

# **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** : Mrs. MEGHA

AGE/ GENDER : 42 YRS/FEMALE **PATIENT ID** : 1547646

**COLLECTED BY** : SURJESH REG. NO./LAB NO. :012407130058

REFERRED BY **REGISTRATION DATE** : 13/Jul/2024 12:36 PM BARCODE NO. :01513070 **COLLECTION DATE** : 13/Jul/2024 01:15PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 15/Jul/2024 03:11PM

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

Test Name Unit **Biological Reference interval** Value

### MICROBIOLOGY

## **CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE**

# **CULTURE AND SUSCEPTIBILITY: URINE**

DATE OF SAMPLE 13-07-2024 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)

