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

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

NAME	**: Mr. SATINDERPAL SINGH**		
AGE/ GENDER	: 44 YRS/MALE	**PATIENT ID**	: 1561193
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012407260042**
REFERRED BY	:	**REGISTRATION DATE**	: 26/Jul/2024 11:19 AM
BARCODE NO.	: 01513854	**COLLECTION DATE**	: 26/Jul/2024 11:20AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 26/Jul/2024 12:40PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

HELICOBACTER PYLORI ANTIGEN DETECTION - STOOL

HELICOBACTER ANTIGEN DETECTION - STOOL *by CLIA (CHEMILUMINESCENCE IMMUNOASSAY)*	0.69	INDEX	NEGATIVE: <0.90 EQUIVOCAL: 0.90-1.10 POSITIVE: >=1.10

INTERPRETATION:

CLINICAL BACKGROUND:

H pylori infection is associated with peptic ulcer disease (duodenal and gastric) and chronic active gastritis. H pylori infection is also an independent risk factor for gastric cancer and primary malignant lymphoma of the stomach. However, many people who are infected with H. pylori may not show any symptoms of the disease.

NOTE:

1. It is a chemiluminescent Immunoassay (CLIA) for detection of Helicobacter pylori antigen in faecal samples and can be used for diagnosis, therapeutic monitoring and to assess eradication of H. pylori infection post treatment.
2. It is a qualitative test.
3. A positive result (antigen detected) is indicative of H pylori presence in stool sample.
4. A negative result does not exclude the possibility of Helicobacter pylori infection.
5. Assay results should be utilized in conjuction with other clinical and laoratory data to assist the clinician in making individual patient management decisions.
6. Antimicrobials,proton pump inhibitors and bismuth preparations are known to supress H.pylori and if ingested may give a false negative result.
7. Fecal specimens preserved in 10 % formalin,merthiolate formalin,sodium acetate formalin,or polyvinyl alchohol or specimens that are in transport media such as Cary Blair or C & S cannot be used.

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BARCODE NO.	: 01513854	**COLLECTION DATE**	: 26/Jul/2024 11:20AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 28/Jul/2024 03:26PM
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	26-07-2024
SPECIMEN SOURCE	URINE
INCUBATION PERIOD *by AUTOMATED BROTH CULTURE*	48 HOURS
CULTURE *by AUTOMATED BROTH CULTURE*	STERILE
ORGANISM *by AUTOMATED BROTH CULTURE*	NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF INCUBATION AT 37*C

AEROBIC SUSCEPTIBILITY: URINE

INTERPRETATION:

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 count of 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.

SUSCEPTIBILITY:

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 ***

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