

(A Unit of KOS Healthcare)



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

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

NAME : Master. GARVIT

AGE/ GENDER : 4 YRS/MALE **PATIENT ID** : 1742085

COLLECTED BY : REG. NO./LAB NO. : 012502010031

REFERRED BY: DHAMIJA HOSPITAL (AMBALA CANTT) **REGISTRATION DATE**: 01/Feb/2025 12:16 PM **BARCODE NO.**: 01524764 **COLLECTION DATE**: 01/Feb/2025 12:19PM

CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 03/Feb/2025 11:15AM

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

Test Name Value Unit Biological Reference interval

MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE 01-02-2025
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 Proteus sp.

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 RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

DOXYCYCLINE RESISTANT

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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

RESISTANT **GENTAMICIN**

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

NITROFURATOIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

NORFLOXACIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

SENSITIVE **MINOCYCLINE**

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

TOBRAMYCIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

AMIKACIN SENSITIVE

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

AZETREONAM SENSITIVE by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

RESISTANT **CEFAZOLIN**

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

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CEFIXIME RESISTANT 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 RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2 µg/mL

NETLIMICIN SULPHATE RESISTANT

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 SENSITIVE by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16/2 µg/mL

TRIMETHOPRIM+SULPHAMETHAZOLE RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2/38 µg/mL

CEFIPIME SENSITIVE

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

IMIPINEM RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

MEROPENEM SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

COLISTIN RESISTANT

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" 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.
- 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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