Robib *Telemedicine* Clinic

Preah Vihear Province

M A R C H 2 0 1 1

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

On Monday, February 28, 2011, 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), March 1 & 2, 2011, the Robib TM Clinic opened to receive the patients for evaluations. There were 7 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, March 2 & 3, 2011.

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: Kathy Fiamma ; Rithy Chau ; Paul Heinzelmann ; Cornelia Haener ; Joseph Kvedar ; Kruy Lim ; Radiology Boston
Cc: Bernie Krisher ; Kevin O' brien ; Thero So Nourn ; Laurie & Ed Bachrach ; Savoeun Chhun ; Peou Ouk ; Robib School 1
Sent: Monday, February 21, 2011 8:26 AM
Subject: Schedule for Robib TM Clinic March 2011

Dear all,

I would like to inform you that Robib TM Clinic for March 2011 will be starting from February 28 to March 4, 2011.

The agenda for the trip is as following:
1. On Monday February 28, 2011, Dirver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday March 1, 2011, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as word file and send to both partners in Boston and Phnom Penh.
3. On Wednesday March 2, 2011, the activity is the same as on Tuesday
4. On Thursday March 3, 2011, 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 March 4, 2011, 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, March 01, 2011 4:08 PM
Subject: Robib TM Clinic March 2011, Case#1, Chan Choeun, 55M

Dear all,

There are four new cases for the first day of Robib TM Clinic March 2011. This is case number 1, Chan Choeun, 55M and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Chan Choeun, 55M (Sre Thom Village)

Chief Complaint (CC): Joint pain x 16 months

History of Present Illness (HPI): 55M presented with symptoms of hip joint pain then in a few months, the pain swelling, erythema, warmth and stiffness presented on PIP, MCP, wrist, toe and ankle joint. The symptoms affected one side at a time and became worse with activity. He got treatment with medicine bought from local pharmacy and it help him in several days and the symptoms reappeared again and again. He denied of trauma, fever, cough, SOB, GI problem, urinary problem.

Past Medical History (PMH): Unremarkable

Family History: None

SH: Casually alcohol drinking; smoking 10cig/d and stopped 20y

Current Medications: 3t of unknown name medicine bid

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 170/107 P: 70 R: 20 T: 37°C Wt: 65Kg

General: Stable

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

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

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

Extremity/Skin: Mild tender on left knee, no warmth, no stiffness, other joints no warmth, no tender, no stiffness

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

Lab/study:

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

Assessment:

1. HTN
2. Gouty arthritis?
3. Osteoarthritis??

Plan:

1. Amlodipine 5mg 1t po qd
2. Paracetamol 500mg 1t po qid prn pain
3. Ibuprofen 200mg 3t po bid prn severe pain
4. Do regular exercise
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, LFT, Uric acid 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: March 1, 2011**

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

From: chaurithy
To: 'Robibtelemed'
Cc: 'Bernie Krisher' ; 'Thero So Nourn' ; 'Laurie & Ed Bachrach' ; 'Kruy Lim'
Sent: Thursday, March 03, 2011 8:37 AM
Subject: RE: Robib TM Clinic March 2011, Case#1, Chan Choeun, 55M

Dear Sovann,

Thank for the cases of this month.

As for this patient, you dx him with HTN. Usually, HTN is dx after 3 readings of separate days, if possible without any other comorbidity (existing problem at the same time) of both arms. I only saw only reading of one arm and one time. Did he have a hx of HTN or frequent high blood pressure even when his joints are not in pain?

Please recheck again on both arms and if reading is not too high (> 160 SBP or > 100 DBP), then ask him to do regular aerobic exercise and low salt/fat diet and recheck in one month. If elevated above this in at least two different readings of different days while at rest, then I suggest to tx him with HCTZ low dose instead since we do not know what kind of arthritis he is having and your H&P is not pointing to gouty arthritis.

It sounds more like a OA from his aging process. I agree with Ibuprofen if severe pain or lower dose 2t tid prn for mild pain, but do not need to give paracetamol. I agree with the lab works, but no need to do LFT. Can you send him to do both knee x-rays at KT or Tbeng Meanchey?

Hope this is helpful. Also attaching JNC7 on HTN slides FYI.

Rithy

From: Cohen, George L.,M.D.
Sent: Tuesday, March 01, 2011 4:48 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic March 2011, Nhem Khoeun, 55F

- The patient is a 55-year-old with pain, swelling and stiffness involving the small joints of her hands as well as her ankles and feet. On examination she was noted to have swollen joints and tender joints with limited range of motion of the PIPs, MCP joints, wrists and ankles. These findings appear confirmed by the notes and photographs of his extremities.
  She appears to have inflammatory joint disease, quite possibly rheumatoid arthritis. She may have some benefit from ibuprofen but her symptoms persist or worsen would consider treating her with prednisone in a dose of 5 mg twice a day. This would likely help her symptoms dramatically and quickly. If available, she could certainly be treated with hydroxychloroquine or methotrexate.

George L. Cohen, M.D.

From: Robibtelemed
To: Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, March 01, 2011 4:10 PM
Subject: Robib TM Clinic March 2011, Case#2, Koy Veth, 38F

Dear all,

This is case number 2, Koy Veth, 38F and photo.

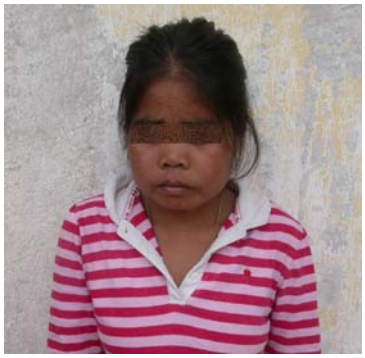
Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Koy Veth, 38F (Thnout Malou Village)

Chief Complaint (CC): SOB and cough x 1y

History of Present Illness (HPI): 38F presented with symptom of fever, SOB, productive cough (white/green sputum) and wheezing sound in several days, she didn't seek medical consultation but bought Paracetamol and taking prn. The symptoms attacked her at least once per month. She denied of night sweating, weight loss, GI or urinary problem.

Past Medical History (PMH): Unremarkable

Family History: None

SH: Single, no tobacco chewing, no alcohol drinking

Current Medications: Paracetamol 500mg 1t prn

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 103/75 P: 100 R: 20 T: 37^{o}C Wt: 39Kg O2sat: 98%

General: Stable

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

Chest: Crackle and rhonchi bilaterally; H RRR, no murmur

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

Extremity/Skin: No leg 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. Pneumonia

Plan:

1. Erythromycin 500mg 1t po bid for 10d
2. Paracetamol 500mg 1t po qid prn

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: March 1, 2011**

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

From: Smulders-Meyer, Olga,M.D.
To: Fiamma, Kathleen M.
Cc: robibtelemed@gmail.com ; rithychau@sihosp.org
Sent: Wednesday, March 02, 2011 5:04 AM
Subject: RE: Robib TM Clinic March 2011, Case#2, Koy Veth, 38F

The patient is a 30-year-old woman with acute onset of dyspnea, fever, wheezing and a productive cough.
The clinical picture is most consistent with pneumonia particularly because her lung examination is abnormal.
Most likely this is a community acquired pneumonia and given the fact that she has a productive cough and fever most likely this is a bacterial pneumonia.

Comment clinical features of community-acquired pneumonia include cough, fever pleuritic pain and sputum production.
Scant watery sputum production is more suggestive of an atypical pathogen.
Such as Mycoplasma or Legionella.

Effect that she is wheezing means that she has bronchospasm and in such cases the patient can always benefit from using albuterol bronchodilator every 4-6 hours p.r.n. wheezing or coughing.

That I agree with your assessment of pneumonia and with your choice of Erythromycin as an antibiotic.
Also had strep pneumonia, which can be associated with sepsis, so it is very prudent to follow her closely, and seeing her back in the office within a week.

If she is not improved after taking a full course of antibiotics and taking albuterol on a regular basis ,you may consider getting a chest x-ray given the fact that she has had several "attacks" in the past month. For now her oxygen saturation is quite high which is reassuring. If she has recurrent issues with coughing, consider having HIV testing as well.

I hope that was helpful to you,

Warm regards,

Olga Smulders-Meyer MD

From: chaurithy
To: 'Robibtelemed'
Cc: 'Bernie Krisher' ; 'Thero So Nourn' ; 'Laurie & Ed Bachrach' ; 'Kruy Lim'
Sent: Thursday, March 03, 2011 8:48 AM
Subject: RE: Robib TM Clinic March 2011, Case#2, Koy Veth, 38F

Dear Sovann,

I agree with the dx and tx, but I am concerned that she may have other problems that you should think since this was repeated for one year intermittently. Can you have her do an AFB to rule out PTB? Send her for CXR if possible to see if any other support other than dx of pneumonia.

Rithy

From: Robibtelemed
To: Paul Heinzelmann ; Joseph Kvedar ; Kathy Fiamma ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, March 01, 2011 4:11 PM
Subject: Robib TM Clinic March 2011, Nhem Khoeun, 55F

Dear all,

This is case number 3, Nhem Khoeun, 55F 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

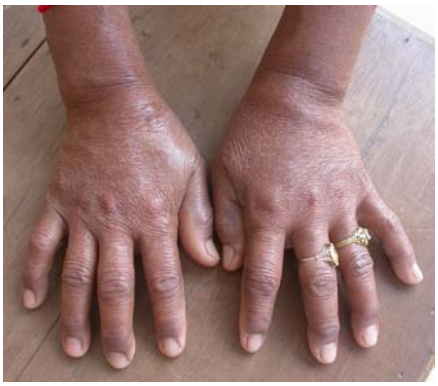
Name/Age/Sex/Village: **Nhem Khoeun, 55F (Otalauk Village)**

Chief Complaint (CC): Extremity swelling x 10d

History of Present Illness (HPI): 55F, farmer, presented with symptoms of joint pain, warmth, swelling and stiffness and fever. The symptoms affected to PIP, MCP, wrist, should, Toes, ankle and knees. The symptoms presented symmetrically and got worse with activity. The swelling got worse in several days and bought medicine from local pharmacy and traditional medicine but got just a bit better. She denied of elbow joint affected, trauma.

Past Medical History (PMH): Unremarkable

Family History: None



SH: no tobacco chewing, no alcohol drinking, no cig smoking, 6 children

Current Medications: 4 kinds of medicine (unknown name) tid and traditional medicine

Allergies: NKDA

Review of Systems (ROS): 8y post menopause

PE:

Vitals: BP: 95/66 P: 77 R: 20 T: 37°C Wt: 51Kg

General: Sick

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, no surgical scar, no abdominal bruit

Extremity/Skin: Swelling, warmth and tender with limited ROM on PIP, MCP, Wrist and ankle

MS/Neuro: MS +4/5 due to joint pain, sensory intact, DTRs +2/4

Lab/study:

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

Assessment:

1. Rheumatoid arthritis

Plan:

1. Ibuprofen 200mg 3t po bid prn pain
2. Paracetamol 500mg 1t po qid prn pain
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, RF, ESR 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: March 1, 2011**

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

From: chaurithy
To: 'Robibtelemed'
Cc: 'Bernie Krisher' ; 'Thero So Nourn' ; 'Laurie & Ed Bachrach' ; 'Kruy Lim'
Sent: Thursday, March 03, 2011 2:53 PM
Subject: RE: Robib TM Clinic March 2011, Nhem Khoeun, 55F

Dear Sovann,

This patient has OA more likely, not RA. Usually RA occurs in younger population, pain starting from small joints unilat or bilat spreading to larger joint, pain and stiffness in AM upon waking up and progressively improved as with activities. OA is the reverse, most likely starts with larger joints and may or may not involve small joints, usually bilat, older population, pain worse with activities.

Agree with tx. Ask her to stop traditional and other tx. Check her uric acid level and LFT also. She looks cachectic, can give deworm med and MTV. Can she afford to go get x-rays of her hands and feet?

Rithy

From: Cohen, George L.,M.D.
Sent: Wednesday, March 02, 2011 4:51 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic March 2011, Nhem Khoeun, 55F

The patient is a 55 year old woman with joint pain and joint swelling involving her fingers, wrists, feet, ankles and knees. Examination and photographs confirm the presence of swelling and tenderness of the involved joint.
This is a symmetric polyarthritis consistent with rheumatoid arthritis. There are other possibilities including lupus, psoriatic arthritis and rheumatic fever, I would be interested in the results of the ESR and rheumatoid factor. She could be treated initially with ibuprofen 600 mg three times a day. I would recommend a trial of prednisone 5 mg twice a day. I suspect that the symptoms will improve dramatically with a small dose of prednisone.

George L. Cohen, M.D.

From: Robibtelemed
To: Kathy Fiamma ; Rithy Chau ; Kruy Lim ; Joseph Kvedar ; Paul Heinzelmann
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, March 01, 2011 4:13 PM
Subject: Robib TM Clinic March 2011, Case#4, Po Nay Ky, 18F

Dear all,

This is case number 4, Po Nay Ky, 18F and photos. Please waiting for other cases which will be sent to you tomorrow.

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

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Po Nay Ky, 18F (Taing Treuk Village)

Chief Complaint (CC): Chest pain x 5 months

History of Present Illness (HPI): 18 presented with chest pain, stab like sensation, she tried to relieve the pain with massage on that area and got better in a few minute. The pain is associated with cold extremities and dizziness. She noticed that the duration of pain increased from month to month and also causes her unconscious once. She didn't got any treatment and come to Telemedicine today. She denied of sore throat, fever, cough, edema.

Past Medical History (PMH): Dengue fever in 2005

Family History: None

SH: no tobacco chewing, no alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular menstrual period, LMP on February 3, 2011

PE:

Vitals: BP: 94/58 P: 77 R: 20 T: 37^{o}C Wt: 49Kg

General: Stable

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

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

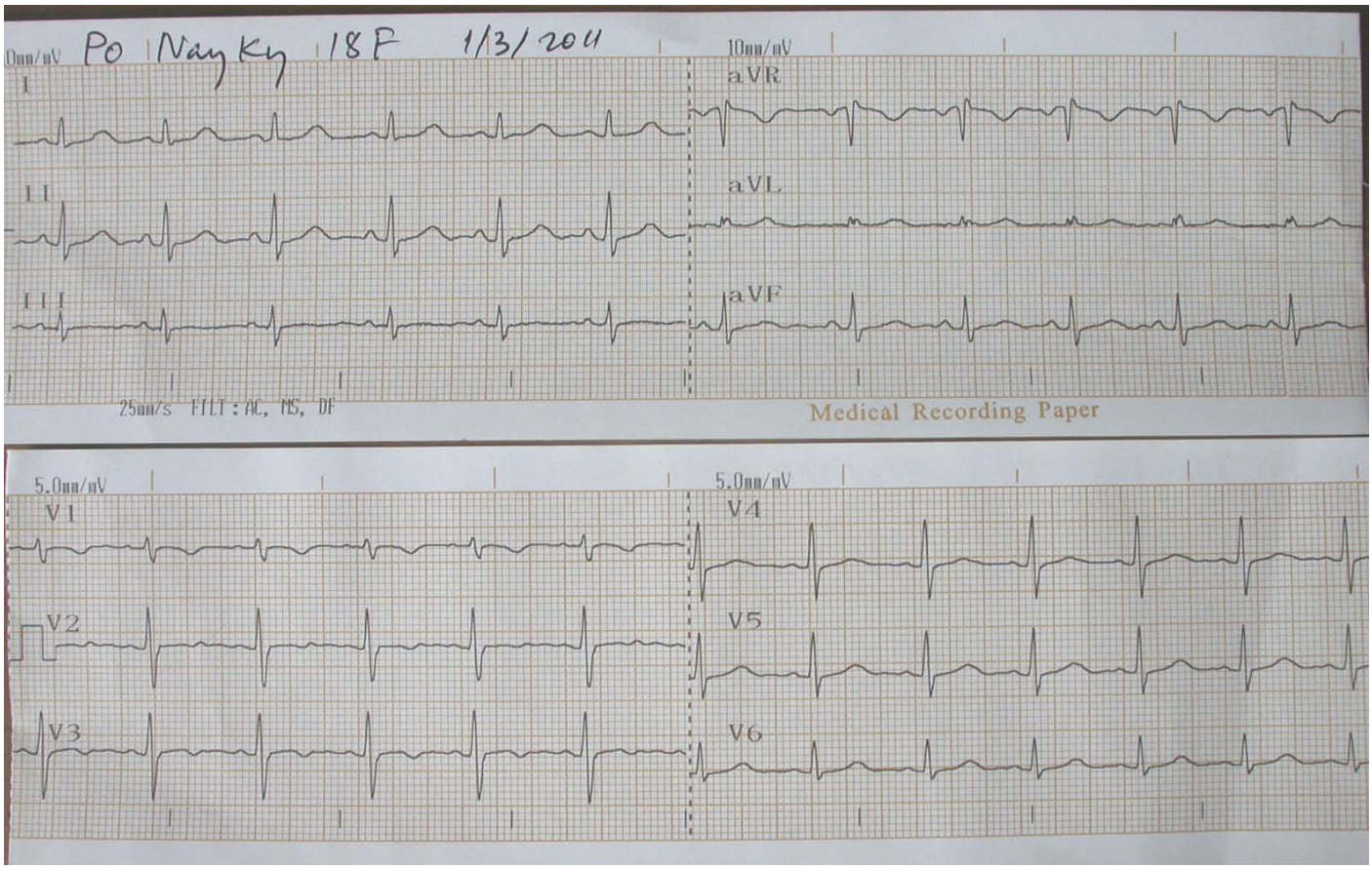
Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

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

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

Lab/study:

EKG: T wave inversion in lead V1 and V3



Assessment:

1. Myocardial infarction

Plan:

1. ASA 300mg 1/2t po qd
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH
3. Send patient to Phnom Penh for 2D echo of the heart

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

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

Examined by: Nurse Sovann Peng **Date: March 1, 2011**

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

From: chaurithy
To: 'Robibtelemed'
Cc: 'Bernie Krisher' ; 'Thero So Nourn' ; 'Laurie & Ed Bachrach' ; 'Kruy Lim'
Sent: Thursday, March 03, 2011 2:53 PM
Subject: RE: Robib TM Clinic March 2011, Case#4, Po Nay Ky, 18F

Dear Sovann,

This is a typical presentation of anxiety disorder, not MI or cardiac problem.

Her presentation was:

1. Stabbing CP (relating to GI sx) vs. dull/pressure CP in MI/angina
2. Relieve almost immediately with rubbing on chest vs. not likely in MI
3. Young age vs. old age
4. Experiencing cold extremities vs. unrelated to this kind of sensation
5. Syncopal episode tends to relate to severe HTN, stroke, heart block, etc., but not seen in this case
6. ECK looked normal; there was no T-waves inversion.

Sovann, I would dx her with anxiety disorder. Next time, when she experiences this, tell her to use a small paper bag and breathe deeply into it with her face enclosed around her nose/mouth to help her. Ask more questions to find out if any social/domestic issues that may be involved and advise her accordingly. Tell her that regular exercise and good eating habit with 2-3L water daily will also help her with this kind of situation.

If you have any more question, you can call me on the phone. You may give her some antacid prn if you think that she may need it. No need for lab work.

Rithy

From: Paul Heinzelmann
To: Kathy Fiamma ; rithychau@sihosp.org
Cc: robibtelemed@gmail.com
Sent: Friday, March 04, 2011 4:48 PM
Subject: Re: Robib TM Clinic March 2011, Case#4, Po Nay Ky, 18F

Sovann

I would say that she is likely not having a myocardial infarction, but is definitely something not to miss.

Her EKG shows no obvious acute changes that we might expect such as ST elevation or q waves. Yes flipped t waves can suggest ischemia in some instances, but I don't think that is the case here.

The quality of her pain also doesn't suggest MI - though less often a typical presentation in women- the pain is frequently described as a "heaviness " or "squeezing", may refer to arm, jaw, neck and often includes nausea, sweating, etc.

Being young and female also tilts the diagnosis away from MI by sheer statistics. MIs in young adults are often associated with drug use (ie cocaine).

The ECHO may be unnecessary if you are weighing cost and benefit, though it would help rule out structural problems that can cause dizziness or non-MI chest pain.

Dizziness and passing out COULD be associated with an arrhythmia, but if that is the case, it was not captured by the EKG. A rhythm strip could have been useful. In this population, dehydration should be excluded as a cause, and your CBC will rule out anemia.

Stabbing pain relieved with rubbing would mist strongly suggest musculoskeletal cause or costochondritis. In that case NSAID may be worth trying.

I hope that helps!

Thank you for this interesting case.

From: Robibtelemed
To: Radiology Boston ; Rithy Chau ; Kathy Fiamma ; Kruy Lim ; Paul Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, March 02, 2011 4:18 PM
Subject: Robib TM Clinic March 2011, Case#5, Cheng Sophoeun, 56F

Dear all,

There are three new cases for second day of Robib TM Clinic March 2011. This is case number 5, continued from yesterday, Cheng Sophoeun, 56F 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

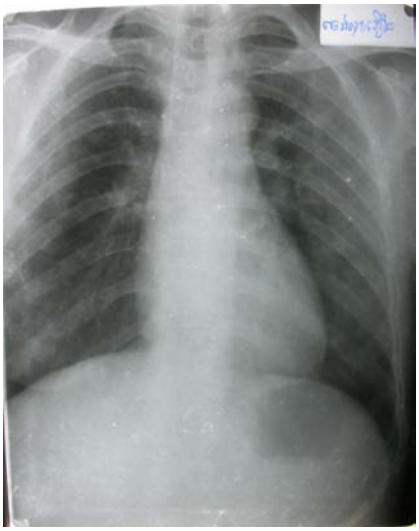
Name/Age/Sex/Village: **Cheng Sophoeun, 56F (Doang Village)**

Chief Complaint (CC): Fatigue and poor appetite x 5months

History of Present Illness (HPI): 56F, farmer, presented with symptoms of white productive cough, low grade fever, night sweating and weight loss. She went to local health center and AFB smear with negative result and got treatment with some medicine but not help her so she went provincial hospital, CXR done and told she had pulmonary disease and treated with 5 kinds of medicine (unknown name) bid for 2w but her symptoms still persist and developed fatigue and poor appetite. She denied of GI problem and urinary symptoms.

Past Medical History (PMH): Unremarkable

Family History: Father with PTB



SH: chewing tobacco, no alcohol drinking, no cig smoking

Current Medications: 5 kinds of medicine (unknown name) bid

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 90/60 P: 72 R: 20 T: 37°C Wt: 40Kg

General: Stable

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

Chest: crackle and rhonchi bilaterally; H RRR, no murmur

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

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

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

Lab/study:

CXR attached

Assessment:

1. Pneumonia
2. PTB?

Plan:

1. Erythromycin 500mg 1t po bid for 10d
2. Paracetamol 500mg 1t po qid prn fever
3. Recheck AFB smear in local health center

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

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

Examined by: Nurse Sovann Peng **Date: March 2, 2011**

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

From: Garry Choy
To: Robibtelemed
Cc: Radiology Boston ; Rithy Chau ; Kathy Fiamma ; Kruy Lim ; Paul Heinzelmann ; Joseph Kvedar ; Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Friday, March 04, 2011 12:57 AM
Subject: Re: Robib TM Clinic March 2011, Case#5, Cheng Sophoeun, 56F

Dear Sovaan,

From the radiology standpoint, I see on the CXR several patchy areas of opacity in the R upper and lower lung zone concerning for pneumonia/TB especially given symptoms. No significant lymphadenopathy or pulmonary edema. No significant pleural effusions.

Best regards,
Garry

From: chaurithy
To: 'Robibtelemed'
Cc: 'Bernie Krisher' ; 'Thero So Nourn' ; 'Laurie & Ed Bachrach' ; 'Kruy Lim'
Sent: Thursday, March 03, 2011 2:53 PM
Subject: RE: Robib TM Clinic March 2011, Case#5, Cheng Sophoeun, 56F

Dear Sovann,

This case is pointing more toward PTB with +FHx, +PTB sx, CXR with multiple nodular infiltration. Go ahead and tx for pneumonia, but ask her to stop all other meds, unless they are for PTB (can you find this out?). In any case, I have discussed with Dr. Vannarith and Dr. Fritts (volunteer), our radiologists and with Dr. Sohpheak (SHCH ID director) and they concurred with dx of PTB. Is the HC able to given tx with our recommendation? Can HC do HIV testing also for her?

Rithy

P.S. Next time when report wt loss, give the Kg lost and period.

From: chaurithy
To: 'Robibtelemed'
Cc: 'Bernie Krisher' ; 'Thero So Nourn' ; 'Laurie & Ed Bachrach' ; 'Kruy Lim'
Sent: Thursday, March 03, 2011 2:53 PM
Subject: RE: Robib TM Clinic March 2011, Case#5, Cheng Sophoeun, 56F

Sovann,

In addition for her, you can give some MTV.

Rithy

From: Cusick, Paul S.,M.D.
To: Fiamma, Kathleen M. ; robibtelemed@gmail.com
Cc: rithychau@sihosp.org
Sent: Thursday, March 03, 2011 5:18 AM
Subject: RE: Robib TM Clinic March 2011, Case#5, Cheng Sophoeun, 56F

Thank you for this consult..

She presents with 5 months of cough with low-grade fever and night sweats with weight loss. She has had diagnostic studies at a local health center and in the provincial hospital that were not conclusive for tuberculosis but she had "pulmonary disease" on her chest x-ray.
She has known exposure to pulmonary tuberculosis as her father's had this problem. She has an abnormal lung exam.

Given the scenario that you've described, is likely that she has a pulmonary infection. It is appropriate to obtain another sample for AFB. In addition, erythromycin will treat most of community acquired bacterial pneumonias.

She'll need close followup after laboratory testing is done.

I wish you the best of luck

Paul Cusick

From: Robibtelemed
To: Paul Heinzelmann ; Joseph Kvedar ; Kathy Fiamma ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, March 02, 2011 4:20 PM
Subject: Robib TM Clinic March 2011, Case#6, Kong Soeun, 31M

Dear all,

This is case number 6, Kong Soeun, 31M 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: **Kong Soeun, 31M (Backdoang Village)**

Chief Complaint (CC): Polyuria x 15d

History of Present Illness (HPI): 31M, farmer, presented with symptoms of polyuria, polyphagia and fatigue. He noticed the ants come around his urine and his neighbor told that this is symptom of diabetes so he comes to consult with Telemedicine. He denied of fever, abd pain, nausea, vomiting, dysuria, hematuria, numbness/tingling, blurred vision.

Past Medical History (PMH): Malaria in 1997

Family History: None

SH: No cig smoking, casually alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 133/68 P: 78 R: 20 T: 37^{o}C Wt: 49Kg

General: Stable

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

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

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

Extremity/Skin: No leg 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:

RBS: 384mg/dl on March 1, 2011 FBS: 296mg/dl on March 2, 2011

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

Assessment:

1. DMII

Plan:

1. Glibenclamide 5mg 1t po bid
2. Captopril 25mg 1/4t po qd
3. Educate on diabetic diet, do regular exercise and foot care
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, 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: March 2, 2011

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

From: chaurithy
To: 'Robibtelemed'
Cc: 'Bernie Krisher' ; 'Thero So Nourn' ; 'Laurie & Ed Bachrach' ; 'Kruy Lim'
Sent: Thursday, March 03, 2011 2:53 PM
Subject: RE: Robib TM Clinic March 2011, Case#6, Kong Soeun, 31M

Dear Sovann,

I agree.

Rithy

From: Robibtelemed
To: Rithy Chau ; Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, March 02, 2011 4:23 PM
Subject: Robib TM Clinic March 2011, Case#7, Pe Chanthy, 51M

Dear all,

This is the last case for Robib TM clinic March 2011, Pe Chanthy, 51M 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

Robib Telemedicine Clinic

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

History and Physical

Name/Age/Sex/Village: **Pe Chanthy, 51M (Taing Treuk Village)**

Chief Complaint (CC): Fatigue and pale x 5 months

History of Present Illness (HPI): 51M presented with symptoms of fatigue, pale looking, dark yellow urine and noticed abdominal distension, SOB, poor appetite. He went to private clinic in province and treated with some medicine but his symptoms still persist and noticed of fever during this month. He denied of CP, Palpitation, dysuria, nausea, vomiting and edema.

Past Medical History (PMH): Unremarkable

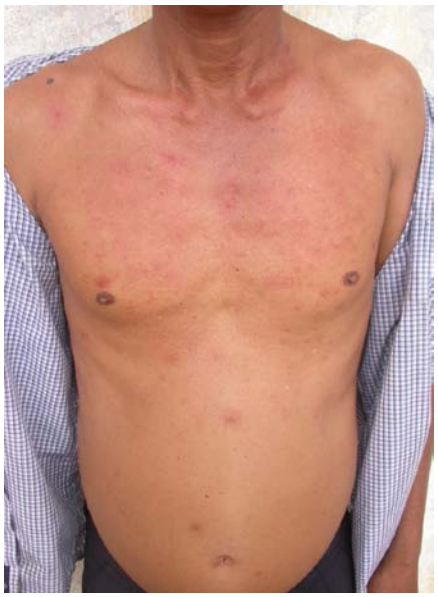
Family History: Parents with HTN

SH: Smoking 20cig/d for over 20y, heavy alcohol drinking

Current Medications: None

Allergies: NKDA

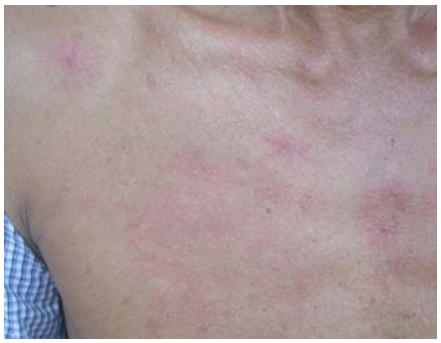
Review of Systems (ROS): Unremarkable



PE:

Vitals: BP: 119/74 P: 67 R: 20 T: 37^{o}C Wt: 64Kg

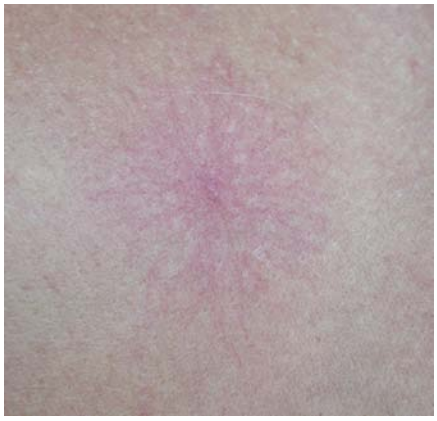
General: Stable



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

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

Abd: Soft, no tender, mild distension, (+) BS, no HSM, no surgical scar, no abdominal bruit, spinder nivi on anterior chest, neg fluid wave



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

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

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

Lab/study:

RBS: 139mg/dl
U/A: no protein, no leukocyte, no hematuria, no glucose, no bulirubin

Assessment:

1. Hepatitis (caused by alcohol??)
2. Liver cirrhosis?

Plan:

1. Albendazole 200mg 2t po bid x 5d
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, LFT, bulirubin, Hep B, Hep C at SHCH
3. Alcohol and smoking cessation

4. Avoid hepatoxic drugs
5. Sent patient to Kg Thom for abdominal 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: March 2, 2011**

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

From: chaurithy
To: 'Robibtelemed'
Cc: 'Bernie Krisher' ; 'Thero So Nourn' ; 'Laurie & Ed Bachrach' ; 'Kruy Lim'
Sent: Thursday, March 03, 2011 2:53 PM
Subject: RE: Robib TM Clinic March 2011, Case#7, Pe Chanthy, 51M

Dear Sovann,

I agree.

Rithy

From: "Heinzelmann, Paul J.,M.D." <PHEINZELMANN@PARTNERS.ORG>
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>; "Paul Heinzelmann" <paul.heinzelmann@gmail.com>
Cc: <robibtelemed@gmail.com>; <rithychau@sihosp.org>
Sent: Thursday, March 03, 2011 1:18 AM
Subject: RE: Robib TM Clinic March 2011, Case#7, Pe Chanthy, 51M

Sovann,

Excellent physical exam. I would be hesitant to diagnosis it as hepatitis at this point, though that is possible.

On exam, there was no appreciable liver enlargement and no tenderness over the liver, but your blood tests will help us determine if hepatitis is the cause. The US will help determine if he has cirrhosis/inflammation of the liver.

I am not sure what/why you are treating with albendazole....That is a drug that is primarily metabolized by the liver, and you dont have a diagnosis listed that supports its use in my opinion.

Best,

Paul

Thursday, March 3, 2011

Follow-up Report for Robib TM Clinic

There were 7 new patients seen during this month Robib TM Clinic, and other 58 patients came for medication refills only. The data of all 7 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 March 2011

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

1. HTN
2. Gouty arthritis?
3. Osteoarthritis??

Treatment:

1. Recheck BP in next month follow up
2. Ibuprofen 200mg 3t po bid prn severe pain (#50)
3. Do regular exercise
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, Uric acid at SHCH
5. Knee x-ray in Kg Thom

Lab result on March 4, 2011

WBC	=9.3	[4 - 11x10^9/L]	Na	=141	[135 - 145]
RBC	=5.7	[4.6 - 6.0x10^{12}/L]	K	=4.7	[3.5 - 5.0]
Hb	=14.8	[14.0 - 16.0g/dL]	BUN	=2.2	[0.8 - 3.9]
Ht	=46	[42 - 52%]	Creat	=97	[53 - 97]
MCV	=82	[80 - 100fl]	Gluc	=6.0	[4.2 - 6.4]
MCH	=26	[25 - 35pg]	T. Chol	=6.7	[<5.7]
MHCH	=32	[30 - 37%]	TG	=4.4	[<1.7]
Plt	=282	[150 - 450x10^9/L]	Uric Aci	=596	[200 - 420]
Lym	=2.1	[1.0 - 4.0x10^9/L]			

2. Koy Veth, 38F (Thnout Malou Village)
Diagnosis:

1. Pneumonia

Treatment:

1. Erythromycin 500mg 1t po bid for 10d (#20)
2. Paracetamol 500mg 1t po qid prn (#20)

3. AFB smear in local health center
4. CXR in Kg Thom

3. Nhem Khoeun, 55F (Otalauk Village)
Diagnosis:
1. Rheumatoid arthritis

Treatment: (patient didn't come for treatment)
1. Ibuprofen 200mg 3t po bid prn pain
2. Paracetamol 500mg 1t po qid prn pain

4. Po Nay Ky, 18F (Taing Treuk Village)
Diagnosis:
1. Anxiety

Treatment:
1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH
2. Stress release

Lab result on March 4, 2011

WBC	=6.6	[4 - 11x10^9/L]	Na	=136	[135 - 145]
RBC	=5.5	[3.9 - 5.5x10^{12}/L]	K	=3.9	[3.5 - 5.0]
Hb	=10.9	[12.0 - 15.0g/dL]	Cl	=103	[95 – 110]
Ht	=35	[35 - 47%]	BUN	=2.1	[0.8 - 3.9]
MCV	=63	[80 - 100fl]	Creat	=73	[44 - 80]
MCH	=20	[25 - 35pg]	Gluc	=4.4	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=3.8	[<5.7]
Plt	=304	[150 - 450x10^9/L]	TG	=0.8	[<1.71]
Lym	=3.4	[1.0 - 4.0x10^9/L]			

5. Cheng Sophoeun, 56F (Doang Village)
Diagnosis:
1. Pneumonia
2. PTB?

Treatment:
1. Erythromycin 500mg 1t po bid for 10d (#20)
2. Paracetamol 500mg 1t po qid prn fever (#30)
3. Recheck AFB smear in local health center

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

Treatment:
1. Glibenclamide 5mg 1t po bid (#70)
2. Captopril 25mg 1/4t po qd (buy)
3. Educate on diabetic diet, do regular exercise and foot care
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, HbA1C at SHCH

Lab result on March 4, 2011

WBC	=7.4	[4 - 11x10^9/L]	Na	=140	[135 - 145]
RBC	=5.8	[4.6 - 6.0x10^{12}/L]	K	=3.6	[3.5 - 5.0]
Hb	=13.1	[14.0 - 16.0g/dL]	BUN	=1.8	[0.8 - 3.9]
Ht	=43	[42 - 52%]	Creat	=80	[53 - 97]
MCV	=74	[80 - 100fl]	Gluc	=12.4	[4.2 - 6.4]
MCH	=23	[25 - 35pg]	T. Chol	=5.8	[<5.7]
MHCH	=31	[30 - 37%]	TG	=3.4	[<1.7]

Plt	=175	[150 - 450x10^9/L]	HbA1C =10.8	[4 - 6]
Lym	=1.9	[1.0 - 4.0x10^9/L]		
Mxd	=0.5	[0.1 - 1.0x10^9/L]		
Neut	=5.0	[1.8 - 7.5x10^9/L]		

7. Pe Chanthy, 51M (Taing Treuk Village)
Diagnosis:

1. Hepatitis (caused by alcohol??)
2. Liver cirrhosis?

Treatment:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, LFT, bulirubin, Hep B, Hep C at SHCH
2. Alcohol and smoking cessation
3. Avoid hepatoxic drugs
4. Sent patient to Kg Thom for abdominal ultrasound

Lab result on March 4, 2011

WBC	=5.2	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=5.0	[4.6 - 6.0x10^{12}/L]	K	=4.2	[3.5 - 5.0]
Hb	=13.1	[14.0 - 16.0g/dL]	BUN	=1.2	[0.8 - 3.9]
Ht	=40	[42 - 52%]	Creat	=75	[53 - 97]
MCV	=81	[80 - 100fl]	Gluc	=5.2	[4.2 - 6.4]
MCH	=26	[25 - 35pg]	T. Chol	=3.8	[<5.7]
MHCH	=33	[30 - 37%]	TG	=1.4	[<1.7]
Plt	=72	[150 - 450x10^9/L]	SGOT	=231	[<37]
Lym	=2.3	[1.0 - 4.0x10^9/L]	SGPT	=128	[<42]
Mxd	=1.3	[0.1 - 1.0x10^9/L]	Tot bilirubin	=64.4	[2.0 – 21.0]
Neut	=1.6	[1.8 - 7.5x10^9/L]	HBsAg	= Reactive	
			HCV Antibody	= Non-reactive	

Patients come for follow up and refill medicine

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

1. HTN

Treatment:

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

2. Chan Khut, 64F (Sre Thom Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (#15)
2. ASA 300mg 1/4t po qd for one month (#8)
3. Draw blood for CBC, Lyte, Bun, Creat, Gluc, TG and Tot chole

Lab result on March 4, 2011

WBC	=5.2	[4 - 11x10^9/L]	Na	=134	[135 - 145]
RBC	=4.8	[3.9 - 5.5x10^{12}/L]	K	=3.4	[3.5 - 5.0]
Hb	=11.4	[12.0 - 15.0g/dL]	Cl	=94	[95 – 110]
Ht	=38	[35 - 47%]	BUN	=1.8	[0.8 - 3.9]
MCV	=79	[80 - 100fl]	Creat	=59	[44 - 80]
MCH	=24	[25 - 35pg]	Gluc	=5.0	[4.2 - 6.4]
MHCH	=30	[30 - 37%]	T. Chol	=4.9	[<5.7]
Plt	=239	[150 - 450x10^9/L]	TG	=1.4	[<1.71]

Lym =1.5 [1.0 - 4.0x10^9/L]

3. Chan Oeung, 60M (Sangke Roang Village)
Diagnosis:
1. HTN
2. Gouty arthritis
3. Renal insufficiency

Treatment:
1. Atenolol 50mg 1/2t po bid for one month (#30)
2. Paracetamol 500mg 2t po qid prn pain for one month (#30)

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

Treatment:
1. HCTZ 50mg 1/2t po qd for one month (#15)

5. Chann San, 37F (Bos Pey Village)
Diagnosis:
1. HTN
2. Tension HA

Treatment:
1. HCTZ 50mg 1/2t po qd for two months (#30)
2. Paracetamol 500mg 1t po qid prn HA/Fever for two months (#20)
3. Do regular exercise

6. Chan Thoeun, 52F (Sralou Srong Village)
Diagnosis:
1. Mild to moderate Aortic regurgitation

Treatment:
1. Enalapril 5mg 1/2t po qd for three months (#45)

7. Chea Kimheng, 36F (Taing Treuk Village)
Diagnosis:
1. ASD by 2D echo on August 2008
2. Dyspepsia

Treatment:
1. ASA 300mg 1/4t po qd (#8)
2. Atenolol 50mg 1t po qd (buy)

8. Chea Sambo, 56M (Rovieng Cheung Village)
Diagnosis:
1. Gouty Arthritis

Treatment:
1. Paracetamol 500mg 2t po qid prn pain for two months (#50)
2. Allopurinol 100mg 1t bid for two months (buy)

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

Treatment:
1. Carbimazole 5mg 1t po bid for one month (buy)
2. Propranolol 40mg 1/4t po bid for one month (#15)

3. Draw blood for Free T4 at SHCH

Lab result on March 4, 2011

Free T4=14.59 [12.0 - 22.0]

10. Chheng Yearng, 48F (Thkeng Village)
Diagnosis:

1. Tachycardia
2. Dyspepsia

Treatment:

1. Propranolol 40mg 1/4t po bid for one month (#15)
2. MTV 1t po qd for one month (#30)
3. Mg/Al(OH)3 200/125mg 1-2t chew bid prn (#30)

11. Chhim Bon, 73F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

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

12. Chourb Kim San, 57M (Rovieng Tbong Village)
Diagnosis:

1. HTN
2. Right side stroke with left side weakness
3. DMII
4. Gouty arthritis
5. Chronic renal failure

Treatment:

1. Atenolol 50mg 1/2t po bid for one month (#30)
2. Amlodipine 5mg 1t po qd for one month (buy)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Metformin 500mg 1t po bid for one month (#60)
5. Glibenclamide 5mg 1t po bid for one month (buy)

13. Chum Chet, 63M (Koh Pon Village)
Diagnosis:

1. Osteoarthritis?
2. HTN
3. Dyspepsia

Treatment:

1. Paracetamol 500mg 1t po qid prn pain for one month (#30)
2. Atenolol 50mg 1/2t po qd for one month (#15)
3. Draw blood for Lyte, Bun, Creat, Gluc, uric acid at SHCH

Lab result on March 4, 2011

Na	=142	[135 - 145]
K	=5.1	[3.5 - 5.0]
BUN	=7.5	[0.8 - 3.9]
Creat	=300	[53 - 97]
Gluc	=3.1	[4.2 - 6.4]
Uric acid	=750	[200 - 420]

14. Dourng Sunly, 56M (Taing Treurk Village)
Diagnosis:

1. HTN
2. Gout
3. Hyperlipidemia
4. Tinea cruris

Treatment:

1. Captopril 25mg 1/2t po bid for one month (buy)
2. ASA 300mg 1/4t po qd for one month (# 8)
3. Paracetamol 500mg 1t po q6h prn pain/fever for one month (# 20)
4. Simvastatin 10mg 1t po qhs (#30)
5. Fenofibrate 1t po qd (buy)
6. Ciclopirox apply bid (#1)
7. Draw blood for Transaminase at SHCH

Lab result on March 4, 2011

SGOT	=39	[<37]
SGPT	=36	[<42]

15. Heng Chan Ty, 50F (Ta Tong Village)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po tid for one month (buy)
2. Propranolol 40mg ¼ t po bid for one month (#15)

16. Hourn Sok Aun, 48F (Taing Treuk Village)
Diagnosis:

1. DMII

Treatment:

1. Metformine 500mg 1t po bid for one month (#60)
2. Captopril 25mg 1/4t po bid for one month (buy)
3. Draw blood for Gluc and HbA1C, tot chole and TG at SHCH

Lab result on March 4, 2011

Gluc	=7.3	[4.2 - 6.4]
T. Chol	=7.9	[<5.7]
TG	=6.2	[<1.71]
HbA1C	=7.4	[4 – 6]

17. Keth Chourn, 58M (Chhnourn Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1t po qd for three months (# 90)

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

1. HTN

Treatment:

1. Nisoldipine 20mg 1t po qd for two months (#60)
2. Do regular exercise, eat low salt/fats diet

19. Kong Sam On, 55M (Thkeng Village)
Diagnosis:

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

Treatment:

1. Glibenclamdie 5mg 2t po bid for one month (buy)
2. Metformin 500mg 1t po bid for one month (#70)
3. Atenolol 50mg 1t po qd for one month (buy)
4. Amlodipine 5mg 1t po qd for one month (#30)
5. ASA 300mg 1/4t po qd for one month (#8)
6. Simvastatin 10mg 1t po qhs for one month (#30)
7. Fenofibrate 1t po qd (buy)
8. Draw blood for LFT and Uric acid at SHCH

Lab result on March 4, 2011

SGOT =32	[<37]
SGPT =17	[<42]
Uric acid=623	[200 – 420]

20. Kouch Be, 80M (Thnout Malou Village)
Diagnosis

1. HTN
2. COPD

Treatment

1. Amlodipine 5mg 1t po qd for three months (#90)
2. Salbutamol Inhaler 2 puffs prn SOB for three months (# 2)

21. Kun Ban, 53M (Thnal Keng Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for two months (#120)
2. ASA 300mg 1/4t po qd for two months (#buy)
3. Review on diabetic diet, do regular exercise and foot care

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

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po qd for two months (#60)
2. Captopril 25mg 1/4t po qd for two months (buy)
3. Review on diabetic diet, regular exercise and foot care

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

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

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. ASA 300mg 1/4t po qd for three months (# 24)
3. MTV 1t po qd for three months (# 90)

24. Moeung Phalla, 35F (Thkeng Village)

Diagnosis:

1. Tachycardia
2. Dyspepsia

Treatment:

1. Propranolol 40mg 1/4t po bid (#15)
2. Famotidine 20mg 1t po qhs for one month (#30)

25. Moeung Srey, 48F (Thnout Malou Village)
Diagnosis

1. HTN

Treatment

1. Enalapril 5mg 1t po qd for one month (# 30)
2. MTV 1t po qd for one month (#30)

26. Pen Vanna, 45F (Thnout Malou Village)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 1t po qd for one month (#30)
2. Captopril 25mg 1t po bid for one month (buy)
3. Review on diabetic diet, do regular exercise and foot care
4. Draw blood for Gluc and HbA1C at SHCH

Lab result on March 4, 2011

Gluc	=5.4	[4.2 - 6.4]
HbA1C	=5.9	[4 - 6]

27. Pheng Roeung, 64F (Thnout Malou Village)
Diagnosis:

1. HTN
2. Liver cirrhosis

Treatment:

1. Atenolol 50mg 1t po qd for three months (buy)
2. Spironolactone 25mg 1t po qd for three months (#90)
3. MTV 1t po qd for three months (#90)

28. Prum Khem, 28F (Bangkeun Phal Village)
Diagnosis:

1. Tachycardia

Treatment:

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

29. 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. Dyspepsia

Treatment:

1. Spironolactone 25mg 1t po qd (#30)

2. FeSO4/Folate 200/0.25mg 1t po qd (#30)
3. Folic acid 5mg 1t po qd (#30)
4. MTV 1t po qd (#30)
5. Famotidine 20mg 1t po qhs (#30)
6. Draw blood for Lyte, BUN, Creat at SHCH

Lab result on March 4, 2011

Na	=142	[135 - 145]
K	=5.5	[3.5 - 5.0]
BUN	=4.0	[0.8 - 3.9]
Creat	=182	[44 - 80]

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

1. Urticaria
2. Dyspepsia

Treatment:

1. Diphenhydramine 25mg 1t po qhs (#30)
2. Calmine lotion apply bid
3. Famotidine 20mg 1t po qhs (#30)

31. Prum Vandy, 50F (Taing Treuk Village)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po qd for one month (buy)
2. Propranolol 40mg 1/4t po bid for one month (#15)

32. Ros Oeun, 55F (Thnout Malou Village)
Diagnosis:

1. HTN
2. DMII

Treatment:

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

Lab result on March 4, 2011

Gluc	=20.7	[4.2 - 6.4]
HbA1C	=6.1	[4 - 6]

33. Ros Sokun, 41F (Taing Treuk Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for two months (#240)
2. Glibenclamide 5mg 1t po bid for two months (buy)
3. Captopril 25mg 1/4t po bid for two months (buy)
4. Educate on diabetic diet, low salt/fats, do regular exercise and foot care

34. Ros Yeth, 58M (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 2t po bid for one month (#120)
3. Captopril 25mg 1/4t po bid for one month (buy)
4. Draw blood for Gluc and HbA1C at SHCH

Lab result on March 4, 2011

Gluc =18.3 [4.2 - 6.4]
HbA1C =3.8 [4 - 6]

35. Roth Ven, 54M (Thkeng Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 2t po bid for one month (buy)
3. Captopril 25mg 1/4t po qd for one month (buy)
4. ASA 300mg 1/4t po qd for one month (#8)

36. Sam Khim, 50F (Taing Treuk Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 11/2t po bid for two months (#180)
2. Glibenclamide 5mg 1t po qd for two months (buy)
3. Captopril 25mg 1/4t po bid for two months (buy)

37. Sao Ky, 75F (Thnout Malou Village)
Diagnosis

1. HTN

Treatment

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

38. Say Soeun, 71F (Rovieng Cheung Village)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 1t po bid for one month (#60)
3. Captopril 25mg 1t po tid for one month (#90)
4. Nisoldipine 20mg 1t po qd for one month (#30)
5. MTV 1t po qd for one month (#30)

39. Seng Sophy, 42F (Taing Treuk Village)
Diagnosis:

1. Anxiety

Treatment:

1. MTV 1t po qd (#30)
2. Do regular exercise, Stress release

40. Seung Phorn, 65F (Ta Tong Village)

Diagnosis:

1. Bradycardia
2. Anemia
3. Hypothyroidism?

Treatment:

1. FeSO4/Folate 200/0.4mg 1t po qd (#30)
2. Draw blood for TSH and Free T4 at SHCH

Lab result on March 4, 2011

TSH	=4.00	[0.27 - 4.20]
Free T4	=13.58	[12.0 - 22.0]

41. Seung Savorn, 50M (Sre Thom Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (#15)
2. Draw blood for Tot chole and TG at SHCH

Lab result on March 4, 2011

T. Chol	=5.1	[<5.7]
TG	=4.4	[<1.71]

42. Sim Horm, 59F (Bangkeun Phal Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. ASA 300mg 1t po qd (#30)
3. Review on Diabetic diet education, do regular exercise and foot care

43. So Chhorm, 73M (Thkeng Village)
Diagnosis:

1. HTN

Treatment:

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

44. Soeung Iem, 63M (Phnom Dek Village)
Diagnosis:

1. Parkinson's disease

Treatment:

1. Levodopa/Benserazide 200/50mg 1/2t po tid for one month (buy)
2. MTV 1t po qd for one month

45. Tann Kim Hor, 57F (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (buy)
2. Metformin 500mg 1t po qAM and 2t qPM for one month (#90)
3. Captopril 25mg 1/4t po bid for one month (buy)
4. ASA 300mg 1/4t po qd for one month (#8)

46. Tann Sou Hoang, 51F (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

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

Lab result on March 4, 2011

Gluc	=7.5	[4.2 - 6.4]
HbA1C	=7.7	[4 - 6]

47. Tey Narin, 30F (Thnal Keng Village)
Diagnosis:

1. Hyperthyroidism

Treatment:

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

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

1. Tension HA
2. Hyperthyroidism

Treatment:

1. Paracetamol 500mg 1t po qid prn HA (#20)
2. Draw blood for TSH and Free T4 at SHCH

Lab result on March 4, 2011

TSH	=<0.005	[0.27 - 4.20]
Free T4	=59.43	[12.0 - 22.0]

49. Thorng Khun, 43F (Thnout Malou Village)
Diagnosis:

1. Hyperthyroidsim
2. Sciatica
3. Vit Deficiency

Treatment:

1. Carbimazole 5mg 1t po tid for two months (buy)
2. Paracetamol 500mg 1t po qid prn pain for two months (#30)
3. MTV 1t po qd for two months (#60)

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

1. HTN
2. Dyspepsia

Treatment:

1. Enalapril 5mg 1t po qd for two months (# 60)
2. Atenolol 50mg 1t po qd for two months (# 60)
3. Mg/Al(OH)3 200/125mg 1t po bid (#50)

51. Tith Sneth, 51M (Otalauk Village)

Diagnosis:

1. Parkinson' disease?

Treatment:

1. Levodopa/Benserazide 200/50mg 1/2t po bid for one month (#30)
2. MTV 1t po qd for one month (#30)

52. Un Rady, 49M (Rom Chek Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for one month (#60)
2. ASA 300mg 1/4t po qd (#8)
3. Review on diabetic diet, do regular exercise and foot care

53. Uy Noang, 59M (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (#240)
2. Metformine 500mg 1t po bid for two months (#60 + buy)
3. Captopril 25mg 1/4t po bid for two months (buy)

54. Vong Cheng Chan, 57F (Rovieng Cheung Village)
Diagnosis

1. HTN

Treatment

1. Atenolol 100mg 1/4t po bid for two months (#30)

55. Vun Sokha, 46F (Otalauk Village)
Diagnosis:

1. GERD

Treatment:

1. Famotidine 40mg 1t po qhs (#30)
2. GERD prevention education

56. Yin Hun, 74F (Taing Treuk Village)
Diagnosis:

1. HTN
2. Urticaria

Treatment:

1. Captopril 25mg 1t po bid for one month (#60)
2. Diphenhydramin 25mg 1t po qhs for one month (#30)

57. Yun Yeung, 75M (Doang Village)
Diagnosis:

1. VHD (MR??)
2. HTN

Treatment:

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

58. Chhorn Vorn, 40M (Bangkeun Phal Village)
Diagnosis:

1. Liver cirrhosis

2. Hepatitis B

Treatment:

1. Keep observe and recheck lab test in June 2011

The next Robib TM Clinic will be held on April 4 - 8, 2011