Robib *Telemedicine* **Clinic**

Preah Vihear Province

D E C E M B E R 2 0 0 9

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

On Monday, November 30, 2009, 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 01 & 02, 2009, the Robib TM Clinic opened to receive the patients for evaluations. There were 8 new cases and 1 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 02 & 03, 2009.

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 Telemedicine
To: Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar ; Kruy Lim ; Cornelia Haener ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Kevin O' brien ; Sutton Whitaker ; Peou Ouk ; Sochea Monn ; Samoeurn Lanh
Sent: Tuesday, November 24, 2009 10:28 AM
Subject: Schedule for Robib Telemedicine Clinic December 2009

Dear all,

I would like to inform you that Robib Telemedicine Clinic December 2009 will be starting from November 30, 2009 to December 04, 2009.

The agenda for thre trip is as following:
1. On Monday November 30, 2009, we will start the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday December 01, 2009, the clinic opens to see the patients (New and Follow up) for the whole morning then patients' data will be typed up into the computer in afternoon and send to both partners in Boston and Phnom Penh.
3. On Wednesday December 02, 2009, the activity is as on Tuesday.

4. On Thursday December 03, 2009, download all the answers replied from both partners in Boston and Phnom Penh then the treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday December 04, 2009, 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 this project.

Best regards,
Sovann

From: Robib Telemedicine
To: Kruy Lim ; Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Tuesday, December 01, 2009 7:43 PM
Subject: Robib TM Clinic December 2009, Case#1, Khiev Ravuth, 53M (Taing Treuk Village)

Dear all,

Today is the first day of Robib TM clinic December 2009, there are five new cases and this is case number 1, Khiev Ravuth, 53M and photos.

Best regards,
Sovann

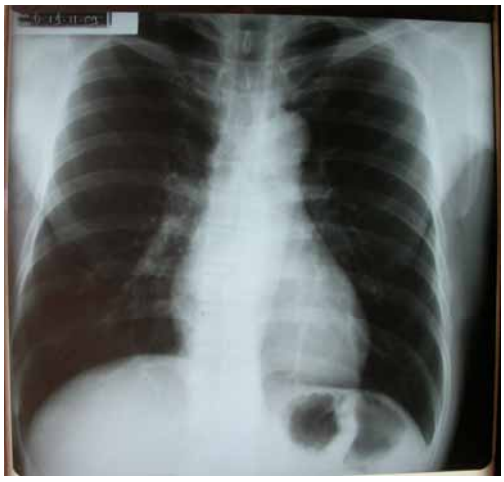
Robib Telemedicine Clinic

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

History and Physical

Name/Age/Sex/Village: Khiev Ravuth, 53M (Taing Treuk Village)

Chief Complaint (CC): Chest tightness x 10y

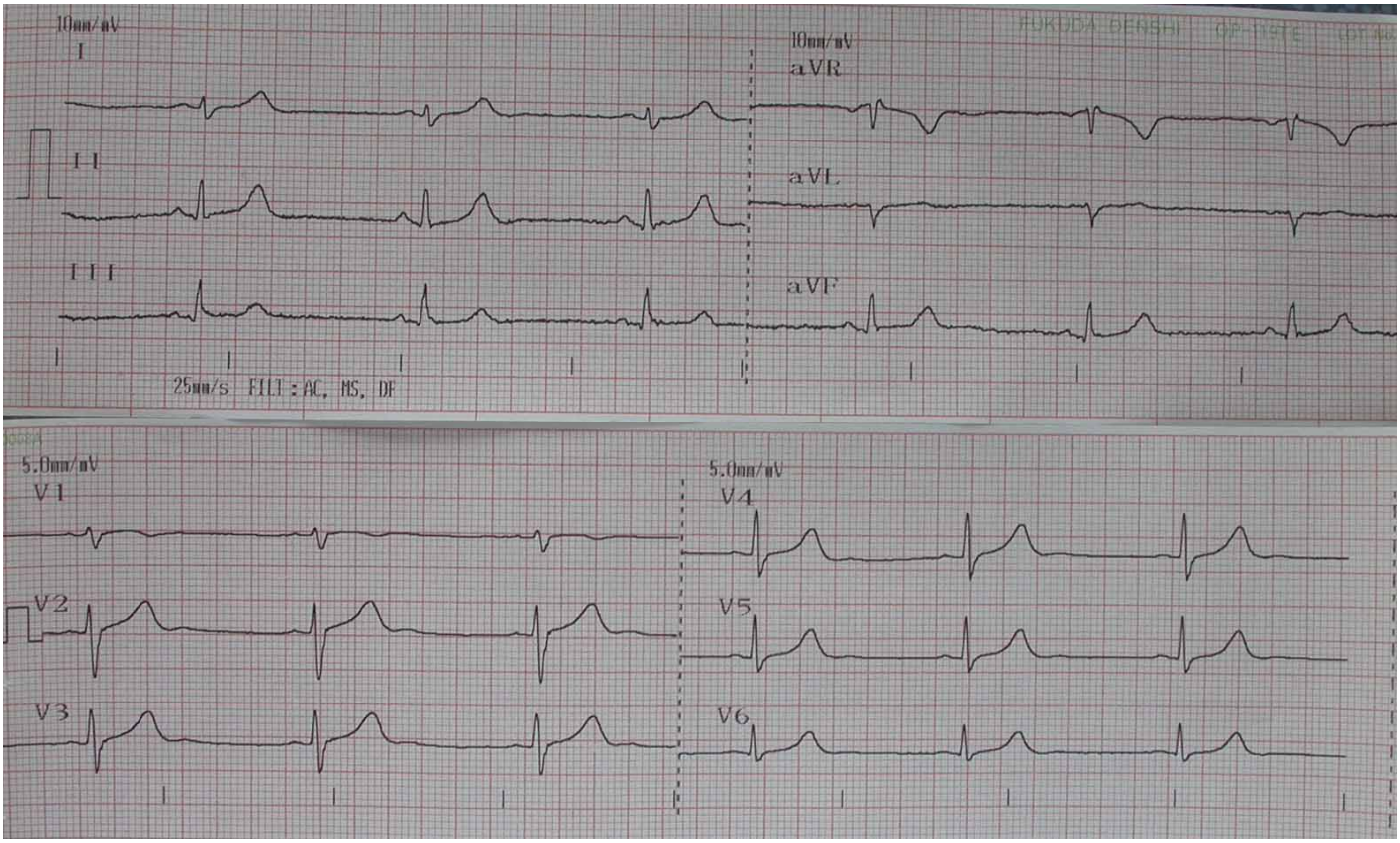


History of Present Illness (HPI): 53M, farmer, presented with symptoms of chest tightness, SOB, HA, dizziness, and on/off chest pain. He noted that these symptoms usually developed when he has stress and not related to exertion or any activity. Because he can do daily work, he has never sought medical consultation. He denied of vomiting, diaphoresis, abdominal pain, stool with blood or mucus, hematuria, dysuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Smoking 1pack of cig/d for about 20y, stopped 1y; casually alcohol drinking



Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 125/72 P: 49 R: 20 T: 37°C Wt: 52Kg

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 bradycardia, RR, no murmur

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

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

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

Lab/study:

CXR (done in November 2009)
EKG (done on December 1, 2009)

Assessment:

1. Bradycardia

Plan:

1. Do regular exercise, eat low salt/fats diet
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG and 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: December 1, 2009**

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

From: Guiney, Timothy E.,M.D.
Sent: Thursday, December 03, 2009 1:44 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic December 2009 Cases received

To whom it may concern:

I have reviewed the data is submitted on Mr.Khiev Ravuth. He describes chest discomfort and dyspnea of a type not typical of angina pectoris, particularly in a male. The symptoms apparently began in his 40s and have been present off and on for 10 years. They seem to bear no relationship to physical activity but are brought on at times of psychological stress.

He is a former smoker but has no hypertension. We have no information about lipids but the family history apparently is negative for coronary disease.

His physical examination was entirely normal except for a slightly slow heart rate.

His chest film revealed no cardiomegaly and the lung fields were clear.

His electrocardiogram demonstrated sinus bradycardia at a rate of about 50 but was otherwise entirely normal.

I think it is extremely unlikely that this man has ischemic heart disease. After the blood tests mentioned are reviewed, I think the best approach to him would be reassurance that he has no heart disease

Timothy E. Guiney M.D.

From: Robib Telemedicine
To: Cornelia Haener ; Rithy Chau ; Kruy Lim ; Kathy Fiamma > ; Joseph Kvedar ; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Tuesday, December 01, 2009 7:48 PM
Subject: Robib TM Clinic December 2009, Khourn Hen, 51F (Rom Deng Village)

Dear all,
This is case number 2, Khourn Hen, 51F and photos.
Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

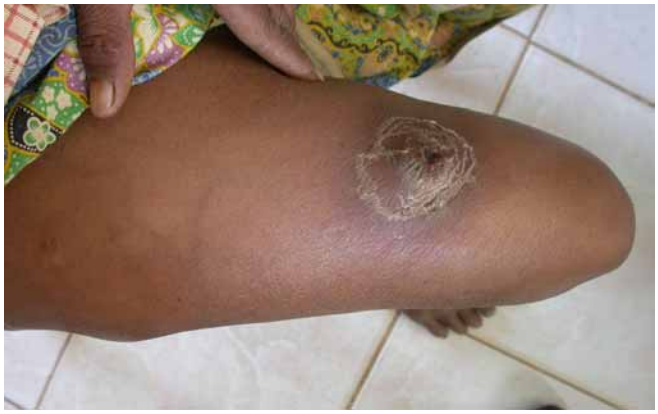
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Khourn Hen, 51F (Rom Deng Village)**

Chief Complaint (CC): Multiple abscesses on the thigh x 1months

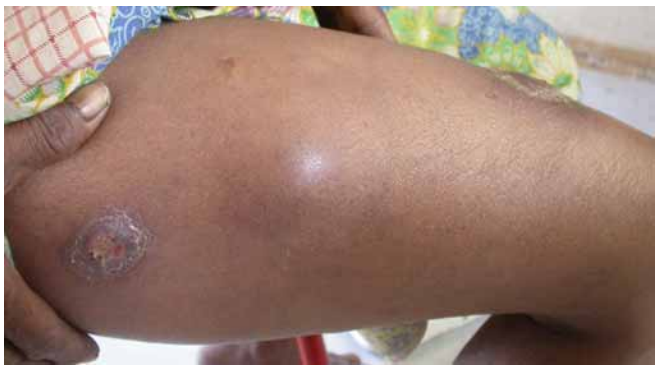
History of Present Illness (HPI): 51F, farmer, presented with a small lump on the thigh with swelling, warmth, pain, redness and developed bigger in a few days then she bought medicine from local pharmacy but the lump seem not better and became abscess and burst out with bloody discharge and also developed other abscess nearby. She didn't get consultation just but medicine from pharmacy. She denied of trauma or insect bite to the sites.



Past Medical History (PMH): Unremarkable

Family History: None

Social History: Smoking 1pack of cig/d; drinking alcohol 1/4L/d stopped for 2y



Current Medications: (Unknown name medicine from pharmacy) and herbal traditional medicine apply on the abscesses

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP: 85/56** **P: 87** **R: 20** **T: 37^{o}C** **Wt: 44Kg**

General: Stable

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

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

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

Extremity/Skin: A few abscesses on the right thigh, red, warmth, tender on palpation and other one at lower back.

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

Lab/study: None

Assessment:

1. Right thigh and lower back abscesses

Plan:

1. Cefuroxime 250mg 2t po bid for 2 weeks
2. Ketoprofen 200mg 1t po qd prn severe pain
3. Paracetamol 500mg 1t po qid prn pain

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 1, 2009**

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

From: Watson, Alice J., M.D.
Sent: Wednesday, December 02, 2009 4:37 PM
To: Fiamma, Kathleen M.
Cc: Kvedar, Joseph Charles,M.D.
Subject: RE: Robib TM Clinic December 2009, Khourn Hen, 51F (Rom Deng Village)

Thanks for sending and apologies for the delay in getting back to you. To be honest I'm not too sure what is going on here but I strongly suspect that the current management plan will not resolve the problem and that further investigations are required.

The photos of the right leg demonstrate 4 abnormal lesions. The lesions on the anterior mid-thigh and the lateral upper-thigh are between 2-4cm in diameter and have a central area of ulceration with evidence of suppuration. The surrounding skin appears papery with areas of peripheral desquamation. There is a scar on the upper anterior thigh that may represent a healed lesion. There is also an area of swelling on the upper outer thigh that looks like a new lesion.

I would have thought that fungal and bacterial cultures need to be sent. The lesions may require surgical drainage / debridement.

Sorry I'm not being more help here but I hope the ID specialist will have a few more suggestions for you regarding etiology.

Alice Watson, MD

From: Cornelia Haener
To: 'Robib Telemedicine' ; 'Rithy Chau' ; 'Kruy Lim' ; 'Kathy Fiamma >' ; 'Joseph Kvedar' ; 'Paul J. M.D. Heinzelmann'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Sutton Whitaker'
Sent: Thursday, December 03, 2009 2:45 PM
Subject: RE: Robib TM Clinic December 2009, Khourn Hen, 51F (Rom Deng Village)

Dear Sovann,

Thanks for submitting this case.
The best treatment for multiple abscesses is incision and drainage, and take a specimen for culture.
There is always a possibility that she could have Melioidosis. Thus, Cefuroxim would not be the most appropriate antibiotic treatment for her.

Regards
Cornelia

From: Robib Telemedicine
To: Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Tuesday, December 01, 2009 7:53 PM
Subject: Robib TM Clinic December 2009, Case#3, So Hourt, 74M (Thkeng Village)

Dear all,

This is case number 3, So hourt, 74M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

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

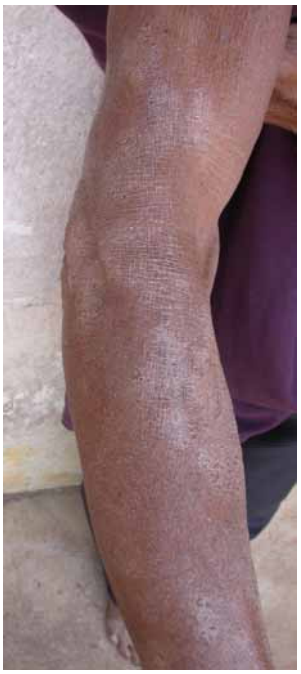
History and Physical

Name/Age/Sex/Village: **So Hourt, 74M (Thkeng Village)**

Chief Complaint (CC): Epigastric pain x 10y

History of Present Illness (HPI): 74M, farmer, presented with symptoms of epigastric pain, burning sensation, radiate to the back, relieved with antacid and worse when hungry and full eating, burping with sour taste, he bought antacid from local pharmacy for a few days and taking only when he felt worse. He has never sought consultation and denied of dysphagia, vomiting, dizziness, chest pain, palpitation, hematuria, dysuria, edema.

Past Medical History (PMH): Unremarkable



Family History: None

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

Current Medications: Traditional medicine

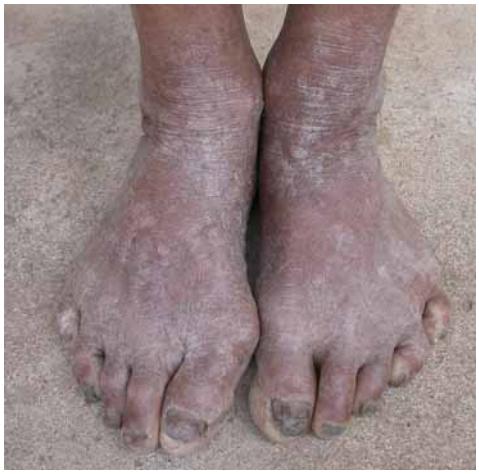
Allergies: NKDA

Review of Systems (ROS): Skin rash developed on the feet and arm with pruritus, scaly skin, no vesicle, no pustule

PE:

Vitals: BP: 121/72 P: 52 R: 20 T: 37^{o}C Wt: 42Kg

General: Stable



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

Chest: Course crackle on lower lobes bilaterally, clear on upper lobes, no wheezing, no rhonchi; H RRR, no murmur

Abd: Soft, epigastric area tenderness on deep palpation, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

Extremity/Skin: scaly skin rash on feet and right arm, spare on the trunk, face, no erythema, no vesicle, no pustule

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

Lab/study: None

Assessment:

1. GERD
2. Pneumonia
3. Tinea pedis

Plan:

1. Omeprazole 20mg 1t po qhs for one month
2. Mebendazole 100mg 5t po qhs once
3. Erythromycin 500mg 1t po bid x 10d
4. Clotrimazole cream 1% apply bid until the rash gone

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 1, 2009**

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

No answer replied

From: Robib Telemedicine
To: Rithy Chau ; Kruy Lim ; Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kathy Fiamma >
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Tuesday, December 01, 2009 7:56 PM
Subject: Robib TM Clinic December 2009, Case#4, So Se, 37F (Trapang Toeum Village)

Dear all,

This is case number 4, So Se, 37F 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: So Se, 37F (Trapang Toeum Village)

Chief Complaint (CC): Epigastric pain x 5y

History of Present Illness (HPI): 37F, farmer, presented with symptoms epigastric pain on/ff and bought antacid from local pharmacy then got better just for a few days so she went to Phnom Penh and got endoscope and told she has gastritis and got treatment with a few kinds of medicine then she became better. In these few months, she developed with the same pain on epigastric area, burning sensation, radiation to the right scapula and got worse when hungry and full eating. She denied of vomiting, dysphagia, SOB, chest pain, palpitation, black/bloody stool, hematuria, dysuria, edema.

Past Medical History (PMH): Remote malaria

Family History: Unremarkable

Social History: 4 children with 6 months baby breast feeding, no cig smoking, no alcohol drinking

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 116/85 P: 89 R: 20 T: 37°C Wt: 46Kg

General: Stable

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

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

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

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

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

Lab/study: None

Assessment:

1. Dyspepsia

Plan:

1. Famotidine 40mg 1t po qhs 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 1, 2009**

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

From: "Cusick, Paul S.,M.D." <PCUSICK@PARTNERS.ORG>
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>; <robibtelemed@gmail.com>

Cc: <rithychau@sihosp.org>
Sent: Thursday, December 03, 2009 9:34 AM
Subject: RE: Robib TM Clinic December 2009, Case#4, So Se, 37F (Trapang Toeum Village)

Thank you for the consult.

From the previous endoscopy and the similar symptoms, I would agree that this sounds like acid realated symptoms and that famotodine is a good choice.

Gallstones can also occur in women of childbearing age. If she has persistent symptoms (or fever or chills/nausea or vomitine) despite famotidine, then I would consider evaluation for gallstones with an ultrasound.

Best of luck

paul

From: Robib Telemedicine
To: Cornelia Haener ; Rithy Chau ; Kruy Lim ; Kathy Fiamma > ; Joseph Kvedar ; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Tuesday, December 01, 2009 8:01 PM
Subject: Robib TM Clinic December 2009, Case#5, Sok Roeun, 38F (Sangke Roang Village)

Dear all,

This is the last case for the first day of Robib TM Clinic December 2009. Case number 5, Sok Roeun, 38F and photos.

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

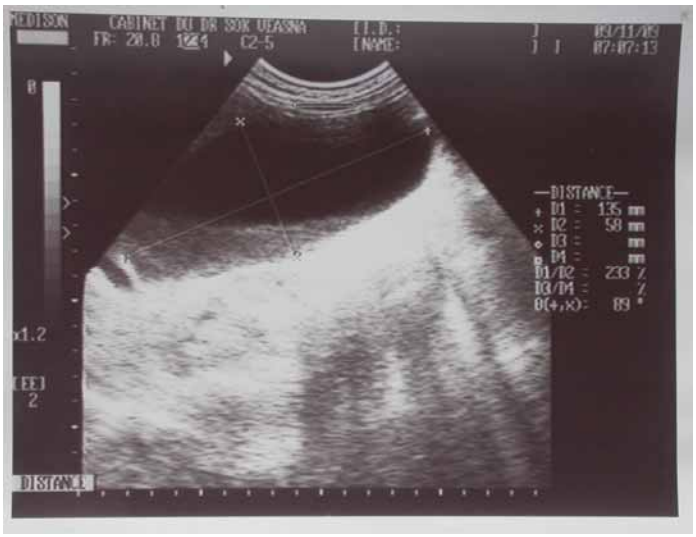
History and Physical

Name/Age/Sex/Village: **Sok Roeun, 38F (Sangke Roang Village)**

Chief Complaint (CC): Poor appetite and jaundice x 3months

History of Present Illness (HPI): 38F, farmer, presented with symptoms of jaundice, poor appetite, fatigue, no abdominal pian, no dysphagia, no diarrhea, no fever, she went to private clinic in province and abdominal ultrasound done and told she had biliary stone and treated with a few kinds of medicine for two weeks then jaundice gone and she has better appetite but she is worry about this problem

because doctor told she need surgery to solve this problem. Now she denied of abdominal pain, jaundice, diarrhea, hematuria, dysuria, edema.



Past Medical History (PMH): Unremarkable

Family History: None

Social History: 1 children, chewing tobacco, no cig smoking, no alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 121/73 P: 66 R: 20 T: 37°C Wt: 43Kg

General: Stable

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

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

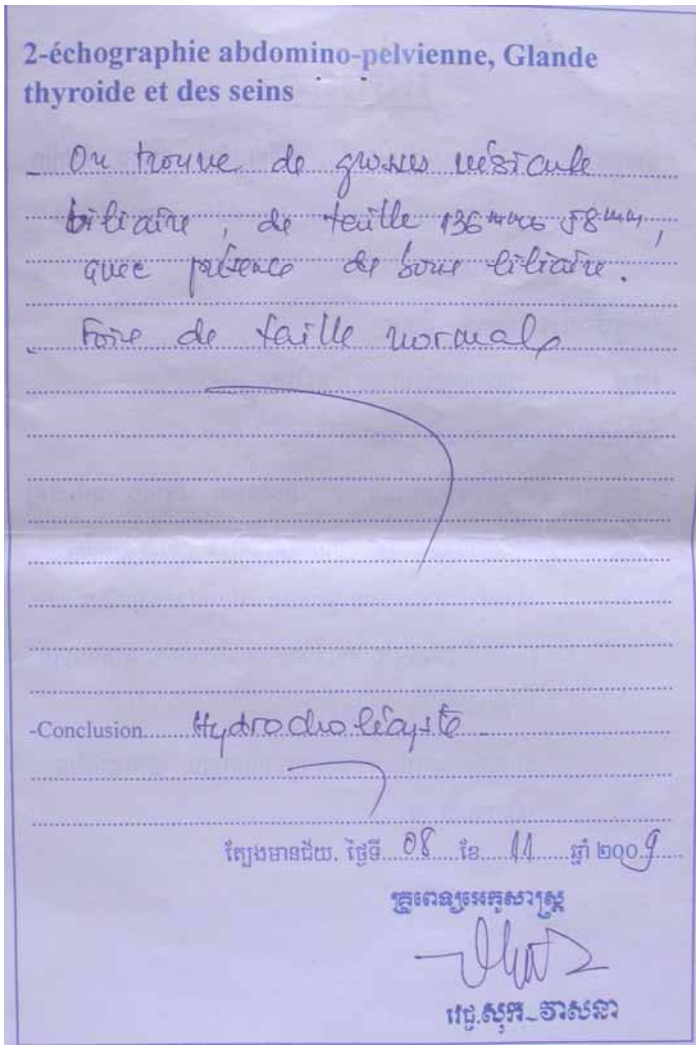
Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar

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

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

Lab/study:

Done on November 8, 2009


2-échographie abdomino-pelvienne, Glande thyroide et des seins

On trouve de gros uésicule biliaire, de taille 136 mm 58 mm, avec présence de boue biliaire.

Foie de taille normale

-Conclusion Hydrocholécyste

Abd ultrasound conclusion: hydrocholecyst

Assessment:

1. Hydrocholecyst per ultrasound

Plan:

1. Keep observe and reevaluation when the symptoms present

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 1, 2009**

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

From: Cornelia Haener
To: 'Robib Telemedicine' ; 'Rithy Chau' ; 'Kruy Lim' ; 'Kathy Fiamma >' ; 'Joseph Kvedar' ; 'Paul J. M.D. Heinzelmann'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Sutton Whitaker'
Sent: Thursday, December 03, 2009 2:48 PM
Subject: RE: Robib TM Clinic December 2009, Case#5, Sok Roeun, 38F (Sangke Roang Village)

Dear Sovann,

Thanks for submitting this case.
This patient has complicated cholecystolithiasis with hydrops and needs referral for cholecystectomy and cholangiogram/possible bile duct exploration. It is only a matter of time till the next complication happens.

Kind regards
Cornelia

From: "Cusick, Paul S.,M.D." <PCUSICK@PARTNERS.ORG>
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>; <robibtelemed@gmail.com>
Cc: <rithychau@sihosp.org>
Sent: Thursday, December 03, 2009 9:30 AM
Subject: RE: Robib TM Clinic December 2009, Case#5, Sok Roeun, 38F (Sangke Roang Village)

Thank you for the consult.
I would agree that if the jaundice is passed and she does not have any pain or jaundice, then watchful waiting is the right strategy.

paul

From: Robib Telemedicine
To: Cornelia Haener ; Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Wednesday, December 02, 2009 6:16 PM
Subject: Robib TM Clinic December 2009, Case#6, Chheng Soth, 29F (Trapang Reusey Village)

Dear all,

Today is the second day for Robib TM clinic December 2009, there are three new cases and one follow up case. This is case number 6, continued from Yesterday, Chheng Soth, 29F 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: Chheng Soth, 29F (Trapang Reusey Village)

Chief Complaint (CC): Mass on left breast x 3y

History of Present Illness (HPI): 29F, farmer, presented with a thump size mass on left breast with pain during menstrual period, no swelling, no redness, no discharge, and she noticed it has became bigger to about 3 x 4cm in three years. She has normal appetite, normal bowel movement, normal urination.

Past Medical History (PMH): Unremarkable

Family History: Mother with DMII

Social History: married for two years without children, no cig smoking, casually alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular menstrual period, LMP on November 10, 2009

PE:

Vitals: BP: 103/77 P: 94 R: 20 T: 37^{o}C Wt: 44Kg

General: Stable

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

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

Breast: Left breast, a mass about 3 x 4cm at upper outer, smooth, firm, mobile, regular border, no tender, no swelling, no redness, no nipple retraction, no discharge; Right breast is normal; no axilary lymph node palpable

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

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

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

Lab/study: None

Assessment:

1. Left breast mass

Plan:

1. Refer to SHCH for surgical evaluation, possible excision biopsy

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

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

Examined by: Nurse Sovann Peng **Date: December 2, 2009**

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

From: Cornelia Haener
To: 'Robib Telemedicine' ; 'Paul J. M.D. Heinzelmann' ; 'Kathy Fiamma >' ; 'Joseph Kvedar' ; 'Kruy Lim' ; 'Rithy Chau'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Sutton Whitaker'
Sent: Thursday, December 03, 2009 2:41 PM
Subject: RE: Robib TM Clinic December 2009, Case#6, Chheng Soth, 29F (Trapang Reusey Village)

Dear Sovann,

Thanks for presenting this case. I agree with your assessment and plan.

Kind regards
Cornelia

From: Hughes, Kevin S.,M.D.
Sent: Wednesday, December 02, 2009 5:26 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic December 2009, Case#6, Chheng Soth, 29F (Trapang Reusey Village)

Needs a biopsy.
Hope that helps

From: Robib Telemedicine
To: Cornelia Haener ; Kruy Lim ; Rithy Chau ; Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kathy Fiamma >
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Wednesday, December 02, 2009 6:19 PM
Subject: Robib TM Clinic December 2009, Case#7, Dy Neth, 23F (Sangke Roang Village)

Dear all,

This is case number 7, Dy Neth, 23F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

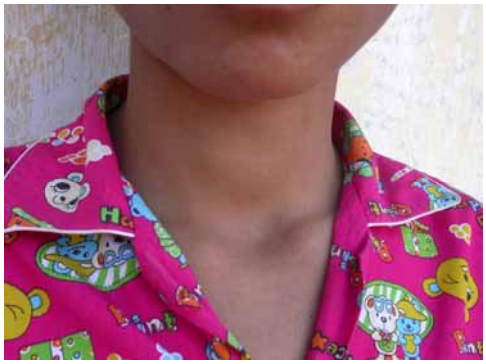
Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Dy Neth, 23F (Sangke Roang Village)**

Chief Complaint (CC): Neck mass x 1y



History of Present Illness (HPI): 23F presented with a small mass about a bean size and progressive bigger in one year and also with symptoms of heat intolerance, palpitation, hair loss and dry skin. She denied of dysphagia, tremor, insomnia, constipation, pain on the mass. She didn't seek medical care just to Telemedicine for consultation today.

Past Medical History (PMH): Unremarkable

Family History: Mother with IHD and father with HTN

Social History: Single, no cig smoking, no alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular menstrual period

PE:

Vitals: **BP: 116/81** **P: 101** **R: 20** **T: 37°C** **Wt: 42Kg**

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, a mass about 2 x 2cm on right lobe of thyroid gland, smooth, soft, no tender, no bruit, 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 surgical scar

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

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

Lab/study: None

Assessment:

1. Goiter
2. Right lobe thyroid cyst??

Plan:

1. Draw blood for TSH and Free T4 at SHCH
2. Send to Kg Thom referral hospital for neck mass 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: December 2, 2009**

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

From: Cornelia Haener
To: 'Robib Telemedicine' ; 'Kruy Lim' ; 'Rithy Chau' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar' ; 'Kathy Fiamma >'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Sutton Whitaker'
Sent: Thursday, December 03, 2009 2:42 PM
Subject: RE: Robib TM Clinic December 2009, Case#7, Dy Neth, 23F (Sangke Roang Village)

Dear Sovann,
I agree with your assessment and plan. If it is a nodular hyperthyroid goiter or suspicious for cancer, I would suggest surgical treatment.

Kind regards
Cornelia

From: Barbesino, Giuseppe,M.D.
To: Fiamma, Kathleen M.
Cc: robibtelemed@gmail.com ; rithychau@sihosp.org
Sent: Wednesday, December 02, 2009 10:48 PM
Subject: RE: Robib TM Clinic December 2009, Case#7, Dy Neth, 23F (Sangke Roang Village)

I agree with your plan for neck US and thyroid function tests. A fine needle aspiration biopsy should be performed if the mass is solid on ultrasound

Giuseppe Barbesino, MD

From: Robib Telemedicine
To: Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kathy Fiamma > ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Wednesday, December 02, 2009 6:21 PM
Subject: Robib TM Clinic December 2009, Case#8, Meas Lam Phy, 57M (Thnout Malou Village)

Dear all,

This is the case number 8, Meas Lam Phy, 57M 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: Meas Lam Phy, 57M (Thnout Malou Village)

Chief Complaint (CC): Polyuria x 2 months

History of Present Illness (HPI): 57M, retired police, presented with symptoms of polyuria, polyphagia, polydypsia, fatigue and dizziness without seeking medical or traditional treatment and came to Telemedicine clinic in November 2009 and BS checked with result of 200mg/dl and appointed to this months. He denied of fever, cough, SOB, blurred vision, abdominal pain, dysuria, hematuria, numbness/tingling.

Past Medical History (PMH): Unremarkable

Family History: Mother with HTN and father with liver malignancy, both died

Social History: Smoking 1pack of cig/d for about 20y; casually alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 110/64 P: 64 R: 20 T: 37^{o}C Wt: 54Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable, ear and nose normal

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

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

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

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

Lab/study:
Done on December 2, 2009

RBS: 257mg/dl
U/A gluc 2+, prot trace

Assessment:
1. DMII

Plan:
1. Glibenclamide 5mg 1t po bid
2. Educate on diabetic diet, low salt/fats, do regular exercise and foot care
3. Alcohol and cig smoking cessation
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG and 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 2, 2009**

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

No answer replied

From: Robib Telemedicine
To: Rithy Chau ; Kruy Lim ; Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Wednesday, December 02, 2009 6:25 PM
Subject: Robib TM Clinic December 2009, Thorng Khun, 43F (Thnout Malou Village)

Dear all,

This is the last case for Robib TM Clinic December 2009, case number 9, Thorng Khun, 43F and photos. Please reply to the cases before Thursday afternoon then the treatment plan can be made.

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

Best regards,
Sovann

Robib Telemedicine Clinic

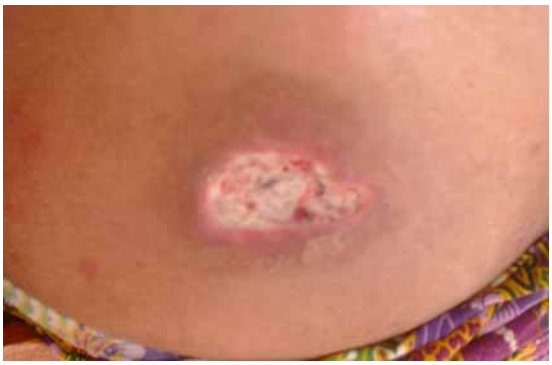
Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Name/Age/Sex/Village: Thorng Khun, 43F (Thnout Malou Village)

Subjective: 43F with diagnosis of Sciatica, Vitamin deficiency, and Hyperthyroidism (TSH result on Oct 9, 2009 showed < 0.02 and drew blood again in November 13, 2009 with result TSH=<0.02, Free T4=34.44, Free T3=5.00 and plan to treat her with Carbimazole 5mg 1/2t po bid in follow up December 2009. Now she complained of an abscess on right buttock, where the local health care worker gave IM injection in the previous months, when she was unwell. Her sciatic pain became better now.



Current Medications:
1. Paracetamol 500mg 1t po qid prn pain
2. MTV 1t po qd

Allergies: NKDA

Objective:

Vitals: BP: 105/83 P: 96 R: 20 T: 37^{o}C Wt: 55Kg

PE (focused):
General: Look stable

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

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

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

Buttock: Right side, ulcerated lesion about 3 x 4cm with necrotizing tissue yellow color inside, redness around and tender

Extremity/Skin: No edema, no lesion

MS/Neuro: Unremarkable

Lab/study: None

Assessment:

1. Hyperthyroidsim
2. Sciatica
3. Vit Deficiency
4. Right buttock infected wound

Plan:

1. Carbimazole 5mg 1/2t po bid
2. Paracetamol 500mg 1t po qid prn pain
3. Ketoprofen 200mg 1t po bid prn severe pain
4. MTV 1t po qd
5. Cefuroxime 250mg 2t po bid x 1w
6. Clean wound with NSS every day

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 2, 2009**

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

From: Barbesino, Giuseppe,M.D.
To: Fiamma, Kathleen M.
Cc: robibtelemed@gmail.com ; rithychau@sihosp.org
Sent: Wednesday, December 02, 2009 10:58 PM
Subject: RE: Robib TM Clinic December 2009, Thorng Khun, 43F (Thnout Malou Village)

Patient is 43 y/o with hyperthyroidism. The degree of hyperthyroidism is not clear to me as reference values for FT4 are not given and don't know whether results are in SI or traditional system. I agree with treatment plan with Carbimazole, but we typically start with higher doses, at least 15 or 20 mg

daily. It can be given in a single daily dose and re-check blood tests every 6-8 weeks. The carbimazole is in this way tapered to the minimum effective dose.
Example:
Start 20 mg daily.

If FT4 is normal in six weeks then decrease to 10 mg daily

Re-check in six further weeks, if FT4 still normal go down to 5 mg daily and re-check in 6 more weeks. If still normal then patient can continue 5 mg and be seen every six months or so.

Patients should be instructed to stop carbimazole and get CBC in case of high fever with mouth ulcers of severe pharyngitis, due to the risk of agranuloctytosis with this drug (risk is 1/200-1/400).

Giuseppe Barbesino, MD

From: Robib Telemedicine [mailto:robibtelemed@gmail.com]
Sent: Wed 12/2/2009 10:32 PM
To: Barbesino, Giuseppe,M.D.; Fiamma, Kathleen M.
Cc: rithychau@sihosp.org
Subject: Re: Robib TM Clinic December 2009, Thorng Khun, 43F (Thnout Malou Village)

Dear Giuseppe Barbesino,

This is the lab result of patient Thorng Khun with the normal range.

TSH	=<0.02	[0.49 - 4.67]
Free T4	=34.44	[9.14 - 23.81]
Free T3	=5.00	[1.45 - 3.48]

So Should I start Carbimazole with high dose with above increased level?

Best regards,

Sovann

From: "Barbesino, Giuseppe,M.D." <GBARBESINO@PARTNERS.ORG>
To: "Robib Telemedicine" <robibtelemed@gmail.com>
Sent: Thursday, December 03, 2009 5:13 PM
Subject: RE: Robib TM Clinic December 2009, Thorng Khun, 43F (Thnout Malou Village)

yes I would give her at least 15 or 20 mg daily, if you can see her back and taper as I explained.
If you cannot see her back a smaller dose can be used but it will take much longer to correct the symptoms

From: Robib Telemedicine
To: Kathy Fiamma >
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Rithy Chau
Sent: Thursday, December 03, 2009 8:24 PM
Subject: Robib TM Clinic December 2009 Cases received

Dear Kathy,

I have received reply of 5 cases from your side and below are the cases received:

Case#4, So Se, 37F
Case#5, Sok Roeun, 38F
Case#6, Chheng Soth, 29F
Case#7, Dy Neth, 23F
Case#9, Thorng Khun, 43F

Please send me the answer of remaining cases.

Thank you very much for the reply to the cases in December 2009.

Best regards,
Sovann

Thursday, December 03, 2009

Follow-up Report for Robib TM Clinic

There were 8 new and 1 follow up patients seen during this month Robib TM Clinic and other 36 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 on their own. Robib TM clinic STILL pays for transportation, accommodation, and other expenses for the patients visiting the clinic IF they are from Thnout Malou Village. For those patients who were seen at SHCH previously and remained stable with medications, the clinic will continue to provide them with appropriate medications from SHCH at no cost for the duration of their illnesses or while supplies lasted. The clinic still provided free medications for all "poor" patients. Some patients may be listed below if they came by for refills of medications.]

Treatment Plan for Robib Telemedicie Clinic December 2009

1. Khiev Ravuth, 53M (Taing Treuk Village)
Diagnosis:
1. Bradycardia

Treatment:
1. Do regular exercise, eat low salt/fats diet

2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG and Tot chole at SHCH

Lab result on Dec 4, 2009

WBC	=6.6	[4 - 11x10^9/L]	Na	=142	[135 - 145]
RBC	=5.2	[4.6 - 6.0x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=14.7	[14.0 - 16.0g/dL]	Cl	=114	[95 - 110]
Ht	=43	[42 - 52%]	BUN	=2.1	[0.8 - 3.9]
MCV	=84	[80 - 100fl]	Creat	=98	[53 - 97]
MCH	=28	[25 - 35pg]	Gluc	=5.0	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	T. Chol	=5.9	[<5.7]
Plt	=200	[150 - 450x10^9/L]	TG	=1.1	[<1.7]
Lym	=2.2	[1.0 - 4.0x10^9/L]			

2. Khourn Hen, 51F (Rom Deng Village)
Diagnosis:
1. Right thigh and lower back abscesses

Treatment:
1. Augmentin 875mg 1t po bid for 10d (#20)
2. Ketoprofen 200mg 1t po qd prn severe pain (#20)
3. Paracetamol 500mg 1t po qid prn pain (#30)

3. So Hourt, 74M (Thkeng Village)
Diagnosis:
1. GERD
2. Pneumonia
3. Tinea pedis

Treatment:
1. Omeprazole 20mg 1t po qhs for one month (#30)
2. Mebendazole 100mg 5t po qhs once (#5)
3. Erythromycin 500mg 1t po bid x 10d (#20)
4. Ciclopirox apply bid until the rash gone (#1)

4. So Se, 37F (Trapang Toeum Village)
Diagnosis:
1. Dyspepsia

Treatment:
1. Famotidine 40mg 1t po qhs for one month (#30)

5. Sok Roeun, 38F (Sangke Roang Village)
Diagnosis:
1. Hydrocholecyst per ultrasound

Treatment:
1. Keep observe and reevaluation when the symptoms present

6. Chheng Soth, 29F (Trapang Reusey Village)
Diagnosis:
1. Left breast mass

Treatment:
1. Refer to SHCH for surgical evaluation, possible excision biopsy

7. Dy Neth, 23F (Sangke Roang Village)
Diagnosis:
1. Goiter
2. Right lobe thyroid cyst??

Treatment:

1. Draw blood for TSH and Free T4 at SHCH
2. Send to Kg Thom referral hospital for neck mass ultrasound

Lab result on Dec 4, 2009

TSH	=2.28	[0.49 - 4.67]
Free T4	=11.75	[9.14 - 23.81]

8. Meas Lam Phy, 57M (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 1000mg 1t po qhs (#40)
2. Educate on diabetic diet, low salt/fats, do regular exercise and foot care
3. Alcohol and cig smoking cessation
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG and Tot chole, HbA1C at SHCH

Lab result on Dec 4, 2009

WBC	=11.8	[4 - 11x10^9/L]	Na	=141	[135 - 145]
RBC	=4.4	[4.6 - 6.0x10^{12}/L]	K	=3.9	[3.5 - 5.0]
Hb	=13.6	[14.0 - 16.0g/dL]	Cl	=111	[95 - 110]
Ht	=39	[42 - 52%]	BUN	=0.8	[0.8 - 3.9]
MCV	=90	[80 - 100fl]	Creat	=83	[53 - 97]
MCH	=31	[25 - 35pg]	Gluc	=9.0	[4.2 - 6.4]
MHCH	=35	[30 - 37%]	T. Chol	=5.5	[<5.7]
Plt	=200	[150 - 450x10^9/L]	TG	=2.1	[<1.7]
Lym	=3.8	[1.0 - 4.0x10^9/L]	HbA1C	=7.9	[4 – 6]

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

1. Hyperthyroidsim
2. Sciatica
3. Vit Deficiency
4. Right buttock infected wound

Treatment:

1. Carbimazole 5mg 1/2t po bid (#40)
2. Paracetamol 500mg 1t po qid prn pain (#20)
3. Ketoprofen 200mg 1t po qd prn severe pain (#20)
4. MTV 1t po qd (#30)
5. Augmentin 875mg 1t po bid x 10d (#20)
6. Clean wound with NSS every day

Patients who came for follow up and refill medicine

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

1. HTN
2. COPD

Treatment:

1. HCTZ 50mg 1t po qd for three months (#90)
2. ASA 300mg 1/4t po qd for three months (#23)
3. Salbutamol Inhaler 2puffs bid prn SOB for two months (#2)

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

Diagnosis:

1. Diffuse goiter
2. Euthyroid goiter

Treatment:

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

Lab result on Dec 4, 2009

TSH =0.09 [0.49 - 4.67]

3. Chhin Chheut, 13M (Trapang Reusey Village)
Diagnosis:

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

Treatment:

1. Ca/Vit D_3 500/400 1t po bid

4. Chin Thary, 27F (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

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

5. Chin Thy Ren, 38F (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for four months (buy)
2. Glibenclamide 5mg 1t po qd for four months (buy)
3. ASA 300mg 1/4t po qd for four months (buy)

6. Chhiv Sok Kea, 54F (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 1000mg (extended release) 1t po qhs for two months (#60)
2. Captopril 25mg 1/4t po bid for two months (#30)
3. ASA 300mg 1/4t po qd for two months (#15)

7. Eam Neut, 54F (Taing Treuk)
Diagnosis

1. HTN

Treatment

1. Atenolol 50 mg ½ t po q12h

8. Ek Em, 32M (Otalauk Village)
Diagnosis:

1. Anemia post malaria infection

Treatment:

1. FeSO4/Folate 200/0.25mg 1t po bid for two months (#120)
2. MTV 1t po qd for two months (#60)

9. Heng Chan Ty, 49F (Ta Tong Village)
Diagnosis:

1. Hyperthyroidism
2. Dyspepsia

Treatment:

1. Carbimazole 5mg 1/2t po bid for one month (#40)
2. Famotidine 40mg 1t po qhs x 1month (#30)

10. Heng Pheary, 30F (Thkeng Village)
Diagnosis:

1. Asthma

Treatment:

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

11. Keo Vin, 50M (Thnout Malou Village)
Diagnosis:

1. Sciatica

Treatment:

1. Paracetamol 500mg 1t po qid prn pain for two months (#40)
2. Ketoprofen 200mg 1t po qd prn for two months (#30)
3. Vit B1 1t po bid for two months (#120)
4. Warmth compression, avoid prolong sitting and standing

12. Keth Chourn, 55M (Chhnourn Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1t po qd for two months (# 60)

13. Kong Nareun, 31F (Taing Treuk Village)
Diagnosis:

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

Treatment:

1. Atenolol 50mg 1/2t po bid for one month (# 40)
2. Furosemide 20mg 1t po bid for one month (# 70)

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

1. HTN
2. DMII

Treatment:

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

Lab result on Dec 4, 2009

Gluc	=7.5	[4.2 - 6.4]
HbA1C	=7.4	[4 – 6]

15. Meas Ream, 74F (Taing Treuk Village)
Diagnosis:

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

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. ASA 300mg 1/4t po qd for three months (# 24)
3. MTV 1t po qd for three months (# 90)

16. Nung Bopha, 45F (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

1. Gliburide/Metformin 2.5mg/500mg 2t po bid for one month (#120)
2. Captopril 25mg 1/4t po bid for one month (#buy)
3. ASA 300mg 1/4t po qd for one month (#buy)
4. Draw blood for Gluc and HbA1C at SHCH

Lab result on Dec 4, 2009

Gluc	=10.7	[4.2 - 6.4]
HbA1C	=9.5	[4 – 6]

17. Nong Kim Chheang, 57M (Rovieng Cheung Village)
Diagnosis:

1. IHD
2. MR
3. Kidney stone

Treatment:

1. Captopril 25mg 1/4t po bid for one month (#15)
2. Atenolol 50mg 1/2t po qd for one month (#15)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole and TG at SHCH

Lab result on Dec 4, 2009

WBC	=10.5	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=5.1	[4.6 - 6.0x10^{12}/L]	K	=5.2	[3.5 - 5.0]
Hb	=10.6	[14.0 - 16.0g/dL]	Cl	=113	[95 - 110]
Ht	=34	[42 - 52%]	BUN	=5.6	[0.8 - 3.9]
MCV	=67	[80 - 100fl]	Creat	=190	[53 - 97]
MCH	=21	[25 - 35pg]	Gluc	=5.3	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=3.8	[<5.7]
Plt	=432	[150 - 450x10^9/L]	TG	=1.3	[<1.7]
Lym	=2.0	[1.0 - 4.0x10^9/L]			
Mxd	=1.6	[0.1 - 1.0x10^9/L]			
Neut	=6.9	[1.8 - 7.5x10^9/L]			

18. 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 1t po bid for one month (#60)
3. Enalapril 5mg 1/2t po qd for one month (# 20)
4. ASA 300mg 1/4t po qd for one month (# 8)
5. Draw blood for Gluc and HbA1C at SHCH

Lab result on Dec 4, 2009

Gluc	=7.7	[4.2 - 6.4]
HbA1C	=6.8	[4 – 6]

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

1. DMII

Treatment:

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

Lab result on Dec 4, 2009

Gluc	=11.5	[4.2 - 6.4]
HbA1C	=8.6	[4 – 6]

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

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

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (#120)
2. Metformin 500mg 3t qAM, 2t po qPM for one month (#150)
3. Captopril 25mg 1/4t po bid for one month (#15)
4. MTV 1t po bid for one month (#60)
5. Famotidine 40mg 1t po qhs (#30)

21. Prum Vandy, 49F (Taing Treuk Village)
Diagnosis:

1. Thyroid dysfunction?
2. Dyspepsia

Treatment:

1. Famotidine 40mg 1t po qhs (#30)
2. Draw blood for TP at SHCH

Lab result on Dec 4, 2009

TSH	=0.02	[0.49 - 4.67]
Free T4	=61.41	[9.14 - 23.81]
Free T3	=20.51	[1.45 – 3.48]

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for two months (# 240)
2. Glibenclamdie 5mg 1t po bid for two months (# 120)
3. Captopril 25mg 1/4t po qd for two months (# 15)

23. Roth Ven, 53M (Thkeng Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 1000mg (extended release) 1t po qhs for one month (#30)
3. Captopril 25mg 1/4t po qd for one month (#8)
4. ASA 300mg 1/4t po qd for one month (#8)

24. Sam Yom, 60F (Chhnourn Village)

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

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

Treatment:

1. NPH insulin 18 UI s/c qd
2. Atenolol 50mg 1/4t po bid (#20)
3. Nifedipine 20mg 1t po qd (#30)
4. Amitriptylin 25mg 1/2t po qhs (# 15)
5. Calcium gluconil 500mg 1t po qd (#30)
6. Calcitril 25mg 1t po qd (#30)
7. Erythropoietin 300 UI s/c bid

26. Som Hon, 50F (Thnal Keng Village)

Diagnosis:

1. HTN

Treatment:

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

27. Som Thol, 59M (Taing Treuk Village)

Diagnosis:

1. DMII with PNP
2. Right foot wound

Treatment:

1. Glibenclamide 5mg 11/2t po qAM and 1t po qPM for one month (#80)
2. Metformin 500mg 2t po bid for one month (#120)
3. Enalapril 5mg 1/2t po qd for one month (#15)
4. ASA 300mg ¼t po qd for one month (#8)

28. 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)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole and TG at SHCH

Lab result on Dec 4, 2009

WBC	=9.0	[4 - 11x10^9/L]	Na	=141	[135 - 145]
RBC	=3.9	[3.9 - 5.5x10^{12}/L]	K	=3.9	[3.5 - 5.0]
Hb	=10.5	[12.0 - 15.0g/dL]	Cl	=111	[95 - 110]
Ht	=32	[35 - 47%]	BUN	=2.2	[0.8 - 3.9]
MCV	=81	[80 - 100fl]	Creat	=82	[44 - 80]
MCH	=27	[25 - 35pg]	Gluc	=4.7	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=5.9	[<5.7]
Plt	=234	[150 - 450x10^9/L]	TG	=1.4	[<1.71]
Lym	=3.7	[1.0 - 4.0x10^9/L]			

29. Svay Tevy, 42F (Thnout Malou Village)
Diagnosis:

1. MDII

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (# 240)
2. Metformin 1000mg 2t po qhs for two months (# 120)
3. Captopril 25mg 1/4t po qd for two months (# 15)
4. ASA 300mg 1/4t po qd for two months (# 15)

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

1. DMII

Treatment

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

31. Tann Sou Hoang, 50F (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 1000mg 1t po qhs for three months (#90)
2. Captopril 25mg 1/4t po qd for three months (buy)
3. ASA 300mg 1/4t po qd for three months (#23)

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

1. Asthma
2. Dyspepsia

Treatment:

1. Salbutamol Inhaler 2puffs bid for two months (#1)
2. Ranitidine 300mg 1t po qhs (#30)

33. Teav Vandy, 63F (Rovieng Cheung Village)

Diagnosis:

1. HTN

Treatment:

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

34. Tith Hun, 56F (Ta Tong Village)

Diagnosis:

1. HTN
2. Dyspepsia

Treatment:

1. Enalapril 5mg 1t po qd for one month (# 40)
2. Atenolol 50mg 1/2t po bid for one month (# 30)
3. Famotidine 40mg 1t po qhs (#30)
4. Draw blood for CBC, Lyte, BUN, Craeat, Gluc, Tot chole and TG at SHCH

Lab result on Dec 4, 2009

WBC	=3.5	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=4.0	[3.9 - 5.5x10^{12}/L]	K	=5.2	[3.5 - 5.0]
Hb	=11.0	[12.0 - 15.0g/dL]	Cl	=112	[95 - 110]
Ht	=33	[35 - 47%]	BUN	=3.3	[0.8 - 3.9]
MCV	=81	[80 - 100fl]	Creat	=124	[44 - 80]
MCH	=27	[25 - 35pg]	Gluc	=6.5	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=4.4	[<5.7]
Plt	=142	[150 - 450x10^9/L]	TG	=2.0	[<1.71]
Lym	=1.5	[1.0 - 4.0x10^9/L]			
Mxd	=0.5	[0.1 - 1.0x10^9/L]			
Neut	=1.5	[1.8 - 7.5x10^9/L]			

35. Tith Pov, 70F (Taing Treuk Village)

Diagnosis:

1. DMII with PNP

Treatment:

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

Lab result on Dec 4, 2009

Gluc	=7.9	[4.2 - 6.4]
HbA1C	=7.2	[4 – 6]

36. Un Chhourn, 40M (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

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

The next Robib TM Clinic will be held on January 04 - 08, 2010