

# Robib *Telemedicine* Clinic

## Preah Vihear Province

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

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

On Monday, December 5, 2011, 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 6 & 7, 2011, the Robib TM Clinic opened to receive the patients for evaluations. There were 11 new cases and 3 follow up cases seen during this month, and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh on Wednesday and Thursday, December 7 & 8, 2011.

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

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

**From:** [Robibtelemed](#)

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

**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#) ; [Savoeun Chhun](#) ; [Robib School 1](#)

**Sent:** Monday, November 28, 2011 11:10 AM

**Subject:** Schedule for Robib Telemedicine Clinic December 2011

Dear all,

I would like to inform you that Robib TM Clinic for December 2011 will be starting on December 5 - 9, 2011.

The agenda for the trip is as following:

1. On Monday December 5, 2011, Driver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday December 6, 2011, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as word file then sent to both partners in Boston and Phnom Penh.
3. On Wednesday December 7, 2011, the activity is the same as on Tuesday
4. On Thursday December 8, 2011, download all the answers replied from both partners then treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday December 9, 2011, Draw blood from patients for lab test at SHCH then come back to Phnom Penh.

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

Best regards,  
Sovann

**From:** [Robibtelemed](#)

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

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

**Sent:** Tuesday, December 06, 2011 5:58 PM

**Subject:** Robib TM Clinic December 2011, Case#1, Hourn Narann, 25F

Dear all,

There are four new cases and two follow up cases for the first day of Robib Telemedicine clinic December 2011. This is case number 1, Hourn Narann, 25F 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:** Hourn Narann, 25F (Pal Hal Village)

**Chief Complaint (CC):** Epigastric pain x 5months

**History of Present Illness (HPI):** 25F, farmer, presented with symptoms of epigastric pain, burning sensation, radiated to the back, the pain got worse after eating. She went to consult with a doctor in Preah Vihear province and blood test done with result Helicobacter pylori positive and treated with two kinds of medicine bid (unknown name) for two week but not better. She denied of fever, nausea, vomiting, black/bloody stool.

**Past Medical History (PMH):** HBV hepatitis in June 2011

**Family History:** None

**SH:** No cig smoking, no tobacco chewing, no alcohol drinking

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** Regular menstrual period, LMP on November 25, 2011

**PE:**

**Vitals:** BP: 110/82

**P:** 73

**R:** 20

**T:** 37°C

**Wt:** 45Kg

**General:** Stable

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

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

**Abd:** Soft, mild tender on epigastric area, no distension, (+) BS, no HSM, several complete healed burning scars, no abdominal bruit

**Extremity/Skin:** No legs edema, no lesion

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

**Rectal exam:** good sphincter tone, no mass palpable, positive colochek

**Lab/study:** None

**Assessment:**

1. PUD

**Plan:**

1. Amoxicillin 500mg 2t po bid for 2w
2. Metronidazole 250mg 2t po bid for 2w
3. Omeprazole 1t po bid for 2w then continue for other one month
4. Metoclopramide 10mg 1t po qhs for 2w

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 6, 2011

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [chaurithy](mailto:chaurithy)

**To:** 'Robibtelemed'

**Cc:** 'Kruy Lim'

**Sent:** Thursday, December 08, 2011 11:10 AM

**Subject:** RE: Robib TM Clinic December 2011, Case#1, Hourn Narann, 25F

Dear Sovann,

Agree.

Rithy

**From:** [Cusick, Paul S.,M.D.](#)  
**To:** [Fiamma, Kathleen M.](#) ; [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com)  
**Cc:** [rithychau@sihosp.org](mailto:rithychau@sihosp.org)  
**Sent:** Thursday, December 08, 2011 4:29 AM  
**Subject:** RE: Robib TM Clinic December 2011, Case#1, Hourn Narann, 25F

Thanks for this consult.

I agree that the clinical presentation of epigastric pain and burning without black or bloody stool and H pylori + stool should be treated with 2 antibiotics and omeprazole and dietary changes to neutralize the acid and to eliminate the H Pylori.

Best of luck to her and to you.

Thank you  
Paul Cusick

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**From:** [Robibtelemed](#)  
**To:** [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Joseph Kvedar](#) ; [Paul Heinzelmann](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Tuesday, December 06, 2011 6:01 PM  
**Subject:** RobibTM clinic December 2011, Case#2, Khiev Kol, 22M

Dear all,

This is case number 2, Khiev Kol, 22M 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 Kol, 22M (Sangke Roang Village)

**Chief Complaint (CC):** Numbness and tingling x 1y

**History of Present Illness (HPI):** 22M, farmer, presented with previous dyspepsia and got treatment from local health center and several months later he developed numbness and tingling of extremity and body with muscle contraction. The muscle contraction occurred when something touched to the skin or spontaneous (during sleep). He feels itchy and scratched on the skin which causes some lesions. He also reported of difficult in passing urine or stool (strain for several minutes). He denied of insect bit, trauma, previous severe disease, drugs abuse and sexual contact.

**Past Medical History (PMH):** Unremarkable

**Family History:** None

**SH:** Single, No cig smoking, casual alcohol drinking, no heavy alcohol drinking

**Current Medications:** Traditional medicine

**Allergies:** NKDA

**Review of Systems (ROS):** Unremarkable

**PE:**

**Vitals:** BP: 128/105      P: 103      R: 20      T: 37°C  
**Wt:** 55Kg

**General:** Sick

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

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

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

**Extremity/Skin:** No legs edema, Ulcerated crust lesion on the foot (see pictures), (+) dorsalis pedis and posterior tibial pulse

**MS/Neuro:** Muscle Strength +5/5, Sensory decreased with light touch, normal with pin prick, DTRs hyperactive. I noticed muscle contraction (head, extremity and abd muscle) has occurred with touching to the skin (light or strong touch). Ex. light of arm and leg causes head shaking, put stethoscope on abdomen causes abdominal muscle contraction.

**Rectal exam:** good sphincter tone, no mass palpable, negative colocheck

**Genital exam:** normal genitalia, no lesion, no discharge, no tender

**Lab/study:**

Blood Sugar: 95mg/dl

U/A and HIV test will be done tomorrow then send to you

**Assessment:**

1. Vit Deficiency??
2. Nervous system dysfunction??



**Plan:**

1. MTV 1t po bid
2. Draw blood for CBC, Lyte, BUN, Creat, Ca<sup>2+</sup>, Mg<sup>2+</sup>, TSH, RPR 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 6, 2011**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** Mejia, Nichte I.,M.D.

**Sent:** Tuesday, December 06, 2011 1:48 PM

**To:** Fiamma, Kathleen M.

**Subject:** RE: RobibTM clinic December 2011, Case#2, Khiev Kol, 22M

Dear nurse Peng,

Thank you for sending information regarding your patient Khiev Kol. Seems like a systemic problem causing itching and maybe causing the twitching you observed. Great you are getting some laboratory studies. Would you be able to check his liver function test including bilirubin and ammonia? Problems with the liver that give elevated liver enzymes or bilirubin may lead to itching and sometimes twitching or myoclonus. Also sometimes kidney problems but I see you are already checking BUN.

Any toxin exposures that you know? Some pesticides may cause symptoms like these.

My main recommendation would be checking this patient's liver and kidney functions. Would include AST/ALT, total/direct/indirect bilirubin, ammonia.

I'd be glad to review a video of the patient's twitching if you are able to send this for my review, that would give me a bit more insight. Also happy to re-discuss after blood test results.

Best from Boston,

Nichte

**From:** [chaurithy](mailto:chaurithy)

**To:** 'Robibtelemed'

**Cc:** 'Kruy Lim'

**Sent:** Thursday, December 08, 2011 11:20 AM

**Subject:** RE: RobibTM clinic December 2011, Case#2, Khiev Kol, 22M

Dear Sovann,

Can you also recommend him to do a CXR to r/o PTB and Abd US for liver problem? Check his LFT and HBV and HCV. What was the result of his HIV test?

Consider melioidosis as well and tx accordingly. Is he 22 years old. The photo looks older than his stated age. Is he an alcoholic or former heavy drinker? You can give him MTV bid and B-complex IV and Albendazole tx for possible parasititis.

Rithy

**From:** [Robibtelemed](#)  
**To:** [chaurithy](#)  
**Sent:** Thursday, December 08, 2011 12:02 PM  
**Subject:** Re: RobibTM clinic December 2011, Case#2, Khiev Kol, 22M

Dear Rithy,

His HIV test is negative and his appearance look old but he is exactly 22y, not alcoholic and not previous heavy alcohol drinker. UA is not done due to he cannot pass urine.

I will talk to him and his family to have CXR and ultrasound done in Kg Thom and bring back next month follow up.

Thanks for your reply to all the cases.

Best regards,  
Sovann

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**From:** [Robibtelemed](#)  
**To:** [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Rithy Chau](#) ; [Joseph Kvedar](#) ; [Paul Heinzelman](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Tuesday, December 06, 2011 6:05 PM  
**Subject:** Robib TM Clinic December 2011, Case#3, Phon Bunna, 5F

Dear all,

This is case number 3, Phon Bunna, 5F 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:** Phon Bunna, 5F (Thnout Malou Village)

**Chief Complaint (CC):** Skin rash x 2y

**History of Present Illness (HPI):** 5F was brought to Telemedicine clinic complaining of skin rashes for 2y. The rashes appeared with vesicle and pustule with discharge, pruritus then crusted in several days on feet. She was treated by local health care worker with IM injection (unknown name medicine), She rashes has gone and reappeared in one year. She got other IM injection in July 2011 but not better.

**Past Medical History (PMH):** Pneumonia diagnosed by Kantha Bopha hospital in 2006



**Family History:** No family member with skin rash

**SH:** Complete national vaccination

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** Unremarkable

**PE:**

**Vitals:** BP: P: 120 R: 24 T: 36.5°C Wt: 12Kg

**General:** Stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva

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

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

**Skin:** Some crust lesion on the feet (see pictures)

**Lab/study:** None



**Assessment:**

1. Impetigo

**Plan:**

1. Cephalexin 125mg po tid for 10d
2. Bacitracin Zinc cream apply on the lesion bid

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

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

**Examined by:** Nurse Sovann Peng

**Date:** December 6, 2011

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [chaurithy](mailto:chaurithy)

**To:** 'Robibtelemed'

**Cc:** 'Kruy Lim'

**Sent:** Thursday, December 08, 2011 10:57 AM



**Subject:** RE: Robib TM Clinic December 2011, Case#3, Phon Bunna, 5F

Dear Sovann,

Besides Impetigo, the rashes maybe an eczema or dermatitis. If the infected lesions was there over 2 years, then you may need to consider meleoidosis and tx her with Cotrim (at least 1 mo) and Augmentin (2 wks) instead of Cephalexin. Certirzine or Chlorpheniramine will help with the itching and also cover for worm infection—give Albendazole as well for 5days.

Rithy

**From:** Tran, Thanh-Nga T.,M.D.,Ph.D.

**Sent:** Wednesday, December 07, 2011 2:20 PM

**To:** Fiamma, Kathleen M.

**Subject:** RE: Robib TM Clinic December 2011, Case#3, Phon Bunna, 5F

It does look like impetigo. Could be staph or streph. Must r/o fungal infection. I would treat w mupirocin and econazole if no ability to do a KOH

Thanks

Tnt

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**From:** [Robibtelemed](#)

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

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

**Sent:** Tuesday, December 06, 2011 6:06 PM

**Subject:** Robib TM Clinic December 2011, Case#4, Phork Vann, 60F

Dear all,

This is case number 4, Phork Vann, 60F 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:** Phork Vann, 60F (Bakdoang Village)

**Chief Complaint (CC):** Skin pruritus x 2y

**History of Present Illness (HPI):** 60F, farmer, presented with skin pruritus, skin color changed to black then some area became white (head, upper back and chest, fingers) and joint pain on PIP, wrist, should and knee. She got treatment with cream bought from local pharmacy but not better. She denied of fever, dyspnea, dysphagia, GI problem.

**Past Medical History (PMH):** Unremarkable

**Family History:** No family member with skin disease

**SH:** No cig smoking, no tobacco chewing, no alcohol drinking

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** 20y post menopause

**PE:**

**Vitals:** BP: 115/80      P: 87      R: 20      T: 36°C  
**Wt:** 30Kg

**General:** Stable

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

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

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

**Skin:** Thicken and hard skin, Hyperpigmentation, and hypopigmentation on some area as head, upper chest, upper back and finger

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

**Lab/study:**

BS: 110mg/dl

**Assessment:**

1. Scleroderma
2. Vertiligo

**Plan:**

1. Cetirizine 10mg 1t po qd for pruritus



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 6, 2011**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [chaurithy](#)

**To:** '[Robibtelemed](#)'

**Cc:** '[Kruy Lim](#)'

**Sent:** Thursday, December 08, 2011 10:48 AM

**Subject:** RE: Robib TM Clinic December 2011, Case#4, Phork Vann, 60F

Dear Sovann,

I don't think this is scleroderma, but I agree that it most likely be vertigo. You can give her some antifungal cream (Clotrimazole cream) and sun block for her.

Rithy

**From:** [Fiamma, Kathleen M.](#)

**To:** [Robib Telemed](#)

**Cc:** [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

**Sent:** Thursday, December 08, 2011 4:10 AM

**Subject:** FW: Robib TM Clinic December 2011, Case#4, Phork Vann, 60F

Hello Sovann & Rithy:

*I hope you are well.*

*Question for you:*

*The response below is from Dr. Tran at Massachusetts General Hospital. She (and the rest of our physicians) would benefit greatly if you could give us an idea of what medications and testing facilities are now available to you. I suspect some things may have changed since our team visited you, so if you could let us know this information, we would be very grateful.*

**Response:**

This case could be morphea (if localized) or scleroderma (if systemic). I am unclear whether she gets contraction of her fingers but that is possible that she has early sclerodactyly. I suppose it will be hard to do labs there and she will need some tests to make sure no systemic involvement. Difficult to treat. Consider topical steroids or systemic steroids and long term need to be steroids sparing agent (if systemic symptoms). What is available in cambodia?

Thanks

Thanh-Nga T. Tran, MD PhD  
Department of Dermatology  
Massachusetts General Hospital  
50 Staniford Avenue, Suite 200  
Boston, MA 02114

**From:** [Robibtelemed](#)

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

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

**Sent:** Tuesday, December 06, 2011 6:08 PM

**Subject:** Robib TM Clinic December 2011, Case#5, Chourn Panha, 17M

Dear all,

This is case number 5, Chourn Panha, 17M and photos.

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:** Chourn Panha, 17M (Thnout Malou Village)

**Subject:** 17M with diagnosis of Guillain-Barré syndrome?, and Pott's Disease?, Vitamin deficiency? in November 2011, and was treated with Vit B complex and Multivitamin. His condition became better with ability to walk but he still feels difficulty. He has normal appetite, bowel movement and urination, no fever.

**Medication:**

1. MTV 1t po bid
2. Vit B complex

**Allergies:** NKDA

**Object:**

**PE:**

**Vitals:** BP: 116/72 P: 96 R: 20 T: 36.5°C

**Wt:** 46Kg

**General:** Stable

**HEENT:** Unremarkable

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

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

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



**MS/Neuro:** MS +5/5; Motor and Sensory intact; DTRs +2/2

**Lab/study:**

CXR and Lumbar x-ray attached



**Assessment:**

1. Guillain-Barré syndrome ?
2. Vitamin deficiency ?

**Plan:**

1. MTV 1t po bid

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

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

**Examined by:** Nurse Sovann Peng

**Date:** December 6, 2011

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**From:** [chaurithy](#)

**To:** 'Robibtelemed'

**Cc:** 'Kruy Lim'

**Sent:** Thursday, December 08, 2011 10:41 AM

**Subject:** RE: Robib TM Clinic December 2011, Case#5, Chourn Panha, 17M

Dear Sovann,

I don't see any lesion on the x-rays, but can you forward the x-rays to Dr. Gary in Boston to review and comment?

Also give him Vit B1 and B6 for at least 3-6 months if available.

Rithy

**From:** [Robibtelemed](#)

**To:** [Radiology Boston](#)

**Cc:** [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#)

**Sent:** Thursday, December 08, 2011 11:02 AM

**Subject:** Fw: Robib TM Clinic December 2011, Case#5, Chourn Panha, 17M

Dear Dr. Garry,

Could you please help to review on CXR and spine x-ray of patient with extremity weakness of Robib Telemedicine. He has it done in November 2011.

Best regards,  
Sovann

**From:** [Garry Choy](#)  
**To:** [Robibtelemed](#)  
**Cc:** [Radiology Boston](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#)  
**Sent:** Thursday, December 08, 2011 11:09 AM  
**Subject:** Re: Robib TM Clinic December 2011, Case#5, Chourn Panha, 17M

Hi Sovann,

The CXR is clear. The x-ray of the spine is only on frontal view so limited for evaluation of true alignment / spinal stenosis. On frontal view, the vertebral body heights are intact without evidence of intervertebral joint space destruction to indicate pathology such as discitis. No significant degenerative changes of the bones.

best regards,  
Garry

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**From:** [Robibtelemed](#)  
**To:** [Joseph Kvedar](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Rithy Chau](#) ; [Kruy Lim](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Tuesday, December 06, 2011 6:11 PM  
**Subject:** Robib TM Clinic December 2011, Case#6, Rorn Cha, 45F

Dear all,

This is the last case for the first day of Robib TM clinic December 2011, case #6, Rorn Cha, 45F and photos.

Please wait for other cases which will be sent to you tomorrow. Thank you very much for your cooperation and support in this project.

Best regards,  
Sovann

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

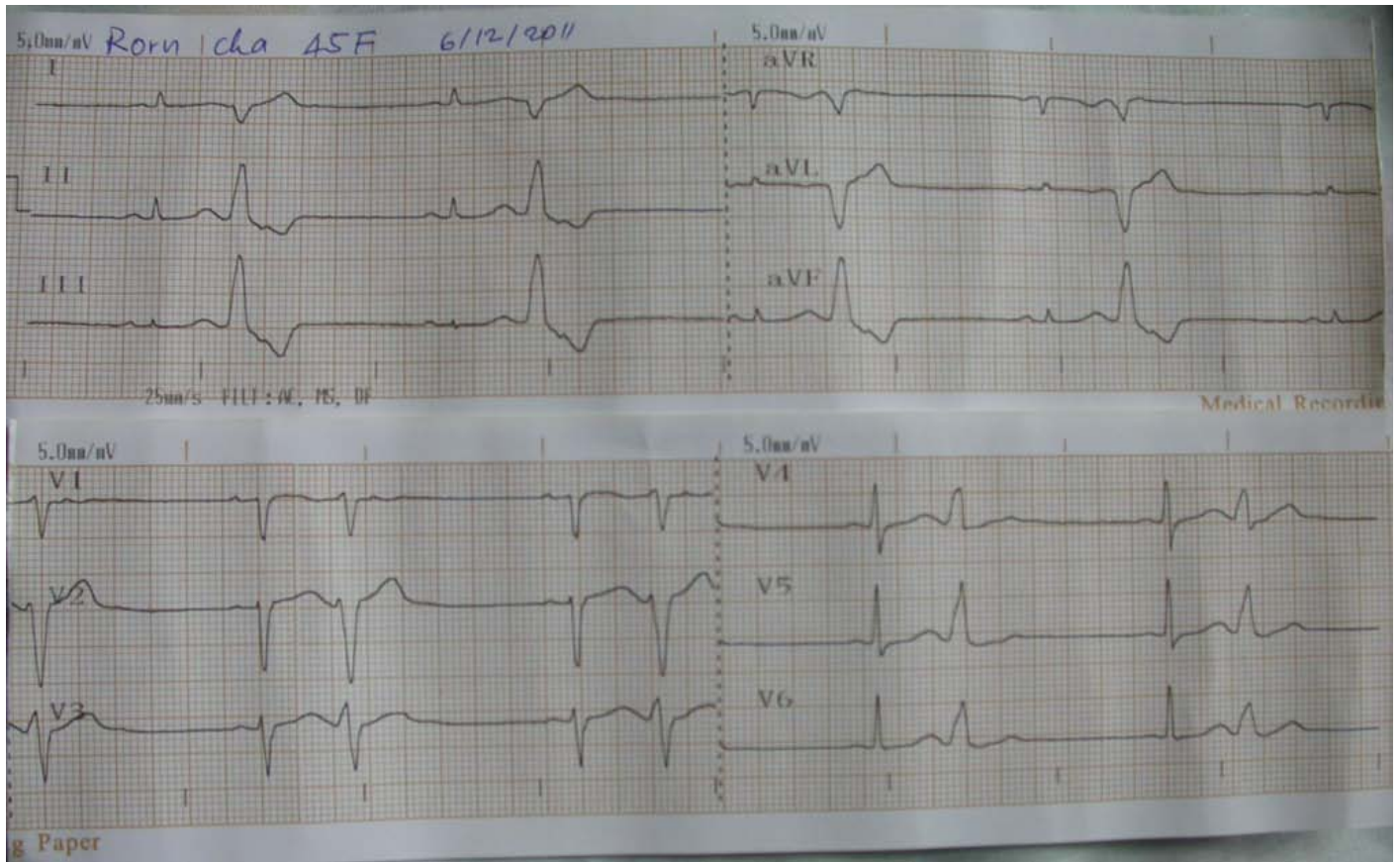
SOAP Note



**Name/Age/Sex/Village:** Rorn Cha, 45F (Doang Village)

**Subject:** 45F was seen in November 2011, and diagnosed with GERD, Goiter, bradycardia and treated with Omeprazole. She said she feels better, less epigastric burning pain, no fever, no dizziness, no chest pain, no diaphoresis, no nausea, no vomiting, no oliguria, no dysuria, no edema. She didn't take traditional medicine or other medicine in the previous times.





**Medication:**

1. Omeprazole 20mg 1t po qhs

**Allergies:** NKDA

**Object:**

**PE:**

**Vitals:** BP: 139/74    P: 40    R: 20    T: 36.5°C    Wt: 50Kg    O2sat: 98%

**General:** Stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no icterus, thyroid enlargement about 3 x 5cm, smooth, regular border, mobile on swallowing, no tender, no bruit, no lymph node palpable, no JVD

**Chest:** CTA bilaterally, no rales, no rhonchi; H bradycardia with irregular rhythm, no murmur

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

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

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



**Lab/study:**

**Done November 4, 2011**

WBC =5.2	[4 - 11x10 <sup>9</sup> /L]	Na =140	[135 - 145]
RBC =4.8	[3.9 - 5.5x10 <sup>12</sup> /L]	K =3.1	[3.5 - 5.0]
Hb =11.8	[12.0 - 15.0g/dL]	Cl =105	[95 - 110]
Ht =37	[35 - 47%]	BUN =3.9	[0.8 - 3.9]
MCV =77	[80 - 100fl]	Creat =76	[44 - 80]
MCH =25	[25 - 35pg]	Gluc =5.1	[4.2 - 6.4]
MHCH=32	[30 - 37%]	Free T4=15.27	[12.0 - 22]
Plt =169	[150 - 450x10 <sup>9</sup> /L]	TSH =2.27	[0.27 - 4.20]
Lym =1.9	[1.0 - 4.0x10 <sup>9</sup> /L]		
Mxd =0.8	[0.1 - 1.0x10 <sup>9</sup> /L]		
Neut =2.5	[1.8 - 7.5x10 <sup>9</sup> /L]		

EKG: Brady arrhythmia

**Assessment:**

1. GERD
2. Goiter
3. Bradyarrhythmia

**Plan:**

1. Cimetidine 200mg 1t po qhs for one month
2. Ca<sup>2+</sup>, Mg<sup>2+</sup> at SHCH
3. Send patient to have CXR in referral hospital tomorrow

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 6, 2011**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [Robibtelemed](mailto:Robibtelemed)

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

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

**Sent:** Wednesday, December 07, 2011 5:04 PM

**Subject:** CXR of Case#6, Rorn Cha, 45F

Dear all,

This is the CXR of patient case#6, Rorn Cha, 45F done today.

Best regards,  
Sovann

**From:** [chaurithy](#)  
**To:** 'Robibtelemed'  
**Cc:** 'Kruy Lim'  
**Sent:** Thursday, December 08, 2011 10:34 AM  
**Subject:** RE: CXR of Case#6, Rorn Cha, 45F

Dear Sovann,

From the cardiac exam, ECG and CXR, the assessment pointed to cardiac problem: CHF, VHD, cardiomyopathy, cardiac conduction problem, etc.? Please send her for a cardiac 2D echo and further evaluation at a cardiac center. You can refer her to Calmette Cardiac Center.

Rithy

**From:** [Garry Choy](#)  
**To:** [Robibtelemed](#)  
**Cc:** [Radiology Boston](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, December 07, 2011 11:25 PM  
**Subject:** Re: CXR of Case#6, Rorn Cha, 45F

Dear all,  
Regarding this case - the CXR shows the following:

Mildly enlarged cardiac contour likely due to cardiomegaly (also keep in back of differential, a pericardial effusion also can result in similar appearance). Clear lungs. No pneumonia or pulmonary edema. No pleural effusion.

best regards,  
Garry

---

**From:** [Robibtelemed](#)  
**To:** [Cornelia Haener](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, December 07, 2011 5:07 PM  
**Subject:** Robib TM Clinic December 2011, Case#7, Dourng Sopheap, 37F

Dear all,

There are seven new cases and one follow up case for second day of Robib TM Clinic December 2011. This is case number 7, continued from yesterday, Dourng Sopheap, 37F 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:** Dourng Sopheap, 37F (Thnal Keng Village)

**Chief Complaint (CC):** Palpitation and tremor x 1y

**History of Present Illness (HPI):** 37F, farmer, presented with palpitation, tremor, insomnia, heat intolerance and she went to consult with doctor in Kg Thom province and treated with three kind of medicine for 1w which make her feel better. In August 2011, she presented with above symptoms then went to see the same doctor and blood test done and told she had toxic goiter and treated with Carbimazole 5mg 2t bid, Propranolol 40mg 1/2t po bid, Trimetazidine 20mg 1t bid, Furosemide 40mg 1t bid and Amlodipine 5mg 1t qd. She became a bit better after taking medicine. She denied of sore throat, dysphagia, dysphonia.

**Past Medical History (PMH):** Unremarkable

**Family History:** Sister with goiter

**SH:** No cig smoking, no tobacco chewing, casually alcohol drinking

### Current Medications:

1. Carbimazole 5mg 2t bid
2. Propranolol 40mg 1/2t po bid
3. Trimetazidine 20mg 1t bid
4. Furosemide 40mg 1t bid
5. Amlodipine 5mg 1t qd
6. Contraceptive injection every three months

**Allergies:** NKDA

**Review of Systems (ROS):** Unremarkable

**PE:**

**Vitals:** BP: 131/76      P: 98      R: 20      T: 37°C  
**Wt:** 52Kg



**General:** Stable

**HEENT:** Diffuse neck mass, smooth surface, mobile on swallowing, no tender, no bruit; No oropharyngeal lesion, pink conjunctiva, no lymph node palpable, no JVD

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

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

**Extremity/Skin:** No legs edema, shiny skin

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

**Lab/study:** None

**Assessment:**

1. Hyperthyroidism

**Plan:**

1. Carbimazole 5mg 2t bid
2. Propranolol 40mg 1/2t po bid
3. Draw blood for TSH, 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 7, 2011

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [Barbesino, Giuseppe, M.D.](#)

**To:** [Fiamma, Kathleen M.](#); [rithychau@sihosp.org](mailto:rithychau@sihosp.org); [ROBIB](#)

**Sent:** Thursday, December 08, 2011 4:01 AM

**Subject:** FW: Robib TM Clinic December 2011, Case#7, Dourng Sopheap, 37F

History is consistent with Graves' disease and hyperthyroidism. I agree with monitoring FT4 and TSH and adjust the carbimazole dose consequently. During treatment with methimazole I also typically check ALT/AST bilirubin, and CBC to monitor for liver disease and agranulocytosis.

Giuseppe Barbesino M.D.

**From:** [chaurithy](#)

**To:** '[Robibtelemed](#)'

**Cc:** '[Cornelia Haener](#)'; '[Kruy Lim](#)'

**Sent:** Thursday, December 08, 2011 8:13 AM

**Subject:** RE: Robib TM Clinic December 2011, Case#7, Dourng Sopheap, 37F

Sovann,

Agree with assessment. Also check her CBC.

Rithy



**From:** [Robibtelemed](#)

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

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

**Sent:** Wednesday, December 07, 2011 5:08 PM

**Subject:** Robib TM Clinic December 2011, Prum Navy, 38F

Dear all,

This is case number 8, Prum Navy, 38F 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:** Prum Navy, 38F (Bos Village)

**Chief Complaint (CC):** Neck mass x 1y

**History of Present Illness (HPI):** 38F, farmer, presented with neck mass about a thumb size on left side of anterior neck, palpitation, insomnia and tremor. She didn't get treatment or sought medical consultation. She denied of fever, CP, dysphagia, weight loss.

**Past Medical History (PMH):** Unremarkable

**Family History:** None

**SH:** Breast feeding of baby 10months old, no cig smoking, no alcohol drinking

**Current Medications:**

1. Traditional medicine after delivery

**Allergies:** NKDA

**Review of Systems (ROS):** Epigastric pain, burning sensation, bloating, on/off burping, radiated to the back, no black/bloody stool

**PE:**

**Vitals:** BP: 115/68

**P:** 85

**R:** 20

**T:** 37°C

**Wt:** 42Kg

**General:** Stable





**HEENT:** Neck mass about 2x3cm on left side anterior neck, smooth surface, mobile on swallowing, no tender, no bruit, No oropharyngeal lesion, pink conjunctiva, no icterus, no lymph node palpable, no JVD

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

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

**Extremity/Skin:** No legs edema, no lesion

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

**Lab/study:** None

**Assessment:**

1. Thyroid cyst
2. Dyspepsia

**Plan:**

1. Cimetidine 200mg 1t po qhs for one month
2. Mebendazole 500mg 1t po once
3. Draw blood for 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 7, 2011**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [chaurithy](mailto:chaurithy)

**To:** '[Robibtelemed](mailto:Robibtelemed)'

**Cc:** '[Kruy Lim](mailto:Kruy Lim)'; '[Cornelia Haener](mailto:Cornelia Haener)'

**Sent:** Thursday, December 08, 2011 8:09 AM

**Subject:** RE: Robib TM Clinic December 2011, Prum Navy, 38F

Sovann,

Same management plan as I wrote earlier for Son Sean, 39F.

Rithy

**From:** [chaurithy](#)  
**To:** ['Robibtelemed'](#)  
**Cc:** ['Kruy Lim'](#) ; ['Cornelia Haener'](#)  
**Sent:** Thursday, December 08, 2011 8:10 AM  
**Subject:** RE: Robib TM Clinic December 2011, Prum Navy, 38F

But for this patient, no need to give propranolol.  
Rithy

**From:** [Cusick, Paul S.,M.D.](#)  
**To:** [Fiamma, Kathleen M.](#) ; [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com)  
**Cc:** [rithychau@sihosp.org](mailto:rithychau@sihosp.org)  
**Sent:** Thursday, December 08, 2011 4:26 AM  
**Subject:** RE: Robib TM Clinic December 2011, Prum Navy, 38F

I agree that a mobile non tender mass on one side of the neck in the absence of other enlarged lymph nodes with a tremor, insomnia and palpitation could represent a thyroid nodule or cyst.  
I would agree that a TSH would be helpful.  
Is there any way that she could get a thyroid ultrasound?

Also, cimetidine for the burning (likely gastroesophageal reflux) is a good idea.

best of luck to you and to her.

Paul Cusick

---

**From:** [Robibtelemed](#)  
**To:** [Cornelia Haener](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Kathy Fiamma](#) ; [Rithy Chau](#) ; [Kruy Lim](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, December 07, 2011 5:10 PM  
**Subject:** Robib TM Clinic December 2011, Case#9, Son Sean, 39F

Dear all,

This is case number 9, Son Sean, 39F 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:** Son Sean, 39F (Bakdoang Village)

**Chief Complaint (CC):** Palpitation x 2 months

**History of Present Illness (HPI):** 39F, farmer, presented with palpitation, tremor, insomnia, heat intolerance and noticed a small lump

on anterior of the neck. She come to health center and was advised to consult with Telemedicine. She denied of fever, SOB, dysphonia, dysphagia.

**Past Medical History (PMH):** Unremarkable

**Family History:** None

**SH:** No cig smoking, no tobacco chewing, no alcohol drinking

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** Regular menstruation, epigastric pain, burning sensation, radiate to the back, bloating, no black/bloody stool, no nausea, no vomiting

**PE:**

**Vitals:** BP: 118/78      P: 109      R: 20      T: 36.5°C  
**Wt:** 40Kg

**General:** Stable

**HEENT:** A mass about 1 x 2cm on anterior of neck, smooth surface, mobile on swallowing, no tender, no bruit; No oropharyngeal lesion, pink conjunctiva, no lymph node palpable, no JVD

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

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

**Extremity/Skin:** No legs edema, no lesion

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

**Rectal exam:** good sphincter tone, no mass palpable, negative colcheck

**Lab/study:** None

**Assessment:**

1. Thyroid cyst
2. Dyspepsia

**Plan:**

1. Cimetidine 200mg 1t po qhs for one month
2. Mebendazole 500mg 1t po once
3. Draw blood for 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 7, 2011**

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**From:** [Barbesino, Giuseppe, M.D.](#)

**To:** [Fiamma, Kathleen M.](#) ; [rithychau@sihosp.org](mailto:rithychau@sihosp.org) ; [ROBIB](#)

**Sent:** Thursday, December 08, 2011 3:58 AM

**Subject:** RE: Robib TM Clinic December 2011, Case#9, Son Sean, 39F

I agree that hyperthyroidism is a possible explanation, possibly from a hot thyroid nodule. TSH and FT4 should be done to confirm or rule-out.

If confirmed, then treatment with methimazole can be considered, or radioactive iodine if available

Giuseppe Barbesino M.D.

**From:** [chaurithy](#)

**To:** '[Robibtelemed](#)'

**Cc:** '[Kruy Lim](#)'; '[Cornelia Haener](#)'

**Sent:** Thursday, December 08, 2011 7:59 AM

**Subject:** RE: Robib TM Clinic December 2011, Case#9, Son Sean, 39F

Sovann,

Agree with assessment. May want to consider hyperthyroidism with a few sx mentioned. Check her CBC and T4 also. Add low dose propranolol may help with palpitation—Propranolol 40mg ¼ bid.

Rithy

**From:** [chaurithy](#)

**To:** '[Robibtelemed](#)'

**Cc:** '[Kruy Lim](#)'; '[Cornelia Haener](#)'

**Sent:** Thursday, December 08, 2011 8:07 AM

**Subject:** RE: Robib TM Clinic December 2011, Case#9, Son Sean, 39F

Sovann,

Can she go to K Thom for US of neck?

Rithy

**From:** [Robibtelemed](#)

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

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

**Sent:** Wednesday, December 07, 2011 5:12 PM

**Subject:** Robib TM Clinic December 2011, Heum Pho, 40F

Dear all,

This is case number 10, Heun Pho, 40F 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:** Heum Pho, 40F (Svay Pat Village)

**Chief Complaint (CC):** Polyuria x 3y

**History of Present Illness (HPI):** 40F, farmer, presented with symptoms of polyuria, polyphagia, polydipsia, fatigue, weight loss and noticed the ants come around her urine. She suspected of having diabetes so she went to consult with private clinic with blood sugar high and treated with Glibenclamide 5mg 1t po qd and traditional medicine. She didn't feel better after treatment and got advise from diabetes patient nearby her home so she bought and took Metformin 500mg 1t bid and Glibenclamide 5mg 1t po bid. She didn't take medication regularly because she has not had enough money to buy medicine. She denied of fever, SOB, GI problem, oliguria, dysuria, numbness/tingling.

**Past Medical History (PMH):** Malaria in 1991

**Family History:** None

**SH:** Tobacco chewing, no cig smoking, no alcohol drinking

**Current Medications:**

1. Metformin 500mg 1t po bid on/off
2. Glibenclamide 5mg 1t po bid on/off

**Allergies:** NKDA

**Review of Systems (ROS):** Unremarkable

**PE:**

**Vitals:** BP: 95/60      P: 90      R: 20      T: 37°C      Wt: 51Kg

**General:** Stable

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

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

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

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

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

**Lab/study:**

RBS: 216mg/dl

U/A: glucose 4+, no protein, no ketone, no leukocyte

**Assessment:**

1. DMII

**Plan:**

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po bid
3. Stop traditional medicine
4. Educate on diabetic diet, foot care and do regular exercise
5. Draw blood for Glucose, Creat, 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:** December 7, 2011

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**From:** [chaurithy](#)

**To:** '[Robibtelemed](#)'

**Cc:** '[Kruy Lim](#)'

**Sent:** Thursday, December 08, 2011 7:56 AM

**Subject:** RE: Robib TM Clinic December 2011, Heum Pho, 40F

Sovann,

Agree, but start her on just Metformin 500mg bid first since she had not taken any med at all recently (?) and reassess next month to increase dose or add glibenclamide if needed.

Rithy

---



**From:** [Robibtelemed](#)

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

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

**Sent:** Wednesday, December 07, 2011 5:13 PM

**Subject:** Robib TM Clinic December 2011, Case#11, Preum Proy, 52M

Dear all,

This is case number 11, Preum Proy, 52M 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:** Preum Proy, 52M (Thnout Malou Village)

**Chief Complaint (CC):** Fatigue and polyuria x 10y

**History of Present Illness (HPI):** 52M, teacher, presented with symptoms of fatigue, polyuria, polyphagia, polydypsia, weight loss and noticed the ants come around his urine. He suspected of having diabetes and took traditional medicine. Because of having the same symptoms, he went to consult with doctor in Kg Thom province and diagnosed him with diabetes, treated with Glibenclamide 5mg 2t po bid. He took medicine when presented with symptoms because he had no enough money to buy. He denied of numbness/tingling, dysuria, foot wound.

**Past Medical History (PMH):** PTB with complete treatment in 1990

**Family History:** None

**SH:** Cig smoking, stopped for 20y, casually alcohol drinking

**Current Medications:**

1. Glibenclamide 5mg 2t po bid

**Allergies:** NKDA

**Review of Systems (ROS):** Unremarkable

**PE:**

**Vitals:** BP: 152/80 (both arms) P: 106 R: 20 T: 37°C Wt: 64Kg

**General:** Stable

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

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

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

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

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

**Lab/study:**

RBS: 251mg/dl

U/A: glucose 4+, no protein, no ketone, no leukocyte

**Assessment:**

1. DMII
2. HTN

**Plan:**

1. Glibenclamide 5mg 1t po bid
2. Captopril 25mg 1/4t po bid
3. Educate on diabetic diet, foot care and do regular exercise
4. Draw blood for Glucose, Creat, 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: December 7, 2011**

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**From:** [chaurithy](#)

**To:** '[Robibtelemed](#)'

**Cc:** '[Kruy Lim](#)'

**Sent:** Thursday, December 08, 2011 7:52 AM

**Subject:** RE: Robib TM Clinic December 2011, Case#11, Preum Proy, 52M

Dear Sovann,

Agree with assessment. Can include Chem in his labs. Also start him on Metformin 500mg bid but he needs to stick to the treatment plan. Can increase dosage for Captopril ½ bid and ASA ¼ qd.

Rithy

**From:** [Robibtelemed](#)

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

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

**Sent:** Wednesday, December 07, 2011 5:14 PM

**Subject:** Robib TM Clinic December 2011, Case#12, Som Dina, 45F

Dear all,

This is case number 12, Som Dina, 45F 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:** Som Dina, 45F (Rovieng Tbong Village)

**Chief Complaint (CC):** Joint pain x 2y

**History of Present Illness (HPI):** 45F, farmer, with past history of joint pain when she was 24 years old. She presented with symmetric pain of joints as finger, wrist, elbow, knee and ankle, swelling and morning stiffness. She got treatment locally for about 3 months with IM injection and oral medicine (unknown name) which cured her joint pain. Since then she had no symptoms of joint pain until this two years when she started mild pain only on left knee. These 10d, the joint pain got worse with swelling, warmth, and morning stiffness. the stiff became better after few hours of activity. During these two years, she didn't take any medicine or consultation. She denied of trauma to the joint

**Past Medical History (PMH):** Unremarkable

**Family History:** Aunt with joint pain

**SH:** No cig smoking, no tobacco chewing, no alcohol drinking

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** Regular menstrual period

**PE:**

**Vitals:** BP: 134/74

**P:** 77

**R:** 20

**T:** 37°C

**Wt:** 50Kg

**General:** Stable

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

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

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

**Left knee joint:** mild swelling, tender, stiffness and warmth; other joints exam are normal

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

**Lab/study:** None

**Assessment:**

1. Osteoarthritis
2. Septic arthritis??

**Plan:**

1. Ibuprofen 200mg 3t po bid for 10d
2. Warmth compression on the left knee
3. Draw blood for CBC, Creat, and ESR, RF at SHCH

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

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

**Examined by:** Nurse Sovann Peng

**Date:** December 7, 2011

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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

**Sent:** Thursday, December 08, 2011 5:38 PM

**To:** Fiamma, Kathleen M.

**Subject:** RE: Robib TM Clinic December 2011, Case#12, Som Dina, 45F

12/08/2011

The patient is a 45-year-old woman with left knee pain and swelling. She has had mild left knee discomfort for 2 years. Recently the knee became swollen, warm and painful. On examination the knee is described as having mild swelling, warmth and tenderness. No other joints are involved. At age 24 she had pain in her hands, wrists, elbows, knees with swelling and stiffness. This resolved after 3 months of treatment with medication.

The diagnosis of knee pain and swelling can be extensive. In the absence of fever and in the presence of only mild swelling, infection is unlikely. She is too young generally for diagnosis of osteoarthritis unless there is a history of trauma in the past. Gout is a common cause of acute pain and swelling in a single joint but is not likely in a woman

who is premenopausal.

This could be a mechanical problem in the knee such as a meniscal tear. This could be a manifestation of inflammatory joint diseases such as rheumatoid arthritis especially in a person who has had a prior history of polyarthritis.

I would recommend conservative treatment with an anti-inflammatory agent such as ibuprofen up to 600 mg 3 times a day. We will then see how she does.

George L. Cohen, M.D.

---

**From:** [chaurithy](#)

**To:** 'Robibtelemed'

**Cc:** 'Kruy Lim'

**Sent:** Thursday, December 08, 2011 7:48 AM

**Subject:** RE: Robib TM Clinic December 2011, Case#12, Som Dina, 45F

Dear Sovann,

Agree with management. If you strongly suspected septic arthritis, you can go ahead and give Abx tx like Augmentin. Check her Uric Acid level also and no need for ESR.

Rithy

---

**From:** [Robibtelemed](#)

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

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

**Sent:** Wednesday, December 07, 2011 5:16 PM

**Subject:** Robib TM Clinic December 2011, Case#13, Thourn Nhorn, 41F

Dear all,

This is case number 13, Thourn Nhorn, 41F 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:** Thourn Nhorn, 41F (Svay Pat Village)

**Chief Complaint (CC):** Polyuria x 2y

**History of Present Illness (HPI):** 41F, farmer, presented with symptoms of polyuria, polyphagia, polydypsia, fatigue, weight loss and noticed the ants come around her urine. She went to consult with doctor in private clinic with blood sugar 270mg/dl and treated with Metformin 500mg 1t po bid. She took medication but not regularly because no

enough money to buy. In the previous two months, she went to the clinic again and her blood sugar still high and blood pressure 150/? so she was treated with Metformin 500mg 1t po bid, Glibenclamide 5mg 1t po bid, Atenolol 50mg 1t po qd and Furosemide 40mg 1/4t po qd. She felt a bit better. She denied numbness/tingling, dysuria, hematuria, foot wound.

**Past Medical History (PMH):** Unremarkable

**Family History:** None

**SH:** No tobacco chewing, no cig smoking, no alcohol drinking

**Current Medications:**

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po bid
3. Atenolol 50mg 1t po qd
4. Furosemide 40mg 1/4t po qd

**Allergies:** NKDA

**Review of Systems (ROS):** 4y post menopause

**PE:**

**Vitals:** BP: 138/70      P: 106      R: 20      T: 37°C      Wt: 55Kg

**General:** Stable

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

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

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

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

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

**Lab/study:**

RBS: 286mg/dl

U/A: glucose 4+, no protein, no ketone, no leukocyte

**Assessment:**

1. DMII
2. HTN

**Plan:**

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po bid
3. Captopril 25mg 1/2t po bid



4. Educate on diabetic diet, foot care and do regular exercise
5. Draw blood for Glucose, Creat, 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: December 7, 2011**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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

Sent: Wednesday, December 07, 2011 4:16 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib TM Clinic December 2011, Case#13, Thourn Nhorn, 41F

Agree completely with diagnoses of diabetes mellitus and hypertension

Agree completely with management

Leslie Fang, MD

**From:** [chaurithy](mailto:chaurithy)

**To:** 'Robibtelemed'

**Cc:** 'Kruy Lim'

**Sent:** Thursday, December 08, 2011 7:44 AM

**Subject:** RE: Robib TM Clinic December 2011, Case#13, Thourn Nhorn, 41F

Dear Sovann,

I agree with your assessment and stress the important of medication and lifestyle change compliance to her. Also include Chem, TSH, and CBC for her.

Rithy

**From:** [Robibtelemed](mailto:Robibtelemed)

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

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

**Sent:** Wednesday, December 07, 2011 5:20 PM

**Subject:** Robib TM Clinic December 2011, Case#14, Prum Sourn, 71M

Dear all,

This is the last case for Robib TM Clinic December 2011, Case number 14, Prum Sourn (follow up case), 71M and photos. Please reply to the cases before Thursday afternoon then treatment plan can be made accordingly and prepare medicine for patients in that noon time.

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

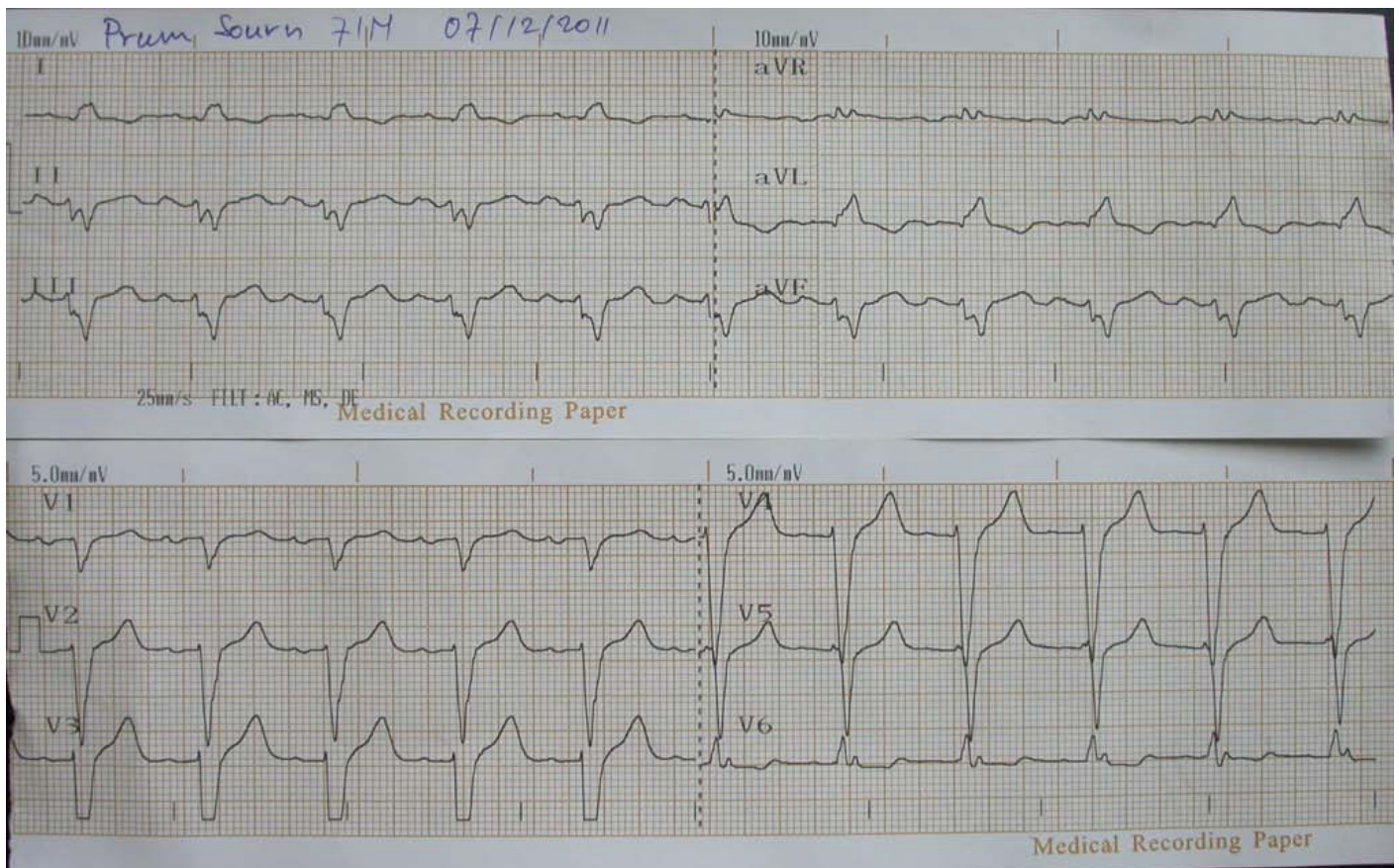
## SOAP Note



**Name/Age/Sex/Village:** Prum Sourn, 71M (Taing Treuk Village)

**Subject:** 71M with diagnosis in 2009 of Heart Failure with EF 27%, LVH, VHD(MR, AR), Renal failure and was treated with Captopril 25mg 1/4t bid, Aspirin 300mg 1/4t qd and Furosemide 40mg 1t qd. In November 2011, he presented with epigastric burning pain, burping with sour taste, radiate to the back, the pain got worse during hungry and was treated with Omeprazole 20mg 1t qhs. In 15 November 2011, he presented with severe SOB even with resting and relieved with leaning forward, on/off orthopnea, cough, palpitation. I explained that he should

seek care at provincial hospital or Phnom Penh but he and his family said not able to pay for going to there.



### Medication:

1. Captopril 25mg 1/4t bid
2. Aspirin 300mg 1/4t qd

3. Furosemide 40mg 1t qd
4. Omeprazole 20mg 1t po qhs

**Allergies:** NKDA

**Object:**

**PE:**

**Vitals:** BP: 92/71 P: 117 R: 30 T: 36.5°C Wt: 43Kg O2sat: 90%

**General:** Sick, tachypnea

**HEENT:** Pale conjunctiva, no oropharyngeal lesion, 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 abdominal bruit

**Extremity/Skin:** 2+ leg edema, no lesion, (+) dorsalis pedis and posterior tibial pulse

**MS/Neuro:** MS +5/5; Motor and Sensory intact; DTRs +2/2

**Lab/study:**

RBS: 151mg/dl

Hb: 9g/dl

U/A: protein trace

EKG attached

**Assessment:**

1. Heart Failure with EF 27%
2. LVH
3. VHD(MR, AR)
4. Renal Failure
5. Dyspepsia
6. Anemia

**Plan:**

1. Digoxin 0.25mg 1t po qd
2. Captopril 25mg 1/4t po bid
3. Furosemide 40mg 1t po qd
4. ASA 300mg 1/4t po qd
5. Cimetidine 200mg 1t po qhs for one month
6. FeSO4/Folate 200/0.4mg 1t po bid
7. Draw blood for CBC, Lyte, Creat, Gluco, 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 7, 2011**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [chaurithy](#)

**To:** '[Robibtelemed](#)'

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

**Sent:** Thursday, December 08, 2011 7:39 AM

**Subject:** RE: Robib TM Clinic December 2011, Case#14, Prum Sourn, 71M

Dear Sovann,

I think this patient needs to be referred to SHCH since he could not afford to do on his own for better management of his heart disease. Please call Dr. Kruy to inform her of this referral and arrange with JRfC to receive this patient. Can he come with a family member today and be seen tomorrow if possible because SHCH ED will close on weekends?

Rithy

---

## Thursday, December 8, 2011

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### Follow-up Report for Robib TM Clinic

There were 11 new patients and 3 follow up patients seen during this month Robib TM Clinic, other 66 patients came for medication refills only. The data of all 14 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 2011

**1. Hourn Narann, 25F (Pal Hal Village)**

**Diagnosis:**

1. PUD

**Treatment:**

1. Amoxicillin 500mg 2t po bid for 2w (#56)
2. Metronidazole 250mg 2t po bid for 2w (#56)
3. Omeprazole 1t po bid for 2w then continue for other one month (#45)
4. Metoclopramide 10mg 1t po qhs for 2w (#14)

**2. Khiev Kol, 22M (Sangke Roang Village)****Diagnosis:**

1. Vit Deficiency??
2. Nervous system dysfunction??

**Treatment:**

1. MTV 1t po bid (#60)
2. B complex 10cc qd for 3d (#15ampouls)
3. Albendazole 200mg 2t bid for 5d (#20)
4. Draw blood for CBC, Lyte, BUN, Creat, LFT, Bilirubin, Ca<sup>2+</sup>, Mg<sup>2+</sup>, TSH, RPR, HBV, HCV at SHCH

**Lab result on December 9, 2011**

WBC	=5.9	[4 - 11x10 <sup>9</sup> /L]	Na	=137	[135 - 145]
RBC	=6.4	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=3.9	[3.5 - 5.0]
Hb	=10.0	[14.0 - 16.0g/dL]	Cl	=101	[95 - 110]
Ht	=37	[42 - 52%]	BUN	=2.3	[0.8 - 3.9]
MCV	=59	[80 - 100fl]	Creat	=82	[53 - 97]
MCH	=16	[25 - 35pg]	Ca <sup>2+</sup>	=1.06	[1.12 - 1.32]
MHCH	=27	[30 - 37%]	Mg <sup>2+</sup>	=0.85	[0.66 - 1.07]
Plt	=1122	[150 - 450x10 <sup>9</sup> /L]	Bilirubin total	=13.6	[2.0 - 21.0]
Lym	=2.0	[1.0 - 4.0x10 <sup>9</sup> /L]	Bilirubin direct	=5.7	[<3.4]
<b>Peripheral blood smear</b>			AST	=50	[<37]
Microcytic	2+		ALT	=32	[<42]
Hypochromic	2+		TSH	=2.15	[0.27 - 4.20]
Schistocytes	2+		HBsAg	= reactive	
Target cells	1+		HCV antibody	= Non-reactive	
Poikilocytosis	2+		RPR (Syphilis)	= Non-reactive	

**Remark**

HBV hepatitis

**3. Phon Bunna, 5F (Thnout Malou Village)****Diagnosis:**

1. Impetigo
2. Eczema
3. Dermatitis

**Treatment:**

1. Augmentin 125mg 10cc bid for 2w (#1)
2. Albendazole 200mg 1/2t po bid for 5d (#5)
3. Bacitracin Zinc cream apply on the lesion bid (#1)

**4. Phork Vann, 60F (Bakdoang Village)****Diagnosis:**

1. Vertigo

**Treatment:**

1. Cetirizine 10mg 1t po qd for pruritus (#30)
2. Clotrimazole cream apply bid (#1)

**5. Chourn Panha, 17M (Thnout Malou Village)****Diagnosis:**

1. Guillain-Barré syndrome?
2. Vitamin deficiency?

**Treatment:**

1. MTV 1t po bid for one month (#60)

**6. Rorn Cha, 45F (Doang Village)**

**Diagnosis:**

1. GERD
2. Goiter
3. Bradyarrhythmia
4. Cardiomegaly

**Treatment:**

1. Cimetidine 200mg 1t po qhs for one month (#30)
2. Advise to seek consultation at Heart center in Phnom Penh

**7. Dourng Sopheap, 37F (Thnal Keng Village)**

**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Carbimazole 5mg 2t bid (buy)
2. Propranolol 40mg 1/2t po bid (#30)
3. Draw blood for CBC, TSH, Free T4 at SHCH

**Lab result on December 9, 2011**

WBC	=7.5	[4 - 11x10 <sup>9</sup> /L]	TSH	=0.01	[0.27 – 4.20]
RBC	=6.4	[3.9 - 5.5x10 <sup>12</sup> /L]	Free T4	=52.79	[12.0 – 22.0]
Hb	=12.5	[12.0 - 15.0g/dL]			
Ht	=41	[35 - 47%]			
MCV	=64	[80 - 100fl]			
MCH	=20	[25 - 35pg]			
MHCH	=31	[30 - 37%]			
Plt	=324	[150 - 450x10 <sup>9</sup> /L]			
Lym	=3.3	[1.0 - 4.0x10 <sup>9</sup> /L]			

**Remark**

Dec 2011, TSH: 0.01, T4: 52.79 /February 2012, T4:?

**8. Prum Navy, 38F (Bos Village)**

**Diagnosis:**

1. Thyroid cyst
2. Dyspepsia

**Treatment:**

1. Cimetidine 200mg 1t po qhs for one month (#30)
2. Mebendazole 100mg 5t po once (#5)
3. Draw blood for CBC, TSH, T4 at SHCH

**Lab result on December 9, 2011**

WBC	=13.2	[4 - 11x10 <sup>9</sup> /L]	TSH	=0.82	[0.27 – 4.20]
RBC	=5.3	[3.9 - 5.5x10 <sup>12</sup> /L]	Free T4	=18.75	[12.0 – 22.0]
Hb	=13.2	[12.0 - 15.0g/dL]			
Ht	=42	[35 - 47%]			
MCV	=80	[80 - 100fl]			
MCH	=25	[25 - 35pg]			
MHCH	=32	[30 - 37%]			



Plt	=238	[150 - 450x10 <sup>9</sup> /L]
Lym	=3.7	[1.0 - 4.0x10 <sup>9</sup> /L]

**Remark**

Re-evaluation

**9. Son Sean, 39F (Bakdoang Village)**

**Diagnosis:**

1. Thyroid cyst
2. Dyspepsia

**Treatment:**

1. Cimetidine 200mg 1t po qhs for one month (#30)
2. Mebendazole 100mg 5t po once (#5)
3. Propranolol 40mg 1/4t po bid (#20)
4. Draw blood for CBC, TSH, T4 at SHCH

**Lab result on December 9, 2011**

WBC	=5.4	[4 - 11x10 <sup>9</sup> /L]	TSH	=1.18	[0.27 - 4.20]
RBC	=4.7	[3.9 - 5.5x10 <sup>12</sup> /L]	Free T4	=15.71	[12.0 - 22.0]
Hb	=9.1	[12.0 - 15.0g/dL]			
Ht	=30	[35 - 47%]			
MCV	=63	[80 - 100fl]			
MCH	=20	[25 - 35pg]			
MHCH	=31	[30 - 37%]			
Plt	=228	[150 - 450x10 <sup>9</sup> /L]			
Lym	=1.6	[1.0 - 4.0x10 <sup>9</sup> /L]			

**Remark**

**10. Heum Pho, 40F (Svay Pat Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 1t po bid (#60)
2. Stop traditional medicine
3. Educate on diabetic diet, foot care and do regular exercise
4. Draw blood for Glucose, Creat, tot chole, TG and HbA1C at SHCH

**Lab result on December 9, 2011**

Creat	=59	[44 - 80]
Gluc	=7.4	[4.2 - 6.4]
T. Chol	=5.4	[<5.7]
TG	=0.9	[<1.71]
HbA1C	=6.4	[4.8 - 5.9]

**Remark**

Dec 2011, HbA1C: 6.4 /April 2012, HbA1C

**11. Preum Proy, 52M (Thnout Malou Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 1t po bid (#40)
2. Metformin 500mg 1t po bid (#70)



- Captopril 25mg 1/2t po bid (buy)
- ASA 300mg 1/4t po qd (#10)
- Educate on diabetic diet, foot care and do regular exercise
- Draw blood for Lyte, Glucose, Creat, tot chole, TG and HbA1C at SHCH

**Lab result on December 9, 2011**

Na	=135	[135 - 145]
K	=3.7	[3.5 - 5.0]
Cl	=99	[95 - 110]
Creat	=81	[53 - 97]
Gluc	=17.9	[4.2 - 6.4]
T. Chol	=7.1	[<5.7]
TG	=2.6	[<1.71]
HbA1C	=14.5	[4.8 - 5.9]

**12. Som Dina, 45F (Rovieng Tbong Village)**

**Diagnosis:**

- Osteoarthritis?
- Septic arthritis??

**Treatment:**

- Augmetin 625mg 10cc bid for 10d (#1)
- Ibuprofen 200mg 3t po bid for 10d (#60)
- Warmth compression on the left knee
- Draw blood for CBC, Creat, and Uric acid, RF at SHCH

**Lab result on December 9, 2011**

WBC	=4.2	[4 - 11x10 <sup>9</sup> /L]	Creat	=80	[44 - 80]
RBC	=4.6	[3.9 - 5.5x10 <sup>12</sup> /L]	Uric Aci	=135	[140 - 340]
Hb	=11.9	[12.0 - 15.0g/dL]	RF	= negative	
Ht	=37	[35 - 47%]			
MCV	=82	[80 - 100fl]			
MCH	=26	[25 - 35pg]			
MHCH	=32	[30 - 37%]			
Plt	=255	[150 - 450x10 <sup>9</sup> /L]			
Lym	=1.8	[1.0 - 4.0x10 <sup>9</sup> /L]			
Mxd	=0.8	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=1.6	[1.8 - 7.5x10 <sup>9</sup> /L]			

**13. Thourn Nhorn, 41F (Svay Pat Village)**

**Diagnosis:**

- DMII
- HTN

**Treatment:**

- Metformin 500mg 1t po bid (#40)
- Glibenclamide 5mg 1t po bid (#40)
- Captopril 25mg 1/2t po bid (buy)
- Educate on diabetic diet, foot care and do regular exercise
- Draw blood for CBC, Lyte, Glucose, Creat, tot chole, TG, TSH, and HbA1C at SHCH

**Lab result on December 9, 2011**

WBC	=9.1	[4 - 11x10 <sup>9</sup> /L]	Na	=138	[135 - 145]
RBC	=4.8	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=3.0	[3.5 - 5.0]
Hb	=11.9	[12.0 - 15.0g/dL]	Cl	=101	[95 - 110]
Ht	=37	[35 - 47%]	Creat	=84	[44 - 80]
MCV	=78	[80 - 100fl]	Gluc	=7.9	[4.2 - 6.4]

MCH =25	[25 - 35pg]	T. Chol =6.4	[<5.7]
MHCH =32	[30 - 37%]	TG =1.6	[<1.71]
Plt =254	[150 - 450x10 <sup>9</sup> /L]	HbA1C =5.5	[4.8 - 5.9]
Lym =2.8	[1.0 - 4.0x10 <sup>9</sup> /L]	TSH =2.50	[0.27 - 4.20]
Mxd =1.0	[0.1 - 1.0x10 <sup>9</sup> /L]		
Neut =5.3	[1.8 - 7.5x10 <sup>9</sup> /L]		

#### 14. Prum Sourn, 71M (Taing Treuk Village)

##### Diagnosis:

1. Heart Failure with EF 27%
2. LVH
3. VHD(MR, AR)
4. Renal Failure
5. Dyspepsia
6. Anemia

##### Treatment:

1. Captopril 25mg 1/4t po bid (buy)
2. Furosemide 40mg 1t po qd (#30)
3. ASA 300mg 1/4t po qd (buy)
4. Cimetidine 200mg 1t po qhs for one month (#30)
5. FeSO4/Folate 200/0.4mg 1t po bid
6. Draw blood for CBC, Lyte, Creat, Gluco, tot chole, TG, TSH at SHCH

##### Lab result on December 9, 2011

WBC =5.7	[4 - 11x10 <sup>9</sup> /L]	Na =131	[135 - 145]
RBC =4.9	[4.6 - 6.0x10 <sup>12</sup> /L]	K =4.1	[3.5 - 5.0]
Hb =14.2	[14.0 - 16.0g/dL]	Cl =97	[95 - 110]
Ht =44	[42 - 52%]	Creat =239	[53 - 97]
MCV =90	[80 - 100fl]	Gluc =5.1	[4.2 - 6.4]
MCH =29	[25 - 35pg]	T. Chol =7.2	[<5.7]
MHCH =32	[30 - 37%]	TG =1.3	[<1.7]
Plt =262	[150 - 450x10 <sup>9</sup> /L]	TSH =9.57	[0.27 - 4.20]
Lym =1.9	[1.0 - 4.0x10 <sup>9</sup> /L]		

#### Patients who come for follow up and refill medicine

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

##### Diagnosis:

1. DMII
2. HTN

##### Treatment:

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

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

##### Diagnosis:

1. Gouty arthritis
2. HTN
3. Hyperlipidemia

##### Treatment:

1. Paracetamol 500mg 1t po qid prn for one month (#30)
2. Amlodipine 5mg 1t po qd for one month (#30)
3. Fenofibrate 100mg 1t po qd for one month (buy)

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

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for three months (# 90)

**4. Chan Khem, 63F (Taing Treuk Village)**

**Diagnosis:**

1. HTN
2. UTI

**Treatment:**

1. HCTZ 25mg 1t po qd for four months (# 120)
2. Ciprofloxacin 500mg 1t po bid for 1w (#14)

**5. Chan Khut, 64F (Sre Thom Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for two months (#60)

**6. Chan Oeung, 60M (Sangke Roang Village)**

**Diagnosis:**

1. Gouty arthritis
2. Osteoarthritis
3. Renal insufficiency

**Treatment:**

1. Paracetamol 500mg 1t po qid prn for one month (#30)
2. MTV 1t po qd for one month (#30)
3. Allopurinol 100mg 2t po qd for one month (buy)

**7. Chan Rim, 59F (Ke Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 2t po qd for one month (#60)

**8. Chan Sem, 62M (Chambak Phaem Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for one month (#30)
2. Do regular exercise

**9. Chan Thoeun, 52F (Sralou Srong Village)**

**Diagnosis:**

1. Mild to moderate Aortic regurgitation

**Treatment:**

1. Enalapril 5mg 1/2t po qd for four months (#60)

**10. Chea Kimheng, 36F (Taing Treuk Village)**

**Diagnosis:**

1. ASD by 2D echo on August 2008

**Treatment:**

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

**11. Chhim Ho, 56F (Ke Village)**

**Diagnosis:**

1. Gallbladder stone
2. Anemia

**Treatment:**

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

**12. Chhin Chheut, 15M (Trapang Reusey Village)**

**Diagnosis:**

1. Renal Rickettsia (per AHC in Siem Reap)
2. Cachexia
3. Chronic renal failure
4. Anemia
5. Dysentery

**Treatment:**

1. Erythropoietin 2000UI S/C qw
2. Ca/Vit D<sub>3</sub> 500/400 2t po qid
3. Cetriaxone 1g IV qd for 7d (buy)
4. Metronidazole 250mg IV tid for 7d (buy)

**13. Chum Chet, 64M (Koh Pon Village)**

**Diagnosis:**

1. HTN
2. Osteoarthritis
3. Renal insufficiency

**Treatment:**

1. Atenolol 50mg 1/2t po bid for one month (#30)
2. Amlodipine 5mg 1t po qd for one month (#30)
3. Paracetamol 500mg 1-2t po qid prn pain for one month (#30)
4. MTV 1t po qd for one month (#30)

**14. Doeun Chetana, 6F (Bos Village)**

**Diagnosis:**

1. Tourette syndrome?

**Treatment:**

1. Haloperidol 5mg 1/4t po qd for one month (#10)

**15. Eam Neut, 56F (Taing Treuk)**

**Diagnosis**

1. HTN
2. Hypertriglyceridemia

**Treatment**

1. Amlodipine 5mg 1t po qd for one month (#30)
2. Fenofibrate 100mg 1t po qd one month (buy)
3. Draw blood for TG at SHCH

**Lab result on December 9, 2011**

TG =4.5 [ $<1.7$ ]

**16. Heng Chey, 71M (Thkeng Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for two months (#60)

**17. Heng Pheary, 33F (Thkeng Village)**

**Diagnosis:**

1. Asthma

**Treatment:**

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

**18. Heng Sokhourn, 42F (Otalauk Village)**

**Diagnosis:**

1. Anemia

**Treatment:**

1. FeSO4/Folate 200/0.4mg 1t po qd for three months (#90)
2. MTV 1t po qd for three months (#90)

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

**Diagnosis:**

1. DMII
2. Hyperlipidemia

**Treatment:**

1. Metformine 500mg 1t po bid for three months (#180)
2. Captopril 25mg 1t po bid for three months (buy)
3. Fenofibrate 100mg 1t po qd for three months (buy)

**20. In Kong, 68F (Bos Village)**

**Diagnosis:**

1. Mouth ulcer
2. HTN

**Treatment:**

1. Ibuprofen 200mg 3t po bid (#50)
2. HCTZ 25mg 1t po qd (#35)

**21. Keth Chourn, 58M (Chhnourn Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 2t po qd for one month (# 60)
2. Draw blood for Creat, TG and Tot Chole at SHCH

**Lab result on December 9, 2011**

Creat	=85	[53 - 97]
T. Chol	=4.3	[<5.7]
TG	=1.5	[<1.71]

**22. Khi Ngorn, 65M (Rovieng Cheung Village)**

**Diagnosis:**

1. HTN
2. Renal failure

**Treatment:**

1. Nisoldipine 10mg 2t po qd for one month (#60)
2. Draw blood for Lyte, Creat, tot chole and TG at SHCH

**Lab result on December 9, 2011**

Na	=133	[135 - 145]
K	=3.9	[3.5 - 5.0]
Cl	=99	[95 - 110]
Creat	=207	[53 - 97]
T. Chol	=6.9	[<5.7]
TG	=2.0	[<1.71]

**23. Kim Yat, 38F (Sre Thom Village)**

**Diagnosis:**

1. Tachycardia
2. Dyspepsia

**Treatment:**

1. Propranolol 40mg 1/4t po bid (#15)
2. Cimetidine 200mg 1t po qhs (#30)

**24. Kin Yin, 35F (Bos Pey Village)**

**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Methimazole 5mg 2t po bid for one month (#120)
2. Propranolol 40mg 1/2t po bid for one month (buy)
3. Draw blood for Free T4 at SHCH

**Lab result on December 9, 2011**

Free T4=12.90	[12.0 – 22.0]
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**25. 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 three months (buy)
2. Spironolactone 25mg 1t po qd for three months (#90)
3. ASA 300mg 1/4t po qd for three months (#23)

**26. Kong Soeun, 31M (Backdoang Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for four months (#240)
2. Captopril 25mg 1/4t po bid for four months (buy)

**27. Koy Veth, 38F (Thnout Malou Village)**

**Diagnosis:**

1. Asthma

**Treatment:**

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

**28. 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 bid for one month (buy)
3. Draw blood for HbA1C at SHCH

**Lab result on December 9, 2011**

HbA1C =6.8 [4.8 – 5.9]

**29. Lang Da, 45F (Thnout Malou Village)**

**Diagnosis:**

1. HTN
2. Dyspepsia

**Treatment:**

1. HCTZ 25mg 1t po qd for one month (#30)
2. Cimetidine 200mg 1t po qhs (#30)

**30. Meas Ream, 88F (Taing Treuk Village)**

**Diagnosis:**

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

**Treatment:**

1. HCTZ 25mg 1t po qd for one month (# 30)

**31. Moeung Rin, 67F (Taing Treuk Village)**

**Diagnosis:**

1. HTN
2. Osteoarthritis

**Treatment:**

1. HCTZ 25mg 1t po qd for one month (#30)
2. Atenolol 50mg 1/2t po qd for one month (buy)
3. Paracetamol 500mg 1-2t po qid prn pain (#30)
4. Draw blood for Creat at SHCH

**Lab result on December 9, 2011**

Creat =90 [44 - 80]

**32. Moeung Srey, 48F (Thnout Malou Village)**

**Diagnosis**

1. HTN

**Treatment**

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

**33. Nong Khon, 59F (Thkeng Village)**

**Diagnosis:**

1. HTN
2. Dyspepsia

**Treatment:**

1. HCTZ 25mg 1t po qd for three months (#90)
2. Cimetidine 200mg 1t po qhs (#30)



**34. Nung Chhun, 74F (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. Captopril 25mg 1t po bid for one month (buy)
4. ASA 300mg 1/4t po qd for one month (buy)

**35. Nung Y, 47F (Taing Treuk Village)**

**Diagnosis:**

1. HTN
2. HA

**Treatment:**

1. HCTZ 25mg 1t po qd for two months (#60)
2. Paracetamol 500mg 1t po qid prn (#30)

**36. Pe Chanthy, 51M (Taing Treuk Village)**

**Diagnosis:**

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

**Treatment:**

1. Spironolactone 25mg 1t po qd for two months (#60)
2. Propranolol 40mg 1/4t po qd for two months (buy)
3. MTV 1t po qd for two months (#60)

**37. 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)

**38. Pheng Roeung, 67F (Thnout Malou Village)**

**Diagnosis:**

1. Liver cirrhosis with ascites
2. Liver tumor (right lobe)
3. HTN
4. Anemia
5. Dyspepsia

**Treatment:**

1. Propranolol 40mg 1/4t po bid for one month (#15)
2. Spironolactone 25mg 2t po bid for one month (#120)
3. MTV 1t po qd for one month (#30)
4. FeSO<sub>4</sub>/Folate 200/0.4mg 1t po qd for one month (#30)
5. Mg/Al(OH)<sub>3</sub> 200/125mg chew 2t qid prn (#30)

**39. Prum Maly, 46F (Thnout Malou Village)**

**Diagnosis:**

1. Euthyroid goiter
2. Arthritis

**Treatment:**

1. Ibuprofen 200mg 2t po bid (#50)

**40. Prum Norn, 56F (Thnout Malou Village)**

**Diagnosis:**

1. Liver cirrhosis with PHTN
2. HTN
3. Anemia
4. Hypertrophic Cardiomyopathy
5. Renal Failure with hyperkalemia
6. Arthritis

**Treatment:**

1. Spironolactone 25mg 1t po qd for one month (#30)
2. FeSO4/Folate 200/0.4mg 1t po qd for one month (#30)
3. MTV 1t po qd for one month (#30)
4. Paracetamol 500mg 1t po qid prn pain (#30)
5. Furosemide 20mg 1t po qd for one month (#35)

**41. Prum Rim, 47F (Pal Hal Village)**

**Diagnosis:**

1. HA

**Treatment:**

1. Paracetamol 500mg 1t po qid prn HA/Fever (#50)

**42. Ream Sim, 56F (Thnal Keng Village)**

**Diagnosis:**

1. MDII
2. Osteoarthritis

**Treatment:**

1. Metformin 500mg 2t po bid for one month (#100)
2. Paracetamol 500mg 1-2t po qid prn pain for one month (#30)
3. Review on diabetic diet, do regular exercise and foot care

**43. Ros Oeun, 55F (Thnout Malou Village)**

**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. Glibenclamide 5mg 11/2t po bid for one month (buy)
2. Metformin 500mg 2t po bid for one month (#120)
3. Captopril 25mg 1/2t po bid for one month (buy)
4. ASA 300mg 1/4t po qd for one month (#8)
5. Draw blood for Creat, tot chole, TG and HbA1C at SHCH

**Lab result on December 9, 2011**

Creat	=62	[44 - 80]
T. Chol	=5.4	[<5.7]
TG	=6.1	[<1.71]
HbA1C	=14.5	[4.8 - 5.9]

**44. Ros Yeth, 58M (Thnout Malou Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Metformin 500mg 2t po bid for two months (#150)
3. Captopril 25mg 1/4t po bid for two months (buy)

**45. San Nimol, 16M (Otror lauk Village)**

**Diagnosis:**

1. DMI

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Review on diabetic diet, and foot care

**46. Sao Ky, 75F (Thnout Malou Village)**

**Diagnosis**

1. HTN

**Treatment**

1. HCTZ 25mg 1t po qd for four months (#120)

**47. Say Soeun, 72F (Rovieng Cheung Village)**

**Diagnosis:**

1. HTN
2. DMII
3. Renal insufficiency

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 1t po bid for one month (#60)
3. Enalapril 5mg 1t po bid for one month (#60)
4. Nisoldipine 10mg 2t po qd for one month (#60)
5. Atenolol 50mg 1t po qd for one month (#30)
6. MTV 1t po qd for one month (#30)
7. FeSO/Folate 200/0.4mg 1t po qd (#30)

**48. Seung Samith, 63M (Sre Thom Village)**

**Diagnosis:**

1. Gouty arthritis
2. Renal insufficiency

**Treatment:**

1. Allopurinol 100mg 1t po bid for two months (buy)
2. Paracetamol 500mg 1t po qid prn pain for two months (#30)

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

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 1t po bid for one month (#70)
3. Captopril 25mg 1/2t po bid for one month (buy)
4. ASA 300mg 1/2t po qd for one month (#15)

**50. Sok Chou, 60F (Sre Thom Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid for one month (#100)
2. Review on diabetic diet, do regular exercise and foot care

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

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for three months (#90)

**52. Srey Thouk, 60F (Taing Treuk Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**53. Sun Ronakse, 40F (Sre Thom Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for three months (#90)

**54. Sun Yorn, 50M (Bos Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 2t po qd for one month (#60)
2. Amlodipine 5mg 1t po qd for one month (#30)

**55. Svay Tevy, 46F (Thnout Malou Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 2t po bid for one month (#120)
2. Metformin 500mg 3t qAM and 2t po qPM for one month (#150)
3. Captopril 25mg 1/2t po bid for one month (buy)
4. ASA 300mg 1/4t po qd for one month (#8)
5. Draw blood for Creat, Tot chole, TG, and HbA1C at SHCH

**Lab result on December 9, 2011**

Creat	=93	[44 - 80]
T. Chol	=8.6	[<5.7]
TG	=7.8	[<1.71]
HbA1C	=13.1	[4.8 – 5.9]

**56. Tay Kimseng, 54F (Taing Treuk Village)**

**Diagnosis:**

1. HTN
2. Obesity

**Treatment:**

1. Atenolol 50mg 1/2t po bid for one month (#30)
2. HCTZ 25mg 1t po qd for one month (#35)
3. Eat low fats diet and do regular exercise

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

**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

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

**Lab result on December 9, 2011**

Free T4 = 26.19 [12.0 – 22.0]

**58. Thoang Korn, 38F (Ta Tong Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for three months (#90)

**59. Thon Vansoeun, 53F (Backdoang Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for two months (#60)
2. ASA 300mg 1/4t po qd for two months (buy)

**60. Tith Hun, 58F (Ta Tong Village)**

**Diagnosis:**

1. HTN
2. GERD

**Treatment:**

1. Enalapril 5mg 1t po qd for one month (# 30)
2. HCTZ 25mg 1t po qd for one month (#30)
3. Atenolol 50mg 1/2t po qd for one month (#15)
4. Cimetidine 200mg 1t po qhs for one month (#30)

**61. Un Rady, 49M (Rom Chek Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid for three months (#180)
2. Captopril 25mg 1/4t po bid for three months (buy)
3. ASA 300mg 1/4t po qd for three months (#23)
4. Fenofibrate 100mg 1t po qd for three month (buy)

**62. Uy Noang, 59M (Thnout Malou Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 2t po bid for two months (#120)
2. Metformine 500mg 1t po bid for two months (#120)
3. Captopril 25mg 1t po bid for two months (buy)

**63. Yim Sok Kin, 31M (Thnout Malou Village)**

**Diagnosis:**

1. Liver cirrhosis with PHTN

**Treatment:**

1. Propranolol 40mg 1/4t po bid for one month (#15)
2. Spironolactone 25mg 1t po bid for one month (#60)

**64. Yin Hun, 74F (Taing Treuk Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**65. Yun Yeung, 75M (Doang Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for two months (#60)

**66. Yung Thourn, 72M (Rovieng Tbong Village)**

**Diagnosis:**

1. Gouty arthritis
2. HTN
3. Anemia

**Treatment:**

1. Paracetamol 500mg 1t po qid prn for two months (#40)
2. Amlodipine 5mg 1t po qd for two months (#60)
3. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)
4. MTV 1t po qd for two months (#60)

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**The next Robib TM Clinic will be held on  
January 2 - 6, 2012**