

# Telemedicine Clinic

## *Rattanakiri*

### Referral Hospital

#### June 2006

#### Report and photos compiled by Rithy Chau, SHCH Telemedicine

On Tuesday, June 20, 2006, Rattanakiri Referral Hospital (RRH) staff began their TM clinic. PA Rithy and Nurse Sovann were present during this month clinic. 7 new and 11 follow-up patients were examined, but only the data of 1 f/u and all new cases were transcribed along with digital pictures of the patient, then transmitted and received replies from their TM partners in Boston and Phnom Penh.

The following day, Wednesday and Friday, June 21 and 23, 2006, the TM clinic opened again to receive the same patients and other follow-up patients for further evaluation, treatment and management. Finally, the data for treatment and management would then be transcribed and transmitted to the PA Rithy Chau at SHCH who compiled and sent for website publishing.

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

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

**Sent:** Thursday, June 15, 2006 3:47 PM

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

**Cc:** Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International; Sovann Nop

**Subject:** June 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, June 21, 2006 beginning at 8:00am local time for one full day. We expect to enter and transmit the patient data to those of you at SHCH and at Partner in Boston that evening.

Please try to respond before noontime the following day, Thursday, June 22, 2006. The patients will be asked to return to the hospital that afternoon on Thursday to receive treatment along with a follow up plan or referral.

Thank you very much for your cooperation and service.

Best regards,

Channarith Ly

Rattanakiri Telemedicine Services

Rattanakiri Referral Hospital

Banlung, Rattanakiri Province, Cambodia

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

**Sent:** Wednesday, June 21, 2006 9:44 AM

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

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

**Subject:** Rattanakiri TM Clinic June 2006, Patient NK#00173, 11F

Dear All,

Thank you for participating in the Rattanakairi Telemedicine. In this month we have 7 new cases, so this morning I sent 4 cases and this afternoon I probably will send 3 more cases.

Best regards

Channarith/Rithy

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



**Patient:** NK#00173,11F, Village III

**Chief Complaint:** Right eye lesion for two weeks

**HPI:** 11F was brought to TM clinic by her grandmother complaining of right eye lesion for two weeks; she also c/o tenderness at lesion, low grade fever, white color pus expressed 10d after lesion developed; right eye with sticky exudates in AM but little amount on/off, no swollen lymph node, no blurry vision, no cardiorespiratory symptoms, no rash, no dysuria.

**PMH/SH:** no

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

**Medication:** none

**Allergies:** NKDA

**Family Hx:** Orphan, 1<sup>st</sup> grade living with grandmother

**ROS:** unremarkable

**PE:**

**Vital Signs:** BP: 100/58 P:90 R:20 T36.5 Wt 28kg

**General:** look stable

**HEENT:** PERRLA and EOMI, normal vision; right lower lid lesion with erythema, slightly pustular about 1cm diameter with tenderness, conjunctiva not injected, no lymphadenopathy.

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

**Abdomen:** soft, flat, no tender, (+)BS, no HSM

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

**Neuro:** unremarkable

**Previous Lab/Studies:** none

**Lab/Studies Requests:** none

**Assessment:**

1. Stye right eyelid

**Plan:**

1. Tetracycline eye ointment 5mg apply q12h right eye x 5d
2. Ibuprofen 100mg/5cc 10cc po tid x 3d then prn pain



**Comments/Notes:**

**Examined by:** Peng Sovann/ Chau Rithy      **Date:** June 20, 2006

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

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**From:** Cornelia haener [mailto:Cornelia\_Haener@online.com.kh]

**Sent:** Wednesday, June 21, 2006 4:40 PM

**To:** 'Rattanakiri Referral Hospital'; 'Brian Hammond'; 'Paul Heinzelmann'; 'Kathleen M. Kelleher'; 'Joseph Kvedar'; 'Rithy Chau'; 'Ruth Tootill'; 'Kruy Lim'

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

**Subject:** RE: Rattanakairi TM Clinic June 2006, Patient NK#00173, 11F

Dear all,

The patient should have a small ophthalmology operation. Usually, these problems are drained from the internal surface of the eyelid. Best would be to bring her to Preah Ang Duong Hospital.

Regards

Cornelia

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

**Sent:** Friday, June 23, 2006 1:50 AM

**To:** Rattanakiri Referral Hospital; [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh)

**Subject:** FW: FW: Rattanakairi TM Clinic June 2006, Patient NK#00173, 11F

Consultation: Pediatric Ophthalmology 6/22/06.

A 11 yr girl with 2 week history of focal lid swelling, erythema, discharge, and discomfort.

Clinical Dx of Sty (hordeolum) is appropriate.

Causitive organism is typically a staphylococcal species

Tetracycline medication may be effective; Bacitracin would be a very good choice for topical treatment.

Systemic antibiotics can be helpful with failure of a response to topical treatment. Rarely drainage is necessary.

Respectfully,

David Walton, MD

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

**Sent:** Wednesday, June 21, 2006 10:01 AM

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

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

**Subject:** Rattanakairi TM Clinic June 2006, Patient OT#00174, 11F

Dear All,

This is the patient OT#00174 and her photos.

Best regards

Channarith/Rithy

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



**Patient:** OT#00174, 47F, Village I

**Chief Complaint:** mass on posterior neck about 2y

**HPI:** 47F has had a mass on posterior neck about 2x3cm about 2y ago and in these 5months it became bigger about 3x5cm with moderate hard, no tender, movable, no erythema, no warmth. She also had symptoms of fatigue, HA on left side usually at noon time and relieved by rest in quiet area and usually came on about 1-2hrs postprandial; no blurred vision, no ear ringing, no neck tension, no cough, no fever, no GI complaint, no edema

**PMH/SH:** Malaria and Typhoid fever in 2003

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

**Medication:** none

**Allergies:** NKDA

**Family Hx:** Mother with HTN, DMII, daughters with thyroid dysfunction

**ROS:** no n/v, no vaginal discharge, last menstrual period on 15 06 2006

**PE:**

**Vital Signs:** BP: 120/70 P:80 R:20 T36.5 Wt 65kg

**General:** look stable

**HEENT:** normocephalic, no oropharyngeal lesion, pink on conjunctiva, mass on posterior neck about 3cmx5cm no tender, no erythema, movable, moderate harden, no lymph node palpable, no JVD

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

**Abdomen:** soft, flat, no tender, (+)BS, no HSM

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

**Neuro:** Motor and sensory intact, DTRs intact, no spine tenderness

**GU:** unremarkable

**Today Lab/Studies:** Posterior neck ultrasound mass about 24mm x 39mm with regular border; WBC: 5600/mm<sup>3</sup>, RBC: 4100000/mm<sup>3</sup>, Hb 13.5mm, Ht 42%, Eosinophil 03%, Neutrphil 55%, Lymphocyte 40%, M0n0cyte 02%, Platelete count 240000/mm



**Lab/Studies Requests:**

**Assessment:**

1. Posterior Neck Tumor
2. Migrain HA

**Plan:**

1. Diflunasal 500mg 1 po bid prn HA
2. Avoid triggered food (esp. MSG)
3. Do we need to do FNA and send for cytology at SHCH?

**Comments/Notes:**

**Examined by:** Peng Sovann/Chau Rithy

**Date:** June 20, 2006

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

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**From:** Cornelia haener [mailto:Cornelia\_Haener@online.com.kh]

**Sent:** Wednesday, June 21, 2006 4:43 PM

**To:** 'Rattanakiri Referral Hospital'; 'Brian Hammond'; 'Paul Heinzelmann'; 'Kathleen M. Kelleher'; 'Joseph Kvedar'; 'Rithy Chau'; 'Ruth Tootill'; 'Kruy Lim'

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

**Subject:** RE: Rattanakairi TM Clinic June 2006, Patient OT#00174, 11F

Dear all,

I am not able to read your images, but from your description it sounds like a lipoma. You mention that it is mobile. Can the surgeon at Ratanakiri Hospital remove it?

Regards

Cornelia

**No answer from Boston**

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

**Sent:** Wednesday, June 21, 2006 10:09 AM

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

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

**Subject:** Rattanakairi TM Clinic June 2006, Patient NB#00175, 10M

Dear All,

This is the patient NB#00175 and his photos.

Best regards

Channarith/Rithy

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



**Patient:** NB#00175, 10M, Village I

**Chief Complaint:** Left Testicular mass since birth

**HPI:** 10M student came in with his mother complaint of left testicular mass since birth; mass soft but may became hardened during cold weather and hurt slightly; his older sister took him last year to be evaluated at Angkor Hospital for Children in Siem Reap and an operation was done to release his right testicle which was hidden in his pelvis but nothing done for the mass on his left testicle. Denied fever, abd pain, dysuria, hematuria, swollen inguinal LN, scrotal pain (except during cold weather), lesion or rash. Good appetite, no wt loss.

**PMH/SH:** On April 17, 2005 Surgical release of right testicle

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

**Medication:** none

**Allergies:** NKDA

**Family Hx:** Grandmother with HTN, DMII

**ROS:** unremarkable

**PE:**

**Vital Signs:** BP: 106/75 P: 80 R: 18 T 36.5 Wt 26.5kg

**General:** look stable

**HEENT:** no oropharyngeal lesion, pink on conjunctiva, no mass no lymph node palpable, no JVD

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

**Abdomen:** soft, flat, no tender, (+)BS, no HSM, well healed surgical scar on RLQ about 4-5cm

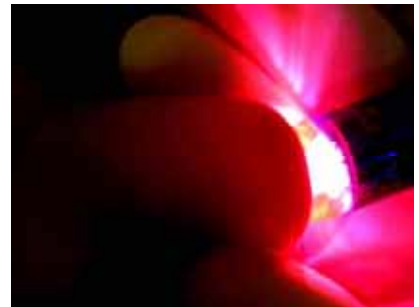
**Extremity/Skin:** no edema, no rash, no lesion

**Neuro:** unremarkable

**GU:** normal genital development, left testicular enlargement mass about 2x3cm, soft, smooth surface, (+) translucent to light, no tenderness, mobile.

**Previous Lab/Studies:** none

**Lab/Studies Requests:** none



**Assessment:**

1. Left Testicular Hydrocele

**Plan:**

1. Please give me your advise whether to refer him for surgical consultation or possible operation or not
2. Ibuprofen 100mg/5cc 10cc po tid prn pain

**Comments/Notes:**

**Examined by:** Peng Sovann/Chau Rithy

**Date:** June 20, 2006

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

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**From:** Cornelia haener [mailto:Cornelia\_Haener@online.com.kh]

**Sent:** Wednesday, June 21, 2006 4:45 PM

**To:** 'Rattanakiri Referral Hospital'; 'Brian Hammond'; 'Paul Heinzelmann'; 'Kathleen M. Kelleher'; 'Joseph Kvedar'; 'Rithy Chau'; 'Ruth Tootill'; 'Kruy Lim'

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

**Subject:** RE: Rattanakairi TM Clinic June 2006, Patient NB#00175, 10M

Dear all,

It is advisable to do a resection of the hydrocele, either at Angkor children hospital again or at Kuntha Bopha.

Regards

Cornelia

No answer from Boston

---

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

**Sent:** Wednesday, June 21, 2006 10:14 AM

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

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

**Subject:** Rattanakairi TM Clinic June 2006, Patient KK#00176 ,27F

Dear All,

This is the patient KK#00176 and her photos.

Best regards

Channarith/Rithy



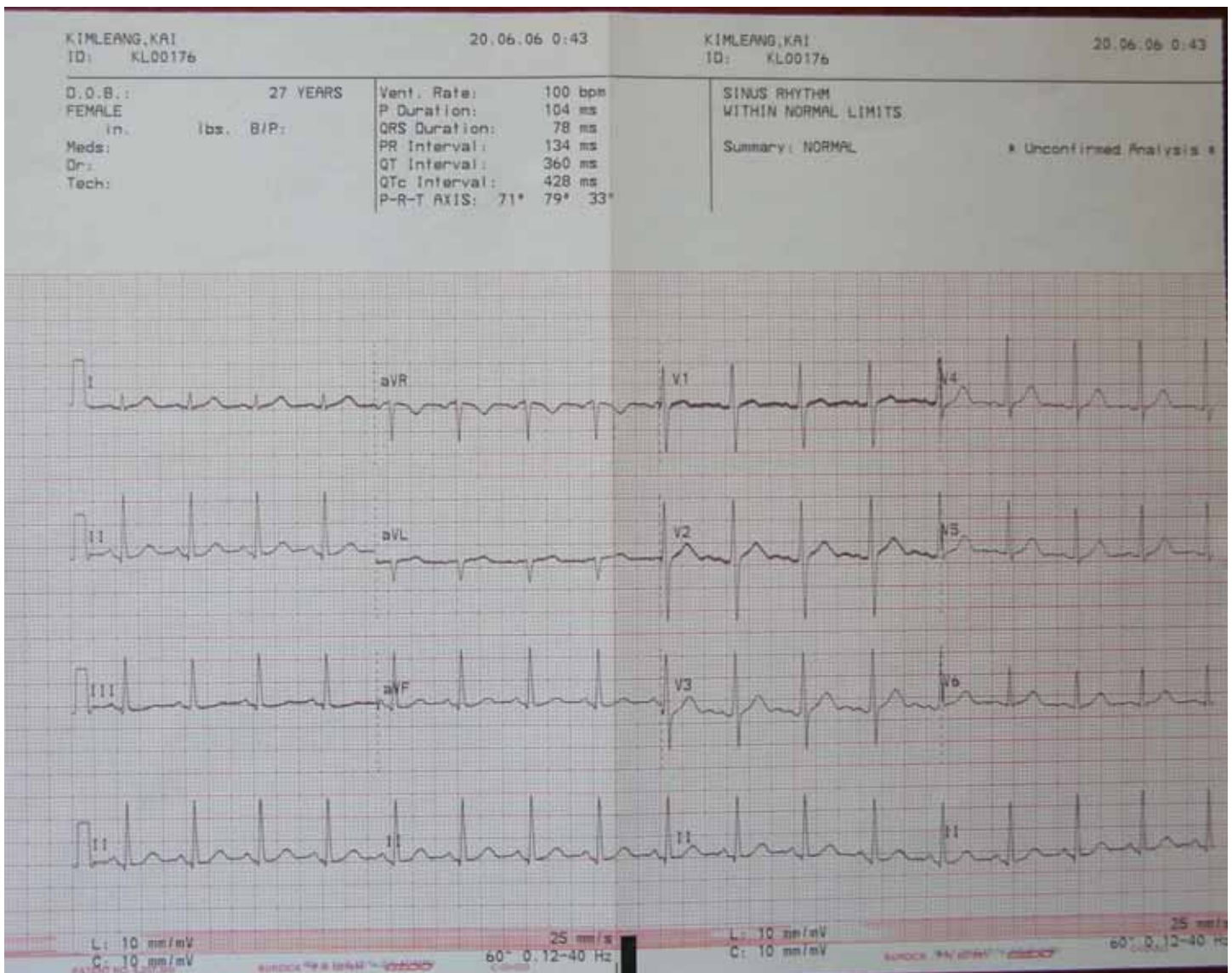
# Rattanakiri Provincial Hospital Telemedicine Clinic with Sihanouk Hospital Center of HOPE and Partners in Telemedicine



**Patient:** KK#00176, 27F, Village I

**Chief Complaint:** Heat intolerance about 8y

**HPI:** 27F complaining of heat intolerance about 8y ago and it always happened every one to two years. In this one year she start heat intolerance every month with symptoms of tremor, palpitation and feel something stuck on the throat for sometime but she denied of chest pain, fever, blurred vision, lip numbness, weight loss, dysuria, hematuria; normal appetite. On July 2005 she went to get consultation at Phnom Penh and was treated with some unknown name medication and got a little better. In these a few days she went to private clinic and she was treated with some unknown medication about 7d but it doesn't get better.



**PMH/SH:** unremarkable

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

**Medication:** some unknown name medication

**Allergies:** NKDA

**Family Hx:** no

**ROS:** no n/v, no GI complaint, no edema, regular menstrual period, last on 26 May 2006

**PE:**

**Vital Signs:** BP: 100/68 P: 80 R: 20 T 35.6 Wt 48kg



**General:** look stable

**HEENT:** no oropharyngeal lesion, pink on conjunctiva, no mass, no bruit, no lymph node palpable, no JVD

**Chest:** CTA bilaterally, no rale, no rhonchi; HRRR with opening snap loudest at LLSB, no murmur

**Abdomen:** soft, flat, no tender, (+)BS, no HSM

**Musculoskeletal:** unremarkable

**Neuro:** Motor and sensory intact, DTRs intact

**GU:** unremarkable

**Previous Lab/Studies:**

**Lab/Studies Requests:** CBC, Lyte, Creat, BUN, Glucose, TSH, Free T4, EKG (attached), CXR

**Assessment:**

1. Thyroid dysfunction?
2. Anxiety?
3. VHD???

**Plan:**

1. Draw blood for lab

**Comments/Notes:**

**Examined by:** Peng Sovann/Chau Rithy

**Date:** June 20, 2006

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

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

**Sent:** Wednesday, June 21, 2006 11:37 AM

**To:** Brian Hammond; Paul Heinzemann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau; Cornelia Haener; Ruth Tootill; Kruey Lim

**Cc:** Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International  
**Subject:** Rattanakairi TM Clinic June 2006, Patient KK#00176 ,27F

Dear All,

Additional image of CXR for KK#00176.

Best regards

Channarith/Rithy

**From:** Cornelia haener [mailto:Cornelia\_Haener@online.com.kh]  
**Sent:** Wednesday, June 21, 2006 4:51 PM  
**To:** 'Rattanakiri Referral Hospital'; 'Brian Hammond'; 'Paul Heinzelmann'; 'Kathleen M. Kelleher'; 'Joseph Kvedar'; 'Rithy Chau'; 'Ruth Tootill'; 'Kruy Lim'  
**Cc:** 'Bernie Krisher'; 'Noun SoThero'; 'Fil B. Tabayoyong'; 'Ed & Laurie Bachrach'; 'HealthNet International'  
**Subject:** RE: Rattanakairi TM Clinic June 2006, Patient KK#00176 ,27F

Dear all,  
I suggest to draw blood for TSH to rule out hyperthyroidism. Clinically, she does not look hyperthyroid to me.  
Regards  
Cornelia

**From:** Barbesino, Giuseppe,M.D. [mailto:GBARBESINO@PARTNERS.ORG]  
**Sent:** Thursday, June 22, 2006 6:47 PM  
**To:** Fiamma, Kathleen M.; kirihospital@yahoo.com; tmed\_rithy@online.com.kh  
**Subject:** RE: Rattanakairi TM Clinic June 2006, Patient KK#00176 ,27F

**This young woman complains of long lasting symptoms suggesting thyroid dysfunction. However those are non specific. On exam, neck appears to be normal and no tachycardia is observed, or other signs of hyperthyroidism. I agree with screening for hyperthyroidism as you are doing, as well as general chemistry and CBC. I am not sure what do you mean by VHD.**

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, June 21, 2006 5:18 PM  
**To:** Rithy Chau; Kathleen M. Kelleher; Joseph Kvedar; Paul J. M.D. Heinzelmann; Paul Heinzelmann; Kruy Lim; Brian Hammond; Ruth Tootill; Cornelia Haener  
**Cc:** Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International  
**Subject:** Rattanakiri TM Clinic June 2006 Patient NS#00177

Dear All,  
Here is the patient NS#00177 and her photos.  
Best regards  
Channarith / Rithy

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



**Patient:** NS#00177, 40F, Village I

**Chief Complaint:** a developing mass on her neck x 2 y size :15x 5 em

**HPIPMH/SH:** she complained of palpitation off and on sob off and on, headache, dizziness , she went to Phnom Penh ,and she treated with Neomercazole 1 tab po tid x 1 month, her symptoms got better .and then she stopped the these medicines x 1y. She complaints of developing mass on her neck , palpitation and sob off and on ,back neck pain radiation to head occasionally , sore throat , running nose off and on , exophthalmia .no tremor of extremities , no coma , no n/v , no fever.

**Social Hx:** none

**Allergies:** none

**Family Hx:** none

**ROS:**

**PE:**

**Vital Signs:** BPR:100/60 P 48 R 20 T: 37.5 Wt 55.5kg

**General:** look stable

**HEENT:** running nose, mass is mobile , no bruit , size:15 x 5 em, no mass pain , soft mass , sore throat ,no otitis.

**Chest:** lungs : clear both sides  
Heart : no murmur ,

**Abdomen:** soft, active BS, no organomegaly, no mass .

**Musculoskeletal:** unremarkable

**Neuro:** motor and sensory are intact

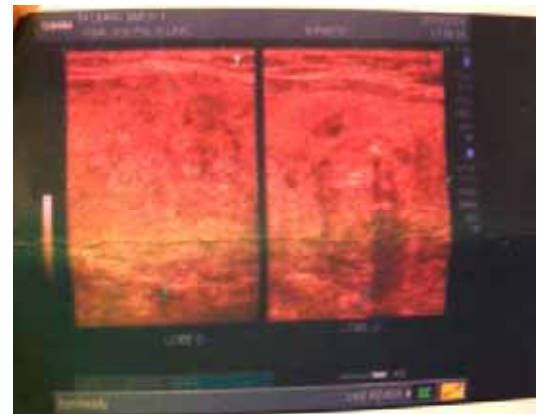
**GU:**

**Rectal:**

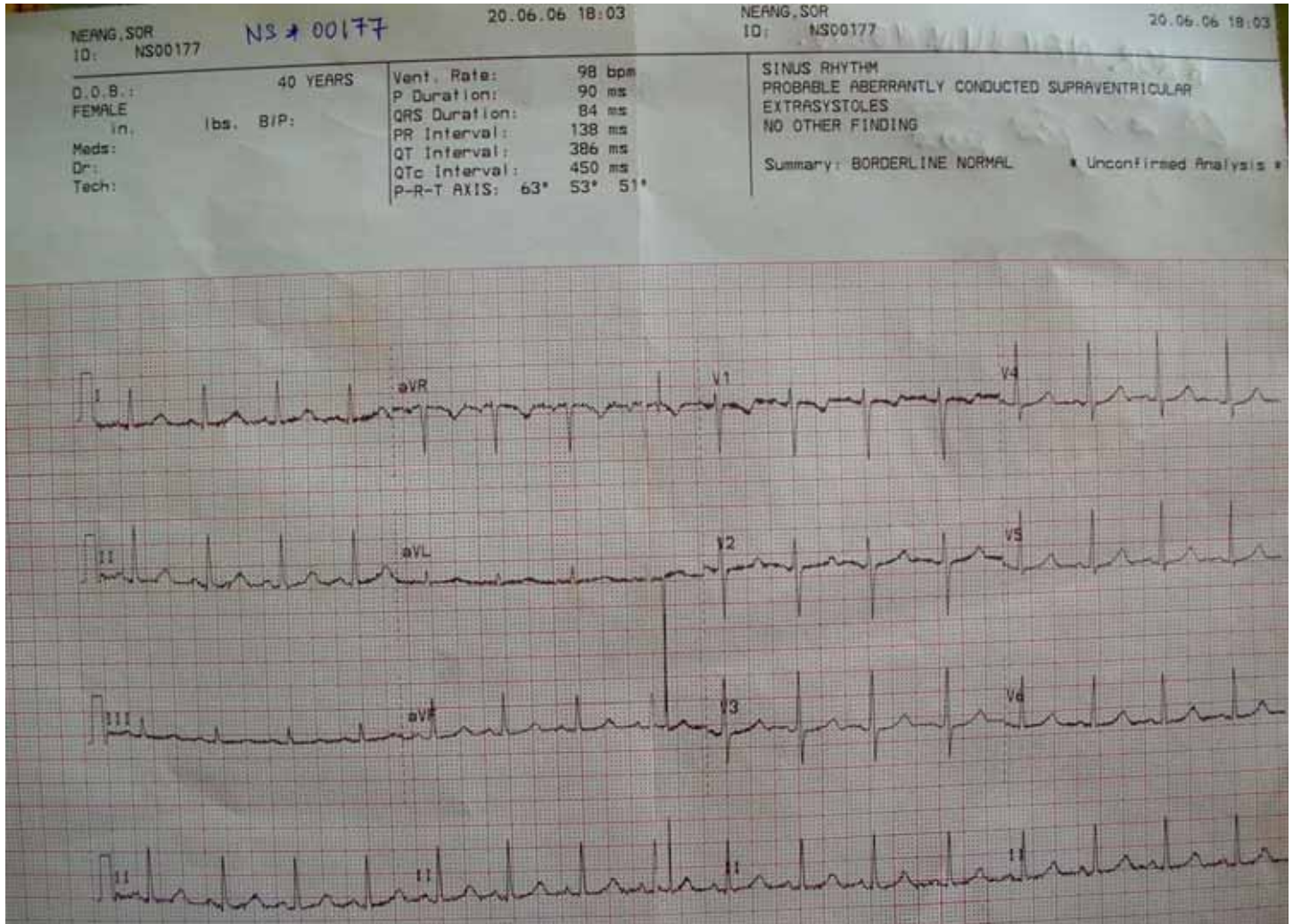
**Previous Lab/Studies:**

**Lab/Studies Requests:** ultrasound of neck, chest x ray, EKG .

**Assessment:** 1.Goiter 2. URI



- Plan:**
1. check free T4 and TSH at SHCH
  2. Loratidine 10mg 1 po qd prn
  3. Para 500 mg 1 tab po qidprn fever/pain



**Comments/Notes:** please give a good idea

**Examined by:** Dr San **Date:** 21/6/06

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

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**From:** Lim kruiy [mailto:kruylim@yahoo.com]

**Sent:** Thursday, June 22, 2006 9:42 AM

**To:** Rattanakiri Referral Hospital; Rithy Chau; Kathleen M. Kelleher; Joseph Kvedar; Paul J. M.D. Heinzelmann; Paul Heinzelmann; Brian Hammond; Ruth Tootill; Cornelia Haener

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

**Subject:** Re: Rattanakiri TM Clinic June 2006 Patient NS#00177

Dear Channarith and Rithy,

I am agree with this plan as well

Take care

kruy

**No answer from Boston**

---

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

**Sent:** Wednesday, June 21, 2006 5:01 PM

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

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

**Subject:** Rattanakiri TM Clinic June 2006 Patient KN#00178

Dear All,

Here is the patient KN#00178 and her photos.

Best regards

Channarith / Rithy

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



**Patient:** KN#00178, 38F, Village Ochum

**Chief Complaint:** pressure pain on top head x 1 y and ear pressure x 1 year

**HPI:** The first time, her complaint of headache on top head and dizziness off and on , and she treated with unknown medicines and traditional drugs at Hospital and but when she returned to her village her symptoms can not resolve . She also said that during her HA she got ear pressure and nasal/sinus congestion, though no severe allergic sx like runny nose, sneezing, coughing, etc. No seizure, no syncope, no blackout, no visual change or images, no funny smell. No wt loss, no STI hx.

**PMH/SH:** none

**Social Hx:** casual drinker .

**Allergies:** none

**Family Hx:** unremarkable

**ROS:**

**PE:**

**Vital Signs:** BP: 90/60 P :65 R :24 T: 37.5 Wt :

**General:** look stable

**HEENT:** PERRLA and EOMI, visual acuity Snellen eyechart 20/40 bilaterally, no lymphadenopathy, no thyromegaly, no JVD

**Chest:** lungs :clear both sides  
Heart : HRRR no murmur

**Abdomen:** soft, active BS, no organomegaly, no mass .

**Musculoskeletal:** unremarkable

**Neuro:** motor and sensory are intact, normal gait

**GU:** none

**Rectal:** none

**Previous Lab/Studies:** none

**Lab/Studies Requests:**

**Assessment:** 1.myopia 2. tension Headache 3.sinus headache

**Plan:** 1. Para 500 mg 1-2 tab po qid prn pain  
2. Get prescription glass in PP (patient pay on her own)

**Comments/Notes:** please, give a good idea

**Examined by:** Dr San **Date:** 21/6/06

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

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**From:** Lim kruy [mailto:kruylim@yahoo.com]

**Sent:** Thursday, June 22, 2006 9:32 AM

**To:** Rattanakiri Referral Hospital; Rithy Chau; Kathleen M. Kelleher; Joseph Kvedar; Paul J. M.D. Heinzelmann; Paul Heinzelmann; Brian Hammond

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

**Subject:** Re: Rattanakiri TM Clinic June 2006 Patient KN#00178

Dear Rithy and Sovann,

I am agree with your assessment and plan.

One question should ask, does the heasdache related to her peri -menstrual period ? any contraceptive used?  
Take care

kruy

**No answer from Boston**

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

**Sent:** Wednesday, June 21, 2006 4:41 PM

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

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

**Subject:** Rattanakiri TM Clinic June 2006 Patient MS#00179 ,51F

Dear All,

Here is the patient MS#00179 and her photos.

Best regards

Channarith / Rithy



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



**Patient:** MS#00179, 51F, Village I

**Chief Complaint:** Heartburn off and on and numbness of right arm and right leg x 3 months

**HPIPMH/SH:** Her complains of heartburn off and on with saliva secretion during midnight, and burning pain the retro sternum, diarrhea with liquid x 5 time / 1 month ,and sometime there are white sputum stool , numbness and cold of right arm and leg during night more than day .appetite , no loss weigh , no v/ n , no hipcup .

**Social Hx:** none

**Allergies:** none

**Family Hx:** none

**ROS:**

**PE:**

**Vital Signs:** BP100/70 P 65 R 20 T: 37.5 Wt 55kg

**General:** look stable

**HEENT:** unremarkable

**Chest:** lungs : clear both sides  
Heart : no murmur ,

**Abdomen:** active BS, no organomegaly, no mass .

**Musculoskeletal:** unremarkable

**Neuro:** motor and sensory are intact

**GU:**

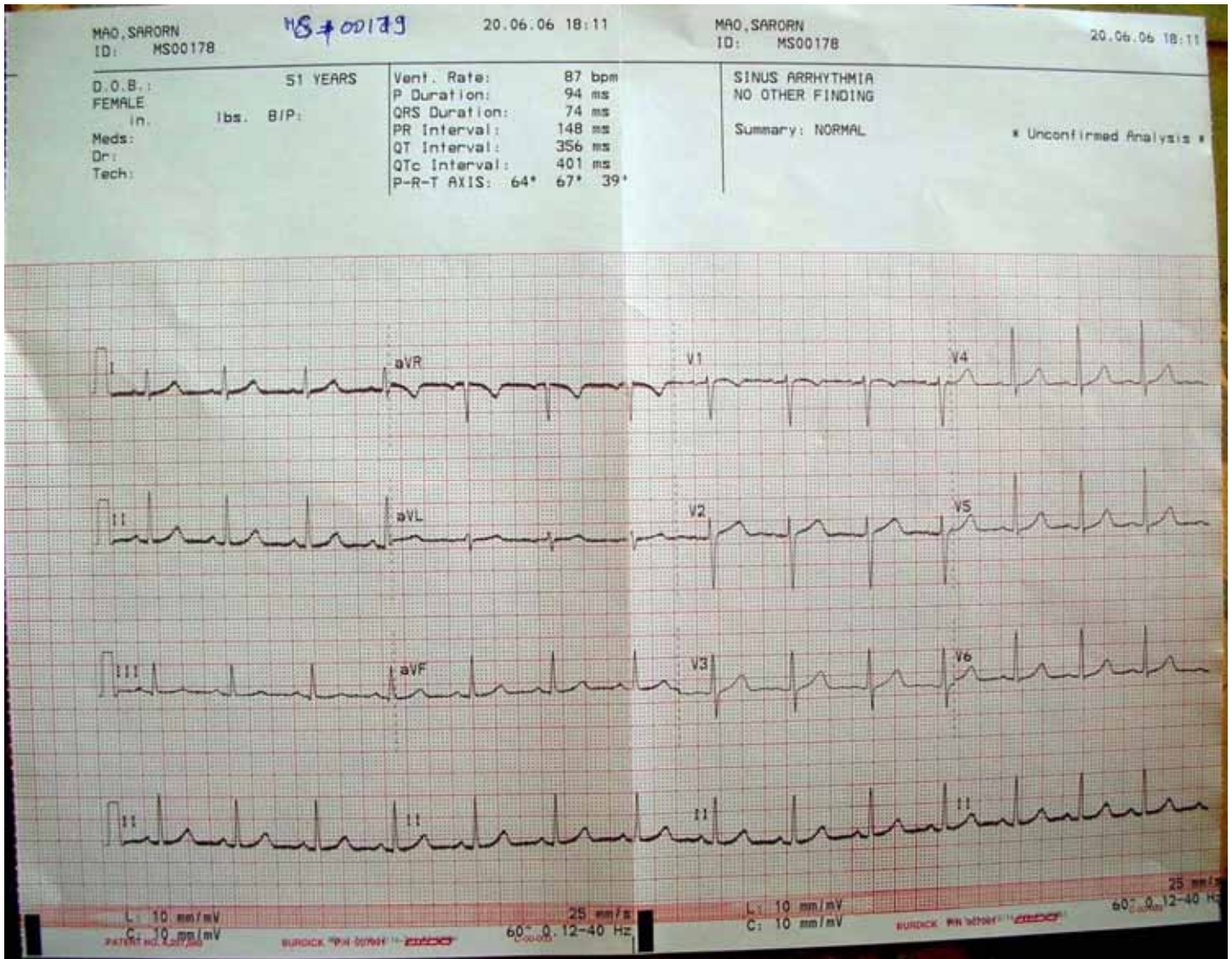
**Rectal:**

**Previous Lab/Studies:**

**Lab/Studies Requests:**

**Assessment:** 1.GERD 2.Parasitis 3.Vitamin B deficiency ?

**Plan:** 1.omeprazol 20mg 1 tab po qd x 2 month  
2 Albendazol 500 mg 1 tab bid x 5 d  
3.education more vegetable  
4.B –complex 1 tab po qd x one month



**Comments/Notes:** please give a good idea

**Examined by:** Dr San **Date:** 21/6/06

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

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**No answer from Boston**

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

**Sent:** Wednesday, June 21, 2006 4:23 PM

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

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

**Subject:** Rattanakiri TM Clinic June 2006 Patient MY#00156

Dear All,

Here is the follow up case patient MY#00156 and her photos.

Best regards

Channarith / Rithy

### Rattanakiri Referral Hospital Telemedicine SOAP Form



**ID:** MY#00156    **Age:** 56    **Sex:** F    **Village:**I

**Subject:** DM II Patient x 6yrs from the 01/06 TM clinic and was tx with chlorpropramide 250mg 2 po qd and was well-controlled for the next 2 months and then she missed her f/u appointment with RRH TM physician causing her to not do any exercise nor did she continued to adhere to the low fat/low sugar diet as prescribed. She still c/o +polydipsia, polyuria, polyphagia and occasional bilateral hand tingling without numbness; her feet were ok; she also said that her heart has been beating abnormally but no SOB, no CP, no HA, no syncope, no cough, no dysuria, no rash.

**Current Med:** 1. Chlorpropramide 250mg 2 po qd  
2. ASA 81mg 1 po qd

**Object:**

**Vital Signs:** BP 110/65    P 80    R 18    T 36.5C    Wt 65kg    Ht. 1.55    BMI=27

**Gen:** looks stable, obese, not tachypnic, not diaphoretic

**HEENT:** unremarkable

**Chest:** CTA, HRRR with skip beats, no murmur

**Abd:** Obese, soft, +BS, no tenderness, no HSM

**MS/Neuro:** +2/4 DTRs, motor and sensory intact, no tremor, MS +5/5, good pulses, no rash, no foot wound



**Previous Lab/Studies:**

**Lab/Studies Requests:**

**Done today ==> U/A:** gluc 4+; RBS: 315mg/dL; EKG: Sinus rhythm HR=74 with PVC; CXR=WNL

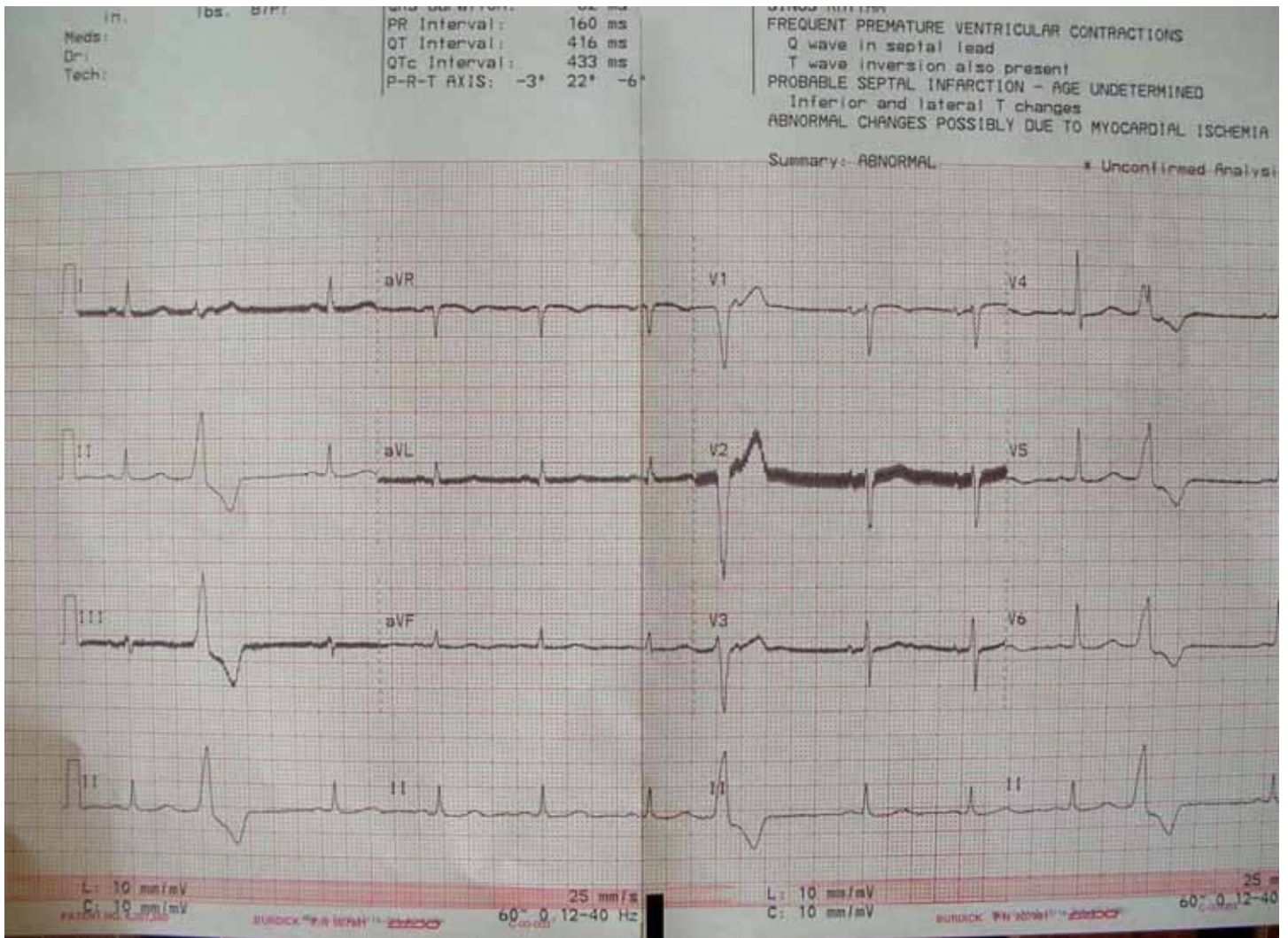
**Pending:** CBC, chem., fasting BS, Creat, BUN, tot Chol, TG

**Assessment:**

1. DM II with PNP
2. Overweight
3. PVC

**Plan:**

1. Chlorpropramide 250mg 2 po qd
2. Metformin 500mg 1 po qhs
3. ASA 300mg ¼ po qd
4. DM II educ and foot care



**Comments/Notes:**

**Examined by:** Chau Rithy/Kok San      **Date:** 21 June 2006

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

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**No answer from Boston**

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# Wednesday/Friday, June 21/23, 2006

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## Follow-up Report for Rattanakiri TM Clinic

There were 18 patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 7 new and 1 follow-up cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE as well as advices from PA Rithy on site, the following patients were managed and treated per local staff:

[Please note that in general the practice of dispensing medications at RRH for all patients is usually limited to a maximum of 7 days treatment with expectation of patients to return for another week of supplies if needed be. This practice allows clinicians to monitor patient compliance to taking medications and to follow up on drug side effects, changing of medications, new arising symptoms especially in patients who live away from the town of Banlung and/or illiterate. Medications and lab tests not available/done at RRH are provided by SHCH to TM patients at no cost]

## Treatment Plan for Rattanakiri TM Clinic June 2006

### New Patients

#### 1. NK#00173, 11F (III Village)

Diagnosis

1. Stye Right Eyelid

Treatment

1. Tetracycline eye ointment 5g apply bid on right eye x 5d
2. Ibuprofen 100mg/5cc 10cc po tid prn pain x3d
3. Cephalexin 250mg 1t po tid x 10d
4. If not better refer to Angdourng Hospital for I & D

#### 2. OT#00174, 47F (I Village)

Diagnosis

1. Lymphoma
2. Migraine HA

Treatment

1. Consider removal of lipoma
2. Diflunisal 500mg 1t po bid prn HA
3. Avoid triggered food (esp. MSG)

#### 3. NB#00175, 10M (I Village)

Diagnosis

1. Left Testicular Hydrocele

Treatment

1. Refer for surgical consultation and possible at Kantha Bopha or Ankor Hospital for Children
2. Ibuprofen 100/5cc 10cc tid prn pain

#### 4. KK#00176, 27F (I Village)

Diagnosis

1. Thyroid Disorder

Treatment

1. Draw blood for TFT, CBC, Lyte , BUN, Creat, Glucose

**5. NS#00177, 40F (I Village)**

Diagnosis

1. Goiter
2. Upper Respiratory Infection

Treatment

1. Check for TSH and Free T4 at SHCH
2. Loratidine 10mg 1t po qd prn
3. Paracetamol 500mg 1t po q6h prn fever/pain

**6. KN#00178, 38F (Ochum Village)**

Diagnosis

1. Myopia
2. Tension HA
3. Sinus HA

Treatment

1. Diflunisal 500mg 1t po bid prn HA
2. Get prescription glass in Phnom Penh (patient pay on her own)

**7. MS#00179, 51F (I Village)**

Diagnosis

1. GERD
2. Parasititis
3. Vit. B Deficiency

Treatment

1. Omeprazole 20mg 1t po qhs x 2mo
2. Albendazole 200mg 2t po bid x 5d
3. Vit. B-Complex 10ccIM qd x 3d
4. Vit B-complex 1t po qd x 1mo
5. Metochlorpramide 10mg 1t po qhs
6. MTV 1t po qd x 2mo
7. Educate to eat more vegetable

## Follow up Patients

**1. OT#00155**

Diagnosis

1. DMII
2. HTN

Treatment

1. Lisinopril 5mg 1t po qd x 100d
2. ASA 81mg 1t po qd x 100d
3. Glibenclamide 5mg 2t po bid x 100d
4. Metformin 500mg 2t po bid x 100d
5. Disipramin 75mg 1/2t po qhs

**2. TV#00157, 53F (Phnom Kok Village)**

Diagnosis

1. Hyperthyroidism

Treatment

1. Carbimazole 5mg 1t po qd x 100d
2. Recheck TSH and Free T4 at SHCH

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

Diagnosis

1. Hyperthyroidism

Treatment

1. Carbimazole 5mg 1t potid x 100d
2. Recheck TSH and Free T4 at SHCH

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

Diagnosis

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

Treatment

1. Glibenglamide 5mg 1t po qd x 100d
2. ASA 300mg 1/4t po qd x 100d
3. Captopril 25mg 1t po qd x 100d
4. Disipramine 75mg 1/2t po qhs x 100d

**5. UP#00093, 52F (III Village)**

Diagnosis

1. Hyperthyroidism

Treatment

1. Methimazole 10mg 1/2t po tid x 100d
2. Recheck TSH and Free T4 at SHCH

**6. LH#00116, 59F (IV Village)**

Diagnosis

1. Hyperthyroidism
2. Cardiomegaly

Treatment

1. Methimazole 10mg 1/2t po qd x 100d
2. HCTZ 50mg 1/2t po qd x 100d
3. ASA 81mg 1t po qd x 100d

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

Diagnosis

1. Hypothyroidism

Treatment

1. Recheck TSH and Free T4 at SHCH

**8. PS#00171, 14F (VI Village)**

Diagnosis

1. Goiter?

Treatment

1. Recheck TSH and Free T4 at SHCH

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

Diagnosis

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

Treatment

1. Chlorpropamide 25mg 2t po qd x 100d
2. ASA 300mg 1/4t po qd x 100d
3. Meformin 500mg 1t po qhs x 100d
4. DMII education and Foot Care

**10. KL#00170, 68F (I Village)**

Diagnosis

1. DMII with PNP
2. PTB
3. Vit. Deficiency

Treatment

1. Glibenglamide 5mg 1t po bid x 100d
2. Atenolol 50mg 1/4t po qd
3. ASA 300mg 1/4t po qd
4. Furosemide 20mg 1t po qd

5. MTV 1t po qd x 100d
6. Disipramine 75mg 1/2t po qhs
7. Isosorbid nitrate 1t po tid prn chest pain
8. DMII education and foot care
9. AFB examination

**11. PO#00148, 67F (Ill Village)**

Diagnosis

1. DMII with PNP
2. HTN

Treatment

1. Glibenglamide 5mg 1t po qd x 100d
2. Meformine 500mg 1t po qhs x 100d
3. Lisinopril 5mg 1/2t po bid and control BP in 2 week
4. ASA 81mg 1t po qd
5. Amitriptyline 25mg 1/2t po qhs x 100d

**Lab Results for Rattanakiri TM Patients June 2006**

The following lab tests were done at SHCH without any charges to the patients (and due to unavailable service at RRH):

**1. KK#00176, 27F**

Lab Results: - TSH = 1.22 [Normal: 0.49-4.67µIU/mL]  
 - Free T4 = 16.87 [Normal: 9.14-23.81pml/L]

Dx: Euthyroid

Tx: No additional medication needed, mainly reassuring patient

**2. NS#00177, 40F**

Lab Results: - TSH = 0.19 [Normal: 0.49-4.67µIU/mL]  
 - Free T4 = 13.62 [Normal: 9.14-23.81pml/L]

Dx: Subclinical Hyperthyroidism

Tx: Add Carbimazole 25mg 1 tab po tid, but can recheck TFT in 2 months

**3. TV#00157, 53F**

Lab Results: - TSH = 0.74 [Normal: 0.49-4.67µIU/mL]  
 - Free T4 = 10.14 [Normal: 9.14-23.81pml/L]

Dx: Euthyroid

Tx: Please stop her carbimazole (if given any earlier) and we will recheck her TFT in 6 months

**4. PN#00052, 53F**

Lab Results: - TSH = 0.05 [Normal: 0.49-4.67µIU/mL]  
 - Free T4 = 42.75 [Normal: 9.14-23.81pml/L]



Dx: Hyperthyroidism

- Tx:
1. Carbimazole 25mg 2 tab po tid
  2. Propranolol 40mg ¼ tab po bid
  3. Recheck TFT in 2 months

**5. PS#00171, 14F**

Lab Results: - TSH = 0.68 [Normal: 0.49-4.67µIU/mL]  
- Free T4 = 15.26 [Normal: 9.14-23.81pml/L]

Dx: Euthyroid

Tx: No additional medication needed and will recheck TFT again in 1 year or when sx recurs.

**6. CL#00122, 33F**

Lab Results: - TSH = 1.41 [Normal: 0.49-4.67µIU/mL]  
- Free T4 = 13.54 [Normal: 9.14-23.81pml/L]

Dx: Euthyroid

Tx: Please give her Carbimazole 25mg 1 tab po qd and recheck TFT in 2 months

**7. UP#00093, 53F**

Lab Results: - TSH = 0.06 [Normal: 0.49-4.67µIU/mL]  
- Free T4 = 12.34 [Normal: 9.14-23.81pml/L]

Dx: Subclinical Hyperthyroidism

Tx: Please give her Carbimazole 25mg 1 tab po tid and recheck TFT in 2 months

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**The next Rattanakiri TM Clinic will be held on  
July 26-27, 2006**