

QUESTION
 A 65-year-old male with a long history of hypertension and hyperlipidemia presents with a 2-week history of progressive weakness and fatigue. He reports that his symptoms are worse in the morning and improve slightly throughout the day. He has no chest pain, shortness of breath, or changes in bowel habits. His medical history is significant for a myocardial infarction 10 years ago and a stroke 5 years ago. He is currently on lisinopril, atorvastatin, and aspirin. His physical examination is unremarkable. Laboratory studies show a hemoglobin of 10 g/dL, hematocrit of 30%, and a normal reticulocyte count. His serum ferritin is 100 ng/mL, and his serum iron is 150 µg/dL. His total iron-binding capacity (TIBC) is 300 µg/dL, and his transferrin saturation is 20%. His serum vitamin B12 level is 150 pg/mL, and his serum folate level is 10 ng/mL. His serum creatinine is 1.2 mg/dL, and his estimated glomerular filtration rate (eGFR) is 60 mL/min/1.73 m².

ANSWER
 The patient's presentation is consistent with iron deficiency anemia. The key findings include a low hemoglobin (10 g/dL) and hematocrit (30%), a normal reticulocyte count, and a low transferrin saturation (20%). The serum ferritin level is also low (100 ng/mL), which is consistent with iron deficiency. The patient's symptoms of weakness and fatigue are common in iron deficiency anemia. The normal serum vitamin B12 and folate levels rule out these causes of anemia. The patient's history of hypertension and hyperlipidemia, as well as his current medications, do not appear to be directly related to his anemia.

Parameter	Value	Reference Range
Hemoglobin	10 g/dL	13.5-15.5 g/dL
Hematocrit	30%	40%-50%
Reticulocyte Count	Normal	0.5%-1.5%
Serum Ferritin	100 ng/mL	>100 ng/mL
Serum Iron	150 µg/dL	50-150 µg/dL
TIBC	300 µg/dL	250-400 µg/dL
Transferrin Saturation	20%	20%-50%
Serum Vitamin B12	150 pg/mL	200-900 pg/mL
Serum Folate	10 ng/mL	7-20 ng/mL
Serum Creatinine	1.2 mg/dL	0.7-1.3 mg/dL
eGFR	60 mL/min/1.73 m ²	>60 mL/min/1.73 m ²

KEY POINTS

Iron deficiency anemia is a common cause of anemia in older adults.



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The patient's symptoms and laboratory findings are consistent with iron deficiency anemia. The normal serum vitamin B12 and folate levels rule out these causes of anemia. The patient's history of hypertension and hyperlipidemia, as well as his current medications, do not appear to be directly related to his anemia.