

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

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

**NAME** : Mrs. RAJDUA LIFT  
**AGE/ GENDER** : 96 YRS/FEMALE  
**COLLECTED BY** :  
**REFERRED BY** :  
**BARCODE NO.** : 01522176  
**CLIENT CODE.** : KOS DIAGNOSTIC LAB  
**CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

**PATIENT ID** : 1694174  
**REG. NO./LAB NO.** : 012412080038  
**REGISTRATION DATE** : 08/Dec/2024 04:38 PM  
**COLLECTION DATE** : 08/Dec/2024 04:47PM  
**REPORTING DATE** : 10/Dec/2024 05:08PM

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**  
by MICROSCOPY **GRAM NEGATIVE (-ve)**  
**CULTURE**  
by AUTOMATED BROTH CULTURE **POSITIVE (+ve)**  
ORGANISM Citrobacter sp.  
by AUTOMATED BROTH CULTURE

#### AEROBIC SUSCEPTIBILITY

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

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

**AMPICILLIN+SULBACTAM**  
by AUTOMATED BROTH MICRოდILUTION, CLSI  
Concentration: 8/4 µg/mL  
SENSITIVE


**CHLORAMPHENICOL**  
by AUTOMATED BROTH MICRოდILUTION, CLSI  
Concentration: 8 µg/mL  
SENSITIVE

CIPROFLOXACIN  
by AUTOMATED BROTH MICRოდILUTION, CLSI  
Concentration: 1 µg/mL  
RESISTANT

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



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



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



  
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**COLISTIN** **SENSITIVE**

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 0.06 µg/mL

#### 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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