

# **Robib *Telemedicine* Clinic**

## **Preah Vihear Province**

**J U L Y 2 0 1 2**

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

On Monday, July 2, 2012, SHCH staffs Driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), July 3 & 4, 2012, the Robib TM Clinic opened to receive the patients for evaluations. There were 8 new cases and 3 follow up cases seen during this month, and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM CCH/MGH in Boston and Phnom Penh on Wednesday and Thursday, July 4 & 5, 2012.

On Thursday, replies from SHCH in Phnom Penh and CCH/MGH 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 CCH/MGH in Phnom Penh and Boston:**

**From:** [Robibtelemed](#)  
**To:** [Cornelia Haener](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#) ; [Savooun Chhun](#) ; [Robib School 1](#)  
**Sent:** Wednesday, June 27, 2012 7:53 PM  
**Subject:** Schedule for Robib TM Clinic July 2012

Dear all,

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

The agenda for the trip is as following:

1. On Monday July 2, 2012, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday July 3, 2012, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as the word file then sent to both CCH/MGH in Boston and Phnom Penh.
3. On Wednesday July 4, 2012, the activity is the same as on Tuesday
4. On Thursday July 5, 2012, download all the answers replied from both CCH/MGH then treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday July 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:** [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)

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

**Sent:** Tuesday, July 03, 2012 4:31 PM

**Subject:** Robib TM Clinic July 2012, Case#1, Kong Kin, 60M

Dear all,

There are five new cases and one follow up case for the first day of Robib TM Clinic July 2012. This is case number 1, Kong Kin, 60M and photo.

Best regards,  
Sovann

## **Robib Telemedicine Clinic**

**Sihanouk Hospital Center of HOPE and CCH/MGH Telemedicine**

Rovieng Commune, Preah Vihear Province, Cambodia

### **History and Physical**



**Name/Age/Sex/Village:** Kong Kin, 60M (Chan Lorng Village)

**Chief Complaint (CC):** Joint pain x 4 years

**History of Present Illness (HPI):** 60M, farmer, presented with swelling, warmth, pain and stiffness which first started on both knees then lower back and should joint. The symptoms of pain and stiff occur in morning and got better after some activity. He got treatment with combination medicine (steroid + NSAIDs) bought from local pharmacy taking prn. The severe attack occurred a few times per

year.

**Past Medical History (PMH):** HTN with Amlodipine 5mg 1t qd

**Family History:** Mother with arthritis

**Social History:** Smoking 10cig/d, casually alcohol drinking

**Current Medications:**

1. Combination medicine (steroid + NSAIDs) taking bid

**Allergies:** NKDA

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

**PE:**

**Vitals:** BP: 155/99 (both arms) P: 72 R: 18 T: 37oC 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

**Extremity/Skin:** mild tender with limited range of motion of knees, back and shoulder, no deformity, no swelling

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

**Lab/study:**

**Assessment:**

1. Osteoarthritis
2. HTN

**Plan:**

1. Ibuprofen 200mg 2t po bid prn pain
2. Amlodipine 5mg 1t po qd
3. Do regular exercise
4. Draw blood for CBC, Lyte, BUN, Creat, 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 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, July 04, 2012 9:40 AM

**Subject:** RE: Robib TM Clinic July 2012, Case#1, Kong Kin, 60M

Dear Sovann,

I agree with the assessment and tx plan.

One comment though: usually OA starts with larger joints as you reported, but it worsen with activities, not improved, and this was why he may have the "attacks." RA tends to occur in younger age population and the condition improves with activities which I do not think this patient has.

Can you ask him about sx concerning PMH of gastritis, bloody/black stool, renal impairment since he chronically uses NSAIDs and Steroid for his tx and in consideration for continuing tx of NSAIDs? The more effective tx for moderate to severe joint pain is to give a full dose of Ibuprofen 600mg tid.

Rithy

**Rithy Chau, MPH, MHS, PA-C**

Director Telemedicine/EHC Officer

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

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

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

**Sent:** Tuesday, July 03, 2012 4:33 PM

**Subject:** Robib TM Clinic July 2012, Case#2, Pang Phoun, 77M

Dear all,

This is case number 2, Pang Phoun, 77M and photo.

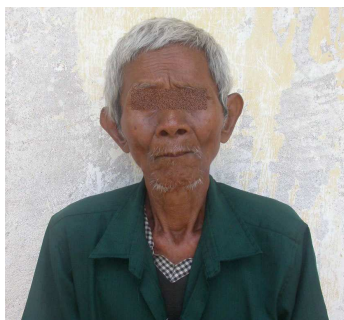
Best regards,  
Sovann

## Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and CCH/MGH Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

### History and Physical



**Name/Age/Sex/Village:** Pang Phoun, 77M (O Village)

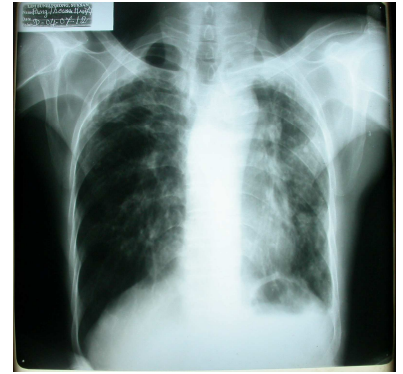
**Chief Complaint (CC):** Cough x 2 years

**History of Present Illness (HPI):** 77M, farmer, presented with chronic white productive cough, fever, night sweating, weight loss, and poor appetite. He went to consult with local health center and was treated with a few kinds of medicine (unknown name) for several days which did not make him better. In this year, he had SOB on exertion, cough, and poor appetite, he went to referral hospital and told he has lung disease (unknown what of kind) and treated for 2w and make him a bit better but still cough and SOB, no hemoptysis.

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

**Family History:** None

**Social History:** Cig smoking 1pack/d for over 20y and stopped 2y, casual EtOH



**Current Medications:** None

**Allergies:** NKDA

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

**PE:**

**Vitals:** BP: 115/74 P: 94 R: 20 T: 37oC Wt: 38Kg O2sat: 98%

**General:** Stable, cachexia

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

**Chest:** Wheezing and crackle bilaterally; H RRR, no murmur

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

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

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

**Lab/study:** None

**Assessment:**

1. COPD
2. Pneumonia
3. PTB?

**Plan:**

1. Augmentin 625mg/5cc 10cc bid for 10d
2. Salbutamol inhaler 2puff bid prn for SOB
3. Send patient to Kg Thom for CXR
4. Do AFB sputum 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 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, July 04, 2012 9:52 AM  
**Subject:** RE: Robib TM Clinic July 2012, Case#2, Pang Phoun, 77M

Dear Sovann,

Yes, this elderly man may have COPD with mild exacerbation, but less likely to have pneumonia. You do not need to give him Abx and he should use inhaler regularly, not prn. You can give him some MTV supplement and/or Xango supplement powder. Sending him for a CXR and AFB sputum smears is a good idea. Let me know the result. Also, advise him to avoid hanging around while others smoke since 2nd hand smoke can also deteriorate his COPD condition. Chest PT can help him to loosen up the phlegm and breathe better as well. You can give some Zotex (Dextro/Guiaf/Phenyl) for prn use qid. Tell to drink about 2-3L clean water daily.

Thanks, Rithy

**Rithy Chau, MPH, MHS, PA-C**

Director Telemedicine/EHC Officer  
Sihanouk Hospital Center of HOPE

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**From:** [Robibtelemed](#)  
**To:** [Garry Choy](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, July 04, 2012 1:19 PM  
**Subject:** CXR of patient Pang Phoun, 77M

Dear all,

This is the CXR of patient Pang Phoun, 77M who went to have it done at Kg Thom this morning.

Best regards,  
Sovann

**From:** [chaurithy](#)  
**To:** 'Robibtelemed'  
**Cc:** 'Kruy Lim'  
**Sent:** Thursday, July 05, 2012 11:28 AM  
**Subject:** RE: CXR of patient Pang Phoun, 77M

Dear Sovann,

Thanks.

It seems to me like PTB. Did his sputum test results for AFB done yet? Of course, pneumonia is on the list. If no high grade fever and/or green/yellow sputum, maybe he does not need Abx tx yet. Also, CXR is showing a COPD lung.

Rithy

**Rithy Chau, MPH, MHS, PA-C**

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

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

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

**Sent:** Tuesday, July 03, 2012 4:35 PM

**Subject:** Robib TM Clinic July 2012, Case#3, Pen Uk, 66F

Dear all,

This is case number 3, Pen Uk, 66F and photo.

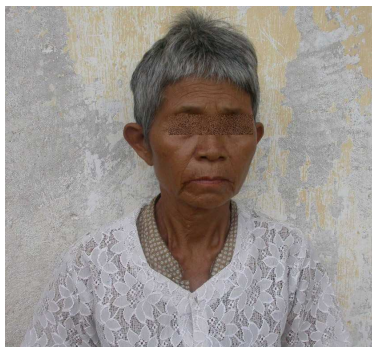
Best regards,  
Sovann

## **Robib Telemedicine Clinic**

Sihanouk Hospital Center of HOPE and CCH/MGH Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

### **History and Physical**



**Name/Age/Sex/Village:** Pen Uk, 66F (Doang Village)

**Chief Complaint (CC):** Epigastric pain x 15d

**History of Present Illness (HPI):** 66F presented with epigastric pain, burning sensation, burping with sour taste, poor appetite, and fatigue. She denied of fever, dyspnea, orthopnea, palpitation, nausea, vomiting, black/bloody stool, leg edema. She got treatment from local health care worker (IM injection and IV fluid infusion) with unknown name for a few days then bought medicine from local pharmacy 3

kinds of medicine (unknown name) taking bid, which make her feel a bit better.

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

**Family History:** None

**Social History:** Chewing tobacco, no cig smoking, no EtOH

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

**Allergies:** NKDA

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

**PE:**

**Vitals:** BP: 151/90 (both arms, 2 times with 2h interval) P: 65 R: 20  
T: 37°C Wt: 35Kg

**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

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

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

**Lab/study:**

U/A: no glucose, no leukocyte, no protein, no blood

**Assessment:**

1. GERD
2. HTN

**Plan:**

1. Omeprazole 20mg 1t po qhs for one month
2. Metochlopramide 10mg 1t po qhs for 10d
3. HCTZ 25mg 1t po qd
4. GERD prevention education
5. Do regular exercise
6. Draw blood for Lyte, Creat, Glucose 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 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](#)'; '[Kathy Fiamma](#)'; '[Paul Heinzelmann](#)'; '[Joseph Kvedar](#)'; '[Kruy Lim](#)'

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

**Sent:** Wednesday, July 04, 2012 9:15 AM

**Subject:** RE: Robib TM Clinic July 2012, Case#3, Pen Uk, 66F

Dear Sovann,

No attachments for this case. Can you send them ASAP?

Regards,

Rithy

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

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

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

**Sent:** Wednesday, July 04, 2012 10:37 AM

**Subject:** Fw: Robib TM Clinic July 2012, Case#3, Pen Uk, 66F

Dear all,

This is the attachment file for case number 3, Pen Uk, 66F.

Sorry for inconvenient.

Best regards,

Sovann

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

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

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

**Sent:** Thursday, July 05, 2012 11:33 AM

**Subject:** RE: Robib TM Clinic July 2012, Case#3, Pen Uk, 66F

Dear Sovann,

Agree with your assessment. You can start her on Cimetidine first. Also, give her a month with exercise and lowfat/salt diet first and reevaluate next month for starting medication. No need for labs this time. You can give some deworm medicine and tell to stop chewing tobacco which will add to the high BP and worsen dyspeptic sx.

Rithy

**Rithy Chau, MPH, MHS, PA-C**

Director Telemedicine/EHC Officer

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

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

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

**Sent:** Tuesday, July 03, 2012 4:36 PM

**Subject:** Robib TM Clinic July 2012, Case#4, Top Voeun, 50F

Dear all,

This is case number 4, Top Voeun, 50F and photos.

Best regards,  
Sovann

## Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and CCH/MGH Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

### History and Physical



**Name/Age/Sex/Village:** Top Voeun, 50F (Anlung Svay Village)

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

**History of Present Illness (HPI):** 50F, farmer, presented with a bean size lump on the anterior of neck and progressively increased to about thumb size and presented with symptoms of tremor, heat intolerance, palpitation, insomnia and weight loss. She didn't get medical consultation and come to see Telemedicine clinic today.

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

**Family History:** No family member with goiter

**Social History:** No EtOH, no cig smoking

**Current Medications:** None

**Allergies:** NKDA

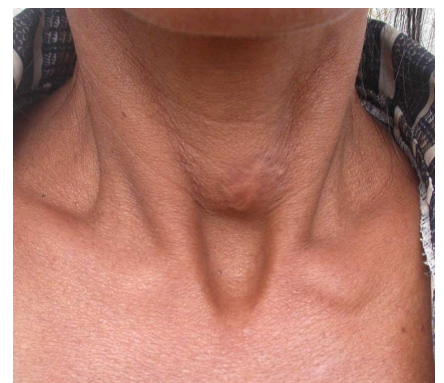
**Review of Systems (ROS):** Epigastric burping pain, bloating, pain radiated to the back, relieved with antacid, no burping, no vomiting, no hematemesis, no black/bloody stool

**PE:**

**Vitals:** BP: 102/74 P: 100 R: 20 T: 36.5oC Wt: 36Kg

**General:** Stable

**HEENT:** Mass about 2x2cm on anterior of neck, soft, no tender, regular border, mobile no swallowing, no bruit, No oropharyngeal lesion, pink conjunctiva, no icterus



**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 legs edema, (+) dorsalis pedis and posterior tibial pulse

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

**Lab/study:** None

**Assessment:**

1. Nodular goiter
2. Dyspepsia

**Plan:**

1. Draw blood for TSH and Free T4 at SHCH
2. Cimetidine 200mg 1t po qhs for one month

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

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

**Sent:** Tuesday, July 03, 2012 5:10 PM

**Subject:** RE: Robib TM Clinic July 2012, Case#4, Top Voeun, 50F

Dear Sovann,

Thank you so much for submitting this case. I agree with your assessment and plan.

Kind regards

Cornelia

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

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

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

**Sent:** Wednesday, July 04, 2012 10:05 AM

**Subject:** RE: Robib TM Clinic July 2012, Case#4, Top Voeun, 50F

Dear Sovann,

Can you send her for a neck US and return with result? Go ahead and tx her for the dyspeptic sx and give some deworming med and MTV, but hold off on the blood tests for now.

Let me know the US result.

Thanks,  
Rithy

**Rithy Chau, MPH, MHS, PA-C**

Director Telemedicine/EHC Officer  
Sihanouk Hospital Center of HOPE

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

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

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

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

**Sent:** Tuesday, July 03, 2012 4:38 PM

**Subject:** Robib TM Clinic July 2012, Case#5, Yung Seum, 68F

Dear all,

This is case number 5, Yung Seum, 68F and photo.

Best regards,  
Sovann

## Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and CCH/MGH Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

### History and Physical



**Name/Age/Sex/Village:** Yung Seum, 68F (Taing Treuk Village)

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

**History of Present Illness (HPI):** 68F presented with palpitation (heart beating fast), which occur permanently and associated with chest discomfort, dizziness and vertigo. One day, she felt down and had seen by local health care worker (BP:180/?) and told she had HTN and treated with antihypertensive (unknown name). Next day, she went to referral hospital and diagnosed with HTN (BP:170/?) and treated with antihypertensive 1t qd (unknown name) for 1w then she continued treatment with traditional medicine. One month later, she developed swelling of face, and extremity and still palpitation, dizziness but denied of diaphoresis, syncope, orthopnea, oliguria. She took diuretic which relieved the swelling.

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

**Family History:** None

**Social History:** Chewing tobacco, no EtOH

**Current Medications:** Traditional medicine

**Allergies:** NKDA

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

**PE:**

**Vitals:** BP: Lt 175/111, Rt 162/105 P: 85 R: 20 T: 36.5oC Wt: 62Kg

**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:**

BS: 89mg/dl

U/A: no glucose, no protein, no blood, no leukocyte

**Assessment:**

1. HTN

**Plan:**

1. HCTZ 25mg 1t po qd
2. Do regular exercise and eat less salt and fats diet
3. Draw blood for Lyte, BUN, Creat 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 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, July 04, 2012 10:10 AM  
**Subject:** RE: Robib TM Clinic July 2012, Case#5, Yung Seum, 68F

Dear Sovann,

I agree with your assessment and plan. Ask her to stop all other meds bought outside including traditional ones. She needs to stop chewing tobacco also.

Thanks,  
Rithy

**Rithy Chau, MPH, MHS, PA-C**

Director Telemedicine/EHC Officer  
Sihanouk Hospital Center of HOPE

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

TEL: 855-23-882-484, Ext 250, FAX: 855-23-882-485

HP: 855-11-623-805, 855-12-520-547

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---

**From:** [Robibtelemed](#)  
**To:** [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Joseph Kvedar](#) ; [Paul Heinzelmann](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Tuesday, July 03, 2012 4:41 PM  
**Subject:** Robib TM Clinic July 2012, Case#6, Kun Bo, 55M

Dear all,

This is the last case for the first day of Robib TM clinic July 2012, case number 6 (follow up), Kun Bo, 55M 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 CCH/MGH Telemedicine**

Rovieng Commune, Preah Vihear Province, Cambodia

### *SOAP Note*



**Name/Age/Sex/Village:** Kun Bo, 55M (Thnal Keng Village)

**Subjective:** 55M was seen in May 2012 and diagnosed with gouty arthritis and Anemia and treated with Paracetamol 500mg 1t po qid prn, FeSO4/Folate 200/0.4mg 1t po bid and MTV 1t po qd and blood test with result below. He said he got a bit better but still moderate pain, stiffness,

and denied of SOB, fever, dizziness, palpitation, syncope, oliguria, hematuria, and bloody stool.

**Current Medication: Above**

**Allergy: NKDA**

**Objective:**

**PE:**

**Vitals: BP: 102/70 P: 85 R: 20 T: 36.5oC Wt: 59Kg**

**General: Stable**

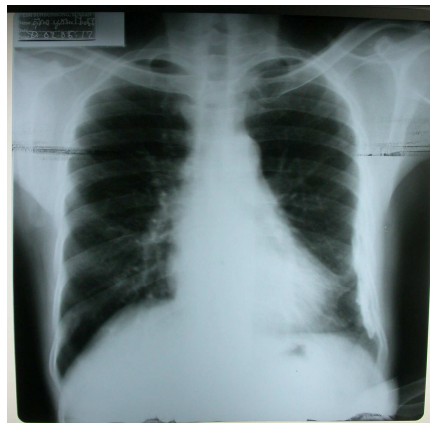
**HEENT:** No oropharyngeal lesion, mild pale conjunctiva, no icterus, no neck mass, no lymph node palpable, no JVD

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

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

**Extremity/Skin:** Mild joint pain and stiffness, no erythema, no swelling, hands deformity

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



**Lab/study:**

**Lab result on May 4, 2012**

WBC	=9.63	[4 - 11x10 <sup>9</sup> /L]	Na	=135	[135 - 145]
RBC	=3.4	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=4.3	[3.5 - 5.0]
Hb	=6.9	[14.0 - 16.0g/dL]	Cl	=108	[95 - 110]
Ht	=24	[42 - 52%]	BUN	=10.0	[0.8 - 3.9]
MCV	=69	[80 - 100fl]	Creat	=185	[53 - 97]
MCH	=20	[25 - 35pg]	AST	=20	[<40]
MHCH	=29	[30 - 37%]	ALT	=19	[<41]
Plt	=701	[150 - 450x10 <sup>9</sup> /L]	Uric Aci	=779	[200 - 420]
Neut	=6.51	[2.0 - 8.0x10 <sup>9</sup> /L]	RF	= negative	
Lymph	=2.22	[0.7 - 4.4x10 <sup>9</sup> /L]			
Mono	=0.54	[0.1 - 0.8x10 <sup>9</sup> /L]			
Eosino	=0.33	[0.8 - 0.40]			
Baso	=0.03	[0.02 - 0.10]			

**Lab result on June 8, 2012**

WBC	=9.38	[4 - 11x10 <sup>9</sup> /L]	Creat	=183	[53 - 97]
RBC	=3.3	[4.6 - 6.0x10 <sup>12</sup> /L]	T. Chol	=3.3	[<5.7]
Hb	=6.4	[14.0 - 16.0g/dL]	TG	=1.0	[<1.7]
Ht	=22	[42 - 52%]	Ca <sup>2+</sup>	=1.14	[1.12 - 1.32]
MCV	=68	[80 - 100fl]	Uric Aci	=783	[200 - 420]
MCH	=20	[25 - 35pg]	TSH	=2.83	[0.27 - 4.20]
MHCH	=29	[30 - 37%]			
Plt	=489	[150 - 450x10 <sup>9</sup> /L]			
Neut	=6.22	[2.0 - 8.0x10 <sup>9</sup> /L]			
Lymph	=1.88	[0.7 - 4.4x10 <sup>9</sup> /L]			
Mono	=0.65	[0.1 - 0.8x10 <sup>9</sup> /L]			
Eosino	=0.61	[0.8 - 0.40]			
Baso	=0.02	[0.02 - 0.10]			
ESR	=119	[0 - 15]			

**CXR and knee x-ray: attached**

**July 1, 2012:** Abdominal ultrasound conclusion: liver steatosis

**Done today July 3, 2012**

U/A: no glucose, no blood, no protein, no leukocyte

**Assessment:**

1. Gouty arthritis
2. Anemia

**Plan:**

1. Paracetamol 500mg 1t po qid prn pain
2. FeSO<sub>4</sub>/Folate 200/0.4mg 1t po bid
3. MTV 1t po qd
4. Draw blood for CBC, peripheral blood smear, and reticulocyte count 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 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, July 04, 2012 10:25 AM

**Subject:** RE: Robib TM Clinic July 2012, Case#6, Kun Bo, 55M

Dear Sovann,



Ok check his retic and peripheral smear. I would recommend stopping iron supplement since it did not seem to be helpful. He may need blood transfusion at least 1 unit if worsen with SOB, dizziness, etc. If possible, I would have the patient go to PP (maybe CMC) for better evaluation because he may need subsequent lab tests and studies besides getting retic and peripheral smear.

What is his RTV status? Did you ask Dr. Chea Vannarith (SHCH radiologist) or Dr. Gary Choi (MGH) yet about his CXR? What was the reply? Can he produce sputum for AFB smears?

Thanks,  
Rithy

**Rithy Chau, MPH, MHS, PA-C**

Director Telemedicine/EHC Officer  
Sihanouk Hospital Center of HOPE

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

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

**To:** [Rithy Chau](#)

**Sent:** Wednesday, July 04, 2012 3:59 PM

**Subject:** Interpret x-ray of patient Kun Bo from Dr. Garry

Dear Rithy,

This is the interpret of x-ray of patient Kun Bo from Dr. Garry.

Best regards,  
Sovann

---

**From:** [Garry Choy](#)

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

**Cc:** [Radiology Boston](#) ; [Rithy Chau](#)

**Sent:** Thursday, June 21, 2012 11:25 AM

**Subject:** Re: Please help to Interpret x-ray

Hi Sovann,

Thank you for the referral case --

CXR: Lungs clear. No pleural effusions. Cardiac contour unremarkable. No lymphadenopathy.

Knee Xray - Minimal degenerative changes of the knee joint. No significant joint effusion. No displaced fracture/dislocation. No suspicious lytic or sclerotic bone lesions.

Hope this helps.

best regards,

Garry

**From:** [chaurithy](#)  
**To:** 'Robibtelemed'  
**Cc:** [kruylim@sihosp.org](mailto:kruylim@sihosp.org)  
**Sent:** Thursday, July 05, 2012 12:14 PM  
**Subject:** RE: Interpret x-ray of patient Kun Bo from Dr. Garry

Sovann,  
Forward this info for the people you sent this case for advice for their information. Next time include this kind of info in your SOAP note.

Thanks,  
Rithy

**Rithy Chau, MPH, MHS, PA-C**

Director Telemedicine/EHC Officer  
Sihanouk Hospital Center of HOPE  
[rithychau@sihosp.org](mailto:rithychau@sihosp.org)  
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**From:** [Robibtelemed](#)  
**To:** [Cornelia Haener](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, July 04, 2012 3:35 PM  
**Subject:** Robib TM Clinic July 2012, Case#7, Kao Nheb, 29F

Dear all,

There are 4 new cases and one follow up case for the second day of Robib TM Clinic July 2012. This is case number 7, continued from yesterday, Kao Nheb, 29F and photos.

Best regards,  
Sovann

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



**History and Physical**

**Name/Age/Sex/Village:** Kao Nheb, 29F (Sre Thom Village)

**Chief Complaint (CC):** Neck mass x 5 months

**History of Present Illness (HPI):** 29F, farmer, noticed enlargement of anterior of the neck and presented with symptoms of tremor, heat intolerance, palpitation, insomnia and her eyeball bulging out. She was seen by local health care worker and treated with IV fluid, IM injection (unknown name) for several days but her symptoms still persisted so she come to consult with

Telemedicine clinic. She denied of SOB, chest pain, nausea, vomiting, diaphoresis, syncope, oliguria, edema.

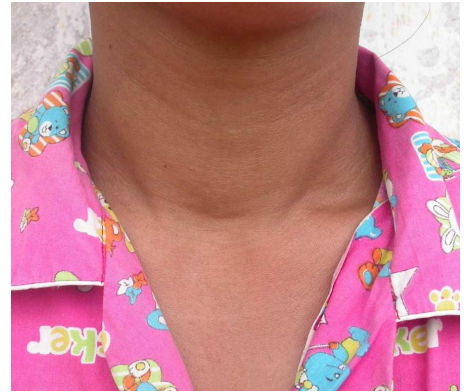
**Past Medical History (PMH):** Unremarkable

**Family History:** None

**Social History:** No cig smoking, no tobacco chewing, casually EtOH

**Current Medications:** Combination oral contraceptive 1t qd

**Allergies:** NKDA



**Review of Systems (ROS):** Epigastric burning pain, radiated to the back, bloating, the pain worse with hungry and full eating, no black/bloody stool, she never took any medicine for this symptoms

**PE:**

**Vitals:** BP: 94/69 P: 110 R: 20 T: 36.5oC Wt: 40Kg

**General:** Stable

**HEENT:** Neck mass about 2x3cm, smooth, soft, no tender, mobile on swallowing, no bruit, no neck lymph node palpable, No oropharyngeal lesion, pink conjunctiva

**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 legs edema, (+) dorsalis pedis and posterior tibial pulse

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

**Lab/study:** None

**Assessment:**

1. Diffuse goiter
2. Hyperthyroidism?
3. Dyspepsia

**Plan:**

1. Draw blood for TSH and Free T4 at SHCH
2. Cimetidine 200mg 1t po qhs for one month

**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 4, 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](#)'; '[Rithy Chau](#)'; '[Kruy Lim](#)'; '[Kathy Fiamma](#)'; '[Paul Heinzelmann](#)'; '[Joseph Kvedar](#)'

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

**Sent:** Wednesday, July 04, 2012 6:33 PM

**Subject:** RE: Robib TM Clinic July 2012, Case#7, Kao Nheb, 29F

Dear Sovann,

I agree with your assessment and plan.

Kind regards

Cornelia

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

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

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

**Sent:** Thursday, July 05, 2012 10:26 AM

**Subject:** RE: Robib TM Clinic July 2012, Case#7, Kao Nheb, 29F

Dear Sovann,

How did you know that she definitely has diffuse goiter? Did she have an US done to support your exam? If not yet then send her for this. Again, please drop by K Thom on your way back to look for reliable tech or physician whom we can trust to send our patients to do any radiologic studies esp US. You cannot just guess on your own and assume that the US is not helpful.

Hold off on the lab until you get the US done. If her tachycardia still persisted today, then you can start her on low dose propranolol qd. She did not look toxic to require immediate investigation.

Thanks,

Rithy

**Rithy Chau, MPH, MHS, PA-C**

Director Telemedicine/EHC Officer

Sihanouk Hospital Center of HOPE

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

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

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

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

**Sent:** Wednesday, July 04, 2012 3:37 PM

**Subject:** Robib TM Clinic July 2012, Case#8, Lmuth Thongly, 20M

Dear all,

This is case number 8, Lmuth Thongly, 20M and photos.

Best regards,  
Sovann

## Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and CCH/MGH Telemedicine  
Rovieng Commune, Preah Vihear Province, Cambodia

### History and Physical



**Name/Age/Sex/Village:** Lmuth Thongly, 20M (Doang Village)

**Chief Complaint (CC):** Left shoulder mass x 1y

**History of Present Illness (HPI):** 20M, 12-grade student, noticed a lump on left shoulder with numbness and weakness of left arm without history of trauma. He went to referral hospital and x-ray of left shoulder done and was told there was abnormal growth on humeral head and advised to seek surgery at Phnom Penh but he was not afford to go. He said the weakness and numbness is worse than previous time.

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

**Family History:** None

**Social History:** No cig smoking, casually EtOH

**Current Medications:** None

**Allergies:** NKDA

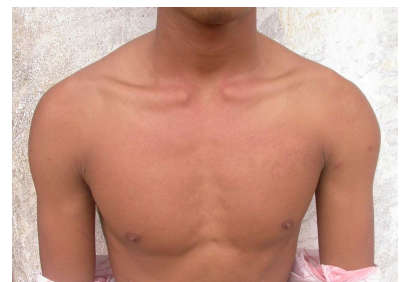
**Review of Systems (ROS):** Unremarkable

**PE:**

**Vitals:** BP: 101/56 P: 76 R: 20 T: 36.5oC Wt: 47Kg

**General:** Stable

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



icterus, no neck mass, no lymph node palpable, no JVD

**Left Shoulder:** A mass about 2x3cm on side of shoulder, smooth, firm, no tender, full range of motion of shoulder joint, sensory with light touch and position sense is normal

**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 legs edema, no lesion, no rash

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

**Lab/study:**

X-ray of left shoulder (AP and lateral) done on December 1, 2011: attached



**Assessment:**

1. Exostosis?
2. Osteosarcoma??

**Plan:**

1. Refer to SHCH for further surgical evaluation

**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 4, 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'](#) ; ['Garry Choy'](#) ; ['Kruy Lim'](#) ; ['Kathy Fiamma'](#) ; ['Paul Heinzelmann'](#) ; ['Joseph Kvedar'](#) ; ['Rithy Chau'](#)  
**Cc:** ['Bernie Krisher'](#) ; ['Thero So Nourn'](#) ; ['Laurie & Ed Bachrach'](#) ; ['Sin Tourphot'](#)  
**Sent:** Wednesday, July 04, 2012 6:32 PM  
**Subject:** RE: Robib TM Clinic July 2012, Case#8, Lmuth Thongly, 20M

Dear Sovann,

Best to bring him to SHCH in August beginning of the week August 20 till 24. Dr. graham Gumley and his team will be in town. One of them is a shoulder specialist. I cc in Dr. Phot so that you can coordinate with him.

Thanks  
Cornelia

**From:** [chaurithy](#)  
**To:** 'Robibtelemed'  
**Cc:** 'Cornelia Haener' ; 'Kruy Lim'  
**Sent:** Thursday, July 05, 2012 11:22 AM  
**Subject:** RE: Robib TM Clinic July 2012, Case#8, Lmuth Thongly, 20M

Sovann,  
I pasted the view of normal shoulder and his shoulder x-ray together to see if I could see obvious mass or growth somewhere as his doctor told him. I did not see the obvious. It would be interesting to hear from Dr. Choi's reply from Boston.

Normal view  
(<http://images.radiopaedia.org>)

Dislocated Shoulder      Thong Ly

I am including above photos for our education purpose. On your PE, is the "mass" mobile with flexing/extending of muscle? Was the mass fixed on the bony structure or in the muscle structure itself when palpated? Is the shape of the mass round, oval, flat, elongated or irregular shape? Your exam showed full ROM which is unlikely a dislocation and no numbness or weakness which may not be primary problem of neurological disorder. Is he experiencing numbness and/or weakness when he move his shoulder certain position—what is the aggravating and alleviating factors? Any pain at all? His radial pulses ok? Any LN enlargement in axillary and other places?

Of course, this patient may need to be seen by ortho surgeon. I agree with your plan to refer him to a tertiary center. Remind him that if he comes to CMC, he must go through SAO process to be evaluate his level of payment. Another person (preferably relative) must accompany him also.

Thanks,  
Rithy

**Rithy Chau, MPH, MHS, PA-C**

Director Telemedicine/EHC Officer  
Sihanouk Hospital Center of HOPE  
[rithychau@sihosp.org](mailto:rithychau@sihosp.org)  
TEL: 855-23-882-484, Ext 250, FAX: 855-23-882-485  
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**From:** [Cornelia Haener](#)  
**To:** '[chaurithy](#)' ; '[Robibtelemed](#)'  
**Cc:** '[Kruy Lim](#)'  
**Sent:** Thursday, July 05, 2012 3:00 PM  
**Subject:** RE: Robib TM Clinic July 2012, Case#8, Lmuth Thongly, 20M

The lateral X-ray shows the exostosis, almost looks like Trochanter minor in a proximal femur!

Cornelia

**From:** [chaurithy](#)  
**To:** '[Cornelia Haener](#)'  
**Cc:** '[Kruy Lim](#)' ; '[Robibtelemed](#)'  
**Sent:** Friday, July 06, 2012 7:37 AM  
**Subject:** RE: Robib TM Clinic July 2012, Case#8, Lmuth Thongly, 20M

Thanks.  
Rithy

**From:** Tourphot Sin [mailto:tourphot@yahoo.com]  
**Sent:** Thursday, July 05, 2012 8:39 AM  
**To:** Cornelia Haener  
**Subject:** Re: FW: Robib TM Clinic July 2012, Case#8, Lmuth Thongly, 20M

Dear Cornelia,  
Please contact and send him to me.  
Thanks  
Phot

---

**From:** [Cornelia Haener](#)  
**To:** 'Tourphot Sin'  
**Cc:** 'Robibtelemed'  
**Sent:** Thursday, July 05, 2012 2:57 PM  
**Subject:** RE: FW: Robib TM Clinic July 2012, Case#8, Lmuth Thongly, 20M

I told Sovann to communicate with you.

Cornelia

---

**From:** [Robibtelemed](#)  
**To:** 'Tourphot Sin'  
**Cc:** [Cornelia Haener](#) ; [Rithy Chau](#)  
**Sent:** Friday, July 06, 2012 4:26 PM  
**Subject:** Re: FW: Robib TM Clinic July 2012, Case#8, Lmuth Thongly, 20M

Dear Dr. Phot,

This patient cannot afford to go to Phnom Penh right now, and I will contact with you whenever he can.  
Thanks for your help and support to Telemedicine.

Best regards,  
Sovann

---

**From:** [Tourphot Sin](#)  
**To:** [Robibtelemed](#)  
**Sent:** Friday, July 06, 2012 10:06 PM  
**Subject:** Re: FW: Robib TM Clinic July 2012, Case#8, Lmuth Thongly, 20M

Dear Sovan,  
you can contact me by # 012 850850  
Thanks  
Phot

---

**From:** [Garry Choy](#)  
**To:** [Robibtelemed](#)  
**Cc:** [Cornelia Haener](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Thursday, July 05, 2012 10:01 PM  
**Subject:** Re: Robib TM Clinic July 2012, Case#8, Lmuth Thongly, 20M



Dear all,

This lesion looks benign, well defined borders with communication with the medullary cavity. This may represent an exostosis or very likely a sessile osteochondroma. I wouldn't consider osteosarcoma here based on image characteristics. Hope this helps. best regards,

Garry

Garry Choy MD

International Radiology Exchange - [iRadX.org](http://iRadX.org)

MGH Imaging Global Health Programs

---

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

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

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

**Sent:** Wednesday, July 04, 2012 3:38 PM

**Subject:** Robib TM Clinic July 2012, Case#9, Pen Sim, 73M

Dear all,

This is case number 9, Pen Sim, 73M and photos.

Best regards,  
Sovann

## Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and CCH/MGH Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

### History and Physical



**Name/Age/Sex/Village:** Pen Sim, 73M (Ta Tong Village)

**Chief Complaint (CC):** Skin lesion x 4 days

**History of Present Illness (HPI):** 73M presented with vesicle lesion with pain and warmth, no itchy. The lesion presented on anterior of neck and right side of head and increased in number and size of lesion from day to day. He got treatment with traditional medicine but it seems not better so he come to consult with Telemedicine. He reported of skin kind of lesion presented on left arm in the past 2y, which disappeared in several days after traditional

medicine application. He denied of insect bite, trauma, and current drugs use.

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

**Family History:** None



**Social History:** Previous smoking 1pack of cig per day and now 3-4cig smoking per day; casually EtOH but stopped now

**Current Medications:** Traditional medication application

**Allergies:** NKDA

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

**PE:**

**Vitals:** BP: 138/98 P: 118 R: 20 T: 38oC  
Wt: 50Kg

**General:** Stable

**HEENT/skin:** Pustular lesion on anterior of neck and right side of head; No oropharyngeal lesion, pink conjunctiva, no icterus, no neck lymph node palpable

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

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

**Extremity:** No legs edema

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

**Lab/study:** None

**Assessment:**

1. Herpes zoster

**Plan:**

1. Acyclovir 800mg po tid for 7d
2. Ibuprofen 200mg 2t po tid for 7d

**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 4, 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:** Thursday, July 05, 2012 11:53 AM  
**Subject:** RE: Robib TM Clinic July 2012, Case#9, Pen Sim, 73M

Dear Sovann,

I am including the image for skin dermatome which herpes zoster tends to follow a pattern on the dermatome:

It seems to me this may be a contact dermatitis (chemical use including insecticide, fertilizer, household products, hygienic products like shampoo/soap/detergent, etc). Drug reaction tends to be more diffused and zoster tends to follow the dermatome as in illustration above and has burning sensation pain.

For treatment, you need to treat his secondary infection (impetigo) with Cloxa or Augmentin or Cephalexine for 7-10 days. Ibuprofen is helping to reduce inflammation and pain. Educate him on smoking cessation to help him heal better and to stop applying traditional medicine. After two days of outbreak, antiviral tx is not effective unless required for fulminant/complicated infection (i.e. no need in this case). If pruritus, antihistamine may play some supportive role in healing as well.

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**From:** [Robibtelemed](#)  
**To:** [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, July 04, 2012 3:40 PM  
**Subject:** Robib TM Clinic July 2012, Case#10, Phourng Rina, 4F

Dear all,

This is case number 10, Phourng Rina, 4F and photos.

Best regards,  
Sovann

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

## History and Physical



**Name/Age/Sex/Village:** Phourng Rina, 4F (Sangke Roang Village)

**Chief Complaint (CC):** Skin rash x 3y

**History of Present Illness (HPI):** 4F was brought to Telemedicine clinic by her mother with reporting of skin rash, which first occur when she was 1y old. The rash presented on both foot with appearance of maculopapular, itchy and became pustule lesion in several days. She

was seen by local health center and treated with antibiotic for several days then the lesion disappeared. The rash also occurred in other sites as buttock, armpits and back but spare on the face and body. Her mother said this lesion frequently occur in raining and winter season.

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

**Family History:** Mother with eczema

**Social History:** Complete national immunization

**Current Medications:** None

**Allergies:** NKDA

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

**PE:**

**Vitals:** BP: P: 96 R: 24 T: 36.5oC Wt: 11Kg

**General:** Stable

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

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

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

**Skin:** Maculopapular rash on armpits, back, buttock and ankle, no pustule; spare on face and body (see photos)

**Lab/study:** None

**Assessment:**

1. Eczema

**Plan:**

1. Fluocinonide cream 0.1% apply bid

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

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

**Examined by:** Nurse Sovann Peng

**Date:** July 4, 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:** Thursday, July 05, 2012 12:07 PM  
**Subject:** RE: Robib TM Clinic July 2012, Case#10, Phourng Rina, 4F

Dear Sovann,

For this case, I agree with you that she may have eczema from the pattern and appearance of her lesion, occurring mainly in cold and wet season. The darkening below her lower eyelids bilaterally helps to add to the story of allergic nature plus positive family history. I would not however tx her with steroid at this point, but can try calamine lotion qid for several weeks and if not much improved then can give her the Alveeno cream with low dose steroid of hydrocortisone to apply bid. Oral antihistamine will help with the itching and flare up.

Another possible consideration for ddx is also to include scabies since you described that the lesions became "pustule" and located in body creases like buttock, armpits, etc. Tx her and the family members with Benzoyl Benzoate soln and soak all clothings/beddings in hot water and sun dry all mattresses/mats at least one full day to help to rid the bugs.

Hope this is helpful.

Thanks,  
Rithy

**Rithy Chau, MPH, MHS, PA-C**

Director Telemedicine/EHC Officer  
Sihanouk Hospital Center of HOPE

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**From:** [Robibtelemed](#)  
**To:** [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, July 04, 2012 3:43 PM  
**Subject:** Robib TM Clinic July 2012, Case#11, Say Soeun, 72F

Dear all,

This is the last case for Robib TM Clinic July 2012, Case#11, Say Soeun, 72F (follow up case) and photo. Please reply to the cases before Thursday afternoon (Cambodia time) then the treatment plan can be made accordingly and patient will come to get treatment in this afternoon also.

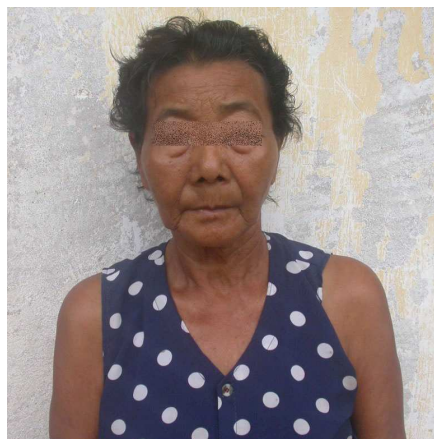
Thank you very much for your cooperation and support in this project.

Best regards,  
Sovann

# Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and CCH/MGH Telemedicine  
Rovieng Commune, Preah Vihear Province, Cambodia

## SOAP Note



**Name/Age/Sex/Village:** Say Soeun, 72F (Rovieng Chheung Village)

**Subjective:** 72F with diagnosis of uncontrolled HTN (BP: 220 - 170/110 -90 since June 2011), DMII and renal insufficiency. She was on Antihypertensive (Enalapril 10mg 1t po qd, Nifedipine 20mg 1t po qd, Atenolol 50mg 1t po qd and In March 2012, the dose of Atenolol increased to 100mg qd but her BP still not response. Since the middle of June 2012, she presented with retrosternal chest tightness, pressure like, which became better with burping and associated with pressure HA in parietal area, but denied of dizziness, vertigo, diaphoresis, syncope, oliguria, nausea, vomiting. She was brought to local health center and

found out BP: 240/? and advised to seek further evaluation at referral hospital, where she was admitted for 1w. During admission in hospital, she was treated with IV fluid and medication given by Telemedicine with Increased Nefedipine 20mg 2t qd. She asked for discharge because she has to come for follow up with Telemedicine in July. She said the chest tightness became a bit better with HA still.

### Current Medications:

1. Glibenclamide 5mg 1t po bid
2. Metformin 850mg 1t po qhs
3. Enalapril 10mg 1t po qd
4. Nifedipine 20mg 2t po qd
5. Atenolol 50mg 2t po qd

**Allergies:** NKDA

### Objective:

**VS:** BP: Rt 224/102, Lt 222/93 P: 91 R: 20 T: 37 Wt: 47kg

### PE (focused):

**General:** Look sick

**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 abd mass palpable, no abd bruit

**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:**

Abdominal ultrasound with normal conclusion done in March 2012

**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]

**Lab result on June 8, 2012**

Creat	=217	[44 - 80]
Gluc	=8.1	[4.1 - 6.1]
HbA1C	=6.9	[4.8 – 5.9]
AST	=16	[<32]
ALT	=16	[<33]

**Today July 4, 2012**

U/A: Protein 1+, no glucose, no leukocyte, no ketone, no blood

**Assessment:**

1. Uncontrolled HTN
2. DMII
3. Renal insufficiency

**Plan:**

1. Refer to SHCH for evaluation of uncontrolled hypertension
2. Glibenclamide 5mg 1t po bid
3. Metformin 850mg 1t po qhs
4. Enalapril 10mg 1t po qd
5. Nifedipine 20mg 2t po qd
6. Atenolol 50mg 2t po qd

**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 4, 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:** Thursday, July 05, 2012 12:11 PM  
**Subject:** RE: Robib TM Clinic July 2012, Case#11, Say Soeun, 72F

Dear Sovann,

I agree that she needs to be referred and be evaluated more thoroughly. Go ahead and bring her in this coming Monday. Prepare all her paperwork ahead of time.

Thanks,  
Rithy

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## Thursday, July 5, 2012

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### Follow-up Report for Robib TM Clinic

There were 8 new patients and 3 follow up patients seen during this month Robib TM Clinic, and other 70 patients came for brief consult and medication refills. The data of all 11 cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by CCH/MGH 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 Telemedicie Clinic July 2012

#### 1. Kong Kin, 60M (Chan Lornng Village)

**Diagnosis:**

1. Osteoarthritis
2. HTN

**Treatment:**

1. Ibuprofen 200mg 3t po tid prn pain (#50)
2. Amlodipine 5mg 1t po qd (#30)
3. Do regular exercise

#### 2. Pang Phoun, 77M (O Village)

**Diagnosis:**

1. COPD
2. Pneumonia
3. PTB?

**Treatment:**

1. Augmentin 625mg/5cc 10cc bid for 10d (#1)



2. Salbutamol inhaler 2puff bid (#1)
3. Xango powder po bid (#1)
4. Do AFB sputum smear in local health center

### 3. Pen Uk, 66F (Doang Village)

#### Diagnosis:

1. GERD
2. HTN

#### Treatment:

1. Cimetidine 200mg 200mg 1t po qhs for one month (#30)
2. Mebendazole 100mg 5t po qhs once (#5)
3. GERD prevention education
4. Do regular exercise, eat less salt/fats diet
5. Re-evaluation in next month if still elevated BP, start antihypertensive
6. Draw blood for Lyte, Creat, Glucose at SHCH

#### Lab result on July 6, 2012

Na	=138	[135 - 145]
K	=2.9	[3.5 - 5.0]
Cl	=103	[95 - 110]
Creat	=62	[44 - 80]
Gluc	=5.4	[4.2 - 6.4]

### 4. Top Voeun, 50F (Anlung Svay Village)

#### Diagnosis:

1. Goiter
2. Dyspepsia

#### Treatment:

1. Cimetidine 200mg 1t po qhs for one month (#30)
2. Mebendazole 100mg 5t po qhs chew once (#5)
3. MTV 1t po qd for one month (#30)
4. Send patient for Neck mass ultrasound at Kg Thom

### 5. Yung Seum, 68F (Taing Treuk Village)

#### Diagnosis:

1. HTN

#### Treatment:

1. HCTZ 25mg 1t po qd for one month (#35)
2. Do regular exercise and eat less salt and fats diet
3. Draw blood for Lyte, BUN, Creat at SHCH

#### Lab result on July 6, 2012

Na	=135	[135 - 145]
K	=3.7	[3.5 - 5.0]
Cl	=102	[95 - 110]
BUN	=4.9	[<8.3]
Creat	=51	[44 - 80]

### 6. Kun Bo, 55M (Thnal Keng Village)

#### Diagnosis:

1. Gouty arthritis
2. Anemia

#### Treatment:

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

3. Draw blood for CBC, peripheral blood smear, and reticulocyte count at SHCH

**Lab result on July 6, 2012**

WBC	=12.91	[4 - 11x10 <sup>9</sup> /L]
RBC	=3.6	[4.6 - 6.0x10 <sup>12</sup> /L]
Hb	=7.1	[14.0 - 16.0g/dL]
Ht	=24	[42 - 52%]
MCV	=66	[80 - 100fl]
MCH	=20	[25 - 35pg]
MHCH	=30	[30 - 37%]
Plt	=577	[150 - 450x10 <sup>9</sup> /L]
Neut	=8.66	[2.0 - 8.0x10 <sup>9</sup> /L]
Lymph	=2.66	[0.7 - 4.4x10 <sup>9</sup> /L]
Mono	=0.89	[0.1 - 0.8x10 <sup>9</sup> /L]
Eosino	=0.67	[0.8 - 0.40]
Baso	=0.03	[0.02 - 0.10]

**Peripheral blood smear**

Microcytic	2+
Hypochromic	2+
Macrocytic	1+
Poikilocytosis	1+

Reticulocyte count =3.4 [0.5 - 1.5]

**7. Kao Nheb, 29F (Sre Thom Village)**

**Diagnosis:**

1. Goiter
2. Dyspepsia

**Treatment:**

1. Cimetidine 200mg 1t po qhs for one month (#30)
2. Send patient to Kg Thom for neck mass ultrasound

**8. Lmuth Thongly, 20M (Doang Village)**

**Diagnosis:**

1. Exostosis

**Treatment:**

1. Keep observe and plan for further evaluation at SHCH

**9. Pen Sim, 73M (Ta Tong Village)**

**Diagnosis:**

1. Herpes zoster
2. Contact dermatitis
3. Secondary infection

**Treatment:**

1. Augmentin 625mg/5cc 10cc bid for 7d (#1)
2. Ibuprofen 200mg 2t po tid for 7d (#30)

**10. Phourng Rina, 4F (Sangke Roang Village)**

**Diagnosis:**

1. Eczema
2. Scabies

**Treatment:**

1. Calmine lotion apply qid (#1)
2. Soak all clothings/beddings in hot water and sun dry all mattresses/mats

3. Treat patient and the family members with Benzoyl Benzoate solution

#### **11. Say Soeun, 72F (Rovieng Chheung Village)**

##### **Diagnosis:**

1. Uncontrolled HTN
2. DMII
3. Renal insufficiency

##### **Treatment:**

1. Refer to SHCH for evaluation of uncontrolled hypertension
2. Glibenclamide 5mg 1t po bid (#60)
3. Metformin 850mg 1t po qhs (#30)
4. Enalapril 10mg 1t po qd (#30)
5. Nifedipine 20mg 2t po qd (#60)
6. Atenolol 50mg 2t po qd (#60)

### **Patients who come for brief consult and refill medicine**

#### **1. Chan Rim, 59F (Ke Village)**

##### **Diagnosis:**

1. HTN

##### **Treatment:**

1. Nifedipine 20mg 1/2t po qd for two months (#30)

#### **2. Keum Kourn, 65F (Thkeng Village)**

##### **Diagnosis:**

1. Euthyroid goiter with medication

##### **Treatment:**

1. Propranolol 40mg 1/4t po bid for two months (#20)
2. Methimazole 5mg 1t po bid for two months (#120)

#### **3. Kong Soeun, 31M (Backdoang Village)**

##### **Diagnosis:**

1. DMII

##### **Treatment:**

1. Glibenclamide 5mg 1t po bid for four months (#150)
2. Captopril 25mg 1/4t po bid for four months (buy)

#### **4. Nung Chhun, 74F (Ta Tong Village)**

##### **Diagnosis:**

1. HTN
2. DMII

##### **Treatment:**

1. Metformin 500mg 2t po bid for one month (#100)
2. Captopril 25mg 1t po tid for one month (buy)
3. HCTZ 25mg 1t po qd for one month (#30)
4. ASA 300mg 1/4t po qd for one month (buy)

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

##### **Diagnosis:**

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

**Treatment:**

1. Spironolactone 25mg 1t po qd for two months (buy)
2. Furosemide 40mg 1/2t po bid for two months (#60)
3. Paracetamol 500mg 1t po qid prn pain two months (#20)

**6. Prum Ty, 23M (Thnout Malou Village)**

**Diagnosis:**

1. Epilepsy

**Treatment:**

1. Phenytoin 100mg 1t po bid (#120)

**7. Sam Bunny, 25F (Thnout Malou Village)**

**Diagnosis:**

1. Nephrotic syndrome

**Treatment:**

1. Prednisolone 5mg 1t po every other day for one month (#15)
2. Calcium lactate 300mg 1t po qd for one month (#30)
3. Simvastatin 10mg 1t po qhs for one month (buy)
4. ASA 300mg 1/4t po qd for one month (#8)

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

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid for two months (#120)
2. Glyburide 2.5mg 2t po bid for two months (#240)
3. Captopril 25mg 1/4t po bid for two months (buy)

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

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 1t po qhs (#60)

**10. Sao Phal, 63F (Thnout Malou Village)**

**Diagnosis:**

1. HTN
2. Anxiety
3. Renal insufficiency

**Treatment:**

1. HCTZ 25mg 1t po qd for two months (#60)
2. Amitriptylin 25mg 1/2t po qhs for two months (#30)
3. Paracetamol 500mg 1t po qid prn pain/HA for two months (#20)

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

**Diagnosis:**

1. Hyperthyroidsism

**Treatment:**

1. Carbimazole 5mg 2t po tid for two months (buy)
2. Propranolol 40mg 1/4t po bid for two months (#30)

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

**Diagnosis:**

1. DMII
2. HTN
3. Hyperlipidemia

**Treatment:**

1. Metformin 850mg 1t qAM and 2t qPM po for one month (#90)
2. Captopril 25mg 1/2t po bid for one month (buy)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Fenofibrate 100mg 1t po bid for one month (buy)

**13. Joy Yun, 45F (Thnal Koang Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 850mg 1t po bid for one month (#60)
2. Captopril 25mg 1/4t po bid for one month (buy)
3. ASA 300mg 1/4t po qd for one month (#8)

**14. San Kim Hor, 50F (Thnout Malou Village)**

**Diagnosis:**

1. Nodular goiter

**Treatment:**

1. Draw blood for TSH at SHCH

**Lab result on July 6, 2012**

TSH =3.62 [0.27 - 4.20]

**15. Prum Koeun, 39M (Samrith Village)**

**Diagnosis:**

1. Eczema (Dyshidrotic)

**Treatment:**

1. Cetirizine 10mg 1t po qhs prn itchy (#20)
2. Calmine lotion apply qid (#1)

**16. Chum Chandy, 54F (Ta Tong Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 850mg 1t po bid for one month (#60)
2. Educate on diabetic diet, and foot care

**17. Keo Kun, 53M (Thnal Keng Village)**

**Diagnosis:**

1. Chronic hepatitis
2. Anemia

**Treatment:**

1. Spironolactone 25mg 1t bid for one month (#30)
2. MTV 1t qd for one month (#30)
3. FeSO4/Folate 200/0.4mg 1t po bid (#60)

**18. Phet Phenh, 30M (Thkeng Village)**

**Diagnosis:**

1. Vitamin deficiency

**Treatment:**

1. MTV 1t bid (#120)

**19. Sath Roeun, 58F (Taing Treuk Village)**

**Diagnosis:**

1. HTN
2. Hyperlipidemia

**Treatment:**

1. Captopril 25mg 1t bid for one month (buy)
2. HCTZ 25mg 1t qd for one month (#35)
3. Simvastatin 20mg 1t po qhs for one month (buy)
4. Do regular exercise, and eat less fats and salt diet

**20. Seng Ourng, 63M (Rovieng Cheung Village)**

**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. Captopril 25mg 1/2t po bid for one month (buy)
2. Glyburide 2.5mg 1t bid for one month (#70)
3. Educate on diabetic diet, do regular exercise and foot care

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

**Diagnosis:**

1. HTN

**Treatment:**

1. Atenolol 50mg 1/2t po qd for one month (#15)
2. HCTZ 25mg 2t po qd for one month (#60)

**22. 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 (#20)
2. Amlodipine 5mg 1t po qd for one month (#20)
3. Fenofibrate 100mg 1t po qd for one month (buy)

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

**Diagnosis:**

1. Gouty arthritis
2. Osteoarthritis
3. Renal insufficiency

**Treatment:**

1. Paracetamol 500mg 1t po qid prn for two months (#30)
2. MTV 1t po qd for two months (#60)
3. Allopurinol 100mg 2t po qd for two months (buy)

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

**Diagnosis:**

1. Tachycardia

**Treatment:**

1. Propranolol 40mg 1/4t po qd (#15)

2. MTV 1t po qd (#60)

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

**Diagnosis:**

1. HTN
2. Osteoarthritis
3. Renal insufficiency
4. Generalized urticaria

**Treatment:**

1. Atenolol 50mg 1/2t po bid for one month (#30)
2. HCTZ 25mg 1t po qd for one month (#35)

**26. Hear Khorn, 51F (Bos Village)**

**Diagnosis:**

1. Tinea capitis
2. Contact dermatitis

**Treatment:**

1. Fluocinonide cream 0.1% apply bid (#1)

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

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for two months (#40)

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

**Diagnosis:**

1. Anemia

**Treatment:**

1. FeSO4/Folate 200/0.25mg 1t po bid (#60)
2. MTV 1t po qd (#30)

**29. Hong Saramony, 42F (Taing Treuk Village)**

**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Methimazole 5mg 1t po bid for one month (#60)

**30. Ke Bon, 71M (Thnout Malou Village)**

**Diagnosis:**

1. Tinea cruris

**Treatment:**

1. Clotrimazole cream 1% apply bid (#1)

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

**Diagnosis:**

1. HTN

**Treatment:**

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

**32. Kheum Im, 42F (Thkeng Village)**

**Diagnosis:**

1. Tinea pedis

**Treatment:**

1. Clotrimazole cream apply bid (#3)

**33. 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 one month (buy)
2. Metformin 850mg 1t po qhs for one month (#30)
3. Enalapril 10mg 1/2t po qd for one month (#15)
4. Amlodipine 5mg 2t po qd for one month (#60)
5. ASA 300mg 1/4t po qd for one month (#8)
6. Fenofibrate 100mg 1t po qd for one month (buy)

**34. Kouch Be, 80M (Thnout Malou Village)**

**Diagnosis**

1. HTN
2. COPD

**Treatment**

1. Amlodipine 5mg 1t po qd for four months (#60)
2. Salbutamol Inhaler 2 puffs prn SOB for four months (#2)

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

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for two months (#50)

**36. 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)

**37. Meas Thoch, 85F (Ta Tong Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**38. Moeung Phalla, 35F (Thkeng Village)**

**Diagnosis:**

1. Tachycardia

**Treatment:**

1. Propranolol 40mg 1/4t po bid (#20)

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



**Diagnosis**

1. HTN

**Treatment**

1. Amlodipine 5mg 1t po qd for two months (#60)

**40. Nop Sareth, 41F (Kampot Village)****Diagnosis:**

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

**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)

**41. Nung Y, 47F (Taing Treuk Village)****Diagnosis:**

1. HTN

**Treatment:**

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

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

1. MDII
2. Osteoarthritis

**Treatment:**

1. Metformin 500mg 2t po bid for two months (#150)
2. Captopril 25mg 1/4t po bid for two months (buy)
3. Paracetamol 500mg 1-2t po qid prn pain for two months (#30)

**43. Som Theara, 14F (Pal Hal Village)****Diagnosis:**

1. Eczema

**Treatment:**

1. Fluocinonide cream 0.1% apply bid until the rash gone (#1)

**44. Tay Kimseng, 54F (Taing Treuk Village)****Diagnosis:**

1. HTN
2. Obesity

**Treatment:**

1. Atenolol 50mg 1/2t po bid for two months (#30)
2. HCTZ 25mg 1t po qd for two months (#60)

**45. Tey Sok Ken, 31F (Sre Thom Village)****Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Carbimazole 5mg 1t po bid for two months (buy)
2. Propranolol 40mg 1/4t po bid for two months (#30)

**46. Tith Hun, 58F (Ta Tong Village)****Diagnosis:**

1. HTN

2. Dyspepsia

**Treatment:**

1. Enalapril 10mg 1/2t po qd for two months (#30)
2. HCTZ 25mg 1t po qd for two months (#60)
3. Atenolol 50mg 1/2t po qd for two months (buy)
4. Cimetidine 200mg 1t po qhs (#30)

**47. Tith Y, 56F (Ta Tong Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for two months (#30)

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

**Diagnosis:**

1. Liver cirrhosis with PHTN

**Treatment:**

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

**49. Be Samphorn, 73M (Rovieng Cheung Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Metformin 500mg 1t po bid (#100)
2. Amlodipine 5mg 1t po qd (#50)
3. Captopril 25mg 1/2t po bid (buy)

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

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd (#50)

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

**Diagnosis:**

1. Gouty Arthritis

**Treatment:**

1. Paracetamol 500mg 2t po qid prn pain (#20)
2. Allopurinol 100mg 2t bid (buy)

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

**Diagnosis:**

1. DMII with PNP

**Treatment:**

1. Metformin 850mg 1t po qd for one month (#30)
2. Amitriptylin 25mg 1/2t po qhs for one month (#15)

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

**Diagnosis:**

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

3. DMII
4. Gouty arthritis
5. Chronic renal failure

**Treatment:**

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

**Lab result on July 6, 2012**

Gluc	=7.3	[4.1 - 6.1]
AST	=53	[<40]
ALT	=70	[<41]
HbA1C	=6.8	[4.8 – 5.9]

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

**Diagnosis:**

1. Hypothyroidism (due to Carbimazole)

**Treatment:**

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

**Lab result on July 6, 2012**

Free T4=13.08 [12.0 - 22.0]

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

**Diagnosis**

1. HTN
2. Hypertriglyceridemia

**Treatment**

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

**Lab result on July 6, 2012**

TG =2.1 [<1.7]

**56. Kham Sary, 50M (Thnal Koang Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 1t po qd for three months (#60)
2. Glyburide 2.5mg 2t bid three months (#360)
3. Captopril 25mg 1/4t bid three months (buy)
4. Review on diabetic diet, do regular exercise and foot care

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

**Diagnosis:**

1. Anemia

**Treatment:**

1. FeSO4/Folate 200/0.4mg 1t po bid for two month (#120)
2. MTV 1t po qd for two months (#60)

**58. Ky Chheng Lean, 37F (Rovieng Cheung Village)****Diagnosis:**

1. DMII

**Treatment:**

1. Glyburide 2.5mg 1t po bid (#60)
2. Captopril 25mg 1/4t po bid (buy)

**59. Mar Thean, 54M (Rom Chek Village)****Diagnosis:**

1. DMII
2. Hyperlipidemia

**Treatment:**

1. Metformin 500mg 2t po bid for one month (buy)
2. Glyburide 2.5mg 2t po bid for one month (#120)
3. ASA 300mg 1/4t po qd for one month (#30)
4. Fenofibrate 100mg 1t po bid for one month (buy)
5. Draw blood for glucose, tot chole, TG and HbA1C at SHCH

**Lab result on July 6, 2012**

Gluc	=8.1	[4.2 - 6.4]
T. Chol	=6.5	[<5.7]
TG	=6.8	[<1.7]
HbA1C	=6.8	[4.8 - 5.9]

**60. 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 (#30)

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

1. HTN

**Treatment:**

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

**62. Ny Ngek, 58F (Svay Pat Village)****Diagnosis:**

1. DMII with PNP
2. HTN
3. Hypercholesterolemia

**Treatment:**

1. Glyburide 2.5mg 1t bid three months (#180)
2. Captopril 25mg 1/2t bid three months (buy)
3. Simvastatin 20mg 1t qd three months (buy)
4. Review on diabetic diet, do regular exercise and foot care

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

**Diagnosis:**

1. HTN

**Treatment:**

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

**64. Prum Chean, 50F (Sangke Roang Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 1t po bid for one month (#30)
2. Draw blood for Glucose and HbA1C at SHCH

**Lab result on July 6, 2012**

Gluc	=12.3	[4.2 - 6.4]
HbA1C	=7.3	[4.8 - 5.9]

**65. Prum Moeun, 56M (Bakdoang Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. Atenolol 50mg 1/2t po qd (#15)
2. ASA 300mg 1/4t po qd (#15)

**66. Som Ka, 61M (Taing Treuk Village)**

**Diagnosis:**

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

**Treatment:**

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

**Lab result on July 6, 2012**

Gluc	=4.8	[4.2 - 6.4]
HbA1C	=6.1	[4.8 - 5.9]

**67. Svay Tevy, 46F (Sre Thom Village)**

**Diagnosis:**

1. DMII
2. HTN
3. Dyslipidemia

**Treatment:**

1. Glibenclamide 5mg 2t po bid for one month (#60)
2. Metformin 850mg 1t qAM and 2t po qPM for one month (#90)
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 bid one month (buy)
6. Draw blood for Glucose, Chole, TG and HbA1C at SHCH

**Lab result on July 6, 2012**

Gluc	=7.7	[4.1 - 6.1]
T. Chol	=6.3	[<5.7]
TG	=6.0	[<1.71]
HbA1C	=8.9	[4.8 – 5.9]

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

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Metformin 850mg 1t po qhs for three months (#90)
2. Glibenclamide 5mg 1t po bid for three months (#150)
3. Captopril 25mg 1/2t po bid for three months (buy)

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

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (#30)
2. Metformin 500mg 2t po bid for one month (#60)
3. Captopril 25mg 1/4t po bid for one month (buy)
4. ASA 300mg 1/4t po qd for one month (#8)
5. Draw blood for Glucose and HbA1C at SHCH

**Lab result on July 6, 2012**

Gluc	=10.3	[4.2 - 6.4]
HbA1C	=10.1	[4.8 – 5.9]

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

**Diagnosis:**

1. HTN

**Treatment:**

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

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**The next Robib TM Clinic will be held on  
August 6 – 10, 2012**