

73-year-old with anemia and mild thrombocytopenia for five months. Workup showed no evidence of blood loss. He is quite fatigued and has lost weight. No fever, jaundice, pruritus, dark-colored urine, bleeding or melena. He recently started taking Hyzaar, but he has had no other recent medication changes.

**PAST MEDICAL HISTORY:**

1. Anemia and mild thrombocytopenia, both recently diagnosed.
2. History of atrial fibrillation.
3. Type 2 diabetes.
4. Hyperlipidemia.
5. Congestive heart failure.
6. Status post tonsillectomy.
7. Status post oral surgery.

**MEDICATIONS:**

1. Glyburide 5 mg twice daily.
2. Zocor 40 mg daily.
3. Digoxin 0.15 mg daily.
4. Hyzaar daily

**SOCIAL HISTORY:** He is a retired anesthesiologist, married, 3 children. Former pipe smoker. Drank 2 to 3 glasses of wine daily, but abstinent recently.

**FAMILY HISTORY:** A grandmother had type 2 diabetes. Father had Parkinson disease and Mother died of old age at 94. A sister has asthma, CHF and obesity.

**REVIEW OF SYSTEMS:** He feels tired and weak. He has chronic right shoulder rotator cuff pain. No GU symptoms. He has had anorexia and a 10-pound weight loss over the last couple of months. He has shortness of breath with light activity. He was treated for pneumonia in fall 2003. He has atrial fibrillation, but no chest pain. No neurologic symptoms, rashes, or emotional problems. Had trouble with blood sugar control recently, metformin was discontinued.

**PHYSICAL EXAMINATION:** Somewhat obese. Not appear acutely ill. His sclerae are anicteric. No palpable cervical, supraclavicular, axillary or inguinal adenopathy. The heart rhythm is irregularly irregular. The lungs are clear to auscultation. Abdomen is soft, nontender and nondistended. Spleen is not palpable. The liver is palpable 1 to 2 fingerbreadths below the costal margin. The extremities have trace edema. Neurologic exam shows no focal deficits.

White count 7300, hemoglobin 10.3, hematocrit 29, platelet count 155,000. MCV 104. Differential shows 41% neutrophils and 52% lymphocytes, 1% basophils and 7% monocytes.

Blood smear  
Retic count

Bone marrow biopsy  
Immunophenotype

Iron/TIBC  
Ferritin  
B-12  
Folate

ESR  
Hemoglobin electrophoresis  
Hemoglobin A2  
Haptoglobin  
Coombs test  
Cold agglutinin test  
Osmotic fragility  
G6PD  
PNH screen  
EPO

INR  
aPTT  
Thrombin time  
Platelet function screen  
Platelet aggregometry  
Bleeding time  
Fibrinogen  
D-dimer  
Fibrin monomer  
Factor II, X, V, VII, IX, VIII, XI, XII, XIII  
Protein C  
Protein S  
Antithrombin  
Plasminogen  
Activated protein C resistance

Factor V Leiden/Prothrombin gene mutation  
Inhibitor screen

SPEP  
Serum immunofixation  
UPEP  
Urine immunofixation  
Quantitative immunoglobulins  
Serum viscosity  
Cryoglobulin test

Lytes, glucose, creat, BUN  
AST, ALT  
Alk phos, GGT, bili  
LDH  
CRP  
Uric acid  
Albumin, total protein

Urinalysis  
Urine hemosiderin

Chest xray  
Skeletal survey  
Body CT  
V/Q scan  
Helical chest CT  
Other radiology

EBV serology  
CMV  
Hep C  
Hep B  
HIV