

Dr. Vinay Chopra
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Chairman & Consultant Pathologist

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

NAME : Mr. OM PARKASH
AGE/ GENDER : 76 YRS/MALE
COLLECTED BY : SURJESH
REFERRED BY :
BARCODE NO. : 01522290
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1696313
REG. NO./LAB NO. : 012412110010
REGISTRATION DATE : 11/Dec/2024 08:57 AM
COLLECTION DATE : 11/Dec/2024 10:40AM
REPORTING DATE : 11/Dec/2024 02:35PM

Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY

UREA

UREA: SERUM
by UREASE - GLUTAMATE DEHYDROGENASE (GLDH)
RESULTS RECHECKED IN DILLUTION.

281.74^H mg/dL 10.00 - 50.00




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CREATININE

CREATININE: SERUM by ENZYMATIC, SPECTROPHOTOMETRY	9.76 ^H	mg/dL	0.40 - 1.40
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RESULTS RECHECKED IN DILLUTION.



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BARCODE NO.	: 01522290	REPORTING DATE	: 11/Dec/2024 11:42AM
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Test Name	Value	Unit	Biological Reference interval
POTASSIUM			
POTASSIUM: SERUM <i>by ISE (ION SELECTIVE ELECTRODE)</i>	4.92	mmol/L	3.50 - 5.00

INTERPRETATION:-

POTASSIUM:

Potassium is the major cation in the intracellular fluid. 90% of potassium is concentrated within the cells. When cells are damaged, potassium is released in the blood.

HYPOKALEMIA (LOW POTASSIUM LEVELS):-

- 1.Diarrhoea, vomiting & malabsorption.
2. Severe Burns.
- 3.Increased Secretions of Aldosterone

HYPERKALEMIA (INCREASED POTASSIUM LEVELS):-

- 1.Oliguria
- 2.Renal failure or Shock
- 3.Respiratory acidosis
- 4.Hemolysis of blood




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BARCODE NO.	: 01522290	REPORTING DATE	: 14/Dec/2024 09:41AM
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Test Name	Value	Unit	Biological Reference interval
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MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE 11-12-2024
 SPECIMEN SOURCE URINE
 INCUBATION PERIOD 48 HOURS
by AUTOMATED BROTH CULTURE

GRAM STAIN *by MICROSCOPY*

GRAM NEGATIVE (-ve)

CULTURE *by AUTOMATED BROTH CULTURE*

POSITIVE (+ve)

ORGANISM *by AUTOMATED BROTH CULTURE*

Citrobacter sp.

AEROBIC SUSCEPTIBILITY: URINE

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

RESISTANT

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

RESISTANT


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


RESISTANT

DOXYCYCLINE
by AUTOMATED BROTH MICRოდILUTION, CLSI

SENSITIVE




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Test Name	Value	Unit	Biological Reference interval
Concentration: 4 µg/mL			
NALIDIXIC ACID <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
Concentration: 16 µg/mL			
GENTAMICIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
Concentration: 16 µg/mL			
NITROFURATOIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
Concentration: 16 µg/mL			
NORFLOXACIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
Concentration: 4 µg/mL			
MINOCYCLINE <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 4 µg/mL			
TOBRAMYCIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
Concentration: 4 µg/mL			
AMIKACIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
Concentration: 16 µg/mL			
AZETREONAM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
Concentration: 4 µg/mL			
CEFAZOLIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
Concentration: 16 µg/mL			




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Test Name	Value	Unit	Biological Reference interval
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	RESISTANT		
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	RESISTANT		
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	INTERMEDIATE		
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>	RESISTANT		




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Test Name	Value	Unit	Biological Reference interval
Concentration: 2 µg/mL			
DORIPENEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
Concentration: 1 µg/mL			
IMIPINEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
Concentration: 1 µg/mL			
MEROPENEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
Concentration: 1 µg/mL			
COLISTIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	INTERMEDIATE		
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" catheterization or from patients with indwelling catheters.

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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