

# **Robib *Telemedicine* Clinic**

## **Preah Vihear Province**

### **S E P T E M B E R 2 0 0 6**

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

On Monday, September 04, 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), September 05 & 06, 2006, the Robib TM Clinic opened to receive the patients for evaluations. There were 5 new cases and 9 follow-up patients, and other 11 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, September 06 & 07, 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: Sun, 27 Aug 2006 18:42:48 -0700 (PDT)

From: Robib Telemedicine [robibtelemed@yahoo.com]

Subject: Robib TM Schedule for September 2006

To: Rithy Chau; Kathy Fiamma; Brian Hammond; Joseph Kvedar; Cornelia Haener; aul J. M.D. Heinzelmann; Kruy Lim

CC: Bernie Krisher; Thero Noun; Peou Ouk; Seda Seng; Mony Mao; Tola Khiev

Dear all,

I would like to inform you that Robib TM Clinic will be starting on Monday 04 September and coming back on Friday 08 September 2006.

The agenda for Robib TM Clinic is as following:

1. On Monday 04 September 2006, PA Rithy, Driver, and I will be starting the trip from Phnom Penh to Rovineg, Phreah Vihea province.
2. On Tuesday 05 September 2006, we open clinic to see patients for the whole morning and in afternoon we prepare patients' data and photos then send to partners in Boston and Phnom Penh.

3. On Wednesday 06 September 2006, we do the same as on Tuesday and download the answers replied from both partners.
4. On Thursday 07 September 2006, we download all answers replied from both partners then make treatment plan accordingly and prepare medication for patients in afternoon.
5. On Friday 08 September 2006, we draw blood from patients for lab test at SHCH and come back to Phnom Penh.

Thank you very much for your cooperation in this project.

Best Regards,  
Sovann/Rithy

**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]  
**Sent:** Wednesday, September 06, 2006 8:16 AM  
**To:** Kathy Fiamma; Brian Hammond; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim; Kim Meng Tan; Cornelia Haener  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic September 2006, Patient #1, Chea Sem, 48F

Dear All,

There will be 3 new and 3 follow-up cases for Robib TM Clinic September 2006.

Here is the first case, Chea Sem, 48F and photo.

We also apologize for any inconvenience to you for sending these cases late due to internet inoperation last night in Robib.

Please try to reply all cases by Thursday, September 7th, before noon Cambodian time.

Thank you for your cooperation.

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:** Chea Sem, 48F (Rovieng Chheung Village)

**Chief Complaint (CC):** Insomnia, Heat intolerance for 1y

**History of Present Illness (HPI):** 48F came here complaining of insomnia and heat intolerance for 1y. She also presented symptoms of fatigue, dizziness, diaphoreses, hair loss, and tremor. She didn't find any medical care except buying medication from pharmacy. She denied of HA, fever, cough, sore throat, dysphasia, nausea, vomiting, oliguria, hematuria, dysuria, edema.

**Past Medical History (PMH):** Gastritis for 20y with prn antacid

**Current Medications:** None

**Allergies:** NKDA

**F History:** None

**Social History:** No smoking, drinking alcohol 5L per delivery (5 children)

**Review of Systems (ROS):** Post menopause 6y; She thinks more on her economic and fearing because thief robbed her money in the last two years.

**PE:**

**Vitals:** BP 120/76 P 76 R 20 T 37 Wt 50kg

**General:** Look stable

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

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

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

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

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

**Lab/Study:** Hb= 11g/dl

**Assessment:**

1. Thyroid Dysfunction
2. Anxiety

**Plan:**

1. Amitriptyline 25mg 1t po qhs for one month

**Lab/Study Requests:** Draw blood for TFT at SHCH

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

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

**Examined by:** Nurse Peng Sovann      **Date:** September 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).

*The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or 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:** Cornelia haener [mailto:cornelia\_haener@online.com.kh]

**Sent:** Wednesday, September 06, 2006 11:22 AM

**To:** 'Robib Telemedicine'; 'Kathy Fiamma'; 'Brian Hammond'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Rithy Chau'; 'Kruy Lim'; 'Kim Meng Tan'

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

**Subject:** RE: Robib TM Clinic September 2006, Patient #1, Chea Sem, 48F

Dear Rithy and Sovann,  
I agree to your DDX and plan.  
Regards  
Cornelia

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

**Sent:** Thursday, September 07, 2006 6:48 PM

**To:** Rithy Chau; Rithy Chau

**Subject:** FW: Robib TM Clinic September 2006, Patient #1, Chea Sem, 48F

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

**From:** Barbesino, Giuseppe, M.D.

**Sent:** Wednesday, September 06, 2006 10:10 AM

**To:** Fiamma, Kathleen M.

**Subject:** RE: Robib TM Clinic September 2006, Patient #1, Chea Sem, 48F

**This 48 y/o woman reports non specific symptoms which may suggest hyperthyroidism. However her exam is entirely normal in this respect. Her vitals do not suggest thyrotoxicosis. I agree with thyroid function testing, as it is reasonable in the setting of her symptoms, I suspect they will be within the normal range. Please let me know the results.**

Giuseppe Barbesino, MD

Thyroid Associates

Massachusetts General Hospital-Harvard Medical School

Wang ACC 730S  
55 Fruit St  
Boston MA, 02114

---

**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]  
**Sent:** Wednesday, September 06, 2006 8:22 AM  
**To:** Kathy Fiamma; Brian Hammond; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruey Lim; Kim Meng Tan; Cornelia Haener  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic September 2006, Patient #2, Ros Lai, 65F

Dear All,

Here is case #2, Ros Lai, 65F, and photos.

Please try to reply all cases by Thursday, September 7th, before noon Cambodian time.

Thank you for your cooperation.

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 Lai, 65F (Taing Treurk Village)

**Chief Complaint (CC):** Neck mass for 30y and palpitation x 4mo

**History of Present Illness (HPI):** 65F, farmer, came here complaining of neck mass for 30y. First she noticed a small mass about 2x3cm then it became bigger to 6 x 8cm without any symptoms and she felt stuck on throat with solid food since the last 5y. In These 4mo she developed symptoms of palpitation, fatigue, insomnia, and heat intolerance. She didn't find any medical care just buy a few medication from pharmacy for fever prn. She denied of HA, cough, sore throat, chest pain, diaphoreses, voice change, edema, oliguria, hematuria, dysuria.

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

**Current Medications:** None

**Allergies:** NKDA

**F History:** None

**Social History:** No smoking, drinking alcohol 2L per delivery (10 children)

**Review of Systems (ROS):** None

**PE:**

**Vitals:** BP 100/64 P 80 R 18 T 37.5 Wt 38kg

**General:** Look stable, Cachexia

**HEENT:** no oropharyngeal lesion, pale conjunctiva, thyroid enlargement three nodulars on right side one about 1x2cm, 2x3cm, 3x4cm; one nodule on left 2x3cm, soft, no tender, mobile on swallowing, no bruit, no lymph node palpable, no JVD, no exoptalmosis

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

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

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

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



**Lab/Study:** Hb= 10g/dl

**Assessment:**

1. Goiter
2. Anemia

**Plan:**

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

**Lab/Study Requests:** Draw blood for CBC, Lyte, BUN, Creat, Gluc, TFT at SHCH and neck ultrasound at Kg Thom

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

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

**Examined by:** Nurse Peng Sovann      **Date:** September 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).

*The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or 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:** Cornelia haener [mailto:cornelia\_haener@online.com.kh]  
**Sent:** Wednesday, September 06, 2006 11:25 AM  
**To:** 'Robib Telemedicine'; 'Kathy Fiamma'; 'Brian Hammond'; 'Paul Heinzelmann'; 'Paul J. M.D. Heinzelmann'; 'Joseph Kvedar'; 'Rithy Chau'; 'Kruy Lim'; 'Kim Meng Tan'  
**Cc:** 'Bernie Krisher'; 'Thero Noun'; 'Laurie & Ed Bachrach'  
**Subject:** RE: Robib TM Clinic September 2006, Patient #2, Ros Lai, 65F

Dear all,  
it sounds like hyperthyroid multinodular goiter. I agree with your plan. If she is hyperthyroid, she should be treated first to have normal T4 and T3 for two months, afterwards undergo a thyroid operation.  
Thanks  
Cornelia

**From:** Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]  
**Sent:** Thursday, September 07, 2006 6:49 PM  
**To:** Robib Telemedicine; Rithy Chau  
**Subject:** FW: Robib TM Clinic September 2006, Patient #2, Ros Lai, 65F

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

**From:** Barbesino, Giuseppe, M.D.  
**Sent:** Wednesday, September 06, 2006 10:30 AM  
**To:** Fiamma, Kathleen M.; Robib Clinic (E-mail); Telemed Rithy (E-mail)  
**Subject:** RE: Robib TM Clinic September 2006, Patient #2, Ros Lai, 65F

**This woman presents with long history of neck swelling, progressively increasing and symptoms consistent (but not specific) with thyrotoxicosis. Her exam shows no tachycardia, she has a multinodular goiter, appears**

wasted. Her initial work-up is significant for anemia. Work-up of her multinodular goiter would require thyroid function tests, thyroid scan if hyperthyroidism is confirmed, fine needle aspiration biopsy if cold nodule are seen on that. If no hyperthyroidism is seen, then fine needle aspiration of all palpable thyroid nodules should be considered. However, it is also important to recognize that anemia, and wasting in a woman in this age range is worrisome for neoplasia. In parallel to her thyroid work-up this would also have to be studied with fecal occult blood tests, complete CBC including reticulocyte count, iron studies, bilirubin. Additional tests may be required if iron deficiency anemia is discovered (suggesting chronic GI bleed) or anemia of chronic disease (calcium levels SPEP, CXR, PAP smear, mammogram, PPD and so on).

Giuseppe Barbesino, MD  
Thyroid Associates  
Massachusetts General Hospital-Harvard Medical School  
Wang ACC 730S  
55 Fruit St  
Boston MA, 02114

---

**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]  
**Sent:** Wednesday, September 06, 2006 8:36 AM  
**To:** Kathy Fiamma; Brian Hammond; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim; Kim Meng Tan; vannrith  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic September 2006, Patient #3, Lay Lim, 28F

Dear All,

Here is case #3, Lay Lim, 28F, and photos.

Please try to reply all cases by Thursday, September 7th, before noon Cambodian time.

Thank you for your cooperation.

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:** Lay Lim, 28F (Taing Treurk Village)

**Chief Complaint (CC):** Chest pain x 3y

**History of Present Illness (HPI):** 28F, farmer, came here complaining of chest pain x 3y. First she developed symptoms of chest pain, stabbing and burning sensation on pulmonic area (10 – 20min), radiate to left scapular, palpitation, diaphoresis, fatigue, dizziness, HA, Vertigo, cold extremity she went to a clinic in Phnom Penh and was told she has had IHD and treated with a few medication bid for two months. She said she got better but still chest pain, palpitation, diaphoresis, dyspnea especially working long time. She denied of fever, cough, sore throat, nausea, vomiting, oliguria, hematuria, dysuria, edema.

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

**Current Medications:** None

**Allergies:** NKDA

**F History:** None

**Social History:** No smoking, drinking alcohol 2L per delivery (2 children)

**Review of Systems (ROS):** Regular period

**PE:**

**Vitals:** BP 100/72 P 56 R 18 T 37.5 Wt 55kg

**General:** Look stable

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

**Chest:** CTA bilaterally, no rale, no rhonchi; H bradycardia, systolic murmur (crescendo)

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

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

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

**Lab/Study:**

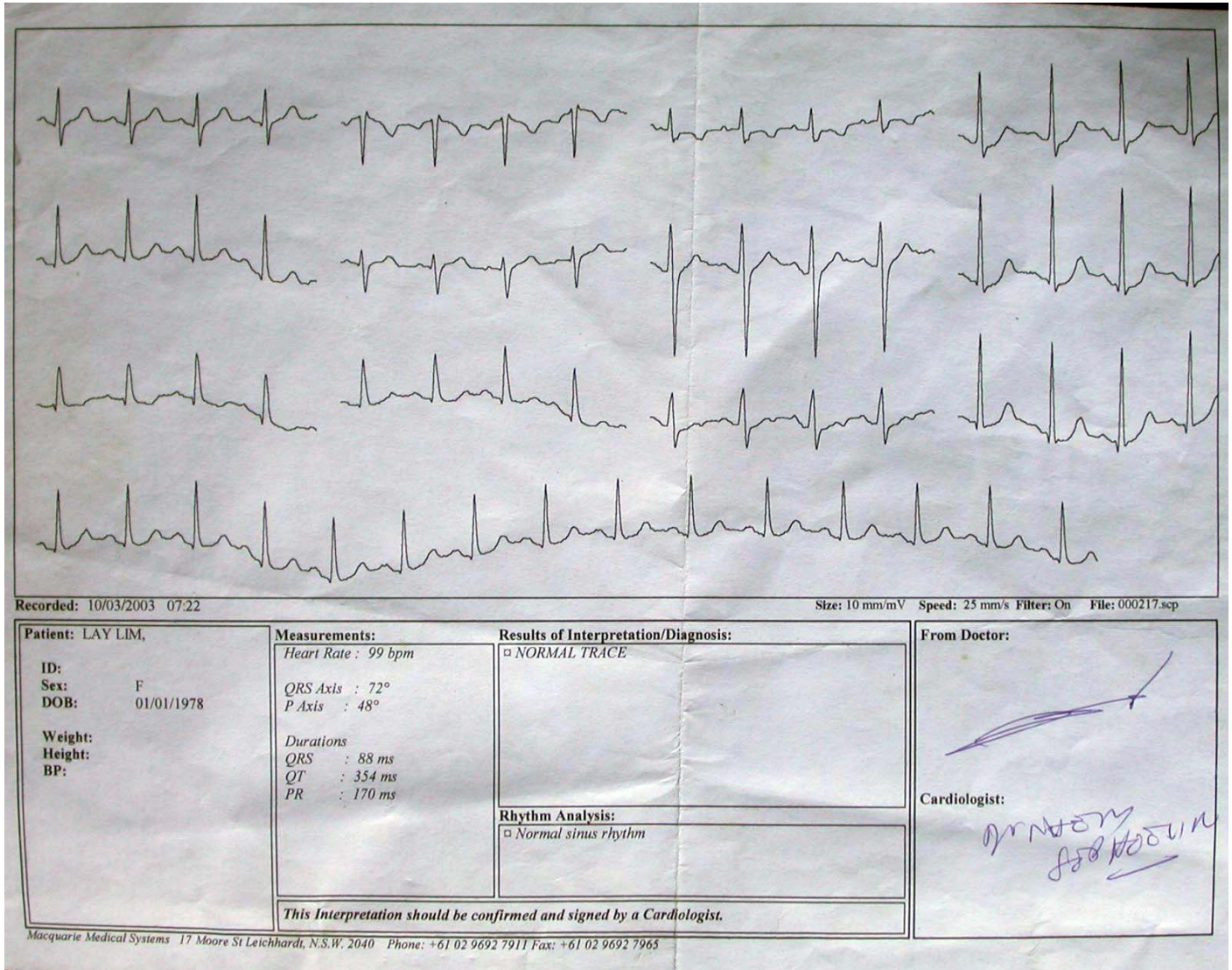
On March 10, 2003

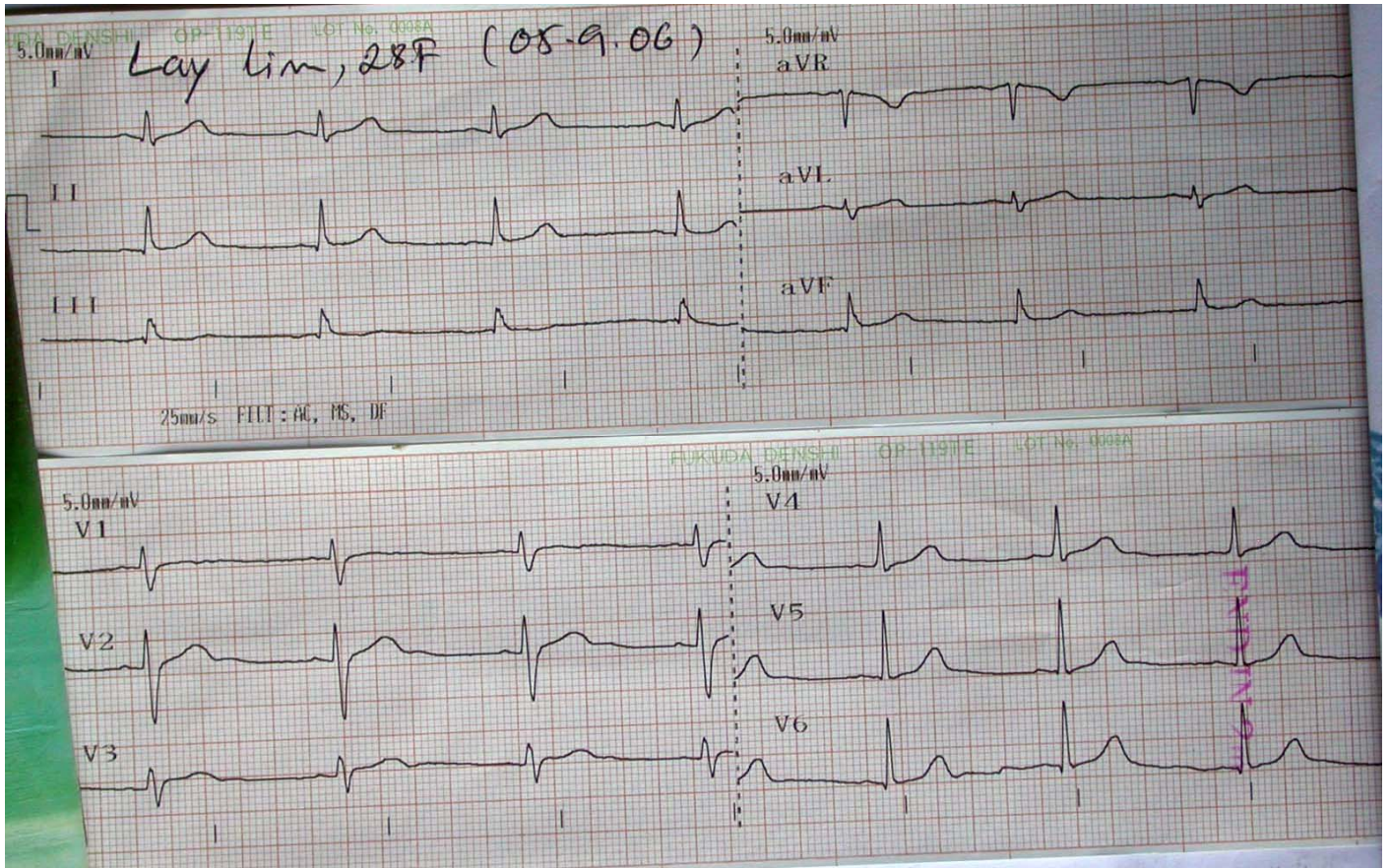


Echocardiography:

EF: 67%, conclusion: Ischemic heart disease, and photo of echocardiography, EKG attached

WBC =6.7	[4 - 11x10 <sup>9</sup> /L]	Glu =0.69	[0.75 - 1.10]
RBC =4.1	[3.9 - 5.5x10 <sup>12</sup> /L]	T. Chol =1.73	[1.40 - 2.70]
Hb =11	[12.0 - 15.0g/dL]	TG =1.04	[0.40 - 1.45]
Ht =31	[35 - 47%]	Ca =90	[88 - 102]
MCV =75.9	[80 - 100fl]		
MCH =26.8	[25 - 35pg]		
MHCH =35.3	[30 - 37%]		
SGOT =20	[<31]		
SGPT =25	[<31]		





**Today:**  
 CXR and EKG attached

**Assessment:**

1. Bradycardia
2. VHD??
3. IHD??

**Plan:**

1. Wait until lab result comes

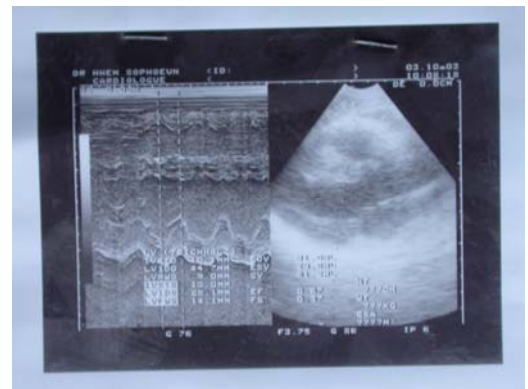
**Lab/Study Requests:** Draw blood for CBC, Lyte, BUN, Creat, Gluc, Ca, TSH at SHCH

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

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

**Examined by:** Nurse Peng Sovann      **Date:** September 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).



FS: 37%  
 EF: 67%

• M.Mode:	Valeurs normales
Aorte : 29	(20 - 37)
Ouverture des valves Ao:	(16 - 25)
O.G: 26	(18 - 40)
VG : télédiastol 44.7	(38 - 56)
: télésytol 28	(22 - 40)
- Septum diastol 10	(6 - 11)
- Paroi Post VG. 9	(6 - 11)
- Pericarde	libre

The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or 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.

No answer replied from Boston

---

---

**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]  
**Sent:** Wednesday, September 06, 2006 8:42 AM  
**To:** Kathy Fiamma; Brian Hammond; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim; Kim Meng Tan  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic September 2006, Patient #4, Doung Sunly, 50M

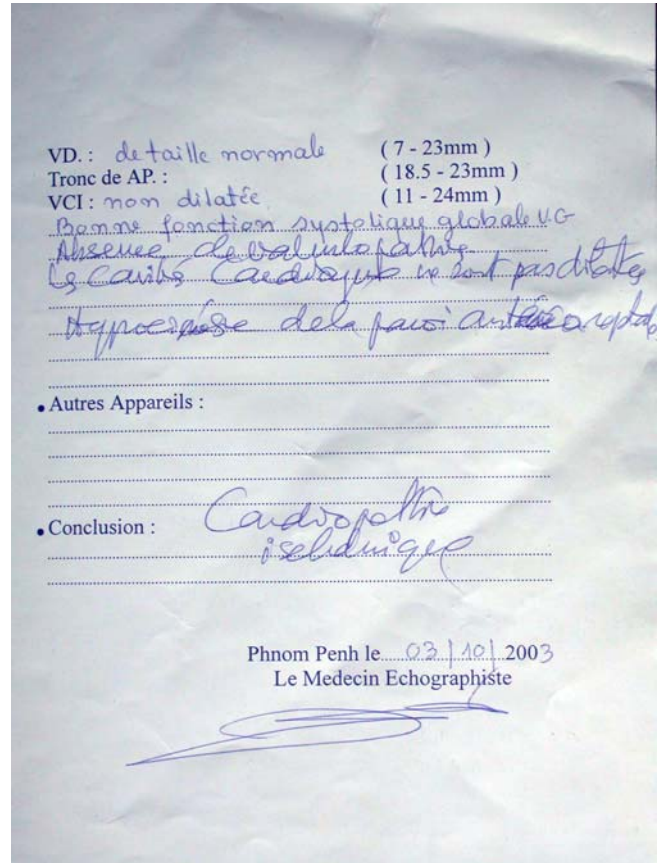
Dear All,

Here is case #4, Doung Sunly, 50M, and photos.

Please try to reply all cases by Thursday, September 7th, before noon Cambodian time.

Thank you for your cooperation.

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:** Dourng Sunly, 50M (Taing Treurk Village)

**Subjective:** 50m came to follow up of HTN, Gout, hyperlipidemia. He complained of low grade fever, dizziness, diaphoreses, and fatigue in these 7d; slightly tender, morning stiffness. He denied of chill, cough, SOB, sore throat, chest pain, palpitation, GI problem, oliguria, hematuria, dysuria, edema, redness, swelling, warmth on joints.

### Objective:

**VS:** BP 130/88 P 86 R 18 T 37.5 Wt 66kg

#### PE (focused):

**General:** Look stable, obesity

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

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

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

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

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

**Labs/Studies:** None

#### Current Medications:

1. Captopril 25mg 1/2t po bid
2. ASA 300mg 1/4t po qd
3. Diflunisal 500mg 1t po bid prn severe pain
4. Paracetamol 500mg 1t po q6h prn pain

**Allergies:** NKDA

### 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 for two months
4. Paracetamol 500mg 1t po 1q6h prn pain/fever for two months
5. Ask him to check for malaria if he develops high fever and chill

**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:** September 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).

*The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or 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.*

No answer replied from Boston

---

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

**Sent:** Wednesday, September 06, 2006 8:45 AM

**To:** Kathy Fiamma; Brian Hammond; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim; Kim Meng Tan

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

**Subject:** Robib TM Clinic September 2006, Patient #5, Leng Hak, 70M

Dear All,

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

Please try to reply all cases by Thursday, September 7th, before noon Cambodian time.

Thank you for your cooperation.

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

**Subjective:** 70M came to follow up of HTN, Stroke, CHF?, both legs wound, muscle tension. He complained of muscle tension, both legs weakness and use walking stick to walk. He denied of HA, dizziness, diaphoreses, SOB, cough, sore throat, palpitation, chest pain, GI problem, oliguria, hematuria, dysuria, edema. Wound on both legs are completely healed.

### Objective:

**VS:** BP 110/80 P 70 R 18 T 37 Wt 45kg

### PE (focused):

**General:** Look stable, walking with cane

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

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

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

**MS/Neuro:** MS +4/5 on both legs, other normal; sensory intact, DTRs +2/4

**Skin/Extremity:** No edema, no rash, wound on both legs completely healed



**Labs/Studies:** None

### Current Medications:

1. Nifedipine 10mg 1t po q8h
2. Propranolol 40mg 1t po q12h
3. HCTZ 50mg 1/2t po qd
4. ASA 300mg 1/4t po qd
5. FeSO4/Folic Acid 200/0.25mg 1t poqd
6. MTV 1t po qd
7. Paracetamol 500mg 1t po q6h prn pain

**Allergies:** NKDA

### Assessment:

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

## Plan:

1. Nifedipine 10mg 1t po q8h for one month
2. Propranolol 40mg 1t po q12h for one month
3. HCTZ 50mg 1/2t po qd for one month
4. ASA 300mg 1/4t po qd for one month
5. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month
6. MTV 1t po qd for one month
7. Paracetamol 500mg 1t po q6h prn muscle tension and HA for one month

**Lab/Study Requests:** None

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

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

**Examined by:** Nurse Peng Sovann      **Date:** September 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).

*The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or 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:** Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]  
**Sent:** Thursday, September 07, 2006 4:31 AM  
**To:** Fiamma, Kathleen M.; [robibtelemed@yahoo.com](mailto:robibtelemed@yahoo.com)  
**Cc:** [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh)  
**Subject:** RE: Robib TM Clinic September 2006, Patient #5, Leng Hak, 70M

His blood pressure control is excellent and he has no clinical findings or symptoms of congestive heart failure.

He appears to have had a stroke involving the right side of his brain with left facial muscle paralysis and this could affect his leftside of his body and require the use of the walking stick. His abnormal gait/walking may increase the tension and discomfort in both legs.

The leg ulcers look great.

continue your present plan of action.

Good luck

Paul Cusick MD

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

**From:** Fiamma, Kathleen M.  
**Sent:** Wednesday, September 06, 2006 11:35 AM  
**To:** Cusick, Paul S.,M.D.  
**Subject:** FW: Robib TM Clinic September 2006, Patient #5, Leng Hak, 70M

Hello Dr. Cusick:



Here is a follow-up case where both you and Dr. Tan provided opinions. (I believe it is from a day when you were not available)

The attached Word document contains the previously presented material and responses from you and Dr. Tan.

Feel free to call me with any questions or comments.

Thank you.

---

**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]  
**Sent:** Wednesday, September 06, 2006 8:51 AM  
**To:** Kathy Fiamma; Brian Hammond; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruy Lim; Kim Meng Tan  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach  
**Subject:** Robib TM Clinic September 2006, Patient #6, Tum Lam, 57M

Dear All,

Here is the last (from yesterday) case #6, Tum Lam, 57M, and photo. There will be more cases to present later tonight.

Please try to reply all cases by Thursday, September 7th, before noon Cambodian time.

Thank you for your cooperation.

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:** Tum Lam, 57M (Reusey Srok Village)

**Subjective:** 57M didn't come for follow up in last month because the joint pain got worst until unable to sit on moto. Now he came to follow up on Gouty arthritis, HTN, overweight, Dyspepsia, Cushings'syndrome (due to steroid use). He still presents with morning stiffness on joints, mild tender, swelling on both foot joint, and epigatric pain, burning sensation. He denied of redness, warmth, dizziness, cough, fever, sore throat, palpitation, nausea, vomiting, oliguria, hematuria, dysuria. He can walk with crutches.

### Objective:

**VS:** BP 180/128 (both) P 144 R 22 T 37 Wt 75kg

#### PE (focused):

**General:** Look stable, obesity

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

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

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

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

**Skin/Extremity:** stiffness on both legs and arms, mild joint pain, the rash on left arm still the same

**Today Labs:** UA normal

#### Current Medications:

**All these medications given in July but he didn't come for follow up in August**

1. Lisinopril 5mg 1/2t po bid
2. Propranolol 40mg 1/2t po bid
3. Omeprazole 20mg 1t po qhs
4. Diflunisal 500mg 1t po bid prn pain

**Allergies:** NKDA

### Assessment:

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

**Plan:**

1. Captopril 25mg 1/2t po bid for one month
2. Propranolol 40mg 1/2t po bid for one month
3. Diflunisal 500mg 1t po bid prn severe pain for one month
4. Paracetamol 500mg 1t po q6h prn pain for one month
5. Omeprazole 20mg 1t po qhs for one month

**Lab/Study Requests:** Draw blood for Lyte, BUN, Creat, Gluc, T chol

**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:** September 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).

*The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or 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.*

No answer replied from Boston

---

**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]  
**Sent:** Wednesday, September 06, 2006 3:57 PM  
**To:** 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 TMClinic for September 2006 Second Day Case #7, Sam Logn, 51M (Dam Nak Chen)

Dear all,

Today is the second day for Robib TM Clinic. We have two new cases and 6 follow up cases. This is case number seven, Sam Logn, 51M and photo.

Best Regards,  
Sovann

# Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

## History and Physical



**Name/Age/Sex/Village:** Sam Logn, 51M (Dam Nak Chen Village)

**Chief Complaint (CC):** Polyphagia, Polyuria x 1y

**History of Present Illness (HPI):** 51M, farmer, came here complaining of polyphagia and polyuria for 1y. He also present symptoms of HA, fatigue, diaphoresis, myalgia, and weakness, especially noticed the ants come around his urine. He didn't find any medical care then during these three months, he felt worst so he bought diabetic drug (glibenclamide 5mg) take 1/2t qd. He said he felt better and came to us for help. He denied of HA, dizziness, cough, sore throat, fever, chest pain, palpitation, nausea, vomiting, oliguria, polyuria, hematuria, dysuria, edema, numbness, tingling.

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

**Current Medications:** Glibenclamide 5mg ½t po qd

**Allergies:** NKDA

**Social History:** No EtOH, no smoking

**Review of Systems (ROS):** none

**PE:**

**Vitals:** BP 130/86 P 86 R 18 T 37 wt 54kg

**General:** Look stable

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

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

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

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

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

**Lab/Study:** On September 5, 2006

UA: prot trace, gluc 4+; RBS 304mg/dl

On September 6, 2006

FBS 135mg/dl

**Assessment:**

1. DMII

**Plan:**

1. Glibenglamide 5mg 1/2t po qd for one month
2. Captopril 25mg 1/4t po qd for one month
3. ASA 300mg 1/4t po qd for one month
4. Educate pt on hypo/hyperglycemia sign, diabetic diet, and do regular exercise

**Lab/Study Requests:** Draw blood for CBC, Lyte, BUN, Creat, Gluc

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:** September 6, 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).

*The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or 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.*

No answer replied from Boston

---

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

**Sent:** Wednesday, September 06, 2006 4:53 PM

**To:** Rithy Chau; Paul J. M.D. Heinzelmann; Joseph Kvedar; Kathy Fiamma; Kruey Lim; Kim Meng Tan; Cornelia Haener

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

**Subject:** Robib TM Clinic for September 2006 Second Day Case#8, Thorng Khour, 70F (Bak Dong)

Dear all,

This is case number eight, Thorng Khourn, 70F and photos.

Best Regards,  
Sovann

# Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Partners Telemedicine

Rovieng Commune, Preah Vihear Province, Cambodia

## History and Physical



**Name/Age/Sex/Village:** Thorng Khourn, 70F (Bak Dong Village)

**Chief Complaint (CC):** Ascitis x 1mo

**History of Present Illness (HPI):** 70F, farmer, came here complaining of ascitis x 1mo. First she has gradual edema from both legs, arms and abd distended, oliguria, HA, dizziness, fatigue, SOB, abd pain, stabbing sensation on RUQ, poor appetite due to abd distension. She bought diuretic from pharmacy taken bid in these 2 weeks. She passed more urine output while on diuretic and less edema but not all. She denied of cough, sore throat, palpitation, nausea, vomiting, hematuria, dysuria.

**Past Medical History (PMH):** History HTN prn drugs, stopped 2y

**Current Medications:** Diuretic bid x 2weeks

**Allergies:** NKDA

**Social History:** No EtOH, no smoking

**Review of Systems (ROS):** Neck mass x over 30y

**PE:**

**Vitals:** BP 136/70 P 93 R 22 T 37.5 O2sat 97% RA  
wt 46kg

**General:** Look Sick, not tachypnea

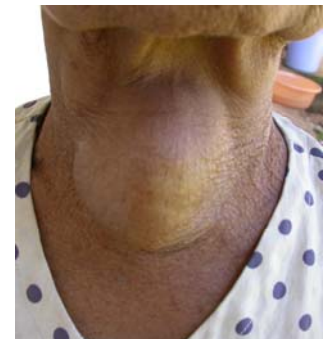
**HEENT:** No oropharyngeal lesion, pale conjunctiva, no icterus, thyroid enlargement three nodulars two on anterior about 4x5cm (both) and other on right side about 1x2cm, soft, no tender, mobile on swallowing, no lymph node palpable, (+)JVD, neck bruits

**Chest:** CTA bilaterally, no rale, no rhonchi; HRRR, systolic murmur 2+ (crescendo) loud at apex

**Abd:** soft, slightly tender on RUQ, moderate distension, (+) BS, no HSM, (+) fluid wave, no scars, slightly dilated collateral vein

**Extremity:** 3+ pitting edema on both legs and 2+ pitting edema on arms, no rash, n lesion

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



**Lab/Study:** Hb 7g/dl, UA normal

**Assessment:**

1. Ascitis
2. Nephrotic Syndrome??
3. VHD??
4. Severe Anemia
5. Nodular Goiter

**Plan:**

1. Furosemide 20mg 1t po bid for 2 weeks
2. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month
3. MTV 1t po qd for one month

**Lab/Study Requests:** Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT, TFT, send to Kg Thom for abd ultrasound

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:** September 6, 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).

*The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or 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:** Thursday, September 07, 2006 4:22 AM

**To:** Fiamma, Kathleen M.; [tmed\\_rithy@online.com.kh](mailto:tmed_rithy@online.com.kh)

**Cc:** [robibtelemed@yahoo.com](mailto:robibtelemed@yahoo.com)

**Subject:** RE: Robib TM Clinic for September 2006 Second Day Case#8, Thorng Khour, 70F (Bak Dong)

Thorng Khour, has a one month history of edema and ascites, which is causing her to have abdominal pain, shortness of breath and decreased appetite.

Studies of Ascites reveal that about 80% of patients with Ascites have liver disease, often caused by alcohol use. You mention that she does not drink any alcohol, and on physical examination there are no stigmata of liver disease such as Spider naevi, so this diagnosis is quite unlikely.

10 % of cases of Ascites, however, are caused by cancer, and given her age, she is at risk for having a malignancy, that has metastasized to her abdomen.

Right side Heart failure is another cause of Ascites, as well as TB.

I agree with your plan to order an ultrasound to establish that she has Ascites, and if she does, she will need an abdominal Paracentesis with appropriate fluid analysis to make a diagnosis and to determine if the fluid is infected or not. I agree with Furosemide 40 mg, no need to give it 2 times a day, just give it qam. Also she should be advised to restrict Sodium intake in her diet, as this will worsen her Fluid load.

The patient also suffers from a very large smooth mass in her neck, probably located in her thyroid. She will need a TSH to r/o severe Hypothyroidism that might be contributory to her lower extremity edema. She will need a Thyroid

ultrasound as well as a Fine Needle Aspirations of her thyroid mass, to establish a diagnosis and r/o a malignancy there.. It is so large that it could start to compress the Trachea as well as the Esophagus.

I agree with the tests you sent her for and feel that you will probably get your diagnosis with the ultrasound and the Paracentesis.  
Olga Smulders-Meyer, MD

---

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

**Sent:** Thursday, September 07, 2006 9:43 AM

**To:** Kathy Fiamma; Brian Hammond; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruey Lim; Kim Meng Tan

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

**Subject:** Robib TM Clinic Spetember 2006, Patient #9, Prum Pri, 52M

Dear All,

We apologize again for the delay of these follow-up cases due to internet not operating last night.

Here is case #9, Prum Pri, 52M, and photo.

Please give reply as soon as you can. Thank you again for your cooperation.

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:** Prum Pri, 52M (Rovieng Tbong Village)



**Subjective:** 52M came to follow up of CHF?, Anemia, and Renal Insufficiency. He is better than before with symptoms of good appetite, normal bowel movement. he denied of HA, diaphoresis, dizziness, palpitation, chest pain, cough, fever, oliguria, hematuria, dysuria, edema, GI problem.

### Objective:

**VS:** BP 130/90 P 60 R 20 T 37 Wt 43kg

#### PE (focused):

**General:** Look stable

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

**Chest:** CTA bilaterally, no rale, no rhonchi; HRRR, systolic murmur 2+

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

**MS/Neuro:** Unremarkable

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

#### Previous Labs/Studies:

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	=3.	[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]			

#### Current Medications:

1. Captopril 25mg 1t po bid
2. Furosemide 20mg 1t po bid
3. FeSO4/Folic Acid 200mg 1t po q12h
4. MTV 1t po qd

#### Allergies:

**Assessment:**

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

**Plan:**

1. Captopril 25mg 1t po bid for two months
2. Furosemide 20mg 1t po bid for two months
3. FeSO4/Folic Acid 200/0.25mg 1t po bid for two months
4. MTV 1t po qd for two months
5. Ciprofloxacin 500mg 1t po bid for 10d

**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/PA Chau Rithy      **Date:** September 6, 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).

*The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or 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.*

No answer replied from Boston

---

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

**Sent:** Thursday, September 07, 2006 10:46 AM

**To:** Rithy Chau; Kim Meng Tan; Kruey Lim; Kathy Fiamma; Joseph Kvedar; Paul J. M.D. Heinzelmann; Cornelia Haener

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

**Subject:** Robib TM Clinin for September 2006 case #11, Same Kun, 27F (Boang Village)

Dear all,

This is case number eleven, Same Kun, 27F and photo.

Best Regards,  
Sovann

# Robib Telemedicine Clinic

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

## SOAP Note



**Patient Name & Village:** Same Kun, 27F (Boang Village)

**Subjective:** 27F came to follow up of Hyperthyroidism. In the last month she presented with symptoms of delirium (crying, get angry with everyone), high fever, HA, palpitation, sometime can answer what we asked her and sometime said she has severe HA while we asked her answer our question and was treated with Ceftriazone 2g bid and Metronidazole 500mg tid for 2d and while we went back to Phnom Penh we asked her family bring her to Phnom Penh for Kg Thom and she was brought to Kg Thom at psychiatric department then was treated with three psychiatric medications (unknown name). Now she is better but still complained of pressure HA, neck tension, dizziness, vertiligo, palpitation, sore throat, tremor, heat intolerance, wt loos 9kg (since May to Now). She denied of cough, nausea, vomiting, oliguria, hematuria, dysuria, edema. She didn't take medication this morning.

### Objective:

**VS:** BP 120/70 P 192 R 22 T 36 Wt 32kg

#### PE (focused):

**General:** Look sick, cachexia

**HEENT:** No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 8x10cm, semi hard, no tender, mobile on swallowing, neck bruit

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

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

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

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

#### Previous Labs/Studies:

#### Current Medications:

1. Carbimazole 5mg 2t po tid
2. Propranolol 40mg 1t po bid
3. FeSO4/Folic Acid 200/0.25mg 1t po bid
4. MTV 1t po bid
5. Three psychiatric drugs (unknown name)

**Allergies:** NKDA

#### Assessment:

1. Hyperthyroidism

2. Tachycardia
3. Cachexia

**Plan:**

1. Carbimazole 5mg 2t po tid for one month
2. Propranolol 40mg 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. Continue her psychiatric drugs

**Lab/Study Requests:** Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH, Free T3, T4

**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:** September 6, 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).

*The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or 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.*

No answer replied from Boston

---

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

**Sent:** Thursday, September 07, 2006 1:59 PM

**To:** Kathy Fiamma; Brian Hammond; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruey Lim; Kim Meng Tan

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

**Subject:** Robib TM Clinic September 2006, Patient #10, Sath Rim, 50F

Dear All,

Ineternet service here is very disruptive and we will try to get the other 4 follow-up cases to you. Please try to reply as soon as possible. We will leave Robib tomorrow around 9AM Cambodian time.

Here is case #10, Saath 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, PNP, Tachycardia, Anemia, UTI?. She is better than before but still present with HA, neck tension, epigastric pain, burning sensation in this month. She denied of dizziness, cough, sore throat, diaphoresis, palpitation, SOB, GI problem, oliguria, polyuria, polyphagia, hematuria, dysuria, edema.

### Objective:

**VS:** BP: 200/94 P: 80 R: 18 T:36.5 °C Wt:45 kg

#### PE (focused):

**General:** Look stable

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

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

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

**Extremity:** No edema, no rash, no foot wound

**Neuro:** unremarkable

#### Previous Labs/Studies:

##### Lab Result on August 11, 2006

WBC	=7	[4 - 11x10 <sup>9</sup> /L]	Na	=136	[135 - 145]
RBC	=3.9	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=5.1	[3.5 - 5.0]
Hb	=8.8	[12.0 - 15.0g/dL]	Cl	=111	[95 - 110]
Ht	=27	[35 - 47%]	BUN	=1.9	[0.8 - 3.9]
MCV	=70	[80 - 100fl]	Creat	=114	[44 - 80]
MCH	=23	[25 - 35pg]	Glu	=8.0	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	T. Chol	=5.4	[<5.7]
Plt	=255	[150 - 450x10 <sup>9</sup> /L]	TG	=2.84	[<1.71]
Lym	=1.2	[1.0 - 4.0x10 <sup>9</sup> /L]			
Mxd	=0.9	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=	[1.8 - 7.5x10 <sup>9</sup> /L]			
HbA1c	= 7.6	[5.5 - 8.5 nondiabetic]			

#### Today

**UA:** Blood moderate, prot 3+; FBS 139mg/dl

#### Current Medications:

1. Glibenclamide 5mg 1t po q8h
2. Metformin 500mg 1t po bid
3. Captopril 25mg 1t po bid

4. Atenolol 50mg 1t po q12h
5. Desipramin 75mg 1t po qhs
6. FeSO4/Folic Acid 200/0.25mg 1t po qd
7. Paracetamol 500mg 1t po q6h prn HA
8. Ciprofloxacin 500mg 1t po bid for 5d

**Allergies:** NKDA

**Assessment:**

1. DMII with PNP
2. HTN
3. Anemia
4. Dyspepsia

**Plan:**

1. Glibenclamide 5mg 1t po tid for one month
2. Metformin 500mg 1t po bid for one month
3. Captopril 25mg 1t po tid for one month
4. ASA 300mg 1/4t po qd for one month
5. Atenolol 50mg 1t po q12h for one month
6. Amitriptyline 25mg 1t po qhs for one month
7. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month
8. Paracetamol 500mg 1t po q6h prn HA for one month
9. Famotidine 40mg 1t po qhs for one month

**Lab/Study Requests:** None

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

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

**Examined by:** Nurse Peng Sovann

**Date:** September 6, 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).

*The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or 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.*

No answer replied from Boston

---

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

**Sent:** Thursday, September 07, 2006 2:07 PM

**To:** Kathy Fiamma; Brian Hammond; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruey Lim; Kim Meng Tan

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

**Subject:** Robib TM Clinic September 2006, Patient #12, Meas Thoch, 78F

Dear All,

Here is case #12, Meas Thoch, 78F , 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:** Meas Thoch, 78F (Ta Tong Village)

**Subjective:** 78F came to follow up of HTN and anemia due to vit deficiency. She presented with pain in right ear canal, and ear ringing for sometime, fever. She denied of HA, dizziness, cough, SOB, diaphoresis, palpitation, chest pain, GI problem, oliguria, hematuria, dysuria, edema.

### Objective:

**VS:** BP 120/70 P 80 R 20 T 36 Wt 37kg

#### PE (focused):

**General:** Look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, erythema, white exudates in right middle ear, no tender, normal left ear, 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

**Previous Labs/Studies:** None

#### Current Medications:

1. Propranolol 40mg 1/2t po q12h
2. HCTZ 50mg 1/2t po qd
3. MTV 1t po qd

**Allergies:** NKDA

### Assessment:

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

### Plan:

1. Propranolol 40mg 1/2t po bid for four months
2. HCTZ 50mg 1/2t po qd for four months
3. MTV 1t po qd for four months
4. Augmentin 875mg 1t po bid for ten days

**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:** September 6, 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).

*The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or 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.*

No answer replied from Boston

---

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

**Sent:** Thursday, September 07, 2006 2:14 PM

**To:** Kathy Fiamma; Brian Hammond; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruey Lim; Kim Meng Tan

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

**Subject:** Robib TM Clinic September 2006, Patient #13, Srey Hom, 60F

Dear All,

Here is case #13, Srey Hom, 60F, 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:** Srey Hom, 60F (Taing Treuk Village)

**Subjective:** 60F came to follow up of HTN, DMII, Renal Insufficiency, GERD. She still complained of epigastric pain, burning sensation, before eating, no radiation, myalgia, tingling. She denied of HA, dizziness, diaphoresis, fever, sore throat, palpitation, chest pain, regurgitation, dysphagia, nausea, vomiting, oliguria, hematuria, dysuria, edema.

### Objective:

**VS:** BP 148/80 P 76 R 18 T 36.5 Wt 52kg

#### PE (focused):

**General:** Look stable

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

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

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

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

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

#### Previous Labs/Studies:

##### Lab Result on August 11, 2006

HbA1c =8.1 [5.5 - 8.5nondiabetic]

##### On September 6, 2006

UA blood trace, prot 2+, leuk 2+; FBS 150mg/dl

#### Current Medications:

1. Glibenclamide 5mg 11/2t po bid
2. Captopril 25mg 1/2t po bid
3. ASA 1/4t po qd
4. Famotidine 40mg 1t po qhs

**Allergies:** NKDA

### Assessment:

1. HTN

2. DMII with PNP
3. Renal Insufficiency
4. UTI
5. GERD

**Plan:**

1. Glibenclamide 5mg 11/2t po bid for one month
2. Captopril 25mg 1/2t po bid for one month
3. ASA 300mg 1/4t po qd for one month
4. Amitriptyline 25mg 1t po qhs for one month
5. Omeprazole 20mg 1t po qhs for one month
6. Ciprofloxacin 500mg 1t bid for 5d

**Lab/Study Requests: None**

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

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

**Examined by:** Nurse Peng Sovann

**Date:** September 6, 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).

*The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or 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.*

No answer replied from Boston

---

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

**Sent:** Thursday, September 07, 2006 2:27 PM

**To:** Kathy Fiamma; Brian Hammond; Paul Heinzelmann; Paul J. M.D. Heinzelmann; Joseph Kvedar; Rithy Chau; Kruey Lim; Kim Meng Tan

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

**Subject:** Robib TM Clinic September 2006, Patient #14, Svay Tevy, 42F

Dear All,

Here is the last case #14, Svay Tevy, 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:** Svay Tevy, 42F (Thnout Malou Village)

**Subjective:** 42F came to follow up of DMII, Hyperlipidemia. She has good appetite, normal bowel movement. She denied of HA, dizziness, fatigue, diaphoresis, cough, sore throat, palpitation, chest pain, polyphagia, polyuria, oliguria, hematuria, dysuria, edema, GI problem, numbness, tingling.

**Objective:**

**VS:** BP 110/72 P 76 R 18 T 36.5 Wt 60kg

**PE (focused):**

**General:** Look stable

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

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

**Abd:** Soft, no tender, no distension, (+) BS, noHSM

**MS/Neuro:** MS +5/5, motor and sensory in tact, DTRs +2/4

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

**Previous Labs/Studies:**

**Lab Result on August 11, 2006**

HbA1c =9.3 [5.5 - 8.5nondiabetic]

**Current Medications:**

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

**Allergies:** NKDA

**Assessment:**

1. MDII
2. Hyperlipidemia

**Plan:**

1. Glibenclamide 5mg 2t po bid for two months
2. Metformin 500mg 2t po bid for two months
3. Captopril 25mg 1/4t po qd for two months
4. ASA 81mg 1t po qd for two months

5. Restrict pt on diabetic diet and do regular exercise

**Lab/Study Requests:** None

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

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

**Examined by:** Nurse Peng Sovann

**Date:** September 6, 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).

*The information transmitted in this e-mail is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or 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.*

No answer replied from Boston

---

**From:** Robib Telemedicine [mailto:robibtelemed@yahoo.com]  
**Sent:** Thursday, September 07, 2006 3:12 PM  
**To:** Kathy Fiamma  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau  
**Subject:** Robib TM Cases for September 2006

Dear Kathy,

I have received four cases from you. Sorry I didn't send on the time I schedule because the internet didn't work and just finished at this afternoon. Please the reply for the rest cases. These are cases I received:

Case #1, Chea Sem, 48F  
Case#2, Ros Lai, 65F  
Case#5, Leng Hak, 70M  
Case# 8, Thorng Khourn, 70F

Thanks for your cooperation in this project.

Best Regards,  
Sovann

**From:** Fiamma, Kathleen M. [mailto:KFIAMMA@PARTNERS.ORG]  
**Sent:** Thursday, September 07, 2006 9:19 PM  
**To:** Robib Telemedicine  
**Cc:** Bernie Krisher; Thero Noun; Laurie & Ed Bachrach; Rithy Chau  
**Subject:** RE: Robib TM Cases for September 2006

Hello Sovann:

Thank you for your messages.

This morning, I received 5 new cases, so I will go ahead and send them to our doctors today.  
I will send you a reconciliation note this evening.

Thank you  
Kathy Fiamma  
617-726-1051

---

# Thursday, September 7, 2006

---

## Follow-up Report for Robib TM Clinic

There were 5 new and 9 follow-up patients seen during this month Robib TM Clinic (and the other 13 patients came for medication refills only, one came to refill medication before follow up and one late, 2 missed their appointment, and one death; also 11 patients were seen for minor health problem by PA Rithy without sending data). The data of all 14 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 September 2006

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

#### Diagnosis:

1. Thyroid Dysfunction?
2. Anxiety?

#### Treatment:

1. Wait until lab result comes

**Lab/Study Requests:** Draw blood for TFT at SHCH

**Lab result on September 08, 2006**

Na	=141	[135 - 145]
K	=4.3	[3.5 - 5.0]
BUN	=1.1	[0.8 - 3.9]
Creat	=61	[44 - 80]
Glu	=5.2	[4.2 - 6.4]
TSH	=1.11	[0.49 - 4.67]

### 2. Ros Lai, 65F (Taing Treurk Village)

#### Diagnosis:

1. Goiter
2. Anemia

**Treatment:**

1. FeSO<sub>4</sub>/Folic Acid 200/0.25mg 1t po bid for one month (60tab)
2. MTV 1t po bid for one month (60tab)

**Lab/Study Requests:** Draw blood for CBC, Lyte, BUN, Creat, Gluc, TFT at SHCH and neck ultrasound at Kg Thom  
**Lab result on September 08, 2006**

WBC	=5	[4 - 11x10 <sup>9</sup> /L]	Na	=142	[135 - 145]
RBC	=3.4	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=4.3	[3.5 - 5.0]
Hb	=9.5	[12.0 - 15.0g/dL]	Cl	=110	[95 - 110]
Ht	=30	[35 - 47%]	BUN	=1.9	[0.8 - 3.9]
MCV	=87	[80 - 100fl]	Creat	=64	[44 - 80]
MCH	=28	[25 - 35pg]	Glu	=5.4	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	TSH	=0.04	[0.49 - 4.67]
Plt	=174	[150 - 450x10 <sup>9</sup> /L]	Free T4	=12.19	[9.14 - 23.81]
Lym	=1.9	[1.0 - 4.0x10 <sup>9</sup> /L]			
Mxd	=0.7	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=2.2	[1.8 - 7.5x10 <sup>9</sup> /L]			

**3. Lay Lim, 28F (Taing Treurk Village)****Diagnosis:**

3. Bradycardia
4. VHD??
5. IHD??

**Treatment:**

1. Wait until lab result comes

**Lab/Study Requests:** Draw blood for CBC, Lyte, BUN, Creat, Gluc, Ca, TSH at SHCH  
**Lab result on September 08, 2006**

WBC	=7	[4 - 11x10 <sup>9</sup> /L]	Na	=138	[135 - 145]
RBC	=4.7	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=4.1	[3.5 - 5.0]
Hb	=12.4	[12.0 - 15.0g/dL]	Ca	=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 <sup>9</sup> /L]			
Lym	=2.1	[1.0 - 4.0x10 <sup>9</sup> /L]			

**4. Dourng Sunly, 50M (Taing Treurk Village)****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 (70tab)

4. Paracetamol 500mg 1t po 1q6h prn pain/fever for two months (90tab)
5. Ask him to check for malaria if he develops high fever and chill

**Lab/Study Requests:** None

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

**Diagnosis:**

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

**Treatment:**

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

**Lab/Study Requests:** None

**6. Tum Lam, 57M (Reusey Srok Village)**

**Diagnosis:**

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

**Treatment:**

1. Captopril 25mg 1/2t po bid for one month (30tab)
2. Propranolol 40mg 1/2t po bid for one month (30tab)
3. Diflunisal 500mg 1t po bid prn severe pain for one month (50tab)
4. Paracetamol 500mg 1t po q6h prn pain for one month (50tab)
5. Omeprazole 20mg 1t po qhs for one month (30tab)

**Lab/Study Requests:** Draw blood for Lyte, BUN, Creat, Gluc, T chol  
**Lab result on September 8, 2006**

Na	=143	[135 - 145]
K	=3.7	[3.5 - 5.0]
BUN	=3.1	[0.8 - 3.9]
Creat	=190	[53 - 97]
Glu	=9.6	[4.2 - 6.4]
T. Chol	=7.1	[<5.7]

## 7. Sam Logn, 51M (Dam Nak Chen Village)

### Diagnosis:

1. DMII

### Treatment:

1. Glibenglamide 5mg 1/2t po qd for one month (15tab)
2. ASA 300mg 1/4t po qd for one month (8tab)
3. Educate pt on hypo/hyperglycemia sign, diabetic diet, and do regular exercise

**Lab/Study Requests:** Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1c at SHCH

### Lab result on September 8, 2006

WBC	=10	[4 - 11x10 <sup>9</sup> /L]	Na	=141	[135 - 145]
RBC	=6.2	[4.6 - 6.0x10 <sup>12</sup> /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 <sup>9</sup> /L]			
Lym	=4.6	[1.0 - 4.0x10 <sup>9</sup> /L]			
Mxd	=1.5	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=3.9	[1.8 - 7.5x10 <sup>9</sup> /L]			

## 8. Thorng Khourn, 70F (Bak Dong Village)

### Diagnosis:

1. Ascitis
2. Nephrotic Syndrome??
3. VHD??
4. Severe Anemaia
5. Nodular Goiter

### Treatment:

1. Furosemide 20mg 2t po qAM for 2 weeks then 1t po qAM for other 2 weeks (45tab)
2. FeSO4/Folic Acid 200/0.25mg 1t po bid for one month (60tab)
3. MTV 1t po bid for one month (60tab)
4. Restrict pt on fluid intake less than 1L/d and low Na diet, eat banana 1/d

**Lab/Study Requests:** Draw blood for CBC, Lyte, BUN, Creat, Gluc, Albu, Prot, Chole, Reticulocyte, Peripheral blood smear, LFT, TFT at SHCH, send to Kg Thom for CXR, abd U/A, Neck mass U/A, Pelvic X-ray

### Lab result on September 8, 2006

WBC	=4	[4 - 11x10 <sup>9</sup> /L]	Na	=137	[135 - 145]
RBC	=2.3	[3.9 - 5.5x10 <sup>12</sup> /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 <sup>9</sup> /L]	Albu	=17	[38 - 54]



Lym	=1.3	[1.0 - 4.0x10 <sup>9</sup> /L]	Prot	=63	[62 - 80]
Mxd	=1.4	[0.1 - 1.0x10 <sup>9</sup> /L]	SGOT	=66	[<30]
Neut	=1.7	[1.8 - 7.5x10 <sup>9</sup> /L]	SGPT	=32	[<30]
Reticu count	=0.8	[0.5 - 1.5]	TSH	=0.75	[0.49 - 4.67]
Microcytic	2+		HCV	reactive	
Hypochromic	3+		Hbs-Ag	non-reactive	
Poikilocytosis	2+				

### 9. Prum Pri, 52M (Rovieng Tbong Village)

#### Diagnosis:

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

#### Treatment:

6. Captopril 25mg 1t po bid for two months (120tab)
7. Furosemide 20mg 1t po bid for two months (120tab)
8. FeSO<sub>4</sub>/Folic Acid 200/0.25mg 1t po bid for two months (120tab)
9. MTV 1t po qd for two months (60tab)
10. Ciprofloxacin 500mg 1t po bid for 10d (20tab)

Lab/Study Requests: None

### 10. Sath Rim, 50F (Taing Treuk Village)

#### Diagnosis:

1. DMII with PNP
2. HTN
3. Anemia
4. Dyspepsia

#### Treatment:

1. Glibenclamide 5mg 1t po q8h for one month (90tab)
2. Metformin 500mg 1t po bid for one month (60tab)
3. Captopril 25mg 1t po tid for one month (90tab)
4. Atenolol 50mg 1t po q12h for one month (60tab)
5. Amitriptyline 25mg 1t po qhs for one month (30tab)
6. FeSO<sub>4</sub>/Folic Acid 200/0.25mg 1t po bid for one month (60tab)
7. Paracetamol 500mg 1t po q6h prn HA for one month (30tab)
8. Mg/Al(OH)<sub>3</sub> 250/120mg 1t po qhs for one month (30tab)

Lab/Study Requests: None

### 11. 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 (180tab)
2. Propranolol 40mg 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. Continue her psychiatric drugs

**Lab/Study Requests:** Draw blood for CBC, Lyte, BUN, Creat, Gluc, TSH, Free T3, T4  
**Lab result on September 8, 2006**

WBC	=6	[4 - 11x10 <sup>9</sup> /L]	Na	=141	[135 - 145]
RBC	= <b>3.7</b>	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=3.8	[3.5 - 5.0]
Hb	= <b>8.5</b>	[12.0 - 15.0g/dL]	Cl	=108	[95 - 110]
Ht	= <b>27</b>	[35 - 47%]	BUN	=1.3	[0.8 - 3.9]
MCV	= <b>72</b>	[80 - 100fl]	Creat	= <b>34</b>	[44 - 80]
MCH	= <b>23</b>	[25 - 35pg]	Glu	=6.1	[4.2 - 6.4]
MHCH	=32	[30 - 37%]	Tot T3	= <b>10.57</b>	[0.78 - 2.5]
Plt	=173	[150 - 450x10 <sup>9</sup> /L]	Free T4	> <b>77</b>	[9.14 - 23.81]
Lym	=2.0	[1.0 - 4.0x10 <sup>9</sup> /L]	TSH	< <b>0.02</b>	[0.49 - 4.67]
Mxd	=0.9	[0.1 - 1.0x10 <sup>9</sup> /L]			
Neut	=2.6	[1.8 - 7.5x10 <sup>9</sup> /L]			

**12. Meas Thoch, 78F (Ta Tong Village)**

**Diagnosis:**

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

**Treatment:**

1. Propranolol 40mg 1/2t po bid for four months (120tab)
2. HCTZ 50mg 1/2t po qd for four months (60tab)
3. MTV 1t po qd for four months (120tab)
4. Augmentin 875mg 1t po bid for ten days (20tab)

**Lab/Study Requests:** None

**13. Srey Hom, 60F (Taing Treuk Village)**

**Diagnosis:**

1. HTN
2. DMII with PNP
3. Renal Insufficiency
4. UTI
5. GERD

**Treatment:**

1. Glibenclamide 5mg 1/2t po bid for two months (180tab)
2. Captopril 25mg 1/2t po bid for two months (60tab)
3. ASA 300mg 1/4t po qd for two months (16tab)
4. Amitriptyline 25mg 1t po qhs for two months (60tab)
5. Omeprazole 20mg 1t po qhs for one month (30tab)
6. Ciprofloxacin 500mg 1t bid for 5d (10tab)

**Lab/Study Requests: None**

#### **14. Svay Tevy, 42F (Thnout Malou Village)**

**Diagnosis:**

1. DMII
2. Hyperlipidemia

**Treatment:**

1. Glibenclamide 5mg 2t po bid for two months (240tab)
2. Metformin 500mg 2t po bid for two months (240tab)
3. Captopril 25mg 1/4t po qd for two months (16tab)
4. ASA 81mg 1t po qd for two months (60tab)
5. Restrict pt on diabetic diet and do regular exercise

**Lab/Study Requests: None**

### **Patients who come to refill medications**

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

**Diagnosis:**

1. Euthyroid Goiter

**Treatment:**

1. FNA on neck mass for Cytology at SHCH

#### **2. Uy Noang, 55M (Thnout Malou)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po qd for two months (60tab)
2. Captopril 25mg ¼ tab po qd for two months (15tab)
3. ASA 300mg ¼ tab po qd for two months (16tab)

**Lab/Study: None**

#### **3. Kul Keung, 61F (Taing Treuk Village)**

**Diagnosis:**

1. HTN
2. DMII
3. Hyperlipidemia

**Treatment:**

1. HCTZ 50mg ½ t po qd for two months (30tab)
2. ASA 300mg ¼ t po qd for two months (16tab)
3. Captopril 25mg ¼ t po qd for two months (16tab)
4. Glibenclamide 5mg 1t po qd for two months (60tab)
5. Allergra 180mg 1t po qd prn allergy for two months (30tab)
6. Do regular exercise and eat on diabetes diet

**Lab/Study:** None

**4. So SokSan, 23F (Thnal Keing Village)****Diagnosis:**

1. Nephrotic Syndrome (recurrent)
2. Dyspepsia

**Treatment:**

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

**5. Sek Lon, 67M (Ton Laop Village)****Diagnosis:**

1. Dyspepsia
2. Anemia
3. Urticaria

**Treatment:**

1. Famotidine 40mg 1t po qhs for one month (30tab)
2. FeSO4/Folic Acid 200/0.25mg 1t po 1qd for two months (60tab)
3. MTV 1t po qd for two months (60tab)
4. Allergra 180mg 1t po qd prn allergy (30tab)
5. No follow up

**6. Chhin Chheut, 12M (Trapang Reusey)****Diagnosis:**

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

**Treatment:**

1. Prednisolone 5mg 1/2t po qd for one months (15tab)
2. ASA 81mg 1t po qd for one month (30tab)
3. MTV 1t po qd for one month (30tab)
4. FeSO4/Folic Acid 200/0.25mg 1t po qd for one month (30tab)
5. No follow up

**7. Pou Limthang, 42F (Thnout Malou)****Diagnosis**

1. Euthyroid

**Treatment**

1. Carbimazole 5 mg ½ t po q12h for four months (120tab)
2. Draw blood for Free T4 at SHCH in four months

**Lab/Study:** Do neck ultrasound at Kg Thom

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

1. Hyperthyroidism

**Treatment**

1. Propranolol 40mg 1t po bid for one months (60tab)
2. Carbimazole 5mg 1t po tid for one months (90tab)

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

**Lab result on September 8, 2006**

Free T4=**26.05** [9.14 - 23.81]

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

1. HTN
2. GERD

**Treatment**

1. HCTZ 50mg 1/2t po qd for three months (45tab)
2. Paracetamol 500mg 1t po qid prn HA for three months (90tab)

**10. Kouch Be, 76M (Thnout Malou Village)****Diagnosis**

1. HTN
2. COPD

**Treatment**

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

**11. Meas Lone, 58F (Ta Tong)****Diagnosis**

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

**Treatment**

1. Albuterol Inhaler 2 puff prn SOB for four months (4)
2. FeSO4/Folic Acid 200/0.25mg 1t po qd for four months (120tab)
3. MTV 1t po qd for four months (120tab)
4. Paracetamol 500mg 1t po q6h for prn headache for four months (100tab)

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

1. HTN
2. Otitis media

**Treatment**

1. Propranolol 40mg 1/2t po q12h for four months (120tab)
2. Augmentin 875mg 1t po bid (20tab)
3. Allergra 180mg 1t po qd prn allergie (30tab)
4. HTN education

**13. Kong Hom, 38F (Ta Tong)****Diagnosis:**

1. Dyspepsia
2. Parasititis

**Treatment:**

1. Famotidine 40mg 1t po qhs (30tab)
2. Flubendazole 500mg 1t chew qhs (1tab)

**Patient Seen by PA Rithy without Sending Data****1. P.O., 10M (Taing Treuk)****Diagnosis:**

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

**Treatment:**

1. Cephalexin 250mg dissolve 1t in water tid for 7d (21tab)
2. Naproxen 375mg 1t po qd for 3d then prn allergie (10tab)
3. Claritin 10mg 1t po qd prn (20tab)
4. Calmoseptine Ointment apply on wound qid (12packets)

**2. H.M., 38F (Tum Lab)****Diagnosis:**

1. Dyspepsia
2. Parasititis

**Treatment:**

1. Mg/Al(OH)<sub>3</sub> 250/125mg chew 1t po qid prn stomach upset (50tab)
2. Flubendazole 500mg chew 1t po qhs once (1tab)

**3. P.L., 40M (Taing Treuk)****Diagnosis:**

1. Dyspepsia
2. Parasititis

**Treatment:**

1. Mg/Al(OH)<sub>3</sub> 250/125mg 1t chew qid prn stomach upset (50tab)
2. Flubendazole 500mg 1t chew qhs once (1tab)

**4. C.C., 56M (Tum Lab)****Diagnosis:**

1. Muscle pain
2. Anemia (slight)
3. Parasititis

**Treatment:**

1. Paracetamol 500mg 1t po q6h prn pain (50tab)

2. MTV 1t po qd (30tab)
3. FeSO<sub>4</sub>/Folic Acid 200/0.25mg 1t po qd (30tab)
4. Flubendazole 500mg 1t chew qhs once (1tab)

**5. S.R., 68F (Thnout Malou)**

**Diagnosis:**

1. Parasitits
2. Anemia (slight)

**Treatment:**

1. Flubendazole 500mg 1t chew qhs (1tab)
2. MTV 1t po qd (30tab)
3. FeSO<sub>4</sub>/Folic Acid 200/0.25mg 1t po qd (30tab)
4. Ensure Plus drink 1bottle qwk (2 bottles)

**6. N.L., 25F (Tum Lab)**

**Diagnosis:**

1. Parasititis
2. Dyspepsia

**Treatment:**

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

**7. K.K., 48F (Taing Treuk)**

**Diagnosis:**

1. Obesity
2. Knee joint pain secondary to obesity

**Treatment:**

1. Naproxen 375mg 1t po bid prn pain (50tab)
2. Regular exercise and diet

**8. S.T., 12F (Taing Treuk )**

**Diagnosis:**

1. Stye (right eye)
2. Parasititis

**Treatment:**

1. Tetracyclin HCl 1% Ophthalmic oint apply right eye qhs for 5d (1tube)
2. Naproxen 375mg 1t po qd prn (10tab)
3. Flubendazole 500mg 1t chew qhs (1tab)

**9. T. S., 23F (Taing Treuk)**

**Diagnosis:**

1. Recurrent Dyspepsia

**Treatment:**

1. Famotidine 40mg 1t po qhs (30tab)

**10. K.N., 31F (Taing Treuk)**

**Diagnosis:**

1. Palpitation (HR=160)

**Treatment:**

1. Propranolol 40mg 1/2t po bid (1tab)

**11. C.I., 40F (Taing Treuk)**

**Diagnosis:**

1. Dyspepsia
2. Parasititis

**Treatment:**

1. Mg/Al(OH)<sub>3</sub> 250/120mg 1t qid prn stomach upset (50tab)
2. Flubendazole 500mg 1t chew qhs once (1tab)

**Patients who come before follow up or previously missed appointment**

**1. Kul Chheung, 78F (Taing Treuk) (come before follow up)**

**Diagnosis:**

1. HTN
2. COPD

**Medication Added:**

1. Albuterol inhaler 2puffs prn SOB (02vial)

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

**Diagnosis:**

1. HTN

**Treatment:**

- HCTZ 50mg 1/2t po qd for one month (15tab)

**Patient who didn't come for follow up**

**1. You Soeur, 41M (Ta Keng Village) ==> Died mid-August 2006**

**Diagnosis:**

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

**2. Srey Mai, 70M (Boeung Village)**

**Diagnosis:**

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



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

**Diagnosis**

1. Subclinical Hyperthyroidism

---

**The next Robib TM Clinic will be held on  
October 2-6, 2006**