

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

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

NAME : Mrs. EKTA
AGE/ GENDER : 42 YRS/FEMALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 01514525
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1570844
REG. NO./LAB NO. : 012408050058
REGISTRATION DATE : 05/Aug/2024 12:14 PM
COLLECTION DATE : 05/Aug/2024 12:14PM
REPORTING DATE : 07/Aug/2024 11:49AM

Test Name	Value	Unit	Biological Reference interval
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MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE 05-08-2024
SPECIMEN SOURCE URINE
INCUBATION PERIOD 48 HOURS
by AUTOMATED BROTH CULTURE
GRAM STAIN GRAM NEGATIVE (-ve)
by MICROSCOPY
CULTURE POSITIVE (+ve)
by AUTOMATED BROTH CULTURE
ORGANISM Klebsiella pneumoniae
by AUTOMATED BROTH CULTURE

AEROBIC SUSCEPTIBILITY: URINE

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



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Test Name	Value	Unit	Biological Reference interval
by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL			
NALIDIXIC ACID by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL	SENSITIVE		
GENTAMICIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL	SENSITIVE		
NITROFURATOIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL	INTERMEDIATE		
NORFLOXACIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL	SENSITIVE		
MINOCYCLINE by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL	SENSITIVE		
TOBRAMYCIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL	SENSITIVE		
AMIKACIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL	SENSITIVE		
AZETREONAM by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL	SENSITIVE		
CEFAZOLIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL	SENSITIVE		




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Test Name	Value	Unit	Biological Reference interval
CEFIXIME by AUTOMATED BROTH MICRODILUTION, CLSI	SENSITIVE		
CEFOXITIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 8 µg/mL	SENSITIVE		
CEFTAZIDIME by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL	SENSITIVE		
CEFTRIAXONE by AUTOMATED BROTH MICRODILUTION, CLSI	SENSITIVE		
FOSFOMYCIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 64 µg/mL	INTERMEDIATE		
LEVOFLOXACIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 2 µg/mL	SENSITIVE		
NETLIMICIN SULPHATE by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 8 µg/mL	SENSITIVE		
PIPERACILLIN+TAZOBACTAM by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16/4 µg/mL	SENSITIVE		
TICARCILLIN+CLAVULANIC ACID by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16/2 µg/mL	SENSITIVE		
TRIMETHOPRIM+SULPHAMETHAZOLE by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 2/38 µg/mL	SENSITIVE		
CEFIPIME by AUTOMATED BROTH MICRODILUTION, CLSI	SENSITIVE		




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Test Name	Value	Unit	Biological Reference interval
Concentration: 2 µg/mL			
DORIPENEM by AUTOMATED BROTH MICRODILUTION, CLSI	SENSITIVE		
Concentration: 1 µg/mL			
IMIPINEM by AUTOMATED BROTH MICRODILUTION, CLSI	SENSITIVE		
Concentration: 1 µg/mL			
MEROPENEM by AUTOMATED BROTH MICRODILUTION, CLSI	SENSITIVE		
Concentration: 1 µg/mL			
COLISTIN by AUTOMATED BROTH MICRODILUTION, CLSI	SENSITIVE		
Concentration: 0.06 µg/mL			

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 **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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