

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

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

NAME : Mr. VIRENDER KUMARIA
AGE/ GENDER : 81 YRS/MALE
COLLECTED BY : SURJESH
REFERRED BY :
BARCODE NO. : 01517670
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1624680
REG. NO./LAB NO. : 012409250022
REGISTRATION DATE : 25/Sep/2024 09:26 AM
COLLECTION DATE : 25/Sep/2024 09:27 AM
REPORTING DATE : 27/Sep/2024 11:54 AM

Test Name	Value	Unit	Biological Reference interval
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MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE 25-09-2024
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 RESISTANT
by AUTOMATED BROTH MICRოდILUTION, CLSI
Concentration: 8/4 µg/mL

AMPICILLIN RESISTANT
by AUTOMATED BROTH MICRოდILUTION, CLSI
Concentration: 8 µg/mL

AMPICILLIN+SULBACTAM INTERMEDIATE
by AUTOMATED BROTH MICRოდILUTION, CLSI
Concentration: 8/4 µg/mL

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

CIPROFLOXACIN INTERMEDIATE
by AUTOMATED BROTH MICRოდILUTION, CLSI
Concentration: 1 µg/mL

DOXYCYCLINE SENSITIVE



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by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL			
NALIDIXIC ACID <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	RESISTANT		
GENTAMICIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	RESISTANT		
NITROFURATOIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	RESISTANT		
NORFLOXACIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	INTERMEDIATE		
MINOCYCLINE <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	SENSITIVE		
TOBRAMYCIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	SENSITIVE		
AMIKACIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	SENSITIVE		
AZETREONAM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	RESISTANT		
CEFAZOLIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	RESISTANT		




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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	RESISTANT		
CEFTAZIDIME <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	INTERMEDIATE		
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	INTERMEDIATE		
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	INTERMEDIATE		
TICARCILLIN+CLAVULANIC ACID <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16/2 µg/mL	RESISTANT		
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	RESISTANT		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 1 µg/mL			
IMIPINEM	SENSITIVE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 1 µg/mL			
MEROPENEM	SENSITIVE		
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" 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 ***