

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

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

<b>NAME</b>	: Mr. KAMLINDER SINGH	<b>PATIENT ID</b>	: 1718152
<b>AGE/ GENDER</b>	: 52 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 012501070029
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 07/Jan/2025 01:08 PM
<b>REFERRED BY</b>	: LOOMBA HOSPITAL (AMBALA CANTT)	<b>COLLECTION DATE</b>	: 07/Jan/2025 01:09 PM
<b>BARCODE NO.</b>	: 01523575	<b>REPORTING DATE</b>	: 09/Jan/2025 05:26 PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 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	07-01-2025
SPECIMEN SOURCE	SWAB
INCUBATION PERIOD	48 HOURS
<b>GRAM STAIN</b> by MICROSCOPY	<b>GRAM POSITIVE (+ve)</b>
<b>CULTURE</b> by AUTOMATED BROTH CULTURE	<b>POSITIVE (+ve)</b>
ORGANISM by AUTOMATED BROTH CULTURE	Staph. sp.

#### AEROBIC SUSCEPTIBILITY: SWABS

AMOXICILLIN+CLAVULANIC ACID by AUTOMATED BROTH MICRDLUTION, CLSI Concentration: 8/4 µg/mL	RESISTANT
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AMPICILLIN by AUTOMATED BROTH MICRDLUTION, CLSI Concentration: 8 µg/mL	RESISTANT
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AMPICILLIN+SULBACTAM by AUTOMATED BROTH MICRDLUTION, CLSI Concentration: 8/4 µg/mL	INTERMEDIATE
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CHLORAMPHENICOL by AUTOMATED BROTH MICRDLUTION, CLSI Concentration: 8 µg/mL	SENSITIVE
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CIPROFLOXACIN by AUTOMATED BROTH MICRDLUTION, CLSI Concentration: 1 µg/mL	SENSITIVE
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DOXYCYCLINE by AUTOMATED BROTH MICRDLUTION, CLSI Concentration: 4 µg/mL	SENSITIVE
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<b>GENTAMICIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	<b>SENSITIVE</b>		
<b>NORFLOXACIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	<b>SENSITIVE</b>		
<b>MINOCYCLINE</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	<b>SENSITIVE</b>		
<b>TOBRAMYCIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	<b>SENSITIVE</b>		
<b>AMIKACIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	<b>SENSITIVE</b>		
<b>AZETREONAM</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	<b>SENSITIVE</b>		
<b>CEFAZOLIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	<b>RESISTANT</b>		
<b>CEFIXIME</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	<b>RESISTANT</b>		
<b>CEFOXITIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 8 µg/mL	<b>RESISTANT</b>		
<b>CEFTAZIDIME</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	<b>SENSITIVE</b>		



  
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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	SENSITIVE		
LEVOFLOXACIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 2 µg/mL	SENSITIVE		
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	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	RESISTANT		
DORIPENEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	SENSITIVE		
IMIPINEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	RESISTANT		



  
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<b>MEROPENEM</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	<b>SENSITIVE</b>
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<b>COLISTIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 0.06 µg/mL	<b>SENSITIVE</b>
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**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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