

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

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

NAME : Mr. BALIHAR SINGH
AGE/ GENDER : 38 YRS/MALE
COLLECTED BY :
REFERRED BY : DR. KARTIK NANDRA
BARCODE NO. : 01523097
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1710352
REG. NO./LAB NO. : 012412270036
REGISTRATION DATE : 27/Dec/2024 05:23 PM
COLLECTION DATE : 27/Dec/2024 05:23PM
REPORTING DATE : 27/Dec/2024 06:12PM

Test Name	Value	Unit	Biological Reference interval
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CLINICAL PATHOLOGY

CEREBRO-SPINAL FLUID (CSF) EXAMINATION

TYPE OF SAMPLE

CEREBRO-SPINAL FLUID

MACROSCOPIC EXAMINATION

VOLUME	15	ML	
COLOUR	WATERY		WATERY
APPEARANCE	CLEAR		CLEAR
COAGULUM	NOT SEEN		NOT SEEN
BLOOD	NEGATIVE (-ve)		NEGATIVE (-ve)

CHEMICAL ANALYSIS


PROTEINS <i>by BIURET, SPECTROPHOTOMETRY</i>	12.5	mg/dL	5 - 50
GLUCOSE <i>by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)</i>	63.4	mg/dL	0
PANDYS TEST <i>by BIOCHEMISTRY ANALYSIS (TEST TUBE METHOD)</i>	NEGATIVE		

CYTOLOGY

TOTAL LEUCOCYTE COUNT (TLC) <i>by MICROSCOPY</i>	8 cells	/cmm	
LYMPHOCYTES <i>by MICROSCOPY</i>	Predominantly lymphocytes	%	




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ADENOSINE DEAMINASE ACTIVITY (ADA)

ADENOSINE DEAMINASE ACTIVITY (ADA)	3.49	U/L	0 - 10
by KINETIC, SPECTROPHOTOMETRY			

INTERPRETATION

Normal	U/L	<30
Suspect	U/L	30- 40
Strong suspect	U/L	40- 60
Positive	U/L	>60

1. Adenosine deaminase is widely distributed in mammalian tissues, especially in T lymphocytes.
2. Increased levels of ADA are found in various forms of tuberculosis making it a marker for the same.

NOTE: Though ADA is also increased in various infections like infectious mononucleosis, typhoid, viral hepatitis & in cases of malignant tumours, the same can be ruled out clinically.




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MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: OTHERS

CULTURE AND SUSCEPTIBILITY

DATE OF SAMPLE : 27-12-2024
 SPECIMEN SOURCE : CSF
 INCUBATION PERIOD : 48 HOURS
 CULTURE : STERILE

by AUTOMATED BROTH CULTURE

ORGANISM : NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF
 INCUBATION AT 37°C
 by AUTOMATED BROTH CULTURE

AEROBIC SUSCEPTIBILITY

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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