

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

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

<b>NAME</b>	: Mrs. ANUPAMA	<b>PATIENT ID</b>	: 1639692
<b>AGE/ GENDER</b>	: 51 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012410100035
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 10/Oct/2024 11:33 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 10/Oct/2024 11:34AM
<b>BARCODE NO.</b>	: 01518649	<b>REPORTING DATE</b>	: 12/Oct/2024 04:49PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 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	10-10-2024
SPECIMEN SOURCE	URINE
INCUBATION PERIOD	48 HOURS
by AUTOMATED BROTH CULTURE	
<b>GRAM STAIN</b>	<b>GRAM NEGATIVE (-ve)</b>
by MICROSCOPY	
<b>CULTURE</b>	<b>POSITIVE (+ve)</b>
by AUTOMATED BROTH CULTURE	
ORGANISM	Enterobacter sp.
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	RESISTANT
by AUTOMATED BROTH MICRოდILUTION, CLSI	
Concentration: 8/4 µg/mL	
CHLORAMPHENICOL	RESISTANT
by AUTOMATED BROTH MICRოდILUTION, CLSI	
Concentration: 8 µg/mL	
CIPROFLOXACIN	RESISTANT
by AUTOMATED BROTH MICRოდILUTION, CLSI	
Concentration: 1 µg/mL	



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



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



  
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Test Name	Value	Unit	Biological Reference interval
DORIPENEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	RESISTANT		
IMIPINEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	SENSITIVE		
MEROPENEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	INTERMEDIATE		
COLISTIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> 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.

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



  
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