

Dr. Vinay Chopra  
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Chairman & Consultant Pathologist

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

**NAME** : Mr. DEVINDER SINGH  
**AGE/ GENDER** : 55 YRS/MALE  
**COLLECTED BY** : SURJESH  
**REFERRED BY** :  
**BARCODE NO.** : 01516200  
**CLIENT CODE.** : KOS DIAGNOSTIC LAB  
**CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

**PATIENT ID** : 1599732  
**REG. NO./LAB NO.** : 012409020066  
**REGISTRATION DATE** : 02/Sep/2024 04:59 PM  
**COLLECTION DATE** : 02/Sep/2024 05:03PM  
**REPORTING DATE** : 02/Sep/2024 05:16PM

Test Name	Value	Unit	Biological Reference interval
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**HAEMATOLOGY**  
**COMPLETE BLOOD COUNT (CBC)**

**RED BLOOD CELLS (RBCS) COUNT AND INDICES**

HAEMOGLOBIN (HB) by CALORIMETRIC	11.9 <sup>L</sup>	gm/dL	12.0 - 17.0
RED BLOOD CELL (RBC) COUNT by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE	3.93	Millions/cmm	3.50 - 5.00
PACKED CELL VOLUME (PCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	37.4 <sup>L</sup>	%	40.0 - 54.0
MEAN CORPUSCULAR VOLUME (MCV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	95.3	fL	80.0 - 100.0
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	30.4	pg	27.0 - 34.0
MEAN CORPUSCULAR HEMOGLOBIN CONC. (MCHC) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	31.9 <sup>L</sup>	g/dL	32.0 - 36.0
RED CELL DISTRIBUTION WIDTH (RDW-CV) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	12.9	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH (RDW-SD) by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	45.8	fL	35.0 - 56.0
MENTZERS INDEX by CALCULATED	24.25	RATIO	BETA THALASSEMIA TRAIT: < 13.0 IRON DEFICIENCY ANEMIA: >13.0
GREEN & KING INDEX by CALCULATED	31.41	RATIO	BETA THALASSEMIA TRAIT: <= 65.0 IRON DEFICIENCY ANEMIA: > 65.0


**WHITE BLOOD CELLS (WBCS)**


TOTAL LEUCOCYTE COUNT (TLC) by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	10660	/cmm	4000 - 11000
NUCLEATED RED BLOOD CELLS (nRBCS) by AUTOMATED 6 PART HEMATOLOGY ANALYZER	NIL		0.00 - 20.00
NUCLEATED RED BLOOD CELLS (nRBCS) % by CALCULATED BY AUTOMATED HEMATOLOGY ANALYZER	NIL	%	< 10 %

**DIFFERENTIAL LEUCOCYTE COUNT (DLC)**

NEUTROPHILS by FLOW CYTOMETRY BY SF CUBE & MICROSCOPY	80 <sup>H</sup>	%	50 - 70
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<b>LYMPHOCYTES</b> <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	7 <sup>L</sup>	%	20 - 40
<b>EOSINOPHILS</b> <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	5	%	1 - 6
<b>MONOCYTES</b> <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	8	%	2 - 12
<b>BASOPHILS</b> <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	0	%	0 - 1
<b><u>ABSOLUTE LEUKOCYTES (WBC) COUNT</u></b>			
<b>ABSOLUTE NEUTROPHIL COUNT</b> <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	8528 <sup>H</sup>	/cmm	2000 - 7500
<b>ABSOLUTE LYMPHOCYTE COUNT</b> <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	746 <sup>L</sup>	/cmm	800 - 4900
<b>ABSOLUTE EOSINOPHIL COUNT</b> <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	533 <sup>H</sup>	/cmm	40 - 440
<b>ABSOLUTE MONOCYTE COUNT</b> <i>by FLOW CYTOMETRY BY SF CUBE &amp; MICROSCOPY</i>	853	/cmm	80 - 880
<b><u>PLATELETS AND OTHER PLATELET PREDICTIVE MARKERS.</u></b>			
<b>PLATELET COUNT (PLT)</b> <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	312000	/cmm	150000 - 450000
<b>PLATELETCRIT (PCT)</b> <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	0.31	%	0.10 - 0.36
<b>MEAN PLATELET VOLUME (MPV)</b> <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	10	fL	6.50 - 12.0
<b>PLATELET LARGE CELL COUNT (P-LCC)</b> <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	76000	/cmm	30000 - 90000
<b>PLATELET LARGE CELL RATIO (P-LCR)</b> <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	24.5	%	11.0 - 45.0
<b>PLATELET DISTRIBUTION WIDTH (PDW)</b> <i>by HYDRO DYNAMIC FOCUSING, ELECTRICAL IMPEDENCE</i>	16.3	%	15.0 - 17.0
NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD			



  
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## MICROBIOLOGY

### CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: SWABS


#### CULTURE AND SUSCEPTIBILITY: SWABS


DATE OF SAMPLE	02-09-2024
SPECIMEN SOURCE	SWAB
INCUBATION PERIOD	48 HOURS
GRAM STAIN by MICROSCOPY	GRAM POSITIVE (+ve)
CULTURE by AUTOMATED BROTH CULTURE	POSITIVE (+ve)
ORGANISM by AUTOMATED BROTH CULTURE	Staph sp.

#### AEROBIC SUSCEPTIBILITY: SWABS

AMOXICILLIN+CLAVULANIC ACID by AUTOMATED BROTH MICRოდILUTION, CLSI Concentration: 8/4 µg/mL	INTERMEDIATE
AMPICILLIN by AUTOMATED BROTH MICRოდILUTION, CLSI Concentration: 8 µg/mL	INTERMEDIATE
AMPICILLIN+SULBACTAM by AUTOMATED BROTH MICRოდILUTION, CLSI Concentration: 8/4 µg/mL	SENSITIVE
CHLORAMPHENICOL by AUTOMATED BROTH MICRოდILUTION, CLSI Concentration: 8 µg/mL	INTERMEDIATE
CIPROFLOXACIN by AUTOMATED BROTH MICRოდILUTION, CLSI Concentration: 1 µg/mL	INTERMEDIATE
DOXYCYCLINE by AUTOMATED BROTH MICRოდILUTION, CLSI	INTERMEDIATE



  
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Test Name	Value	Unit	Biological Reference interval
Concentration: 4 µg/mL			
<b>GENTAMICIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	INTERMEDIATE		
<b>NORFLOXACIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	INTERMEDIATE		
<b>MINOCYCLINE</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	INTERMEDIATE		
<b>TOBRAMYCIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	INTERMEDIATE		
<b>AMIKACIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	INTERMEDIATE		
<b>AZETREONAM</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	INTERMEDIATE		
<b>CEFAZOLIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	INTERMEDIATE		
<b>CEFIXIME</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
<b>CEFOXITIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 8 µg/mL	RESISTANT		
<b>CEFTAZIDIME</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		



  
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Test Name	Value	Unit	Biological Reference interval
Concentration: 4 µg/mL			
CEFTRIAXONE <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
FOSFOMYCIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
Concentration: 64 µg/mL			
LEVOFLOXACIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	INTERMEDIATE		
Concentration: 2 µg/mL			
NETLIMICIN SULPHATE <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 8 µg/mL			
PIPERACILLIN+TAZOBACTAM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 16/4 µg/mL			
TICARCILLIN+CLAVULANIC ACID <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 16/2 µg/mL			
TRIMETHOPRIM+SULPHAMETHAZOLE <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 2/38 µg/mL			
CEFIPIME <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	INTERMEDIATE		
Concentration: 2 µg/mL			
DORIPENEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	INTERMEDIATE		
Concentration: 1 µg/mL			
IMIPINEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	INTERMEDIATE		



  
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Concentration: 1 µg/mL

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

**SENSITIVE**

**COLISTIN**  
 by AUTOMATED BROTH MICRODILUTION, CLSI  
 Concentration: 0.06 µg/mL

**INTERMEDIATE**

**INTERPRETATION**  
**SUSCEPTIBILITY:**

1. A test interpreted as **SENSITIVE** 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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