

# Robib *Telemedicine* Clinic

## Preah Vihear Province

**M A Y 2 0 1 1**

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

On Monday, May 2, 2011, SHCH staff PA Rithy, 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 3 & 4, 2011, the Robib TM Clinic opened to receive the patients for evaluations. There were 10 new cases seen during this month, and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh on Wednesday and Thursday, May 4 & 5, 2011.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston, SHCH and PA Rithy on site, 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:** [Rithy Chau](#) ; [Cornelia Haener](#) ; [Kathy Fiamma](#) ; [Kruy Lim](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Radiology Boston](#)  
**Cc:** [Bernie Krisher](#) ; [Kevin O' brien](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#) ; [Savooun Chhun](#) ; [Robib School 1](#)  
**Sent:** Monday, April 25, 2011 3:31 PM  
**Subject:** Schedule for Robib Telemedicine Clinic May 2011

Dear all,

I would like to inform you that Robib TM Clinic for May 2011 will be starting from May 2 - 6, 2011.

The agenda for the trip is as following:

1. On Monday May 2, 2011, PA Rithy, Dirver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday May 3, 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 sent to both partners in Boston and Phnom Penh.
3. On Wednesday May 4, 2011, the activity is the same as on Tuesday
4. On Thursday May 5, 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 May 6, 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:** [Cornelia Haener](#) ; [Rithy Chau](#) ; [Kathy Fiamma](#) ; [Joseph Kvedar](#) ; [Paul Heinzelmann](#) ; [Kruy Lim](#)

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

**Sent:** Tuesday, May 03, 2011 4:23 PM

**Subject:** Robib TM Clinic May 2011, Case#1, Chum Loeung, 32F

Dear all,

There are four new cases for the first day of Robib TM Clinic May 2011. This is case number 1, Chum Loeung, 32F and photos.

Best regards,  
Sovann

## **Robib Telemedicine Clinic**

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

### **History and Physical**



**Name/Age/Sex/Village:** Chum Loeung, 32F (Sralou Srong Village)

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

**History of Present Illness (HPI):** 32F, farmer, presented with symptoms of epigastric pain, burning sensation, burping with sour taste and pain with swallowing, 1w later she noticed a small mass on anterior neck so she thought the dysphagia come from the mass. She got treatment by traditional method burning to the mass. The symptoms are not better so she went to consult with provincial

hospital doctor and diagnosed her with goiter and gastritis and treated her with few kinds of medicine (unknown name) for about two months, which help her with epigastric pain and dysphagia but her mass still presented. She denied of weight loss, hair loss, heat intolerance, tremor.

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

**Family History:** Mother with goiter

**SH:** 3 children, no EtOH, no cig smoking

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** Regular menstrual period



**PE:**

**Vitals: BP: 108/67 P: 91 R: 20 T: 37°C Wt: 55Kg**

**General:** Stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, neck mass about 2x2cm, smooth surface, soft, mobile on swallowing, no tender, no bruit, no lymph node palpable, 5 burning scars (completed healed)

**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:** 2+ pitting edema on both legs, (+) dorsalis pedis and posterior tibial pulse

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

**Lab/study:** None

**Assessment:**

1. Goiter
2. Thyroid cyst?
3. Dyspepsia

**Plan:**

1. Famotidine 10mg 1t po qhs for one month
2. Draw blood for TSH, Free T4 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 3, 2011**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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From: Barbesino, Giuseppe, M.D.  
Sent: Tuesday, May 03, 2011 1:59 PM  
To: Fiamma, Kathleen M.; Robib Clinic  
Subject: Re: Robib TM Clinic May 2011, Case#1, Chum Loeung, 32F

I agree with tsh and I would add ultrasound to best address this neck mass.

Giuseppe Barbesino, MD

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

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

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

**Sent:** Tuesday, May 03, 2011 4:24 PM

**Subject:** Robib TM Clinic May 2011, Chou Long, 67M

Dear all,

This is case number 2, Chou Long, 67M 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:** Chou Long, 67M (Trapang Teum Village)

**Chief Complaint (CC):** SOB for 1 year

**History of Present Illness (HPI):** 67M, farmer, presented with symptoms of SOB on exertion (walking and carry heavy things), no fever, no cough, no dizziness, he consult with local health care worker and treated with some medicines (unknown name) for several days but seem not better. In this month, he developed with worse symptoms SOB with mild activity (during having shower, lying supine on bed), he slept in sitting position with leaning forward. He also

presented with symptoms of leg edema, fatigue, dizziness, cough and he denied of oliguria, hematuria, stool with blood, black stool, fever, CP. He got treatment with PO and injection medicine (unknown name) for about 10d but not better.



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

**Family History:** None

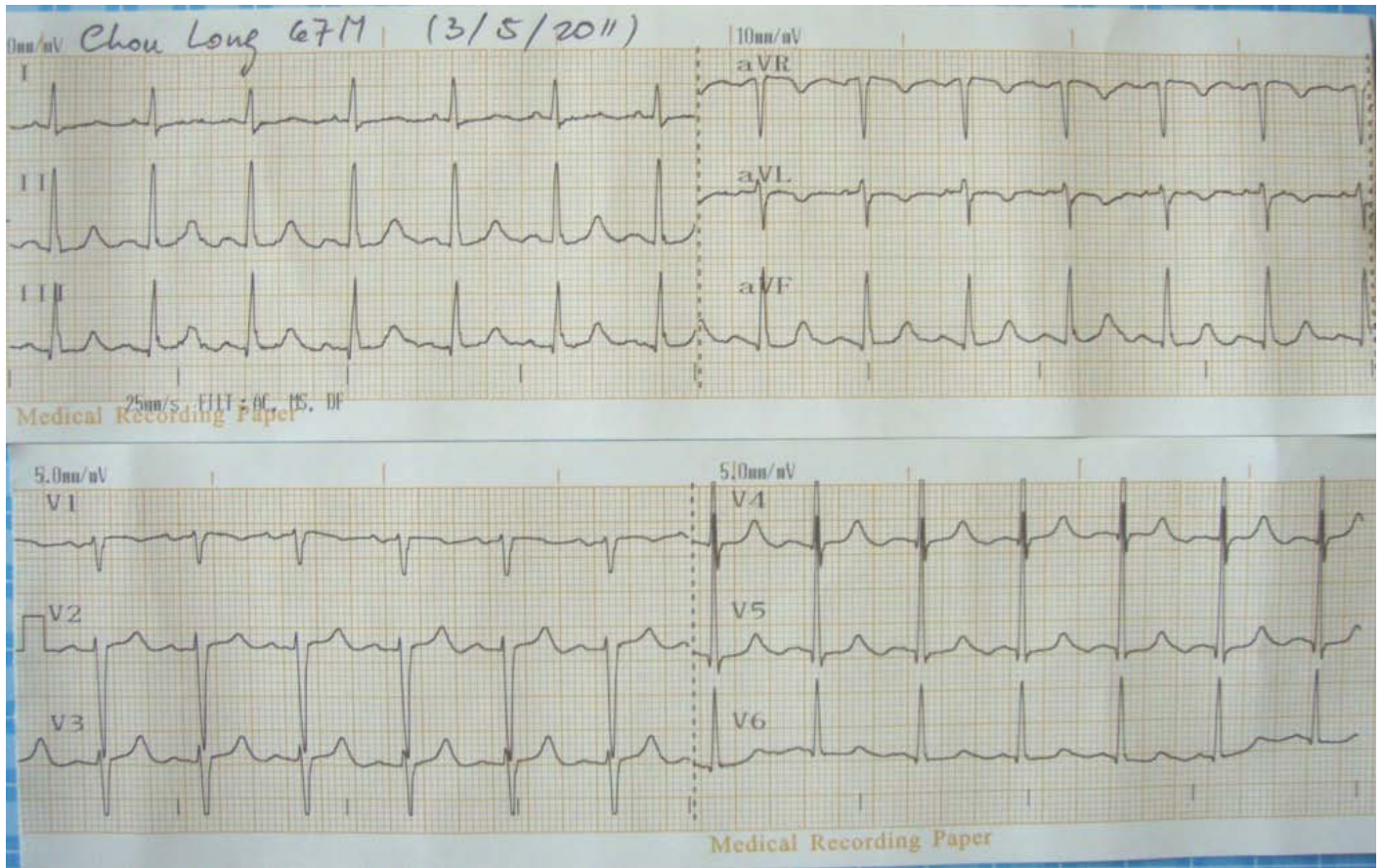
**SH:** Smoking, 10cig/d, and casually alcohol drinking, stopped both for about 1y

**Current Medications:** PO and IV medicine (unknown name)

**Allergies:** NKDA

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





**PE:**

**Vitals:** BP: 160/95 (both arms) P: 87 R: 24 T: 37°C Wt: 36Kg O2sat: 97%

**General:** Sick, cachexia

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

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

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

**Extremity/Skin:** 2+ pitting edema on both legs, (+) dorsalis pedis and posterior tibial pulse

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

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

**Lab/study:**

RBS: 230mg/dl Hb:9g/dl

U/A: protein 3+, glucose 4+, no leukocyte, no hematuria, no ketone

EKG attached

**Assessment:**

1. CHF?
2. HTN
3. DMII?
4. Anemia

**Plan:**

1. Captopril 25mg 1/4t po bid
2. FeSO4/Folate 200/0.4mg 1t po bid
3. MTV 1t po qd
4. Furosemide 40mg 1t po qd for 1w
5. Recheck FBS in next day if still elevated, consider antidiabetic drug
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, HbA1C, Peripheral blood smear at SHCH
7. Send patient to Kg Thom for CXR

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 3, 2011**

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From: Fang, Leslie S.,M.D.

Sent: Wed 5/4/2011 11:19 PM

To: Fiamma, Kathleen M.

Subject: Re: Robib TM Clinic May 2011, Chou Long, 67M

He has diabetes and nephrotic syndrome from diabetic nephropathy

The picture showed periorbital edema characteristic of nephrotic syndrome

I doubt that there will be CHF on CXR

Agree with management plans

Would need to make sure that his renal function is not already declining

Leslie Fang, MD

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

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

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

**Sent:** Tuesday, May 03, 2011 4:26 PM

**Subject:** Robib TM Clinic May 2011, Case#3, Kong Cheang, 19M

Dear all,

This is case number 3, Kong Cheang, 19M 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 Cheang, 19M (Trapang Teum Village)

**Chief Complaint (CC):** Polyuria x 1y

**History of Present Illness (HPI):** 19M, farmer, presented with symptoms of polyuria, polydypsia, polyphagia, fatigue and weight loss, he went to consult with private clinic in province and diagnosed him with diabetes (BS: 500mg/dl) and Glibenclamdie 5mg 1t po tid then symptoms became better. He denied of blurred vision, GI problem, Oliguria, numbness/tingling.

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

**Family History:** None

**SH:** Casually alcohol drinking, no cig smoking

**Current Medications:**

1. Glibenclamide 5mg 1t po tid

**Allergies:** NKDA

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

**PE:**

**Vitals:** BP: 120/76 (both arms) P: 74 R: 20 T: 37°C Wt: 53Kg

**General:** Stable

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

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

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

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

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

**Lab/study:**

RBS: 359mg/dl

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

**Assessment:**

1. DM

**Plan:**

1. Glibenclamide 5mg 1t po bid
2. Metformin 500mg 1t po bid
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH
4. Diabetic diet education, do regular exercise, and foot care

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

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

**Examined by: Nurse Sovann Peng**

**Date: May 3, 2011**

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**From:** Fang, Leslie S.,M.D.

**Sent:** Tuesday, May 03, 2011 1:49 PM

**To:** Fiamma, Kathleen M.

**Subject:** RE: Robib TM Clinic May 2011, Case#3, Kong Cheang, 19M

Agree completely that the patient has diabetes.

However, at his age, it is possible that he has Type 1 diabetes and will not respond to oral hypoglycemic agent and may need insulin

Leslie S.T. Fang, MD PhD



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

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

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

**Sent:** Tuesday, May 03, 2011 4:29 PM

**Subject:** Robib TM Clinic May 2011, Case#4, Moeung Rin, 67F

Dear all,

This is the case number 4, Moeung Rin, 67F and photo. Please waiting for other cases which will be sent to you tomorrow.

Thank you very much for 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:** Moeung Rin, 67F (Taing Treuk Village)

**Chief Complaint (CC):** HA and Palpitation x 1y

**History of Present Illness (HPI):** 67F presented with symptoms of pressure HA, neck tension, dizziness and palpitation (fast beating heart), she bought medicine from local pharmacy without consultation. In these three months, her symptoms worse so she went to consult with private clinic in province and diagnosed her with HTN (BP: 168/?) and she bought Chinese antihypertensive combination (HCTZ, Atenolol, ...) taking 1t po qd, which help her some. She denied of fever, cough, SOB, GI problem, leg edema, oliguria, dysuria.

**Past Medical History (PMH):** Osteoarthritis (knee joint) x 5y with prn pain killer

**Family History:** None

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

**Current Medications:**

1. Chinese antihypertensive combination (HCTZ, Atenolol, ...) 1t po qd

**Allergies:** NKDA

**Review of Systems (ROS):** 20y post menopause; MCP and DIP joint pain, stiffness, less pain, stiff on knee joint

**PE:**

**Vitals:** BP: 139/84 (both arms) P: 95 R: 20 T: 37°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, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

**Extremity/Skin:** No legs edema, (+) dorsalis pedis and posterior tibial pulse, mild MCP tenderness and mild stiffness, other joint normal

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

**Lab/study:**

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

**Assessment:**

1. HTN
2. Osteoarthritis

**Plan:**

1. HCTZ 50mg 1/2t po qd
2. Atenolol 50mg 1/2t po qd
3. Paracetamol 500mg 1-2t po qid prn pain
4. Eat low salt diet, do regular exercise
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

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

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

**Examined by: Nurse Sovann Peng**

**Date: May 3, 2011**

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From: Cohen, George L.,M.D.  
Sent: Wed 5/4/2011 8:22 PM  
To: Fiamma, Kathleen M.  
Subject: RE: Robib TM Clinic May 2011, Case#4, Moeung Rin, 67F

The patient is a 67 year old woman with hypertension and with knee pain secondary to presumed osteoarthritis.

She is being treated for hypertension with hydrochlorothiazide 25 mg daily and atenolol 25 mg daily. She takes acetaminophen as needed for knee pain.

I agree that treatment of osteoarthritis with acetaminophen is appropriate and safe although I would limit the total daily dose to 2-3 g. HCTZ and atenolol are excellent choices for treatment of hypertension. We would like the blood pressure to be a little lower around 130/80 or less. You could consider increasing the atenolol dose to 50 mg daily.

George L. Cohen, M.D.

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**From:** [Robibtelemed](#)  
**To:** [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, May 04, 2011 5:27 PM  
**Subject:** Robib TM Clinic May 2011, Case#5, Chhim Chhorn, 64M

Dear all,

There are six new cases for the second day of Robib TM Clinic May 2011. This is case number 5, continued from yesterday, Chhim Chhorn, 64M 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:** Chhim Chhorn, 64M (Backdoang Village)

**Chief Complaint (CC):** Productive cough x 1 month

**History of Present Illness (HPI):** 64M, farmer, with history of 1y joint pain on the knee and lower back and ankle, stiffness, no swelling, no redness and in this month, he presented with symptoms of white productive cough, fever, night sweating, weight loss, fatigue and poor

appetite. He consulted with doctor in provincial hospital and treated with Diclofenac, and Vitamin B injection and few other po medicine bid for 10d. He became better but still complaint of cough, and fatigue, and ankle joint pain with stiffness.

**Past Medical History (PMH):** 1y of Knee, lower back and ankle joint pain, stiffness, no redness, no swelling with prn pain killer from local pharmacy with consultation.

**Family History:** None

**SH:** Smoking 20cig/d, stopped recently, casually alcohol drinking

**Current Medications:**

1. Diclofenac and Vitamin B injection qd
2. Other three kind of medicine (unknown name) po bid

**Allergies:** NKDA

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

**PE:**

**Vitals:** BP: 81/56 (both arms) P: 112 R: 20 T: 37°C Wt: 45Kg

**General:** Sick

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

**Chest:** Decreased breathing sound bilaterally, no rales, no rhonchi; H RRR, no murmur

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

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

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

**Rectal exam:** good sphincter tone, no mass palpable, Positive colochek

**Lab/study:**

RBS: 101mg/dl Hb:8g/dl

**Assessment:**



1. PUD due to NSAIDs
2. Anemia
3. Osteoarthritis
4. PTB?

**Plan:**

1. Amoxicillin 500mg 2t po bid for 14d
2. Metronidazole 250mg 2t po bid for 14d
3. Omeprazole 20mg 1t po bid for 14d then 1t po qhs for one month
4. Metoclopramide 10mg 1t po qhs for 14d
5. FeSO4/Folate 1t po bid
6. Paracetamol 500mg 1t po qid prn pain/fever
7. Xango powder tid
8. Do AFB smear in local health center
9. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Peripheral blood smear 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 4, 2011**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [Cusick, Paul S.,M.D.](#)

**To:** [Fiamma, Kathleen M.](#) ; [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com)

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

**Sent:** Thursday, May 05, 2011 6:55 PM

**Subject:** RE: Robib TM Clinic May 2011, Case#5, Chhim Chhorn, 64M

Thanks for an opportunity to consult.

This 64 yo man who has done heavy farm labor presents with a year of multiple joint pains with stiffness without signs of inflammation.

He has ahs one month of productive cough with constitutional symptoms of fever, sweats and anorexia and weight loss.

Your exam is unremarkable except for stool guaiac occult test positive.

The chest xray shows no obvious cardiac or pulmonary abnormalities.

The foot xray shows no obvious fracture or erosive changes in the bones

He had 10 days of NSAID use for the joint pain and it is not clear if he received relief.



The differential for the arthritis and joint pain would be osteoarthritis with tendonitis or bursitis and musculoskeletal pains or an inflammatory process such as psoriatic, rheumatoid or Lupus arthritis. None of the symptom descriptions are suggestive of an inflammatory picture.

His cough could be infectious in nature. The chest xray shows no clear infiltrate. It is appropriate to evaluate for Pulm TB.

If your suspicion for TB is high, then it would be reasonable to pre treat with antituberculosis drugs.

The amoxicillin and metronidazole you are prescribing will eliminate most bacterial pathogens causing a bacterial bronchitis.

It appears that you are treating him for PUD from NSAIDs with a 3 drug regimen for H pylori infection (omeprazole/amoxicillin/metronidazole) for unclear reasons. I am not aware of the rates of H Pylori in Cambodia but do not necessarily associate NSAID induced gastritis/PUD with H pylori, I know that the stool hemocult was positive but he does not endorse black or melanic stools, epigastric dyspepsia discomfort or burping.

At this time, I agree with using tylenol and warm wet cloths to his sore joints and muscles.

Thank you for your consultation.

Paul Cusick MD  
Internal Medicine

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

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

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

**Sent:** Wednesday, May 04, 2011 5:29 PM

**Subject:** Robib TM Clinic May 2011, Case#6, Lach Tith, 53M

Dear all,

This is case number 6, Lach Tith, 53M and photos.

Best regards,  
Sovann

## **Robib Telemedicine Clinic**

**Sihanouk Hospital Center of HOPE and Partners Telemedicine**

**Rovieng Commune, Preah Vihear Province, Cambodia**

### **History and Physical**



**Name/Age/Sex/Village:** Lach Tith, 53M (Doang Village)

**Chief Complaint (CC):** Neck mass x 18 months

**History of Present Illness (HPI):** 53M, farmer, presented with a mass on left lateral side of the neck, about thumb size, pain, warmth. He got treatment with application of traditional medicine on the mass. The mass progressively developed so he went to local health center, and AFB done with negative result but he was treated

with TB medicine. The mass is not reduced in size but no pain, no warmth. He went to provincial hospital and told this kind of this mass cannot be removed there so he came back home. He denied of trauma, insect bite, weight loss, cough, fever.

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

**Family History:** None

**SH:** No cig smoking, alcohol drinking casually

**Current Medications:**

1. TB medicine from local health center, complete 6 months in next 4 days

**Allergies:** NKDA

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

**PE:**

**Vitals:** BP: 155/96 (both arms) P: 84 R: 20 T: 37°C Wt: 51Kg

**General:** Stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no icterus, mass on lateral side of the neck, about 4 x 6cm, firm, smooth surface, no tender, no ulceration, no lymph node palpable; ear exam no redness, no discharge, intact tympanic membrane.

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

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

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

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

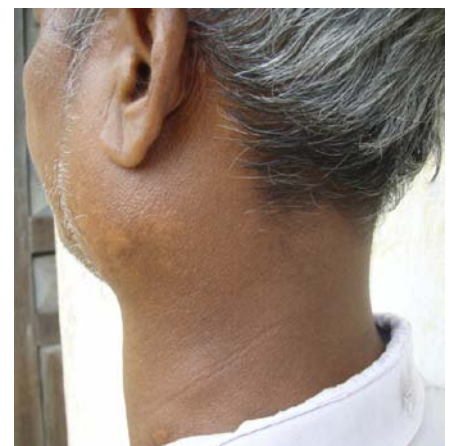
**Lab/study:** None

**Assessment:**

1. TB Adenitis??
2. Lymphoma??

**Plan:**

1. Do FNA of the mass for cytology at SHCH
2. Paracetamol 500mg 1t po qid prn pain/fever



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 4, 2011**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [Barbesino, Giuseppe, M.D.](#)  
**To:** [Fiamma, Kathleen M.](#) ; [rithychau@sihosp.org](mailto:rithychau@sihosp.org) ; [ROBIB](#)  
**Sent:** Thursday, May 05, 2011 5:02 AM  
**Subject:** RE: Robib TM Clinic May 2011, Case#6, Lach Tith, 53M

Being an endocrinologist and not an ENT doctor I am a bit hesitant. I agree that TB adenitis is in the differential. Lymphoma less likely given one single mass, but possible. I would also be concerned about parotid tumor given location. I think that ultrasound, biopsy and culture would be recommended.

Giuseppe Barbesino M.D.

**From:** [Robibtelemed](#)  
**To:** [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Paul Heinzelmann](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, May 04, 2011 5:30 PM  
**Subject:** Robib TM Clinic May 2011, Nou Sam Nang, 62M

Dear all,

This is case number 7, Nou Sam Nang, 62M 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:** Nou Sam Nang, 62M (Trapang Reusey Village)

**Chief Complaint (CC):** Fatigue and palpitation x 1 month

**History of Present Illness (HPI):** 62M, farmer, presented with symptoms of fatigue, palpitation (heart beating fast), pressure HA, and generalized muscle pain. The palpitation occur on exertion and better with resting. He never has consultation and come to Telemedicine today. He denied of dizziness, chest pain, SOB, GI problem, orthopnea, edema, oliguria, hematuria, black/bloody stool.

**Past Medical History (PMH):** BKA due to mine explosive in 1980

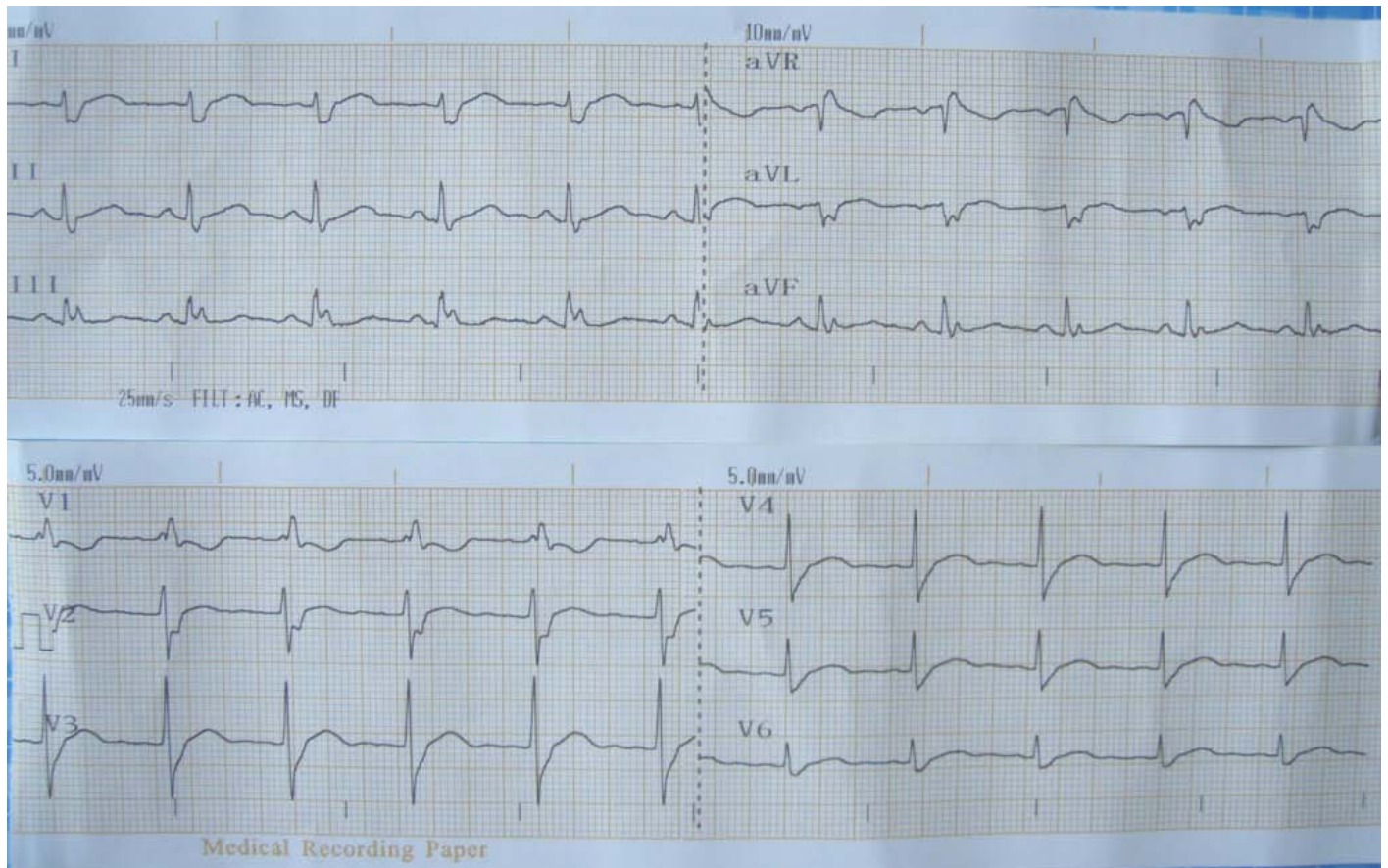
**Family History:** None

**SH:** No cig smoking, no alcohol drinking

**Current Medications:** None

**Allergies:** NKDA

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



**PE:**

**Vitals:** BP: 101/76      P: 91      R: 20      T: 37°C      Wt: 50Kg

**General:** Stable

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

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

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



**Extremity/Skin:** Right BKA with healed stump, no skin lesion

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

**Lab/study:**

EKG (Right foot electrode attached to the right thigh due to BKA, and left foot electrode attached to the ankle)

**Assessment:**

1. IHD??
2. Muscle pain

**Plan:**

1. Paracetamol 500mg 1t po qid prn pain/fever
2. Keep observe

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 4, 2011

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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No answer replied

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

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

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

**Sent:** Wednesday, May 04, 2011 5:32 PM

**Subject:** Robib TM Clinic May 2011, Case#8, Puth Phy, 40F

Dear all,

This is case number 8, Puth Phy, 40F 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:** Puth Phy, 40F (Rom Check Village)

**Chief Complaint (CC):** Right breast mass x 14d

**History of Present Illness (HPI):** 40F, farmer, giving a birth for one month then noticed her right breast became swollen with pain, no redness. She got treatment from traditional healer with applying traditional medicine and taking Lincomycin. 10d later, she presented with severe pain, redness, and ulcerated lesion on the mass. She didn't seek consultation and come to Telemedicine clinic today.

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

**Family History:** None

**SH:** Smoking 20cig/d; drinking alcohol with traditional medicine after giving birth, 9 children

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** Poor appetite, weight loss (?kg), normal bowel movement, normal urination

**PE:**

**Vitals:** BP: 100/52 P: 85 R: 20 T: 37.5°C  
**Wt:** 52Kg

**General:** Stable

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

**Chest:** Right breast mass, firm, swelling, redness, painful on palpation, mobile, ulcerated lesion, nipple discharge, no pus, no axillary lymph node palpable, no mass palpable on left breast; Lung CTA bilaterally, no rales, no rhonchi; H RRR, no murmur

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

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



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

**Lab/study:** None

**Assessment:**

1. Right mastitis
2. Right breast abscess
3. Right breast tumor (cancer??)

**Plan:**

1. Augmentin 600/5ml 7.5ml bid for 10d
2. Ibuprofen 200mg 3t po tid for 10d

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 4, 2011

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** "Hughes, Kevin S.,M.D." <[KSHUGHES@PARTNERS.ORG](mailto:KSHUGHES@PARTNERS.ORG)>

**Date:** May 5, 2011 3:44:56 AM EDT

**To:** "Fiamma, Kathleen M." <[KFIAMMA@PARTNERS.ORG](mailto:KFIAMMA@PARTNERS.ORG)>

**Subject:** RE: Robib TM Clinic May 2011, Case#8, Puth Phy, 40F

Needs ultrasound to R/O abscess

If abscess, needs drainage

Hot soaks also if possible

If not resolved in next couple of weeks, needs biopsy

Thanks!

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,

**From:** [Cornelia Haener](#)

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

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

**Sent:** Friday, May 06, 2011 2:10 PM

**Subject:** RE: Robib TM Clinic May 2011, Case#8, Puth Phy, 40F

Dear Sovann,

Thanks for submitting this case. It rather looks like a cancer, and it would be good to send this patient to us.

Kind regards

Cornelia

---

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

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

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

**Sent:** Wednesday, May 04, 2011 5:34 PM

**Subject:** Robib TM Clinic May 2011, Run Sokhen, 2.5M

Dear all,

This is case number 9, Run Sokhen, 2.5M 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:** Run Sokhen, 2.5M (Bos Pey Village)

**Chief Complaint (CC):** Skin rash x 2y

**History of Present Illness (HPI):** 2.5y old boy was brought to Telemedicine clinic complaining of skin rashes. The rashes appeared one month after birth with characteristic of pustule rashes, which burst in several days, on the head, face, body and extremities. He was brought to local health center and treated with lotion apply to the rashes but it got better just for 1-2w then it reappeared again and again. His mother told the rashes recurred frequently when he eat



food like eggs, beef.

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

**Family History:** No family member with skin rash

**SH:** Complete national vaccination

**Current Medications:** None

**Allergies:** NKDA

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

**PE:**

**Vitals:** BP: P: 100 R: 28 T: 37°C Wt: 12Kg

**General:** Stable

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

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

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

**Skin:** Some papular, pustule and crust rashes on the face, body, and extremity (see pictures)

**Lab/study:** None

**Assessment:**

1. Impetigo

**Plan:**

1. Cephalexin 125mg po tid for 10d

**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 4, 2011

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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No answer replied



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

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

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

**Sent:** Wednesday, May 04, 2011 5:36 PM

**Subject:** Robib TM Clinic May 2011, Sao Heang, 57F

Dear all,

This is the last case for Robib TM Clinic May 2011, case number 10, Sao Heang, 57F and photo.

Please reply to the cases before Thursday afternoon then treatment plan can be made accordingly. Thank you very much for your cooperation and support in this project.

Best regards,  
Sovann

## **Robib Telemedicine Clinic**

**Sihanouk Hospital Center of HOPE and Partners Telemedicine**

**Rovieng Commune, Preah Vihear Province, Cambodia**

### **History and Physical**



**Name/Age/Sex/Village:** Sao Heang, 57F (Backdaong Village)

**Chief Complaint (CC):** Lower legs numbness x 3 months

**History of Present Illness (HPI):** 57F, farmer, presented with symptoms of numbness of both lower legs and fatigue, no polyuria, no polyphagia, no polydyspia. On April 29, 2011, she went to consult with private clinic in province and Blood sugar done with result 307mg/dl and treated with Glibenclamide 5mg 1t po qd and Multivitamin 1t po qd. She denied of cough, SOB, blurred vision, GI problem, oliguria, edema, foot wound.

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

**Family History:** None

**SH:** No cig smoking, no tobacco chewing, no EtOH

**Current Medications:**

1. Glibenclamide 1t po qd
2. MTV 1t po qd

**Allergies:** NKDA

**Review of Systems (ROS):** 4y post menopause

**PE:**



**Vitals: BP: 114/75 P: 80 R: 20 T: 37°C Wt: 55Kg**

**General:** Stable

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

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

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

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

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

**Lab/study:**

RBS: 366mg/dl (on May 3, 2011)

FBS: 205mg/dl on May 4, 2011)

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

**Assessment:**

1. DMII

**Plan:**

1. Glibenclamide 5mg 1t po bid
2. Educate on diabetic diet, do regular exercise and foot care
3. 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: May 4, 2011**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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From: Fang, Leslie S.,M.D.

Sent: Wed 5/4/2011 4:53 PM

To: Fiamma, Kathleen M.

Subject: Re: Robib TM Clinic May 2011, Sao Heang, 57F

Agree completely with plans

Leslie Fang, MD PhD

---

# Thursday, May 5, 2011

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## Follow-up Report for Robib TM Clinic

There were 10 new patients seen during this month Robib TM Clinic, other 59 patients came for medication refills only and 50 new patients seen by PA Rithy for minor problems without sending data. The data of all 10 cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE, the following patients were managed and treated as follows:

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

### Treatment Plan for Robib Telemedicic Clinic May 2011

#### 1. Chum Loeung, 32F (Sralou Srong Village)

##### Diagnosis:

1. Goiter
2. Thyroid cyst?
3. Dyspepsia

##### Treatment:

1. Famotidine 20mg 1t po qhs for one month (#30)
2. Draw blood for TSH, Free T4 SHCH

##### Lab result on May 6, 2011

TSH	=0.78	[0.27 - 4.20]
Free T4	=13.32	[12.0 - 22.0]

#### 2. Chou Long, 67M (Trapang Teum Village)

##### Diagnosis:

1. CHF?
2. HTN
3. Anemia
4. PTB

##### Treatment:

1. Captopril 25mg 1/4t po bid (#20)
2. FeSO4/Folate 200/0.4mg 1t po bid (#60)
3. MTV 1t po qd (#30)
4. Furosemide 40mg 1t po qd for 1w (#7)
5. TB drugs from local health center
6. Recheck FBS in next day if still elevated, consider antidiabetic drug
7. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, Peripheral blood smear at SHCH

8. Send patient to Kg Thom for CXR

**Lab result on May 6, 2011**

WBC	=5.1	[4 - 11x10 <sup>9</sup> /L]	Na	=134	[135 - 145]
RBC	=2.3	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=4.1	[3.5 - 5.0]
Hb	=5.7	[14.0 - 16.0g/dL]	Cl	=105	[95 - 110]
Ht	=17	[42 - 52%]	BUN	=18.7	[0.8 - 3.9]
HCV	=75	[80 - 100fl]	Creat	=1280	[53 - 97]
MCH	=25	[25 - 35pg]	Gluc	=4.2	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=3.7	[<5.7]
Plt	=134	[150 - 450x10 <sup>9</sup> /L]	TG	=0.8	[<1.7]
Lym	=0.7	[1.0 - 4.0x10 <sup>9</sup> /L]	Protein	=66	[66 - 87]
			Albumin	=31	[38 - 51]

**Peripheral blood smear**

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

**3. Kong Cheang, 19M (Trapang Teum Village)**

**Diagnosis:**

1. DM

**Treatment:**

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

**Lab result on May 6, 2011**

Na	=135	[135 - 145]
K	=3.0	[3.5 - 5.0]
Cl	=98	[95 - 110]
BUN	=1.3	[0.8 - 3.9]
Creat	=99	[53 - 97]
Gluc	=10.2	[4.2 - 6.4]
HbA1C	=12.3	[4 - 6]

**4. Moeung Rin, 67F (Taing Treuk Village)**

**Diagnosis:**

1. HTN
2. Osteoarthritis

**Treatment:**

1. HCTZ 50mg 1/2t po qd (#20)
2. Atenolol 50mg 1/2t po qd (#20)
3. Paracetamol 500mg 1-2t po qid prn pain (#30)
4. Eat low salt diet, do regular exercise
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

**Lab result on May 6, 2011**

WBC	=6.4	[4 - 11x10 <sup>9</sup> /L]	Na	=139	[135 - 145]
RBC	=4.7	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=3.7	[3.5 - 5.0]
Hb	=10.7	[12.0 - 15.0g/dL]	Cl	=105	[95 - 110]

Ht	=36	[35 - 47%]	BUN	=1.2	[0.8 - 3.9]
MCV	=77	[80 - 100fl]	Creat	=84	[44 - 80]
MCH	=23	[25 - 35pg]	Gluc	=5.8	[4.2 - 6.4]
MHCH	=30	[30 - 37%]	T. Chol	=4.0	[<5.7]
Plt	=135	[150 - 450x10 <sup>9</sup> /L]	TG	=1.1	[<1.71]
Lym	=2.5	[1.0 - 4.0x10 <sup>9</sup> /L]			
Mxd	=0.9	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=3.0	[1.8 - 7.5x10 <sup>9</sup> /L]			

### 5. Chhim Chhorn, 64M (Backdoang Village)

#### Diagnosis:

1. PUD due to NSAIDs
2. Anemia
3. Osteoarthritis
4. PTB

#### Treatment:

1. Amoxicillin 500mg 2t po bid for 14d (#56)
2. Metronidazole 250mg 2t po bid for 14d (#56)
3. Omeprazole 20mg 1t po bid for 14d then 1t po qhs for one month (#42)
4. Metoclopramide 10mg 1t po qhs for 14d (#14)
5. FeSO4/Folate 1t po bid (#60)
6. Paracetamol 500mg 1t po qid prn pain/fever (#30)
7. Xango powder bid (#1)
8. TB drugs from local health center
9. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Peripheral blood smear at SHCH

#### Lab result on May 6, 2011

WBC	=9.1	[4 - 11x10 <sup>9</sup> /L]	Na	=132	[135 - 145]
RBC	=2.7	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=4.6	[3.5 - 5.0]
Hb	=7.4	[14.0 - 16.0g/dL]	Cl	=97	[95 - 110]
Ht	=24	[42 - 52%]	BUN	=2.9	[0.8 - 3.9]
MCV	=86	[80 - 100fl]	Creat	=160	[53 - 97]
MCH	=27	[25 - 35pg]	Gluc	=4.5	[4.2 - 6.4]
MHCH	=32	[30 - 37%]			
Plt	=331	[150 - 450x10 <sup>9</sup> /L]			
Lym	=1.7	[1.0 - 4.0x10 <sup>9</sup> /L]			

#### Peripheral blood smear

Microcytic 2+  
Hypochromic 2+

### 6. Lach Tith, 53M (Doang Village)

#### Diagnosis:

1. TB Adenitis??
2. Lymphoma??

#### Treatment:

1. Do FNA of the mass for cytology at SHCH
2. Paracetamol 500mg 1t po qid prn pain/fever (#30)

#### Cytology result on May 6, 2011

**Microscopy:** there are moderate amount of necrotic cells debris associated with inflammatory cells polymorphs as lymphocytes and granulocytes in the background of many red blood cells.

There is no evidence of lymphoma in this submitted specimen

**Conclusion:** Non specific adenitis

### 7. Nou Sam Nang, 62M (Trapang Reusey Village)

#### Diagnosis:

1. IHD??
2. Muscle pain

#### Treatment:

1. Paracetamol 500mg 1t po qid prn pain/fever (#30)
2. Keep observe

### 8. Puth Phy, 40F (Rom Check Village)

#### Diagnosis:

1. Right mastitis
2. Right breast abscess
3. Right breast tumor (cancer??)

#### Treatment:

1. Augmentin 600/5ml 7.5ml bid for 10d (#1)
2. Ibuprofen 200mg 3t po tid for 10d (#50)
3. Paracetamol 500mg 1t po qid (#30)

### 9. Run Sokhen, 2.5M (Bos Pey Village)

#### Diagnosis:

1. Impetigo

#### Treatment:

1. Cephalexin 125mg po tid for 10d (#10)
2. Benadryl 12.5mg/5cc 2.5 cc qhs (#1)

### 10. Sao Heang, 57F (Backdaong Village)

#### Diagnosis:

1. DMII

#### Treatment:

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

#### Lab result on May 6, 2011

WBC	=6.4	[4 - 11x10 <sup>9</sup> /L]	Na	=138	[135 - 145]
RBC	=5.2	[3.9 - 5.5x10 <sup>12</sup> /L]	K	= <b>3.0</b>	[3.5 - 5.0]
Hb	= <b>11.0</b>	[12.0 - 15.0g/dL]	Cl	=99	[95 - 110]
Ht	=36	[35 - 47%]	BUN	=1.7	[0.8 - 3.9]
MCV	= <b>70</b>	[80 - 100fl]	Creat	= <b>110</b>	[44 - 80]
MCH	= <b>21</b>	[25 - 35pg]	Gluc	= <b>10.7</b>	[4.2 - 6.4]
MHCH	=30	[30 - 37%]	T. Chol	= <b>6.5</b>	[<5.7]
Plt	=322	[150 - 450x10 <sup>9</sup> /L]	TG	= <b>5.5</b>	[<1.71]
Lym	=1.8	[1.0 - 4.0x10 <sup>9</sup> /L]			
HbA1C	= <b>16.1</b>	[4 - 6]			

## Patients who come for follow up and refill medicine

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

#### Diagnosis:

1. Gouty arthritis
2. HTN

#### Treatment:

1. Paracetamol 500mg 1t po qid prn for one month (#30)



2. Amlodipine 10mg 1/2t po qd for one month (#20)
3. Fenofibrate 100mg 1t po qd for one month (buy)
4. Eat low salt diet, do regular exercise

## 2. 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)
3. Draw blood for Creat, Uric acid at SHCH

### Lab result on May 6, 2011

Creat =256 [53 - 97]  
 U Acid =714 [200 - 420]

## 3. Chan Rim, 59F (Ke Village)

### Diagnosis:

1. HTN

### Treatment:

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

## 4. 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

## 5. Chea Kimheng, 36F (Taing Treuk Village)

### Diagnosis:

1. ASD by 2D echo on August 2008

### Treatment:

1. Atenolol 50mg 1t po qd for one month (buy)
2. ASA 300mg 1/4t po qd for one month (#8)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, tot Chole, TG at SHCH

### Lab result on May 6, 2011

WBC	=5.1	[4 - 11x10 <sup>9</sup> /L]	Na	=138	[135 - 145]
RBC	=5.1	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=3.8	[3.5 - 5.0]
Hb	=14.0	[12.0 - 15.0g/dL]	Cl	=104	[95 - 110]
Ht	=44	[35 - 47%]	BUN	=1.0	[0.8 - 3.9]
MCV	=87	[80 - 100fl]	Creat	=75	[44 - 80]
MCH	=28	[25 - 35pg]	Gluc	=4.2	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=3.9	[<5.7]
Plt	=311	[150 - 450x10 <sup>9</sup> /L]	TG	=1.3	[<1.71]
Lym	=2.4	[1.0 - 4.0x10 <sup>9</sup> /L]			

## 6. Chea Sambo, 56M (Rovieng Cheung Village)

### Diagnosis:

1. Gouty Arthritis

**Treatment:**

1. Paracetamol 500mg 2t po qid prn pain for one month (#30)
2. Allopurinol 100mg 1t bid for one month (buy)
3. Draw blood for Uric acid at SHCH

**Lab result on May 6, 2011**

U Acid =493 [200 - 420]

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

**Diagnosis:**

1. Tachycardia

**Treatment:**

1. Propranolol 40mg 1/4t po bid for one month (#15)
2. MTV 1t po qd for one month (#30)

**8. Chhim Ly, 59M (Sre Thom Village)**

**Diagnosis:**

1. DMII

**Treatment:**

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

**9. Chin Kim Houy, 77F (Chhnourn Village)**

**Diagnosis:**

1. Osteoarthritis

**Treatment:**

1. Ibuprofen 200mg 2t po bid prn for one month (#50)
2. MTV 1t po qd for one month (#30)
3. Do regular exercise, warmth compression on the tender area

**10. 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)

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

**Diagnosis:**

1. HTN
2. Osteoarthritis
3. Renal insufficiency
4. COPD

**Treatment:**

1. Nisoldipine 20mg 1t po qd for one month (#35)
2. Paracetamol 500mg 1t po qid prn pain for one month (#30)

3. Allopurinol 100mg 1t po qd for one month (buy)
4. Salbutamol inhaler 2puff bid prn SOB for one month (#1)

**12. Dourng Sunly, 56M (Taing Treurk Village)**

**Diagnosis:**

1. HTN
2. Gout
3. Hyperlipidemia

**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 for one month (#30)
5. Fenofibrate 1t po qd for one month (buy)

**13. Khi Ngorn, 65M (Rovieng Cheung Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. Nisoldipine 10mg 2t po qd for one month (#60)
2. Do regular exercise, eat low salt/fats diet

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

**Diagnosis:**

1. Dyspepsia

**Treatment:**

1. Famotidine 20mg 1t po qhs for one month (#30)

**15. Kin Yin, 35F (Bos Pey Village)**

**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Methimazole 5mg 1t po bid for one month (#70)
2. Propranolol 40mg 1/4t po bid for one month (#20)

**16. Kong Nareun, 35F (Taing Treuk Village)**

**Diagnosis:**

1. Moderate MS with severe TR
2. Atria dilation
3. Severe pulmonary HTN

**Treatment:**

1. Atenolol 50mg 1/4t po qd for two months (buy)
2. Spironolactone 25mg 1t po qd for two months (#60)
3. ASA 300mg 1/4t po qd for two months (#15)
4. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)

**17. Kong Soeun, 31M (Backdoang Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Captopril 25mg 1/4t po bid for two months (buy)
3. Educate on diabetic diet, do regular exercise and foot care

**18. Koy Veth, 38F (Thnout Malou Village)**

**Diagnosis:**

1. Asthma
2. Exacerabation pneumonia

**Treatment:**

1. Salbutamol inhaler 2puffs bid prn SOB (#1)
2. Clarithromycin 250mg 2t po bid for 10d (#40)

**19. Kun Ban, 53M (Thnal Keng Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 1t po bid for one month (#60)
2. ASA 300mg 1/4t po qd for one month (#buy)
3. Draw blood for Gluc, Creat and HbA1C at SHCH

**Lab result on May 6, 2011**

Creat	=102	[53 - 97]
Gluc	=6.8	[4.2 - 6.4]
HbA1C	=7.3	[4 - 6]

**20. 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 bid for two months (buy)
3. Review on diabetic diet, regular exercise and foot care

**21. Mar Thean, 54M (Rom Chek Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 1t po bid for one month (#70)
2. Glibenclamide 5mg 1t po qd for one month (#35)
3. ASA 300mg 1/4t po qd for one month (#10)
4. Diabetic diet education, do regular exercise and foot care

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

**Diagnosis:**

1. Tachycardia

**Treatment:**

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

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

**Diagnosis**

1. HTN

**Treatment**

1. Enalapril 5mg 1t po qd for two months (# 60)
2. MTV 1t po qd for two months (#60)

**24. Nong Khon, 59F (Thkeng Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

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

**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

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

**26. Nung Sory, 62F (Thkeng Village)**

**Diagnosis:**

1. HTN
2. Dyspepsia

**Treatment:**

1. HCTZ 50mg 1/2t po qd for two months (#30)
2. Famotidine 20mg 1t po qhs (#30)

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

**Diagnosis:**

1. HTN

**Treatment:**

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

**28. Pe Chanthy, 51M (Taing Treuk Village)**

**Diagnosis:**

1. HBV Hepatitis
2. Liver cirrhosis

**Treatment:**

1. Spironolactone 25mg 1t po qd for one month (#30)
2. Propranolol 40mg 1/4t po bid for one month (buy)
3. MTV 1t po qd for one month (#30)

**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

**Treatment:**

1. Spironolactone 25mg 1t po qd for one month (#30)
2. FeSO4/Folate 200/0.25mg 1t po qd for one month (#30)
3. MTV 1t po qd for one month (#30)
4. Draw blood for Lyte, BUN, Creat at SHCH

**Lab result on May 6, 2011**

Na =139 [135 - 145]

K	=5.9	[3.5 - 5.0]
Cl	=111	[95 - 110]
BUN	=3.5	[0.8 - 3.9]
Creat	=215	[44 - 80]

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

#### Diagnosis:

1. Urticaria
2. HA

#### Treatment:

1. Diphenhydramine 25mg 1t po qhs (#30)
2. Calmine lotion apply bid
3. Paracetamol 500mg 1t po qid prn (#20)

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

#### Diagnosis:

1. Hyperthyroidism

#### Treatment:

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

### 32. Rim Sopheap, 35F (Doang Village)

#### Diagnosis:

1. Dilated Cardiomyopathy with EF 32% with PR

#### Treatment:

1. Captopril 25mg 1/4t po bid for three months (buy)
2. ASA 300mg 1/4t po qd for three months (#24)
3. MTV 1t po qd for three months (#90)

### 33. Ros Oeun, 55F (Thnout Malou Village)

#### Diagnosis:

1. HTN
2. DMII

#### Treatment:

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

### 34. Ros Sokun, 41F (Taing Treuk Village)

#### Diagnosis:

1. DMII

#### Treatment:

1. Metformin 500mg 2t po bid for one month (#120)
2. Glibenclamide 5mg 1t po bid for one month (buy)
3. Captopril 25mg 1/4t po bid for one month (buy)
4. Educate on diabetic diet, low salt/fats, do regular exercise and foot care
5. Draw blood for Gluc and HbA1C at SHCH

#### Lab result on May 6, 2011

Gluc	=11.5	[4.2 - 6.4]
HbA1C	=9.5	[4 - 6]



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

**Diagnosis:**

1. DMII

**Treatment:**

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

**Lab result on May 6, 2011**

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

**36. Sam Sok Chea, 27F (Thnal Keng Village)**

**Diagnosis:**

1. Zoonotic infection
2. Thrombocytopenia

**Treatment:**

1. Tetracyclin 250mg 1t po qid for 14d (#56)
2. FeSO4/Folate 200/0.4mg 1t po bid for one month (#60)

**37. Sam Yom, 62F (Chhnourn Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 50mg 1/2t po qd for three months (#45)
2. MTV 1t po qd for three months (#90)

**38. Sao Lim, 76F (Taing Treuk Village)**

**Diagnosis:**

1. HTN
2. Right side stroke with left weakness

**Treatment:**

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. ASA 300mg ¼ t po qd for three months (# 24)
3. MTV 1t po qd for three months (# 90)

**39. Sao Phal, 63F (Thnout Malou)**

**Diagnosis:**

1. HTN
2. Anxiety

**Treatment:**

1. HCTZ 50mg 1/2t po qd for one month (# 15)
2. Amitriptylin 25mg 1t po qhs for one month (# 30)
3. Paracetamol 500mg 1t po qid prn pain/HA for one month (#20)
4. MTV 1t po qd for one month (#30)
5. Draw blood for Lyte, BUN, Creat, Gluc, tot chole, TG at SHCH

**Lab result on May 6, 2011**

Na =137 [135 - 145]  
K =3.3 [3.5 - 5.0]  
Cl =99 [95 - 110]  
BUN =2.8 [0.8 - 3.9]

Creat	=182	[44 - 80]
Gluc	=5.2	[4.2 - 6.4]
T. Chol	=4.6	[<5.7]
TG	=5.1	[<1.71]

**40. Say Soeun, 71F (Rovieng Cheung Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 1t po bid for one month (#60)
3. Enalapril 5mg 1t po bid for one month (#70)
4. Nisoldipine 10mg 2t po qd for one month (#60)
5. Atenolol 50mg 1/2t po qd for one month (#20)
5. MTV 1t po qd for one month (#30)

**41. Seung Phorn, 65F (Ta Tong Village)**

**Diagnosis:**

1. Anemia

**Treatment:**

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

**42. Seung Samith, 63M (Sre Thom Village)**

**Diagnosis:**

1. Gouty arthritis

**Treatment:**

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

**43. Sim Horm, 59F (Bangkeun Phal Village)**

**Diagnosis:**

1. DMII
2. Tinea

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. ASA 300mg 1t po qd for one month (#30)
3. Ciclopirox apply bid for one month (#2)

**44. So Chhorm, 73M (Thkeng Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**45. Som An, 60F (Rovieng Tbong)**

**Diagnosis:**

1. HTN

**Treatment:**

1. Atenolol 50mg 1/2t po bid for one month (# 30)
2. HCTZ 40mg 1t po qd for one month (buy)

3. Draw blood for Lyte, Bun, creat, Gluc, Tot chole, TG at SHCH

**Lab result on May 6, 2011**

Na	=137	[135 - 145]
K	= <b>3.1</b>	[3.5 - 5.0]
Cl	=97	[95 - 110]
BUN	=1.9	[0.8 - 3.9]
Creat	= <b>96</b>	[44 - 80]
Gluc	=4.9	[4.2 - 6.4]
T. Chol	=5.3	[<5.7]
TG	= <b>3.0</b>	[<1.71]

**46. Sun Ronakse, 40F (Sre Thom Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**47. Svay Tevy, 46F (Thnout Malou Village)**

**Diagnosis:**

1. DMII

**Treatment:**

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

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

**Diagnosis:**

1. DMII

**Treatment:**

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

**49. Tey Sok Ken, 31F (Sre Thom Village)**

**Diagnosis:**

1. Tension HA
2. Hyperthyroidism

**Treatment:**

1. Paracetamol 500mg 1t po qid prn HA for two months (#20)
2. Methimazole 5mg 1t po qd for two months (#60)
3. Propranolol 40mg 1/4t po bid for two months (#30)

**50. Thoang Korn, 38F (Ta Tong Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

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

**Diagnosis:**

1. Hyperthyroidsism
2. Sciatica
3. Vit Deficiency

**Treatment:**

1. Carbimazole 5mg 1t po tid for one month (buy)
2. Paracetamol 500mg 1t po qid prn pain for one month (#20)
3. MTV 1t po qd for one month (#30)
4. Draw blood for Free T4 at SHCH

**Lab result on May 6, 2011**

Free T4=64.26 [9.14 - 23.81]

**52. Tith Hun, 58F (Ta Tong Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. Enalapril 5mg 1t po qd for one month (# 30)
2. HCTZ 50mg 1/2t po qd for one month (#20)
3. Diphenhydramine 25mg 1t po qhs for one month (#20)
4. Draw blood for Lyte, BUN, Creat at SHCH

**Lab result on May 6, 2011**

Na	=135	[135 - 145]
K	=4.6	[3.5 - 5.0]
Cl	=99	[95 - 110]
BUN	=4.2	[0.8 - 3.9]
Creat	=133	[44 - 80]

**53. Un Chhorn, 47M (Taing Treuk Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Metformin 500mg 1t po bid (#70)
3. Captopril 25mg 1/2t po bid for one month (buy)

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

**Diagnosis:**

1. DMII

**Treatment:**

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

**55. Uy Noang, 59M (Thnout Malou Village)**

**Diagnosis:**

1. DMII

**Treatment:**

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

**Lab result on May 6, 2011**

Gluc =9.3 [4.2 - 6.4]  
HbA1C =8.2 [4 - 6]

**56. Vong Cheng Chan, 57F (Rovieng Cheung Village)**

**Diagnosis**

1. HTN

**Treatment**

1. Atenolol 50mg 1/2t po bid for one month (#30)
2. Draw blood for Lyte, BUN, Creat, Gluc at SHCH

**Lab result on May 6, 2011**

Na =138 [135 - 145]  
K =4.2 [3.5 - 5.0]  
Cl =103 [95 - 110]  
BUN =1.6 [0.8 - 3.9]  
Creat =84 [53 - 97]  
Gluc =7.7 [4.2 - 6.4]

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

**Diagnosis:**

1. HTN
2. Urticaria

**Treatment:**

1. Enalapril 5mg 1t po qd for one month (#35)
2. Diphenhydramin 25mg 1t po qhs for one month (#30)

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

**Diagnosis:**

1. VHD (MR??)
2. HTN

**Treatment:**

1. HCTZ 50mg 1/2t po qd for two months (#35)

**59. Yung Thourn, 72M (Rovieng Tbong Village)**

**Diagnosis:**

1. Gouty arthritis
2. HTN

**Treatment:**

1. Paracetamol 500mg 1t po qid prn (#30)
2. Amlodipine 10mg 1/2t po qd (#20)
3. FeSO4/Folate 200/0.4mg 1t po bid (#60)
4. MTV 1t po qd (#30)
5. Eat low salt diet, do regular exercise

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**The next Robib TM Clinic will be held on  
June 20 - 24, 2011**