

Robib *Telemedicine* Clinic

Preah Vihear Province

D E C E M B E R 2 0 0 8

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

On Monday, December 08, 2008, 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), December 09 & 10, 2008, the Robib TM Clinic opened to receive the patients for evaluations. There were 8 new cases and one follow up case seen during this month, and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh on Wednesday and Thursday, December 10 & 11, 2008.

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

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

From: Robib Telemed

Date: Dec 1, 2008 8:08 AM

Subject: Schedule for Robib TM Clinic December 2008

To: Rithy Chau; Kruey Lim; Cornelia Haener; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma

Cc: Bernie Krisher; Thero Noun; Dan Liu; Laurie & Ed Bachrach; Peou Ouk; Sochea Monn; Sam Oeurn Lanh

Dear all,

I would like to inform you that Robib TM clinic for December 2008 will be starting on December 08, 2008 and coming back on December 12, 2008.

The agenda for the trip is as following:

1. On Monday December 08, 2008, driver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday December 09, 2008, the clinic opens to see the patients for the whole morning then all the informations from the patients will be typed up into the computer and send to both partners in Boston and Phnom Penh.
3. On Wednesday December 10, 2008, the activity is the same as on Tuesday.

4. On Thursday December 11, 2008, download all the answers replied from both partners in Boston and Phnom Penh then treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday December 12, 2008, Draw blood from the patients for lab test at SHCH then come back to Phnom Penh.

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

Best regards,
Sovann

From: Dan_Liu@hopeww.org
Date: Dec 1, 2008 2:15 PM
Subject: Re: Schedule for Robib TM Clinic December 2008
To: Robib Telemed

Dear Sovann,

I hope that your Robib telemedicine outreach goes as planned. In the meantime, please have a successful week in Rattanakiri with Mr. Rithy as well.

Best Regards,

Dan

Dan Liu
Executive Director
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia
cel: 011 543 472

From: Robib Telemed
Date: Dec 9, 2008 8:34 PM
Subject: Robib TM Clinic December 2008, chan Bun Hor, 68M (Trapang Toeum Village)
To: Rithy Chau; Kruy Lim; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma;
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

Robib TM Clinic December 2008, there are four new cases and this is the case number one, Chan Bun Hor, 68M and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Chan Bun Hor, 68M (Trapang Toeum Village)

Chief Complaint (CC): Pain on left hip joint x 1 month

History of Present Illness (HPI): 68M, farmer, come to the clinic complaining of hip joint pain x 1 month. First he noticed numbness sensation on left foot, two months later he felt heavy on the hip and pain left hip joint with movement and left knee joint without signs of swelling, redness, warmth, stiffness. He went to see local healer and was treated with Trankal IM injection for 10d but his pain seem not better so local healer treated with Dexamethasone IM injection x 2d. He noticed he had motor accident (sliding on the road) about 7 months ago but denied of injury or any abnormality happened to him.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Drinking alcohol 1/4L/d, smoking 1 pack of cig/d, stopped both x 5y

Current Medications: Dexamethazone IM x 2d

Allergies: NKDA

Review of Systems (ROS): No skin rash, no fever, no cough, no weight loss, normal appetite, normal bowel movement, normal urination

PE:

Vitals: BP: 149/92 (both arms) P: 81 R: 20 T: 37°C Wt: 49Kg

General: Look stable

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

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

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

Leg exam: no joint deformity, no swelling, no stiffness, pain on left hip with hip rotation, no crepitus, no tender on palpation

MS/Neuro: MS +4/5 on left leg, other intact, sensory intact, DTRs +2/4

Lab/study: None

Assessment:

1. Sciatica?
2. Osteoarthritis?
3. Elevated BP

Plan:

1. Naproxen 375mg 1t po bid prn
2. Paracetamol 500mg 1t po qid prn
3. Compress on pain site with warm water
4. Recheck BP if still elevated, start with HCTZ 12.5mg 2t po qd
5. Send to Kg Thom for hip and knee x-ray

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: December 9, 2008

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

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From: Rithy Chau

Date: Dec 10, 2008 9:02 AM

Subject: RE: Robib TM Clinic December 2008, chan Bun Hor, 68M (Trapang Toeum Village)

To: Robib Telemed

Cc: Kruiy Lim; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

Thanks for the cases. As for this patient, I agree that he may have left side sciatic pain and/or possible OA. Just have him do a hip x-ray AP view only to cut down cost for him also. Recheck his BP after 10 mins rest and if still elevated on both arms, go ahead with treatment. May want to start low with 12.5mg qd first for one month. As him to have low fat/salt diet and regular exercise will also help with the sciatic pain.

Rithy

Rithy Chau, MPH, MHS, PA-C
Director for Capacity Building and Telemedicine
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia
Mobile: 855-12-520-547/855-11-623-805

From: Kreinsen, Carolyn Hope, M.D.,M.Sc.

Date: Dec 12, 2008 11:24 AM

Subject: RE: Robib TM Clinic December 2008, chan Bun Hor, 68M (Trapang Toeum Village)

To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>, robibtelemed@gmail.com

Cc: tmed_rithy@online.com.kh

Hi Sovann,

I think that your evaluation was quite good and that your treatment plan is very reasonable. There might be a few other issues worth considering....On review of the evolution of the patient's left leg and foot symptoms, it sounds as though this gentleman developed first numbness and paresthesias of his left foot three months ago and then left hip and knee pain only one month ago. It would be helpful to know what part of the left foot felt numb to differentiate between a radiculopathy (lumbar disc problem, nerve root compression) versus a sensory neuropathy (early general or more localized peripheral) Was there associated muscle weakness in the left foot and leg or only initial foot numbness followed by knee and hip pain? Was there numbness throughout the leg, as well? Did the numbness resolve? It sounds as though the sensory exam was normal. Has he had back pain?

This patient had a history of fairly heavy alcohol intake until 5 years ago. It might be worth considering a metabolic source if there is still left foot numbness. In that event, it might be helpful to check a Vitamin B12 level, blood sugar and TSH.

The weakness in the left leg is concerning. It sounds as though the weakness was in both the thigh and lower leg on exam. Do you think that there was weakness due to pain or do you think that there was real weakness, not due to discomfort?

It may be that this man has primary degenerative changes of the left hip and left knee. It's also important to consider whether the numbness in the left foot may have caused him to alter his gait/weight bearing, thus aggravating existing joint degenerative changes as a result of a primary left foot problem. I would discourage further dexamethasone or Trankal injections.

I agree with the follow-up of the blood pressure elevation and with your proposed treatment. The recent dexamethasone injections and pain may have caused additional temporary increases in BP.

Just some thoughts and hope this is useful. Good luck!

Carolyn

From: Robib Telemed

Date: Dec 9, 2008 8:37 PM

Subject: Robib TM Clinic December, Case#2, Chin Thy Ren, 38F (Rovieng Cheung Village)

To: "Paul J. M.D. Heinzelmann" ; Joseph Kvedar; Kathy Fiamma; Kruey Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is case number two, Chin Thy Ren, 38F 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: Chin Thy Ren, 38F (Rovieng Cheung Village)

Chief Complaint (CC): Polyuria, polyphagia x 5 months

History of Present Illness (HPI): 38F presented with symptoms of fatigue, blurred vision and because her mother and sister has DMII, she worried of having DM as well, so she had BS check 300gm/dl then she restrict her eating with low sugar diet and small amount of rice. Three months later, she also presented with polyphagia, polydypsia, polyuria and she had BS checked again, It was 270mg/dl. She denied of fever, cough, chest pain, palpitation, edema.

Past Medical History (PMH): Unremarkable

Family History: Mother and sister with DMII

Social History: No alcohol drinking, no smoking

Current Medications: contraceptive injection

Allergies: NKDA

Review of Systems (ROS): Small amount of vaginal bleeding every day; she asked contraceptive injection provider and they said it is because she got contraceptive injection

PE:

Vitals: BP: 115/86 P: 82 R: 20 T: 37°C Wt: 72Kg

General: Look stable

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

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

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

Extremity/Skin: No edema, no rash, no foot wound

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

Lab/study: Done on December 9, 2008

FBS: 372mg/dl, U/A gluc 4+

Assessment:

4. DMII

Plan:

6. Metformin 500mg 1t po bid for one month
7. Captopril 25mg 1/4t po qd for one month
8. ASA 300mg 1/4t po qd for one month
9. Diabetes diet education, foot care and regular exercise
10. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG, Tot chole, 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: December 9, 2008

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From: Rithy Chau

Date: Dec 10, 2008 9:09 AM

Subject: RE: Robib TM Clinic December, Case#2, Chin Thy Ren, 38F (Rovieng Cheung Village)

To: Robib Telemed

Cc: "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma; Kruey Lim; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

I agree with your assessment. Give her metformin 2 tab po qhs instead. Hold the captopril for now until we see her RFT back. Can you take another photo of her, this one is blurred?

Rithy

Rithy Chau, MPH, MHS, PA-C
Director for Capacity Building and Telemedicine
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia
Mobile: 855-12-520-547/855-11-623-805

From: Fang, Leslie S.,M.D.
Sent: Tuesday, December 09, 2008 4:41 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic December, Case#2, Chin Thy Ren, 38F (Rovieng Cheung Village)

Agree that the patient has significant diabetes mellitus
Agree with management plans

no evidence of diabetic end-organ involvement as yet

Leslie Fang, MD

From: Robib Telemed
Date: Dec 9, 2008 8:42 PM
Subject: Robib TM Clinic December 2008, Case#3, Chum Ly Voeung, 34F (Dam Nak Chen Village)
To: "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma; Rithy Chau; Krui Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is case number three 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: Chum Ly Voeung, 34F (Dam Nak Chen Village)

Chief Complaint (CC): Palpitation x 1y

History of Present Illness (HPI): 34F had two months pregnancy but she didn't want to keep so she use abortion drug x 3d then she presented with heavy bleeding, and she was brought to provincial hospital and got curettage and stayed in there for a few days. Since then she presented with symptoms of palpitation, fatigue, insomnia, and hair loss, she asked local health care provider give her some injection (unknown name of medicine) but it seems not better. She denied of cough, dyspnea, chest pain, abdominal discomfort, stool with blood, black stool oliguria, polyuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No alcohol drinking, no smoking, 3 children

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Regular menstrual period, LMP on November 24, 2008, normal appetite, nor bowel movement, normal urination

PE:

Vitals: BP: 119/80 P: 86 R: 20 T: 37°C Wt: 60Kg

General: Look stable

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

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

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

Extremity/Skin: No edema, no rash, normal skin, no tremor

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

Lab/study: Done on December 9, 2008
Hb: 12g/dl

Assessment:

5. Thyroid dysfunction

Plan:

11. Draw blood for CBC, Lyte, Creat, Gluc, TSH at SHCH
12. MTV 1t po qd for one month
13. Paracetamol 500mg 1t po qid prn

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: December 9, 2008

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From: Rithy Chau

Date: Dec 10, 2008 9:47 AM

Subject: RE: Robib TM Clinic December 2008, Case#3, Chum Ly Voeung, 34F (Dam Nak Chen Village)

To: Robib Telemed

Cc: "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma; Kruiy Lim; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

I agree with your plan for this patient. Also did you ask about issues that may lead to her intermittent palpitation? Does she appear anxious or depressed?

Rithy

Rithy Chau, MPH, MHS, PA-C
Director for Capacity Building and Telemedicine
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia
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From: Robib Telemed

Date: Dec 9, 2008 8:49 PM

Subject: Robib TM clinic December 2008, Case#4, Um Yi, 55F (Rovieng Cheung Village)

To: "Paul J. M.D. Heinzlmann"; Kathy Fiamma; Joseph Kvedar; Kruey Lim; Rithy Chau;

Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is last case for first day of Robib TM Clinic December 2008, Um Yi, 55F and photo. Please waiting for other cases tomorrow and reply to the cases before Thursday afternoon.

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: Um Yi, 55F (Rovieng Cheung Village)

Chief Complaint (CC): Palpitation x 1y

History of Present Illness (HPI): 55F, farmer, presented with symptoms of palpitation, HA, neck tension, chest tightness, cold extremity, insomnia for 1w, her family asked local healer to see her at home and told she had HTN (BP:200/?) and treated with IV fluid and antihypertensive injection. She

became better and since then bought Amlodipin from pharmacy and taking 5mg 1t to 2t per day when she developed above symptoms. She denied of fever, cough, chest pain, oliguria, dysuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Drinking alcohol casually, no smoking, 10 children

Current Medications:

Amlodipine 5mg 1t to 2t po qd when she presented with symptoms

Allergies: NKDA

Review of Systems (ROS): Epigastric pain, burning sensation especially in the morning, aggravated by sour tasted food, no burping; 2y post menopause

PE:

Vitals: BP: 161/111 (both arms) P: 72 R: 20 T: 37°C Wt: 50Kg

General: Look sick

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 scar

Extremity/Skin: No edema, no rash

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

Lab/study: Done on December 9, 2008
U/A: normal

Assessment:

1. HTN
2. Dyspepsia
3. Parasititis

Plan:

1. HCTZ 12.5mg 2t po qd for one month
2. Famotidine 10mg 2t po qhs for one month
3. Mebendazole 100mg 5t po qhs once
4. GERD prevention education, exercise
5. Draw blood for CBC, Lyte, 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: December 9, 2008

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From: Rithy Chau

Date: Dec 10, 2008 9:54 AM

Subject: RE: Robib TM clinic December 2008, Case#4, Um Yi, 55F (Rovieng Cheung Village)

To: Robib Telemed

Cc: "Paul J. M.D. Heinzelmann"; Kathy Fiamma; Joseph Kvedar; Kruiy Lim; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

I agree with your plan. May put GERD as dx instead of dyspepsia. If Famotidine not helpful, then may switch to Omeprazole instead for next month.

Rithy

Rithy Chau, MPH, MHS, PA-C
Director for Capacity Building and Telemedicine
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia
Mobile: 855-12-520-547/855-11-623-805

From: Kreinsen, Carolyn Hope, M.D., M.Sc.

Date: Dec 10, 2008 11:33 AM

Subject: RE: Robib TM clinic December 2008, Case#4, Um Yi, 55F (Rovieng Cheung Village)

To: "Fiamma, Kathleen M."; robibtelemed@gmail.com

Cc: tmed_rithy@online.com.kh

Hi Sovann,

In summary, this 55 year old woman presented with episodic palpitations of one year duration with associated headaches, neck stiffness, chest tightness and a cold sensation in her extremities. She has had epigastric pain and burning, most symptomatic in the AM. She has had insomnia for one week. Marked hypertension was documented once in the past when the patient felt ill. The patient has been taking amlodipine 5 to 10 mg PRN when symptomatic with some relief of symptomatology. Moderate bilateral systolic and diastolic hypertension was noted today upon presentation to the clinic. Heart rate and temperature were normal and exam was normal. However, the patient appeared ill.

I have several concerns for this woman. She has had palpitations with chest pressure and also has had epigastric pain and distress. Known cardiac risk factors include moderate to marked hypertension and postmenopausal status. Women often have epigastric pain rather than more typical chest pain with angina/coronary disease/myocardial infarction. I recommend an EKG as soon as possible to evaluate for ischemia, past or current myocardial infarction and left ventricular hypertrophy. A long rhythm strip would be an initial helpful screen for atrial or ventricular arrhythmias. Does she have any shortness of breath?

This woman's chief complaint is palpitations. I completely agree with your plan to check electrolytes, kidney functions and complete blood count. I think that

it would be helpful to check a TSH, as well, given the palpitations and hypertension. If the palpitations do not resolve with treatment of hypertension, it might be worth considering an echocardiogram.

Her hypertension is moderate to pronounced. It's unclear as to whether it is elevated consistently or episodically in association with the other symptoms. If the patient can afford the amlodipine, I think that might be more effective than the HCTZ for her hypertension, initially 5 mg po each day with increase, if tolerated, to 10 mg po qd after 4 days. She may benefit from combination therapy with the amlodipine and HCTZ. She will require careful and frequent follow-up of her blood pressure, preferably within the next week. If thyroid tests indicate hyperthyroidism, treatment of the disorder and beta blockers would be helpful. It's encouraging that the urinalysis did not show any protein. On photo, the patient's skin appeared somewhat brownish/bronzed. This may simply be due to sun exposure, given that the patient is a farmer. However, one consideration down the line, if the patient remains symptomatic, would be possible adrenal source of palpitations and hypertension.

The patient has had headache and neck tension associated with the palpitations. Those are most likely due to hypertension and hopefully will resolve with blood pressure management. She is at increased risk of stroke with the blood pressure elevation. However, with her gastritis symptoms, aspirin would not be advisable. If headaches do not resolve with blood pressure reduction, further evaluation will be necessary.

The famotidine 20 mg each evening is a good idea for treatment of the patient's gastritis. Equally as important is the education that you provided. Has this woman experienced unintended weight loss recently? Any nausea/vomiting, sense of food sticking in the esophagus, diarrhea or constipation? I recommend a stool guaiac test to rule out GI bleeding. Treatment for presumed intestinal parasites is wise, given that the patient is a farmer and at increased risk. It would be wise to add liver function tests to her labs.

Good luck and hope this is helpful!

Carolyn K

From: Robib Telemed

Date: Dec 10, 2008 8:38 PM

Subject: Robib TM clinic December 2008, Case#5, San Kim Horn, 44F(Thnout Malou Village)

To: Rithy Chau; Kruy Lim; Cornelia Haener; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma

Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

There are four new cases and one follow up case for second day of Robib TM clinic December 2008. This is the case number 5, continue from yesterday, San Him Horn, 44F 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: San Kim Horn, 44F (Thnout Malou Village)

Chief Complaint (CC): Chest tightness x 1y

History of Present Illness (HPI): 44F presented with symptoms of chest tightness, palpitation, heat intolerance, hair loss and also noticed her thyroid gland became bigger so she went to a hospital in Phnom Penh, had neck ultrasound and asked her to have surgery but she denied. She didn't get treatment with drug just buy traditional medicine to take every day but it seem not help her. She denied of dysphagia, dyspnea, cough, chest pain, tremor, orthopnea, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Drinking alcohol casually, no tobacco chewing, no smoking, 2 children

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular menstrual period, LMP on December 5, 2008

PE:

Vitals: BP: 125/84 P: 70 R: 20 T: 37°C Wt: 53Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 2x3cm, smooth border, no tender, no bruit, no swelling, no lymph node palpable

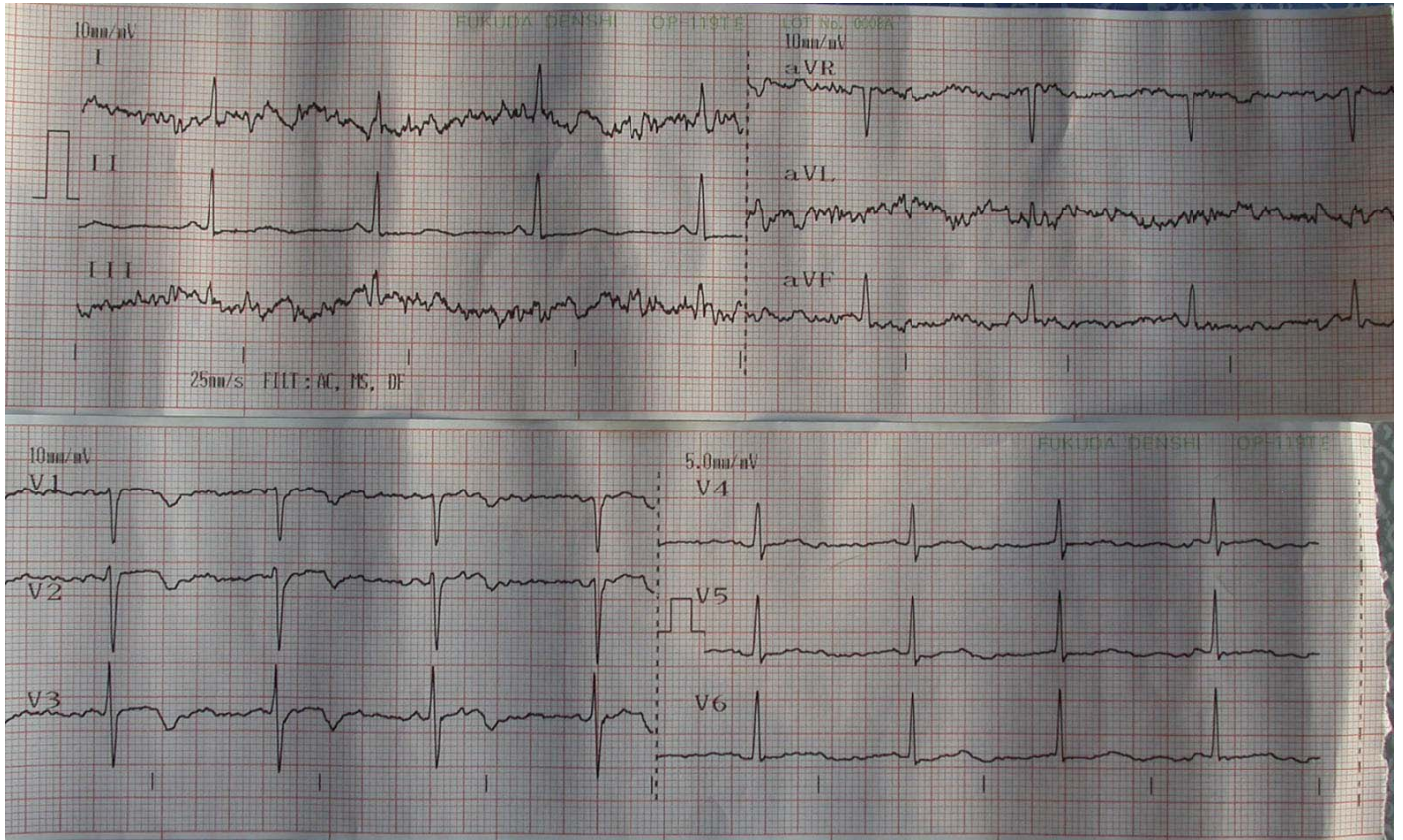
Chest: CTA bilaterally, no rales, no rhonchi; H RRR, 2+ crescendo systolic murmur loudest at pulmonic area

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

Extremity/Skin: No edema, no rash, no foot wound

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





Lab/study: EKG attached

Assessment:

- 6. Goiter
- 7. VHD??

Plan:

- 14. Draw blood for CBC, Lyte, Creat, Gluc, TSH at SHCH
- 15. Send to Phnom Penh for 2D echo of the heart

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: December 10, 2008

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

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From: Barbesino, Giuseppe, M.D.

Date: Dec 11, 2008 12:53 AM

Subject: RE: Robib TM clinic December 2008, Case#5, San Kim Horn, 44F(Thnout Malou Village)

To: "Fiamma, Kathleen M."
Cc: robibtelemed@gmail.com; tmed_rithy@online.com.kh

This 44 y/o woman with goiter needs to have evaluation. While her history suggests symptoms of hyperthyroidism, her exam shows normal heart rate. I agree with choice of TSH first, but if TSH is normal and there are nodules on neck ultrasound, then needle biopsy should be performed. If TSH is not normal (low), then I would do a thyroid scan to determine the cause of hyperthyroidism (multinodular goiter or Graves' disease) and treat with methimazole or PTU. Even if there is hyperthyroidism, any cold nodule larger than 1.5 cm or so should undergo biopsy with fine needle.

I hope this helps.

From: Rithy Chau
Date: Dec 11, 2008 9:08 AM
Subject: RE: Robib TM clinic December 2008, Case#5, San Kim Horn, 44F(Thnout Malou Village)
To: Robib Telemed <robibtelemed@gmail.com>
Cc: Kruey Lim; Cornelia Haener; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

As to assess better for this patient, I would like to see more detail history about her chest tightness. Remember, you need to ask questions that will differentiate between cardiac, pulmonary, GI, MS or other causes (thyroid, mental, etc.). It is good that you think about thyroid, but you need to keep in mind of the multiple problems that may cause chest pain or tightness. Please read Chan and Winkle's *H&P Examination* to get a better idea about the various ddx that you may suspect from chest tightness. I hope this will help to get a more thorough history from her.

I agree with the blood works and I would hold off for the 2D echo. Please ask her to come back next month to do reevaluation after the lab tests.

Rithy

Rithy Chau, MPH, MHS, PA-C
Director for Capacity Building and Telemedicine
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia
Mobile: 855-12-520-547/855-11-623-805

From: Cornelia Haener
Date: Dec 11, 2008 11:00 AM
Subject: RE: Robib TM clinic December 2008, Case#5, San Kim Horn, 44F(Thnout Malou Village)
To: Rithy Chau; Robib Telemed
Cc: Kruey Lim; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

I fully agree with Rithy Chau's suggestions. Many patients with goiter have similar complaints as you describe, often related to anxiety due to the goiter. A normal pulse rate speaks against serious hyperthyroidism.

Kind regards

Cornelia

From: Robib Telemed

Date: Dec 10, 2008 8:41 PM

Subject: Robib TM Clinic Decmeber 2008, Case#6, Choeng Thang, 62M (Thnout Malou Village)

To: "Paul J. M.D. Heinzelmann" <pheinzelmann@partners.org>, Joseph Kvedar <jkvedar@partners.org>, Kathy Fiamma <kfiamma@partners.org>, Kruy Lim <kruylim@yahoo.com>, Rithy Chau <tmed_rithy@online.com.kh>

Cc: Bernie Krisher <bernie@media.mit.edu>, Thero Noun <thero@cambodiadaily.com>, Laurie & Ed Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 6, Choeng Thang, 62M 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: Choeng Thang, 62M (Thnout Malou Village)

Chief Complaint (CC): Fatigue and polyuria x 7y

History of Present Illness (HPI): 62M, former worker at petroleum company, got health check up, diagnosed with DMII and got treatment with two kinds of hypoglycemic drug 1t po qd without any symptoms. Three years later presented with symptoms of fatigue, polyphagia, polyuria, HA, numbness on both foot so he bought other two kinds of hypoglycemic drugs taking 1t po qd. He tried to stop taking these medicine and when presented with symptoms, he starting to take it again without medical consultation. During this month, he didn't take antihypoglycemic drugs. He denied of cough, SOB, fever, chest pain, hematuria, dyspnea, edema.

Past Medical History (PMH): PTB with complete treatment in 2006

Family History: Brother with HTN

Social History: Drinking alcohol casually, smoking 1 pack of cig/d, stopped 2y

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 164/100 (both arms) P: 79 R: 20 T: 37°C Wt: 74Kg

General: Look stable

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

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

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

Extremity/skin: No edema, no rash, no foot wound

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

Lab/study: Done on December 10, 2008

FBS: 239mg/dl

U/A: Gluc 4+

Assessment:

1. DMII with PNP
2. HTN

Plan:

1. Glibenclamide 5mg 1t po bid for one month
2. Captopril 25mg 1/2t po bid for one month
3. ASA 300mg 1/4t po qd for one month
4. Amitriptylin 25mg 1/2t po qhs for one month
5. Educate patient on diabetes diet, do regular exercise, and foot care
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG, Tot chole, 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: December 10, 2008

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

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

Sent: Wednesday, December 10, 2008 12:51 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib TM Clinic Decmeber 2008, Case#6, Choeung Thang, 62M (Thnout Malou Village)

Agree that the patient has type 2 diabetes mellitus with hypertension

There is no indication of end organ disease as yet

Agree with treatment plan but suspect that the dose of captopril needs to be escalated

Leslie S.T. Fang, MD PhD

From: Rithy Chau

Date: Dec 11, 2008 9:21 AM

Subject: RE: Robib TM Clinic Decmeber 2008, Case#6, Choeung Thang, 62M (Thnout Malou Village)

To: Robib Telemed

Cc: "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

For this patient, the history correlated to a problem of DM. I think you meant hyperglycemic drugs not "hypoglycemic" right? As for his complaint relating to PNP, his neuro exam seemed benign and thus I would hold off the amitriptyline for now and hopefully when we control his glucose better, this sx will disappear also. For his elevated BP, please recheck again for both arms twice more and if still elevated, I agree with the tx of HTN; otherwise just give him low dose of captopril ¼ po bid instead.

I agree with the lab tests.

Rithy

Rithy Chau, MPH, MHS, PA-C
Director for Capacity Building and Telemedicine
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia
Mobile: 855-12-520-547/855-11-623-805

From: Robib Telemed

Date: Dec 10, 2008 8:43 PM

Subject: Robib TM clinic December 2008, Case#7, Sa Horn, 68M (Rom Chek Thmey Village)

To: Rithy Chau; Kathy Fiamma; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kruy Lim

Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is case number 7, Sa Horn, 68M and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Sa Horn, 68M (Rom Chek Thmey Village)

Chief Complaint (CC): Fatigue, and HA x 10y

History of Present Illness (HPI): 68M, farmer, presented with symptoms of HA, neck tension, fatigue, blurred vision and went to private clinic, diagnosed with HTN, treated with antihypertensive drug 1t po qd for a few weeks. When he became better, he stopped taking medicine and he took the antihypertensive only when he presented with the symptoms and his BP elevated. He denied of fever, cough, dyspnea, chest pain, polyuria, oliguria, dysuria, edema.

Past Medical History (PMH): Three attacks both ankle joint pain since 1999

Family History: Brother with HTN

Social History: Drinking alcohol casually, smoking 1 pack of cig/d, stopped 1y

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Right wrist joint pain, swelling, redness, warmth, stiffness for 10d

PE:

Vitals: BP: 221/129 (both arms) P: 64 R: 20 T: 37°C Wt: 65Kg

General: Look stable

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

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

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

Right wrist joint: Redness, swelling, warmth, tender; other joints normal

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

Lab/study: U/A normal

Assessment:

1. HTN
2. Rheumatoid arthritis

Plan:

1. Captopril 25mg 1t po bid for one month
2. ASA 300mg 1/4t po qd for one month
3. Naproxen 375mg 1t po bid prn severe pain
4. Paracetamol 500mg 1t po qid prn pain/fever
5. Do regular exercise, eat low Na⁺ diet
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG, Tot chole, 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: December 10, 2008

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

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From: Cusick, Paul S., M.D.

Date: Dec 11, 2008 5:58 AM

Subject: RE: Robib TM clinic December 2008, Case#7, Sa Horn, 68M (Rom Chek Thmey Village)

To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>, robibtelemed@gmail.com

Cc: tmed_rithy@online.com.kh

Thank you for the consult.

He has what sounds like an inflammatory arthritis and significant hypertension.

He needs antiinflammatory and antihypertensive medication.

I agree with your plan.

Paul

From: Rithy Chau

Date: Dec 11, 2008 9:40 AM

Subject: RE: Robib TM clinic December 2008, Case#7, Sa Horn, 68M (Rom Chek Thmey Village)

To: Robib Telemed

Cc: Kathy Fiamma; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kruiy Lim; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

For his HTN problem, I would start him on HCTZ first (least expensive, good first line drug) 25mg qd.

As for his right wrist joint problem, more details on history and PE would be helpful. Since it presented with redness and warmth acutely, this may point to a septic arthritis vs gouty attack. You can add uric acid to the lab test also. Make sure you ask him about trauma, injury, insect bite in the area of swelling and redness. Is this the first episode for him? How come no images for his wrist problem?

You may want to tx him with a combination of Cephalexin 500mg 1 po tid and Cipro 500mg 1 po bid for 10d (per recommendation of Dr. Sophal) if highly suspected of septic arthritis. If hx of recent injury or insult breaking his skin on/around his right wrist, check for axillary LN swelling—then may want to ask him to get a tetanus toxoid shot also.

Rithy

Rithy Chau, MPH, MHS, PA-C
Director for Capacity Building and Telemedicine
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia
Mobile: 855-12-520-547/855-11-623-805

From: Robib Telemed
Date: Dec 10, 2008 8:45 PM
Subject: Robib TM clinic December 2008, So Heng, 35M (Boeung Village)
To: Rithy Chau; Kruy Lim; Kathy Fiamma ; Joseph Kvedar; "Paul J. M.D. Heinzelmann"
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is the case number 8, So Heng, 35M 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: So Heng, 35M (Boeung Village)

Chief Complaint (CC): Dyspnea on exertion x 3 months

History of Present Illness (HPI): 35M, farmer, presented with symptoms of dyspnea on exertion (walking and climbing stair), fatigue, dizziness, dry cough and orthopnea, leg edema, he was advised to go to provincial hospital and diagnosed with Pneumonia, treated with some medicine (unknown name) and also was referred to get TB treatment in local health center. After 10d of treatment with TB drugs, he presented with epigastric pain and still complaining of cough when lying down, orthopnea, dyspnea on exertion. Now he is getting TB med in local health center.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Drinking alcohol casually, smoking 1 pack of cig/d, stopped 3 months

Current Medications: Taking TB drugs

Allergies: NKDA

Review of Systems (ROS): Unremarkable

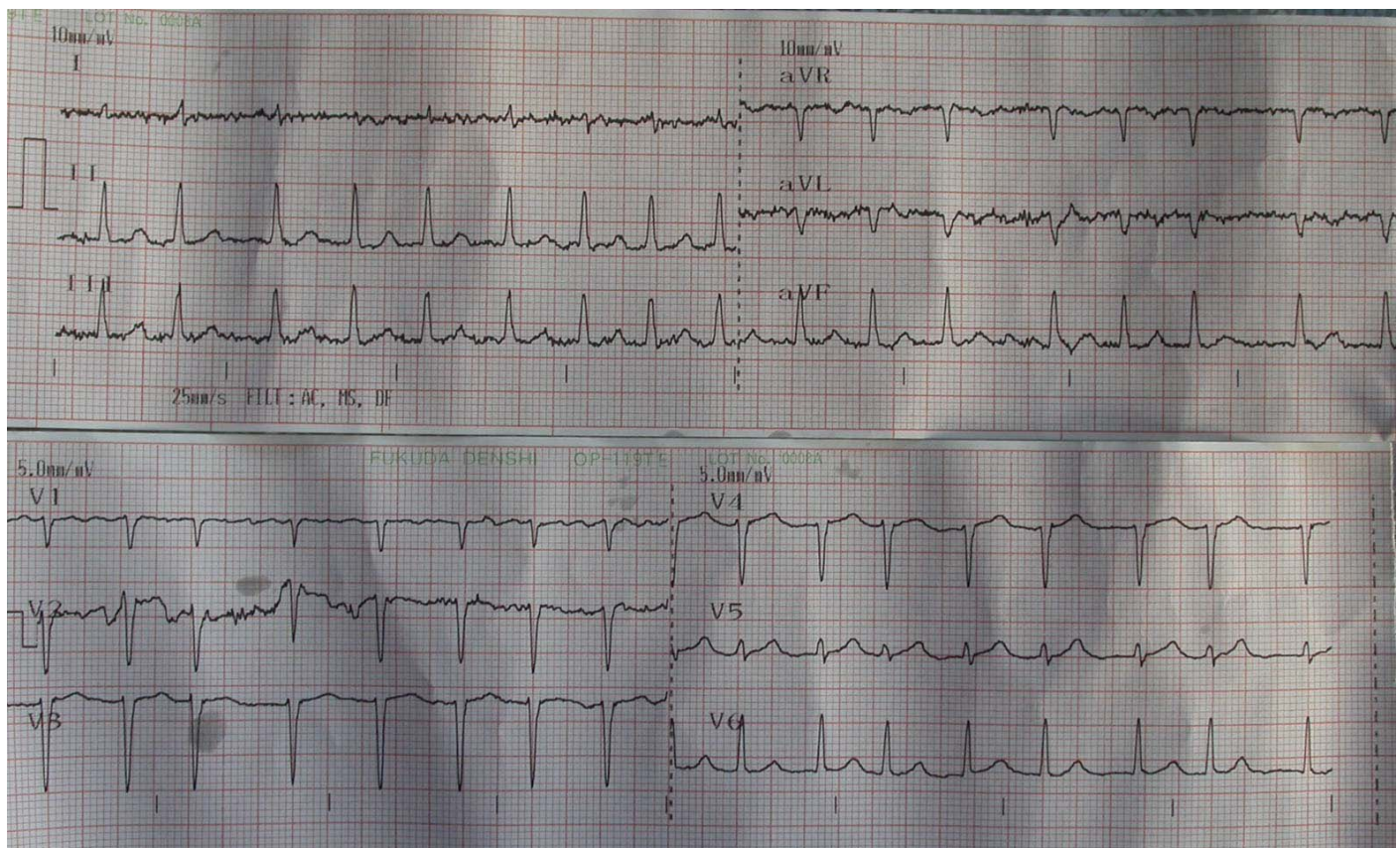
PE:

Vitals: BP: 97/72 P: 134 R: 28 T: 36.5°C O2 sat: 94%
Wt: 60Kg

General: Look sick

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

Chest: Coarse Crackle on lower lobes bilaterally, clear on the upper; H Tachycardia, RR, no murmur, orthopnea with cough



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

Extremity/Skin: No edema, no rash, (+) dorsalis pedis pulse

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

Rectal Exam: Good sphincter tone, smooth, no mass palpable, (-) colocheck

Lab/study:

Done on November 08, 2008

Ultrasound conclusion: Right pleural effusion
CXR attached

Done December 10, 2008

Hb: 12g/dl, RBS: 142mg/dl and EKG attached

Assessment:

1. CHF?
2. Right pleural effusion by ultrasound
3. Pneumonia
4. History PTB
5. Drugs induced gastritis
6. Parasititis

Plan:

1. Digoxin 0.25mg 1t po qd for one month
2. Furosemide 80mg 1/2t po qd for 10d
3. Clarithromycin 500mg 1t po bid for 10d
4. Famotidine 10mg 2t po qhs for one month
5. Mebendazole 100mg 5t po qhs once
6. 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: December 10, 2008

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From: Rithy Chau

Date: Dec 11, 2008 10:15 AM

Subject: RE: Robib TM clinic December 2008, So Heng, 35M (Boeung Village)

To: Robib Telemed <robibtelemed@gmail.com>

Cc: Kruiy Lim; Kathy Fiamma; Joseph Kvedar; "Paul J. M.D. Heinzelmann"; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

I have discussed this case with Dr. Sophal and we agreed that the patient has:

1. A-fib (ECG)
2. Cardiomegaly
3. Pulmonary congestion
4. PTB
5. Pneumonia

Please tx as you plan, but may increase furosemide to bid if SOB is moderate to severe and may give longer up to 1 month, plus ASA; the best thing is to refer him to SHCH possibly by next week or ASAP for further evaluation and may want to add RTV test (at HC?), LFT and TFT also if not done yet.

Rithy

Rithy Chau, MPH, MHS, PA-C
Director for Capacity Building and Telemedicine
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia
Mobile: 855-12-520-547/855-11-623-805

From: Robib Telemed

Date: Dec 10, 2008 8:49 PM

Subject: Robib TM Clinic December 2008, Case#9, Srey Dum, 65M (Damnak Chen Village)

To: Rithy Chau; Kruiy Lim; "Paul J. M.D. Heinzelmann" ; Kathy Fiamma; Joseph Kvedar

Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is the last case for Robib TM clinic December 2008, Srey Dum, 65M and photos. Please reply to the cases before Thursday afternoon. Thank you very much for your cooperation and support in this project.

Best regards,
Sovann

Robib Telemedicine Clinic

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

SOAP Note



Name/Age/Sex/Village: Srey Dum, 65M (Damnak Chen Village)

Subject: 65M come to follow up of Iron/vit deficiency, splenomegaly. He got burning abdomen where the spleen located because traditional healer told him that the spleen became smaller after burning. He became better than last month, but complaint of epigastric discomfort after eating, bloating, and denied of burping, vomiting, stool with blood, hematuria, dysuria.



Medication:

1. MTV 1t po bid
2. FeSO4/Folic acid 200/0.25mg 1t po bid

Allergies: NKDA

Object:

PE:

Vitals: BP: 130/81 P: 85 R: 20 T: 37°C Wt: 55Kg

General: Look 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 Hepatomegaly, (+) splenomegaly, two burning scar about 1x1cm

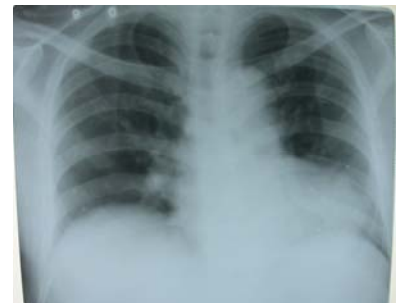
Extremity/Skin: No edema, no lesion

MS/Neuro: Unremarkable

Lab/study:

Lab result on November 07, 2008

WBC	=3.7	[4 - 11x10 ⁹ /L]	Na	=143	[135 - 145]
RBC	=3.6	[4.6 - 6.0x10 ¹² /L]	K	=3.6	[3.5 - 5.0]
Hb	=8.4	[14.0 - 16.0g/dL]	Cl	=104	[95 - 110]
Ht	=30	[42 - 52%]	BUN	=1.7	[0.8 - 3.9]
MCV	=83	[80 - 100fl]	Creat	=105	[53 - 97]
MCH	=24	[25 - 35pg]	Gluc	=6.2	[4.2 - 6.4]
MHCH	=28	[30 - 37%]			
Plt	=125	[150 - 450x10 ⁹ /L]			
Lym	=0.9	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=0.6	[0.1 - 1.0x10 ⁹ /L]			



Neut =2.2 [1.8 - 7.5x10⁹/L]
Reticulocyte =7.3 [0.5 - 1.5]

RBC morphology
Macrocyte 2+
Poikilocytosis 1+
Elliptocyte 2+
Hypocromic 2+
Microcyte 3+

Abdominal Ultrasound conclusion: Splenomegaly and Cholecystolithiasis
CXR attached

Done on December 10, 2008

Hb: 11g/dl

Assessment:

1. Anemia
2. Vit/Iron deficiency
3. Splenomegaly
4. Colecystolithiasis by ultrasound

Plan:

1. Recheck CBC, Lyte, BUN, Creat, Gluc, Peripheral blood smear, Reticulocyte count at SHCH
2. MTV 1t po bid for one month
3. FeSO₄/Folic acid 200/0.25mg 1t po bid for one month

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: December 10, 2008

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From: Cusick, Paul S.,M.D.

Date: Dec 11, 2008 5:53 AM

Subject: RE: Robib TM Clinic December 2008, Case#9, Srey Dum, 65M (Damnak Chen Village)

To: "Fiamma, Kathleen M." ; robibtelemed@gmail.com

Cc: tmed_rithy@online.com.kh

Thank you for your consultation.

He has anemia, leucopenia (low white blood cells) and low platelets. He does have an increased reticulocyte count. I would be concerned about a bone marrow disorder such as a myelodysplastic disorder. He should see a hematologist.

Paul

From: Rithy Chau

Date: Dec 11, 2008 10:29 AM

Subject: RE: Robib TM Clinic December 2008, Case#9, Srey Dum, 65M (Damnak Chen Village)

To: Robib Telemed

Cc: Kruy Lim; "Paul J. M.D. Heinzelmann"; Kathy Fiamma; Joseph Kvedar; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

As we discussed previously, this patient has improved significantly appearing with more color with browner lips and skin and not pale as initial presentation. His lab results also corresponded with his improvement. Has his breathing been improved markedly? I agree with you plan. You may want to increase the iron supplement to tid (if possible taken without food and with orange juice or vit C). As for his newly dx cholecystolithiasis, did you send to the surgeon to evaluate? What is the size of the stone(s)? Is he in pain, diaphoretic, fever, etc? Ask him to eat less fatty food.

You may want to tx him for his bloating problem with anti-gas med like simethicone in Alucid if available.

Hope this will help. Have a safe trip home.

Rithy

Rithy Chau, MPH, MHS, PA-C
Director for Capacity Building and Telemedicine
Sihanouk Hospital Center of HOPE
Phnom Penh, Cambodia
Mobile: 855-12-520-547/855-11-623-805

From: Robib Telemed

Date: Dec 11, 2008 8:17 PM

Subject: Robib TM Clinic December 2008 cases received

To: Kathy Fiamma

Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau

Dear Kathy,

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

Case#2, Chin Thy Ren, 38F
Case#4, Um Yi, 55F
Case#5, San Kim Horn, 44F
Case#6, Choeung Thang, 62M
Case#7, Sa Horn, 68M
Case#9, Srey Dum, 65M

Please send me the answer of the remaining cases.

Thank you very much for the reply to the cases in this month TM clinic.

Best regards,
Sovann

Thursday, December 11, 2008

Follow-up Report for Robib TM Clinic

There were 8 new patients and one follow up patient seen during this month Robib TM Clinic, other 52 patients came for medication refills only. The data of all 9 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 own 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 TM Clinic December 2008

1. Chan Bun Hor, 68M (Trapang Toeum Village)

Diagnosis:

1. Left Sciatica
2. Osteoarthritis?
3. HTN

Treatment:

1. Naproxen 375mg 1t po bid prn (#20)
2. Paracetamol 500mg 1t po qid prn (#30)
3. HCTZ 12.5mg 1t po qd (#40)
4. Compress on pain site with warm water
5. Send to Kg Thom for hip x-ray

2. Chin Thy Ren, 38F (Rovieng Cheung Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po qhs for one month (#80)
2. ASA 300mg 1/4t po qd for one month (#10)
3. Diabetes diet education, foot care and regular exercise
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG, Tot chole, HbA1C at SHCH

Lab result on December 12, 2008

WBC	=6.8	[4 - 11x10 ⁹ /L]	Na	=138	[135 - 145]
RBC	=5.6	[3.9 - 5.5x10 ¹² /L]	K	=4.3	[3.5 - 5.0]
Hb	=15.2	[12.0 - 15.0g/dL]	Cl	=97	[95 - 110]
Ht	=45	[35 - 47%]	Creat	=83	[44 - 80]
MCV	=80	[80 - 100fl]	Gluc	=18.6	[4.2 - 6.4]

MCH	=27	[25 - 35pg]	T. Chol	=5.9	[<5.7]
MHCH	=34	[30 - 37%]	TG	=4.5	[<1.71]
Plt	=230	[150 - 450x10 ⁹ /L]	HbA1C	=15.0	[4 - 6]
Lym	=2.8	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=0.4	[0.1 - 1.0x10 ⁹ /L]			
Neut	=3.6	[1.8 - 7.5x10 ⁹ /L]			

3. Chum Ly Voeung, 34F (Dam Nak Chen Village)

Diagnosis:

1. Thyroid dysfunction?

Treatment:

1. Draw blood for CBC, Lyte, Creat, Gluc, TSH at SHCH
2. MTV 1t po qd for one month (#30)
3. Paracetamol 500mg 1t po qid prn (#20)

Lab result on December 12, 2008

WBC	=6.2	[4 - 11x10 ⁹ /L]	Na	=141	[135 - 145]
RBC	=5.0	[3.9 - 5.5x10 ¹² /L]	K	=5.6	[3.5 - 5.0]
Hb	=7.1	[12.0 - 15.0g/dL]	Cl	=103	[95 - 110]
Ht	=27	[35 - 47%]	Creat	=80	[44 - 80]
MCV	=54	[80 - 100fl]	Gluc	=5.5	[4.2 - 6.4]
MCH	=14	[25 - 35pg]	TSH	=1.30	[0.49 - 4.67]
MHCH	=27	[30 - 37%]			
Plt	=357	[150 - 450x10 ⁹ /L]			
Lym	=2.0	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=1.2	[0.1 - 1.0x10 ⁹ /L]			
Neut	=3.0	[1.8 - 7.5x10 ⁹ /L]			

4. Um Yi, 55F (Rovieng Cheung Village)

Diagnosis:

1. HTN
2. GERD
3. Parasititis

Treatment:

1. HCTZ 12.5mg 2t po qd for one month (#80)
2. Famotidine 10mg 2t po qhs for one month (#60)
3. Mebendazole 100mg 5t po qhs once (#5)
4. GERD prevention education, exercise
5. Draw blood for CBC, Lyte, Creat, Gluc at SHCH

Lab result on December 12, 2008

WBC	=8.5	[4 - 11x10 ⁹ /L]	Na	=142	[135 - 145]
RBC	=4.6	[3.9 - 5.5x10 ¹² /L]	K	=4.4	[3.5 - 5.0]
Hb	=12.8	[12.0 - 15.0g/dL]	Cl	=106	[95 - 110]
Ht	=41	[35 - 47%]	Creat	=94	[44 - 80]
MCV	=90	[80 - 100fl]	Gluc	=5.5	[4.2 - 6.4]
MCH	=28	[25 - 35pg]			
MHCH	=31	[30 - 37%]			
Plt	=246	[150 - 450x10 ⁹ /L]			
Lym	=2.2	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=1.5	[0.1 - 1.0x10 ⁹ /L]			
Neut	=4.8	[1.8 - 7.5x10 ⁹ /L]			

5. San Kim Horn, 44F (Thnout Malou Village)

Diagnosis:

1. Goiter
2. VHD??

Treatment:

1. Draw blood for CBC, Lyte, Creat, Gluc, TSH at SHCH

Lab result on December 12, 2008

WBC	=5.5	[4 - 11x10 ⁹ /L]	Na	=142	[135 - 145]
RBC	=4.7	[3.9 - 5.5x10 ¹² /L]	K	=5.2	[3.5 - 5.0]
Hb	=13.3	[12.0 - 15.0g/dL]	Cl	=99	[95 - 110]
Ht	=41	[35 - 47%]	Creat	=79	[44 - 80]
MCV	=87	[80 - 100fl]	Gluc	=5.5	[4.2 - 6.4]
MCH	=28	[25 - 35pg]	TSH	=1.08	[0.49 - 4.67]
MHCH	=33	[30 - 37%]			
Plt	=238	[150 - 450x10 ⁹ /L]			
Lym	=2.0	[1.0 - 4.0x10 ⁹ /L]			

6. Choeung Thang, 62M (Thnout Malou Village)

Diagnosis:

1. DMII with PNP
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#80)
2. Captopril 25mg 1/2t po bid for one month (#40)
3. ASA 300mg 1/4t po qd for one month (#10)
4. Educate patient on diabetes diet, do regular exercise, and foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG, Tot chole, HbA1C at SHCH

Lab result on December 12, 2008

WBC	=7.7	[4 - 11x10 ⁹ /L]	Na	=135	[135 - 145]
RBC	=5.3	[4.6 - 6.0x10 ¹² /L]	K	=5.7	[3.5 - 5.0]
Hb	=14.1	[14.0 - 16.0g/dL]	Cl	=90	[95 - 110]
Ht	=44	[42 - 52%]	BUN	=2.4	[0.8 - 3.9]
MCV	=84	[80 - 100fl]	Creat	=110	[53 - 97]
MCH	=27	[25 - 35pg]	Gluc	=11.8	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=5.9	[<5.7]
Plt	=267	[150 - 450x10 ⁹ /L]	TG	=4.0	[<1.71]
Lym	=3.1	[1.0 - 4.0x10 ⁹ /L]	HbA1C	=12.8	[4 - 6]
Mxd	=1.1	[0.1 - 1.0x10 ⁹ /L]			
Neut	=3.5	[1.8 - 7.5x10 ⁹ /L]			

7. Sa Horn, 68M (Rom Chek Thmey Village)

Diagnosis:

1. HTN
2. Rheumatoid arthritis?

Treatment:

1. HCTZ 12.5mg 2t po qd for one month (#80)
2. ASA 300mg 1/4t po qd for one month (#10)
3. Naproxen 375mg 1t po bid prn severe pain (#20)
4. Paracetamol 500mg 1t po qid prn pain/fever (#30)
5. Do regular exercise, eat low Na+ diet
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG, Tot chole, RF, Uric acid at SHCH

Lab result on December 12, 2008

WBC	=9.0	[4 - 11x10 ⁹ /L]	Na	=141	[135 - 145]
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RBC	=4.7	[4.6 - 6.0x10 ¹² /L]
Hb	=13.9	[14.0 - 16.0g/dL]
Ht	=42	[42 - 52%]
MCV	=88	[80 - 100fl]
MCH	=29	[25 - 35pg]
MHCH	=33	[30 - 37%]
Plt	=246	[150 - 450x10 ⁹ /L]
Lym	=1.4	[1.0 - 4.0x10 ⁹ /L]
Mxd	=0.7	[0.1 - 1.0x10 ⁹ /L]
Neut	=6.9	[1.8 - 7.5x10 ⁹ /L]

K	=4.2	[3.5 - 5.0]
Cl	=100	[95 - 110]
BUN	=3.6	[0.8 - 3.9]
Creat	=120	[53 - 97]
Gluc	=5.1	[4.2 - 6.4]
T. Chol	=5.4	[<5.7]
TG	=2.4	[<1.71]
Uric Acid	=524	[200 - 420]
RF	= negative	

8. So Heng, 35M (Boeung Village)

Diagnosis:

1. CHF?
2. Right pleural effusion by ultrasound
3. Pneumonia
4. History PTB
5. Drugs induced gastritis
6. Parasititis

Treatment:

1. Digoxin 0.25mg 1t po qd for one month (#40)
2. Furosemide 80mg 1/2t po bid for one month (#30)
3. ASA 300mg 1/4t po qd for one month (#10)
4. Clarithromycin 500mg 1t po bid for 10d (#20)
5. Famotidine 10mg 2t po qhs for one month (#60)
6. Mebendazole 100mg 5t po qhs once (#5)
7. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT, TSH at SHCH (patient didn't come for blood drawing)

9. Srey Dum, 65M (Damnak Chen Village)

Diagnosis:

1. Anemia
2. Vit/Iron deficiency
3. Splenomegaly
4. Colecystolithiasis by ultrasound

Treatment:

1. Draw blood for CBC, Lyte, Creat, Gluc, Peripheral blood smear, Reticulocyte count at SHCH
2. MTV 1t po bid for one month (#60)
3. FeSO4/Folic acid 200/0.25mg 1t po tid for one month (#90)

Lab result on December 12, 2008

WBC	=2.9	[4 - 11x10 ⁹ /L]
RBC	=4.4	[4.6 - 6.0x10 ¹² /L]
Hb	=12.3	[14.0 - 16.0g/dL]
Ht	=39	[42 - 52%]
MCV	=89	[80 - 100fl]
MCH	=28	[25 - 35pg]
MHCH	=32	[30 - 37%]
Plt	=72	[150 - 450x10 ⁹ /L]
Lym	=0.6	[1.0 - 4.0x10 ⁹ /L]
Mxd	=0.7	[0.1 - 1.0x10 ⁹ /L]
Neut	=1.6	[1.8 - 7.5x10 ⁹ /L]

Na	=142	[135 - 145]
K	=4.0	[3.5 - 5.0]
Cl	=106	[95 - 110]
Creat	=83	[53 - 97]
Gluc	=6.5	[4.2 - 6.4]

Reticulocyte count=3.1 [0.5 - 1.5]

RBC morphology

Microcyte 2+

Elliptocyte 1+

Patients who come for follow up and refill medication

1. Ban Lay, 34F (Koh Pon Village)

Diagnosis:

1. Diffuse goiter
2. Euthyroid goiter

Treatment:

1. Propranolol 40mg 1/2t po bid for two months (# 60)
2. Carbimazole 5mg 1t po tid for two months (#165)

2. Be Kim Ke, 54M (Thnout Malou Village)

Diagnosis:

1. DMII

Treatment:

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

Lab result on December 12, 2008

Gluc	=14.0	[4.2 - 6.4]
HbA1C	=10.8	[4 - 6]

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

Diagnosis:

1. Mild to moderate Aortic regurgitation
2. Anemia

Treatment:

1. Captopril 25mg 1/4t po bid for two months (# 30tab)
2. ASA 300mg 1/4t po qd for two months (# 15tab)
3. FeSO4/Folate 200/0.25mg 1t po qd for two months (#60tab)
4. MTV 1t po qd for two months (#60tab)

4. Chea Kimheng, 34F (Taing Treuk Village)

Diagnosis:

1. ASD by 2D echo on August 2008

Treatment:

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

5. Chin Thary, 27F (Rovieng Cheung Village)

Diagnosis:

1. DMII
2. Obesity

Treatment:

1. Glibenclamide 5mg 1t po qAM for three months (# 100)
2. Metformin 500mg 2t po qPM for three months (# 190)
3. Captopril 25mg 1/4t po qd for three months (# 25)
4. ASA 300mg 1/4t po qd for three months (# 25)

6. Chhit Khian, 67M (Trapang Teum 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. Captopril 25mg 1/4t po qd for one month (#8)
4. ASA 300mg 1/4t po qd for one month (#8)

7. Chheak Leangkry, 65F (Rovieng Cheung)

Diagnosis

1. DMII with PNP
2. HTN

Treatment

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

Lab result on December 12, 2008

Na	=142	[135 - 145]
K	=5.9	[3.5 - 5.0]
Cl	=103	[95 - 110]
Creat	=95	[44 - 80]
Gluc	=9.1	[4.2 - 6.4]
HbA1C	=8.5	[4 - 6]

8. Chheuk Norn, 53F (Thnout Malou Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 2t po qhs for one month (#60)
3. Captopril 25mg 1/4t po qd for one month (#8)
4. ASA 300mg 1/4t po qd for one month (# 8)
5. Draw blood for Gluc, HbA1C at SHCH

Lab result on December 12, 2008

Gluc	=13.1	[4.2 - 6.4]
HbA1C	=12.3	[4 - 6]

9. Chhim Bon, 71F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 12.5mg 2t po qd for two months (#120)
2. Eat low Na+ diet and do regular exercise

10. Chhin Chheut, 13M (Trapang Reusey Village)

Diagnosis:

1. Renal Rickettsia (per AHC in Siem Reap)

2. Cachexia
3. Nephrotic Syndrome

Treatment:

1. Prednisolone 8mg daily for a week, then 6mg, 4mg, 2mg
2. Ca/Vit D 1t po qid
3. Draw blood for CBC, Lyte, Creat, Gluc, Ca²⁺ and Mg²⁺ at SHCH

Lab result on December 12, 2008

WBC	=9.2	[4 - 11x10 ⁹ /L]	Na	=143	[135 - 145]
RBC	=5.1	[4.6 - 6.0x10 ¹² /L]	K	=3.7	[3.5 - 5.0]
Hb	=12.1	[14.0 - 16.0g/dL]	Cl	=109	[95 - 110]
Ht	=39	[42 - 52%]	Creat	=311	[53 - 97]
MCV	=76	[80 - 100fl]	Gluc	=5.4	[4.2 - 6.4]
MCH	=24	[25 - 35pg]	Ca ²⁺	=0.77	[1.12 - 1.32]
MHCH	=31	[30 - 37%]	Mg ²⁺	=1.61	[0.8 - 1.0]
Plt	=317	[150 - 450x10 ⁹ /L]			
Lym	=3.4	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=1.3	[0.1 - 1.0x10 ⁹ /L]			
Neut	=4.5	[1.8 - 7.5x10 ⁹ /L]			

11. Em Thavy, 36F (Thnal Keng Village)

Diagnosis:

1. Diffuse Goiter
2. Euthyroid

Treatment:

1. Carbimazole 5mg 1t po tid for two month (#180)
2. Propranolol 40mg 1/4t po bid for two months (#30)

12. Eam Neut, 54F (Taing Treuk)

Diagnosis

1. HTN

Treatment

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

13. Heng Pheary, 30F (Thkeng Village)

Diagnosis:

1. Asthma

Treatment:

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

14. Keth Chourn, 55M (Chhnourn Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 12.5mg 2t po qd for three months (# 180)

15. Khi Ngorn, 63M (Rovieng Cheung Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 12.5mg 4t po qd for two months (#240)
2. Do regular exercise

16. Kul Keung, 61F (Taing Treuk Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. HCTZ 12.5mg 2t po qd for one month (# 60)
2. ASA 300mg ¼ t po qd for one month (# 8)
3. Captopril 25mg ¼ t po qd for one month (#8)
4. Glibenclamide 5mg 1t po bid for one month (#60)
5. Draw blood for Gluc, HbA1C at SHCH

Lab result on December 12, 2008

Gluc =7.2 [4.2 - 6.4]
HbA1C =7.5 [4 - 6]

17. Lay Lai, 28F (Taing Treuk Village)

Diagnosis:

1. Tachycardia

Treatment:

1. Propranolol 40mg 1t po bid for one month (# 60)
2. Draw blood for Lyte at SHCH

Lab result on December 12, 2008

Na =145 [135 - 145]
K =3.9 [3.5 - 5.0]
Cl =104 [95 - 110]
Creat =90 [44 - 80]
Gluc =5.9 [4.2 - 6.4]

18. Leng Hak, 70M (Thnout Malou Village)

Diagnosis:

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

Treatment:

1. Nifedipine 20mg 1/4t po q8h for two months (# 50)
2. Atenolol 50mg 1t po q12h for two months (# 120)
3. HCTZ 12.5mg 2t po qd for two months (# 120)
4. ASA 300mg 1/4t po qd for two months (# 15)
5. MTV 1t po qd for two months (# 60)
6. Paracetamol 500mg 1t po qid prn for two months (# 60)

19. Meas Kong, 55F (Rovieng Tbong Village)

Diagnosis:

1. DMII with PNP
2. HTN
3. Both leg lesion

Treatment:

1. Glibenclamide 2t po bid for two months (#240)
2. Metformin 500mg 2t po qhs for two months (#120)
3. Captopril 1t po tid for two months (#180)
4. ASA 300mg 1/2t po qd for two months (#30)
5. Amitriptylin 25mg 1/2t po qhs for two months (#30)

20. Men Nam Sear, 56F (Chambak Phaem Village)

Diagnosis:

1. Stroke

Treatment:

1. MTV 1t po qd for two months (#60)
2. Paracetamol 500mg 1t po qid prn pan for two months (#50)
3. ASA 300mg 1/2t po qd for two months (#30)
4. Do the physiotherapy on the weakness side

21. Neth Ratt, 37M (Otalauk Village)

Diagnosis:

1. DMII

Treatment:

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

22. Nop Sareth, 38F (Kampot Village)

Diagnosis:

1. Cardiomegaly
2. VHD (MS/TR)

Treatment:

1. Atenolol 50mg ½ t po qd for two months (# 30)
2. Captopril 25mg ¼ po bid for two months (# 30)
3. ASA 300mg 1/4t po qd for two months (# 15)

23. Nung Bopha, 45F (Rovieng Cheung Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#70)
2. Captopril 25mg 1/4t po bid for one month (#15)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Draw blood for Gluc, HbA1C at SHCH

Lab result on December 12, 2008

Gluc = 15.2 [4.2 - 6.4]
HbA1C = 12.8 [4 - 6]

24. Nung Chhun, 70F (Ta Tong Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

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

Lab result on December 12, 2008

Gluc = 7.9 [4.2 - 6.4]

HbA1C =6.4

[4 - 6]

25. Phim Sichin, 35F (Taing Treuk Village)

Diagnosis:

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

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (#120)
2. Metformin 500mg 3t qAM, 2t po qPM for one month (#150)
3. Captopril 25mg 1/4t po bid for one month (#15)
4. ASA 300mg 1/4t po qd for one month (#8)
5. MTV 1t po bid for one month (#60)

26. Pin Chhourn, 62F (Thnal Keng Village)

Diagnosis:

1. HTN
2. Anemia

Treatment:

1. Atenolol 50mg 1/2t po bid for two months
2. MTV 1t po qd for two months
3. FeSO4 200mg 1t po qd for two months

27. Pou Limthang, 42F (Thnout Malou Village)

Diagnosis:

1. Euthyroid Goiter

Treatment:

1. Carbimazole 5mg 1/2t po tid for two months (#100)

28. Prum Maly, 53F (Bakdoang Village)

Diagnosis:

1. Goiter
2. Dyspepsia
3. Parasititis

Treatment:

1. Famotidine 10mg 2t po qhs (#60)

29. Prum Pat, 67M (Trapang Reusey Village)

Diagnosis:

1. HTN
2. Left side stroke with right side weakness

Treatment:

1. Captopril 25mg 1t po bid for one month (#60)
2. ASA 300mg 1t po qd for one month (#15)
3. MTV 1t po qd for one month (#30)

30. Prum Srey, 68M (Ta Tong Village)

Diagnosis:

1. Left hand infected wound
2. Epilepsy

Treatment:

1. Phenytoin 100mg 1t po tid for two months (#180)
2. MTV 1t po qd for two months (#60)
3. Amitriptylin 25mg 1/2t po qhs for two months (#30)

31. Ros Yeth, 55M (Thnout Malou Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po qd for two months (# 35)
2. Captopril 25mg 1/4t po qd for two months (#10)
3. Draw blood for Gluc, HbA1C at SHCH

Lab result on December 12, 2008

Gluc	=9.4	[4.2 - 6.4]
HbA1C	=3.4	[4 - 6]

32. Sath Rim, 51F (Taing Treuk Village)

Diagnosis:

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

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Atenolol 50mg 1t po bid for one month (# 60)
3. Nifedipine 10mg 1t po bid for one month (# 70)
4. Amitriptylin 25mg 1t po qhs for one month (# 30)
5. FeSO4/Folate 200/0.25mg 1t po qd for one month (# 30)
6. Folic Acid 5mg 1t po qd for one month (# 30)
7. ASA 300mg 1/4t po qd for one month (#8)
8. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG and Tot chole at SHCH

Lab result on December 12, 2008

WBC	=7.0	[4 - 11x10 ⁹ /L]	Na	=143	[135 - 145]
RBC	=3.3	[3.9 - 5.5x10 ¹² /L]	K	=4.7	[3.5 - 5.0]
Hb	=8.0	[12.0 - 15.0g/dL]	Cl	=112	[95 - 110]
Ht	=24	[35 - 47%]	BUN	=7.6	[0.8 - 3.9]
MCV	=73	[80 - 100fl]	Creat	=440	[44 - 80]
MCH	=24	[25 - 35pg]	Gluc	=11.9	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=6.2	[<5.7]
Plt	=277	[150 - 450x10 ⁹ /L]	TG	=6.7	[<1.71]
Lym	=2.0	[1.0 - 4.0x10 ⁹ /L]			

33. Say Soeun, 67F (Rovieng Cheung Village)

Diagnosis:

1. HTN
2. DMII
3. Anemia

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Metformin 500mg 2t po qhs for one month (# 60)
3. Captopril 25mg 1t po bid for one month (# 60)
4. HCTZ 12.5mg 2t po qd for one month (# 60)
5. ASA 300mg 1/4t po qd for one month (# 8)
6. MTV 1t po qd for one month (# 30)

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

Lab result on December 12, 2008

Na	=144	[135 - 145]
K	=6.2	[3.5 - 5.0]
Cl	=111	[95 - 110]
Creat	=129	[44 - 80]
Gluc	=7.2	[4.2 - 6.4]
HbA1C	=6.0	[4 - 6]

34. So Putheara, 13M (Thnal Keng Village)

Diagnosis:

1. Nephritis?
2. Nephrotic Syndrome?

Treatment:

1. Prednisolone 20mg 11/2t po qd for one month (#45)

35. Sok Som, 70F (Tourl Rovieng Village)

Diagnosis:

1. Brachial plexus neuritis
2. Dyspepsia
3. Parasititis

Treatment:

1. Paracetamol 500mg 1t po qid prn pain for one month (#30)
2. Famotidine 10mg 2t po qhs for one month (#60)
3. GERD prev education

36. Sok Thai, 69M (Taing Treuk Village)

Diagnosis:

1. Stroke

Treatment:

1. ASA 300mg 1/2t po qd for two months (# 30)
2. MTV 1t po qd for two months (#60)

37. Srey Thouk, 56F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

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

38. Srey Hom, 62F (Taing Treuk Village)

Diagnosis:

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

Treatment:

1. Glibenclamide 5mg 11/2t po bid for one month (# 90)
2. Nifedipine 10mg 1t po bid for one month (# 60)
3. ASA 300mg 1/4t po qd for one month (# 8)
4. Amitriptylin 25mg 1/2t po qhs for one month (# 15)
5. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (#30)
6. MTV 1t po qd for one month (#30)
7. Draw blood for Lyte, BUN, Creat, Gluc, HbA1C at SHCH

Lab result on December 12, 2008

Na	=145	[135 - 145]
K	=3.7	[3.5 - 5.0]
Cl	=107	[95 - 110]
BUN	=5.6	[0.8 - 3.9]
Creat	=217	[44 - 80]
Gluc	=9.2	[4.2 - 6.4]
HbA1C	=7.1	[4 - 6]

39. Som Thol, 57M (Taing Treuk Village) (Check BS)

Diagnosis:

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 2t po qhs for one month (# 60)
3. Captopril 25mg 1/4t po qd for one month (#8)
3. ASA 300mg ¼t po qd for one month (# 8)
4. Amitriptyline 25mg 1t po qhs for one month (#30)
5. Draw blood for Lyte, BUN, Creat, Gluc, HbA1C at SHCH

Lab result on December 12, 2008

Na	=138	[135 - 145]
K	=3.5	[3.5 - 5.0]
Cl	=98	[95 - 110]
BUN	=2.4	[0.8 - 3.9]
Creat	=93	[44 - 80]
Gluc	=9.1	[4.2 - 6.4]
HbA1C	=7.6	[4 - 6]

40. Svay Tevy, 42F (Thnout Malou Village)

Diagnosis:

1. MDII

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 2t po qhs for one month (# 60)
3. Captopril 25mg 1/4t po qd for one month (# 8)
4. ASA 300mg 1/4t po qd for one month (# 8)
5. Draw blood for Gluc, HbA1C at SHCH

Lab result on December 12, 2008

Gluc	=13.0	[4.2 - 6.4]
HbA1C	=11.5	[4 - 6]

41. Tann Kin Horn, 51F (Thnout Malou Village)

Diagnosis

1. DMII

Treatment

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

42. Tann Sopha Nary, 22F (Thnout Malou Village)

Diagnosis

1. Euthyroid Goiter

Treatment

1. Carbimazole 5mg 1/2t po tid for one month (# 100)

43. Teav Vandy, 63F (Rovieng Cheung Village)**Diagnosis:**

1. HTN

Treatment:

1. HCTZ 12.5mg 2t po qd for three months (# 180tab)

44. Thoang Tey, 72F (Rovieng Cheung Village)**Diagnosis:**

1. VHD (TR/TI??)
2. HTN
3. Dyspepsia
4. Parasititis

Treatment:

1. HCTZ 12.5mg 2t po qd for two months (#120)

45. Thon Mai, 78M (Boeung Village)**Diagnosis:**

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (# 120)
2. Metformin 500mg 1t po qhs for two months (#60)
3. Captopril 25mg 1/4t po qd for two months (#15)
4. ASA 300mg 1/4t po qd for two months (#15)

46. Thorng Khourn, 70F (Bak Dong Village)**Diagnosis:**

1. Liver Cirrhosis
2. Hepatitis C
3. Hypochromic Microcytic Anemia
4. Euthyroid Goiter (Nodular)

Treatment:

1. Spironolactone 25mg 1t po bid for two months (# 120)
2. FeSO4/Vit C 500/105mg 1t po qd for two months (# 60)
3. MTV 1t po qd for two months (# 60)

47. Tith Hun, 56F (Ta Tong Village)**Diagnosis:**

1. HTN
2. RI
3. Dyspepsia

Treatment:

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

48. Un Chhourn, 40M (Taing Treuk Village)**Diagnosis:**

1. DMII

Treatment:

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

49. Uy Noang, 55M (Thnout Malou Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Draw blood for Gluc, HbA1C at SHCH

Lab result on December 12, 2008

Gluc =10.9 [4.2 - 6.4]
HbA1C =8.9 [4 - 6]

50. Vong Yan, 72F (Boeung Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 12.5mg 2t po qd for two months (#120)

51. Yin Hun, 72F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 12.5mg 2t po qd for two months (#120)

52. Yoeung Chanthorn, 35F (Doang Village)

Diagnosis:

1. Epilepsy

Treatment:

1. Phenytoin 100mg 2t po qd for four months (# 240)
2. Folic Acid 5mg 1t po bid for four months (#240)

**The next Robib TM Clinic will be held on
January 05-09, 2009**