

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

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

NAME	: Mrs. POONAM	PATIENT ID	: 1721756
AGE/ GENDER	: 35 YRS/FEMALE	REG. NO./LAB NO.	: 012501110033
COLLECTED BY	:	REGISTRATION DATE	: 11/Jan/2025 02:37 PM
REFERRED BY	: LOOMBA HOSPITAL (AMBALA CANTT)	COLLECTION DATE	: 11/Jan/2025 02:41 PM
BARCODE NO.	: 01523761	REPORTING DATE	: 14/Jan/2025 11:16 AM
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: OTHERS

CULTURE AND SUSCEPTIBILITY

DATE OF SAMPLE	11-01-2025
SPECIMEN SOURCE	SWAB
INCUBATION PERIOD	48 HOURS
GRAM STAIN by MICROSCOPY	GRAM NEGATIVE (-ve)
CULTURE by AUTOMATED BROTH CULTURE	POSITIVE (+ve)
ORGANISM by AUTOMATED BROTH CULTURE	Proteus sp.

AEROBIC SUSCEPTIBILITY

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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CO-TRIMOXAZOLE by AUTOMATED BROTH MICRDLUTION, CLSI	RESISTANT
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CIPROFLOXACIN by AUTOMATED BROTH MICRDLUTION, CLSI Concentration: 1 µg/mL	RESISTANT
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DOXYCYCLINE by AUTOMATED BROTH MICRDLUTION, CLSI Concentration: 4 µg/mL	RESISTANT
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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	RESISTANT		
MINOCYCLINE <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	RESISTANT		
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	SENSITIVE		
CEFAZOLIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	INTERMEDIATE		
CEFIXIME <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
CEFOXITIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 8 µg/mL	INTERMEDIATE		
CEFTAZIDIME <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	SENSITIVE		
CEFTRIAXONE	SENSITIVE		




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by AUTOMATED BROTH MICRODILUTION, CLSI			
FOSFOMYCIN	SENSITIVE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 64 µg/mL			
LEVOFLOXACIN	RESISTANT		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 2 µg/mL			
NETLIMICIN SULPHATE	INTERMEDIATE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 8 µg/mL			
PIPERACILLIN+TAZOBACTAM	SENSITIVE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 16/4 µg/mL			
TICARCILLIN+CLAVULANIC ACID	INTERMEDIATE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 16/2 µg/mL			
TRIMETHOPRIM+SULPHAMETHAZOLE	SENSITIVE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 2/38 µg/mL			
CEFIPIME	SENSITIVE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 2 µg/mL			
DORIPENEM	INTERMEDIATE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 1 µg/mL			
IMIPINEM	RESISTANT		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 1 µg/mL			




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MEROPENEM **SENSITIVE**

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

COLISTIN **RESISTANT**

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 0.06 µg/mL

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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