Robib *Telemedicine* Clinic

Preah Vihear Province

J U N E 2 0 1 2

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

On Monday, June 4, 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), June 5 & 6, 2012, the Robib TM Clinic opened to receive the patients for evaluations. There were 10 new cases seen during this month, and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh on Wednesday and Thursday, June 6 & 7, 2012.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston, and SHCH, Nurse Sovann managed and treated the patients accordingly. There were also patients who came for refills of medications. Finally, the data of the patient concerning final diagnosis and treatment/management would then be transcribed and transmitted to Nurse Sovann Peng at SHCH who compiled and sent for website publishing.

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

From: Robibtelemed
To: Cornelia Haener ; Rithy Chau ; Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach ; Savoeun Chhun ; Robib School 1
Sent: Friday, May 25, 2012 12:54 PM
Subject: Schedule for Robib Telemedicine Clinic June 2012

Dear all,

I would like to inform you that Robib TM Clinic for June 2012 will be starting on June 4 to 8, 2012.

The agenda for the trip is as following:

1. On Monday June 4, 2012, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday June 5, 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 partners in Boston and Phnom Penh.
3. On Wednesday June 6, 2012, the activity is the same as on Tuesday
4. On Thursday June 7, 2012, download all the answers replied from both partners then treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday June 8, 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, June 05, 2012 4:34 PM
Subject: Robib TM Clinic June 2012, Case#1, Seng Yom, 45F

Dear all,

There are five new cases for first day of Robib TM clinic June 2012. This is case number 1, Seng Yom, 45F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

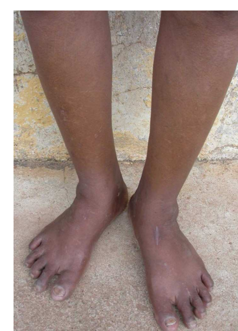
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Seng Yom, 45F (Damnak Chen Village)**

Chief Complaint (CC): Dyspnea x 2 months

History of Present Illness (HPI): 45F, farmer, presented with symptoms of progressive dyspnea (carry heavy thing, or long distance walk). About 20 days later, without treatment, she developed legs edema, increased dyspnea even do daily home work (cooking or cloth washing), white productive cough, orthopnea (better if lie with left lateral decubitus). She went to provincial hospital, treated with five kinds of medicine bid and advised to seek further evaluation at Phnom Penh but she is not afforded to go. She became a bit better with less edema, and less dyspnea. She has run out of medicine for 2 days. She reported of throat infection in December 2011.



Past Medical History (PMH): Unremarkable

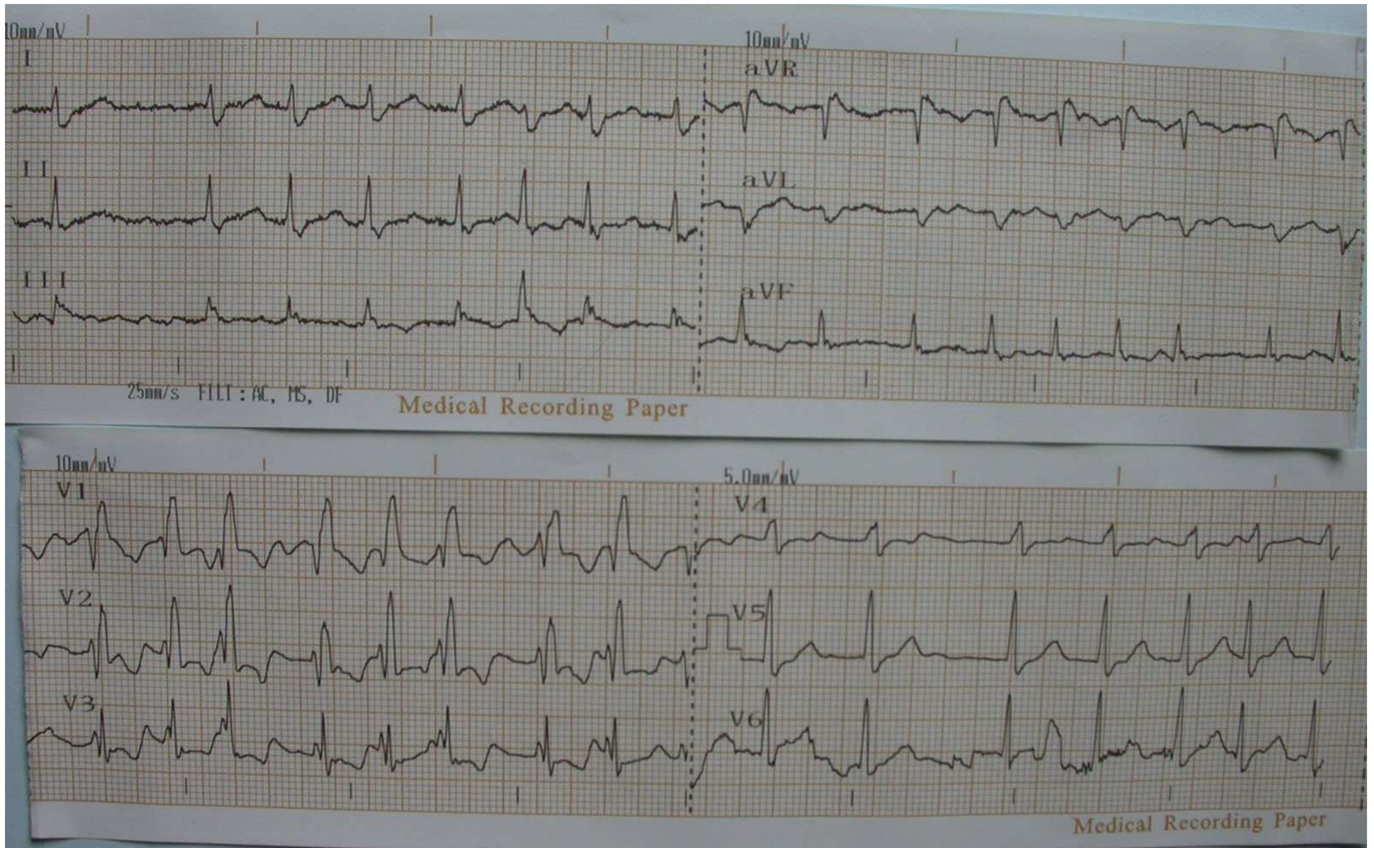
Family History: Aunt with heart disease

Social History: 4 children, no cig smoking, no EtOH

Current Medications: Five kinds of medicine bid (run out for 2d); injective for birth spacing

Allergies: NKDA

Review of Systems (ROS): Unremarkable



PE:

Vitals: BP: 99/76 P: 108 R: 20 T: 36.5°C Wt: 39Kg

General: Sick

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

Chest: CTA bilaterally, no rales, no rhonchi; H tachycardia with irregular rhythm, no murmur, positive thrill and apical impulse dislocated to anterior axillary line

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

Extremity/Skin: 1+ pitting edema on both legs, (+) dorsalis pedis and posterior tibial pulse, no foot wound

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

Lab/study:

EKG: attached

Assessment:

1. CHF?
2. Ischemia (Q wave in V1, V2, V3)

Plan:

1. Captopril 25mg 1/4t po bid
2. Furosemide 40mg 1/2t bid
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH
4. Refer patient for 2D echo of the heart and further evaluation 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 5, 2012**

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Wednesday, June 06, 2012 9:29 AM
Subject: RE: Robib TM Clinic June 2012, Case#1, Seng Yom, 45F

Dear Sovann,

Thanks for the cases this month.

For this patient, her ECG showed A-fib with irreg rate and irreg rhythm. You can send her to do CXR (and if enlarged then can send for 2D cardiac echo in PP) and abd U/S in K Thom. She may have VHD, Cardiomyopathy, and/or CHF. Please do a U/A and check her glucose level (finger stick) as well. You need to start her on low dose Digoxin 0.25mg ½ po qd for now, Furosemide 40mg 1 po bid for 1-2 weeks and ASA daily. She looks malnourished—you can give her some vit and/or iron supplement and Xango if no proteinuria or glucosuria. Hold off with the ACE-I. No traditional meds or other previous meds.

Let me know the results of the above.

Rithy

From: Robibtelemed
To: chaurithy
Cc: 'Kruy Lim'
Sent: Thursday, June 07, 2012 10:34 AM
Subject: Re: Robib TM Clinic June 2012, Case#1, Seng Yom, 45F

Dear Rithy,

Her U/A is normal and O2sat 96 - 98%. I will give her Xango and FeSO4 and ask her to have CXR done at Kg Thom. I think her abdominal U/S has been done at Preah Vihear but result is not given to her (only result saying about Cardiomegaly is given to her), I will ask if the doctor put probe on her abdomen and if not yet, I will ask her to do.

Best regards,
Sovann

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, June 07, 2012 10:44 AM
Subject: RE: Robib TM Clinic June 2012, Case#1, Seng Yom, 45F

Ok thanks.
Rithy

From: Guiney, Timothy E.,M.D.
To: 'rithychau@sihosp.org'
Cc: 'robibtelemed@gmail.com'
Sent: Thursday, June 07, 2012 4:44 AM

This patient has atrial fibrillation, Right bundle branch block and R&L heart failure.

The palpable thrill and murmur could be mitral insufficiency,aortic stenosis or even a ventricular septal defect.

The next step is an echocardiogram.

Timothy Guiney, M.D.

From: Robibtelemed
To: Kruy Lim ; Kathy Fiamma ; Joseph Kvedar ; Paul Heinzelmann ; Rithy Chau
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, June 05, 2012 7:30 PM
Subject: Robib TM Clinic June 2012, Case#2, Joy Yun,45F

Dear all,

This is case number 2, Joy Yun, 45F 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: **Joy Yun, 45F (Thnal Koang Village)**

Chief Complaint (CC): Fatigue x 6 months

History of Present Illness (HPI): 45F, farmer, presented with symptoms of fatigue, polyphagia, polydypsia, polyuria and got blood sugar checked from local health care worker with result 286mg/dl and got treatment with traditional medicine. 15d later, she had blood sugar check again with result 285mg/dl. She didn’t seek medical treatment. She still presented with above symptoms and 9kg weight loss but denied of dysuria, hematuria, numbness/tingling and blurred vision.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: 6 children, chewing tobacco, no cig smoking, casual alcohol drinking

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 128/98 P: 100 R: 20 T: 37°C Wt: 51Kg

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, no foot wound

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

Lab/study:

FBS: 157mg/dl
U/A: glucose 2+, protein 2+, no leukocyte, no ketone

Assessment:

1. DMII

Plan:

1. Draw blood for CBC, 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 5, 2012**

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Wednesday, June 06, 2012 9:37 AM
Subject: RE: Robib TM Clinic June 2012, Case#2, Joy Yun,45F

Dear Sovann,

For Joy Yun, you can go ahead and start her on Metformin single dose qd, Captopril 25mg ½ qd, ASA ¼ qd and add electrolyte, chol, and TG. Her diastolic BP is elevated—can recheck and monitor this. With DM II, it would be more ideal to have her BP more control with (125-130)/(75-80).

Rithy

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Wednesday, June 06, 2012 9:39 AM
Subject: RE: Robib TM Clinic June 2012, Case#2, Joy Yun,45F

Sovann,

One more thing, tell her to stop all other medicine took previously including traditional and give her proper DM educ and foot care.

Rithy

From: Cusick, Paul S.,M.D.
To: Fiamma, Kathleen M. ; 'robibtelemed@gmail.com'
Cc: 'rithychau@sihosp.org'
Sent: Friday, June 08, 2012 5:38 AM
Subject: RE: Robib TM Clinic June 2012, Case#2, Joy Yun, 45F

Thank you for allowing me to consult on your patient

She clearly has the symptoms of hyperglycemia and her blood sugar and urine sugar are elevated confirming the diagnosis of diabetes.
The absence of ketones in her urine suggest that this is adult onset or type 2 diabetes.
She will need treatment with diet and exercise for diabetes and hypetension with elevated diastolic blood pressure

When her lab tests return, you should recheck her blood pressure and then consider an oral diabetes medication.
She also may benefit from an ACE inhibitor for renal protection.

Thanks for allowing me to help out.

Good luck
Paul Cusick MD

From: Robibtelemed
To: Cornelia Haener ; Kathy Fiamma ; Joseph Kvedar ; Paul Heinzelmann ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, June 05, 2012 7:31 PM
Subject: Robib TM Clinic June 2012, Keo Sophorn, 23F

Dear all,

This is case number 3, Keo Sophorn, 23F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

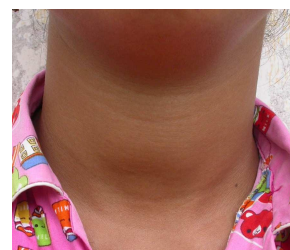
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Keo Sophorn, 23F (Taing Treuk Village)

Chief Complaint (CC): Neck mass for 9 months

History of Present Illness (HPI): 23F, housewife, after 3months of delivery, she noticed of diffuse enlargement of anterior neck and symptoms of tremor, heat intolerance, palpitation, insomnia and 2kg weight loss. She didn't get any treatment or consultation yet. She denied of dysphagia, tender, bowel movement change.

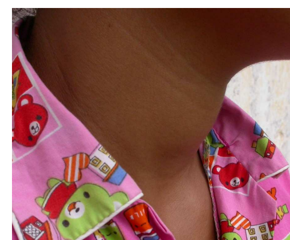


Past Medical History (PMH): Unremarkable

Family History: None

Social History: One child, no cig smoking, no EtOH

Current Medications: Oral contraceptive 1t qd



Allergies: NKDA

Review of Systems (ROS): Regular mense

PE:

Vitals: BP: 95/63 P: 81 R: 20 T: 37°C Wt: 48Kg

General: Stable

HEENT: Diffuse mass about 2x3cm on anterior neck, soft, smooth, no tender, no bruit, mobile on swallowing; No oropharyngeal lesion, pink conjunctiva

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. Hyperthyroidism?

Plan:

1. Draw blood for CBC, 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 5, 2012**

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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From: chaurithy
To: 'Robibtelemed'
Cc: 'Cornelia Haener' ; 'Kruy Lim'
Sent: Wednesday, June 06, 2012 9:43 AM
Subject: RE: Robib TM Clinic June 2012, Keo Sophorn, 23F

Agree with your assessment. Send her for neck U/S at K Thom.

Rithy

From: Cornelia Haener
To: 'Robibtelemed' ; 'Kathy Fiamma' ; 'Joseph Kvedar' ; 'Paul Heinzelmann' ; 'Rithy Chau' ; 'Kruy Lim'
Cc: 'Bernie Krisher' ; 'Thero So Nourn' ; 'Laurie & Ed Bachrach'
Sent: Wednesday, June 06, 2012 10:39 AM
Subject: RE: Robib TM Clinic June 2012, Keo Sophorn, 23F

Dear Sovann,
Thanks for submitting this case.
I agree with your plan.
Cornelia

From: Barbesino, Giuseppe,M.D.
To: Fiamma, Kathleen M. ; 'rithychau@sihosp.org' ; 'ROBIB'
Sent: Thursday, June 07, 2012 1:42 AM
Subject: FW: Robib TM Clinic June 2012, Keo Sophorn, 23F

This presentation is compatible with either Graves' disease (which would be treated with methimazole/carbimazole and/or atenolol) or MORE LIKELY post-partum thyroiditis, which would be treated with beta blockers alone as it would remit spontaneously and evenn result in hypothyroidism in the end. Ideally a thyroid scan (if not breastfeeding) would dolve the problem. If not available, then one could treat with beta-blockers and see whether resolution/improvement occurs in 3-4 weeks. TSH recpetor antibody test would also be a useful blood tes: if positive, they would strongly suggest Graves' disease.

Giuseppe Barbesino, M.D.

From: Robibtelemed
To: Cornelia Haener ; Joseph Kvedar ; Paul Heinzelmann ; Rithy Chau ; Kruy Lim ; Kathy Fiamma
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, June 05, 2012 7:33 PM
Subject: Robib TM Clinic June 2012, Case#4, San Kim Hor, 50F

Dear all,

This is case number 4, San Kim Hor, 50F and photos.

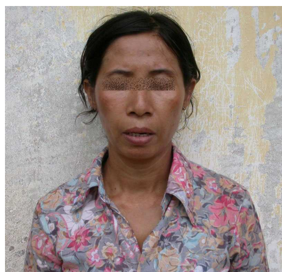
Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

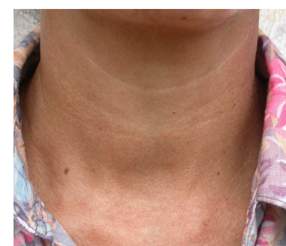
History and Physical



Name/Age/Sex/Village: **San Kim Hor, 50F (Thnout Malou Village)**

Chief Complaint (CC): Feel something stuck in her throat x 2 months

History of Present Illness (HPI): 50F, seller presented with previous history of insomnia and palpitation which frequently occurred in the next day after insomnia. The palpitation did not occur if she had well sleep. She denied of feeling afraid of anything, domestic violence or other environmental factors causing her insomnia. She went to consult with doctor at province and was treated with 1t of medicine (yellow color, unknown name) taking qhs and told it is the kind of psychiatric drug and help her with sleeping. About 1 month later, she felt something stuck in her throat and her neighbor told she looked like there is a small lump on lateral of anterior neck and it might the cause of something-stuck feeling in the throat. She denied of tremor, heat intolerance, skin change, hairs loss, bowel change.

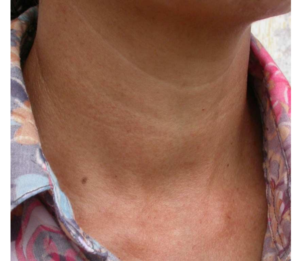


Past Medical History (PMH): Unremarkable

Family History: No family member with goiter

Social History: Divorced in 1990 with one child, no cig smoking, no EtOH

Current Medications: 1t po qhs (medicine to help her sleep)



Allergies: NKDA

Review of Systems (ROS): regular mense

PE:

Vitals: BP: 132/96 P: 93 R: 20 T: 37°C Wt: 50Kg

General: Stable

HEENT: Small mass about 1x1cm on right thyroid lobe, soft, smooth, no tender, no bruit, mobile on swallowing; 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, no abdominal bruit

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: None

Assessment:

1. Thyroid cyst?

Plan:

1. Draw blood for CBC, TSH and Free T4 at SHCH
2. Send patient to Kg Thom for Neck mass ultrasound

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

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

Examined by: Nurse Sovann Peng **Date: June 5, 2012**

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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From: chaurithy
To: 'Robibtelemed'
Cc: 'Cornelia Haener' ; 'Kruy Lim'
Sent: Wednesday, June 06, 2012 9:47 AM
Subject: RE: Robib TM Clinic June 2012, Case#4, San Kim Hor, 50F

Send her to do neck U/S first. No need for drawing blood at this time. Tell her to have some exercise about 3x/day, eat balance diet and on time, and drink 2-3L H2O/day will help her to sleep better instead of relying on the medicine.

Rithy

From: Cornelia Haener
To: 'Robibtelemed' ; 'Joseph Kvedar' ; 'Paul Heinzelmann' ; 'Rithy Chau' ; 'Kruy Lim' ; 'Kathy Fiamma'
Cc: 'Bernie Krisher' ; 'Thero So Nourn' ; 'Laurie & Ed Bachrach'
Sent: Wednesday, June 06, 2012 10:38 AM
Subject: RE: Robib TM Clinic June 2012, Case#4, San Kim Hor, 50F

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

Kind regards
Cornelia

From: Barbesino, Giuseppe,M.D.
To: Fiamma, Kathleen M.
Cc: robibtelemed@yahoo.com ; rithychau@sihosp.org ; ROBIB
Sent: Thursday, June 07, 2012 1:36 AM
Subject: RE: Robib TM Clinic June 2012, Case#4, San Kim Hor, 50F

It definitely sounds like a thyroid nodule, potentially overactive (hot nodule). Agree with the plan as outlined

Giuseppe Barbesino, M.D.

From: Robibtelemed
To: Paul Heinzelmann ; Joseph Kvedar ; Kathy Fiamma ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, June 05, 2012 7:55 PM
Subject: Robib TM Clinic June 2012, Case#5, Prum Koeun, 39M

Dear all,

This is the last case for first day of Robib TM Clinic June 2012, case number 5, Prum Koeun, 39M and photos.

Please wait for other cases which will be sent to you to morrow. Thank you very much for your cooperation and support in this project.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

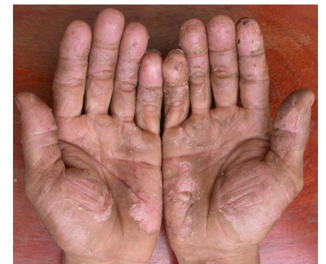
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

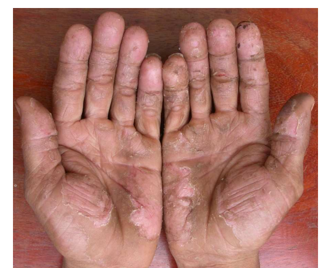
Name/Age/Sex/Village: Prum Koeun, 39M (Samrith Village)

Chief Complaint (CC): Skin rash on the palms x 6 months

History of Present Illness (HPI): 39M, farmer, presented with symptoms of erythema, swelling, warmth and burning pain on both hand, three days later, he went to consult at provincial hospital and was treated with 3 kinds of medicine (unknown name) bid for 5d then the above symptoms gone. About 15d later, a small vesicle developed on the palm with itchy, the vesicle burst out in 1-2w then the skin peel out about 1-2cm diameter. The vesicle developed on other area on the palm, which has thick skin (after peeling, the inner skin growth to outer skin then the vesicle developed). The severe attack occurred with almost all of palm skin peel out and severe burning pain, that his palm cannot touch anything. He was seen in May 2012 while we had home visit, and was treated with Fluocinonide and advised to come in June for further check up, he said it got better with Fluocinonide. He denied of pus formation, chemical contact and lesion in other location (body, lower extremity, groin, head,...).



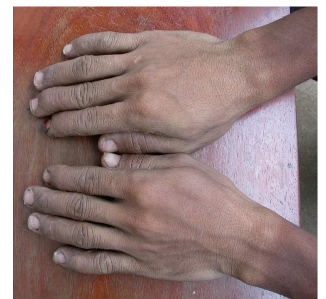
Past Medical History (PMH): Unremarkable



Family History: No family member with skin lesion

Social History: Smoking 6cig/d, stopped for 6month, casual EtOH, married with 4 children, no other sex partner

Current Medications: Fluocinonide 1% apply bid



Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 115/59 P: 74 R: 20 T: 36.5°C Wt: 49Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, 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, no surgical scar

Skin: Both hands, desquamation, cracking and fissuring (see photos), spare on the other locations of body

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

Lab/study: None

Assessment:

1. Dermatitis?
2. Eczema (Dyshidrotic)?

Plan:

1. Fluocinonide cream 1% apply bid until the lesion gone
2. Cetirizine 10mg 1t po qhs prn itchy

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

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

Examined by: Nurse Sovann Peng **Date: June 5, 2012**

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Wednesday, June 06, 2012 10:24 AM
Subject: RE: Robib TM Clinic June 2012, Case#5, Prum Koeun, 39M

Dear Sovann,

I agree with assessment of dishydrotic eczema. If he used steroid cream for 2wks-1mo already, then you can just have him use hand lotion and calamine lotion 4-6x/day instead. He should avoid contact with harsh chemical (toilet cleaner, bleach soap, etc.), fertilizer of all kind, long contact with water, etc. He can wear gloves to keep moisture in and avoid itching. Can give him some stronger antihistamine like Chlorphenramine or Diphenhydramine for night-time use. Also, tell him not to lance (or stick pin/needle in or burn) the "vesicles", but if new ones come out, he can show to you during your visit.

Rithy

From: "Tran, Thanh-Nga T.,M.D.,Ph.D."
<TTRAN2@PARTNERS.ORG<mailto:TTRAN2@PARTNERS.ORG>>
Date: June 6, 2012 2:32:09 PM EDT
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG<mailto:KFIAMMA@PARTNERS.ORG>>
Subject: RE: Robib TM Clinic June 2012, Case#5, Prum Koeun, 39M

Dear Sovann

From the story, it seems like he has dyshidrotic eczema w ?drug vs contact allergy. I would treat this with clobetasol ointment and Vaseline w occlusion (ie with vinyl or nitrile gloves if available). The fissures can be treated w superglue to help pull the skin together. Fluocinonide is fine but probably not strong enough.

Thanks much!

Thanh-Nga T. Tran, MD PhD
Department of Dermatology
Massachusetts General Hospital
50 Staniford Avenue, Suite 200
Boston, MA 02114

From: Robibtelemed
To: Rithy Chau ; Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, June 06, 2012 4:40 PM
Subject: Robib TM Clinic June 2012, Case#6, Chum Chandy, 54F
Dear all,

There are five new cases for second day of Robib TM Clinic June 2012. This is case number 6, continued from yesterday, Chum Chandy, 54F 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: **Chum Chandy, 54F (Ta Tong Village)**

Chief Complaint (CC): Polyuria x 1month

History of Present Illness (HPI): 54F, farmer, presented with symptoms of polyuria, polyphagia, polydypsia and fatigue, and denied of cough, SOB, palpitation, chest pain, syncope, diaphoresis, nausea, vomiting, abdominal discomfort, hematuria, dysuria, numbness/tingling. She got treatment with traditional medicine locally and never sought medical consultation.

Past Medical History (PMH): Unremarkable

Family History: Mother with HTN, DMII

Social History: 9 children, no cig smoking, no tobacco chewing, no EtOH

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): 1y post menopause

PE:

Vitals: BP: 129/80 P: 69 R: 20 T: 37°C Wt: 47Kg

General: Stable

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

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

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

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

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

Lab/study:

June 5, 2012, RBS: 284mg/dl U/A: glucose 2+, no protein, no leukocyte
June 6, 2012, FBS: 145mg/dl

Assessment:

1. DMII

Plan:

1. Glibenclamide 5mg 1t qd
2. Draw blood for CBC, Glucose, Creat, HbA1C at SHCH
3. Educate on diabetic diet, and foot care

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 6, 2012**

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, June 07, 2012 9:51 AM
Subject: RE: Robib TM Clinic June 2012, Case#6, Chum Chandy, 54F

Dear Sovann,

Thanks for the second set of cases.

For this patient, start her off with Metformin 850mg 1 po qd instead and she needs to stop the traditional medicine. Recheck her status next month after blood works. If she complained of numbness and tingling sensation of extremities, then can start her with low dose Amitriptyline 25mg ¼ po qhs. Agree with the rest.

Rithy

From: "Fang, Leslie S.,M.D." <LFANG@PARTNERS.ORG<mailto:LFANG@PARTNERS.ORG>>
Date: June 6, 2012 5:40:00 PM EDT
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG<mailto:KFIAMMA@PARTNERS.ORG>>
Subject: RE: Robib TM Clinic June 2012, Case#6, Chum Chandy, 54F

Agree with diagnosis of diabetes mellitus.
Original presentation with symptoms suggestive of urinary tract infection but the current urinalysis does not show any evidence of infection

Leslie Fang, MD

From: Robibtelemed
To: Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, June 06, 2012 4:41 PM
Subject: Robib TM Clinic June 2012, Case#7, Keo Kun, 53M

Dear all,

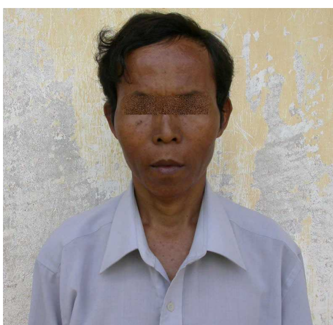
This is case number 7, Keo Kun, 53M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

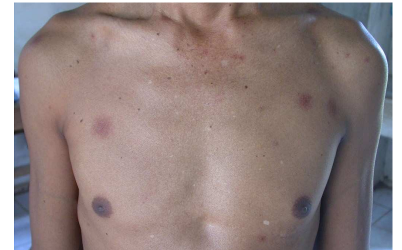


History and Physical

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

Chief Complaint (CC): Fatigue x 15d

History of Present Illness (HPI): 53M, farmer, presented with symptoms of epigastric burning pain with abdominal distension and bloating, which frequently occur after eating and causing of poor appetite, fatigue. He also noticed the spider angioma appeared on his chest. The symptoms became worse with mild face and legs swelling, so on June 4, 2012, he went to see the doctor at private clinic at Kg Thom province and told he had HBsAg positive and treated with Spironolactone 25mg 1t qd, Furosemide 40mg 1/2t qd, MTV 1t qd, and Adefovir 10mg 1t qd. He became less swelling but still poor appetite and fatigue and denied of fever, cough, hematemesis, gum bleeding, epistaxis, nausea, vomiting, hemorrhoid, stool with blood or mucus.



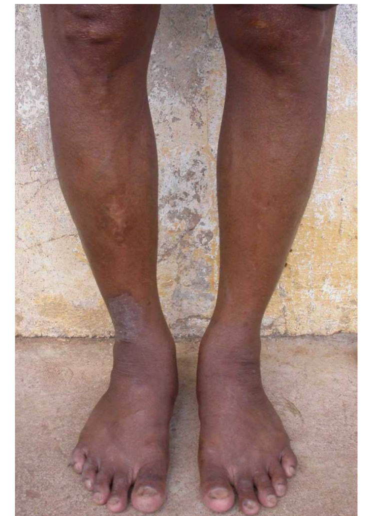
Past Medical History (PMH): Malaria in 1979

Family History: None

Social History: 7 children, casually alcohol drinking, no cig smoking

Current Medications:

1. Spironolactone 25mg 1t qd
2. Furosemide 40mg 1/2t qd
3. MTV 1t qd
4. Adefovir 10mg 1t qd



Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 100/68 P: 90 R: 20 T: 37°C Wt: 52Kg

General: Sick

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

Chest: several spider angioma on the chest and back; Lung 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: 1+ pitting edema on both legs, (+) dorsalis pedis and posterior tibial pulse

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

Rectal exam: good sphincter tone, no mass palpable, negative colocheck

Lab/study:

Abd ultrasound: liver echo structure not homogene, portal vein 20mm, ascitic fluid

WBC: 3800/mm^3
RBC: 3.260,000/mm^3
Hb: 7.2g/dl
Ht: 22.5%
MCV: 66.7
MCH: 21.6
MCHC: 30.6
Platelete: 151,000/mm^3
Neut: 51
Eosino: 0.4
Lymph: 40

Glucose = 0.77g/L [0.70 – 1.05]
TG = 1.15 [0.36 – 1.65]
Creat = 15 [7 – 13]
BUN =0.66 [0.17 – 0.49]
Protein =80 [62 – 80]
Uric acid = 30 [25 – 75]
SGOT =52 [<33]
SGPT =64 [<35]
Gamma-GT=29 [<33]
CRP =12 [<6]
HBsAg =positive
HCV Ab = negative

Assessment:

1. HBV infection
2. Ascitis

Plan:

1. Spironolactone 25mg 1t bid
2. Furosemide 40mg 1/2t bid for 7d
3. MTV 1t 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 6, 2012**

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, June 07, 2012 10:04 AM
Subject: RE: Robib TM Clinic June 2012, Case#7, Keo Kun, 53M

Dear Sovann,

I think this patient has been taken care of at the K Thom Clinic and he should continue to do so. You can provide him with medications available for this month, but he needs to return to his doctor in KT as scheduled.

Rithy

From: "Tan, Heng Soon,M.D." <HTAN@PARTNERS.ORG<mailto:HTAN@PARTNERS.ORG>>
Date: June 6, 2012 2:08:23 PM EDT
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG<mailto:KFIAMMA@PARTNERS.ORG>>
Subject: RE: Robib TM Clinic June 2012, Case#7, Keo Kun, 53M

This patient's primary problem is likely chronic hepatitis B liver infection with early cirrhosis. There is no evidence of ascites. If he had facial and leg swelling, we should check the serum albumin to see whether that is the cause of body edema. The PT INR is another good measure of hepatic liver function to confirm hepatic insufficiency from cirrhosis. Ideally a liver biopsy should be done before starting adefovir therapy. Ideally tenfovir is the preferred drug. Combination adefovir and lamivudine leads to less resistance. In any case, if he responds to adefovir, therapy should continue for 5 years. As for the pedal edema, if it is mild he may not need treatment.

Heng Soon Tan, MD

From: Robibtelemed
To: Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, June 06, 2012 4:43 PM
Subject: Robib TM Clinic June 2012, Case#8, Phet Phenh, 30M

Dear all,

This is the case number 8, Phet, Phenh, 30M 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: **Phet Phenh, 30M (Thkeng Village)**

Chief Complaint (CC): Lower extremity numbness x 8 months

History of Present Illness (HPI): 30M, farmer, presented with progressive right legs numbness from the waist down. In last month, he presented with fever, generalized muscle and joint pain which resolved spontaneously without treatment in 4d. After resolved, the numbness increased on right leg and appeared on left leg also but less, and difficulty in passing urine and stool (spend about 5-10min). The numbness increased in severity as the shoe got off unknown and pain on thigh, calf muscle after walking about 1 hour and need to take a rest, if not rest, he will fall down. He denied of trauma or viral infection symptoms before the numbness presented to him. He didn't get treatment yet.

He said in last month, his relative and neighbor also present with symptoms (fever, generalized muscle and joint pain) also and complete resolved in several days and told by local health care worker that it is viral infection (Chikungunya??).

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Casual alcohol drinking, smoking 10cig/d

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 111/59 P: 66 R: 20 T: 36.5°C Wt: 50Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no neck mass, no lymph node palpable, no JVD; Ear exam without erythema, discharge

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

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

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

Spine exam: No deformity, no tender on palpation

MS/Neuro: Sensory decreased with light touch and absence position sense on right leg, normal on left leg, MS +5/5, motor intact, DTRs +2/4, normal gait

CN II – XII: intact

Rectal exam: good sphincter tone, no mass palpable

Genitalia: normal without lesion, discharge

Lab/study:

Assessment:

1. Vitamin deficiency?
2. Spinal cord syndrome??

Plan:

1. Vitamin B complex 10cc infusion for 3d
2. MTV 1t bid

3. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: June 6, 2012**

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, June 07, 2012 10:15 AM
Subject: RE: Robib TM Clinic June 2012, Case#8, Phet Phenh, 30M

Dear Sovann,

Since the problem with Chikungunya infection was widespread in the Northern and NE Cambodia (as was reported in Rattanakiri we last visited), I am not surprise that this problem may result from this viral infection. The sx you described for this patient fit the scenario. He just needs a lot of rest and be hydrated with fluid. He needs to stop drinking EtOH and smoking.

About the loss of positioning of left LE, can he walk on his own? If he can, then the exam is not true. MTV is ok, but no need for B-complex infusion. You do not need to draw labs on him either. Just reassure him and can follow up next month if not better. If sx increase when you are gone, he can go to HC or RH for help.

Rithy

From: "Tan, Heng Soon,M.D." <HTAN@PARTNERS.ORG<mailto:HTAN@PARTNERS.ORG>>
Date: June 6, 2012 2:18:45 PM EDT
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG<mailto:KFIAMMA@PARTNERS.ORG>>
Subject: RE: Robib TM Clinic June 2012, Case#8, Phet Phenh, 30M

Viral infection followed by leg weakness or numbness suggests acute polyneuritis [Guillain Barre syndrome] but on exam he is not weak and reflexes are present. Weak sphincter function is not usually associated with polyneuritis but a spinal cord lesion. However the rectal tone is normal, peripheral reflexes are not over active [to suggest upper motor neuron lesion like a transverse myelitis] or under active [to suggest a lower motor neuron lesion like in poliomyelitis] to suggest a spinal cord lesion. The only finding is a sensory posterior column neuropathy more on the right than the left that actually pre dated the recent viral infection, so he needs a work up for chronic sensory neuropathy. He is not abusing alcohol and is not diabetic. It's worthwhile checking his vitamin B12 level.

Heng Soon Tan, MD

From: Robibtelemed
To: Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim ; Kathy Fiamma
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, June 06, 2012 4:47 PM
Subject: Robib TM Clinic June 2012, Case#9, Sath Roeun, 58F

Dear all,

This is the case number 9, Sath Roeun, 58F and photo.

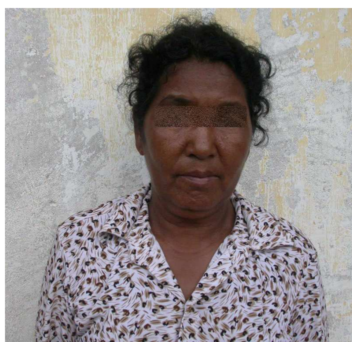
Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Sath Roeun, 58F (Taing Treuk Village)

Chief Complaint (CC): HA and neck tension x 10d

History of Present Illness (HPI): 58F presented with symptom of tension HA, neck tension and dizziness for several days, she had local health care worker checked and told she had hypertension (BP: 210/?) and treated with Hydrochlorothiazide 25mg 1t bid for 7d and she still feel above symptoms and BP: 180/? and was switched to Captopril 25mg 1t bid and now she became a bit better. She denied of nausea, vomiting, chest pain, vertigo, syncope, oliguria, dysuria, hematuria, legs edema.

Past Medical History (PMH): Unremarkable

Family History: Sister with DMII, HTN and died 2y

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

Current Medications:

1. Captopril 25mg 1t po bid

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 187/97 (both arms, two times with 2h interval) P: 72 R: 20 T: 36°C Wt: 52Kg

General: Stable

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

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

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

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

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

Lab/study:

BS: 101mg/dl
U/A: no protein, no leukocyte, no glucose

Assessment:

1. HTN

Plan:

1. Captopril 25mg 1t bid
2. Hydrochlorothiazide 25mg 1t qd
3. Do regular exercise, and eat less fats and salt diet
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 6, 2012**

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, June 07, 2012 10:21 AM
Subject: RE: Robib TM Clinic June 2012, Case#9, Sath Roeun, 58F

Dear Sovann,

Agree with your plan, but no need for CBC and Gluc.

Rithy

From: Cusick, Paul S.,M.D.
To: Fiamma, Kathleen M. ; 'robibtelemed@gmail.com'
Cc: 'rithychau@sihosp.org'
Sent: Friday, June 08, 2012 5:34 AM
Subject: RE: Robib TM Clinic June 2012, Case#9, Sath Roeun, 58F

thank you for the chance to help out.

She definitely has hypertension
With systolic blood pressures over 200 mm Hg and dizziness and headache, this is a hypertensive urgency.
Her systolic blood pressure is slightly lower and her symptoms of dizziness and headache have improved on captopril and I agree with the addition of hydrochlorthiazide.
She will need a diet low in sodium and follow up on her electrolytes and renal function.
You may need to titrate up further on vasotec.

Thank you
Paul Cusick MD

From: Robibtelemed
To: Joseph Kvedar ; Rithy Chau ; Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, June 06, 2012 4:47 PM
Subject: Robib TM Clinic June 2012, Case#10, Seng Ourng, 63M

Dear all,
This is the last case for Robib TM Clinic June 2012, Case number 10, Seng Ourng, 63M and photo. Please reply to the cases before Thursday afternoon then treatment plan can be made accordingly.

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

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Seng Ourng, 63M (Rovieng Cheung Village)

Chief Complaint (CC): Dizziness x 20d

History of Present Illness (HPI): 63M presented with symptoms of dizziness, neck tension, double vision and was seen by local health care worker and told he had hypertension (BP: 180/?) and treated with Amlodipine 5mg 1t qd and checked in 1w, BP: 150/? and blood sugar 200mg/dl and was treated with Glibenclamide 5mg 1t qd. He became better but still dizziness and denied of nausea, vomiting, cough, SOB, polyphagia, polyuria, edema, stool with blood or mucus.

Past Medical History (PMH): Unremarkable
Family History: None
Social History: Casually alcohol drinking, smoking 5cig/d for 10y and stopped 20y

Current Medications:

1. Amlodipine 5mg 1t qd
2. Glibenclamide 5mg 1t qd

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 135/75 (both arms) P: 70 R: 20 T: 36.5°C Wt: 66Kg

General: Stable

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

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

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

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

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

Lab/study:

FBS: 135mg/dl
U/A: glucose 1+, no protein, no ketone, no leukocyte

Assessment:

1. HTN
2. DMII

Plan:

1. Captopril 25mg 1/2t po bid
2. Glibenclamide 5mg 1t qd
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc HbA1C at SHCH
4. Educate on diabetic diet, do regular exercise and foot care

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 6, 2012**

Please send all replies to robibtelemed@gmail.com and cc: to rithychau@sihosp.org

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From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, June 07, 2012 10:41 AM
Subject: RE: Robib TM Clinic June 2012, Case#10, Seng Ourng, 63M

Dear Sovann,

I agree with your plan, but again no need for CBC. He can also stop the EtOH.

For all DM patients, please remind them about foot care and proper foot wear besides other lifestyle changes.

Rithy

From: "Fang, Leslie S.,M.D." <LFANG@PARTNERS.ORG<mailto:LFANG@PARTNERS.ORG>>
Date: June 6, 2012 5:41:44 PM EDT
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG<mailto:KFIAMMA@PARTNERS.ORG>>
Subject: RE: Robib TM Clinic June 2012, Case#10, Seng Ourng, 63M

Agree with diagnosis of diabetes and hypertension and agree with plans

Leslie Fang, MD

Thursday, June 7, 2012

Follow-up Report for Robib TM Clinic

There were 10 new patients seen during this month Robib TM Clinic, and other 59 patients came for brief consult and medication refills. The data of all 10 cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE, the following patients were managed and treated as follows:

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

Treatment Plan for Robib Telemedicie Clinic June 2012

1. Seng Yom, 45F (Damnak Chen Village)
Diagnosis:
1. Atrial fibrillation
2. CHF?

3. RBBB?
4. Hyperthyroidism
5. Cardiomegaly

Treatment:

1. Digoxin 0.25mg 1/2t po qd for one month (#20)
2. Furosemide 40mg 1t bid for 10d for one month (#20)
3. ASA 100mg 1t qd for one month (#30)
4. FeSO4/Folate 200/0.4mg 1t po bid for one month (#60)
5. Xango power po bid (#1)
6. Draw blood for CBC, BUN, Creat, Gluc, Tot chole, TG, THS and Free T4 at SHCH
7. Patient was evaluated and treated at SHCH

Lab result on June 8, 2012

Test	Result	Range
WBC	=4.54	[4 - 11x10^9/L]
RBC	=4.1	[3.9 - 5.5x10^{12}/L]
Hb	=9.3	[12.0 - 15.0g/dL]
Ht	=29	[35 - 47%]
MCV	=70	[80 - 100fl]
MCH	=23	[25 - 35pg]
MHCH	=32	[30 - 37%]
Plt	=96	[150 - 450x10^9/L]
Neut	=1.42	[2.0 - 8.0x10^9/L]
Lymph	=1.44	[0.7 - 4.4x10^9/L]
Mono	=0.58	[0.1 - 0.8x10^9/L]
Eosino	=0.08	[0.8 – 0.40]
Baso	=0.02	[0.02 – 0.10]

Test	Result	Range
BUN	=2.7	[<8.3]
Creat	=31	[44 - 80]
Gluc	=4.3	[4.1 - 6.1]
T. Chol	=1.8	[<5.7]
TG	=0.5	[<1.7]
TSH	=<0.005	[0.27 – 4.20]
Free T4	=66.32	[12.0 – 22.0]

2. Joy Yun, 45F (Thnal Koang Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 850mg 1t po qhs (#40)
2. Captopril 25mg 1/4t po bid (buy)
3. ASA 100mg 1t po qd (#35)
4. Draw blood for lyte, Creat, Gluc, Chole, TG, HbA1C at SHCH

Lab result on June 8, 2012

Test	Result	Range
Na	=133	[135 - 145]
K	=3.3	[3.5 - 5.0]
Cl	=101	[95 - 110]
Creat	=64	[44 - 80]
Gluc	=11.4	[4.2 - 6.4]
T. Chol	=5.5	[<5.7]
TG	=4.1	[<1.71]
HbA1C	=13.2	[4.8 – 5.9]

3. Keo Sophorn, 23F (Taing Treuk Village)
Diagnosis:

1. Hyperthyroidism?

Treatment: (patient didn't come for blood drawing)

1. Draw blood for CBC, TSH and Free T4 at SHCH
2. Send patient to Kg Thom for neck mass ultrasound

4. San Kim Hor, 50F (Thnout Malou Village)
Diagnosis:

1. Thyroid cyst?

Treatment:
1. Send patient to Kg Thom for Neck mass ultrasound
2. Drink water 2-3L/d

5. Prum Koeun, 39M (Samrith Village)
Diagnosis:
1. Eczema (Dyshidrotic)

Treatment:
1. Cetirizine 10mg 1t po qhs prn itchy (#30)
2. Calmine lotion apply qid (#1)

6. Chum Chandy, 54F (Ta Tong Village)
Diagnosis:
1. DMII

Treatment:
1. Metformin 850mg 1t po qd for one month (#40)
2. Draw blood for Glucose, Creat, HbA1C at SHCH
3. Educate on diabetic diet, and foot care

Lab result on June 8, 2012

Creat	=52	[44 - 80]
Gluc	=12.2	[4.2 - 6.4]
HbA1C	=11.8	[4.8 – 5.9]

7. Keo Kun, 53M (Thnal Keng Village)
Diagnosis:
1. HBV infection
2. Ascitis
3. Anemia

Treatment:
1. Spironolactone 25mg 1t bid (#60)
2. Furosemide 40mg 1/2t bid for 7d (#7)
3. MTV 1t qd (#30)
4. FeSO4/Folate 200/0.4mg 1t po bid (#60)

8. Phet Phenh, 30M (Thkeng Village)
Diagnosis:
1. Vitamin deficiency?
2. Spinal cord syndrome??

Treatment:
1. MTV 1t bid for one month (#60)

9. Sath Roeun, 58F (Taing Treuk Village)
Diagnosis:
1. HTN

Treatment:
1. Captopril 25mg 1t bid (buy)
2. HCTZ 25mg 1t qd (#35)
3. Do regular exercise, and eat less fats and salt diet
4. Draw blood for Lyte, BUN, Creat, Tot chole, TG at SHCH

Lab result on June 8, 2012

Na	=135	[135 - 145]
K	=4.7	[3.5 - 5.0]
Cl	=103	[95 - 110]
BUN	=3.5	[<8.3]
Creat	=62	[44 - 80]
T. Chol	=9.9	[<5.7]
TG	=2.2	[<1.71]

10. Seng Ourng, 63M (Rovieng Cheung Village)
Diagnosis:
1. HTN
2. DMII

Treatment:
1. Captopril 25mg 1/2t po bid (buy)
2. Glibenclamide 5mg 1t qd (#30)
3. Draw blood for Lyte, BUN, Creat, Gluc HbA1C at SHCH
4. Educate on diabetic diet, do regular exercise and foot care

Lab result on June 8, 2012

Na	=135	[135 - 145]
K	=3.5	[3.5 - 5.0]
Cl	=101	[95 - 110]
BUN	=3.2	[<8.3]
Creat	=66	[53 - 97]
Gluc	=6.8	[4.2 - 6.4]
HbA1C	=8.4	[4.8 – 5.9]

Patients who come for brief consult and refill medicine

1. Chan Him, 63F (Taing Treuk Village)
Diagnosis:
1. HTN

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

2. Chan Rim, 59F (Ke Village)
Diagnosis:
1. HTN
2. Dyspepsia

Treatment:
1. Nifedipine 20mg 1/2t po qd for one month (#15)
2. Cimetidine 200mg 1t po qhs for one month (#30)
3. Draw blood for Creatinine at SHCH

Lab result on June 8, 2012

Creat	=139	[44 - 80]

3. Chhay Chanthy, 47F (Thnout Malou Village)
Diagnosis:
1. Euthyroid goiter

Treatment:
1. Carbimazole 5mg 1t po bid for three months (buy)
2. Propranolol 40mg 1/4t po bid for three months (#45)

4. 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. Amlodipine 5mg 1t po qd for one month (#30)

5. Dourng Sopheap, 37F (Thnal Keng Village)
Diagnosis:
1. Hypothyroidism (due to Carbimazole)

Treatment:
1. Reduce Carbimazole 5mg 2t to 1t bid for one month (buy)
2. Propranolol 40mg 1/2t po bid for one month (#15)
3. Recheck Free T4 in July 2012

6. Ek Rim, 47F (Rovieng Chheung Village)
Diagnosis:
1. HTN
2. Dyspepsia

Treatment:
1. HCTZ 25mg 1t po qd for three months (#60)
2. Cimetidine 200mg 1t po qhs for one month (#30)

7. Hear Khorn, 51F (Bos Village)
Diagnosis:
1. Tinea capitis
2. Contact dermatitis

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

8. Heng Chey, 71M (Thkeng Village)
Diagnosis:
1. HTN

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

9. Heng Naiseang, 63F (Taing Treuk Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 2t po qd for two months (#60)

10. Heng Sokhourn, 42F (Otalauk Village)
Diagnosis:
1. Dyspepsia
2. Anemia

Treatment:
1. Mg/Al(OH)3 200/125mg 2t chew qid prn for one month (#30)

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

11. Hong Saramony, 42F (Taing Treuk Village)
Diagnosis:
1. Hyperthyroidism

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

12. Ke Bon, 71M (Thnout Malou Village)
Diagnosis:
1. Tinea cruris

Treatment:
1. Clotrimazole cream 1% apply bid (#2)

13. Keth Chourn, 58M (Chhnourn Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 2t po qd for one month (#60)
2. Amlodipine 10mg 1/2t po qd for one month (#20)

14. Keum Kourn, 65F (Thkeng Village)
Diagnosis:
1. Goiter
2. Hyperthyroidism

Treatment:
1. Propranolol 40mg 1/4t po bid for one month (#15)
2. Methimazole 5mg 1t po bid for one month (#60)
3. Draw blood for Free T4 at SHCH

Lab result on June 8, 2012

Free T4=17.13 [12.0 - 22.0]

15. Kheum Im, 42F (Thkeng Village)
Diagnosis:
1. Tinea pedis

Treatment:
1. Clotrimazole cream apply bid until the rash gone (#3)

16. Kim Yat, 38F (Sre Thom Village)
Diagnosis:
1. Anemia

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

17. Kin Yin, 35F (Bos Pey Village)
Diagnosis:
1. Hyperthyroidism

Treatment:
1. Carbimazole 5mg 1t po bid for two months (buy)

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

18. Kong Nareun, 35F (Taing Treuk Village)
Diagnosis:
1. Moderate MS with severe TR
2. Atria dilation
3. Severe pulmonary HTN

Treatment:
1. Atenolol 50mg 1/4t po qd for three months (buy)
2. Spironolactone 25mg 1t po qd for three months (#90)
3. ASA 100mg 1t po qd for three months (#90)

19. Kong Sam On, 55M (Thkeng Village)
Diagnosis:
1. HTN
2. DMII
3. Chronic renal failure
4. Hypertriglyceridemia
5. Arthritis

Treatment:
1. Glibenclamdie 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 10mg 1t po qd for one month (#30)
5. ASA 100mg 1t po qd for one month (#30)
6. Fenofibrate 100mg 1t po qd for one month (buy)

20. Kong Soeun, 31M (Backdoang Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Captopril 25mg 1/4t po bid for one month (buy)
3. Draw blood for glucose, HbA1C at SHCH

Lab result on June 8, 2012

Gluc	=5.6	[4.1 - 6.1]
HbA1C	=5.6	[4.8 – 5.9]

21. Kor Khem Nary, 33F (Trapang Reusey Village)
Diagnosis
1. Hyperthyroidism

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

22. Kul Keung, 66F (Taing Treuk Village)
Diagnosis:
1. HTN
2. DMII
3. Gouty arthritis

Treatment:

1. HCTZ 25mg 1t po qd for two months (buy)
2. ASA 100mg 1t po qd for two months (#60)
3. Captopril 25mg 1/2t po bid for two months (buy)
4. Glibenclamide 5mg 1t po bid for two months (buy)
5. Metformin 850mg 1t po bid for two months (#120)

23. 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. FeSO4/Folate 200/0.4mg 1t po bid for one month (#60)
3. MTV 1t po qd for one month (#30)
4. Draw blood for CBC, Creat, Chole, TG, Ca2+, ESR, TSH at SHCH

Lab result on June 8, 2012

Test	Result	Reference	Test	Result	Reference
WBC	=9.38	[4 - 11x10^9/L]	Creat	=183	[53 - 97]
RBC	=3.3	[4.6 - 6.0x10^{12}/L]	T. Chol	=3.3	[<5.7]
Hb	=6.4	[14.0 - 16.0g/dL]	TG	=1.0	[<1.7]
Ht	=22	[42 - 52%]	Ca2+	=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 - 450x10^9/L]			
Neut	=6.22	[2.0 - 8.0x10^9/L]			
Lymph	=1.88	[0.7 - 4.4x10^9/L]			
Mono	=0.65	[0.1 - 0.8x10^9/L]			
Eosino	=0.61	[0.8 – 0.40]			
Baso	=0.02	[0.02 – 0.10]			
ESR	=119	[0 – 15]			

24. Lang Da, 45F (Thnout Malou Village)
Diagnosis:
1. HTN

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

25. Meas Lam Phy, 58M (Thnout Malou Village)
Diagnosis:
1. DMII

Treatment:
1. Metformin 500mg 1t po bid for four months (#100)

26. Moeung Srey, 48F (Thnout Malou Village)
Diagnosis
1. HTN

Treatment
1. Amlodipine 10mg 1/2t po qd for one month (#20)

27. Nong Khon, 59F (Thkeng Village)
Diagnosis:
1. HTN
2. Dyspepsia

Treatment:

1. HCTZ 25mg 1t po qd for three months (#60)
2. Cimetidine 200mg 1t po qd for one month (#30)

28. 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 100mg 1t po qd for one month (#30)

29. Nung Chhun, 74F (Ta Tong Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

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

Lab result on June 8, 2012

Creat	=133	[44 - 80]
Gluc	=8.2	[4.2 - 6.4]
HbA1C	=6.8	[4.8 – 5.9]

30. Pech Huy Keung, 49M (Rovieng Cheung Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid for four months (#200)
2. Metformin 500mg 2t po bid for four months (#200)
3. Captopril 25mg 1t po bid four months (buy)
4. ASA 100mg 1t po qd four months (#120)

31. Preum Proy, 52M (Thnout Malou Village)

Diagnosis:

1. DMII
2. HTN
3. Hyperlipidemia

Treatment:

1. Glyburide 2.5mg 2t po bid for two months (#240)
2. Metformin 850mg 1t po bid for two months (#120)
3. Captopril 25mg 1/2t po bid for two months (buy)
4. ASA 100mg 1t po qd for two months (#60)
5. Simvastatin 20mg 1t po qhs for two months (buy)

32. Prum Moeun, 56M (Bakdoang Village)

Diagnosis:

1. HTN

Treatment:

1. Atenolol 50mg 1/2t po qd for one month (#15)
2. ASA 100mg 1t po qd for one month (#30)

33. Prum Norn, 56F (Thnout Malou Village)
Diagnosis:

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

Treatment:

1. Spironolactone 25mg 1t po qd for one month (#30)
2. FeSO4/Folate 200/0.4mg 1t po qd for one month (#30)
3. MTV 1t po qd for one month (#30)
4. Paracetamol 500mg 1t po qid prn pain one month (#15)
5. Furosemide 40mg 1/2t po bid for one month (#30)
6. Draw blood for Lyte, Creat, LFT at SHCH

Lab result on June 8, 2012

Na	=137	[135 - 145]
K	=5.2	[3.5 - 5.0]
Cl	=111	[95 - 110]
Creat	=254	[44 - 80]
AST	=28	[<32]
ALT	=20	[<33]

34. Prum Rim, 47F (Pal Hal Village)
Diagnosis:

1. Tension HA
2. Dyspepsia

Treatment:

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

35. Prum Sourn, 71M (Taing Treuk Village)
Diagnosis:

1. Heart Failure with EF 27%
2. LVH
3. VHD (MR, AR)
4. Renal Failure

Treatment:

1. Enalapril 10mg 1/8t po qd for two months (#10)
2. Furosemide 40mg 1t po bid for two months (#120)
3. ASA 100mg 1t po qd for two months (#60)

36. Prum Ty, 23M (Thnout Malou Village)
Diagnosis:

1. Epilepsy

Treatment:

1. Phenytoin 100mg 1t po bid for one month (#60)
2. Draw blood for Transaminase at SHCH

Lab result on June 8, 2012

AST =36 [<40]
ALT =47 [<41]

37. Prum Vandy, 50F (Taing Treuk 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)

38. Ros Im, 58F (Taing Treuk Village)
Diagnosis:
1. Dyspepsia

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

39. Sam Bunny, 25F (Thnout Malou Village)
Diagnosis:
1. Nephrotic syndrome

Treatment:
1. Prednisolone 5mg 1t po qd for one month (#30)
2. Draw blood for Cholesterol, Calcium at SHCH

Lab result on June 8, 2012

T. Chol = 10.4 [<5.7]
Ca2+ =1.04 [1.12 – 1.32]

40. Sam Khim, 50F (Taing Treuk Village)
Diagnosis:
1. DMII

Treatment:
1. Metformin 500mg 2t po bid for one month (#120)
2. Glyburide 2.5mg 2t po bid for one month (#120)
3. Captopril 25mg 1/4t po bid for one month (buy)
4. Draw blood for Glucose, HbA1C at SHCH

Lab result on June 8, 2012

Gluc =12.8 [4.1 - 6.1]
HbA1C =10.8 [4.8 – 5.9]

41. Sam Thourng, 30F (Thnal Keng Village)
Diagnosis:
1. Cardiomegaly by CXR
2. Severe MS (MVA <1cm2)

Treatment:
1. Atenolol 50mg 1t po qd for three months (buy)
2. ASA 100mg 1t po qd for three months (#90)
3. HCTZ 25mg 1t po qd for three months (#90)

42. Sam Yom, 62F (Chhnourn Village)

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po qhs for one month (#20)
2. Draw blood for Glucose and HbA1C at SHCH

Lab result on June 8, 2012

Gluc =7.5 [4.1 - 6.1]
HbA1C =7.4 [4.8 – 5.9]

44. Sao Phal, 63F (Thnout Malou Village)

Diagnosis:

1. HTN
2. Anxiety
3. Renal insufficiency

Treatment:

1. HCTZ 25mg 1t po qd for one month (#30)
2. Amitriptylin 25mg 1/2t po qhs for one month (#15)
3. Paracetamol 500mg 1t po qid prn pain/HA for one month (#20)
4. Draw blood for Creat, Lyte, TG, chole at SHCH

Lab result on June 8, 2012

Na =133 [135 - 145]
K =3.3 [3.5 - 5.0]
Cl =100 [95 - 110]
Creat =150 [44 - 80]
T. Chol =6.1 [<5.7]
TG =3.9 [<1.71]

45. Say Soeun, 72F (Rovieng Chheung Village)

Diagnosis:

1. Uncontrolled HTN
2. DMII
3. Renal insufficiency

Treatment:

1. Glyburide 2.5mg 2t po bid for one month (#120)
2. Metformin 850mg 1t po qhs for one month (#30)
3. Enalapril 10mg 1t po qd for one month (#30)
4. Nifedipine 20mg 1t po qd for one month (#30)
5. Atenolol 50mg 2t po qd for one month (#60)
6. Draw blood for Creat, Glucose, HbA1C, and Transaminase at SHCH

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]

46. Seung Samith, 63M (Sre Thom Village)
Diagnosis:
1. Gouty arthritis
2. Renal insufficiency
3. Dyspepsia

Treatment:
1. Allopurinol 100mg 1t po bid for one month (buy)
2. Paracetamol 500mg 1t po qid prn pain for one month (#20)
3. Cimetidine 200mg 1t po qhs for one month (#30)

47. Som An, 60F (Rovieng Tbong)
Diagnosis:
1. HTN

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

48. Som Hon, 51F (Thnal Keng Village)
Diagnosis:
1. HTN

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

49. Som Theara, 14F (Pal Hal Village)
Diagnosis:
1. Eczema

Treatment:
1. Fluocinonide cream 0.1% apply bid until the rash gone (#3)

50. Sourn Visal, 3M (Thnout Malou Village)
Diagnosis:
1. Eczema

Treatment:
1. Fluticasone cream apply bid (#2)

51. Sun Ronakse, 40F (Sre Thom Village)
Diagnosis:
1. HTN

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

52. Tann Sophannary, 28F (Thnout Malou Village)
Diagnosis:
1. Euthyroid goiter

Treatment:
1. Draw blood for Free T4 at SHCH

Lab result on June 8, 2012

Free T4 =39.96 [12.0 - 22.0]

53. Teav Vandy, 65F (Rovieng Cheung Village)
Diagnosis:
1. HTN

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

54. Thorng Khun, 43F (Thnout Malou Village)
Diagnosis:
1. Hyperthyroidsim

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

Lab result on June 8, 2012

Free T4 =62.32 [12.0 - 22.0]

55. Un Chhourn, 42M (Taing Treuk Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 1t po bid for four months (buy)
2. Captopril 25mg 1/4t po bid for four months (buy)
3. ASA 100mg 1t po qd for four months (#120)

56. Un Rady, 49M (Rom Chek Village)
Diagnosis:
1. DMII
2. HTN

Treatment:
1. Metformin 850mg 1t po bid for one month (#70)
2. Captopril 25mg 1/2t po bid for one month (buy)
3. ASA 100mg 1t po qd for one month (#30)
4. Fenofibrate 100mg 1t po qd for one month (buy)
5. Draw blood for Creat, Glucose, Tot chole, TG and HbA1C at SHCH

Lab result on June 8, 2012

Creat	=80	[53 - 97]
Gluc	=11.7	[4.1 - 6.1]
T. Chol	=6.5	[<5.7]
TG	=12.2	[<1.71]
HbA1C	=9.2	[4.8 – 5.9]

57. Uy Noang, 59M (Thnout Malou Village)
Diagnosis:
1. DMII
2. HTN

Treatment:
1. Glibenclamide 5mg 2t po bid for two months (#100)
2. Metformine 850mg 1t po bid for two months (#130)

3. Captopril 25mg 1t po bid for two months (buy)

58. 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)

59. Yun Yeung, 75M (Doang Village)
Diagnosis:
1. HTN

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

The next Robib TM Clinic will be held on July 2 – 6, 2012