

Telemedicine Clinic

Rattanakiri

Referral Hospital

June 2014

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

On Tuesday June 24 and Wednesday June 25, 2014, Rattanakiri Referral Hospital (RRH) staffs began their TM clinic. Patients 9 new cases were examined, and the data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM partners in Boston and Phnom Penh. PA Rithy Chau was also on site to provide advice.

The following day, Thursday June 26, 2014, the TM clinic opened again to receive the same patients and other follow-up patients for further evaluation, treatment and management. Finally, the data for treatment and management would then be transcribed and transmitted to Nurse Peng Sovann at SHCH who compiled and sent for website publishing.

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

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>

Date: Tue, Jun 17, 2014 at 7:19 AM

Subject: Telemedicine Clinic at Rattanakiri referral hospital in June 2014

To: Chau Rithy <rithychau.sihosp@gmail.com>, Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Cornelia Haener <corneliahaener@sihosp.org>

Cc: Bernie Krisher <berkrish@gmail.com>, jasonreinhardt@sihosp.org, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear All,

Please be informed that the TM clinic at Rattanakiri Referral Hospital will be held on Tuesday and Wednesday, June 24 - 25, 2014 beginning at 8:00am local time for full day. We expect to enter and transmit the patient data to those of you at SHCH and at Partner in Boston on Wednesday evening.

Please try to respond before noontime the following day, Thursday, June 26, 2014. The patients will be asked to return to the hospital that afternoon on Thursday to receive treatment along with a follow up plan or referral.

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

Best regards,
Koh Polo

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>

Date: Wed, Jun 25, 2014 at 4:53 PM

Subject: Rattanakiri TM Clinic June 2014, Case#1, KM#RK00458, 55M

To: Chau Rithy <rithychau.sihosp@gmail.com>, Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>

Cc: Bernie Krisher <berkrish@gmail.com>, jasonreinhardt@sihosp.org, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

There are nine new cases for Rattanakiri TM clinic in June 2014. This is case number one, KM#RK00458, 55M and photos.

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine**



Patient: KM#RK00458, 55M (Village IV, Kachagn, Banlung, Rattanakiri)

Chief Complaint: Fatigue, dizziness x 20 days

HPI: 55M, farmer, with past history of elevated blood sugar (over 200mg/dl) and treated with hypoglycemic medication for several days then when he felt better and blood sugar checked with normal result, he stopped treatment. Until the past 20 days, he presented with symptoms of fatigue, dizziness, polyuria, polyphagia, numbness/tingling of hand and feet. He got consultation at private clinic, blood sugar was 236mg/dl, and was treated Metformin 500mg 1t po bid. He also reported of right knee swelling, warmth, erythema, morning stiffness for several days then the symptoms developed to right ankle and he got treatment with pain killer. He denied of diaphoresis, fever, cough, SOB, chest pain, syncope, and legs edema.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: No cig smoking; Drinking alcohol 1/2L/day for over 10 years

Medication: as above

Allergies: NKDA

ROS: Unremarkable



PE:

Vital Signs: BP: 132/94 P: 98 RR: 18 T: 37°C Wt: 74kg

General: Look stable

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

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

Abdomen: Soft, no tender, no distension, (+) bowel sound, no surgical scar

Skin/Extremities: Right ankle swelling, erythema, warmth, mild tender on palpation; no foot wound; positive dorsalis pedis and posterior tibial pulse

MS/Neuro: MS +5/5; motor intact; DTRs +2/4; normal gait; decreased sensory with light touch on feet

Lab/Study:

RBS: 413mg/dl

U/A: glucose 4+, no blood, no protein

FBS: 181mg/dl

Ankle X-ray attached

Assessment:

1. DMII
2. Gouty Arthritis?
3. Osteoarthritis?

Plan:

1. Metformin 500mg 1t po bid
2. Captopril 25mg 1/4t po bid
3. ASA 100mg 1t po qd
4. Ibuprofen 200mg 3t po tid for 5days
5. Educate on diabetic diet, foot care and regular exercise
6. Draw blood for CBC, Creat, Glucose, Uric acid and HbA1C at SHCH

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: June 25, 2014

Please send all replies to kirihospital@gmail.com and cc: to rithychau.sihosp@gmail.com

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: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jun 25, 2014 at 4:56 PM
Subject: Rattanakiri TM Clinic June 2014, Case#2, LS#RK00459, 51F
To: Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Chau Rithy <rithychau.sihosp@gmail.com>
Cc: Bernie Krisher <berkrish@gmail.com>, jasonreinhardt@sihosp.org, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 2, LS#RK00459, 51F and photos.

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine**



Patient: LS#RK00459, 51F (Oromeat Village, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Palpitation x 1 year

HPI: 51F, farmer, presented with symptoms of Palpitation (feeling of heart beating strong but she is not sure it is fast or slow) and associated with HA, neck tension, blurred vision, and chest tightness. She said the attack frequent occurred at night, and denied of syncope, diaphoresis, orthopnea, cough. She went to consult in private clinic, BP:150/? , diagnosed with HTN and treated with Bisoprolol 10mg 1t po qd and Telmisartan 40mg + HCTZ 12.5mg 1t qd. She took this medicine only when she feels not good but it does not help her any much. She reports her heart rate sometimes decreased to less than 50/min.

PMH/SH: Unremarkable

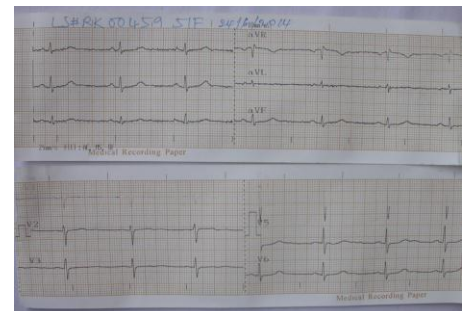
Family Hx: Mother with HTN, father with PTB

Social Hx: No cig smoking, No EtOH, five children

Medication:

1. Bisoprolol 10mg 1t po qd
2. Telmisartan 40mg + HCTZ 12.5mg 1t qd

Allergies: NKDA



ROS: Three years post menopause, normal appetite, normal bowel movement, normal urination

PE:

Vital Signs: BP: 128/83 P: 57 RR: 20 T: 36.4°C Wt: 64kg
(V/S: BP: 127/82, HR: 69, Next day after Hold medicines)

General: Look stable

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

Chest: CTA bilaterally, no rales, no rhonchi; H Bradycardia, Regular rhythm, no murmur

Abdomen: Soft, no tender, no distension, (+) bowel sound, no surgical scar

Skin/Extremities: No leg edema, no skin lesion; positive dorsalis pedis and posterior tibial pulse

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

Lab/Study:

EKG attached

Assessment:

1. Bradycardia (due to Bisoprolol)
2. History HTN

Plan:

1. Hold all medicine in monitor blood pressure and HR
2. Draw blood for Electrolyte, Creat, Tot chole, Triglyceride and TSH at SHCH

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: June 25, 2014

Please send all replies to kirihospital@gmail.com and cc: to rithychau.sihosp@gmail.com

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: Fang, Leslie S.,M.D.

Sent: Wednesday, June 25, 2014 1:19 PM

To: Fiamma, Kathleen M.

Subject: RE: Rattanakiri TM Clinic June 2014, Case#2, LS#RK00459, 51F

EKG shows sinus bradycardia, presumably related to her beta blocker

There seems to be an element of depression in this lady.
Not sure that we have a cause for her symptoms as described.

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jun 25, 2014 at 4:58 PM
Subject: Rattanakiri TM Clinic June 2014, Case#3, BS#Rk00460, 69F
To: "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Chau Rithy <rithychau.sihosp@gmail.com>, Kruiy Lim <kruylim@yahoo.com>
Cc: Bernie Krisher <berkrish@gmail.com>, jasonreinhardt@sihosp.org, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 3, BS#RK00460, 69F and photos.

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine**



Patient: BS#RK00460, 69F (Akphivath Village, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Fatigue and blurred vision x 4months

HPI: 69F presented with symptoms of fatigue, blurred vision, numbness/tingling of feet but denied polyphagia, polydipsia, polyuria. She got consultation at private clinic and blood sugar was over 300mg/dl. She got treatment with Diamicron 30mg 1t po bid. Now she denied of cough, SOB, fever, chest pain, diaphoresis, syncope, foot wound.

PMH/SH: Elevated BP with prn Amlodipine 5mg 1t for 2years

Family Hx: Sister with DMII and HTN

Social Hx: Chewing tobacco, No cig smoking, No EtOH

Medication: as above

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 135/87 P: 96 RR: 18 T: 37°C Wt: 40kg

General: Look stable

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

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

Abdomen: Soft, no tender, no distension, (+) bowel sound, no surgical scar

Skin/Extremities: No leg edema; no foot wound; positive dorsalis pedis and posterior tibial pulse

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

Lab/Study:

FBS: 352mg/dl

U/A: glucose 4+, protein trace, no blood, no ketone

Assessment:

1. DMII

Plan:

1. Diamicron 30mg 1t po bid
2. Metformin 500mg 1t po bid
3. Captopril 25mg 1/4t po bid
4. ASA 100mg 1t po qd
5. Educate on diabetic diet, foot care and regular exercise
6. Draw blood for Creat, Glucose, Transaminase and HbA1C at SHCH

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: June 25, 2014

Please send all replies to kirihospital@gmail.com and cc: to rithychau.sihosp@gmail.com

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: Tan, Heng Soon, M.D.

Sent: Wednesday, June 25, 2014 1:41 PM

To: Fiamma, Kathleen M.

Subject: RE: Rattanakiri TM Clinic June 2014, Case#3, BS#Rk00460, 69F

She has uncontrolled diabetes and hypertension. Adding metformin and captopril makes sense to control blood

pressure better and protect kidneys. However I would use captopril at a minimum dose of 25 mg twice daily to be effective for hypertension and bring blood pressure down to 130/80 or better.

Heng Soon Tan, MD

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jun 25, 2014 at 5:23 PM
Subject: Rattanakiri TM Clinic June 2014, Case#4, CN#RK00461, 11F
To: Cornelia Haener <corneliahaener@sihosp.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Chau Rithy <rithychau.sihosp@gmail.com>, Krui Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>
Cc: Bernie Krisher <berkrish@gmail.com>, jasonreinhardt@sihosp.org, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 4, CN#RK00461, 11F and photos.

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine**



Patient: CN#RK00461, 11F (Thmey Village, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Neck mass x 5 days

HPI: 11F was brought by her mother complaining of a small neck mass which she thought it was a lymph node. It is on right side of the neck and increased in size to about 3x3cm in five days. She has other symptoms pain, white productive cough. She denied of fever, poor appetite, SOB, no weight loss. She was brought to consult at private clinic and treated with 2 kinds of medicine.

PMH/SH: Unremarkable

Family Hx: No family member with TB

Social Hx: Older sister among two siblings

Medication: as above

Allergies: NKDA



ROS: Unremarkable

PE:

Vital Signs: BP: / P: 90 RR: 22 T: 37°C Wt: 24kg



General: Look stable

HEENT: Mass size about 3x3cm on left side of the neck, mobile, tender on palpation; no neck lymph node palpable, No oropharyngeal lesion, pink conjunctive, no thyroid enlargement; Ear exam with normal mucosa and intact tympanic membrane; Nose with normal turbinate and mucosa.

Chest: Rhonchi and coarse crackle; H RRR, no murmur

Abdomen: Soft, no tender, no distension, (+) bowel sound, no surgical scar

Skin/Extremities: No leg edema; no skin lesion

MS/Neuro: Unremarkable



Lab/Study:

WBC =16300/mm ³	Creat =0.9
RBC =4470000/mm ³	Glucos=84
Hb =11g/dl	K+ =4.8
Htc =32%	Na+ =171
Plt =486000	SGOT =118
	SGPT =135

ESR =1h 45, 2h 60
Malaria smear: negative

CXR attached

Assessment:

1. Pneumonia
2. TB lymph node?
3. Increased LFT

Plan:

1. Clarithromycin 500mg 1/2t po bid
2. Ibuprofen 200mg 1t po bid x 5days
3. MTV 1t po qd
4. Send patient for AFB sputum smear
5. Draw blood for CBC, Lyte, Creat, LFT at SHCH

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: June 25, 2014

Please send all replies to kirihospital@gmail.com and cc: to rithychau.sihosp@gmail.com

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: Kinane, Thomas B.,M.D.
Sent: Wednesday, June 25, 2014 9:45 PM
To: Fiamma, Kathleen M.
Subject: Re: Rattanakiri TM Clinic June 2014, Case#4, CN#RK00461, 11F

Agree with plan – treat for pneumonia and rule out TB

Have you got the CXR

Bernard Kinane, MD

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Thu, Jun 26, 2014 at 9:13 PM
Subject: Re: FW: Rattanakiri TM Clinic June 2014, Case#4, CN#RK00461, 11F
To: "Fiamma, Kathleen M." <KFIAMMA@partners.org>
Cc: "work-rithychau.sihosp@gmail.com" <work-rithychau.sihosp@gmail.com>

Dear Dr. Bernard Kinane,

Did you not receive the CXR attached? This is her CXR.

Best regards,
Sovann

From: **Cornelia Haener** <corneliahaener@sihosp.org>
Date: Thu, Jun 26, 2014 at 3:31 PM
Subject: RE: Rattanakiri TM Clinic June 2014, Case#4, CN#RK00461, 11F
To: Hospital Rattanakiri Referral <kirihospital@gmail.com>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Chau Rithy <rithychau.sihosp@gmail.com>, Kruly Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>
Cc: Bernie Krisher <berkrish@gmail.com>, jasonreinhardt@sihosp.org, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear Polo and Sovann,
I agree with your assessment and management. LN TB would be on top of my list.

Kind regards
Cornelia

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jun 25, 2014 at 5:25 PM

Subject: Rattanakiri TM Clinic June 2014, Case#5, VK#RK00462, 38F

To: Joseph Kvedar <jkvedar@partners.org>, Cornelia Haener <corneliahaener@sihosp.org>, Chau Rithy <rithychau.sihosp@gmail.com>, Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Bernie Krisher <berkrish@gmail.com>, jasonreinhardt@sihosp.org, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 5, VK#RK00462, 38F and photos.

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine**



Patient: VK#RK00462, 38F (Tes Anlung Village, Beung Kanseng, Banlung, Rattanakiri)

Chief Complaint: Multipble skin lumps x 10y

HPI: 38F, housewife, presented with a small lump (bean size) on left forearm without pain, erythema. About seven years later, she developed multiple lumps on both arms and leg. In these three years, she noticed of pain of lumps and generalized muscle pain when she developed fever. She went to consult in referral hospital and she was told the mass was too small to operate.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: Casual drinking, No cig smoking, Five children

Medication: None

Allergies: NKDA

ROS: Weight loss 15kg/3y, poor sleeping, normal appetite, normal bowel movement, dysuria with frequent urination, no tremor, no heat intolerance; Skin rash with itchy on both arms and lesion after ants or mosquitoes bite

PE:

Vital Signs: BP: 115/67 P: 85 RR: 18 T: 37°C Wt: 46kg



General: Look stable

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

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



Abdomen: Soft, no tender, no distension, (+) bowel sound, no surgical scar

Skin/Extremities: Multiple skin nodules on arms and legs, soft, smooth, no tender; Maculopapular skin rash on left arm with few crust lesion (see photos)

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



Lab/Study:

WBC =6200/mm ³	Creat =0.6
RBC =4610000/mm ³	Glucos=69
Hb =12.5g/dl	K+ =3.6
Htc =37%	Na+ =149
Plt =344000	SGOT =36
	SGPT =36
ESR =1h 40, 2h 80	TG =94

U/A: leukocyte 2+, no blood, no protein

CXR attached

Nodule ultrasound conclusion: Multiple Lipoma (in the past)

Assessment:

1. Lipoma
2. TB skin nodule?
3. UTI
4. Eczema

Plan:

1. OA ointment cream apply bid
2. Cetirizine 10mg 1t po qhs
3. Ciprofloxacin 200mg 2t po bid x 5d
4. Albendazole 400mg 1t po bid for 5d
5. Draw blood for Creat, Tot chole, TG at SHCH

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: June 25, 2014

Please send all replies to kirihospital@gmail.com and cc: to rithychau.sihosp@gmail.com

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** <corneliahaener@sihosp.org>

Date: Thu, Jun 26, 2014 at 3:29 PM

Subject: RE: Rattanakiri TM Clinic June 2014, Case#5, VK#RK00462, 38F

To: Hospital Rattanakiri Referral <kirihospital@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Chau Rithy <rithychau.sihosp@gmail.com>, Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Bernie Krisher <berkrish@gmail.com>, jasonreinhardt@sihosp.org, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear Polo and Sovann,

Thanks for submitting this case. I agree with your assessment and especially like that you gave Albendazole. May be cysticercosis? Ddx multiple lipoma.

Kind regards

Cornelia

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>

Date: Wed, Jun 25, 2014 at 5:27 PM

Subject: Rattanakiri TM Clinic June 2014, Case#6, CC#RK00463, 64M

To: Radiology Boston <radiologyexchange@gmail.com>, Cornelia Haener <corneliahaener@sihosp.org>, Chau Rithy <rithychau.sihosp@gmail.com>, Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>

Cc: Bernie Krisher <berkrish@gmail.com>, jasonreinhardt@sihosp.org, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 6, CC#RK00463, 64M and photos.

Best regards,

Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine**



Patient: CC#RK00463, 64M (Akphivath Village, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Left flank pain x 6 months

HPI: 64M, farmer, presented with history of falling down from two meter height and noticed pain on anterior chest wall without echymosis, swelling. He had been seen at private clinic, ultrasound done and no abnormal was found. He was treated with several kinds of medicine (unknown name). The pain on anterior chest wall resolved but he noticed pain on left flank which disturbed his daily activity. He said he has used the scarf to wrap around the waist to release the pain. He went to consult with several hospitals but the cause was not found.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: No cig smoking, No EtOH

Medication: as above

Allergies: NKDA



ROS: Normal appetite, normal urination, normal bowel movement, no weight loss

PE:

Vital Signs: BP: 96/66 P: 63 RR: 18 T: 36.2°C Wt: 50kg

General: Look stable

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

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

Abdomen: Soft, no tender, no distension, (+) bowel sound, no surgical scar, no mass palpable, no abnormality detected with examination

Skin/Extremities: No leg edema; no skin lesion

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

Lab/Study:

CXR attached

Assessment:

1. Muscle/Nerve Strain post trauma??

Plan:

1. Paracetamol 500mg 1-2t po qid prn
2. Reassure the patient about his abdominal pain
3. Physiotherapy

Comments/Notes: Do you agree with my assessment and plan?**Examined by: Nurse Sovann Peng****Date: June 25, 2014**

Please send all replies to kirihospital@gmail.com and cc: to rithychau.sihosp@gmail.com

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: Patel, Dinesh, M.D.

Sent: Wednesday, June 25, 2014 3:18 PM

To: Fiamma, Kathleen M.

Subject: RE: Rattanakiri TM Clinic June 2014, Case#6, CC#RK00463, 64M

I am afraid i am not sure about left flank pain

Usually in muscular in origin but if persists should look into internal organs kidney spleen etc

Other wise strap and ice and gentle stretching exercises can help

I agree with the plans

dinesh

Dr. Dinesh Patel, M.D.

Chief of Arthroscopic Surgery

Associate Clinical Professor

Harvard Medical School

Massachusetts General Hospital

Yawkey 3G-3053

Boston, MA 02114

From: **Cornelia Haener** <corneliahaener@sihosp.org>

Date: Thu, Jun 26, 2014 at 3:27 PM

Subject: RE: Rattanakiri TM Clinic June 2014, Case#6, CC#RK00463, 64M

To: Hospital Rattanakiri Referral <kirihospital@gmail.com>, Radiology Boston

<radiologyexchange@gmail.com>, Chau Rithy <rithychau.sihosp@gmail.com>, Kruy Lim

<kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann"

<paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>
Cc: Bernie Krisher <berkrish@gmail.com>, jasonreinhardt@sihosp.org, Noun SoThero
<thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear Sovann,

Thanks for submitting this case. Are you sure that he does not have an underlying kidney problem? May be send for an US? If it is negative, a small dose of Amitriptylin at night might help.

Kind regards
Cornelia

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Thu, Jun 26, 2014 at 9:09 PM
Subject: Re: Rattanakiri TM Clinic June 2014, Case#6, CC#RK00463, 64M
To: Cornelia Haener <corneliahaener@sihosp.org>

Dear Dr. Cornelia,

Thanks for your recommendation to Telemedicine case for this month.

We will send patient for abdominal ultrasound to confirm.

Best regards,
Sovann

From: **Cornelia Haener** <corneliahaener@sihosp.org>
Date: Thu, Jun 26, 2014 at 9:46 PM
Subject: RE: Rattanakiri TM Clinic June 2014, Case#6, CC#RK00463, 64M
To: Hospital Rattanakiri Referral <kirihospital@gmail.com>

Dear Sovann,
Thanks for your response. Let me know concerning the result.

Kind regards
Cornelia

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>
Date: Wed, Jun 25, 2014 at 5:30 PM
Subject: Rattanakiri TM clinic June 2014, Case#7, HP#RK00464, 42F
To: Kruy Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Chau Rithy <rithychau.sihosp@gmail.com>
Cc: Bernie Krisher <berkrish@gmail.com>, jasonreinhardt@sihosp.org, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 7, HP#RK00464, 42F and photo.

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine**



Patient: HP#RK00464, 42F (Village I, Lamenh, Borkeo, Rattanakiri)

Chief Complaint: Polydypsia, and polyuria x 3months

HPI: 42F, farmer, presented with symptoms of polydypsia, polyuria without polyphagia, fatigue. She came to consult at private clinic, blood sugar was 300mg/dl and treated with 2 kinds of medicine (unknown name) for one week. She became better then she didn't continue the treatment until these few days, she presented with symptoms of polyphagia, polydypsia, polyuria, fatigue and blurred vision. Yesterday she went to private clinic, blood sugar was 643mg/dl so she came to referral hospital and was advised to consult with Telemedicine.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: Casual EtOH, no cig smoking

Medication: None

Allergies: NKDA

ROS: Regular menstrual period

PE:

Vital Signs: BP: 131/95 P: 87 RR: 20 T: 37°C Wt: 67kg

General: Look stable

HEENT: No orophareangeal lesion, pink conjunctive, no thyroid enlargement, no neck lymph node palpable, no JVD

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

Abdomen: Soft, no tender, no distension, (+) bowel sound, no surgical scar

Skin/Extremities: No leg edema; no foot wound; positive dorsalis pedis and posterior tibial pulse

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

Lab/Study:

FBS: 428mg/dl

U/A: glucose 4+, no protein, no blood, no ketone

Assessment:

1. DMII

Plan:

1. Metformin 500mg 1t po bid
2. Captopril 25mg 1/4t po bid
3. Educate on diabetic diet, foot care and regular exercise
4. Draw blood for Creat, Glucose, Transaminase and HbA1C at SHCH

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: June 25, 2014

Please send all replies to kirihospital@gmail.com and cc: to rithychau.sihosp@gmail.com

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: Tan, Heng Soon, M.D.

Sent: Wednesday, June 25, 2014 1:51 PM

To: Fiamma, Kathleen M.

Subject: RE: Rattanakiri TM clinic June 2014, Case#7, HP#RK00464, 42F

Here is another patient with uncontrolled diabetes and mild moderate hypertension. Starting metformin is a good first choice but may not be enough to lower such high blood sugar. I would add low dose Diamicon at the same time to lower blood sugar more rapidly. Of course she needs education about the risk of hypoglycemia while taking any sulfonylurea medicine. Again captopril is a good choice for hypertension and to prevent diabetic nephropathy, but I would recommend using 25 mg twice daily. Her education should emphasize the need for lifelong lifestyle adjustments and use of medicines.

Heng Soon Tan, MD

From: **Hospital Rattanakiri Referral** <kirihospital@gmail.com>

Date: Wed, Jun 25, 2014 at 5:32 PM

Subject: Rattanakiri TM Clinic June 2014, Case#8, ES#RK00465, 51M

To: "Kathleen M. Kelleher" <kfiamma@partners.org>, "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Chau Rithy <rithychau.sihosp@gmail.com>, Kruey Lim <kruylim@yahoo.com>

Cc: Bernie Krisher <berkrish@gmail.com>, jasonreinhardt@sihosp.org, Noun SoThero <thero@cambodiadaily.com>, Ed & Laurie Bachrach <lauriebachrach@yahoo.com>

Dear all,

This is case number 8, ES#RK00465, 51M and photo.

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine**



Patient: ES#RK00465, 51M (Thmey Village, Labansirk, Banlung, Rattanakiri)

Chief Complaint: Fatigue, polyuria x 3 months

HPI: 51M, retired police, presented with symptoms of fatigue, polyuria, extremities weakness and weight loss 10kg/month. He came to consult at referral hospital, blood sugar checked 400mg/dl, diagnosed with DMII and treated with Metformin 500mg 1t op bid and Glibenclamide 5mg 1t po qd. He got better but still fatigue and denied of fever, SOB, chest pain, syncope, numbness/tingling.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: Smoking cig 2pack/day for 10y, stopped 20y; casual EtOH

Medication:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po qd

Allergies: NKDA

ROS: Unremarkable

PE:

Vital Signs: BP: 133/87 P: 79 RR: 18 T: 36°C Wt: 82kg

General: Look stable

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

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

Abdomen: Soft, no tender, no distension, (+) bowel sound, no surgical scar

Skin/Extremities: No leg edema; no foot wound; positive dorsalis pedis and posterior tibial pulse

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

Lab/Study:

FBS: 95mg/dl

U/A: no glucose, no protein, no blood, no ketone

Assessment:

1. DMII

Plan:

1. Metformin 500mg 1t po bid
2. Glibenclamide 5mg 1t po qd
3. Captopril 25mg 1/4t po bid
4. Educate on diabetic diet, foot care and regular exercise
5. Draw blood for Creat, Glucose, Transaminase and HbA1C at SHCH

Comments/Notes: Do you agree with my assessment and plan?

Examined by: Nurse Sovann Peng

Date: June 25, 2014

Please send all replies to kirihospital@gmail.com and cc: to rithychau.sihosp@gmail.com

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: Hospital Rattanakiri Referral <kirihospital@gmail.com>

Date: Wed, Jun 25, 2014 at 5:35 PM

Subject: Rattanakiri TM Clinic June 2014, Case#9, ST#RK00466, 52F

To: "Paul J. M.D. Heinzelmann" <paul.heinzelmann@gmail.com>, Joseph Kvedar <jkvedar@partners.org>, Chau Rithy <rithychau.sihosp@gmail.com>, Krui Lim <kruylim@yahoo.com>, "Kathleen M. Kelleher" <kfiamma@partners.org>

Dear all,

This is the last case of Rattanakiri TM Clinic June 2014, case number 9, ST#RK00466, 52F and photo.

Please help to reply the cases before Thursday afternoon then patients will come to receive treatment at noon time.

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

Best regards,
Polo/Sovann

**Rattanakiri Provincial Hospital Telemedicine Clinic
with
Sihanouk Hospital Center of HOPE and Partners in Telemedicine**



Patient: ST#RK00466, 52F (Village I, Trapang Chres, Kon Mom, Rattanakiri)

Chief Complaint: Fatigue x 1y

HPI: 52F, farmer, presented with symptoms of fatigue, blurred vision, polyuria, without polyphagia, polydipsia, extremities numbness/tingling. She went to consult at private clinic, blood sugar checked 180mg/dl, diagnosed with DMII and treated with Metformin 500mg 1t po bid which made her feel better but she didn't take it regularly. In these few months, her symptoms worse, so she came to consult at referral and treated as above but she still presented with on/off fatigue.

PMH/SH: Unremarkable

Family Hx: None

Social Hx: No Chewing tobacco, No cig smoking, No EtOH

Medication: Metformin 500mg 1t po bid

Allergies: NKDA

ROS: 8 months post menopause

PE:

Vital Signs: BP: 108/82 P: 70 RR: 18 T: 37°C Wt: 52kg

General: Look stable

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

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

Abdomen: Soft, no tender, no distension, (+) bowel sound, no surgical scar

Skin/Extremities: No leg edema; no foot wound; positive dorsalis pedis and posterior tibial pulse

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

Lab/Study:

FBS: 105mg/dl

U/A: no glucose, no protein, no blood, no ketone

Assessment:

1. DMII

Plan:

1. Metformin 500mg 1t po bid
2. Educate on diabetic diet, foot care and regular exercise
3. Draw blood for Creat, Glucose, Transaminase and HbA1C at SHCH

Comments/Notes: Do you agree with my assessment and plan?**Examined by: Nurse Sovann Peng****Date: June 25, 2014**Please send all replies to kirihospital@gmail.com and cc: to rithychau.sihosp@gmail.com

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

Thursday, June 26, 2014

Follow-up Report for Rattanakiri TM Clinic

There were 9 new patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 9 cases was transmitted and received replies from both Phnom Penh and Boston, and other 28 patients came for brief consult and refill medication only, and other 12 new patients seen by PA Rithy for minor problem without sending data. Per advice sent by Partners in Boston and Phnom Penh Sihanouk Hospital Center of HOPE as well as advices from PA Rithy on site, the following patients were managed and treated per local staff:

[Please note that in general the practice of dispensing medications at RRH for all patients is usually limited to a maximum of 7 days treatment with expectation of patients to return for another week of supplies if needed be. This practice allows clinicians to monitor patient compliance to taking medications and to follow up on drug side effects, changing of medications, new arising symptoms especially in patients who live away from the town of Banlung and/or illiterate. Nearly all medications and some lab tests not available/done at RRH are provided by SHCH to TM patients at no cost]

Treatment Plan for Rattanakiri TM Clinic June 2014**1. KM#RK00458, 55M (Village IV, Kachagn, Banlung, Rattanakiri)****Diagnosis:**

1. DMII

2. Gouty Arthritis?
3. Osteoarthritis?

Treatment:

1. Metformin 500mg 1t po bid (#60)
2. Captopril 25mg 1/4t po bid (buy)
3. ASA 100mg 1t po qd (#40)
4. Ibuprofen 200mg 3t po tid for 5days (#40)
5. Educate on diabetic diet, foot care and regular exercise
6. Draw blood for CBC, Creat, Glucose, Uric acid, ESR, Transaminase and HbA1C at SHCH

Lab result on June 27, 2014

WBC =17.3	[4 - 11x10 ⁹ /L]	Na =130	[135 - 145]
RBC =5.4	[4.6 - 6.0x10 ¹² /L]	K =4.3	[3.5 - 5.0]
Hb =14.1	[14.0 - 16.0g/dL]	Cl =90	[95 - 110]
Ht =44	[42 - 52%]	Uric Aci =517	[200 - 420]
MCV =83	[80 - 100fl]	Creat =81	[53 - 97]
MCH =26	[25 - 35pg]	Gluc =21.3	[4.2 - 6.4]
MHCH =32	[30 - 37%]	HbA1C =12.22	[4.8 - 5.9]
Plt =299	[150 - 450x10 ⁹ /L]	AST =17	[<40]
Lymph =2.5	[1.00 - 4.00x10 ⁹ /L]	ALT = 33	[<41]
ESR =37	[0 - 15]		

2. LS#RK00459, 51F (Oromeat Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. Bradycardia (due to Bisoprolol)
2. History HTN

Treatment:

1. Hold all medicine in monitor blood pressure and HR

3. BS#RK00460, 69F (Akhivath Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Diamicon 30mg 1t po bid (buy)
2. Metformin 500mg 1t po bid (#60)
3. Captopril 25mg 1/4t po bid (buy)
4. Amlodipine 5mg 1t po qd (buy)
5. ASA 100mg 1t po qd (#40)
6. Educate on diabetic diet, foot care and regular exercise
7. Draw blood for Lyte, Creat, Glucose, Transaminase and HbA1C at SHCH

Lab result on June 27, 2014

Na =133	[135 - 145]
K =4.5	[3.5 - 5.0]
Cl =96	[95 - 110]
Creat =55	[44 - 80]
Gluc =16.5	[4.1 - 6.1]
AST =15	[<32]
ALT =12	[<33]
HbA1C =10.40	[4.8 - 5.9]

4. CN#RK00461, 11F (Thmey Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. Pneumonia

2. TB lymph node?
3. Increased LFT

Treatment:

1. Clarithromycin 500mg 1/2t po bid x 7d (#7)
2. Ibuprofen 200mg 1t po bid x 5days (#10)
3. MTV 1t po qd (#30)
4. Send patient for AFB sputum smear
5. Draw blood for CBC, Lyte, Creat, LFT at SHCH

Note: Patient didn't come for blood drawing

5. VK#RK00462, 38F (Tes Anlung Village, Beung Kanseng, Banlung, Rattanakiri)

Diagnosis:

1. Multiple Lipoma
2. UTI
3. Eczema
4. Parasitic infection

Treatment:

1. OA ointment cream apply bid (#2)
2. Cetirizine 10mg 1t po qhs (#10)
3. Ciprofloxacin 200mg 3t po qd once x 5d (#3)
4. Albendazole 400mg 1t po bid for 5d (#10)
5. Draw blood for Creat, Tot chole, TG, TSH and Free T4 at SHCH

Lab result on June 27, 2014

Creat	=41	[44 - 80]
T. Chol	=3.8	[<5.7]
TG	=1.2	[<1.71]
TSH	=<0.005	[0.27 - 4.20]
Free T4	=30.78	[12.0 - 22.0]

6. CC#RK00463, 64M (Akphivath Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. Muscle/Nerve Strain post trauma??

Treatment:

1. Ibuprofen 800mg 1/2t po tid po qid prn (#30)
2. Reassure the patient about his abdominal pain
3. Physiotherapy

7. HP#RK00464, 42F (Village I, Lamenh, Borkeo, Rattanakiri)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#60)
2. Captopril 25mg 1/4t po bid (buy)
3. Educate on diabetic diet, foot care and regular exercise
4. Draw blood for Lyte, Creat, Glucose, Transaminase and HbA1C at SHCH

Lab result on June 27, 2014

Na	=134	[135 - 145]
K	=3.6	[3.5 - 5.0]
Cl	=98	[95 - 110]
Creat	=56	[44 - 80]
Gluc	=13.9	[4.1 - 6.1]
AST	=22	[<32]

ALT =30 [<33]
HbA1C =9.38 [4.8 – 5.9]

8. ES#RK00465, 51M (Thmey Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#60)
2. Glibenclamide 5mg 1t po qd (#50)
3. Captopril 25mg 1/4t po bid (buy)
4. Educate on diabetic diet, foot care and regular exercise
5. Draw blood for Lyte, Creat, Glucose, Transaminase and HbA1C at SHCH

Lab result on June 27, 2014

Na =135 [135 - 145]
K =5.3 [3.5 - 5.0]
Cl =95 [95 - 110]
Creat =84 [53 - 97]
Gluc =5.3 [4.1 - 6.1]
AST =33 [<40]
ALT =46 [<41]
HbA1C =5.84 [4.8 – 5.9]

9. ST#RK00466, 52F (Village I, Trapang Chres, Kon Mom, Rattanakiri)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#60)
2. Educate on diabetic diet, foot care and regular exercise
3. Draw blood for lyte, Creat, Glucose, Transaminase and HbA1C at SHCH

Lab result on June 27, 2014

Na =138 [135 - 145]
K =3.5 [3.5 - 5.0]
Cl =101 [95 - 110]
Creat =55 [44 - 80]
Gluc =7.3 [4.1 - 6.1]
AST =93 [<32]
ALT =104 [<33]
HbA1C =6.93 [4.8 – 5.9]

Patients who come for brief consult and refill medicine

1. NH#RK00010, 59F (Village III)

Diagnosis:

1. HTN
2. DMII
3. VHD (AI/MR)

Treatment:

1. Atenolol 50mg 2t po qd (buy)
2. Amlodipine 5mg 1t po qd (buy)
3. Captopril 25mg 1t po bid (buy)
4. Glibenclamide 5mg 1t po bid (#100)
5. Metformin 500mg 2t po bid (#100)

6. ASA 100mg 1t po qd (buy)
7. Draw blood for Creatinine, Glucose, and HbA1C at SHCH

Lab result on June 27, 2014

Creat	=55	[44 - 80]
Gluc	=9.1	[4.1 - 6.1]
HbA1C	=7.34	[4.8 - 5.9]

2. KY#RK00069, 65F (Village III)

Diagnosis:

1. DMII with PNP

Treatment:

1. Glibenclamide 5mg 2t po bid (#150)
2. Metformin 500mg 3t po qAM, 2t po qPM (buy)
3. Captopril 25mg 1/2t po bid (buy)
4. ASA 100mg 1t po qd (#40)
5. Amitriptylin 25mg 1/4t po qhs (#15)

3. SP#RK00081, 58F (Village III, LBS)

Diagnosis:

1. HTN
2. DMII
3. Liver cirrhosis (Hepatitis C)

Treatment:

1. Metformin 500mg 1t po bid (#80)
2. Amlodipine 5mg 2t po qd (#100)
3. Spironolactone 25mg 1t po bid (#100)
4. Propranolol 40mg 1/4t po bid (#30)
5. Draw blood for Glucose, and HbA1C at SHCH

Lab result on June 27, 2014

Gluc	=9.0	[4.1 - 6.1]
HbA1C	=8.91	[4.8 - 5.9]

4. OT#RK00155, 52F (Bor Keo)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Insulin NPH 30UI qAM and 17UI qPM (buy)
2. Metformin 500mg 1t po qhs (buy)
3. Losartan 50mg 1t po qd (buy)
4. Atenolol 50mg 1t po qd (buy)
5. ASA 100mg 1t po qd (#40)
6. Amitriptylin 25mg 1/2t po qhs (#30)
7. Follow up with CMC in Phnom Penh

5. KK#RK00231, 51F (Village I)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1t po bid (#100)
2. Metformin 500mg 2t po bid (#100)
3. Captopril 25mg 1/4t po bid (buy)

6. SV#RK00256, 49M (Village I)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid (#150)
2. Metformin 500mg 3t qAM and 2t qPM (#100)
3. Pioglitazone 15mg 2t po qd (buy)
4. Captopril 25mg 1t po bid (buy)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on June 27, 2014

Gluc = 11.2 [4.1 - 6.1]
HbA1C = 11.44 [4.8 - 5.9]

7. KC#RK00260, 50F (Village V)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#70)
2. Captopril 25mg 1/2t po bid (buy)
3. ASA 100mg 1t po qd (#40)

8. VC#RK00268, 70M (Bey Srok Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 3t po qAM and 2t qPM (buy)
2. Glibenclamide 5mg 2t po bid (buy)
3. Pioglitazone 15mg 1t po qd (buy)
4. Captopril 25mg 1/2t po bid (buy)
5. ASA 100mg 1t po qd (buy)
6. Draw blood for Glucose and HbA1C at SHCH

Lab result on June 27, 2014

Gluc = 13.5 [4.1 - 6.1]
HbA1C = 9.71 [4.8 - 5.9]

9. SS#RK00299, 50F (Thmey Village)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid (#100)
2. Metformin 500mg 2t po bid (#100)
3. Pioglitazone 15mg 1t po qd (buy)
4. Captopril 25mg 1/2t bid (buy)
5. Amlodipine 5mg 1t po qd (#50)
6. ASA 100mg 1t po qd (#40)

10. SH#RK00311, 60F (Dey Lor Village)

Diagnosis:

1. DMII
2. Dilated Cardiomyopathy

Treatment:

1. Metformin 500mg 1t po bid (#100)
2. Glibenclamide 5mg 1t po bid (#100)
3. Amiodarone 200mg 1t po qd (buy)
4. Lorsartan Potassium 50mg 1t po qd (buy)
5. Furosemide 40mg 2t po qd (#100)
6. ASA 100mg 1t po qd (#40)

11. CT#RK00318, 33F (Village I)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 3t po qAM, 2t po qPM (#100)
2. Glibenclamide 5mg 1t po bid (#100)
3. Pioglitazone 15mg 1t po qd (buy)

12. TS#RK00320, 53M (Village V)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid (#100)
2. Metformin 500mg 3t po qAM and 2t po qPM (#80)
3. Captopril 25mg 1t po bid (buy)
4. Amlodipine 5mg 1t po qd (buy)
5. ASA 100mg 1t qd (#40)
6. Draw blood for Glucose and HbA1C at SHCH

Lab result on June 27, 2014

Gluc =9.1 [4.1 - 6.1]
HbA1C =8.35 [4.8 – 5.9]

13. HY#RK00341, 43M (Village VI, Labansirk commune)

Diagnosis:

1. DMII
2. HTN
3. Hyperlipidemia

Treatment:

1. Metformine 500mg 2t po bid (#100)
2. Glibenclamide 5mg 2t po bid (buy)
3. Atenolol 100mg 1/4t po qd (#15)
4. Captopril 25mg 1/2t po bid (buy)
5. Amitriptylin 25mg 1/4t po qhs (#15)
6. Draw blood for Glucose and HbA1C at SHCH

Lab result on June 27, 2014

Gluc =9.1 [4.1 - 6.1]
HbA1C =10.42 [4.8 – 5.9]

14. LV#RK00369, 56F (Village I, LBS)

Diagnosis:

1. DMII with PNP
2. HTN

Treatment:

1. Metformin 500mg 3t po qAM and 2t po qPM (#100)
2. Glibenclamide 5mg 2t po bid (#100)
3. Pioglitazone 15mg 2t po qd (buy)
4. Captopril 25mg 1/2t po bid (buy)
5. Amitriptyline 25mg 1/4t po qhs (#15)

15. CS#RK00390, 52F (Village I, LBS)

Diagnosis:

1. DMII
2. HTN
3. Obesity

Treatment:

1. Metformin 500mg 3t po qAM and 2t po qPM (buy)
2. Glibenclamide 5mg 1t po bid (#100)
3. Captopril 25mg 1t po bid (buy)
4. Amlodipine 10mg 1t po bid (buy)
5. HCTZ 25mg 1t po qd (#50)
6. Atenolol 50mg 1/2t po qd (buy)

16. SS#RK00395, 51F (Village I, Bor Keo)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po qhs (#50)
2. Glibenclamide 5mg 1t po qd (#50)
3. Captopril 25mg 1/2t po bid (#buy)
4. Fenofibrate 100mg 1t po qd (buy)
5. Atenolol 100mg 1/4t po qd (#15)

17. CM#RK00399, 52F (Village IV, Kachagn, Banlung)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 2t po bid (#100)
2. Glibenclamide 5mg 1t po bid (buy)
3. Captopril 25mg 1t po bid (buy)
4. Atenolol 100mg 1/2t po qd (#25)
5. Amlodipine 5mg 1t po qd (buy)
6. ASA 100mg 1t po qd (#40)
7. Draw blood for Creatinine, Glucose, and HbA1C at SHCH

Lab result on June 27, 2014

Creat	=109	[44 - 80]
Gluc	=3.6	[4.1 - 6.1]
HbA1C	=6.45	[4.8 - 5.9]

18. RR#RK00413, 51F (Peark, Yalung, Oyadav)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid (#60)
2. Glibenclamide 5mg 1t po qd (#50)
3. Captopril 25mg 1t po qd (buy)

4. Draw blood for Creatinine, Glucose, and HbA1C at SHCH

Lab result on June 27, 2014

Creat	=100	[44 - 80]
Gluc	=6.5	[4.1 - 6.1]
HbA1C	=7.58	[4.8 - 5.9]

19. MH#RK00415, 56M (Akphevath Village, Labansirk, Banlung)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid (buy)
2. Glibenclamide 5mg 1t po bid (#100)
3. Captopril 25mg 1t po bid (buy)
4. ASA 100mg 1t po qd (#40)

20. YC#RK00416, 43M (Chey Chumnas Village, Labansirk, Banlung)

Diagnosis:

1. HTN

Treatment:

1. Captopril 25mg 1t po bid (buy)
2. Amlodipine 5mg 1t po qd

21. SC#RK00422, 45M (Village I, Lamenh, Borkeo)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po qd (#50)
2. Captopril 25mg 1/2t po bid (buy)
3. ASA 100mg 1t po qd (#40)

22. CT#RK00436, 48F (Village I, Lamenh, Borkeo)

Diagnosis:

1. HTN

Treatment:

1. Captopril 25mg 1/2t po bid (buy)
2. HCTZ 25mg 2t po qd (#50)

23. LL#RK00444, 92F (Village VI, Beung Kanseng, Banlung)

Diagnosis:

1. CHF
2. A-fib
3. Bi-atrium dilate
4. Valvulo-heart disease (TR, AR, MR, AS)

Treatment:

1. Digoxin 0.25mg 1/2t po qd (#30)
2. Enalapril 5mg 1/2t po qd (#30)
3. Furosemide 40mg 1/4t po qd (#15)
4. ASA 100mg 1t po qd (#40)

24. LS#RK00457, 62M (Village I, Lamenh Commune, Bokeo district)

Diagnosis:

1. DMII

Treatment:

1. Metformin 850mg 1t po tid (buy)
2. Diamicron 30mg 1t po qd (buy)
3. Educate on diabetic diet, do regular exercise and foot care

25. NS#RK00450, 32M (7 Makara Village, Labansirk, Banlung, Rattanakiri)

Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid (#80)
2. Glibenclamide 5mg 1t po bid (buy)
3. Review on diabetic diet, foot care and regular exercise

26. DB#RK00451, 44F (Ochum Village, Ochum Commune, Ochum district)

Diagnosis:

1. Nodular goiter

Treatment:

1. Do FNA for cytology at SHCH

Cytology result on June 27, 2014

Microscopy: The FNA smears show only some red blood cells with amorphous material. There is no epithelia cell for evaluation

Conclusion: No conclusion (Bethesda I)

27. PS#RK00454, 38M (Okantel Village, Beung Kanseng Commune, Banlung district, Rattanakiri province)

Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 2t po bid (#80)
2. Glibenclamide 5mg 1t po qd (buy)
3. Captopril 25mg 1/2t po bid (buy)
4. ASA 100mg 1t po qd (#40)
5. Review on diabetic diet, do regular exercise and foot care

28. ES#RK00456, 55F (Chey Chumnas Village, Labansirk commune, Banlung district)

Diagnosis:

1. HTN

Treatment:

1. Amlodipine 5mg 1t qd (#30)
2. Captopril 25mg 1t po bid (buy)

**The next Rattanakiri TM Clinic will be held in
August 2014**