Robib *Telemedicine* Clinic

Preah Vihear Province

S E P T E M B E R 2 0 1 0

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

On Monday, September 6, 2010, SHCH staff Driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), September 7 & 8, 2010, the Robib TM Clinic opened to receive the patients for evaluations. There were 7 new and 1 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 8 & 9, 2010.

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

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

From: Robib Telemedicine
To: Kathy Fiamma > ; Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Cornelia Haener ; 'Kruy Lim' ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach ; Kevin O' brien ; Peou Ouk ; Samoeurn Lanh ; savoeunchhun@Sihosp.org ; Sochea Monn
Sent: Monday, August 30, 2010 7:18 AM
Subject: Schedule for Robib Telemedicine Clinic September 2010

Dear all,

I would like to inform you that Robib TM Clinic for September 2010 will be starting from September 6 to 10, 2010.

The agenda for trip is as following:
1. On Monday September 6, 2010, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday September 7, 2010, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as word file and send to both partners in Boston and Phnom Penh.
3. On Wednesday September 8, 2010, the activity is the same as on Tuesday
4. On Thursday September 9, 2010, download all the answers replied from both partners then treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday September 10, 2010, Draw blood from patients for lab test at SHCH then come back to Phnom Penh.

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

Best regards,
Sovann

From: Robib Telemedicine
To: Cornelia Haener ; 'Kruy Lim' ; Rithy Chau ; Rithy Chau ; Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Tuesday, September 07, 2010 4:52 PM
Subject: Robib TM Clinic September 2010, Case#1, Keo Chou, 66F

Dear all,

There are four new cases for the first day of Robib TM Clinic September 2010. Case number 1, Keo Chou, 66F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

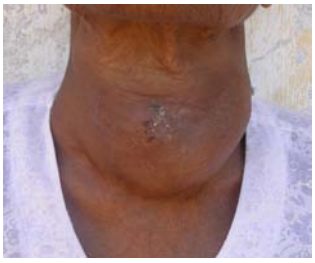
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Keo Chou, 66F (Ke Village)**

Chief Complaint (CC): Neck mass x 4 months

History of Present Illness (HPI): 66F presented with a mass about thump size and progressive developed bigger to about 6 x 7cm size in four months with symptoms of voice change, dysphagia with solid food, fatigue, she didn't seek medical care but only sought traditional medicine apply on the mass. She denied of palpitation, tremor, heat intolerance, abdominal problem, dysuria, hematuria, weight loss.



Past Medical History (PMH): Unremarkable

Family History: None

SH: Chewing tobacco, no alcohol drinking, 3 children

Current Medications: Traditional medicine apply on the mass

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP: 101/73** **P: 96** **R: 20** **T: 37^{o}C** **Wt: 33Kg**

General: Stable

HEENT: No oropharyngeal lesion, pale conjunctiva, thyroid enlargement with a few nodules, firm, regular border, mobile on swallowing, no bruit, no JVD

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

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

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

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

Lab/study: None

Assessment:

1. Thyroid gland tumor
2. Anemia

Plan:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluco, TSH, Free T4 at SHCH
2. Refer to SHCH for surgical evaluation
3. MTV 1t po qd
4. FeSO4/Folate 1t po bid

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

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

Examined by: Nurse Sovann Peng **Date: September 7, 2010**

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

From: Barbesino, Giuseppe,M.D.
To: robibtelemed@gmail.com ; rithychau@sihosp.org
Sent: Tuesday, September 07, 2010 11:23 PM
Subject: RE: Robib TM Clinic September 2010, Case#1, Keo Chou, 66F

I agree that the rate of growth of this mass is worrisome for malignancy. This is also suggested by the anemia. There is a chance though that this is a cyst, so neck ultrasound would also be useful. ultimately, a needle or excisional biopsy will be required for diagnosis. if that is not available, surgical removal for therapeutic and diagnostic purposes would be recommended, just based on size.

Giuseppe Barbesino M.D.

From: Cornelia Haener
To: 'Robib Telemedicine' ; 'Kruy Lim' ; 'Rithy Chau' ; 'Rithy Chau' ; 'Paul J. M.D. Heinzelmann' ; 'Kathy Fiamma >' ; 'Joseph Kvedar'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach'
Sent: Wednesday, September 08, 2010 1:41 PM
Subject: RE: Robib TM Clinic September 2010, Case#1, Keo Chou, 66F

Dear Sovann,
Thanks for submitting this case.
I agree with your assessment and plan to refer the patient for surgical evaluation.

Kind regards

Cornelia

From: Robib Telemedicine
To: Cornelia Haener ; Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar ; 'Kruy Lim' ; Rithy Chau ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Tuesday, September 07, 2010 4:54 PM
Subject: Robib TM Clinic September 2010, Case#2, Tey Narin, 30F

Dear all,

This is case number 2, Tey Narin, 30F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

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

History and Physical

Name/Age/Sex/Village: **Tey Narin, 30F (Thnal Keng Village)**

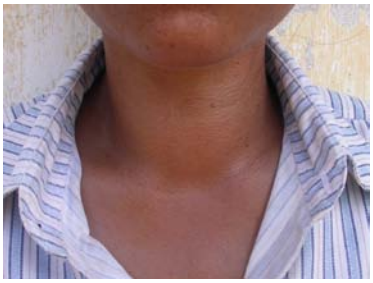
Chief Complaint (CC): Neck mass x 3y

History of Present Illness (HPI): 30F, housewife, presents with neck mass, diffuse enlargement, and symptoms of palpitation, tremor, insomnia, hair loss, heat intolerance, moist skin and voice change and on/off dysphagia with solid food. She denied of HA, blurred vision, CP, abdominal problem, stool with blood or mucus, urinary symptoms. She didn't seek medical consultation or treatment in the past.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No alcohol drinking, no cig smoking, one child



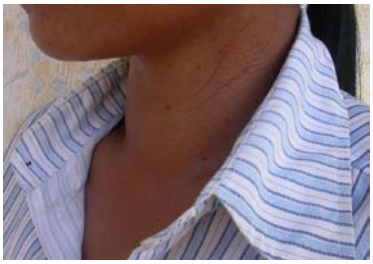
Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular menstrual period

PE:

Vitals: BP: 125/86 P: 119 R: 20 T: 37°C Wt: 53Kg



General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement, soft, no tender, no bruit, no lymph node palpable, mobile on swallowing

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

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

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

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

Lab/study: None

Assessment:

1. Hyperthyroidism

Plan:

1. Propranolol 40mg 1/4t po bid
2. Draw blood for TSH and Free T4 at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: September 7, 2010**

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

From: Barbesino, Giuseppe,M.D.
To: Fiamma, Kathleen M.
Cc: rithychau@sihosp.org ; robibtelemed@gmail.com
Sent: Tuesday, September 07, 2010 11:25 PM
Subject: RE: Robib TM Clinic September 2010, Case#2, Tey Narin, 30F

I agree that history and exam is consistent with prolonged hyperthyroidism, likely Graves' disease. I agree with beta-blocker and would add carbimazole/methimazole 20 mg daily, if thyroid function tests confirm hyperthyroidism.

Giuseppe Barbesino M.D.

From: Cornelia Haener
To: 'Robib Telemedicine' ; 'Paul J. M.D. Heinzelmann' ; 'Kathy Fiamma >' ; 'Joseph Kvedar' ; 'Kruy Lim' ; 'Rithy Chau' ; 'Rithy Chau'
Cc: 'Bernie Krisher' ; 'Sothero Noun' ; 'Laurie & Ed Bachrach'
Sent: Wednesday, September 08, 2010 1:42 PM
Subject: RE: Robib TM Clinic September 2010, Case#2, Tey Narin, 30F

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

Kind regards
Cornelia

From: Robib Telemedicine
To: Rithy Chau ; Rithy Chau ; 'Kruy Lim' ; Joseph Kvedar ; Kathy Fiamma > ; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Tuesday, September 07, 2010 4:56 PM
Subject: Robib TM Clinic September 2010, Case#3, Monn Sodaneth, 2F

Dear all,

This is case number 3, Monn Sodaneth, 2F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

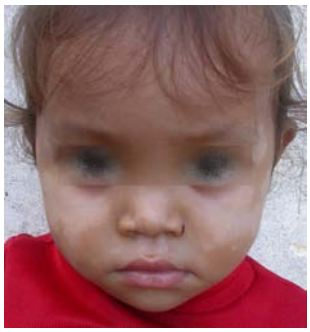
History and Physical

Name/Age/Sex/Village: **Monn Sodaneth, 2F (Thnout Malou Village)**

Chief Complaint (CC): Skin rash x 8 months

History of Present Illness (HPI): 2F brought to Telemedicine clinic by her mother with complaining of skin rash. The lesion first presented on the face as a white spot then developed bigger from day to day with itchy. The rash presented on other places as body, and extremity. She brought her daughter to local pharmacy and treated with oral and cream for eczema but it seems not better. Her mother denied lesion with erythema, vesicle,

pustule.



Past Medical History (PMH): Pneumonia diagnosed by Kantha Bopha hospital in Siem Reap when she was 8 months old

Family History: No family history of skin rash

Current Medications: Oral and cream for eczema (from local pharmacy)

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

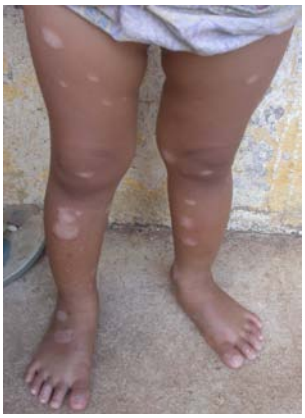
Vitals: BP: P: 136 R: 28 T: 37^{o}C Wt: 9Kg

General: Stable

HEENT: Unremarkable

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

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



Extremity/Skin: Skin lesion on face, body and extremity, white macule, from one to a few centimeters, some scaly lesion on the lower legs, no vesicle, no erythema, no pustule

Lab/study: None

Assessment:

1. Pityriasis versicolor?
2. Vertiligo??

Plan:

1. Clotrimazole cream 1% apply bid until the rash done

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 7, 2010**

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

From: Kvedar, Joseph Charles,M.D.
Sent: Tuesday, September 07, 2010 8:59 PM
To: Fiamma, Kathleen M.
Subject: Re: Suggestions for Derm case from Cambodia

Hypopigmented macules can indeed represent tinea versicolor, though these appear to be quite large and even edematous for that diagnosis. Certainly this could be vitiligo. In addition, I'd at least consider Hansen's disease. The easiest way to exclude Hansen's would be to carefully check sensation in the lesions. If she can feel tickle or light touch in the lesions, it is probably not Hansen's. Although an empiric course of clotrimazole can't hurt, I am not optimistic. If it is vitiligo, meticulous sunscreen use is important. I am going to assume that the usual treatments for vitiligo (tacrolimus cream or PUVA) are not available in Roveing.

Joseph Kvedar, MD

From: Robib Telemedicine
To: Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar ; 'Kruy Lim' ; Rithy Chau ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Tuesday, September 07, 2010 4:58 PM
Subject: Robib TM Clinic September 2010, Case#4, Nheuk Koeun, 53F

Dear all,

This is case number 4, Nheuk Koeun, 53F and photo. Please waiting for other cases which will be sent to you tomorrow.

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

Best regards,
Sovann

Robib Telemedicine Clinic

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

History and Physical

Name/Age/Sex/Village: **Nheuk Koeun, 53F (Taing Treuk Village)**

Chief Complaint (CC): Polyuria, polyphagia x 2 months

History of Present Illness (HPI): 53F, farmer, presented with symptoms of polyuria, polyphagia, polydypsia, fatigue, weight loss, poor appetite and yellow on eye conjunctiva, she went to provincial hospital and diagnosed with DMII, Liver cirrhosis, and Splenomegaly and treated with antidiabetic drug and other medicine (unknown name) in the hospital about 1 week. She was discharge with a few days of medicine and run out of medicine for about two weeks. She denied of fever, cough, CP, hematuria, oliguria, dysuria, edema, numbness/tingling.

Past Medical History (PMH): many times of malaria infection in the past

Family History: None

SH: No alcohol drinking, no tobacco chewing or smoking

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Epigastric pain, burning sensation during hungry and after full eating, burping with sour taste, no black stool

PE:

Vitals: BP: 100/58 P: 88 R: 20 T: 37^{o}C Wt: 45Kg

General: Look sick, cachexia

HEENT: No orophryngeal lesion, pale and icterus conjunctiva, no neck mass, no JVD palpable; ear canal mucosa, no erythema, no exudate, no pus and eardrum intact

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

Abd: Soft, no tender, no distension, big splenomegaly, no hepatomegaly, some complete health burning scar

Extremity/Skin: No leg edema, dorsalis pedis and posterior tibial pulse palpable

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

Rectal exam: good sphincter tone, no mass palpable, no tender, neg colocheck

Lab/study:
RBS: 501mg/dl
Hb: 7g/dl
U/A: glucose 4+, protein 2+

Assessment:

1. DMII
2. GERD
3. Anemia
4. Liver cirrhosis
5. Splenomegaly due to malaria infection

Plan:

1. Glibenclamide 5mg 1t po bid
2. Famotidine 40mg 1t po qhs for one month
3. Mebendazole 100mg 5t po qd once
4. FeSO4/Folate 200/0.25mg 1t po bid
5. MTV 1t po qd

6. Stop traditional medicine
7. GERD prevention education
8. Educate on diabetic diet, foot care
9. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, LFT, HbA1C at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: September 7, 2010**

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

From: Smulders-Meyer, Olga,M.D.
To: Fiamma, Kathleen M. ; robibtelemed@gmail.com
Cc: rithychau@sihosp.org
Sent: Wednesday, September 08, 2010 4:21 AM
Subject: RE: Robib TM Clinic September 2010, Case#4, Nheuk Koeun, 53F

Hi Sovann,
This pt is very ill indeed.

She has DM type 2 as you suggested and I agree that you can try to educate her and advise her to avoid sugar and simple carbohydrates and to add Protein to her diet at each meal. I agree with starting her with on Glibenclamide 5 mg twice a day and I would try to check 2 fasting blood sugar levels a week in the next 2-3 weeks to monitor how she responds to treatment.
You can slowly go up to the highest dose depending on her fasting blood sugar. I suspect her HbA1C will be in the 8-10 range and it is possible that she may soon need to start using Insulin to control her Blood sugar. I am not sure whether you have Insulin available in your clinic, let me know for future cases.

She has recurrent Malaria with splenomegaly as a result which in turn may worsen her dyspepsia and early satiety.
I agree with Famotidine daily to decrease symptoms of GERD. She may have underlying gastritis and you could check for H.Pylori and treat her if possible.

She has jaundice which is most likely a complication from recurrent malaria infection, due to hemolysis. Malaria can also cause hepatocyt injury and cholestasis. Liver dysfunction in a patient with Malaria unfortunately usually means the prognosis is not very good. You could also check her for Hepatitis B and C but quite frankly I think that she splenomegaly from recurrent Malaria already, I don't think I really recommend that as there is no treatment for her and her condition is already very deteriorated.

Malaria also causes anemia as so many red blood cells are caught in the spleen and destroyed as a result. Ok to give the pt iron supplements, but might not do much for her anemia and the cause of her anemia is increased turn over of the erythrocytes.

I think the most important thing to do for this patient is to get the blood sugar under control as soon as possible and treat her GERD aggressively so that her GI symptoms resolve. She is very ill and you want to optimize the quality of her life at this point.

Hope this is helpful.

Sincerely,

Olga Smulders Meyer MD

From: Robib Telemedicine
To: Paul J. M.D. Heinzelmann ; Joseph Kvedar ; Kathy Fiamma > ; Rithy Chau ; Rithy Chau ; 'Kruy Lim'
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Wednesday, September 08, 2010 4:30 PM
Subject: Robib TM Clinic September 2010, Case#5, Pheum Sok, 23M

Dear all,

There are three new cases and one follow up case for second day of Robib TM clinic September 2010. Case number 5, continued from yesteday, Pheum Sok, 23M 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: **Pheum Sok, 23M (Bakdoang Village)**

Chief Complaint (CC): Yellow eye x 1 month

History of Present Illness (HPI): 23M, construction worker, presented with symptoms of RUQ pain, after eating without radiation, and yellow eye, skin itchy, poor appetite, fatique, and amber color of urine, normal amount. He went to private clinic in province, lab test result HbsAg positive, anti-Hbs negative, HCV negative. He was treated with two kind of medicine taking 1t bid for one week but the symptoms still persist. He denied of fever, cough, SOB, nausea, vomiting, stool with blood or mucus, edema.

Past Medical History (PMH): Unremarkable

Family History: None

SH: Casual alcohol drinking, no cig smoking

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP: 125/76** **P: 117** **R: 20** **T: 37^{o}C** **Wt: 48Kg**

General: Stable

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

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

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

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

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

Lab/study:
U/A: normal (amber color urine)

Assessment:

1. Hepatitis B

Plan:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc and LFT 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 8, 2010**

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

No answer replied

From: Robib Telemedicine
To: 'Kruy Lim' ; Rithy Chau ; Rithy Chau ; Kathy Fiamma > ; Joseph Kvedar ; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Wednesday, September 08, 2010 4:32 PM
Subject: Robib TM Clinic September 2010, Case#6, Prang Am, 67F

Dear all,

This is case number 6, Prang Am, 67F 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: **Prang Am, 67F (Chambak Phaem Village)**

Chief Complaint (CC): Burning epigastric pain x 3 months

History of Present Illness (HPI): 67F presented with symptoms of epigastric pain, burning sensation retrosternal, burping with sour taste, radiate to the back. She went to consult with local health center, and treated with Antacid for 5d but not better. She denied of vomiting, black stool, stool with blood or mucus.

Past Medical History (PMH): Unremarkable

Family History: None

SH: No alcohol drinking, no cig smoking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): no fever, no cough, no palpitation, no CP, no oliguria, no hematuria, no edema

PE:

Vitals: **BP: 89/58** **P: 95** **R: 18** **T: 37^{o}C** **Wt: 49Kg**

General: Stable

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

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

Abd: Soft, mild tender on epigastric area, no distension, (+) BS, no HSM

Extremity/Skin: No edema, no rash, 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:

RBS: 103mg/dl U/A: protein trace

Assessment:

1. GERD

Plan:

1. Famotidine 40mg 1t po qhs for one month
2. Mebendazole 100mg 5t po qhs once
3. GERD prevention education

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 8, 2010**

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

No answer replied

From: Robib Telemedicine
To: Paul J. M.D. Heinzelmann ; Kathy Fiamma > ; Joseph Kvedar ; 'Kruy Lim' ; Rithy Chau ; Rithy Chau
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Wednesday, September 08, 2010 4:37 PM
Subject: Robib TM Clinic September 2010, Case#7, Prum Hoeum, 75F

Dear all,

This is case number 7, Prum Hoeum, 75F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Prum Hoeum, 75F (Thkeng Village)**

Chief Complaint (CC): Dizziness x 3 month

History of Present Illness (HPI): 75F presented with symptoms of dizziness, HA and neck tension, generalized muscle pain, she bought Chinese antihypertensive medicine taking 1t po qd and sometime bid if she still presented with the symptoms. She denied of fever, cough, palpitation, CP, blurred vision, abdominal complaint, oliguria, hematuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

SH: Chewing tobacco, stopped 5 months; no alcohol drinking, 9 children

Current Medications: Chinese antihypertensive medicine 1t po qd

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: **BP: Rt 167/93, Lt 169/87** **P: 70** **R: 18** **T: 37^{o}C** **Wt: 50Kg**

General: look stable

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

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

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

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

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

Lab/study: None

Assessment:

1. HTN

Plan:

1. HCTZ 50mg 1/2t po qd
2. Do regular exercise and eat low salt diet
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: September 8, 2010**

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

No answer replied

From: Robib Telemedicine
To: Rithy Chau ; Rithy Chau ; 'Kruy Lim' ; Kathy Fiamma > ; Joseph Kvedar ; Paul J. M.D. Heinzelmann
Cc: Bernie Krisher ; Sothero Noun ; Laurie & Ed Bachrach
Sent: Wednesday, September 08, 2010 4:45 PM
Subject: Robib TM Clinic September 2010, Case#8, Thorng Khourn, 74F

Dear all,

This is the last case for Robib MT clinic September 2010, Case number 8 (follow up) Thorng Khourn, 74F and photos. 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

Patient: **Thorng Khourn, 74F (Bakdoang Village)**

Subject: 78F with diagnosis of liver cirrhosis, hepatitis C and anemia and treated with Spironolactone 25mg 1t po qd, MTV 1t po qd, FeSO4 200/0.25mg 1t po qd and became stable with no ascitis, edema. She missed appointment for a year and In these ten days, she has presented with symptoms of scanty urine with water intake about one litter per day, legs edema, abdominal distension, fatigue, SOB, she didn't get any treatment just come to consult in Telemedicine today. She denied of fever, cough, HA, palpitation, CP, abdominal pain, hematuria, dysuria, jaundice.

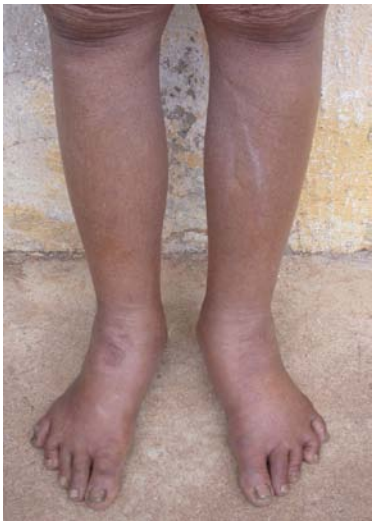
Medication: None

Allergies: NKDA

Object:

PE:

Vitals: **BP 109/77** **P: 107** **R: 20** **T: 37** **Wt: 35kg**



General: Look Sick

HEENT: No oropharyngeal lesion, pale conjunctiva, thyroid enlargement nodule about 3x5cm, no tender, mobile on swallowing, no lymph node palpable, (+)JVD

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

Abd: soft, no tender, mild distension, (+) BS, no HSM, neg fluid wave, no spider angioma

Extremity: 2+ pitting edema on both legs, (+) dorsalis pedis and posterior tibial pulse

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

Lab/Study:

U/A: protein 2+, no glucose, no ketone

Assessment:

1. Hepatitis
2. Liver cirrhosis
3. Anemia

Plan:

1. Furosemide 20mg 1t po qd for one week
2. Spironolactone 25mg 1t po qd
3. MTV 1t po qd
4. FeSO4/Folate 200/0.25mg 1t po qd
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT 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 8, 2010**

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

No answer replied

Thursday, September 9, 2010

Follow-up Report for Robib TM Clinic

There were 7 new patients and 1 follow up patients seen during this month Robib TM Clinic, other 56 patients came for medication refills only. The data of all 8 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 2010

1. Keo Chou, 66F (Ke Village)
Diagnosis:

1. Thyroid gland tumor
2. Anemia

Treatment:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluco, TSH, Free T4 at SHCH
2. MTV 1t po qd (#30)
3. FeSO4/Folate 1t po bid (#60)

Lab result on September 10, 2010

WBC	=9.0	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=4.9	[3.9 - 5.5x10^{12}/L]	K	=3.8	[3.5 - 5.0]
Hb	=11.8	[12.0 - 15.0g/dL]	Cl	=103	[95 – 110]
Ht	=38	[35 - 47%]	BUN	=3.9	[0.8 - 3.9]
MCV	=77	[80 - 100fl]	Creat	=110	[44 - 80]
MCH	=24	[25 - 35pg]	Gluc	=4.2	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	TSH	=2.57	[0.27 – 4.20]
Plt	=199	[150 - 450x10^9/L]	Free T4	=17.87	[12.0 – 22.0]
Lym	=1.7	[1.0 - 4.0x10^9/L]			
Mxd	=0.6	[0.1 - 1.0x10^9/L]			
Neut	=6.7	[1.8 - 7.5x10^9/L]			

2. Tey Narin, 30F (Thnal Keng Village)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Propranolol 40mg 1/4t po bid (#20)
2. Draw blood for TSH and Free T4 at SHCH

Lab result on September 10, 2010

TSH	=<0.005	[0.27 – 4.20]
Free T4	=>100	[12.0 - 22.0]

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

1. Pityriasis versicolor?
2. Vertiligo??

Treatment:

1. Keep observe

4. Nheuk Koeun, 53F (Taing Treuk Village)
Diagnosis:

1. DMII
2. GERD
3. Anemia
4. Liver cirrhosis
5. Splenomegaly due to malaria infection

Treatment:

1. Glibenclamide 5mg 1t po bid (#80)
2. Omeprazole 20mg 1t po qhs for one month (#30)

3. Mebendazole 100mg 5t po qd once (#5)
4. FeSO4/Folate 200/0.25mg 1t po bid (#60)
5. MTV 1t po qd (#30)
6. Stop traditional medicine
7. GERD prevention education
8. Educate on diabetic diet, foot care
9. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG, LFT, HbA1C at SHCH

Lab result on September 10, 2010

WBC	=1.7	[4 - 11x10^9/L]	Na	=137	[135 - 145]
RBC	=1.5	[3.9 - 5.5x10^{12}/L]	K	=2.9	[3.5 - 5.0]
Hb	=4.7	[12.0 - 15.0g/dL]	Cl	=104	[95 – 110]
Ht	=16	[35 - 47%]	BUN	=0.5	[0.8 - 3.9]
MCV	=109	[80 - 100fl]	Creat	=65	[44 - 80]
MCH	=32	[25 - 35pg]	Gluc	=14.6	[4.2 - 6.4]
MHCH	=29	[30 - 37%]	T. Chol	=2.7	[<5.7]
Plt	=74	[150 - 450x10^9/L]	TG	=1.5	[<1.71]
Lym	=0.4	[1.0 - 4.0x10^9/L]	SGOT	=37	[<31]
HbA1C	=5.1	[4 – 6]	SGPT	=32	[<32]

5. Pheum Sok, 23M (Bakdoang Village)
Diagnosis:
1. Hepatitis B

Treatment:
1. Draw blood for CBC, Lyte, BUN, Creat, Gluc and LFT at SHCH

Lab result on September 10, 2010

WBC	=10.7	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=4.2	[4.6 - 6.0x10^{12}/L]	K	=4.0	[3.5 - 5.0]
Hb	=11.1	[14.0 - 16.0g/dL]	Cl	=106	[95 – 110]
Ht	=36	[42 - 52%]	BUN	=0.8	[0.8 - 3.9]
MCV	=84	[80 - 100fl]	Creat	=79	[53 - 97]
MCH	=26	[25 - 35pg]	Gluc	=6.3	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	SGOT	=165	[<37]
Plt	=377	[150 - 450x10^9/L]	SGPT	=99	[<42]
Lym	=3.3	[1.0 - 4.0x10^9/L]			

6. Prang Am, 67F (Chambak Phaem Village)
Diagnosis:
1. GERD

Treatment:
1. Famotidine 40mg 1t po qhs for one month (#30)
2. Mebendazole 100mg 5t po qhs once (#5)
3. GERD prevention education

7. Prum Hoeum, 75F (Thkeng Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 50mg 1/2t po qd (#20)
2. Do regular exercise and eat low salt diet

8. Thorng Khourn, 74F (Bakdoang Village)
Diagnosis:
1. Hepatitis C

2. Liver cirrhosis
3. Anemia

Treatment:

1. Furosemide 20mg 1t po qd for one week (#7)
2. Spironolactone 25mg 1t po qd (#40)
3. MTV 1t po qd (#30)
4. FeSO4/Folate 200/0.25mg 1t po qd (#30)
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT at SHCH

Lab result on September 10, 2010

WBC	=4.8	[4 - 11x10^9/L]	Na	=140	[135 - 145]
RBC	=3.5	[3.9 - 5.5x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=9.6	[12.0 - 15.0g/dL]	Cl	=110	[95 – 110]
Ht	=31	[35 - 47%]	BUN	=2.9	[0.8 - 3.9]
MCV	=87	[80 - 100fl]	Creat	=96	[44 - 80]
MCH	=27	[25 - 35pg]	Gluc	=4.9	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	SGOT	=95	[<31]
Plt	=248	[150 - 450x10^9/L]	SGPT	=98	[<32]
Lym	=1.1	[1.0 - 4.0x10^9/L]			
Mxd	=0.2	[0.1 - 1.0x10^9/L]			
Neut	=3.5	[1.8 - 7.5x10^9/L]			

Patients who come for follow up and refill medicine

1. Bon Mesa, 13F (Thnal Keng Village)
Diagnosis:

1. Chronic otitis media

Treatment:

1. Augmentin 600mg/5cc 5cc po bid for 2w (#1)
2. Occlude the ear while having a shower

2. Chan Khem, 63F (Taing Treuk Village)
Diagnosis

1. HTN

Treatment

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

3. Chan Khut, 64F (Sre Thom Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (#45)
2. ASA 300mg 1/4t po qd for three months (#23)

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

1. BPH
2. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (#20)
2. Ibuprofen 200mg 2t po bid prn pain for one month (#40)

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

1. Mild to moderate Aortic regurgitation

Treatment:

1. Enalapril 5mg 1/2t po qd for two months (# 30)

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

1. HTN
2. Gouty arthritis
3. Renal insufficiency

Treatment:

1. Atenolol 100mg 1/4t po bid (#20)
2. Ibuprofen 200mg 3t po tid prn severe pain (#50)
3. Paracetamol 500mg 1t po qid prn pain (#30)
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc and Uric acid at SHCH

Lab result on September 10, 2010

WBC	=8.4	[4 - 11x10^9/L]	Na	=137	[135 - 145]
RBC	=4.6	[4.6 - 6.0x10^{12}/L]	K	=4.5	[3.5 - 5.0]
Hb	=12.1	[14.0 - 16.0g/dL]	Cl	=105	[95 – 110]
Ht	=38	[42 - 52%]	BUN	=4.4	[0.8 - 3.9]
MCV	=84	[80 - 100fl]	Creat	=230	[53 - 97]
MCH	=27	[25 - 35pg]	Gluc	=4.7	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	U acid	=789	[200 - 420]
Plt	=426	[150 - 450x10^9/L]			
Lym	=2.0	[1.0 - 4.0x10^9/L]			

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

1. Osteoarthritis?
2. Gouty Arthritis??

Treatment:

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

8. Chhay Chanthy, 47F (Thnout Malou Village)
Diagnosis:

1. Euthyroid goiter

Treatment:

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

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

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#70)
2. Review on diabetic diet, do regular exercise and foot care

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

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

3. DMII
4. Gouty arthritis
5. Chronic renal failure

Treatment:

1. Atenolol 100mg 1/4t po bid for one month (#15)
2. Amlodipine 5mg 1t po qd for one month (buy)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Metformin 500mg 1t po bid for one month (#70)
5. Glibenclamide 5mg 1t po qd for one month (buy)

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

1. Osteoarthritis?
2. HTN

Treatment:

1. Ibuprofen 200mg 2t po bid prn pain for one month (#40)
2. Atenolol 100mg 1/4t po qd for one month (#10)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on September 10, 2010

WBC	=7.9	[4 - 11x10^9/L]	Na	=143	[135 - 145]
RBC	=3.5	[4.6 - 6.0x10^{12}/L]	K	=4.8	[3.5 - 5.0]
Hb	=8.3	[14.0 - 16.0g/dL]	Cl	=111	[95 – 110]
Ht	=28	[42 - 52%]	BUN	=4.3	[0.8 - 3.9]
MCV	=81	[80 - 100fl]	Creat	=254	[53 - 97]
MCH	=24	[25 - 35pg]	Gluc	=4.2	[4.2 - 6.4]
MHCH	=30	[30 - 37%]			
Plt	=414	[150 - 450x10^9/L]			
Lym	=3.5	[1.0 - 4.0x10^9/L]			
Mxd	=1.2	[0.1 - 1.0x10^9/L]			
Neut	=3.2	[1.8 - 7.5x10^9/L]			

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

1. HTN

Treatment:

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

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

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po tid for one month (#35)
2. Propranolol 40mg ¼ t po bid for one month (#15)

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

1. HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (#35)

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

1. Anemia
2. Dyspepsia

Treatment:

1. FeSO4/Folate 200/0.4mg 1t po bid (#60)
2. MTV 1t po bid (#60)
3. Famotidine 40mg 1t po qhs for one month (#30)

16. Keth Chourn, 58M (Chhnourn Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 50mg 1t po qd for three months (# 90)

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

1. HTN

Treatment:

1. HCTZ 50mg 1t po qd for one month (#35)
2. Do regular exercise, eat low salt/fats diet
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on September 10, 2010

WBC	=3.7	[4 - 11x10^{9}/L]	Na	=139	[135 - 145]
RBC	=3.3	[4.6 - 6.0x10^{12}/L]	K	=3.7	[3.5 - 5.0]
Hb	=12.4	[14.0 - 16.0g/dL]	Cl	=107	[95 – 110]
Ht	=35	[42 - 52%]	BUN	=2.9	[0.8 - 3.9]
MCV	=108	[80 - 100fl]	Creat	=115	[53 - 97]
MCH	=38	[25 - 35pg]	Gluc	=4.5	[4.2 - 6.4]
MHCH	=35	[30 - 37%]			
Plt	=191	[150 - 450x10^{9}/L]			
Lym	=1.2	[1.0 - 4.0x10^{9}/L]			
Mxd	=0.6	[0.1 - 1.0x10^{9}/L]			
Neut	=1.9	[1.8 - 7.5x10^{9}/L]			

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

1. HTN
2. DMII
3. Chronic renal failure

Treatment:

1. Glibenclamdie 5mg 1t po bid (buy)
2. Atenolol 100mg 1/2t po qd (#20)
3. Amlodipine 5mg 1t po qd (#30)
4. ASA 300mg 1/4t po qd (#8)

19. Kul Keung, 66F (Taing Treuk Village)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. HCTZ 50mg 1/2t po qd for one month (# 15)
2. ASA 300mg ¼ t po qd for one month (# buy)
3. Captopril 25mg ¼ t po qd for one month (# buy)
4. Glibenclamide 5mg 1t po bid for one month (# buy)

5. Metformin 500mg 1t po bid for one month (#60)
6. Draw blood for Gluc and HbA1C at SHCH

Lab result on September 10, 2010

Gluc	=6.4	[4.2 - 6.4]
HbA1C	=7.3	[4 - 6]

20. Lay Lai, 32F (Taing Treuk Village)
Diagnosis:
1. Tachycardia

Treatment:
1. Atenolol 100mg 1/2t po qd for two months (# 30)

21. Meas Lam Phy, 58M (Thnout Malou Village)
Diagnosis:
1. DMII

Treatment:
1. Metformin 500mg 1t po bid for one month (#60)
2. Draw blood for Gluc, HbA1C at SHCH

Lab result on September 10, 2010

Gluc	=7.7	[4.2 - 6.4]
HbA1C	=7.2	[4 - 6]

22. Meas Ream, 88F (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)

23. Nhem Heum, 65F (Doang Village)
Diagnosis:
1. Parkinson's disease
2. Vit deficiency

Treatment:
1. Levodopa/Benserazide 200/50mg 1/2t po tid for one month (#50)
2. MTV 1t po bid
3. Folic acid 5mg 1t po qd

24. Nory Bunthorn, 41M (Thnal Keng Village)
Diagnosis:
1. PTB
2. Hyperglycemia

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

25. Nung Bopha, 47F (Rovieng Cheung Village)
Diagnosis:
1. DMII

Treatment:

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

Lab result on September 10, 2010

Gluc	=16.2	[4.2 - 6.4]
HbA1C	=10.7	[4 – 6]

26. Nung Chhun, 74F (Ta Tong Village)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (#60)
2. Metformin 500mg 1t po bid for one month (#60)
3. Enalapril 5mg 1/2t po qd for one month (#15)
4. ASA 300mg 1/4t po qd for one month (buy)
5. Draw blood for Gluc and HbA1C at SHCH

Lab result on September 10, 2010

Gluc	=5.3	[4.2 - 6.4]
HbA1C	=6.7	[4 - 6]

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

1. HTN

Treatment:

1. Enalapril 5mg 1t po qd for two months (#60)
2. HCTZ 50mg 1/2t po qd for two months (#30)

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

1. DMII

Treatment:

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

Lab result on September 10, 2010

Gluc	=10.1	[4.2 - 6.4]
HbA1C	=9.8	[4 - 6]

29. Pou Limthang, 46F (Thnout Malou Village)
Diagnosis:

1. Euthyroid Goiter

Treatment:

1. Carbimazole 5mg 1/2t po tid for one month (buy)

2. Draw blood for Free T4 at SHCH

Lab result on September 10, 2010

Free T4=62.43 [12.0 - 22.0]

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

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

Treatment:

1. Spironolactone 25mg 1t po qd for 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. Ibuprofen 200mg 2t po bid prn (#40)

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

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po bid for two months (#30)
2. Propranolol 40mg 1/4t po bid for two months (#30)

32. Rim Sopheap, 35F (Doang Village)
Diagnosis:

1. Dilated Cardiomyopathy with EF 32% with PR
2. Dyspepsia

Treatment:

1. Captopril 25mg 1/4t po bid for two months (buy)
2. ASA 300mg 1/4t po qd for two months (#15)
3. MTV 1t po qd for two months (#60)
4. Famotidine 40mg 1t po qhs for one month (#30)

33. Ros Im, 57F (Taing Treuk Village)
Diangosis:

1. Euthyroid goiter

Treatment:

1. Draw blood for TSH and Free T4 at SHCH

Lab result on September 10, 2010

TSH =0.66 [0.27 – 4.20]
Free T4=14.65 [12.0 - 22.0]

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

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for one month (#60)
2. Captopril 25mg 1/4t po bid for one month (buy)

3. Educate on diabetic diet, low salt/fats, do regular exercise and foot care
4. Draw blood for Gluc and HbA1C at SHCH

Lab result on September 10, 2010

Gluc	=10.7	[4.2 - 6.4]
HbA1C	=8.8	[4 - 6]

35. Ros Yet, 58M (Thnout Malou Village)
Diagnosis:
1. DMII

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

36. Sam Khim, 50F (Taing Treuk Village)
Diagnosis:
1. DMII

Treatment:
1. Metformin 500mg $1^{1/2}$t po bid for one month (#90)
2. Glibenclamide 5mg 1t po qd for one month (#30)
3. Captopril 25mg 1/4t po bid for one month (buy)
4. Draw blood for Gluc and HbA1C at SHCH

Lab result on September 10, 2010

Gluc	=10.0	[4.2 - 6.4]
HbA1C	=8.0	[4 - 6]

37. Sam Yom, 62F (Chhnourn Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 50mg 1/2t po qd for three months (#45)
2. MTV 1t po qd (#90)

38. Satt Hear, 85M (Bos Village)
Diangosis:
1. HTN

Treatment:
1. HCTZ 50mg 1/2t po qd (#20)

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

Treatment:
1. Glibenclamide 5mg 1t po bid for one month (# 70)
2. Metformin 500mg 1t po bid for one month (# 70)
3. Enalapril 5mg 1t po qd for one month (# 40)
4. Atenolol 100mg 1/2t po qd for one month (# 20)
5. ASA 300mg ¼t po qd for one month (# 8)
6. MTV 1t po qd for one month (# 30)

7. Famotidine 40mg 1t po qhs for one month (#30)

40. Soeung Iem, 63M (Phnom Dek Village)
Diagnosis:
1. Parkinsonism

Treatment:
1. MTV 1t po qd for one month (#30)
2. Reevaluate in next month follow up

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

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

42. Som An, 60F (Rovieng Tbong) (SA#PV00256)
Diagnosis
1. HTN

Treatment
1. Atenolol 100mg 1/4t po bid for four months (# 60)
2. HCTZ 50mg 1t po qd for four months (# 120)

43. Som Hon, 51F (Thnal Keng Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 50mg 1/2t po qd for three months (#45)
2. Eat low salt/fats diet, do regular exercise

44. Som Then, 34M (Rom Chek Village)
Diangosis:
1. NS

Treatment:
1. Prednisolone 5mg 3t po qd x 2w then 2t po qd x 2w (#75)

45. Sourn Rithy, 18M (Thnal Keng Village)
Diagnosis:
1. PTB
2. Hyperthyroidism

Treatment:
1. Carbimazole 5mg 1t po tid for one month (#15)
2. Propranolol 40mg 1/4t po bid (#15)
3. TB treatment from local health center
4. Draw blood for TSH and Free T4 at SHCH

Lab result on September 10, 2010

TSH	=<0.005	[0.27 – 4.20]
Free T4	=11.26	[12.0 - 22.0]

46. Sun Ronakse, 40F (Sre Thom Village)
Diagnosis:

1. HTN

Treatment:

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

47. Tann Kim Hor, 57F (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

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

Lab result on September 10, 2010

Gluc	=9.4	[4.2 - 6.4]
HbA1C	=7.5	[4 - 6]

48. Tann Kim Horn, 57F (Thnout Malou Village)
Diagnosis

1. DMII

Treatment

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

Lab result on September 10, 2010

Gluc	=12.4	[4.2 - 6.4]
HbA1C	=11.3	[4 - 6]

49. Tith Hun, 58F (Ta Tong Village)
Diagnosis:

1. HTN

Treatment:

1. Enalapril 5mg 2t po qd for one month (# 70)
2. Atenolol 100mg 1/2t po qd for one month (# 35)

50. Teav Vandy, 65F (Rovieng Cheung Village)
Diagnosis:

1. HTN

Treatment:

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

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

1. HTN

Treatment:

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

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

1. HTN

Treatment:

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

53. Toun Keun, 23F (Bang Korn Village)
Diagnosis:

1. VHD (Severe MS/TR/TS)
2. Mild MR with EF 45%

Treatment:

1. Digoxin 0.25mg 1t po qd for two months (#60)
2. Furosemide 40mg 1t po qd for two months (#60)
3. MTV 1t po qd for two months (#60)
4. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)

54. Un Chhourn, 42M (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 (buy)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Draw blood for Gluc and HbA1C at SHCH

Lab result on September 10, 2010

Gluc	=8.3	[4.2 - 6.4]
HbA1C	=8.2	[4 - 6]

55. Uy Noang, 59M (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for four months (#120)
2. Metformine 500mg 1t po bid for four months (#120)
3. Captopril 25mg 1/4t po qd for four months (buy)

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

1. HTN

Treatment:

1. HCTZ 50mg 1t po qd for one month (#40)

The next Robib TM Clinic will be held on October 11 - 15, 2010