

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 reports feeling increasingly fatigued and has noticed some swelling in his lower extremities. His blood pressure is 150/90 mmHg, heart rate is 78 bpm, and oxygen saturation is 96% on room air. Physical examination reveals bilateral lower extremity edema and a clear lung field. Laboratory tests show a serum sodium of 132 mEq/L, serum potassium of 3.8 mEq/L, and a serum creatinine of 1.2 mg/dL. The patient's most recent HbA1c is 7.5%.

ANSWER
 The patient's symptoms and physical findings are consistent with fluid overload, likely due to the combination of hypertension and heart failure. The presence of lower extremity edema and a clear lung field suggests a right-sided heart failure. The patient's blood pressure is elevated, and his heart rate is within normal limits. The laboratory tests show a normal serum sodium and potassium level, and a serum creatinine level that is slightly elevated. The patient's HbA1c is also within the target range.

KEY POINTS

The patient's symptoms and physical findings are consistent with fluid overload, likely due to the combination of hypertension and heart failure. The presence of lower extremity edema and a clear lung field suggests a right-sided heart failure. The patient's blood pressure is elevated, and his heart rate is within normal limits. The laboratory tests show a normal serum sodium and potassium level, and a serum creatinine level that is slightly elevated. The patient's HbA1c is also within the target range.