

(A Unit of KOS Healthcare)



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

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

NAME : Mr. MAHINDER PAL

AGE/ GENDER : 75 YRS/MALE **PATIENT ID** : 1695192

COLLECTED BY : REG. NO./LAB NO. : 012412090051

 REFERRED BY
 : 09/Dec/2024 06:53 PM

 BARCODE NO.
 : 01522230
 COLLECTION DATE
 : 09/Dec/2024 06:55 PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 11/Dec/2024 06:51 PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE 09-12-2024
SPECIMEN SOURCE URINE
INCUBATION PERIOD 48 HOURS
by AUTOMATED BROTH CULTURE

GRAM STAIN
by MICROSCOPY
GRAM NEGATIVE (-ve)

CULTURE POSITIVE (+ve)

by AUTOMATED BROTH CULTURE

ORGANISM ESCHERICHIA COLI (E.COLI)

by AUTOMATED BROTH CULTURE

AEROBIC SUSCEPTIBILITY: URINE

AMOXICILLIN+CLAVULANIC ACID RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 8/4 µg/mL

AMPICILLIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

AMPICILLIN+SULBACTUM RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8/4 µg/mL

CHLORAMPHENICOL SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 8 μg/mL

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CIPROFLOXACIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

DOXYCYCLINE INTERMEDIATE

DR.VINAY CHOPRA
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DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)



KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana
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Concentration: 4 µg/mL

CLIENT CODE.

NALIDIXIC ACID RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

GENTAMICIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

NITROFURATOIN INTERMEDIATE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

RESISTANT NORFLOXACIN

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

MINOCYCLINE **SENSITIVE**

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

TOBRAMYCIN SENSITIVE by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

AMIKACIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

INTERMEDIATE **AZETREONAM**

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

CEFAZOLIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL

RESISTANT **CEFIXIME**

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by AUTOMATED BROTH MICRODILUTION, CLSI

CEFOXITIN **INTERMEDIATE** by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

CLIENT CODE.

INTERMEDIATE **CEFTAZIDIME**

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

RESISTANT **CEFTRIAXONE** by AUTOMATED BROTH MICRODILUTION, CLSI

FOSFOMYCIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 64 µg/mL

LEVOFLOXACIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2 µg/mL

NETLIMICIN SULPHATE SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 8 µg/mL

PIPERACILLIN+TAZOBACTUM INTERMEDIATE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16/4 µg/mL

TICARCILLIN+CLAVULANIC ACID RESISTANT

Concentration: 16/2 µg/mL

TRIMETHOPRIM+SULPHAMETHAZOLE RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2/38 µg/mL

CEFIPIME INTERMEDIATE by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2 µg/mL

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DORIPENEM INTERMEDIATE

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 1 µg/mL

IMIPINEM INTERMEDIATE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

MEROPENEM SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

COLISTIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 0.06 µg/mL

INTERPRETATION:

1. 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.

2. Colony count of 100 to 10000/ mL indicate infection, if isolate from specimen obtained by suprapubic aspiration or "in-and-out" cathotography or from patients with individual line and before

catheterization or from patients with indwelling catheters.

SUSCEPTIBILITY:

1. 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..

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 decrease as headyle and/or fall in the reason where profiles misorable resistance methods are likely (or a beta lectanoses) and clinical efficiency.

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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