

# **Robib *Telemedicine* Clinic**

## **Preah Vihear Province**

**M A Y 2 0 0 9**

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

On Monday, May 04, 2009, SHCH staff Driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), May 05 & 06, 2009, 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, May 06 & 07, 2009.

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

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

**From: Robib Telemed**

**Date:** Apr 28, 2009 1:42 PM

**Subject:** Schedule for Robib Telemedicine clinic May 2009

**To:** Cornelia Haener; Kruiy Lim; Rithy Chau; "Paul J. M.D. Heinzelmann"; Kathy Fiamma; Joseph Kvedar

**Cc:** Bernie Krisher; Dan Liu; Thero Noun; Laurie & Ed Bachrach; Peou Ouk; Sochea Monn; Samoeurn Lanh

Dear all,

I would like to inform you all that the Robib TM Clinic for May 2009 will be starting on May 4 to 8, 2009.

The agenda for the clinic is as following:

1. On Monday May 4, 2009, Driver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihear.
2. On Tuesday May 5, 2009, the clinic open to see the patients, new and follow up, for the whole morning, then the patients' data will be typed up as Word file and send to both partners in Boston and Phnom Penh.
3. On Wednesday May 6, 2009, the activity is as on Tuesday
4. On Thursday May 7, 2009, download all the answers replied from both partners, then the treatment plan will be made accordingly and prepare the medicine for patients in the afternoon.

5. On Friday May 8, 2009, draw the blood from patients for lab test at SHCH then come back to Phnom Penh.

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

Best regards,  
Sovann

**From: Robib Telemed**

**Date:** May 5, 2009 8:39 PM

**Subject:** Robib TM Clinic May 2009, Case#1, Seng Lai Seang, 41F (Taing Treuk Village)

**To:** Cornelia Haener; Kruy Lim; Rithy Chau; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

Today is the first day for Robib TM Clinic May 2009 and there are 4 new cases. This is the case number 1, Seng Lai Seang, 41F and photos.

Best regards,  
Sovann

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

## History and Physical



**Name/Age/Sex/Village:** Seng Lai Seang, 41F (Taing Treuk Village)

**Chief Complaint (CC):** Right breast mass x 2y

**History of Present Illness (HPI):** 41F presented with pruritus and pain on right breast and when she palpate on it, noticed a small mass, she took pain killer for a few days then the pain gone. In August she noticed the mass developed a bit bigger and worry of developing to cancer, she went to provincial hospital for ultrasound then was advised to Phnom Penh for biopsy but she was not able to go. She denied of redness, warmth, nipple retraction, discharge, lesion on the breast.

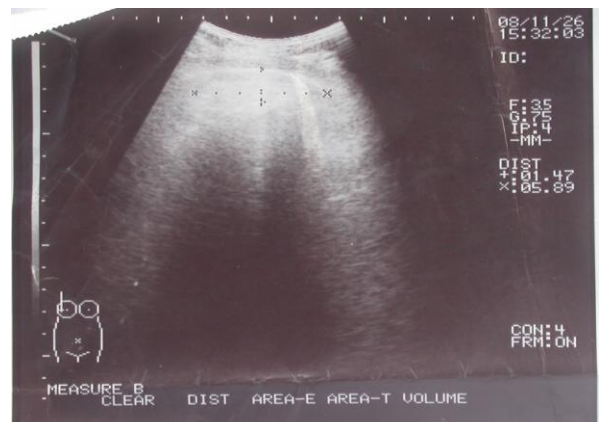
**Past Medical History (PMH):** Malaria in 2005

**Family History:** None

**Social History:** No alcohol drinking, no smoking, 6 children

**Current Medications:** None

**Allergies:** NKDA



### Radiology - Ultrasound

Patient Information:

Name: ស្រី វណ្ណា

Date: 26.11.08

Sex: M /  Age: 40

Ward: Consult Bed#: \_\_\_\_\_

Address: ស្រី វណ្ណា

Diagnosis: Tumeur du sein

Examination: Echo du sein

Ordering Physician: Cheng

ML

### RESULTS

- Le sein droite : Présence d'une formation  
kystique à paroi fine de contenu clair  
diamètre 14 mm x 59 mm localise au QSE  
(à 9h)  
Bilan : Kyste du sein droite

**Review of Systems (ROS):** Last menstrual period on April 7, 2009

**PE:**

**Vitals:** BP: 125/85 P: 79 R: 20 T: 37°C Wt: 54Kg

**General:** Look stable

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

**Breast:** On right breast, a small mass about 1x2cm at 9 o'clock, firm, smooth, mobile, no nipple retraction, discharge, no lesion, no axillary lymph node

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

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

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

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

**Lab/study:** On August 11, 2008

Right breast U/S with conclusion: Right breast cyst

**Assessment:**

1. Right breast mass

**Plan:**

1. Refer to SHCH for surgical evaluation for biopsy or excision

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:** May 5, 2009

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From:** Cornelia Haener

**Date:** May 5, 2009 10:34 PM

**Subject:** Robib TM Clinic May 2009, Case#1, Seng Lai Seang, 41F (Taing Treuk Village)

**To:** Robib Telemed; Kruy Lim; Rithy Chau; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

Thanks for this case. It looks like a breast cyst. Rarely, there is an underlying malignancy. You can certainly refer the patient to the surgical department at SHCH for excision biopsy.

Kind regards

Cornelia

**From:** Hughes, Kevin S.,M.D.

**Sent:** Tuesday, May 05, 2009 11:00 AM

**To:** Fiamma, Kathleen M.

**Subject:** RE: Robib TM Clinic May 2009, Case#1, Seng Lai Seang, 41F (Taing Treuk Village)

Looks unlikely to be malignant. Ultrasound picture not very useful, sorry. It needs an exam and possibly a biopsy. Long differential, and cancer possible, but low on the list

Kevin

**Kevin S. Hughes, M.D., FACS**  
**Surgical Director, Breast Screening**  
**Co-Director, Avon Comprehensive Breast Evaluation Center**  
**Massachusetts General Hospital**  
**55 Fruit Street, Yawkey 7**  
**Boston, Massachusetts 02114**  
**Fax (617) 724-3895**  
**Phone (617) 724-0048**

**From: Rithy Chau**

**Date:** May 7, 2009 7:50 AM

**Subject:** Robib TM Clinic May 2009, Case#1, Seng Lai Seang, 41F (Taing Treuk Village)

**To:** Robib Telemed <robibtelemed@gmail.com>

**Cc:** Cornelia Haener; Kruy Lim; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

Thanks for the case. I was in the province working during the past three days and now am able to reply to you.

For this patient, a diagnosis of right breast cyst is correct and we can observe for a while. You can give some ibuprofen to take for about a week and usually it will reduce in size on its own. Ask her not to palpate it so much because it will be irritated and can cause more pain. You can schedule her to come in July TM clinic when I am planning to be there with you. If mass increases in size dramatically or any other problem with the mass she can return beforehand.

No need for referral or biopsy at the moment.

Rithy

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**From: Robib Telemed**

**Date:** May 5, 2009 8:46 PM

**Subject:** Robib TM Clinic May 2009, Case#2, Chan Sovin, 42M (Taing Treuk Village)

**To:** "Paul J. M.D. Heinzelmann"; Kathy Fiamma; Joseph Kvedar; Rithy Chau; Kruy Lim

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is case number 2, Chan Sovin, 42M 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 Sovin, 42M (Taing Treuk Village)

**Chief Complaint (CC):** Fatigue x 5 months

**History of Present Illness (HPI):** 42M, farmer, presented with symptoms of fever, chill, insomnia, fatigue, dizziness, poor appetite, he bought medicine from local pharmacy and traditional medicine for a few days but not better so he went to provincial hospital, admitted for one week. He was told of having Gastritis, and treated with some medicine (unknown name).

In this month he developed with epigastric pain, burning sensation, burping with sour taste, weakness, weight loss 10kg in this 5months. He was treated by local pharmacy with Omeprazole, Ofloxacin, Paracetamol.

**Past Medical History (PMH):** Malaria last year

**Family History:** None

**Social History:** Heavy alcohol drinking stopped 5m, smoking 1pack/d, stopped 2y, 5 children

### Current Medications:

1. Omeprazole 20 1t po bid
2. Ofloxacin 500mg 1t po bid
3. Paracetamol 500mg 1t po bid
4. Traditional medicine

**Allergies:** NKDA

**Review of Systems (ROS):** no cough, no chest pain, no palpitation, no N/V no diarrhea, no constipation, no hematuria, no dysuria, no oliguria

### PE:

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

**General:** Look sick

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

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

**Abd:** Soft, no tender, no distension, (+) BS, no HSM, some complete health burning scar

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

**Rectal Exam:** Good sphincter tone, smooth, no mass palpable, neg colocheck

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

**Lab/study:** On May 5, 2009  
U/A normal; FBS: 303mg/dl; Hb: 8g/dl

**Assessment:**

1. GERD
2. Parasititis
3. Anemia
4. Malaria??

**Plan:**

1. Omeprazole 20mg 1t po qhs for one month
2. Metochlopramide 10mg 1t po qhs x 10d
3. Mebendazole 100mg 5t po qhs once
4. FeSO4/Folate 200/0.25mg 1t po bid for one month
5. MTV 1t po qd for one month
6. Stop traditional medicine
7. Do Malaria smear in local health center
8. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Peripheral smear, reticulocyte count at SHCH

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

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

**Examined by:** Nurse Sovann Peng

**Date:** May 5, 2009

Please send all replies to [robibtelem@gmail.com](mailto:robibtelem@gmail.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From:** Smulders-Meyer, Olga, M.D.

Date: May 6, 2009 3:41 AM

Subject: RE: Robib TM Clinic May 2009, Case#2, Chan Sovin, 42M (Taing Treuk Village)

To: "Fiamma, Kathleen M."; [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

Cc: [robibtelem@gmail.com](mailto:robibtelem@gmail.com)

The patient is a 42-year-old male who was recently admitted with gastritis most likely associated with heavy alcohol use.

He has a history of smoking.

He's had a significant weight loss of 10 kg, just over one fourth of the total weight.

His fasting blood sugar is 303, in diabetic range.

His physical examination is unremarkable.

This gentleman should be tested for H. pylori infection, or given how present this infection is in this part of the world, you could opt to just treat him for two weeks with the following 3 medications:

Amoxicillin 1000 mg b.i.d. for two weeks

omeprazole 20 mg b.i.d. for two weeks

Biaxin 500 mg b.i.d. for two weeks.

Given his history of drug abuse, out most likely keep him on omeprazole 20 mg b.i.d. for 6 to 8 weeks, and see if his gastritis resolves completely, and if his appetite increases with that. Gastritis is often associated with nausea and dyspepsia and causes anorexia, decreased p.o. intake and weight loss.

If the patient continues to have symptoms despite treatment for H. pylori as well as for gastritis, I would refer him for an endoscopy after that, to make sure he does not have a peptic ulcer or a peptic malignancy.

The patient has diabetes. He is clearly not overweight. You could advise him to stop eating sugar and sweets altogether, as well as a lot of rice, and simple carbohydrates quickly become sugar.

Then I would repeat his fasting blood sugar and see if it is in normal range or not.

If it is elevated, I would start him on a low-dose glyburide 2.5 mg a day and following with fasting blood sugars.

You may also want to screen this patient for depression, given his history of alcoholism, and smoking.

In terms of his alcoholism I would also make sure you give him extra B12 every day for about 3 months.

It is not clear to me why the patient is taking ofloxacin, and I would probably stop taking that.

I also do not see a role for Paracetamol 500 mg b.i.d., and asked him to take that only once a day if he has a headache, pain in his joints. It could well aggravate his gastric symptoms.

Thank you very much,

Sincerely,

Olga Smulders- Meyer MD

**From: Rithy Chau**

**Date:** May 7, 2009 8:09 AM

**Subject:** Robib TM Clinic May 2009, Case#2, Chan Sovin, 42M (Taing Treuk Village)

**To:** Robib Telemed

**Cc:** "Paul J. M.D. Heinzelmann"; Kathy Fiamma; Joseph Kvedar; Kruey Lim; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

I think you are on the right track with the GERD or gastritis problem, but there is more to this man with other positive assessment. His FBS is quite high and if you can check again and still this high, I would go ahead and treat him for DM II because this may explain about the significant wt loss and possible anemia. Get his HbA1C as well and check TSH to rule out any thyroid related problem.

Another problem that you should think about is PTB (although since no cough, sputum??) or cancer. Get him to do a CXR at K Thom and return next month with it--do an AP and lat films. He was a heavy smoker for how long?

Repeating a malaria smear is a good idea. Can the local HC do an RTV test--if yes, ask him if he agrees to do this and let me know the result.

As for GERD problem, how long has he been on Omeprazole? If at least two



month, you may want to continue half to one month more.

I hope this is helpful to you.

Rithy

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**From: Robib Telemed**

**Date:** May 5, 2009 8:49 PM

**Subject:** Robib TM Clinic May 2009, Case#3, Lok Kim Sin, 55F (Thnout Malou Village)

**To:** Kathy Fiamma; Joseph Kvedar; "Paul J. M.D. Heinzelmann"; Rithy Chau; Kruy Lim

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is case number 3, Lok Kim Sin, 55F 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:** Lok Kim Sin, 55F (Thnout Malou Village)

**Chief Complaint (CC):** polyuria and fatigue x 1week

**History of Present Illness (HPI):** 55F, farmer, presented with symptoms of polyuria, fatigue, polyphagia, polydipsia, diaphoresis, and she didn't get any consultation or treatment just come to consult with Telemedicine clinic today. She denied of fever, cough, chest pain, palpitation, N/V, numbness/tingling, hematuria, dysuria, edema.

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

**Family History:** None

**Social History:** No alcohol drinking, no smoking, 6 children

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** 3y post menopausal

**PE:**

**Vitals: BP: 111/77 P: 67 R: 20 T: 37°C Wt: 72Kg**

**General:** Look stable

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

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

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

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

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

**Lab/study:** On May 5, 2009  
U/A normal; FBS: 303mg/dl

**Assessment:**

1. DMII

**Plan:**

1. Recheck FBS tomorrow if still > 200mg/dl, start with Metformin 500mg 1t po bid
2. Captopril 25mg 1/4t po qd
3. ASA 300mg 1/4t po qd
4. Educate on diabetic diet, do regular exercise, low salt/fats diet, foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc and HbA1C at SHCH

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

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

**Examined by: Nurse Sovann Peng**

**Date: May 5, 2009**

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**From: Rithy Chau**

**Date:** May 7, 2009 8:17 AM

**Subject:** Robib TM Clinic May 2009, Case#3, Lok Kim Sin, 55F (Thnout Malou Village)

**To:** Robib Telemed

**Cc:** Kathy Fiamma; Joseph Kvedar; "Paul J. M.D. Heinzelmann"; Kruiy Lim; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

I agree with your plan and add tot chol and TG as well. What is her BMI?

If lipid high, have her recheck 2-3 months later after regular exercise and diet, but if very high start her with appropriate medications for anti-lipid.

Rithy

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**From: Robib Telemed**

**Date:** May 5, 2009 8:58 PM

**Subject:** Robib TM Clinic May 2009, Case#4, Thourn Lourth, 12F (Khna Village)

**To:** Kruy Lim; Rithy Chau; "Paul J. M.D. Heinzelmann"; Kathy Fiamma; Joseph Kvedar;

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is the case number 4, Thourn Lourth, 12F and photo. Please wait for other cases that 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:** Thourn Lourth, 12F (Khna Village)

**Chief Complaint (CC):** Ear discharge x 4y

**History of Present Illness (HPI):** 12F brought to clinic by her father complaining of ear discharge. She presented with symptoms of ear pain, yellow color discharge, ear ringing and decrease hearing, her mother bought some medicine from local pharmacy then the symptoms disappeared for a while. In this year, she complains about frontal HA, sore throat, and denied of runny nose. She got treatment at local HC with Amoxicillin 250mg 2t tid, Paracetamol 250mg 1t po tid, Promexil 8mg 1/2t tid for 3days.

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

**Family History:** None

**Social History:** First child among 3 children

**Current Medications:**

1. Amoxicillin 250mg 2t tid
2. Paracetamol 250mg 1t po tid
3. Promexil 8mg 1/2t tid

**Allergies:** NKDA

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

**PE:**

**Vitals:**      **BP: 92/54**      **P: 80**      **R: 24**      **T: 37°C**      **Wt: 34Kg**

**General:** Look sick

**HEENT:** Right ear, pain with pulling, white color, hair-like presented in ear canal to ear drum; Left ear, edematous of ear canal mucus, moisture with bloody appearance; Nose, redness, edematous of nasal mucus membrane, no discharge

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

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

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

**Lab/study:** None

**Assessment:**

1. Bilateral Otitis media and externa
2. Rhinitis

**Plan:**

1. Augmentin 875mg 1/2t po bid x 10d
2. Ibuprofen 200mg 1t po bid 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:** May 5, 2009

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**From:** Rithy Chau

**Date:** May 7, 2009 8:25 AM

**Subject:** Robib TM Clinic May 2009, Case#4, Thourn Lourth, 12F (Khna Village)

**To:** Robib Telemed

**Cc:** Kruey Lim; "Paul J. M.D. Heinzelmänn"; Kathy Fiamma; Joseph Kvedar; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

I agree with your assessment as OM. Since she is 12 yo, you can give the full adult dose of Augmentin 875mg bid for 14 days. If this not working when you return next month, you may want to try Clarithromycin or Azithromycin instead. Ask her to use cotton ear plug when she takes bath or goes swimming even after ears are better or healed.

If you have some antihistamine with a decongestant like phenylephrine (Benadryl sinus), can prescribe some for use prn for her allergic rhinitis.

Rithy

Rithy Chau, MPH, MHS, PA-C  
Director for Capacity Building and Telemedicine  
Sihanouk Hospital Center of HOPE  
Phnom Penh, Cambodia  
Mobile: 855-12-520-547/855-11-623-805

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**From:** Robib Telemed

**Date:** May 6, 2009 8:08 PM

**Subject:** Robib TM Clinic May 2009, Case#5, Huy Yim, 55F (Backdoang Village)

**To:** Cornelia Haener; Kathy Fiamma; "Paul J. M.D. Heinzelmänn"; Joseph Kvedar; Kruey Lim; Rithy Chau

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

Today is the second day for Robib TM clinic May 2009, there are three new cases and this is the case number 5, continued from yesterday, Huy Him, 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:** Huy Yim, 55F (Backdoang Village)

**Chief Complaint (CC):** Right shoulder pain x 2 months

**History of Present Illness (HPI):** 55F presented with symptoms of right shoulder pain, burning sensation, the pain developed with movement as abduct, internal and external rotate of the hand (wearing cloth, eating, bathing). She denied of trauma, any insect bite, redness, swelling. She

got treatment from local health center and local pharmacy but her right shoulder pain seems not better, why she come to see us.

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

**Family History:** None

**Social History:** Chewing tobacco, no smoking, no alcohol drinking

**Current Medications:** NSAIDs (unknown name) prn

**Allergies:** NKDA

**Review of Systems (ROS):** epigastric pain, burning sensation in the morning and after full eating, no nausea, no vomiting, no stool with blood/mucus

**PE:**

**Vitals:** BP: 140/88 (both arms) P: 79 R: 20 T: 37°C  
Wt: 44Kg

**General:** Look stable

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

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

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

**Extremity/Skin:** Right shoulder, no swelling, no redness, no echymosis, no laceration, mild tender on palpation, limited range of motion (abduction, internal and external rotation) due to pain, unable to lift heavy things



**MS/Neuro:** +4/5 bicep and tricep muscle strength, sensory intact, normal gait

**Lab/study:** None

**Assessment:**

1. Frozen shoulder
2. Rotator cuff irritation/tear?
3. Dyspepsia
4. Borderline HTN

**Plan:**

1. Ibuprofen 200mg 2t po bid prn pain
2. Paracetamol 500mg 1t po qid prn pain
3. Warmth or cold compression to reduce pain
4. Famotidine 20mg 1t po qhs for one month
5. Eat low salt/Fats diet and do regular exercise
6. Send to Kg Thom for Right shoulder x-ray

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:** May 6, 2009

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From:** Cornelia Haener

**Date:** May 6, 2009 9:31 PM

**Subject:** Robib TM Clinic May 2009, Case#5, Huy Yim, 55F (Backdoang Village)

**To:** Robib Telemed; Kathy Fiamma; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kruiy Lim; Rithy Chau

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

Thanks for your assessment and plan. It sounds like a rotator cuff problem. I assume she has not had any trauma in the last couple of years?

I agree with your plan.

Thanks

Cornelia

**From:** Tan, Heng Soon, M.D.  
**Sent:** Wednesday, May 06, 2009 4:03 PM  
**To:** Fiamma, Kathleen M.  
**Subject:** RE: Robib TM Clinic May 2009, Case#5, Huy Yim, 55F (Backdoang Village)

A shoulder x-ray is not critical in evaluation. If she has a painful shoulder during active movement, think of a rotator cuff tendinitis. If additionally, you cannot move the shoulder passively through its range of motion, think adhesive capsulitis or frozen shoulder.

Here is a good review of the physical examination of the shoulder <http://www.aafp.org/afp/20000515/3079.html>

If she has a frozen shoulder, besides using NSAIDs, she would need physical therapy using heat before therapy and ice after therapy to mobilize the shoulder as well as strengthen her rhomboid muscles to stabilize the shoulder.

Heng Soon Tan, MD

**From: Rithy Chau**

**Date:** May 7, 2009 8:39 AM

**Subject:** Robib TM Clinic May 2009, Case#5, Huy Yim, 55F (Backdoang Village)

**To:** Robib Telemed

**Cc:** Cornelia Haener; Kathy Fiamma; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kruiy Lim; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

For this patient, a diagnosis of frozen shoulder is not appropriate since she can move both active and passive ROM although right shoulder limited due to pain only. No stiffness, no numbness and tingling? Did you ask her or those at her home about her sleeping habit—maybe from her position of sleep that leads to this. Since the pain caused by ROM especially with internal and external rotation to hands, it may be a nerve problem. Treating her with NSAIDs and Para will work and adding Famotidine may help with her drug-induced gastritis. Let her know that if the H2 blocker not helpful in a couple weeks, should stop using NSAIDs but continue with the acid reducer until finish.

She can use warm compress, putting an arm sling (using a Krama if no arm sling available and make sure in an "L" shape across her chest with hand pointing slightly upward) and some PT of the shoulder with gradual increase of ROM. If she can afford, you can send her for the shoulder x-ray at K Thom for next month review.

Rithy

Rithy Chau, MPH, MHS, PA-C  
Director for Capacity Building and Telemedicine  
Sihanouk Hospital Center of HOPE  
Phnom Penh, Cambodia  
Mobile: 855-12-520-547/855-11-623-805

**From: Robib Telemed**

**Date:** May 6, 2009 8:10 PM

**Subject:** Robib TM Clinic May 2009, Case#6, Kiv Visim, 53F (Phnom Dek Village)

**To:** Rithy Chau; Kruiy Lim; Kathy Fiamma; "Paul J. M.D. Heinzelmann"; Joseph Kvedar

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is the case number 6, Kiv Visim, 53F 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:** Kiv Visim, 53F (Phnom Dek Village)

**Chief Complaint (CC):** Dizziness and fatigue x 2 months

**History of Present Illness (HPI):** 53F presented with symptoms of Dizziness, fatigue, polyuria, polyphagia and weight loss 5kg and asked local health worker to give her IV fluid injection and traditional medicine for symptoms treatment but it seems not help her. She denied of fever, cough, chest pain, nausea, vomiting, stool with mucus/blood, hematuria, dysuria, edema, numbness/tingling.

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

**Family History:** Sister with DMII

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

**Current Medications:** Traditional medicine

**Allergies:** NKDA

**Review of Systems (ROS):** 6y post menopausal

**PE:**

**Vitals:** BP: 98/67 P: 79 R: 20 T: 37°C Wt: 53Kg

**General:** Look stable

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

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

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

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

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

### Lab/study:

On May 5, 2009

RBS: 224mg/dl

On May 6, 2009

FBS: 165mg/dl; UA: protein 1+

**Assessment:**

1. DMII

**Plan:**

1. Metformin 500mg 1t po qhs for one month
2. Captopril 25mg 1/4t po qd for one month
3. ASA 300mg 1/4t po qd for one month
4. Educate on diabetic diet, do regular exercise, low salt/fats diet, foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc and HbA1C at SHCH

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

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?****Examined by: Nurse Sovann Peng****Date: May 6, 2009**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From: Rithy Chau****Date:** May 7, 2009 8:43 AM**Subject:** Robib TM Clinic May 2009, Case#6, Kiv Visim, 53F (Phnom Dek Village)**To:** Robib Telemed**Cc:** Kruey Lim; Kathy Fiamma; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

I agree with your assessment and plan—can add lipid tests also TG & chol.

Rithy

Rithy Chau, MPH, MHS, PA-C  
Director for Capacity Building and Telemedicine  
Sihanouk Hospital Center of HOPE  
Phnom Penh, Cambodia  
Mobile: 855-12-520-547/855-11-623-805

From: Healey, Michael J.,M.D.

Sent: Wednesday, May 06, 2009 8:06 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib TM Clinic May 2009, Case#6, Kiv Visim, 53F (Phnom Dek Village)

Your plan looks good. She will very likely need a higher dose of Metformin, assuming renal function is normal. Most patients need 1500-2000 mg per day for full effectiveness. Captopril is a short-acting ACE-inhibitor. We generally give it 3 times a day, but prefer other, longer-acting ACE-inhibitors if any are available.

Michael J Healey, MD

**From: Robib Telemed**

**Date:** May 6, 2009 8:13 PM

**Subject:** Robib TM Clinic May 2009, Case#Sok Chhet, 49F (Ton Laep Village)

**To:** Kathy Fiamma; Joseph Kvedar; "Paul J. M.D. Heinzelmann"; Krui Lim; Rithy Chau;

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is the last case for Robib TM clinic May 2009, case number 7, Kiv Visim, 49F and photo. 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:** Sok Chhet, 49F (Ton Laep Village)

**Chief Complaint (CC):** Epigastric pain x 1months

**History of Present Illness (HPI):** 49F, farmer, presented with symptoms of epigastric pain, burning sensation especially in morning and at night, burping with sour taste, no radiation, She sought treatment in local health center and treated with antacid x 5d but the symptoms still persist. She reports of NSAIDs use in the previous months because of musculoskeletal pain and denied of nausea, vomiting, stool with mucus/blood.

**Past Medical History (PMH):** Car accident in 2008

**Family History:** None

**Social History:** No tobacco chewing, no cig smoking, no alcohol drinking, 4 children

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** 10y post menopausal

**PE:**

**Vitals:** BP: 116/72 P: 66 R: 20 T: 37°C Wt: 32Kg

**General:** Look stable

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

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

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

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

**Rectal Exam:** Good sphincter tone, smooth, no mass palpable, neg colocheck

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

**Lab/study:** None

**Assessment:**

1. GERD
2. Parasititis

**Plan:**

1. Famotidine 20mg 1t po qhs for one month
2. Metochlopramide 10mg 1t po qhs x 10d
3. Mebendazole 100mg 5t po qhs once
4. GERD prevention education

**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:** May 6, 2009

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From:** Tan, Heng Soon, M.D.

**Sent:** Wednesday, May 06, 2009 3:51 PM

**To:** Fiamma, Kathleen M.

**Subject:** RE: Robib TM Clinic May 2009, Case#Sok Chhet, 49F (Ton Laep Village)

It does sound like GERD. If she is not better on famotidine, you could consider H. pylori gastritis as well and offer empiric therapy with omeprazole 20 mg bid, clarithromycin 500 mg bid and metronidazole 500 mg bid.

Heng Soon Tan, MD

**From: Rithy Chau**

**Date:** May 7, 2009 8:48 AM

**Subject:** Robib TM Clinic May 2009, Case#Sok Chhet, 49F (Ton Laep Village)

**To:** Robib Telemed

**Cc:** Kathy Fiamma; Joseph Kvedar; "Paul J. M.D. Heinzelmann"; Kruy Lim; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

I agree with the dx and tx plan. One question though: are you sure she was postmenopausal for 10yr or maybe be due to use of contraception or something else?

Let me know if you need any other assistance from my side. Otherwise, thanks for all the cases and have a safe trip home.

Rithy

Rithy Chau, MPH, MHS, PA-C

Director for Capacity Building and Telemedicine

Sihanouk Hospital Center of HOPE

Phnom Penh, Cambodia

Mobile: 855-12-520-547/855-11-623-805

**From: Robib Telemed**

**Date:** May 7, 2009 8:51 PM

**Subject:** Robib TM Clinic May 2009 cases received

**To:** Kathy Fiamma

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau

Dear Kathy,

I would like to let you know that I have received reply of five cases from you, and below are cases received:

Case#1, Seng Lai Seang, 41F

Case#2, Chan Sovin, 42M

Case#5, Huy Yim, 55F

Case#6, Kiv Visim, 53F

Case#7, Sok Chhet, 49F

Please send me the answer of two remaining cases.

Best regards,

Sovann

**From: Fiamma, Kathleen M.**

**Date:** May 7, 2009 9:02 PM

**Subject:** Robib TM Clinic May 2009 cases received

**To:** Robib Telemed

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau

Thank you Sovann:

I will follow up with Dr. Fang and Dr. Busaba this morning.

Best,

Kathy Fiamma

617-726-1051

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# Thursday, May 07, 2009

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## Follow-up Report for Robib TM Clinic

There were 7 new patients seen during this month Robib TM Clinic, and other 54 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 May 2009

#### 1. Seng Lai Seang, 41F (Taing Treuk Village)

##### Diagnosis:

1. Right breast cyst

##### Treatment:

1. Ibuprofen 200mg 2t po bid prn (#30)
2. Follow up on July 2009

#### 2. Chan Sovin, 42M (Taing Treuk Village)

##### Diagnosis:

1. GERD
2. Parasititis
3. Anemia

##### Treatment:

1. Omeprazole 20mg 1t po qhs for one month (#30)
2. Metochlopramide 10mg 1t po qhs x 10d (#10)
3. Mebendazole 100mg 5t po qhs once (#5)
4. FeSO4/Folate 200/0.25mg 1t po bid for one month (#60)
5. MTV 1t po qd for one month (#30)
6. Stop traditional medicine
7. Do Malaria smear in local health center
8. Send to Kg Thom for CXR AP and Lat
9. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Peripheral smear, reticulocyte count at SHCH

##### Lab result on May 8, 2009

WBC	=2.9	[4 - 11x10 <sup>9</sup> /L]	Na	=137	[135 - 145]
RBC	=2.8	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=4.3	[3.5 - 5.0]
Hb	=6.9	[14.0 - 16.0g/dL]	Cl	=105	[95 - 110]
Ht	=23	[42 - 52%]	BUN	=3.1	[0.8 - 3.9]

MCV	=83	[80 - 100fl]
MCH	=25	[25 - 35pg]
MHCH	=30	[30 - 37%]
Plt	=40	[150 - 450x10 <sup>9</sup> /L]
Lym	=1.0	[1.0 - 4.0x10 <sup>9</sup> /L]
Mxd	=0.3	[0.1 - 1.0x10 <sup>9</sup> /L]
Neut	=1.6	[1.8 - 7.5x10 <sup>9</sup> /L]

Creat	=83	[53 - 97]
Gluc	=4.0	[4.2 - 6.4]

RBC morphology

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

Reticulocyte count = 4.7 [0.5 – 1.5]

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#70)
2. Captopril 25mg 1/4t po qd (#10)
3. ASA 300mg 1/4t po qd (#10)
4. Educate on diabetic diet, do regular exercise, low salt/fats diet, foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, tot chole, TG and HbA1C at SHCH

#### Lab result on May 8, 2009

WBC	=12.4	[4 - 11x10 <sup>9</sup> /L]	Na	=141	[135 - 145]
RBC	=4.8	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=4.3	[3.5 - 5.0]
Hb	=13.8	[12.0 - 15.0g/dL]	Cl	=109	[95 - 110]
Ht	=43	[35 - 47%]	BUN	=1.7	[0.8 - 3.9]
MCV	=88	[80 - 100fl]	Creat	=72	[44 - 80]
MCH	=29	[25 - 35pg]	Gluc	=12.3	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=4.1	[<5.7]
Plt	=300	[150 - 450x10 <sup>9</sup> /L]	TG	=2.8	[<1.71]
Lym	=5.0	[1.0 - 4.0x10 <sup>9</sup> /L]	HbA1C	=10.1	[4 - 6]

### 4. Thourn Lourth, 12F (Khna Village)

Diagnosis:

1. Bilateral Otitis media and externa
2. Rhinitis

Treatment: (Patient didn't come to get medicine)

1. Augmentin 875mg 1t po bid x 14d (#28)
2. Ibuprofen 200mg 1t po bid prn (#30)

### 5. Huy Yim, 55F (Backdoang Village)

Diagnosis:

1. Frozen shoulder
2. Rotator cuff irritation/tear?
3. Dyspepsia
4. Borderline HTN

Treatment:

1. Ibuprofen 200mg 2t po bid prn pain (#30)
2. Paracetamol 500mg 1t po qid prn pain (#30)
3. Warmth or cold compression to reduce pain

4. Famotidine 20mg 1t po qhs for one month (#30)
5. Eat low salt/Fats diet and do regular exercise
6. Send to Kg Thom for Right shoulder x-ray

#### 6. Kiv Visim, 53F (Phnom Dek Village)

##### Diagnosis:

1. DMII

##### Treatment:

1. Metformin 500mg 1t po qhs for one month (#35)
2. Captopril 25mg 1/4t po qd for one month (#10)
3. ASA 300mg 1/4t po qd for one month (#10)
4. Educate on diabetic diet, do regular exercise, low salt/fats diet, foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, tot chole, TG and HbA1C at SHCH

#### Lab result on May 8, 2009

WBC	=7.5	[4 - 11x10 <sup>9</sup> /L]	Na	=142	[135 - 145]
RBC	=4.5	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=3.8	[3.5 - 5.0]
Hb	=13.1	[12.0 - 15.0g/dL]	Cl	=111	[95 - 110]
Ht	=40	[35 - 47%]	BUN	=1.2	[0.8 - 3.9]
MCV	=89	[80 - 100fl]	Creat	=67	[44 - 80]
MCH	=29	[25 - 35pg]	Gluc	=6.0	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=5.0	[<5.7]
Plt	=303	[150 - 450x10 <sup>9</sup> /L]	TG	=1.5	[<1.71]
Lym	=2.0	[1.0 - 4.0x10 <sup>9</sup> /L]	HbA1C	=7.3	[4 - 6]

#### 7. Sok Chhet, 49F (Ton Laep Village)

##### Diagnosis:

1. GERD
2. Parasititis

##### Treatment:

1. Famotidine 20mg 1t po qhs for one month (#30)
2. Metochlopramide 10mg 1t po qhs x 10d (#10)
3. Mebendazole 100mg 5t po qhs once (#5)
4. GERD prevention education

### Patients who come for follow up and refill medicine

#### 1. Beth Chanrith, 29M (Taing Treuk Village)

##### Diagnosis:

1. Thyroglossal duct cyst?
2. Branchial clef cyst?

##### Treatment:

1. Refer to SHCH for surgical consultation

#### 2. Kong Sam On, 53M (Thkeng Village)

##### Diagnosis:

1. DMII
2. HTN

##### Treatment:

1. Metformin 500mg 1t po bid for two months (#120)
2. Glibenclamide 5mg 1t po bid for two months (buy)
3. Atenolol 50mg 1t po qd for two months (#60)
4. Captopril 25mg 1/2t po bid for two months (#60)



5. ASA 300mg 1/4t po qd for two months (#15)
6. Review on diabetic diet, low fats and salt, do regular exercise and foot care

### **3. Sam Thourng, 29F (Thnal Keng Village)**

#### **Diagnosis:**

1. Cardiomegaly by CXR
2. VHD?
3. A-fib
4. Right kidney stone by ultrasound
5. Dyspepsias

#### **Treatment:**

1. Refer to Phnom Penh for 2D echo of the heart
2. Famotidine 20mg 1t po qhs for one month (#30)
3. Atenolol 50mg 1t po qd for one month (#30)
4. ASA 300mg 1/4t po qd for one month (#8)

### **4. Puth Sang, 19M (Ton Laep Village)**

#### **Diagnosis:**

1. Eczema?

#### **Treatment:**

1. Mometasone cream 0.1% apply bid until the rashes gone (#3)

### **5. Ai Lun, 75F (Rovieng Tbong Village)**

#### **Diagnosis:**

1. Osteoarthritis
2. Dyspepsia

#### **Treatment:**

1. Paracetamol 500mg 1t po qid prn pain for three month (#70)

### **6. Ban Lay, 34F (Koh Pon Village)**

#### **Diagnosis:**

1. Diffuse goiter
2. Euthyroid goiter

#### **Treatment:**

1. Propranolol 40mg 1/2t po bid for one month (#30 )
2. Carbimazole 5mg 1/2t po bid for one month (#30)
3. Draw blood for Free T4 at SHCH

#### **Lab result on May 8, 2009**

Free T4=**29.19** [9.14 - 23.81]

### **7. Be Kim Ke, 54M (Thnout Malou Village)**

#### **Diagnosis:**

1. DMII

#### **Treatment:**

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

#### **Lab result on May 8, 2009**

Gluc =6.6 [4.2 - 6.4]  
HbA1C = 6.9 [4 - 6]

**8. Chan Khem, 58F (Taing Treuk Village)**

**Diagnosis**

1. HTN

**Treatment**

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

**9. Chheak Leangkry, 65F (Rovieng Cheung)**

**Diagnosis**

1. DMII with PNP
2. HTN

**Treatment**

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

**10. Chheuk Norn, 53F (Thnout Malou Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 2t po bid for three months (# 360)
2. Metformin 500mg 2t po bid for three months (#360)
3. Captopril 25mg 1/4t po qd for three months (# 24)
4. ASA 300mg 1/4t po qd for three months (# 24)

**11. Chin Thy Ren, 38F (Rovieng Cheung Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid for two months (#240)
2. Glibenclamide 5mg 1t po qd for two months (#60)
3. ASA 300mg 1/4t po qd for two months (#15)

**12. Chhin Chheut, 13M (Trapang Reusey Village)**

**Diagnosis:**

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

**Treatment:**

1. Ca/Vit D<sub>3</sub> 500/400 1t po qid
2. Draw blood for Ca<sup>2+</sup> and Mg<sup>2+</sup> at SHCH

**Lab result on May 8, 2009**

Na =142 [135 - 145]  
K =3.7 [3.5 - 5.0]  
Cl =113 [95 - 110]  
BUN =7.3 [0.8 - 3.9]  
Creat =476 [53 - 97]  
Gluc =6.3 [4.2 - 6.4]

Ca <sup>2+</sup>	=0.81	[1.12 – 1.32]
Mg <sup>2+</sup>	=1.4	[0.8 – 1.0]

**13. Choeung Thang, 62M (Thnout Malou Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Metformin 500mg 2t po bid for two months (#240)
3. Captopril 25mg 1t po bid for two months (#120)
4. ASA 300mg 1/4t po qd for two months (#15)

**14. Chourb Kimsan, 56M (Rovieng Tbong Village)**

**Diagnosis:**

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

**Treatment:**

1. Atenolol 50mg 1/2t po bid for one month (#30)
2. Captopril 25mg 1t po bid for one month (#60)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Metformin 500mg 2t po qhs for one month (#60)
5. Glibenclamide 5mg 1t po qd for one month (#30)
6. Review on diabetic diet, regular exercise and foot care
7. Draw blood for Lyte, Creat, Gluc and HbA1C at SHCH

**Lab result on May 8, 2009**

Na	=144	[135 - 145]
K	=4.3	[3.5 - 5.0]
Cl	=111	[95 - 110]
Creat	=166	[53 - 97]
Gluc	=5.5	[4.2 - 6.4]
HbA1C	=6.5	[4 – 6]

**15. Chhim Bon, 71F (Taing Treuk Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**16. Chum Ly Voeung, 34F (Dam Nak Chen Village)**

**Diagnosis:**

1. Anemia

**Treatment:**

1. FeSO4/Folate 200/0.25mg 1t bid for one month (#60)
2. MTV 1t po qd for one month (#30)
3. Draw blood for CBC, Peripheral smear and Reticulocyte count at SHCH

**Lab result on May 8, 2009**

WBC	=7.0	[4 - 11x10 <sup>9</sup> /L]
RBC	=5.1	[4.6 - 6.0x10 <sup>12</sup> /L]
Hb	=10.6	[14.0 - 16.0g/dL]

Ht	=36	[42 - 52%]
MCV	=70	[80 - 100fl]
MCH	=21	[25 - 35pg]
MHCH	=30	[30 - 37%]
Plt	=252	[150 - 450x10 <sup>9</sup> /L]
Lym	=2.7	[1.0 - 4.0x10 <sup>9</sup> /L]
Mxd	=0.6	[0.1 - 1.0x10 <sup>9</sup> /L]
Neut	=3.7	[1.8 - 7.5x10 <sup>9</sup> /L]

RBC morphology

Hypochromic 2+  
Microcytes 2+

Reticulocyte count = 2.5 [0.5 – 1.5]

### 17. Em Thavy, 36F (Thnal Keng Village)

#### Diagnosis:

1. Diffuse Goiter
2. Euthyroid

#### Treatment:

1. Carbimazole 5mg 1/2t po tid for one month (#45)
2. Propranolol 40mg 1/4t po bid for one month (#15)
3. Draw blood for Free T4 at SHCH

#### Lab result on May 8, 2009

Free T4=7.19 [9.14 - 23.81]

### 18. Khim Khem, 57F (Chhnourn Village)

#### Diagnosis:

1. GERD
2. Anemia due to iron def

#### Treatment:

1. FeSO4/Folic acid 200/0.25mg 1t po bid x 2m (#120)
2. MTV 1t po qd x 2m (#60)

### 19. Khi Ngorn, 63M (Rovieng Cheung Village)

#### Diagnosis:

1. HTN

#### Treatment:

1. HCTZ 50mg 1t po qd for three months (#90)
2. Do regular exercise

### 20. Kong Nareun, 31F (Taing Treuk Village)

#### Diagnosis:

1. Moderate MS with severe TR
2. Biatrium dilation
3. Severe pulmonary HTN
4. PVC
5. Dyspepsia

#### Treatment:

1. Atenolol 50mg 1/2t po bid for two months (# 60)
2. Furosemide 40mg 1/2t po bid for two months (# 60)
3. Famotidine 20mg 1t po qhs (#30)

**21. Kouch Be, 76M (Thnout Malou Village)**

**Diagnosis**

1. HTN
2. COPD

**Treatment**

1. Amlodipine 5mg 1/2t po qd for three months (# 100)
2. Salbutamol Inhaler 2 puffs prn SOB for three months (# 3)

**22. Kul Chheung, 78F (Taing Treuk)**

**Diagnosis:**

1. HTN
2. COPD

**Treatment:**

1. HCTZ 50mg 1/2t po qd for three months (#45)
2. Salbutamol inhaler 2puffs prn SOB for three months (#3vials)

**23. Kul Keung, 61F (Taing Treuk Village)**

**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. HCTZ 12.5mg 2t po qd for one month (# 60)
2. ASA 300mg ¼ t po qd for one month (# 8)
3. Captopril 25mg ¼ t po qd for one month (#8)
4. Glibenclamide 5mg 1t po bid for one month (#60)
5. Metformin 500mg 1t po qd for one month (#35)

**24. Lay Lai, 28F (Taing Treuk Village)**

**Diagnosis:**

1. Tachycardia

**Treatment:**

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

**25. Meas Kong, 55F (Rovieng Tbong Village)**

**Diagnosis:**

1. DMII with PNP
2. HTN

**Treatment:**

1. Glibenclamide 5mg 2t po bid for three months (#360)
2. Metformin 500mg 2t po bid for three months (#360)
3. Captopril 1t po tid for three months (#270)
4. ASA 300mg 1/4t po qd for three months (#24)
5. Amitriptylin 25mg 1/2t po qhs for three months (#45)

**26. Neth Ratt, 37M (Otalauk Village)**

**Diagnosis:**

1. DMII

**Treatment:**

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

**27. Nhem Sok Lim, 59F (Thnout Malou Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 2t po qd for one month (#60)
2. Metformin 500mg 2t po bid for one month (#120)
3. Captopril 25mg 1/2t po bid for one month (#30)
4. Draw blood for Gluc and HbA1C at SHCH

**Lab result on May 8, 2009**

Gluc =5.0 [4.2 - 6.4]  
HbA1C =8.4 [4 - 6]

**28. Nung Bopha, 45F (Rovieng Cheung 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 (#15)
4. ASA 300mg 1/4t po qd for one month (#8)

**29. Nung Chhun, 70F (Ta Tong Village)**

**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

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

**30. Pheng Roeung, 61F (Thnout Malou Village)**

**Diagnosis:**

1. HTN
2. Liver cirrhosis
3. Euthyroid

**Treatment:**

1. Atenolol 50mg 1t po qd for three months (# 90)
2. Spironolactone 25mg 1t po qd for three months (90)
3. MTV 1t po qd for three months (#90)
4. Famotidine 20mg 1t po qd (#30)

**31. Phim Sichin, 35F (Taing Treuk Village)**

**Diagnosis:**

1. DMII
2. LVH
3. Cardiomegaly
4. TR/MS
5. Thalassemia
6. Cachexia

**Treatment:**

1. Glibenclamide 5mg 2t po bid for one month (#120)

2. Metformin 500mg 3t qAM, 2t po qPM for one month (#150)
3. Captopril 25mg 1/4t po bid for one month (#15)
4. MTV 1t po bid for one month (#60)
5. Ibuprofen 200mg 2t po bid prn pain (#30)
6. Paracetamol 500mg 1t po qid prn pain (#30)

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

**Diagnosis:**

1. Liver cirrhosis with PHTN
2. HTN
3. Hypochromic Microcytic Anemia
4. Hypertrophic Cardiomyopathy
5. Renal Failure
6. Joint pain

**Treatment:**

1. Spironolactone 12.5mg 1t po qd for two months (#60)
2. FeSO4/Folate 200/0.25mg 1t po qd for two months (#60)
3. Folic acid 5mg 1t po qd for two months (#60)
4. MTV 1t po qd for two months (#60)
5. Ibuprofen 200mg 2t po bid prn pain (#30)

**33. Prum Sourn, 65M (Taing Treuk Village)**

**Diagnosis:**

1. CHF with EF 27%
2. LVH
3. VHD (MI, AI)
4. Renal Impairment

**Treatment:**

1. Captopril 25mg 1/4t po bid for three months (#45)
2. Furosemide 40mg 1t po qd for three months (#90)
3. ASA 300mg 1/4t po qd for three months (#25)

**34. Rim Sopheap, 32F (Doang Village)**

**Diagnosis:**

1. Dilated Cardiomyopathy with EF 32% with PR
2. Dyspepsia

**Treatment:**

1. Captopril 25mg 1/4t po bid for two months (#30)
2. ASA 300mg 1/4t po qd for two months (#15)
3. MTV 1t po qd for two months (#60)
4. Omeprazole 20mg 1t po qhs (#30)

**35. Ros Oeun, 50F (Thnout Malou Village)**

**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

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

**Lab result on May 8, 2009**

Gluc =10.4 [4.2 - 6.4]  
HbA1C =4.3 [4 - 6]

**36. Ros Yeth, 55M (Thnout Malou Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po qd for one month (# 60)
2. Captopril 25mg 1/4t po qd for one month (#8)
3. Draw blood for Gluc and HbA1C at SHCH

**Lab result on May 8, 2009**

Gluc =20.5 [4.2 - 6.4]  
HbA1C =13.1 [4 - 6]

**37. Sao Ky, 71F (Thnout Malou Village)**

**Diagnosis**

1. HTN

**Treatment**

1. HCTZ 12.5mg 2t po qd for three months (# 180)

**38. Sao Lim, 73F (Taing Treuk Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 12.5mg 2t po qd for three months (# 180)
2. ASA 300mg ¼ t po qd for three months (# 25)
3. MTV 1t po qd for three months (# 90)

**39. Sao Phal, 57F (Thnout Malou)**

**Diagnosis:**

1. HTN
2. Anxiety
3. Dyspepsia

**Treatment:**

1. HCTZ 12.5mg 2t po qd for three months (# 180)
2. Amitriptylin 25mg 1t po qhs for three months (# 90)
3. Paracetamol 500mg 1t po qid prn pain/HA for three months (#50)
4. Famotidine 20mg 1t po qhs (#30)

**40. Say Soeun, 67F (Rovieng Cheung Village)**

**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for three months (# 180)
2. Metformin 500mg 2t po qhs for three months (# 180)
3. Captopril 25mg 1t po bid for three months (# 180)
4. Atenolol 50mg 1/2t po bid for three months (# 90)
5. ASA 300mg ¼t po qd for three months (# 24)
6. MTV 1t po qd for three months (# 90)

**41. Sem Sarun, 68F (Trapang Toem Village)**

**Diagnosis:**



1. COPD

**Treatment:**

1. Salbutamol inhaler 2puffs bid for two months (#2)

**42. Seung Savorn, 48M (Sre Thom Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**43. So On, 80F (Thnout Malou Village)**

**Diagnosis:**

1. HTN
2. Joint pain
3. Anemia

**Treatment:**

1. HCTZ 50mg 1/2t po po qd for two months (# 30)
2. Paracetamol 500mg 1t po qid prn pain/fever for two months (# 30)
3. MTV 1t po qd for two months (#60)
4. FeSO4/Folate 200/0.25mg 1t po qd for two months (#60)

**44. So Putheara, 13M (Thnal Keng Village)**

**Diagnosis:**

1. Nephrotic syndrome

**Treatment:**

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

**45. So Sok San, 24F (Thnal Keng Village)**

**Diagnosis:**

1. Nephrotic Syndrome
2. Anemia

**Treatment:**

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

**46. Sok Thai, 69M (Taing Treuk Village)**

**Diagnosis:**

1. Stroke

**Treatment:**

1. ASA 300mg 1/2t po qd for three months (# 45)
2. MTV 1t po qd for three months (#90)

**47. Som An, 50F (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 (# 120)

**48. Som Thol, 57M (Taing Treuk Village)**

**Diagnosis:**

1. DMII with PNP

**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 qd for one month (#8)
4. ASA 300mg ¼t po qd for one month (# 8)
5. Amitriptyline 25mg 1t po qhs for one month (#30)
6. MTV 1t po qd for one month (#30)
7. Draw blood for Lyte, Creat, Gluc and HbA1C at SHCH

**Lab result on May 8, 2009**

Na	=126	[135 - 145]
K	=3.2	[3.5 - 5.0]
Cl	=96	[95 - 110]
Gluc	=2.1	[4.2 - 6.4]
T. Chol	=4.8	[<5.7]
TG	=1.4	[<1.71]
HbA1C	=8.6	[4 - 6]

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

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

**Treatment:**

1. Glibenclamide 5mg 1 1/2t po bid for one month (# 90)
2. Nifedipine 20mg 1t po qd for one month (# 30)
3. ASA 300mg 1/4t po qd for one month (# 8)
4. Amitriptylin 25mg 1/2t po qhs for one month (# 15)
5. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (#30)
6. MTV 1t po qd for one month (#30)

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

1. MDII

**Treatment:**

1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 2t po bid for one month (# 120)
3. Captopril 25mg 1/4t po qd for one month (# 8)
4. ASA 300mg 1/4t po qd for one month (# 8)

**51. Tann Kin Horn, 51F (Thnout Malou Village)****Diagnosis**

1. DMII

**Treatment**

1. Glibenclamide 5mg 2t po bid for two months (#240)
2. Metformin 500mg 2t po bid for two months (#240)
3. Captopril 25mg 1/4t po qd for two months (#15)
4. ASA 300mg 1/4t po qd for two months (#15)

**52. Tann Sou Hoang, 50F (Rovieng Cheung Village)****Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po qhs for two months (#120)

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

**53. Um Yi, 55F (Rovieng Cheung Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 12.5mg 2t po qd for three months (#180)

**54. Uy Noang, 55M (Thnout Malou Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformine 500mg 1t po bid for one month (#60)

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**The next Robib TM Clinic will be held on  
June 08-12, 2009**