

QUESTION

A 65-year-old male patient with a long history of hypertension and hyperlipidemia presents to the clinic with a 2-week history of increasing fatigue, weight loss, and intermittent fevers. He reports that the fevers occur in the late afternoon and are accompanied by chills. He has no cough, sputum, or chest pain. He has lost approximately 10 pounds (4.5 kg) over the last 3 months. He is currently on lisinopril and atorvastatin. His medical history is significant for type 2 diabetes mellitus, chronic kidney disease (stage 3), and a recent diagnosis of atrial fibrillation. He has no known drug allergies. He is a former smoker (quit 10 years ago) and drinks alcohol socially. He has no recent travel history. He is currently on a diet of low sodium and low fat. He has no family history of autoimmune diseases. He is currently on a diet of low sodium and low fat. He has no family history of autoimmune diseases.

System	Findings	Assessment
General	Weight loss, fatigue, intermittent fevers	Systemic illness
Cardiovascular	Normal heart rate, normal blood pressure	Stable
Respiratory	No cough, no sputum, no chest pain	Stable
Gastrointestinal	No abdominal pain, no diarrhea, no constipation	Stable
Neurological	No headache, no dizziness, no weakness	Stable
Musculoskeletal	No joint pain, no swelling	Stable
Genitourinary	No hematuria, no dysuria	Stable
Endocrine	No polyuria, no polydipsia	Stable
Other	No rash, no lymphadenopathy	Stable

What is the most likely diagnosis?

ANSWER

The patient's symptoms are consistent with a systemic illness. The most likely diagnosis is a chronic infection, such as tuberculosis. The patient's symptoms of weight loss, fatigue, and intermittent fevers are classic for tuberculosis. The patient's history of hypertension and hyperlipidemia does not explain these symptoms. The patient's recent diagnosis of atrial fibrillation is also unlikely to cause these symptoms. The patient's diet of low sodium and low fat is also unlikely to cause these symptoms. The patient's family history of autoimmune diseases is also unlikely to cause these symptoms. The patient's symptoms are most likely due to a chronic infection, such as tuberculosis.

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