

Robib *Telemedicine* Clinic

Preah Vihear Province

F E B R U A R Y 2 0 1 2

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

On Monday, February 6, 2012, 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), February 7 & 8, 2012, the Robib TM Clinic opened to receive the patients for evaluations. There were 10 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, February 8 & 9, 2012.

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: [Robibtelemed](#)

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

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

Sent: Monday, January 30, 2012 11:39 AM

Subject: Schedule for Robib Telemedicine Clinic February 2012

Dear all,

I would like to inform you that Robib TM Clinic for February 2012 will be starting on February 6 - 10, 2012.

The agenda for the trip is as following:

1. On Monday February 6, 2012, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday February 7, 2012, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as the word file then sent to both partners in Boston and Phnom Penh.
3. On Wednesday February 8, 2012, the activity is the same as on Tuesday
4. On Thursday February 9, 2012, 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 February 10, 2012, 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: [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Joseph Kvedar](#) ; [Paul Heinzelmann](#)

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

Sent: Tuesday, February 07, 2012 4:50 PM

Subject: Robib TM Clinic February 2012, Case#1, Chhorn Ry, 30F

Dear all,

There are four new cases for first day of Robib TM clinic February 2012. This is case number 1, Chhorn Ry, 30F 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: Chhorn Ry, 30F (Bakdoang Village)

Chief Complaint (CC): Palpitation and Epigastric pain x 1y

History of Present Illness (HPI): 30F, farmer, presented with palpitation, dizziness, and fatigue and epigstric pain, burning sensation without radiation, relived with Antacid. She went to consult in private clinic, told she had heart disease and treated with some medicine and got better for a while then the symptoms presented again. She denied of fever, cough, SOB, vomiting, bloody or mucus stool, hematuria, oliguria, leg edema.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No cig smoking, no EtOH

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular menstruation

PE:

Vitals: BP: 103/74

P: 86

R: 20

T: 37°C

Wt: 41Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no goiter, no lymph node palpable, no JVD, normal ear mucosa, intact tympanic membrane

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, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study: None

Assessment:

1. Dyspepsia

Plan:

1. Cimetidine 200mg 1t po qhs
2. Mebendazole 100mg 5t po qhs once

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: February 7, 2012

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

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

No answer replied

From: Robibtelemed

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

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

Sent: Tuesday, February 07, 2012 4:53 PM

Subject: Robib TM Clinic February 2012, Case#2, Phim Sovann, 30F

Dear all,

This is the case number 2, Phim Sovann, 30F 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: Phim Sovann, 30F (Rovieng Tbong Village)

Chief Complaint (CC): SOB and Palpitation x 8months

History of Present Illness (HPI): 30F, farmer, presented with symptoms of SOB, palpitation, fatigue, diaphoresis, and no syncope. These symptoms frequently occurred when she heard a loud voice. She always worried that when symptoms occurred, no one can help her so she fear to stay or go somewhere alone and have to turn the light on all night. She went to local health center and got treatment with some medicine but not better. Now she has poor sleeping, pressure HA at occipital and weight loss 6kg.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No cig smoking, no EtOH, divorced for 2 years with one child

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): No fever, no cough, no GI problem, no dysuria, Regular menstruation, LMP on January 25, 2012

PE:

Vitals: BP: 141/71 P: 105 R: 20 T: 37°C Wt: 50Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no goiter, no lymph node palpable, no JVD, normal ear mucosa, intact tympanic membrane

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, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study: None

Assessment:

1. Anxiety

Plan:

1. Amitriptylin 25mg 1/2t po qhs
2. Paracetamol 500mg 1t po qid prn HA
3. Stress release
4. Draw blood for CBC, Lyte, Creat, 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: February 7, 2012**

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

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

From: [Kreinsen, Carolyn Hope, M.D., M.Sc.](#)**To:** [Fiamma, Kathleen M.](#) ; robibtelemed@gmail.com**Cc:** rithychau@sihosp.org**Sent:** Thursday, February 09, 2012 10:36 AM**Subject:** RE: Robib TM Clinic February 2012, Case#2, Phim Sovann, 30F

Hi Sovann,

In summary, this is a 30 year old woman who presents with palpitations, diaphoresis, fatigue, weight loss and dyspnea of approximately 8 months duration. She describes anxiety, increased sensitivity to noise/external stimuli and insomnia. On exam she is mildly tachycardic and mildly hypertensive. You did not notice thyromegaly or cervical adenopathy on exam. In the photo you provided, there appears to be a horizontal prominence in the lower anterior neck, cord-like and almost vascular. Your neurological exam was overall normal.

I completely agree with the labs that you ordered. Graves Disease/hyperthyroidism must be ruled out. That metabolic disorder could account for most of this woman's symptoms. CBC with differential will help to evaluate for anemia, other blood disorders and infection, all of which could cause at least some of the problems. I think that the labs you ordered represent a good initial evaluation.

It would be helpful to learn what medication she had been treated with through the local health center and what the hypothesized diagnosis was.

I am concerned that this patient may have some mental health problems above and beyond a co-existing physical illness. She describes fairly severe anxiety and possible panic. She also may have some depression. Her strong reaction to noise, especially to "loud voices," raises question of possible flashbacks/PTSD. Does she live alone with her child? You mentioned that she is divorced. Was her ex-husband physically/mentally abusive. Is he still involved with her and her child? If this woman lives alone, is she safe? Is she currently being intimidated/abused by someone? Is there history of childhood sexual/physical/emotional abuse? She also may have an underlying primary anxiety/depression/mood disorder. Does she feel as though she is thinking clearly? Any thoughts of hurting herself or others? I agree that low dosage amitriptyline will help her to sleep; the dosage is not high enough to improve her mood. However, perhaps with better and more sleep, her mood will improve. Remember that amitriptyline can cause tachycardia. These issues definitely require further exploration. She may need medication such as a selective serotonin reuptake inhibitor for her mood. I'm not certain what is available on your formulary. This will require fairly short term follow-up and reevaluation,

You mentioned shortness of breath. Is this episodic in association with mounting anxiety, as might occur with a panic attack? Or, is the dyspnea more persistent? I think an EKG would be a good baseline test to obtain. If the shortness of breath is constant, and if current testing is negative/normal, 2 D echocardiogram and chest x-ray would be advisable. The anterior lower neck prominence on the photo may simply be a photography artifact. However, it would be worth checking that out again and also looking at the blood vessels on her upper chest for any vascular prominence.

Hope this is helpful. I would like to know what test results show.

Take care and good luck!

Carolyn K

From: [Robibtelemed](#)

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

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

Sent: Tuesday, February 07, 2012 4:56 PM

Subject: Robib TM Clinic February 2012, Case#3, Phon Phorn, 68F

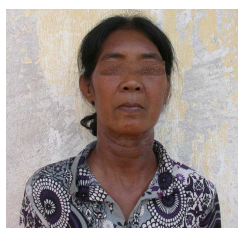
Dear all,

This is the case number 3, Phon Phorn, 68F 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 Phorn, 68F (Bos Village)

Chief Complaint (CC): Skin lesion x 2y

History of Present Illness (HPI): 68F, farmer, presented with itchy around the neck, she scratched and the skin became inflamed with transudate come out, no pustule, no fever. Several months later, the itchy presented on the abdomen then it appeared the same kind of lesion after scratching. She got treatment from local health care worker with Steroid injection IM then the lesion on the abdomen healed completely but around the neck still persisted. In the last 2 months, the itchy presented on the back and she went to local pharmacy and was treated with Ketoconazole 1t bid for 15d. These two days the itchy appeared on the face with erythema plaque and transudate. She denied of chemical contact.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No cig smoking, no EtOH

Current Medications:

1. Ketoconazole 1t bid x 15d (in the past 2months)

Allergies: NKDA

Review of Systems (ROS): No fever, no joint pain, no nausea, no vomiting, no diarrhea, no dysuria, no hematuria

PE:

Vitals: BP: 124/80 P: 73 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; ear exam with normal mucosa, and intact tympanic membrane

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: Erythematous lesion around the neck with transudate, no vesicle, no pustule; swelling with erythema on the forehead and periobital area (see photos)

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

Lab/study: None

Assessment:

1. Allergic dermatitis?
2. Secondary infection due to dermatitis?

Plan:

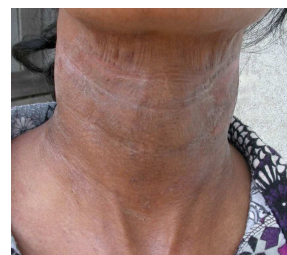
1. Prednisolone 5mg 10t qd for 2w then taper for one month
2. Augmentin 600mg/5cc 5cc bid for 10d
3. Diphenhydramine 25mg 1t po bid prn itchy
4. Bacitracine Zinc cream apply bid on the lesion
5. Cimetidine 200mg 1t po bid for 10d

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: February 7, 2012



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

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

From: Tran, Thanh-Nga T.,M.D.,Ph.D.
Sent: Wed 2/8/2012 2:55 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic February 2012, Case#3, Phon Phorn, 68F

Dear Sovann

I think she definitely has some form of eczematous dermatitis, either contact or otherwise. The skin is very lichenified. The exudate makes it seem like it could be contact, although superinfection is a possibility. I think if she could get IL TAC 3.3mg/ml to the area, that would be great, else I would do clobetasol with plastic (saran) wraps. Avoid all jewelry w nickel, perfume, or any source of irritant. She also seems like she has a goiter. Did anyone do a TSH? I would not do bacitracin due to the risk of contact dermatitis. She can get a course of antibiotics or use mupirocin if infection is suspected.

Let me know if you need something else. =)

Thanks!
Thanh nga

From: Robibtelemed
To: Rithy Chau ; Paul Heinzelmann ; Kathy Fiamma ; Joseph Kvedar ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, February 07, 2012 5:02 PM
Subject: Robib TM Clinic February 2012, Case#4, Yin Chhengkorn, 58M

Dear,

This is the last case of first day of Robib TM clinic February 2012, Case#4, Yin Chhengkorn, 58M and photos. Please waiting for other cases which will be sent to you tomorrow.

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

Best regards,
Sovann

Robib Telemedicine Clinic

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

History and Physical



Name/Age/Sex/Village: Yin Chhengkorn, 58M (Rovieng Cheung Village)

Chief Complaint (CC): Joint pain x 5months

History of Present Illness (HPI): 58M presented with right ankle and right knee pain with swelling, warmth and morning stiffness. These symptoms got worse with activity and bought medicine (3 kinds taking bid for 2d, unknown name) from local pharmacy, which relieved the pain. He denied of attack to other joint and trauma, fever, cough, SOB, GI problem, dysuria, hematuria.

Past Medical History (PMH): Unremarkable

Family History: None

SH: Smoking 1pack of cig per day; drinking alcohol 1/2L/d and stop 1 year

Current Medications: 3 kinds of medicine taking bid (unknown name)

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 129/82 P: 81 R: 20 T: 36°C Wt: 59Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no neck mass, no lymph node palpable, no JVD; ear exam with normal mucosa, no exudate, no lesion, intact tympanic membrane

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: Mild swelling, warmth, and stiff on right ankle and right knee; other joints are intact

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

Lab/study: None



Assessment:

1. Osteoarthritis

Plan:

1. Ibuprofen 200mg 2t po bid prn
2. Cigarette smoking cessation
3. Warmth compression

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: February 7, 2012

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

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

No answer replied

From: Robibtelemed

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

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

Sent: Wednesday, February 08, 2012 4:35 PM

Subject: Robib TM Clinic February 2012, Case#5, Natt Wei, 55F

Dear all,

There are six new cases for second day of RobibTM Clinic February 2012. This is case number 5, continued from yesterday, Natt Wei, 55F 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: Natt Wei, 55F (Thkeng Village)

Chief Complaint (CC): Palpitation and Chest tightness x 2y

History of Present Illness (HPI): 55F, farmer, presented with palpitation, chest tightness, temporal pulsatile HA and neck tension. She went to consult with local health center and told she has elevated BP and was treated with some medicine (unknown name) then became better but the symptoms appeared again in few months. She reported of these symptoms since menopause when she had increased weight. She denied of fever, cough, SOB, GI problem, hematuria, dysuria, oliguria, legs edema.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No EtOH, no cig smoking, no tobacco chewing

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): 2y post menopause

PE:

Vitals: BP: 136/100 P: 98 R: 20 T: 37°C Wt: 60Kg BMI:27.76%

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, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study:

RBS: 99mg/dl

Assessment:

1. Over weight
2. HA

Plan:

1. Draw blood for Lyte, BUN, Creat, Tot chole, TG at SHCH
2. Paracetamol 500mg 1t po qid prn HA
3. Regular exercise

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: February 8, 2012

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

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

From: Tan, Heng Soon, M.D.

Sent: Wed 2/8/2012 3:56 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib TM Clinic February 2012, Case#5, Natt Wei, 55F

It looks like she has developed post menopause weight gain and hypertension. The chest pain with uncontrolled hypertension is concerning for coronary artery disease: was it at rest or with exertion? She needs an EKG to rule out active ischemia and left ventricular hypertrophy. It could also reveal any ectopic atrial or ventricular beats. Examination of cardiac apex on heart exam would indicate heart size as well. Checking renal function and urine is important to rule out kidney disease. She is not diabetic on testing. Blood lipids to assess cardiac risk and TSH to rule out hypothyroidism would be useful. I would start treatment for hypertension: for example, HCTZ 12.5 mg daily and captopril 25 mg twice a day and recheck blood pressure within a month. Advise on low salt diet and weight reduction.

Heng Soon Tan, MD

From: Robibtelemed

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

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

Sent: Wednesday, February 08, 2012 4:36 PM

Subject: Robib TM Clinic February 2012, Case#6, Prum Chean, 50F

Dear all,

This is case number 6, Prum Chean, 50F and photo.

Best regards,
Sovann

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

History and Physical



Name/Age/Sex/Village: Prum Chean, 50F (Sangke Roang Village)

Chief Complaint (CC): Polyuria, and fatigue x 1month

History of Present Illness (HPI): 50F, farmer, presented with 1month of polyuria, polyphagia, polydypsia, fatigue, and went to see local health care worker and blood sugar checked with elevated result and was treated with Glibenclamide 5mg 1t po qd then she became a bit better. She denied of fever, cough, SOB, chest pain, GI problem, dysuria, hematuria, numbness/tingling, no edema.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No cig smoking, casually alcohol drinking

Current Medications:

1. Glibenclamide 5mg 1t po qd

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 124/83 P: 78 R: 20 T: 36.5°C Wt: 45Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no goiter, 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, (+) dorsalis pedis and posterior tibial pulse, no foot wound

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

Lab/study:

FBS: 198mg/dl

U/A: glucose 1+, no leukocyte, no protein, no ketone, no hematuria

Assessment:

1. DMII

Plan:

1. Metformin 500mg 1t po qd
2. Educate on diabetic diet, do regular exercise and foot care
3. Draw blood for Lyte, Creat, Glucose, HbA1C, tot chole and 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: February 8, 2012

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

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

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

Sent: Wed 2/8/2012 9:44 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib TM Clinic February 2012, Case#6, Prum Chean, 50F

She does appear to have diabetes mellitus and I agree with planned therapy

Leslie Fang, MD

From: Robibtelemed

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

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

Sent: Wednesday, February 08, 2012 4:38 PM

Subject: Robib TM Clinic February 2012, Case#7, Prum San,42M

Dear all,

This is case number 7, Prum San, 42M 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 San, 42M (Thnal Keng Village)

Chief Complaint (CC): Abdominal distension and discomfort x 2months

History of Present Illness (HPI): 42M, farmer, presented with progressive abdominal distension and discomfort with epigastric burning pain, burping with sour taste, poor appetite, fatigue, jaundice and weight loss. He bought medicine from local pharmacy and also treated with traditional medicine but the abdominal distension and discomfort still presented. He denied of hemoptysis, hematemessi, black/bloody stool, hematuria, dysuria, oliguria, legs edema.

Past Medical History (PMH): Unremarkable

Family History: None

SH: Smoking 10cig/d and drinking alcohol 1/2L per day, stopped 2months

Current Medications: Traditional medicine and medicine (unknown name) bought from local pharmacy

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 114/88 P: 118 R: 22 T: 37°C Wt: 50Kg

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, moderate distension, no tender, (+) BS, Liver and spleen is not palpable due to distension, positive fluid wave and sifting dullness, no colateral circulation, no spider angioma, 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

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

Lab/study:

RBS: 121mg/dl

Assessment:

1. Liver cirrhosis due to alcohol, hepatitis virus??
2. Ascitis

Plan:

1. Spironolactone 25mg 1/2t po bid
2. Propranolol 40mg 1/4t po bid
3. MTV 1t po qd
4. Send patient to Kg Thom for Abdominal ultrasound
5. Draw blood for CBC, Lyte, BUN, Creat, LFT, HBsAg, HCV-Ab 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: February 8, 2012

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

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

From: Tan, Heng Soon, M.D.

Sent: Wed 2/8/2012 7:47 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib TM Clinic February 2012, Case#7, Prum San, 42M

Chronic alcohol use with past jaundice, anorexia and weight loss does suggest advanced alcoholic liver disease with cirrhosis and ascites. Epigastric burning pain with sour taste suggest gastroesophageal acid reflux disease. The tachycardia of 118 beats per minute is concerning: is he dehydrated with a slightly low systolic blood pressure? Is he anemic even though he had no rectal bleeding? Is there occult peritonitis even though he has no fever or abdominal tenderness? It is important to monitor his mental status and check for asterixis to rule out hepatic encephalopathy that can be precipitated by occult GI bleeding or excessive protein intake. Abdominal ultrasound would be useful to make sure he has not developed any liver mass like a hepatoma. Liver function tests should include serum albumin and prothrombin time to assess hepatic synthetic function. CBC will check for anemia and a low platelet count will suggest hypersplenism from an enlarged spleen. It is good to rule out other causes of liver cirrhosis by check hepatitis B and C serology.

As for therapy, if he is quite uncomfortable from the distended abdomen, one could consider draining half the ascites to make him more comfortable. Spironolactone and propranolol to decompress portal hypertension makes sense but you need to use higher doses. I would start with spironolactone at least 25 mg bid and increase to 50 mg bid in 3 days if the distension is unchanged. Propranolol should be dosed at 20 mg bid for a start. Offer him ranitidine 150 mg QD for heart burn symptoms.

Educate him about avoiding high protein diet if it precipitates hepatic encephalopathy. Ideally he should be offered hepatitis A and B vaccination to prevent an infectious insult to the liver. Stopping further alcohol intake is critical. He should be counseled on avoiding acetaminophen as well since it is liver toxic.

HS

From: [Robibtelemed](#)
To: [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Wednesday, February 08, 2012 4:40 PM
Subject: Robib TM Clinic February 2012, Case#8, Prum Ty, 23M

Dear all,

This is case number 8, Prum Ty, 23M and photo.

Best regards,
Sovann

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

History and Physical



Name/Age/Sex/Village: Prum Ty, 23M (Thnout Malou Village)

Chief Complaint (CC): Seizure x 10y

History of Present Illness (HPI): 23M, farmer, presented with history of 10y generalized tonic clonic seizure and foamy come from the mouth, no urine/bladder incontinence. The seizure occurs with aura (diplopia, ear ringing and fast heart beat), loss of consciousness and last in 5 – 10min. He became awake with HA and fatigue. He noticed that the frequency of attack increased and got treatment from local health care worker but seem not better. He denied of past history of trauma.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No cig smoking, casually alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): No fever, no SOB, no cough, no GI problem, normal bowel movement, normal urination

PE:

Vitals: BP: 118/77 P: 86 R: 20 T: 37°C Wt: 58Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no neck mass, no lymph node palpable, no JVD, normal ear mucosa and tympanic membrane

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, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study: None

Assessment:

1. Epilepsy

Plan:

1. Phenytoin 100mg 1t po bid
2. Draw blood for CBC, Lyte, Creat, Glucose, 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: February 8, 2012

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

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

From: Cole, Andrew James, M.D.
Sent: Wed 2/8/2012 5:25 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic February 2012, Case#8, Prum Ty, 23M

I agree with the plan. 200 mg/d of dilantin is reasonable, but if it does not work, you could try increasing the dose to 300 mg/d.

AJC

Andrew J. Cole, M.D., F.R.C.P.(C.)
Professor of Neurology
Harvard Medical School
Director, MGH Epilepsy Service
WACC 739-L
Fruit Street
Boston, Massachusetts 02114

From: [Robibtelemed](#)
To: [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Wednesday, February 08, 2012 4:42 PM
Subject: Robib TM Clinic February 2012, Case#9, Sam Bunny, 25F

Dear all,

This is case number 9, Sam Bunny, 25F 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: Sam Bunny, 25F (Thnout Malou Village)

Chief Complaint (CC): Swelling of face and legs x 4d

History of Present Illness (HPI): 25F, farmer, presented with 4d of periorbital and facial swelling, legs edema especially in the morning. She went to consult with private clinic in Kg Thom province and diagnosed with Nephrotic syndrome and was treated with Methylprednisolone 16mg 1t po bid, Omnicef 100mg 1t po bid, Furosemide 40mg 1/2t po bid and MTV 1t po qd. Now the swelling

has been decreased and She denied of fever, cough, chest pain, palpitation, dyspnea, hematuria, dysuria, oliguria.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No cig smoking, no EtOH, married with one child

Current Medications:

1. Methylprednisolone 16mg 1t po bid
2. Omnicef 100mg 1t po bid
3. Furosemide 40mg 1/2t po bid
4. MTV 1t po qd

Allergies: NKDA

Review of Systems (ROS): Regular menstruation, LMP on January 30, 2012; epigastric burning pain, burping with sour taste, relieved with antacid, no black/bloody stool

PE:

Vitals: BP: 136/79 P: 64 R: 20 T: 37°C Wt: 44Kg (dry Wt: 43kg)

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no neck mass, no lymph node palpable, no JVD; mild swelling of the face; normal ear mucosa, intact tympanic membrane

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: 1+ pitting legs edema, (+) dorsalis pedis and posterior tibial pulse, no lesion/rash

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

Lab/study:

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

Assessment:

1. Nephrotic syndrome?
2. Dyspepsia

Plan:

1. Prednisolone 5mg 8t po qd for one month then taper to complete 6months treatment
2. Albendazole 200mg 2t po bid for 5d
3. Omeprazole 20mg 1t po qhs for one month
4. Draw blood for CBC, Lyte, BUN, Creat, Glucose, Albumin, protein, Tot chole at SHCH

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

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

Examined by: Nurse Sovann Peng

Date: February 8, 2012

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

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

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

Sent: Wed 2/8/2012 9:42 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib TM Clinic February 2012, Case#9, Sam Bunny, 25F

She has nephrotic syndrome but the etiology of the syndrome is not clear on the basis of the information available. At age 25, she still can have minimal change disease: however, it is not clear that she has responded to steroids thus far.

Would be in favor of continuing to taper steroids. She may benefit from low dose ACEI such as lisinopril

Leslie Fang, MD

From: Robibtelemed

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

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

Sent: Wednesday, February 08, 2012 4:45 PM

Subject: Robib TM Clinic February 2012, Case#10, Tith Y, 56F

Dear all,

This is the last case for Robib TM Clinic February 2012, Tith Y, 56F and photos. Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly and the patients will come to get treatment in that afternoon.

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

Best regards,
Sovann

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

History and Physical



Name/Age/Sex/Village: Tith Y, 56F (Ta Tong Village)

Chief Complaint (CC): Right should pain x 4months

History of Present Illness (HPI): 56F, farmer, presented with pain of right shoulder, radiate to upper arm and scapula especially with shoulder movement, no trauma, no swelling, no warmth, no stiffness. She got consultation in private clinic and was treated with some medicine but not better. This one month, she has limit right should movement due to pain and got treatment with traditional medicine and pain killer from local pharamacy.

Past Medical History (PMH): Unremarkable

Family History: Sister with HTN

SH: No cig smoking, no tobacco chewing, no EtOH

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): 16y post menopause

PE:

Vitals: BP: Rt 168/101, Lt 155/96 P: 88 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

Right shoulder: Moderate tender on palpation, and limited shoulder movement (see picture), no deformity, no warmth, no swelling

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, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study: None



Assessment:

1. Rotator cuff tearing??/
2. HTN

Plan:

1. Ibuprofen 200mg 2t po bid prn pain
2. Hydrochlorothiazide 25mg 1t po qd
3. Draw blood for Lyte, Creat, tot chole, TG at SHCH
4. Send patient for right shoulder x-ray (AP, Lateral) at Kg Thom referral hospital

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: February 8, 2012**

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

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

From: Patel, Dinesh, M.D.

Sent: Wed 2/8/2012 9:54 PM

To: Fiamma, Kathleen M.

Subject: Re: Robib TM Clinic February 2012, Case#10, Tith Y, 56F

Sovann

The evaluation and rest is good

I think patient has frozen shoulder

Takes year to get better

Try physical therapy ice and therapy to get more motion

Tough issue but rightbio'

From: [Cornelia Haener](#)

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

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

Sent: Thursday, February 09, 2012 5:47 PM

Subject: RE: Robib TM Clinic February 2012, Case#10, Tith Y, 56F

Dear Sovann,

I agree with your assessment and treatment. NSAIDs are always a good start. If things do not improve and the X-ray is normal, she might need a shoulder ultrasound.

Kind regards

Cornelia

Thursday, February 9, 2012

Follow-up Report for Robib TM Clinic

There were 10 new patients seen during this month Robib TM Clinic, and other 81 patients came for medication refills only, and 100 new patients seen by PA Rithy for minor problem without sending data. The data of all 10 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 February 2012

1. Chhorn Ry, 30F (Bakdoang Village)

Diagnosis:

1. Dyspepsia

Treatment:

1. Cimetidine 200mg 1t po qhs (#30)
2. Mebendazole 100mg 5t po qhs once (#5)

2. Phim Sovann, 30F (Rovieng Tbong Village)

Diagnosis:

1. Anxiety

Treatment:

1. Amitriptylin 25mg 1/2t po qhs (#20)
2. Paracetamol 500mg 1t po qid prn HA (#30)
3. Stress release

3. Phon Phorn, 68F (Bos Village)

Diagnosis:

1. Contact dermatitis?
2. Secondary infection due to dermatitis?

Treatment:

1. Augmentin 600mg/5cc 5cc bid for 10d (#1)
2. Diphenhydramine 25mg 1t po bid prn itchy (#20)
3. Bacitracine Zinc cream apply bid on the lesion (#1)
4. Cimetidine 200mg 1t po bid for 10d (#20)

4. Yin Chhengkorn, 58M (Rovieng Cheung Village)

Diagnosis:

1. Osteoarthritis

Treatment:

1. Ibuprofen 200mg 2t po bid prn (#40)
2. Cigarette smoking cessation
3. Warmth compression

5. Natt Wei, 55F (Thkeng Village)**Diagnosis:**

1. Overweight
2. HA

Treatment:

1. Paracetamol 500mg 1t po qid prn HA (#30)
2. Regular exercise

6. Prum Chean, 50F (Sangke Roang Village)**Diagnosis:**

1. DMII

Treatment:

1. Metformin 500mg 1t po qd (#35)
2. Educate on diabetic diet, do regular exercise and foot care
3. Draw blood for Lyte, Creat, Glucose, HbA1C at SHCH

Lab result on February 10, 2012

Na	=136	[135 - 145]
K	= 3.2	[3.5 - 5.0]
Cl	=100	[95 - 110]
Creat	=58	[44 - 80]
Gluc	= 12.0	[4.2 - 6.4]
HbA1C	= 10.4	[4.8 - 5.9]

7. Prum San, 42M (Thnal Keng Village)**Diagnosis:**

1. Liver cirrhosis due to alcohol, hepatitis virus??
2. Ascitis

Treatment:

1. Spironolactone 25mg 1/2t po bid (#35)
2. Propranolol 40mg 1/4t po bid (#20)
3. MTV 1t po qd (#30)
4. Send patient to Kg Thom for Abdominal ultrasound
5. Draw blood for CBC, Lyte, BUN, Creat, LFT, HBsAg, HCV-Ab at SHCH

Lab result on February 10, 2012

WBC	=8.92	[4 - 11x10 ⁹ /L]	Na	=136	[135 - 145]
RBC	=4.8	[4.6 - 6.0x10 ¹² /L]	K	=4.2	[3.5 - 5.0]
Hb	= 12.5	[14.0 - 16.0g/dL]	Cl	=102	[95 - 110]
Ht	=38	[42 - 52%]	BUN	=5.5	[<8.3]
MCV	=80	[80 - 100fl]	Creat	=95	[53 - 97]
MCH	=26	[25 - 35pg]	AST	= 41	[<37]
MHCH	=33	[30 - 37%]	ALT	= 60	[<42]
Plt	= 92	[150 - 450x10 ⁹ /L]	HBs-Ag	= Non-reactive	
Lym	=1.13	[1.0 - 4.0x10 ⁹ /L]	HCV-Ab	= Non-reactive	
Mono	=0.48	[0.1 - 0.8x10 ⁹ /L]			
Neut	=6.89	[1.8 - 7.5x10 ⁹ /L]			
Eosino	=0.38	[0.08 - 0.40]			
Baso	=0.04	[0.02 - 0.10]			

8. Prum Ty, 23M (Thnout Malou Village)

Diagnosis:

1. Epilepsy

Treatment:

1. Phenytoin 100mg 1t po bid (buy)
2. Draw blood for Lyte, Creat, Glucose, LFT, RPR at SHCH

Lab result on February 10, 2012

Na	=135	[135 - 145]
K	= 3.3	[3.5 - 5.0]
Cl	=99	[95 - 110]
Creat	=83	[53 - 97]
Gluc	=5.4	[4.2 - 6.4]
AST	=28	[<37]
ALT	=26	[<42]
RPR	= Reactive ½	
TPHA	= Non-reactive	

9. Sam Bunny, 25F (Thnout Malou Village)

Diagnosis:

1. Nephrotic syndrome?
2. Dyspepsia

Treatment:

1. Prednisolone 5mg 8t po qd for one month then taper to complete 6months treatment (#160)
2. Albendazole 200mg 2t po bid for 5d (#20)
3. Omeprazole 20mg 1t po qhs for one month (#30)
4. Draw blood for CBC, Lyte, BUN, Creat, Glucose, Albumin, protein, Tot chole at SHCH

Lab result on February 10, 2012

WBC	= 23.80	[4 - 11x10 ⁹ /L]	Na	= 133	[135 - 145]
RBC	=4.8	[3.9 - 5.5x10 ¹² /L]	K	=4.5	[3.5 - 5.0]
Hb	=12.4	[12.0 - 15.0g/dL]	Cl	=100	[95 - 110]
Ht	=39	[35 - 47%]	BUN	= 8.4	[<8.3]
MCV	=80	[80 - 100fl]	Creat	= 81	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=6.0	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	= 14.6	[<5.7]
Plt	=327	[150 - 450x10 ⁹ /L]	Protein	= 65	[66 - 87]
Lym	=2.65	[1.0 - 4.0x10 ⁹ /L]	Albumin	= 34	[38 - 51]
Mono	=0.59	[0.1 - 1.0x10 ⁹ /L]			
Neut	= 20.47	[1.8 - 7.5x10 ⁹ /L]			
Eosino	= 0.07	[0.08 - 0.40]			
Baso	=0.02	[0.02 - 0.10]			

10. Tith Y, 56F (Ta Tong Village)

Diagnosis:

1. Rotator cuff tearing??
2. Frozen shoulder?
3. HTN

Treatment:

1. Ibuprofen 200mg 2t po bid prn pain (#30)
2. Hydrochlorothiazide 25mg 1t po qd (#30)
3. Draw blood for Lyte, Creat at SHCH
4. Send patient for right shoulder x-ray (AP, Lateral) at Kg Thom referral hospital

Lab result on February 10, 2012

Na	=136	[135 - 145]
K	=4.1	[3.5 - 5.0]
Cl	=101	[95 - 110]
Creat	=56	[44 - 80]

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 one month (#60)
2. Amlodipine 5mg 1t po qd for for one month (#30)
3. Captopril 25mg 1/2t po bid for for one month (buy)
4. Draw blood for Creat and HbA1C at SHCH

Lab result on February 10, 2012

Creat	=107	[53 - 97]
HbA1C	=6.0	[4.8 - 5.9]

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

Diagnosis:

1. Gouty arthritis
2. HTN
3. Hyperlipidemia

Treatment:

1. Paracetamol 500mg 1t po qid prn for three months (#40)
2. Amlodipine 5mg 1t po qd for three months (#90)
3. Fenofibrate 100mg 1t po qd for three months (buy)

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

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

1. Gouty arthritis
2. Osteoarthritis
3. Renal insufficiency

Treatment:

1. Paraetamol 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)

5. Chan Rim, 59F (Ke Village)

Diagnosis:

1. HTN
2. Eczema

Treatment:

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

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

Diagnosis:

1. Gouty Arthritis

Treatment:

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

7. Chey Hear, 71F (Bakdoang Village)

Diagnosis:

1. Tinea

Treatment:

1. Ciclopirox cream apply bid until the rash gone (#2)

8. Chhay Chanthy, 47F (Thnout Malou Village)

Diagnosis:

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1t po bid for one month (#30)
2. Propranolol 40mg 1/4t po bid for one month (#15)
3. Draw blood for Free T4 at SHCH

Lab result on February 10, 2012

Free T4= 12.78 [12.0 - 22.0]

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

Diagnosis:

1. HTN
2. Dyspepsia

Treatment:

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

10. Chhourn Khi, 51F (Trapang Teum Village)

Diagnosis:

1. DMII with PNP

Treatment:

1. Metformin 500mg 1t po bid for one month (#30)
2. Amitriptylin 25mg 1/4t po qhs for one month (#8)
3. Draw blood for Creatinine, Glucose, HbA1C at SHCH

Lab result on February 10, 2012

Creat =82 [44 - 80]
Gluc =13.8 [4.2 - 6.4]
HbA1C =9.4 [4.8 - 5.9]

11. Chourn Panha, 17M (Thnout Malou Village)

Diagnosis:

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

Treatment:

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

12. Chum Chet, 64M (Koh Pon Village)**Diagnosis:**

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

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 (#20)
4. MTV 1t po qd for one month (#30)
5. Cetirizine 10mg 1t po qhs (#30)
6. Draw blood for Electrolyte, and Creatinine at SHCH

Lab result on February 10, 2012

Na	=138	[135 - 145]
K	=5.1	[3.5 - 5.0]
Cl	=107	[95 - 110]
Creat	=284	[53 - 97]

13. Doeu Chetana, 6F (Bos Village)**Diagnosis:**

1. Tourette syndrome

Treatment:

1. Haloperidol 5mg 1/4t po bid for one month (#20)

14. Dourng Sopheap, 37F (Thnal Keng Village)**Diagnosis:**

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 2t bid for one month (buy)
2. Propranolol 40mg 1/2t po bid for one month (#30)

15. Dourng Sunly, 56M (Taing Treurk Village)**Diagnosis:**

1. HTN
2. Gout
3. Hyperlipidemia

Treatment:

1. Captopril 25mg 1/2t po bid for three months (buy)
2. ASA 300mg 1/4t po qd for three months (# 23)
3. Paracetamol 500mg 1t po q6h prn pain/fever for three months (# 40)
4. Fenofibrate 100mg 1t po qd for three months (buy)

16. Ek Rim, 47F (Rovieng Chheung Village)**Diagnosis:**

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for one month (#35)

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

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po tid for one month (#50)
2. Propranolol 40mg ¼ t po bid for one month (#15)
3. Draw blood for Free T4 at SHCH

Lab result on February 10, 2012

Free T4 = 31.34 [12.0 – 22.0]

18. Heng Chey, 71M (Thkeng Village)

Diagnosis:

1. HTN

Treatment:

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

19. Heng Naiseang, 63F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 2t po qd for one month (#70)
2. Do regular exercise

20. Heng Sokhourn, 42F (Otalauk Village)

Diagnosis:

1. Dyspepsia

Treatment:

1. Cimetidine 200mg 1t po qhs for one month (#30)
2. Mebendazole 100mg 5t po qhs once (#5)

21. Heum Pho, 40F (Svay Pat Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po qd for two months (#60)
2. Review on diabetic diet, foot care and do regular exercise

22. Hourn Narann, 25F (Pal Hal Village)

Diagnosis:

1. PUD

Treatment:

1. Cimetidine 200mg 2t po qhs one month (#60)

23. In Kong, 68F (Bos Village)

Diagnosis:

1. HTN
2. Mouth ulcer

Treatment:

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

24. In Kinny, 52M (Doang Village)

Diagnosis:

1. Right Sciatica

Treatment:

1. Ibuprofen 200mg 3t po bid prn (#30)

25. Khi Ngorn, 65M (Rovieng Cheung Village)

Diagnosis:

1. HTN
2. Renal failure

Treatment:

1. Nifedipine 20mg 1t po qd for one month (#60)
2. Furosemide 40mg 1/2t po qd for one month (#15)

26. Kim Yat, 38F (Sre Thom Village)

Diagnosis:

1. Tachycardia

Treatment:

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

27. Kor Khem Nary, 33F (Trapang Reusey Village)

Diagnosis

1. Hyperthyroidism

Treatment

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

Lab result on February 10, 2012

Free T4=**73.57** [12.0 - 22.0]

28. Kouch Be, 80M (Thnout Malou Village)

Diagnosis

1. HTN
2. COPD

Treatment

1. Amlodipine 5mg 1t po qd for one month (#30)
2. Salbutamol Inhaler 2 puffs prn SOB for one month (#1)

29. Koy Veth, 38F (Thnout Malou Village)

Diagnosis:

1. Asthma

Treatment:

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

30. Kul Chheung, 84F (Taing Treuk Village)

Diagnosis:

1. COPD
2. Pnuemonia

Treatment:

1. Salbutamol Inhaler 2puffs bid for one month (#1)
2. Augmentin 600mg/cc 10cc bid for 10d (#1)

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid for three months (#90)
2. Glibenclamide 5mg 1t po bid for three months (#90)
3. Captopril 25mg 1/2t po bid for three months (buy)
4. HCTZ 25mg 1t po qd for three months (#90)
5. ASA 300mg ¼ t po qd for three months (buy)

32. Kun Ban, 53M (Thnal Keng Village)

Diagnosis:

1. DMII

Treatment:

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

33. Lang Da, 45F (Thnout Malou Village)

Diagnosis:

1. HTN

Treatment:

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

34. Long Darith, 2M (Thnout Malou Village)

Diagnosis:

1. Impetigo
2. Eczema

Treatment:

1. Fluocinonide cream apply bid on the lesion (#2)
2. Albendazole 200mg 1/2t po bid x 3d (#3)

35. Mar Thean, 54M (Rom Chek Village)

Diagnosis:

1. DMII
2. Hyperlipidemia

Treatment:

1. Metformin 500mg 2t po bid for one month (#100)
2. Glibenclamide 5mg 1t po bid for one month (#60)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Fenofibrate 100mg 1t po bid (buy)

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for three months (#90)

37. Meas Ream, 88F (Taing Treuk Village)

Diagnosis:

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

Treatment:

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

38. Meas Thoch, 85F (Ta Tong Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for one month (# 35)
2. MTV 1t po qd for one month (#30)

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

Diagnosis:

1. Pityriasis versicolor?

Treatment:

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

40. Nop Sareth, 41F (Kampot Village)

Diagnosis:

1. Cardiomegaly
2. VHD (MS/TR) with Pulmonary hypertension
3. Dyspepsia

Treatment:

1. Enalapril 5mg 1/4t po qd for one month (#10)
2. Furosemide 40mg 1t po bid for one month (#60)
3. ASA 300mg 1/4t po qd for one month (# 10)
4. Cimetidine 200mg 1t po qhs for one month (#30)

41. 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 tid for one month (buy)
4. ASA 300mg 1/4t po qd for one month (buy)

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

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid for three months (#90)
2. Metformin 500mg 2t po bid for three months (#180)
3. Captopril 25mg 1t po bid three months (buy)
4. ASA 300mg 1/4t po qd three months (#24)

43. Pheng Roeung, 67F (Thnout Malou Village)

Diagnosis:

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

Treatment:

1. Propranolol 40mg 1/4t po bid for one month (#15)
2. Spironolactone 25mg 2t po bid for one month (#120)
3. Furosemide 400mg 2t po bid for one month (#60)
4. MTV 1t po qd for one month (#30)
5. FeSO4/Folate 200/0.4mg 1t po qd for one month (#30)

44. Phork Vann, 60F (Bakdoang Village)

Diagnosis:

1. Vertigo
2. Scleroderma

Treatment:

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

45. Preum Proy, 52M (Thnout Malou Village)

Diagnosis:

1. DMII
2. HTN
3. Hyperlipidemia

Treatment:

1. Glibenclamide 5mg 1t 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. Simvastatin 10mg 1t po qhs for one month (buy)

46. 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 40mg 1/2t po qd for one month (#15)
6. Draw blood for Lyte and Creatinine at SHCH

Lab result on February 10, 2012

Na	=137	[135 - 145]
K	=6.3	[3.5 - 5.0]
Cl	=107	[95 - 110]
Creat	=227	[44 - 80]

47. Prum Sourn, 71M (Taing Treuk Village)

Diagnosis:

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

Treatment:

1. Captopril 25mg 1/4t po bid for one month (buy)
2. Furosemide 40mg 1t po bid for one month (#60)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Omeprazole 20mg 1t po qhs for one month (#30)

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

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po qd for one month (buy)
2. Propranolol 40mg 1/4t po bid for one month (#15)
3. Draw blood for Free T4 at SHCH

Lab result on February 10, 2012

Free T4 = **56.12** [12.0 – 22.0]

49. 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

50. Rim Sopheap, 35F (Doang Village)

Diagnosis:

1. Dilated Cardiomyopathy with EF 32% with PR
2. GERD

Treatment:

1. Omeprazole 20mg 1t po qhs (#30)
2. MTV 1t po qd for one month (#30)

51. Ros Im, 58F (Taing Treuk Village)

Diagnosis:

1. Dyspepsia
2. Joint pain

Treatment:

1. Cimetidine 200mg 1t po qhs once (#30)
2. Ibuprofen 200mg 2t po bid (#20)

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

Diagnosis:

1. HTN
2. DMII
3. Hypertriglyceridemia

Treatment:

1. Glibenclamide 5mg 1/2t po bid for two months (buy)
2. Metformin 500mg 2t po bid for two months (#240)
3. Captopril 25mg 1/2t po bid for two months (buy)
4. ASA 300mg 1/4t po qd for two months (#15)
5. Fenofibrate 100mg 1t po qd for two months (buy)

53. 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 1/2t po bid for two months (buy)

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

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for one month (#60)
2. Glibenclamide 5mg 1t po bid for one month (#60)
3. Captopril 25mg 1/4t po bid for one month (buy)
4. Draw blood for Creatinine, HbA1C at SHCH

Lab result on February 10, 2012

Creat =69	[44 - 80]
HbA1C =13.0	[4.8 - 5.9]

56. 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 25mg 1t po qd for one month (#30)

57. Sam Yom, 62F (Chhnourn Village)

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po qhs for four months (#60)
2. Advise to do regular exercise

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

Diagnosis:

1. Right side stroke with left weakness

Treatment:

1. MTV 1t po qd for one month (# 30)

60. Sao Phal, 63F (Thnout Malou)

Diagnosis:

1. HTN
2. Anxiety
3. Hypertriglyceridemia
4. Renal insufficiency

Treatment:

1. HCTZ 25mg 1t po qd for two months (#60)
2. Amitriptylin 25mg 1/2t po qhs for two months (#30)
3. Paracetamol 500mg 1t po qid prn pain/HA for two months (#30)
4. MTV 1t po qd for two months (#60)
5. Fenofibrate 100mg 1t po qd two months (buy)

61. 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. Nifedipine 20mg 1t po qd for one month (#35)
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)

62. Sok Chou, 60F (Sre Thom Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for two months (#150)
2. Review on diabetic diet, do regular exercise and foot care

63. Som An, 60F (Rovieng Tbong)

Diagnosis:

1. HTN

Treatment:

1. Atenolol 50mg 1/2t po bid for four months (#120)
2. HCTZ 50mg 1t po qd for four months (buy)

64. Som Ka, 61M (Taing Treuk Village)

Diagnosis:

1. Right side stroke with left side weakness
2. Hyperglycemia

Treatment:

1. MTV 1t po qd for one month (#30)
2. Draw blood for Lyte, Creat, Gluco, HbA1C at SHCH

Lab result on February 10, 2012

Na	=131	[135 - 145]
K	=4.2	[3.5 - 5.0]
Cl	=95	[95 - 110]
Creat	=66	[53 - 97]
Gluc	=12.7	[4.2 - 6.4]
HbA1C	=11.4	[4.8 - 5.9]

65. Son Sean, 39F (Bakdoang Village)

Diagnosis:

1. Thyroid cyst
2. Dyspepsia

Treatment:

1. Cimetidine 200mg 1t po qhs for one month (#30)

66. 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)

67. Tann Kim Hor, 57F (Rovieng Cheung Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for three months (buy)
2. Metformin 500mg 2t po bid for three months (#360)
3. Captopril 25mg 1/4t po bid for three months (buy)
4. ASA 300mg 1/4t po qd for three months (#23)

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

Diagnosis:

1. DMII

Treatment:

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

69. 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 (#30)
3. Eat low fats diet and do regular exercise

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

Diagnosis:

1. HTN
2. Hyperglycemia

Treatment:

1. HCTZ 25mg 1t po qd for one month (# 30)
2. Draw blood for HbA1C at SHCH

Lab result on February 10, 2012

HbA1C =5.9 [4.8 – 5.9]

71. Thon Vansoeun, 53F (Backdoang Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for three months (#90)
2. ASA 300mg 1/4t po qd for three months (buy)

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

Diagnosis:

1. Hyperthyroidsism
2. Sciatica

Treatment:

1. Carbimazole 5mg 2t po bid for two months (#100)
2. Propranolol 40mg 1/4t po bid for two months (#30)
3. Paracetamol 500mg 1t po qid prn pain for two months (#30)

73. Thourn Nhorn, 41F (Svay Pat Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid for two months (#60)
2. Glibenclamide 5mg 1t po bid for two months (#120)
3. Captopril 25mg 1/2t po bid for two months (buy)

74. Tith Hun, 58F (Ta Tong 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)
3. Atenolol 50mg 1/2t po qd for one month (#15)

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

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for three months (#90)
2. Captopril 25mg 1/4t po bid for three months (buy)
3. ASA 300mg 1/4t po qd for three months (#23)

76. Uy Noang, 59M (Thnout Malou Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (#60)
2. Metformine 500mg 1t po bid for one month (#60)
3. Captopril 25mg 1t po bid for one month (buy)
4. Draw blood for Creat, HbA1C at SHCH

Lab result on February 10, 2012

Creat	=61	[53 - 97]
HbA1C	=9.8	[4.8 - 5.9]

77. 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)

78. 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)

79. 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 (#30)
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)

80. Nung Hen, 37M (Rovieng Tbong Village)

Diagnosis:

1. Urinary bladder stone
2. Cystitis
3. BPH?

Treatment:

1. Follow up prn

81. Seng Loth, 38F (Bakdoang Village)

Diagnosis:

1. Nodular goiter (Euthyroid)

Treatment:

1. Follow up prn

**The next Robib TM Clinic will be held on
February 27 – March 2, 2012**