

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

NAME : Mr. MOHIT GUPTA  
AGE/ GENDER : 33 YRS/MALE  
COLLECTED BY :  
REFERRED BY : CENTRAL PHOENIX CLUB (AMBALA CANTT)  
BARCODE NO. : 01521436  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1681639  
REG. NO./LAB NO. : 012411250047  
REGISTRATION DATE : 25/Nov/2024 02:30 PM  
COLLECTION DATE : 25/Nov/2024 02:35PM  
REPORTING DATE : 30/Nov/2024 08:56AM

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

## MICROBIOLOGY

### CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY (CONVENTIONAL): BLOOD

#### BLOOD CULTURE AND SUSCEPTIBILITY

DATE OF SAMPLE 25-11-2024  
SPECIMEN SOURCE BLOOD  
INCUBATION PERIOD 72 HOURS (3 SUBCULTURES)  
CULTURE STERILE  
by AUTOMATED BROTH CULTURE  
ORGANISM NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 72 HOURS OF  
by AUTOMATED BROTH CULTURE INCUBATION AT 37°C

#### AEROBIC SUSCEPTIBILITY BLOOD

##### 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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