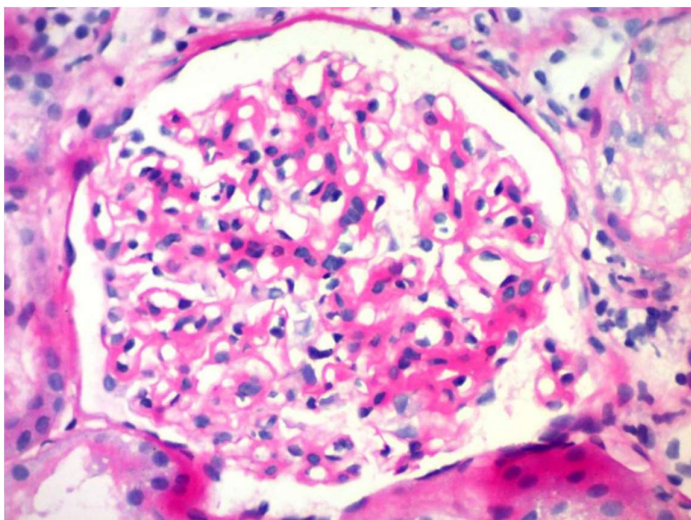


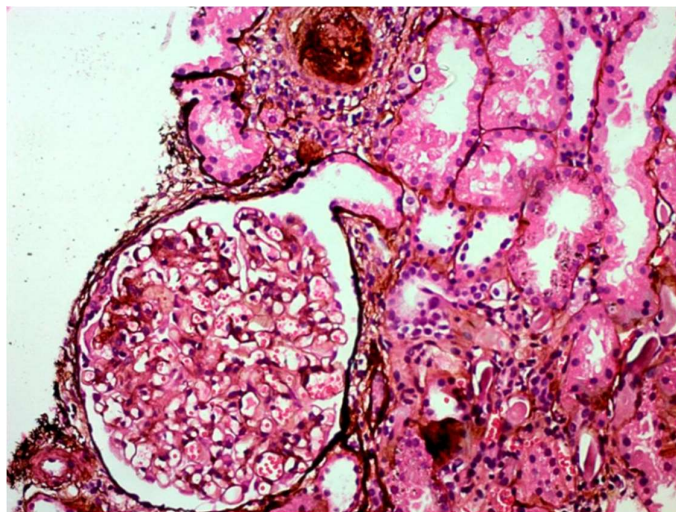
# CASE PRESENTATION

## CASE HISTORY

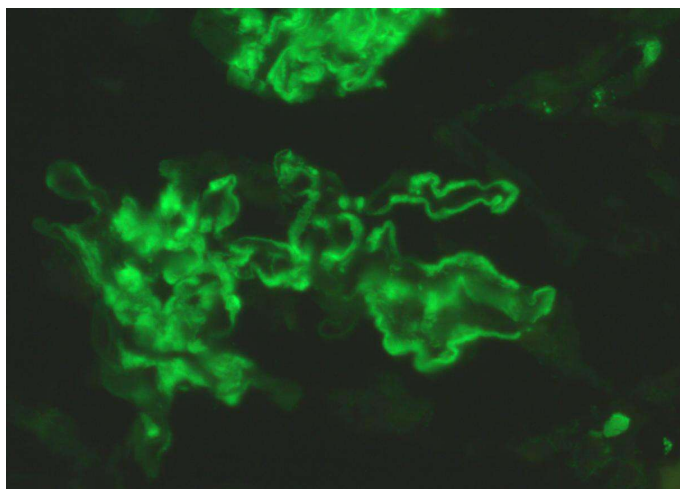
- F/54 years
- C/o dyspnea on exertion, on and off pedal oedema and generalized weakness since 1 month
- K/c/o HT, Hypothyroidism since 4-5 years – on regular treatment
- No other major illness like Diabetes
- Investigations - Hb 8.1, normal WBC and platelet count, Insidiously rising S Creat (presently 2.0), Urine routine +4 protein, absent RBCs, casts ++, Urine protein 9.2 gm/ gm Creat, S. Chol 143.5, Normal S. Protein, Albumin, Normal C3, ANA negative, HIV/HbsAg/HCV negative
- Biopsy for proteinuria and renal dysfunction



PAS, x400



Silver, x200



DIF IgG x400

## CASE PRESENTATION

### MCQs

1. Based on the above, what further would you like to do to make the diagnosis?
  - A. More History
  - B. Further Stains / Immunofluorescence
  - C. Immunohistochemistry
  - D. Electron Microscopy
  
2. What are probable differential diagnosis?
  - A. IgA nephropathy
  - B. Infection associated glomerulonephritis
  - C. Deposition diseases (amyloid/fibrillary/immunotactoid)
  - D. Lupus nephritis