

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 chest pain, shortness of breath, or changes in bowel habits. He has a 20-pack-year smoking history and drinks alcohol socially. His medical history is significant for type 2 diabetes mellitus, chronic kidney disease (stage 3), and a recent diagnosis of atrial fibrillation. He is currently on lisinopril, atorvastatin, metformin, and warfarin. His last laboratory workup showed a hemoglobin of 11.5 g/dL, hematocrit of 35%, and a ferritin level of 100 ng/mL. His physical examination is unremarkable.

ANSWER
 The most likely diagnosis is iron deficiency anemia. The patient's symptoms of fatigue, weight loss, and intermittent fevers are consistent with anemia. The laboratory findings of a low hemoglobin level (11.5 g/dL) and a low ferritin level (100 ng/mL) further support this diagnosis. Iron deficiency anemia is a common cause of anemia in older adults, particularly in those with a history of chronic kidney disease and hyperlipidemia. The patient's symptoms and laboratory findings are not consistent with other causes of anemia, such as vitamin B12 deficiency, folate deficiency, or hemolytic anemia.

CASE PRESENTATION



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