Robib *Telemedicine* Clinic

Preah Vihear Province

J U N E 2 0 0 9

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

On Monday, June 8, 2009, SHCH staff Driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), June 09 & 10, 2009, the Robib TM Clinic opened to receive the patients for evaluations. There were 7 new cases and 1 follow up seen during this month, and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh on Wednesday and Thursday, June 10 & 11, 2009.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston, and SHCH, Nurse Sovann managed and treated the patients accordingly. There were also patients who came for refills of medications. Finally, the data of the patient concerning final diagnosis and treatment/management would then be transcribed and transmitted to Nurse Peng Sovann 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 Telemed
Date: Jun 2, 2009 12:22 PM
Subject: Schedule for Robib TM Clinic June 2009
To: Rithy Chau; Kruy Lim; Cornelia Haener; "Paul J. M.D. Heinzelmann"; Kathy Fiamma; Joseph Kvedar
Cc: Bernie Krisher; Dan Liu; Thero Noun; Laurie & Ed Bachrach; Peou Ouk; Samoeurn Lanh; Sochea Monn

Dear all,

I would like to inform you all that the Robib TM Clinic for June 2009 will be starting on June 8 to 12, 2009.

The agenda for the trip is as following:
1. On Monday June 8, 2009, Driver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihea.
2. On Tuesday June 9, 2009, the clinic opens to see the patients, new and follow up, for the whole morning, then the patients' data will be typed up as Word file and send to both partners in Boston and Phnom Penh.
3. On Wednesday June 10, 2009, the activity is as on Tuesday
4. On Thursday June 11, 2009, download all the answers replied from both partners, then the treatment plan will be made accordingly and prepare the medicine for patients in the afternoon.

5. On Friday June 12, 2009, draw the blood from 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 Telemed
Date: Jun 9, 2009 8:14 PM
Subject: Robib TM Clinic June 2009, Case#1, Ing Em, 51F (Taing Treuk Village)
To: Rithy Chau; "Paul J. M.D. Heinzelmann"; Kathy Fiamma; Joseph Kvedar; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

Today is the first day for Robib TM Clinic June 2009. There are three new cases and one follow up case and this is case number 1, Ing Em, 51F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Ing Em, 51F (Taing Treuk Village)**

Chief Complaint (CC): Dizziness, neck tension x 20d

History of Present Illness (HPI): 51F, housewife with previous history of elevated BP and on/off antihypertensive drugs for a few years. In the middle of last month, she presented with symptoms of dizziness, neck tension, HA, blurred vision, diaphoresis and unconscious, BP taken by local health care worker 210/?, got some injections and Amlodipine 10mg qd for a few days then she became better but she presented with slurred speak and slightly weak on left side.

Past Medical History (PMH): Unremarkable

Family History: Father with HTN

Social History: No smoking, no alcohol drinking, 4 children

Current Medications:

1. Amlodipine 10mg 1t po qd
2. ASA 300mg 1t po qd

Allergies: NKDA

Review of Systems (ROS): 3 months post menopausal, no fever, no cough, no chest pain, normal bowel movement, normal urination

PE:

Vitals: BP: Rt 156/107, Lt 153/104 P: 86 R: 20 T: 37°C Wt: 65Kg

General: Look stable

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

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

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

Extremity/Skin: no edema, no rash

MS/Neuro: MS +4/5 on left limbs, right side +5/5, sensory intact, DTRs +2/4

CN I – XII: normal

Lab/study: On June 9, 2009
U/A Protein trace

Assessment:

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

Plan:

1. Amlodipine 10mg 1t po qd
2. ASA 300mg 1/4t po qd
3. Eat low Na/Fats diet and do regular exercise
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, tot chole, TG at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: June 9, 2009**

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

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From: Crocker, J.Benjamin,M.D.
Sent: Tuesday, June 09, 2009 10:32 AM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic June 2009, Case#1, Ing Em, 51F (Taing Treuk Village)

BP control probably the most effective treatment in resource-limited setting. Would give her a full ASA (325mg daily) and consider addition of ACE-inhibitor for further BP control. Also consider statin. Her unilateral symptomatology suggests R MCA territorial ischemia -- can carotid u/s studies be performed? Electrocardiogram? Echocardiogram? The report of loss on consciousness makes one think of either intracranial bleed (self limited), seizure, or syncope. Her risk of repeat stroke is rather high so she will need close monitoring. Goal BP probably 140 systolic given her very high pressures and recent CNS symptoms -- dont' want to drop her BP too low.

From: Robib Telemed
Date: Jun 9, 2009 8:17 PM
Subject: Robib TM Clinic June 2009, Case#2, Seng Kim Oeun, 56M (Thnout Malou Village)
To: Kruy Lim; Kathy Fiamma; Joseph Kvedar; "Paul J. M.D. Heinzelmann"; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is case number 2, Seng Kim Oeun, 56M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

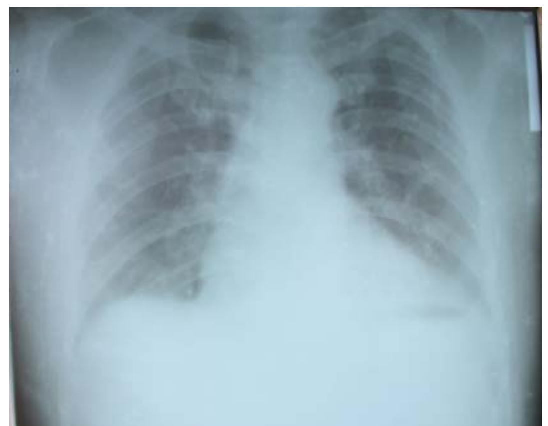
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Seng Kim Oeun, 56M (Thnout Malou Village)**

Chief Complaint (CC): Dyspnea and chest pain 1y

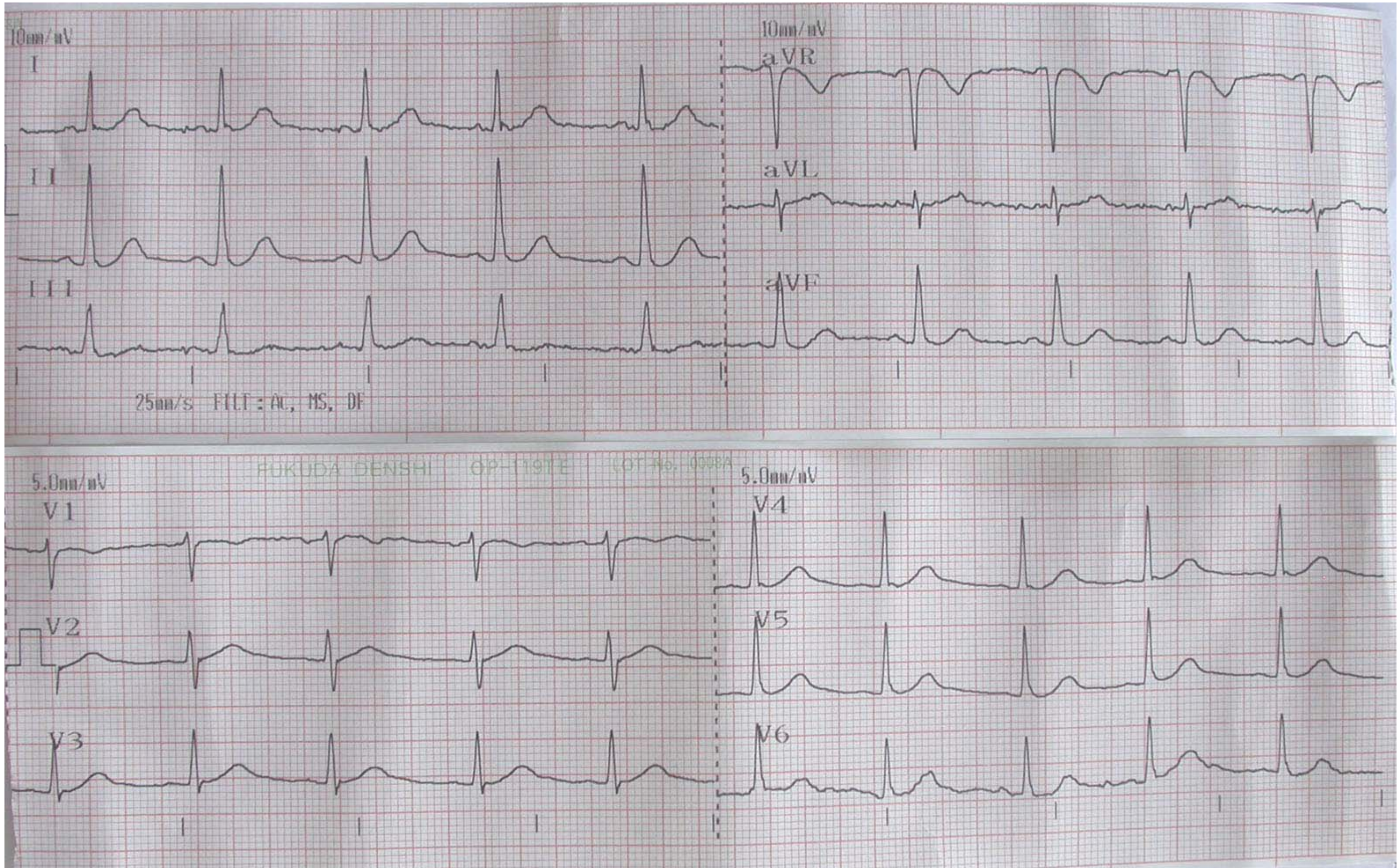
History of Present Illness (HPI): 56M, with previous history of elevated BP, taken antihypertensive drug and stopped about 1y due to no any symptoms. In this year he developed with symptoms of pressure like chest pain about 1-2mn, radiated to left scapular and arm, he didn't get medical consultation, just buy Omeprazole taken 1t qd. On May 27, 2009, he presented with symptoms of fever, chill, palpitation, dyspnea, diaphoresis, unconscious, he was brought to a private clinic in Siem Reap and told he had Hypertensive cardiovascular disease, Arrhythmia, Thyphoid fever, Dengue fever, and treated with some injection and oral drugs (unknown name) for 5d. When coming back home, he got treatment by local health care worker with Lopril 25mg 1/2t qd, Digoxin 0.25mg 1t qd, Omeprazole 20mg 1t qd and ASA 300mg 1/4t qd.



Past Medical History (PMH): Unremarkable

Family History: None

Social History: Cig smoking 1pack/d, stopped 5y, drinking alcohol casually, 7 children



Current Medications:

1. Lopril 25mg 1/2t qd
2. Digoxin 0.25mg 1t qd
3. Omeprazole 20mg 1t qd
4. ASA 300mg 1/4t qd

Allergies: Tetracyclin

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: Rt 141/83, Lt 135/75 P: 75 R: 20 T: 37°C Wt: 72Kg

General: Look stable

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

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

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

Extremity/Skin: no edema, no rash

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

Lab/study:
On May 25, 2009

WBC	=4.4	[4 - 10x10^9/L]	Gluc =0.85	[0.75 – 1.10]
RBC	=5	[4.6 - 6.0x10^{12}/L]	T. Chol=2.06	[1.40 – 2.70]
Hb	=12	[14.0 - 16.0g/dL]	TG =1.38	[0.60 – 1.65]
Ht	=35	[42 - 52%]	SGPT =30	[<40]
MCV	=70	[80 - 100fl]	SGOT =33	[<37]
MCH	=23	[25 - 35pg]		
MHCH	=33	[30 - 37%]		
Plt	=171	[150 - 450x10^9/L]		
Lym	=3.7	[1.0 - 4.0x10^9/L]		

CXR attached

On June 9, 2009
U/A trace; EKG attached

Assessment:
1. HTN
2. Cardiomegaly

Plan:
1. Captopril 25mg 1/2t po qd
2. ASA 300mg 1/4t po qd
3. Eat low Na+ and fats diet and do regular exercise
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, tot chole, TG at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: June 9, 2009**

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From: Robib Telemed
Date: Jun 9, 2009 8:19 PM
Subject: Robib TM Clinic June 2009, Case#3, Tith Mann, 29F (Thnout Malou Village)
To: Kathy Fiamma; Kruy Lim; Joseph Kvedar; "Paul J. M.D. Heinzelmann"; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is case number 3, Tith Mann, 29F and photo.

Best regards,
Sovann

History and Physical

Name/Age/Sex/Village: **Tith Mann, 29F (Thnout Malou Village)**

Chief Complaint (CC): Fatigue and polyuria x 10 months

History of Present Illness (HPI): 29F, farmer, presented with symptoms of fatigue, polyphagia, polydypsia, polyuria, and noticed the ants come around her urine, she went to consult with private clinic in the province, with result of blood sugar 397mg/dl, and treated with Glibenclamide 5mg 2t po bid for one month. After one month, her blood sugar 200mg/dl and has got treatment with the same dose and medicine until now. Her condition became better.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No smoking, no alcohol drinking, 2 children

Current Medications:

1. Glibenclamdie 5mg 2t po bid

Allergies: NKDA

Review of Systems (ROS): no cough, no chest pain, no palpitation, normal bowel movement, no numbness, no tingling, no hematuria, dysuria, oliguria, edema; regular menstrual period, LMP on June 1, 2009

PE:

Vitals: BP: 90/69 P: 83 R: 20 T: 37°C Wt: 47Kg

General: Look stable

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

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

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: On June 9, 2009
U/A Protein 2+, gluc 4+; RBS: 452mg/dl

Assessment:

1. DMII

Plan:

1. Glibenclamide 5mg 2t po bid
2. Educate on diabetic diet, foot care and do regular exercise
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, 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: June 9, 2009**

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From: Robib Telemed
Date: Jun 9, 2009 8:24 PM
Subject: Robib TM Clinic June 2009, Case#4, Chan Sovin, 42M (Taing Treuk Village)
To: Rithy Chau; Kathy Fiamma; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is the last case for the first day of Robib TM clinic June 2009, Case number 4, Chan Sovin, 42M and photos. Please waiting for other cases which will be sent to you tomorrow.

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

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient: Chan Sovin, 42M (Taing Treuk Village)

Subject: 42M come to follow up of GERD, parasititis, anemia. In the previous two weeks, his condition became worse with epigastric pain, burning sensation, poor appetite, dyspnea, fatigue, weakness, both legs edema, and amber color urine, and brought to Kg Thom hospital and told he has gastritis (Ig G of H pylori positive), pancreatitis and lung disease, treated with some injection and two units of blood for two days. When coming back home he got treatment form local healthcare worker of IV fluid and some injection (unknown name) but his condition became weak, and pale from day to day.

Current Medications:

1. Omeprazole 20mg 1t po qhs
2. FeSO4/Folate 200/0.25mg 1t po bid
3. MTV 1t po qd

Allergies: NKDA

Object:

PE:

Vitals: BP: 97/67 P: 85 R: 22 T: 37°C Wt: 45Kg

General: Look sick, weakness

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

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

Abd: Soft, no tender, no distension, (+) BS, no hepatomegaly, splenomegaly

Extremity/Skin: 2+ pitting edema on both legs

Rectal Exam: Good sphincter tone, smooth, no mass palpable, (+) colocheck

Lab result on May 8, 2009

Test	Result	Reference	Test	Result	Reference
WBC	=2.9	[4 - 11x10^9/L]	Na	=137	[135 - 145]
RBC	=2.8	[4.6 - 6.0x10^{12}/L]	K	=4.3	[3.5 - 5.0]
Hb	=6.9	[14.0 - 16.0g/dL]	Cl	=105	[95 - 110]
Ht	=23	[42 - 52%]	BUN	=3.1	[0.8 - 3.9]
MCV	=83	[80 - 100fl]	Creat	=83	[53 - 97]
MCH	=25	[25 - 35pg]	Gluc	=4.0	[4.2 - 6.4]
MHCH	=30	[30 - 37%]			
Plt	=40	[150 - 450x10^9/L]			
Lym	=1.0	[1.0 - 4.0x10^9/L]			

Mxd =0.3 [0.1 - 1.0x10^9/L]
Neut =1.6 [1.8 - 7.5x10^9/L]

RBC morphology

Macrocytes 1+
Poikilocytosis 1+
Hypochromic 2+
Microcytes 2+

Reticulocyte count = 4.7 [0.5 – 1.5]

On May 22, 2009
Negative malaria smear
Negative RTV

Assessment:

1. GERD
2. Hypochromic microcytic Anemia
3. Thrombocytopenia

Plan:

1. Refer back to Kg Thom hospital for blood transfusion
2. Omeprazole 20mg 1t po qhs
3. FeSO4/Folate 200/0.25mg 1t po bid
4. MTV 1t 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: June 9, 2009**

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

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From: **Smulders-Meyer, Olga,M.D.**
Date: Jun 10, 2009 5:18 AM
Subject: Robib TM Clinic June 2009, Case#4, Chan Sovin, 42M (Taing Treuk Village)
To: "Fiamma, Kathleen M."
Cc: robibtelemed@gmail.com, tmed_rithy@online.com.kh

Chan Sovin is a 42-year-old male with several medical issues, including an infection with H. pylori, neutropenia, anemia, and low platelets, pancytopenia, possibly new onset liver cirrhosis, The patient is quite sick.

The patient was diagnosed with H. pylori infection and needs to be treated with amoxicillin 1000 mg b.i.d. , omeprazole 20 mg b.i.d. and Biaxin 500 mg b.i.d., all 3 medications should be given for a period of two weeks.
After that the patient should be kept on omeprazole 20-40 mg mg a day until he is asymptomatic.
This patient needs an endoscopy as soon as possible, as his anemia is very suspicious for malignancy possibly a gastric cancer.

The patient has extremely low platelet counts, and he is at high risk for bleeding. He is pancytopenic and he clearly needs to be transfused. This patient should be in a hospital setting, as he is very sick.
As all his cell counts are low, the patient will need to be worked up for a leukemia as well.

The patient has a history of fairly heavy alcohol use. The fact that these now developing pedal edema is highly suggestive of a cirrhotic liver. You may want to start him on Aldactone 100 mg a day for now and see if he tolerates that.
He is also at risk for liver cancer, as patient's with cirrhosis are at increased risk of liver cancer. The patient is very anemic, and this may support a cancer diagnosis as well.

Cirrhotic patients can develop ascites and then edema in the lower extremities because of an increase in venous pressure below the deceased liver. The presence of other signs of portal hypertension, such as distended abdominal wall veins and splenomegaly is also suggestive of primary hepatic disease. You can check for that next time you examine him.

On his chest x-ray, the patient has a very small heart, there is no evidence of cardiomegaly, so it is extremely unlikely that his pedal edema is consistent with right-sided heart failure. It is much more likely that his pedal edema is secondary to his cirrhotic liver.
I am sending a chest x-ray to the radiologist in this hospital for review There is no sign of hear failure in his lungs and I will send an addendum once I hear back from radiology.

The patient has an increased BUN, suggestive of dehydration.
Please make sure he is well hydrated. Continue supplementation with iron and multivitamins two to 3 times a day, until he is admitted to the hospital.

I believe there is just one problem in this patient. He has several major issues, and he is at great risk of dying.

The moment I hear from the radiologist I will get back to you. Please give me feedback on how this patient is doing in the next few weeks.

Olga Smulders Meyer MD

From: Smulders-Meyer, Olga,M.D.
Sent: Tuesday, June 09, 2009 4:45 PM
To: Lawrimore, Tara M., M.D.
Subject: FW: Robib TM Clinic June 2009, Case#4, Chan Sovin, 42M (Taing Treuk Village)

Hi Tara,

Wondering if you could do me a big favor. This is a telemedicine case from Cambodia and I cannot interpret the CXR. Can you see what is going on, if anything??

Thanks for checking.

Olga

From: Lawrimore, Tara M., M.D.
Sent: Tuesday, June 09, 2009 8:35 PM
To: Smulders-Meyer, Olga,M.D.
Subject: RE: Robib TM Clinic June 2009, Case#4, Chan Sovin, 42M (Taing Treuk Village)

Hi Olga,

Well clearly these images are not of diagnostic quality, and there could be important parenchymal lung, bone or soft tissue findings that can clearly be missed. But grossly, the lungs appear to be well inflated without obvious large opacification. The right paratracheal stripe is somewhat prominent; it is difficult to exclude adenopathy from this area of the mediastinum. It's pretty hard to say much more with any degree of confidence.

Tara

From: Robib Telemed
Date: Jun 10, 2009 8:01 PM
Subject: Robib TM Clinic June 2009, Case#5, Keum Lourth, 62F (Thnout Malou Village)
To: Cornelia Haener; Rithy Chau; Kruy Lim; Kathy Fiamma; "Paul J. M.D. Heinzelmann"; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

For the second day of Robib TM clinc June 2009, there are four new cases and this is case number 5, continued from yesterday, Keum Lourth, 62F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

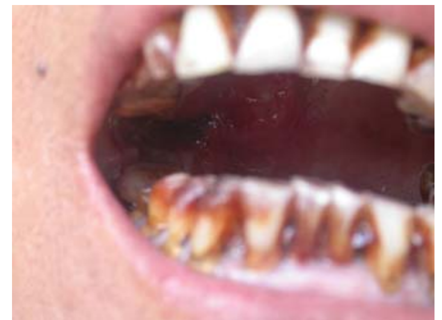
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Keum Lourth, 62F (Thnout Malou Village)**

Chief Complaint (CC): Ulcer in the mouth x 8 months

History of Present Illness (HPI): 62F, farmer, presented with symptoms of a small erythematous lesion on the gum of right check wall, near the molar tooth, with pain, she got treatment with Amoxicillin for a few day but it was not better. In a few months, the lesion became bigger then ulcerated to the soft palate, with occasionally bleeding, she went to Kg Thom hospital and told she had gum ulcer, that can develop to ulcer and treated her with some medicine (unknown name). The ulcer causes her more pain and difficult to open mouth to have meals. She took Amoxicillin and Paracetamol every day and burning that area to release pain.



Past Medical History (PMH): Unremarkable

Family History: None

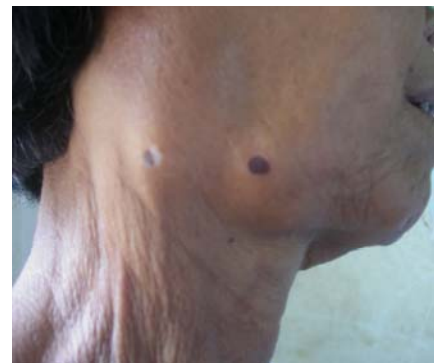
Social History: Chewing tobacco, no smoking, no alcohol drinking, 9 children

Current Medications:

1. Amoxicillin 500mg 2t po bid
2. Paracetamol 500mg 1t prn pain

Allergies: NKDA

Review of Systems (ROS): Unremarkable



PE:

Vitals: **BP: 92/50** **P: 86** **R: 20** **T: 37°C** **Wt: 48Kg**

General: Look stable

HEENT: Erythematous ulcerated lesion on the right soft palate near the molar tooth and gum, with some blood clot, two right cervicallymph nodes palpable with burning scar; Ear and nose look normal

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

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

Extremity/Skin: no edema, rash, no lesion

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

Lab/study: None

Assessment:

1. Gum ulcer
2. Carcinoma of the oral cavity??

Plan:

1. Augmentin 875mg 1t po bid x 10d
2. Ibuprofen 200mg 2t po bid prn severe pain
3. Paracetamol 500mg 1t po qid prn pain
4. Gargle the mouth with warmth salty water
5. Send to SHCH for biopsy for cytology

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 10, 2009**

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

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From: Cornelia Haener
Date: Jun 11, 2009 1:41 PM
Subject: Robib TM Clinic June 2009, Case#5, Keum Lourth, 62F (Thnout Malou Village)
To: Robib Telemed; Rithy Chau; Kruy Lim; Kathy Fiamma; "Paul J. M.D. Heinzelmann"; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

Thanks for submitting this case. It looks like an advanced cancer of the oral cavity with lymph node metastasis. A biopsy would help to confirm, but we would not be able to offer her any curative options.

Kind regards

Cornelia

From: **Robib Telemed**
Date: Jun 10, 2009 8:03 PM
Subject: Robib TM Clinic June 2009, Case#6, Kor Khem Nary, 32F (Trapang Reusey Village)
To: Cornelia Haener; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is case number 6, Kor Kheum Nary, 32F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

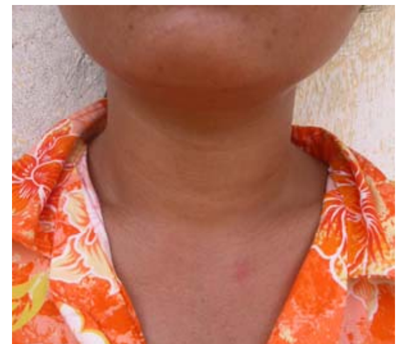
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Kor Khem Nary, 32F (Trapang Reusey Village)**

Chief Complaint (CC): Extremity tremor x 3 months

History of Present Illness (HPI): 32F, farmer, presented with symptoms of extremity tremor, palpitation, insomnia, fatigue, the skin became moist and more sweating, and noticed anterior neck became a bit enlarge. She didn't find any medical consultation just come to Telemedicine clinic today. She denied of weight loss, hair loss, appetite change, bowel movement change.



Past Medical History (PMH): Unremarkable

Family History: None

Social History: No smoking, no alcohol drinking, divorced

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular menstrual period, LMP on June 5, 2009

PE:

Vitals: **BP: 139/89** **P: 121** **R: 20** **T: 37°C** **Wt: 52Kg**

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, Slightly diffuse thyroid gland enlargement, smooth surface, regular border, mobile on swallowing, no bruit, no lymph node palpable

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

Abd: Soft, no tender, no distension, (+) BS, no HSM
Extremity/Skin: no edema, tremor, moist skin

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

Lab/study: None

Assessment:

1. Hyperthyroidism
2. Tachycardia

Plan:

1. Propranolol 40mg 1/4t po bid
2. Draw blood for TSH and Free T4 at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: June 10, 2009**

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

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From: Cornelia Haener
Date: Jun 11, 2009 1:42 PM
Subject: Robib TM Clinic June 2009, Case#6, Kor Khem Nary, 32F (Trapang Reusey Village)
To: Robib Telemed; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

Thanks for submitting this case. I agree with your assessment and plan.

Kind regards

Cornelia

From: Cusick, Paul S.,M.D.
Date: Jun 11, 2009 7:50 PM
Subject: Robib TM Clinic June 2009, Case#6, Kor Khem Nary, 32F (Trapang Reusey Village)
To: "Fiamma, Kathleen M."; robibtelemed@gmail.com
Cc: tmed_rithy@online.com.kh.

Thank you for the opportunity to consult

Certainly sounds like she may be hyperthyroid as she is tachycardic and has a tremor.
This could be from autoimmune thyroid disease (Grave's disease) for from a thyroid inflammation ((thyroiditis)

Symptomatic control with propanolol is a good start to reduce the hyperdynamic response.
A TSH will help.
She may need a thyroid ultrasound.

Best of luck,

Paul

From: Robib Telemed
Date: Jun 10, 2009 8:07 PM
Subject: Robib TM Clinic June 2009, Case#7, Dourng Ponlork, 41F (Rovieng Cheung Village)
To: Kathy Fiamma; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Dear all,

This is case number 7, Dourng Ponlork, 41F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Dourng Ponlork, 41F (Rovieng Cheung Village)**

Chief Complaint (CC): Chest tightness x 2y

History of Present Illness (HPI): 41F, housewife, presented with symptoms of fatigue, palpitation, diaphoresis, and became unconscious, she was brought to private clinic in province and told she had heart disease. Then she went to Phnom Penh, CXR and abdominal U/S done and told she had vesicul-biliary stone and heart disease, treated with two kind of medicine 1/2t qd and became better. In this year, she developed chest pain, sharp sensation, released with massage in 4-5mn, the pain radiated to left scapula and got treatment by local health care worker with KCl 600mg 1/2t qd and Esomeprazole 20mg 1t qd.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No smoking, no alcohol drinking, 3 children

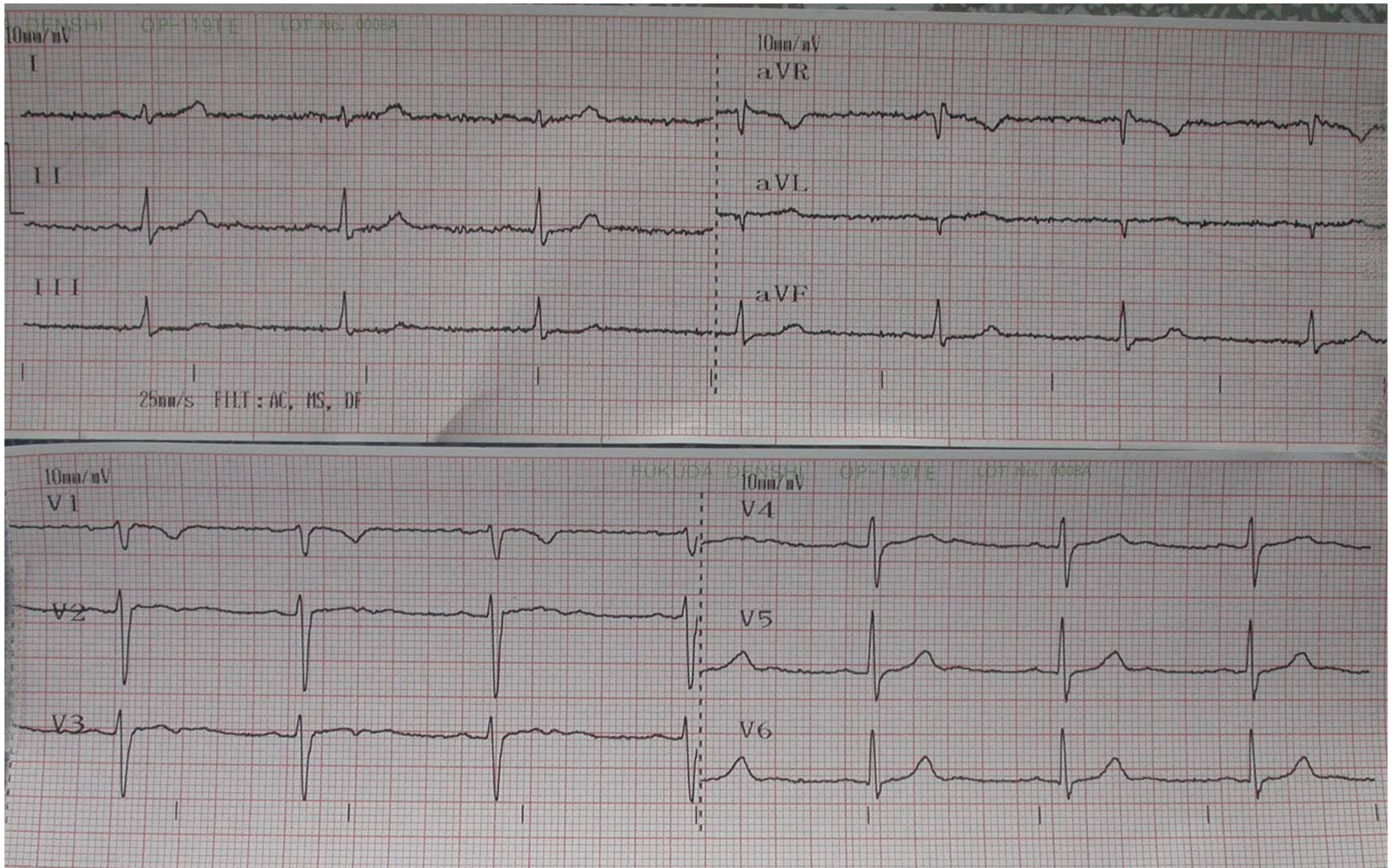
Current Medications:
1. Esomeprazole 20mg 1t po qd
2. KCl 600mg 1/2t po qd

Allergies: NKDA

Review of Systems (ROS): Epigastric pain, burning sensation, burping with sour taste, no black or bloody stool, Regular menstrual period

PE:
Vitals: **BP: 102/64** **P: 55** **R: 20** **T: 37°C** **Wt: 58Kg**

General: Look stable



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

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

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:
EKG attached

Assessment:

1. Bradycardia
2. GERD

Plan:

1. Digoxin 0.25mg 1t po qd for one month
2. ASA 300mg 1/4t po qd for one month
3. Esomeprazole 20mg 1t po qhs for one month
4. Send patient to Kg Thom for CXR
5. GERD prev education
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG and TSH at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: June 10, 2009**

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

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From: Crocker, J.Benjamin,M.D.
Sent: Wednesday, June 10, 2009 10:52 AM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic June 2009, Case#7, Dourng Ponlork, 41F (Rovieng Cheung Village)

WOULD NOT GIVE DIGOXIN TO SOMEONE WHO IS ALREADY BRADYCARDIC! THIS COULD WORSEN HER BRADYCARDIA AND CAUSE HYPOTENSION OR SYNCOPE!!!!

DIGOXIN MAY BE HELPFUL FOR PATIENTS WITH ATRIAL FIBRILLATION RELATED TACHYCARDIA, OR WHO HAVE CHF WITH LEFT VENTRICULAR DYSFUNCTION, BUT THIS DOES NOT SOUND TO BE THE CASE IN THIS PATIENT.

CXR, LABS AND GERD EDUCATION ALL APPROPRIATE. I'M NOT SURE IF ASA WOULD BE BEST AT THIS POINT GIVEN GERD/PUD SYMPTOMS, UNLESS YOU FEEL SHE HAS CORONARY ARTERY DISEASE.

I DON'T HAVE ENOUGH INFORMATION TO REALLY KNOW HOW TO COMMENT ON HER PALPITATIONS AND SYNCOPE AND REPORTED HISTORY OF "HEART DISEASE" -- I DON'T KNOW WHAT KIND OF "HEART DISEASE" SHE HAS. IF SHE HAS NOT HAD AN ECHOCARDIOGRAM AND IF THIS CAN BE DONE, IT MIGHT BE USEFUL.

From: Robib Telemed
Date: Jun 10, 2009 8:11 PM
Subject: Robib TM Clinic June 2009, Case#8, Kim Sam, 84F (Rovieng Tbong Village)
To: "Paul J. M.D. Heinzelmann"; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is the last case for Robib TM clinic June 2009, case number 8, Kim Sam, 84F and photos. Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly.

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

Best regards,
Sovann

History and Physical

Name/Age/Sex/Village: **Kim Sam, 84F (Rovieng Tbong Village)**

Chief Complaint (CC): Right leg edema and pain x 10d

History of Present Illness (HPI): 84F with previous history elevated BP, on/off antihypertensive drugs, presented with symptoms of right foot swelling, warmth, erythema and pressure pain, no trauma, no insect bite and knee pain, she got treatment with IV fluid and injection of antihypertensive drugs due to elevated BP 160/?. Her above symptoms seem not better until now.

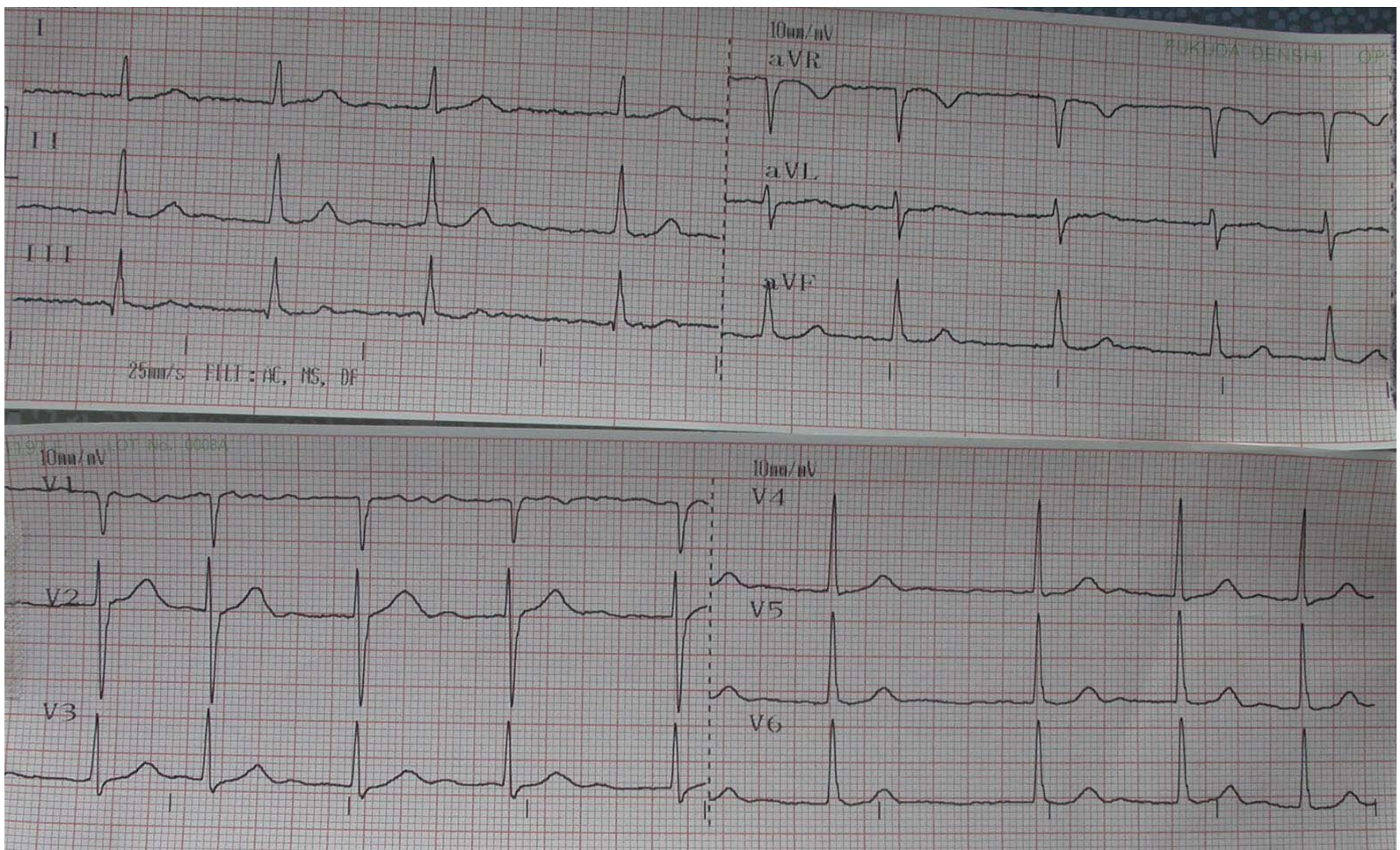
Past Medical History (PMH): Unremarkable

Family History: None

Social History: Chewing tobacco, no alcohol drinking

Current Medications: Antihypertensvie on/off (unknown name)

Allergies: NKDA

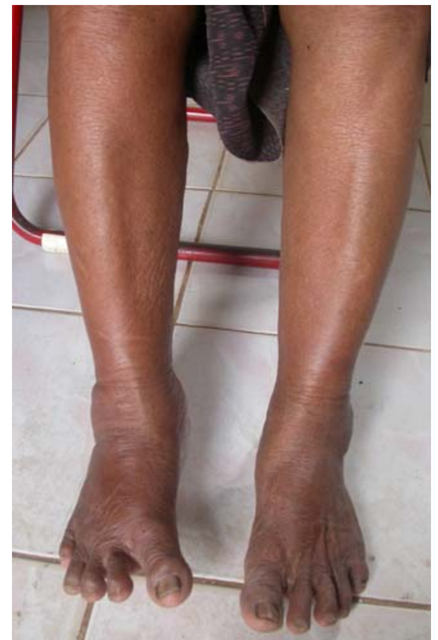


Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP: Lt 154/69, Rt 124/68** **P: 65** **R: 20** **T: 37°C** **Wt: 47Kg**

General: Look stable



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

Chest: CTA bilaterally, no rales, no rhonchi; H RR with skip beat (after two beats), no murmur

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

Extremity/Skin: Non-pitting edema on right leg, tender on palpation of the foot, no stiffness, right dorsalis pedis and posterior tibial not palpable, left leg intact

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

Lab/study:
EKG attached

Assessment:
1. HTN
2. Osteoarthritis?
3. DVT??

Plan:
1. HCTZ 50mg 1/2t po qd for one month
2. ASA 300mg 1/2t po qd for one month
3. Ibuprofen 200mg 2t po bid prn severe pain
4. Paracetamol 500mg 1t po qid prn
5. Eat low salt/fats diet
6. Send patient to Kg Thom for CXR
7. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: June 10, 2009**

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

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From: Cusick, Paul S.,M.D.
Date: Jun 11, 2009 7:38 PM
Subject: Robib TM Clinic June 2009, Case#8, Kim Sam, 84F (Rovieng Tbong Village)
To: "Fiamma, Kathleen M."; robibtelemed@gmail.com
Cc: tmed_rithy@online.com.kh

Thank you for allowing me to consult.

She has painful rt leg swelling. She does not appear to have congestive failure by your history and exam.
She is active and it is unlikely that this is the result of a deep venous thrombosis .

This could be an inflammatory arthritis such as gout. This could be osteoarthritis but usually does not appear w/ warm,swollen painful joints.

Ibuprofen and paracetamol, rest and elevation are good treatments.

Treating her hypertension with HCTZ may exacerbate a gout flare.
It might be a better choice to use a beta blocker such as propanolol or atenolol for her hypertension control or enalapril if available.

Her EKG appears to be sinus arrhythmia without ischmia.

Best of luck,

Paul

From: Robib Telemed
Date: Jun 11, 2009 8:13 PM
Subject: Robib TM clinic June 2009 Cases received
To: Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau

Dear Kathy,

I have received answer of five cases from your side and below are the received cases:

Case#1, Ing Em, 51F
Case#4, Chan Sovin, 42M
Case#6, Kor Khem Nary, 32F
Case#7, Dourng Ponlork, 41F
Case#8, Kim Sam, 84F

Please send me the answer of remaining cases. Thank you very much for the reply to the cases of Robib TM clinic June 2009.

Best regards,
Sovann

Thursday, June 11, 2009

Follow-up Report for Robib TM Clinic

There were 7 new patients and 1 follow up patient seen during this month Robib TM Clinic, and other 40 patients came for medication refills only. The data of all 8 cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE, the following patients were managed and treated as follows:

NOTE: [Please note that some blood works was drawn and done at SHCH at no cost and others including studies such as x-rays, U/S, EKG, etc. were done at Kompong Thom Referral Hospital with patients paying on their own. Robib TM clinic **STILL** pays for transportation, accommodation, and other expenses for the patients visiting the clinic **IF** they are from Thnout Malou Village. For those patients who were seen at SHCH previously and remained stable with medications, the clinic will continue to provide them with appropriate medications from SHCH at no cost for the duration of their illnesses or while supplies lasted. The clinic still provided free medications for all "poor" patients. Some patients may be listed below if they came by for refills of medications.]

Treatment Plan for Robib Telemedicie Clinic June 2009

1. Ing Em, 51F (Taing Treuk Village)
Diagnosis:
`
1. HTN
2. Right side stroke with left side weakness

Treatment:
1. Amlodipine 5mg 1t po qd (#30)
2. ASA 300mg 1/2t po qd (#20)
3. Eat low Na/Fats diet and do regular exercise
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

Lab result on June 12, 2009

Test	Result	Range	Test	Result	Range
WBC	=5.4	[4 - 11x10^9/L]	Na	=141	[135 - 145]
RBC	=6.3	[3.9 - 5.5x10^{12}/L]	K	=4.2	[3.5 - 5.0]
Hb	=15.1	[12.0 - 15.0g/dL]	Cl	=105	[95 - 110]
Ht	=49	[35 - 47%]	BUN	=1.8	[0.8 - 3.9]
MCV	=79	[80 - 100fl]	Creat	=85	[44 - 80]
MCH	=24	[25 - 35pg]	Gluc	=5.4	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	T. Chol	=6.2	[<5.7]
Plt	=143	[150 - 450x10^9/L]	TG	=3.4	[<1.71]
Lym	=1.9	[1.0 - 4.0x10^9/L]			
Mxd	=0.7	[0.1 - 1.0x10^9/L]			
Neut	=2.8	[1.8 - 7.5x10^9/L]			

2. Seng Kim Oeun, 56M (Thnout Malou Village)
Diagnosis:
1. HTN
2. Cardiomegaly

Treatment:
1. Captopril 25mg 1/2t po qd (#20)

2. ASA 300mg 1/4t po qd (#10)
3. Eat low Na+ and fats diet and do regular exercise
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

Lab result on June 12, 2009

WBC	=4.3	[4 - 11x10^9/L]	Na	=141	[135 - 145]
RBC	=5.2	[4.6 - 6.0x10^{12}/L]	K	=4.2	[3.5 - 5.0]
Hb	=11.8	[14.0 - 16.0g/dL]	Cl	=107	[95 - 110]
Ht	=39	[42 - 52%]	BUN	=2.4	[0.8 - 3.9]
MCV	=73	[80 - 100fl]	Creat	=113	[53 - 97]
MCH	=22	[25 - 35pg]	Gluc	=5.4	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	T. Chol	=4.5	[<5.7]
Plt	=239	[150 - 450x10^9/L]	TG	=3.5	[<1.71]
Lym	=1.9	[1.0 - 4.0x10^9/L]			
Mxd	=0.4	[0.1 - 1.0x10^9/L]			
Neut	=2.0	[1.8 - 7.5x10^9/L]			

3. Tith Mann, 29F (Thnout Malou Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 1t po bid (#70)
2. Metformin 500mg 1t po bid (#70)
3. Educate on diabetic diet, foot care and do regular exercise
4. Draw blood for Lyte, BUN, Creat, Gluc, HbA1C at SHCH

Lab result on June 12, 2009

Na	=138	[135 - 145]
K	=4.6	[3.5 - 5.0]
Cl	=100	[95 - 110]
BUN	=1.5	[0.8 - 3.9]
Creat	=83	[44 - 80]
Gluc	=13.6	[4.2 - 6.4]
HbA1C	=11.8	[4 - 6]

4. Chan Sovin, 42M (Taing Treuk Village)
Diagnosis:
1. GERD
2. Hypochromic microcytic Anemia
3. Thrombocytopenia

Treatment: (Patient died on June 11, 2009)
1. Amoxicillin 500mg 2t po bid
2. Clarithromycin 500mg 1t po bid
3. Refer back to Kg Thom hospital for blood transfusion
4. Omeprazole 20mg 1t po bid
5. FeSO4/Folate 200/0.25mg 1t po tid
6. MTV 1t po bid

5. Keum Lourth, 62F (Thnout Malou Village)
Diagnosis:
1. Gum ulcer
2. Carcinoma of the oral cavity??

Treatment:
1. Augmentin 875mg 1t po bid x 10d (#20)
2. Ibuprofen 200mg 2t po bid prn severe pain (#50)

3. Paracetamol 500mg 1t po qid prn pain (#50)
4. Gargle the mouth with warmth salty water

6. Kor Khem Nary, 32F (Trapang Reusey Village)
Diagnosis:
1. Hyperthyroidism
2. Tachycardia

Treatment:
1. Propranolol 40mg 1/4t po bid (#20)
2. Draw blood for TSH and Free T4 at SHCH

Lab result on June 12, 2009

TSH	=0.22	[0.49 - 4.67]
Free T4	=54.72	[9.14 - 23.81]

7. Dourng Ponlork, 41F (Rovieng Cheung Village)
Diagnosis:
1. Bradycardia
2. GERD

Treatment:
1. Omeprazole 20mg 1t po qhs for one month (#30)
2. Send patient to Kg Thom for CXR
3. GERD prev education
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chol, TG at SHCH

Lab result on June 12, 2009

WBC	=8.0	[4 - 11x10^9/L]	Na	=140	[135 - 145]
RBC	=4.6	[3.9 - 5.5x10^{12}/L]	K	=4.2	[3.5 - 5.0]
Hb	=11.5	[12.0 - 15.0g/dL]	Cl	=108	[95 - 110]
Ht	=36	[35 - 47%]	BUN	=2.1	[0.8 - 3.9]
MCV	=79	[80 - 100fl]	Creat	=83	[44 - 80]
MCH	=25	[25 - 35pg]	Gluc	=4.7	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=4.5	[<5.7]
Plt	=279	[150 - 450x10^9/L]	TG	=1.6	[<1.71]
Lym	=2.1	[1.0 - 4.0x10^9/L]			
Mxd	=0.4	[0.1 - 1.0x10^9/L]			
Neut	=5.5	[1.8 - 7.5x10^9/L]			

8. Kim Sam, 84F (Rovieng Tbong Village)
Diagnosis:
1. HTN
2. Osteoarthritis

Treatment:
1. HCTZ 50mg 1/2t po qd for one month (#20)
2. ASA 300mg 1/2t po qd for one month (#20)
3. Ibuprofen 200mg 2t po bid prn severe pain (#30)
4. Paracetamol 500mg 1t po qid prn (#20)
5. Eat low salt/fats diet
6. Send patient to Kg Thom for CXR
7. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

Lab result on June 12, 2009

WBC	=5.7	[4 - 11x10^9/L]	Na	=143	[135 - 145]
RBC	=4.3	[3.9 - 5.5x10^{12}/L]	K	=3.8	[3.5 - 5.0]

Hb	=11.5	[12.0 - 15.0g/dL]	Cl	=105	[95 - 110]
Ht	=38	[35 - 47%]	BUN	=2.1	[0.8 - 3.9]
MCV	=89	[80 - 100fl]	Creat	=80	[44 - 80]
MCH	=27	[25 - 35pg]	Gluc	=5.2	[4.2 - 6.4]
MHCH	=30	[30 - 37%]	T. Chol	=5.0	[<5.7]
Plt	=312	[150 - 450x10^9/L]	TG	=1.7	[<1.71]
Lym	=1.7	[1.0 - 4.0x10^9/L]			
Mxd	=0.2	[0.1 - 1.0x10^9/L]			
Neut	=3.8	[1.8 - 7.5x10^9/L]			

Patients who come for follow up and refill medication

1. Ban Lay, 34F (Koh Pon Village)
Diagnosis:

1. Diffuse goiter
2. Euthyroid goiter

Treatment:

1. Propranolol 40mg 1/2t po bid for two months (#60)
2. Carbimazole 5mg 1/2t po bid for two months (#60)

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

1. DMII

Treatment:

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

3. Chhin Chheut, 13M (Trapang Reusey Village)
Diagnosis:

1. Renal Rickettsia (per AHC in Siem Reap)
2. Cachexia
3. Nephrotic Syndrome

Treatment:

1. Ca/Vit D_3 500/400 1t po bidd
2. Draw blood for Creat, Ca^{2+} and Mg^{2+} at SHCH

Lab result on June 12, 2009

Creat	=465	[53 - 97]
Ca^{2+}	=1.11	[1.12 – 1.32]
Mg^{2+}	=1.6	[0.8 – 1.0]

4. Chourb Kimsan, 56M (Rovieng Tbong Village)
Diagnosis:

1. HTN
2. Right Side stroke with left side weakness
3. DMII

Treatment:

1. Atenolol 50mg 1/2t po bid for three months (#90)
2. Captopril 25mg 1t po bid for three months (#180)
3. ASA 300mg 1/4t po qd for three months (#24)
4. Metformin 500mg 2t po qhs for three months (#180)

5. Glibenclamide 5mg 1t po qd for three months (#90)

5. Chum Ly Voeung, 34F (Dam Nak Chen Village)
Diagnosis:
1. Anemia

Treatment:
1. FeSO4/Folate 200/0.25mg 1t bid for three months (#180)
2. MTV 1t po qd for three months (#90)

6. Em Thavy, 36F (Thnal Keng Village)
Diagnosis:
1. Diffuse Goiter
2. Euthyroid

Treatment:
1. Carbimazole 5mg 1/2t po bid for two months (#60)
2. Propranolol 40mg 1/4t po bid for two months (#30)

7. Heng Pheary, 30F (Thkeng Village)
Diagnosis:
1. Asthma

Treatment:
1. Salbutamol Inhaler 2puffs po bid prn severe SOB for three months (# 2)

8. Huy Yim, 55F (Backdoang Village)
Diagnosis:
1. Frozen shoulder
2. Dyspepsia
3. HTN

Treatment:
1. HCTZ 50mg 1/2t po qd for one month (#20)
2. Famotidine 20mg 1t po qhs for one month (#40)
3. Eat low salt/Fats diet and do regular exercise

9. Kaov Soeur, 63F (Sangke Roang Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 50mg 1/2t po qd for one month (#20)

10. Khoem Sokunthea, 40F (Rovieng Tbong Village)
Diagnosis:
1. Hypothyroidism

Treatment:
1. L-thyroxin 100mcg 1/2t po qd for one month (#15)
2. Draw blood for TSH, Free T4 and Free T3 at SHCH

Lab result on June 12, 2009

TSH	=<0.02	[0.49 - 4.67]
Free T4	=28.09	[9.14 - 23.81]
Free T3	=4.09	[1.45 – 3.48]

11. Keth Chourn, 55M (Chhnourn Village)
Diagnosis:

1. HTN

Treatment:

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

12. Kiv Visim, 53F (Phnom Dek Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po qhs for two months (#60)
2. Captopril 25mg 1/4t po qd for two months (#15)
3. ASA 300mg 1/4t po qd for two months (#15)

13. Kong Hin, 68F (Ton Laep Village)

Diagnosis:

1. HTN

Treatment:

1. Amlodipine 5mg 1t po qd for three months (#90)
2. Eat low salt/fat diet and regular exercise

14. Kul Keung, 61F (Taing Treuk Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. HCTZ 12.5mg 2t po qd for two months (# 120)
2. ASA 300mg ¼ t po qd for two months (# 15)
3. Captopril 25mg ¼ t po qd for two months (# 15)
4. Glibenclamide 5mg 1t po bid for two months (# 120)
5. Metformin 500mg 1t po qd for two months (#60)

15. Leng Hak, 70M (Thnout Malou Village)

Diagnosis:

1. HTN
2. Stroke
3. Muscle Tension
4. CHF??

Treatment:

1. Amlodipine 5mg 1t po qd for two months (# 60)
2. Atenolol 50mg 1t po q12h for two months (# 120)
3. HCTZ 12.5mg 2t po qd for two months (# 120)
4. ASA 300mg 1/4t po qd for two months (# 15)
5. MTV 1t po qd for two months (# 60)
6. Paracetamol 500mg 1t po qid prn for two months (# 60)

16. Lok Kim Sin, 55F (Thnout Malou Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for two months (#120)
2. Captopril 25mg 1/4t po qd for two months (#15)
3. ASA 300mg 1/4t po qd for two months (#15)

17. Meas Ream, 74F (Taing Treuk Village)

Diagnosis:

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

Treatment:
1. HCTZ 12.5mg 2t po qd for three months (# 180)
2. ASA 300mg 1/4t po qd for three months (# 24)
3. MTV 1t po qd for three months (# 90)

18. Neth Ratt, 37M (Otalauk Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 2t po bid for one month (#120)
3. MTV 1t po qd for one month (# 30)
4. FeSO4/Folate 200/0.25mg 1t po qd for one month (# 30)

19. Nhem Sok Lim, 59F (Thnout Malou Village)
Diagnosis:
1. DMII

Treatment:
1. Gliburide/Metformin 2.5mg/500mg 2t po bid for two months (#240)
2. Captopril 25mg 1/2t po bid for two months (#60)

20. Nung Bopha, 45F (Rovieng Cheung Village)
Diagnosis:
1. DMII

Treatment:
1. Gliburide/Metformin 2.5mg/500mg 2t po bid for two months (#240)
2. Captopril 25mg 1/4t po bid for two months (#30)
3. ASA 300mg 1/4t po qd for two months (#15)

21. Phim Sichin, 35F (Taing Treuk Village)
Diagnosis:
1. DMII
2. LVH
3. Cardiomegaly
4. TR/MS
5. Thalassemia
6. Cachexia

Treatment:
1. Glibenclamide 5mg 2t po bid for one month (#120)
2. Metformin 500mg 3t qAM, 2t po qPM for one month (#150)
3. Captopril 25mg 1/4t po bid for one month (#15)
4. MTV 1t po bid for one month (#60)
5. Draw blood for Gluc and HbA1C at SHCH

Lab result on June 12, 2009

Gluc	=15.7	[4.2 - 6.4]
HbA1C	=7.8	[4 – 6]

22. Pou Limthang, 42F (Thnout Malou Village)
Diagnosis:
1. Euthyroid Goiter

Treatment:

1. Carbimazole 5mg 1/2t po tid for one month (#45)
2. Draw blood for Free T4 at SHCH

Lab result on June 12, 2009

Free T4=20.88 [9.14 - 23.81]

23. Prum Moeun, 56M (Bakdoang Village)

Diagnosis:

1. HTN
2. PVC

Treatment:

1. Atenolol 50mg 1/2t po bid for three months (# 90)
2. ASA 300mg 1/4t po qd for three months (# 24)

24. Ros Oeun, 50F (Thnout Malou Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 11/2t po bid for one month (# 90)
2. Metformin 500mg 2t po bid for one month (# 120)
3. Captopril 25mg 1/2t po bid for one month (# 30)
4. ASA 300mg 1/4t po qd for one month (# 8)
5. Draw blood for Gluc and HbA1C at SHCH

Lab result on June 12, 2009

Gluc =10.9 [4.2 - 6.4]
HbA1C =7.4 [4 – 6]

25. Ros Yeth, 55M (Thnout Malou Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po qhs for one month (# 60)
2. Glibenclamdie 5mg 1t po bid for one month (# 60)
3. Captopril 25mg 1/4t po qd for one month (# 8)

26. Sam Thourng, 29F (Thnal Keng Village)

Diagnosis:

1. Cardiomegaly by CXR
2. MR
3. Right kidney stone by ultrasound

Treatment:

1. Atenolol 50mg 1t po qd for one month (#30)
2. ASA 300mg 1/4t po qd for one month (#8)

27. Sam Yom, 60F (Chhnourn Village)

Diagnosis:

1. HTN

Treatment:

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

28. So Putheara, 13M (Thnal Keng Village)
Diagnosis:
1. Nephrotic syndrome

Treatment:
1. Prednisolone 5mg 1t po qd for one month (#30)

29. So Sok San, 24F (Thnal Keng Village)
Diagnosis:
1. Nephrotic Syndrome
2. Pregnancy

Treatment:
1. Captopril 25mg 1/4t po bid for one month (#15)
2. MTV 1t po qd for one month (#30)
3. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (#30)

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

Treatment:
1. Gliburide/Metformin 2.5mg/500mg 2t po bid for one month (#120)
2. Captopril 25mg 1/4t po qd for one month (#8)
3. ASA 300mg ¼t po qd for one month (# 8)
4. Amitriptyline 25mg 1t po qhs for one month (#30)
5. MTV 1t po qd for one month (#30)

31. Srey Hom, 62F (Taing Treuk Village)
Diagnosis:
1. HTN
2. DMII with PNP
3. Renal Failure

Treatment:
1. Glibenclamide 5mg 11/2t po bid for two months (# 180)
2. Nifedipine 20mg 1t po qd for two months (# 60)
3. ASA 300mg 1/4t po qd for two months (# 15)
4. Amitriptylin 25mg 1/2t po qhs for two months (# 30)
5. FeSO4/Folic Acid 200/0.25mg 1t po qd for two months (#60)
6. MTV 1t po qd for two months (#60)

32. Svay Tevy, 42F (Thnout Malou Village)
Diagnosis:
1. MDII

Treatment:
1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 2t po bid for one month (# 120)
3. Captopril 25mg 1/4t po qd for one month (# 15)
4. ASA 300mg 1/4t po qd for one month (# 15)

33. Tann Sopha Nary, 22F (Thnout Malou Village)
Diagnosis
1. Euthyroid Goiter

Treatment
1. Carbimazole 5mg 1/2t po tid for one month (# 45)
2. Draw blood for Free T4 at SHCH

Lab result on June 12, 2009

Free T4=9.34 [9.14 - 23.81]

34. Teav Vandy, 63F (Rovieng Cheung Village)
Diagnosis:
1. HTN

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

35. Thon Mai, 78M (Boeung Village)
Diagnosis:
1. DMII

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. Draw blood for Gluc and HbA1C at SHCH

Lab result on June 12, 2009

Gluc =8.9 [4.2 - 6.4]
HbA1C =7.4 [4 – 6]

36. Tith Hun, 56F (Ta Tong Village)
Diagnosis:
1. HTN
2. Dyspepsia

Treatment:
1. Captopril 25mg 1t po bid for two months (# 120)
2. Atenolol 50mg 1/2t po bid for two months (# 60)

37. Un Chhourn, 40M (Taing Treuk Village)
Diagnosis:
1. DMII

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

Lab result on June 12, 2009

Gluc =6.1 [4.2 - 6.4]
HbA1C =6.9 [4 – 6]

38. Un Chhorn, 45M (Taing Treuk Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 1t po qd for one month (# 30)
2. Draw blood for Gluc and HbA1C at SHCH

Lab result on June 12, 2009

Gluc =7.6 [4.2 - 6.4]
HbA1C =7.4 [4 – 6]

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

Treatment:
1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Metformine 500mg 1t po bid for two months (#120)

40. Vong Yan, 72F (Boeung Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 50mg 1t po qd for one month (#30)

The next Robib TM Clinic will be held on July 06-10, 2009