

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

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

<b>NAME</b>	: Mr. GAURAV	<b>PATIENT ID</b>	: 1795235
<b>AGE/ GENDER</b>	: 35 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 012503170074
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 17/Mar/2025 06:36 PM
<b>REFERRED BY</b>	: LOOMBA HOSPITAL (AMBALA CANTT)	<b>COLLECTION DATE</b>	: 17/Mar/2025 06:37PM
<b>BARCODE NO.</b>	: 01527297	<b>REPORTING DATE</b>	: 20/Mar/2025 10:54AM
<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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## MICROBIOLOGY

### CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: SWABS

#### CULTURE AND SUSCEPTIBILITY: SWABS

DATE OF SAMPLE 17-03-2025

SPECIMEN SOURCE SWAB

INCUBATION PERIOD 48 HOURS

GRAM STAIN by MICROSCOPY GRAM NEGATIVE (-ve)

CULTURE by AUTOMATED BROTH CULTURE POSITIVE (+ve)

ORGANISM by AUTOMATED BROTH CULTURE Pseudomonas aeruginosa

#### AEROBIC SUSCEPTIBILITY: SWABS

AMOXICILLIN+CLAVULANIC ACID RESISTANT

by AUTOMATED BROTH MICRDLUTION, CLSI  
Concentration: 8/4 µg/mL

AMPICILLIN RESISTANT

by AUTOMATED BROTH MICRDLUTION, CLSI  
Concentration: 8 µg/mL

AMPICILLIN+SULBACTAM RESISTANT

by AUTOMATED BROTH MICRDLUTION, CLSI  
Concentration: 8/4 µg/mL

CHLORAMPHENICOL INTERMEDIATE

by AUTOMATED BROTH MICRDLUTION, CLSI  
Concentration: 8 µg/mL


CIPROFLOXACIN RESISTANT


by AUTOMATED BROTH MICRDLUTION, CLSI  
Concentration: 1 µg/mL

DOXYCYCLINE SENSITIVE

by AUTOMATED BROTH MICRDLUTION, CLSI



  
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Test Name	Value	Unit	Biological Reference interval
Concentration: 4 µg/mL			
<b>GENTAMICIN</b> by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL	<b>SENSITIVE</b>		
<b>NORFLOXACIN</b> by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL	<b>RESISTANT</b>		
<b>MINOCYCLINE</b> by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL	<b>SENSITIVE</b>		
<b>TOBRAMYCIN</b> by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL	<b>SENSITIVE</b>		
<b>AMIKACIN</b> by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL	<b>SENSITIVE</b>		
<b>AZETREONAM</b> by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL	<b>RESISTANT</b>		
<b>CEFAZOLIN</b> by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL	<b>RESISTANT</b>		
<b>CEFIXIME</b> by AUTOMATED BROTH MICRODILUTION, CLSI	<b>RESISTANT</b>		
<b>CEFOXITIN</b> by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 8 µg/mL	<b>RESISTANT</b>		
<b>CEFTAZIDIME</b> by AUTOMATED BROTH MICRODILUTION, CLSI	<b>SENSITIVE</b>		



  
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Concentration: 4 µg/mL			
<b>CEFTRIAXONE</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
<b>FOSFOMYCIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	INTERMEDIATE		
Concentration: 64 µg/mL			
<b>LEVOFLOXACIN</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	INTERMEDIATE		
Concentration: 2 µg/mL			
<b>PIPERACILLIN+TAZOBACTAM</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 16/4 µg/mL			
<b>TICARCILLIN+CLAVULANIC ACID</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
Concentration: 16/2 µg/mL			
<b>TRIMETHOPRIM+SULPHAMETHAZOLE</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
Concentration: 2/38 µg/mL			
<b>CEFIPIME</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	RESISTANT		
Concentration: 2 µg/mL			
<b>DORIPENEM</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 1 µg/mL			
<b>IMIPINEM</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 1 µg/mL			
<b>MEROPENEM</b> <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i>	SENSITIVE		
Concentration: 1 µg/mL			



  
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**COLISTIN**  
 by AUTOMATED BROTH MICROWIDILUTION, CLSI  
 Concentration: 0.06 µg/mL

**SENSITIVE**

**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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