

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

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

NAME : Mr. SAT PARKASH
AGE/ GENDER : 70 YRS/MALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 01519315
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1649382
REG. NO./LAB NO. : 012410210069
REGISTRATION DATE : 21/Oct/2024 03:52 PM
COLLECTION DATE : 21/Oct/2024 03:55PM
REPORTING DATE : 21/Oct/2024 04:42PM

Test Name	Value	Unit	Biological Reference interval
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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

QUANTITY RECEIVED	10	ml	
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
COLOUR	AMBER YELLOW		PALE YELLOW
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
TRANSPARANCY	HAZY		CLEAR
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
SPECIFIC GRAVITY	1.01		1.002 - 1.030
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			

CHEMICAL EXAMINATION

REACTION	ACIDIC		
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
PROTEIN	1+		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
SUGAR	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
pH	<=5.0		5.0 - 7.5
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
BILIRUBIN	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
NITRITE	Positive		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
UROBILINOGEN	Normal	EU/dL	0.2 - 1.0
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
KETONE BODIES	Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
BLOOD	1+		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			
ASCORBIC ACID	NEGATIVE (-ve)		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY			

MICROSCOPIC EXAMINATION

RED BLOOD CELLS (RBCs)	5-6	/HPF	0 - 3
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			



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PUS CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	15-20	/HPF	0 - 5
EPITHELIAL CELLS <i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>	1-3	/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 : 21-10-2024
 SPECIMEN SOURCE : URINE
 INCUBATION PERIOD : 48 HOURS
by AUTOMATED BROTH CULTURE

GRAM STAIN
by MICROSCOPY

GRAM NEGATIVE (-ve)

CULTURE
by AUTOMATED BROTH CULTURE

POSITIVE (+ve)

ORGANISM
by AUTOMATED BROTH CULTURE

ESCHERICHIA COLI (E.COLI)

AEROBIC SUSCEPTIBILITY: URINE

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

SENSITIVE

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

RESISTANT

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

SENSITIVE

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

SENSITIVE


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


RESISTANT

DOXYCYCLINE
by AUTOMATED BROTH MICRORILUTION, CLSI

SENSITIVE




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




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Test Name	Value	Unit	Biological Reference interval
by AUTOMATED BROTH MICRODILUTION, CLSI			
CEFTAZIDIME	SENSITIVE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 4 µg/mL			
CEFTRIAXONE	RESISTANT		
by AUTOMATED BROTH MICRODILUTION, CLSI			
FOSFOMYCIN	SENSITIVE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 64 µg/mL			
LEVOFLOXACIN	RESISTANT		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 2 µg/mL			
NETLIMICIN SULPHATE	SENSITIVE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 8 µg/mL			
PIPERACILLIN+TAZOBACTAM	SENSITIVE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 16/4 µg/mL			
TICARCILLIN+CLAVULANIC ACID	SENSITIVE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 16/2 µg/mL			
TRIMETHOPRIM+SULPHAMETHAZOLE	SENSITIVE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 2/38 µg/mL			
CEFIPIME	RESISTANT		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 2 µg/mL			
DORIPENEM	SENSITIVE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 1 µg/mL			




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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 ***




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