

Dr. Vinay Chopra
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Chairman & Consultant Pathologist

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

NAME : Mr. DEEP CHAND AGGARWAL
AGE/ GENDER : 88 YRS/MALE
COLLECTED BY : SURJESH
REFERRED BY : CENTRAL PHOENIX CLUB (AMBALA CANTT)
BARCODE NO. : 01518473
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1636493
REG. NO./LAB NO. : 012410070037
REGISTRATION DATE : 07/Oct/2024 12:17 PM
COLLECTION DATE : 07/Oct/2024 12:33PM
REPORTING DATE : 07/Oct/2024 12:39PM

Test Name	Value	Unit	Biological Reference interval
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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

QUANTITY RECIEVED	10	ml	
COLOUR	AMBER YELLOW		PALE YELLOW
TRANSPARANCY	HAZY		CLEAR
SPECIFIC GRAVITY	1.01		1.002 - 1.030

CHEMICAL EXAMINATION

REACTION	ACIDIC		
PROTEIN	Negative		NEGATIVE (-ve)
SUGAR	Negative		NEGATIVE (-ve)
pH	6		5.0 - 7.5
BILIRUBIN	Negative		NEGATIVE (-ve)
NITRITE	Negative		NEGATIVE (-ve)
UROBILINOGEN	Normal	EU/dL	0.2 - 1.0
KETONE BODIES	Negative		NEGATIVE (-ve)
BLOOD	TRACE		NEGATIVE (-ve)
ASCORBIC ACID	NEGATIVE (-ve)		NEGATIVE (-ve)

MICROSCOPIC EXAMINATION



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RED BLOOD CELLS (RBCs) <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	1-3	/HPF	0 - 3
PUS CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	Numerous	/HPF	0 - 5
EPITHELIAL CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	0-2	/HPF	ABSENT
CRYSTALS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	ABSENT		ABSENT




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MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE 07-10-2024
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 RESISTANT




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




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by AUTOMATED BROTH MICRODILUTION, CLSI
 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

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 ***