

**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 symptoms are worse in the morning and have not improved with rest. He has no cough, hemoptysis, or chest pain. He has a 20-pack-year smoking history and drinks alcohol socially. He is currently on lisinopril, atorvastatin, and aspirin. His last medical check-up was 6 months ago, when his blood pressure was well-controlled and his cholesterol levels were stable. He has no known allergies and is not taking any other medications.

**ANSWER**  
 The patient's symptoms are suggestive of a systemic illness, possibly a malignancy or an infectious process. The chronic nature of the symptoms, along with the weight loss and fevers, raises concern for a primary lung malignancy, such as non-small cell lung cancer (NSCLC). The patient's long history of smoking is a significant risk factor for this type of cancer. Additionally, the symptoms could be related to a metastatic disease from another primary site.

## CLINICAL HISTORY

The patient's clinical history is characterized by a 2-week duration of symptoms, including fatigue, weight loss, and intermittent fevers. The symptoms are more pronounced in the morning and do not improve with rest. There is no associated cough, hemoptysis, or chest pain. The patient's medical history is notable for hypertension and hyperlipidemia, both of which are well-managed with medication. His smoking history is significant, with a 20-pack-year history. He has no known allergies and is not taking any other medications.

The patient's physical examination is unremarkable, with no palpable lymphadenopathy, splenomegaly, or hepatomegaly. His vital signs are stable, and there are no abnormal findings on auscultation of the lungs or heart. The patient's laboratory work, including a complete blood count (CBC) and comprehensive metabolic panel (CMP), is within normal limits. A chest X-ray shows no evidence of consolidation, mass, or pleural effusion.

The patient's symptoms and physical findings are consistent with a systemic illness, and further diagnostic workup is warranted to identify the underlying cause.