Clinicopathologic Conference – October 2025
Department of Nephrology

Episode 1 – 5 years back:
A 15-year-old boy presented with c/o reduced urine output for 3 days, associated with pedal oedema, initially up to the ankle, progressing to the calf over 3 days. C/o breathlessness from the last 2 days, initially on mild to moderate exertion, and now present even at rest. It is associated with cough on lying down, with scanty whitish expectoration, non-blood-stained, non-foul-smelling. H/o reduced appetite with nausea present.

No h/o frothy urine, reddish urine, pain during urination, or loin pain. No h/o any difficulty voiding urine, or poor stream of urine, or incomplete voiding. No h/o chest pain, palpitations, giddiness, or syncope. No h/o abdominal pain, jaundice, vomiting or loose stools. No h/o fever, rashes, joint pains, oral ulcers, running nose, throat pain, or ear discharge. No h/o headache, seizures, weakness, tingling, or numbness of limbs. No h/o any visual or auditory disturbances. No h/o use of NSAIDs or native medications.

Treatment history: He was initiated on hemodialysis and underwent a left renal biopsy. He was told to have proteinuria with renal failure and treated with some oral drugs for 3 months, and became dialysis independent after 6 weeks. He was told to have a complete recovery after 3 months.

Episode 2 – Current:
20 A 20-year-old man presented with c/o reduced urine output for 3 days, associated with pedal oedema, up to the ankle. C/o breathlessness from the last 2 days, initially on mild to moderate exertion, and now present even at routine work. H/o reduced appetite with nausea present. H/o fever with throat pain one week back, reduced by local treatment in 3 days.

No h/o frothy urine, reddish urine, pain during urination, or loin pain. No h/o any difficulty voiding urine, or poor stream of urine, or incomplete voiding. No h/o cough, chest pain, palpitations, giddiness, or syncope. No h/o abdominal pain, jaundice, vomiting or loose stools. No h/o rashes, joint pains, oral ulcers, running nose, throat pain, or ear discharge. No h/o headache, seizures, weakness, tingling, or numbness of limbs. No h/o any visual or auditory disturbances. No h/o use of NSAIDs or native medications. Not on any medications or follow-up from the last 3 years.

Past h/o: No h/o DM, HTN, CKD, CAD, or CVA.
Personal h/o: Reduced urine output. Reduced appetite. Non-smoker, non-alcoholic. No h/o use of recreational drugs.
Family h/o: No h/o DM, HTN, CKD, CAD, or CVA.
Birth h/o: Born to a non-consanguineous marriage, full-term vaginal delivery at hospital, no complications. No h/o delayed developmental milestones.

Examination: Young man, well-built and nourished. No pallor, icterus, cyanosis, clubbing or lymphadenopathy. No signs of dysmorphism or rickets.
Bilateral pitting, slow filling oedema present, up to the calf. JVP not raised.

Pulse: 90/min, regular
Resp rate: 22/min
SpO2: 98% (room air)

BP: 150/90 mmHg (Monitor)
Temp: 98.6F

CVS: S1, S2 normal. No additional sounds or murmurs
RS: Air entry bilaterally equal. Bilateral basal crepitations present.
P/A: Soft, Non-tender, no organomegaly. Bowel sounds normal
CNS: No focal deficits.

Investigations:

Test	Result		Test	Result
Hb (g/dl)	13.8		T. Bilirubin (mg/dl)	0.6
TC (cells/mm3)	8900		D. Bilirubin (mg/dl)	0.2
DC - N/L/M/E/B	71/16/13/0/0		T. Protein (g/dl)	6.5
Platelets (lakhs/mm3)	2.41		S. Albumin (g/dl)	3.5
ESR (mm/hr)	35		SGOT (U/L)	24
Urea (mg/dl)	132		SGPT (U/L)	22
Creatinine (mg/dl)	4.6		ALP (U/L)	184
Sodium (meq/l)	138		Calcium (mg/dl)	10.4
Potassium (meq/l)	5.1		Phosphorous (mg/dl)	6.2
Bicarbonate (mmol/l)	16		Viral Markers	Negative
Uric acid (mg/dl)	6.8		24h urine protein	3.4 g
CUE	3+ protein, 4-6 RBC, 4-6 WBC. No casts or crystals			
USG KUB	Normal sized kidneys. Bilateral increased echoes. CMD maintained. No obstruction or calculi.			

Diagnostic Investigations were done.