

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

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

NAME : Mr. K.K CHONA
AGE/ GENDER : 82 YRS/MALE
COLLECTED BY : SURJESH
REFERRED BY :
BARCODE NO. : 01518506
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1637295
REG. NO./LAB NO. : 012410070070
REGISTRATION DATE : 07/Oct/2024 06:26 PM
COLLECTION DATE : 07/Oct/2024 06:32PM
REPORTING DATE : 07/Oct/2024 06:59PM

Test Name	Value	Unit	Biological Reference interval
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ENDOCRINOLOGY
PROCALCITONIN (PCT)

PROCALCITONIN (PCT): SERUM
by ELFA (ENZYME LINKED FLOUROSCENCE ASSAY)

0.45	ng/mL	< 0.50
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INTERPRETATION:

Procalcitonin, the prohormone of calcitonin is below limit of detection 500 pg/ml in healthy individuals. It rises in response to an inflammatory stimulus especially of bacterial origin. It does not rise significantly with viral or non inflammations.

PROCALCITONIN (VALUE IN ng/mL)	INFERENCE
< 0.50 ng/mL	Minor local bacterial infection is possible. Severe systemic infection (Sepsis) is not likely
0.50- < 2.0 ng/mL	Systemic infection is possible, but various conditions are known to induce PCT as well (see below). Suggest repeat after 6-24 hours for a definitive diagnosis
2.0 - < 10.0 ng/mL	Systemic infection (Sepsis) is likely, unless other causes are known
>=10.0 ng/mL	Important systemic inflammatory response, almost exclusively due to severe bacterial sepsis or septic shock

PCT levels can be elevated in non infectious causes like:

- 1.The first days after a major trauma, major surgical intervention, burns, treatment with OKT3 antibodies and other drugs stimulating the release of pro-inflammatory cytokines, small cell lung cancer, medullary C-cell carcinoma of thyroid.
- 2.Patients with prolonged or severe cardiogenic shock, prolonged severe organ perfusion anomalies.
- 3.Neonates < 48 hrs of life.
- 4.Patients with PCT values 2000 pg/mL should be closely monitored both clinically and by reassessing PCT within 6-24 hrs.



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REFERRED BY	:	COLLECTION DATE	: 07/Oct/2024 06:32PM
BARCODE NO.	: 01518506	REPORTING DATE	: 09/Oct/2024 12:52PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

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	07-10-2024
SPECIMEN SOURCE	URINE
INCUBATION PERIOD	48 HOURS
by AUTOMATED BROTH CULTURE	
CULTURE	STERILE
by AUTOMATED BROTH CULTURE	
ORGANISM	NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF INCUBATION AT 37°C
by AUTOMATED BROTH CULTURE	

AEROBIC SUSCEPTIBILITY: URINE

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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REFERRED BY	:	COLLECTION DATE	: 07/Oct/2024 06:32PM
BARCODE NO.	: 01518506	REPORTING DATE	: 11/Oct/2024 10:23AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY (CONVENTIONAL): BLOOD

BLOOD CULTURE AND SUSCEPTIBILITY

DATE OF SAMPLE	07-10-2024
SPECIMEN SOURCE	BLOOD
INCUBATION PERIOD	72 HOURS (3 SUBCULTURES)
CULTURE	STERILE
by AUTOMATED BROTH CULTURE	
ORGANISM	NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 72 HOURS OF INCUBATION AT 37°C
by AUTOMATED BROTH CULTURE	

AEROBIC SUSCEPTIBILITY BLOOD

INTERPRETATION

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:

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2. Anaerobic bacterial infection.
3. Fastidious aerobic bacteria which are not able to grow on routine culture media.
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*** End Of Report ***




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