Robib *Telemedicine* **Clinic**

Preah Vihear Province

O C T O B E R 2 0 0 9

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

On Monday, October 5, 2009, 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), October 6 & 7, 2009, the Robib TM Clinic opened to receive the patients for evaluations. There were 8 new cases 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, October 7 & 8, 2009.

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 Peng Sovann at SHCH who compiled and sent for website publishing.

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

From: Robib Telemedicine
To: Rithy Chau ; Kathy Fiamma > ; Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kruy Lim ; Cornelia Haener
Cc: Bernie Krisher ; Kevin O' brien ; Sothero Noun ; Laurie & Ed Bachrach ; Peou Ouk ; Sochea Monn ; Samoeurn Lanh
Sent: Tuesday, September 29, 2009 8:16 AM
Subject: Schedule for Robib Telemedicine Clinic October 2009

Dear all,

I would like to inform you all that the Robib TM Clinic for October 2009 will be starting on October 5 to 9, 2009.

The agenda for the TM clinic is as following:
1. On Monday October 5, 2009, PA Rithy, Driver and I will start the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday October 6, 2009, the clinic opens to see the patients, new and follow up, for the whole morning then the patients' data will be typed up into computer in afternoon and send to both partners in Boston and Phnom Penh.
3. On Wednesday October 7, 2009, the activity is the same as on Tuesday
4. On Thursday October 8, 2009, download all the answers replied from both partners then the treatment plan will be made accordingly and prepare medicine for both new and follow up patients in the afternoon.
5. On Friday October 9, 2009, Draw blood from patients for lab test at SHCH then come back to Phnom Penh.

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

Best regards,
Sovann

From: Robib Telemedicine
To: Rithy Chau ; Kruy Lim ; Kathy Fiamma > ; Paul J. M.D. Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Tuesday, October 06, 2009 8:04 PM
Subject: Robib TM Clinic October 2009 Case#1, Heng La, 40F (Pal Hal Village)

Dear all,

Today is the first day for Robib TM clinic October 2009 and there are three new cases and one follow up case. This is case number 1, Heng La, 40F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

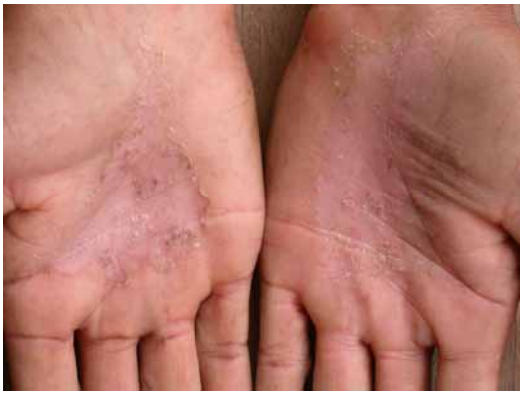
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Heng La, 40F (Pal Hal Village)**

Chief Complaint (CC): Skin rash x 3y

History of Present Illness (HPI): 40F, farmer, presented with symptoms of skin rash, erythematous macules, papules, and vesicles, pruritus, on the both ankles, She got treatment with traditional medicine apply on the lesion and a few months after, the lesion became better then presented to the palms with the same kind of rash. She got a few times of skin rash attack per year. She went to local health center and was treated with some medicine (unknown name) but the skin rash still appeared again and again. She denied of rashes on other places. Now her skin rash is better and the rash on the ankle has gone.



Past Medical History (PMH): Unremarkable

Family History: Mother with HTN

Social History: No cig smoking, no alcohol drinking

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Regular menstrual period, LMP on September 15, 2009; no fever, no cough, no dyspnea, no abdominal pain, no stool with blood/mucus, no hematuria, no dysuria.

PE:

Vitals: BP: 131/81 P: 106 R: 20 T: 37°C Wt: 45Kg

General: Look stable

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

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

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

Extremity/Skin: Rash on both palm, no erythema, no vesicles, no pus, No leg edema

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

Lab/study: U/A protein trace

Assessment:

1. Eczema

Plan:

1. Mometasone Furoate Lotion 0.1% apply on the lesion bid until the rash gone
2. Calamine Lotion apply 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: October 6, 2009**

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

From: Watson, Alice J., M.D.
Sent: Tuesday, October 06, 2009 10:31 AM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic October 2009 Case#1, Heng La, 40F (Pal Hal Village)

The photograph of the hands is consistent with a diagnosis of hand dermatitis (although the hands are not fully visualized in order to assess for nail changes etc.). I do not see a rash on the face.

Mometasone is a reasonable treatment when the patient is symptomatic but it is important to try and identify any triggers for the flares in order to prevent them. This lady is a farmer and might be exposed to chemicals or prolonged periods when her hands are immersed in water. It is important to try to avoid excessive hand washing and soaps. She should try to wear gloves to protect her hands and use a regular heavy emollient e.g. white soft paraffin: liquid paraffin mix. Continuous mometasone exposure could lead to atrophy of the skin, even in an area like the palms.

Hope this is some help.

Alice Watson, MD
Joseph Kvedar, MD

From: Robib Telemedicine
To: Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kathy Fiamma > ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Tuesday, October 06, 2009 8:08 PM
Subject: Robib TM Clinic October 2009, Case#2, Thon Vansoeun, 52F (Bakdoang Village)

Dear all,

This is case number 2, Thon Vansoeun, 52F 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: Thon Vansoeun, 52F (Backdoang Village)

Chief Complaint (CC): Palpitation x 4 years

History of Present Illness (HPI): 52F, farmer, in the previous 4y presented with symptoms of palpitation, HA, dizziness, diaphoresis, she asked local heal care worker to check her BP 190/? and was treated with antihypertensive drug (unknown name) for a few days then the above symptoms gone. She didn't take any medicine any more until in the last three months she developed with palpitation, HA, neck tension, dizziness, diaphoresis and BP check 180/? and treated with antihypertensive drug by local heal care worker. A few days after treatment, she became better and she bought Chinese antihypertensive combination (unknown name) taking 1t po qd and the symptoms gone for now. She denied of cough, dyspnea, chest pain, abdominal pain, orthopnea, hematuria, oliguria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No cig smoking, drinking alcohol 2-3L/delivery, 5 children

Current Medications: Chinese antihypertensive combination (unknown name)

Allergies: NKDA

Review of Systems (ROS): 1 year post menopause

PE:

Vitals: BP: 143/89 P: 91 R: 20 T: 37°C Wt: 39Kg

General: Look stable

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

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

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

Extremity/Skin: No edema, no lesion

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

Lab/study: U/A protein trace

Assessment:

1. HTN

Plan:

1. Stop Chinese medicine and start with HCTZ 50mg 1/2t po qd
2. ASA 300mg 1/4t po qd
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: October 6, 2009**

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

From: Tan, Heng Soon,M.D.
Sent: Tuesday, October 06, 2009 1:52 PM
To: Feldman, Anna; Fiamma, Kathleen M.
Subject: FW: Robib TM Clinic October 2009, Case#2, Thon Vansoeun, 52F (Bakdoang Village)

She does have hypertension, however the spells of palpitation, headache, dizziness and diaphoresis are likely panic or anxiety spells. Of course you could consider a rare medical cause like pheochromocytoma, but I would do a blood test for metanephrines only if these spells continue. In the meantime, a bit more history about the triggering factors for these spells may clarify the cause of her anxiety spells facilitating their management.

As for hypertension workup, the testing for cardiovascular risks is reasonable. As for management, HCTZ would be appropriate. I would not start aspirin for cardiovascular prevention for women unless she is older than 60 and has other cardiovascular risk factors, otherwise, the risk of GI and cerebral bleeding in an uncontrolled hypertensive patient is higher than the benefit of cardiovascular prevention.

Heng Soon

From: Robib Telemedicine
To: Cornelia Haener ; Rithy Chau ; Kruy Lim ; Kathy Fiamma > ; Paul J. M.D. Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Tuesday, October 06, 2009 8:11 PM
Subject: Robib TM Clinic October 2009, Case#3, Yeum Sokunthea, 42F (Thnout Malou Village)

Dear all,

This is case number 3, Yeum Sokunthea, 42F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

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

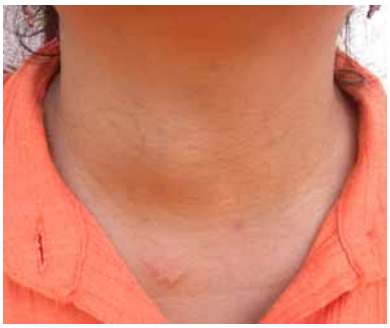
History and Physical

Name/Age/Sex/Village: Yeum Sokunthea, 42F (Thnout Malou Village)

Chief Complaint (CC): Neck mass x 5 months

History of Present Illness (HPI): 42F, housewife, presented with a small neck mass a bout a thump size and increased to about 4x4cm in three months with neck discomfort feeling when having meal but denied of dysphagia, voice change, palpitation, insomnia, heat intolerance, she went to Kampong Thom referral hospital and told she has goiter and asked her to get surgery but she denied and come to consult with Telemedicine clinic today.

Past Medical History (PMH): Unremarkable



Family History: Grandmother with goiter

Social History: No cig smoking, casual alcohol drinking, 3 children

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular menstrual period, LMP on September 14, 2009

PE:

Vitals: BP: 99/70 P: 63 R: 20 T: 37^{o}C Wt: 58Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 4x4cm on right lobe, smooth, regular border, no tender, mobile on swallowing, no bruit, no lymph node palpable.

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

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

Extremity/Skin: No edema, no lesion

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

Lab/study: U/A protein trace

Assessment:

1. Thyroid cyst?

Plan:

1. Send to Kg Thom referral hospital for Neck mass U/S
2. Draw blood for TSH at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: October 6, 2009**

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 >' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach'
Sent: Thursday, October 08, 2009 9:50 AM
Subject: RE: Robib TM Clinic October 2009, Case#3, Yeum Sokunthea, 42F (Thnout Malou Village)

Dear Sovann,

Thanks for submitting this case. As the mass is growing fast, cancer is in the differential diagnosis. I agree that an ultrasound should be the next step, but together with an FNA and cytology. Many papillary cancers present as cystic lesions.

Kind regards
Cornelia

From: Barbesino, Giuseppe,M.D.
To: Fiamma, Kathleen M.
Cc: robibtelemed@gmail.com ; rithychau@sihosp.org
Sent: Wednesday, October 07, 2009 2:59 AM
Subject: RE: Robib TM Clinic October 2009, Case#3, Yeum Sokunthea, 42F (Thnout Malou Village)

This woman has a rapidly growing neck mass. The mass seems to be thyroidal given motion with swallowing. Given its history or rapid growth, this is either a hemorrhagic cyst, which would be benign, or some serious thyroid malignancy, such as lymphoma of aggressive cancer. US is of the utmost importance in differentiating. If this rapidly enlarging mass is solid, indeed a biopsy or removal would be indicated. If cystic, drainage through needle aspiration can be performed for relief.

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

From: Robib Telemedicine
To: Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kathy Fiamma > ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Tuesday, October 06, 2009 8:16 PM
Subject: Robib TM Clinic October 2009, Case#4, Heng Chey, 70M (Thkeng Village)

Dear all,

This is the case number 4, Heng Chey, 70M (follow up case) 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

SOAP Note

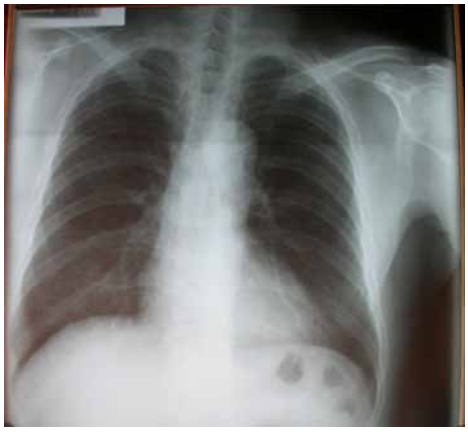
Name/Age/Sex/Village: Heng Chey, 70M (Thkeng Village)

Subjective: 70M come to follow up of HTN, he felt much better with normal appetite, normal bowel movement, but present with HA, dizziness on/off. He denied of diaphoresis, cough, dyspnea, palpitation, chest pain, orthopnea, oliguria, dysuria, edema. He went to have CXR at Kg Thom referral hospital on September 11, 2009.

Current Medications:

1. HCTZ 50mg 1/2t po qd
2. ASA 300mg 1/4t po qd

Allergies: NKDA



Objective:

Vitals: BP: (L) 144/75, (R) 113/65 P: 51 R: 20 T: 37°C Wt: 55Kg

PE (focused):

General: Look stable

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

Chest: CTA bilaterally, no rales, no rhonchies; H RR, bradycardia no murmur

Abd: Soft, no tender, no distension, (+) BS, no HSM, abdominal bruit on umbilicus area

Extremity/Skin: No edema, no lesion

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

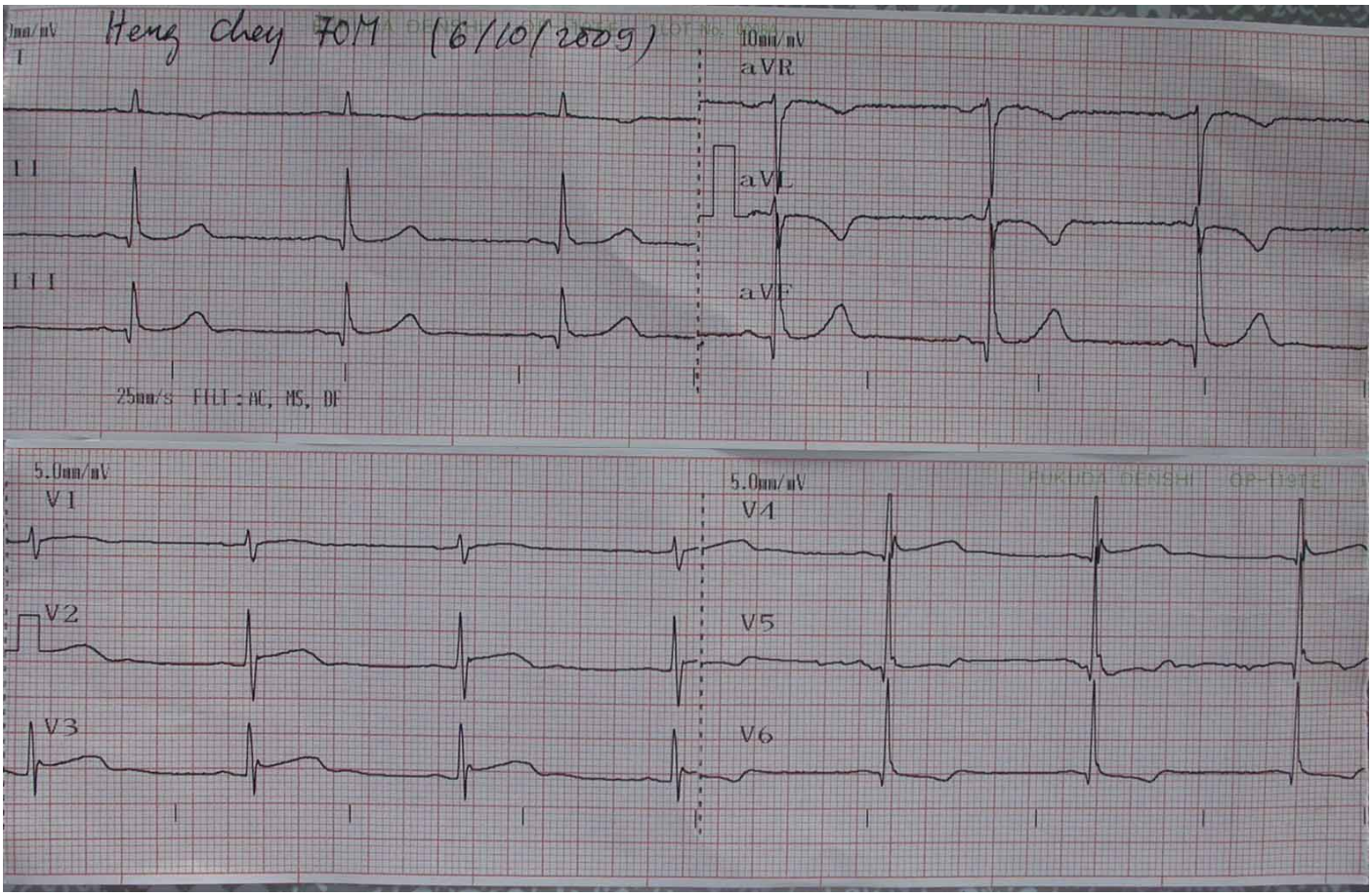
Lab/study:

Lab result on September 4, 2009

WBC	=10.9	[4 - 11x10^9/L]	Na	=142	[135 - 145]
RBC	=5.2	[4.6 - 6.0x10^{12}/L]	K	=3.8	[3.5 - 5.0]
Hb	=14.0	[14.0 - 16.0g/dL]	Cl	=111	[95 - 110]
Ht	=44	[42 - 52%]	BUN	=1.6	[0.8 - 3.9]
MCV	=85	[80 - 100fl]	Creat	=105	[53 - 97]
MCH	=27	[25 - 35pg]	Gluc	=4.7	[4.2 - 6.4]

MHCH	=32	[30 - 37%]	T. Chol	=5.5	[<5.7]
Plt	=321	[150 - 450x10^9/L]	TG	=2.7	[<1.71]
Lym	=2.2	[1.0 - 4.0x10^9/L]			
Mxd	=2.4	[0.1 - 1.0x10^9/L]			
Neut	=6.3	[1.8 - 7.5x10^9/L]			

CXR and EKG attached



Assessment:

1. HTN
2. MI
3. Aortic aneurysm?

Plan:

1. HCTZ 50mg 1/2t po qd
2. ASA 300mg 1/4t po qd
3. Send to SHCH for 2D echo of the heart and aorta evaluation

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: October 6, 2009**

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

From: "Cusick, Paul S.,M.D." <PCUSICK@PARTNERS.ORG>
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>; <robibtelemed@gmail.com>
Cc: <rithychau@sihosp.org>
Sent: Wednesday, October 07, 2009 7:54 AM
Subject: RE: Robib TM Clinic October 2009, Case#4, Heng Chey, 70M (Thkeng Village)

His blood pressure is still elevated. His chest xray shows a widened cardiac silhouette and his aortic shadow is slightly wide on chest xray. However, this is not the best imaging study for dilation of the aorta.

His EKG shows T wave inversions in AVL and in Lead I and the lateral V5 and V6 leads.

I would encourage lowering his blood pressure further. If the EKG changes are consistent with ischemia, a beta blocker would be good for anti anginal effect. However, his pulse is too low for a beta blocker.

I would consider adding low dose captopril to his regimen for better blood pressure management.

An echocardiogram would allow us to look at wall motion abnormalities (to suggest old myocardial ischemia) and will allow us to look at aortic dilation.

From: Robib Telemedicine
To: Rithy Chau ; Kruy Lim ; Kathy Fiamma > ; Paul J. M.D. Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Wednesday, October 07, 2009 8:19 PM
Subject: Robib TM Clinic October 2009, Ek Em, 32M (Otalauk Village)

Dear all,

Today is the second day for Robib TM Clinic October 2009 and there are five new cases and one follow up case. This is case number 5, Ek Em, 32M 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: Ek Em, 32M (Otalauk Village)

Chief Complaint (CC): Fatigue x 1y

History of Present Illness (HPI): 32M, farmer, presented with symptoms of fever, chill, sweating and fatigue, and dizziness and pale and took Paracetamol to reduce fever but his symptoms worse so he went to local health center and tested with positive malaria smear and treated with antimalaria drugs, a few months after he has the same symptoms and went to Preah Vihear referral hospital, tested malaria smear positive, treated with antimalaria drug and asked to have blood transfusion because of low hemoglobin but he denied because he had no donor and money to buy blood. Since then he feel fatigue, and look pale. He denied of cough, dyspnea, abdominal pain, stool with blood or mucus, hematuria, dysuria, edema.

Past Medical History (PMH):
Unremarkable

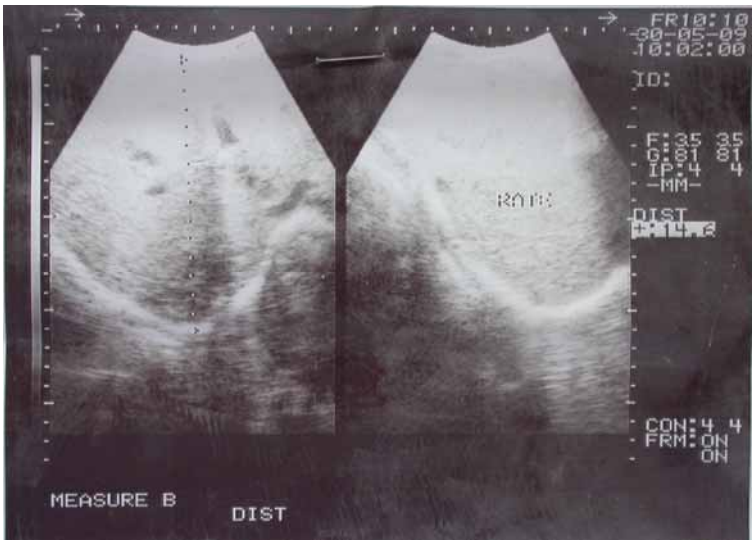
Family History: None

Social History: Smoking 10cig/d for about 20y, casual alcohol drinking, 3 children

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable



PE:

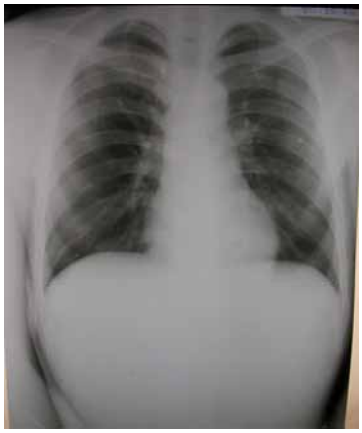
Vitals: BP: 85/56 P: 78 R: 20 T: 37°C Wt: 41Kg

General: Stable

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

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

Abd: Soft, no tender, no distension, (+) BS, Palpable spleen, no Hepatomegaly, no surgical scar



Extremity/Skin: No edema, no lesion

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

Rectal Exam: good sphincter tone, smooth surface, no mass palpable, neg cholocheck

Lab/study:

Done today (October 7, 2009)

Malaria smear negative, Hb: 9g/dl, RBS: 186mg/dl

Abd U/S conclusion: Splenomegaly (May 30, 2009)

Assessment:

1. Anemia post malaria infection

Plan:

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

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

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

Examined by: Nurse Sovann Peng **Date: October 7, 2009**

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

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From: Robib Telemedicine
To: Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kathy Fiamma > ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Wednesday, October 07, 2009 8:22 PM
Subject: Robib TM Clinic October 2009, Case#6, Heang Norm, 64F (Ta Tong Village)

Dear all,

This is case number 6, Heang Norm, 64F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

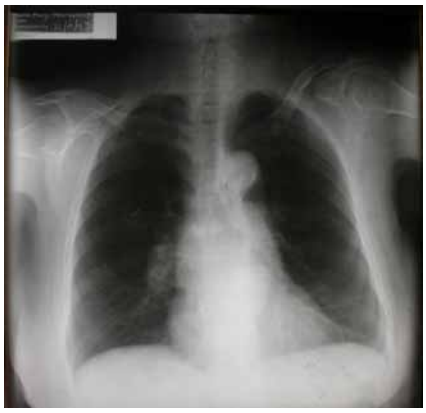
History and Physical

Name/Age/Sex/Village: **Heang Norm, 64F (Ta Tong Village)**

Chief Complaint (CC): Dyspnea on/off x 10y and worse x 4y

History of Present Illness (HPI): In the past 4y, she presented with symptoms of white productive cough, dyspnea on exertion, no fever, no chest pain, She went Kg Thom referral hospital, CXR done and told she had lung disease and treated with some medicine (unknown name), she became better but SOB developed in one or two weeks. She was not afforded to come back to see doctor at Kg Thom and just buy medicine from local pharmacy where she presented with severe SOB. Now she has dyspnea on exertion (walking 50m) and lying down on left lateral position, dry cough on/off.

Past Medical History (PMH): Car accident in 1997 with elbow fracture



Family History: None

Social History: Smoking 1pack of cig/d for about 50y, casual alcohol drinking, 7 children

Current Medications: bought medicine from local pharmacy taking x 2d

Allergies: NKDA

Review of Systems (ROS): no fever, no night sweating, no chest pain, no abd pain, no edema, no hematuria, no oliguria, no stool with blood/mucus, no weight loss

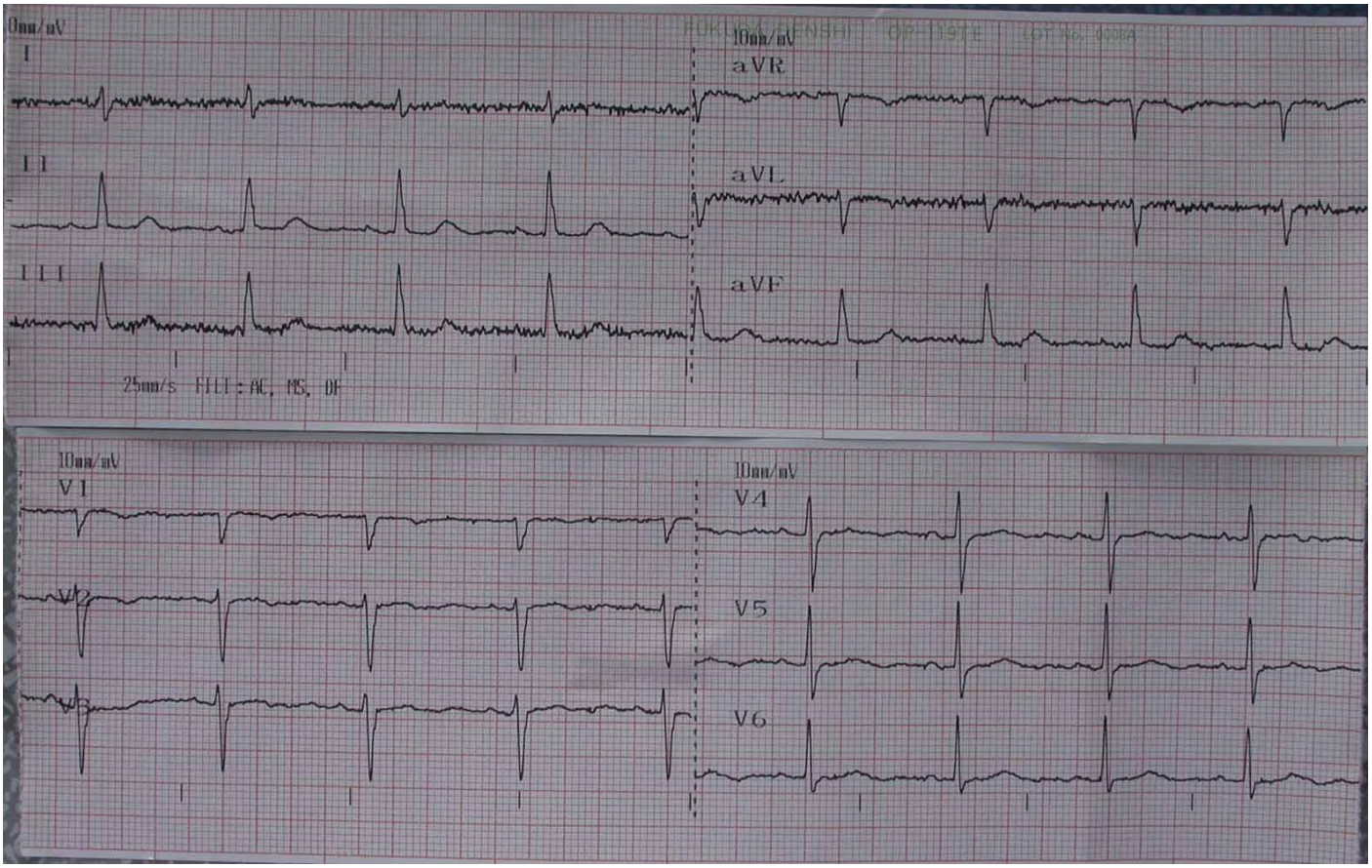
PE:

Vitals: **BP: 129/68** **P: 72** **R: 28** **T: 37^{o}C** **Wt: 63Kg**

General: Tachypnea

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

Chest: Decreased breathing sound on upper lobe and crackle on lower lobe; H RRR, no murmur



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

Extremity/Skin: No 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:
CXR and EKG attached

Assessment:

1. Pneumonia
2. COPD
3. PTB?

Plan:

1. Erythromycin 500mg 1t po bid x 10d
2. Salbutamol Inhaler 2puffs bid
3. Do AFB smear in local Health Center

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: October 7, 2009**

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

From: Cusick, Paul S.,M.D.
To: Fiamma, Kathleen M. ; robibtelemed@gmail.com
Cc: rithychau@sihosp.org
Sent: Friday, October 09, 2009 6:10 PM
Subject: RE: Robib TM Clinic October 2009, Case#6, Heang Norm, 64F (Ta Tong Village)

Thank you for the consult.
Her history, CXR and EKG are consistent for chronic obstructive pulmonary disease (COPD) with an upper respiratory infection in the past 4 days.

I agree with the inhaler and antibiotic for possible bacterial infection.
Given the risk for tuberculosis in the population, an AFB smear would also be advisable.
She also needs counseling on smoking cessation.

Best of luck
Paul

From: Robib Telemedicine
To: Cornelia Haener ; Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kathy Fiamma > ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Wednesday, October 07, 2009 8:24 PM
Subject: Robib TM Clinic October 2009, Case#7, Heng Pheap, 36M (Backdoang Village)

Dear all,

This is case number 7, Heng Pheap, 36M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

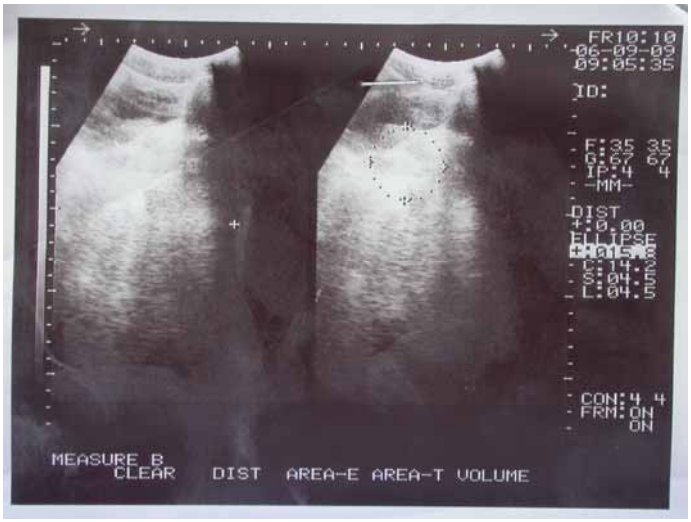
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Heng Pheap, 36M (Bakdoang Village)**

Chief Complaint (CC): Dysuria x 2 months

History of Present Illness (HPI): 36M, farmer, had dispute with his brother and was hit by knee and fist onto the genitalia then developed with lower abdominal pain, scrotal swelling and hematuria and dysuria and was treated with some injection and oral drugs by local health care worker x 3d but he still presented with dysuria so he went to private clinic in province and told he had bladder and urethra problem and treated with some medicines. Dysuria still persist for 1 month, so he went to private clinic in Kg Thom province and doctor over there tried to insert Foley catheter but it can't be inserted and was treated with some medicine for 5d. He come to consult with Telemedicine because he still present with dysuria.



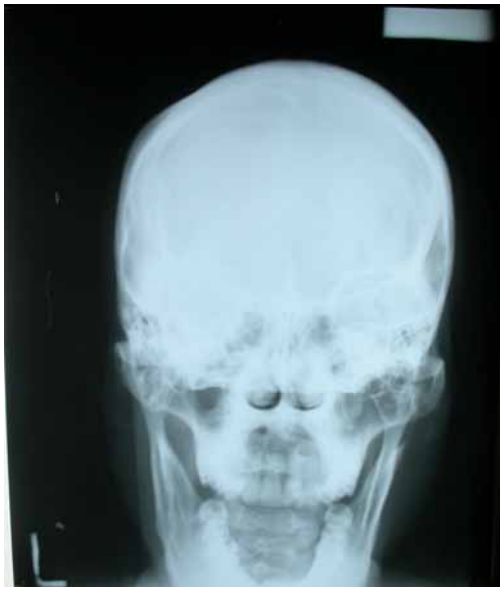
Past Medical History (PMH): Unremarkable

Family History: None

Social History: No cig smoking, alcohol drinking 1/2L/d, stopped x 2m

Current Medications: None

Allergies: NKDA



Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP: 101/75** **P: 90** **R: 20** **T: 37^{o}C**
Wt: 50Kg

General: Stable

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

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

វេជ្ជបណ្ឌិត លីម ស៊ុនប៊ុនហុង
ពិនិត្យព្យាបាលជំងឺទូទៅ-ពិនិត្យអេកូ
វះកាត់មនុស្សចាស់ -កុមារ

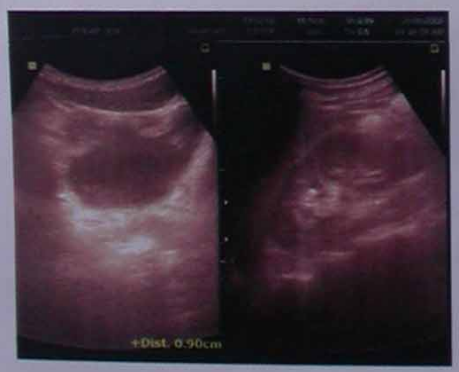
ផ្ទះស្ថិតនៅខាងជើងស្ពានស្ទឹងសែន កំពង់ធំ
ចម្ងាយ ៥០ម៉ែត្រ
Tel: 012 83 65 88
Tel: 092 48 32 28

ពិនិត្យអេកូ

-ឈ្មោះអ្នកជំងឺ. : PHEAP អាយុ ៣៦ ភេទ ប្រុស
-ភេទវិធីច្ឆ័យ :

-Foie: Hauteur du foie est 112mm, surface lisse, contour régulier, écho structure fine, homogène. Pas de nodule intra parenchymateux.
-VB : La paroi mince et régulière, contenu anéchogène.
-Voies biliaires: Non dilaté.
-Rate et Pancréas: Normal.
-Reins G et D : Volume, forme, structure normales. Absence de calcul ni de stase urinaire.
-Prostate : Hypertrophie.
-Vessie : paroi épaissie irrégulier et présence de tuméfaction 9 mm d'épaisseur de contenue anéchogène.
-Cul de sac costo-diaphragmatique D et G : Libre.
-Cul de sac Douglas : Libre.

*Conclusion: Echographie abdominale est en faveur d'une cystite .



២០.០៩.២០០៩

វេជ្ជ. លីម ស៊ុនប៊ុនហុង

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

Extremity/Skin: No edema, no lesion

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

Rectal Exam: good sphincter tone, tender on palpation to the prostate, no mass palpable, neg cholocheck

GU: Normal genitalia, no discharge, no swelling, hematoma

Lab/study:

Ultrasound conclusion: urethra trauma (by clinic in Preah Vihear)
Ultrasound conclusion: Cystitis (by clinic in Kg Thom)

Skull x-ray

Assessment:

1. Urethral narrowing due to trauma?

Plan:

1. Refer to SHCH for surgical evaluation

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: October 7, 2009**

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

From: Cornelia Haener
To: 'Robib Telemedicine' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar' ; 'Kathy Fiamma >' ; 'Kruy Lim' ; 'Rithy Chau'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach'
Sent: Thursday, October 08, 2009 9:42 AM
Subject: RE: Robib TM Clinic October 2009, Case#7, Heng Pheap, 36M (Backdoang Village)

Dear Sovann,
I agree with your assessment and suggest that he is brought to SHCH for surgical work up.

Kind regards
Cornelia

From: Robib Telemedicine
To: Rithy Chau ; Kruy Lim ; Kathy Fiamma > ; Paul J. M.D. Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Wednesday, October 07, 2009 8:27 PM
Subject: Robib TM Clinic October 2009, Case#8, Norm Kol Leak, 21F (Bakdoang Village)

Dear all,

This is case number 8, Norm Kol Leak, 21F 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: **Norm Kol Leak, 21F (Bakdoang Village)**

Chief Complaint (CC): Joint pain x 3y

History of Present Illness (HPI): 21F, student, with presented with symptoms of joint pain, warmth sensation, no swelling, no redness, the pain worse with activity and it attack on knee, ankle, elbow wrist and shoulder and sometimes affected all these joints at the same time. In Dec 2008, her joint pain worse so she went to Kg Thom referral hospital, blood test showed rheumatoid factor positive and treated with three kinds of medicine for 7d,then she became better but the joint pain developed in a few months. She bought Trankal ® (anti-inflammatory) and just took for three days.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Grade 12 student

Current Medications: Trankal ® (anti-inflammatory)

Allergies: NKDA

Review of Systems (ROS): Regular menstrual period, LMP on September 28, 2009

PE:

Vitals: **BP: 99/72** **P: 80** **R: 20** **T: 37^{o}C** **Wt: 40Kg**

General: Stable

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

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

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

Extremity/Skin: No joint deformity, no swelling, no stiffness, no redness, no tender

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

Lab/study:

On Dec 11, 2008

Uric acid =46 [25 – 75]
ASLO =Negative
Rhumatoid factor=Positive

Assessment:

1. Rheumatoid arthritis

Plan:

1. Paracetamol 500mg 1t po qid prn pain
2. Ketoprofen 200mg 1t po qd prn severe pain
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, RF 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: October 7, 2009**

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

From: Cusick, Paul S.,M.D.
To: Fiamma, Kathleen M. ; robibtelemed@gmail.com
Cc: rithychau@sihosp.org
Sent: Friday, October 09, 2009 6:16 PM
Subject: RE: Robib TM Clinic October 2009, Case#8, Norm Kol Leak, 21F (Bakdoang Village)

Thank you for the consult.
She has polyarticular synovitis without arthritis.
Given the positive rheumatoid factor and the polyarticular presentation, the diagnosis of rheumatoid arthritis is more likely that gout or other inflammatory rash like systemic lupus erythematosis.

While she may respond to paracetamol and ketoprophen, she may also need a short course of prednisone for severe flares.
Some patients may require disease modifying agents such as methotrexate, but that should be determined only after consultation with a rheumatologist.
I agree with the need to further evaluate this with blood testing.

Best of luck

Paul

From: Robib Telemedicine
To: Cornelia Haener ; Kruy Lim ; Kathy Fiamma > ; Rithy Chau ; Paul J. M.D. Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Wednesday, October 07, 2009 8:36 PM
Subject: Robib TM Clinic October 2009, Case#9, So Chhoeung, 57M (Cham Bak Phaem Village)

Dear all,

This is the case number 9, So Chhoeung, 57M 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: So Chhoeung, 57M (Cham Bak Phaem Village)

Chief Complaint (CC): Dysphagia x 2y

History of Present Illness (HPI): 57M, soldier, presenting with choking when drinking water and eating meals, about 6 months later, he developed with dyphagia and hoarsen voice and hyper-secretion in the throat, he went to clinic in Preah Vihear province and was advised to Angdoung hospital in Phnom Penh. He consulted with doctor in Angdoung hospital and told he had inflammation on the throat and treated with some medicine (unknown name) but it didn't help him so he went to Preah Vihear referral hospital and was treated with TB drugs for 6 months but he still presents with choking, hoarsen voice and hypersecretion in the throat and dysphagia.

Past Medical History (PMH): Falling from the bridge height 3m with unconscious in the past 10y

Family History: None

Social History: Smoking 10cig/d for about 30y, casual alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): No chest pain, no stool with blood/mucus, no hematuria, no oliguria, no edema

PE:

Vitals: BP: 110/68 P: 86 R: 20 T: 37°C Wt: 40Kg

General: Cachexia

HEENT: No oropharyngeal lesion, no mass seen in the pharynx, more secretion on the pharynx, pink conjunctiva, no thyroid enlargement, no lymph node palpable, Ear and Nose no erythema, no lesion, no discharege, no pus, no mass

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

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

Extremity/Skin: No edema, no lesion

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

CNS: I – XII normal

Lab/study: None

Assessment:

1. Laryngeal tumor??
2. Esophageal tumor??

Plan:

1. Refer to SHCH for evaluation

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: October 7, 2009**

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

From: Paul Heinzelmann
To: Fiamma, Kathleen M. ; robibtelemed@gmail.com ; rithychau@sihosp.org
Sent: Thursday, October 08, 2009 7:11 PM
Subject: Re: FW: Robib TM Clinic October 2009, Case#9, So Chhoeung, 57M (Cham Bak Phaem Village)

Cancer seems likely in this gentleman.
If SHCH can offer imaging/intervention that should be considered.

Paul Heinzelmann, MD

From: Cornelia Haener
To: 'Robib Telemedicine' ; 'Kruy Lim' ; 'Kathy Fiamma >' ; 'Rithy Chau' ; 'Paul J. M.D. Heinzelmann' ; 'Joseph Kvedar'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach'
Sent: Thursday, October 08, 2009 9:40 AM
Subject: RE: Robib TM Clinic October 2009, Case#9, So Chhoeung, 57M (Cham Bak Phaem Village)

Dear Sovann,
Thanks for submitting this case.
It is certainly an advanced malignancy, either larynx cancer or esophagus cancer with invasion of the mediastinum (hoarseness due to recurrent nerve palsy?)
We could only offer him a gastrostomy to feed him. I suggest that he is only brought to us if he agrees for a gastrostomy.

Kind regards
Cornelia

From: Robib Telemedicine
To: Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Wednesday, October 07, 2009 8:31 PM
Subject: Robib TM Clinic October 2009, Case#10, Thorng Khun, 43F (Thnout Malou Village)

Dear all,

This is the last case for Robib TM Clinic October 2009, Case number 10, Thorng Khun, 43F and photo (follow up case since 2003). 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

SOAP Note

Name/Age/Sex/Village: Thorng Khun, 43F (Thnout Malou Village)

Subjective: 43F with previous diagnosis of hyperthyroidism, became stable and have not come for follow up for about 4y.Now she come to Telemedicine clinic complaining of one month history of pelvic pain with radiation down to both legs, numbness and edema, she got treatment from local heal care worker with injection and oral medicine for 1w then numbness and edema gone but she developed with leg weakness (difficult to stand up from sitting flat). She denied of trauma, fever, tremor, cough, chest pain, abd pain, hematuria, oliguria, stool with blood/mucus.

Current Medications: None

Allergies: NKDA

Objective:

Vitals: BP: 105/83 P: 112 R: 20 T: 37^{o}C Wt: 55Kg

PE (focused):

General: Look stable

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

Chest: CTA bilaterally, no rales, no rhonchies; H RR, Tachycardia, no murmur

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

Extremity/Skin: No edema, no lesion

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

Lab/study:

RBS: 127mg/dl

Assessment:

1. Sciatica
2. Vit Deficiency

Plan:

1. Paracetamol 500mg 1t po qid prn pain
2. Ketoprofen 200mg 1t po bid prn severe pain
3. MTV 1t po qd
4. Warmth compress
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, 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: October 7, 2009**

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

From: Paul Heinzelmann
To: Fiamma, Kathleen M. ; robibtelemed@gmail.com ; rithychau@sihosp.org
Sent: Thursday, October 08, 2009 9:55 AM
Subject: Re: FW: Robib TM Clinic October 2009, Case#10, Thorng Khun, 43F (Thnout Malou Village)

Sciatica seems reasonable if straight leg raise is positive. I am a concerned however, about the possibility of cauda equina syndrome ... verify that the patient doesnt have numbness in the groin (saddle anesthesia) or bladder/bowel incontinence, or true lower leg weakness. Theses are considered serious signs of what usually requires prompt surgery.

Her pulse of 112 suggests hyperthyroidism or dehydration.

If possible, check vitamin B12 level.

Best wishes,

Paul Heinzelmann, MD

From: Robib Telemedicine
To: Kathy Fiamma >
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Rithy Chau
Sent: Thursday, October 08, 2009 8:20 PM
Subject: Robib TM Clinic October 2009 Cases received

Dear Kathy,

I have received reply of six cases from you and below are the cases received:
Case#1, Heng La, 40F
Case#2, Thon Vansoeun, 52F
Case#3, Yeum Sokunthea, 42

Case#4, Heng Chey, 70M
Case#9, So Chhoeung, 57M
Case#10, Thorng Khun, 43F

Please send me answer of remaining cases.

Best regards,
Sovann

From: Fiamma, Kathleen M.
To: Robib Telemedicine
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Rithy Chau
Sent: Thursday, October 08, 2009 8:26 PM
Subject: RE: Robib TM Clinic October 2009 Cases received

Thank you Sovann:

I will remind the tardy physicians that I need their reports, which I am confident that we will receive.

Thank you.

Kathy Fiamma
617-726-1051

Thursday, October 8, 2009

Follow-up Report for Robib TM Clinic

There were 8 new and 2 follow up patients seen during this month Robib TM Clinic, other 42 patients came for medication refills only. The data of all 10 cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE, the following patients were managed and treated as follows:

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

Treatment Plan for Robib Telemedicie Clinic October 2009

1. Heng La, 40F (Pal Hal Village)
Diagnosis:

1. Eczema

Treatment:

1. Mometasone Furoate Lotion 0.1% apply on the lesion bid until the rash gone
2. Calamine Lotion apply bid

2. Thon Vansoeun, 52F (Backdoang Village)
Diagnosis:

1. HTN

Treatment:

1. Stop Chinese medicine and start with HCTZ 50mg 1/2t po qd (#20)
2. ASA 300mg 1/4t po qd (#8)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

Lab result on October 9, 2009

WBC	=6.1	[4 - 11x10^9/L]	Na	=144	[135 - 145]
RBC	=5.2	[3.9 - 5.5x10^{12}/L]	K	=3.6	[3.5 - 5.0]
Hb	=10.0	[12.0 - 15.0g/dL]	Cl	=112	[95 - 110]
Ht	=31	[35 - 47%]	BUN	=1.8	[0.8 - 3.9]
MCV	=60	[80 - 100fl]	Creat	=68	[44 - 80]
MCH	=19	[25 - 35pg]	Gluc	=5.2	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=4.9	[<5.7]
Plt	=220	[150 - 450x10^9/L]	TG	=1.1	[<1.71]
Lym	=1.6	[1.0 - 4.0x10^9/L]			
Mxd	=1.3	[0.1 - 1.0x10^9/L]			
Neut	=3.2	[1.8 - 7.5x10^9/L]			

3. Yeum Sokunthea, 42F (Thnout Malou Village)

Diagnosis:

1. Thyroid cyst?

Treatment:

1. Send to Kg Thom referral hospital for Neck mass U/S
2. Draw blood for TSH at SHCH

Lab result on October 9, 2009

TSH =1.90 [0.49 – 4.67]

4. Heng Chey, 70M (Thkeng Village)

Diagnosis:

1. HTN
2. MI
3. Aortic aneurysm?

Treatment:

1. HCTZ 50mg 1/2t po qd (#15)
2. ASA 300mg 1/4t po qd (#8)
3. Captopril 25mg 1/4t po bid (#20)

5. Ek Em, 32M (Otalauk Village)

Diagnosis:

1. Anemia post malaria infection

Treatment:

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

Lab result on October 9, 2009

WBC	=11.0	[4 - 11x10^9/L]	Na	=140	[135 - 145]
RBC	=5.7	[4.6 - 6.0x10^{12}/L]	K	=3.7	[3.5 - 5.0]
Hb	=7.2	[14.0 - 16.0g/dL]	Cl	=109	[95 - 110]
Ht	=29	[42 - 52%]	BUN	=1.5	[0.8 - 3.9]
MCV	=51	[80 - 100fl]	Creat	=85	[53 - 97]
MCH	=13	[25 - 35pg]	Gluc	=4.6	[4.2 - 6.4]
MHCH	=25	[30 - 37%]			
Plt	=545	[150 - 450x10^9/L]			
Lym	=2.9	[1.0 - 4.0x10^9/L]			
Mxd	=0.6	[0.1 - 1.0x10^9/L]			
Neut	=7.5	[1.8 - 7.5x10^9/L]			

RBC morphology

Elliptocyte	1+
Burr cells	1+
Microcyte	1+
Macrocyte	2+

Reticulocyte count=0.7 [0.5 – 1.5]

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

Diagnosis:

1. Pneumonia
2. COPD

Treatment:

1. Erythromycin 500mg 1t po bid x 10d (#20)

2. Salbutamol Inhaler 2puffs bid (#1)

7. Heng Pheap, 36M (Bakdoang Village)
Diagnosis:

1. Urethra narrowing due to trauma?

Treatment:

1. Refer to SHCH for surgical evaluation

8. Norm Kol Leak, 21F (Bakdoang Village)
Diagnosis:

1. Rheumatoid arthritis

Treatment:

1. Paracetamol 500mg 1t po qid prn pain (#20)
2. Ketoprofen 200mg 1t po qd prn severe pain (#20)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, RF at SHCH

Lab result on October 9, 2009

WBC	=7.6	[4 - 11x10^9/L]	Na	=140	[135 - 145]
RBC	=5.0	[3.9 - 5.5x10^{12}/L]	K	=4.0	[3.5 - 5.0]
Hb	=11.0	[12.0 - 15.0g/dL]	Cl	=110	[95 - 110]
Ht	=35	[35 - 47%]	BUN	=1.3	[0.8 - 3.9]
MCV	=69	[80 - 100fl]	Creat	=62	[44 - 80]
MCH	=22	[25 - 35pg]	Gluc	=5.2	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	RF	negative	
Plt	=583	[150 - 450x10^9/L]			
Lym	=3.1	[1.0 - 4.0x10^9/L]			

9. So Chhoeung, 57M (Cham Bak Phaem Village)
Diagnosis:

1. Laryngeal tumor??
2. Esophageal tumor??

Treatment:

1. Patietn denied going to SHCH for surgical evaluation

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

1. Sciatica
2. Vit Deficiency

Treatment:

1. Paracetamol 500mg 1t po qid prn pain (#20)
2. Ketoprofen 200mg 1t po bid prn severe pain (#20)
3. MTV 1t po qd (#30)
4. Warmth compress
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH at SHCH

Lab result on October 9, 2009

WBC	=10.2	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=5.7	[3.9 - 5.5x10^{12}/L]	K	=4.7	[3.5 - 5.0]
Hb	=12.1	[12.0 - 15.0g/dL]	Cl	=111	[95 - 110]
Ht	=39	[35 - 47%]	BUN	=1.9	[0.8 - 3.9]
MCV	=68	[80 - 100fl]	Creat	=61	[44 - 80]
MCH	=21	[25 - 35pg]	Gluc	=4.9	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	TSH	<0.02	[0.49 – 4.67]
Plt	=230	[150 - 450x10^9/L]			

Lym	=2.2	[1.0 - 4.0x10^9/L]
Mxd	=1.4	[0.1 - 1.0x10^9/L]
Neut	=6.6	[1.8 - 7.5x10^9/L]

Patients who come for follow up and refill medicine

1. Ban Kong, 87M (Koh Pon Village)
Diagnosis:

1. HTN
2. COPD
3. Lower extremity artherosclerosis??

Treatment:

1. HCTZ 50mg 1t po qd for two months (#60)
2. ASA 300mg 1/4t po qd for two months (#15)
3. Salbutamol Inhaler 2puffs bid prn SOB for two months (#1)

2. Ban Lay, 34F (Koh Pon Village)
Diagnosis:

1. Diffuse goiter
2. Euthyroid goiter

Treatment:

1. Propranolol 40mg 1/2t po bid for two months (#60)
2. Carbimazole 5mg 1/2t po bid for two months (#60)

3. Chan Him, 60F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

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

4. Chan Oeung, 57M (Sangke Roang Village)
Diagnosis:

1. HTN
2. Arthritis

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (#45)
2. Ketoprofen 200mg 1t po qd prn severe pain for three months (# 50)
3. Paracetamol 500mg 1t po qid prn pain for three months (# 50)

5. Chea Kimheng, 34F (Taing Treuk Village)
Diagnosis:

1. ASD by 2D echo on August 2008

Treatment:

1. ASA 300mg 1/4t po qd for three months (#24)
2. Atenolol 50mg 1/2t po qd for three months (#45)

6. Cheng Ly Seang, 40F (Taing Treuk Village)
Diagnosis:

1. Hepatosplenomegaly
2. Liver cirrhosis??
3. Malaria (Vivax)??

Treatment:

1. MTV 1t po qd for one month (#30)
2. Chloroquine 250mg 2t po qd x 2d then 1t po qd x 1d (#5)
3. Albendazole 200mg 1t po bid x 5d (#10)

7. Chhim Paov, 50M (Boeung Village)
Diagnosis:

1. GOUT
2. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. Ibuprofen 200 mg 2t po bid prn for three months (#50)
3. Paracetamol 500mg 1t po qid prn pain for three months (#50)

8. Chhin Chheut, 13M (Trapang Reusey Village)
Diagnosis:

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

Treatment:

1. Ca/Vit D_3 500/400 1t po bid

9. Chourb Kimsan, 56M (Rovieng Tbong Village)
Diagnosis:

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

Treatment:

1. Atenolol 50mg 1/2t po bid for one month (#30)
2. Captopril 25mg 1t po tid for one month (#90)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Metformin 500mg 2t po qhs for one month (#60)
5. Glibenclamide 5mg 1t po qd for one month (#30)

10. Chun Phally, 16F (Sre Thom Village)
Diagnosis:

1. Relapse Nephrotic Syndrome
2. Elevated BP

Treatment:

1. Send to Ankor hospital for children or Kuntha Bopha hospital in Siem Reap

11. Dourng Sunly, 50M (Taing Treurk Village)
Diagnosis:

1. HTN
2. Gout
3. Hyperlipidemia

Treatment:

1. Captopril 25mg 1/2t po bid for three months (# 90)
2. ASA 300mg 1/4t po qd for three months (# 24)
3. Ibuprofen 200mg 2t po bid prn severe pain for three months (# 60)
4. Paracetamol 500mg 1t po 1q6h prn pain/fever for three months (# 50)

12. Has Samith, 58F (Koh Pon Village)
Diagnosis:

1. GERD
2. HTN

Treatment:

1. Nifedipine 20mg 1t po qd

13. Keth Chourn, 55M (Chhnourn Village)
Diagnosis:

1. HTN

Treatment:

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

14. Kiv Visim, 53F (Phnom Dek Village)
Diagnosis:

1. DMII

Treatment:

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

Lab result on October 9, 2009

Gluc	=5.3	[4.2 - 6.4]
HbA1C	=5.1	[4 - 6]

15. Kong Hin, 68F (Ton Laep Village)
Diagnosis:

1. HTN

Treatment:

1. Amlodipine 5mg 1t po qd for one month (#35)

16. Kong Sam On, 53M (Thkeng Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

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

17. Kor Khem Nary, 32F (Trapang Reusey Village)
Diagnosis:

1. Hyperthyroidism
2. Tachycardia

Treatment:

1. Carbimazole 5mg 1t po bid for one month (#60)
2. Propranolol 40mg 1/2t po bid for one month (#30)
3. Draw blood for Free T4 at SHCH

Lab result on October 9, 2009

Free T4	=13.52	[9.14 - 23.81]

18. Leng Hak, 70M (Thnout Malou Village)

Diagnosis:

1. HTN
2. Stroke
3. Muscle Tension
4. CHF??

Treatment:

1. Amlodipine 5mg 1t po qd for two months (# 60)
2. Atenolol 50mg 1t po q12h for two months (# 120)
3. HCTZ 50mg 1/2t po qd for two months (# 30)
4. ASA 300mg 1/4t po qd for two months (# 15)
5. MTV 1t po qd for two months (# 60)
6. Paracetamol 500mg 1t po qid prn for two months (# 50)

19. Lok Kim Sin, 55F (Thnout Malou 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 (#8)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Draw blood for Gluc and HbA1C at SHCH

Lab result on October 9, 2009

Gluc	=13.7	[4.2 - 6.4]
HbA1C	=10.1	[4 - 6]

20. Meas Thoch, 78F (Ta Tong Village)

Diagnosis:

1. HTN

Treatment:

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

Lab result on October 9, 2009

WBC	=7.7	[4 - 11x10^9/L]	Na	=142	[135 - 145]
RBC	=3.5	[3.9 - 5.5x10^{12}/L]	K	=3.5	[3.5 - 5.0]
Hb	=10.9	[12.0 - 15.0g/dL]	Cl	=107	[95 - 110]
Ht	=33	[35 - 47%]	BUN	=2.6	[0.8 - 3.9]
MCV	=94	[80 - 100fl]	Creat	=138	[44 - 80]
MCH	=31	[25 - 35pg]	Gluc	=6.3	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=5.7	[<5.7]
Plt	=210	[150 - 450x10^9/L]	TG	=3.0	[<1.71]
Lym	=2.4	[1.0 - 4.0x10^9/L]	TSH	=1.02	[0.49 – 4.67]

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

Diagnosis:

1. DMII

Treatment:

1. Gliburide/Metformin 2.5mg/500mg 2t po bid for one month (#120)
2. Captopril 25mg 1t po bid for one month (#60)
3. ASA 300mg 1/4t po qd for one month (#10)
4. Draw blood for Gluc and HbA1C at SHCH

Lab result on October 9, 2009

Gluc	=4.3	[4.2 - 6.4]

HbA1C =8.2 [4 - 6]

22. Neth Ratt, 37M (Otalauk Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 2t po bid for one month (#120)
3. MTV 1t po qd for one month (# 30)
4. FeSO4/Folate 200/0.25mg 1t po qd for one month (# 30)
5. Draw blood for Lyte, BUN, Creat, Gluc, Tot chole, Albu, Prot, LFT and HbA1C at SHCH

Lab result on October 9, 2009

Na	=130	[135 - 145]
K	=5.0	[3.5 - 5.0]
Cl	=101	[95 - 110]
BUN	=11.7	[0.8 - 3.9]
Creat	=743	[53 - 97]
Gluc	=27.7	[4.2 - 6.4]
T. Chol	=2.8	[<5.7]
Albu	=38	[38 - 54]
Prot	=67	[66 - 87]
SGOT	=8	[<37]
SGPT	=14	[<42]
HbA1C	=12.5	[4 – 6]

23. Nop Sareth, 38F (Kampot Village)
Diagnosis:

1. Cardiomegaly
2. VHD (MS/TR)

Treatment:

1. Atenolol 50mg ½ t po qd for three months (# 45)
2. Captopril 25mg ¼ po bid for three months (# 45)
3. ASA 300mg 1/4t po qd for three months (# 24)

24. Pech Huy Keung, 48M (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Captopril 25mg 1/4t po bid two months (#30)
3. ASA 300mg 1/4t po qd two months (#15)
4. Educate on diabetic diet, foot care and do regular exercise

25. Phim Sichin, 35F (Taing Treuk Village)
Diagnosis:

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

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (#120)
2. Metformin 500mg 3t qAM, 2t po qPM for one month (#150)
3. Captopril 25mg 1/4t po bid for one month (#15)
4. MTV 1t po bid for one month (#60)

5. Draw blood for Gluc and HbA1C at SHCH

Lab result on October 9, 2009

Gluc =15.2 [4.2 - 6.4]
HbA1C =8.2 [4 - 6]

26. Pou Limthang, 42F (Thnout Malou Village)
Diagnosis:
1. Euthyroid Goiter

Treatment:
1. Carbimazole 5mg 1/2t po tid for one month (#45)
2. Draw blood for Free T4 at SHCH

Lab result on October 9, 2009

Free T4=17.96 [9.14 - 23.81]

27. Ros Yeth, 55M (Thnout Malou Village)
Diagnosis:
1. DMII

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

28. Som Hon, 50F (Thnal Keng Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 50mg 1/2t po qd for two months (#30)
2. Eat low salt/fats diet, do regular exercise

29. Srey Reth, 51F (Kampot Village)
Diagnosis:
1. Migraine HA

Treatment:
1. Paracetamol 500mg 1t po qid prn for three months (#50)

30. So Sary, 65F (Koh Pon Village)
Diagnosis:
1. HTN

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

31. Som Thol, 59M (Taing Treuk Village)
Diagnosis:
1. DMII with PNP
2. Right foot wound

Treatment:
1. Glibenclamide 5mg 11/2t po qAM and 1t po qPM for one month (#80)
2. Metformin 500mg 2t po bid for one month (#130)
3. Captopril 25mg 1/2t po bid for one month (#40)
4. ASA 300mg ¼t po qd for one month (#8)

5. Clean the wound every day with NSS

32. Svay Tevy, 42F (Thnout Malou Village)
Diagnosis:
1. MDII

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

33. Tann Kim Hor, 56F (Rovieng Cheung Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 1t po bid (#60)
2. Metformin 500mg 1t po bid (#60)
3. Captopril 25mg 1/4t po bid (#15)
4. ASA 300mg 1/4t po qd (#8)

34. Tann Sopha Nary, 22F (Thnout Malou Village)
Diagnosis
1. Euthyroid Goiter

Treatment
1. Carbimazole 5mg 1/2t po bid for one month (# 30)
2. Draw blood for TSH at SHCH

Lab result on October 9, 2009

Free T4=15.31 [9.14 - 23.81]

35. Thai Kim Eang, 70F (Taing Treuk Village)
Diagnosis:
1. Asthma

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

36. Thon Mai, 78M (Boeung Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Metformin 500mg 1t po qhs for one month (#30)
3. Captopril 25mg 1/4t po qd for one month (#8)
4. ASA 300mg1/4t po qd for one month (#8)

Lab result on October 9, 2009

Gluc =4.3 [4.2 - 6.4]
HbA1C =6.5 [4 - 6]

37. Tith Hun, 56F (Ta Tong Village)
Diagnosis:
1. HTN

Treatment:

1. Captopril 25mg 1t po bid for two months (# 120)
2. Atenolol 50mg 1/2t po bid for two months (# 60)

38. Un Chhourn, 40M (Taing Treuk Village)
Diagnosis:

1. DMII

Treatment:

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

Lab result on October 9, 2009

Gluc =6.3 [4.2 - 6.4]

39. Un Chhorn, 45M (Taing Treuk Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po qd for three months (# 30)
2. Draw blood for Gluc and HbA1C at SHCH

Lab result on October 9, 2009

Gluc =11.2 [4.2 - 6.4]
HbA1C =8.5 [4 - 6]

40. Vong Cheng Chan, 52F (Rovieng Cheung Village)
Diagnosis

1. HTN

Treatment

1. Atenolol 50mg 1/2t po bid for three months (#90)

41. Yeu Yim, 80M (Bakdoang Village)
Diagnosis:

1. Alcoholic withdrawal
2. Cachexia

Treatment:

1. MTV 1t po bid for one month (#60)
2. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (#60)

42. Yin Hun, 72F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

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

The next Robib TM Clinic will be held on

November 09 - 13, 2009