

QUESTION
 A 65-year-old male patient with a long history of hypertension and hyperlipidemia presents to the clinic with a 2-week history of increasing fatigue, weight loss, and intermittent fevers. He reports that he has been unable to complete his usual activities of daily living. He has no chest pain, shortness of breath, or changes in bowel habits. He has a 20-pack-year smoking history and drinks alcohol socially. His medical history is significant for type 2 diabetes mellitus, chronic kidney disease (stage 3), and a recent diagnosis of atrial fibrillation. He is currently on lisinopril, atorvastatin, metformin, and warfarin. His last laboratory tests showed a hemoglobin of 11.5 g/dL, hematocrit of 35%, and a ferritin level of 100 ng/mL. His physical examination is unremarkable.

ANSWER
 The patient's symptoms and laboratory findings are consistent with iron deficiency anemia. The most likely cause of this anemia is chronic blood loss, which could be due to a gastrointestinal source such as a peptic ulcer or colorectal polyps, or a urinary source such as a hematuria. The patient's history of hypertension and hyperlipidemia, along with his current medications, does not suggest a primary hematologic disorder. The patient's ferritin level is low, which is consistent with iron deficiency. The patient's physical examination is unremarkable, which is also consistent with iron deficiency anemia.

ANSWERS

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