

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

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

NAME : Mrs. RAJ DUA RIGHT
AGE/ GENDER : 96 YRS/FEMALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 01522175
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1694173
REG. NO./LAB NO. : 012412080037
REGISTRATION DATE : 08/Dec/2024 04:37 PM
COLLECTION DATE : 08/Dec/2024 04:48PM
REPORTING DATE : 10/Dec/2024 05:09PM

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 08-12-2024
SPECIMEN SOURCE SWAB
INCUBATION PERIOD 48 HOURS
GRAM STAIN GRAM NEGATIVE (-ve)
by MICROSCOPY
CULTURE POSITIVE (+ve)
by AUTOMATED BROTH CULTURE
ORGANISM Citrobacter sp.
by AUTOMATED BROTH CULTURE

AEROBIC SUSCEPTIBILITY

AMOXICILLIN+CLAVULANIC ACID INTERMEDIATE
by AUTOMATED BROTH MICRODILUTION, CLSI
Concentration: 8/4 µg/mL
AMPICILLIN RESISTANT
by AUTOMATED BROTH MICRODILUTION, CLSI
Concentration: 8 µg/mL
AMPICILLIN+SULBACTAM SENSITIVE
by AUTOMATED BROTH MICRODILUTION, CLSI
Concentration: 8/4 µg/mL
CO-TRIMOXAZOLE SENSITIVE
by AUTOMATED BROTH MICRODILUTION, CLSI
CIPROFLOXACIN INTERMEDIATE
by AUTOMATED BROTH MICRODILUTION, CLSI
Concentration: 1 µg/mL
DOXYCYCLINE SENSITIVE
by AUTOMATED BROTH MICRODILUTION, CLSI
Concentration: 4 µg/mL
GENTAMICIN SENSITIVE



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by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL			
MINOCYCLINE by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL	SENSITIVE		
TOBRAMYCIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL	SENSITIVE		
AMIKACIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL	SENSITIVE		
AZETREONAM by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL	SENSITIVE		
CEFAZOLIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL	SENSITIVE		
CEFIXIME by AUTOMATED BROTH MICRODILUTION, CLSI	INTERMEDIATE		
CEFOXITIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 8 µg/mL	SENSITIVE		
CEFTAZIDIME by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL	SENSITIVE		
CEFTRIAXONE by AUTOMATED BROTH MICRODILUTION, CLSI	INTERMEDIATE		
FOSFOMYCIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 64 µg/mL	INTERMEDIATE		




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LEVOFLOXACIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 2 µg/mL	SENSITIVE		
NETLIMICIN 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	SENSITIVE		
CEFIPIME <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 2 µg/mL	INTERMEDIATE		
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	SENSITIVE		
MEROPENEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	SENSITIVE		
COLISTIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 0.06 µg/mL	SENSITIVE		




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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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