

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

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

<b>NAME</b>	: Mrs. RAJDUA	<b>PATIENT ID</b>	: 1606440
<b>AGE/ GENDER</b>	: 95 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012409080071
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 08/Sep/2024 07:57 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 08/Sep/2024 07:58PM
<b>BARCODE NO.</b>	: 01516587	<b>REPORTING DATE</b>	: 10/Sep/2024 04:49PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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## MICROBIOLOGY

### CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: SWABS


#### CULTURE AND SUSCEPTIBILITY: SWABS


DATE OF SAMPLE	08-09-2024
SPECIMEN SOURCE	SWAB
INCUBATION PERIOD	48 HOURS
GRAM STAIN by MICROSCOPY	GRAM NEGATIVE (-ve)
CULTURE by AUTOMATED BROTH CULTURE	POSITIVE (+ve)
ORGANISM by AUTOMATED BROTH CULTURE	Enterobacter sp.

#### AEROBIC SUSCEPTIBILITY: SWABS

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



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



  
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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>	INTERMEDIATE		
Concentration: 64 µg/mL			
LEVOFLOXACIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
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>	INTERMEDIATE		
Concentration: 2/38 µg/mL			
CEFIPIME <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
Concentration: 2 µg/mL			
DORIPENEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 1 µg/mL			
IMIPINEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		



  
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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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