

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 recent travel, sick contacts, or exposure to animals. He is on lisinopril, atorvastatin, and aspirin. His last laboratory work was within normal limits.

ANSWER
 The patient's symptoms are nonspecific but concerning for a systemic illness. The absence of respiratory symptoms and recent exposures makes a primary infectious etiology less likely. The chronicity and weight loss are particularly worrisome. A thorough history and physical examination, including a complete blood count, comprehensive metabolic panel, and chest radiograph, are indicated. Further testing should be guided by the results of these initial studies.

DISCUSSION
 This case illustrates the importance of considering systemic causes for nonspecific symptoms. The patient's presentation is consistent with a variety of conditions, including chronic infections, autoimmune disorders, and hematologic malignancies. A detailed history and physical examination, along with appropriate laboratory and imaging studies, are essential for narrowing the differential diagnosis.

KEY POINTS

- Nonspecific symptoms such as fatigue, weight loss, and fevers can be indicative of a systemic illness.
- A thorough history and physical examination, including a complete blood count, comprehensive metabolic panel, and chest radiograph, are essential for narrowing the differential diagnosis.
- Further testing should be guided by the results of these initial studies.
- The absence of respiratory symptoms and recent exposures makes a primary infectious etiology less likely.
- The chronicity and weight loss are particularly worrisome.