

(A Unit of KOS Healthcare)



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

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

NAME : Dr. CHANDER MOHAN

AGE/ GENDER : 85 YRS/Male **PATIENT ID** : 1759247

COLLECTED BY : REG. NO./LAB NO. : 012502160047

 REFERRED BY
 : 16/Feb/2025 02:56 PM

 BARCODE NO.
 : 01525620
 COLLECTION DATE
 : 16/Feb/2025 02:58 PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 16/Feb/2025 04:09 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 PALE 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 NEUTRAL by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

PROTEIN 1+ NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

SUGAR Negative NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

pH 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

KETONE BODIES Negative NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY
BLOOD TRACE NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

ASCORBIC ACID NEGATIVE (-ve) NEGATIVE (-ve)

MICROSCOPIC EXAMINATION

RED BLOOD CELLS (RBCs) 2-3 /HPF 0 - 3

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

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DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST



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PUS CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	15-18	/HPF	0 - 5
EPITHELIAL CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	3-4	/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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KOS Diagnostic Lab (A Unit of KOS Healthcare)



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Value Unit **Biological Reference interval Test Name**

MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE 16-02-2025 SPECIMEN SOURCE URINE INCUBATION PERIOD 48 HOURS by AUTOMATED BROTH CULTURE

GRAM NEGATIVE (-ve) GRAM STAIN

by MICROSCOPY **CULTURE** POSITIVE (+ve)

by AUTOMATED BROTH CULTURE

ORGANISM Klrbsiella pneumonae

by AUTOMATED BROTH CULTURE

AEROBIC SUSCEPTIBILITY: URINE

SENSITIVE AMOXICILLIN+CLAVULANIC ACID 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 Concentration: 1 µg/mL

INTERMEDIATE

DOXYCYCLINE

by AUTOMATED BROTH MICRODILUTION, CLSI

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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 RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

NORFLOXACIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

MINOCYCLINE
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 µg/mL

AZETREONAM INTERMEDIATE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

CEFAZOLIN INTERMEDIATE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

CEFIXIME INTERMEDIATE

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RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

CEFOXITIN

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

INTERMEDIATE **CEFTAZIDIME**

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

RESISTANT **CEFTRIAXONE**

by AUTOMATED BROTH MICRODILUTION, CLSI

FOSFOMYCIN INTERMEDIATE 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

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 INTERMEDIATE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2/38 µg/mL

INTERMEDIATE **CEFIPIME**

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2 µg/mL

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DORIPENEM INTERMEDIATE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

INTERMEDIATE **IMIPINEM**

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

MEROPENEM INTERMEDIATE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

COLISTIN INTERMEDIATE 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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