

(A Unit of KOS Healthcare)



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

NAME : Mrs. SHAKUNTALA

AGE/ GENDER : 78 YRS/FEMALE **PATIENT ID** : 1728580

COLLECTED BY : REG. NO./LAB NO. : 012501200037

 REFERRED BY
 : 20/Jan/2025 12:12 PM

 BARCODE NO.
 : 01524138
 COLLECTION DATE
 : 20/Jan/2025 01:43 PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 20/Jan/2025 12:55 PM

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

Test Name Value Unit Biological Reference interval

CLINICAL PATHOLOGY URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

QUANTITY RECIEVED 10 ml

COLOUR AMBER YELLOW PALE YELLOW

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

TRANSPARANCY HAZY CLEAR

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

SPECIFIC GRAVITY 1.01 1.002 - 1.030

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

CHEMICAL EXAMINATION

REACTION ACIDIC by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

PROTEIN Negative NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

SUGAR Negative NEGATIVE (-ve) by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

pH 6 5.0 - 7.5

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

BILIRUBIN Negative NEGATIVE (-ve) by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

NITRITE Negative NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.

UROBILINOGEN Normal EU/dL 0.2 - 1.0

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

KETONE BODIES

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

NEGATIVE (-ve)

BLOOD Negative NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

ASCORBIC ACID

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

NEGATIVE (-ve)

NEGATIVE (-ve)

MICROSCOPIC EXAMINATION

RED BLOOD CELLS (RBCs)

NEGATIVE (-ve) /HPF 0 - 3

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST MBBS , MD (PATHOLOGY)





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Test Name	Value	Unit	Biological Reference interval
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
PUS CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	40-50	/HPF	0 - 5
EPITHELIAL CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	3-5	/HPF	ABSENT
CRYSTALS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	ABSENT		ABSENT



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Test Name Value Unit Biological Reference interval

MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE 20-01-2025
SPECIMEN SOURCE URINE
INCUBATION PERIOD 48 HOURS
by AUTOMATED BROTH CULTURE

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: URINE

AMOXICILLIN+CLAVULANIC ACID RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 8/4 µg/mL

AMPICILLIN RESISTANT

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 SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

DOXYCYCLINE SENSITIVE

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Test Name Value Unit Biological Reference interval

Concentration: 4 µg/mL

NALIDIXIC ACID RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

GENTAMICIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

NITROFURATOIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

NORFLOXACIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 $\mu g/mL$

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 $\mu g/mL$

AZETREONAM SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 $\mu g/mL$

CEFAZOLIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

CEFIXIME SENSITIVE

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Test Name Value Unit **Biological Reference interval**

by AUTOMATED BROTH MICRODILUTION, CLSI

CEFOXITIN SENSITIVE

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

CEFTAZIDIME SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

CEFTRIAXONE SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

FOSFOMYCIN SENSITIVE by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 64 µg/mL

LEVOFLOXACIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2 µg/mL

NETLIMICIN SULPHATE SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

SENSITIVE PIPERACILLIN+TAZOBACTUM

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16/4 µg/mL

TICARCILLIN+CLAVULANIC ACID RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16/2 µg/mL

SENSITIVE

TRIMETHOPRIM+SULPHAMETHAZOLE by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2/38 µg/mL

CEFIPIME SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 2 µg/mL

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DORIPENEM SENSITIVE

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

IMIPINEM SENSITIVE

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. In urine culture and sensitivity, presence of more than 100,000 organism per mL in midstream sample of urine is considered clinically significant. However in symptomatic patients, a smaller number of bacteria (100 to 10000/mL) may signify infection.

2. Colony count of 100 to 10000/ mL indicate infection, if isolate from specimen obtained by suprapubic aspiration or "in-and-out" approach to the total country of the properties of the total country of the total country of the properties of the total country of th

catheterization or from patients with indwelling catheters.

SUSCEPTIBILITY:

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 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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