

# **Telemedicine Clinic**

## *Rattanakiri*

### **Referral Hospital**

### **July 2009**

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

On Tuesday July 21 and Wednesday July 22, 2009, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 4 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 23, 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:** Jul 14, 2009 9:16 PM

**Subject:** July TM clinic at Ratanakiri Referral Hospital

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

**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, July 22, 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, July 23, 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:** Jul 22, 2009 5:11 PM

**Subject:** Rattanakiri TM Clinic July 2009, Case number 1, CT#00318, 31F (Village I)

**To:** "Kathleen M. Kelleher"; Kruy Lim; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; rithychau@sihosp.org

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

Dear all,

For Rattanakiri TM Clinic July 2009, there are three new cases and one follow up case will be sent to you. This is case number 1, CT#00318, 31F and photo.

Best regards,  
Sovan/MA Polo

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



**Patient:** CT#00318, 31F (Village I)

**Chief Complaint:** HA, polyuria, asthenia, and extremity numbness on/off x 2 months

**HPI:** 31F presented with HA, asthenia, extremity numbness, polyuria, polyphagia, and she was examined at private clinic and diagnosed with DMII for two months and treated with Glibenclamide 5mg 1t po qd. She regularly took the medicine until now but her symptoms are not better so she came to

see us.

**PMH/SH:** Unremarkable

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

**Family Hx:** Her mother has DMII

**Medication:** Glibenclamide 5mg 1t po qd

**Allergies:** NKDA

**ROS:** Unremarkable

**PE:**

**Vital Signs:** BP: 110/81      P: 73      R: 20      T: 37°C      Wt: 57kg

**General:** Look stable

**HEEN:** No oropharyngeal lesion, pink conjunctiva, no icterus

**Chest:** No rales, no crackle; H RRR, no murmur

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

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

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

**Lab/Studies:**

Done on July 21, 2009

WBC:	8500/mm <sup>3</sup>
Eosinophil	0.4%
Neutrophil	66%
Lymphocyte	27%
Monocyte	0.3%

Done on July 22, 2009  
RBS: 246mg/dl  
U/A gluc 4+

**Assessment:**

1. DMII

**Plan:**

1. Glibenclamide 5mg 1t po bid for one month
2. Educate on diabetic diet, low salt/fats, do regular exercise and foot care
3. Draw blood for Lyte, BUN, Creat, Gluc, 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: July 22, 2009**

Please send all replies to [kirihospital@gmail.com](mailto:kirihospital@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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From: Fang, Leslie S.,M.D.  
Sent: Thursday, July 23, 2009 8:43 PM  
To: Fiamma, Kathleen M.  
Subject: RE: Rattanakiri TM Clinic July 2009, Case number 1, CT#00318, 31F (Village I)

Agree with management and plan  
The patient has diabetes that is not under ideal control and need increase in regimen for better control

Les

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From: **Hospital Rattanakiri Referral** <[kirihospital@gmail.com](mailto:kirihospital@gmail.com)>  
Date: Jul 22, 2009 5:20 PM  
Subject: Rattanakiri TM Clinic July 2009, Case#2, SP#00319, 52F (Village II)  
To: Rithy Chau; Kruy Lim; "Kathleen M. Kelleher"; "Paul J. M.D. Heinzelmann"; Joseph Kvedar  
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

This is case number 2, SP#00319, 52F and photo.

Best regards,  
Sovann/MA Polo

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



**Patient:** SP#00319, 52F (Village II)

**Chief Complaint:** Extremity numbness and tingling x 3y

**HPI:** 52F, housewife, presented with symptoms of extremity numbness, and tingling, blurred vision, HA, asthenia, she went to private clinic and treated with some medicine (unknown name), She said the medicine help her but above symptoms presented after the medicine had been finished. She denied of palpitation, chest pain, weakness, polyuria, hematuria,

dysuria, edema.

**PMH/SH:** Unremarkable

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

**Family Hx:** None

**Medication:** Some medicine (unknown name)

**Allergies:** NKDA

**ROS:** Epigastric pain, burning sensation in the morning and after full eating, burping with sour taste, no vomiting, no stool with blood/mucus; regular menstrual period, LMP on July 5, 2009

**PE:**

**Vital Signs:** BP: 126/85      P: 84      R: 20      T: 37°C      Wt: 62kg

**General:** Look stable

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

**Chest:** CTA bilaterally, no rale, no rhonchi; H RRR, 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:**

Done on July 21, 2009

U/A gluc 2+, protein trace, RBS: 232mg/dl

WBC: 9900/mm<sup>3</sup>

Eosinophil 0.5%

Neutrophil 60%  
Lymphocyte 30%  
Monocyte 0.5%

Done on July 22, 2009  
FBS: 181mg/dl

**Assessment:**

1. DMII with PNP
2. Dyspepsia

**Plan:**

1. Metformin 500mg 1t po qd
2. Amitriptylin 25mg 1/4t po qhs
3. Famotidine 20mg 1t po qhs for one month
4. GERD prevention education
5. Educate on diabetic diet, low salt/fats, do regular exercise and foot care
6. Draw blood for Lyte, BUN, Creat, Gluc, Tot chole, TG, 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: July 22, 2009**

Please send all replies to [kirihospital@gmail.com](mailto:kirihospital@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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

**Date:** Jul 23, 2009 3:27 AM

**Subject:** RE: Rattanakiri TM Clinic July 2009, Case#2, SP#00319, 52F (Village II)

**To:** "Fiamma, Kathleen M."; [kirihospital@gmail.com](mailto:kirihospital@gmail.com)

**Cc:** [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

Thanks so much for this consult

This sounds like a peripheral neuropathy involving the extremities. Is this symmetric numbness or not? Does it involve the feet only? Does it involve the hands.

The most likely problem is diabetic neuropathy with 2 glucose values of 181 and 232.

I would also check the B12 level as this can cause neuropathy.

Treating diabetes is the best therapy.

I agree with treating the neuropathic pain with the amitriptyline.

famotidine and GERD diet are the best ways to treat reflux

Thanks so much for the opportunity to help.

Paul

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>  
Date: Jul 22, 2009 5:26 PM  
Subject: Rattanakiri TM Clinic July 2009, Case#3, TS#00320, 51M (Village V)  
To: Rithy Chau; Kruy Lim; Joseph Kvedar; "Paul J. M.D. Heinzelmann"; "Kathleen M. Kelleher"  
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Dear all,

This is case number 3, TS#00320, 51M and photos.

Best regards,  
Sovann

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



**Patient: TS#00320, 51M (Village V)**

**Chief Complaint:** SOB, Fatigue, polyuria

**HPI:** 51M presented with symptoms of polydipsia, polyphagia, polyuria especially at night, fatigue, and both leg numbness, he was examined and diagnosed with DMII and treated with unknown medicine on/off since 2003 and traditional medicine but his symptoms seem not better. In this week, he presented with fever, cough, SOB, and treated with Ceftriazone 2g IV, and Glibenclamide 5mg 1t bid but he still not better so he come to Telemedicine clinic.

**PMH/SH:** Unremarkable

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

**Family Hx:** None

**Medication:**

1. Ceftriazone 2g IV
2. Glibenclamide 5mg 1t po bid

**Allergies:** NKDA

**ROS:** Dyspnea, fatigue

**PE:**

**Vital Signs:** BP: 130/80      P: 100      R: 26      T: 37°C      Wt: 65kg

**General:** Look sick

**HEEN:** Unremarkable



**Chest:** Hypoechoic bilaterally on lower lobe, No rales, no crackle; H RRR, no murmur

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

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

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

**Lab/Studies:**

Done on July 22, 2009

Creat: 1.2mg/dl

TG: 289mg/dl

Gluc: 133mg/dl

U/A protein trace, gluc 4+

Finger stick FBS: 295mg/dl

CXR: infiltration on right lung, right pleural effusion and slight left pleural effusion, suspect TB lesion

US of the lung conclusion: bilateral pleural effusion

Thoracosentesis: clear yellow color fluid, about 100ml

**Assessment:**

1. DMII
2. Pneumonia
3. Pleural effusion
4. PTB?

**Plan:**

1. Glibenclamide 5mg 2t po bid for one month
2. Erythromycin 500mg 1t po bid x 2 weeks
3. Metoclorpramide 10mg 1t po bid x 15d
4. Do gram stain, AFB smear of pleural fluid
5. Educate on diabetic diet, low salt/fats, do regular exercise and foot care
6. Draw blood for Lyte, BUN, Creat, Gluc, 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:** July 22, 2009

Please send all replies to [kirihospital@gmail.com](mailto:kirihospital@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)



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Fang, Leslie S.,M.D.

Sent: Thursday, July 23, 2009 8:41 PM

To: Fiamma, Kathleen M.

Subject: RE: Rattanakiri TM Clinic July 2009, Case#3, TS#00320, 51M (Village V)

I agree with the diagnosis and management

It appears that the patient has a long history of diabetes, type II and has acute increase in blood sugar in the setting of pneumonia.

Agree with plans for management of pneumonia and diabetes

Les

**From:** iRadX Team [mailto:radiologyexchange@gmail.com]

**Sent:** Thursday, August 06, 2009 8:12 PM

**To:** kirihospital@gmail.com; submit@iradx.org; rithychau@sihosp.org

**Subject:** International Radiology Exchange - Consultation

Dear Koh,

We have evaluated the images and our findings are as follows:

TS#00320,51 M (CXR):

Scattered dense nodules in right upper lobe likely calcified nodules from prior granulomatous infection such as histoplasmosis or TB. Reticulonodular opacities in RLL which could represent scarring from prior process or if active clinical issues, may represent early or resolving pneumonia. What is the history for this patient? We may be able to further narrow our ddx.

Hope this is helpful. Best regards,

S. Kim, MD

G. Choy, MD

International Radiology Exchange

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**From: Hospital Rattanakiri Referral**

**Date:** Jul 22, 2009 5:30 PM

**Subject:** Rattanakiri TM Clinic July 2009, Case#4, KP#00321, 75F (Veun Sai Village)

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

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

Dear all,

This is case number 4, KP#00321, 75F and photos.

Best regards,

Sovann



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



**Patient:** KP#00321, 75F (Veun Sai Village)

**Chief Complaint:** SOB x 6 months

**HPI:** 75F presented with symptoms of progressive SOB on exertion (walking), dry cough and fever, and weight loss, she went to private clinic and treated with Clarithromycin 500mg 1t po bid and Salbutamol inhaler then her symptoms became better and she denied of hemoptysis, night sweating, chest pain, orthopnea, leg edema.

**PMH/SH:** PTB in 2009 with complete treatment

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

**Family Hx:** None

**Medication:** None

**Allergies:** NKDA

**ROS:** Unremarkable

**PE:**

**Vital Signs:** BP: 150/100 (both arms)    P: 87    R: 26    T: 37°C    Wt: kg

**General:** Look stable

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

**Chest:** Wheezing on left lung with Decreased breathing sound on right middle and lower lobe, decreased vibration on right side; H RRR, no murmur

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

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

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

**Lab/Studies:**

Done on July 22, 2009

WBC: 5600/mm<sup>3</sup>

Ht: 37%



Eosinophil 0.5%  
Neutrophil 52%  
Lymphocyte 36%  
Monocyte 0/7%

Ca2+ : 7.2 [8.1 – 10.4]  
Tot chole: 120.5 [<200]  
Creat: 0.7 [0.5 – 0.9]  
Gluc: 83.4 [75 – 115]  
TG: 79.4 [40 – 140]

CXR: attached

**Assessment:**

1. COPD
2. PTB?
3. HTN
4. Right lower lung tumor??

**Plan:**

1. Clarithromycin 500mg 1t po bid x 10d
2. Salbutamol inhaler 2puffs bid
3. Eat low salt/fats diet, do regular exercise
4. Recheck BP, if still elevate start antihypertensive drug
5. Do AFB sputum smear

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: July 22, 2009**

Please send all replies to [kirihospital@gmail.com](mailto:kirihospital@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From: Paul Heinzelmann**

**Date:** Jul 23, 2009 5:12 AM

**Subject:** Re: FW: Rattanakiri TM Clinic July 2009, Case#4, KP#00321, 75F (Veun Sai Village)

**To:** "Fiamma, Kathleen M."

**Cc:** kirihospital@gmail.com, rithychau@sihosp.org

It would be helpful to know how long ago the initial Clarithomycin and Salbutemol inhaler was started. Your plan seems appropriate.

RE: HTN - I would, however, not a beta blocker due to use of beta agonist inhaler.

RE: CXR - I sent this to radiologist Dr Garry Choy for review (pending) at [www.iRADx.org](http://www.iRADx.org)  
You may do so with any xrays you complete - at no cost. Please consider this in the future.

Thanks  
Paul

**From: Hospital Rattanakiri Referral**

**Date:** Jul 23, 2009 8:31 AM

**Subject:** Re: FW: Rattanakiri TM Clinic July 2009, Case#4, KP#00321, 75F (Veun Sai Village)

**To:** Paul Heinzelmann

**Cc:** "Fiamma, Kathleen M."; rithychau@sihosp.org

Dear Paul,

Sorry That I didn't describe detail on medicine she took, She was treated with Clarithromycin 500mg 1t bid for one week and Salbutamol inhaler in a month ago.

Thanks for your advise to avoid beta blocker to control HTN, I might use HCTZ for this patient if her BP still elevate.

Best regards,  
Sovann

Dear Garry Choy,

Dr. Paul Heinzelmann told us that we can send x-rays of our Telemedicine cases from Rattanakiri to you for interpretation.

Thank you ahead of time for your support.

We look forward to hearing from you.

Best regards,

**From:** iRadX Team [mailto:radiologyexchange@gmail.com]

**Sent:** Thursday, August 06, 2009 8:12 PM

**To:** kirihospital@gmail.com; submit@iradx.org; rithychau@sihosp.org

**Subject:** International Radiology Exchange - Consultation

Dear Koh,

We have evaluated the images and our findings are as follows:

KP#00321, 75F (CXR):

Signs of emphysema or cystic lung changes from prior TB in upper lobe in particular. Upper lobe opacity, particularly on the right which could represent (infection) consolidation or possible mass. CT could be helpful or continued clinical follow-up to exclude chance of malignancy or evolving process. What is the history for this patient? We may be able to further narrow our ddx.

Hope this is helpful. Best regards,

S. Kim, MD

G. Choy, MD

International Radiology Exchange

**From:** Hospital Rattanakiri Referral <kirihospital@gmail.com>

**Date:** Jul 22, 2009 5:39 PM

**Subject:** Rattanakiri TM Clinic July 2009, Case#5, RH#00160, 70F

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

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

Dear all,

This is last case for Rattanakiri TM Clinic July 2009, Case number 5, RH#00160, 70F and photos.

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,  
Sovann

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



**Patient:** RH#00160, 70F (Village I)

**Subject:** 70F was diagnosed with HTN, OA come for follow up and presented with difficulty of walking. In the past three years, she felt down and noticed laceration with bleeding on right knee, and she didn't seek medical care just buy medication from pharmacy for pain. Since then she noticed progressive difficulty in walking with crutches and assistance sometimes.

**Medication:**

1. HCTZ 50mg 1/2t po qd
2. Amitriptylin 25mg ½ tab po qhs
3. ASA 300mg ¼tab po qd

**Allergies:** NKDA

**Object:**

**Vital Signs:**    **BP:** 130/92                      **P:** 93                      **R:** 20                      **T:** 37°C                      **Wt:** 55Kg

**General:** Look stable

**HEENT:** Unremarkable

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

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

**Extremity:** No edema, no tremor, complete healed scar about 8cm on right knee, no crepitus, (+) dorsalis pedis and posterior tibial pulse



**MS/Neuro:** MS +5/5, sensory intact, DTRs +2/4, small step with imbalance gait

Rhomberg test negative, alternative movement positive

**Previous Lab/Studies:**

**Done on Jun 2009**

Na	=144	[135 - 145]
K	=4.5	[3.5 - 5.0]
Cl	=110	[95 - 110]
BUN	=1.0	[0.8 - 3.9]
Creat	=59	[44 - 80]
Gluc	=5.9	[4.2 - 6.4]

**Lab/Studies Requests:**

**Pelvic and knee x-ray:** Right femoral neck fracture line

**Assessment:**

1. HTN
2. OA
3. Right femoral neck fracture (per x-ray)
4. Right tibial fracture?? (per x-ray)

**Plan:**

1. HCTZ 50mg 1/2t po qd
2. Amitriptylin 25mg 1/2 tab po qhs
3. ASA 300mg 1/4tab po qd

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/Nurse Sovann Peng

**Date:** July 22, 2009

Please send all replies to [kirihospital@gmail.com](mailto:kirihospital@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** Cornelia Haener

**Date:** Jul 23, 2009 9:20 AM

**Subject:** RE: Rattanakiri TM Clinic July 2009, Case#5, RH#00160, 70F

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

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

Dear Sovann,

Thanks for submitting this case.

It is not clear to me from your history and clinical examination why she is walking with crutches.

Does she have pain? In her right hip or in her knees? Or is it more a neurology problem. You mention that she is walking with small steps. Are there any signs of Parkinson's disease?

What is the range of motion of her right hip and both knees?

She certainly has degenerative osteoarthritis of both knees with osteophytes, especially of the femoro-patellar joint. She might have had a hip fracture on the right side years ago, but it is healed.

Kind regards

Cornelia

**From:** iRadX Team [mailto:radiologyexchange@gmail.com]

**Sent:** Thursday, August 06, 2009 8:12 PM

**To:** kirihospital@gmail.com; submit@iradx.org; rithychau@sihosp.org

**Subject:** International Radiology Exchange - Consultation

Dear Koh,

We have evaluated the images and our findings are as follows:

RH#00160, 70F (Knee X-ray):

Degenerative changes with no significant joint effusion or displaced fracture. What is the history for this patient? We may be able to further narrow our ddx.

RH#00160, 70F (Pelvic x-ray)

No evidence of obstruction. Degenerative changes of the lumbar spine and hip joints. Calcific density projecting over right lower quadrant which could represent object overlying patient, appendicolith, or intrabdominal focus of dystrophic calcification. What is the history for this patient? We may be able to further narrow our ddx.

Hope this is helpful. Best regards,

S. Kim, MD

G. Choy, MD

International Radiology Exchange

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# Thursday, July 23, 2009

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## Follow-up Report for Rattanakiri TM Clinic

There were 4 new patients and none follow up patient seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 5 cases was transmitted and received replies from both Phnom Penh and Boston, other 17 patients came for follow up and refill medication only. 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 July 2009

#### 1. CT#00318, 31F (Village I)

##### Diagnosis:

1. DMII

##### Treatment:

1. Glibenclamide 5mg 1t po bid for one month (buy)
2. Educate on diabetic diet, low salt/fats, do regular exercise and foot care
3. Draw blood for Lyte, Creat, Gluc, HbA1C at SHCH

##### Lab result on July 24, 2009

Na	=139	[135 - 145]
K	=4.7	[3.5 - 5.0]
Cl	=110	[95 - 110]
Creat	=65	[44 - 80]
Gluc	=8.5	[4.2 - 6.4]
HbA1C	=9.3	[4 - 6]

#### 2. SP#00319, 52F (Village II)

##### Diagnosis:

1. DMII with PNP
2. Dyspepsia

##### Treatment:

1. Metformin 500mg 1t po qd (#100)
2. Amitriptylin 25mg 1/4t po qhs (#25)
3. Cimetidine 200mg 1t po qhs for one month (buy)
4. GERD prevention education
5. Educate on diabetic diet, low salt/fats, do regular exercise and foot care
6. Draw blood for Lyte, BUN, Creat, Gluc, Tot chole, TG, HbA1C at SHCH

##### Lab result on July 24, 2009

Na	=139	[135 - 145]
K	=4.1	[3.5 - 5.0]
Cl	=110	[95 - 110]

BUN	=1.8	[0.8 - 3.9]
Creat	=76	[44 - 80]
Gluc	=9.9	[4.2 - 6.4]
T. Chol	=6.0	[<5.7]
TG	=3.2	[<1.71]
HbA1C	=8.5	[4 - 6]

### 3. TS#00320, 51M (Village V)

#### Diagnosis:

1. DMII
2. Pneumonia
3. Pleural effusion
4. PTB?

#### Treatment:

1. Glibenclamide 5mg 2t po bid for one month (#400)
2. Erythromycin 500mg 1t po bid x 2 weeks (buy)
3. Metoclorpramide 10mg 1t po bid x 15d
4. Do gram stain, AFB smear at SHCH
5. Educate on diabetic diet, low salt/fats, do regular exercise and foot care

### 4. KP#00321, 75F (Veun Sai Village)

#### Diagnosis:

1. COPD
2. PTB?

#### Treatment:

1. Clarithromycin 500mg 1t po bid x 10d (buy)
2. Salbutamol inhaler 2puffs bid (#2)
3. Eat low salt/fats diet, do regular exercise

### 5. RH#00160, 70F (Village I)

#### Diagnosis:

1. HTN
2. OA
3. Right femoral neck fracture (per x-ray)

#### Treatment:

1. HCTZ 50mg 1/2t po qd
2. Amitriptylin 25mg ½ tab po qhs
3. ASA 300mg ¼tab po qd

## Patients 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. HCTZ 50mg 1t po qd (#buy)
5. Draw blood for Gluc and HbA1C at SHCH

#### Lab result on July 24, 2009

Gluc	=11.5	[4.2 - 6.4]
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HbA1C =7.5

[4 - 6]

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

**Diagnosis:**

1. CHF
2. Incompleted RBBB

**Treatment:**

1. Captopril 25mg 1/2t po qd (#50)
2. Digoxin 0.25mg 1t po qd (#100)
3. Furosemide 40mg 1/2t po bid (#100)
4. Spironolactone 25mg 1t po bid (#200)

**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 po bid (#400)
2. Captopril 25mg 1/2t po tid (#150)
3. ASA 300mg ¼t po qd (#25)
4. Insulin NPH 20UI qAM
5. Amitriptylin 25mg ½ po qhs (buy)
6. Draw blood for Gluc and HbA1C at SHCH

**Lab result on July 24, 2009**

Gluc =8.3

[4.2 - 6.4]

HbA1C =10.4

[4 - 6]

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

**Diagnosis:**

1. Euthyroid
2. HTN

**Treatment:**

1. HCTZ 50mg 1/2t po qd (#50)
2. Captopril 25mg 1/2t po bid (#100)

**6. 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)
5. Draw blood for Gluc and HbA1C at SHCH

**Lab result on July 24, 2009**

Gluc =7.2 [4.2 - 6.4]  
HbA1C =11.5 [4 - 6]

**7. SV#00256, 43M (Village I)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 2t po qd (buy)
2. Metformin 500mg 2t po bid (#400)
3. Draw blood for HbA1C at SHCH

**Lab result on July 24, 2009**

HbA1C =8.0 [4 - 6]

**8. SS#00258, 61F (Village III)**

**Diagnosis :**

1. DMII

**Treatment:**

1. Glibenclamide 250mg 1t po qd (#100tab)
2. Draw blood for Gluc and HbA1C at SHCH

**Lab result on July 24, 2009**

Gluc =15.2 [4.2 - 6.4]  
HbA1C =10.0 [4 - 6]

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

**Diagnosis:**

1. DMII

**Treatment:**

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

**Lab result on July 24, 2009**

Gluc =3.0 [4.2 - 6.4]  
HbA1C =5.6 [4 - 6]

**10. BS#00265, 51M (Village VI)**

**Diagnosis:**

1. DMII

**Treatment:**

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

**Lab result on July 24, 2009**

Gluc =14.7 [4.2 - 6.4]  
HbA1C =10.8 [4 - 6]

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

**Diagnosis:**

1. DMII

**Treatment:**

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

**Lab result on July 24, 2009**

Gluc =6.0 [4.2 - 6.4]  
HbA1C =6.8 [4 - 6]

**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)
5. Draw blood for Gluc and HbA1C at SHCH

**Lab result on July 24, 2009**

Gluc =9.2 [4.2 - 6.4]  
HbA1C =8.1 [4 - 6]

**13. OE#00273, 65M (Village I)**

**Diagnosis:**

1. DMII with PNP
2. Pleural effusion

**Treatment:**

1. Glibenclamide 5mg 2t po bid (#400tab)
2. Captopril 25mg 1/4t po qd (buy)
3. ASA 300mg 1/4t po qd (#25tab)
4. Amitriptylin 25mg 1/2t po qhs (#50tab)
5. MTV 1t po qd for one month
6. Draw blood for Gluc, HbA1C and pleural fluid for Prot, Gluc at SHCH

**Lab result on July 24, 2009**

Gluc =12.3 [4.2 - 6.4]  
HbA1C =6.4 [4 - 6]

**Pleural fluid**

Prot = 2440mg/dl  
Gluc = 160mg/dl

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

**Diagnosis:**

1. HTN

**Treatment:**

1. Amlodipine 5mg 1t po qd (#100)

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

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 2tab bid (#400)
2. ASA 300mg 1/4 tab qd (#25)
3. Fenofibrate 100mg 1tb qd (BUY)
4. Captopril 25mg 1/4 tab bid (#50)
5. Draw blood for Gluc and HbA1C at SHCH

**Lab result on July 24, 2009**

Gluc =12.2 [4.2 - 6.4]  
HbA1C =7.4 [4 - 6]

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

**Diagnosis:**

1. DM

**Treatment:**

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

**17. KS#00312, 55F (Village I)**

**Diagnosis:**

1. HTN

**Treatment:**

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

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