# Robib *Telemedicine* Clinic

## Preah Vihear Province

## A U G U S T 2 0 0 9

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

On Monday, August 03, 2009, SHCH staff PA Rithy, Driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), August 04 & 05, 2009, the Robib TM Clinic opened to receive the patients for evaluations. There were 8 new cases 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, August 05 & 06, 2009.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston, SHCH and PA Rithy on site, 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 Peng Sovann 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:** Robib Telemed
**To:** Kathy Fiamma ; Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kruy Lim ; Cornelia Haener ; Rithy Chau
**Cc:** Bernie Krisher ; Thero Noun ; Laurie & Ed Bachrach ; Kevin ; Peou Ouk ; Sochea Monn ; Samoeurn Lanh
**Sent:** Monday, July 27, 2009 1:52 PM
**Subject:** Schedule for Robib TM Clinic August 2009

Dear all,

I would like to inform you all that the Robib TM Clinic for August 2009 will be starting from August 3 to 7, 2009.

The agenda for the trip is as following:
1. On Monday August 3, 2009, We will be starting the trip from Phnom Penh to Rovieng, Preah Vihear.
2. On Tuesday August 4, 2009, the clinic opens to see the patients for the whole morning, new and follow up, then the patients' data will be typed up as Word file and send to both partners in Boston and Phnom Penh.
3. On Wednesday August 5, 2009, the activity is as on Tuesday
4. On Thursday August 6, 2009, download all the answers replied from both partners, then the treatment

plan will be made accordingly and prepare the medicine for patients in the afternoon.
5. On Friday August 7, 2009, draw the blood from patients for lab test at SHCH, then come back to Phnom Penh.

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

Best regards,
Sovann

**From:** Robib Telemedicine
**To:** Kruy Lim ; Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar ; Rithy Chau
**Cc:** Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
**Sent:** Tuesday, August 04, 2009 6:55 PM
**Subject:** Robib TM Clinic August 2009, Case#1, Ban Kong, 87M (Koh Pon Village)

Dear all,

Today is the first day for Robib TM Clinic August 2009, there are three new cases and this is the case number 1, Ban Kong, 87M and photos.

Best regards,
Sovann

# Robib Telemedicine Clinic

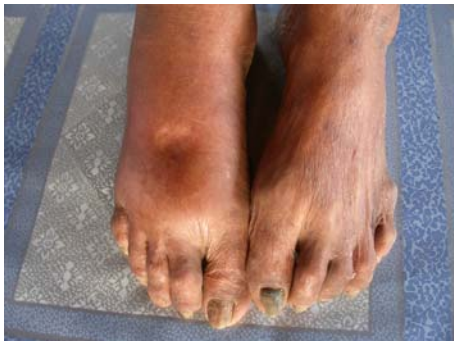
**Sihanouk Hospital Center of HOPE and Partners Telemedicine**
Rovieng Commune, Preah Vihear Province, Cambodia

## History and Physical

**Name/Age/Sex/Village:** **Ban Kong, 87M (Koh Pon Village)**

**Chief Complaint (CC):** Right ankle pain x 1y

**History of Present Illness (HPI):** 87M presented with symptoms of both knee pain, warm, swelling, and morning stiffness, and got treatment from local health care provider with some kinds of medicine, then it became better. A few months later he had pain, swelling, stiffness on left foot then to right foot then he got treatment from local health care provider with NSAIDs, and antibiotic. In January, He went to provincial hospital, had food x-ray and told he had arthritis, and treated with some medicines (unknown name). Now he became better but still presented with less pain, swelling on right foot, no stiffness.



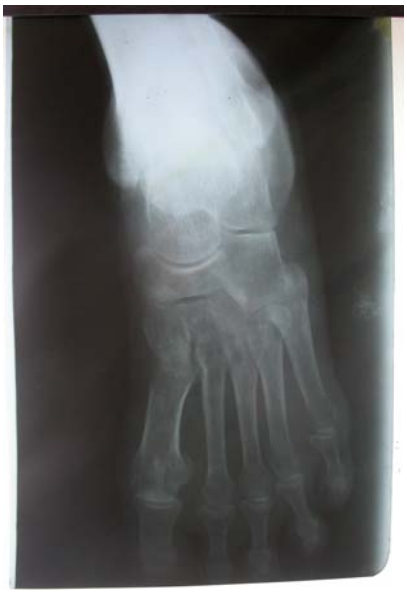
**Past Medical History (PMH):** HTN with Nifedipine 20mg 1t qd

**Family History:** None

**Social History:** Smoking 2 packs/d, stopped 10y, no alcohol drinking

**Current Medications:**

1. Nifedipine 20mg 1t po qd
2. Pain killer (unknown name) 1t prn



**Allergies:** NKDA

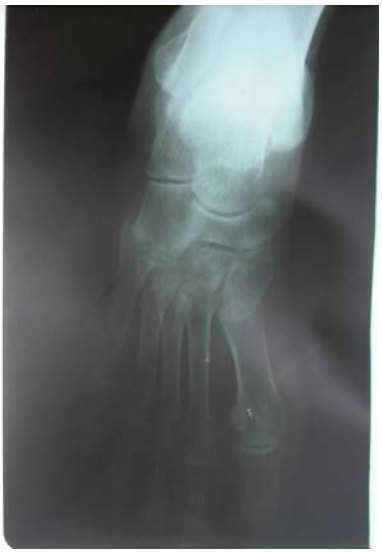
**Review of Systems (ROS):** no HA, no chest pain, no palpitation, no N/V, no stool with blood, no hemturia, no oliguria

**PE:**

**Vitals: BP: 150/60 (both sides) P: 80 R: 20 T: 37$^{o}$C Wt: 45Kg**

Rt thigh BP: 201/108, Lt thigh BP:138/86

**General:** Look stable



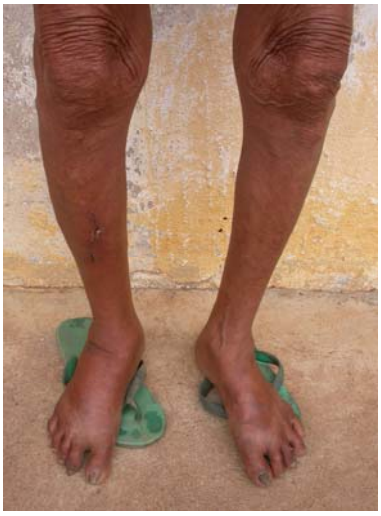
**HEENT:** No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable, no JVD

**Chest:** Rhonchi and wheezing on bilaterally; H RRR, no murmur

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

**Extremity/Skin:** Right foot pitting edema, warm, no stiffness, redness, tender on palpation, posterior tibial, and dorsalis pedis pulse not palpable; radial, brachial and femoral pulse are strong, right foot laceration

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



**Lab/study:** None

**Assessment:**

1. HTN
2. Pneumonia
3. COPD
4. Right shin laceration
5. Arthritis?
6. Lower extremity artherosclerosis??

**Plan:**

1. Nifedipine 20mg 1t po qd
2. Augmentin 875mg 1t po bid x 10d
3. Ibuprofen 200mg 2t po bid prn pain
4. Eat low salt/fats deit, do regular exercise
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH
6. Refer to SHCH for blood vessels integrity evaluation and 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: August 4, 2009**

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



**From:** Tan, Heng Soon,M.D.
**Sent:** Tuesday, August 04, 2009 4:56 PM
**To:** Fiamma, Kathleen M.
**Subject:** RE: Robib TM Clinic August 2009, Case#1, Ban Kong, 87M (Koh Pon Village)

Warm swollen knee pain with morning stiffness suggests an inflammatory arthritis. However an elderly patient with recent onset knee pain is more likely to have a degenerative osteoarthritis of the knees. Osteoarthritis of the knees may also present with swelling small amount of joint effusion or deformities from bone spurs. Knees can be stiff after a period of immobility like getting out of bed in morning. So I favor degenerative osteoarthritis of the knees by history. Later he develops a painful left then right foot. It would be helpful if the location of the pain is clarified: is it the ankle, the subtalar joint, or the metatarsal phalangeal [MTP] joints? Or is it the shin or lower leg? The foot x-rays show the normal mid foot and not the ankle. Again chronic pain suggests osteoarthritis of the ankles. If he really has a transient migratory arthralgia, one has to consider rheumatic fever associated with a streptococcal pharyngitis--unusual to occur in an elderly man. Again pains in weight bearing joints are more likely degenerative in nature rather than the pattern seen in inflammatory arthritis or lupus arthralgia or seronegative arthropathy.

His current presentation is a swollen, red, tender right leg distal to a laceration on the anterior shin well visualized in the accompanying photo. How did he sustain the laceration? How deep is it? When did it happen? How was it cleaned? How has it been treated? My impression is that he has developed a cellulitis related to the open wound on the shin. So Augmentin 875 mg bid is a good choice to treat a staphylococcal skin infection so long as it is not an MRSA [methicillin resistant Staph aureus]. He may need up to 2 weeks treatment. If he is not improved in 3-4 days consider an MRSA infection, and may have to switch to Bactrim ds bid 2 weeks instead.

At first reading, one may consider nifedipine as a possible cause of leg edema, but it usually affects both legs. Single leg edema should raise the possibility of deep vein thrombosis, post phlebitic leg or in non pitting edema, chronic filariasis affecting the inguinal lymph nodes. As for the systolic hypertension, one could add HCTZ 25 mg to supplement nifedipine, and reduce edema as well. Nifedipine will work better if given twice a day.

He is a smoker and chest exam revealed rhonchi and wheezing, so he has at least a wheezing bronchitis. Does he cough? Is it productive? Is he short of breath with walking? I would consider COPD only if he has increased AP diameter, reduced breath sounds with prolonged expiratory phase on chest exam. He may benefit from an atropine inhaler. In this case, Augmentin will clear any concurrent bronchitis as well.

The pedal pulses are absent on the right or is it both feet? The right thigh blood pressure is high but the left thigh blood pressure is low on the left. So indeed he may have peripheral vascular disease, more severe on

the left with the lower thigh blood pressure. Doe he report claudication symptoms [cramps in the calf muscles after prolonged walking]? Nifedipine in this case would be a good choice to treat hypertension as well as peripheral vascular disease.

Blood tests for CBC [checking white count for severity of infection], renal function [relationship to hypertension] and blood lipids [assessing cardiovascular risk] are all useful. CXR can confirm COPD. Doppler studies for peripheral vascular disease could be useful if he is symptomatic and needs surgical intervention.

Good luck with his care.

Heng Soon

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**From:** Robib Telemedicine
**To:** Kathy Fiamma > ; Kruy Lim ; Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Rithy Chau
**Cc:** Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
**Sent:** Tuesday, August 04, 2009 6:56 PM
**Subject:** Robib TM Clinic August 2009, Case#2, Chun Phally, 16F (Sre Thom Village)

Dear all,

This is the case number 2, Chun Phally, 16F 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: Chun Phally, 16F (Sre Thom Village)**

**Chief Complaint (CC):** Joint pain and swelling x 3y

**History of Present Illness (HPI):** 16F brought to Telemedicine clinic by her mother complaining of joint pain, burning sensation, swelling, morning stiffness of the PIP, MCP, elbow, knee, ankle joint, she bought some medicine from local pharmacy but her symptoms not better so she was brought to Kuntha Bopha hospital in Siem Reap in 2007, and admitted there for 10d then was discharge. In 2008, She developed the above symptoms with moon face and the face became dark, she was brought to the same hospital in Seim Reap and admitted for 20d then discharged with two kinds of medicine (one kind 4t po qd and other one 1t po qd) and follow up in one month. Her condition became better and she could not afford for transportation to Siem Reap so she missed appointment. In April 2009, her condition became worse with severe swelling, joint pain, moon face

so she was brought to Kuntha Bopha hospital again with one month admission in the hospital, and discharged with one month medicine (Prednisolone??) 4t po qd. Now she still has less leg swelling, pain, moon face and dark skin on the face, denied of oliguria, hematuria.

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

**Family History:** None

**Social History:** Grade 11 student

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** Non menstrual period, no abdominal complaint

**PE:**

**Vitals: BP: 138/89 P: 117 R: 20 T: 37$^{o}$C Wt: 44Kg**

**General:** Look stable, moon face with mala rash

**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

**Extremity/Skin:** 1+ pitting edema, no lesion

**Lab/study:**
Done on August 4, 2009

U/A protein 4+

**Assessment:**

1. Nephrotic Syndrome?
2. Elevated BP
3. Rheumatic arthritis?

**Plan:**

1. Prednisolone 5mg 8t po qd for one month then taper
2. Captopril 25mg 1/2t po bid for one month
3. ASA 300mg 1/4t po qd for one month
4. Albendazole 200mg 1t po bid x 5d
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot Chole, Albumin, Protein 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: August 4, 2009**

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



**No answer replied**

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**From:** Robib Telemedicine
**To:** Rithy Chau ; Kruy Lim ; Kathy Fiamma > ; Joseph Kvedar ; Paul J. M.D. Heinzelmann
**Cc:** Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
**Sent:** Tuesday, August 04, 2009 6:57 PM
**Subject:** Robib TM Clinic August 2009, Case#3, Thourn Ratha, 6M (Thnout Malou Village)

Dear all,

This is case number 3, Thourn Ratha, 6M 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

## History and Physical

**Name/Age/Sex/Village: Thourn Ratha, 6M (Thnout Malou Village)**

**Chief Complaint (CC):** Cough x 1 month

**History of Present Illness (HPI):** 6M brought to Telemedicine clinic by his grandmother complaining of cough with sneezing, clear nasal discharge, fever, and dyspnea, his grand mother bought medicine (unknown name) from local pharmacy for him po bid x three days. His symptoms became better but developed again in a few days. Because he still has symptoms of cough, yesterday his grand mother bought medicine (3 kinds) from local pharmacy for him, and bring him to Telemedicine clinic today.

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

**Family History:** None

**Social History:** None

**Current Medications:** 3 kinds of medicine qd

**Allergies:** NKDA

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

**PE:**

**Vitals: BP: 86/40 P: 113 R: 28 T: 37$^{o}$C Wt: 16Kg**

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable; Ear and Nose are normal, no redness, no discharge, no swelling mucosa

**Chest:** Rhonchi and crackle on both lung; H RRR, no murmur

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

**Extremity/Skin:** Unremarkable

**Lab/study:** None

**Assessment:**

1. Pneumonia

**Plan:**

1. Erythromycin 500mg 1/2t po bid x 7d
2. Paracetamol 500mg 1/2t po qid prn fever

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: August 4, 2009**

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



**No answer replied**

**From:** Robib Telemedicine
**To:** Rithy Chau ; Kruy Lim ; Kathy Fiamma > ; Paul J. M.D. Heinzelmann ; Joseph Kvedar
**Cc:** Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
**Sent:** Wednesday, August 05, 2009 7:50 PM
**Subject:** Robib TM Clinic August 2009, Case#4, Cheng Ly Seang, 40F (Taing Treuk Village)

Dear all,

Today is the second day for Robib TM clinic August 2009, there are five new cases and this is case number 4, continued from yesterday, Cheng Ly Seang, 40F and photos.

Best regards,
Sovann

# Robib Telemedicine Clinic

## Sihanouk Hospital Center of HOPE and Partners Telemedicine

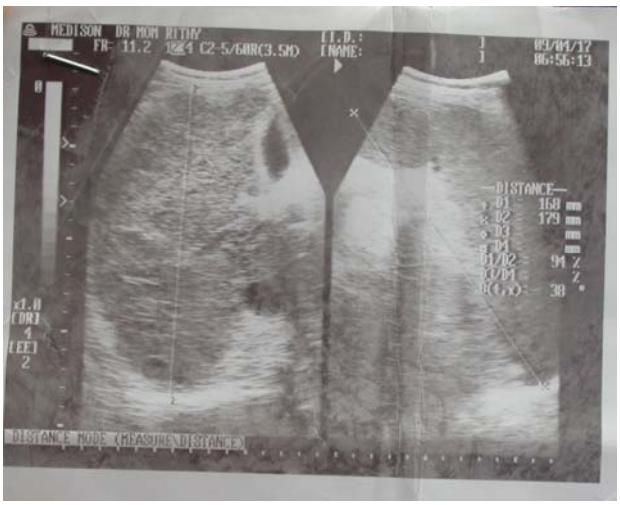
### Rovieng Commune, Preah Vihear Province, Cambodia

## History and Physical

**Name/Age/Sex/Village:** **Cheng Ly Seang, 40F (Taing Treuk Village)**

**Chief Complaint (CC):** Abdominal distension with blood vessel dilation x 4 months

**History of Present Illness (HPI):** In 1993, she presented with symptoms of RUQ pain, stabbing like, fever, she got treatment with Metronidazole for a few days but not better, she went to hospital in Phnom Penh, told she had Hepatitis A and Hepatosplenomegaly, and treated with some medicine (unknown name), she became stable. In 1996, she presented with RUQ pain, icterus and skin pruritus and treated by provincial hospital with then became stable. In April 2009, she presented with RUQ pain, fever, abdominal distension, and noticed vascular appeared visible on the abdomen and waist and dyspnea on exertion. She got abdomen U/S with conclusion Hepatosplenomegaly and treated with some medicine (unknown name) but not better. She has sought treatment with traditional medicine as well but not help.



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

**Family History:** Father with DMII

**Social History:** No smoking, no alcohol drinking

**Current Medications:** Traditional medicine

**Allergies:** NKDA

**2-échographie abdomino-pelvienne, Glande thyroïde et des seins**

- Foie et de taill augmenté de volume, d'échostructure échogène homogène hétérogène sur fond rugueux

Ca vein port de taill normale

- La vein sus hépatique sont dilaté

- La rate est de taill augmenté de volume échostructure échogène homogène

-Consclusion Hépato-splénomégalie

ត្បែងមានជ័យ, ថ្ងៃទី 17 ខែ 04 ឆ្នាំ2005.

គ្រូពេទ្យអេកូសាស្ត្រ

ជជ្ជបណ្ឌិត. ម៉ុំ-ឫទ្ធី

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

**PE:**

**Vitals: BP: 121/83 P: 96 R: 20 T: 36.5°C Wt: 49Kg**

**General:** Look stable

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

**Chest:** CTA bilaterally, no rales, no rhonchies; H RRR, no murmur

**Abd:** Soft, no tender, mild distension, (+) BS, visible vascular dilation, palpable hepatomegaly and splenomegaly with smooth surface and border, neg fluid wave

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

Rectal Exam: Good sphincter tone, no mass palpable, neg colocheck

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

**Lab/study:**

On April 2009
Abd U/S conclusion: Hepatosplenomegaly

On August 5, 2009
U/A Normal

**Assessment:**

1. Hepatitis A
2. Hepatosplenomegaly
3. Liver cirrhosis??

**Plan:**

1. MTV 1t po qd for one month
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, FLT, Hep B, Hep C 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: August 5, 2009**

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

*entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.*

**From:** Smulders-Meyer, Olga,M.D.
**To:** Fiamma, Kathleen M. ; robibtelemed@gmail.com
**Cc:** rithychau@sihosp.org
**Sent:** Thursday, August 06, 2009 11:15 AM
**Subject:** RE: Robib TM Clinic August 2009, Case#4, Cheng Ly Seang, 40F (Taing Treuk Village)

Dear **Sovann Peng**

Most likely this patient suffers from chronic hepatitis and cirrhosis.
The patient has a history of acute hepatitis in the past, and since she has recurrent symptoms with right upper quadrant pain. It is very unlikely that her symptoms represent a Hepatitis A infection which is usually a one-time infection.
Therefore this patient is likely to have either chronic hepatitis B or chronic hepatitis C.

If possible I would check her antibody status for hepatitis C, as well as hepatitis B antigen and hepatitis B antibody to confirm the diagnosis.

Patients with chronic hepatitis may be asymptomatic for many months and then suddenly have another bout of symptoms.
Often transaminases are elevated at that time.

Signs of chronic liver disease or jaundice, splenomegaly, ascites and pedal edema. You should also determine the synthetic function of the liver, by ordering albumin level and a PT which will help you assess the stage of the cirrhosis. The end-stage cirrhosis also can cause encephalopathy, with changed mental status particularly more somnolence and the patients have an elevated ammonia level.

If the patient has Hepatitis B you may want to check her renal function as hepatitis B can cause kidney insufficiency.

The patient may need to a liver biopsy to further stage the cirrhosis.

Olga Smulders Meyer MD

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**From:** Robib Telemedicine
**To:** Rithy Chau ; Kruy Lim ; Kathy Fiamma > ; Paul J. M.D. Heinzelmann ; Joseph Kvedar
**Cc:** Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
**Sent:** Wednesday, August 05, 2009 4:29 PM
**Subject:** Robib TM Clinic August 2009, Case#5, Chourb Chourn, 69M (Thnout Malou Village)

Dear all,

This is the case number 5, Chourb Chourn, 69M and photos.

Best regards,
Sovann

# Robib Telemedicine Clinic

**Sihanouk Hospital Center of HOPE and Partners Telemedicine**

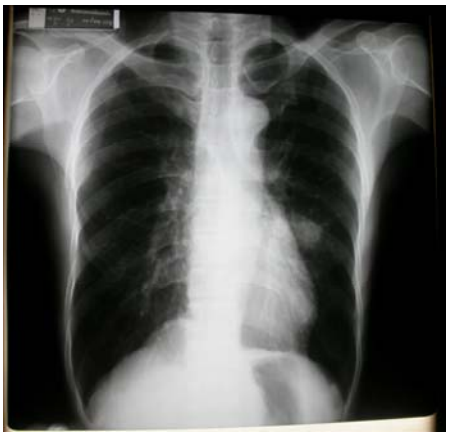
Rovieng Commune, Preah Vihear Province, Cambodia

## History and Physical

**Name/Age/Sex/Village:** **Chourb Chourn, 69M (Thnout Malou Village)**

**Chief Complaint (CC):** Cough x 5 months

**History of Present Illness (HPI):** 69M presented with symptoms of night sweating, fever, chill and white productive cough, left side chest pain, and dyspnea on exertion. In several days, he expected sputum with slightly blood so he went to local health center for sputum smear with result negative. He went to provincial hospital, sputum smear still negative and was treated with Amoxicillin 500mg 1t po, Paracetamol, Promexin for 5d. After the treatment, he feels not better so he went to hospital in Phnom Penh, CXR done, and told he has pneumonia and treated with three kinds of medicine (unknown name) x 5d. He still presented with white productive cough, dyspnea on exertion, so he come to get consultation with Telemedicine clinic.



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

**Family History:** None

**Social History:** Smoking 1pack/d, no alcohol drinking

**Current Medications:** None

**Allergies:** NKDA

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

**PE:**

**Vitals:** **BP: 150/90** **P: 98** **R: 22** **T: 37$^{o}$C** **Wt: 41Kg** **$O_2$sat: 96%**

**General:** Look stable

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

**Chest:** Crackle on left lower lobe, decreased breathing sound on other lobes, no crackle; H RRR, no murmur

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

មជ្ឈមណ្ឌលជាតិកំចាត់រោគរបេង និង ហាច់សិន
ផ្លូវលេខ 278/95 ស.ក បឹងកេងកង II
ទូរស័ព្ទ : 023 219 274 – 75

Service de Radiologie
Dr.Peou Satha
Dr.Karim Chamroeun
Mr.Chhor Kim Sreng
Mr.Hem Phallit
Mr.Chet Sambo
Mr. Eang Neou

# បំណុងវិភាគ

ឈ្មោះ..... ជួប ជួន .....ភេទ.....ប្រុស....អាយុ.....៦៨.... ឆ្នាំ
រោគវិនិច្ឆ័យ.....

| សំណូមពរវិភាគ | លទ្ធផល |
|---|---|
| *Radiographie du thorax*<br>*De face* | ***Cage thoracique:*** *Les deux hémi thorax sont symétriques.*<br><br>***Poumons:*** *Opacité dense moins homogène paracardiaque gauche .Absence de lésion pleuro parenchymateuse d'allure évolutive du côté droit par ailleur. Pas de visibilité anormale de la chaîne ganglionnaire trachéo-bronchique et de la carène.*<br><br>***Cœur:*** *Index cardio-thoracique normal.*<br><br>***Conclusion:*** *Pneumopathie infectieuse .* |
| ថ្ងៃទី.....ខែ.....ឆ្នាំ២០០<br>ហត្ថលេខាគ្រូពេទ្យ | ថ្ងៃទី.....២២.....ខែ.....កក្កដា.....ឆ្នាំ២០០៩<br>ហត្ថលេខាគ្រូអ្នកឯកទេស<br>វេជ្ជ. ការីម ចំរើន |

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

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

**Lab/study:**

CXR attached

**Assessment:**

1. Pneumonia
2. Elevated BP

**Plan:**

1. Erythrmycin 500mg 1t po bid x 7d
2. Recheck BP in next, if still elevate start with HCTZ 50mg 1/2t po qd
3. Eat low salt/fats 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: August 5, 2009**

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



**From:** Cusick, Paul S.,M.D.
**To:** Fiamma, Kathleen M. ; robibtelemed@gmail.com
**Cc:** rithychau@sihosp.org
**Sent:** Friday, August 07, 2009 3:33 AM
**Subject:** RE: Robib TM Clinic August 2009, Case#5, Chourb Chourn, 69M (Thnout Malou Village)

Thank you for this consult.

This sounds like a cough with a fever and white sputum production in a man who smokes.
He has been treated with medications but it is unclear as to what medications he has received and if he has been treated for an adequate course.

There are not any symptoms or exam findings to suggest congestive heart failure.
The chest xray report and the left lung crackles suggest a pulmonary process.

I agree with the choice of an antibiotic.
He may also benefit from and inhaler for reactive airway disease
Agree with rechecking his blood pressure and treat if he is hypertensive
He should also receive counseling on smoking cessation.

Thanks for this interesting consult,.

Best of luck.

Paul

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**From:** Robib Telemedicine
**To:** Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar ; Kruy Lim ; Rithy Chau
**Cc:** Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
**Sent:** Wednesday, August 05, 2009 4:33 PM
**Subject:** Robib TM Clinic August 2009, Case#6, Duch Din, 70M (Koh Pon Village)

Dear all,

This is case number 6, Duch Din, 70M 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: Duch Din, 70M (Koh Pon Village)**

**Chief Complaint (CC):** HA and dizziness x 3 months

**History of Present Illness (HPI):** 70M presented with symptoms of HA, sharp sensation on frontal and temporal area especially in the morning, dizziness, blurred vision, he went to private clinic, and had BP check 160/? and treated with Amlodipine 5mg 1t po qd x 20d then recheck again but BP still elevated and advised to increased to 1t bid then his BP decreased to 130/? and above symptoms less happened. He denied of palpitation, chest pain, cough, dyspnea, abdominal complaint, edema, oliguria, hematuria.

**Past Medical History (PMH):** Hernia repair in 2006

**Family History:** None

**Social History:** Smoking 6cig/d; casually alcohol drinking

**Current Medications:**

1. Amlodipine 5mg 1t po bid

**Allergies:** NKDA

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

**PE:**

**Vitals: BP: 149/79 (both sides) P: 76 R: 20 T: 37$^{o}$C Wt: 62Kg**

**General:** Look stable

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

**Chest:** CTA bilaterally, no rales, no rhonchies; H RRR, no murmur

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

**Extremity/Skin:** No edema, no lesion, no rash, (+) dorsalis pedis and posterior tibial pulse

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

**Lab/study:**
On August 5, 2009
U/A normal

**Assessment:**
1. HTN

**Plan:**
1. Amlodipine 5mg 1t po bid for one month
2. ASA 300mg 1/4t po qd for one month
3. Smoking cessation
4. Eat low salt/fats diet, do regular exercise
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc 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: August 5, 2009**

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



**From:** Tan, Heng Soon,M.D.
**Sent:** Wednesday, August 05, 2009 12:13 PM
**To:** Fiamma, Kathleen M.
**Subject:** RE: Robib TM Clinic August 2009, Case#6, Duch Din, 70M (Koh Pon Village)

I agree he has hypertension. I would check blood lipids to further assess cardiovascular risk. I would also add HCTZ 25 mg daily to better control his blood pressure, bringing it down to below 130/80.

Heng Soon Tan, MD

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**From:** Robib Telemedicine
**To:** Kathy Fiamma > ; Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kruy Lim ; Rithy Chau
**Cc:** Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
**Sent:** Wednesday, August 05, 2009 4:30 PM
**Subject:** Robib TM Clinic August 2009, Case#7, San Sophal, 35M (Rovieng Cheung Village)

Dear all,

This is case number 7, San Sophal 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: San Sophal, 35M (Rovieng Cheung Village)**

**Chief Complaint (CC):** Polyuria x 8 months

**History of Present Illness (HPI):** 35M presented with symptoms of polyuria, polyphgia, fatigue and noticed the ants come around his urine, he went to private clinic for blood sugar testing with result of 268mg/dl. He was advised to do regular exercise and eat low sugar diet, a few months later his blood sugar 168mg/dl, he got treatment with traditional medicine but he still presented with above symptoms. He denied of cough, dyspnea, chest pain, palpitation, numbness/tingling.

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

**Family History:** Mother with DMII, HTN

**Social History:** Smoking 8cig/d, stopped 2y; casually alcohol drinking

**Current Medications:** Traditional medicine

**Allergies:** NKDA

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

**PE:**

**Vitals: BP: 126/86 P: 65 R: 20 T: 37$^{o}$C Wt: 85Kg Height: 1.69m**

**General:** Look stable

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

**Chest:** CTA bilaterally, no rales, no rhonchies; H RRR, no murmur

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

**Extremity/Skin:** No edema, no lesion, no foot wound

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

**Lab/study:**

On August 4, 2009

FBS: 206mg/dl

On August 5, 2009
FBS: 173mg/dl; U/A glucose 2+

**Assessment:**

1. DMII

**Plan:**

1. Metformin 500mg 1t po qhs for one month
2. Educate on diabetic diet, low salt/fats diet, do regular exercise and foot care
3. 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: August 5, 2009**

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



From: Fang, Leslie S.,M.D.
Sent: Wednesday, August 05, 2009 11:27 AM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic August 2009, Case#7, San Sophal, 35M (Rovieng Cheung Village)

I would actually go up to 500 mg of Metformin twice a day

Leslie Fang, MD PhD

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**From:** Robib Telemedicine
**To:** Joseph Kvedar ; Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Rithy Chau ; Kruy Lim
**Cc:** Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
**Sent:** Wednesday, August 05, 2009 4:31 PM
**Subject:** Robib TM Clinic August 2009, Case#8, Thai Kim Eang, 70F (Taing Treuk Village)

Dear all,

This is the last case for Robib TM clinic August 2009, case number 8, Thai Kim Eang, 70F and photos. 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

## History and Physical

**Name/Age/Sex/Village: Thai Kim Eang, 70F (Taing Treuk Village)**

**Chief Complaint (CC):** Dyspnea and cough x 3y

**History of Present Illness (HPI):** 70F with past history of Asthma presented with symptoms of dyspnea on exertion, dry cough, fever, weight loss, she bought some medicine (unknown name) with traditional medicine but the symptoms of cough, dyspnea seem not better. In this month, the dyspnea became worse with about 20m walking and lying down especially at night and she have to sleep on a few pillows to reduce SOB. She denied of night sweating, hemoptysis, dysphagia, edema.

**Past Medical History (PMH):** Appendicectomy in 2004

**Family History:** None

**Social History:** Smoking 5cig/d, no alcohol drinking

**Current Medications:** Traditional medicine

**Allergies:** NKDA

**Review of Systems (ROS):** 1y of epigastric pain, burning sensation, burping with sour taste

**PE:**

**Vitals: BP: 128/72 P: 84 R: 28 T: 37$^{o}$C Wt: 54Kg $O_2$sat: 92%**

**General:** Look tachypnea

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

**Chest:** Wheezing and rhonchies on both lung; H RRR, no murmur

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

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

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

**Lab/study:** None

**Assessment:**

1. Asthma
2. Pneumonia
3. Dyspepsia

**Plan:**

1. Salbutamol Inhaler 2puffs bid for one month
2. Erythromycin 500mg 1t po bid x 7d
3. Famotidine 20mg 1t po qhs for one month
4. Smoking cessation
5. Stop traditional medicine

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: August 5, 2009**

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



**From:** Cusick, Paul S.,M.D.
**To:** Fiamma, Kathleen M. ; robibtelemed@gmail.com
**Cc:** rithychau@sihosp.org
**Sent:** Friday, August 07, 2009 3:27 AM
**Subject:** RE: Robib TM Clinic August 2009, Case#8, Thai Kim Eang, 70F (Taing Treuk Village)

Thanks for the consultation.

This sounds like a primary respiratory process in a patient with a history of smoking and "asthma".
She has a subacute presentation of cough fever and progressive dyspnea on exertion.

Given her lack of symptoms and exam findings to suggest pulmonary edema,
I would agree with treating her for an infection and bronchodilators (salbutamol)
Agree with need to stop smoking

Best of luck,

Paul

**From:** Robib Telemedicine
**To:** Kathy Fiamma >
**Cc:** Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Rithy Chau
**Sent:** Thursday, August 06, 2009 8:15 PM
**Subject:** Robib TM Clinic August 2009 received cases

Dear Kathy,

I have received reply of four cases from you and below are the cases received:

Case#1, Ban Kong, 87M
Case#4, Cheng Ly Seang, 40F
Case#6, Duch Din, 70M
Case#7, San Sophal, 35M

Please send me the answer of the remaining cases. Thank you very much for the reply to the cases Robib TM clinic August 2009.

Best regards,
Sovann

# Thursday, August 06, 2009

## Follow-up Report for Robib TM Clinic

There were 8 new patients seen during this month Robib TM Clinic, other 55 patients came for medication refills only, and 25 patients seen by PA Rithy for minor problem without sending data. 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 August 2009

**1. Ban Kong, 87M (Koh Pon Village)**
**Diagnosis:**

1. HTN
2. Pneumonia
3. Right shin laceration
4. Osteoarthritis?
5. Lower extremity artherosclerosis??

**Treatment:**

1. HCTZ 50mg 1t po qd (#40)
2. ASA 300mg 1/4t po qd (#10)
3. Augmentin 875mg 1t po bid x 10d (#20)
4. Salbutamol Inhaler 2puffs bid prn SOB (#1)
5. Ibuprofen 200mg 2t po bid prn pain (#30)
6. Eat low salt/fats deit, do regular exercise
7. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH
8. Refer to SHCH for blood vessels integrity evaluation and CXR

**Lab result on August 7, 2009**

| | | | | | |
|---|---|---|---|---|---|
| WBC | =8.7 | [4 - 11x$10^9$/L] | Na | =143 | [135 - 145] |
| RBC | =3.8 | [4.6 - 6.0x$10^{12}$/L] | K | =4.6 | [3.5 - 5.0] |
| Hb | =9.3 | [14.0 - 16.0g/dL] | Cl | =114 | [95 - 110] |
| Ht | =30 | [42 - 52%] | BUN | =3.2 | [0.8 - 3.9] |
| MCV | =79 | [80 - 100fl] | Creat | =150 | [53 - 97] |
| MCH | =24 | [25 - 35pg] | Gluc | =5.0 | [4.2 - 6.4] |
| MHCH | =31 | [30 - 37%] | T. Chol | =5.3 | [<5.7] |
| Plt | =377 | [150 - 450x$10^9$/L] | TG | =2.3 | [<1.71] |
| Lym | =1.7 | [1.0 - 4.0x$10^9$/L] | | | |
| Mxd | =2.5 | [0.1 - 1.0x$10^9$/L] | | | |
| Neut | =4.5 | [1.8 - 7.5x$10^9$/L] | | | |

**2. Chun Phally, 16F (Sre Thom Village)**
**Diagnosis:**

1. Nephrotic Syndrome?
2. Elevated BP

**Treatment:**

1. Prednisolone 5mg 8t po qd for two weeks then then taper to 4t po qd for two weeks (#240)
2. Captopril 25mg 1/2t po bid for one month (#40)
3. ASA 300mg 1/4t po qd for one month (#10)
4. Albendazole 200mg 1t po bid x 5d (#10)
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot Chole, Albumin, Protein at SHCH

**Lab result on August 7, 2009**

| | | | | | |
|---|---|---|---|---|---|
| WBC | =8.3 | [4 - 11x$10^9$/L] | Na | =144 | [135 - 145] |
| RBC | =3.2 | [3.9 - 5.5x$10^{12}$/L] | K | =3.5 | [3.5 - 5.0] |
| Hb | =8.0 | [12.0 - 15.0g/dL] | Cl | =117 | [95 - 110] |
| Ht | =25 | [35 - 47%] | BUN | =6.6 | [0.8 - 3.9] |
| MCV | =78 | [80 - 100fl] | Creat | =190 | [44 - 80] |
| MCH | =25 | [25 - 35pg] | Gluc | =4.5 | [4.2 - 6.4] |
| MHCH | =33 | [30 - 37%] | T. Chol | =10.5 | [<5.7] |
| Plt | =414 | [150 - 450x$10^9$/L] | Prote | =58 | [66 - 87] |
| Lym | =2.9 | [1.0 - 4.0x$10^9$/L] | Albu | =24 | [38 - 54] |
| Mxd | =0.5 | [0.1 - 1.0x$10^9$/L] | | | |
| Neut | =4.9 | [1.8 - 7.5x$10^9$/L] | | | |

**3. Thourn Ratha, 6M (Thnout Malou Village)**
**Diagnosis:**

1. Pneumonia

**Treatment:**

1. Erythromycin 500mg 1/2t po bid x 7d (#7)
2. Paracetamol 500mg 1/2t po qid prn fever (#20)

**4. Cheng Ly Seang, 40F (Taing Treuk Village)**
**Diagnosis:**

1. Hepatosplenomegaly
2. Liver cirrhosis??

**Treatment:**

1. MTV 1t po qd for one month (#30)
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, FLT, Hep B, Hep C at SHCH

**Lab result on August 7, 2009**

| | | | | | |
|---|---|---|---|---|---|
| WBC | =3.8 | [4 - 11x$10^9$/L] | Na | =140 | [135 - 145] |
| RBC | =3.9 | [3.9 - 5.5x$10^{12}$/L] | K | =3.8 | [3.5 - 5.0] |
| Hb | =10.6 | [12.0 - 15.0g/dL] | Cl | =113 | [95 - 110] |
| Ht | =33 | [35 - 47%] | BUN | =1.7 | [0.8 - 3.9] |
| MCV | =85 | [80 - 100fl] | Creat | =60 | [44 - 80] |
| MCH | =28 | [25 - 35pg] | Gluc | =4.9 | [4.2 - 6.4] |
| MHCH | =33 | [30 - 37%] | T. Chol | =2.3 | [<5.7] |
| Plt | =60 | [150 - 450x$10^9$/L] | TG | =1.0 | [<1.71] |
| Lym | =0.8 | [1.0 - 4.0x$10^9$/L] | SGOT | =64 | [<31] |
| Mxd | =0.4 | [0.1 - 1.0x$10^9$/L] | SGPT | =37 | [<32] |
| Neut | =2.6 | [1.8 - 7.5x$10^9$/L] | | | |

Anti-HBs : Non-reactive
HCV : Non reactive

**5. Chourb Chourn, 69M (Thnout Malou Village)**
**Diagnosis:**

1. Pneumonia
2. Elevated BP

**Treatment:**

1. Erythrmycin 500mg 1t po bid x 7d (#14)
2. Recheck BP in next, if still elevate start with HCTZ 50mg 1/2t po qd
3. Eat low salt/fats diet, do regular exercise

**6. Duch Din, 70M (Koh Pon Village)**
**Diagnosis:**

1. HTN

**Treatment:**

1. Amlodipine 5mg 1t po bid for one month (buy)
2. ASA 300mg 1/4t po qd for one month (#10)
3. Smoking cessation
4. Eat low salt/fats diet, do regular exercise
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

**Lab result on August 7, 2009**

| | | | | | |
|---|---|---|---|---|---|
| WBC | =7.1 | [4 - 11x$10^9$/L] | Na | =142 | [135 - 145] |
| RBC | =5.7 | [4.6 - 6.0x$10^{12}$/L] | K | =3.6 | [3.5 - 5.0] |
| Hb | =13.4 | [14.0 - 16.0g/dL] | Cl | =112 | [95 - 110] |
| Ht | =42 | [42 - 52%] | BUN | =2.4 | [0.8 - 3.9] |
| MCV | =74 | [80 - 100fl] | Creat | =111 | [53 - 97] |
| MCH | =24 | [25 - 35pg] | Gluc | =5.3 | [4.2 - 6.4] |
| MHCH | =32 | [30 - 37%] | T. Chol | =5.3 | [<5.7] |
| Plt | =120 | [150 - 450x$10^9$/L] | TG | =3.1 | [<1.71] |
| Lym | =1.9 | [1.0 - 4.0x$10^9$/L] | | | |

**7. San Sophal, 35M (Rovieng Cheung Village)**
**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po qhs for one month (#40)
2. Educate on diabetic diet, low salt/fats diet, do regular exercise and foot care
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, HbA1C at SHCH

**Lab result on August 7, 2009**

| | | | | | |
|---|---|---|---|---|---|
| WBC | =6.3 | [4 - 11x$10^9$/L] | Na | =139 | [135 - 145] |
| RBC | =5.9 | [4.6 - 6.0x$10^{12}$/L] | K | =3.9 | [3.5 - 5.0] |
| Hb | =15.2 | [14.0 - 16.0g/dL] | Cl | =106 | [95 - 110] |
| Ht | =48 | [42 - 52%] | BUN | =2.2 | [0.8 - 3.9] |
| MCV | =80 | [80 - 100fl] | Creat | =81 | [53 - 97] |
| MCH | =26 | [25 - 35pg] | Gluc | =10.8 | [4.2 - 6.4] |
| MHCH | =32 | [30 - 37%] | T. Chol | =4.6 | [<5.7] |
| Plt | =212 | [150 - 450x$10^9$/L] | TG | =6.3 | [<1.71] |
| Lym | =2.8 | [1.0 - 4.0x$10^9$/L] | HbA1C | =7.3 | [4 – 6] |
| Mxd | =0.2 | [0.1 - 1.0x$10^9$/L] | | | |
| Neut | =3.3 | [1.8 - 7.5x$10^9$/L] | | | |

**8. Thai Kim Eang, 70F (Taing Treuk Village)**
**Diagnosis:**

1. Asthma

2. Pneumonia
3. Dyspepsia

**Treatment:**

1. Salbutamol Inhaler 2puffs bid for one month (#2)
2. Erythromycin 500mg 1t po bid x 7d (#14)
3. Famotidine 40mg 1t po qhs for one month (#30)
4. Smoking cessation
5. Stop traditional medicine

## Patients who come for follow up and refill medicine

**1. Ai Lun, 75F (Rovieng Tbong Village)**
**Diagnosis:**

1. Osteoarthritis

**Treatment:**

1. Paracetamol 500mg 1t po qid prn pain for three month (#70)

**2. Ban Lay, 34F (Koh Pon Village)**
**Diagnosis:**

1. Diffuse goiter
2. Euthyroid goiter

**Treatment:**

1. Propranolol 40mg 1/2t po bid for two months (#60)
2. Carbimazole 5mg 1/2t po bid for two months (#60)

**3. Chan Thoeun, 50F (Sralou Srong Village)**
**Diagnosis:**

1. Mild to moderate Aortic regurgitation

**Treatment:**

1. Captopril 25mg 1/4t po bid for three months (# 45)

**4. Chheak Leangkry, 65F (Rovieng Cheung)**
**Diagnosis:**

1. DMII with PNP
2. HTN

**Treatment:**

1. Metformin 500mg 2t po qhs for one month (#60)
2. Glibenclamide 5mg 1t po bid for one month (#60)
3. Captopril 25mg 1/2t po bid for one month (#30)
4. Amitriptyline 25mg 1t po qhs for one month (#30)
5. Draw blood for Gluc and HbA1C at SHCH

**Lab result on August 7, 2009**

| | | |
|---|---|---|
| Gluc | =6.0 | [4.2 - 6.4] |
| HbA1C | =8.3 | [4 - 6] |

**5. Chheuk Norn, 53F (Thnout Malou Village)**
**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 2t po bid for one month (#120)

3. Captopril 25mg 1/4t po qd for one month (# 8)
4. ASA 300mg 1/4t po qd for one month (# 8)
5. Draw blood for Gluc and HbA1C at SHCH

**Lab result on August 7, 2009**

Gluc =8.6 [4.2 - 6.4]
HbA1C =11.1 [4 - 6]

**6. Chhim Bon, 71F (Taing Treuk Village)**
**Diagnosis:**
1. HTN

**Treatment:**
1. HCTZ 50mg 1/2t po qd for three months (#45)
2. Eat low Na+ diet and do regular exercise

**7. Chhim Paov, 50M (Boeung Village)**
**Diagnosis:**
1. GOUT
2. HTN
3. Tinea

**Treatment:**
1. HCTZ 12.5mg 2t po qd
2. Ibuprofen 200 mg 2t po bid prn
3. Paracetamol 500mg 1t po qid prn pain
4. Mometasone cream apply bid then Fluocinolone cream apply bid (#5)

**8. Chin Thary, 27F (Rovieng Cheung Village)**
**Diagnosis:**
1. DMII
2. Obesity

**Treatment:**
1. Glibenclamide 5mg 1t po qAM for three months (# 90)
2. Metformin 500mg 2t po bid for three months (# 360)
3. Captopril 25mg 1/4t po qd for three months (# 24)
4. ASA 300mg 1/4t po qd for three months (# 24)

**9. Chin Thy Ren, 38F (Rovieng Cheung Village)**
**Diagnosis:**
1. DMII

**Treatment:**
1. Metformin 500mg 2t po bid for three months (#360)
2. Glibenclamide 5mg 1t po qd for three months (#90)
3. ASA 300mg 1/4t po qd for three months (#24)

**10. Chhin Chheut, 13M (Trapang Reusey Village)**
**Diagnosis:**
1. Renal Rickettsia (per AHC in Siem Reap)
2. Cachexia
3. Nephrotic Syndrome

**Treatment:**
1. Ca/Vit $D_3$ 500/400 1t po bid

**11. Choeung Thang, 62M (Thnout Malou Village)**
**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 1t po bid for three months (#180)
2. Metformin 500mg 2t po bid for three months (#360)
3. Captopril 25mg 1t po bid for three months (#180)
4. ASA 300mg 1/4t po qd for three months (#24)

**12. Eam Neut, 54F (Taing Treuk)**
**Diagnosis**

1. HTN

**Treatment**

1. Atenolol 50 mg ½ t po q12h for four months (#120)

**13. Em Thavy, 36F (Thnal Keng Village)**
**Diagnosis:**

1. Diffuse Goiter
2. Euthyroid

**Treatment:**

1. Carbimazole 5mg 1/2t po bid for two months (#60)
2. Propranolol 40mg 1/4t po bid for two months (#30)

**14. Has Samith, 58F (Koh Pon Village)**
**Diagnosis:**

1. GERD
2. HTN

**Treatment:**

1. Omeprazole 20mg 1t po qhs for one month (#30)
2. Nifedipine 20mg 1t po qd

**15. Keum Lourth, 62F (Thnout Malou Village)**
**Diagnosis:**

1. Gum ulcer
2. Carcinoma of the oral cavity??

**Treatment:**

1. Ibuprofen 200mg 2t po bid prn severe pain for one month (#50)
2. Paracetamol 500mg 1t po qid prn pain for one month (#50)
3. Gargle the mouth with warmth salty water

**16. Khi Ngorn, 63M (Rovieng Cheung Village)**
**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 50mg 1t po qd for three months (#90)
2. Do regular exercise, eat low salt/fats diet

**17. Kiv Visim, 53F (Phnom Dek Village)**
**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 1t po qhs for two months (#60)
2. Captopril 25mg 1/4t po qd for two months (#15)
3. ASA 300mg 1/4t po qd for two months (#15)

**18. Kor Khem Nary, 32F (Trapang Reusey Village)**
**Diagnosis:**

1. Hyperthyroidism
2. Tachycardia

**Treatment:**

1. Carbimazole 5mg 1t po bid for two months (#120)
2. Propranolol 40mg 1/2t po bid for two months (#60)

**19. Khoem Sokunthea, 40F (Rovieng Tbong Village)**
**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Draw blood for TSH and Free T4 at SHCH

**Lab result on August 7, 2009**

| | | |
|---|---|---|
| TSH | =<0.02 | [0.49 - 4.67] |
| Free T4 | = 16.81 | [9.14 - 23.81] |

**20. Kouch Be, 76M (Thnout Malou Village)**
**Diagnosis**

1. HTN
2. COPD

**Treatment**

1. Amlodipine 5mg 1t po qd for three months (# 90)
2. Salbutamol Inhaler 2 puffs prn SOB for three months (# 2)

**21. Kul Chheung, 78F (Taing Treuk)**
**Diagnosis:**

1. HTN
2. COPD

**Treatment:**

1. HCTZ 50mg 1/2t po qd for three months (#45)
2. Salbutamol inhaler 2puffs prn SOB for three months (#2)

**22. Kul Keung, 61F (Taing Treuk Village)**
**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. HCTZ 50mg 1/2t po qd for one month (# 15)
2. ASA 300mg ¼ t po qd for one month (# 8)
3. Captopril 25mg ¼ t po qd for one month (# 8)
4. Glibenclamide 5mg 1t po bid for one month (# 60)
5. Metformin 500mg 1t po qd for one month (#30)
6. Draw blood for Gluc and HbA1C at SHCH

**Lab result on August 7, 2009**

| | | |
|---|---|---|
| Gluc | =7.5 | [4.2 - 6.4] |
| HbA1C | =7.3 | [4 - 6] |

**23. Leng Hak, 70M (Thnout Malou Village)**
**Diagnosis:**

1. HTN
2. Stroke
3. Muscle Tension
4. CHF??

**Treatment:**

1. Amlodipine 5mg 1t po qd for two months (# 60)
2. Atenolol 50mg 1t po q12h for two months (# 120)
3. HCTZ 50mg 1/2t po qd for two months (# 30)
4. ASA 300mg 1/4t po qd for two months (# 15)
5. MTV 1t po qd for two months (# 60)
6. Paracetamol 500mg 1t po qid prn for two months (# 60)

**24. Lok Kim Sin, 55F (Thnout Malou Village)**
**Diagnosis:**

1. DMII

**Treatment:**

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

**25. Meas Kong, 55F (Rovieng Tbong Village)**
**Diagnosis:**

1. DMII with PNP
2. HTN

**Treatment:**

1. Glibenclamide 5mg 2t po bid for one month (#120)
2. Metformin 500mg 2t po bid for one month (#120)
3. Captopril 1t po tid for one month (#90)
4. ASA 300mg 1/4t po qd for one month (#8)
5. Amitriptylin 25mg 1/2t po qhs for one month (#15)
6. Draw blood for Gluc, Creat, HbA1C at SHCH

**Lab result on August 7, 2009**

| | | |
|---|---|---|
| Gluc | =6.4 | [4.2 - 6.4] |
| Creat | =153 | [44 - 80] |
| HbA1C | =13.7 | [4 - 6] |

**26. Meas Lone, 58F (Ta Tong)**
**Diagnosis**

1. COPD

**Treatment**

1. Salbutamol Inhaler 2 puff prn SOB for one month (#1)

**27. Meas Thoch, 78F (Ta Tong Village)**
**Diagnosis:**

1. HTN

**Treatment:**

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

**28. Neth Ratt, 37M (Otalauk Village)**
**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 2t po bid for one month (#120)
3. MTV 1t po qd for one month (# 30)
4. FeSO4/Folate 200/0.25mg 1t po qd for one month (# 30)

**29. Nhem Sok Lim, 59F (Thnout Malou Village)**
**Diagnosis:**
1. DMII

**Treatment:**
1. Gliburide/Metformin 2.5mg/500mg 2t po bid for two months (#240)
2. Captopril 25mg 1/2t po bid for two months (#60)

**30. Nung Bopha, 45F (Rovieng Cheung Village)**
**Diagnosis:**
1. DMII

**Treatment:**
1. Gliburide/Metformin 2.5mg/500mg 2t po bid for one month (#120)
2. Captopril 25mg 1/4t po bid for two months (#15)
3. ASA 300mg 1/4t po qd for two months (#8)
4. Draw blood for Lyte, Gluc, Creat, HbA1C at SHCH

**Lab result on August 7, 2009**

| | | |
|---|---|---|
| Na | =140 | [135 - 145] |
| K | =3.7 | [3.5 - 5.0] |
| Cl | =111 | [95 - 110] |
| Gluc | =8.3 | [4.2 - 6.4] |
| Creat | =55 | [44 - 80] |
| HbA1C | =8.6 | [4 - 6] |

**31. Nung Chhun, 70F (Ta Tong Village)**
**Diagnosis:**
1. HTN
2. DMII

**Treatment:**
1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Metformin 500mg 2t po qhs for one month (#60)
3. Captopril 25mg 1/2t po bid for one month (# 30)
4. ASA 300mg 1/4t po qd for one month (# 8)
5. Draw blood for Gluc, Creat, HbA1C at SHCH

**Lab result on August 7, 2009**

| | | |
|---|---|---|
| Gluc | =4.7 | [4.2 - 6.4] |
| Creat | =90 | [44 - 80] |
| HbA1C | =6.4 | [4 - 6] |

**32. Pang Sidoeun, 31F (Rovieng Tbong Village)**
**Diagnosis:**
1. HTN

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

**33. Pheng Roeung, 61F (Thnout Malou Village)**
**Diagnosis:**
1. HTN

2. Liver cirrhosis
3. Euthyroid

**Treatment:**

1. Atenolol 50mg 1t po qd for three months (# 90)
2. Spironolactone 25mg 1t po qd for three months (90)
3. MTV 1t po qd for three months (#90)
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc and LFT at SHCH

**Lab result on August 7, 2009**

| | | | | | |
|---|---|---|---|---|---|
| WBC | =3.4 | [4 - 11x$10^9$/L] | Na | =140 | [135 - 145] |
| RBC | =4.0 | [3.9 - 5.5x$10^{12}$/L] | K | =4.2 | [3.5 - 5.0] |
| Hb | =11.9 | [12.0 - 15.0g/dL] | Cl | =114 | [95 - 110] |
| Ht | =38 | [35 - 47%] | Creat | =77 | [44 - 80] |
| MCV | =95 | [80 - 100fl] | Gluc | =4.7 | [4.2 - 6.4] |
| MCH | =30 | [25 - 35pg] | T. Chol | =3.9 | [<5.7] |
| MHCH | =31 | [30 - 37%] | TG | =1.2 | [<1.71] |
| Plt | =86 | [150 - 450x$10^9$/L] | SGOT | =103 | [<31] |
| Lym | =1.0 | [1.0 - 4.0x$10^9$/L] | SGPT | =58 | [<32] |
| Mxd | =0.2 | [0.1 - 1.0x$10^9$/L] | | | |
| Neut | =2.2 | [1.8 - 7.5x$10^9$/L] | | | |

**34. Pech Huy Keung, 48M (Rovieng Cheung Village)**
**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Captopril 25mg 1/4t po bid two months (#30)
3. ASA 300mg 1/4t po qd two months (#15)
4. Educate on diabetic diet, foot care and do regular exercise

**35. Phim Sichin, 35F (Taing Treuk Village)**
**Diagnosis:**

1. DMII
2. LVH
3. TR/MS
4. Thalassemia
5. Cachexia

**Treatment:**

1. Glibenclamide 5mg 2t po bid for one month (#120)
2. Metformin 500mg 3t qAM, 2t po qPM for one month (#150)
3. Captopril 25mg 1/4t po bid for one month (#15)
4. MTV 1t po bid for one month (#60)

**36. Prum Sourn, 65M (Taing Treuk Village)**
**Diagnosis:**

1. CHF with EF 27%
2. LVH
3. VHD (MI, AI)
4. Renal Impairment

**Treatment:**

1. Captopril 25mg 1/4t po bid for three months (#45)
2. Furosemide 40mg 1t po qd for three months (#90)
3. ASA 300mg 1/4t po qd for three months (#25)

**37. Prum Soeun, 53F (Thnout Malou Village)**

**Diagnosis:**

1. HTN
2. GERD

**Treatment:**

1. HCTZ 50mg 1/2t po qd for two months (#30)
2. Ranitidine 300mg 1t po qhs for two months (#40)

**38. Sao Ky, 71F (Thnout Malou Village)**
**Diagnosis**

1. HTN

**Treatment**

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

**39. Sao Lim, 73F (Taing Treuk Village)**
**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. ASA 300mg ¼ t po qd for three months (# 25)
3. MTV 1t po qd for three months (# 90)

**40. Sao Phal, 57F (Thnout Malou)**
**Diagnosis:**

1. HTN
2. Anxiety
3. Dyspepsia

**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. Famotidine 40mg 1t po qhs (#30)
5. MTV 1t po qd for three months (#90)

**41. Say Soeun, 67F (Rovieng Cheung Village)**
**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Metformin 500mg 2t po qhs for one month (# 60)
3. Captopril 25mg 1t po bid for one month (# 60)
4. Atenolol 50mg 1/2t po bid for one month (# 30)
5. ASA 300mg ¼t po qd for one month (# 8)
6. MTV 1t po qd for one month (# 30)
7. Draw blood for Lyte, Creat, Gluc and HbA1C at SHCH

**Lab result on August 7, 2009**

| | | |
|---|---|---|
| Na | =140 | [135 - 145] |
| K | =5.7 | [3.5 - 5.0] |
| Cl | =113 | [95 - 110] |
| Gluc | =6.7 | [4.2 - 6.4] |
| Creat | =129 | [44 - 80] |
| HbA1C | =6.2 | [4 - 6] |

**42. Seng Lai Seang, 41F (Taing Treuk Village)**
**Diagnosis:**

1. Right breast fibroma

**Treatment:**

1. Ibuprofen 200mg 2t po bid prn (#30)

**43. Seung Savorn, 48M (Sre Thom Village)**
**Diagnosis:**

1. HTN

**Treatment:**

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

**44. So Sok San, 24F (Thnal Keng Village)**
**Diagnosis:**

1. Nephrotic Syndrome
2. 5 months Pregnancy

**Treatment:**

1. Captopril 25mg 1/4t po bid for one month (#15)
2. MTV 1t po qd for one month (#30)
3. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (#30)

**45. Sok Thai, 69M (Taing Treuk Village)**
**Diagnosis:**

1. Stroke

**Treatment:**

1. ASA 300mg 1/2t po qd for three months (# 45)
2. MTV 1t po qd for three months (#90)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc and LFT at SHCH

**Lab result on August 7, 2009**

| | | | | | |
|---|---|---|---|---|---|
| WBC | =6.0 | [4 - 11x$10^9$/L] | Na | =143 | [135 - 145] |
| RBC | =4.4 | [4.6 - 6.0x$10^{12}$/L] | K | =3.2 | [3.5 - 5.0] |
| Hb | =11.8 | [14.0 - 16.0g/dL] | Cl | =111 | [95 - 110] |
| Ht | =36 | [42 - 52%] | BUN | =1.7 | [0.8 - 3.9] |
| MCV | =82 | [80 - 100fl] | Creat | =91 | [53 - 97] |
| MCH | =27 | [25 - 35pg] | Gluc | =4.5 | [4.2 - 6.4] |
| MHCH | =33 | [30 - 37%] | SGOT | =25 | [<37] |
| Plt | =139 | [150 - 450x$10^9$/L] | SGTP | =24 | [<42] |
| Lym | =1.4 | [1.0 - 4.0x$10^9$/L] | | | |
| Mxd | =0.4 | [0.1 - 1.0x$10^9$/L] | | | |
| Neut | =4.2 | [1.8 - 7.5x$10^9$/L] | | | |

**46. Srey Hom, 62F (Taing Treuk Village)**
**Diagnosis:**

1. HTN
2. DMII with PNP
3. Renal Failure

**Treatment:**

1. Glibenclamide 5mg 11/2t po bid for one month (# 90)
2. Nifedipine 20mg 1t po qd for one month (# 30)
3. ASA 300mg 1/4t po qd for one month (# 8)
4. Amitriptylin 25mg 1/2t po qhs for one month (# 15)
5. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (#30)
6. MTV 1t po qd for one month (#30)

7. Draw blood for Lyte, BUN, Creat, Gluc and HbA1C at SHCH

**Lab result on August 7, 2009**

| | | |
|---|---|---|
| Na | =143 | [135 - 145] |
| K | =2.9 | [3.5 - 5.0] |
| Cl | =112 | [95 - 110] |
| Gluc | =8.4 | [4.2 - 6.4] |
| BUN | =3.6 | [0.8 – 3.9] |
| Creat | =290 | [44 - 80] |
| HbA1C | =7.6 | [4 - 6] |

**47. Srey Thouk, 56F (Taing Treuk Village)**
**Diagnosis:**
1. HTN

**Treatment:**
1. Atenolol 50mg ½ t po qd for four months (#60)
2. ASA 300mg 1/4t po qd for four months (#30)

**48. Som Hon, 50F (Thnal Keng Village)**
**Diagnosis:**
1. HTN

**Treatment:**
1. HCTZ 50mg 1/2t po qd for two months (#30)
2. Eat low salt/fats diet, do regular exercise

**49. Tann Kin Horn, 51F (Thnout Malou Village)**
**Diagnosis**
1. DMII

**Treatment**
1. Glibenclamide 5mg 2t po bid for three months (#360)
2. Metformin 500mg 2t po bid for three months (#360)
3. Captopril 25mg 1/4t po qd for three months (#24)
4. ASA 300mg 1/4t po qd for three months (#24)

**50. Tann Sou Hoang, 50F (Rovieng Cheung Village)**
**Diagnosis:**
1. DMII

**Treatment:**
1. Metformin 500mg 2t po qhs for three months (#180)
2. Captopril 25mg 1/4t po qd for three months (#24)
3. ASA 300mg 1/4t po qd for three months (#24)

**51. Tith Hun, 56F (Ta Tong Village)**
**Diagnosis:**
1. HTN
2. Dyspepsia

**Treatment:**
1. Captopril 25mg 1t po bid for two months (# 120)
2. Atenolol 50mg 1/2t po bid for two months (# 60)

**52. Tith Mann, 29F (Thnout Malou Village)**
**Diagnosis:**
1. DMII

**Treatment:**

1. Glibenclamide 5mg 2t po bid for two months (#240)
2. Metformin 500mg 1t po bid for two months (#120)

**53. Tith Pov, 70F (Taing Treuk Village)**
**Diagnosis:**

1. DMII with PNP

**Treatment:**

1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Captopril 25mg 1/4t po bid for two months (#30)
3. ASA 300mg 1/4t po qd for two months (#15)
4. Amitriptyline 25mg 1/4t po qhs for two months (#15)

**54. Um Yi, 55F (Rovieng Cheung Village)**
**Diagnosis:**

1. HTN

**Treatment:**

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

**55. Uy Noang, 55M (Thnout Malou Village)**
**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformine 500mg 1t po bid for one month (#60)
3. Draw blood for Lyte, Gluc, Creat and HbA1C at SHCH

**Lab result on August 7, 2009**

| | | |
|---|---|---|
| Na | =141 | [135 - 145] |
| K | =4.0 | [3.5 - 5.0] |
| Cl | =113 | [95 - 110] |
| Gluc | =8.8 | [4.2 - 6.4] |
| Creat | =78 | [44 - 80] |
| HbA1C | =8.1 | [4 - 6] |

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# The next Robib TM Clinic will be held on Aug 31- Sept 04, 2009