

Dr. Vinay Chopra
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 Chairman & Consultant Pathologist

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NAME	: Mrs. SHEELA DEVI	PATIENT ID	: 1773353
AGE/ GENDER	: 55 YRS/FEMALE	REG. NO./LAB NO.	: 012502280020
COLLECTED BY	:	REGISTRATION DATE	: 28/Feb/2025 12:09 PM
REFERRED BY	: LOOMBA HOSPITAL (AMBALA CANTT)	COLLECTION DATE	: 28/Feb/2025 12:12PM
BARCODE NO.	: 01526247	REPORTING DATE	: 02/Mar/2025 12:16PM
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: SWABS

CULTURE AND SUSCEPTIBILITY: SWABS

DATE OF SAMPLE 28-02-2025
 SPECIMEN SOURCE SWAB
 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: SWABS

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.

*** End Of Report ***




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