

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

: Master. AAVYA JAIN **NAME**

AGE/ GENDER : 7 YRS/MALE **PATIENT ID** : 1613119

COLLECTED BY REG. NO./LAB NO. : 012409140049

REFERRED BY **REGISTRATION DATE** : 14/Sep/2024 02:13 PM BARCODE NO. :01516962 **COLLECTION DATE** : 14/Sep/2024 02:16PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 14/Sep/2024 03:06PM

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

Test Name Value Unit **Biological Reference interval**

CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

QUANTITY RECIEVED 10 ml by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

PALE YELLOW PALE YELLOW **COLOUR**

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

TRANSPARANCY HAZY **CLEAR** by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

1.02 1.002 - 1.030 SPECIFIC GRAVITY

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

CHEMICAL EXAMINATION

ACIDIC

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY **PROTEIN NEGATIVE (-ve)** Negative

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

NEGATIVE (-ve) SUGAR Negative by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

рΗ 5.0 - 7.5

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY **NEGATIVE (-ve) BILIRUBIN** Negative

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

NITRITE Negative **NEGATIVE** (-ve) by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.

EU/dL UROBILINOGEN Normal 0.2 - 1.0

KETONE BODIES **NEGATIVE (-ve)** Negative

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

BLOOD Negative **NEGATIVE (-ve)** by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

NEGATIVE (-ve) **NEGATIVE (-ve)** ASCORBIC ACID by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

MICROSCOPIC EXAMINATION

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY



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





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RED BLOOD CELLS (RBCs) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)	/HPF	0 - 3
PUS CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	8-10	/HPF	0 - 5
EPITHELIAL CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	0-2	/HPF	ABSENT
CRYSTALS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	ABSENT		ABSENT

REPORTING DATE



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





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 : 17/Sep/2024 10:46 AM

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

Test Name Value Unit Biological Reference interval

MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE 14-09-2024
SPECIMEN SOURCE URINE
INCUBATION PERIOD 48 HOURS

by AUTOMATED BROTH CULTURE

GRAM STAIN GRAM NEGATIVE (-ve)

by MICROSCOPY
CULTURE

CULTURE POSITIVE (+ve)
by AUTOMATED BROTH CULTURE

ORGANISM ESCHERICHIA COLI (E.COLI)

by AUTOMATED BROTH CULTURE

AEROBIC SUSCEPTIBILITY: URINE

AMOXICILLIN+CLAVULANIC ACID RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8/4 µg/mL

AMPICILLIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

AMPICILLIN+SULBACTUM SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8/4 µg/mL

CHLORAMPHENICOL SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

CIPROFLOXACIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

DOXYCYCLINE SENSITIVE



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by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

NALIDIXIC ACID RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 $\mu g/mL$

GENTAMICIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

NITROFURATOIN INTERMEDIATE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

NORFLOXACIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

MINOCYCLINE SENSITIVE by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

TOBRAMYCIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

AMIKACIN SENSITIVE

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

Concentration: 16 µg/mL

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SENSITIVE

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RESISTANT CEFIXIME

by AUTOMATED BROTH MICRODILUTION, CLSI

RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 8 µg/mL

SENSITIVE CEFTAZIDIME

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

CLIENT CODE.

CEFTRIAXONE SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

FOSFOMYCIN SENSITIVE by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 64 µg/mL

LEVOFLOXACIN

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2 µg/mL

NETLIMICIN SULPHATE SENSITIVE

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 **INTERMEDIATE** by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16/2 µg/mL

TRIMETHOPRIM+SULPHAMETHAZOLE **SENSITIVE**

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2/38 µg/mL

CEFIPIME SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

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Concentration: 2 µg/mL

DORIPENEM SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

IMIPINEM SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

SENSITIVE MEROPENEM

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

COLISTIN **SENSITIVE**

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 0.06 µg/mL

INTERPRETATION:

1. 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.

2. Colony count of 100 to 10000/ mL indicate infection, if isolate from specimen obtained by suprapubic aspiration or "in-and-out" approach to the total country of the properties of the total country of the total country of the properties of the total country of th

catheterization or from patients with indwelling catheters.

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.
- 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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