Robib *Telemedicine* Clinic

Preah Vihear Province

A U G U S T 2 0 1 0

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

On Monday, August 2, 2010, 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), August 3 & 4, 2010, the Robib TM Clinic opened to receive the patients for evaluations. There were 6 new and 2 follow up 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 4 & 5, 2010.

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: Robib Telemedicine
To: Rithy Chau ; Cornelia Haener ; Kruy Lim ; Kathy Fiamma > ; Paul J. M.D. Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Kevin O' brien ; Sothero Noun ; Laurie & Ed Bachrach ; Peou Ouk ; Sochea Monn ; savoeunchhun@sihosp.org ; Samoeurn Lanh
Sent: Monday, July 26, 2010 6:31 AM
Subject: Schedule for Robib Telemedicine Clinic August 2010

Dear all,

I would like to inform you that Robib TM Clinic for August 2010 will be starting on August 2 to 6, 2010.

The agenda for trip is as following:
1. On Monday August 2, 2010, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday August 3, 2010, 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 send to both partners in Boston and Phnom Penh.
3. On Wednesday August 4, 2010, the activity is the same as on Tuesday
4. On Thursday August 5, 2010, 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 August 6, 2010, 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: Robib Telemedicine [mailto:robibtelemed@gmail.com]
Sent: Tuesday, August 03, 2010 5:50 PM
To: Cornelia Haener; Paul J. M.D. Heinzelmann; Kathy Fiamma >; Joseph Kvedar; 'Kruy Lim'; Rithy Chau
Cc: Bernie Krisher; Sothero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic August 2010, Case#1, Morm Polita, 22F

Dear all,

For first day of Robib TM Clinic August 2010, there are three new cases, two follow up cases and one CXR of patient in July 2010 will be sent to you. This is case number 1, Morm Polita, 22F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

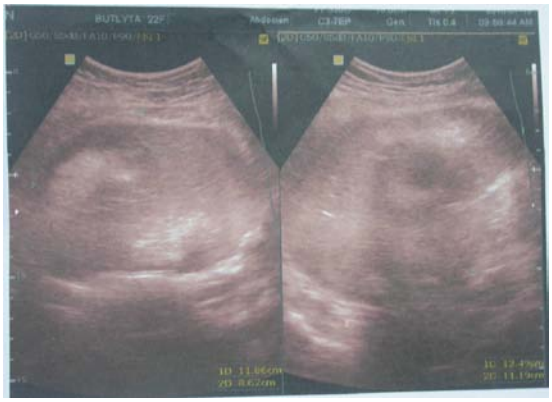
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Morm Polita, 22F (Backdoang Village)**

Chief Complaint (CC): Abdominal mass x 2 years

History of Present Illness (HPI): 22F, daughter of local health center staff, presented with a small mass below the umbilicus. The mass presented with pain only during menstruation and took Paracetamol for pain. She didn't seek medical consultation because it dose not border her any much. During this month, she has noted the mass got bigger and felt fluid moving in the abdomen while walking, she went to have abdominal U/S in Kg Thom with result right ovarian cyst (135x112mm). She denied of heavy menstruation, irregular period.



Past Medical History (PMH): Unremarkable

Family History: None

SH: Single, no alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): no fever, no palpitation, no chest pain, no N/V, no dysuria, ho oliguria.

PE:

Vitals: **BP: 111/74** **P: 92** **R: 20** **T: 37^{o}C** **Wt: 62Kg**

General: Stable

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

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

Abd: A mass about fist size below umbilicus, mobile, mild tender on deep palpation, smooth surface, (+) BS, no HSM, no surgical scar

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

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

Lab/study:
Done on July 19, 2010

Conclusion: Right ovarian cyst

Assessment:

1. Right Ovarian cyst

Plan:

1. Refer to SHCH for surgical evaluation

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

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

Examined by: Nurse Sovann Peng **Date: August 3, 2010**

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

From: Cornelia Haener
To: 'Robib Telemedicine' ; 'Paul J. M.D. Heinzelmann' ; 'Kathy Fiamma >' ; 'Joseph Kvedar' ; 'Kruy Lim' ; 'Rithy Chau'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach'
Sent: Wednesday, August 04, 2010 11:52 AM
Subject: RE: Robib TM Clinic August 2010, Case#1, Morm Polita, 22F

Dear Sovann,

Thanks for submitting this case. She certainly needs a surgical consultation.

Kind regards
Cornelia

From: Robib Telemedicine
To: Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar ; Rithy Chau ; 'Kruy Lim' ; Garry Choy ; sungkim17@gmail.com
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Wednesday, August 04, 2010 5:59 PM
Subject: CXR of Case#2, Nory Bunthorn, 41M

Dear all,

This is the CXR of patients Case#2, Nory Bunthorn, 41M, which he went to have in Kg Thom referral hospital today.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

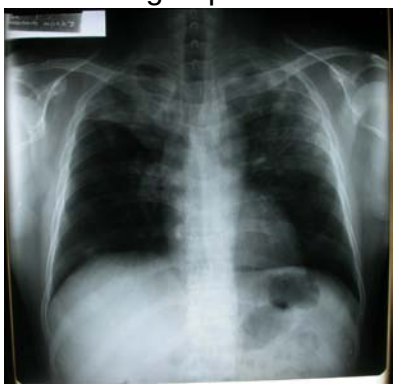
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Nory Bunthorn, 41M (Thnal Keng Village)**

Chief Complaint (CC): Weight loss 15kg in 3 months

History of Present Illness (HPI): 41M, local policeman, presented with symptoms of chronic dry cough, night sweating, fatigue, poor appetite, insomnia and weight loss 15kg in 3months. He went to local HC and AFB smear can't be done due to no sputum. He went to local private clinic, blood test done and told he has DM and Thyphoid, treated with Glibenclamide 5mg 1t po bid and Metformin 500mg 1t po bid and other medicine (unknown name) for thyphoid fever. He took the medicine for about a week and the local villagers told him traditional medicine can cure Diabetes so he took traditional medicine with stopping Glibenclamide and Metformine for 3 weeks. His symptoms seem not better so he come to consult with Telemedicine.



Past Medical History (PMH): Unremarkable

Family History: Mother with chronic cough, never sought medical consult for PTB

SH: Smoking 10cig per day, stopped 10y; casual alcohol drinking; he has a few sex partners without condom using sometimes

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): no skin rash, no SOB, no chest pain, no palpitation, no hemoptysis, no diarrhea, no polydysia, no polyphagia, no polyuria, no legs edema

PE:

Vitals: BP: 139/90 P: 100 R: 20 T: 37^{o}C Wt: 55Kg

General: Stable

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

Chest: Decreased BS on both lungs, no crackle, no rhonchi, no wheezing; H RRR, no murmur

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

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

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

Lab/study:
Done August 3, 2010
FBS: 105mg/dl

Assessment:

1. PTB?

Plan:

1. Send to Kg Thom referral hospital for CXR
2. Do RTV test in local health center
3. Stop traditional medicine
4. 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 3, 2010**

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

From: "Cusick, Paul S.,M.D." <PCUSICK@PARTNERS.ORG>
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>; <robibtelemed@gmail.com>
Cc: <rithychau@sihosp.org>
Sent: Wednesday, August 04, 2010 7:02 AM
Subject: RE: Robib TM Clinic August 2010, Case#2, Nory Bunthorn, 41M

This is a concerning case. He has had a significant weight loss and night sweats and dry cough over 3 months.These symptoms could be a from infection, inflammation, cancer. Uncontrolled diabetes can cause weight loss but not fever or sweats or sweats.
Typhoid can cause fever/sweats and weight loss.
His random sugar is quite reasonable so it is hard to imagine that his diabetes is poorly controlled.

I agree that he needs chest xray.
What is the RTV test?

Would also check HIV given unprotected sex.

Await these results to determine further treatment.

Paul

From: rithy chau
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Kruy Lim' ; 'Kathy Fiamma >' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar'
Sent: Wednesday, August 04, 2010 2:58 PM
Subject: RE: Robib TM Clinic August 2010, Case#2, Nory Bunthorn, 41M

I agree with your plan Sovann. Ask him to come back next month and recheck his BP and FBS without meds. You can have him stop trad med now and recheck his FBS in a couple days before you leave and if within normal limit, then follow up next month; if highly elevated, maybe to consider oral med starting low dose Metformin and captopril.

Rithy

From: rithy chau
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Kruy Lim' ; 'Kathy Fiamma >' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar'
Sent: Wednesday, August 04, 2010 3:01 PM
Subject: RE: Robib TM Clinic August 2010, Case#2, Nory Bunthorn, 41M

Also, Sovann, talk to him about tobacco cessation to help reduce the risk of complication with DM or HTN.
Rithy

From: rithy chau
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Paul J. M.D. Heinzelmann' ; 'Kathy Fiamma >' ; 'Joseph Kvedar' ; 'Kruy Lim' ; 'Garry Choy' ; sungkim17@gmail.com
Sent: Thursday, August 05, 2010 9:04 AM
Subject: RE: CXR of Case#2, Nory Bunthorn, 41M

Dear Sovann,

From CXR sent, I think he may have PTB. Can they try to do AFB again? If unable, let the local HC staff decide to tx according to protocol. TB infection tends to be in the upper lobe (right more than left). Go ahead tx with clarithomycin (if available) for pneumonia and maybe recheck CXR in 1 month. If will not clear up, then I would recommend strongly to tx with TB meds if HC staff not already done so especially with more wt loss. Tell him to stop smoking and don't stick around while others smoke.

Thanks,
Rithy

From: Robib Telemedicine
To: Garry Choy ; sungkim17@gmail.com ; Rithy Chau ; 'Kruy Lim' ; Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kathy Fiamma >
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Wednesday, August 04, 2010 6:02 PM
Subject: CXR of patients Case#3, Soeung Iem, 63M

Dear all,

These are two CXR of patient Case#3, Soeung Iem, 63M (one done in 2009 and other one done today).

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

Chief Complaint (CC): Right arm tremor x 1 year

History of Present Illness (HPI): 63M presented with tremor on the index finger then to the whole hand. Because it didn't disturb his daily living, he has not sought medical consultation, and he notices that the tremor progressively developed worse in one year. The tremor starts in about 1minute after resting the arm, first on index finger, 10 – 20sec later thump and middle finger and 10 – 20sec later the whole right arm. It disappeared with movement. He denied of trauma, HA, ear ringing, fever, SOB, GI problem, oliguria, hematuria, syncope.

Past Medical History (PMH): PTB with complete treatment, 3 months later the tremor presented

Family History: None

SH: Smoking 2pack of cig per day, stopped; no alcohol drinking

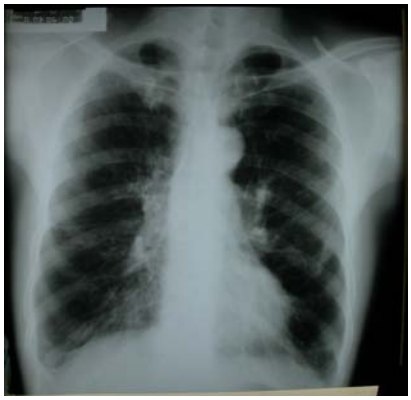
Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 93/63 P: 68 R: 20 T: 37°C Wt: 44Kg



General: Stable

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

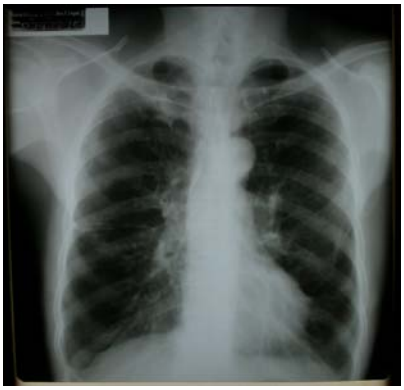
Chest: Rhonchi and wheezing on both lungs, no crackle; H RRR, no murmur

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

Extremity: The tremor presented only on right arm, and it starts in about 1minute after resting, first on index finger, 10 – 20sec later thump and middle finger and 10 – 20sec later the whole right arm. No tremor with moving the arm

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

CN: I – XII intact



Cerebella test (Finger to nose, romberg test) is normal

Gait (walk on toes, on heel and tandem gait) is normal

Lab/study: None

Assessment:

1. COPD
2. Essential Tremor (old age)??

Plan:

1. MTV 1t po qd for one month
2. Send to Kg Thom referral hospital for CXR
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT, and TSH at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: August 3, 2010**

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

From: Kreinsen, Carolyn Hope,M.D.,M.Sc.
To: Fiamma, Kathleen M. ; robibtelemed@gmail.com
Cc: rithychau@sihosp.org
Sent: Wednesday, August 04, 2010 6:14 AM
Subject: RE: Robib TM Clinic August 2010, Soeung Iem, 63M

Hi Sovann,

To recap, this is a 63 year old man with a past history of treated tuberculosis and high level smoking, presenting with worsening tremor of his right upper extremity for one year.

There is some additional history that would be helpful. 1) How did the tremor start - in fingers with progression to wrist and then arm OR more generally, affecting all structures but less strongly at the onset 2.) Is there a family history of tremor (Familial tremor is a subgroup of essential tremor) 3.) Has he sustained any head injury in the past? 4.) Has he had any exposure to heavy metals in the past? 5.) What medications did he receive to treat his TB and did he have follow-up chest x-ray afterwards? 6.) When did he stop smoking? For how many years did he smoke 2 PPD?

You describe in your HPI and in your physical that this gentleman has a "resting" tremor. It will be very important to verify that. It sounds as though you already did finger to nose testing and it was normal with no tremor. If you will be seeing him back, I would advise that you again have him rest his right arm fully and watch to see if tremor develops. Next, you should have him stretch out his arms and hands to see if tremor develops or resolves with that. It also may be helpful to watch him reach for a glass of water and drink it. If he has a pure resting tremor, the diagnosis is most likely Parkinson's Disease or a related variant. Affected individuals usually have less or no tremor, at least early on, when they go to reach for something or to perform a purposeful action. Conversely, with essential tremor (ET), individuals tend to shake much less, if at all, at rest, but show more tremor when they stretch out their arms or hands or try to drink a glass of water or touch finger to nose. With ET the tremor worsens, the closer the person gets to their nose (with finger to nose) or the longer they hold the glass of water while drinking. Does he have tremor of the head (more common with ET) or lip/jaw (more common with Parkinson's?)

It sounds as though cerebellar function is intact. With tremor, it is always worth considering whether a patient had a small cerebellar stroke/CVA or has a mass/tumor. Usually, however, the symptoms would not be limited to one limb.

It is interesting that the tremor started 3 months after he completed TB treatment. It would be good to know which meds he took to check for possible toxicity. I think that is probably very low likelihood, but worth checking out. Likewise, it would be worth investigating to see if he has had chemical/heavy metal exposure, although I doubt that symptoms would be limited to one limb. TSH is a wise idea, as are the other labs you have ordered. It may be worth adding a Vitamin B12 level to those.

This man's lung exam sounds bad. Given his history of TB and smoking, I completely agree that he needs a chest x-ray. I think that it would be unlikely that he has had a metastatic lesion to the brain from a primary lung cancer. However, it sounds as though he has symptomatic pulmonary disease and needs further follow-up and treatment. A chest x-ray will be a good start.

Given your history and your thorough physical, I think that this gentleman most probably has Parkinson's Disease or a related variant and most likely does not have essential tremor. I think that he probably should see a neurologist for further evaluation.

Hope that this is helpful. Be well!

Carolyn K

From: rithy chau
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Joseph Kvedar' ; 'Paul J. M.D. Heinzelmann' ; 'Kathy Fiamma >' ; 'Kruy Lim'
Sent: Wednesday, August 04, 2010 3:08 PM
Subject: RE: Robib TM Clinic August 2010, Soeung Iem, 63M

Dear Sovann,

I think this patient may develop an early stage parkinsonism where tremor appears on resting and less or none with movement. Old age or essential tremor is the opposite—worse with movement—and usually symmetrical.

Go ahead with the plan you have and ask him to come next month for further evaluation after CXR and blood work done.

Rithy

From: rithy chau
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Garry Choy' ; sungkim17@gmail.com ; 'Kruy Lim' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar' ; 'Kathy Fiamma >'
Sent: Thursday, August 05, 2010 9:08 AM
Subject: RE: CXR of patients Case#3, Soeung Iem, 63M

Thanks for the CXR Sovann. It looks like he has COPD and there were some scarring possibly from old TB, but nothing I could see being active infection. Tx him symptomatically and tell him to definitely stop smoking and stay away from others who smoke as much as possible. He can teach his family, neighbors etc. that smoking could do the damage to the lungs as in his and help them prevent problem like his in the future. Teach him also to help other about early TB sx detection and to seek help at HC.

Rithy

From: Robib Telemedicine
To: Rithy Chau ; 'Kruy Lim' ; Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kathy Fiamma >
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Tuesday, August 03, 2010 5:56 PM
Subject: Robib TM Clinic August 2010, Case#4, Chhin Chheut, 15M

Dear all,

This is case number 4, Chhin Chheut, 15M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

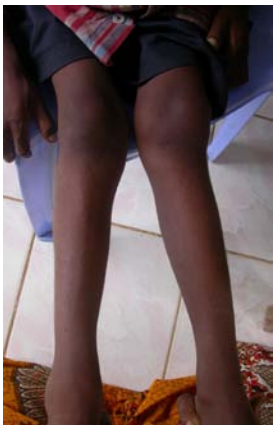
Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Chhin Chheut, 15M (Face)
Chhin Chheut, 15M (Legs)
Chhin Chheut, 15M (Body)
Chhin Chheut, 15M (Arms)

Patient Name & Village: Chhin Chheut, 15M (Trapang Reusey Village)

Subjective: 15M with previous diagnosis of NS, cachexia, Anemia. In 2008, he presented with fever, seizure, and was brought to Angkor hospital for Children in Siem Reap, was diagnosed with Renal rickettsia and hypocalcemia. He was not able to walk due to extremities weakness and pain on bone. He was treated with Calcium and Vit D 630/500IU 1t po bid until now. He was encouraged to do exercise to strengthen his muscle and to walk with crutches which now cause his forearm bowed. Now he complained of bone pain, numbness on both arm and lower back discomfort. He denied of fever, cough, SOB, oliguria, hematuria.



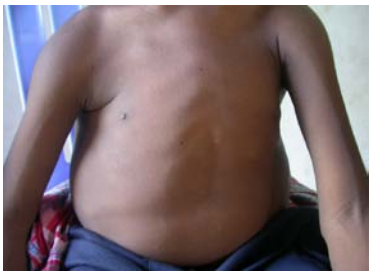
Current Medications:
1. Calcium + Vit D 630mg/500IU 1t po bid

Allergies: NKDA

Objective:

Vitals: BP: 106/60 P: 100 R: 24 T: 37^{o}C Wt: 11Kg

PE (focused):



General: Look sick, cachexia

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

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

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

Extremity/Skin: Muscle atrophy on the extremities, bowing bone on forearm

MS/Neuro: MS +4/5 on both legs, sensory intact, DTRs +3/4 on knee jerk and tendon achil

Lab/Study:

Lab result on Nov 13, 2009

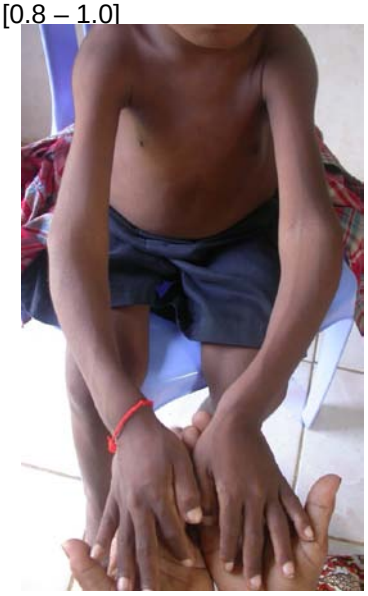
WBC	=9.6	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=3.5	[4.6 - 6.0x10^{12}/L]	K	=3.9	[3.5 - 5.0]
Hb	=8.4	[14.0 - 16.0g/dL]	Cl	=111	[95 - 110]
Ht	=25	[42 - 52%]	BUN	=12.5	[0.8 - 3.9]
MCV	=72	[80 - 100fl]	Creat	=520	[53 - 97]
MCH	=24	[25 - 35pg]	Gluc	=5.2	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	Mg2+	=1.7	[0.8 – 1.0]
Plt	=320	[150 - 450x10^9/L]	Ca2+	=0.83	[1.12 – 1.32]
Lym	=3.6	[1.0 - 4.0x10^9/L]			
Mxd	=0.6	[0.1 - 1.0x10^9/L]			
Neut	=5.4	[1.8 - 7.5x10^9/L]			

Lab result on March 5, 2010

WBC	=8.6	[4 - 11x10^9/L]	Na	=134	[135 - 145]
RBC	=3.4	[4.6 - 6.0x10^{12}/L]	K	=3.5	[3.5 - 5.0]
Hb	=8.0	[14.0 - 16.0g/dL]	BUN	=9.5	[0.8 - 3.9]
Ht	=25	[42 - 52%]	Creat	=504	[53 - 97]
MCV	=72	[80 - 100fl]	Gluc	=8.9	[4.2 - 6.4]
MCH	=23	[25 - 35pg]	T. Chol	=9.4	[<5.7]
MHCH	=33	[30 - 37%]	Prot	=50	[66 - 87]
Plt	=308	[150 - 450x10^9/L]	Albu	=35	[38 - 51]
Lym	=3.3	[1.0 - 4.0x10^9/L]	Mg2+	=0.9	[0.8 – 1.0]
			Ca2+	=0.76	[1.12 – 1.32]

Lab result on July 9, 2010

WBC	=8.3	[4 - 11x10^9/L]	Na	=141	[135 - 145]
RBC	=3.1	[4.6 - 6.0x10^{12}/L]	K	=3.9	[3.5 - 5.0]
Hb	=7.3	[14.0 - 16.0g/dL]	Cl	=114	[95 - 110]
Ht	=22	[42 - 52%]	BUN	=12.8	[3.0 – 4.7]
MCV	=71	[80 - 100fl]	Creat	=553	[53 - 97]
MCH	=24	[25 - 35pg]	Gluc	=5.5	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	Ca2+	=0.73	[1.12 – 1.32]
Plt	=341	[150 - 450x10^9/L]	Mg2+	=1.78	[0.8 – 1.0]
Lym	=3.1	[1.0 - 4.0x10^9/L]			



Assessment:

1. Renal ricketttsia?
2. Osteomalacia?
3. Chronic renal failure
4. Anemia
5. Cachexia
6. Hypocalcemia

Plan:

1. Calcium/Vit D 630/500IU 1t po bid
2. Refer to rehabilitation center in Kien Klang (Phnom Penh) for evaluation

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

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

Examined by: Nurse Sovann Peng **Date: August 3, 2010**

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

From: Fang, Leslie S.,M.D.
Sent: Tuesday, August 03, 2010 10:38 AM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic August 2010, Case#4, Chhin Chheut, 15M

He has progressive renal insufficiency with significant anemia
He also has significant hypocalcemia:
? hyperphosphatemia
?secondary hyperparathyroidism

He needs full renal evaluation and planning for management of end stage renal disease

Les Fang, MD

From: rithy chau
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Kruy Lim' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar' ; 'Kathy Fiamma >'
Sent: Wednesday, August 04, 2010 4:22 PM
Subject: RE: Robib TM Clinic August 2010, Case#4, Chhin Chheut, 15M

Dear Sovann,

Yes I agree with your plan.

Rithy

From: Robib Telemedicine
To: 'Kruy Lim' ; Rithy Chau ; Kathy Fiamma > ; Joseph Kvedar ; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Tuesday, August 03, 2010 5:59 PM
Subject: Robib TM Clinic August 2010, Case#5, Chan Oeung, 60M

Dear all,

This is case number 5, Chan Oeung, 60M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

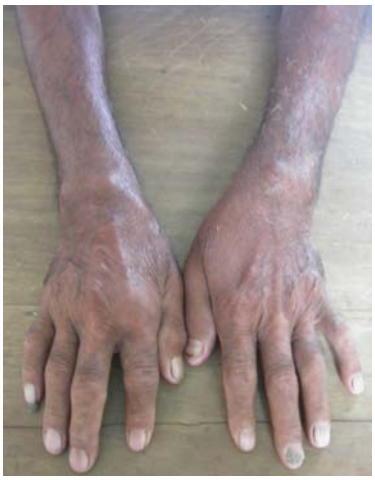
Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient: **Chan Oeung, 60M (Sangke Roang Village)**

Subject: 60M, with diagnosis of HTN, arthritis and in these 6 months, his joint pain became severe with frequent attack of swelling, warmth, pain, and stiffness and unable to fully flex his finger and knee joint which cause him difficult to squat. The pain and stiffness seems presented through out the whole day. The symptoms affect on joint as PIP, MCP, Wrist, elbow, shoulder, toes, ankle and knee. He said the Pain killer (Naproxen and Paracetamol) does not help him with the pain. He denied of fever, cough, SOB, palpitation, chest pain, GI problem, oliguria, dysuria.



Medication:

1. HCTZ 50mg 1t po qd
2. FeSO4/Folate 200/0.4mg 1t po qd
3. Naproxen 220mg 1t po bid prn severe pain
4. Paracetamol 500mg 1t po qid prn pain

Allergies: NKDA

Object:

PE:

Vitals: **BP: 159/94 (both arms)** **P: 95** **R: 20** **T: 37^{o}C** **Wt: 51Kg**

General: Sick

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: Bulging on PIP, MCP, Wrist, Toes, no deformities seen on elbow, knee and shoulder joint.

MS/Neuro: Moderate stiffness on PIP, MCP and knee joint, sensory intact

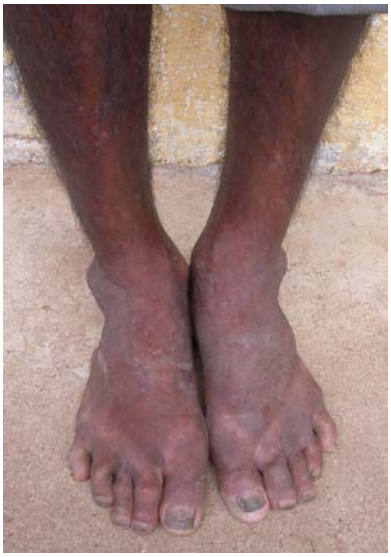
Lab/study:

Lab result on April 9, 2010

WBC	=8.8	[4 - 11x10^9/L]	Na	=143	[135 - 145]
RBC	=4.3	[4.6 - 6.0x10^{12}/L]	K	=3.5	[3.5 - 5.0]
Hb	=12.2	[14.0 - 16.0g/dL]	BUN	=4.1	[0.8 - 3.9]
Ht	=38	[42 - 52%]	Creat	=292	[53 - 97]
MCV	=88	[80 - 100fl]	Gluc	=5.5	[4.2 - 6.4]
MCH	=29	[25 - 35pg]	T. Chol	=4.3	[<5.7]
MHCH	=32	[30 - 37%]	TG	=2.6	[<1.7]
Plt	=273	[150 - 450x10^9/L]	Uric Aci	=852	[200 - 420]
Lym	=1.1	[1.0 - 4.0x10^9/L]	RF	= Negative	
Mxd	=0.8	[0.1 - 1.0x10^9/L]			
Neut	=6.9	[1.8 - 7.5x10^9/L]			

Lab result on July 9, 2010

WBC	=12	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=4.8	[4.6 - 6.0x10^{12}/L]	K	=3.4	[3.5 - 5.0]
Hb	=13.6	[14.0 - 16.0g/dL]	Cl	=101	[95 - 110]
Ht	=41.1	[42 - 52%]	BUN	=5.0	[0.8 - 3.9]
MCV	=85	[80 - 100fl]	Creat	=215	[53 - 97]
MCH	=28	[25 - 35pg]	Gluc	=6.8	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	SGOT	=44	[<42]
Plt	=305	[150 - 450x10^9/L]	SGPT	=34	[<34]
Lym	=1.5	[1.0 - 4.0x10^9/L]	Uric Aci	=842	[200 - 420]



Assessment:

1. HTN
2. Gouty arthritis
3. Renal insufficiency

Plan:

1. Stop HCTZ, Start Atenolol 50mg 1/2t po qd
2. Ibuprofen 200mg 2t po bid prn severe pain
3. Paracetamol 500mg 1t po qid prn pain
4. Send to Kg Thom referral hospital for X-ray of Hand and Foot Joint
5. Recheck CBC, Lyte, BUN, Creat, Gluc and Uric acid in September 2010

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 3, 2010**

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

From: rithy chau
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Kruy Lim' ; 'Kathy Fiamma >' ; 'Joseph Kvedar' ; 'Paul J. M.D. Heinzelmann'
Sent: Wednesday, August 04, 2010 4:32 PM
Subject: RE: Robib TM Clinic August 2010, Case#5, Chan Oeung, 60M

Dear Sovann,

You can give him Atenolol ½ bid. I do not think it is useful to send him for x-ray because it may not change our tx plan any way. Educate him on his gouty arthritis condition and no alcohol consumption policy would be wise. If Ibuprofen (should give 600mg tid) and Para not working well for him ,maybe consider something stronger next time.

Thanks,
Rithy

From: Robib Telemedicine
To: Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kathy Fiamma > ; Rithy Chau ; 'Kruy Lim'
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Wednesday, August 04, 2010 4:36 PM
Subject: Robib TM Clinic August 2010, Case#6, Bon Mesa, 13F

Dear all,

There are three nex cases for today of Robib TM Clinic August 2010 and CXR of two patients seen Yesterday will be sent to you also. This is case number 6, continued from yesterday, Bon Mesa, 13F and photos.

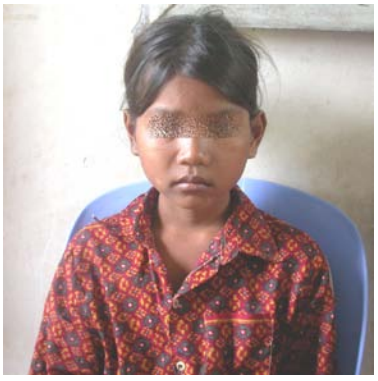
Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

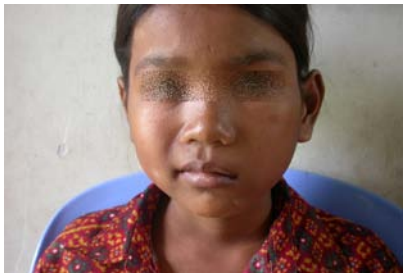
History and Physical



Name/Age/Sex/Village: **Bon Mesa, 13F (Thnal Keng Village)**

Chief Complaint (CC): Left ear discharge x 2y

History of Present Illness (HPI): 13F brought to Telemedicine by her mother with complaining of left ear discharge. Since she was 5 years old, she presented with left ear discharge, her parent didn't seek any treatment for her. In the past two years, she has presented with three times of abscess in the same place behind the left ear with pain, swelling, and fever. She got treatment by drainage the abscess and oral drugs (unknown name) then the abscess gone. In May 2010, she developed with disability to close left eye, raise eyebrow and drawn of the mouth to one side. She got treatment from local heal care

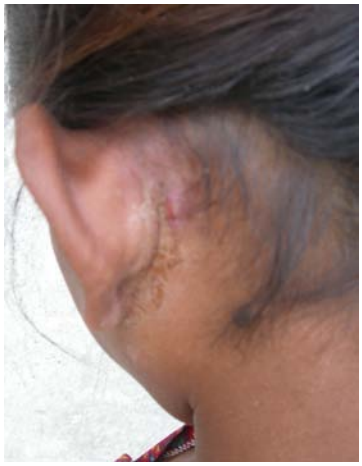


worker but these symptoms seem not better.

Past Medical History (PMH): Unremarkable

Family History: Her brother with ear discharge

SH: Grade 4 student, 3rd child among 5



Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 96/40 P: 110 R: 22 T: 37°C Wt: 26Kg

General: Stable

HEENT: Mouth drawn to right side with smile, unable to close left eye, unable to raise left eyebrow, normal sensory of facial nerve, Lesion behind the left ear with slightly discharge. Left ear canal is full of discharge, ear drum can't be seen, right ear is normal, no lymph node is palpable, No oropharyngeal lesion, pink conjunctiva.

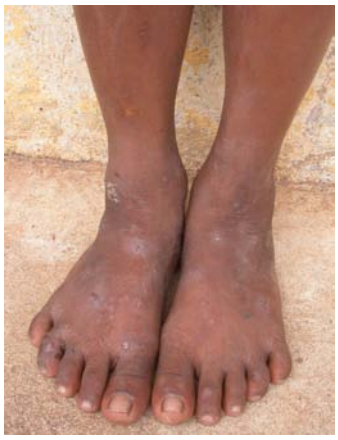
Chest: CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

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

Extremity/Skin: Lesion on both feet due to ants bite, No leg edema

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

Lab/study: None



Assessment:

1. Chronic otitis media
2. Peripheral facial nerve paralysis

Plan:

1. Augmentin 125mg/5cc 10cc po bid for 2w
2. Ibuprofen 200mg 1t po bid for 1w
3. Close the left eye with gauze
4. Occlude the ear while having a shower

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, 2010**

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

From: Paul Heinzelmann
To: Fiamma, Kathleen M. ; robibtelemed@gmail.com ; Rithy Chau
Sent: Wednesday, August 04, 2010 9:39 PM
Subject: Re: FW: Robib TM Clinic August 2010, Case#6, Bon Mesa, 13F

With inability to see the ear drum, you would need to consider Left otitis EXTERNA with a Left 7th cranial nerve palsy (ie Bell's palsy). This would be accompanied by pain with gentle pulling on the ear pinna/tragus. though you didn't mention fever or hearing loss, she more than likely has malignant otitis externa. This is seen more often in diabetic and immunocompromised patients, and can cause nerve palsies.

This is typically treated with IV or oral antibiotics for months, with coverage for pseudomonas. though we tend to avoid cipro in children, it covers for pseudomonas - so the risks and benefits of it need to be weighed. Additionally, CT or MRI imaging is often needed to rule out bone (ie mastoid involvement).

At the bare minimum, she will need long-term antibiotics to cover for psuedomonas/anerobes and close monitoring/follow up.

Paul Heinzelmann, MD

From: rithy chau
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar' ; 'Kathy Fiamma >' ; 'Kruy Lim'
Sent: Thursday, August 05, 2010 7:34 AM
Subject: RE: Robib TM Clinic August 2010, Case#6, Bon Mesa, 13F

Dear Sovann,

From your H&P, I agree that she has a chronic OM and tx with Abx, but she is 13 yo and you need to give an adult dose—you can give Augmentin 875mg bid or suspension need to give 20-30cc bid for 10-14 days. This should take care of the recurrent abscess.

The left side facial weakness is Bell's Palsy and usually caused by viral infection which may have led to the recurrent OM with 2nd bacterial infection. It seems that she can close her left eye almost completely, so you do not need to apply pressure to help the closing when she sleeps. Reassure her that it may take a couple more months to recover to her normal state. However, if the facial weakness and possibly her ear problem did not resolve or improve during the next two weeks or when you return next month then referring her to AHC in Siem Reap would be best.

From the photo you sent for the posterior left ear, I could not tell whether there was possibility for mastoiditis or not? That is, did her posterior left ear has erythema extending beyond the surrounding of an abscess or not? Is there any pain and is it severe? Is palpation of the mastoid bone tender? If you suspect of mastoiditis, then refer her immediately to AHC for possible surgical evaluation.

Thanks for this case.

Rithy

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 04, 2010 4:38 PM
Subject: Robib TM Clinic August 2010, Case#7, Chea Sambo, 56M

Dear all,

This is case number 7, Chea Sambo, 56M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

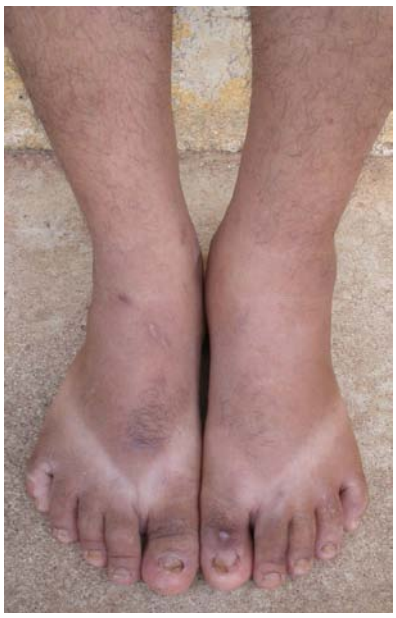
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Chea Sambo, 56M (Rovieng Cheung Village)**

Chief Complaint (CC): Left ankle pain x 2y

History of Present Illness (HPI): 56M presented with symptoms of pain, swelling, warmth, and stiffness on left ankle. The symptoms got worse in the morning and better in the afternoon. He got x-ray of ankle in April 2008 at Kg Thom referral hospital and told he has arthritis and treated with a few kinds of medicine (unknown name) taking bid and it got better in about 1w. He never sought other consultation but only bought medicine from local pharmacy when the above symptoms appeared. He denied of any trauma to the joint or other joint attack, weight loss, cough, SOB, chest pain, palpitation, GI problem, oliguria, dysuria.



Past Medical History (PMH): Unremarkable

Family History: None

SH: Smoking 1pack cig per day, stop 3y; casual alcohol drinking, 5 children

Current Medications: 2 kinds of medicine (unknown name) for arthritis, stop taking for 10d

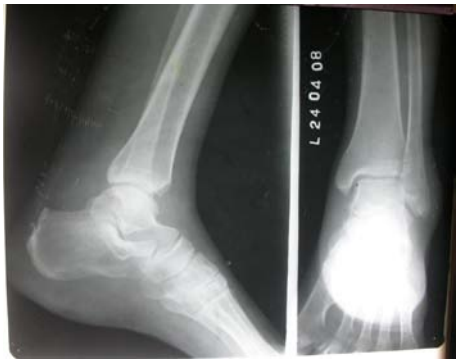
Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 120/60 P: 87 R: 20 T: 37°C Wt: 72Kg

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

Extremity/Skin: Warmth, swelling, tender of left ankle, no stiffness, normal dorsalis pedis and posterior tibial pulse, no deformity, no other joint affected

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

Lab/study:

X-ray of left ankle attached

Assessment:

1. Osteoarthritis?
2. Gouty Arthritis??

Plan:

1. Ibuprofen 200mg 2t po bid prn severe pain
2. Paracetamol 500mg 1t po qid prn pain
3. Wamth compression on the ankle
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, ESR, Uric acid and 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: August 4, 2010**

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

From: rithy chau
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Kathy Fiamma >' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar' ; 'Kruy Lim'
Sent: Thursday, August 05, 2010 8:02 AM
Subject: RE: Robib TM Clinic August 2010, Case#7, Chea Sambo, 56M

Dear Sovann,

Thanks for presenting this case.

The H&P you provided pointed to OA or gouty arthritis as you mentioned in your DDx. OA usually would not be warm to touch and warmth in join evaluation may be either gouty and/or septic arthritis. Was there any erythema around the affected area because this may point to either gouty or septic arthritis again? If you have any suspicion of septic arthritis and since join tap to bring the join fluid for further eval may not be possible, then I would recommend Abx tx like Augmentin. Otherwise symptomatic tx as you suggested is fine. I don't know if warm compression for OA or gouty would do any good.

From the x-rays you sent, it looks like there was some erosive lesion at the distal tibia epicondyle?? Then this would fits the OA dx more, although not necessary meant that he could not have gouty arthritis. I will leave this to the radiologist to confirm to help with the dx.

For lab, there is no need to do RF. Hope this is helpful.

Rithy
2010.08.05

From: kruylim
To: 'rithy chau' ; 'Robib Telemedicine'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Kathy Fiamma >' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar'
Sent: Thursday, August 05, 2010 9:10 AM
Subject: RE: Robib TM Clinic August 2010, Case#7, Chea Sambo, 56M

Bong Rithy,

I do not think sovann can do it and not allow to do as well,… are you convince that he can do it?

Thanks
Kruy

From: rithy chau
To: 'kruylim' ; 'Robib Telemedicine'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Kathy Fiamma >' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar'
Sent: Thursday, August 05, 2010 9:10 AM
Subject: RE: Robib TM Clinic August 2010, Case#7, Chea Sambo, 56M

Yes bong. I absolutely agree and like I said, NOT POSSIBLE for him to do this.

Thanks for the reminder.
Rithy

From: "Cohen, George L.,M.D." <GLCOHEN@PARTNERS.ORG>
Date: August 4, 2010 8:46:00 PM EDT
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
Subject: RE: Robib TM Clinic August 2010, Case#7, Chea Sambo, 56M

The patient is a 56 yo man with left ankle pain, swelling and warmth. This sounds like acute arthrtis in the left ankle. Gout is very high up on the list of diagnoses. Other possibilities include infection but he does not have a fever and he would be sicker than he appears.This could be the beginning of another type of more generalized arthritis but gout is very llikley. There does not appar to be any signifcant arthritis on the x-ray. I would check the serum uric acid level and treat him with ibuprofen 600 mg three times a day with food until he is all better. If and when he develops a pattern of recurrent episodes of acute joint pain and swelling close together, I would then want to treat with a drug to lower uric acid levels such as allopurinol or probenecid.

George L. Cohen, M.D.

From: Robib Telemedicine
To: Rithy Chau ; 'Kruy Lim' ; Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Wednesday, August 04, 2010 4:40 PM
Subject: Robib TM Clinic August 2010, Heng Sokhourn, 42F

Dear all,

This is the case number 8, Heng Sokhourn, 42F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

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

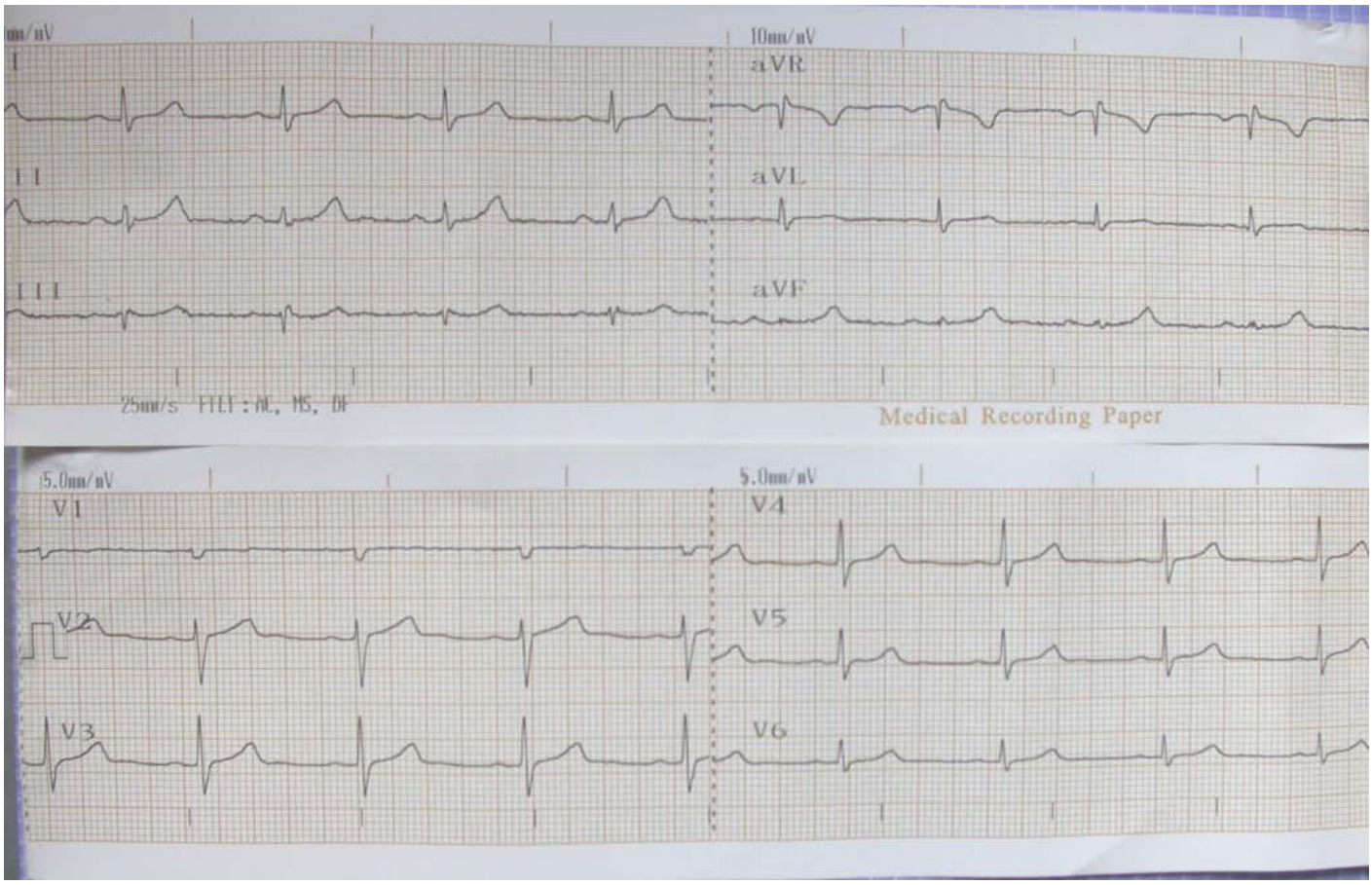
History and Physical

Name/Age/Sex/Village: **Heng Sokhourn, 42F (Otalauk Village)**

Chief Complaint (CC): Vertigo and vomiting x 1 month

History of Present Illness (HPI): 42F, farmer, presented with symptoms of neck tension, pressure like HA on patietal area, dizziness, palpitation, vertigo and vomiting. The dizziness and vertigo usually presented after changing position from lying to standing. The Vertigo got better when she closed the eye, lying lateral decubitus, lying prone and got worse when look up the ceiling. In this month, she noted of weight loss, poor appetite, fatigue and denied of fever, rhinorrhea, cough, SOB, Chest pain, oliguria, hematuria, jaundice, edema.

Past Medical History (PMH): Unremarkable



Family History: None

SH: No cig smoking, no alcohol drinking

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Heavy volume menstruation since menarche, regular, and she has been having menstruation yesterday and today

PE:

Vitals: **BP: 110/69 (lying supine) P: 61 R: 22 T: 37^{o}C Wt: 42Kg**
BP: 97/75 (sitting up) P: 79

General: Stable

HEENT: No oropharyngeal lesion, slightly pale conjunctiva, no neck mass, no lymph node palpable, no JVD; normal ear canal mucosa, and tympanic membrane, no neck bruit

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

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

Extremity/Skin: No leg edema, no lesion, normal dorsalis pedis and posterior tibial pulse

MS/Neuro: MS +5/5, motor and sensory intact, DTRs +2/4 on biceps and triceps tendon, +3/4 on both knees and Achilles tendon

CN: I – XII: intact

Cerebella test (Finger to nose, romberg test) is normal

Gait (walk on toes, on heel and tandem gait) is normal

Lab/study:

Done August 4, 2010
Hb: 9g/dl RBS: 91mg/dl (4h after breakfast)

EKG attached

Assessment:

1. Anemia
2. Electrolyte disorder??

Plan:

1. FeSO4/Folate 200/0.4mg 1t po bid
2. MTV 1t po qd
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT and TSH at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: August 4, 2010**

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

From: Tan, Heng Soon,M.D.
Sent: Wednesday, August 04, 2010 12:26 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic August 2010, Heng Sokhourn, 42F

She has several problems.

1. Likely iron deficiency anemia from heavy menses. However at her age, she may have developed submucosal uterine fibroids that may aggravate heavy menses. She should have a pelvic exam to check the size of uterus. She could consider taking oral contraceptives to reduce heavy menses. Confirm iron deficiciency anemia by blood film examination to confirm microcytic hypochromic [small pale] red cells. I agree with iron supplements.

2 Sounds like she has benign positional vertigo [see Mayo Clinic educational piece at http://www.bing.com/health/article/healthwise-1250012874/Benign-Paroxysmal-Positional-Vertigo-BPPV-Topic-Overview?q=positional+vertigo]. To confirm the diagnosis and treat it with the Epley maneuver [see attached Youtube video http://www.youtube.com/watch?v=ZqokxZRbJfw], you have to determine which ear is affected by asking the patient whether the positional vertigo occurs when she gets up on the right or left side of the bed. If she gets up on the right side, it's the right ear.

3. Symptoms of fatigue, anorexia, weight loss, neck tension, headache, dizziness, palpitation sounds like stress related anxiety attacks. Of course anemia could explains palpitations and dizziness. But it makes sense to screen for hyperthyroidism with TSH test, and for other systemic disorders with blood glucose, renal and liver tests.

Heng Soon Tan, MD

From: rithy chau
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Kruy Lim' ; 'Paul J. M.D. Heinzelmann' ; 'Kathy Fiamma >' ; 'Joseph Kvedar'
Sent: Thursday, August 05, 2010 8:53 AM
Subject: RE: Robib TM Clinic August 2010, Heng Sokhourn, 42F

Dear Sovann,

Vertigo is a sx of many problems and it's good that you think of hypovolemia as one of the causes. I think you tried to do a tilt test for hypovolemia with the vital signs you reported. Here is the correct way to do the tilt test:

1. Ask the patient to lie in supine position and wait at least 2 minutes
2. Measure HR and BP in supine position
3. Ask the patient to stand for 1 minute
4. Then measure HR and BP again while standing

Note: HR should be counted over 30 sec and multiply by 2, instead of 15 sec x 4. Changing posture from supine (lying down) to standing, NOT sitting (not helpful in demonstrating postural hypovolemic status).

Reliable positive Tilt test results from postural increase in HR of 30 bpm or more OR the postural (supine to standing) dizziness is so severe that the test could not be complete. Hypotention (in tilt test) of any degree while standing is not sensitive enough for diagnostic value although important to record.

So if you have not done this you can try as I described above for Tilt test.

Other causes that you may want to consider for this patient is malnourishment, parasitemia, GI bleed (I did not see any report for Hemoccult test), thyroid dysfunction (reporting hyperreflexia but only LE?? Because usually generalized), infection (think TB), malignancy, etc. You may want to do a pelvic exam to evaluate any Gyn problem. I would add testing for Retic, Peripheral smear, HIV, AFB sputum, pap smear, Colocheck, UA and send for CXR and Abd/pelvic (both) US if patient able to pay on her own.

Do eradication if positive colocheck. Add Albendazole 400mg bid x 5d. Increase MTV to bid. Tell her to drink at least 2-3L clean water daily and eat as much green leafy veggie with her diet as possible.

Hope this helps.

Rithy

From: Robib Telemedicine
To: Kathy Fiamma >
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Rithy Chau
Sent: Thursday, August 05, 2010 6:48 PM
Subject: Cases received for Robib TM Clinic August 2010

Dear Kathy,

I have received the answer of six cases from you and below are the received case:

Case#2, Nory Bunthorn, 41M
Case#3, Soeung Iem, 63M
Case#4, Chhin Chheut, 15M
Case#6, Bon Mesa, 13F
Case#7, Chea Sambo, 56M
Case#8, Heng Sokhourn, 42F

Please send me the reply of case#1, Morm Polita, 22F and Case#, 5, Chan Oeung, 60M.

Thank you very much for the reply of the Robib cases in this month.

Best regards,
Sovann

Thursday, August 5, 2010

Follow-up Report for Robib TM Clinic

There were 6 new patients and 2 follow up patients seen during this month Robib TM Clinic, other 47 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 August 2010

1. Morm Polita, 22F (Backdoang Village)
Diagnosis:

1. Right Ovarian cyst

Treatment:

1. Refer to SHCH for surgical evaluation

2. Nory Bunthorn, 41M (Thnal Keng Village)
Diagnosis:
1. PTB
2. DM history with antidiabetic treatment

Treatment:
1. Treat PTB in local HC
2. Stop antidiabetic drug and Recheck BS in next month follow up

3. Soeung Iem, 63M (Phnom Dek Village)
Diagnosis:
1. COPD
2. Parkinsonism?

Treatment:
1. MTV 1t po qd for one month (#30)
2. Draw blood for Lyte, BUN, Creat, Gluc, LFT, and TSH at SHCH

Lab result on August 6, 2010

Na	=140	[135 - 145]
K	=4.2	[3.5 - 5.0]
Cl	=104	[95 - 110]
BUN	=3.1	[0.8 - 3.9]
Creat	=97	[53 - 97]
Gluc	=5.5	[4.2 - 6.4]
TSH	=3.07	[0.27 - 4.20]
SGOT	=23	[<37]
SGPT	=15	[<42]

4. Chhin Chheut, 15M (Trapang Reusey Village)
Diagnosis:
1. Renal ricketttsia?
2. Osteomalacia?
3. Chronic renal failure
4. Anemia
5. Cachexia
6. Hypocalcemia

Treatment:
1. Calcium/Vit D 630/500IU 1t po bid
2. Refer to rehabilitation center in Kien Klang (Phnom Penh) for evaluation

5. Chan Oeung, 60M (Sangke Roang Village)
Diagnosis:
1. HTN
2. Gouty arthritis
3. Renal insufficiency

Treatment:
1. Atenolol 100mg 1/4t po bid (#20)
2. Ibuprofen 200mg 3t po tid prn severe pain (#50)
3. Paracetamol 500mg 1t po qid prn pain (#30)
4. Recheck CBC, Lyte, BUN, Creat, Gluc and Uric acid in September 2010

6. Bon Mesa, 13F (Thnal Keng Village)
Diagnosis:
1. Chronic otitis media

2. Peripheral facial nerve paralysis

Treatment:

1. Augmentin 600mg/5cc 5cc po bid for 2w (#1)
2. Ibuprofen 200mg 1t po bid for 1w (#20)
3. Occlude the ear while having a shower

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

1. Osteoarthritis?
2. Gouty Arthritis??

Treatment:

1. Ibuprofen 200mg 3t po tid prn severe pain (#30)
2. Paracetamol 500mg 1t po qid prn pain (#30)
3. Wamth compression on the ankle
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, ESR, Uric acid at SHCH

Lab result on August 6, 2010

WBC	=9.4	[4 - 11x10^9/L]	Na	=141	[135 - 145]
RBC	=4.1	[4.6 - 6.0x10^{12}/L]	K	=4.4	[3.5 - 5.0]
Hb	=12.6	[14.0 - 16.0g/dL]	Cl	=108	[95 – 110]
Ht	=37	[42 - 52%]	BUN	=2.4	[0.8 - 3.9]
MCV	=90	[80 - 100fl]	Creat	=110	[53 - 97]
MCH	=31	[25 - 35pg]	Gluc	=6.1	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	Uric Aci	=599	[200 - 420]
Plt	=360	[150 - 450x10^9/L]			
Lym	=3.3	[1.0 - 4.0x10^9/L]			
Mxd	=0.7	[0.1 - 1.0x10^9/L]			
Neut	=5.4	[1.8 - 7.5x10^9/L]			
ESR	=103	[0 – 15]			

8. Heng Sokhourn, 42F (Otalauk Village)
Diagnosis:

1. Anemia
2. Electrolyte disorder??

Treatment:

1. FeSO4/Folate 200/0.4mg 1t po bid (#60)
2. MTV 1t po bid (#60)
3. Albendazole 200mg 2t po bid x 5d (#20)
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Ret, Peri blood smear, LFT and TSH at SHCH

Lab result on August 6, 2010

WBC	=4.3	[4 - 11x10^9/L]	Na	=141	[135 - 145]
RBC	=4.8	[3.9 - 5.5x10^{12}/L]	K	=4.2	[3.5 - 5.0]
Hb	=10.1	[12.0 - 15.0g/dL]	Cl	=109	[95 – 110]
Ht	=33	[35 - 47%]	BUN	=2.6	[0.8 - 3.9]
MCV	=69	[80 - 100fl]	Creat	=89	[44 - 80]
MCH	=21	[25 - 35pg]	Gluc	=4.8	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	SGOT	=42	[<31]
Plt	=164	[150 - 450x10^9/L]	SGPT	=30	[<32]
Lym	=1.9	[1.0 - 4.0x10^9/L]	TSH	=1.28	[0.27 – 4.20]
Reti count	=1.2	[0.5 – 1.5]			

Peripheral blood smear
Microcyte 1+

Hypochronic 1+
Poikilocyte 1+

Patients asked to come on August 2010

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

1. HTN
2. DMII

Treatment:

1. Amlodipine 5mg 1/2t po qd for four months (#60)
2. Metformin 500mg 1t po bid for four months (#240)
3. Captopril 25mg 1/4t po qd for four months (buy)

2. Chan Som, 71M (Thkeng Village)
Diagnosis:

1. BPH
2. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd (#20)
2. Naproxen 220mg 1t po bid prn pain (#20)
3. Draw blood for Lyte, BUN, Creat, Gluc, PSA as SHCH

Lab result on August 6, 2010

Na	=140	[135 - 145]
K	=4.0	[3.5 - 5.0]
Cl	=106	[95 - 110]
BUN	=2.9	[0.8 - 3.9]
Creat	=128	[53 - 97]
Gluc	=10.8	[4.2 - 6.4]

P.S.A

PSA	= 1.48	[<4.0]
Free PSA	=0.30	
Ratio	=0.20	

3. Chan Thoeun, 52F (Sralou Srong Village)
Diagnosis:

1. Mild to moderate Aortic regurgitation

Treatment:

1. Enalapril 5mg 1/2t po qd for one month (# 20)

4. Chhay Chanthy, 47F (Thnout Malou Village)
Diagnosis:

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1t po bid for one month (#30)
2. Propranolol 40mg 1/4t po bid for one month (#15)
3. Draw blood for Free T4 at SHCH

Lab result on August 6, 2010

Free T4=13.72 [12.0 – 22.0]

5. Chhim Bon, 73F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (#45)
2. Draw blood for Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

Lab result on August 6, 2010

Na	=142	[135 - 145]
K	=3.6	[3.5 - 5.0]
Cl	=105	[95 - 110]
BUN	=2.9	[0.8 - 3.9]
Creat	=104	[53 - 97]
Gluc	=5.2	[4.2 - 6.4]
T. Chol	=6.5	[<5.7]
TG	=2.8	[<1.71]

6. Chhim Ly, 59M (Sre Thom Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid (#60)
2. Review on diabetic diet, do regular exercise and foot care

7. 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 (#35)
2. Amlodipine 5mg 1t po qd (buy)
3. ASA 300mg 1/4t po qd (#8)
4. Metformin 500mg 1t po bid (#60)
5. Glibenclamide 5mg 1t po qd (buy)
6. Draw blood for Lyte, BUN, Creat, Gluc, Tot chole, TG and uric acid at SHCH

Lab result on August 6, 2010

Na	=140	[135 - 145]
K	=4.2	[3.5 - 5.0]
Cl	=147	[95 - 110]
BUN	=4.7	[0.8 - 3.9]
Creat	=160	[53 - 97]
Gluc	=6.8	[4.2 - 6.4]
T. Chol	=4.9	[<5.7]
TG	=2.3	[<1.71]
Uric Aci	=699	[200 - 420]

8. Chum Chet, 63M (Koh Pon Village)
Diagnosis:

1. Osteoarthritis?
2. HTN
3. Dyspepsia

Treatment:

1. Naproxen 220mg 1t po bid prn pain (#20)
2. Atenolol 100mg 1/4t po qd (#10)
3. Famotidine 40mg 1t po qhs (#30)

9. Eam Neut, 56F (Taing Treuk)
Diagnosis

1. HTN

Treatment

1. Atenolol 100 mg 1/4 t po bid for four months (#20)
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chol, TG at SHCH

Lab result on August 6, 2010

WBC	=7.2	[4 - 11x10^9/L]	Na	=140	[135 - 145]
RBC	=4.9	[3.9 - 5.5x10^{12}/L]	K	=4.6	[3.5 - 5.0]
Hb	=12.8	[12.0 - 15.0g/dL]	Cl	=109	[95 – 110]
Ht	=39	[35 - 47%]	BUN	=2.6	[0.8 - 3.9]
MCV	=79	[80 - 100fl]	Creat	=72	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=5.3	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=6.3	[<5.7]
Plt	=220	[150 - 450x10^9/L]	TG	=5.6	[<1.71]
Lym	=3.3	[1.0 - 4.0x10^9/L]			

10. Ek Rim, 47F (Rovieng Chheung Village)
Diagnosis:

1. HTN

Treatment:

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

11. Heng Chey, 71M (Thkeng Village)
Diagnosis:

1. HTN

Treatment:

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

12. Heng Pheary, 33F (Thkeng Village)
Diagnosis:

1. Asthma

Treatment:

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

13. Keo Vin, 51M (Thnout Malou Village)
Diagnosis:

1. Sciatica

Treatment:

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

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

1. HTN

Treatment:

1. HCTZ 50mg 1t po qd for one month (#35)
2. Do regular exercise, eat low salt/fats diet

15. Kim Yat, 28F (Sre Thom Village)
Diagnosis:

1. Anemia

Treatment:

1. FeSO4/Folate 200/0.25mg 1t po bid for two months (#120)
2. MTV 1t po qd for tow months (#60)
3. Draw blood for CBC at SHCH

Lab result on August 6, 2010

WBC	=4.8	[4 - 11x10^9/L]
RBC	=4.9	[3.9 - 5.5x10^{12}/L]
Hb	=10.5	[12.0 - 15.0g/dL]
Ht	=35	[35 - 47%]
MCV	=71	[80 - 100fl]
MCH	=22	[25 - 35pg]
MHCH	=30	[30 - 37%]
Plt	=238	[150 - 450x10^9/L]
Lym	=1.0	[1.0 - 4.0x10^9/L]
Mxd	=0.5	[0.1 - 1.0x10^9/L]
Neut	=3.3	[1.8 - 7.5x10^9/L]

16. Kong Hin, 69F (Chhnourn Village)
Diagnosis:

1. HTN

Treatment:

1. Amlodipine 5mg 1t po qd for two months (#60)

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

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

Treatment:

1. Atenolol 25mg 1/2t po qd for two months (#30)
2. Spironolactone 25mg 1t po qd for two months (#60)
3. ASA 300mg 1/4t po qd for two months (#15)
4. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)

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

1. HTN
2. DMII
3. Chronic renal failure

Treatment:

1. Glibenclamdie 5mg 1t po bid (buy)
2. Atenolol 100mg 1/2t po qd (#20)
3. Amlodipine 5mg 1t po qd (#30)
4. ASA 300mg 1/4t po qd (#8)
5. Draw blood for Lyte, BUN, Creat, Gluc, Tot chole and TG at SHCH

Lab result on August 6, 2010

Na	=135	[135 - 145]
K	=4.9	[3.5 - 5.0]
Cl	=105	[95 - 110]
BUN	=7.5	[0.8 - 3.9]
Creat	=200	[53 - 97]
Gluc	=19.6	[4.2 - 6.4]
T. Chol	=7.6	[<5.7]
TG	=11.9	[<1.71]

19. Lay Lai, 32F (Taing Treuk Village)
Diagnosis:

1. Tachycardia

Treatment:

1. Atenolol 25mg 2t po qd for one month (# 70)

20. Moeung Srey, 48F (Thnout Malou Village)
Diagnosis

1. HTN

Treatment

1. Enalapril 5mg 1t po qd for three months (# 90)

21. Nhem Heum, 65F (Doang Village)
Diagnosis:

1. Vit deficiency
2. Parkinson disease

Treatment:

1. MTV 1t po bid for two months (#120)
2. Folic acid 5mg 1t po qd for two months (#60)

22. Pang Then, 51F (Thnal Keng Village)
Diagnosis:

1. HTN

Treatment:

1. Enalapril 5mg 1t po qd for one month (#30)
2. HCTZ 50mg 1/2t po qd for one month (#15)

23. Pheng Roeung, 64F (Thnout Malou Village)
Diagnosis:

1. HTN
2. Liver cirrhosis

Treatment:

1. Atenolol 100mg 1/2t po qd for three months (# 45)
2. Spironolactone 25mg 1t po qd for three months (90)
3. MTV 1t po qd for three months (#90)

24. Phay Heang, 60F (Bos Village)
Diagnosis:

1. Migraine HA
2. Dyspepsia

Treatment:

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

25. Phim Sichin, 39F (Taing Treuk Village)
Diagnosis:

1. DMII
2. LVH
3. TR/MS
4. Thalasemia

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (#240)
2. Metformin 500mg 3t qAM, 2t po qPM for two months (#300)
3. Captopril 25mg 1/4t po bid for two months (#30)
4. MTV 1t po bid for two months (#120)
5. Amitriptylin 25mg 1/2t po qhs for two months (#30)

26. Ros Oeun, 55F (Thnout Malou Village)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 11/2t po bid for two months (buy)
2. Metformin 500mg 2t po bid for two months (# 240)
3. Enalapril 5mg 1/2t po qd for two months (# 30)
4. ASA 300mg 1/4t po qd for two months (buy)

27. Ros Yet, 58M (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#70)
2. Metformin 500mg 1t po bid for one month (# 70)
3. Draw blood for Lyte, BUN, Creat, Gluc and HbA1C at SHCH

Lab result on August 6, 2010

Na	=133	[135 - 145]
K	=4.4	[3.5 - 5.0]
Cl	=98	[95 - 110]
BUN	=4.5	[0.8 - 3.9]
Creat	=115	[53 - 97]
Gluc	=25.7	[4.2 - 6.4]
HbA1C	=15.7	[4.0 – 6.0]

28. Sam Thourng, 30F (Thnal Keng Village)
Diagnosis:

1. Cardiomegaly by CXR
2. Severe MS (MVA <1cm^2)

Treatment:

1. Atenolol 100mg 1/2t po qd for two months (#30)
2. ASA 300mg 1/2t po qd for two months (#30)
3. HCTZ 50mg 1/2t po qd for two months (#30)

29. Sao Ky, 75F (Thnout Malou Village)
Diagnosis

1. HTN

Treatment

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

30. Sao Lim, 76F (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)

31. Sao Phal, 63F (Thnout Malou)
Diagnosis:

1. HTN
2. Anxiety

Treatment:

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

32. Say Soeun, 71F (Rovieng Cheung Village)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 70)
2. Metformin 500mg 1t po bid for one month (# 70)
3. Enalapril 5mg 1t po qd for one month (# 40)
4. Atenolol 100mg 1/2t po qd for one month (# 20)
5. ASA 300mg ¼t po qd for one month (# 8)
6. MTV 1t po qd for one month (# 30)

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

1. Gouty arthritis

Treatment:

1. Paracetamol 500mg 1t po qid prn pain for one month (#30)
2. Ibuprofen 200mg 3t po bid prn severe pain for one month (#50)
3. Draw blood for Lyte, BUN, Creat, gluc and uric acid at SHCH

Lab result on Augsut 6, 2010

Na	=141	[135 - 145]
K	=4.7	[3.5 - 5.0]
Cl	=111	[95 - 110]
BUN	=4.5	[0.8 - 3.9]
Creat	=205	[53 - 97]
Gluc	=4.4	[4.2 - 6.4]
Uric Aci	=649	[200 - 420]

34. Seung Savorn, 50M (Sre Thom Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 45tab)
2. Draw blood for Lyte, BUN, Creat, gluc, Tot chole and TG at SHCH

Lab result on August 6, 2010

WBC	=8.8	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=5.1	[4.6 - 6.0x10^{12}/L]	K	=2.7	[3.5 - 5.0]
Hb	=15.8	[14.0 - 16.0g/dL]	Cl	=102	[95 – 110]
Ht	=44	[42 - 52%]	BUN	=3.3	[0.8 - 3.9]
MCV	=86	[80 - 100fl]	Creat	=110	[53 - 97]
MCH	=31	[25 - 35pg]	Gluc	=5.9	[4.2 - 6.4]
MHCH	=36	[30 - 37%]	T. Chol	=5.4	[<5.7]
Plt	=238	[150 - 450x10^9/L]	TG	=6.8	[<1.7]
Lym	=2.7	[1.0 - 4.0x10^9/L]			

35. Srey Thouk, 60F (Taing Treuk Village)
Diagnosis:
1. HTN

Treatment:
1. Atenolol 100mg 1/4t po qd for four months (#30)
2. ASA 300mg 1/4t po qd for four months (#30)

36. So Pheap, 28F (Bakdoang Village)
Diagnosis:
1. PTB?

Treatment:
1. Do AFB smear in local health center if positive, get TB treatment from local HC

37. Sok Tem Ra, 26M (Thnal Keng Village)
Diagnosis:
1. Anemia

Treatment:
1. FeSO4/Folate 200/0.4mg 1t po bid for two months (#120)
2. MTV 1t po qd for two months (#60)
3. Draw blood for CBC, Peripheral blood smear at SHCH

Lab result on August 6, 2010

WBC	=6.6	[4 - 11x10^9/L]
RBC	=4.5	[4.6 - 6.0x10^{12}/L]
Hb	=10.2	[14.0 - 16.0g/dL]
Ht	=33	[42 - 52%]
MCV	=74	[80 - 100fl]
MCH	=23	[25 - 35pg]
MHCH	=31	[30 - 37%]
Plt	=236	[150 - 450x10^9/L]
Lym	=1.8	[1.0 - 4.0x10^9/L]
Mxd	=0.8	[0.1 - 1.0x10^9/L]
Neut	=4.0	[1.8 - 7.5x10^9/L]

Peripheral Blood Smear
Hypochromic 1+
Anisocytosis 1+

38. Sok Thai, 72M (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)

39. Som Then, 34M (Rom Chek Village)
Diangosis:

1. NS

Treatment:

1. Prednisolone 5mg 5t po qd x 2w then 4t po qd x 2w (#135)
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, Albumin, Protein in August 2010

Lab result on August 6, 2010

WBC	=8.6	[4 - 11x10^{9}/L]	Na	=140	[135 - 145]
RBC	=4.5	[4.6 - 6.0x10^{12}/L]	K	=3.2	[3.5 - 5.0]
Hb	=13.8	[14.0 - 16.0g/dL]	Cl	=106	[95 – 110]
Ht	=41	[42 - 52%]	BUN	=1.9	[0.8 - 3.9]
MCV	=92	[80 - 100fl]	Creat	=89	[53 - 97]
MCH	=31	[25 - 35pg]	Gluc	=5.4	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	T. Chol	=5.3	[<5.7]
Plt	=189	[150 - 450x10^{9}/L]	Prot	=74	[66 - 87]
Lym	=3.5	[1.0 - 4.0x10^{9}/L]	Albumin	=51	[38 - 51]
Mxd	=0.5	[0.1 - 1.0x10^{9}/L]			
Neut	=4.6	[1.8 - 7.5x10^{9}/L]			

40. Sourn Rithy, 18M (Thnal Keng Village)
Diagnosis:

1. PTB
2. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po tid for one month (#50)
2. Propranolol 40mg 1/4t po bid (#15)
3. TB treatment from local health center

41. Svay Tevy, 46F (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

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

42. Thorng Khun, 43F (Thnout Malou Village)
Diagnosis:

1. Hyperthyroidsim
2. Sciatica
3. Vit Deficiency

Treatment:

1. Carbimazole 5mg 1t po bid for two months (#60)
2. Paracetamol 500mg 1t po qid prn pain for two months (#40)
3. MTV 1t po qd for two months (#60)

43. Tith Hun, 58F (Ta Tong Village)
Diagnosis:

1. HTN

Treatment:

1. Enalapril 5mg 2t po qd for one month (# 70)
2. Atenolol 100mg 1/2t po qd for one month (# 35)

44. Um Yi, 57F (Rovieng Cheung Village)
Diagnosis:

1. HTN

Treatment:

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

45. Uy Noang, 59M (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 Gluc and HbA1C at SHCH

Lab result on August 6, 2010

Gluc	=9.2	[4.2 - 6.4]
HbA1C	=8.1	[4.0 – 6.0]

46. Vong Cheng Chan, 57F (Rovieng Cheung Village)
Diagnosis

1. HTN

Treatment

1. Atenolol 25mg 1t po bid for three months (#180)

47. Yin Hun, 74F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1t po qd for one month (#40)

The next Robib TM Clinic will be held on September 6 - 10, 2010