

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



150 9001 : 2008 CENT	Dr. Vinay C	hopra & Microbiology)	Dr. Yugan MD	n <b>Chopra</b> (Pathology)	
		onsultant Pathologist	CEO & Consultant		
NAME	: Mr. ASHWANI PURI				
AGE/ GENDER	: 65 YRS/MALE	PAT	FIENT ID	: 1583205	
COLLECTED BY	: SURJESH		G. NO./LAB NO.	: 012408170022	
REFERRED BY			GISTRATION DATE	: 17/Aug/2024 12:36 PM	
BARCODE NO.	: 01515210		LECTION DATE	: 17/Aug/2024 01:17PM	
CLIENT CODE.	: KOS DIAGNOSTIC LAB		PORTING DATE	: 19/Aug/2024 11:41AM	
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAI				
Test Name		Value	Unit	Biological Reference interval	
		MICROBI	OLOGY		
	CULTURE AERO	BIC BACTERIA AND		IIVITY: URINE	
CULTURE AND SUSC					
DATE OF SAMPLE		17-08-2024			
SPECIMEN SOURCE		URINE			
INCUBATION PERIO		48 HOURS			
by AUTOMATED BRO GRAM STAIN by MICROSCOPY	TH CULTURE	GRAM NEGAT	TIVE (-ve)		
CULTURE by AUTOMATED BRO	TH CULTURE	POSITIVE (+ve	2)		
ORGANISM by AUTOMATED BROT		ESCHERICHIA	COLI (E.COLI)		
AEROBIC SUSCEPTIE					
AMOXICILLIN+CLAV by AUTOMATED BRO Concentration: 8/4 μ	TH MICRODILUTION, CLSI	SENSITIVE			
AMPICILLIN	TH MICRODILUTION, CLSI	RESISTANT			
Concentration: 8 µg/i					
AMPICILLIN+SULBA	CTUM TH MICRODILUTION, CLSI	SENSITIVE			
Concentration: 8/4 µ					
CHLORAMPHENICO		SENSITIVE			
<i>by AUTOMATED BRO</i> Concentration: 8 μg/I	DTH MICRODILUTION, CLSI mL				
CIPROFLOXACIN by AUTOMATED BROT Concentration: 1 µg/I	TH MICRODILUTION, CLSI mL	RESISTANT			
DOXYCYCLINE		RESISTANT			
	DR.VINAY CHOPRA	DR.YUGAM	CHOPRA		
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	Dr. Vinay Ch MD (Pathology & Chairman & Cor		Dr. Yugam MD CEO & Consultant	(Pathology)
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Test Name		Value	Unit	Biological Reference interval
	H MICRODILUTION, CLSI			
Concentration: 4 µg/n	ηL			
NALIDIXIC ACID by AUTOMATED BROTH Concentration: 16 µg/	H MICRODILUTION, CLSI mL	RESISTANT		
<b>GENTAMICIN</b> by AUTOMATED BROT Concentration: 16 μg/	TH MICRODILUTION, CLSI ML	SENSITIVE		
NITROFURATOIN <i>by AUTOMATED BROT</i> Concentration: 16 μg/	TH MICRODILUTION, CLSI ML	INTERMEDIATE		
NORFLOXACIN <i>by AUTOMATED BROTH</i> Concentration: 4 μg/n	H MICRODILUTION, CLSI	RESISTANT		
MINOCYCLINE by AUTOMATED BROT Concentration: 4 μg/n	TH MICRODILUTION, CLSI DL	SENSITIVE		
<b>TOBRAMYCIN</b> <i>by AUTOMATED BROT</i> Concentration: 4 μg/n	TH MICRODILUTION, CLSI IL	SENSITIVE		
AMIKACIN by AUTOMATED BROT Concentration: 16 μg/	TH MICRODILUTION, CLSI ML	SENSITIVE		
AZETREONAM by AUTOMATED BROT Concentration: 4 μg/n	TH MICRODILUTION, CLSI nL	SENSITIVE		
<b>CEFAZOLIN</b> <i>by AUTOMATED BROT</i> Concentration: 16 µg/	TH MICRODILUTION, CLSI ML	SENSITIVE		
	am	Ghop		

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

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Test Name		Value	Unit	Biological Reference interval
CEFIXIME		RESISTANT		
CEFOXITIN	TH MICRODILUTION, CLSI TH MICRODILUTION, CLSI ML	INTERMEDIATE		
<b>CEFTAZIDIME</b> <i>by AUTOMATED BRO</i> Concentration: 4 µg/I	<b>TH MICRODILUTION, CLSI</b> ML	SENSITIVE		
CEFTRIAXONE		SENSITIVE		
FOSFOMYCIN	TH MICRODILUTION, CLSI TH MICRODILUTION, CLSI /mL	SENSITIVE		
LEVOFLOXACIN by AUTOMATED BRO7 Concentration: 2 μg/r	TH MICRODILUTION, CLSI ML	RESISTANT		
NETLIMICIN SULPHA by AUTOMATED BRO Concentration: 8 μg/r	TH MICRODILUTION, CLSI	SENSITIVE		
PIPERACILLIN+TAZO by AUTOMATED BRO Concentration: 16/4	TH MICRODILUTION, CLSI	SENSITIVE		
TICARCILLIN+CLAVU by AUTOMATED BRO Concentration: 16/2	TH MICRODILUTION, CLSI	SENSITIVE		
TRIMETHOPRIM+SU by AUTOMATED BROT Concentration: 2/38	TH MICRODILUTION, CLSI	RESISTANT		
CEFIPIME by automated bro	TH MICRODILUTION, CLSI	SENSITIVE		
	DR.VINAY CHOPRA	DR.YUGAM CHOP		

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NAME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE. CLIENT ADDRESS	: Mr. ASHWANI PURI : 65 YRS/MALE : SURJESH : : 01515210 : KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROAD,	PATIENT ID REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE REPORTING DATE AMBALA CANTT		: 1583205 <b>: 012408170022</b> : 17/Aug/2024 12:36 PM : 17/Aug/2024 01:17PM : 19/Aug/2024 11:41AM
Test Name Concentration: 2 μg/ι	mL	Value	Unit	Biological Reference interval
Concentration: 1 µg/r	TH MICRODILUTION, CLSI	SENSITIVE		
<b>MEROPENEM</b> by AUTOMATED BRO Concentration: 1 μg/r	<b>TH MICRODILUTION, CLSI</b> mL	SENSITIVE		
COLISTIN by AUTOMATED BRO Concentration: 0.06 p	<b>тн міскодіцитіол, clsi</b> ug/mL	SENSITIVE		

## **INTERPRETATION:**

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.
 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:

 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..
 A test interpreted as INTERMEDIATE implies that the" Infection due to the isolate may be appropriately treated in body sites where the drugs are

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

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.







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