

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



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

Dr. Yugam Chopra

MD (Pathology)

CEO & Consultant Pathologist

NAME : Mr. VINOD

AGE/ GENDER : 71 YRS/MALE PATIENT ID : 1546651

COLLECTED BY : REG. NO./LAB NO. : 012407120046

 REFERRED BY
 : 12/Jul/2024 01:13 PM

 BARCODE NO.
 : 01512994
 COLLECTION DATE
 : 12/Jul/2024 01:19 PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 12/Jul/2024 03:30 PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

QUANTITY RECIEVED	10	ml
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY		

COLOUR AMBER YELLOW PALE YELLOW

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

TRANSPARANCY HAZY CLEAR

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

SPECIFIC GRAVITY 1.01 1.002 - 1.030

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

CHEMICAL EXAMINATION

REACTION

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

PROTEIN 2+ NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

ACIDIC

SUGAR Negative NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

pH 6 5.0 - 7.5

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

BILIRUBIN Negative NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

NITRITE Negative NEGATIVE (-ve) by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.

UROBILINOGEN Normal EU/dL 0.2 - 1.0 by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

KETONE BODIES Negative NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

BLOOD TRACE NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

ASCORBIC ACID NEGATIVE (-ve) NEGATIVE (-ve) by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

MICROSCOPIC EXAMINATION



DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS . MD (PATHOLOGY)





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: KOS DIAGNOSTIC LAB **CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name	Value	Unit	Biological Reference interval
RED BLOOD CELLS (RBCs) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	2-3	/HPF	0 - 3
PUS CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	10-15	/HPF	0 - 5
EPITHELIAL CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	2-3	/HPF	ABSENT
CRYSTALS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	ABSENT		ABSENT

REPORTING DATE



DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)



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CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit **Biological Reference interval**

MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE 12-07-2024 SPECIMEN SOURCE **URINE INCUBATION PERIOD** 48 HOURS

by AUTOMATED BROTH CULTURE

CULTURE STERILE

by AUTOMATED BROTH CULTURE

ORGANISM NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF INCUBATION AT

by AUTOMATED BROTH CULTURE **AEROBIC SUSCEPTIBILITY: URINE**

- 1. In urine culture and sensitivity, presence of more than 100,000 organism per mL in midstream sample of urine is considered clinically significant. However in symptomatic patients, a smaller number of bacteria (100 to 10000/mL) may signify infection.

 2. Colony could be 100 to 10000/ mL indicate infection, if isolate from specimen obtained by suprapubic aspiration or "in-and-out"
- catheterization or from patients with indwelling catheters.

- 1. A test interpreted as SENSTITIVE 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 ***



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY)



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