

# **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** : Mr. KUSHWANT SINGH

**AGE/ GENDER** : 52 YRS/MALE **PATIENT ID** : 1595426

**COLLECTED BY** : 012408290036 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 29/Aug/2024 03:26 PM BARCODE NO. :01515925 **COLLECTION DATE** : 29/Aug/2024 03:27PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 01/Sep/2024 09:04AM

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

Test Name Value Unit **Biological Reference interval** 

### MICROBIOLOGY

## **CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: SWABS**

## **CULTURE AND SUSCEPTIBILITY: SWABS**

DATE OF SAMPLE 29-08-2024 SPECIMEN SOURCE **PUS SWAB** 48 HOURS INCUBATION PERIOD **CULTURE STERILE** 

by AUTOMATED BROTH CULTURE

NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF INCUBATION AT ORGANISM

by AUTOMATED BROTH CULTURE 37\*C

# **AEROBIC SUSCEPTIBILITY: SWABS**

- 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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