

# **Robib *Telemedicine* Clinic**

## **Preah Vihear Province**

**M A R C H 2 0 1 4**

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

On Monday, March 3, 2014, 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 4 & 5, 2014, the Robib TM Clinic opened to receive the patients for evaluations. There were 8 new cases 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 5 & 6, 2014.

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:** [Robib Telemedicine](#)

**To:** [Rithy Chau](#) ; [Kruy Lim](#) ; [Cornelia Haener](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)

**Cc:** [Bernie Krisher](#) ; [Thero So Noun](#) ; [Laurie & Ed Bachrach](#) ; [Robib School 1](#)

**Sent:** Thursday, February 27, 2014 11:08 AM

**Subject:** Schedule for Robib Telemedicine Clinic March 2014

Dear all,

I would like to inform you that there will be Robib TM Clinic in March 2014 which starts from March 3 to 7, 2014.

The agenda for the trip is as following:

1. On Monday March 3, 2014, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday March 4, 2014, 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 and sent to both partners in Boston and Phnom Penh.
3. On Wednesday March 5, 2014, the activity is the same as on Tuesday
4. On Thursday March 6, 2014, 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 7, 2014, 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:** [Robib Telemedicine](#)

**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 04, 2014 3:03 PM

**Subject:** Robib TM clinic March 2014, Case#1, Heng Phy, 31F

Dear all,

There are three new cases for the first day of Robib TM Clinic March 2014. This is case number 1, Heng Phy, 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:** Heng Phy, 31F (O Village)

**Chief Complaint (CC):** Neck mass and palpitation x 3 years

**History of Present Illness (HPI):** 31F, farmer, presented with neck mass, about 2x3cm in size and associated with symptoms of palpitation, extremities tremor and hair loss but denied of heat intolerance, insomnia, bowel movement change.

She got treatment from local health care worker with oral medicine for her tachycardia for several days. She still persists with above symptoms but didn't seek further medical care.

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

**Family History:** No family member with goiter, HTN, DMII, or PTB

**Social History:** Married with 4 children and the last baby is 10months old with breast feeding; no cig smoking, no EtOH



**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** Three months history of Epigastric burning pain with bloating, no burping, no radiation pain, no bloody/mucus stool

**PE:**

**Vital sign: BP: 157/104 (both arms) P: 146 R: 18 T: 36.5°C Wt: 45Kg**

**General:** look stable

**HEENT:** diffuse neck mass about 2x3cm, smooth, soft, no tender, no bruit; No oropharyngeal lesion, pink conjunctiva, no neck lymph node palpable, no JVD

**Chest:** CTA bilaterally, no rales, no rhonchi; Heart Tachycardia, regular rhythm, no murmur

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

**Extremities/Skin:** no legs edema, no lesion

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

**Lab/study:** None

**Assessment:**

1. Goiter
2. Hyperthyroidism?
3. Elevated BP
4. Dyspepsia

**Plan:**

1. Propranolol 40mg 1/4t po bid
2. Ranitidine 150mg 1t po qd for one month
3. Mebendazole 100mg 5t po qhs once
4. Recheck Blood pressure
5. Draw blood for CBC, TSH and Free T4 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 4, 2014**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [Cornelia Haener](#)

**To:** '[Robib Telemedicine](#)'; '[Rithy Chau](#)'; '[Kruy Lim](#)'; '[Kathy Fiamma](#)'; '[Paul Heinzelmann](#)'; '[Joseph Kvedar](#)'

**Cc:** '[Bernie Krisher](#)'; '[Thero So Nourn](#)'; '[Laurie & Ed Bachrach](#)'

**Sent:** Tuesday, March 04, 2014 6:04 PM

**Subject:** RE: Robib TM clinic March 2014, Case#1, Heng Phy, 31F

Dear Sovann,

Thanks for submitting this case. I agree with your plan.

Kind regards  
Cornelia

**From:** Barbesino, Giuseppe, M.D.  
**Sent:** Tuesday, March 04, 2014 1:18 PM  
**To:** Fiamma, Kathleen M.; 'rithychau@sihosp.org'; 'ROBIB'  
**Subject:** RE: Robib TM clinic March 2014, Case#1, Heng Phy, 31F

Exam and history suggest hyperthyroidism, from either Graves' disease or thyroid nodule. I agree with the plan, including propranolol to control heart rate (and maybe also hypertension).

Giuseppe Barbesino, M.D.  
Thyroid Associates - Thyroid Unit

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**From:** [Robib Telemedicine](#)  
**To:** [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Cornelia Haener](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Tuesday, March 04, 2014 3:04 PM  
**Subject:** Robib TM Clinic March 2014, Case#2, Run Rorn, 22M

Dear all,

This is case number 2, Run Rorn, 22M 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



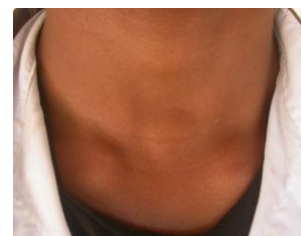
**Name/Age/Sex/Village:** Run Rorn, 22M (Bos Pey Village)

**Chief Complaint (CC):** Small neck mass x 8 years

**History of Present Illness (HPI):** 22M, farmer, presented with a small neck mass, sized little finger when he was 14 years old. About 5 years later, he noticed it increased to about thumb size without symptoms of dysphagia, pain, erythema, itchy. He has never sought medical consult or traditional treatment and come to consult with Telemedicine today.

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

**Family History:** No family member with neck mass, HTN, DMII, or PTB



**Social History:** Smoking 1pack of cig per day for four years, casual EtOH, single

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** Normal appetite, normal bowel movement, normal urination



**PE:**

**Vital sign:** BP: 119/78 P: 69 R: 18 T: 36.5°C Wt: 55Kg

**General:** look stable

**HEENT:** A small mass, 2x2cm in size in suprasternal notch, smooth, soft, no tender, no lesion; no neck lymph node palpable, no JVD

**Chest:** CTA bilaterally, no rales, no rhonchi; Heart Regular rate and rhythm, no murmur

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

**Extremities/Skin:** no legs edema, no lesion

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

**Lab/study:** None

**Assessment:**

1. Thyroiglossal duct cyst

**Plan:**

1. Send patient to Kg Thom province for neck mass ultrasound
2. Refer to SHCH for further surgical evaluation

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 4, 2014

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [Cornelia Haener](#)

**To:** ['Robib Telemedicine'](#) ; ['Rithy Chau'](#) ; ['Kruy Lim'](#) ; ['Kathy Fiamma'](#) ; ['Paul Heinzelmann'](#) ; ['Joseph Kvedar'](#)

**Cc:** '[Bernie Krisher](#)' ; '[Thero So Nourn](#)' ; '[Laurie & Ed Bachrach](#)'  
**Sent:** Tuesday, March 04, 2014 6:07 PM  
**Subject:** RE: Robib TM Clinic March 2014, Case#2, Run Rorn, 22M

Dear Sovann,  
Thanks for submitting this case. I agree with assessment and plan.

Kind regards  
Cornelia

**From:** [Barbesino, Giuseppe,M.D.](#)  
**To:** [Fiamma, Kathleen M.](#) ; [rithychau@sihosp.org](mailto:rithychau@sihosp.org) ; [ROBIB](#)  
**Sent:** Wednesday, March 05, 2014 1:21 AM  
**Subject:** FW: Robib TM Clinic March 2014, Case#2, Run Rorn, 22M

Images and history suggest a isthmic thyroid nodule. While growth has been slow, thyroid cancer cannot be ruled-out completely as slow growth can be seen in thyroid cancer. I agree with an ultrasound. Ordinarily, if the mass is entirely cystic it could be left alone, if solid, then either biopsy or surgical evaluation as suggested should be considered.

Giuseppe Barbesino, M.D.  
Thyroid Associates - Thyroid Unit

**From:** Rithy Chau [<mailto:rithychau@sihosp.org>]  
**Sent:** Wednesday, March 12, 2014 10:24 PM  
**To:** Barbesino, Giuseppe,M.D.  
**Cc:** Fiamma, Kathleen M.; 'ROBIB'; 'Cornelia Haener'; 'Ley Preap'  
**Subject:** RE: Robib TM Clinic March 2014, Case#2, Run Rorn, 22M

Dear Dr. Barbesino,

FYI: We performed an aspiration of the nodule and sent for cytology. The conclusion was as we expected: "Thyroglossal duct cyst." We will reassure the patient during the next visit that it is benign and nothing to be done unless it became mechanically obstructing the airway/GI track or other complications.

Thank you for your reply and your kind heart toward Cambodia.

Best,  
Rithy

**Rithy Chau, MPH, MHS, PA-C**

Director Telemedicine/EHC Officer  
Sihanouk Hospital Center of HOPE  
[rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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[www.sihosp.org](http://www.sihosp.org), [www.care4cambodia.org](http://www.care4cambodia.org), <http://www.cambodiaschools.com/our-programs/sihanouk-hospital-center-of-hope/> under *Other Medical Project* section

**From:** [Barbesino, Giuseppe,M.D.](#)  
**To:** '[Rithy Chau](#)'  
**Cc:** [Fiamma, Kathleen M.](#) ; '[ROBIB](#)' ; '[Cornelia Haener](#)' ; '[Ley Preap](#)'  
**Sent:** Friday, March 14, 2014 1:30 AM  
**Subject:** RE: Robib TM Clinic March 2014, Case#2, Run Rorn, 22M

Thank you for the follow-up, I really appreciate that. It is a pleasure and an honor to be able to provide (minimal) help to your project.

Best regards

Giuseppe Barbesino, M.D.  
Thyroid Associates - Thyroid Unit

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**From:** [Robib Telemedicine](#)  
**To:** [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Tuesday, March 04, 2014 7:17 PM  
**Subject:** Robib TM clinic case#3, Seng Phea, 35F

Dear all,

This is case number 3, Seng Phea, 35F and photo. 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:** Seng Phea, 35F (O Village)

**Chief Complaint (CC):** Seizure x 3 years

**History of Present Illness (HPI):** 35F, farmer, presented with tonic-clonic seizure for 3 years. She noticed of pulsatile headaches and dizziness before the seizure attack and loss of consciousness but denied of frothy secretion coming out of the mouth, incontinence of stool and urine. She got consultation at private clinic in Battambang province and treated with 2 kinds of medicine but the symptoms still persisted so she didn't go for follow up and got traditional medicine. In the following years, she got frequent seizure attack in some months and less attack in other in the year. For the year 2014, the seizure occurred a few times in January and February but over 10 times for theses several days of March 2014. She denied of febrile seizure, trauma in the past.

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

**Family History:** No family member with seizure, HTN, DMII, or PTB

**Social History:** Married with 3 children, no cig smoking, no EtOH

**Current Medications:** Traditional medicine

**Allergies:** NKDA

**Review of Systems (ROS):** Regular menstrual period, LMP on February 4, 2014; One month history of Epigastric burning pain with bloating, no burping, no radiation pain, no bloody/mucus stool

**PE:**

**Vital sign:** BP: 93/73 P: 79 R: 18 T: 37°C Wt: 50Kg

**General:** look stable

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

**Chest:** CTA bilaterally, no rales, no rhonchi; H Regular rate and rhythm, no murmur

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

**Extremities/Skin:** no legs edema, no lesion

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

- CN II – XII: intact

- Finger to Nose, Alternative movement, Tandem gait and walk on heel and toes

test: are normal

**Lab/study:**

Blood sugar: 94mg/dl

**Assessment:**

1. Epileptic seizure?
2. Dyspepsia

**Plan:**

1. Phenytoin 100mg 1t po qd
2. Ranitidine 150mg 1t po qd for one month
3. Albendazole 200mg 1t po bid for 5 days
4. Draw blood for CBC, Lyte, Creat, Transaminase, Ca<sup>2+</sup>, TSH, HBsAg, HCV ab 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 4, 2014



Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**No answer replied**

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**From:** [Robib Telemedicine](#)

**To:** [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Cornelia Haener](#) ; [Rithy Chau](#) ; [Kruy Lim](#)

**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)

**Sent:** Wednesday, March 05, 2014 4:56 PM

**Subject:** Robib TM clinic March 2014, Case#4, Kim Kour, 8M

Dear all,

There are five new cases for second day of Robib TM clinic March 2014. This is case number 4, continued from yesterday, kim Kour, 8M 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:** Kim Kour, 8M (Samreth Village)

**Chief Complaint (CC):** Abdominal mass x 3 months

**History of Present Illness (HPI):** 8M, grade 2 student, was brought to Telemedicine clinic complaining of abdominal mass and symptoms of urine incontinence during sleeping (both night and day time) and denied of abdominal pain, erythema, swelling, dysuria, oliguria. He was brought to consult at Kantha Bopha pediatric hospital in Siem Reap and admitted to hospital, got treatment IV and oral medicine for about one month twice and told that this kid has kidneys problem. After one week of discharge, he was brought to Kantha Bopha pediatric hospital in Phnom Penh and treated hospitalized for 2weeks. He has been discharged from hospital for about 10days. He was brought to Telemedicine due to persistent abdominal mass and urine incontinence and weight loss.

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

**Family History:** None

**Current Medications:** One kind of medicine taking 1t po tid



**Allergies:** NKDA

**Review of Systems (ROS):** Few pustular skin rashes on extremities and body for 5 days

**PE:**

**Vital sign:** BP: / P: 105 R: 22 T: 36.5°C O2sat: 100% Wt: 20Kg

**General:** look stable

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

**Chest:** CTA bilaterally, no rales, no rhonchi; Heart RRR, no murmur

**Abd:** Abdominal mass, about 4x7cm, locating from pubic bone to umbilicus area, soft, smooth, mobile; no herniation when asking patient to make pressure on abdomen

**Extremities/Skin:** Pustula skin rash on extremities and body, about 5mm in size

**Genitalia:** normal without lesion

**Lab/study:**

U/A: leukocyte 2+, protein trace

Blood sugar: 98mg/dl

**Assessment:**

1. Abdominal mass (kidney, bowel, bladder origin??)
2. UTI
3. Rubella

**Plan:**

1. Send patient to Kg Thom for abdominal ultrasound
2. Ciprofloxacin 200mg 1t po bid for 7d
3. Paracetamol 500mg 1/2t po qid prn fever



**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, 2014

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [Cornelia Haener](#)

**To:** ['Robib Telemedicine'](#) ; ['Kathy Fiamma'](#) ; ['Paul Heinzelmann'](#) ; ['Joseph Kvedar'](#) ; ['Rithy Chau'](#) ; ['Kruy Lim'](#)  
**Cc:** ['Bernie Krisher'](#) ; ['Thero So Nourn'](#) ; ['Laurie & Ed Bachrach'](#)  
**Sent:** Wednesday, March 05, 2014 9:41 PM  
**Subject:** RE: Robib TM clinic March 2014, Case#4, Kim Kour, 8M

Dear Sovann,  
Thanks for submitting this case. I agree with your plan.

Kind regards  
Cornelia

---

**From:** [Robib Telemedicine](#)  
**To:** [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Cornelia Haener](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, March 05, 2014 4:58 PM  
**Subject:** Robib TM Clinic March 2014, Case#5, Prum Rithy, 21M

Dear all,

This is case number 5, Prum Rithy, 21M 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:** Prum Rithy, 21M (Trapang Reusey Village)

**Chief Complaint (CC):** Right knee swelling and pain x 23day (post operation)

**History of Present Illness (HPI):** 21M, farmer, had traffic accident (his motobike hit the car stopping on the road) on February 9, 2014. He became

unconscious and had laceration of right knee. He was brought to local health center where the wound is cleaned with one part of patella was taken out (patella fracture) and dressed up then referred to provincial referral hospital. He got operation in the next day (unknown indication and procedure done). Patient said there were no pre or post op x-ray done. He has hospitalized for two weeks then discharged with advised to start walking. Now he is able to walk with crutches but still presented with swelling, pain of right knee and limited range of motion.



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

**Family History:** None

**Social History:** No cig smoking, casual EtOH

**Current Medications:**

1. Multivitamin 1t po bid

**Allergies:** NKDA

**Review of Systems (ROS):** Normal appetite, normal bowel movement, normal urination

**PE:**

**Vital sign:** BP: 107/70 P: 90 R: 18 T: 36.5°C Wt: 56Kg

**General:** look stable

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

**Chest:** CTA bilaterally, no rales, no rhonchi; Heart regular rate and rhythm, no murmur

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

**Right knee:** swelling, tender on palpation; limited range of motion in both extension and flexion (see photos), light touch and position sense intact; positive dorsalis pedis and posterior tibial pulse

**Lab/study:** None

**Assessment:**

1. Post-op right knee joint reconstruction with patella fracture

**Plan:**

1. Ibuprofen 200mg 2t po tid prn severe pain
2. Paracetamol 500mg 2t po qid prn pain
3. Refer to Kean Keing or SHCH for surgical evaluation or physiotherapy

**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, 2014

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)



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**From:** [Cornelia Haener](#)  
**To:** '[Robib Telemedicine](#)'; '[Paul Heinzelmann](#)'; '[Joseph Kvedar](#)'; '[Rithy Chau](#)'; '[Kruy Lim](#)'; '[Kathy Fiamma](#)'  
**Cc:** '[Bernie Krisher](#)'; '[Thero So Nourn](#)'; '[Laurie & Ed Bachrach](#)'  
**Sent:** Wednesday, March 05, 2014 9:42 PM  
**Subject:** RE: Robib TM Clinic March 2014, Case#5, Prum Rithy, 21M

Dear Sovann,  
Thanks for submitting this case. It would be good to send him to Kg Thom RH for X-rays.

Kind regards  
Cornelia

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**From:** [Robib Telemedicine](#)  
**To:** [Joseph Kvedar](#); [Cornelia Haener](#); [Rithy Chau](#); [Kruy Lim](#); [Kathy Fiamma](#); [Paul Heinzelmann](#)  
**Cc:** [Bernie Krisher](#); [Thero So Nourn](#); [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, March 05, 2014 5:00 PM  
**Subject:** Robib TM Clinic March 2014, Case#6, Thorn Minea, 9months M

Dear all,

This is case number 6, Thorn Minea, 9months M 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:** Thorn Minea, 9months M (Prey Snourl Village)

**Chief Complaint (CC):** Cough x 3 days

**History of Present Illness (HPI):** 9 months old, Male, was brought to Telemedicine clinic by his mother complaining of cough x 3d. It is associated with runny nose, white discharge and fever. He has not received any treatment yet. His mother denied of SOB, cyanosis.

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

**Family History:** His older brother has been diagnosed with congenital valvulo-heart disease x 7y.

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** Normal breast feeding

**PE:**

**Vital sign:** BP: / P: 113 R: 24 T: 37°C O2sat: 99% Wt: 12Kg

**General:** look stable

**HEENT:** No oropharyngeal lesion, no erythema, pink conjunctiva, no neck lymph node palpable

**Chest:** CTA bilaterally, no rales, no rhonchi; Heart RRR, 2+ systolic murmur, loudest at pulmonic area, palpable thrill

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

**Extremities/Skin:** No cyanosis, no edema

**Lab/study:**

EKG: attached

**Assessment:**

1. Common cold
2. Heart disease (VHD)

**Plan:**

1. Paracetamol syrup 120mg/5cc 5cc qid prn fever
2. Refer to Pediatric hospital in Siem Reap for further evaluation, possible surgery

**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, 2014

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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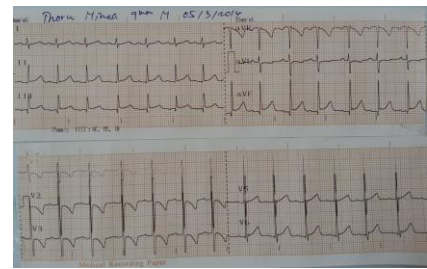
**From:** [Cornelia Haener](#)

**To:** ['Robib Telemedicine'](#) ; ['Joseph Kvedar'](#) ; ['Rithy Chau'](#) ; ['Kruy Lim'](#) ; ['Kathy Fiamma'](#) ; ['Paul Heinzelmann'](#)

**Cc:** ['Bernie Krisher'](#) ; ['Thero So Nourn'](#) ; ['Laurie & Ed Bachrach'](#)

**Sent:** Wednesday, March 05, 2014 9:44 PM

**Subject:** RE: Robib TM Clinic March 2014, Case#6, Thorn Minea, 9months M



Dear Sovann,  
I agree with your plan.

Kind regards  
Cornelia

---

**From:** [Robib Telemedicine](#)  
**To:** [Cornelia Haener](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, March 05, 2014 5:02 PM  
**Subject:** Robib TM Clinic March 2014, Case#7, Thorn Mony, 7M

Dear all,

This is case number 7, Thorn Mony, 7M 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:** Thorn Mony, 7M (Prey Snourl Village)

**Chief Complaint (CC):** SOB and cyanosis since birth

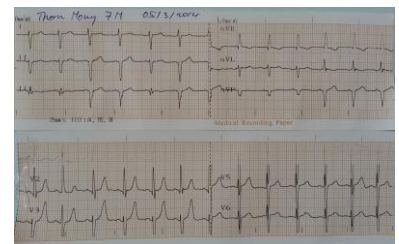
**History of Present Illness (HPI):** 7M was brought by his mother to Telemedicine clinic complaining of SOB and cyanosis which has occurred since birth. While he grew up, there has been enlargement of distal fingers and toes with nail clubbing noted and limited daily activity due to SOB and cyanosis. When he was 18 months old, he was brought to pediatric hospital in Siem Reap and diagnosed with valvulo-heart disease then when he was 4 years old, he was brought to other pediatric hospital and advised that heart surgery can be done when he is 10 years old. His mother denied of orthopnea, syncope, diaphoresis, legs edema.

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

**Family History:** His younger brother maybe has valvulo-heart disease (heart murmur with palpable thrill)

**Current Medications:** None

**Allergies:** NKDA



**Review of Systems (ROS):** Normal appetite, normal bowel movement, normal urination

**PE:**

**Vital sign:** BP: / P: 103 R: 24 T: 37°C O2sat: 72%  
Wt: 17Kg



**General:** look stable

**HEENT:** Congenital deformity of right ear, No oropharyngeal lesion, pink conjunctiva, no neck lymph node palpable

**Chest:** CTA bilaterally, no rales, no rhonchi; Heart RRR, 2+ mid-systolic murmur, loudest at pulmonic area, palpable thrill

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

**Extremities/Skin:** Distal enlargement of fingers and toes with nail clubbing

**Lab/study:**

EKG: attached



**Assessment:**

1. Congenital valvulo-heart disease

**Plan:**

1. Vitasure milk po qd
2. Refer to Pediatric hospital in Siem Reap for re-evaluation, possible surgery

**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, 2014

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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**From:** [Cornelia Haener](#)

**To:** ['Robib Telemedicine'](#) ; ['Rithy Chau'](#) ; ['Kruy Lim'](#) ; ['Kathy Fiamma'](#) ; ['Paul Heinzelmann'](#) ; ['Joseph Kvedar'](#)

**Cc:** ['Bernie Krisher'](#) ; ['Thero So Nourn'](#) ; ['Laurie & Ed Bachrach'](#)

**Sent:** Wednesday, March 05, 2014 9:46 PM

**Subject:** RE: Robib TM Clinic March 2014, Case#7, Thorn Mony, 7M

Dear Sovann,

Thanks for submitting this case. I agree with your assessment and plan. I hope surgery can still be done, and he does not have a right-left shunt.



Kind regards  
Cornelia

---

**From:** [Robib Telemedicine](#)  
**To:** [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)  
**Cc:** [Bernie Krisher](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, March 05, 2014 5:05 PM  
**Subject:** Robib TM clinic March 2014, Case#8, Hea Sok Leng, 23F

Dear all,

This is the last case of Robib TM clinic March 2014, Hea Sok Leng, 23F and photos. Please reply to the cases before Thursday afternoon then the treatment plan can be made accordingly for patients.

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:** Hea Sok Leng, 23F (Doang Village)

**Chief Complaint (CC):** Skin rash x 3 years

**History of Present Illness (HPI):** 23F, farmer, presented macula-papula skin rash which first developed on lower extremities and itchy. She scratched on it then the crust lesion occurred. She got treatment with oral medicine and cream applied on skin then the rash disappeared. Few months later, the same kind of skin rash recurred and presented to other sites such as upper extremities and body. These three days, the macula-papula rash has presented with itchy and she has not had any treatment yet.

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

**Family History:** Mother with eczema

**Social History:** Single, no cig smoking, no EtOH

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** Unremarkable



**PE:**

**Vital sign: BP: 100/71 P: 75 R: 18 T: 36.5°C Wt: 53Kg**

**General:** look stable

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

**Chest:** CTA bilaterally, no rales, no rhonchi; Heart RRR, no murmur

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

**Extremities/Skin:** Maculo-papula and crust skin rash on the lower, upper extremities and body (see photos), no vesicle, no pustule

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

**Lab/study:** None

**Assessment:**

1. Eczema
2. Impetigo

**Plan:**

1. Desoximethasone 0.05% apply bid until the rash gone
2. Bacitracin Zn cream apply bid
3. Cetirizine 10mg 1t po qhs prn itchy
4. Cephalexin 250mg 2t po tid x 7d

**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, 2014**

Please send all replies to [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com) and cc: to [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

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From: Schalock, Peter C.,M.D.  
Sent: Wednesday, March 05, 2014 5:29 PM  
To: Fiamma, Kathleen M.  
Subject: Re: Robib TM clinic March 2014, Case#8, Hea Sok Leng, 23F

Agree with assessment and plan.  
Likely eczema and prurigo.

Continue use of desoximetasone cream bid prn.

Best,

Peter Schalock, MD

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## Thursday, March 6, 2014

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### Follow-up Report for Robib TM Clinic

There were 8 new patients seen during this month Robib TM Clinic, and other 51 patients came for brief consult and medication refills, and 70 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 Telemedicic Clinic March 2013

#### 1. Heng Phy, 31F (O Village)

##### Diagnosis:

1. Goiter
2. Hyperthyroidism?
3. Dyspepsia

##### Treatment:

1. Propranolol 40mg 1/4t po bid (#25)
2. Ranitidine 150mg 1t po qd for one month (#30)
3. Mebendazole 100mg 5t po qhs once (#5)
4. Draw blood for CBC, TSH and Free T4 at SHCH

##### Lab result on March 7, 2014

WBC	=15.7	[4 - 11x10 <sup>9</sup> /L]	TSH	=<0.005	[0.27 - 4.20]
RBC	=5.6	[3.9 - 5.5x10 <sup>12</sup> /L]	Free T4	=>100	[12.0 - 22.0]
Hb	=12.3	[12.0 - 15.0g/dL]			
Ht	=39	[35 - 47%]			
MCV	=70	[80 - 100fl]			
MCH	=22	[25 - 35pg]			
MHCH	=31	[30 - 37%]			
Plt	=321	[150 - 450x10 <sup>9</sup> /L]			
Lymph	=3.4	[1.00 - 4.00x10 <sup>9</sup> /L]			

Mono	=1.9	[0.10 - 1.00x10 <sup>9</sup> /L]
Neut	=10.4	[1.80 - 7.50x10 <sup>9</sup> /L]

**Recommendation after lab result:** Add Carbimazole 5mg 2t po tid

## 2. Run Rorn, 22M (Bos Pey Village)

### Diagnosis:

1. Thyroglossal duct cyst

### Treatment:

1. Aspiration of neck mass with milky fluid and send for Cytology at SHCH

### Cytology result on March 10, 2014

**Clinical information:** Small neck mass suspected for thyroglossal duct cyst

**Macroscopy:** White cloudy fluid around 5mL

**Microscopy:** The fluid is cellular, composed of amorphous material. There is no evidence of atypical cell.

**Conclusion:** Thyroglossal duct cyt is probable

## 3. Seng Phea, 35F (O Village)

### Diagnosis:

1. Epileptic seizure?
2. Dyspepsia

### Treatment:

1. Phenytoin 100mg 1t po qd (#70)
2. Ranitidine 150mg 1t po qd for one month (#30)
3. Albendazole 400mg 1t po bid for 5 days (#10)
4. Draw blood for CBC, Lyte, Creat, Transaminase, Ca2+, TSH, HBsAg, HCV ab, RPR, Malaria smear at SHCH

### Lab result on March 7, 2014

WBC	=6.8	[4 - 11x10 <sup>9</sup> /L]	Na	=137	[135 - 145]
RBC	=5.2	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=3.4	[3.5 - 5.0]
Hb	=11.5	[12.0 - 15.0g/dL]	Cl	=100	[95 - 110]
Ht	=38	[35 - 47%]	Creat	=72	[44 - 80]
MCV	=74	[80 - 100fl]	AST	=34	[<32]
MCH	=22	[25 - 35pg]	ALT	=36	[<33]
MHCH	=30	[30 - 37%]	TSH	=4.03	[0.27 - 4.20]
Plt	=286	[150 - 450x10 <sup>9</sup> /L]	HBsAg	= Non-reactive	
Lymph	=1.7	[1.00 - 4.00x10 <sup>9</sup> /L]	HCVab	= Non-reactive	
			RPR	= Non-reactive	
			Malaria smear	= Negative	
			Ca2+	=1.06	[1.12 - 1.32]

## 4. Kim Kour, 8M (Samreth Village)

### Diagnosis:

1. Abdominal mass (kidney, bowel, bladder origin??)
2. UTI
3. Rubella

### Treatment:

1. Send patient to Kg Thom for abdominal ultrasound
2. Ciprofloxacin 200mg 1t po bid for 7d
3. Paracetamol 500mg 1/2t po qid prn fever

**Remark:** Patient didn't come to receive treatment

**5. Prum Rithy, 21M (Trapang Reusey Village)**

**Diagnosis:**

1. Post-op right knee joint reconstruction with patella fracture

**Treatment:**

1. Ibuprofen 200mg 2t po tid prn severe pain (#30)
2. Paracetamol 500mg 2t po qid prn pain (#30)
3. Advise to seek surgical evaluation at Kean Kleing

**6. Thorn Minea, 9months M (Prey Snourl Village)**

**Diagnosis:**

1. Common cold
2. Heart disease (VHD)

**Treatment:**

1. Paracetamol syrup 120mg/5cc 5cc qid prn fever (buy)
2. Refer to Pediatric hospital in Siem Reap for further evaluation, possible surgery

**7. Thorn Miny, 7M (Prey Snourl Village)**

**Diagnosis:**

1. Congenital valvulo-heart disease

**Treatment:**

1. Vatasure milk po qd (#2)
2. Refer to Pediatric hospital in Siem Reap for re-evaluation, possible surgery

**8. Hea Sok Leng, 23F (Doang Village)**

**Diagnosis:**

1. Eczema
2. Impetigo

**Treatment:**

1. Desoximethasone 0.05% apply bid until the rash gone (#2)
2. Bacitracin Zn cream apply bid (#2)
3. Cetirizine 10mg 1t po qhs prn itchy (#10)
4. Cephalexin 250mg 2t po tid x 7d (#42)

**Patients who come for brief consult and refill medicine**

**1. Kheum Chanreum, 50M (Koh Lourng Village)**

**Diagnosis:**

1. Rotator cuff degenerative change

**Treatment:**

1. Paracetamol 500mg 1t po qid prn pain (#30)

**2. Chum Chandy, 55F (Ta Tong Village)**

**Diagnosis:**

1. DMII

**Treatment:**

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

**Lab result on March 7, 2014**

Creat =54 [44 - 80]  
Gluc =7.7 [4.1 - 6.1]  
HbA1C =7.86 [4.8 - 5.9]

### 3. Kham Sary, 51M (Thnal Koang Village)

#### Diagnosis:

1. DMII

#### Treatment:

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

#### Lab result on March 7, 2014

Creat =79 [53 - 97]  
Gluc =10.5 [4.1 - 6.1]  
HbA1C =11.32 [4.8 - 5.9]

### 4. Kun Ban, 57M (Thnal Keng Village)

#### Diagnosis:

1. DMII
2. Hypertriglyceride

#### Treatment:

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

### 5. Mar Thean, 56M (Rom Chek Village)

#### Diagnosis:

1. DMII

#### Treatment:

1. Metformin 500mg 2t po bid for four months (#120)
2. Glibenclamide 5mg 2t po bid for four months (#250)
3. ASA 100mg 1t po qd for four months (#120)

### 6. Meas Lam Phy, 61M (Thnout Malou Village)

#### Diagnosis:

1. DMII

#### Treatment:

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

#### Lab result on March 7, 2014

Gluc =8.3 [4.1 - 6.1]  
HbA1C =7.15 [4.8 - 5.9]

### 7. Nung Chhun, 76F (Ta Tong Village)

#### Diagnosis:

1. DMII
2. HTN

**Treatment:**

1. Metformin 500mg 11/2t po bid for two months (#100)
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)

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

1. DMII with PNP
2. HTN

**Treatment:**

1. Metformin 500mg 1t bid for two months (#120)
2. Captopril 25mg 1t bid for two months (buy)
3. Simvastatin 20mg 1t po qhs for two months (buy)
4. ASA 100mg 1t po qd for two months (#120)

**9. 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 3t po qAM and 2t po qPM for two months (#100)
3. Captopril 25mg 1t po bid for two months (buy)
4. Amlodipine 5mg 1t po qd for two mnths (#60)
5. ASA 100mg 1t po qd for two months (#60)
6. Draw blood for Creat, Glucose, and HbA1C at SHCH

**Lab result on March 7, 2014**

Creat	=93	[53 - 97]
Gluc	=5.6	[4.1 - 6.1]
HbA1C	=7.63	[4.8 - 5.9]

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

1. DMII
2. HTN

**Treatment:**

1. Metformin 500mg 2t po bid for two months (#120)
2. Glibenclamide 5mg 1t po bid for two months (#60)
3. Captopril 25mg 1/2t po bid two months (buy)
4. Atenolol 50mg 1/2t po qd for two months (#30)
5. ASA 100mg 1t po qd two months (#60)

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

1. Uncontrolled HTN
2. DMII
3. Osteoarthritis

**Treatment:**

1. Metformin 500mg 2t po bid for two months (#120)
2. Captopril 25mg 1t po bid for two months (buy)
3. Atenolol 50mg 1t po qd for two months (#60)
4. ASA 100mg 1t po qd for two months (#60)

5. Review on diabetic diet, and foot care

**12. Ros Yeth, 60M (Thnout Malou Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 2t po bid for four months (#200)
2. Metformin 500mg 2t po bid for four months (#120)
3. Captopril 25mg 1t po bid for four months (buy)
4. Amlodipine 5mg 1t po qd for four months (#120)

**13. Som Hom, 77M (Chhnourn Village)**

**Diagnosis:**

1. DMII

**Treatment:**

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

**14. Svay Tevy, 48F (Sre Thom Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 2t po bid for two months (#200)
2. Metformin 500mg 2t qAM and 3t po qPM for two months (buy)
3. Pioglitazone 15mg 1t po qd for two months (buy)
4. Captopril 25mg 1t po bid for two months (buy)
5. ASA 100mg 1t po qd for two months (#60)
6. Receive TB treatment from local health center

**15. Thourn Nhorn, 42F (Svay Pat Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Metformin 500mg 1t po bid for two months (#100)
2. Glibemclamide 5mg 1t po bid for two months (#60)
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 7, 2014**

Creat	=61	[44 - 80]
Gluc	=8.0	[4.1 - 6.1]
HbA1C	=7.38	[4.8 - 5.9]

**16. Un Chhorn, 47M (Taing Treuk Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 1t po bid for two months (buy)
2. Metformin 500mg 2t po bid for two months (#100)



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 7, 2014**

Creat	=70	[53 - 97]
Gluc	=9.5	[4.1 - 6.1]
HbA1C	=7.87	[4.8 – 5.9]

**17. Un Rady, 51M (Rom Chek Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Metformin 500mg 2t po bid for two months (#120)
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 qd for two months (buy)
5. Draw blood for Creat, Glucose, TG and HbA1C at SHCH

**Lab result on March 7, 2014**

Creat	=270	[53 - 97]
Gluc	=5.4	[4.1 - 6.1]
TG	=4.7	[<1.7]
HbA1C	=6.56	[4.8 – 5.9]

**18. Uy Noang, 62M (Thnout Malou Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 2t po bid for four months (buy)
2. Metformine 500mg 2t po bid for four months (#120)
3. Pioglitazone 15mg 1t po qd for four months (buy)
3. Captopril 25mg 1t po bid for four months (buy)

**19. Chan Him, 66F (Taing Treuk Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**20. Chan Oeung, 64M (Sangke Roang Village)**

**Diagnosis:**

1. Osteoathrtis
2. Gouty arthritis
3. Renal insufficiency
4. HTN

**Treatment:**

1. Allopurinol 100mg 2t po qd for two months (#120)
2. Ibuprofen 800mg 1t po tid prn severe pain (#30)
3. Paracetamol 500mg 1-2t po qid prn pain (#40)
4. Losatarn 50mg 1t po bid for two months (#120)

**21. Heng Sokhourn, 44F (Otalauk Village)**

**Diagnosis:**

1. Anemia

**Treatment:**

1. FeSO<sub>4</sub>/Folate 200/0.25mg 1t po qd for four months (#120)
2. MTV 1t po qd for four months (#120)

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

1. HTN

**Treatment:**

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

**23. 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 2t po bid for two months (#50)
3. Captopril 25mg 1t po bid for two months (buy)

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

1. Euthyroid goiter
2. HTN

**Treatment:**

1. Atenolol 50mg 1t po d for two months (#60)
2. HCTZ 25mg 1t po qd for two months (#70)
3. Carbimazole 5mg 1/2t po tid for two months (#100)
4. MTV 1t po qd for two months (#60)

**25. 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 (#70)
2. Furosemide 40mg 1/2t po bid for two months (#70)
3. Propranolol 40mg 1/2t po bid for two months (#50)
4. Paracetamol 500mg 1t po qid prn pain two months (#30)
5. Allopurinol 100mg 1t po qd for two months (#70)
6. MTV 1t po qd for two months (#60)
7. FeSO<sub>4</sub>/Folate 200/0.4mg 1t po qd for two months (#60)

**26. Prum Pri, 45M (Rom Chek Village)****Diagnosis:**

1. Hyperthyroidism
2. HTN

**Treatment:**

1. Carbimazole 5mg 1t po tid for two months (buy)
2. Propranolol 40mg 1/4t po bid for two months (#20)

**27. Tay Kimseng, 55F (Taing Treuk Village)**

**Diagnosis:**

1. HTN
2. Obesity

**Treatment:**

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

**28. Tith Hun, 58F (Ta Tong Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. Lisinopril 5mg 1t po qd for four months (#130)
2. HCTZ 25mg 1t po qd for four months (#90)
3. Atenolol 50mg 1/2t po qd for four months (buy)

**29. Yin Kheum, 55F (Chhnourn Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for two months (#60)

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

**Diagnosis:**

1. HTN
2. DMII with PNP

**Treatment:**

1. Glibenclamide 5mg 1t po bid for four months (buy)
2. Metformin 500mg 1t po bid for four months (#120)
3. Captopril 25mg 1t po bid for four months (buy)
4. ASA 100mg 1t po qd for four months (buy)
5. Amitriptylin 25mg 1/4t po qhs for four months (#30)

**31. Sourn Chroch, 40M (Sre Village, Reab Roy)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 1t po bid for four months (#120)
2. Glibenclamide 5mg 1/2t po bid for four months (#100)
3. ASA 100mg 1t po qd for four months (#120)

**32. Tann Sou Hoang, 53F (Rovieng Cheung Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Metformin 500mg 2t po bid for four months (#120)
2. Captopril 25mg 1/2t po bid for four months (buy)
3. ASA 300mg 1/4t po qd for four months (buy)

**33. Un Chhourn, 44M (Taing Treuk Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 1t po bid for four months (buy)
2. Metformin 500mg 1t po qAM 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)

**34. Chhay Chanthy, 49F (Thnout Malou Village)**

**Diagnosis:**

1. Euthyroid goiter

**Treatment:**

1. Carbimazole 5mg 1t po bid for four months (buy)
2. Propranolol 40mg 1/4t po qd for four months (#25)

**35. Ek Rim, 49F (Rovieng Chheung Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**36. Heng Chan Ty, 52F (Ta Tong Village)**

**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Carbimazole 5mg 2t po bid for four months (buy)
2. Propranolol 40mg ¼ t po qd for four months (#25)

**37. Kouch Be, 82M (Thnout Malou Village)**

**Diagnosis**

1. HTN
2. COPD

**Treatment**

1. Amlodipine 5mg 1t po qd for four months (#50)
2. Salbutamol Inhaler 2 puffs prn SOB for four months (#2)

**38. Kin Yin, 37F (Bos Pey Village)**

**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Carbimazole 5mg 2t po bid for two months (buy)
2. Propranolol 40mg 1/4t po bid for two months (#25)
3. Draw blood for Free T4 at SHCH

**Lab result on March 7, 2014**

Free T4=**71.06** [12.0 – 22.0]

**Recommendation after lab result:** Increase Carbimazole 5mg 2t po tid and propranolol 40mg 1/2t po bid

**39. Nong Khon, 61F (Thkeng Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**40. Nung Hun, 80M (Thkeng Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**41. Prum Rin, 33F (Rovieng Tbong Village)**

**Diagnosis:**

1. Epilepsy

**Treatment:**

1. Carbamazepine 200mg 1/2t po bid for four months (#110)
2. Paracetamol 500mg 1t po qid prn HA/fever for four months (#30)

**42. Sam Thourng, 32F (Thnal Keng Village)**

**Diagnosis:**

1. Cardiomegaly by CXR
2. Severe MS (MVA <1cm<sup>2</sup>)

**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)

**43. Sam Yom, 64F (Chhnourn Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**44. 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. Furosemide 40mg 1/2t qd for two months (#30)
4. ASA 100mg 1t qd for two months (#60)
5. Carbimazole 5mg 1t po bid for two months (#100)
6. FeSO<sub>4</sub>/Folate 200/0.4mg 1t po qd for two months (#60)

**45. Som An, 66F (Rovieng Tbong)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**46. Som Hon, 53F (Thnal Keng Village)**

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for four months (#80)
2. Paracetamol 500mg 1t po qid prn pain/fever (#30)

**47. Sok Chou, 61F (Sre Thom Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid for two months (#120)
2. Glibenclamide 5mg 1t po bid for two months (#120)
3. Captopril 25mg 1/4t po qd for two months (buy)
4. ASA 300mg 1t po qd for two months (#60)

**48. Prum Vandy, 50F (Taing Treuk Village)**

**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Carbimazole 5mg 1t po qd for two months (#40)
2. Propranolol 40mg 1/4t po bid for two months (#25)
3. Draw blood for Free T4 at SHCH

**Lab result on March 7, 2014**

Free T4=26.10 [12.0 – 22.0]

**49. Seng Nimol, 19F (Trapang Reusey Village)**

**Diagnosis:**

1. Euthyroid goiter

**Treatment:**

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

**Lab result on March 7, 2014**

Free T4=16.19 [12.0 – 22.0]

**50. Prum Chean, 50F (Sangke Roang Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid for two months (#100)
2. ASA 100mg 1t po qd for two months (#60)

**51. 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 two months (#100)
2. Captopril 25mg 1/2t po bid for two months (buy)
3. ASA 100mg 1t po qd for two months (#60)

**The next Robib TM Clinic will be held on  
May 5 - 9, 2014**