

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

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

NAME	: Baby. MAYRA	PATIENT ID	: 1794919
AGE/ GENDER	: 10 YRS/FEMALE	REG. NO./LAB NO.	: 012503170070
COLLECTED BY	:	REGISTRATION DATE	: 17/Mar/2025 04:35 PM
REFERRED BY	:	COLLECTION DATE	: 17/Mar/2025 04:35PM
BARCODE NO.	: 01527293	REPORTING DATE	: 17/Mar/2025 06:00PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

QUANTITY RECIEVED <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	10	ml	
COLOUR <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	AMBER YELLOW		PALE YELLOW
TRANSPARANCY <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	HAZY		CLEAR
SPECIFIC GRAVITY <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	<=1.005		1.002 - 1.030

CHEMICAL EXAMINATION

REACTION <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	ACIDIC		
PROTEIN <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	Negative		NEGATIVE (-ve)
SUGAR <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	Negative		NEGATIVE (-ve)
pH <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	6		5.0 - 7.5
BILIRUBIN <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	Negative		NEGATIVE (-ve)
NITRITE <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.</i>	Negative		NEGATIVE (-ve)
UROBILINOGEN <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	Normal	EU/dL	0.2 - 1.0
KETONE BODIES <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	Negative		NEGATIVE (-ve)
BLOOD <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	TRACE		NEGATIVE (-ve)
ASCORBIC ACID <i>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</i>	NEGATIVE (-ve)		NEGATIVE (-ve)

MICROSCOPIC EXAMINATION

RED BLOOD CELLS (RBCs)	1-3	/HPF	0 - 3
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<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			
PUS CELLS	5-7	/HPF	0 - 5
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			
EPITHELIAL CELLS	2-3	/HPF	ABSENT
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			
CRYSTALS	NEGATIVE (-ve)		NEGATIVE (-ve)
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			
CASTS	NEGATIVE (-ve)		NEGATIVE (-ve)
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			
BACTERIA	NEGATIVE (-ve)		NEGATIVE (-ve)
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			
OTHERS	NEGATIVE (-ve)		NEGATIVE (-ve)
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			
TRICHOMONAS VAGINALIS (PROTOZOA)	ABSENT		ABSENT
<i>by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT</i>			




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MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE 17-03-2025

SPECIMEN SOURCE URINE

INCUBATION PERIOD 48 HOURS

by AUTOMATED BROTH CULTURE

CULTURE STERILE

by AUTOMATED BROTH CULTURE

ORGANISM NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF INCUBATION AT 37°C

by AUTOMATED BROTH CULTURE

AEROBIC SUSCEPTIBILITY: URINE

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" catheterization or from patients with indwelling catheters.

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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