

QUESTION

1. A patient with a long history of alcohol abuse presents with a 2-week history of weight loss, weakness, and confusion. On physical examination, there is a bilateral lower-extremity edema, a bilateral lower-extremity pitting edema, and a bilateral lower-extremity pitting edema. The patient's laboratory studies are as follows:

Test	Result
White blood cell count	12,000/mm ³
Hemoglobin	10 g/dL
Hematocrit	30%
Serum albumin	2.5 g/dL
Serum total protein	5.5 g/dL
Serum bilirubin	2.5 mg/dL
Serum aspartate aminotransferase (AST)	150 U/L
Serum alanine aminotransferase (ALT)	100 U/L
Serum prothrombin time (PT)	18 seconds
Serum international normalized ratio (INR)	1.8
Serum creatinine	1.5 mg/dL
Serum sodium	125 mEq/L
Serum potassium	3.5 mEq/L
Serum calcium	8.5 mg/dL
Serum magnesium	1.5 mg/dL
Serum phosphorus	2.5 mg/dL
Serum uric acid	6.5 mg/dL
Serum lactate dehydrogenase (LDH)	1,500 U/L
Serum ferritin	100 ng/mL
Serum ferritin	100 ng/mL
Serum ferritin	100 ng/mL

2. A patient with a long history of alcohol abuse presents with a 2-week history of weight loss, weakness, and confusion. On physical examination, there is a bilateral lower-extremity edema, a bilateral lower-extremity pitting edema, and a bilateral lower-extremity pitting edema. The patient's laboratory studies are as follows:

Test	Result
White blood cell count	12,000/mm ³
Hemoglobin	10 g/dL
Hematocrit	30%
Serum albumin	2.5 g/dL
Serum total protein	5.5 g/dL
Serum bilirubin	2.5 mg/dL
Serum aspartate aminotransferase (AST)	150 U/L
Serum alanine aminotransferase (ALT)	100 U/L
Serum prothrombin time (PT)	18 seconds
Serum international normalized ratio (INR)	1.8
Serum creatinine	1.5 mg/dL
Serum sodium	125 mEq/L
Serum potassium	3.5 mEq/L
Serum calcium	8.5 mg/dL
Serum magnesium	1.5 mg/dL
Serum phosphorus	2.5 mg/dL
Serum uric acid	6.5 mg/dL
Serum lactate dehydrogenase (LDH)	1,500 U/L
Serum ferritin	100 ng/mL
Serum ferritin	100 ng/mL
Serum ferritin	100 ng/mL

3. A patient with a long history of alcohol abuse presents with a 2-week history of weight loss, weakness, and confusion. On physical examination, there is a bilateral lower-extremity edema, a bilateral lower-extremity pitting edema, and a bilateral lower-extremity pitting edema. The patient's laboratory studies are as follows:

ANSWER



Test	Result
White blood cell count	12,000/mm ³
Hemoglobin	10 g/dL
Hematocrit	30%
Serum albumin	2.5 g/dL
Serum total protein	5.5 g/dL
Serum bilirubin	2.5 mg/dL
Serum aspartate aminotransferase (AST)	150 U/L
Serum alanine aminotransferase (ALT)	100 U/L
Serum prothrombin time (PT)	18 seconds
Serum international normalized ratio (INR)	1.8
Serum creatinine	1.5 mg/dL
Serum sodium	125 mEq/L
Serum potassium	3.5 mEq/L
Serum calcium	8.5 mg/dL
Serum magnesium	1.5 mg/dL
Serum phosphorus	2.5 mg/dL
Serum uric acid	6.5 mg/dL
Serum lactate dehydrogenase (LDH)	1,500 U/L
Serum ferritin	100 ng/mL
Serum ferritin	100 ng/mL
Serum ferritin	100 ng/mL

4. A patient with a long history of alcohol abuse presents with a 2-week history of weight loss, weakness, and confusion. On physical examination, there is a bilateral lower-extremity edema, a bilateral lower-extremity pitting edema, and a bilateral lower-extremity pitting edema. The patient's laboratory studies are as follows:

5. A patient with a long history of alcohol abuse presents with a 2-week history of weight loss, weakness, and confusion. On physical examination, there is a bilateral lower-extremity edema, a bilateral lower-extremity pitting edema, and a bilateral lower-extremity pitting edema. The patient's laboratory studies are as follows: