

# Robib *Telemedicine* Clinic

## Preah Vihear Province

J U L Y 2 0 1 4

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

On Monday, July 7, 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), July 8 & 9, 2014, the Robib TM Clinic opened to receive the patients for evaluations. There were 10 new cases and 1 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, July 9 & 10, 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](#) ; [Jason Reinhardt](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#) ; [Robib School 1](#)

**Sent:** Tuesday, July 01, 2014 11:18 AM

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

Dear all,

I would like to inform you that there will be Robib TM Clinic in July 2014 which starts from July 7 to 11, 2014.

The agenda for the trip is as following:

1. On Monday July 7, 2014, we will be starting the trip from Phnom Penh to Rovieng, Preah Vihear province.
2. On Tuesday July 8, 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 July 9, 2014, the activity is the same as on Tuesday
4. On Thursday July 10, 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 July 11, 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:** [Rithy Chau](#) ; [Kruy Lim](#) ; [Cornelia Haener](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)

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

**Sent:** Tuesday, July 08, 2014 4:46 PM

**Subject:** Robib TM Clinic July 2014, Case#1, Heng Horn, 79M

Dear all,

There are five new cases for the first day of Robib TM clinic July 2014. This is case number 1, Heng Horn, 79M 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 Horn, 79M (Pal Hal Village)

**Chief Complaint (CC):** Mass in throat with pain x 4months

**History of Present Illness (HPI):** 79M, farmer, presented with symptoms of sore throat, poor appetite, and weight loss 4kg. He went to have check at private clinic in Kg Thom and told he has a mass at the left base of the tongue, treated with few kinds of medicine taking bid (unknown name) and advised to seek further evaluation at Khmer Soviet Friendship hospital in Phnom Penh but he didn't go.

**Past Medical History (PMH):** Teeth extraction in March 2014

**Family History:** No family member with cancer, HTN, DMII

**Social History:** Tobacco smoking a lot for over 30y, Alcohol drinking about 100-200mL per day for over 10y

**Current Medications:** Paracetamol 500mg prn

**Allergies:** NKDA

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

**PE:**



**Vital sign: BP: 112/71 P: 72 R: 20 T: 36.5°C Wt: 43Kg**

**General:** look stable, cachexia



**HEENT:** Mass about 4 x 6cm at left lateral base of the tongue t left pharynx, tender on palpation, no ulcerated lesion seen, Submandibular LN palpable (see photos); pink conjunctiva, no thyroid enlargement, no JVD

**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:** No legs edema, no skin lesion

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

**Lab/study:** None

**Assessment:**

1. Malignancy mass?? (from tongue or pharynx?)

**Plan:**

1. Refer patient to Khmer Soviet Friendship hospital in Phnom Penh for further evaluation and management
2. Paracetamol 500mg 2t po qid prn pain
3. Xango powder po bid

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: July 8, 2014**

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

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

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

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

**Sent:** Tuesday, July 08, 2014 5:41 PM

**Subject:** RE: Robib TM Clinic July 2014, Case#1, Heng Horn, 79M

Dear Sovann,

Thanks for submitting this case. I agree with your assessment and plan. It is unfortunate that the patient refused to go to the Russian Hospital in the past.

Kind regards  
Cornelia

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

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

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

**Sent:** Tuesday, July 08, 2014 4:49 PM

**Subject:** Robib TM Clinic July 2014, Case#2, Sat Chantha, 24F

Dear all,

This is case number 2, Sat Chantha, 24F 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:** Sat Chantha, 24F (Chhnourn Village)

**Chief Complaint (CC):** Neck mass x 5 years

**History of Present Illness (HPI):** 24F, primary school teacher, presented with neck mass about 1x1cm on anterior side the neck then increased in size to about 3x3cm in three years without symptoms of palpitation, tremor, heat intolerance, insomnia, weight loss, bowel movement change. She has never sought medical/surgical consult.

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

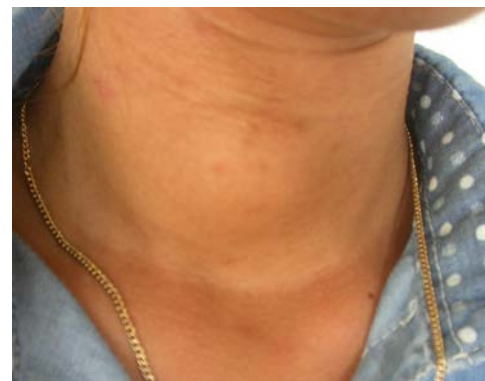
**Family History:** No family member with goiter, HTN, DMII, PTB

**Social History:** Married with 4months pregnancy, no cig smoking, no EtOH

**Current Medications:** None

**Allergies:** NKDA

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



**PE:**

**Vital sign: BP: 106/74 P: 76 R: 18 T: 36.2°C Wt: 49Kg**

**General:** look stable

**HEENT:** Thyroid mass about 3x3cm on anterior of neck, firm, smooth, regular border, mobile on swallowing, no bruit; No oropharyngeal lesion, pink conjunctiva, 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:** No legs edema, no skin lesion

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

**Lab/study:** None

**Assessment:**

1. Goiter (nodular, cyst?)
2. 4 months pregnancy

**Plan:**

1. Send patient to referral hospital for neck mass ultrasound
2. Draw blood for CBC and TSH at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: July 8, 2014**

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

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**From:** "Dr. Danny Sands" <[danny@drdannysands.com](mailto:danny@drdannysands.com)>

**Date:** July 9, 2014 at 5:42:38 PM EDT

**To:** "Fiamma, Kathleen M." <[KFIAMMA@partners.org](mailto:KFIAMMA@partners.org)>

**Subject: Re: FW: Robib TM Clinic July 2014, Case#2, Sat Chantha, 24F**

24 yo F with thyroid mass and no other symptoms.

Requires ultrasound to determine whether cystic or solid.

If cystic requires ultrasound-assisted fine needle aspiration.  
If solid needs further work-up to determine hot vs. cold nodule to r/o thyroid cancer.  
May require additional imaging.

Thank you.

- *Danny*

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**From:** [Cornelia Haener](#)  
**To:** ['Robib Telemedicine'](#) ; ['Kruy Lim'](#) ; ['Kathy Fiamma'](#) ; ['Paul Heinzelmann'](#) ; ['Joseph Kvedar'](#) ; ['Rithy Chau'](#)  
**Cc:** ['Bernie Krisher'](#) ; ['Jason Reinhardt'](#) ; ['Thero So Nourn'](#) ; ['Laurie & Ed Bachrach'](#)  
**Sent:** Tuesday, July 08, 2014 5:42 PM  
**Subject:** RE: Robib TM Clinic July 2014, Case#2, Sat Chantha, 24F

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

Kind regards  
Cornelia

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**From:** [Robib Telemedicine](#)  
**To:** [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#)  
**Cc:** [Bernie Krisher](#) ; [Jason Reinhardt](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Tuesday, July 08, 2014 4:51 PM  
**Subject:** Robib TM Clinic July 2014, Case#3, Bon Oeun, 41M

Dear all,

This is case number 3, Bon Oeun, 41M 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:** Bon Oeun, 41M (Romchek Village)

**Chief Complaint (CC):** Palpitation x 7months

**History of Present Illness (HPI):** 41M, farmer, presented with symptoms of palpitation (heart beats fast), chest discomfort, and sweating without clear chest pain, SOB, cough, orthopnea, syncope. He went to consult with local health care provider and told her had

hyperlipidemia and treated with antihyperlipidemia. About 1 month later, he presented with frequency of urine, dysuria, and feeling of residual urine without hematuria, oliguria, urethral discharge. He went to consult at private clinic in Kg Thom province and told he has urinary tract problem (unknown disease) and treated with Micza-blue 1t po tid, Sulpiride 50mg 1t po tid, and Ofloxacin 200mg 1t po tid.

**Past Medical History (PMH):** Malaria infection (Vivax) in 2010; positive STDs in the past 10 years because he had several sex partners

**Family History:** No family member with heart disease, HTN, DMII, PTB

**Social History:** Smoking 5cig/d, Casual alcohol drinking

**Current Medications:** Above

**Allergies:** NKDA

**Review of Systems (ROS):** No bowel movement change

**PE:**

**Vital sign:** BP: 112/76 P: 93 R: 18 T: 36.2°C Wt: 55Kg

**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; Heart: RRR, no murmur

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

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

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

**Genital exam:** normal genitalia, no urethral discharge, no lesion, no tender

**Rectal exam:** good sphincter tone, no mass palpable, no tender

**Lab/study:**

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

EKG (not available due to machine error)

**Assessment:**

1. Heart disease?
2. Thyroid dysfunction?
3. Syphilis?

**Plan:**

1. Draw blood for CBC, Lyte, Creat, RPR and TSH at SHCH
2. Send patient to Kg Thom for abdominal 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: July 8, 2014**

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

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**From:** [Cusick, Paul S.,M.D.](#)

**To:** [Fiamma, Kathleen M.](#) ; '[robibtelemed@gmail.com](mailto:robibtelemed@gmail.com)'

**Cc:** '[rithychau@sihosp.org](mailto:rithychau@sihosp.org)'

**Sent:** Thursday, July 10, 2014 5:08 AM

**Subject:** RE: Robib TM Clinic July 2014, Case#3, Bon Oeun, 41M

It is not entirely clear to me what is going on with this patient. Electrocardiogram is quite helpful. Also suggest that decrease stimulants such as caffeine and smoking. Your blood tests will show if there any electrolyte abnormalities that may be causing palpitations. Eliminating thyroid disease is important. I am not entirely clear why you're doing an abdominal ultrasound.

Otherwise, I agree with your management.

Thank you so much for the opportunity to this consult.

Best

Paul Cusick

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

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

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

**Sent:** Tuesday, July 08, 2014 4:52 PM

**Subject:** Robib TM Clinic July 2014, Case#4, Ouk Khem, 72M

Dear all,

This is case number 4, Ouk Khem, 72M 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:** Ouk Khem, 72M (Thnout Malou Village)

**Chief Complaint (CC):** Dizziness x 4 days

**History of Present Illness (HPI):** 72M, farmer, presented with symptoms of dizziness, diaphoresis and cough with blood (dark color). He was helped with massage then brought to local health center, where AFB smear has been done. Two days after, he developed with burning epigastric pain, without radiation, pale and frequent yawn and black stool.

He has been admitted to health center and IM medicine was given for epigastric area pain and IV fluid. He denied of abdominal pain now but still complained of weak, dizziness and yawn. No history of Chronic cough.

**Past Medical History (PMH)/Past surgical history:** 2 Years history of asymmetric joint pain of ankle, knee and elbow with swelling, warmth, and morning stiffness. He got treatment with prn Steroid/NSAIDs.

**Family History:** None

**Social History:** Smoking cig 1pack/day for over 20y; Alcohol drinking 100-200mL per day for about 10y

**Current Medications:** IM injection for epigastric pain (unknown name)

**Allergies:** NKDA

**Review of Systems (ROS):** (+) fever, weight loss about 5kg, no SOB, no Chest pain, no oliguria, no dysuria

**PE:**

**Vital sign:** BP: 80/50 (both arms) P: 92 R: 18 T: 38°C Wt: 50Kg

**General:** look sick, no tachypnea

**HEENT:** No oropharyngeal lesion, severe pale conjunctiva, no thyroid enlargement, no neck lymph node palpable; Ear exam with normal mucosa, intact tympanic membrane; Nose exam with normal appearance

**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:** No foot wound, no edema, no skin lesion

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

**Rectal exam:** Good sphincter tone, no mass palpable, positive hemocult

**Lab/study:**

RBS: 179mg/dl

Hb: 6g/dl

**Assessment:**

1. GI bleeding?
2. PUD?
3. Severe anemia
4. PTB??

**Plan:**

1. Refer to provincial referral hospital for further evaluation and management

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: July 8, 2014**

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**No answer replied**

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

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

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

**Sent:** Tuesday, July 08, 2014 4:56 PM

**Subject:** Robib TM Clinic July 2014, Case#5, Sann Phen, 58M

Dear all,

This is the last case for the first day of Robib TM clinic July 2014, Case number 5, Sann Phen, 58M and photo.

Please be informed that other cases will be sent to all of 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:** Sann Phen, 58M (Romchek Village)

**Chief Complaint (CC):** Polyuria and fatigue x 2months

**History of Present Illness (HPI):** 58M, retired soldier, presented with symptoms polyuria, fatigue, white productive cough, night sweating, low grade fever. He went to consult at provincial hospital, AFB smear and blood test done with result AFB positive and hyperglycemia. He has been treated with TB drug but no antidiabetic drug. He still complained of polyuria and fatigue but denied of SOB, blurred vision, chest pain, GI problem, hematuria, dysuria, numbness/tingling.

**Past Medical History (PMH):** AKA due to mine explosive in 1997

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

**Social History:** Smoking cig 1pack/d for 30y, stopped 4y; Casual alcohol drinking

**Current Medications:** TB drug 4t qAM

**Allergies:** NKDA

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

**PE:**

**Vital sign:** BP: 115/55 P: 57 R: 18 T: 36°C Wt: 60Kg

**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; Heart: RRR, no murmur

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

**Extremities/Skin:** Complete healed left AKA stump, no legs edema, no skin lesion, positive right dorsalis pedis and posterior tibial pulse

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

**Lab/study:**

RBS: 266mg/dl

U/A: Glucose 4+, no leukocyte, no blood, no protein

**Assessment:**

1. PTB
2. DMII

**Plan:**

1. Continue TB treatment at local health center
2. Metformin 500mg 1t po bid
3. Educate on diabetic diet and foot care
4. Draw blood for CBC, Lyte, Creat and HbA1C at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants: Do you agree with my assessment and plan?**

**Examined by: Nurse Sovann Peng**

**Date: July 8, 2014**

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

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**From:** Dr. Danny Sands [mailto:danny@drdannysands.com]

**Sent:** Wednesday, July 09, 2014 1:26 PM

**To:** Fiamma, Kathleen M.

**Subject:** Re: FW: Robib TM Clinic July 2014, Case#5, Sann Phen, 58M

58 yo M being treated for pulmonary MTB has persistent polyuria and fatigue. Labs notable for hyperglycemia and glycosuria.

Agree that he has type 2 diabetes, and ideally should be treated with metformin as starting drug. However it is important that you check the creatinine. If it's elevated this would be a dangerous choice and he needs to be changed to a sulfonylurea.

Thank you.

- Danny

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

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

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

**Sent:** Wednesday, July 09, 2014 3:55 PM

**Subject:** Robib TM Clinic July 2014, Case#6, Chean Thidarith, 29F

Dear all,

There are five new cases and one follow up case for last day of Robib TM clinic July 2014. This is case number 6, continued from yesterday, Chean Thidarith, 29F 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:** Chean Thidarith, 29F (Bakdoang Village)

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

**History of Present Illness (HPI):** 29F, Secondary school teacher, presented with a mass size 3x4cm on anterior neck without palpitation, heat intolerance, tremor, insomnia, bowel movement change. She went to consult at private clinic and ultrasound done with result nodular goiter and advised to seek further evaluation in Phnom Penh.

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

**Family History:** No family member with Heart disease, HTN, DMII, PTB

**Social History:** Married with 1 children, no cig Smoking, no alcohol drinking

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** Regular menstruation

**PE:**

**Vital sign:** BP: 126/80 (both arms) P: 78 R: 18 T: 36.6°C Wt: 54Kg

**General:** look stable



**HEENT:** Mass about 3x4cm on left side on thyroid gland, firm, smooth, regular border, no bruit, no tender; No oropharyngeal lesion, pink conjunctiva, 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:** No legs edema, no skin lesion

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

**Lab/study:**  
Neck mass ultrasound conclusion: Nodular goiter  
(March 30, 2014)



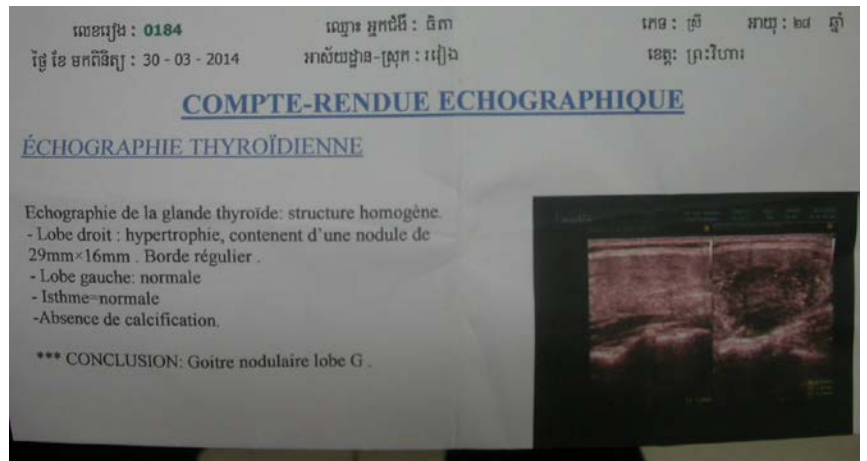
**Assessment:**

1. Nodular goiter

**Plan:**

1. Draw blood for CBC, 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:** July 9, 2014

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

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**From:** "Fang, Leslie S.,M.D." <[LFANG@mgh.harvard.edu](mailto:LFANG@mgh.harvard.edu)>

**Date:** July 9, 2014 at 7:10:25 PM EDT

**To:** "Fiamma, Kathleen M." <[KFIAMMA@PARTNERS.ORG](mailto:KFIAMMA@PARTNERS.ORG)>

**Subject:** RE: Robib TM Clinic July 2014, Case#6, Chean Thidarith, 29F

Sounds like multinodular goiter but it is critical to have access to the ultrasound

Leslie Fang, MD

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

**To:** ['Robib Telemedicine'](#) ; ['Rithy Chau'](#) ; ['Kruy Lim'](#) ; ['Kathy Fiamma'](#) ; ['Paul Heinzelmann'](#) ; ['Joseph Kvedar'](#)  
**Cc:** ['Bernie Krisher'](#) ; ['Jason Reinhardt'](#) ; ['Thero So Nourn'](#) ; ['Laurie & Ed Bachrach'](#)  
**Sent:** Thursday, July 10, 2014 9:55 AM  
**Subject:** RE: Robib TM Clinic July 2014, Case#6, Chean Thidarith, 29F

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

Kind regards  
Cornelia

---

**From:** [Robib Telemedicine](#)  
**To:** [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#)  
**Cc:** [Bernie Krisher](#) ; [Jason Reinhardt](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, July 09, 2014 3:57 PM  
**Subject:** Robib TM clinic July 2014, Case#7, Chan Kome, 7M

Dear all,

This is case number 7, Chan Kome, 7M and photo.

Best regards,  
Sovann

## **Robib Telemedicine Clinic**

**Sihanouk Hospital Center of HOPE and Center for Connected Health**  
Rovieng Commune, Preah Vihear Province, Cambodia

### **History and Physical**



**Name/Age/Sex/Village:** Chan Kome, 7M (Bang Korn Village)

**Chief Complaint (CC):** Seizure x 2y

**History of Present Illness (HPI):** 7M was brought to Telemedicine clinic complaining of seizure. His father reported of history falling down from the house (3m height) when the boy was 9 months old and noticed of depressed right side of the skull without any symptoms until he was 5 years old when he developed tonic-clonic seizure, unconscious without stool or urine incontinence and HA, muscle pain after seizure attack. The seizure occurred two to three times every one to two months. He was brought to children hospital in Siem Reap in the past year and told that he has Epilepsy and got follow up twice then he didn't go any more due to financial reason.

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

**Family History:** No family member with Heart disease, HTN, DMII, PTB

**Current Medications:** None

**Allergies:** NKDA

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

**PE:**

**Vital sign:** BP: / P: 90 R: 22 T: 36°C Wt: 24Kg

**General:** look stable

**HEENT:** Depressed skull at right side of head, size 1x5cm, No oropharyngeal lesion, pink conjunctiva, 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:** No legs edema, no skin lesion

**Lab/study:** None

**Assessment:**

1. Epilepsy post trauma

**Plan:**

1. Suggest to follow up with children hospital in Siem Reap
2. MTV 1t po qd

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:** July 9, 2014

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**No answer replied**

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

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

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

**Sent:** Wednesday, July 09, 2014 3:58 PM

**Subject:** Robib TM clinic July 2014, Case#8, Eam Kim Heang, 49F



Dear all,

This is case number 8, Eam Kim Heang, 49F 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:** Eam Kim Heang, 49F (Bakdoang Village)

**Chief Complaint (CC):** Tension HA x 3 years

**History of Present Illness (HPI):** 49F, farmer, presented with symptoms tension HA, which occurred almost every day. She feels pressure in her head which was less in morning and increased from time to time then got worse during the day after dealing with daily work. HA associated with symptoms neck tension, ear ringing, blurred vision, hot flush, poor memory and a lot of dream. She frequently used cold water or ice to put on head to release HA. She went to have head CT scan in Phnom Penh in the past two years, and was treated with several kinds of medicine (unknown name) but she did not get better. In past year, she went to consult with doctor in provincial hospital and told she has psychiatric disorder and treated with few kinds of medicine but her symptoms still persist. She denied of fever, cough, diaphoresis, dyspnea, syncope. She also denied of problem in family which make her worry but feel scaring when hearing or seeing the frighten event.

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

**Family History:** No family member with Heart disease, HTN, DMII, PTB

**Social History:** No cig Smoking, no alcohol drinking

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** 3y post menopause

**PE:**

**Vital sign:** BP: 122/84 (both arms) P: 79 R: 18 T: 36°C Wt: 53Kg

**General:** look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, 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:** No legs edema, no skin lesion

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

**Lab/study:** None

**Assessment:**

1. Anxiety
2. Tension HA
3. Psychiatric disorder??

**Plan:**

1. Amitriptylin 25mg 1/2t po qhs
2. Paracetamol 500mg 1-2t po qid prn
3. Refer for psychological consult at provincial hospital or Phnom Penh
4. Draw blood for CBC, Lyte, Creat, Ca<sup>2+</sup>, Mg<sup>2+</sup>, 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: July 9, 2014**

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**From:** Dr. Danny Sands [mailto:danny@drdannysands.com]

**Sent:** Wednesday, July 09, 2014 1:32 PM

**To:** Fiamma, Kathleen M.

**Subject:** Re: FW: Robib TM clinic July 2014, Case#8, Eam Kim Heang, 49F

49 yo F with headaches and associated neck tension, ear ringing, blurred vision, hot flushing, and memory impairment.

You have not mentioned any focal neurologic symptoms. You also didn't describe the location or quality of her headaches. This information may be helpful.

Finally, I'd like to ascertain that her head CT was normal.

Assuming no focal neurologic symptoms, normal CT, and headache that sounds like a tension headache (certainly the pattern is consistent), your plan is fine. I'd add that she should be instructed on relaxation techniques, which may help her cope with and reduce severity of her headaches.

Thank you.

- *Danny*

---

**From:** [Robib Telemedicine](#)  
**To:** [Kathy Fiamma](#) ; [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#)  
**Cc:** [Bernie Krisher](#) ; [Jason Reinhardt](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, July 09, 2014 4:00 PM  
**Subject:** Robib TM clinic July 2014, Case#9, Prak Nai, 45M

Dear all,

This is case number 9, Prak Nai, 45M 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:** Prak Nai, 45M (Samrith Village)

**Chief Complaint (CC):** Generalized muscle pain and polyuria x 2months

**History of Present Illness (HPI):** 45M, farmer, presented with symptoms of generalized muscle pain, polyuria, fatigue. He got treatment from local health care worker with few kinds of medicine (unknown name) but not better. Yesterday, he came to have blood check and told he has hyperglycemia (BS: 400mg/dl) then was admitted to local health center and today he come to consult with Telemedicine. He denied of fever, SOB, chest pain, blurred vision, numbness/tingling, foot wound.

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

**Family History:** No family member with Heart disease, HTN, DMII, PTB

**Social History:** Smoking 10cig/day for 30y; casual alcohol drinking

**Current Medications:** IV fluid NSS

**Allergies:** NKDA

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

**PE:**

**Vital sign:** BP: 114/60 P: 97 R: 18 T: 36°C Wt: 49Kg

**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; Heart: RRR, no murmur

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

**Extremities/Skin:** No legs edema, no foot wound

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

**Lab/study:**

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

RBS: 389mg/dl

**Assessment:**

1. DMII

**Plan:**

1. Metformin 500mg 1t po bid
2. ASA 100mg 1t po qd
3. Educate on diabetic diet, regular exercise and foot care
4. Draw blood for Lyte, Creat, Chole, TG, HbA1C at SHCH

Labs available locally: Hemoglobin, UA, Glucose, Stool Occult Blood, and Pregnancy Test

**Specific Comments/Questions for Consultants:** Do you agree with my assessment and plan?

**Examined by:** Nurse Sovann Peng

**Date:** July 9, 2014

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**From:** [Cusick, Paul S., M.D.](mailto:Cusick, Paul S., M.D.)

**To:** [Fiamma, Kathleen M.](mailto:Fiamma, Kathleen M.) ; [robibtelemed@gmail.com](mailto:robibtelemed@gmail.com)

**Cc:** [rithychau@sihosp.org](mailto:rithychau@sihosp.org)

**Sent:** Thursday, July 10, 2014 5:03 AM  
**Subject:** RE: Robib TM clinic July 2014, Case#9, Prak Nai, 45M

This patient has diabetes.  
It is not clear if they would have insulin-dependent or type 2 diabetes.  
If there are no ketones in the urine, treatment with fluid and metformin will be fine.  
If there are ketones in the urine, or if they're unresponsive to metformin, they'll need to consider initiating insulin.

Thank you so much for this opportunity.

Good luck

---

**From:** [Robib Telemedicine](#)  
**To:** [Paul Heinzelmann](#) ; [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#)  
**Cc:** [Bernie Krisher](#) ; [Jason Reinhardt](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, July 09, 2014 4:03 PM  
**Subject:** Robib TM clinic July 2014, Case#10, Sum Khunny, 29F

Dear all,

This is case number 10, Sum Khunny, 29F 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



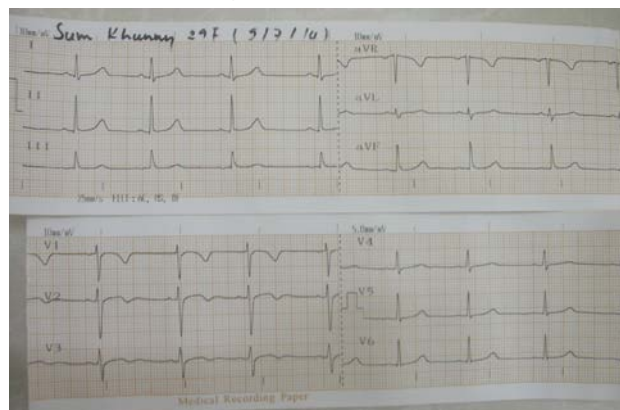
**Name/Age/Sex/Village:** Sum Khunny, 29F (Ta Tong Village)

**Chief Complaint (CC):** Dizziness, HA and Chest tightness x 5months

**History of Present Illness (HPI):** 29F, farmer, presented with symptoms of dizziness, pulsatile HA on frontal area, chest tightness and palpitation, without diaphoresis, blurred vision, syncope. She noticed the symptoms frequently occurred a few days after menstruation and got worse with expose to sunlight. She got consult and treatment from local health center but her symptoms still persist.

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

**Family History:** No family member with Heart disease, HTN, DMII, PTB



**Social History:** Married with two children, no cig Smoking, no alcohol drinking

**Current Medications:** None

**Allergies:** NKDA

**Review of Systems (ROS):** Regular menstruation, LMP on June 10, 2014, normal appetite, normal bowel movement, normal urination

**PE:**

**Vital sign: BP: 80/50 (both arms) P: 80 R: 18 T: 36.2°C Wt: 47Kg**

She said her previous blood pressure was less than 100mmHg systolic

**General:** look stable

**HEENT:** No oropharyngeal lesion, pink conjunctiva, no thyroid enlargement, no neck lymph node palpable, no JVD; ear exam with normal mucosa, intact tympanic membrane, nose exam with normal appearance

**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:** No legs edema, no skin lesion

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

**Lab/study:**

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

Blood sugar: 81mg/dl

**Assessment:**

1. HA
2. Hypotension???
3. Vitamin deficiency?

**Plan:**

1. Paracetamol 500mg 1-2t po qid prn
2. MTV 1t po qd
3. Draw blood for CBC, Lyte, Creat, Chole, TG, Ca<sup>2+</sup>, Mg<sup>2+</sup>, TSH at SHCH
4. IV fluid infusion with Vit B complex 10cc for 3d

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:** July 9, 2014

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**From:** [Cusick, Paul S.,M.D.](#)  
**To:** [Fiamma, Kathleen M.](#) ; '[robibtelemed@gmail.com](mailto:robibtelemed@gmail.com)'  
**Cc:** '[rithychau@sihosp.org](mailto:rithychau@sihosp.org)'  
**Sent:** Thursday, July 10, 2014 5:00 AM  
**Subject:** RE: Robib TM clinic July 2014, Case#10, Sum Khunny, 29F

This case sounds like perimenstrual migraines or headaches.  
The history and exam do not suggest any serious neurological condition.

Your blood testing should determine if there any causes that are not obvious.

She should be encouraged to drink more fluids particularly around her menstrual cycle.  
Paracetamol is a fine medication to use for pain as needed.

Good luck  
Paul Cusick

---

**From:** [Robib Telemedicine](#)  
**To:** [Joseph Kvedar](#) ; [Rithy Chau](#) ; [Kruy Lim](#) ; [Kathy Fiamma](#) ; [Paul Heinzelmann](#)  
**Cc:** [Bernie Krisher](#) ; [Jason Reinhardt](#) ; [Thero So Nourn](#) ; [Laurie & Ed Bachrach](#)  
**Sent:** Wednesday, July 09, 2014 4:12 PM  
**Subject:** Robib TM clinic July 2014, Case#11, Kouch Be, 85M

Dear all,

This is the last case (follow up case) of Robib TM clinic July 2014, Kouch Be, 85M and photos.

Please help to reply to the cases before Thursday afternoon then treatment plan can be made accordingly for patients who will come to receive treatment at afternoon.

Thank you very much for 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:** Kouch Be, 85M (Thnout Malou Village)

**Subjective:** 85M with diagnosis of HTN, COPD and has been treated with Amlodipine 5mg 1t po qd and Salbutamol inhaler bid prn. In the past two weeks, he has presented with plague like skin lesion on both arms with itchy feeling, he got treatment with traditional medicine application for about 1 week then the hypopigment skin was noted and the lesion developed to other site as chest and back, lower extremities and head. He got treatment with medicine bought from local pharmacy

taking oral, it releases the itchy but the lesion still persists. He denied of vesicle, pustule lesion, chemical contact.

**Current Medications:** As above

**Allergies:** NKDA

**Objective:**

**PE:**

**Vital sign:** BP: 125/65 (both arms) P: 71 R: 18 T: 36.4°C Wt: 48Kg

**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; Heart: RRR, no murmur

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

**Skin:** Hypopigment skin lesion on both arms and chest, thicken skin lesion on back and legs (see photos); spare lesion on the palm and sole.

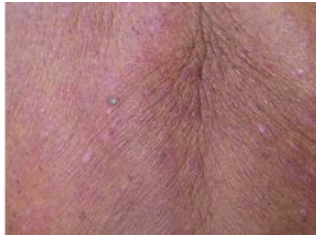
**MS/Neuro:** MS +5/5, motor and sensory intact, DTRs +2/4, normal gait

**Lab/study:** None



**Assessment:**

1. Eczema?
2. Psoriasis?
3. HTN
4. COPD

**Plan:**

1. Cetirizine 10mg 1t po qhs
2. Desoximethasone cream apply bid
3. Whitfield apply bid
4. Use moisturizing shampoo or soap for shower
5. Avoid sun exposure
6. Amlodipine 5mg 1t po qd
7. Salbutamol inhaler 2puffs bid prn

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: July 9, 2014**

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**From:** Kvedar, Joseph Charles, M.D.

**Sent:** Wednesday, July 09, 2014 12:27 PM

**To:** Fiamma, Kathleen M.

**Subject:** RE: JCK can you opine on this case?

The morphology is most suggestive of lichen planus or a lichen planus like drug eruption. If either of his bp meds were started recently, they should be changed.

The plan you've laid out is good. I don't see any value for Whitfield ointment but otherwise it makes sense.

---

## Thursday, July 10, 2014

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### Follow-up Report for Robib TM Clinic

There were 10 new patients and 1 follow up patient seen during this month Robib TM Clinic, and other 51 patients came for brief consult and medication refills, and 40 new patients seen by PA Rithy for minor problem without sending data. The data of all 11 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 July 2014

### 1. Heng Horn, 79M (Pal Hal Village)

**Diagnosis:**

1. Malignancy mass?? (from tongue or pharynx?)

**Treatment:**

1. Refer patient to Khmer Soviet Friendship hospital in Phnom Penh for further evaluation and management
2. Paracetamol 500mg 2t po qid prn pain (#50)
3. Xango powder po bid (#1)

### 2. Sat Chantha, 24F (Chhnourn Village)

**Diagnosis:**

1. Goiter (nodular, cyst?)
2. 4 months pregnancy

**Treatment:**

1. Send patient to referral hospital for neck mass ultrasound
2. MTV 1t po qd (#60)
3. Draw blood for CBC, Lyte, Glucose and TSH at SHCH

**Lab result on July 11, 2014**

WBC	=7.2	[4 - 11x10 <sup>9</sup> /L]	Na	=137	[135 - 145]
RBC	=5.7	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=3.7	[3.5 - 5.0]
Hb	=11.2	[12.0 - 15.0g/dL]	Cl	=103	[95 - 110]
Ht	=36	[35 - 47%]	Gluc	=4.7	[4.1 - 6.1]
MCV	=62	[80 - 100fl]	TSH	=1.04	[0.27 - 4.20]
MCH	=20	[25 - 35pg]			
MHCH	=32	[30 - 37%]			
Plt	=223	[150 - 450x10 <sup>9</sup> /L]			
Lymph	=2.6	[1.00 - 4.00x10 <sup>9</sup> /L]			
Mono	=1.1	[0.10 - 1.00x10 <sup>9</sup> /L]			
Neut	=3.5	[1.80 - 7.50x10 <sup>9</sup> /L]			

### 3. Bon Oeun, 41M (Romchek Village)

**Diagnosis:**

1. Heart disease?
2. Thyroid dysfunction?
3. Syphilis?

**Treatment:**

1. Draw blood for CBC, Lyte, Creat, RPR and TSH at SHCH

**Lab result on July 11, 2014**

WBC	=7.2	[4 - 11x10 <sup>9</sup> /L]	Na	=137	[135 - 145]
-----	------	-----------------------------	----	------	-------------

RBC	=5.8	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=3.6	[3.5 - 5.0]
Hb	=13.6	[14.0 - 16.0g/dL]	Cl	=99	[95 - 110]
Ht	=43	[42 - 52%]	Creat	=74	[53 - 97]
MCV	=74	[80 - 100fl]	TSH	=1.44	[0.27 - 4.20]
MCH	=23	[25 - 35pg]	RPR	= Non-reactive	
MHCH	=32	[30 - 37%]			
Plt	=217	[150 - 450x10 <sup>9</sup> /L]			
Lymph	=2.9	[1.00 - 4.00x10 <sup>9</sup> /L]			
Mono	=1.6	[0.10 - 1.00x10 <sup>9</sup> /L]			
Neut	=2.7	[1.80 - 7.50x10 <sup>9</sup> /L]			

#### 4. Ouk Khem, 72M (Thnout Malou Village)

##### Diagnosis:

1. GI bleeding?
2. PUD?
3. Severe anemia
4. PTB??

##### Treatment:

1. Refer to provincial referral hospital for further evaluation and management

#### 5. Sann Phen, 58M (Romchek Village)

##### Diagnosis:

1. PTB
2. DMII

##### Treatment:

1. Continue TB treatment at local health center
2. Metformin 500mg 1t po bid (#100)
3. Educate on diabetic diet and foot care
4. Draw blood for CBC, Lyte, Creat and HbA1C at SHCH

##### Lab result on July 11, 2014

WBC	=3.6	[4 - 11x10 <sup>9</sup> /L]	Na	=134	[135 - 145]
RBC	=5.7	[4.6 - 6.0x10 <sup>12</sup> /L]	K	=3.8	[3.5 - 5.0]
Hb	=13.0	[14.0 - 16.0g/dL]	Cl	=100	[95 - 110]
Ht	=42	[42 - 52%]	Creat	=59	[53 - 97]
MCV	=74	[80 - 100fl]	HbA1C	=8.35	[4.8 - 5.9]
MCH	=23	[25 - 35pg]			
MHCH	=31	[30 - 37%]			
Plt	=119	[150 - 450x10 <sup>9</sup> /L]			
Lymph	=0.8	[1.00 - 4.00x10 <sup>9</sup> /L]			
Mono	=.05	[0.10 - 1.00x10 <sup>9</sup> /L]			
Neut	=2.3	[1.80 - 7.50x10 <sup>9</sup> /L]			

#### 6. Chean Thidarith, 29F (Bakdoang Village)

##### Diagnosis:

1. Nodular goiter

##### Treatment:

1. Draw blood for CBC, TSH at SHCH

##### Lab result on July 11, 2014

WBC	=5.9	[4 - 11x10 <sup>9</sup> /L]	TSH	=2.78	[0.27 - 4.20]
RBC	=5.0	[3.9 - 5.5x10 <sup>12</sup> /L]			
Hb	=12.5	[12.0 - 15.0g/dL]			
Ht	=39	[35 - 47%]			
MCV	=79	[80 - 100fl]			

MCH	=25	[25 - 35pg]
MHCH	=32	[30 - 37%]
Plt	=199	[150 - 450x10 <sup>9</sup> /L]
Lymph	=2.4	[1.00 - 4.00x10 <sup>9</sup> /L]
Mono	=0.6	[0.10 - 1.00x10 <sup>9</sup> /L]
Neut	=2.9	[1.80 - 7.50x10 <sup>9</sup> /L]

### 7. Chan Kome, 7M (Bang Korn Village)

#### Diagnosis:

1. Epilepsy post trauma

#### Treatment:

1. Suggest to follow up with children hospital in Siem Reap
2. Carbamazepine 200mg 1/2t po qd (#35)
3. MTV 1t po qd (#60)

### 8. Eam Kim Heang, 49F (Bakdoang Village)

#### Diagnosis:

1. Anxiety
2. Tension HA
3. Psychiatric disorder??

#### Treatment:

1. Amitriptylin 25mg 1/2t po qhs (#35)
2. Paracetamol 500mg 1-2t po qid prn (#30)
3. Refer for psychological consult at provincial hospital or Phnom Penh
4. Draw blood for CBC, Lyte, Creat, Ca<sup>2+</sup>, Mg<sup>2+</sup>, TSH at SHCH

#### Lab result on July 11, 2014

WBC	=4.4	[4 - 11x10 <sup>9</sup> /L]	Na	=137	[135 - 145]
RBC	=4.9	[3.9 - 5.5x10 <sup>12</sup> /L]	K	=4.0	[3.5 - 5.0]
Hb	=10.8	[12.0 - 15.0g/dL]	Cl	=101	[95 - 110]
Ht	=35	[35 - 47%]	Creat	=73	[44 - 80]
MCV	=71	[80 - 100fl]	Ca <sup>2+</sup>	=1.12	[1.12 - 1.32]
MCH	=22	[25 - 35pg]	Mg <sup>2+</sup>	=0.77	[0.66 - 1.07]
MHCH	=31	[30 - 37%]	TSH	=1.02	[0.27 - 4.20]
Plt	=196	[150 - 450x10 <sup>9</sup> /L]			
Lymph	=2.1	[1.00 - 4.00x10 <sup>9</sup> /L]			
Mono	=0.6	[0.10 - 1.00x10 <sup>9</sup> /L]			
Neut	=1.7	[1.80 - 7.50x10 <sup>9</sup> /L]			

### 9. Prak Nai, 45M (Samrith Village)

#### Diagnosis:

1. DMII

#### Treatment:

1. Metformin 500mg 1t po bid (#100)
2. ASA 100mg 1t po qd (#70)
3. Educate on diabetic diet, regular exercise and foot care
4. Draw blood for Lyte, Creat, Glucose, Chole, TG, HbA1C at SHCH

#### Lab result on July 11, 2014

Na	=138	[135 - 145]
K	=4.3	[3.5 - 5.0]
Cl	=99	[95 - 110]
Creat	=42	[53 - 97]
Gluc	=6.3	[4.1 - 6.1]
T. Chol	=4.4	[<5.7]

TG =2.3 [ $<1.71$ ]  
 HbA1C =8.14 [4.8 – 5.9]

**10. Sum Khunny, 29F (Ta Tong Village)**

**Diagnosis:**

1. HA
2. Hypotension???
3. Vitamin deficiency?

**Treatment:**

1. Paracetamol 500mg 1-2t po qid prn (#30)
2. MTV 1t po qd (#60)
3. Draw blood for CBC, Lyte, Creat, Chole, TG, Ca2+, Mg2+, TSH at SHCH
4. IV fluid infusion with Vit B complex 10cc for 3d

**Lab result on July 11, 2014**

WBC =5.1	[4 - 11x10 <sup>9</sup> /L]	Na =138	[135 - 145]
RBC =4.4	[3.9 - 5.5x10 <sup>12</sup> /L]	K =4.0	[3.5 - 5.0]
Hb =11.5	[12.0 - 15.0g/dL]	Cl =103	[95 – 110]
Ht =36	[35 - 47%]	Creat =71	[44 - 80]
MCV =80	[80 - 100fl]	Ca2+ =1.17	[1.12 – 1.32]
MCH =26	[25 - 35pg]	Mg2+ =0.76	[0.66 – 1.07]
MHCH =32	[30 - 37%]	T. Chol =5.4	[<5.7]
Plt =134	[150 - 450x10 <sup>9</sup> /L]	TG =1.0	[<1.71]
Lymph =2.5	[1.00 - 4.00x10 <sup>9</sup> /L]	TSH = 1.57	[0.27 – 4.20]

**11. Kouch Be, 85M (Thnout Malou Village)**

**Diagnosis:**

1. Eczema?
2. Psoriasis?
3. HTN
4. COPD

**Treatment:**

1. Cetirizine 10mg 1t po qhs (buy)
2. Whitfield apply bid (#1)
3. Use moisturizing shampoo or soap for shower
4. Avoid sun exposure
5. Amlodipine 5mg 1t po qd (#60)
6. Salbutamol inhaler 2puffs bid prn (#1)

**Patients who come for brief follow up and refill medication**

**1. Duch Channy, 52M (Taing Treuk Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid for two months (#80)
2. Glibenclamide 5mg 1t po bid for two months (buy)
3. ASA 100mg 1t po qd for two months (#60)

**2. Sao Phal, 66F (Thnout Malou Village)**

**Diagnosis:**

1. HTN
2. Anxiety
3. Renal insufficiency

**Treatment:**

1. Enalapril 5mg 1/2t po qd for two months (#30)
2. Amitriptylin 25mg 1/4t po qhs for two months (#20)
3. MTV 1t po qd for two months (#60)
4. Paracetamol 500mg 1t qid prn HA/fever for two months (#30)
5. Draw blood for Lyte, Creat, Glucose, Tot chole, TG, TSH, Free T4 and Free T3 at SHCH

**Lab result on July 11, 2014**

Na	=138	[135 - 145]
K	=2.9	[3.5 - 5.0]
Cl	=102	[95 - 110]
Creat	=170	[44 - 80]
Gluc	=5.3	[4.1 - 6.1]
T. Chol	=5.1	[<5.7]
TG	=2.0	[<1.71]
TSH	=5.84	[0.27 - 4.20]
Free T4	=11.84	[12.00 - 22.00]
Free T3	=2.11	[2.0 - 4.4]

**3. Chan Ourn, 65F (Bakdoang Village)****Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Metformin 500mg 1t po bid for two months (#100)
3. ASA 100mg 1t po qd for two months (#60)
4. Review on diabetic diet, foot care and regular exercise

**4. Kin Sok, 35F (Bos Pey Village)****Diagnosis:**

1. Hyperthyroidism

**Treatment:**

1. Carbimazole 5mg 2t po tid for two months (#100)

**5. Phork Hourn, 70M (Bakdoang Village)****Diagnosis:**

1. Osteoarthritis

**Treatment:**

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

**6. So Chhorm, 77M (Thkeng Village)****Diagnosis:**

1. HTN

**Treatment:**

1. Amlodipine 5mg 1t po qd for two months (buy)
2. HCTZ 25mg 1t po qd for two months (#60)
3. Do regular exercise

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

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

**Treatment:**

1. Allopurinol 100mg 2t po qd for two months (#120)
2. Paracetamol 500mg 1-2t po qid prn pain (#40)
3. Losartan 50mg 1t po bid for two months (#120)

**8. Heng Phy, 31F (O Village)**

**Diagnosis:**

1. Goiter
2. Hyperthyroidism

**Treatment:**

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

**Lab result on July 11, 2014**

Free T4=**7.84** [12.0 - 22.0]

**Note: Reduce Carbimazole 5mg 1t po bid**

**9. 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)

**10. 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)

**11. Keth Chourn, 60M (Chhnourn Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

**12. Mar Thean, 56M (Rom Chek Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid for two months (#120)
2. Glibenclamide 5mg 2t po bid for two months (#200)
3. ASA 100mg 1t po qd for two months (#60)
4. Draw blood for Creat, Glucose, and HbA1C at SHCH

**Lab result on July 11, 2014**

Creat =90 [53 - 97]  
Gluc =**10.8** [4.1 - 6.1]

HbA1C = 10.62 [4.8 – 5.9]

**Note:** Increase Metformin 500mg 3t qAM, and 2t qPM

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

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 25mg 1t po qd for four months (#100)

**14. Nung Chhun, 76F (Ta Tong Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

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

**15. Preum Proy, 53M (Thnout Malou Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 1t po bid for four months (#150)
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 81mg 1t po qd for four months (#120)

**16. Prum Norn, 59F (Thnout Malou Village)**

**Diagnosis:**

1. Liver cirrhosis with PHTN
2. HTN
3. Hypertrophic Cardiomyopathy
4. Renal Failure
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. Propranolol 40mg 1/2t po bid for two months (#45)
4. Paracetamol 500mg 1t po qid prn pain two months (#30)
5. Allopurinol 100mg 1t po qd for two months (#60)
6. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)

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

**Diagnosis:**

1. Epilepsy

**Treatment:**

1. Carbamazepine 200mg 1/2t po bid for four months (#65)
2. Paracetamol 500mg 1t po qid prn HA/fever for four months (#30)

**18. Prum Pri, 45M (Rom Chek Village)**

**Diagnosis:**



1. Hyperthyroidism
2. HTN

**Treatment:**

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

**Lab result on May 9, 2014**

Free T4=13.81 [12.0 - 22.0]

**19. 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. Enalapril 5mg 2t po qd for two months (#120)
3. Atenolol 50mg 1t po qd for two months (#60)
4. Amlodipine 5mg 1t po qd for two months (#50)
5. ASA 100mg 1t po qd for two months (#60)
6. Review on diabetic diet, and foot care

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

**Diagnosis:**

1. HTN

**Treatment:**

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

**21. Seng Phea, 35F (O Village)**

**Diagnosis:**

1. Epileptic seizure

**Treatment:**

1. Phenytoin 100mg 1t po bid for two months
2. Paracetamol 500mg 1t po qid prn for two months

**Note:** Patient does not come to receive treatment

**22. 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. FeSO4/Folate 200/0.4mg 1t po qd for two months (#60)
7. Draw blood for free T4 at SHCH

**Lab result on July 11, 2014**

Free T4=46.74 [12.0 - 22.0]

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

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid for four months (#150)
2. Glibenclamide 5mg 1t po bid for four months (#240)
3. Captopril 25mg 1/4t po qd for four months (buy)
4. ASA 81mg 1t po qd for four months (#120)

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

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 2t po bid for four months (#200)
2. Metformin 500mg 3t qAM and 2t po qPM for four months (#100)
3. Pioglitazone 15mg 1t po qd for four months (buy)
4. Captopril 25mg 1t po bid for four months (buy)
5. ASA 100mg 1t po qd for four months (#120)

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

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 1t po bid for two months (#120)
2. Amlodipine 5mg 1t po qd for two months (buy)
3. ASA 100mg 1t po qd for two months (#60)

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

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 2t po bid for two months (#100)
2. Metformine 500mg 2t po bid for two months (#120)
3. Pioglitazone 15mg 1t po qd for two months (buy)
4. Enalapril 5mg 1t po qd for two months (#60)
5. Draw blood for Glucose, and HbA1C at SHCH

**Lab result on July 11, 2014**

Gluc =11.9 [4.1 - 6.1]  
HbA1C =11.53 [4.8 - 5.9]

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

**Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 50mg 1/2t po qd for four months (# 40)

**28. Chan Vy, 54F (Taing Treuk Village)**

**Diagnosis:**

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

**Treatment:**

1. Metformin 500mg 2t po bid for two months (#125)
2. Enalapril 5mg 1t po qd for two months (#60)
3. ASA 100mg 1t po qd for two months (#60)

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

**Diagnosis:**

1. Hyperthyroidism

**Treatment:**

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

**Lab result on July 11, 2014**

Free T4=54.97 [12.0 - 22.0]

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

**Diagnosis:**

1. HTN
2. DMII with PNP

**Treatment:**

1. Glibenclamide 5mg 1t po bid for two months (buy)
2. Metformin 500mg 1t po bid for two months (#120)
3. Captopril 25mg 1t po bid for two months (buy)
4. ASA 100mg 1t po qd for two months (buy)
5. Amitriptylin 25mg 1/4t po qhs for two months (#15)
6. Draw blood for Cret, Glucose, and HbA1C at SHCH

**Lab result on July 11, 2014**

Creat =76 [44 - 80]  
 Gluc =11.7 [4.1 - 6.1]  
 HbA1C =9.52 [4.8 - 5.9]

**31. Kun Ban, 57M (Thnal Keng Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 1t po bid for two months (#100)
2. Glibenclamide 5mg 1t po bid for two months (#100)
3. ASA 300mg 1/4t po qd for two months (buy)
4. Captopril 25mg 1/4t po bid for two months (buy)
5. Draw blood for Creat, Glucose, and HbA1C at SHCH

**Lab result on July 11, 2014**

Creat =81 [53 - 97]  
 Gluc =12.1 [4.1 - 6.1]  
 HbA1C =9.05 [4.8 - 5.9]

**32. 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)

**33. Prum Pheum, 47F (Bakdoang Village)**

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Metformin 500mg 2t po bid for four months (#100)
2. Glibenclamide 5mg 1t po bid for four months (#150)
3. Enalapril 5mg 1/2t po qd four months (#60)
4. Atenolol 50mg 1/2t po qd for four months (#60)
5. ASA 100mg 1t po qd four months (#120)

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

**Diagnosis:**

1. DMII
2. HTN

**Treatment:**

1. Glibenclamide 5mg 2t po bid for two months (#150)
2. Metformin 500mg 2t po bid for two months (#100)
3. Enalapril 5mg 1t po qd for two months (#60)
4. Amlodipine 5mg 1t po qd for two months (#60)
3. Draw blood for Creat, Glucose, and HbA1C at SHCH

**Lab result on July 11, 2014**

Creat	=123	[53 - 97]
Gluc	=9.1	[4.1 - 6.1]
HbA1C	=8.60	[4.8 - 5.9]

**35. Sam Khim, 50F (Taing Treuk Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Metformin 500mg 2t po bid for two months (#125)
2. Glibenclamide 5mg 2t po bid for two months (#200)
3. Pioglitazone 15mg 1t po qd for two months (buy)
4. Captopril 25mg 1/2t po bid for two months (buy)

**36. 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 (#100)

**37. 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)

**38. Som Hon, 53F (Thnal Keng Village)****Diagnosis:**

1. HTN

**Treatment:**

1. HCTZ 50mg 1/2t po qd for four months (#60)
2. Paracetamol 500mg 1t po qid prn pain/fever (#30)

**39. Tann Sou Hoang, 53F (Rovieng Cheung 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 300mg 1/4t po qd for two months (buy)
4. Draw blood for Cret, Glucose, and HbA1C at SHCH

**Lab result on July 11, 2014**

Gluc =8.5 [4.1 - 6.1]  
HbA1C =10.53 [4.8 – 5.9]

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

1. HTN
2. Obesity

**Treatment:**

1. Atenolol 50mg 1t po qd for four months (#60)
2. HCTZ 50mg 1/2t po qd for four months (#40)

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

1. HTN

**Treatment:**

1. Lisinopril 5mg 1t po qd for four months (#120)
2. HCTZ 50mg 1/2t po qd for four months (#50)
3. Atenolol 50mg 1/2t po qd for four months (buy)

**42. Un Chhourn, 44M (Taing Treuk Village)****Diagnosis:**

1. DMII
2. HTN

**Treatment:**

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

**Lab result on July 11, 2014**

Creat	=79	[53 - 97]
Gluc	=8.5	[4.1 - 6.1]
HbA1C	=8.14	[4.8 - 5.9]

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

**Diagnosis:**

1. Hyperthyroidism
2. Urticaria

**Treatment:**

1. Carbimazole 5mg 2t po bid for two months (buy)
2. Propranolol 40mg ¼ t po qd for two months (#15)
3. Cetirizine 10mg 1t po qhs for two months (#10)
4. Draw blood for free T4 at SHCH

**Lab result on July 11, 2014**

Free T4=15.88 [12.0 - 22.0]

**44. Keum Kourn, 66F (Thkeng Village)**

**Diagnosis:**

1. Euthyroid goiter
2. HTN

**Treatment:**

1. Atenolol 50mg 1t po qd for four months (#60)
2. HCTZ 50mg 1/2t po qd for four months (#60)
3. Carbimazole 5mg 1/2t po tid for four months (#100)

**45. Seng Ourng, 63M (Rovieng Cheung Village)**

**Diagnosis:**

1. HTN
2. DMII

**Treatment:**

1. Captopril 25mg 1t po tid for four months (buy)
2. HCTZ 50mg 1/2t po qd for four months (#30)
3. Glibenclamide 5mg 1/2t bid for four months (#120)

**46. Som Ka, 62M (Taing Treuk Village)**

**Diagnosis:**

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

**Treatment:**

1. Metformin 500mg 1t po bid for four months (#100)
2. Captopril 25mg 1/2t po bid for four months (buy)
3. ASA 81mg 1t po qd for four months (#120)

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

**Diagnosis:**

1. DMII

**Treatment:**

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

**48. Kong Soeun, 31M (Backdoang Village)**

**Diagnosis:**

1. DMII

**Treatment:**

1. Glibenclamide 5mg 1t po bid for two months (#100)
2. Captopril 25mg 1/4t po bid for two months (buy)
3. Draw blood for Creat, Glucose, and HbA1C at SHCH

**Lab result on July 11, 2014**

Creat	=80	[53 - 97]
Gluc	=8.6	[4.1 - 6.1]
HbA1C	=6.33	[4.8 - 5.9]

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

**Diagnosis:**

1. Hyperthyroidism
2. Dyspepsia

**Treatment:**

1. Carbimazole 5mg 1t po qd for four months (buy)
2. Propranolol 40mg 1/4t po bid for four months (#50)
3. Ranitidine 150mg 1t po qhs (#30)

**50. Theum Sithath, 26F (Kampot Village)**

**Diagnosis:**

1. Euthyroid goiter

**Treatment:**

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

**Lab result on July 11, 2014**

Free T4	=14.44	[12.0 - 22.0]
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**51. Yin Kheum, 55F (Chhnourn Village)**

**Diagnosis:**

1. HTN

**Treatment:**

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

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**The next Robib TM Clinic will be held on  
September 1 - 5, 2014**