

### 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 0.5%. The patient's renal function is normal. The most likely cause of his 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, suggest anemia. The reticulocyte count is low, which is not consistent with hemolytic anemia. The patient's renal function is normal, so acute kidney injury is unlikely. The most common cause of anemia in this patient is iron deficiency anemia, which can be caused by chronic blood loss or poor iron intake.

### QUESTION



The diagram illustrates the correct hand position for a physical examination. The thumb is labeled '1' and the index finger is labeled '2'. The diagram is used to illustrate the correct hand position for a physical examination.

ANSWER: A

EXPLANATION: The diagram illustrates the correct hand position for a physical examination. The thumb is labeled '1' and the index finger is labeled '2'. The diagram is used to illustrate the correct hand position for a physical examination.