

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

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

NAME	: Mrs. SUSHMA RANI	PATIENT ID	: 1672423
AGE/ GENDER	: 64 YRS/FEMALE	REG. NO./LAB NO.	: 012411140061
COLLECTED BY	:	REGISTRATION DATE	: 14/Nov/2024 06:48 PM
REFERRED BY	:	COLLECTION DATE	: 14/Nov/2024 06:48PM
BARCODE NO.	: 01520815	REPORTING DATE	: 16/Nov/2024 05:26PM
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 14-11-2024
 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 Klebsiella pneumoniae
by AUTOMATED BROTH CULTURE

AEROBIC SUSCEPTIBILITY: URINE

AMOXICILLIN+CLAVULANIC ACID **SENSITIVE**
by AUTOMATED BROTH MICRORILUTION, CLSI

Concentration: 8/4 µg/mL

AMPICILLIN **RESISTANT**
by AUTOMATED BROTH MICRORILUTION, CLSI

Concentration: 8 µg/mL

AMPICILLIN+SULBACTAM **INTERMEDIATE**
by AUTOMATED BROTH MICRORILUTION, CLSI

Concentration: 8/4 µg/mL

CHLORAMPHENICOL **SENSITIVE**
by AUTOMATED BROTH MICRORILUTION, CLSI


Concentration: 8 µg/mL


CIPROFLOXACIN **SENSITIVE**
by AUTOMATED BROTH MICRORILUTION, CLSI

Concentration: 1 µg/mL

DOXYCYCLINE **SENSITIVE**
by AUTOMATED BROTH MICRORILUTION, CLSI




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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>	SENSITIVE		
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>	SENSITIVE		
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>	INTERMEDIATE		
Concentration: 4 µg/mL			
CEFAZOLIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
Concentration: 16 µg/mL			
CEFIXIME	RESISTANT		




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Test Name	Value	Unit	Biological Reference interval
by AUTOMATED BROTH MICRODILUTION, CLSI			
CEFOXITIN	SENSITIVE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 8 µg/mL			
CEFTAZIDIME	INTERMEDIATE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 4 µg/mL			
CEFTRIAZONE	RESISTANT		
by AUTOMATED BROTH MICRODILUTION, CLSI			
FOSFOMYCIN	RESISTANT		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 64 µg/mL			
LEVOFLOXACIN	SENSITIVE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 2 µg/mL			
NETILMICIN 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	INTERMEDIATE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 16/2 µg/mL			
TRIMETHOPRIM+SULPHAMETHAZOLE	RESISTANT		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 2/38 µg/mL			
CEFIPIME	RESISTANT		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 2 µg/mL			




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