Robib *Telemedicine* Clinic

Preah Vihear Province

M A R C H 2 0 1 3

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

On Monday, March 4, 2013, SHCH staffs 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), March 5 & 6, 2013, the Robib TM Clinic opened to receive the patients for evaluations. There were 6 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, March 6 & 7, 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: Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Cornelia Haener ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach ; Savoeun Chhun ; Robib School 1
Sent: Monday, February 25, 2013 7:56 AM
Subject: Schedule for Robib Telemedicine Clinic March 2013

Dear all,

I would like to inform you that there will be Robib TM Clinic in March 2013 which starts from March 4 to 8, 2013.

The agenda for the trip is as following:

1. On Monday March 4, 2013, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday March 5, 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 March 6, 2013, the activity is the same as on Tuesday
4. On Thursday March 7, 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 March 8, 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: Cornelia Haener ; Rithy Chau ; Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, March 05, 2013 4:24 PM
Subject: Robib TM Clinic March 2013, Case#1, Chan Seng Hong, 46F

Dear all,

There are three new cases and two follow up case for the first day of Robib TM clinic in March 2013. This is case number 1, Chan Seng Hong, 46F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

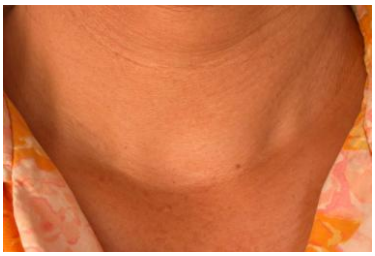
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: Chan Seng Hong, 46F (Taing Treuk Village)

Chief Complaint (CC): Neck lump x 1 year

History of Present Illness (HPI): 46F, farmer, presented with a small lump on the anterior of the neck for one year and symptoms of heat intolerance, tremor, dyspnea, and 3kg weight loss in the past three months. She never sought medical consult and come to see Telemedicine clinic today. She denied of dysphagia, chest pain, bowel movement change.



Past Medical History (PMH): Unremarkable

Family History: Mother with PTB got complete TB treatment in 2009

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

Current Medications: None

Allergies: NKDA

Review of Systems (ROS): Regular period; epigastric burning pain, radiated to the back, relieved by antacid

PE:

Vital sign: BP: 133/82 P: 65 R: 20 T: 36.5^{o}C Wt: 45Kg

General: Stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, a small mass about 1x2cm on left anterior of the neck, smooth, regular border, no tender, no bruit, mobile on swallowing, 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. Thyroid cyst
2. Dyspepsia

Plan:

1. Send for Neck mass ultrasound at kg Thom referral hospital
2. Famotidine 40mg 1t po qhs for one month
3. Draw blood for 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: March 5, 2013**

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

From: Smulders-Meyer, Olga,M.D.
Sent: Wednesday, March 06, 2013 2:09 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic March 2013, Case#1, Chan Seng Hong, 46F

For this patient also you need to think in 3 categories: congenital, inflammatory or neoplastic.

She is too old to suddenly develop a congenital mass/cyst. Very unlikely. Is it an inflammatory mass related to an infection? You need to check for other lymphadenopathy and fever. TB infection?
Then lastly, neoplastic, so is it a benign nodule versus malignant one. Now this patient is quite a bit older than the first patient, so she more likely to have a malignancy, either a primary or a metastasis from other cancers, now growing in her neck.

I agree with the thyroid US and a TSH. If she is hyperthryoid she will need to thyroids can to visualize the hot nodule that is producing the hyperthyroid state. If the TSH is normal she will need a Fine Needle Aspiration of this " cold" nodule which is very accessible as it is so superficial, to rule out a thyroid cancer.
Agree with Famotidine for one month. Hopefully this will decrease reflux symptoms and she will gain back her weight.

Olga Smulders Meyer MD

From: Robibtelemed
To: Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, March 05, 2013 4:25 PM
Subject: Robib TM Clinic March 2013, Case#2, Puth Lum, 75F

Dear all,

This is case number 2, Puth Lum, 75F 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: Puth Lum, 75F (Taing Treuk Village)

Chief Complaint (CC): Dizziness x 2y

History of Present Illness (HPI): 75F, farmer, presented with 2y history of symptoms dizziness, HA, neck tension and was seen by local health care worker, and was diagnosed with hypertension BP: 190/? and treated with antihypertensive drug 1t bid. During these two years, she took antihypertensive only when she presented with above symptoms and denied of cough, SOB, chest pain, orthopnea, dysuria, hematuria, oliguria, edema.

Past Medical History (PMH): Unremarkable

Family History: None

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

Current Medications: Antihypertensive 1t po bid when she felt not good

Allergies: NKDA

Review of Systems (ROS): Epigastric burning pain retrosternal which radiated to the back, and during hungry and full eating; both knee pain, no joint stiff, no warmth, no swelling

PE:

Vital sign: BP: Rt 168/102, Lt 161/108 P: 72 R: 20 T: 36°C Wt: 54Kg

General: look 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: Knee joint without swelling, warmth, erythema, stiffness, 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:

FBS: 92mg/dl
U/A: no leukocyte, no protein, no blood, no glucose

Assessment:

1. HTN
2. Osteoarthritis
3. Dyspepsia

Plan:

1. Hydrochlorothiazide 25mg 1/2t po qd
2. Paracetamol 500mg 1-2t po qid prn pain
3. Famotidine 40mg 1t po qhs for one month
4. Draw blood for CBC, Lyte, BUN, Creat 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: March 5, 2013**

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

From: Cohen, George L.,M.D.
Sent: Sunday, March 10, 2013 11:00 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic March 2013, Case#2, Puth Lum, 75F

The patient is a 75-year-old woman with hypertension, headaches, epigastric discomfort and bilateral knee pain. There is no stiffness by history and on examination no swelling of the knees.
The most likely reason that a 75 year old person would have bilateral knee pain would be because of the presence of osteoarthritis of the knees. Treatment is generally conservative with acetaminophen generally used because it is safer in an older person and equally as effective as NSAIDs in treating pain in patients with osteoarthritis.
George L. Cohen, M.D.

From: Robibtelemed
To: Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, March 05, 2013 4:26 PM
Subject: Robib TM Clinic March 2013, Case#3, Thoang Phin, 28M

Dear all,

This is case number 3, Thoang Phin, 28M and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

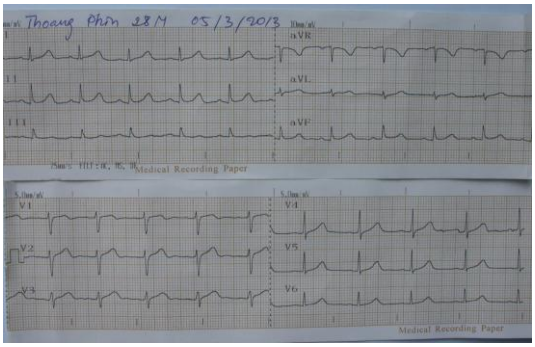
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Thoang Phin, 28M (O Village)**

Chief Complaint (CC): Numbness x 12 years

History of Present Illness (HPI): 28M, farmer, presented with numbness on the lower extremities from the thigh to the foot which causing the shoe off from the foot unknown and making him slow gait. The numbness progressively developed to upper extremity and he also noticed swelling of the extremities and face, dyspnea but no oliguria. He got treatment from local health care worker with IM injection and oral medicine (unknown name) which made him less numbness. His mother and he said the numbness usually occurred in March or April of every year and the numbness will became severe if he didn't take medicine treated by local health care worker. He denied of trauma history.



Past Medical History (PMH): Unremarkable

Family History: None

Social History: Smoking 5cig/d for about 10y, casual EtOH, one children

Current Medications: None

Allergies: NKDA

Review of Systems (ROS):
PE:

Vital sign: **BP: 110/62** **P: 70** **R: 20** **T: 37^{o}C** **Wt: 48Kg**

General: look 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 skin lesion/rashes, (+) dorsalis pedis and posterior tibial pulse

MS/Neuro: MS +5/5, motor and sensory (light touch, position sense) intact, DTRs +2/4, normal gait

Cranial nerve II – XII: intact

Finger to Nose test, Alternative movement intact

Lab/study:

U/A: no leukocyte, no protein, no blood, no glucose
RTV (HIV) test: pending
EKG: attached

Assessment:

1. Vitamin deficiency?

Plan:

1. Vit B complex 10cc infusion with NSS 100cc for 3d
2. MTV 1t po qd
3. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT, TSH at SHCH
4. Refer patient to Kg Thom 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: March 5, 2013**

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

From: Mejia, Nicte I.,M.D.
Sent: Tuesday, March 12, 2013 9:23 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic March 2013, Case#3, Thoang Phin, 28M

I see his reflexes, strength and sensation are normal on his exam with you. I agree with treating him with vitamin B complex. A possibility in the differential diagnosis is if he could have had guillain barre syndrome associated with a viral stomach or respiratory infection -- although it doesn't usually happen yearly. No further diagnostic or treatment recommendations for now, but would ask him and his family to seek help if he has a recurrent episode of weakness or sensory symptoms so he can be examined and receive acute care.

Best regards from Boston,

Nicte Mejia

From: Robibtelemed
To: Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau ; Kruy Lim ; Kathy Fiamma
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Tuesday, March 05, 2013 4:28 PM
Subject: Robib TM Clinic March 2013, Case#4, Chan Lum, 39F

Dear all,

This is case number 4, Chan Lum, 39F and photos (follow up cases).

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

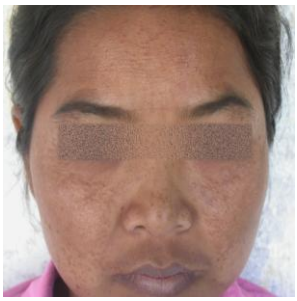
SOAP Note

Name/Age/Sex/Village: Chan Lum, 39F (Anlung Svay Village)

Subjective: 39F was seen in 2008 with complaining of skin rash on the face and forearms and was diagnosed with flat wart, anemia and dyspepsia. She was treated with Omeprazole, FeSO4/Folate and Mebendazole and advised to avoid exposure to sunlight. She missed the follow up and come to Telemedicine today with complaining of itchy on the rash area (the same appearance and distribution of rashes) and noticed the pale looking appearance and gum bleeding. She denied of hair loss, weight loss, epistaxis, joint pain, hematuria, dysuria, oliguria, edema.

Current Medications: None

Allergies: NKDA

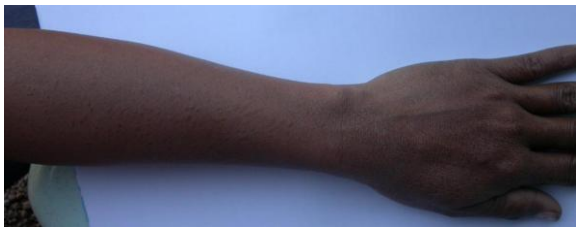


Objective:

Vital sign: BP: 117/77 P: 87 R: 20 T: 36.5^{o}C Wt: 50Kg

General: Stable

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



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

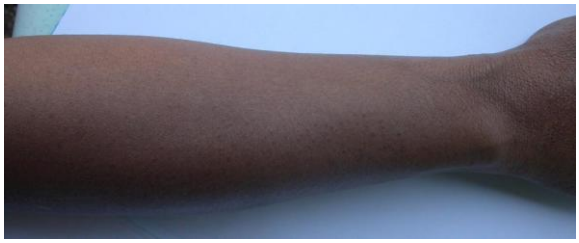
Abd: Soft, no tender, no distension, (+) BS, no HSM, no abdominal bruit

Skin: Maculopapular rash on the face with hyperpigmented (malar rash??) and on forearms, no vesicle, no pustule, spare on the covered skin area (see photos)

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

Lab/study:

RTV (HIV) test: is negative



Assessment:

1. SLE??
2. Anemia

Plan:

1. Cetirizine 10mg 1t po qhs prn itchy
2. FeSO4/Folate 200/0.4mg 1t po bid
3. Draw blood for CBC, Peripheral blood smear, reticulocyte count, Lyte, Creat, 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: March 5, 2013**

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

From: Cohen, George L.,M.D.
Sent: Sunday, March 10, 2013 10:53 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic March 2013, Case#4, Chan Lum, 39F
The patient is a 39-year-old woman with a pruritic rash on her face and upper extremities. She is described as looking pale and having bleeding gums.
I reviewed the photographs of the patient's face and upper extremities. Systemic lupus would not be high up on my list of initial diagnoses. She has no other specific symptoms and findings that are seen in SLE such as no arthritis, pleurisy, Raynaud's phenomenon, etc. The blood tests ordered will tell if she is anemic and thrombocytopenic which could be clues to a diagnosis. I would not treat the patient for a diagnosis of SLE.
I recommend that we ask a dermatologist at the MGH to look at the photographs for an opinion.

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: Tuesday, March 05, 2013 4:34 PM
Subject: Robib TM Clinic March 2013, Case#5, Sang Sameth, 30M

Dear all,

This is the case number 5, Sang Sameth, 30M and photo. The other cases will be seen and 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

SOAP Note

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

Subjective: 30M was seen in January 8, 2013 and diagnosed with Ascitis (unknown cause) and pleural effusion. He was sent to SHCH in Phnom Penh for further evaluation on January 14, 2013. After wor up at SHCH, he was diagnosed with peritoneal Tuberculosis and was sent to local health center to receive TB treatment. About one month after TB treatment, he has had increased appetite, weight and less abdominal distension. He complained of generalized joints pain in these several days.

Current Medications:
1. TB medication (2RHZE and 4RH)

Allergies: NKDA

Objective:

Vital sign: BP: 103/71 P: 100 R: 20 T: 37^{o}C Wt: 52Kg

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

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

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

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:

RBS: 99mg/dl

Assessment:

1. Peritoneal Tuberculosis

Plan:

1. Continue TB treatment from local health center

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: March 5, 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: Thursday, March 07, 2013 5:48 AM
Subject: RE: Robib TM Clinic March 2013, Case#5, Sang Sameth, 30M

It sounds like he has repsonted to the TB treatments.
We will need to see how his joint pains proceed.

Continue the peritoneal TB therapy.

Thank you for the Consult.

Paul

From: Robibtelemed
To: Rithy Chau ; Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, March 06, 2013 2:38 PM
Subject: Robib TM Clinic March 2013, Case#6, Chheng Sophy, 30F

Dear all,

There are three new cases for second day of Robib TM Clinic March 2013. This is case number 6, continued from yesterday, Chheng Sophy, 30F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

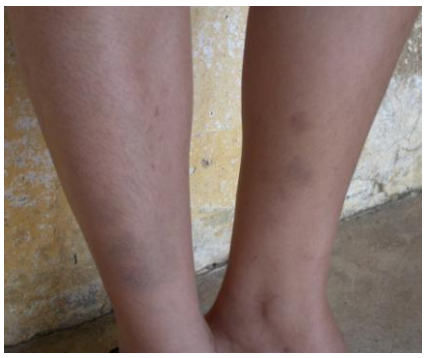
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Chheng Sophy, 30F (Thnal Keng Village)**

Chief Complaint (CC): Ecchymosis for 2 years

History of Present Illness (HPI): 30F, farmer, presented with skin ecchymosis which appeared spontaneously on the lower and upper extremities without history of trauma, chemical contact or insect bite. The lesion also associated with pain on the site and disappeared in a few weeks even there is no treatment. She said she had chosen IUD for birth spacing control for 4 years and noticed increased duration and volume of menstruation. She worried that this skin lesion comes from IUD, so she comes to consult today. She denied of gum bleeding, epistaxis, joint pain and weight loss.

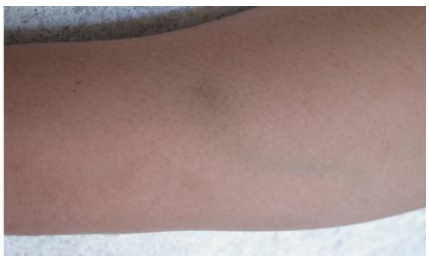


Past Medical History (PMH): Unremarkable

Family History: None

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

Current Medications: None



Allergies: NKDA

Review of Systems (ROS): Unremarkable

PE:

Vital sign: **BP: 123/74** **P: 73** **R: 20** **T: 37^{o}C** **Wt: 46Kg**

General: look 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: Ecchymosis on right forearm, and both feet (see photos), No legs edema, no rashes.

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

Lab/study: None

Assessment:

1. Coagulation disorder??

Plan:

1. Draw blood for CBC, PT, Lyte, BUN, Creat, Gluc, Transaminase at SHCH
2. Use other method for birth spacing control instead of IUD

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: March 6, 2013**

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

From: "Cusick, Paul S.,M.D." <PCUSICK@PARTNERS.ORG>
Date: March 6, 2013, 5:44:03 PM EST
To: "Fiamma, Kathleen M." <KFIAMMA@PARTNERS.ORG>
Subject: RE: Robib TM Clinic March 2013, Case#6, Chheng Sophy, 30F

Thank you for your consult

It sounds like she may have a disorder of platelet function or of clotting factors.
It is clear that we need to check platelet count and liver function as you are doing with your testing.
It is interesting that this occured after starting IUD>
Could this also be polyarteritis nodosa that can show up as bruise with pain on the legs and arms that would have a different cause.

Lets see.

I agree with your initial management of removign the IUD and checking Platelet and liver function.

She may need a hematology consultation.
Tx
Paul Cusick,MD

From: Robibtelemed
To: Kruy Lim ; Kathy Fiamma ; Paul Heinzelmann ; Joseph Kvedar ; Rithy Chau
Cc: Bernie Krisher ; Thero So Nourn ; Laurie & Ed Bachrach
Sent: Wednesday, March 06, 2013 2:46 PM
Subject: Robib TM Clinic March 2013, Case#7, Kann Sok Noeun, 31F

Dear all,

This is the case number 7, Kann Sok Noeun, 31F and photos.

Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

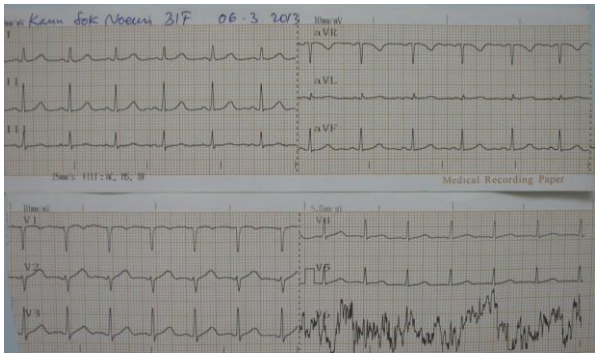
Rovieng Commune, Preah Vihear Province, Cambodia

History and Physical

Name/Age/Sex/Village: **Kann Sok Noeun, 31F (Rovieng Tbong Village)**

Chief Complaint (CC): Palpitation x 6 years

History of Present Illness (HPI): 31F, farmer, presented with symptoms of palpitation (fast beating), associated with chest tightness, SOB on exertion and frequent yawning but denied of cough, orthopnea, edema, dizziness, diaphoresis, syncope. She went to consult in provincial hospital and told she had heart problem and treated her with 3 kinds of medicine taking tid but her symptoms still persisted. She didn't seek care at other places and only asked local health care worker to give her injection at home when she felt not good.



Past Medical History (PMH): Unremarkable

Family History: Mother with PTB with complete treatment

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

Current Medications: Injective birth spacing control

Allergies: NKDA

Review of Systems (ROS): Epigastric burning pain, radiated to the back, no bloody/mucus stool

PE:

Vital sign: BP: 112/81 P: 89 R: 20 T: 36.5°C Wt: 40Kg

General: Look 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, 2+ systolic murmur at pulmonic area, no thrill

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:

EKG: attached

Assessment:

1. Valvular heart disease??
2. Dyspepsia

Plan:

1. Refer patient to Kg Thom referral hospital for CXR
2. Famotidine 40mg 1t po qhs for one month

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: March 6, 2013**

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

No answer replied

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, March 06, 2013 2:49 PM
Subject: Robib TM Clinic March 2013, Case#8, Yearm Sok Choeun, 27F

Dear all,

This is the case number 8, Yearm Sok Choeun, 27F and photos. Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly.

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

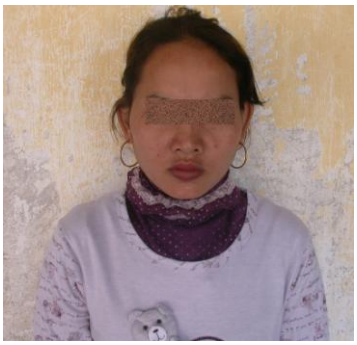
Best regards,
Sovann

Robib Telemedicine Clinic

Sihanouk Hospital Center of HOPE and Center for Connected Health

Rovieng Commune, Preah Vihear Province, Cambodia

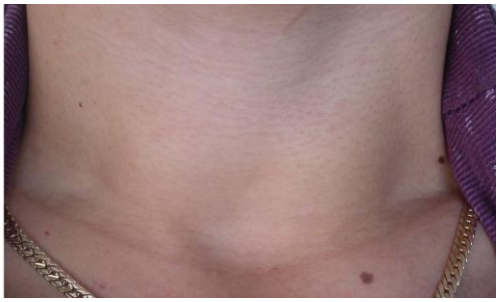
History and Physical



Name/Age/Sex/Village: Yearm Sok Choeun, 27F (Trapang Reusey Village)

Chief Complaint (CC): Neck mass for 4 years

History of Present Illness (HPI): 27F, farmer, presented with small mass on the anterior of the neck without any symptoms and in 2012, she went to consult with private clinic in Phnom Penh and suggested her to have surgery but she was not afford to pay for surgery. In these few months, she developed symptoms of tremor, heat intolerance, insomnia and chest discomfort so she come to consult with Telemedicine clinic today. She denied of weight loss, bowel movement change.



Past Medical History (PMH): Unremarkable

Family History: Father with PTB with complete treatment

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

Current Medications: Oral contraceptive

Allergies: NKDA

Review of Systems (ROS): Regular menstrual period

PE:

Vital sign: BP: 103/71 P: 70 R: 18 T: 36.5^{o}C Wt: 52Kg

General: look stable

HEENT: No oropharyngeal lesion, pink conjunctiva, no icterus, small mass about 2x2cm on bilateral lobe of thyroid gland, smooth, regular border, mobile on swallowing, no tender, no bruit, no lymph node palpable

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: None

Assessment:

1. Thyroid cyst?

Plan:

1. Draw blood for CBC, TSH at SHCH
2. Refer patient to Kg Thom referral hospital for neck mass ultrasound

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: March 6, 2013**

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

From: Smulders-Meyer, Olga,M.D.
Sent: Wednesday, March 06, 2013 1:43 PM
To: Fiamma, Kathleen M.
Subject: RE: Robib TM Clinic March 2013, Case#8, Yearm Sok Choeun, 27F

The patient presents with a persistent anterior neck mass.

It is helpful to consider the differential diagnosis of a neck mass in three broad categories:

- Congenital
- Inflammatory
- Neoplastic

I agree with a thyroid Ultrasound but she also must have a Fine Needle Aspiration of this mass as well.
A primary thyroid tumor presents as a mass in the anterior neck. Most are benign thyroid nodules and cysts, but you have to rule out that she does not have thyroid cancer by doing an FNA. This is very important.

The fact that she has nervousness and tremor suggest that she might have developed a hot nodule, a benign nodule that produces excess thyroid hormone, but she has a normal pulse, she is not tachycardic, she has not lost weight and BMs are unchanged, which don't really fit the diagnosis of hyperthyroidism.

If she had a congenital cyst, mass, she would have noticed earlier in her life, so this is unlikely. Most congenital cysts, masses present in childhood and some of them in different parts of the neck.

You do have to think of TB as well and I would screen her for TB again when you see her and consider a CXR particularly as she has night sweats and chest discomfort. However on examination one would expect more than one nodule, more reactive lymphnodes to the TB infection.

Atypical mycobacteria infection is possible as well, but is less common. The overlying skin appears a little bleu and this is pathognomonic. Core biopsy or excision is needed to confirm the diagnosis.

There are other inflammatory thyroid masses due to bacterial infections, but most would be associated with other symptoms, such as fever and muscle pains and are less likely.

She should also be tested for HIV as this can present with a neck mass and she is sexually active.

The most important decision is to not rest until you know for sure that the mass is not cancer.
FNA is the next step.

I would be most interested to hear what diagnosis will be made in the Kg Thom hospital.

Good luck,

Olga Smulders Meyer MD

From: Robibtelemed
To: Kathy Fiamma
Cc: Rithy Chau
Sent: Thursday, March 07, 2013 7:24 PM
Subject: Case reply received for Robib TM Clinic March 2013

Dear Kathy,

I would like to inform you that I have recieved the reply of four cases from you and below are the cases not replied:

Case#2, Puth Lum, 75F
Case#3, Thoang Phin, 28M
Case#4, Chan Lum, 39F
Case#7, Kann Sok Noeun, 31F

Please send to me when you have received the reply to these four cases.

Thank you very much for the reply to the cases of Robib Telemedicine in March 2013.

Best regards,
Sovann

Thursday, March 7, 2013

Follow-up Report for Robib TM Clinic

There were 6 new patients and 2 follow up patient seen during this month Robib TM Clinic, and other 62 patients came for brief consult and medication refills, and 35 new patients seen by PA Rithy for minor problem without sending data. The data of all 8 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 March 2013

1. Chan Seng Hong, 46F (Taing Treuk Village)
Diagnosis:

1. Thyroid cyst
2. Dyspepsia

Treatment:

1. Send for Neck mass ultrasound at Kg Thom referral hospital
2. Famotidine 40mg 1t po qhs for one month (#30)
3. Draw blood for TSH at SHCH

Lab result on March 8, 2013

TSH	=1.16	[0.27 - 4.20]

2. Puth Lum, 75F (Taing Treuk Village)
Diagnosis:

1. HTN
2. Osteoarthritis
3. Dyspepsia

Treatment:

1. Hydrochlorothiazide 25mg 1/2t po qd (#30)
2. Paracetamol 500mg 1-2t po qid prn pain (#30)
3. Famotidine 40mg 1t po qhs for one month (#30)
4. Draw blood for CBC, Lyte, BUN, Creat at SHCH

Lab result on March 8, 2013

WBC	=7.1	[4 - 11x10^9/L]	Na	=138	[135 - 145]
RBC	=4.6	[3.9 - 5.5x10^{12}/L]	K	=3.2	[3.5 - 5.0]
Hb	=12.1	[12.0 - 15.0g/dL]	Cl	=101	[95 – 110]
Ht	=39	[35 - 47%]	BUN	=4.9	[<8.3]
MCV	=84	[80 - 100fl]	Creat	=72	[44 - 80]

MCH	=26	[25 - 35pg]
MHCH	=31	[30 - 37%]
Plt	=187	[150 - 450x10^9/L]
Lymph	=3.1	[1.00 - 4.00x10^9/L]

3. Thoang Phin, 28M (O Village)
Diagnosis:

1. Vitamin deficiency
2. Pneumonia

Treatment:

1. Vit B complex 10cc infusion with NSS 100cc for 3d (#15)
2. MTV 1t po qd (#60)
3. Clarithromycin 500mg 1t po bid for 7d (#14)
4. Draw blood for CBC, Lyte, BUN, Creat, Gluc, LFT, TSH at SHCH

Lab result on March 8, 2013

WBC	=8.5	[4 - 11x10^9/L]	Na	=137	[135 - 145]
RBC	=5.9	[4.6 - 6.0x10^{12}/L]	K	=3.7	[3.5 - 5.0]
Hb	=15.0	[14.0 - 16.0g/dL]	Cl	=102	[95 – 110]
Ht	=49	[42 - 52%]	BUN	=2.8	[0.8 - 3.9]
MCV	=83	[80 - 100fl]	Creat	=60	[53 - 97]
MCH	=25	[25 - 35pg]	AST	=46	[<40]
MHCH	=31	[30 - 37%]	ALT	=44	[<41]
Plt	=188	[150 - 450x10^9/L]	TSH	=3.59	[0.27 – 4.20]
Lymph	=2.8	[1.00 - 4.00x10^9/L]			

4. Chan Lum, 39F (Anlung Svay Village)
Diagnosis:

1. Anemia

Treatment:

1. Cetirizine 10mg 1t po qhs prn itchy (#30)
2. FeSO4/Folate 200/0.4mg 1t po bid (#120)
3. Draw blood for CBC, Peripheral blood smear, reticulocyte count, Iron, Lyte, Creat, TSH at SHCH

Lab result on March 8, 2013

WBC	=6.0	[4 - 11x10^9/L]	Na	=137	[135 - 145]
RBC	=5.2	[3.9 - 5.5x10^{12}/L]	K	=4.4	[3.5 - 5.0]
Hb	=7.8	[12.0 - 15.0g/dL]	Cl	=104	[95 – 110]
Ht	=30	[35 - 47%]	Creat	=53	[44 - 80]
MCV	=59	[80 - 100fl]	TSH	=4.11	[0.27 – 4.20]
MCH	=15	[25 - 35pg]			
MHCH	=26	[30 - 37%]			
Plt	=378	[150 - 450x10^9/L]			
Lymph	=2.0	[1.00 - 4.00x10^9/L]			
Mono	=0.5	[0.10 - 1.00x10^9/L]			
Neut	=3.5	[1.80 - 7.50x10^9/L]			

Peripheral blood smear
Microcytic = 2+
Hypochromic = 2+
Macrocytic = 1+
Target cells = 1+
Poikilocytosis = 1+
Dacryocytes = 1+

Reticulocyte count = 1.4 [0.5 – 1.5]

Iron, serum = 3.4 [6.6 – 26]

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

1. Peritoneal Tuberculosis

Treatment:

1. Continue TB treatment from local health center

6. Chheng Sophy, 30F (Thnal Keng Village)
Diagnosis:

1. Coagulation disorder??

Treatment:

1. Draw blood for CBC, PT, Lyte, BUN, Creat, Gluc, Transaminase at SHCH
2. Use other method for birth spacing control instead of IUD

Lab result on March 8, 2013

WBC	=5.7	[4 - 11x10^9/L]	Na	=137	[135 - 145]
RBC	=5.7	[3.9 - 5.5x10^{12}/L]	K	=3.6	[3.5 - 5.0]
Hb	=12.5	[12.0 - 15.0g/dL]	Cl	=103	[95 – 110]
Ht	=42	[35 - 47%]	BUN	=4.0	[<8.3]
MCV	=74	[80 - 100fl]	Creat	=52	[44 - 80]
MCH	=22	[25 - 35pg]	Gluc	=4.6	[4.1 - 6.1]
MHCH	=30	[30 - 37%]	AST	=18	[<32]
Plt	=256	[150 - 450x10^9/L]	ALT	=19	[<33]
Lymph	=1.7	[1.00 - 4.00x10^9/L]			
Mono	=0.4	[0.10 - 1.00x10^9/L]			
Neut	=3.6	[1.80 - 7.50x10^9/L]			

PT-patient = 14.1 [10 – 14]
INR calculation = 1.12 [2.0 – 4.5]

7. Kann Sok Noeun, 31F (Rovieng Tbong Village)
Diagnosis:

1. Valvular heart disease??
2. Dyspepsia

Treatment:

1. Famotidine 40mg 1t po qhs for one month (#30)
2. Draw blood for CBC, Lyte, Creat, and TSH at SHCH

Lab result on March 8, 2013

WBC	=7.1	[4 - 11x10^9/L]	Na	=136	[135 - 145]
RBC	=4.5	[3.9 - 5.5x10^{12}/L]	K	=3.6	[3.5 - 5.0]
Hb	=11.5	[12.0 - 15.0g/dL]	Cl	=102	[95 – 110]
Ht	=36	[35 - 47%]	Creat	=59	[44 - 80]
MCV	=80	[80 - 100fl]	TSH	=0.45	[0.27 – 4.20]
MCH	=25	[25 - 35pg]			
MHCH	=32	[30 - 37%]			
Plt	=325	[150 - 450x10^9/L]			
Lymph	=2.2	[1.00 - 4.00x10^9/L]			

8. Yearm Sok Choeun, 27F (Trapang Reusey Village)
Diagnosis:

1. Thyroid cyst?

Treatment:

1. Draw blood for CBC, TSH at SHCH
2. Refer patient to Kg Thom referral hospital for neck mass ultrasound

Lab result on March 8, 2013

WBC	=7.6	[4 - 11x10^{9}/L]	TSH	=0.93	[0.27 – 4.20]
RBC	=6.3	[3.9 - 5.5x10^{12}/L]			
Hb	=11.5	[12.0 - 15.0g/dL]			
Ht	=37	[35 - 47%]			
MCV	=60	[80 - 100fl]			
MCH	=18	[25 - 35pg]			
MHCH	=31	[30 - 37%]			
Plt	=358	[150 - 450x10^{9}/L]			
Lymph	=2.6	[1.00 - 4.00x10^{9}/L]			
Mono	=1.6	[0.10 - 1.00x10^{9}/L]			
Neut	=3.4	[1.80 - 7.50x10^{9}/L]			

Patients who come for brieft consult and refill medicine

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

1. HTN

Treatment:

1. HCTZ 25mg 1/2t po qd for two months (#30)

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

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

Treatment:

1. Metformin 500mg 2t po bid for two months (#80)
2. Captopril 25mg 1/2t po bid for two months (buy)
3. ASA 100mg 1t po qd for two months (#60)
4. Review on diabetic diet, and foot care
5. Physiotherapy on weak side

3. Chork Sok Lin, 30F (O Village)
Diagnosis:

1. Dyspepsia

Treatment:

1. Mg/Al(OH)3 200/125mg 1-2t po tid prn (#30)

4. Sun Samon, 25F (Pal Hal Village)
Diagnosis:

1. Eczema (better)

Treatment:

1. Cetirizine 10mg 1t po qhs (#30)

5. 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 (#120)
2. Paracetamol 500mg 1-2t po qid prn (#40)

6. Chan Him, 66F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

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

7. Heng Sokhourn, 44F (Otalauk Village)
Diagnosis:

1. Anemia

Treatment:

1. FeSO4/Folate 200/0.25mg 1t po qd for four months (#120)
2. MTV 1t po qd for four months (#120)

8. Keth Chourn, 60M (Chhnourn Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 2t po qd for four months (#120)
2. Amlodipine 5mg 1t po qd for four months (#60)

9. Keum Heng, 47F (Koh Lourng Village)
Diagnosis:

1. Hyperthyroidism
2. HTN

Treatment:

1. Carbimazole 5mg 1/2t po tid for two months (buy)
2. Propranolol 40mg 1t po bid for two months (#60)

10. Kong Nareun, 37F (Taing Treuk Village)
Diagnosis:

1. Moderate MS with severe TR
2. Atria dilation
3. Severe pulmonary HTN
4. Dyspepsia

Treatment:

1. Atenolol 50mg 1/4t po qd for four months (buy)
2. Spironolactone 25mg 1t po qd for four months (#120)
3. ASA 100mg 1t po qd for four months (buy)
4. Mg/Al(OH)3 200/125mg 1-2t po tid prn (#30)

11. Mar Thean, 56M (Rom Chek Village)
Diagnosis:

1. DMII
2. Hyperlipidemia

Treatment:

1. Metformin 500mg 2t po bid for two months (buy)
2. Glyburide 2.5mg 2t po bid for two months (#240)
3. ASA 100mg 1t po qd for two months (#60)
4. Draw blood for Creat, Glucose, HbA1C at SHCH

Lab result on March 8, 2013

Creat	=66	[53 – 97]
Gluc	=15.6	[4.1 – 6.1]
HbA1C	=9.2	[4.8 – 5.9]

12. Prum Norn, 59F (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)

13. Ream Sim, 58F (Thnal Keng Village)
Diagnosis:

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

Treatment:

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

14. Ros Yeth, 60M (Thnout Malou Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Glyburide 2.5mg 2t po bid for four months (#480)
2. Metformin 500mg 2t po bid for four months (#200)
3. Captopril 25mg 1t po bid for four months (buy)

15. Sam Thourng, 32F (Thnal Keng Village)
Diagnosis:

1. Cardiomegaly by CXR
2. Severe MS (MVA <1cm2)

Treatment:

1. Atenolol 50mg 1t po qd for four months (buy)
2. ASA 100mg 1t po qd for four months (#120)
3. HCTZ 25mg 1t po qd for four months (#90)

16. 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 1t po qd for two months (#60)
2. Propranolol 40mg 1/4t po qd for two months (#20)
3. Captopril 25mg 1/4t po qd for two months (buy)
4. Furosemide 40mg 1/2t qd for two months (#30)
5. ASA 100mg 1t qd for two months (#60)
6. Carbimazole 5mg 1/2t po tid for two months (#90)
7. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)
8. Draw blood for Free T4 at SHCH

Lab result on March 8, 2013

Free T4=46.46 [12 – 22]

17. Sok Chou, 61F (Sre Thom Village)
Diagnosis:

1. DMII

Treatment:

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

18. Sun Ronakse, 42F (Sre Thom Village)
Diagnosis:

1. HTN

Treatment:

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

19. Tann Sou Hoang, 53F (Rovieng Cheung Village)
Diagnosis:

1. DMII

Treatment:

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

20. Tay Kimseng, 55F (Taing Treuk Village)
Diagnosis:

1. HTN
2. Obesity

Treatment:

1. Atenolol 50mg 1/2t po bid for four months (#60)
2. HCTZ 25mg 1t po qd for four months (#80)

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

1. Hyperthyroidism with nodular goiter

Treatment:

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

Lab result on March 8, 2013

Free T4=8.52 [12.0 - 22.0]

Remark: Reduce Carbimazole 5mg 1t qd then recheck Free T4 in two months

22. Thourn Nhorn, 42F (Svay Pat Village)
Diagnosis:

1. DMII
2. HTN

Treatment:

1. Metformin 500mg 1t po bid for two months (#60)
2. Glibenclamide 5mg 1t po bid for two months (#120)
3. Captopril 25mg 1/2t po bid for two months (buy)
4. Draw blood for Creat, Glucose and HbA1C at SHCH

Lab result on March 8, 2013

Creat	=56	[44 – 80]
Gluc	=9.3	[4.1 - 6.1]
HbA1C	=7.2	[4.8 – 5.9]

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

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 2t po bid for four months (#200)
2. Metformine 500mg 2t po bid for four months (#100)
3. Captopril 25mg 1t po bid for four months (buy)

24. Yin Hun, 76F (Taing Treuk Village)
Diagnosis:

1. HTN

Treatment:

1. Enalapril 5mg 2t po qd for two months (#120)
2. HCTZ 25mg 2t po qd for two months (#120)

25. Heng Naiseang, 64F (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)

26. Eam Neut, 62F (Taing Treuk)
Diagnosis

1. HTN

Treatment

1. Amlodipine 5mg 1t po qd for four months (#60)

27. Keum Kourn, 66F (Thkeng Village)
Diagnosis:

1. Euthyroid goiter

Treatment:

1. Propranolol 40mg 1/2t po bid for two months (buy)
2. Carbimazole 5mg 1/2t po tid for two months (#90)
3. Draw blood for Free T4 at SHCH

Lab result on March 8, 2013

Free T4= 37.13 [12.0 - 22.0]

28. Kong Sam On, 56M (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 100mg 1t po qd for two months (#60)
6. Fenofibrate 100mg 1t po qd for two months (buy)

29. Kouch Be, 82M (Thnout Malou Village)

Diagnosis

1. HTN
2. COPD

Treatment

1. Amlodipine 5mg 1t po qd for four months (#60)
2. Salbutamol Inhaler 2 puffs prn SOB for four months (#2)

30. Kul Keung, 68F (Taing Treuk Village)

Diagnosis:

1. HTN
2. DMII

Treatment:

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

31. Lang Da, 52F (Thnout Malou Village)

Diagnosis:

1. HTN

Treatment:

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

32. Moeung Srey, 50F (Thnout Malou Village)

Diagnosis

1. HTN

Treatment

1. Amlodipine 5mg 1t po qd for four months (#60)

33. 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 100mg 1t po qd for two months (#60)

34. Nung Hun, 80M (Thkeng Village)
Diagnosis:

1. HTN

Treatment:

1. HCTZ 25mg 1t po qd for four months (#70)

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

1. DMII
2. HTN

Treatment:

1. Glibenclamide 5mg 1t po bid for two months (#100)
2. Metformin 500mg 2t po bid for two months (buy)
3. Captopril 25mg 1t po bid for two months (buy)
4. ASA 100mg 1t po qd for two months (#60)
5. Draw blood for Glucose, HbA1C at SHCH

Lab result on March 8, 2013

Gluc	=7.6	[4.1 – 6.1]
HbA1C	=8.2	[4.8 – 5.9]

36. Preum Proy, 53M (Thnout Malou Village)
Diagnosis:

1. DMII
2. HTN
3. Hyperlipidemia

Treatment:

1. Glyburide 2.5mg 2t po bid for two months (#240)
2. Metformin 500mg 2t po bid for two months (buy)
3. Captopril 25mg 1/2t po bid for two months (buy)
4. ASA 100mg 1t po qd for two months (#60)

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

1. Migraine headache

Treatment:

1. Paracetamol 500mg 1t po qid prn HA for prn (#50)

38. Ros Oeun, 57F (Thnout Malou Village)
Diagnosis:

1. HTN
2. DMII
3. Hypertriglyceridemia

Treatment:

1. Glibenclamide 5mg 2t po bid for four months (#200)
2. Metformin 500mg 3t po qAM, and 2t po qPM for four months (#100)
3. Captopril 25mg 1/2t po bid for four months (buy)

4. ASA 100mg 1t po qd for four months (#120)
5. Fenofibrate 100mg 1t po bid for four months (buy)

39. Sam Yom, 64F (Chhnourn Village)
Diagnosis:
1. HTN

Treatment:
1. HCTZ 25mg 1t po qd for four months (#90)
2. MTV 1t po qd for four months (#120)

40. 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)

41. Som An, 66F (Rovieng Tbong)
Diagnosis:
1. HTN

Treatment:
1. Atenolol 50mg 1/2t po bid for four months (#60)
2. HCTZ 50mg 1t po qd for four months (buy)

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

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

43. Teav Vandy, 67F (Rovieng Cheung Village)
Diagnosis:
1. HTN

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

44. Tith Hun, 58F (Ta Tong Village)
Diagnosis:
1. HTN

Treatment:
1. Enalapril 5mg 1t po qd for four months (#120)
2. HCTZ 25mg 1t po qd for four months (#80)
3. Atenolol 50mg 1/2t po qd for four months (buy)

45. Tith Y, 56F (Ta Tong Village)
Diagnosis:
1. HTN

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

46. Chhay Chanthy, 49F (Thnout Malou Village)
Diagnosis:

1. Euthyroid goiter

Treatment:

1. Carbimazole 5mg 1t po bid for two months (buy)
2. Propranolol 40mg 1/4t po qd for two months (#15)
3. Draw blood for Free T4 at SHCH

Lab result on March 8, 2013

Free T4 = 14.57 [12.0 - 22.0]

47. Chum Chandy, 55F (Ta Tong Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for two months (#80)
2. Draw blood for Glucose and HbA1C at SHCH

Lab result on March 8, 2013

Gluc =8.6 [4.1 - 6.1]
HbA1C =7.7 [4.8 – 5.9]

48. Ek Rim, 49F (Rovieng Chheung Village)
Diagnosis:

1. HTN

Treatment:

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

49. Heng Chan Ty, 52F (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)
3. Draw blood for Free T4 at SHCH

Lab result on March 8, 2013

Free T4 = 19.19 [12.0 - 22.0]

50. Kham Sary, 51M (Thnal Koang Village)
Diagnosis:

1. DMII

Treatment:

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

Lab result on March 8, 2013

Gluc =5.7 [4.1 - 6.1]
HbA1C =6.6 [4.8 – 5.9]

51. Kin Yin, 37F (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)
3. Draw blood for Free T4 at SHCH

Lab result on March 8, 2013

Free T4 = 46.63 [12.0 - 22.0]

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

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for two months (#150)
2. Glibenclamide 5mg 1t po bid for two months (#120)
3. ASA 300mg 1/4t po qd for two months (#buy)
4. Draw blood for Creat, Glucose, HbA1C at SHCH

Lab result on March 8, 2013

Creat	=71	[53 – 97]
Gluc	=8.9	[4.1 – 6.1]
HbA1C	=8.5	[4.8 – 5.9]

53. Meas Lam Phy, 60M (Thnout Malou Village)
Diagnosis:

1. DMII

Treatment:

1. Metformin 500mg 1t po bid for two months (#80)
2. Draw blood for Glucose, HbA1C at SHCH

Lab result on March 8, 2013

Gluc	=9.1	[4.1 – 6.1]
HbA1C	=8.2	[4.8 – 5.9]

54. Nong Khon, 61F (Thkeng Village)
Diagnosis:

1. HTN

Treatment:

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

55. Ny Ngek, 59F (Svay Pat Village)
Diagnosis:

1. DMII with PNP
2. HTN
3. Hypercholesterolemia

Treatment:

1. Glyburide 2.5mg 1t bid for two months (#120)
2. Captopril 25mg 1/2t bid for two months (buy)
3. Draw blood for Chole, Glucose, HbA1C at SHCH

Lab result on March 8, 2013

Tot Chole=10.4 [<5.7]
Gluc =3.6 [4.1 – 6.1]
HbA1C =6.0 [4.8 – 5.9]

56. Prum Vandy, 50F (Taing Treuk Village)
Diagnosis:
1. Hyperthyroidism

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

57. Som Hon, 53F (Thnal Keng Village)
Diagnosis:
1. HTN

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

58. Thorng Khun, 46F (Thnout Malou Village)
Diagnosis:
1. Hyperthyroidism

Treatment:
1. Methimazole 5mg 2t po tid for two months (buy)
2. Propranolol 40mg 1/4t po bid for two months (#30)
3. Draw blood for Free T4 at SHCH

Lab result on March 8, 2013

Free T4=45.95 [12.0 - 22.0]

59. Un Chhorn, 47M (Taing Treuk Village)
Diagnosis:
1. DMII
2. HTN

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

Lab result on March 8, 2013

Gluc =12.3 [4.1 – 6.1]
HbA1C =9.1 [4.8 – 5.9]

Remark: Increase Metformin 500mg 2t po bid

60. Un Chhourn, 44M (Taing Treuk Village)
Diagnosis:
1. DMII

Treatment:
1. Glibenclamide 5mg 1t po bid for two months (#60)
2. Captopril 25mg 1/4t po bid for two months (buy)
3. ASA 100mg 1t po qd for two months (#60)

4. Draw blood for Creat, glucose and HbA1C at SHCH

Lab result on March 8, 2013

Creat	=68	[53 – 97]
Gluc	=9.2	[4.1 – 6.1]
HbA1C	=7.4	[4.8 – 5.9]

61. Un Rady, 51M (Rom Chek Village)
Diagnosis:

1. DMII
2. HTN
3. Hyperlipidemia

Treatment:

1. Metformin 500mg 2t po bid for two months (#100)
2. Captopril 25mg 1/2t po bid for two months (buy)
3. ASA 100mg 1t po qd for two months (#60)
4. Fenofibrate 100mg 1t po bid for two months (buy)
5. Draw blood for glucose, Chole, TG and HbA1C at SHCH

Lab result on March 8, 2013

Gluc	=14.9	[4.1 – 6.1]
Chole	=6.4	[<5.7]
TG	=7.5	[<1.7]
HbA1C	=8.2	[4.8 – 5.9]

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

1. Liver cirrhosis with PHTN

Treatment:

1. Propranolol 40mg 1/4t po bid for four months (buy)
2. Spironolactone 25mg 1/2t po bid for four months (#120)

The next Robib TM Clinic will be held on May 6 – 10, 2013