

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

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

NAME	: Mr. GURDEEP SINGH	PATIENT ID	: 1750244
AGE/ GENDER	: 26 YRS/MALE	REG. NO./LAB NO.	: 012502080052
COLLECTED BY	:	REGISTRATION DATE	: 08/Feb/2025 04:26 PM
REFERRED BY	: LOOMBA HOSPITAL (AMBALA CANTT)	COLLECTION DATE	: 08/Feb/2025 04:48PM
BARCODE NO.	: 01525172	REPORTING DATE	: 10/Feb/2025 03:22PM
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 08-02-2025
 SPECIMEN SOURCE URINE
 INCUBATION PERIOD 48 HOURS
 CULTURE STERILE
 by AUTOMATED BROTH CULTURE

ORGANISM NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF
 by AUTOMATED BROTH CULTURE INCUBATION AT 37°C

AEROBIC SUSCEPTIBILITY

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.




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MOLECULAR PATHOLOGY

POLYMERASE CHAIN REACTION (PCR) FOR MYCOBACTERIUM

TYPE OF SAMPLE	FLUID (NECK SWELLING)
by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)	
MYCOBACTERIUM TUBERCULOSIS COMPLEX	NEGATIVE (-ve)
by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)	
NON TUBERCULOUS MYCOBACTERIUM	NEGATIVE (-ve)
by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)	
INTERNAL CONTROL	POSITIVE (+ve)
by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)	

INTERPRETATION:

RESULT	COMMENTS
MYCOBACTERIUM TUBERCULOSIS - IF DETECTED	Infection likely with any of the following species: <i>M. tuberculosis</i> , <i>M. bovis</i> , <i>M. microti</i> & <i>M. africanum</i> .
NON TUBERCULOUS MYCOBACTERIA- IF DETECTED	Infection likely with <i>M. avium</i> complex and <i>M. kansasii</i> causing pulmonary disease or <i>M. abscessus</i> , <i>M. chelonae</i> , <i>M. marinum</i> & <i>M. fortuitum</i> which causes skin and soft tissue infections.
INHIBITORS- IF DETECTED	Inhibitors detected in the sample provided. Repeat sample is Recommended
MYCOBACTERIUM TUBERCULOSIS COMPLEX & NON TUBERCULOUS MYCOBACTERIA- NOT DETECTED	Mycobacteria not detected in the sample provided.

COMMENTS:

1. Mycobacterium tuberculosis complex (*M. tuberculosis*, *M. bovis*, *M. Microti* & *M. africanum*) are the only mycobacteria that are transmitted from person to person and therefore are of public health importance.
2. Non Tuberculous Mycobacteria most commonly encountered are *M. avium* Complex and *M. kansasii* which causes pulmonary disease; *M. abscessus*, *M. chelonae*, *M. marinum* & *M. fortuitum* which causes skin and soft tissue infections.
3. Many of the non tuberculous mycobacteria are environmental contaminants. Nucleic acid amplification tests provide direct detection of various Mycobacteria.

NOTE:




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- 1.This test does not differentiate between Mycobacterium species.
- 2.Mycobacterium culture is recommended in case inhibition is detected.

*** End Of Report ***




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