



KOS Diagnostic Lab (A Unit of KOS Healthcare)

120 90	U1:2008 CERTI	FIED LAB		EXCELLENCE IN	HEALTHCARE & D	INGNOSTICS
		Dr. Vinay Chopra MD (Pathology & Micr Chairman & Consultar	obiology)			athology)
		Chairman & Consultar	it Fathologist		onsultant Fa	linologist
NAM	ſE	: Mr. OM PARKASH				
AGE	/ GENDER	: 76 YRS/MALE		PATIENT ID		: 1696313
COL	LECTED BY	: SURJESH		REG. NO./LAB NO).	: 012412110010
REF	ERRED BY	:		REGISTRATION I	DATE	: 11/Dec/2024 08:57 AM
	CODE NO.	: 01522290		COLLECTION DAT		: 11/Dec/2024 10:40AM
	ENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DAT		: 11/Dec/2024 02:35PM
	ENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMB/				
		,,				
Tes	t Name		Value	U	nit	Biological Reference interval
		CLINICAL	CHEMIST	FRY/BIOCHE	EMISTR	Y
			U	REA		
by		ATE DEHYDROGENASE (GLDH)	281.74 ^H		ng/dL	10.00 - 50.00
	- 10 1 A - 2					
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迎			-#			
離		DR.VINAY CHOPRA CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLO	CONSUL	AM CHOPRA .TANT PATHOLOGIST MD (PATHOLOGY)		
		Nicholson Road, Ambala Cantt -133 001, I	Haryana			
		loor, Parry Hotel, Staff Road, Opp. GPO, A				

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CLIENT CODE.	: KOS DIAGNOSTIC LAB	RE	PORTING DATE	: 11/Dec/2024 02:35PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	MBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
		CREATI	NINE	
CREATININE: SERUM by ENZYMATIC, SPECTROPHOTOMETRY RESULTS RECHECKED IN DILLUTION.		9.76 ^H	mg/dL	0.40 - 1.40

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

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





	MD (Pathology & Chairman & Cor	s Microbiology) nsultant Pathologis		(Pathology) Pathologist
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AGE/ GENDER	: 76 YRS/MALE		PATIENT ID	: 1696313
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BARCODE NO.	:01522290		COLLECTION DATE	: 11/Dec/2024 10:40AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 11/Dec/2024 11:42AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANTI	2	
Test Name		Value	Unit	Biological Reference interval
		POT	TASSIUM	
POTASSIUM: SERU		4.92	mmol/L	3.50 - 5.00

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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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ISO 9001 : 2008 CERTI	FIED LAB		EXCELLENCE IN HEAL	THCARE & DIAGNOSTICS	
	MD (Vinay Chopra Pathology & Microbiology) man & Consultant Pathologis		gam Chopra MD (Pathology) Iltant Pathologist	
NAME	: Mr. OM PARKAS	H			
AGE/ GENDER	: 76 YRS/MALE		PATIENT ID	: 1696313	
COLLECTED BY	: SURJESH		REG. NO./LAB NO.	:0124121100	10
REFERRED BY	:		REGISTRATION DAT	FE : 11/Dec/2024 (08:57 AM
BARCODE NO.	:01522290		COLLECTION DATE	:11/Dec/20241	0:40AM
CLIENT CODE.	: KOS DIAGNOSTIC	LAB	REPORTING DATE	:14/Dec/20240	09:41AM
CLIENT ADDRESS	: 6349/1, NICHOLS	SON ROAD, AMBALA CANTI			
Test Name		Value	Unit	Biolog	ical Reference interval
		MICRO	OBIOLOGY		
	CULTURE A	EROBIC BACTERIA A	ND ANTIBIOTIC S	ENSITIVITY: URIN	IE
CULTURE AND SUS	CEPTIBILITY: URI	NE			
DATE OF SAMPLE		11-12-2	024		
SPECIMEN SOURCE		URINE			
INCUBATION PERIC		48 HOUI	RS		
GRAM STAIN by MICROSCOPY		GRAM N	EGATIVE (-ve)		
CULTURE by AUTOMATED BROT		POSITIV	/E (+ve)		
ORGANISM		Citrobac	ter sp.		
by AUTOMATED BROTH					
AMOXICILLIN+CLA		RESISTA	NT		
<i>by AUTOMATED BROTH</i> Concentration: 8/4 µg	H MICRODILUTION, CLS	1			
concentration. or 4 µg	princ				
AMPICILLIN by AUTOMATED BROTH	H MICRODILUTION, CLS	RESISTA	NT		
Concentration: 8 µg/m					
AMPICILLIN+SULBA	ACTUM	RESISTA	NT		
<i>by AUTOMATED BROTH</i> Concentration: 8/4 µg	H MICRODILUTION, CLS	I			
CHLORAMPHENICC)L H MICRODILUTION, CLS	RESISTA	INT		
Concentration: 8 µg/m					
CIPROFLOXACIN		RESISTA	NT		
by AUTOMATED BROTH	H MICRODILUTION, CLS				
Concentration: 1 µg/m	٦L				
DOXYCYCLINE by AUTOMATED BROT	TH MICRODILUTION, CL	SENSITI SI	VE		
		2	Λ		
建成马索尔	Brow -		Thopro		
	U.	-	U		
	DR.VINAY CHOPRA		GAM CHOPRA		
	CONSULTANT PATHO MBBS, MD (PATHOLO		, MD (PATHOLOGY)		

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





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NAME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE. CLIENT ADDRESS	: Mr. OM PARKAS : 76 YRS/MALE : SURJESH : : 01522290 : KOS DIAGNOSTIC : 6349/1, NICHOL		PATIENT ID REG. NO./LAB NO. REGISTRATION DATI COLLECTION DATE REPORTING DATE	: 1696313 : 012412110010 : 11/Dec/2024 08:57 AM : 11/Dec/2024 10:40AM : 14/Dec/2024 09:41AM
Test Name		Value	Unit	Biological Reference interval
Concentration: 4 µg/m NALIDIXIC ACID by AUTOMATED BROTH Concentration: 16 µg/r	MICRODILUTION, CLS	RESISTA	NT	
GENTAMICIN by AUTOMATED BROTH Concentration: 16 μg/r	MICRODILUTION, CLS	RESISTA	NT	
NITROFURATOIN by AUTOMATED BROTH Concentration: 16 µg/r		RESISTA	NT	
NORFLOXACIN by AUTOMATED BROTH Concentration: 4 µg/m		RESISTA	NT	
MINOCYCLINE <i>by AUTOMATED BROTH</i> Concentration: 4 μg/m		.si	VE	
TOBRAMYCIN by AUTOMATED BROTH Concentration: 4 μg/m		RESISTA	NT	
AMIKACIN <i>by AUTOMATED BROTH</i> Concentration: 16 μg/r		RESISTA	NT	
AZETREONAM by AUTOMATED BROTH Concentration: 4 µg/m		RESISTA	NT	
CEFAZOLIN <i>by AUTOMATED BROTH</i> Concentration: 16 µg/r		RESISTA S/	NT	

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		& Microbiology)	Dr. Yugan MD CEO & Consultant	(Pathology)
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CLIENT CODE. CLIENT ADDRESS	: KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROAI	REPORT	FING DATE	: 14/Dec/2024 09:41AM
Test Name		Value	Unit	Biological Reference interval
CEFIXIME	H MICRODILUTION, CLSI	RESISTANT		
CEFOXITIN	H MICRODILUTION, CLSI	RESISTANT		
CEFTAZIDIME by AUTOMATED BROTH Concentration: 4 µg/n	H MICRODILUTION, CLSI hL	RESISTANT		
CEFTRIAXONE		RESISTANT		
FOSFOMYCIN	H MICRODILUTION, CLSI TH MICRODILUTION, CLSI ImL	INTERMEDIATE		
LEVOFLOXACIN by AUTOMATED BROTH Concentration: 2 µg/n	H MICRODILUTION, CLSI NL	RESISTANT		
NETLIMICIN SULP by AUTOMATED BROT Concentration: 8 μg/n	TH MICRODILUTION, CLSI	SENSITIVE		
PIPERACILLIN+TA <i>by AUTOMATED BROT</i> Concentration: 16/4 µ	TH MICRODILUTION, CLSI	INTERMEDIATE		
TICARCILLIN+CLA by AUTOMATED BROTH Concentration: 16/2 µ	H MICRODILUTION, CLSI	RESISTANT		
	ULPHAMETHAZOLE H MICRODILUTION, CLSI Ig/mL	RESISTANT		
CEFIPIME by AUTOMATED BROTH	H MICRODILUTION, CLSI	RESISTANT		
	DR.VINAY CHOPRA	DR.YUGAM CHOP	-	

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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
Concentration: 2 µg/r	nL			
	TH MICRODILUTION, CLSI	RESISTANT		
Concentration: 1 µg/r	mL			
IMIPINEM by automated brot	TH MICRODILUTION, CLSI	RESISTANT		
Concentration: 1 µg/r	mL			
MEROPENEM by AUTOMATED BROT Concentration: 1 μg/r	TH MICRODILUTION, CLSI	RESISTANT		
	THE .	INTERMEDIATE		
	тн міскодіlution, clsi lg/mL	IN I ERWEDIA I E		

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 suprapublic aspiration or "in-and-out" 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 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.

*** End Of Report ***

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.





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