

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 is also noted to have a positive result on a peripheral blood smear for microcytosis and hypochromia.

ANSWER
 The patient's symptoms and laboratory findings are consistent with iron deficiency anemia. The low hemoglobin and hematocrit levels, along with the microcytic and hypochromic red blood cells, are characteristic of this condition. The most common cause of iron deficiency anemia in this population is chronic blood loss, which could be related to his long-standing hypertension or his recent diagnosis of diabetes mellitus.

ANSWERS



QUESTION
 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 is also noted to have a positive result on a peripheral blood smear for microcytosis and hypochromia.

ANSWER
 The patient's symptoms and laboratory findings are consistent with iron deficiency anemia. The low hemoglobin and hematocrit levels, along with the microcytic and hypochromic red blood cells, are characteristic of this condition. The most common cause of iron deficiency anemia in this population is chronic blood loss, which could be related to his long-standing hypertension or his recent diagnosis of diabetes mellitus.