Robib *Telemedicine* Clinic

Preah Vihear Province

D E C E M B E R 2 0 0 6

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

On Monday, December 4, 2006, SHCH staff, Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), December 05 & 06, 2006, the Robib TM Clinic opened to receive the patients for evaluations. There were 6 new cases and 11 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, December 06 & 07, 2006.

On Thursday, replies from SHCH in Phnom Penh and Partners Telemedicine in Boston were downloaded. Per advice from Boston and SHCH, 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: Monday, November 27, 2006 8:30 AM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Cornelia Haener; Gary Jacques; Kruy Lim; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Peou Ouk; Seda Seng; Mony Mao; Tola Khiev
Subject: Robib Telemedicine Schedule for December 2006

Dear all,

I would like to inform you that Robib Telemedicine trip for December 2006 will be starting on Monday December 4, 2006 and coming back on Friday December 8, 2006.

The agenda of the trip are as following:

1. On Monday December 4, 2006, Driver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihea.
2. On Tuesday December 5, 2006, The clinic open to see the patients for the whole morning and type patients' data in afternoon then send to both partners in Boston and Phnom Penh.
3. On Wednesday December 6, 2006, I do the same as on Tuesday and downdoad the answers replied from partners.
4. On Thursday December 7, 2006, I downdoad all the answers replied from both partners and make the treatment plan accordingly then prepare medication for patients.

5. On Friday December 8, 2006, I draw blood from patients for lab test at SHCH then come back to Phnom Penh.

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

Best Regards,
Sovann

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, December 05, 2006 9:25 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Kim Meng Tan; Brian Hammond; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic December 2006, Case#1, Leng Say, 61F (Rovieng Cheung Village)

Dear all,

Today I am at Rovieng for Robib TM clinic December 2006. There are three new cases and seven follow up cases. This is case number 1, Leng Say, 61F 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: Leng Say, 61F (Rovieng Cheung Village)

Chief Complaint (CC): Numbness and tingling on both hands for 2y

History of Present Illness (HPI): 61F, farmer, came here complaining of numbness and tingling on both hands for 2y. She presented with symptoms of MCP and PIP redness, warmth, tender, stiffness especially in the morning and sharp sensation on the palm so she went to local clinic and was treated with injective medicine. A week later it got better. The symptoms of redness, tender, swelling developed about 5months later so she buy medication for pain and she also took traditional medicine since then. Now she still present with symptoms of numbness, sharp pain on palm but denied of redness, warmth, tender, radiation to other joint.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: No EtOH, no smoking

Current Medications: Traditional medication

Allergies: NKDA

Review of Systems (ROS): 9y post menopause, no fever, no dizziness, no chest pain, no palpitation, no hematuria, no dysuria, no oliguria, no edema, normal bowel movement

PE:

Vitals: BP: 120/80 P: 86 R: 20 T: 37^{o}C Wt: 45Kg

General: Look stable

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

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

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

Extremity/Skin: On hands, no redness, no warmth, no tender, no stiffness, no deformity

MS/Neuro: MS+4/5 on both hands, other normal; motor and sensory intact, DTRs +2/4, normal gait

Lab/Study: None

Assessment:

1. Rhumatoid Arthritis??

Plan:

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

Lab/Study Requests: None

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 Peng Sovann **Date: December 5, 2006**

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

From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Wednesday, December 06, 2006 3:54 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic December 2006, Case#1, Leng Say, 61F (Rovieng Cheung Village)

Thank you for your case. You have described a 61 year old woman with a stiffness and inflammation in her hands especially involving the MCP and PIP joints. She also has a burning and numbness in her palm. You describe that she has decreased strength in her hands (4+/5) but you do not describe any joint enlargements or limited range of motion.

The most likely diagnosis is a musculoskeletal process such as osteoarthritis or an inflammatory process like rheumatoid arthritis. Another possibility in someone who has farmed and worked with her hands all of her life would be a carpal tunnel syndrome. However, while this can cause burning sensation and numbness in the hands in the thumb, second and third fingers, this condition does not cause joint redness and swelling.

The treatment that you are giving her with with paracetamol and a non-steroidal antiinflammatory (diflusinal) is appropriate for arthritis. In addition, heat (warm/hot water) may provide some relief.

Thank you for this interesting consult.

Paul Cusick MD

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Wednesday, December 06, 2006 4:34 PM
To: 'Robib Telemedicine'
Cc: 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kim Meng Tan'; 'Brian Hammond'; 'Rithy Chau'; 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic December 2006, Case#1, Leng Say, 61F (Rovieng Cheung Village)

Dear Sovann,

Thanks for the cases sent. For this patient, Leng Say, 61F, the history seems to point toward rheumatoid arthritis with the stiffness of the small joints in the morning, but did they improve through the day and with physical activities. However, I am concerning about the numbness and tingling of her palms which may refer to a peripheral neuropathy condition in DM II patient. Can you check her FBS and let me know what it is by tomorrow so that I can advice you properly? Any history of hyperglycemia in the past? Any problem with her feet and soles? Any polydipsia, polyuria, ploy phagia?

Rithy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, December 05, 2006 9:36 PM
To: Rithy Chau; Kruy Lim; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kim Meng Tan; Rithy Chau; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic December 2006, Case#2, Prang Vy, 36 (Taing Treuk Village)

Dear all,

This is case number 2, Prang Vy, 36M and photo.

Best Regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Prang Vy, 36M (Taing Treuk Village)

Chief Complaint (CC): Epigastric pain for 1y

History of Present Illness (HPI): 36M, farmer, came here complaining of epigastric pain for 1y. The pain usually happened about 20mn after meal and release with antacid, burning sensation, burping with sour taste, radiate to left scapular and left hand, so he went to local health center and was treated with a few medications but not better and he didn't find other medical care. He denied of nausea, vomiting, diarrhea, constipation, hematuria, oliguria, dysuria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Drink alcohol casually, no smoking

Current Medications: None

Allergies: NKDA

Review of Systems (ROS):

PE:

Vitals: BP: 98/64 P: 76 R: 20 T: 36.5^{o}C Wt: 45Kg

General: Look stable

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

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

Abd: soft, slightly tender on the epigastric area, no distension, (+) BS, no hepatomegaly, (+) splenomegaly, no scar, no striae, (-) chvostek's sign, (-) rebound tenderness, no CVA tenderness

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. GERD

Plan:

1. Famotidine 10mg 1t po qhs for one month
2. GERD prevention education

Lab/Study Requests: None

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 Peng Sovann **Date: December 5, 2006**

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

From: Kreinsen, Carolyn Hope,M.D.
Sent: Tuesday, December 05, 2006 8:44 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic December 2006, Case#2, Prang Vy, 36 (Taing Treuk Village)

Case Summary:

This 36 year old man presents with a one year history of epigastric pain and burning, usually occuring 20 minutes after completion of a meal and relieved with antacids. When symptomatic, he has noted belching, a sour taste and radicular pain to his left scapular and left arm/hand. He has not had nausea/vomiting/diarrhea/constipation. He takes no medications other than antacids as needed and consumes some alcohol. He is a farmer by profession and does not smoke.

On examination, he has no concerning findings other than mild tenderness in the epigastric region and evidence of splenomegaly. He appears relatively healthy in the enclosed photo.

1. GERD/Gastritis: I agree with your diagnosis of GERD and suspect, with the epigastric tenderness and radicular pain, that he may have gastritis and possibly peptic ulcer disease, as well. The famotidine is a good approach. If you have enough available medication to increase that from 10 mg to 20 mg each day, that would possibly be a little more effective. The education in non-medicinal anti-GERD inteventions is critical. In terms of diet, if possible, he should avoid caffeine, alchohol, spicy and acidic foods for the next month. I would recommend that you ask the patient specifically how many alcoholic beverages he has every week and how many cups of tea/coffee he drinks each day. Rectal exam with guaiac of the stool should be done to check for bleeding from the upper GI tract. CBC and liver function tests would be worth considering - again to rule out bleeding and any possible liver dysfunction not obvious on exam. There are several other questions that would be helpful to ask. Has he experienced any sense of food sticking in his esophagus or any trouble swallowing liquids or solids? Has he lost weight over the past year? Does he feel full quickly when eating? How often is he symptomatic - a few times per week or every time that he eats? It would be helpful to find out what the meds were that were ineffective when given by the local health center and how long the patient took them for. He definitely will require follow-up to make certain that his symptoms are responding to

treatment. Treatment with a proton pump inhibitor or treatment for H Pylori may be indicated if he does not respond to the famotidine. He may also require endoscopic evaluation of his esophagus if symptoms persist or worsen.

2. Splenomegaly: This is somewhat concerning. The radiation of pain to the left shoulder/left scapula could be from the enlarged spleen and not from the stomach. It does not sound as though he had pain to palpation of the spleen. Again, CBC with differential and smear would be extremely helpful initial step in evaluating this. It can help to determine if the patient has a problem with white cells, platelets or anemia. The patient may have thalassemia minor or trait resulting in some splenic enlargement. The blood count could be useful in assessing that. An abdominal ultrasound would be very helpful to verify the splenic enlargement and the degree of enlargement and to look at the liver and gallbladder. Has the patient had multiple episodes of malaria? That could result in splenic enlargement. A plain abdominal film could help to verify splenic enlargement, but wouldn't provide much more info.

3. Radiating Pain: It is much less likely that this man may have a cardiac source/component of his pain. However, I'm a bit concerned about the radiating pain to the shoulder and to the left hand. It would be worth obtaining an EKG to make certain that there are no concerning findings.

Good Luck! I hope this is helpful.

Take care,

Carolyn K

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Wednesday, December 06, 2006 4:34 PM
To: 'Robib Telemedicine'
Cc: 'Kruy Lim'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kathy Fiamma'; 'Kim Meng Tan'; 'Rithy Chau'; 'Brian Hammond'; 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic December 2006, Case#2, Prang Vy, 36 (Taing Treuk Village)

Dear Sovann,

For patient Prang Vy, 36M, I agree with the GERD problem and the treatment for this (because the reported sx was severe enough with burping and sour taste and heartburn) would be Omeprazole 20mg 1 po qhs for 2 month; if he has sx for nausea, can give metochlopramide 10mg qhs also. Please advise him on GERD prevention education on diet and lifestyle changes. In your PE, you reported also a finding of splenomegaly without any other support evidence or data of where this may come from. Can you probe him for hx of malaria or any other blood disease or past blood transfusion? If your exam was correct with splenomegaly, please draw blood for malaria smear (at health center), CBC at SHCH and have him go to K Thom for abd US and f/u next month.

Rithy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, December 05, 2006 9:48 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Kim Meng Tan; Brian Hammond; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic December 2006, Case#3, Ouk Phearum, 12M (Taing Treuk Village)

Dear all,

This is case number 3, Ouk Phearum, 12M and photos.

Best Regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

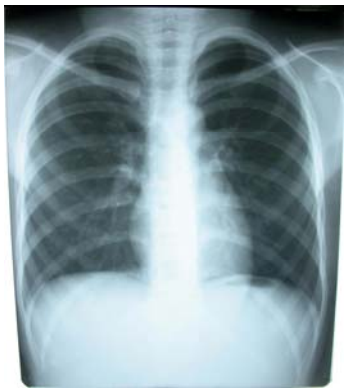
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Ouk Phearum, 12M (Taing Treuk Village)

Chief Complaint (CC): Dyspnea on exertion for 1y

History of Present Illness (HPI): 12M, student, came here complaining of dyspnea on exertion (walking 200m/running around with friends) for 1y. He present with symptoms of dyspnea, chest pain and release after resting about 5mn and getting worse from month to month. His parents didn't bring him for medical care and come to us right away. He denied of HA, dizziness, cough, fever, othopnea, hematuria, oliguria, dysuria, edema.



Past Medical History (PMH): Unremarkable

Family History: None

Social History: Student grad 5

Current Medications: None

Allergies: NKDA

Review of Systems (ROS):

PE:

Vitals: BP: 90/60 P: 83 R: 20 T: 37^{o}C Wt: 25Kg O2sat 99%

General: Look stable, skinny

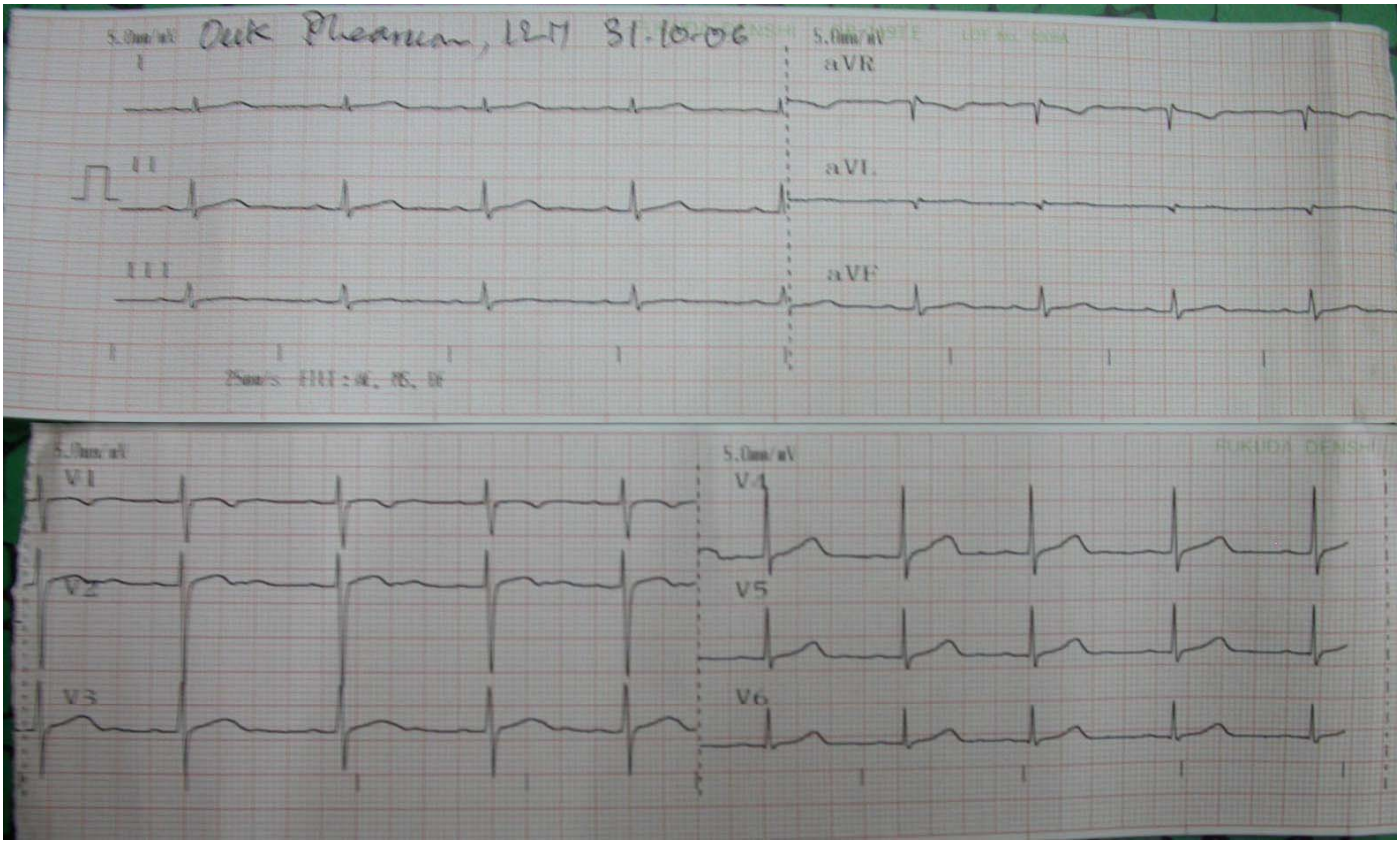
HEENT: No oropharyngeal lesion, pink conjunctiva, no mass, no lymph node palpable, no thyroid enlargement, no JVD

Chest: CTA bilaterally, no rales, no rhonchi; HRRR, 2+ crecendo systolic murmur loud at apex

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

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

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



Lab/Study: CXR and EKG on November attached

Assessment:

1. VHD??

Plan:

1. Do 2D echo at Calmette Hospital

Lab/Study Requests: None

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

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

Examined by: Nurse Peng Sovann **Date: December 5, 2006**

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Wednesday, December 06, 2006 4:34 PM
To: 'Robib Telemedicine'

Cc: 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kim Meng Tan'; 'Brian Hammond'; 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic December 2006, Case#3, Ouk Phearum, 12M (Taing Treuk Village)

Dear Sovann,

For Patient Ouk Phearum, 12M, you mentioned one of his sx as CP; can you elaborate a bit on this with CP characteristic, quality, etc? You reported that his conjunctiva was pink, can you check his Hb? Is he malnurished, what is his diet like, any sign of worm infection beside being cachetic, because his heart murmur could come from him being anemic due to not taking in sufficient nutrition and anemia would lead to some SOB on exertion and possibly CP. CXR and EKG look ok to me. Assessment may include malnutrition?, cachexia, anemia (if HB low), parasititis and tx for such problems. I would not right away send him for 2D echo yet and do more investigation of his bloodwork—CBC, Chem, BUN, Creat, gluc, TSH.

Rithy

No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, December 05, 2006 9:56 PM
To: Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Kim Meng Tan; Rithy Chau; Rithy Chau; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic for December 2006, Case#4, Kong Nareun, 31F (Taing Treuk Village)

Dear all,

This is case number 4, Kong Nareun, 31F 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: Kong Nareun, 31F (Taing Treuk Village)

Subjective: 31F came to follow up of VHD (Mitral stenosis/regurgitaion), PVC, Cardiomegaly. She is better than before with normal appetite, normal bowel movement but she out of medication for these last two days so she present with palpitation, fatigue and dizziness. She denied of cough, fever, chest pain, orthopnea, GI complaint, oliguria, dysuria, hematuria, stool with mucus or blood, and edema, regular period.

Objective:

VS: BP: 90/60 P: 106 R: 20 T: 37 Wt: 52kg

PE (focused):

General: Look stable

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

Chest: CTA bilaterally, no rales, no rhonchi; H tachycardia, irregular rhythm, strong and weak beat, no murmur

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

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

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

Labs/Studies: None

Current Medications:

1. Atenolol 50mg 1/2t po bid
2. Furosemide 20mg 1t po bid

Allergies: NKDA

Assessment:

1. VHD (Mitral Stenosis/Regurgitation)
2. PVC
3. Tachycardia

Plan:

1. Atenolol 50mg 1/2t po bid for one month
2. Furosemide 20mg 1t po bid 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: December 5, 2006**

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Wednesday, December 06, 2006 4:34 PM
To: 'Robib Telemedicine'
Cc: 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kim Meng Tan'; 'Brian Hammond'; 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic for December 2006, Case#4, Kong Nareun, 31F (Taing Treuk Village)

Dear Sovann,

Can you please check a Hb fingerstick for patient 2, Prang Vy and let me know?

For this patient, Kong Nareun, 31F, I agree with your plan and would add ASA 300mg ¼ po qd also. Please advise her that if she is married and/or plans to have a child, her VHD condition may worsen during pregnancy unless she could get a surgery to replace her heart valve.

Rithy

No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, December 05, 2006 10:12 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Kim Meng Tan; Brian Hammond; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic December 2006, Case#5, Lay Lai, 28F (Taing Treuk Village)

Dear all,

This is case number 5, Lay Lai, 28F and photos.

Best Regards,
Sovann

Robib Telemedicine Clinic

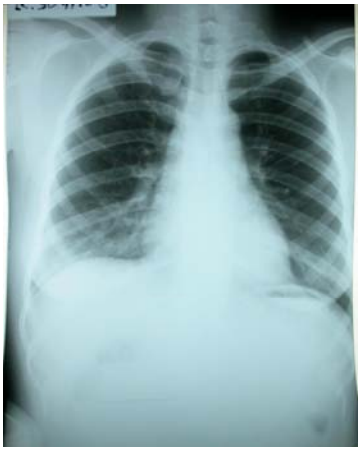
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: Lay Lai, 28F (Taing Treuk Village)

Subjective: 28F came to follow up of Post partum cardiomegaly, Tachycardia. She is better than before with symptoms of normal appetite but complaint of passing semi-water stool and worm in the stool 1time per day for 10days and in this a few days she pass hard stool with blood and anal pruritus. She denied of fever, cough, dizziness, chest pain, palpitation, hematuria, dysuria, oliguria, edema.

Objective:



VS: BP: 110/70 P: 83 R: 20 T: 36.5 Wt: 54kg

PE (focused):

General: Look stable

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

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

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

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

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

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

Labs/Studies: Lab Result on November 3, 2006 attached

WBC	=8	[4 - 11x10^9/L]	Na	=141	[135 - 145]
RBC	=5.1	[3.9 - 5.5x10^{12}/L]	K	=4.8	[3.5 - 5.0]
Hb	=12.5	[12.0 - 15.0g/dL]	Cl	=113	[95 - 110]
Ht	=39	[35 - 47%]	BUN	=1.8	[0.8 - 3.9]
MCV	=76	[80 - 100fl]	Creat	=68	[44 - 80]
MCH	=25	[25 - 35pg]	Glu	=4.7	[4.2 - 6.4]
MHCH	=32	[30 - 37%]			
Plt	=188	[150 - 450x10^9/L]			
Lym	=2.2	[1.0 - 4.0x10^9/L]			
Mxd	=1.6	[0.1 - 1.0x10^9/L]			
Neut	=3.7	[1.8 - 7.5x10^9/L]			
TSH	=1.80	[0.49 - 4.67]			

Current Medications:

1. Propranolol 40mg 1/2t po bid

Allergies: NKDA

Assessment:

1. Post partum cardiomegaly?
2. Parasititis

Plan:

1. Propranolol 40mg 1/2t po bid for one month
2. Albendazole 200mg 2t po bid for 5d

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: December 5, 2006**

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

From: Heinzelmann, Paul J.,M.D. [mailto:PHEINZELMANN@PARTNERS.ORG]
Sent: Wednesday, December 06, 2006 3:21 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic December 2006, Case#5, Lay Lai, 28F (Taing Treuk Village)

Sovann,

I am not convinced that the CXR shows significant cardiomegaly...she appears to be stable, but sounds as if she has parasitic worm...It would be helpful to know the size of the worm to distinguish roundworm (Ascaris) from pinworm (Enterobius vermicularis)....anal itching suggests pinworm however. Either way, albendazole should be adequate.

I agree with your plan. Nice job.

Paul Heinzelmann, MD
Partners Telemedicine
Boston, MA 02114

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Wednesday, December 06, 2006 4:34 PM
To: 'Robib Telemedicine'
Cc: 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kim Meng Tan'; 'Brian Hammond'; 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic December 2006, Case#5, Lay Lai, 28F (Taing Treuk Village)

Dear Sovann,

I agree with your plan, but add to your assessment also with dysentery and ask her to get some ORS to mix with 1packet/1L clean water twice a day to drink if she has diarrhea more than 2x a day. Ask her to eat only cooked food and clean water for now.

Rithy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, December 05, 2006 10:04 PM
To: Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Kim Meng Tan; Rithy Chau; Rithy Chau; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic for December 2006, Case#6, Say Soeun, 67F (Rovieng Cheung Village)

Dear all,

This is case number 6, Say Soeun, 67F 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: Say Soeun, 67F (Rovieng Cheung Village)

Subjective: 67F came to follow up of HTN, DMII, VHD?, Anemia. She is better than before with symptoms of normal appetite, normal bowel movement and denied of dizziness, HA, cough, fever, dyspnea, chest pain, palpitation, hematuria, dysuria, oliguria, polyuria, edema.

Objective:

VS: BP: 130/64 P: 80 R: 18 T: 37 Wt: 53kg

PE (focused):

General: Look stable

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

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

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

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

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

Labs/Studies: Today: FBS = 150mg/dl, Hb= 11g/dl
Lab Result on November 3, 2006

WBC	=8	[4 - 11x10^{9}/L]	Na	=137	[135 - 145]
RBC	=4.0	[3.9 - 5.5x10^{12}/L]	K	=5.5	[3.5 - 5.0]
Hb	=11.0	[12.0 - 15.0g/dL]	Cl	=110	[95 - 110]
Ht	=33	[35 - 47%]	BUN	=3.2	[0.8 - 3.9]
MCV	=83	[80 - 100fl]	Creat	=86	[44 - 80]
MCH	=28	[25 - 35pg]	Glu	=18.8	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	T. Chol	=6.1	[<5.7]
Plt	=272	[150 - 450x10^{9}/L]	TG	=2.30	[<1.71]
Lym	=2.2	[1.0 - 4.0x10^{9}/L]			
Mxd	=1.0	[0.1 - 1.0x10^{9}/L]			
Neut	=4.4	[1.8 - 7.5x10^{9}/L]			
HbA1c	=15.6	[4 - 6]			

Current Medications:

1. Glibenclamide 5mg 1t po bid
2. Metformin 500mg 1t po bid
3. Lisinopril 20mg 1t po qd
4. HCTZ 50mg ½t po qd
5. ASA 300mg ¼t po qd
6. FeSO4/Folic Acid 200/0.25mg 1t po bid
7. MTV 1t po qd

Allergies: NKDA

Assessment:

1. HTN
2. DMII
3. VHD??
4. Anemia

Plan:

1. Glibenclamide 5mg 1t po bid for one month
2. Metformin 500mg 1t po bid for one month
3. Lisinopril 20mg 1t po qd for one month
4. HCTZ 50mg ½t po qd for one month
5. ASA 300mg ¼t po qd for one month
6. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month
7. MTV 1t po qd for one month
8. Review patient on hypoglycemia sign and regular exercise

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: December 5, 2006**

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

From: Smulders-Meyer, Olga,M.D. [mailto:OSMULDERSMEYE@PARTNERS.ORG]
Sent: Wednesday, December 06, 2006 5:54 AM
To: Fiamma, Kathleen M.
Cc: tmed_rithy@online.com.kh; robibtelemed@yahoo.com
Subject: RE: Robib TM Clinic for December 2006, Case#6, Say Soeun, 67F (Rovieng Cheung Village)

Dear Peng,

This patient has a HbA1c of 15.6, which means that she has badly controlled Diabetes Mellitus.
Most likely treating her with Glibenclamide 5 mg 2 times a day and with Metformin 500 mg 2 times a day will not be enough to make her blood sugar come within normal range. You can start out like that but you should titrate Metmorfin up as soon as you can in the next 1-2 month to the maximum dose of 2000mg a day. If her fasting blood sugar remains uncontrolled she might be a candidate for Insulin. I have never seen a patient with a HbA1c that high, who could be controlled with oral medication.
The goal is a HbA1c of about 6 and hers is 15, so I am somber about oral treatment, but you can try it anyway.

Due to the badly controlled Diabetes Mellitus, her Triglycerides are high as well. Hopefully they will come down as she drives down her blood sugar with diet changes and oral meds.

Her Cholesterol is high and should be treated if to a level below 5 if Lipitor is available. The patient should adhere to a low fat, no sugar diet.

She has slight renal insufficiency either from Diabetes Mellitus or from using an Ace inhibitor. Make sure to repeat the K next time as Lisinopril can increase Creatinine. Given her Diabetes Mellitus she should remain on an Ace inhibitor however, but if K remains high, reduce the dose of Lisnopril to 10 mg. her bloodpressure seems well controlled with current meds.

She is slightly anemic for a woman in post menopausal status, but for now I agree with just given her iron and MVI.

Good luck,

Olga Smulders-Meyer, MD

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Wednesday, December 06, 2006 4:34 PM
To: 'Robib Telemedicine'
Cc: 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kim Meng Tan'; 'Brian Hammond'; 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic for December 2006, Case#6, Say Soeun, 67F (Rovieng Cheung Village)

Dear Sovann,

For Say Soeun, 67F, if no evidence for VHD, I would drop this dx and the rest I agree with you. Emphasize proper diet for her as well.

Rithy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, December 05, 2006 10:09 PM
To: Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Kim Meng Tan; Rithy Chau; Rithy Chau; Brian Hammond; Cornelia Haener
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic for December 2006, Case#7, Same Kun, 27F (Boeung Village)

Dear all,

This is case number 7, Same Kun, 27F 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: Same Kun, 27F (Boeung Village)

Subjective: 27F came to follow up of Hyperthyroidism, dyspepsia, Cachexia. She is better than before with symtoms of weight gain, good appetite, normal bowel movement but complained of epigatric pain, burning sensation, no nausea, heat intolerance, sore throat, tremor on/off, palpitation. She denied of dyspnea, cough, dyspnea, chest pain, dizziness, hematuria, dysuria, oliguria, edema.

Objective:

VS: BP: 110/70 P: 94 R: 20 T: 36.5 Wt: 51kg

PE (focused):

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 8x10cm, smooth, regular border, mobile on swallowing, no tender, no bruit, no lymph node palpable

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

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

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

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

Labs/Studies:
Lab Result on November 3, 2006

TSH	=<0.02	[0.49 - 4.67]
Free T4	=9.11	[9.14 - 23.81]
Free T3	=2.58	[0.78 - 2.5]

Current Medications:

1. Carbimazole 5mg 2t po tid
2. Propranolol 40mg 1t po bid
3. Famotidine 10mg 1t po qhs
4. FeSO4/Folic Acid 200/0.25mg 1t po bid
5. MTV 1t po bid

Allergies: NKDA

Assessment:

1. Hyperthyroidism
2. Dyspepsia

Plan:

1. Carbimazole 5mg 2t po tid for one month
2. Propranolol 40mg 1t po bid for one month
3. Famotidine 10mg 1t po qhs for one month
4. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month
5. MTV 1t po qd for one month

Lab/Study Requests: Draw blood for CBC, TFT 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: December 5, 2006**

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

From: Barbesino, Giuseppe,M.D. [mailto:GBARBESINO@PARTNERS.ORG]
Sent: Wednesday, December 06, 2006 6:28 AM
To: Fiamma, Kathleen M.; tmed_rithy@online.com.kh
Cc: robibtelemed@yahoo.com
Subject: RE: Robib TM Clinic for December 2006, Case#7, Same Kun, 27F (Boeung Village)

This 27 y/o woman seems to have Graves' disease, a moderate goiter and no or minimal Graves' eye disease. I wonder when her carbimazole treatment was started. Her FT3 is still somewhat high, in the face of low FT4. This raises a number of possibilities:

1) **insufficient time has passed since the start of carbimazole. If carbimazole has been started less than a month ago I would keep same dose and re-check in one month. If not, and none of the points below applies, carbimazole should be increased a little bit**
2) **Inconsistent compliance with medication. This needs to be addressed with patient and corrected if found to be the case.**
3) **Very low iodine intake may result in T3-only thyrotoxicosis. In this case Carbimazole dose should be slightly increased a little bit, but this is a diagnosis of exclusion.**
4) **Lab error in either FT3 or FT4.**

In conclusion, the target of treatment is normalization of both TSH and FT3 and effort should be put into finding why this has not happened with the current management.

Giuseppe Barbesino, MD
Thyroid Associates
Massachusetts General Hospital-Harvard Medical School
Wang ACC 730S
55 Fruit St
Boston MA, 02114
FAX 617-726-5905
TEL 617-726-7573

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Wednesday, December 06, 2006 4:34 PM

To: 'Robib Telemedicine'
Cc: 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kim Meng Tan'; 'Brian Hammond'; 'Cornelia Haener'; 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic for December 2006, Case#7, Same Kun, 27F (Boeung Village)

Dear Sovann,

For Same Kun, 27F, you can reduce her carbimazole to 1 tab po tid for one month and recheck her blood in January 2007.

Rithy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, December 05, 2006 10:15 PM
To: Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Kim Meng Tan; Rithy Chau; Rithy Chau; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic for December 2006, Case#8, Sath Rim, 50F (Taing Treuk Village)

Dear all,

This is case number 8, Sath Rim, 50F 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: Sath Rim, 50F (Taing Treuk Village)

Subjective: 50F came to follow up of HTN and DMII, Anemia. She is stable with normal appetite, normal bowel movement. She denied of cough, dyspnea, fever, chest pain, palpitation, GI complaint, polyuria, oliguria, dysuria, hematuria, stool with mucus or blood, and edema.

Objective:

VS: BP: 130/70 P: 76 R: 20 T: 36.5 Wt: 50kg

PE (focused):

General: Look stable

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

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 foot wound

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

Labs/Studies: FBS = 145mg/dl

Current Medications:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 11/2t po bid
3. Lisinopril 20mg 1t po qd
4. Atenolol 50mg 1t po bid
5. HCTZ 50mg 1/2 t po qd
6. Amitriptylin 25mg 1t po qhs
7. FeSO4/Folic Acid 200/0.25mg 1t po bid

Allergies: NKDA

Assessment:

1. HTN
2. DMII
3. Anemia

Plan:

1. Metformin 500mg 1t po bid for two months
2. Glibenclamide 5mg 11/2t po bid for two months
3. Lisinopril 20mg 1t po qd for two months

4. Atenolol 50mg 1t po bid for two months
5. HCTZ 50mg ½ t po qd for two months
6. Amitriptylin 25mg 1t po qhs for two months
7. FeSO4/Folic Acid 200/0.25mg 1t po qd for two months
8. Do regular exercise, educate on hypoglycemia sign

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: December 5, 2006**

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

From: Heinzelmann, Paul J.,M.D. [mailto:PHEINZELMANN@PARTNERS.ORG]
Sent: Wednesday, December 06, 2006 2:56 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic for December 2006, Case#8, Sath Rim, 50F (Taing Treuk Village)

Dear Sovann,

Very nice job. I agree with your assessment and plan. I would plan to recheck HCT/hemoglobin within the next couple months however.

Paul Heinzelmann, MD

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Wednesday, December 06, 2006 4:34 PM
To: 'Robib Telemedicine'
Cc: 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kim Meng Tan'; 'Brian Hammond'; 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic for December 2006, Case#8, Sath Rim, 50F (Taing Treuk Village)

Dear Sovann,

For Sath Rim, I agree with your plan.

Rithy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, December 05, 2006 10:22 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Kim Meng Tan; Brian Hammond; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic December 2006, Case#9, Thorng Khourn, 70F (Bak Dong Village)

Dear all,
This is case number9, Thorng Khourn, 70F 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: Thorng Khourn, 70F (Bak Dong Village)

Subjective: 70F came to follow up of Liver cirrhosis, hepatitis, Ascititis, Hypocromic microcytic anemia, Euthyroid Goiter (Nodular). She is better than before with less SOB, good appetite, normal bowel movement, edema has gone. She denied of fever, diaphoresis, dizziness, HA, Chest pain, palpitation, nausea, vomiting, oliguria, dysuria, hematuria.

Objective:

VS: BP: 132/80 P: 78 R 20 T 37.16 Wt 30kg

PE (focused):

General: Look stable

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

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

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

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

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

Labs/Studies: None

Current Medications:

1. Furosemide 20mg 1t po qd
2. Spironolactone 25mg 1t po bid
3. FeSO4/Folic Acid 200/0.25mg 1t po bid
4. MTV 1t po bid
5. Folic Acid 5mg 1t po qd

Allergies: NKDA

Assessment:

1. Liver Cirrhosis
2. Hepatitis C
3. Hypochromic Microcytic Anemia
4. Euthyroid Goiter (Nodular)

Plan:

1. Spironolactone 25mg 1t po bid for one month
2. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month
3. MTV 1t po bid for one month

4. Folic Acid 5mg 1t po qd 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: December 5, 2006

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

From: Smulders-Meyer, Olga,M.D. [mailto:OSMULDERSMEYE@PARTNERS.ORG]
Sent: Wednesday, December 06, 2006 5:38 AM
To: Fiamma, Kathleen M.
Cc: robibtelemed@yahoo.com; tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic December 2006, Case#9, Thorng Khourn, 70F (Bak Dong Village)

Dear Peng,

I agree with your current management. The patient appears clinically stable, her blood pressure and heart rate are normal, so the patient is tolerating the diuretics well. Although there is no evidence that treatment of fluid overload in patients with cirrhosis improves survival, patients report that with less fluid they feel much better, have less abdominal discomfort, can move and eat more easily and have less shortness of breath. Furthermore, it also reduces the amount of energy that the patient wastes heating the fluid, and reduces the risk of cellulitis and the chance of hernia formation or diaphragmatic rupture associated with tense ascites.

Limiting sodium intake to 88 meq (2000 mg) per day (including all foods, liquids and medications) is the most practical yet successful level of sodium restriction . Also, The patient should be advised to avoid NSAIDS such as Ibuprofen and Motrin as they cause Sodium retention.

I agree with continuing the Spironolactone 25 mg 2 times a day, and add Lasix back when she is more symptomatic from her ascites, or if she presents with lower extremity edema.

Continue other meds as you sugested.

Olga Smulders-Meyer, MD

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Wednesday, December 06, 2006 4:34 PM
To: 'Robib Telemedicine'
Cc: 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Joseph Kvedar'; 'Kruy Lim'; 'Kim Meng Tan'; 'Brian Hammond'; 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic December 2006, Case#9, Thorng Khourn, 70F (Bak Dong Village)

Dear Sovann,

I agree with your plan.

Rithy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, December 05, 2006 10:35 PM
To: Rithy Chau; Rithy Chau; Kruy Lim; Kim Meng Tan; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic for December 2006, Case#10, Nung Chhun, 67F (Ta Tong Village)

Dear all,

This is the last case for first day of Robib TM Clinic December 2006, case number 10, Nung Chhun, 67F and photo. 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: Nung Chhun, 70F (Ta Tong Village)

Subjective: 70F came to follow up of HTN and DMII, Anemia. She is better than before with normal appeptite, normal bowel movement but still complaint of HA, dizziness, fatigue. She take all medications but didn't take Glibenclamide 5mg 1t bid, she said she forgot. She denied of dyspnea, fever, chest pain, palpitation, GI complaint, polyuria, oliguria, dysuria, hematuria, stool with mucus or blood, and edema, numbness, tingling.

Objective:

VS: BP: 120/60 P: 70 R: 18 T: 36.5 Wt: 45kg

PE (focused):

General: Look stable

HEENT: No oropharyngeal lesion, slightly pale conjunctiva, no 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 foot wound

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

Labs/Studies: RBS = 219mg/dl, UA: prot trace, blood trace

Current Medications:

1. Glibenclamide 5mg 1t po bid (pt not taken)
2. Metformin 500mg 1t po qhs
3. Captopril 25mg 1/4t po bid
4. ASA 300mg 1/4t po qd
5. FeSO4/Folic Acid 200/0.25mg 1t po bid

Allergies: NKDA

Assessment:

1. HTN
2. DMII
3. Anemia

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 bid for one month
4. ASA 300mg 1/4t po qd for one month
5. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month
6. Restrict patient take medication regularly, review hypoglycemia sign, regular exercise

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: December 5, 2006**

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

From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Wednesday, December 06, 2006 10:17 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic for December 2006, Case#10, Nung Chhun, 67F (Ta Tong Village)

Thank you for your description and your note.
Indeed, it would be possible that all of her symptoms are coming from diabetes mellitus that is not controlled due to poor compliance with medications.

It would be good to see what her random blood sugar is after 1 month of glibenclamide.
It will be interesting to see how her symptoms change when DM2 is in better control.

I agree with your plan.

Best of luck to you and your patients.

Paul Cusick MD

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Wednesday, December 06, 2006 4:34 PM
To: 'Robib Telemedicine'
Cc: 'Kruy Lim'; 'Kim Meng Tan'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kathy Fiamma'; 'Brian Hammond'; 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic for December 2006, Case#10, Nung Chhun, 67F (Ta Tong Village)

Dear Sovann,

I agree with your plan.

Rithy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, December 06, 2006 9:23 PM
To: Rithy Chau; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kim Meng Tan; Kruy Lim; Cornelia Haener; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic December 2006 Second day, Case#11, San Eath, 72M (Taing Treuk Village)

Dear all,

Today is the second day for Robib TM Clinic December 2006. There are three new cases and four follow up. This is case number 11, San Eath, 72M 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: **San Eath, 72M (Taing Treuk Village)**

Chief Complaint (CC): Dizziness and fatigue x 2y

History of Present Illness (HPI): 72M, farmer, came here complaining of dizziness and fatigue for 2y. He present with symptoms of dizziness, fatigue, diaphoresis, and asked local healer take his BP and it was elevated and treated with anti HTN drugs (taken prn since then). He didn't find medical care just buy medication (Adalate) from pharmacy when dizziness, fatigue, HA happened. He denied of fever, cough, chest pain, palpitation, nausea, vomiting, hematuria, dysuria, oliguria, edema.

Past Medical History (PMH): Remote malaria, History elevated BP (prn anti HTN drugs use), Left inguinal hernia repair in 1997

Family History: Mother with HTN

Social History: Drink alcohol casually; smoking 20cig/d, stopped 20y

Current Medications: Adalate prn (yesterday he took Adalate)

Allergies: NKDA

Review of Systems (ROS): Left inguinal hernia repair in 1997, left inguinal hernia recurrent and right inguinal hernia, he feel severe pain while walking

PE:

Vitals: **BP: 120/62** **P: 70** **R: 20** **T: 37^{o}C** **Wt: 68Kg**

General: Look stable

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

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

Abd: soft, no tender, no distension, (+) BS, no HSM, healed incent burning scar

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

GUS: Left inguinal area scar about 5cm, he feel pain when walking and the intestine get into the scrotum

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

Lab/Study: None

Assessment:

1. History Elevated BP
2. Both inguinal hernia

Plan:

1. Stop Adalate and Recheck BP again

Lab/Study Requests: None

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 Peng Sovann **Date: December 6, 2006**

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, December 07, 2006 11:22 AM
To: 'Robib Telemedicine'
Cc: 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kathy Fiamma'; 'Kim Meng Tan'; 'Kruy Lim'; 'Cornelia Haener'; 'Brian Hammond'; 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic December 2006 Second day, Case#11, San Eath, 72M (Taing Treuk Village)

Dear Sovann,

I agree with your assessment and plan, but would advise him to drink enough fluid 2-3L water/day since olderly people tend to get dehydrated easily. We can recheck his BP next month again, but did you take his BP on both arms? If not yet, please do. As for his hernia, if it started to bother him too much and prevent him to do his simple daily activities, then either recommended for him to go to K Thom to have an operation again or possibly discuss this case with one of our surgeon for future surgery.

Rithy

No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, December 06, 2006 9:35 PM
To: Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kim Meng Tan; Rithy Chau; Rithy Chau; Kruy Lim; Cornelia Haener; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic December 2006 Second day, Case#12, Hem Vannou, 56F (Sre Thom Village)

Dear all,

This is case number 12, Hem Vannou, 56F and photo.

Best Regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Hem Vannou, 56F (Sre Thom Village)

Chief Complaint (CC): RUQ pain x 2y

History of Present Illness (HPI): 56F, farmer, came here complaining of RUQ pain for 2y. She present with symptoms of RUQ pain, pressure sensation and colicky, radiate to right breast, and scapular, fever, fatigue, she went to local clinic and was treated with a few medication and it got better and the pain recur about a few day after that. Then she went to Preah Vihea hospital and had abdominal U/S and was told she have gall stone and asked her to have surgery but she doesn't have enough money for surgery so she came back home. The pain developed on/off she bought traditional medication and pain killer prn. She denied of dizziness, cough, dyspnea, chest pain, palpitation, hematuria, dysuria, oliguria, edema.

Past Medical History (PMH): PTB in three year before, completed treatment

Family History: None

Social History: No alcohol drinking; no smoking

Current Medications: traditional drugs and pain killer prn

Allergies: NKDA

Review of Systems (ROS):

PE:

Vitals: BP: 110/62 P: 96 R: 20 T: 37^{o}C Wt: 37Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, (+) icterus, no mass, no lymph node palpable, no thyroid enlargement

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

Abd: soft, tender on RUQ, no distension, (+) BS, no HSM, (-) chvosteck's sign, (-) rebound tenderness, 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. Gall Stone??

Plan:

1. Paracetamol 500mg 1t po qid prn pain for one month

Lab/Study Requests: Send to Kg Thom for Abd U/S

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 Peng Sovann **Date: December 6, 2006**

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, December 07, 2006 11:51 AM
To: 'Robib Telemedicine'
Cc: 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kathy Fiamma'; 'Kim Meng Tan'; 'Kruy Lim'; 'Cornelia Haener'; 'Brian Hammond'; 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic December 2006 Second day, Case#12, Hem Vannou, 56F (Sre Thom Village)

Dear Sovann,

How long ago did she have the US done that dx with gallbladder stone—was it two years ago or past month or so? If just recently, then don't need to send her for another one, but if 2 yrs ago, then I agree to send her for a repeat study at K Thom. Did you do a U/A since you mentioned that her eyes were icteric? Was Murphy's sx (where you hook your fingers under her rib of RUQ area and ask her to breathe in deeply) positive (means she shouts or screams in pain)? Anyhow I do not think that she has an acute cholocystitis or chololithiasis problem that needs urgent surgical attention. Is her pain sharp and lasted for a few seconds or minutes or has it been consistant? If short intermittent sharp pain that radiate to subscapulararea and sometimes move aroung, then most likely gas build-up in her bowel—ask her to move around and can use almac prn for this problem; exercise will help her with this problem also. You can tx her with worm med as well. Para is ok, but ask her to stop the traditional meds for now and f/u next month (with US result if neccessary). Can draw CBC, chem, BUN, creat, gluc and LFT.

Hope this helps.
Rithy

From: Crocker, Jonathan T., M.D.
Sent: Thursday, December 07, 2006 8:52 AM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic December 2006 Second day, Case#12, Hem Vannou, 56F (Sre Thom Village)

Hi Peng,

Differential diagnosis included cholcystitis or choledocholithiasis (from gall stone), viral hepatitis (Hep B, Hep C), cystic duct or common bile duct obstruction (from CBD tumor or pancreatic tumor), primary liver tumor, metastatis of other primary cancer to the liver, or even amoebic infection of the liver. She needs a liver/Gallbladder u/s. If this confirms cholecystitis or choledocholithiasis she needs her gallbladder out and/or other surgery very soon or she could die from very serious infection. However, I would strongly encourage additional laboratory studies, including SGPT, SGOT, Hepatitis B surface Ab, Hep B surface Ag, HepB e Antigen, HepB core Antibody, Hep C antibody, amylase, lipase, CBC with differential.

I am concerned about the findings of RUQ pain and jaundice (icterus) and the patient's report of fevers. I would strongly favor a physician assessment there on the ground to determine if this is a surgical or a medical case. I would strongly push for an evaluation this week, and I would not leave her for a month without urgent evaluation.

I would NOT give her Paracetamol until you have confirmed by blood tests that she does not have liver inflammation. As you know, Paracetamol can be dangerous to give in someone suspected of having active liver disease.

Regards,
Dr. Crocker

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, December 06, 2006 9:32 PM
To: Rithy Chau; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kim Meng Tan; Kruy Lim; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic December 2006 Second day, Case#13, Sen Smith, 40M (Taing Treuk Village)

Dear all,

This is case number 13, Sen Smith, 40M 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: Sen Smith, 40M (Taing Treuk Village)

Chief Complaint (CC): Epigatric pain x 2y

History of Present Illness (HPI): 40M, farmer, came here complaining of epigastric pain for 2y. The pain, burning sensation usually happens before and after meal, and release with antacid. He went to Phnom Penh and was treated with a few medication (unknown name) it got better for a while. Then the pain recurs after the medication finished and take antacid prn. He denied of nausea, vomiting, stool with blood and mucus, hematuria, dysuria, oliguria, edema.

Past Medical History (PMH): Unremarkable

Family History: Mother with HTN

Social History: Drink alcohol casually stopped 2y, smoking 20cig/d for 10y stopped 5y

Current Medications: Antacid prn

Allergies: NKDA

Review of Systems (ROS): None

PE:

Vitals: BP: 100/62 P: 96 R: 20 T: 36.5^{o}C Wt: 62Kg

General: Look stable

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

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

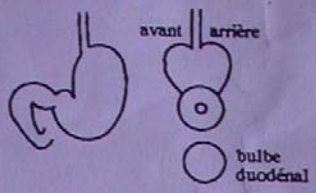
Abd: soft, no tender, no distension, (+) BS, no HSM, no scar

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

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

Lab/Study: Endoscopy result attached
Conclusion: Gastritis

មន្ទីរពេទ្យ
កាល់ម៉ែត
HOPITAL
Calmette



ROYAUME DU CAMBOGE
NATION RELIGION ROI

Phnom Penh, le 10-Nov-06

ផ្នែក ថ្លើម ក្រពះ ពោះវៀន
UNITE D'HÉPATO-GASTRO-ENTÉROLOGIE

Dr. Oung Chakravuth
Chef d'unité
Dr. At Khen Paul
Professeur Consultant
Dr. Yin Sopagna

វេជ្ជ.អ៊ឹង ចក្រាវុធ
ប្រធានផ្នែក
វេជ្ជ.អាត់ ខេន
សាស្ត្រាចារ្យពិគ្រោះ
វេជ្ជ.យិន សុបញ្ញ

N° 2702

COMPTE-RENDU DE FIBROSCOPIE OESOGASTRODUODENALE

Nom et prénom: SEN SMITH **Sexe:** M **Age:** 40

Address: Phnom Penh

N.U.P: 140290 **Status:** P

Service de provenance: CE

Demandé par: Dr.

Tolérance: Bonne

MOTIF: Epigastralgie.

OESOPHAGE :
Muqueuse normale.
Cardia en place à 38 cm des arcades dentaires.

ESTOMAC :
Lac muqueux : clair
Grosse tubérosité : normale
Fundus : normal
Antre : présence d'un pli pré-pylorique à 11h.

PYLORE :
Normal.

BULBE :
Normal.

D1, début de D2 :
Normaux.

CONCLUSION :
Gastrite.

Dr.

Dr. CHUONG SOTHY

3,Bd.Monivong, Phnom Penh, Cambodge Tel:(855) 23 426 948, Fax: 855 23 724 892
E-mail:calmette.htk@bigpong.com.kh, BP.807.

Assessment:

1. Gastritis

Plan:

1. Famotidine 10mg 1t po qhs for two months

Lab/Study Requests: None

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 Peng Sovann **Date: December 6, 2006**

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, December 07, 2006 11:26 AM
To: 'Robib Telemedicine'
Cc: 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kathy Fiamma'; 'Kim Meng Tan'; 'Kruy Lim'; 'Brian Hammond'; 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic December 2006 Second day, Case#13, Sen Smith, 40M (Taing Treuk Village)

Dear Sovann,

I agree with your plan, but I would increase the dosage of the H2 blocker: give Famotidine 10mg 2 tab po qhs. Also provide him with the GERD prev educ.

Rithy

No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, December 06, 2006 10:26 PM
To: Rithy Chau; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic December 2006 Second day, Case #14, Chheuk Norn, 52F (Thnout Malou Village)

Dear all,

This is case number 14, Chheuk Norn, 52F 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: Chheuk Norn, 52F (Thnout Malou Village)

Subjective: 52F came to follow up of DMII. She is stable with normal appetite, normal bowel movement but complaint of fatigue on/off. She denied of cough, dyspnea, fever, chest pain, palpitation, diaphoresis, GI complaint, polyuria, oliguria, dysuria, hematuria, stool with mucus or blood, and edema.

Objective:

VS: BP: 100/64 P: 68 R: 20 T: 36.5 Wt: 45kg

PE (focused):

General: Look stable

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

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 foot wound

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

Labs/Studies: FBS = 173mg/dl

Lab Result on November 3, 2006

HbA1c =11.0 [4 - 6]

Current Medications:

1. Glibenclamide 5mg 11/2t po bid
2. ASA 300mg 1/4t po qd

Allergies: NKDA

Assessment:

1. DMII

Plan:

1. Glibenclamide 5mg 11/2t po bid for one month
2. Metformin 500mg 1t po qhs for one month
3. ASA 300mg 1/4t po qd for one month
4. Educate patient about hypoglycemia sign

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: December 6, 2006**

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, December 07, 2006 12:29 PM
To: 'Robib Telemedicine'
Cc: 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kathy Fiamma'; 'Kruy Lim'; 'Kim Meng Tan'; 'Brian Hammond'; 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic December 2006 Second day, Case #14, Chheuk Norn, 52F (Thnout Malou Village)

Dear Sovann,

I agree with your plan.

Rithy

No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, December 06, 2006 9:42 PM
To: Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kim Meng Tan; Rithy Chau; Rithy Chau; Kruy Lim; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic December 2006 Second day, Case#15, Lang Da, 45F (Thnout Malou Village)

Dear all,

This is Case number 15, Lang Da, 45F 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: Lang Da, 45F (Thnout Malou Village)

Subjective: 45F with diagnosis of HTN, who missed appointment for about a year and came to us three months before. We continued to treat her with HCTZ 50mg 1/2t po qd as previous treatment plan. She is stable with normal appetite, normal bowel movement but complaint of HA and myalgia of both legs. She denied of cough, dyspnea, fever, chest pain, palpitation, diaphoresis, GI complaint, oliguria, dysuria, hematuria, stool with mucus or blood, and edema.

Objective:

VS: BP: 112/64 P: 74 R: 20 T: 37 Wt: 62kg

PE (focused):

General: Look stable

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

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

Labs/Studies: None

Current Medications:

1. HCTZ 50mg 1/2t po qd

Allergies: NKDA

Assessment:

1. HTN

Plan:

1. HCTZ 50mg ½ t po qd for two months

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: December 6, 2006**

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, December 07, 2006 12:11 PM
To: 'Robib Telemedicine'
Cc: 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kathy Fiamma'; 'Kim Meng Tan'; 'Kruy Lim'; 'Brian Hammond'; 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic December 2006 Second day, Case#15, Lang Da, 45F (Thnout Malou Village)

Dear Sovann,

I agree with your plan. You can f/u her longer 3-4mo if you want and have her come every month for BP check.

Rithy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, December 06, 2006 9:51 PM
To: Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kim Meng Tan; Rithy Chau; Rithy Chau; Kruy Lim; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic December 2006 Second day, Case#16, Prum Sourn, 64M (Taing Treuk Village)

Dear all,

This is case number 16, Prum Sourn, 64M 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: Prum Sourn, 64M (Taing Treuk Village)

Subjective: 64M came to follow up of HTN, Ischemic cadiomyopathy, LVH, LBBB, Severe Bradycardia. He is better than before with normal appetite, normal bowel movement. He denied of cough, fever, chest pain, palpitation, GI complaint, oliguria, dysuria, hematuria, stool with mucus or blood, and edema.

Objective:

VS: BP: 104/60 P: 61 R: 20 T: 37 Wt: 44kg O2sat 98%

PE (focused):

General: Look stable

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

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

Lab Result on November 3, 2006

WBC	=5	[4 - 11x10^9/L]	Na	=145	[135 - 145]
RBC	=3.7	[4.6 - 6.0x10^{12}/L]	K	=4.4	[3.5 - 5.0]
Hb	=11.5	[14.0 - 16.0g/dL]	Cl	=116	[95 - 110]
Ht	=35	[42 - 52%]	BUN	=3.5	[0.8 - 3.9]
MCV	=94	[80 - 100fl]	Creat	=137	[53 - 97]
MCH	=31	[25 - 35pg]	Glu	=4.5	[4.2 - 6.4]
MHCH	=33	[30 - 37%]			
Plt	=148	[150 - 450x10^9/L]			
Lym	=1.9	[1.0 - 4.0x10^9/L]			
TSH	=6.29	[0.49 - 4.67]			

Current Medications:

1. Captopril 25mg 1t po bid
2. HCTZ 50mg 1/2t po qd
3. ASA 300mg 1/4t po qd

Allergies: NKDA

Assessment:

1. HTN
2. Ischemic Cardiomyopathy

3. LVH
4. LBBB
5. Hypothyroidsm?

Plan:

1. Captopril 25mg 1t po bid for one month
2. HCTZ 50mg 1/2t po qd for one month
3. ASA 300mg 1/4t po qd for one month

Lab/Study Requests: Draw blood for TSH and Free T4 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: December 6, 2006**

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, December 07, 2006 12:15 PM
To: 'Robib Telemedicine'
Cc: 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kathy Fiamma'; 'Kim Meng Tan'; 'Kruy Lim'; 'Brian Hammond'; 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic December 2006 Second day, Case#16, Prum Sourn, 64M (Taing Treuk Village)

Dear Sovann,

I agree with your plan and do a thyroid function panel with T3 also.

Rithy

No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, December 06, 2006 10:13 PM
To: Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kim Meng Tan; Rithy Chau; Rithy Chau; Kruy Lim; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic December 2006 Second day, Case#17, Prum Rim, 44F (Pal Hal Village)

Dear all,

This is the last case for Robib TM Clinic December 206, Prum Rim, 44F and photos. Please answer to us as soon as posible or before tomorrow afternoon in Cambodia. Thank you very much for your support and cooperation 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

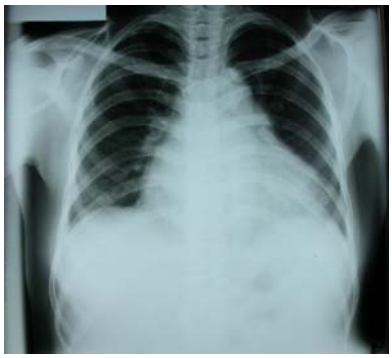
Patient Name & Village: Prum Rim, 44F (Pal Hal Village)

Subjective: 44F came to follow up of PUD, PID, VHD?, Anemia. She still complaint of suprapubic pain, dull sensation, radiate to lower back and exstrimity, moderate vaginal bleeding during menstrual period, and white discharge, dizziness, fatigue, diaphoresis, poor appetite, gum bleding when bruising tooth. She denied of chest pain, palpitation, hematuria, dysuria, oliguria, edema.

Objective:

VS: BP: 104/58 P: 84 R: 20 T: 37 Wt: 43kg

PE (focused):



General: Look sick

HEENT: Pale gum and conjunctiva, no mass, no lymph node palpable, no bruit

Chest: CTA bilaterally, no rales, no rhonchi; H RRR, Systolic murmur cresendo sensation loud at pulmonic area

Abd: Soft, tender on suprapubic area, no distension, (+) BS, no HSM, no abd surgery, (-) chvosteck's sign, (-) rebound tenderness, no CVA tenderness, no mass palpable

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

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

Labs/Studies: CXR attached

Lab Result on November 3, 2006

WBC	=3	[4 - 11x10^9/L]	Na	=140	[135 - 145]
RBC	=3.2	[3.9 - 5.5x10^{12}/L]	K	=3.9	[3.5 - 5.0]
Hb	=4.0	[12.0 - 15.0g/dL]	Cl	=114	[95 - 110]
Ht	=17	[35 - 47%]	BUN	=1.0	[0.8 - 3.9]
MCV	=53	[80 - 100fl]	Creat	=54	[44 - 80]
MCH	=12	[25 - 35pg]	Glu	=4.4	[4.2 - 6.4]
MHCH	=23	[30 - 37%]	SGOT	=18	[<30]
Plt	=>999	[150 - 450x10^9/L]	SGPT	=12	[<30]
Lym	=0.8	[1.0 - 4.0x10^9/L]			
Mxd	=0.5	[0.1 - 1.0x10^9/L]			
Neut	=1.4	[1.8 - 7.5x10^9/L]			

Platelets confirmed by smear adequate
Anisocytosis 3+
Hypocromic 3+
Schistocytes 3+

Current Medications:

1. Amoxicillin 500mg 2t po bid for two weeks
2. Metronidazole 250mg 2t po bid for two weeks
3. Omeprazole 20mg 1t po bid for two weeks
4. Ciprofloxacin 500mg 2t po bid for 10d
5. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month
6. MTV 1t po bid for one month

Allergies: NKDA

Assessment:

1. VHD?
2. Cardiomegaly
3. PID
4. Severe Anemia

Plan:

1. FeSO4/Folic Acid 200/0.25mg 2t po tid for one month
2. MTV 1t po bid for one month
3. Paracetamol 500mg 1t po qid prn pain for one month

Lab/Study Requests: Draw blood for Reticulocyte count, Feritine, Hemoglobineelectrophoreses and send to Kg Thom for Abd U/S by paying her for traveling

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: December 6, 2006**

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

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, December 07, 2006 12:26 PM
To: 'Robib Telemedicine'
Cc: 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kathy Fiamma'; 'Kim Meng Tan'; 'Kruy Lim'; 'Brian Hammond'; 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic December 2006 Second day, Case#17, Prum Rim, 44F (Pal Hal Village)

Dear Sovann,

For this patient, you may want to refer her to SHCH for all the work up including possible 2D echo and pelvic exam and US. I will discuss this with Dr. Kruy this afternoon and let you know on the date to refer her since I will not be in the office for the next two week to help out with this patient once referred here. You can tx as suggested in your plan.

Rithy

From: Rithy Chau [mailto:tmed_rithy@online.com.kh]
Sent: Thursday, December 07, 2006 12:26 PM
To: 'Robib Telemedicine'
Cc: 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kathy Fiamma'; 'Kim Meng Tan'; 'Kruy Lim'; 'Brian Hammond'; 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic December 2006 Second day, Case#17, Prum Rim, 44F (Pal Hal Village)

Dear Sovann,

I have just discussed this with Dr. Kruy and she recommended that the patient be referred to SHCH meeting her on Thursday, December 14th. Please inform Mr. Bernie and his staff for patient referral to stay at LC's house and ask if someone from Daily can help with facilitating the trips to/from hospital, food money, etc. Remember, Monday is a holiday and Dr Kruy does not have time to see patient on Wed and Friday. Maybe ask her and one family member to accompany her to arrive on the 12th or 13th. Please coordinate this with Kiri or Samnang with permission from Thero.

Rithy

No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Thursday, December 07, 2006 2:17 PM
To: Kathy Fiamma
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau
Subject: Robib TM Clinic December 2006, Cases received

Dear Kathy,

I have received 8 cases from you and following are cases received:

Case# 1, Leng Say, 61F
Case# 2, Prang Vy, 36M
Case# 5, Lay Lai, 28F
Case# 6, Say Soeun, 67F
Case# 7, Same Kun, 27F
Case# 8, Sath Rim, 50F
Case# 9, Thorng Khourn, 70F
Case# 10, Nung Chhun, 70F

Best Regards,
Sovann

Thursday, December 7, 2006

Follow-up Report for Robib TM Clinic

There were 6 new and 11 follow-up patients seen during this month Robib TM Clinic and the other 17 patients came for medication refills only, 13 January follow up patients came to get medication due to dating delay and two patients missed appointment. The data of all 17 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 December 2006

1. Leng Say, 61F (Rovieng Cheung Village)
Diagnosis:

1. Arthritis

Treatment:

1. Diflunisal 500mg 1t po bid prn severe pain for one month (30tab)
2. Paracetamol 500mg 1t qid prn pain for one month (30tab)

Lab/Study Requests: None

2. Prang Vy, 36M (Taing Treuk Village)
Diagnosis:

1. GERD

Treatment:

1. Omeprazole 20mg 1t po qhs for two months (60tab)
2. GERD prevention education

Lab/Study Requests: Draw blood for CBC at SHCH, and send to Kg Thom for Abd U/S

Lab Result on December 8, 2006

WBC	=9	[4 - 11x10^{9}/L]
RBC	=5.8	[4.6 - 6.0x10^{12}/L]
Hb	=12.9	[14.0 - 16.0g/dL]
Ht	=41	[42 - 52%]
MCV	=70	[80 - 100fl]
MCH	=22	[25 - 35pg]
MHCH	=32	[30 - 37%]

Plt	=218	[150 - 450x10^9/L]
Lym	=3.1	[1.0 - 4.0x10^9/L]
Mxd	=1.6	[0.1 - 1.0x10^9/L]
Neut	=4.4	[1.8 - 7.5x10^9/L]

3. Ouk Phearum, 12M (Taing Treuk Village)
Diagnosis:

1. VHD??
2. Malnutrition?
3. Parasitis

Treatment:

1. MTV 1t po qd for one month (45tab)
2. Mebendazole 100mg 1t po bid for 5d (10tab)

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluco, TSH at SHCH

Lab Result on December 8, 2006

WBC	=9	[4 - 11x10^9/L]	Na	=134	[135 - 145]
RBC	=5.1	[4.6 - 6.0x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=11.2	[14.0 - 16.0g/dL]	BUN	=1.8	[0.8 - 3.9]
Ht	=37	[42 - 52%]	Creat	=45	[53 - 97]
MCV	=72	[80 - 100fl]	Glu	=4.8	[4.2 - 6.4]
MCH	=22	[25 - 35pg]	TSH	=1.68	[0.49 - 4.67]
MHCH	=31	[30 - 37%]			
Plt	=248	[150 - 450x10^9/L]			
Lym	=2.4	[1.0 - 4.0x10^9/L]			
Mxd	=1.7	[0.1 - 1.0x10^9/L]			
Neut	=4.9	[1.8 - 7.5x10^9/L]			

4. Kong Nareun, 31F (Taing Treuk Village)
Diagnosis:

1. VHD (Mitral Stenosis/Regurgitation)
2. PVC
3. Tachycardia

Treatment:

3. Atenolol 50mg ½t po bid for one month (45tab)
4. Furosemide 20mg 1t po bid for one month (90tab)
5. ASA 300mg ¼t po qd for one month (12tab)

Lab/Study Requests: None

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

1. Postpartum cardiomegaly?
2. Parasititis

Treatment:

1. Propranolol 40mg ½t po bid for one month (45tab)
2. Albendazole 200mg 2t po bid for 5d (20tab)
3. Eat cooked food and drink clean water

Lab/Study Requests: None

6. Say Soeun, 67F (Rovieng Cheung Village)
Diagnosis:

1. HTN
2. DMII
3. Anemia

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (90tab)
2. Metformin 500mg 1t po bid for one month (90tab)
3. Lisinopril 20mg 1t po qd for one month (45tab)
4. HCTZ 50mg ½t po qd for one month (25tab)
5. ASA 300mg ¼t po qd for one month (12tab)
6. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (90tab)
7. MTV 1t po qd for one month (45tab)
8. Review patient on hypoglycemia sign and regular exercise, diabetic diet

Lab/Study Requests: None

7. Same Kun, 27F (Boeung Village)
Diagnosis:

1. Hyperthyroidism
2. Dyspepsia

Treatment:

1. Carbimazole 5mg 1t po tid for one month (135tab)
2. Propranolol 40mg 1t po bid for one month (90tab)
3. Famotidine 10mg 1t po qhs for one month (30tab)
4. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (45tab)
5. MTV 1t po bid for one month (90tab)
6. Draw blood for TFT in January 2007

Lab/Study Requests: None

8. Sath Rim, 50F (Taing Treuk Village)
Diagnosis:

1. HTN
2. DMII
3. Anemia

Treatment:

1. Metformin 500mg 1t po bid for two months (120tab0
2. Glibenclamide 5mg 11/2t po bid for two months (180tab)
3. Lisinopril 20mg 1t po qd for two months (60tab)
4. Atenolol 50mg 1t po bid for two months (120tab)
5. HCTZ 50mg ½ t po qd for two months (30tab)
6. Amitriptylin 25mg 1t po qhs for two months (60tab)
7. FeSO4/Folic Acid 200/0.25mg 1t po qd for two months (60tab)
8. Do regular exercise, educate on hypoglycemia sign

Lab/Study Requests: None

9. Thorng Khourn, 70F (Bak Dong Village)
Diagnosis:

1. Liver Cirrhosis
2. Hepatitis C
3. Hypochromic Microcytic Anemia
4. Euthyroid Goiter (Nodular)

Treatment:

1. Spironolactone 25mg 1t po bid for one month (90tab)

2. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (90tab)
3. MTV 1t po bid for one month (90tab)
4. Folic Acid 5mg 1t po qd for one month (45tab)

Lab/Study Requests: None

10. Nung Chhun, 70F (Ta Tong Village)
Diagnosis:

1. HTN
2. DMII
3. Anemia

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (90tab)
2. Metformin 500mg 1t po qhs for one month (45tab)
3. Captopril 25mg 1/4t po bid for one month (25tab)
4. ASA 300mg 1/4t po qd for one month (12tab)
5. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (90tab)
6. Restrict patient take medication regularly, review hypoglycemia sign, regular exercise

Lab/Study Requests: None

11. San Eath, 72M (Taing Treuk Village)
Diagnosis:

1. History Elevated BP
2. Both inguinal hernia

Treatment:

1. Recheck BP in next follow up

Lab/Study Requests: None

12. Hem Vannou, 56F (Sre Thom Village)
Diagnosis:

1. Gall Stone??
2. Parasititis

Treatment:

1. Mebendazole 100mg 1t po bid for 3d (6tab)
2. Paracetamol 500mg 1t po qid prn for one month (50tab)
3. Stop traditional medication

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluco, LFT, and Send to Kg Thom for Abd U/S

Lab Result on December 8, 2006

WBC	=3	[4 - 11x10^{9}/L]	Na	=137	[135 - 145]
RBC	=4.1	[3.9 - 5.5x10^{12}/L]	K	=3.8	[3.5 - 5.0]
Hb	=11.7	[12.0 - 15.0g/dL]	BUN	=1.8	[0.8 - 3.9]
Ht	=38	[35 - 47%]	Creat	=45	[44 - 80]
MCV	=93	[80 - 100fl]	Glu	=4.8	[4.2 - 6.4]
MCH	=29	[25 - 35pg]	SGOT	=110	[<30]
MHCH	=31	[30 - 37%]	SGTP	=126	[<30]
Plt	=176	[150 - 450x10^{9}/L]			
Lym	=1.5	[1.0 - 4.0x10^{9}/L]			

13. Sen Smith, 40M (Taing Treuk Village)
Diagnosis:

1. Gastritis

Treatment:

1. Famotidine 10mg 2t po qhs for two months (80tab)
2. GERD prevention education

Lab/Study Requests: None

14. Chheuk Norn, 52F (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 11/2t po bid for one month (135tab)
2. Metformin 500mg 1t po qhs for one month (45tab)
3. ASA 300mg 1/4t po qd for one month (12tab)
4. Educate patient about hypoglycemia sign

Lab/Study Requests: None

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

1. HTN

Treatment:

1. HCTZ 50mg ½ t po qd for four months (60tab)

Lab/Study Requests: None

16. Prum Sourn, 64M (Taing Treuk Village)
Diagnosis:

1. HTN
2. Ischemic Cardiomyopathy
3. LVH
4. LBBB
5. Hypothyroidsm?

Treatment:

1. Captopril 25mg 1t po bid for one month (90tab)
2. HCTZ 50mg 1/2t po qd for one month (25tab)
3. ASA 300mg 1/4t po qd for one month (12tab)

Lab/Study Requests: Draw blood for TSH, Free T4, and T3 at SHCH
Lab Result on December 8, 2006

TSH	=2.91	[0.49 - 4.67]
Free T4	=9.94	[9.14 - 23.81]
Total T3	=1.80	[0.78 - 2.5]

17. Prum Rim, 44F (Pal Hal Village)
Diagnosis:

1. VHD?
2. Cardiomegaly
3. PID
4. Severe Anemia

Treatment:

1. FeSO4/Folic Acid 200/0.25mg 2t po tid for one month (100tab)
2. MTV 1t po bid for one month (60tab)

3. Paracetamol 500mg 1t po qid prn pain for one month (50tab)
4. Refer to SHCH for consultation with Dr Kruy On December 14, 2006

Lab/Study Requests: Draw blood for Reticulocyte count, Feritine at SHCH
Lab Result on December 8, 2006

Reticulocyte count	=1.8	[0.5 - 1.5]
Ferritine	=4	[20 - 280]

Patients who come to refill medication

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

Treatment:
1. Metformin 500mg 2t po bid for two months (240tab)
2. Glibenclamide 5mg 2t po bid for two months (240tab)
3. Captopril 25mg ½t po bid for two months (60tab)
4. ASA 300mg ¼t po qd for two months (15tab)
5. Do regular exercise and DM education

Lab/Study Requests: None

2. Srey Hom, 60F (Taing Treuk Village)
Diagnosis:
1. HTN
2. DMII with PNP
3. Renal Insufficiency

Treatment:
1. Glibenclamide 5mg 1½t po bid for two months (180)
2. Metformin 500mg 1t po qhs for two months (60tab)
3. Captopril 25mg ½t po bid for two months (60tab)
4. ASA 300mg ¼t po qd for two months (15tab)
5. Amitriptyline 25mg 1t po qhs for two months (60tab)
6. Review her on diabetic diet, hypoglycemia sign and foot care

Lab/Study Requests: None

3. Tith Hun, 54F (Ta Tong Village)
Diagnosis:
1. HTN
2. Hypocromic Microcytic Anemia

Treatment:
1. Atenolol 50mg ½t po bid for two months (60tab)
2. Lisinopril 20mg ¼t po qd for two months (16tab)
3. HCTZ 50mg 1t po qd for two months (60tab)
4. FeSO4/Folic Acid 200/0.25mg 1t po qd for two months (60tab)
5. MTV 1t po qd for two months (60tab)

Lab/Study Requests: None

4. Chan Cheab, 70M (Koh Pon Village)
Diagnosis:
1. Anemia

Treatment:
1. FeSO4/Folic Acid 200/0.25mg 1t po qd for three months (#90)

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

Lab/Study Requests: None

5. So SokSan, 23F (Thnal Keng Village)
Diagnosis:

1. Nephrotic Syndrome (recurrent)
2. Dyspepsia

Treatment:

1. Prednisolone 5mg 2t po bid for one month (180tab)
2. Captopril 25mg ½ t po q12h for one month (45tab)
3. ASA 300mg ¼ t po qd for one month (12tab)
4. Omeprazole 20mg 1t po qhs for one month (30tab)
5. Low salt, low prot diet

6. Ros Lai, 65F (Taing Treuk Village)
Diagnosis:

1. Subclinical Hyperthyroidism
2. Nodular Goiter
3. Anemia

Treatment:

1. FeSO4/Folic Acid 200/0.25mg 1t po bid for three months (90tab)
2. MTV 1t po qd for three months (90tab)
3. Check T3 and Free T4 in 2 months

Lab/Study Requests: Draw blood for Free T4 at SHCH

Lab Result on December 8, 2006

Free T4=12.41 [9.14 - 23.81]

7. Tann Sopha Nary, 22F (Thnout Malou Village)

Diagnosis

1. Hyperthyroidism

Treatment

1. Propranolol 40mg 1t po bid for one month (90tab)
2. Carbimazole 5mg 1t po tid for one month (135tab)

Lab/Study: Draw blood for Free T4 at SHCH

Lab Result on December 8, 2006

Free T4=14.50 [9.14 - 23.81]

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

Diagnosis

1. Hypothyroidism
2. 3 months Pregnancy

Treatment

1. L-thyroxine 50cmg 1/2t po qd for one month (24tab)

Lab/ study: Draw blood for TSH at SHCH
Lab Result on December 8, 2006

TSH =2.97 [0.49 - 4.67]

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

Diagnosis:
1. HTN
2. Stroke
3. Muscle Tension
4. CHF??

Treatment:
1. Nifedipine 10mg 1t po q8h for three months (270tab)
2. Propranolol 40mg 1t po q12h for three months (180tab)
3. HCTZ 50mg 1/2t po qd for three months (45tab)
4. ASA 300mg 1/4t po qd for three months (24tab)
5. FeSO4/Folic Acid 200/0.25mg 1t po qd for three months (90tab)
6. MTV 1t po qd for three months (90tab)
7. Paracetamol 500mg 1t po q6h prn muscle tension and HA for three months (90tab)

Lab/Study Requests: None

10. Sao Ky, 71F (Thnout Malou Village)
Diagnosis
1. HTN

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

11. Kouch Be, 76M (Thnout Malou Village)
Diagnosis
1. HTN
2. COPD

Treatment
1. Nifedipine 10mg 1t po qd for three months (90tab)
2. Albuterol Inhaler 2 puffs prn SOB for three months (3vial)

12. Chheak Leangkry, 65F (Rovieng Cheung)

Diagnosis
1. DMII, PNP
2. HTN

Treatment
1. Meformine500mg 2t po qhs for four months (240tab)
2. lisinopril 20mg 1/2t po qd for four months (60tab)
3. Amitriptyline 25mg 1t po qhs for four months (120tab)
4. ASA 300mg 1/4t po qd for four months (30tab)

13. 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)

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

Diagnosis:

1. HTN

Treatment:

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

Lab/Study Requests: None

15. 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

16. Khiev Monn, 44M (Trapang Reusey Village)

Diagnosis:

1. OA

Treatment:

1. Diflunisal 500mg 1t po bid prn severe pain for four months (100tab)
2. Paracetamol 500mg 1t po qid prn pain for four months (100tab)

17. Kim Un, 45M (Taing Treuk Village)

Diagnosis:

1. Right Upper Arm Mass

Treatment:

1. Paracetamol 500mg 1t po qid prn pain (50tab)

January follow up patients who come to refill medication due to delayed appointment :

1 Ros Im, 53F (Taing Treuk Village)

Diagnosis:

1. Euthyroid Goiter
2. Hypocromic Microcytic Anemia

Treatment:

1. FeSO4/Folic Acid 200/0.25mg 1t po bid for 15d (#30)
2. MTV 1t po qd for 15d (#15)

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

Diagnosis:

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 2t po bid for 15d (60tab)
2. Metformin 500mg 1t po bid for 15d (30tab)
3. ASA 300mg 1/4t po qd for 15d (4tab)
4. Amitriptyline 25mg 1t po qhs for 15d (15tab)

3. Prum Pri, 52M (Rovieng Cheung Village)

Diagnosis:

1. CHF
2. Renal Insufficiency
3. Anemia

Treatment:

1. Lisinopril 20mg 1t po qd for 15d (#15)
2. Furosemide 20mg 1t po bid for 15d (#30)
3. FeSO4/Folic Acid 200/0.25mg 1t po bid for 15d (#30)
4. MTV 1t po qd for 15d (#15)

4. Chhay Chanthy, 43F (Thnout Malou)

Diagnosis

1. Hyperthyroidism

Treatment

1. Carbimazole 5mg 1/2t po tid for 15d (23tab)
2. Propranolol 40mg 1/2t po bid for 15d (15tab)

5. Uy Noang, 55M (Thnout Malou)

Diagnosis:

1. DMII
2. Dyspepsia

Treatment:

1. Glibenglamide 5mg 1t po qd for 15d (15tab)
2. Captopril 25mg ¼ tab po qd for 15d (4tab)
3. ASA 300mg ¼ tab po qd for 15d (4tab)

6. Pheng Reung, 61F (Thnout Malou)

Diagnosis:

1. HTN
2. Euthyroid

Treatment:

1. Propranolol 40mg 1t po bid for 15d (30tab)
2. HCTZ 50mg 1/2t po qd for 15d (8tab)

7. Yoeung Chanthorn, 35F (Doang Village)

Diagnosis:

1. Idiopathic Epilepsy

Treatment:

1. Phenytoin 100mg 2t po qd for 15d (30tab)
2. Folic Acid 5mg 1t po bid for 15d (30tab)

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

Diagnosis:

1. COPD
2. Anemia
3. Bundle Brand Block?

Treatment:

1. Albuterol inhaler 2puffs bid prn SOB for 15d (2vial)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd for 15d (15tab)
3. MTV 1t po qd for 15d (15tab)

9. Kul Chheung, 78F (Taing Treuk)

Diagnosis:

1. HTN
2. COPD

Treatment:

1. HCTZ 50mg 1/2t po qd for 15d (8tab)
2. Albuterol inhaler 2puffs prn SOB for 15d (01vial)
3. MTV 1t po qd for 15d (15tab)

10. Meas Thoch, 78F (Ta Tong Village)

Diagnosis:

1. HTN
2. Anemia due to vit defficiency
3. Otitis media

Treatment:

1. Propranolol 40mg 1/2t po bid for 15d (15tab)
2. HCTZ 50mg 1/2t po qd for 15d (8tab)
3. MTV 1t po qd for 15d (15tab)

12. Meas Lone, 58F (Ta Tong)
Diagnosis

1. COPD
2. Anemia due to vit/iron dificiency

Treatment

1. Albuterol Inhaler 2 puff prn SOB for 15d (1vial)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd for 15d (15tab)
3. MTV 1t po qd for 15d (15tab)

13. Vong Cheng Chan, 52F (Rovieng Cheung)
Diagnosis

1. HTN

Treatment

1. Propranolol 40mg 1/2t po q12h for 15d (15tab)

Patients who missed appointment

1. Sam Logn, 51M (Dam Nakchen Village)
Dagnosis:

1. DMII
2. Tachycardia

2. Phim Chourn, 78M (Sangke Roang Village)
Diagnosis:

1. COPD
2. Anemia

The next Robib TM Clinic will be held on January 15-19, 2007