

# **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** : Baby. ARUNI

**AGE/ GENDER** : 8 YRS/FEMALE **PATIENT ID** : 1775773

**COLLECTED BY** :012503020032 REG. NO./LAB NO.

REFERRED BY : LOOMBA HOSPITAL (AMBALA CANTT) **REGISTRATION DATE** : 02/Mar/2025 12:14 PM BARCODE NO. :01526341 **COLLECTION DATE** : 02/Mar/2025 12:20PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 04/Mar/2025 03:40PM

**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 02-03-2025 SPECIMEN SOURCE **SWAB** 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.

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



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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