

# KOS Diagnostic Lab (A Unit of KOS Healthcare)



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

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

NAME : Master. ANIKET

**AGE/ GENDER** : 5 YRS/MALE **PATIENT ID** : 1727695

COLLECTED BY : REG. NO./LAB NO. : 012501180039

 REFERRED BY
 : 18/Jan/2025 04:15 PM

 BARCODE NO.
 : 01524054
 COLLECTION DATE
 : 18/Jan/2025 04:16 PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 20/Jan/2025 05:31 PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

## **MICROBIOLOGY**

#### CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: STOOL

## **CULTURE AND SUSCEPTIBILITY - STOOL**

DATE OF SAMPLE 18-01-2025 SPECIMEN SOURCE STOOL INCUBATION PERIOD 48 HOURS

GRAM STAIN
by MICROSCOPY
GRAM NEGATIVE (-ve)

CULTURE POSITIVE (+ve)

by AUTOMATED BROTH CULTURE

ORGANISM ESCHERICHIA COLI (E.COLI)

by AUTOMATED BROTH CULTURE **AEROBIC SUSCEPTIBILITY - STOOL** 

AMOXICILLIN+CLAVULANIC ACID SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8/4 µg/mL

AMPICILLIN INTERMEDIATE

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 8 μg/mL

AMPICILLIN+SULBACTUM SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8/4 µg/mL

CHLORAMPHENICOL SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

CIPROFLOXACIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1  $\mu$ g/mL

DOXYCYCLINE SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

DR.VINAY CHOPRA
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DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST



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RESISTANT

NALIDIXIC ACID

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

GENTAMICIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

NITROFURATOIN INTERMEDIATE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

NORFLOXACIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

MINOCYCLINE SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 μg/mL

TOBRAMYCIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

AMIKACIN SENSITIVE by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

AZETREONAM INTERMEDIATE

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 μg/mL

CEFAZOLIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

CEFIXIME RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

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CEFOXITIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 8 µg/mL

CEFTAZIDIME RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

CEFTRIAXONE RESISTANT

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  $\mu g/mL$ 

NETLIMICIN SULPHATE SENSITIVE by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

PIPERACILLIN+TAZOBACTUM SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16/4 µg/mL

TICARCILLIN+CLAVULANIC ACID RESISTANT by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16/2 µg/mL

TRIMETHOPRIM+SULPHAMETHAZOLE RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2/38 µg/mL

CEFIPIME RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration:  $2 \mu g/mL$ 

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**DORIPENEM** SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 1 µg/mL

**SENSITIVE IMIPINEM** 

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

**MEROPENEM** SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

**COLISTIN** SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 0.06 µg/mL

#### INTERPRETATION

1. A test interpreted as **SENSTITIVE** 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 description of the agents with normal content and the property of the proper

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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