Telemedicine Clinic
Rattanakiri
Referral Hospital
September 2006

Report and photos compiled by Rithy Chau, SHCH Telemedicine

On Tuesday and Wednesday September 12-13, 2006, Rattanakiri Referral Hospital (RRH) staff began their TM clinic. Patients (9 new cases) were examined and the data 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, Thursday September 14, 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, September 07, 2006 3:05 PM
To: Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau; Cornelia Haener
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: September TM clinic at Rattanakiri

Dear All,
Please be informed that the next TM clinic at Rattanakiri Referral Hospital will be held on Wednesday, September 13, 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 ,September 14, 2006.The patients will be asked to return to the hospital that afternoon on Thursday to receive treatment along with a follow up plan or referral.

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

Channarith Ly

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, September 13, 2006 3:05 PM
To: Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri Referral Hospital TM clini Patient SH#00184

Dear All,

There are 8 new cases and 2 for follow up cases of this month TM clinic at Rattanakiri Referral Hospital.Here is the first case patient SH#00184 and her photos.

Best regards,

Channarith / Rithy

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

Patient: SH#000184, 45F (Village I)

Chief Complaint: Both scapulas pain and HA x 5y

HPI: 45F came here complaining of both scapulas pain, radiate to neck then to the head for 5y. In these two years the pain and HA got worse and also present with the symptoms of dizziness, nausea, diaphoreses, poor appetite and insomnia. The pain released by massage. She didn't find any medical care just buy some medication for pain. She denied of fever, cough, sore throat, chest pain, palpitation, dyspnea, GI problem, oliguria, hematuria, dysuria, edema.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: Drink alcohol 20L/delivery (7 children), no smoking

Medication: None in these two months

Allergies: NKDA

ROS: Her husband usually drunk and destroyed home property and fight her and children since ten years and was divorced two years ago. She said she never think about her divorce anymore; regular period

PE:
Vital Signs: BP 104/66 P 64 R 18 T 36.5 Wt 50kg

General: Look stable

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

Chest: CTA bilaterally, no rhonchi, no rale; HRRR, no murmur; muscle on upper back, no redness, no tender, no swelling

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

Extremity: no edema, no rash, no lesion

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

Lab/Studies Requests:

WBC	= 7500/mm^3	Lymph	= 44%
RBC	= 4450000/mm^3	Mono	= 02%
Hb	= 15g/dl	Eosino	= 04%
Ht	= 45%	Neutro	= 50%

Assessment:
1. Anxiety
2. Tension HA

Plan:
1. Paracetamol 500mg 1t po q6h prn HA for three months

2. Amitriptyline 25mg 1/4t po qhs for two weeks then 1/2t po qhs for three months
3. Ask pt eat diet rich in fiber, do regular exercise and stress release

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

Examined by: Nurse Peng Sovann **Date: September 12, 2006**

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

From: Healey, Michael J.,M.D. [mailto:MJHEALEY@PARTNERS.ORG]
Sent: Thursday, September 14, 2006 6:56 PM
To: kirihospital@yahoo.com
Cc: tmed_rithy@online.com.kh; Fiamma, Kathleen M.
Subject: FW: Rattanakiri Referral Hospital TM clini Patient SH#00184

The plan sounds good. If the symptoms aren't relieved or worsen, I would also consider other causes of neck & head pain including cervical disc disease; though currently the history and exam are not suggestive of it. Also, if the symptoms are not relieved with the low-dose of amitriptyline, consider increasing it again at one month rather than waiting 3 months. I would also check a TSH to r/o hyperthyroidism as a cause for worsening anxiety (has there been weight loss along with the poor appetite?).

MJH

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, September 13, 2006 3:33 PM
To: Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau; Cornelia Haener
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri Referral Hospital TM clini Patient SL#00185

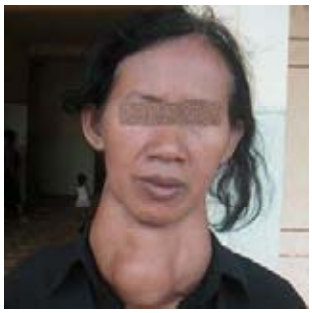
Dear All,

This is the patient SL#00185 and her photos.There will be more photos to be sent later.

Best regards,

Channarith / Rithy

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



Patient: SL#00185, 50F, Village I.

Chief Complaint: a big developing mass on her neck x 20 y

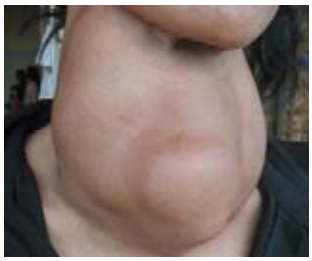
HPI: 50 F has complained of the enlarge developing mass on neck from one year to one year and associate with dull headache off and on, that located the behind of neck, which radiated to both eye, and difficultly foods and saliva swallowing, loss weigh x 10kg, as well as palpitation off and on and her sensation likely pressures on her neck by the mass. No tremor extremities, no exophthalmia, no blurred vision, appetite normal.
PMH/SH: unremarkable

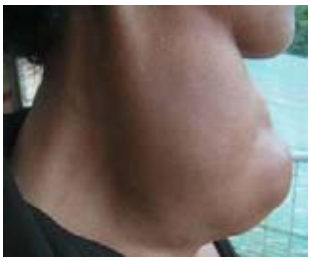
Social Hx: no ETHO, no smoking

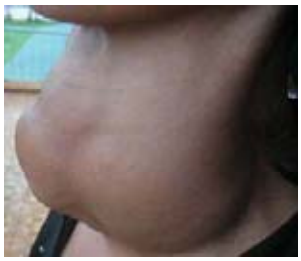
Allergies: none

Family Hx: none

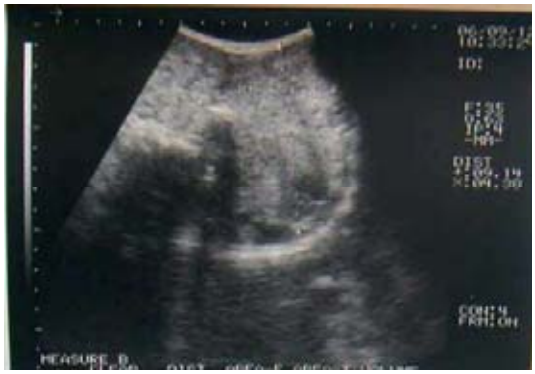
ROS:







PE:
Vital Signs: **BP110/80** **P63** **R 20** **T 36.7** **Wt**

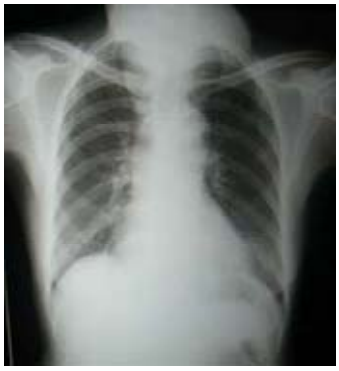


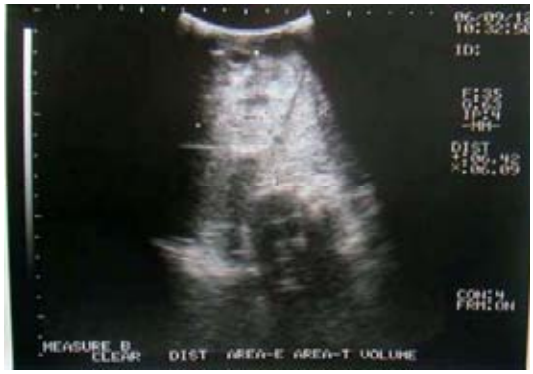
General: look stable

HEENT: there are 3 piece of mass : middle mass : 3x 4 em, left mass : 10x 7 em, right mass: 12x 6em.mass of neck has characterized by mobile, no solid, no bruit, no pain, no lymphe node .no orgarnomegaly .

Chest: lungs:clear both sides ,no crackle
heart: no murmur , rhythm regular.

Abdomen: soft, no mass, active BS,





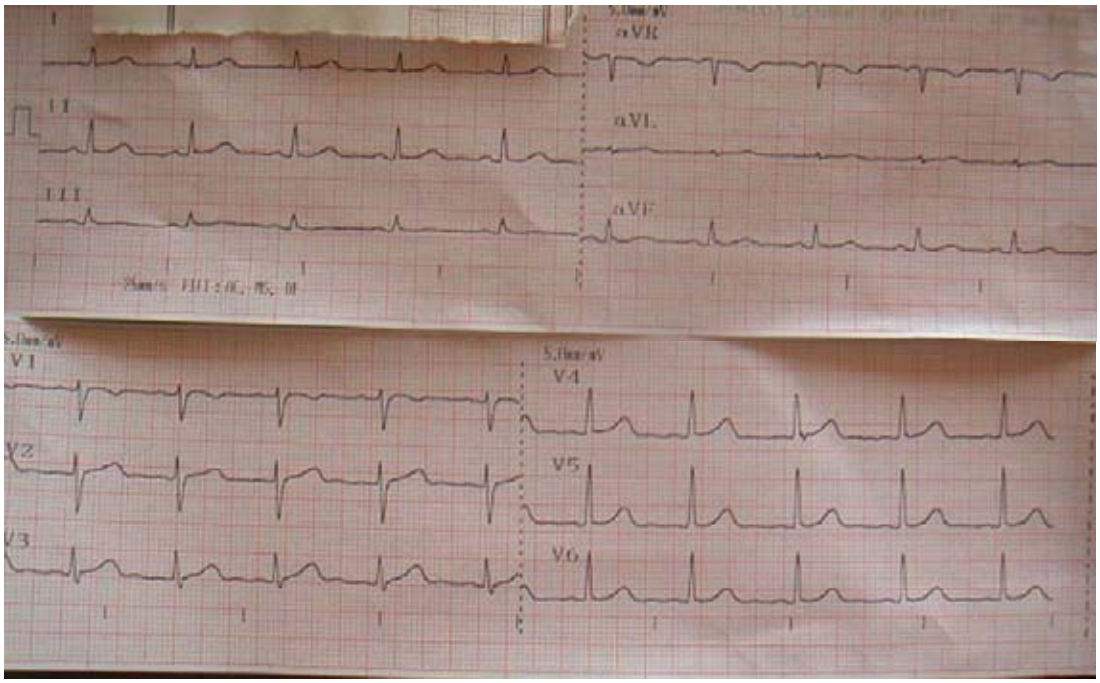
Musculoskeletal: unremarkable

Neuro: motor and sensor are intact

GU: none

Rectal: none

Previous Lab/Studies:
Lab/Studies Requests: EKG : Normal, ultrasound :high volume of thyroid ,irregular border , macro _nodular of hemogene echostructure. size : right lobe : 64x 60 mm, left lobe: 91x 43mm



Assessment: 1.Nodular thyroid

Plan: 1.check free T4 and TSH at SHCH in PP

Comments/Notes: Please , give a good idea.

Examined by: Dr San **Date: 12/09/06**

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

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, September 13, 2006 3:38 PM
To: Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau; Cornelia Haener
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri Referral Hospital TM clini Patient SL#00185

Dear All,

Here is the last photos of the patient SL#00185.

Best regards,

Channarith / Rithy

From: Cornelia haener [mailto:cornelia_haener@online.com.kh]
Sent: Wednesday, September 13, 2006 5:49 PM
To: 'Rattanakiri Referral Hospital'; 'Brian Hammond'; 'Paul Heinzelmann'; 'Kathleen M. Kelleher'; 'Joseph Kvedar'; 'Rithy Chau'

Cc: 'Bernie Krisher'; 'Noun SoThero'; 'Fil B. Tabayoyong'; 'Ed & Laurie Bachrach'; 'HealthNet International'
Subject: RE: Rattanakiri Referral Hospital TM clini Patient SL#00185

Dear Channarith and Rithy,
your plan sounds good. If the the thyroid function tests are normal, she will need a (total) thyroidectomy. If she is hyperthyroid, we should treat her till she has normal T4 and T3 for two months in a row and then do an operation. Is there any other problem which might cause the weight loss? Cancer? Lung TB? Do you have a chest X-ray?
Thanks
Cornelia

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Thursday, September 14, 2006 3:57 PM
To: Rithy Chau; Rithy Chau; Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Cornelia Haener
Subject: Chest X ray of the patient SL#00185

Dear All,
This is the chest x ray of the patient SL#00185.
Best regards

Channarith

From: Cornelia haener [mailto:cornelia_haener@online.com.kh]
Sent: Thursday, September 14, 2006 4:24 PM
To: 'Rattanakiri Referral Hospital'; 'Rithy Chau'; 'Rithy Chau'; 'Brian Hammond'; 'Paul Heinzelmann'; 'Kathleen M. Kelleher'; 'Joseph Kvedar'
Subject: RE: Chest X ray of the patient SL#00185

Dear all,
thanks for providing the X-ray. It looks like a slight shift of the trachea to the left due to the goiter. Otherwise unremarkable.
Regards
Cornelia

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, September 13, 2006 3:10 PM
To: Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri Referral Hospital TM clini Patient SR#00186

Dear All,

This is the patient SR#00186 and her photos.

Best regards,

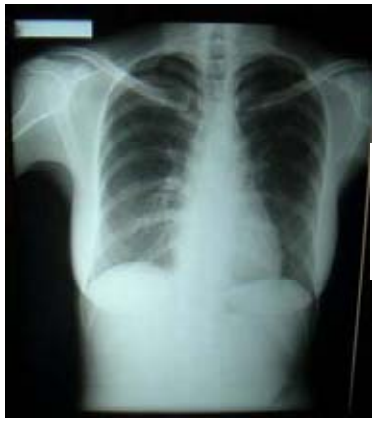
Channarith / Rithy

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

Patient: SR#000186, 22F (Village I)

Chief Complaint: Palpitation x 7y

HPI: 22F came here complaining of palpitation for 7y. In last seven years, she presented with the symptoms of HA, dizziness, fatigue, cold extremity, palpitation and asked doctor give her some injection at home, three days later she developed epistaxis, vomit with blood clot, passing stool with blood so was admitted to provincial hospital, and stayed there for a month and she didn't what disease she had. Now she still presents symptoms of palptation, dizziness, diaphoreses, cold extremity, HA, poor appetite. She denied of cough, chest pain, orthopnea, nausea, vomiting, abdominal pain, oliguria, hematuria, dysuria, edema, stool with mucus or blood.



PMH/SH: Unremarkable

Family Hx: None

Social Hx: Drink alcohol 5L/ delivery (1child), no smoking

Medication: None

Allergies: NKDA

ROS: Post delivery 5 months, no period

PE:
Vital Signs: BP 110/78 P 78 R 20 T 37 Wt 41kg

General: Look stable, cachexia

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

Chest: CTA bilaterally, no rale, no rhonchi; H regular rate, opening snap, occasionally skip beat

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

Extremity: No edema, no rash, no lesion

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

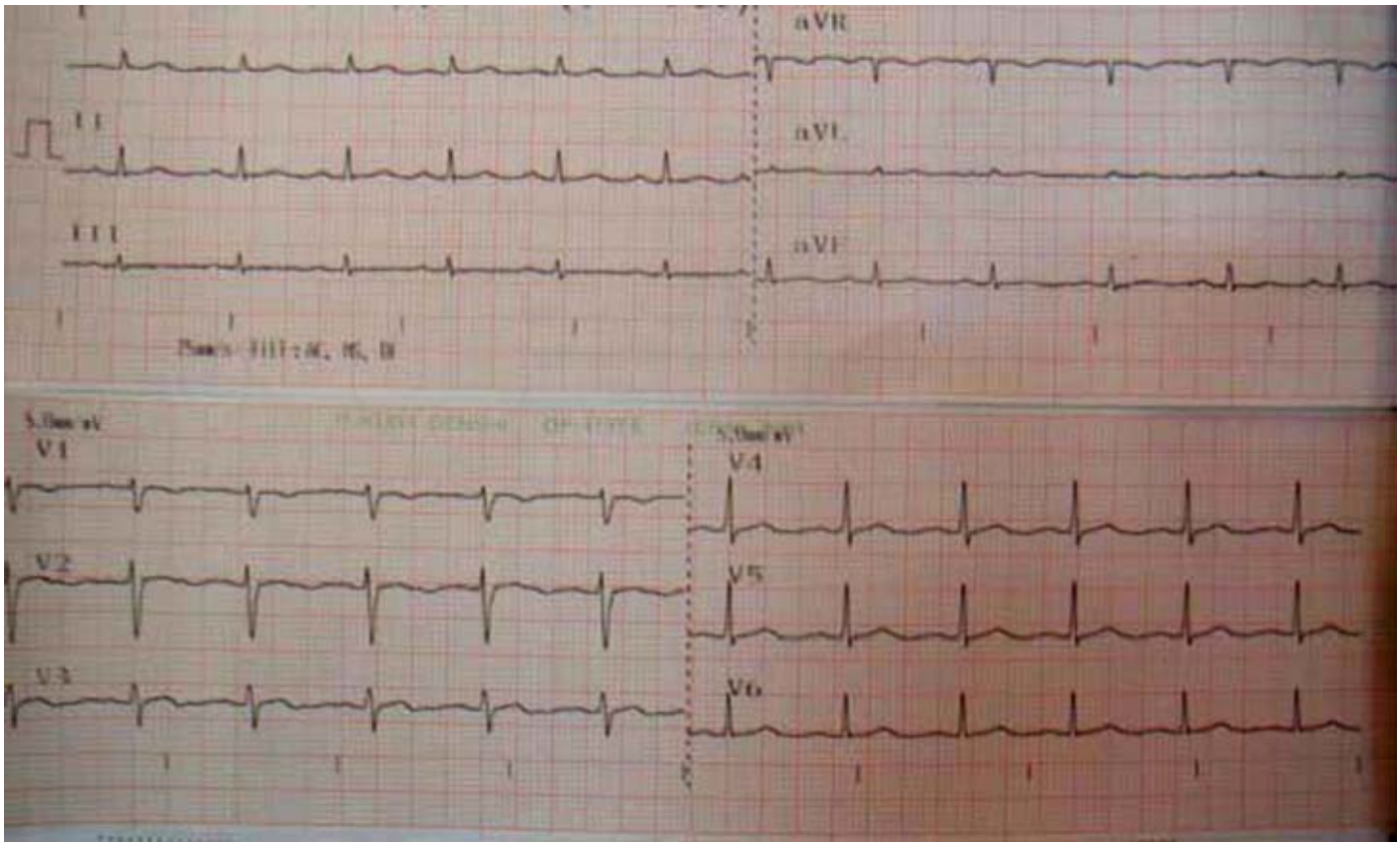
Lab/Studies: CXR, EKG attached

Assessment:

1. VHD??
2. Cachexia

Plan:

1. MTV 1t po qd for one months
2. Draw blood for Lyte, BUN, Creat, Gluco



Comments/Notes: **Do y**ou agree with my assessment and plan?

Examined by: Nurse Peng Sovann **Date: September 12, 2006**

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

No answer replied from Boston

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, September 13, 2006 3:42 PM
To: Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau; Cornelia Haener
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri Referral Hospital TM clini Patient YY#00187

Dear All,

Here is the patient YY#00187 and her photos.

Best regards,

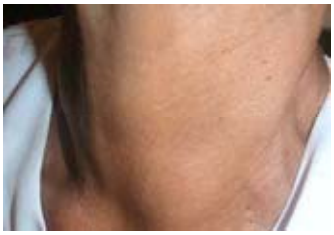
Channarith / Rithy

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

Patient: YY#00187, 70F, Villagel

Chief Complaint: Palpitation x more than years and Sob off and on

HPI: She has complained of the palpitation sometime is rapid or sometime irregular heart beat, locates apex x a long times associated with fatigue , sob off and on with cough productive x more y, loss weight, diaphoresis in night, occasionally insomnia, with headache off and , neck tenderness , occasionally blurry vision, dizziness , no chest pain , no fever , cold extremities , no coma .

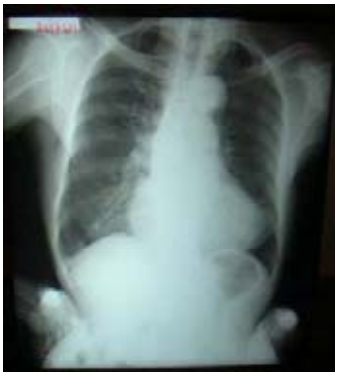


PMH/SH: unremarkable

Social Hx: No ETOH , Smoking since young women

Allergies: none

Family Hx: none

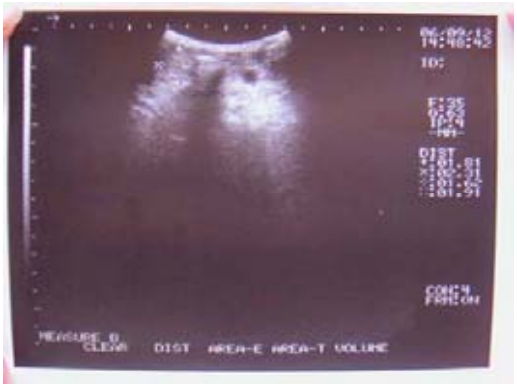


ROS:

PE:
Vital Signs: BP104/64 P62 R 20 T 36.7 Wt

General: look stable

HEENT: when we make the physical exam , we found a small mass on right neck , that characterized by mobile when swallowing salvia , no bruit, no solid , no pain , size:2x3em, no lymphnode.no JVD



Chest: lungs: crackle on left lung, spo2 :95
Heart: no murmur, rhythm irregular, skip beat ,

Abdomen: soft, no mass, active BS,

Musculoskeletal: unremarkable

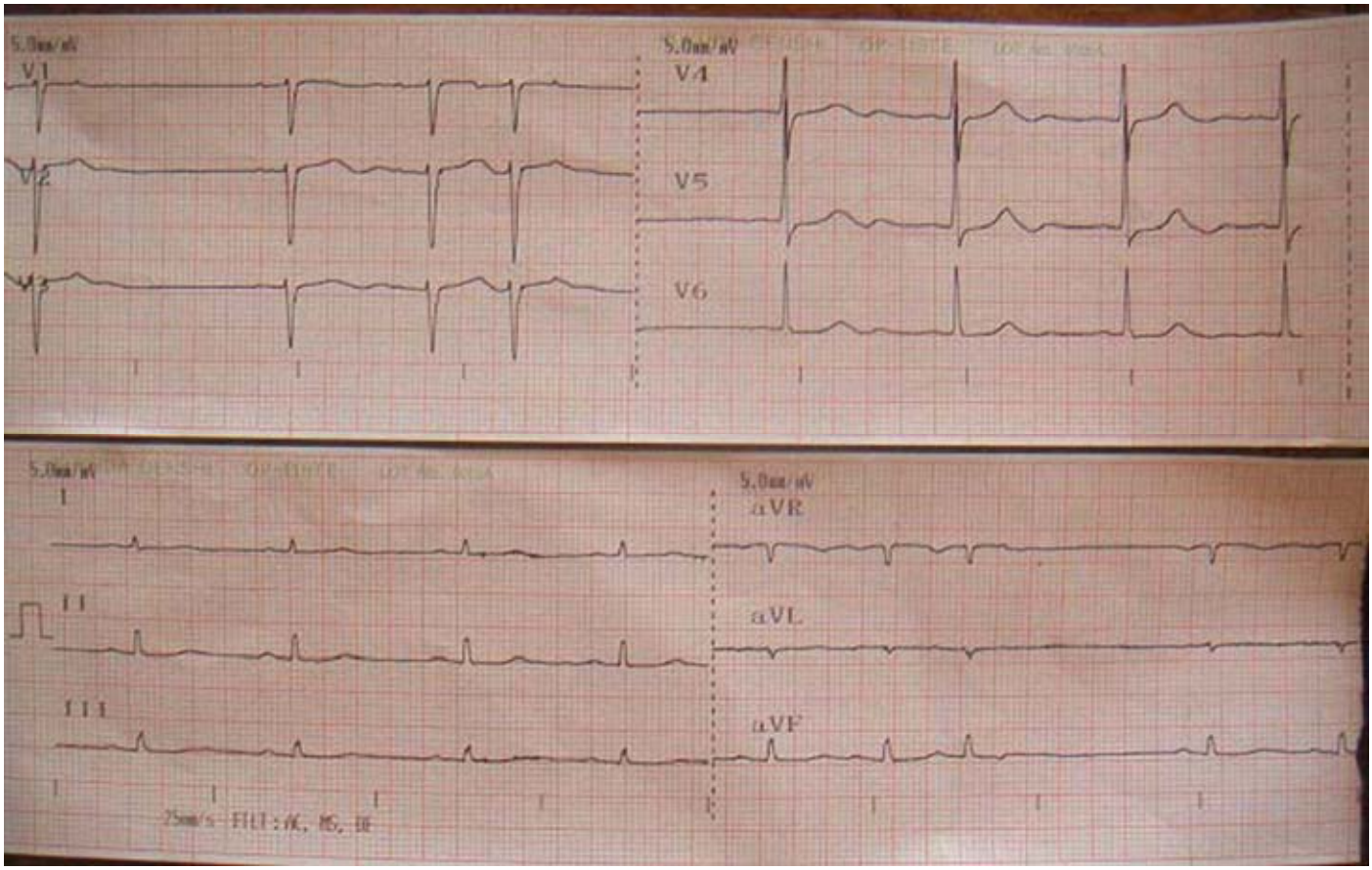
Neuro: motor and sensory are intact

GU: none

Rectal: none

Previous Lab/Studies:

Lab/Studies Requests: chest x _ray : enlarge cardiac ,distention line opacity of both lungs, micronodular on low and middle right lung , and l left lung. ultrasound of her neck : regular border and a bit enlarge volume of thyroid.EKG



Assessment: 1.PVC 2. pneumonia 3. goiter 4. R/o TB

Plan: 1.Atenolol 50 mg ¼ tab po
2.clarrhithromycin 500 mg 1 tab po bid x 14 d
3.check free T4 and TSH at SHCH in PP
4.Check AFB

Comments/Notes:

Examined by: Dr San **Date: 12/09/06**

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, September 13, 2006 5:51 PM
To: 'Rattanakiri Referral Hospital'; 'Brian Hammond'; 'Paul Heinzelmann'; 'Kathleen M. Kelleher'; 'Joseph Kvedar'; 'Rithy Chau'
Cc: 'Bernie Krisher'; 'Noun SoThero'; 'Fil B. Tabayoyong'; 'Ed & Laurie Bachrach'; 'HealthNet International'
Subject: RE: Rattanakiri Referral Hospital TM clini Patient YY#00187

Dear Channarith and Rithy,
congratulation to your good assessment and plan. SOunds excellent.
Thanks
Cornelia

From: Barbesino, Giuseppe,M.D. [mailto:GBARBESINO@PARTNERS.ORG]
Sent: Thursday, September 14, 2006 8:27 AM
To: Fiamma, Kathleen M.; kirihospital@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Rattanakiri Referral Hospital TM clini Patient YY#00187

This 70 y/o woman has symoptoms compatible with hyperthyroidism and a solitary thyroid nodule. I agree with TSH. If hyperthyroidism confirmed, a thyroid scan should be done. If the nodule is "hot", methimazole or radioiodine should be given (the latter preferred). If hyperthyroidism not confirmed or if nodule not hot on thyroid scan, she should have FNA biopsy of the nodule.
Giuseppe Barbesino

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, September 13, 2006 3:46 PM
To: Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau; Cornelia Haener
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri Referral Hospital TM clinic Patient CO#00188

Dear All,

Here is the patient CO#00188 and her photos.

Best regards,

Channarith / Rithy

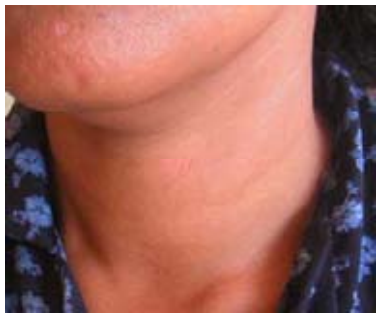
Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Patient: CO#000188, 37F (Village I)

Chief Complaint: Epigastric pain x 5y

HPI: 37F, farmer, came here complaining of epigatric pain for 5y. First she presented epigastric pain, burning sensation about 30minut before and after eating without other symptoms. In this year the pain got worse with symptoms of regurgitation, burping with sour taste, poor appetite, palpitation, diaphoresis, fatigue, heat intolerance, tremor, so she went to provincial hospital and got consultation, was treated with antacid for 10d she said not better so she came here to us for help. She denied of nausea, vomiting, cough, chest pain, oliguria, hematuria, dysuria, edema, passing stood with mucus or blood.

PMH/SH: Unremarkable



Family Hx: None

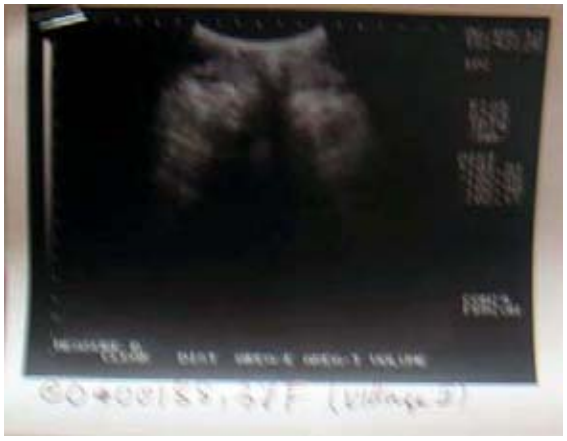
Social Hx: Drink alcohol 2L/ delivery (3 children), no smoking

Medication: Antacid bid

Allergies: NKDA

ROS: Regular period, last on August 18, 2006

PE:
Vital Signs: BP 120/82 P 92 R 20 T 36.5 Wt 48kg



General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, left thyroid enlargement about 1x2cm, semi hard, no tender, mobile on swallowing, no bruit, no lymph node, no JVD

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

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

Extremity: No edema, no rash, no lesion

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

Lab/Studies: Neck Ultrasound attached (conclusion: Nodular goiter L=24mmx21mm; R=18mmx25mm)

Assessment:

1. GERD
2. Nodular Goiter

Plan:

1. Omeprazole 20mg 1t po qhs for one month
2. GERD prevention education
3. Draw blood for Lyte, BUN, Creat, Gluco, TSH, Free T4 at SHCH

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

Examined by: Nurse Peng Sovann **Date: September 12, 2006**

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, September 13, 2006 5:54 PM
To: 'Rattanakiri Referral Hospital'; 'Brian Hammond'; 'Paul Heinzelmann'; 'Kathleen M. Kelleher'; 'Joseph Kvedar'; 'Rithy Chau'
Cc: 'Bernie Krisher'; 'Noun SoThero'; 'Fil B. Tabayoyong'; 'Ed & Laurie Bachrach'; 'HealthNet International'
Subject: RE: Rattanakiri Referral Hospital TM clinic Patient CO#00188

Dear all,
I agree with your assessment. I would like to suggest a gastroscopy, if the dysphagia does not improve under medication. Chronic GERD can lead to cardia cancer or peptic stenosis.
Regards
Cornelia

From: Barbesino, Giuseppe,M.D. [mailto:GBARBESINO@PARTNERS.ORG]
Sent: Thursday, September 14, 2006 8:31 AM
To: Fiamma, Kathleen M.; kirihospital@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Rattanakiri Referral Hospital TM clinic Patient CO#00188

This woman has symptoms of dyspepsia, unlikely related to her thyroid nodules. GI work-up would be needed for this, to r/o cholelithiasis,peptic ulcer disease and other more serious conditions. She has thyroid nodules which may be considered "incidental". I agree with TSH and FT4. If no hyperthyroidism, FNA biopsy of nodules should be done. If TSH is low, a thyroid scan should be performed, as usual. treatment to be dictated by findings, please follow-up on this.
Giuseppe Barbesino

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, September 13, 2006 3:19 PM
To: Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri Referral Hospital TM clini Patient YM#00189

Dear All,

This is the patient YM#00189 and her photos.

Best regards,

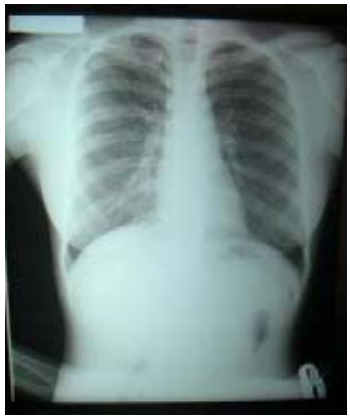
Channarith / Rithy

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

Patient: YM#000189, 16F (Village III)

Chief Complaint: Dyspnea x 2y

HPI: 16F, Student, came here complaining of dyspenea for 2y. First she presented the symptoms of dyspnea on exertion (walking 20m) especially during cold, cough white sputum, fever, dizziness, diaphoresis, fatigue so her parents brought her to private clinic and was treated with a few medication but not better, so went to other clinic and was treated with albuterol 1t po bid and paracetamol 500mg prn she felt better but not cure. The exacerbation usually developed in two or three months. She denied of HA, vertiligo, orthopnea, palpitation, chest pain, GI problem, oliguria, hematuria, dysuria, edema.



PMH/SH: Unremarkable

Family Hx: Father with asthma

Social Hx: No EtOH, no smoking

Medication:

1. Albuterol 1t po bid
2. Paracetamol 500mg 1t po prn fever

Allergies: NKDA

ROS: Regular period

PE:
Vital Signs: BP 100/70 P 108 R 24 T 40.5 O2sat 95% Wt 43kg

General: Look sick but not tachypneic

HEENT: No oropharyngeal lesion, pink conjunctiva, no ear canal erythema, no exudates, no thyroid enlargement, no lymph node, no JVD

Chest: wheezing on all lobes, no crackle; H tachycardia, RR, no murmur

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

Extremity: No edema, no rash, no lesion

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

Lab/Studies: UA protein1+, CXR attached

Assessment:

1. Asthma
2. Pneumonia?

Plan:

1. Chlarytromycin 500mg 1t po bid for 10d
2. Paracetamol 500mg 1t po q6h prn HA
3. Albuterol Inhaler 2puffs bid prn SOB

4. Triamcinolone Inhaler 2puffs bid 1 bottle
5. Draw blood for Lyte, BUN, Creat, Gluco at SHCH

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

Examined by: Nurse Peng Sovann **Date: September 12, 2006**

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, September 14, 2006 3:23 AM
To: kirihospital@yahoo.com; Rithy Chau
Subject: FW: Rattanakiri Referral Hospital TM clini Patient YM#00189

The history of dyspnea which improves following treatment with albuterol is certainly consistent with the diagnosis of asthma, further supported by the family history of asthma. Her exacerbation may have been triggered by an infection, which certainly could be viral or due to mycoplasma.

I agree with your current management. She may benefit from a short course of oral steroids.

Kenan Haver, M.D.

From: Rattanakiri Referral Hospital <kirihospital@yahoo.com>
To: Brian Hammond <bhammond@partners.org>; Paul Heinzelmann <ph2065@yahoo.com>; Kathleen M. Kelleher <kfiamma@partners.org>; Joseph Kvedar <jkvedar@partners.org>; Rithy Chau <tmed_rithy@online.com.kh>
Cc: Bernie Krisher <bernie@media.mit.edu>; Noun SoThero <thero@cambodiadaily.com>; Fil B. Tabayoyong <docfil@yahoo.com>; Ed & Laurie Bachrach <lauriebachrach@yahoo.com>; HealthNet International <healthni@camintel.com>
Sent: Wednesday, September 13, 2006 3:26:10 PM
Subject: Rattanakiri Referral Hospital TM clini Patient SR#00190

Dear All,

This is the patient SR#00190 and her photos.

Best regards,

Channarith / Rithy

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

Patient: SR#000190, 35F (Village I)

Chief Complaint: Palpitation x 2y

HPI: 35F, farmer, came here complaining of palpitation for 2y. She also presented with symptoms of hair loss, tremor, insomnia, fatigue, diaphoresis, HA, and epigastric pain, burning sensation after eating, she didn't find any medical care just buy a few medication for the symptoms but not better and came to us today. She denied of nausea, vomiting, regurgitation, chest pain, diaphoresis, oliguria, hematuria, dysuria, edema, stool with mucus or blood.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: Drink alcohol 3L/ delivery (2 children), no smoking

Medication: Traditional medication, contraceptive injection

Allergies: NKDA

ROS: Irregular period

PE:
Vital Signs: BP 110/80 P 90 R 20 T 36.5 Wt 50kg

General: Look stable

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

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

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

Extremity: No edema, no rash, no lesion

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

Lab/Studies: None

Assessment:

1. Dyspepsia
2. Thyroid dysfunction

Plan:

1. Famotidine 40mg 1t po qhs for one month
2. Draw blood for TSH at SHCH

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

Examined by: Nurse Peng Sovann **Date: September 12, 2006**

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

From: Healey, Michael J.,M.D. [mailto:MJHEALEY@PARTNERS.ORG]
Sent: Thursday, September 14, 2006 7:05 PM
To: kirihospital@yahoo.com
Cc: tmed_rithy@online.com.kh; Fiamma, Kathleen M.
Subject: FW: Rattanakiri Referral Hospital TM clini Patient SR#00190

I agree that hyperthyroidism is most likely. If possible, I would get an EKG to further assess her palpitations, especially since patients with hyperthyroidism are at increased risk for atrial fibrillation. Her heart rate of 90 is not suggestive of AF in such a young person, however. Was her heart rate regular or irregular?

If the epigastric pain persists despite famotidine, further workup for an ulcer, gastritis, esophagitis etc. would be helpful. In that case, I would suggest stool guiaic/fecal occult blood testing, CBC, and if available, upper GI series or endoscopy. I didn't see it in your history or ROS, but I assume there has been no dysphagia or odynophagia along with these symptoms--if those were present it would raise my level of concern.

MJH

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, September 13, 2006 3:53 PM
To: Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau; Cornelia Haener
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri Referral Hospital TM clinic Patient YC#00191

Dear All,

Here is the patient YC#00191 and her photos.

Best regards,

Channarith / Rithy

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

Patient: YC#00191, 20F (Village I)

Chief Complaint: HA, dizziness x 4y

HPI: 20F, student, came here complaining of HA, dizzinss for 4y. She presented with HA, pressure and throbbing sensation happened especially during daytime, dizziness, fatigue, palpitation, tremor, heat intolerance, she went to private clinic in Phnom Penh and was treated with a few medication and got better but not cure. She denied of vertiligo, syncope, cough, chest pain, dyspnea, insomnia, nausea, vomiting, oliguria, hematuria, edema, dysphagia, weight loss.

PMH/SH: 3y post tonsillectomy, 2y myopia

Family Hx: Parents with Myopia

Social Hx: Drink alcohol casually (Beer), no smoking

Medication: a few unknown medication for HA

Allergies: NKDA

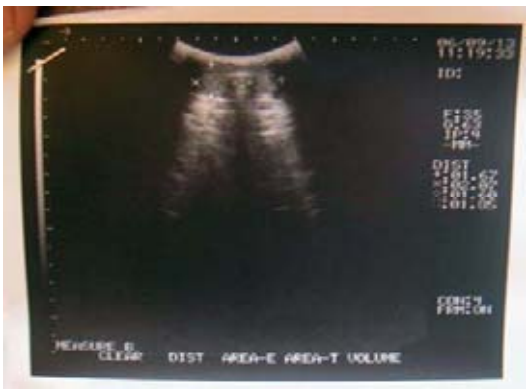
ROS: Neck mass, Regular period

PE:
Vital Signs: BP 100/58 P 84 R 20 T 36.5 Wt 46kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 3x4cm, semi hard, no tender, mobile on swallowing, regular border, no lymph node palpable, no JVD, visual acuity 20/50 bilaterally

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



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

Extremity: No edema, no rash, no lesion

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

Lab/Studies:

Today:
WBC = 7200/mm^3
RBC = 4250000/mm^3
Hb = 14.3
HT = 44%

Neck ultrasound
R lobe 16 x 20mm
L lobe 16 x 18mm
Conclusion: Nodular goiter

Neck ultrasound photo attached

Assessment:

1. Nodular goiter
2. Tension HA
3. Myopia

Plan:

1. Paracetamol 500mg 1t po q6h for one month
2. Draw blood for Lyte, BUN, Creat, Gluco, TSH, Free T4 at SHCH
3. Follow up about myopia at Phnom Penh

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

Examined by: Nurse Peng Sovann **Date: September 13, 2006**

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, September 13, 2006 5:57 PM
To: 'Rattanakiri Referral Hospital'; 'Brian Hammond'; 'Paul Heinzelmann'; 'Kathleen M. Kelleher'; 'Joseph Kvedar'; 'Rithy Chau'
Cc: 'Bernie Krisher'; 'Noun SoThero'; 'Fil B. Tabayoyong'; 'Ed & Laurie Bachrach'; 'HealthNet International'
Subject: RE: Rattanakiri Referral Hospital TM clinic Patient YC#00191

Dear all,
your assessment and plan sound good to me. I realize there are a lot of thyroid problems around.
Regards
Cornelia

From: Barbesino, Giuseppe,M.D. [mailto:GBARBESINO@PARTNERS.ORG]
Sent: Thursday, September 14, 2006 8:25 AM
To: Fiamma, Kathleen M.; kirihospital@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Rattanakiri Referral Hospital TM clinic Patient YC#00191

This young woman has a multinodular goiter and symptoms compatible with hyperthyroidism. Differntial diagnosis include toxic multinodular goiter, Graves' disease with nodules and non-toxic multinodular goiter. I agree with TSH and FT4 measurements. If hyperthyroidism is confirmed she should have thyroid scan. If cold nodules are present, they should undergo FNA biopsy. Once the diagnosis is established, treatment should be guided by findings. Surgery would be recommended if FNA yilelds suspicion of cancer. Radioiodine or surgery if toxic multinodular goiter, radioiodine, surgery or methimazole if Graves' disease with bening nodules is seen.
Giuseppe Barbesino

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, September 13, 2006 4:21 PM
To: Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri Referral Hospital TM clinic Patient MY#00156

Dear All,

Here is the patient for follow up MY#00156 and her photo.

Best regards,
Channarith / Rithy

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

MY#00156, 56F (Face)

Patient: MY#00156, 56F, VillageI

Subject: She treated with the Chlorpropramide 25mg 2 tab qd, Metformin 500mg 1tab po qhs ,ASA 300mg ¼ tab po qd for x 8 months by TM clininc .She have had the lesion of low lip associated with dry lip this 2 months and She took the Cephalexin 500 mg 1 tab tid x 7 d, and then She treated with Cloxacillin 500mg 1 tab bid x 5 days, and increasing Cloxacillin 2 tab po bid q6 x 7 d , She still complaints of low lesion lip and tingling of palms and foot .

Object:

Vital Signs: **BP100/60** **P 70** **R20** **T 36.6** **Wt** 63kg

The examination of her mouth, there are the lesion of her low mouth, no tonsillitis
no edema of both legs, no lymphnode on her neck .

Previous Lab/Studies: protein: normal, sugar urine :+4, glucose fasting with breakfast :374

Lab/Studies Requests: UA: normal, glucose fasting :138,

Assessment: **1.cheilitis 2. vit B deficiency** ?
3.DMII with PNP 4. Overweight 3.PVC 4.hyperlidemia

Plan: 1.B1 B6 B12 1 tab po bid x 3 months ?
2.amitryptiline 25mg ¼ tab po qd

Comments/Notes: please , give a good idea.

Examined by: Dr San **Date: 12/09/09**

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

No answer replied from Boston

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, September 13, 2006 4:24 PM
To: Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau
Cc: Bernie Krisher; Noun SoThero; Fil B. Tabayoyong; Ed & Laurie Bachrach; HealthNet International
Subject: Rattanakiri Referral Hospital TM clinic Patient NH#00010

Dear All,

Here is the last case patient for follow up NH#00010 and her photos.

Best regards,

Channarith / Rithy

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

Patient: NH#00010,49F,VillageIII

Subject: She treated with Atenolol 50mg ½ tab qd and Cimetidine 400mg 1 tab bid by TM clinic , and she stopped to come at TM clinic for one years , she continued to take the medicines by buying medication at private clinic with chlorpropramide. So now, She complains of pressure chest pain at cardiac apex with neck tenderness , belching off and on , burning abdominal pain .no loss weight , no blurry vision .

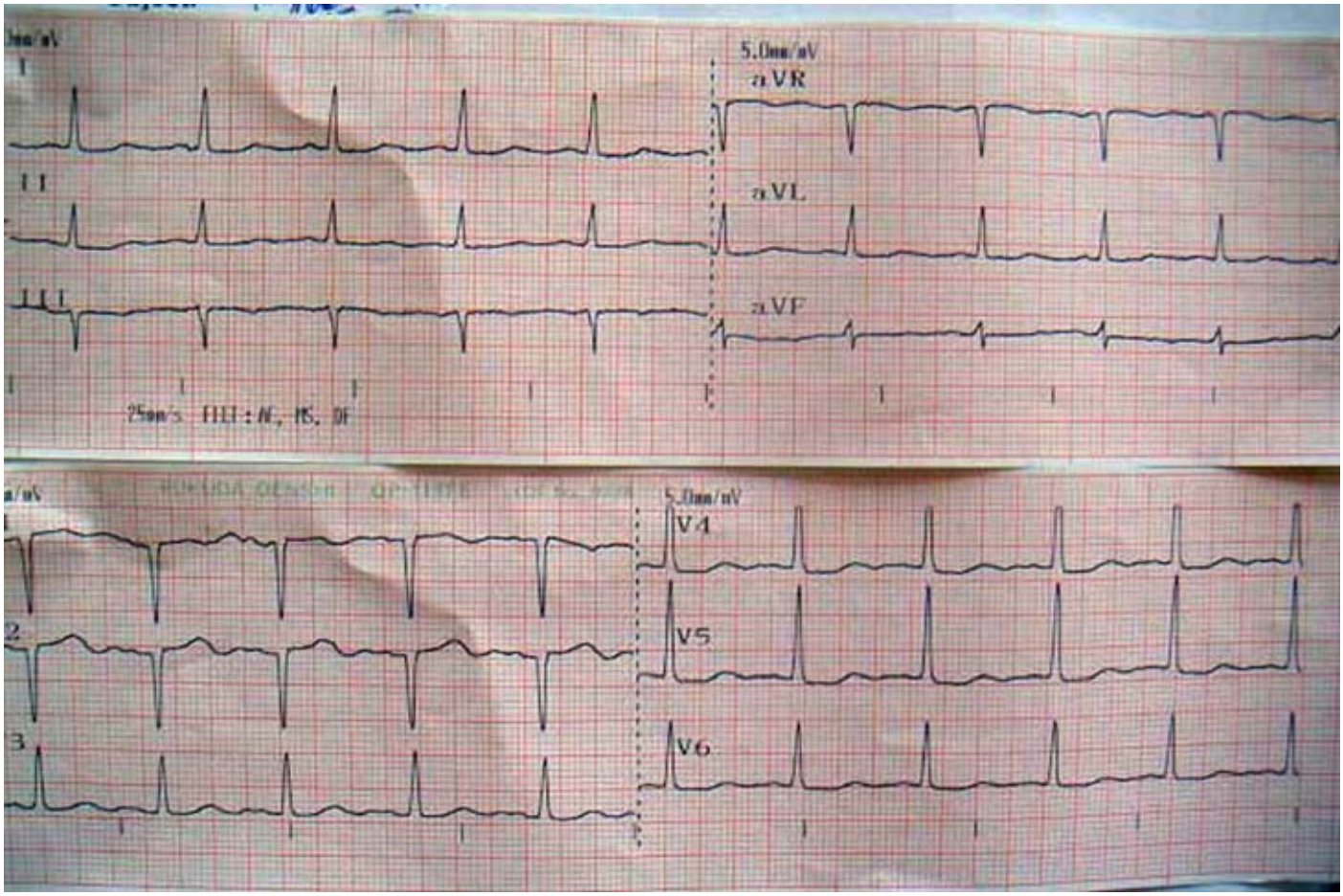
Object:

Vital Signs: **BP L:200/110 R: 200/110** **P 80** **R** **T** **Wt** 53KG

The examination of her chest :lungs: clear both sides

heart: HRRR with crescendo system murmur loudest at pulmonary area + 2/4

JVD +



Previous Lab/Studies: EKG, Chest x –ray,FBG:180.5 , FBG:192.3

Lab/Studies Requests: EKG, WBC:48OO, RBC:3900000, Hb:3.2 , Ht :40%,suger fasting :216,UA:trace blood, trace protein, glucose :+4 ,other are normal

Assessment: 1.HTN 2.DMii 3. LVH 4.Gatritis 5. Aorta insufficiency?
6.Aorta stenosis ?

Plan: 1.Atenolol 50mag ½ tab po bid
2.chlorpropramid 1 tab po
3.Metformin 1 tab po
4.Omeprazol 20 mg 1 tab po qd x 2 m

Comments/Notes: please, give a good idea

Examined by: Dr San **Date: 13/09/06**

No answer replied from Boston

Thursday, September 14, 2006

Follow-up Report for Rattanakiri TM Clinic

There were patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 9 new cases and 17 follow up cases were transmitted and received replies from both Phnom Penh and/or Boston. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE as well as advices from PA Rithy on site, the following patients were managed and treated per local staff:

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

Treatment Plan for Rattanakiri TM Clinic September 2006

New cases

1. SH#00184, 45F (Village I)
Diagnosis:

1. Anxiety
2. Tension HA

Treatment:

1. Paracetamol 500mg 1tab po q6h prn HA (30tab)
2. Amitriptyline 25mg ¼ tab po qhs for 2 weeks then ½ tab po qhs for 3 months
3. Ask patient eat diet rich in fiber, do regular exercise and stress release
4. Draw blood for Lyte, BUN, Creat, Gluco at SHCH

2. SL#00185, 50F (Village I)
Diagnosis:

1. Nodular Goiter
2. Hyperthyroidism?

Treatment:

1. Check Free T4, and TSH at SHCH

3. SR#00186, 22F (Village I)

Diagnosis:

1. Cachexia
2. Anxiety

Treatment:

1. MTV 1 tab po qd x one month
2. Draw blood for Electrolyte, BUN, Creat, Gluc at SHCH.

4 YY#00187, 70F (Village I)

Diagnosis:

1. PVC
2. Pneumonia
3. r/o TB
4. Caxhexia

Treatment:

1. Paracetamol 500mg 1tab po q6h prn pain x 30tab
2. Clarithromycin 500mg 1t po bid x 10d
3. MTV 1 tab po qd x one month 30 tab
4. Calcium 600mg 1tab po qd one month
5. Check AFB
6. Draw blood for Free T4 and TSH at SHCH

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

Diagnosis:

1. GERD
2. Nodular Goiter
3. Hyperthydism?

Treatment:

1. Omeprazole 20mg1 tab po qhs for 2 months
2. Metochlorpramide 1 tab po qhs for one month
3. Draw blood for electrolyte, BUN, Creat, Gluco, TSH, free T4 at SHCH

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

Diagnosis:

1. Asthma
2. Pneumonia?

Treatment:

1. Clarithromycin 500mg 1 tab po bid x 10d
2. Paracetamol 500mg 1 tab po q6h prn HA
3. Albuterol inhaler 2 puffs bid prn SOB
4. Triamcinolone inhaler 2 puffs bid x one month
5. Draw blood for Electrolyte, Bun, Creat, Glucose at SHCH

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

Diagnosis:

1. Dyspesia
2. Thyroid dysfunction

Treatment:

1. Alumium hydroxide 2 tab chew po q6h prn x 50 tab
2. Draw blood for TSH at SHCH

8. YC#00191, 20F (Village I)
Diagnosis:

1. Nodular Goiter
2. Tension HA
3. Myopia

Treatment:

1. Paracetamol 500mg 1t po q6h one month 30 tab
2. Draw blood: electrolyte, Bun, Creat, Glucose, TSH, free T4 at SHCH
3. Get new classes in PP

9. KP#00192, 5F (Sre Ankrong Village)
Diagnosis:

1. Fomite in right ear

Treatment:

1. Remove foreign body by NSS jet stream
2. Motrin 200mg/5cc 5cc po bid for 3d

Follow-up patients

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

1. Cheilitis
2. VitB deficiency?
3. DMII with PNP
4. Overweight
5. PVC
6. Hyperlidemia

Treatment:

1. Chlorpropramide 25 mg 2 tab po qd
2. Metformin 500 mg 1 tab po qhs
3. ASA 300 mg ¼ tab po qd
4. DMII educate and foot care
5. Vit B1 B6 B12 1tab po bid
6. Amitriptyline 25mg ¼ tab po qhs
7. Check HbA1C, Electrolyte, BUN, Glucose, Creat.

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

1. Hyperthyroidism

Treatment:

1. Methimazole 10mg ½ tab po tid

2. Recheck free T4 at SHCH

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

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 2 tab po tid
2. Propranolol 40mg ¼ tab po bid
3. Recheck Free T4 at SHCH

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

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

Treatment:

1. Glibenclamide 5mg 1 tab po qd
2. Desipramine 75mg ½ tab po qhs
3. ASA 300mg ½ tab po qd
4. Captopril 25mg 1 tab po qd
5. Check HbA1c, Electrolyte, BUN, Creat, Glucose

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

1. Hyperthyroidism
2. Cardiomegaly

Diagnosis:

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

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

1. Hypothyroidism

Treatment:

1. Recheck free T4 at SHCH

7. NS#00177, 40F (Village I)
Diagnosis:

1. Subclinical Hyperthyroidism

Treatment:

1. Check free T4 at SHCH
2. Carbimazole 5mg 1 tab po tid
3. Paracetamol 500mg 1 tab po qid prn fever / pain

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

1. DMII
2. HTN

Treatment:

1. Lisinopril 5mg 1 tab po qd
2. Glibenclamid 5mg 2 tab po bid
3. ASA 81 mg 1tab po qd
4. Metformin 500mg 2 tab po bid
5. Desipramine 75mg ½ tab po qhs
6. Check HbA1c, electrolyte, Bun, Creat, Glucose

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

1. DMII
2. HTN
3. PNP

Treatment:

1. Metformin 500 mg 1 tab po qhs
2. Glibenclamide 5mg 1 tab po qAM half hour before eating
3. Lisiopril 5mg ½ tab po bid x control BP 2 weeks
4. Amitriptyline 25mg ½ tab po qhs
5. ASA 81mg 1 tab po chew qd

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

1. CHF
2. Incompleted RBB

Treatment:

1. Enalopril 5mg ½ tab po qd
2. Digoxin 0.25mg 1tab po qd
3. Furosemide 40mg 1 tab po bid
4. Spironolactone25mg 2tab po bid
5. MTV 1tab po bid

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

1. DMII

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

Treatment:

1. Lisinopril 5mg 1tab po qd
2. Glibenclamide 5mg ½ tab po qd
3. Atenolol 50mg ½ tab po qd
4. MTV 1 tab po
5. ASA 81mg 1 tab po qd
6. Desipramine 75mg ½ tab po qhs
7. Check HbA1c, electrolyte, Bun,Creat, Glucose

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

1. Hyperthyroidism

Treatment:

1. Carbimazol 5 mg 1 tab po qd
2. Propranolol 40mg ¼ tab po qd
3. Recheck free T4 at SHCH

13. NS#00089, 16F (Village I)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Recheck freeT4 and TSH at SHCH

14. KM#00158, 51F (Sre Ankrong Village)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Recheck TSH, free T4 at SHCH

15. NK#00173, 11F (Village III)
Diagnosis:

1. Bacterial Conjunctivitis

Treatment:

1. Tetracycline eye ointment 5 g apply q12h right eye x 5 d
2. Naproxen 220mg 1 tab po bid prn pain

16. JV#00045, 37F (Ochum)
Diagnosis:

1. Left knee arthritis

Treatment:

1. Diflunisal 500mg 1tab po bid

17. NH#00010, 49F (Village I)
Diagnosis:

1. HNT
2. DMII
3. LVH
4. Gastritis
5. Aorta insufficiency?
6. Aorta stenosis?

Treatment:

1. Atenolol 50mg 1 tab po bid
2. Chlorpropramide 1tab po qAM half hour before eating
3. MgAlHO3 2 tab chew po q6h prn
4. ASA 300 mg ¼ tab po qd
5. Check HbA1C, Electrolyte, BUN, Creat, Gluco

Lab Values for Rattanakiri TM Clinic 14 September 2006

		Normal Values
1.	**NS#00006, 18F**	
	• Free T4 = 29.90	[9.14 – 23.81]
2.	**NH#00010, 52F**	
	• Na = 143	[135 – 145]
	• K = 3.4	[3.5 – 5.0]
	• BUN = 2.0	[0.8 – 3.9]
	• Creat = 57	[44 – 80]
	• FBS = 156.6	[90 – 130]
	• HbA1C = 6.5	[4 – 7]
3.	**PN#00052, 53F**	
	• Free T4 = 12.94	[9.14 – 23.81]
4.	**NS#00089, 16F**	
	• Free T4 = 31.63	[9.14 – 23.81]
	• TSH < 0.02	[0.49 – 4.67]
5.	**UP#00093, 53F**	
	• Free T4 = 11.75	[9.14 – 23.81]
6.	**LH#00116, 62F**	
	• Free T4 = 16.08	[9.14 – 23.81]
7.	**CL#00122, 33F**	
	• Free T4 = 13.74	[9.14 – 23.81]
8.	**PO#00148, 67F**	
	• Na = 144	[135 – 145]
	• K = 4.4	[3.5 – 5.0]
	• BUN = 1.9	[0.8 – 3.9]
	• Creat = 74	[44 – 80]
	• FBS = 115.2	[90 – 130]

- HbA1C = 8.3 [4 – 7]

9. OT#00155, 48F
- Na = 136 [135 – 145]
- K = 5.5 [3.5 – 5.0]
- Cl = 105 [95 – 110]
- BUN = 1.9 [0.8 – 3.9]
- Creat = 59 [44 – 80]
- FBS = 403.2 [90 – 130]
- HbA1C = 10.2 [4 – 7]

10. MY#00156, 57F
- Na = 135 [135 – 145]
- K = 4.6 [3.5 – 5.0]
- Cl = 104 [95 – 110]
- BUN = 2.0 [0.8 – 3.9]
- Creat = 65 [44 – 80]
- FBS = 129.6 [90 – 130]
- HbA1C = 7.5 [4 – 7]

11. KM#00158, 51F
- Free T4 = 13.08 [9.14 – 23.81]
- TSH = 2.15 [0.49 – 4.67]
- Tot T3 = 2.14 [0.78 – 2.5]

12. RH#00160, 67F
- Na = 142 [135 – 145]
- K = 4.4 [3.5 – 5.0]
- Cl = 109 [95 – 110]
- BUN = 1.4 [0.8 – 3.9]
- Creat = 54 [44 – 80]
- FBS = 109.8 [90 – 130]
- HbA1C = [4 – 7]

13. NS#00177, 40F
- Free T4 = 14.82 [9.14 – 23.81]

14. SH#00184, 45F
- Na = 143 [135 – 145]
- K = 4.3 [3.5 – 5.0]
- Cl = 111 [95 – 110]
- BUN = 1.4 [0.8 – 3.9]
- Creat = 54 [44 – 80]
- FBS = 82.8 [90 – 130]

15. SL#00185, 50F
- Free T4 = 19.75 [9.14 – 23.81]
- TSH = 0.17 [0.49 – 4.67]
- Tot T3 = 3.0 [0.78 – 2.5]

16. SR#00186, 22F
- Na = 138 [135 – 145]
- K = 4.0 [3.5 – 5.0]
- BUN = 1.4 [0.8 – 3.9]
- Creat = 37 [44 – 80]
- FBS = 90.0 [90 – 130]
- TSH = 0.63 [0.49 – 4.67]
- WBC = 8 [4 – 11]
- RBC = 4.3 [3.9 – 5.5]
- Hb = 11.4 [12.0 – 15.0]
- Hct = 36 [35 – 47]
- Plt = 352 [150 – 450]

17. YY#00187, 70F
- Free T4 = 16.95 [9.14 – 23.81]
- TSH = 0.37 [0.49 – 4.67]

18. CO#00188, 37F

- Free T4 = 15.58 [9.14 – 23.81]
- TSH = 0.09 [0.49 – 4.67]

19. YM#00189, 16F

- Na = 143 [135 – 145]
- K = 4.3 [3.5 – 5.0]
- BUN = 1.4 [0.8 – 3.9]
- Creat = 62 [44 – 80]
- FBS = 97.2 [90 – 130]
- WBC = 7 [4 – 11]
- RBC = 5.8 [3.9 – 5.5]
- Hb = 13.5 [12.0 – 15.0]
- Hct = 43 [35 – 47]
- Plt = 357 [150 – 450]

20. SR#00190, 35F

- TSH = 0.31 [0.49 – 4.67]

21. YC#00191, 20F

- Free T4 = 16.95 [9.14 – 23.81]
- TSH = 2.73 [0.49 – 4.67]
- Na = 143 [135 – 145]
- K = 4.3 [3.5 – 5.0]
- BUN = 2.5 [0.8 – 3.9]
- Creat = 59 [44 – 80]
- FBS = 140.4 [90 – 130]

The next Rattanakiri TM Clinic will be Held on October 16-20, 2006