Robib *Telemedicine* **Clinic**

Preah Vihear Province

S E P T E M B E R 2 0 0 9

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

On Monday, August 31, 2009, SHCH staff Driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), September 01 & 02, 2009, the Robib TM Clinic opened to receive the patients for evaluations. There were 5 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, September 02 & 03, 2009.

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

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

From: Robib Telemedicine
To: Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar ; Kruy Lim ; Rithy Chau ; Cornelia Haener
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Kevin O' brien ; Peou Ouk ; Sochea Monn ; Samoeurn Lanh
Sent: Monday, August 24, 2009 7:48 AM
Subject: Schedule for Robib TM Clinic September 2009

Dear all,

I would like to inform you all that the Robib TM Clinic for September 2009 will be starting on August 31 to September 4, 2009.

The agenda for the TM clinic is as following:
1. On Monday August 31, 2009, Driver and I will start the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday September 1, 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 September 2, 2009, the activity is as on Tuesday

4. On Thursday September 3, 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. 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 ; Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Tuesday, September 01, 2009 8:36 PM
Subject: Robib TM Clinic September 2009, Case#1, Heng Chey, 70M (Thkeng Village)

Dear all,

Today is the first day for Robib TM Clinic September 2009 and there are three new cases and one follow up case and this is the case number 1, Heng Chey, 70M 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: **Heng Chey, 70M (Thkeng Village)**

Chief Complaint (CC): Dizziness x 2 months

History of Present Illness (HPI): 70M presented with symptoms of dizziness, HA, neck tension and nausea, vomiting and brought to private clinic in Preah Vihear province, he was told of having BP 200/? And treated with IV fluid and antihypertensive drug 1t po qd then he came back home in the next day because he became better and asked local health staff put IV fluid for him and taking antihypertensive for other few days. Since then he never took antihypertensive medicine and came to see Telemedicine clinic last month with BP checking elevated and appointment in this month. He denied of cough, dyspnea, palpitation, chest pain, oliguria, dysuria, edema, stool with blood/mucus.

Past Medical History (PMH): Rt inguinal hernia repair in 1985

Family History: None

Social History: Smoking 1pack/d, stopped 2 months; casually alcohol drinking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: (L) 199/96, (R) 168/87 P: 55 R: 20 T: 37°C Wt: 55Kg

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 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:

On September 1, 2009
U/A normal

Assessment:

1. HTN

Plan:

1. HCTZ 50mg 1/2t po qd
2. ASA 300mg 1/4t po qd
3. Eat low salt/fats diet, do regular exercise
4. 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: September 1, 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: Friday, September 04, 2009 6:06 AM
Subject: RE: Robib TM Clinic September 2009, Case#1, Heng Chey, 70M (Thkeng Village)

Thanks for the consult.

The man has hypertension and needs treatment.
HCTZ is an appropriate start although he may need additional treatment with enalapril.

One note of concern is that he has quite different blood pressure readings in both arms I would raise the possiblity for coarctaction of the aorta or subclavian artery stenosis that can lead to unequal blood pressures.
coarctation could be detected on a chest xray.

if the blood pressures remain unequal, then a chest xray would be helpful.

Thank you for this consult.

Paul Cusick

From: rithychau
To: 'Robib Telemedicine'
Sent: Wednesday, September 02, 2009 9:09 AM
Subject: RE: Robib TM Clinic September 2009, Case#1, Heng Chey, 70M (Thkeng Village)

Dear Sovann,

I agree with your plan. Ask him to stop smoking and eat 1-2 ripe banana and drink 2-3L water daily.

Rithy

From: Robib Telemedicine
To: Kathy Fiamma > ; Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Tuesday, September 01, 2009 8:40 PM
Subject: Robib TM Clinic September 2009, Case#2, Thourn Mao, 41M (Pal Hal Village)

Dear all,

This is case number 2, Thourn Mao, 41M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

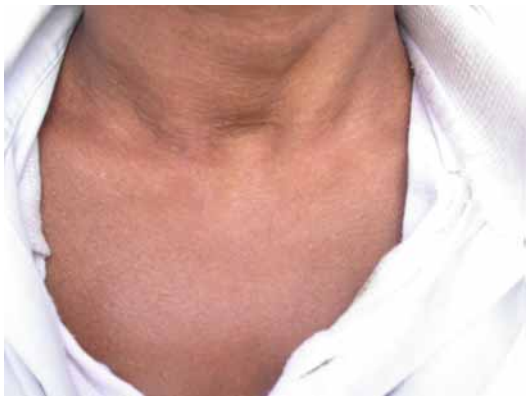
History and Physical

Name/Age/Sex/Village: **Thourn Mao, 41M (Pal Hal Village)**

Chief Complaint (CC): Lower leg and face swelling x 4 months

History of Present Illness (HPI): 41M, farmer, presented with symptoms of fever, HA, dizziness, blurred vision, weakness, and progressive lower leg and face swelling and oliguria, he went to local private clinic and got treatment with IM injection and oral medicine (unknown name) for 1w then swelling became better. He went to do his rice seedling for about 2 weeks then the above symptoms developed again with worse swelling, so he went to private clinic in Preah Vihear province Abdominal U/S showing ascitis and told he has Kidney problem and treated with Furosemide 40mg 2t qd, other two kinds (unknown name) 10t qd and 1t qhs then the above symptoms became better. He denied of dyspnea, palpitation, chest pain, black stool, hematuria, dysuria.

Past Medical History (PMH): Anterior neck mass excision (Thyroidectomy??) at Kearn Klang in 2008



Family History: None

Social History: No smoking, no alcohol drinking

Current Medications:

1. Furosemide 40mg 2t po qd
2. Unknown name drug 10t po qd
3. Unknown name drug 1t po qhs

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

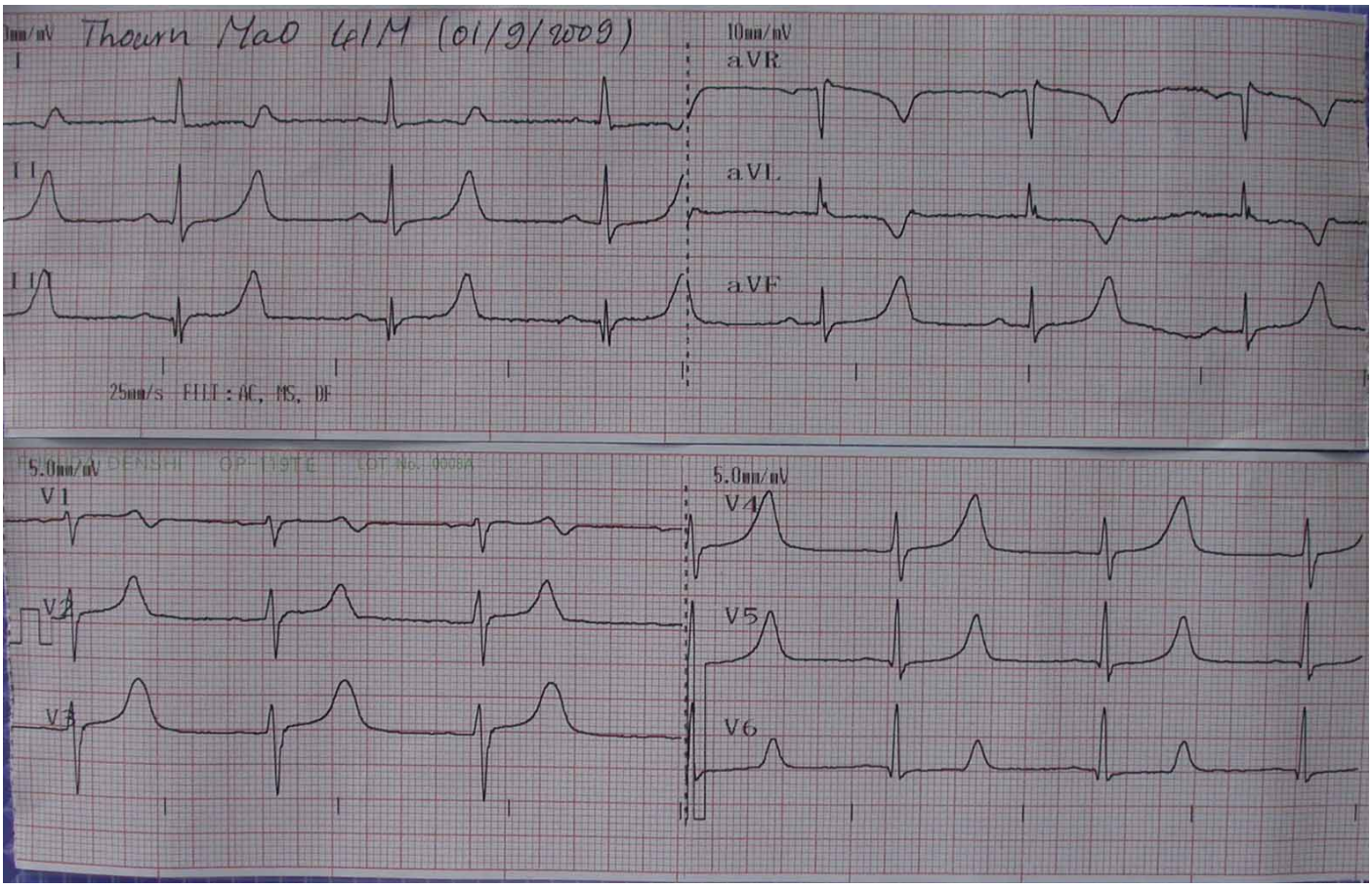
Vitals: **BP: 150/80** **P: 70** **R: 20** **T: 37^{o}C** **Wt: 47Kg**

General: Look stable

HEENT: No oropharyngeal lesion, pale gum and conjunctiva, no neck mass, no lymph node palpable, complete healed surgical scar about 8cm

Chest: CTA bilaterally, no rales, no rhonchies; H RRR, 2+ systolic cresendo murmur loudest at apex

Abd: Soft, no tender, no distension, (+) BS, no HSM, complete healed burning scar



Extremity/Skin: 1+ pitting edema, no lesion

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

Rectal Exam: Good sphincter tone, no mass palpable, neg colocheck

Lab/study:

On September 1, 2009

Hb: 10g/dl, RBS: 199mg/dl; U/A Leuk 2+, prot 3+

EKG attached

Assessment:

1. Nephrotic syndrome
2. Anemia
3. VHD??

Plan:

1. Prednisolone 5mg 8t po qd for one month then taper every month
2. Captopril 25mg 1/4t po bid
3. ASA 300mg 1/4t po qd
4. Eat low salt/fats diet, do regular exercise
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, Albumin, protein 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: September 1, 2009**

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

From: Healey, Michael J.,M.D.
Sent: Wednesday, September 02, 2009 11:58 AM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic September 2009, Case#2, Thourn Mao, 41M (Pal Hal Village)

I wonder if his ascites is really due to nephrotic syndrome, as it's an uncommon finding of nephrotic syndrome in adults. Could he have cirrhosis, heart failure, or some other cause of ascites? I would recommend checking liver function tests and obtaining additional history to see if he's at risk for liver disease (viral, alcoholic, otherwise). It would be helpful to know if the ultrasound he had showed evidence of liver disease, and whether it showed anything specifically about the kidneys. If that information can't be obtained, repeat imaging might be helpful.

Also, I'm not sure what "VHD" signifies.

Michael J. Healey

From: rithychau
To: 'Robib Telemedicine'
Cc: 'Kruy Lim'
Sent: Wednesday, September 02, 2009 10:13 AM
Subject: RE: Robib TM Clinic September 2009, Case#2, Thourn Mao, 41M (Pal Hal Village)

Dear Sovann,

I think you need to bring him to SHCH (d/w Dr. Kruy) for further evaluation since his problem seemed a bit complicated:

1. He is mildly hypertensive (could be from “white coat syndrome”), but his HR was normal with your report and EKG only showed about 50. Thyroidectomy could leave him hypothyroidism, I would add thyroid panel to blood test.
2. His sugar was elevated, recheck for fasting
3. Not sure about kidney problem being NS, Leuk 2+ could mean infection of kidney?
4. Anemia from his heart problem or other cause?

I would suggest that you let him continue whatever medications he was on so far and have him come to SHCH Monday morning early before we leave for Mongkul Borey. He may need to have CXR, an Abd US, and possible 2D echo. If recheck his FBS and still high, do a HbA1C also. Can he come on his own? Tell him to bring all other medical document also.

Rithy

From: Robib Telemedicine
To: Kathy Fiamma > ; Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Tuesday, September 01, 2009 9:13 PM
Subject: Robib TM Clinic September 2009, Yeu Yim, 80M (Bakdoang Village)

Dear all,

This is case number 3, Yeu Yim, 80M 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: **Yeu Yim, 80M (Bakdoang Village)**

Chief Complaint (CC): Burning pain on both soles x 4 months

History of Present Illness (HPI): 80M with chronic alcohol drinking come to us complaining of burning pain on both soles, insomnia, poor appetite, tremor, fatigue, difficult to keep his posture, and weight loss 5kg in 4 months, he went to local health center and treated with some medicines (unknown name) for three days but his symptoms seem not better so he came to consult with Telemedicine. He denied of cough, dyspnea, palpitation, chest pain, stool with blood/mucus, oliguria, hematuria, edema, trauma.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No smoking 5cig/d over 20y, heavy alcohol drinking until now

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP: 126/71** **P: 67** **R: 20** **T: 37^{o}C** **Wt: 35Kg**

General: Look sick, sleepy, cachexia

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

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

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

Extremity/Skin: No edema, no lesion

MS/Neuro: MS + 5/5, DTRs +2/4, sensory intact but patient unable to tell us right or left side because when asking him to raise left hand, he raise right hand but when confirm it is right, he said it is left

Rectal Exam: Good sphincter tone, no mass palpable, neg colocheck

Lab/study:

RBS: 128mg/dl

Assessment:

1. Alcoholic withdrawal
2. Cachexia

Plan:

1. Vit B complex 10cc IV infusion x 3d
2. MTV 1t po bid
3. FeSO4/Folic Acid 200/0.25mg 1t po bid
4. Alcohol and smoking cessation

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: September 1, 2009**

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

From: Tan, Heng Soon,M.D.
Sent: Tuesday, September 01, 2009 4:51 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic September 2009, Yeu Yim, 80M (Bakdoang Village)

Sounds like this patient suffers from chronic alcoholism. How much is heavy drinking? Has he drunk so much as to experience blackouts? Has he experienced withdrawal symptoms when he tried to stop? Chronic alcoholism can affect both central and peripheral neurological function. Central brain dysfunction include dementia [does he have problems with learning? recent memory?], delirium [confusion, left right confusion], psychosis with encephalopathy [hallucinations], affective disorders [depression, anxiety], midline cerebellar

degeneration [ataxia]. Peripheral neuropathy include burning pain in the feet which appears to be what he presented with. Peripheral neuropathy can be from direct alcoholic toxic effect or from vitamin [thiamine, folic acid and vitamin B12] deficiencies. I would be concerned about alcoholic cirrhosis with hepatitis, though his physical exam did not show any signs: no icterus [jaundice], spider angiomata, palmar erythema, enlarged [or shrunken] liver, small testes. Cirrhosis may lead to hepatic encephalopathy with somnolence, fatigue, asterixis with truncal tremors. Alcoholic gastritis may explain anorexia as well.

Liver function tests with prothrombin time would be useful. Ideally serum ammonia would be good proxy for encephalopathy.

I agree with vitamin B complex infusion. He should continue with oral thiamine 50 mg, folic acid 1 mg supplements as well. These supplements together with stopping alcohol would improve the neuropathy. For acute relief of burning feet neuropathy, amitriptyline 25 mg twice a day, or carbamazepine 200 mg twice a day could be helpful.

Heng Soon Tan, MD

From: rithychau
To: 'Robib Telemedicine'
Cc: 'Kruy Lim'
Sent: Wednesday, September 02, 2009 10:35 AM
Subject: RE: Robib TM Clinic September 2009, Yeu Yim, 80M (Bakdoang Village)

Dear Sovann,

I agree with your management.

The dx should be malnutrition and pheripheral neuropathy 2nd to alcoholism. If you can continue him on oral Vit B also for about 3 months after the IV infusion will help. But the sure thing is to have him stop his alcohol consumption. Educate him on the cause of his problems and ask his family to check on him and report to you about his drinking to help him out.

Rithy

From: Robib Telemedicine
To: Cornelia Haener ; Rithy Chau ; Joseph Kvedar ; Kruy Lim ; Kathy Fiamma > ; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Tuesday, September 01, 2009 8:50 PM
Subject: Robib TM Clinic September 2009, Case#4, Som Thol, 59M (Taing Treuk Village)

Dear all,

This is the follow up case number 4, Som Thol, 59M 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

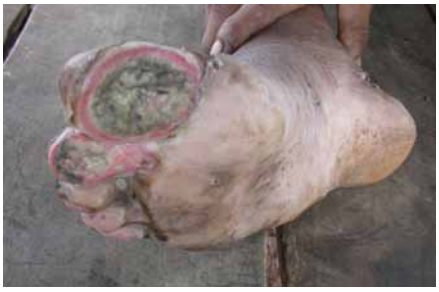
Robib Telemedicine Clinic

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

SOAP Note

Patient Name & Village: Som Thol, 59M (Taing Treuk Village)

Subjective: 59M with diagnosis of DMII with PNP, in last month his relative said he had psychotic problem because he hit his wife and most of children except his pregnant daughter and destroy material in his home. When asking why he hit his wife and children, he said he had psychotic problem and they hit him first. During that time he presented with swelling of right foot, some lacerations on inferior side of the big toe and foot, then it developed bigger in a week. He bought medicine as Amoxicillin 500mg 1t qd, and Paracetamol 500mg 1t qd for the wound because he doesn't have money to buy more medicine and clean with soap and water. Now his family go to stay with relative leaving him alone in home because they afraid he fight them and the villagers around his house said sometimes he go around the village saying loudly word as the crazy person. When I go to see him on Monday and ask him about this problem he said he doesn't know what happened and I cleaned the wound for him.



Current Medications:

1. Gliburide/Metformin 2.5mg/500mg 2t po bid
2. Captopril 25mg 1/4t po qd
3. ASA 300mg ¼t po qd
4. Amitriptyline 25mg 1t po qhs
5. MTV 1t po qd

Allergies: NKDA

Objective:

VS: BP: 123/88 P: 73 R: 20 T: 36.5°C Wt: 57kg

PE (focused):

General: look stable

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

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

Abd: Soft, no tender, no distension, (+) BS, no HSM, some complete healed burning scar

MS/Neuro: Unremarkable

Skin/Extremity: Right foot edema, Wound on toes, redness around the wound edge, some necrotizing tissue and around wound on the left bit toe; dorsalis pedis and posterior tibial pulse palpable

Previous Labs/Studies:

Lab result on May 8, 2009

Na	=126	[135 - 145]
K	=3.2	[3.5 - 5.0]
Cl	=96	[95 - 110]
Gluc	=2.1	[4.2 - 6.4]
T. Chol	=4.8	[<5.7]
TG	=1.4	[<1.71]
HbA1C	=8.6	[4 – 6]

Assessment:

1. DMII with PNP
2. Right foot wound

Plan:

1. Gliburide/Metformin 2.5mg/500mg 2t po bid for one month
2. Captopril 25mg 1/4t po qd for one month
3. ASA 300mg ¼t po qd for one month
4. Amitriptyline 25mg 1t po qhs for one month
5. MTV 1t po qd for one month
6. Augmentin 875mg 1t po bid x 10d
7. Clean the wound every day with sugar solution and elevated the foot while at rest

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: September 1, 2009**

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

From: Cornelia Haener
To: 'Robib Telemedicine' ; 'Rithy Chau' ; 'Joseph Kvedar' ; 'Kruy Lim' ; 'Kathy Fiamma >' ; 'Paul J. M.D. Heinzelmann'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach'
Sent: Wednesday, September 02, 2009 5:29 PM
Subject: RE: Robib TM Clinic September 2009, Case#4, Som Thol, 59M (Taing Treuk Village)

Dear Sovann,
Thanks for submitting this case. I agree with your assessment. It is certainly worthwhile to try conservative treatment as suggested. However, it would be good to have an X-ray to know if he has osteomyelitis. In case of osteomyelitis, I would rather opt for a ray amputation. In addition, a splint to put the foot at rest would improve his chance of healing. I am a little bit worried about his low sodium, and we do not know his kidney function. I have just discussed with Dr. Kruy, and we both think it might be better to bring the patient to the SHCH for further work up.

Kind regards
Cornelia

From: rithychau
To: 'Robib Telemedicine'
Cc: 'Kruy Lim'
Sent: Wednesday, September 02, 2009 10:25 AM
Subject: RE: Robib TM Clinic September 2009, Case#4, Som Thol, 59M (Taing Treuk Village)

Dear Sovann,

You may need to bring him in to SHCH for debridement and administer IV abx. Bring him in today or tomorrow, is it possible?

Rithy

From: Heinzelmann, Paul J.,M.D.
To: Fiamma, Kathleen M.
Cc: robibtelemed@gmail.com ; rithychau@sihosp.org
Sent: Wednesday, September 02, 2009 2:04 AM
Subject: RE: Robib TM Clinic September 2009, Case#4, Som Thol, 59M (Taing Treuk Village)

He needs to be admitted either at Sihanouk Hospital center of Hope, Kampong Thom, or elsewhere.

His "psychotic behavior" may be related to electrolyte abnormalities/hypoglycemia (which were evident in May); PTSD should be considered, and if possible evaluated by psychiatrist.

and his wounds look severe - need to be debrided, xray, ESR, CBC need to be done as osteomyelitis needs to be ruled out, IV antibiotics started.

Can that be arranged?

From: Robib Telemedicine
To: Rithy Chau ; Kruy Lim ; Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Wednesday, September 02, 2009 8:11 PM
Subject: Robib TM Clinic September 2009, Case#5, Hou Chan Lakhena, 25F (Rovieng Cheung Village)

Dear all,

For the second day of Robib TM Clinic september 2009, there are two new cases and one follow up will be sent to you. This is case number 5, continued from yesterday, Hou Chan Lakhena, 25F 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: Hou Chan Lakhena, 25F (Rovieng Cheung Village)

Chief Complaint (CC): Palpitation x 2 months

History of Present Illness (HPI): 25F, farmer, presented with symptoms of palpitation, heat intolerance, tremor, dry skin and discomfort in anterior neck like something stuck in her throat but denied of difficult swallowing liquid or solid meal, she bought some medicine from local pharmacy but it seems not help her so she come to consult with Telemedicine clinic. She also denied of epigastric pain, diarrhea, constipation, cough, fever, oliguria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No smoking, no alcohol drinking, 1 child

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular menstrual period, LMP on August 10, 2009

PE:

Vitals: BP: 95/76 P: 100 R: 20 T: 37^{o}C Wt: 50Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, 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, dry skin, slightly tremor

MS/Neuro: MS + 5/5, motor and sensory intact, DTRs +3/4, normal gait

Lab/study: None

Assessment:

1. Thyroid dysfunction

Plan:

1. 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: September 2, 2009**

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

From: rithychau
To: 'Robib Telemedicine'
Cc: 'suttonwhitaker'
Sent: Thursday, September 03, 2009 8:10 AM
Subject: RE: Robib TM Clinic September 2009, Case#5, Hou Chan Lakhena, 25F (Rovieng Cheung Village)

Dear Sovann,

Go ahead and add free T4 and you may want to go ahead and give her low dose propranolol 40mg ¼ qd to help with her palpitation.

Rithy

From: Barbesino, Giuseppe,M.D.
To: robibtelemed@gmail.com ; rithychau@sihosp.org
Cc: Fiamma, Kathleen M.
Sent: Thursday, September 03, 2009 1:46 AM
Subject: FW: Robib TM Clinic September 2009, Case#5, Hou Chan Lakhena, 25F (Rovieng Cheung Village)

The presentation described in this young woman is consistent with hyperthyroidism. Her neck tenderness is suggestive of subacute thyroiditis. However Graves' disease is also on the differential. I would agree with thyroid function tests as proposed, I would add ESR (it would be very high in subacute thyroiditis). If thyroid tests are high and ESR is normal then a thyroid scan would be recommended. If TFTs is normal, then other causes of tachycardia need to be investigated, including anemia, pulmonary or cardiac disease.

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: Kathy Fiamma > ; Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Wednesday, September 02, 2009 8:14 PM
Subject: Robib TM Clinic September 2009, Case#6, Tann Kim Hor, 56F (Rovieng Cheung Village)

This is case number 6, Tann Kim Hor, 56F 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: Tann Kim Hor, 56F (Rovieng Cheung Village)

Chief Complaint (CC): Fatigue and Dizziness x 2 months

History of Present Illness (HPI): 56F, Chinese noodle seller, presented with symptoms of dizziness, fatigue, polyphagia, polydypsia and polyuria, she asked local health care worker to treat her with a few injection but her symptoms seem not better and was advised to consult with Telemedicine clinic because she has symptoms of diabestes. She denied of fever, dyspnea, palpitation, chest pain, abdominal pain, bowel movement change, numbness or tingling.

Past Medical History (PMH): Unremarkable

Family History: Older sister with DMII

Social History: No smoking, no alcohol drinking, 5 children

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): 5y post menopausal

PE:

Vitals: BP: 139/83 P: 91 R: 20 T: 36.5^{o}C Wt: 54Kg

General: Look stable

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

On September 1, 2009

RBS: HI, 3h later RBS: 382mg/dl

U/A gluco 4+

Assessment:

1. DMII

Plan:

1. Glibenclamide 5mg 1t po bid
2. Captopril 25mg 1/4t po bid
3. ASA 300mg 1/4t po qd
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, HbA1C at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: September 2, 2009**

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

From: rithychau
To: 'Robib Telemedicine'
Cc: 'suttonwhitaker'
Sent: Thursday, September 03, 2009 8:14 AM
Subject: RE: Robib TM Clinic September 2009, Case#6, Tann Kim Hor, 56F (Rovieng Cheung Village)

Dear Sovann,

Yes, I agree with your plan.

Rithy

From: Smulders-Meyer, Olga,M.D.
To: Fiamma, Kathleen M.
Cc: robibtelemed@gmail.com ; rithychau@sihosp.org
Sent: Wednesday, September 02, 2009 11:19 PM
Subject: RE: Robib TM Clinic September 2009, Case#6, Tann Kim Hor, 56F (Rovieng Cheung Village)

Dear Sovann Peng,

I agree that the patient has type 2 diabetes mellitus and that she should be treated as soon as possible.
You have started her on a sulfonylurea, Glibenclamide 5 mg po BID.
One of the worst side effects of sulfonylurea is hypoglycemia, and therefore we usually start at a lower dose such as 2.5 mg daily and slowly, over 2-4 weeks, increase the dose to 5 twice a day daily and after that to 5 mg twice a day.

Sulfonylureas are the oldest class of oral hypoglycemic agents. They are moderately effective, lowering blood glucose concentrations by 20 percent and A1C by 1 to 2 percent. However, their effectiveness decreases over time.

In the absence of contraindications, metformin is the first choice for oral treatment of type 2 diabetes. It generally reduces A1C by 1.5 percentage points. What is great about this medication is that patients do not develop hypoglycemia while taking this medication. Please check her renal function before starting this medication.

I agree with starting the patient on captopril on a low dose, for renal protection, and will starting aspirin, and I would prefer one half tablet of 300 mg. The patient needs a lipid profile, and the LDL ideally should be less than 100. If it is not, she could be started on a statin medication, such as Lipitor.

Most importantly the patient needs to be educated about her increased risk of macro and micro vascular complications of diabetes, including early onset of heart disease, kidney disease peripheral neuropathy and decreased vision. The patient needs to realize that good glycemic control will improves her risk to develop micro vascular complications associated with diabetes. That will be a good motivator for her to change their diet and lifestyle.

Also I would make sure that the patient realizes that this is a chronic disease, that will need monitoring for the rest of her life, particularly as it gets worse over the years. Eventually, most likely, she will need more medications to control her rising blood sugar level, possibly Insulin as well in order to achieve adequate blood sugar control. The patient should be actively encouraged to check her own blood sugars, and keep a written log of her blood sugars in the day, such as a fasting blood sugar, and those before meals.

The patient needs to be educated regarding the type of foods she needs to avoid, such as sweets and large portions of simple carbohydrates. The patient needs to add protein to each meal and try to eat complex carbohydrates such as beans, wheat bread, brown rice.

We recommend that you follow her hemoglobin A1c every 3 months, and adjust medication accordingly.
She should also have an eye examination if possible.

Hope this is helpful for you,

Warm regards,

Olga Smulders-Meyer MD

From: Robib Telemedicine
To: Kathy Fiamma > ; Joseph Kvedar ; Paul J. M.D. Heinzelmann ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Wednesday, September 02, 2009 8:17 PM
Subject: Robib TM Cliinic September 2009, Case#7, Chun Phally, 16F (Sre Thom Village)

Dear all,

This is the last case for Robib TM Clinic September 2009, Chun Phally, 16F and photos. Please reply to the cases before Thursday afternoon then treatment plan can be made accordingly.

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

Best regards,
Sovann

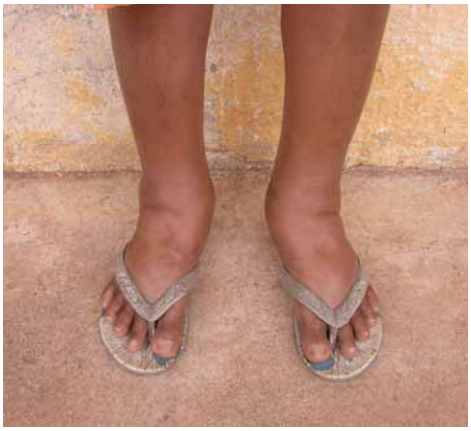
Robib Telemedicine Clinic

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

SOAP Note

Patient Name & Village: Chun Phally, 16F (Sre Thom Village)

Subjective: 16F came to follow up of Nephrotic Syndrome and elevated BP, after taking the below drugs, she noticed of increased face swelling, leg edema, decreased urine output, and poor appetite and denied of dizziness, HA, palpitation, chest pain, nausea, vomiting, stool with blood or mucus, hematuria, dysuria. Yesterday I asked to measure water intake and urine output, drink 500mL water with urine about 400mL.



Current Medications:
1. Prednisolone 5mg 8t po qd for two weeks then then taper to 4t po qd for two weeks
2. Captopril 25mg 1/2t po bid for one month
3. ASA 300mg 1/4t po qd for one month

Allergies: NKDA

Objective:

Vitals: BP: 142/107 P: 96 R: 20 T: 37^{o}C Wt: 47Kg

PE (focused):

General: Look stable, moon facie

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

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

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

Extremity/Skin: 3+ pitting edema, no lesion

Lab/study:

Lab result on August 7, 2009

WBC	=8.3	[4 - 11x10^9/L]	Na	=144	[135 - 145]
RBC	=3.2	[3.9 - 5.5x10^{12}/L]	K	=3.5	[3.5 - 5.0]
Hb	=8.0	[12.0 - 15.0g/dL]	Cl	=117	[95 - 110]
Ht	=25	[35 - 47%]	BUN	=6.6	[0.8 - 3.9]
MCV	=78	[80 - 100fl]	Creat	=190	[44 - 80]
MCH	=25	[25 - 35pg]	Gluc	=4.5	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=10.5	[<5.7]
Plt	=414	[150 - 450x10^9/L]	Prote	=58	[66 - 87]
Lym	=2.9	[1.0 - 4.0x10^9/L]	Albu	=24	[38 - 54]
Mxd	=0.5	[0.1 - 1.0x10^9/L]			
Neut	=4.9	[1.8 - 7.5x10^9/L]			

Done on September 2, 2009

U/A protein 3+

Assessment:

1. Nephrotic Syndrome?
2. Elevated BP

Plan:

1. Prednisolone 5mg 3t po qd for one month then taper to 2t qd
2. Captopril 25mg 1/2t po bid for one month
3. ASA 300mg 1/4t po qd for one month
4. Furosemide 40mg 1/2t po qd x 2w
5. Drink about 1L of water and eat one banana per day

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: September 2, 2009**

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

From: rithychau
To: 'Robib Telemedicine'
Cc: 'suttonwhitaker' ; 'Kruy Lim'
Sent: Thursday, September 03, 2009 8:41 AM
Subject: RE: Robib TM Cliinic September 2009, Case#7, Chun Phally, 16F (Sre Thom Village)

Dear Sovann,

For this patient, I would go ahead return to the previous higher dose when her swelling was improving which was 10 tab po qd and keep her for one month at this dosage. Can also increase her captopril to 1 tab po bid.

As for patient Som Thol, you can get him to come on Sunday and let him come to SHCH early morning Monday, Sept 7, 2009 to meet us so that we can help him be admitted to SHCH smoothly.

Thanks for the cases this month.

Rithy

From: Steele, David J.R.,M.D.
Sent: Friday, September 11, 2009 5:48 PM
To: Cusick, Paul S.,M.D.
Cc: Sharma, Amita, M.D.; Jueppner, Harald W., M.D.; Fiamma, Kathleen M.
Subject: FW: Robib TM Cliinic September 2009, Case#7, Chun Phally, 16F (Sre Thom Village)

Hi Paul,

Sorry for the delay in responding. I'm also going to cc Amita Sharma and Harald Jueppner from Peds Nephrology for their comment.

- Patient has refractory Nephrotic Syndrome
- She has renal failure and the differential diagnosis would include Minimal Change Disease with ATN, or other acute Glomerulonehritis possibly associatated with an infectious disease process given her circumstances
- She needs judicious diuresis with possibly the addition of a Thiazide diuretic
- I would continue ACE inhibitor
- She may need an additional agent for blood pressure control aiming for BP < 130/80
- I would be interested in a review of her urine sediment
- Ultimately a Renal Biopsy may be indicated
- She would be best managed in a facility with Nephrology Subspecialty care if available.

Regards,

David Steele MD.

From: Sharma, Amita, M.D.
Sent: Friday, September 18, 2009 9:35 AM
To: Steele, David J.R.,M.D.; Cusick, Paul S.,M.D.
Cc: Jueppner, Harald W., M.D.; Fiamma, Kathleen M.
Subject: RE: Robib TM Cliinic September 2009, Case#7, Chun Phally, 16F (Sre Thom Village)

Hi
David

In all probability she has nephrotic syndrome with increase in creatinine and anemia.
The differential based on the presentation can be primary NS- MCNS,FSGS or membranous nephropathy and need to be worked up for secondary causes including a urine sediment check, but will ultimately need a renal biopsy to guide long term management .
Will continue with fluid and salt restriction.
Can increase the dose of Captopril to maintain BP and decrease proteinuria.
Will use diuretics with caution; continue with steroids 60mg/day with split dosing.
You may add iron, calcium and vitamin D supplements.
Make sure she has daily weight and is ambulatory.
Hope this helps.
Any questions, please do let me know.
Thanks
Amita

From: Cusick, Paul S.,M.D.
To: Fiamma, Kathleen M. ; robibtelemed@gmail.com
Cc: rithychau@sihosp.org
Sent: Wednesday, September 16, 2009 10:10 PM
Subject: RE: Robib TM Cliinic September 2009, Case#7, Chun Phally, 16F (Sre Thom Village)

Sorry for the delay but I needed to consult with a nephrologist and a pediatric neprhologist.

They agree that she has nephrotic syndrome but the cause can only be determined for certain with a kidney biopsy.

An analysis of the urine sediment (red cell,casts,etc) by a nephrologist may also be helpful.

They suggest that she needs to see a nephrologist in order to optimally manage her kidney failure, diuretics and hypertension.

She needs to have her blood pressure below 130/80 with the captopril

The ultimate dose of steroids would depend on the cause of her nephrotic syndrome.

You need to be very careful with diuretic use in order to avoid dehydration that would put her at risk for dehydration and poor kidney perfusion superimposed on nephrotic syndrome.

Paul

Dear David,

despite her age MCNS is still a plausible diagnosis; she would need much higher steroid doses (2 mg/kg BW per day). I would be more concerned that she has focal segmental glomerulosclerosis, particularly since her BP is elevated, she has significant impairment in renal function, and because of that her albumin is still above 2. It would also be important to exclude tuberculosis and looking at a urinary sediment, as you indicated. Would it be possible to obtain in renal biopsy? Who would be evaluating the biopsy? What other meds are available in Cambodia?

Regards,

Harald

Thursday, September 03, 2009

Follow-up Report for Robib TM Clinic

There were 5 new and 2 follow up patients seen during this month Robib TM Clinic, other 44 patients came for medication refills only. The data of all 7 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 September 2009

1. Heng Chey, 70M (Thkeng Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd (#20)
2. ASA 300mg 1/4t po qd (#10)
3. Eat low salt/fats diet, do regular exercise
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

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]			

2. Thourn Mao, 41M (Pal Hal Village)
Diagnosis:

1. Nephrotic syndrome
2. Anemia
3. VHD??

Treatment:

1. Patient died one day after came to see Telemedicine clinic

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

1. Alcoholic withdrawal
2. Cachexia

Treatment:

1. Vit B complex 10cc IV infusion x 3d
2. MTV 1t po bid (#60)
3. FeSO4/Folic Acid 200/0.25mg 1t po bid (#60)
4. Alcohol and smoking cessation

4. Som Thol, 59M (Taing Treuk Village)
Diagnosis:

1. DMII with PNP
2. Right foot wound

Treatment:

1. Gliburide/Metformin 2.5mg/500mg 2t po bid for one month (#120)
2. Captopril 25mg 1/4t po qd for one month (#8)
3. ASA 300mg ¼t po qd for one month (#8)
4. Amitriptyline 25mg 1t po qhs for one month (#30)
5. MTV 1t po qd for one month (#30)
6. Ciprofloxacin 500mg 1t po bid for one month (#60)
7. Cloxacillin 500mg 1t po qid for one month (#120)
8. Clean the wound every day with sugar solution and elevated the foot while at rest

5. Hou Chan Lakhena, 25F (Rovieng Cheung Village)
Diagnosis:

1. Thyroid dysfunction

Treatment:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH, Free T4 at SHCH

Lab result on septembre 04, 2009

WBC	=8.5	[4 - 11x10^9/L]	Na	=140	[135 - 145]
RBC	=5.0	[3.9 - 5.5x10^{12}/L]	K	=4.7	[3.5 - 5.0]
Hb	=12.5	[12.0 - 15.0g/dL]	Cl	=110	[95 - 110]
Ht	=38	[35 - 47%]	BUN	=2.0	[0.8 - 3.9]
MCV	=75	[80 - 100fl]	Creat	=85	[44 - 80]
MCH	=25	[25 - 35pg]	Gluc	=5.5	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	TSH	=1.31	[0.49 – 4.67]
Plt	=469	[150 - 450x10^9/L]	Free T4	=10.73	[9.14 – 23.81]
Lym	=2.9	[1.0 - 4.0x10^9/L]			
Mxd	=0.8	[0.1 - 1.0x10^9/L]			
Neut	=4.8	[1.8 - 7.5x10^9/L]			

6. Tann Kim Hor, 56F (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid (#70)
2. Captopril 25mg 1/4t po bid (#20)
3. ASA 300mg 1/4t po qd (#10)
4. Educate on diabetic diet, do regular exercise and foot care
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, HbA1C at SHCH

Lab result on septembre 04, 2009

WBC	=8.2	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=5.1	[3.9 - 5.5x10^{12}/L]	K	=3.9	[3.5 - 5.0]
Hb	=13.3	[12.0 - 15.0g/dL]	Cl	=108	[95 - 110]
Ht	=40	[35 - 47%]	BUN	=1.6	[0.8 - 3.9]
MCV	=77	[80 - 100fl]	Creat	=67	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=11.9	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	T. Chol	=5.5	[<5.7]
Plt	=201	[150 - 450x10^9/L]	TG	=1.0	[<1.71]
Lym	=3.1	[1.0 - 4.0x10^9/L]	HbA1C	=15.3	[4 - 6]
Mxd	=1.0	[0.1 - 1.0x10^9/L]			
Neut	=4.1	[1.8 - 7.5x10^9/L]			

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

1. Nephrotic Syndrome?
2. Elevated BP

Treatment:

1. Prednisolone 5mg 8t po qd for one month (#240)
2. Captopril 25mg 1t po bid for one month (#60)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Furosemide 40mg 1/2t po qd x 2w (#10)
5. Drink about 1L of water and eat one banana per day

Patients who came for follow up and refill medication

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

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

Treatment:

1. HCTZ 50mg 1t po qd (#30)
2. ASA 300mg 1/4t po qd (#8)
3. Salbutamol Inhaler 2puffs bid prn SOB (#1)

2. Be Kim Ke, 54M (Thnout Malou 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 300mg 1/4t po qd for one month (#8)

3. Chan Khem, 58F (Taing Treuk Village)
Diagnosis

1. HTN

Treatment

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

4. Chheak Leangkry, 65F (Rovieng Cheung)
Diagnosis

1. DMII with PNP
2. HTN

Treatment

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

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

1. Hepatosplenomegaly
2. Liver cirrhosis??

Treatment:

1. MTV 1t po qd for one month (#30)
2. Appoint to SHCH for abdominal U/S

6. 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

7. 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 bid for one month (#60)
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)
6. Draw blood for gluc and HbA1C at SHCH

Lab result on septembre 04, 2009

Gluc	=5.2	[4.2 - 6.4]
HbA1C	=6.8	[4 - 6]

8. Duch Din, 70M (Koh Pon Village)
Diagnosis:

1. HTN

Treatment:

1. Amlodipine 5mg 1t po bid for one month (buy)

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

1. GERD
2. HTN

Treatment:

1. Nifedipine 20mg 1t po qd

10. Heng Pheary, 30F (Thkeng Village)

Diagnosis:

1. Asthma

Treatment:

1. Salbutamol Inhaler 2puffs po bid prn severe SOB for three months (# 2)

11. Huy Yim, 55F (Backdoang Village)

Diagnosis:

1. HTN

Treatment:

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

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

Diagnosis:

` 1. HTN
2. Right side stroke with left side weakness

Treatment:

1. Amlodipine 5mg 1t po qd for two months (#60)
2. ASA 300mg 1/4t po qd for two months (#15)
3. Eat low Salt/Fats diet and do regular exercise

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

Diagnosis:

1. HTN

Treatment:

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

14. Keth Chourn, 55M (Chhnourn Village)

Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1t po qd for one month (# 35)

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

Diagnosis:

1. HTN

Treatment:

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

16. Kong Nareun, 31F (Taing Treuk Village)

Diagnosis:

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

Treatment:

1. Atenolol 50mg 1/2t po bid for two months (# 60)
2. Furosemide 40mg 1/2t po bid for two months (# 60)

17. Kong Sam On, 53M (Thkeng Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid for one month (#60)
2. Glibenclamdie 5mg 1t po bid for one month (buy)
3. Atenolol 50mg 1t po qd for one month (#30)
4. Captopril 25mg 1/2t po bid for one month (#30)
5. ASA 300mg 1/4t po qd for one month (#8)
6. Draw blood for Gluc and HbA1C at SHCH

Lab result on septembre 04, 2009

Gluc	=4.7	[4.2 - 6.4]
HbA1C	=5.9	[4 - 6]

18. Kul Keung, 61F (Taing Treuk Village)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. ASA 300mg ¼ t po qd for three months (# 24)
3. Captopril 25mg ¼ t po qd for three months (# 24)
4. Glibenclamide 5mg 1t po bid for three months (# 180)
5. Metformin 500mg 1t po qd for three months (#90)

19. Lay Lai, 28F (Taing Treuk Village)
Diagnosis:

1. Tachycardia

Treatment:

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

20. Meas Ream, 74F (Taing Treuk Village)
Diagnosis:

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

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. ASA 300mg 1/4t po qd for three months (# 24)
3. MTV 1t po qd for three months (# 90)

21. 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)

22. Nung Bopha, 45F (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

1. Gliburide/Metformin 2.5mg/500mg 2t po bid for three months (#360)
2. Captopril 25mg 1/4t po bid for three months (#45)

3. ASA 300mg 1/4t po qd for three months (#24)

23. Nung Chhun, 70F (Ta Tong Village)
Diagnosis:
1. HTN
2. DMII

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

24. Pang Sidoeun, 31F (Rovieng Tbong Village)
Diagnosis:
1. HTN

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

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)

26. Prum Norn, 56F (Thnout Malou Village)
Diagnosis:
1. Liver cirrhosis with PHTN
2. HTN
3. Hypocromic Microcytic Anemia
4. Hypertrophic Cardiomyopathy
5. Renal Failure

Treatment:
1. Spironolactone 25mg 1t po qd for two months (#60)
2. FeSO4/Folate 200/0.25mg 1t po qd for two months (#60)
3. Folic acid 5mg 1t po qd for two months (#60)
4. MTV 1t po qd for two months (#60)
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on septembre 04, 2009

WBC	=3.5	[4 - 11x10^9/L]	Na	=141	[135 - 145]
RBC	=3.6	[3.9 - 5.5x10^{12}/L]	K	=5.7	[3.5 - 5.0]
Hb	=9.2	[12.0 - 15.0g/dL]	Cl	=116	[95 - 110]
Ht	=28	[35 - 47%]	BUN	=5.1	[0.8 - 3.9]
MCV	=79	[80 - 100fl]	Creat	=189	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=9.8	[4.2 - 6.4]
MHCH	=33	[30 - 37%]			
Plt	=93	[150 - 450x10^9/L]			
Lym	=0.8	[1.0 - 4.0x10^9/L]			

Mxd =0.6 [0.1 - 1.0x10^9/L]
Neut =2.1 [1.8 - 7.5x10^9/L]

27. Rim Sopheap, 32F (Doang Village)
Diagnosis:
1. Dilated Cardiomyopathy with EF 32% with PR

Treatment:
1. Captopril 25mg 1/4t po bid for two months (#30)
2. ASA 300mg 1/4t po qd for two months (#15)
3. MTV 1t po qd for two months (#60)

28. Ros Oeun, 50F (Thnout Malou Village)
Diagnosis:
1. HTN
2. DMII

Treatment:
1. Glibenclamide 5mg 11/2t po bid for two months (# 180)
2. Metformin 500mg 2t po bid for two months (# 240)
3. Captopril 25mg 1/2t po bid for two months (# 60)
4. ASA 300mg 1/4t po qd for two months (# 15)

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

Treatment:
1. Metformin 500mg 2t po qhs for one month (# 60)
2. Glibenclamdie 5mg 1t po bid for one month (# 60)
3. Captopril 25mg 1/4t po qd for one month (# 8)
4. Draw blood for Gluc and HbA1C at SHCH

Lab result on septembre 04, 2009

Gluc =22.8 [4.2 - 6.4]
HbA1C =10.0 [4 - 6]

30. Sam Thourng, 29F (Thnal Keng Village)
Diagnosis:
1. Cardiomegaly by CXR
2. MR
3. Right kidney stone by ultrasound

Treatment:
1. Atenolol 50mg 1t po qd for two months (#60)
2. ASA 300mg 1/4t po qd for two months (#15)

31. Sam Yom, 60F (Chhnourn Village)
Diagnosis:
1. HTN

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

32. San Sophal, 35M (Rovieng Cheung Village)
Diagnosis:
1. DMII

Treatment:

1. Metformin 500mg 2t po qhs for two months (#120)

33. Say Soeun, 67F (Rovieng Cheung Village)
Diagnosis:
1. HTN
2. DMII

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

34. Sem Sarun, 68F (Trapang Toem Village)
Diagnosis:
1. COPD

Treatment:
1. Salbutamol inhaler 2puffs bid for three months (#2)

35. Seng Kim Oeun, 56M (Thnout Malou Village)
Diagnosis:
1. HTN

Treatment:
1. Captopril 25mg 1t po qd for two months (#60)
2. ASA 300mg 1/4t po qd for two months (#15)
3. Eat low Na+ and fats diet and do regular exercise

36. So Sok San, 24F (Thnal Keng Village)
Diagnosis:
1. Nephrotic Syndrome
2. 7 months Pregnancy

Treatment:
1. Captopril 25mg 1/4t po bid for one month (#15)
2. MTV 1t po qd for one month (#30)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on September 4, 2009

WBC	=13.8	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=3.1	[3.9 - 5.5x10^{12}/L]	K	=4.0	[3.5 - 5.0]
Hb	=10.3	[12.0 - 15.0g/dL]	Cl	=110	[95 - 110]
Ht	=29	[35 - 47%]	BUN	=1.1	[0.8 - 3.9]
MCV	=92	[80 - 100fl]	Creat	=75	[44 - 80]
MCH	=33	[25 - 35pg]	Gluc	=3.7	[4.2 - 6.4]
MHCH	=36	[30 - 37%]	T. Chol	=6.3	[<5.7]
Plt	=364	[150 - 450x10^9/L]	Prot	=69	[66 - 87]
Lym	=2.6	[1.0 - 4.0x10^9/L]	Albu	=36	[38 - 54]
Mxd	=1.7	[0.1 - 1.0x10^9/L]			
Neut	=9.5	[1.8 - 7.5x10^9/L]			

37. Som An, 50F (Rovieng Tbong)
Diagnosis
1. HTN

Treatment

1. Atenolol 50mg 1/2t po bid for four months (# 120)
2. HCTZ 50mg 1t po qd for four months (# 120)

38. So On, 80F (Thnout Malou Village)
Diagnosis:
1. HTN
2. Joint pain
3. Anemia

Treatment:
1. HCTZ 50mg 1/2t po po qd for two months (# 30)
2. Paracetamol 500mg 1t po qid prn pain/fever for two months (# 30)
3. MTV 1t po qd for two months (#60)
4. FeSO4/Folate 200/0.25mg 1t po qd for two months (#60)

39. Srey Hom, 62F (Taing Treuk Village)
Diagnosis:
1. HTN
2. DMII with PNP
3. Renal Failure

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

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

Treatment:
1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 2t po bid for one month (# 120)
3. Captopril 25mg 1/4t po qd for one month (# 8)
4. ASA 300mg 1/4t po qd for one month (# 8)
5. Draw blood for Gluc and HbA1C at SHCH

Lab result on septembre 04, 2009

Gluc	=10.1	[4.2 - 6.4]
HbA1C	=10.6	[4 - 6]

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

Treatment:
1. Salbutamol Inhaler 2puffs bid for one month (#1)
2. Famotidine 40mg 1/2t po qhs for one month (#15)

42. Teav Vandy, 63F (Rovieng Cheung Village)
Diagnosis:
1. HTN

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

43. Uy Noang, 55M (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Metformine 500mg 1t po bid for two months (#120)

44. Vong Yan, 72F (Boeung Village)
Diagnosis:

1. HTN

Treatment:

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

The next Robib TM Clinic will be held on October 05 - 09, 2009