



KOS Diagnostic Lab (A Unit of KOS Healthcare)

| | IFIED LAB | | EXCELLENCE IN HEALTHCARE | | |
|---|---|--|--------------------------|-------------------------------|--|
| MD (Patho | | y Chopra Dr. Yugam ogy & Microbiology) MD (F Consultant Pathologist CEO & Consultant P | | Pathology) | |
| NAME | : Master. NITYAM | | | | |
| AGE/ GENDER | : 7 MONTH(S)/MALE | PATI | ENT ID | : 1680038 | |
| COLLECTED BY | | | NO./LAB NO. | : 012411230044 | |
| REFERRED BY | : Dr. ARUN WALIA (AMBALA | | STRATION DATE | : 23/Nov/2024 12:49 PM | |
| | : 01521318 | | | | |
| BARCODE NO. | | | ECTION DATE | : 23/Nov/2024 12:52PM | |
| CLIENT CODE. | : KOS DIAGNOSTIC LAB | | ORTING DATE | : 25/Nov/2024 05:09PM | |
| CLIENT ADDRESS | : 6349/1, NICHOLSON ROAD |), AMBALA CAN I I | | | |
| Test Name | | Value | Unit | Biological Reference interval | |
| | | MICROBIO | LOGY | | |
| | CULTURE AEROBIC | BACTERIA AND AND | NTIBIOTIC SENS | SITIVITY: URINE | |
| | <u>SCEPTIBILITY: URINE</u> | | | | |
| DATE OF SAMPLE | | 23-11-2024 | | | |
| SPECIMEN SOURCE | | URINE | | | |
| INCUBATION PER | | 48 HOURS | | | |
| GRAM STAIN | | GRAM NEGATI | IVE (-ve) | | |
| by MICROSCOPY CULTURE | | POSITIVE (+ve | e) | | |
| by AUTOMATED BRO ORGANISM by AUTOMATED BRO | | Klebsiella pneu | imonae | | |
| AEROBIC SUSCEP | | | | | |
| AMOXICILLIN+CLA by AUTOMATED BROT Concentration: 8/4 µ | TH MICRODILUTION, CLSI | RESISTANT | | | |
| AMPICILLIN | TH MICRODILUTION, CLSI | RESISTANT | | | |
| AMPICILLIN+SULI by AUTOMATED BRO Concentration: 8/4 µ | TH MICRODILUTION, CLSI | RESISTANT | | | |
| CHLORAMPHENIC <i>by AUTOMATED BRO</i> Concentration: 8 µg/ | TH MICRODILUTION, CLSI | SENSITIVE | | | |
| CIPROFLOXACIN <i>by AUTOMATED BRO</i> Concentration: 1 µg/ | ртн міскодіlution, clsi mL | INTERMEDIAT | ГЕ | | |
| DOXYCYCLINE by AUTOMATED BRO | OTH MICRODILUTION, CLSI | SENSITIVE | | | |
| | DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICR | DR.YUGAM CH CONSULTANT (OBIOLOGY) MBBS, MD (PA | PATHOLOGIST | | |

 KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana

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Page 1 of 5

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





| \$0 9001 : 2008 CERT | Dr. Vinay Cl MD (Pathology | Excellence in Healthcare & DIAGNOSTICS Chopra Dr. Yugam Chopra y & Microbiology) MD (Pathology) onsultant Pathologist CEO & Consultant Pathologist | | | |
|---|--|--|--|--|--|
| NAME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE. CLIENT ADDRESS | : Master. NITYAM : 7 MONTH(S)/MALE : : Dr. ARUN WALIA (AMBALA : 01521318 : KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROAD | | PATIENT ID REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE REPORTING DATE | : 1680038 : 012411230044 : 23/Nov/2024 12:49 PM : 23/Nov/2024 12:52PM : 25/Nov/2024 05:09PM | |
| Test Name | | Value | Unit | Biological Reference interval | |
| Concentration: 4 μg/r NALIDIXIC ACID by AUTOMATED BROT Concentration: 16 μg | TH MICRODILUTION, CLSI | RESISTA | | | |
| GENTAMICIN by AUTOMATED BROT Concentration: 16 μg | TH MICRODILUTION, CLSI /mL | RESISTA | NT | | |
| NITROFURATOIN <i>by AUTOMATED BRO</i> Concentration: 16 μg | <i>TH MICRODILUTION, CLSI</i> /mL | SENSITI | VE | | |
| NORFLOXACIN by AUTOMATED BRO Concentration: 4 μg/r | TH MICRODILUTION, CLSI mL | INTERM | EDIATE | | |
| MINOCYCLINE by AUTOMATED BRO Concentration: 4 μg/r | TH MICRODILUTION, CLSI ML | SENSITI | VE | | |
| TOBRAMYCIN by AUTOMATED BROT Concentration: 4 μg/r | TH MICRODILUTION, CLSI mL | RESISTA | NT | | |
| AMIKACIN by AUTOMATED BRO Concentration: 16 μg | TH MICRODILUTION, CLSI /mL | INTERM | EDIATE | | |
| AZETREONAM by AUTOMATED BROT Concentration: 4 μg/r | TH MICRODILUTION, CLSI ML | RESISTA | NT | | |
| CEFAZOLIN by AUTOMATED BROT Concentration: 16 µg | TH MICRODILUTION, CLSI /mL | RESISTA | NT | | |
| | DR.VINAY CHOPRA | - | Hopra Jam Chopra | | |

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DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST

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| | MD (Pathology | Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist | | Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist | | |
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| Fest Name | | Value | Unit | Biological Reference interval | | |
| CEFOXITIN | TH MICRODILUTION, CLSI TH MICRODILUTION, CLSI ThL | RESIST/ RESIST/ | | | | |
| CEFTAZIDIME by AUTOMATED BROT Concentration: 4 µg/r | TH MICRODILUTION, CLSI nL | RESIST | ANT | | | |
| OSFOMYCIN | TH MICRODILUTION, CLSI TH MICRODILUTION, CLSI /mL | RESISTA INTERN | ANT IEDIATE | | | |
| EVOFLOXACIN by AUTOMATED BROT Concentration: 2 μg/r | TH MICRODILUTION, CLSI nL | RESIST | ANT | | | |
| VETLIMICIN SULP by AUTOMATED BROT Concentration: 8 μg/r | TH MICRODILUTION, CLSI | RESIST/ | ANT | | | |
| PIPERACILLIN+TA by AUTOMATED BROT concentration: 16/4 | TH MICRODILUTION, CLSI | RESIST | ANT | | | |
| CICARCILLIN+CLA by AUTOMATED BROT Concentration: 16/2 | TH MICRODILUTION, CLSI | RESIST | ANT | | | |
| | SULPHAMETHAZOLE TH MICRODILUTION, CLSI µg/mL | RESIST | ANT | | | |
| EFIPIME by AUTOMATED BROT | 'H MICRODILUTION, CLSI | RESIST | ANT | | | |
| | there | | hopra | | | |

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| Test Name | | Value | Unit | Biological Reference interval |
| Concentration: 2 µg/ | mL | | | |
| DORIPENEM by AUTOMATED BROT | TH MICRODILUTION, CLSI | RESISTANT | | |
| Concentration: 1 µg/ | mL | | | |
| IMIPINEM | TH MICRODILUTION, CLSI | RESISTANT | | |
| Concentration: 1 µg/ | , | | | |
| MEROPENEM by AUTOMATED BRO Concentration: 1 μg/ | TH MICRODILUTION, CLSI ML | INTERMEDIATI | E | |
| COLISTIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 0.06 µg/mL | | SENSITIVE | | |

INTERPRETATION:

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.
 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:

 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..
 A test interpreted as INTERMEDIATE implies that the" Infection due to the isolate may be appropriately treated in body sites where the drugs are

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

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.

*** End Of Report ***

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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