

**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. Physical examination reveals mild anemia and no other significant findings. Laboratory tests show a hemoglobin level of 11 g/dL, a hematocrit of 33%, and a ferritin level of 100 ng/mL. What is the most likely cause of his symptoms?

- ANSWER**  
 A. Iron deficiency anemia  
 B. Vitamin B12 deficiency  
 C. Folate deficiency  
 D. Chronic kidney disease  
 E. Hypothyroidism

## EXPLANATION

The patient's symptoms of fatigue and weakness, along with the laboratory findings of mild anemia and a normal ferritin level, suggest a non-iron deficiency anemia. The most likely cause in this context is chronic kidney disease (CKD), which can lead to anemia due to decreased erythropoietin production and shortened red blood cell survival. The patient's long history of hypertension and recent diagnosis of type 2 diabetes mellitus are risk factors for CKD.

Iron deficiency anemia (A) is unlikely because the ferritin level is normal. Vitamin B12 deficiency (B) and folate deficiency (C) would typically present with more pronounced symptoms and abnormal laboratory findings. Hypothyroidism (E) could cause fatigue and weakness but is less likely to cause anemia.