

# **Robib *Telemedicine* Clinic**

## **Preah Vihear Province**

### **J A N U A R Y 2 0 1 2**

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

On Monday, January 2, 2012, 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 3 & 4, 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, January 4 & 5, 2012.

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:** [Rithy Chau](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Cornelia Haener](#) ; [Kruy Lim](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#) ; [Savooun Chhun](#) ; [Robib School 1](#)  
**Sent:** Monday, December 26, 2011 6:51 PM  
**Subject:** Schedule for Robib Telemedicine Clinic January 2012

Dear all,

I would like to inform you that Robib TM Clinic for January 2012 will be starting on January 2 - 6, 2012.

The agenda for the trip is as following:

1. On Monday January 2, 2012, Driver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday January 3, 2012, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as word file then sent to both partners in Boston and Phnom Penh.
3. On Wednesday January 4, 2012, the activity is the same as on Tuesday
4. On Thursday January 5, 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 January 6, 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:** [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#)

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

**Sent:** Tuesday, January 03, 2012 4:54 PM

**Subject:** Robib TM Clinic January 2012, Case#1, Chan Reum, 46M

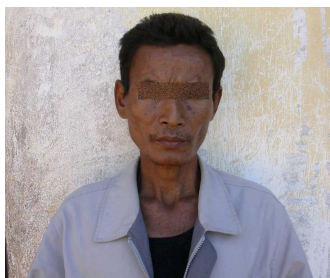
Dear all,

There are five new cases for first day of Robib TM clinic January 2012. This is case number 1, Chan Reum, 46M 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:** Chan Reum, 46M (Bos Pey Village)

**Chief Complaint (CC):** Epigastric pain x 3months

**History of Present Illness (HPI):** 46M, farmer, presented with epigastric pain, retrosternal burning sensation, jaundice, abdomen distension, poor appetite and weight loss, he went to a private clinic in Kg Thom and blood test and abdominal ultrasound done with result of HBS Ag positive, Liver cirrhosis and ascites. He was treated with several kinds of medicine (unknown name), which release the abdominal distension, jaundice. He still presented with epigastric pain and was treated with local health care worker with Ceftriaxone 1g and Metronidazole 500mg infusion for 1w.

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

**Family History:** None

**SH:** Smoking 1pack of cig per day; heavy alcohol drinking, stop for 1y

**Current Medications:**

1. Ceftriaxone 1g and Metronidazole 500mg infusion
2. Traditional medicine

**Allergies:** NKDA

**Review of Systems (ROS):** No fever, no cough, no SOB, no oliguria, no dysuria, no legs edema, no stool with blood/mucus

**PE:**

**Vitals:** BP: 92/68                      P: 88                      R: 20                      T: 37°C                      Wt: 45Kg

**General:** Look sick

**HEENT:** No oropharyngeal lesion, slightly pale 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, mild distension, (+) BS, no HSM, three burning scars, several spider angioma on the chest, no collateral vein dilatation, no abdominal bruit, Negative shifting dullness

**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:** None

**Assessment:**

1. Dyspepsia
2. Liver cirrhosis with ascitis
3. HBS hepatitis

**Plan:**

1. Cimetidine 200mg 2t po qhs
2. Albendazole 200mg 2t po bid for 5d
3. MTV 1t po qd
4. Xango powder po bid
5. Stop cig smoking and alcohol drinking
6. Draw blood for CBC, Lyte, Creat, LFT, HBeAg, HBeAb 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 3, 2012

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

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

**To:** 'Robibtelemed'

**Cc:** 'Kruy Lim'

**Sent:** Wednesday, January 04, 2012 8:51 AM

**Subject:** RE: Robib TM Clinic January 2012, Case#1, Chan Reum, 46M

Dear Sovann,

Thanks for the cases this month. Did you see the papers for the test results labs and US? If yes, then you can refer him to our medical center or any other medical site in PP for further evaluate his hep B problem (on his own). I do not see any relevance in treating him with Ceftriaxone or metronidazole since there was no evidence of infection. Vitamin supplement is fine.

Rithy

**From:** Tan, Heng Soon, M.D.  
**Sent:** Wednesday, January 04, 2012 2:24 PM  
**To:** Fiamma, Kathleen M.  
**Subject:** RE: Robib TM Clinic January 2012, Case#1, Chan Reum, 46M

It could very well be that he has chronic alcoholic [and hepatitis B] liver cirrhosis with portal hypertension, ascites and gastroesophageal reflux. On exam, he is afebrile, looks cachetic, has no icterus, skin shows several angiomas and non tender abdomen has no ascites. No fever, no ascites and non tender abdomen makes a bacterial peritonitis unlikely. Since he is not jaundiced and pruritic, he does not have biliary obstruction. The story is consistent with liver cirrhosis, ascites and gastroesophageal reflux. I would check for asterixis and mental status [clinical markers for hepatic encephalopathy], check for splenomegaly [to confirm portal hypertension], more signs of hyperestrogenic state [palmar erythema, atrophic testes]. Liver tests including serum albumin and prothrombin time will confirm chronicity of cirrhosis. Alpha fetoprotein and repeat liver ultrasound could be a helpful screen for hepatoma complicating chronic hepatitis B liver disease. I don't think HBeAg or HBeAb adds any value to his clinical care at this time.

Cimetidine 400 mg could treat any reflux but 3 times daily dosing would be more effective. I would stop ceftriaxone and metronidazole since I don't see any indication for these antibiotics. Hepatitis A vaccination would prevent any possible potential insult to the liver. He should refrain from using acetaminophen and certainly any alcohol. Ideally a liver biopsy and hepatitis B viral load could be considered if one wishes to try antiviral therapy for chronic hepatitis B liver disease. If he develops ascites, spironolactone 25-100 mg 3 times a day could relieve abdominal distention. He needs advice about taking sufficient protein, but not to excess to avoid encephalopathy.

What is Xango powder? Is it from mangosteen fruit? Does it have any known medicinal use? Why use albendazole if there is nothing to suggest worm infestation?

Heng Soon Tan, MD

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**From:** [Robibtelemed](#)  
**To:** [Kruy Lim](#) ; [Rithy Chau](#) ; [Paul Heinzelmann](#) ; [Kathy Fiamma](#) ; [Joseph Kvedar](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Tuesday, January 03, 2012 4:55 PM  
**Subject:** Robib TM Clinic January 2012, Case#2, Chhourn Khi, 51F

Dear all,

This is case number 2, Chhourn Khi, 51F 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:** Chhourn Khi, 51F (Trapang Teum Village)

**Chief Complaint (CC):** Burning pain and fatigue x 1y

**History of Present Illness (HPI):** 51F, farmer, presented with symptoms of burning pain on both feet, fatigue, polyphagia, polyuria, so she went to consult with private clinic doctor in Kg Thom province with blood sugar result 500mg/dl and treated with Antihyperglycemic drug 2t po bid for about 1month. She didn't have money to buy medicine so she continued with treatment with traditional medicine. She denied of SOB, chest pain, palpitation, Nausea, vomiting, oliguria, dysuria, edema.

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

**Family History:** None

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

**Current Medications:** Traditional medicine

**Allergies:** NKDA

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

**PE:**

**Vitals:** BP: 112/64      P: 72      R: 20      T: 37°C      Wt: 53Kg

**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: 479mg/dl

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

**Assessment:**

1. DMII with PNP

**Plan:**

1. Metformin 500mg 1t po bid
2. Amitriptylin 25mg 1/4t po qhs
3. Educate on diabetic diet, do regular exercise and foot care
4. Draw blood for Creat, Glucose, tot chole, TG and HbA1C at SHCH

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

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

**Examined by: Nurse Sovann Peng**

**Date: January 3, 2012**

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

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**From:** [chaurithy](#)  
**To:** 'Robibtelemed'  
**Cc:** 'Kruy Lim'  
**Sent:** Wednesday, January 04, 2012 8:58 AM  
**Subject:** RE: Robib TM Clinic January 2012, Case#2, Chhourn Khi, 51F

Dear Sovann,

Agree with assessment. Concerning her labs, can skip the lipid panel and tell her to stop the traditional med. Emphasize the diet and exercise lifestyle change plus foot care.

Rithy

**From:** Tan, Heng Soon, M.D.  
**Sent:** Wednesday, January 04, 2012 2:34 PM  
**To:** Fiamma, Kathleen M.  
**Subject:** RE: Robib TM Clinic January 2012, Case#2, Chhourn Khi, 51F

It is remarkable that with such high glucose she is not more dehydrated. Education about the pathophysiology of diabetes is critical. She needs to understand the effectiveness of a low carbohydrate diet to lower blood glucose. I would add glipizide 5-10 mg daily straightaway, because metformin will not be enough to regulate blood sugar. After all she is not overweight so insulin resistance may not be such a big factor. In fact she may do much better if insulin therapy is available and would be my first drug of choice until she is controlled. One could add vitamin B complex supplement to avoid any B6 or B12 deficiencies to manage her peripheral neuropathy. Besides Creat, Glucose, tot chole, TG and HbA1C to assess renal and lipid profile, send off urine microalbumin test to assess microvascular function. If urine microalbumin is increased, add lisinopril or captopril therapy.

Heng Soon Tan, MD

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

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

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

**Sent:** Tuesday, January 03, 2012 4:57 PM

**Subject:** Robib TM Clinic January 2012, Case#3, Long Darith, 2M

Dear all,

This is case number 3, Long Darith, 2M 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:** Long Darith, 2M (Thnout Malou Village)

**Chief Complaint (CC):** Skin rashes x 1y

**History of Present Illness (HPI):** 2years old boy was brought to consult with Telemedicine by his mother complaining of skin rash. First he presented with macul-papular rash of both ankles, pruritus, no vesicle, no pustule. He was treated with Steroid injection IM by local health care worker then the rash gone. In these 15days, he presented with the same maculo-papular rash, pruritus, he scratched then it became exudative, pustule and crust lesion, fever and inguinal lymph nodes. He was treated with traditional medicine applied on the lesions and seem became worse.

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

**Family History:** Grandfather with urticaria

**SH:** Complete national vaccination

**Current Medications:** Traditional medicine

**Allergies:** NKDA

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

**PE:**

**Vitals:** BP: P: 124 R: 26 T: 38°C Wt: 10Kg

**General:** Stable



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

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

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

**Skin:** crusted, pustule and exudative lesions on the both ankles (see pictures), some maculo-papular rash on the body and face.

**Lab/study:** None

**Assessment:**

1. Impetigo
2. Eczema

**Plan:**

1. Augmentin 200mg/5cc 5cc bid for 10d
2. Clean the lesion and dressing with Bacitracin Zinc cream daily

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 3, 2012

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

**To:** 'Robibtelemed'

**Cc:** 'Kruy Lim'

**Sent:** Wednesday, January 04, 2012 9:17 AM

**Subject:** RE: Robib TM Clinic January 2012, Case#3, Long Darith, 2M

Dear Sovann,

Can you send photos of the rash on the body and one with his face? Give Augmentin for 14d. Also add Ibuprofen 100mg tid for 3-5days and if lesion not improving in a week, then she needs to take the child to a pediatric hospital in PP or Siem Reap. Can apply bacitracin for 2-3d, but keep wound dressing clean and dry daily.

Rithy

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

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

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

**Sent:** Tuesday, January 17, 2012 9:59 PM

**Subject:** FW: Robib TM Clinic January 2012, Case#3, Long Darith, 2M



Agree w assessment. would add dilute bleach soak (1/4 cup in 1 basin of water) and then soak for 10 min or so to help. apply bactroban or mupirocin to wound. would not use bacitracin since increased risk of allergy. Treat eczema w/desonide or lidex ointment and lots of Vaseline.

Thanh-NgaT. Tan, MD, Ph.D

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

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

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

**Sent:** Tuesday, January 03, 2012 4:59 PM

**Subject:** Robib TM Clinic January 2012, Case#4, Nung Hen, 37M

Dear all,

This is case number 4, Nung Hen, 37M 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:** Nung Hen, 37M (Rovieng Tbong Village)

**Chief Complaint (CC):** Difficult to pass urine x 1y

**History of Present Illness (HPI):** 37M, farmer, presented with symptoms of difficult to pass urine (strain to pass urine), weak stream and dribbling, several days later he had dysuria, frequency, no hematuria, no urethral discharge, he went to consult with private clinic in Preah Vihear province and

treated with few kinds of medicine for about 1w then he became better. In this week, the urination is more difficult, he needs to spend about 5min to pass the urine with dribbling and weak stream. He denied of trauma, fever, hematuria.

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

**Family History:** None

**SH:** Smoking 5cig/d and casual alcohol drinking

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** No urethral discharge, inguinal lymph node

**PE:**

**Vitals: BP: 100/60 P: 59 R: 20 T: 37°C Wt: 55Kg**

**General:** Stable

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

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

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

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

**Genital exam:** normal genitalia, no lesion, no urethral discharge, no inguinal lymph node palpable

**Rectal exam:** good sphincter tone, no mass palpable, prostate gland firm, mild tender, smooth surface

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

**Lab/study:**

U/A: normal

**Assessment:**

1. BPH?

**Plan:**

1. Ibuprofen 200mg 3t po bid for 5d
2. Send patient to Kg Thom for ultrasound of prostate
3. Draw blood for Lyte, Creat, PSA 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 3, 2012**

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:** [Cornelia Haener](#)

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

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

**Sent:** Tuesday, January 03, 2012 7:24 PM

**Subject:** RE: Robib TM Clinic January 2012, Case#4, Nung Hen, 37M

Dear Sovan,

Thanks for sending this case. The patient is too young to suffer from BPH. DDx is a urethral stricture due to STD or a big bladder stone obstructing the bladder neck. I agree with your plan to send him for an ultrasound to Kg Thom Hospital.

Kind regards  
Cornelia

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**From:** [chaurithy](#)  
**To:** '[Robibtelemed](#)'  
**Cc:** '[Kruy Lim](#)'; '[Cornelia Haener](#)'  
**Sent:** Wednesday, January 04, 2012 9:37 AM  
**Subject:** RE: Robib TM Clinic January 2012, Case#4, Nung Hen, 37M

Dear Sovann,

If you are going to send him for US, then do abd US instead of prostate. I do not think at this age he has BPH. I think he more likely to have kidney stone, structure from urethral scarring due to trauma or STD. Is he drinking enough water daily 2-3L/day? Advise him to stop smoking and avoid alcohol or caffeinated drinks (include tea and coffee) which sometime cause the incomplete voiding sensation at end of urination. No need for lab tests or ibuprofen (unless he has pain). Ask him to come next time I visit there with you and if condition worsen, he needs to go to seek help in PP (at our or any medical center).

Rithy

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**From:** [Robibtelemed](#)  
**To:** [Cornelia Haener](#); '[Kathy Fiamma](#)'; '[Joseph Kvedar](#)'; '[Rithy Chau](#)'; '[Paul Heinzemann](#)'; '[Kruy Lim](#)'  
**Cc:** '[Bernie Krisher](#)'; '[Thero So Nourn](#)'; '[Laurie & Ed Bachrach](#)'  
**Sent:** Wednesday, January 04, 2012 3:48 PM  
**Subject:** Re: Robib TM Clinic January 2012, Case#4, Nung Hen, 37M

Dear all,

The patient Nung Hen, 37M, went to have ultrasound done in Kg Thom this morning with the result of Urinary bladder stone 16mm, Cystitis and BPH.

Best regards,  
Sovann

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**From:** [chaurithy](#)  
**To:** '[Robibtelemed](#)'  
**Cc:** '[Kruy Lim](#)'; '[Cornelia Haener](#)'  
**Sent:** Thursday, January 05, 2012 8:00 AM  
**Subject:** RE: Robib TM Clinic January 2012, Case#4, Nung Hen, 37M

Dear Sovann,

Thanks for the update. I still think BPH at this age is unlikely. Tx him for cystitis and can follow up later for suspected BPH.

Rithy

**From:** [Cornelia Haener](#)

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

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

**Sent:** Thursday, January 05, 2012 3:57 PM

**Subject:** RE: Robib TM Clinic January 2012, Case#4, Nung Hen, 37M

Dear Sovann,

Thanks for the follow up information. He certainly needs a surgical procedure.

Kind regards

Cornelia

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

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

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

**Sent:** Tuesday, January 03, 2012 5:02 PM

**Subject:** Robib TM Clinic January 2012, Case#5, Thol Pharktra, 2M

Dear all,

This is the last case for the first day of Robib TM Clinic January 2012, Case#5, Thol Pharktra, 2M 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:** Thol Pharktra, 2M (Sre Thom Village)

**Chief Complaint (CC):** Skin rashes x 1month

**History of Present Illness (HPI):** 2years old boy was brought to consult with Telemedicine by his mother complaining of skin rash. He presented with maculopapular rash of lower extremities, pruritus, no vesicle, no pustule. He scratched on the rash and got treatment with traditional medicine. The rash didn't get better. In these 4days, he presented with erythematous plaque starting from the lower extremity up to body and face with pruritus. His mother applies the cold powder to the skin but the rash seem not get better. His mother denied that he had contact with chemical or insect bite.

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

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

**SH:** Complete national vaccination

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** (+) appetite, no fever, no cough, no SOB, no nausea, no vomiting, no diarrhea

**PE:**

**Vitals:** BP: P: 120 R: 26 T: 37°C Wt: 10Kg

**General:** Stable

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

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

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

**Skin:** circumscribed, raised, erythematous plaque on the extremity, body and face (see photos); some crust lesion on the lower extremities and buttock due to scratching

**Lab/study:** None

**Assessment:**

1. Urticaria
2. Impetigo

**Plan:**

1. Calmine lotion apply to the erythema rash bid
2. Diphenhydramine 12.5mg/5ml 2.5ml bid
3. Augmentin 200mg/5cc 5cc 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:** January 3, 2012



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

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**From:** [chaurithy](#)  
**To:** 'Robibtelemed'  
**Cc:** 'Kruy Lim'  
**Sent:** Wednesday, January 04, 2012 9:27 AM  
**Subject:** RE: Robib TM Clinic January 2012, Case#5, Thol Pharktra, 2M

Dear Sovann,

I agree that this child has a ddx of urticarial and secondary infection, but it could come from viral exanthema as well or malnutrition. Is his hair been dyed or has this color? If without dye, this kind of color hair with Cambodian kids, it may be due to malnutrition. Can deworm with mebendazole 100mg qhs once and MTV (can give him ensure if available).

Again if not improving within a week, then need to visit pediatric hospital in PP or SR.

Rithy

**From:** [Fiamma, Kathleen M.](#)  
**To:** [Robib Telemed](#)  
**Cc:** [rithychau@sihosp.org](mailto:rithychau@sihosp.org)  
**Sent:** Tuesday, January 17, 2012 10:02 PM  
**Subject:** FW: Robib TM Clinic January 2012, Case#5, Thol Pharktra, 2M

I can't see any scales on the rash (and presumed from description that there are no scales). In this case, agree w assessment and treatment. He can also get a short dose of steroids taper at 1mg/kg/day tapering by 10-20mg a day x 14 days if he is very uncomfortable. Benadryl should be around the clock until lesions resolved.

Thanks!  
[Thanh-NgaT. Tan, MD, Ph.D](#)

---

**From:** [Robibtelemed](#)  
**To:** [Kathy Fiamma](#) ; [Joseph Kvedar](#) ; [Paul Heinzelmann](#) ; [Rithy Chau](#) ; [Kruy Lim](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Noun](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, January 04, 2012 3:56 PM  
**Subject:** Robib TM Clinic January 2012, Case#6, Chey Hear, 71F

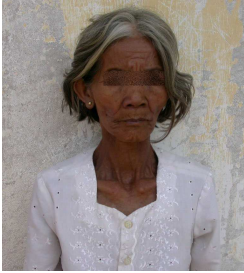
Dear all,

There are five new cases for second day of Robib TM clinic January 2012 and This is the case number 6, continued from yesterday, Chey Hear, 71F 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:** Chey Hear, 71F (Bakdoang Village)

**Chief Complaint (CC):** Skin rashes x 2 months

**History of Present Illness (HPI):** 71F, farmer, presented with well demarcated erythematous patches on the face, arms, body, groins, and legs. The erythematous rash became scalling in several days with pruritus. She went to consult with local health center and was treated with few kinds of medicine (unknown name) which help her with pruritus. She denied of contact with chemical.

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

**Family History:** None

**SH:** Chewing tobacco, no EtOH

**Current Medications:** Traditional medicine in the drinking water

**Allergies:** NKDA

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

**PE:**

**Vitals:** BP: 110/68 P: 92 R: 20 T: 36.5°C Wt: 30Kg

**General:** Stable, cachexia

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

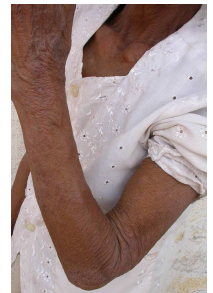
**Chest:** CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

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

**Skin:** Well-demarcated circular and oval shape patches, erythema and scaling with central clearing on the face, arm, body, groins and legs (see pictures)

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

**Lab/study:** None



**Assessment:**

1. Tinea

**Plan:**

1. Ciclopirox cream apply bid until the rash gone
2. Cetirizine 10mg 1t po qhs pruritus

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

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

**Examined by: Nurse Sovann Peng**

**Date: January 4, 2012**

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

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

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

**Sent:** Thursday, January 05, 2012 8:09 AM

**Subject:** RE: Robib TM Clinic January 2012, Case#6, Chey Hear, 71F

Dear Sovann,

I agree that she may have tinea corporis and the hypopigmentation on her back could come from the fungal infection of tinea versicolor. You can give her cream but if not completely gone within a month then may consider oral antifungal med. She looks cachectic—give her some MTV supplement + Xango and a single dose of Mebendazole 500mg also.

Can you get CBC, Gluc and LFT on her? You can skip gluc if finger stick normal, but still get other 2 labs.

Rithy

---

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

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

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

**Sent:** Wednesday, January 04, 2012 3:58 PM

**Subject:** Robib TM Clinic January 2012, Case#7, Heng Naiseang, 63F

Dear all,

This is case number 7, Heng Naiseang, 63F 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:** Heng Naiseang, 63F (Taing Treuk Village)

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

**History of Present Illness (HPI):** 63F with known history of 3 years HTN with four kinds of medicine (unknown name antihypertensive) presented with tension HA, which frequently occurs in the morning and got better in the evening and fatigue, dizziness, palpitation. She has blood pressure checked every month with the systolic blood pressure 160 – 180mmHg. She took antihypertensive bought from pharmacy without consultation. She denied of fever, SOB, chest pain, dysuria, hematuria, oliguria, edema.

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

**Family History:** None

**SH:** No cig smoking, no EtOH

**Current Medications:** Four kinds of medicine (unknown antihypertensive), 2 kinds taking 1t po qd and other 2kinds taking 1/2t po qd

**Allergies:** NKDA

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

**PE:**

**Vitals:** BP: 160/93 (both arms) P: 87 R: 24 T: 37°C Wt: 36Kg

**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: 86mg/dl  
U/A: protein trace, no glucose, no leukocyte

**Assessment:**

1. HTN

**Plan:**

1. HCTZ 25mg 1t po qd
2. Do regular exercise
3. Draw blood for Lyte, Creat, 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, 2012**

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

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

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

**Sent:** Thursday, January 05, 2012 8:47 AM

**Subject:** RE: Robib TM Clinic January 2012, Case#7, Heng Naiseang, 63F

Dear Sovann,

I agree with assessment. Can you do another finger stick and if her gluc level still low, then add gluc to lab test and ask about her about eating habit and advise her to eat properly?

Rithy

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

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

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

**Sent:** Thursday, January 05, 2012 5:19 AM

**Subject:** RE: Robib TM Clinic January 2012, Case#7, Heng Naiseang, 63F

Thank you for the opportunity to consult.

She has impressive high blood pressure.

I agree with hctz

I also would suggest that she bring in any medication that she is taking.

Would have a low threshold for enalapril or angiotensin converting enzyme inhibitor to lower blood pressure further.

low salt diet

Paul

**From:** [Robibtelemed](#)  
**To:** [Paul Heinzelmann](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Joseph Kvedar](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, January 04, 2012 3:59 PM  
**Subject:** Robib TM Clinic January 2012, Case#8, In Kinny, 52M

Dear all,

This is case number 8, In Kinny, 52M and photo.

Best regards,  
Sovann

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

### History and Physical



**Name/Age/Sex/Village:** In Kinny, 52M (Doang Village)

**Chief Complaint (CC):** Right leg pain x 1 month

**History of Present Illness (HPI):** 52M, director of primary school, presented pain of lower back with radiation to the right thigh (not down to the foot). The pain is cramping, which frequently occurs with walking and got better with resting and massage. He didn't have medical consultation but bought Chinese medicine from local pharmacy and massage. He reported that this pain started after he helped to carry heavy things but denied of trauma.

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

**Family History:** None

**SH:** Smoking 5cig/d, casually alcohol drinking

**Current Medications:** Chinese medicine

**Allergies:** NKDA

**Review of Systems (ROS):** No fever, no cough, no SOB, no CP, no palpitation, no stool with blood or mucus, no edema

**PE:**

**Vitals:** BP: 132/76      P: 78      R: 20      T: 37°C      Wt: 71Kg

**General:** Stable

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

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

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

**Extremity/Skin:** No legs edema, no lesion/ulcer, weak right posterior tibial pulse, dorsalis pedis and left posterior tibial pulse is normal

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

**Lab/study:**

RBS: 94mg/dl

**Assessment:**

1. Right Sciatica??
2. Artherosclerosis of right iliac or femoral artery???

**Plan:**

1. Ibuprofen 200mg 3t po bid for 7d
2. Advise patient to seek consultation in Phnom Penh

**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, 2012

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

**To:** 'Robibtelemed'

**Cc:** 'Kruy Lim'

**Sent:** Thursday, January 05, 2012 8:59 AM

**Subject:** RE: Robib TM Clinic January 2012, Case#8, In Kinny, 52M

Dear Sovann,

It sounds like he has trouble with nerve irritation and could relate to his right sciatic. Sciatica problem tends to get better with less sitting and standing, not better with staying still—being a teacher/principle, he probably does a lot of sitting at the desk which may have caused his sciatic problem. Massage and warm compression besides moving around doing exercise will help. Tell him to have patience since it will take longer time to heal.

Concerning his different LE pulses, did you check the capillary refill on his toes to compare both sides—if you don't know how, can call me up and I will explain. If good flow both sides equally, then no problem with the vessels. If you are concern about his leg vessels, then you can have him to come to PP either our med center or another location to do Doppler. He can check his blood work here in PP on his own as well.

Rithy

**From:** [Patel, Dinesh, M.D.](#)

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

**Sent:** Thursday, January 05, 2012 3:59 AM

**Subject:** Re: Robib TM Clinic January 2012, Case#8, In Kinny, 52M

Dear Sovann

Thank you for sending the information

The symptoms you describe can be from back and may be disc and sciatica as you thought but also can be from Hip arthritis .

Please redo exam specifically about the spine

Where is the localizing pain in back

Straight leg raising causes any pain

Hamstrings tight or not

Can he bend over -- touch toes etc

Also exam hips for the motion and check for atrophy in thigh muscles

Any localized pain in greater trochanter of the hip

Perhaps wait to send him to consultations as ibuprofen rest and heat can be helpful in few weeks

If that does not get better than perhaps you should send him to consultations

recheck the pulse and if you find that the pulse is still not palpable than you should send for consultations

That may be not the cause of pain but worth checking

Happy new year

Dinesh

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

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

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

**Sent:** Wednesday, January 04, 2012 4:01 PM

**Subject:** Robib TM Clinic January 2012, Seng Loth, 38F

Dear all,

This is the case number 9, Seng Loth, 38F and photos.

Best regards,  
Sovann

## **Robib Telemedicine Clinic**

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

### **History and Physical**



**Name/Age/Sex/Village:** Seng Loth, 38F (Bakdoang Village)

**Chief Complaint (CC):** Neck mass x 11y

**History of Present Illness (HPI):** 38F, farmer, presented with a small mass on the left anterior side of the neck without any symptoms. In 2011, she noticed the mass increased in size and presented with symptoms of

tremor, palpitation but denied of heat intolerance, insomnia, hair loss, weight loss and dysphagia, She didn't seek medical consultation and come to Telemedicine today.

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

**Family History:** Mother with goiter

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

**Current Medications:** Injective contraceptive

**Allergies:** NKDA

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

**PE:**

**Vitals:** BP: 140/80 P: 84 R: 20 T: 37°C Wt: 45Kg

**General:** Stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no icterus, Thyroid enlargement bilateral about 3x4cm, smooth surface, regular border, mobile on swallowing, no tender, no bruit.

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

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

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

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

**Lab/study:** None

**Assessment:**

1. Nodular goiter

**Plan:**

1. Draw blood for TSH and Free T4 at SHCH

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

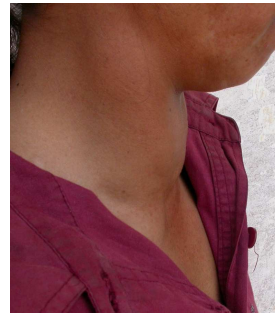
**Specific Comments/Questions for Consultants:** Do you agree with my assessment and plan?

**Examined by:** Nurse Sovann Peng

**Date:** January 4, 2012

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**From:** [Cornelia Haener](#)

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

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

**Sent:** Thursday, January 05, 2012 3:54 PM

**Subject:** RE: Robib TM Clinic January 2012, Seng Loth, 38F

Dear Sovann,  
I agree with your plan.

Kind regards  
Cornelia

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

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

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

**Sent:** Thursday, January 05, 2012 9:02 AM

**Subject:** RE: Robib TM Clinic January 2012, Seng Loth, 38F

Dear Sovann,

I agree. Can she go to K Thom for neck US and bring back to us next month? Can add CBC to lab test since she complaint of palpitation.

Rithy

---

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

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

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

**Sent:** Wednesday, January 04, 2012 4:04 PM

**Subject:** Robib TM Clinic January 2012, Case#10, Som Ka, 61M

Dear all,

This is the last case of Robib TM clinic January 2012, Case#10, Som Ka, 61M and photo. Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly and the patients will come to receive the treatment in the afternoon as well.

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:** Som Ka, 61M (Taing Treuk Village)

**Chief Complaint (CC):** Left side weakness x 1 week

**History of Present Illness (HPI):** 61M, farmer, presented with symptoms of numbness which started from the left leg up to left side of body, left arm and left side of face. Several hours later, he became weak on left side but no consciousness loss. He was seen by local health care worker and told his blood pressure not elevated. He was treated with IV fluid and IM injection (unknown name medicine). Now his left side weakness became better but still numbness, no sensation on left side and his urine comes out immediately when he feels to pass urine.

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

**Family History:** Brother with DMII

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

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** No cough, no SOB, no Chest pain, no blurred vision, no dysuria, no hematuria, no stool incontinence, no edema

**PE:**

**Vitals:** BP: 100/68      P: 87      R: 20      T: 37°C      Wt: 55Kg

**General:** Stable

**HEENT:** No oropharyngeal lesion, no uvular deviation, no tongue deviation, 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 +4/5 on left side, motor intact, DTRs +2/4; no sensory with touch on left side, normal position sense



**Lab/study:** None

**Assessment:**

1. Right side stroke with left side weakness

**Plan:**

1. Aspirin 300mg 1/4t po qd
2. MTV 1t po qd
3. Physiotherapy on the weak side
4. Draw blood for Lyte, Creat, 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, 2012

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

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

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

**Sent:** Thursday, January 05, 2012 10:03 AM

**Subject:** RE: Robib TM Clinic January 2012, Case#10, Som Ka, 61M

Dear Sovann,

From you H&P, I am not confident that he has stroke related weakness on his left side. Losing total sensation on one side of the body is very unusual without detrimental effect on the motor function or CN nerve function. I can reevaluate him when I visit there and if his condition worsen, then tell him to seek care at a tertiary medical center in PP where he can get a more thorough neurological exam.

For now, he can do exercise and take some MTV.

Rithy

---

## Thursday, January 5, 2012

---

### Follow-up Report for Robib TM Clinic

There were 10 new patients seen during this month Robib TM Clinic, and other 66 patients came for medication refills only. 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 January 2012**

### **1. Chan Reum, 46M (Bos Pey Village)**

#### **Diagnosis:**

1. Dyspepsia
2. Liver cirrhosis with ascitis
3. HBV hepatitis

#### **Treatment:**

1. Cimetidine 200mg 2t po qhs (#60)
2. MTV 1t po qd (#30)
3. Xango powder po bid (#1)
4. Stop cig smoking and alcohol drinking

### **2. Chhourn Khi, 51F (Trapang Teum Village)**

#### **Diagnosis:**

1. DMII with PNP

#### **Treatment:**

1. Metformin 500mg 1t po bid for one month (#70)
2. Amitriptylin 25mg 1/4t po qhs (#10)
3. Educate on diabetic diet, do regular exercise and foot care

### **3. Long Darith, 2M (Thnout Malou Village)**

#### **Diagnosis:**

1. Impetigo
2. Eczema

#### **Treatment:**

1. Augmentin 200mg/5cc 5cc bid for 10d (#1)
2. Ibuprofen 200mg 1/2t po tid for 3days (#5)
3. Clean the lesion and dressing with Bacitracin Zinc cream daily

### **4. Nung Hen, 37M (Rovieng Tbong Village)**

#### **Diagnosis:**

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

#### **Treatment:**

1. Ibuprofen 200mg 3t po bid for 5d (#30)
2. Ciprofloxacin 500mg 1t po bid for 7d (#14)

### **5. Thol Pharktra, 2M (Sre Thom Village)**

#### **Diagnosis:**

1. Urticaria
2. Impetigo

**Treatment:**

1. Calmine lotion apply to the erythema rash bid
2. Diphenhydramine 12.5mg/5ml 2.5ml bid (#1)
3. Augmentin 200mg/5cc 5cc bid for 10d (#1)
4. Mebendazole 100mg 1t po qhs (#1)
5. Ensure po bid (#12)

**6. Chey Hear, 71F (Bakdoang Village)****Diagnosis:**

1. Tinea
2. Cachexia

**Treatment:**

1. Ciclopirox cream apply bid until the rash gone (#2)
2. Cetirizine 10mg 1t po qhs pruritus (#30)
3. Xango powder po bid (#1)
4. Mebendazole 100mg 5t po qhs one (#5)
5. Draw blood for CBC, Glucose and LFT at SHCH

**Lab result on January 6, 2012**

WBC	=11.1	[4 - 11x10 <sup>9</sup> /L]	Gluc	=6.6	[4.2 - 6.4]
RBC	=4.0	[3.9 - 5.5x10 <sup>12</sup> /L]	AST	=24	[<31]
Hb	=9.9	[12.0 - 15.0g/dL]	ALT	=19	[<32]
Ht	=33	[35 - 47%]			
MCV	=83	[80 - 100fl]			
MCH	=25	[25 - 35pg]			
MHCH	=30	[30 - 37%]			
Plt	=363	[150 - 450x10 <sup>9</sup> /L]			
Lym	=2.1	[1.0 - 4.0x10 <sup>9</sup> /L]			

**7. Heng Naiseang, 63F (Taing Treuk Village)****Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for one month (#40)
2. Do regular exercise
3. Draw blood for Lyte, Creat, Glucose, Tot chole, TG at SHCH

**Lab result on January 6, 2012**

Na	=137	[135 - 145]
K	=3.3	[3.5 - 5.0]
Cl	=98	[95 - 110]
Creat	=99	[44 - 80]
Gluc	=4.5	[4.2 - 6.4]
T. Chol	=7.2	[<5.7]
TG	=1.3	[<1.71]

**8. In Kinny, 52M (Doang Village)****Diagnosis:**

1. Right Sciatica

**Treatment:**

1. Ibuprofen 200mg 3t po bid for 7d (#40)
2. Massage and warm compression

### 9. Seng Loth, 38F (Bakdoang Village)

#### Diagnosis:

1. Nodular goiter

#### Treatment:

1. Draw blood for CBC, TSH and Free T4 at SHCH

#### Lab result on January 6, 2012

WBC	=5.6	[4 - 11x10 <sup>9</sup> /L]	TSH	=0.06	[0.27 - 4.20]
RBC	=6.1	[3.9 - 5.5x10 <sup>12</sup> /L]	Free T4	=14.83	[12.0 - 22.0]
Hb	=12.4	[12.0 - 15.0g/dL]			
Ht	=42	[35 - 47%]			
MCV	=69	[80 - 100fl]			
MCH	=20	[25 - 35pg]			
MHCH	=30	[30 - 37%]			
Plt	=279	[150 - 450x10 <sup>9</sup> /L]			
Lym	=2.4	[1.0 - 4.0x10 <sup>9</sup> /L]			
Mxd	=0.7	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=2.5	[1.8 - 7.5x10 <sup>9</sup> /L]			

### 10. Som Ka, 61M (Taing Treuk Village)

#### Diagnosis:

1. Right side stroke with left side weakness

#### Treatment:

1. MTV 1t po qd for one month (#30)
2. Physiotherapy on the weak side

## Patients who come for follow up and refill medication

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

#### Diagnosis:

1. Gouty arthritis
2. HTN
3. Hyperlipidemia

#### Treatment:

1. Paracetamol 500mg 1t po qid prn for one month (#30)
2. Amlodipine 5mg 1t po qd for one month (#30)
3. Fenofibrate 100mg 1t po qd for one month (buy)
4. Draw blood for tot chole, TG and Uric acid at SHCH

#### Lab result on January 6, 2012

T. Chol	=6.9	[<5.7]
TG	=2.8	[<1.71]
U Acid	=479	[200 - 420]

### 2. Chan Sorya, 50F (Pal Hal Village)

#### Diagnosis:

1. HTN
2. Old stroke with right side weakness

#### Treatment:

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

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

**Diagnosis:**

1. Gouty arthritis
2. Osteoarthritis
3. Renal insufficiency

**Treatment:**

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

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

**Diagnosis:**

1. HTN

**Treatment:**

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

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

**Diagnosis:**

1. HTN

**Treatment:**

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

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

**Diagnosis:**

1. Gouty Arthritis

**Treatment:**

1. Paracetamol 500mg 2t po qid prn pain for one month (#20)
2. Allopurinol 100mg 1t bid for two months (buy)
3. Draw blood for Uric acid at SHCH

**Lab result on January 6, 2012**

U Acid =483 [200 - 420]

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

**Diagnosis:**

1. Tachycardia

**Treatment:**

1. Propranolol 40mg 1/4t po bid for two months (#30)
2. MTV 1t po qd for two months (#60)

**8. Chhim Bon, 73F (Taing Treuk Village)**

**Diagnosis:**

1. HTN
2. Dyspepsia

**Treatment:**

1. HCTZ 25mg 1t po qd for one month (#30)
2. Cimetidine 200mg 1t po qhs (#30)
3. Mebendazole 100mg 5t po once (#5)

**9. 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 two months (#60)
2. Amlodipine 5mg 1t po qd for two months (buy)
3. ASA 300mg 1/4t po qd for two months (#15)
4. Metformin 500mg 1t po bid for two months (#120)
5. Glibenclamide 5mg 1t po bid for two months (buy)

**10. Chourn Panha, 17M (Thnout Malou Village)**

**Diagnosis:**

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

**Treatment:**

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

**11. 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. Calmine lotion apply bid (#1)
6. Cetirizine 10mg 1t po qhs (#30)

**12. Doeu Chetana, 6F (Bos Village)**

**Diagnosis:**

1. Tourette syndrome

**Treatment:**

1. Haloperidol 5mg 1/4t po qd for one month (#8)

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

**Diagnosis**

1. HTN
2. Hypertriglyceridemia

**Treatment**

1. Amlodipine 5mg 1t po qd for three months (#60)
2. Fenofibrate 100mg 1t po bid three months (buy)

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

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 1t po qd for one month (#30)
2. Review on diabetic diet, foot care and do regular exercise

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

**Diagnosis:**

1. PUD

**Treatment:**

1. Omeprazole 20mg 1t po qhs one month (#30)

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

**Diagnosis:**

1. HTN

**Treatment:**

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

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

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 2t po qd for four months (# 120)

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

**Diagnosis:**

1. HTN
2. Renal failure

**Treatment:**

1. Nisoldipine 10mg 2t po qd for one month (#60)
2. Furosemide 40mg 1/2t po qd for one month (#15)

**19. Khiev Kol, 22M (Sangke Roang Village)**

**Diagnosis:**

1. Vit Deficiency??
2. Nervous system dysfunction??
3. Anemia
4. HBV hepatitis

**Treatment:**

1. MTV 1t po bid for one month (#60)
2. FeSO<sub>4</sub>/Folate 200/0.4mg 1t po bid for one month (#60)

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

**Diagnosis:**

1. Tachycardia
2. Dyspepsia

**Treatment:**

1. Propranolol 40mg 1/4t po bid for one month (#15)
2. Mg/Al(OH)<sub>3</sub> 200/125mg 1t po qid prn for one month (#30)

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

**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Carbimazole 5mg 1t po bid for two months (#120)
2. Propranolol 40mg 1/2t po bid for two months (buy)

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

**Diagnosis:**

1. HTN
2. DMII
3. Chronic renal failure
4. Hypertriglyceridemia
5. Arthritis

**Treatment:**

1. Glibenclamide 5mg 2t po bid for two months (buy)
2. Metformin 500mg 1t po bid for two months (#120)
3. Atenolol 50mg 1t po qd for two months (#30)
4. Amlodipine 5mg 1t po qd for two months (#60)
5. ASA 300mg 1/4t po qd for two months (#15)
6. Fenofibrate 100mg 1t po qd for two months (buy)

**23. Kun Ban, 53M (Thnal Keng Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 1t po bid for one month (#60)
2. ASA 300mg 1/4t po qd for one month (#buy)
3. Draw blood for Tot chole, TG and HbA1C at SHCH

**Lab result on January 6, 2012**

T. Chol =4.9	[<5.7]
TG =2.7	[<1.71]
HbA1C =6.66	[4.8 – 5.9]

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

**Diagnosis:**

1. DMII

**Treatment:**

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

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

**Diagnosis:**

1. HTN
2. Dyspepsia

**Treatment:**

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

**26. Mar Thean, 54M (Rom Chek Village)**

**Diagnosis:**

1. DMII



**Treatment:**

1. Metformin 500mg 2t po qhs for one month (buy)
2. Glibenclamide 5mg 1t po qd for one month (#30)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Draw blood for Tot chole, TG and HbA1C at SHCH

**Lab result on January 6, 2012**

T. Chol =	7.0	[<5.7]
TG =	4.4	[<1.71]
HbA1C =	16.33	[4.8 – 5.9]

**27. Meas Ream, 88F (Taing Treuk Village)****Diagnosis:**

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

**Treatment:**

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

**28. Moeung Phalla, 35F (Thkeng Village)****Diagnosis:**

1. Tachycardia
2. Dyspepsia

**Treatment:**

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

**29. Moeung Rin, 67F (Taing Treuk Village)****Diagnosis:**

1. HTN
2. Osteoarthritis

**Treatment:**

1. HCTZ 25mg 1t po qd for three months (#90)
2. Atenolol 50mg 1/2t po qd for three months (buy)
3. Paracetamol 500mg 1-2t po qid prn pain for three months (#40)

**30. Nung Chhun, 74F (Ta Tong Village)****Diagnosis:**

1. HTN
2. DMII

**Treatment:**

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

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

1. HTN
2. Dyspepsia

**Treatment:**

1. HCTZ 25mg 1t po qd for three months (#90)
2. Cimetidine 200mg 2t po qhs (#60)

**32. Pang Sidoeun, 37F (Rovieng Tbong Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

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

**Diagnosis:**

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

**Treatment:**

1. Propranolol 40mg 1/4t po bid for one month (#15)
2. Spironolactone 25mg 2t po bid for one month (#120)
3. MTV 1t po qd for one month (#30)
4. FeSO4/Folate 200/0.4mg 1t po qd for one month (#30)
5. Mg/Al(OH)3 200/125mg chew 2t qid prn (#30)

**34. Phork Vann, 60F (Bakdoang Village)**

**Diagnosis:**

1. Scleroderma
2. Vertigo

**Treatment:**

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

**35. 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 (#60)
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)

**36. Prum Maly, 57M (Backdoang Village)**

**Diagnosis:**

1. Arthritis
2. Dyspepsia

**Treatment:**

1. Paracetamol 500mg 1t po qid prn pain (#30)
2. Mg/Al(OH)3 200/125mg 1-2t chew pid prn (#30)

**37. 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 (#20)

**38. 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)
5. Metoclopramide 10mg 1t po qhs for one month (#15)

**39. 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)

**40. 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)

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

**Diagnosis:**

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

**Treatment:**

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

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

**Diagnosis:**

1. HTN
2. DMII
3. Hypertriglyceridemia

**Treatment:**

1. Glibenclamide 5mg 1/2t po bid for one month (buy)
2. Metformin 500mg 2t po bid for one month (#120)
3. Captopril 25mg 1/2t po bid for one month (buy)
4. ASA 300mg 1/4t po qd for one month (#8)
5. Fenofibrate 100mg 1t po qd for one month (buy)

**43. Roth Ven, 54M (Thkeng Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 1t po bid for three months (#180)
2. Metformin 500mg 2t po bid for three months (buy)
3. Captopril 25mg 1/2t po bid for three months (buy)
4. ASA 300mg 1/4t po qd for three months (#23)

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

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 1t po qhs for one month (#30)
2. Draw blood for Creat, Tot chole, TG and HbA1C at SHCH

**Lab result on January 6, 2012**

Creat	=111	[53 - 97]
T. Chol	=6.1	[<5.7]
TG	=1.9	[<1.71]
HbA1C	=5.9	[4.8 – 5.9]

**45. Sao Lim, 76F (Taing Treuk Village)**

**Diagnosis:**

1. Right side stroke with left weakness

**Treatment:**

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

**46. Sao Phal, 63F (Thnout Malou)**

**Diagnosis:**

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

**Treatment:**

1. HCTZ 25mg 1t po qd for one month (#30)
2. Amitriptylin 25mg 1t po qhs for one month (#30)
3. Paracetamol 500mg 1t po qid prn pain/HA for one month (#20)
4. MTV 1t po qd for one month (#30)
5. Fenofibrate 100mg 1t po qd one month (buy)
6. Draw blood for Creat and TG at SHCH

**Lab result on January 6, 2012**

Creat =222 [44 - 80]  
TG =1.9 [<1.71]

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

**Diagnosis:**

1. HTN

**Treatment:**

1. Amlodipine 5mg 1t po qd for one month (#40)
2. HCTZ 25mg 1t po qd for one month (#40)

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

**Diagnosis:**

1. HTN
2. DMII
3. Renal insufficiency

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 1t po bid for one month (#60)
3. Enalapril 5mg 1t po bid for one month (#60)
4. Nisoldipine 10mg 2t po qd for one month (#60)
5. Atenolol 50mg 1t po qd for one month (#30)
6. MTV 1t po qd for one month (#30)
7. FeSO/Folate 200/0.4mg 1t po qd (#30)
8. Draw blood for Creat, Tot chole, TG and HbA1C at SHCH

**Lab result on January 6, 2012**

Creat =213 [44 - 80]  
T. Chol =7.8 [<5.7]  
TG =1.7 [<1.71]  
HbA1C =6.6 [4.8 – 5.9]

**49. Seung Phorn, 65F (Ta Tong Village)**

**Diagnosis:**

1. Anemia

**Treatment:**

1. FeSO<sub>4</sub>/Folate 200/0.4mg 1t po qd (#90)
2. MTV 1t po qd (#90)

**50. Sim Lor, 62M (Pal Hal Village)**

**Diagnosis:**

1. Lichen plannus
2. Arthritis

**Treatment:**

1. Fluocinonide cream 1% apply bid (#1)
2. Paracetamol 500mg 1t po qid prn (#30)

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

**Diagnosis:**

1. DMII

**Treatment:**

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

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

**Diagnosis:**

1. Osteoarthritis

**Treatment:**

1. Paracetamol 500mg 1t po qid prn pain (#30)

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

**Diagnosis:**

1. Thyroid cyst
2. Dyspepsia

**Treatment:**

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

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

**Diagnosis:**

1. HTN
2. Tinea cruris

**Treatment:**

1. HCTZ 25mg 2t po qd for one month (#60)
2. Amlodipine 5mg 1t po qd for one month (#30)
3. Ciclopirox cream apply bid (#1)

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

**Diagnosis:**

1. DMII
2. HTN
3. Dyslipidemia

**Treatment:**

1. Glibenclamide 5mg 2t po bid for two months (#240)
2. Metformin 500mg 3t qAM and 2t po qPM for two months (#200)
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 bid (buy)

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

**Diagnosis:**

1. DMII

**Treatment:**

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

**Lab result on January 6, 2012**

Creat =72	[44 - 80]
HbA1C =8.9	[4.8 – 5.9]

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

**Diagnosis:**

1. DMII

**Treatment:**

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

**Lab result on January 6, 2012**

Creat	=103	[44 - 80]
HbA1C	=6.5	[4.8 – 5.9]

**58. 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

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

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for one month (# 30)
2. Draw blood for Creat, Gluc, Tot chole, and TG at SHCH

**Lab result on January 6, 2012**

Creat	=85	[44 - 80]
Gluc	=4.3	[4.2 - 6.4]
T. Chol	=7.2	[<5.7]
TG	=1.0	[<1.71]

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

**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Carbimazole 5mg 1t po qd for three months (#90)
2. Propranolol 40mg 1/4t po bid for three months (buy)

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

**Diagnosis:**

1. Hyperthyroidsism
2. Sciatica

**Treatment:**

1. Carbimazole 5mg 2t po bid for one month (buy)
2. Propranolol 40mg 1/4t po bid for one month (#15)
3. Paracetamol 500mg 1t po qid prn pain for one month (#20)
4. MTV 1t po qd for one month (#30)

**Lab result on January 6, 2012**

Free T4=**59.27** [12.0 - 22.0]

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

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

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

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

**Diagnosis:**

1. HTN
2. GERD

**Treatment:**

1. Enalapril 5mg 1t po qd for one month (#30)
2. HCTZ 25mg 1t po qd for one month (#30)
3. Atenolol 50mg 1/2t po qd for one month (#15)
4. Cimetidine 200mg 2t po qhs for one month (#60)

**64. Yem Channy, 33F (Taing Treuk Village)**

**Diagnosis:**

1. Psoriasis

**Treatment:**

1. Cetirizine 10mg 1t po qhs (#30)
2. Hydrocortisone cream apply bid (#2)
3. Clotriamazole cream apply bid (#2)

**65. 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)

**66. 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)

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**The next Robib TM Clinic will be held on  
February 6 - 10, 2012**