Robib *Telemedicine* Clinic
Preah Vihear Province
A U G U S T 2 0 0 8

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

On Monday, August 04, 2008, SHCH staff, Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), August 05 & 06, 2008, the Robib TM Clinic opened to receive the patients for evaluations. There were 8 new cases and 2 follow up patients 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, August 06 & 07, 2008.

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

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

From: Robib Telemed
Date: Aug 5, 2008 9:00 PM
Subject: Robib TM Clinic August 2008, Case# 1, Ban Lay, 34F (Koh Pon Village)
To: Paul J. M.D. Heinzelmann, Kathy Fiamma, Joseph Kvedar, Kruy Lim, Cornelia Haener, Rithy Chau
Cc: Bernie Krisher, Thero Noun, Laurie & Ed Bachrach

Dear all,

Today is the first day for Robib TM Clinic August 2008, there are four new cases. This is the case number 1, Ban Lay, 34F and photos.

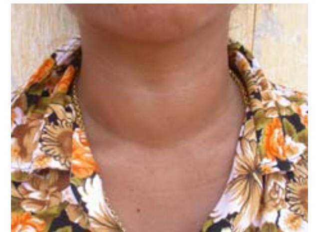
Best regards,
Sovann

History and Physical

Name/Age/Sex/Village: **Ban Lay, 34F (Koh Pon Village)**

Chief Complaint (CC): Neck mass x 9 months

History of Present Illness (HPI): 34F presented with the symptoms of palpitation, sweeting, fatigue, tremor and heat intolerance, she went to Calmette hospital in Phnom Penh, she was examined and told she has goiter and asked her to have surgery but she denied. She didn't seek treatment at other place just come to us last month and treated with Propranolol 40mg 1/4t po qd and follow up in this month. She denied of fever, cough, nausea, vomiting, dysphagia, diarrhea, constipation, hematuria, dysuria.



Past Medical History (PMH): Unremarkable

Family History: Father with HTN

Social History: No alcohol drinking, no smoking, 4 children

Current Medications: Propranolol 40mg 1/4t po qd

Allergies: NKDA

Review of Systems (ROS): Last menstrual period on July 14, 2008, regular

PE:

Vitals: **BP: 123/94** **P: 99** **R: 20** **T: 37°C** **Wt: 58Kg**

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 4x6cm, smooth, regular border, no bruit, no tender, 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

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

MS/Neuro: MS +5/5, motor and sensory intact, slightly tremor on upper extremity, DTRs +2/4, normal gait

Lab/study: None

Assessment:

1. Diffuse goiter
2. Hyperthyroidism??

Plan:

1. Propranolol 40mg 1/4t po qd for one month
2. Draw blood for THS and Free T4 at SHCH
3. 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: August 05, 2008**

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

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From: **cornelia_haener**
Date: Aug 6, 2008 9:21 AM
Subject: RE: Robib TM Clinic August 2008, Case# 1, Ban Lay, 34F (Koh Pon Village)
To: Robib Telemed, Paul J. M.D. Heinzelmann, Kathy Fiamma, Joseph Kvedar, Kruy Lim, Rithy Chau
Cc: Bernie Krisher, Thero Noun, Laurie & Ed Bachrach

Dear Sovann,

Thanks for this case. I agree with your assessment and plan. It sounds like Graves'disease. If confirmed, she should have treatment for at least 18 months.

Kind regards

Cornelia

From: Rithy Chau
Date: Aug 7, 2008 10:50 AM
Subject: Re: Robib TM Clinc Case number 1, Ban Lay, 34F (Koh Pon Village)
To: Robib Telemed
Cc: Rithy Chau

Dear Sovann,

I agree with your dx. You can increase the propranolol to 1/2 tab bid and hold off the US until we see the TFT results.

Hope this helps.
Rithy

From: Robib Telemed
Date: Aug 5, 2008 9:02 PM
Subject: Robib TM Clinic August 2008, Case# 2, Chin Thary, 27F (Rovieng Cheung Village)
To: Kathy Fiamma; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is case number 2, Chin Thary, 27F 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: Chin Thary, 27F (Rovieng Cheung Village)

Chief Complaint (CC): Fatigue and polyuria x 1y

History of Present Illness (HPI): 27F, housewife, come to us complaining of fatigue, blurred vision, polyphagia, and polyuria, she went to local private clinic, blood test done, and told she has elevated blood sugar (BS:255mg/dl). She was treated with Diamicron 5mg 1t po tid. Her above symptoms became better with treatment. She denied of fever, couhg, chest pain, nausea, vomiting, hematuria, dysuria, edema, numbness and tingling.

Past Medical History (PMH): Cesarian for first delivery in 2000 and Appendectomy, ovarian tumor removal on April 2008,

Family History: Mother with DMII

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

Current Medications: Diamicron 5mg 1t po tid

Allergies: NKDA

Review of Systems (ROS): Regular menstrual period

PE:

Vitals: BP: 100/72 P: 83 R: 20 T: 37°C Wt: 70Kg Height: 1.55m

General: Look stable, obesity

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

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

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

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

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

Lab/study: FBS: 225mg/dl; UA: protein trace

Assessment:

1. DMII
2. Obesity

Plan:

1. Glibenclamide 5mg 1t po bid for one month
2. Metformin 500mg 1t po qhs for one month
3. Captopril 25mg 1/4t po qd for one month
4. ASA 300mg 1/4t po qd for one month
5. Educate on diabetic diet, foot care and regular exercise
6. Draw blood for CBC, Lyte, BUN, Creat, gluc, TG, Tot Chole and 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: August 05, 2008**

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

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From: Crocker, J.Benjamin,M.D.
Sent: Tuesday, August 05, 2008 12:31 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic August 2008, Case# 2, Chin Thary, 27F (Rovieng Cheung Village)

I would always question diagnosis of DM2 in a 27 year old patient -- and would be on high alert to look for signs of TYPE 1 diabetes, which would require insulin instead of oral hypoglycemic medications. It's probably not available in Cambodia, but an anti islet cell antibody could help distinguish type 1 from type 2. If not available, close watch to see how she responds to oral meds is prudnet (if this is early type 1 diabetes, she will fail on oral meds). Watch the blood pressure closely, as it's already a little low at baseline and likely to go lower on captopril.

Dr. Ben Crocker.

From: Rithy Chau
Date: Aug 6, 2008 4:10 PM
Subject: Robib TM Clinic August 2008, Case# 2, Chin Thary, 27F (Rovieng Cheung Village)
To: Robib Telemed
Cc: tmed_rithy@online.com.kh

Dear Sovann,

I agree with your plan but maybe start with Glibenclamide 1 tab qAM and Metformin 1tab qPM for now. Make sure you work out with for a plan to lose some weight.

Hope this will help.

Rithy

From: Robib Telemed
Date: Aug 5, 2008 9:06 PM
Subject: Robib TM Clinic August 2008, Case# 3, Sim Sovannchanpidor, 11M (Rovieng Cheung Village)
To: Joseph Kvedar; Kathy Fiamma; "Paul J. M.D. Heinzelmann"; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is case number 3, Sim Sovannchanpidor, 11M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

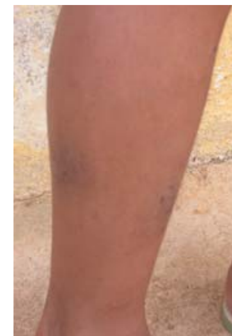
Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Sim Sovannchanpidor, 11M (Rovieng Cheung Village)**

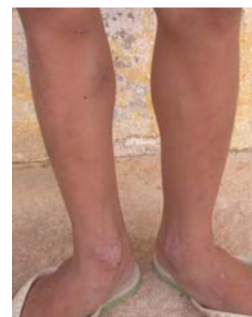
Chief Complaint (CC): Skin rash x 2y



History of Present Illness (HPI): 11M, brought to us by his mother complaining of skin rash. He presented with the vesicle, pustule rashes, itchy, erythema on left caft, he got treatment with herbal traditional medicine, and apply with some ointment. It became better for a while but usually developed again in the same place and also to other places as medial malleolus, right calf, and elbow. He denied of fever, cough, poor appetite, weight loss. Now his skin rashes became better and didn't apply with anything during these two weeks.

Past Medical History (PMH): Unremarkable

Family History: None



Social History: Grade 5 student, got complete national vaccination

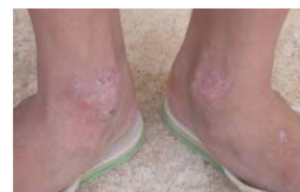
Current Medications: Herbal traditional medicine and ointment but stopped for 2weeks

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 90/50 P: 91 R: 20 T: 37°C Wt: 25Kg



General: Look stable

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

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

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

Skin: Rashes, scaly skin, no vesicle, no pustule on bilateral medial malleolus, calf, and elbows; absence in groin, armpit, head, trunk

Lab/study: None

Assessment:

1. Eczema

Plan:

1. Mometasone cream apply bid until the rash gone

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: August 05, 2008**

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From: Rithy Chau
Date: Aug 6, 2008 4:14 PM
Subject: Robib TM Clinic August 2008, Case# 3, Sim Sovannchanpidor, 11M (Rovieng Cheung Village)
To: Robib Telemed
Cc: tmed_rithy@online.com.kh

Dear Sovann,

I agree with your assessment. Since it is improving without medication for the past two weeks, let us keep observation without meds for another month because the problem with eczema is that it is usually wax and wane. Medication may be helpful during flared up. I would recommend to not give any steroid cream yet, but can give some antihistamine like diphenhydramine and allegra for prn use for itching.

Hope this helps.

Rithy.

From: Robib Telemed
Date: Aug 5, 2008 9:11 PM
Subject: Robib TM Clinic August 2008, Case#4, Teav Vandy, 63F (Rovieng Cheung Village)
To: Paul J. M.D. Heinzelmann; Kruy Lim; Kathy Fiamma; Joseph Kvedar; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is the last case for first day of Robib TM Clinic August 2008, Case number 4, Teav Vandy, 63F and photo. The other cases will be send 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: **Teav Vandy, 63F (Rovieng Cheung Village)**

Chief Complaint (CC): HA and dizziness x 10y

History of Present Illness (HPI): 63F presented with the symptoms of HA, neck tension, fatigue, dyspnea on exertion (walking 50m) and extremity edema and she went to local private clinic, vital sign taken (BP:200/?) and she was treated with antihypertensive drugs. Since then she took antihypertensive when she developed above symptoms. She changed from one kind of antihypertensive to another but in this year took Nifedipine 20mg 1/2t po bid. Now she denied of fever, cough, palpitation, chest pain, nausea, vomiting, hematuria, dysuria, edema.

Past Medical History (PMH): Unremarkable

Family History: Daughter with DMII and HTN

Social History: No alcohol drinking, no smoking, chewing tobacco

Current Medications: Nifedipine 20mg 1/2t po bid

Allergies: NKDA

Review of Systems (ROS):

PE:
Vitals: BP: 168/99 P: 67 R: 20 T: 37°C Wt: 55Kg

General: Look stable

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

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

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

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
2. CHF??

Plan:

1. HCTZ 12.5mg 2t po qd for one months
2. Stop tobacco chewing and do regular exercise
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: August 05, 2008**

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From: Danny Sands (dzsands) [mailto:dzsands@cisco.com]
Sent: Tuesday, August 05, 2008 12:49 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic August 2008, Case#4, Teav Vandy, 63F (Rovieng Cheung Village)

I don't quite understand the sequence of events. When was she first diagnosed with hypertension? When did she develop symptoms? How long has she been on nifedipine? Are you sure she's taking it as ordered? Please try and be more clear in your notes.

If she has been on nifedipine 10mg bid for more than a few weeks, there are a few problems with that. One is that immediate release nifedipine must be used three times a day. Sustained release nifedipine is much more effective as an antihypertensive.

She has uncontrolled hypertension and possibly CHF, but your exam is not showing evidence of that.

I would recommend the following:

1. Ideally, she should have an echocardiogram to determine her ejection fraction, which will guide our therapy, as well as an electrocardiogram.

2. Discontinue nifedipine.

3. Start on ACEI, either lisinopril 10 mg per day or captopril 25mg three times a day.

4. After a month, check her BP. Also, review her electrolytes and renal function that you are checking today. Then may consider increasing dose of ACEI or adding diuretic. If she has edema or if she has some renal insufficiency, I'd recommend using furposemide twice daily.

- Danny
Daniel Z. Sands, MD, MPH
Beth Israel Deaconess Medical Center
Harvard Medical School

From: Rithy Chau
Date: Aug 6, 2008 4:16 PM
Subject: Robib TM Clinic August 2008, Case#4, Teav Vandy, 63F (Rovieng Cheung Village)
To: Robib Telemed
Cc: tmed_rithy@online.com.kh

Dear Sovann,

This patient has HTN, but unlikely with CHF. I agree with your treatment plan and advise her on low fat/sodium diet as well and can eat one ripe banana per day.

Rithy

From: Robib Telemed
Date: Aug 6, 2008 9:16 PM
Subject: Robib TM Clinic August 2008, Case#5, Thorng Thun, 63M (Koh Pon Village)
To: Rithy Chau; Rithy Chau; Kruy Lim; Cornelia Haener; Paul J. M.D. Heinzelmann; Joseph Kvedar ; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

Today is the second day for Robib TM Clinic August 2008. There are four new cases and two follow up cases. This is case number 5, continued from yesterday, Thorng Thun, 63M and photos.

Best regards,
Sovann

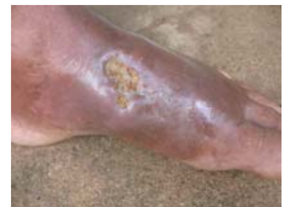
Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

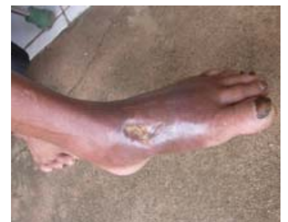
History and Physical

Name/Age/Sex/Village: Thorng Thun, 63M (Koh Pon Village)



Chief Complaint (CC): Left Foot Infected wound x 2 months

History of Present Illness (HPI): 63M came to us complaining of left foot infected wound x 2months. His foot was affected by teeth of the rake (Nail fixed on the stick being used to harrow the field), the injured size about 2 x 4cm. He went to local health center and the injured site was cleaned, sutured and was treated with some unknonw name medication for a week. The wound became infected with swelling, redness, pain, and exudate with pus. He bought some medication (Antibiotic and pain killer) from pharmacy taking orally and clean the wound at home twice per day but the wound was not better so he come to us today.



Past Medical History (PMH): Malaria in 1990

Family History: None

Social History: Smoking 10cig/d over 20y, drinking alcohol casually

Current Medications: Antibiotic (unknown name) and pain killer

Allergies: NKDA

Review of Systems (ROS): No cough, no fever, normal appetite, normal bowel movement, normal urination

PE:

Vitals: BP: 134/76 P: 62 R: 20 T: 37°C Wt: 47Kg

General: Look stable

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

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

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

Extremity: On Left foot wound , size10 x 14cm, erythema, swelling, dark color skin, slightly tender, soft around affected site and (+) dorsalis pedis pulse, no inguinal lymph node palpable

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

Lab/study: FBS: 106mg/dl

Assessment:

1. Left foot infected wound

Plan:

1. Cephalexin 250mg 2t po bib for one month
2. Cotrimoxazole 960mg 1t po bid for one month
3. Naproxen 375mg 1t po bid prn pain
4. Paracetamol 500mg 1t po qid prn pain
5. I & D of infected wound then Clean every day with NSS

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: August 06, 2008**

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

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From: cornelia_haener
Date: Aug 7, 2008 7:54 AM
Subject: RE: Robib TM Clinic August 2008, Case#5, Thorng Thun, 63M (Koh Pon Village)
To: Robib Telemed; Rithy Chau; Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Sovann,

Thanks for the case. You mention that the dorsalis pedis pulse is still slightly positive. How about the tibialis posterior and the popliteal pulse? As the patient is a smoker, I am suspicious that he might have an underlying vascular problem which prevents the wound from healing.

Would you mind explaining the choice of antibiotics? Cephalexin + cotrimoxazole is not a usual combination for your diagnosis of soft tissue infection unless you suspect a Meiloidosis (Burkholderia mallei). In such a suspicion, your choice of Cotrimoxazole is correct. Actually, as the injury happened in an agricultural setting, Meiloidosis is a possible diagnosis and I am very much in favor of your choice. However, you will have to treat the patient with cotrimoxazole for at least 3 months.

In addition, the foot should be immobilized and the patient advised to keep bed rest, especially if we suspect an underlying vascular problem. Walking around will decrease the blood supply of his skin. You should recommend him to stop smoking as well as smoking leads to vasoconstriction, again impedes wound healing.

Kind regards

Cornelia

From: Rithy Chau
Date: Aug 7, 2008 9:52 AM
Subject: Re: Robib TM Clinic August 2008, Case#5, Thorng Thun, 63M (Koh Pon Village)
To: Robib Telemed
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau; Lim kruy; Cornelia Haener ;Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma

Dear Sovann,

It seemed like this patient was treated with possibly incorrect dose or wrong choice of abx. Also, please let the HC staff learn this: never suture a punctured wound which was done to this man and now became severely infected. I do not suspect that his wound has been cared for properly either. I would do a thorough wound cleaning and sterile dressing with triple abx ointment and compression using elastic bandage daily. I would only either start him on Cephalexin 500mg tid or Augmentin 875mg bid for 14days and follow him up next month. You can give NSAIDs like ibuprofen as suggested. Instruct him to not get his infected foot dirty or wet and elevate it as much as possible when sitting and lying down. Try to limit mobility and can continue to use crutch when moving around.

If you have any concern, please give me a call to discuss further.

Rithy

From: Fiamma, Kathleen M.
Date: Aug 7, 2008 6:54 PM
Subject: FW: Robib TM Clinic August 2008, Case#5, Thorng Thun, 63M (Koh Pon Village)
To: robibtelemed@gmail.com
Cc: tmed_rithy@online.com.kh

I am very concerned about this patient's infection. In the future, it would be helpful to outline better the timeline and details of events. How long, for example, has he been taking the antibiotics he purchased from the pharmacy? How severe is his pain?

Will you be performing an I&D?

Although I'd prefer to see him treated in the hospital with an x-ray to look for signs of osteomyelitis, enforced elevation, and IV antibiotics, your plan could work. You need to also explain the importance of taking all doses of his antibiotics and the importance of elevating his foot.

- Danny

From: Robib Telemed
Date: Aug 6, 2008 9:19 PM
Subject: Robib TM Clinic August 2008, Case#6, Chan Thoeun, 50F (Sralou Srong Village)
To: Rithy Chau <tmed_rithy@online.com.kh>, Rithy Chau <chaurithy@gmail.com>, Kruy Lim <kruylim@yahoo.com>, Kathy Fiamma <kfiamma@partners.org>, Joseph Kvedar <jkvedar@partners.org>, "Paul J. M.D. Heinzelmann" <pheinzelmann@partners.org>
Cc: Bernie Krisher <bernie@media.mit.edu>, Thero Noun <thero@cambodiadaily.com>, Laurie & Ed Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 6, Chan Thoeun, 50F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

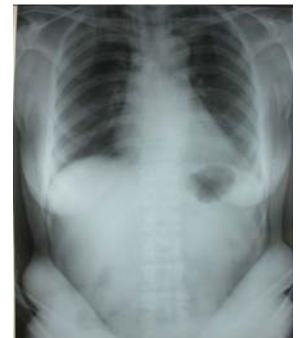
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Chan Thoeun, 50F (Sralou Srong Village)**

Chief Complaint (CC): Palpitation and chest tighness x 6y

History of Present Illness (HPI): 50F presented with symptoms of palpitation, chest tighntess, fatigue, she went to provincial hospital, was examined and told she has heart disease. She was treated with some kind of medicine (unknown name) but it didn't help her so she sought care at other hospital as Kg Thom hospital and Siem Reap hospital and told she has heart problem as well and advised to Phnom Penh but she don't have money to go. During this year, she went to private clinic in Preah vihea province and was treated with Domperidone 10mg 1t bid, Giloba 1t po bid, and other two kinds of medicne (unknown name) 1t bid. These medicines helped her but developed with the symptoms more frequently and she come to us today. She denied of fever, HA, nausea, vomiting, chest pain, orthopnea, hematuria, dysuria, oliguria, edema.



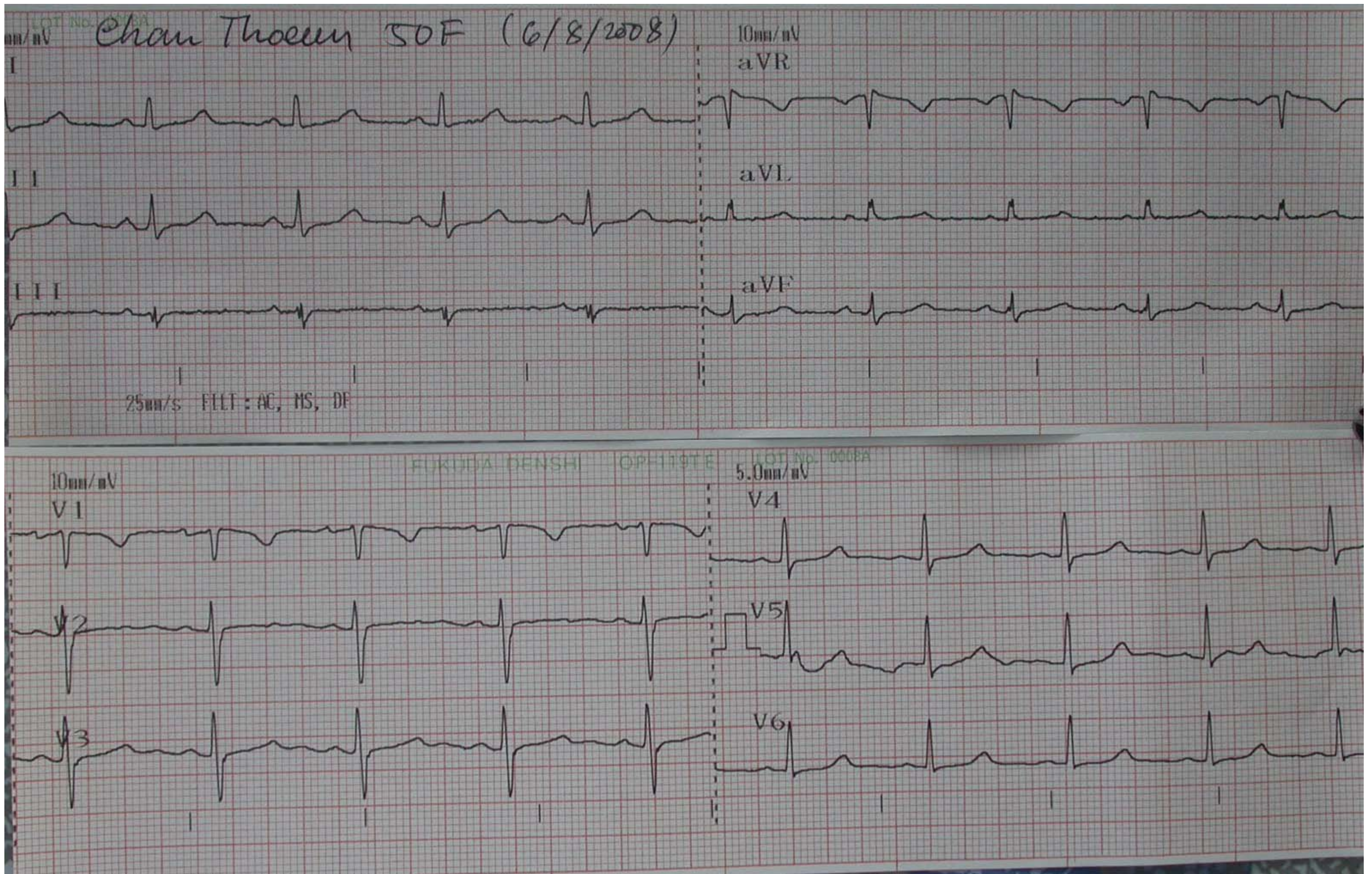
Past Medical History (PMH): Unremarkable

Family History: None

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

Current Medications:

1. Domperidone 10mg 1t po bid
2. Giloba 1t po bid
3. Other two kinds of medicine (unknown name) 1t po bid



Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 110/77 P: 79 R: 20 T: 37°C Wt: 41Kg

General: Look stable

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

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

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

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

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

Lab/study: EKG, and CXR attached

Assessment:

1. VHD (MR/MS??)

Plan:

1. Captopril 25mg 1/4t po bid for one month
2. Send to Phnom Penh for 2D echo of the heart

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: August 06, 2008**

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

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From: Tan, Heng Soon,M.D.
Sent: Wednesday, August 06, 2008 1:23 PM
To: Fiamma, Kathleen M.
Cc: Suders, Daniel J.
Subject: RE: Robib TM Clinic August 2008, Case#6, Chan Thoeun, 50F (Sralou Srong Village)

"systolic cresendo murmur loudest at apex" suggests mitral valve disease. However mitral regurgitation is a holosystolic [not crescendo] apical murmur. Mitral valve prolapse presents with a systolic click followed by a short mid systolic murmur.

Chest x-ray shows cardiomegaly. EKG does not show LVH but there is a hint of left atrial enlargement based on slightly biphasic P wave in V1 lead.

So middle age woman with palpitations, chest tightness, fatigue [probably with exertion] with mitral systolic murmur and cardiomegaly suggests rheumatic heart disease with mitral regurgitation. She is not in obvious LV failure, though she may be developed early pulmonary venous congestion with exercise. She is not hypertensive.

Certainly an echocardiogram will confirm mitral valve disease, estimate valve size and degree of regurgitation. Medical treatment to lower systemic blood pressure and diastolic filling pressure will alleviate some symptoms: so captopril as tolerated and a diuretic may be considered. However surgical valvuloplasty would be the ideal intervention to relieve symptoms.

HS

From: Rithy Chau
Date: Aug 7, 2008 10:08 AM
To: Robib Telemed
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau; Lim kruy; Kathy Fiamma ; Joseph Kvedar; Paul J. M.D. Heinzelmann
Subject: Re: Robib TM Clinic August 2008, Case#6, Chan Thoeun, 50F (Sralou Srong Village)

Dear Sovann,

According to your H&P, the patient seemed to no longer have CP. Her EKG looks benign with reg rate and rhythm. Besides VHD, there might a whole bunch of other heart problems that should be considered to include on our list for her. The CXR was not so well-done. I would recommend to bring her to SHCH for another CXR, 2D echo, lab tests, etc. Please coordinate with Dr. Kruy for the 2D echo. She is in Mexico right now but may be back by next week. Tx her conservatively for now and ok to give low dose ASA to chew daily.

Also, I forgot to mention to you to ask the man from case#5 to stop smoking to add to his wound healing improvement.

Rithy

From: Robib Telemed
Date: Aug 6, 2008 9:22 PM
Subject: Robib TM Clinic August 2008, Case#7, Mease Ream, 74F (Taing Treuk Village)
To: "Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Rithy Chau; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is case number 7, Meas Ream, 74F 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: Meas Ream, 74F (Taing Treuk Village)

Chief Complaint (CC): Right side weakness x 1 month

History of Present Illness (HPI): 74F came to us complaining of right side weakness. Since last 4 months, she presented with symptoms of fatigue, neck tension, HA, blurred vision, she went to local private clinic, BP:170/? and treated with antihypertensive (unknown name) 1t po qd when she developed the symptoms. In last month, she developed the above symptoms and asked local health care provider to give her IV fluid and some other medicine and in the morning she was not able to move her right extremity. She was treated with antihypertensive prn and now she is able to move her right extremity but weaker than before. She denied of fever, cough, chest pain, nausea, vomiting, stool with blood or mucus, hematuria, dysuria, oliguria, edema.

Past Medical History (PMH): Malaria in 1994

Family History: None

Social History: Smoking 4cig/d over 20y, drinking alcohol casually, stopped

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vitals: BP: 160/94 P: 79 R: 20 T: 37°C Wt: 41Kg

General: Look stable

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

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

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

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

MS/Neuro: MS +4/5 on right extremity, +5/5 on left extremity, sensory intact, DTRs +2/4

Lab/study: None

Assessment:

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

Plan:

1. HCTZ 12.5mg 2t po qd for one month
2. ASA 300mg 1/4t po qd for one month
3. MTV 1t po qd for one month
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole and TG at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: August 06, 2008**

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

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From: Rithy Chau
Date: Aug 7, 2008 10:10 AM

Subject: Re: Robib TM Clinic August 2008, Case#7, Mease Ream, 74F (Taing Treuk Village)
To: Robib Telemed <robibtelemed@gmail.com>
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Lim kruy; Rithy Chau

Dear Sovann,

I agree with your plan.

Rithy

From: Robib Telemed
Date: Aug 6, 2008 9:31 PM
Subject: Robib TM Clinic August 2008, Case#8, Ov Lay, 73F (Thnout Malou Village)
To: Rithy Chau; Rithy Chau; Kruy Lim; "Paul J. M.D. Heinzelmann"; Joseph Kvedar; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is case number 8 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: **Ov Lay, 73F (Thnout Malou Village)**

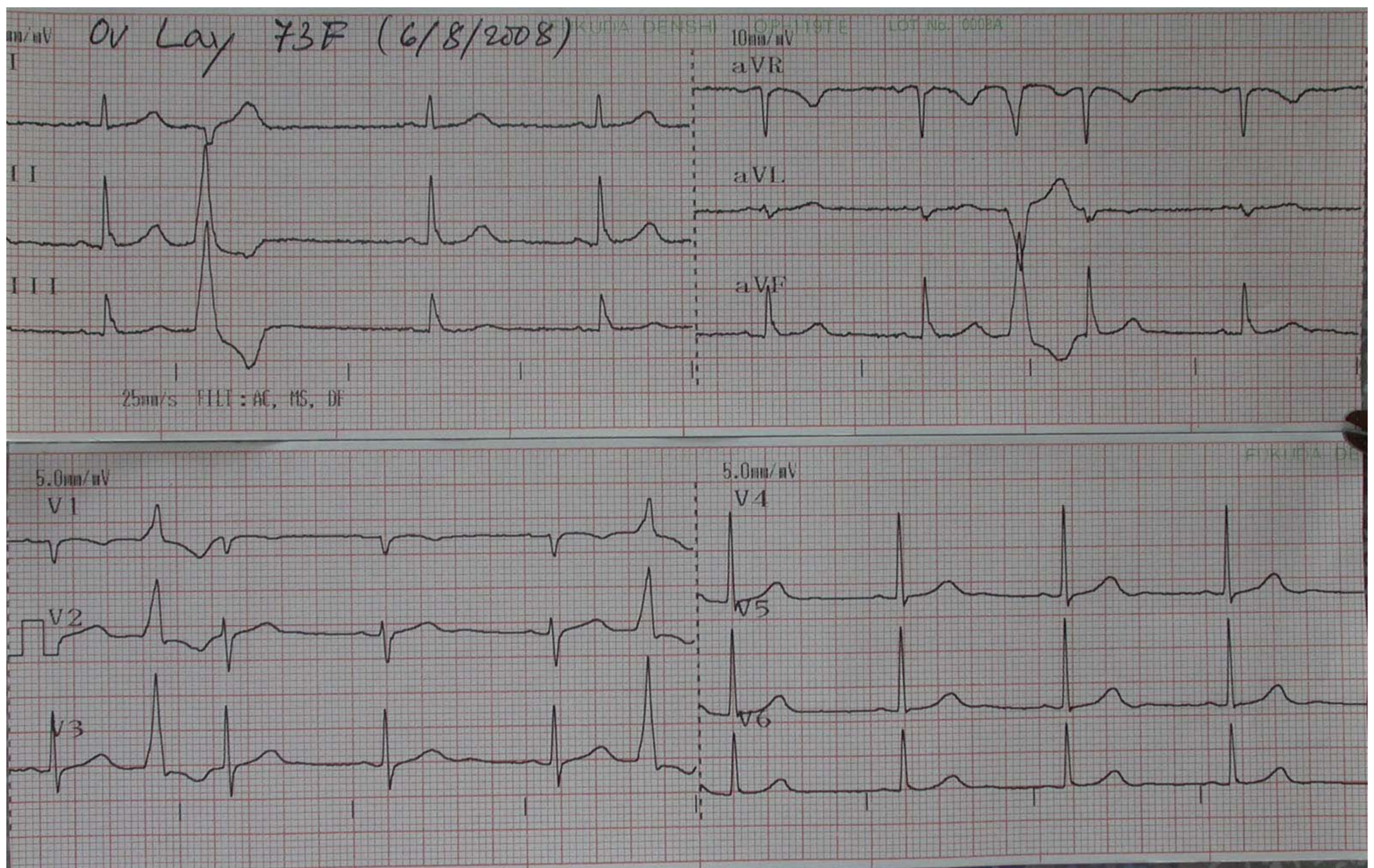
Chief Complaint (CC): Palpitation x 3 month

History of Present Illness (HPI): 73F presented with symptoms of palpitation, chest tightness, fatigue, and dyspnea on exertion (walking 100m), she went to provincial hospital and was examined, told that she has heart disease and treated with unknown name medicine for a few weeks but It seem not help her so she stop taking it. She still presented with above symptoms and denied of fever, cough, chest pain, orthopnea, nausea, vomiting, stool with blood or mucus, hematuria, dysuria, oliguria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Chewing tobacco, no smoking, no alcohol drinking



Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Epigastric pain, burning sensation, burping with sour taste, she didn't seek treatment for this problem

PE:

Vitals: BP: 138/73 P: 65 R: 20 T: 37°C Wt: 45Kg

General: Look stable

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

Chest: CTA bilaterally, no rales, no rhonchi; H irregular rhythm (two normal beat then one early beat, regular rate, no murmur

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

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

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

Lab/study: EKG attached

Assessment:

1. Premature atrial contraction?
2. Dyspepsia
3. Parasititis

Plan:

1. Nifedipine 10mg 1/2t po bid for one month
2. Famotidine 40mg 1t po qhs for one month
3. Mebendazole 100mg 5t po qhs once
4. Send patient to Kg Thom for CXR
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole and TG at SHCH

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

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

Examined by: Nurse Sovann Peng **Date: August 06, 2008**

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From: Rithy Chau
Date: Aug 7, 2008 10:19 AM
Subject: Re: Robib TM Clinic August 2008, Case#8, Ov Lay, 73F (Thnout Malou Village)
To: Robib Telemed
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach ; Rithy Chau; Lim kruy; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma

Dear Sovann,

I recommend that this patient be referred to SHCH for CXR, 2D echo, labs etc., for further evaluation. Please coordinate with Dr. Kruy for her availability to do this. The EKG has PVCs. No need to give Nifedipine now, just hold until further evaluation at SHCH.

Rithy

From: Cusick, Paul S.,M.D.
Date: Aug 7, 2008 5:00 AM
Subject: RE: Robib TM Clinic August 2008, Case#8, Ov Lay, 73F (Thnout Malou Village)
To: "Fiamma, Kathleen M."; robibtelemed@gmail.com
Cc: tmed_rithy@online.com.kh

Thank you for the consult

She is 73 with shortness of breath, palpitations and chest pain with walking.

There are no symptoms of heart failure.
She does not have symptoms at rest.

Her blood pressure and pulse are normal.

Her exam does not indicate any murmurs (valvular heart disease) or displaced point of maximal impact (cardiac hypertrophy).

Her EKG looks like premature ventricular contractions without any evidence of active EKG changes of ischemia. The EKG does not suggest Left Ventricular hypertrophy.

Her symptoms are consistent with coronary atherosclerosis, valvular heart disease or left ventricular dysfunction.

THe nifedipine may decrease her blood pressure. I am not sure if it will solve her problem.

A chest xray would be helpful.

The blood tests will help to see if she has risks for coronary artery disease with diabetes or high cholesterol

She needs to stop chewing tobacco.

The irregular heart rate would not necessarily cause the shortness of breath unless she has more irregular beats when she is walking.

Further interventions will depend on blood work, chest xray and response to nifedipine

Thank you.

From: Robib Telemed
Date: Aug 6, 2008 9:34 PM
Subject: Robib TM Clinic August 2008, Case#9, So On, 80F (Thnout Malou Village)
To: Rithy Chau; Rithy Chau; Kruy Lim; Kathy Fiamma; "Paul J. M.D. Heinzelmann"; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is case number 9, So On, 80F (follow up patient) and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: **So On, 80F (Thnout Malou Village)**

Subjective: 80F, our old patient with past history of Bronchitis and joint pain. During this year, she often presented with symptoms of muscle pain, generalized joint pain, fatigue, HA, neck tension, palpitation but she didn't seek care from any health center or hospital, she just come to us today.She denied of fever, cough, chest pain, nausea, vomiting, hematuria, dysuria, oliguria, edema

Current Medications: None

Allergies: NKDA

Objective:

VS: **BP: 177/96 (today)** **P: 63** **R: 20** **T: 37** **Wt: 40kg**
BP: 154/78 (yesterday)

PE (focused):

General: Look stable

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

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

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

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

MS/Neuro: Unremarkable

Lab/Study: None

Assessment:

1. HTN
2. Joint pain

Plan:

1. HCTZ 12.5mg 2t po po qd for one month
2. Paracetamol 500mg 1t po qid prn pain/fever for one month
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole, TG at SHCH

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

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

Examined by: Nurse Peng Sovann **Date: August 6, 2008**

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From: Rithy Chau
Date: Aug 7, 2008 10:20 AM
Subject: Re: Robib TM Clinic August 2008, Case#9, So On, 80F (Thnout Malou Village)
To: Robib Telemed <robibtelemed@gmail.com>
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau; Lim kruy; Kathy Fiamma; Paul J. M.D. Heinzelmann; Joseph Kvedar

Dear Sovann,

I agree with your plan.

Rithy

From: Smulders-Meyer, Olga,M.D.
Date: Aug 9, 2008 3:33 AM
Subject: RE: Robib TM Clinic August 2008, Case#9, So On, 80F (Thnout Malou Village)
To: "Fiamma, Kathleen M."
Cc: tmed_rithy@online.com.kh, robibtelemed@gmail.com

Your patient, So On, is an 80-year-old woman, with no prior medical problems, on no medications, who seems to have been doing well until this past year. She has very nonspecific symptoms such as myalgia, fatigue and headache, as well as palpitations.
She has no other focal problems.

The blood pressure is slightly hypertensive and you started her on a very low dose hydrochlorothiazide, which is a good choice. I also agree with Paracetamol, for her aches and pains, but given her low weight, I will probably reduce it to b.I.d.

She is fatigued, and she has muscle aches, and so one must rule out hypothyroidism and check a TSH.
CBC should be checked, to rule out anemia, and if she is anemic, at her age, most likely that would be consistent with an occult malignancy, possibly breast, stomach, colon. The physical examination seems benign, and there is no evidence of acute arthritis. No masses can be noted on examination.

She has a history of headaches, and you can see if these improve once you lower her blood pressure. Her neurological examination is unremarkable, excluding a recent neurological event. Try using Paracetamol to break the headaches, but then try to wean her off this medication, because otherwise she may develop a rebound headache, if she takes this on a daily basis chronically.

She complains of palpitations, and yet her heart rate is only 63 beats a minute. She has no chest pain, and she seems asymptomatic from a cardiac point of view otherwise.

The patient should also be screened for depression, as this can often cause fatigue, as well as for anxiety, as this can cause palpitations, that are not cardiac in origin.

Given her age, there are many things that could be wrong with her, but from the few data that we have today, it is not clear, and I think you have made it good choice by checking some labs, but you must include a TSH.

I hope this was helpful.

Olga Smulders-Meyer MD

From: Robib Telemed
Date: Aug 6, 2008 9:38 PM
Subject: Robib TM Clinic August 2008, Case#10, Tith Hun, 56F (Ta Tong Village)
To: Rithy Chau; Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear all,

This is the last case for Robib TM Clinic August 2008, Case number 10, Tith Hun, 56F and photo. Please reply to the cases before Thursday afternoon then I can make treatment plan accordingly. Thank you very much for your cooperation and support in this project.

Best regards,
Sovann

Robib Telemedicine Clinic

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

SOAP Note

Patient Name & Village: Tith Hun, 56F (Ta Tong Village)

Subjective: 56F came to follow up of HTN, RI. During this month, she presented with symptoms of epigastric pain, burning sensation during meal time, the pain some times radiated to the back and scapula, burping with sour taste. She didn't seek care for this problem and this week she developed symptoms of neck tension, HA, palpitation, cold extremity and went to local health center vital sign taken BP:160/? and gave IVF D10% 500ml, now she became better. She denied of chest pain, dizziness, stool with blood or mucus, oliguria, hematuria, dysuria, edema.

Current Medications:

1. Atenolol 50mg 1/2t po bid
2. Lisinopril 20mg 1/4t po qd

Allergies: NKDA

Objective:

VS: BP: 124/80 P: 86 R: 20 T: 36.5 Wt: 41kg

PE (focused):

General: Look stable

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

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

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

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

MS/Neuro: Unremarkable

Lab Result on May 30, 2008

WBC	=5.5	[4 - 11x10^9/L]	Na	=143	[135 - 145]
RBC	=4.3	[3.9 - 5.5x10^{12}/L]	K	=4.3	[3.5 - 5.0]
Hb	=11.3	[12.0 - 15.0g/dL]	Cl	=107	[95 - 110]
Ht	=35	[35 - 47%]	BUN	=3.7	[0.8 - 3.9]
MCV	=81	[80 - 100fl]	Creat	=105	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=5.0	[4.2 - 6.4]
MHCH	=32	[30 - 37%]			
Plt	=191	[150 - 450x10^9/L]			
Lym	=1.8	[1.0 - 4.0x10^9/L]			
Mxd	=1.0	[0.1 - 1.0x10^9/L]			
Neut	=2.7	[1.8 - 7.5x10^9/L]			

Assessment:

1. HTN
2. RI
3. Dyspepsia

Plan:

1. Captopril 25mg 1/2t po bid for two months
2. Atenolol 50mg 1/2t po bid for two months
3. Famotidine 40mg 1t po qhs for one month

Lab/Study Requests: None

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

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

Examined by: Nurse Peng Sovann **Date: August 6, 2008**

Please send all replies to robibtelemed@gmail.com and cc: to tmed_rithy@online.com.kh.

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From: Rithy Chau
Date: Aug 7, 2008 10:24 AM
Subject: Re: Robib TM Clinic August 2008, Case#10, Tith Hun, 56F (Ta Tong Village)
To: Robib Telemed <robibtelemed@gmail.com>
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau; Lim kruy; "Paul J. M.D. Heinzelmann"; Kathy Fiamma; Joseph Kvedar

Dear Sovann,

I agree with your plan. Please ask her to come back next month if her GERD sx not improving and can give Omeprazole instead 1 qhs x 60d.

Thanks for your hard work in Robib. Have a safe trip back. If you have any prob, do not hesitate to give me a call.

Rithy

Thursday, August 07, 2008

Follow-up Report for Robib TM Clinic

There were 8 new, and 2 follow up patients seen during this month Robib TM Clinic and the other 43 patients came for medication refills only. The data of all 10 cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE, the following patients were managed and treated as follows:

NOTE: [Please note that some blood works was drawn and done at SHCH at no cost and others including studies such as x-rays, U/S, EKG, etc. were done at Kompong Thom Referral Hospital with patients paying own 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, especially if they are from Thnout Malou Village. Some patients may be listed below if they came by for refills of medications.]

Treatment Plan for Robib TM Clinic August 2008

1. Ban Lay, 34F (Koh Pon Village)
Diagnosis:
1. Diffuse goiter
2. Hyperthyroidism

Treatment:
1. Propranolol 40mg 1/2t po bid for one month (# 40)
2. Draw blood for THS and Free T4 at SHCH

Lab result on August 08, 2008

TSH	=0.05	[0.49 - 4.67]
Free T4	=60.17	[9.14 - 23.81]

2. Chin Thary, 27F (Rovieng Cheung Village)

Diagnosis:

1. DMII?
2. Obesity

Treatment:

1. Glibenclamide 5mg 1t po qAM for one month (# 40)
2. Metformin 500mg 1t po qPM for one month (# 40)
3. Captopril 25mg 1/4t po qd for one month (# 10)
4. ASA 300mg 1/4t po qd for one month (# 10)
5. Educate on diabetic diet, foot care and regular exercise
6. Draw blood for CBC, Lyte, BUN, Creat, gluc, TG, Tot Chole and HbA1C at SHCH

Lab result on August 08, 2008

WBC	=9.2	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=5.3	[3.9 - 5.5x10^{12}/L]	K	=4.5	[3.5 - 5.0]
Hb	=13.5	[12.0 - 15.0g/dL]	Cl	=102	[95 - 110]
Ht	=41	[35 - 47%]	BUN	=1.5	[0.8 - 3.9]
MCV	=77	[80 - 100fl]	Creat	=55	[44 - 80]
MCH	=26	[25 - 35pg]	Gluc	=12.7	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=4.9	[<5.7]
Plt	=272	[150 - 450x10^9/L]	TG	=5.0	[<1.71]
Lym	=3.1	[1.0 - 4.0x10^9/L]			
HbA1C	=9.4	[4 – 6]			

3. Sim Sovannchanpidor, 11M (Rovieng Cheung Village)

Diagnosis:

1. Eczema

Treatment:

1. Allergra 180mg 1t po qd prn (# 8tab)

4. Teav Vandy, 63F (Rovieng Cheung Village)

Diagnosis:

1. HTN

Treatment:

1. Captopril 25mg 1/2t po bid for one month (# 40)
2. Stop tobacco chewing and do regular exercise
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG, Tot chole at SHCH

Lab result on August 08, 2008

WBC	=5.5	[4 - 11x10^9/L]	Na	=145	[135 - 145]
RBC	=4.1	[3.9 - 5.5x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=12.2	[12.0 - 15.0g/dL]	Cl	=108	[95 - 110]
Ht	=38	[35 - 47%]	BUN	=2.4	[0.8 - 3.9]
MCV	=94	[80 - 100fl]	Creat	=80	[44 - 80]
MCH	=30	[25 - 35pg]	Gluc	=4.7	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=7.0	[<5.7]
Plt	=308	[150 - 450x10^9/L]	TG	=1.2	[<1.71]
Lym	=2.2	[1.0 - 4.0x10^9/L]			

5. Thorng Thun, 63M (Koh Pon Village)
Diagnosis:
1. Left foot infected wound

Treatment:
1. Augmentin 875mg 1t po bid x 14d (# 28tab)
2. Naproxen 375mg 1t po bid prn pain (# 30tab)
3. Paracetamol 500mg 1t po qid prn pain (# 30tab)
4. Immobilize and elevated foot
5. Smoking cessation

6. Chan Thoeun, 50F (Sralou Srong Village)
Diagnosis:
1. VHD (MR/MS??)

Treatment:
1. Captopril 25mg 1/4t po bid for one month (# 20tab)
2. ASA 300mg 1/4t po qd for one month (# 10tab)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, TG, Tot chole at SHCH

Lab result on August 08, 2008

WBC	=6.5	[4 - 11x10^9/L]	Na	=143	[135 - 145]
RBC	=4.3	[3.9 - 5.5x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=8.1	[12.0 - 15.0g/dL]	Cl	=108	[95 - 110]
Ht	=29	[35 - 47%]	BUN	=1.1	[0.8 - 3.9]
MCV	=66	[80 - 100fl]	Creat	=57	[44 - 80]
MCH	=19	[25 - 35pg]	Gluc	=5.1	[4.2 - 6.4]
MHCH	=28	[30 - 37%]	T. Chol	=3.8	[<5.7]
Plt	=157	[150 - 450x10^9/L]	TG	=1.1	[<1.71]
Lym	=1.5	[1.0 - 4.0x10^9/L]			

7. Meas Ream, 74F (Taing Treuk Village)
Diagnosis:
1. HTN
2. Left side stroke with right side weakness

Treatment:
1. HCTZ 12.5mg 2t po qd for one month (# 70tab)
2. ASA 300mg 1/4t po qd for one month (# 10tab)
3. MTV 1t po qd for one month (# 40tab)
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole and TG at SHCH

Lab result on August 08, 2008

WBC	=4.6	[4 - 11x10^9/L]	Na	=146	[135 - 145]
RBC	=4.9	[3.9 - 5.5x10^{12}/L]	K	=3.9	[3.5 - 5.0]
Hb	=12.1	[12.0 - 15.0g/dL]	Cl	=105	[95 - 110]
Ht	=39	[35 - 47%]	BUN	=2.1	[0.8 - 3.9]
MCV	=80	[80 - 100fl]	Creat	=73	[44 - 80]
MCH	=25	[25 - 35pg]	Gluc	=5.8	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	T. Chol	=5.2	[<5.7]
Plt	=190	[150 - 450x10^9/L]	TG	=1.9	[<1.71]
Lym	=1.8	[1.0 - 4.0x10^9/L]			
Mxd	=0.6	[0.1 - 1.0x10^9/L]			
Neut	=2.2	[1.8 - 7.5x10^9/L]			

8. Ov Lay, 73F (Thnout Malou Village)

Diagnosis:
1. PVC
2. Dyspepsia
3. Parasititis

Treatment:
1. Famotidine 10mg 2t po qhs for one month (# 80tab)
2. Mebendazole 100mg 5t po qhs once (# 5tab)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, Tot chole and TG at SHCH

Lab result on August 08, 2008

WBC	=6.7	[4 - 11x10^9/L]	Na	=142	[135 - 145]
RBC	=4.0	[3.9 - 5.5x10^{12}/L]	K	=4.3	[3.5 - 5.0]
Hb	=11.8	[12.0 - 15.0g/dL]	Cl	=108	[95 - 110]
Ht	=37	[35 - 47%]	BUN	=2.1	[0.8 - 3.9]
MCV	=92	[80 - 100fl]	Creat	=87	[44 - 80]
MCH	=30	[25 - 35pg]	Gluc	=5.0	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=5.6	[<5.7]
Plt	=227	[150 - 450x10^9/L]	TG	=1.3	[<1.71]
Lym	=1.9	[1.0 - 4.0x10^9/L]			

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

Treatment:
1. HCTZ 12.5mg 2t po po qd for one month (# 70tab)
2. Paracetamol 500mg 1t po qid prn pain/fever for one month (# 30tab)
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on August 08, 2008

WBC	=7.1	[4 - 11x10^9/L]	Na	=145	[135 - 145]
RBC	=4.0	[3.9 - 5.5x10^{12}/L]	K	=3.5	[3.5 - 5.0]
Hb	=9.3	[12.0 - 15.0g/dL]	Cl	=105	[95 - 110]
Ht	=30	[35 - 47%]	BUN	=1.3	[0.8 - 3.9]
MCV	=76	[80 - 100fl]	Creat	=81	[44 - 80]
MCH	=23	[25 - 35pg]	Gluc	=7.2	[4.2 - 6.4]
MHCH	=31	[30 - 37%]			
Plt	=235	[150 - 450x10^9/L]			
Lym	=3.4	[1.0 - 4.0x10^9/L]			

10. Tith Hun, 56F (Ta Tong Village)
Diagnosis:
1. HTN
2. RI
3. Dyspepsia

Treatment:
1. Captopril 25mg 1/2t po bid for two months (# 120tab)
2. Atenolol 50mg 1/2t po bid for two months (# 60tab)
3. Famotidine 10mg 2t po qhs for one month (# 80tab)

Patients who come for follow up and refill medication

1. An Rattana, 3F (Rovieng Tbong Village)
Diagnosis:
1. Impetigo

Treatment:
1. Mometasone cream apply bid until the rash gone #1

2. Chea Kimheng, 34F (Taing Treuk Village)
Diagnosis:
1. Ischemic Heart Disease?
2. VHD (MR/MI??)

Treatment:
1. ASA 300mg 1/4t po qd for one month (#15)
2. Atenolol 50mg 1/2t po qd for one month (#20)

3. Chan Oeung, 57M (Sangke Roang Village)
Diagnosis:
1. HTN
2. Arthritis

Treatment:
1. HCTZ 50mg 1/2t po qd
2. Naproxen 375mg 1t po bid prn severe pain (# 50)
3. Paracetamol 500mg 1t po qid prn pain (# 50)

4. Chheak Leangkry, 65F (Rovieng Cheung)
Diagnosis
1. DMII with PNP
2. HTN

Treatment
1. Metformin 500mg 2t po qhs for one month (#60)
2. Captopril 25mg 1/2t po bid for one month (#30)
3. Amitriptyline 25mg 1t po qhs for one month (#30)
4. Draw blood forLyte, Creat, Gluc, HbA1C at SHCH

Lab result on August 08, 2008

Na	=141	[135 - 145]
K	=6.1	[3.5 - 5.0]
Cl	=101	[95 - 110]
Creat	=96	[44 - 80]
Gluc	=11.0	[4.2 - 6.4]
HbA1C	=10.1	[4 – 6]

5. Chheuk Norn, 53F (Thnout Malou Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 2t po qhs for one month (#60)
3. ASA 300mg 1/4t po qd for one month (# 8)
4. Draw blood for Gluc, HbA1C at SHCH

Lab result on August 08, 2008

Gluc	=10.1	[4.2 - 6.4]
HbA1C	=11.1	[4 – 6]

6. Chhim Lay, 33M (Trapang Reusey Village)
Diagnosis:
1. Irresectable small bowel tumor with fistula

Treatment:
1. Naproxen 375mg 1t po bid prn pain (#50)
2. Paracetamol 500mg 1t po qid prn pain (#100)
3. MTV 1t po qd (#100)

7. Chhin Chheut, 13M (Trapang Reusey Village)
Diagnosis:
1. Bilateral Lower extremity muscle weakness
2. Cachexia
3. Nephrotic Syndrome

Treatment:
1. Prednisolone 5mg 1t po qd for one month (#40)
2. Captopril 25mg 1/4t po qd for one month (#10)
3. MTV 1t po bid for one month (#60)
4. Draw blood for Lyte, Creat, Gluc, Tot chole, Albu, protein, Calcium at SHCH

Lab result on August 08, 2008

Na	=144	[135 - 145]
K	=4.3	[3.5 - 5.0]
Cl	=110	[95 - 110]
Creat	=206	[53 - 97]
Gluc	=3.7	[4.2 - 6.4]
T. Chol	=4.8	[<5.7]
Protein	=11	[66 - 87]
Albu	=12	[38 - 51]
Calcium ionized	=0.93	[1.12 – 1.32]

8. Eam Neut, 54F (Taing Treuk)
Diagnosis
1. HTN

Treatment
1. Atenolol 50 mg ½ t po q12h for four months (#120)

9. Em Thavy, 36F (Thnal Keng Village)
Diagnosis:
1. Diffuse Goiter
2. Hyperthyroidism
3. Tachycardia

Treatment:
1. Carbimazole 5mg 2t po tid for one month (#200)
2. Propranolol 40mg 1/4t po bid for one month (#20)
3. Draw blood for Free T4 at SHCH

Lab result on August 08, 2008

Free T4=27.36 [9.14 - 23.81]

10. Khi Ngorn, 63M (Rovieng Cheung Village)
Diagnosis:
1. HTN

Treatment:

1. HCTZ 50mg 1t po qd for two months (#60)
2. Do regular exercise

11. Kouch Be, 76M (Thnout Malou Village)

Diagnosis

1. HTN
2. COPD

Treatment

1. Nifedipine 10mg 1t po qd for three months (# 90)
2. Salbutamol Inhaler 2 puffs prn SOB for three months (# 3)

12. Kul Chheung, 78F (Taing Treuk)

Diagnosis:

1. HTN
2. COPD

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (#45)
2. Salbutamol inhaler 2puffs prn SOB for three months (#3vials)

13. Kul Keung, 61F (Taing Treuk Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. HCTZ 50mg ½ t po qd for one month (# 15)
2. ASA 300mg ¼ t po qd for one month (# 8)
3. Captopril 25mg ¼ t po qd for one month (#8)
4. Glibenclamide 5mg 1t po bid for one month (#60)
5. Draw blood for Creat, Gluc, HbA1C at SHCH

Lab result on August 08, 2008

Creat	=75	[44 - 80]
Gluc	=8.3	[4.2 - 6.4]
HbA1C	=7.6	[4 – 6]

14. Neth Ratt, 37M (Otalauk Village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 2t po qhs for one month (#60)
3. MTV 1t po qd for one month (# 30)
4. FeSO4/Vit C 120/500mg 1t po qd for one month (# 30)
5. Draw blood for Gluc, HbA1C at SHCH

Lab result on August 08, 2008

Gluc	=23.9	[4.2 - 6.4]
HbA1C	=15.6	[4 – 6]

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

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po qd for two months (#60)
2. Metformin 500mg 1t po qhs for two months (#60)
3. Captopril 25mg 1/4t po bid for two months (#30)
4. Review on Diabetic diet, do regular exercise and foot care

16. Nop Sareth, 38F (Kampot Village)

Diagnosis:

1. Cardiomegaly
2. VHD (MS/TR)

Treatment:

1. Atenolol 50mg ½ t po qd for two months (# 30)
2. Captopril 25mg ¼ po bid for two months (# 30)
3. ASA 300mg 1/4t po qd for two months (# 10)

17. Nung Chhun, 70F (Ta Tong Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Metformin 500mg 2t po qhs for one month (#60)
3. Captopril 25mg 1/4t po bid for one month (# 15)
4. ASA 300mg 1/4t po qd for one month (# 8)
5. Draw blood for Lyte, Creat, Gluc, HbA1C at SHCH

Lab result on August 08, 2008

Test	Result	Normal range
Na	=142	[135 - 145]
K	=3.0	[3.5 - 5.0]
Cl	=105	[95 - 110]
Creat	=77	[44 - 80]
Gluc	=5.3	[4.2 - 6.4]
HbA1C	=6.7	[4 – 6]

18. Pheng Roeung, 61F (Thnout Malou Village)

Diagnosis:

1. HTN
2. Liver cirrhosis
3. Euthyroid

Treatment:

1. Atenolol 50mg 1t po qd for three months (# 90)
2. Spironolactone 1t po qd for three months (# 90)
3. MTV 1t po qd for three months (#90)
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on August 08, 2008

Test	Result	Normal range	Test	Result	Normal range
WBC	=3.5	[4 - 11x10^9/L]	Na	=148	[135 - 145]
RBC	=3.5	[3.9 - 5.5x10^{12}/L]	K	=4.2	[3.5 - 5.0]
Hb	=10.5	[12.0 - 15.0g/dL]	Cl	=111	[95 - 110]
Ht	=34	[35 - 47%]	BUN	=1.3	[0.8 - 3.9]
MCV	=97	[80 - 100fl]	Creat	=92	[44 - 80]
MCH	=30	[25 - 35pg]	Gluc	=4.5	[4.2 - 6.4]
MHCH	=31	[30 - 37%]			
Plt	=90	[150 - 450x10^9/L]			

Lym	=1.3	[1.0 - 4.0x10^9/L]

19. Phim Sichin, 35F (Taing Treuk Village)
Diagnosis:
1. DMII
2. LVH
3. Cardiomegaly
4. TR/MS
5. Thalassemia
6. Cachexia

Treatment:
1. Glibenclamide 5mg 2t po bid for one month (#120)
2. Metformin 500mg 2t po bid for one month (#120)
3. Captopril 25mg 1/4t po bid for one month (#15)
4. ASA 300mg 1/4t po qd for one month (#10)
5. MTV 1t po bid for one month (#60)
6. Review on diabetic diet and foot care, regular exercise
7. Draw blood for CBC, Lyte, Creat, Gluc, HbA1C at SHCH

Lab result on August 08, 2008

WBC	=5.0	[4 - 11x10^9/L]	Na	=135	[135 - 145]
RBC	=3.5	[3.9 - 5.5x10^{12}/L]	K	=4.2	[3.5 - 5.0]
Hb	=5.8	[12.0 - 15.0g/dL]	Cl	=98	[95 - 110]
Ht	=25	[35 - 47%]	Creat	=52	[44 - 80]
MCV	=70	[80 - 100fl]	Gluc	=25.8	[4.2 - 6.4]
MCH	=17	[25 - 35pg]			
MHCH	=24	[30 - 37%]			
Plt	=575	[150 - 450x10^9/L]			
Lym	=1.1	[1.0 - 4.0x10^9/L]			
HbA1C	=9.7	[4 - 6]			

20. Po Our, 80F (Thnout Malou Village)
Diagnosis:
1. Eczema (Atopic dermatitis)

Treatment:
1. Mometasone Furoate lotion 0.1% apply bid until the rash gone (# 2)

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

Treatment:
1. Carbimazole 5mg 1t po bid for one month (#60)
2. Draw blood for Free T4 at SHCH

Lab result on August 08, 2008

Free T4=8.35 [9.14 - 23.81]

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

Treatment:

1. Spironolactone 25mg 1t po qd for one month (#30)
2. FeSO4/Vit C 500/105mg 1t po bid for one month (#60)
3. Folic acid 5mg 1t po qd for one month (#30)
4. MTV 1t po qd for one month (#30)

23. Prum Sourn, 65M (Taing Treuk Village)
Diagnosis:

1. CHF with EF 27%
2. LVH
3. VHD (MI, AI)
4. Renal Impairment

Treatment:

1. Captopril 25mg 1/4t pox bid for three months (#45)
2. Furosemide 40mg 1t po qd for three months (#90)
3. ASA 300mg 1/4t pox qd for three months (#25)

24 Ros Yeth, 55M (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po qd for one month (# 30)
2. Captopril 25mg 1/4t po qd for one month (#8)

25. Sao Lim, 73F (Taing Treuk Village)
Diagnosis:

1. HTN
2. Anemia

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. ASA 300mg ¼ t po qd for three months (# 25)
3. MTV 1t po qd for three months (# 90)

26. Sao Ky, 71F (Thnout Malou Village)
Diagnosis

1. HTN

Treatment

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

27. Sao Phal, 57F (Thnout Malou)
Diagnosis:

1. HTN
2. Anxiety

Treatment:

1. HCTZ 50mg 1/2t po qd for three months (# 45)
2. Amitriptylin 25mg 1t po qhs for three months (# 90)
3. Paracetamol 500mg 1t po qid prn pain/HA for three months (#70)

28. Sath Rim, 51F (Taing Treuk Village)
Diagnosis:

1. HTN
2. DMII with PNP
3. Renal Failure

4. Anemia

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Atenolol 50mg 1t po bid for one month (# 60)
3. Nifedipine 10mg 1t po bid for one month (# 60)
4. Amitriptylin 25mg 1t po qhs for one month (# 30)
5. FeSO4/Vit C 500/105mg 1t po qd for one month (# 30)
6. Folic Acid 5mg 1t po qd for one month (#30)
7. ASA 300mg 1/4t po qd for one month (#8)
8. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

Lab result on August 08, 2008

WBC	=5.4	[4 - 11x10^9/L]	Na	=146	[135 - 145]
RBC	=3.2	[3.9 - 5.5x10^{12}/L]	K	=4.6	[3.5 - 5.0]
Hb	=8.0	[12.0 - 15.0g/dL]	Cl	=112	[95 - 110]
Ht	=23	[35 - 47%]	BUN	=4.4	[0.8 - 3.9]
MCV	=72	[80 - 100fl]	Creat	=298	[44 - 80]
MCH	=25	[25 - 35pg]	Gluc	=8.8	[4.2 - 6.4]
MHCH	=34	[30 - 37%]			
Plt	=289	[150 - 450x10^9/L]			
Lym	=1.9	[1.0 - 4.0x10^9/L]			
HbA1C	=9.5	[4 – 6]			

29. Say Soeun, 67F (Rovieng Cheung Village)

Diagnosis:

1. HTN
2. DMII
3. Anemia

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (# 60)
2. Metformin 500mg 2t po qhs for one month (# 60)
3. Captopril 25mg 1t po bid for one month (# 60)
4. HCTZ 50mg ½t po qd for one month (# 15)
5. ASA 300mg ¼t po qd for one month (# 8)
6. MTV 1t po qd for one month (# 30)
7. Draw blood for Lyte, Creat, Gluc, HbA1C at SHCH

Lab result on August 08, 2008

Na	=145	[135 - 145]
K	=4.9	[3.5 - 5.0]
Cl	=109	[95 - 110]
Creat	=99	[44 - 80]
Gluc	=7.1	[4.2 - 6.4]
HbA1C	=6.6	[4 – 6]

30. Seung Savorn, 48M (Sre Thom Village)

Diagnosis:

1. HTN

Treatment:

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

31. So Sok San, 24F (Thnal Keng Village)

Diagnosis:

1. Nephrotic Syndrome

2. Anemia

Treatment:

1. Prednisolone 5mg 3t po qd for one month (#100)
2. Captopril 25mg 1/4t po bid for one month (#15)
3. MTV 1t po qd for one month (#30)
4. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (#30)
5. Draw blood for Lyte, Creat, Tot chole, Albumin, protein at SHCH

Lab result on August 08, 2008

Na	=142	[135 - 145]
K	=3.6	[3.5 - 5.0]
Cl	=103	[95 - 110]
Creat	=58	[44 - 80]
T. Chol	=4.3	[<5.7]
Protein	=65	[66 - 87]
Albu	=39	[38 - 54]

32. Som Thol, 57M (Taing Treuk Village) (Check BS)
Diagnosis:

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 2t po qhs for one month (# 60)
3. ASA 300mg ¼t po qd for one month (# 8)
4. Amitriptyline 25mg 1t po qhs for one month (#30)
5. Draw blood for Lyte, Creat, Gluc, HbA1C at SHCH

Lab result on August 08, 2008

Na	=130	[135 - 145]
K	=5.1	[3.5 - 5.0]
Cl	=94	[95 - 110]
Creat	=92	[53 - 97]
Gluc	=12.5	[4.2 - 6.4]
HbA1C	=9.3	[4 – 6]

33. Srey Hom, 62F (Taing Treuk Village)
Diagnosis:

1. HTN
2. DMII with PNP
3. Renal Failure

Treatment:

1. Glibenclamide 5mg 11/2t po bid for one month (# 90)
2. Nifedipine 10mg 1t po bid for one month (# 60)
3. ASA 300mg 1/4t po qd for one month (# 8)
4. Amitriptylin 25mg 1/2t po qhs for one month (# 15)
5. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (#30)
6. MTV 1t po qd for one month (#30)
7. Draw blood for Lyte, Creat, Gluc, HbA1C at SHCH

Lab result on August 08, 2008

Na	=150	[135 - 145]
K	=3.5	[3.5 - 5.0]
Cl	=109	[95 - 110]

Creat =197 [44 - 80]
Gluc =7.3 [4.2 - 6.4]
HbA1C =7.3 [4 – 6]

34. Srey Thouk, 56F (Taing Treuk Village)
Diagnosis:
1. HTN

Treatment:
1. Atenolol 50mg ½ t po qd for four months (#60)
2. ASA 300mg 1/4t po qd for four months (#30)

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

Treatment:
1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 2t po qhs for one month (# 60)
3. Captopril 25mg 1/4t po qd for one month (# 8)
4. ASA 300mg 1/4t po qd for one month (# 8)
5. Draw blood for Gluc, HbA1C at SHCH

Lab result on August 08, 2008

Gluc =12.1 [4.2 - 6.4]
HbA1C =9.6 [4 - 6]

36. Tann Kin Horn, 51F (Thnout Malou Village)
Diagnosis
1. DMII

Treatment
1. Glibenclamide 5mg 2t po bid for one month (# 120)
2. Metformin 500mg 1t po qhs for one month (# 30)
3. Captopril 25mg 1/4t po qd for one month (# 8)
4. ASA 300mg 1/4t po qd for one month (#8)
5. Draw blood for Gluc, HbA1C at SHCH

Lab result on August 08, 2008

Gluc =15.4 [4.2 - 6.4]
HbA1C =12.2 [4 - 6]

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

Treatment
1. Carbimazole 5mg 1t po bid for one month (# 60)
2. Draw blood for Free T4 at SHCH

Lab result on August 08, 2008

Free T4=8.67 [9.14 - 23.81]

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

Treatment:

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

39. Thorng Phorn, 36F (Bakdoang Village)
Diagnosis:

1. Peripheral neuropahty due to Vit difficiency?
2. Pott's Disease?

Treatment:

1. MTV 1t po qd for one month #40
2. Paracetamol 500mg 1t po qid prn pain/fever #50

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

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po qd for two months (# 60tab)
2. Review on diabetic diet, foot care and do regular exercise

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

1. DMII

Treatment:

1. Draw blood for CBC, Lyte, BUN, Creat, Gluc and HbA1C at SHCH

Lab result on August 08, 2008

WBC	=5.1	[4 - 11x10^9/L]	Na	=143	[135 - 145]
RBC	=4.8	[4.6 - 6.0x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=14.8	[14.0 - 16.0g/dL]	Cl	=107	[95 - 110]
Ht	=44	[42 - 52%]	BUN	=1.5	[0.8 - 3.9]
MCV	=92	[80 - 100fl]	Creat	=73	[53 - 97]
MCH	=31	[25 - 35pg]	Gluc	=9.7	[4.2 - 6.4]
MHCH	=34	[30 - 37%]			
Plt	=90	[150 - 450x10^9/L]			
Lym	=1.8	[1.0 - 4.0x10^9/L]			
HbA1C	=10.0				

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

1. Severe HTN

Treatment:

1. HCTZ 50mg 1/2t po qd for two months (#40)
2. Do regular exercise, Eat low Na^+ diet

43. Yoeung Chanthorn, 35F (Doang Village)
Diagnosis:

1. Epilepsy

Treatment:

1. Phenytoin 100mg 2t po qd for four months (# 240)
2. Folic Acid 5mg 1t po bid for four months (#240)

The next Robib TM Clinic will be held on
September 01-05, 2008