

Robib *Telemedicine* Clinic

Preah Vihear Province

F E B R U A R Y 2 0 1 1

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

On Monday, January 31, 2011, SHCH staff PA Rithy Chau, Driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), February 1 & 2, 2011, the Robib TM Clinic opened to receive the patients for evaluations. There were 10 new cases and 1 follow case seen during this month, and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh on Wednesday and Thursday, February 2 & 3, 2011.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston, and SHCH, Nurse Sovann managed and treated the patients accordingly. There were also patients who came for refills of medications. Finally, the data of the patient concerning final diagnosis and treatment/management would then be transcribed and transmitted to Nurse Sovann Peng at SHCH who compiled and sent for website publishing.

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

From: [Robibtelemed](#)

To: [Paul Heinzelmann](#) ; [Kathy Fiamma](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#)

Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

Sent: Tuesday, February 01, 2011 4:46 PM

Subject: Robib TM Clinic February 2011, Case#1, Chan Rim, 59F

Dear all,

There are four new cases for Robib TM Clinic February 2011. This is case number one, Chan Rim, 59F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Chan Rim, 59F (Ke Village)

Chief Complaint (CC): HA and ear ringing x 4y

History of Present Illness (HPI): 59F, farmer, presented with symptoms of pressure HA, neck tension and ear ringing, poor appetite, and fatigue, she went to private clinic in Phnom Penh and told she had HTN with BP 220/? and treated with antihypertensive (unknown name) for several days. She became better and continue treatment with traditional medicine. She denied of dyspnea, GI problem, oliguria, hematuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

SH: 10 children, no tobacco chewing, no alcohol drinking

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 164/102 (both arms) P: 77 R: 20 T: 37°C Wt: 38Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable, no JVD

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

Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

Extremity/Skin: No leg edema, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study:

BS: 100mg/dl

U/A: protein trace, no leukocyte, no hematuria, no glucose

Assessment:

1. HTN

Plan:

1. HCTZ 50mg 1/2t po qd
2. Do regular exercise
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: February 1, 2011

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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From: [Cusick, Paul S.,M.D.](#)

To: [Fiamma, Kathleen M.](#) ; robibtelemed@gmail.com

Cc: rithychau@sihosp.org

Sent: Wednesday, February 02, 2011 11:15 PM

Subject: RE: Robib TM Clinic February 2011, Case#1, Chan Rim, 59F

Thank you for this consultation.

Her symptoms of pressure headache, neck tension and ear ringing (tinnitus) with poor appetite and fatigue are general symptoms and may or may not be caused by elevated blood pressure. However, her blood pressure readings are elevated and deserve further attention and treatment. She should try to pay attention to use of sodium. In the absence of other neurological symptoms and no physical exam findings of neurological explanations of her symptoms is reassuring.

She may also have a muscle tension headache accounting for neck tension and headache.

I agree with starting hydrochlorathiazide and to follow up on her blood pressure and symptoms in a month or 2 or sooner if they worsen despite the blood pressure medication. A warm wet towel to the back of the neck and shoulders may also help aching/strained muscles.

Paul

From: [Robibtelemed](#)

To: [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)

Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

Sent: Tuesday, February 01, 2011 4:48 PM

Subject: Robib TM Clinic February 2011, Case#2, Mar Thean, 54M

Dear all,

This is case number 2, Mar Thean, 54M and photo.

Best regards, Sovann

Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Mar Thean, 54M (Rom Chek Village)

Chief Complaint (CC): Fatigue x 1 month

History of Present Illness (HPI): 54M presented with symptoms of fatigue, polyuria, polyphagia, polydypsia. He noticed the ants come around his urine and he tasted it is sweaty and he was advised to seek consultation with Telemedicine. He denied of fever, cough, dyspnea, chest pain, GI problem, numbness/tingling, oliguria, hematuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

SH: Smoking 1 pack of cig/d, casually alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 105/71 P: 71 R: 20 T: 37°C Wt: 63Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable, no JVD

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

Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

Extremity/Skin: No leg edema, (+) dorsalis pedis and posterior tibial pulse, no foot wound

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

Lab/study:

RBS: High; drink 1L water and 2h later, BS: high
U/A: gluco 4+, no protein, no leukocyte, no hematuria

Assessment:

1. DMII

Plan:

1. Metformin 500mg 1t po bid
2. ASA 300mg 1/4t po qd
3. Diabetic diet education, do regular exercise and foot care
4. Cig smoking cessation
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, HbA1C at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: February 1, 2011

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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From: Fang, Leslie S.,M.D.

Sent: Tuesday, February 01, 2011 3:19 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib TM Clinic February 2011, Case#2, Mar Thean, 54M

[Agree completely with assessment and management plans](#)

[Leslie Fang, MD](#)

From: [Robibtelemed](#)

To: [Cornelia Haener](#) ; [Paul Heinzelmann](#) ; [Kathy Fiamma](#) ; [Joseph Kvedar](#) ; [Kruy Lim](#) ; [Rithy Chau](#)

Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

Sent: Tuesday, February 01, 2011 4:50 PM

Subject: Robib TM Clinic February 2011, Case#3, Nhean Kearn, 51F

Dear all,

This is case number 3, Nhean Kearn, 51F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Nhean Karn, 51F (Ke Village)

Chief Complaint (CC): Weakness x 1 year

History of Present Illness (HPI): 51F, farmer, presented with symptoms of progressive numbness and weak, which first appeared on right leg then to all extremities. She had difficulty to do daily activity. She got treatment with traditional medicine. The weakness became worse in these two months, she became unable to do daily activity even carry a glass of water and move the body and report of difficult in passing stool. She denied of past accident or trauma to the head, urine incontinence.

Past Medical History (PMH): Unremarkable

Family History: None

SH: 6 children, no alcohol drinking, no tobacco chewing

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 106/61 P: 72 R: 20 T: 37°C Wt: ?kg

General: Well alert

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 4 x 5cm, smooth, regular border, no bruit, no tender, no lymph node palpable, no JVD, normal ear exam

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

Abd: Soft, no tender, no distension, (+) BS, no HSM, complete healed burning scar, no abdominal bruit

Extremity/Skin: No leg edema, (+) dorsalis pedis and posterior tibial pulse

MS/Neuro: MS +3/5 on upper extremity, +2/5 on lower extremity, sensory loss with light touch and pin prick from T2-4 down to lower extremity, sensory of upper extremity, cervical and facial area intact, no facial weakness, neg gag reflex; no tender spine or abnormality detected

Rectal exam: loose sphincter tone, no mass palpable

Lab/study: None

Assessment:

1. Quadriplegia??
2. Spinal cord syndrome??
3. Goiter (thyroid dysfunction)

Plan:

1. MTV 1t po bid
2. Xango powder po tid
3. Turn the body every 2 – 3h prevent bed sore and physiotherapy
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, TSH and Free T4 at SHCH
5. Refer to Phnom Penh for evaluation

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: February 1, 2011

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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From: [Cornelia Haener](#)

To: ['Robibtelemed'](#) ; ['Paul Heinzelmann'](#) ; ['Kathy Fiamma'](#) ; ['Joseph Kvedar'](#) ; ['Kruy Lim'](#) ; ['Rithy Chau'](#)

Cc: ['Bernie Krisher'](#) ; ['Thero So Nourn'](#) ; ['Laurie & Ed Bachrach'](#)

Sent: Wednesday, February 02, 2011 11:32 AM

Subject: RE: Robib TM Clinic February 2011, Case#3, Nhean Kearn, 51F

Dear Sovann,

I agree with your assessment and plan. We certainly have to work her up concerning cervical spine problem.

Thanks
Cornelia

From: [Barbesino, Giuseppe.M.D.](#)

To: [Fiamma, Kathleen M.](#) ; rithychau@sihosp.org ; [ROBIB](#)

Sent: Wednesday, February 02, 2011 12:38 AM

Subject: FW: Robib TM Clinic February 2011, Case#3, Nhean Kearn, 51F

Very worrisome presentation.

I agree that a complete neurological evaluation is necessary. for the time being, a TSH is adequate. this should be completed with neck ultrasound and possibly a fine needle aspiration, as malignancy to the thyroid is a possible (although not very likely) explanation for her symptoms. follicular thyroid cancer can metastasize to the spine and cause cord compression.

Giuseppe Barbesino M.D.

From: [Robibtelemed](#)

To: [Kruy Lim](#) ; [Rithy Chau](#) ; [Joseph Kvedar](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#)

Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

Sent: Tuesday, February 01, 2011 4:52 PM

Subject: Robib TM Clinic February 2011, Case#4, Vun Sokha, 46F

Dear all,

This is case number 4, Vun Sokha, 46F and photo. Please waiting for other cases which will be sent to you tomorrow.

Best regards,

Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Vun Sokha, 46F (Otalauk Village)

Chief Complaint (CC): Epigastric pain x 4 months

History of Present Illness (HPI): 46F, farmer, presented with symptoms of epigastric burning pain after eating with radiation to scapular, burping with sour taste, heat intolerance, palpitation and insomnia. She bought medicine (unknown name) from local health care worker and taking for several days but her symptoms not better. She denied of hematemesis, stool with blood or mucus. She denied of fever, cough, dyspnea, oliguria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

SH: 3 children, chewing to bacco, no alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP: 104/80** **P: 98** **R: 20** **T: 37°C** **Wt: 40Kg**

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable

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

Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

Extremity/Skin: No leg edema, no rashes, no lesion

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

Lab/study: None

Assessment:

1. GERD
2. Thyroid dysfunction

Plan:

1. Famotidine 40mg 1t po qhs
2. Mebendazole 100mg 5t po qd once
3. GERD prevention education
4. Draw blood for CBC, TSH and Free T4 at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: February 1, 2011

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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From: [Barbesino, Giuseppe.M.D.](#)
To: [Fiamma, Kathleen M.](#)
Cc: rithychau@sihosp.org ; [ROBIB](#)
Sent: Wednesday, February 02, 2011 12:43 AM
Subject: RE: Robib TM Clinic February 2011, Case#4, Vun Sokha, 46F

I agree that hyperthyroidism is in the differential diagnosis. However her heart rate is not very high and there is no goiter. Other considerations include anemia (a gastric ulcer would explain her gastric symptoms and possibly anemia) so I agree with CBC. Given the rather ill appearance of the patient on the picture (there is no mention of weight loss?) I would include electrolytes, BUN, cr, and LFTs in the evaluation

Giuseppe Barbesino M.D.

From: [Robibtelemed](#)
To: [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Wednesday, February 02, 2011 4:57 PM
Subject: Robib TM Clinic February 2011, Case#5, Chhorn Vorn, 40M

Dear all,

There are six new cases and one follow up cases for second day of Robib TM Clinic February 2011. This is case number 5, continued from yesterday, Chhorn Vorn, 40M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Chhorn Vorn, 40M (Bangkeun Phal Village)

Chief Complaint (CC): Legs edema x 3 months

History of Present Illness (HPI): 40M, farmer, in the past two years presented with symptoms of burning pain in RUQ, the pain got worse with eating fats diet and drinking alcohol, no radiation, no fever, no jaundice, no N/V. He went to clinic in Kg Thom province, abdominal ultrasound and CXR done and told he had liver cirrhosis. He was treated with 2 kinds of medicine for 1w and advised to stop drinking alcohol. His symptoms became better and in these 3 months, he developed facial swelling, legs edema and abdominal distension. The edema got worse with eating salty diet and long standing. He denied of oliguria, fever, dyspnea, cough, N/V, stool with blood/mucus.



Past Medical History (PMH): Unremarkable

Family History: None

SH: Casually alcohol drinking, no cig smoking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 105/64 P: 74 R: 20 T: 37°C Wt: 52Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable, no JVD

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

Abd: Soft, no tender, mild distension, (+) BS, no HSM, no surgical scar, neg fluid wave, no spider nivi, no abd bruit

Extremity/Skin: 2+ pitting leg edema, (+) dorsalis pedis and posterior tibial pulse

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

Rectal exam: good sphincter tone, no mass palpable, neg colocheck

Lab/study:

U/A: protein trace, no gluco, no leukocyte, no hematuria

Assessment:

1. Liver cirrhosis??

Plan:

1. Albendazole 200mg 2t po bid for 5d
2. Furosemide 20mg 1t po qd for 1w
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT, HBsAg, HCV at SHCH
4. Send to Kg Thom for abdominal U/S

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: February 2, 2011

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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From: [Paul Heinzelmann](#)
To: [Robibtelemed](#) ; [Rithy Chau](#)
Cc: [Kathy Fiamma](#)
Sent: Monday, February 14, 2011 3:43 AM
Subject: Re: Robib TM Clinic February 2011, Case#5, Chhorn Vorn, 40M

Sovann,

I agree with this plan. RUQ issues think liver and Gallbladder..... could be a gallbladder issue, and US should help determine if that is the case.

(Apologies for the very late response)

Paul Heinzelmann, MD

From: [Robibtelemed](#)
To: [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Wednesday, February 02, 2011 4:59 PM
Subject: Robib TM Clinic February 2011, Case#6, Moeung Phalla, 35F

Dear all,

This is case number 6, Moeung Phalla, 35F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic
Sihanouk Hospital Center of HOPE and Partners Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Moeung Phalla, 35F (Thkeng Village)

Chief Complaint (CC): Palpitation x 1y

History of Present Illness (HPI): 35F, farmer, presented with symptoms of palpitation, fasting beat. She feels of palpitation with lying flat and got better with lateral decubitus. She also had dizziness, fatigue, and neck tension, dyspnea on exertion. She went to clinic in province and told she had heart disease. She was treated 3 kinds of medicine bid and got better

for a while. She didn't go for follow up because no money to buy medicine. She denied of edema, oliguria, fever, CP.

Past Medical History (PMH): Unremarkable

Family History: None

SH: Single, no tobacco chewing, no alcohol drinking

Current Medications:

1. Three kinds of medicine bid (unknown name)

Allergies: NKDA

Review of Systems (ROS): Regular menstrual period, Epigastric burning pain during hungry and full eating, no vomiting, no black stool

PE:

Vitals: BP: 125/80 P: 120 R: 20 T: 37°C Wt: 50Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; H Tachycardia, RR, no murmur

Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

Extremity/Skin: No leg edema, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study: None

Assessment:

1. Tachycardia
2. Dyspepsia

Plan:

1. Propranolol 40mg 1/4t po bid
2. Famotidine 20mg 1t po qhs for one month
3. Mebendazole 100mg 5t po qhs once
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: February 2, 2011

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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No answer replied

From: [Robibtelemed](mailto:robibtelemed@gmail.com)

To: [Joseph Kvedar](#) ; [Paul Heinzelmann](#) ; [Kathy Fiamma](#) ; [Kruy Lim](#) ; [Rithy Chau](#)

Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

Sent: Wednesday, February 02, 2011 5:00 PM

Subject: Robib TM Clinic February 2011, Case#7, Prum Khem, 28F

Dear all,

This is case number 7, Prum Khem, 28F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Prum Khem, 28F (Bangkeun Phal Village)

Chief Complaint (CC): Palpitation x 1y

History of Present Illness (HPI): 28F, farmer, presented with symptoms of palpitation, fasting beat, dizziness, fatigue, and neck tension, she went to local health center and was treated with 2 kinds of medicine for several days but the symptoms seem not better. She denied of fever, cough, dyspnea, CP, syncope, GI problem, heat intolerance, hair loss, weight loss.

Past Medical History (PMH): Unremarkable

Family History: None

SH: 3 children, no tobacco chewing, no alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular menstrual period

PE:

Vitals: **BP: 95/71** **P: 114** **R: 20** **T: 37°C** **Wt: 40Kg**

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; H Tachycardia, RR, no murmur

Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

Extremity/Skin: No leg edema, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study: None

Assessment:

1. Tachycardia

Plan:

1. Propranolol 40mg 1/4t po bid
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: February 2, 2011

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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From: Guiney, Timothy E.,M.D.

Sent: Wed 2/2/2011 6:29 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib TM Clinic February 2011, Case#7, Prum Khem, 28F

She needs an ECG in addition to the bloodwork. Palpitations in young women are very common and in the absence of physical or lab abnormalities are often just anxiety related.

From: [Robibtelemed](#)

To: [Joseph Kvedar](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Rithy Chau](#) ; [Kruy Lim](#)

Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

Sent: Wednesday, February 02, 2011 5:02 PM

Subject: Robib TM Clinic February 2011, Case#8, Sam Choeun, 33M

Dear all,

This is case number 8, Sam Choeun, 33M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Sam Choeun, 33M (Bangkeun Phal Village)

Chief Complaint (CC): Skin rashes x 5y

History of Present Illness (HPI): 33M, farmer, presented with skin rashes, vesicle appearance, no pruritus, the lesion burst in several days. The lesion presented only on the hands and feet (uncovered area) and he noticed it frequently appeared in summer. He denied of exposure to chemical or traditional medicine use. He didn't seek consultation but only buy ointment from local pharmacy applying on the lesion and the lesion seems not better.

Past Medical History (PMH): Unremarkable

Family History: No skin disease in family members

SH: 5 children, no cig smoking, casually alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 142/98 P: 64 R: 20 T: 37°C Wt: 44Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable



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

Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

Extremity/Skin: On hands and feet, vesicle lesion, and scaly skin

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

Lab/study: None

Assessment:

1. Dermatitis??
2. Onychomycosis??

Plan:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, RPV at SHCH and HIV test in local health center

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: February 2, 2011

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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No answer replied

From: Robibtelemed

To: [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)

Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

Sent: Wednesday, February 02, 2011 5:03 PM

Subject: Robib TM Clinic February 2011, Case#9, Seung Phorn, 65F

Dear all,

This is case number 9, Seung Phorn, 65F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Seung Phorn, 65F (Ta Tong Village)

Chief Complaint (CC): Dizziness x 2w

History of Present Illness (HPI): 65F presented with symptoms of dizziness, which frequently happened in early morning, neck tension, pulsating HA, palpitation and Chest tightness. She went to consult with local health center, BP: 150/? and treated with ASA 100mg 1t po qd and other kind of medicine 1t po qd and took traditional medicine. She got a bit better and denied of fever, cough, syncope, GI problem, oliguria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

SH: 8 children, no tobacco chewing, no alcohol drinking

Current Medications:

1. ASA 100mg 1t po qd
2. Other kind of medicine qd (unknown name)
3. Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 100/51 P: 41 R: 20 T: 37°C Wt: 50Kg

General: Stable

HEENT: No oropharyngeal lesion, pale conjunctiva, no neck mass, no lymph node palpable, no JVD

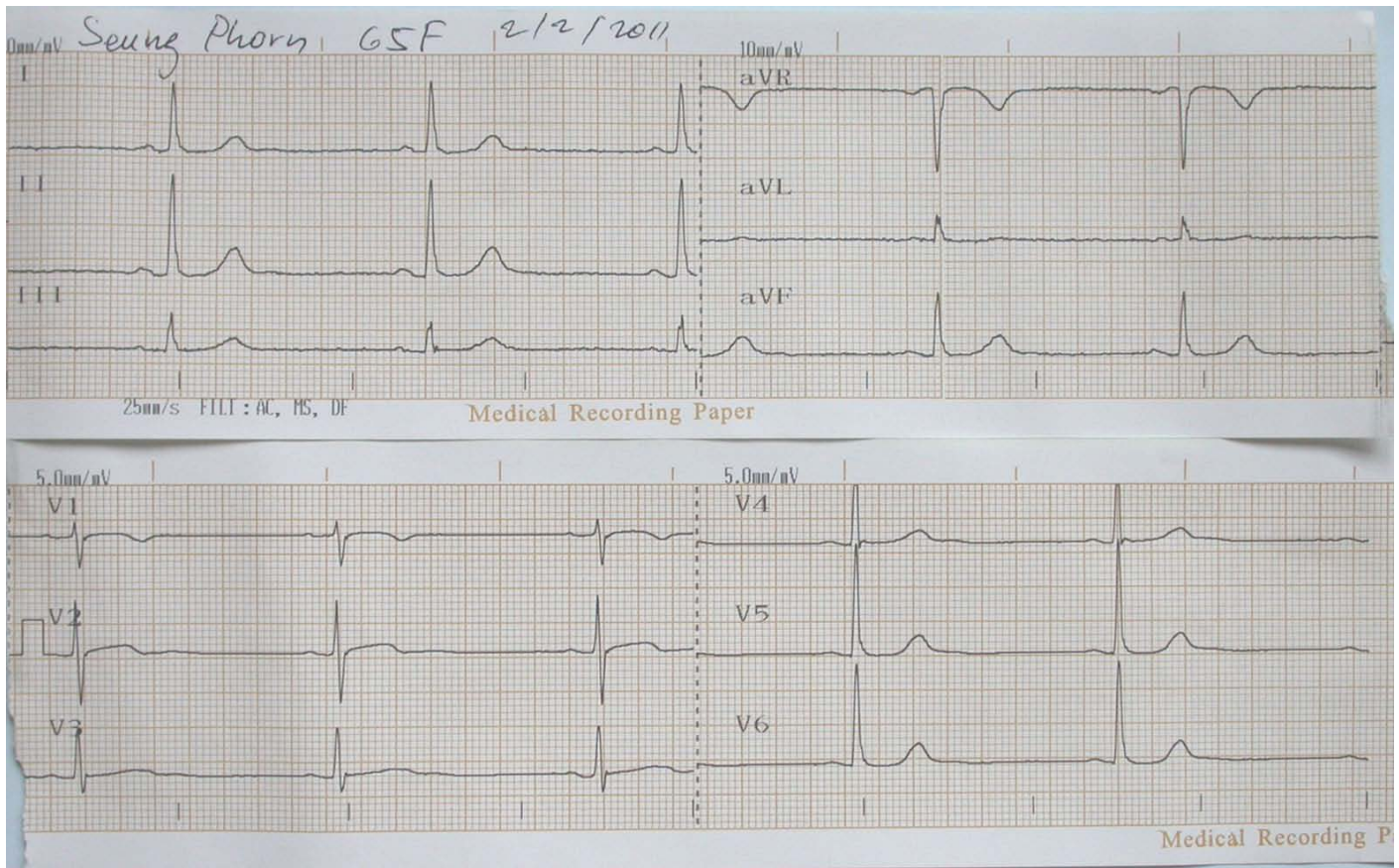
Chest: CTA bilaterally, no rales, no rhonchi; H Bradycardia, RR, no murmur

Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

Extremity/Skin: No leg edema, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study:
EKG attached



Assessment:

1. Bradycardia
2. Anemia

Plan:

1. Stop traditional medicine
2. FeSO₄/Folate 200/0.4mg 1t po qd
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Ca 2+, Mg2+, TSH at SHCH
4. Send to Kg Thom hospital for CXR

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: February 2, 2011

Please send all replies to robitelemed@gmail.com and cc: to rithychau@sihosp.org

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From: [Paul Heinzelmann](#)
To: [Fiamma, Kathleen M.](#)
Cc: robibtelemed@gmail.com ; [Rithy Chau](#)
Sent: Sunday, February 06, 2011 8:31 PM
Subject: Re: FW: Robib TM Clinic February 2011, Case#9, Seung Phorn, 65F

I just reviewed my emails and I suspect I was asked to review this case (though its not clear)...Regardless, this woman has *symptomatic bradycardia* - likely sick sinus syndrome.

She could quickly become a fairly unstable stable patient, and should be seen on an emergent basis.

Because of the recent herbal/traditional medicine and the "unknown medicine" these may be causing this.... betablockers, digoxin, calcium-channel blocker are all potential a cause (as are other medicines). So you need to find out what medicine she is taking.

I agree with checking labs, including:

- Electrolytes
- Glucose
- Calcium
- Magnesium
- Thyroid function

If she does not a chemical/medication cause for her bradycardia (medicine or herbal medicine) she would be a candidate for a pacemaker, but not sure if that is an option in Cambodia.

Best,

Paul

From: Guiney, Timothy E.,M.D.
Sent: Wed 2/2/2011 6:33 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic February 2011, Case#9, Seung Phorn, 65F

Agree with everything being ordered, but why is she being treated with iron and folate before a diagnosis of anemia is confirmed?

From: [Robibtelemed](#)
To: [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Wednesday, February 02, 2011 5:05 PM
Subject: Robib TM Clinic February 2011, Case#10, Sim Horm, 59F

Dear all,

This is case number 10, Sim Horm, 59F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Sim Horm, 59F (Bangkeun Phal Village)

Chief Complaint (CC): Polyuria x 1 year

History of Present Illness (HPI): 59F, farmer, presented with symptoms of fatigue, polyphagia, polydipsia, polyuria. She went to local clinic, BS: 400mg/dl and was diagnosed with DMII, treated with antihyperglycemic drug 1t qd. She became better but didn't continue the treatment due to no money to buy medicine and got treatment with traditional medicine. She denied of fever, cough, dyspnea, CP, GI problem, numbness/tingling, edema.

Past Medical History (PMH): Right eye blind (didn't seek consultation)

Family History: None

SH: Single, no cig smoking, no alcohol drinking

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): 20y post menopause

PE:

Vitals: BP: 128/60 P: 78 R: 20 T: 37°C Wt: 40Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable, right eye blind

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

Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

Extremity/Skin: No leg edema, (+) dorsalis pedis and posterior tibial pulse, no foot wound

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

Lab/study:

FBS: 400mg/dl (February 1, 2011)
RBS: 579mg/dl (February 2, 2011)
U/A: gluco 4+, no protein, no leukocyte

Assessment:

1. DMII

Plan:

1. Glibenclamide 5mg 1t po bid
2. ASA 300mg 1/4t po qd
3. Diabetic diet education, do regular exercise and foot care
4. Stop traditional medicine
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, HbA1C at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: February 2, 2011

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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From: Fang, Leslie S.,M.D.
Sent: Wed 2/2/2011 5:30 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic February 2011, Case#10, Sim Horm, 59F

Agree with diagnosis
Would, however, not use ASA in this setting since there is a high likelihood that there is diabetic retinopathy.

Leslie Fang, MD

From: Robibtelemed
To: [Cornelia Haener](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Joseph Kvedar](#) ; [Paul Heinzelmann](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Wednesday, February 02, 2011 5:08 PM
Subject: Robib TM Clinic February 2011, Case#11, Prum Norn, 56F

Dear all,

This is the last case for Robib TM Clinic February 2011, Case number 11, Prum Norn, 56F and photos. Please try to reply to the cases before Thursday afternoon then the treatment plan can be made accordingly.

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

Best regards, Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Revieng Commune, Preah Vihear Province, Cambodia

SOAP Note



Patient Name & Village: Prum Norn, 56F (Thnout Malou Village)

Subjective: 56F with diagnosis of liver cirrhosis with PHTN, HTN, Anemia, Hypertrophic Cardiomyopathy, Renal Failure, Arthritis, presented with 10 days of burning on left thumb with hot water, she apply with Penicillin and traditional medicine, a few day later the lesion became infected with erythema, pain and bad smelling. She tried to clean it everyday at home and it became a bit better. She denied of fever, discharge of the lesion.



Current Medications:

1. Spironolactone 25mg 1t po qd
2. FeSO4/Folate 200/0.25mg 1t po qd
3. Folic acid 5mg 1t po qd
4. MTV 1t po qd

Allergies: NKDA

Objective:

VS: BP: 135/96 P: 69 R: 20 T: 37 Wt: 41kg

PE (focused):

General: Look stable

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

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

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

Skin/Extremity: Left thumb, granulation tissue and tender, bad smell, no axillary lymph node palpable

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

Lab/Study done:

Lab result on November 5, 2010

WBC	=4.5	[4 - 11x10 ⁹ /L]	Na	=140	[135 - 145]
RBC	=3.2	[3.9 - 5.5x10 ¹² /L]	K	=6.4	[3.5 - 5.0]
Hb	=8.4	[12.0 - 15.0g/dL]	Cl	=115	[95 - 110]
Ht	=26	[35 - 47%]	BUN	=6.8	[0.8 - 3.9]

MCV =82 [80 - 100fl]
MCH =26 [25 - 35pg]
MHCH =32 [30 - 37%]
Plt =173 [150 - 450x109/L]
Lym =0.7 [1.0 - 4.0x109/L]
Mxd =0.8 [0.1 - 1.0x109/L]
Neut =3.0 [1.8 - 7.5x109/L]

Creat =226 [44 - 80]
Gluc =9.7 [4.2 - 6.4]
T. Chol =3.3 [<5.7]
TG =1.3 [<1.71]
Uric Aci=636 [140 - 340]

Assessment:

1. Liver cirrhosis with PHTN
2. HTN
3. Anemia
4. Hypertrophic Cardiomyopathy
5. Renal Failure
6. Left thumb infect wound

Plan:

1. Spironolactone 25mg 1t po qd
2. FeSO4/Folic Acid 200/0.25mg 1t po qd
3. Folic acid 5mg 1t po qd
4. MTV 1t po qd
5. Augmentin 625mg/5cc 7.5cc bid for 10d
6. Ibuprofen 200mg 2t po bid for 7d
7. Clean the wound every day with NSS

Lab/Study Requests: None

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test

Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: February 2, 2011

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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From: [Paul Heinzelmann](mailto:Paul.Heinzelmann)

To: [Fiamma, Kathleen M.](mailto:Fiamma.Kathleen.M)

Cc: robibtelemed@gmail.com ; [Rithy Chau](mailto:Rithy.Chau)

Sent: Monday, February 14, 2011 3:40 AM

Subject: Re: FW: Robib TM Clinic February 2011, Case#11, Prum Norn, 56F

Sovann,

I agree as well.

thank you.

Paul Heinzelmann, MD

From: [Cornelia Haener](#)

To: '[Robibtelemed](#)'; '[Rithy Chau](#)'; '[Kruy Lim](#)'; '[Kathy Fiamma](#)'; '[Joseph Kvedar](#)'; '[Paul Heinzelmann](#)'

Cc: '[Bernie Krisher](#)'; '[Thero So Nourn](#)'; '[Laurie & Ed Bachrach](#)'

Sent: Thursday, February 03, 2011 5:43 PM

Subject: RE: Robib TM Clinic February 2011, Case#11, Prum Norn, 56F

Dear Sovann,

Thanks for submitting this case. I agree with your management.

Kind regards
Cornelia

Thursday, February 3, 2011

Follow-up Report for Robib TM Clinic

There were 10 new and 1 follow up patients seen during this month Robib TM Clinic and other 66 patients came for medication refills only, and 55 new patients seen by PA Rithy Chau for minor problem without sending data. The data of all 11 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, the following patients were managed and treated as follows:

NOTE: [Please note that some blood works was drawn and done at SHCH at no cost and others including studies such as x-rays, U/S, EKG, etc. were done at Kompong Thom Referral Hospital with patients paying on their own. Robib TM clinic **STILL** pays for transportation, accommodation, and other expenses for the patients visiting the clinic **IF** they are from Thnout Malou Village. For those patients who were seen at SHCH previously and remained stable with medications, the clinic will continue to provide them with appropriate medications from SHCH at no cost for the duration of their illnesses or while supplies lasted. The clinic still provided free medications for all "poor" patients. Some patients may be listed below if they came by for refills of medications.]

Treatment Plan for Robib Telemedicic Clinic February 2011

1. Chan Rim, 59F (Ke Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd (#20)
2. Do regular exercise
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

Lab result on February 4, 2011

WBC	=7.6	[4 - 11x10 ⁹ /L]	Na	=138	[135 - 145]
RBC	= 3.3	[3.9 - 5.5x10 ¹² /L]	K	= 5.3	[3.5 - 5.0]
Hb	= 8.6	[12.0 - 15.0g/dL]	Cl	= 112	[95 - 110]
Ht	= 26	[35 - 47%]	BUN	= 4.0	[0.8 - 3.9]
MCV	=80	[80 - 100fl]	Creat	= 177	[44 - 80]

MCH	=26	[25 - 35pg]	Gluc	=5.1	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=5.0	[<5.7]
Plt	=234	[150 - 450x10 ⁹ /L]	TG	=2.2	[<1.71]
Lym	=2.5	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=1.5	[0.1 - 1.0x10 ⁹ /L]			
Neut	=3.6	[1.8 - 7.5x10 ⁹ /L]			

2. Mar Thean, 54M (Rom Chek Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#70)
2. ASA 300mg 1/4t po qd (#10)
3. Diabetic diet education, do regular exercise and foot care
4. Cig smoking cessation
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, HbA1C at SHCH

Lab result on February 4, 2011

WBC	=8.4	[4 - 11x10 ⁹ /L]	Na	=135	[135 - 145]
RBC	=6.8	[4.6 - 6.0x10 ¹² /L]	K	=3.7	[3.5 - 5.0]
Hb	=18.1	[14.0 - 16.0g/dL]	BUN	=1.7	[0.8 - 3.9]
Ht	=52	[42 - 52%]	Creat	=97	[53 - 97]
MCV	=77	[80 - 100fl]	Gluc	=18.3	[4.2 - 6.4]
MCH	=27	[25 - 35pg]	T. Chol	=5.8	[<5.7]
MHCH	=35	[30 - 37%]	TG	=1.8	[<1.7]
Plt	=215	[150 - 450x10 ⁹ /L]	HbA1C	=14.3	[4 - 6]
Lym	=2.8	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=1.4	[0.1 - 1.0x10 ⁹ /L]			
Neut	=4.2	[1.8 - 7.5x10 ⁹ /L]			

3. Nhean Karn, 51F (Ke Village)

Diagnosis:

1. Quadriplegia??
2. Spinal cord syndrome??
3. Goiter (thyroid dysfunction)

Treatment:

1. MTV 1t po bid (#60)
2. Xango powder po tid (#1)
3. Turn the body every 2 – 3h prevent bed sore and physiotherapy
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, TSH and Free T4 at SHCH
5. Refer to Phnom Penh for evaluation

Lab result on February 4, 2011

WBC	=4.3	[4 - 11x10 ⁹ /L]	Na	=139	[135 - 145]
RBC	=5.4	[3.9 - 5.5x10 ¹² /L]	K	=4.3	[3.5 - 5.0]
Hb	=8.8	[12.0 - 15.0g/dL]	Cl	=104	[95 - 110]
Ht	=32	[35 - 47%]	BUN	=1.5	[0.8 - 3.9]
MCV	=60	[80 - 100fl]	Creat	=56	[44 - 80]
MCH	=16	[25 - 35pg]	Gluc	=4.6	[4.2 - 6.4]
MHCH	=27	[30 - 37%]	T. Chol	=4.5	[<5.7]
Plt	=404	[150 - 450x10 ⁹ /L]	TG	=1.3	[<1.71]
Lym	=1.4	[1.0 - 4.0x10 ⁹ /L]	TSH	=0.34	[0.27 - 4.20]
Mxd	=0.5	[0.1 - 1.0x10 ⁹ /L]	Free T4	=15.95	[12.0 - 22.0]
Neut	=2.4	[1.8 - 7.5x10 ⁹ /L]			

4. Vun Sokha, 46F (Otalauk Village)

Diagnosis:

1. GERD
2. Thyroid dysfunction

Treatment:

1. Famotidine 40mg 1t po qhs (#30)
2. Mebendazole 100mg 5t po qd once (#5)
3. GERD prevention education
4. Draw blood for CBC, Lyte, Bun, Creat, Gluc, TSH and Free T4 at SHCH

Lab result on February 4, 2011

WBC	=4.3	[4 - 11x10 ⁹ /L]	Na	=140	[135 - 145]
RBC	=5.1	[3.9 - 5.5x10 ¹² /L]	K	= 3.2	[3.5 - 5.0]
Hb	= 11.0	[12.0 - 15.0g/dL]	Cl	=109	[95 - 110]
Ht	=37	[35 - 47%]	BUN	=1.4	[0.8 - 3.9]
MCV	= 72	[80 - 100fl]	Creat	=67	[44 - 80]
MCH	= 22	[25 - 35pg]	Gluc	=5.3	[4.2 - 6.4]
MHCH	=30	[30 - 37%]	TSH	=1.48	[0.27 - 4.20]
Plt	=283	[150 - 450x10 ⁹ /L]	Free T4	=17.65	[12.0 - 22.0]
Lym	=1.4	[1.0 - 4.0x10 ⁹ /L]			

5. Chhorn Vorn, 40M (Bangkeun Phal Village)**Diagnosis:**

1. Liver cirrhosis??

Treatment:

1. Albendazole 200mg 2t po bid for 5d (#20)
2. Furosemide 20mg 1t po qd for 1w (#7)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT, HBsAg, HCV at SHCH
4. Send to Kg Thom for abdominal U/S

Lab result on February 4, 2011

WBC	= 3.5	[4 - 11x10 ⁹ /L]	Na	=137	[135 - 145]
RBC	= 3.4	[4.6 - 6.0x10 ¹² /L]	K	= 2.8	[3.5 - 5.0]
Hb	= 8.1	[14.0 - 16.0g/dL]	BUN	=2.2	[0.8 - 3.9]
Ht	= 27	[42 - 52%]	Creat	=93	[53 - 97]
MCV	= 79	[80 - 100fl]	Gluc	=4.2	[4.2 - 6.4]
MCH	= 24	[25 - 35pg]	SGOT	= 124	[<37]
MHCH	=30	[30 - 37%]	SGPT	= 67	[<42]
Plt	= 65	[150 - 450x10 ⁹ /L]	HBs Antigen	= reactive	
Lym	=1.2	[1.0 - 4.0x10 ⁹ /L]	HBs Antibody	= non reactive	
Mxd	=0.5	[0.1 - 1.0x10 ⁹ /L]	HCV Antibody	= non reactive	
Neut	=1.8	[1.8 - 7.5x10 ⁹ /L]			

6. Moeung Phalla, 35F (Thkeng Village)**Diagnosis:**

1. Tachycardia
2. Dyspepsia

Treatment:

1. Propranolol 40mg 1/4t po bid (#20)
2. Famotidine 20mg 1t po qhs for one month (#30)
3. Mebendazole 100mg 5t po qhs once (#5)
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH at SHCH

Lab result on February 4, 2011

WBC	=5.6	[4 - 11x10 ⁹ /L]	Na	=140	[135 - 145]
-----	------	-----------------------------	----	------	-------------

RBC	=6.5	[3.9 - 5.5x10 ¹² /L]	K	=5.1	[3.5 - 5.0]
Hb	=13.0	[12.0 - 15.0g/dL]	BUN	=1.2	[0.8 - 3.9]
Ht	=44	[35 - 47%]	Creat	=80	[44 - 80]
MCV	=67	[80 - 100fl]	Gluc	=4.7	[4.2 - 6.4]
MCH	=20	[25 - 35pg]	TSH	=2.74	[0.27 - 4.20]
MHCH	=30	[30 - 37%]			
Plt	=272	[150 - 450x10 ⁹ /L]			
Lym	=2.1	[1.0 - 4.0x10 ⁹ /L]			

7. Prum Khem, 28F (Bangkeun Phal Village)

Diagnosis:

1. Tachycardia

Treatment:

1. Propranolol 40mg 1/4t po bid (#20)
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH at SHCH

Lab result on February 4, 2011

WBC	=5.7	[4 - 11x10 ⁹ /L]	Na	=137	[135 - 145]
RBC	=5.3	[3.9 - 5.5x10 ¹² /L]	K	=4.5	[3.5 - 5.0]
Hb	=13.2	[12.0 - 15.0g/dL]	BUN	=3.5	[0.8 - 3.9]
Ht	=42	[35 - 47%]	Creat	=70	[44 - 80]
MCV	=80	[80 - 100fl]	Gluc	=4.0	[4.2 - 6.4]
MCH	=25	[25 - 35pg]	TSH	=1.22	[0.27 - 4.20]
MHCH	=31	[30 - 37%]			
Plt	=453	[150 - 450x10 ⁹ /L]			
Lym	=1.8	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=0.7	[0.1 - 1.0x10 ⁹ /L]			
Neut	=3.2	[1.8 - 7.5x10 ⁹ /L]			

8. Sam Choeun, 33M (Bangkeun Phal Village)

Diagnosis:

1. Dermatitis??
2. Onychomycosis??

Treatment:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, RPV at SHCH and HIV test in local health center

Lab result on February 4, 2011

WBC	=6.3	[4 - 11x10 ⁹ /L]	Na	=139	[135 - 145]
RBC	=5.4	[4.6 - 6.0x10 ¹² /L]	K	=3.1	[3.5 - 5.0]
Hb	=14.0	[14.0 - 16.0g/dL]	BUN	=1.2	[0.8 - 3.9]
Ht	=44	[42 - 52%]	Creat	=90	[53 - 97]
MCV	=82	[80 - 100fl]	Gluc	=4.1	[4.2 - 6.4]
MCH	=26	[25 - 35pg]	RPR	= non-reactive	
MHCH	=32	[30 - 37%]			
Plt	=198	[150 - 450x10 ⁹ /L]			
Lym	=2.4	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=1.1	[0.1 - 1.0x10 ⁹ /L]			
Neut	=2.8	[1.8 - 7.5x10 ⁹ /L]			

9. Seung Phorn, 65F (Ta Tong Village)

Diagnosis:

1. Bradycardia
2. Anemia

Treatment:

1. Stop traditional medicine

2. FeSO₄/Folate 200/0.4mg 1t po qd (#30)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Ca 2+, Mg2+, TSH at SHCH
4. Send to Kg Thom hospital for CXR

Lab result on February 4, 2011

WBC	=6.9	[4 - 11x10 ⁹ /L]	Na	=139	[135 - 145]
RBC	=3.8	[3.9 - 5.5x10 ¹² /L]	K	=3.2	[3.5 - 5.0]
Hb	=10.0	[12.0 - 15.0g/dL]	BUN	=2.8	[0.8 - 3.9]
Ht	=31	[35 - 47%]	Creat	=110	[44 - 80]
MCV	=84	[80 - 100fl]	Gluc	=4.6	[4.2 - 6.4]
MCH	=27	[25 - 35pg]	Ca2+	=1.13	[1.12 - 1.32]
MHCH	=32	[30 - 37%]	Mg2+	=1.1	[0.8 - 1.0]
Plt	=255	[150 - 450x10 ⁹ /L]	TSH	=6.36	[0.27 - 4.20]
Lym	=2.3	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=1.1	[0.1 - 1.0x10 ⁹ /L]			
Neut	=3.5	[1.8 - 7.5x10 ⁹ /L]			

10. Sim Horm, 59F (Bangkeun Phal Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid (#70)
2. Diabetic diet education, do regular exercise and foot care
3. Stop traditional medicine
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, HbA1C at SHCH

Lab result on February 4, 2011

WBC	=5.4	[4 - 11x10 ⁹ /L]	Na	=135	[135 - 145]
RBC	=7.0	[3.9 - 5.5x10 ¹² /L]	K	=3.8	[3.5 - 5.0]
Hb	=9.7	[12.0 - 15.0g/dL]	BUN	=2.6	[0.8 - 3.9]
Ht	=38	[35 - 47%]	Creat	=84	[44 - 80]
MCV	=54	[80 - 100fl]	Gluc	=23.3	[4.2 - 6.4]
MCH	=14	[25 - 35pg]	T. Chol	=5.1	[<5.7]
MHCH	=26	[30 - 37%]	TG	=1.8	[<1.71]
Plt	=2460	[150 - 450x10 ⁹ /L]	HbA1C	=14.4	[4 - 6]
Lym	=2.3	[1.0 - 4.0x10 ⁹ /L]			

Plt confirmed by smear: slightly decrease

Peripheral blood smear

Microcyte	3+
Hypochromic	3+
Macrocyte	1+
Schistocyte	2+
Elliptocytes	1+
Target cells	1+
Dacryocytes	1+

11. Prum Norn, 56F (Thnout Malou Village)

Diagnosis:

1. Liver cirrhosis with PHTN
2. HTN
3. Anemia
4. Hypertrophic Cardiomyopathy
5. Renal Failure
6. Left thumb infect wound

Treatment:

1. Spironolactone 25mg 1t po qd (#30)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd (#30)
3. Folic acid 5mg 1t po qd (#30)
4. MTV 1t po qd (#30)
5. Augmentin 625mg/5cc 7.5cc bid for 10d (#1)
6. Ibuprofen 200mg 2t po bid for 7d (#30)
7. Clean the wound every day with NSS
8. Draw blood for CBC, Lyte, BUN, Creat, Gluc, and Uric acid at SHCH

Lab result on February 4, 2011

WBC	=6.1	[4 - 11x10 ⁹ /L]	Na	=139	[135 - 145]
RBC	= 3.6	[3.9 - 5.5x10 ¹² /L]	K	= 7.9	[3.5 - 5.0]
Hb	= 9.1	[12.0 - 15.0g/dL]	Cl	= 114	[95 - 110]
Ht	= 29	[35 - 47%]	BUN	= 4.8	[0.8 - 3.9]
MCV	=81	[80 - 100fl]	Creat	= 211	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=5.0	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	U acid	= 614	[140 - 340]]
Plt	=176	[150 - 450x10 ⁹ /L]			
Lym	=1.1	[1.0 - 4.0x10 ⁹ /L]			
Mxd	= 1.1	[0.1 - 1.0x10 ⁹ /L]			
Neut	=3.9	[1.8 - 7.5x10 ⁹ /L]			

Patients who come for follow up and refill medicine**1. Bon Phan, 43F (Thkeng Village)****Diagnosis:**

1. VHD?
2. GERD

Treatment:

1. Famotidine 40mg 1t po qhs for one month (#30)

2. Chan Him, 63F (Taing Treuk Village)**Diagnosis:**

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for four months (# 60)

3. Chan Khem, 63F (Taing Treuk Village)**Diagnosis:**

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (# 15)
2. Draw blood for Lyte, BUN, Creat, Gluc, Tot chole and TG at SHCH

Lab result on February 4, 2011

Na	=139	[135 - 145]
K	= 3.3	[3.5 - 5.0]
BUN	=2.6	[0.8 - 3.9]
Creat	=74	[44 - 80]
Gluc	=4.8	[4.2 - 6.4]
T. Chol	= 6.5	[<5.7]
TG	=1.2	[<1.71]

4. Chan Oeung, 60M (Sangke Roang Village)

Diagnosis:

1. HTN
2. Gouty arthritis
3. Renal insufficiency

Treatment:

1. Atenolol 50mg 1/2t po bid for one month (#30)
2. Ibuprofen 200mg 3t po bid prn severe pain for one month (#50)
3. Paracetamol 500mg 1t po qid prn pain for one month (#30)
4. Draw blood for Creat and Uric acid at SHCH

Lab result on February 4, 2011

Creat =186 [53 - 97]
U Acid =648 [200 - 420]

5. Chann San, 37F (Bos Pey Village)**Diagnosis:**

1. HTN
2. Tension HA

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (#15)
2. Paracetamol 500mg 1t po qid prn HA/Fever for one month (#20)
3. Do regular exercise

6. Chea Kimheng, 36F (Taing Treuk Village)**Diagnosis:**

1. ASD by 2D echo on August 2008
2. Dyspepsia

Treatment:

1. ASA 300mg 1/4t po qd for two months (#15)
2. Atenolol 50mg 1t po qd for two months (buy)
3. Famotidine 40mg 1t po qhs (#30)

7. Chea Sambo, 56M (Rovieng Cheung Village)**Diagnosis:**

1. Gouty Arthritis

Treatment:

1. Paracetamol 500mg 1t po qid prn pain for one month (#30)
2. Allopurinol 100mg 1t bid for one month (buy)
3. Draw blood for Uric acid at SHCH

Lab result in February 2011

U Acid =314 [200 - 420]

8. Chheng Yearng, 48F (Thkeng Village)**Diagnosis:**

1. Dyspepsia
2. Tachycardia

Treatment:

1. Propranolol 40mg 1/4t po bid for one month (#20)
2. MTV 1t po qd for one month (#30)

9. Chhiv Sok Kea, 54F (Thnout Malou Village)**Diagnosis:**

1. Left mastectomy

Treatment:

1. Paracetamol 500mg 1-2t po qid (#50)

10. Chourb Kim San, 57M (Rovieng Tbong Village)

Diagnosis:

1. HTN
2. Right side stroke with left side weakness
3. DMII
4. Gouty arthritis
5. Chronic renal failure

Treatment:

1. Atenolol 50mg 1/2t po bid for one month (#30)
2. Amlodipine 5mg 1t po qd for one month (buy)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Metformin 500mg 1t po bid for one month (#60)
5. Glibenclamide 5mg 1t po bid for one month (buy)

11. Chum Sen, 73F (Bos Village)

Diagnosis:

1. Cachexia

Treatment:

1. MTV 1t po qd for two months (#60)

12. Dourng Sunly, 56M (Taing Treurk Village)

Diagnosis:

1. HTN
2. Gout
3. Hyperlipidemia

Treatment:

1. Captopril 25mg 1/2t po bid for one month (buy)
2. ASA 300mg 1/4t po qd for one month (# 8)
3. Paracetamol 500mg 1t po 1q6h prn pain/fever for one month (# 20)
4. Draw blood for Tot chole and TG at SHCH

Lab result on February 4, 2011

T. Chol =10.4 [<5.7]
TG =6.4 [<1.71]

13. Heng Chan Ty, 50F (Ta Tong Village)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po tid for one month (buy)
2. Propranolol 40mg ¼ t po bid for one month (#15)
3. Draw blood for Free T4 at SHCH

Lab result on February 4, 2011

Free T4=22.58 [12.0 - 22.0]

14. Heng Sokhourn, 42F (Otalauk Village)

Diagnosis:

1. Anemia

Treatment:

1. FeSO₄/Folate 200/0.4mg 1t po qd for two months (#60)
2. MTV 1t po qd for two months (#60)
3. Pap smear for cytology at SHCH

Cytology result on February 4, 2011

Macroscopy: PAP smear of uterine cervix

Microscopy: Desquamation of many intermediate cell with less superficial cells. Moderate amount of parabasal cells. Many endocervical cells and mature metaplastic cells. There are several atrophic cells associated with many cells of progesterone effect.

Conclusion: NILM with moderate inflammation and presence premenopausal cells

15. Khi Ngorn, 65M (Rovieng Cheung Village)**Diagnosis:**

1. HTN

Treatment:

1. Nisoldipine 20mg 1t po qd for one month (#30)
2. Do regular exercise, eat low salt/fats diet

16. Khorn Davy, 20F (Backdoang Village)**Diagnosis:**

1. Left distal femoral neck fracture

Treatment:

1. Paracetamol 500mg 1t po qid prn pain for two months (#50)
2. Ibuprofen 200mg 2t po bid prn severe pain for two months (#50)

17. Kin Yin, 35F (Bos Pey Village)**Diagnosis:**

1. Hyperthyroidism

Treatment:

1. Methimazole 5mg 1t po bid for two months (#130)
2. Propranolol 40mg 1/4t po bid for two months (#35)

18. Kong Nareun, 35F (Taing Treuk Village)**Diagnosis:**

1. Moderate MS with severe TR
2. Atria dilation
3. Severe pulmonary HTN
4. Pneumonia

Treatment:

1. Atenolol 50mg 1/4t po qd for two months (#15)
2. Spironolactone 25mg 1t po qd for two months (#60)
3. ASA 300mg 1/4t po qd for two months (#15)
4. FeSO₄/Folate 200/0.4mg 1t po qd for two months (#60)
5. Clarithromycin 250mg 2t po bid for 7d (#28)

19. Kong Sam On, 55M (Thkeng Village)**Diagnosis:**

1. HTN
2. DMII
3. Chronic renal failure
4. Hyperlipidemia

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (buy)
2. Atenolol 50mg 1t po qd for one month (buy)
3. Amlodipine 5mg 1t po qd for one month (#30)
4. ASA 300mg 1/4t po qd for one month (#8)
5. Simvastatin 10mg 1t po qhs for one month (#30)
6. Draw blood for Lyte, BUN, Creat, Gluc, Tot chole, TG and HbA1C at SHCH

Lab result on February 4, 2011

Na	=139	[135 - 145]
K	=5.1	[3.5 - 5.0]
BUN	=4.4	[0.8 - 3.9]
Creat	=194	[53 - 97]
Gluc	=11.3	[4.2 - 6.4]
T. Chol	=5.2	[<5.7]
TG	=7.0	[<1.71]
HbA1C	=9.4	[4 - 6]

20. Kouch Be, 80M (Thnout Malou Village)**Diagnosis**

1. HTN
2. COPD

Treatment

1. Amlodipine 5mg 1t po qd for one month (#30)
2. Salbutamol Inhaler 2 puffs prn SOB for one month (# 1)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG and LFT at SHCH

Lab result on February 4, 2011

WBC	=8.7	[4 - 11x10 ⁹ /L]	Na	=134	[135 - 145]
RBC	=4.1	[4.6 - 6.0x10 ¹² /L]	K	=5.1	[3.5 - 5.0]
Hb	=11.8	[14.0 - 16.0g/dL]	BUN	=2.5	[0.8 - 3.9]
Ht	=37	[42 - 52%]	Creat	=158	[53 - 97]
MCV	=91	[80 - 100fl]	Gluc	=4.1	[4.2 - 6.4]
MCH	=29	[25 - 35pg]	T. Chol	=4.7	[<5.7]
MHCH	=32	[30 - 37%]	TG	=1.3	[<1.7]
Plt	=224	[150 - 450x10 ⁹ /L]	SGOT	=34	[<37]
Lym	=3.1	[1.0 - 4.0x10 ⁹ /L]	SGPT	=25	[<42]
Mxd	=1.0	[0.1 - 1.0x10 ⁹ /L]			
Neut	=4.6	[1.8 - 7.5x10 ⁹ /L]			

21. Kul Chheung, 82F (Taing Treuk)**Diagnosis:**

1. HTN
2. COPD

Treatment:

1. HCTZ 50mg 1/2t po qd for four months (#60)
2. Salbutamol inhaler 2puffs prn SOB for four months (#2)

22. Kul Keung, 66F (Taing Treuk Village)**Diagnosis:**

1. HTN
2. DMII

Treatment:

1. HCTZ 50mg 1/2t po qd for four months (#60)
2. ASA 300mg ¼ t po qd for four months (buy)
3. Captopril 25mg ¼ t po qd for four months (buy)
4. Glibenclamide 5mg 1t po bid for four months (buy)
5. Metformin 500mg 1t po bid for four months (#240)

23. Kun Ban, 53M (Thnal Keng Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for one month (#60)
2. ASA 300mg 1/4t po qd for one month (#8)
3. Review on diabetic diet, do regular exercise and foot care

24. Ky Chheng Lean, 37F (Rovieng Cheung Village)

Diagnosis:

1. DMII
2. Teeth root infection

Treatment:

1. Glibenclamide 5mg 1t po qd for one month (#30)
2. Captopril 25mg 1/4t po qd for one month (buy)
3. Ceftazidime 1g bid for 3d then Augmentin 625mg/5cc 10cc po bid for 5d (#1)
4. Educate on diabetic diet, regular exercise and foot care
5. Draw blood for Gluc and HbA1C at SHCH

Lab result on February 4, 2011

Gluc	=8.8	[4.2 - 6.4]
HbA1C	=7.6	[4 - 6]

25. Meas Lam Phy, 58M (Thnout Malou Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for four months (#120) + buy

26. Moeung Srey, 48F (Thnout Malou Village)

Diagnosis

1. HTN

Treatment

1. Captopril 25mg 1t po bid for one month (# 60)
2. MTV 1t po qd for one month (#30)

27. Nong Khon, 59F (Thkeng Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (#30)

28. Nop Sareth, 41F (Kampot Village)

Diagnosis:

1. Cardiomegaly
2. VHD (MS/TR)

Treatment:

1. Atenolol 50mg 1/2t po qd for four months (# 60)
2. Captopril 25mg ¼ po bid for four months (buy)
3. ASA 300mg 1/4t po qd for four months (# 30)

29. Nung Chhun, 74F (Ta Tong Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for three months (#180)
2. Metformin 500mg 1t po bid for three months (#180)
3. Captopril 25mg 1t po bid for three months (buy)
4. ASA 300mg 1/4t po qd for three months (buy)

30. Pech Huy Keung, 49M (Rovieng Cheung Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (buy)
2. Metformin 500mg 2t po bid for two months (#240)
3. Captopril 25mg 1/2t po bid two months (buy)
4. ASA 300mg 1/4t po qd two months (#24)

31. Pang Sidoeun, 37F (Rovieng Tbong Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (#45)

32. Pang Then, 51F (Thnal Keng Village)

Diagnosis:

1. HTN

Treatment:

1. Captopril 25mg 1/2t po bid for three months (buy)
2. HCTZ 50mg 1/2t po qd for three months (#45)

33. Pheng Roeung, 64F (Thnout Malou Village)

Diagnosis:

1. HTN
2. Liver cirrhosis

Treatment:

1. Atenolol 50mg 1t po qd for one month (buy)
2. Spironolactone 25mg 1t po qd for one month (30)
3. MTV 1t po qd for one month (#30)
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc and LFT at SHCH

Lab result on February 4, 2011

WBC	=3.0	[4 - 11x10 ⁹ /L]	Na	=138	[135 - 145]
RBC	=3.4	[3.9 - 5.5x10 ¹² /L]	K	=4.1	[3.5 - 5.0]
Hb	=10.4	[12.0 - 15.0g/dL]	Cl	=112	[95 - 110]
Ht	=33	[35 - 47%]	BUN	=2.0	[0.8 - 3.9]
MCV	=98	[80 - 100fl]	Creat	=77	[44 - 80]
MCH	=31	[25 - 35pg]	Gluc	=4.5	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	SGOT	=99	[<31]

Plt =63 [150 - 450x10⁹/L]
Lym =1.2 [1.0 - 4.0x10⁹/L]
Mxd =0.4 [0.1 - 1.0x10⁹/L]
Neut =1.4 [1.8 - 7.5x10⁹/L]

SGPT =45 [<32]

34. Prum Maly, 46F (Thnout Malou Village)

Diagnosis:

1. Euthyroid goiter
2. Dyspepsia

Treatment:

1. Famotidine 40mg 1t po qhs (#30)
2. Paracetamol 500mg 1t po qid prn HA/fever (#30)

35. Prum Rim, 47F (Pal Hal Village)

Diagnosis:

1. Urticaria

Treatment:

1. Diphenhydramine 25mg 1t po qhs (#30)

36. Prum Vandy, 50F (Taing Treuk Village)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po qd for one month (buy)
2. Propranolol 40mg 1/4t po bid for one month (#15)

37. Rim Sopheap, 35F (Doang Village)

Diagnosis:

1. Dilated Cardiomyopathy with EF 32% with PR
2. Dyspepsia

Treatment:

1. Captopril 25mg 1/4t po bid for three months (buy)
2. ASA 300mg 1/4t po qd for three months (#24)
3. MTV 1t po qd for three months (#90)
4. Mg/Al(OH)₃ 250/125mg 1-2t chew bid (#30)

38. Ros Oeun, 55F (Thnout Malou Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 11/2t po bid for one month (buy)
2. Metformin 500mg 2t po bid for one month (# 120)
3. Captopril 25mg 1/2t po bid for one month (buy)
4. ASA 300mg 1/4t po qd for one month (#8)

39. Ros Sokun, 41F (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for one month (#120)
2. Glibenclamide 5mg 1t po bid for one month (#70)
2. Captopril 25mg 1/4t po bid for one month (buy)
3. Educate on diabetic diet, low salt/fats, do regular exercise and foot care

40. Roth Ven, 54M (Thkeng Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 2t po bid for one month (buy)
3. Captopril 25mg 1/4t po qd for one month (buy)
4. ASA 300mg 1/4t po qd for one month (#8)
5. Draw blood for Gluco and HbA1C at SHCH

Lab result on February 4, 2011

Gluc =7.4 [4.2 - 6.4]
HbA1C =11.5 [4 - 6]

41. Sam Yom, 62F (Chhnourn Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (#45)
2. MTV 1t po qd for three months (#90)

42. Sam Khim, 50F (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 11/2t po bid for one month (#90)
2. Glibenclamide 5mg 1t po qd for one month (buy)
3. Captopril 25mg 1/4t po bid for one month (buy)

43. Sao Lim, 76F (Taing Treuk Village)

Diagnosis:

1. HTN
2. Right side stroke with left weakness

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. ASA 300mg ¼ t po qd for three months (# 24)
3. MTV 1t po qd for three months (# 90)

44. Sao Phal, 63F (Thnout Malou)

Diagnosis:

1. HTN
2. Anxiety

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. Amitriptylin 25mg 1t po qhs for three months (# 90)
3. Paracetamol 500mg 1t po qid prn pain/HA for three months (#50)
4. MTV 1t po qd for three months (#90)

45. Say Soeun, 71F (Rovieng Cheung Village)

Diagnosis:

1. HTN
2. DMII
3. Dyspepsia

Treatment:

1. Glibenclamide 5mg 1t po bid (#60)
2. Metformin 500mg 1t po bid (#60)
3. Captopril 25mg 1t po tid (#90)
4. Nisoldipine 20mg 1t po qd (#30)
5. MTV 1t po qd (#30)
6. Famotidine 40mg 1t po qhs (#30)

46. Seng Sophy, 42F (Taing Treuk Village)**Diagnosis:**

1. Anxiety

Treatment:

1. MTV 1t po qd (#30)
2. Do regular exercise, Stress release

47. Seung Samith, 63M (Sre Thom Village)**Diagnosis:**

1. Gouty arthritis

Treatment:

1. Paracetamol 500mg 1t po qid prn pain for two months (#50)
2. Ibuprofen 200mg 2t po bid prn severe pain for two months (#50)

48. So Chhorm, 73M (Thkeng Village)**Diagnosis:**

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (#15)

49. So On, 81F (Thnout Malou Village)**Diagnosis:**

1. HTN
2. Osteoarthritis
3. Anemia

Treatment:

1. HCTZ 50mg 1/2t po po qd for one month (# 15)
2. Paracetamol 500mg 1t po qid prn pain/fever for one month (# 20)
3. MTV 1t po qd for one month (#30)
4. FeSO4/Folate 200/0.25mg 1t po qd for one month (#30)

50. Soeung Iem, 63M (Phnom Dek Village)**Diagnosis:**

1. Parkinsonism

Treatment:

1. Levodopa/Benserazide 200/50mg 1/2t po tid for one month (buy)
2. MTV 1t po qd for one month (#30)

51. Sun Ronakse, 40F (Sre Thom Village)**Diagnosis:**

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (#30)

52. Svay Tevy, 46F (Thnout Malou Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (# 240)
2. Metformin 500mg 3t qAM and 2t po qPM for two months (# 300)
3. Captopril 25mg 1/4t po bid for two months (buy)
4. ASA 300mg 1/4t po qd for two months (# 15)

53. Tann Kim Hor, 57F (Rovieng Cheung Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (buy)
2. Metformin 500mg 1t po qAM and 2t qPM for one month (#90)
3. Captopril 25mg 1/4t po bid for one month (buy)
4. ASA 300mg 1/4t po qd for one month (#8)

54. Tey Narin, 30F (Thnal Keng Village)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Propranolol 40mg 1/4t po bid for one month (buy)
2. Methimazole 5mg 1t po bid for one month (#70)
3. Draw blood for TSH and Free T4 at SHCH

Lab result on February 4, 2011

TSH	=<0.005	[0.49 - 4.67]
Free T4	=>100	[12.0 - 22.0]

55. Tey Sok Ken, 31F (Sre Thom Village)

Diagnosis:

1. Tension HA
2. Dyspepsia
3. Hyperthyroidism

Treatment:

1. Paracetamol 500mg 1t po qid prn HA (#20)
2. Famotidine 40mg 1t po qhs for one month (#30)

56. Thoang Korn, 38F (Ta Tong Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (#45)

57. Thorng Khun, 43F (Thnout Malou Village)

Diagnosis:

1. Hyperthyroidsism
2. Sciatica
3. Vit Deficiency

Treatment:

1. Carbimazole 5mg 1t po tid for one month (buy)
2. Paracetamol 500mg 1t po qid prn pain for one month (#20)

3. MTV 1t po qd for one month (#30)
4. Draw blood for Free T4 at SHCH

Lab result on February 4, 2011

Free T4=**99.41** [12.0 - 22.0]

58. Tith Hun, 58F (Ta Tong Village)

Diagnosis:

1. HTN

Treatment:

1. Enalapril 5mg 2t po qd for one month (# 60)
2. Atenolol 50mg 1t po qd for one month (# 30)

59. Tith Sneth, 51M (Otalauk Village)

Diagnosis:

1. Parkinson' disease?

Treatment:

1. Levodopa/Benserazide 200/50mg 1/2t po bid for one month (#30)
2. MTV 1t po qd for one month (#30)

60. Un Chhorn, 47M (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (# 120)
2. Captopril 25mg 1/2t po bid for two months (buy)

61. Un Chhourn, 42M (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for four months (#120)
2. Captopril 25mg 1/4t po bid for four months (buy)
3. ASA 300mg 1/4t po qd for four months (#30)

62. Un Rady, 49M (Rom Chek Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for one month (#60)
2. ASA 300mg 1/4t po qd (#8)
3. Review on diabetic diet, do regular exercise and foot care

63. Uy Noang, 59M (Thnout Malou Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (#120)
2. Metformine 500mg 1t po bid for one month (#60)
3. Captopril 25mg 1/4t po bid for one month (buy)

64. Yin Hun, 74F (Taing Treuk Village)

Diagnosis:

1. HTN
2. Urticaria

Treatment:

1. Captopril 25mg 1t po bid for one month (#60)
2. Diphenhydramin 25mg 1t po qhs for one month (#30)

65. Yun Yeung, 75M (Doang Village)

Diagnosis:

1. VHD (MR??)
2. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (#15)

66. Yung Thourn, 72M (Rovieng Tbong Village)

Diagnosis:

1. Gouty arthritis

Treatment:

1. Paracetamol 500mg 1t po qid pnr pain for two months (#40)
2. Ibuprofen 200mg 2t po bid for two months (#50)

**The next Robib TM Clinic will be held on
February 28 - March 4, 2011**