

Robib *Telemedicine* Clinic

Preah Vihear Province

A U G U S T 2 0 1 1

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

On Monday, August 8, 2011, 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 9 & 10, 2011, 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 10 & 11, 2011.

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 Sovann Peng at SHCH who compiled and sent for website publishing.

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

From: [Robibtelemed](#)
To: [Kathy Fiamma](#) ; [Joseph Kvedar](#) ; [Paul Heinzelmann](#) ; [Rithy Chau](#) ; [Cornelia Haener](#) ; [Kruy Lim](#) ; [Radiology Boston](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#) ; [Savoeun Chhun](#) ; [Robib School 1](#)
Sent: Monday, August 01, 2011 12:40 PM
Subject: Schedule for Robib TM Clinic August 2011

Dear all,

I would like to inform you that Robib TM Clinic will be starting from August 8 - 12, 2011.

The agenda for the trip is as following:

1. On Monday August 8, 2011, PA Rithy, Driver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday August 9, 2011, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as word file and sent to both partners in Boston and Phnom Penh.
3. On Wednesday August 10, 2011, the activity is the same as on Tuesday
4. On Thursday August 11, 2011, download all the answers replied from both partners then treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday August 12, 2011, Draw blood from patients for lab test at SHCH then come back to Phnom Penh.

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

Best regards,
Sovann

From: [Robibtelemed](#)
To: [Cornelia Haener](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Tuesday, August 09, 2011 4:37 PM
Subject: Robib TM Clinic August 2011, Case#1, Kol Ko, 58F

Dear all,

There are three new cases for the first day of Robib TM clinic August 2011. This is case number 1, Kol Ko, 58F 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: Kol Ko, 58F (Taing Treuk Village)

Chief Complaint (CC): A mass on upper back x 5y

History of Present Illness (HPI): 58F, farmer, presented with a small lump on upper back without pain, redness, swelling. In these 10d, it was affected by a hard thing, then it became pain, swelling, and redness and increased in size. She got consultation with local health center and treated with some medicine (unknown name) but not better.

Past Medical History (PMH): Unremarkable

Family History: None

SH: Cig smoking, no alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 133/84 P: 65 R: 20 T: 37°C Wt: 36Kg

General: Stable

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



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

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

Skin: A mass about 2x3cm, redness, warmth, tender, no fluctuation

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

Lab/study: None

Assessment:

1. Skin abscess

Plan:

1. Erythromycin 500mg 1t po bid for 10d
2. Ibuprofen 200mg 2t po bid

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 9, 2011

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

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

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

Sent: Thursday, August 11, 2011 3:45 PM

Subject: RE: Robib TM Clinic August 2011, Case#1, Kol Ko, 58F

Dear Sovann,

Thanks for submitting this case. It would be best to refer the patient to Kg Thom hospital for Incision and drainage.

Regards
Cornelia

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

Sent: Tuesday, August 09, 2011 1:23 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib TM Clinic August 2011, Case#1, Kol Ko, 58F

Can the lesion be drained?

Otherwise agree with assessment and plans

Les Fang, MD

From: [Robibtelemed](#)

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

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

Sent: Tuesday, August 09, 2011 4:39 PM

Subject: Robib TM Clinic August 2011, Case#2, Chhim Ho, 56F

Dear all,

This is case number 2, Chhim Ho, 56F 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: Chhim Ho, 56F (Ke Village)

Chief Complaint (CC): Abdominal distension x 1 month

History of Present Illness (HPI): 56F, farmer, presented with symptoms of fever, chill, RUQ pain, and jaundice then with generalized swelling and abdominal distension, and noticed dark yellow of urine. She got treatment from local health care worker with IV fluid and po medicine which release the swelling but she still complains of abdominal distension, weakness and

poor appetite. She denied of palpitation, chest pain, hematemesis, stool with blood/mucus, hematuria, oliguria.

Past Medical History (PMH): Hospitalized two times in the beginning of the year (she was not told what disease she had)

Family History: None

SH: No cig smoking, no alcohol drinking

Current Medications: 4 kind of PO medicine bid (unknown name)

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 89/65 P: 110 R: 22 T: 37°C Wt: 35Kg

General: Sick



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

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

Abd: Soft, no tender, distension, (+) BS, palpable liver, smooth surface, no collateral vein dilated, no abdominal bruit

Extremity/Skin: 2+ pitting edema on both legs, dry skin, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study:

FBS: 97mg/dl Hb:8g/dl
U/A: normal

Assessment:

1. Ascitis due to hepatitis
2. Anemia

Plan:

1. Spironolactone 25mg 1t po qd
2. FeSO₄/Folate 200/0.4mg 1t po bid
3. MTV 1t po qd
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT, Bilirubin, Peripheral blood smear, HBs Ag, HCV Ab at SHCH
5. Send patient to Kg Thom for abdominal Ultrasound

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 9, 2011

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

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From: Danny Sands
Sent: Tuesday, August 09, 2011 11:57 AM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic August 2011, Case#2, Chhim Ho, 56F

This patient likely has cirrhosis, given the ascites and one month duration, but the likely cause is viral hepatitis or possibly liver cancer. Her anemia may be iron deficiency, but may also be from chronic disease.

I agree with most of your recommendations, but would add iron studies (iron, TIBC, ferritin), since treating anemia of chronic disease with iron is futile.

Also, if you're concerned about hepatitis, you should add blood tests for hepatitis A IgM, hepatitis C, and hepatitis B core antibody.

- Danny

From: [Robibtelemed](#)
To: [Joseph Kvedar](#) ; [Paul Heinzelmann](#) ; [Kathy Fiamma](#) ; [Kruy Lim](#) ; [Rithy Chau](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Tuesday, August 09, 2011 4:42 PM
Subject: Robib TM Clinic August 2011, Case#3, Nung y, 47F

Dear all,

This is the last case for the first of Robib TM Clinic August 2011, Case number 3, Nung Y, 47F 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: Nung Y, 47F (Taing Treuk Village)

Chief Complaint (CC): Hearing loss x 2y

History of Present Illness (HPI): 47F, farmer, presented with hearing loss with ear ringing, and pruritus in the ear canal but denied of ear discharge. She reports of ear discharge in the past ten years. She sought the treatment in Kg Thom and Siem reap referral hospital but the hearing loss not better. She denied of HA, SOB, palpitation, chest pain, stool with mucus/blood, oliguria, hematuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No cig smoking, no alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular menstrual period

PE:

Vitals: BP: Rt 158/113, Lt 163/117 P: 93 R: 20 T: 36.5°C Wt: 64Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no neck mass, no lymph node palpable, no JVD; Ear: bilateral perforated tympanic membrane, pustule discharge, erythema.

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

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

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

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

Lab/study: None

Assessment:

1. Otitis media
2. HTN

Plan:

1. Augmentin 600mg/5cc 7.5cc bid for 10d
2. HCTZ 50mg 1/2t po qd
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH
4. Plug the ear with cotton during 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 9, 2011

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

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From: Lee, Daniel J.,M.D., Otolaryngology
Sent: Tuesday, August 09, 2011 2:12 PM
To: Fiamma, Kathleen M.
Subject: Re: Robib TM Clinic August 2011, Case#3, Nung y, 47F

Would recommend ear drops (cortisporin suspension) twice daily for two weeks to both ears and dry ear precautions and tympanoplasty surgery for the worst ear first.

Daniel Lee, MD

From: [Robibtelemed](#)
To: [Cornelia Haener](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Paul Heinzelmann](#) ; [Kathy Fiamma](#) ; [Joseph Kvedar](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Wednesday, August 10, 2011 3:51 PM
Subject: Robib TM Clinic August 2011, Case#4, Cheng Bun, 57M

Dear all,

There are five new cases for second day of Robib TM Clinic August 2011. This is case number 4, continued from yesterday, Cheng Bun, 57M 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 Bun, 57M (Rovieng Tbong Village)

Chief Complaint (CC): Neck mass x 2 months

History of Present Illness (HPI): 57M, farmer, presented with a mass about 3x4cm on inferior to right ear, no pain, no redness, no warmth, no insect bite, no fever, no cough. He went to consult with local health center staffs and diagnosed him with TB adenitis and treated with TB drugs 3t po

qd. He has got treatment for 10d and the mass still remain in the same size, so he come to us for consultation.



Past Medical History (PMH): Unremarkable

Family History: None

SH: No cig smoking, casually alcohol drinking

Current Medications: TB drugs 3t po qd

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 133/82 P: 82 R: 20 T: 36.5°C Wt: 45Kg

General: Stable

HEENT: Mass about 3x4cm inferior to right ear, firm, smooth surface, fixed, no tender, no lymph node palpable, No mass or lesion in oropharynx; ear canal with normal mucosa, intact tympanic membrane, pink conjunctiva

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

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

Extremity/Skin: No legs edema, no lesion

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

Lab/study: None

Assessment:

1. TB adenitis??
2. Lymphoma??
3. Parotid tumor??

Plan:

1. Continue TB treatment in local health center
2. Do FNA for cytology at SHCH
3. Send patient to Kg Thom for CXR

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

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

Examined by: Nurse Sovann Peng

Date: August 10, 2011

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

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From: [Cornelia Haener](#)
To: ['Robibtelemed'](#)
Cc: rithychau@sihosp.org
Sent: Thursday, August 11, 2011 3:34 PM
Subject: RE: Robib TM Clinic August 2011, Case#4, Cheng Bun, 57M

Dear Sovann,

I agree that he needs an FNA. As he is a stable patient, he might not be eligible for the SHCH, rather for CMC.

Thanks
Cornelia

From: [Robibtelemed](#)
To: [Paul Heinzelmann](#) ; [Kathy Fiamma](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Wednesday, August 10, 2011 3:53 PM
Subject: Robib TM Clinic August 2011, Case#5, Chan Sorya, 50F

Dear all,

This is case number 5, Chan Sorya, 50F and photo.

Best regards,
Sovann

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

History and Physical



Name/Age/Sex/Village: Chan Sorya, 50F (Pal Hal Village)

Chief Complaint (CC): Epigastric pain x 1y

History of Present Illness (HPI): 50F, farmer, presented with symptoms of epigastric pain, burning sensation, radiated to the scapula, during hungry and full eating, relieved with antacid. She denied vomiting, stool with mucus/blood. She bought medicine from local pharmacy without medical consultation when the pain worsened.

Past Medical History (PMH): Stroke with right side weakness x 5y

Family History: None

SH: No cigarette smoking, no alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): (+) HA, (+) neck tension, palpitation, no chest pain, no SOB, no edema, no stool with blood/mucus

PE:

Vitals: BP: 154/100 (both sides) P: 73 R: 20 T: 37°C Wt: 60Kg

General: Stable

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

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

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

Extremity/Skin: No legs edema, no lesion

MS/Neuro: MS +4/5 on right side, +5/5 on left side, motor and sensory intact, DTRs +2/4, dragging gait

Lab/study:

BS: 88mg/dl U/A: protein 1+

Assessment:

1. HTN
2. Dyspepsia
3. Old stroke with right side weakness

Plan:

1. HCTZ 25mg 1t po qd
2. Famo/Cal.carb/Mg(OH)₂ 10/800/165mg 1t po qd for one month
3. Mebendazole 100mg 5t po qd once
4. Regular physical therapy to prevent joint stiffness
5. Draw blood for Lyte, Creat, TG, Tot chole 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 10, 2011

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

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From: Fiamma, Kathleen M.
Sent: Thursday, August 11, 2011 7:47 AM
To: Cusick, Paul S.,M.D.
Subject: FW: Robib TM Clinic August 2011, Case#5, Chan Sorya, 50F

Thank you for the opportunity to consult on this nice woman.

I agree with your assessment and plan.

Based on your description, she has dyspepsia and epigastric discomfort not associated with nausea or vomiting or melena to suggest GI bleeding

The absence of a fever makes infection from gallbladder or pancreas less likely.

With symptoms of Chest/epigastric/clavicle pain in someone who has had a stroke at the age of 50, one must be certain that this is not cardiac angina. However, the symptoms do not sound exertional nor is dyspnea a large component of the presentation.

I would encourage blood pressure control with the diuretic as you are doing.

the famotadine /antacid should help with the dyspepsia. she should also eat bland foods with low acidity and spice. (avoid oranges and citrus fruit and peppers and caffeine)

Treat the stiff muscles from hemiparesis with physical therapy and warm/hot moist towel to neck to relieve muscle strain.

What intestinal parasites are endemic to Cambodia? Ascaris, whipworm,? that you were treating with mebendazole?

What is the water source in the villages? Is it well water or public water supply or river/lake?

Thank you

From: [Robibtelemed](#)
To: [Rithy Chau](#) ; [Joseph Kvedar](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Wednesday, August 10, 2011 3:55 PM
Subject: Robib TM Clinic August 2011, Prum Thai, 62F

Dear all,

This is case number 6, Prum Thai, 62F and photo.

Best regards,
Sovann

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

History and Physical



Name/Age/Sex/Village: Prum Thai, 62F (Rovieng Chheung Village)

Chief Complaint (CC): Fatigue x 5 months

History of Present Illness (HPI): 62F, farmer, presented with symptoms of epigastric pain, burning sensation, burping with sour taste, radiate to the back, during hungry and full eating, poor appetite, fatigue. She denied of vomiting, HA, SOB, black stool. palpitation, chest pain. She got treatment from local health care worker with IV fluid, and IM injection (unknown name), but she seems not get better. Because of poor appetite, she has loss weight about 10kg/5months

Past Medical History (PMH): Unremarkable

Family History: None

SH: Chewing tobacco, no cig smoking; no alcohol drinking

Current Medications: 2 kinds of medicine po qd (unknown name)

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 92/68 P: 106 R: 20 T: 36.5°C Wt: 36Kg

General: Stable

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

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

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

Extremity/Skin: Dry skin, no legs edema, no lesion

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

Lab/study:

FBS: 101mg/dl

Assessment:

1. GERD

Plan:

1. Omeprazole 20mg 1t po qhs for one month
2. Mebendazole 100mg 5t po qhs once
3. MTV 1t po qd
4. GERD prevention education

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 10, 2011

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

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No answer replied

From: Robibtelemed

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

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

Sent: Wednesday, August 10, 2011 3:57 PM

Subject: Robib TM Clinic August 2011, Case#7, San Kim Hong, 50M

Dear all,

This is case number 7, San Kim Hong, 50M 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 Kim Hong, 50M (Taing Treuk Village)

Chief Complaint (CC): Polyruia and fatigue x 4 months

History of Present Illness (HPI): 50M presented with past several years history of hypoglycemia (BS from 50 – 70mg/dl), symptoms of dizziness, diaphoresis, vomiting and advised to eat sweat diet. In these four months, he started with symptoms of polyphgia, polydypsia, polyuria, fatigue, so he has eaten low sugar diet without seeking medical consultation and come to consult with Telemedicine today. He denied of blurred vision, numbness/tingling, palpitation, stool with blood/mucus, edema, foot lesion.

Past Medical History (PMH): Unremarkable

Family History: Father with HTN

SH: Cig smoking, stopped 10y; casually alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 95/72 P: 80 R: 20 T: 36.5°C Wt: 67Kg

General: Stable

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

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

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

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

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

Lab/study:

FBS: 176mg/dl

U/A: glucose 2+, no leukocyte, no protein, no ketone

Assessment:

1. DMII

Plan:

1. Metformin 500mg 1t po qhs
2. Educate on diabetic diet, do regular exercise and foot care
3. Draw blood for Creat, Gluc, 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 10, 2011

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

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

Sent: Thursday, August 11, 2011 7:44 AM

To: Fiamma, Kathleen M.

Subject: Re: Robib TM Clinic August 2011, Case#7, San Kim Hong, 50M

[Agree with diagnosis and plans](#)

[Les Fang, MD](#)

From: [Robibtelemed](#)

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

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

Sent: Wednesday, August 10, 2011 4:03 PM

Subject: Robib TM Clinic Augsut 2011, Case#8, Sun Yorn, 50M

Dear all,

This is the last case of Robib TM Clinic August 2011, Case number 8, Sun Yorn, 50M and photo. Please reply to the cases before Thursday afternoon then the treatment 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: Sun Yorn, 50M (Bos Village)

Chief Complaint (CC): Right less numbness and weak x 15d

History of Present Illness (HPI): 50M, farmer, try to carry wood, which suddenly causing pain in right buttock with radiation down through the legs to the sole and numbness. He bought medicine from local pharmacy and massage but the pain and numbness seems not better. He didn't seek medical consultation and come to Telemedicine today.

Past Medical History (PMH): HTN (Dizziness, HA, neck tension, blurred vision and palpitation) with prn antihypertension (unknown name) since 2006

Family History: None

SH: Heavy cig smoking, alcohol drinking about 1/4L per day, stopped both about 1y

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: Lt 213/128 Rt 230/132 P: 87 R: 20 T: 36.5°C Wt: 44Kg
Captopril 12.5mg → BP: 176/110 (one hour after)

General: Stable

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

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

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

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

MS/Neuro: MS +4/5 on right leg, other +5/5, motor and sensory intact, DTRs +2/4

Lab/study:

U/A protein trace

Assessment:

1. Severe hypertension
2. Sciatica

Plan:

1. HCTZ 25mg 1t po qd
2. Amlodipine 5mg 1t po qd
3. Ibuprofen 200mg 2t po bid prn pain
4. Send patient to Kg Thom for CXR
5. Draw blood for Lyte, Creat, TG, Tot chole 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 10, 2011

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

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

Sent: Thursday, August 11, 2011 8:01 AM

To: Fiamma, Kathleen M.

Subject: Re: Robib TM Clinic Augsut 2011, Case#8, Sun Yorn, 50M

Blood pressure needs aggressive intervention

Appears to have sciatica, perhaps as a result of L4-5 disc herniation

Les Fang, MD

Thursday, August 11, 2011

Follow-up Report for Robib TM Clinic

There were 8 new patients seen during this month Robib TM Clinic, and other 61 patients came for medication refills only, and 80 new patients seen by PA Rithy Chau 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 Telemedicic Clinic August 2011

1. Kol Ko, 58F (Taing Treuk Village)

Diagnosis:

1. Skin abscess

Treatment:

1. Augmentin 600mg/5cc 10cc po bid for 10d (#1)
2. Ibuprofen 200mg 2t po bid (#30)

2. Chhim Ho, 56F (Ke Village)

Diagnosis:

1. Ascitis due to hepatitis
2. Anemia

Treatment:

1. Spironolactone 25mg 1t po qd (#30)
2. FeSO4/Folate 200/0.4mg 1t po bid (#60)
3. MTV 1t po qd (#30)
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT, Bilirubin, Peripheral blood smear, HBs Ag, HCV Ab at SHCH
5. Send patient to Kg Thom for abdominal Ultrasound

Lab result on August 12, 2011

WBC	=12.3	[4 - 11x10 ⁹ /L]
RBC	=2.4	[3.9 - 5.5x10 ¹² /L]
Hb	=7.1	[12.0 - 15.0g/dL]
Ht	=23	[35 - 47%]
MCV	=95	[80 - 100fl]
MCH	=30	[25 - 35pg]
MHCH	=32	[30 - 37%]
Plt	=180	[150 - 450x10 ⁹ /L]
Lym	=2.2	[1.0 - 4.0x10 ⁹ /L]

Peripheral blood smear

Na	=135	[135 - 145]
K	=4.6	[3.5 - 5.0]
Cl	=101	[95 - 110]
BUN	=1.4	[0.8 - 3.9]
Creat	=81	[44 - 80]
Gluc	=4.2	[4.2 - 6.4]
Biliru tot	=62.9	[2.0 - 21.0]
SGOT	=79	[<31]
SGPT	=39	[<32]
HBsAg	Non-reactive	
HCV ab	Non-reactive	

Microcytic	2+
Hypochronic	2+
Macrocytic	1+
Target cells	1+

3. Nung Y, 47F (Taing Treuk Village)

Diagnosis:

1. Otitis media
2. HTN

Treatment:

1. Augmentin 600mg/5cc 10cc bid for 10d (#1)
2. HCTZ 50mg 1/2t po qd (#15)
3. Draw blood for Lyte, Creat at SHCH
4. Plug the ear with cotton during having a shower

Lab result on August 12, 2011

Na	=138	[135 - 145]
K	=4.5	[3.5 - 5.0]
Cl	=100	[95 - 110]
Creat	=70	[44 - 80]

4. Cheng Bun, 57M (Rovieng Tbong Village)

Diagnosis:

1. TB adenitis??
2. Lymphoma??
3. Parotid tumor??

Treatment:

1. Continue TB treatment in local health center
2. Do FNA for cytology at SHCH

FNA biopsy result on August 12, 2011

Microscopy: FNA cytology shows some sheets or group of hyperchromatic cells with tri-dimensional arrangement. The nuclear feature is difficult to view because of squeezing

Conclusion: Suspicious of malignancy

5. Chan Sorya, 50F (Pal Hal Village)

Diagnosis:

1. HTN
2. Dyspepsia
3. Old stroke with right side weakness

Treatment:

1. HCTZ 50mg 1/2t po qd (#15)
2. Famo/Cal.carb/Mg(OH)2 10/800/165mg 1t po qd for one month (#30)
3. Mebendazole 100mg 5t po qd once (#5)
4. Regular physical therapy to prevent joint stiffness
5. Draw blood for Lyte, Creat, TG, Tot chole at SHCH

Lab result on August 12, 2011

Na	=140	[135 - 145]
K	=3.4	[3.5 - 5.0]
Cl	=98	[95 - 110]
Creat	=68	[44 - 80]
T. Chol	=5.8	[<5.7]

TG =3.7 [<1.71]

6. Prum Thai, 62F (Rovieng Chheung Village)

Diagnosis:

1. GERD

Treatment:

1. Omeprazole 20mg 1t po qhs for one month (#30)
2. Mebendazole 100mg 5t po qhs once (#5)
3. MTV 1t po qd (#30)
4. GERD prevention education

7. San Kim Hong, 50M (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po qhs (#30)
2. Educate on diabetic diet, do regular exercise and foot care
3. Draw blood for Creat, Gluc, HbA1C at SHCH

Lab result on August 12, 2011

Creat	=91	[53 - 97]
Gluc	=8.0	[4.2 - 6.4]
HbA1C	=8.7	[4.8 - 5.9]

8. Sun Yorn, 50M (Bos Village)

Diagnosis:

1. Severe hypertension
2. Sciatica

Treatment:

1. HCTZ 25mg 1t po qd (#35)
2. Amlodipine 5mg 1t po qd (#35)
3. Ibuprofen 200mg 2t po bid prn pain (#30)
4. Send patient to Kg Thom for CXR
5. Draw blood for Lyte, Creat, TG, Tot chole at SHCH

Lab result on August 12, 2011

Na	=139	[135 - 145]
K	=3.1	[3.5 - 5.0]
Cl	=97	[95 - 110]
Creat	=101	[53 - 97]
T. Chol	=4.7	[<5.7]
TG	=3.0	[<1.71]

Patients who come for follow up and refill medicine

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

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Amlodipine 5mg 1/2t po qd for one month (#20)
2. Metformin 500mg 1t po bid for one month (#40)
3. Captopril 25mg 1/2t po bid for one month (buy)
4. Draw blood for HbA1C at SHCH

Lab result on August 12, 2011

HbA1C =6.4 [4.8 – 5.9]

2. Chan Choeun, 55M (Sre Thom Village)

Diagnosis:

1. Gouty arthritis
2. HTN
3. Hypertriglyceridemia

Treatment:

1. Paracetamol 500mg 1t po qid prn for two months (#30)
2. Amlodipine 5mg 1t po qd for two months (#40)
3. Fenofibrate 100mg 1t po qd for two months (buy)
4. Eat low salt diet, do regular exercise

3. Chan Him, 63F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (# 20)
2. Draw blood for Creat, tot chole, TG at SHCH

Lab result on August 12, 2011

Creat	=77	[44 - 80]
T. Chol	=5.1	[<5.7]
TG	=2.2	[<1.71]

4. Chhay Chanthay, 47F (Thnout Malou Village)

Diagnosis:

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1t po bid for three months (buy)
2. Propranolol 40mg 1/4t po bid for three months (#50)

5. Chheng Yearng, 48F (Thkeng Village)

Diagnosis:

1. Tachycardia

Treatment:

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

6. Chhim Bon, 73F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (#35)

7. Chin Kim Houy, 77F (Chhnourn Village)

Diagnosis:

1. Osteoarthritis

Treatment:

1. Paracetamol 500mg 1-2t po qid prn pain for two months (#30)

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

8. Chum Chet, 64M (Koh Pon Village)

Diagnosis:

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

Treatment:

1. Atenolol 50mg 1/2t po bid (#40)
2. Amlodipine 5mg 1t po qd (#40)
3. Paracetamol 500mg 1-2t po qid prn pain (#30)
4. Salbutamol inhaler 2puffs bid prn (#1)

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

Diagnosis:

1. HTN
2. Gout
3. Hyperlipidemia

Treatment:

1. Captopril 25mg 1/2t po bid for two months (buy)
2. ASA 300mg 1/4t po qd for two months (# 18)
3. Paracetamol 500mg 1t po q6h prn pain/fever for two months (# 30)
4. Simvastatin 10mg 1t po qhs for two months (#70)
5. Fenofibrate 100mg 1t po qd for two months (buy)

10. Eam Neut, 56F (Taing Treuk)

Diagnosis

1. HTN
2. Hypertriglyceridemia

Treatment

1. Amlodipine 5mg 1t po qd for two months (#40)
2. Fenofibrate 100mg 1t po qd (buy)

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

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po tid for three months (buy)
2. Propranolol 40mg ¼ t po bid for three months (#50)

12. Heng Chey, 71M (Thkeng Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (#35)

13. Heng Pheary, 33F (Thkeng Village)

Diagnosis:

1. Asthma

Treatment:

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

14. Kin Yin, 35F (Bos Pey Village)

Diagnosis:

1. Hyperthyroidism

Treatment:

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

Lab result on August 12, 2011

Free T4=**99.47** [12.0 – 22.0]

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

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

Treatment:

1. Atenolol 50mg 1/4t po qd for two months (buy)
2. Spironolactone 25mg 1t po qd for two months (#70)
3. ASA 300mg 1/4t po qd for two months (#18)
4. FeSO4/Folate 200/0.4mg 1t po qd for two months (#70)
5. Famo/CaCO3/Mg(OH)2 10/800/165mg 1t po qhs (#30)

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

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

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (buy)
2. Metformin 500mg 1t po bid for one month (#60)
3. Atenolol 50mg 1t po qd for one month (buy)
4. Amlodipine 5mg 1t po qd for one month (#30)
5. ASA 300mg 1/4t po qd for one month (#8)
6. Simvastatin 10mg 1t po qhs for one month (#30)
7. Fenofibrate 100mg 1t po qd for one month (buy)

17. Kong Soeun, 31M (Backdoang Village)**Diagnosis:**

1. DMII

Treatment:

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

18. Koy Veth, 38F (Thnout Malou Village)**Diagnosis:**

1. Asthma

Treatment:

1. Salbutamol inhaler 2puffs bid prn SOB for two months (#1)

19. Kul Chheung, 84F (Taing Treuk Village)**Diagnosis:**

1. HTN
2. COPD

Treatment:

1. HCTZ 25mg 1t po qd for two months (#70)
2. Salbutamol Inhaler 2puffs bid for two months (#1)

20. Kul Keung, 66F (Taing Treuk Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (#35)
2. ASA 300mg ¼ t po qd for two months (buy)
3. Captopril 25mg ¼ t po bid for two months (buy)
4. Glibenclamide 5mg 1t po bid for two months (#80)
5. Metformin 500mg 1t po bid for two months (#80)

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

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po qd for two months (#70)
2. Captopril 25mg 1/4t po bid for two months (buy)
3. Review on diabetic diet, regular exercise and foot care

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for two months (#70)

23. Moeung Phalla, 35F (Thkeng Village)

Diagnosis:

1. Tachycardia

Treatment:

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

24. Moeung Rin, 67F (Taing Treuk Village)

Diagnosis:

1. HTN
2. Osteoarthritis

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (#35)
2. Atenolol 50mg 1/2t po qd for two months (#25)
3. Paracetamol 500mg 1-2t po qid prn pain (#30)

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

Diagnosis

1. HTN

Treatment

1. Enalapril 5mg 1t po qd for two months (# 70)
2. MTV 1t po qd for two months (#70)

26. Nop Sareth, 41F (Kampot Village)

Diagnosis:

1. Cardiomegaly
2. VHD (MS/TR)

Treatment:

1. Atenolol 50mg 1/2t po qd for one month (# 15)
2. Captopril 25mg ¼ po bid for one month (buy)
3. ASA 300mg 1/4t po qd for one month (# 8)

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

Diagnosis:

1. HTN
2. DMII

Treatment:

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

28. Nung Sory, 62F (Thkeng Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (#35)

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

Diagnosis:

1. HTN

Treatment:

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

30. Pe Chanthy, 51M (Taing Treuk Village)

Diagnosis:

1. Ascitis due to chronic Hepatitis B
2. Liver cirrhosis

Treatment:

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

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (80)
2. Metformin 500mg 2t po bid for two months (#140)
3. Captopril 25mg 1t po bid two months (buy)
4. ASA 300mg 1/4t po qd two months (#18)

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

Diagnosis:

1. Liver cirrhosis with PHTN
2. HTN

3. Anemia
4. Hypertrophic Cardiomyopathy
5. Renal Failure with hyperkalemia

Treatment:

1. Spironolactone 25mg 1t po qd for one month (#40)
2. FeSO₄/Folate 200/0.25mg 1t po qd for one month (#40)
3. MTV 1t po qd for one month (#40)

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

Diagnosis:

1. Dyspepsia

Treatment:

1. Famo/CaCO₃/Mg(OH)₂ 10/800/165mg 1t po qhs (#30)

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

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po qd for three months (buy)
2. Propranolol 40mg 1/4t po bid for three months (#50)

35. Rim Sopheap, 35F (Doang Village)

Diagnosis:

1. Dilated Cardiomyopathy with EF 32% with PR

Treatment:

1. Captopril 25mg 1/4t po bid for three months (buy)
2. ASA 300mg 1/4t po qd for three months (#25)
3. MTV 1t po qd for three months (#100)

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

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 11/2t po bid for two months (#120)
2. Metformin 500mg 2t po bid for two months (#160)
3. Captopril 25mg 1/2t po bid for two months (buy)
4. ASA 300mg 1/4t po qd for two months (#18)

37. Roth Ven, 54M (Thkeng Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#50)
2. Metformin 500mg 2t po bid for one month (#100)
3. Captopril 25mg 1/4t po bid for one month (buy)
4. ASA 300mg 1/4t po qd for one month (#10)

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for three months (#220)
2. Glibenclamide 5mg 1t po bid for three months (#110)
3. Captopril 25mg 1/4t po bid for three months (buy)

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

Diagnosis:

1. Zoonotic infection
2. Thrombocytopenia

Treatment:

1. FeSO4/Folate 200/0.4mg 1t po bid for one month (#60)

40. Sam Thourng, 30F (Thnal Keng Village)

Diagnosis:

1. Cardiomegaly by CXR
2. Severe MS (MVA <1cm2)

Treatment:

1. Atenolol 50mg 1t po qd for three months (buy)
2. ASA 300mg 1/2t po qd for three months (#50)
3. HCTZ 25mg 1t po qd for three months (#100)

41. Sam Yom, 62F (Chhnourn Village)

Diagnosis:

1. HTN
2. Dyspepsia

Treatment:

1. HCTZ 25mg 1t po qd for three months (#100)
2. MTV 1t po qd for three months (#100)
3. Famo/CaCO3/Mg(OH)2 10/800/165mg 1t po qhs (#30)

42. Sao Heang, 57F (Backdaong Village)

Diagnosis:

1. DMII
2. Hyperlipidemia

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (#80)
2. Metformin 500mg 1t po bid for two months (#80)
3. Simvastatin 10mg 1t po qhs for two months (#70)
4. Fenofibrate 100mg 1t po qd for two months (buy)

43. Sao Ky, 75F (Thnout Malou Village)

Diagnosis

1. HTN

Treatment

1. HCTZ 25mg 1t po qd for three month (# 100)

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

Diagnosis:

1. HTN
2. Right side stroke with left weakness

Treatment:

1. HCTZ 25mg 1t po qd for three months (#100)
2. ASA 300mg ¼ t po qd for three months (# 26)
3. MTV 1t po qd for three months (# 100)

45. Say Soeun, 72F (Rovieng Cheung Village)

Diagnosis:

1. HTN
2. DMII
3. Renal insufficiency

Treatment:

1. Glibenclamide 5mg 1t po bid (#80)
2. Metformin 500mg 1t po bid (#80)
3. Enalapril 5mg 1t po bid (#80)
4. Nisoldipine 10mg 2t po qd (#80)
5. Atenolol 50mg 1/2t po qd (#25)
6. MTV 1t po qd (#40)

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

Diagnosis:

1. Anemia

Treatment:

1. FeSO₄/Folate 200/0.4mg 1t po qd for two months (#70)
2. MTV 1t po qd for two months (#70)

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

Diagnosis:

1. Gouty arthritis
2. Renal insufficiency

Treatment:

1. Allopurinol 100mg 1t po bid for two months (buy)
2. Paracetamol 500mg 1t po qid prn pain for two months (#50)

48. Seung Savorn, 50M (Sre Thom Village)

Diagnosis:

1. HTN
2. Hypertriglyceridemia

Treatment:

1. HCTZ 25mg 1t po qd for three months (#100)
2. Fenofibrate 100mg 1t po qd for three months (buy)

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

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#70)
2. ASA 300mg 1t po qd for one month (#30)

50. So Chhorm, 73M (Thkeng Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for two months (#70)
2. MTV 1t po qd for two months (#70)

51. Srey Thouk, 60F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

1. Atenolol 50mg 1/2t po qd for four months (#35)
2. ASA 300mg 1/4t po qd for four months (#30)

52. Sun Ronakse, 40F (Sre Thom Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for two months (#70)

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (#200)
2. Metformin 500mg 3t qAM and 2t po qPM for two months (#200)
3. Captopril 25mg 1/2t po bid for two months (buy)
4. ASA 300mg 1/4t po qd for two months (#18)

54. Teav Vandy, 65F (Rovieng Cheung Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for two months (# 70)

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

Diagnosis:

1. Tension HA
2. Hyperthyroidism

Treatment:

1. Paracetamol 500mg 1t po qid prn HA for two months (#20)
2. Methimazole 5mg 1t po qd for two months (#70)
3. Propranolol 40mg 1/4t po bid for two months (#30)

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

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for three months (#100)

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

Diagnosis:

1. HTN

Treatment:

1. Enalapril 5mg 1t po qd for one month (# 40)
2. HCTZ 25mg 1t po qd for one month (#40)
3. Atenolol 50mg 1/2t po qd for one month (#20)
4. Diphenhydramine 25mg 1t po qhs for one month (#20)

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

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (#60)
2. Captopril 25mg 1/4t po bid for two months (buy)
3. ASA 300mg 1/4t po qd for two months (#18)

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

Diagnosis:

1. HTN
2. Urticaria

Treatment:

1. Enalapril 5mg 1t po qd for one month (#40)
2. Diphenhydramin 25mg 1t po qhs for one month (#30)

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

Diagnosis:

1. Gouty arthritis
2. HTN
3. Anemia

Treatment:

1. Paracetamol 500mg 1t po qid prn for one month (#30)
2. Amlodipine 5mg 1t po qd for one month (#40)
3. FeSO4/Folate 200/0.4mg 1t po bid for one month (#80)
4. MTV 1t po qd for one month (#40)

61. Yun Yeung, 75M (Doang Village)

Diagnosis:

1. VHD (MR??)
2. HTN

Treatment:

1. HCTZ 25mg 1t po qd for two months (#70)

**The next Robib TM Clinic will be held on
September 5 - 9, 2011**