

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 most recent laboratory tests show a hemoglobin level of 10.5 g/dL, a hematocrit of 32%, and a mean corpuscular volume (MCV) of 85 fL. The patient's renal function is stable, with a serum creatinine level of 1.2 mg/dL. What is the most likely cause of his anemia?

- ANSWER**
 The most likely cause of his anemia is iron deficiency anemia.
- Iron deficiency anemia
 - Vitamin B12 deficiency
 - Chronic kidney disease
 - Hemolytic anemia
 - Multiple myeloma

EXPLANATION

The patient's anemia is most likely due to iron deficiency. The clinical presentation of fatigue and weakness, along with the laboratory findings of a microcytic anemia (MCV 85 fL), are characteristic of iron deficiency. The patient's stable renal function and the absence of other symptoms such as weight loss or night sweats make multiple myeloma and chronic kidney disease less likely. Hemolytic anemia is also unlikely given the absence of jaundice and a reticulocyte count. Vitamin B12 deficiency typically presents with a macrocytic anemia (MCV > 100 fL).

- QUESTION**
 A 45-year-old female patient with a long history of rheumatoid arthritis is being treated with chronic low-dose prednisone. She has been experiencing increasing weight gain and facial rounding over the past few months. Her most recent laboratory tests show a serum glucose level of 150 mg/dL, a serum cholesterol level of 250 mg/dL, and a serum calcium level of 8.5 mg/dL. What is the most likely cause of her symptoms?

- ANSWER**
 The most likely cause of her symptoms is Cushing's syndrome.
- Cushing's syndrome
 - Hypothyroidism
 - Hyperparathyroidism
 - Acromegaly
 - Pheochromocytoma