

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

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

NAME : Mrs. POOJA
AGE/ GENDER : 34 YRS/FEMALE
COLLECTED BY :
REFERRED BY : LOOMBA HOSPITAL (AMBALA CANTT)
BARCODE NO. : 01522113
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT
PATIENT ID : 1693191
REG. NO./LAB NO. : 012412070036
REGISTRATION DATE : 07/Dec/2024 12:05 PM
COLLECTION DATE : 07/Dec/2024 12:06PM
REPORTING DATE : 10/Dec/2024 11:29AM

Test Name	Value	Unit	Biological Reference interval
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MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: OTHERS

CULTURE AND SUSCEPTIBILITY

DATE OF SAMPLE 07-12-2024
SPECIMEN SOURCE SWAB
INCUBATION PERIOD 48 HOURS
GRAM STAIN GRAM POSITIVE (+ve)
by MICROSCOPY
CULTURE POSITIVE (+ve)
by AUTOMATED BROTH CULTURE
ORGANISM Staph sp.
by AUTOMATED BROTH CULTURE

AEROBIC SUSCEPTIBILITY

AMOXICILLIN+CLAVULANIC ACID RESISTANT
by AUTOMATED BROTH MICODILUTION, CLSI
Concentration: 8/4 µg/mL

AMPICILLIN RESISTANT
by AUTOMATED BROTH MICODILUTION, CLSI
Concentration: 8 µg/mL

AMPICILLIN+SULBACTAM RESISTANT
by AUTOMATED BROTH MICODILUTION, CLSI
Concentration: 8/4 µg/mL

CHLORAMPHENICOL INTERMEDIATE
by AUTOMATED BROTH MICODILUTION, CLSI
Concentration: 8 µg/mL

CIPROFLOXACIN INTERMEDIATE
by AUTOMATED BROTH MICODILUTION, CLSI
Concentration: 1 µg/mL

DOXYCYCLINE SENSITIVE
by AUTOMATED BROTH MICODILUTION, CLSI
Concentration: 4 µg/mL



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GENTAMICIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	SENSITIVE		
NORFLOXACIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	INTERMEDIATE		
MINOCYCLINE <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	SENSITIVE		
TOBRAMYCIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	SENSITIVE		
AMIKACIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	SENSITIVE		
AZETREONAM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	SENSITIVE		
CEFAZOLIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	RESISTANT		
CEFIXIME <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
CEFOXITIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 8 µg/mL	RESISTANT		
CEFTAZIDIME <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	SENSITIVE		




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




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

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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