Robib *Telemedicine* Clinic

Preah Vihear Province

J A N U A R Y 2 0 1 3

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

On Monday, January 7, 2013, SHCH staff PA Rithy, Driver and Nurse Peng Sovann traveled to Preah Vihear for the monthly Robib Telemedicine (TM) Clinic.

The following two days, Tuesday and Wednesday (mornings), January 8 & 9, 2013, the Robib TM Clinic opened to receive the patients for evaluations. There were 7 new cases and 2 follow up case seen during this month, and the patients were examined and their data were transcribed along with digital pictures of the patients, then transmitted and received replies from their TM CCH/MGH in Boston and Phnom Penh on Wednesday and Thursday, January 9 & 10, 2013.

On Thursday, replies from SHCH in Phnom Penh and CCH/MGH Telemedicine in Boston were downloaded. Per advice from Boston, SHCH and PA Rithy on site, Nurse Sovann managed and treated the patients accordingly. There were also patients who came for brief consult and refills of medications. Finally, the data of the patient concerning final diagnosis and treatment/management would then be transcribed and transmitted to Nurse Sovann Peng 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 CCH/MGH in Phnom Penh and Boston:

From: Robibtelemed
To: Cornelia Haener ; Rithy Chau ; Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach ; Savoeun Chhun ; Robib School 1
Sent: Friday, December 28, 2012 1:59 PM
Subject: Schedule for Robib Telemedicine Clinic January 2013

Dear all,

I would like to inform you that Robib TM Clinic for January 2013 will be starting on January 7 to 11, 2013.

The agenda for the trip is as following:

1. On Monday January 7, 2013, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday January 8, 2013, the clinic opens to see the patients for the whole morning then the patients' information will be typed up into computer as the word file then sent to both partners in Boston and Phnom Penh.
3. On Wednesday January 9, 2013, the activity is the same as on Tuesday
4. On Thursday January 10, 2013, download all the answers replied from both partners then treatment plan will be made accordingly and prepare the medicine for the patients in the afternoon.
5. On Friday January 11, 2013, Draw blood from patients for lab test at SHCH then come back to Phnom Penh.

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

Best regards,
Sovann

From: Robibtelemed
To: Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Kruy Lim ; Rithy Chau
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, January 08, 2013 4:42 PM
Subject: Robib TM Clinic January 2013, Case#1, Sang Sameth, 30M

Dear all,

There are four new cases for first day of Robib TM Clinic January 2013. This is case number 1, Sang Sameth, 30M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

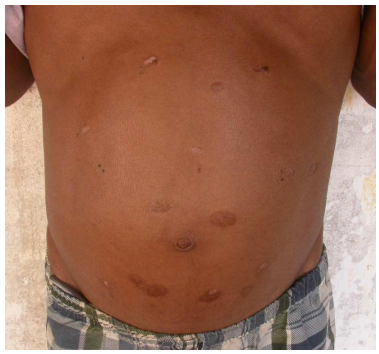
History and Physical

Name/Age/Sex/Village: **Sang Sameth, 30M (Bakdoang Village)**

Chief Complaint (CC): Abdominal distension x 5months

History of Present Illness (HPI): 30M, farmer, presented with 5 months history of symptoms acute onset of abdominal distension with scanty of urine, denied of jaundice, fever, nausea, vomiting, hematuria, dysuria, orthopnea, chest pain, legs edema. He got treatment from local health care worker with IV fluid and some unknown name medicine for few days but not better and also got treatment from traditional healer who gave medicine to make him pass stool and advised him to restrict diet with meat so he lose about 7kg in these 5 months. On January 2, 2013, he went to consult with private clinic in Phnom Penh and was treated with Spironolactone 25mg 1t po bid, Furosemide 40mg 1t bid, Biphenyl Dimethyl Dicarboxylate 20mg 2t bid and other 2 kinds of medicine (unknown name) and follow up in 10 days but he was not afford to go due to financial reason so he came to consult with Telemedicine today. He reported of passing urine with blood several times in the past year and got treatment with medicine bought from local pharmacy without consultation to find clear diagnosis.

Past Medical History (PMH): Unremarkable



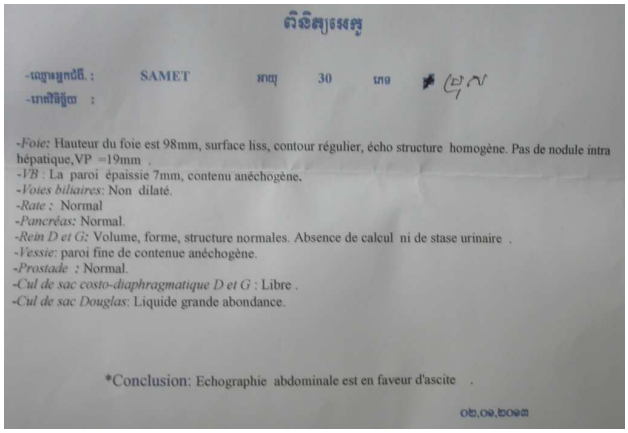
Family History: None

Social History: No cig smoking, casually alcohol drinking, one children

Current Medications: Above

Allergies: NKDA

Review of Systems (ROS): No fever, no SOB, no orthopnea, no legs edema, no nausea/vomiting, no stool with blood, no oliguria, no hematuria


ពិនិត្យអេកូ

-ឈ្មោះអ្នកជំងឺ : SAMET អាយុ 30 ភេទ ប្រុស

-លោកវេជ្ជបណ្ឌិត :

-*Foie:* Hauteur du foie est 98mm, surface liss, contour régulier, écho structure homogène. Pas de nodule intra hépatique,VP =19mm .
-*VB* : La paroi épaissie 7mm, contenu anéchogène.
-*Voies biliaires:* Non dilaté.
-*Rate :* Normal
-*Pancréas:* Normal.
-*Rein D et G:* Volume, forme, structure normales. Absence de calcul ni de stase urinaire .
-*Vessie*: paroi fine de contenue anéchogène.
-*Prostade :* Normal.
-*Cul de sac costo-diaphragmatique D et G* : Libre .
-*Cul de sac Douglas*: Liquide grande abondance.

*Conclusion: Echographie abdominale est en faveur d'ascite .

PE:

Vital sign: BP: 111/91 P: 118 R: 20 T: 37°C Wt: 47.5Kg

General: Stable

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

Chest: Clear on upper lobes and decreased breathing sound on lower lobes bilaterally, no crackle, no rhonchi; H Tachycardia, RR, no murmur

Abd: Soft, no tender, moderate distension, (+) BS, (+) fluid wave, spleen and liver cannot be palpabled due to abd distension, several complete healed burning scars

Extremity/Skin: No legs edema, no lesion/rashes, (+) dorsalis pedis and posterior tibial pulse

Rectal exam: good sphincter tone, no mass palpable, negative colocheck

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

Lab/study:

Done on January 2, 2013

WBC	=8.8	[4 - 9x10^9/L]
RBC	=4.6	[4.0 - 5.4x10^{12}/L]
Hb	=11.6	[12.0 - 16.0g/dL]
Ht	=35	[37 - 45%]
MCV	=76	[80 - 100fl]
MCH	=25	[25 - 35pg]
MHCH	=32	[30 - 37%]
Plt	=450	[150 - 400x10^9/L]
Lymph	=17	[25 – 40]
Mono	=0.2	[0.2 – 0.8]
Neut	=76	[55 – 65]
Eosino	=0.5	[0.1 – 0.3]

HBsAg = Negative
HCVAb = Negative

Gluc	=0.96	[0.70 - 1.05]
AST	=73	[<33]
ALT	=79	[<35]

Abdominal ultrasound conclusion: ascites (attached)

Done on January 8, 2013

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

Assessment:

1. Ascites (unknown cause)
2. Pleural effusion??

Plan:

1. Propranolol 40mg 1/4t po bid
2. Furosemide 40mg 1t po bid
3. Albendazole 200mg 2t po bid for 5d
4. Paracentesis to get specimen for analysis
5. Draw blood for Lyte, BUN, Creat, LFT at SHCH
6. Refer patient to Kg referral hospital for CXR

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 Sovann Peng **Date: January 8, 2013**

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

From: Smulders-Meyer, Olga,M.D.
To: Fiamma, Kathleen M.
Cc: 'robibtelemed@gmail.com' ; 'rithychau@sihosp.org'
Sent: Thursday, January 10, 2013 4:49 AM
Subject: RE: Robib TM Clinic January 2013, Case#1, Sang Sameth, 30M

This patient she was diagnosed with ascites on physical examination with a large abdomen and a positive fluid wave. The ultrasound confirmed the presence of ascites.

There are several etiologies for ascites. The most prominent one is related to cirrhosis of the liver. In the United States, about 80% of cases of ascites are caused by cirrhosis of the liver.
Other causes are excessive alcohol intake which is low in this patient, viral hepatitis but he tested negative for hepatitis B. and C. and there is also normal alcoholic steoto hepatitis, but it is usually related to patients with diabetes, high lipids and obesity.

I think in this patient I'm suspicious that he might have liver cancer or some other metastatic cancer, which can cause ascites.
Also the patient needs to be tested for tuberculosis as this can cause tuberculosis peritonitis.
The ultrasound did not show any lesions in the liver so a hepatocellular carcinoma is unlikely.

On physical examination the patient has grade 3 ascots with marked abdominal distention.

The patient will need abdominal paracentesis in order to have an appropriate ascitic fluid analysis which will bring it closer to a diagnosis.

The appearance is clear, translucent yellow in the setting of cirrhosis and the protein concentration is low.
The appearance is turbid cloudy when the fluid is infected suggestive of bacterial peritonitis.
The appearance is milky, due to high triglyceride levels, encases on a malignancy, but it can be milky with cirrhosis well.
The appearance is brown, due to bilirubin, the patient might have a perforated duodenal ulcer.

The most important test is the cell count and differential and should be done to determine if there is an infection or not.
The serum to ascites albumin gradient is to be determined. The presence of a gradient of greater than 1.1 gr/dl, suggest that the patient has portal hypertension.
A gradient less than 1.1 indicates the patient does not have portal hypertension.

Ascitic fluid should be sent for cultures.
As the fluid should be checked for protein and glucose. If glucose levels are low this might mean that malignant cells are doing the glucose and the ascites might be due to peritoneal carcinomatosis.

The patient needs to be tested for tuberculosis.

The fluid should be sent for cytology so that malignant cells can be determined.

I would prefer to treat him with spironolactone 100 mg a day, and decreased the Lasix a little bit as the patient is at risk to develop hypokalemia with the current dose.

I'm not sure why he is on beta blocker? His blood pressure is only marginal right now so you may want to be careful that he does not become hypotensive. Consider reducing the dose.

I also agree with a cardiac workup. He needs a chest x-ray to rule out heart failure.
Given his weight loss, it is my guess he most likely has cancer or cirrhosis.
He may also need a liver biopsy.

I would be most interested to hear the outcome of the workup.

Hope this was helpful,

Warm regards,

Olga Smulders- Meyer MD

From: Robibtelemed
To: Smulders-Meyer, Olga,M.D.
Cc: Rithy Chau ; Kathy Fiamma
Sent: Monday, January 21, 2013 10:59 AM
Subject: Re: Robib TM Clinic January 2013, Case#1, Sang Sameth, 30M

Dear Dr. Olga Smulders- Meyer,

This is the data of patient Sang Sameth, 30M who was sent on January 14, 2013 for further evaluation at SHCH. The patient will come back for re-evaluation on January 22, 2013.

Best regards,
Sovann

The patient was sent to SHCH for further evaluation and lab/study was done with result

Lab result on January 11, 2013

WBC	=9.3	[4 - 11x10^9/L]	Na	=127	[135 - 145]
RBC	=4.7	[4.6 - 6.0x10^{12}/L]	K	=3.1	[3.5 - 5.0]
Hb	=11.2	[14.0 - 16.0g/dL]	Cl	=86	[95 – 110]
Ht	=36	[42 - 52%]	BUN	=8.3	[0.8 - 3.9]
MCV	=77	[80 - 100fl]	Creat	=111	[53 - 97]
MCH	=24	[25 - 35pg]	Albu	=38	[38 - 51]
MHCH	=31	[30 - 37%]	T. Chol	=3.5	[<5.7]
Plt	=466	[150 - 450x10^9/L]	Protein	=86	[66 - 87]
Lymph	=1.2	[1.00 - 4.00x10^9/L]	AST	=24	[<40]
			ALT	=8	[<41]

Study/Lab result on January 14, 2013

Study

- CXR: Blunted right costophrenic angle with mild elevated right diaphragm. No evidence of an active lesion of both lung parenchyma.

- Abdominal ultrasound conclusion:
    1. The appearance of kidneys may suggest ? nephropathy, ? Renal impairement
    2. Right renal microstone
    3. Abandant ascites
    4. Small bilateral pleural effusion

Lab

TSH =0.83 [0.27 – 4.20]

Protein (ascites fluid): 72
Glucose (ascites fluid): 98
LDH (ascites fluid): 348

Glucose (blood): 5.5 [4.1 – 6.1]
Protein (blood): 88 [66 – 87]
LDH (blood): 215 [0 – 250]

Na	=124	[135 - 145]
K	=3.3	[3.5 - 5.0]
Cl	=83	[95 - 110]
Creat	=123	[53 - 97]

Bilirubin, Total: 4.6 [2.0 – 21.0
Bilirubin, Direct: 1.8 [<3.4]

Ascites fluid AFB smear: No AFB seen

Cell count/Differential of Ascites fluid
Color: Yellow
Turbidity: Clear
WBC cell count: 450
RBC cell count: 150
Polymorphonuclear: 9
Mononuclear: 91

Result of Ascites fluid Culture: Sterile

Cytology of ascites fluid

Microscopy: Fluid presents some normal sized lymphocytes with some reactive mesothelial cells and moderate fibrine. There is no evidence of atypical cell.

Conclusion: Reactive ascites due to non specific inflammation

Assessment
1. Abdominal distension/Ascites due to (? cancer, intestinal TB, SBP)
2. Renal impairment (creatinine: 123)
3. Hyponatremia
4. Hypokalemia

5. Small bilateral pleural effusion
6. Right renal microstone
7. Microcytic anemia/GI bleeding

Treatment

1. Furosemide 40mg 1t po qd
2. FeSO4/Folate 200/0.4mg 1t po qd
3. MTV 2t po qd
4. KCL 600mg 1t po bid
5. Mg/B6 1t po bid
6. Ciprofloxacin 500mg 1t bid for 10d
7. Metronidazole 500mg 1t tid for 10d
8. Omeprazole 20mg 1t po bid

From: "Smulders-Meyer, Olga,M.D." <OSMULDERSMEYE@PARTNERS.ORG>
To: "Robibtelemed" <robibtelemed@gmail.com>
Cc: "Rithy Chau" <rithychau@sihosp.org>; "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
Sent: Tuesday, January 22, 2013 10:24 AM
Subject: Re: Robib TM Clinic January 2013, Case#1, Sang Sameth, 30M

I am sorry but I was not in the office today and got your message late.
Since I was not sure how to interpret your findings I emailed one of the gastroenterologist in the hospital.

She wrote:

“Hard to know what to make of it. They did not measure an ascites albumin level so I don't know whether it is a high or low SAAG ascites; also, I do not know the units for the ascites protein level; it seems somewhat high, but I don't know. The cell counts do not list a lymphocyte count; perhaps they do not do that there; if they don't then, it is possible the mononuclear count encompasses that, which keeps tuberculous peritonitis on the list; the cell counts are not compatible with SBP.

Could you find out the numbers for the ascites albumen level and the ascites protein level>
As per Dr. Bounds’s suggestion SBP seems unlikely and antibiotics can therefore be stopped unless the patient develops abdominal pain.

In a study of patients with Tb peritonitis a computed tomographic scan was suspicious in 16 of 17 patients. Sputum for acid fast bacillus (AFB) smear was positive in 3 of 14 patients, and paracentesis for AFB smear was positive in 1 of 8 patients. Routine blood work was not helpful. Laparoscopy was diagnostic in five of seven patients. Laparotomy and tissue biopsy of characteristic tissue for AFB smear and culture was diagnostic in 20 of 20 patients. Once diagnosed, all patients responded rapidly to empiric antituberculous medical therapy, except one patient with miliary TB who died shortly after diagnosis.
CONCLUSIONS:
TB peritonitis may be fatal but is medically cured if diagnosed in a timely fashion. It is essential that the clinician suspect the disease in appropriate patients. Tests frequently associated with TB such as chest radiograph and purified protein derivative are not sensitive in detection of TB peritonitis. Computed tomographic scan is the most useful radiographic study. Mini laparotomy with tissue biopsy for smear and culture is the most sensitive and specific diagnostic procedure.

I will discuss this case further when I am back in the hospital tomorrow.
It is unlikely this patient has cancer, Hepatitis, alcoholism, so TB remains high on the Differential now, and

since it has a high mortality you might consider an abdominal CT and/or a tissue biopsy to be sent for culture and smear.
Treatment for TB for the duration of 6 months should be curative.

I will get back to you later about this case.

Olga Smulders-Meyer MD

From: "Robibtelemed" <robibtelemed@gmail.com>
To: "Smulders-Meyer, Olga,M.D." <OSMULDERSMEYE@PARTNERS.ORG>
Cc: "Rithy Chau" <rithychau@sihosp.org>; "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
Sent: Tuesday, January 22, 2013 5:08 PM
Subject: Re: Robib TM Clinic January 2013, Case#1, Sang Sameth, 30M

Dear Dr. Olga Smulders- Meyer,

This patient was seen at SHCH today and hospital TB commitee discussed and decided to treat him with TB medication. I will let you know about the progression of the patient with this treatment.

Thanks for your recommendation.

Best regards,
Sovann

From: "Smulders-Meyer, Olga,M.D." <OSMULDERSMEYE@PARTNERS.ORG>
To: "Robibtelemed" <robibtelemed@gmail.com>
Cc: "Rithy Chau" <rithychau@sihosp.org>; "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
Sent: Tuesday, January 22, 2013 10:40 PM
Subject: Re: Robib TM Clinic January 2013, Case#1, Sang Sameth, 30M

Sovann, happy to hear that he is going to be treated and I will be really curious to hear the outcome, hopefully a cure.

Olga

Olga Smulders Meyer MD

From: Robibtelemed
To: Joseph Kvedar ; Paul Heinzelmann ; Kruy Lim ; Rithy Chau ; Kathy Fiamma
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, January 08, 2013 4:43 PM
Subject: Robib TM Clinic January 2013, Case#2, Sin Thay Ly, 83M

Dear all,

This is case number 2, Sin Thay Ly, 83M and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Sin Thay Ly, 83M (Taing Treuk Village)**

Chief Complaint (CC): Epigastric pain x 5 years

History of Present Illness (HPI): 83M presented with 5 years history of epigastric pain, burning sensation without radiation, occurring during hungry and relieved with eating food and antacid that he took prn for several days. In the past month, he presented with above symptoms with sour taste burping. He denied of vomiting, hematemesis, black/bloody stool.

Past Medical History (PMH): Several times of elevated BP (systolic: 150 – 180) with prn antihypertensive since 2010

Family History: None

Social History: smoking about 1pack of cig per day for 10y, stopped 30y; casual alcohol drinking

Current Medications: None

Allergies: NKDA

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

PE:

Vital sign: **BP: Lt 160/100, Rt 174/110** **P: 88** **R: 20** **T: 37^{o}C** **Wt: 43Kg**

General: Stable

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

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

Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

Extremity/Skin: No legs edema, no lesion/rashes

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

Lab/study:

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

Assessment:

1. GERD
2. HTN

Plan:

1. Famotidine 40mg 1t po qhs for one month
2. Mebendazole 100mg 5t po qhs once
3. HCTZ 25mg 1/2t po qd
4. GERD prevention education
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc 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 Sovann Peng **Date: January 8, 2013**

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

No answer replied

From: Robibtelemed
To: Paul Heinzelmann ; Kruy Lim ; Rithy Chau ; Kathy Fiamma ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, January 08, 2013 4:44 PM
Subject: Robib TM Clinic January 2013, Srey Thourn, 65M

Dear all,

This is case number 3, Srey Thourn, 65M and photo.

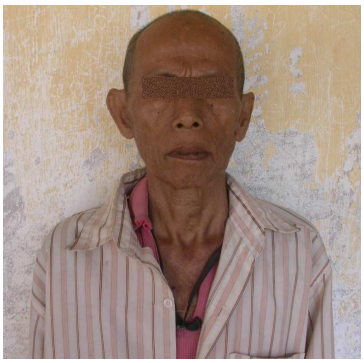
Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: **Srey Thourn, 65M (Khna Village)**

Chief Complaint (CC): Lower extremity pain x 4months

History of Present Illness (HPI): 65M, farmer, presented with lower extremity pain which started from lower back radiated down to foot. The pain became better with massage and denied of change in severity with any activity or time. Other symptoms also occurred during these 4 moths, poor appetite, weight loss about 8kg, and denied of nausea/vomiting, hematemesis, black/bloody stool, SOB, cough, edema. He went to consult with private clinic in Kg Thom and Preah Vihear province and treated with some medicine (unknown name) but his symptom was not better.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Smoking 2-3cig/d , Drinking about 1/2L of alcohol/day for 10y, stopped 3y

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vital sign: **BP: 99/66** **P: 87** **R: 20** **T: 37^{o}C** **Wt: 37Kg (previous 45kg)**

General: Sick

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

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

Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

Back: No spine deformity, no tender on palpation

Extremity/Skin: No legs edema, no lesion/rashes, dorsalis pedis and posterior tibial pulse

Rectal exam: good sphincter tone, no mass palpable, slightly positive colocheck

MS/Neuro:

MS +5/5
Sensory intact with light touch, vibration and position sense
DTRs +2/4
Gait: walking with walking stick
Negative straight leg raise test

Lab/study:

RBS: 158mg/dl Hb: 8g/dl RTV test negative

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

Abdominal ultrasound, CXR and Spine x-ray (Patient will have done in Kg Thom tomorrow and send result to you later)

AFB sputum smear done in local health center: pending result

Assessment:

1. Severe anemia
2. Sciatica

Plan:

1. FeSO4/Folate 200/0.4mg 1t po bid
2. Paracetamol 500mg 1t po qid prn pain
3. Draw blood for CBC, reticulocyte count, peripheral blood smear, Lyte, BUN, Creat, Gluc, 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 Sovann Peng **Date: January 8, 2013**

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

From: Cusick, Paul S.,M.D.
To: Fiamma, Kathleen M. ; 'robibtelemed@gmail.com'
Cc: 'rithychau@sihosp.org'
Sent: Friday, January 11, 2013 4:17 AM
Subject: RE: Robib TM Clinic January 2013, Srey Thourn, 65M

Thank you for the consult
He is describing radicular pain in the sciatic distribution.
This is likely due to nerve root compression at the lower lumbosacral disc level.

More importantly I am concerned about the wt loss of 8kg and anemia and poor appetite.
he has a smoking history.
He is guaiac positive.
He may have diabetes mellitus with elevated glucose

What ir RTV test?

I am concerned about Gastrointenstinal cancer or bleeding.
I am also concerned about a possible lung cancer from his smoking.
tuberculosis(pulmonary or extrapulmonary) may also be a possibility.

I agree with your diagnostic approach.

iron replacement is appropriate.

Best of luck

Paul

From: chaurithy
To: 'Cusick, Paul S.,M.D.'
Cc: 'Fiamma, Kathleen M.' ; robibtelemed@gmail.com
Sent: Monday, January 14, 2013 8:08 AM
Subject: RE: Robib TM Clinic January 2013, Srey Thourn, 65M

Thanks for your reply Dr. Cusick.

"RTV" = retrovirus (or HIV). Here at SHCH, there was a policy for us to use certain terms to record or describe a more "sensitive" medical problem because the patient chart sometimes did not get as confidential as we would like to have. As a result we use the term "RTV" instead of HIV.

I hope this answered your question. If there is any other term or word you are not familiar, do not hesitate to let us know and we'll do our best to answer you.

Rithy

P.S. Some terms may not be familiar in US:

SOB = shortness of breath
FBS = fasting blood sugar
RBS = random BS
PNP = peripheral neuropathy
Colocheck = blood occult testing
MTV = multivitamin
Paracetamol (Para) = acetaminophen
Parasititis = infection by parasites/worms
Lytes = electrolytes or chemistry lab test
Echo = ultrasound (U/S)

Rithy Chau, MPH, MHS, PA-C
Director Telemedicine/EHC Officer
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www.sihosp.org, www.care4cambodia.org, www.villageleap.com/telemedicine

From: Robibtelemed
To: Kruy Lim ; Rithy Chau ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, January 08, 2013 4:46 PM
Subject: Robib TM Clinic January 2013, Case#4, Sun Samon, 25F

Dear all,

This is case number 4, Sun Samon, 25F and photos. Please wait for other cases which will be sent to you tomorrow.

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

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Sun Samon, 25F (Pal Hal Village)**

Chief Complaint (CC): Skin lesion x 2 months

History of Present Illness (HPI): 25F, housewife, presented with vesicle formation on both hands and nail edge with pruritus feeling and also noticed peeling of skin, denied of chemical contact. She got treatment with soaking in the traditional medicine then the lesion disappeared. In these several days, she noticed the pustule formation developed on both hands and toes, and also symptoms of fever, HA, dizziness, and groin lymph node pain.

Past Medical History (PMH): Unremarkable

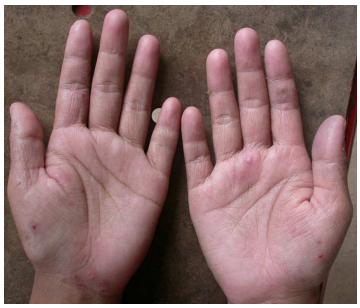
Family History: No family member with skin lesion

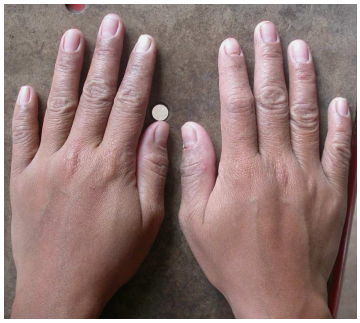
Social History: No cig smoking, no EtOH, 4months post delivery

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Unremarkable





PE:

Vital sign: **BP: 105/80** **P: 69** **R: 20** **T: 37°C** **Wt: 49Kg**

General: Stable

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

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

Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

Skin: Several pustules and crust on palm and toes (see photos), spare on other area

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

Lab/study: None

Assessment:

1. Eczema?
2. Scabies infection?
3. Fungal infection?

Plan:

1. Cetirizine 10mg 1t po qhs
2. Bacitracin apply bid

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 Sovann Peng **Date: January 8, 2013**

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

No answer replied

From: Robibtelemed
To: Rithy Chau ; Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, January 09, 2013 3:53 PM
Subject: Robib TM Clinic January 2013, Chan Vy, 54F

Dear all,

There are three new cases for second day of Robib TM Clinic January 2013. This is case number 5, continued from yesterday, Chan Vy, 54F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Chan Vy, 54F (Taing Treuk Village)**

Chief Complaint (CC): Right side extremities weakness x 15 days

History of Present Illness (HPI): 54F, farmer, presented with right side extremities weakness without numbness, stool/urine incontinence after she woke up in the morning. She denied of any previous symptoms. She got treatment from local health care worker with IV fluid 500ml and injection of medicine (unknown name). She did physiotherapy on the weak extremities and noted of ability to move the leg but cannot move the arm. In these two days, she started taking traditional medicine.

Past Medical History (PMH): Unremarkable

Family History: Husband with Tuberculosis with complete 6month treatment, mother with HTN

Social History: Tobacco chewing, drinking about 3L of alcohol per delivery with 12 children, no cig smoking

Current Medications: Traditional medicine

Allergies: NKDA

Review of Systems (ROS): no fever, no cough, no SOB, no orthopnea, no polyphagia, no polydypsia, no polyuria, no GI problem, no oliguria, no hematuria, no dysuria

PE:

Vital sign: **BP: 146/78 (both arms)** **P: 61** **R: 20** **T: 36.5^{o}C** **Wt: 49Kg**

General: Stable

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

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

Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

Extremity/Skin: No legs edema, no lesion/rashes, no foot wound, (+) dorsalis pedis and posterior tibial pulse

MS/Neuro:

- MS: Left arm and leg +5/5, Right leg +4/5, Right arm +0/5
- Sensory intact with light touch and position sense
- DTRs +2/4
- Gait: walking with walking stick
- CN II – XII intact

Lab/study:

RBS: 441mg/dl , one hour after and drinking 1.5L water → RBS: 279mg/dl
U/A: glucose 4+, no ketone, no blood, no protein, no leukocyte

Assessment:

1. DMII
2. Left side stroke with right side weakness

Plan:

1. Metformin 500mg 1t po bid
2. Captopril 25mg 1/4t po bid
3. ASA 300mg 1/4t po qd
4. Educate on diabetic diet, and foot care
5. Physiotherapy on weak side
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C 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 Sovann Peng **Date: January 9, 2013**

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

No answer replied

From: Robibtelemed
To: Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, January 09, 2013 3:54 PM
Subject: Robib TM Clinic January 2013, Case#6, Chork Sok Lin, 30F

Dear all,

This is case number 6, Chork Sok Lin, 30F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Chork Sok Lin, 30F (O Village)**

Chief Complaint (CC): Epigastric pain x 2 months

History of Present Illness (HPI): 30F, farmer, presented with 2 months history of epigastric pain, burning sensation with radiation to the back. The pain occurred during hungry and full eating, and relieved with Antacid, that she bought from local pharmacy. These symptoms recurred in several days after finished treatment. She denied of nausea, vomiting, hematemesis, black/bloody stool.

Past Medical History (PMH): Unremarkable

Family History: Mother with goiter

Social History: No cig smoking, no tobacco chewing, no EtOH

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): (+) Palpitation, (+) tremor, (+) insomnia, (+) hair loss; Regular menstrual period, LMP on January 2, 2013

PE:

Vital sign: **BP: 114/75** **P: 116** **R: 20** **T: 37^{o}C** **Wt: 44Kg**

General: Stable

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

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

Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

Extremity/Skin: No legs edema, no lesion/rashes, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study: None

Assessment:

1. Dyspepsia
2. Thyroid dysfunction?

Plan:

1. Famotidine 40mg 1t po qhs for one month
2. Mebendazole 100mg 5t po qhs once
3. Draw blood for CBC, and 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 Sovann Peng **Date: January 9, 2013**

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

From: Barbesino, Giuseppe,M.D.
To: Fiamma, Kathleen M.
Cc: 'robibtelemed@gmail.com' ; 'rithychau@sihosp.org'
Sent: Thursday, January 10, 2013 1:11 AM
Subject: RE: Robib TM Clinic January 2013, Case#6, Chork Sok Lin, 30F

Symptoms are certainly compatible with hyperthyroidism so I agree with sending a tsh. with epigastric pain, GI bleed is also possible causing anemia, so a CBC is also useful. Thank you!

Giuseppe Barbesino, M.D.

From: Robibtelemed
To: Cornelia Haener ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, January 09, 2013 3:55 PM
Subject: Robib TM Clinic January 2013, Kong Soth, 64F

Dear all,

This is the case number 7, Kong Soth, 64F and photo.

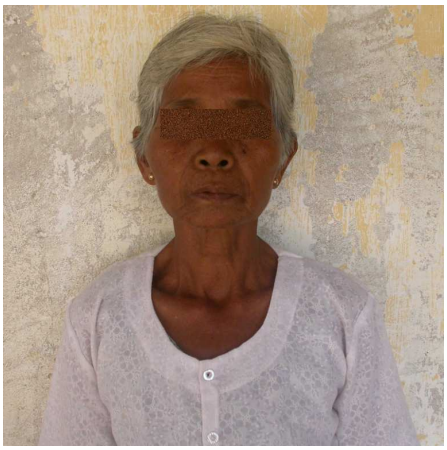
Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical



Name/Age/Sex/Village: **Kong Soth, 64F (Bakdoang Village)**

Chief Complaint (CC): Shoulder pain x 2 weeks

History of Present Illness (HPI): 64F, farmer, was seen by local health center and diagnosed with Pulmonary tuberculosis (Symptoms, lesion on CXR but negative AFB smear) and has taken Rifampicin, Isoniazid for treatment for 3 months. In these two weeks, she developed left shoulder pain with radiation to elbow when moving the shoulder, especially raising up and move to the back with limited Range of motion, no swelling, no warmth. The pain got better with massage with traditional medicine on the shoulder. Today she feels pain on right shoulder as well but with full range of motion. She denied of trauma.

Past Medical History (PMH): Unremarkable

Family History: None

Social History: Chewing tobacco, no cig smoking, no EtOH

Current Medications: Rifampicin and Isoniazid po qd

Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vital sign: **BP: 111/72** **P: 71** **R: 20** **T: 37^{o}C** **Wt: 39Kg**

General: Stable

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

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

Abd: Soft, no tender, no distension, (+) BS, no HSM, no surgical scar, no abdominal bruit

Right and left shoulder: no swelling, no erythema, no deformity seen, no tender on palpation

MS/Neuro:

- MS: +5/5, limited range of motion of left shoulder (raise and move arm back)
- Sensory intact
- DTRs +2/4
- Normal gait

Lab/study: None

Assessment:

1. Left shoulder neuritis?
2. Osteoarthritis??
3. Pulmonary Tuberculosis

Plan:

1. Ibuprofen 200mg 2t po tid for 5d
2. Put patient on arm sling to support the shoulder
3. Continue TB treatment in local health center
4. Refer patient to Kg referral hospital for Shoulder x-ray

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 Sovann Peng **Date: January 9, 2013**

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

From: Cornelia Haener
To: 'Robibtelemed' ; 'Kathy Fiamma' ; 'Paul Heinzelmann' ; 'Joseph Kvedar' ; 'Rithy Chau' ; 'Kruy Lim'
Cc: 'Bernie Krisher' ; 'Thero So Nourn' ; 'Laurie & Ed Bachrach'
Sent: Wednesday, January 09, 2013 5:14 PM
Subject: RE: Robib TM Clinic January 2013, Kong Soth, 64F

Dear Sovann,

Thanks for submitting this case.
I agree with your plan. I guess that she has degeneration of her rotator cuffs.

Kind regards
Cornelia

From: Robibtelemed
To: Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim ; Kathy Fiamma
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, January 09, 2013 3:57 PM
Subject: Robib TM Clinic January 2013, Case#8, Ream Sim, 58F

Dear all,

This is case number 8, follow up case, Ream Sim, 58F and photo.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Name/Age/Sex/Village: Ream Sim, 58F (Thnal Keng Village)

Subjective: 58F had been seen in November 2011 and diagnosed with DMII and Osteoarthritis and treated with Metformin 500mg 2t bid, Captopril 25mg 1/4t bid and Paracetamol 500mg 1t qid prn pain. She became stable and controlled blood sugar until In July 2012, when she developed attack of severe knees joint pain, stiffness without swelling, warmth, erythema and asked local health care worker gave her injection of medicine (unknown name) for a few days. She was not better so she bought Chinese medicine taking 8t qd which relieved the pain but she noticed swelling of face, and belly and increased weight. She denied of N/V, SOB, cough, black/bloody stool, oliguria, hematuria, dysuria.

Current Medications:

1. Metformin 500mg 2t bid
2. Captopril 25mg 1/4t bid
3. Paracetamol 500mg 1t qid prn

Allergies: NKDA

Objective:

VS: BP: Rt 184/118 Lt 186/110 P: 85 R: 20 T: 37
Wt: 73kg

PE (focused):

General: Look stable, obesity

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

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

Abd: (+) distension, soft, no tender, (+) BS, no HSM, no abd mass palpable, no abd bruit

Skin/Extremities: No legs edema, no foot wound, (+) dorsalis pedis and posterior tibial pulse

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

Lab result on September 7, 2012

Gluc	=5.5	[4.1 - 6.1]
AST	=13	[<32]
ALT	=23	[<33]
HbA1C	=6.1	[4.8 – 5.9]

Done today January 9, 2013
FBS: 129mg/dl U/A: no leukocyte, no protein, no blood, no glucose

Assessment:

1. DMII
2. HTN
3. Osteoarthritis
4. Cushing syndrome

Plan:

1. Metformin 500mg 2t po bid
2. Captopril 25mg 1/2t po bid
3. Paracetamol 500mg 1-2t po qid prn
4. Stop Chinese medication

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 Sovann Peng **Date: January 9, 2013**

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

From: Cohen, George L.,M.D.
Sent: Thursday, January 10, 2013 5:21 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic January 2013, Case#8, Ream Sim, 58F

01/10/2013

The patient is a 56-year-old woman whose case was reviewed in November 2011 when she was complaining of several years of bilateral knee pain. I felt that the most likely diagnosis was osteoarthritis and that treatment should be conservative with NSAIDs if her renal function is satisfactory and with knee braces or elastic supports.
It is currently reported that she developed severe knee pain and stiffness in July 2012. There was no warmth or redness to the joints.
She has diabetes mellitus and she is being treated with metformin.
The diagnosis is still most likely osteoarthritis of both knees. Injections of the knees with glucocorticoids would not

result in any lasting improvement. Treatment with acetaminophen or a related drug should work as well as NSAIDs and is safer in a diabetic patient because it has no renal toxicity. The assessment and treatment plan is appropriate. She might feel a little better if it was possible to obtain elastic knee supports.

George L. Cohen, M.D.

From: Robibtelemed
To: Joseph Kvedar ; Rithy Chau ; Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, January 09, 2013 4:00 PM
Subject: Robib TM Clinic January 2013, Case#9, Seng Yom, 45F

Dear all,

This is the last case of Robib TM Clinic January 2013, Follow up case, Seng Yom, 45F and photos.

Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly to give treatment to patients in that afternoon.

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

Best regards,
Sovann

Robib Telemedicine Clinic

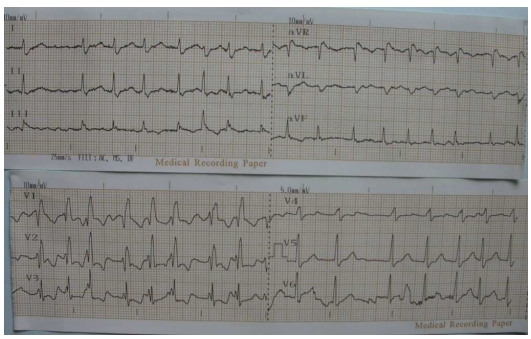
Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

SOAP Note

Name/Age/Sex/Village: Seng Yom, 45F (Damnak Chen Village)

Subjective: 45F has been seen in June 2012 and diagnosed Hyperthyroidism (TSH:<0.005, Free T4:66.32 in June 2012) and 2D echo of heart show Mod-severe MR/TR, mild AR with normal EF and treated with Methimazole 5mg 2t tid, Propranolol 40mg 1/4t bid, Captopril 25mg 1/4t qd, Furosemide 40mg 1/2t qd, ASA 300mg 1/4t po qd, FeSO4/Folate 200/0.4mg 1t qd. In October 2012, her Free T4: 3.9 so her Methimazole was reduced to 5mg 1t qd and November 2012, her Free T4: 4.03 so her Methimazole was hold. In mid of December 2012, she developed symptoms of heat intolerance, palpitation and tremor, insomnia. She denied of cough, SOB, orthopnea, N/V, diarrhea, edema.

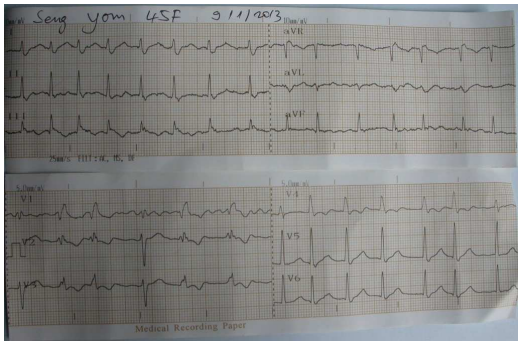


Current Medications:

1. Captopril 25mg 1/4t po bid
2. Furosemide 40mg 1/2t qd
3. ASA 300mg 1/4t qd
4. FeSO4/Folate 200/0.4mg 1t qd

Allergies: NKDA

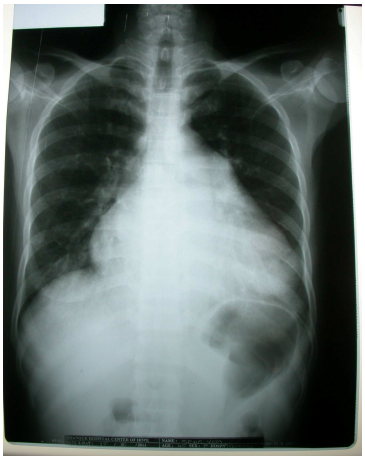
Objective:



VS: **BP: 95/76** **P: 116** **R: 20** **T: 37**
O2sate: 99% **Wt: 40kg**

PE (focused):

General: Look stable



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

Chest: CTA bilaterally, no crackle, no rhonchi; H Tachycardia, Irregular rhythm, no murmur

Abd: Soft, no tender, no distension, (+) BS, no HSM, no abd mass palpable, no abd bruit

Skin/Extremities: No legs edema, (+) dorsalis pedis and posterior tibial pulse

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

Lab/study:

EKG done on June 2012 and January 9, 2013 attached
CXR done on June 2012 attached

Assessment:

1. Mod-severe MR/TR, mild AR with normal EF
2. Atrial fibrillation?
3. Hyperthyroidism?

Plan:

1. Digoxin 0.25mg 1t po qd
2. Propranolol 40mg 1/4t po bid
3. Captopril 25mg 1/4t po qd
4. Furosemide 40mg 1/2t qd
5. ASA 300mg 1/4t qd
6. Draw blood for CBC, Lyte, BUN, Creat, Free T4, Free T3 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 Sovann Peng **Date: January 9, 2013**

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

No answer replied

Thursday, January 10, 2013

Follow-up Report for Robib TM Clinic

There were 7 new patients and 2 follow up patient seen during this month Robib TM Clinic, and other 49 patients came for brief consult and medication refills, and 32 new patients seen by PA Rithy for minor problem without sending data. The data of all 9 cases were transmitted and received replies from both Phnom Penh and Boston. Per advice sent by CCH/MGH 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 on 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. Some patients may be listed below if they came by for refills of medications.]

Treatment Plan for Robib Telemedicie Clinic January 2013

1. Sang Sameth, 30M (Bakdoang Village)
Diagnosis:

1. Ascites (unknown cause)
2. Pleural effusion

Treatment:

1. Propranolol 40mg 1/4t po qd (#20)
2. Furosemide 40mg 1/2t po bid (buy)
3. Spironolactone 25mg 1t bid (#120)
4. Albendazole 200mg 2t po bid for 5d (#20)
5. Paracentesis to get specimen for analysis
6. Draw blood for CBC, Lyte, BUN, Creat, LFT, Albumin, protein, tot cholesterol at SHCH
7. Refer patient to SHCH for further evaluation

Lab result on January 11, 2013

WBC	=9.3	[4 - 11x10^9/L]	Na	=127	[135 - 145]
RBC	=4.7	[4.6 - 6.0x10^{12}/L]	K	=3.1	[3.5 - 5.0]
Hb	=11.2	[14.0 - 16.0g/dL]	Cl	=86	[95 – 110]
Ht	=36	[42 - 52%]	BUN	=8.3	[0.8 - 3.9]
MCV	=77	[80 - 100fl]	Creat	=111	[53 - 97]
MCH	=24	[25 - 35pg]	Albu	=38	[38 - 51]
MHCH	=31	[30 - 37%]	T. Chol	=3.5	[<5.7]
Plt	=466	[150 - 450x10^9/L]	Protein	=86	[66 - 87]
Lymph	=1.2	[1.00 - 4.00x10^9/L]	AST	=24	[<40]
			ALT	=8	[<41]

SHCH: Patient was referred there for further evaluation and his condition was concluded as having TB Peritonitis and treated accordingly to national protocol at the local health center.

2. Sin Thay Ly, 83M (Taing Treuk Village)
Diagnosis:

1. GERD
2. HTN

Treatment:

1. Famotidine 40mg 1t po qhs for one month (#30)
2. Mebendazole 100mg 5t po qhs once (#5)
3. HCTZ 25mg 1/2t po qd (#30)
4. GERD prevention education
5. Draw blood for CBC, Lyte, BUN, Creat, Gluc at SHCH

Lab result on January 11, 2013

WBC	=8.7	[4 - 11x10^9/L]	Na	=126	[135 - 145]
RBC	=4.7	[4.6 - 6.0x10^{12}/L]	K	=4.4	[3.5 - 5.0]
Hb	=12.5	[14.0 - 16.0g/dL]	Cl	=92	[95 – 110]
Ht	=39	[42 - 52%]	BUN	=5.3	[0.8 - 3.9]
MCV	=82	[80 - 100fl]	Creat	=110	[53 - 97]
MCH	=27	[25 - 35pg]	Gluc	=5.2	[4.2 - 6.4]
MHCH	=33	[30 - 37%]			
Plt	=315	[150 - 450x10^9/L]			
Lymph	=2.7	[1.00 - 4.00x10^9/L]			
Mono	=1.5	[0.10 - 1.00x10^9/L]			
Neut	=4.5	[1.80 - 7.50x10^9/L]			

3. Srey Thourn, 65M (Khna Village)
Diagnosis:

1. Severe anemia
2. Sciatica

Treatment:

1. FeSO4/Folate 200/0.4mg 1t po bid
2. Paracetamol 500mg 1t po qid prn pain
3. Draw blood for CBC, reticulocyte count, peripheral blood smear, Lyte, BUN, Creat, Gluc, TSH at SHCH

(*patient did not come to receive treatment and blood was not drawn*)
4. Sun Samon, 25F (Pal Hal Village)
Diagnosis:

1. Eczema?
2. Scabies infection?
3. Fungal infection?

Treatment:

1. Cetirizine 10mg 1t po qhs (#20)
2. Bacitracin apply bid (#1)

5. Chan Vy, 54F (Taing Treuk Village)
Diagnosis:

1. DMII
2. Left side stroke with right side weakness

Treatment:

1. Metformin 500mg 1t po bid (#80)
2. Captopril 25mg 1/4t po bid (buy)
3. ASA 100mg 1t po qd (#60)
4. Educate on diabetic diet, and foot care

5. Physiotherapy on weak side
6. Draw blood for CBC, Lyte, BUN, Creat, Gluc, HbA1C at SHCH

Lab result on January 11, 2013

WBC	=6.5	[4 - 11x10^9/L]	Na	=135	[135 - 145]
RBC	=4.8	[3.9 - 5.5x10^{12}/L]	K	=3.7	[3.5 - 5.0]
Hb	=13.9	[12.0 - 15.0g/dL]	Cl	=100	[95 – 110]
Ht	=42	[35 - 47%]	BUN	=3.8	[<8.3]
MCV	=88	[80 - 100fl]	Creat	=51	[44 - 80]
MCH	=29	[25 - 35pg]	Gluc	=8.7	[4.1 - 6.1]
MHCH	=33	[30 - 37%]	HbA1C	=10.9	[4.8 – 5.9]
Plt	=325	[150 - 450x10^9/L]			
Lymph	=2.8	[1.00 - 4.00x10^9/L]			

6. Chork Sok Lin, 30F (O Village)
Diagnosis:
1. Dyspepsia
2. Thyroid dysfunction?

Treatment:
1. Famotidine 40mg 1t po qhs for one month (#30)
2. Mebendazole 100mg 5t po qhs once (#5)
3. Draw blood for CBC, and TSH at SHCH

Lab result on January 11, 2013

WBC	=6.3	[4 - 11x10^9/L]
RBC	=5.2	[3.9 - 5.5x10^{12}/L]
Hb	=11.4	[12.0 - 15.0g/dL]
Ht	=39	[35 - 47%]
MCV	=75	[80 - 100fl]
MCH	=22	[25 - 35pg]
MHCH	=29	[30 - 37%]
Plt	=219	[150 - 450x10^9/L]
Lymph	=3.0	[1.00 - 4.00x10^9/L]
Mono	=0.8	[0.10 - 1.00x10^9/L]
Neut	=3.5	[1.80 - 7.50x10^9/L]
TSH	=2.66	[0.27 – 4.20]

7. Kong Soth, 64F (Bakdoang Village)
Diagnosis:
1. Left shoulder neuritis?
2. Degeneration of Left shoulder rotator cuff?
3. Pulmonary Tuberculosis

Treatment:
1. Ibuprofen 200mg 2t po tid for 5d (#30)
2. Put patient on arm sling to support the shoulder
3. Continue TB treatment in local health center

8. Ream Sim, 58F (Thnal Keng Village)
Diagnosis:
1. DMII
2. HTN
3. Osteoarthritis
4. Cushing syndrome

Treatment:

1. Metformin 500mg 2t po bid (#100)
2. Captopril 25mg 1/2t po bid (buy)
3. Atenolol 50mg 1/2t po qd (#30)
4. Paracetamol 500mg 1-2t po qid prn (#40)
5. Stop Chinese medication

9. Seng Yom, 45F (Damnak Chen Village)
Diagnosis:

1. Mod-severe MR/TR, mild AR with normal EF
2. Atrial fibrillation?
3. Hyperthyroidism

Treatment:

1. Digoxin 0.25mg 1/2t po qd (#40)
2. Propranolol 40mg 1/4t po qd (#20)
3. Captopril 25mg 1/4t po qd (buy)
4. Furosemide 40mg 1/2t qd (#30)
5. ASA 300mg 1/4t qd (#15)
6. FeSO4/Folate 200/0.4mg 1t po qd (#60)
7. Draw blood for CBC, Lyte, BUN, Creat, Free T4, Free T3 at SHCH

Lab result on January 11, 2013

WBC	=6.5	[4 - 11x10^9/L]	Na	=139	[135 - 145]
RBC	=4.0	[3.9 - 5.5x10^{12}/L]	K	=3.1	[3.5 - 5.0]
Hb	=9.7	[12.0 - 15.0g/dL]	Cl	=106	[95 – 110]
Ht	=31	[35 - 47%]	BUN	=3.2	[<8.3]
MCV	=76	[80 - 100fl]	Creat	=38	[44 - 80]
MCH	=24	[25 - 35pg]	Free T4	=49.03	[12.0 – 22.0]
MHCH	=32	[30 - 37%]	Free T3	=7.54	[2.0 – 4.4]
Plt	=121	[150 - 450x10^9/L]			
Lymph	=2.4	[1.00 - 4.00x10^9/L]			
Mono	=2.6	[0.10 - 1.00x10^9/L]			
Neut	=1.5	[1.80 - 7.50x10^9/L]			

Patients who come for brief consult and refill medicine

1. Chan Oeung, 64M (Sangke Roang Village)
Diagnosis:

1. Osteoathrtis
2. Gouty arthritis
3. Renal insufficiency

Treatment:

1. Allopurenol 100mg 2t po qd for two months (#130)
2. Paracetamol 500mg 1-2t po qid prn (#50)

2. Prum Pheum, 47F (Bakdoang Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for four months (#200)
2. Captopril 25mg 1/4t po qd four months (buy)
3. ASA 100mg 1t po qd four months (#120)
4. Revew on diabetic diet, do regular exercise and foot care

3. Keum Heng, 46F (Koh Lourng Village)
Diagnosis:

1. Hyperthyroidism
2. HTN

Treatment:

1. Carbimazole 5mg 1t po qd for two months (buy)
2. Propranolol 40mg 1t po bid for two months (#30)
3. Draw blood for Free T4 at SHCH

Lab result on January 11, 2013

Free T4=33.42 [12.0 - 22.0]

4. Theum Sithath, 26F (Kampot Village)
Diagnosis:

1. Nodular goiter (euthyroid with medication)

Treatment:

1. Carbimazole 5mg 1t po bid for two months (buy)
2. Draw blood for Free T4 at SHCH

Lab result on January 11, 2013

Free T4=13.06 [12.0 - 22.0]

5. Nung Chhun, 76F (Ta Tong Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 11/2t po bid for two months (#150)
2. Glibenclamide 5mg 1t po bid for two months (buy)
3. Captopril 25mg 1t po tid for two months (buy)
4. HCTZ 25mg 1t po qd for two months (#60)
5. ASA 300mg 1/4t po qd for two months (#15)

6. Prum Norn, 57F (Thnout Malou Village)
Diagnosis:

1. Liver cirrhosis with PHTN
2. HTN
3. Hypertrophic Cardiomyopathy
4. Renal Failure with hyperkalemia
5. Gouty Arthritis

Treatment:

1. Spironolactone 25mg 1t po qd for two months (#60)
2. Furosemide 40mg 1/2t po bid for two months (#60)
3. Paracetamol 500mg 1t po qid prn pain two months (#40)
4. Allopurinol 100mg 1t po qd for two months (#60)

7. Roth Ven, 54M (Thkeng Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid for four months (#120)
2. Metformin 500mg 2t po bid for four months (#200)

3. Captopril 25mg 1/2t po bid for four months (buy)
4. ASA 100mg 1t po qd for four months (#120)

8. Sam Khim, 50F (Taing Treuk Village)
Diagnosis:
1. DMII

Treatment:
1. Metformin 500mg 2t po bid for four months (#200)
2. Glibenclamide 5mg 2t po bid for four months (#200)
3. Captopril 25mg 1/4t po bid for four months (buy)

9. Yin Hun, 74F (Taing Treuk Village)
Diagnosis:
1. HTN

Treatment:
1. Enalapril 10mg 1t po qd for two months (#60)
2. HCTZ 25mg 2t po qd for two months (#120)

10. Seng Ourng, 63M (Rovieng Cheung Village)
Diagnosis:
1. HTN
2. DMII

Treatment:
1. Captopril 25mg 1t po tid for two months (buy)
2. HCTZ 25mg 1t po qd for two months (#60)
3. Glyburide 2.5mg 1t bid for two months (#120)

11. Heng Naiseang, 63F (Taing Treuk Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 2t po qd for two months (#100)
2. Captopril 25mg 1/2t po bid for two months (buy)

12. Kong Sam On, 55M (Thkeng Village)
Diagnosis:
1. HTN
2. DMII
3. Chronic renal failure (Creat: 269)
4. Hypertriglyceridemia
5. Arthritis

Treatment:
1. Glibenclamdie 5mg 2t po bid for two months (buy)
2. Metformin 500mg 1t po bid for two months (#120)
3. Enalapril 5mg 1t po qd for two months (#60)
4. Amlodipine 5mg 2t po qd for two months (#120)
5. ASA 300mg 1/4t po qd for two months (#15)
6. Fenofibrate 100mg 1t po qd for two months (buy)
7. Draw blood for Glucose and HbA1C at SHCH

Lab result on January 11, 2013

Gluc	=5.7	[4.1 - 6.1]
HbA1C	=7.4	[4.8 – 5.9]

13. Nung Hun, 80M (Thkeng Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 1t po qd for two months (#40)

14. Srey Ry, 63M (Rovieng Cheung Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 1t po qd for two months (#40)

15. Chourb Kim San, 58M (Rovieng Tbong Village)
Diagnosis:
1. HTN
2. Right side stroke with left side weakness
3. DMII
4. Gouty arthritis
5. Chronic renal failure

Treatment:
1. Atenolol 50mg 1/2t po bid for four months (#120)
2. Amlodipine 5mg 1t po qd for four months (buy)
3. ASA 100mg 1t po qd for four months (#120)
4. Metformin 500mg 2t po qAM and 1t po qPM for four months (#150)
5. Glibenclamide 5mg 1t po bid for four months (buy)

16. Kul Keung, 66F (Taing Treuk Village)
Diagnosis:
1. HTN
2. DMII

Treatment:
1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Metformin 500mg 1t po bid for two months (buy)
3. Captopril 25mg 1t po bid for two months (buy)
4. ASA 300mg 1/4t po qd for two months (buy)
5. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on January 11, 2013

Creat	=68	[44 – 80]
Gluc	=9.4	[4.1 - 6.1]
HbA1C	=8.8	[4.8 – 5.9]

17. Sok Chou, 60F (Sre Thom Village)
Diagnosis:
1. DMII

Treatment:
1. Metformin 500mg 2t po bid for two months (#100)
5. Draw blood for Glucose and HbA1C at SHCH

Lab result on January 11, 2013

Gluc	=7.1	[4.1 - 6.1]
HbA1C	=7.2	[4.8 – 5.9]

18. Svay Tevy, 48F (Sre Thom Village)
Diagnosis:
1. DMII
2. HTN

Treatment:
1. Glibenclamide 5mg 2t po bid for four months (buy)
2. Metformin 500mg 2t qAM and 3t po qPM for four months (#200)
3. Captopril 25mg 1/2t po bid for four months (buy)
4. ASA 300mg 1/4t po qd for four months (#30)

19. Tann Kim Hor, 57F (Rovieng Cheung Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 1t po bid for four months (#100)
2. Metformin 500mg 2t po bid for four months (#200)
3. Captopril 25mg 1/4t po bid for four months (buy)
4. ASA 300mg 1/4t po qd for four months (#30)

20. Chan Rim, 59F (Ke Village)
Diagnosis:
1. HTN
2. Dyspepsia

Treatment:
1. Nifedipine 20mg 1/2t po qd for four months (#60)
2. Famotidine 40mg 1t po qhs for one month (#30)

21. Heng Chey, 73M (Thkeng Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 1t po qd for four months (#80)

22. Keum Kourn, 65F (Thkeng Village)
Diagnosis:
1. Euthyroid goiter

Treatment:
1. Propranolol 40mg 1/2t po bid for two months (buy)
2. Carbimazole 5mg 1t po bid for two months (#120)
3. Draw blood for Free T4 at SHCH

Lab result on January 11, 2013

Free T4=11.40 [12.0 – 22.0]

23. Kin Yin, 36F (Bos Pey Village)
Diagnosis:
1. Hyperthyroidism

Treatment:
1. Carbimazole 5mg 1t po tid for two months (buy)
2. Propranolol 40mg 1/4t po bid for two months (#30)

24. Meas Ream, 88F (Taing Treuk Village)
Diagnosis:

1. HTN
2. Left side stroke with right side weakness

Treatment:

1. HCTZ 25mg 1t po qd for four months (#120)

25. Moeung Rin, 67F (Taing Treuk Village)
Diagnosis:

1. HTN
2. Osteoarthritis

Treatment:

1. HCTZ 25mg 1t po qd for four months (#90)
2. Atenolol 50mg 1/2t po qd for four months (buy)
3. Paracetamol 500mg 1-2t po qid prn pain for four months (#40)

26. Nung Sory, 62F (Thkeng Village)
Diagnosis:

1. HTN
2. Dyspepsia

Treatment:

1. HCTZ 25mg 1t po qd for four months (#60)
2. Mg/Al(OH)3 200/125mg 1-2t po qid prn (#20)

27. Prum Sourn, 72M (Taing Treuk Village)
Diagnosis:

1. Heart Failure with EF 27%
2. LVH
3. VHD (MR, AR)
4. Renal Failure

Treatment:

1. Enalapril 5mg 1/4t po qd for four months (#35)
2. Furosemide 40mg 1t po qd for four months (#120)
3. ASA 300mg 1/4t po qd for four months (#30)

28. Ros Yeth, 59M (Thnout Malou Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glyburide 2.5mg 2t po bid for two months (#240)
2. Metformin 500mg 2t po bid for two months (#120)
3. Captopril 25mg 1t po bid for two months (buy)
4. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on January 11, 2013

Creat	=138	[53 – 97]
Gluc	=17.3	[4.1 - 6.1]
HbA1C	=9.6	[4.8 – 5.9]

29. Sao Phal, 64F (Thnout Malou Village)
Diagnosis:

1. HTN
2. Anxiety

3. Renal insufficiency
4. Dyspepsia

Treatment:

1. HCTZ 25mg 1t po qd for four months (#120)
2. Amitriptylin 25mg 1/2t po qhs for four months (#60)
3. Paracetamol 500mg 1t po qid prn pain/HA for four months (#50)
4. Famotidine 40mg 1t po qhs for one month (#30)

30. Yim Sok Kin, 32M (Thnout Malou Village)
Diagnosis:

1. Liver cirrhosis with PHTN
2. Foot wound

Treatment:

1. Propranolol 40mg 1/4t po bid for two months (buy)
2. Spironolactone 25mg 1/2t po bid for two months (#60)
3. Ibuprofen 200mg 2t po tid for 5d (#30)
4. Draw blood for Creat, and Lyte at SHCH

Lab result on January 11, 2013

Na	=135	[135 - 145]
K	=4.0	[3.5 - 5.0]
Cl	=104	[95 - 110]
Creat	=66	[53 - 97]

31. Yung Seum, 69F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for four months (#90)

32. Chhourn Khi, 52F (Trapang Teum Village)
Diagnosis:

1. DMII with PNP

Treatment:

1. Metformin 500mg 1t po tid for two months (#100)
2. Amitriptylin 25mg 1/2t po qhs for two months (#30)

33. Kun Ban, 57M (Thnal Keng Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po tid for two months (#150)
2. ASA 300mg 1/4t po qd for two months (#buy)

34. Ros Oeun, 55F (Thnout Malou Village)
Diagnosis:

1. HTN
2. DMII
3. Hypertriglyceridemia

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (buy)
2. Metformin 500mg 3t po qAM, and 2t po qPM for two months (#200)
3. Captopril 25mg 1/2t po bid for two months (buy)

4. ASA 300mg 1/4t po qd for two months (#15)
5. Fenofibrate 100mg 1t po bid for two months (buy)
6. Draw blood for Glucose and HbA1C at SHCH

Lab result on January 11, 2013

Gluc =12.1 [4.1 - 6.1]
HbA1C =9.5 [4.8 – 5.9]

35. Tann Sou Hoang, 51F (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 2t po bid for two months (#150)
2. Captopril 25mg 1/4t po bid for two months (buy)
3. ASA 300mg 1/4t po qd for two months (buy)
4. Draw blood for Glucose and HbA1C at SHCH

Lab result on January 11, 2013

Gluc =13.7 [4.1 - 6.1]
HbA1C =9.7 [4.8 – 5.9]

36. Uy Noang, 62M (Thnout Malou Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid for two months (buy)
2. Metformine 500mg 2t po bid for two months (#150)
3. Captopril 25mg 1t po bid for two months (buy)
4. Draw blood for Glucose and HbA1C at SHCH

Lab result on January 11, 2013

Gluc =12.8 [4.1 - 6.1]
HbA1C =10.3 [4.8 – 5.9]

37. Yun Yeung, 75M (Doang Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for four months (#90)

38. Som Ka, 62M (Taing Treuk Village)
Diagnosis:

1. DMII
2. Right side stroke with left side weakness

Treatment:

1. Metformin 500mg 1t po bid for four months (#200)
2. Captopril 25mg 1/4t po bid for four months (buy)

39. Thorng Khun, 43F (Thnout Malou Village)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Methimazole 5mg 2t po tid for two months (#110)
2. Propranolol 40mg 1/4t po bid for two months (buy)

40. Lang Da, 45F (Thnout Malou Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for two months (#30)

41. Heng Chan Ty, 50F (Ta Tong Village)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 2t po bid for two months (buy)
2. Propranolol 40mg ¼ t po bid for two months (#30)

42. Prum Rin, 44F (Sangke Roang Village)
Diagnosis:

1. Migraine headache

Treatment:

1. Paracetamol 500mg 1t po qid prn HA (#20)

43. Mar Thean, 54M (Rom Chek Village)
Diagnosis:

1. DMII
2. Hyperlipidemia

Treatment:

1. Metformin 500mg 2t po bid (buy)
2. Glyburide 2.5mg 2t po bid (#150)
3. ASA 300mg 1/4t po qd (#10)

44. Pech Huy Keung, 51M (Rovieng Cheung Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid (buy)
2. Metformin 500mg 2t po bid (#100)
3. Captopril 25mg 1t po bid (buy)
4. ASA 300mg 1/4t po qd (#8)

45. Prum Vandy, 50F (Taing Treuk Village)
Diagnosis:

1. Hyperthyroidism

Treatment:

1. Carbimazole 5mg 1t po bid (buy)
2. Propranolol 40mg 1/4t po bid (#15)

46. Keth Chourn, 58M (Chhnourn Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 2t po qd (#50)
2. Amlodipine 5mg 1t po qd (#30)

47. Tith Hun, 58F (Ta Tong Village)
Diagnosis:

1. HTN

Treatment:

1. Enalapril 10mg 1/2t po qd (#15)
2. HCTZ 25mg 1t po qd (#30)
3. Atenolol 50mg 1/2t po qd (buy)

48. Tith Y, 56F (Ta Tong Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd (#30)

49. Moeung Srey, 48F (Thnout Malou Village)
Diagnosis

1. HTN

Treatment

1. Amlodipine 5mg 1t po qd (#20)

The next Robib TM Clinic will be held on March 4 – 8, 2013