

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

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

NAME : Mr. MUKESH GUGLANI  
AGE/ GENDER : 64 YRS/MALE  
COLLECTED BY :  
REFERRED BY :  
BARCODE NO. : 01518256  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1633934  
REG. NO./LAB NO. : 012410030051  
REGISTRATION DATE : 03/Oct/2024 09:26 PM  
COLLECTION DATE : 03/Oct/2024 09:26PM  
REPORTING DATE : 06/Oct/2024 08:52AM

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 03-10-2024  
SPECIMEN SOURCE URINE  
INCUBATION PERIOD 48 HOURS  
by AUTOMATED BROTH CULTURE

GRAM STAIN  
by MICROSCOPY

GRAM NEGATIVE (-ve)

CULTURE  
by AUTOMATED BROTH CULTURE  
ORGANISM  
by AUTOMATED BROTH CULTURE

POSITIVE (+ve)

ESCHERICHIA COLI (E.COLI)

#### AEROBIC SUSCEPTIBILITY: URINE

AMOXICILLIN+CLAVULANIC ACID  
by AUTOMATED BROTH MICRოდILUTION, CLSI  
Concentration: 8/4 µg/mL

RESISTANT

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

RESISTANT

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

RESISTANT

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

SENSITIVE

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

RESISTANT



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DOXYCYCLINE <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	SENSITIVE		
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	SENSITIVE		
NITROFURATOIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	INTERMEDIATE		
NORFLOXACIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	RESISTANT		
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	SENSITIVE		
CEFAZOLIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		



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



  
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<b>CEFIPIME</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 2 µg/mL	SENSITIVE		
<b>DORIPENEM</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	INTERMEDIATE		
<b>IMIPINEM</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	RESISTANT		
<b>MEROPENEM</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	SENSITIVE		
<b>COLISTIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 0.06 µg/mL	SENSITIVE		



  
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**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.

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



  
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