



AMRITA INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTRE

AIMS Ponekkara P.O. Kochi-41

DEPARTMENT OF NEPHROLOGY

PG TEACHING SCHEDULE FOR THE MONTH OF FEBRUARY 2026

THEORY (TIME: 9.00 AM - 10.00 AM)

DATE	TOPIC	FACULTY
02.02.2026	Multi organ transplant including SLK	Dr. George Kurian
03.02.2026	ADPKD 1	Dr. Anil Mathew
09.02.2026	Genetics in CKD	Dr. George Kurian
10.02.2026	ADPKD2	Dr. Anil Mathew
16.02.2026	Immunosuppression for hand transplant – relevant principles	Dr. George Kurian
24.02.2026	Alports syndrome	Dr. Anil Mathew

SEMINAR (TIME: 9.00 AM - 10.00 AM)

(ATTENDEES: ALL FACULTIES & PGs)

DATE	TOPIC	PRESENTER	FACULTY
06.02.2026	GU TB	Dr. Dalwin	All Nephrologists, Urologists & Residents
13.02.2026	Acute Graft Dysfunction	Dr. Bharath Chandra	All Nephrologists, Urologists & Residents
20.02.2026	Patient Discussion only	Dr. Akash Ramaswami	All Nephrologists, Urologists & Residents
27.02.2026	Patient Discussion only	Dr. Akash Ramaswami	All Nephrologists, Urologists & Residents

NEPHRO CLINICO PATHOLOGY MEETING (TIME: 4.00 PM - 5.00 PM)

DATE	TOPIC	FACULTY
04.02.2026	<ul style="list-style-type: none">Marked global glomerulosclerosis with chronic tubulointerstitial nephritis and hypertensive vascular changes. In view of light chain trafficking noted in IF study, advised work up with serum free lite assays.Membranous nephropathy with moderate global glomerulosclerosis, mild chronic tubulointerstitial nephritis and hypertensive vascular changes. Adv:S.PLA2R.	All Nephrologist+ Pathologist + PG Drs

11.02.2026	<ul style="list-style-type: none"> • Consistent with diffuse proliferative lupus nephritis ISN/RPS 2018 Class IV A with lupus vasculopathy. Modified NIH Activity index:7/24. Modified NIH Chronicity index:0/12. • IgA nephropathy with moderate global glomerulosclerosis, mesangial hyper cellularity, endocapillary hyper cellularity, segmental sclerosis, moderate chronic tubulointerstitial nephritis and hypertensive vascular changes. Oxford classification of IgA nephropathy M1 E1 S1 T1 C0 . 	All Nephrologist+ Pathologist +PG Drs
18.02.2026	<ul style="list-style-type: none"> • Acute tubular injury in a background of near normal glomeruli with negative IF, unremarkable interstitium and hypertensive vascular changes, C4d negative. • Diabetic nephropathy Class IV with marked global glomerulosclerosis, segmental sclerosis, marked chronic tubulointerstitial nephritis and hypertensive vascular changes. • IgA nephropathy with mild global glomerulosclerosis, mild chronic tubulointerstitial nephritis and hypertensive vascular changes. • IgA nephropathy with marked global glomerulosclerosis, moderate chronic tubulointerstitial nephritis and unremarkable vessels. • Chronic active Antibody mediated rejection in a background of Recurrent/denovo IgA nephropathy with mild global glomerulosclerosis, segmental sclerosis, moderate acute tubular injury, interstitial fibrosis/tubular atrophy grade 1 and hypertensive vascular change, C4d negative Banff 2022 g3, cg2, t1, i3, ct1, ci1, i IFTA1, t IFTA0, ti3, V0, ah2, aah0, ptc1, C4d0. • Recurrent IgA nephropathy with marked global glomerulosclerosis, mesangial hyper cellularity, end capillary hyper cellularity, segmental sclerosis, crescent, Interstitial fibrosis/tubular atrophy grade I and hypertensive vascular changes, C4d negative. Banff 2022 g1, cg0, i1, t0, ct1, ci1, ti1, i IFTA1, t IFTA0, v0, ah0, aah2, ptc0, C4d0 	All Nephrologist+ Pathologist + PG Drs
25.02.2026	<ul style="list-style-type: none"> • Near normal glomeruli with negative IF, unremarkable tubulointerstitial and hypertensive vascular changes. • Interstitial fibrosis/tubular atrophy grade III, C4d negative. No signs of active rejection seen. Banff 2022 g0, cg0, mm1, t0, i0, ct3, ci3, i IFTA2, t IFTA1, ti2, V0, ah1, aah0, ptc0, C4d0. • IgA nephropathy with moderate global glomerulosclerosis, segmental sclerosis, mesangial hyper cellularity, moderate chronic tubulointerstitial nephritis and moderate hypertensive vascular changes. Oxford classification of IgA nephropathy 2017 M1 E0 S1 T1 C0. 	All Nephrologist+ Pathologist + PG Drs

JOURNAL CLUB (TIME: 9.00 AM - 10.00 AM)
(ATTENDEES: ALL FACULTIES & PGs)

DATE	TOPIC	PRESENTER	FACULTY
07.02.2026	Palmer BF, Clegg DJ. SGLT2 Inhibition and Kidney Potassium Homeostasis. Clin J Am Soc Nephrol. 2024 Mar 1;19(3):399-405.	Dr. Navyasri	Dr.Rajesh RNair
14.02.2026	Mashayekhi M, Zuckerman JE, Barratt J, et al. C3 Glomerulopathy Diagnosis, Current Treatments, and Emerging Therapies. Kidney Med. 2026 Jan 10;8(3):101258.	Dr.Kajal	Dr.Rajesh R Nair
21.02.2026	Alicic RZ, Neumiller JJ, Tuttle KR. GLP-1 receptor agonists and next-generation metabolic hormone therapies in chronic kidney disease. Nat Rev Nephrol. 2026 Jan 8.	Dr.Bharath chandra	Dr.Rajesh R Nair
28.02.2026	Murakami N, Blosser CD, Webber AB, et al. Management recommendations for kidney transplantation in patients with plasma cell dyscrasia. Kidney Int. 2025 Nov;108(5):780-790.	Dr.Unnikrishnan	Dr.Rajesh R Nair

GROUP DISCUSSION (TIME: 3.00 PM - 4.00 PM)
ATTENDEES: ALL PGs

DATE	TOPIC	PRESENTER	FACULTY
05.02.2026	MN-Etiopathogenesis	Dr. Bharath Chandra	Dr. Rajesh R Nair
07.02.2026	HLA	Dr. Navyasri	Dr. Anjana Gopal
12.02.2026	MN-Treatment	Dr. Akash Ramaswami	Dr. Rajesh R Nair
19.02.2026	Vasculitis	Dr. Navyasri	Dr. Rajesh R Nair
21.02.2026	Elite Symphony and harmony trial	Dr. Unnikrishnan	Dr. Anjana Gopal
26.02.2026	Anti GBM Disease	Dr. Nithin Koshy Philip	Dr. Rajesh R Nair
27.02.2026	Pregnancy with preexisting renal disease	Dr. Kajal Magnani	Dr. Anjana Gopal

MORTALITY MEETING (TIME: 3.00 PM - 4.00 PM)

DATE	NAME & MRD	CAUSE OF DEATH	FACULTY
28.02.2026	Muhammad Nazim T S MRD (495050)	Sepsis- left sided empyema	All Nephrologists & Residents

PROCEDURES

KIDNEY TRANSPLANT	04
DIALYSIS (IP + OP)	1711
OTHER PROCEDURES	321

A handwritten signature in black ink, appearing to read 'Rajesh', is written over a horizontal line. The signature is located in the top left corner of the page.

DR. RAJESH. R. NAIR
PROFESSOR & HEAD
DEPARTMENT OF NEPHROLOGY & RENAL TRANSPLANTATION
AIMS, KOCHI.