

(A Unit of KOS Healthcare)



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

Dr. Yugam Chopra

MD (Pathology)

CEO & Consultant Pathologist

NAME : Mr. V N SHARMA

**AGE/ GENDER** : 78 YRS/MALE **PATIENT ID** : 1662634

COLLECTED BY : REG. NO./LAB NO. : 012411050092

 REFERRED BY
 : 05/Nov/2024 08:44 PM

 BARCODE NO.
 : 01520188
 COLLECTION DATE
 : 05/Nov/2024 08:48 PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 07/Nov/2024 04:57 PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

## **MICROBIOLOGY**

## CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

### **CULTURE AND SUSCEPTIBILITY: URINE**

DATE OF SAMPLE 05-11-2024
SPECIMEN SOURCE URINE
INCUBATION PERIOD 48 HOURS
by AUTOMATED BROTH CULTURE

GRAM STAIN
by MICROSCOPY
GRAM NEGATIVE (-ve)

CULTURE POSITIVE (+ve)

by AUTOMATED BROTH CULTURE

ORGANISM ESCHERICHIA COLI (E.COLI)

by AUTOMATED BROTH CULTURE

## **AEROBIC SUSCEPTIBILITY: URINE**

AMOXICILLIN+CLAVULANIC ACID RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 8/4 µg/mL

AMPICILLIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

AMPICILLIN+SULBACTUM RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8/4 µg/mL

CHLORAMPHENICOL RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

CIPROFLOXACIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

DOXYCYCLINE SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

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DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST



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Concentration: 4 µg/mL

CLIENT CODE.

NALIDIXIC ACID RESISTANT

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

NORFLOXACIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL

SENSITIVE MINOCYCLINE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

**TOBRAMYCIN** RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

**AMIKACIN** RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

RESISTANT AZETREONAM

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL

RESISTANT

**CEFAZOLIN** by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

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**CEFIXIME** INTERMEDIATE SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

**CEFOXITIN** RESISTANT by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

RESISTANT **CEFTAZIDIME** 

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 RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

RESISTANT PIPERACILLIN+TAZOBACTUM

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16/4 µg/mL

TICARCILLIN+CLAVULANIC ACID INTERMEDIATE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16/2 µg/mL

TRIMETHOPRIM+SULPHAMETHAZOLE RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2/38 µg/mL

RESISTANT

**CEFIPIME** 

by AUTOMATED BROTH MICRODILUTION, CLSI

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Concentration: 2 µg/mL

RESISTANT DORIPFNFM

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

RESISTANT **IMIPINEM** 

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

**MEROPENEM** RESISTANT

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 **SENSTITIVE** 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.

- 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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