

FIGURE 62e-28 Acute pyelonephritis. There are characteristic intra-tubular plugs and casts of PMNs (*arrow*) with inflammation extending into the surrounding interstitium and accompanying tubular injury. (ABF/Vanderbilt Collection.)

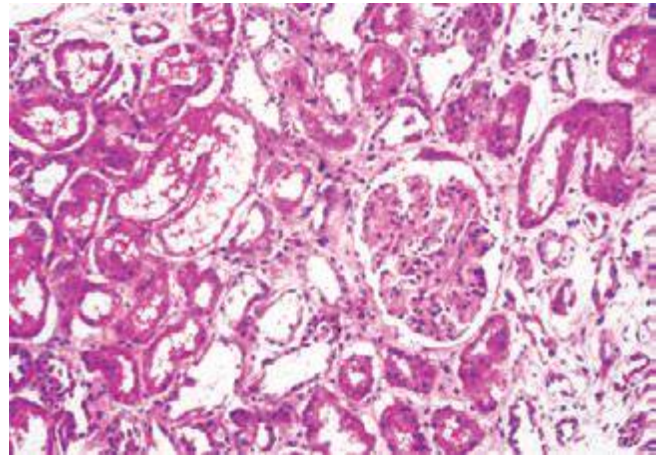
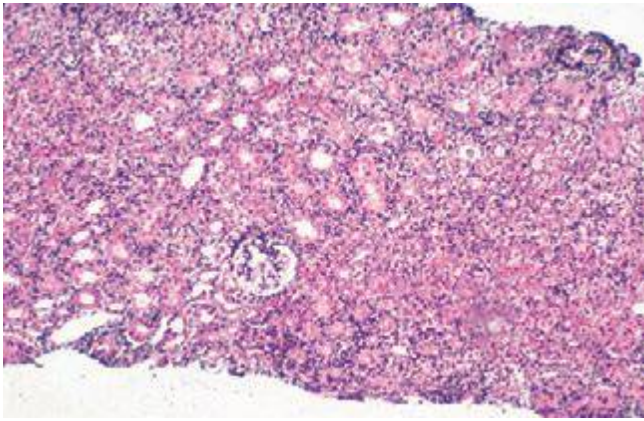
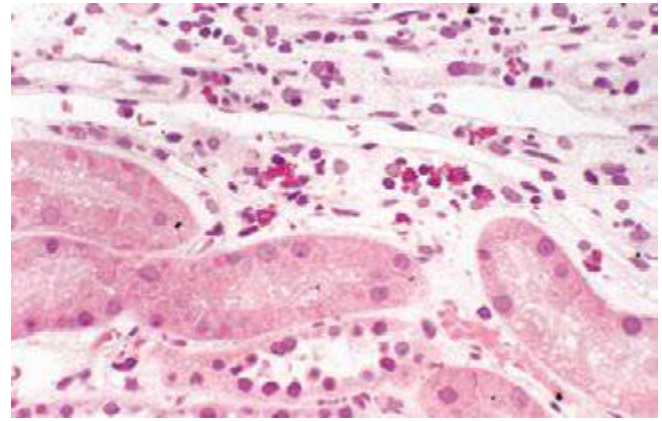


FIGURE 62e-29 Acute tubular injury. There is extensive flattening of the tubular epithelium and loss of the brush border, with mild interstitial edema, characteristic of acute tubular injury due to ischemia. (ABF/Vanderbilt Collection.)

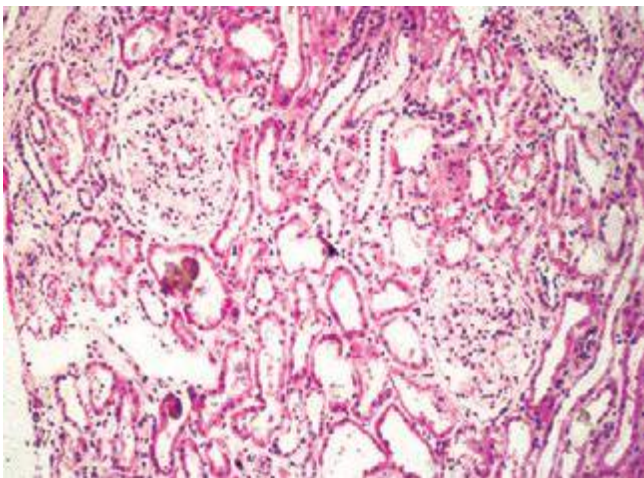


A

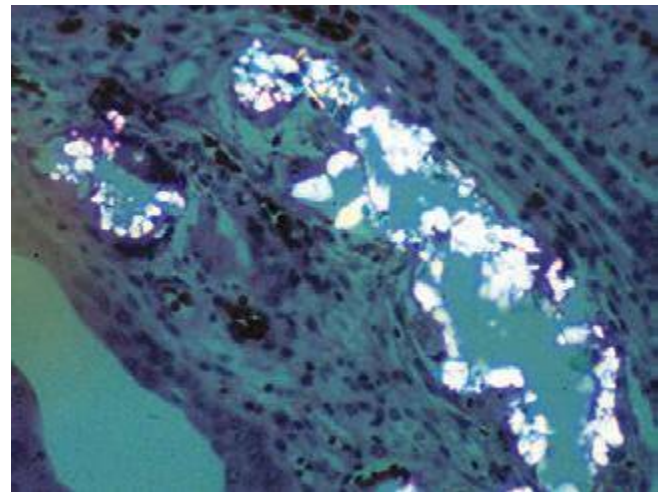


B

FIGURE 62e-30 Acute interstitial nephritis. There is extensive interstitial lymphoplasmocytic infiltrate with mild edema and associated tubular injury (**A**), which is frequently associated with interstitial eosinophils (**B**) when caused by a drug hypersensitivity reaction. (ABF/Vanderbilt Collection.)



A



B

FIGURE 62e-31 Oxalosis. Calcium oxalate crystals have caused extensive tubular injury, with flattening and regeneration of tubular epithelium (**A**). Crystals are well visualized as sheaves when viewed under polarized light (**B**). (ABF/Vanderbilt Collection.)