	=22.4	[10 – 50]



Creat	=1.3	[0.6 – 1.1]
SGOT	=25	[<31]
SGPT	=30	[<32]

Assessment:

1. Epilepsy
2. Left Popliteal Varicose Vein

Plan:

1. Phenytoin 100mg 1t po qd for one month

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

Examined by: Nurse Peng Sovann

Date: December 19, 2006

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

Sent: Wednesday, December 20, 2006 4:41 PM

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: Rattanakiri Referral Hospital TM clinic Patient NS#00214

Dear All,

Here is the last case patient NS#00214 and her photos.

Best regards,

Channarith/Rithy

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



Patient: NS#00214, 14F (Village III)

Chief Complaint: Neck mass x 2Y

HPI: 14F, student grad 4, brought to us complaining of neck mass x 2Y. She presented a small mass about 1 x 2cm on right post auricular without erythema, tender, swelling. Three months later, it developed to about 2x3cm then other masses developed under right ear and right neck. She was brought to hospital and given treatment with some medication but not better and also seek treatment with traditional healer but it still developed from day to day. She denied of tender, erythema, swelling, cough, dyspnea, dysphagia.

PMH: Unremarkable

Family Hx: None

Social Hx: Student grad 4, no smoking, no alcohol drinking

Medication: None

Allergies: NKDA

ROS: none

PE:

Vital Signs: BP: 100/54 P: 78 R: 20 T: 37 Wt: Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, mass about 8x10cm on right post auricular; mass about 10x13cm on right neck and many small masses nearby, hard, no tender, no erythema, irregular border, no other lymph node palpable

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

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

Extrimity: No edema, no rash, no lesion

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

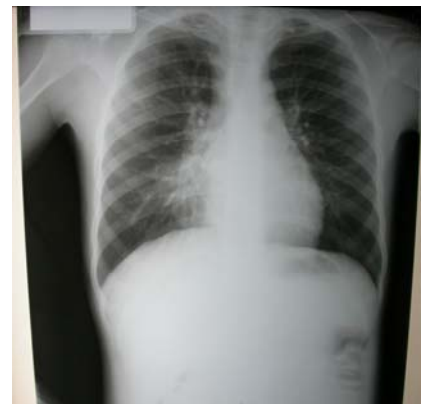
Lab/Studies Requests: CXR and Neck Ultrasound attached

Result of Neck ultrasound:

Conclusion: Right Neck Tumor

Assessment:

1. Right Neck Tumor/Carcinoma
2. TB Lymphoma??
3. Right Parotid Tumor??



Plan:

1. Can we refer her to SHCH for consultation for surgery?

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

Examined by: Nurse Peng Sovann

Date: December 20, 2006

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From: cornelia_haener@online.com.kh [mailto:cornelia_haener@online.com.kh]

Sent: Thursday, December 21, 2006 12:02 PM

To: Rattanakiri Referral Hospital

Cc: Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; JosephKvedar; Rithy Chau; Ed & Laurie Bachrach; HealthNet International; Bernie Krisher; NounSoThero

Subject: Re: Rattanakiri Referral Hospital TM clinic Patient NS#00214

Dear all,

thanks for the work up. Good assessment and DDx. Would it be possible to do a fine needle aspiration cytology or even a small biopsy in Ratanakiri? Any sign of TB on the chest X-ray? Do you have any RTV test? Try to do as many tests as possible in Ratanakiri.

Thanks

Cornelia

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

Sent: Thursday, December 21, 2006 3:48 PM

To: Kathleen M. Kelleher

Cc: Bernie Krisher; Noun So Thero; Joseph Kvedar; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Gary Jacques; Rithy Chau

Subject: Cases of telemedicine at Rattanakiri

Dear kathy,

What happen with telemedicine partner in Boston. In this month I have sent you 8 cases but I did not receive anything from you. Please let me know if you did not receive the cases I have sent so that I can resent its to you. Thank you,

Best regards,

Channarith

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]

Sent: Thursday, December 21, 2006 7:06 PM

To: Rattanakiri Referral Hospital

Cc: Bernie Krisher; Noun So Thero; Kvedar, Joseph Charles, M.D.; Paul Heinzelmann; Heinzelmann, Paul J., M.D.; Gary Jacques; Rithy Chau

Subject: RE: Cases of telemedicine at Rattanakiri

Hello Channarith:

Thank you for your message.

I did not receive any cases yesterday, although I was expecting them.

Please resend and I will send them to our doctors today.

Best regards,

Kathy Fiamma

617-726-1051

Thursday, December 21, 2006

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 December 2006

1. HS#00202, 37F (Village IV)

Diagnosis:

1. Nodular Goiter

Treatment:

1. Draw blood for TSH and Free T4, Free T3 at SHCH

Lab result on December 21, 2006

TSH	=0.50	[0.49 - 4.67]
Free T4	=16.13	[9.14 - 23.81]
Tot T3	=2.42	[0.78 - 2.5]

SHCH Recommendation: Recheck TFT in February 2007 and if normal values, then possible surgery consultation at SHCH.

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

Diagnosis:

1. GERD
2. Thyroid Dysfunction?

Treatment:

1. Omeprazole 20mg 1t po qhs for two months
2. Metochlorpramide 10mg 1t po qhs for one month
3. GERD prevention education
4. Draw blood for TSH at SHCH

Lab Result on December 21, 2006

TSH	=5.89	[0.49 - 4.67]
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SHCH Recommendation: TFT in February 2007 and if abnormal values, then consider starting medication.

3. OT#00204, 47F (Village III)

Diagnosis:

1. Rhumatoid arthritis??
2. Osteo Arthritis??
3. GERD
4. Hyperlipidemia
5. Obesity
6. h/o HTN?

Treatment:

1. Omeprazole 20mg 1t po qhs for one month
2. Paracetamol 500mg 1t po qid prn pain for one month (#30)
3. Do regular exercise and eat low fat/Na diet
4. Draw blood for RF at SHCH

Lab result on December 21, 2006

RF negative

SHCH Recommendation: Recheck BP in February 2007 and if abnormal values, then start medication.

4. PY#00205, 49F (Village I)

Diagnosis:

1. HTN
2. Tension HA

Treatment:

1. HCTZ 50mg ½t po qd for on month
2. Paracetamol 500mg 1t po qid prn HA for one month (#30)
3. Do regular exercise and eat on low Na diet

5. UY#00206, 12M (Village III)

Diagnosis:

1. Allergic Rhinitis
2. Asthma??
3. PTB??
4. Cachexia

Treatment:

1. Albuterol Inhaler 2 puffs bid prn for two months (#1)
2. MTV 1t po qd for two months (#60)
3. Loratidine 10mg 1t po qd for one month (#30)
4. Do AFB smear at Referral Hospital

6. SS#00209, 54F (Village I)

Diagnosis:

1. GERD

Treatment:

1. Omeprazole 20mg 1t po qhs for two months
2. Metochlorpramide 10mg 1t po bid for 15d
3. GERD Prevention education

7. PC#00211, 26F (Cha Ung Village)

Diagnosis:

1. Epilepsy
2. Left Leg Varicose Vein

Treatment:

1. Phenytoin 100mg 1t po qd for 100d
2. Folate 5mg 1 po bid for 100d
3. Paracetamol 500mg 1t po qid for two months (#30)

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

Diagnosis:

1. Right Neck Tumor/Carcinoma
2. TB Lymphoma??
3. Right Parotid Tumor??

Treatment:

1. Do FNA for Cytology at SHCH
2. MTV 1t po qd for one month (#30)
3. Naproxen 1t po qd once (#1)

Lab result on December 21, 2006

Conclusion: Suspicion of malignant tumor

Comment: it is better to do biopsy or repeat FNA for further evaluation

Patients who came for follow up to refill medication

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

Diagnosis:

1. Subclinical Hyperthyroidism

Treatment:

1. Propranolol 40mg ¼t po qd for two months
2. Draw blood for T3 and Free T4 in two months

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

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Lisinopril 20mg ¼t po qd x 100d
2. Metformin 500mg 2t po bid x 100d
3. Glibenclamide 5mg 2t po bid x 100d
4. ASA 300mg ¼t po qd x 100d
5. Amitriptylin 25mg ½t po qhs x 100d
6. Citirizin 10mg 1t po qd

3. MY#00156, 56F (Village I)

Diagnosis:

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

Treatment:

1. Metformin 500mg 1t po qhs x 100d
2. ASA 300mg ¼t po qd x 100d
3. Captopril 25mg 1/4t po qd x 100d
4. Amitriptyline 25mg ¼t po qhs x 100d

4. NH#00010, 49F (Village I)

Diagnosis:

1. HTN
2. DMII

3. LVH
4. Aorta Insufficiency?
5. Aorta Stenosis?

Treatment:

1. Atenolol 50mg 1t po bid
2. Chlorpropramide 1t po qAM
3. ASA 300mg ¼t po qd
4. Captopril 25mg 1/2t po bid

5. LH#00116, 59F (Village IV)

Diagnosis:

1. Hyperthyroidism
2. Cardiomegaly

Diagnosis:

1. Methimazole 10mg ½ tab po qd
2. ASA 81 mg 1 tab po chew qd
3. HCTZ 50mg ½ tab po qd
4. Draw blood for free T4 at SHCH

Lab result on December 21, 2006

Free T4=16.38 [9.14 - 23.81]

SHCH Recommendation: Stop Methimazole now and recheck T3 and free T4 in February 2007 and if normal values, then possible surgery consultation at SHCH.

6. UP#0093, 52F (Village III)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg ½t po tid
2. Draw blood for Free T4 at SHCH

Lab Result on December 21, 2006

Free T4=10.03 [9.14 - 32.81]

SHCH Recommendation: Stop Carbimazole now and recheck T3 and free T4 in February 2007 and if normal values, then possible surgery consultation at SHCH.

7. TS#00199, 26F (Village I)

Diagnosis:

1. Allergic Rhinitis

Treatment:

1. Tylenol PM 1t po qhs for two months
2. Citirazine 10mg 1t po qd

8. KM#00158, 51F (Sre Ankrong Village)

Diagnosis:

1. Subclinical Hyperthyroidism

Treatment:

1. Do FNA for Cytology at SHCH

FNA result on December 21, 2006

Conclusion: Possible simple nodular goiter

SHCH Recommendation: Redo FNA due to poor sample slides in February 2007.

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

Diagnosis:

1. Asthma

Treatment:

1. Albuterol Inhaler 2 puffs bid prn SOB

10. SR#00190, 35F (Village I)

Diagnosis:

1. Subclinical Hyperthyroidism

Treatment:

1. Recheck Free T4 in next two months

SHCH Recommendation: Recheck T3 and free T4 in February 2007 and if normal values, then possible surgery consultation at SHCH.

11. YV#00196, 39M (Village I)

Diagnosis:

1. Rosacea
2. Folliculitis

Treatment:

1. Doxycyclin 500mg 1t po bid for 4 wks
2. Fluocinolone 0.025% apply bid on the rash 2-4 wks
3. Promethazine 25mg 1 po qhs prn pruritus
4. Loratidine 10mg 1 po qd prn pruritus

12. SH#00184, 45F (Village I)

Diagnosis:

1. Anxiety
2. Tension HA

Treatment:

1. Amitriptylin 25mg ½t po qhs

13. OI#00201, 62F (Village I)

Diagnosis:

1. Overweight
2. Lichen simplex chronicus
3. Lichen Treatmentus
4. Atopic dermatitis

Treatment:

1. Fluocinolone 0.025% apply bid on the rash until gone
2. Do regular exercise

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

Diagnosis:

1. HTN
2. DMII
3. PNP

Treatment:

1. Lisinopril 20mg ¼t po qd x 100d
2. Metformin 500mg 1t po qhs x 100d
3. Glibenclamide 5mg 1t po bid x 100d
4. ASA 300mg ¼t po qd x 100d

5. Amitriptylin 25mg ½t po qhs x 100d

15. CL#00122, 33F (Village III)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazol 5mg 1t po qd
2. Draw blood for TSH at SHCH

Lab Result on December 21, 2006

Free T4=12.89 [9.14 - 23.81]

SHCH Recommendation: Stop Carbimazole now and recheck T3 and free T4 in February 2007 and if normal values, then possible surgery consultation at SHCH.

16. CO#00188, 37F (Village I)

Diagnosis:

1. Nodular Goiter
2. Subclinical Hyperthyroidism?

Treatment:

1. Atenolol 50mg 1/4t po qd for one month
2. Draw blood for TSH and Free T4 at SHCH

Lab Result on December 21, 2006

TSH =0.40	[0.49 - 4.67]
Free T4=14.09	[9.14 - 23.81]
Tot T3 =2.57	[0.78 - 2.5]

SHCH Recommendation: Recheck T3 and free T4 in February 2007 and if normal values, then possible surgery consultation at SHCH.

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

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg ½t po tid
2. Propranolol 40mg ¼t po bid
3. Draw blood for Free T4 at SHCH

Lab Result on December 21, 2006

Free T4=27.84 [9.14 - 23.81]

18. NS#00089, 16F (Village I)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg ½t po tid
2. Draw blood for Free T4 at SHCH

Lab Result on December 21, 2006

Free T4=22.09 [9.14 - 23.81]

SHCH Recommendation: Stop Carbimazole now and recheck T3 and free T4 in February 2007 and if normal values, then possible surgery consultation at SHCH.

19. CC#00182, 23M (Ven Say Village)

Diagnosis:

1. Goiter

Treatment:

1. Recheck TSH and Free T4 in next two months

SHCH Recommendation: Recheck T3 and free T4 in February 2007 and if normal values, then possible surgery consultation at SHCH.

20. SR#00186, F (Village I)

Diagnosis:

1. Cachexia
2. Anxiety

Treatment:

1. MTV 1t po qd
2. FeSO4/Folic Acid 200/0.25mg 1t po qd

21. MS#00144, 52F (Thmey village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1tab po bid x 100d
2. Captopril 25mg ¼ tab po qd x 100d
3. ASA 300mg 1/4t po qd x 100d
4. DM education

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

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po qd

SHCH Recommendation: Recheck T3 and free T4 in February 2007 and if normal values, then stop medication and recheck TFT again in 2 months.

23. RH#00160, 67F (Village I)

Diagnosis:

1. HTN
2. DMII
3. OA
4. PNP

Treatment:

1. Glibenclamide 5mg 1 tab po qd x 100d
2. Amitriptylin 25mg ½ tab po qhs x 100d
3. ASA 300mg ¼tab po qd x 100d
4. Lisinopril 20mg ¼tab po qd x 100d

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

Diagnosis:

1. CHF
2. Incompleted RBBB

Treatment:

1. Lisinopril 20mg ¼tab po qd x 100d

2. Digoxin 0.25mg 1tab po qd x 100d
3. Furosemide 40mg ½tab po bid x 100d
4. Spironolactone 25mg 2tab po bid x 100d
5. MTV 1tab po bid x 100d

25. KP#00153, 57F (Village III)

Diagnosis:

1. DMII
2. HTN
3. A fib
4. ASD/VSD?

Treatment:

1. Captopril 25mg ½tab po bid x 100d
2. Glibenclamide 5mg ½tab po qd x 100d
3. Atenolol 50mg ½tab po qd x 100d
4. MTV 1 tab po qd x 100d
5. ASA 300mg ¼tab po qd x 100d
6. Desipramine 75mg ½tab po qhs

26. NS#00177, 40F (Village I)

Diagnosis:

1. Subclinical Hyperthyroidism

Treatment:

1. Draw blood for Free T4 at SHCH

Lab Result on December 21, 2006

Free T4=16.74 [9.14 - 23.81]

SHCH Recommendation: Recheck T3 and free T4 in February 2007 and if normal values, then possible surgery consultation at SHCH.

27. PN#00052, 53F (Ban Fang Village)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po tid x 100d
2. Propranolol 40mg 1/4t po bid x 100d
3. Draw blood for Free T4 at SHCH

Lab Result on December 21, 2006

Free T4=13.65 [9.14 - 23.81]

SHCH Recommendation: Decrease dosage of Carbimazole to 5mg ½ tab po tid now and recheck T3 and free T4 in February 2007 and if normal values, then stop medication and recheck TFT in 2 months.

Patients Seen by PA Rithy without Sending Data



1. KN#00207, 25F (Village VII)

Diagnosis:

1. GERD
2. Pregnancy 2months

Treatment:

1. Famotidine 10mg 1t po qhs (#30)
2. MTV 1t po qd (#60)
3. FeSO/Folic Acid 200/0.25mg 1t po qd (#60)
4. Pepcid complete chew 1t po qAM prn (#30)
5. GERD prevention education



2. OD#00208, 18F (Village I)

Diagnosis:

1. Perforated TM (bilateral)

Treatment:

1. Use cotton balls before shower/swimming
2. Diving deep water not recommended
3. If possible, seek for Tympanoplasty procedure at specialized hospital within PP or overseas



3. TP#00210, 11M (Village III)

Diagnosis:

1. Vit. Deficiency
2. Parasititis

Treatment:

1. Albendazole 200mg 1t po bid x 5d (buy)
2. Niclosamide chew 3t po qAM without food once (buy)
3. B-complex 1t po tid x 100d (buy)
4. MTV 1t po qd x 60d (#60)



4. SP#00212, 27F (Village III)

Diagnosis:

1. Urticaria

Treatment:

1. Tylenol PM 500/25mg 1t po qhs prn (#30)
2. Loratidine 10mg 1t po qd prn (#30)
3. Allergra-D 180/60mg 1t po qd prn (#20)
4. Use humidifier (old fashion) qhs prn
5. Regular exercise, balanced diet and drink 2-3Lwater/d



5. KK#00213, 42F (Cha Ung Village)

Diagnosis;

1. Dyspepsia
2. Parasititis
3. Urticria

Treatment:

1. Famotidine 10mg 1t po qhs (#30)
2. Loratidine 10mg 1t po qd prn (#30)
3. Tylenol PM 500/25mg 1t po qhs prn (#30)
4. Mebendazole 500mg chew 1t po qhs (buy)



6. TM#0215, 13F (Village I)

Diagnosis:

1. Allergic Rhinitis
2. Cachexia

Treatment:

1. Allerga-D 60/120mg 1/2t po qd prn (#20)
2. MTV 1t po qd (#30)
3. Paracetamol 500mg 1t po tid prn (#30)
4. Tylenol PM 500/25mg 1t po qhs prn (#20)

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