

Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

NAME : Mrs. LOVELY
AGE/ GENDER : 27 YRS/FEMALE
COLLECTED BY :
REFERRED BY : LOOMBA HOSPITAL (AMBALA CANTT)
BARCODE NO. : 01512880
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1544479
REG. NO./LAB NO. : 012407100052
REGISTRATION DATE : 10/Jul/2024 01:21 PM
COLLECTION DATE : 10/Jul/2024 03:07PM
REPORTING DATE : 10/Jul/2024 01:42PM

Test Name	Value	Unit	Biological Reference interval
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HAEMATOLOGY

HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB)
by CALORIMETRIC

11.2^L

gm/dL

12.0 - 16.0

INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the bodys tissues and returns carbon dioxide from the tissues back to the lungs.

A low hemoglobin level is referred to as ANEMIA or low red blood count.

ANEMIA (DECREASED HAEMOGLOBIN):

- 1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer)
- 2) Nutritional deficiency (iron, vitamin B12, folate)
- 3) Bone marrow problems (replacement of bone marrow by cancer)
- 4) Suppression by red blood cell synthesis by chemotherapy drugs
- 5) Kidney failure
- 6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia).

POLYCYTHEMIA (INCREASED HAEMOGLOBIN):

- 1) People in higher altitudes (Physiological)
- 2) Smoking (Secondary Polycythemia)
- 3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration
- 4) Advanced lung disease (for example, emphysema)
- 5) Certain tumors
- 6) A disorder of the bone marrow known as polycythemia rubra vera,
- 7) Abuse of the drug erythropoietin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD



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MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: OTHERS

CULTURE AND SUSCEPTIBILITY

DATE OF SAMPLE 10-07-2024
SPECIMEN SOURCE SWAB
INCUBATION PERIOD 48 HOURS
GRAM STAIN GRAM POSITIVE (+ve)
by MICROSCOPY
CULTURE POSITIVE (+ve)
by AUTOMATED BROTH CULTURE
ORGANISM Staph sp.
by AUTOMATED BROTH CULTURE

AEROBIC SUSCEPTIBILITY

AMOXICILLIN+CLAVULANIC ACID RESISTANT
by AUTOMATED BROTH MICODILUTION, CLSI
Concentration: 8/4 µg/mL
AMPICILLIN INTERMEDIATE
by AUTOMATED BROTH MICODILUTION, CLSI
Concentration: 8 µg/mL
AMPICILLIN+SULBACTAM RESISTANT
by AUTOMATED BROTH MICODILUTION, CLSI
Concentration: 8/4 µg/mL
CHLORAMPHENICOL RESISTANT
by AUTOMATED BROTH MICODILUTION, CLSI
Concentration: 8 µg/mL
CIPROFLOXACIN RESISTANT
by AUTOMATED BROTH MICODILUTION, CLSI
Concentration: 1 µg/mL
DOXYCYCLINE RESISTANT



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Test Name	Value	Unit	Biological Reference interval
by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL			
GENTAMICIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL	RESISTANT		
NORFLOXACIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL	RESISTANT		
MINOCYCLINE by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL	RESISTANT		
TOBRAMYCIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL	INTERMEDIATE		
AMIKACIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL	INTERMEDIATE		
AZETREONAM by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL	RESISTANT		
CEFAZOLIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL	RESISTANT		
CEFIXIME by AUTOMATED BROTH MICRODILUTION, CLSI	RESISTANT		
CEFOXITIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 8 µg/mL	INTERMEDIATE		




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Test Name	Value	Unit	Biological Reference interval
CEFTAZIDIME <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	RESISTANT		
CEFTRIAZONE <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	INTERMEDIATE		
FOSFOMYCIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 64 µg/mL	RESISTANT		
GATIFLOXACIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
LEVOFLOXACIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 2 µg/mL	RESISTANT		
NETLIMICIN SULPHATE <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 8 µg/mL	RESISTANT		
PIPERACILLIN+TAZOBACTAM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16/4 µg/mL	RESISTANT		
TICARCILLIN+CLAVULANIC ACID <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16/2 µg/mL	RESISTANT		
TRIMETHOPRIM+SULPHAMETHAZOLE <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 2/38 µg/mL	RESISTANT		
CEFIPIME <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 2 µg/mL	RESISTANT		
DORIPENEM	INTERMEDIATE		



[Signature]

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Test Name	Value	Unit	Biological Reference interval
<i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL			
IMIPINEM	RESISTANT		
<i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL			
MEROPENEM	INTERMEDIATE		
<i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL			
COLISTIN	RESISTANT		
<i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 0.06 µg/mL			

INTERPRETATION

SUSCEPTIBILITY:

1. A test interpreted as **SENSITIVE** implies that infection due to isolate may be appropriately treated with the dosage of an antimicrobial agent recommended for that type of infection and infecting species, unless otherwise indicated.
2. A test interpreted as **INTERMEDIATE** implies that the "infection due to the isolate may be appropriately treated in body sites where the drugs are physiologically concentrated or when a high dosage of drug can be used".
3. A test interpreted as **RESISTANT** implies that the "isolates are not inhibited by the usually achievable concentration of the agents with normal dosage, schedule and/or fall in the range where specific microbial resistance mechanism are likely (e.g. beta-lactamases), and clinical efficacy has not been reliable in treatment studies.

CAUTION:

Conditions which can cause a false Negative culture:

1. Patient is on antibiotics. Please repeat culture post therapy.
2. Anaerobic bacterial infection.
3. Fastidious aerobic bacteria which are not able to grow on routine culture media.
4. Besides all these factors, at least in 25-40 % of cases there is no direct correlation between in vivo clinical picture.
5. Renal tuberculosis to be confirmed by AFB studies.

*** End Of Report ***




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