

## **KOS Diagnostic Lab**

(A Unit of KOS Healthcare)



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

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

**NAME** : Mr. NAVNEET SINGH

**AGE/ GENDER** : 28 YRS/MALE **PATIENT ID** : 220447

**COLLECTED BY** REG. NO./LAB NO. :012502260026

REFERRED BY **REGISTRATION DATE** : 26/Feb/2025 03:29 PM BARCODE NO. :01526170 **COLLECTION DATE** : 26/Feb/2025 03:30PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 28/Feb/2025 05:39PM

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

**Value** Unit **Biological Reference interval Test Name** 

### **MICROBIOLOGY**

### **CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: SWABS**

#### **CULTURE AND SUSCEPTIBILITY: SWABS**

DATE OF SAMPLE 26-02-2025

SPECIMEN SOURCE PUS

INCUBATION PERIOD 48 HOURS **CULTURE STERILE** 

by AUTOMATED BROTH CULTURE

NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF **ORGANISM** by AUTOMATED BROTH CULTURE

**INCUBATION AT 37\*C** 

#### **AEROBIC SUSCEPTIBILITY: SWABS**

- 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

- 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.



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





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MD (Pathology)
CEO & Consultant Pathologist

NAME : Mr. NAVNEET SINGH

AGE/ GENDER : 28 YRS/MALE PATIENT ID : 220447

COLLECTED BY : REG. NO./LAB NO. : 012502260026

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 : 26/Feb/2025 03:30 PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
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 : 26/Feb/2025 05:24 PM

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

## ACID FAST BACILLI (AFB)/ZEIHL-NEELSEN (Z-N) STAIN EXAMINATION

**TEST NAME:** 

ACID FAST BACILLI (AFB)/ZEIHL-NEELSEN (Z-N) STAIN EXAMINATION

CLINICAL HISTORY (IF ANY):

NATURE OF SPECIMEN:

**PUS** 

MICROSCOPIC EXAMINATION:

Smear show a few inflammatory cells.

ZEIHL NEELSEN (Z.N) STAIN FOR ACID FAST BACILLI:

Z.N stained smear show acid fast bacilli.

**IMPRESSION:** 

**Negative for AFB(Acid fast bacilli)** 

\*\*\* End Of Report \*\*?



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