Robib *Telemedicine* Clinic

Preah Vihear Province

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

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

On Monday, September 3, 2012, SHCH staffs 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 4 & 5, 2012, the Robib TM Clinic opened to receive the patients for evaluations. There were 6 new cases and 1 follow up case 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 CCH/MGH in Boston and Phnom Penh on Wednesday and Thursday, September 5 & 6, 2012.

On Thursday, replies from SHCH in Phnom Penh and CCH/MGH 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 brief consult and 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 CCH/MGH in Phnom Penh and Boston:

From: Robibtelemed
To: Rithy Chau ; Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Cornelia Haener
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach ; Savoeun Chhun ; Robib School 1
Sent: Monday, August 27, 2012 7:34 AM
Subject: Schedule for Robib Telemedicine Clinic September 2012

Dear all,

I would like to inform you that Robib TM Clinic for September 2012 will be starting on September 3 to 7, 2012.

The agenda for the trip is as following:
1. On Monday September 3, 2012, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday September 4, 2012, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as the word file then sent to both partners in Boston and Phnom Penh.
3. On Wednesday September 5, 2012, the activity is the same as on Tuesday
4. On Thursday September 6, 2012, 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 7, 2012, Draw blood from patients for lab test at SHCH then come back to Phnom Penh.

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

Best regards,
Sovann

From: Robibtelemed
To: Cornelia Haener ; Rithy Chau ; Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, September 04, 2012 4:44 PM
Subject: Robib TM clinic September 2012, Case#1, Chhun Sokha, 26F

Dear all,

There are three new cases and one follow up case for the first day of Robib TM Clinic September 2012. This is case number 1, Chhun Sokha, 26F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

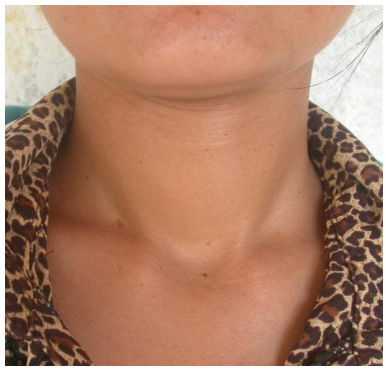
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Chhun Sokha, 26F (Thkeng Village)**

Chief Complaint (CC): Neck mass x 4 years

History of Present Illness (HPI): 26F, farmer, noticed the enlargement of the anterior neck during her second pregnancy but denied of any symptoms. In these three months, she presented with symptoms of palpitation, heat intolerance, insomnia, and associated with epigastric burning pain, burping with sour taste, the pain got worse with sour and spicy food and radiated to back and frequent diarrhea. She denied of bloody/black stool.



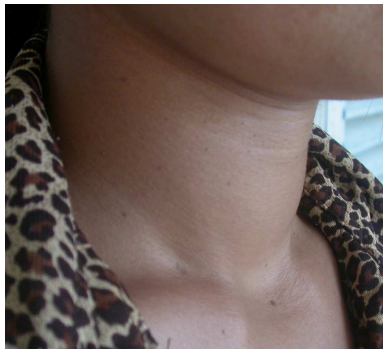
Past Medical History (PMH): Unremarkable

Family History: No family member with goiter, HTN, DM

Social History: No cig smoking, no tobacco chewing, no EtOH

Current Medications: None

Allergies: NKDA



Review of Systems (ROS): Regular menstruation, LMP on August 26, 2012

PE:

Vitals: **BP: 99/69 (both arms)** **P: 108** **R: 20** **T: 36.5oC** **Wt: 43Kg**

General: Stable

HEENT: Thyroid enlargement about 3 x 3cm, soft, smooth, no tender, no bruit, mobile on swallowing, No oropharyngeal lesion, pink conjunctiva, no lymph node palpable, no JVD

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

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

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

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

Lab/study: None

Assessment:

1. Goiter
2. Hyperthyroidism?
3. GERD

Plan:

1. Cimetidine 200mg 1t po qhs for one month
2. Mebendazole 100mg 5t po qhs once
3. GERD prevention education
4. Draw blood for TSH, Free T4 at SHCH
5. Send patient to Kg Thom for Neck mass ultrasound

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 4, 2012**

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

From: Cornelia Haener
To: 'Robibtelemed' ; 'Rithy Chau' ; 'Kruy Lim' ; 'Kathy Fiamma' ; 'Paul Heinzelmann' ; 'Joseph Kvedar'
Cc: 'Bernie Krisher' ; 'Thero So Nourn' ; 'Laurie & Ed Bachrach'
Sent: Tuesday, September 04, 2012 5:32 PM
Subject: RE: Robib TM clinic September 2012, Case#1, Chhun Sokha, 26F

Dear Sovann,
Thanks for submitting this case. I agree with your assessment. Does she present with tremor, sweaty hands, hyperactive reflexes or other signs of hyperthyroidism? If yes, you might like to give her a small dose of Atenolol while waiting for the lab results.

Kind regards
Cornelia

From: Barbesino, Giuseppe,M.D.
To: Fiamma, Kathleen M. ; 'robibtelemed@gmail.com'
Cc: 'rithychau@sihosp.org'
Sent: Wednesday, September 05, 2012 2:21 AM
Subject: RE: Robib TM clinic September 2012, Case#1, Chhun Sokha, 26F

I agree that symptoms described, tachycardia and thyroid enlargement suggest hyperthyroidism, although there are other potential explanation. FT4 and TSH and neck ultrasound sounds like a good start. Would also get CBC to make sure anemia is not in the picture.
Thank you.

Giuseppe Barbesino, M.D.

From: chaurithy
To: 'Robibtelemed'
Cc: 'Cornelia Haener' ; 'Kruy Lim'
Sent: Wednesday, September 05, 2012 9:19 AM
Subject: RE: Robib TM clinic September 2012, Case#1, Chhun Sokha, 26F

Dear Sovann,

Thanks for the cases this month.

I agree with your plan for this patient. At this point, I do not think she needs any medication yet except to treat for her dyspeptic sx as planned. You can add CBC on her lab test.

Rithy

From: Robibtelemed
To: Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, September 04, 2012 4:46 PM
Subject: Robib TM clinic September 2012, Case#2, Chin Rin, 51F

Dear all,

This is case nmber 2, Chin Rin, 51F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Chin Rin, 51F (Pal Hal Village)**

Chief Complaint (CC): Epigastric pain x 2 years

History of Present Illness (HPI): 51F, farmer, presented with epigastric pain, burning sensation. The pain got worse with hungry and eating sour taste food and associated with bloating, frequent diarrhea. She got treatment from local health center, which can help her just for a while then occur again and again. She denied of hematemesis, bloody or black stool.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No cig smoking, no tobacco chewing, no EtOH

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): 1y post menopause; 2y history of knee and elbow joint pain, stiffness in morning, got better with activity, no swelling, no warmth, no erythema

PE:

Vitals: BP: 90/60 (both arms) P: 73 R: 20 T: 37oC Wt: 40Kg

General: Stable

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

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

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

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

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

Lab/study: None

Assessment:

1. Dyspepsia
2. Osteoarthritis

Plan:

1. Cimetidine 200mg 1t po qhs for one month
2. Mebendazole 100mg 5t po qhs once
3. Paracetamol 500mg 1-2t po qid prn pain

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 4, 2012**

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

From: Danny Sands (dzsands) [mailto:dzsands@cisco.com]
Sent: Tuesday, September 04, 2012 4:53 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM clinic September 2012, Case#2, Chin Rin, 51F

Agree with your assessment. She has dyspepsia, but also pyrosis, bloating, and diarrhea. May have peptic disease but that can't explain diarrhea or bloating. Parasitic disease is possible as is malabsorption and irritable bowel syndrome. In addition to your plan, I suggest that if it does not work that she should avoid dairy products for a couple of weeks to see if there is improvement.

Thanks.

Daniel Z. Sands, MD, MPH, FACP, FACMI
HealthCare Associates
Division of Clinical Informatics
Beth Israel Deaconess Medical Center
Harvard Medical School

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Wednesday, September 05, 2012 9:24 AM
Subject: RE: Robib TM clinic September 2012, Case#2, Chin Rin, 51F

Dear Sovann,

I agree with your plan for her dyspeptic sx.

For dx OA, I do not agree because again what you described was probably an arthritis which came from manual labor as farmer and not significant for long term treatment.

Remember, OA tends to get worse with activities and involved mainly with large join and RA involved smaller joins and worsen in morning waking up and improve with activities.

This patient does not need follow up.

Rithy

From: Robibtelemed
To: Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim ; Kathy Fiamma
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, September 04, 2012 4:49 PM
Subject: Robib TM Clinic September 2012, Case#3, Prum Rin, 44F

Dear all,

This is case number 3, Prum Rin, 44F and photo.

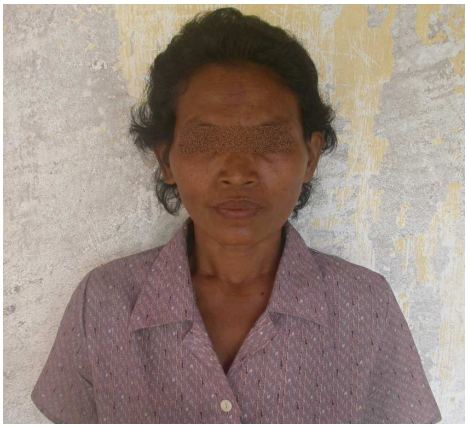
Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: **Prum Rin, 44F (Sangke Roang Village)**

Chief Complaint (CC): Headache x 4 years

History of Present Illness (HPI): 44F, farmer, presented with pulsatile headaches on right side, right orbital pain, and numbness on right side of the face, right hand. The headache is associated with nausea, vomiting, and diaphoresis. She got treatment (3 kinds of medicine) from local health center, which relieved the pain but just for a while. She denied of head trauma and paralysis.

Past Medical History (PMH): Unremarkable

Family History: No family member with headache, HTN, DM

Social History: No cig smoking, no tobacco chewing, no EtOH

Current Medications: 3 kinds of medicine (unknown name) prn HA from local health center

Allergies: NKDA

Review of Systems (ROS): Epigastric pain, burning sensation, burping with sour taste, radiated to the back, prn antacid

PE:

Vitals: **BP: 112/86** **P: 83** **R: 20** **T: 37oC** **Wt: 42Kg**

General: Stable

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

- Ear exam with normal mucosa, and tympanic membrane, no lesion, no exudates, no discharge, no tender on earlobule
- Face: absence sensory (light touch) on right ophthalmic, maxillary, and mandible area
- Normal extraocular eyes movement
- CN VII – XII normal

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

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

Extremity/Skin: Decreased sensory with light touch on right hand, left hand and lower extremity with normal sensory

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

Lab/study:

Blood Sugar: 119mg/dl (Finger stick)

Assessment:

1. Cluster headache
2. Dyspepsia

Plan:

1. Paracetamol 500mg 1t po qid prn HA
2. Cimetidine 200mg 1t po qhs for one month
3. Draw blood for CBC, Lyte, BUN, Creat 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 4, 2012**

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

From: Crocker, J.Benjamin,M.D.
Sent: Tuesday, September 04, 2012 4:00 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic September 2012, Case#3, Prum Rin, 44F

Thanks for the consultation. This 44 yo woman with sensory deficits of primarily numbness on R face and hand associated with headache that accompanies nausea, vomiting, and diaphoresis seems worrisome that a stroke or mass lesion in the head should be ruled out. You say the headaches have been going on for 4 years, but how long have the sensory issues been present? Atypical migraine might also be considered. Are there any triggers that you can elucidate via history? Cluster headaches might also be considered. Because of the signs of increased intracranial pressure and sensory deficits I'd recommend head imaging if available (head CT).

I agree with plan for dyspepsia.
Hope this helps.

J. Benjamin Crocker, MD

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Wednesday, September 05, 2012 9:38 AM
Subject: RE: Robib TM Clinic September 2012, Case#3, Prum Rin, 44F

Dear Sovann,

Has this patient been seen before and already in our system—she looks awefully familiar? Can you check our record?

As for her described sx and PE, I think more along the line of migraine HA and not cluster HA. Her "loss" of sensory on the right side of her face without concurrent sx of migraine sounds very suspicious of a hypochondriac disorder. The image did not appear with any abnormality nor any characteristic change of a neurological problem. Right facial numbness with right hand numbness may result from an anxiety problem. Investigate more about her social and domestic problem.

No need for any lab now and can tell her to come back when I visit next time if you still think she needs a better evaluation.

Rithy

From: Robibtelemed
To: chaurithy
Cc: 'Kruy Lim'
Sent: Wednesday, September 05, 2012 7:24 PM
Subject: Re: Robib TM Clinic September 2012, Case#3, Prum Rin, 44F

Dear Rithy,

I have checked the record and didn't see her name. I am not sure if she came to see you while you were screening out of the room.

I will make the appoint to see you in the next follow for further evaluation.

Best regards,
Sovann

From: Robibtelemed
To: Joseph Kvedar ; Kruy Lim ; Rithy Chau ; Paul Heinzelmann ; Kathy Fiamma
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, September 04, 2012 4:52 PM
Subject: Robib TM Clinic September 2012, Case#4, Keum Heng, 46F

Dear all,

This is the follow up case, case number 4, Keum Heng, 46F and photos. Please waiting for other cases which will be sent to you tomorrow.

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

Best regards,
Sovann

Robib Telemedicine Clinic

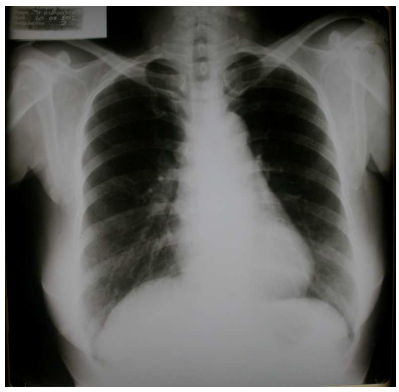
Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Name/Age/Sex/Village: Keum Heng, 46F (Koh Lourng Village)

Subjective: 46F was seen in August 2012 and diagnosed with HTN, and suspected Hyperthyroidism and treated with Atenolol 50mg 1/2t po bid and had blood test down at SHCH with result showing hyperthyroidism. On August 15, 2012, she was called to buy Carbimazole taking 10mg tid. Now she became better with less palpitation, no tremor, no SOB, good sleep. She missed understand about medication prescribed so she didn't take Atenolol and last week BP checked 130/80mmHg. She was asked to have CXR done at Kg Thom referral hospital and brought back for the next follow up.



Current Medications:

1. Carbimazole 5mg 2t po tid

Allergies: NKDA

Objective:

VS: BP: 156/87 (both arms) P: 87 R: 20 T: 37
Wt: 51kg

PE (focused):
General: Stable

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

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

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

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

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

Lab/study:

Lab result on August 10, 2012

WBC	=3.1	[4 - 11x109/L]	Na	=135	[135 - 145]
RBC	=5.5	[3.9 - 5.5x1012/L]	K	=3.2	[3.5 - 5.0]
Hb	=12.4	[12.0 - 15.0g/dL]	Cl	=105	[95 – 110]
Ht	=39	[35 - 47%]	BUN	=3.1	[<8.3]
MCV	=72	[80 - 100fl]	Creat	=53	[44 - 80]
MCH	=23	[25 - 35pg]	Gluc	=6.6	[4.1 - 6.1]
MHCH	=32	[30 - 37%]	TSH	<0.005	[0.27 – 4.20]
Plt	=278	[150 - 450x109/L]	Free T4	>100	[12.0 – 22.0]
Neut	=1.1	[1.80 - 7.50x109/L]			
Lymph	=1.3	[1.0 - 4.0x109/L]			
Mono	=0.7	[0.10 - 1.0x109/L]			

CXR attached

Assessment:

1. Hyperthyroidism
2. HTN

Plan:

1. Carbimazole 5mg 2t po tid
2. Propranolol 40mg 1/4t po bid
3. Recheck Free T4 in October 2012

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 4, 2012**

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

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Wednesday, September 05, 2012 9:46 AM
Subject: RE: Robib TM Clinic September 2012, Case#4, Keum Heng, 46F

Dear Sovann,

I agree with your plan.

Can you repeat her BP again at another time after she rests for 10-15mins and if still elevated then can give a dx of HTN? Otherwise, this may came from her hyperthyroid problem. Either way, you can still give low dose propranolol, just qd is enough. Ask her to record her BP once a week and report back to you next visit.

CXR looks normal to me and no cardiomegaly.

Rithy

From: Robibtelemed
To: Rithy Chau ; Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, September 05, 2012 3:28 PM
Subject: Robib TM Clinic September 2012, Case#5, Kong Um, 65F

Dear all,

There are three new cases for second day of Robib TM clinic September 2012, and this is case number 5, continued from yesterday, Kong Um, 65F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Kong Um, 65F (Doang Village)**

Chief Complaint (CC): Epigastric pain x 2months

History of Present Illness (HPI): 65F, farmer, presented with epigastric pain, burning retrosternal, which occur during hungry and eating sour and spicy food. The pain radiated to the back and denied of nausea, vomiting, hematemesis, bloody/black stool. She got treatment from local health center with antacid making her feeling better but above symptoms recurred in several days.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No cig smoking, no tobacco chewing, no EtOH

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 150/100 (both arms) P: 87 R: 20 T: 37oC Wt: 32Kg

General: Stable

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

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

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

Extremity/Skin: No legs edema, no lesion/rashes

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

Lab/study: None

Assessment:

1. Dyspepsia
2. Elevated BP

Plan:

1. Cimetidine 200mg 1t po qhs for one month
2. Life style modification education and recheck BP in next follow up

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 5, 2012**

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

From: Tan, Heng Soon,M.D.
Sent: Wednesday, September 05, 2012 2:28 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic September 2012, Case#5, Kong Um, 65F

Recurrent epigastric pain for 2 months suggest diagnosis of peptic ulcer disease, most likely Helicobacter pylori gastritis. If she had developed an ulcer, pain would be constant, worse at night. If she had developed pancreatitis, she would be acutely sick. Gastroesophageal reflux occurs usually an hour after meals and not when hungry. Biliary colic would be post prandial as well. Transient response to antacids are consistent with H. pylori gastritis. Cimetidine gives only temporary relief since symptoms will recur when cimetidine is discontinued. I recommend definitive therapy with combination antibiotics.

From DynaMed:

- quadruple therapy
    - 10-14 days of each of
        - standard dose PPI omeprazole 20 mg twice daily or histamine-2 receptor antagonists (such as ranitidine 150 mg orally twice daily)
        - bismuth subsalicylate 525 mg orally 4 times daily
        - metronidazole 250 mg orally 4 times daily
        - tetracycline 500 mg orally 4 times daily
    - reported eradication rates range from 75%-90%

As for hypertension, BP 150/100 is high enough that I would not wait for "life style modification" before starting therapy. Start with HCTZ 12.5 mg or lisinopril 5 mg QD.

Heng Soon Tan, MD

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, September 06, 2012 9:27 AM
Subject: RE: Robib TM Clinic September 2012, Case#5, Kong Um, 65F

Dear Sovann,

Thanks for the second set of case presentation.

As for this patient, you should do a colocheck and if positive then I would consider tx her with H. pylori eradication. If not then you can do Cimetidine for one month and if not better then you can begin erad tx. Add some deworm med also with MTV supplement (can give Xango powder).

Can you check her BP again and if elevated about the same or worse, then begin tx with low dose HCTZ and recheck next month.

Hope this is helpful.

Thanks,
Rithy

From: Robibtelemed
To: Rithy Chau ; Kruy Lim ; Paul Heinzelmann ; Joseph Kvedar ; Kathy Fiamma
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, September 05, 2012 3:30 PM
Subject: Robib TM Clinic September 2012, Case#6, Prum Rith, 70F

Dear all,

This is case number 6, Prum RIth, 70F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

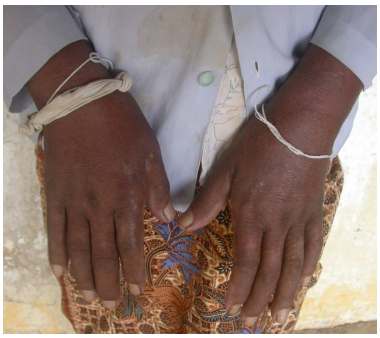
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Prum Rith, 70F (Ta Tong Village)**

Chief Complaint (CC): Skin tightness for 2y and dysphagia x 6months

History of Present Illness (HPI): 70F, farmer, presented with 2 years of history of skin tightness and hardening of hand, foot and face. In the beginning of 2012, she noticed hypopigmentation of head, generalized joint and muscle pain, difficult in swallowing food, SOB and cyanosis of distal portion of fingers. The fingers cyanosis disappeared in about 2months but other symptoms progressively developed worse. She got treatment from local health center for several days, not better so she was referred to referral hospital and admitted for several days but still not better. Now she became worse with difficult in walking (muscle and joint pain), dysphagia and SOB with even minor activity.



Past Medical History (PMH): Unremarkable

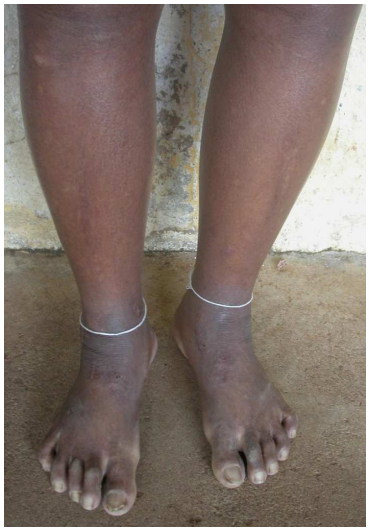
Family History: None

Social History: No cig smoking, no tobacco chewing, no EtOH

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Epigastric burning pain, burping with sour taste, radiation to the back, no hematemesis, no bloody or black stool. no cough, no fever, no chest pain, no orthopnea, no oliguria, no hematuria.



PE:

Vitals: BP: 140/80 (both arms) P: 106 R: 22 T: 37oC Wt: 52Kg O2sat: 99%

General: Sick

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

Chest: bilaterally pleural friction; H Tachycardia, RR, no murmur

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

Extremity/Skin: Tightness and hardening of skin of face, hand and foot, no oral ulcer, no finger ulcer; hypopigmentation of head

MS/Neuro: MS +4/5 (muscle and joint pain), sensory intact, DTRs +2/4

Lab/study:

RBS: 114mg/dl
U/A: protein 1+, blood trace

Assessment:

1. Scleroderma
2. GERD
3. Anemia

Plan:

1. Omeprazole 20mg 1t po qhs for one month
2. Metoclopramide 10mg 1t po qhs for 15d
3. FeSO4/Folate 200/0.4mg 1t po bid
4. MTV 1t po qd
5. Xango powder po bid
6. Draw blood for CBC, Lyte, BUN, Creat, Transaminase 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 5, 2012**

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

From: Danny Sands
Sent: Wednesday, September 05, 2012 3:45 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic September 2012, Case#6, Prum Rith, 70F

Excellent assessment. This patient almost certainly has scleroderma, which unfortunately is quite advanced, but also may have systemic sclerosis.

If she hasn't had it yet she will need diagnostic blood tests. I'd suggest obtaining the following, if available:

ANA, anti-Scl-70, ACA, anti-RNA polymerase III, and anti-beta2-glycoprotein I antibodies.

She may need more aggressive treatment for some of her symptoms, particularly her pulmonary symptoms, and will need follow-up. Ideally, she should be followed by a rheumatologist, but I realize that you may not have one available to you.

Thanks.

Daniel Z. Sands, MD, MPH, FACP, FACMI
HealthCare Associates
Division of Clinical Informatics
Beth Israel Deaconess Medical Center
Harvard Medical School

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, September 06, 2012 10:13 AM
Subject: RE: Robib TM Clinic September 2012, Case#6, Prum Rith, 70F

Dear Sovann,

Good case.

I agree with your assessment and plan. I would like to try a trial of short-course steroid treatment, but can you do a colocheck to make sure that she is not bleeding along GI tract. You can add TSh and ESR to the lab and include peripheral smear and retic with the CBC; check for RTV and hepatitis (B&C) and if negative then we can initiate the steroid. You can start her on Prednisolone 1mg/kg qd for 2 weeks, then taper down subsequent qwk. You can give Albendazole 400mg 1 tab po bid now for 5days. Hold off on the Xango powder until we know her renal function is ok, but can give MTV and iron supplement. She can use mineral or coconut oil to rub on skin for softening, but make sure she takes a bath to clean off the coconut oil before sleeping to avoid attraction of ants and insects. Give her low dose Captopril 25mg ¼ po qd. Tell her to avoid exposing especially her hands and feet to cold or hot condition so as to prevent recurrent of Raynaud's phenomenon. If possible, ask her have CXR done and bring back next month for review.

I hope this is helpful to you.

Rithy

From: Robibtelemed
To: Fiamma, Kathleen M.
Cc: 'Rithy Chau'
Sent: Monday, September 10, 2012 4:29 PM
Subject: Re: Robib TM Clinic September 2012, Case#6, Prum Rith, 70F

Dear Kathy,

Could you please send this mail to Dr. Daniel Z. Sands for further review and recommendation.

This is the blood test result of patient Prum Rith, 70F done at SHCH on September 7, 2012.

WBC	=12.8	[4 - 11x109/L]	Na	=131	[135 - 145]
RBC	=3.6	[3.9 - 5.5x1012/L]	K	=2.9	[3.5 - 5.0]
Hb	=8.2	[12.0 - 15.0g/dL]	Cl	=96	[95 – 110]
Ht	=27	[35 - 47%]	BUN	=7.6	[<8.3]

MCV	=75	[80 - 100fl]
MCH	=23	[25 - 35pg]
MHCH	=31	[30 - 37%]
Plt	=201	[150 - 450x109/L]
Lymph	=2.2	[1.00 - 4.00x109/L]
Mono	=1.1	[0.10 - 1.00x109/L]
Neut	=9.5	[1.80 - 7.50x109/L]

Creat	=265	[44 - 80]
T. Chol	=5.3	[<5.7]
TG	=1.9	[<1.71]
Ca2+	=1.19	[1.12 – 1.32]
AST	=64	[<32]
ALT	=28	[<33]
TSH	=9.68	[0.27 – 4.20]
F T4	=20.63	[12.0 – 22.0]

Peripheral blood smear

Hypochromic	2+
Microcytic	2+
Schistocytes	1+
Poikilocytosis	1+

HBsAg = Non-reactive
HBsAb = Non-reactive
HCV = Non-reactive

Malaraia smear negative

Reticulocyte count= 3.7 [0.5 – 1.5]
ESR= 76 [0 – 25]

and the CXR done on July 25, 2012 attached

She was now treated with below medication

1. Omeprazole 20mg 1t po qhs
2. Metoclopramide 10mg 1t po qhs
3. Prednisolone 5mg 10t po for 2w then taper qw
4. Albendazole 400mg 1t po bid for 5d
5. Captopril 25mg 1/4t po qd
6. FeSO4/Folate 200/0.4mg 1t po bid
7. MTV 1t po qd

Best regards,
Sovann

From: Danny Sands (dzsands) [mailto:dzsands@cisco.com]
Sent: Thursday, September 13, 2012 11:35 AM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic September 2012, Case#6, Prum Rith, 70F

Sovann (via Kathy):

This is very concerning. It appears that she likely has systemic sclerosis, as well as other problems:

1. The patient has significant kidney disease based on her very high creatinine. Captopril or another ACE inhibitor is a good start. But we need to determine whether this is acute or chronic and what is the cause. She needs a urine analysis, but dipstick and microscopic.

2. She also has a severe microcytic anemia, which you are treating appropriately. The question is what is causing this? It is good that she has elevated reticulocytes. Looks like you're treating for possible parasitic infection, which is appropriate. She should have stool checked for occult blood.

3. She has preclinical hypothyroidism and requires thyroid replacement. I'd start with levothyroxine 25 micrograms daily.

4. She has borderline hypocalcemia, but this may just appear that way because she may have a low albumin. Perhaps you can check her serum albumin ?

5. Obviously her sedimentation rate is very high.

6. Good news—her chest x-ray looks okay to me.

I think she should be under the care of a rheumatologist and possibly a nephrologist. If you can't do that there then perhaps Kathy can obtain an e-consult?

Good luck with this patient—she is quite ill.

- Danny

From: Robibtelemed
To: Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, September 05, 2012 3:32 PM
Subject: Robib TM Cliic September 2012, Case#7, Srey Ry, 63M

Dear all,

This is the last case of Robib TM Clinic September 2012, Srey Ry, 63M and photos. Please reply to the cases before Thursday afternoon then the treatment plan can bemake 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 Center for Connected Health

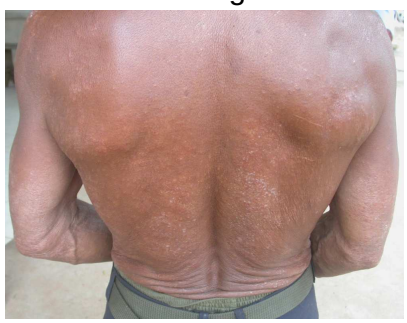
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Srey Ry, 63M (Rovieng Cheung Village)

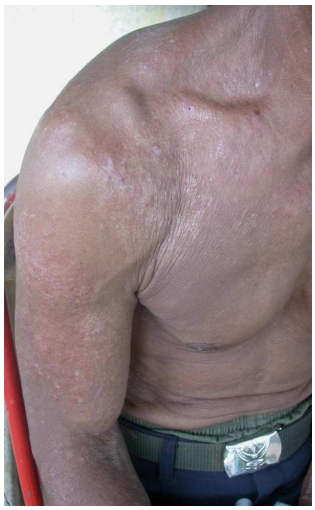
Chief Complaint (CC): Skin rash x 15 days

History of Present Illness (HPI): 63M, farmer, presented with feeling of itchy on forearm and upper arms, he scratches then presented with maculopapular rash. The itchy developed to other site as upper chest and back but spare on the head, waist, groin and lower extremities and he denied of chemical contact. He got treatment from local pharmacy with Griseofulvin, Methionine and Cetirizine which make less itchy but the rash seem not get better.



Past Medical History (PMH): Unremarkable

Family History: No family member with skin lesion/rash



Social History: Smoking 10cig/d, stopped 15d; casually alcohol drinking

Current Medications:

1. Griseofulvin 500mg 1t po tid
2. Methionine 250mg 1t pot id
3. Cetirizine 10mg 1t po tid

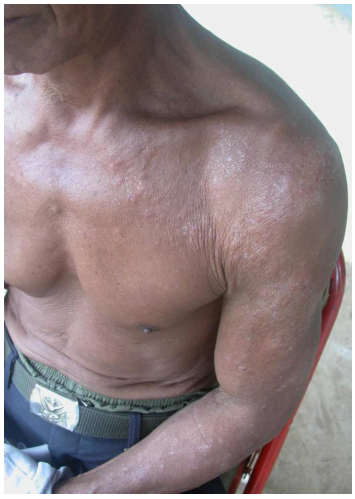
Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 155/83 (both arms) P: 66 R: 20 T: 36.5oC Wt: 51Kg

General: Stable



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

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

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

Extremity/Skin: Thicken and lichenification, maculopapular on forearms, upper arms, upper chest and back; spare on head, axilary, waist, groin and lower extremity

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

Lab/study: None

Assessment:

1. Eczema
2. Elevated BP

Plan:

1. Fluocinonide cream apply bid
2. Cetirizine 10mg 1t po qhs
3. Calmine lotion apply bid
4. Life style modification education and recheck BP in the next follow up

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 5, 2012**

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

From: chaurithy
To: 'Robibtelemed'
Cc: 'Kruy Lim'
Sent: Thursday, September 06, 2012 10:33 AM
Subject: RE: Robib TM Cliic September 2012, Case#7, Srey Ry, 63M

Dear Sovann,

The limitation to his upper torso, back and shoulder could have been a pattern of contact dermatitis from carrying something over his shoulder or draping something over these areas of the body. For example, if he recently carry bags of cements, fertilizer, wild weeds or certain plants that may irritate these areas. In any case the treatment plan is the same as proposed. I agree with your plan. Have him return next visit to see if the lesions improve with tx or not. Calamine lotion can be applied qid for better effectiveness.

Rithy

Thursday, September 6, 2012

Follow-up Report for Robib TM Clinic

There were 6 new patients and 1 follow up patient seen during this month Robib TM Clinic, and other 58 patients came for brief consult and medication refills. The data of all 7 cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by CCH/MGH 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 2012

1. Chhun Sokha, 26F (Thkeng Village)
Diagnosis:

1. Goiter
2. GERD

Treatment:

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

2. Mebendazole 100mg 5t po qhs once (#5)
3. GERD prevention education
4. Draw blood for CBC, TSH, Free T4 at SHCH
5. Send patient to Kg Thom for neck mass ultrasound

Lab result on September 7, 2012

WBC	=6.3	[4 - 11x109/L]	TSH	=1.94	[0.27 – 4.20]
RBC	=4.9	[3.9 - 5.5x1012/L]	F T4	=15.4	[12.0 - 22.0]
Hb	=11.7	[12.0 - 15.0g/dL]			
Ht	=38	[35 - 47%]			
MCV	=77	[80 - 100fl]			
MCH	=24	[25 - 35pg]			
MHCH	=31	[30 - 37%]			
Plt	=236	[150 - 450x109/L]			
Lymph	=1.6	[1.00 - 4.00x109/L]			
Mono	=1.4	[0.10 - 1.00x109/L]			
Neut	=3.3	[1.80 - 7.50x109/L]			

2. Chin Rin, 51F (Pal Hal Village)
Diagnosis:
1. Dyspepsia
2. Osteoarthritis

Treatment:
1. Cimetidine 200mg 1t po qhs for one month (#30)
2. Mebendazole 100mg 5t po qhs once (#5)
3. Paracetamol 500mg 1-2t po qid prn pain (#30)

3. Prum Rin, 44F (Sangke Roang Village)
Diagnosis:
1. Migraine headache
2. Dyspepsia

Treatment:
1. Paracetamol 500mg 1t po qid prn HA for one month (#30)
2. Cimetidine 200mg 1t po qhs for one month (#30)

4. Keum Heng, 46F (Koh Lourng Village)
Diagnosis:
1. Hyperthyroidism

Treatment:
1. Carbimazole 5mg 2t po tid for one month (buy)
2. Propranolol 40mg 1/4t po qd for one month (#10)
3. Recheck Free T4 in October 2012

5. Kong Um, 65F (Doang Village)
Diagnosis:
1. Dyspepsia

Treatment:
1. Cimetidine 200mg 1t po qhs for one month (#30)
2. Mebendazole 100mg 5t po qhs once (#5)
3. Xango powder bid (#1)

6. Prum Rith, 70F (Ta Tong Village)
Diagnosis:
1. Scleroderma
2. GERD
3. Anemia

Treatment:

1. Omeprazole 20mg 1t po qhs for one month (#30)
2. Metoclopramide 10mg 1t po qhs for 15d (#15)
3. Prednisolone 5mg 10t po for 2w then taper qw (#200)
4. Albendazole 400mg 1t po bid for 5d (#10)
5. Captopril 25mg 1/4t po qd (buy)
6. FeSO4/Folate 200/0.4mg 1t po bid (#60)
7. MTV 1t po qd (#30)
8. Draw blood for CBC, peripheral blood smear, reticulocyte count, Lyte, BUN, Creat, Ca2+, Chole, TG Transaminase, TSH, F T4, F T3, ESR, HCV ab, HBsAb, HBsAg and Malaria smear at SHCH

Lab result on September 7, 2012

WBC	=12.8	[4 - 11x109/L]	Na	=131	[135 – 145]
RBC	=3.6	[3.9 - 5.5x1012/L]	K	=2.9	[3.5 – 5.0]
Hb	=8.2	[12.0 - 15.0g/dL]	Cl	=96	[95 – 110]
Ht	=27	[35 - 47%]	BUN	=7.6	[<8.3]
MCV	=75	[80 - 100fl]	Creat	=265	[44 – 80]
MCH	=23	[25 - 35pg]	T. Chol	=5.3	[<5.7]
MHCH	=31	[30 - 37%]	TG	=1.9	[<1.71]
Plt	=201	[150 - 450x109/L]	Ca2+	=1.19	[1.12 – 1.32]
Lymph	=2.2	[1.00 - 4.00x109/L]	AST	=64	[<32]
Mono	=1.1	[0.10 - 1.00x109/L]	ALT	=28	[<33]
Neut	=9.5	[1.80 - 7.50x109/L]	TSH	=9.68	[0.27 – 4.20]
			F T4	=20.63	[12.0 – 22.0]
			F T3	=1.95	[2.0 – 4.4]
			HBsAg	= Non-reactive	
			HBsAb	= Non-reactive	
			HCV	= Non-reactive	

Peripheral blood smear

Hypochromic	2+
Microcytic	2+
Schistocytes	1+
Poikilocytosis	1+

Malaraia smear: negative

Reticulocyte count= 3.7 [0.5 – 1.5]
ESR= 76 [0 – 25]

7. Srey Ry, 63M (Rovieng Cheung Village)
Diagnosis:

1. Eczema
2. Elevated BP

Treatment:

1. Fluocinonide cream 0.1% apply bid (#2)
2. Cetirizine 10mg 1t po qhs (buy)
3. Calmine lotion apply qid for one month
4. Life style modification education and recheck BP in the next follow up

Patients who come for brief consultation and refill medicine

1. Hourn Tann, 73F (Thnout Malou Village)
Diagnosis:

1. HTN

Treatment:

1. Amlodipine 5mg 1t qd (#35)

2. Mao Mon, 57M (Thnout Malou Village)
Diagnosis:

1. Liver cirrhosis
2. Hypokalemia (K: 3.1)

Treatment:

1. KCl 600mg 1t po qd (#7)

3. Sok Sear, 75F (Pal Hal Village)
Diagnosis:

1. HTN
2. Hypokalemia
3. Hypocalcemia
4. Hypomagnesemia
5. GERD

Treatment:

1. HCTZ 25mg 1t po qd for one month (#35)
2. KCl 600mg 1t po qd for 10d (#10)
3. Calcium/Vit D 1t bid for one month (#60)
4. Mg/B6 1t po bid for one month (#60)
5. Cimetidine 200mg 1t po qhs for one month (#30)
6. Draw blood for Electrolyte at SHCH

Lab result on September 7, 2012

Na	=135	[135 - 145]
K	=2.9	[3.5 - 5.0]
Cl	=93	[95 - 110]

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

1. Gouty arthritis
2. Osteoarthritis
3. Renal insufficiency

Treatment:

1. Paraetamol 500mg 1t po qid prn for two months (#30)
2. MTV 1t po qd for two months (#60)
3. Allopurinol 100mg 2t po qd for two months (buy)

5. Chan Rim, 59F (Ke Village)
Diagnosis:

1. HTN

Treatment:

1. Nifedipine 20mg 1/2t po qd for two months (#30)

6. Chan Sorya, 50F (Pal Hal Village)
Diagnosis:

1. HTN
2. Old stroke with right side weakness
3. Dyspepsia

Treatment:

1. HCTZ 25mg 1t po qd for two months (#30)
2. ASA 300mg 1/2t po qd for two months (#30)
3. Cimetidine 200mg 1t po qhs (#30)

7. Chhourn Khi, 51F (Trapang Teum Village)
Diagnosis:

1. DMII with PNP

Treatment:

1. Metformin 500mg 1t po tid for two months (#100)
2. Amitriptylin 25mg 1/2t po qhs for two months (#30)

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

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for two months (#40)

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

1. HTN

Treatment:

1. HCTZ 25mg 2t po qd for two months (#60)
2. Amlodipine 5mg 1t po qd for two months (#60)

10. Kim Yat, 38F (Sre Thom Village)
Diagnosis:

1. Anemia

Treatment:

1. FeSO4/Folate 200/0.4mg 1t po bid for two month (#120)
2. MTV 1t po qd for two months (#60)

11. Kong Nareun, 35F (Taing Treuk Village)
Diagnosis:

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

Treatment:

1. Atenolol 50mg 1/4t po qd for three months (buy)
2. Spironolactone 25mg 1t po qd for three months (#90)
3. ASA 300mg 1/4t po qd for three months (#23)

12. Kun Ban, 53M (Thnal Keng Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po tid for two months (#100)
2. ASA 300mg 1/4t po qd for two months (#buy)

13. Sam Yom, 62F (Chhnourn Village)
Diagnosis:

1. HTN

Treatment:

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

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

1. HTN

Treatment:

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

15. Uy Noang, 59M (Thnout Malou Village)
Diagnosis:
1. DMII
2. HTN

Treatment:
1. Glibenclamide 5mg 2t po bid for two months (buy)
2. Metformine 500mg 2t po bid for two months (#200)
3. Captopril 25mg 1t po bid for two months (buy)

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

Treatment:
1. Enalapril 10mg 1/2t po qd for one month (#15)
2. HCTZ 25mg 2t po qd for one month (#60)

17. Yun Yeung, 75M (Doang Village)
Diagnosis:
1. HTN

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

18. Chan Choeun, 55M (Sre Thom Village)
Diagnosis:
1. Gouty arthritis
2. HTN
3. Hyperlipidemia

Treatment:
1. Paracetamol 500mg 1t po qid prn for one month (#20)
2. Amlodipine 5mg 1t po qd for two months (#40)
3. Fenofibrate 100mg 1t po qd for two months (buy)

19. Chum Chet, 64M (Koh Pon Village)
Diagnosis:
1. HTN
2. Osteoarthritis
3. Renal failure (Creat: 452)

Treatment:
1. Amlodipine 5mg 1t po qd for one month (#30)

20. Hear Khorn, 51F (Bos Village)
Diagnosis:
1. Urticaria
2. Dyspepsia

Treatment:
1. Cetirizine 10mg 1t po qhs (#20)
2. Cimetidine 200mg 1t po qhs (#30)

21. Heng Chan Ty, 50F (Ta Tong Village)
Diagnosis:
1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 2t po bid for two months (buy)
2. Propranolol 40mg ¼ t po bid for two months (#30)

22. Heng Naiseang, 63F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 2t po qd for one month (#60)

23. Keo Kun, 53M (Thnal Keng Village)
Diagnosis:

1. Chronic hepatitis
2. Anemia

Treatment:

1. MTV 1t qd for two months (#60)
2. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)

24. Kheum Im, 42F (Thkeng Village)
Diagnosis:

1. Tinea pedis

Treatment:

1. Clotrimazole cream apply bid (#2)

25. Kong Kin, 60M (Chan Lorng Village)
Diagnosis:

1. Osteoarthritis
2. HTN

Treatment:

1. Paracetamol 500mg 1t po qid prn for one month (#30)
2. Amlodipine 5mg 1t po qd for one month (#30)
3. Draw blood for CBC, Lyte, BUN, Creat at SHCH

Lab result on September 7, 2012

WBC	=9.4	[4 - 11x109/L]	Na	=138	[135 - 145]
RBC	=5.2	[4.6 - 6.0x1012/L]	K	=3.0	[3.5 - 5.0]
Hb	=11.0	[14.0 - 16.0g/dL]	Cl	=99	[95 – 110]
Ht	=37	[42 - 52%]	BUN	=7.2	[0.8 - 3.9]
MCV	=71	[80 - 100fl]	Creat	=129	[53 - 97]
MCH	=21	[25 - 35pg]			
MHCH	=30	[30 - 37%]			
Plt	=287	[150 - 450x109/L]			
Lymph	=2.3	[1.00 - 4.00x109/L]			
Mono	=0.8	[0.10 - 1.00x109/L]			
Neut	=6.3	[1.80 - 7.50x109/L]			

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

1. HTN
2. DMII
3. Chronic renal failure (Creat: 269)
4. Hypertriglyceridemia
5. Arthritis

Treatment:

1. Glibenclamdie 5mg 2t po bid for one month (buy)
2. Metformin 500mg 1t po bid for one month (#60)
3. Enalapril 10mg 1/2t po qd for one month (#15)
4. Amlodipine 5mg 2t po qd for one month (#60)
5. ASA 300mg 1/4t po qd for one month (#8)
6. Fenofibrate 100mg 1t po qd for one month (buy)
7. Draw blood for Creat, Glucose, Transaminase and HbA1C at SHCH

Lab result on September 7, 2012

Creat	=269	[53 - 97]
Gluc	=5.2	[4.1 - 6.1]
AST	=16	[<40]
ALT	=8	[<41]
HbA1C	=8.8	[4.8 – 5.9]

27. Lang Da, 45F (Thnout Malou Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for two months (#50)

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

1. HTN

Treatment

1. Amlodipine 5mg 1t po qd for two months (#60)

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

1. HTN
2. DMII

Treatment:

1. Metformin 500mg 1t po tid for one month (#100)
2. Glipizide 10mg 1/2t po bid for one month (#35)
3. Captopril 25mg 1t po tid for one month (buy)
4. HCTZ 25mg 1t po qd for one month (#30)
5. ASA 300mg 1/4t po qd for one month (buy)

30. Pen Uk, 66F (Doang Village)
Diagnosis:

1. HTN

Treatment:

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

31. Prum Chean, 50F (Sangke Roang Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t qAM and 1t qPM for two months (#100)

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

1. HTN
2. DMII
3. Hypertriglyceridemia

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (buy)
2. Metformin 500mg 3t po qAM, and 2t po qPM for two months (#200)
3. Captopril 25mg 1/2t po bid for two months (buy)
4. ASA 300mg 1/4t po qd for two months (#15)
5. Fenofibrate 100mg 1t po bid for two months (buy)

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

1. DMII
2. HTN

Treatment:

1. Glyburide 2.5mg 2t po bid for two months (#240)
2. Metformin 500mg 2t po bid for two months (#150)
3. Captopril 25mg 1t po bid for two months (buy)

34. Sam Thourng, 30F (Thnal Keng Village)
Diagnosis:

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

Treatment:

1. Atenolol 50mg 1t po qd for three months (buy)
2. ASA 300mg 1/4t po qd for three months (#23)
3. HCTZ 25mg 1t po qd for three months (#90)

35. Sath Roeun, 58F (Taing Treuk Village)
Diagnosis:

1. HTN
2. Hyperlipidemia

Treatment:

1. Captopril 25mg 1t bid for one month (buy)
2. HCTZ 25mg 1t qd for one month (#30)
3. Simvastatin 20mg 1t po qhs for one month (buy)

36. Seng Ourng, 63M (Rovieng Cheung Village)
Diagnosis:

1. HTN
2. DMII

Treatment:

1. Captopril 25mg 1t po bid for one month (buy)
2. Glyburide 2.5mg 1t bid for one month (#60)
3. Educate on diabetic diet, do regular exercise and foot care

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

1. HTN

Treatment:

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

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

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for two months (#200)
2. Captopril 25mg 1/4t po bid for two months (buy)
3. ASA 300mg 1/4t po qd for two months (buy)

39. Prum Sourn, 71M (Taing Treuk Village)
Diagnosis:

1. Heart Failure with EF 27%
2. LVH
3. VHD (MR, AR)
4. Renal Failure

Treatment:

1. Enalapril 10mg 1/8t po qd for one month (#5)
2. Furosemide 40mg 1t po qd for one month (#30)
3. ASA 300mg 1/4t po qd for one month (#8)
4. Draw blood for Creat, Lyte at SHCH

Lab result on September 7, 2012

Na	=142	[135 - 145]
K	=4.0	[3.5 - 5.0]
Cl	=108	[95 - 110]
Creat	=122	[53 - 97]

40. Chan Him, 63F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

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

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

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1t po bid for one month (buy)
2. Propranolol 40mg 1/4t po bid for one month (#15)
3. Draw blood for Free T4 at SHCH

Lab result on September 7, 2012

Free T4 = 14.9 [12.0 - 22.0]

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

1. HTN

Treatment:

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

43. Keum Kourn, 65F (Thkeng Village)
Diagnosis:

1. Euthyroid goiter

Treatment:

1. Propranolol 40mg 1/4t po bid for one month (buy)
2. Methimazole 5mg 1t po bid for one month (#60)
3. Draw blood for Free T4 at SHCH

Lab result on September 7, 2012

Free T4 =32.5 [12.0 - 22.0]

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

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (buy)
2. Metformin 500mg 2t qAM and 1t qPM for one month (#90)
3. Captopril 25mg 1t po bid for one month (buy)
4. ASA 300mg 1/4t po qd for one month (buy)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on September 7, 2012

Gluc =10.0 [4.1 - 6.1]
HbA1C =10.2 [4.8 – 5.9]

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

1. HTN

Treatment:

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

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

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

Treatment:

1. Spironolactone 25mg 1t po qd for two months (#60)
2. Furosemide 40mg 1/2t po bid for two months (#60)
3. Paracetamol 500mg 1t po qid prn pain two months (#20)

47. Ream Sim, 56F (Thnal Keng Village)
Diagnosis:

1. MDII
2. Osteoarthrtis

Treatment:

1. Metformin 500mg 2t po bid for one month (#60)
2. Captopril 25mg 1/4t po bid for one month (buy)
3. Paracetamol 500mg 1-2t po qid prn pain for one month (#20)
4. Draw blood for Glucose, transaminase, and HbA1C at SHCH

Lab result on September 7, 2012

Gluc	=5.5	[4.1 - 6.1]
AST	=13	[<32]
ALT	=23	[<33]
HbA1C	=6.1	[4.8 – 5.9]

48. Sam Khim, 50F (Taing Treuk Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for two months (#120)
2. Glyburide 2.5mg 2t po bid for two months (#240)
3. Captopril 25mg 1/4t po bid for two months (buy)

49. Sao Phal, 63F (Thnout Malou Village)
Diagnosis:

1. HTN
2. Anxiety
3. Renal insufficiency

Treatment:

1. HCTZ 25mg 1t po qd for two months (#60)
2. Amitriptylin 25mg 1/2t po qhs for two months (#30)
3. Paracetamol 500mg 1t po qid prn pain/HA for two months (#20)

50. Sok Chou, 60F (Sre Thom Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for one month (#100)
2. Draw blood for Glucose and HbA1C at SHCH

Lab result on September 7, 2012

Gluc	=7.1	[4.1 - 6.1]
HbA1C	=8.6	[4.8 – 5.9]

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

1. HTN

Treatment:

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

52. Tay Kimseng, 54F (Taing Treuk Village)
Diagnosis:

1. HTN
2. Obesity

Treatment:

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

53. Tey Sok Ken, 31F (Sre Thom Village)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po bid for one month (buy)
2. Propranolol 40mg 1/4t po bid for one month (#15)
3. Draw blood for Free T4 at SHCH

Lab result on September 7, 2012

Free T4 =51.0 [12.0 - 22.0]

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

1. Hyperthyroidsim

Treatment:

1. Carbimazole 5mg 2t po tid for one month (buy)
2. Propranolol 40mg 1/4t po bid for one month (#15)
3. Draw blood for Free T4 at SHCH

Lab result on September 7, 2012

Free T4 =66.6 [12.0 - 22.0]

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

1. HTN

Treatment:

1. Enalapril 10mg 1/2t po qd for two months (#30)
2. HCTZ 25mg 1t po qd for two months (#60)
3. Atenolol 50mg 1/2t po qd for two months (buy)

56. Tith Y, 56F (Ta Tong Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for two months (#30)

57. Un Chhorn, 47M (Taing Treuk Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

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

Lab result on September 7, 2012

Gluc =12.0 [4.1 - 6.1]
HbA1C =8.9 [4.8 – 5.9]

58. Yim Sok Kin, 31M (Thnout Malou Village)
Diagnosis:

1. Liver cirrhosis with PHTN
2. Dyspepsia

Treatment:

1. Propranolol 40mg 1/4t po bid for two months (#15)
2. Spironolactone 25mg 1/2t po bid for two months (#60)
3. Cimetidine 200mg 1t po qhs for one month (#30)

The next Robib TM Clinic will be held on October 1 – 5, 2012