

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 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 the patient's anemia is iron deficiency anemia. The patient's laboratory findings show a microcytic anemia (MCV of 85 fL), which is characteristic of iron deficiency. The patient's symptoms of fatigue and weakness are also consistent with iron deficiency. The patient's renal function is stable, and there is no evidence of chronic kidney disease. The patient's hypertension and diabetes mellitus are unlikely to be the cause of his anemia.

ANSWERS TO THE QUESTIONS

QUESTION 1
 A 45-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 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 the patient's anemia is iron deficiency anemia. The patient's laboratory findings show a microcytic anemia (MCV of 85 fL), which is characteristic of iron deficiency. The patient's symptoms of fatigue and weakness are also consistent with iron deficiency. The patient's renal function is stable, and there is no evidence of chronic kidney disease. The patient's hypertension and diabetes mellitus are unlikely to be the cause of his anemia.