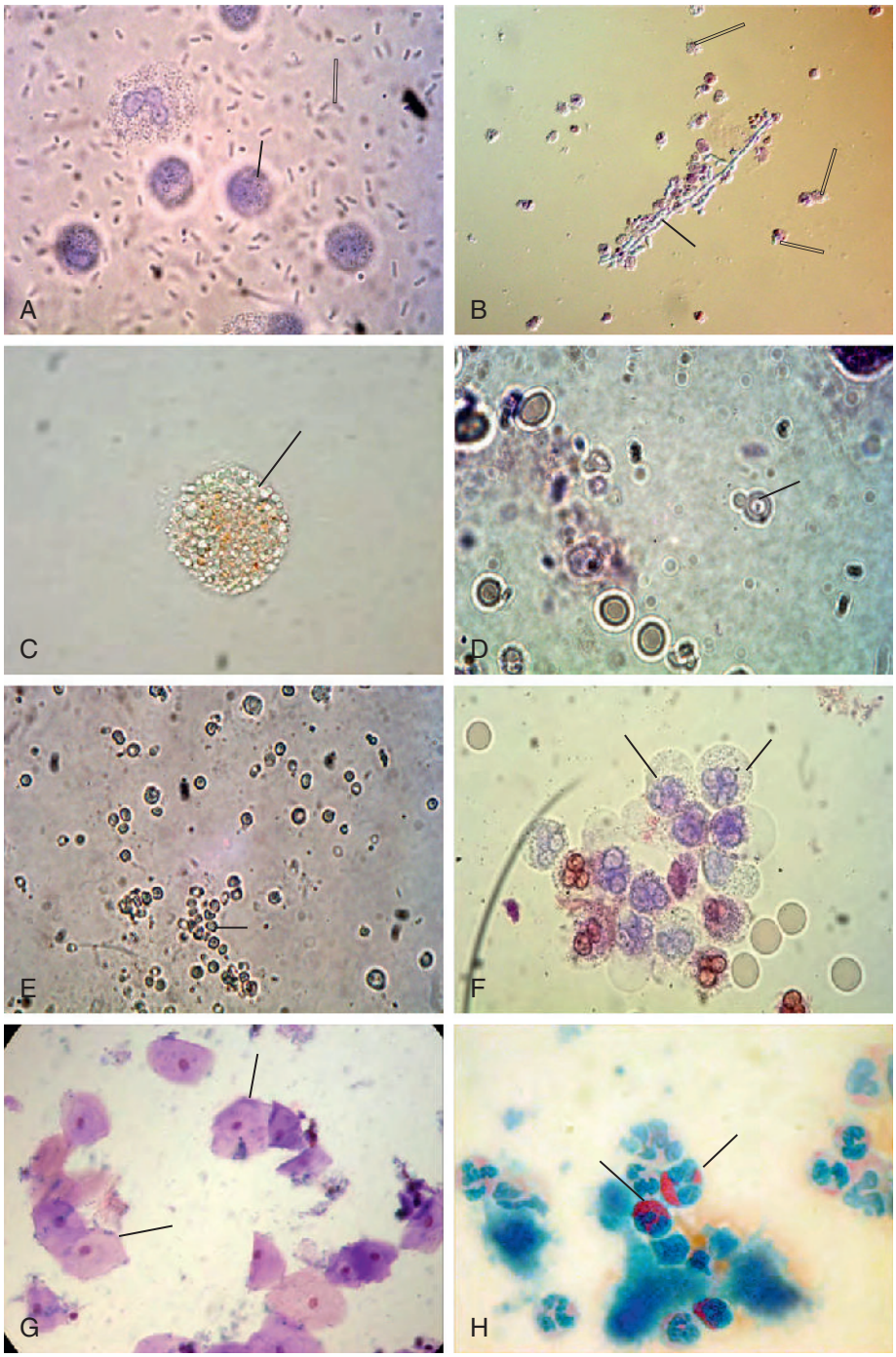

FIGURE 26-2 Cells often found in urine of patients with kidney disease. **A**, Sternheimer-Malbin–stained urine sediment (100× objective) in a patient with urinary tract infection. *Solid line* shows a leukocyte and *hollow line* indicates bacteria. **B**, Sternheimer-Malbin–stained urine sediment (40×) in a patient with fungal urinary tract infection. *Solid line* shows a pseudohypha and *hollow lines* indicate leukocytes. **C**, Unstained urine sediment (40×) shows an oval fat body in a patient with nephrotic syndrome. **D**, Sternheimer-Malbin–stained urine sediment (100×) in a patient with immunoglobulin A (IgA) nephropathy. *Solid line* shows an acanthocyte characterized by outpouching of the red blood cell (RBC) membrane. **E**, Sternheimer-Malbin–stained urine sediment (40×) in a patient with IgA nephropathy shows many acanthocytes *(solid line)*. When acathocytes constitute more than 5% of the RBCs, their presence is considered significant. **F**, Sternheimer-Malbin–stained urine sediment (100×) in a patient with recovering acute tubular necrosis (ATN). *Solid lines* indicate glitter cells. The granules of these leukocytes have a Brownian motion and appear to glitter under the microscope. These cells can be seen in large numbers during the recovery stage of ATN and in patients with urinary tract infection. **G**, Sternheimer-Malbin–stained urine sediment (40×) shows numerous squamous cells, indicating poor collection technique. **H**, Hansel-stained urine sediment (100×) shows eosinophils that can be seen in patients with allergic interstitial nephritis, cholesterol emboli, or, sometimes, urinary tract infection.