Robib *Telemedicine* Clinic

Preah Vihear Province

A U G U S T 2 0 0 6

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

On Monday, August 07, 2006, SHCH staff, P.A. Chau Rithy and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), August 08 & 09, 2006, the Robib TM Clinic opened to receive the patients for evaluations. There were 4 new cases and 12 follow-up patients. 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 09 & 10, 2006.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston and SHCH with advice from PA Rithy on site, Nurses 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 the PA Rithy Chau at SHCH who compiled and sent for website publishing.

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

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Thursday, July 27, 2006 3:10 PM
To: Rithy Chau; Kruy Lim; bhammond@partners.org; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Cornelia Haener
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Peou Ouk; Seda Seng; Mony Mao; Tola Khiev
Subject: Robib Telemedicine Schedule August 2006

Dear all,

I would like to inform you that Robib Telemedicine Clinic will be starting on Monday August 07, 2006 and coming back on Friday August 11, 2006.

The agenda of the trip is as following:
1. On Monday August 07 2006, PA Rithy, Driver, and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihea.
2. On Tuesday August 08 2006, The clinic will open to see the patients for the whole morning and In afternoon type the patients' data then send to both partners in Boston and Phnom Penh.
3. On Wednesday August 09 2006, We do the same as on Tuesday and download the answers replied from partners.
4. On Thursday August 10 2006, we download all replies from both partners then do the treatment plan accordingly and prepare medications for patients in afternoon.

5. On Friday August 11 2006, we draw blood from patients for lab test at SHCH then come back to Phnom Penh.

Thank you very much your cooperation in this project.

Best Regards,
Sovann/Rithy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, August 09, 2006 10:14 AM
To: bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim; Cornelia Haener
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM CLinic August 2006 Case #1, Kim Sehnan, 33F

Dear All,

Last night and early this AM there was no internet connection, but now there is.

There are three new cases and six follow-up patients for this morning. Here is case#1, Kim Sehnan, 33F, and photos.

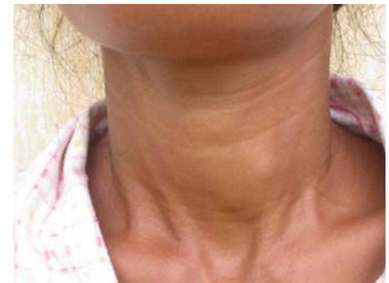
Best Regards,
Rithy/Sovann

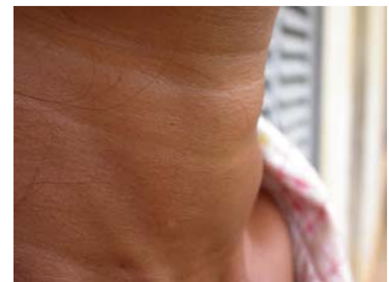
History and Physical

Name/Age/Sex/Village: **Kim Sehnan, 33F (Ta Tong Village)**

Chief Complaint (CC): Neck Mass x 6y

History of Present Illness (HPI): 33F, Farmer, came here complaining of neck mass 6months. First she felt stuck on the throat then she drink the water to swallow it but she still felt the same and about three months later the mass about 1x2cm developed and she also has symptoms of palpitation, fatigue, diaphoresis. She denied of heat intolerance, tremor, chest pain, cough, constipation, diarrhea, hematuria, dysuria, oliguria, edema. Recently no previous sx anymore, but been losing 2-3 kg/1yr and still concerned about the neck mass and this brought her to us.





Past Medical History (PMH): Remote malaria, Gastritis intermittent 20y

Current Medications: oral contraception pills and Antacid prn

Allergies: NKDA

Social History: no smoking, no EtOH

Family History: None

Review of Systems (ROS): no vaginal discharge

PE:

Vitals: BP: 102/70 P: 78 R: 18 T: 36.5 Wt: 43kg

General: look stable

HEENT: no oropharyngeal lesion, pink conjunctiva, left thyroid enlargement about 3x4cm, mobile w/ swallowing, no tender, regular border, smooth, but hard, no bruit

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

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

Extremity: no edema, no rash, no lesion, no tremor

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

Lab/Study: None

Assessment:

1. Diffuse Goiter

Plan:

1. Wait until lab result come

Lab/Study Requests: Free T4, TSH at SHCH; Neck U/S at Kg Thom

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

Specific Comments/Questions for Consultants:

Examined by: Nurse Peng Sovann/PA Chau Rithy **Date: August 8, 2006**

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

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From: Cornelia haener [mailto:cornelia_haener@online.com.kh]
Sent: Wednesday, August 09, 2006 3:23 PM
To: 'Robib Telemedicine'; bhammond@partners.org; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Rithy Chau'; 'Kruy Lim'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM CLinic August 2006 Case #1, Kim Sehnan, 33F

Dear Rithy and Sovan,
I agree with your plan. Has the left-sided mass been growing rapidly and is nodular in palpation? If yes, you might have to think about a thyroid cancer as well, and the patient could benefit from a fine needle aspiration cytology.
Thanks
Cornelia

From: Smulders-Meyer, Olga,M.D. [mailto:OSMULDERSMEYE@PARTNERS.ORG]
Sent: Thursday, August 10, 2006 4:49 AM
To: Fiamma, Kathleen M.
Cc: robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Subject: RE: Robib TM CLinic August 2006 Case #1, Kim Sehnan, 33F

The patient has a neck mass which is most consistent with a thyroid nodule.
I agree with getting a TSH and a thyroid ultrasound to further visualize this mass.
She will need a Fine Needle aspiration of the nodule. it is located at at the periphery of the neck and is easily accessible.

If the TSH is low, she will need to have a thyroid scan, to see if she has a hot nodule, consistent with a functioning adenoma, or if she has Graves disease. her symptoms of weightloss and diaphoresis seem to indicate hyperthyroidism.

If her TSH is normal, and she is euthyroid, she will definitely need a FNA of the lesion to r/u a thyroid cancer.

oOlga Smulders-Meyer, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, August 09, 2006 10:24 AM
To: bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM CLinic August 2006 Case #2, Srey Mai, 70M

Dear All,

Here is case#2, Srey Mai, 70M, and photos. Also, his AFB result was positive for TB as of this morning. He will receive tx at local health center.

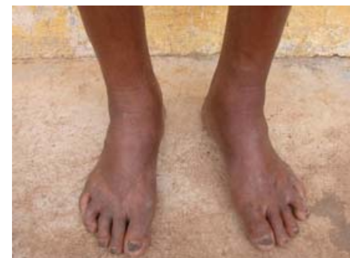
Best Regards,
Rithy/Sovann

History and Physical

Name/Age/Sex/Village: **Srey Mai, 70M (Boeung Village)**

Chief Complaint (CC): Joint Pain x 10years

History of Present Illness (HPI): 70M, Farmer, came here with complaining of joint pain 10years. First he developed symptoms of pain, swelling, redness, stiffness, warmth on MTP of left foot, so he took a few unknown medication he bought from private pharmacy it got better for a few days then it spread to left ankle, right MTP, right ankle, left knee, right knee, DIP of left hand, left wrist, right hand, left elbow, right elbow, hip, shoulder. The symptoms did not developed symmetrically, and relieved by medications. Joint sx worsened in AM and improved with movement and throughout the day. No deformity of joints noticed.



Past Medical History (PMH): Joint pain 10years

Current Medications: some unknown medication for pain

Allergies: NKDA

Social History: smoking 5cig/d over 20y, stopped 20y ago; drink alcohol casually

Family History: None

Review of Systems (ROS): no HA, no dizziness, no cough, no SOB, no chest pain, no palpitation, no GI complaint, normal bowel movement, no dysuria, no hematuria, no oliguria

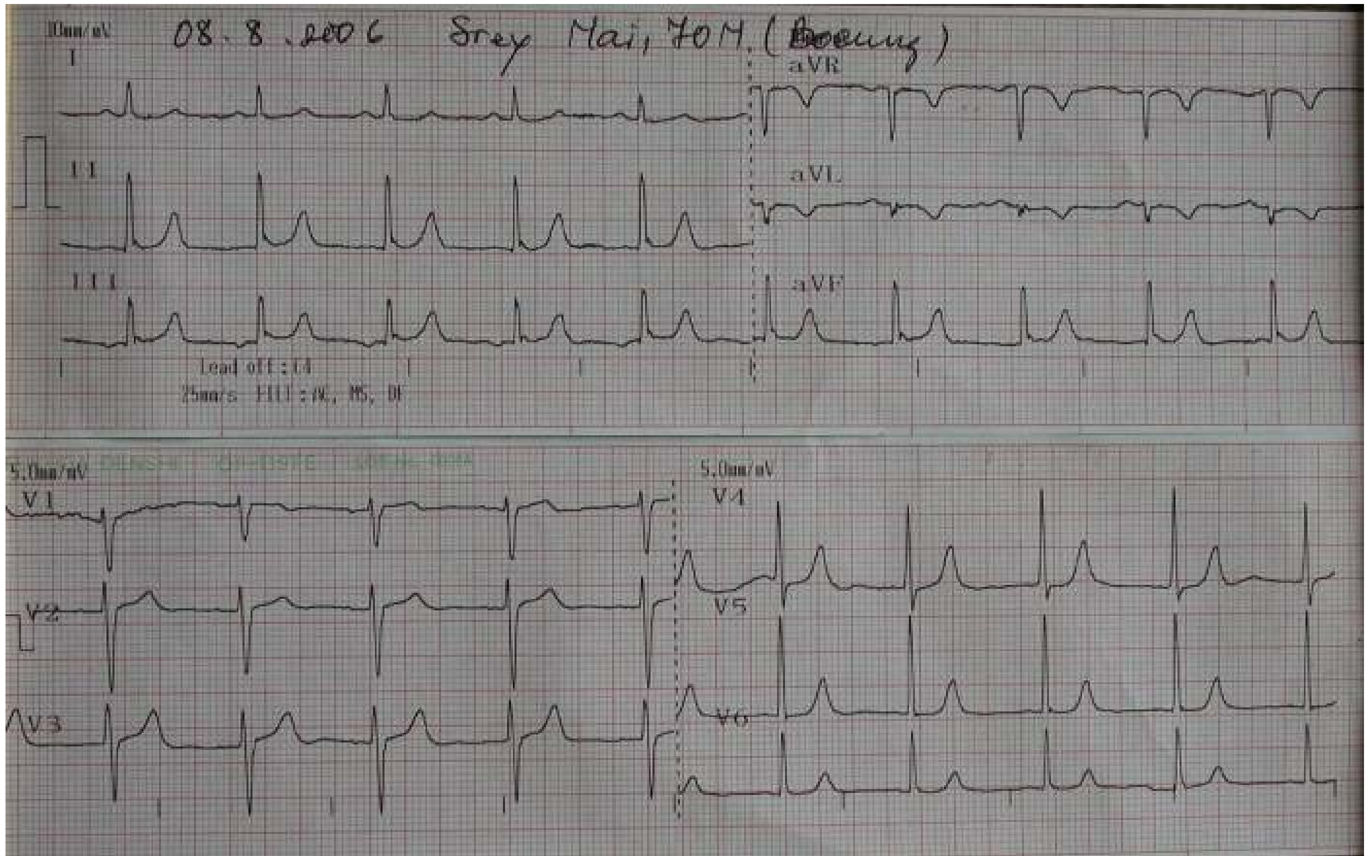
PE:

Vitals: BP: 150/60 bilaterally P: 88 R: 18 T: 36.5 O2sat 97% Wt: 41kg

General: look stable, but pale and cachectic

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

Chest: fine crackles on LLL and bilateral wheezing heard on anterior chest; HRRR, 2+systolic murmur loudest at apex



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

Extremity: 1+pitting edema both LE, no rash, no lesion

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

Rectal: good sphincter tone, no mass palpable, (-) colocheck

Lab/Study: Hb: 7mg/dl; U/A prot: 1+, blood trace, leuk :1+; EKG attached

Assessment:

1. Rheumatoid Arthritis?
2. Elevated BP
3. Pneumonia
4. PTB?
5. COPD/emphysema?
6. Anemia
7. Malnutrition
8. CHF??
9. VHD??
10. UTI

Plan:

1. Diflunisal 500mg 1t po bid prn severe pain for 1mo
2. Paracetamol 500mg 1t po qid prn pain for 1mo

3. Clarythromycin 500mg 1t po bid for 10d
4. FeSO4/Folic Acid 200/0.25mg 1t po bid for 1mo
5. MTV 1t po bid for 1mo
6. Furosemide 20mg 1t po qd for 2 weeks
7. Ciprfloxacin 500mg 1t po bid for 3d

Lab/Study Requests: CBC, Lyte, BUN, Creat, Gluc, RF; AFB in local health Center and CXR in Kg Thom; recheck BP in 2 days and if still elevated, start HCTZ.

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

Specific Comments/Questions for Consultants:

Examined by: Nurse Peng Sovann/PA Chau Rithy **Date: August 8, 2006**

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

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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, August 10, 2006 9:02 PM
To: Robib Telemedicine; Rithy Chau
Subject: FW: Robib TM CLinic August 2006 Case #2, Srey Mai, 70M

-----Original Message-----
From: Patel, Dinesh,M.D.
Sent: Thursday, August 10, 2006 9:04 AM
To: Fiamma, Kathleen M.
Subject: Robib TM CLinic August 2006 Case #2, Srey Mai, 70M

Dear Peng Sovann/PA Chau Rithy ,

Thank you for sharing with me the history andphotos.
It looks to me based on what IREAD that hedoes not have Rheumatoid arthrits.
He also does not seem to fit in Tuberculous arthrits although he may have inchest etc.
The peripheral sewelling could be dependent or may berelated to his medical condtion
I think he has simply diffuse arthrtisand may bewith the work he may be doing ithas aggravated it
I would check sedimantation rate for sure--- his hgb islow
I would shy away from any antibiotics for the jointsymptoms
Perhaps aninflammatory medicine like ibuproffen 200 mg 4 times a day ifthere is no ulcer can be GIVEN for week or so
Maybe gentle physical therapy
It is always posible that he may have non specificjoint pains or some such thing .
If he persists in his symptoms then get xrays of the knees or the joint whichhurts him the worst
Wonderful evaluation
Thanks for making me part ofthis

Regards,

DINESHPATEL,M.D.

Date: Wed, 9 Aug 2006 22:45:21 -0700 (PDT)
From: Lim kruy <kruylim@yahoo.com>
Subject: Re: Robib TM CLinic August 2006 Case #2, Srey Mai, 70M
To: Robib Telemedicine, bhammond@partners.org,Kathy Fiamma, Paul Heinzelmann,"Paul J. M.D. Heinzelmann", Joseph Kvedar, Rithy Chau
CC: Bernie Krisher,Thero Noun,Laurie & Ed Bachrach

Dear Rithy and Sovann,

I will put the problem list then we discuss one by one:

1. heavy smoking, now present with wheezing with systolic murmure-----aware of COPD/ emphysema. Rithy can you confirm is the flow murmure or not? if yes then it murmure from anemia. if not not then on #2

2. EKG_ ST elevated on II, III, AVF even not quiet hight but combine with the symptome and murmure, crakle, edema--- please watch for CHF 2nd to ACS. You can ask him to walk faster around then ask him how is the SOB and CP, ? if yes consider ACS treatment (NTG/ASA/atenole).

3. I am not quiet sure you precribe 2 antibiotic for pneumonia and UTI, if no symtopme related i will hold on all antibiotic. If you really want to cover both then ciprofloxacine is enough.

4. Unless we have a good evidence for pitting edema like CHF then i will start furosemide, other wise i would not start it. OR you can strat HCTZ for both hypertension and mild CHF, great drug for both.

5. For join pain , it looklike osteoarthritis so diflu and paracetamole are fine.

6. Anemia - mutivitamine and Iron, is good.

7. Lab test- may add reticulocyte and peripheral smear if we can for anemia work up.

Please feel free to call me at anytime, and very sorry this morning i do not know my phone is off .

Take Care

kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, August 09, 2006 10:37 AM
To: bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM CLinic August 2006 Case #3, Uy Noang, 55M

Dear All,

Here is case#3, Uy Noang, 55M, and photo.

Best Regards,
Rithy/Sovann

History and Physical

Name/Age/Sex/Village: Uy Noang, 55M (Thnout Malou)

Chief Complaint (CC): Polyphagia x 1year

History of Present Illness (HPI): 55M, Farmer, came here complaining of 1y of polyphagia, fatigue easily, intermittent diaphoresis and dizziness. He also noticed ants gather around his urine after each voiding and neighbor told him that he must have diabetes; he didn't seek any medical care only bought traditional Chinese medicine and has taken until now. He felt the medication was helping some but still have previous sx. No SOB, CP, syncope, blurred vision, palpitation, numbness/tingling, and dysuria. Lost about 7kg the past year.

Past Medical History (PMH): Gastritis 3y

Current Medications: traditional Chinese medication

Allergies: NKDA

Social History: no smoking, drinking alcohol casually

Family History: None

Review of Systems (ROS): unremarkable

PE:

Vitals: BP: 111/72 P: 84 R: 18 T: 36.5 Wt: 55kg

General: look stable

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

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

Abd: soft, nontender, no distension, (+)BS, no HSM

Extremity: no edema, no rash, no lesion; no foot wound

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

Lab/Study: FBS: 226mg/dl; UA Gluc: 4+, Prot 1+

Assessment:

1. DMII

Plan:

1. Glibenglamide 5mg 1t po qd for one month
2. Captopril 25mg ¼ tab po qd
3. ASA 300mg ¼ tab po qd

Lab/Study Requests: CBC, Lyte, BUN, Creat, FBS, HbA1c at SHCH

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

Specific Comments/Questions for Consultants:

Examined by: Nurse Peng Sovann/PA Chau Rithy **Date: August 8, 2006**

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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, August 10, 2006 1:59 AM
To: Robib Telemedicine
Cc: Rithy Chau
Subject: FW: Robib TM CLinic August 2006 Case #3, Uy Noang, 55M

The diagnosis of adult onset diabetes seems obvious, though interestingly he is not overweight. Besides starting medicines, the most important thing would be patient education about the nature of diabetes, the importance of regular meals with caloric restriction and preference of low glycemic foods with complex carbohydrates. Monitoring of blood sugar and A1c would provide guide to medication adjustment.

Heng Soon Tan, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, August 09, 2006 10:42 AM
To: bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM CLinic August 2006 Case #4, Kul Keung, 61F

Dear All,

Here is case#4, Kul Keung, 61F, and photo.

Best Regards,
Rithy/Sovann

Robib Telemedicine Clinic

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

SOAP Note

Patient Name & Village: **Kul Keung, 61F (Taing Treuk Village)**

Subjective: 61F came to follow up of HTN, Hyperglycemia. Patient is better than before with symptoms of no HA, no dizziness, no diaphoresis, no cough, no SOB, no chest pain, no palpitation, no GI complaint, no oliguria, no hematuria, no dysuria, no edema, good appitite.

Medication:

1. HCTZ 50mg ½ t po qd
2. ASA 300mg ¼ t po qd
3. Paracetamol 500mg 1t po q6h prn HA

Allergies: NKDA

Objective:

VS: BP: 102/78 P: 72 R: 18 T: 36.5 Wt: 60kg

PE (focused):

General: look stable

HEENT: Unremarkable

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

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

MS/Neuro: unremarkable

Skin/Extremity: no edema, no foot wound, no rash

Previous Labs/Studies:

Lab Result on July 7, 2006

Test	Result	Normal Range	Test	Result	Normal Range
WBC	=7	[4 - 11x10^9/L]	Na	=144	[135 - 145]
RBC	=4.4	[3.9 - 5.5x10^{12}/L]	K	=3.6	[3.5 - 5.0]
Hb	=13.1	[12.0 - 15.0g/dL]	BUN	=1.4	[0.8 - 3.9]
Ht	=40	[35 - 47%]	Creat	=63	[44 - 80]
MCV	=90	[80 - 100fl]	Glu	=10.0	[4.2 - 6.4]
MCH	=30	[25 - 35pg]	T. Chol	=6.6	[<5.7]
MHCH	=33	[30 - 37%]	TG	=6.35	[<1.71]
Plt	=269	[150 - 450x10^9/L]			
Lym	=3.0	[1.0 - 4.0x10^9/L]			

Today lab test:

FBS: 228mg/dl, U/A prot 1+

Assessment:

1. HTN
2. DMII
3. Hyperlipidemia

Plan:

1. HCTZ 50mg ½ t po qd for one month
2. ASA 300mg ¼ t po qd for one month
3. Captopril 25mg ¼ t po qd for one month
4. Glibenclamide 5mg 1t po qd for one month
5. Do regular exercise and eat on diabetes diet

Lab/Study Requests: HbA1c at SHCH

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

Specific Comments/Questions for Consultants:

Examined by: Nurse Peng Sovann/PA Chau Rithy **Date: August 8, 2006**

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

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From: Smulders-Meyer, Olga,M.D. [mailto:OSMULDERSMEYE@PARTNERS.ORG]
Sent: Thursday, August 10, 2006 4:36 AM
To: Fiamma, Kathleen M.
Cc: robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Subject: RE: Robib TM CLinic August 2006 Case #4, Kul Keung, 61F

The patient has a history of of Diabetes Mellitus and her bloodsugar is not well controlled. I agree with stating Glibenclamide and titrating it up until she has achived an normal fasting bloodsugar. She is realtively young still and should bilaterally counselled extensively about the foods she should eat and the ones she should avoid at all times. I agree strongly with yourradvice for her to excercise daily for 20 minutes, as this will brng her bloodsugar down more rapidly.

She has a history of Hypercholesterolemia and Diabetes Mellitus and therefore she is at risk for developing heart disease rapidly.
In the USA, we start all such patients on a Statin, such as Mevacor or Lipitor to reduce that cardiac risk factor.
Her Triglycerides are very high, but this is a function of her high bloodsugars at present. Her HbA1c is most likely going to be quite elevated.
Once you get the Diabetes Mellitus under better controlwith medication and lifestyle changes, the Triglycerides will normalise.
Advice the patient to stay away from simple carbohydrates, flour product, rice and ad protein to each meal.

She has 2 conditions that are detrimental to the kidney: Hypertension and Diabetes Mellitus . The patient already has significant renal insufficiency.

It would be much better to change her from HCTZ to Captopril, low dose for example 12.5 mg 3 times a day, as Ace inhibitors are more protective of the kidney function.

Olga Smulders-Meyer, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, August 09, 2006 10:46 AM
To: bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM CLinic August 2006 Case #5, Leng Hak, 70M

Dear All,

Here is case#5, Leng Hak, 70M, and photo.

Best Regards,
Rithy/Sovann

Robib Telemedicine Clinic

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

SOAP Note

Patient Name & Village: **Leng Hak, 70M (Thnout Malou Village)**

Subjective: 70M came to follow up of HTN, stroke, CHF??, legs wound, and UTI. He is better than before the wound nearly completely healed, but he still complaint of both legs muscle tension, and numbness. He denied of HA, dizziness, cough, sore throat, palpitation, chest pain, GI complaint, oliguria, hematuria, dysuria, edema.

Objective:

VS: BP: 132/86 P: 68 R: 20 T: 36.5 Wt: 45kg

PE (focused):

General: moving with walking stick

HEENT: no oropharyngeal lesion, slightly pale conjunctiva, no mass, no lymph, node palpable, no JVD

Chest: decrease breath sound all lobes, no rale, no rhonchi; HRRR, no murmur

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

MS/Neuro: unremarkable

Skin/Extremity: wound on both legs nearly completely healed, no edema, good pedal pulses

Previous Labs/Studies:

Lab result on July 7, 2006

Test	Result	Normal	Test	Result	Normal
WBC	=5	[4 - 11x10^9/L]	Na	=149	[135 - 145]
RBC	=4.4	[4.6 - 6.0x10^{12}/L]	K	=3.2	[3.5 - 5.0]
Hb	=11.4	[14.0 - 16.0g/dL]	BUN	=2.4	[0.8 - 3.9]
Ht	=36	[42 - 52%]	Creat	=119	[53 - 97]
MCV	=82	[80 - 100fl]	Glu	=8.1	[4.2 - 6.4]
MCH	=26	[25 - 35pg]			
MHCH	=32	[30 - 37%]			
Plt	=158	[150 - 450x10^9/L]			
Lym	=1.6	[1.0 - 4.0x10^9/L]			
Mxd	=0.5	[0.1 - 1.0x10^9/L]			
Neut	=3.1	[1.8 - 7.5x10^9/L]			

Today lab test:

UA normal, Hb: 11g/dl, FBS:112mg/dl

Current Medications:

1. Nifedipine 10mg 1t po q8h
2. Propranolol 40mg 1t po q12h
3. ASA 300mg 1/4t po qd

Allergies: NKDA

Assessment:

1. HTN
2. Stroke
3. CHF??
4. Legs wound
5. Muscle tension

Plan:

1. Nifedipine 10mg 1t po q8h for one month
2. Propranolol 40mg 1t po q12h for one month
3. ASA 300mg 1/4t po qd for one month
4. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month
5. MTV 1t po qd for one month
6. Paracetamol 500mg 1t po q6h prn pain for one month

Lab/Study Requests: None

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

Specific Comments/Questions for Consultants:

Examined by: Nurse Peng Sovann/PA Chau Rithy **Date: August 8, 2006**

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

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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, August 10, 2006 2:49 AM
To: Robib Telemedicine; Rithy Chau
Subject: FW: Robib TM CLinic August 2006 Case #5, Leng Hak, 70M

His blood pressure seems acceptable today, just at the acceptable threshold of 130/80. His neuro exam is described as unremarkable. Has he recovered completely from his stroke? Why is he using a cane? Has he received rehabiliation for his stroke? The tension in the legs may represent residual spasticity from his stroke.
Heng Soon Tan, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, August 09, 2006 10:54 AM
To: bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM CLinic August 2006 Case #6, Sath Rim, 50F

Dear All,

Here is case#6, Sath Rm, 50F, and photos.

Best Regards,
Rithy/Sovann

SOAP Note (Follow-Up)

Patient Name & Village: **Sath Rim 50F (Taing Treuk Village)**

Subjective: **50**F came to follow up of THN, DMII, and PNP. In the last two weeks during she went to Phnom Penh, she presented the symptoms of fatigue, dizziness, blurred vision, diaphoresis, so she went to a private clinic and her blood was drawn for lab test on 22 July Hb 8g/dl, Ht 24% and was treated with some medication and one unit of blood transfusion after On 23 July Hb 6.9g/dl, Ht20% and on 26 July Hb 8.3g/dl, Ht 25%. She changes Metformin 500mg 1t in morning and 2t in evening to 1t bid by herself. Now she has symptoms of fatigue, HA on/off, epigastric pain, nausea, vomiting on/off, She denied of dizziness, diaphoresis, polydepsia, polyuria, oliguria, hematuria, edema.

Objective:

Current Medications:

1. Glibenclamide 5mg 1t po q8h
2. Metformin 500mg 1t po bid
3. Nifedipine 10mg 1t po q12h
4. Captopril 25mg 1t po q12h
5. Desipramine 75mg 1t po qhs
6. Paracetamol 500mg 1t po q6h prn HA

Allergies: NKDA

PE (focused):

VS: BP= L 172/82, R 150/78 P= 120 bilaterlly R= 20 T= 36°C Wt= 61kg

General: Look stable

HEENT: no oropharyngeal lesion, slightly pale conjunctiva, no mass, no lymph node palpable, no JVD

Chest: CTA bilaterally, no rale, no rhonchi; H tachycardia, RR, no murmur

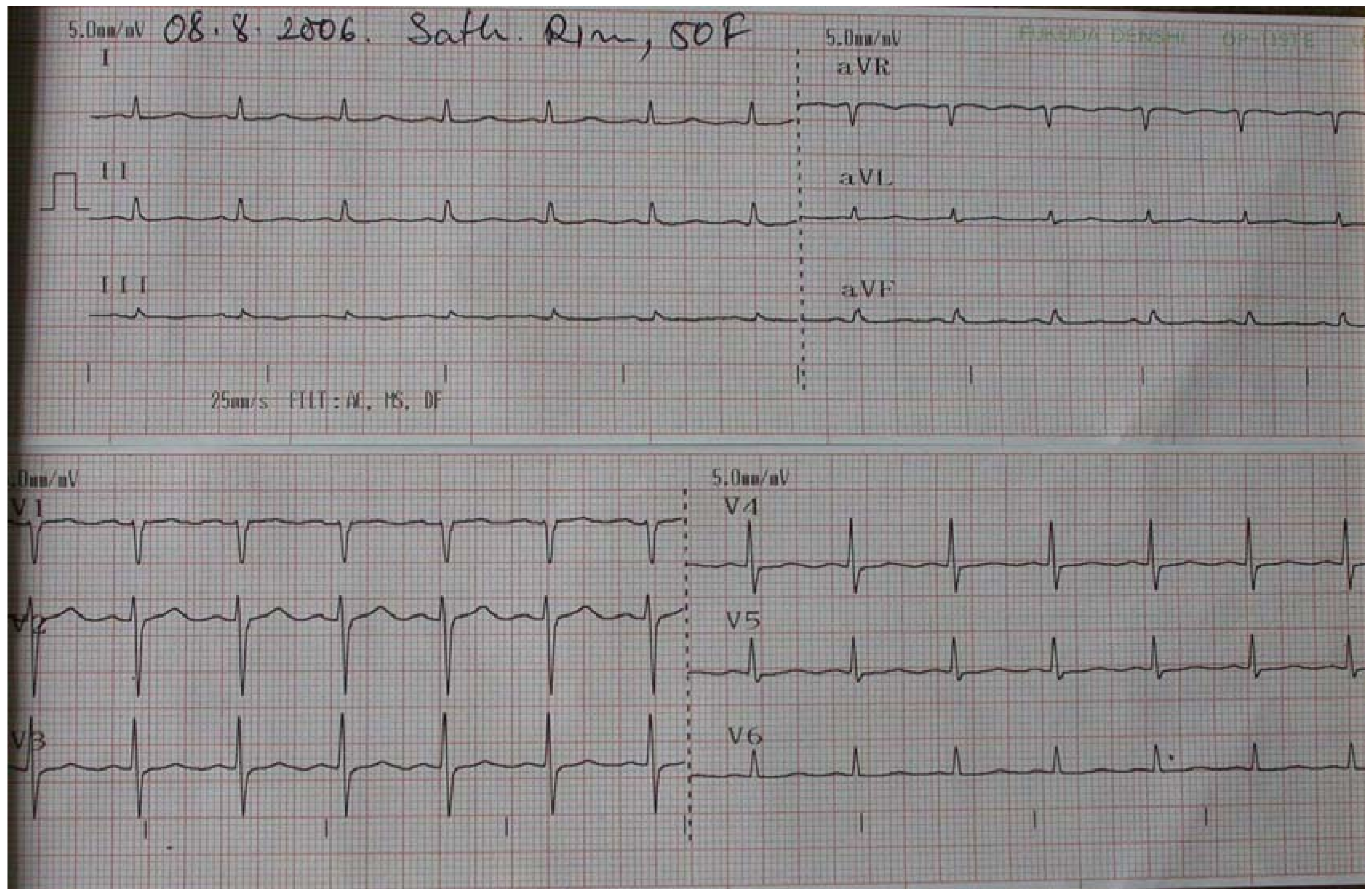
Abd: soft, no tender, no distension, (+)BS, no HSM, no CVA tenderness

Skin/Extremity: no edema, no foot wound, no rash

Neuro: unremarkable

Labs/Studies:

Completed today: FBS: 133mg/dl, Hb: 11g/dl, U/A bld 2+, prot 3+, leuk 1+, pH 5.0
EKG attached



Assessment:

1. DMII with PNP
2. HTN
3. Tachycardia
4. Anemia
5. UTI?

Plan:

1. Glibenclamide 5mg 1t po q8h for one month
2. Metformin 500mg 1t po bid for one month
3. Captopril 25mg 1t po q12h for one month
4. Atenolol 50mg 1t po q12h for one month
5. Desipramin 75mg 1t po qhs for one month
6. $FeSO_4$/Folic Acid 200/0.25mg 1t po qd for one month
7. Paracetamol 500mg 1t po q6h prn HA for one month
8. Ciprofloxacine 500mg 1t po q12h for 5d
9. Review patient on hypoglycemia sign

Labs/Studies: CBC, Lyte, BUN, Creat, Gluc, TG, Tot Chole, HbA1c at SHCH

Specific Comments/Questions for Consultants: do you agree with my plan? Please give me good idea!

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

Examined by: Peng Sovann/Chau Rithy **Date: August 8, 2006**

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-----Original Message-----
From: Heinzelmann, Paul J.,M.D. [mailto:PHEINZELMANN@PARTNERS.ORG]
Sent: Thursday, August 10, 2006 3:16 AM
To: Fiamma, Kathleen M.
Cc: robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Subject: RE: Robib TM CLinic August 2006 Case #6, Sath Rim, 50F

Peng Sovann/Chau Rithy,

I agree with your assessment and plan.

Her EKG looks OK.

Her anemia, DM and use of Atenolol are likely contributing to her fatigue and depression (which I assume she has because she's on desipramine).

General observation: I see that we do have a fair amount of lab testing being done. Would an electronic medical record that you and our specialists could access on these patients be useful for looking at recent labs and following trends?

Paul Heinzelmann, MD
Partners Telemedicine
Boston, MA 02114

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Thursday, August 10, 2006 10:14 AM
To: Heinzelmann, Paul J.,M.D.
Cc: robibtelemed@yahoo.com; tmed_rithy@online.com.kh; Fiamma, Kathleen M.; gjaques@hopeww.org
Subject: RE: Robib TM CLinic August 2006 Case #6, Sath Rim, 50F

Dear Paul,

Excellent idea! See what you can do to get this started and let me know what we can do from our part to make this happen.

Rithy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, August 09, 2006 10:59 AM
To: bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM CLinic August 2006 Case #7, Srey Hom, 60F

Dear All,

Here is case#7, Srey Hom, 60F, and photos.

Best Regards,
Rithy/Sovann

SOAP Note

Patient Name & Village: **Srey Hom, 60F (Taing Treuk Village)**

Subjective: 60F came to follow up of HTN, DMII and Renal Insufficiency. She complains of epigastric pain, heartburn, and burping with sour taste after her eating, and HA on/off. She denied of dizziness, vertigo, cough, SOB, chest pain, palpitation, diaphoresis, nausea, vomiting, edema, oliguria, dysuria, hematuria.

Objective:

VS: BP 128/72 P 76 R 18 T 36.5 Wt 52kg

PE (focused):

General: look stable

HEENT: unremarkable

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

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

MS/Neuro: unremarkable

Skin/Extremity: no edema, no foot wound, no rash

Previous Labs/Studies:

Lab Result on July 7, 2006

WBC	=8	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=5.4	[4.6 - 6.0x10^{12}/L]	K	=4.0	[3.5 - 5.0]
Hb	=12.9	[14.0 - 16.0g/dL]	Cl	=108	[95 - 110]
Ht	=41	[42 - 52%]	BUN	=2.5	[0.8 - 3.9]
MCV	=76	[80 - 100fl]	Creat	=88	[53 - 97]
MCH	=24	[25 - 35pg]	Glu	=3.6	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	SGOT	=225	[<33]
Plt	=145	[150 - 450x10^9/L]	SGPT	=44	[<40]
Lym	=2.0	[1.0 - 4.0x10^9/L]			

Today Lab Test:

RBS >500mg/dl, drink 2L water, 3h later BS: 267mg/dl; U/A gluc 4+, bld 1+, prot 3+, pH 5.0

Current Medications:

1. Glibenclamide 5mg 1t po qd

2. Captopril 25mg 1t po qd
3. ASA 300mg 1/4t po qd

Allergies: NKDA

Assessment:

1. HTN
2. DMII
3. Renal Insufficiency
4. GERD

Plan:

1. Glibenclamide 5mg 1t po bid for one month
2. Captopril 25mg ½ t po bid for one month
3. ASA 300mg ¼ t po qd for one month
4. Famotidine 40mg 1t po qhs for one month

Lab/Study Requests: HbA1c at SHCH

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

Specific Comments/Questions for Consultants:

Examined by: Nurse Peng Sovann/PA Chau Rithy **Date: August 8, 2006**

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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, August 10, 2006 2:50 AM
To: Rithy Chau; Robib Telemedicine
Subject: FW: Robib TM CLinic August 2006 Case #7, Srey Hom, 60F

Kathy Fiamma
617-726-1051
-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Wednesday, August 09, 2006 2:22 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM CLinic August 2006 Case #7, Srey Hom, 60F

Her diabetes is quite uncontrolled with proteinuria. A1c levels would be useful. She should be on max oral therapy. You could increase glibenclamide to 10 mg qd, add metformin 1g bid and review diabetic diet with her. I am curious about the elevated SGOT that is 4 times normal, more than what I would expect with diabetic fatty liver. I would check Hepatitis B and C serology to exclude chronic carrier state.
Heng Soon Tan, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Thursday, August 10, 2006 11:05 AM
To: Fiamma, Kathleen M.; Rithy Chau; Brian Hammond; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Recorrect lab result of Case #7, Srey Hom, 60F

Dear all,
Lab result I sent to you is belong to other patient. Here is the lab result of Srey Hom, 60F.

Na = 142 [135 - 145]
K = 4.1 [3.5 - 5.0]
Cl = 109 [95 - 110]
BUN = 3.4 [0.8 - 3.9]
Creat = 202 [44 - 80]
Glu = 10.0 [4.2 - 6.4]

Best Regards,
Sovann/Rithy

Subject: FW: Recorrect lab result of Case #7, Srey Hom, 60F
Date: Thu, 10 Aug 2006 10:05:39 -0400
From: "Fiamma, Kathleen M."
To: "Robib Telemedicine";"Rithy Chau"
CC: "Kruy Lim";"Bernie Krisher";"Thero Noun""Laurie & Ed Bachrach"

Hello again:

Please find Dr. Tan's new recommendations.

Thank you.
Kathy Fiamma
617-726-1051

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Thursday, August 10, 2006 9:56 AM
To: Fiamma, Kathleen M.
Subject: RE: Recorrect lab result of Case #7, Srey Hom, 60F

If she has such azotemia, metformin will not be a good choice. She should consider insulin therapy.
HS

From: Fiamma, Kathleen M.
Sent: Thu 8/10/2006 9:01 AM
To: Tan, Heng Soon,M.D.
Subject: FW: Recorrect lab result of Case #7, Srey Hom, 60F

Good Morning Dr. Tan:

See message below: incorrect labs were sent for one of the consultations that you completed yesterday. The correct ones are below

Kathy Fiamma
617-726-1051

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Thursday, August 10, 2006 11:05 AM
To: Fiamma, Kathleen M.; Rithy Chau; Brian Hammond; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Recorrect lab result of Case #7, Srey Hom, 60F

Dear all,
Lab result I sent to you is belong to other patient. Here is the lab result of Srey Hom, 60F.

Na = 142 [135 - 145]
K = 4.1 [3.5 - 5.0]
Cl = 109 [95 - 110]
BUN = 3.4 [0.8 - 3.9]
Creat = 202 [44 - 80]
Glu = 10.0 [4.2 - 6.4]

Best Regards,
Sovann/Rithy

Date: Wed, 9 Aug 2006 22:13:09 -0700 (PDT)
From: Lim kruy <kruylim@yahoo.com>
Subject: Re: Robib TM CLinic August 2006 Case #7, Srey Hom, 60F
To: Robib Telemedicine; bhammond@partners.org;Kathy Fiamma; Paul Heinzelmann;"Paul J. M.D. Heinzelmann"; Joseph Kvedar; Rithy Chau
CC: Bernie Krisher;Thero Noun;Laurie & Ed Bachrach

Dear Rithy and Sovann,

I would kick up the Glibenclamide to max of 15mg (11/2tb BID) and review all diet to her. Burning epigastric pain need to rule out ischemic in DM patients, if really sympotmatic, you may need to repeat EKG.

The rest are fine with me.

Take Care

kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, August 09, 2006 11:04 AM
To: bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM CLinic August 2006 Case #8, Srey Thouk, 56F

Dear All,

Here is case#8, Srey Thouk, 56F, and photo.

Best Regards,
Rithy/Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: **Srey Thouk, 56F (Taing Treuk Village)**

Subjective: 56F came to follow up of HTN. She complains of dysururia, frequency, but no oliguria, no hematuria. She denied of HA, dizziness, diaphoresis, chest pain, palpitation, cough, SOB, GI problem and edema, diarrhea, constipation.

Objective:

VS: BP 138/74 P 80 R 18 T 36 Wt 59kg

PE (focused):

General: look stable

HEENT: unremarkable

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

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

MS/Neuro: unremarkable

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

Previous Labs/Studies:

Today Lab Test:

U/A bld 3+

Current Medications:

1. Propranolol 40mg 1/2t po qd
2. ASA 300mg 1/4t po qd

Allergies: NKDA

Assessment:

1. HTN
2. UTI

Plan:

1. Atenolol 50mg ½ t po qd for four months
2. ASA 300mg 1/4t po qd for four months
3. Ciprofloxacin 500mg 11t po qd for 5d

Lab/Study Requests: None

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

Specific Comments/Questions for Consultants:

Examined by: Nurse Peng Sovann/PA Chau Rithy **Date: August 8, 2006**

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From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Thursday, August 10, 2006 8:27 PM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib TM CLinic August 2006 Case #8, Srey Thouk, 56F

Her blood pressure is better controlled.
I agree with treating her with ciprofloxacin for likely UTI.

Paul Cusick
-----Original Message-----
From: Fiamma, Kathleen M.
Sent: Wednesday, August 09, 2006 10:48 AM
To: Cusick, Paul S.,M.D.
Subject: FW: Robib TM CLinic August 2006 Case #8, Srey Thouk, 56F

Here is a follow up case along with the previously presented material and your response.

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, August 09, 2006 11:13 AM
To: bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM CLinic August 2006 Case #9, Svay Tevy, 42F

Dear All,

Here is the last case (for 1st part of clinic) #9, Svay Tevy 42F, and photo.

Best Regards,
Rithy/Sovann

Robib Telemedicine Clinic

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

SOAP Note (Follow-Up)

Patient Name & Village: **Svay Tevy, 42F (Thnout Malou Village)**

Subjective: 42F came to follow up of DMII, UTI. She denied of HA, dizziness, diaphoresis, cough, sore throat, chest pain, palpitation, GI problem, dysuria, hematuria, oliguria, polyuria, edema, numbness. She has normal appetite and normal bowel movement and menstrual period.

Objective:
Current Medications:

1. Glibenclamide 5mg 1t po q8h
2. Metformin 500mg 2t po q12h
3. Captopril 25mg 1/4t po qd
4. ASA 81mg 1t po qd

Allergies: NKDA

PE (focused):

VS: BP= 110/68 P= 72 R= 20 T= 36°C Wt= 61kg

General: Look stable

HEENT: unremarkable

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

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

Skin/Extremity: no edema, no foot wound, no rash

Neuro: unremarkable

Labs/Studies:

Completed today: FBS: 233mg/dl, UA blood 4+, Leuk trace (pt is having her period at consultation)

Previous completed:

Test	Value	Range	Test	Value	Range
WBC	=9	[4 - 11x10^{9}/L]	Na	=138	[135 - 145]
RBC	=5.3	[3.9 - 5.5x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=13.8	[12.0 - 15.0g/dL]	Cl	=109	[95 - 110]
Ht	=41	[35 - 47%]	BUN	=1.6	[0.8 - 3.9]
MCV	=78	[80 - 100fl]	Creat	=38	[44 - 80]
MCH	=26	[25 - 35pg]	Glu	=8.9	[4.2 - 6.4]
MHCH	=34	[30 - 37%]	T. Chol	=6.3	[<5.7]
Plt	=332	[150 - 450x10^{9}/L]	TG	=7.14	[<1.71]
Lym	=2.1	[1.0 - 4.0x10^{9}/L]			
Mxd	=1.5	[0.1 - 1.0x10^{9}/L]			
Neut	=5.1	[1.8 - 7.5x10^{9}/L]			

Assessment:

1. DMII
2. Hyperlipidemia

Plan:

1. Glibenclamide 5mg 2t po bid for one month
2. Metformin 500mg 2t po bid for one month
3. Captopril 25mg 1/4t po qd for one month
4. ASA 81mg 1t po qd for one month
5. Do regular exercise and eat on diet low fat

Labs/Studies: HbA1c at SHCH

Specific Comments/Questions for Consultants: do you agree with my plan? Please give me good idea!

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

Examined by: Peng Sovann/Chau Rithy **Date: August 8, 2006**

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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, August 10, 2006 2:51 AM
To: Robib Telemedicine; Rithy Chau
Subject: FW: Robib TM CLinic August 2006 Case #9, Svay Tevy, 42F

-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Wednesday, August 09, 2006 2:26 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM CLinic August 2006 Case #9, Svay Tevy, 42F

Though she is asymptomatic, increasing her meds to control fasting hyperglycemia better makes sense. There must be an epidemic of diabetes going around! Perhaps a group class on diabetic diets would be helpful to accommodate all these patients. They could exchange food and meal tips and provide psychological and social support to one another.
Heng Soon Tan, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, August 09, 2006 4:26 PM

To: bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic August 2006, Case #10, Pang Sidoeun, 31F

Dear All,

For this second day of Robib TM CLinic for August 2006, we have 1 new and 6 f/u patients to present. Please kindly reply by noon tomorrow Cambodian time.

Here is case#10, Pang Sidoeun, 31F and photo.

Best Regards,
Rithy/Sovann

Robib Telemedicine Clinic

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

SOAP Note

Patient Name & Village: **Pang Sidoeun, 31F (Rovieng Tbong Village)**

Subjective: 31F came to follow up of HTN, Anxiety. She is stable, good appetite, normal bowel movement. She denied of HA, dizziness, vertigo, diaphotesis, fever, cough, SOB, chest pain, palpitation, GI problem, oliguria, hematuria, dysuria, edema.

Current Medications:

1. Lisinopril 25mg 1/2t po q8h
2. HCTZ 50mg 1/4t po qd
3. Amitriptyline 25mg 1/4t po qhs

Allergies: NKDA

Objective:

VS: BP 130/70 P 80 R 20 T 36 Wt 35kg

PE (focused):

General: look stable

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

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

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

MS/Neuro: unremarkable

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

Today Lab Test:

UA: normal

Assessment:

1. HTN
2. Anxiety

Plan:

1. Captopril 25mg ½ t po q8h for four months
2. HCTZ 50mg ¼ t po qd for four months
3. Amitriptyline 25mg ¼ t po qhs for four months

Lab/Study Requests: None

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

Specific Comments/Questions for Consultants:

Examined by: Nurse Peng Sovann/PA Chau Rithy **Date: August 9, 2006**

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No answer replied

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, August 09, 2006 4:31 PM
To: bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic August 2006, Case #11, Prum Sok, 77M

Dear All,

Here is case#11, Prum Sok, 77M and photos.

Best Regards,
Rithy/Sovann

SOAP Note

Patient Name & Village: **Prum Sok, 77M (Taing Treuk Village)**

Subjective: 77M came to follow up of COPD, PTB?, Pneumonia, Tinea Corporis, Psoriasis?, Bundle Branch Block. He is better than before with less SOB, cough with white sputum on/off, no fever, no HA, no dizziness, no chest pain, no palpitation, no GI complaint, no oliguria, no hematuria, no dysuria, no edema and the rash completely healed except the nail.

Current Medications:

1. Albuterol inhaler 2puffs bid prn SOB
2. Griseofulvin 100mg 1t po bid
3. Paracetamol 500mg 1t po q6h prn HA

Allergies: NKDA

Objective:

VS: BP 110/60 P 78 R 20 T 36.5 Wt 38kg

PE (focused):

General: look stable

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

Chest: Clear on upper lobes,Wheezing on middle lobe, crackle on lower lobes; HRRR, no murmur

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

MS/Neuro: unremarkable

Skin/Extremity: no edema, rash completely healed

Previous Labs/Studies:

Lab Result on July 7, 2006

Test	Result	Reference	Test	Result	Reference
WBC	=6	[4 - 11x10^9/L]	Na	=147	[135 - 145]
RBC	=3.5	[4.6 - 6.0x10^{12}/L]	K	=3.5	[3.5 - 5.0]
Hb	=10.5	[14.0 - 16.0g/dL]	BUN	=1.8	[0.8 - 3.9]
Ht	=33	[42 - 52%]	Creat	=100	[53 - 97]
MCV	=95	[80 - 100fl]	Glu	=6.0	[4.2 - 6.4]
MCH	=30	[25 - 35pg]			
MHCH	=32	[30 - 37%]			
Plt	=177	[150 - 450x10^9/L]			
Lym	=2.1	[1.0 - 4.0x10^9/L]			
Mxd	=1.7	[0.1 - 1.0x10^9/L]			
Neut	=2.2	[1.8 - 7.5x10^9/L]			

The last month AFB negative for three cups

Today Lab Test:

Hb: 11g/dl

Assessment:

1. COPD
2. Anemia
3. Tinea corporis
4. Onychomycosis
5. Bundle Brand Block?

Plan:

1. Albuterol inhaler 2puffs bid prn SOB for two motnhs
2. Griseofulvin 100mg 1t po bid for one months
3. FeSO4/Folic Acid 200/0.25mg 1t po qd for two months
4. MTV 1t po qd for two motnhs
5. Nail lacquer apply on nail bid for two months
6. Paracetamol 500mg 1t po q6h prn HA

Lab/Study Requests: None

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

Specific Comments/Questions for Consultants:

Examined by: Nurse Peng Sovann/PA Chau Rithy **Date: August 9, 2006**

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

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From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Thursday, August 10, 2006 8:24 PM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic August 2006, Case #11, Prum Sok, 77M

This plan is working well and I would suggest to continue the present managment.

Paul Cusick

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, August 09, 2006 4:34 PM
To: bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim

Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic August 2006, Case #12, Som Thol, 57M

Dear All,

Here is case#12, Som Thol, 57M and photo.

Best Regards,
Rithy/Sovann

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

SOAP Note

Patient Name & Village: Som Thol, 57M (Taing Treuk Village)

Subjective: 57M came to follow up of DMII with PNP. He is stable with symptoms of good appetite, normal bowel movement, and denied of HA, dizziness, diaphoresis, cough, fever, SOB, chest pain, palpitation, oliguria, hemauria, dysuria, edema, numbness.

Current Medications:

1. Glibenclamide 5mg 1t po q8h
2. Desipramine 75mg 1t po qhs

Allergies: NKDA

Objective:

VS: BP 120/60 P 86 R 20 T 36 Wt 55.5kg

PE (focused):

General: look stable

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

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

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

MS/Neuro: unremarkable

Skin/Extremity: no edema, no rash, no foot wound

Previous Labs/Studies:

Lab Result on July 7, 2006

Na	=138	[135 - 145]
K	=4.7	[3.5 - 5.0]
BUN	=1.5	[0.8 - 3.9]
Creat	=91	[53 - 97]
Glu	=11.5	[4.2 - 6.4]

Today Lab Test:

On August 8, 2006, U/A normal, FBS: 203mg/dl; on August 9, 2006, FBS:175mg/dl

Assessment:

1. DMII with PNP

Plan:

1. Glibenclamide 5mgg 1t po q8h for two months
2. Desipramine 75mg 1t po qhs for two months
3. DM II educ on exercise and diet

Lab/Study Requests: HbA1c at SHCH

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

Specific Comments/Questions for Consultants:

Examined by: Nurse Peng Sovann/PA Chau Rithy **Date: August 9, 2006**

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-----Original Message-----
From: Heinzelmann, Paul J.,M.D. [mailto:PHEINZELMANN@PARTNERS.ORG]
Sent: Thursday, August 10, 2006 3:24 AM
To: Fiamma, Kathleen M.
Cc: robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic August 2006, Case #12, Som Thol, 57M

It seems that you are doing great work for this patient. I agree with your assessment and plan. (Thanks for including normal ranges for the blood tests) I look forward to seeing his HbgA1C.

Please send my personal greeting to Mr Som Thul!!
Paul Heinzelmann, MD
Partners Telemedicine
Boston, MA 02114

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, August 09, 2006 4:37 PM
To: bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic August 2006, Case #13, You Soeur, 41M

Dear All,

Here is case#13, You Soeur, 41M and photos.

Best Regards,
Rithy/Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

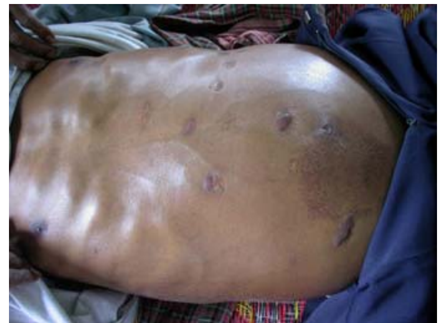
SOAP Note

Patient Name & Village: You Soeur, 41M (Ta Keng Village)

Subjective: 41M came to follow up of Liver cirrhosis, Ascititis, HBsAg(+), UTI?, Lichen chronicus?, Psoriasis, Numular Eczema?. During this week, the abd became severe distended, abd discomfort, and mild pain on RUQ, poor appetite, slight nausea, oliguria (drank <1L H_2O/d and output about 2-3 tablespoons qd), getting worse with sitting and lying, until he can't sleep and asked his brother who is the nurse to do paracentesis about 1/2L fluid two times. No fever.

Current Medications:

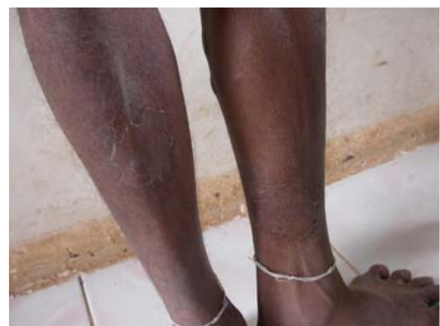
1. Spironolactone 25mg 1t po bid for one month
2. Furosemide 20mg 1t po bid for two weeks
3. Fluocinolone cream 0.025% 60g applied bid
4. MTV 1t po qd for one month



Allergies: None

Objective:

VS: BP 104/68 P 112 R 22 T 36 Wt 48kg O2 sat 97%



PE (focused):

General: look sick, cachetic, slight jaundice

HEENT: no oropharyngeal lesion, slightly pale conjunctiva, iterus, no mass, no lymph node palpable, no JVD

Chest: CTA bilaterally, no rale, no rhonchi, Tachycardia, RR no murmur,

Abd: mild tender on UQ, moderate distension, (+)BS, (+)Fluid wave, dilated collateral vein, (-)CVA tenderness

MS/Neuro: unremarkable

Skin/Extremity: no edema, rash on the head completely healed except on legs and groins

Previous Labs/Studies:

Lab Result on July 7, 2006

WBC	=8	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=5.4	[4.6 - 6.0x10^{12}/L]	K	=4.0	[3.5 - 5.0]
Hb	=12.9	[14.0 - 16.0g/dL]	Cl	=108	[95 - 110]
Ht	=41	[42 - 52%]	BUN	=2.5	[0.8 - 3.9]
MCV	=76	[80 - 100fl]	Creat	=88	[53 - 97]
MCH	=24	[25 - 35pg]	Glu	=3.6	[4.2 - 6.4]
MHCH	=31	[30 - 37%]	SGOT	=225	[<33]
Plt	=145	[150 - 450x10^9/L]	SGPT	=44	[<40]
Lym	=2.0	[1.0 - 4.0x10^9/L]			

Today lab test:

UA: bili 4+, prot 1+, leuk 2+

Assessment:

1. Liver Cirrhosis
2. Ascite
3. HBsAg (+)
4. UTI
5. Tinea Corporis

Plan:

1. Spironolactone 25mg 4t po qd for one month
2. Furosemide 20mg 2t po bid for two weeks
3. Clotrimazole cream 1% 30g applied bid for until rash gone
4. MTV 1t po qd for one month
5. Ciprofloxacin 500mg 1t po bid for 5d

Lab/Study Requests: None

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

Specific Comments/Questions for Consultants:

Examined by: Nurse Peng Sovann/PA Chau Rithy **Date: August 9, 2006**

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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, August 10, 2006 2:53 AM
To: Robib Telemedicine; Rithy Chau
Subject: FW: Robib TM Clinic August 2006, Case #13, You Soeur, 41M

This unfortunate man has hepatitis B cirrhosis and ascites that is not well controlled. He does not appear to have complications of hepatocellular carcinoma presenting as liver mass, bleeding

esophageal varices or hemorrhoids, GI bleeding with hepatic encephalopathy, or spontaneous bacterial peritonitis. Besides increasing diuretics, reminder of low salt and moderate protein diet, avoidance of paracetamol and other liver toxins, and addition of propranolol 20 mg bid may be helpful to reduce ascites. Paracentesis may relieve symptoms acutely, but tend to result in protein malnutrition by and by. I doubt he has UTI without symptoms of prostatitis. The skin lesions look like scars perhaps from folk treatment with cupping using burning paper?
Heng Soon Tan, MD

Date: Wed, 9 Aug 2006 22:02:01 -0700 (PDT)
From: Lim kruy <kruylim@yahoo.com>
Subject: Re: Robib TM Clinic August 2006, Case #13, You Soeur, 41M
To: Robib Telemedicine; bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann;"Paul J. M.D. Heinzelmann"; Joseph Kvedar; Rithy Chau
CC: Bernie Krisher; Thero Noun;Laurie & Ed Bachrach

Dear Rithy and Sovann,

Please be careful for hepatorenal syndrome.

I would keep furosemide 20mg BID, and Increase spironolactone 50mg BID as you prescribtion.
Please advise him to drink more fluid from 1000-1500ml to avoid this hepatorenal syndrome.

I would suggest to do another colocheck if posistive you can eradicate H.pyloric. Is there other cause that make him more sick, does he still drunk?

Add folic acide as well 5mg Qd. Ciprofloxacine make continue for at least 7-10 days, if he is fever and abdominal pain(empiric for SBP).

Repeat lab test renal function test.

Take Care
kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, August 09, 2006 4:58 PM
To: Kathy Fiamma; Brian Hammond; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim
Cc: Bernie Krisher <bernie@media.mit.edu>, Thero Noun <thero@cambodiadaily.com>, Laurie & Ed Bachrach
Subject: Robib TM Clinic August 2006, Case#14, So Soksan, 23F

Dear All,

Here is case#14, So Soksan, 23F, and photos.

Best Regards,
Rithy/Sovann

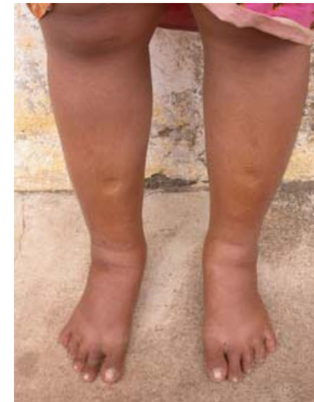
Robib Telemedicine Clinic

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

SOAP Note

Patient Name & Village: So SokSan, 23F (Thnal Keng Village)

Subjective: 23F with Nephrotic Syndrome and hypokalemia came before follow up because she developed with both leg edema and oliguria, burning pain on epigastric area about a week and she increased (on her own) captopril 25mg from 1t to 2t qd. She denied of HA, fever, dizziness, diaphoresis, chest pain, palpitation, nausea, vomiting, hematuria, dysuria, stool with mucus or blood.



Current Medications:

1. Prednisolone 5mg 2t po qd
2. Captopril 25mg 1t po qd
3. ASA 81mg 1t po qd

Allergies: NKDA

Objective:

VS: BP 100/70 P 86 R 20 T 36.5 Wt 65kg

PE (focused):

General: look stable

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

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

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

MS/Neuro: unremarkable

Skin/Extremity: 3+ pitting edema, no rash, no lesion

Today Lab Test:

UA: prot 4+, bld 1+

Assessment:

1. Nephrotic Syndrome (recurrent)
2. Dyspepsia

Plan:

1. Prednisolone 5mg 6t po bid for one month
2. Captopril 25mg ½ t po q12h for one month
3. Furosemide 20mg 2t po bid for 2 weeks
4. ASA 300mg ¼ t po qd for one month
5. Famotidine 40mg 1t po qhs
6. Low salt, low prot diet, 1L water/day, eat 2 banana a day while taking furosemide

Lab/Study Requests: None

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

Specific Comments/Questions for Consultants:

Examined by: Nurse Peng Sovann/PA Chau Rithy **Date: August 9, 2006**

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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, August 10, 2006 2:02 AM
To: Robib Telemedicine; Rithy Chau
Subject: FW: Robib TM Clinic August 2006, Case#14, So Soksan, 23F

-----Original Message-----
From: Fang, Leslie S.,M.D.
Sent: Wednesday, August 09, 2006 1:16 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic August 2006, Case#14, So Soksan, 23F

It appears that this patient is breaking through therapy with prednisolone
We do not have renal biopsy to know the exact nature of her nephrotic syndrome but it was presumed that she had minimal change disease.

I am concerned now about the following:

1. She appears to have some blood cells in the urine now, raising concerns that there may be a different glomerulonephritis at play, although minimal change is still the most likely diagnosis in this age group
2. She is quite Cushingnoid from her prednisolone
3. She is having a lot of fluid retention

Recommendations:

1. Double the prednisolone at this point and wean slowly
2. Begin a diuretic such as furosemide at 20 mg each day, making sure that the patient has a potassium rich diet
3. Obviously, we can guide therapy much more precisely if renal biopsy is an option

Yours Sincerely,

Leslie S.T. Fang, MD PhD

From: Lim kruy [mailto:kruylim@yahoo.com]
Sent: Thursday, August 10, 2006 11:48 AM
To: Robib Telemedicine; Kathy Fiamma; Brian Hammond; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau
Cc: Bernie Krisher <bernie@media.mit.edu>, Thero Noun <thero@cambodiadaily.com>, Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic August 2006, Case#14, So Soksan, 23F

Dear Sovann and Rithy,

Yes, I am agree all you plan by now, please draw blood for renal function test, albunime, cholesterole and CBC.
Captoprile is good for persistence proteinuira but be casefull for renal as relapse Nephrotic syndrome with complaining of pain,

EKG should be repeat now to make sure you look for peak T wave (hyperkalemia),
just let me know by call then i can reply quickly to you.

Take care
kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, August 09, 2006 5:03 PM
To: Kathy Fiamma; Brian Hammond; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim
Cc: Bernie Krisher <bernie@media.mit.edu>, Thero Noun <thero@cambodiadaily.com>, Laurie & Ed Bachrach
Subject: Robib TM Clinic August 2006, Case#15, Tith Hun, 54F

Dear All,

Here is case#15, Tith Hun, 54F, and photo.

Best Regards,
Rithy/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, 54F (Ta Tong Village)**

Subjective: 54F came to follow up of HTN, GERD, UTI. She is stable, good appetite, normal bowel movement. She denied of HA, dizziness, vertigo, diaphotesis, fever, cough, SOB, chest pain, palpitation, GI problem, oliguria, hematuria, dysuria, edema.

Current Medications:

1. Propranolol 40mg 1t po bid
2. HCTZ 50mg 1t po qd

Allergies: NKDA

Objective:

VS: BP 128/68 P 86 R 20 T 36 Wt 40kg

PE (focused):

General: look stable

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

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

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

MS/Neuro: unremarkable

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

Today Lab Test:

UA: blood trace, Leuk 2+; Hb 11mg/dl

Assessment:

1. HTN

Plan:

1. Propranolol 40mg 1t po bid for three months
2. HCTZ 50mg 1t po qd for three months

Lab/Study Requests: None

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

Specific Comments/Questions for Consultants:

Examined by: Nurse Peng Sovann/PA Chau Rithy **Date: August 9, 2006**

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-----Original Message-----
From: Heinzelmann, Paul J.,M.D. [mailto:PHEINZELMANN@PARTNERS.ORG]
Sent: Thursday, August 10, 2006 3:23 AM
To: Fiamma, Kathleen M.
Cc: robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic August 2006, Case#15, Tith Hun, 54F

In general I agree with your plan. If she is not having dysuria, one could argue against testing her urine...also, her UA shows + leukocyte esterase. I assume this is not a clean urine catch. So, I'd advise against using a test if you don't need it - or if you choose to ignore positive results....(that may have sounded more critical than I intended. But do you see my point?)

Anyways, I think you improved her condition significantly from her prior visit. Nice work!

Paul Heinzelmann, MD
Partners Telemedicine
Boston, MA 02114

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, August 09, 2006 5:13 PM
To: Kathy Fiamma; Brian Hammond; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim
Cc: Bernie Krisher <bernie@media.mit.edu>, Thero Noun <thero@cambodiadaily.com>, Laurie & Ed Bachrach
Subject: Robib TM Clinic August 2006, Case#16, Sek Lon, 67M

Dear All,

Here is the last case#16, Sek Lon, 67M, but no photo.

Best Regards,
Rithy/Sovann

History and Physical

Name/Age/Sex/Village: **Sek Lon, 67M (Ton Laop Village)**

Chief Complaint (CC): Epigatric Pain x 3momths

History of Present Illness (HPI): 67M, Farmer, came here complaining of epigastric pain burning sensation after eating meal, relieved by antacid, burping with sour taste in early morning on/off, He went to local health center and was treated with Paracetamol and Antacid then he feel better but not completely well. He denied of dizziness, diaphoresis, fever, cough, SOB, chest pain, palpitation, stool with mucus or blood, oliguria, dysuria, hematuria, edema. Good BM.

Past Medical History (PMH): remote malaria

Current Medications: Antacid prn

Allergies: NKDA

Social History: smoking 6cig/d since he was 16y until now, no alcohol drinking

Family History: None

Review of Systems (ROS): unremarkable

PE:

Vitals: BP: 120/60 P: 85 R: 20 T: 36 O2sat 99% Wt: 45kg

General: look stable

HEENT: no oropharyngeal lesion, slightly pale conjunctiva, no mass, no lymph node palpable, no JVD

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

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

Extremity: no edema, no rash, no lesion

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

Lab/Study: Hb 11g/dl

Assessment:

1. Dyspepsia
2. Anemia

Plan:

1. Famotidine 40mg 1t po qhs for one month
2. FeSO4/Folic Acid 200/0.25mg 1t po 1qd for one month
3. MTV 1t po qd for one month
4. Smoking cessation
5. GERD prev educ

Lab/Study Requests: none

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

Specific Comments/Questions for Consultants:

Examined by: Nurse Peng Sovann/PA Chau Rithy **Date: August 9, 2006**

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From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, August 10, 2006 2:50 AM
To: Rithy Chau; Robib Telemedicine
Subject: FW: Robib TM Clinic August 2006, Case#16, Sek Lon, 67M

Kathy Fiamma
617-726-1051
-----Original Message-----
From: Tan, Heng Soon,M.D.
Sent: Wednesday, August 09, 2006 1:23 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic August 2006, Case#16, Sek Lon, 67M

Ideally an UGI endoscopy should be performed in an older man with new epigastric symptoms to rule out gastric cancer or peptic ulcer disease. Since H. pylori gastritis is a common risk factor, serology for H. pylori will also be useful. In the absence of these tests, it may be worthwhile to try an empiric trial of H pylori eradication with omeprazole 20 mg bid, amoxicillin 1g bid and clarithromycin 500 mg bid for 2 weeks. GERD or peptic ulcer disease should respond to famotidine, or if necessary, omeprazole 20 mg qd. Failure to respond in a month would certainly warrant referral for UGI endoscopy.
Heng Soon Tan, MD

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Thursday, August 10, 2006 10:46 AM
To: Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Rithy Chau; Laurie & Ed Bachrach
Subject: Robib TM Case Receive for August 2006

Dear Kathy,

We receive 12 cases from you and other four cases not yet.
Bellow are the cases we havn't received

Case #2 Srey Mai, 70M
Case#8 Srey Thouk, 56F
Case#10 Pang Sidoeun, 31F
Case#11 Prum Sok, 77M

If you get other answers please send to us. Thank for your answers

Best Regards,
Sovann/Rithy

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, August 10, 2006 7:52 PM
To: Robib Telemedicine
Cc: Bernie Krisher; Thero Noun; Rithy Chau; Laurie & Ed Bachrach
Subject: RE: Robib TM Case Receive for August 2006

Greetings Sovann and Rithy:

Thank you for your message.

I will follow up with Drs. Patel and Cusick...they usually reply directly to you and cc me on their response, so I assumed that they would have do so last night, so please excuse the delay. They are working on cases #2, 8 and 11.

I actually did not receive case #10, but did receive two case #13's (Kul Cheung and You Soeur).

If you send #10, I will forward it to one of our physicians today.

Thank you very much.

Kathy Fiamma
617-726-1051

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Thursday, August 10, 2006 8:50 PM
To: Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau
Subject: Robib TM Clinic Case Received for August 2006

Dear Kathy,

I have received other two cases # 8 Srey Thouk, 56F and #11 Prum Sok, 77M but #2 Srey Mai not yet. And we didn't send case#13 Kul Chheung to you and you receive it otherwhile you didn't receive case# 10, Pang Sidoeun, 33F. We realy don't know the reason why that is.

Thank for your replies

Best Regards,
Sovann

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]
Sent: Thursday, August 10, 2006 9:04 PM
To: Robib Telemedicine
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau
Subject: RE: Robib TM Clinic Case Received for August 2006

Thank you for sending #10. I will send it to one of our doctors shortly.

By now, you should have #2 as well. It was completed by Dr. Patel.

I will send the response from #10 as soon as I receive it.

Best regards,

Kathy Fiamma
617-726-1051

Thursday, August 10, 2006

Follow-up Report for Robib TM Clinic

There were 4 new and 12 follow-up patients seen during this month Robib TM Clinic (and the other ten patients came for medication refills only and one missed his appointment). The data of all 16 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 August 2006

I. Kim Sehnan, 33F (Ta Tong Village)

Diagnosis:

1. Diffuse Goiter

Treatment:

1. Wait until lab result comes

Lab/Study Requests: Free T4, TSH at SHCH; Neck U/S at Kg Thom

Lab Result on August 11, 2006

Free T4 =10.29 [9.14 - 23.81]
TSH =2.73 [0.49 - 4.67]

2. Srey Mai, 70M (Boeung Village)

Diagnosis:

1. Osteoarthritis
2. HTN
3. PTB
4. Pneumonia
5. COPD/emphysema?
6. Anemia
7. Malnutrition
8. CHF??
9. VHD??
10. UTI

Treatment:

1. Diflunisal 500mg 1t po bid prn severe pain for 1mo (30tab)
2. Paracetamol 500mg 1t po qid prn pain for 1mo (30tab)
3. FeSO4/Folic Acid 200/0.25mg 1t po bid for 1mo (60tab)
4. MTV 1t po bid for 1mo (60tab)
5. Furosemide 20mg 1t po qd for 2 weeks (14tab)
6. Ciprfloxacin 500mg 1t po bid for 3d (6tab)
7. ASA 300mg 1/4t po qd for one month (8tab)
8. Atenolol 50mg 1/2t po qd for one month (15tab)
9. Treat TB at Local Health Center

Lab/Study Requests: CBC, Lyte, BUN, Creat, Gluc, RF, Reticulocyte, Peripheral Smear; send for CXR in Kg Thom.

Lab Result on August 11, 2006

WBC	=13	[4 - 11x10^9/L]	Na	=144	[135 - 145]
RBC	=2.4	[4.6 - 6.0x10^{12}/L]	K	=6.6	[3.5 - 5.0]
Hb	=4.7	[14.0 - 16.0g/dL]	BUN	=1.6	[0.8 - 3.9]
Ht	=16	[42 - 52%]	Creat	=233	[53 - 97]
MCV	=68	[80 - 100fl]	Glu	=1.9	[4.2 - 6.4]
MCH	=20	[25 - 35pg]			
MHCH	=29	[30 - 37%]			
Plt	=491	[150 - 450x10^9/L]			
Lym	=3.2	[1.0 - 4.0x10^9/L]			
Mxd	=1.5	[0.1 - 1.0x10^9/L]			
Neut	=8.1	[1.8 - 7.5x10^9/L]			

RF negative
Asinocytosis 2+
Macrocyte 1+
Hyopchromic 3+

3. Uy Noang, 55M (Thnout Malou)

Diagnosis:

1. DMII

Treatment:

1. Glibenglamide 5mg 1t po qd for one month (30tab)
2. Captopril 25mg ¼ tab po qd (8tab)
3. ASA 300mg ¼ tab po qd (8tab)

Lab/Study Requests: CBC, Lyte, BUN, Creat, FBS, HbA1c at SHCH

Lab Result on August 11, 2006

WBC	=5	[4 - 11x10^9/L]	Na	=145	[135 - 145]
RBC	=5.0	[4.6 - 6.0x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=15.8	[14.0 - 16.0g/dL]	Cl	=116	[95 - 110]
Ht	=46	[42 - 52%]	BUN	=2.1	[0.8 - 3.9]
MCV	=92	[80 - 100fl]	Creat	=55	[53 - 97]
MCH	=32	[25 - 35pg]	Glu	=13.8	[4.2 - 6.4]
MHCH	=34	[30 - 37%]			
Plt	=111	[150 - 450x10^9/L]			
Lym	=2.1	[1.0 - 4.0x10^9/L]			
Mxd	=0.7	[0.1 - 1.0x10^9/L]			
Neut	=2.5	[1.8 - 7.5x10^9/L]			
HbA1c	=11.3	[4 - 7]			

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

Diagnosis:

1. HTN
2. DMII
3. Hyperlipidemia

Treatment:

1. HCTZ 50mg ½ t po qd for one month (15tab)
2. ASA 300mg ¼ t po qd for one month (8tab)
3. Captopril 25mg ¼ t po qd for one month (8tab)
4. Glibenclamide 5mg 1t po qd for one month (30tab)
5. Do regular exercise and eat on diabetes diet

Lab/Study Requests: HbA1c at SHCH

Lab Result on August 11, 2006

HbA1c =9.6 [4 - 7]

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

Diagnosis:

1. HTN
2. Stroke
3. CHF
4. Legs wound
5. Muscle tension

Treatment:

1. Nifedipine 10mg 1t po q8h for one month (90tab)
2. Propranolol 40mg 1t po q12h for one month (60tab)
3. HCTZ 50mg 1/2t po qd for one month (15tab)
4. ASA 300mg 1/4t po qd for one month (8tab)
5. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (30tab)
6. MTV 1t po qd for one month (30tab)
7. Paracetamol 500mg 1t po q6h prn pain for one month (30tab)

Lab/Study Requests: None

6. Sath Rim 50F (Taing Treuk Village)

Diagnosis:

1. DMII with PNP
2. HTN
3. Tachycardia
4. Anemia
5. UTI?

Treatment:

1. Glibenclamide 5mg 1t po q8h for one month (90tab)
2. Metformin 500mg 1t po bid for one month (60tab)
3. Captopril 25mg 1t po q12h for one month (60tab)
4. Atenolol 50mg 1t po q12h for one month (60tab)
5. Desipramin 75mg 1t po qhs for one month (30tab)
6. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (30tab)

7. Paracetamol 500mg 1t po q6h prn HA for one month (30tab)
8. Ciprofloxacine 500mg 1t po q12h for 5d (10tab)
9. Review patient on hypoglycemia sign

Labs/Studies: CBC, Lyte, BUN, Creat, Gluc, TG, Tot Chole, HbA1c at SHCH

Lab Result on August 11, 2006

Test	Result	Range	Test	Result	Range
WBC	=7	[4 - 11x10^9/L]	Na	=136	[135 - 145]
RBC	=3.9	[3.9 - 5.5x10^{12}/L]	K	=5.1	[3.5 - 5.0]
Hb	=8.8	[12.0 - 15.0g/dL]	Cl	=111	[95 - 110]
Ht	=27	[35 - 47%]	BUN	=1.9	[0.8 - 3.9]
MCV	=70	[80 - 100fl]	Creat	=114	[44 - 80]
MCH	=23	[25 - 35pg]	Glu	=8.0	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=5.4	[<5.7]
Plt	=255	[150 - 450x10^9/L]	TG	=2.84	[<1.71]
Lym	=1.2	[1.0 - 4.0x10^9/L]			
Mxd	=0.9	[0.1 - 1.0x10^9/L]			
HbA1c	= 7.6	[4 - 7]			

7. Srey Hom, 60F (Taing Treuk Village)

Diagnosis:
1. HTN
2. DMII
3. Renal Insufficiency
4. GERD

Treatment:
1. Glibenclamide 5mg 11/2t po bid for one month (90tab)
2. Captopril 25mg ½ t po bid for one month (30tab)
3. ASA 300mg ¼ t po qd for one month (8tab)
4. Famotidine 40mg 1t po qhs for one month (30tab)

Lab/Study Requests: HbA1c at SHCH

Lab Result on August 11, 2006

HbA1c =8.1 [4 - 7]

8. Srey Thouk, 56F (Taing Treuk Village)

Diagnosis:
1. HTN
2. UTI

Treatment:
1. Atenolol 50mg ½ t po qd for four months (120tab)
2. ASA 300mg 1/4t po qd for four months (30tab)
3. Ciprofloxacin 500mg 1t po bid for 3d (6tab)

Lab/Study Requests: None

9. Svay Tevy, 42F (Thnout Malou Village)

Diagnosis:
1. DMII

2. Hyperlipidemia

Treatment:

1. Glibenclamide 5mg 2t po bid for one month (120tab)
2. Metformin 500mg 2t po bid for one month (120tab)
3. Captopril 25mg 1/4t po qd for one month (8tab)
4. ASA 81mg 1t po qd for one month (30tab)
5. Do regular exercise and eat on diet low fat

Labs/Studies: HbA1c at SHCH

Lab Result on August 11, 2006

HbA1c =9.3 [4 - 7]

10. Pang Sidoeun, 31F (Rovieng Tbong Village)

Diagnosis:

1. HTN
2. Anxiety

Treatment:

1. Captopril 25mg ½ t po q8h for four months (180tab)
2. HCTZ 50mg ¼ t po qd for four months (30tab)
3. Amitriptyline 25mg ¼ t po qhs for four months (30tab)

Lab/Study Requests: None

11. Prum Sok, 77M (Taing Treuk Village)

Diagnosis:

1. COPD
2. Anemia
3. Tinea corporis
4. Onychomycosis
5. Bundle Brand Block?

Treatment:

1. Albuterol inhaler 2puffs bid prn SOB for two motnhs (2vial)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd for two months (60tab)
3. MTV 1t po qd for two motnhs (60tab)
4. Nail lacquer apply on nail bid for two months (3vial)
5. Paracetamol 500mg 1t po q6h prn HA (50tab)

Lab/Study Requests: Draw blood for LFT

Lab Result on August 11, 2006

SGOT =37 [<33]
SGPT =21 [<40]

12. Som Thol, 57M (Taing Treuk Village)

Diagnosis:

1. DMII with PNP

Treatment:

1. Glibenclamide 5mgg 1t po q8h for twp months (180tab)
2. Desipramine 75mg 1t po qhs for two months (60tab)
3. DM II educ on exercise and diet

Lab/Study Requests: HbA1c at SHCH

Lab Result on August 11, 2006

HbA1c =10.8 [4 - 7]

13. You Soeur, 41M (Ta Keng Village)

Diagnosis:

1. Liver Cirrhosis
2. Ascite
3. HBsAg (+)
4. UTI
5. Tinea Corporis

Treatment:

1. Spironolactone 25mg 2t po bid for one month (120tab)
2. Furosemide 20mg 1t po bid for two weeks (60tabs)
3. Clotrimazole cream 1% 30g applied bid for until rash gone (1tube)
4. MTV 1t po qd for one month (30tabs)
5. Ciprofloxacin 500mg 1t po bid for 10d (20tabs)
6. Propranolol 40mg 1/2t po bid for one month (30tab)
7. Folic Acid 5mg 1t po qd for one month (30tab)

Lab/Study Requests: Lyte, BUN, Creat at SHCH

Lab Result on August 11, 2006

Na	=125	[135 - 145]
K	=6.5	[3.5 - 5.0]
BUN	=11.3	[0.8 - 3.9]
Creat	=171	[53 - 97]

14. So SokSan, 23F (Thnal Keng Village)

Diagnosis:

1. Nephrotic Syndrome (recurrent)
2. Dyspepsia

Treatment:

1. Prednisolone 5mg 6t po bid for one month (360tab)
2. Captopril 25mg ½ t po q12h for one month (30tab)
3. Furosemide 20mg 2t po bid for 2 weeks (60tab)
4. ASA 300mg ¼ t po qd for one month (8tab)
5. Famotidine 40mg 1t po qhs (30tab)
6. Low salt, low prot diet, 1L water/day, eat 2 banana a day while taking furosemide

Lab/Study Requests: CBC, Lyte, BUN, Creat, Gluc, Tot Cholesterol, Protein, Albumin

Lab Result on August 11, 2006

Na	=136	[135 - 145]
K	=4.2	[3.5 - 5.0]
Cl	=107	[95 - 110]
BUN	=1.9	[0.8 - 3.9]
Creat	=55	[44 - 80]
Glu	=5.0	[4.2 - 6.4]
T. Chol	=16.0	[<5.7]
Albu	=26	[38 - 54]
Prot	=45	[62 - 80]

15. Tith Hun, 54F (Ta Tong Village)

Diagnosis:

1. HTN

Treatment:

1. Propranolol 40mg 1t po bid for three months (180tab)
2. HCTZ 50mg 1t po qd for three months (90tab)

Lab/Study Requests: None

16. Sek Lon, 67M (Ton Laop Village)

Diagnosis:

1. Dyspepsia
2. Anemia

Treatment:

1. Famotidine 40mg 1t po qhs for one month (30tab)
2. FeSO4/Folic Acid 200/0.25mg 1t po 1qd for one month (30tab)
3. MTV 1t po qd for one month (30tab)
4. Smoking cessation
5. GERD prev educ

Lab/Study Requests: none

Patient who come to refill medication

1. Chhin Chheut, 12M (Trapang Reusey)

Diagnosis:

1. Nephrotic Syndrome
2. Hypochromic Microcytic Anemia
3. Malnutrition
4. Glomerulonephritis?

Treatment:

1. Prednisolone 5mg 1/2t po qd for one months (15tab)
2. ASA 81mg 1t po qd for one month (30tab)
3. MTV 1t po qd for one month (30tab)

4. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (30tab)

2. Chhay Chanthy, 43F (Thnout Malou)

Diagnosis

1. Hyperthyroidism

Treatment

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

Lab test: Draw blood for Free T4 in October

Lab result on July 7, 2006

TSH	=<0.02	[0.49 - 4.67]
Free T4	=27.24	[9.14 - 23.81]

3. Tann Kln Horn, 51F (Thnout Malou Village)

Diagnosis

1. DMII
2. Diabetic/Allergic Dermatitis (Eczyma)

Treatment

1. Glibenglamide 5mg 1t po q12h for three months (180tab)
2. Captopril 25mg 1/4t po qd for three months (23tab)
3. Allergra 180mg 1t po qd for one month (30tab)
4. Review patient about DMII education

Lab/Study: Draw blood for HbA1c at SHCH

Lab Result on August 11, 2006

HbA1c =8.0 [4 - 7]

4. Same Kun, 27F (Boang Village)

Diagnosis

1. Hyperthyroidism
2. Cachexia

Treatment

1. Carbimazole 5mg 2t po tid for one month (180tab)
2. Propranolol 40mg 1t po bid for one month (60tab)
3. FeSO4/Folic Acid200/0.25mg 1t po bid for one month (60tab)
4. MTV 1t po bid for one month (60tab)
5. Similac Cereal 3scops/180ml water for two months for her child (6 cans)

5. Sim Sophea, 29F (Ta Tong Village)

Diagnosis

1. Hypothyroidism
2. Tension Headaches

Treatment

1. L-thyroxine 50cmg 1/2t po qd for two months (30tab)
2. Paracetamol 500mg 1t po q6h prn HA for two months (50tab)
3. Draw blood for lab test TSH at SHCH

Lab test on August 11, 2006

TSH =34.73 [0.49 - 4.67]

6. Yoeung Chathorn, 35F (Doang Village)

Diagnosis

1. Ideopathic Epilepsy
2. Grand Mal Seizure?

Treatment

1. Phenytoin 100mg 2t po qd for four months (240tab)
2. Folic Acid 5mg 1t po q12h for four months (240tab)

7. Chhim Paov, 50M (Boeung Village)

Diagnosis

1. GOUT

Treatment

1. Diflunisal 500mg 1t po q12h prn pain for three months (90tab)
2. Paracetamol 500mg 1t po q6h prn pain for three months (90tab)

8. Chheak Leangkry, 65F (Rovieng Cheung)

Diagnosis

1. DMII, PNP
2. HTN

Treatment

1. Meformine500mg 2t po qhs for four months (240tab)
2. Captopril 25mg 1t po bid for four months (240tab)
3. Amitriptyline 25mg 1t po qhs for four months (120tab)
4. ASA 300mg 1/4t po qd for four months (30tab)
5. Draw blood for HbA1c at SHCH

Lab Result on August 11, 2006

HbA1c =7.5 [4 - 7]

9. Pou Limthang, 42F (Thnout Malou)

Diagnosis

1. Euthyroid

Treatment

1. Methimazole 10 mg ½ t po q12h for one month (30tab)
2. Draw blood for Free T4 at SHCH

Lab Result on August 11, 2006

Free T4 =13.66 [9.14 - 23.81]

10. Eam Neut, 54F (Taing Treuk)

Diagnosis

1. HTN
2. Tension Headache

Treatment

1. Atenolol 50 mg ½ t po q12h for 4 months (120tab)
2. Paracetamol 500 mg 1 t po q6h prn for headache (100tab)

Patient who missed appointment

1. Tum Lam, 57M (Reusey Srok Village)

Diagnosis

1. Gouty Arthritis
2. Cushing Syndrome (Steroid Use)
3. HTN?
4. Hyperlipidemia
5. Dyspepsia
6. Overweight

The next Robib TM Clinic will be held on September 4-8, 2006