

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. The patient has no other significant medical history and is on no other medications. Physical examination is unremarkable. Laboratory tests show a hemoglobin of 10 g/dL, hematocrit of 30%, and a reticulocyte count of 1%. The patient's renal function is normal. The most likely cause of the patient's symptoms is:

- A. Iron deficiency anemia
- B. Vitamin B12 deficiency
- C. Folate deficiency
- D. Hemolytic anemia
- E. Acute kidney injury

ANSWER: A

EXPLANATION: The patient's symptoms of fatigue and weakness, along with the laboratory findings of a low hemoglobin and hematocrit, are consistent with anemia. The reticulocyte count is low, which suggests a non-regenerative response to the anemia. The patient's renal function is normal, and there are no other significant medical history or medications that could cause anemia. Iron deficiency anemia is the most likely cause of the patient's symptoms.

QUESTION

A 45-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. The patient has no other significant medical history and is on no other medications. Physical examination is unremarkable. Laboratory tests show a hemoglobin of 10 g/dL, hematocrit of 30%, and a reticulocyte count of 1%. The patient's renal function is normal. The most likely cause of the patient's symptoms is:

- A. Iron deficiency anemia
- B. Vitamin B12 deficiency
- C. Folate deficiency
- D. Hemolytic anemia
- E. Acute kidney injury

ANSWER: A

EXPLANATION: The patient's symptoms of fatigue and weakness, along with the laboratory findings of a low hemoglobin and hematocrit, are consistent with anemia. The reticulocyte count is low, which suggests a non-regenerative response to the anemia. The patient's renal function is normal, and there are no other significant medical history or medications that could cause anemia. Iron deficiency anemia is the most likely cause of the patient's symptoms.