

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

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

NAME	: Mrs. RAJNI BATRA	PATIENT ID	: 1643905
AGE/ GENDER	: 58 YRS/FEMALE	REG. NO./LAB NO.	: 012410150037
COLLECTED BY	:	REGISTRATION DATE	: 15/Oct/2024 01:07 PM
REFERRED BY	:	COLLECTION DATE	: 15/Oct/2024 01:09PM
BARCODE NO.	: 01518941	REPORTING DATE	: 18/Oct/2024 08:21AM
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	15-10-2024
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	SENSITIVE
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	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	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	RESISTANT		
CEFAZOLIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	RESISTANT		




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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	RESISTANT		
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 ***