

**Dr. Vinay Chopra**  
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 Chairman & Consultant Pathologist

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

<b>NAME</b>	: Mr. SHYAM SUNDAR	<b>PATIENT ID</b>	: 1784994
<b>AGE/ GENDER</b>	: 79 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 012503090068
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 09/Mar/2025 04:26 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 09/Mar/2025 04:26PM
<b>BARCODE NO.</b>	: 01526827	<b>REPORTING DATE</b>	: 11/Mar/2025 07:08PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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**CLINICAL PATHOLOGY**  
**ADENOSINE DEAMINASE ACTIVITY (ADA)**

ADENOSINE DEAMINASE ACTIVITY (ADA) **66.8<sup>H</sup>** U/L 0 - 40  
*by KINETIC, SPECTROPHOTOMETRY*

**INTERPRETATION**

Normal	U/L	<30
Suspect	U/L	30- 40
Strong suspect	U/L	40- 60
Positive	U/L	>60

1. Adenosine deaminase is widely distributed in mammalian tissues, especially in T lymphocytes.
2. Increased levels of ADA are found in various forms of tuberculosis making it a marker for the same.

**NOTE:-** Though ADA is also increased in various infections like infectious mononucleosis, typhoid, viral hepatitis & in cases of malignant tumours, the same can be ruled out clinically.



  
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<b>BARCODE NO.</b>	: 01526827	<b>REPORTING DATE</b>	: 11/Mar/2025 04:31PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
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## MICROBIOLOGY

### CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: SWABS

#### CULTURE AND SUSCEPTIBILITY: SWABS

DATE OF SAMPLE 09-03-2025  
 SPECIMEN SOURCE PUS  
 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.





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<b>BARCODE NO.</b>	: 01526827	<b>REPORTING DATE</b>	: 11/Mar/2025 08:16AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
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## MOLECULAR PATHOLOGY

### POLYMERASE CHAIN REACTION (PCR) FOR MYCOBACTERIUM

TYPE OF SAMPLE	PUS
by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)	
MYCOBACTERIUM TUBERCULOSIS COMPLEX	NEGATIVE (-ve)
by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)	
NON TUBERCULOUS MYCOBACTERIUM	NEGATIVE (-ve)
by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)	
INTERNAL CONTROL	POSITIVE (+ve)
by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)	

#### INTERPRETATION:

RESULT	COMMENTS
MYCOBACTERIUM TUBERCULOSIS - IF DETECTED	Infection likely with any of the following species: <i>M. tuberculosis</i> , <i>M. bovis</i> , <i>M. microti</i> & <i>M. africanum</i> .
NON TUBERCULOUS MYCOBACTERIA- IF DETECTED	Infection likely with <i>M. avium</i> complex and <i>M. kansasii</i> causing pulmonary disease or <i>M. abscessus</i> , <i>M. chelonae</i> , <i>M. marinum</i> & <i>M. fortuitum</i> which causes skin and soft tissue infections.
INHIBITORS- IF DETECTED	Inhibitors detected in the sample provided. Repeat sample is Recommended
MYCOBACTERIUM TUBERCULOSIS COMPLEX & NON TUBERCULOUS MYCOBACTERIA- NOT DETECTED	Mycobacteria not detected in the sample provided.

#### COMMENTS:

1. Mycobacterium tuberculosis complex (*M. tuberculosis*, *M. bovis*, *M. Microti* & *M. africanum*) are the only mycobacteria that are transmitted from person to person and therefore are of public health importance.
2. Non Tuberculous Mycobacteria most commonly encountered are *M. avium* Complex and *M. kansasii* which causes pulmonary disease; *M. abscessus*, *M. chelonae*, *M. marinum* & *M. fortuitum* which causes skin and soft tissue infections.
3. Many of the non tuberculous mycobacteria are environmental contaminants. Nucleic acid amplification tests provide direct detection of various Mycobacteria.

#### NOTE:



  
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- 1.This test does not differentiate between Mycobacterium species.
- 2.Mycobacterium culture is recommended in case inhibition is detected.

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



  
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