Robib *Telemedicine* Clinic

Preah Vihear Province

J U L Y 2 0 0 7

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

On Monday, July 09, 2007, SHCH staff, Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), July 10 & 11, 2007, the Robib TM Clinic opened to receive the patients for evaluations. There were 6 new cases and 7 follow-up patients. 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, July 11 & 12, 2007.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston and SHCH, Nurses 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 the PA Rithy Chau at SHCH who compiled and sent for website publishing.

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

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Monday, July 02, 2007 8:43 AM
To: Rithy Chau; Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Cornelia Haener
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Peou Ouk; Seda Seng; Mony Mao; Tola Khiev
Subject: Schedule for Robib Telemedicine Clinic July 2007

Dear all,

I would like to inform you that Robib Telemedicine Clinic July 2007 will be starting on July 09, 2007 and coming back on July 13, 2007.

The agenda for the trip are as following:

1. On Monday July 09, 2007, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihea province.
2. On Tuesday July 10, 2007, the clinic opens to see the patients for the whole morning and type patients' data as case in afternoon then send to both partners in Boston and Phnom Penh.
3. On Wednesday July 11, 2007, we do the same as on Tuesday and also download the answers replied from partners.
4. On Thursday July 12, 2007, I download all the answers replied from both partners then make the treatment plan accordingly and prepare the medicine for the patients in afternoon.

5. On Friday July 13, 2007, I draw blood from the patients for lab test at SHCH, then come back to Phnom Penh.

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

Best regards,
Sovann

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, July 11, 2007 6:35 AM
To: Rithy Chau; Rithy Chau; Kruy Lim; Cornelia Haener; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic July 2007, Case#1, Tann Sim, 28F (Kampot Village)

Dear all,

Because the internet has not been properly working during these few weeks, I couldn't send the cases to you last night. I am trying to send all the cases for Robib TM July 2007 in the morning. There are 5 new cases and 4 follow up cases. This is case number 1, Tann Sim, 28F and photos.

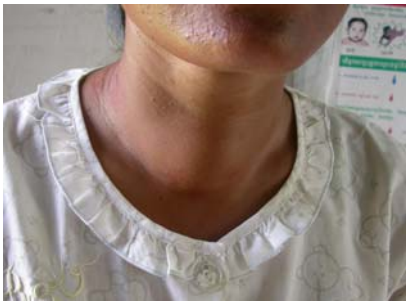
Best regards,
Sovann

History and Physical

Name/Age/Sex/Village: Tann Sim, 28F (Kampot Village)

Chief Complaint (CC): Neck mass x 10y

History of Present Illness (HPI): 28F, farmer, came to us complaining of neck mass for 10y. First she noticed a small mass about 2x 2cm on the anterior neck without any symptoms. In this year she noticed it became bigger from day to day to about 5x6cm size and presented with symptoms of pain on that mass and palpitation, tremor and dyspnea but didn't seek medical care just come to us today. She denied of dysphagia, chest pain, abdominal pain, heat intolerance, edema, oliguria, hematuria.



Past Medical History (PMH): Malaria in 2001

Family History: None

Social History: No alcohol, no smoking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): regular period

PE:

Vitals: BP: 110/64 P: 83 R: 20 T: 36.5^{o}C
Wt: 56Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 5x 6cm, smooth, soft, mobile on swallowing, regular border, no bruit, 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

Extremity/Skin: No edema, no rash

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

Lab/study: None

Assessment:

1. Diffuse Goiter

Plan:

1. Draw blood for TSH and Free T4 at SHCH, and send to Kg Thom neck ultrasound

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: July 10, 2007**

Please send all replies to robibtelemed@yahoo.com and cc: to tmed_rithy@online.com.kh.

From: Cornelia Haener [mailto:cornelia_haener@online.com.kh]
Sent: Wednesday, July 11, 2007 1:59 PM
To: 'Robib Telemedicine'; 'Rithy Chau'; 'Rithy Chau'; 'Kruy Lim'; 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Joseph Kvedar'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib Telemedicine Clinic July 2007, Case#1, Tann Sim, 28F (Kampot Village)

Dear Sovann,
I agree with your assessment and plan.
Kind regards
Cornelia

From: Barbesino, Giuseppe,M.D. [mailto:GBARBESINO@PARTNERS.ORG]
Sent: Wednesday, July 11, 2007 11:53 PM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib Telemedicine Clinic July 2007, Case#1, Tann Sim, 28F (Kampot Village)

This woman seems to have a relatively rapidly growing asymmetric enlargement of her thyroid. There are symptoms consistent with hyperthyroidism but her heart rate is in the normal range. The pictures show what looks like a right lower lobe/isthmic large mass, about 5-6 cm in diameter. This is most likely a thyroid nodule. Work-up should include a thyroid ultrasound and TSH, FT4. If a discrete nodule is demonstrated and TSH is within the normal range then a biopsy or excision should be considered. If ultrasound shows a simple cyst (which is clearly in the differential) this could be drained thru needle aspiration, with a 50% chance of cure or so. Please let me know.
Giuseppe Barbesino MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, July 11, 2007 6:45 AM
To: Rithy Chau; Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic July 2007, Case# 2, Be Kimke, 54M (Thnout Malou Village)

Dear all,

This is case number 2, Be KimKe, 54M and photo.

Best regards,
Sovann

History and Physical

Name/Age/Sex/Village: Be Kim Ke, 54M (Thnout Malou Village)

Chief Complaint (CC): fatigue and polyuria x 3months

History of Present Illness (HPI): 54M, retired teacher, came to us complaining of fatigue and polyuria for 3months. In this three months he presented with the symptoms of fatigue, blurred vision, polydypsia, polyuria, and the villager told him that he might have diabetes and he went to provincial for sugar check it was 150mg/dl and in this week he bought Diamicron 1t po qd. He denied of fever, cough, palpitaion, chest pain, abdominal problem, numbness and tingling, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Drinking alcohol casually, no smoking

Current Medications: Diamicron (Gliclazide 30mg) 1t po qd during this week

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 102/60 P: 92 R: 20 T: 36.5^{o}C Wt: 69Kg

General: Look 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

Extremity/Skin: No edema, no rash, no foot wound

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

Lab/study: done today July 10, 2007
FBS: 143mg/dl, UA normal

Assessment:

1. Hyperglycemia

Plan:

1. Educated patient to eat low sugar, low Na diet, do regular exercise
2. Recheck BS tomorrow
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc 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: July 10, 2007**

Please send all replies to robibtelemed@yahoo.com and cc: to tmed_rithy@online.com.kh.

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, July 12, 2007 11:58 AM
To: Robib Telemedicine; Rithy Chau; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib Telemedicine Clinic July 2007, Case# 2, Be Kimke, 54M (Thnout Malou Village)

Dear Sovann,

Please resum his gliclazide 30mg once aday, hereally had DM,

Also check HBa1c as well.

Can you measure his high then we will know BMI.

I try call you back it was not connected.

Take care and Have a safe trip home tomorrow.

Kruy

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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, July 25, 2007 12:25 AM
To: Robib Telemedicine; Rithy Chau
Subject: FW: Robib Telemedicine Clinic July 2007, Case# 2, Be Kimke, 54M (Thnout Malou
Village)


-----Original Message-----
From: Fang, Leslie S.,M.D.
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Sent: Saturday, July 14, 2007 8:32 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib Telemedicine Clinic July 2007, Case# 2, Be Kimke, 54M (Thnout Malou Village)

Agree completely with assessment and plan

Leslie Fang, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, July 11, 2007 6:51 AM
To: Rithy Chau; Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic July 2007, Case#3, Chan Him, 60F (Taing Treuk Village)

Dear all,

This is case number 3, Chan Him, 60F and photo.

Best regards,
Sovann

History and Physical

Name/Age/Sex/Village: Chan Him, 60F (Taing Treuk Village)

Chief Complaint (CC): Neck tension, HA, dizziness x 5y

History of Present Illness (HPI): 60F, farmer, came to us complaining of neck tension, HA, dizziness for 5y. First she presented with symptoms of neck tension, HA, dizziness, vertigo, palpitation and her BP taken it was around 160/? and She bought Nifedipine 10mg taken 1/2t bid prn (when symptoms of HA, neck tension and dizziness appeared). During these five years, she also presented with symptoms of epigastric discomfort after full eating with diarrhea two times/d and took Ranitidine and Ofloxacin prn. She took these three medicines until now. She denied of chest pain, fever, cough, dyspnea, polyuria, oliguria, hematuria, edema.

Past Medical History (PMH): HTN for 5y with prn Nifedipine, thyroidectomy in 1979

Family History: None

Social History: Drinking alcohol casually, no smoking, 8 children

Current Medications:

1. Nifedipine 10mg 1/2t bid prn (HA, neck tension, dizziness appeared)
2. Ranitidine prn (stomach upset)
3. Ofloxacin tid prn (diarrhea)

Allergies: NKDA

Review of Systems (ROS): 10y post menopause, (+) HA, (+) neck tension, (+) dizziness, (+)epigastric discomfort (-) nausea/vomiting, (-) stool with blood/mucus, (-) edema

PE:

Vitals: BP: (R) 160/90, (L) 156/86 P: 66 R: 20 T: 36.5^{o}C Wt: 52Kg

General: Look sick

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

Extremity/Skin: No edema, no rash

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

Lab/study: done today July 10, 2007
UA: Protein trace

Assessment:

1. HTN
2. Dyspepsia
3. Parasititis

Plan:

1. HCTZ 50mg 1/2t po qd for one month
2. Famotidine 10mg 2t po qhs for one month
3. Mebendazole 100mg 5t po qhs once
4. Eat low Na diet and do regular exercise
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc 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: July 10, 2007**

Please send all replies to robibtelemed@yahoo.com and cc: to tmed_rithy@online.com.kh.

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, July 12, 2007 11:49 AM
To: Robib Telemedicine; Rithy Chau; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib Telemedicine Clinic July 2007, Case#3, Chan Him, 60F (Taing Treuk Village)

Dear Sovann

please do one EKG for your base line if ischemia suggest then switch HCTZ to propranolole 20mg BID.

Please add ASA as well.

Otherwise , i do agree with your plan

Take care

Kruy

From: Kreinsen, Carolyn Hope,M.D.,M.Sc. [mailto:CKREINSEN@PARTNERS.ORG]
Sent: Friday, July 13, 2007 3:10 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib Telemedicine Clinic July 2007, Case#3, Chan Him, 60F (Taing Treuk Village)

Case summary: The patient is a 60 year old woman, a farmer by trade, presenting with a five year history of intermittent headaches, neck "tension", dizziness and occasional palpitations. She was diagnosed with moderate hypertension five years ago. She has been taking short-acting nifedipine 5 mg on a PRN basis to relieve symptomatology. There is no peripheral edema. She has also had chronic epigastric fullness and discomfort after eating, with loose stool 2x/day. She has taken PRN ranitidine and ofloxacin for those symptoms. It's unclear if she had any beneficial response to those meds. She denies nausea, vomiting, blood or mucus in stools. In addition to hypertension, there is a history of thyroidectomy in 1979. It does not appear that she is taking any levothyroxine (thyroid replacement medicine.)

In her photo, the patient appears fatigued with a dull, pained appearance to her eyes. There is darkened discoloration below her eyes. There appears to be some thickening of the nose and some bony prominence of the face. Blood pressure shows moderate systolic elevation, minor diastolic elevation. She is afebrile. Exam otherwise is within normal range with no concerning abdominal/cardiac/pulmonary findings and no peripheral edema. Neck exam showed no adenopathy or thyroid nodularity. Proximal muscle strengths were intact with normal DTRs throughout.

Urinalysis showed trace protein.

Assessment:

1.) Hypertension: The patient has been moderately hypertensive for 5 years. She should be encouraged to discard the nifedipine. Her current usage is sporadic and could be dangerous. The hydrochlorthiazide 25 mg each day is a good choice of an initial blood pressure lowering med. It can increase sun sensitivity. The patient is a farmer and should be advised to wear light cover up clothing and a hat when out of doors. She also is at risk of dehydration and orthostasis and must drink plenty of fluids throughout the day. It will be important for her to consume potassium containing foods/drinks (oranges, tomatoes, potatoes with skins, bananas - whatever is easily available locally) in her diet every day to prevent a drop in potassium due to the HCTZ. It's excellent that you're checking the kidney functions and electrolytes. It would be wise to check a TSH, as well, especially with her history of thyroid disorder. Your instructions regarding a low sodium diet and regular exercise were quite important. She might also want to decrease caffeine intake if she consumes a lot of tea or coffee. I agree with the follow-up in 1 month. She will need electrolytes, magnesium and kidney functions rechecked at that time.

2.) History of thyroidectomy: The details of this are unclear. I assume that she perhaps had a hemithyroidectomy, given that she is not taking any thyroid replacement therapy. It would be worth investigating that a bit further, and again, checking the TSH. Her proximal muscle strengths and DTRs appear normal. That is reassuring. It would be worth checking whether she has had any weight changes.

3.) Headaches, Neck Stiffness and Dizziness: These are somewhat concerning and possibly multifactorial. More initial history would be helpful in determining appropriate further evaluation and treatment. How often do these symptoms occur? In the past, has the nifedipine relieved the symptoms? How often did she take the nifedipine? Does she have any visual changes/hearing loss/nausea/motor weakness/numbness or tingling/decreased coordination associated with the headaches? What makes them better, what makes them worse? What part of the head is affected? Are they worsening in intensity and frequency? The headaches certainly might be a result of her hypertension. In that case, the nifedipine should have given short-term relief and the HCTZ should help in the future. The combination of a stiff neck and headache could indicate arthritis of the cervical spine or muscle spasm in the posterior neck. Those might respond to applications of warm packs to the back of the neck for 20-30 minutes , when symptomatic. Does she have full range of motion of her neck on exam? The questions above should help us to determine other possible causes of her headaches. Her photo demonstrated some bony prominence of facial structures. It would be worth adding an alkaline phosphatase to her labs to rule out Paget's disease. C-reactive protein would be helpful to rule out a vascular inflammation.

4.) Gastric Fullness: This sounds as though it has been a chronic problem. Is it getting worse? Has she lost weight recently? I think that the famotidine is a good idea. It would be worth checking a rectal exam for occult blood. The mebendazole should help to treat any parasitic disease. She is a farmer and at high risk for intestinal parasities. If she does not have relief of her symptoms when you see her in one month, it might be worth obtaining stool cultures and an H Pylori blood test (if available.)
Other testing, such as abdominal ultrasound, would be worth obtaining if she does not improve. CBC is a great idea. It will help to show any white blood cell abnormalities and evidence of anemia, if present. It would be helpful to check liver function tests with her labs at SHCH

Hope these suggestions are helpful! Please feel free to email me with questions or for any clarification.

Best regards,

Carolyn K

Sincerely,

Carolyn K

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, July 11, 2007 6:54 AM
To: Rithy Chau; Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic July 2007, Case# 4, Sek Rong, 29M (Chan Lorng Village)

Dear all,

This is case number 4, Sek Rong, 29M and photo.

Best regards,
Sovann

History and Physical

Name/Age/Sex/Village: Sek Rong, 29M (Chan Lorng Village)

Chief Complaint (CC): Epigastric pain x 1y

History of Present Illness (HPI): 29M, farmer, came to us complaining of epigastric pain, burning sensation after full eating, burping with sour taste in the morning, the pain radiated to the scapular and he bought antacid taking prn then the symptoms still persisted so he came to us. He denied of dysphagia, stool with blood or mucus, edema.

Past Medical History (PMH): Malaria in 2002

Family History: Unremarkable

Social History: Married with two children, drinking alcohol casually, smoking 10cig/d about 10y

Current Medications: Antacid prn

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 110/60 P: 72 R: 20 T: 37^{o}C Wt: 56Kg

General: Look 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

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

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

Rectal exam: Good sphincter tone, no mass, smooth, (-) colocheck

Assessment:

1. GERD
2. Parasititis

Plan:

1. Famotidine 10mg 2t po qhs for two months
2. Mebendazole 100mg 5t po qhs once
3. GERD prevention education
4. Alcohol and smoking cessation

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: July 10, 2007**

Please send all replies to robibtelemed@yahoo.com and cc: to tmed_rithy@online.com.kh.

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, July 12, 2007 3:07 AM
To: Robib Telemedicine; Rithy Chau
Subject: FW: Robib Telemedicine Clinic July 2007, Case# 4, Sek Rong, 29M (Chan Lorng Village)

-----Original Message-----
From: Healey, Michael J.,M.D.
Sent: Wednesday, July 11, 2007 3:10 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib Telemedicine Clinic July 2007, Case# 4, Sek Rong, 29M (Chan Lorng Village)

The plan sounds good. If his symptoms persist I'd suggest further workup to evaluate for peptic ulcer disease and H. pylori infection.

MJH

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, July 11, 2007 7:00 AM
To: Rithy Chau; Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic July 2007, Case#5, Tey Yoeum, 28F (Doang Village)

Dear all,

This is case number 5, Tey Yoeum, 28F and photo.

Best regards,
Sovann

History and Physical

Name/Age/Sex/Village: Tey Yoeum, 28F (Doang Village)

Chief Complaint (CC): Polydypsia and polyuria for 2y

History of Present Illness (HPI): 28F, farmfer, came to us complaining of polydypsia, polyuria for 2y. First presented with symptoms of fatigue, palpitation, polydypsia, polyuria, and didn't seek any care only taking traditional medication for that but it doesn't help her and in May 2007 she went to provincial hospital and was told she has diabetes but she didn't got treatment. Now she still presented with polydypsia, polyuria, fatigue, dizziness, and getting worse from day to day. She denied of HA, chest pain, abdominal pain, stool with blood or mucus, edema, numbness and tingling.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: no EtOH, no smoking, 2 children, her child with breast feeding

Current Medications: Traditional medication

Allergies: NKDA

Review of Systems (ROS): No menstrual period, weight loss, fatigue, palpitation,

PE:

Vitals: BP: 110/58 P: 101 R: 20 T: 37^{o}C Wt: 37Kg

General: Look sick

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

Chest: CTA bilaterally, no rales, no rhonchi; H tachycardia, RR, no murmur

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

Extremity/Skin: No edema, no rash, no foot wound

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

Lab/study: done today July 10, 2007
FBS: 495mg/dl, UA: Gluco 4+, Protein trace

Assessment:

1. DMII
2. Tachycardia

Plan:

1. Glibenclamide 5mg 1/2t po bid for month
2. Drink 2-3L water per day
3. Eat on diabetic diet and do regular exercise, and foot care
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, 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: July 10, 2007**

Please send all replies to robibtelemed@yahoo.com and cc: to tmed_rithy@online.com.kh.

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, July 12, 2007 2:09 AM
To: Robib Telemedicine; Rithy Chau
Subject: FW: Robib Telemedicine Clinic July 2007, Case#5, Tey Yoeum, 28F (Doang Village)

-----Original Message-----
From: Daniel Z. Sands [mailto:dsands@bidmc.harvard.edu]
Sent: Wednesday, July 11, 2007 2:47 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib Telemedicine Clinic July 2007, Case#5, Tey Yoeum, 28F (Doang Village)

I agree, but she needs to be told that she will need to stay on this medicine for the rest of her life. When she comes back in one month, she'll probably need a higher dose of Glibenclamide. Also, after she has been volume repleted and her BP is a bit higher, you'll need to start her on an ACE inhibitor (captopril, enalapril, or lisinopril) to protect her kidneys.

Thanks.

- Danny

Daniel Z. Sands, MD, MPH
Beth Israel Deaconess Medical Center
Harvard Medical School
617-667-9600
dsands@bidmc.harvard.edu

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, July 11, 2007 7:05 AM
To: Rithy Chau; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic July 2007, Case#6, Sath Rim, 51F (Taing Treuk Village)

Dear all,

This is case number 6, Sath Rim, 51F and photo.

Best regards,
Sovann

SOAP Note

Patient Name & Village: Sath Rim, 51F (Taing Treuk Village)

Subjective: 51F came to follow up of HTN and DMII, Anemia. She feel stable with normal appetite, normal bowel movement and denied of cough, dyspnea, fever, chest pain, palpitation, GI complaint, polyuria, oliguria, dysuria, hematuria, stool with mucus or blood, and edema. but her BP was uncontrolled since last month.

Objective:

VS: BP: (R) 180/76, (L) 190/90 P: 87 R: 20 T: 36.5 Wt: 51kg Height: 1,50m

PE (focused):

General: Look stable

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

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

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

Skin/Extremity: No edema, no rash, no foot wound

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

Labs/Studies: done today on July 10, 2007

FBS: 197mg/dl; UA: Protein 4+, blood 1+

Lab result on June 8, 2007

Na	=138	[135 - 145]
K	=4.7	[3.5 - 5.0]
Cl	=104	[95 - 110]
BUN	=4.7	[0.8 - 3.9]
Creat	=249	[44 - 80]
Gluc	=5.7	[4.2 - 6.4]
HbA1C :	7.8	[4.0 - 6.0]

Current Medications:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 11/2t po bid

3. Lisinopril 20mg 1t po qd
4. Atenolol 50mg 1t po bid
5. HCTZ 50mg 1/2 t po qd
6. Amitriptylin 25mg 1t po qhs
7. FeSO4/Folic Acid 200/0.25mg 1t po bid

Allergies: NKDA

Assessment:

1. HTN
2. DMII
3. Anemia

Plan:

1. Stop HCTZ
2. Metformin 500mg 1t po bid for one month
3. Glibenclamide 5mg 2t po bid for one month
4. Captopril 25mg 1t po bid for one month
5. Atenolol 50mg 1t po bid for two month
6. Nifedipine 10mg 1t po bid for month
7. Amitriptylin 25mg 1t po qhs for two month
8. FeSO4/Folic Acid 200/0.25mg 1t po qd for two month
9. Do regular exercise, educate on hypoglycemia sign

Lab/Study Requests: Draw blood for RFT at SHCH

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

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

Examined by: Nurse Peng Sovann **Date: July 10, 2007**

Please send all replies to robibtelemed@yahoo.com and cc: to tmed_rithy@online.com.kh.

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Wednesday, July 11, 2007 12:20 PM
To: Robib Telemedicine; Rithy Chau; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib Telemedicine Clinic July 2007, Case#6, Sath Rim, 51F (Taing Treuk Village)

Dear Sovann,

Great!

Please work up anemia (CBC/retic/smear) and Lipid profile as well.

Your DD suppose te be DMII and HTN with renal failure with crea clearance 19ml/mn
1- Metformine is not safe for her, if she could afford to buy some drug, I would suggest to switch to Rosiglytazone 2mg BID or Pyeoglitazone 15mg once a day (this is cheaper then rosi). Please strickly education her she need to lose weight < 50kg, as BMI now alomost 23 then is DD as overweight in asia pacific guideline.

2. For Nifedipine you need to give the extended release so 20mg once a day.

3. Folic acide may need as well- 5mg Qd.

Thanks

Kruy

From: Paul Heinzelmann [mailto:pheinzelmann@worldclinic.com]
Sent: Thursday, July 12, 2007 8:07 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh; tmed_rithy@bigpond.com.kh
Subject: RE: Robib Telemedicine Clinic July 2007, Case#6, Sath Rim, 51F (Taing Treuk Village)

Dear Sovann,

I agree with your assessment, but I would maximize the HCTZ before stopping it (i.e. 50mg); and add ONE new antihypertensive i.e. atenolol...beta blockers will often work synergistically with HCTZ. I assume you stopped lisinopril because you ran out and started captopril instead.

educational point: the more meds a patient must take, or the more complex a drug regimen (i.e start this, stop that) the less likely they are to take the medicines as you have directed. keep that in mind when starting/stopping meds.

Thanks

Paul

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, July 11, 2007 7:14 AM
To: Rithy Chau; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic July 2007, Case#7, Tith Hun, 54F (Ta Tong Village)

Dear all,

This is case number 7, Tith Hun, 54F and photo.

Best regards,
Sovann

SOAP Note

Patient Name & Village: Tith Hun, 54F (Ta Tong Village)

Subjective: 54F came to follow up of HTN, anemia. In these two months, she presented with symptoms of fever, epigastric pain, burning sensation, and diarrhea, poor appetite so she bought unknown name medications (7 different tablets), then she became better appetite and developed swollen face. She denied of palpitation, chest pain, dizziness, stool with blood or mucus, oliguria, hematuria, dysuria, edema.

Objective:

VS: BP: 110/70 P: 69 R: 20 T: 36.5 Wt: 44kg

PE (focused):

General: Look stable, swollen face

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

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

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

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

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

Rectal exam: Good sphincter tone, no mass palpable, no tender, (-) colocheck

Labs/Studies: done today on July 10, 2007

UA: Leukocyte 2+

Lab Result on April 6, 2007

WBC	=4	[4 - 11x10^9/L]	Na	=141	[135 - 145]
RBC	=3.6	[3.9 - 5.5x10^{12}/L]	K	=3.8	[3.5 - 5.0]
Hb	=9.6	[12.0 - 15.0g/dL]	Cl	=114	[95 - 110]
Ht	=29	[35 - 47%]	BUN	=4.1	[0.8 - 3.9]
MCV	=83	[80 - 100fl]	Creat	=197	[44 - 80]
MCH	=27	[25 - 35pg]	Gluc	=6.2	[4.2 - 6.4]
MHCH	=33	[30 - 37%]			
Plt	=168	[150 - 450x10^9/L]			
Lym	=1.7	[1.0 - 4.0x10^9/L]			

Mxd =0.5 [0.1 - 1.0x10^9/L]
Neut =1.8 [1.8 - 7.5x10^9/L]

Current Medications:

1. Atenolol 50mg 1/2t po bid
2. Lisinopril 20mg 1/4t po qd
3. HCTZ 50mg 1t po qd
4. FeSO4/Folic acid 200/0.25mg 1t po qd

Allergies: NKDA

Assessment:

1. HTN
2. Anemia
3. Dyspepsia

Plan:

1. Stop HTCZ
2. Captopril 25mg 1/2t po bid for one month
3. Atenolol 50mg 1/2t po bid for one month
4. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month

Lab/Study Requests: None

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

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

Examined by: Nurse Peng Sovann Date: July 10, 2007

Please send all replies to robibtelemed@yahoo.com and cc: to tmed_rithy@online.com.kh.

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Wednesday, July 11, 2007 11:28 AM
To: Robib Telemedicine; Rithy Chau; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib Telemedicine Clinic July 2007, Case#7, Tith Hun, 54F (Ta Tong Village)

Dear Sovann,

I would repeat renal function test today as in Aprile Crea 197 umol/l and she was on ACE.

Hb 9.6 so may need to repeat CBC, reticulocyte and peripheral smear for anemia work up.
Increased FeSO4 to 1 tb BID

Take care

kruy

From: Paul Heinzelmann [mailto:pheinzelmann@worldclinic.com]
Sent: Thursday, July 12, 2007 8:25 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh; tmed_rithy@bigpond.com.kh
Subject: RE: Robib Telemedicine Clinic July 2007, Case#7, Tith Hun, 54F (Ta Tong Village)

Sovann,

You have again stopped the HCTZ, and lisinopril...why?

I think this case needs more data. Her elevated creatinine suggests renal failure. This should also be on your assessment..as long as her potassium is OK, the captopril (or lisinopril) are good for patients with renal failure -But now that her HCTZ has been stopped, her potassium could change (i.e increase).

Did the urine dip test only show elevated leukocytes? Did it test POS for protein?

Protein loss and elevated creatinine would suggest nephrotic sydrome and could explain her swollen face.

I would suggest

1. test urine for protein if you can...
2. Keep the HCTZ if you can and drop the atenolol
3. monitor her potassium if the ACE inhibitor (Lisinopril or Captopril) is new

Paul

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, July 11, 2007 7:19 AM
To: Rithy Chau; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic July 2007, Case#8, Phim Sichin, 35F (Taing Treuk Village)

Dear all,

This is case number 8, Phim Sichin, 35F and photos.

Best regards,
Sovann

Rabib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

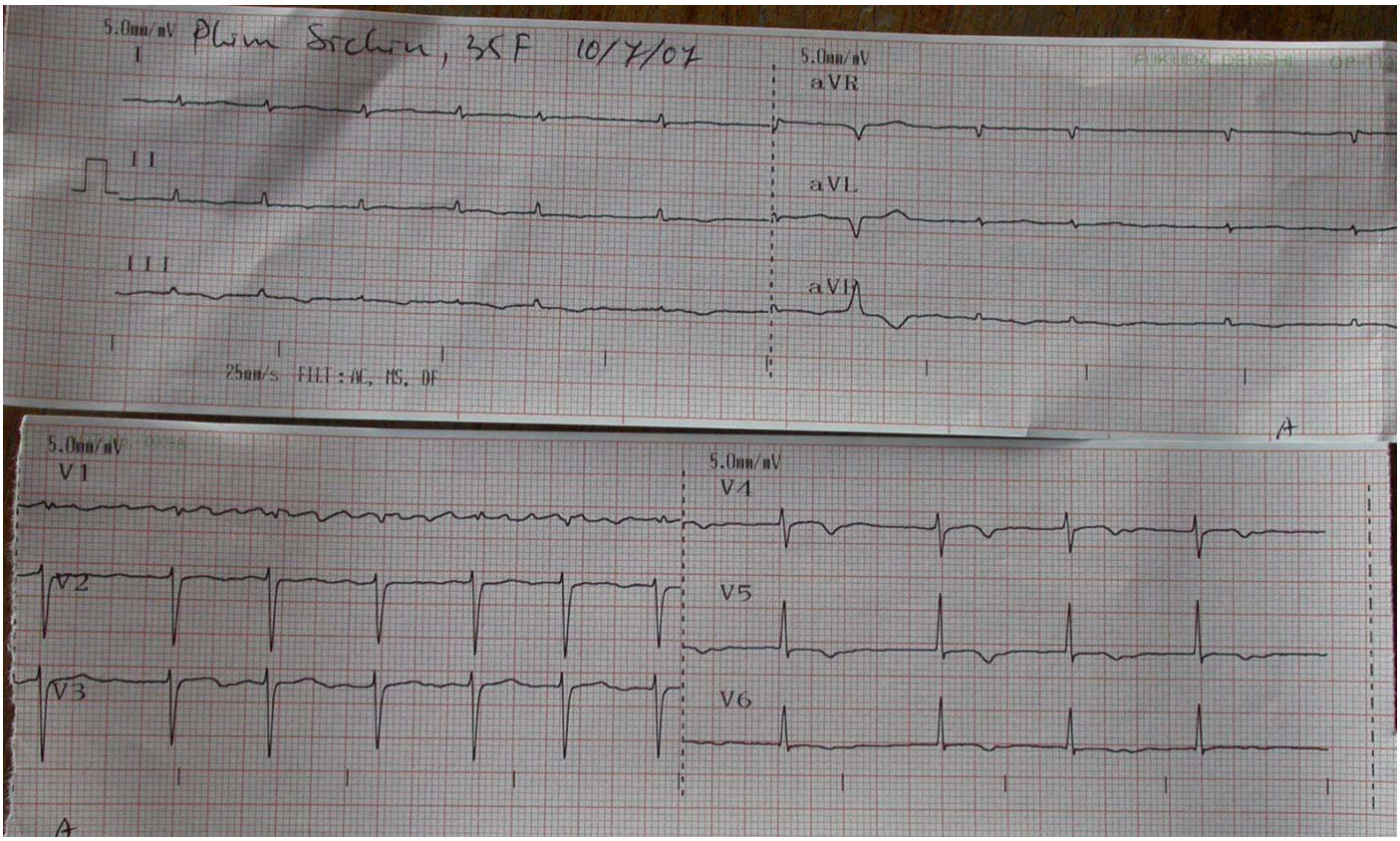
SOAP Note

Patient Name & Village: Phim Sichin, 35F (Taing Treuk Village)

Subjective: 35F came to follow up of DMII, PUD, CHF?, VHD?, Anemia. She feels better than before with normal bowel movement, less SOB, but she still complained of palpitation, fatigue, and epigastric discomfort, and othorpnea. She denied of fever, sore throat, cough, chest pain, nausea, vomiting, dysuria, hematuria, edema.

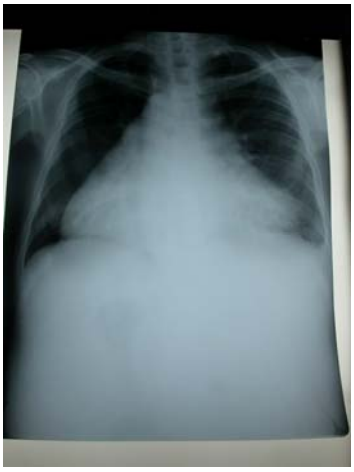
Current Medications:

1. Glibenclamide 5mg 1t po bid
2. Captopril 25mg 1/4t po bid
3. Omeprazole 20mg 1t po qhs
4. Amoxicilline 500mg 2t po bid for 2w
5. Metronidazole 250mg 2t po bid for 2w
6. FeSO4/vit C 500/105mg 1t po qd



Allergies: NKDA

Objective:



Vitals: BP: 82/46 P: 76 R: 20 T: 37°C Wt: 35Kg

PE (focused):

General: Look sick

HEENT: No oropharyngeal lesion, severe pale conjunctiva, no thyroid enlargement, no lymph node palpable, (+) JVD

Chest: CTA bilaterally, no rales, no rhonchi; H RR, irregular rhythm, skip beat after two beats, 2+ cresendo systolic murmur loudest at pulmonic area

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

Extremity/Skin: no edema, no rash, no foot wound

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

Lab/Study: done today July 10, 2007

BS: 96mg/dl, UA: normal

Lab result on June 8, 2007

WBC	=4.0	[4 - 11x10^9/L]	Na	=133	[135 - 145]
RBC	=3.1	[3.9 - 5.5x10^{12}/L]	K	=4.0	[3.5 - 5.0]
Hb	=5.4	[12.0 - 15.0g/dL]	Cl	=98	[95 - 110]
Ht	=23	[35 - 47%]	BUN	=2.0	[0.8 - 3.9]
MCV	=73	[80 - 100fl]	Creat	=64	[44 - 80]
MCH	=17	[25 - 35pg]	Gluc	=25.5	[4.2 - 6.4]
MHCH	=24	[30 - 37%]	HbA1C	=8.8	[4.0 - 6.0]
Plt	=421	[150 - 450x10^9/L]			
Lym	=1.6	[1.0 - 4.0x10^9/L]			
Mxd	=0.3	[0.1 - 1.0x10^9/L]			
Neut	=2.0	[1.8 - 7.5x10^9/L]			

Reticulocyte count = 3.0 [0.5 - 1.5]
Anisocytosis 2+, Poikilocytosis 2+, Schistocytes 1+, Hypochomic 2+
Hb electrophoresis: unable to perform due to sample coming late

EKG and CXR attached

Assessment:

1. DMII
2. PUD
3. Cardiomegaly
4. CHF??

5. VHD??
6. Anemia

Plan:

1. Glibenclamide 5mg 1t po bid for one month
2. Captopril 25mg 1/4t po bid for one month
3. Omeprazole 20mg 1t po bid for one month
4. FeSO4/vit 500/105mg 1t po tid for one month
5. Review on diabetic diet and foot care, regular exercise
6. Draw blood for hemoglobine eletrophoresis at SHCH
7. Should we send her to SHCH for 2D echo of the heart

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: June 5, 2007**

Please send all replies to robibtelemed@yahoo.com and cc: to tmed_rithy@online.com.kh.

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Wednesday, July 11, 2007 11:19 AM
To: Robib Telemedicine; Rithy Chau; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib Telemedicine Clinic July 2007, Case#8, Phim Sichin, 35F (Taing Treuk Village)

Dear Sovann,

Great, I do agree with your plan

Take care

Kruy

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wednesday, July 25, 2007 12:26 AM
To: Rithy Chau; Robib Telemedicine
Subject: FW: Robib Telemedicine Clinic July 2007, Case#8, Phim Sichin, 35F (Taing Treuk Village)

-----Original Message-----
From: Fang, Leslie S.,M.D.
Sent: Saturday, July 14, 2007 8:34 PM
To: Fiamma, Kathleen M.

Subject: RE: Robib Telemedicine Clinic July 2007, Case#8, Phim Sichin, 35F (Taing Treuk Village)

Appears to be doing better
Agree with plans as delineated

Leslie Fang, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, July 11, 2007 4:31 PM
To: Rithy Chau; Rithy Chau; Kruy Lim; Joseph Kvedar; Kathy Fiamma; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic July 2007, Case#9, Ros Im, 53F (Taing Treuk Village)

Dear all,

This is the case, continued from this morning, case number 9, Ros Im, 53F and phooto.

Best regards,
Sovann

SOAP Note

Patient Name & Village: Ros Im, 53F (Taing Treuk Village)

Subjective: 53F came to follow up of euthyroid goiter and anemia. In the last month, she presented with the symptoms of epigastric pain, burning sensation, burping with sour taste, radiated to the back and scapular, hard stool with mucus, and treated with Famotidine 10mg 2t po qhs. She feel better than last month but the epigastric pain and burping still presented. She denied of fever, cough, chest pain, dysphagia, stool with blood, edema.

Objective:

VS: BP: 100/54 P: 89 R: 20 T: 36 Wt: 40kg

PE (focused):
General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 5x6cm, soft, smooth, mobile on swallowing, no lymph node palpable, no JVD

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

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

Extremity/skin: no edema, no rash, no lesion

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

Rectal exam: Good sphincter tone, no mass palpable, (-) colocheck

Lab/Study: None

Current Medications:

1. Famotidine 10mg 2t po qhs
2. FeSO4 200mg 1t po qd
3. MTV 1t po qd

Allergies: NKDA

Assessment:

1. Euthyroid goiter
2. Anemia
3. GERD

Plan:

1. Omeprazole 20mg 1t po qhs for one month
2. FeSO4 200mg 1t po qd for one month
3. MTV 1t po qd for one month
4. GERD prevention education

Lab/Study Requests: None

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

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

Examined by: Nurse Peng Sovann **Date: July 10, 2007**

Please send all replies to robibtelemed@yahoo.com and cc: to tmed_rithy@online.com.kh.

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, July 11, 2007 4:41 PM
To: Rithy Chau; Rithy Chau; Kruy Lim; Joseph Kvedar; Kathy Fiamma; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic July 2007, Case#10, Ros Oeun, 67F (Damnak Chen Village)

Dear all,

This is the case number 10, Ros Oeun, 67F and photo.

Because the internet I have to send the cases is not working and I am sending cases through internet of other school. please help to answer the cases before 10:00 in the morning tomorrow, I probably have to download at other school during their working time

Best regards,
Sovann

History and Physical

Name/Age/Sex/Village: Ros Oeun, 67F (Damnak Chen Village)

Chief Complaint (CC): fatigue and cough x 2y

History of Present Illness (HPI): 67F came to us complaining of fatigue and cough for 2y. In last two years, she presented with symptoms of cough, dyspnea, fatigue, dizziness, so she went to Preah Vihea hospital and treated for two weeks with some medication, she didn't know what disease she had. In last year she presented with the above symptoms and hemoptysis and went to Kg Thom hospital and diagnosed with bronchitis, and treated with some medication for a week. She became better but still presented with cough, white sputum, dyspnea on exertion, and fatigue. She denied of fever, night sweat, palpitation, chest pain, abdominal dicomfort, oliguria, hematuria, edema.

Past Medical History (PMH): Bronchitis diagnosed by Kg Thom hospital last year

Family History: Unremarkable

Social History: No alcohol drinking, no smoking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 120/62 P: 71 R: 20 T: 37^{o}C Wt: 35Kg

General: Look stable

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 surgical scar

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

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

Lab/study: done today July 11, 2007
Hb: 9g/dl

Assessment:

1. Anemia
2. PTB??

Plan:

1. FeSO4/Vit C 500/105mg 1t po qd for one month
2. MTV 1t po qd for one month
3. Do AFB smear in local health center

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: July 11, 2007**

Please send all replies to robibtelemed@yahoo.com and cc: to tmed_rithy@online.com.kh.

From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Thursday, July 12, 2007 9:38 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib Telemedicine Clinic July 2007, Case#10, Ros Oeun, 67F (Damnak Chen Village)

Thank you for this consultation.

The patient has symptoms could be from an infection but she is not acutely ill and has no worrisome clinical symptoms or findings. Has she had weight loss?.

Her examination is unremarkable.
I agree with obtain AFB for possible pulmonary TB. As she is not sick, there is no rush to treat with antibiotic therapy now. Follow up after AFB smear results would be important unless she becomes ill sooner.

In terms of the Hgb of 9.
Iron replacement therapy can help if her anemia is from iron deficiency.
However, in a 67 yo old woman, one needs to consider why she would be anemic and deficient in iron.
If there is any evidence of GI bleeding, colon examination might be necessary.
She may have subclinical intestinal parasite infection producing the anemia.

Best of luck and thanks for allowing me to participate
Keep up the excellent work.

Paul Cusick MD
Internal Medicine.

_____

From: Fiamma, Kathleen M.
Sent: Wed 7/11/2007 2:30 PM
To: Cusick, Paul S.,M.D.
Subject: FW: Robib Telemedicine Clinic July 2007, Case#10, Ros Oeun, 67F (Damnak Chen Village)

Hi Dr. Cusick:

I hope you and your family are well.

Although you have a female patient with this same name, they are two different patients.

This is the first visit for this woman who is 17 years older than the other woman.

Thank you.

Kathy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, July 11, 2007 4:47 PM
To: Rithy Chau; Rithy Chau; Kruy Lim; Joseph Kvedar; Kathy Fiamma; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic July 2007, Case#11, Chan Oeung, 57M (Sangke Roang Village)

Dear all,

This is the case number 11, Chan Oeung, 57M and photos.

Because the internet I have to send the cases is not working and I am sending cases through internet of other school (Necrophonte school). please help to answer the cases before 10:00 in the morning tomorrow, I probably have to download at that school during their working time

Best regards,
Sovann

SOAP Note

Patient Name & Village: Chan Oeung, 57M (Sangke Roang Village)

Subjective: 57M came to follow up of Arthritis, HTN, Tinea. In last month he presented with symptoms of pain, warmth, redness, stiffness of the PIP, metatasal joint and cervical joint, and the pain and stiffness got worse in the morning and better in the noon time. In this week it developed to MCP of the middle and index finger, with severe pain, swelling, warmth, redness, stiffness. He has normal appetite and normal bowel movement.

Current Medications:

1. HCTZ 50mg 1/2t po qd
2. Diflunisal 500mg 1t po bid prn
3. Paracetamol 500mg1t po qid prn

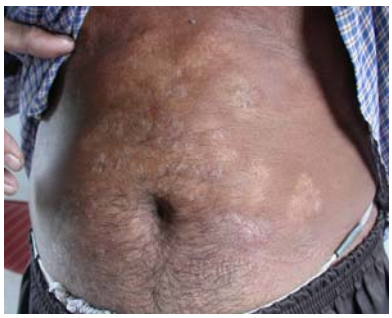
Allergies: NKDA

Objective:

VS: BP: 136/70 P: 87 R: 20 T: 37 Wt: 58kg

PE (focused):

General: Look 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

Skin/Extremity: macula rashes on the abdomen and the back, central clearing, pruritis, no pustule, no vesicle; On right hand, MCP of index and middle finger became swollen, tender, redness, warmth, stiffness; On the feet, less tender, redness, no swelling, no stiffness

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

Labs/Studies: None

Assessment:

1. HTN
2. Rhumatoid arthritis
3. Tinea

Plan:

1. HCTZ 50mg 1/2t po qd for one month
2. Naproxen 375mg 1t po bid for a week then prn severe pain for one month
3. Paracetamol 500mg 1t po qid prn pain for one month
4. Mometasome cream 0.1% apply bid until the rash gone

Lab/Study Requests: None

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

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

Examined by: Nurse Peng Sovann **Date: July 11, 2007**

Please send all replies to robibtelemed@yahoo.com and cc: to tmed_rithy@online.com.kh.

From: Paul Heinzelmann [mailto:pheinzelmann@worldclinic.com]
Sent: Thursday, July 12, 2007 8:34 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh; tmed_rithy@bigpond.com.kh
Subject: RE: Robib Telemedicine Clinic July 2007, Case#11, Chan Oeung, 57M (Sangke Roang Village)

Sovann,

I agree with your assessment of HTN and Rheumatoid arthritis...not certain if this is tinea though. Regardless, if this is an itchy rash, the Mometasome should help with itching.

I'd have the patient take 1 pill for pain...I'd go with Naproxen (take with food), but hold paracetamol.

-----Original Message-----
From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Wed 7/11/2007 3:00 PM
To: Paul Heinzelmann
Subject: FW: Robib Telemedicine Clinic July 2007, Case#11, Chan Oeung, 57M (Sangke Roang Village)

Hello Paul:

Here's another follow-up. Dr. Smulders-Meyer provided the original consult and you provided a follow-up consultation. She is not available today.

Thank you.

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, July 12, 2007 11:30 AM
To: Robib Telemedicine; Rithy Chau; Rithy Chau; Joseph Kvedar; Kathy Fiamma; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib Telemedicine Clinic July 2007, Case#11, Chan Oeung, 57M (Sangke Roang Village)

Dear Sovann,

as he present the RA relapsing.

1.I would suggest to start with Prednisolone 40mg qd for 2 weeks then 30mg qd for another 2 weeks then 20mg qd for another 4 weeks if clinincal inprove then go to 10 mg qd for 4 weeks and continue to taper to complete 4 to 6 month.

2. Albendazole for strongyloid prevention 400mg BID for 5 days

3. Please add Chloroquine 250mg qd
4.please check check UA if no proteinurioa then stop HCTZ and switsh to lisinoprile 5mg qd, advise to have BP check at home for the next 3 days if > 130/80-160/80 then increased lisinoprile to 7.5mg , but if BP >160/80 then10mg qd.

Repeat all lab work up- RFT,CBC, RBS, ESR.

Take care
Kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, July 11, 2007 4:51 PM
To: Rithy Chau; Rithy Chau; Kruy Lim; Joseph Kvedar; Kathy Fiamma; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic July 2007, Case#12, Kim Lorm, 73M (Thnout Malou Village)

Dear all,

This is the case number 12, Kim Lorm, 73M and photo.

Because the internet I have to send the cases is not working and I am sending cases through internet of other school (Necrophonte school). please help to answer the cases before 10:00 in the morning tomorrow, I probably have to download at that school during their working time

Best regards,
Sovann

SOAP Note

Patient Name & Village: Kim Lorm, 73M (Thnout Malou Village)

Subjective: 73M came to follow up of HTN. In this month, he presented with symptoms of HA, neck tension, dizziness, muscle tension, normal appetite, an normal bowel movement. He denied of chest pain, palpitation, cough, dyspnea, fever, hematuria, oliguria, passing stool with blood, mucus, edema.

Current Medications:
1. HCTZ 50mg ½ t po qd

Allergies: NKDA

Objective:

VS: BP: 158/90 P: 87 R: 20 T: 36.5°C Wt: 47Kg

PE (focused):

General: Look stable

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

Chest: CTA bilaterally, no rale, no rhonchi, HRRR, no murmur

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

Extremity: No edema, no rash, no lesion

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

Labs/Studies: done today on July 11, 2007
UA: blood 1+

Assessment:

1. HTN

Plan:

1. HCTZ 50mg 1t po qd for two months
2. Do regular exercise, eat low Na and fat diet

Lab/Study Requests: None

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

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

Examined by: Nurse Peng Sovann **Date: July 11, 2007**

Please send all replies to robibtelemed@yahoo.com and cc: to tmed_rithy@online.com.kh.

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, July 12, 2007 3:08 AM
To: Rithy Chau; Robib Telemedicine
Subject: FW: Robib Telemedicine Clinic July 2007, Case#12, Kim Lorm, 73M (Thnout Malou Village)

-----Original Message-----
From: Healey, Michael J.,M.D.
Sent: Wednesday, July 11, 2007 3:15 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib Telemedicine Clinic July 2007, Case#12, Kim Lorm, 73M (Thnout Malou Village)

Increasing the HTN medication makes sense. Often, doses above 25 mg of HCTZ do not provide additional benefit, in which case a second medication should be added or substituted. As I suggested last month, I would recommend that the patient start a daily aspirin, 81 mg or whatever low-dose aspirin is locally available in the range of 75-161 mg, for prevention of heart attacks and strokes.

Michael Healey, MD

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, July 12, 2007 3:09 AM
To: Robib Telemedicine; Rithy Chau
Subject: FW: Robib Telemedicine Clinic July 2007, Case#12, Kim Lorm, 73M (Thnout Malou Village)

-----Original Message-----
From: Healey, Michael J.,M.D.
Sent: Wednesday, July 11, 2007 3:16 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib Telemedicine Clinic July 2007, Case#12, Kim Lorm, 73M (Thnout Malou Village)

I would also recommend rechecking the electrolytes and kidney function at the next visit, since the dose of HCTZ was increased.

MJH

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, July 12, 2007 10:51 AM
To: Robib Telemedicine; Rithy Chau; Rithy Chau; Joseph Kvedar; Kathy Fiamma; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib Telemedicine Clinic July 2007, Case#12, Kim Lorm, 73M (Thnout Malou Village)

Dear Sovann,

I do agree with your plan

DD shoud add microscopic Hematuria as well

Please add ASA as well.

Please do retal exam to make sure the prostate is Ok and ask some specific symptom for his urination: urgent, urine jet,... for prostate adenoma

Would check up blood test every 6 month.

Take care

Kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, July 11, 2007 4:57 PM
To: Rithy Chau; Rithy Chau; Kruy Lim; Joseph Kvedar; Kathy Fiamma; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic July 2007, Case#13, Nop Sareth, 38F (Kampot Village)

Dear all,

This is the last case for Robib TM Clinic July 2007, case number 13, Nop Sareth, 38F and photos.

Because the internet I have to send the cases is not working and I am sending cases through internet of other school (Necrophonte school). please help to answer the cases before 10:00 in the morning tomorrow, I probably have to download at that school during their working time

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

Best regards,
Sovann

SOAP Note

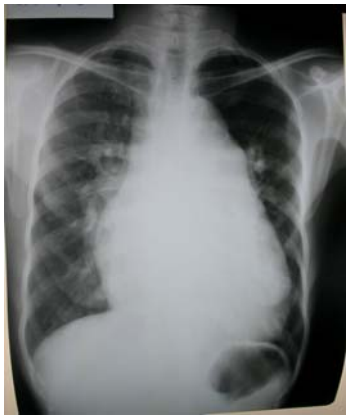
Patient Name & Village: Nop Sareth, 38F (kampot Village)

Subjective: 38F, farmer, came to follow up of Tachycardia and VHD (MR/MS)?. She is better than before with normal bowel movement, normal appetite, but still complain of dyspnea on exertion (walking and working), and palpitation.She denied of fever, cough, chest pain, stool with blood, polyuria, hematuria, edema.

Current Medications:

1. Propranolol 40mg 1/4t po bid

Allergies: NKDA



Objective:

PE (focused):

Vitals: BP: 98/52 P: 66 R: 20 T: 37^{o}C Wt: 37Kg

General: Look 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, 2+ cresendo systolic murmur, loudest at apex area

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

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

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

Lab/Study (today): CXR attached

Lab result on June 8, 2007

WBC	=7.2	[4 - 11x10^{9}/L]	Na	=140	[135 - 145]
RBC	=4.5	[3.9 - 5.5x10^{12}/L]	K	=4.2	[3.5 - 5.0]
Hb	=13.2	[12.0 - 15.0g/dL]	Cl	=102	[95 - 110]
Ht	=40	[35 - 47%]	BUN	=1.5	[0.8 - 3.9]

MCV	=89	[80 - 100fl]	Creat	=93	[44 - 80]
MCH	=30	[25 - 35pg]	Gluc	=5.1	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	TSH	=2.93	[0.46 - 4.67]
Plt	=185	[150 - 450x10^9/L]			
Lym	=2.2	[1.0 - 4.0x10^9/L]			
Mxd	=2.5	[0.1 - 1.0x10^9/L]			
Neut	=2.5	[1.8 - 7.5x10^9/L]			

Assessment:

1. Cardiomegaly
2. VHD (MR/MS??)

Plan:

1. Propranolol 40mg ½ t po bid for two months

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 Peng Sovann **Date: July 11, 2007**

Please send all replies to robibtelemed@yahoo.com and cc: to tmed_rithy@online.com.kh.

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, July 12, 2007 10:35 AM
To: Robib Telemedicine; Rithy Chau; Rithy Chau; Joseph Kvedar; Kathy Fiamma; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib Telemedicine Clinic July 2007, Case#13, Nop Sareth, 38F (Kampot Village)

Dear Sovann,

I would suggest to switch to atenonlole 25mg dq if you have drug. other wise you need to reduce propranoloe to 10mg q12h and
add Lisinoprile 5mg qd for regurgitation and CHF.
Also add ASA .

Please sent he for 2D echo.
According to your CXR and heart exam i think she may had severe MS with Pulmonary HTN and regurgitation of Tricupide or mitral valve.

So Lisinoprile is helpful for Regurgitation and CHF or PTHN and Atenolote for MS and controle any arrythmia.

Take care

Kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Thursday, July 12, 2007 9:15 PM
To: Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau
Subject: Robib TM Clinic July 2007 Cases received

Dear Kathy,

I have received 9 cases from you for Robib TM Clinic July 2007. Below are the cases I received:

Case# 1, Tann Sim, 28F
Case# 4, Sek Rong, 29M
Case# 5, Tey Yoeun, 28F
Case# 6, Sath Rim, 51F
Case# 7, Tith Hun, 54F
Case# 9, Ros Im, 53F
Case# 10, Ros Oeun, 67F
Case# 11, Chan Oeung, 57M
Case# 12, Kim Lorm, 73M

Thank you very much for your answers to the cases in this month.

Best regards,
Sovann

Thursday, July 12, 2007

Follow-up Report for Robib TM Clinic

There were 6 new and 7 follow-up patients seen during this month Robib TM Clinic and the other 26 patients came for medication refills only, and other 2 patients missed appointment. The data of all 13 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 own 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, especially if they are from Thnout Malou Village. Some patients may be listed below if they came by for refills of medications.]

Treatment Plan for Robib TM Clinic July 2007

1. Tann Sim, 28F (Kampot Village)
Diagnosis:
1. Diffuse Goiter

Treatment:
1. Draw blood for TSH and Free T4 at SHCH, and send to Kg Thom neck ultrasound

Lab result on July 13, 2007

TSH	=0.57	[0.49 - 4.67]
Free T4	=13.86	[9.14 - 23.81]

2. Be Kim Ke, 54M (Thnout Malou Village)
Diagnosis:
1. DMII

Treatment:
1. Diamicron 30mg 1t po qd for one month
2. Educate patient to eat low sugar, low Na diet, do regular exercise
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

Lab result on July 13, 2007

WBC	=6.4	[4 - 11x10^9/L]	Na	=142	[135 - 145]
RBC	=4.7	[4.6 - 6.0x10^{12}/L]	K	=3.5	[3.5 - 5.0]
Hb	=14.7	[14.0 - 16.0g/dL]	Cl	=105	[95 - 110]
Ht	=43	[42 - 52%]	BUN	=1.2	[0.8 - 3.9]

MCV	=90	[80 - 100fl]	Creat	=132	[53 - 97]
MCH	=31	[25 - 35pg]	Gluc	=6.1	[4.2 - 6.4]
MHCH	=35	[30 - 37%]			
Plt	=313	[150 - 450x10^9/L]			
Lym	=2.1	[1.0 - 4.0x10^9/L]			
HbA1C	=10.5	[4 - 6]			

3. Chan Him, 60F (Taing Treuk Village)

Diagnosis:

1. HTN
2. Dyspepsia
3. Parasititis

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (# 15)
2. ASA 300mg 1/4t po qd for one month (# 8)
3. Famotidine 10mg 2t po qhs for one month (# 60)
4. Mebendazole 100mg 5t po qhs once (# 5)
5. Eat low Na diet and do regular exercise
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on July 13, 2007

WBC	=7	[4 - 11x10^9/L]	Na	=142	[135 - 145]
RBC	=4.6	[3.9 - 5.5x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=12.1	[12.0 - 15.0g/dL]	Cl	=106	[95 - 110]
Ht	=37	[35 - 47%]	BUN	=2.0	[0.8 - 3.9]
MCV	=80	[80 - 100fl]	Creat	=97	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=5.0	[4.2 - 6.4]
MHCH	=33	[30 - 37%]			
Plt	=249	[150 - 450x10^9/L]			
Lym	=3.3	[1.0 - 4.0x10^9/L]			

4. Sek Rong, 29M (Chan Lorng Village)

Diagnosis:

1. GERD
2. Parasititis

Treatment:

1. Famotidine 10mg 2t po qhs for two months (#120)
2. Mebendazole 100mg 5t po qhs once (#5)
3. GERD prevention education
4. Alcohol and smoking cessation

5. Tey Yoeum, 28F (Doang Village)

Diagnosis:

1. DMII
2. Tachycardia

Treatment:

1. Glibenclamide 5mg 1/2t po bid for month (# 35)
2. Captopril 25mg 1/4t po qd for one month (#10)
3. Drink 2-3L water per day
4. Educate on diabetic diet and do regular exercise, and foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, and HbA1C at SHCH

Lab result on July 13, 2007

WBC	=9.9	[4 - 11x10^9/L]	Na	=126	[135 - 145]
RBC	=4.6	[3.9 - 5.5x10^{12}/L]	K	=3.5	[3.5 - 5.0]
Hb	=11.6	[12.0 - 15.0g/dL]	Cl	=105	[95 - 110]
Ht	=35	[35 - 47%]	BUN	=2.9	[0.8 - 3.9]
MCV	=76	[80 - 100fl]	Creat	=115	[44 - 80]
MCH	=25	[25 - 35pg]	Gluc	=30	[4.2 - 6.4]
MHCH	=34	[30 - 37%]			
Plt	=288	[150 - 450x10^9/L]			
Lym	=2.6	[1.0 - 4.0x10^9/L]			
Mxd	=1.2	[0.1 - 1.0x10^9/L]			
Neut	=6.1	[1.8 - 7.5x10^9/L]			
HbA1C	=17.1	[4 - 6]			

6. Sath Rim, 51F (Taing Treuk Village)
Diagnosis:

1. HTN
2. DMII with PNP
3. Renal Failure
4. Anemia

Treatment:

1. Metformin 500mg 1t po bid for one month (# 60)
2. Glibenclamide 5mg 2t po bid for one month (# 120)
3. Captopril 25mg 1t po bid for one month (# 60)
4. Atenolol 50mg 1t po bid for one month (# 60)
5. Nifedipine 10mg 1t po bid for one month (# 60)
6. Amitriptylin 25mg 1t po qhs for one month (# 30)
7. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month # 30
8. Folic Acid 5mg 1t po qd for one month # 30
9. ASA 300mg 1/4t po qd for one month #8
10. Do regular exercise, educate on hypoglycemia sign
11. Educate on diabetic diet and do regular exercise, and foot care

Lab/Study Requests: Draw blood for CBC, Creat, BUN, Gluc, Chole, TG, peripheral smear and Reticulocyte count at SHCH

Lab result on July 13, 2007

WBC	=5.5	[4 - 11x10^9/L]	BUN	=4.4	[0.8 - 3.9]
RBC	=3.0	[3.9 - 5.5x10^{12}/L]	Creat	=224	[44 - 80]
Hb	=7.6	[12.0 - 15.0g/dL]	Gluc	=7.4	[4.2 - 6.4]
Ht	=23	[35 - 47%]	T. Chol	=5.5	[<5.7]
MCV	=76	[80 - 100fl]	TG	=4.8	[<1.71]
MCH	=25	[25 - 35pg]			
MHCH	=33	[30 - 37%]			
Plt	=236	[150 - 450x10^9/L]			
Lym	=1.1	[1.0 - 4.0x10^9/L]			
Microcytic 2+					
Hypocromic 2+					
Reticulocyte count=2.6		[0.5 - 1.5]			

7. Tith Hun, 54F (Ta Tong Village)
Diagnosis:

1. HTN
2. Anemia
3. Renal Failure

Treatment:

1. Captopril 25mg 1/2t po bid for one month (# 30)
2. Atenolol 50mg 1/2t po bid for one month (# 30)
3. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (# 60)
4. Eat low Na diet and do regular exercise

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluc, Albumin, Protein, Peripheral smear, Reticulocyte count at SHCH

Lab result on July 13, 2007

WBC	=4.8	[4 - 11x10^9/L]	Na	=134	[135 - 145]
RBC	=3.5	[3.9 - 5.5x10^{12}/L]	K	=4.5	[3.5 - 5.0]
Hb	=9.9	[12.0 - 15.0g/dL]	Cl	=102	[95 - 110]
Ht	=29	[35 - 47%]	BUN	=5.5	[0.8 - 3.9]
MCV	=84	[80 - 100fl]	Creat	=179	[44 - 80]
MCH	=29	[25 - 35pg]	Gluc	=12.9	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	Protein	=81	[66 - 87]
Plt	=152	[150 - 450x10^9/L]	Albu	=45	[38 - 54]
Lym	=0.8	[1.0 - 4.0x10^9/L]			
Mxd	=0.3	[0.1 - 1.0x10^9/L]			
Neut	=3.7	[1.8 - 7.5x10^9/L]			

Reticulocyte count=2.4 [0.5 - 1.5]
Normocytic
Normocromic

8. Phim Sichin, 35F (Taing Treuk Village)
Diagnosis:

1. DMII
2. PUD
3. Cardiomegaly
4. CHF??
5. VHD??
6. Anemia

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Captopril 25mg 1/4t po bid for one month (# 15)
3. Omeprazole 20mg 1t po qhs for one month (# 30)
4. FeSO4/vit C 500/105mg 1t po tid for one month (# 90)
5. Review on diabetic diet and foot care, regular exercise
6. Draw blood for hemoglobine eletrophoresis at SHCH
7. Refer to SHCH for 2D echo of the heart on August 14, 2007

Lab result on July 13, 2007

Hb A1	=84.7	[97 - 98]
Hb A2	=15.3	[2.0 - 3.0]

9. Ros Im, 53F (Taing Treuk Village)
Diagnosis:

1. Euthyroid goiter
2. Anemia
3. GERD

Treatment:

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

2. FeSO4 200mg 1t po qd for one month (# 30)
3. MTV 1t po qd for one month (# 30)
4. GERD prevention education

Lab/Study Requests: None

10. Ros Oeun, 67F (Damnak Chen Village)
Diagnosis:

1. Anemia
2. PTB??

Treatment:

1. FeSO4/Vit C 500/105mg 1t po qd for one month (# 35)
2. MTV 1t po qd for one month (# 35)
3. Do AFB smear in local health center

11. Chan Oeung, 57M (Sangke Roang Village)
Diagnosis:

1. HTN
2. Rhumatoid arthritis
3. Tinea

Treatment:

1. Prednisolone 5mg 8t po qd for 2w then 6t po qd for 2w (#200)
2. Chloroquin 250mg 1t po qd for one month (# 30)
3. Mebendazole 100mg 1t po bid for 5d (# 10)
4. HCTZ 50mg 1/2t po qd for one month (#15)
5. Naproxen 375mg 1t po bid for a week then prn severe pain for one month (# 50)
6. Paracetamol 500mg 1t po qid prn pain for one month (# 30)
7. Mometasome cream 0.1% apply bid until the rash gone (# 1)
8. Eat low Na diet and do regular exercise

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluc, Uric Acid, ESR at SHCH
Lab result on July 13, 2007

WBC	=8.0	[4 - 11x10^9/L]	Na	=140	[135 - 145]
RBC	=5.7	[4.6 - 6.0x10^{12}/L]	K	=3.9	[3.5 - 5.0]
Hb	=16.7	[14.0 - 16.0g/dL]	Cl	=106	[95 - 110]
Ht	=52	[42 - 52%]	BUN	=1.3	[0.8 - 3.9]
MCV	=92	[80 - 100fl]	Creat	=111	[53 - 97]
MCH	=30	[25 - 35pg]	Gluc	=6.4	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	ESR	=10	[0 – 15]
Plt	=219	[150 - 450x10^9/L]			
Lym	=1.9	[1.0 - 4.0x10^9/L]			
Mxd	=0.6	[0.1 - 1.0x10^9/L]			
Neut	=5.5	[1.8 - 7.5x10^9/L]			

12. Kim Lorm, 73M (Thnout Malou Village)
Diagnosis:

1. HTN
2. Microscopic Hematuria

Treatment:

1. HCTZ 50mg 1t po qd for two months (# 60)
2. ASA 300mg 1/4t po qd for two months (# 15)
3. Do regular exercise; eat low Na and fat diet

Lab/Study Requests: None

13. Nop Sareth, 38F (Kampot Village)
Diagnosis:
1. Cardiomegaly
2. VHD (MR/MS??)

Treatment:
1. Atenolol 50mg ½ t po qd for one month (# 20)
2. Captopril 25mg ¼ po bid for one month (# 15)
3. ASA 300mg 1/4t po qd for one month (# 8)
4. Refer to SHCH for 2D echo on August 14, 2007

Patients who came to refill medication

1. Ros Yeth, 55M (Thnout Malou Village)
Diagnosis:
1. DMII
2. (+) PTB

Treatment:
1. Glibenclamide 5mg 1t po bid for two months (# 120)
2. Captopril 25mg 1/4t po qd for two months (#15)
3. Continue TB treatment with local health center
4. Review on diabetic diet and foot care, regular exercise

2. Sok Thai, 69M (Taing Treuk Village)
Diagnosis:
1. Stroke

Treatment:
1. Atenolol 50mg 1/2t po qd for two months (#30)
2. ASA 300mg 1/2t po qd for two months (# 30)
3. Do the regular exercise

3. Neth Ratt, 36M (Otalauk Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 11/2t po bid for two months (#180)
2. Metformin 500mg 1t po bid for two months (#120)
3. MTV 1t po qd for two months (#60)
4. FeSO4/Vit C 500/105mg 1t po qd for two months (#60)
5. Review patient on diabetic diet and regular exercise, foot care, hypoglycemia sign

4. Prum Norn, 56F (Thnout Malou Village)
Diagnosis:
1. Liver cirrhosis with PHTN
2. HTN
3. Hypocromic Microcytic Anemia
4. Hypertrophic Cardiomyopathy
5. Renal Failure

Treatment:

1. Spironolactone 25mg 1t po qd for one month (#30)
2. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (#60)
3. Folic acid 5mg 1t po qd for one month (#30)
4. MTV 1t po qd for one month (#30)

5. Rim Sopheap, 32F (Doang Village)
Diagnosis:
1. Dilated Cardiomyopathy with EF 32% with increase RHD

Treatment:
1. Captopril 25mg 1/4t po bid for one month (#15)
2. ASA 300mg 1/4t po qd for one month (#8)

6. Nung Sarum, 72F (Thnout Malou Village)
Diagnosis:
1. GERD

Treatment:
1. Famotidine 10mg 2t po qhs for one month (#60)
2. Review GERD prevention education; eat low Na diet, regular exercise
3. Follow up prn

7. So SokSan, 24F (Thnal Keng Village)
Diagnosis:
1. Relapsed Nephrotic Syndrome
2. Anemia

Treatment:
1. Prednisolone 5mg 10t qd x 2w then 8t qd x 2w, then 6t qd x 2w, 4t qd for completing 6 months (#300)
2. Captopril 25mg 1/4t po bid for one month (#15)
3. FeSO4/Vit C 500/120mg 1t po qd for one month (#30)
4. MTV 1t po bid for one month (#60)

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Albumin, Protein, Chole, and Reticulocyte count at SHCH

Lab result on July 13, 2007

WBC	=18.9	[4 - 11x10^9/L]	Na	=141	[135 - 145]
RBC	=3.9	[3.9 - 5.5x10^{12}/L]	K	=3.6	[3.5 - 5.0]
Hb	=13.4	[12.0 - 15.0g/dL]	Cl	=99	[95 - 110]
Ht	=39	[35 - 47%]	BUN	=1.7	[0.8 - 3.9]
MCV	=99	[80 - 100fl]	Creat	=93	[44 - 80]
MCH	=34	[25 - 35pg]	T. Chol	=5.4	[<5.7]
MHCH	=35	[30 - 37%]	Protein	=70	[66 - 87]
Plt	=402	[150 - 450x10^9/L]	Albu	=41	[38 - 54]
Lym	=5.8	[1.0 - 4.0x10^9/L]			
Mxd	=1.5	[0.1 - 1.0x10^9/L]			
Neut	=11.6	[1.8 - 7.5x10^9/L]			
Reticu count	=2.8	[0.5 - 1.5]			

8. Thon Mai, 78M (Boeung Village)
Diagnosis:
1. DMII
2. Cachexia

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Metformin 500mg 1t po qhs for one month (#30)
3. Captopril 25mg 1/4t po qd for one month (#8)
4. ASA 300mg1/4t po qd for one month (#8)
5. MTV 1t po qd for one month (# 30)
6. Review patient on diabetic diet and hypoglycemia sign, and foot care

9. Pou Limthang, 42F (Thnout Malou Village)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Propranolol 40mg 1t po bid for one month (#60)
2. Carbimazole 5mg 2t po tid for one month (#180)

10. Srey Hom, 62F (Taing Treuk Village)
Diagnosis:

1. HTN
2. DMII with PNP
3. Renal Insufficiency

Treatment:

1. Glibenclamide 5mg 11/2t po bid for one month (# 90)
2. Nifedipine 10mg 1t po bid for one month (# 60)
3. ASA 300mg 1/4t po qd for one month (# 8)
4. Amitriptylin 25mg 1/2t po qhs for one month (# 15)
5. Review him on diabetic diet, hypoglycemia sign and foot care

11. Same Kun, 28F (Boeung Village)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 2t po tid for one month (#180)
2. Propranolol 40mg 1½t po bid for one month (# 90)

Lab/Study Requests: Draw blood for TSH and Free T4, Tot T3 at SHCH

Lab result on July 13, 2007

TSH	=<0.02	[0.49 - 4.67]
Free T4	=27.29	[9.14 - 23.81]
Tot T3	=3.89	[0.78 - 2.5]

12. Svay Tevy, 42F (Thnout Malou Village)
Diagnosis:

1. MDII
2. Hyperlipidemia

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (# 240)
2. Metformin 500mg 2t po bid for two months (# 240)
3. Captopril 25mg 1/4t po qd for two months (# 15)
4. ASA 300mg 1/4t po qd for two months (# 15)
5. Restrict pt on diabetic diet and do regular exercise

13. Prum Rim, 44F (Pal Hal Village)
Diagnosis:

1. Post Operative transabdominal hysterectomy
2. Anemia

Treatment:

1. MTV 1t po bid for three months (#180)
2. FeSO4/Folic Acid 200/0.25mg 1t po bid for three months (#180)

Result of Hysterectomy histology on April 11, 2007

Conclusion: Degenerated leiomyoma

14. Tann Sopha Nary, 22F (Thnout Malou Village)
Diagnosis

1. Hyperthyroidism

Treatment

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

15. Deng Thin, 53M (Chhnoun Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. Do regular exercise and eat low Na diet

Lab/Study Requests: None

16. Ros Lai, 65F (Taing Treuk Village)
Diagnosis:

1. Subclinical Hyperthyroidism
2. Nodular Goiter
3. Anemia

Treatment:

1. Propranolol 40mg 1/4t po bid for two months (# 30)
2. FeSO4 200mg 1t po qd for two months (#60)
3. MTV 1t po qd for two months (#60)

Lab/Study Requests: None

17. Sim Sophea, 29F (Ta Tong Village)
Diagnosis:

1. Hypothyroidism

Treatment:

1. L-thyroxin 100mg 1/4 t po qd for one month (# 8)

Lab/Study Requests: Draw blood for TSH at SHCH

Lab result on July 13, 2007

TSH =3.13 [0.49 - 4.67]

18. Keth Chourn, 55M (Chhnourn Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. Do regular exercise and eat low Na diet

Lab/Study Requests: None

19. Yoeung Chanthorn, 35F (Doang Village)
Diagnosis:
1. Epilepsy

Treatment:
1. Phenytoin 100mg 2t po qd for one month (60tab)
2. Folic Acid 5mg 1t po bid for one month (60tab)

Lab/Study Requests: Draw blood for CBC, LFT at SHCH

Lab result on July 13, 2007

WBC	=6.1	[4 - 11x10^9/L]
RBC	=3.7	[3.9 - 5.5x10^{12}/L]
Hb	=11	[12.0 - 15.0g/dL]
Ht	=32	[35 - 47%]
MCV	=87	[80 - 100fl]
MCH	=30	[25 - 35pg]
MHCH	=34	[30 - 37%]
Plt	=260	[150 - 450x10^9/L]
Lym	=1.9	[1.0 - 4.0x10^9/L]
Mxd	=2.1	[0.1 - 1.0x10^9/L]
Neut	=2.1	[1.8 - 7.5x10^9/L]
SGOT	=24	[<31]
SGPT	=7	[> 32]

20. Sao Lim, 73F (Taing Treuk Village)
Diagnosis:
1. HTN
2. Anemia

Treatment:
1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. ASA 300mg ¼ t po qd for three months (# 24)
3. MTV 1t po qd for three months (# 90)
4. FeSO4/Folic Acid 200/0.25mg 1t po qd for three months (# 90)

21. Som Thol, 57M (Taing Treuk Village)
Diagnosis:
1. DMII with PNP

Treatment:
1. Glibenclamide 5mg 2t po bid for three months (# 360)
2. Metformin 500mg 2t po bid for three months (# 360)
3. ASA 300mg ¼t po qd for three months (# 25)

4. Amitriptyline 25mg 1t po qhs for three months (90tab)
5. Review him on diabetic diet and hypoglycemia sign

Lab/Study Requests: None

22. Uy Noang, 55M (Thnout Malou Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenglamide 5mg 1t po qd for one month (# 30)
2. Captopril 25mg ¼ tab po qd for one month (# 8)
3. ASA 300mg ¼ tab po qd for one month (# 8)

Lab/Study: Draw blood for Lyte, BUN, Creat, Gluc, HbA1C at SHCH

Lab Result on July 13, 2007

Na	=138	[135 - 145]
K	=4.2	[3.5 - 5.0]
Cl	=107	[95 - 110]
BUN	=2.1	[0.8 - 3.9]
Creat	=114	[53 - 97]
Gluc	=7.1	[4.2 - 6.4]
HbA1C	=7.7	[4 - 6]

23. Pheng Roeung, 61F (Thnout Malou Village)
Diagnosis:
1. HTN
2. Euthyroid

Treatment:
1. Atenolol 50mg 1t po bid for three months (# 180)
2. HCTZ 50mg 1/2t po qd for three months (# 60)

Lab/Study Requests: None

24. Sao Ky, 71F (Thnout Malou Village)
Diagnosis
1. HTN
2. Anemia

Treatment
1. HCTZ 50mg 1/2t po qd for four months (# 60)
2. MTV 1t po qd for four months (# 120)

25. Kouch Be, 76M (Thnout Malou Village)
Diagnosis
1. HTN
2. COPD

Treatment
1. Nifedipine 10mg 1t po qd for four months (# 120)
2. Salbutamol Inhaler 2 puffs prn SOB for four months (# 4)
3. MTV 1t po qd for four months (#100)

26. Sao Phal, 57F (Thnout Malou Village)

Diagnosis:

1. HTN
2. Anxiety
3. Anemia

Treatment:

1. HCTZ 50mg 1/2t po qd for four months (# 60)
2. Amitriptylin 25mg 1t po qhs for four months (# 120)
3. FeSO4/Vit C 500/105mg 1t po qd for four months (# 120)

Labs/Studies: None

Patients who missed appointment

1. Khim Sun, 70F (Sanlong Chey Village)
Diagnosis:

1. DMII
2. HTN
3. Bell's palsy

2. Prum Thin, 76F (Thnout Malou Village)
Diagnosis:

1. DMII

The next Robib TM Clinic will be pending due to security reason