

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 most recent laboratory tests show a hemoglobin level of 10.5 g/dL, a hematocrit of 32%, and a mean corpuscular volume (MCV) of 85 fL. The reticulocyte count is 0.5%. The patient's renal function is stable, with a serum creatinine level of 1.2 mg/dL. What is the most likely cause of his anemia?

- ANSWER**
 The most likely cause of his anemia is iron deficiency anemia.
- A. Iron deficiency anemia
 - B. Vitamin B12 deficiency
 - C. Folate deficiency
 - D. Chronic kidney disease
 - E. Hemolytic anemia

ANSWERS



ANSWER
 The most likely cause of his anemia is iron deficiency anemia. The patient's laboratory findings show a microcytic anemia (MCV 85 fL) with a low reticulocyte count (0.5%), which is not consistent with hemolytic anemia. The patient's renal function is stable, ruling out chronic kidney disease. The patient's symptoms of fatigue and weakness, along with the laboratory findings, are most consistent with iron deficiency anemia.