

Telemedicine Clinic

Rattanakiri

Referral Hospital

September 2007

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

On Tuesday and Wednesday September 18-19, 2007, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 4 new cases were examined, and the data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh.

The following day, Thursday September 20, 2007, the TM clinic opened again to receive the same patients and other follow-up patients for further evaluation, treatment and management. Finally, the data for treatment and management would then be transcribed and transmitted to the PA Rithy Chau at SHCH who compiled and sent for website publishing.

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

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Friday, September 14, 2007 12:32 PM
To: Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau; Cornelia Haener
Cc: Ed & Laurie Bachrach; HealthNet International; Bernie Krisher; Noun SoThero
Subject: 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 19, 2007 beginning at 8:00am local time for one full day. We expect to enter and transmit the patient data to those of you at SHCH and at Partner in Boston that evening. Please try to respond before noontime the following day, Thursday, September 20, 2007. The patients will be asked to return to the hospital that afternoon on Thursday to receive treatment along with a follow up plan or referral.

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

Channarith Ly

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, September 19, 2007 11:12 AM
To: Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathleen M. Kelleher
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Subject: Ratanakiri TM Clinic September 2007, Case#1, VS#00252, 55F (Village III)

Dear all,

For Ratanakiri Telemedicine Clinic September 2007, there are 4 cases. This is case number 1, VS#00252, 55F and photo.

Best regards,
Sovann/Rithy/Channarith

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



Patient: VS#00252, 55F (Village III)

Chief Complaint: HA and eye ball pain x 1y

HPI: 55F, cleaner, came to us complaining of HA and eye ball pain x 1y. She presented with the symptoms of HA, sharp sensation during daytime, the pain was better with the medicine (pain killer) she bought from pharmacy. Three months later, she also presented with the pain on the left eye ball with sharp sensation then right eye. She also presented with the symptoms of blurred vision and dizziness. She bought medicine from private clinic and taking it prn. She denied of vertigo, fever, cough, dyspnea, palpitation, chest pain, nausea, vomiting, hematuria, oliguria, dysuria, edema.

PMH: Dyspepsia x 1y with prn antacid

Family Hx: Unremarkable

Social Hx: No smoking; no alcohol drinking

Medication: Antacid prn

Allergies: NKDA

ROS: regular menstrual period, epigastric pain, burning sensation relieved with antacid, no nausea, no vomiting, no stool with blood or mucus

PE:

Vital Signs: BP: 120/70 P: 77 R: 20 T: 36.5°C Wt: 44Kg

General: Look stable

HEENT: normal fundi exam, visual acuity snellen eye chart bilaterally >20/400, PERRLA, EOMA; no oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no lymph node palpable, no JVD.

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

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

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

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

Lab/Studies done: None

Assessment:

1. Severe myopia
2. Dyspepsia

Plan:

1. Tell patient seek Ophthalmologist in Phnom Penh for eye glasses
2. Famotidine 20mg 1t po qhs for two months
3. Paracetamol 500mg 1t po qid prn HA
4. GERD prevention education
5. Eat low Na diet and do regular exercise

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

Examined by: Nurse Peng Sovann

Date: September 18, 2007

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

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No answer replied

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

Sent: Wednesday, September 19, 2007 11:17 AM

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

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

Subject: Ratanakiri TM Clinic September 2007, Case#2, NP#00253, 42M (Hat Pork Village)

Dear all,

This is case number 2, NP#00253, 42M and photo.

Best regards,

Sovann/Rithy/Channarith

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



Patient: NP#00253, 42M (Hat Pork Village)

Chief Complaint: Epigastric pain x 6y

HPI: 42M, farmer, came to us complaining of epigastric pain x 6y. He presented with the symptoms of epigastric pain, burning sensation, burping with sour taste, the pain radiated to the scapular, and the back, he went to provincial hospital and told he has had gastritis and treated with antacid for a few days. He didn't feel better with the medicine so he seek traditional remedy for treatment. He denied of fever, cough, palpitation, dysphagia, hematemesis, stool with blood or mucus, hematuria, oliguria, dysuria.

PMH: Unremarkable

Family Hx: None

Social Hx: No smoking; drinking alcohol 1L/d over 20y, stopped 6y

Medication: Traditional medication

Allergies: NKDA

ROS: no vomiting, no fever, no chest pain, no palpitation, no stool with blood or mucus, no edema

PE:

Vital Signs: BP: 150/90 (both arms) P: 71 R: 20 T: 37°C Wt: 53Kg

General: Look stable

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

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

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

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

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

Lab/Studies done: None

Assessment:

1. GERD
2. Elevated BP

Plan:

1. Famotidine 20mg 1t po qhs for two months
2. Metoclopramide 10mg 1t po qhs for 15d
3. GERD prevention education

4. Eat low Na diet and do regular exercise
5. Recheck BP in next follow up
6. Stop taking traditional remedy

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

Examined by: Nurse Peng Sovann

Date: September 18, 2007

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

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No answer replied

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

Sent: Wednesday, September 19, 2007 11:30 AM

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

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

Subject: Ratanakiri TM Clinic September 2007, Case#3, KV#00255, 43F (Kalann Thom Village)

Dear all,

This is case number 3, KV#00255, 43F and photo

Best regards,
Sovann

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



Patient: KV#00255, 43F (Kalann Thom Village)

Chief Complaint: Epigastric pain x 2y

HPI: 43F came to us complaining of epigastric pain x 2y. She presented with the symptoms of epigastric pain, burning sensation, bloating, nausea, the pain radiated to the back and scapular, relieved with food and antacid. She didn't seek medical care just bought antacid from private pharmacy and take it when her epigastric pain developed. She denied of fever, dysphagia, vomiting, stool with blood/mucus, diarrhea, constipation, hematuria, dysuria, oliguria, edema.

PMH: Unremarkable

Family Hx: Unremarkable

Social Hx: No smoking; drinking beer casually

Medication: Antacid prn

Allergies: NKDA

ROS: None

PE:

Vital Signs: BP: 100/54 P: 76 R: 20 T: 36.5°C Wt: 51Kg

General: Look stable

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

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

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

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

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

Lab/Studies done: None

Assessment:

1. Dyspepsia
2. Parasititis

Plan:

1. Famotidine 20mg 1t po qhs for one month
2. Mebendazole 100mg 5t po qhs once
3. Tell patient don't eat spicy, greasy food and eating food at regular time
4. Eat low Na diet and do regular exercise

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

Examined by: Nurse Peng Sovann

Date: September 18, 2007

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

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No answer replied

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

Sent: Wednesday, September 19, 2007 11:39 AM

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

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

Subject: Ratanakiri TM Clinic September 2007, Case#4, KY#00254, 46F

Dear all,

This is last case for Ratanakiri TM September 2007 number 4, KY#00254, 46F and photos.

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

Best regards,

Sovann/Rithy/Channarith

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



Patient: KY#00254, 46F (Village III)

Chief Complaint: Neck mass x 3y

HPI: 46F came to us complaining of neck mass for 3y. She presented with the symptoms of dyspnea, palpitation, insomnia and heat intolerance, she went to hospital in Viet Nam and she was told that she has thyroid problem and treated her with some medicine for 3 month, she got better with medicine for 2 years but she didn't come back for follow up.

In May 2007, she presented with the same symptoms and went to private clinic in Phnom Penh, lab test and ultrasound done and told she had thyroid problem and unable to do anything with it. So she went to hospital in Viet Nam again and told she had the same problem and treated with L-thyroxin. Because she was out of medicine the symptoms developed again and come to us for help. She denied of fever, sore throat, dyspnea, chest pain, nausea, vomiting, stool with blood or mucus, diarrhea, constipation.

PMH: Unremarkable

Family Hx: Unremarkable

Social Hx: No smoking; drinking beer casually

Medication: L-thyroxin 100mcg 1t qd, stop for 2 months

Allergies: NKDA

ROS: regular menstrual period, (+) HA, (+) palpitation, (-) tremor, no constipation, no diarrhea

PE:

Vital Signs: BP: 100/56 P: 70 R: 20 T: 36.5°C Wt: 61Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, palpable thyroid enlargement is not noticed, no bruit, no lymph node palpable, no JVD.

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

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

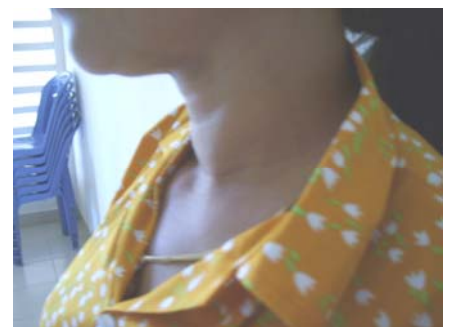
Extremity/Skin: No edema, no rash, no lesion

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

Lab/Studies done: On May 28, 2007

Ultrasound Conclusion:

1. Diffuse Goiter



2. Intrahepatic biliary tract lithiasis

| | | |
|---------|-------|--------------|
| TSH | =2.20 | [0.3 – 6.2] |
| Free T4 | =8.69 | [4.4 – 11.6] |
| T3 | =0.71 | [0.7 – 2] |

Assessment:

1. Diffuse goiter by ultrasound

Plan:

1. Stop thyroid medicine then recheck TSH in November

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

Examined by: Nurse Peng Sovann

Date: September 18, 2007

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

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No answer replied

From: Rattanakiri Referral Hospital

[mailto:kirihospital@yahoo.com]

Sent: Wednesday, September 19, 2007 11:50 AM

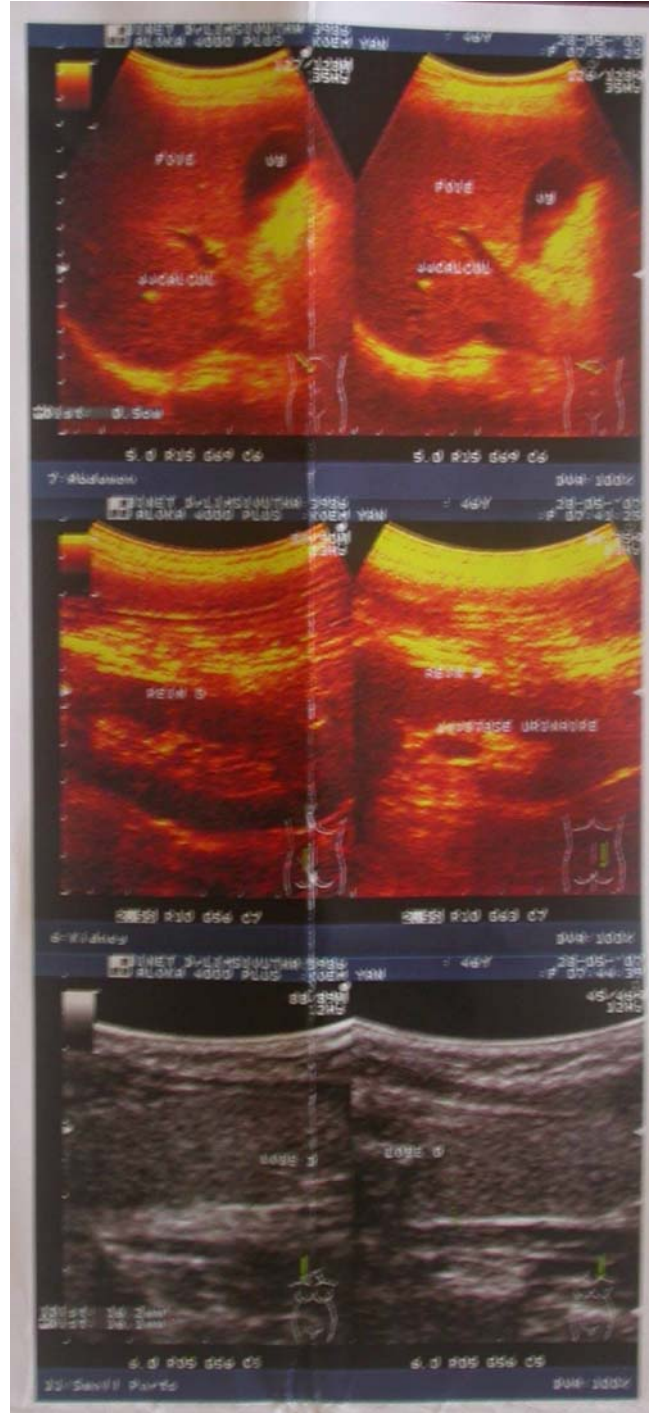
To: Rithy Chau; Kruy Lim; Cornelia Haener

Subject: Ratanakiri TM Clinic Septembe 2007 follow up case

Dear Dr Kruy and Dr conelia,

For this patient, should we continue antibiotic for other 15d and increase Glibenclamide 5mg 1t bid.

FBS=260mg/dl (on Sep 23, 2007)



Please see the last month treatment plan (below) and attached picture of leg wound.



SE#00247, 68M (O plong Village)

Diagnosis:

1. DMII
2. HTN
3. Chronic wound on left lower leg

Treatment:

1. Glibenclamide 1t po dd for one month
2. Captopril 25mg 1/4t po bid for one month
3. ASA 300mg 1/4t po qd for one month
4. Cephalexin 250mg 2t po tib for one month
5. Cotrimoxazole 960mg 1t po bid for one month



Lab result on August 23, 2007

| | | |
|-------|-------|-------------|
| Na | =138 | [135 - 145] |
| K | =3.5 | [3.5 - 5.0] |
| Cl | =102 | [95 - 110] |
| BUN | =1.9 | [0.8 - 3.9] |
| Creat | =87 | [53 - 97] |
| Gluc | =24.5 | [4.2 - 6.4] |
| HbA1C | =10.3 | [4 - 6] |

Best regards,
Sovann

From: cornelia_haener [mailto:cornelia_haener@online.com.kh]

Sent: Wednesday, September 19, 2007 2:38 PM

To: 'Rattanakiri Referral Hospital'; 'Rithy Chau'; 'Kruy Lim'

Subject: RE: Rattanakiri TM Clinic Septembe 2007 follow up case

Dear Rithy,

Best would be to put this patient in a cast with window, if there is cast material available. Clean with NSS and dressing with sugar pack every day and continue the antibiotics.

Kind regards
Cornelia

Thursday, September 20, 2007

Follow-up Report for Rattanakiri TM Clinic

There were 4 new patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 4 cases was transmitted and received replies from both Phnom Penh and Boston, other 22 patient came for follow up and refill medication, and 17 kits seen by PA Rithy for minor problem. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE as well as advices from PA Rithy on site, the following patients were managed and treated per local staff:

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

Treatment Plan for Ratanakiri TM Clinic September 2007

1. VS#00252, 55F (Village III)

Diagnosis:

1. Severe myopia
2. Dyspepsia
3. Parasititis

Treatment:

1. Tell patient seek Ophthalmologist in Phnom Penh for eye glasses
2. Cimetidine 400mg 1t po qhs for two months (buy)
3. Mebendazole 500mg 1t po qhs once (buy)
4. Paracetamol 500mg 1t po qid prn HA (#30)
5. GERD prevention education
6. Eat low Na diet and do regular exercise

2. NP#00253, 42M (Hat Pork Village)

Diagnosis:

1. GERD
2. Elevated BP

Treatment:

1. Omeprazole 20mg 1t po qhs for two months (buy)
2. Metoclopramide 10mg 1t po qhs for one month (buy)
3. GERD prevention education
4. Low Na diet and do regular exercise
5. Recheck BP in next follow up
6. Stop taking traditional remedy

3. KY#00254, 46F (Village III)

Diagnosis:

1. Diffuse goiter by ultrasound

Treatment:

1. Stop thyroid medicine then recheck TSH in November

4. KV#00255, 43F (Kalann Thom Village)**Diagnosis:**

1. Dyspepsia
2. Parasititis

Treatment:

1. Cimetidine 4000mg 1t po qhs for two months (buy)
2. Mebendazole 100mg 5t po qhs once (buy)
3. GERD prev educ

Patients who came for follow up and refill medication

1. MS#00246, 35F (Village VI)**Diagnosis:**

1. Subclinical hyperthyroidism

Treatment:

1. Draw blood for Free T4 in November 07

2. SE#00247, 68M (O plong Village)**Diagnosis:**

1. DMII
2. HTN
3. Chronic wound on left lower leg

Treatment:

1. Glibenclamide 1t po bid for one month (#100)
2. Captopril 25mg 1/4t po bid for one month (#50)
3. ASA 300mg 1/4t po qd for one month (buy)
4. Cephalexin 250mg 2t po tib for 15d (#90)
5. Cotrimoxazole 960mg 1t po bid for 15d (buy)
6. Clean wound every day in the health center
7. Review patient on diabetic diet, low Na diet, do regular exercise and foot care

3. UC#00249, 21M (Village IV)**Diagnosis:**

1. Diffuse goiter (Euthyroid)

Treatment:

1. Follow up prn

4. EN#00239, 53F (Village III)**Diagnosis:**

1. Euthyroid (Nodular Goiter)
2. HTN

Treatment:

1. Atenolol 50mg 1/2t po qd for one month (buy)

2. Finofibrate 100mg 1t po bid for one month (buy)
3. Educate to eat low Na diet, do regular exercise

5. TI# 00245, 65M (Village I)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Gliclazide 30mg 1t po qd for one month (buy)
2. Metformin 500mg 1t po qd (buy)
3. Pravastatin 40mg 1t po qd (buy)
4. Pioglytazone 30mg 1t po qd (buy)
5. Candesartan Cilexetil 4mg 1t po qd (buy)
6. MTV 1/2t po qd (buy)
7. Review pt on diabetic and low Na diet, foot care and do regular exercise
8. Draw blood for Lyte, Creat, Gluc and HbA1C at SHCH in November

6. PN#00229, 45F (Village VI)

Diagnosis:

1. DMII

Treatment:

1. Chlorpropramide 250mg 1t po bid (buy)
2. Metformin 500mg 1t po qhs (buy)
3. ASA 81mg 1t po qd (#25)
4. Review pt on diabetic diet, foot care and do regular exercise
5. Draw blood for HbA1C and Gluc in November 07

7. OH#00230, 59F (Village III)

Diagnosis:

1. Euthyroid
2. HTN
3. GERD

Treatment:

1. Atenolol 50mg 1/2t po bid (buy)
2. Captopril 25mg 1/2t po bid (buy)
3. Omeprazole 20mg 1t po qhs for one month (buy)
4. Metochlopramide 10mg 1t po qhs for one month (buy)
5. GERD prev educ and low Na diet, do regular exercise

8. KK#00231, 45F (Village I)

Diagnosis:

1. DMII

Treatment:

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

9. SP#00238, 34F (Village I)

Diagnosis:

1. Hyperthyroidism

Treatment:

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

10. OT#00155, 45F (Bor Keo)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Captopril 25mg 1/2t po bid
2. Metformin 500mg 2t qAM, 3t qPM
3. Glibenclamide 5mg 2t po bid
4. ASA 300mg ¼t po qd
5. Amitriptylin 25mg ½t po qhs
6. Certirizine 10mg 1t po qd

11. NH#00010, 53F (Village III)

Diagnosis:

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

Treatment:

1. Atenolol 50mg 1t po bid
2. Chlorpropramide 1t po qd
3. ASA 300mg 1/4t po qd
4. Captopril 25mg 1t po tid
5. HCTZ 50mg 1t po qd
6. Fenofibrate 100mg 1t po qd
7. Draw blood for Lyte, Creat, Gluc, TG and HbA1C at SHCH

Lab result on September 21, 2007

| | | |
|-------|------|-------------|
| Na | =139 | [135 - 145] |
| K | =3.2 | [3.5 - 5.0] |
| Cl | =105 | [95 - 110] |
| Creat | =110 | [44 - 80] |
| Gluc | =8.9 | [4.2 - 6.4] |
| TG | =1.5 | [<1.71] |
| HbA1C | =5.9 | [4 - 6] |

12. UP#00093, 52F (Village III)

Diagnosis:

1. Euthyroid

Treatment:

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

13. PO#00148, 67F (Village III)

Diagnosis:

1. HTN
2. DMII with PNP

Treatment:

1. Captopril 25mg ¼t po bid
2. Metformin 500mg 1t po qhs
3. Glibenclamide 5mg 1t po bid
4. ASA 300mg ¼t po qd
5. Amitriptylin 25mg ½t po qhs

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

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1t po bid
2. Propranolol 40mg ¼t po bid
3. Draw blood for Free T₄ at SHCH in November

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

1. Euthyroid Goiter

Treatment:

1. Carbimazole 5mg 1t po qd
2. Draw blood for Free T₄ at SHCH in November

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

1. HTN
2. DMII with PNP
3. OA

Treatment:

1. Lisinopril 20mg ¼tab po qd
2. Amitriptylin 25mg ½ tab po qhs
3. ASA 300mg ¼tab po qd

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

1. Subclinical Hyperthyroidism

Treatment:

1. Draw blood for Free T₄ in November

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

1. Asthma

Treatment:

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

20. NS#00089, 17F (Village I)

Diagnosis:

1. Subclinical Hyperthyroidism

Treatment:

1. Draw blood for Free T₄ at SHCH in November

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

Diagnosis:

1. Nodular Goiter
2. Subclinical Hyperthyroidism?

Treatment:

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

Lab result on September 21, 2007

Free T₄=12.80 [9.14 - 23.81]

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

Diagnosis:

1. Subclinical Hyperthyroidism

Treatment:

1. Draw blood for Free T₄ at SHCH

Lab result on September 21, 2007

Free T₄=14.26 [9.14 - 23.81]

**The next Rattanakiri TM Clinic will be Held on
November 2007**