

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 : Master. YUG

AGE/ GENDER : 7 YRS/MALE PATIENT ID : 1604644

COLLECTED BY : REG. NO./LAB NO. : 012409060069

REFERRED BY : LOOMBA HOSPITAL (AMBALA CANTT) **REGISTRATION DATE** : 06/Sep/2024 06:10 PM **BARCODE NO.** : 01516452 **COLLECTION DATE** : 06/Sep/2024 06:12PM

CLIENT CODE. : KOS DIAGNOSTIC LAB **REPORTING DATE** : 09/Sep/2024 10:45AM

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 06-09-2024
SPECIMEN SOURCE SWAB
INCUBATION PERIOD 48 HOURS

GRAM STAIN GRAM POSITIVE (+ve)

by MICROSCOPY

CULTURE POSITIVE (+ve)

by AUTOMATED BROTH CULTURE

ORGANISM Staph sp.

by AUTOMATED BROTH CULTURE

AEROBIC SUSCEPTIBILITY: SWABS

AMOXICILLIN+CLAVULANIC ACID SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8/4 µg/mL

AMPICILLIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

AMPICILLIN+SULBACTUM RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8/4 µg/mL

CHLORAMPHENICOL RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

CIPROFLOXACIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

DOXYCYCLINE RESISTANT



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RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

NALIDIXIC ACID RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: $16 \mu g/mL$

GENTAMICIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: $16\ \mu g/mL$

NITROFURATOIN

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

NORFLOXACIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

MINOCYCLINE RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 μg/mL

TOBRAMYCIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

AMIKACIN INTERMEDIATE

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

AZETREONAM SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

CEFAZOLIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

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Test Name Value Unit **Biological Reference interval**

Concentration: 16 µg/mL

RESISTANT CEEIXIME

by AUTOMATED BROTH MICRODILUTION, CLSI RESISTANT

CEFOXITIN by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

CEFTAZIDIME SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

CEFTRIAXONE RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI **FOSFOMYCIN SENSITIVE**

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 64 µg/mL

LEVOFLOXACIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2 µg/mL

NETLIMICIN SULPHATE RESISTANT

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 **RESISTANT**

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2/38 µg/mL

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CEFIPIME RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2 µg/mL

DORIPENEM **SENSITIVE**

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

SENSITIVE IMIPINEM

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

MEROPENEM SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 0.06 µg/mL

INTERPRETATION

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.
- 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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