



	Dr. Vinay Ch MD (Pathology & Chairman & Con		Dr. Yugan MD CEO & Consultant	(Pathology)
NAME	: Mr. MANOJ JAIN			
AGE/ GENDER	: 52 YRS/MALE	PATIE	INT ID	: 1590817
COLLECTED BY	:	REG. N	IO./LAB NO.	: 012408250015
REFERRED BY	:	REGIS	TRATION DATE	: 25/Aug/2024 09:25 AM
BARCODE NO.	: 01515663	COLLI	ECTION DATE	: 25/Aug/2024 09:27AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPO	RTING DATE	: 27/Aug/2024 02:59PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
CULTURE AND SUSC		MICROBIOL		TIVITY: URINE
				TIVITY: URINE
DATE OF SAMPLE		IC BACTERIA AND AN		TIVITY: URINE
DATE OF SAMPLE	EPTIBILITY: URINE	IC BACTERIA AND AN 25-08-2024		TIVITY: URINE
CULTURE AND SUSC DATE OF SAMPLE SPECIMEN SOURCE INCUBATION PERIO by AUTOMATED BRO CULTURE by AUTOMATED BRO	EPTIBILITY: URINE	IC BACTERIA AND AN 25-08-2024 URINE		TIVITY: URINE
DATE OF SAMPLE SPECIMEN SOURCE INCUBATION PERIO by AUTOMATED BROT CULTURE	CEPTIBILITY: URINE	25-08-2024 URINE 48 HOURS STERILE	ITIBIOTIC SENSI	TIVITY: URINE

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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