

# Robib *Telemedicine* Clinic

## Preah Vihear Province

J A N U A R Y 2 0 1 1

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

On Monday, January 3, 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), January 4 & 5, 2011, the Robib TM Clinic opened to receive the patients for evaluations. There were 8 new cases and 1 follow case seen during this month, and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh on Wednesday and Thursday, January 5 & 6, 2011.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston, and SHCH, Nurse Sovann managed and treated the patients accordingly. There were also patients who came for refills of medications. Finally, the data of the patient concerning final diagnosis and treatment/management would then be transcribed and transmitted to Nurse 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:** [Paul Heinzelmann](#) ; [Kathy Fiamma](#) ; [Joseph Kvedar](#) ; [Radiology Boston](#) ; [Kruy Lim](#) ; [Rithy Chau](#) ; [Cornelia Haener](#)

**Cc:** [Bernie Krisher](#) ; [Kevin O' brien](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#) ; [Savooun Chhun](#) ; [Peou Ouk](#) ; [Samoeun Lanh](#)

**Sent:** Friday, December 24, 2010 7:56 AM

**Subject:** Schedule for Robib TM Clinic January 2011

Dear all,

I would like to inform you that Robib TM Clinic for January 2011 will be starting from January 3 to 7, 2011.

The agenda for the trip is as following:

1. On Monday January 3, 2011, Dirver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday January 4, 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 and send to both partners in Boston and Phnom Penh.
3. On Wednesday Januart 5, 2011, the activity is the same as on Tuesday

4. On Thursday January 6, 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 January 7, 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 [mailto:robibtelemed@gmail.com]  
**Sent:** Tuesday, January 04, 2011 4:35 PM  
**To:** Paul Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruiy Lim; Rithy Chau  
**Cc:** Bernie Krisher; Thero So Nourn; Laurie & Ed Bachrach  
**Subject:** Robib TM clinic January 2011, Case#1, Chann Sourn, 64M

Dear all,

There are four new cases for first day of Robib TM Clinic January 2011. This is case number 1, Chann Sourn, 64M and photo.

Best regards,  
Sovann

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

### History and Physical



**Name/Age/Sex/Village:** Chann Sourn, 64M (Ke Village)

**Chief Complaint (CC):** Left side weakness x 5d

**History of Present Illness (HPI):** 64M, farmer, in the past three years, has presented with symptoms of dizziness, HA, neck tension, and BP checked 220/?. He got treatment with antihypertensive (unknown name). A few months later, he developed deviation of the mouth to left side and he didn't get any consultation but just bought antihypertensive when he feel not well. In these 5d, he woke up with left side weakness with numbness sensation and bought medicine from local pharmacy for numbness, taking 3t po bid (unknown name). He comes to consult with

Telemedicine today. He denied of falling down, CP, SOB, GI problem, oliguria, dysuria, hematuria, edema.

**Past Medical History (PMH):** Surgery of glaucoma in the past year

**Family History:** None

**SH:** Smoking 10cig/d for over 10y, no alcohol drinking

**Current Medications:**

1. 3t po bid (unknown name)

**Allergies:** NKDA

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

**PE:**

**Vitals:** BP: 188/108 P: 88 R: 20 T: 37°C Wt: 58Kg  
BP: 210/114 then taking Captopril 25mg 1/2t → BP: 180/106 (in half hour)

**General:** Stable, walk with assistance

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no neck mass, no lymph node palpable, no JVD, deviation of mouth to left side, left cheek weak with pop cheek out, normal wrinkle, normal eyebrow raising, no tongue deviation

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

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

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

**MS/Neuro:** MS +4/5 on left extremities, normal light touch, DTRs +2/4

**Lab/study:**

RBS: 104mg/dl

U/A: protein trace, no leukocyte, no gluco, no blood

**Assessment:**

1. HTN
2. Right stroke with left side weakness

**Plan:**

1. Nisodipine 20mg 1t po qd
2. HCTZ 50mg 1/2t po qd
3. ASA 300mg 1/4t po qd
4. Eat low salt diet, Do regular exercise
5. Cig smoking cessation
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

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

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

**Examined by:** Nurse Sovann Peng

**Date:** January 4, 2011

Please send all replies to [robibtelem@gmail.com](mailto:robibtelem@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](#)'; '[Paul Heinzelmann](#)'; '[Kathy Fiamma](#)'; '[Joseph Kvedar](#)'; '[Kruy Lim](#)'  
**Sent:** Wednesday, January 05, 2011 9:28 AM  
**Subject:** RE: Robib TM clinic January 2011, Case#1, Chann Sourn, 64M

Dear Sovann,

I agree with your assessment. For treatment, hold off the HCTZ and if uncontrolled trying with monotherapy then can add HCTZ. Let him know that stop smoking and tobacco chewing and lifestyle modification is very important for future prevention of another stroke and helping to control his BP. Physical therapy of his affected side also will help to improve the muscle weakness-let him do it regularly several times a day.

Thanks,  
Rithy

**From:** "Schwamm, Lee H.,M.D." <[LSCHWAMM@PARTNERS.ORG](mailto:LSCHWAMM@PARTNERS.ORG)>  
**Date:** January 5, 2011 7:29:19 PM EST  
**To:** "Fiamma, Kathleen M." <[KFIAMMA@PARTNERS.ORG](mailto:KFIAMMA@PARTNERS.ORG)>  
**Subject: RE: Robib TM clinic January 2011, Case#1, Chann Sourn, 64M**

Reasonable assessment, likely a brainstem lacunar stroke due to uncontrolled hypertension. Agree with plan, and if it is affordable, would lower cholesterol if it is elevated.

Lee H. Schwamm, MD, FAHA  
Professor of Neurology, HMS  
Vice Chairman, MGH Neurology

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**From:** Robibtelemed [<mailto:robibtelemed@gmail.com>]  
**Sent:** Tuesday, January 04, 2011 4:37 PM  
**To:** Rithy Chau; Kathy Fiamma; Kruy Lim; Joseph Kvedar; Paul Heinzelmann  
**Cc:** Bernie Krisher; Thero So Nourn; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic January 2011, Case#2, Prum Khoeun, 49F

Dear all,

This is case number 2, Prum Khoeun, 49F and photo.

Best regards,  
Sovann

**Robib Telemedicine Clinic**

## History and Physical



**Name/Age/Sex/Village:** Prum Khoeun, 49F (Prey Snourl Village)

**Chief Complaint (CC):** Epigastric pain x 1y

**History of Present Illness (HPI):** 49F, farmer, presented with epigastric pain, burning sensation, burping with sour taste, radiate to the scapula, the pain presented during hungry and full eating. She went to provincial hospital and told she has GI problem and treated with some medicine (unknown name) for several days. She also got treatment from local health center with Mg/Al(OH)<sub>3</sub> and the symptoms just got better for a while. She denied of black stool, stool with mucus/blood, hematemesis.

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

**Family History:** None

**SH:** Chewing tobacco, no alcohol drinking

**Current Medications:** prn Mg/Al(OH)<sub>3</sub> 1t po qd

**Allergies:** NKDA

**Review of Systems (ROS):** 2y post menopause

**PE:**

**Vitals:** BP: 104/70 P: 72 R: 20 T: 37°C Wt: 36Kg

**General:** Stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, 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 leg edema, no rashes, no lesion

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

**Rectal Exam:** Good sphincter tone, no mass palpable, neg colocheck

**Lab/study:** None

**Assessment:**

1. GERD

**Plan:**

1. Omeprazole 20mg 1t po qhs for one month
2. Mebendazole 100mg 5t po qhs once
3. GERD prev education

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:** January 4, 2011

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

**To:** '[Robibtelemed](mailto:robibtelemed@gmail.com)'

**Cc:** '[Bernie Krisher](mailto:Bernie_Krisher@sihosp.org)' ; '[Thero So Nourn](mailto:Thero_So_Nourn@sihosp.org)' ; '[Laurie & Ed Bachrach](mailto:Laurie_Ed_Bachrach@sihosp.org)' ; '[Kathy Fiamma](mailto:Kathy_Fiamma@sihosp.org)' ; '[Kruy Lim](mailto:Kruy_Lim@sihosp.org)' ; '[Joseph Kvedar](mailto:Joseph_Kvedar@sihosp.org)' ; '[Paul Heinzelmann](mailto:Paul_Heinzelmann@sihosp.org)'

**Sent:** Thursday, January 06, 2011 8:15 AM

**Subject:** RE: Robib TM Clinic January 2011, Case#2, Prum Khoeun, 49F

Dear Sovann,

I agree with your assessment. You can start her with H2 blocker first like Famotidine or Ranitidine2 po qhs. If not improving in 1 mo then can step up to PPI Omeprazole.

Rithy

**From:** "Tan, Heng Soon,M.D." <[HTAN@PARTNERS.ORG](mailto:HTAN@PARTNERS.ORG)>

**Date:** January 5, 2011 10:07:08 AM EST

**To:** "Fiamma, Kathleen M." <[KFIAMMA@PARTNERS.ORG](mailto:KFIAMMA@PARTNERS.ORG)>

**Subject:** RE: Robib TM Clinic January 2011, Case#2, Prum Khoeun, 49F

She may have GERD with epigastric pain after eating that responds to antacids. However she may also have H. pylori related gastritis with hunger pains. Of course in a middle aged person who chews tobacco with new onset pain a malignant gastric ulcer has to be ruled out. Has she lost weight? Ideally an initial UGI endoscopy would confirm esophagitis or gastritis or both. Otherwise, send off a test for H. pylori by blood serology or stool antigen testing if that's available. Check CBC to exclude occult GI bleeding. I recommend empiric therapy for H. pylori with bismuth subcitrate 140 mg, metronidazole 125 mg, tetracycline 125 mg combination: 3 of each 4 times a day after meals and at bedtime together with omeprazole 20 mg twice a day for 10 days. The omeprazole will treat heartburn as well. if pain does not clear, she should undergo UGI endoscopy.

Heng Soon Tan, MD

**From:** Robibtelemed [<mailto:robibtelemed@gmail.com>]

**Sent:** Tuesday, January 04, 2011 4:38 PM

**To:** Rithy Chau; Kruey Lim; Kathy Fiamma; Paul Heinzelmann; Joseph Kvedar  
**Cc:** Bernie Krisher; Thero So Nourn; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic January 2011, Case#3, Seng Sophy, 42F

Dear all,

This is case number 3, Seng Sophy, 42F 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:** Seng Sophy, 42F (Taing Treuk Village)

**Chief Complaint (CC):** Syncope x 1y

**History of Present Illness (HPI):** 42F, teacher of grade 1, presented with symptoms of lightheadedness, palpitation, cold extremity, diaphoresis, and vertigo then became unconscious. She was helped with massage, warm her up and given IV fluid by local health care worker and awake in about 5min to 30min. She didn't notice any activity causing syncope, head trauma. She consulted with private clinic and told she had hypocalcemia and treated with Cal/Vit D but the syncope still presented and noticed it increased in frequency from month to month. She denied of Fever, SOB, Cough, GI problem, oliguria, dysuria, hematuria, heavy menstruation.

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

**Family History:** None

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

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** Regular menstrual period, LMP December 16, 2010

**PE:**

**Vitals:** BP: 114/76 P: 91 R: 20 T: 37°C Wt: 51Kg

**General:** Stable

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



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

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

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

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

**Lab/study:**

RBS: 94mg/dl

**Assessment:**

1. Syncope

**Plan:**

1. MTV 1t po qd
2. Do regular exercise
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, Calcium, Mg2+ and TSH at SHCH

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

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

**Examined by: Nurse Sovann Peng**

**Date: January 4, 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' ; 'Kathy Fiamma' ; 'Paul Heinzemann' ; 'Joseph Kvedar'

**Sent:** Thursday, January 06, 2011 8:21 AM

**Subject:** RE: Robib TM Clinic January 2011, Case#3, Seng Sophy, 42F

Dear Sovann,

You may want to assess her a bit more whether she has had any domestic or social problem that may cause too much stress or anxiety. Hyperventilation due to anxiety can cause syncope.

I agree with the lab requested. Can you have her schedule when I go with you to Robib if you still cannot find out her problem?

Rithy



**From:** "Zusman, Randall M.,M.D." <[RZUSMAN@PARTNERS.ORG](mailto:RZUSMAN@PARTNERS.ORG)>  
**Date:** January 5, 2011 10:41:17 AM EST  
**To:** "Fiamma, Kathleen M." <[KFIAMMA@PARTNERS.ORG](mailto:KFIAMMA@PARTNERS.ORG)>  
**Subject:** RE: Robib TM Clinic January 2011, Case#3, Seng Sophy, 42F

This sounds suspiciously like a cardiac arrhythmia. Among the testing I would recommend would be a baseline EKG, a Holter 24-hour EKG recording and/or a 30 -day event monitor (if there are no syncopal events during the Holter recording) and an echocardiogram (to rule out structural heart disease including hypertrophic cardiomyopathy with outflow tract obstruction). Also, as for the vital signs, was there any postural change in BP or HR?

Hope this helps,

Randy

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**From:** Robibtelemed [mailto:[robibtelemed@gmail.com](mailto:robibtelemed@gmail.com)]  
**Sent:** Tuesday, January 04, 2011 4:40 PM  
**To:** Kathy Fiamma; Paul Heinzelmann; Joseph Kvedar; Kruy Lim; Rithy Chau  
**Cc:** Bernie Krisher; Thero So Nourn; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic January 2011, Case#4, Tey Sok Ken, 31F

Dear all,

This is case number 4, Tey Sok Ken, 31F and photo.

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**

### History and Physical



**Name/Age/Sex/Village:** Tey Sok Ken, 31F (Sre Thom Village)

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

**History of Present Illness (HPI):** 31F, farmer, presented with symptoms of neck tension, bilateral temporal pulsating HA and eyeball pain, palpation, and cold extremities. She asked local health care worker to see her, BP checked 180/? and was treated with unknown name medicine 2t po bid and 1/4t po bid for several days and got better for a while. She didn't seek medical consultation and come to Telemedicine today. She denied of CP, cough, SOB, oliguria, dysuria, hematuria, edema.

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

**Family History:** None

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

**Current Medications:** Unknown name medicine, stop 4d

**Allergies:** NKDA

**Review of Systems (ROS):** Urticaria with itchy when having shower with cold water; epigastric pain, burping with sour taste, worse with full eating and hungry, better with antacid, no black stool; Much worry about her family member due to low income

**PE:**

**Vitals:**      **BP: 139/96**    **P: 104**      **R: 20**      **T: 37°C**    **Wt: 50Kg**

**General:** Stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, 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 leg edema, (+) dorsalis pedis and posterior tibial pulse

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

**Lab/study:**

RBS: 94mg/dl

**Assessment:**

1. Tension HA
2. Dyspepsia
3. Urticaria

**Plan:**

1. Paracetamol 500mg 1t po qid prn HA
2. Famotidine 40mg 1t po qhs for one month
3. Mebendazole 100mg 5t po qhs once
4. Diphenhydramine 25mg 1t po qhs prn
5. Stress release education
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, 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: January 4, 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](#)'; '[Kathy Fiamma](#)'; '[Paul Heinzelmann](#)'; '[Joseph Kvedar](#)'; '[Kruy Lim](#)'

**Sent:** Thursday, January 06, 2011 8:27 AM

**Subject:** RE: Robib TM Clinic January 2011, Case#4, Tey Sok Ken, 31F

Dear Sovann,

Some of this patient's sx may come from a thyroid dysfunction. Go ahead and do a complete thyroid function test to include TSH, T3 and free T4. You can check her BP again. Also you can start her on low dose propranolol ¼ po bid to help with her palpitation and if BP elevated this may help some. Again ask for social problem which may lead to excess stress.

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:** Friday, January 07, 2011 7:42 PM

**Subject:** RE: Robib TM Clinic January 2011, Case#4, Tey Sok Ken, 31F

Thank you for the chance to consult.

I agree with your assessment about her neck tension and headache

She needs to have her blood pressure checked regularly.

diphenhydramine will help with the urticaria.

The famotadine (Histamine 2 blocker) may help with the dyspepsia and with the hives as it is also an antihistamine.

Best of luck

Paul

**From:** Robibtelemed [mailto:robibtelemed@gmail.com]  
**Sent:** Wednesday, January 05, 2011 5:16 PM  
**To:** Rithy Chau; Kruy Lim; Kathy Fiamma; Paul Heinzelmann; Joseph Kvedar  
**Cc:** Bernie Krisher; Thero So Nourn; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic January 2011, Case#5, Bon Phan, 43F

Dear all,

There are five new cases and one follow up cases which will be sent to you today. This is case number 5, continued from Yesterday, Bon Phan, 43F 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:** Bon Phan, 43F (Thkeng Village)

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

**History of Present Illness (HPI):** 43F, farmer, presented with epigastric pain, buring sensation, burping with sour taste, radiate to the shoulder, and associated with palpitation, dizziness. She went to provincial hospital and treated with 5 kinds of medicine (unknown name) bid for 2 weeks and got better for a few days then the symptoms reappeared. She denied of fever, cough, SOB, black stool, oliguria, hematuria, dysuria, edema.

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

**Family History:** None

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

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** no menstrual period for 3 months

**PE:**

**Vitals:** BP: 111/78 P: 75 R: 20 T: 37°C Wt: 45Kg

**General:** Stable

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

**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, 2+ crescendo systolic murmur, loudest at apex, no thrill

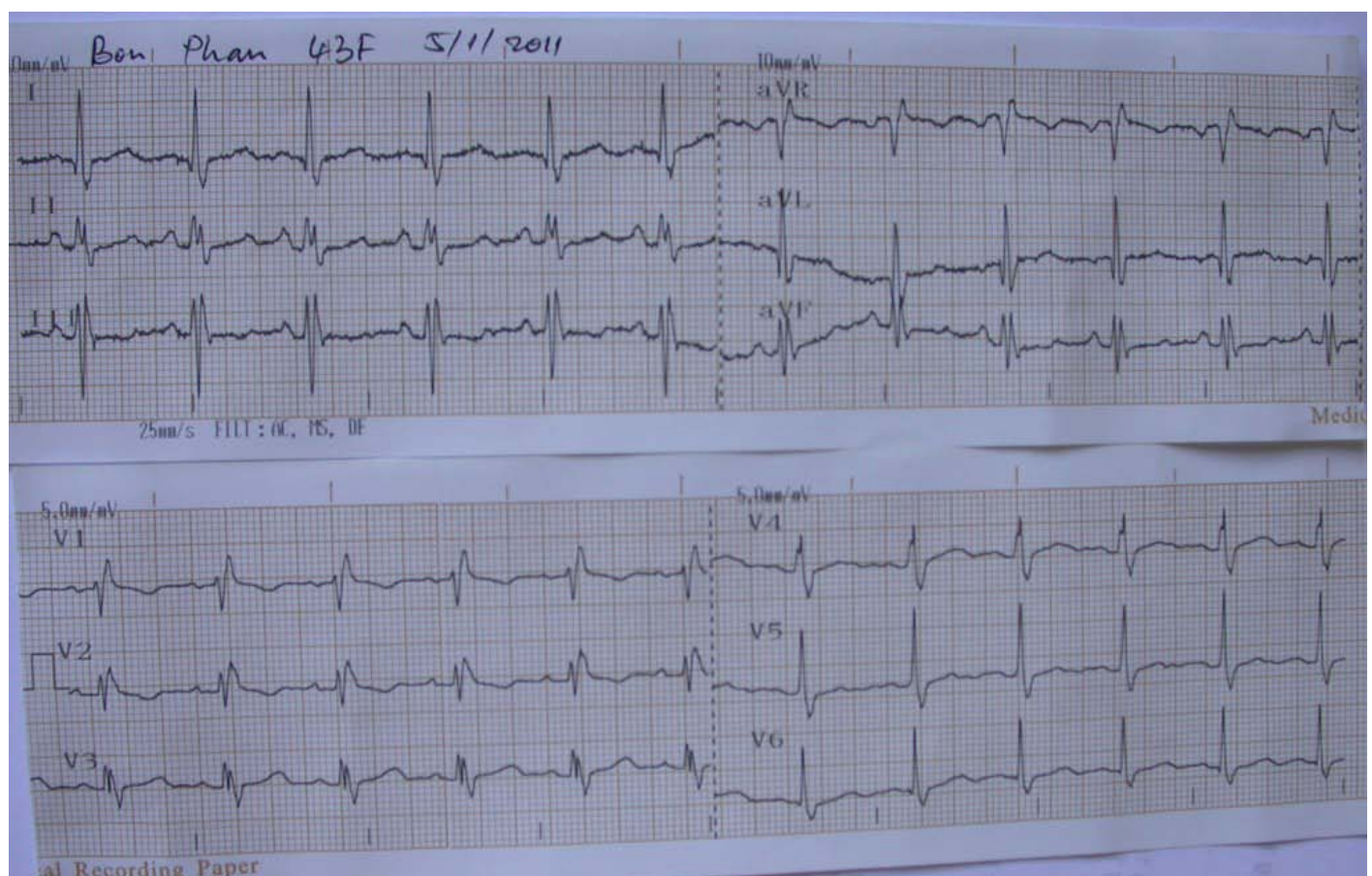
**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

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

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

**Lab/study:**

EKG attached



**Assessment:**

1. VHD?
2. GERD

**Plan:**

1. Omeprazole 20mg 1t po qhs for one month
2. Mebendazole 100mg 5t po qhs once
3. Refer to Phnom Penh for 2D echo of the heart
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

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

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

**Examined by: Nurse Sovann Peng**

**Date: January 5, 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](#)'; '[Kathy Fiamma](#)'; '[Paul Heinzelmann](#)'; '[Joseph Kvedar](#)'

**Sent:** Thursday, January 06, 2011 8:34 AM

**Subject:** RE: Robib TM Clinic January 2011, Case#5, Bon Phan, 43F

Sovann,

I agree with your assessment. She appears to have BBB and needs a 2D echo of her heart to further evaluate. With her dyspepsia, you can use H2 blocker first.

Rithy

---

**Sent:** Wednesday, January 05, 2011 5:18 PM

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

**Cc:** Bernie Krisher; Thero So Nourn; Laurie & Ed Bachrach

**Subject:** Robib TM Clinic January 2011, Case#6, Chim Sophea, 23F

Dear all,

This is case number 6, Chim Sophea, 23F and photos.

Best regards,  
Sovann



# Robib Telemedicine Clinic

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

## History and Physical



**Name/Age/Sex/Village:** Chim Sophea, 23F (Thkeng Village)

**Chief Complaint (CC):** Leg edema x 1 month

**History of Present Illness (HPI):** 23F, farmer, presented with symptoms of generalized muscle pain, joint pain, fever, leg edema and purpura during fever. She didn't seek consultation but only bought medicine (unknown name) from local pharmacy for several days. Her symptoms still persist after treatment. She also report of sore throat in the past 2y and denied of cough, SOB, nausea, vomiting, oliguria, hematuria.



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

**Family History:** None

**SH:** Single, no cig smoking, no alcohol drinking

**Current Medications:** 2t bid (unknown name)

**Allergies:** NKDA

**Review of Systems (ROS):** Irregular menstrual period (sometime come several days before/after), no heavy menstruation

**PE:**

**Vitals:** BP: 99/64 P: 110 R: 20 T: 37°C Wt: 42Kg

**General:** Stable

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

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

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

**Extremity/Skin:** 1+ leg edema, (+) dorsalis pedis and posterior tibial pulse; no purpura seen but the patient said it appeared if she has fever



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

**Lab/study:**

U/A: no gluco, no protein, leukocyte

**Assessment:**

1. NS??
2. Autoimmune disease???

**Plan:**

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, Albumin, protein, 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: January 5, 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:** '[Bernie Krisher](mailto:BernieKrisher)' ; '[Thero So Nourn](mailto:TheroSoNourn)' ; '[Laurie & Ed Bachrach](mailto:Laurie&EdBachrach)' ; '[Kruy Lim](mailto:KruyLim)' ; '[Paul Heinzelmann](mailto:PaulHeinzelmann)' ; '[Joseph Kvedar](mailto:JosephKvedar)' ; '[Kathy Fiamma](mailto:KathyFiamma)'

**Sent:** Thursday, January 06, 2011 8:43 AM

**Subject:** RE: Robib TM Clinic January 2011, Case#6, Chim Sophea, 23F

Dear Sovann,

I am not quite sure what to make of this patient. Is she on any oral contraception because this may give her some pedal edema? Her nutrition status seems to be ok from the photograph you presented. I do not think we have enough to even consider NS. She may have taken some medicine for her throat infection that caused a transient nephritis that is resolving. Is she pregnant? Can you check her BS? Can you find out for sure what medication she is taking—maybe if no need then tell her to stop taking it?

I would cancel the lab request because I do not think it is worth it to investigate on this patient at the moment if all the tests you did above came out negative. Just keep observe and give her a small dose of furosemide 20mg ½ qd for one week is enough. Tell her to eat one banana a day. Also you can treat her with albendazole for deworming.

Rithy

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

**Sent:** Friday, January 07, 2011 12:45 PM

**To:** Fiamma, Kathleen M.

**Subject:** RE: Robib TM Clinic January 2011, Case#6, Chim Sophea, 23F

The patient is a 23 year old woman with muscle and joint pain, fever, leg swelling and purpura that apparently came on in association with fever. On examination, she was afebrile. There was no purpura or other rash. There was some peripheral edema. Urinalysis showed no evidence of proteinuria.

It is difficult to know how to interpret these complaints and findings with the information we have to date. Does she have frequent recurrent episodes of fever? Does she always get a rash on her legs or elsewhere? Is it purpura and/or petechiae or something else? How often has this happened? How does she feel now?

I am not prepared to jump ahead with a diagnosis of autoimmune disease. This could have been a viral illness with or without transient low platelet count. I agree with obtaining the blood tests that were ordered including liver function tests, CBC including platelet count, renal function.

I recommend asking her to keep track of her symptoms going forward – fever, rash, etc. Hopefully this will resolve spontaneously. Please let us know what develops.

George L. Cohen, M.D.

---

**From:** Robibtelemed [mailto:robibtelemed@gmail.com]  
**Sent:** Wednesday, January 05, 2011 5:19 PM  
**To:** Paul Heinzemann; Joseph Kvedar; Kathy Fiamma; Rithy Chau; Kruy Lim  
**Cc:** Bernie Krisher; Thero So Nourn; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic January 2011, Case#7, Kun Ban, 53M

Dear all,

This is case number 7, Kun Ban, 53M and photos.

Best regards,  
Sovann

## **Robib Telemedicine Clinic**

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



### **History and Physical**

**Name/Age/Sex/Village:** Kun Ban, 53M (Thnal Keng Village)

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

**History of Present Illness (HPI):** 53M, chief of local health center, presented with two months of symptoms polyuria, polyphagia, polydypsia, fatigue, blurred vision, generalized muscle pain. He came to consult yesterday with RBS: 415mg/dl and advised to come back today for FBS: 315mg/dl. He denied of fever, cough, SOB, CP, GI complaint, hematuria, dysuria, numbness/tingling, leg edema.

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

**Family History:** None

**SH:** Smoking 2 pack of cig/d for over 10y, casually alcohol drinking

**Current Medications:** None

**Allergies:** NKDA

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

**PE:**

**Vitals:**      **BP: 121/74**    **P: 75**      **R: 20**      **T: 37°C**    **Wt: 81Kg**

**General:** Stable

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

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

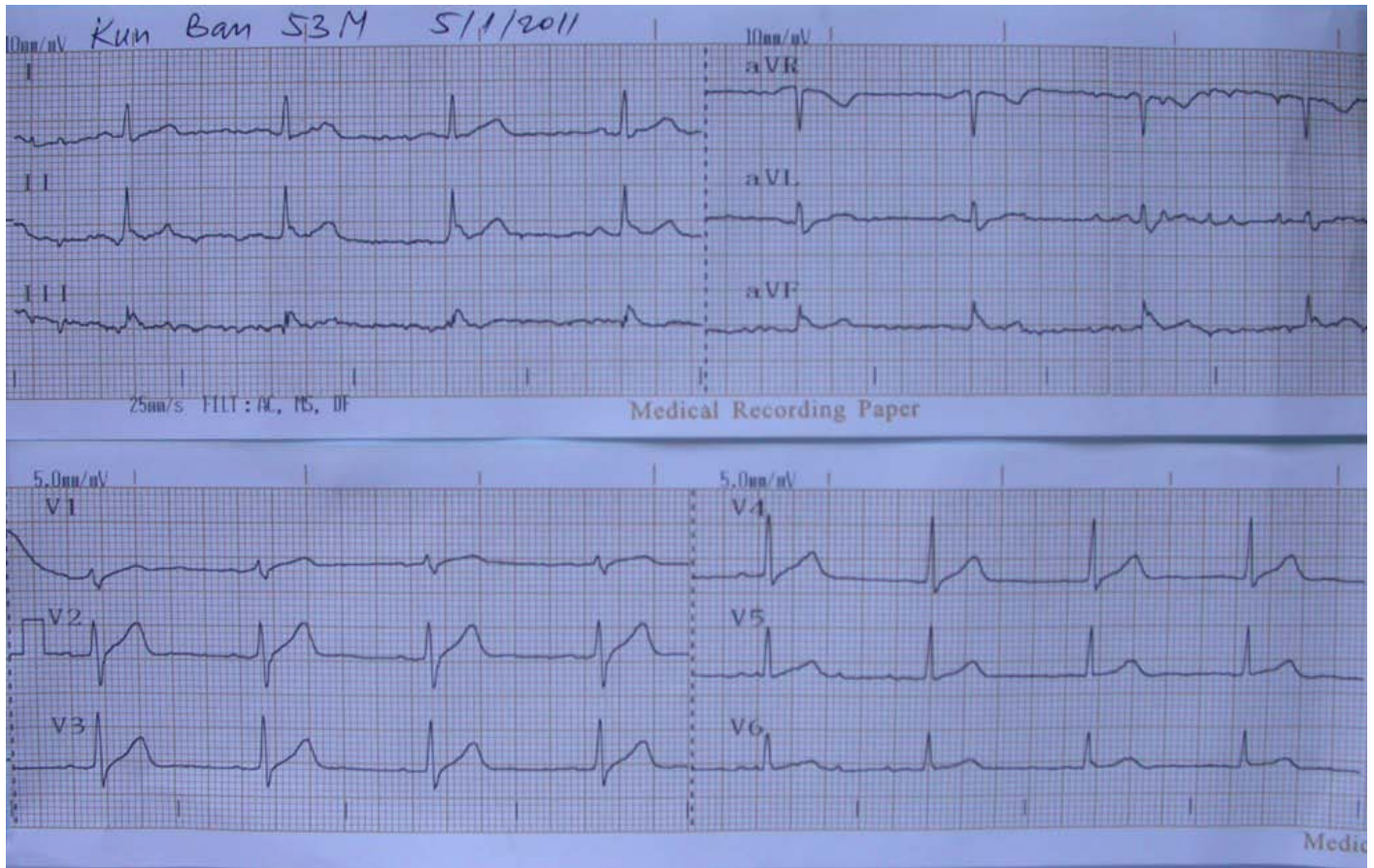
**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

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

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

**Lab/study:**

U/A: gluco 4+, no protein, no leukocyte  
EKG attached



**Assessment:**

1. DMII

**Plan:**

1. Metformin 500mg 1t po bid
2. ASA 300mg 1/4t po qd
3. Diabetic diet education, do regular exercise and foot care
4. Cig smoking cessation
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, 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: January 5, 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](#)'; '[Paul Heinzelmann](#)'; '[Joseph Kvedar](#)'; '[Kathy Fiamma](#)'; '[Kruy Lim](#)'  
**Sent:** Thursday, January 06, 2011 8:45 AM  
**Subject:** RE: Robib TM Clinic January 2011, Case#7, Kun Ban, 53M

Sovann,

Agree. Emphasize smoking cessation and lifestyle changes!  
Rithy

**From:** "Fang, Leslie S.,M.D." <[LFANG@PARTNERS.ORG](mailto:LFANG@PARTNERS.ORG)>  
**Date:** January 5, 2011 10:44:06 AM EST  
**To:** "Fiamma, Kathleen M." <[KFIAMMA@PARTNERS.ORG](mailto:KFIAMMA@PARTNERS.ORG)>  
**Subject: Re: Robib TM Clinic January 2011, Case#7, Kun Ban, 53M**

Agree with assessment and plans

---

**From:** Robibtelemed [<mailto:robibtelemed@gmail.com>]  
**Sent:** Wednesday, January 05, 2011 5:21 PM  
**To:** Paul Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Rithy Chau  
**Cc:** Bernie Krisher; Thero So Nourn; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic January 2011, So Chhorm, 73M

Dear all,

This is case number 8, So Chhorm, 73M and photo.

Best regards,  
Sovann

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

### History and Physical



**Name/Age/Sex/Village:** So Chhorm, 73M (Thkeng Village)

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

**History of Present Illness (HPI):** 73M, farmer, presented with symptoms of dizziness, HA, neck tension, and generalized muscle tension. The symptoms frequently happened after some daily activity and he got BP checked 200/? and got treatment with antihypertensive medicine (unknown name) for several days. He never sought consultation but only bought antihypertensive from local pharmacy his symptoms became worse. He denied of SOB, cough, CP, GI problem, oliguria, dysuria, edema.

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

**Family History:** None

**SH:** Smoking 1 pack of cig/d for over 10y, casually alcohol drinking

**Current Medications:** None

**Allergies:** NKDA

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

**PE:**

**Vitals:**      **BP: 154/79 (both arms)**    **P: 83**      **R: 20**      **T: 37°C**    **Wt: 43Kg**

**General:** Stable

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

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

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

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

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

**Lab/study:**

U/A: no leukocyte, no protein, no gluco

**Assessment:**

1. HTN

**Plan:**

1. HCTZ 50mg 1/2t po qd
2. Cig smoking cessation
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

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

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

**Examined by:** Nurse Sovann Peng

**Date:** January 5, 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](#)'; '[Paul Heinzelmann](#)'; '[Kathy Fiamma](#)'; '[Joseph Kvedar](#)'; '[Kruy Lim](#)'  
**Sent:** Thursday, January 06, 2011 8:48 AM  
**Subject:** RE: Robib TM Clinic January 2011, So Chhorm, 73M

Dear Sovann,

I agree. He looks cachetic, maybe give him some Xango powder as daily supplement.

Rithy

**From:** "Tan, Heng Soon,M.D." <[HTAN@PARTNERS.ORG](mailto:HTAN@PARTNERS.ORG)>  
**Date:** January 5, 2011 10:29:25 AM EST  
**To:** "Fiamma, Kathleen M." <[KFIAMMA@PARTNERS.ORG](mailto:KFIAMMA@PARTNERS.ORG)>  
**Subject:** RE: Robib TM Clinic January 2011, So Chhorm, 73M

He appears to have mild hypertension with BP 154/79. Workup with renal function and urine is appropriate to assess renal function. Workup for cardiovascular risk to assess for hyperlipidemia and diabetes is also appropriate. Low dose HCTZ is a good first drug. However does the mild hypertension explain all his symptoms? If dizziness is just lightheadedness, then treating hypertension may resolve symptoms. Of course we want to clarify that dizziness is not vertigo. If it is positional vertigo, then it could be an ear problem. If it is vertigo at rest associated with other neurological symptoms like diplopia, dysarthria or limb weakness, then brainstem ischemia or stroke has be considered.

Heng Soon Tan, MD

---

**From:** Robibtelemed [<mailto:robibtelemed@gmail.com>]  
**Sent:** Wednesday, January 05, 2011 5:22 PM  
**To:** Rithy Chau; Kruy Lim; Kathy Fiamma; Joseph Kvedar; Paul Heinzelmann  
**Cc:** Bernie Krisher; Thero So Nourn; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic January 2011, Case#9, Un Rady, 49M

Dear all,

This is case number 9, Un Rady, 49M 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:** Un Rady, 49M (Rom Chek Village)

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

**History of Present Illness (HPI):** 49M, teacher of grade 3, presented with symptoms of polyuria, polyphagia, polydypsia, fatigue. He went to consult in private clinic, checked BS: 400mg/dl and told he had DMII. He got treatment with traditional medicine but the symptoms still presented so he came to consult with Telemedicine. He denied of blurred vision, CP, SOB, GI complaint, hematuria, dysuria,

numbness/tingling, edema.

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

**Family History:** None

**SH:** Smoking 1 pack of cig/d, casually alcohol drinking

**Current Medications:** Traditional medicine

**Allergies:** NKDA

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

**PE:**

**Vitals:** BP: 113/79 P: 71 R:18 T: 37°C Wt: 50Kg

**General:** Stable

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

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

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

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

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

**Lab/study:**

RBS: 340mg/dl  
U/A: gluco 4+, no protein, no leukocyte

**Assessment:**

1. DMII

**Plan:**

1. Glibenclamide 5mg 1t po bid
2. ASA 300mg 1/4t po qd
3. Diabetic diet education, do regular exercise and foot care
4. Cig smoking cessation
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, 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: January 5, 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:** '[Bernie Krisher](mailto:BernieKrisher)' ; '[Thero So Nourn](mailto:TheroSoNourn)' ; '[Laurie & Ed Bachrach](mailto:Laurie&EdBachrach)' ; '[Kruy Lim](mailto:KruyLim)' ; '[Kathy Fiamma](mailto:KathyFiamma)' ; '[Joseph Kvedar](mailto:JosephKvedar)' ; '[Paul Heinzelmann](mailto:PaulHeinzelmann)'

**Sent:** Thursday, January 06, 2011 8:50 AM

**Subject:** RE: Robib TM Clinic January 2011, Case#9, Un Rady, 49M

Dear Sovann,

Agree. Start him with Metformin 1t bid first to prevent risking hypoglycemia since we only do monthly visit.

Rithy

---

**From:** Robibtelemed [mailto:[robibtelemed@gmail.com](mailto:robibtelemed@gmail.com)]

**Sent:** Wednesday, January 05, 2011 5:25 PM

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

**Cc:** Bernie Krisher; Thero So Nourn; Laurie & Ed Bachrach

**Subject:** Robib TM Clinic January 2011, Case#10, Say Soeun, 71F

Dear all,

This is the last case (follow up) for Robib TM Clinic January 2011, Say Soeun, 71F and photos.

Please try to reply the cases before Thursday afternoon then I can make the treatment plan accordingly. Thank you very much for your cooperation and support in this project.

Best regards,  
Sovann

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

*SOAP Note*



**Patient Name & Village:** Say Soeun, 71F (Rovieng Cheung Village)

**Subjective:** 71F came to follow up of HTN, DMII complaining of about two months epigastric burning pain, especially during hungry and got better with antacid. The pain radiated to scapula and also with palpitation, and sensation of facial swelling in the morning, heat intolerance. She denied of cough, SOB, CP, tremor, hair loss, leg edema, oliguria, dysuria, nausea, vomiting, black stool. She took medicine regularly. Her BP monitoring about 6 months ranging from

SBP/DBP: 180 – 220/80 – 100mmHg.

**Current Medications:**

1. Glibenclamide 5mg 1t po bid
2. Metformin 500mg 1t po bid
3. Captopril 25mg 1t po bid
4. Nifedipine 20mg 1t po qd
5. MTV 1t po qd

**Allergies:** NKDA

**Objective:**

**VS:** BP: 216/95 P: 74 R: 20 T: 37 Wt: 52kg

**PE (focused):**

**General:** Look sick

**HEENT:** No oropharyngeal lesion, slightly pale conjunctiva, no thyroid enlargement, no lymph node palpable, no JVD

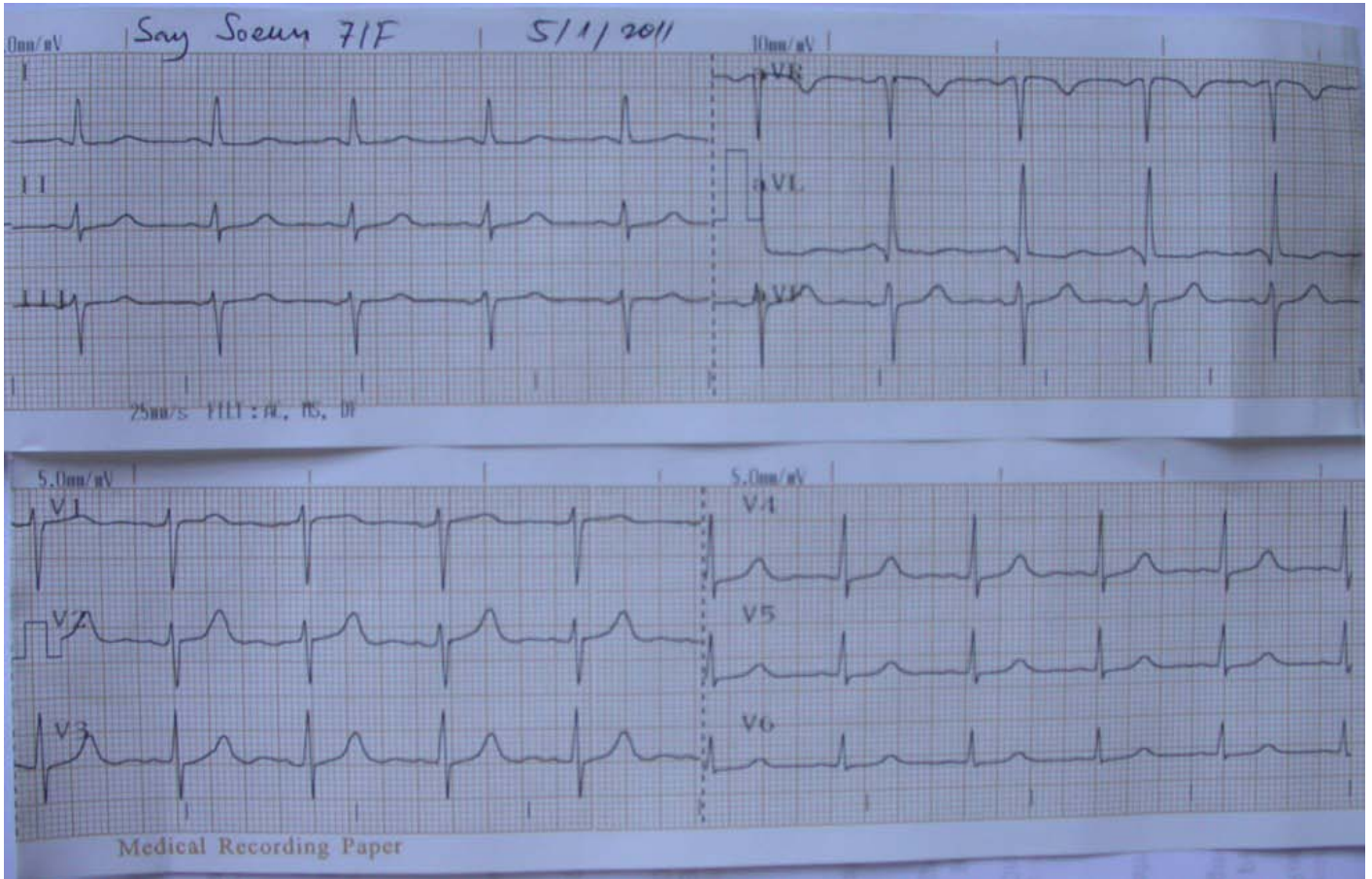
**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, no abd mass palpable, no abd bruit

**Skin/Extremity:** No edema, no rash, no foot wound, dorsalis pedis and posterior tibial pulse palpable

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

**Labs/Studies:** EKG attached  
**Done on January 5, 2011**



FBS: 117mg/dl  
 U/A: gluco 3+, protein 3+, no leukocyte, no blood

**Lab result on October 15, 2010**

Na	=143	[135 - 145]
K	=3.6	[3.5 - 5.0]
Cl	=108	[95 - 110]
BUN	=2.2	[0.8 - 3.9]
Creat	=122	[44 - 80]
Gluc	=8.6	[4.2 - 6.4]
T. Chol	=6.7	[<5.7]
TG	=2.1	[<1.71]
HbA1C	=8.6	[4 - 6]

**Lab result on May 14, 2010**

Gluc	=14.6	[4.2 - 6.4]
HbA1C	=6.4	[4 - 6]

**Assessment:**

1. HTN
2. DMII
3. Dyspepsia

**Plan:**

1. Glibenclamide 5mg 1t po bid
2. Metformin 500mg 1t po bid

3. Captopril 25mg 1t po bid
4. Nifedipine 20mg 1t po qd
5. MTV 1t po qd
6. Famotidine 40mg 1t po qhs
7. Draw blood for CBC, Lyte, Bun, Creat, Gluc TG, Tot chole and HbA1C at SHCH
8. Refer to SHCH for evaluation of uncontrolled HTN

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: January 5, 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](#)' ; '[Kathy Fiamma](#)' ; '[Kruy Lim](#)' ; '[Paul Heinzelmann](#)' ; '[Joseph Kvedar](#)'  
**Sent:** Thursday, January 06, 2011 8:54 AM  
**Subject:** RE: Robib TM Clinic January 2011, Case#10, Say Soeun, 71F

Dear Sovann,

You may want to increase her Captopril to tid. No need for referral at this point.

Rithy

---

## Thursday, January 6, 2011

---

### Follow-up Report for Robib TM Clinic

There were 8 new and 1 follow up patients seen during this month Robib TM Clinic, and other 60 patients came for medication refills only. The data of all 9 cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE, the following patients were managed and treated as follows:

**NOTE:** [Please note that some blood works was drawn and done at SHCH at no cost and others including studies such as x-rays, U/S, EKG, etc. were done at Kompong Thom Referral Hospital with patients paying on their own. Robib TM clinic **STILL** pays for transportation, accommodation, and other expenses for the patients visiting the clinic **IF** they are from Thnout Malou Village. For those patients who were seen at SHCH previously and remained stable with medications, the clinic will continue to provide them with appropriate medications from SHCH at no cost for the duration

of their illnesses or while supplies lasted. The clinic still provided free medications for all "poor" patients. Some patients may be listed below if they came by for refills of medications.]

## Treatment Plan for Robib Telemedicic Clinic January 2011

### 1. Chann Sourn, 64M (Ke Village)

**Diagnosis:**

1. HTN
2. Right stroke with left side weakness

**Treatment:**

1. Nisoldipine 20mg 1t po qd (#35)
2. ASA 300mg 1/4t po qd (#10)
3. Eat low salt diet, Do regular exercise
4. Cig smoking cessation
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

**Lab result on January 7, 2011**

WBC	=9.6	[4 - 11x10 <sup>9</sup> /L]	Na	=144	[135 - 145]
RBC	=5.5	[3.9 - 5.5x10 <sup>12</sup> /L]	K	= <b>5.2</b>	[3.5 - 5.0]
Hb	=14.2	[12.0 - 15.0g/dL]	Cl	=109	[95 - 110]
Ht	=44	[35 - 47%]	BUN	=3.4	[0.8 - 3.9]
MCV	=81	[80 - 100fl]	Creat	= <b>110</b>	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	= <b>7.8</b>	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	= <b>6.1</b>	[<5.7]
Plt	=231	[150 - 450x10 <sup>9</sup> /L]	TG	= <b>3.5</b>	[<1.71]
Lym	=2.6	[1.0 - 4.0x10 <sup>9</sup> /L]			

### 2. Prum Khoeun, 49F (Prey Snourl Village)

**Diagnosis:**

1. GERD

**Treatment:**

1. Famotidine 40mg 1t po qhs for one month (#30)
2. Mebendazole 100mg 5t po qhs once (#5)
3. GERD prev education

### 3. Seng Sophy, 42F (Taing Treuk Village)

**Diagnosis:**

1. Syncope

**Treatment:**

1. MTV 1t po qd (#30)
2. Do regular exercise
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, Calcium, Mg2+ and TSH at SHCH

**Lab result on January 7, 2011**

WBC	=5.8	[4 - 11x10 <sup>9</sup> /L]	Na	=140	[135 - 145]
RBC	=4.6	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=4.8	[3.5 - 5.0]
Hb	=12.4	[12.0 - 15.0g/dL]	BUN	=2.1	[0.8 - 3.9]
Ht	=40	[35 - 47%]	Creat	= <b>100</b>	[44 - 80]
MCV	=86	[80 - 100fl]	Gluc	=5.7	[4.2 - 6.4]
MCH	=27	[25 - 35pg]	T. Chol	=5.0	[<5.7]
MHCH	=31	[30 - 37%]	TG	=1.4	[<1.71]
Plt	=249	[150 - 450x10 <sup>9</sup> /L]	TSH	=2.11	[0.27 - 4.20]



Lym	=2.7	[1.0 - 4.0x10 <sup>9</sup> /L]	Ca <sup>2+</sup>	=1.16	[1.12 – 1.32]
Mxd	=0.7	[0.1 - 1.0x10 <sup>9</sup> /L]	Mg <sup>2+</sup>	=1.0	[0.8 – 1.0]
Neut	=2.4	[1.8 - 7.5x10 <sup>9</sup> /L]			

#### 4. Tey Sok Ken, 31F (Sre Thom Village)

##### Diagnosis:

1. Tension HA
2. Dyspepsia
3. Urticaria

##### Treatment:

1. Paracetamol 500mg 1t po qid prn HA (#20)
2. Famotidine 40mg 1t po qhs for one month (#30)
3. Mebendazole 100mg 5t po qhs once (#5)
4. Diphenhydramine 25mg 1t po qhs prn (#30)
5. Stress release education
6. Draw blood for CBC, BUN, Creat, Gluc, TSH, T4, T3 at SHCH

##### Lab result on January 7, 2011

WBC	=4.3	[4 - 11x10 <sup>9</sup> /L]	TSH	=<0.005	[0.27 – 4.20]
RBC	=4.9	[3.9 - 5.5x10 <sup>12</sup> /L]	Free T4	=46.92	[12.0 – 22.0]
Hb	=10.1	[12.0 - 15.0g/dL]	TG	=0.6	[<1.71]
Ht	=34	[35 - 47%]	BUN	=1.2	[0.8 - 3.9]
MCV	=69	[80 - 100fl]	Creat	=85	[44 - 80]
MCH	=21	[25 - 35pg]	Gluc	=5.5	[4.2 - 6.4]
MHCH	=30	[30 - 37%]			
Plt	=273	[150 - 450x10 <sup>9</sup> /L]			
Lym	=1.8	[1.0 - 4.0x10 <sup>9</sup> /L]			

#### 5. Bon Phan, 43F (Thkeng Village)

##### Diagnosis:

1. VHD?
2. GERD

##### Treatment:

1. Famotidine 40mg 1t po qhs for one month (#30)
2. Mebendazole 100mg 5t po qhs once (#5)
3. Refer to Phnom Penh for 2D echo of the heart
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

##### Lab result on January 7, 2011

WBC	=4.4	[4 - 11x10 <sup>9</sup> /L]	Na	=146	[135 - 145]
RBC	=5.4	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=4.9	[3.5 - 5.0]
Hb	=11.1	[12.0 - 15.0g/dL]	Cl	=114	[95 – 110]
Ht	=36	[35 - 47%]	BUN	=2.0	[0.8 - 3.9]
MCV	=67	[80 - 100fl]	Creat	=92	[44 - 80]
MCH	=21	[25 - 35pg]	Gluc	=5.6	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	T. Chol	=4.7	[<5.7]
Plt	=117	[150 - 450x10 <sup>9</sup> /L]	TG	=1.2	[<1.71]
Lym	=1.9	[1.0 - 4.0x10 <sup>9</sup> /L]			

#### 6. Chim Sophea, 23F (Thkeng Village)

##### Diagnosis:

1. Post nephritis

##### Treatment:

1. Furosemide 20mg 1/2t po qd (#4)
2. Albendazole 200mg 2t po bid x 5d (#20)



## 7. Kun Ban, 53M (Thnal Keng Village)

### Diagnosis:

1. DMII

### Treatment:

1. Metformin 500mg 1t po bid (#70)
2. ASA 300mg 1/4t po qd (#10)
3. Diabetic diet education, do regular exercise and foot care
4. Cig smoking cessation
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, HbA1C at SHCH

### Lab result on January 7, 2011

WBC	=10.1	[4 - 11x10 <sup>9</sup> /L]	Na	=139	[135 - 145]
RBC	=5.7	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=5.3	[3.5 - 5.0]
Hb	=12.5	[14.0 - 16.0g/dL]	Cl	=111	[95 - 110]
Ht	=42	[42 - 52%]	BUN	=2.4	[0.8 - 3.9]
MCV	=74	[80 - 100fl]	Creat	=119	[53 - 97]
MCH	=22	[25 - 35pg]	Gluc	=18.3	[4.2 - 6.4]
MHCH	=30	[30 - 37%]	T. Chol	=5.2	[<5.7]
Plt	=257	[150 - 450x10 <sup>9</sup> /L]	TG	=2.8	[<1.7]
Lym	=2.8	[1.0 - 4.0x10 <sup>9</sup> /L]			
HbA1C	=13.1	[4 - 6]			

## 8. So Chhorm, 73M (Thkeng Village)

### Diagnosis:

1. HTN

### Treatment:

1. HCTZ 50mg 1/2t po qd (#20)
2. Cig smoking cessation
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

### Lab result on January 7, 2011

WBC	=9.1	[4 - 11x10 <sup>9</sup> /L]	Na	=143	[135 - 145]
RBC	=5.2	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=4.8	[3.5 - 5.0]
Hb	=12.4	[14.0 - 16.0g/dL]	Cl	=106	[95 - 110]
Ht	=40	[42 - 52%]	BUN	=2.6	[0.8 - 3.9]
MCV	=77	[80 - 100fl]	Creat	=96	[53 - 97]
MCH	=24	[25 - 35pg]	Gluc	=6.0	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	T. Chol	=6.0	[<5.7]
Plt	=217	[150 - 450x10 <sup>9</sup> /L]	TG	=2.6	[<1.7]
Lym	=3.2	[1.0 - 4.0x10 <sup>9</sup> /L]			

## 9. Un Rady, 49M (Rom Chek Village)

### Diagnosis:

1. DMII

### Treatment:

1. Metformin 500mg 1t po bid (#70)
2. ASA 300mg 1/4t po qd (#10)
3. Diabetic diet education, do regular exercise and foot care
4. Cig smoking cessation
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, HbA1C at SHCH

### Lab result on January 7, 2011

WBC	=7.1	[4 - 11x10 <sup>9</sup> /L]	Na	=142	[135 - 145]
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RBC	=6.1	[3.9 - 5.5x10 <sup>12</sup> /L]
Hb	=15.3	[12.0 - 15.0g/dL]
Ht	=47	[35 - 47%]
MCV	=77	[80 - 100fl]
MCH	=25	[25 - 35pg]
MHCH	=33	[30 - 37%]
Plt	=154	[150 - 450x10 <sup>9</sup> /L]
Lym	=3.3	[1.0 - 4.0x10 <sup>9</sup> /L]
HbA1C	=16.1	[4 - 6]

K	=4.6	[3.5 - 5.0]
Cl	=106	[95 - 110]
BUN	=1.7	[0.8 - 3.9]
Creat	=86	[44 - 80]
Gluc	=17.2	[4.2 - 6.4]
T. Chol	=7.5	[<5.7]
TG	=8.3	[<1.71]

## 10. Say Soeun, 71F (Rovieng Cheung Village)

### Diagnosis:

1. HTN
2. DMII
3. Dyspepsia

### Treatment:

1. Glibenclamide 5mg 1t po bid (#60)
2. Metformin 500mg 1t po bid (#60)
3. Captopril 25mg 1t po tid (#90)
4. Nisoldipine 20mg 1t po qd (#30)
5. MTV 1t po qd (#30)
6. Famotidine 40mg 1t po qhs (#30)
7. Draw blood for Lyte, Bun, Creat, Gluc TG, Tot chole and HbA1C at SHCH

### Lab result on January 7, 2011

Na	=143	[135 - 145]
K	=5.9	[3.5 - 5.0]
Cl	=117	[95 - 110]
BUN	=3.6	[0.8 - 3.9]
Creat	=125	[44 - 80]
Gluc	=6.3	[4.2 - 6.4]
T. Chol	=7.7	[<5.7]
TG	=2.3	[<1.71]
HbA1C	=8.1	[4 - 6]

## Patients asked to come on January, 2011

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

#### Diagnosis:

1. HTN
2. DMII

#### Treatment:

1. Amlodipine 5mg 1/2t po qd for three months (#45)
2. Metformin 500mg 1t po bid for three months (#180)
3. Captopril 25mg 1/2t po bid for three months (buy)

### 2. Chan Khem, 63F (Taing Treuk Village)

#### Diagnosis:

1. HTN

#### Treatment:

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

### 3. Chan Oeung, 60M (Sangke Roang Village)

#### Diagnosis:

1. HTN

2. Gouty arthritis
3. Renal insufficiency

**Treatment:**

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

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

**Diagnosis:**

1. HTN
2. Tension HA

**Treatment:**

1. HCTZ 50mg 1/2t po qd (#15)
2. Paracetamol 500mg 1t po qid prn HA/Fever (#20)
3. Do regular exercise

**5. Chan Som, 71M (Thkeng Village)**

**Diagnosis:**

1. BPH
2. HTN

**Treatment:**

1. HCTZ 50mg 1/2t po qd for two months (#30)
2. Ibuprofen 200mg 2t po bid prn pain for two months (#50)

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

**Diagnosis:**

1. Gouty Arthritis

**Treatment:**

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

**7. Chheng Yearng, 48F (Thkeng Village)**

**Diagnosis:**

1. Dyspepsia

**Treatment:**

1. Famotidine 40mg 1t po qhs for one month (#30)
2. Propranolol 40mg 1/4t po bid for one month (#20)
3. MTV 1t po qd for one month (#30)

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

**Diagnosis:**

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

**Treatment:**

1. Atenolol 50mg 1/2t po bid for one month (#30)
2. Amlodipine 5mg 1t po qd for one month (buy)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Metformin 500mg 1t po bid for one month (#60)
5. Glibenclamide 5mg 1t po qd for one month (buy)
6. Draw blood for Creat, Gluc, HbA1C and uric acid at SHCH

**Lab result on January 7, 2011**

Creat	=136	[53 - 97]
Gluc	=7.3	[4.2 - 6.4]
U Acid	=419	[200 - 420]
HbA1C	=9.1	[4 - 6]

**9. Chum Chet, 63M (Koh Pon Village)**

**Diagnosis:**

1. Osteoarthritis?
2. HTN
3. Dyspepsia

**Treatment:**

1. Paracetamol 500mg 1t po qid prn pain for two months (#50)
2. Atenolol 50mg 1/2t po qd for two months (#30)
3. Famotidine 40mg 1t po qhs (#30)

**10. Chum Sen, 73F (Bos Village)**

**Diagnosis:**

1. Cachexia
2. Dyspepsia

**Treatment:**

1. MTV 1t po qd (#30)
2. Famotidine 40mg 1t po qhs for one month (#30)

**11. Ek Rim, 47F (Rovieng Chheung Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

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

**Diagnosis:**

1. HTN

**Treatment:**

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

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

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformine 500mg 1t po bid for two months (#120)
2. Captopril 25mg 1/4t po bid for two months (buy)

**14. Keo Vin, 51M (Thnout Malou Village)**

**Diagnosis:**

1. Sciatica

**Treatment:**

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

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

**Diagnosis:**

1. HTN

**Treatment:**

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

**16. Kim Sam, 85F (Rovieng Tbong Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**17. Kong Sam On, 55M (Thkeng Village)**

**Diagnosis:**

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

**Treatment:**

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

**18. Kul Keung, 66F (Taing Treuk Village)**

**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. HCTZ 50mg 1/2t po qd for one month (# 15)
2. ASA 300mg ¼ t po qd for one month (# buy)
3. Captopril 25mg ¼ t po qd for one month (# buy)
4. Glibenclamide 5mg 1t po bid for one month (# buy)
5. Metformin 500mg 1t po bid for one month (#60)
6. Draw blood for Gluc and HbA1C at SHCH

**Lab result on January 7, 2011**

Gluc	=7.7	[4.2 - 6.4]
HbA1C	=7.9	[4 - 6]

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

**Diagnosis:**

1. DMII

**Treatment:**

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

**20. Lay Lai, 32F (Taing Treuk Village)**

**Diagnosis:**

1. Tachycardia
2. Dyspepsia

**Treatment:**

1. Atenolol 50mg 1/2t po bid for three months (# 90)
2. Mg/Al(OH)<sub>3</sub> 250/120 2t po bid prn (#50)

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

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 1t po bid for one month (#60)
2. Draw blood for Gluc and HbA1C at SHCH

**Lab result on January 7, 2011**

Gluc	=9.1	[4.2 - 6.4]
HbA1C	=7.5	[4 - 6]

**22. Monn Sodaneth, 2F (Thnout Malou Village)**

**Diagnosis:**

1. Pityriasis versicolor?

**Treatment:**

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

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

**Diagnosis:**

1. HTN
2. Dyspepsia

**Treatment:**

1. HCTZ 50mg 1/2t po qd for one month (#15)
2. Mg/Al(OH)<sub>3</sub> 250/120 2t po bid prn (#50)

**24. Nung Bopha, 45F (Rovieng Cheung Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid (buy)
2. Metformin 500mg 1t po bid (buy)
3. Captopril 25mg 1/2t po bid (buy)
4. ASA 81mg 1t po qd (buy)
5. Draw blood for Lyte, BUN, Creat, Gluc, tot chole, TG and HbA1C at SHCH

**Lab result on January 7, 2011**

Na	=137	[135 - 145]
K	=5.1	[3.5 - 5.0]
Cl	=107	[95 - 110]
BUN	=2.2	[0.8 - 3.9]
Creat	=89	[44 - 80]
Gluc	=15.4	[4.2 - 6.4]
T. Chol	=7.7	[<5.7]
TG	=1.1	[<1.71]
HbA1C	=11.0	[4 - 6]

**25. 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. Enalapril 5mg 1t po qd for one month (#30)
4. ASA 300mg 1/4t po qd for one month (buy)
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc and HbA1C at SHCH

**Lab result on January 7, 2011**

WBC	=6.3	[4 - 11x10 <sup>9</sup> /L]	Na	=140	[135 - 145]
RBC	=4.1	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=4.7	[3.5 - 5.0]
Hb	=8.8	[12.0 - 15.0g/dL]	Cl	=113	[95 - 110]
Ht	=30	[35 - 47%]	Creat	=106	[44 - 80]
MCV	=73	[80 - 100fl]	Gluc	=6.7	[4.2 - 6.4]
MCH	=22	[25 - 35pg]			
MHCH	=29	[30 - 37%]			
Plt	=200	[150 - 450x10 <sup>9</sup> /L]			
Lym	=1.7	[1.0 - 4.0x10 <sup>9</sup> /L]			
HbA1C	=6.3	[4 - 6]			

**26. Nung Sory, 62F (Thkeng Village)****Diagnosis:**

1. HTN

**Treatment:**

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

**27. Pech Huy Keung, 49M (Rovieng Cheung Village)****Diagnosis:**

1. DMII

**Treatment:**

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

**Lab result on January 7, 2011**

Gluc	=11.8	[4.2 - 6.4]
HbA1C	=8.2	[4 - 6]

**28. Pang Sidoeun, 37F (Rovieng Tbong Village)****Diagnosis:**

1. HTN

**Treatment:**

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

**Lab result on January 7, 2011**

Na	=138	[135 - 145]
K	=5.1	[3.5 - 5.0]
Cl	=103	[95 - 110]
BUN	=1.3	[0.8 - 3.9]
Creat	=77	[44 - 80]
Gluc	=6.5	[4.2 - 6.4]



T. Chol =4.7                    [<5.7]  
TG        =1.3                    [<1.71]

**29. Pang Then, 51F (Thnal Keng Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. Captopril 25mg 1/2t po bid for one month (buy)
2. HCTZ 50mg 1/2t po qd for one month (#15)
3. Draw blood for Lyte, Bun, Creat, Gluc, tot chole and TG at SHCH

**Lab result on January 7, 2011**

Na        =144                    [135 - 145]  
K         =5.4                    [3.5 - 5.0]  
Cl        =109                    [95 - 110]  
BUN      =2.0                    [0.8 - 3.9]  
Creat     =76                      [44 - 80]  
Gluc      =6.1                    [4.2 - 6.4]  
T. Chol =5.2                    [<5.7]  
TG        =3.3                      [<1.71]

**30. Pen Vanna, 45F (Thnout Malou Village)**

**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po qd for two months (#60)
2. Captopril 25mg 1t po bid for two months (buy)
3. Review on diabetic diet, do regular exercise and foot care

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

**Diagnosis:**

1. Euthyroid goiter

**Treatment:**

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

**Lab result on January 7, 2011**

Na        =143                    [135 - 145]  
K         =5.0                    [3.5 - 5.0]  
Cl        =112                    [95 - 110]  
BUN      =2.7                    [0.8 - 3.9]  
Creat     =85                      [44 - 80]  
Gluc      =5.4                    [4.2 - 6.4]  
TSH      =0.52                    [0.27 - 4.20]

**32. Prum Vandy, 50F (Taing Treuk Village)**

**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

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

**Lab result on January 7, 2011**

TSH =2.61 [0.49 - 4.67]  
Free T4=5.98 [12.0 - 22.0]

**33. 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. Enalapril 5mg 1/2t po qd for one month (# 15)
4. ASA 300mg 1/4t po qd for one month (buy)

**34. Ros Sokun, 41F (Taing Treuk Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid for one month (#120)
2. Captopril 25mg 1/4t po bid for one month (buy)
3. Educate on diabetic diet, low salt/fats, do regular exercise and foot care
4. Draw blood for Gluc and HbA1C at SHCH

**Lab result on January 7, 2011**

Gluc =14.1 [4.2 - 6.4]  
HbA1C =10.4 [4 - 6]

**35. 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 (#240)
3. Captopril 25mg 1/4t po bid for two months (buy)

**36. Sam Khim, 50F (Taing Treuk Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 11/2t po bid for three months (#270)
2. Glibenclamide 5mg 1t po qd for three months (buy)
3. Captopril 25mg 1/4t po bid for three months (buy)
4. Draw blood for Gluc and HbA1C at SHCH

**Lab result on January 7, 2011**

Gluc =10.0 [4.2 - 6.4]  
HbA1C =9.3 [4 - 6]

**37. Sam Thourng, 30F (Thnal Keng Village)**

**Diagnosis:**

1. Cardiomegaly by CXR
2. Severe MS (MVA <1cm<sup>2</sup>)

**Treatment:**

1. Atenolol 50mg 1t po qd for three months (buy)
2. ASA 300mg 1/2t po qd for three months (#45)
3. HCTZ 50mg 1/2t po qd for three months (#45)

**38. Sam Yom, 62F (Chhnourn Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 50mg 1/2t po qd for one month (#15)
2. MTV 1t po qd for one month (#30)
3. Draw blood for Lyte, Bun, Creat, Gluc, tot chole, TG at SHCH

**Lab result on January 7, 2011**

Na	=144	[135 - 145]
K	=4.9	[3.5 - 5.0]
Cl	=106	[95 - 110]
BUN	=3.7	[0.8 - 3.9]
Creat	=75	[44 - 80]
Gluc	=5.7	[4.2 - 6.4]
T. Chol	=6.1	[<5.7]
TG	=3.1	[<1.71]

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

**Diagnosis:**

1. Gouty arthritis

**Treatment:**

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

**40. So On, 81F (Thnout Malou Village)**

**Diagnosis:**

1. HTN
2. Osteoarthritis
3. Anemia

**Treatment:**

1. HCTZ 50mg 1/2t po po qd for one month (# 15)
2. Paracetamol 500mg 1t po qid prn pain/fever for one month (# 20)
3. MTV 1t po qd for one month (#30)
4. FeSO4/Folate 200/0.25mg 1t po qd for one month (#30)

**41. Soeung Iem, 63M (Phnom Dek Village)**

**Diagnosis:**

1. Parkinsonism

**Treatment:**

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

**42. Som An, 60F (Rovieng Tbong)**

**Diagnosis:**

1. HTN

**Treatment:**

1. Atenolol 50mg 1/2t po bid for four months (# 120)
2. HCTZ 40mg 1t po qd for four months (buy)

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

**Diagnosis:**

1. HTN

**Treatment:**

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

**44. Sourn Rithy, 18M (Thnal Keng Village)**

**Diagnosis:**

1. PTB
2. Hyperthyroidism

**Treatment:**

1. Carbimazole 5mg 1/2t po tid for two months (buy)
2. Propranolol 40mg 1/4t po bid for two months (#30)
3. TB treatment from local health center

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

**Diagnosis:**

1. HTN

**Treatment:**

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

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

**Diagnosis:**

1. DMII

**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 1/4t po bid for one month (buy)
4. ASA 300mg 1/4t po qd for one month (# 8)

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

**Diagnosis:**

1. DMII

**Treatment:**

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

**Lab result on January 7, 2011**

Gluc	=8.8	[4.2 - 6.4]
HbA1C	=8.5	[4 - 6]

**48. Tann Sophannary, 24F (Thnout Malou Village)**

**Diagnosis:**

1. Euthyroid goiter

**Treatment:**

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

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

**Diagnosis:**

1. DMII

**Treatment:**

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

**50. Teav Vandy, 65F (Rovieng Cheung Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**51. Thorng Khun, 43F (Thnout Malou Village)**

**Diagnosis:**

1. Hyperthyroidism
2. Sciatica
3. Vit Deficiency

**Treatment:**

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

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

**Diagnosis:**

1. HTN

**Treatment:**

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

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

**Diagnosis:**

1. HTN

**Treatment:**

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

**54. Tith Sneth, 51M (Otalauk Village)**

**Diagnosis:**

1. Parkinson' disease?

**Treatment:**

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

**55. Un Chhorn, 47M (Taing Treuk Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Captopril 25mg 1/2t po bid for one month (buy)

**56. Un Chhourn, 42M (Taing Treuk Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (#30)
2. Captopril 25mg 1/4t po bid for one month (buy)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Draw blood for Gluc and HbA1C at SHCH

**Lab result on January 7, 2011**

Gluc =8.2 [4.2 - 6.4]  
HbA1C =7.5 [4 - 6]

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

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformine 500mg 1t po bid for one month (#60)
3. Captopril 25mg 1/4t po bid for one month (buy)

**Lab result on January 7, 2011**

Gluc =13.0 [4.2 - 6.4]  
HbA1C =9.0 [4 - 6]

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

**Diagnosis:**

1. HTN

**Treatment:**

1. Captopril 25mg 1t po bid for one month (#60)

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

**Diagnosis:**

1. Gouty arthritis

**Treatment:**

1. Paracetamol 500mg 1t po qid pnr pain (#30)
2. Ibuprofen 200mg 2t po bid (#50)

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

**Diagnosis:**

1. VHD (MR??)
2. HTN

**Treatment:**

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

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**The next Robib TM Clinic will be held on  
January 31 - February 4, 2011**