

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

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

NAME : Mrs. HAR KAUR
AGE/ GENDER : 87 YRS/FEMALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 01514981
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1579022
REG. NO./LAB NO. : 012408130012
REGISTRATION DATE : 13/Aug/2024 09:08 AM
COLLECTION DATE : 13/Aug/2024 09:09AM
REPORTING DATE : 15/Aug/2024 10:35AM

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 13-08-2024
SPECIMEN SOURCE URINE
INCUBATION PERIOD 48 HOURS
by AUTOMATED BROTH CULTURE

GRAM STAIN
by MICROSCOPY

GRAM NEGATIVE (-ve)

CULTURE
by AUTOMATED BROTH CULTURE
ORGANISM
by AUTOMATED BROTH CULTURE

POSITIVE (+ve)

ESCHERICHIA COLI (E.COLI)

AEROBIC SUSCEPTIBILITY: URINE

AMOXICILLIN+CLAVULANIC ACID
by AUTOMATED BROTH MICRოდILUTION, CLSI
Concentration: 8/4 µg/mL

RESISTANT

AMPICILLIN
by AUTOMATED BROTH MICRოდILUTION, CLSI
Concentration: 8 µg/mL

RESISTANT

AMPICILLIN+SULBACTAM
by AUTOMATED BROTH MICRოდILUTION, CLSI
Concentration: 8/4 µg/mL

RESISTANT

CHLORAMPHENICOL
by AUTOMATED BROTH MICRოდILUTION, CLSI
Concentration: 8 µg/mL

SENSITIVE

CIPROFLOXACIN
by AUTOMATED BROTH MICRოდILUTION, CLSI
Concentration: 1 µg/mL

RESISTANT



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




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




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CEFIPIME <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 2 µg/mL	RESISTANT		
DORIPENEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	SENSITIVE		
IMIPINEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	RESISTANT		
MEROPENEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	RESISTANT		
COLISTIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 0.06 µg/mL	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 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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