Robib *Telemedicine* Clinic

Preah Vihear Province

N O V E M B E R 2 0 1 0

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

On Monday, November 1, 2010, 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 2 & 3, 2010, the Robib TM Clinic opened to receive the patients for evaluations. There were 7 new and 2 follow up 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, November 3 & 4, 2010.

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

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

From: Robib Telemedicine
To: Kathy Fiamma > ; Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Rithy Chau ; 'Kruy Lim' ; Cornelia Haener ; Radiology Boston
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Kevin O' brien ; Peou Ouk ; Savoeun Chhun ; Samoeurn Lanh
Sent: Monday, October 25, 2010 10:59 AM
Subject: Schedule for Robib TM Clinic November 2010

Dear all,

I would like to inform you that Robib TM Clinic for November 2010 will be starting from November 1 to 5, 2010.

The agenda for the trip is as following:
1. On Monday November 1, 2010, Dirver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday November 2, 2010, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as word file and send to both partners in Boston and Phnom Penh.
3. On Wednesday November 3, 2010, the activity is the same as on Tuesday
4. On Thursday November 4, 2010, 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 November 5, 2010, 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: Robib Telemedicine
To: Kathy Fiamma > ; Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Rithy Chau ; 'Kruy Lim'
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Tuesday, November 02, 2010 4:35 PM
Subject: Robib TM Clinic November 2010, Case#1, Bith Yearng, 14F

Dear all,

There are five new cases for first day of Robib TM clinic November 2010, and this is case number 1, Bith Yearng, 14F 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: **Bith Yearng, 14F (Pal Hal Village)**

Chief Complaint (CC): Dyspnea x 1 month

History of Present Illness (HPI): 14F, grade 7 student, presented with symptoms of sore throat, fever, cough, nasal congestion and got treatment with common cold medicine from local pharmacy. Several days later, her symptoms seem not better and also presented with yellow productive cough, and chest pain with cough, dyspnea then she got treatment with Antibiotic (unknown name) bid for three days and finished it for 4days without taking other medicine. Now she still presented with low grade fever, sore throat, dyspnea.

Past Medical History (PMH): Unremarkable

Family History: None

SH: Student

Current Medications: Unknown name antibiotic, finished for 4d

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 92/50 P: 110 R: 22 T: 37.8°C Wt: 30Kg

General: Stable

HEENT: erythema of nasal mucosa and pharynx, no discharge, no ulcerated lesion, no tonsil swelling, no neck lymph node palpable, normal ear canal mucosa, intact eardrum

Chest: Generalized wheezing and rhonchi, no crackle; H RRR, no murmur

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

Extremity/Skin: Unremarkable

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

Lab/study: None

Assessment:

1. Bronchitis
2. Common cold

Plan:

1. Augmentin 125mg/5cc 15cc bid for 10d
2. Paracetamol 500mg 1t po qid prn 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: November 2, 2010**

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

From: chaurithy

To: 'Robib Telemedicine'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Kathy Fiamma >' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar' ; 'Kruy Lim'
Sent: Wednesday, November 03, 2010 8:27 AM
Subject: RE: Robib TM Clinic November 2010, Case#1, Bith Yearng, 14F

Dear Sovann,

Thanks for the cases this month. For this patient, did you ask some questions to rule out PTB since her symptom was over one month already—chronic cough esp. With sputum production, night sweat, unintentional weight loss, etc., besides her dyspnea and low grade fever. Can you have her get an AFB done since available at HC?

Other possibilities may include viral bronchitis with the wheezes and rhonchi. If you still think it is bacterial infection (fever + yellow-green sputum) plus other sx mentioned, then I would suggest using Clarithromycin to cover atypical CAP. Tell her that if the sx is not improving after 1-2 weeks of taking medicine, then she needs to go to K Thom or referral hospital to get CXR done. If sputum positive AFB then tx accordingly to national guideline at HC. Also tell her to drink a lot of water and try to rest some if possible.

Rithy

From: "Kinane, Thomas B.,M.D." <TBKINANE@PARTNERS.ORG>
Date: November 3, 2010 7:43:41 PM EDT
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
Subject: RE: Robib TM Clinic November 2010, Case#1, Bith Yearng, 14F

this sounds like a lobar pneumonia. the treatment with aumentim and paracetamol is excellent and appropriate. If he does not get better, will need a chest x-ray to rule out a pleural effusion.

Bernard Kinane MD

From: Robib Telemedicine
To: Cornelia Haener ; 'Kruy Lim' ; Rithy Chau ; Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Tuesday, November 02, 2010 4:39 PM
Subject: Robib TM Clinic November 2010, Case#2, Kin Yin,35F

Dear all,

This is case number 2, Kin Yin, 35F and photos.

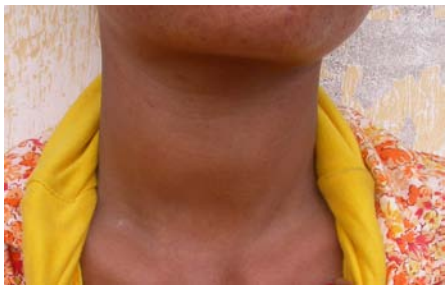
Best regards,
Sovann

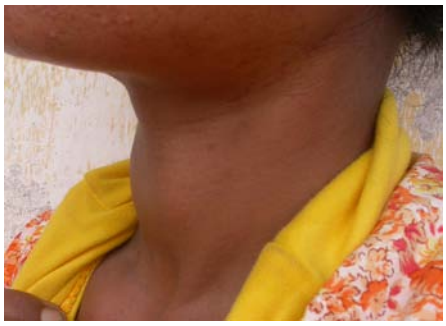
History and Physical

Name/Age/Sex/Village: **Kin Yin, 35F (Bos Pey Village)**

Chief Complaint (CC): Hand tremor x 5 months

History of Present Illness (HPI): 35F, farmer, noticed enlargement of thyroid gland for about 1y then in these five months, she presented with symptoms of both hands tremor, palpitation, insomnia, hair loss. She went to consult with private clinic in the province and treated her with 2 kinds of unknown name medicine for 1w but above symptoms still persist. She denied of dysphagia, fever, GI problems.





Past Medical History (PMH): Unremarkable

Family History: None

SH: 3 children, no alcohol drinking, no cig smoking

Current Medications: Injective contraceptive every three months injection

Allergies: NKDA

Review of Systems (ROS): epigastric pain, burning sensation, during hungry and full eating, burping with sour taste

PE:

Vitals: **BP: 113/61** **P: 120** **R: 20** **T: 37^{o}C** **Wt: 46Kg**

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 4x5cm, smooth, no tender, no bruit, mobile on swallowing, no neck lymph node palpable

Chest: CTA bilaterally, no rales, no rhonchi; H RR, tachycardia, no murmur

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

Extremity/Skin: Both hand tremor, no leg edema, no lesion

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

Lab/study: None

Assessment:

1. Hyperthyroidism

2. GERD

Plan:

1. Propranolol 40mg 1/4t po bid
2. Famotidine 40mg 1t po qhs for one month
3. Mebendazole 100mg 5t chewing qhs once
4. GERD prevention education
5. Draw blood for TSH and Free T4 at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: November 2, 2010**

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

From: Cornelia Haener
To: 'Robib Telemedicine' ; 'Kruy Lim' ; 'Rithy Chau' ; 'Paul J. M.D. Heinzelmann' ; 'Kathy Fiamma >' ; 'Joseph Kvedar'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach'
Sent: Tuesday, November 02, 2010 10:22 PM
Subject: RE: Robib TM Clinic November 2010, Case#2, Kin Yin,35F

Dear Sovann,

Thanks for your case presentation. I agree with the plan.

Kind regards
Cornelia

From: Barbesino, Giuseppe,M.D.
Sent: Tuesday, November 02, 2010 2:57 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic November 2010, Case#2, Kin Yin,35F

I agree that tachycardia, tremor and goiter suggests Graves' disease. I would send also other labs such as CBC and , metabolic panel LFT just to make sure no other abnormalities are present.

Giuseppe Barbesino M.D.

From: chaurithy
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Cornelia Haener' ; 'Kruy Lim' ; 'Paul J. M.D. Heinzelmann' ; 'Kathy Fiamma >' ; 'Joseph Kvedar'
Sent: Wednesday, November 03, 2010 8:31 AM

Subject: RE: Robib TM Clinic November 2010, Case#2, Kin Yin,35F

Dear Sovann,

I agree.
Rithy

From: Robib Telemedicine
To: Kathy Fiamma > ; Joseph Kvedar ; Paul J. M.D. Heinzelmann ; Rithy Chau ; Cornelia Haener ; 'Kruy Lim'
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Tuesday, November 02, 2010 4:41 PM
Subject: Robib TM Clinic November 2010, Case#3, Long Sok Khoeun, 38F

Dear all,

This is case number 3, Long Sok Khoeun, 38F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

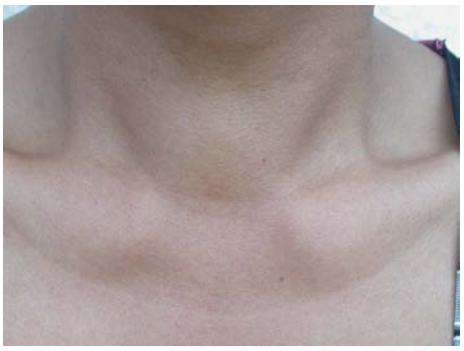
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Long Sok Khoeun, 38F (Taing Treuk Village)**

Chief Complaint (CC): Insomnia x 1month

History of Present Illness (HPI): 38F, farmer, presented with symptoms of palpitation, heat intolerance, hair loss, weight loss about 5kg, insomnia and noticed a small lump on anterior neck. She have not sought consultation just come to Telemedicine today. She denied of fever, dysphagia, GI problem, edema.



Past Medical History (PMH): Unremarkable

Family History: None

SH: 2 children with about 10L alcohol drinking/delivery, no cig smoking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 126/84 P: 102 R: 20 T: 37°C Wt: 53Kg

General: Stable

HEENT: No oropharyngeal, pink conjunctiva, anterior neck mass about 2 x 2cm, smooth, no tender, no bruit, mobile on swallowing, no neck lymph node palpable

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

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

Extremity/Skin: No leg edema, no lesion

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

Lab/study: None

Assessment:

1. Thyroid cyst?
2. Hyperthyroidism

Plan:

1. Draw blood for TSH and Free T4 at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: November 2, 2010**

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

From: Cornelia Haener
To: 'Robib Telemedicine' ; 'Kathy Fiamma >' ; 'Joseph Kvedar' ; 'Paul J. M.D. Heinzelmann' ; 'Rithy Chau' ; 'Kruy Lim'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach'
Sent: Tuesday, November 02, 2010 10:28 PM
Subject: RE: Robib TM Clinic November 2010, Case#3, Long Sok Khoeun, 38F

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

Kind regards
Cornelia

From: Barbesino, Giuseppe,M.D.
To: Fiamma, Kathleen M. ; robibtelemed@gmail.com ; rithychau@sihosp.org
Sent: Wednesday, November 03, 2010 2:02 AM
Subject: RE: Robib TM Clinic November 2010, Case#3, Long Sok Khoeun, 38F

This asymmetric thyroid mass with symptoms suggestive of hyperthyroidism is suspicious for toxic nodular goiter. In addition to TSH etc. I would recommend thyroid scan if available to understand whether mass is "cold" or. US could also determine whether cystic or not. Also always CBC, LFT metabolic panel: goiter is common but other abnormalities (anemia for example) can cause tachycardia.

Giuseppe Barbesino M.D.

From: chaurithy
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Kathy Fiamma >' ; 'Joseph Kvedar' ; 'Paul J. M.D. Heinzelmann' ; 'Cornelia Haener' ; 'Kruy Lim'
Sent: Thursday, November 04, 2010 8:17 AM
Subject: RE: Robib TM Clinic November 2010, Case#3, Long Sok Khoeun, 38F

Dear Sovann,

Go ahead add a T3 with your thyroid function test. Can bring her in next month after blood results.
Rithy

From: Robib Telemedicine
To: Cornelia Haener ; 'Kruy Lim' ; Rithy Chau ; Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kathy Fiamma >
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Tuesday, November 02, 2010 4:43 PM
Subject: Robib TM Clinic November 2010, Case#4, Sourn Mao, 23M

Dear all,

This is case number 4, Sourn Mao, 23M and photos.

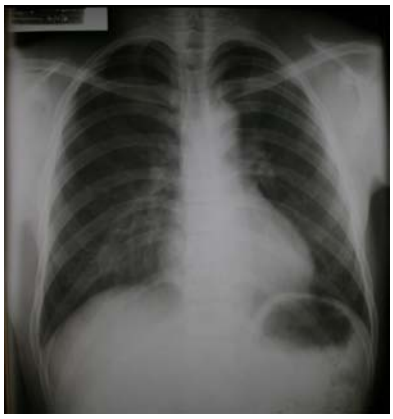
Best regards,
Sovann

History and Physical

Name/Age/Sex/Village: Sourn Mao, 23M (Taing Treuk Village)

Chief Complaint (CC): Lesion on right shin x 1 year

History of Present Illness (HPI): 23M, farmer, presented with a lump on right shin without trauma or insect bite. It progressive developed without pain, warmth and got treatment with applying the traditional medicine but not better the lump became fluctuation and got I & D from local health care worker and treated with three kind of medicine (unknown name) for two months. The wound didn't healed and draining with bloody pus. In these 10 months, He didn't seek medical care but only clean it by himself.



Past Medical History (PMH): Unremarkable

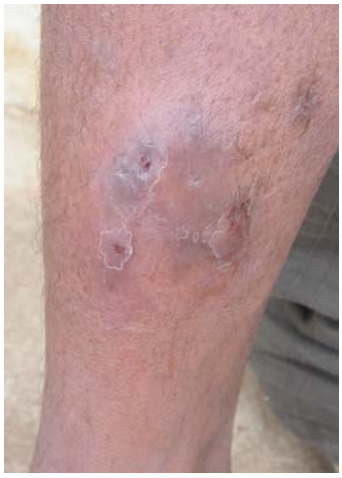
Family History: None

SH: Single, casually alcohol drinking, no cig smoking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable



PE:

Vitals: BP: 109/65 P: 70 R: 20 T: 37^{o}C Wt: 60Kg

General: Stable

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

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

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

Extremities: On right shin, lesion about 3 x 4cm with several fistulas draining with pus, no tender, no bad smell, no inguinal lymph node palpable

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

Lab/study: None

Assessment:

1. Osteomyelitis??
2. Abscess

Plan:

1. Augmentin 600mg/5cc 5cc bid for two weeks
2. Clean every day with betadine solution irrigation

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 2, 2010**

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

From: Cornelia Haener
To: 'Robib Telemedicine' ; 'Kruy Lim' ; 'Rithy Chau' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar' ; 'Kathy Fiamma >'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach'
Sent: Tuesday, November 02, 2010 10:27 PM
Subject: RE: Robib TM Clinic November 2010, Case#4, Sourn Mao, 23M

Dear Sovann,

Thanks for submitting this case. Can you get a specimen back to us for AFB and bacterial culture? I do not want to miss Melioidosis.
It would be good to have an X-ray.

Kind regards
Cornelia

From: "Tan, Heng Soon,M.D." <HTAN@PARTNERS.ORG>
Date: November 2, 2010 4:42:01 PM EDT
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
Subject: RE: Robib TM Clinic November 2010, Case#4, Sourn Mao, 23M

The chronic painless discharge associated with the indurated scarring lesion makes it less likely an abscess and more likely chronic bacterial osteomyelitis. I would also consider a chronic granulomatous bone infection associated with tuberculosis. See http://en.wikipedia.org/wiki/Osteomyelitis He needs a bone x-ray to confirm chronic osteomyeltis and chest x-ray to look for pulmonary tuberculosis. Any active purulent discharge from the skin lesion should be cultured for bacteria, fungus and Mycobacteria. Ideally a bone biopsy would be a better source for culture. If chonic osteomyelitis is confirmed, he would need surgical debridement together with high dose intravenous antibiotics for 6 weeks. However there is a report of successful treatment of chronic staph osteomyelitis using combination of oral rifampin 600 mg daily plus Bactrim DS twice a day for 8 weeks. http://aac.asm.org/cgi/content/full/53/6/2672

Heng Soon Tan, MD

From: chaurithy
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Cornelia Haener' ; 'Kruy Lim' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar' ; 'Kathy Fiamma >'
Sent: Wednesday, November 03, 2010 9:24 AM
Subject: RE: Robib TM Clinic November 2010, Case#4, Sourn Mao, 23M

Dear Sovann,

I agree with you plan, but can you give addition Amox 500mg along with Augmentin since it contain high dose of clavulanic acid already but only 500mg Amoxin it and can give bid like you suggested. Also, since this is chronic, I think the prevalence of meliodosis is high among the farmers in Cambodia, add Cotrim 960mg bid to your management also. Get him to have x-rays done for both LE for comparison and assessing the boney involvement. Ibuprofen 600mg tid will help with swelling and pain. If you can, get some sample of the pus for lab eval. Daily change of cleaning and daily dressing for him. Teach him to do properly. If any incision made to drain pus, you may want to pack with highly concentrated sugar solution for better healing rate.

Rithy

From: Robib Telemedicine [mailto:robibtelemed@gmail.com]
Sent: Thursday, November 04, 2010 4:03 AM
To: Tan, Heng Soon,M.D.; Rithy Chau; Cornelia Haener; Fiamma, Kathleen M.
Cc: Bernie Krisher; Sothero Noun; Laurie & Ed Bachrach
Subject: X-ray of Patient Sourn Mao, 23M

Dear all,

These are the x-ray of LE and CXR of patient Sourn Mao, 23M, who have it in Kg Thom referral hospital in the morning.

I will get the pus from the lesion for AFB and bacterial culture at SHCH.

Best regards,
Sovann

From: "Tan, Heng Soon,M.D." <HTAN@PARTNERS.ORG>
To: "Robib Telemedicine" <robibtelemed@gmail.com>
Sent: Thursday, November 04, 2010 6:47 PM
Subject: RE: X-ray of Patient Sourn Mao, 23M

Well! Looks like there is no bone infection! and the CXR does not show any pulmonary TB. I wonder whether there is a foreign body under the skin causing the ongoing infection?
HS

From: Cornelia Haener
To: 'Robib Telemedicine' ; HTAN@PARTNERS.ORG ; 'Rithy Chau' ; 'Kathy Fiamma >'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach'
Sent: Thursday, November 04, 2010 9:02 PM
Subject: RE: X-ray of Patient Sourn Mao, 23M

Dear Sovann,
Thanks for the update. I am looking forward to get the microbiology results.

Kind regards
Cornelia
From: Robib Telemedicine
To: Cornelia Haener ; 'Kruy Lim' ; Rithy Chau ; Kathy Fiamma > ; Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Radiology Boston
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Tuesday, November 02, 2010 5:29 PM
Subject: Robib TM Clinic November 2010, Case#5, You Hoeu, 82M

Dear all,

This is case number 5, You Hoeu, 82M and photos. Please waiting for other cases which will be sent to you tomorrow.

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

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **You Hoeu, 82M (Thnout Malou Village)**

Chief Complaint (CC): Weakness and extremity edema x 3 months

History of Present Illness (HPI): 82M presented with symptoms of low grade fever especially at night, dry cough, fatigue, poor appetite, he got treatment with a few medicine (unknown name) bought from local pharmacy, then he developed with upper abdominal pain so he was brought to hospital in Phnom Penh and abdominal U/S and scan done with result of Liver cyst, right renal cyst, bilateral effusion and treated there. Two days later, he was brought back because no enough money to pay for the fee. Several days after, he developed with bloody diarrhea, abd pain, weakness, and got treatment with IV fluid 2L/d, B complex, Metronidazole 500mg IV tid, Metochlopramide 10mg IV. Now he still presented with edema, weakness, abdominal pain, poor appetite, fever at night, insomnia and denied of diarrhea, chest pain, dysuria, hematuria, oliguria.

Past Medical History (PMH): Unremarkable

Family History: None

SH: Casually alcohol drinking, no cig smoking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP: 120/71** **P: 99** **R: 22** **T: 37^{o}C** **Wt: 27Kg**

General: Sick, weak, no tachypnea

HEENT: No oropharyngeal lesion, no thyroid enlargement, no neck lymph node palpable, no JVD

WHOLE ABDOMEN CT SCAN WITH INJECTION

Patient Name ***YON HOUR*** Age: 82years Sex: Male

Resquesting: Dr YOU VATH

Patient Ward/Location: Outside patient

Reporting Dr pok Sokha::

-Indication: Abdominal pain.
-Technique: GE Light Speed VCT 64 slice. It was created with sequential acquisition of 2,5mm thickness from the upper diaphragm to the pelvis area with contrast injection.
-RESULT:
-LIVER: Small cystic lesion 20 x 17 mm in size located in the left lobe. No hepatomegaly.
-GB: Thin wall, no stone, no any lesion is seen.
-PANCREAS: Normal size, no lesion finding, the head=19,7 mm in size, the body= 13,6mm, the queue= 12 mm. No fluid around the pancreas.
-RIGHT KIDNEY: Presence a cystic lesion in the upper pole 57 x 41mm in size, no hydronephrosis is seen.
-LEFT KIDNEY: No enlargement. No hydronephrosis.
-SPLEEN: No lesion finding.
-BLADDER: No any lesion.
-PROSTATE: Normal.
-DOUGLAS: No fluid is seen.
-RIGHT-LEFT COSTO PHRENIC: Fluid in the right and left side.
-ABDOMINAL AORTA: Atherosclerosis, no dilatation or stenosis focal is seen.
-URO SCAN: Normal.
Correlation clinical suggested.

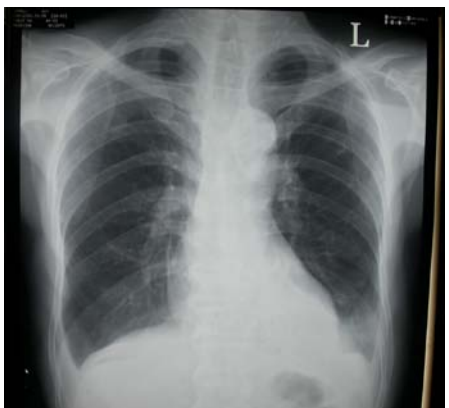
Sunday, October 10, 2010

វេជ្ជបណ្ឌិត ប៉ុក សុខា

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: 2+ legs, hand edema, scrotum swelling, dorsalis pedis and posterior tibial pulse palpable



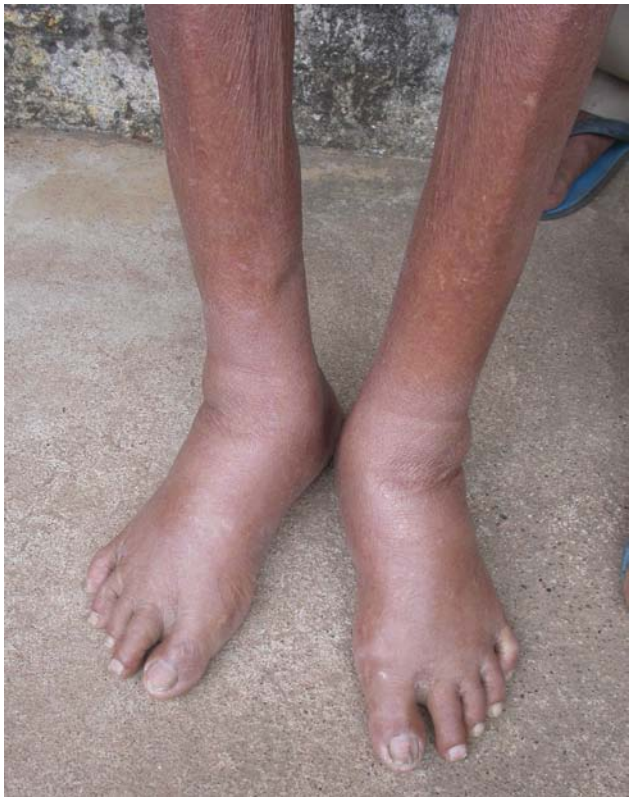
MS/Neuro: MS +4/5, full ROM and sensory intact, DTRs +1/4

Lab/study:

Done on October 9, 2010

WBC	=17.23	[4 - 12x10^9/L]	Na	=125	[135 - 148]
RBC	=3.6	[4.50- - 5.50x10^{12}/L]	K	=5.0	[3.5 - 5.3]
Hb	=10.3	[13.0 - 17.0g/dL]	Cl	=93	[98 – 107]
Ht	=31.5	[40 - 50%]	BUN	=55	[10 - 50]
MCV	=87.5	[80 - 100fl]	Creat	=1.0	[0.6 – 1.1]
MCH	=28.6	[25 - 35pg]	Ca2+	=8.2	[8.1 -10.4]
MHCH	=32.7	[30 - 37%]	Mg2+	=2.0	[1.9 - 2.5]
Plt	=625	[150 - 450x10^9/L]	SGOT	=301	[<37]
Lym	=1.26	[1.0 - 4.0x10^9/L]	SGPT	=104	[<42]
Mxd	=0.78	[0.2 - 1.0x10^9/L]			
Neut	=15.13	[1.8 - 7.5x10^9/L]			

HbsAg	Negative
HbsAb	Negative
HbeAg	Negative
Anti-HCV	Positive



Urine chemistry
Ketone 150mg/dl, Ascobic acid 40mg/dl, pH 5, Leukocyte 75Leu/ul
Negative: bilirubin, protein, blood, nitrite, glucose

Gastroscopy: normal (no tumor, no inflammation)

CXR on Oct 9, 2010 attahced

Done today
FBS: 89mg/dl

Assessment:

1. Hyponatremia
2. Hepatitis C
3. Liver cyst 20 x 17mm in left lobe
4. Right renal cyst 57 x 41mm

Plan:

1. MTV 1t po bid for one month
2. FeSO4/Folate 200/0.4mg 1t po bid for one month
3. Furosemide 40mg 1t po qd for two weeks
4. Draw blood for CBC, Lyte, Bun, Creat, Gluc, LFT, 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 2, 2010**

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

From: Cornelia Haener
To: 'Robib Telemedicine' ; 'Kruy Lim' ; 'Rithy Chau' ; 'Kathy Fiamma >' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar' ; 'Radiology Boston'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach'
Sent: Tuesday, November 02, 2010 10:25 PM
Subject: RE: Robib TM Clinic November 2010, Case#5, You Hoeu, 82M

Dear Sovann,

Thanks for presenting the case. It sounds like a medical condition. I let Dr. Kruy respond.

Kind regards
Cornelia

From: Garry Choy
To: Robib Telemedicine
Cc: Cornelia Haener ; Kruy Lim ; Rithy Chau ; Kathy Fiamma > ; Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Radiology Boston ; Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Tuesday, November 02, 2010 10:50 PM
Subject: Re: Robib TM Clinic November 2010, Case#5, You Hoeu, 82M

Dear all,

From the radiology perspective, the provided CXR demonstrates no suspicious consolidations to suggest pneumonia. There is minimal left basilar atelectasis vs. small pleural effusion.

Best regards,
Garry

From: Fang, Leslie S.,M.D.
Sent: Tuesday, November 02, 2010 8:08 PM
To: Fiamma, Kathleen M.
Subject: Re: Robib TM Clinic November 2010, Case#5, You Hoeu, 82M

1. He has hyponatremia, etiology unclear: is there the ability to do urine sodium?
2. Reasons for hyponatremia:
    A. On diuretics:? Herbal medications
    B. Vigorous iv free water depletion
    C. Hypothyroidism
    D. Adrenal insufficiency
3. He has pre- renal azotemia
4. He is anemic, cause unclear

5. He has elevated white cell count, cause unclear

Leslie Fang, MD

From: chaurithy
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Cornelia Haener' ; 'Kruy Lim' ; 'Kathy Fiamma >' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar' ; 'Radiology Boston'
Sent: Thursday, November 04, 2010 8:33 AM
Subject: RE: Robib TM Clinic November 2010, Case#5, You Hoeu, 82M

Dear Sovann,

I think all these sx may result from his Hep C infection. I agree with you for repeating the lab to see his electrolyte status and progress of his liver. I would expect for his hemoglobin a bit low from this problem, but no need for the iron supplement because iron will make the liver work harder and we don't want this at the moment. He may need to be brought to SHCH for further eval. He only weight 27Kg? How tall is he?

Could they also check his AFB there?

Rithy

From: Robib Telemedicine [mailto:robibtelemed@gmail.com]
Sent: Wednesday, November 03, 2010 4:07 PM
To: 'Kruy Lim'; Kathy Fiamma >; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau
Cc: Sothero Noun; Laurie & Ed Bachrach; Rithy Chau
Subject: Robib TM Clinic November 2010, Case#6, Hang Seyha, 8M

Dear all,

There are two new cases and two follow up cases for today of Robib TM clinic. This is case number 6, continued form yesterday, Hang Seyha, 8M and photo.

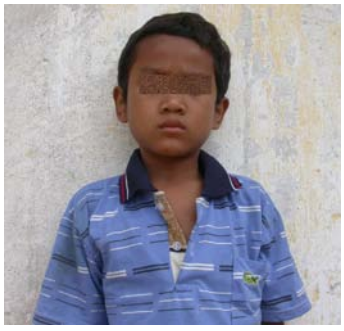
Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: **Hang Seyha, 8M (Thkeng Village)**

Chief Complaint (CC): Dyspnea x 7y

History of Present Illness (HPI): When he was 7 months old, he presented with symptoms of fever, cough, dyspnea, and cyanosis and dyspnea became worse in a few days with wheezing sound and intercostal retraction. He was brought to Kantha Bopha hospital in Siem Reap province and diagnosed with PTB and asthma. He was treated with

TB medication for 9 months. Since then he frequently presented with dyspnea and cyanosis, especially during winter and got treatment with medicine (unknown name) from local pharmacy without consultation. Yesterday he went to rice field with his grandmother, and last night, he developed with dypnea, cyanosis, wheezing breath sound, and cough.

Past Medical History (PMH): Unremarkable

Family History: None

SH: Grade 3 student

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 94/58 P: 110 R: 32 T: 37.5^{o}C O_2sat: 96% Wt: 21Kg

General: Tachypnea

HEENT: No Oropharyngeal lesion, no nasal mucosa erythema, no neck lymph node palpable

Chest: Subcostal and intercostal retraction, Generalized wheezing on expiration, no crackle, no rhonchi; H RRR, no murmur

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

Extremity/Skin: Unremarkable

MS/Neuro: Unremarkable

Lab/study: None

Assessment:

1. Asthma

Plan:

1. Salbutamol inhaler 2puffs two to four times prn SOB

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 3, 2010**

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

From: Paul Heinzelmann
To: Fiamma, Kathleen M.
Cc: rithychau@sihosp.org ; robibtelemed@gmail.com
Sent: Thursday, November 04, 2010 2:17 AM
Subject: Re: Robib TM Clinic November 2010, Case#6, Hang Seyha, 8M

Sovann

He should have a peak flow test if possible - to assess the degree of bronchospasm.

Your plan seems fine, but with that level of dyspnea you should consider steroid such as prednisoline as well.

His history of TB warrants a workup for reactivated TB.

Sent from my iPhone
Paul Heinzelmann, MD

From: chaurithy
To: 'Robib Telemedicine'
Cc: 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Kruy Lim' ; 'Kathy Fiamma >' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar'
Sent: Thursday, November 04, 2010 8:47 AM
Subject: RE: Robib TM Clinic November 2010, Case#6, Hang Seyha, 8M

Dear Sovann,

For this patient, did you give him the inhaler to take already or not? Was it any better with inhaler with the sx completely resolved? If you did this and sx completely resolved with salbutamol, then I agree with your plan, but if you did not do this yet, make sure you do this with the patient while he is still in front of you (also to make sure he know how to use the inhaler). If not better with maybe slight improvement, then add a steroid inhaler for his exacerbation to help control sx better 2 puff qid and can taper down to bid when sx much improved until resolved (2wks-1mo). Teach him also to avoid any allergen he or his family may notice around where he stays.

Can we get him to have CXR done for next month?
Rithy

From: Robib Telemedicine [mailto:robibtelemed@gmail.com]
Sent: Wednesday, November 03, 2010 4:09 PM
To: Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma >; Rithy Chau; 'Kruy Lim'
Cc: Bernie Krisher; Sothero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic November 2010, Case#7, Prum Rom Dourl, 30F

Dear all,

This is case number 7, Prum Rom Dourl, 30F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

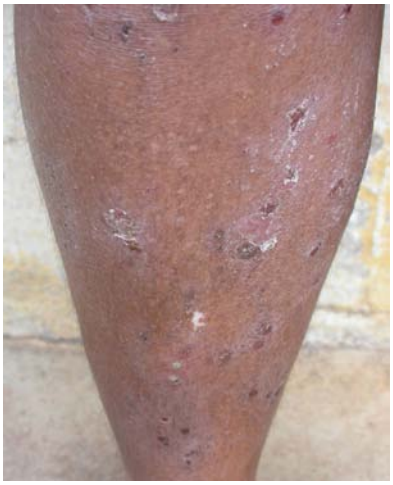
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Prum Rom Dourl, 30F (Taing Treuk Village)**

Chief Complaint (CC): Skin rash x 3y

History of Present Illness (HPI): 30F, farmer, presented with skin rash on both lower legs, with pruritus, he scratched on it and a few days, it became pustule lesion, crust then pealed out, also with fever, and inguinal lymph node. She bought Amoxicillin 500mg taking 1t po bid for 3d. The lesion became better but not yet gone and he didn't seek other treatment. The lesion developed to other site as hand and waist. She denied of attack on other site as thigh, foot, back, head, contact with chemical.



Past Medical History (PMH): Unremarkable

Family History: Father with skin rashes on both hands

SH: 3 children, no alcohol drinking, no cig smoking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP: 111/76** **P: 78** **R: 20** **T: 37^{o}C** **Wt: 49Kg**

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

Skin: A few pustualr lesion, crust, and scar of completed healed lesion on hand, and waist, no lesion on foot, thigh, groin, back, head

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

Lab/study: None

Assessment:

1. Eczema

Plan:

1. Fluocinonide cream 0.1% apply bid until the rash gone
2. Diphenhydramine 25mg po qd prn pruritus

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 3, 2010**

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

From: Kvedar, Joseph Charles,M.D.
Sent: Wednesday, November 03, 2010 1:04 PM
To: Fiamma, Kathleen M.
Subject: Re: Robib TM Clinic November 2010, Case#7, Prum Rom Dourl, 30F

This is certainly consistent with an irritant eczema. Treatment with triamcinolone 0.1% ointment or cream bid should be effective in two weeks or less. If it is persistent, it may be that she is coming into contact with a contact allergen that continues to incite the eruption.

Joseph Kvedar, MD

From: chaurithy
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar' ; 'Kathy Fiamma >' ; 'Kruy Lim'
Sent: Thursday, November 04, 2010 9:05 AM
Subject: RE: Robib TM Clinic November 2010, Case#7, Prum Rom Dourl, 30F

Dear Sovann,

I don't think this eczema. From the H&P with relation to her father having it also, it may be scabie infection and started to spead among family. Do not tx with steroid cream. Do we have any bezoyl benzoate soln to have them apply neck down qhs for 3 nights for all family members living together? They need to boil all their clothes, net, blanket etc., and sundry all other household stuff especially for their bedroom. Warn them that the application will make them feel like their skin is burning, but be patient until tx done. Avoid contact with eyes and oral/nasal mucosa.

For the secondary infection , you can give her Augmentin 600mg + Amox 500mg bid x 7d or cephalexin 500mg tid 7d. It's fine to give Benadryl for her itching. Teach her and the family good basic hygiene.

Rithy

From: Robib Telemedicine [mailto:robibtelemed@gmail.com]
Sent: Wednesday, November 03, 2010 4:11 PM
To: Rithy Chau; 'Kruy Lim'; Kathy Fiamma >; Paul J. M.D. Heinzelmann; Joseph Kvedar
Cc: Bernie Krisher; Sothero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic November 2010, Case#8, Ky Chheng Lean, 37F

Dear all,

This is case number 8, Ky Chheng Lean, 37F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

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

SOAP Note

Patient: **Ky Chheng Lean, 37F (Rovieng Cheung Village)**

Subject: 37F with the past diagnosis of Hyperglycemia and allergic rhinitis in 2008. She has eaten with low sugar diet, exercise and had blood glucose test every two to three months with result of FBS from 160mg/dl to 180mg/dl. In these few months, she presented with fatigue, polyphagia, and polyuria. She denied of cough, dyspnea, chest pain, blurred vision, numbness/tingling, edema.

Medication: None

Allergies: NKDA

Object:
PE:

Vitals: **BP: 120/92** **P: 98** **R: 20** **T: 37^{o}C** **Wt: 58Kg**

General: Stable

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

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

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

Extremity/Skin: No edema, no rash, 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:

Done on November 2, 2010 FBS: 171mg/dl
Done on November 3, 2010 FBS: 167mg/dl, U/A gluc 4+, prot trace

Assessment:

1. DMII

Plan:

1. Glibenclamide 5mg 1t po qd
2. Educate on diabetic diet, regular exercise and foot care
3. 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 3, 2010**

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

From: chaurithy
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Kruy Lim' ; 'Kathy Fiamma >' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar'
Sent: Thursday, November 04, 2010 9:07 AM
Subject: RE: Robib TM Clinic November 2010, Case#8, Ky Chheng Lean, 37F

Sovann,

I agree with your assessment. You can also add low dose captopril for her also for renal protection.
Rithy

From: Cusick, Paul S.,M.D.
To: Fiamma, Kathleen M. ; robibtelemed@gmail.com
Cc: rithychau@sihosp.org
Sent: Thursday, November 04, 2010 11:07 PM
Subject: RE: Robib TM Clinic November 2010, Case#8, Ky Chheng Lean, 37F

Thank you so much for the opportunity to consult on this case.

She has a history of diabetes mellitus with elevated fasting blood sugars. Her symptoms of fatigue polyuria and polyphagia are consistent with hyperglycemia. Eyes are clear from your note will whether she has lost any weight.

I would be interesting to see what her hemoglobin A1c will be in order to determine what her overall glycemic control has been.

In addition, if her diastolic blood pressure stays elevated at 90 or 92, you may want to consider having an Ace inhibitor.

I agree with your plan to start an oral hypoglycemic agent.

I agree with dietary education as well.

I wish you and the patient all the best.

Sincerely,

Paul Cusick
From: Robib Telemedicine [mailto:robibtelemed@gmail.com]
Sent: Wednesday, November 03, 2010 4:14 PM
To: Cornelia Haener; Rithy Chau; 'Kruy Lim'; Kathy Fiamma >; Joseph Kvedar; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher; Sothero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic November 2010, Case#9, Chhim Neang, 48F

Dear all,

This is the last case for Robib TM clinic November 2010, Chhim Neang, 48F and photo.

Please reply to the case 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

SOAP Note

Patient: **Chhim Neang, 48F (Thnal Keng Village)**

Subject: 48F was seen in 2001 with diagnosis of anemia and missed follow up for many years, come to Telemedicine because in the past 3 months, she presented with RUQ pain, stab like, vomiting, poor appetite, and fatigue, the pain last in about 30minute. She asked local health care worker to give her injection to relieve pain. In October 2010, the pain got worse, with yellow of the eye, she went to referral hospital and abdominal ultrasound done with result liver abscess and treated there for 7d (unknown name medicine) and discharged with other 10d of 3 kinds medicine. Now she became abit

better with increased appetite but still dizziness, fatigue and yellow eye.

Medication: 3 kinds of medicine (unknown name), finished for 1d

Allergies: NKDA

Object:
PE:

Vitals: BP: 133/80 P: 69 R: 20 T: 37°C Wt: 43Kg

General: Stable

HEENT: No oropharyngeal lesion, pale conjunctiva, icterus, no thyroid enlargement, no JVD

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

Abd: Soft, mild tender on RUQ, hepatomegaly, no distension, (+) BS, no splenomegaly, no surigical scar, no bruit

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

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

Lab/study:

Done on November 3, 2010
RBS: 119mg/dl Hb:7g/dl U/A: prot trace

Assessment:

1. Anemia
2. Liver abscess??

Plan:

1. FeSO4/Folate 200/0.4mg 1t po bid
2. MTV 1t po qd
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT, Bilirubin 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 3, 2010**

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

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'
Sent: Wednesday, November 03, 2010 8:55 PM
Subject: RE: Robib TM Clinic November 2010, Case#9, Chhim Neang, 48F

Dear Sovann,

Thanks for submitting this case. I am wondering if she has an HCC instead. She has quite stable vital signs for liver abscesses.
It would certainly be good to repeat the ultrasound.

Thanks
Cornelia

From: "Kreinsen, Carolyn Hope,M.D.,M.Sc." <CKREINSEN@PARTNERS.ORG>
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>; <robibtelemed@gmail.com>
Cc: <rithychau@sihosp.org>
Sent: Thursday, November 04, 2010 10:23 AM
Subject: RE: Robib TM Clinic November 2010, Case#9, Chhim Neang, 48F

Hi Sovann,

This woman has a concerning history and it sounds as though, although she is a little better after fairly aggressive (?) antibiotic therapy, she is still quite ill. I agree with the labs that you ordered. She will need a differential on the blood count. I would recommend 2 sets of blood cultures, as well. Sedimentation rate and c-reactive protein could help to identify if there is ongoing active inflammation/infection. Your exam indicates ongoing right upper quadrant abdominal pain, scleral icterus (yellow eyes) and hepatomegaly. The patient needs another imaging study to check the status of the hepatic abscesses, to look for other abscesses and to evaluate for underlying pathology. She really should have an abdominal/pelvic CT for a more comprehensive examination, if she has not already had one. If that is not available, abdominal ultrasound should be repeated. The big question is why did/does she have a hepatic abscess/hepatic abscesses? What was the source? Did she have septicemia? - if so, what was the source of entry? Is there infection elsewhere? Does she have a parasitic infection? Does she have an underlying malignancy or tissue necrosis in her liver, gall bladder or elsewhere? I think that this patient needs follow-up with a medical doctor and possibly with a subspecialist - gastroenterologist and/or infectious disease specialist. Is there any reason to suspect immune suppression - HIV, Hepatitis B or C, or diabetes mellitus?

This patient's anemia is also concerning and severe. Her hemoglobin is only 7g/dl. Blood iron and ferritin levels would be helpful along with the CBC. It sounds as though she has had long-term baseline anemia - ? in part due to menstrual blood loss, diet and possible intestinal parasite. Her recent abscesses could certainly have contributed to her anemic status. It would be

great if you could gain access to some of her lab results from her recent hospitalization to see if her anemia is worsening or improving. I agree with all of your planned interventions. It would be good to check stool for occult blood. Has the patient noted any blood in her stool or dark stools? It would be helpful to question the patient as to whether she has gone through menopause. If not, has she noted heavier bleeding with her menstrual periods or any irregular bleeding between periods? Again, I think that this woman needs further evaluation by a medical doctor to check for sepsis, more/ongoing abscesses, possible cardiac valve infection, and underlying organ or bone marrow/blood disorder or malignancy.

I know I've asked a lot of questions. However, for this woman, I think that those are really important. I hope that this is helpful.

Take care!

Carolyn K

From: chaurithy
To: 'Robib Telemedicine'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach' ; 'Cornelia Haener' ; 'Kruy Lim' ; 'Kathy Fiamma >' ; 'Joseph Kvedar' ; 'Paul J. M.D. Heinzelmann'
Sent: Thursday, November 04, 2010 9:38 AM
Subject: RE: Robib TM Clinic November 2010, Case#9, Chhim Neang, 48F

Dear Sovann,

I leave this case to Dr Cornelia's decision on the management. I think we should refer her to SHCH surgical for further evaluation. Do not tx her yet in the meanwhile unless Dr Cornelia makes recommendation for you.

Rithy

Thursday, November 4, 2010

Follow-up Report for Robib TM Clinic

There were 7 new patients and 2 follow up patients seen during this month Robib TM Clinic, and other 56 patients came for medication refills only. The data of all 9 cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE, the following patients were managed and treated as follows:

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

Treatment Plan for Robib Telemedicie Clinic November 2010

1. Bith Yearng, 14F (Pal Hal Village)
Diagnosis:

1. Bronchitis
2. Common cold

Treatment:

1. Augmentin 125mg/5cc 15cc bid for 10d (#3)
2. Paracetamol 500mg 1t po qid prn fever (#20)

2. Kin Yin, 35F (Bos Pey Village)
Diagnosis:

1. Hyperthyroidism
2. GERD

Treatment:

1. Propranolol 40mg 1/4t po bid (#20)
2. Famotidine 40mg 1t po qhs for one month (#30)
3. Mebendazole 100mg 5t chewing qhs once (#5)
4. GERD prevention education
5. Draw blood for TSH and Free T4 at SHCH

Lab result on November 5, 2010

TSH	=0.01	[0.49 - 4.67]
Free T4	=98.73	[9.14 - 23.81]

3. Long Sok Khoeun, 38F (Taing Treuk Village)
Diagnosis:

1. Thyroid cyst?
2. Hyperthyroidism

Treatment:

1. Draw blood for TSH and Free T4, T3 at SHCH

Lab result on November 5, 2010

TSH	=3.60	[0.49 - 4.67]
Free T4	=15.59	[9.14 - 23.81]
Free T3	=3.35	[0.27 – 4.20]

4. Sourn Mao, 23M (Taing Treuk Village)
Diagnosis:

1. Osteomyelitis??
2. Right Shin Abscess

Treatment:

1. Augmentin 600mg/5cc 5cc bid for two weeks (#1)
2. Amoxicillin 500mg 1t po bid (#28)
3. Cotrimoxazole 960mg 1t po bid (#28)
4. Ibuprofen 200mg 3t po bid (#30)
5. Clean every day with betadine solution irrigation
6. Get specimen from lesion for Gram stain, culture and AFB at SHCH

Result on November 5, 2010

Gram stain: Moderate Gram positive cocci in cluster, moderate WBC and moderate epithelial
Bacterial culture: result positive
- Isolate name: Staphylococcus aureus Isolate information: many colonies
- Antibiogram

Antibiotic/Drug	Susceptibility
Oxacillin	Sensitive
Vancomycin	Sensitive
Gentamycin	Sensitive
Amikacin	Sensitive
Lincomycin	Sensitive
Ciprofloxacin	Sensitive
Cotrimoxazole	Sensitive

AFB smear: No ABF seen

5. You Hoeu, 82M (Thnout Malou Village)
Diagnosis:
1. Hyponatremia
2. Hepatitis C
3. Liver cyst 20 x 17mm in left lobe
4. Right renal cyst 57 x 41mm

Treatment:
1. Furosemide 40mg 1t po qd for one weeks (#7)
2. Draw blood for CBC, Lyte, Bun, Creat, Gluc, LFT, TSH at SHCH

Lab result on November 5, 2010

WBC	=7.9	[4 - 11x109/L]	Na	=119	[135 - 145]
RBC	=3.4	[4.6 - 6.0x1012/L]	K	=3.8	[3.5 - 5.0]
Hb	=10.1	[14.0 - 16.0g/dL]	Cl	=88	[95 – 110]
Ht	=30	[42 - 52%]	BUN	=1.9	[0.8 - 3.9]
MCV	=89	[80 - 100fl]	Creat	=82	[53 - 97]
MCH	=30	[25 - 35pg]	Gluc	=5.0	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	SGOT	=51	[<37]
Plt	=412	[150 - 450x109/L]	SGPT	=28	[<42]
Lym	=1.7	[1.0 - 4.0x109/L]	TSH	=3.16	[0.27 – 4.20]

6. Hang Seyha, 8M (Thkeng Village)
Diagnosis:
1. Asthma

Treatment:
1. Salbutamol inhaler 2puffs two to four times prn SOB (#1)

7. Prum Rom Dourl, 30F (Taing Treuk Village)
Diagnosis:
1. Eczema?
2. Scabie infection

Treatment:
1. Diphenhydramine 25mg po qd prn pruritus (#30)
2. Cephalexin 500mg 1t po tid (#21)

8. Ky Chheng Lean, 37F (Rovieng Cheung Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 1t po qd (#35)

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

Lab result on November 5, 2010

WBC	=7.0	[4 - 11x109/L]	Na	=139	[135 - 145]
RBC	=5.2	[3.9 - 5.5x1012/L]	K	=4.0	[3.5 - 5.0]
Hb	=14.1	[12.0 - 15.0g/dL]	Cl	=103	[95 – 110]
Ht	=41	[35 - 47%]	BUN	=1.3	[0.8 - 3.9]
MCV	=80	[80 - 100fl]	Creat	=76	[44 - 80]
MCH	=27	[25 - 35pg]	Gluc	=10.3	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	HbA1C	=8.4	[<5.7]
Plt	=280	[150 - 450x109/L]			
Lym	=2.8	[1.0 - 4.0x109/L]			
Mxd	=1.7	[0.1 - 1.0x109/L]			
Neut	=2.5	[1.8 - 7.5x109/L]			

9. Chhim Neang, 48F (Thnal Keng Village)
Diagnosis:

1. Anemia
2. Liver abscess??

Treatment:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT, Bilirubin, HbsAg, HCV at SHCH

Lab result on November 5, 2010

WBC	=5.1	[4 - 11x109/L]	Na	=140	[135 - 145]
RBC	=2.6	[3.9 - 5.5x1012/L]	K	=6.0	[3.5 - 5.0]
Hb	=6.9	[12.0 - 15.0g/dL]	Cl	=110	[95 – 110]
Ht	=21	[35 - 47%]	BUN	=9.2	[0.8 - 3.9]
MCV	=82	[80 - 100fl]	Creat	=246	[44 - 80]
MCH	=27	[25 - 35pg]	Gluc	=5.2	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	SGOT	=68	[<31]
Plt	=135	[150 - 450x109/L]	SGPT	=45	[<32]
Lym	=1.4	[1.0 - 4.0x109/L]	HbsAg	= Non-reactive	
Mxd	=0.5	[0.1 - 1.0x109/L]	HCV	= Non-reactive	
Neut	=3.2	[1.8 - 7.5x109/L]			

Patients who come for follow up and refill medicine

1. Chan Oeung, 60M (Sangke Roang Village)
Diagnosis:

1. HTN
2. Gouty arthritis
3. Renal insufficiency

Treatment:

1. Atenolol 100mg 1/4t po bid (#15)
2. Ibuprofen 200mg 3t po tid prn severe pain (#50)
3. Paracetamol 500mg 1t po qid prn pain (#30)
4. Draw blood for Creat and Uric acid at SHCH

Lab result on November 5, 2010

Creat	=204	[53 - 97]
Uric Aci	=646	[200 - 420]

2. Chan Som, 71M (Thkeng Village)
Diagnosis:

1. BPH
2. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (#30)
2. Ibuprofen 200mg 2t po bid prn pain for two months (#50)

3. Chan Thoeun, 52F (Sralou Srong Village)
Diagnosis:

1. Mild to moderate Aortic regurgitation

Treatment:

1. Enalapril 5mg 1/2t po qd for one month (# 20)
2. Draw blood for Lyte, BUN, Creat, Gluc, TG and Tot Chole at SHCH

Lab result on November 5, 2010

Na	=141	[135 - 145]
K	=3.9	[3.5 - 5.0]
Cl	=109	[95 - 110]
BUN	=1.5	[0.8 - 3.9]
Creat	=72	[44 - 80]
Gluc	=4.8	[4.2 - 6.4]

4. Chea Sambo, 56M (Rovieng Cheung Village)
Diagnosis:

1. Gouty Arthritis

Treatment:

1. Ibuprofen 200mg 3t po tid prn severe pain (#30)
2. Paracetamol 500mg 1t po qid prn pain (#30)
3. Draw blood for Uric acid at SHCH

Lab result on November 5, 2010

Uric Aci	=602	[200 - 420]

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

1. HTN

Treatment:

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

6. Chhim Ly, 59M (Sre Thom Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for four months (#120)

7. 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 100mg 1/4t po bid for one month (#15)
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 qd for one month (buy)

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

1. Osteoarthritis?
2. HTN
3. Dyspepsia

Treatment:

1. Ibuprofen 200mg 2t po bid prn pain for two months (#50)
2. Atenolol 100mg 1/4t po qd for two months (#15)
3. Famotidine 40mg 1t po qhs (#30)

9. Ek Rim, 47F (Rovieng Chheung Village)
Diagnosis:

1. HTN

Treatment:

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

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

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po tid for one month (buy)
2. Propranolol 40mg ¼ t po bid for one month (#15)
3. Draw blood for Free T4 at SHCH

Lab result on November 5, 2010

Free T4=41.67 [9.14 - 23.81]

11. Heng Chey, 71M (Thkeng Village)
Diagnosis:

1. HTN

Treatment:

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

12. Heng Sokhourn, 42F (Otalauk Village)
Diagnosis:

1. Anemia

Treatment:

1. FeSO4/Folate 200/0.4mg 1t po bid for one month (#60)
2. MTV 1t po bid for one month (#60)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on November 5, 2010

WBC	=5.7	[4 - 11x109/L]	Na	=138	[135 - 145]
RBC	=5.4	[3.9 - 5.5x1012/L]	K	=4.4	[3.5 - 5.0]
Hb	=11.6	[12.0 - 15.0g/dL]	Cl	=107	[95 – 110]

Ht	=39	[35 - 47%]	BUN	=1.8	[0.8 - 3.9]
MCV	=72	[80 - 100fl]	Creat	=114	[44 - 80]
MCH	=22	[25 - 35pg]	Gluc	=4.8	[4.2 - 6.4]
MHCH	=30	[30 - 37%]			
Plt	=164	[150 - 450x109/L]			
Lym	=1.7	[1.0 - 4.0x109/L]			
Mxd	=1.0	[0.1 - 1.0x109/L]			
Neut	=3.0	[1.8 - 7.5x109/L]			

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

1. HTN

Treatment:

1. Nifedipine 20mg 1t po qd for one month (#30)
2. Do regular exercise, eat low salt/fats diet

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

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

Treatment:

1. Glibenclamdie 5mg 2t po bid for one month (buy)
2. Atenolol 100mg 1/2t po qd for one month (#15)
3. Amlodipine 5mg 1t po qd for one month (#30)
4. ASA 300mg 1/4t po qd for one month (#8)
5. Simvastatin 10mg 1t po qhs for one month (#30)

15. Lay Lai, 32F (Taing Treuk Village)
Diagnosis:

1. Tachycardia

Treatment:

1. Atenolol 100mg 1/2t po qd for two months (# 30)
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on November 5, 2010

WBC	=7.2	[4 - 11x109/L]	Na	=141	[135 - 145]
RBC	=5.3	[3.9 - 5.5x1012/L]	K	=3.8	[3.5 - 5.0]
Hb	=12.5	[12.0 - 15.0g/dL]	Cl	=105	[95 – 110]
Ht	=39	[35 - 47%]	BUN	=1.8	[0.8 - 3.9]
MCV	=73	[80 - 100fl]	Creat	=86	[44 - 80]
MCH	=24	[25 - 35pg]	Gluc	=5.4	[4.2 - 6.4]
MHCH	=32	[30 - 37%]			
Plt	=197	[150 - 450x109/L]			
Lym	=3.0	[1.0 - 4.0x109/L]			
Mxd	=1.2	[0.1 - 1.0x109/L]			
Neut	=3.0	[1.8 - 7.5x109/L]			

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

1. HTN

Treatment:

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

17. Monn Sodaneth, 2F (Thnout Malou Village)
Diagnosis:

1. Pityriasis versicolor?

Treatment:

1. Fluticasone 0.05% apply bid (#2)

19. Nong Khon, 59F (Thkeng Village)
Diagnosis:

1. HTN

Treatment:

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

20. Nory Bunthorn, 41M (Thnal Keng Village)
Diagnosis:

1. PTB
2. Hyperglycemia

Treatment:

1. Treat PTB in local HC
2. Recheck BS in next month follow up

21. Nung Sory, 62F (Thkeng Village)
Diagnosis:

1. HTN
2. Dyspepsia

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (#15)
2. Famotidine 40mg 1t po qhs for one month (#30)
3. Eat low salt diet, and do regular exercise

22. Pang Then, 51F (Thnal Keng Village)
Diagnosis:

1. HTN

Treatment:

1. Captopril 25mg 1/2t po bid for two months (#60)
2. HCTZ 50mg 1/2t po qd for two months (#30)

23. Pech Huy Keung, 49M (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

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

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

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 1t po qd (#30)
2. Captopril 25mg 1t po bid (buy)
3. Review on diabetic diet, do regular exercise and foot care

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

1. HTN
2. Liver cirrhosis

Treatment:

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

26. Phim Sichin, 39F (Taing Treuk Village)
Diagnosis:

1. DMII
2. LVH
3. TR/MS
4. Thalasemia

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (#240)
2. Metformin 500mg 3t qAM, 2t po qPM for two months (#300)
3. Captopril 25mg 1/4t po bid for two months (#30)
4. MTV 1t po qd for two months (#60)
5. Amitriptylin 25mg 1/2t po qhs for two months (#30)

27. Prum Hoeum, 75F (Thkeng Village)
Diagnosis:

1. HTN
2. Anemia

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (#15)
2. FeSO4/Folate 200/0.4mg 1t po qd for one month (#30)
3. MTV 1t po qd for one month (#30)

28. Prum Norn, 59F (Thnout Malou Village)
Diagnosis:

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

Treatment:

1. Spironolactone 25mg 1t po qd for three months (#90)
2. FeSO4/Folate 200/0.25mg 1t po qd for three months (#90)
3. Folic acid 5mg 1t po qd for three months (#90)
4. MTV 1t po qd for three months (#90)
5. Ibuprofen 200mg 2t po bid prn (#30)
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG and uric acid at SHCH

Lab result on November 5, 2010

WBC	=4.5	[4 - 11x109/L]	Na	=140	[135 - 145]
RBC	=3.2	[3.9 - 5.5x1012/L]	K	=6.4	[3.5 - 5.0]
Hb	=8.4	[12.0 - 15.0g/dL]	Cl	=115	[95 – 110]
Ht	=26	[35 - 47%]	BUN	=6.8	[0.8 - 3.9]
MCV	=82	[80 - 100fl]	Creat	=226	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=9.7	[4.2 - 6.4]

MHCH	=32	[30 - 37%]	T. Chol	=3.3	[<5.7]
Plt	=173	[150 - 450x109/L]	TG	=1.3	[<1.71]
Lym	=0.7	[1.0 - 4.0x109/L]	Uric Aci	=636	[140 - 340]
Mxd	=0.8	[0.1 - 1.0x109/L]			
Neut	=3.0	[1.8 - 7.5x109/L]			

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

1. Hyperthyroidism

Treatment:

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

30. 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)

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

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 11/2t po bid for one month (buy)
2. Metformin 500mg 2t po bid for one month (# 120)
3. Enalapril 5mg 1/2t po qd for one month (# 15)
4. ASA 300mg 1/4t po qd for one month (buy)

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

1. DMII

Treatment:

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

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

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 1t po bid for one month (# 60)
3. Draw blood for Lyte, BUN, Creat, Gluc, LFT and HbA1C at SHCH

Lab result on November 5, 2010

Na	=138	[135 - 145]
K	=4.4	[3.5 - 5.0]
Cl	=102	[95 - 110]
BUN	=2.3	[0.8 - 3.9]
Creat	=113	[53 - 97]
Gluc	=13.7	[4.2 - 6.4]

SGOT =27 [<37]
SGPT =17 [<42]
HbA1C =9.3 [4 – 6]

34. Roth Ven, 54M (Thkeng Village)
Diagnosis:
1. DMII

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

35. Sao Ky, 75F (Thnout Malou Village)
Diagnosis
1. HTN

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

36. Sao Lim, 76F (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)

37. Sao Phal, 63F (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. MTV 1t po qd for three months (#90)
5. Famotidine 40mg 1t po qhs (#30)

37. Say Soeun, 71F (Rovieng Cheung Village)
Diagnosis:
1. HTN
2. DMII
3. Dyspepsia

Treatment:
1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Metformin 500mg 1t po bid for one month (# 60)
3. Captopril 25mg 1t po bid for one month (# 60)
4. Atenolol 100mg 1/2t po qd for one month (# 15)
5. MTV 1t po qd for one month (# 30)
6. Famotidine 40mg 1t po qhs for one month (#30)

39. Seung Samith, 63M (Sre Thom Village)
Diagnosis:
1. Gouty arthritis

Treatment:

1. Paracetamol 500mg 1t po qid prn pain (#30)
2. Ibuprofen 200mg 3t po bid prn severe pain (#50)

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

1. HTN

Treatment:

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

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

1. Parkinsonism

Treatment:

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

42. Sok Thai, 72M (Taing Treuk Village)
Diagnosis:

1. Stroke

Treatment:

1. ASA 300mg 1/2t po qd for four months (# 60)
2. MTV 1t po qd for three months (#120)

43. Som Then, 34M (Rom Chek Village)
Diangosis:

1. NS

Treatment:

1. Prednisolone 5mg 1t po qd (#40)
2. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Albumin, protein, and Tot chole at SHCH

Lab result on November 5, 2010

WBC	=8.4	[4 - 11x109/L]	Na	=140	[135 - 145]
RBC	=4.9	[4.6 - 6.0x1012/L]	K	=3.6	[3.5 - 5.0]
Hb	=14.3	[14.0 - 16.0g/dL]	Cl	=105	[95 – 110]
Ht	=43	[42 - 52%]	BUN	=1.8	[0.8 - 3.9]
MCV	=87	[80 - 100fl]	Creat	=91	[53 - 97]
MCH	=29	[25 - 35pg]	Gluc	=4.8	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=4.5	[<5.7]
Plt	=196	[150 - 450x109/L]	Albu	=56	[38 - 51]
Lym	=2.5	[1.0 - 4.0x109/L]	Protein	=79	[66 – 87]
Mxd	=0.4	[0.1 - 1.0x109/L]			
Neut	=5.5	[1.8 - 7.5x109/L]			

44. Sourn Rithy, 18M (Thnal Keng Village)
Diagnosis:

1. PTB
2. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1/2t po tid for one month (buy)
2. TB treatment from local health center

45. Srey Sam, 60F (Ta Tong Village)
Diagnosis:

1. OA
2. RA??

Treatment:

1. Paracetamol 500mg 1t po qid prn pain/fever (#30)
2. Ibuprofen 200mg 2t po bid (#30)

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

1. DMII

Treatment:

1. Metformin 500mg 1t po bid 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 (buy)
4. Draw blood for Gluc and HbA1C at SHCH

Lab result on November 5, 2010

Gluc	=9.0	[4.2 - 6.4]
HbA1C	=8.0	[4 – 6]

47. Thoang Korn, 38F (Ta Tong Village)
Diagnosis:

1. HTN

Treatment:

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

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

1. Hyperthyroidsim
2. Sciatica
3. Vit Deficiency

Treatment:

1. Carbimazole 5mg 1t po bid 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)

49. Thorng Khourn, 74F (Bakdoang Village)
Diagnosis:

1. Hepatitis C
2. Liver cirrhosis
3. Anemia

Treatment:

1. Furosemide 20mg 2t po qd for one month (#60)
2. Spironolactone 25mg 1t po bid (#60)
3. MTV 1t po qd (#30)
4. FeSO4/Folate 200/0.25mg 1t po qd (#30)

50. Thon Vansoeun, 53F (Backdoang Village)
Diagnosis:

1. HTN

Treatment:

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

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

Lab result on November 5, 2010

Na	=140	[135 - 145]
K	=4.3	[3.5 - 5.0]
Cl	=106	[95 - 110]
BUN	=2.1	[0.8 - 3.9]
Creat	=75	[44 - 80]
Gluc	=5.2	[4.2 - 6.4]
T. Chol	=5.1	[<5.7]
TG	=1.6	[<1.71]

51. Tith Hun, 58F (Ta Tong Village)
Diagnosis:
1. HTN
2. Dyspepsia

Treatment:
1. Enalapril 5mg 2t po qd for one month (# 60)
2. Atenolol 100mg 1/2t po qd for one month (# 15)
3. Famotidine 40mg 1t po qhs (#30)

52. Toun Keun, 23F (Bang Korn Village)
Diagnosis:
1. VHD (Severe MS/TR/TS)
2. Mild MR with EF 45%

Treatment:
1. Digoxin 0.25mg 1t po qd for three months (#90)
2. Furosemide 40mg 1t po qd for three months (#90)
3. MTV 1t po qd for three months (#90)
4. FeSO4/Folate 200/0.4mg 1t po qd for three months (#90)

53. Um Yi, 57F (Rovieng Cheung Village)
Diagnosis:
1. HTN

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

54. Un Chhorn, 47M (Taing Treuk Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 1t po qd for one month (# 30)
2. Captopril 25mg 1/4t po bid (buy)

55. Vong Cheng Chan, 57F (Rovieng Cheung Village)
Diagnosis:
1. HTN

Treatment:
1. Atenolol 100mg 1/4t po bid for four months (#60)

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

Treatment:

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

The next Robib TM Clinic will be held on November 29 – December 3, 2010