

Telemedicine Clinic

Rattanakiri

Referral Hospital

August 2007

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

On Tuesday and Wednesday August 21-22, 2007, Rattanakiri Referral Hospital (RRH) staff began their TM clinic. Patients 6 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.

The following day, Thursday August 23, 2007, 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 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 TM clinic at RRH and their TM partners in Phnom Penh and Boston:

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, August 15, 2007 11:06 AM
To: Brian Hammond; Paul Heinzelmann; Kathleen M. Kelleher; Joseph Kvedar; Rithy Chau; Cornelia Haener
Cc: Ed & Laurie Bachrach; HealthNet International; Bernie Krisher; Noun SoThero
Subject: August TM clinic at Ratanakiri Referral Hospital

Dear All,

Please be informed that the next TM clinic at Rattanakiri Referral Hospital will be held on Wednesday, August 22, 2007 beginning at 8:00am local time for one full day. We expect to enter and transmit the patient data to those of you at SHCH and at Partner in Boston that afternoon.

Please try to respond before noontime the following day, Thursday, August 23, 2007. 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 service.
Best regards,

Channarith Ly

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, August 22, 2007 3:09 PM
To: Rithy Chau; Joseph Kvedar; Kruey Lim; Paul J. M.D. Heinzelmann; Kathleen M. Kelleher; Cornelia Haener
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Subject: Ratanakiri Telemedicine Clinic August 2007, Case#1, MS#00246, 25F (Village VI)

Dear all,

There are 6 new cases for Ratanakiri Telemedicine Clinic August 2007. This is cases number 1, MS#00246, 35F and photos.

Best regards,
Sovann/Rithy/Channarith

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



Patient: MS#00246, 35F (Village VI)

Chief Complaint: Neck mass x 3y

HPI: 35F, housewife, came to us complaining of neck mass for 3y. She noticed her neck became enlarge and with the symptoms of pain on it, neck tension, HA, palpitation, heat intolerance, tremor, and easily angry, she went to provincial hospital and treated her with two pills and asked her coming back in 6 month, it didn't help her with the symptoms. She denied of fever, cough, chest pain, dizziness, nausea, vomiting, constipation, diarrhea, oliguria, dysuria, hematuria, edema.

PMH: Unremarkable

Family Hx: Her sister with goiter

Social Hx: No smoking, drinking alcohol during her delivery, 6 children, last child 3year old

Medication: None

Allergies: NKDA

ROS: regular period, no fever, no cough, no edema, palpitation, tremor

PE:

Vital Signs: BP: 100/60 P: 71 R: 20 T: 37°C

Wt: 49Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 4x6cm, soft, smooth, no tender, regular border, mobile on swallowing, no bruit, no lymph node palpable.

Chest: CTA bilaterally, no crackle, no ronchi, HRRR, no murmur

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

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

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

Lab/Studies done: today on August 21, 2007

Neck mass U/S attached
Size: 25 x 40mm

Conclusion: Diffuse goiter

Assessment:

1. Diffuse goiter



Plan:

1. Draw blood for THS and Free T4 at SHCH

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

Examined by: Nurse Peng Sovann

Date: August 21, 2007

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

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From: cornelia_haener [mailto:cornelia_haener@online.com.kh]

Sent: Wednesday, August 22, 2007 9:45 PM

To: 'Rattanakiri Referral Hospital'; 'Rithy Chau'; 'Joseph Kvedar'; 'Kruy Lim'; 'Paul J. M.D. Heinzelmann'; 'Kathleen M. Kelleher'

Cc: 'Bernie Krisher'; 'Noun SoThero'; 'Ed & Laurie Bachrach'

Subject: RE: Ratanakiri Telemedicine Clinic August 2007, Case#1, MS#00246, 25F (Village VI)

Dear all,
I agree with your plan.

Regards
Cornelia

From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]

Sent: Thursday, August 23, 2007 8:03 AM

To: Fiamma, Kathleen M.; kirihospital@yahoo.com

Cc: tmed_rithy@online.com.kh; Daniels, Gilbert H.,M.D.

Subject: RE: Ratanakiri Telemedicine Clinic August 2007, Case#1, MS#00246, 25F (Village VI)

Thank you for allowing me to comment.

Indeed, her symptoms and exam appear to be consistent with an enlarged thyroid that is producing excess thyroid hormone. I agree that she needs a TSH and T4 and thyroid antibodies if this is possible. I will ask one of our thyroid experts if he has any comments on the ultrasound.

Thank you for your input.

Paul Cusick MD

'Gil, any further thoughts?

Paul

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]

Sent: Wednesday, August 22, 2007 3:15 PM

To: Rithy Chau; Joseph Kvedar; Kruy Lim; Paul J. M.D. Heinzelmann; Kathleen M. Kelleher

Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Subject: Ratanakiri Telemedicine Clinic August 2007, Case#2, SE#00247, 68M (O Plong Village)

Dear all,

This is cases number 2, SE#00247, 68M and photos.

Best regards,

Sovann/Rithy/Channarith

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



Patient: SE#00247, 68M (O plong Village)

Chief Complaint: Chronic wound on left lower leg for 1y

HPI: 68M, retired soldier, came to us complaining of chronic wound on the lower leg for 1y. He slide down on the rock and affected the old scar of the mine-explosive wound then it became infected so he went to provincial hospital and treated over there for a week but it was 't better so he came back home and cleaned it at home every day and it got better now but not completely health. He denied of severe pain, pus in the wound.

PMH: DMII for 2y treated with traditional medication



Family Hx: Unremarkable

Social Hx: No smoking, no alcohol drinking

Medication: None

Allergies: NKDA

ROS: dizziness, (+) fatigue, (+) palpitation, (-) chest pain, (+) polyuria, (+) polydypsia, weight loss, (-) edema, (-) stool with blood/mucus

PE:

Vital Signs: BP: 150/86 P: 83 R: 20 T: 37°C Wt: 50Kg

General: Look sick

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

Chest: CTA bilaterally, no crackle, no ronchi, HRRR, no murmur

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

Extremity/Skin: No edema, wound on left lower leg, 4 x 6 cm size, redness, no pus, necrotizing tissue

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

Lab/Studies done: today on August 21, 2007

RBS: 340mg/dl (finger stick)

UA: protein 2+, Gluc 4+

WBC =6500/mm³

Ht =40%

Na =158 [135 – 155]

K =3.5 [3.6 – 5.5]

BUN =57 [10 – 50]

Creat =3.0 [0.6 – 1.1]
Gluc =278 [75 – 115]

Assessment:

1. DMII
2. HTN
3. Chronic wound on left lower leg
4. Renal Failure??

Plan:

1. Glibenclamide 1/2t po bid for one month
2. Captopril 25mg 1/4t po bid for one month
3. ASA 300mg 1/4t po qd for one month
4. Cephalexin 250mg 2t po bib for one month
5. Cotrimoxazole 960mg 1t po bid for one month
6. Clean wound every day in the health center
7. Educate on diabetic diet, low Na diet, do regular exercise and foot care
8. Draw blood for Lyte, BUN, Creat, Gluc, and HbA1C at SHCH

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

Examined by: Nurse Peng Sovann

Date: August 21, 2007

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

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

Sent: Saturday, August 25, 2007 12:54 AM

To: Rattanakiri Referral Hospital; Rithy Chau

Subject: FW: Ratanakiri Telemedicine Clinic August 2007, Case#2, SE#00247, 68M (O Plong Village)

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

From: Sheridan, Robert L., Burn Unit

Sent: Wednesday, August 22, 2007 5:33 PM

To: Fiamma, Kathleen M.

Subject: RE: Ratanakiri Telemedicine Clinic August 2007, Case#2, SE#00247, 68M (O Plong Village)

I agree with the initial management plan. If it is right on his tibia there may be a superficial osteomyelitis. Hard to tell from the photo. If it was an unstable old scar, rarely a squamous cell cancer can occur, although hard to tell from photo.

Robert Sheridan, MD

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]

Sent: Wednesday, August 22, 2007 3:19 PM

To: Rithy Chau; Joseph Kvedar; Kruey Lim; Paul J. M.D. Heinzelmann; Kathleen M. Kelleher; Cornelia Haener

Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Subject: Ratanakiri Telemedicine Clinic August 2007, Case#3, NL#00248, 22F (Village I)

Dear all,

This is cases number 3, NL#00248, 22F and photos.

Best regards,
Sovann/Rithy/Channarith

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



Patient: NL#00248, 22F (Village I)

Chief Complaint: Neck mass x 4 months

HPI: 22F, housewife, came to us complaining of neck mass for 4 months. In these 4 months she noticed her neck became enlarged and presented with symptoms of palpitation, tremor, neck tension, HA and easily angry. She didn't seek any medical care and come to us for consultation today. She denied of fever, cough, dizziness, chest pain, nausea, vomiting, stool with blood or mucus, oliguria, hematuria, edema.

PMH: Unremarkable

Family Hx: Grand mother with HTN

Social Hx: No smoking, drinking alcohol during her delivery, 8 months post partum

Medication: None

Allergies: NKDA

ROS: No menstrual period, no fever, no cough, no edema, (+) palpitation, (+) tremor

PE:

Vital Signs: BP: 90/54 P: 72 R: 20 T: 36.5°C Wt: 40Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 4x6cm, soft, smooth, no tender, regular border, mobile on swallowing, no bruit, no lymph node palpable.

Chest: CTA bilaterally, no crackle, no ronchi, HRRR, no murmur

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

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

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



Lab/Studies done: today on August 21, 2007

Neck mass U/S attached
L lobe: 21x22mm
R lobe: 20x22mm

Conclusion: Nodular goiter

Assessment:

1. Nodular goiter

Plan:

1. Draw blood for THS and Free T4 at SHCH

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

Examined by: Nurse Peng Sovann

Date: August 21, 2007

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

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From: cornelia_haener [mailto:cornelia_haener@online.com.kh]

Sent: Wednesday, August 22, 2007 9:47 PM

To: 'Rattanakiri Referral Hospital'; 'Rithy Chau'; 'Joseph Kvedar'; 'Kruy Lim'; 'Paul J. M.D. Heinzelmann'; 'Kathleen M. Kelleher'

Cc: 'Bernie Krisher'; 'Noun SoThero'; 'Ed & Laurie Bachrach'

Subject: RE: Ratanakiri Telemedicine Clinic August 2007, Case#3, NL#00248, 22F (Village I)

Dear all,

I agree with your plan. If she is euthyroid, she only needs to be advised to take iodine salt.

Thanks

Cornelia

From: Healey, Michael J.,M.D. [mailto:MJHEALEY@PARTNERS.ORG]

Sent: Wednesday, August 22, 2007 11:24 PM

To: Fiamma, Kathleen M.; kirihospital@yahoo.com

Cc: tmed_rithy@online.com.kh

Subject: RE: Ratanakiri Telemedicine Clinic August 2007, Case#3, NL#00248, 22F (Village I)

Your plan sounds good. I think it would also be good to get more of the ultrasound images and see if one of our thyroid specialists or radiologists could review those.

MJH

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]

Sent: Wednesday, August 22, 2007 3:23 PM

To: Rithy Chau; Joseph Kvedar; Kruy Lim; Paul J. M.D. Heinzelmann; Kathleen M. Kelleher; Cornelia Haener

Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Subject: Ratanakiri Telemedicine Clinic August 2007, Case#4, UC#00249, 21M (Village IV)

Dear all,

This is cases number 4, UC#00249, 21M and photos.

Best regards,
Sovann/Rithy/Channarith

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



Patient: UC#00249, 21M (Village IV)

Chief Complaint: Neck mass x 3y

HPI: 21M, student grade 12, came to us complaining of neck mass x 3y. He noticed a mass about 1x 2cm appear on the anterior neck without symptoms of dysphagia, dyspnea, palpitation, head intolerance, tremor, insomnia. He comes to us for consultation because he worry this mass will became bigger and cause him problem. He denied of fever, cough, chest pain, nausea, vomiting, oliguria, dysuria, hematuria.

PMH: Unremarkable

Family Hx: Unremarkable

Social Hx: No smoking, no alcohol drinking, student grade 12

Medication: None

Allergies: NKDA

ROS: None

PE:

Vital Signs: BP: 100/50 P: 72 R: 20 T: 36.5°C

Wt: 58Kg

General: Look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, thyroid enlargement about 2x3cm on the right lobe and left lobe about 4x5cm, soft, smooth, no tender, regular border, mobile on swallowing, no bruit, no lymph node palpable.

Chest: CTA bilaterally, no crackle, no ronchi, HRRR, no murmur

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

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

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



Lab/Studies done: today on August 21, 2007

Neck mass U/S attached
Size 27 x 28mm

Conclusion: Diffuse goiter

Assessment:

1. Diffuse goiter

Plan:

1. Draw blood for THS at SHCH

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

Examined by: Nurse Peng Sovann

Date: August 21, 2007

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From: cornelia_haener [mailto:cornelia_haener@online.com.kh]

Sent: Wednesday, August 22, 2007 9:55 PM

To: 'Rattanakiri Referral Hospital'; 'Rithy Chau'; 'Joseph Kvedar'; 'Kruy Lim'; 'Paul J. M.D. Heinzelmann'; 'Kathleen M. Kelleher'

Cc: 'Bernie Krisher'; 'Noun SoThero'; 'Ed & Laurie Bachrach'

Subject: RE: Ratanakiri Telemedicine Clinic August 2007, Case#4, UC#00249, 21M (Village IV)

Dear all,

I agree with your plan. If he is euthyroid, he only needs to be considered for surgery if he has a fast growing nodule which would be suspicious for cancer. Otherwise suggest iodine salt. 40 % of children in Ratanakiri have goiters due to iodine deficiency.

Thanks
Cornelia

From: Cusick, Paul S., M.D. [mailto:PCUSICK@PARTNERS.ORG]

Sent: Thursday, August 23, 2007 8:15 AM

To: Fiamma, Kathleen M.; kirihospital@yahoo.com

Cc: tmed_rithy@online.com.kh

Subject: RE: Ratanakiri Telemedicine Clinic August 2007, Case#4, UC#00249, 21M (Village IV)

Nurse Sovann,

Thank you for allowing me to comment on this case.

From your description and exam, there does not appear to be any lymphadenopathy. It does not appear that he has any symptoms of thyroid hormone excess. Checking TSH is a good start.

I will check with our thyroid expert to see if there is any other comments that he would have.

Thanks Paul

From: Cusick, Paul S.,M.D. [mailto:PCUSICK@PARTNERS.ORG]
Sent: Thursday, August 23, 2007 7:49 PM
To: kirihospital@yahoo.com
Cc: tmed_rithy@online.com.kh
Subject: FW: Ratanakiri Telemedicine Clinic August 2007, Case#4, UC#00249, 21M (Village IV)

[This is the response from the thyroid specialist who reports that this would likely require a biopsy. Thanks. Paul cusick](#)
-----Original Message-----

From: Daniels, Gilbert H.,M.D.
Sent: Thursday, August 23, 2007 8:19 AM
To: Cusick, Paul S.,M.D.
Subject: RE: Ratanakiri Telemedicine Clinic August 2007, Case#4, UC#00249, 21M (Village IV)

[Hi Paul - looks like a nodule. In the US it would be biopsied.](#)

Best
Gil

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Wednesday, August 22, 2007 3:26 PM
To: Rithy Chau; Joseph Kvedar; Kruey Lim; Paul J. M.D. Heinzelmann; Kathleen M. Kelleher
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach
Subject: Ratanakiri Telemedicine Clinic August 2007, Case#5, NT#00250, 24F (Village I)

Dear all,

This is cases number 5, NT#00250, 24F and photos.

Best regards,
Sovann/Rithy/Channarith

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



Patient: NT#00250, 24F (Village I), Kon Mom

Chief Complaint: Subrapubic pain x 5y

HPI: 24F, farmer, came to us complaining of subrapubic pain for 5y. After she has had delivery 40d, she presented with the symptoms of subrapubic pain, sharp sensation, oliguria, dysuria, frequency, vaginal discharge, and abdomen became distended so she went to private clinic and was told the uterus was swelling and treated her with some medication then she became better but she still presented with vaginal discharge and dysuria and urine frequency. She denied of fever, cough, chest pain, palpitation,

hematuria, oliguria, edema, vaginal bleeding.

PMH: Unremarkable

Family Hx: Unremarkable

Social Hx: No smoking, drinking alcohol during her delivery, 2 children

Medication: traditional medication

Allergies: NKDA

ROS: regular period

PE:

Vital Signs: BP: 112/60 P: 102 R: 20 T: 37.5°C Wt: 40Kg

General: Look stable

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

Chest: CTA bilaterally, no crackle, no ronchi, HRRR, no murmur

Abdomen: Soft, no tender, no distension, (+) BS, no HSM, no subrapubic tenderness, no CVA tenderness

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

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

Lab/Studies done: today on August 21, 2007

UA: Leukocyte 2+

And U/S attached

Conclusion: Unremarkable

Assessment:

1. UTI



2. Vanigal candidasis

Plan:

1. Ciprofloxacin 500mg 1t po bid for 5d
2. Fluconazole 150mg 1t po once

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

Examined by: Nurse Peng Sovann

Date: August 21, 2007

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No answer replied

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]

Sent: Wednesday, August 22, 2007 3:38 PM

To: Rithy Chau; Joseph Kvedar; Kruy Lim; Paul J. M.D. Heinzelmann; Kathleen M. Kelleher

Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach

Subject: Ratanakiri Telemedicine Clinic August 2007, Case#6, LD#00251, 55F (Village)

Dear all,

This is the last cases for Ratanakiri TM Clinic August 2007, case number 6, LD#00251, 55F and photos.

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

Best regards,

Sovann/Rithy/Channarith

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

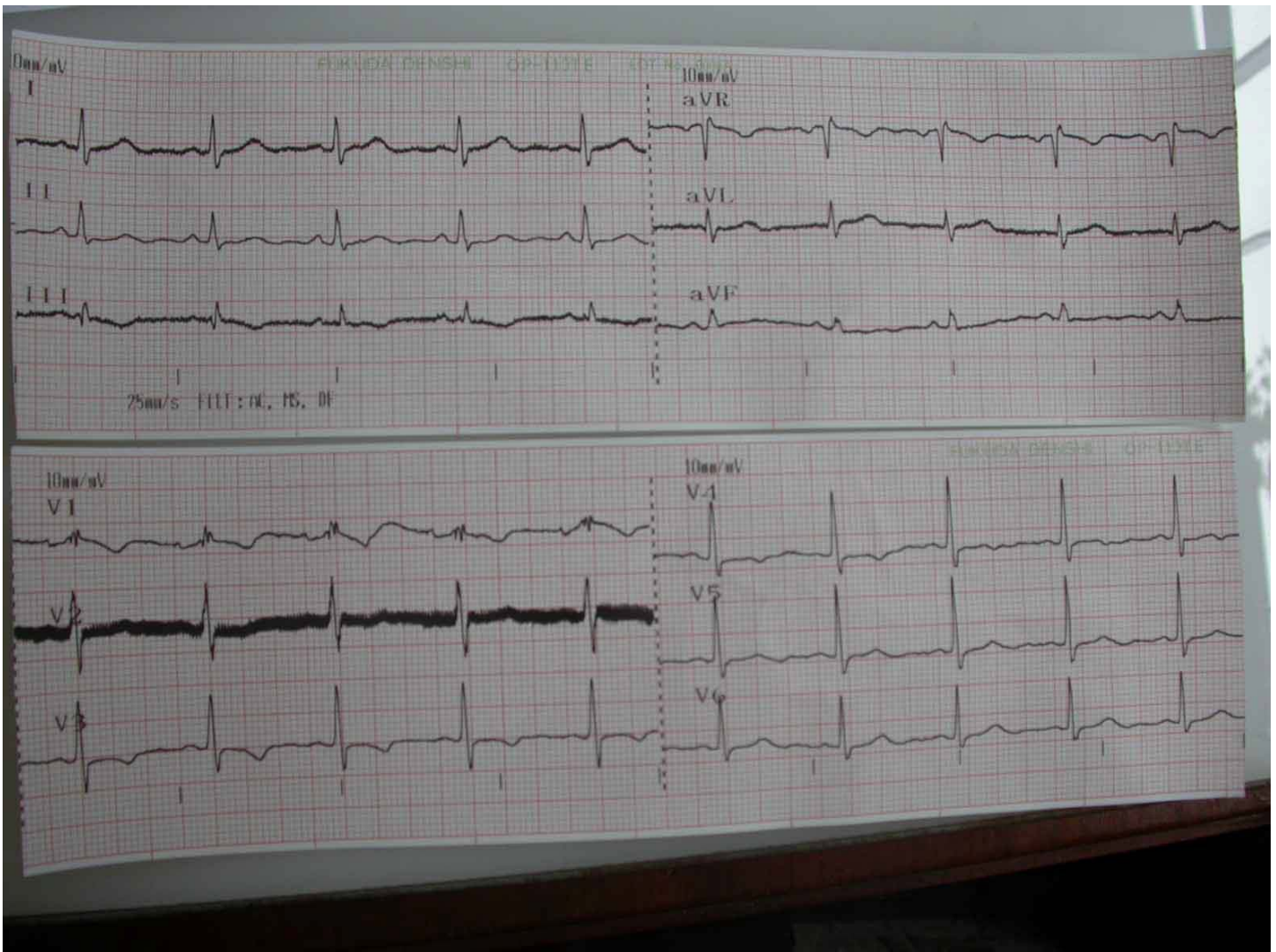


Patient: LD#00251, 55F (Village V)

Chief Complaint: Palpitation and chest tightness x 2y

HPI: 55F came to us complaining of palpitation and chest tightness for 2y. She presented with symptoms of palpitation, chest tightness, dizziness, fatigue, HA so she went to private clinic in Badam Bong province when she lived over there and was told she has heart disease and treated her with some medication (unknown name) and she feel better but symptoms happened for sometime after she ran out of medicine. In May 2007, she went to private clinic again and treated her with Mefenamic acid and Magipi (Magnesium lactate and peridoxinehydrochloride). Because now she come and live in

Rattanakiri, she didn't go for checking up and stop taking that medication for two months and bought medication from pharmacy when the symptoms happened. She denied of fever, cough, chest pain, nausea, vomiting, oliguria, dysuria, hematuria, edema.



PMH: Unremarkable

Family Hx: Mother with HTN

Social Hx: No smoking, no alcohol drinking

Medication: She stop taking these medication for two months
Mefenamic acid 250mg
Magipi (Magnesium lactate and peridoxinehydrochloride)

Allergies: NKDA

ROS: post menopausal 3y

PE:

Vital Signs: BP: 110/60 P: 73 R: 20 T: 37°C Wt: 56Kg

General: Look stable

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

Chest: CTA bilaterally, no crackle, no ronchi, HRRR, no murmur

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

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

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

Lab/Studies done: today on August 21, 2007

EKG and CXR attached

Assessment:

1. Anxiety

Plan:

1. Amitriptylin 25mg 1/4t po qhs for one month
2. MTV 1t po qd for one month
3. Paracetamol 500mg 1t po qid prn HA for one month
4. Stress release
5. Do regular exercise

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

Examined by: Nurse Peng Sovann

Date: August 21, 2007

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

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No answer replied

From: Rattanakiri Referral Hospital [mailto:kirihospital@yahoo.com]
Sent: Thursday, August 23, 2007 11:01 AM
To: Kathleen M. Kelleher
Cc: Bernie Krisher; Noun SoThero; Ed & Laurie Bachrach; Rithy Chau
Subject: Ratanakiri TM Clinic August 2007 Cases received

Dear Kathy,

I have received answer of three cases from you and below are the cases I received:

Case#1, MS#00246, 25F
Case#3, NL#00248, 22F
Case#4, UC#00249, 21M

Thank you very much for your replies to the cases.

Best regards,
Sovann

Thursday, August 23, 2007

Follow-up Report for Rattanakiri TM Clinic

There were 6 new patients seen during this month TM clinic at Rattanakiri Referral Hospital (RRH). The data of 6 cases was transmitted and received replies from both Phnom Penh and Boston, and other 19 patient came for follow up and refill medication. 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 August 2007

1. MS#00246, 35F (Village VI)

Diagnosis:

1. Diffuse goiter

Treatment:

1. Draw blood for TSH and Free T4 at SHCH

Lab result on August 23, 2007

TSH	=0.28	[0.49 - 4.67]
Free T4	=12.62	[9.14 - 23.81]

2. SE#00247, 68M (O plong Village)

Diagnosis:

1. DMII
2. HTN
3. Chronic wound on left lower leg

Treatment:

1. Glibenclamide 1t po qd for one month (buy)
2. Captopril 25mg 1/4t po bid for one month (buy)
3. ASA 300mg 1/4t po qd for one month (buy)
4. Cephalexin 250mg 2t po tib for one month (#180)
5. Cotrimoxazole 960mg 1t po bid for one month (buy)
6. Clean wound every day in the health center
7. Educate on diabetic diet, low Na diet, do regular exercise and foot care
8. Draw blood for Lyte, BUN, Creat, Gluc, and HbA1C at SHCH

Lab result on August 23, 2007

Na	=138	[135 - 145]
K	=3.5	[3.5 - 5.0]
Cl	=102	[95 - 110]
BUN	=1.9	[0.8 - 3.9]
Creat	=87	[53 - 97]
Gluc	=24.5	[4.2 - 6.4]
HbA1C	=10.3	[4 - 6]

3. NL#00248, 22F (Village I)

Diagnosis:

1. Nodular goiter

Treatment:

1. Draw blood for THS and Free T4 at SHCH

Lab result on August 23, 2007

TSH	=2.68	[0.49 - 4.67]
Free T4	=11.54	[9.14 - 23.81]

4. UC#00249, 21M (Village IV)

Diagnosis:

1. Diffuse goiter

Treatment:

1. Draw blood for THS at SHCH

Lab result on August 23, 2007

TSH =0.73 [0.49 - 4.67]

5. NT#00250, 24F (Village I), Kon Mom

Diagnosis:

1. UTI
2. Vanigal candidiasis

Treatment:

1. Ciprofloxacin 500mg 1t po bid for 5d (#10)
2. Fluconazole 150mg 1t po once (buy)

6. LD#00251, 55F (Village V)

Diagnosis:

1. Anxiety

Treatment:

1. MTV 1t po qd for one month (#30)
2. Paracetamol 500mg 1t po qid prn HA for one month (#30)
3. Stress release
4. Do regular exercise

Patient who came for follow up and refill medication

1. EN#00239, 53F (Village III)

Diagnosis:

1. Euthyroid (Nodular Goiter)
2. HTN

Treatment:

1. Atenolol 50mg 1/2t po qd for one month (buy)
2. Fenofibrate 100mg 1t po bid for one month (buy)
3. Educate to eat low Na diet, do regular exercise
4. Do FNA for cytology at SHCH

Cytology result on August 24, 2007

Conclusion: No possible conclusion

2. CK#00240, 50F (Village VII)

Diagnosis:

1. DMII
2. HTN
3. Tachycardia

Treatment:

1. Metformin 500mg 1t qAM and 2t qPM for one month (buy)
2. Captopril 25mg 1/4t po bid for one month (buy)
3. ASA 300mg 1/4t po qd for one month (buy)

- Educate patient on diabetic diet, low Na diet, do regular exercise, foot care

3. SK#00242, 22F (Vensai Village)

Diagnosis:

- TB Lymphadenopathy?
- Lymphoma???
- Thyroid Cancer

Treatment:

- Patient refuses with our advise so we stop taking care her with Telemedicine

4. AS#00244, 58F (Village I)

Diagnosis:

- Euthyroid
- GERD
- Parasititis

Treatment:

- Omeprazole 20mg 1t po qhs for two months (buy)
- Metochlopramide 10mg 1t po qhs for one month (buy)
- Mebendazole 500mg chew 1t qhs once (buy)
- Draw blood for THS in six months

5. TI# 00245, 65M (Village I)

Diagnosis:

- DMII
- HTN

Treatment:

- Gliclazide 30mg 1t po qd for one month (buy)
- Metformin 500mg 1t po qd (buy)
- Pravastatin 40mg 1t po qd (buy)
- Pioglytazone 30mg 1t po qd (buy)
- Candesartan Cilexetil 4mg 1t po qd (buy)
- MTV 1/2t po qd (buy)
- Review pt on diabetic diet, foot care and do regular exercise
- Draw blood in next month

6. PN#00229, 45F (Village VI)

Diagnosis:

- DMII

Treatment:

- Chlorpropramide 250mg 1t po bid (buy)
- Metformin 500mg 1t po qhs (buy)
- ASA 81mg 1t po qd (#25)
- Review pt on diabetic diet, foot care and do regular exercise
- Draw blood for HbA1C and Gluc at SHCH in two months

7. OH#00230, 59F (Village III)

Diagnosis:

- Euthyroid
- HTN

Treatment:

- Atenolol 50mg 1t po bid (buy)
- HCTZ 50mg 1/2t po qd (buy)

8. KK#00231, 45F (Village I)

Diagnosis:

1. DMII
2. Urticaria

Treatment:

1. Chlorpropramide 250mg 1t po bid (buy)
2. Metformin 500mg 1t po qhs (#100)
3. Captopril 25mg 1/4t po qd (25)
4. ASA 300mg 1/4t po qd (#25)
5. Citirizine 10mg 1t po qd prn (#20)
6. Review pt on diabetic diet, foot care, do regular exercise

9. SP#00238, 34F (Village I)

Diagnosis:

1. Hyperthyroidism
2. Urticaria

Treatment:

1. Carbimazole 5mg 1t po tid
2. Propranolol 40mg 1/2t po bid
3. Citirizine 10mg 1t po qd prn (#20)
4. Draw blood for CBC and Free T4 at SHCH

Lab result on August 23, 2007

WBC	=5.8	[4 - 11x10 ⁹ /L]
RBC	=4.4	[3.9 - 5.5x10 ¹² /L]
Hb	=11.8	[12.0 - 15.0g/dL]
Ht	=37	[35 - 47%]
MCV	=83	[80 - 100fl]
MCH	=27	[25 - 35pg]
MHCH	=32	[30 - 37%]
Plt	=124	[150 - 450x10 ⁹ /L]
Lym	=2.1	[1.0 - 4.0x10 ⁹ /L]
Mxd	=0.6	[0.1 - 1.0x10 ⁹ /L]
Neut	=3.1	[1.8 - 7.5x10 ⁹ /L]
Free T4	=28.60	[9.14 - 23.81]

10. OT#00155, 45F (Bor Keo)

Diagnosis:

1. HTN
2. DMII

Treatment:

1. Captopril 25mg 1/2t po bid
2. Metformin 500mg 2t qAM, 3t qPM
3. Glibenclamide 5mg 2t po bid
4. ASA 300mg ¼t po qd
5. Amitriptylin 25mg ½t po qhs
6. Citirizin 10mg 1t po qd

11. NH#00010, 53F (Village III)

Diagnosis:

1. HTN
2. DMII
3. LVH
4. Aorta Insufficiency?

5. Aorta Stenosis?

Treatment:

1. Atenolol 50mg 1t po bid
2. Chlorpropramide 1t po qd
3. ASA 300mg 1/4t po qd
4. Captopril 25mg 1t po tid
5. HCTZ 50mg 1/2t po qd
6. Fenofibrate 100mg 1t po qd
7. Draw blood for TG, FBS, Creat, HbA1C in 1 month

12. UP#00093, 52F (Village III)

Diagnosis:

1. Euthyroid

Treatment:

1. Carbimazole 5mg 1t po bid
2. Propranolol 40mg 1/4t po bid

13. PO#00148, 67F (Village III)

Diagnosis:

1. HTN
2. DMII with PNP

Treatment:

1. Captopril 25mg ¼t po bid
2. Metformin 500mg 1t po qhs
3. Glibenclamide 5mg 1t po bid
4. ASA 300mg ¼t po qd
5. Amitriptylin 25mg ½t po qhs
6. Draw blood for HbA1C at SHCH

Lab result on August 23, 2007

HbA1C =7.0 [4 - 6]

14. CL#00122, 33F (Village III)

Diagnosis:

1. Euthyroid
2. Chronic Vaginal candidiasis

Treatment:

1. Draw blood for Free T4 in 6 months
2. Fluconazole 100mg 1t po bid for 7d (#14)
3. Discontinue douching

15. NS#00006, 18F (Village I)

Diagnosis:

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1t po bid
2. Propranolol 40mg ¼t po bid

16. PS#00149, 26F (Village I)

Diagnosis:

1. Euthyroid Goiter

Treatment:

1. Carbimazole 5mg 1t po qd

17. MS#00144, 52F (Thmey village)

Diagnosis:

1. DMII

Treatment:

1. Glibenclamide 5mg 1tab po bid
2. Metformin 500mg 1t po qhs (buy)
3. Captopril 25mg ¼ tab po qd
4. ASA 300mg 1/4t po qd

18. LH#00116, 59F (Village IV)

Diagnosis:

1. Euthyroid
2. Cardiomegaly

Diagnosis:

1. ASA 81 mg 1 tab po chew qd
2. HCTZ 50mg ½ tab po qd

19. RH#00160, 67F (Village I)

Diagnosis:

1. HTN
2. DMII with PNP
3. OA

Treatment:

1. Lisinopril 20mg ¼tab po qd
2. Amitriptylin 25mg ½ tab po qhs
3. ASA 300mg ¼tab po qd

20. TV#00157, 55F (Phnom Kok Village)

Diagnosis:

1. Sub-clinical Nodular goiter
2. Right total and left subtotal thyroidectomy

Treatment:

1. Check result histology on September 11, 2007
2. Draw blood for Ca and TSH next month

21. NS#00214, 14F (Village III)

Diagnosis:

1. TB Lymphoma?

Treatment:

1. TB treatment in Rattanakiri hospital

Lab result on August 17, 2007

Histology Conclusion: TB lymphadenitis

Direct smear: AFB +

**The next Rattanakiri TM Clinic will be Held on
September 2007**