

**From:** "ROOT" <root@sctimst.ac.in>  
**To:** "ROOT" <root@sctimst.ac.in>  
**Date:** 06/10/2025 09:52 AM  
**Subject:** Student CPC

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**Greetings from AIIMS, Rishikesh!!**

The next student CPC is scheduled on **Oct 06, 2025, in the CPD Hall, AIIMS Rishikesh**, from **8:00 AM to 9:00 AM**.

You can also join online through the following Webex link:

Meeting link:

<https://aiimsrishikesh.webex.com/aiimsrishikesh/j.php?MTID=m8c3953286c17749536b15f2d65de47c4> Monday, Oct 06, 2025, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2513 994 2195

Meeting password: 061025

*The Clinical handout of the case to be discussed is attached herewith.*

Thanks & Regards  
Regional Resource Centre  
Dept of Telemedicine and Biomedical Informatics  
AIIMS Rishikesh

**CPC CLINICAL SUMMARY**

Patient particulars:

**UHID:** 20250054513

**AGE:** 44 years

**SEX:** Female

**ADDRESS:** Uttarkashi, Uttarakhand

**OCCUPATION:** Labourer, construction worker

**Chief complaints:**

1. **Fever** for 6 months
2. **Unintentional weight loss** for 6 months

**Summary:**

44-year-old female, resident of Uttarkashi, with history of contact with tuberculosis in her grandchild 2 years ago, with no known prior comorbidities, presented with history of

- **Undocumented continuous fever for 6 months**, which relieved with OTC medications with profuse sweating and
- **Unintentional weight loss of 22kgs in 6 months with loss of appetite** without any other associated complaints.
- She also has history of **progressive dark brown to black skin rash** over her body **sparing the face**, present since the past 16-17 years

No other complaints

### General Examination:

Moderately built and nourished, conscious, cooperative, oriented

Pulse: 82/min, regular, normal volume and character, no radioradial/radiofemoral delay, vessel wall not palpable

BP- 118/72 mmHg, right arm, semi-recumbent

RR- 20/min, thoracoabdominal

SpO2- 98% at ambient air

Temp: 98.4°F

JVP: Not visualized

No pallor, icterus, cyanosis, clubbing, edema

Lymphadenopathy (+): Solitary lymph node, right cervical, level V, size 1.5 x 2 cm, firm, mobile, non-tender, without any overlying skin changes

Generalized macular black to dark brown hyperpigmented, non-blanchable, non-tender, non-pruritic lesions on trunk, back, bilateral upper and lower limbs sparing the face

**Systemic Examination:** No abnormality detected

**Working diagnosis:** Chronic fever with weight loss with cervical lymphadenopathy under evaluation

### INVESTIGATIONS:

Test / Investigation		
CBC		<ul style="list-style-type: none"><li>• <b>Viral markers</b> (HIV, HBsAg, HCV): Non-reactive</li><li>• <b>Malaria ICT/PS:</b> Negative</li><li>• <b>Typhidot:</b> Negative</li><li>• <b>CyTB:</b> Positive</li><li>• <b>ESR:</b> 90 mm/hr</li><li>• <b>CRPH:</b> 9.5 mg/L</li><li>• <b>Sputum AFB/CBNAAT:</b> Negative</li><li>• <b>Sputum G/S, C/S:</b> Negative</li><li>• <b>Blood C/S:</b> Sterile</li><li>• <b>Urine R/M:</b> WNL</li><li>• <b>Urine C/S:</b> Sterile</li><li>• <b>S. Vitamin B12:</b> 697 pg/mL</li><li>• <b>S. Iron:</b> 50 mcg/dL</li><li>• <b>S. Ferritin:</b> 575 ng/mL</li><li>• <b>S. Folate:</b> 24 ng/mL</li><li>• <b>TSH:</b> 2.232 mIU/mL</li><li>• <b>FT4/FT3:</b> 1.1 pg/mL   2.5 pg/mL</li></ul>
Haemoglobin	11.3	
TLC	5.31	
DLC (N/L/M/E/B)	58/29/11/2	
Platelet Count	189	
Bilirubin (T)	0.59	
Bilirubin (D)	0.17	
SGPT/SGOT	57/95	
ALP	261	
GGT	51	

<b>S. Total Protein</b>	<b>10.2</b>
<b>S. Albumin</b>	<b>3.2</b>
<b>S. Globulin</b>	<b>7</b>
<b>B. Urea/S. Creat</b>	<b>21/0.98</b>
<b>Na<sup>+</sup>/K<sup>+</sup>/Cl<sup>-</sup></b>	<b>131/3.8/103</b>
<b>Calcium</b>	<b>9.2</b>
<b>Uric Acid</b>	<b>2.2</b>
<b>Phosphorus</b>	<b>4.9</b>
<b>PT / INR</b>	<b>12.9/1.12</b>

- **LDH:** 289 U/L
- **Peripheral Smear:**
  - RBCs: Mild anisocytosis, predominantly normocytic normochromic
  - WBC: Normal count and distribution. No atypical cells.
  - Platelets: Adequate
- **USG – Neck:** Multiple lymph nodes in right level 5, largest approx. 5mm
- **USG – ABDOMEN:** Grade I Fatty Liver. Cholelithiasis
- **CECT – THORAX + ABDOMEN:**
  - Enlarged node in right upper paratracheal location with internal necrosis-? Tubercular.
  - Hepatosplenomegaly.
  - Left ovarian hyperdense non-enhancing lesion - ?hemorrhagic

Histopathology, remaining investigations and course of management – to be discussed