Telemedicine Clinic
Rattanakiri
Referral Hospital
January 2009

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

On Tuesday and Wednesday January 20 - 21, 2009, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 8 new cases were examined, and the data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh. PA Rithy Chau saw 10 patients extra for minor illnesses without transmitting the data.

The following day, Thursday January 22, 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: Jan 14, 2009 10:53 AM
Subject: January TM clinic at Ratanakiri Referral Hospital
To: Chau Rithy; Brian Hammond; "Paul J. M.D. Heinzelmann"; Kruy Lim; Joseph Kvedar; "Kathleen M. Kelleher"; Cornelia Haener
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, January 21, 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, January 22, 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: Jan 21, 2009 4:36 PM
Subject: Rattanakiri TM Clinic January 2009, Case#1, KS#00304, 44F (Village IV)
To: Chau Rithy; Kruy Lim; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; "Kathleen M. Kelleher"
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

For Rattanakiri TM Clinic January 2009, there are 8 new cases, this is case number 1, KS#00304, 44F and photo.

Best regards,
Dr. Sreng/Sovann

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

Patient: KS#00304, 44F (Village IV)

Chief Complaint: Palpitation and numbness x 1y

HPI: 44F presented with symptoms of palpitation, numbness, nocturia, polyphagia, polydypsia with progressive weight loss about 4kg. She was examined at private clinic with blood sugar 350mg/dl and treated with Ameril 2mg 1t bid, Delise 25mg 1t qd and ASA 1/4t qd. She still remains with the above symptoms.

PMH/SH: Total hysterectomy in 2007

Social Hx: No alcohol drinking; no cig smoking

Family Hx: None

Medication:

1. Ameril 2mg 1t bid
2. Delise 25mg 1t qd
3. ASA 300mg 1/4t qd

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 100/71 P: 72 R: 20 T: 37°C Wt: 61kg

General: Look stable

HEEN: No oropharyngeal lesion, pink conjunctiva, no icterus

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

Abdomen: Soft, no distension, (+) BS, no HSM, complete healed laparotomy scar

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

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

Lab/Studies:
On January 20, 2009

RBB: 350mg/dl

Malaria smear: negative

WBC= 13000/mm^3
Eosinophil= 10%
Neutrophil= 67%
Lymphocyte= 18%
Monocyte= 0.5%

Calcium= 8.5	[8.1 – 10.4]
Tot chole= 120	[<200mg/dl]
Creat= 0.8	[0.5 – 0.9]
Gluc= 138.6	[75 – 115]
TG= 296.7	[40 – 140]
Urea= 40	[10 – 50]

Assessment:

1. DMII

Plan:

1. Metformin 500mg 2t po qhs
2. Captopril 25mg 1/4t po qd
3. ASA 300mg 1/4t po qd
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Glcu, HbA1C at SHCH

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

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

Examined by: Dr. Leng Sreng **Date: January 21, 2009**

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

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From: Smulders-Meyer, Olga,M.D.
Date: Jan 23, 2009 1:56 AM
Subject: Rattanakiri TM Clinic January 2009, Case#1, KS#00304, 44F (Village IV)
To: "Fiamma, Kathleen M."; tmed_rithy@online.com.kh
Cc: kirihospital@gmail.com

Patient: KS#00304, 44F (Village IV)

The patient is a 44-year-old woman with new onset diabetes. Her nocturia, polydipsia and weight loss are consistent with that diagnosis. The patient is clearly overweight.

Her physical examination shows a normal sensory function, excluding neuropathy. Lab studies are consistent with Diabetes showing an elevated blood sugar of 138.6, as well as elevated triglycerides of almost 300, indicating badly controlled diabetes.

The most important information that you need to convey to this patient, is that the patient needs to lose weight. It is more important than medication. It might even resolve the diabetes for a while.
She needs to avoid all sweets and sugar in her diet, as well as simple carbohydrates, such as white bread , white rice and other foods made of flour. All the patient's meals need to include low-fat protein, and complex carbohydrates such as beans.

The next important advice is that the patient needs to start exercise program. This will greatly greatly reduce her blood sugar. The patient should also be told to avoid drinking beer, as alcohol increases triglycerides.

I agree with starting the patient on metformin 500 mg b.I.d.
I am not familiar with the other medication, Delise. The blood pressure is only 100/71, and I would not start her on the ACE inhibitor at this point.
Instead, I would check in her LDL, and making sure it is below 100.

Try to see this patient frequently, every 1-2 months initially and then every 3 months in order to get her involved and motivated in her diabetes care.
I not sure whether she has access to a glucometer, but if she does, I would teach her to check a fasting blood sugar daily initially, and then later to check several times a day before meals.

I do not think you need to start her on aspirin 300 mg a day right now.

I will obtain a hemoglobin A1c, check her kidney function.

Asked her to change her diet, exercise, and then to repeat her hemoglobin A1c in 3 months and see if she is improving. If not I will increase metformin 2000 mg a day.

If her hemoglobin A1c continues to rise, she might be a candidate for treatment with insulin.
Starting her on a longer acting insulin such as Lantus low-dose at night.

Once her diabetes is under control, her triglycerides will normalize.

The most important information that you should tell the patient, is that diabetes in itself is a progressive disease, a chronic disease, and that she should become the manager of this illness. That way she will be much more involved, and this will improve her numbers. If she does not take any action now, her diabetes will progress in relentlessly in time.

The patient also presents with palpitations and numbness and these are most likely not related to diabetes.
Her heart rate of physical examination is only 72 and she is normotensive.
The patient is relatively young at 44 most likely premenopausal, and therefore at decreased risk for heart disease.
In this age group, anxiety is often the reason for her palpitations. Getting exercise on a regular basis, such as walking for 40 minutes 3 or 4 times a week, will help with her anxiety.
Maybe once her diabetes is better controlled, she will feel less anxious.
I would advise her to avoid all caffeine.

Olga Smulders-Meyer MD

From: **Hospital Rattanakiri Referral**
Date: Jan 21, 2009 4:39 PM
Subject: Rattanakiri TM Clinic January 2009, Case#2, SS#00305, 57F (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 2, SS#00305, 57F and photo.

Best regards,
Sovann

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

Patient: SS#00305, 57F (Village IV)

Chief Complaint: HA, neck tension and extremity numbness x 1y

HPI: 57F presented with symptoms of HA, neck tension, extremity numbness, polyuria, polyphagia, polydypsia with weight loss, she was examined at private clinic, diagnosed with DMII, HTN and in this month she started treatment with Amerile 1t po bid, ASA 1/4t qd, Delise 25mg 1t po qd. In these four months she stopped taking these medicines and represented with HA, neck tension, extremity numbness.

PMH/SH: Malaria in 1968 and GERD in 2008

Social Hx: No alcohol drinking; no cig smoking

Family Hx: None

Medication:

1. Amerile 1t po bid
2. ASA 1/4t qd
3. Delise 25mg 1t po qd

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 140/90 P: 86 R: 22 T: 37°C Wt: 53kg

General: Look stable

HEEN: No oropharyngeal lesion, pink conjunctiva, no icterus

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

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

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

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

Lab/Studies:
On January 20, 2009

RBB: 275mg/dl

Malaria smear: negative

WBC= 7000/mm^3
Eosinophil= 0.3%
Neutrophil= 50%
Lymphocyte= 37%
Monocyte= 10%

Calcium= 7.6	[8.1 – 10.4]
Tot chole= 120	[<200mg/dl]
Creat= 0.6	[0.5 – 0.9]
Gluc= 119.4	[75 – 115]
TG= 66.7	[40 – 140]
Urica acid=3.5	[2.4 – 5.7]

Assessment:
1. DMII
2. HTN

Plan:
1. Metformin 500mg 2t po qhs
2. Captopril 1/2t po bid
3. ASA 300mg 1/4t po qd
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Glcu, HbA1C at SHCH

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

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

Examined by: Dr. Leng Sreng **Date: January 21, 2009**

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

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From: Danny Sands (dzsands) [mailto:dzsands@cisco.com]
Sent: Thursday, January 22, 2009 11:20 AM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri TM Clinic January 2009, Case#2, SS#00305, 57F (Village IV)

This is a 57 yo woman previously diagnosed with diabetes and hypertension. She presents with headache, neck tension, and extremity numbness.

While I agree with your assessment and most of your plan as far as it goes, you did not address her chief complaint. If you don't do that then she will not trust you or return for care.

I recommend a careful examination of her neck, including asking her to flex and extend and applying pressure to various spots. She may need to be treated with a soft cervical collar, moist heat, massage, analgesics, etc. You also want to ensure that she doesn't have a spinal fracture causing her problem.

The other thing on the diabetes is that metformin is best given twice a day, unless it is the sustained release version. So you should give her metformin 500mg BID.

Also, make sure you seem her for follow-up so she doesn't run out of medications.

- Danny

Daniel Z. Sands, MD, MPH

Beth Israel Deaconess Medical Center

Harvard Medical School

From: Hospital Rattanakiri Referral
Date: Jan 21, 2009 4:42 PM
Subject: Rattanakiri TM Clinic January 2009, Case#3, NV#00306, 25M (Thmey Village)
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, NV#00306, 25M and photo.

Best regards,
Dr. Sreng/Sovann

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

Patient: NV#00306, 25M (Thmey Village)

Chief Complaint: Fatigue and polyuria x 2y

HPI: 25M presented with symptoms of fatigue, polyuria, palpitation, polyphagia and had check up at private clinic glucose 500mg/dl, U/A gluc 4+, diagnosed with diabetes mellitus and treated with Antihyperglycermic drug (unknown name) 2t po qd x 1w but not better, so he stopped taking it and took traditional medicine x 4months. He became better and stopped taking traditional medicine. A few months after stop taking traditional medicine, He represented with above symptoms and weight loss about 4kg, blood sugar 300mg/dl and took the same traditional medicine but not better until now. He denied of fever, cough, dyspnea, numbness/tingling, oliguria, hematuria, dysuria, edema.

PMH/SH: Unremarkable

Social Hx: Casually drinking alcohol; no cig smoking

Family Hx: None

Medication:
Traditional medicine

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 101/71 P: 82 R: 20 T: 37°C Wt: 42kg

General: Look sick

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

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

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

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

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

Lab/Studies:
On January 20, 2009

RBS: high; U/A: gluc 4+

On January 21, 2009

FBS: 465mg/dl

Assessment:

1. DM

Plan:

1. Glibenclamide 5mg 1t po bid
2. Educate on diabetic diet, do regular exercise, foot care and hypoglycemia sign
3. Draw blood for CBC, Lyte, BUN, Creat, Glcu, HbA1C at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: January 20, 2009**

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

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From: Smulders-Meyer, Olga,M.D.
Date: Jan 23, 2009 2:25 AM
Subject: RE: Rattanakiri TM Clinic January 2009, Case#3, NV#00306, 25M (Thmey Village)
To: "Fiamma, Kathleen M."; kirihospital@gmail.com
Cc: tmed_rithy@online.com.kh

Patient: NV#00306, 25M (They Village

The patient is a 25-year-old male, who presents with acute onset of significant hyperglycemia.
the patient only weighs 42 kilograms, and he is clearly underweight, so most likely he has lost more than just 4 kg.

A patient like this is not the usual diabetes type II. He is still relatively young, and his blood sugar is quite high, and these kind of patients are going to behave like a type I diabetic, requiring insulin soon.

I do not believe that the patient is going to respond well to just being treated with Glibenclamide 5 mg b.I.d.. Most likely this patient's hemoglobin A1c is around 8 to 9, if not higher.
This is a kind of patient that I would start on Lantus 10 units at night, or NPH, a long acting insulin, and the patient can check his fasting blood sugar every day.
You could slowly increase Lantus by two units a 4 to 5 days, until his fasting blood sugar is in the right range between 80 and 110.

The patient's blood pressure is in excellent range, and I agree you need to check his renal function. He does not need antihypertensive medication at this point.

This patient is extremely thin. He is a young man, and given his weight loss, I would have a very low threshold to test him for HIV as well.

This patient also needs to be seen by an ophthalmologist on a yearly basis.

Olga Smulders-Meyer MD

From: Hospital Rattanakiri Referral
Date: Jan 21, 2009 4:45 PM
Subject: Rattanakiri TM Clinic January 2009, Case#4, CS#00307, 25F (Village III)
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 4, CS#00307, 25F and photo.

Best regards,
Dr. Sreng/Sovann

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

Patient: CS#00307, 25F (Village III)

Chief Complaint: Syncope x 6 months

HPI: 25F presented with symptoms of passing out with tonic-clonic muscle contraction once per month, awake in about 5-6mn, but unable to remember event happen to her. She denied of fever, cough, dyspnea, fatigue, vertigo, HA, photophobia, trauma or any symptoms before or after syncope. She presented with monthly attack x 5m and two attacks in this month. She hasn't sought medical care yet just come to consult with Telemedicine today.

PMH/SH: Unremarkable

Social Hx: 2 children, casually drinking alcohol; no cig smoking, her husband smoke

Family Hx: None

Medication:
Oral contraceptive for three years

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 127/77 P: 98 R: 20 T: 37°C Wt: 44kg

General: Look stable

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

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

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

Extremity/Skin: No edema, no lesion

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

Lab/Studies: None

Assessment:

1. Grand mal seizure

Plan:

1. Carbamazepine 200mg 1t po qd
2. 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: January 21, 2009**

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

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From: Cole, Andrew James,M.D.
Sent: Thursday, January 22, 2009 4:34 PM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri TM Clinic January 2009, Case#4, CS#00307, 25F (Village III)

I agree with the diagnosis and management. It will be important to see if the episodes stop with the Tegretol. If not, we may want to get more information.

AJC
Andrew J. Cole, M.D., F.R.C.P.(C.)
Director, MGH Epilepsy Service
Associate Professor of Neurology
Harvard Medical School
WAC 739-L
Fruit Street
Boston, Massachusetts 02114

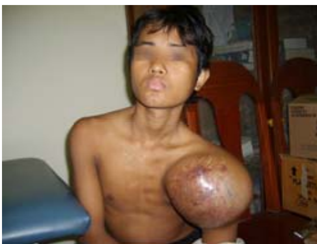
From: Hospital Rattanakiri Referral
Date: Jan 21, 2009 4:52 PM
Subject: Rattanakiri TM Clinic January 2009, Case#5, SB#00308, 16M (Thmey Village)
To: Cornelia Haener; "Paul J. M.D. Heinzelmann"; "Kathleen M. Kelleher"; Joseph Kvedar; Kruy Lim; Chau Rithy
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

This is case number 5, SB#00308, 16M and photos.

Best regards,
Dr. Sreng/Sovann

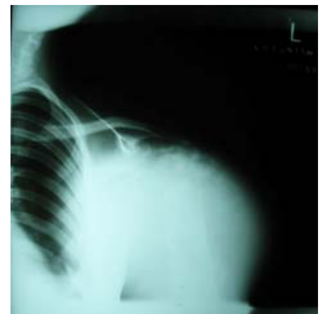
Rattanakiri Provincial Hospital Telemedicine Clinic with Sihanouk Hospital Center of HOPE and Partners in Telemedicine

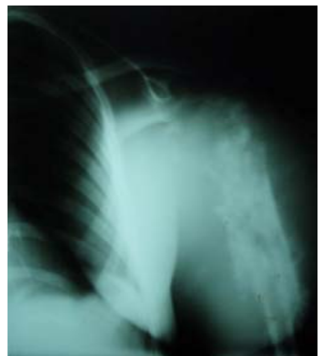


Patient: SB#00308, 16M (Thmey Village)

Chief Complaint: Big mass on left shoulder x 14d

HPI: 16M tried to catch his cow leg to see the wound on his cow's leg, the cow pulls his hand then he presented with pain, swelling on left shoulder with unable to move the left hand, he had been just applied with traditional herbal medicine x 10d then his shoulder swelling became better. He carried two bags of rice on his right shoulder, then his shoulder became swelling, severe pain. He was brought to provincial hospital and got two times of I & D and got transfusion a unit of blood, Antibiotic and pain killer. He still presented with shoulder swelling, pain, unable to move the left hand and was discharged from hospital. His family noticed the shoulder became more swelling, severe pain, erythema and brought him to provincial hospital again. He was treated in hospital with Cetriazone 1g bid, Metronidazole 500mg bid, Paracetamol 500mg tid.





PMH/SH: Unremarkable

Social Hx: Grade 3 student

Family Hx: Grand mother with breast cancer

Medication:
1. Cetriaxone 1g bid IV
2. Metronidazole 500mg bid
3. Paracetamol 500mg 1t tid

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 100/64 P: 124 R: 20 T: 37.7°C O2 sat:96% Wt: 42kg

General: Look Sick

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

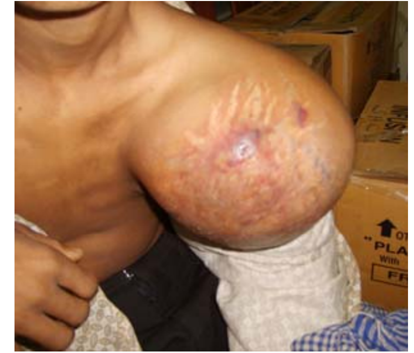
Left Shoulder: A big mass about 20 x 15cm, tender, erythema, hard, non-movable, regular border

Chest: CTA bilaterally, no rales, no rhonchi; H tachycardia, RR, no murmur

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

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

MS/Neuro: left wrist drop, no sensation with light touch, unable to move his left hand



Lab/Studies:
On January 20, 2009

Assessment:
1. Left shoulder joint osteomyelitis
2. Left shoulder tumor??
3. Anemia

Plan:
1. Refer to SHCH for surgical consultation
2. Comtrimoxazole 480mg 1t po bid x 2m
3. Metronidazole 250mg 2t po bid x 2m
4. Naproxen 375mg 1t po bid prn
5. FeSO4/Folate 200/0.25mg 1t po bid
6. MTV 1t po qd
7. Draw blood for CBC, Lyte, BUN, Creat, Glcu, ESR, peripheral smear 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: January 21, 2009**

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

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From: Cornelia Haener
Date: Jan 21, 2009 5:18 PM
Subject: Rattanakiri TM Clinic January 2009, Case#5, SB#00308, 16M (Thmey Village)
To: Hospital Rattanakiri Referral; "Paul J. M.D. Heinzelmann"; "Kathleen M. Kelleher"; Joseph Kvedar; Kruy Lim; Chau Rithy
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

It rather looks like a far advanced sarcoma to me, and the patient might try to explain it with this trauma.

I will show it to the orthopedic team tomorrow and ask them if there is anything we can do for this patient.

Kind regards

Cornelia

From: Cornelia Haener
Date: Jan 22, 2009 12:36 PM
Subject: Rattanakiri TM Clinic January 2009, Case#5, SB#00308, 16M (Thmey Village)
To: Hospital Rattanakiri Referral; "Paul J. M.D. Heinzelmann"; "Kathleen M. Kelleher"; Joseph Kvedar; Kruy Lim; Chau Rithy
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

I have just discussed with our orthopedic surgeon Dr. Phot. He confirms the diagnosis of advanced osteosarcoma. An exarticulation would technically be possible, but the family would have to provide 4 – 5 units of blood. After this deforming surgical procedure, the survival might still be 6 – 12 months only if he does not die from hemorrhage intraoperatively.

Kind regards

Cornelia

From: Hospital Rattanakiri Referral
Date: Jan 21, 2009 4:59 PM
Subject: Rattanakiri TM Clinic January 2009, Case#6, TN#00309, 64F (Village VI)
To: Chau Rithy; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; "Kathleen M. Kelleher"; Kruy Lim
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

This is case number 6, TN#00309, 64F and photo.

Best regards,
Dr. Sreng/Sovann

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

Patient: TN#00309, 64 F (Village VI)

Chief Complaint: Polyuria, and fatigue for 2months

HPI: 64F presented with symptoms of polyuria (15 -20times/day), weight loss from 75kg to 45kg, fatigue, asthenia, so she went for check up at private clinic with elevated blood sugar and buy antihyperglycemic drug x 1m. Her symptoms became a bit better and come to consult with Telemedicine today.

PMH/SH: unremarkable.

Social Hx: no smoke, no EtOH

Family Hx; none

Medication:
Antihyperglycemic drug (unknown name) 2t po qd x 1m

Allergies: NKDA

Family Hx: None

ROS: none

PE:
Vital Signs: BP: 123/90 P: 93 R: 20 T: 36.5 Wt: 48kg

General: Alert and orientedx3

HEENT: No icteric, pink conjuntiva, no oropharyngeal lesions

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

Abdomen: Soft , nontendered, active BS, no organomegaly

Musculoskeletal: no gross masses or lesions or rashes

Neuro: DTRs +2/4, mortor and sensory intact

Previous Lab/Studies:

Lab/Studies Requests: -U/A : Glucose(+++) on 21/01/2009
- Biochemistry: total cholesterol 196mg/dl, Triglyceride402mg/dl, glucose 225mg/dl .

Assessment: - DMII

Plan: 1- Glibenclamide 5mg 1tb bid for 2months
2- Fenofibrate 100mg 1tb qd for 2months
3- Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG and HbA1C at SHCH

Comments/Notes:

Examined by: MA. Koh Polo **Date: January 21, 2009**

Please send all replies to kirihospital@gmail.com and cc: to tmed_rithy@online.com.kh .
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From: Danny Sands (dzsands)
Sent: Thursday, January 22, 2009 10:36 AM
To: Fiamma, Kathleen M.
Subject: RE: Rattanakiri TM Clinic January 2009, Case#6, TN#00309, 64F (Village VI)

This is a 64 yo female with polyuria, asthenia, and weight loss, recently found to be hyperglycemic and started on a hypoglycemic drug. On your exam she is hypertensive. Labs from Jan 21 notable for glycosuria and hypertriglyceridemia.

Your assessment was type II diabetes.

Your plan was to treat with glibenclamide as well as fenofibrate. You also wanted to draw blood.

I agree with all of that, but in addition she is hypertensive and should be treated, although it would be okay to wait until her return in two months to see if her BP is still high.

Also, I suggest adding TSH to her blood tests, to rule out hypothyroidism.

Thank you.

Danny

Daniel Z. Sands, MD, MPH

Beth Israel Deaconess Medical Center

Harvard Medical School

From: Hospital Rattanakiri Referral
Date: Jan 21, 2009 5:02 PM
Subject: Rattanakiri TM Clinic January 2009, Case#7, SM#00310, 25M (Trapang Chres Village)
To: Cornelia Haener; Chau Rithy; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kruy Lim; "Kathleen M. Kelleher"
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

This is cass number 7, SM#00310, 25M and photo.

Best regards,
Dr. Sreng/Sovann

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

Patient: SM#00310, 25M (Trapang Chres Village)

Chief Complaint: Fatigue and polyuria x 2y

HPI: 25M presented with symptoms of fatigue, polyuria, palpitation, polyphagia and had check up at private clinic glucose 452mg/dl and treated with antihyperglycemic drug x 1m but not better so he stopped taking it and took traditional medicine but still presented with the same symptoms. In this month his symptoms became worse with polyuria, polyphagia, fatigue, weight loss so he went to provincial hospital and treated with some injection and po drugs x 2d. She denied of fever, cough, dyspnea, blurred vision, oliguria, dysuria, edema.

PMH/SH: Unremarkable

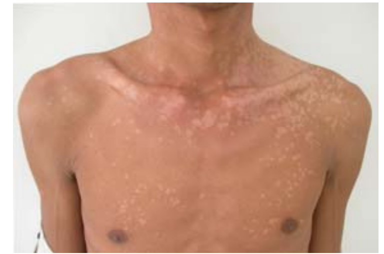
Social Hx: Casually drinking alcohol; casually cig smoking

Family Hx: None

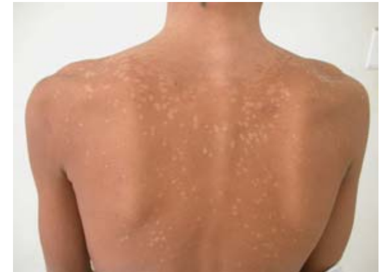
Medication:

Allergies: NKDA

ROS: a mass about 3x5cm on right lateral neck, tender, no erythem, no trauma, no insect bite x 15d

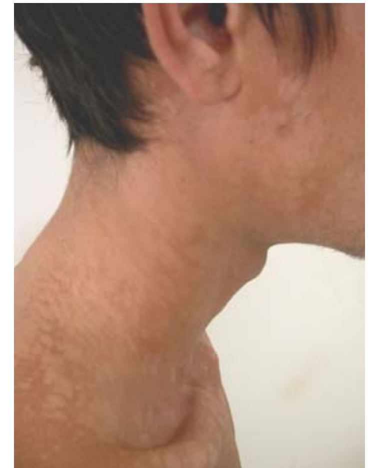


PE:
Vital Signs: BP: 95/73 P: 87 R: 20 T: 37°C Wt: 52kg



General: Look sick

HEEN: No oropharyngeal lesion, pink conjunctiva, right lateral neck mass about 3 x 5cm, tender on palpation, no erythema, smooth, regular border, no lymph node palpable



Chest: CTA bilaterally, no rales, no rhonchi; HRRR, no murmur; anterior and posterior chest rash, hyperpigmentation, and hypopigmentation, some scaly skin, no erythema, no vesicle, no pustule, no pruritus

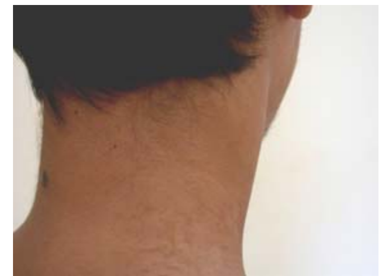
Abdomen: Soft, no tender, no distension, (+) BS, no HSM, no scar

Extremity/Skin: No edema, no foot wound, (+) dorsalis pedis

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

Lab/Studies:
On January 20, 2009

RBS: high; U/A: gluc 4+



On January 21, 2009

RBS: 565mg/dl

CXR and Neck mass x-ray pending
RTV test pending for confirming ELISA

Assessment:

1. DM
2. Right Lymphadenitis
3. Right lateral neck mass??
4. Tinea Versicolor

Plan:

1. Glibenclamide 5mg 1t po bid
2. Naproxen 375mg 1t po bid prn pain
3. Clotrimazole 0.1% apply bid
4. Educate on diabetic diet, do regular exercise, foot care and hypoglycemia sign
5. Draw blood for CBC, Lyte, BUN, Creat, Glcu, HbA1C at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: January 21, 2009**

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

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From: Cornelia Haener
Date: Jan 22, 2009 9:27 AM
Subject: RE: Rattanakiri TM Clinic January 2009, Case#7, SM#00310, 25M (Trapang Chres Village)
To: Hospital Rattanakiri Referral; Chau Rithy; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kruy Lim; "Kathleen M. Kelleher"
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

Thanks for submitting this case.

I am only commenting on the lateral neck mass. I would like to add "Lateral brachial cyst" as differential diagnosis. An ultrasound might help further assessment of this neck mass.

Kind regards

Cornelia

From: Barbesino, Giuseppe,M.D.
Date: Jan 23, 2009 6:12 AM
Subject: RE: Rattanakiri TM Clinic January 2009, Case#7, SM#00310, 25M (Trapang Chres Village)
To: "Fiamma, Kathleen M."
Cc: kirihospital@gmail.com, tmed_rithy@online.com.kh

This young man presents with severe symptomatic hyperglycemia and a possible neck mass. He also has lateral neck mass. First his diabetes should be addressed. He should have full tests of blood electrolytes, liver function tests and blood and urine ketones. He should also have a blood gas analysis. I suspect he has type I diabetes mellitus and he is in immediate danger from ketoacidosis. He should be admitted to a hospital urgently and treated with IV and subcutaneous insulin if he has acidosis and ketosis. He should receive generous IV hydration and electrolyte replacement as dictated by his blood tests.

The nature of his neck mass cannot be determined. He should receive neck US followed by fine needle aspiration biopsy possibly with culture and acid-fast test, mycobacterium culture.

This is a very ill person, I do not think that oral hypoglycemic agents and outpatient treatment is sufficient.

From: Hospital Rattanakiri Referral
Date: Jan 21, 2009 5:11 PM
Subject: Rattanakiri TM Clinic January 2009, Case#8, SH#00311, 57F (Dey Lo Village)
To: Chau Rithy; "Paul J. M.D. Heinzelmann"; Cornelia Haener; "Kathleen M. Kelleher"; Joseph Kvedar; Kruy Lim
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

This is the last case for Rattanakiri TM Clinic January 2009, Case number 8, SH#00311, 57F and photo. Please reply to the cases before Thursday afternoon, then the treatment plan can be made accordingly.

Thank you very much for your cooperation and support in this project.

Best regards,
Dr. Sreng/Sovann

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

Patient: SH#00311, 57F (Dey Lo Village)

Chief Complaint: Palpitation and fatigue x 2y

HPI: 57F presented with symptoms of polyuria, fatigue, polyphagia, polydypsia, had checked urine at private clinic with gluc 4+, she only took traditional medicine during these 2y. She denied of fever, cough, chest pain, dyspnea, numbness/tingling, oliguria, dysuria, edema.

PMH/SH: Left clavicle fracture in 2006

Social Hx: No alcohol drinking; no cig smoking

Family Hx: None

Medication:

1. Traditional medicine

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 121/86 P: 100 R: 20 T: 37°C Wt: 55kg

General: Look stable

HEEN: No oropharyngeal lesion, pink conjunctiva, Thyroid enlargement about 1x2cm, no tender, no erythema, regular border, no lymph node palpable, no JVD

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

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

Extremity/Skin: No edema, no lesion, no foot wound, (+) dorsalis pedis pulse

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

Lab/Studies:
On January 20, 2009

RBB: 337mg/dl; U/A gluc 4+

Assessment:
1. DMII
2. Thyroid cyst?

Plan:
1. Glibenclamide 5mg 1t po bid
2. Captopril 25mg 1/4t po qd
3. ASA 300mg 1/4t po qd
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Glcu, HbA1C, TSH at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: January 21, 2009**

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

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From: Cornelia Haener
Date: Jan 22, 2009 9:38 AM
Subject: RE: Rattanakiri TM Clinic January 2009, Case#8, SH#00311, 57F (Dey Lo Village)
To: Hospital Rattanakiri Referral; Chau Rithy; "Paul J. M.D. Heinzelmann"; "Kathleen M. Kelleher"; Joseph Kvedar; Kruy Lim
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

Sorry for the confusion. I responded to this case in the wrong email trail.

Below my response for this case:

Thanks for submitting this case. I would like to comment on the goiter only. A thyroid ultrasound would show if it is a cystic goiter, multinodular goiter or a single node. Has the goiter grown very fast or slowly? A fast growing solitary nodule would be suspicious for a thyroid cancer. A slow growing goiter rather for an endemic goiter.

If ultrasound is not available, a good history might be best for primary assessment of the goiter. If it is an endemic goiter, she would only need treatment if the TSH is low.

Kind regards

Cornelia

From: Barbesino, Giuseppe,M.D.
Date: Jan 23, 2009 6:14 AM
Subject: RE: Rattanakiri TM Clinic January 2009, Case#8, SH#00311, 57F (Dey Lo Village)
To: "Fiamma, Kathleen M."
Cc: kirihospital@gmail.com, tmed_rithy@online.com.kh

I agree with the management of this lady likely with type 2 diabetes mellitus. She should have a neck ultrasound for her neck mass.

From: Hospital Rattanakiri Referral
Date: Jan 22, 2009 9:37 AM
Subject: Rattanakiri TM Clinic January 2009
To: "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <pheinzelmann@partners.org>

Dear Kathy and Paul,

We have not received any reply for this month TM clinic for Rattanakiri. Is any of your physicians available to answer this time? Please us know whether physicians on your side will be able to contribute during this month clinic.

We appreciate your input into all the cases sent and information provided thus far helped us tremendously in providing better management of the patients.

Hope to hear from you soon.

Best Regards,
Rithy
From: Fiamma, Kathleen M.
Date: Jan 22, 2009 8:37 PM
Subject: Rattanakiri TM Clinic January 2009
To: Hospital Rattanakiri Referral; "Heinzelmann, Paul J.,M.D."

Hello Rithy:

I am so sorry about this lapse in service. I moved the cases into another file on my computer because my email would not work because I ran out of space and I completely forgot to triage the cases.

I am sending them to our doctors right now and will get all of the cases answered.

I am terribly sorry about this.

Best,

Kathy Fiamma
617-726-1051

Thursday, January 22, 2009

Follow-up Report for Rattanakiri TM Clinic

There were 8 new patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 8 cases was transmitted and received replies from both Phnom Penh and Boston, other 18 patients came for follow up and refill medication and 10 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 January 2009

1. KS#00304, 44F (Village IV)
Diagnosis:
1. DMII

Treatment:
1. Metformin 500mg 2t po qhs (buy)
2. Captopril 25mg 1/4t po qd #15
3. ASA 300mg 1/4t po qd #15
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Glcu, HbA1C at SHCH

Lab result on January 23, 2009

WBC	=8.2	[4 - 11x10^9/L]	Na	=140	[135 - 145]
RBC	=5.14	[3.9 - 5.5x10^{12}/L]	K	=4.3	[3.5 - 5.0]
Hb	=13.9	[12.0 - 15.0g/dL]	Cl	=106	[95 - 110]
Ht	=42	[35 - 47%]	BUN	=3.6	[0.8 - 3.9]
MCV	=83	[80 - 100fl]	Creat	=91	[44 - 80]
MCH	=27	[25 - 35pg]	Gluc	=14.5	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	HbA1C	=9.5	[4 – 6]
Plt	=249	[150 - 450x10^9/L]			
Lym	=2.6	[1.0 - 4.0x10^9/L]			

2. SS#00305, 57F (Village IV)
Diagnosis:
1. DMII
2. HTN

Treatment:
1. Glibenclamide 5mg 1 po bid qhs (buy)
2. Captopril 1/2t po bid #60
3. ASA 300mg 1/4t po qd #15
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Glcu, HbA1C at SHCH

Lab result on January 23, 2009

WBC	=6.4	[4 - 11x10^9/L]			
RBC	=6.14	[3.9 - 5.5x10^{12}/L]			
Hb	=10.9	[12.0 - 15.0g/dL]			
Ht	=36	[35 - 47%]	BUN	=1.8	[0.8 - 3.9]
MCV	=58	[80 - 100fl]	Creat	=63	[44 - 80]
MCH	=18	[25 - 35pg]	Gluc	=14.9	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	HbA1C	=4.9	[4 - 6]
Plt	=260	[150 - 450x10^9/L]			
Lym	=2.5	[1.0 - 4.0x10^9/L]			
Mxd	=1.5	[0.1 - 1.0x10^9/L]			
Neut	=2.4	[1.8 - 7.5x10^9/L]			

3. NV#00306, 25M (Thmey Village)

Diagnosis:

1. DM

Treatment:

1. Glibenclamide 5mg 2t po bid #240
2. Captopril 1/4t po qd #15
3. ASA 300mg 1/4t po qd #15
4. Educate on diabetic diet, do regular exercise, foot care and hypoglycemia sign
5. Draw blood for CBC, Lyte, BUN, Creat, Glcu, HbA1C at SHCH

Lab result on January 23, 2009

WBC	=6.6	[4 - 11x10^9/L]			
RBC	=5.71	[4.6 - 6.0x10^{12}/L]			
Hb	=16.0	[14.0 - 16.0g/dL]			
Ht	=47	[42 - 52%]	BUN	=2.2	[0.8 - 3.9]
MCV	=82	[80 - 100fl]	Creat	=102	[53 - 97]
MCH	=28	[25 - 35pg]	Gluc	=24.6	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	HbA1C	=18.1	[4 – 6]
Plt	=195	[150 - 450x10^9/L]			
Lym	=2.0	[1.0 - 4.0x10^9/L]			
Mxd	=1.1	[0.1 - 1.0x10^9/L]			
Neut	=3.5	[1.8 - 7.5x10^9/L]			

4. CS#00307, 25F (Village III)

Diagnosis:

1. Grand mal seizure

Treatment:

1. Carbamazepine 200mg 1t po qd (buy)
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT at SHCH

Lab result on January 23, 2009

WBC	=8.0	[4 - 11x10^9/L]	Na	=141	[135 - 145]
RBC	=5.2	[3.9 - 5.5x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=13.6	[12.0 - 15.0g/dL]	Cl	=109	[95 - 110]
Ht	=44	[35 - 47%]	BUN	=2.2	[0.8 - 3.9]
MCV	=86	[80 - 100fl]	Creat	=79	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=4.5	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	SGOT	=25	[<31]
Plt	=300	[150 - 450x10^9/L]	SGPT	=33	[<32]
Lym	=2.7	[1.0 - 4.0x10^9/L]			
Mxd	=0.7	[0.1 - 1.0x10^9/L]			
Neut	=4.6	[1.8 - 7.5x10^9/L]			

5. SB#00308, 16M (Thmey Village)

Diagnosis:

1. Left shoulder osteosarcoma
2. Left shoulder osteomyelitis
3. Anemia

Treatment:

1. Comtrimoxazole 480mg 1t po bid x 2m
2. Metronidazole 250mg 2t po bid x 2m
3. Naproxen 375mg 1t po bid prn #50
4. FeSO4/Folate 200/0.25mg 1t po bid # 120
5. MTV 1t po qd (60)
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, ESR, peripheral smear at SHCH

Lab result on January 23, 2009

Test	Result	Range	Test	Result	Range
WBC	=4.3	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=2.2	[4.6 - 6.0x10^{12}/L]	K	=3.9	[3.5 - 5.0]
Hb	=3.5	[14.0 - 16.0g/dL]	Cl	=107	[95 - 110]
Ht	=14	[42 - 52%]	BUN	=0.6	[0.8 - 3.9]
MCV	=65	[80 - 100fl]	Creat	=62	[53 - 97]
MCH	=16	[25 - 35pg]	Gluc	=5.9	[4.2 - 6.4]
MHCH	=25	[30 - 37%]			
Plt	=270	[150 - 450x10^9/L]			
Lym	=1.0	[1.0 - 4.0x10^9/L]			
Mxd	=0.5	[0.1 - 1.0x10^9/L]			
Neut	=2.8	[1.8 - 7.5x10^9/L]			

RBC morphology

Elliptocyte	1+	
Poikilocytosis	1+	
Microcyte	2+	
Hypochromic	2+	
RSR	=25	[0 – 15]

6. TN#00309, 64 F (Village VI)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1tb bid for 2months #120
2. Fenofibrate 100mg 1tb qd for 2months (buy)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG and HbA1C at SHCH

Lab result on January 23, 2009

Test	Result	Range	Test	Result	Range
WBC	=6.7	[4 - 11x10^9/L]	Na	=141	[135 - 145]
RBC	=3.71	[3.9 - 5.5x10^{12}/L]	K	=3.6	[3.5 - 5.0]
Hb	=11.1	[12.0 - 15.0g/dL]	Cl	=104	[95 - 110]
Ht	=35	[35 - 47%]	BUN	=2.1	[0.8 - 3.9]
MCV	=93	[80 - 100fl]	Creat	=87	[44 - 80]
MCH	=30	[25 - 35pg]	Gluc	=15.4	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=7.4	[<5.7]
Plt	=332	[150 - 450x10^9/L]	TG	=6.6	[<1.71]
Lym	=1.8	[1.0 - 4.0x10^9/L]	HbA1C	=17.1	[4 – 6]

7. SM#00310, 25M (Trapang Chres Village)

Diagnosis:

1. DM
2. Right Lymphadenitis (TB)
3. Right lateral brachial cyst

4. Tinea Versicolor

Treatment:

1. Glibenclamide 5mg 1t po bid #120
2. Captopril 1/4t po qd # 15
3. ASA 300mg 1/4t po qd #15
4. Naproxen 375mg 1t po bid prn pain #20
5. Clotrimazole 0.1% apply bid #1
6. Do AFB Sputum smears
7. Educate on diabetic diet, do regular exercise, foot care and hypoglycemia sign
8. Draw blood for CBC, Lyte, BUN, Creat, Glcu, HbA1C, ELISA at SHCH

Lab result on January 23, 2009

Test	Result	Range	Test	Result	Range
WBC	=4.4	[4 - 11x10^9/L]	Na	=132	[135 - 145]
RBC	=4.5	[4.6 - 6.0x10^{12}/L]	K	=3.8	[3.5 - 5.0]
Hb	=13.0	[14.0 - 16.0g/dL]	Cl	=99	[95 - 110]
Ht	=38	[42 - 52%]	BUN	=1.6	[0.8 - 3.9]
MCV	=85	[80 - 100fl]	Creat	=89	[53 - 97]
MCH	=30	[25 - 35pg]	Gluc	=25.2	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	HbA1C	=17.3	[4 – 6]
Plt	=227	[150 - 450x10^9/L]	TSH	=0.84	[0.49 – 4.67]
Lym	=1.9	[1.0 - 4.0x10^9/L]			

8. SH#00311, 57F (Dey Lo Village)
Diagnosis:

1. DMII
2. Thyroid cyst?

Treatment:

1. Glibenclamide 5mg 1t po bid #120
2. Captopril 25mg 1/4t po qd #15
3. ASA 300mg 1/4t po qd #15
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Glcu, HbA1C, TSH at SHCH

Lab result on January 23, 2009

Test	Result	Range	Test	Result	Range
WBC	=5.4	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=4.9	[3.9 - 5.5x10^{12}/L]	K	=4.4	[3.5 - 5.0]
Hb	=12.3	[12.0 - 15.0g/dL]	Cl	=105	[95 - 110]
Ht	=41	[35 - 47%]	BUN	=1.7	[0.8 - 3.9]
MCV	=83	[80 - 100fl]	Creat	=70	[44 - 80]
MCH	=25	[25 - 35pg]	Gluc	=14.3	[4.2 - 6.4]
MHCH	=30	[30 - 37%]	HbA1C	=16.5	[4 – 6]
Plt	=221	[150 - 450x10^9/L]			
Lym	=2.6	[1.0 - 4.0x10^9/L]			
Mxd	=0.6	[0.1 - 1.0x10^9/L]			
Neut	=2.2	[1.8 - 7.5x10^9/L]			

Patient who come for follow up and refill medication

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. Captopril 25mg 11/2t po tid (#300)
5. HCTZ 50mg 1t po qd (#buy)

2. SP#00081, 54F (Village III)
Diagnosis:
1. HTN
2. DMII

Treatment:
1. Glibenclamide 5mg 1t po qAM for one month (#100)
2. Metformin 500mg 2t po qhs for one month (#200)
3. Captopril 25mg 1/2t po bid for one month (#50)
4. ASA 300mg ¼t po qd for one month (#25)

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

Treatment:
1. Carbimazole 5mg 1t po qd (#100)

4. OT#00155, 45F (Bor Keo)
Diagnosis:
1. HTN
2. DMII

Treatment:
1. Metformin 500mg 2t qAM, 3t qPM (#500)
2. Glibenclamide 5mg 2t po bid (#400)
3. Captopril 25mg 1/2t po bid (#100)
4. ASA 300mg ¼t po qd (#25)
5. Amitriptylin 25mg ½t po qhs (#50)
6. Draw blood for Lyte, Creat, Gluc and HbA1C at SHCH

Lab result on January 23, 2009

Na	=138	[135 - 145]
K	=4.6	[3.5 - 5.0]
Cl	=104	[95 - 110]
Creat	=67	[44 - 80]
Gluc	=16.9	[4.2 - 6.4]
HbA1C	=14.0	[4 – 6]

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

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

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

Treatment:
1. Chlorpropramide 250mg 1t po bid (buy)
2. Metformin 500mg 1t po qhs (#100tab)

3. ASA 300mg $^{1}/_{4}$t po qd (#25tab)
4. Draw blood for Gluc and HbA1C at SHCH

Lab result on January 23, 2009

Gluc =8.3 [4.2 - 6.4]
HbA1C =8.5 [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. Chlorpropramide 250mg 1t po bid (buy)
2. Metformin 500mg 2t po qhs (#200)
3. Captopril 25mg 1/4t po qd (#25)
4. ASA 300mg 1/4t po qd (#25)

9. SV#00256, 43M (Village I)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 2t po qd (buy)
2. Metformin 500mg 2t po bid (#400)

10. 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 Gluc and HbA1C at SHCH

Lab result on January 23, 2009

Gluc =5.3 [4.2 - 6.4]
HbA1C =5.7 [4 – 6]

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

Treatment:
1. Metformin 500mg 2t po bid (#400)
2. Glibenclamdie 5mg 1t po qd (#100)
3. Captopril 25mg 1/4t po bid (buy)
4. ASA 300mg 1/4t po qd (#25)

12. 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)

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

Diagnosis:

1. HTN

Treatment:

1. Nifedipine 20mg 1t po qd

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

Diagnosis:

1. DMII
2. Chronic multiple abscess

Treatment:

1. Glibenclamdie 5mg 1t po bid (#200)
2. Metformin 500mg 1t po qhs
3. Clarithromycin 500mg 1t po bid (#60)
4. Metronidazole 250mg 1t po tid (buy)
5. Metoclopramide 10mg 1t pot id prn (#30)

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

Diagnosis:

1. Nephrotic Syndrome? (Diagnosed previously)

Treatment:

1. Prednisolone 5mg 14tab qd
2. Aspirine 300mg 1/4 tab qd
3. Draw blood for Lyte, BUN, Creat, Gluc, Albu, Prot, Tot chole at SHCH

Lab result on January 23, 2009

Test	Result	Range
Na	=139	[135 - 145]
K	=4.1	[3.5 - 5.0]
Cl	=108	[95 - 110]
Creat	=117	[53 - 97]
Gluc	=5.2	[4.2 - 6.4]
T. Chol	=8.3	[<5.7]
Prot	=52	[66 – 87]
Albu	=27	[38 - 54]

16. CH#00298, 66M (Village IV)

Diagnosis:

1. HTN
2. Sciatica

Treatment:

1. Captopril 25mg 1/2t po bid (buy)
2. Paracetamol 500mg 1t po qid prn pain (buy)
3. Naproxen 375mg 1t po bid prn severe pain (buy)

17. SS#00299, 46F (Thmey Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1tb bid (#200)
2. ASA 300mg 1/4 tab qd (#25)
3. Fenofibrate 100mg 1tb qd (BUY)
4. Captopril 25mg 1/4 tab bid (#50)

18. SS#00300, 9F (Village II)

Diagnosis:

1. Leprosy?
2. Vertiligo?

Treatment:

1. Zinc oxide cream apply bid
2. Prevent from sun exposure

The next Rattanakiri TM Clinic will be held in April 2009