



| | | Chopra v & Microbiology) onsultant Pathologist | Dr. Yugan MD CEO & Consultant | (Pathology) |
|---|--|--|---|--|
| NAME | : Mr. DEEPAK AGGARWAL | | | |
| AGE/ GENDER | : 46 YRS/MALE | PATI | ENT ID | : 1597192 |
| COLLECTED BY | : SURJESH | REG. | NO./LAB NO. | : 012408310033 |
| REFERRED BY | : | REGI | STRATION DATE | : 31/Aug/2024 10:11 AM |
| BARCODE NO. | :01516029 | COLI | ECTION DATE | : 31/Aug/2024 10:15AM |
| CLIENT CODE. | : KOS DIAGNOSTIC LAB | REPO | DRTING DATE | : 31/Aug/2024 11:27AM |
| CLIENT ADDRESS | : 6349/1, NICHOLSON ROA | | | 0 |
| Test Name | | Value | Unit | Biological Reference interval |
| | | TUMOUR M | ARKER | |
| | PRO | STATE SPECIFIC ANT | IGEN (PSA) - TOT | AL |
| SERUM by CLIA (CHEMILUMII INTERPRETATION: NOTE: 1. This is a recommer 2. False negative / pc 3. PSA levels may app 4. Immediate PSA tes needle biopsy of pros 5. PSA values regardl correlated with clinic 6. Sites of Non-prost: 7. Physiological decre sexual activity 8. The concentration in assay methods, ca RECOMMENDED TEST 1. Preoperatively (Ba 2. 2-4 Days Post oper 3. Prior to discharge | ositive results are observed in bear consistently elevated / de sting following digital rectal ex- state is not recommended as tl ess of levels should not be inte- cal findings and results of othe atic PSA production are breasi ease in PSA level by 18% has b of PSA in a given specimen, de libration, and reagent specific ING INTERVALS seline) atively from hospital o if levels are high and showin | patients receiving mouse pressed due to the interfo- amination, ejaculation, p hey falsely elevate levels erpreted as absolute evide er investigations t epithelium, salivary glan een observed in hospitali termined with assays fror ity. | monoclonal antibod erence by heterophili rostatic massage, inc ence of the presence ds, peri-urethral & a zed / sedentary patie n different manufactu | c antibodies & nonspecific protein binding dwelling catheterization, ultrasonography and or absence of disease. All values should be nal glands, cells of male urethra & breast milk nts either due to supine position or suspended urers, may not be comparable due to differences |
| | POST SURGERY | | REQUENCY OF TESTING | G |
| | 1st Year | | Every 3 Months | |
| | 2 nd Year | | Every 4 Months Every 6 Months | |
| CLINICAL USE: | rd Year Onwards | | | amination in males more than 50 years of age |

and in those with two or more affected first degree relatives.

2. Followup and management of Prostate cancer patients.

3. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer

KOS Diagnostic Lab (A Unit of KOS Healthcare)

INCREASED LEVEL:

1. Prostate cancer

2. Benign Prostatic Hyperplasia

3. Prostatitis

4. Genitourinary infections



DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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

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 care@koshealthcare.com

 www.koshealthcare.com



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





| | Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathology | | (Pathology) |
|-----------------------|---|--------------------------|-------------------------------|
| NAME | : Mr. DEEPAK AGGARWAL | | |
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| | | | |
| Test Name | Value | Unit | Biological Reference interval |





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| | Dr. Vinay Cl MD (Pathology Chairman & Co | | Dr. Yugam MD CEO & Consultant | (Pathology) |
|--------------------------------|--|------------------|-------------------------------------|------------------------------|
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| CLIENT ADDRESS | : 6349/1, NICHOLSON ROAD | , AMBALA CANTT | | |
| Test Name | | Value | Unit | Biological Reference interva |
| | | CLINICAL PAT | HOLOGY | |
| | URINE F | ROUTINE & MICROS | COPIC EXAMINAT | TION |
| PHYSICAL EXAMINA | | | | |
| QUANTITY RECIEVE | D | 10 | ml | |
| | TANCE SPECTROPHOTOMETRY | | | |
| COLOUR | TANCE SPECTROPHOTOMETRY | PALE YELLOW | | PALE YELLOW |
| TRANSPARANCY | | HAZY | | CLEAR |
| - | TANCE SPECTROPHOTOMETRY | | | |
| SPECIFIC GRAVITY | TANCE SPECTROPHOTOMETRY | 1.02 | | 1.002 - 1.030 |
| CHEMICAL EXAMINA | | | | |
| REACTION | | ACIDIC | | |
| | TANCE SPECTROPHOTOMETRY | | | |
| PROTEIN | TANCE SPECTROPHOTOMETRY | Negative | | NEGATIVE (-ve) |
| SUGAR | | Negative | | NEGATIVE (-ve) |
| • | TANCE SPECTROPHOTOMETRY | | | 50.75 |
| pH by DIP STICK/REFLEC | TANCE SPECTROPHOTOMETRY | 5.5 | | 5.0 - 7.5 |
| BILIRUBIN | | Negative | | NEGATIVE (-ve) |
| | TANCE SPECTROPHOTOMETRY | Negetter | | |
| NITRITE by DIP STICK/REFLEC | TANCE SPECTROPHOTOMETRY. | Negative | | NEGATIVE (-ve) |
| UROBILINOGEN | | Normal | EU/dL | 0.2 - 1.0 |
| by DIP STICK/REFLEC | TANCE SPECTROPHOTOMETRY | Negativo | | NEGATIVE (-ve) |
| | TANCE SPECTROPHOTOMETRY | Negative | | NEGATIVE (-Ve) |
| BLOOD | | TRACE | | NEGATIVE (-ve) |
| by DIP STICK/REFLEC | TANCE SPECTROPHOTOMETRY | NEGATIVE (-ve) | | NEGATIVE (-ve) |
| | TANCE SPECTROPHOTOMETRY | NEOATIVE (-VE) | | |

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY MICROSCOPIC EXAMINATION



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Dr. Vinay Chopra

MD (Pathology & Microbiology) Chairman & Consultant Pathologist



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

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| | | | | / |
| Test Name | | Value | Unit | Biological Reference interval |
| RED BLOOD CELLS (F | RBCs) | 0-3 | /HPF | 0 - 3 |
| PUS CELLS | CENTRIFUGED URINARY SEDIMENT | 15-20 | /HPF | 0 - 5 |
| EPITHELIAL CELLS | CENTRIFUGED URINARY SEDIMENT | 2-3 | /HPF | ABSENT |
| CRYSTALS | | NEGATIVE (-ve) | | NEGATIVE (-ve) |

NEGATIVE (-ve)

NEGATIVE (-ve)

NEGATIVE (-ve)

ABSENT

CRYSTALS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT CASTS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT

BACTERIA by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT

OTHERS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT TRICHOMONAS VAGINALIS (PROTOZOA)

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT



am

DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)

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NEGATIVE (-ve)

NEGATIVE (-ve)

NEGATIVE (-ve)

ABSENT

Page 4 of 9



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



| ISO 9001 : 2008 CERT | IFIED LAB | | EXCELLENCE IN HEALTHCARE | & DIAGNOSTICS | |
|---|--------------------------------|---|-------------------------------------|-------------------------------|--|
| | MD (Path | ay Chopra ology & Microbiology) & Consultant Pathologist | Dr. Yugam MD CEO & Consultant | (Pathology) | |
| NAME | : Mr. DEEPAK AGGAR | VAL | | | |
| AGE/ GENDER | : 46 YRS/MALE | P | PATIENT ID | : 1597192 | |
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| BARCODE NO. | : 01516029 | | COLLECTION DATE | : 31/Aug/2024 10:15AM | |
| CLIENT CODE. | : KOS DIAGNOSTIC LAE | | REPORTING DATE | : 02/Sep/2024 11:14AM | |
| CLIENT CODE. CLIENT ADDRESS | | , ROAD, AMBALA CANTT | LEF OKTING DATE | . 02/Sep/2024 11.14AM | |
| CLIENT ADDRESS | . 0349/1, MICHOLSON | KOAD, AMDALA CANT I | | | |
| Test Name | | Value | Unit | Biological Reference interval | |
| | | MICRO | BIOLOGY | | |
| | CULTURE A | EROBIC BACTERIA AN | D ANTIBIOTIC SENSIT | TIVITY: URINE | |
| CULTURE AND SUSC | EPTIBILITY: URINE | | | | |
| DATE OF SAMPLE | | 31-08-2024 | | | |
| SPECIMEN SOURCE | | URINE | | | |
| INCUBATION PERIO | | 48 HOURS | | | |
| by AUTOMATED BROT | TH CULTURE | CDAM NEC | ATIVE (-ve) | | |
| by MICROSCOPY | | OKAM NEO | | | |
| | | POSITIVE (+ | +ve) | | |
| by AUTOMATED BRO ORGANISM | TH COLTORE | ESCHERICH | IA COLI (E.COLI) | | |
| by AUTOMATED BROT | TH CULTURE | EUGHERRON | | | |
| AEROBIC SUSCEPTIE | BILITY: URINE | | | | |
| AMOXICILLIN+CLAV | | SENSITIVE | | | |
| <i>by AUTOMATED BRO</i> Concentration: 8/4 μ | TH MICRODILUTION, CLSI | | | | |
| | g/THE | | | | |
| | | RESISTANT | | | |
| Concentration: 8 µg/r | TH MICRODILUTION, CLSI | | | | |
| - | | | | | |
| AMPICILLIN+SULBA | CTUM TH MICRODILUTION, CLSI | SENSITIVE | | | |
| Concentration: 8/4 µg | | | | | |
| | - | CENCITIVE | | | |
| CHLORAMPHENICOL by AUTOMATED BRO | TH MICRODILUTION, CLSI | SENSITIVE | | | |
| Concentration: 8 µg/r | nL | | | | |
| CIPROFLOXACIN | | RESISTANT | | | |
| | TH MICRODILUTION, CLSI | REGISTARI | | | |
| Concentration: 1 µg/r | nL | | | | |
| DOXYCYCLINE | | SENSITIVE | | | |
| | | | | | |
| | 20 | Λ | | | |
| | A | Gu | hoprov | | |
| | and | - | | | |
| | DR.VINAY CHOPRA | | M CHOPRA | | |
| | CONSULTANT PATHOLOG | IST CONSULT | TANT PATHOLOGIST | | |
| EL CONTRACTOR EL CONTRACTOR EL CONTRACTOR EL CONTRACTOR EL CONTRACTOR EL CONTRACTOR | MBBS, MD (PATHOLOGY 8 | MICROBIOLOGY) MBBS , M | 1D (PATHOLOGY) | | |

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|---|------------------|--------------------------|-----------------|-------------------------------------|-------------------------------|
| AGE / GENDER :: 46 YRS/MALE PATIENT ID :: 1597192 COLLECTED BY :: URIESH REF. REG. NO./LAB NO. : 012408310033 REFERED BY :: REG. NO./LAB NO. : 012408310033 REFERED BY :: COLLECTION DATE :: 31/Aug/202410:11 AM BARCODE NO. :: 01516029 COLLECT CON DATE :: 02/Sep/202410:11 AM CLIENT CODE :: KOS DIAGNOSTIC LAB REPORTING DATE :: 02/Sep/202410:11 AM CLIENT CODE :: KOS DIAGNOSTIC LAB REPORTING DATE :: 02/Sep/202410:11 AM CLIENT ADDRESS :: 6349/1. NICHOLSON ROAD. AMBALA CANTT :: Test Name :: Value Unit Biological Reference inte <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL NALIDNIC ACID :: Value Value View :: Value View :: Value : | NAME | : Mr. DEEPAK AGGARWAL | | | |
| REFERRED BY III IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | | | PATIEN | T ID | : 1597192 |
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| by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL NALIDIXIC ACID by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL GENTAMICIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL GENTAMICIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL NITROFURATOIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL NORFLOXACIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL NORFLOXACIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL MINOCYCLINE by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL Sensitive by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL Sensitive by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL Sensitive by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL APUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL | CLIENT ADDRESS | : 6349/1, NICHOLSON ROAI | D, AMBALA CANTT | | |
| Concentration: 4 µg/mL RESISTANT by AUTOMATED BROTH MICRODILUTION, CLSI RESISTANT GENTAMICIN by AUTOMATED BROTH MICRODILUTION, CLSI SENSITIVE Concentration: 16 µg/mL INTERMEDIATE NITROFURATOIN by AUTOMATED BROTH MICRODILUTION, CLSI INTERMEDIATE Concentration: 16 µg/mL INTERMEDIATE NORFLOXACIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL RESISTANT NORFLOXACIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL RESISTANT MINOCYCLINE by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL SENSITIVE TOBRAMYCIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL SENSITIVE AMIKACIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL SENSITIVE Concentration: 4 µg/mL SENSITIVE Concentration: 16 µg/mL SENSITIVE AMIKACIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL SENSITIVE CAETERONAM by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL INTERMEDIATE CEFAZOLIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL RESISTANT | Test Name | | Value | Unit | Biological Reference interval |
| NALIDIXIC ACID by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL GENTAMICIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL NITROFURATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL NORFLOXACIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL MINOCYCLINE by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL MINOCYCLINE by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL SENSITIVE by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL SENSITIVE by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL SENSITIVE by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL AUTOMATED BROTH MICRODILUTION, CLSI CONCENTRATED BROTH MICRODILUTION, CLSI CONCENTRATION: 4 µg/mL AUTOMATED BROTH MICRODILUTION, CLSI CEFAZOLIN by AUTOMATED BROTH MICRODILUTION, CLSI CEFAZOLIN by AUTOMATED BROTH MICRODILUTION, CLSI CEFAZOLIN by AUTOMATED BROTH MICRODILUTION, CLSI | | | | | |
| Concentration: 16 µg/mL SENSITIVE GENTAMICIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL INTERMEDIATE NIRFOURATION by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL INTERMEDIATE NORFLOXACIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL RESISTANT SENSITIVE by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL SENSITIVE Dispation SENSITIVE by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL SENSITIVE Dispation SENSITIVE Concentration: 4 µg/mL SENSITIVE Concentration: 4 µg/mL SENSITIVE Dispation: 4 µg/mL SENSITIVE Concentration: 4 µg/mL SENSITIVE Concentration: 4 µg/mL SENSITIVE Concentration: 4 µg/mL SENSITIVE Dispation: 16 µg/mL SENSITIVE | NALIDIXIC ACID | | RESISTANT | | |
| by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL NITROFURATOIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL NORFLOXACIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL MINOCYCLINE by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL TOBRAMYCIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL AMIKACIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL AMIKACIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL AMIKACIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL AZETREONAM by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL CONCENTRATED BROTH MICRODILUTION, CLSI CONCENTRATED BROTH MICRODILUTION, CLSI CONCENTRATED BROTH MICRODILUTION, CLSI CEFAZOLIN by AUTOMATED BROTH MICRODILUTION, CLSI CEFAZOLIN by AUTOMATED BROTH MICRODILUTION, CLSI | | | | | |
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| by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL TOBRAMYCIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL AMIKACIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL AZETREONAM by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL CEFAZOLIN by AUTOMATED BROTH MICRODILUTION, CLSI CORENTATION: 4 µg/mL CEFAZOLIN by AUTOMATED BROTH MICRODILUTION, CLSI CORENTATION: 4 µg/mL | by AUTOMATED BRO | | RESISTANT | | |
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| by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 μg/mL CEFAZOLIN RESISTANT by AUTOMATED BROTH MICRODILUTION, CLSI | by AUTOMATED BRC | | SENSITIVE | | |
| by AUTOMATED BROTH MICRODILUTION, CLSI | by AUTOMATED BRC | - | INTERMEDIATE | | |
| Juopra Guopra | by AUTOMATED BRO | | RESISTANT | | |
| | | am | Ghopro | | |

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Dr Vinay Ch



Yugam

| | | | | n Chopra (Pathology) : Pathologist | |
|--|---|-----------|--|--|--|
| NAME AGE/ GENDER COLLECTED BY REFERRED BY | : Mr. DEEPAK AGGARWAL : 46 YRS/MALE : SURJESH : | RE | ATIENT ID 2G. NO./LAB NO. 2GISTRATION DATE | : 1597192 : 012408310033 : 31/Aug/2024 10:11 AM | |
| BARCODE NO. CLIENT CODE. CLIENT ADDRESS | : 01516029 : KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROAE | RE | DLLECTION DATE EPORTING DATE | : 31/Aug/2024 10:15AM : 02/Sep/2024 11:14AM | |
| Test Name | | Value | Unit | Biological Reference interval | |
| | | RESISTANT | | | |
| CEFOXITIN | HMICRODILUTION, CLSI HMICRODILUTION, CLSI IL | SENSITIVE | | | |
| CEFTAZIDIME <i>by AUTOMATED BROT</i> Concentration: 4 μg/m | H MICRODILUTION, CLSI | SENSITIVE | | | |
| | | RESISTANT | | | |
| FOSFOMYCIN | HMICRODILUTION, CLSI HMICRODILUTION, CLSI ML | SENSITIVE | | | |
| LEVOFLOXACIN by AUTOMATED BROTH Concentration: 2 µg/m | HMICRODILUTION, CLSI IL | RESISTANT | | | |
| NETLIMICIN SULPHA by AUTOMATED BROT Concentration: 8 μg/m | H MICRODILUTION, CLSI | SENSITIVE | | | |
| PIPERACILLIN+TAZOB <i>by AUTOMATED BROT</i> Concentration: 16/4 μ | H MICRODILUTION, CLSI | SENSITIVE | | | |
| TICARCILLIN+CLAVUL <i>by AUTOMATED BROT</i> Concentration: 16/2 μ | H MICRODILUTION, CLSI | SENSITIVE | | | |
| TRIMETHOPRIM+SUL <i>by AUTOMATED BROT</i> Concentration: 2/38 μ | H MICRODILUTION, CLSI | SENSITIVE | | | |
| CEFIPIME by AUTOMATED BROTH | I MICRODILUTION, CLSI | RESISTANT | | | |
| | DR.VINAY CHOPRA | DR.YUGAM | ofra | | |

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| | | & Microbiology) | Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist | | |
|--|-------------------------------------|-----------------|--|-------------------------------|--|
| NAME | : Mr. DEEPAK AGGARWAL | | | | |
| AGE/ GENDER | : 46 YRS/MALE | PATIEN | T ID | : 1597192 | |
| COLLECTED BY | : SURJESH | REG. NO. | /LAB NO. | : 012408310033 | |
| REFERRED BY | : | REGISTR | ATION DATE | : 31/Aug/2024 10:11 AM | |
| BARCODE NO. | :01516029 | COLLECT | TION DATE | : 31/Aug/2024 10:15AM | |
| CLIENT CODE. | : KOS DIAGNOSTIC LAB | REPORT | ING DATE | :02/Sep/2024 11:14AM | |
| CLIENT ADDRESS | : 6349/1, NICHOLSON ROAD |), AMBALA CANTT | | | |
| Test Name | | Value | Unit | Biological Reference interval | |
| Concentration: 2 µg/r | nL | | | | |
| DORIPENEM <i>by AUTOMATED BRO</i> Concentration: 1 μg/r | TH MICRODILUTION, CLSI nL | SENSITIVE | | | |
| IMIPINEM <i>by AUTOMATED BRO</i> Concentration: 1 μg/r | TH MICRODILUTION, CLSI nL | SENSITIVE | | | |
| MEROPENEM by AUTOMATED BRO Concentration: 1 μg/r | TH MICRODILUTION, CLSI nl | SENSITIVE | | | |
| COLISTIN | TH MICRODILUTION, CLSI | 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

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".
 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.

*** End Of Report ***

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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