Telemedicine Clinic
Rattanakiri
Referral Hospital
July 2007

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

On Tuesday and Wednesday July 23-24, 2007, Rattanakiri Referral Hospital (RRH) staff began their TM clinic. Patients (7 new cases, and one follow up case) 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.

The following day, Thursday July 25, 2007, the TM clinic opened again to receive the same patients and other follow-up patients for further evaluation, treatment and management. Finally, the data for treatment and management would then be transcribed and transmitted to the PA Rithy Chau at SHCH who compiled and sent for website publishing.

The followings detail e-mails and replies to the medical inquiries communicated between TM clinic at RRH and their TM partners in Phnom Penh and Boston:

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Monday, July 16, 2007 4:05 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: July TM clinic at Rattanakiri Referral Hospital

Dear All,
Please be informed that the next TM clinic at Rattanakiri Referral Hospital will be held on Wednesday, July 25, 2007 beginning at 8:00am local time for one full day. We expect to enter and transmit the patient data to those of you at SHCH and at Partner in Boston that evening.

Please try to respond before noontime the following day, Thursday ,July 26, 2007.The patients will be asked to return to the hospital that afternoon on Thursday to receive treatment along with a follow up plan or referral.

Thank you very much for your cooperation and service.
Best regards,

Channarith Ly

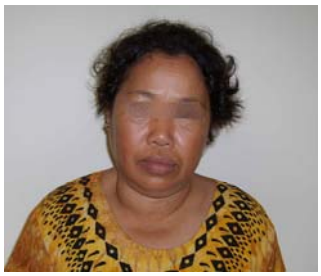
From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, July 25, 2007 4:01 PM
To: Rithy Chau; Joseph Kvedar; Kruy Lim; Kathleen M. Kelleher; Paul J. M.D. Heinzelmann; Cornelia Haener
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Subject: Ratanakiri TM Clinic July 2007, Case#1, EN#00239, 53F (Village III)

Dear all,

In this month, there are 7 new cases and two follow up for Ratanakiri TM Clinic July 2007. This is the case number 1 EN#00239, 53F and the photos.

Best reagards,
Sovann/Rithy/Channarith

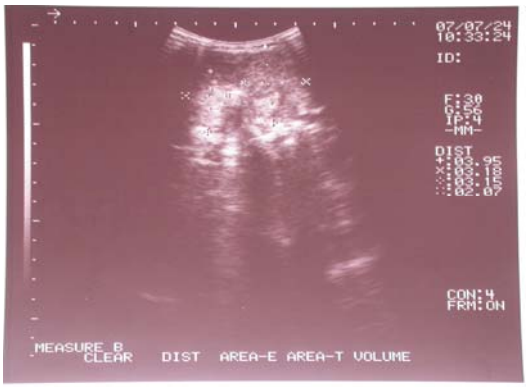
Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine



Patient: EN#00239, 53F (Village III)

Chief Complaint: Neck mass x 3y

HPI: 53F came to us complaining of neck mass x 3y. She noticed with a mass about 2x3cm on the right lobe of the thyroid gland without any symptoms. And in last two years, she presented with symptoms of palpitation, heat intolerance, insomnia, and sometime feeling like something stuck in her throat and the mass a little bigger than before, so she went to provincial hospital but they don't know what to do with the thyroid so asked her to go to hospital in Viet Nam but she was unable to go. She came to us for help. She denied of dysphagia, cough, fever, chest pain, stool with blood/mucus, hematuria, dysuria, oliguria, edema.



PMH: Malaria in 1985

Family Hx: None

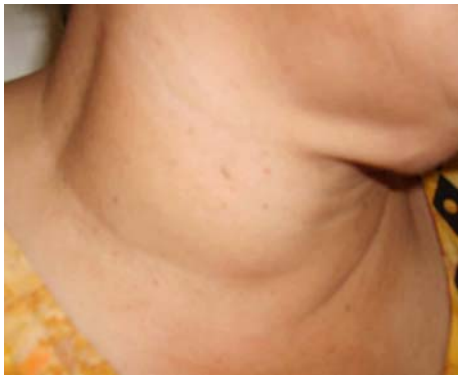
Social Hx: No smoking, no alcohol drinking

Medication: None

Allergies: NKDA

ROS: 5y post menopause

PE:
Vital Signs: BP: (R) 150/85, (L) 140/82 P: 66 R: 20 T: 37°C Wt: 62Kg



General: Look sick

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

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

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

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

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

Lab/Studies done: today on July 24, 2007

Na	= 125.3	[135 – 155]	WBC: 7200/mm^3
K	=4.0	[3.6 – 5.5]	Ht: 42%
Cl	=99	[99 – 108]	
BUN	=30	[10 – 50]	
Creat	=1.8	[0.5 – 0.9]	

Gluc =94.6 [75 – 115]

Neck mass U/S attached

Conclusion: Nodular goiter

Assessment:

1. Nodular Goiter
2. Elevated BP

Plan:

1. Draw blood for Lyte, BUN, Creat, Gluc, THS and Free T4 at SHCH
2. Educate to eat low Na diet, do regular exercise
3. Recheck BP in next follow up

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

Examined by: Nurse Peng Sovann **Date: July 25, 2007**

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

From: Cornelia Haener [mailto:cornelia_haener@online.com.kh]
Sent: Wednesday, July 25, 2007 5:19 PM
To: 'Rattanakiri Referral Hospital'; 'Rithy Chau'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kathleen M. Kelleher'; 'Paul J. M.D. Heinzelmann'
Cc: 'Bernie Krisher'; 'Noun SoThero'; 'Ed & Laurie Bachrach'
Subject: RE: Ratanakiri TM Clinic July 2007, Case#1, EN#00239, 53F (Village III)

Dear all,
I agree with assessment and plan.
Thanks
Cornelia

From: Barbesino, Giuseppe,M.D. [mailto:GBARBESINO@PARTNERS.ORG]
Sent: Thursday, July 26, 2007 2:22 AM
To: Fiamma, Kathleen M.
Cc: Kathleen M. Fiamma (E-mail); Kirihospital@Yahoo. Com (E-mail); tmed_rithy@online.com.kh
Subject: RE: Ratanakiri TM Clinic July 2007, Case#1, EN#00239, 53F (Village III)

I agree that this woman with a large thyroid nodule needs evaluation of thyroid function and, if thyroid function is normal, a biopsy if available.
However I am worried about her hyponatremia. In such a young lady without illness or medications, that is a worrisome finding. It should be confirmed with a repeat test right away. A serum osmolality should be sent, a well as fasting lipid profile, as marked hyperlipidemia which can cause falsely low sodium levels
Hyponatremia may have two possible causes in this condition: volume depletion or the syndrome of inappropriate ADH secretion (SIADH). Liver disease could also cause this. A careful assessment of volume status is key to this. So she should have orthostatics (although she is hypertensive, so unlikely to be seriously volume depleted), LFT, serum osmolality and uric acid, urine osmolality, urine sodium and urine osmolality. Minum work-up for causes of SIADH in a young person also include CXR and head CT. I also should say that a low sodium diet is not appropriate in this case and if SIADH is confirmed fluid restriction to some 1500 cc daily would be the first corrective step if the cause cannot be determined. HCTZ should be avoided for treatment of her

hypertenssion at this time. UA should be sent to understand cause of her increased creatinine (Proteinuria?). Please let me know follow-up on this.

Giuseppe Barbesino, MD
Thyroid Associates
Massachusetts General Hospital-Harvard Medical School
Wang ACC 730S
55 Fruit St
Boston MA, 02114
FAX 617-726-5905
TEL 617-726-7573

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, July 25, 2007 3:56 PM
To: Rithy Chau; Joseph Kvedar; Kruy Lim; Kathleen M. Kelleher; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Subject: Ratanakiri TM Clinic July 2007, Case#2, CK#00240, 50F (Village VII)

Dear all,

This is the case number 2, CK#00240, 50F and the photo.

Best reagards,
Sovann/Rithy/Channarith

Rattanakiri Provincial Hospital Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Patient: CK#00240, 50F (Village VII)

Chief Complaint: Palpitation and polyuria x 2y

HPI: 50F, farmer, came to us complaining of palpitation and polyuria x 2y. She presented with the symptoms of fever, thirsty, polyuria, palpitation, dizziness, so she went to a private clinic and her glucose checked and it was over 300mg/dl and told she had diabetes and treated her with Metformin500mg bid. She felt much better since then but still complained of palpitation, fatigue. She denied of cough, dyspnea, chest pain, nausea, vomiting, stool with blood or mucus, hematuria, dysuria, oliguria, edema.

PMH: Unremarkable

Family Hx: Unremarkable

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

Medication: Metformin 500mg bid

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: (R) 150/80, (L) 156/84 P: 101 R: 20 T: 37°C Wt: 53Kg

General: Look stable

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

Chest: CTA bilaterally, no crackle, no ronchi; H tachycardia, RR, no murmur

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

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

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

Lab/Studies done: today July 24, 2007

RBS : 218mg/dl, UA: gluc 4+, protein 4+

Na	= 125.9	[135 – 155]	WBC: 9300/mm^3
K	=3.8	[3.6 – 5.5]	Ht: 41%
Cl	=100	[99 – 108]	
BUN	=45	[10 – 50]	
Creat	=1.9	[0.5 – 0.9]	
Gluc	=169.6	[75 – 115]	

Assessment:

1. DMII
2. HTN
3. Tachycardia

Plan:

1. Metformin 500mg 1t po bid for one month
2. Captopril 1/4t po bid for one month
3. ASA 300mg 1/4t po qd for one month
4. Educate patient on diabetic diet, low Na diet, do regular exercise, foot care
5. Draw blood for Lyte, BUN, Creat, gluc and HbA1C at SHCH

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

Examined by: Nurse Peng Sovann **Date: July 25, 2007**

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

From: Fang, Leslie S.,M.D.
Sent: Wednesday, July 25, 2007 1:32 PM
To: Fiamma, Kathleen M.
Subject: RE: Ratanakiri TM Clinic July 2007, Case#2, CK#00239, 50F (Village VII)

I agree with the plan
In addition, the patient has high-grade proteinuria and renal dysfunction with a creatinine of 1.9 He has been started on captopril and his renal function has to be closely followed

Leslie Fang, MD

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, July 25, 2007 4:04 PM
To: Rithy Chau; Joseph Kvedar; Kruy Lim; Kathleen M. Kelleher; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Subject: Ratanakiri TM Clinic July 2007, Case#3, LS#00241, 48F (Village I)

Dear all,

This is the case number 3, LS#00241, 48F and the photo.

Best reagards,
Sovann/Rithy/Channarith

Rattanakiri Provincial Hospital Telemedicine Clinic
with
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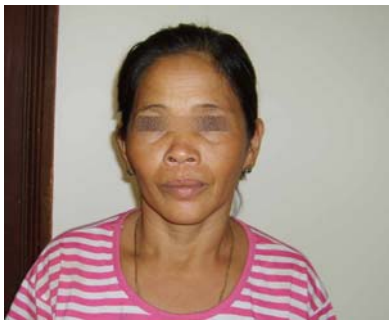


Patient: LS# 00241, 48F (Village I)

Chief Complaint: Slurred voice, difficult to speak for 4y

HPI: 48F came to us complaining of slurred voice and difficult to speak for 4y. First she presented with the symptoms of fever, pain in the throat with swallowing, neck tension, blurred vision, ear pain, her voice became slurred, and can speak with trying hard, so she went to the same hospital in Phnom Penh and told she had a problem in her throat (she don't know what it was) and treated her with burning on it. It became better for one year then the above symptoms developed again so she went to the same hospital and got the same treatment. It got better for a while then the symptoms happen again but she didn't go for another check up.

PMH: Unremarkable

Family Hx: None

Social Hx: No smoking, drinking alcohol casually

Medication: None

Allergies: NKDA

ROS: no pain in the throat, no ear ringing, ear pain, ear discharge, no stuffy nose, no sneezing, slurred voice, no difficult to swallow

PE:
Vital Signs: BP: 110/60 P: 66 R: 20 T: 37^{o}C Wt: 47Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no lymph node palpable; the nose is ok; the right ear, TM is dull, erythema, no fluid, no puss

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

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

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

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

Lab/Studies done: None

Assessment:
1. Otitis media

Plan:

1. Erythromycin 500mg 1t po bid for 10d

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

Examined by: Nurse Peng Sovann **Date: July 25, 2007**

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, July 26, 2007 12:48 AM
To: Rithy Chau; Robib Telemedicine
Subject: FW: Ratanakiri TM Clinic July 2007, Case#3, LS#00241, 48F (Village I)

-----Original Message-----
From: Danny Sands (dzsands) [mailto:dzsands@cisco.com]
Sent: Wednesday, July 25, 2007 1:03 PM
To: Fiamma, Kathleen M.
Subject: RE: Ratanakiri TM Clinic July 2007, Case#3, LS#00241, 48F (Village I)

The problem that this patient came in with is slurred speech and difficulty talking. It sounds neurological, of course, perhaps due to a brainstem lesion or a XII cranial nerve palsy, but she does not have evidence of this on your exam (I assume you asked her to stick out her tongue and it did not deviate).

I'm not sure what the cause of this it based on the information we have, but if we could have access to records from the hospital in Phnom Penh we could understand this problem. She should be referred back to the hospital for treatment for this problem.

As for her sore throat, it could be related to her ear. You should treat her with amoxicillin 500mg TID for 10 days.

- Danny

Daniel Z. Sands, MD, MPH
Beth Israel Deaconess Medical Center
Harvard Medical School
617-667-9600
dsands@bidmc.harvard.edu

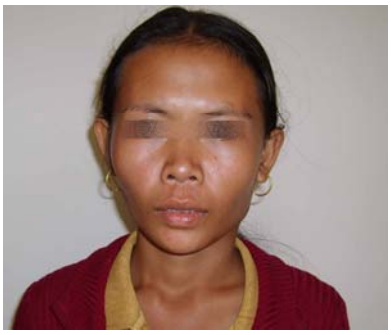
From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, July 25, 2007 4:07 PM
To: Rithy Chau; Joseph Kvedar; Kruy Lim; Kathleen M. Kelleher; Paul J. M.D. Heinzelmann; Cornelia Haener
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Subject: Ratanakiri TM Clinic July 2007, Case#4, SK#00242, 22F (Voeun Say Village)

Dear all,

This is the case number 4, SK#00242, 22F and the photos.

Best reagards,
Sovann/Rithy/Channarith

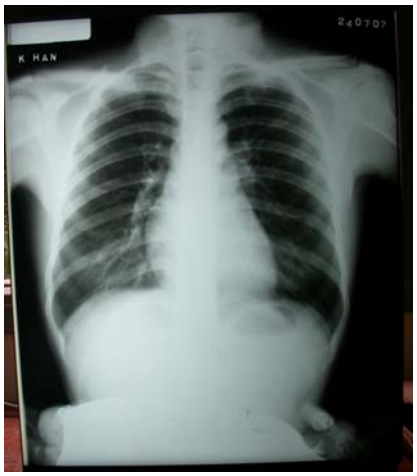
Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine



Patient: SK#00242, Age: 22, Sex: Female, Address: Vensai Village

Chief Complaint: Left lateral Neck mass for 2 years

HPI: Pain in region of mass lasting 10-15 minutes 2-3x per day no apparent cause of onset; initially, mass was size of a pea; when carrying load on back immediate onset of pain, mild to moderate pain upon palpation, pain does not radiate
No weight loss, loss of appetite, fever, coughing, headache, trouble breathing
Feeling of drousiness
2 years ago traditional healer applied traditional medication to mass and burned mass – subsequently 2 additional masses grew and fused to form current mass which about 3-5cm wide.
1 year ago Provincial hospital treated mass with AMPICILLIN for 15 days – no apparent affect
Took Aspirin or Tylenol for pain on occasion but currently not taking any med
(patient was interviewed with translation from laotion →khmer→ English)
PMH/SH: Diagnosed and treated for Malaria 2 years ago

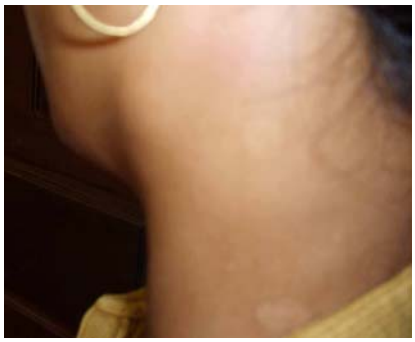


Social Hx: Farmer, Married 4 years ago, has 3 year old daughter
No smoking or drinking (1 liter of alcohol was consumed postpartum 3 years ago)

Allergies: None

Family Hx: Grandmother had chronic cough and neck mass – died 4 years ago
(Neighbor had neck mass and diagnosed with lymph node TB – died 10 years ago)
Father – 43, healthy
Mother – 40, unknown uterus problem diagnosed 1 month ago at provincial hospital
Has 4 younger sisters

ROS: menstruation regular, 5 days ago (July 19th), lasted 3 days



PE:
Vital Signs: **BP** 110/80 **P** 100 **R** 18 **T** 36.5C **Wt** 41kg

General: A&O x3,

HEENT: normal cephalic, PERRLA, EOMI, no oropharyngeal lesion, bilateral TM clear, pink cojunctiva, lateral left multiple shotty lymph nodes (6-10), masses ranging in size from 2x2 cm to 1x1.5 cm, smooth surface, mobile, non tender to palpation, no warmth, no erythema, masses extend from base of neck to ear lobe, no thyromegaly

Chest: CTA, HRRR no murmur

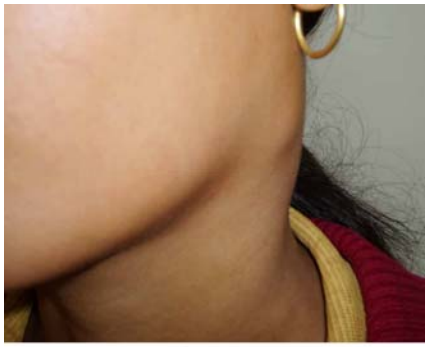
Abdomen: soft, nontender, +BS, no HSM

Musculoskeletal: n/a

Neuro: n/a

GU: n/a

Rectal: n/a



Previous Lab/Studies: None

Lab/Studies Requests: Hemoglobin 10 g/dl, ultrasound of neck Finding: lymphadenopothy, chest x-ray left upper lobe oval-shaped lesion with prominent increased density in center , no infiltrate, CBC - Normal

Assessment: 1. TB Lymphadenopathy?
2. Lymphoma???

Plan: 1. AFB sputum smears (if no sputum or unable to produce sputum, thenaspiration for micro).
2. Diflunisal 500mg 1 po bid prn pain
3. MTV 1 po qd x 1mo
4. F/u next month

Comments/Notes:

Examined by: Tzvi Jonas(med stud)/PA Rithy Chau **Date: 24 July 2007**

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

From: Cornelia Haener [mailto:cornelia_haener@online.com.kh]
Sent: Wednesday, July 25, 2007 5:18 PM
To: 'Rattanakiri Referral Hospital'; 'Rithy Chau'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kathleen M. Kelleher'; 'Paul J. M.D. Heinzelmann'
Cc: 'Bernie Krisher'; 'Noun SoThero'; 'Ed & Laurie Bachrach'
Subject: RE: Ratanakiri TM Clinic July 2007, Case#4, SK#00242, 22F (Voeun Say Village)

Dear all,
I would suggest RTV counselling as well and agree with assessment and plan.
Thanks
Cornelia

From: Barbesino, Giuseppe,M.D. [mailto:GBARBESINO@PARTNERS.ORG]
Sent: Thursday, July 26, 2007 2:43 AM
To: Fiamma, Kathleen M.
Cc: Kathleen M. Fiamma (E-mail); Kirihospital@Yahoo. Com (E-mail); tmed_rithy@online.com.kh
Subject: RE: Ratanakiri TM Clinic July 2007, Case#4, SK#00242, 22F (Voeun Say Village)

This young woman has long lasting lateral cervical masses with general symptoms of drowsiness and blood tests indicating significant anemia. CXR is apparently abnormal (I do not see it well) and neck ultrasound shows lymphadenopathy (left only???). Differential diagnosis includes infectious and neoplastic causes. Her history is remarkable for likely sick contacts with TB. The anemia could be linked to the masses (anemia of chronic disease) or be an incidental finding in this young woman (iron deficiency). I agree with work-up for TB, which should include a PPD test. Lymphoma is also possible, although it is usually not monolateral and tends to progress faster. Thyroid cancer is still a possibility, as well as other epithelial cancers of the neck. A long lasting lymphadenopathy should therefore be evaluated with excisional biopsy. Further work-up of her anemia includes iron, TIBC, ferritin. I am not sure what do you mean by "MTV one a day for one month".
Please let me know.

Giuseppe Barbesino, MD
Thyroid Associates
Massachusetts General Hospital-Harvard Medical School
Wang ACC 730S
55 Fruit St
Boston MA, 02114
FAX 617-726-5905
TEL 617-726-7573

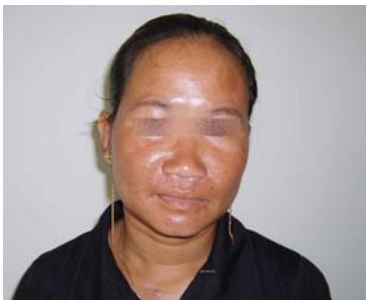
From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, July 25, 2007 4:13 PM
To: Rithy Chau; Joseph Kvedar; Kruy Lim; Kathleen M. Kelleher; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Subject: Ratanakiri TM Clinic July 2007, Case#5, MF#00243, 32F (Veun Hoy Village)

Dear all,

This is the case number 5, MF#00243, 32F and the photo.

Best reagards,
Sovann/Rithy/Channarith

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



Patient: MF#00243, 32F (Veun Hoy Village)

Chief Complaint: LUQ pain x 3 months

HPI: 32F, farmer, came to us complaining of LUQ pain x 3 months. She presented with the symptoms of LUQ pain, dull sensation, no radiation, vomiting, and asked local healer come to see her at home and give her the pain killer then the pain became better and she went to private clinic for checking up and told she has thyphoid fever and treated her some fiver medicines (unknown name) for a week then the symptoms got better. In this week, she presented with dysuria, frequency and urgency. She denied of fever, cough, nausea, vomiting, stool with blood/mucus, hematuria, vaginal discharge.

PMH: Unremarkable

Family Hx: None

Social Hx: Single, no smoking, no alcohol drinking

Medication: Paracetamol prn

Allergies: NKDA

ROS: no stool with blood, (+) dysuria, frequency, urgency, no vaginal discharge

PE:
Vital Signs: BP: 120/76 P: 72 R: 20 T: 37^{o}C Wt: 48Kg

General: Look stable

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

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

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

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

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

Lab/Studies done: UA: Luekocyte 3+, protein trace

Assessment:
1. UTI

Plan:
1. Ciprofloxacin 500mg 1t po bid for 5d

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

Examined by: Nurse Peng Sovann **Date: July 25, 2007**

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

From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Thursday, July 26, 2007 12:43 AM
To: Fiamma, Kathleen M.; kirihospital@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Ratanakiri TM Clinic July 2007, Case#5, MF#00243, 32F (Veun Hoy Village)

This sounds like a reasonable approach. I would suggest treating her for 7 days. This is in case the diagnosis of typhoid fever was correct. The recommended treatment for typhoid fever is 7-10 days of cipro.
Thanks for letting me participate.

Paul

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, July 25, 2007 4:22 PM
To: Rithy Chau; Joseph Kvedar; Kruy Lim; Kathleen M. Kelleher; Paul J. M.D. Heinzelmann; Cornelia Haener
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Subject: Ratanakiri TM Clinic July 2007, Case#6, AS#00244, 58F (Village I)

Dear all,

This is the case number 6, AS#244, 58F and the photos.

Best reagards,
Sovann/Rithy/Channarith

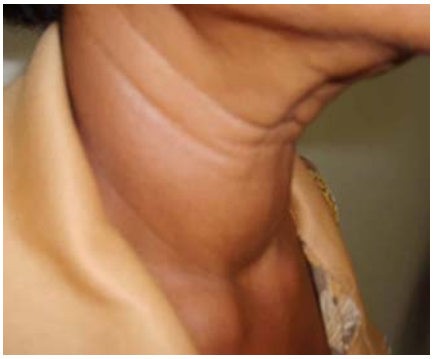
Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Patient: AS#00244, 58F (Village I)

Chief Complaint: Neck mass x 5y

HPI: 58F came to us complaining of neck mass x 5y. First she noticed thyroid gland became enlarged about 4x5cm without any symptoms. In this year, she presented with the symptoms of palpitation, neck tension, insomnia, tremor and seek treatment with private clinic and treated her with some medicine but the symptoms still presented. She denied of fever, cough, dysphagia, chest pain, nausea, vomiting, stool with blood/mucus, hematuria, dysuria, oliguria, heat intolerance.

PMH: Unremarkable



Family Hx: None

Social Hx: No smoking, no alcohol drinking, 9 children

Medication: None

Allergies: NKDA

ROS: (+) palpitation, 2 years post menopause

PE:
Vital Signs: BP: 120/64 P: 66 R: 20 T: 36.5°C Wt: 52Kg

General: Look sick

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 4 x 6cm smooth, soft, regular border, mobile on swallowing, no tender, no bruit, no lymph node palpable

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

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

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

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

Lab/Studies done: None

Assessment:
1. Goiter

Plan:
1. Draw blood for THS and Free T4 at SHCH

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

Examined by: Nurse Peng Sovann **Date: July 25, 2007**

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

From: Cornelia Haener [mailto:cornelia_haener@online.com.kh]
Sent: Wednesday, July 25, 2007 5:16 PM
To: 'Rattanakiri Referral Hospital'; 'Rithy Chau'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kathleen M. Kelleher'; 'Paul J. M.D. Heinzelmann'
Cc: 'Bernie Krisher'; 'Noun SoThero'; 'Ed & Laurie Bachrach'
Subject: RE: Ratanakiri TM Clinic July 2007, Case#6, AS#00244, 58F (Village I)

Dear Sovan,
I agree with assessment and plan.
Thanks
Cornelia

From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Thursday, July 26, 2007 8:35 AM
To: Fiamma, Kathleen M.; kirihospital@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Ratanakiri TM Clinic July 2007, Case#6, AS#00244, 58F (Village I)

Nurse Peng Sovang,

It sounds like she has had an enlarging thyroid for 5 years that is now symptomatic with palpitations,tremor and insomnia.
She has a goiter and may have toxic multinodular goiter or possibly may have malignancy.

I agree that she needs thyroid function studies to evaluate if she needs suppression of excess thyroid hormone to control the symptoms.

She needs an ultrasound and a biopsy of the thyroid to assess for cancer.

However, given the size of the goiter, she may need thyroidectomy to be certain that there is no cancer in the enlarged thyroid.

I hope that this helps your management.

Good luck,

Paul Cusick MD

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, July 25, 2007 4:19 PM
To: Rithy Chau; Joseph Kvedar; Kruy Lim; Kathleen M. Kelleher; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Subject: Ratanakiri TM Clinic July 2007, Case#7, TI#00245, 65M (Village I)

Dear all,

This is the case number 7, TI#00245, 65M and the photos.

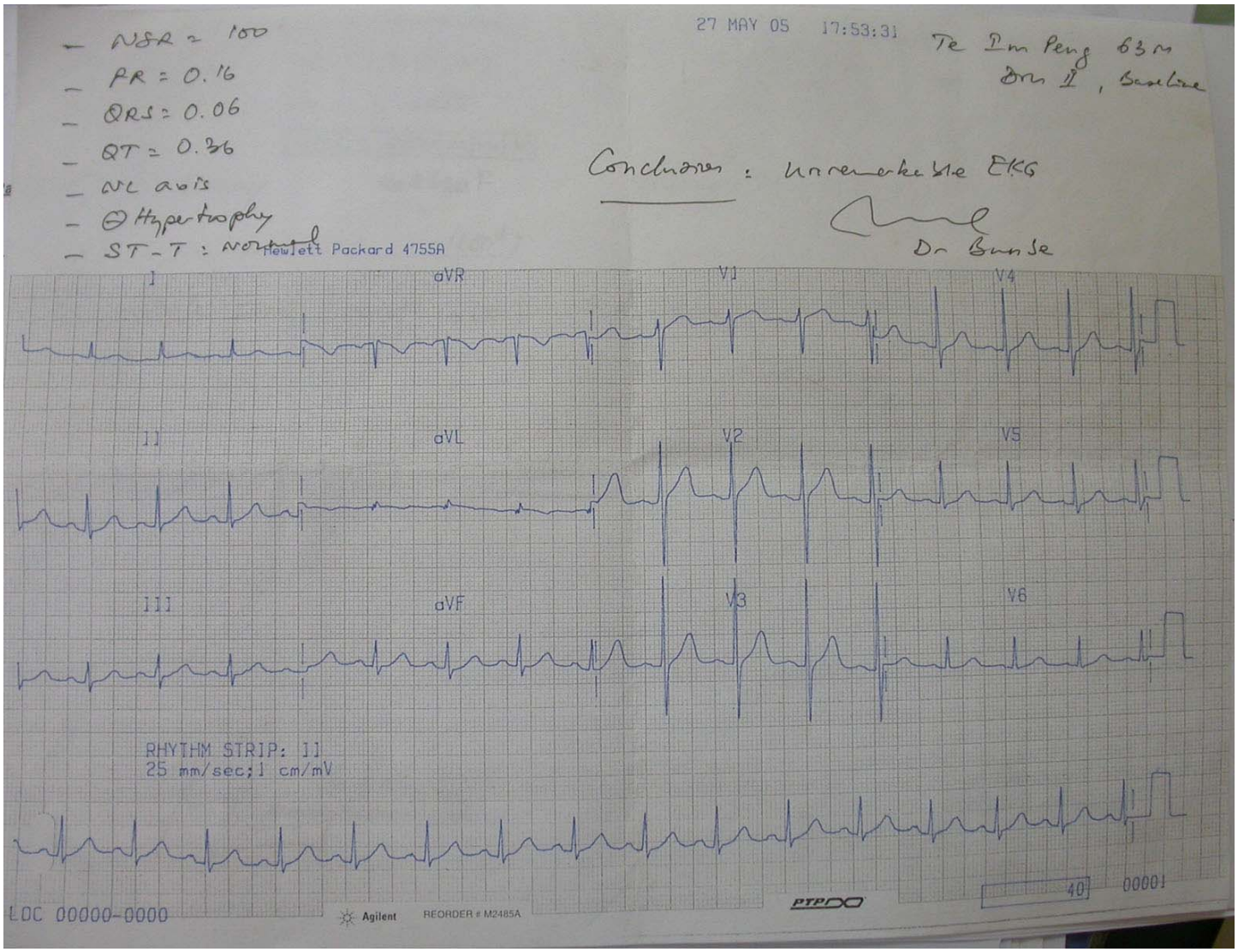
Best reagards,
Sovann/Rithy/Channarith

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

Patient: TI# 00245, 65M (Village I)

Chief Complaint: Fatigue and polyuria x 3y

HPI: 65M came to us complaining of fatigue and polyuria for 3y. He presented with symptoms of fatigue, thirsty, dizziness, palpitation, polyuria so his relative brought him to a private clinic in Phnom Penh and diagnosed him with DMII and treated with Glyburide 5mg 1t bid, Metformin 1/2t bid, ASA 300mg 1/2t qd, Amitriptylin 25mg 1/4t qhs. He felt better since then he came for follow about 1y and the medicine has been changed. Because he stay away from Phnom Penh and unable to come for follow up so he didn't have enough medicine to take as prescribed. And come to take care from us. He denied of fever, cough, chest pain, stool with blood/mucus, oliguria, dysuria, hematuria, edema.



PMH: Unremarkable

Family Hx: None

Social Hx: smoking 5cig/d for over 20y, no alcohol drinking

Medication:

1. Gliclazide 30mg 1t qd
2. Candesartan Cilexetil 4mg 1t po qd
3. Pioglytazone 30mg 1t po qd

Allergies: NKDA

ROS: Unremarkable

PE:
Vital Signs: BP: 120/60 P: 72 R: 20 T: 37°C Wt: 64Kg

General: Look stable

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

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

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

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

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

Lab/Studies done: Today on July 24, 2007

UA: Gluc trace, blood trace, protein trace; RBS: 198mg/dl

Na	=141	[135 – 155]
K	=6.8	[4.0 – 4.8]
Cl	=105	[99 – 108]
BUN	=39.5	[10 – 50]
Creat	=1.0	[0.6 – 1.1]
Gluc	=121.2	[75 – 115]

Lab result on April 4, 2006

WBC	=6.4	[4 – 10]
RBC	=4.82	[4.5 – 5.5]
Hb	=13	[13 – 18]
Ht	=41.7	[40 – 54]
Creat	=10.5	[7 – 13]
TG	=4.66	[0.60 – 1.65]
Choles	=2.81	[1.40 – 2.70]
SGOT	=25	[<37]
SGPT	=28	[<40]

ECG May 27, 2005 attached

Assessment:

1. DMII

Plan:

1. Gliclazide 30mg 1t po qd for one month
2. Pioglytazone 30mg 1t po qd
3. Candesartan Cilexetil 4mg 1t po qd
4. Educate patient on diabetic diet, low Na diet, do regular exercise, and foot care
5. Draw blood for HbA1C, Gluc, TG, Tot Cholesterol at SHCH

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

Examined by: Nurse Peng Sovann **Date: July 25, 2007**

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

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, July 26, 2007 12:49 AM
To: Robib Telemedicine; Rithy Chau
Subject: FW: Ratanakiri TM Clinic July 2007, Case#7, TI#00245, 65M (Village I)

I think your plan is reasonable, but in addition patient needs to be taking:

Aspirin 81 mg/day (or lowest dose you have available), and
Lovastatin 20mg per day (or whatever statin you have available).

These are important to protect his heart.

Thank you.

- Danny

Daniel Z. Sands, MD, MPH
Beth Israel Deaconess Medical Center
Harvard Medical School
617-667-9600
dsands@bidmc.harvard.edu

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, July 25, 2007 4:26 PM
To: Rithy Chau; Joseph Kvedar; Kruy Lim; Kathleen M. Kelleher; Paul J. M.D. Heinzelmann; Cornelia Haener
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Subject: Ratanakiri TM Clinic July 2007, Case#8, TV#00157, 55F (Phnom Kok Village)

Dear all,

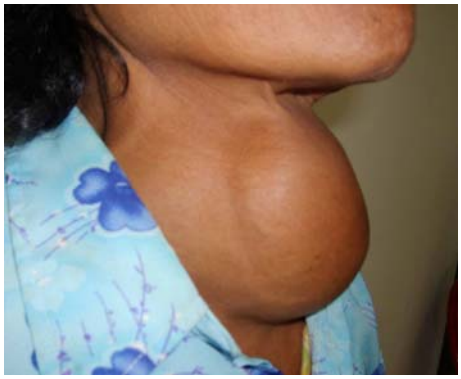
This is the case number 8, TV#00157, 55F and the photos.

Best reagards,
Sovann/Rithy/Channarith

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

Patient: TV#00157, 55F (Phnom Kok Village)

Subject: 55F came to follow up of sub-clinical hyperthyroidism. She has been stable but now she complained of the symptoms neck compression, dysphagia, dyspnea and because the mass is too big so she has to turn the head to the side when she lay flat and come to discuss with us for the surgery.



Current medication: None

Allergies: NKDA

Object:

Vital Signs: BP: 110/60 P: 66 R: 20 T:37°C Wt:

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 10x12cm anterior and 4x 7cm on the right side, soft, smooth, regular border, mobile on swallowing, no bruit, no lymph node palpable

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

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

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

MS/Neuro: Unremarkable

Previous Lab/Studies: on February 22, 2007

TSH =0.10	[0.49 – 4.67]
Free T4=12.89	[9.14 – 23.81]
Free T3=1.78	[0.78 – 2.5]

Lab/Studies Requests: None

Assessment:

1. Sub-clinical hyperthyroidism with big goiter

Plan:

1. Could we refer her to SHCH for consultation for surgery?
2. Recheck TSH and Free T4 at SHCH

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

Examined by: Nurse Peng Sovann **Date: July 25, 2007**

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

From: Cornelia Haener [mailto:cornelia_haener@online.com.kh]
Sent: Wednesday, July 25, 2007 5:15 PM
To: 'Rattanakiri Referral Hospital'; 'Rithy Chau'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kathleen M. Kelleher'; 'Paul J. M.D. Heinzelmann'
Cc: 'Bernie Krisher'; 'Noun SoThero'; 'Ed & Laurie Bachrach'
Subject: RE: Ratanakiri TM Clinic July 2007, Case#8, TV#00157, 55F (Phnom Kok Village)

Dear Sovan,
I agree to your plan.
Thanks
Cornelia

From: Barbesino, Giuseppe,M.D. [mailto:GBARBESINO@PARTNERS.ORG]
Sent: Thursday, July 26, 2007 2:25 AM
To: Fiamma, Kathleen M.
Cc: Kirihospital@Yahoo. Com (E-mail); tmed_rithy@online.com.kh
Subject: RE: Ratanakiri TM Clinic July 2007, Case#8, TV#00157, 55F (Phnom Kok Village)

In agree that surgery is the best option for this case, given the local symptoms caused by the goiter. If the patient has no contraindication (asthma) a beta blocker such as propranolol 40 mg tid could be given before the operation to prevent effects from mild thyrotoxicosis.

Giuseppe Barbesino, MD
Thyroid Associates
Massachusetts General Hospital-Harvard Medical School
Wang ACC 730S
55 Fruit St
Boston MA, 02114
FAX 617-726-5905
TEL 617-726-7573

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, July 25, 2007 5:20 PM
To: Cornelia Haener
Cc: Rithy Chau; Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Subject: Referral for NS#00214, 14F

Dear Cornelia,

This patient is a 14F with id NS#00214 from Village II in Banlung, Rattanakiri, was under investigation through our TM service for possible Lymphoma?. We did FNA and FNB twice and the result were inconclusive and was (during last minute) recommended by you (via phone) to refer the patient for further evaluation and possible surgery at SHCH. during our visit in April 2007. However, at that time, the patient left to return to her village already and could not be contacted. She now presented to us during this TM clinic for July 2007 with dry cough for one month and low grade fever without any significant weight loss; her exam was remarkable to diffuse rhonchi without crackles or wheezing bilaterally; no abd mass palpable; neck mass remained same size. The x-ray appeared as attached. Would you agree to have her be refer to SHCH (once Sovann checked with the schedule of our surgeon for consultation there? Do we want to emperically tx her for pneumonia? If we can aspirate from neck mass with any fluid, we are planning to send to lab here to do AFB id and protein/LHD count??

Please advise by 11AM tomorrow (26July07). Thank you for your help.

Best,
Rithy

From: Cornelia Haener [mailto:cornelia_haener@online.com.kh]
Sent: Wednesday, July 25, 2007 8:53 PM
To: 'Rattanakiri Referral Hospital'
Cc: 'Rithy Chau'; 'Bernie Krisher'; 'Noun SoThero'; 'Ed & Laurie Bachrach'
Subject: RE: Referral for NS#00214, 14F

Dear Rithy,
thanks for the information. I am wondering if we should try to get AFB for sputum after letting her inhale with NSS. I would aspirate the lymph node as well. TB is high up on our list of DDx. I sputums are not possible, feel free to bring her down to P.P.
Thanks
Cornelia

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Thursday, July 26, 2007 3:03 PM
To: Kathleen M. Kelleher
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach; Rithy Chau
Subject: Ratanakiri TM Clinnic Cases received

Dear Kathy,

I have received answers of 5 cases from you. Below are the cases received:

Case#1, EN#00239, 53F
Case#4, SK#00242, 22F
Case#5, MF#00243, 32F
Case#6, AS#00244, 58F
Case#8, TV#00157, 55F

Thank you very much for you replies.

Best regards,
Sovann

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, July 26, 2007 7:37 PM

To: Rattanakiri Referral Hospital
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach; Rithy Chau
Subject: RE: Ratanakiri TM Clinnic Cases received

Hi Sovann:

I will resend the other three cases right now.

Kathy Fiamma
617-726-1051

Thursday, July 25, 2007

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 cases was transmitted and received replies from both Phnom Penh and Boston, other 21 patient came for follow and refill medication, and 27 patients (5 female) seen by PA Rithy without sending data for minor problem. 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 July 2007

1. EN#00239, 53F (Village III)
Assessment:

1. Nodular Goiter
2. HTN

Plan:

1. Atenolol 50mg 1/2t po qd for one month (buy)
2. Draw blood for Lyte, BUN, Creat, Gluc, Cholest, TG, THS and Free T4 at SHCH
3. Educate to eat low Na diet, do regular exercise

Lab result on July 26, 2007

Na	=143	[135 - 145]
K	=4.6	[3.5 - 5.0]
Cl	=108	[95 - 110]
BUN	=1.5	[0.8 - 3.9]
Creat	=81	[44 - 80]
Gluc	=5.1	[4.2 - 6.4]
T. Chol	=5.7	[<5.7]
TG	=5.5	[<1.71]
TSH	=0.80	[0.49 - 4.67]
Free T4	=14.7	[9.14 - 23.81]

2. CK#00240, 50F (Village VII)
Assessment:

1. DMII
2. HTN
3. Tachycardia

Plan:

1. Metformin 500mg 1t po bid for one month (buy)
2. Captopril 25mg 1/4t po bid for one month (buy)
3. ASA 300mg 1/4t po qd for one month (buy)
4. Educate patient on diabetic diet, low Na diet, do regular exercise, foot care
5. Draw blood for CBC, Lyte, BUN, Creat, gluc and HbA1C at SHCH

Lab result on July 26, 2007

Na	=139	[135 - 145]
K	=4.9	[3.5 - 5.0]
Cl	=107	[95 - 110]
BUN	=1.9	[0.8 - 3.9]
Creat	=118	[44 - 80]
Gluc	=8.5	[4.2 - 6.4]
HbA1C	=9.1	[4 - 6]

CBC not done due to lab error

3. LS# 00241, 48F (Village I)
Assessment:

1. Otitis media

Plan:

1. Augmentin 500mg 1t po tid for 10d (buy)
2. Diflunisal 500mg 1t po bid prn (#19)

4. SK#00242, 22F (Vensai Village)
Assessment:

1. TB Lymphadenopathy?
2. Lymphoma???
3. Thyroid Cancer

Plan:

1. Paracetamol 500mg 1t po qid prn pain (#30)
2. MTV 1 po qd x 1mo (#30)
3. Draw blood for CBC, TSH, Free T4 at SHCH

Lab result on July 26, 2007 (Locally)

HIV (-)
No AFB
Gram stain: no organism seen

Lab result on July 26, 2007

WBC	=6.9	[4 - 11x10^9/L]
RBC	=4.6	[3.9 - 5.5x10^{12}/L]
Hb	=11.2	[12.0 - 15.0g/dL]
Ht	=35	[35 - 47%]
MCV	=77	[80 - 100fl]
MCH	=24	[25 - 35pg]
MHCH	=32	[30 - 37%]
Plt	=258	[150 - 450x10^9/L]
Lym	=2.3	[1.0 - 4.0x10^9/L]
Mxd	=0.7	[0.1 - 1.0x10^9/L]
Neut	=3.9	[1.8 - 7.5x10^9/L]
TSH	=3.08	[0.49 - 4.67]
Free T4	=15.74	[9.14 - 23.81]

5. MF#00243, 32F (Veun Hoy Village)

Assessment:

1. UTI
2. Typhoid fever

Plan:

1. Ciprofloxacin 500mg 1t po bid for 10d (buy)

6. AS#00244, 58F (Village I)
Assessment:

1. Goiter

Plan:

1. Draw blood for THS and Free T4 at SHCH

Lab result on July 26, 2007

TSH	=0.44	[0.49 - 4.67]
Free T4	=11.54	[9.14 - 23.81]

7. TI# 00245, 65M (Village I)
Assessment:

1. DMII

Plan:

1. Gliclazide 30mg 1t po qd for one month (buy)
2. Pioglytazone 30mg 1t po qd (buy)
3. Candesartan Cilexetil 4mg 1t po qd (buy)
4. Educate patient on diabetic diet, low Na diet, do regular exercise, and foot care
5. Draw blood for HbA1C, Gluc, Creat, TG, Tot Cholesterol at SHCH

Lab result on July 26, 2007

Creat	=114	[53 - 97]
Gluc	=6.3	[4.2 - 6.4]
T. Chol	=7.2	[<5.7]
TG	=2.6	[<1.71]
HbA1C	=8.2	[4 - 6]

8. TV#00157, 55F (Phnom Kok Village)
Assessment:

1. Sub-clinical hyperthyroidism with big goiter

Plan:

1. Refer her to SHCH for surgery consultation
2. Recheck TSH and Free T4 at SHCH

Lab result on July 26, 2007

TSH	=0.03	[0.49 - 4.67]
Free T4	=13.11	[9.14 - 23.81]
Tot T3	=1.81	[0.78 - 2.5]

Patients who came for follow up and refill medication

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

1. DMII

Treatment:

1. Chlorpropramide 250mg 1t po bid (buy)
2. ASA 81mg 1t po qd (#25)
3. Diabetic diet education, foot care and do regular exercise
4. Draw blood for HbA1C and Gluc at SHCH

Lab result on July 26, 2007

Gluc	=11.5	[4.2 - 6.4]
HbA1C	=9.5	[4 - 6]

2. OH#00230, 59F (Village III)
Diagnosis:

1. Hyperthyroidism
2. HTN

Treatment:

1. Atenolol 50mg 1t po bid (buy)
2. Draw blood for Free T4 at SHCH

Lab result on July 26, 2007

Free T4=16.87 [9.14 - 23.81]

3. KK#00231, 45F (Village I)
Diagnosis:

1. DMII

Treatment:

1. Chlorpropramide 250mg 1t po bid (buy)
2. Metformin 500mg 1t po qhs (#100)
3. Captopril 25mg 1/4t po qd (25)
4. ASA 300mg 1/4t po qd (#25)
5. Diabetic diet education, foot care, do regular exercise
6. Draw blood for HbA1C and Gluc at SHCH

Lab result on July 26, 2007

Gluc	=9.0	[4.2 - 6.4]
HbA1C	=11.6	[4 - 6]

4. SP#00238, 34F (Village I)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po tid (#200)

5. PN#00052, 53F (Ban Fang Village)
Diagnosis:

1. Euthyroid Goiter

Treatment:

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

Lab result on July 26, 2007

Free T4=13.35 [9.14 - 23.81]

6. TO#00152, 45M (Village II)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd (buy)
2. Lipentil 100mg 1t po qd (buy)
3. ASA 300mg 1/4t po qd (buy)

7. NS#00214, 14F (Village III)
Diagnosis:

1. Pneumonia
2. Lymph node TB?
3. Lymphoma?

Treatment:

1. Clarythromycin 125/5cc 20cc bid x 7.5d (#3)
2. Ibuprofen suspension 100mg/5cc 20cc bid prn (#2)
3. Children's MTV chew 1t po bid with meal (#60)
4. Refer to SHCH for surgery consultation

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

1. HTN
2. DMII

Treatment:

1. Captopril 25mg 1/2t po bid (#100)
2. Metformin 500mg 2t po bid (#400)
3. Glibenclamide 5mg 2t po bid (#400)
4. ASA 300mg ¼t po qd (#25)
5. Amitriptylin 25mg ½t po qhs (#50)
6. Citirizin 10mg 1t po qd (buy)
7. Draw blood for HbA1C and Gluc at SHCH

Lab result on July 26, 2007

Gluc	=8.2	[4.2 - 6.4]
HbA1C	=11.7	[4 - 6]

9. MY#00156, 56F (Village I)
Diagnosis:

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

Treatment:

1. Metformin 500mg 1t po qhs (#100)
2. ASA 300mg ¼t po qd (#25)
3. Captopril 25mg ¼t po qd (#25)
4. Amitriptyline 25mg ¼t po qhs (#25)

5. Draw blood for HbA1C and Gluc at SHCH

Lab result on July 26, 2007

Gluc	=6.3	[4.2 - 6.4]
HbA1C	=9.4	[4 - 6]

10. NH#00010, 53F (Village III)
Diagnosis:

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

Treatment:

1. Atenolol 50mg 1t po bid (#200)
2. Chlorpropramide 1t po qd (buy)
3. ASA 300mg 1/4t po qd (#25)
4. Captopril 25mg 1t po tid (#300)
5. HCTZ 50mg 1/2t po qd (#50)
6. Fenofibrate 100mg 1t po qd (buy)
7. Draw blood for HbA1C and Gluc at SHCH

Lab result on July 26, 2007

Gluc	=7.3	[4.2 - 6.4]
HbA1C	=5.8	[4 - 6]

11. UP#00093, 52F (Village III)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po bid (#200)
2. Propranolol 40mg 1/4t po bid
3. Draw blood for Free T4 at SHCH

Lab result on July 26, 2007

Free T4=10.40 [9.14 - 23.81]

12. PO#00148, 67F (Village III)
Diagnosis:

1. HTN
2. DMII with PNP

Treatment:

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

13. CL#00122, 33F (Village III)
Diagnosis:

1. Euthyroid

Treatment:

1. Draw blood for Free T4 at SHCH

Lab result on July 26, 2007

Free T4=15.35 [9.14 - 23.81]

14. NS#00006, 18F (Village I)
Diagnosis:

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1t po bid (#200)
2. Propranolol 40mg ¼t po bid
3. Draw blood for Free T4 at SHCH

Lab result on July 26, 2007

Free T4=15.60 [9.14 - 23.81]

15. PS#00149, 26F (Village I)
Diagnosis:

1. Euthyroid Goiter

Treatment:

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

Lab result on July 26, 2007

Free T4=16.23 [9.14 - 23.81]

16. KP#00153, 57F (Village III)
Diagnosis:

1. DMII
2. HTN
3. A fib

Treatment:

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

Lab result on July 26, 2007

Gluc	=7.6	[4.2 - 6.4]
HbA1C	=6.2	[4 - 6]

17. EB#00078, 41F (Village IV) , KON MOM
Diagnosis:

1. CHF
2. Incompleted RBBB

Treatment:

1. Captopril 25mg 1/2tab po qd (#50)
2. Digoxin 0.25mg 1tab po qd (#100)
3. Furosemide 40mg ½tab po bid (#100)
4. Spironolactone25mg 2tab po bid (#400)
5. MTV 1tab po bid (#100)

18. CO#00188, 37F (Village I)
Diagnosis:

1. Nodular Goiter
2. Subclinical Hyperthyroidism?

Treatment:

1. Propranolol 40mg 1/4t po bid (#20)

19. YV#00196, 39M (Village I)
Diagnosis:

1. Rosacea
2. Folliculitis

Treatment:

1. Neomycin cream apply bid on the rash (# 3)

20. OP#00161, 78M (Village I)
Diagnosis:

1. COPD

Treatment:

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

21. YM#00189, 16F (Village III)
Diagnosis:

1. Asthma

Treatment:

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

22. MS#00144, 52F (Thmey village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1tab po bid
2. Captopril 25mg ¼ tab po qd
3. ASA 300mg 1/4t po qd
4. Draw blood for Gluc and HbA1C at SHCH

Lab result on July 26, 2007

Gluc	=7.7	[4.2 - 6.4]
HbA1C	=8.1	[4 - 6]

The next Rattanakiri TM Clinic will be Held on August 2007