

# Robib *Telemedicine* Clinic

## Preah Vihear Province

J U L Y 2 0 0 6

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

On Monday, July 03, 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), July 04 & 05, 2006, the Robib TM Clinic opened to receive the patients for evaluations. There were 26 new cases and 14 follow-up patients. The patients were examined and their data (of only 5 new and all f/u cases) 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, July 05 & 06, 2006. The other 21 new cases were seen and treated by PA Rithy on location and no data was transmitted due to their problems were minor/simple in nature.

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:** Tuesday, June 27, 2006 9:18 AM

**To:** Rithy Chau; Kathy Fiamma; Paul J. M.D. Heinzelmann; Joseph Kvedar; Gary Jacques; Cornelia Haener; Kruey Lim; bhammond@partners.org

**Cc:** Bernie Krisher; Thero Noun; Seda Seng; Mony Mao; Tola Khiev

**Subject:** Robib Telemedicine Schedule for July 2006

Dear all,

I would like to inform you all that the trip for Robib TM clinic will be starting on Monday 03 July 2006 and coming back on Friday 07 July 2006.

The agenda of trip is as following:

1. On Monday 03 July 2006, PA Rithy, driver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihear Province.
2. On Tuesday 04 July, 2006, We open the clinic to see the patient for the whole morning and in the afternoon we prepare patients' data and photos then send to partners in Phnom Penh and Boston.
3. On Wednesday 05 July, 2006, We do the same process as on Tuesday and download the replies from the partners.

4. On Thursday 06 July, 2006, We download all replies from both partners then do the treatment plan accordingly and prepare medications and distribute for patients in afternoon.
5. On Friday 07 July, 2006, We draw blood from patient for lab test at SHCH and come back to Phnom Penh.

Thank you very much for your cooperation in this project.

Best Regards,  
Rithy/Sovann

**From:** Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]  
**Sent:** Tuesday, June 27, 2006 7:08 PM  
**To:** Robib Telemedicine; Rithy Chau; Heinzelmann, Paul J.,M.D.; Kvedar, Joseph Charles,M.D.; Gary Jacques; Cornelia Haener; Kruy Lim; Hammond, Brian D.  
**Cc:** Bernie Krisher; Thero Noun; Seda Seng; Mony Mao; Tola Khiev  
**Subject:** RE: Robib Telemedicine Schedule for July 2006

Greetings Rithy and Sovann:

Thank you for your message.

Please note, Tuesday July 4, is a holiday in the United States so we will all be out of the office.

Feel free to go ahead and send the cases to us, but understand that we will not be able to respond to the cases until July 5 & 6.

This week is also very popular for vacations, so I anticipate reduced coverage for next week. As always, I will poll the physicians ahead of time to check their availability, and if the coverage is too sparse, I will send you a message to alert you of the situation.

Thank you very much. We look forward to serving the citizens of Cambodia.

Sincerely,  
*Kathy Fiamma*  
617-726-1051

**From:** Rithy.Chau [mailto:tmed\_rithy@online.com.kh]  
**Sent:** Wednesday, June 28, 2006 8:30 AM  
**To:** 'Fiamma, Kathleen M.'  
**Cc:** 'Robib Telemedicine'; 'Heinzelmann, Paul J.,M.D.'; 'Kvedar, Joseph Charles,M.D.'; 'Gary Jacques'; 'Cornelia Haener'; 'Kruy Lim'; 'Hammond, Brian D.'; 'Bernie Krisher'; 'Thero Noun'; 'Gary\_Jacques@hopewww.org'  
**Subject:** RE: Robib Telemedicine Schedule for July 2006

Dear Kathy,

Yes, I was aware of this holiday already and we do appreciate what the physicians in Boston are doing in their volunteering services in the Telemedicine Project in Cambodia. Many lives have been care for without meeting any of the patients in person. We will also try to sort out some of the simple cases and send to you only ones which may benefit the expertise from Boston the most.

Ly Channarith from Rattanakiri TM called me and would like for me to send a message to you that the internet service in Banlung has been down during the past few days and may last for a week or so more due to ThaiCom personnel is trying to do some sort of maintenance work there. If anything you would like to communicate there, please make sure you send me a cc: also so that I will let him know via phone.

Happy 4th of July! Please enjoy your time off.

Rithy

**From:** Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]

**Sent:** Wednesday, June 28, 2006 7:01 PM

**To:** Rithy.Chau

**Cc:** Robib Telemedicine; Heinzelmann, Paul J.,M.D.; Kvedar, Joseph Charles,M.D.; Gary Jacques; Cornelia Haener; Kruy Lim; Hammond, Brian D.; Bernie Krisher; Thero Noun; Gary\_Jacques@hopewww.org

**Subject:** RE: Robib Telemedicine Schedule for July 2006

Thank you very much.

Kathy Fiamma

617-726-1051

**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]

**Sent:** Tuesday, July 04, 2006 8:57 PM

**To:** Rithy Chau; Kathy Fiamma; Paul J. M.D. Heinzelmann; Kruy Lim; Joseph Kvedar

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

**Subject:** Robib TM Clinic for July 2006, Case #1 Deth Sokhea, 21F (Bos Village)

Dear all,

PA Rithy and I are at Rovieng for Robib TM Clinic for July 2006. Today we have three new and six follow up cases and this is case number one, Deth Sokhea, 21F with photo.

Best Regards,

Rithy/Sovann

**Relië Teleméicine Clinic**  
*Sihanouk Hospital Center of HOPE and Partners Teleméicine*  
Rovieng Commune, Preah Vihear Province, Cambodia

## History and Physical



**Patient Name (or identifier) and village:** Deth Sokhea, 21F (Bos Village)

**Date:** July 4, 2006

**Chief Complaint (CC):** 7 episodes of syncope for 2 years

**History of Present Illness (HPI):** 21F came here complaining of 7 episode of syncope for 2y. First she felt fatigue, dizziness, chest tightness, cool extremity, blurred vision she try to stand up then fall down and passed out for about 1 hour and she could still remember everything that happened prior to each syncopal episode. Every 2-3 months later she had had similar episodes of syncope again and was never tx with any medication except for IV fluid. She also complaint of fear of loud voice, and palpitation; no syncopal episode during 2006, but developed epigastric pain with burning sensation and relieved by antacid. She denied oliguria, hematuria, dysuria,

**Past Medical History (PMH):** unremarkable,

**Social History:** No smoking, no alcohol drinking

**Family History:** Father with TB, no domestic problem, but worried a lot for her ill mother

**Current Medications:** Birth spacing Injection

**Allergies:** NKDA

**Review of Systems (ROS):** no menstrual period about 1y, recent chickenpox last week

**Physical Exam (PE):**

**V/S:** BP=90/60 P= 80 R=20 T= 36°C Wt= 36kg

**General:** Look stable

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

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

**Abd:** soft, flat , no tender, (+)BS, no HSM

**Extremity/skin:** no edema, crusted almost healed papular lesion with slight erythematous bases ranging 0-0.5cm diameter on face, trunk and extremities; no new lesion.

**Neuro:** motor and sensory intact, DTRs intact, normal gait, no tremor

**Labs/Studies:**

Completed today: Hb 11g/dL

**Assessment:**

1. Anxiety?
2. Dyspepsia

**Plan:**

1. Famotidine 40 mg 1 po qhs x 1 mo
2. Reassure patient and stress coping strategy

Labs or Studies:

Specific Comments/Questions from RN to consultants: do you agree with my plan? Please give me good idea!

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

**Examined by:** Peng Sovann/Chau Rithy      **Date:** July 4, 2006

Please send all replies to [robibtelemed@yahoo.com](mailto:robibtelemed@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From:** Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]

**Sent:** Thursday, July 06, 2006 3:37 AM

**To:** Robib Telemedicine

**Cc:** Rithy.Chau

**Subject:** FW: Robib TM Clinic for July 2006, Case #1 Deth Sokhea, 21F (Bos Village)

Kathy Fiamma

617-726-1051

-----Original Message-----

**From:** Tan, Heng Soon,M.D.

**Sent:** Wednesday, July 05, 2006 3:59 PM

**To:** Fiamma, Kathleen M.

**Subject:** RE: Robib TM Clinic for July 2006, Case #1 Deth Sokhea, 21F (Bos Village)

The constellation of findings do support the diagnosis of anxiety disorder with vasovagal or hyperventilation syncope. A few things should be considered in the differential diagnoses. Her blood pressure is low. Check for orthostatic changes with supine and standing blood pressure to see whether there is a drop of 10 points in systolic pressure that would suggest volume depletion. Adrenal insufficiency could present with fatigue and fainting spells as well. Could she have fasting hypoglycemia that would point to insulinoma. A few screening tests with CBC to look for esinophilia [Addison's disease] and anemia, BUN and creatinine and urine dipstick to look for dehydration and renal disease, fasting blood sugar to rule out insulinoma will be helpful. I notice she has slight anemia. Iron studies and stool guaiac test will sort out iron deficiency from GI loss vs menstrual loss vs nutritional deficiency. Instructing her to breathe into a brown paper bag to prevent hyperventilation syncope could be useful.

Heng Soon Tan, MD

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]

**Sent:** Tuesday, July 04, 2006 9:29 PM

**To:** Rithy Chau; Kathy Fiamma; Paul J. M.D. Heinzelmann; Kruey Lim; Joseph Kvedar

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

**Subject:** Robib TM Clinic for July 2006, Case #2 Prum Sok, 77M (Taing Treuk Village)

Dear all,

This is case number two, Prum Sok, 77M with photos.

Best Regards,

Rithy/Sovann

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

## History and Physical



**Patient Name (or identifier) and village:** Prum Sok, 77M (Taing Treuk)

**Date:** July 4, 2006

**Chief Complaint (CC):** SOB x 2y

**History of Present Illness (HPI):** 77M chronic tobacco user came with complaining of SOB for about 2 years and during the past year he started to have SOB with exertion after walking about 200m. He also has symptoms of cough with white sputum; +orthopnea (using 2 pillows to sleep). He denied of fever, chest pain, palpitation, dizziness, vertigo, GI problem, edema, dysuria, hematuria. He didn't find any medical care just buy medication from private pharmacy and taken prn.

**Past Medical History (PMH):** none

**Social History:** smoking 5cig/d x >20yrs, stopped 1mo ago after increased SOB, drinking alcohol casually and stop 20y ago

**Family History:** wife with HTN

**Current Medications:** Unknown name oral medication taken prn

**Allergies:** NKDA

**Review of Systems (ROS):** rashes on body x 6 mo

**Physical Exam (PE):**

**V/S:** BP= 96/50      P= 74   R= 24      T=36 °C      Wt= 36kg      O2 sat=96% room air

**General:** look stable, chachetic

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

**Chest:** Crackle on the lower lobes and decreased breath sound on upper lobes bilaterally; HRRR, no murmur

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

**Extremity:** no edema

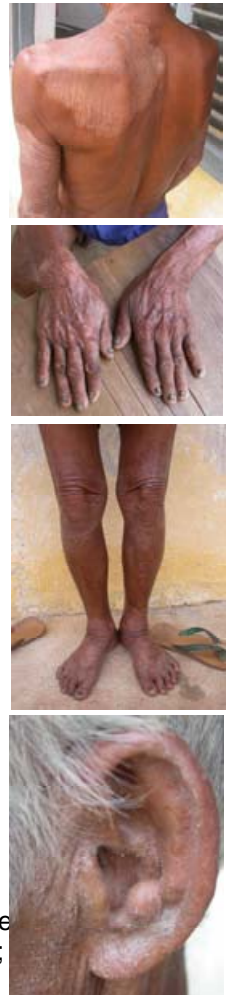
**Skin:** maculopapular rashes with somewhat clear center with clear border, scaly, silvery color flake raised plaque, dry, no pruritus, on left posterior shoulder, left ear, both arms and legs (below knees); and face, anterior trunk, groin. pitting nails

**Neuro:** Motor and sensory intact, DTRs intact

**Labs/Studies:**

Completed today: Hb10g/dL, CXR and EKG attached

**Assessment:**



1. COPD?
2. PTB
3. Pneumonia?
4. Tinea coporis?
5. Psoriasis?
6. bundle branch block??



**Plan:**

1. Clarythromycin 500mg 1t po tid x 10d
2. Albuterol Inhaler 2 puffs bid prn for one month
3. Griseofulvin 100mg 1 po bid x 1mo
4. Para 500mg 1 po qid prn
5. 2D cardiac echo in PP?



**Labs or Studies:** Draw blood for lab tests--CBC, Lyte, creat, BUN, Glucose at SHCH, AFB smear in local health center

Specific Comments/Questions from RN to consultants: do you agree with my plan?  
Please give me good idea!

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

**Examined by:** Peng Sovann/Chau Rithy      **Date:** July 4, 2006

Please send all replies to [robibtelemed@yahoo.com](mailto:robibtelemed@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From:** Lim kruy [mailto:kruylim@yahoo.com]

**Sent:** Thursday, July 06, 2006 11:30 AM

**To:** Robib Telemedicine; Rithy Chau; Kathy Fiamma; Paul J. M.D. Heinzelmann; Joseph Kvedar

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

**Subject:** Re: Robib TM Clinic for July 2006, Case #2 Prum Sok, 77M (Taing Treuk Village)

Dear Rithy and Sovann,

Please manage him as COPD patient. AFB should be collected at health center.

You need to check O2 sat on exertion if drop < 85%, you need to give prednisone for COPD exacerbation.

Albuterole inhaler regular for 2 weeks then PRN.

2D echo not really needed. If he had RHF you may need to give small dose furosemide.

Clarithromycin and Griseofulvin is fine with me.

Take care

kruy

No answer replied from Boston

**From:** Rithy Chau [mailto:chaurithy@gmail.com]

**Sent:** Tuesday, July 04, 2006 10:08 PM

**To:** Rithy Chau; Kruy Lim; bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

**Subject:** Robib TM Clinic July 2006 Patient #3, Tum Lam, 57M

Dear All,

I am sending from my gmail address instead since Yahoo did not allow me to do attachment at the moment.

Here is the next case #3, Tum Lam, 57M and photos.

Best Regards,  
Sovann/Rithy



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

## History and Physical



**Patient Name (or identifier) and village:** Tum Lam, 57M (Reusey Srok)

**Date:** July 4, 2006

**Chief Complaint (CC):** Multiple joint pain for 13years

**History of Present Illness (HPI):** 57M came here with past history of arthritis for 13 years. First the pain start from left ankle then left MTP, left knee and wrist, DIP, PIP, MCP, shoulder but he was able to walk then. In these last three years the pain got worse and started on the right side with symptoms of erythema, warmth, tender and stiffness plus “pus-like bumps” appearing on various joint areas; and he went to Phnom Penh for medical care and got treatment with some medications; it got better but he did not have anymore money to support all the travel and medical bills; now he just buys Trankal (NSAIDs?) taken prn. He also complains of epigastric pain, burning sensation about 5 mo off and on. He denied of fever, dysuria, hematuria, edema .

**Past Medical History (PMH):** remote history of elevated BP; “Arthritis” for 13 years

**Social History:** smoking 10cigs/d for 20y stop 10y ago; drink alcohol casually

**Family History:** none

**Current Medications:** Trankal<sup>®</sup> taken prn pain usually every other day; used traditional meds 6 months and stopped 3 months ago

**Allergies:** many kind of Antibiotic

**Review of Systems (ROS):** rash on left upper arm

**Physical Exam (PE):**

**V/S:** BP= @ 220/130, (L) 200/130      P= 98      R= 20    T=37 °C  
 Wt= 80kg

**General:** look sick, obesity, moon-facie

**HEENT:** no oropharyngeal lesion, pink conjunctiva, no lymph node palpable, no JVD, no bruit, +buffalo hump

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

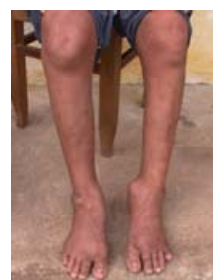
**Abd:** soft, no tender, no distension, (+)BS, no HSM

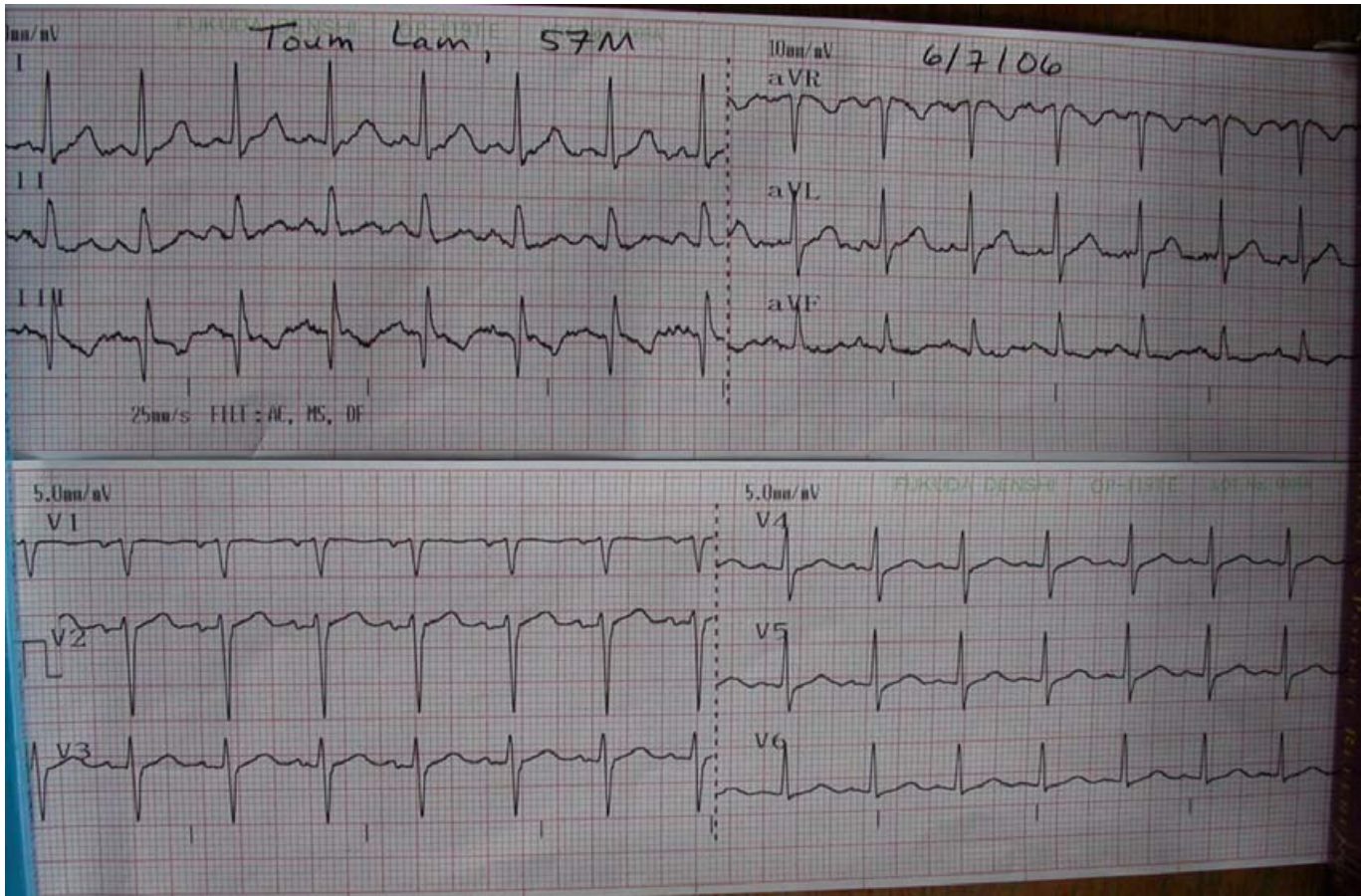
**Extremity:** slightly tender on all joints of extremities, stiffness esp on left ankle, no erythema , no warmth, +swelling, typhi on left ankle and right hand,

**Neuro:** +1-2/4 DTRs, sensory intact, +4/5 MS

**Labs/Studies:**

Completed today:





Assessment:

1. Gouty Arthritis
2. Cushingoid syndrome (steroid use)
3. Dyspepsia
4. HTN?
5. Overweight

Plan:

1. Diflunisal 500mg 1t po q12h prn pain for one month
2. Omeprazole 20mg 1t po qhs for one month
3. HCTZ 50mg ½t po qd for one month

Labs or Studies: Draw blood for lab test: CBC, Lyte, BUN, Creat, Glucose, Triglyceride, cholesterol at SHCH

Specific Comments/Questions from RN to consultants: do you agree with my plan? Please give me good idea!

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

**Examined by:** Peng Sovann/Chau Rithy

**Date:** July 4, 2006

Please send all replies to [robitelemed@yahoo.com](mailto:robitelemed@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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**From:** Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]  
**Sent:** Friday, July 07, 2006 10:52 PM  
**To:** Fiamma, Kathleen M.; robibtelemed@yahoo.com  
**Cc:** tmed\_rithy@online.com.kh  
**Subject:** RE: Robib TM Clinic July 2006 Patient #3, Tum Lam, 57M

This is a difficult case. I am an internist and I consulted with a rheumatologist and a dermatologist here at Massachusetts General Hospital.

The patient clearly has a deforming inflammatory arthritis. It is not clear that it is gout or psoriatic arthritis or another process.

The skin rash does not look like psoriasis.

I would treat high blood pressure with a beta blocker rather than HCTZ because if this is gout, a diuretic could make it worse.

The antiinflammatory treatment may help.

the omeprazole will help with dyspepsia and possible NSAID induced gastritis.

A skin biopsy would be helpful if this is possible. is there any way to check a uric acid?

Thanks and good luck. I am interested to see what happens to this patient.

**From:** Lim kruy [mailto:kruylim@yahoo.com]  
**Sent:** Thursday, July 06, 2006 11:10 AM  
**To:** Rithy Chau; Rithy Chau; bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach  
**Subject:** Re: Robib TM Clinic July 2006 Patient #3, Tum Lam, 57M

Dear Rithy and Sovann,

Please Do EKG, UA, Blood sugar for this patient.

Can you explain clearly on the rash. the picture for not clear for me, but it look like Zoster to me, Rithy if the clinic suggest, please start treatment with acyclovir and enough pain killer.

The BP is too high , If no proteinuria please give captoprile 12.5 q12h and propranolol 20 mg q12h. if proteinuria alot >+3 then you may need nifedipine with propranole.

For gouty may be wait for renal function test before start allopurinole.

You can call me at any time,

Take care  
kruy

**From:** Rithy Chau [mailto:chaurithy@gmail.com]  
**Sent:** Monday, July 10, 2006 8:06 AM  
**To:** robibtelemed@yahoo.com; Rithy Chau  
**Subject:** Fwd: Robib TM Clinic July 2006 Patient #3, Tum Lam, 57M

----- Forwarded message -----

**From:** **Lim kroy** <kruylim@yahoo.com>  
**Date:** Jul 6, 2006 11:09 AM  
**Subject:** Re: Robib TM Clinic July 2006 Patient #3, Tum Lam, 57M  
**To:** Rithy Chau <chaurithy@gmail.com>, Rithy Chau <tmed\_rithy@online.com.kh>, bhammond@partners.org, Kathy Fiamma <kfiamma@partners.org>, Paul Heinzelmann <ph2065@yahoo.com>, "Paul J. M.D. Heinzelmann" <pheinzelmann@partners.org>, Joseph Kvedar <jkvedar@partners.org>  
**Cc:** Bernie Krisher <bernie@media.mit.edu>, Thero Noun <thero@cambodiadaily.com>, Laurie & Ed Bachrach <lauriebachrach@yahoo.com>  
Dear Rithy and Sovann,

Please Do EKG, UA, Blood sugar for this patient.

Can you explain clearly on the rash. the picture for not clear for me, but it look like Zoster to me, Rithy if the clinic suggest, please start treatment with acyclovir and enough pain killer.

The BP is too high , If no proteinuria please give captopril 12.5 q12h and propranolol 20 mg q12h. if proteinuria alot >+3 then you may need nifedipine with propranole.

For gouty may be wait for renal function test before start allopurinole.

You can call me at any time,  
Take care  
kroy

**From:** Rithy.Chau [mailto:tmed\_rithy@online.com.kh]  
**Sent:** Tuesday, July 11, 2006 8:41 AM  
**To:** 'Lim kroy'  
**Cc:** bhammond@partners.org; 'Kathy Fiamma'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'  
**Subject:** RE: Robib TM Clinic July 2006 Patient #3, Tum Lam, 57M

Dear Bong,

I am attaching EKG for Tum Lam, 57M, dx of HTN, Gouty arthritis, overweight, cushing syndrome, dyspepsia and his UA was +1 prot, FBS 107mg/dL.

The lesions appeared in cluster almost like zoster but the lesions have been there for 4-5months already looking about the same now as before, no spreading to anywhere else on the body, lesions have characteristic of maculopapular with yellow exudates inside; no lymphadenopathy, no burning pain nor any tenderness, not increased warmth, no vesicles. In my opinion, I think they are cluster of lipoma with possible self inflicted secondary infected area (pt trying to squeeze out the "pus"). We did not have acyclovir and thought not beneficial anyway since it has been 4-5 months without new crops of lesions.

We did prescribed him with captopril and propranolol as advised.

Rithy

**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]  
**Sent:** Tuesday, July 04, 2006 9:52 PM  
**To:** Rithy Chau; Kathy Fiamma; Paul J. M.D. Heinzelmann; Krui Lim; Joseph Kvedar  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic for July 2006, Case #4 Sath Rim, 48F (Taing Treuk Village)

Dear all,

This is case number four, Sath Rim, 48F and Photo.

Best Regards,  
Rithy/Sovann

## SOAP Note (Follow-Up)



**Patient Name & Village:** Sath Rim, 48F (Taing Treuk)

**Subjective:** 48F came to follow up of HTN, DMII with PNP, Dyspepsia. Patient is stable with the symptoms of diabetic dermatitis, itchy, and fatigue. She denied of HA, dizziness, vertigo, chest pain, palpitation, GI disorder, dysuria, hematuria. In the last two weeks patient fainted because she has not been eating regularly and was taken to PV referral hospital and was told that she had herpes zoster and low blood sugar. Patient was afraid to take two metformin in PM, thus only taken 1 tab.

### Objective:

#### Current Medications:

1. Meformin 500mg 1t bid
2. Glibenclamide 5mg 1t po q8h
3. Amitriptyline 25mg 1t po qhs
4. Lisinopril 5mg 1t po q12h
5. Nifedipine 10mg 1t po q12h
6. Paracetamol 500mg 1t po q6h prn HA

Allergies: NKDA

#### PE (focused):

**VS:** BP= (R) 180/80, (L) 190/80    P= 80    R= 20    T= 36°C    Wt= 46kg

**General:** Look stable

**HEENT:** no oropharyngeal lesion, pink on conjunctiva, 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

**Skin/Extremity:** no edema, diabetic dermatitis on the right foot and left wrist

**Neuro:** unremarkable

#### Labs/Studies:

Completed today: UA blood 3+, ph 5.0, Prot 3+, RBS 327mg/dl

Previous completed:

#### Assessment:

1. HTN
2. DMII with PNP

**Plan:**

1. Meformin 500mg 1t qAM and 2t qPM for 1 months
2. Glibenclamide 5mg 1t po q12h for 1 months
3. Nifedipine 10mg 1t po q12h for 1 months
4. Captopril 25mg 1t po q12h for 1 months
5. Desipramine 75mg 1t po qhs for 1 months
6. Paracetamol 500mg 1t po q6h prn HA for four months

**Labs/Studies:**

**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**

**Examined by:** Peng Sovann/Chau Rithy

**Date:** July 04, 2006

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No answer replied from Boston

---

**From:** Rithy Chau [mailto:chaurithy@gmail.com]

**Sent:** Tuesday, July 04, 2006 10:19 PM

**To:** Rithy Chau; Kruy Lim; bhammond@partners.org; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

**Subject:** Robib TM Clinic July 2006 Patient #5, Ros Oeun, 50F

Dear All,

Here is the next case #5, Ros Oeun, 50F and photos.

Best Regards,  
Sovann/Rithy

## SOAP Note (Follow-Up)



**Patient Name & Village:** Ros Oeun, 50F (Thnout Malou)

**Subjective:** 50F came to follow up of HTN, DMII. She is better than before with symptoms of no vertigo, no dizziness, no fatigue, no chest pain, no palpitation, no GI complaint, no oliguria, no dysuria, no hematuria, no edema, and good appetite.

**Objective:**

Current Medications:

1. Meformin 500mg 2t po qhs
2. Glibenclamide 5mg 2t po q12h
3. Captopril 25mg 1/2t po q12h
4. ASA 300mg 1/4t po qd

Allergies: NKDA

**PE (focused):**

VS: BP= 110/62 P= 98 R= 18 T= 36.5°C Wt= 48kg

**General:** Look stable

**HEENT:** no oropharyngeal lesion, pink on conjunctiva, 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

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

**Neuro:** unremarkable

**Labs/Studies:**

Completed today: UA normal, FBS 175mg/dl

Previous completed: none

**Assessment:**

1. HTN
2. DMII

**Plan:**

1. Meformin 500mg 2t po qhs for four months
2. Glibenclamide 5mg 2t po q12h for four months
3. Captopril 25mg 1/2t po q12h for four months
4. ASA 300mg 1/4t po qd for four months



**Labs/Studies:** Check chem, BUN, creat, FBS

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

<b>Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test</b>
--

**Examined by:** Peng Sovann/Chau Rithy

**Date:** July 04, 2006

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**From:** Robib Telemedicine [mailto:[robibtelemed@yahoo.com](mailto:robibtelemed@yahoo.com)]

**Sent:** Tuesday, July 04, 2006 10:09 PM

**To:** Rithy Chau; Kathy Fiamma; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruey Lim

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

**Subject:** Robib TM Clinic for July 2006, Case #6 Sao Phal, 57F (Thnout Malou Village)

Dear all,

This is case number six, Sao Phal, 57F and Photo.

Best Regards,  
Rithy/Sovann

## SOAP Note (Follow-Up)



**Patient Name & Village:** Sao Phal, 57F (Thnout Malou)

**Subjective:** 57F came to follow up of HTN, GERD, hypochromic Microcytic Anemia, and anxiety?. Patient is better than before with symptoms of no dizziness, no fatigue, no HA, no SOB, no chest pain, no palpitation, no GI complaint, no dysuria, no hematuria, no edema, good appetite.

**Objective:**

Current Medications:

1. HCTZ 50mg ½ t po qd
2. Amitriptyline 25mg 1t po qhs
3. MTV 1t po qd
4. FeSO4/Folic Acid 200/0.25mg 1t po qd

Allergies: NKDA

**PE (focused):**

**VS:** BP= 94/60 P= 71 R= 20 T= 36.5°C Wt= 58kg

**General:** Look stable

**HEENT:** no oropharyngeal lesion, pink on conjunctiva, 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

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

**Neuro:** unremarkable

**Labs/Studies:**

Completed today: UA normal, FBS 158mg/dl, Hb 12g/dl

Previous completed: none

**Assessment:**

1. HTN
2. Anxiety

**Plan:**

1. HCTZ 50mg 1/2t po qd for 4 months
2. Desipramine 75mg 1t po qhs for 4months
3. Control BS with diet and exercise

**Labs/Studies: none**

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

<b>Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test</b>
--

**Examined by:** Peng Sovann/Chau Rithy      **Date:** July 04, 2006

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]  
**Sent:** Tuesday, July 04, 2006 10:21 PM  
**To:** Rithy Chau; Kathy Fiamma; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruey Lim; Cornelia Haener  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic for July 2006, Case #7 Sours Tey, 74M (Ton Loap Village)

Dear all,

This is case number seven, Sours Tey, 74M and Photos.

Best Regards,  
Rithy/Sovann

## SOAP Note (Follow-Up)



**Patient Name & Village:** Sours Tey, 74M (Ton Laep)

**Subjective:** 74M came to follow up of Benign prostate hypertrophy?, prostate tumor/cancer?, urinary retention secondary to obstruction (urethral tumor)?, and UTI. Patient still complain of suprapubic pain and unable to pass urine without foley catheter insertion. He denied of fever, dysuria, hematuria, HA, dizziness, GI complaint, n/v/d, edema; good appetite.

**Objective:**

Current Medications:

1. Paracetamol 500mg 1t po q6h prn pain

Allergies: NKDA

**PE (focused):**

**VS:** BP= 130/90 P= 80 R= 20 T= 36°C Wt=57 kg

**General:**

**HEENT:** Look stable

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

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

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

**Neuro:** unremarkable

**Genito-urinary:** normal genitalia, no erythema, no lesion, Foley catheter intact with slightly yellow color urine output

**Labs/Studies:**

Completed today:

Previous completed:

**Na** 142mmol/L

**K** 3.8mmol/L

**Cl** 114mmol/L

**BUN** 2.6mmol/L

**Creat** 100mcmol/L

**Glucose** 4.2mmol/L

**CBC:** WBC  $7 \times 10^9/L$ , RBC  $5.0 \times 10^{12}/L$ , Hb 11.4g/dL, Ht 36%, MCV 72fl, MCH 23pg, MCHC 32%,  
Plate Count  $153 \times 10^9/L$ , Lym# count  $2.0 \times 10^9/L$ , Neut# count  $2.9 \times 10^9/L$ , Mxd  $2.0 \times 10^9/L$

**PSA** 2.50u/L (Norm: < 3.60U/L)

**Ultrasound:** stone about 2.46cm in the bladder and prostate hypertrophy (image attached)

**Assessment:**

1. Mechanical obstruction due to nephrolithiasis?



2. Benign prostate hypertrophy??
3. Prostate tumor/cancer??
4. Chronic Foley catheter usage

**Plan:**

1. Should we refer him to Phnom Penh for surgery consultation?
2. Paracetamol 500mg 1t po q6h prn pain

**Labs/Studies:**

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

<b>Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test</b>
--

**Examined by:** Peng Sovann/Chau Rithy

**Date:** 4 July 2006

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-Original Message-----

**From:** cornelia\_haener@online.com.kh [mailto:cornelia\_haener@online.com.kh]  
**Sent:** Tuesday, July 04, 2006 11:06 PM  
**To:** Robib Telemedicine  
**Cc:** Rithy Chau; Kathy Fiamma; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruiy Lim; Bernie Krisher; Thero Noun; Laurie & Ed Bachrach  
**Subject:** Re: Robib TM Clinic for July 2006, Case #7 Sours Tey, 74M (TonLoap Village)

Dear all,  
I agree with your plan. Please bring him down to our hospital and present him to the surgeons.  
Thanks  
Cornelia

No answer replied from Boston

---

**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]  
**Sent:** Tuesday, July 04, 2006 10:36 PM  
**To:** Rithy Chau; Kathy Fiamma; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruiy Lim  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic for July 2006, Case #8 Som Thol, 57M(Taing Treuk Village)

Dear all,

This is case number eight, Som Thol 57M, and photo.

Best Regards,  
Rithy/Sovann

## SOAP Note (Follow-Up)



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

**Subjective:** 57M came to follow up of DMII with PNP. Patient is stable with no dizziness, no vertigo, no fatigue, no chest pain, no palpitation, no GI complaint, no dysuria, no hematuria, no oliguria, no edema.

**Objective:**

Current Medications:

1. Glibenclamide 5mg 1t po q8h
2. Amitriptyline 25mg 1t po qhs

Allergies: NKDA

**PE (focused):**

VS: BP= 120/70 P= 80 R= 20 T= 36°C Wt= 54kg

**General:** Look stable

**HEENT:** no oropharyngeal lesion, pink on conjunctiva, 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

**Skin/Extremity:** no edema, no rash, no lesion; no foot wound

**Neuro:** unremarkable

**Labs/Studies:**

Completed today: UA glucose 2+, FBS 278mg/dl

Previous completed: none

**Assessment:**

1. DMII with PNP

**Plan:**

1. Glibenclamide 5mg 1t po q8h for one months
2. Desipramine 75mg 1 po qhs x 1mo
3. DM II foot care and educ

**Labs/Studies:** check chem, BUN, creat, FBS

**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**

**Examined by:** Peng Sovann/Chau Rithy

**Date:** July 04, 2006

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No answer replied from Boston

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]

**Sent:** Tuesday, July 04, 2006 10:30 PM

**To:** Rithy Chau; Kathy Fiamma; Paul J. M.D. Heinzelmann; Joseph Kvedar; Krui Lim

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

**Subject:** Robib TM Clinic for July 2006, Case #9 Srey Hom, 60F (Taing Treuk Village)

Dear all,

This is the last case, Srey Hom, 60F and Photos.

Thank you very much for your cooperation in this project and please wait for other cases tomorrow.

Best Regards,  
Rithy/Sovann

## SOAP Note (Follow-Up)



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

**Subjective:** 60F came to follow up of HTN, DMII, and Renal Insufficiency. She is stable with symptoms of no dizziness, no fatigue, no vertigo, no fever, no sore throat, no palpitation, no chest pain, no GI complaint, no dysuria, no hematuria, no edema, good appetite.

**Objective:**

Current Medications:

1. Glibenclamide 5mg 1t po qd
2. Captopril 25mg 1t po qd
3. ASA 300mg ¼t po qd

Allergies: NKDA

**PE (focused):**

**VS:** BP= 112/62 P= 64 R= 20 T= 36.5°C Wt= 51kg

**General:** Look stable

**HEENT:** no oropharyngeal lesion, pink on conjunctiva, 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

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

**Neuro:** unremarkable

**Labs/Studies:**

Completed today: UA protein 1+, FBS 252mg/dl

Previous completed: none

**Assessment:**

1. DMII
2. HTN
3. Renal Insufficiency?

**Plan:**

1. Glibenclamide 5mg 1t po qd for 1 months
2. Captopril 25mg 1t po qd for 1 months
3. ASA 300mg 1/4t po qd for 1 months
4. DM II educ and foot care



**Labs/Studies:** draw blood for Chem, BUN, creat, FBS

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

<b>Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test</b>
--

**Examined by:** Peng Sovann/Chau Rithy      **Date:** July 04, 2006

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**From:** Robib Telemedicine [mailto:[robibtelemed@yahoo.com](mailto:robibtelemed@yahoo.com)]

**Sent:** Wednesday, July 05, 2006 5:55 PM

**To:** bhammond@partners.org; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruy Lim

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

**Subject:** Robib TM Clinic July 2006, Patient #10, Prum Vichea, 9M

Dear All,

Yesterday we sent you 3 new and 6 f/u cases and today we have 2 more new and 8 f/u cases to present. Please try to reply by noon tomorrow Cambodian time.

Here is case #10, Prum Vichea, 9M and photo.

Best Regards,  
Sovann/Rithy

## History and Physical



**Patient Name (or identifier) and village:** Prum Vichea, 9M (Taing Treuk)

**Date:** July 5, 2006

**Chief Complaint (CC):** cough x 1w

**History of Present Illness (HPI):** 9M, student, came here with his mother complaining with symptoms of occasional nasal congestion, coughing with white sputum, runny nose, frequent sore throat, sneezing, itchy eyes and nose in general since he was 1 yo; each year his mother said that he experienced an attack sometimes with fever, nasal flaring, intra costal retraction, SOB and his mother bought some medications from outside pharmacy and usu. tx for a week he became healed. Usually the symptoms happened during the weather changes. The last severe episode occurred 1 wk ago, but free of sx after tx except dry cough. No CP, syncope, wheezing, seizure, N/V. Good appetite.

**Past Medical History (PMH):** “pulmonary dz” since he was 1y old

**Social History:** student in grade 3, no smoking, no alcohol drinking

**Family History:** none

**Current Medications:** unknown name medications last week

**Allergies:** NKDA

**Review of Systems (ROS):** unremarkable

**Physical Exam (PE):**

**V/S:** BP=90/54 P= 86 R=22 T= 37°C O2sat 98% Wt=20 kg

**General:** look stable, skinny

**HEENT:** no oropharyngeal lesion, pink conjunctiva, no lymph node palpable, TM clear, clear nasal passage

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

**Abd:** soft, flat, no tender, (+)BS, no HSM

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

**Neuro:** motor and sensory intact, DTRs intact, normal gait

**Labs/Studies:**

**Completed today:** Hb 10g/dl

**Assessment:**

1. Allergic Rhinitis
2. Reactive Airway Disease?

**Plan:**

1. Albuterol inhaler 1-2puffs bid prn exacerbation
2. MTV 1t po qd for one month
3. Antihistamine prn (buy at market)

**Labs or Studies:** none

Specific Comments/Questions from RN to consultants: do you agree with my plan?

<b>Labs available locally:</b> Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test
--

**Examined by:** Peng Sovann/Chau Rithy      **Date:** July 5, 2006

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-Original Message-----

From: Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]  
Sent: Friday, July 07, 2006 8:38 PM  
To: Robib Telemedicine; Rithy.Chau  
Subject: FW: Robib TM Clinic July 2006, Patient #10, Prum Vichea, 9M

I agree with the plan. I agree asthma induced by a respiratory tract infection is the most likely diagnosis. Symptoms seem mild so Albuterol as need seems appropriate.

Bernard Kinane MD

**From:** Lim kruy [mailto:kruylim@yahoo.com]  
**Sent:** Thursday, July 06, 2006 10:42 AM  
**To:** Robib Telemedicine; bhammond@partners.org; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach  
**Subject:** Re: Robib TM Clinic July 2006, Patient #10, Prum Vichea, 9M

Dear Rith and Sovann,

Yes, i am agree with your plan

Take care  
kruy

**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]

**Sent:** Wednesday, July 05, 2006 6:06 PM

**To:** bhammond@partners.org; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruy Lim

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

**Subject:** Robib TM Clinic July 2006, Patient #11, You Soeur, 41M (Ta Keng)

Dear All,

Here is case #11, You Soeur, 41M and Photos.

Best Regards,  
Sovann/Rithy

## History and Physical



**Patient Name (or identifier) and village:** You Soeur, 41M (Ta Keng)

**Date:** July 5, 2006

**Chief Complaint (CC):** Abdominal distension x 2mo

**History of Present Illness (HPI):** 41M, farmer, came here complaining of abdominal distension 2 weeks. The last two months he felt abdominal pain, burning sensation without nausea, vomiting, diarrhea so he went to Kg Thom and got abd U/S, and lab test and was diagnosed with liver cirrhosis, +HBsAg, normal LFT and got treatment with a few type of unknown medications. In these two months +abdominal distension, RUQ pain developed, malaise, decreased appetite, jaundice. At Robib TM clinic, he still has abd distention mildly and other previous sx subsided. He denied of vertigo, dizziness, cough, palpitation, n/v/d, SOB, fever, edema, dysuria.

**Past Medical History (PMH):** unremarkable

**Social History:** smoking 3cig/d over 20y, stopped 1y ago; drinking alcohol ¼ L/d about 10y, stopped 1y ago

**Family History:** father died from liver prob & older sister with liver prob

**Current Medications:** some unknown name medication, traditional medication

**Allergies:** NKDA

**Review of Systems (ROS):** itchy body rashes/lesions; no STDs

**Physical Exam (PE):**

**V/S:** BP=120/80, P= 84, R= 20, T=36.5<sup>0</sup>C, Wt= 50kg

**General:** look slightly pale

**HEENT:** no oropharyngeal lesion, pale conjunctiva, no mass, no lymph node palpable, (+)JVD

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



**Abd:** multiple healed incant burning scars, soft, slightly tender on RUQ, mild distension, (+)BS, hepatomegaly, no splenomegaly, (+) fluid wave. +vein varicosity.

**Extremity:** no edema

**Skin:** See images attached→circular, lichen-plaque like, hypotrophic, hyperpigmented, pruritic lesions with clear raised border, dry, and scaly, 4-10cm diameter on central forehead, right arm, lower abd, both legs, groin areas. No pitting nails.

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

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

**Labs/Studies:**

**Completed today:** UA bilirubin 2+, blood 3+, pH 6.5, protein 1+, leukocyte 2+; Hb 12g/dl

**Previous completed:** on  
(see attached images) U/S and lab test on 5/06→liver cirrhosis, +HBsAg, -anti-HCV, LFT=NL



**Assessment:**

1. Ascite
2. Liver cirrhosis
3. HBsAg+
4. UTI?
5. Lichen Chronicus?
6. Psoriasis?
7. Numular Eczema?

**Plan:**

1. Spironolactone 25mg 1t po qd for one month
2. Furosemide 20mg 1t po bid x 2 weeks
3. Ciprofloxacin 500mg 1t po q12h x 5d
4. Fluocinolone cream 0.025% 60mg apply bid
5. Avoid alcohol consumption
6. Educ on hepatitis infection/transmission prevention



**Labs or Studies:** Draw blood for lab test: CBC, lyte, BUN, Creat, Glucose at SHCH

Specific Comments/Questions from RN to consultants: do you agree with my plan?

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

**Examined by:** Peng Sovann/Chau Rithy      **Date:** July 5, 2006

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**From:** Lim kruy [mailto:kruylim@yahoo.com]

**Sent:** Thursday, July 06, 2006 10:34 AM

**To:** Robib Telemedicine; bhammond@partners.org; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

**Subject:** Re: Robib TM Clinic July 2006, Patient #11, You Soeur, 41M (Ta Keng)

Dear Rithy and Sovann,

I am agree with your plan, but you may increase spironolactone to BID and reduce furosemid to once a day.

If no evidence of infection on the belly you may hold on ciprofloxacin.

Can we do RTV test to him, leucocyte in urine deepstick, may ask for STD and a quick look on the urogenital exam.

other wise is fine with me, skin lesion i will ask our dermatology then will go back to see.

Take care

kruy

**From:** Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]

**Sent:** Thursday, July 06, 2006 6:55 PM

**To:** Robib Telemedicine; Rithy.Chau

**Subject:** FW: Robib TM Clinic July 2006, Patient #11, You Soeur, 41M (Ta Keng)

-----Original Message-----

**From:** Tan, Heng Soon, M.D.

**Sent:** Wednesday, July 05, 2006 6:03 PM

**To:** Fiamma, Kathleen M.

**Subject:** RE: Robib TM Clinic July 2006, Patient #11, You Soeur, 41M (Ta Keng)

The skin lesions look like tinea corporis and tinea cruris fungal infections with central clearing and scaly edges rather than psoriasis that would be more plaque like or nummular eczema that would be smaller lesions. Skin scraping with potassium hydroxide wet mount showing fungal hyphae will confirm diagnosis.

The abdominal issue is more uncertain. Clinically the presence of ascites and distended abdominal vein is consistent with ascites. However splenomegaly is not present. Liver function tests are reportedly normal though he is slightly jaundiced and bile is present in urine. 1+ proteinuria does not point to nephrotic syndrome, though presence of red and white cells with proteinuria raise possibility of glomerulonephritis. The distended external jugular vein is not always correlated with increased internal jugular venous pressure. In any case, a distended neck vein does not fit in with portal hypertension anyway. I would check the status of the internal jugular vein to ascertain his central venous pressure.

Does he have liver cirrhosis? There is no mention of palmar erythema or telangiectasia to suggest chronic liver disease. Certainly the presence of hepatitis B antigen and chronic alcohol use are likely etiological agents. It is surprising that liver function tests were reported normal. In cirrhosis, low albumin and elevated prothrombin time would be expected. Usually cirrhosis presents as a small or normal liver. Liver enlargement suggests superimposed alcoholic or acute hepatitis or hepatocellular carcinoma. Furthermore, I would have expected abnormal liver enzymes if he had acute or chronic hepatitis or cirrhosis. I cannot read the liver ultrasound directly, but I gather from the report that there is no liver mass or biliary obstruction. Abdominal ultrasound confirms ascites.

Neonatal transmission of hepatitis B puts him at great risk of developing liver cirrhosis and hepatocellular carcinoma in his 40's. We know his father and sister have liver disease. Do they carry hepatitis B antigen? Did the mother carry hepatitis B as well? Use of traditional or herbal medicine may be hepatotoxic. So the enlarged liver may also reflect a toxic hepatitis from alcohol or traditional herbal exposure. Incidentally, chronic hepatitis B liver disease may be associated with serum sickness arthralgia with skin palpable purpura, or chronic glomerulonephritis.

To clarify the diagnosis, the following could be done.  
Inquire about mother's hepatitis B status. Check for hepatitis A serology.  
Repeat liver function tests including serum albumin and prothrombin time.  
Review liver ultrasound to exclude liver mass.  
Urine culture to rule out infection  
Repeat urinalysis for microscopic exam to check for red cell or white cell casts.  
Skin scraping of lesions with KOH wet mount to look for fungal hyphae.

As far as management, spironolactone and furosemide will be a good start to reduce ascites. I would prefer to use spironolactone twice a day and furosemide once a day for better diuresis. Propranolol could be added if necessary to reduce portal hypertension later. I would not use ciprofloxacin unless an infection is confirmed. Avoiding alcohol makes sense, but monitor for alcohol withdrawal symptoms. Consider hepatitis A vaccination if not previously exposed to hepatitis A. I would not use steroid creams until a skin scraping wet mount is done to exclude fungal infection.

Heng Soon Tan, MD

---

**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]  
**Sent:** Wednesday, July 05, 2006 7:39 PM  
**To:** bhammond@partners.org; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruey Lim  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic for July 2006 Case#12, Dourng Sunly, 50M (Taing Treuk)

Dear all,

This is case number twelve, Dourng Sunly, 50M and photo.

Best Regards,  
Sovann/Rithy



## SOAP Note (Follow-Up)



**Patient Name & Village:** Dourng Sunly, 50M (Taing Treuk)

**Subjective:** 50M came to follow up of HTN, Gout, hyperlipidemia, renal insufficiency. Patient is better than before with symptoms of less pain, good appetite, good urine output and he denied of erythema, swelling, warmth, morning stiffness, palpitation, chest pain, GI problem, hematuria, dysuria, edema.

### Objective:

Current Medications:

1. Captopril 25mg ½t po bidd
2. ASA 300mg ¼t po qd
3. Diflunisal 500mg 1t po bid

Allergies: NKDA

### PE (focused):

VS: BP=130/80 P= 80 R= 20 T= 37°C Wt=63 kg

**General:** look stable

**HEENT:** unremarkable

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

**Abd:** soft, flat, no tender, (+)BS, no HSM

**Skin/Extremity:** no erythema, no warmth, no swelling, no stiffness, slightly tender

**Neuro:** unremarkable

### Labs/Studies:

Previous completed: 1. Na 145mmol/L, K 3.7mmol/L, CL 113mmol/L, BUN 1.3mmol/L, Creat 130mcmmol/L, Glucose 3.5mmol/L, Cholesterol 7.8mmol/L, Albumin 42g/L, Protein 70g/L

Completed today: UA normal

### Assessment:

1. HTN
2. Gout
3. Hyperlipidemia

### Plan:

1. Captopril 25mg 1/2t po bid for two months

2. ASA 300mg 1/4t po qd for two months
3. Diflunisal 500mg 1t po bid prn severe pain
4. Draw blood for lab test: CBC, Lyte, Creat, BUN, Glucose in next two months

**Labs/Studies: none**

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

<b>Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test</b>
--

**Examined by:** Peng Sovann/Chau Rithy      **Date:** July 5, 2006

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]

**Sent:** Wednesday, July 05, 2006 7:46 PM

**To:** bhammond@partners.org; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruey Lim

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

**Subject:** Robib TM Clinic for July 2006 Case#13, Kul Chheung, 78F (Taing Treuk)

Dear all,

This is case number thirteen, Kul Chheung, 78F and photo.

Best Regards,  
Sovann/Rithy

## SOAP Note (Follow-Up)



**Patient Name & Village:** Kul Chheung, 78F (Taing Treuk)

**Subjective:** 78F came to follow up of HTN, and COPD. She is better than before with symptoms of good appetite but still complain of cough with white sputum and SOB after walking about 100m. She denied of chest pain, fever, diaphoresis, palpitation, vertigo, dizziness, GI problem, oliguria, dysuria, hematuria, edema

### Objective:

Current Medications:

1. HCTZ 50mg ½t po qd
2. Albuterol inhaler 2 puffs bid prn SOB
3. MTV 1t po qd

Allergies: NKDA

### PE (focused):

VS: BP=128/70 P= 88 R= 22 T= 36.5°C O2sat 96% Wt=39 kg

**General:** look stable

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

**Chest:** + crackle on lower lobes; HRRR, no murmur

**Abd:** soft, flat, no tender, (+)BS, no HSM

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

**Neuro:** unremarkable

### Labs/Studies:

Completed today: UA normal

Previous completed: none

### Assessment:

1. HTN
2. COPD

### Plan:

1. HCTZ 50mg 1/2t po qd for three months
2. Albuterol inhaler 2puffs prn SOB for three months
3. MTV 1t po qd for three months

4. Should we repeat AFB since more than 3 months ago AFB results neg.?

**Labs/Studies: none**

**Specific Comments/Questions for Consultants:** do you agree with my plan?

<b>Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test</b>
--

**Examined by:** Peng Sovann/Chau Rithy      **Date:** July 5, 2006

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]

**Sent:** Wednesday, July 05, 2006 7:50 PM

**To:** bhammond@partners.org; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruy Lim

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

**Subject:** Robib TM Clinic July 2006, Patient #14, Chheuk Norn, 52F

Dear All,

Here is patient #14, Chheuk Norn, 52F and photo.

Best Regards,  
Sovann/Rithy

## SOAP Note (Follow-Up)



**Patient Name & Village:** Chheuk Norn, 51F (Thnout Malou)

**Subjective:** 51F came to follow up of DMII. Patient is stable complaining of epigastric pain, burning sensation, burping with sour taste usually in the morning, relieved by antacid. She denied of dizziness, diaphoresis, chest pain, palpitation, nausea, vomiting, diarrhea, oliguria, hematuria, dysuria, edema.

### Objective:

Current Medications:

1. Glibenclamide 5mg 1t po bid
2. ASA 80mg 1t po qd

Allergies: NKDA

### PE (focused):

VS: BP= 110/80 P= 66 R= 20 T= 36.5°C Wt=57 kg

**General:** look stable

**HEENT:** unremarkable

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

**Abd:** soft, flat, no tender, (+)BS, no HSM

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

**Neuro:** unremarkable

### Labs/Studies:

Completed today: UA normal, FBS 170mg/dl

Previous completed: none

### Assessment:

1. DMII
2. Dyspepsia

### Plan:

1. Glibenclamide 5mg 1t po bid for four months
2. ASA 300mg ¼ t po qd for four months

3. Famotidine 40mg 1t po qhs for 1 month

**Labs/Studies:** none

**Specific Comments/Questions for Consultants:** do you agree with my plan?

<b>Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test</b>
--

**Examined by:** Peng Sovann/Chau Rithy

**Date:** July 5, 2006

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]

**Sent:** Wednesday, July 05, 2006 7:58 PM

**To:** bhammond@partners.org; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruey Lim

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

**Subject:** Robib TM Clinic for July 2006 Case#15, Kul Keung, 61F (Taing Treuk)

Dear all,

This is case number fifteen, Kul Keung, 61F and photo.

Best Regards,  
Sovann/Rithy

## SOAP Note (Follow-Up)



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

**Subjective:** 61F came to follow up of HTN. She is better than before with symptoms no HA, no dizziness, no vertigo, no diaphoresis, cough, SOB, fever, chest pain, palpitation, GI problem, oliguria, dysuria, hematuria, edema.

**Objective:**

Current Medications:

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

Allergies: NKDA

**PE (focused):**

VS: BP=132/72 P= 64 R= 20 T= 36°C Wt=63 kg

**General:** look stable

**HEENT:** unremarkable

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

**Abd:** soft, flat, no tender, (+)BS, no HSM

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

**Neuro:** unremarkable

**Labs/Studies:**

Completed today: On July 4, 2006: UA glucose 4(+), protein 1+, RBS 289mg/dL  
On July 5, 2006: FBS 182mg/dL

**Assessment:**

1. HTN
2. Hyperglycemia

**Plan:**

1. HCTZ 50mg ½ t po qd for one month
2. ASA 300mg ¼ t po qd for one month
3. Paracetamol 500mg 1t po q6h prn HA
4. Educate patient to do regular exercise and low fat/sugar/salt diet

**Labs/Studies:** Draw blood for lab test: CBC, lyte, BUN, Creat, tot Cholesterol, TG, and glucose

**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**

**Examined by:** Peng Sovann/Chau Rithy      **Date:** July 5, 2006

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]

**Sent:** Wednesday, July 05, 2006 8:00 PM

**To:** bhammond@partners.org; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruy Lim

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

**Subject:** Robib TM Clinic July 2006, Patient #16, Chhin Chheut, 12M

Dear All,

Here is patient #16, Chhin Chheut, 12M and photos.

Best Regards,  
Sovann/Rithy



## SOAP Note (Follow-Up)



**Patient Name & Village:** Chhin Chheut, 12M (Trapang Reusey)

**Subjective:** 12M came to follow up of Nephrotic Syndrome, Hypochromic microcytic anemia, malnutrition, and UTI. Patient is stable with symptoms of moon facie, good appetite, good urine output. He denied of HA, dizziness, diaphoresis, SOB, chest pain, GI problem, dysuria, hematuria, edema.

**Objective:**

**Current Medications:**

- 7. Prednisolone 5mg 2t po qd
- 8. ASA 300mg 1/4t po qd
- 9. MTV 1t po qd
- 10. FeSO4/Folic Acid 200/0.25mg 1t po qd

**Allergies:** NKDA

**PE (focused):**

VS: BP=110/70 P= 90 R= 20 T= 36°C Wt=19 kg

**General:** look stable

**HEENT:** unremarkable

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

**Abd:** soft, no tender, mild distension, (+)BS, no HSM, (-) fluid wave

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

**Neuro:** unremarkable

**Labs/Studies:**

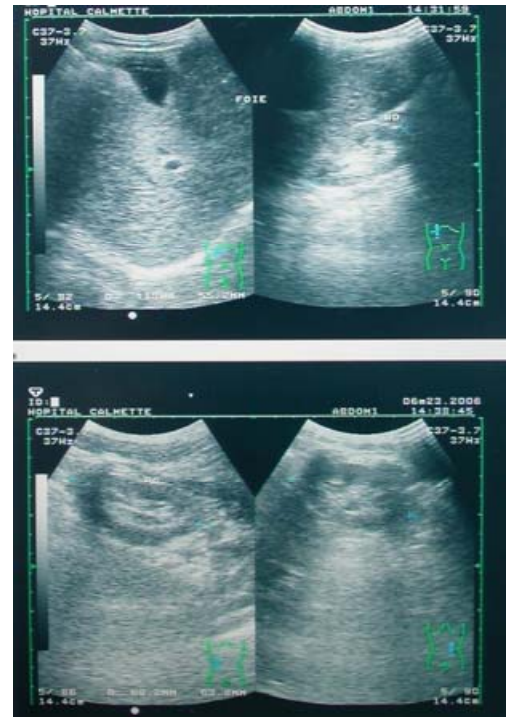
Completed today: UA glucose trace, blood 2+ (non demolish), protein 4+, pH 6, Hb 10g/dl

Previous completed: on June 9, 2006

- 1. Na 140mmol/L, K 3.9mmol/L, CL 113mmol/L, BUN 14.0mmol/L, Creat 259mcmol/L, Glucose 4.3mmol/L, Cholesterol 5.7mmol/L, Albumin 45g/L, Protein 60g/L
- 2. WBC 11x10<sup>9</sup>/L, RBC 3.6x10<sup>12</sup>/L, Hb 9.2g/dL, Ht 29%, MCV 82fl, MCH 26pg, MHCH 32%, Plate Count 441x10<sup>9</sup>/L, Lym# count 4.6x10<sup>9</sup>/L, Mxd# count 1.5x10<sup>9</sup>/L, Neut# count 4.7x10<sup>9</sup>/L
- 3. Ultrasound attached

**Assessment:**

- 1. Nephrotic Syndrome



2. Hypochromic Microcytic Anemia
3. Malnutrition
4. Glomerulonephritis?

**Plan:**

1. Prednisolone 5mg 1t po qd for one months
2. ASA 300mg ¼ t po qd for one month
3. MTV 1t po qd for one month
4. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month
5. Draw blood for lab test in August

**Labs/Studies: none**

**Specific Comments/Questions for Consultants:** do you agree with my plan?

<b>Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test</b>
--

**Examined by:** Peng Sovann/Chau Rithy

**Date:** July 5, 2006

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]

**Sent:** Wednesday, July 05, 2006 8:03 PM

**To:** bhammond@partners.org; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruey Lim

**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

**Subject:** Robib TM Clinic for July 2006 Case#17, Prom Sourn, 64M (Taing Treuk)

Dear all,

This is case number seventeen, Prom Sourn, 64M and photo.

Best Regards,  
Sovann/Rithy

## SOAP Note (Follow-Up)



**Patient Name & Village:** Prum Sourn, 64M (Taing Treuk)

**Subjective:** 64M came to follow up of CHF, HTN. He is stable, now with symptom of HA off/on; good appetite. He denied of vertigo, dizziness, diaphoresis, cough, SOB, fever, chest pain, palpitation, GI problem, oliguria, dysuria, hematuria, edema.

**Objective:**

Current Medications:

1. Lisinopril 5mg 1t po qd
2. HCTZ 50mg ½ t po qd

Allergies: NKDA

**PE (focused):**

VS: BP=110/64 P= 68 R= 20 T= 36°C O2sat 97% Wt=43 kg

**General:** look stable

**HEENT:** unremarkable

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

**Abd:** soft, flat, no tender, (+)BS, no HSM

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

**Neuro:** unremarkable

**Labs/Studies:**

Completed today: none

Previous completed: none

**Assessment:**

1. CHF
2. HTN

**Plan:**

1. Captopril 25mg 1t po qd for four months
2. HCTZ 50mg ½ t po qd for four months

**Labs/Studies:** none

**Specific Comments/Questions for Consultants:** do you agree with my plan?

<b>Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test</b>
--

**Examined by:** Peng Sovann/Chau Rithy      **Date:** July 5, 2006

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]  
**Sent:** Wednesday, July 05, 2006 8:13 PM  
**To:** bhammond@partners.org; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kruy Lim  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic July 2006, Patient #18, Leng Hak, 70M

Dear All,

Here is patient #18, Leng Hak, 70M and photos.

Best Regards,  
Sovann/Rithy

## SOAP Note (Follow-Up)



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

**Subjective:** 70M came to follow up of HTN, stroke. Patient presented with cough, white sputum; last week he felt “muscle tension on the both calves” and he asked a traditional healer to burn the legs to bring relief, but the burnt sites became infected and not healing well. He used herbal medicine to apply on the wounds, but helped very little. He denied of fever, vertigo, diaphoresis, chest pain, palpitation, SOB, GI problem, hematuria, dysuria, oliguria, edema.

### Objective:

#### Current Medications:

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

Allergies: NKDA

#### PE (focused):

VS: BP= @ 160/90, (L) 164/90 P= @ 70, (L) 74 R= 20 T= 36.5°C  
O2sat 96% Wt=57 kg

**General:** look mildly sick

**HEENT:** no oropharyngeal lesion, slightly pale conjunctiva, no lymph node palpable, (+)JVD

**Chest:** crackle bilateral on lower lobes; HRRR, (+) systolic crescendo murmur +1-2/6 loudest at apex

**Abd:** soft, flat, no tender, (+)BS, no HSM

**Extremity:** 3+ pitting edema, wound about 3x3cm medial lower legs bilaterally, erythema, warm, tender, crusted with pustule and herbal med. debries.

**Neuro:** unremarkable

#### Labs/Studies:

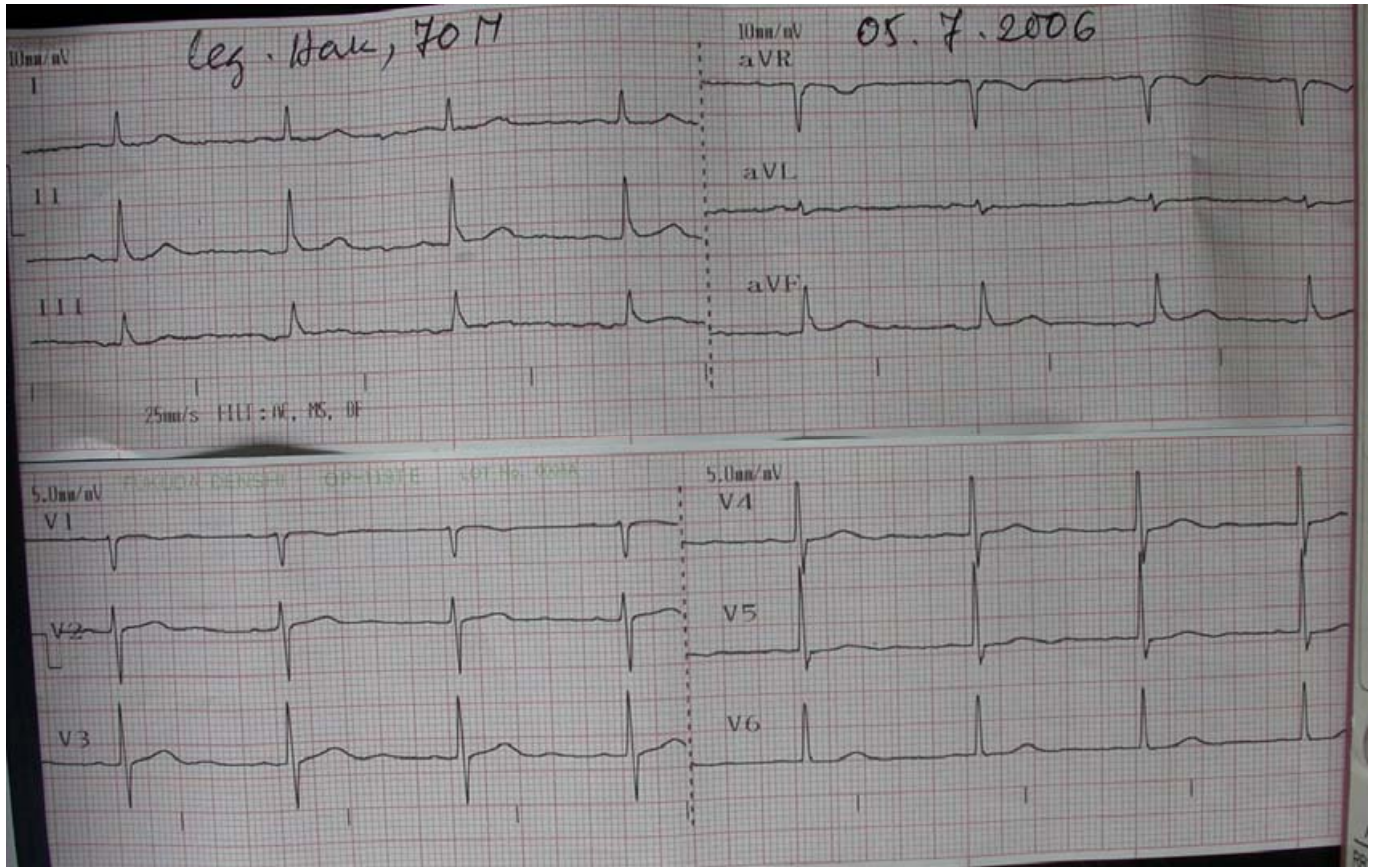
Completed today: Hb 11g/dL, BS 111mg/dL, UA protein1+

Previous completed: none

#### Assessment:

1. HTN
2. Stroke
3. CHF??
4. Leg Wounds (from incense burnt)





**Plan:**

1. Nifedipine 10mg 1t po q8h for one month
2. Propranolol 40mg 1t po q12h for one month
3. ASA 300mg ¼ t po qd for one month
4. HCTZ 50mg ½ t po qd for one month
5. Furosemide 20mg 1t po qd for 2 weeks
6. Augmentin 785mg 1t po bid for 10d
7. Para 500mg 1 po qid prn
8. Wound clean every day
9. Should we refer him for a 2D echocardiography and CXR in Phnom Penh

**Labs/Studies:** Draw blood for lab test: CBC, Lyte, Creat, BUN, glucose

**Specific Comments/Questions for Consultants:** do you agree with my plan?

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

**Examined by:** Peng Sovann/Chau Rithy

**Date:** July 5, 2006

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**From:** Lim kroy [mailto:kruylim@yahoo.com]  
**Sent:** Thursday, July 06, 2006 10:16 AM  
**To:** Robib Telemedicine; bhammond@partners.org; Rithy Chau; Kathy Fiamma; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach  
**Subject:** Re: Robib TM Clinic July 2006, Patient #18, Leng Hak, 70M

Dear Rithy and Sovann,

I am agree with your plan and add ciprofloxacin for infected wound from pseudomonasa.

We can wait CXR and 2Decho next visits.

Take care

**kroy**

No answer replied from Boston

---

**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]  
**Sent:** Wednesday, July 05, 2006 8:20 PM  
**To:** bhammond@partners.org; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kroy Lim  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic for July 2006 Case#19, Pheng Roeung, 61F (Thnout Malou)

Dear all,

This is the last case for Robib TM Clinic July 2006, Pheng Roeung, 61F and photo.

Thank you very much for your cooperation in this project and we hope you will reply before noon time tomorrow.

Best Regards,  
Sovann/Rithy

## SOAP Note (Follow-Up)



**Patient Name & Village:** Pheng Reung, 61F (Thnout Malou)

**Subjective:** 61F came to follow up of HTN, Euthyroid, and dyspepsia. Patient is stable with symptoms HA on/off, good appetite, good urine output. She denied of dizziness, diaphoresis, chest pain, palpitation, cough, sore throat, abdominal pain, n/v/d, oliguria, hematuria, edema.

**Objective:**

Current Medications:

1. Propranolol 40mg 1t po q12h
2. HCTZ 50mg ½ t po qd

Allergies: NKDA

**PE (focused):**

VS: BP= 120/78 P= 72 R= 20 T= 36.5°C Wt=60 kg

**General:** look stable

**HEENT:** unremarkable

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

**Abd:** soft, flat, no tender, (+)BS, no HSM

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

**Neuro:** unremarkable

**Labs/Studies:**

Completed today: UA normal, Hb 11g/dL

Previous completed: none

**Assessment:**

1. HTN
2. Euthyroid
3. Tension HA

**Plan:**

1. Propranolol 40mg 1t po bid for four months
2. HCTZ 50mg 1/2t po qd for four months
3. Paracetamol 500mg 1t po q6h prn HA



**Labs/Studies: none**

**Specific Comments/Questions for Consultants:** do you agree with my plan?

<b>Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, Pregnancy Test</b>
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**Examined by:** Peng Sovann/Chau Rithy

**Date:** July 5, 2006

Please send all replies to [robibtelemed@yahoo.com](mailto:robibtelemed@yahoo.com) and cc: to [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh).

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No answer replied from Boston

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**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]

**Sent:** Friday, July 07, 2006 3:22 PM

**To:** Kathy Fiamma

**Cc:** Rithy Chau; Bernie Krisher; Thero Noun

**Subject:** Robib TM report for July 2006

Dear Kathy,

I would like to inform you that I just receive answer for two cases from you.

Case#1Deth Sokhea, 21F

Case#11You Soeur, 41M

Please send me the answer of the rest cases for us to make reports.

Best Regards,

Sovann

**From:** Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]

**Sent:** Friday, July 07, 2006 8:44 PM

**To:** Robib Telemedicine

**Cc:** Rithy Chau; Bernie Krisher; Thero Noun

**Subject:** RE: Robib TM report for July 2006

Hello Sovann:

I will send the responses as soon as they come back to me. This has been an exceptionally difficult time to do the cases because most of the physicians on my list are vacationing this week. I will have all of the responses completed over the next couple of days.

Thank you.

*Kathy Fiamma*

617-726-1051

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# Thursday, July 05, 2006

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## Follow-up Report for Robib TM Clinic

There were 26 new and 14 follow-up patients seen during this month Robib TM Clinic (and the other nine patients came for medication refills only and one missed his appointment). The data of all 19 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 July 2006

### 1. Deth Sokhea, 21F (Bos Village)

#### Diagnosis:

1. Anxiety?
2. Dyspepsia

#### Treatment:

1. Famotidine 40 mg 1 po qhs x 1 mo (30tab)
2. MTV 1t po qd for 20d (20tab)
3. Reassure patient and stress coping strategy

**Labs or Studies:** Draw blood for lab test- CBC, lyte, BUN, Creat,

#### Lab Result on July 7, 2006

WBC	=10	[4 - 11x10 <sup>9</sup> /L]	Na	=139	[135 - 145]
RBC	=4.3	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=3.8	[3.5 - 5.0]
Hb	=12.5	[12.0 - 15.0g/dL]	Cl	=109	[95 - 110]
Ht	=38	[35 - 47%]	BUN	=1.4	[0.8 - 3.9]
MCV	=88	[80 - 100fl]	Creat	=48	[44 - 80]
MCH	=29	[25 - 35pg]	Glu	= <b>3.9</b>	[4.2 - 6.4]
MHCH	=33	[30 - 37%]			
Plt	=307	[150 - 450x10 <sup>9</sup> /L]			
Lym	=3.9	[1.0 - 4.0x10 <sup>9</sup> /L]			
Mxd	=1.2	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=5.0	[1.8 - 7.5x10 <sup>9</sup> /L]			

### 2. Prum Sok, 77M (Taing Treuk)

**Diagnosis:**

1. COPD?
2. PTB
3. Pneumonia?
4. Tinea Corporis?
5. Psoriasis?
6. Bundle branch block??

**Treatment:**

1. Clarythromycin 500mg 1t po bid x 10d (20tab)
2. Albuterol Inhaler 2 puffs bid prn for one month (02)
3. Griseofulvin 100mg 1 po bid x 1mo (60tab)
4. Para 500mg 1 po qid prn (30tab)

**Labs or Studies:** Draw blood for lab tests--CBC, Lyte, creat, BUN, Glucose at SHCH, AFB smear in local health center

**Lab Result on July 7, 2006**

WBC	=6	[4 - 11x10 <sup>9</sup> /L]	Na	=147	[135 - 145]
RBC	=3.5	[4.6 - 6.0x10 <sup>12</sup> /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 <sup>9</sup> /L]			
Lym	=2.1	[1.0 - 4.0x10 <sup>9</sup> /L]			
Mxd	=1.7	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=2.2	[1.8 - 7.5x10 <sup>9</sup> /L]			

**3. Tum Lam, 57M (Reusey Srok)****Diagnosis:**

1. Gouty Arthritis
2. Cushing syndrome (steroid use)
3. Dyspepsia
4. HTN?
5. Overweight

**Treatment:**

4. Lisinopril 5mg 1/2t po bid for one month (35tab)
5. Propranolol 40mg 1/2t po bid for one month (35tab)
6. Diflunisal 500mg 1t po q12h prn pain for one month (40tab)
7. Omeprazole 20mg 1t po qhs for one month (30tab)

**Labs or Studies:** Draw blood for lab test: CBC, Lyte, BUN, Creat, Glucose, Triglyceride, Tot cholesterol, Albumin, Uric Acid, Rheumatoid Factor at SHCH

**Lab result on July 7, 2006**

Na	=142	[135 - 145]	WBC	=9	[4 - 11x10 <sup>9</sup> /L]
K	=4.6	[3.5 - 5.0]	RBC	=4.8	[4.6 - 6.0x10 <sup>12</sup> /L]
Cl	=112	[95 - 110]	Hb	=13.9	[14.0 - 16.0g/dL]
BUN	=4.8	[0.8 - 3.9]	Ht	=43	[42 - 52%]
Creat	=168	[53 - 97]	MCV	=89	[80 - 100fl]
Glu	=4.4	[4.2 - 6.4]	MCH	=29	[25 - 35pg]

T. Chol =6.9	[<5.7]	MHCH =32	[30 - 37%]
TG =1.97	[<1.71]	Plt =317	[150 - 450x10 <sup>9</sup> /L]
Albu =44	[38 - 54]	Lym =1.1	[1.0 - 4.0x10 <sup>9</sup> /L]
Uric Aci=600	[200 - 420]		
RF (-)			

#### 4. Sath Rim, 48F (Taing Treuk)

##### Diagnosis:

1. HTN
2. DMII with PNP

##### Treatment:

1. Meformin 500mg 1t qAM and 2t qPM for 1 months (90tab)
2. Glibenclamide 5mg 1t po q8h for 1 months (90tab)
3. Nifedipine 10mg 1t po q12h for 1 months (60tab)
4. Captopril 25mg 1t po q12h for 1 months (60tab)
5. Desipramine 75mg 1t po qhs for 1 months (30tab)
6. Paracetamol 500mg 1t po q6h prn HA for 1 month (30tab)

Labs/Studies: none

#### 5. Ros Oeun, 50F (Thnout Malou)

##### Diagnosis:

1. HTN
2. DMII

##### Treatment:

1. Meformin 500mg 2t po qhs for four months (240tab)
2. Glibenclamide 5mg 2t po q12h for four months (480tab)
3. Captopril 25mg 1/2t po q12h for four months (120tab)
4. ASA 300mg 1/4t po qd for four months (30tab)

Labs/Studies: Check chem, BUN, creat, FBS

##### Lab Result on July 7, 2006

Na =140	[135 - 145]
K =4.5	[3.5 - 5.0]
Cl =109	[95 - 110]
BUN =1.1	[0.8 - 3.9]
Creat =48	[44 - 80]
Glu =7.0	[4.2 - 6.4]

#### 6. Sao Phal, 57F (Thnout Malou)

##### Diagnosis:

1. HTN
2. Anxiety
3. Hyperglycemia

##### Treatment:

1. HCTZ 50mg 1/2t po qd for 4 months (60tab)
2. Desipramine 75mg 1t po qhs for 4months (120tab)

3. Control BS with diet and exercise

**Labs/Studies: none**

### 7. Sours Tey, 74M (Ton Laep)

**Diagnosis:**

1. Mechanical obstruction due to nephrolithiasis?
2. Benign prostate hypertrophy?
3. Prostate tumor/cancer??
4. Chronic Foley catheter usage

**Treatment:**

1. Referral to SHCH for surgical consultation on 19.07.06
2. Paracetamol 500mg 1t po q6h prn pain (30tab)

**Labs/Studies: none**

### 8. Som Thol, 57M (Taing Treuk)

**Diagnosis:**

1. DMII with PNP

**Treatment:**

1. Glibenclamide 5mg 1t po q8h for one months (90tab)
2. Desipramine 75mg 1 po qhs x 1mo (30tab)
3. DM II foot care and educ

**Labs/Studies:** check chem, BUN, creat, FBS

**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]

### 9. Srey Hom, 60F (Taing Treuk)

**Diagnosis:**

1. DMII
2. HTN
3. Renal Insufficiency?

**Treatment:**

1. Glibenclamide 5mg 1t po qd for 1 months (30tab)
2. Captopril 25mg 1t po qd for 1 months (30tab)
3. ASA 300mg 1/4t po qd for 1 months (08tab)
4. DM II educ and foot care

**Labs/Studies:** draw blood for Chem, BUN, creat, FBS

## Lab Result on July 7, 2006

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]

## 10. Prum Vichea, 9M (Taing Treuk)

### Diagnosis:

1. Allergic Rhinitis
2. Reactive Airway Disease?

### Treatment:

1. Albuterol inhaler 1-2puffs bid prn exacerbation (01)
2. Nutricare MTV 1t po qd for one month (30tab)
3. Allegra 180mg 1t po qd prn (10tab)

**Labs or Studies:** none

## 11. You Soeur, 41M (Ta Keng)

### Diagnosis:

1. Ascite
2. Liver cirrhosis
3. HBsAg+
4. UTI?
5. Lichen Chronicus?
6. Psoriasis?
7. Numular Eczema?

### Treatment:

1. Spironolactone 25mg 1t po bid for one month (60tab)
2. Furosemide 20mg 1t po qd x 2 weeks (14tab)
3. Fluocinolone cream 0.025% 60mg apply bid (01tube)
4. Avoid alcohol consumption
5. Educ on hepatitis infection/transmission prevention

**Labs or Studies:** Draw blood for lab test: CBC, lyte, BUN, Creat, Glucose at SHCH

## Lab Result on July 7, 2006

WBC	=8	[4 - 11x10 <sup>9</sup> /L]	Na	=138	[135 - 145]
RBC	=5.4	[4.6 - 6.0x10 <sup>12</sup> /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 <sup>9</sup> /L]	SGPT	=44	[<40]
Lym	=2.0	[1.0 - 4.0x10 <sup>9</sup> /L]			

## 12. Dourng Sunly, 50M (Taing Treuk)

### Diagnosis:

1. HTN
2. Gout
3. Hyperlipidemia

### Treatment:

1. Captopril 25mg 1/2t po bid for two months (60tab)
2. ASA 300mg 1/4t po qd for two months (16tab)
3. Diflunisal 500mg 1t po bid prn severe pain for two months (120tab)
4. Draw blood for lab test: CBC, Lyte, Creat, BUN, Glucose in two months

Labs/Studies: none

## 13. Kul Chheung, 78F (Taing Treuk)

### Diagnosis:

1. HTN
2. COPD

### Treatment:

1. HCTZ 50mg 1/2t po qd for three months (45tab)
2. Albuterol inhaler 2puffs prn SOB for three months (03)
3. MTV 1t po qd for three months (90tab)

Labs/Studies: none

## 14. Chheuk Norn, 52F (Thnout Malou)

### Diagnosis:

1. DMII
2. Dyspepsia

### Treatment:

1. Glibenclamide 5mg 1t po bid for four months (240tab)
2. ASA 300mg ¼ t po qd for four months (30tab)
3. Famotidine 40mg 1t po qhs for 1 month (30tab)

Labs/Studies: none

## 15. Kul Keung, 61F (Taing Treuk)

### Diagnosis:

1. HTN
2. Hyperglycemia

### Treatment:

1. HCTZ 50mg ½ t po qd for one month (15tab)
2. ASA 300mg ¼ t po qd for one month (08tab)
3. Paracetamol 500mg 1t po q6h prn HA (30tab)
4. Educate patient to do regular exercise and low fat/sugar/salt diet

**Labs/Studies:** Draw blood for lab test: CBC, lyte, BUN, Creat, tot Cholesterol, TG, and glucose

**Lab Result on July 7, 2006**

WBC	=7	[4 - 11x10 <sup>9</sup> /L]	Na	=144	[135 - 145]
RBC	=4.4	[3.9 - 5.5x10 <sup>12</sup> /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 <sup>9</sup> /L]			
Lym	=3.0	[1.0 - 4.0x10 <sup>9</sup> /L]			

**16. Chhin Chheut, 12M (Trapang Reusey)**

**Diagnosis:**

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

**Treatment:**

1. Prednisolone 5mg 1t po qd for one months (30tab)
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)
5. Draw blood for lab test in August 2006

**Labs/Studies: none**

**17. Prum Sourn, 64M (Taing Treuk)**

**Diagnosis:**

1. CHF
2. HTN

**Treatment:**

1. Captopril 25mg 1t po qd for four months (120tab)
2. HCTZ 50mg ½ t po qd for four months (60tab)

**Labs/Studies: none**

**18. Leng Hak, 70M (Thnout Malou)**

**Diagnosis:**

1. HTN
2. Stroke
3. CHF??
4. Leg Wounds (from incense burnt)
5. UTI

**Treatment:**

1. Nifedipine 10mg 1t po q8h for one month (90tab)
2. Propranolol 40mg 1t po q12h for one month (60tab)



3. ASA 300mg ¼ t po qd for one month (08tab)
4. HCTZ 50mg ½ t po qd for one month (15tab)
5. Furosemide 20mg 1t po qd for 2 weeks (14tab)
6. Augmentin 875mg 1t po bid for 10d (20tab)
7. Ciprofloxacin 500mg 1t po bid for 10d (20tab)
8. Wound clean every day then apply with neosporin (01tube)

**Labs/Studies:** Draw blood for lab test: CBC, Lyte, Creat, BUN, glucose

**Lab result on July 7, 2006**

WBC	=5	[4 - 11x10 <sup>9</sup> /L]	Na	=149	[135 - 145]
RBC	=4.4	[4.6 - 6.0x10 <sup>12</sup> /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 <sup>9</sup> /L]			
Lym	=1.6	[1.0 - 4.0x10 <sup>9</sup> /L]			
Mxd	=0.5	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=3.1	[1.8 - 7.5x10 <sup>9</sup> /L]			

**19. Pheng Reung, 61F (Thnout Malou)**

**Diagnosis:**

1. HTN
2. Euthyroid
3. Tension HA

**Treatment:**

1. Propranolol 40mg 1t po bid for four months (240tab)
2. HCTZ 50mg 1/2t po qd for four months (60tab)
3. Paracetamol 500mg 1t po q6h prn HA (90tab)

**Labs/Studies:** none

**Patient who come to refill medication**

**1. Chou Vanny, 40F (Anlong Svay Village)**

**Diagnosis**

1. Subclinical Hyperthyroidism

**Treatment**

1. Propranolol 40mg 1/4t po bid for two months (30tab)
2. Draw blood for lab test Free T4 in September 2006

**Lab result on June 9, 2006**

TSH	=0.05	[0.49 - 4.67]
Free T4	=22.59	[9.14 - 23.81]

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

**Diagnosis**

1. Hyperthyroidism

### Treatment

1. Propranolol 40mg 1t po bid for two months (120tab)
2. Carbimazole 5mg 1t po tid for two months (180tab)
3. Draw blood for lab test Free T4 in September 2006

### Lab result on June 9, 2006

TSH	=0.02	[0.49 - 4.67]
Free T4	=>77	[9.14 - 23.81]

### 3. So Soksan, 23F (Thnal Keng Village)

#### Diagnosis

1. Nephrotic Syndrome
2. Hypokalemia

#### Treatment

1. Prednisolone 5mg 2t po qd for two months (120tab)
2. ASA 81mg 1t po qd for two months (60tab)
3. Captopril 25mg 1t po qd for two months (60tab)

### Lab result on June 9, 2006

Na	=137	[135 - 145]
K	=3.5	[3.5 - 5.0]
Cl	=107	[95 - 110]
BUN	=2.4	[0.8 - 3.9]
Creat	=61	[44 - 80]
Glu	=2.8	[4.2 - 6.4]
T. Chol	=10.4	[<5.7]
Prot	=53	[62 - 80]
Albu	=30	[38 - 54]

### 4. Ngean Thourn, 59M (Ton Laop Village)

#### Diagnosis

1. ATN?
2. Acute Renal Failure?

#### Treatment

1. KCL 600mg 1t po tid for 10d (30tab)
2. Nutricare 1t po qd for one month (30tab)
3. Don't use traditional medication or medication without prescription
4. Follow-up prn

### Lab result on June 9, 2006

WBC	=6	[4 - 11x10 <sup>9</sup> /L]	Na	=140	[135 - 145]
RBC	=3.6	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=3.2	[3.5 - 5.0]
Hb	=11.2	[14.0 - 16.0g/dL]	Cl	=113	[95 - 110]
Ht	=34	[42 - 52%]	BUN	=1.8	[0.8 - 3.9]
MCV	=96	[80 - 100fl]	Creat	=64	[53 - 97]
MCH	=32	[25 - 35pg]	Glu	=4.4	[4.2 - 6.4]
MHCH	=33	[30 - 37%]			
Plt	=189	[150 - 450x10 <sup>9</sup> /L]			
Lym	=1.6	[1.0 - 4.0x10 <sup>9</sup> /L]			
Mxd	=1.4	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=3.2	[1.8 - 7.5x10 <sup>9</sup> /L]			

## 5. Prum Pri, 52M (Rovieng Tbong)

### Diagnosis

1. CHF
2. Anemia due to vit/iron deficiency
3. Renal Insufficiency

### Treatment

1. Captopril 25mg 1t po q12h for two months (120tab)
2. Furosemide 40mg 1/2t po q12h for two months (60tab)
3. MTV 1t po qd for two months (60tab)
4. FeSO4/Folic Acid 200/0.25mg 1t po q12h for two months (120tab)
5. Ciprofloxacin 500mg 1t po bid for 3d (6tab)
6. Draw blood for lab test- CBC, Lyte, BUN, Creat, Glucose

### Lab result on July 7, 2006

WBC	=6	[4 - 11x10 <sup>9</sup> /L]	Na	=148	[135 - 145]
RBC	=2.8	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=5.7	[3.5 - 5.0]
Hb	=8.3	[14.0 - 16.0g/dL]	BUN	=7.7	[0.8 - 3.9]
Ht	=26	[42 - 52%]	Creat	=335	[53 - 97]
MCV	=94	[80 - 100fl]	Glu	=4.1	[4.2 - 6.4]
MCH	=30	[25 - 35pg]			
MHCH	=32	[30 - 37%]			
Plt	=247	[150 - 450x10 <sup>9</sup> /L]			
Lym	=1.3	[1.0 - 4.0x10 <sup>9</sup> /L]			
Mxd	=1.3	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=3.5	[1.8 - 7.5x10 <sup>9</sup> /L]			

## 6. Srey Bin, 64F (Bos)

### Diagnosis

1. Hypochromic Microcytic Anemia
2. Malnutrition
3. Dyspepsia

### Treatment

1. Feso4/Folic 200/0.25 mg 1 t po q12h for three months (180tab)
2. MTV 1 t po qd for three months (90tab)
3. Encourage her to eat more fruit and vegetable

## 7. Prom Norn, 53F (Thnout Malou)

### Diagnosis

1. Liver Cirrhosis with PHTN

### Treatment

1. Propranolol 40 mg ¼ t po q12h for four months (60tab)
2. Spironolactone 25 mg ½ t po q12h for four months (120tab)
3. Paracetamol 500mg 1t po q6h prn HA/pain for four months (90tab)

## 8. Khiev Monn, 44M (Trapang Reusey)

### Diagnosis

1. Septic Arthritis

**Treatment**

1. Diflunisal 500mg 1t po bid prn severe pain (100tab)
2. Paracetamol 500mg 1t po q6h prn pain (100tab)

**9. Chhay Chanthy, 43F (Thnout Malou)****Diagnosis**

1. Hyperthyroidism

**Treatment**

1. Propranolol 40mg 1/2t po bid for one month (30tab)

**Lab test:** Draw blood for TSH, Free T4

**Lab result on July 7, 2006**

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

**Patient seen by PA Rithy without sending data****1. Lay I, 45F (Taing Treuk Village)****Diagnosis**

1. Tension HA
2. Muscle Pain

**Treatment**

1. Diflunisal 500mg 1t po q12h prnpain (30tab)
2. Paracetamol 500mg 1t po q6h prn HA (30tab)

**2. Prum I, 38F (Taing Treuk Village)****Diagnosis**

1. Parasititis
2. Cachexia

**Treatment**

1. Flubendazole 500mg 1t chew qhs (1tab)
2. MTV 1t po qd (30tab)

**3. Prum Un, 30F (Taing Treuk Village)****Diagnosis**

1. Parasititis

**Treatment**

1. Flubendazole 500mg 1t chew qhs (1tab)
2. MTV 1t po qd (30tab)



#### 4. Sao Khun, 54F (Taing Treuk Village)

##### Diagnosis

1. Left Sciatica

##### Treatment

1. Diflunisal 500mg 1t po bid prn pain (50tab)
2. MTV 1t po qd (30tab)



#### 5. Kin Vorn, 40F (Taing Treuk Village)

##### Diagnosis

1. Tension HA
2. 6 months Pregnancy

##### Treatment

1. Paracetamol 500mg 1t po q6h prn HA (30tab)
2. MTV 1t po qd (60tab)



#### 6. Ream Samach, 28M (kam Pot Village)

##### Diagnosis

1. Dyscentery
2. Parasititis

##### Treatment

1. Metronidazole 250mg 2t po tid x 7d (42tab)
2. Flubendazole 500mg 1t chew qhs (1tab)
3. MTV 1t po qd (30tab)
4. Mg/Al(OH)<sub>3</sub> 250/120mg 2t chew qid prn stomach upset (30tab)



#### 7. Un San, 20M (Rovieng Cheung Village)

##### Diagnosis

1. Right Sciatica

##### Treatment

1. Diflunisal 500mg 1t po bid prn severe pain (50tab)
2. Paracetamol 500mg 1t po qid prn pain (30tab)



#### 8. Prum Yann, 32F (Taing Treuk Village)

##### Diagnosis

1. Tension HA

##### Treatment

1. Paracetamol 500mg 1t po qid prn HA (30tab)
2. MTV 1t po qd (30tab)



**9. Mey Mean, 78M (Bak Daong Village)**

**Diagnosis**

1. Left Sciatica
2. Dyspepsia
3. Cachexia

**Treatment**

1. Paracetamol 500mg 1t po qid prn pain (50tab)
2. Mg/Al(OH)<sub>3</sub> 250/120mg 2t chew qid prn stomach upset (30tab)
3. MTV 1t po qd (30tab)



**10. Chou Gnep, 58F (Anlong Svay Village)**

**Diagnosis**

1. Parasititis
2. Muscle Pain
3. Anemia

**Treatment**

1. Flubendazole 500mg 1t chew qhs (1tab)
2. Paracetamol 500mg 1t po qid prn pain (30tab)
3. MTV 1t po qd (60tab)
4. FeSO<sub>4</sub>/Folic Acid 200/0.25mg 1t po qd (60tab)
- 5.



**11. Yem Sereivuth, 22F (Thnal Keng Village)**

**Diagnosis**

1. Dyspepsia
2. Parasititis
3. Cachexia

**Treatment**

1. Mg/Al (OH)<sub>3</sub> 250/120mg 2t chew qid prn stomach upset (50tab)
2. Flubendazole 500mg 1t chew qhs (1tab)
3. Nutricare 1t po qd (60tab)
4. FeSO<sub>4</sub>/Folic Acid 200/0.25mg 1t po qd (60tab)
- 5.



**12. Tann Runny, 18F (Ton Laop Village)**

**Diagnosis**

1. Dyspepsia
2. Parasititis

**Treatment**

1. Mg/Al(OH)<sub>3</sub> 250/120mg 2t chew po qid prn stomach upset (30tab)
2. Flubendazole 500mg 1t chew qhs (1tab)



**13. Ok Savoeun, 54M (Taing Treuk Village)**

**Diagnosis**

1. Right Sciatica
2. LBP

**Treatment**

1. Diflunisal 500mg 1t po bid prn severe pain (30tab)
2. Paracetamol 500mg 1t po qid prn pain (50tab)
3. Nutricare 1t po qd (30tab)
4. Warm Compress and massage

**14. Thourn Saney, 6F (Ton Laop Village)**

**Diagnosis**

1. Dyscentery
2. Parasititis

**Treatment**

1. Metronidazole 250mg 1t po bid x 10d (20tab)
2. Flubendazole 500mg 1/2t chew qhs (1tab)



**15. Meas Chhim, 67M (Anlong Svay Village)**

**Diagnosis**

1. Dyscentery
2. Parasititis

**Treatment**

1. Metronidazole 250mg 2t po tid x 10d (60tab)
2. Flubendazole 500mg chew 1t qhs (1tab)
3. Metochlorpramide 10mg 1t po qhs x 10d (10tab)
4. Nutricare 1t po qd (30tab)
5. FeSO4/Folic Acid 200/0.25mg 1t po qd (30tab)



**16. Phim Om, 53F (Ton Laop Village)**

**Diagnosis**

1. Constipation
2. Parasititis

**Treatment**

1. Flubendazole 500mg 1t chew qhs (1tab)
2. Nutricare 1t po chew qd (30tab)
3. Increase fiber diet and 2-3L/d of water and exercise



**17. Lim Yenn, 28F (Thnout Malou Village)**

**Diagnosis**

1. Dyspepsia
2. Parasititis
3. Constipation

**Treatment**

1. Mg/Al(OH)3 250/120mg chew 2t qid prn (30tab)

2. Flubendazole 500mg 1t chew qhs (1tab)
3. Increase fiber diet and 2-3L/d of water and exercise



**18. Chey Lomheang, 48F (Thnal Keng Village)**

**Diagnosis**

1. Dyspepsia
2. Parasititis

**Treatment**

1. Mg/Al(OH)<sub>3</sub> 250/120mg 2t chew qid prn stomach upset (30tab)
2. Flubendazole 500mg 1t chew poqhs (1tab)



**19. Van Vy, 28M (Doang Village)**

**Diagnosis**

1. Left Foot Wound

**Treatment**

1. Wound Clean
2. Cephalexine 250mg 2t po tid x 10d (60tab)
3. Diflunisal 500mg 1t po bid prn pain (10tab)



**20. Van Savoeun, 7M (Doang Village)**

**Diagnosis**

1. Pharyngitis

**Treatment**

1. Augmentin 250mg 1t po bid x 7d (15tab)
2. Paracetamol 500mg 1/2t po qid prn fever/pain (20tab)



**21. Pat Chivi, 37F (Rovieng Tbong Village)**

**Diagnosis**

1. Bell's Palsy
2. Muscle Pain

**Treatment**

1. Diflunisal 500mg 1t po bid prn pain (20tab)
2. Nutricare 1t po qd (30tab)
3. Compress for covering infected eye at night



**Patient who missed appointment**

**1. Phim Chourn, 78M (Sangke Roang Village)**

**Diagnosis**

1. COPD
2. Anemia due to iron deficiency

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**The next Robib TM Clinic will be held on  
August 7-11, 2006**