

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

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

<b>NAME</b>	: Mrs. SUDESH RANI	<b>PATIENT ID</b>	: 1591295
<b>AGE/ GENDER</b>	: 74 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012409200012
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 20/Sep/2024 07:50 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 20/Sep/2024 10:46AM
<b>BARCODE NO.</b>	: 01517305	<b>REPORTING DATE</b>	: 20/Sep/2024 10:23AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

**HAEMATOLOGY**  
**PERIPHERAL BLOOD SMEAR**

**TEST NAME:**

**PERIPHERAL BLOOD FILM/SMEAR (PBF)**

**RED BLOOD CELLS (RBC'S):**

Anisocytosis with microcytosis. RBCs show mild hypochromia. No polychromatic cells or normoblasts noted.

**WHITE BLOOD CELLS (WBC'S):**

Smear show eosinophilia. No immature leucocytes seen.

**PLATELETS:**

Platelets are adequate.

**HEMOPARASITES:**

NOT SEEN.

**IMPRESSION:**

Microcytic hypochromic picture with eosinophilia.



  
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REPORTING DATE : 20/Sep/2024 12:08PM

Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE FASTING (F) AND POST PRANDIAL (PP)

GLUCOSE FASTING (F): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	112.62 <sup>H</sup>	mg/dL	NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > OR = 126.0
GLUCOSE POST PRANDIAL (PP): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	196.27 <sup>H</sup>	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > OR = 200.0

INTERPRETATION:

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A fasting plasma glucose below 100 mg/dL and post-prandial plasma glucose level below 140 mg/dl is considered normal.
2. A fasting plasma glucose level between 100 - 125 mg/dl and post-prandial plasma glucose level between 140 – 200 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A fasting plasma glucose level of above 125 mg/dL and post-prandial plasma glucose level above 200 mg/dL is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.



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## MICROBIOLOGY

### CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

#### CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE 20-09-2024  
 SPECIMEN SOURCE URINE  
 INCUBATION PERIOD 48 HOURS  
*by AUTOMATED BROTH CULTURE*

**GRAM STAIN** GRAM NEGATIVE (-ve)  
*by MICROSCOPY*

**CULTURE** POSITIVE (+ve)  
*by AUTOMATED BROTH CULTURE*  
**ORGANISM** ESCHERICHIA COLI (E.COLI)  
*by AUTOMATED BROTH CULTURE*

#### AEROBIC SUSCEPTIBILITY: URINE

**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+SULBACTAM** SENSITIVE  
*by AUTOMATED BROTH MICRODILUTION, CLSI*  
 Concentration: 8/4 µg/mL


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

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

**DOXYCYCLINE** SENSITIVE



  
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Test Name	Value	Unit	Biological Reference interval
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 4 µg/mL			
NALIDIXIC ACID	RESISTANT		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 16 µg/mL			
GENTAMICIN	SENSITIVE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 16 µg/mL			
NITROFURATOIN	INTERMEDIATE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 16 µg/mL			
NORFLOXACIN	RESISTANT		
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	RESISTANT		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 4 µg/mL			
CEFAZOLIN	RESISTANT		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 16 µg/mL			



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



  
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by AUTOMATED BROTH MICRODILUTION, CLSI  
 Concentration: 2 µg/mL

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

**SENSITIVE**

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

**SENSITIVE**

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

**SENSITIVE**

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

**SENSITIVE**

#### 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" catheterization or from patients with indwelling catheters.

#### 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.



  
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\*\*\* End Of Report \*\*\*