

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

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

NAME	: Mrs. RAJDUA	PATIENT ID	: 1721148
AGE/ GENDER	: 96 YRS/FEMALE	REG. NO./LAB NO.	: 012501100028
COLLECTED BY	:	REGISTRATION DATE	: 10/Jan/2025 05:05 PM
REFERRED BY	:	COLLECTION DATE	: 10/Jan/2025 05:05PM
BARCODE NO.	: 01523725	REPORTING DATE	: 13/Jan/2025 11:05AM
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 10-01-2024

SPECIMEN SOURCE SWAB

INCUBATION PERIOD 48 HOURS

GRAM STAIN GRAM NEGATIVE (-ve)
by MICROSCOPY

CULTURE POSITIVE (+ve)
by AUTOMATED BROTH CULTURE

ORGANISM Pseudomonas areuginosa
by AUTOMATED BROTH CULTURE

AEROBIC SUSCEPTIBILITY: SWABS

AMOXICILLIN+CLAVULANIC ACID RESISTANT
by AUTOMATED BROTH MICODILUTION, CLSI

Concentration: 8/4 µg/mL

AMPICILLIN RESISTANT
by AUTOMATED BROTH MICODILUTION, CLSI

Concentration: 8 µg/mL

AMPICILLIN+SULBACTAM RESISTANT
by AUTOMATED BROTH MICODILUTION, CLSI

Concentration: 8/4 µg/mL

CHLORAMPHENICOL INTERMEDIATE
by AUTOMATED BROTH MICODILUTION, CLSI

Concentration: 8 µg/mL


CIPROFLOXACIN INTERMEDIATE
by AUTOMATED BROTH MICODILUTION, CLSI


Concentration: 1 µg/mL

DOXYCYCLINE INTERMEDIATE
by AUTOMATED BROTH MICODILUTION, CLSI

Concentration: 4 µg/mL




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NALIDIXIC ACID <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	RESISTANT		
GENTAMICIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	INTERMEDIATE		
MINOCYCLINE <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	INTERMEDIATE		
TOBRAMYCIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	RESISTANT		
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	RESISTANT		
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	RESISTANT		




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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	INTERMEDIATE		
NETILMICIN SULPHATE <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 8 µg/mL	INTERMEDIATE		
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		
CEFPIPIME <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 2 µg/mL	RESISTANT		
DORIPENEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	RESISTANT		
IMIPINEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	RESISTANT		





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

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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