

QUESTION

A 65-year-old male patient with a long history of hypertension and a recent diagnosis of type 2 diabetes mellitus is being treated with lisinopril and metformin. He has been experiencing increasing fatigue and weakness over the past few weeks. His blood pressure is well-controlled, and his blood glucose levels are stable. He has no other significant medical history and is on no other medications. Physical examination is unremarkable. Laboratory tests show a hemoglobin level of 10 g/dL, a hematocrit of 30%, and a ferritin level of 100 ng/mL. The patient's diet is generally healthy, but he has been eating less recently due to his symptoms.

Parameter	Value	Reference Range
Hemoglobin	10 g/dL	13.5-15.5 g/dL
Hematocrit	30%	37-47%
Ferritin	100 ng/mL	50-200 ng/mL
Iron	150 µg/dL	50-150 µg/dL
TIBC	300 µg/dL	250-350 µg/dL
Transferrin Saturation	50%	20-50%
ESR	15 mm/hr	0-20 mm/hr
CRP	0.5 mg/dL	<0.5 mg/dL

What is the most likely cause of the patient's symptoms?

ANSWER



The patient's symptoms of fatigue and weakness, along with the laboratory findings of a low hemoglobin level and a low ferritin level, are consistent with iron deficiency anemia. The patient's diet is generally healthy, but he has been eating less recently due to his symptoms. The most likely cause of the patient's symptoms is iron deficiency.

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