Robib *Telemedicine* Clinic

Preah Vihear Province

O C T O B E R 2 0 0 6

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

On Monday, October 02, 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), October 03 & 04, 2006, the Robib TM Clinic opened to receive the patients for evaluations. There were 7 new cases and 6 follow-up patients, and other 36 patients seen by PA Rithy without sending data. 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, October 04 & 05, 2006.

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

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

Date: Tue, 19 Sep 2006 18:44:49 -0700 (PDT)
From: Robib Telemedicine
To: Rithy Chau; Cornelia Haener; Kruy Lim; Joseph Kvedar; Kathy Fiamma; Paul J. M.D. Heinzelmann; Kim Meng Tan; Gary Jacques; Brian Hammond
CC: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Seda Seng; Peou Ouk; Mony Mao; Tola Khiev
Subject: Robib Telemedicine Schedule for October 2006

Dear all,

I would like to inform you that the trip for Robib TM Clinic will be starting on Monday 02 October 2006 and coming back on Friday 06 October 2006.

The agenda of the trip is as following:

1. On Monday 02 October 2006, PA Rithy, driver and I will be starting the trip from Phnom Penh to Rovieng, Preah Vihea
2. On Tuesday 03 October 2006, we open the clinic 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 04 October 2006, we do the same as on Tuesday and also download the replies been replied from both partners
4. On Thursday 05 October 2006, we download all answers replied from both partners then make the treatment plan accordingly and prepare medication for patients in evening

5. On Friday 06 October 2006, we draw blood from patients for lab test at SHCH then come back to Phnom Penh

Thank you very much for your cooperation in this project.

Best Regards,
Sovann

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, October 03, 2006 8:38 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Cornelia Haener; Kim Meng Tan; Kruy Lim; Brian Hammond; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic October 2006, case#1 Kim Un, 54M (Taing Treuk Village)

Dear all,

Today, PA Rithy and I are at Rovieng for Robib TM Clinic October 2006. We have three new cases and four follow up cases. This is case number one, Kim Un, 54M and photos.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

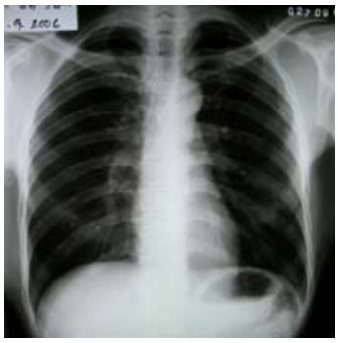
History and Physical

Name/Age/Sex/Village: Kim Un, 54M (Taing Treuk Village)

Chief Complaint (CC): Right upper arm mass x 2y

History of Present Illness (HPI): 54M, farmer, came here complaining of recurrent right upper arm mass 9 months. In the last two years he developed a mass about 1x2cm on right upper arm without redness, tender, warmth, then it developed bigger and bigger from day to day until about 6x8cm so he went to provincial hospital and got surgery. 7 months later the mass developed again near the old scar then he went to Phnom Penh for other surgery. 5months after second surgery the mass developed again about the same side and he came to us. He denied of redness, tender, warmth on the mass.

Past Medical History (PMH): Remote malaria



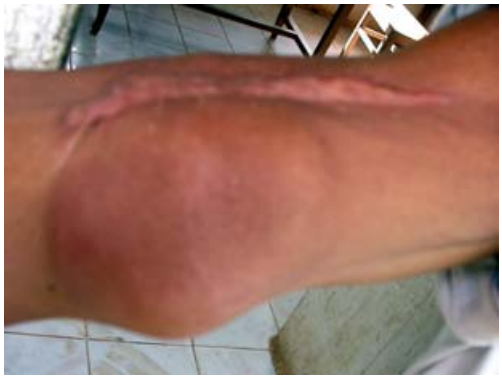
Family History: None

Social History: No smoking, Drink alcohol casually

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): no HA, no dizziness, no chest pain, no palpitation, no diaphoresis, no cough, no fever, no oliguria, no hematuria, no edema



1^{est} surgery on January 15 2005
2nd surgery on January 26, 2006

PE:

Vitals: BP: 98/54 P: 70 R: 18 T: 36.5 Wt: 50kg

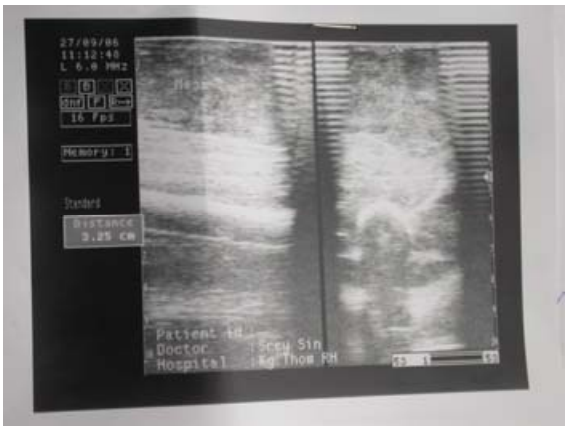
General: Look stable

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

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

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

Extremity: mass on right upper arm about 5x7cm, hard, nodular, fixed, no redness, no tender, regular border



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

Lab/Study: (R) upper arm mass U/S conclusion: Myetone diameter 3.25cm; arm mass U/S photo and CXR attached

Assessment:

1. Right Upper Arm Mass

Plan:

1. Do FNA for cytology
2. Do we need refer him to SHCH for consulting for surgery?

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:** October 3, 2006

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

From: Cornelia haener [mailto:cornelia_haener@online.com.kh]
Sent: Thursday, October 05, 2006 1:47 PM
To: 'Robib Telemedicine'; 'Rithy Chau'; 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Joseph Kvedar'; 'Kim Meng Tan'; 'Kruy Lim'; 'Brian Hammond'; 'Rithy Chau'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib Telemedicine Clinic October 2006, case#1 Kim Un, 54M (Taing Treuk Village)

Dear all,
I am not sure the FNA will give you a lot of information. It would be better to do an excision biopsy. So please rather bring him down to P.P. and show him to the surgeons.
Thanks
Cornelia

No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, October 03, 2006 8:56 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Cornelia Haener; Kim Meng Tan; Kruy Lim; Rithy Chau; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic October 2006 Case#2 Ros Im, 53F (Taing Treuk Village)

Dear all,

This is case number two, Ros Im, 53F and photos.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

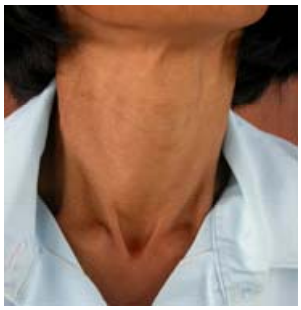
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Ros Im, 53F (Taing Treuk Village)**

Chief Complaint (CC): Neck Mass x 6y

History of Present Illness (HPI): 53F, farmer, came here complaining of neck mass x 6y. She noticed a mass about 1x2cm on right side without any symptoms then in last two years, she presented with symptoms of palpitation, fatigue, dizziness, heat intolerance, tremor, insomnia so she went to local health center and was treated with a few medication but not better. She didn't find other medical care. She denied of HA, diaphoresis, chest pain, nausea, vomiting, sore throat, cough, fever, oliguria, dysuria, hematuria, edema.



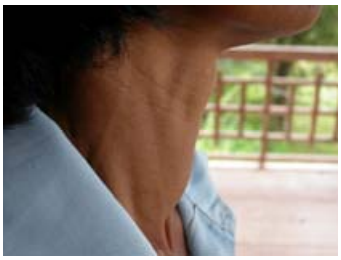
Past Medical History (PMH): Remote malaria

Family History: Sister with hyperthyroidism

Social History: No smoking, no alcohol 1L/delivery (7 children)

Current Medications: None

Allergies: NKDA



Review of Systems (ROS): Post menopause 1y

PE:

Vitals: BP: 108/60 P: 108 R: 18 T: 36.5 Wt: 41kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 5x6cm, soft, smooth, no redness, no tender, mobile on swallowing, no bruit ,no lymph node palpable, no JVD

Chest: CTA bilaterally, no rales, no chonchi; H tachycardia, RR, no murmur

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

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

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

Lab/Study: None

Assessment:

1. Goiter
2. Tachycardia

Plan:

1. Propranolol 40mg 1/2t po qd for one months

Lab/Study Requests: Draw blood for TSH, 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:** October 3, 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, October 04, 2006 1:24 AM
To: Fiamma, Kathleen M.; tmed_rithy@online.com.kh
Cc: robibtelemed@yahoo.com
Subject: RE: Robib Telemedicine Clinic October 2006 Case#2 Ros Im, 53F (Taing Treuk Village)

This 53 y/o woman with tachycardia and goiter is likely hyperthyroid from Graves' disease or toxic multinodular goiter. Work-up should include TSH, FT4, T3 as suggested, followed by thyroid scan if hyperthyroidism is confirmed. If scan shows Graves' disease or toxic multinodular goiter, radioactive iodine treatment or surgery could be offered. If hyperthyroidism is not confirmed, then a biopsy of the mass should be done, followed by appropriate treatment depending on the results.

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: Cornelia haener [mailto:cornelia_haener@online.com.kh]
Sent: Thursday, October 05, 2006 2:10 PM
To: 'Robib Telemedicine'; 'Rithy Chau'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kathy Fiamma'; 'Kim Meng Tan'; 'Kruy Lim'; 'Rithy Chau'; 'Brian Hammond'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib Telemedicine Clinic October 2006 Case#2 Ros Im, 53F (Taing Treuk Village)

Dear all,
I agree with your plan. If she is hyperthyroid, I suggest to treat her till T3 and T4 are normal for two months and then send her for surgery.
Thanks
Cornelia

Date: Tue, 3 Oct 2006 14:43:55 -0700 (PDT)
From: Lim kruy
Subject: Re: Robib Telemedicine Clinic October 2006 Case#2 Ros Im, 53F (Taing Treuk Village)
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Cornelia Haener; Kim Meng Tan; Rithy Chau; Brian Hammond
CC: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib Telemedicine Clinic October 2006 Case#2 Ros Im, 53F (Taing Treuk Village)
Dear Rithy and Sovann,

I would suggest to do one EKG and add CBC/reticu in you blood test.

Propranole would use 10mg BID.

thanks
kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, October 03, 2006 9:23 PM
To: Rithy Chau; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic October 2006, Case#3 Kong Nareun, 31F (Taing Treuk Village)

Dear all,

This is case number three, Kong Nareun, 31F and photos.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

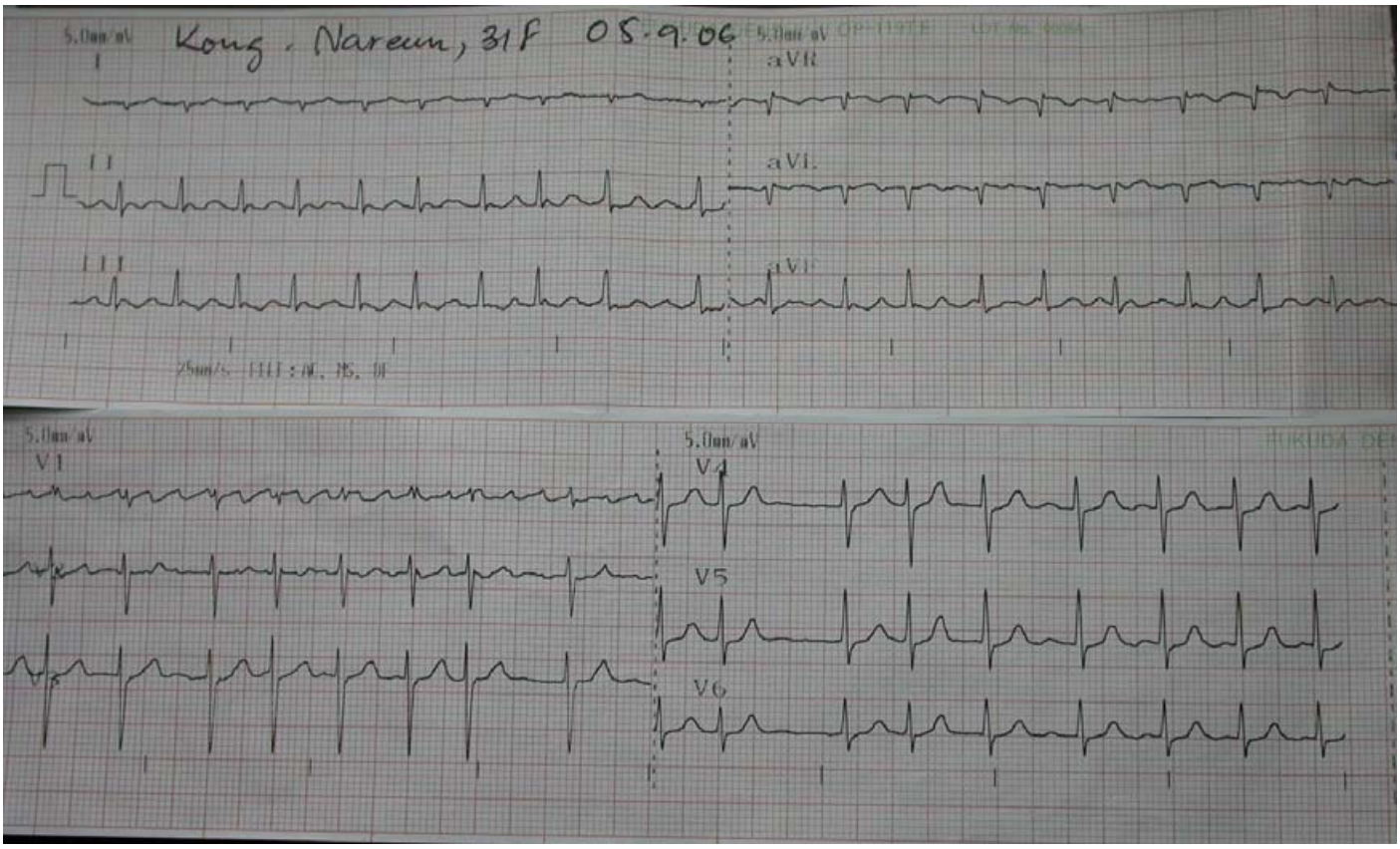
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Kong Nareun, 31F (Taing Treuk Village)**

Chief Complaint (CC): Palpitation x 3y

History of Present Illness (HPI): 31F, farmer, came here complaining of palpitation x 3y. In last three years, she developed with symptoms of palpitation, fatigue, dizziness, diaphoresis, cold extremity, blurred vision so she went to a local clinic then was advised to have consultation at Phnom Penh and diagnosed with MR, treated with a few medications. She felt better but she didn't have enough money for traveling to Phnom Penh so she missed her follow up. She came to us in the last month with palpitation, HA, dizziness, fatigue, tachycardia, and treated with propranolol 40mg 1/2t po bid and come to meet in this month. She denied of dyspnea, cough, fever, chest pain, syncope, GI problem, oliguria, dysuria, hematuria, edema.



Past Medical History (PMH): VHD (MR) in 2003

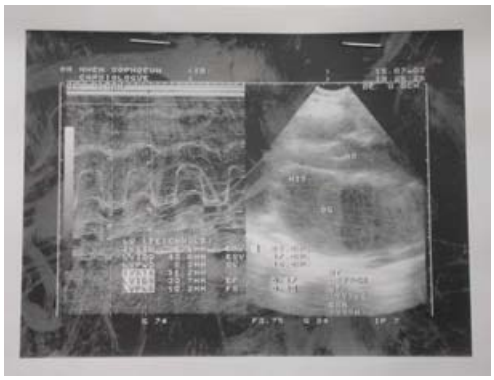
Family History: None

Social History: No smoking, no EtOH

Current Medications: Propranolol 40mg 1/2t po bid

Allergies: NKDA

Review of Systems (ROS): Regular period last on September 21 2006



PE:

Vitals: BP: 100/62 P: 100 R: 20 T: 37 Wt: 52kg

General: Look stable

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

Chest: CTA bilaterally, no rales, no chonchi; H RR with skip beat, no murmur

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

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

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

Lab/Study: EKG on September 05, 2006 attached
On July 15, 2003
Echocardiography
FS: 30%
EF: 57%
Conclusion: Severe MR
Lab Result:

WBC	=6.7	[4 - 10]	Na	=144	[135 - 145]
RBC	=4.4	[3.9 - 5.5]	K	=4	[3.5 - 5.0]
Hb	=11.5	[12.0 - 15.0]	Cl	=105	[<31]
Ht	=32.6	[35 - 47%]	SGOT	=30	[<31]
MCV	=73.3	[80 - 100fl]	SGPT	=36	[44 - 80]
MCH	=25.8	[25 - 35pg]	Glu	=0.76	[0.75 – 1.10]
MHCH	=35.3	[30 - 37%]	T. Chol	=1.46	[1.40 - 2.70]
			TG	=0.52	[0.40 - 1.45]

Assessment:

1. VHD (MR)
2. PVC
3. Tachycardia

Plan:

1. Atenolol 50mg 1/2t po bid for one months

Lab/Study Requests: Draw blood for Lyte, BUN, Creat, Gluco 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:** October 3, 2006

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

No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, October 03, 2006 9:10 PM
To: Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kim Meng Tan; Kruy Lim; Rithy Chau; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic October 2006 ,mCase#4 Sath Rim, 50F (Taing Treuk Village)

Dear all,

This is case number four, Sath Rim, 50F and photo.

Best Regards,
Sovann/Rithy

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, DMII, Anemia, Dyspepsia. She feel better than before with symptoms of normal appetite, normal bowel movement. She denied of fatigue, dizziness, diaphoresis, cough, fever, chest pain, palpitation, nausea, vomiting, polyphagia, polyuria, oliguria, dysuria, edema. But she still presents with numbness on the legs.

Objective:

VS: BP:(L) 200/100, (R) 170/98 P 89 R 20 T 36.5 Wt 48kg

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; HRRR, no murmur

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

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

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

Labs/Studies: FBS: 107mg/dl, Hb: 11g/dl; UA: prot 3+, Leuk 2+, Bld 1+

Current Medications:

1. Glibenclamide 5mg 1t po tid
2. Metformine 500mg 1t po bid
3. Captopril 25mg 1t po tid
4. Atenolol 50mg 1t po bid
5. Amitriptyline 25mg 1t po qhs
6. FeSO4/Folic Acid 200/0.25mg 1t po bid
7. Paracetamol 500mg 1t po q6h prn HA
8. Mg/Al(OH)3 250/120mg 1t po qhs

Allergies: NKDA

Assessment:

1. HTN
2. DMII
3. Anemia
4. UTI

Plan:

1. Glibenclamide 5mg 1t po tid for one month
2. Metformine 500mg 1t po bid for one month
3. Lisinopril 20mg 1t po qd for one month
4. Atenolol 50mg 1t po bid for one month
5. Amitriptyline 25mg 1t po qhs for one month
6. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month
7. Ciprofloxacin 500mg 1t po bid for 3d

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: October 3, 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, October 04, 2006 9:42 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com; tmed_rithy@online.com.kh; tmed_rithy@bigpond.com.kh
Subject: RE: Robib Telemedicine Clinic October 2006 ,Case#4 Sath Rim, 50F (Taing Treuk Village)

Sorry for the delay -

I agree with your plan. RE numbness; Hmmm this is tough...could be neuropathy related to diabetes or perhaps the anemia.

The UA shows +leukocytes (clean catch?) and the presence of blood. Typically, in an asymptomatic patient this is called microscopic hematuria. Common causes of microscopic hematuria include:

Urinary tract (bladder) infection [As you have diagnosed].....

FYI other causes include:

Swelling in the filtering system of the kidneys (ie glomerulonephritis)
A stone in the bladder or in a kidney
A disease that runs in families, (i.e. polycystic kidney disease)
Some medicines
A blood disease, like sickle cell anemia
A tumor in your urinary tract (this may or may not be cancer)
Exercise (this will usually go away in 24 hours)

Ideally - she should have her UA repeated in follow up.

Nice job

Paul Heinzelmann, MD

Date: Tue, 3 Oct 2006 14:37:16 -0700 (PDT)
From: Lim kruy
Subject: Re: Robib Telemedicine Clinic October 2006 ,mCase#4 Sath Rim, 50F (Taing Treuk Village)
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kim Meng Tan; Rithy Chau; Brian Hammond
CC: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Dear Rithy and Sovann,

I think you over treat UTI, patient did not have any symptom, UA present leukocyte not mean UTI especially women. I would not treat this patient for UTI.

For glibenclamide you may need to switch to BID for good compliance.

The remaining plan , i am agree with you both,

Kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, October 03, 2006 9:37 PM
To: Rithy Chau; Rithy Chau; Kim Meng Tan; Kruy Lim; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Cornelia Haener; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib Telemedicine Clinic October 2006, Case#5 Ros Lai, 65F (Taing Treuk Village)

Dear all,

This is case number five, Ros Lai, 65F and photos.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

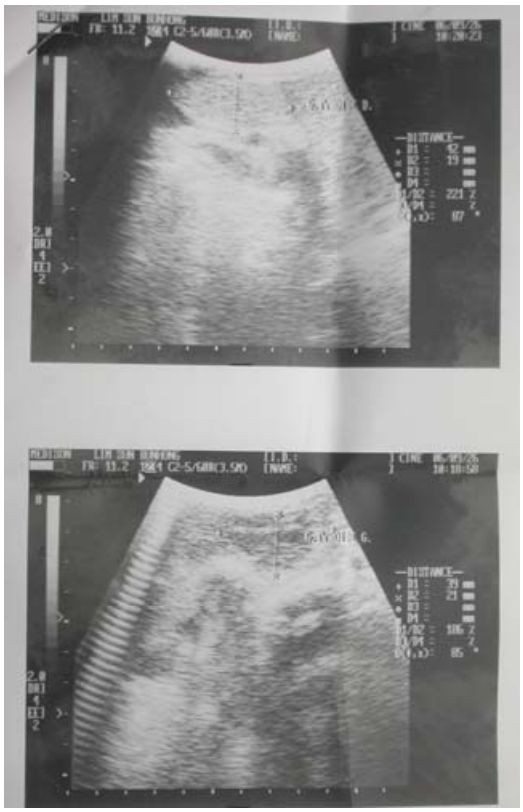
Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: Ros Lai, 65F (Taing Treuk Village)

Subjective: 65F came to follow up of Goiter, and Anemia. In these three days, she presented with symptoms of low grade fever, HA, sneezing, cough, normal appetite, normal bowel movement. She denied of sore throat, dyspnea, chest pain, palpitation, dizziness, fatigue, diaphoresis, GI problem, oliguria, dysuria, hematuria, edema.



Objective:

VS: BP: 102/58 P: 80 R 20 T 37.15
Wt 42kg

PE (focused):

General: Look stable

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

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

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

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

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

Labs/Studies: Hb: 10g/dl

Neck U/S on 27 September 2006 attached:
(R) side: 42x19
(L) side: 39x21
(Conclusion: Nodular Goiter)

Current Medications:

1. FeSO4/Folic Acid 200/0.25mg 1t po bid
2. MTV 1t po bid

Allergies: NKDA

Assessment:

1. Subclinical Hyperthyroidism
2. Nodular Goiter
3. Anemia
4. Common Cold

Plan:

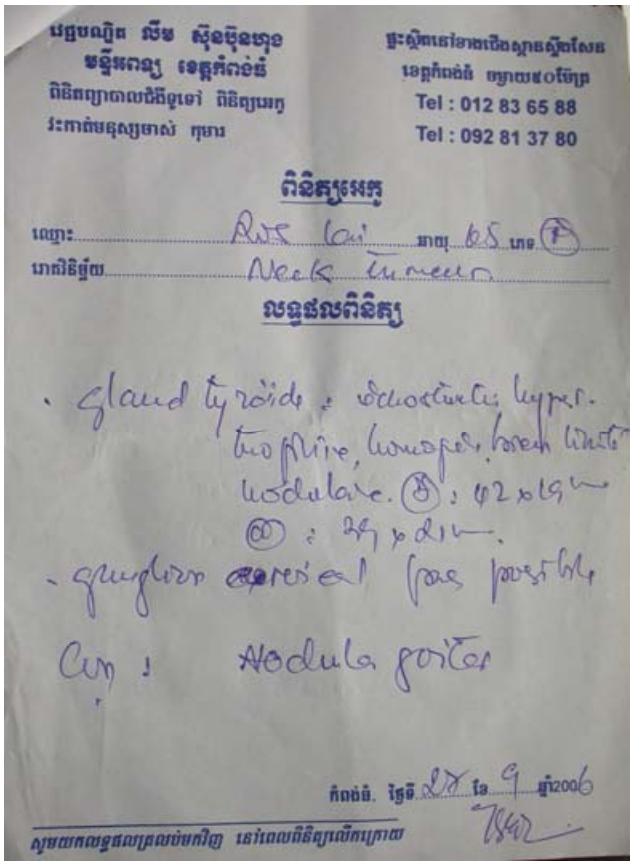
1. FeSO4/Folic Acid 200/0.25mg 1t po bid for two months
2. MTV 1t po bid for two months
3. Paracetamol 500mg 1t po q6h prn fever for two months

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: October 3, 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, October 04, 2006 1:31 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib Telemedicine Clinic October 2006, Case#5 Ros Lai, 65F (Taing Treuk Village)

I am not sure she has subclinical hyperthyroidism, as I have not seen thyroid function tests recommended before. I am also worried, as I mentioned before, that her anemia and fever remain unexplained. If you have results on her TFTs I will be glad to comment on them, but for the time being, my opinion remains the one stated on the last e-mail.

From: Cornelia haener [mailto:cornelia_haener@online.com.kh]
Sent: Thursday, October 05, 2006 1:53 PM
To: 'Robib Telemedicine'; 'Rithy Chau'; 'Rithy Chau'; 'Kim Meng Tan'; 'Kruy Lim'; 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Joseph Kvedar'; 'Brian Hammond'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib Telemedicine Clinic October 2006, Case#5 Ros Lai, 65F (Taing Treuk Village)

Dear Rithy and Sovann,
I agree with your plan. As she is subclinically hyperthyroid with small nodular goiter and 65 years old, I agree that conservative mangement is a good plan. She might turn around to be hyperthyroid one day, but may be not. I am more aggressive for the surgical option in younger patients with bigger goiters.
Regards
Cornelia

Date: Tue, 3 Oct 2006 14:28:43 -0700 (PDT)
From: Lim kruy <kruylim@yahoo.com>
To: Robib Telemedicine; Rithy Chau; Kim Meng Tan; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Cornelia Haener; Brian Hammond
CC: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib Telemedicine Clinic October 2006, Case#5 Ros Lai, 65F (Taing Treuk Village)

Dear Rithy and Sovann,

Yes, I do agree with your plan

kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, October 03, 2006 10:05 PM
To: Rithy Chau; Rithy Chau; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Kim Meng Tan; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic for October 2006, Case#6 Lay Lim, 28F (Taing Treuk Village)

Dear all,

This is case number six, Lay Lim, 28F and photo.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

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

SOAP Note

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

Subjective: 28F came to follow up of VHD??, IHD, Bradycardia. She still complained of retrosternal discomfort, palpitation, fatigue, and felt sharp pain on left scapular, radiate to left arm, better with massage; normal appetite, normal bowel movement. She denied of nausea, vomiting, fever, cough, dyspnea, HA, dizziness, diaphoresis, oliguria, hematuria, dysuria, edema.

Objective:

VS: BP: 110/70 P: 100 R 20 T 36 Wt 55kg

PE (focused):

General: Look stable

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

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

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

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

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

Labs/Studies:
On September 08, 2006

WBC	=7	[4 - 11x10^{9}/L]	Na	=138	[135 - 145]
RBC	=4.7	[3.9 - 5.5x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=12.4	[12.0 - 15.0g/dL]	Ca Ioniz	=1.11	[1.12 - 1.32]
Ht	=38	[35 - 47%]	BUN	=1.3	[0.8 - 3.9]
MCV	=81	[80 - 100fl]	Creat	=54	[44 - 80]
MCH	=26	[25 - 35pg]	Glu	=5.1	[4.2 - 6.4]
MHCH	=33	[30 - 37%]	TSH	=0.84	[0.49 - 4.67]
Plt	=241	[150 - 450x10^{9}/L]			
Lym	=2.1	[1.0 - 4.0x10^{9}/L]			

Current Medications: None

Allergies: NKDA

Assessment:

1. VHD??
2. IHD??

Plan:

1. Do other 2D echo at Calmet Hospital in Phnom Penh for confirmation if she is able

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: October 3, 2006**

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

Date: Tue, 3 Oct 2006 14:11:39 -0700 (PDT)
From: Lim kruy
To: Robib Telemedicine; Rithy Chau; Rithy Chau; Paul J. M.D. Heinzelmann Kathy Fiamma; Joseph Kvedar; Kim Meng Tan; Brian Hammond
CC: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic for October 2006, Case#6 Lay Lim, 28F (Taing Treuk Village)

Dear Sovann and Rithy,

This patient is same patient from last month name Lay Lai, 28F (Taing Treurk).
I would not think she have any valvuloheart disease or ischemic heart according to the previous Echo by now, no any clinical evident.

If the previous echo correct, she may have other autoimmunue disease like SLE,
Her facial look like butterfly rash to me but this time is better then before.
Please ask for other hair lose, unexplaine fatigue, fever, any rash, joint pain, another UA,
you make ask for other symptome related to anxiety as well.

Previous EKG is appear sinus bradycardia, you may check another EKG (HR now 100).

Take care
kruy

No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Tuesday, October 03, 2006 9:54 PM
To: Rithy Chau; Rithy Chau; Kim Meng Tan; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Cornelia Haener; Brian Hammond
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic for October 2006, Case#7 Thorng Khourn, 70F (Bak Dong Village)

Dear all,

This is case number seven, Thorng Khourn, 70F and photos. Please wait for other cases tomorrow and reply as soon as possible or before thursday afternoon. Thank you very much for your cooperation in this project.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

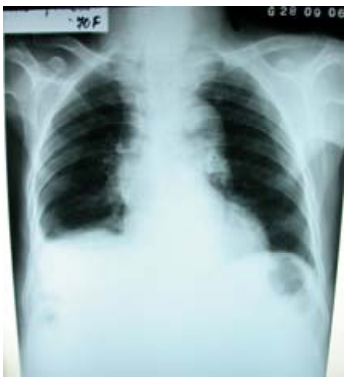
Sihanouk Hospital Center of HOPE and Partners in Telemedicine
Rovieng Commune, Preah Vihear Province, Cambodia

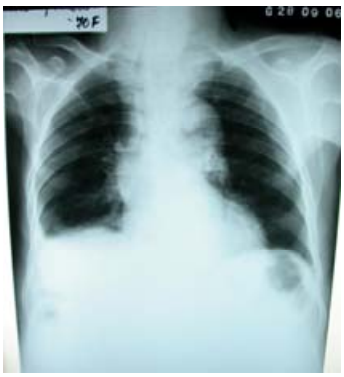
SOAP Note

Patient Name & Village: Thorng Khourn, 70F (Bak Dong Village)

Subjective: 70F came to follow up of Ascititis, VHD??, Severe anemia, Nodular Goiter. She is better than before with less SOB, abd discomfort, good appetite, normal bowel movement, cough with white sputum on/off, drink water about 1L/d and urine output about 1/2L/d
She denied of fever, diaphoresis, dizziness, HA, Chest pain, palpitation, nausea, vomiting, oliguria, dysuria, hematuria.

Objective:





VS: BP: 122/70 P: 80 R 22 T 37.16 Wt 45kg

PE (focused):

General: Look sick

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

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

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

Extremity/Skin: 2-3+ pitting edema on legs and arms, no rash, no lesion

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

Labs/Studies:
On September 8, 2006

WBC	=4	[4 - 11x10^9/L]	Na	=137	[135 - 145]
RBC	=2.3	[3.9 - 5.5x10^{12}/L]	K	=4.1	[3.5 - 5.0]
Hb	=4.3	[12.0 - 15.0g/dL]	Cl	=113	[95 - 110]
Ht	=16	[35 - 47%]	BUN	=3.8	[0.8 - 3.9]

MCV	=70	[80 - 100fl]	Creat	=95	[44 - 80]
MCH	=19	[25 - 35pg]	Glu	=5.4	[4.2 - 6.4]
MHCH	=27	[30 - 37%]	T. Chol	=1.5	[<5.7]
Plt	=174	[150 - 450x10^9/L]	Albu	=17	[38 - 54]
Lym	=1.3	[1.0 - 4.0x10^9/L]	Prot	=63	[62 - 80]
Mxd	=1.4	[0.1 - 1.0x10^9/L]	SGOT	=66	[<30]
Neut	=1.7	[1.8 - 7.5x10^9/L]	SGPT	=32	[<30]
Reticu count	=0.8	[0.5 - 1.5]	TSH	=0.75	[0.49 - 4.67]

Microcytic 2+
Hypocromic 3+
Poikilocytosis 2+
HCV reactive
Hbs-Ag nonreactive

On September 28 2006

Abd US attached (Conclusion: Chronic hepatitis)
Neck US attached (Conclusion: Nodular Goiter)
CXR attached

Today

Hb: 7g/dl

Current Medications:

1. FeSO4/Folic Acid 200/0.25mg 1t po bid
2. MTV 1t po bid
3. Furosemide 20mg 2t po qd in first two weeks then 1t po qd in last two weeks

Allergies: NKDA

Assessment:

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

Plan:

1. Furosemide 20mg 2t po qd for two weeks
2. Spironolactone 25mg 1t po bid for one month
3. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month
4. MTV 1t po bid for one month
5. Restrict fluid intake less than 1L/d, Low Na diet, eat 1banana/d while on Furosemide

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: October 3, 2006**

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

entities other than the intended recipient is prohibited. If you received this e-mail in error, please contact the sender and delete material from any computer.

From: Smulders-Meyer, Olga,M.D. [mailto:OSMULDERSMEYE@PARTNERS.ORG]
Sent: Wednesday, October 04, 2006 5:00 AM
To: Fiamma, Kathleen M.
Cc: robibtelemed@yahoo.com,; tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic for October 2006, Case#7 Thorng Khourn, 70F (Bak Dong Village)

Thank you for the feedback on your patient Thorng Khourn, now diagnosed with decompensate Hepatitis C and associated Cirrhosis.
Glad to hear she's feeling somewhat better. Still,how prognosis is not good of course.

Management should be aimed at gentle dieresis: starting Spironolactone at 100 mg in the morning as well as Lasix 40 mg in the morning, both given at the same time. This can gradually be increased to higher doses, Maximum doses for Spironolactone is 400 mg /qd and Lasix 160 mg/ every day . If she is uncomfortable, if she reaccumulates fluid, she would benefit from a therapeutic Paracentesis, the removal of the ascites fluid from the abdomen.
The patient was advised to adhere to a very low Sodium diet. This is extremely important, and you will need to educate her about that. She should avoid NSAIDS.

Her liver function tests are elevated, her ALbumen is low and this indicates the liver is not able to produce these proteins.
She is very anemic and I would test her patient as well, as this is made in the liver and most likely elevated, making her at risk for bleeding.

her Hct is extremely low, I am surprised she is not short of breath . I would give her as much iron as she can tolerate. Educating her about the reduced salt intake and providing her with adequate dieresis will be the most important things you can do for her. Her prognosis is very guarded.

Olga Smulders-Meyer, MD

Date: Tue, 3 Oct 2006 14:24:39 -0700 (PDT)
From: Lim kruy <kruylim@yahoo.com>
To: Robib Telemedicine; Rithy Chau; Rithy Chau; Kim Meng Tan; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Cornelia Haener; Brian Hammond
CC: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic for October 2006, Case#7 Thorng Khourn, 70F (Bak Dong Village)

Dear Rithy and Sovann,

I would suggest to add folic acide 5mg qd and increased fluid in take from 1500-1000ml but not less then 1L.

Be aware of hepatorenal, creatinin is increase.

You may need to do pelvic exam as well ??

Take care

kruy

Date: Tue, 3 Oct 2006 17:51:43 -0700 (PDT)
From: Lim kruy
To: Lim kruy; Robib Telemedicine; Rithy Chau; Rithy Chau; Kim Meng Tan; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Cornelia Haener; Brian Hammond
CC: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach

Subject: Re: Robib TM Clinic for October 2006, Case#7 Thorng Khourn, 70F (Bak Dong Village)

Sorry, i had been forget to add some lab test. I would check TSh as well for her thyroid.

Kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, October 04, 2006 5:55 PM
To: Rithy Chau; Kim Meng Tan; Paul J. M.D. Heinzelmann; Kathy Fiamma; Joseph Kvedar; Kruy Lim; Cornelia Haener; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic for October 2006, Case#8, Khem Vanny, 10F (Thnout Malou Village)

Dear all,

Today is the second day for Robib TM Clinic October 2006. We have 4 new cases and 2 follow up cases. This is case continued from yesterday number eigh, Khem Vanny, 10F and photos.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

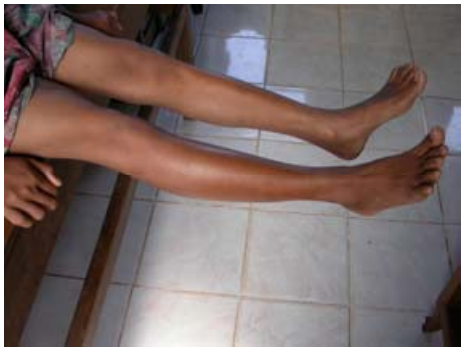
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Khem Vanny, 10F (Thnout Malou Village)

Chief Complaint (CC): Unable to flex right knee x 4y

History of Present Illness (HPI): 10F, student, was brought to us by her mother complaining of unable to flex right knee x 4y. Because she was ill when she was about 4 - 5y she was treated with IM medication on right thigh. She felt too much pain on right thigh so it cause her scar to flex her knee, since then she couldn't flex her knee and getting worse from day to day and didn't find any medical care. She denied of redness, swelling, warmth, ecchymosed, any trauma. She can do all daily activity.

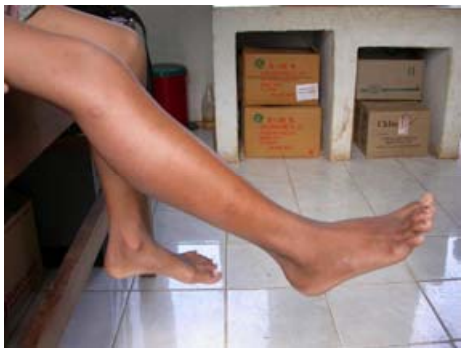


Past Medical History (PMH): Dengue fever when she was three years old

Current Medications: None

Allergies: NKDA

Family History: None



Social History: Student grade 5, no ETOH, no smoking

Review of Systems (ROS): Normal appetite, normal bowel movement, no fever, no cough, no dyspnea, no oliguria, no hematuia, no edema, no trauma

PE:

Vitals: BP: 96/58 P: 100 R: 20 T: 36.5
wt: 22kg

General: Look stable

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

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

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

MS/Neuro/Extremily: ROM intact on joint except right knee joint, only 15 – 20^{o} flexion, but fully extension, no redness, no swelling, no echymosis, sensory intact, (+) dorsalis pedis

Lab/Study: None

Assessment:

1. Right knee Frozen Joint

Plan:

1. Can we refer her to KB, SHCH, or Kean Khlang

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: October 4, 2006**

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

From: Cornelia haener [mailto:cornelia_haener@online.com.kh]
Sent: Thursday, October 05, 2006 1:53 PM
To: 'Robib Telemedicine'; 'Rithy Chau'; 'Kim Meng Tan'; 'Paul J. M.D. Heinzelmann'; 'Kathy Fiamma'; 'Joseph Kvedar'; 'Kruy Lim'; 'Rithy Chau'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinic for October 2006, Case#8, Khem Vanny, 10F (Thnout Malou Village)

Dear all,
it might be good to have an X-ray of the knee before deciding to bring him down to P.P.
I will discuss the X-rays with one of the visiting orthopedic surgeons and ask him if there is any chance to help him with a surgical procedure.
Kind regards
Cornelia

No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, October 04, 2006 6:12 PM
To: Rithy Chau; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Kim Meng Tan; Cornelia Haener

Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinin for October 2006, Case#9 Khem Ban, 4M (Thnout Malou Village)

Dear all,

This is case number nine, Khem Ban, 4M and photos.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

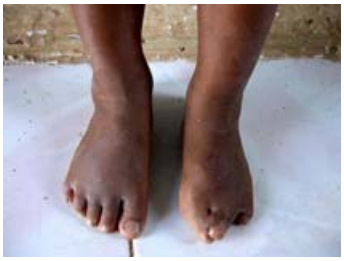
Rovieng Commune, Preah Vihear Province, Cambodia

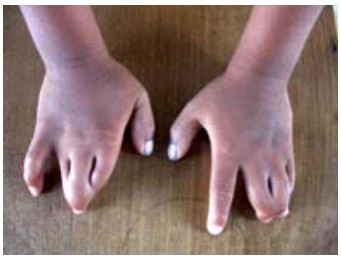
History and Physical

Name/Age/Sex/Village: Khem Ban, 4M (Thnout Malou Village)

Chief Complaint (CC): Extremity deformity since birth

History of Present Illness (HPI): 4M was brought to us by her mother complaining of extremity deformity since birth. He was brought to us for consultation incase we can help him. He can do daily activity (eating, drinking, carry something…). Because she doesn't have enough money so she haven't find any medical care for her child.





Past Medical History (PMH): Unremarkable

Current Medications: None

Allergies: NKDA

Family History: None

Social History: No EtOH, no smoking

Review of Systems (ROS): Normal appetite, normal bowel movement, no fever, no cough, no dyspnea, no oliguria, no hematuia, no edema

PE:

Vitals: BP: 86/48 P: 100 R: 22 T: 36.5 wt: 12kg

General: Look stable

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

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

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

MS/Neuro/Extremily: no tender, no swelling, no redness
Right Arm: index, middle, ring finger fused together
Left Arm: middle, ring, little finger fused together
Left Leg: finger fused together except little finger

Lab/Study: None

Assessment:

1. Extremity Deformity

Plan:

1. Can we refer her to KB, SHCH, or Kean Khlang

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: October 4, 2006**

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

From: Cornelia haener [mailto:cornelia_haener@online.com.kh]
Sent: Thursday, October 05, 2006 2:10 PM
To: 'Robib Telemedicine'; 'Rithy Chau'; 'Rithy Chau'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Kathy Fiamma'; 'Kruy Lim'; 'Kim Meng Tan'
Cc: 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'
Subject: RE: Robib TM Clinin for October 2006, Case#9 Khem Ban, 4M (Thnout Malou Village)

Dear all,
I would suggest to bring this child to Rose Charity at Kieng Kleang and let them evaluate when they want to operate on these syndactylies.
Kind regards
Cornelia

No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, October 04, 2006 6:23 PM
To: Rithy Chau; Kim Meng Tan; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kruy Lim; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic for October 2006, Case#10 Nung Chhun, 70F (Ta Tong Village)

Dear all,

This is case number ten, Numg Chhun, 70F and photo.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Nung Chhun, 70F (Ta Tong Village)

Chief Complaint (CC): HA, Dizziness x 5y

History of Present Illness (HPI): 70F, farmer with HTN (prn drugs) came to us complaining of HA, dizziness, fatigue, diaphoresis. First time she presented the symptoms she didn't find any medical care, just asked local healer to see her at home and knew that her BP elevated and bought HTN drugs from pharmacy and taken while the symptoms happen. She denied of fever, cough, dyspnea, palpitation, chest pain, GI problem, oliguria, dysuria, hematuria, stool with mucus or blood, edema.

Past Medical History (PMH): HTN x 5y

Current Medications: HTN drugs prn (unknown name)

Allergies: NKDA

Family History: None

Social History: Drinking alcohol 1l/delivery (12 Children), no smoking

Review of Systems (ROS): Post menopause

PE:

Vitals: BP: 150/88 P: 74 R: 20 T: 36.5 wt: 44kg

General: Look stable

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

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

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

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

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

Lab/Study: RBS: 168mg/dl; UA: Prot 2+, Gluco 4+

Assessment:

1. HTN
2. Hyperglycemia?

Plan:

1. HCTZ 50mg 1/2t po qd for one month

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluco, TG, Tot Chol 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: October 4, 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: Thursday, October 05, 2006 5:04 AM
To: Fiamma, Kathleen M.; robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: RE: Robib TM Clinic for October 2006, Case#10 Nung Chhun, 70F (Ta Tong Village)

This patient has hypertension and diabetes.
starting a diuretic medication for blood pressure control is adequate.
She will also need a pill to control her diabetes.
She needs education on the types of food to eat to control her blood pressure and diabetes.

Good luck,

Paul Cusick MD>

Date: Wed, 4 Oct 2006 14:18:55 -0700 (PDT)
From: Lim kruy <kruylim@yahoo.com>
To: Robib Telemedicine; Rithy Chau Kim Meng Tan; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma
CC: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic for October 2006, Case#10 Nung Chhun, 70F (Ta Tong Village)

Dear Rithy and Sovann,

As the patient had abnormal RBS with proteinuria, I would start with ACE low dose and ASA.

Check Fasting blood sugar is more then 150mg, i would start low dose glibenclamide 2.5mg qd as well.

Take care
kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, October 04, 2006 6:42 PM
To: Kim Meng Tan; Joseph Kvedar; Kathy Fiamma; Paul J. M.D. Heinzelmann; Kruy Lim; Rithy Chau; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic for October 2006, Case#11 Som Thol, 57M (Taing Treuk Village)

Dear all,

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

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

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

SOAP Note

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

Subjective: 57M came to follow up of DMII with PNP. He is stable, have normal appetite, normal bowel movement, and denied of HA, chest pain, dyspnea, cough, polyphagia, polyuria, oliguria, dysuria, hematuria, edema, numbness, tingling. Yesterday he came to meet us for follow up for whole morning without eating anything so when he back home, he present with dizziness, fatigue, palpitation, cold extremity, diaphoresis then went to private clinic and got treatment with iv medication for one time.

Objective:

VS: BP: 94/60 P: 98 R: 20 T: 36.5 Wt: 55kg

PE (focused):

General: Look stable

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

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

Labs/Studies:
On August 11, 2006
HbA1c =10.8 [5.5 - 8.5 nondiabetic]

On October 3, 2006
FBS: 297mg/dl, FBS: 231mg/dl (after 2L water)

On October 4, 2006
RBS: 538mg/dl, UA: Gluco 4+

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

Allergies: NKDA

Assessment:

1. DMII with PNP

Plan:

1. Glibenclamide 5mg 2t po bid for one month
2. Amitriptyline 25mg 1t po qhs for one month
3. Review him on diabetic diet and 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: October 4, 2006**

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

Date: Wed, 4 Oct 2006 13:50:50 -0700 (PDT)
From: Lim kruy
To: Robib Telemedicine; Kim Meng Tan; Joseph Kvedar; Kathy Fiamma; Paul J. M.D. Heinzelmann Rithy Chau
CC: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic for October 2006, Case#11 Som Thol, 57M (Taing Treuk Village)

Dear Rithy and Sovann,

I would add metformin 500mg BID (RBS is very hight) and ASA as well.

Thanks
kruy

No answer replied from Boston

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, October 04, 2006 6:35 PM
To: Kim Meng Tan; Joseph Kvedar; Kathy Fiamma; Paul J. M.D. Heinzelmann; Kruy Lim; Rithy Chau; Rithy Chau
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic for October 2006, Case#12 Sam Logn, 51M (Dam NakChen Village)

Dear all,

This is case number twelve, Sam Logn, 51M and photo.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners in Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Patient Name & Village: Sam Logn, 51M (Dam NakChen Village)

Subjective: 51M came to follow up of DMII. He is better than before with normal bowel movement, appetite but still present with symptoms of dizziness, fatigue, diaphoresis, palpitation. He denied of cough, sore throat, fever, dyspnea, chest pain, GI problem, polyuria, oliguria, hematuria, dysuria, numbness, tingling.

Objective:

VS: BP: 128/70 P: 120 R: 22 T: 37 Wt: 55kg

PE (focused):

General: Look stable

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

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

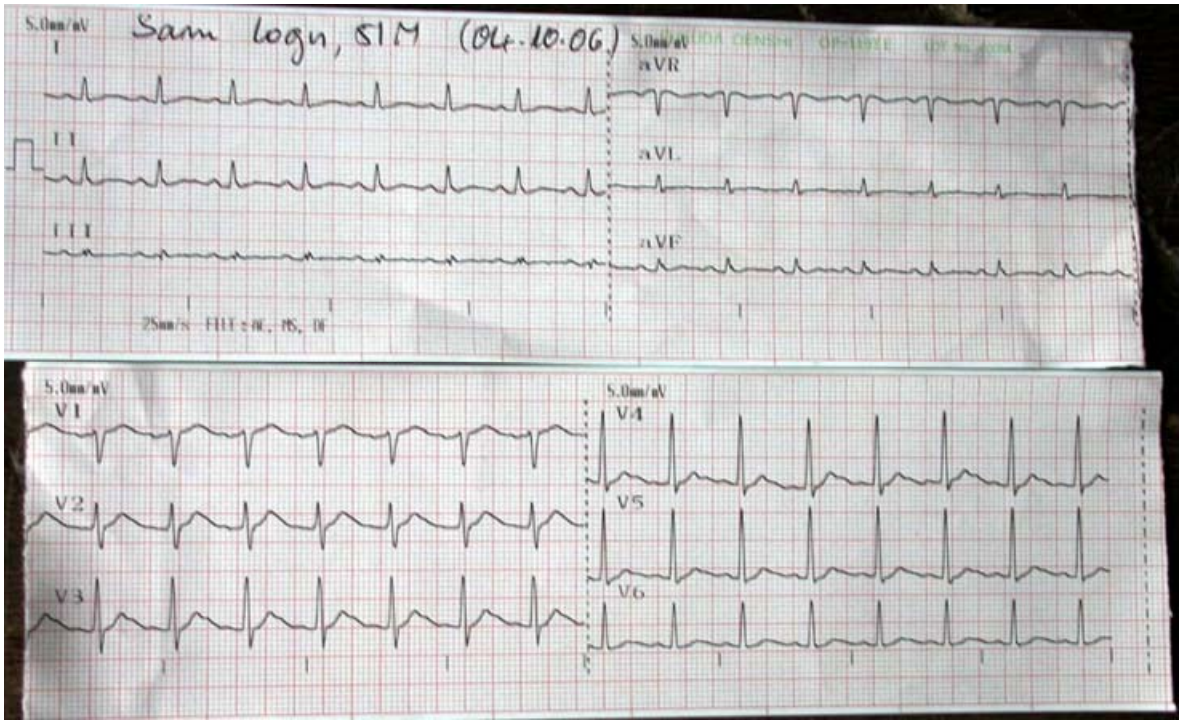
Labs/Studies:

On September 8, 2006

WBC	=10	[4 - 11x10^{9}/L]	Na	=141	[135 - 145]
RBC	=6.2	[4.6 - 6.0x10^{12}/L]	K	=3.6	[3.5 - 5.0]
Hb	=16.5	[14.0 - 16.0g/dL]	BUN	=1.4	[0.8 - 3.9]
Ht	=52	[42 - 52%]	Creat	=47	[53 - 97]
MCV	=84	[80 - 100fl]	Glu	=5.6	[4.2 - 6.4]
MCH	=27	[25 - 35pg]	HbA1C	=10.4	[4 - 6]
MHCH	=32	[30 - 37%]			
Plt	=224	[150 - 450x10^{9}/L]			
Lym	=4.6	[1.0 - 4.0x10^{9}/L]			
Mxd	=1.5	[0.1 - 1.0x10^{9}/L]			
Neut	=3.9	[1.8 - 7.5x10^{9}/L]			

On October 3, 2006
FBS: 110mg/dl

On October 4, 2006
RBS: 311mg/dl, UA: Gluco 4+
EKG attached



Current Medications:

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

Allergies: NKDA

Assessment:

1. DMII
2. Tachycardia

Plan:

1. Glibenclamide 5mg 1t po qd for one month
2. ASA 300mg 1/4t po qd for one month
3. Propranolol 40mg 1/4t po qd for one month
4. Review him on diabetic diet and 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: October 4, 2006**

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

From: Healey, Michael J.,M.D. [mailto:MJHEALEY@PARTNERS.ORG]
Sent: Wednesday, October 04, 2006 9:59 PM
To: robibtelemed@yahoo.com
Cc: tmed_rithy@online.com.kh; Fiamma, Kathleen M.
Subject: FW: Robib TM Clinic for October 2006, Case#12 Sam Logn, 51M (Dam NakChen Village)

I am quite concerned about his resting tachycardia. He is not anemic to explain this. In fact, his hematocrit and hemoglobin are actually elevated. The combination of tachycardia and elevated hematocrit suggests that he is hypoxemic, either from pulmonary or cardiac disease, or from sleep apnea. The dizziness, fatigue and diaphoresis are concerning as well. There's no edema and no rales, but I wonder if there are any other signs of heart failure. He's at increased risk of ischemic heart disease because of his Diabetes.

I think he needs more evaluation including oxygen saturation level, EKG, chest x-ray (I realize that these may not be available locally but I think this deserves further attention), and re-examination to assess for evidence of heart disease, lung disease, and questioning about symptoms of sleep apnea (frequent loud snoring, witnessed apnea, daytime somnolence) and about smoking history.

Also, his Hemoglobin A1C is quite high, and I think that Glibenclamide will need to be increased further and possibly add Metformin if it is available.

MJH

Date: Wed, 4 Oct 2006 14:05:35 -0700 (PDT)
From: Lim kruy
To: Robib Telemedicine; Kim Meng Tan; Joseph Kvedar; Kathy Fiamma; Paul J. M.D. Heinzelmann; Rithy Chau
CC: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic for October 2006, Case#12 Sam Logn, 51M (Dam NakChen Village)

Dear Rithy and Sovann,

I would increased Glibenclamide to 5mg BID.
Start ACE (Lisinoprile or captopril low dose) is better then propranolole 10mg .

Tachycardia probably from uncontrole DM and dehydration. increased fluid intake.

Take care
kruy

From: Robib Telemedicine [mailto:robibtelemed@yahoo.com]
Sent: Wednesday, October 04, 2006 9:37 PM
To: Rithy Chau; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kim Meng Tan; Kruy Lim
Cc: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Robib TM Clinic for October 2006, Case#13 Thorng Sam Oeun, 46F (Taing Treuk Village)

Dear all,

This is the last case for Robib TM Clinic October 2006, Thorng Sam Oeun, 46F and photos. Please reply the cases as soon as posible or before Thursday afternoon. Thank you very much your cooperation in this project.

Best Regards,
Sovann/Rithy

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

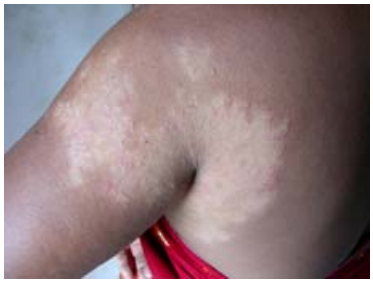
Rovieng Commune, Preah Vihear Province, Cambodia

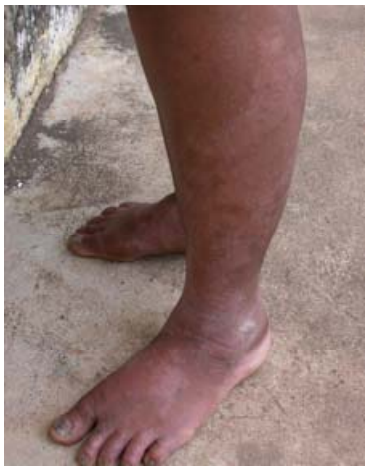
History and Physical

Name/Age/Sex/Village: Thorng Sam Oeun, 46F (Taing Treuk Village)

Chief Complaint (CC): Rash on extremity and body x 30y

History of Present Illness (HPI): 46F, farmer, came to us complaining of rash on the extremity and body since she was 16 years old. First the rash appeared around the place where she wears the bra and was treated with IV medication then it was healed. When she was 27 years old, the rash appeared again and developed progressively on the right lower arm from day to day, then she bought medication from pharmacy and applied traditional herbal medication on it. It healed and developed to other place as right should, left should, buttock, left thigh, knee, and foot. And sometime it reappeared in the same place. The rash is itchy, hyper pigmentation, no pus, no vesicular





Past Medical History (PMH): Remote malaria

Current Medications: None

Allergies: NKDA

Family History: None

Social History: Smoking 4 – 5cig/d x 6y until now, drink alcohol casually

Review of Systems (ROS): unremarkable

PE:

Vitals: BP: 118/62 P: 68 R: 20 T: 36.5 wt: 62kg

General: Look stable

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

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

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

Skin: maculo-papular, hyperpigmentation, scaly border, clear center, scratching mark, purities, no pus, no vesicular on right arm, and shoulder, left shoulder, left lateral thigh, right knee, foot, no nail pitting

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

Lab/Study: None

Assessment:

1. Tinea Corporis
2. Tinea vesiculor
3. Psoriasis?
4. Eczyma?

Plan:

1. Griseofulvin 250mg 2t po bid for one month
2. Clothrimazole 1% apply on rash bid until completely healed

Lab/Study Requests: Draw blood for Lyte, BUN, Creat, Gluco, LFT 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: October 4, 2006**

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

Date: Wed, 4 Oct 2006 14:59:47 -0700 (PDT)
From: Lim kruy
To: Robib Telemedicine; Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar Kathy Fiamma; Kim Meng Tan
CC: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach
Subject: Re: Robib TM Clinic for October 2006, Case#13 Thorng Sam Oeun, 46F (Taing Treuk Village)

Dear Rithy and Sovann,

Yes, I do agree with your plan.

Take Care

kruy

No answer replied from Boston

Date: Thu, 5 Oct 2006 06:43:07 -0700 (PDT)
From: Robib Telemedicine
To: Kathy Fiamma
CC: Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau; Rithy Chau
Subject: Cases received for Robib TM Clinic October 2006

Dear Kathy,

I have received reply of five cases from you. Below are the cases I have received

Case#2, Ros Im, 53F
Case#4, Sath Rim, 50F
Case#5, Ros Lal, 65F
Case#10, Nung Chhun, 70F
Case#12, Sam Logn, 51M

Please send me the rest cases.

Best Regards,
Sovann

Thursday, October 5, 2006

Follow-up Report for Robib TM Clinic

There were 7 new and 6 follow-up patients seen during this month Robib TM Clinic (and the other 12 patients came for medication refills only, one came to refill medication before follow up, and 2 missed their appointment; also 36 patients were seen for minor health problem by PA Rithy without sending data). The data of all 13 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 October 2006

1. Kim Un, 54M (Taing Treuk Village)

Diagnosis:

1. Right Upper Arm Mass
2. Tinea Cruris

Treatment:

1. Do FNA for cytology
2. Do we need refer him to SHCH for consulting for surgery?
3. Ciclopirox 0.77% apply bid on the rash (1tube)

Result of FNA on October 6, 2006 is inefficiency (no cell)

2. Ros Im, 53F (Taing Treuk Village)

Diagnosis:

1. Goiter

Treatment:

1. Wait until lab result come

Lab/Study Requests: Draw blood for, CBC, Reticu, peripheral smear, TSH, Free T4 at SHCH

Lab Result on October 6, 2006

TSH	=0.50	[0.49 - 4.67]
Free T4	=15.03	[9.14 - 23.81]
WBC	=6	[4 - 11x10^9/L]
RBC	=4.6	[3.9 - 5.5x10^{12}/L]
Hb	=10.6	[12.0 - 15.0g/dL]
Ht	=35	[35 - 47%]
MCV	=76	[80 - 100fl]
MCH	=23	[25 - 35pg]
MHCH	=30	[30 - 37%]
Plt	=147	[150 - 450x10^9/L]
Lym	=2.9	[1.0 - 4.0x10^9/L]
Mxd	=0.8	[0.1 - 1.0x10^9/L]
Neut	=1.9	[1.8 - 7.5x10^9/L]
Microcytic	2+	
Hypochromic	2+	
Retic Count =	0.1	[0.5 - 1.5]

3. Kong Nareun, 31F (Taing Treuk Village)

Diagnosis:

1. VHD (MR)
2. PVC

Treatment:

1. Atenolol 50mg ½t po bid for one month (30tab)

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

Lab result on October 6, 2006

WBC	=8	[4 - 11x10^9/L]	Na	=134	[135 - 145]
RBC	=4.7	[3.9 - 5.5x10^{12}/L]	K	=5.1	[3.5 - 5.0]
Hb	=12.2	[12.0 - 15.0g/dL]	BUN	=1.3	[0.8 - 3.9]
Ht	=37	[35 - 47%]	Creat	=79	[44 - 80]
MCV	=80	[80 - 100fl]	Glu	=4.6	[4.2 - 6.4]
MCH	=26	[25 - 35pg]			
MHCH	=33	[30 - 37%]			
Plt	=281	[150 - 450x10^9/L]			
Lym	=1.6	[1.0 - 4.0x10^9/L]			
Mxd	=1.1	[0.1 - 1.0x10^9/L]			
Neut	=5.4	[1.8 - 7.5x10^9/L]			

4. Sath Rim, 50F (Taing Treuk Village)

Diagnosis:

1. HTN
2. DMII
3. Anemia

Treatment:

1. Glibenclamide 5mg 1½t po bid for one month (90tab)
2. Metformine 500mg 1t po bid for one month (60tab)
3. Lisinopril 20mg 1t po qd for one month (30tab)
4. Atenolol 50mg 1t po bid for one month (60tab)
5. Amitriptyline 25mg 1t po qhs for one month (30tab)
6. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (60tab)

Lab/Study Requests: None

5. Ros Lai, 65F (Taing Treuk Village)

Diagnosis:

1. Subclinical Hyperthyroidism
2. Nodular Goiter
3. Anemia
4. Common Cold

Treatment:

1. FeSO4/Folic Acid 200/0.25mg 1t po bid for two months (120tab)
2. MTV 1t po bid for two months (120tab)
3. Paracetamol 500mg 1t po q6h prn fever for two months (50tab)
4. Ensure Drink 1bottle qweek (2 bottles)
5. Draw blood for Free T4 in December

Lab/Study Requests: None

6. Lay Lim, 28F (Taing Treuk Village)

Diagnosis:

1. IHD (per cardiac US on 10/03/03, no sx)??

Treatment:

1. Do other 2D echo at Calmette Hospital in Phnom Penh for confirmation if she is able
2. Paracetamol 500mg 1t po q6h prn HA/fever (50tab)
3. Follow up prn

Lab/Study Requests: None

7. Thorng Khourn, 70F (Bak Dong Village)

Diagnosis:

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

Treatment:

1. Furosemide 20mg 2t po qd for two weeks (30tab)

2. Spironolactone 25mg 1t po bid for one month (60tab)
3. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (60tab)
4. MTV 1t po bid for one month (60tab)
5. Folic Acid 5mg 1t po qd for one month (30tab)
6. Ensure Drink 1bottle/week (3bottle)
7. Restrict fluid intake 1-1.5L/d, Low salt diet, eat 1banana/d while on Furosemide

Lab/Study Requests: None

8. Khem Vanny, 10F (Thnout Malou Village)

Diagnosis:

1. Right knee Frozen Joint

Treatment:

1. Can we refer her to KB, SHCH, or Kean Khlang

Lab/Study Requests: None

9. Khem Ban, 4M (Thnout Malou Village)

Diagnosis:

1. Syndactylies

Treatment:

1. Refer him to Kean Khlang in PP

Lab/Study Requests: None

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

Diagnosis:

1. HTN
2. DM II

Treatment:

1. Captopril 25mg ¼t po bid for one month (15tab)
2. ASA 300mg ¼t po qd for one month (8tab)
3. Glibenclamide 5mg 1t po bid for one month (60tab)
4. Educate patient on diabetic diet

Lab/Study Requests: Draw blood for CBC, Lyte, BUN, Creat, Gluco, HbA1c, TG, Tot Chol at SHCH

Lab result on October 6, 2006

WBC	=6	[4 - 11x10^9/L]	Na	=140	[135 - 145]
RBC	=5	[3.9 - 5.5x10^{12}/L]	K	=2.8	[3.5 - 5.0]
Hb	=10.9	[12.0 - 15.0g/dL]	Cl	=105	[95 - 110]
Ht	=36	[35 - 47%]	BUN	=2.1	[0.8 - 3.9]

MCV	=71	[80 - 100fl]	Creat	=62	[44 - 80]
MCH	=22	[25 - 35pg]	Glu	=11.6	[4.2 - 6.4]
MHCH	=30	[30 - 37%]	T. Chol	=6.07	[<5.7]
Plt	=161	[150 - 450x10^9/L]	TG	=3.08	[<1.71]
Lym	=1.5	[1.0 - 4.0x10^9/L]			
HbA1c	=9.2	[4 - 6]			

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

Diagnosis:

1. DMII with PNP

Treatment:

4. Glibenclamide 5mg 2t po bid for one month (120tab)
5. Metformin 500mg 1t po bid for one month (60tab)
6. ASA 300mg ¼t po qd for one month (8tab)
7. Amitriptyline 25mg 1t po qhs for one month (30tab)
8. Review him on diabetic diet and hypoglycemia sign

Lab/Study Requests: None

12. Sam Logn, 51M (Dam NakChen Village)

Diagnosis:

1. DMII
2. Tachycardia

Treatment:

1. Glibenclamide 5mg 1t po bid for one month (60tab)
2. Captopril 25mg ¼t po qd for one month (8tab)
3. ASA 300mg ¼t po qd for one month (8tab)
4. Review him on diabetic diet and hypoglycemia sign

Lab/Study Requests: None

13. Thorng Sam Oeun, 46F (Taing Treuk Village)

Diagnosis:

1. Tinea Corporis
2. Tinea versicolor
3. Psoriasis?
4. Eczema?

Treatment:

1. Griseofulvin 250mg 2t po bid for one month (120tab)
2. Clotrimazole 1% cream apply on rash bid until completely healed(1tube)

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

Lab result on October 6, 2006

Na	=142	[135 - 145]
K	=4.2	[3.5 - 5.0]
Cl	=112	[95 - 110]
BUN	=1.6	[0.8 - 3.9]
Creat	=65	[44 - 80]
Glu	=4.7	[4.2 - 6.4]
SGOT	=24	[<30]
SGPT	=24	[<30]

Patients who came to refill medication

1. Chea Sem, 48F (Rovieng Chheung Village)

Diagnosis:

1. Anxiety

Treatment:

1. MTV 1t po qd (30tab)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd (30tab)
3. Paracetamol 500mg 1t po q6h prn fever/HA (50tab)
4. Follow up prn

2. Same Kun, 27F (Boang Village)

Diagnosis:

1. Hyperthyroidism
2. Tachycardia
3. Cachexia
4. Psychiatric Dz

Treatment:

1. Carbimazole 5mg 2t po tid for one month (80tab)
2. Methimazole 10mg 1t po tid after Carbimazole is out (56tab)
3. Propranolol 40mg 1t po bid for one month (67tab)
4. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (60tab)
5. MTV 1t po bid for one month (60tab)
6. Similac Cereal 3scopes/180ml water for her child (4cans)
7. Continue her psychiatric drugs
8. Draw blood for TFT in November

Lab/Study Requests: None

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

Diagnosis:

1. Nephrotic Syndrome (recurrent)

Treatment:

1. Prednisolone 5mg 4t po bid for one month (240tab)
2. Captopril 25mg ½t po q12h for one month (30tab)
3. ASA 300mg ¼t po qd for one month (8tab)
4. Low salt, low prot diet

4. 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 Free T4 in December

Lab/Study: None

5. Lang Da, 45F (Thnout Malou) (missed appointment)

Diagnosis:

1. HTN
2. Bacterial Conjuntivitis

Treatment:

1. HCTZ 50mg ½t po qd for two months (30tab)
2. Tetracycline ointment apply both eye qhs for 3-5 days
3. Neosporin/Dexametasone eyedrop 2drops each eye tid 3-5 d
4. Naproxen 375mg 1t po bid prn for two months (20tab)

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

Diagnosis:

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

Treatment:

1. Albuterol inhaler 2puffs bid prn SOB for three motnhs (3vial)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd for three months (90tab)
3. MTV 1t po qd for three motnhs (90tab)
4. Nail lacquer apply on nail bid for three months (2vial)
5. Ciclopirox 0.77% apply on the rash bid (1tube)
6. Ensure Drink 1bottle qweek (3bottle)

Lab/Study Requests: None

7. Chhay Chanthy, 43F (Thnout Malou)

Diagnosis

1. Hyperthyroidism

Treatment

1. Carbimazole 5mg ½t po bid for one month (30tab)
2. Propranolol 40mg ½t po bid for one month (30tab)

Lab test: Draw blood for Free T4 at SHCH

Lab result on October, 2006

Free T4=28.57 [9.14 - 23.81]

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

Diagnosis

1. Hypothyroidism
2. Pregnancy (1 month)

Treatment

1. L-thyroxine 50cmg ½t po qd for two months (30tab)
2. FeSO4/Folic Acid 200.0.25mg 1t po qd (240tab)
3. MTV 1t po qd (120tab)
4. Draw blood for TSH in December

9. Kul Chheung, 78F (Taing Treuk)

Diagnosis:

1. HTN
2. COPD

Treatment:

1. HCTZ 50mg ½t po qd for three months (45tab)
2. Albuterol inhaler 2puffs prn SOB for three months (02vial)
3. MTV 1t po qd for three months (90tab)
4. Ensure Drink 1bottle qweek

Labs/Studies: none

10. Moeung Srey, 42F (Thnout Malou Village)

Diagnosis

1. HTN

Treatment

1. Captopril 25mg ½t po q12h for four months (120tab)

11. Chan Khem, 58F (Taing Treuk Village)

Diagnosis

1. HTN

Treatment

1. HCTZ 50mg 1t po qd for four months (120tab)
2. Review patient about diet and regular exercise

12. Som An, 50F (Rovieng Tbong)

Diagnosis

1. HTN

Treatment

1. Proparanolol 40mg ½t po q12h for four months (120tab)
2. HCTZ 50mg 1t po qd for four months (120tab)
3. Review patient on diet and regularly exercise

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

Diagnosis:

1. Euthyroid Goiter

Treatment:

1. Repeat FNA due to inefficiency FNA on September 2006

Result of FNA on October 6, 2006
Conclusion: Papillary Carcinoma of Thyroid

Patients seen by PA Rithy without Sending Data

1. N. S. B, 7M (Damnak Chen Village)

Diagnosis:

1. Cachexia
2. Parasititis

Treatment:

1. Flubendazole 500mg 1t po qhs (1tab)
2. MTV 1t po qd (30tab)
3. Pediaflor 1cc qd (1bottle)

2. S. S. P, 15M (Doang Village)

Diagnosis:

1. Allergic Rhinitis
2. Cachexia
3. Pneumonia (AFB(-) x 3)

Treatment:

1. Claritin 10mg 1t po qd prn
2. MTV 1t po qd (36tab)
3. Clarythromycin 500mg 1t po bid for 10d (20tab)
4. Paracetamol 500mg 1t po qid prn fever
5. Request CXR at Kg Thom and return next month

3. C. S. Y, 2F (Sangke Roang Village)

Diagnosis:

1. Dysentery
2. Parasititis

Treatment:

1. Metronidazole 250mg ½t po bid for 10d (10tab)
2. Mebendazole 100mg 1t po qhs (1tab)
3. Poly Visol MTV 1cc qd (2bottle)
4. Pediaflor 50cc 0.5cc qd (1bottle)

4. U. S. K, 10M (Sangke Roang Village)

Diagnosis:

1. Parasititis
2. Dermatitis Allergic and Parasitic induced

Treatment:

1. Claritin 10mg ½t po qd (20tab)
2. Flubendazole 500mg 1t po qhs (1tab)
3. MTV 1t po qd (20tab)
4. Pediaflor 1cc qd (1bottle)

5. N. D, 6M (Tkeing Village)

Diagnosis:

1. Right Eye Trauma/Blindness
2. Right Eye Conjunctivitis

Treatment:

1. Tetracycline eye ointment 1% apply (R) eye bid x 3-5d (1tube)
2. Motrin 200mg/5cc 5cc tid prn (3bottle)
3. Pedaiflor 1cc qd (1bottle)

6. P. O. P, 10M (Taing Treuk Village)

Diagnosis:

1. Allergic Rhinitis
2. Impetigo (Nasal)
3. Nasal Polyps

Treatment:

1. Augmentin 875mg ½t po bid (20tab)
2. Naproxen 375mg 1t po qd prn (10tab)
3. Loratidine 10mg 1t po prn (60tab)
4. Calsmoseptine oitment apply qid (8)

7. S. S. N, 40M (Taing Treuk Village)

Diagnosis:

1. Vit Deficiency
2. Parasititis

Treatment:

1. MTV 1t po qd (50tab)
2. B12 2t po tid (60tab)
3. Flubendazole 500mg 1t po qhs (1tab)

8. B. L, 51M (Trapang Reusey Village)

Diagnosis:

1. Malnourished
2. Parasititis

Treatment:

1. Flubendazole 500mg 1t po qhs (1tab)
2. MTV 1t po qd (50tab)

9. S. P, 34M (Thnout Malou Village)

Diagnosis:

1. Parasititis
2. Vit Deficiency

Treatment:

1. Flubendazole 500mg 1t po qhs (1tab)
2. MTV 1t po qd (50tab)
3. B12 2t po tid (60tab)

10. C. Y, 58F (Thnout Malou Village)

Diagnosis:

1. UTI
2. Parasititis
3. Cachexia

Treatment:

1. Ciprpfloxacin 500mg 1t po bid for 3d (6tab)
2. Flubendazole 500mg 1t po qhs (1tab)
3. MTV 1t po qd (60tab)
4. FeSO4/Folic Acid 200/0.25mg 1t po qd (60tab)

11. S. S. L, 58F (Rovieng Chheung Village)

Diagnosis:

1. Bacterial Vaginosis
2. Cachexia
3. Parasititis

Treatment:

1. Ciprofloxacin 500mg 1t po bid for 5d (10tab)
2. Flubendazole 500mg 1t po qhs (1tab)
3. MTV 1t po qd (30tab)
4. Naproxen 10mg 1t po bid prn (10tab)

12. S. M, 44F (Sanke Roang Village)

Diagnosis:

1. Bacterial Vaginosis
2. Cachexia
3. Parasititis

Treatment:

1. Ciprofloxacin 500mg 1t po bid for 5d (10tab)
2. MTV 1t po qd (60tab)
3. Flubendazole 500mg 1t po qhs (1tab)

13. P. S. B, 17M (Taing Treuk Village)

Diagnosis:

1. PUD
2. Tinea Cruris
3. Parasititis

Treatment:

1. Amoxicinlin 500mg 2t po bid for 14d (56tab)
2. Clarythromycin 500mg 1t po bid for 14d (28tab)
3. Omeprazole 20mg 1t po qhs for 14d (28tab)
4. Metochlopramide 10mg 1t po qhs for 14d (14tab)
5. Flubendazole 500mg 1t po qhs (1tab)
6. Clothrimazole oitment 1% apply bid (1tube)

14. R. M, 36F (Taing Treuk Village)

Diagnosis:

1. GERD
2. Parasititis

Treatment:

1. Cimetidine 400mg 1t po qhs (60tab)
2. Metochlopramide 10mg 1t po qhs (30tab)
3. Flubendazoel 500mg 1t po qhs (1tab)
4. GERD Prevention Education

15. P. L, 27F (Taing Treuk Village)

Diagnosis:

1. Allergic Rhinitis
2. Parasititis

Treatment:

1. Loratidine 10mg 1t po qd prn (20tab)
2. Naproxen 375mg 1t po bid prn (20tab)
3. Tissu-12Ds 5-10cc po qd prn (1bottle)
4. Flubendazole 500mg 1t po qhs (1tab)

16. Y. K, 34F (Sangke Roang Village)

Diagnosis:

1. BV
2. Parasititis
3. Anemia

Treatment:

1. Ciprofloxacin 500mg 1t po bid for 5d (10tab)
2. Flubendazole 500mg 1t po qhs (1tab)
3. MTV 1t po qd (30tab)
4. FeSO4/Folic Acid 200/0.25mg 1t po bid (60tab)

17. D. N, 33F (Sangke Roang Village)

Diagnosis:

1. Dyspepsia
2. Parasititis

Treatment:

1. Mg/Al(OH)3 250/125mg 2t chew qid prn (50tab)
2. Flubendazole 500mg 1t po qhs (1tab)

18. P. S. C, 37F (Taing Treuk Village)

Diagnosis:

1. Dyspepsia
2. Parasititis

Treatment:

1. Mg/Al(OH)3 250/125mg 2t chew qid prn (50tab)
2. Flubendazole 500mg 1t po qhs (1tab)

19. T. S, 55F (Damnak Chen Village)

Diagnosis:

1. GERD

2. Parasititis

Treatment:

1. Cimetidine 400mg 1t po qhs (30tab)
2. Flubendazole 500mg 1t po qhs (1tab)

20. S. L, 69F (Ta Tong Village)

Diagnosis:

1. Constipation
2. Tension HA
3. Cachexia
4. Parasititis

Treatment:

1. Increase fluid and fiber diet
2. MTV 1t po qd (30tab)
3. Flubendazole 500mg 1t po qhs (1tab)
4. Naproxen 375mg 1t po bid prn (20tab)
5. Ensure Drink 1bottle qw (3bottle)

21. S. K, 63F (Damnak Chen Village)

Diagnosis:

1. Dyspepsia
2. Parasititis
3. Right eye conjunctivitis

Treatment:

1. Cimetidine 400mg 1t po qhs (30tab)
2. Flubendazole 500mg 1t po qhs (1tab)
3. MTV 1t po qd (30tab)
4. Tetracycline ointment 1% apply right eye bid (1tube)

22. H. S, 30F (Damnak Chen Village)

Diagnosis:

1. Parasititis
2. Cachexia
3. Tension HA

Treatment:

1. Mebendazole 100mg chew 1t bid for 3d (6tab)
2. MTV 1t po qd (30tab)
3. FeSO4/Folic Acid 200/0.25mg 1t po qd (30tab)
4. Naproxen 375mg 1t po bid prn (20tab)

23. S. S, 22F (Sangke Roang Village)

Diagnosis:

1. Pregnancy (8 months)
2. Dyspepsia

Treatment:

1. Prenatal care at Health Center
2. Mg/Al(OH)3 250/125mg chew 2t qid prn (50tab)

24. Y. S, 68F (Thnout Malou Village)

Diagnosis:

1. Arthritis

Treatment:

1. Naproxen 375mg 1t po bid prn (30tab)
2. Paracetamol 500mg 1t po q6h prn pain (30tab)
3. MTV 1t po qd (30tab)
4. FeSO4/Folic Acid 200/0.25mg 1t po qd (30tab)

25. C. C. D, 47F (Ta Tong Village)

Diagnosis:

1. BV
2. Parasititis
3. Cachexia

Treatment:

1. Ciprofloxacin 500mg 1t po bid for 5d (10tab)
2. Naproxen 375mg 1t po bid prn (20tab)
3. Mebendazole 100mg chew 1t bid for 3d (6tab)
4. MTV 1t po qd (30tab)
5. FeSO4/Folic Acid 200/0.25mg 1t po qd (30tab)

26. U. V, 51F (Sangke Roang Village)

Diagnosis:

1. Dyspepsia
2. Parasititis
3. Allergic Dermatitis

Treatment:

1. Mg/Al(OH)3 250/125mg chew 2t qid prn (30tab)
2. Mebendazole 100mg 1t bid for 3d (6tab)
3. MTV 1t po qd (20tab)
4. Allergra 180mg 1t po qd prn (10tab)

27. K. K, 51F (Taing Treuk Village)

Diagnosis:

1. Mild Dyspepsia

Treatment:

1. Mg/Al(OH)3 250/125mg chew 2t qid prn (20tab)
2. MTV 1t po qd (10tab)

28. K. S. N, 25F (Ta Tong Village)

Diagnosis:

1. Dyspepsia

Treatment:

1. Mg/Al(OH)3 250/125mg chew 2t qid prn (30tab)

29. L. S. K, 25F (Sangke Roang Village)

Diagnosis:

1. Allergic Rhinitis

Treatment:

1. Allergra 180mg 1t po qd prn (20tab)
2. Tussi-12DS 5-10cc qhs prn (1bottle)

30. C. S. R, 42M (Taing Treuk Village)

Diagnosis:

1. Dyspepsia
2. Parasititis
3. Tension HA

Treatment:

1. Cimetidine 400mg 1t po qhs (30tab)
2. Mebendazole 100mg chew 1t bid for 3d (6tab)
3. Paracetamol 500mg 1t po q6h prn pain (30tab)
4. B12 25mcg 2t po tid (60tab)

31. C. M, 50F (Ta Tong Village)

Diagnosis:

1. Parasititis
2. Cachexia

Treatment:

1. Mebendazole 100mg 1t po bid for 3d (6tab)
2. MTV 1t po qd (30tab)
3. FeSO4/Folic Acid 200/0.25mg 1t po qd (30tab)

32. H. K, 35F (Damnak Chen Village)

Diagnosis:

1. Parasititis
2. Cachexia

Treatment:

1. Mebendazole 100mg 1t po bid for 3d (6tab)
2. MTV 1t po qd (30tab)
3. FeSO4/Folic Acid 200/0.25mg 1t po qd (30tab)

33. H. S. M, 6F (Kwang Village)

Diagnosis:

1. Right eye conjunctivitis

Treatment:

1. Tetracycline Oitment 1% apply bid (1tube)
2. Pediaflor Drops 1cc qd (1bottle)

34. P. S. R, 9F (Bos Pey Village)

Diagnosis:

1. Parasititis

Treatment:

1. Mebendazole 100mg 1t po bid for 3d (6tab)
2. Pediaflor 0.5cc qd (1bottle)
3. MTV 1t po qd (20tab)

35. P. P. R, 1M (Bos Pey Village)

Diagnosis:

1. Parasititis

Treatment:

1. Mebendazole 100mg 1t po qhs (1tab)
2. Pediaflor 0.5cc qd (1bottle)
3. Poly-Vi-Sol MTV 1cc qd (1bottle)

36. K. K. R, 48F (Taing Treuk Village)

Diagnosis:

1. Obesity
2. Knee Joint Pain 2nd to Obesity

Treatment:

1. Naproxen 375mg 1t po bid (50tab)

Patient who come before follow up

1. Tann Kim Horn, 51F (Thnout Malou Village)

Diagnosis:

1. DMII
2. Diabetic Dermatitis

Treatment:

1. Clothrimazole 1% apply on the rash bid (1tube)
2. Momethasone Cream 0.1% 45g apply on the rash (1tube)
3. Clarytine 10mg 1t po qd prn (30tab)

Patients who didn't come for follow up

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

Diagnosis:

1. Gouty Arthritis
2. HTN
3. Overweight
4. Dyspepsia
5. Cushings' syndrome (Steroid use)

2. Srey Bin, 64F (Bos)

Diagnosis

1. Hypochromic Microcytic Anemia
2. Malnutrition
3. Dyspepsia

The next Robib TM Clinic will be held on
October 30 - November 3, 2006