

Robib *Telemedicine* Clinic

Preah Vihear Province

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

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

On Monday, October 31, 2011, SHCH staff PA Rithy, Driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), November 1 & 2, 2011, the Robib TM Clinic opened to receive the patients for evaluations. There were 9 new cases seen during this month, and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh on Wednesday and Thursday, November 2 & 3, 2011.

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

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

From: [Robibtelemed](#)

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

Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#) ; [Savooun Chhun](#) ; [Robib School 1](#)

Sent: Monday, October 24, 2011 1:03 PM

Subject: Schedule for Robib Telemedicine Clinic November 2011

Dear all,

I would like to inform you that Robib TM Clinic for November 2011 will be starting on October 31 - November 4, 2011.

The agenda for the trip is as following:

1. On Monday October 31, 2011, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday November 1, 2011, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as word file then sent to both partners in Boston and Phnom Penh.
3. On Wednesday November 2, 2011, the activity is the same as on Tuesday
4. On Thursday November 3, 2011, download all the answers replied from both partners then treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday November 4, 2011, Draw blood from patients for lab test at SHCH then come back to Phnom Penh.

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

Best regards,
Sovann

From: [Robibtelemed](#)

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

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

Sent: Tuesday, November 01, 2011 4:42 PM

Subject: Robib TM Clinic November 2011, Case#1, Rorn Cha, 45F

Dear all,

There are four new cases for Robib TM Clinic November 2011 and this is case number 1, Rorn Cha, 45F 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: Rorn Cha, 45F (Doang Village)

Chief Complaint (CC): Neck mass x 5y

History of Present Illness (HPI): 45F, farmer, presented with a thump size on the anterior of neck and progressively developed the size without tremor, palpitation, insomnia, constipation/diarrhea, weight loss, hair loss. In this month, she developed with epigastric pain, burning sensation, burping with sour taste, radiated to the back. She got treatment with

traditional medicine.

Past Medical History (PMH): Unremarkable

Family History: None

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

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 118/70 P: 46 R: 20 T: 36.5°C Wt: 49Kg O2sat: 98%

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, thyroid enlargement about 3 x 5cm, smooth, regular border, mobile on swallowing, no tender, no bruit, no lymph node palpable, no JVD



Chest: CTA bilaterally, no rales, no rhonchi; H bradycardia with irregular rhythm, no murmur

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

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

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

Lab/study:

EKG is not available due to EKG machine not working

Assessment:

1. GERD
2. Goiter
3. Bradycardia

Plan:

1. Omeprazole 20mg 1t po qhs for one month
2. GERD prevention education
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH and Free T4 at SHCH
4. Stop traditional medicine

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 1, 2011

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

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From: Barbesino, Giuseppe, M.D.

To: Fiamma, Kathleen M.

Cc: 'robibtelemed@gmail.com'; 'rithychau@sihosp.org'

Sent: Wednesday, November 02, 2011 3:31 AM

Subject: RE: Robib TM Clinic November 2011, Case#1, Rom Cha, 45F

I agree that presentation is suggestive of hyperthyroidism, possibly from Graves' disease. I agree that TSH and FT4 or T4, T3 should be tested. Ideally, a neck ultrasound would help understanding whether nodules are present.

Giuseppe Barbesino M.D.

From: [Robibtelemed](#)

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

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

Sent: Tuesday, November 01, 2011 4:44 PM

Subject: Robib TM Clinic November 2011, Chourn Panha, 17M

Dear all,

This is case number 2, Chourn Panha, 17M 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: Chourn Panha, 17M (Thnout Malou Village)

Chief Complaint (CC): Lower extremity weakness and numbness x 10d

History of Present Illness (HPI): 17M, 11 grade student, presented with symptoms of fever, runny nose, sore throat, and hoarse voice. After 2d of above symptoms, he developed with numbness and weakness from the knee down, and sensory loss. He was brought to provincial hospital and admitted over there for 7d with treatment 1 injection and oral medicine (unknown name). After discharge from hospital, he continued treatment with Vit B1, B6, B12 1t po bid, KCL 600mg 1t bid and ASA 500mg 1t po bid from pharmacy. He became better with less numbness and able to move but not yet walk. He denied of skin rash, joint pain, urethral discharge.

Past Medical History (PMH): Unremarkable

Family History: Grandmother with liver cirrhosis, HTN and goiter

SH: 11 grade student, no EtOH drinking, no cig smoking

Current Medications:

1. Vitamin (B1, B6, B12) 1t po bid
2. KCl 600mg 1t po bid
3. ASA 500mg 1t po bid

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 114/76 P: 82 R: 20 T: 37°C Wt: 46Kg

General: Stable

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

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

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

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

MS/Neuro: MS +4/5 with knee flexion/extension and plantar flexion/extension, +5/5 with other MS; Sensory from knee down absent with light touch and intact with pin prick; from knee up intact sensory; DTRs +3/4 with knee jerk and achile reflex

Lab/study:

Blood sugar: 93mg/dl; U/A normal

Assessment:

1. Vitamin deficiency
2. Paralysis and Paresthesia due to viral infection??

Plan:

1. B complex 10cc injection qd for 3d
2. MTV 1t po bid

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 1, 2011

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

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From: Tan, Heng Soon, M.D.

Sent: Tuesday, November 01, 2011 4:34 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib TM Clinic November 2011, Chourn Panha, 17M

He presents with an acute inflammatory polyneuritis with weakness, sensory loss and decreased reflexes in the legs following a viral infection. Guillain-Barré syndrome (GBS) is the most common cause of acute flaccid paralysis in healthy infants and children. Viral related transverse myelitis would have presented with increased reflexes rather than decreased reflexes. Acute poliomyelitis would present with motor weakness without any sensory involvement.

Peripheral nerve demyelination in the demyelinating form of Guillain-Barré syndrome is immunologically mediated.

Approximately two-thirds of patients have a history of an antecedent respiratory tract or gastrointestinal infection. Campylobacter gastrointestinal infection is the most commonly identified precipitant of GBS in as many as 30 percent of cases. Cytomegalovirus, Epstein-Barr virus, Haemophilus influenza, Mycoplasma pneumoniae, Eenteroviruses, Hepatitis A and B, herpes simplex, and Chlamydothila (formerly Chlamydia) pneumonia are other implicated viruses.

Clinically two-thirds develop the neurologic symptoms two to four weeks after having what appears to be a benign febrile respiratory or gastrointestinal infection. Lower extremity symmetric weakness may ascend over hours to days to involve the arms and the muscles of respiration in severe cases. In those with cranial neuropathy, the facial nerve is most commonly affected, resulting in bilateral facial weakness. Autonomic dysfunction occurs in approximately one-half of children with GBS. Most patients reach the nadir of their function within two to four weeks, followed by return of function occurring slowly over the course of weeks to months. The clinical course in children is shorter than in adults and recovery is more complete. As many as 85 percent of children can be expected to have an excellent recovery. In this case, he appears to have a mild form of GBS with only the legs involved and a fairly rapid recovery.

Therapy for severe GBS include plasmapheresis and intravenous immune globulin. In such cases, patients may require admission to the intensive care unit and require mechanical ventilation for respiratory failure. Mild attacks can be treated expectantly. Giving B complex vitamins to improve nerve function may help if the patient is vitamin deficient.

Reference: UpToDate

From: [Robibtelemed](#)
To: [Rithy Chau](#) ; [Kruy Lim](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Kathy Fiamma](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Tuesday, November 01, 2011 4:45 PM
Subject: Robib TM Clinic November 2011, Case#3, In Kong, 68F

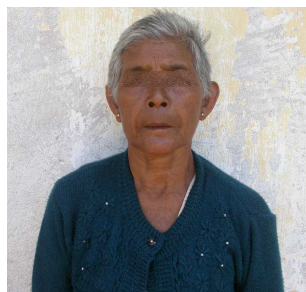
Dear all,

This is case number 3, In Kong, 68F 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: In Kong, 68F (Bos Village)

Chief Complaint (CC): Mouth sore x 3 months

History of Present Illness (HPI): 68F presented with symptoms of mouth sore on internal wall of right cheek with pain, and fever, no bleed. She got treatment with Ampicillin 500mg 1t po bid and Paracetamol 500mg 1t bid for several days and not better.

Past Medical History (PMH): Elevated BP: 150/? without treatment

Family History: None



SH: Chewing tobacco, no cig smoking, no EtOH

Current Medications:

1. Ampicillin 500mg 1t po bid
2. Paracetamol 500mg 1t po bid

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: Rt 168/92 Lt 171/100 P: 63 R: 20 T: 36.5°C Wt: 50Kg

General: Stable

HEENT: Ulcerated lesion about 1 x 3cm on the internal wall of right cheek, adjacent to molar tooth, erythema, pink conjunctiva, no icterus, no neck lymph node palpable; ear exam with normal mucosa, and intact tympanic membrane

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

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

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

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

Lab/study: None

Assessment:

1. Mouth ulcer
2. HTN

Plan:

1. Ibuprofen 200mg 3t po bid for 10d
2. HCTZ 25mg 1t po qd
3. Draw blood for Creat, Tot chole, TG at SHCH

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

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

Examined by: Nurse Sovann Peng

Date: November 1, 2011

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

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From: Kaban, Leonard Bruce,D.M.D.,M.D.
Sent: Tuesday, November 01, 2011 7:41 PM
To: Fiamma, Kathleen M.; Troulis, Maria
Subject: RE: Robib TM Clinic November 2011, Case#3, In Kong, 68F

This should be considered squamous cell carcinoma until proven otherwise. Patient needs to have a biopsy. LBK

From: [Robibtelemed](#)
To: [Kruy Lim](#) ; [Rithy Chau](#) ; [Paul Heinzelmann](#) ; [Kathy Fiamma](#) ; [Joseph Kvedar](#)
Cc: [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)
Sent: Tuesday, November 01, 2011 4:48 PM
Subject: Robib TM Clinic November 2011, Case#4, Sok Chou, 60F

Dear all,

This is the last case for the first day of Robib TM Clinic November 2011, case#4, Sok Chou, 60F and photo. Please waiting for other cases which will be sent to youn to morrow.

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 Chou, 60F (Sre Thom Village)

Chief Complaint (CC): Polyuria x 3months

History of Present Illness (HPI): 60F, farmer, presented with symptoms of polyuria, polyphagia, fatigue, and wt loss 17kg. She thought she has Diabetes so she tasted her urine and it was sweaty. She got treatment with traditional medicine and denied of SOB, chest pain, palpitation, GI complaint, oliguria, dysuria, hematuria, numbness/tingling, edema.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No EtOH drinking, no cig smoking

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 123/86 P: 72 R: 20 T: 37°C Wt: 50Kg

General: Stable

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

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

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

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

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

Lab/study:

RBS: 321mg/dl, then drink 1.5L of water and 1 hour later BS: 273mg/dl

U/A: Glucose 4+, no protein, no leukocyte, no ketone

Assessment:

1. DMII

Plan:

1. Metformin 500mg 1t po bid
2. Draw blood for Creat, Tot chole, TG, HbA1C, and Transaminase at SHCH
3. Educate on diabetic diet, do regular exercise and foot care

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

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

Examined by: Nurse Sovann Peng

Date: November 1, 2011

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

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From: Crocker, J.Benjamin,M.D.

Sent: Tuesday, November 01, 2011 5:42 PM

To: Fiamma, Kathleen M.

Subject: RE: Robib TM Clinic November 2011, Case#4, Sok Chou, 60F

I agree but would also recommend urine microalbumin and annual ophthalmoscopy (eye exam). She is 60 years old so would suggest an EKG as well (higher incidence of silent ischemic events in diabetic women). Would also recommend that she not taste her urine :)

From: [Robibtelemed](#)

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

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

Sent: Wednesday, November 02, 2011 4:13 PM

Subject: Robib TM Clinic November 2011, Case#5, Chan Sem, 62M

Dear all,

There are five new cases for the second day of Robib TM Clinic November 2011 and this is the case number 5, continued from yesterday, Chan Sem, 62M and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: Chan Sem, 62M (Chambak Phaem Village)

Chief Complaint (CC): Dizziness x 2d

History of Present Illness (HPI): 62M, farmer, presented with symptoms of dizziness when he get up, neck tension and HA and felt down in the past year and he was brought to provincial hospital and admitted for several days and got treatment with oral medicine 3 kinds (unknown name). Since then he became stable and didn't take any medicine. In these two days, he developed dizziness, HA, neck tension so he come to Telemedicine. He denied of SOB, fever, GI complaints, oliguria, polyuria, dysuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

SH: Smoking 5cig/d, stopped 20y, casually alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: Rt 164/83, Lt 158/86 P: 86 R: 20 T: 37°C Wt: 52Kg

General: Stable

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

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

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

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

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

Lab/study:

U/A: protein trace, no glucose, no leukocyte, no blood, no ketone

Assessment:

1. HTN

Plan:

1. HCTZ 25mg 1t po qd
2. Do regular exercise
3. Draw blood for Creat, Gluc, Tot chole, TG at SHCH

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

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

Examined by: Nurse Sovann Peng

Date: November 2, 2011

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

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From: Cusick, Paul S.,M.D.

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

Cc: rithychau@sihosp.org

Sent: Friday, November 04, 2011 4:25 AM

Subject: RE: Robib TM Clinic November 2011, Case#5, Chan Sem, 62M

Thank you for this consult.

I agree that he his hypertensive.

This may contribute to dizziness/headache.

I agree with treating him with an antihypertensive medication.

Best of luck.

Paul Cusick

From: [Robibtelemed](#)

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

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

Sent: Wednesday, November 02, 2011 4:15 PM

Subject: Robib TM Clinic November 2011, Doeou Chetana, 6F

Dear all,

This is case number 6, Doeou Chetana, 6F 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: Doeou Chetana, 6F (Bos Village)

Chief Complaint (CC): Hyperactivity x 3y

History of Present Illness (HPI): 6F was brought to Telemedicine clinic complaining of hyperactivity for 3y. Her mother reported she was born with normal delivery at health center and normally developed as other child (can speak what her parent said) until when she was 3y, when she started to be hyperactive, spontaneous speak non-sense word and not pay attention to other people or not join to play with other kids. She was brought to Kantha Bopha hospital in Siem Reap and admitted over there for one day and her mother was not told what problem happened to her baby. She denied of trauma or disease in the previous years.

Past Medical History (PMH): Unremarkable

Family History: None

SH: She is second sister among two sisters, her older sister 11y-old is normal

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: P: 120 R: 24 T: 36.5°C Wt: 15Kg

General: Stable, Hyperactive with no attention to the environment/other person (not obey command), spontaneous non-sense speaking (phonic and vocal tics)

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, no neck mass, no lymph node palpable; pupil normal react to light

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 legs edema, (+) dorsalis pedis and posterior tibial pulse

MS/Neuro: MS +5/5, DTRs +2/4, normal gait

Lab/study: None

Assessment:

1. Tourette syndrome?

Plan:

1. Haloperidol 0.5mg po qd

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, 2011

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

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No answer replied

From: Robibtelemed

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

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

Sent: Wednesday, November 02, 2011 4:17 PM

Subject: Robib TM Clinic November 2011, Case#7, Ream Sim, 56F

Dear all,

This is the case number 7, Ream Sim, 56F and photos.

Best regards,
Sovann

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

History and Physical



Name/Age/Sex/Village: Ream Sim, 56F (Thnal Keng Village)

Chief Complaint (CC): Polyuria x 2 months

History of Present Illness (HPI): 56F, farmer, present with symptoms of polyuria, polyphagia, polydipsia, thirsty, fatigue and wt loss 20kg. She thought she maybe had DM and bought Metformin from local pharmacy without consultation and take 500mg 1t when she felt above symptom. She denied of HA, CP, Nausea, vomiting, constipation/diarrhea,

Hematuria and dysuria, numbness/tingling, edema.

Past Medical History (PMH): Knee Joint pain with morning stiffness, treatment with Steroid and NSAIDs prn for 10y and HTN with prn Nifedipine 20mg x 5y; She noted of swelling face, thin extremities and bigger abdomen

Family History: None

SH: No cig smoking, no EtOH, 4 children

Current Medications:

- prn Metformin, Steroid and NSAIDs

Allergies: NKDA

Review of Systems (ROS): 4y post menopause

PE:

Vitals: BP: 130/88 P: 100 R: 20 T: 37°C Wt: 56Kg

General: Stable

HEENT: Moon face, no oropharyngeal lesion, pink conjunctiva, no icterus, no neck mass, no lymph node palpable, no JVD

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

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

Extremity/Skin: Thin extremities, no edema, (+) dorsalis pedis and posterior tibial pulse; ecchymosis on left upper calf region



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

Lab/study:

RBS: 207mg/dl

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

Assessment:

1. MDII
2. Osteoarthritis
3. Cushing syndrome

Plan:

1. Metformin 500mg 1t po bid
2. Paracetamol 500mg 1-2t po qid prn pain
3. Stop steroid
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, LFT, 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 2, 2011

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

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No answer replied

From: Robibtelemed

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

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

Sent: Wednesday, November 02, 2011 4:18 PM

Subject: Robib TM Clinic November 2011, San Nimol, 16M

Dear all,

This is the case number 8, San Simol, 16M 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: San Nimol, 16M (Otror lauk Village)

Chief Complaint (CC): Polyuria x 20d

History of Present Illness (HPI): 16M, 9 grade student, presented with symptoms of polyuria, polyphagia, polydypsia, fatigue and weight loss 6kg. He was brought to a private clinic in province and blood sugar checked with result 300mg/dl and treated with three kinds of medicine (unknown name) and got a bit better. He denied of blurred vision, numbness/tingling, fever, nausea, vomiting, hematuria, dysuria, and edema.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No cig smoking, no EtOH

Current Medications: 3 kinds of medicine (unknown name) tid

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 90/61 P: 89 R: 20 T: 37°C Wt: 40Kg

General: Stable

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

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

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

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

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

Lab/study:

RBS: 237mg/dl

U/A: protein trace, glucose 4+, keteone 1+, no leukocyte, no blood

Assessment:

1. DMI?

Plan:

1. Glibenclamide 5mg 1t po bid
2. Educate on diabetic diet, and foot care
3. Draw blood for Creat, Gluc, 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 2, 2011

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

Sent: Wednesday, November 02, 2011 10:19 PM

To: Fiamma, Kathleen M.

Subject: Re: Robib TM Clinic November 2011, San Nimol, 16M

In Type 1 diabetes mellitus, the usual treatment is insulin since the pancreas is incapable of producing insulin.

Is insulin available?

Les

From: Robibtelemed

To: Rithy Chau ; Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar

Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach

Sent: Wednesday, November 02, 2011 4:21 PM

Subject: Robib TM Clinic November 2011, Case#9, Tieng Seum, 61M

Dear all,

This is the last case for Robib TM Clinic November 2011, Case number 9, Tieng Seum, 61M 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: Tieng Seum, 61M (Trapang Reusey Village)

Chief Complaint (CC): Extremity numbness x 2 months

History of Present Illness (HPI): 61M, farmer, presented with symptoms of generalized swelling several times in this year without fever, SOB, oliguria, GI complaint, and got treatment with Furosemide, which relieved the swelling in several days. In these two months, he developed extremity numbness and didn't have consultation and get the treatment yet. He denied of skin rash, urethral discharge.

Past Medical History (PMH): Unremarkable

Family History: None

SH: Smoking 10cig/d, drinking EtOH 1/4L per day for over 20y

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 136/73 P: 87 R: 24 T: 37°C Wt: 60Kg

General: Stable

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

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

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

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

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

Lab/study: None

Assessment:

1. Vitamin deficiency due to chronic alcoholism

Plan:

1. Vit B complex 10ml qd for 3d
2. MTV 1t po qd

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, 2011

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

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From: Cusick, Paul S., M.D.

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

Cc: rithychau@sihosp.org

Sent: Friday, November 04, 2011 4:40 AM

Subject: RE: Robib TM Clinic November 2011, Case#9, Tieng Seum, 61M

Thank you for this consult.

I am a bit confused by the history of the present illness.

He has had several episodes of generalized swelling (without any other symptoms) that responded to diuretics (lasix) of unclear cause,

He has had numbness in his extremities,

He drinks alcohol and smokes tobacco

The exam does not reveal any light touch abnormalities. No mention of loss of vibration or position sense

This could be from diabetic or alcoholic neuropathy, B12 neuropathy, spinal stenosis and nerve root compression or trauma after falling.

I would recommend stopping alcohol, vitamin B therapy may help.
try to see if he has any back pain.

encourage him to stop smoking.

Thank you for your consult.

Paul Cusick

Thursday, November 3, 2011

Follow-up Report for Robib TM Clinic

There were 9 new patients seen during this month Robib TM Clinic, other 58 patients came for medication refills only and 120 new patients seen by PA Rithy Chau for minor problem without sending data. 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 and PA Rithy on site, 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 2011

1. Rorn Cha, 45F (Doang Village)

Diagnosis:

1. GERD
2. Goiter
3. Bradycardia

Treatment:

1. Omeprazole 20mg 1t po qhs for one month (#30)
2. GERD prevention education
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH and Free T4 at SHCH
4. Stop traditional medicine

Lab result on November 4, 2011

WBC	=5.2	[4 - 11x10 ⁹ /L]	Na	=140	[135 - 145]
RBC	=4.8	[3.9 - 5.5x10 ¹² /L]	K	= 3.1	[3.5 - 5.0]
Hb	= 11.8	[12.0 - 15.0g/dL]	Cl	=105	[95 - 110]
Ht	=37	[35 - 47%]	BUN	=3.9	[0.8 - 3.9]
MCV	= 77	[80 - 100fl]	Creat	=76	[44 - 80]
MCH	=25	[25 - 35pg]	Gluc	=5.1	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	Free T4	=15.27	[12.0 - 22]
Plt	=169	[150 - 450x10 ⁹ /L]	TSH	=2.27	[0.27 - 4.20]
Lym	=1.9	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=0.8	[0.1 - 1.0x10 ⁹ /L]			
Neut	=2.5	[1.8 - 7.5x10 ⁹ /L]			

2. Chourn Panha, 17M (Thnout Malou Village)

Diagnosis:

1. Vitamin deficiency?
2. Guillain-Barré syndrome?
3. Pott's Disease?

Treatment:

1. B complex 10cc injection qd for 3d (#15ampouls)
2. MTV 1t po bid for one month (#60)
3. Send patient to have CXR and Spine x-ray at Kg Thom referral hospital

3. In Kong, 68F (Bos Village)

Diagnosis:

1. Mouth ulcer
2. HTN

Treatment:

1. Ibuprofen 200mg 3t po bid for 10d (#30)
2. HCTZ 25mg 1t po qd (#35)
3. Draw blood for Creat, Tot chole, TG at SHCH

Lab result on November 4, 2011

Creat	=88	[44 - 80]
T. Chol	=3.4	[<5.7]
TG	=1.1	[<1.71]

4. Sok Chou, 60F (Sre Thom Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#80)
2. Draw blood for Creat, Tot chole, TG, HbA1C, and Transaminase at SHCH
3. Educate on diabetic diet, do regular exercise and foot care

Lab result on November 4, 2011

Creat	=75	[44 - 80]
T. Chol	=6.3	[<5.7]
TG	=1.1	[<1.71]
AST	=25	[<31]
ALT	=32	[<32]
HbA1C	=16.7	[4.8 - 6]

5. Chan Sem, 62M (Chambak Phaem Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for one month (#35)
2. Do regular exercise
3. Draw blood for Creat, Gluc, Tot chole, TG at SHCH

Lab result on November 4, 2011

Creat	=102	[53 - 97]
Gluc	=5.5	[4.2 - 6.4]
T. Chol	=3.1	[<5.7]
TG	=1.9	[<1.7]

6. Doeu Chetana, 6F (Bos Village)

Diagnosis:

1. Tourette syndrome?

Treatment:

1. Haloperidol 0.5mg po qd (buy)

2. Draw blood for CBC, Lyte, Creatinine, Ca²⁺, Mg²⁺ and RPR at SHCH

Lab result on November 4, 2011

WBC	=10.2	[4 - 11x10 ⁹ /L]	Na	=135	[135 - 145]
RBC	=4.5	[3.9 - 5.5x10 ¹² /L]	K	=3.9	[3.5 - 5.0]
Hb	=12.2	[12.0 - 15.0g/dL]	Cl	=102	[95 - 110]
Ht	=38	[35 - 47%]	Creat	=49	[44 - 80]
MCV	=85	[80 - 100fl]	Ca ²⁺	=1.20	[1.12 - 1.32]
MCH	=27	[25 - 35pg]	Mg ²⁺	=0.85	[0.66 - 1.07]
MHCH	=32	[30 - 37%]	RPR (Syphilis):	Non-reactive	
Plt	=403	[150 - 450x10 ⁹ /L]			
Lym	=4.2	[1.0 - 4.0x10 ⁹ /L]			

7. Ream Sim, 56F (Thnal Keng Village)

Diagnosis:

1. MDII
2. Osteoarthritis
3. Cushing syndrome

Treatment:

1. Metformin 500mg 1t po bid for one month (#80)
2. Paracetamol 500mg 1-2t po qid prn pain for one month (#30)
3. Stop steroid
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, LFT, HbA1C at SHCH

Lab result on November 4, 2011

WBC	=9.6	[4 - 11x10 ⁹ /L]	Na	=135	[135 - 145]
RBC	=5.3	[3.9 - 5.5x10 ¹² /L]	K	=3.9	[3.5 - 5.0]
Hb	=13.6	[12.0 - 15.0g/dL]	Cl	=100	[95 - 110]
Ht	=43	[35 - 47%]	BUN	=4.0	[0.8 - 3.9]
MCV	=81	[80 - 100fl]	Creat	=53	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=12.6	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=5.8	[<5.7]
Plt	=327	[150 - 450x10 ⁹ /L]	TG	=2.0	[<1.71]
Lym	=2.8	[1.0 - 4.0x10 ⁹ /L]	AST	=20	[<31]
Mxd	=0.2	[0.1 - 1.0x10 ⁹ /L]	ALT	=23	[<32]
Neut	=6.6	[1.8 - 7.5x10 ⁹ /L]	HbA1C	=14.1	[4.8 - 6]

8. San Nimol, 16M (Otror lauk Village)

Diagnosis:

1. DMI

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#80)
2. Educate on diabetic diet, and foot care
3. Draw blood for Creat, Gluc, HbA1C at SHCH

Lab result on November 4, 2011

Creat	=72	[53 - 97]
Gluc	=22.1	[4.2 - 6.4]
HbA1C	=14.6	[4.8 - 5.9]

9. Tieng Seum, 61M (Trapang Reusey Village)

Diagnosis:

1. Vitamin deficiency due to chronic alcoholism

Treatment:

1. Vit B complex 10ml qd for 3d for one month (#15ampouls)
2. MTV 1t po qd for one month (#30)

Patients who come for follow up and refill medicine

1. Chan Khut, 64F (Sre Thom Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for one month (#35)

2. Chan Lum, 35F (Anlung Svay Village)

Diagnosis:

1. Dyspepsia

Treatment:

1. Cimetidine 200mg 1t po qhs for one month (#30)
2. MTV 1t po qd for one month (#30)

3. Chan Oeung, 60M (Sangke Roang Village)

Diagnosis:

1. Gouty arthritis
2. Osteoarthritis
3. Renal insufficiency

Treatment:

1. Meloxicam 15mg 1t po qd for one month (#40)
2. Paracetamol 500mg 1t po qid prn for one month (#30)
3. MTV 1t po qd for one month (#30)
4. Allopurinol 100mg 2t po qd for one month (buy)

4. Chan Sorya, 50F (Pal Hal Village)

Diagnosis:

1. HTN
2. Old stroke with right side weakness

Treatment:

1. HCTZ 25mg 1t po qd for two months (#60)

5. Chan Rim, 59F (Ke Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 2t po qd for one month (#70)

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

Diagnosis:

1. Gouty Arthritis

Treatment:

1. Paracetamol 500mg 2t po qid prn pain for two months (#30)
2. Allopurinol 100mg 1t bid for two months (buy)

7. Chhay Chanthy, 47F (Thnout Malou Village)

Diagnosis:

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1t po bid for three months (#180)
2. Propranolol 40mg 1/4t po bid for three months (buy)

8. Chheng Yearng, 48F (Thkeng Village)

Diagnosis:

1. Tachycardia

Treatment:

1. Propranolol 40mg 1/4t po bid for two months (#30)
2. MTV 1t po qd for two months (#60)

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

Diagnosis:

1. Renal Rickettsia (per AHC in Siem Reap)
2. Cachexia
3. Chronic renal failure
4. Anemia

Treatment:

1. Erythropoietin 2000UI S/C qw (buy)
2. Ca/Vit D₃ 500/400 2t po qid (buy)
3. Draw blood for CBC, Lyte, Creat, Mg²⁺, Ca²⁺ and LFT at SHCH

Lab result on November 4, 2011

WBC	=9.7	[4 - 11x10 ⁹ /L]	Na	=136	[135 - 145]
RBC	=2.5	[4.6 - 6.0x10 ¹² /L]	K	=5.0	[3.5 - 5.0]
Hb	=6.1	[14.0 - 16.0g/dL]	Cl	=109	[95 - 110]
Ht	=18	[42 - 52%]	Creat	=851	[53 - 97]
MCV	=75	[80 - 100fl]	Ca ²⁺	=0.41	[1.12 - 1.32]
MCH	=25	[25 - 35pg]	Mg ²⁺	=1.39	[0.66 - 1.07]
MHCH	=33	[30 - 37%]	AST	=39	[<37]
Plt	=312	[150 - 450x10 ⁹ /L]	ALT	=14	[<42]
Lym	=2.8	[1.0 - 4.0x10 ⁹ /L]			
Mxd	=0.5	[0.1 - 1.0x10 ⁹ /L]			
Neut	=6.4	[1.8 - 7.5x10 ⁹ /L]			

10. Chourb Kim San, 57M (Rovieng Tbong Village)

Diagnosis:

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

Treatment:

1. Atenolol 50mg 1/2t po bid for two months (#60)
2. Amlodipine 5mg 1t po qd for two months (buy)
3. ASA 300mg 1/4t po qd for two months (#15)
4. Metformin 500mg 1t po bid for two months (#120)
5. Glibenclamide 5mg 1t po bid for two months (buy)
6. Draw blood for Creatinine, Tot chole, TG, Uric acid, and HbA1C at SHCH

Lab result on November 4, 2011

Creat	=151	[53 - 97]
T. Chol	=4.4	[<5.7]
TG	=2.7	[<1.71]
Uric Acid	=736	[200 - 420]

HbA1C = 6.5 [4.8 – 6]

12. Chum Chet, 64M (Koh Pon Village)

Diagnosis:

1. HTN
2. Osteoarthritis
3. Renal insufficiency

Treatment:

1. Atenolol 50mg 1/2t po bid for one month (#30)
2. Amlodipine 5mg 1t po qd for one month (#30)
3. Paracetamol 500mg 1-2t po qid prn pain for one month (#30)
4. MTV 1t po qd for one month (#30)
5. Draw blood for Creat, tot chole and TG at SHCH

Lab result on November 4, 2011

Creat =262 [53 - 97]
T. Chol =4.3 [<5.7]
TG =2.3 [<1.71]

13. Dourng Sunly, 56M (Taing Treurk Village)

Diagnosis:

1. HTN
2. Gout
3. Hyperlipidemia

Treatment:

1. Captopril 25mg 1/2t po bid for three months (buy)
2. ASA 300mg 1/4t po qd for three months (#23)
3. Paracetamol 500mg 1t po q6h prn pain/fever for three months (#40)
4. Fenofibrate 100mg 1t po qd for three months (buy)

14. Heng Chan Ty, 50F (Ta Tong Village)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po tid for three months (#90)
2. Propranolol 40mg ¼ t po bid for three months (buy)

15. Hourn Sok Aun, 48F (Taing Treuk Village)

Diagnosis:

1. DMII
2. Hyperlipidemia

Treatment:

1. Metformine 500mg 1t po bid for one month (#60)
2. Captopril 25mg 1/2t po bid for one month (buy)
3. Fenofibrate 100mg 1t po qd for one month (buy)

16. Khi Ngorn, 65M (Rovieng Cheung Village)

Diagnosis:

1. HTN

Treatment:

1. Nisoldipine 10mg 2t po qd for one month (#60)

17. Kim Yat, 38F (Sre Thom Village)

Diagnosis:

1. Tachycardia
2. Dyspepsia

Treatment:

1. Propranolol 40mg 1/4t po bid (#20)
2. Famo/CaCO₃/Mg(OH)₂ 10/800/165mg 1t po qhs (#30)

18. Kong Sam On, 55M (Thkeng Village)

Diagnosis:

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

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (buy)
2. Metformin 500mg 1t po bid for two months (#120)
3. Atenolol 50mg 1t po qd for two months (#30)
4. Amlodipine 5mg 1t po qd for two months (#60)
5. ASA 300mg 1/4t po qd for two months (#15)
6. Fenofibrate 100mg 1t po qd for two months (buy)

19. Kong Soeun, 31M (Backdoang Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Captopril 25mg 1/4t po bid for one month (buy)
3. Draw blood for Tot chole, TG and HbA1C at SHCH

Lab result on November 4, 2011

T. Chol =3.5	[<5.7]
TG =1.8	[<1.7]
HbA1C =6.0	[4.8 – 6]

20. Kul Chheung, 84F (Taing Treuk Village)

Diagnosis:

1. COPD
2. Pneumonia

Treatment:

1. Salbutamol Inhaler 2puffs bid for one month (#1)
2. Clarithromycin 500mg 1t po bid for 10d (#20)

21. Kul Keung, 66F (Taing Treuk Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. HCTZ 25mg 1t po qd for three months (#90)
2. ASA 300mg ¼ t po qd for three months (buy)
3. Captopril 25mg ¼ t po bid for three months (buy)
4. Glibenclamide 5mg 1t po bid for three months (#90)
5. Metformin 500mg 1t po bid for three months (#90)

22. Kun Ban, 53M (Thnal Keng Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for two months (#120)
2. ASA 300mg 1/4t po qd for two months (#buy)

23. Lang Da, 45F (Thnout Malou Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for one month (#35)

24. Mar Thean, 54M (Rom Chek Village)

Diagnosis:

1. DMII

Treatment:

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

25. Meas Lam Phy, 58M (Thnout Malou Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for three months (#90)

26. Meas Ream, 88F (Taing Treuk Village)

Diagnosis:

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

Treatment:

1. HCTZ 25mg 1t po qd for one month (#30)

27. Meas Samen, 58F (Koh Pon Village)

Diagnosis:

1. Sciatica
2. Dyspepsia

Treatment:

1. Ibuprofen 200mg 2t po bid prn for one month (#30)
2. Paracetamol 500mg 1t po qid prn for one month (#30)
3. Famo/CaCO₃/Mg(OH)₂ 10/800/165mg 1t po qhs (#30)

28. Moeung Phalla, 35F (Thkeng Village)

Diagnosis:

1. Tachycardia

Treatment:

1. Propranolol 40mg 1/4t po bid for two months (#30)

29. Nung Chhun, 74F (Ta Tong Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 1t po bid for one month (#60)
3. Captopril 25mg 1t po bid for one month (buy)
4. ASA 300mg 1/4t po qd for one month (buy)
5. Draw blood for Tot chole, TG and HbA1C at SHCH

Lab result on November 4, 2011

T. Chol =4.9	[<5.7]
TG =2.9	[<1.71]
HbA1C =7.5	[4.8 – 6]

30. Pang Sidoeun, 37F (Rovieng Tbong Village)**Diagnosis:**

1. HTN

Treatment:

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

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

1. DMII
2. HTN

Treatment:

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

32. Pheng Roeung, 67F (Thnout Malou Village)**Diagnosis:**

1. Liver cirrhosis with ascites
2. Liver tumor (right lobe)
3. HTN
4. Anemia

Treatment:

1. Propranolol 40mg 1/4t po bid for one month (#15)
2. Spironolactone 25mg 2t po bid for one month (#120)
3. MTV 1t po qd for one month (#30)
4. FeSO4/Folate 200/0.4mg 1t po qd for one month (#30)

33. Prum Norn, 56F (Thnout Malou Village)**Diagnosis:**

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

Treatment:

1. Spironolactone 25mg 1t po qd for one month (#30)
2. FeSO4/Folate 200/0.25mg 1t po qd for one month (#30)
3. MTV 1t po qd for one month (#30)
4. Paracetamol 500mg 1t po qid prn pain (#30)
5. Draw blood for Lyte and Creat at SHCH

Lab result on November 4, 2011

Na	=137	[135 - 145]
K	=6.6	[3.5 - 5.0]
Cl	=112	[95 - 110]
Creat	=225	[44 - 80]

34. Prum Sourn, 71M (Taing Treuk Village)

Diagnosis:

1. HF with EF 27%
2. LVH
3. VHD(MI, AI)
4. RF
5. Dyspepsia

Treatment:

1. Captopril 25mg 1/4t po bid for one month (buy)
2. ASA 300mg 1/4t po qd for one month (buy)
3. Furosemide 40mg 1t po qd for one month (buy)
4. Omeprazole 20mg 1t po qhs for one month (#30)

35. Prum Thai, 62F (Rovieng Chheung Village)

Diagnosis:

1. Cachexia

Treatment:

1. MTV 1t po qd for one month (#30)

36. Prum Vandy, 50F (Taing Treuk Village)

Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po qd for three months (buy)
2. Propranolol 40mg 1/4t po bid for three months (#45)

37. Prum Von, 47F (Thnout Malou Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for one month (#30)
2. Review on diabetic diet, do regular exercise and foot care

38. Ros Oeun, 55F (Thnout Malou Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

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

39. Sam Khim, 50F (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

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

40. Sam Thourng, 30F (Thnal Keng Village)

Diagnosis:

1. Cardiomegaly by CXR
2. Severe MS (MVA <1cm²)

Treatment:

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

41. Sam Yom, 62F (Chhnourn Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for three months (#90)
2. MTV 1t po qd for three months (#90)

42. San Kim Hong, 50M (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po qhs for two months (#30)
2. Review on diabetic diet, do regular exercise and foot care

43. Sao Ky, 75F (Thnout Malou Village)

Diagnosis

1. HTN

Treatment

1. HCTZ 25mg 1t po qd for one month (#30)
2. Draw blood for Creat, Tot chole, and TG at SHCH

Lab result on November 4, 2011

Creat	=84	[44 - 80]
T. Chol	=5.5	[<5.7]
TG	=2.6	[<1.71]

44. Sao Phal, 63F (Thnout Malou)

Diagnosis:

1. HTN
2. Anxiety
3. Hypertriglyceridemia

Treatment:

1. HCTZ 25mg 1t po qd for two months (#60)
2. Amitriptylin 25mg 1t po qhs for two months (#60)
3. Paracetamol 500mg 1t po qid prn pain/HA for two months (#30)
4. MTV 1t po qd for two months (#60)
5. Fenofibrate 100mg 1t po qd (buy)

45. Say Soeun, 72F (Rovieng Cheung Village)

Diagnosis:

1. HTN

2. DMII
3. Renal insufficiency

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 1t po bid for one month (#60)
3. Enalapril 5mg 1t po bid for one month (#60)
4. Nisoldipine 10mg 2t po qd for one month (#60)
5. Atenolol 50mg 1t po qd for one month (#30)
6. MTV 1t po qd for one month (#30)
7. FeSO/Folate 200/0.4mg 1t po bid (#60)

46. Sim Horm, 59F (Bangkeun Phal Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Captopril 25mg 1/2t po bid for one month (buy)
3. ASA 300mg 1/2t po qd for one month (#15)
4. Draw blood for CBC, Creat, Tot chole, TG and HbA1C at SHCH

Lab result on November 4, 2011

WBC	=7.1	[4 - 11x10 ⁹ /L]	Creat	=99	[44 - 80]
RBC	=6.0	[3.9 - 5.5x10 ¹² /L]	T. Chol	=4.6	[<5.7]
Hb	=8.7	[12.0 - 15.0g/dL]	TG	=2.8	[<1.71]
Ht	=33	[35 - 47%]	HbA1C	=15.8	[4.8 - 6]
MCV	=55	[80 - 100fl]			
MCH	=15	[25 - 35pg]			
MHCH	=26	[30 - 37%]			
Plt	=1850	[150 - 450x10 ⁹ /L]			
Lym	=2.1	[1.0 - 4.0x10 ⁹ /L]			

Peripheral blood smear

Microcytic	2+
Hypochromic	2+
Schistocytes	1+
Elliptocytes	1+
Target cells	1+
Dacryocytes	1+
Crenated cells	15%

Platelet confirmed by smear: Decreased

47. So Chheang, 66M (Trapang Reusey Village)

Diagnosis:

1. GERD

Treatment:

1. Cimetidine 20mg 1t po qhs (#30)
2. GERD prevention education, do regular exercise

48. Sun Yorn, 50M (Bos Village)

Diagnosis:

1. Severe hypertension
2. Sciatica
3. Dyspepsia

Treatment:

1. HCTZ 25mg 2t po qd for one month (#70)
2. Amlodipine 5mg 1t po qd for one month (#30)
3. Famo/CaCO₃/Mg(OH)₂ 10/800/165mg 1t po qhs (#30)

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

Diagnosis:

1. DMII

Treatment:

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

50. Tann Sou Hoang, 51F (Rovieng Cheung Village)

Diagnosis:

1. DMII

Treatment:

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

51. Tay Kimseng, 54F (Taing Treuk Village)

Diagnosis:

1. HTN
2. Obesity

Treatment:

1. Atenolol 50mg 1/2t po bid for one month (#30)
2. HCTZ 25mg 1t po qd for one month (#35)
3. Eat low fats diet and do regular exercise

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

Diagnosis:

1. Hyperthyroidsism
2. Sciatica
3. Vit Deficiency
4. Eczema on the neck

Treatment:

1. Carbimazole 5mg 2t po bid for two months (buy)
2. Propranolol 40mg 1/4t po bid for two months (#30)
3. Paracetamol 500mg 1t po qid prn pain for two months (#30)
4. Ibuprofen 200mg 2t po bid for 7d (#30)
5. MTV 1t po qd for two months (#60)

53. Tith Hun, 58F (Ta Tong Village)

Diagnosis:

1. HTN
2. GERD

Treatment:

1. Enalapril 5mg 1t po qd for one month (#30)
2. HCTZ 25mg 1t po qd for one month (#30)
3. Atenolol 50mg 1/2t po qd for one month (#15)
4. Omeprazole 20mg 1t po qhs for one month (#30)
5. Metochlopramide 10mg 1t po qhs for 10d (#10)

54. Un Chhorn, 47M (Taing Treuk Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

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

55. Un Chhourn, 42M (Taing Treuk Village)

Diagnosis:

1. DMII

Treatment:

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

56. Un Rady, 49M (Rom Chek Village)

Diagnosis:

1. DMII

Treatment:

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

Lab result on November 4, 2011

T. Chol =8.1	[<5.7]
TG =12.8	[<1.7]
HbA1C =9.2	[4.8 – 6]

57. Yim Sok Kin, 31M (Thnout Malou Village)

Diagnosis:

1. Liver cirrhosis with PHTN

Treatment:

1. Propranolol 40mg 1/4t po bid for one month (#20)
2. Spironolactone 25mg 1t po bid for one month (#60)

58. Yin Hun, 74F (Taing Treuk Village)

Diagnosis:

1. HTN

Treatment:

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

**The next Robib TM Clinic will be held on
December 5 - 9, 2011**