

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

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

NAME : Mrs. SUNITA  
AGE/ GENDER : 28 YRS/FEMALE  
COLLECTED BY :  
REFERRED BY : LOOMBA HOSPITAL (AMBALA CANTT)  
BARCODE NO. : 01520732  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT  
PATIENT ID : 1670665  
REG. NO./LAB NO. : 012411130040  
REGISTRATION DATE : 13/Nov/2024 12:09 PM  
COLLECTION DATE : 13/Nov/2024 12:11 PM  
REPORTING DATE : 15/Nov/2024 11:44 AM

Test Name	Value	Unit	Biological Reference interval
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## MICROBIOLOGY

### CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: SWABS

#### CULTURE AND SUSCEPTIBILITY: SWABS

DATE OF SAMPLE 13-11-2024  
SPECIMEN SOURCE SWAB  
INCUBATION PERIOD 48 HOURS  
GRAM STAIN  
by MICROSCOPY  
GRAM POSITIVE (+ve)  
CULTURE  
by AUTOMATED BROTH CULTURE  
POSITIVE (+ve)  
ORGANISM  
by AUTOMATED BROTH CULTURE  
Staph sp.

#### AEROBIC SUSCEPTIBILITY: SWABS

AMOXICILLIN+CLAVULANIC ACID  
by AUTOMATED BROTH MICRოდILUTION, CLSI  
Concentration: 8/4 µg/mL  
RESISTANT  
AMPICILLIN  
by AUTOMATED BROTH MICRოდILUTION, CLSI  
Concentration: 8 µg/mL  
RESISTANT  
AMPICILLIN+SULBACTAM  
by AUTOMATED BROTH MICRოდILUTION, CLSI  
Concentration: 8/4 µg/mL  
RESISTANT  
CHLORAMPHENICOL  
by AUTOMATED BROTH MICRოდILUTION, CLSI  
Concentration: 8 µg/mL  
SENSITIVE  
CIPROFLOXACIN  
by AUTOMATED BROTH MICRოდILUTION, CLSI  
Concentration: 1 µg/mL  
INTERMEDIATE  
DOXYCYCLINE  
by AUTOMATED BROTH MICRოდILUTION, CLSI  
Concentration: 4 µg/mL  
SENSITIVE



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Test Name	Value	Unit	Biological Reference interval
<b>GENTAMICIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	SENSITIVE		
<b>NORFLOXACIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	INTERMEDIATE		
<b>MINOCYCLINE</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	SENSITIVE		
<b>TOBRAMYCIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	SENSITIVE		
<b>AMIKACIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	SENSITIVE		
<b>AZETREONAM</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	SENSITIVE		
<b>CEFAZOLIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	RESISTANT		
<b>CEFIXIME</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
<b>CEFOXITIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 8 µg/mL	RESISTANT		
<b>CEFTAZIDIME</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	SENSITIVE		



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



  
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<b>MEROPENEM</b> by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 1 µg/mL	<b>SENSITIVE</b>		
<b>COLISTIN</b> by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 0.06 µg/mL	<b>SENSITIVE</b>		

**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:**


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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