

KOS Diagnostic Lab (A Unit of KOS Healthcare)



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

Dr. Yugam Chopra

MD (Pathology)

CEO & Consultant Pathologist

NAME : Mrs. SHAMA SHARMA

AGE/ GENDER : 59 YRS/FEMALE PATIENT ID : 1594693

COLLECTED BY : REG. NO./LAB NO. : 012408280052

REFERRED BY: DR HIMANSHU JAIN HEALING TOUCH **REGISTRATION DATE**: 28/Aug/2024 06:12 PM **BARCODE NO.**: 01515887 **COLLECTION DATE**: 28/Aug/2024 06:15 PM

CLIENT CODE. : KOS DIAGNOSTIC LAB **REPORTING DATE** : 31/Aug/2024 11:36AM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: SPUTUM

CULTURE AND SUSCEPTIBILITY - SPUTUM

DATE OF SAMPLE 28-08-2024
SPECIMEN SOURCE SPUTUM
INCUBATION PERIOD 48 HOURS

GRAM STAIN GRAM POSITIVE (+ve)

by MICROSCOPY

CULTURE POSITIVE (+ve)

by AUTOMATED BROTH CULTURE

ORGANISM Streprococci sp

by AUTOMATED BROTH CULTURE

AEROBIC SUSCEPTIBILITY - SPUTUM

AMOXICILLIN+CLAVULANIC ACID RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8/4 µg/mL

AMPICILLIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

AMPICILLIN+SULBACTUM SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8/4 µg/mL

CHLORAMPHENICOL SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

CIPROFLOXACIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

DOXYCYCLINE RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

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Concentration: 4 µg/mL

GENTAMICIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

NORFLOXACIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

MINOCYCLINE SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 $\mu g/mL$

TOBRAMYCIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: $4 \,\mu g/mL$

AMIKACIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

AZETREONAM RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

CEFAZOLIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

CEFIXIME RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

CEFOXITIN
by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

CEFTAZIDIME RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

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SENSITIVE



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Test Name Value Unit Biological Reference interval

Concentration: 4 µg/mL

CEFTRIAXONE RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

FOSFOMYCIN INTERMEDIATE

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: $64~\mu g/mL$

LEVOFLOXACIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2 µg/mL

NETLIMICIN SULPHATE SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

PIPERACILLIN+TAZOBACTUM SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16/4 µg/mL

TICARCILLIN+CLAVULANIC ACID SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16/2 μg/mL

TRIMETHOPRIM+SULPHAMETHAZOLE SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2/38 µg/mL

CEFIPIME RESISTANT by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2 µg/mL

DORIPENEM SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 1 μg/mL

IMIPINEM SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

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Test Name Value Unit **Biological Reference interval**

Concentration: 1 µg/mL

MEROPENEM SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

COLISTIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 0.06 µg/mL

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.



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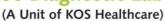
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GRAMS STAIN

TEST NAME:

GRAMS STAIN

CLINICAL HISTORY

NATURE OF SPECIMEN

SPUTUM

MICROSCOPIC EXAMINATION:

Gram's stained smear show a few gram +ve cocci.

IMPRESSION:

Correlate clinically.

Interpretation:-

Gram stain is the most important staining method in bacteriology. It is the most rapid method employed for the presumptive diagnosis of infections agent in clinical specimens. It also servers to assess the quality of clinical specimens.

It distinguishes bacteria into broad categories :

- (a). The gram-positive, which stain dark purple
- (b). Gram-negative, which stain light red.



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(c). A few species are Gram-variable, and tend to show a mixture of the cells.

(d). Further details of the bacteria as any other special features, including unusual shapes (such as comma shaped Gram negative bacilli) as also observed.

*** End Of Report ***



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