

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



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	MD (Pathology	<b>Dr. Vinay Chopra</b> MD (Pathology & Microbiology) Chairman & Consultant Pathologist		n <b>Chopra</b> (Pathology) t Pathologist	
NAME	: Mrs. HAR KAUR				
AGE/ GENDER	: 87 YRS/FEMALE	PAT	FIENT ID	: 1579022	
COLLECTED BY		REG	G. NO./LAB NO.	: 012408130012	
REFERRED BY	•		GISTRATION DATE	: 13/Aug/2024 09:08 AM	
BARCODE NO.	: 01514981		LECTION DATE	: 13/Aug/2024 09:09AM	
CLIENT CODE.	: KOS DIAGNOSTIC LAB		PORTING DATE	: 15/Aug/2024 10:35AM	
CLIENT CODE. CLIENT ADDRESS	: 6349/1, NICHOLSON ROA		FORTING DATE	. 15/ Aug/ 2024 10.55AM	
CLIENI ADDRESS	. 0349/1, MCHOLSON KOA	D, AMDALA CANTI			
Test Name		Value	Unit	Biological Reference interval	
		MICROBI	OLOGY		
		BIC BACTERIA AND	ANTIBIOTIC SENSI	TIVITY: URINE	
CULTURE AND SUSC	EPTIBILITY: URINE				
DATE OF SAMPLE		13-08-2024			
SPECIMEN SOURCE		URINE			
INCUBATION PERIOD		48 HOURS			
GRAM STAIN by MICROSCOPY	HOULTONE	GRAM NEGAT	TIVE (-ve)		
CULTURE		POSITIVE (+ve)			
by AUTOMATED BROT ORGANISM		ESCHERICHIA			
by AUTOMATED BROT					
AEROBIC SUSCEPTIB					
AMOXICILLIN+CLAVU		RESISTANT			
Concentration: 8/4 μα	H MICRODILUTION, CLSI				
	grine.				
AMPICILLIN		RESISTANT			
<i>by AUTOMATED BROT</i> Concentration: 8 μg/n	H MICRODILUTION, CLSI				
concentration. o µg/n	IIL III				
AMPICILLIN+SULBAC		RESISTANT			
by AUTOMATED BROTH Concentration: 8/4 µc	H MICRODILUTION, CLSI				
	-				
CHLORAMPHENICOL		SENSITIVE			
Concentration: 8 µg/n	<b>TH MICRODILUTION, CLSI</b> nL				
	H MICRODILUTION, CLSI	RESISTANT			
Concentration: 1 µg/n					
F-9,					
		0			
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<b>国家国家</b>					
and the second	DR. WILLAW CHORDS	DD VIICANA			
	DR.VINAY CHOPRA CONSULTANT PATHOLOGIST	DR.YUGAM	CHOPKA		

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Test Name		Value	Unit	Biological Reference interval	
DOXYCYCLINE		RESISTANT			
<i>by AUTOMATED BROT</i> Concentration: 4 μg/I	TH MICRODILUTION, CLSI mL				
NALIDIXIC ACID <i>by AUTOMATED BROT</i> Concentration: 16 μg	TH MICRODILUTION, CLSI J/mL	RESISTANT			
<b>GENTAMICIN</b> <i>by AUTOMATED BRO</i> Concentration: 16 μg	<i>TH MICRODILUTION, CLSI</i> //mL	SENSITIVE			
NITROFURATOIN by AUTOMATED BRO Concentration: 16 µg	<i>TH MICRODILUTION, CLSI</i> //mL	INTERMEDIATE			
NORFLOXACIN <i>by AUTOMATED BROT</i> Concentration: 4 μg/i	TH MICRODILUTION, CLSI	RESISTANT			
MINOCYCLINE	TH MICRODILUTION, CLSI	SENSITIVE			
<b>TOBRAMYCIN</b> <i>by AUTOMATED BRO</i> Concentration: 4 μg/I	TH MICRODILUTION, CLSI ML	SENSITIVE			
<b>AMIKACIN</b> <i>by AUTOMATED BRO</i> Concentration: 16 µg	ITH MICRODILUTION, CLSI I/mL	SENSITIVE			
<b>AZETREONAM</b> <i>by AUTOMATED BRO</i> Concentration: 4 μg/i	DTH MICRODILUTION, CLSI ML	SENSITIVE			
CEFAZOLIN by AUTOMATED BROT	TH MICRODILUTION, CLSI	RESISTANT			
	am	Ghops			
and the second second	DR.VINAY CHOPRA	DR.YUGAM CHO	PRA		

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

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		onsultant Pathologist	CEO & Consultant	ratiologist
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Test Name		Value	Unit	Biological Reference interval
Concentration: 16 µg	/mL			
CEFOXITIN	TH MICRODILUTION, CLSI TH MICRODILUTION, CLSI TH	RESISTANT RESISTANT		
CEFTAZIDIME by AUTOMATED BROT Concentration: 4 µg/I	TH MICRODILUTION, CLSI ML	RESISTANT		
FOSFOMYCIN	TH MICRODILUTION, CLSI <b>TH MICRODILUTION, CLSI</b> /mL	RESISTANT <b>SENSITIVE</b>		
EVOFLOXACIN by AUTOMATED BROT Concentration: 2 μg/I	TH MICRODILUTION, CLSI ThL	RESISTANT		
NETLIMICIN SULPH/ by AUTOMATED BRO Concentration: 8 µg/I	TH MICRODILUTION, CLSI	SENSITIVE		
PIPERACILLIN+TAZO by AUTOMATED BROT Concentration: 16/4	TH MICRODILUTION, CLSI	RESISTANT		
FICARCILLIN+CLAVU by AUTOMATED BROT Concentration: 16/2	TH MICRODILUTION, CLSI	RESISTANT		
TRIMETHOPRIM+SL by AUTOMATED BROT Concentration: 2/38	TH MICRODILUTION, CLSI	RESISTANT		

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	(A Unit of K	nostic Lab OS Healthcare)	EXCELLENCE IN HEALTHCARD		
	Dr. Vinay Ch MD (Pathology & Chairman & Con	Microbiology)	Dr. Yugan MD CEO & Consultant	(Pathology)	
AGE/ GENDER: 87 YRSCOLLECTED BY:REFERRED BY:BARCODE NO.: 01514CLIENT CODE.: KOS D	IAR KAUR S/FEMALE 981 IAGNOSTIC LAB 1, NICHOLSON ROAD,	REGIST COLLEC REPOR	NT ID 0./LAB NO. TRATION DATE TTION DATE TING DATE	: 1579022 <b>: 012408130012</b> : 13/Aug/2024 09:08 AM : 13/Aug/2024 09:09AM : 15/Aug/2024 10:35AM	
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CEFIPIME by AUTOMATED BROTH MICRODI Concentration: 2 µg/mL	ILUTION, CLSI	RESISTANT			]
DORIPENEM <i>by AUTOMATED BROTH MICROL</i> Concentration: 1 µg/mL	DILUTION, CLSI	SENSITIVE			
IMIPINEM by AUTOMATED BROTH MICRODI Concentration: 1 µg/mL	LUTION, CLSI	RESISTANT			
MEROPENEM <i>by AUTOMATED BROTH MICRODI</i> Concentration: 1 µg/mL	LUTION, CLSI	RESISTANT			
COLISTIN <i>by AUTOMATED BROTH MICROL</i> Concentration: 0.06 µg/mL	DILUTION, CLSI	SENSITIVE			





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## **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 suprapublic 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

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..
 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".
 A test interpreted as RESISTANT implies that the "isolates are not inhibited by the usually achievable concentration of the agents with normal descent species indicated are likely in the research and eliminate are likely (a public by the usually achievable concentration of the agents with normal descent species are bedrug and species are bedrug to a be used".

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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