

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

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

NAME	: Mr. AJAIB SINGH	PATIENT ID	: 1730121
AGE/ GENDER	: 82 YRS/MALE	REG. NO./LAB NO.	: 012501210039
COLLECTED BY	:	REGISTRATION DATE	: 21/Jan/2025 01:43 PM
REFERRED BY	:	COLLECTION DATE	: 21/Jan/2025 01:44PM
BARCODE NO.	: 01524199	REPORTING DATE	: 23/Jan/2025 05:52PM
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: URINE

CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE : 21-01-2025
 SPECIMEN SOURCE : URINE
 INCUBATION PERIOD : 48 HOURS
by AUTOMATED BROTH CULTURE

GRAM STAIN
by MICROSCOPY

GRAM NEGATIVE (-ve)

CULTURE
by AUTOMATED BROTH CULTURE

POSITIVE (+ve)

ORGANISM :
by AUTOMATED BROTH CULTURE

ESCHERICHIA COLI (E.COLI)

AEROBIC SUSCEPTIBILITY: URINE

AMOXICILLIN+CLAVULANIC ACID
by AUTOMATED BROTH MICRORILUTION, CLSI
 Concentration: 8/4 µg/mL

SENSITIVE

AMPICILLIN
by AUTOMATED BROTH MICRORILUTION, CLSI
 Concentration: 8 µg/mL

SENSITIVE

AMPICILLIN+SULBACTAM
by AUTOMATED BROTH MICRORILUTION, CLSI
 Concentration: 8/4 µg/mL

SENSITIVE

CHLORAMPHENICOL
by AUTOMATED BROTH MICRORILUTION, CLSI
 Concentration: 8 µg/mL

SENSITIVE


CIPROFLOXACIN
by AUTOMATED BROTH MICRORILUTION, CLSI
 Concentration: 1 µg/mL


RESISTANT

DOXYCYCLINE
by AUTOMATED BROTH MICRORILUTION, CLSI

SENSITIVE




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Test Name	Value	Unit	Biological Reference interval
Concentration: 4 µg/mL			
NALIDIXIC ACID <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
Concentration: 16 µg/mL			
GENTAMICIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 16 µg/mL			
NITROFURATOIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	INTERMEDIATE		
Concentration: 16 µg/mL			
NORFLOXACIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
Concentration: 4 µg/mL			
MINOCYCLINE <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 4 µg/mL			
TOBRAMYCIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 4 µg/mL			
AMIKACIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 16 µg/mL			
AZETREONAM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 4 µg/mL			
CEFAZOLIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
Concentration: 16 µg/mL			
CEFIXIME	RESISTANT		




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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			
CEFTRIAZONE	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 µg/mL			
NETILMICIN SULPHATE	SENSITIVE		
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	SENSITIVE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 16/2 µg/mL			
TRIMETHOPRIM+SULPHAMETHAZOLE	RESISTANT		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 2/38 µg/mL			
CEFPIPIME	SENSITIVE		
by AUTOMATED BROTH MICRODILUTION, CLSI			
Concentration: 2 µg/mL			




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Test Name	Value	Unit	Biological Reference interval
DORIPENEM by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 1 µg/mL	SENSITIVE		
IMIPINEM by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 1 µg/mL	SENSITIVE		
MEROPENEM by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 1 µg/mL	SENSITIVE		
COLISTIN by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 0.06 µg/mL	SENSITIVE		

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" catheterization or from patients with indwelling catheters.

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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