

From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 12/10/2026 08:01 AM
Subject: Invitation to Join and For Circulation: AIIMS Rishikesh Tele-Education Series_Student_CPC | 12 October 2026 | Department of Nephrology, AIIMS Rishikesh

Respected Sir/Madam
Greetings from AIIMS, Rishikesh!!
The next **Student CPC (Clinico-Pathological Conference)** under the **AIIMS Rishikesh Tele-Education Series** is scheduled as follows:

Presenter: Dr Sarthak Gaur, Senior Resident
Presenting Department: Department of Nephrology, AIIMS Rishikesh
Topic: Chronic Fever and Polyarthralgia Followed by Anuric AKI: What Is the Renal Lesion?

Date: Monday, 12 October 2026
Time: 07:50 AM – 8:50 AM
Mode: Hybrid
Venue: CPD, Level-2, AIIMS Rishikesh
Online Platform: Zoom

Zoom Meeting ID: 844 4642 0382
Passcode: 271409
Join the session (Zoom) : <https://us06web.zoom.us/j/84446420382?pwd=kQagX3mxf0mJPgFnMxLANlUNck2wol.1>

We also request you to kindly circulate the attached flyer among your students, residents, faculty, and professional networks to encourage wider participation in the session.
Join the Whatsapp Channel for upcoming sessions



AIIMS Rishikesh Tele-Education Series

<https://whatsapp.com/channel/0029Vb8iCotBKfi58pkQ2R3C>

<https://whatsapp.com/channel/0029Vb8iCotBKfi58pkQ2R3C>

PPT Format:
Please use the PowerPoint template for CPC CGR available at the following link: <https://www.aiimsrishikeshdigitalacademy.com/downloads>

Kind Regards

Dr. Vivek Singh Malik
Telemedicine Network Manager
Regional Resource Centre (RRC)
Department of Telemedicine & Biomedical Informatics
All India Institute of Medical Sciences (AIIMS), Rishikesh
Uttarakhand – 249203
Mb: 8872871888

CPC CLINICAL SUMMARY

Chronic Fever and Polyarthralgia Followed by Anuric AKI: What Is the Renal Lesion?

Patient particulars:

AGE: 35

SEX: Female

ADDRESS: Haridwar

OCCUPATION: Housewife

Chief complaints:

35 -year-old woman with fever and joint pain for 6 months presented with

1. Acute worsening of fever for 5 days
2. Vomiting and loose stools for last 3 days
3. Decreased urine output for 3 days.

Summary: A 35-year-old woman, G2P2L2A0, with no significant past medical history, presented with 6 months of intermittent low-grade fever and symmetrical inflammatory polyarthralgia involving the MCP, PIP and wrist joints, with early-morning stiffness. No history of photosensitivity, malar rash, oral ulcers, Raynaud's phenomenon, neurological manifestations or thrombotic events. She has 5 days of acute febrile illness with abdominal pain, vomiting and watery loose stools, followed by progressively decreasing urine output for 3 days, progressing to anuria.

General Examination:

Pulse: 98/min, regular, normal volume and character, no radio-radial/ radio-femoral delay, vessel wall not palpable

BP- 123/80 mmHg

RR- 20/min

SpO₂- 98% on room air

Temp: 101.2 °F

Pallor +, No icterus, cyanosis, clubbing, lymphadenopathy, edema

CVS - S1 S2 normally heard

Respiratory - bilateral air entry present, normal vesicular breath sound

CNS - oriented to time, place and person, no focal neurological deficit

Abdomen - soft, non tender, no palpable organomegaly.

INVESTIGATIONS:

Parameter	Admission (10/4/26)
HEMATOLOGY	
Hemoglobin	6.8 g/dL
TLC	13 ×10⁹/μL
Platelets	80 ×10³/μL
RENAL	
Urea	186 mg/dL
Creatinine	7.2 mg/dL
Na⁺ / K⁺	135 / 4.2 mmol/L
LIVER / OTHERS	
SGPT / SGOT	68 / 80 U/L
Bilirubin T / D	0.61 / 0.31 mg/dL
PT-INR	1.12
CRP	115.13 mg/L

Fever Profile

1. Dengue NS1 Ag & IgM - Negative
2. Typhidot IgM - Negative
3. Malaria ICT - Negative
4. Scrub ICT - Negative

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