

Robib *Telemedicine* Clinic

Preah Vihear Province

D E C E M B E R 2 0 1 0

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

On Monday, November 29, 2010, SHCH staff PA Rithy, Driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), November 30 & December 1, 2010, the Robib TM Clinic opened to receive the patients for evaluations. There were 8 new cases seen during this month, and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh on Wednesday and Thursday, December 1 & 2, 2010.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston, and SHCH and PA Rithy on site, Nurse Sovann managed and treated the patients accordingly. There were also patients who came for refills of medications. Finally, the data of the patient concerning final diagnosis and treatment/management would then be transcribed and transmitted to Nurse Sovann Peng at SHCH who compiled and sent for website publishing.

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

From: [Robib Telemed](#)

To: [Rithy Chau](#) ; [Kruy Lim](#) ; corneliahaener@sihosp.org ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Kathy Fiamma](#)

Cc: [Bernie Krisher](#) ; [Thero Noun](#) ; [Laurie & Ed Bachrach](#) ; [Kevin](#) ; [Samoeurn Lanh](#) ; savoeunchhun@sihosp.org ; [Peou Ouk](#)

Sent: Friday, November 19, 2010 7:52 AM

Subject: Schedule for Robib TM Clinic December 2010

Dear all,

I would like to inform you that Robib TM Clinic for December 2010 will be starting from November 29 to December 3, 2010.

The agenda for the trip is as following:

1. On Monday November 29, 2010, PA Rithy, Dirver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday November 30, 2010, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as word file and send to both partners in Boston and Phnom Penh.

3. On Wednesday December 1, 2010, the activity is the same as on Tuesday
4. On Thursday December 2, 2010, download all the answers replied from both partners then treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday December 3, 2010, Draw blood from patients for lab test at SHCH then come back to Phnom Penh.

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

Best regards,
Sovann

From: [Robib Telemed](#)
To: [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)
Cc: [Bernie Krisher](#) ; [Thero Noun](#) ; [Laurie & Ed Bachrach](#)
Sent: Tuesday, November 30, 2010 5:08 PM
Subject: Robib TM Clinic December 2010, Case#1, Chum Sen, 73F

Dear all,

Rithy told me that he received so many mails sending to him and when I check out, it might be attacked by virus so I am trying to send to you again.

This is case number 1, Chum Sen, 73F 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 Sen, 73F (Bos Village)

Chief Complaint (CC): dry cough x 1y

History of Present Illness (HPI): 73F with diagnosis of PTB and complete TB drug treatment with the past 20y. In this year, she developed with symptoms of chronic dry cough, low grade fever, poor appetite, fatigue and 7kg weight loss in this year. She went to consult with local health center staff and AFB smear can not be done due to no sputum so she was treated with a few medicines for common cold and Paracetamol for fever. She denied of HA, CP, edema, oliguria, hematuria.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No cig smoking, No alcohol drinking

Current Medications: Paracetamol 500mg 1t prn fever

Allergies: NKDA

Review of Systems (ROS): Epigastric discomfort after eating, no burping, no vomiting, no stool with blood/mucus

PE:

Vitals: **BP: 110/68** **P: 110** **R: 22** **T: 37°C** **O2sat: 98%** **Wt: 24Kg**

General: Cachexia

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

Chest: Decreased breathing sound bilaterally, no rales, no rhonchi; H RR tachycardia, no murmur

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

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

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

Lab/study:

RBS: 215mg/dl

Assessment:

1. COPD?
2. PTB?
3. Hyperglycemia?
4. Cachexia
5. Dyspepsia

Plan:

1. MTV 1t po qd
2. Xango powder 2 tablespoon bid
3. Famotidine 40mg 1t po qhs for one month
4. Recheck RBS
5. Send patient for CXR at Kg Thom referral hospital
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, TSH at SHCH

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

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

Examined by: Nurse Sovann Peng

Date: November 30, 2010

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

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From: [Smulders-Meyer, Olga, M.D.](#)

To: [Fiamma, Kathleen M.](#)

Cc: robibtelemed@gmail.com ; rithychau@sihosp.org

Sent: Thursday, December 02, 2010 3:41 AM

Subject: RE: Robib TM Clinic December 2010, Case#1, Chum Sen, 73F

The patient is a 73-year-old woman with significant weight loss in the past year. At the moment she is clearly very much underweight, with a weight of only 24 kg?? Is that true???

She has a remote history of tuberculosis that was treated. She has no history of smoking, so COPD is a very unlikely etiology of her cough. Both her weight loss as well as duration of her cough and her age, all suggest that she might have a chronic process, either a persistent TB infection, or a malignancy either a primary lung cancer or metastatic disease from other cancers. So you will need to do a good physical examination including a breast examination as well as a pelvic examination to rule out ovarian cancer.

A chest x-ray is most important to obtain as soon as possible.

You can also screen her for the more common causes of a persistent cough. Could she have adult onset asthma, and wonder is she wheezing at all. You ask her to take a deep breath in and then exhale with some force, which will provoke wheezing in a patient with asthma. You can ask her about heartburn, and if that is the case, you can do a trial of antacids, and see if this is helpful with her cough. The patient presents with a sense of fullness after she eats, with epigastric discomfort. You could start her on Ranitidine 150 mg b.i.d. until the workup has been completed.

However, her cough has been present for so long, that it is extremely unlikely that her symptoms are consistent with a URI. Her weight loss is most consistent with either a malignancy or a chronic infection either in her lungs or her stomach. Check her for H. Pylori as well and if you can.

She could have developed miliary TB, which can present in such a sub acute slow way, with fever and a dry cough. Late miliary tuberculosis can be acute, but it is more likely to be subacute or chronic. She could also have been reinfected with tuberculosis because the area is highly endemic for this disease. Patient with chronic TB can present with failure to thrive without fever or with a fever. There could also be dysfunction of other organ systems, so you will need to check her liver function and her renal function as well. Night sweats can be frequent and rigors are unusual.

The blood sugar is elevated at 215. It is the least of her problems at the moment. She is underweight and needs to increase her caloric intake. You can advise her to stay away from carbohydrates, and focus on increasing fat and protein in her diet. If her blood sugars start to climb in the next few weeks, you could always start a very low dose Glypizide. For now I would not treat her with medications.

I hope that was helpful.

Sincerely yours,

Olga Smulders-Meyer MD

From: [Robib Telemed](#)

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

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

Sent: Wednesday, December 01, 2010 4:40 PM

Subject: Robib TM Clinic December 2010, Case#2, Hourn Sok Aun, 48F

Dear all,

This is case number 2, Hourn Sok Aun, 48F 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: Hourn Sok Aun, 48F (Taing Treuk Village)

Chief Complaint (CC): Fatigue and polyuria x 1month

History of Present Illness (HPI): 48F presented with symptoms of fatigue, polyuria, polydypsia, and HA and neck tension in this one month and talked with her neighbor and she was told this is the symptoms of Diabetes and advised to consult with Telemedicine clinic. She denied of fever, cough, dyspnea, CP, GI problem, oliguria,

dysuria, numbness/tingling.

Past Medical History (PMH): Laceration on right knee with 5 stitches suture in 2006 due to motor accident

Family History: None

SH: No cig smoking, casually alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 136/89 P: 73 R: 20 T: 37°C Wt: 75Kg

General: Stable

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

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

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

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

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

Lab/study:

RBS: 423mg/dl U/A gluco 4+, no prot, no leukocyte

Assessment:

1. DMII

Plan:

1. Metformine 500mg 1t po bid
2. Captopril 25mg 1/4t po bid
3. Educate on diabetic diet, do regular exercise and foot care
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG and 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: November 30, 2010

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

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From: [Cusick, Paul S.,M.D.](#)

To: [Fiamma, Kathleen M.](#) ; robibtelemed@gmail.com

Cc: rithychau@sihosp.org

Sent: Wednesday, December 01, 2010 10:24 PM

Subject: RE: Robib TM Clinic December 2010, Case#2, Hourn Sok Aun, 48F

Thanks so much for the opportunity to consult on this case.

Your assessment and plan is excellent.

She is symptomatic and has quite an elevated random blood sugar.

She needs metformin for better glucose/diabetes control in addition to dietary and lifestyle information.

The Hemoglobin A1c will be helpful.

The ACE inhibitor captopril is appropriate for her blood pressure control and renal protection.

Best of luck to you and to her.

Paul Cusick MD.

From: [Robib Telemed](#)

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

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

Sent: Wednesday, December 01, 2010 4:43 PM

Subject: Robib TM Clinic December 2010, Case#3, Tith Sneth, 51M

Dear all,

This is case number 3, Tith Sneth, 51M 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: Tith Sneth, 51M (Otalauk Village)

Chief Complaint (CC): Left side weakness x 1y

History of Present Illness (HPI): 51M, farmer, presented with symptoms of numbness and heavy sensation on left leg, left arm and tremor on the toes and fingers. He asked local health care worker to see and got injection of Calcium and Vit B12 but his symptoms became worse from day to day with more numbness and weakness and slow to move the left limbs. Now

his right limbs started to develop with numbness and difficult to move but lesser than the left side. He got treatment with traditional medicine and didn't seek consultation yet.

Past Medical History (PMH): Falling from tree 4m height in the past 3y but he denied of noticed lesion/symptoms

Family History: None

SH: Smoking 20cig/d for 20y and stopped for 10y, drinking alcohol 1/2L/d for over 20y and stopped 1y

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 120/86 P: 71 R: 20 T: 37°C Wt: 60Kg

General: Sick

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

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

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

Extremity/Skin: Resting tremor, bradykinesia, rigidity on left limb

MS/Neuro: MS +4/5 on left limb, +5/5 on right limb; sensory intact, DTRs +2/4

Cerebellar function: finger to nose intact, negative romberg test

CN I – XII: intact

Lab/study: None

Assessment:

1. Parkinson' disease?

Plan:

1. Levodopa/Benserazide 200/50mg 1/2t po bid
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT 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: November 30, 2010

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

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No answer replied

From: [Robib Telemed](#)

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

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

Sent: Wednesday, December 01, 2010 4:45 PM

Subject: Robib TM Clinic December 2010, Case#4, Chann San, 37F

Dear all,

This is case number 4, Chann San, 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: Chann San, 37F (Bos Pey Village)

Chief Complaint (CC): HA and neck tension x 2y

History of Present Illness (HPI): 37F, farmer, presented with symptoms of frontal HA which is getting worse at evening (after working) and better with rest and sleep and also associated with neck tension, muscle pain, palpitation. She asked local health care worker to see her treated with injection medicine (unknown name) which help her for several weeks then the HA appeared again. She denied of nasal discharge/congestion, sore throat.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No cig smoking, no alcohol drinking

Current Medications: Unknown name medicine for dyspepsia

Allergies: NKDA

Review of Systems (ROS): Regular menstrual period

PE:

Vitals: BP: 152/82 (both sides) P: 60 R: 20 T: 37°C Wt: 46Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck lymph node palpable, no tender with percussion on frontal, maxillary area

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

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

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

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

Lab/study:

RBS: 78mg/dl
U/A: normal

Assessment:

1. HTN
2. Tension HA

Plan:

1. HCTZ 50mg 1/2t po qd
2. Paracetamol 500mg 1t po qid prn HA/Fever
3. Do regular exercise
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG 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, 2010

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

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From: Tan, Heng Soon, M.D.

Sent: Wednesday, December 01, 2010 2:10 PM

To: Fiamma, Kathleen M.

Cc: Lastimoso, Charmaine

Subject: RE: Robib TM Clinic December 2010, Case#4, Chann San, 37F

It's possible that mild hypertension may cause headache, but it is more likely that the headache together with symptoms of neck tension, palpitation may reflect stress or work related tension headaches. It's worthwhile taking a more detailed history about work related stresses to see how she could avoid these tension headaches. As for the hypertension, the workup for cardiovascular risk, particularly renal function, is appropriate. HCTZ is a good starting medicine. A beta blocker could theoretically be helpful for hypertension and headache, but a detailed history about work stresses is more effective in the long term.

Charmaine Lastimoso, nurse practitioner student
Heng Soon Tan, MD

From: Robib Telemed

To: Paul Heinzelmann ; Joseph Kvedar ; Kathy Fiamma ; Rithy Chau ; Rithy Chau ; Kruy Lim

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

Sent: Wednesday, December 01, 2010 4:47 PM

Subject: Robib TM Clinic December 2010, Case#5, Chheng Yearng, 48F

Dear all,

This is case number 5, Chheng Yearng, 48F 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: Chheng Yearng, 48F (Thkeng Village)

Chief Complaint (CC): Dizziness x 1y

History of Present Illness (HPI): 48F, farmer, presented with symptoms of dizziness which is frequently occur after getting up and relieved with lying down and also symptoms of palpitation, diaphoresis and cold extremity and became unconscious. The local health care worker come to see her at home, BP: 70/? and put IV fluid to her and injected with some medicine. She became better and brought to referral hospital and told she has GI problem and heart disease. In these few months, she presented with symptoms of epigastric burning pain with

radiation to the back so she bought some medicine (unknown name) from local pharmacy for the epigastric pain. She denied of fever, CP, stool with blood/mucus, oliguria, dysuria, leg edema.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No cig smoking, no alcohol drinking

Current Medications: Unknown name medicine for epigastric pain

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 121/77 P: 99 R: 20 T: 37°C Wt: 32Kg

General: Stable

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

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

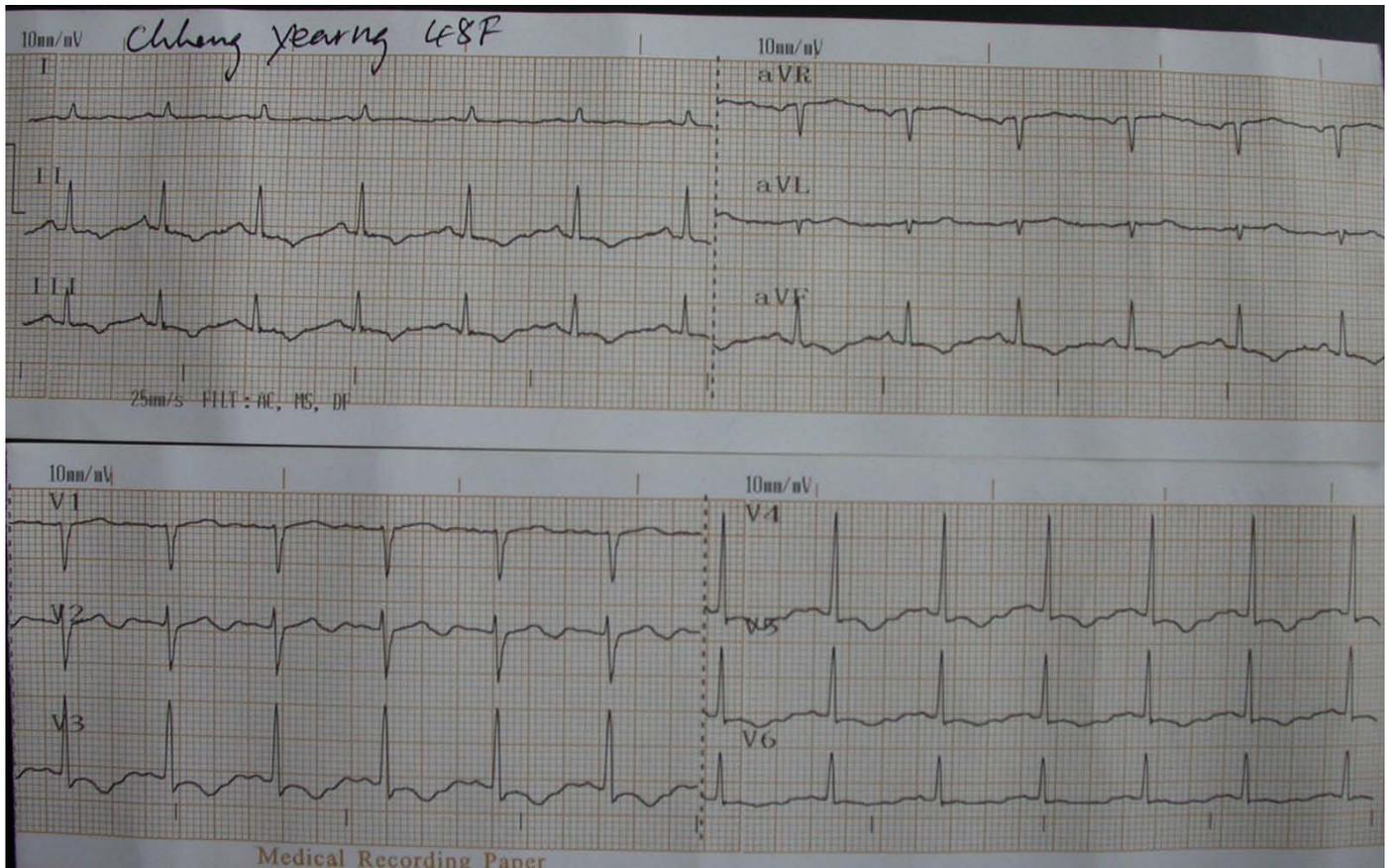
Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

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

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

Lab/study:

EKG attached



Assessment:

1. Dyspepsia
2. Heart failure??
3. IHD??

Plan:

1. Famotidine 40mg 1t po qhs
2. Mebendazole 100mg 5t po qhs once
3. Propranolol 40mg 1/4t po bid
4. Send patient to Kg Thom for CXR
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG and TSH at SHCH

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

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

Examined by: Nurse Sovann Peng

Date: December 1, 2010

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

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No answer replied

From: [Robib Telemed](#)

To: corneliahaener@sihosp.org ; [Rithy Chau](#) ; [Rithy Chau](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Kruy Lim](#)

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

Sent: Wednesday, December 01, 2010 4:49 PM

Subject: Robib TM Clinic December 2010, Case#6, Tearm Sok Hearng, 20F

Dear all,

This is case number 6, Tearm Sok Hearng, 20F 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: Thearm Sok Hearng, 20F (Backdoang Village)

Chief Complaint (CC): Neck mass with pain x 6 months

History of Present Illness (HPI): 20F, farmer, presented with symptoms of a small neck mass about thump size without any symptoms and in these two days, she presented with pain on the mass when swallowing and feel on the mass. She denied of trauma and insect bite to the mass, hair loss, tremor, heat intolerance, wt loss.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No cig smoking, no alcohol drinking, 2 children

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 150/100 P: 90 R: 20 T: 37°C Wt: 45Kg

General: Stable



HEENT: No oropharyngeal lesion, pink conjunctiva, a mass about 2x2cm on anterior neck, firm, tender on palpation, mobile on swallowing, no bruit, no neck 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 leg edema, no tremor, no lesion

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

Lab/study: None

Assessment:

1. Thyroiditis?

Plan:

1. Ibuprofen 2t po bid for 5d
2. Send patient to Kg Thom for Neck mass ultrasound
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH, and free T4 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, 2010

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

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From: Barbesino, Giuseppe.M.D.

To: Fiamma, Kathleen M.

Cc: robibtelemed@gmail.com ; rithychau@sihosp.org

Sent: Wednesday, December 01, 2010 9:42 PM

Subject: RE: Robib TM Clinic December 2010, Case#6, Tearn Sok Hearng, 20F

Thyroiditis is a possibility: however this would be characterized by diffuse rather than focal neck enlargement. With thyroiditis also people have general symptoms of malaise and joint pains. Blood tests should show high ESR (in the 100's often), and mild thyrotoxicosis. However history and presentation are more consistent with hemorrhage in a pre-existing thyroid nodule. If that is the case pain will subside over the next few days and ultrasound should show an entirely or partially cystic mass. Because this is the most likely cause, I would rather try and treat pain with Tylenol first, as Ibuprofen can cause bleeding in itself. If Tylenol is ineffective then ibuprofen should be used

Giuseppe Barbesino M.D.

From: [Cornelia Haener](#)

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

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

Sent: Thursday, December 02, 2010 7:07 PM

Subject: RE: Robib TM Clinic December 2010, Case#6, Tearn Sok Hearng, 20F

Dear Sovann,

I agree with your assessment and plan.

Thanks

Cornelia

From: [Robib Telemed](#)

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

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

Sent: Wednesday, December 01, 2010 4:51 PM

Subject: Robib TM Clinic December 2010, Case#7, Yun Yeung, 75F

Dear all,

This is case number 7, Yun Yeung, 75F 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: Yun Yeung, 75M (Doang Village)

Chief Complaint (CC): Dizziness and dyspnea for 2 months

History of Present Illness (HPI): 75M, farmer, presented with symptoms of dyspnea and dizziness which occur after working and walking and better with resting. He has to stop for a few minutes break during his walking to rice field. He didn't seek medical consultation or bought medicine for the symptoms just come to Telemedicine today. He denied of palpitation, CP, orthopnea, edema.

Past Medical History (PMH): Unremarkable

Family History: None

SH: Smoking 10cig/d for 20y, and drinking alcohol 1/4L/d; stopped both for 2y

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): No fever, no cough, no GI problem, no oliguria, no hematuria

PE:

Vitals: BP: 141/71 (both sides) P: 74 R: 20 T: 37°C Wt: 42Kg

General: Stable

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

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, 3+ systolic crescendo murmur, loudest at apex

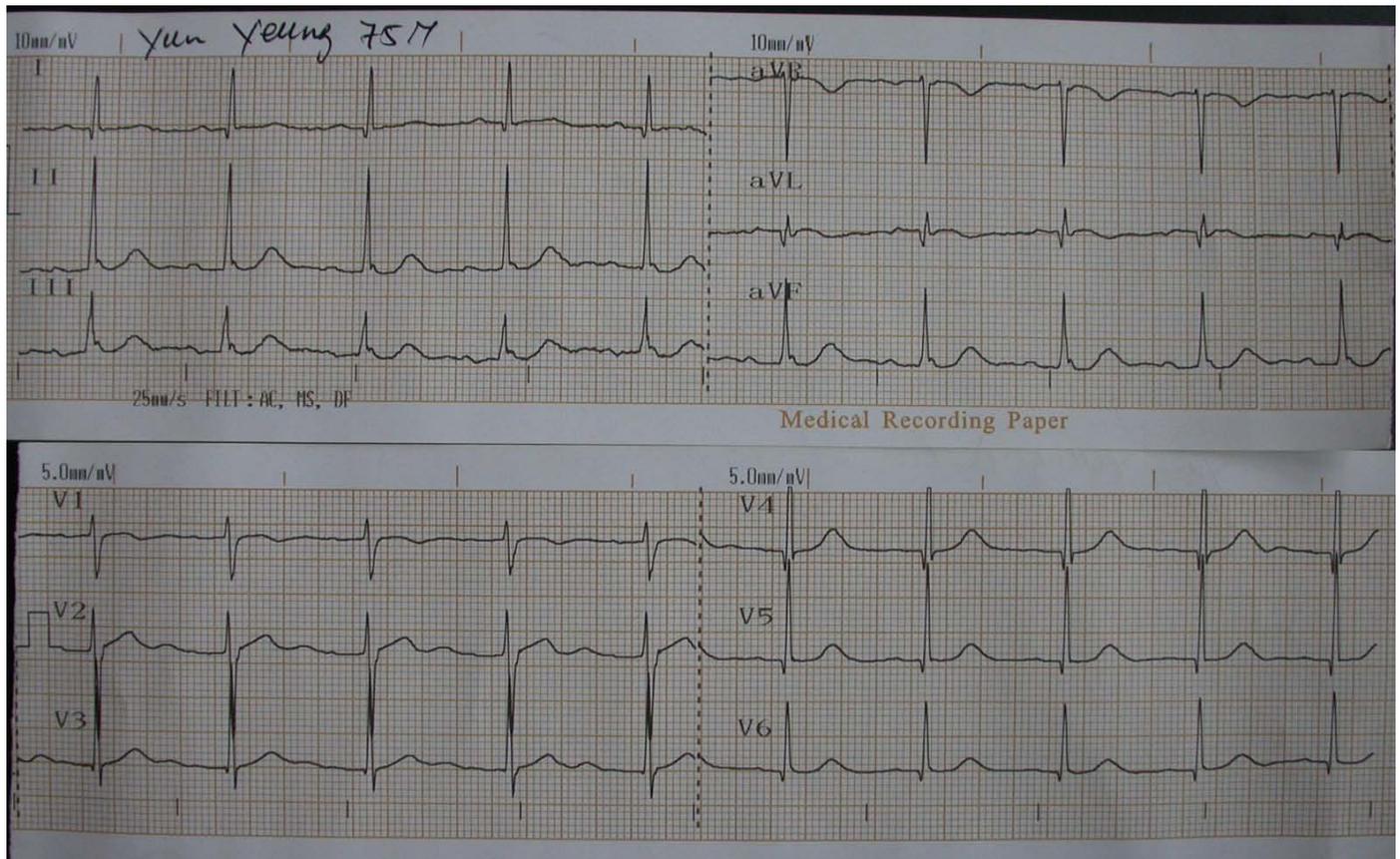
Abd: Soft, no tender, no distension, (+) BS, no HSM, no abdominal bruit

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

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

Lab/study:

EKG attached



Assessment:

1. VHD (MR??)
2. HTN

Plan:

1. Captopril 25mg 1/2t po bid
2. Send patient to Kg Thom for CXR
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG and TSH at SHCH

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

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

Examined by: Nurse Sovann Peng

Date: December 1, 2010

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

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No answer replied

From: [Robib Telemed](#)

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

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

Sent: Wednesday, December 01, 2010 4:55 PM

Subject: Robib TM Clinic December 2010, Case#8, Yung Thourn, 72M

Dear all,

This is the last case of Robib MT clinic December 2010, Yung Thourn, 72M and photos.

Please help to reply the cases before Thursday afternoon then the treatment plan can be made accordingly.

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

Best regards,
Sovann

Robib Telemedicine Clinic

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

History and Physical



Name/Age/Sex/Village: Yung Thourn, 72M (Rovieng Tbong Village)

Chief Complaint (CC): Joint pain for 5y

History of Present Illness (HPI): 72M, farmer, presented with symptoms of left ankle pain with swelling, warmth and stiffness, he got treatment from local health care worker with (Analgesic and anti-inflammatory combination drug). One month later the above symptoms presented to other joint as right ankle, wrists, elbow and shoulder. He took prn above medicine and the symptoms attacked the joints once per one to two months. In this year, his symptoms of joint pain, swelling, warmth and stiffness became worse and unable to do his work as farmer and daily activity and he took stronger effect medicine (steroid?) which causing swollen face.

Past Medical History (PMH): Unremarkable

Family History: None

SH: Smoking 5cig/d for 20y, stopped 5 months; heavy alcohol drinking, stopped both for 1y

Current Medications: Unknown name medicine (steroid) for joint pain 1t bid prn

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 140/80 (both sides) P: 100 R: 20 T: 37°C Wt: 68Kg

General: Stable

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

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

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

Extremity: limited ROM of all joints with pain, stiffness, no warmth, no swelling



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

Lab/study:

RBS: 139mg/dl U/A normal

Assessment:

1. Gouty arthritis?
2. Osteoarthritis??
3. Rheumatoid arthritis??

Plan:

1. Paracetamol 500mg 1t po qid pnr pain
2. Ibuprofen 200mg 3t po bid
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, Uric acid, RFat 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, 2010

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

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From: Cohen, George L., M.D.

Sent: Thursday, December 02, 2010 8:07 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib TM Clinic December 2010, Case#8, Yung Thourn, 72M

The patient is a 72 year old man who developed pain and swelling in his left ankle. Subsequently the right ankle and then other joints became involved. He had intermittent episodes of joint pain and swelling but apparently the symptoms became persistent in that he was unable to work. On examination there was decreased motion of all joints.

The persistent pain, stiffness and loss of motion in many joints that persists is consistent with inflammatory joint disease such rheumatoid arthritis. Gout can be polyarticular but I would expect the joints to be more painful and swollen.

Laboratory studies obtained are appropriate. If possible I would add sed rate and/or CRP. We are not sure what medication he is taking. I would try prednisone or equivalent 5 mg twice a day. If this is RA or other inflammatory joint disease, I would expect significant improvement. If lab studies are abnormal particularly increased ESR, positive rheumatoid factor and if he responds to treatment with prednisone, we can consider more definitive treatment and lowering of the prednisone.

George L. Cohen, M.D.

From: "Robib Telemed" <robibtelemed@gmail.com>
To: "Kathy Fiamma" <kfiamma@partners.org>
Cc: "Bernie Krisher" <bernie@media.mit.edu>; "Thero Noun" <thero@cambodiadaily.com>; "Laurie & Ed Bachrach" <lauriebachrach@yahoo.com>; "Rithy Chau" <chaurithy@gmail.com>
Sent: Monday, December 06, 2010 2:41 PM
Subject: Cases received for Robib TM Clinic December 2010

Dear Kathy,

I have received the reply of four cases from you and these are thereceived case:

Case#1, Chum Sen, 73F
Case#2, Hourn Sok Aun, 48F
Case#4, Chann San, 37F
Case#6, Tearn Sok Hearng, 20F

Please send me the reply of remaining cases number 3, 5, 7 and 8.

Thank you very much for the reply to the cases of Robib TM clinic December 2010.

Best regards,
Sovann

Thursday, December 2, 2010

Follow-up Report for Robib TM Clinic

There were 8 new patients seen during this month Robib TM Clinic, other 56 patients came for medication refills only and 50 new patients seen by PA Rithy for minor problem without sending data. The data of all 8 cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE, the following patients were managed and treated as follows:

NOTE: [Please note that some blood works was drawn and done at SHCH at no cost and others including studies such as x-rays, U/S, EKG, etc. were done at Kompong Thom Referral Hospital with patients paying on their own. Robib TM clinic **STILL** pays for transportation, accommodation, and other expenses for the patients visiting the clinic **IF** they are from Thnout Malou Village. For those patients who were seen at SHCH previously and remained stable with medications, the clinic will continue to provide them with appropriate medications from SHCH at no cost for the duration of their illnesses or while supplies lasted. The clinic still provided free medications for all "poor" patients. Some patients may be listed below if they came by for refills of medications.]

Treatment Plan for Robib Telemedicic Clinic December 2010

1. Chum Sen, 73F (Bos Village)

Diagnosis:

1. PTB?

2. Cachexia
3. Dyspepsia

Treatment:

1. MTV 1t po qd (#30)
2. Xango powder 2 tablespoon bid (#1)
3. Famotidine 40mg 1t po qhs for one month (#30)
4. Send patient for CXR at Kg Thom referral hospital
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, TSH at SHCH

Lab result on December 3, 2010

WBC	=5.2	[4 - 11x10 ⁹ /L]	Na	=137	[135 - 145]
RBC	=4.6	[3.9 - 5.5x10 ¹² /L]	K	=4.2	[3.5 - 5.0]
Hb	=9.7	[12.0 - 15.0g/dL]	Cl	=101	[95 - 110]
Ht	=35	[35 - 47%]	BUN	=2.3	[0.8 - 3.9]
MCV	=75	[80 - 100fl]	Creat	=79	[44 - 80]
MCH	=21	[25 - 35pg]	Gluc	=7.8	[4.2 - 6.4]
MHCH	=28	[30 - 37%]	T. Chol	=5.6	[<5.7]
Plt	=318	[150 - 450x10 ⁹ /L]	TG	=1.8	[<1.71]
Lym	=1.2	[1.0 - 4.0x10 ⁹ /L]	TSH	=0.46	[0.27 - 4.20]
Mxd	=0.5	[0.1 - 1.0x10 ⁹ /L]			
Neut	=3.5	[1.8 - 7.5x10 ⁹ /L]			

2. Hourn Sok Aun, 48F (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

1. Metformine 500mg 1t po bid (#70)
2. Captopril 25mg 1/4t po bid (buy)
3. Educate on diabetic diet, do regular exercise and foot care
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG and HbA1C at SHCH

Lab result on December 3, 2010

WBC	=11.3	[4 - 11x10 ⁹ /L]	Na	=136	[135 - 145]
RBC	=5.6	[3.9 - 5.5x10 ¹² /L]	K	=4.5	[3.5 - 5.0]
Hb	=15.4	[12.0 - 15.0g/dL]	Cl	=103	[95 - 110]
Ht	=48	[35 - 47%]	BUN	=2.3	[0.8 - 3.9]
MCV	=86	[80 - 100fl]	Creat	=78	[44 - 80]
MCH	=28	[25 - 35pg]	Gluc	=16.9	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=9.8	[<5.7]
Plt	=346	[150 - 450x10 ⁹ /L]	TG	=8.0	[<1.71]
Lym	=4.6	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=0.3	[0.1 - 1.0x10 ⁹ /L]			
Neut	=6.4	[1.8 - 7.5x10 ⁹ /L]			
HbA1C	=12.8				

3. Tith Sneth, 51M (Otalauk Village)

Diagnosis:

1. Parkinson' disease?

Treatment:

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

Lab result on December 3, 2010

WBC	=7.4	[4 - 11x10 ⁹ /L]	Na	=140	[135 - 145]
RBC	=5.1	[4.6 - 6.0x10 ¹² /L]	K	=3.7	[3.5 - 5.0]

Hb	=10.9	[14.0 - 16.0g/dL]	Cl	=107	[95 - 110]
Ht	=35	[42 - 52%]	BUN	=1.2	[0.8 - 3.9]
MCV	=68	[80 - 100fl]	Creat	=82	[53 - 97]
MCH	=21	[25 - 35pg]	Gluc	=5.1	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	SGOT	=27	[<37]
Plt	=267	[150 - 450x10 ⁹ /L]	SGPT	=21	[<42]
Lym	=1.8	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=1.3	[0.1 - 1.0x10 ⁹ /L]			
Neut	=4.3	[1.8 - 7.5x10 ⁹ /L]			

4. Chann San, 37F (Bos Pey Village)

Diagnosis:

1. HTN
2. Tension HA

Treatment:

1. HCTZ 50mg 1/2t po qd (#20)
2. Paracetamol 500mg 1t po qid prn HA/Fever (#20)
3. Do regular exercise
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

Lab result on December 3, 2010

WBC	=4.8	[4 - 11x10 ⁹ /L]	Na	=141	[135 - 145]
RBC	=5.4	[3.9 - 5.5x10 ¹² /L]	K	=4.7	[3.5 - 5.0]
Hb	=13.2	[12.0 - 15.0g/dL]	Cl	=109	[95 - 110]
Ht	=44	[35 - 47%]	BUN	=1.6	[0.8 - 3.9]
MCV	=81	[80 - 100fl]	Creat	=81	[44 - 80]
MCH	=24	[25 - 35pg]	Gluc	=7.4	[4.2 - 6.4]
MHCH	=30	[30 - 37%]	T. Chol	=5.7	[<5.7]
Plt	=161	[150 - 450x10 ⁹ /L]	TG	=0.8	[<1.71]
Lym	=1.8	[1.0 - 4.0x10 ⁹ /L]			

5. Chheng Yearng, 48F (Thkeng Village)

Diagnosis:

1. Dyspepsia
2. Heart failure??
3. IHD??

Treatment:

1. Famotidine 40mg 1t po qhs (#30)
2. Mebendazole 100mg 5t po qhs once (#5)
3. Propranolol 40mg 1/4t po bid (#20)
4. Send patient to Kg Thom for CXR
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG and TSH at SHCH

Lab result on December 3, 2010

WBC	=9.7	[4 - 11x10 ⁹ /L]	Na	=142	[135 - 145]
RBC	=4.1	[3.9 - 5.5x10 ¹² /L]	K	=3.9	[3.5 - 5.0]
Hb	=9.7	[12.0 - 15.0g/dL]	Cl	=107	[95 - 110]
Ht	=32	[35 - 47%]	BUN	=3.3	[0.8 - 3.9]
MCV	=77	[80 - 100fl]	Creat	=111	[44 - 80]
MCH	=24	[25 - 35pg]	Gluc	=4.7	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	T. Chol	=6.8	[<5.7]
Plt	=173	[150 - 450x10 ⁹ /L]	TG	=4.8	[<1.71]
Lym	=7.3	[1.0 - 4.0x10 ⁹ /L]	TSH	=3.79	[0.27 - 4.20]

6. Thearm Sok Hearng, 20F (Backdoang Village)

Diagnosis:

1. Thyroid cyst

Treatment:

1. Paracetamol 500mg 1t po qid prn pain (#20)
2. Send patient to Kg Thom for Neck mass ultrasound
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, ESR, TSH, and free T4 at SHCH

Lab result on December 3, 2010

WBC	=5.3	[4 - 11x10 ⁹ /L]	Na	=144	[135 - 145]
RBC	=4.4	[3.9 - 5.5x10 ¹² /L]	K	=4.0	[3.5 - 5.0]
Hb	=11.3	[12.0 - 15.0g/dL]	Cl	=110	[95 - 110]
Ht	=36	[35 - 47%]	BUN	=0.9	[0.8 - 3.9]
MCV	=83	[80 - 100fl]	Creat	=59	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=5.8	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	TSH	=2.04	[0.27 - 4.20]
Plt	=295	[150 - 450x10 ⁹ /L]	Free T4	=16.02	[12.0 - 22.0]
Lym	=1.8	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=0.9	[0.1 - 1.0x10 ⁹ /L]			
Neut	=2.6	[1.8 - 7.5x10 ⁹ /L]			
ESR	=85	[0 - 25]			

7. Yun Yeung, 75M (Doang Village)

Diagnosis:

1. VHD (MR??)
2. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd (#20)
2. Send patient to Kg Thom for CXR
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG and TSH at SHCH

Lab result on December 3, 2010

WBC	=5.8	[4 - 11x10 ⁹ /L]	Na	=143	[135 - 145]
RBC	=4.2	[4.6 - 6.0x10 ¹² /L]	K	=3.5	[3.5 - 5.0]
Hb	=10.3	[14.0 - 16.0g/dL]	Cl	=108	[95 - 110]
Ht	=34	[42 - 52%]	BUN	=3.4	[0.8 - 3.9]
MCV	=82	[80 - 100fl]	Creat	=132	[53 - 97]
MCH	=25	[25 - 35pg]	Gluc	=4.9	[4.2 - 6.4]
MHCH	=30	[30 - 37%]	T. Chol	=4.7	[<5.7]
Plt	=208	[150 - 450x10 ⁹ /L]	TG	=1.4	[<1.7]
Lym	=2.6	[1.0 - 4.0x10 ⁹ /L]	TSH	=1.13	[0.27 - 4.20]
Mxd	=1.0	[0.1 - 1.0x10 ⁹ /L]			
Neut	=2.2	[1.8 - 7.5x10 ⁹ /L]			

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

Diagnosis:

1. Gouty arthritis?
2. Osteoarthritis??
3. Rheumatoid arthritis??

Treatment:

1. Paracetamol 500mg 1t po qid pnr pain (#30)
2. Ibuprofen 200mg 3t po bid (#50)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, Uric acid, RF at SHCH

Lab result on December 3, 2010

WBC	=12.2	[4 - 11x10 ⁹ /L]	Na	=143	[135 - 145]
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RBC	=2.9	[4.6 - 6.0x10 ¹² /L]
Hb	=5.9	[14.0 - 16.0g/dL]
Ht	=21	[42 - 52%]
MCV	=71	[80 - 100fl]
MCH	=21	[25 - 35pg]
MHCH	=29	[30 - 37%]
Plt	=363	[150 - 450x10 ⁹ /L]
Lym	=3.6	[1.0 - 4.0x10 ⁹ /L]
Mxd	=3.4	[0.1 - 1.0x10 ⁹ /L]
Neut	=5.2	[1.8 - 7.5x10 ⁹ /L]
RF	= negative	

K	=4.1	[3.5 - 5.0]
Cl	=116	[95 - 110]
BUN	=3.4	[0.8 - 3.9]
Creat	=162	[53 - 97]
Gluc	=5.6	[4.2 - 6.4]
T. Chol	=3.7	[<5.7]
TG	=0.8	[<1.7]
Uric Aci	=627	[200 - 420]

Patient who come for follow up and refill medicine

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

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Amlodipine 5mg 1/2t po qd for one month (#15)
2. Metformin 500mg 1t po bid for one month (#60)
3. Captopril 25mg 1/2t po bid for one month (buy)
4. Draw blood for Gluc and HbA1C at SHCH

Lab result on December 3, 2010

Gluc	=5.7	[4.2 - 6.4]
HbA1C	=6.2	[4 - 6]

2. Bith Yearng, 14F (Pal Hal Village)

Diagnosis:

1. PTB?

Treatment:

1. Sent patient to Kg Thom for CXR

3. Chan Khut, 64F (Sre Thom Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (#45)
2. ASA 300mg 1/4t po qd for three months (#23)

4. Chan Oeung, 60M (Sangke Roang Village)

Diagnosis:

1. HTN
2. Gouty arthritis
3. Renal insufficiency

Treatment:

1. Atenolol 50mg 1/2t po bid for one month (#30)
2. Ibuprofen 200mg 3t po bid prn severe pain for one month (#50)
3. Paracetamol 500mg 1t po qid prn pain for one month (#30)

5. Chan Thoeun, 52F (Sralou Srong Village)

Diagnosis:

1. Mild to moderate Aortic regurgitation

Treatment:

1. Enalapril 5mg 1/2t po qd for three months (# 45)

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

1. Gouty Arthritis

Treatment:

1. Ibuprofen 200mg 3t po tid prn severe pain (#30)
2. Paracetamol 500mg 1t po qid prn pain (#30)
3. Allopurinol 100mg 1t bid (buy)

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

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1t po bid for three months (buy)
2. Propranolol 40mg 1/4t po bid for three months (#45)

8. Chhim Neang, 48F (Thnal Keng Village)**Diagnosis:**

1. Anemia
2. Liver mass

Treatment:

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

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

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

Treatment:

1. Ca/Vit D₃ 500/400 2t po qid
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Ca²⁺, and Mg²⁺ at SHCH

Lab result on December 3, 2010

WBC	=8.6	[4 - 11x10 ⁹ /L]	Na	=141	[135 - 145]
RBC	=3.5	[4.6 - 6.0x10 ¹² /L]	K	=3.8	[3.5 - 5.0]
Hb	=8.1	[14.0 - 16.0g/dL]	Cl	=113	[95 - 110]
Ht	=26	[42 - 52%]	BUN	=13.0	[0.8 - 3.9]
MCV	=73	[80 - 100fl]	Creat	=566	[53 - 97]
MCH	=23	[25 - 35pg]	Gluc	=6.4	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	Ca ²⁺	=0.66	[1.12 - 1.32]
Plt	=313	[150 - 450x10 ⁹ /L]	Mg ²⁺	=1.4	[0.8 - 1.0]
Lym	=3.8	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=1.1	[0.1 - 1.0x10 ⁹ /L]			
Neut	=3.7	[1.8 - 7.5x10 ⁹ /L]			

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

1. DMII
2. Mastectomy

Treatment:

1. Metformin 1000mg (extended release) 1t po qhs
2. Draw blood for Lyte, Bun, Creat, Gluc and HbA1C at SHCH

Lab result on December 3, 2010

Na	=141	[135 - 145]
K	=4.1	[3.5 - 5.0]
Cl	=107	[95 - 110]
BUN	=1.7	[0.8 - 3.9]
Creat	=78	[44 - 80]
Gluc	=10.4	[4.2 - 6.4]
HbA1C	=10.5	[4 - 6]

11. Chourb Kim San, 57M (Rovieng Tbong Village)

Diagnosis:

1. HTN
2. Right side stroke with left side weakness
3. DMII
4. Gouty arthritis
5. Chronic renal failure

Treatment:

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

12. Eam Neut, 56F (Taing Treuk)

Diagnosis

1. HTN

Treatment

1. Atenolol 50 mg ½ t po bid for one month (#30)
2. Draw blood for Tot chol, TG at SHCH

Lab result on December 3, 2010

T. Chol	=6.2	[<5.7]
TG	=4.6	[<1.71]

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

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po tid for two months (buy)
2. Propranolol 40mg ¼ t po bid for two months (#30)

14. Heng Pheary, 33F (Thkeng Village)

Diagnosis:

1. Asthma

Treatment:

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

15. Heng Sokhourn, 42F (Otalauk Village)

Diagnosis:

1. Anemia

Treatment:

1. FeSO₄/Folate 200/0.4mg 1t po qd for two months (#60)
2. MTV 1t po qd for two months (#60)

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

1. Sciatica

Treatment:

1. Paracetamol 500mg 1t po qid prn pain for one month (#30)
2. Ibuprofen 200mg 2t po bid prn for one month (#40)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on December 3, 2010

WBC	=5.5	[4 - 11x10 ⁹ /L]	Na	=142	[135 - 145]
RBC	=4.6	[4.6 - 6.0x10 ¹² /L]	K	=3.9	[3.5 - 5.0]
Hb	=13.0	[14.0 - 16.0g/dL]	Cl	=110	[95 - 110]
Ht	=41	[42 - 52%]	BUN	=2.3	[0.8 - 3.9]
MCV	=90	[80 - 100fl]	Creat	=74	[53 - 97]
MCH	=29	[25 - 35pg]	Gluc	=6.0	[4.2 - 6.4]
MHCH	=32	[30 - 37%]			
Plt	=214	[150 - 450x10 ⁹ /L]			
Lym	=1.4	[1.0 - 4.0x10 ⁹ /L]			

17. Keth Chourn, 58M (Chhnourn Village)**Diagnosis:**

1. HTN

Treatment:

1. HCTZ 50mg 1t po qd for three months (# 90)

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

1. HTN

Treatment:

1. Nifedipine 20mg 1t po qd for one month (#30)
2. Do regular exercise, eat low salt/fats diet

19. Khorn Davy, 20F (Backdoang Village)**Diagnosis:**

1. Left distal femoral neck fracture

Treatment:

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

20. Kin Yin, 35F (Bos Pey Village)**Diagnosis:**

1. Hyperthyroidism
2. GERD

Treatment:

1. Methimazole 5mg 1t po bid for one month (#70)
2. Propranolol 40mg 1/4t po bid for one month (#15)
3. Famotidine 40mg 1t po qhs for one month (#30)
4. GERD prevention education

21. Kong Nareun, 35F (Taing Treuk Village)

Diagnosis:

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

Treatment:

1. Atenolol 50mg 1/4t po qd for two months (#15)
2. Spironolactone 25mg 1t po qd for two months (#60)
3. ASA 300mg 1/4t po qd for two months (#15)
4. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)

22. Kong Sam On, 55M (Thkeng Village)

Diagnosis:

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

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (buy)
2. Atenolol 100mg 1/2t po qd for one month (#15)
3. Amlodipine 5mg 1t po qd for one month (#30)
4. ASA 300mg 1/4t po qd for one month (#8)
5. Simvastatin 10mg 1t po qhs for one month (#30)

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

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po qd for one month (#30)
2. Captopril 25mg 1/4t po qd for one month (buy)
3. Educate on diabetic diet, regular exercise and foot care

24. Meas Ream, 88F (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)

25. Monn Sodaneth, 2F (Thnout Malou Village)

Diagnosis:

1. Pityriasis versicolor?

Treatment:

1. Ciclopirox 1% apply bid for one month (#1)
2. Fluticasone 0.05% apply bid for one month (#2)

26. Nong Khon, 59F (Thkeng Village)

Diagnosis:

1. HTN

Treatment:

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

27. Nung Sory, 62F (Thkeng Village)

Diagnosis:

1. HTN
2. Dyspepsia

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (#15)
2. Famotidine 40mg 1t po qhs for one month
3. Eat low salt diet, and do regular exercise

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

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (buy)
2. Metformin 500mg 1t po bid for one month (#60)
3. Captopril 25mg 1/2t po bid one month (buy)
4. ASA 300mg 1/4t po qd one month (#8)

29. Pen Vanna, 45F (Thnout Malou Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 1t po qd for one month (#30)
2. Captopril 25mg 1t po bid for one month (buy)
3. Review on diabetic diet, do regular exercise and foot care

30. Prum Rom Dourl, 30F (Taing Treuk Village)

Diagnosis:

1. Scabie infection

Treatment:

1. Diphenhydramine 25mg po qd prn pruritus (#30)

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

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po bid for one month (buy)
2. Propranolol 40mg 1/4t po bid for one month (#15)

32. Ros Sokun, 41F (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for one month (#120)
2. Captopril 25mg 1/4t po bid for one month (buy)
3. Educate on diabetic diet, low salt/fats, do regular exercise and foot care

33. Ros Yeth, 58M (Thnout Malou Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)

2. Metformin 500mg 2t po bid for one month (#120)
3. Captopril 25mg 1/4t po bid for one month (buy)

34. Roth Ven, 54M (Thkeng Village)

Diagnosis:

1. DMII

Treatment:

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

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

Diagnosis:

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

Treatment:

1. Atenolol 50mg 1t po qd for one month (buy)
2. ASA 300mg 1/2t po qd for one month (#15)
3. HCTZ 50mg 1/2t po qd for one month (#15)
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on December 3, 2010

WBC	=5.0	[4 - 11x10 ⁹ /L]	Na	=139	[135 - 145]
RBC	= 5.9	[3.9 - 5.5x10 ¹² /L]	K	=3.5	[3.5 - 5.0]
Hb	=13.3	[12.0 - 15.0g/dL]	Cl	=104	[95 - 110]
Ht	=44	[35 - 47%]	BUN	=2.0	[0.8 - 3.9]
MCV	= 75	[80 - 100fl]	Creat	= 103	[44 - 80]
MCH	= 23	[25 - 35pg]	Gluc	=6.2	[4.2 - 6.4]
MHCH	=30	[30 - 37%]			
Plt	=232	[150 - 450x10 ⁹ /L]			
Lym	=2.2	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=0.6	[0.1 - 1.0x10 ⁹ /L]			
Neut	=2.2	[1.8 - 7.5x10 ⁹ /L]			

36. Sam Yom, 62F (Chhnourn Village)

Diagnosis:

1. HTN

Treatment:

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

37. Say Soeun, 71F (Rovieng Cheung Village)

Diagnosis:

1. HTN
2. DMII
3. Dyspepsia

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Metformin 500mg 1t po bid for one month (# 60)
3. Captopril 25mg 1t po bid for one month (# 60)
4. Nifedipine 20mg 1t po qd for one month (# 35)
5. MTV 1t po qd for one month (# 30)
6. Famotidine 40mg 1t po qhs for one month (#30)

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

Diagnosis:

1. Gouty arthritis

Treatment:

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

Lab result on December 3, 2010

Na	=143	[135 - 145]
K	=5.0	[3.5 - 5.0]
Cl	=114	[95 - 110]
BUN	=4.4	[0.8 - 3.9]
Creat	=186	[53 - 97]
Gluc	=5.0	[4.2 - 6.4]
Uric acid	=673	[200 - 420]

39. Soeung Iem, 63M (Phnom Dek Village)

Diagnosis:

1. Parkinsonism

Treatment:

1. Levodopa/Benserazide 200/50mg 1/2t po tid for one month (buy)
2. MTV 1t po qd for one month (#30)

40. Som Hon, 51F (Thnal Keng Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (#15)
2. Eat low salt/fats diet, do regular exercise
3. Draw blood for Lyte, BUN, Creat, Gluc, TG and Tot chole at SHCH

Lab result on December 3, 2010

Na	=139	[135 - 145]
K	=4.1	[3.5 - 5.0]
Cl	=103	[95 - 110]
BUN	=3.3	[0.8 - 3.9]
Creat	=115	[44 - 80]
Gluc	=6.1	[4.2 - 6.4]
T. Chol	=6.9	[<5.7]
TG	=3.7	[<1.71]

41. Som Then, 34M (Rom Chek Village)

Diagnosis:

1. NS

Treatment:

1. Prednisolone 5mg 1t po qd (#30)

42. Sourn Rithy, 18M (Thnal Keng Village)

Diagnosis:

1. PTB
2. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1/2t po tid for one month (buy)
2. Propranolol 40mg 1/4t po bid for one month (#20)
3. TB treatment from local health center
4. Draw blood for Free T4 at SHCH

Lab result on December 3, 2010

Free T4=>100 [12.0 - 22.0]

43. Srey Sam, 60F (Ta Tong Village)

Diagnosis:

1. OA
2. RA??

Treatment:

1. Paracetamol 500mg 1t po qid prn pain/fever for one month (#30)
2. Ibuprofen 200mg 2t po bid for one month (#30)

44. Srey Thouk, 60F (Taing Treuk Village) (ST#PV00320)

Diagnosis:

1. HTN

Treatment:

1. Atenolol 50mg 1/2t po qd for four months (#60)
2. ASA 300mg 1/4t po qd for four months (#30)
3. Draw blood for Lyte, BUN, Creat, Gluc, Tot chole and TG at SHCH

Lab result on December 3, 2010

Na	=140	[135 - 145]
K	=4.4	[3.5 - 5.0]
Cl	=105	[95 - 110]
BUN	=1.9	[0.8 - 3.9]
Creat	=77	[44 - 80]
Gluc	=5.4	[4.2 - 6.4]
T. Chol	=6.3	[<5.7]
TG	=1.5	[<1.71]

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

Diagnosis:

1. DMII

Treatment:

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

Lab result on December 3, 2010

Gluc	=15.5	[4.2 - 6.4]
HbA1C	=12.3	[4 - 6]

46. Tann Sophannary, 24F (Thnout Malou Village)

Diagnosis:

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1/2t po qd (buy)

2. Draw blood for Free T4 at SHCH

Lab result on December 3, 2010

Free T4=15.52 [12.00 – 22.00]

47. Tann Sou Hoang, 51F (Rovieng Cheung Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for one month (#120)
2. Captopril 25mg 1/4t po qd for one month (buy)
3. ASA 300mg 1/4t po qd for one month (buy)

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

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (# 15)
2. Draw blood for Lyte, BUN, Creat, Gluc, Tot chole, and TG at SHCH

Lab result on December 3, 2010

Na	=143	[135 - 145]
K	=4.0	[3.5 - 5.0]
Cl	=106	[95 - 110]
BUN	=3.3	[0.8 - 3.9]
Creat	=87	[44 - 80]
Gluc	=5.4	[4.2 - 6.4]
T. Chol	=7.4	[<5.7]
TG	=0.5	[<1.71]

49. Thorng Khun, 43F (Thnout Malou Village)

Diagnosis:

1. Hyperthyroidsism
2. Sciatica
3. Vit Deficiency

Treatment:

1. Carbimazole 5mg 1t po tid for one month (buy)
2. Paracetamol 500mg 1t po qid prn pain for one month (#20)
3. MTV 1t po qd for one month (#30)

50. Thorng Khourn, 74F (Bakdoang Village)

Diagnosis:

1. Hepatitis C
2. Liver cirrhosis
3. Anemia

Treatment:

1. Furosemide 20mg 2t po qd for one month (#60)
2. Spironolactone 25mg 1t po bid (#60)
3. MTV 1t po qd (#30)
4. FeSO4/Folate 200/0.25mg 1t po qd (#30)

51. Thon Vansoeun, 53F (Backdoang Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (#15)
2. ASA 300mg 1/4t po qd for one month (#8)

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

Diagnosis:

1. HTN
2. Dyspepsia

Treatment:

1. Enalapril 5mg 2t po qd for one month (# 60)
2. Atenolol 50mg 1t po qd for one month (# 30)
3. Famotidine 40mg 1t po qhs (#30)

53. Un Chhorn, 47M (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po qd for one month (# 30)
2. Captopril 25mg 1/2t po bid for one month (buy)
3. Draw blood for Gluc and HbA1C at SHCH

Lab result on December 3, 2010

Gluc =14.8 [4.2 - 6.4]
HbA1C =9.8 [4 - 6]

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

Diagnosis:

1. HTN

Treatment:

1. Captopril 25mg 1t po bid for one month (#70)

55. Yoeung Chanthorn, 35F (Doang Village)

Diagnosis:

1. Epilepsy

Treatment:

1. Folic Acid 5mg 1t po qd for one month (#40)

56. You Hoen, 82M (Thnout Malou Village)

Diagnosis:

1. Hepatitis C
2. Liver cyst 20 x 17mm in left lobe
3. Right renal cyst 57 x 41mm

Treatment:

1. Advise to seek care at Phnom Penh

**The next Robib TM Clinic will be held on
January 3 - 7, 2011**