

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 he has been unable to complete his usual activities of daily living. He has no cough, hemoptysis, or chest pain. He has no night sweats,盗汗, or loss of appetite. He has no recent travel history and no contact with anyone who has been ill. He has no known drug allergies and is currently taking lisinopril and atorvastatin. His medical history is significant for hypertension, hyperlipidemia, and a recent diagnosis of type 2 diabetes mellitus. He has no family history of autoimmune disease. He has no recent stressors or significant changes in his environment. He has no recent contact with anyone who has been ill. He has no known drug allergies and is currently taking lisinopril and atorvastatin. His medical history is significant for hypertension, hyperlipidemia, and a recent diagnosis of type 2 diabetes mellitus. He has no family history of autoimmune disease. He has no recent stressors or significant changes in his environment. He has no recent contact with anyone who has been ill. He has no known drug allergies and is currently taking lisinopril and atorvastatin.

ANSWER
 The patient's symptoms are consistent with a systemic illness. The most likely diagnosis is a systemic autoimmune disease, such as rheumatoid arthritis (RA) or systemic lupus erythematosus (SLE). The patient's symptoms of fatigue, weight loss, and intermittent fevers are common in these conditions. The patient's medical history of hypertension and hyperlipidemia is not directly related to the current symptoms. The patient's recent diagnosis of type 2 diabetes mellitus is also not directly related to the current symptoms. The patient's family history of autoimmune disease is negative. The patient's recent stressors or significant changes in his environment are not reported. The patient's recent contact with anyone who has been ill is not reported. The patient's known drug allergies are not reported. The patient is currently taking lisinopril and atorvastatin.

CASE PRESENTATION

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 he has been unable to complete his usual activities of daily living. He has no cough, hemoptysis, or chest pain. He has no night sweats,盗汗, or loss of appetite. He has no recent travel history and no contact with anyone who has been ill. He has no known drug allergies and is currently taking lisinopril and atorvastatin. His medical history is significant for hypertension, hyperlipidemia, and a recent diagnosis of type 2 diabetes mellitus. He has no family history of autoimmune disease. He has no recent stressors or significant changes in his environment. He has no recent contact with anyone who has been ill. He has no known drug allergies and is currently taking lisinopril and atorvastatin.

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