



Takki! **Morci!** **Kranich!**

Turkisch! **das heißt deutsch!**

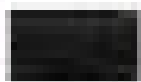
Manga Tak! **Wie gesagt!**

Kittori!

Takki! **Turkish coffee!**

Eat my jamonsteak!

(with a Japanese accent)



QUESTION
A 60-year-old male with a 20-year history of type 2 diabetes mellitus presents with a 2-week history of increasing fatigue, weight loss, and decreased appetite. He reports that he has been unable to tolerate his usual diet and has lost approximately 10 pounds (4.5 kg) over the past few months. He has no recent changes in his medications and has been adhering to his insulin regimen. His medical history is significant for hypertension, hyperlipidemia, and chronic kidney disease (stage 3). He has no family history of diabetes or other endocrine disorders. Physical examination reveals a thin, elderly man with no acute abnormalities. Laboratory studies show a hemoglobin A1c of 9.5%, serum glucose of 180 mg/dL (10.0 mmol/L), and serum insulin of 0.5 µU/mL (5.0 mU/L). Which of the following is the most likely cause of his symptoms?

ANSWER
A. Type 1 diabetes mellitus
B. Type 2 diabetes mellitus
C. Hypothyroidism
D. Hyperthyroidism
E. Cushing's disease

DISCUSSION
The patient's symptoms of fatigue, weight loss, and decreased appetite, along with the laboratory findings of a significantly elevated hemoglobin A1c and serum glucose, and a low serum insulin level, are most consistent with type 1 diabetes mellitus. Type 1 diabetes is an autoimmune disease characterized by the destruction of the pancreatic islets of Langerhans, leading to absolute insulin deficiency. The clinical presentation typically includes polyuria, polydipsia, and weight loss, which are consistent with the patient's symptoms. The laboratory findings of a high hemoglobin A1c and serum glucose, and a low serum insulin level, further support this diagnosis. Type 2 diabetes mellitus is a more common form of diabetes, typically associated with obesity and insulin resistance. The patient's symptoms and laboratory findings are not consistent with type 2 diabetes. Hypothyroidism and hyperthyroidism are endocrine disorders that can cause fatigue and weight changes, but they are not associated with the laboratory findings of a high hemoglobin A1c and serum glucose, and a low serum insulin level. Cushing's disease is a rare endocrine disorder characterized by excessive production of cortisol, which can cause weight gain and fatigue, but it is not associated with the laboratory findings of a high hemoglobin A1c and serum glucose, and a low serum insulin level.

REFERENCE
1. American Diabetes Association. Standards of Medical Care in Diabetes—2013. *Diabetes Care*. 2013;36(suppl 1):S11–S41.

QUESTION
A patient with a long history of alcohol abuse presents with a 2-week history of anorexia, weight loss, and weakness. The patient has a 10-kg weight loss over the past 6 months. The patient's physical examination is unremarkable. The patient's laboratory studies are as follows:

ANSWER
The patient's laboratory studies are consistent with vitamin B₁₂ deficiency. The patient's physical examination is unremarkable, which is consistent with the diagnosis of vitamin B₁₂ deficiency. The patient's laboratory studies are as follows:

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QUESTION
A 60-year-old male with a 20-year history of type 2 diabetes mellitus presents with a 2-week history of increasing fatigue, weight loss, and decreased appetite. He reports frequent urination and increased thirst. Physical examination reveals a thin, frail man with dry mucous membranes and a heart rate of 100 beats per minute. Laboratory studies show a hemoglobin A1c of 10.5%, serum glucose of 250 mg/dL, and serum ketones of 2+.

ANSWER
The patient's symptoms and laboratory findings are consistent with uncontrolled type 2 diabetes mellitus. The high hemoglobin A1c and serum glucose levels indicate chronic hyperglycemia, while the presence of ketones suggests a degree of insulin deficiency. The patient's weight loss and increased thirst are also consistent with this condition.

DISCUSSION
Type 2 diabetes mellitus is a chronic metabolic disorder characterized by insulin resistance and relative insulin deficiency. It is a leading cause of morbidity and mortality worldwide. The patient's symptoms and laboratory findings are classic for uncontrolled type 2 diabetes. The high hemoglobin A1c and serum glucose levels indicate chronic hyperglycemia, while the presence of ketones suggests a degree of insulin deficiency. The patient's weight loss and increased thirst are also consistent with this condition.

CONCLUSION
The patient's symptoms and laboratory findings are consistent with uncontrolled type 2 diabetes mellitus. The high hemoglobin A1c and serum glucose levels indicate chronic hyperglycemia, while the presence of ketones suggests a degree of insulin deficiency. The patient's weight loss and increased thirst are also consistent with this condition.

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QUESTION
A 60-year-old male with a 20-year history of type 2 diabetes mellitus presents with a 2-week history of increasing fatigue, weight loss, and decreased appetite. He reports frequent urination and increased thirst. Physical examination reveals a BMI of 28 kg/m², tachycardia, and dry mucous membranes. Laboratory studies show a hemoglobin A1c of 10.5%, serum glucose of 250 mg/dL, and serum ketones of 2+.

ANSWER
Type 2 diabetes mellitus with hyperglycemic hyperosmolar state (HHS).

EXPLANATION
The patient's symptoms and physical findings are consistent with hyperglycemia. The presence of ketones in the urine suggests a degree of insulin deficiency, which is more typical of type 1 diabetes mellitus. However, the absence of significant ketonuria and the presence of hyperosmolarity (not explicitly stated but implied by the clinical picture) are characteristic of HHS. The patient's long-standing diabetes and the absence of other acute causes for hyperglycemia support this diagnosis.

REFERENCE
American Diabetes Association. Standards of Medical Care in Diabetes—2023. <https://diabetes.org/standards-of-care>.

QUESTION
A 60-year-old male with a 10-year history of type 2 diabetes mellitus presents with a 2-week history of increasing fatigue, weight loss, and decreased appetite. He reports frequent urination and increased thirst. His medical history is significant for hypertension, hyperlipidemia, and chronic kidney disease (stage 3). He is currently taking metformin, lisinopril, and atorvastatin. Physical examination reveals mild dehydration, dry mucous membranes, and a heart rate of 100 beats per minute. Laboratory studies show a hemoglobin A1c of 10.5%, serum glucose of 250 mg/dL, and serum creatinine of 2.5 mg/dL. What is the most appropriate initial management step?

ANSWER
Initiate insulin therapy.

EXPLANATION
The patient's clinical presentation and laboratory findings are consistent with severe hyperglycemia and diabetic ketoacidosis (DKA). The HbA1c of 10.5% and serum glucose of 250 mg/dL indicate poor glycemic control. The presence of frequent urination, increased thirst, and weight loss suggests chronic hyperglycemia. The mild dehydration, dry mucous membranes, and tachycardia are signs of fluid and electrolyte imbalance. The most appropriate initial management step is to initiate insulin therapy to lower the serum glucose and correct the acidosis. Other management steps include fluid resuscitation, electrolyte replacement, and monitoring of vital signs and laboratory values.

REFERENCE
American Diabetes Association. Standards of Medical Care in Diabetes—2023. *Diabetes Care*. 2023;46(suppl 1):S1-S201.

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- **Prevalence** = the proportion of people in a population who have a disease at a particular point in time
- **Incidence** = the proportion of people in a population who develop a disease over a period of time
- **Prevalence** = **Incidence** x **Duration**
- **Prevalence** = **Incidence** x **Survival**

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Logitech Elite Keyboard Manual

Margaret Lee Seymour



Logitech Elite Keyboard Manual:

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installation guide for the full LOGITECH Mouse line a user s guide to LOGITECH PLUS software a user s guide to M123 the Point the POINT editor user s manual with tutorial and reference chapters Each division is self contained with its own table of contents and index Introduction

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