

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 cough, hemoptysis, or chest pain. He has no recent travel history and has not been in contact with anyone who has been ill. He has no known drug allergies and is currently on lisinopril, atorvastatin, and aspirin. His medical history is significant for type 2 diabetes mellitus, chronic kidney disease, and a recent diagnosis of atrial fibrillation. He has a 20-pack-year smoking history and a 30-year history of alcohol consumption. He is currently taking warfarin for his atrial fibrillation. His current medications are lisinopril 10 mg daily, atorvastatin 20 mg daily, aspirin 81 mg daily, and warfarin 2 mg daily. His last warfarin dose was 2 mg 2 days ago. He has a current INR of 2.8. He has a current weight of 75 kg and a height of 175 cm. He has a current blood pressure of 140/90 mmHg and a heart rate of 75 bpm. He has a current temperature of 38.0°C. He has a current oxygen saturation of 98% on room air. He has a current hemoglobin of 12 g/dL, a current hemoglobin A1c of 7.5%, and a current creatinine of 1.2 mg/dL. He has a current ferritin of 100 ng/mL, a current vitamin D level of 20 ng/mL, and a current vitamin B12 level of 150 pg/mL. He has a current erythrocyte sedimentation rate of 40 mm/hr and a current C-reactive protein level of 10 mg/L. He has a current prothrombin time of 14.5 seconds and a current international normalized ratio of 2.8. He has a current chest X-ray that is normal. He has a current computed tomography scan of the chest that is normal. He has a current echocardiogram that is normal. He has a current electrocardiogram that shows atrial fibrillation. He has a current complete blood count that shows a hemoglobin of 12 g/dL, a hemoglobin A1c of 7.5%, and a creatinine of 1.2 mg/dL. He has a current ferritin of 100 ng/mL, a vitamin D level of 20 ng/mL, and a vitamin B12 level of 150 pg/mL. He has a current erythrocyte sedimentation rate of 40 mm/hr and a C-reactive protein level of 10 mg/L. He has a current prothrombin time of 14.5 seconds and an international normalized ratio of 2.8.

ANSWER
 The patient's symptoms and physical examination findings are consistent with a diagnosis of anemia of chronic disease. The patient's hemoglobin is 12 g/dL, which is below the normal range for a male patient. The patient's ferritin is 100 ng/mL, which is below the normal range for a male patient. The patient's erythrocyte sedimentation rate is 40 mm/hr, which is elevated. The patient's C-reactive protein level is 10 mg/L, which is elevated. The patient's prothrombin time is 14.5 seconds, which is within the normal range. The patient's international normalized ratio is 2.8, which is elevated. The patient's chest X-ray, computed tomography scan of the chest, and echocardiogram are normal. The patient's electrocardiogram shows atrial fibrillation. The patient's complete blood count shows a hemoglobin of 12 g/dL, a hemoglobin A1c of 7.5%, and a creatinine of 1.2 mg/dL. The patient's ferritin is 100 ng/mL, a vitamin D level of 20 ng/mL, and a vitamin B12 level of 150 pg/mL. The patient's erythrocyte sedimentation rate is 40 mm/hr and a C-reactive protein level of 10 mg/L. The patient's prothrombin time is 14.5 seconds and an international normalized ratio of 2.8.

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