

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

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

NAME	: Mrs. KAMALPREET KAUR	PATIENT ID	: 1706472
AGE/ GENDER	: 26 YRS/FEMALE	REG. NO./LAB NO.	: 012412230030
COLLECTED BY	:	REGISTRATION DATE	: 23/Dec/2024 01:01 PM
REFERRED BY	: C.K.MITTAL HOSPITAL (AMBALA CANTT)	COLLECTION DATE	: 23/Dec/2024 01:02PM
BARCODE NO.	: 01522896	REPORTING DATE	: 26/Dec/2024 11:35AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: SWABS

CULTURE AND SUSCEPTIBILITY: SWABS

DATE OF SAMPLE	23-12-2024
SPECIMEN SOURCE	SWAB
INCUBATION PERIOD	48 HOURS
GRAM STAIN <i>by MICROSCOPY</i>	GRAM POSITIVE (+ve)
CULTURE <i>by AUTOMATED BROTH CULTURE</i>	POSITIVE (+ve)
ORGANISM <i>by AUTOMATED BROTH CULTURE</i>	Staph. sp

AEROBIC SUSCEPTIBILITY: SWABS

AMOXICILLIN+CLAVULANIC ACID <i>by AUTOMATED BROTH MICRოდILUTION, CLSI</i> Concentration: 8/4 µg/mL	RESISTANT
AMPICILLIN <i>by AUTOMATED BROTH MICRოდILUTION, CLSI</i> Concentration: 8 µg/mL	RESISTANT
AMPICILLIN+SULBACTAM <i>by AUTOMATED BROTH MICRოდILUTION, CLSI</i> Concentration: 8/4 µg/mL	RESISTANT
CHLORAMPHENICOL <i>by AUTOMATED BROTH MICRოდILUTION, CLSI</i> Concentration: 8 µg/mL	SENSITIVE
CIPROFLOXACIN <i>by AUTOMATED BROTH MICRოდILUTION, CLSI</i> Concentration: 1 µg/mL	INTERMEDIATE
DOXYCYCLINE <i>by AUTOMATED BROTH MICRოდILUTION, CLSI</i> Concentration: 4 µg/mL	SENSITIVE



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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

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




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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	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		
TRIMETHOPRIM+SULPHAMETHAZOLE <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 2/38 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		
IMPINEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	SENSITIVE		




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MEROPENEM by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 1 µg/mL	SENSITIVE		
COLISTIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 0.06 µg/mL	SENSITIVE		

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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