

Robib *Telemedicine* Clinic

Preah Vihear Province

N O V E M B E R 2 0 0 9

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

On Monday, November 9, 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), November 10 & 11, 2009, the Robib TM Clinic opened to receive the patients for evaluations. There were 9 new cases and 1 follow up case 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, November 11 & 12, 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 Telemedicine

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

Cc: Bernie Krisher; Sothero Noun; Laurie & Ed Bachrach; Kevin O' brien; Sutton Whitaker; Sochea Monn; Peou Ouk; Samoeurn Lanh

Sent: Monday, November 02, 2009 8:00 AM

Subject: Schedule for Robib TM Clinic November 2009

Dear all,

I would like to inform you all that the Robib TM Clinic for November 2009 will be starting from November 9 to 13, 2009.

The agenda for the TM clinic is as following:

1. On Monday November 9, 2009, Driver and I will start the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday November 10, 2009, the clinic opens to see the patients, new and follow up, for the whole morning then the patients' data will be typed up into computer in afternoon and send to both partners in Boston and Phnom Penh.
3. On Wednesday November 11, 2009, the activity is the same as on Tuesday
4. On Thursday November 12, 2009, download all the answers replied from both partners then the treatment plan will be made accordingly and prepare medicine for both new and follow up patients in the afternoon.

5. On Friday November 13, 2009, 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 this project.

Best regards,
Sovann

From: Robib Telemedicine

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

Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker

Sent: Tuesday, November 10, 2009 8:07 PM

Subject: Robib TM Clinic November 2009, Case#1, Heng Chan Ty, 49F (Ta Tong Village)

Dear all,

Today is the first for Robib TM Clinic November 2009, there are three new cases and one follow up case. This is case number 1, Heng Chan Ty, 49F 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: Heng Chan Ty, 49F (Ta Tong Village)

Chief Complaint (CC): Neck mass x 4 months

History of Present Illness (HPI): 49F, farmer, noticed enlargement of anterior side of the neck in 4 months with symptoms of palpitation, tremor, insomnia, heat intolerance, HA. She also complain of epigastric pain, burning sensation, before eating and after full eating, relieved with antacid, no radiation. She denied of nausea, vomiting, stool with blood/mucus, hematuria, oliguria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No cigarette smoking, no alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): 5y post menopausal

PE:



Vitals: BP: 119/68 P: 93 R: 20 T: 36.5°C
Wt: 44Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 4 x 4cm, diffuse, smooth, no tender, mobile on swallowing, no bruit, no lymph node palpable

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



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

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

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

Lab/study: None

Assessment:

1. Diffuse goiter
2. Dyspepsia

Plan:

1. Famotidine 40mg 1t po qhs x 1month
2. Mebendazole 100mg 5t po qhs once
3. Draw blood for TSH at SHCH

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

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

Examined by: Nurse Sovann Peng

Date: November 10, 2009

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

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From: Cornelia Haener

To: 'Robib Telemedicine' ; 'Rithy Chau' ; 'Kruy Lim' ; 'Kathy Fiamma >' ; 'Joseph Kvedar' ; 'Paul J. M.D. Heinzelmann'

Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Sutton Whitaker'

Sent: Tuesday, November 10, 2009 11:39 PM

Subject: RE: Robib TM Clinic November 2009, Case#1, Heng Chan Ty, 49F (Ta Tong Village)

Dear Sovann,

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

Kind regards
Cornelia

From: Barbesino, Giuseppe, M.D.
To: Fiamma, Kathleen M. ; robibtelemed@gmail.com ; rithychau@sihosp.org
Sent: Wednesday, November 11, 2009 2:33 AM
Subject: RE: Robib TM Clinic November 2009, Case#1, Heng Chan Ty, 49F (Ta Tong Village)

Goiter and symptoms suggestive of hyperthyroidism. It does not seem like a thyroid nodule, but from pictures is not clear. I agree with TSH and FT4, a thyroid scan would be recommended if TSH is low. A neck ultrasound would also be useful in determining whether really there are no nodules.

Giuseppe Barbesino, MD
Thyroid Associates
Massachusetts General Hospital
Harvard Medical School
Wang ACC 730S
15 Parkman Street-Boston MA 02114
Tel 617-726-7573

From: rithychau
To: 'Robib Telemedicine' ; 'Cornelia Haener' ; 'Kruy Lim' ; 'Kathy Fiamma >' ; 'Joseph Kvedar' ; 'Paul J. M.D. Heinzelmann'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Sutton Whitaker'
Sent: Wednesday, November 11, 2009 9:15 AM
Subject: RE: Robib TM Clinic November 2009, Case#1, Heng Chan Ty, 49F (Ta Tong Village)

Dear Sovann,

I agree with your plan; maybe add free T4 also for the test. If her palpitation and tremor is prominent, you can tx her low dose propranolol.

Rithy

From: Robib Telemedicine
To: Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kathy Fiamma > ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Tuesday, November 10, 2009 8:10 PM
Subject: Robib TM Clinic November Case#2, Keo Vin, 50M (Thnout Malou Village)

Dear all,

This is case number 2, Keo Vin, 50M 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: Keo Vin, 50M (Thnout Malou Village)

Chief Complaint (CC): Lower back pain with radiation to lower extremity x 3y

History of Present Illness (HPI): 50M, farmer, presented with symptoms of lower back pain with radiation to both lower extremities, the pain getting worse with prolong walking, standing and sitting, he bought medicine from local pharmacy but the pain recurred in a few days after stopped taking medicine. He denied of trauma, dyspnea, palpitation, chest pain, dizziness, stool with blood/mucus, hematuria, dysuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Alcohol drinking 1/4L/d for over 10y, stopped 5y; smoking 5cig/d, stopped 5y

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 124/75 P: 87 R: 20 T: 37°C Wt: 49Kg

General: 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 surgical scar

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

MS/Neuro: MS + 5/5, motor and sensory intact, DTRs +2/4, normal gait, straight leg raise test positive

Lab/study:

FBS: 118mg/dl

Assessment:

1. Sciatica

Plan:

1. Paracetamol 500mg 1t po qid prn pain
2. Ketoprofen 300mg 1t po qd prn
3. Warmth compression

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: November 10, 2009

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

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From: rithychau

To: 'Robib Telemedicine' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar' ; 'Kathy Fiamma >' ; 'Kruy Lim'

Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Sutton Whitaker'

Sent: Wednesday, November 11, 2009 9:21 AM

Subject: RE: Robib TM Clinic November Case#2, Keo Vin, 50M (Thnout Malou Village)

Dear Sovann,

As for this patient, educate him to eat a more balance diet meal if possible. If have B1 can give 1 tab po bid for 2-3mo. Have him do some short walking exercise and avoid prolong sitting or standing. Massage and warm compress 3-4x/day can be helpful. Does he have any TB symptoms or any spine tenderness on palpation—if yes, send him for lower spine x-rays in K Thom.

Rithy

From: Robib Telemedicine

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

Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker

Sent: Tuesday, November 10, 2009 8:13 PM

Subject: Robib TM Clinic November 2009, Case#3, Nhoun Yan, 59F (Chan Lorng Village)

Dear all,

This is the case number 3, Ngoun Yan, 59F 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: Ngoun Yan, 59F (Chan Lornng Village)

Chief Complaint (CC): Right Breast mass x 1y

History of Present Illness (HPI): 59F, farmer, presented with a mass about a thump size without redness, swelling, pain, mobile on right breast, she didn't seek consultation. In these 4 months, It has rapidly grown up to about 10 x 10cm with redness, swelling, pain, and ulcerated on the skin surface. She went to local health center and she was referred to provincial hospital and they were not able to do surgery for her because the mass was big and advised to seek

surgery at Phnom Penh. In these few days, the ulcerated lesion became bleeding.



Past Medical History (PMH): Unremarkable

Family History: None

Social History: Chewing tobacco, no alcohol drinking

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 95/62 P: 103 R: 20 T: 37°C

Wt: 45Kg

General: Stable

HEENT: No oropharyngeal lesion, slightly pale conjunctiva, no thyroid enlargement, no lymph node palpable, no JVD

Breast: On right breast, a big mass with multiple lobes, redness, ulcerated surfaces, tender on palpation, nipple retraction, no discharge, 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 surgical 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 November 10, 2009

Hb: 10g/dl, RBS: 212mg/dl

Assessment:

1. Breast cancer?
2. Hyperglycemia

Plan:

1. Paracetamol 500mg 1t po qid prn pain
2. Ketoprofen 200mg 1t po qd prn severe pain
3. Recheck FBS on next day
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

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

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

Examined by: Nurse Sovann Peng

Date: November 10, 2009

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

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From: rithychau

To: 'Robib Telemedicine' ; 'Cornelia Haener' ; 'Kruy Lim' ; 'Paul J. M.D. Heinzelmann' ; 'Kathy Fiamma >' ; 'Joseph Kvedar'

Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Sutton Whitaker'

Sent: Wednesday, November 11, 2009 9:30 AM

Subject: RE: Robib TM Clinic November 2009, Case#3, Nhoun Yan, 59F (Chan Lorng Village)

Dear Sovann,

I will leave the breast problem to Dr. Cornelia to answer. Please do FBS on her and if still elevated, do a UA and draw HbA1C as well. Give diabetes educ on diet with regular aerobic exercise. Can start her on Metformin 500mg qd if FBS >200. Check her heart rate again also after she rests a while. I think that she may need to be referred for a surgical consult at SHCH. Wait for Dr. Cornelia's reply on this.

Rithy

From: Cornelia Haener
To: 'Robib Telemedicine' ; 'Rithy Chau' ; 'Kruy Lim' ; 'Paul J. M.D. Heinzelmann' ; 'Kathy Fiamma >' ; 'Joseph Kvedar'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Sutton Whitaker'
Sent: Tuesday, November 10, 2009 11:43 PM
Subject: RE: Robib TM Clinic November 2009, Case#3, Nhoun Yan, 59F (Chan Lorng Village)

Dear Sovann,
Thanks for submitting this case. Unfortunately, this is a typical case of breast malignancy in Cambodia. Is the mass still mobile? If yes, we should attempt a resection at SHCH. If it is already broadly fixed to the chest wall, surgery will not be beneficial anymore. However, the patient will need good pain medication as palliative care.

Kind regards
Cornelia

From: Hughes, Kevin S.,M.D.
Sent: Thursday, November 12, 2009 11:47 AM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic November 2009, Case#3, Nhoun Yan, 59F (Chan Lorng Village)

This looks like locally advanced breast cancer (Could be parasite related, but I doubt it). She needs a biopsy to confirm that it is cancer. IF it is, we would need a metastatic workup and need to confirm no chest wall invasion.

If cancer and no mets and not attached to chest wall, would need preop chemo followed by mastectomy followed by RT

Many assumptions that need to be addressed

Kevin

From: Robib Telemedicine
To: Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Tuesday, November 10, 2009 8:22 PM
Subject: Robib TM Clinic November 2009, Case#4, Nong Kim Chheang, 57M (Rovieng Cheung Village)

Dear all,

This is the last case for the first day of Robib TM Clinic November 2009, Case number 4, Nong Kim Chheang, 57M and photo.

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

SOAP Note



Name/Age/Sex/Village: Nong Kim Chheang, 57M (Rovieng Cheung Village)

Subjective: 57M was referred from Telemedicine and got follow up at SHCH for a few years with diagnosis of IHD, Stable MR, kidney stone and UTI on December 11, 2008 and treated with Atenolol 50mg 1t po qd, Captopril 25mg 1/4t po bid, ASA 300mg 1/4t po qd. He missed the appointment almost one year because there is no enough money for traveling to Phnom Penh, and just bought some medicine from local pharmacy when he presented with frequency of urination, dysuria, HA, neck tension. He has normal appetite, normal bowel movement, no edema, no chest pain, no palpitation.

Current Medications: None

Allergies: NKDA

Objective:

Vitals: BP: 126/78 P: 97 R: 20 T: 37°C Wt: 45Kg

PE (focused):

General: Look stable

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

Chest: CTA bilaterally, no rales, no rhonchies; H RRRno murmur

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

Extremity/Skin: No edema, no lesion

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

Lab/study:

Done on November 10, 2009

U/A protein 2+

Assessment:

1. IHD
2. MR

3. Kidney stone

Plan:

1. Captopril 25mg 1/4t po bid
2. ASA 300mg 1/4t po qd
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG, tot Chole 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: November 10, 2009

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

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From: rithychau

To: 'Robib Telemedicine' ; 'Paul J. M.D. Heinzelmann' ; 'Kathy Fiamma >' ; 'Joseph Kvedar' ; 'Kruy Lim'

Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Sutton Whitaker'

Sent: Wednesday, November 11, 2009 9:35 AM

Subject: RE: Robib TM Clinic November 2009, Case#4, Nong Kim Chheang, 57M (Rovieng Cheung Village)

Dear Sovann,

You can restart the Atenolol ½ qd for him since his heart rate is on a bit of the high side. Have him drink plenty of fluid 2-3L/day and some moderate exercise like walking to help rid of the kidney stone. Otherwise, I agree.

Rithy

From: Robib Telemedicine

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

Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker

Sent: Wednesday, November 11, 2009 8:00 PM

Subject: Robib TM Clinic November, Case#5, Chhim Tuy, 63M (Sam Reth Village)

Dear all,

Today is the second day for Robib TM Clinic November 2009, and there are 6 new cases. This is case number 5, continued from yesterday, Chhim Tuy, 63M 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 Tuy, 63M (Sam Reth Village)

Chief Complaint (CC): Ankle pain with discharge come out x 8 months

History of Present Illness (HPI): 63M, farmer, presented with symptoms of fever, right ankle pain, swelling, he took Paracetamol to reduce pain and in a few days, he felt itchy on the side, then developed fistula with pustular discharge. He got treatment from local health center with some medicine (unknown name) but the symptoms of ankle pain, swelling, fistular with pustular drainage still present. He denied of trauma, insect bite to that area.



Past Medical History (PMH): Unremarkable

Family History: None

Social History: Smoking 10cig/d for over 10y, stopped; casually alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 129/72 P: 60 R: 20 T: 36.5°C Wt: 49Kg

General: Stable

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

Chest: CTA bilaterally, no rales, no rhonchi; HRRR, no murmur

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



Extremity/Skin: Right ankle, at lateral side, there is a fistular with pustule discharge, swelling, warmth, (+) dorsalis pedis and posterior tibial pulse, scaly skin rash, with clear border on the dorsum of the left foot

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

Lab/study: None

Assessment:

1. Osteomyelitis?
2. Septic arthritis?
3. Eczema

Plan:

1. Cloxacillin 500mg 1t po bid for 10d
2. Ketoprofen 300mg 1t po qd prn severe pain
3. Paracetamol 500mg 1t po qid prn pain
4. Fluocinonide cream 0.1% apply bid until the rash gone
5. Send to Kg for x-ray of right ankle



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: November 11, 2009

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

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From: Paul Heinzelmann

To: Fiamma, Kathleen M. ; robibtelemed@gmail.com

Cc: rithychau@sihosp.org

Sent: Thursday, November 12, 2009 5:30 AM

Subject: Re: FW: Robib TM Clinic November, Case#5, Chhim Tuy, 63M (Sam Reth Village)

Sovann,

I agree with your assessment. Long-term infection makes osteomyelitis even more likely. Any possibility he may be diabetic? Can you do a glucose finger stick? If possible, consider IV antibiotics, CBC, ESR (erythrocyte sedimentation rate).

Paul Heinzelmann, MD

From: rithychau

To: 'Robib Telemedicine'

Cc: 'Sutton Whitaker' ; 'Kruy Lim'

Sent: Thursday, November 12, 2009 9:48 AM

Subject: RE: Robib TM Clinic November, Case#5, Chhim Tuy, 63M (Sam Reth Village)

Dear Sovann,

After going through your H&P and seeing the images you sent, my conclusion for assessment at the moment would be:

1. R Ankle Abscess (from 2, 3, or 4?)
2. Melioidosis?
3. Extrapulmonary TB?
4. Gouty Arthritis?
5. Eczema (for the foot rash)

Is this patient hunching (meaning his back is bent)? It seemed that in his facial photo, he could not straighten out? If it is, it may come from Pott's Dz or other spinal problem. If he has sputum, check AFB smears also at HC. Can you send him (besides his ankle x-rays for both ankles) for CXR and if any spinal problem also add spinal x-rays AP and Lat views, obtain swap sample of the discharge (plenty) in two tubes for Gm stain, Cx, AFB, and cell count, draw blood for CBC, Chem, BUN, Creat, Gluc, LFT and uric acid, ESR, RF. Give him Augmentin for 3-4 wks and Cotrim for 3 mo (one month supply at a time) and NSAIDs prn. For his eczema problem, you can give him the steroid crm but to only apply over the rash and not on the open wounds. Express and drain the abscess and sterile dressed it. Teach him to clean and change daily and ask him to avoid getting it wet or dirty if at all possible. He can get a pair of rubber boot to wear when he go out in the fields. Emphasize about smoking cessation.

I will leave the decision for referral to Dr. Cornelia for this case.

I hope this is helpful.

Rithy

From: Robib Telemedicine

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

Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker

Sent: Wednesday, November 11, 2009 8:03 PM

Subject: Robib TM Clinic November 2009, Case#6, Chhiv Sok Kea, 54F (Thnout Malou Village)

Dear all,

This is the case number 6, Chhiv Sok Kea, 54F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

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

History and Physical



Name/Age/Sex/Village: Chhiv Sok Kea, 54F (Thnout Malou Village)

Chief Complaint (CC): Dysuria x 5 months

History of Present Illness (HPI): 54F, teacher, presented with symptoms of weakness, neck tension, HA, fatigue and dysuria, and urinary frequency, she went to private clinic in province, told she has increased blood sugar, and treated with some medicine (unknown name) for a few months but the symptoms still not better so she went to see the same doctor again, checked BS: 200mg/dl and treated with other kinds of medicine (unknown name) but not better so she didn't go for follow up. Now she still presented with above symptoms and denied of SOB, palpitation, chest pain, hematuria, oliguria, numbness, tingling.

Past Medical History (PMH): Unremarkable

Family History: Sister with HTN and Stroke

Social History: No cigarette smoking; no alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): 6y post menopause

PE:

Vitals: BP: 109/82 P: 85 R: 20 T: 36.5°C Wt: 65Kg

General: 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 surgical 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:

Done on November 11, 2009

FBS: 202mg/dl; U/A prot trace, Leukocyte 2+

Assessment:

1. DMII
2. UTI

Plan:

1. Metformin 1000mg (extended release) 1t po qhs
2. Ciprofloxacin 500mg 1t po bid x 5d
3. Educate on diabetic diet, do regular exercise and foot care
4. 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: November 11, 2009

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

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From: rithychau

To: 'Robib Telemedicine'

Cc: 'Sutton Whitaker' ; 'Kruy Lim'

Sent: Thursday, November 12, 2009 9:53 AM

Subject: RE: Robib TM Clinic November 2009, Case#6, Chhiv Sok Kea, 54F (Thnout Malou Village)

Dear Sovann,

I agree with your plan and you may want to add TG and tot Chol for her lab. Also, can add Captopril 25mg ¼ po bid for renal protection and ASA 300mg ¼ qd.

Rithy

From: "Fang, Leslie S.,M.D." <LFANG@PARTNERS.ORG>

Date: November 11, 2009 9:13:45 PM EST

To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>

Subject: RE: Robib TM Clinic November 2009, Case#6, Chhiv Sok Kea, 54F (Thnout Malou Village)

Agree that the patient has diabetes that should be treated

Leukocytes in the urine is worrisome for urinary tract infection: agree with course of ciprofloxacin

Agree with labs as planned

Leslie S.T, Fang, MD PhD

From: Robib Telemedicine

To: Paul J. M.D. Heinzemann ; Kathy Fiamma > ; Joseph Kvedar ; Rithy Chau ; Krui Lim

Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker

Sent: Wednesday, November 11, 2009 8:07 PM

Subject: Robib TM Clinic November 2009, Case#7, Kim Phay, 72M (Bos Pey Village)

Dear all,

This is case number 7, Kim Phay, 72M 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: Kim Phay, 72M (Bos Pey Village)

Chief Complaint (CC): SOB x 1y

History of Present Illness (HPI): 72M presented with symptoms of fever, productive cough, white sputum, night sweating, weight loss and progressive SOB on exertion (walking 20m), he went to local health center, AFB smear positive and treated with TB drugs for 6 months. He has become better in a few months after completion of treatment then he developed increased SOB on exertion and on/off cough, sweating, and poor appetite.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Smoking 20cig/d for over 10y, stopped 1y; alcohol drinking 1/4L/d, stopped

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 134/79 P: 76 R: 26 T: 37°C Wt: 35Kg O2sat: 96%

General: Cachectic

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

Chest: Wheezing and rhonchi on lower lobes bilaterally, no crackle; H RRR, no murmur

Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical 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: None

Assessment:

1. Pneumonia
2. COPD
3. PTB?

Plan:

1. Erythromycin 500mg 1t po bid x 10d
2. Salbutamol Inhaler 2puffs bid prn SOB
3. Repeat AFB smear checking in local health center
4. Send 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: November 11, 2009

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

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From: rithychau

To: 'Robib Telemedicine'

Cc: 'Sutton Whitaker' ; 'Kruy Lim'

Sent: Thursday, November 12, 2009 9:56 AM

Subject: RE: Robib TM Clinic November 2009, Case#7, Kim Phay, 72M (Bos Pey Village)

Dear Sovann,

I agree and emphasize the smoking cessation.

add MTV for him also.

Rithy

From: [Cusick, Paul S.,M.D.](#)
To: [Fiamma, Kathleen M.](#) ; robibtelemed@gmail.com
Cc: rithychau@sihosp.org
Sent: Saturday, November 14, 2009 5:19 AM
Subject: RE: Robib TM Clinic November 2009, Case#7, Kim Phay, 72M (Bos Pey Village)

thank you for your consult

He has dyspnea with exertion. Fatigue, Wt loss and cough with sweats.
He is a former smoker

I agree that he may benefit from an inhaler and antibiotic.

I agree that he needs a chest xray and a repeat TB sample (may have resistant TB).
It may be that he is having an exacerbation of emphysema.

Further management will depend on results from chest xray and TB sample.

Best of luck

Paul Cusick

From: Robib Telemedicine
To: Rithy Chau ; Kruy Lim ; Joseph Kvedar ; Kathy Fiamma > ; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Wednesday, November 11, 2009 8:09 PM
Subject: Robib TM Clinic November 2009, Case#8, Prum Vandy, 49F (Taing Treuk Village)

Dear all,

This is case number 8, Prum Vandy, 49F 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: Prum Vandy, 49F (Taing Treuk Village)

Chief Complaint (CC): Palpitation x 1y

History of Present Illness (HPI): 49F, farmer, presented with symptoms of palpitation, heat intolerance, tremor and insomnia, she bought some medicine from local pharmacy without consultation. In the last two months, she also developed with epigastric pain, burning sensation during hungry and after full eating, on/off burping with sour

taste, no radiation. She took antacid only when the pain worse. She denied of vomiting, stool with blood/mucus.

Past Medical History (PMH): Unremarkable

Family History: None

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

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 127/75 P: 83 R: 20 T: 37°C Wt: 36Kg

General: Stable

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

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

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

Extremity/Skin: Tremor on the fingers, no leg edema, no rash

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

Lab/study: None

Assessment:

1. Thyroid dysfunction?
2. Dyspepsia

Plan:

1. Famotidine 40mg 1t po qhs
2. Mebendazole 100mg 5t po qhs once
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc and TSH at SHCH

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

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

Examined by: Nurse Sovann Peng

Date: November 11, 2009

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

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From: "Barbesino, Giuseppe,M.D." <GBARBESINO@PARTNERS.ORG>
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>; <robibtelemed@gmail.com>
Cc: <rithychau@sihosp.org>
Sent: Thursday, November 12, 2009 6:32 AM
Subject: RE: Robib TM Clinic November 2009, Case#8, Prum Vandy, 49F (Taing Treuk Village)

I agree with your plan, although her symptoms and exam are not terribly suggestive of thyroid disease. your preliminary blood tests however should also include liver function tests

From: rithychau
To: 'Robib Telemedicine'
Cc: 'Sutton Whitaker' ; 'Kruy Lim'
Sent: Thursday, November 12, 2009 10:00 AM
Subject: RE: Robib TM Clinic November 2009, Case#8, Prum Vandy, 49F (Taing Treuk Village)

Agree.

Rithy

From: Robib Telemedicine
To: Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kathy Fiamma > ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Wednesday, November 11, 2009 8:12 PM
Subject: Robib TM Clinic November 2009, Case#9, Roth Ven, 53M (Thkeng Village)

Dear all,

This is the case number 9, Roth Ven, 53M 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: Roth Ven, 53M (Thkeng Village)

Chief Complaint (CC): Polyuria x 2 months

History of Present Illness (HPI): 53M, teacher, presented with symptoms of polyuria, polyphagia, polydipsia, fatigue, he went to provincial hospital and told he has DMII and treated with Glibenclamide 5mg 1t bid. He took the Glibenclamide for two months but he still presented with the above symptoms. He denied of fever, SOB, palpitation, chest pain, hematuria, dysuria, numbness and tingling.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Smoking 5cig/d for over 10y, stopped 5y; casually alcohol drinking

Current Medications: Glibenclamide 5mg 1t po bid

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 111/88 P: 93 R: 20 T: 36.5°C Wt: 54Kg

General: 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 surgical 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:

Done on November 11, 2009

RBS: HI; U/A gluc 4+

Assessment:

1. DMII

Plan:

1. Glibenclamide 5mg 1t po bid
2. Metformin 500mg 1t po bid
3. Educate on diabetic diet, do regular exercise and foot care
4. 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: November 11, 2009**

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

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From: rithychau**To:** 'Robib Telemedicine'**Cc:** 'Sutton Whitaker' ; 'Kruy Lim'**Sent:** Thursday, November 12, 2009 10:04 AM**Subject:** RE: Robib TM Clinic November 2009, Case#9, Roth Ven, 53M (Thkeng Village)

Sovann,

Go ahead and add Captopril and ASA low dose for him, draw also tot Chol and TG.

Rithy

From: "Tan, Heng Soon,M.D." <HTAN@PARTNERS.ORG>**Date:** November 11, 2009 5:12:39 PM EST**To:** "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>**Subject: RE: Robib TM Clinic November 2009, Case#9, Roth Ven, 53M (Thkeng Village)**

He has diabetes by symptoms and glucosuria. However it is unclear why he developed diabetes since he is not overweight. Is there a family history of diabetes? Furthermore it is unclear why he did not respond to 2 months therapy with glibenclamide 5 mg twice a day. Was his glibenclamide supply genuine and fresh? Was he taking it diligently? Was he on a calorie and carbohydrate restricted diet? In his physical exam he is not hypertensive and has no peripheral neuropathy. We don't know the state of his fundus, heart and peripheral pulses. The lab investigations will clarify his renal function and the degree of hyperglycemia. If the addition of metformin does not improve blood sugar control in a month, I would increase it to the maximum of 1g bid. If that fails to control, do you have access to oral pioglitazone or sitagliptin? Another alternative would be injectable exenatide.

HS

From: Robib Telemedicine
To: Rithy Chau ; Kruiy Lim ; Kathy Fiamma > ; Joseph Kvedar ; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Sutton Whitaker
Sent: Wednesday, November 11, 2009 8:17 PM
Subject: Robib TM Clinic November 2009, Case#10, Sok Tem Ra, 25M (Thnal Keng Village)

Dear all,

This is the last case for Robib TM Clinic November 2009, case number 10, Sok Tem Ra, 25M 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 Tem Ra, 25M (Thnal Keng Village)



Chief Complaint (CC): Fatigue x 2 months

History of Present Illness (HPI): 25M, farmer, presented with symptoms of fever, chill, muscle pain, HA. The fever with chill occurs usually and the morning of every day, he got treatment from local health care worker with IM injection for a few days but symptoms were not better then developed jaundice, fatigue, poor appetite. He got malaria check with positive result and got treatment with Malarin x 3d. Now he presented with fatigue, pale, poor appetite. He denied of chest pain, nausea, vomiting, stool with

blood/mucus, hematuria, oliguria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No cigarette smoking; casually alcohol drinking, beside doing the farming, he went into the jungle work as mine worker

Current Medications: Malarin x 3d

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 94/52 P: 92 R: 20 T: 37°C Wt: 45Kg

General: Sick

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

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

Abd: Soft, no tender, no distension, (+) BS, no Hepatomegaly, splenomegaly, no surgical scar, no mass palpable

Extremity/Skin: No edema, no rash

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

Lab/study:

Done on November 11, 2009

RBS: 166mg/dl; U/A prot trace, Hb: 7g/dl

Assessment:

1. Anemia due to Malaria

Plan:

1. FeSO4/Folate 200/0.25mg 1t po bid
2. MTV 1t po bid
3. Recheck malaria in local health center
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Peripheral blood 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: November 11, 2009

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

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From: rithychau
To: 'Robib Telemedicine'
Cc: 'Sutton Whitaker' ; 'Kruy Lim'
Sent: Thursday, November 12, 2009 10:13 AM
Subject: RE: Robib TM Clinic November 2009, Case#10, Sok Tem Ra, 25M (Thnal Keng Village)

Sovann,

Can you do a colochek (hemocult) for him and recheck his gluc again fasting—if not normal but not exceed 200, then get him to follow the DM diet and exercise and check his blood monthly, maybe add HbA1C if not return to normal? Ask him to drink 2-3 L clean water daily to get him hydrated.

Rithy

From: "Tan, Heng Soon,M.D." <HTAN@PARTNERS.ORG>
Date: November 11, 2009 6:03:02 PM EST
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
Cc: "Dooley, Anna" <ADOOLEY@PARTNERS.ORG>, "Alloo, Allireza" <AALLOO@PARTNERS.ORG>
Subject: RE: Robib TM Clinic November 2009, Case#10, Sok Tem Ra, 25M (Thnal Keng Village)

A more detailed time line in the narrative will clarify whether he has an acute vs chronic malaria. I presume the fever, chills, headache and myalgia were initial symptoms 2 months ago. When did he receive the initial injection for treatment? Was it Fansidar or quinine? I presume Fansidar resistant malaria is prevalent in Cambodia, so Fansidar would not have been a good choice. In any case he was not better and seemed to progress to hemolysis with anemia. However he has no splenomegaly suggesting that he had no previous chronic malarial infection, and the present infection has not been that long. When was the malaria confirmation test performed? Was it positive on the thick or thin blood film? That will give some indication of the intensity of the infection. Was an estimate made of the parasite count? Was the malaria parasite identified? While falciparum malaria is more common, one has to exclude vivax malaria to ensure no relapse occurs since additional primaquine therapy may be needed. When was he treated with Malarin? Were 3 tabs of 250 mg tabs given? If he is still taking the Malarin, it may explain why he still has symptoms of hemolytic anemia since it will take time for him to recover from the anemia. The physical exam noted he was pale with Hb 7g/dl [50% normal], but was he jaundiced as well? The retic count will be helpful in defining the bone marrow response to the severe hemolysis. It is good that he is alert so we don't have to worry about cerebral malaria. Checking renal function is important to rule out renal insufficiency from malaria. Make sure he is well hydrated drinking at least 2 liters of fluids daily. I agree with iron and folate supplements to support the bone marrow during its recovery.

HS

From: Robib Telemedicine
To: Kathy Fiamma >
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Rithy Chau
Sent: Thursday, November 12, 2009 8:00 PM
Subject: Cases received for Robib TM Clinic November 2009

Dear Kathy,

I have received the reply of 6 cases from you and below are the cases not yet received:

Case#2, Keo Vin, 50M

Case#3, Ngoun Yan, 59F
Case#4, Nong Kim Chheang, 57M
Case#7, Kim Phay, 72M

Please send me the reply of the remaining cases.

Thank you very much for the reply to the cases of Robib TM clinic November 2009.

Best regards,
Sovann

Thursday, November 12, 2009

Follow-up Report for Robib TM Clinic

There were 9 new and 1 follow up patients seen during this month Robib TM Clinic, other 60 patients came for medication refills only. 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 November 2009

1. Heng Chan Ty, 49F (Ta Tong Village)

Diagnosis:

1. Diffuse goiter
2. Dyspepsia

Treatment:

1. Famotidine 40mg 1t po qhs x 1month (#30)
2. Mebendazole 100mg 5t po qhs once (#5)
3. Draw blood for TSH and Free T4 at SHCH

Lab result on Nov 13, 2009

TSH	=<0.02	[0.49 - 4.67]
Free T4	=44.04	[9.14 - 23.81]

2. Keo Vin, 50M (Thnout Malou Village)

Diagnosis:

1. Sciatica

Treatment:

1. Paracetamol 500mg 1t po qid prn pain (#20)
2. Ketoprofen 300mg 1t po qd prn (#20)
3. Vit B1 1t po bid (#60)
4. Warmth compression, avoid prolong sitting and standing

3. Ngoun Yan, 59F (Chan Lornng Village)**Diagnosis:**

1. Breast cancer?

Treatment:

1. Paracetamol 500mg 1t po qid prn pain (#50)
2. Ketoprofen 200mg 1t po qd prn severe pain (#30)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on Nov 13, 2009

WBC	=10.1	[4 - 11x10 ⁹ /L]	Na	=141	[135 - 145]
RBC	=3.1	[3.9 - 5.5x10 ¹² /L]	K	=4.3	[3.5 - 5.0]
Hb	=6.9	[12.0 - 15.0g/dL]	Cl	=111	[95 - 110]
Ht	=22	[35 - 47%]	BUN	=1.2	[0.8 - 3.9]
MCV	=71	[80 - 100fl]	Creat	=92	[44 - 80]
MCH	=22	[25 - 35pg]	Gluc	=5.8	[4.2 - 6.4]
MHCH	=31	[30 - 37%]			
Plt	=427	[150 - 450x10 ⁹ /L]			
Lym	=1.9	[1.0 - 4.0x10 ⁹ /L]			

4. Nong Kim Chheang, 57M (Rovieng Cheung Village)**Diagnosis:**

1. IHD
2. MR
3. Kidney stone

Treatment:

1. Captopril 25mg 1/4t po bid (#20)
2. Atenolol 50mg 1/2t po qd (#20)
3. ASA 300mg 1/4t po qd (#10)

5. Chhim Tuy, 63M (Sam Reth Village) (didn't come to receive medicine)**Diagnosis:**

1. Osteomyelitis?
2. Septic arthritis?
3. Eczema

Treatment:

1. Augmentin 875mg 1t po bid
2. Ketoprofen 300mg 1t po qd prn severe pain
3. Paracetamol 500mg 1t po qid prn pain
4. Fluocinonide cream 0.1% apply bid until the rash gone

6. Chhiv Sok Kea, 54F (Thnout Malou Village)**Diagnosis:**

1. DMII
2. UTI

Treatment:

1. Metformin 1000mg (extended release) 1t po qhs (#40)
2. Captopril 25mg 1/4t po bid (#20)
3. ASA 300mg 1/4t po qd (#10)
4. Ciprofloxacin 500mg 1t po bid x 5d (#10)

- Educate on diabetic diet, do regular exercise and foot care
- Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG and HbA1C at SHCH

Lab result on Nov 13, 2009

WBC	=6.1	[4 - 11x10 ⁹ /L]	Na	=141	[135 - 145]
RBC	=5.2	[3.9 - 5.5x10 ¹² /L]	K	=3.9	[3.5 - 5.0]
Hb	= 10.5	[12.0 - 15.0g/dL]	Cl	= 111	[95 - 110]
Ht	=35	[35 - 47%]	BUN	=1.5	[0.8 - 3.9]
MCV	= 67	[80 - 100fl]	Creat	= 90	[44 - 80]
MCH	= 20	[25 - 35pg]	Gluc	= 7.8	[4.2 - 6.4]
MHCH	=30	[30 - 37%]	T. Chol	= 6.1	[<5.7]
Plt	=272	[150 - 450x10 ⁹ /L]	TG	= 2.9	[<1.71]
Lym	=2.4	[1.0 - 4.0x10 ⁹ /L]	HbA1C	= 9.8	[4 - 6]
Mxd	=0.7	[0.1 - 1.0x10 ⁹ /L]			
Neut	=3.0	[1.8 - 7.5x10 ⁹ /L]			

7. Kim Phay, 72M (Bos Pey Village)

Diagnosis:

- Pneumonia
- COPD
- PTB?

Treatment:

- Erythromycin 500mg 1t po bid x 10d (#20)
- Salbutamol Inhaler 2puffs bid prn SOB (#1)
- MTV 1t po qd (#30)
- Repeat AFB smear checking in local health center
- Send to Kg Thom for CXR

8. Prum Vandy, 49F (Taing Treuk Village)

Diagnosis:

- Thyroid dysfunction?
- Dyspepsia

Treatment:

- Famotidine 40mg 1t po qhs (#30)
- Mebendazole 100mg 5t po qhs once (#5)
- Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT and TSH at SHCH

Lab result on Nov 13, 2009

WBC	=4.0	[4 - 11x10 ⁹ /L]	Na	=139	[135 - 145]
RBC	=4.4	[3.9 - 5.5x10 ¹² /L]	K	=3.8	[3.5 - 5.0]
Hb	= 9.8	[12.0 - 15.0g/dL]	Cl	= 113	[95 - 110]
Ht	= 31	[35 - 47%]	BUN	=1.7	[0.8 - 3.9]
MCV	= 71	[80 - 100fl]	Creat	=68	[44 - 80]
MCH	= 23	[25 - 35pg]	Gluc	=4.4	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	SGOT	= 54	[<31]
Plt	=117	[150 - 450x10 ⁹ /L]	SGPT	= 40	[<32]
Lym	=1.8	[1.0 - 4.0x10 ⁹ /L]	TSH	= <0.02	[0.49 - 4.67]

9. Roth Ven, 53M (Thkeng Village)

Diagnosis:

- DMII

Treatment:

- Glibenclamide 5mg 1t po bid (#70)
- Metformin 1000mg (extended release) 1t po qhs (#40)
- Captopril 25mg 1/4t po qd (#10)

4. ASA 300mg 1/4t po qd (#10)
5. Educate on diabetic diet, do regular exercise and foot care
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG, Tot chole and HbA1C at SHCH

Lab result on Nov 13, 2009

WBC	=5.8	[4 - 11x10 ⁹ /L]	Na	=139	[135 - 145]
RBC	=5.2	[4.6 - 6.0x10 ¹² /L]	K	=3.8	[3.5 - 5.0]
Hb	=14.1	[14.0 - 16.0g/dL]	Cl	=109	[95 - 110]
Ht	=42	[42 - 52%]	BUN	=1.2	[0.8 - 3.9]
MCV	=81	[80 - 100fl]	Creat	=125	[53 - 97]
MCH	=27	[25 - 35pg]	Gluc	=20.3	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	T. Chol	=4.2	[<5.7]
Plt	=192	[150 - 450x10 ⁹ /L]	TG	=2.8	[<1.7]
Lym	=1.8	[1.0 - 4.0x10 ⁹ /L]	HbA1C	=13.0	[4 - 6]
Mxd	=1.3	[0.1 - 1.0x10 ⁹ /L]			
Neut	=2.7	[1.8 - 7.5x10 ⁹ /L]			

10. Sok Tem Ra, 25M (Thnal Keng Village)

Diagnosis:

1. Anemia due to Malaria

Treatment:

1. FeSO₄/Folate 200/0.25mg 1t po bid (#60)
2. MTV 1t po bid (#60)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Peripheral blood smear, Reticulocyte count at SHCH

Lab result on Nov 13, 2009

WBC	=12.0	[4 - 11x10 ⁹ /L]	Na	=135	[135 - 145]
RBC	=2.1	[4.6 - 6.0x10 ¹² /L]	K	=3.8	[3.5 - 5.0]
Hb	=4.4	[14.0 - 16.0g/dL]	Cl	=106	[95 - 110]
Ht	=15	[42 - 52%]	BUN	=1.4	[0.8 - 3.9]
MCV	=69	[80 - 100fl]	Creat	=114	[53 - 97]
MCH	=21	[25 - 35pg]	Gluc	=5.4	[4.2 - 6.4]
MHCH	=30	[30 - 37%]			
Plt	=525	[150 - 450x10 ⁹ /L]			
Lym	=3.6	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=1.2	[0.1 - 1.0x10 ⁹ /L]			
Neut	=7.2	[1.8 - 7.5x10 ⁹ /L]			

RBC morphology

Microcytes	2+
Poikilocytosis	1+
Hypochromic	2+

Reticulocyte count =3.9 [0.5 - 1.5]

Patients who come for follow up and refill medication

1. Chan Thoeun, 50F (Sralou Srong Village)

Diagnosis:

1. Mild to moderate Aortic regurgitation

Treatment:

1. Captopril 25mg 1/4t po bid for three months (# 45)

2. Cheng Ly Seang, 40F (Taing Treuk Village)

Diagnosis:

1. Hepatosplenomegaly
2. Liver cirrhosis??

Treatment:

1. MTV 1t po qd for two months (#60)

3. Chheak Leangkry, 65F (Rovieng Cheung)

Diagnosis

1. DMII with PNP
2. HTN

Treatment

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

4. 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

5. Chhin Chheut, 13M (Trapang Reusey Village)

Diagnosis:

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

Treatment:

1. Ca/Vit D₃ 500/400 1t po bid
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Ca and Mg at SHCH

Lab result on Nov 13, 2009

WBC	=9.6	[4 - 11x10 ⁹ /L]	Na	=138	[135 - 145]
RBC	=3.5	[4.6 - 6.0x10 ¹² /L]	K	=3.9	[3.5 - 5.0]
Hb	=8.4	[14.0 - 16.0g/dL]	Cl	=111	[95 - 110]
Ht	=25	[42 - 52%]	BUN	=12.5	[0.8 - 3.9]
MCV	=72	[80 - 100fl]	Creat	=520	[53 - 97]
MCH	=24	[25 - 35pg]	Gluc	=5.2	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	Mg2+	=1.7	[0.8 - 1.0]
Plt	=320	[150 - 450x10 ⁹ /L]	Ca2+	=0.83	[1.12 - 1.32]
Lym	=3.6	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=0.6	[0.1 - 1.0x10 ⁹ /L]			
Neut	=5.4	[1.8 - 7.5x10 ⁹ /L]			

6. Chin Thary, 27F (Rovieng Cheung Village)

Diagnosis:

1. DMII

Treatment:

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

Lab result on Nov 13, 2009

Gluc =8.2 [4.2 - 6.4]
HbA1C =7.5 [4 - 6]

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

Diagnosis:

1. DMII

Treatment:

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

Lab result on Nov 13, 2009

Gluc =9.6 [4.2 - 6.4]
HbA1C =7.0 [4 - 6]

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

9. Ek Em, 32M (Otalauk Village)

Diagnosis:

1. Anemia post malaria infection

Treatment:

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

10. Heang Norm, 64F (Ta Tong Village)

Diagnosis:

1. Pneumonia
2. COPD

Treatment:

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

11. Huy Yim, 55F (Backdoang Village)

Diagnosis:

1. HTN

Treatment:

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

12. Ing Em, 51F (Taing Treuk Village)

Diagnosis:

1. HTN

2. Right side stroke with left side weakness

Treatment:

1. Amlodipine 5mg 1t po qd for three months (buy)
2. ASA 300mg 1/4t po qd for three months (buy)
3. Eat low Salt/Fats diet and do regular exercise

13. Kaov Soeur, 63F (Sangke Roang Village)

Diagnosis:

1. HTN

Treatment:

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

14. Keth Chourn, 55M (Chhnourn Village)

Diagnosis:

1. HTN

Treatment:

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

15. Khi Ngorn, 63M (Rovieng Cheung Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1t po qd for three months (#90)
2. Do regular exercise, eat low salt/fats diet

16. Kim Sam, 84F (Rovieng Tbong Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (#30)
2. ASA 300mg 1/4t po qd for two months (buy)

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

Diagnosis:

1. DMII

Treatment:

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

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

Diagnosis:

1. HTN

Treatment:

1. Amlodipine 5mg 1t po qd for two months (#60)

19. Kor Khem Nary, 32F (Trapang Reusey Village)

Diagnosis:

1. Hyperthyroidism
2. Tachycardia

Treatment:

1. Carbimazole 5mg 1t po bid for two months (#120)

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

20. Kouch Be, 76M (Thnout Malou Village)

Diagnosis

1. HTN
2. COPD

Treatment

1. Amlodipine 5mg 1t po qd for three months (# 90)
2. Salbutamol Inhaler 2 puffs prn SOB for three months (# 2)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, tot chole, TG at SHCH

Lab result on Nov 13, 2009

WBC	=6.2	[4 - 11x10 ⁹ /L]	Na	=138	[135 - 145]
RBC	=4.0	[4.6 - 6.0x10 ¹² /L]	K	=4.3	[3.5 - 5.0]
Hb	=11.8	[14.0 - 16.0g/dL]	Cl	=110	[95 - 110]
Ht	=36	[42 - 52%]	BUN	=1.6	[0.8 - 3.9]
MCV	=89	[80 - 100fl]	Creat	=116	[53 - 97]
MCH	=29	[25 - 35pg]	Gluc	=4.7	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=4.5	[<5.7]
Plt	=74	[150 - 450x10 ⁹ /L]	TG	=1.1	[<1.71]
Lym	=2.9	[1.0 - 4.0x10 ⁹ /L]			

21. 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 (#2)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, tot chole, TG at SHCH

Lab result on Nov 13, 2009

WBC	=9.8	[4 - 11x10 ⁹ /L]	Na	=141	[135 - 145]
RBC	=3.9	[3.9 - 5.5x10 ¹² /L]	K	=3.7	[3.5 - 5.0]
Hb	=11.1	[12.0 - 15.0g/dL]	Cl	=110	[95 - 110]
Ht	=34	[35 - 47%]	BUN	=2.3	[0.8 - 3.9]
MCV	=88	[80 - 100fl]	Creat	=110	[44 - 80]
MCH	=29	[25 - 35pg]	Gluc	=5.5	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=6.6	[<5.7]
Plt	=300	[150 - 450x10 ⁹ /L]	TG	=1.8	[<1.71]
Lym	=3.1	[1.0 - 4.0x10 ⁹ /L]			

22. Lay Lai, 28F (Taing Treuk Village)

Diagnosis:

1. Tachycardia

Treatment:

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

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for three months (#120)
2. Captopril 25mg 1/4t po qd for three months (#8)

3. ASA 300mg 1/4t po qd for three months (#8)

24. Moeung Srey, 42F (Thnout Malou Village)

Diagnosis

1. HTN

Treatment

1. Captopril 25mg 1t po bid for two months (# 120)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, tot chole, TG at SHCH

Lab result on Nov 13, 2009

WBC	=5.4	[4 - 11x10 ⁹ /L]	Na	=140	[135 - 145]
RBC	=4.6	[3.9 - 5.5x10 ¹² /L]	K	=4.0	[3.5 - 5.0]
Hb	=9.8	[12.0 - 15.0g/dL]	Cl	=111	[95 - 110]
Ht	=30	[35 - 47%]	BUN	=1.1	[0.8 - 3.9]
MCV	=66	[80 - 100fl]	Creat	=104	[44 - 80]
MCH	=21	[25 - 35pg]	Gluc	=4.6	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=4.6	[<5.7]
Plt	=145	[150 - 450x10 ⁹ /L]	TG	=1.0	[<1.71]
Lym	=2.1	[1.0 - 4.0x10 ⁹ /L]			

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

Diagnosis:

1. DMII

Treatment:

1. Gliburide/Metformin 2.5mg/500mg 2t po bid for three months (#360)
2. Captopril 25mg 1t po bid for three months (buy)
3. ASA 300mg 1/4t po qd for three months (#24)

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. Norm Kol Leak, 21F (Bakdoang Village)

Diagnosis:

1. Arthritis

Treatment:

1. Paracetamol 500mg 1t po qid prn pain (#30)

28. Pang Sidoeun, 31F (Rovieng Tbong Village)

Diagnosis:

1. HTN

Treatment:

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

29. 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)

30. Phim Sichin, 35F (Taing Treuk Village)

Diagnosis:

1. DMII
2. LVH
3. TR/MS
4. Thalassemia
5. 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)

31. Pou Limthang, 42F (Thnout Malou Village)

Diagnosis:

1. Euthyroid Goiter

Treatment:

1. Carbimazole 5mg 1/2t po tid for three months (#135)

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

Treatment:

1. Spironolactone 25mg 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)

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 (buy)
3. ASA 300mg 1/4t po qd for three months (buy)
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, tot chole and TG at SHCH

Lab result on Nov 13, 2009

WBC	=4.1	[4 - 11x10 ⁹ /L]	Na	=143	[135 - 145]
RBC	=3.7	[4.6 - 6.0x10 ¹² /L]	K	=4.6	[3.5 - 5.0]
Hb	=11.4	[14.0 - 16.0g/dL]	Cl	=113	[95 - 110]

Ht	=34	[42 - 52%]	BUN	=4.3	[0.8 - 3.9]
MCV	=91	[80 - 100fl]	Creat	=158	[53 - 97]
MCH	=31	[25 - 35pg]	Gluc	=4.5	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=4.8	[<5.7]
Plt	=193	[150 - 450x10 ⁹ /L]	TG	=3.3	[<1.7]
Lym	=1.6	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=0.6	[0.1 - 1.0x10 ⁹ /L]			
Neut	=1.9	[1.8 - 7.5x10 ⁹ /L]			

34. Rim Sopheap, 32F (Doang Village)

Diagnosis:

1. Dilated Cardiomyopathy with EF 32% with PR

Treatment:

1. Captopril 25mg 1/4t po bid for two months (buy)
2. ASA 300mg 1/4t po qd for two months (buy)
3. MTV 1t po qd for two months (#60)

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

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 11/2t 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 (# 60)
4. ASA 300mg 1/4t po qd for two months (buy)

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

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for one month (# 120)
2. Glibenclamide 5mg 1t po bid for one month (# 60)
3. Captopril 25mg 1/4t po qd for one month (# 8)

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

Diagnosis:

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

Treatment:

1. Atenolol 50mg 1t po qd for two months (buy)
2. ASA 300mg 1/4t po qd for two months (#15)

38. San Sophal, 35M (Rovieng Cheung Village)

Diagnosis:

1. DMII

Treatment:

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

39. Sao Ky, 71F (Thnout Malou Village)

Diagnosis

1. HTN

Treatment

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot Chole, and TG at SHCH

Lab result on Nov 13, 2009

WBC	=5.2	[4 - 11x10 ⁹ /L]	Na	=143	[135 - 145]
RBC	=4.0	[3.9 - 5.5x10 ¹² /L]	K	=4.4	[3.5 - 5.0]
Hb	=11.9	[12.0 - 15.0g/dL]	Cl	=114	[95 - 110]
Ht	=36	[35 - 47%]	BUN	=1.3	[0.8 - 3.9]
MCV	=90	[80 - 100fl]	Creat	=93	[44 - 80]
MCH	=30	[25 - 35pg]	Gluc	=5.0	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=5.5	[<5.7]
Plt	=269	[150 - 450x10 ⁹ /L]	TG	=1.4	[<1.71]
Lym	=1.7	[1.0 - 4.0x10 ⁹ /L]			

40. Sao Lim, 73F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. ASA 300mg ¼ t po qd for three months (# 25)
3. MTV 1t po qd for three months (# 90)

41. Sao Phal, 57F (Thnout Malou)

Diagnosis:

1. HTN
2. Anxiety
3. Dyspepsia

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 45)
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 40mg 1t po qhs (#30)
5. MTV 1t po qd for three months (#90)

42. Sath Rim, 51F (Taing Treuk Village)

Diagnosis:

1. HTN
2. DMII
3. Renal Failure
4. Anemia

Treatment:

1. NPH insulin 18 UI s/c qd
2. Atenolol 50mg 1/4t po bid (#20)
3. Nifedipine 20mg 1t po qd (#30)
4. Amitriptylin 25mg 1/2t po qhs (# 20)
5. Calcium gluconil 500mg 1t po qd
6. Calcitriol 25mg 1t po qd
7. Erythropoietin 300 UI s/c bid
8. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, and HbA1C at SHCH

Lab result on Nov 13, 2009

WBC	=5.6	[4 - 11x10 ⁹ /L]	Na	=141	[135 - 145]
RBC	=2.3	[3.9 - 5.5x10 ¹² /L]	K	=5.9	[3.5 - 5.0]
Hb	=5.4	[12.0 - 15.0g/dL]	Cl	=118	[95 - 110]
Ht	=17	[35 - 47%]	BUN	=13.9	[0.8 - 3.9]

MCV =74	[80 - 100fl]	Creat =941	[44 - 80]
MCH =24	[25 - 35pg]	Gluc =5.7	[4.2 - 6.4]
MHCH =32	[30 - 37%]	T. Chol =4.3	[<5.7]
Plt =192	[150 - 450x10 ⁹ /L]	TG =2.8	[<1.71]
Lym =1.7	[1.0 - 4.0x10 ⁹ /L]	HbA1C =7.3	[4 - 6]
Mxd =0.7	[0.1 - 1.0x10 ⁹ /L]		
Neut =3.2	[1.8 - 7.5x10 ⁹ /L]		

43. Say Soeun, 67F (Rovieng Cheung Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (# 120)
2. Metformin 500mg 1t po bid for two months (# 120)
3. Captopril 25mg 1t po bid for two months (# 120)
4. Atenolol 50mg 1/2t po bid for two months (# 60)
5. ASA 300mg ¼t po qd for two months (# 15)
6. MTV 1t po qd for two months (# 60)

44. Seng Kim Oeun, 56M (Thnout Malou Village)

Diagnosis:

1. HTN

Treatment:

1. Captopril 25mg 1t po qd for two months (buy)
2. ASA 300mg 1/4t po qd for two months (buy)
3. Eat low Na+ and fats diet and do regular exercise

45. Seung Savorn, 48M (Sre Thom Village)

Diagnosis:

1. HTN

Treatment:

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

46. 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)

47. 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)

48. Som Thol, 59M (Taing Treuk Village)

Diagnosis:

1. DMII with PNP

2. Right foot wound

Treatment:

1. Glibenclamide 5mg 11/2t po qAM and 1t po qPM for one month (#75)
2. Metformin 500mg 2t po bid for one month (#120)
3. Captopril 25mg 1/2t po bid for one month (#30)
4. ASA 300mg ¼t po qd for one month (#8)

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

Diagnosis:

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

Treatment:

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

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

Diagnosis

1. DMII

Treatment

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

Lab result on Nov 13, 2009

Na	=140	[135 - 145]
K	=4.9	[3.5 - 5.0]
Cl	=110	[95 - 110]
BUN	=1.2	[0.8 - 3.9]
Creat	=87	[44 - 80]
Gluc	=9.5	[4.2 - 6.4]
HbA1C	=8.6	[4 - 6]

51. Tann Kim Hor, 56F (Rovieng Cheung Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Metformin 500mg 1t po bid for two months (#120)
2. Captopril 25mg 1/4t po bid for two months (#30)
3. ASA 300mg 1/4t po qd for two months (#15)

52. Tann Sopha Nary, 22F (Thnout Malou Village)

Diagnosis

1. Euthyroid Goiter

Treatment

1. Carbimazole 5mg 1/2t po bid for three months (# 90)

53. Tann Sou Hoang, 50F (Rovieng Cheung Village)

Diagnosis:

1. DMII

Treatment:

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

Lab result on Nov 13, 2009

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

54. Thon Vansoeun, 52F (Backdoang Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (#30)
2. ASA 300mg 1/4t po qd for two months (#15)

55. Thorng Khun, 43F (Thnout Malou Village)

Diagnosis:

1. Sciatica
2. Vit Deficiency
3. Thyroid dysfunction

Treatment:

1. Paracetamol 500mg 1t po qid prn pain (#20)
2. MTV 1t po qd (#30)
3. Draw blood for TSH, Free T4, T3 at SHCH

Lab result on November 13, 2009

TSH =<0.02 [0.49 - 4.67]
Free T4=34.44 [9.14 - 23.81]
Free T3=5.00 [1.45 - 3.48]

56. Tith Pov, 70F (Taing Treuk Village)

Diagnosis:

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Captopril 25mg 1/4t po bid for one month (#15)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Amitriptyline 25mg 1/4t po qhs for one month (#8)

57. Um Yi, 55F (Rovieng Cheung Village)

Diagnosis:

1. HTN

Treatment:

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

58. Un Chhourn, 40M (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

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

Lab result on November 13, 2009

Gluc =6.9 [4.2 - 6.4]
HbA1C =6.7 [4 - 6]

59. Un Chhorn, 45M (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

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

60. Vong Yan, 72F (Boeung Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1t po qd for two months (#60)

**The next Robib TM Clinic will be held on
November 30 – December 04, 2009**