



	Dr. Vinay Cho MD (Pathology & M Chairman & Consu	Microbiology)	Dr. Yugar MD CEO & Consultant	(Pathology)	
NAME	: Baby. VAINAVI				
AGE/ GENDER	: 1 YRS/FEMALE	PATIE	ENT ID	: 1750874	
COLLECTED BY	:	REG. N	NO./LAB NO.	: 012502090041	
<b>REFERRED BY</b>	:	REGIS	TRATION DATE	: 09/Feb/2025 11:45 AM	
BARCODE NO.	: 01525220	COLLI	ECTION DATE	:09/Feb/202511:46AM	
CLIENT CODE.	: KOS DIAGNOSTIC LAB	<b>REPORTING DATE</b>		: 09/Feb/2025 12:58PM	
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	MBALA CANTT			
Test Name		Value	Unit	Biological Reference interval	
		CLINICAL PAT	HOLOGY		
	URINE ROL	<b>TINE &amp; MICROS</b>	COPIC EXAMINA	ATION	
PHYSICAL EXAMI	NATION				
QUANTITY RECIEW		10	ml		
COLOUR		PALE YELLOW		PALE YELLOW	
by DIP STICK/REFLEC	CTANCE SPECTROPHOTOMETRY	HAZY		CLEAR	
by DIP STICK/REFLEC	CTANCE SPECTROPHOTOMETRY				
SPECIFIC GRAVITY	( CTANCE SPECTROPHOTOMETRY	1.01		1.002 - 1.030	
CHEMICAL EXAM					
REACTION		ACIDIC			
by DIP STICK/REFLEC	CTANCE SPECTROPHOTOMETRY	2+		NEGATIVE (-ve)	
by DIP STICK/REFLE	CTANCE SPECTROPHOTOMETRY				
SUGAR by DIP STICK/REFLEC	CTANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)	
рН		7.5		5.0 - 7.5	
BILIRUBIN	CTANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)	
-	CTANCE SPECTROPHOTOMETRY				
NITRITE by DIP STICK/REFLEC	CTANCE SPECTROPHOTOMETRY.	Positive		NEGATIVE (-ve)	
UROBILINOGEN	CTANCE SPECTROPHOTOMETRY	Normal	EU/dL	0.2 - 1.0	
KETONE BODIES		Negative		NEGATIVE (-ve)	
by DIP STICK/REFLEC	CTANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)	
by DIP STICK/REFLEC	CTANCE SPECTROPHOTOMETRY	0			
ASCORBIC ACID by DIP STICK/REFLEC	CTANCE SPECTROPHOTOMETRY	NEGATIVE (-ve)		NEGATIVE (-ve)	
MICROSCOPIC EX					
RED BLOOD CELLS		NEGATIVE (-ve)	/HPF	0 - 3	
DY MICRUSCUPY ON	CENTRIFUGED URINARY SEDIMENT				





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

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





Dr. Vinay Chopra

MD (Pathology & Microbiology) Chairman & Consultant Pathologist



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

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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AI	AMBALA CANTT			
Test Name		Value	Unit	Biological Reference interval	
l'est Maille		Value	Unit	biological kelerence interval	
PUS CELLS by MICROSCOPY ON	CENTRIFUGED URINARY SEDIMENT	15-20	/HPF	0 - 5	
EPITHELIAL CELL by MICROSCOPY ON	S CENTRIFUGED URINARY SEDIMENT	1-2	/HPF	ABSENT	
CRYSTALS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT		NEGATIVE (-ve)		NEGATIVE (-ve)	
CASTS		NECATIVE (NO)		NECATIVE (NO)	

 CASTS
 NEGATIVE (-ve)
 NEGATIVE (-ve)

 by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT
 NEGATIVE (-ve)
 NEGATIVE (-ve)

 BACTERIA
 NEGATIVE (-ve)
 NEGATIVE (-ve)

 by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT
 NEGATIVE (-ve)
 NEGATIVE (-ve)

 OTHERS
 NEGATIVE (-ve)
 NEGATIVE (-ve)

 by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT
 NEGATIVE (-ve)
 NEGATIVE (-ve)

 TRICHOMONAS VAGINALIS (PROTOZOA)
 ABSENT
 ABSENT

TRICHOMONAS VAGINALIS (PROTOZOA) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT



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ARCODE NO.	: 01525220		TION DATE	: 09/Feb/2025 11:46AM		
LIENT CODE.	: KOS DIAGNOSTIC LAB		FING DATE	: 11/Feb/2025 10:44AM		
LIENT ADDRESS	: 6349/1, NICHOLSON ROAD,					
Fest Name		Value	Unit	Biological Reference interval		
		MICROBIOL	DGY			
	CULTURE AEROBIC	BACTERIA AND ANT	TIBIOTIC SENS	SITIVITY: URINE		
<u>ULTURE AND SUS</u>	<b>CEPTIBILITY: URINE</b>					
OATE OF SAMPLE		09-02-2025				
SPECIMEN SOURCE		URINE				
NCUBATION PERI		48 HOURS				
by AUTOMATED BROT	HCULTURE	GRAM NEGATIV	E (-ve)			
by MICROSCOPY						
CULTURE by AUTOMATED BROT	TH CULTURE	POSITIVE (+ve)				
ORGANISM		ESCHERICHIA COLI (E.COLI)				
by AUTOMATED BROT						
EROBIC SUSCEPT						
MOXICILLIN+CLA	AVULANIC ACID TH MICRODILUTION, CLSI	SENSITIVE				
Concentration: 8/4 μα						
AMPICILLIN		RESISTANT				
	H MICRODILUTION, CLSI	RESISTANT				
Concentration: 8 µg/n	nL					
AMPICILLIN+SULE	BACTUM	SENSITIVE				
by AUTOMATED BROT	TH MICRODILUTION, CLSI					
Concentration: 8/4 μα	j/mL					
CHLORAMPHENIC		RESISTANT				
	H MICRODILUTION, CLSI					
Concentration: 8 µg/n	I IL					
CIPROFLOXACIN		SENSITIVE				
by AUTOMATED BROT Concentration: 1 μg/n	<b>TH MICRODILUTION, CLSI</b> nL					
		DEGIORICE				
NALIDIXIC ACID	H MICRODILUTION, CLSI	RESISTANT				
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		٨				
IEINSH AVIET		Under				
	AE.	amore				
	Bur					
	am					
	DR.VINAY CHOPRA CONSULTANT PATHOLOGIST	DR.YUGAM CHOP CONSULTANT PA				

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Dr. Vinay MD (Patholog Chairman & C		ChopraDr. Yugam Chopragy & Microbiology)MD (Pathology)Consultant PathologistCEO & Consultant Pathologist		(Pathology)
AME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE. CLIENT ADDRESS	<b>: Baby. VAINAVI</b> : 1 YRS/FEMALE : : : 01525220 : KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROA	REGIST COLLEC REPORT	T ID D./LAB NO. RATION DATE TION DATE FING DATE	: 1750874 <b>: 012502090041</b> : 09/Feb/2025 11:45 AM : 09/Feb/2025 11:46AM : 11/Feb/2025 10:44AM
Fest Name		Value	Unit	<b>Biological Reference interval</b>
oncentration: 16 μg/ ENTAMICIN by AUTOMATED BROTh oncentration: 16 μg/	H MICRODILUTION, CLSI	RESISTANT		
<b>ITROFURATOIN</b> by AUTOMATED BROD oncentration: 16 μg/	<b>TH MICRODILUTION, CLSI</b> (mL	INTERMEDIATE		
NORFLOXACIN by AUTOMATED BROTh Concentration: 4 μg/n	H MICRODILUTION, CLSI nL	RESISTANT		
MINOCYCLINE by AUTOMATED BROTH Concentration: 4 µg/n	H MICRODILUTION, CLSI nL	RESISTANT		
OBRAMYCIN by AUTOMATED BROTh oncentration: 4 μg/n	H MICRODILUTION, CLSI nL	RESISTANT		
<b>MIKACIN</b> by AUTOMATED BROT concentration: 16 μg/	<b>гн місrodilution, clsi</b> ′mL	SENSITIVE		
ZETREONAM by AUTOMATED BROTH oncentration: 4 µg/n	H MICRODILUTION, CLSI nL	RESISTANT		
<b>CEFAZOLIN</b> <i>by AUTOMATED BROT</i> concentration: 16 μg/	<b>TH MICRODILUTION, CLSI</b> YmL	SENSITIVE		
EFOXITIN	H MICRODILUTION, CLSI T <b>H MICRODILUTION, CLSI</b>	RESISTANT <b>SENSITIVE</b>		





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Test Name		Value	Unit	Biological Reference interval	
		Value	Unit	biological ideref ence inter var	
Concentration: 8 µg/	mL				
CEFTAZIDIME by AUTOMATED BROT Concentration: 4 µg/	TH MICRODILUTION, CLSI mL	RESISTANT			
CEFTRIAXONE	TH MICRODILUTION, CLSI	RESISTANT			
FOSFOMYCIN	TH MICRODILUTION, CLSI	RESISTANT			
LEVOFLOXACIN by AUTOMATED BROT Concentration: 2 μg/	TH MICRODILUTION, CLSI ML	RESISTANT			
NETLIMICIN SULP by AUTOMATED BROT Concentration: 8 µg/	TH MICRODILUTION, CLSI	RESISTANT			
PIPERACILLIN+TA by AUTOMATED BROT Concentration: 16/4	TH MICRODILUTION, CLSI	RESISTANT			
<b>FICARCILLIN+CLA</b> by AUTOMATED BRO Concentration: 16/2	TH MICRODILUTION, CLSI	SENSITIVE			
	SULPHAMETHAZOLE <i>TH MICRODILUTION, CLSI</i> µg/mL	RESISTANT			
<b>CEFIPIME</b> <i>by AUTOMATED BRO</i> Concentration: 2 μg/	DTH MICRODILUTION, CLSI mL	INTERMEDIATE			
DORIPENEM by AUTOMATED BROT	TH MICRODILUTION, CLSI	RESISTANT			
	DR.VINAY CHOPRA	dhopro DR.YUGAM CHO	PRA 1		

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7



Page 5 of 6





	MD (Pathology & N	<b>Dr. Vinay Chopra</b> MD (Pathology & Microbiology) Chairman & Consultant Pathologist		Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist		
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	MBALA CANTT				
Test Name		Value	Unit	<b>Biological Reference interval</b>		
Concentration: 1 µg/m	L					
IMIPINEM by AUTOMATED BROTH Concentration: 1 µg/m	I MICRODILUTION, CLSI	RESISTANT				
MEROPENEM by AUTOMATED BROTH Concentration: 1 µg/m	HMICRODILUTION, CLSI L	RESISTANT				
COLISTIN by AUTOMATED BROTH Concentration: 0.06 μ	HMICRODILUTION, CLSI g/mL	RESISTANT				
significant. However i 2. Colony count of 100 catheterization or from SUSCEPTIBILITY: 1. A test interpreted a: recommended for tha 2. A test interpreted as dosage, schedule and, has not been reliable CAUTION: Conditions which can 1. Patient is on antibio 2. Anaerobic bacteria 3. Fastidious aerobic to 4. Besides all these fa	n symptomatic patients, a smalle 0 to 10000/ mL indicate infection, n patients with indwelling cathet s SENSTITIVE implies that infection t type of infection and infecting sy s INTERMEDIATE implies that the" strated or when a high dosage of RESISTANT implies that the "isola for fall in the range where specifi n treatment studies. cause a false Negative culture: otics. Please repeat culture post th	r number of bacteri , if isolate from spec- ers. In due to isolate may becies, unless other Infection due to the drug can be used". Ites are not inhibite c microbial resistar herapy. w on routine cultur	a (100 to 10000/mL) n imen obtained by sup be appropriately treat vise indicated isolate may be approp d by the usually achiev ice mechanism are like e media.	rapublic aspiration or "in-and-out" ted with the dosage of an antimicrobial agent oriately treated in body sites where the drugs are vable concentration of the agents with normal ely (e.g. beta-lactamases), and clinical efficacy		



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