

# Robib *Telemedicine* Clinic

## Preah Vihear Province

**A P R I L 2 0 1 1**

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

On Monday, April 4, 2011, SHCH staff Driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), April 5 & 6, 2011, the Robib TM Clinic opened to receive the patients for evaluations. There were 4 new cases and 4 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, April 6 & 7, 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:** [Rithy Chau](#) ; [Cornelia Haener](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Kathy Fiamma](#) ; [Kruy Lim](#)  
**Cc:** [Bernie Krisher](#) ; [Kevin O' brien](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#) ; [Savoeun Chhun](#) ; [Peou Ouk](#) ; [Robib School 1](#)  
**Sent:** Monday, March 28, 2011 8:50 AM  
**Subject:** Schedule for Robib TM Clinic April 2011

Dear all,

I would like to inform you that Robib TM Clinic for April 2011 will be starting from April 4 - 8, 2011.

The agenda for the trip is as following:

1. On Monday April 4, 2011, Dirver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday April 5, 2011, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as word file and sent to both partners in Boston and Phnom Penh.
3. On Wednesday April 6, 2011, the activity is the same as on Tuesday
4. On Thursday April 7, 2011, download all the answers replied from both partners then treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday April 8, 2011, Draw blood from patients for lab test at SHCH then come back to Phnom Penh.

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

Best regards,  
Sovann

**From:** [Robibtelemed](#)

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

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

**Sent:** Tuesday, April 05, 2011 4:03 PM

**Subject:** Robib TM Clinic April 2011 Case#1, Chin Kim Houy, 77F

Dear all,

For the first day of Robib TM Clinic April 2011, there are two new cases and one follow up case. This is case number 1, Chin Kim Houy, 77F 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:** Chin Kim Houy, 77F (Chhnourn Village)

**Chief Complaint (CC):** Joint pain x 2 months

**History of Present Illness (HPI):** 77F presented with symptoms of joint pain, swelling, warmth and stiffness of shoulder, elbow, knee and finger joint and noticed of swelling of both feet. The pain got worse in the day time (after doing activity). She denied of fever, HA, SOB, Nausea, vomiting, stool with

blood or mucus, oliguria, hematuria. She applied warmth water to the pain areas but it seems not help her. She denied of medical treatment in the past for the joint symptoms.



**Past Medical History (PMH):** Unremarkable

**Family History:** None

**SH:** Tobacco chewing, No cig smoking, no EtOH

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** Unremarkable

**PE:**

**Vitals:** BP: 128/69 P: 68 R: 20 T: 37°C Wt: 34Kg

**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:** Moderate tender of joint (knee, ankle, shoulder, elbow, and wrist) on motion; Limited ROM on fingers joints, no warmth, no redness, 1-2+ pitting edema on feet

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

**Lab/study:**

BS: 117mg/dl



**Assessment:**

1. Osteoarthritis

**Plan:**

1. Ibuprofen 200mg 2t po bid prn
2. Paracetamol 500mg 1t po qid prn pain
3. Do regular exercise, warmth compression on the tender area
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Uric acid 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: April 5, 2011**

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

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**From:** [chaurithy](#)  
**To:** '[Robibtelemed](#)'  
**Sent:** Wednesday, April 06, 2011 8:00 AM  
**Subject:** RE: Robib TM Clinic April 2011 Case#1, Chin Kim Houy, 77F

Dear Sovann,

OA may be the dx of a woman this age, but the pedal edema does not look like it was just a joint problem. You did not give enough history of how the joint pain started and subsequent joint. Again, the difference between OA and RA maybe the stiffness and pain gets better as the day goes by for RA and starts with small joints first whereas OA starts with bigger joint first and worsen with activities. Next time give more description.

I agree with your lab request to check out her kidney function and electrolytes, but no need for uric acid; a CBC will help us see whether she is anemic or not that may relate to malnutrition which also can cause pedal edema. Vascular compromise will also lead to dependent edema of LE. I did not see you reporting on her pedal pulses—are they good and strong?

As for treatment, you can give her some ibuprofen and no need for Paracetamol. Also, give her some MTV and Xango.

Rithy

**From:** Cohen, George L.,M.D.  
**Sent:** Thu 4/7/2011 8:03 PM  
**To:** Fiamma, Kathleen M.  
**Subject:** RE: Robib TM Clinic April 2011 Case#1, Chin Kim Houy, 77F

The patient is a 77 year old woman with and swelling and stiffness of numerous joints. On examination there is joint tenderness and pain on motion. The symptoms and photos seem more consistent with inflammatory joint disease such as rheumatoid arthritis rather than osteoarthritis. It would be interesting to obtain a sedimentation rate and rheumatoid factor. I would recommend treating her with 10 mg of prednisone initially to see how she responds. Osteoarthritis will not get significantly better. Inflammatory arthritis would probably improve and quickly.

George L. Cohen, M.D.

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**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:** Tuesday, April 05, 2011 4:09 PM  
**Subject:** Robib TM Clinic April 2011, Case#2, Prum Run, 68M

Dear all,

This is case number 2, Prum Run, 68M 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 Run, 68M (Taing Treuk Village)

**Chief Complaint (CC):** Mass in the pharynx with difficult swallowing x 3months

**History of Present Illness (HPI):** 68M, farmer, presented with a small mass on right lateral neck and a sensation of something in his pharynx without disturbing swallowing. In one month later, he started with difficult in swallowing with pain and noticed changing of the voice. He bought medicine from local pharmacy and got treatment from local health center but not better. The mass became swelling, redness, and fluctuation in several days. He was treated with TB medicine for a few day.

**Past Medical History (PMH):** Unremarkable

**Family History:** None

**SH:** Tobacco smoking, just stop during this three months; casually alcohol drinking

**Current Medications:** TB medicine

**Allergies:** NKDA

**Review of Systems (ROS):** 10kg weight loss in 3months, no fever, no night sweating, no cough, no SOB

**PE:**

**Vitals:** BP: 103/84 P: 88 R: 20 T: 37°C Wt: 35Kg

**General:** Stable, Cachexia

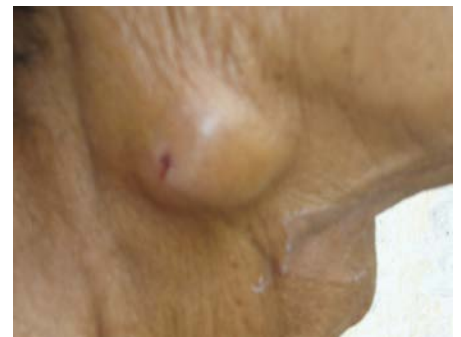
**HEENT:** Right lateral neck mass about 2x3cm, tender, smooth; mass on right latero-posterior of the tongue, tender on depression, no lymph node palpable, no JVD

**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: 131mg/dl

**Assessment:**

1. TB adenitis?
2. Oropharyngeal carcinoma??

**Plan:**

1. Ibuprofen 200mg 2t po bid prn pain
2. Refer to SHCH for surgical evaluation biopsy

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:** April 5, 2011

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**From:** Tan, Heng Soon, M.D.

**Sent:** Tuesday, April 05, 2011 12:47 PM

**To:** Fiamma, Kathleen M.

**Subject:** RE: Robib TM Clinic April 2011, Case#2, Prum Run, 68M

The progression of the mass within a month to an inflammatory mass possibly an abscess causing dysphagia and altered voice due to mass effect on the larynx is consistent with TB adenitis rather than oropharyngeal carcinoma. Oropharyngeal carcinoma with local mets would present with non tender firm to hard lymph node masses. Lymphoma could be considered, but lymphoma would present without inflammation. Smoking history noted. Weight loss is consistent with serious illness but does not distinguish the various diagnostic possibilities. If an abscess is present, it could be drained or even aspirated to stain for AFB organism to confirm the diagnosis. Drainage will relieve mass effect and should be arranged as soon as possible to prevent rupture and aspiration or stridor.

Heng Soon Tan, MD

**From:** [chaurithy](mailto:chaurithy)

**To:** 'Robibtelemed'

**Sent:** Wednesday, April 06, 2011 8:05 AM

**Subject:** RE: Robib TM Clinic April 2011, Case#2, Prum Run, 68M

Dear Sovann,

I agree with your plan. Could you not take the image of the oral mass? You can add some MTV or Xango for him is not eating well and let him sip on straw.

Rithy



**From:** [Robibtelemed](#)

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

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

**Sent:** Tuesday, April 05, 2011 4:09 PM

**Subject:** Robib TM Clinic April 2011, Case#3, Chum Chet, 64M

Dear all,

This is the case number 3 (follow up case) Chum Chet, 64M and photo.

Please waiting for other cases which will be sent to you tomorrow.

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 Telemedicine**

**Rovieng Commune, Preah Vihear Province, Cambodia**

### *SOAP Note*



**Patient Name & Village:** Chum Chet, 64M (Koh Pon Village)

**Subjective:** 64M was diagnosed with HTN, Osteoarthritis and Dyspepsia and got treatment with Atenolol 50mg 1/2t po qd, Paracetamol 500mg 1t qid prn, Ibuprofen 200mg 2t po bid prn and Famotidine 40mg 1t qhs. On March 2011, his lab test has done to monitor his disease and found out that he has elevation of creatinine. He reported of mild to moderate pain of knee, elbow, ankle and shoulder joint which got worse in day time. He denied of decrease urine

output.

**Allergies:** NKDA

#### **Objective:**

**VS:** BP: (R) 180/102 (L) 172/96 P: 67 R: 20 T: 37 Wt: 50kg  
BP: 186/107 (on March 2011)

#### **PE (focused):**

**General:** Look stable

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

**Chest:** Bilateral wheezing on expiration, no crackle, no rhonchi; H RRR, no murmur

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no abd mass palpable, no abd bruit

**Skin/Extremity:** No edema, no rash, dorsalis pedis and posterior tibial pulse palpable

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

**Labs/Studies:**

U/A protein 2+

**Lab result on March 4, 2011**

Na	=142	[135 - 145]
K	=5.1	[3.5 - 5.0]
BUN	=7.5	[0.8 - 3.9]
Creat	=300	[53 - 97]
Gluc	=3.1	[4.2 - 6.4]
Uric acid	=750	[200 - 420]

**Assessment:**

1. HTN
2. Osteoarthritis
3. Renal insufficiency

**Plan:**

1. Nisoldipine 20mg 1t po qd
2. Paracetamol 500mg 1t po qid prn pain
3. Allopurinol 100mg 1t po qd
4. Draw blood for Lyte, BUN, Creat, and Uric acid 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: April 5, 2011**

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**From:** [chaurithy](#)**To:** '[Robibtelemed](#)'**Sent:** Wednesday, April 06, 2011 8:35 AM**Subject:** RE: Robib TM Clinic April 2011, Case#3, Chum Chet, 64M

Dear Sovann,

He needs to call you to report 2x/week of his BP and adjust dose as needed. Is he a smoker? You mentioned he was wheezing—is this from COPD or bronchitis. You can tx accordingly.

Rithy



From: Cohen, George L.,M.D.  
Sent: Thu 4/7/2011 8:23 PM  
To: Fiamma, Kathleen M.  
Subject: RE: Robib TM Clinic April 2011, Case#3, Chum Chet, 64M

This 64 year of gentleman has had pain and swelling in knees and ankles. Osteoarthritis does not usually involve the ankles in the absence of trauma and joints are not usually warm. In my previous note, I thought he might have inflammatory joint disease such as is seen in sarcoidosis because of ankle swelling and warmth. He may have osteoarthritis of the left knee. I wondered about gout but this is not usually chronic. I notice that uric acid is elevated but serum creatinine and BUN are very elevated.

He has significant renal insufficiency which may be progressive. NSAIDs such as naproxen should not be given to patients with renal insufficiency as it may worsen renal function. It sounds like he may be doing a little better.

George L. Cohen, M.D.

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**From:** [Robibtelemed](#)  
**To:** [Rithy Chau](#) ; [Kathy Fiamma](#) ; [Kruy Lim](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, April 06, 2011 4:17 PM  
**Subject:** Robib TM Clinic April 2011 Case#4, Sam Sok Chea, 27F

Dear all,

For second day of Robib TM Clinic April 2011, there are two new cases and three follow up cases. This is case number 4, continued from yesterday, Sam Sok Chea, 27F 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 Sok Chea, 27F (Thnal Keng Village)

**Chief Complaint (CC):** Ecchymosis x 1y

**History of Present Illness (HPI):** 27F, farmer, presented with skin ecchymosis on the thigh without any trauma and disappeared in about 1 week, no pain, no pruritus. The size is from 1x1cm to 6x7cm. The ecchymosis developed on the extremities and spare on the trunk and denied of fever, contact with chemical substance or drugs, and similar lesion on family members. She didn't get treatment yet and come to consult today. She has normal appetite, normal bowel movement, normal urination.

**Past Medical History (PMH):** Unremarkable

**Family History:** None

**SH:** Single, no cig smoking, no alcohol drinking

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** Regular menstrual period, LMP on April 3, 2011

**PE:**

**Vitals:** BP: 115/68 P: 72 R: 20 T: 37°C Wt: 47Kg

**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:** Skin ecchymosis on the arms and legs (see photos), no tender

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

**Lab/study:** None

**Assessment:**

1. Purpura??

**Plan:**

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Peripheral blood smear, PT 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:** April 6, 2011

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

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**From:** [chaurithy](#)

**To:** 'Robibtelemed'

**Sent:** Thursday, April 07, 2011 9:59 AM

**Subject:** RE: Robib TM Clinic April 2011 Case#4, Sam Sok Chea, 27F

Dear Sovann,

You mentioned that this patient has no chemical exposure, but other family members also have these lesions—are other family members adults or include small children and infant?

If she has been exposed to insecticide or pesticide as well as traditional or herbal medicine (include Chinese) or a particular diet with forest leafy/tree bark/mushroom food source, then this sx may be possible and will resolve if toxin removed or avoid. Also get a retic count, ESR, INR, LFT, HIV in addition to what you suggested. Are they having gum bleed also? Any possible insect bite—advise them to wear long sleeve and long pants to cover their extremities and see if this will resolved. Any animal bite (chipmunk, squirrel, rabbit, or wild rodent) recently within a month or so? If possible, then treat them with Doxycycline 100mg bid x 14 days (warn about photosensitivity side effects) and dx as zoonotic infection.

Assessment: Ecchymoses 2<sup>nd</sup> to →

1. Zoonotic Infection
2. Exposure to insecticide/pesticide
3. Ingestion of herbal/traditional medicine
4. Ingestion of forest food source
5. Coagulation dysfunction

Plan: Labs and possibly tx with Doxycycline.

Inquire her history of presence illness a bit more and rule out/in each one above.

Rithy

**From:** "Kvedar, Joseph Charles,M.D." <[JKVEDAR@PARTNERS.ORG](mailto:JKVEDAR@PARTNERS.ORG)>

I believe this is erythema nodosum, rather than simple purpura. This condition can result from pregnancy, oral contraceptives, tuberculosis, strep infection, amongst other causes.

In her case, I'd work her up for tb and do a pregnancy test if possible.

In terms of treatment, the first line is ibuprofen.

If that does nor work and a skin biopsy cannot be performed, one can try supersaturated solution of KI as an alternative treatment.

Joseph C. Kvedar, MD  
Director, Center for Connected Health  
Partners HealthCare System, Inc.  
Associate Professor of Dermatology  
Harvard Medical School

**From:** [Robibtelemed](#)

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

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

**Sent:** Wednesday, April 06, 2011 4:19 PM

**Subject:** Robib TM Clinic April 2011, Case#5, Thean Thoeun, 50F

Dear all,

This is case number 5, Thean Thoeun, 50F 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:** Thean, Thoeun, 50F (Sre Thnung Village)

**Chief Complaint (CC):** Joint pain x 1y

**History of Present Illness (HPI):** 50F, farmer, presented with symptoms of pain, warmth and stiffness of the joint. The symptoms started from the shoulder, then to cervical, lower back, knee, wrist. The symptoms symmetrically affected and get worse in the morning and better in the day time. She got treatment from local health care worker and provincial hospital but the symptoms still persist.

**Past Medical History (PMH):** Unremarkable

**Family History:** None

**SH:** Tobacco chewing, no cig smoking, no alcohol drinking

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** 5y post menopause

**PE:**

**Vitals:** BP: 107/71 P: 80 R: 20 T: 37°C Wt: 35Kg

**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:** Mild knee joint stiffness, no swelling, no warmth, other Joint (shoulder, elbow, wrist, ankle), no warmth, no swelling, no stiffness, no deformity

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

**Lab/study:** None

**Assessment:**

1. RA?
2. OA?

**Plan:**

1. Paracetamol 500mg 1t po qid prn
2. Warmth compression on the pain area
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, ESR, RF 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:** April 6, 2011

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

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

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

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

**Sent:** Thursday, April 07, 2011 4:41 AM

**Subject:** RE: Robib TM Clinic April 2011, Case#5, Thean Thoeun, 50F

Thank you for this consult. She is a 50-year-old woman who has pain warmth and stiffness in her joints without swelling. The pain and stiffness is worse in the early morning and improves during the daytime. From the description, there's been no trauma. In addition, from the exam, there's been no swelling erythema or deformity of the joints.

From the description, it sounds unlikely that this is an inflammatory arthritis such as gout, rheumatoid arthritis, lupus or psoriatic arthritis.

From the description and exam, this sounds more like degenerative joint disease with some possible tendinitis. It is likely that her day-to-day activities place a great deal of strain on her joints. I agree with the use of paracetamol and the followup laboratory studies. Agree with warm towels and compresses to the affected areas.

Thank you very much for the opportunity to participate.  
Best of luck

**From:** [chaurithy](#)  
**To:** [Robibtelemed](#)  
**Sent:** Thursday, April 07, 2011 10:08 AM  
**Subject:** RE: Robib TM Clinic April 2011, Case#5, Thean Thoeun, 50F

Dear Sovann,

I think this patient may have arthritis from old age. You can just check RF and ESR only and if RF negative, then confirm arthritis of old age or OA. If sx is mild to moderate, then no need to refer for x-rays.

Rithy

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**From:** [Robibtelemed](#)  
**To:** [Rithy Chau](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Kathy Fiamma](#) ; [Kruy Lim](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, April 06, 2011 4:20 PM  
**Subject:** Robib TM Clinic April 2011, Case#6, Chan Choeun, 55M

Dear all,

This is case number 6, Chan Choeun, 55M and photos.

Best regards,  
Sovann

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

*SOAP Note*



**Patient Name & Village:** Chan Choeun, 55M (Sre Thom Village)

**Subjective:** 55M, come to follow up of GA and elevated BP (170/107 on March 2011) and his arthritis symptoms became better now and denied of HA, blurred vision, dizziness, GI problem, urinary symptoms, edema.

**Current Medication:**

1. Ibuprofen 200mg 3t po bid

**Allergies:** NKDA

**Objective:**

**VS:** BP: (R) 171/94, (L) 164/88 P: 70 R: 20 T: 37 Wt: 65kg

**PE (focused):**

**General:** Look 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 warmth, no stiffness, no swelling of joints

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

**Lab/study:**

**Done today**

**Lab result on March 4, 2011**

WBC	=9.3	[4 - 11x10 <sup>9</sup> /L]	Na	=141	[135 - 145]	RBC
	=5.7	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=4.7	[3.5 - 5.0]	
Hb	=14.8	[14.0 - 16.0g/dL]	BUN	=2.2	[0.8 - 3.9]	
Ht	=46	[42 - 52%]	Creat	=97	[53 - 97]	
MCV	=82	[80 - 100fl]	Gluc	=6.0	[4.2 - 6.4]	
MCH	=26	[25 - 35pg]	T. Chol	=6.7	[<5.7]	
MHCH	=32	[30 - 37%]	TG	=4.4	[<1.7]	
Plt	=282	[150 - 450x10 <sup>9</sup> /L]	Uric Aci	=596	[200 - 420]	
Lym	=2.1	[1.0 - 4.0x10 <sup>9</sup> /L]				

**Assessment:**

1. GA
2. HTN

**Plan:**

1. Paracetamol 500mg 1t po qid prn
2. Amlodipine 5mg 1t po qd
3. Eat low salt diet, do regular exercise

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: April 6, 2011**

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

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**From:** [chaurithy](#)  
**To:** '[Robibtelemed](#)'  
**Sent:** Thursday, April 07, 2011 10:12 AM  
**Subject:** RE: Robib TM Clinic April 2011, Case#6, Chan Choeun, 55M

Dear Sovann,

Is GA = Gouty Arthritis? Don't abbreviate this one. Advise him on low purine/protein diet also to cut down uric acid level. Agree with tx, but tell him buy Finofibrate 100mg qd for his hyperlipidemia.

Rithy

**From:** Cohen, George L.,M.D.  
**Sent:** Thu 4/7/2011 8:26 PM  
**To:** Fiamma, Kathleen M.  
**Subject:** RE: Robib TM Clinic April 2011, Case#6, Chan Choeun, 55M

The patient is a 55 year old man whose arthritis has improved while he was taking ibuprofen. Presently he is not taking ibuprofen and he is reported to be improved.

I am sorry but I don't know what the abbreviation GA means. Is it gouty arthritis, Giant cell arteritis, other? In any case he is doing well on your program.

George L. Cohen, M.D.

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**From:** [Robibtelemed](#)  
**To:** [Rithy Chau](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Kathy Fiamma](#) ; [Kruy Lim](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, April 06, 2011 4:21 PM  
**Subject:** Robib TM Clinic April 2011, Mar Thean, 54M

Dear all,

This is case number 7, 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

## SOAP Note



**Patient Name & Village:** Mar Thean, 54M (Rom Chek Village)

**Subjective:** 54M was seen in February 2011, diagnosed with DMII and treated with Metformin 500mg 1t bid and ASA 300mg 1/4t qd. In mid of February, his symptoms of polyuria, polyphagia, polydypsia and fatigue became worse so he went to hospital in Siem Reap for 2w when He didn't come follow up in March 2011. He didn't take medicine for one month and the above symptoms still presented.

**Allergies:** NKDA

### Objective:

**VS:** BP: 90/65 P: 94 R: 20 T: 37 Wt: 50kg

### PE (focused):

**General:** Look 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:

#### Done today

RBS: 505mg/dl U/A gluco 4+, no protein, no leukocyte, no ketone

### Result on February 4, 2011

WBC =8.4	[4 - 11x10 <sup>9</sup> /L]	Na =135	[135 - 145]
RBC =6.8	[4.6 - 6.0x10 <sup>12</sup> /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 <sup>9</sup> /L]	HbA1C=14.3	[4 - 6]

Lym	=2.8	[1.0 - 4.0x10 <sup>9</sup> /L]
Mxd	=1.4	[0.1 - 1.0x10 <sup>9</sup> /L]
Neut	=4.2	[1.8 - 7.5x10 <sup>9</sup> /L]

**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

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: April 6, 2011**

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

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From: Fang, Leslie S.,M.D.  
Sent: Wednesday, April 06, 2011 12:27 PM  
To: Fiamma, Kathleen M.  
Subject: Re: Robib TM Clinic April 2011, Mar Thean, 54M

Diabetes out of control  
Somewhat dehydrated  
Agree with plan  
May need more Metformin (TID) or another agent like Glyburide

Leslie Fang, MD

**From:** [chaurithy](mailto:chaurithy)  
**To:** '[Robibtelemed](mailto:Robibtelemed)'  
**Sent:** Thursday, April 07, 2011 10:18 AM  
**Subject:** RE: Robib TM Clinic April 2011, Mar Thean, 54M

Dear Sovann,

I agree with your plan. Can you include BMI for obese and overweight patients next time? Ask him to do regular aerobic exercise and plan on losing wt about 1Kg/month for next 6 months to one year if overweight/obese. Also add Glibenclamide 5 mg 1 tab qd also. Tell him to drink clean water at least 2-3L/day and explain about DM II diet and foot care.

Rithy

**From:** [Robibtelemed](#)

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

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

**Sent:** Wednesday, April 06, 2011 4:24 PM

**Subject:** Robib TM Clinic April 2011, Case#8, Yung Thourn, 72M

Dear all,

This is the last case for Robib TM Clinic April 2011, Yung Thourn, 72M and photo.

Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly.

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

Best regards,  
Sovann

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

*SOAP Note*



**Patient Name & Village:** Yung Thourn, 72M (Rovieng Tbong Village)

**Subjective:** 72M was seen in December 2010 with diagnosis of GA and border line hypertension (140/80). The BP check in January and February 160/90 and 186/94, he was advised to eat low salt diet and do regular exercise, He denied of HA, dizziness, palpitation, chest pain, blurred vision, edema but still complaint of joint pain and stiffness.

**Current Medication:**

1. Paracetamol 500mg 1t po qid pnr pain
2. Ibuprofen 200mg 2t po bid

**Allergies:** NKDA

**Objective:**

**VS:**    **BP:** (R) 183/107, (L) 182/105    **P:** 75    **R:** 20    **T:** 37    **Wt:** 64kg

**PE (focused):**

**General:** Look 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:** Mild stiffness and tender on knee, ankle joint, no warmth, no swelling

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

**Lab/study:**

**Done today**

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

**Lab result on December 3, 2010**

WBC	=12.2	[4 - 11x10 <sup>9</sup> /L]	Na	=143	[135 - 145]
RBC	=2.9	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=4.1	[3.5 - 5.0]
Hb	=5.9	[14.0 - 16.0g/dL]	Cl	=116	[95 - 110]
Ht	=21	[42 - 52%]	BUN	=3.4	[0.8 - 3.9]
MCV	=71	[80 - 100fl]	Creat	=162	[53 - 97]
MCH	=21	[25 - 35pg]	Gluc	=5.6	[4.2 - 6.4]
MHCH	=29	[30 - 37%]	T. Chol	=3.7	[<5.7]
Plt	=363	[150 - 450x10 <sup>9</sup> /L]	TG	=0.8	[<1.7]
Lym	=3.6	[1.0 - 4.0x10 <sup>9</sup> /L]	Uric Aci	=627	[200 - 420]
Mxd	=3.4	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=5.2	[1.8 - 7.5x10 <sup>9</sup> /L]			
RF	= negative				

**Assessment:**

1. GA
2. HTN

**Plan:**

1. Paracetamol 500mg 1t po qid prn
2. Amlodipine 5mg 1t po qd
3. Eat low salt diet, do regular exercise
4. Draw blood for CBC, Lyte, BUN, Creat, Uric acid 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: April 6, 2011**

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

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**From:** [chaurithy](#)  
**To:** ['Robibtelemed'](#)  
**Sent:** Thursday, April 07, 2011 10:28 AM  
**Subject:** RE: Robib TM Clinic April 2011, Case#8, Yung Thourn, 72M

Sovann,

This man is quite anemic, but you did not mention anything in your H&P about this. Why is he anemic? Have you check for GI bleed, coughing up blood, etc.? Did you check his retic, peripheral smear, LFT, TSH yet? For GA (Gouty Arthritis?), you can have him buy some allopurinol to help control his uric acid level. Tx him suspect PUD and tx for Iron deficiency.

Rithy

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## Thursday, April 7, 2011

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### Follow-up Report for Robib TM Clinic

There were 4 new and 4 follow up patients seen during this month Robib TM Clinic, and other 56 patients came for medication refills only. The data of all 8 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 Telemedicie Clinic April 2011

#### 1. Chin Kim Houy, 77F (Chhnourn Village)

##### Diagnosis:

1. Osteoarthritis

##### Treatment:

1. Ibuprofen 200mg 2t po bid prn (#50)
2. MTV 1t po qd (#30)
3. Do regular exercise, warmth compression on the tender area
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

##### Lab result on April 8, 2011

WBC	=5.3	[4 - 11x10 <sup>9</sup> /L]	Na	=141	[135 - 145]
RBC	=4.1	[3.9 - 5.5x10 <sup>12</sup> /L]	K	= <b>3.2</b>	[3.5 - 5.0]
Hb	= <b>9.1</b>	[12.0 - 15.0g/dL]	Cl	=101	[95 - 110]
Ht	= <b>31</b>	[35 - 47%]	BUN	=1.9	[0.8 - 3.9]
MCV	= <b>75</b>	[80 - 100fl]	Creat	=46	[44 - 80]
MCH	= <b>22</b>	[25 - 35pg]	Gluc	= <b>3.7</b>	[4.2 - 6.4]

MHCH	=30	[30 - 37%]
Plt	=297	[150 - 450x10 <sup>9</sup> /L]
Lym	=1.7	[1.0 - 4.0x10 <sup>9</sup> /L]

## 2. Prum Run, 68M (Taing Treuk Village)

### Diagnosis:

1. TB adenitis?

### Treatment:

1. Ibuprofen 200mg 2t po bid prn pain (#50)
2. MTV 1t po bid (#60)
3. Xango powder bid (#1)
4. TB treatment in local health center

## 3. Chum Chet, 64M (Koh Pon Village)

### Diagnosis:

1. HTN
2. Osteoarthritis
3. Renal insufficiency
4. COPD

### Treatment:

1. Nisoldipine 20mg 1t po qd (#35)
2. Paracetamol 500mg 1t po qid prn pain (#30)
3. Allopurinol 100mg 1t po qd (buy)
4. Salbutamol inhaler 2puff bid prn SOB (#1)
5. Draw blood for Lyte, BUN, Creat, and Uric acid at SHCH

### Lab result on April 8, 2011

Na	=138	[135 - 145]
K	=4.9	[3.5 - 5.0]
Cl	=106	[95 - 110]
BUN	=7.0	[0.8 - 3.9]
Creat	=208	[53 - 97]
U Acid	=708	[200 - 420]

## 4. Sam Sok Chea, 27F (Thnal Keng Village)

### Diagnosis:

1. Purpura??

### Treatment:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Peripheral blood smear, Retic count, ESR, LFT at SHCH

### Lab result on April 8, 2011

WBC	=8.4	[4 - 11x10 <sup>9</sup> /L]	Na	=137	[135 - 145]
RBC	=4.5	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=3.3	[3.5 - 5.0]
Hb	=11.0	[12.0 - 15.0g/dL]	Cl	=102	[95 - 110]
Ht	=40	[35 - 47%]	BUN	=1.5	[0.8 - 3.9]
MCV	=76	[80 - 100fl]	Creat	=65	[44 - 80]
MCH	=25	[25 - 35pg]	Gluc	=4.3	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	AST	=33	[<31]
Plt	=19	[150 - 450x10 <sup>9</sup> /L]	ALT	=29	[<32]
Lym	=2.9	[1.0 - 4.0x10 <sup>9</sup> /L]			
Mxd	=1.4	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=4.1	[1.8 - 7.5x10 <sup>9</sup> /L]			
ESR	=10	[0 - 25]			
Retic count	=1.3	[0.5 - 1.5]			



**Peripheral blood smear**

Microcyte 1+  
 Hypochromic 1+  
 Target cells 1+

**5. Thean, Thoeun, 50F (Sre Thnung Village)****Diagnosis:**

1. Rheumatoid arthritis?
2. Osteoarthritis?

**Treatment:**

1. Paracetamol 500mg 1t po qid prn (#50)
2. Warmth compression on the pain area
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, ESR, RF at SHCH

**Lab result on April 8, 2011**

WBC	=7.6	[4 - 11x10 <sup>9</sup> /L]	Na	=137	[135 - 145]
RBC	=5.0	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=3.4	[3.5 - 5.0]
Hb	=12.2	[14.0 - 16.0g/dL]	Cl	=100	[95 - 110]
Ht	=40	[42 - 52%]	BUN	=1.5	[0.8 - 3.9]
MCV	=80	[80 - 100fl]	Creat	=55	[53 - 97]
MCH	=24	[25 - 35pg]	Gluc	=4.9	[4.2 - 6.4]
MHCH	=30	[30 - 37%]			
Plt	=439	[150 - 450x10 <sup>9</sup> /L]			
Lym	=2.1	[1.0 - 4.0x10 <sup>9</sup> /L]			
ESR	=65	[0 - 15]			
RF	= Positive 1/64				

**6. Chan Choeun, 55M (Sre Thom Village)****Diagnosis:**

1. Gouty arthritis
2. HTN

**Treatment:**

1. Paracetamol 500mg 1t po qid prn (#30)
2. Amlodipine 10mg 1/2t po qd (#20)
3. Fenofibrate 100mg 1t po qd (buy)
4. Eat low salt diet, do regular exercise

**7. Mar Thean, 54M (Rom Chek Village)****Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 1t po bid (#70)
2. Glibenclamide 5mg 1t po qd (#35)
3. ASA 300mg 1/4t po qd (#10)
4. Diabetic diet education, do regular exercise and foot care

**8. Yung Thourn, 72M (Rovieng Tbong Village)****Diagnosis:**

1. Gouty arthritis
2. HTN

**Treatment:**

1. Paracetamol 500mg 1t po qid prn (#30)
2. Amlodipine 10mg 1/2t po qd (#20)
3. FeSO<sub>4</sub>/Folate 200/0.4mg 1t po bid (#60)
4. Eat low salt diet, do regular exercise

5. Draw blood for CBC, Lyte, BUN, Creat, Uric acid, Ret count, peripheral smear, LFT, TSH at SHCH

**Lab result on April 8, 2011**

WBC	=8.1	[4 - 11x10 <sup>9</sup> /L]	Na	=139	[135 - 145]
RBC	=4.2	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=4.4	[3.5 - 5.0]
Hb	=9.8	[14.0 - 16.0g/dL]	Cl	=107	[95 - 110]
Ht	=31	[42 - 52%]	BUN	=3.2	[0.8 - 3.9]
MCV	=73	[80 - 100fl]	Creat	=159	[53 - 97]
MCH	=23	[25 - 35pg]	AST	=27	[<37]
MHCH	=32	[30 - 37%]	ALT	=12	[<42]
Plt	=214	[150 - 450x10 <sup>9</sup> /L]	Uric Aci	=652	[200 - 420]
Lym	=3.0	[1.0 - 4.0x10 <sup>9</sup> /L]	TSH	=4.76	[0.27 - 4.20]
Mxd	=2.0	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=3.1	[1.8 - 7.5x10 <sup>9</sup> /L]			
Retic count	=2.3	[0.5 - 1.5]			

**Peripheral blood smear**

Microcytic 2+  
Hypochromic 2+

**Patients who come for follow up and refill medicine**

**1. Be Samphorn, 73M (Rovieng Cheung Village)**

**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. Amlodipine 5mg 1/2t po qd for three months (#45)
2. Metformin 500mg 1t po bid for three months (#180)
3. Captopril 25mg 1/2t po bid for three months (buy)

**2. 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. Paracetamol 500mg 2t po qid prn pain for one month (#30)

**3. Chan Rim, 59F (Ke Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 50mg 1/2t po qd for one month (#20)

**4. Cheng Sophoeun, 56F (Doang Village)**

**Diagnosis:**

1. PTB

**Treatment:**

1. TB treatment with local health center

**5. Chhay Chanthy, 47F (Thnout Malou Village)**

**Diagnosis:**

1. Euthyroid goiter

**Treatment:**

1. Carbimazole 5mg 1t po bid for three months (buy)
2. Propranolol 40mg 1/4t po bid for three months (#45)

**6. Chheng Yearng, 48F (Thkeng Village)**

**Diagnosis:**

1. Tachycardia

**Treatment:**

1. Propranolol 40mg 1/4t po bid for one month (#15)
2. MTV 1t po qd for one month (#30)

**7. Chhin Chheut, 13M (Trapang Reusey Village)**

**Diagnosis:**

1. Renal Rickettsia (per AHC in Siem Reap)
2. Cachexia
3. Nephrotic Syndrome

**Treatment:**

1. Ca/Vit D<sub>3</sub> 500/400 2t po qid (buy)
2. Draw blood for Lyte, BUN, Creat, Ca<sup>2+</sup>, and Mg<sup>2+</sup> at SHCH

**Lab result on April 8, 2011**

Na	=137	[135 - 145]
K	=3.4	[3.5 - 5.0]
Cl	=106	[95 - 110]
BUN	=13.1	[0.8 - 3.9]
Creat	=656	[53 - 97]
Ca <sup>2+</sup>	=0.68	[1.12 - 1.32]
Mg <sup>2+</sup>	=1.8	[0.8 - 1.0]

**8. 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)
6. Draw blood for Creat, Gluc, HbA1C and uric acid at SHCH

**Lab result on April 8, 2011**

Creat	=161	[53 - 97]
Gluc	=4.5	[4.2 - 6.4]
Uric acid	=760	[200 - 420]
HbA1C	=7.0	[4 - 6]

**9. Chum Sen, 73F (Bos Village)**

**Diagnosis:**

1. Cachexia

**Treatment:**

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

**10. 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 q6h prn pain/fever for one month (# 20)
4. Simvastatin 10mg 1t po qhs for one month (#30)
5. Fenofibrate 1t po qd for one month (buy)

**11. Eam Neut, 56F (Taing Treuk)**

**Diagnosis**

1. HTN

**Treatment**

1. Amlodipine 10mg ½ t po qd for two months (#30)

**12. Ek Rim, 47F (Rovieng Chheung Village)**

**Diagnosis:**

1. HTN
2. Dyspepsia

**Treatment:**

1. HCTZ 50mg 1/2t po qd for three months (#45)
2. Famotidine 20mg 1t po qhs (#30)

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

**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Carbimazole 5mg 1t po tid for two months (buy)
2. Propranolol 40mg ¼ t po bid for two months (#30)

**14. Heng Chey, 71M (Thkeng Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**15. Heng Pheary, 33F (Thkeng Village)**

**Diagnosis:**

1. Asthma

**Treatment:**

1. Salbutamol Inhaler 2puffs po bid prn severe SOB for four months (# 2)

**16. 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)

**17. Hourn Sok Aun, 48F (Taing Treuk Village)**

**Diagnosis:**

1. DMII
2. Hyperlipidemia

**Treatment:**

1. Metformine 500mg 1t po bid for two months (#120)
2. Captopril 25mg 1/4t po bid for two months (buy)
3. Simvastatin 10mg 1t po qhs for two months (#30)
4. Fenofibrate 1t po qd for two months (buy)

**18. 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)

**19. Kim Sam, 85F (Rovieng Tbong Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 50mg 1/2t po qd for one month (#15)
2. ASA 300mg 1/4t po qd for one month (buy)
3. Draw blood for Lyte, Bun, Creat, Gluc, tot chole and TG at SHCH

**Lab result on April 8, 2011**

Na	=139	[135 - 145]
K	=3.6	[3.5 - 5.0]
Cl	=100	[95 - 110]
BUN	=2.3	[0.8 - 3.9]
Creat	=87	[44 - 80]
Gluc	=4.8	[4.2 - 6.4]
T. Chol	=4.7	[<5.7]
TG	=1.4	[<1.71]

**20. Kong Nareun, 35F (Taing Treuk Village)**

**Diagnosis:**

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

**Treatment:**

1. Atenolol 50mg 1/4t po qd for one month (#8)
2. Spironolactone 25mg 1t po qd for one month (#30)
3. ASA 300mg 1/4t po qd for one month (#8)
4. FeSO4/Folate 200/0.4mg 1t po qd for one month (#30)
5. Draw blood for Lyte, Creat, Tot chole, TG at SHCH

**Lab result on April 8, 2011**

Na	=137	[135 - 145]
K	=4.7	[3.5 - 5.0]
Cl	=102	[95 - 110]
Creat	=90	[44 - 80]
T. Chol	=4.4	[<5.7]
TG	=1.3	[<1.71]

**21. Kong Sam On, 55M (Thkeng Village)**

**Diagnosis:**

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

**Treatment:**

1. Glibenclamide 5mg 2t po bid for two months (buy)
2. Metformin 500mg 1t po bid for two months (#70)
3. Atenolol 50mg 1t po qd for two months (buy)
4. Amlodipine 5mg 1t po qd for two months (#30)
5. ASA 300mg 1/4t po qd for two months (#8)
6. Simvastatin 10mg 1t po qhs for two months (#30)
7. Fenofibrate 1t po qd two months (buy)

**22. Kong Soeun, 31M (Backdoang Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Captopril 25mg 1/4t po bid for one month (buy)
3. Educate on diabetic diet, do regular exercise and foot care

**23. Lay Lai, 32F (Taing Treuk Village)**

**Diagnosis:**

1. Tachycardia
2. Dyspepsia

**Treatment:**

1. Atenolol 50mg 1/2t po bid for three months (# 90)
2. Mg/Al(OH)<sub>3</sub> 250/120 2t po bid prn (#50)

**24. Moeung Phalla, 35F (Thkeng Village)**

**Diagnosis:**

1. Tachycardia

**Treatment:**

1. Propranolol 40mg 1/4t po bid for one month (#15)

**25. Moeung Srey, 48F (Thnout Malou Village)**

**Diagnosis**

1. HTN

**Treatment**

1. Enalapril 5mg 1t po qd for one month (# 30)
2. MTV 1t po qd for one month (#30)
3. Draw blood for CBC, Lyte, BUN, creat, Gluc, TG and Tot chole at SHCH

**Lab result on April 8, 2011**

WBC	=4.2	[4 - 11x10 <sup>9</sup> /L]	Na	=139	[135 - 145]
RBC	=4.9	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=3.8	[3.5 - 5.0]
Hb	=9.9	[12.0 - 15.0g/dL]	Cl	=100	[95 - 110]
Ht	=32	[35 - 47%]	BUN	=1.3	[0.8 - 3.9]
MCV	=65	[80 - 100fl]	Creat	=83	[44 - 80]
MCH	=20	[25 - 35pg]	Gluc	=3.4	[4.2 - 6.4]

MHCH =31	[30 - 37%]	T. Chol =5.2	[<5.7]
Plt =285	[150 - 450x10 <sup>9</sup> /L]	TG =1.6	[<1.71]
Lym =2.2	[1.0 - 4.0x10 <sup>9</sup> /L]		

**26. Nong Khon, 59F (Thkeng Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**Lab result on April 8, 2011**

Na =137	[135 - 145]
K =2.9	[3.5 - 5.0]
Cl =94	[95 - 110]
Creat =93	[44 - 80]
Gluc =5.1	[4.2 - 6.4]
T. Chol =4.6	[<5.7]
TG =3.2	[<1.71]

**27. Nung Sory, 62F (Thkeng Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**Lab result on April 8, 2011**

Na =137	[135 - 145]
K =3.2	[3.5 - 5.0]
Cl =95	[95 - 110]
BUN =1.6	[0.8 - 3.9]
Creat =78	[44 - 80]

**28. Pe Chanthy, 51M (Taing Treuk Village)**

**Diagnosis:**

1. HBV Hepatitis
2. Liver cirrhosis

**Treatment:**

1. Furosemide 40mg 1/2t po bid for one month (#30)
2. Spironolactone 25mg 1t po qd for one month (#30)
3. Propranolol 40mg 1/4t po bid for one month (buy)
4. MTV 1t po qd for one month (#30)

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

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

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



**30. Pen Vanna, 45F (Thnout Malou Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 1t po qd for two months (#60)
2. Captopril 25mg 1t po bid for two months (buy)
3. Review on diabetic diet, do regular exercise and foot care

**31. Prum Khem, 28F (Bangkeun Phal Village)**

**Diagnosis:**

1. Tachycardia

**Treatment:**

1. Propranolol 40mg 1/4t po bid for one month (#15)

**32. Prum Norn, 56F (Thnout Malou Village)**

**Diagnosis:**

1. Liver cirrhosis with PHTN
2. HTN
3. Anemia
4. Hypertrophic Cardiomyopathy
5. Renal Failure with hyperkalemia
6. Dyspepsia

**Treatment:**

1. Spironolactone 25mg 1t po qd for one month (#30)
2. FeSO<sub>4</sub>/Folate 200/0.25mg 1t po qd for one month (#30)
3. MTV 1t po qd for one month (#30)
4. Famotidine 20mg 1t po qhs for one month (#30)

**33. Prum Rim, 47F (Pal Hal Village)**

**Diagnosis:**

1. Urticaria
2. Dyspepsia

**Treatment:**

1. Diphenhydramine 25mg 1t po qhs (#30)
2. Calmine lotion apply bid
3. Famotidine 20mg 1t po qhs (#30)

**34. 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)
3. Draw blood for Free T4 at SHCH

**Lab result on April 8, 2011**

Free T4=**22.49** [12.00 - 22.00]

**35. Ros Oeun, 55F (Thnout Malou Village)**

**Diagnosis:**

1. DMII
2. HTN

**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)

**36. Ros Yeth, 58M (Thnout Malou Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Metformin 500mg 2t po bid for two months (#240)
3. Captopril 25mg 1/4t po bid for two months (buy)

**37. Roth Ven, 54M (Thkeng Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Metformin 500mg 2t po bid for two months (buy)
3. Captopril 25mg 1/4t po qd for two months (buy)
4. ASA 300mg 1/4t po qd for two months (#15)

**38. Sam Thourng, 30F (Thnal Keng Village)**

**Diagnosis:**

1. Cardiomegaly by CXR
2. Severe MS (MVA <1cm<sup>2</sup>)

**Treatment:**

1. Atenolol 50mg 1t po qd for three months (buy)
2. HCTZ 50mg 1/2t po qd for three months (#45)
3. ASA 300mg 1/2t po qd for three months (#45)

**39. Say Soeun, 71F (Rovieng Cheung Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 1t po bid for one month (#60)
3. Captopril 25mg 1t po tid for one month (#90)
4. Nisoldipine 20mg 1t po qd for one month (#30)
5. MTV 1t po qd for one month (#30)
6. Draw blood for Lyte, Bun, Creat, Gluc and HbA1C at SHCH

**Lab result on April 8, 2011**

Na	=140	[135 - 145]
K	=4.7	[3.5 - 5.0]
Cl	=105	[95 - 110]
BUN	=3.8	[0.8 - 3.9]
Creat	=159	[44 - 80]
Gluc	=4.3	[4.2 - 6.4]
HbA1C	=6.0	[4 - 6]

**40. Seung Phorn, 65F (Ta Tong Village)**

**Diagnosis:**

1. Anemia

**Treatment:**

1. FeSO<sub>4</sub>/Folate 200/0.4mg 1t po qd for one month (#30)
2. MTV 1t po qd for one month (#30)

**41. Seung Samith, 63M (Sre Thom Village)**

**Diagnosis:**

1. Gouty arthritis

**Treatment:**

1. Paracetamol 500mg 1t po qid prn pain for one month (#50)
2. Draw blood for Lyte, BUN, Creat and uric acid at SHCH

**Lab result on April 8, 2011**

Na	=137	[135 - 145]
K	=5.5	[3.5 - 5.0]
Cl	=105	[95 - 110]
BUN	=5.2	[0.8 - 3.9]
Creat	=217	[53 - 97]
U Acid	=687	[200 - 420]

**42. Seung Savorn, 50M (Sre Thom Village)**

**Diagnosis:**

1. HTN
2. Hypertriglyceridemia

**Treatment:**

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

**43. Sim Horm, 59F (Bangkeun Phal Village)**

**Diagnosis:**

1. DMII
2. Tinea

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. ASA 300mg 1t po qd for one month (#30)
3. Ciclopirox apply bid for one month (#2)

**44. Som Hon, 51F (Thnal Keng Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 50mg 1/2t po qd for three months (#45)
2. Eat low salt/fats diet, do regular exercise

**45. Srey Thouk, 60F (Taing Treuk Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. Atenolol 50mg 1/2t po qd for four months (#60)
2. ASA 300mg 1/4t po qd for four months (#30)

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

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 2t po bid for one month (#120)
2. Metformin 500mg 3t qAM and 2t po qPM for one month (#150)
3. Captopril 25mg 1/2t po bid for one month (buy)
4. ASA 300mg 1/4t po qd for one month (#8)
5. Draw blood for Gluc, HbA1C at SHCH

**Lab result on April 8, 2011**

Gluc =12.1 [4.2 - 6.4]  
HbA1C =8.9 [4 - 6]

**47. 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)
5. Draw blood for Gluc and HbA1C at SHCH

**Lab result on April 8, 2011**

Gluc =8.3 [4.2 - 6.4]  
HbA1C =9.8 [4 - 6]

**48. Tann Sou Hoang, 51F (Rovieng Cheung Village)**

**Diagnosis:**

1. DMII

**Treatment:**

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

**49. Teav Vandy, 65F (Rovieng Cheung Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**50. Tep Tam, 74M (Bos Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 50mg 1/2t po qd (#20)

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

**Diagnosis:**

1. Tension HA
2. Hyperthyroidism

**Treatment:**

1. Paracetamol 500mg 1t po qid prn HA for two months (#20)

2. Methimazole 5mg 1t po qd for two months (#70)
3. Propranolol 40mg 1/4t po bid for two months (#35)

**52. Thon Vansoeun, 53F (Backdoang Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 50mg 1/2t po qd for three months (#45)
2. ASA 300mg 1/4t po qd for three months (buy)

**53. Un Chhorn, 47M (Taing Treuk Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Captopril 25mg 1/2t po bid for one month (buy)
3. Draw blood for Gluc and HbA1C at SHCH

**Lab result on April 8, 2011**

Gluc =16.3 [4.2 - 6.4]  
 HbA1C =10.3 [4 - 6]

**54. 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 for one month (#8)
3. Draw blood for Gluc and HbA1C at SHCH

**Lab result on April 8, 2011**

Gluc =13.4 [4.2 - 6.4]  
 HbA1C =11.0 [4 - 6]

**55. Yin Hun, 74F (Taing Treuk Village)**

**Diagnosis:**

1. HTN
2. Urticaria

**Treatment:**

1. Enalapril 5mg 1t po qd for one month (#35)
2. Diphenhydramin 25mg 1t po qhs for one month (#30)

**56. Yun Yeung, 75M (Doang Village)**

**Diagnosis:**

1. VHD (MR??)
2. HTN

**Treatment:**

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

**The next Robib TM Clinic will be held on  
 May 2 - 6, 2011**