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

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



| | | | |
|---|---|---|---|
| **NAME** | **: Mr. AJAY GOEL** | | |
| **AGE/ GENDER** | : 55 YRS/MALE | **PATIENT ID** | : 1795993 |
| **COLLECTED BY** | : SURJESH | **REG. NO./LAB NO.** | **: 012503180038** |
| **REFERRED BY** | : | **REGISTRATION DATE** | : 18/Mar/2025 11:33 AM |
| **BARCODE NO.** | : 01527340 | **COLLECTION DATE** | : 18/Mar/2025 11:45AM |
| **CLIENT CODE.** | : KOS DIAGNOSTIC LAB | **REPORTING DATE** | : 18/Mar/2025 01:30PM |
| **CLIENT ADDRESS** | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|

## HAEMATOLOGY

### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

| | | | |
|---|---|---|---|
| GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD<br>*by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)* | 6.1 | % | 4.0 - 6.4 |
| ESTIMATED AVERAGE PLASMA GLUCOSE<br>*by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)* | 128.37 | mg/dL | 60.00 - 140.00 |

***INTERPRETATION:***

| AS PER AMERICAN DIABETES ASSOCIATION (ADA): | | |
|---|---|---|
| **REFERENCE GROUP** | **GLYCOSYLATED HEMOGLOGIB (HBAIC) in %** | |
| Non diabetic Adults >= 18 years | <5.7 | |
| At Risk (Prediabetes) | 5.7 – 6.4 | |
| Diagnosing Diabetes | >= 6.5 | |
| Therapeutic goals for glycemic control | **Age > 19 Years** | |
| | Goals of Therapy: | < 7.0 |
| | Actions Suggested: | >8.0 |
| | **Age < 19 Years** | |
| | Goal of therapy: | <7.5 |

**COMMENTS:**

1.Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliace with therapeutic regimen in diabetic patients.
*2.Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high concentration of HbAIc. Converse is true for a diabetic previously under good control but now poorly controlled.*
*3.Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targetting a goal of < 7.0% may not be appropiate.*
*4.*High HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications
5.Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.
6.HbA1c results from patients with HbSS,HbSC and HbD must be interpreted with caution , given the pathological processes including anemia,increased red cell turnover, and transfusion requirement that adversely impact HbA1c as a marker of long-term gycemic control.
7.Specimens from patients with polycythemia or post-splenctomy may exhibit increse in HbA1c values due to a somewhat longer life span of the red cells.

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)

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

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



| | | | |
|---|---|---|---|
| **NAME** | **: Mr. AJAY GOEL** | | |
| **AGE/ GENDER** | : 55 YRS/MALE | **PATIENT ID** | : 1795993 |
| **COLLECTED BY** | : SURJESH | **REG. NO./LAB NO.** | **: 012503180038** |
| **REFERRED BY** | : | **REGISTRATION DATE** | : 18/Mar/2025 11:33 AM |
| **BARCODE NO.** | : 01527340 | **COLLECTION DATE** | : 18/Mar/2025 11:45AM |
| **CLIENT CODE.** | : KOS DIAGNOSTIC LAB | **REPORTING DATE** | : 18/Mar/2025 02:35PM |
| **CLIENT ADDRESS** | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|

## ENDOCRINOLOGY

### THYROID FUNCTION TEST: TOTAL

| | | | |
|---|---|---|---|
| TRIIODOTHYRONINE (T3): SERUM<br>*by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)* | 0.558 | ng/mL | 0.35 - 1.93 |
| THYROXINE (T4): SERUM<br>*by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)* | **3.53**$^{L}$ | µgm/dL | 4.87 - 12.60 |
| THYROID STIMULATING HORMONE (TSH): SERUM<br>*by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)* | 4.279 | µIU/mL | 0.35 - 5.50 |

**3rd GENERATION, ULTRASENSITIVE**

***INTERPRETATION:***

*TSH levels are subject to circadian variation, reaching peak levels between 2-4 a.m and at a minimum between 6-10 pm. The variation is of the order of 50%.Hence time of the day has influence on the measured serum TSH concentrations.* TSH stimulates the production and secretion of the metabolically active hormones, thyroxine (T4)and triiodothyronine (T3).Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction(hyperthyroidism) of T4 and/or T3.

| CLINICAL CONDITION | T3 | T4 | TSH |
|---|---|---|---|
| Primary Hypothyroidism: | Reduced | Reduced | Increased (Significantly) |
| Subclinical Hypothyroidism: | Normal or Low Normal | Normal or Low Normal | High |
| Primary Hyperthyroidism: | Increased | Increased | Reduced (at times undetectable) |
| Subclinical Hyperthyroidism: | Normal or High Normal | Normal or High Normal | Reduced |

**LIMITATIONS:-**

1. T3 and T4 circulates in reversibly bound form with Thyroid binding globulins (TBG),and to a lesser extent albumin and Thyroid binding Pre Albumin so conditions in which TBG and protein levels alter such as pregnancy, excess estrogens, androgens, anabolic steroids and glucocorticoids may falsely affect the T3 and T4 levels and may cause false thyroid values for thyroid function tests.
2. Normal levels of T4 can also be seen in Hyperthyroid patients with :T3 Thyrotoxicosis, Decreased binding capacity due to hypoproteinemia or ingestion of certain drugs (e.g.: phenytoin , salicylates).
3. Serum T4 levels in neonates and infants are higher than values in the normal adult , due to the increased concentration of TBG in neonate serum.
4. TSH may be normal in central hypothyroidism , recent rapid correction of hyperthyroidism or hypothyroidism , pregnancy , phenytoin therapy.

| TRIIODOTHYRONINE (T3) | | THYROXINE (T4) | | THYROID STIMULATING HORMONE (TSH) | |
|---|---|---|---|---|---|
| **Age** | **Refferance Range (ng/mL)** | **Age** | **Refferance Range ( µg/dL)** | **Age** | **Reference Range ( µIU/mL)** |
| **0 - 7 Days** | **0.20 - 2.65** | **0 - 7 Days** | **5.90 – 18.58** | **0 - 7 Days** | **2.43 - 24.3** |
| **7 Days - 3 Months** | **0.36 - 2.59** | **7 Days - 3 Months** | **6.39 - 17.66** | **7 Days - 3 Months** | **0.58 - 11.00** |
| **3 - 6 Months** | **0.51 - 2.52** | **3 - 6 Months** | **6.75 – 17.04** | **3 Days – 6 Months** | **0.70 - 8.40** |
| **6 - 12 Months** | **0.74 - 2.40** | **6 - 12 Months** | **7.10 – 16.16** | **6 – 12 Months** | **0.70 - 7.00** |

**DR.VINAY CHOPRA**
**CONSULTANT PATHOLOGIST**
**MBBS, MD (PATHOLOGY & MICROBIOLOGY)**

**DR.YUGAM CHOPRA**
**CONSULTANT PATHOLOGIST**
**MBBS , MD (PATHOLOGY)**

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

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

| | | | |
|---|---|---|---|
| **NAME** | **: Mr. AJAY GOEL** | | |
| **AGE/ GENDER** | : 55 YRS/MALE | **PATIENT ID** | : 1795993 |
| **COLLECTED BY** | : SURJESH | **REG. NO./LAB NO.** | **: 012503180038** |
| **REFERRED BY** | : | **REGISTRATION DATE** | : 18/Mar/2025 11:33 AM |
| **BARCODE NO.** | : 01527340 | **COLLECTION DATE** | : 18/Mar/2025 11:45AM |
| **CLIENT CODE.** | : KOS DIAGNOSTIC LAB | **REPORTING DATE** | : 18/Mar/2025 02:35PM |
| **CLIENT ADDRESS** | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

| Test Name | | | Value | Unit | Biological Reference interval |
|---|---|---|---|---|---|
| 1 - 10 Years | 0.92 - 2.28 | 1 - 10 Years | 6.00 - 13.80 | 1 – 10 Years | 0.60 - 5.50 |
| 11- 19 Years | 0.35 - 1.93 | 11 - 19 Years | 4.87- 13.20 | 11 – 19 Years | 0.50 – 5.50 |
| > 20 years (Adults) | 0.35 - 1.93 | > 20 Years (Adults) | 4.87 - 12.60 | > 20 Years (Adults) | 0.35– 5.50 |
| RECOMMENDATIONS OF TSH LEVELS DURING PREGNANCY ( µIU/mL) | | | | | |
| 1st Trimester | | | 0.10 – 2.50 | | |
| 2nd Trimester | | | 0.20 – 3.00 | | |
| 3rd Trimester | | | 0.30 – 4.10 | | |

**INCREASED TSH LEVELS:**

1.Primary or untreated hypothyroidism may vary from 3 times to more than 100 times normal depending upon degree of hypofunction.
2.Hypothyroid patients receiving insufficient thyroid replacement therapy.
3.Hashimotos thyroiditis
4.DRUGS: Amphetamines, iodine containing agents & dopamine antagonist.
5.Neonatal period, increase in 1st 2-3 days of life due to post-natal surge

**DECREASED TSH LEVELS:**

1.Toxic multi-nodular goiter & Thyroiditis.
2.Over replacement of thyroid hormone in treatment of hypothyroidism.
3.Autonomously functioning Thyroid adenoma
4.Secondary pituitary or hypothalamic hypothyroidism
5.Acute psychiatric illness
6.Severe dehydration.
7.DRUGS: Glucocorticoids, Dopamine, Levodopa, T4 replacement therapy, Anti-thyroid drugs for thyrotoxicosis.
8.Pregnancy: 1st and 2nd Trimester

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)

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

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



| | | | |
|---|---|---|---|
| **NAME** | **: Mr. AJAY GOEL** | | |
| **AGE/ GENDER** | : 55 YRS/MALE | **PATIENT ID** | : 1795993 |
| **COLLECTED BY** | : SURJESH | **REG. NO./LAB NO.** | **: 012503180038** |
| **REFERRED BY** | : | **REGISTRATION DATE** | : 18/Mar/2025 11:33 AM |
| **BARCODE NO.** | : 01527340 | **COLLECTION DATE** | : 18/Mar/2025 11:45AM |
| **CLIENT CODE.** | : KOS DIAGNOSTIC LAB | **REPORTING DATE** | : 18/Mar/2025 07:01PM |
| **CLIENT ADDRESS** | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|

## CLINICAL PATHOLOGY

### MICROALBUMIN/CREATININE RATIO - RANDOM URINE

| | | | |
|---|---|---|---|
| MICROALBUMIN: RANDOM URINE<br>*by SPECTROPHOTOMETRY* | **65.1$^{H}$** | mg/L | 0 - 25 |
| CREATININE: RANDOM URINE<br>*by SPECTROPHOTOMETRY* | 54.97 | mg/dL | 20 - 320 |
| MICROALBUMIN/CREATININE RATIO - RANDOM URINE<br>*by SPECTROPHOTOMETRY* | **118.43$^{H}$** | mg/g | 0 - 30 |

***INTERPRETATION*:-**

| | | |
|---|---|---|
| **PHYSIOLOGICALLY NORMAL:** | mg/L | 0 - 30 |
| **MICROALBUMINURIA:** | mg/L | 30 - 300 |
| **GROSS PROTEINURIA:** | mg/L | > 300 |

Long standing un-treated Diabetes and Hypertension can lead to renal dysfunction.
2. Diabetic nephropathy or kidney disease is the most common cause of end stage renal disease(ERSD) or kidney failure.
3. Presence of Microalbuminuria is an early indicator of onset of compromised renal function in these patients.
4.Microalbuminuria is the condition when urinary albumin excre tion is between 30-300 mg & above this it is called as macroalbuminuria, the presence of which indicates serious kidney disease.
5.Microalbuminuria is not only associated with kidney disease but of cardiovascular disease in patients with dibetes & hypertension.
6.Microalbuminuria reflects vascular damage & appear to be a marker of of early arterial disease & endothelial dysfunction.
**NOTE:-** *IF A PATIENT HAS = 1+ PROTEINURIA (30 mg/dl OR 300 mg/L) BY URINE DIPSTICK (URINEANALYSIS), OVERT PROTEINURIA IS PRESENT AND TESTING FOR MICROALBUMIN IS INAPPROPIATE. IN SUCH A CASE, URINE PROTEIN:CREATININE RATIO OR 24 HOURS TOTAL URINE MICROPROTEIN IS APPROPIATE.*

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)

| | | | |
|---|---|---|---|
| **NAME** | **: Mr. AJAY GOEL** | | |
| **AGE/ GENDER** | : 55 YRS/MALE | **PATIENT ID** | : 1795993 |
| **COLLECTED BY** | : SURJESH | **REG. NO./LAB NO.** | **: 012503180038** |
| **REFERRED BY** | : | **REGISTRATION DATE** | : 18/Mar/2025 11:33 AM |
| **BARCODE NO.** | : 01527340 | **COLLECTION DATE** | : 18/Mar/2025 11:45AM |
| **CLIENT CODE.** | : KOS DIAGNOSTIC LAB | **REPORTING DATE** | : 21/Mar/2025 11:15AM |
| **CLIENT ADDRESS** | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|

## MICROBIOLOGY

### CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

**CULTURE AND SUSCEPTIBILITY: URINE**

| | |
|---|---|
| DATE OF SAMPLE | 18-03-2025 |
| SPECIMEN SOURCE | URINE |
| INCUBATION PERIOD<br>*by AUTOMATED BROTH CULTURE* | 48 HOURS |
| **GRAM STAIN**<br>***by MICROSCOPY*** | **GRAM NEGATIVE (-ve)** |
| **CULTURE**<br>***by AUTOMATED BROTH CULTURE*** | **POSITIVE (+ve)** |
| ORGANISM<br>*by AUTOMATED BROTH CULTURE* | ESCHERICHIA COLI (E.COLI) |

**AEROBIC SUSCEPTIBILITY: URINE**

| | |
|---|---|
| **AMOXICILLIN+CLAVULANIC ACID**<br>***by AUTOMATED BROTH MICRODILUTION, CLSI***<br>Concentration: 8/4 µg/mL | **SENSITIVE** |
| AMPICILLIN<br>*by AUTOMATED BROTH MICRODILUTION, CLSI*<br>Concentration: 8 µg/mL | RESISTANT |
| **AMPICILLIN+SULBACTUM**<br>***by AUTOMATED BROTH MICRODILUTION, CLSI***<br>Concentration: 8/4 µg/mL | **SENSITIVE** |
| **CHLORAMPHENICOL**<br>***by AUTOMATED BROTH MICRODILUTION, CLSI***<br>Concentration: 8 µg/mL | **SENSITIVE** |
| **CIPROFLOXACIN**<br>***by AUTOMATED BROTH MICRODILUTION, CLSI***<br>Concentration: 1 µg/mL | **SENSITIVE** |
| **DOXYCYCLINE**<br>***by AUTOMATED BROTH MICRODILUTION, CLSI*** | **SENSITIVE** |

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)

| | | | |
|---|---|---|---|
| **NAME** | **: Mr. AJAY GOEL** | | |
| **AGE/ GENDER** | : 55 YRS/MALE | **PATIENT ID** | : 1795993 |
| **COLLECTED BY** | : SURJESH | **REG. NO./LAB NO.** | **: 012503180038** |
| **REFERRED BY** | : | **REGISTRATION DATE** | : 18/Mar/2025 11:33 AM |
| **BARCODE NO.** | : 01527340 | **COLLECTION DATE** | : 18/Mar/2025 11:45AM |
| **CLIENT CODE.** | : KOS DIAGNOSTIC LAB | **REPORTING DATE** | : 21/Mar/2025 11:15AM |
| **CLIENT ADDRESS** | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| Concentration: 4 µg/mL | | | |
| NALIDIXIC ACID<br>*by AUTOMATED BROTH MICRODILUTION, CLSI*<br>Concentration: 16 µg/mL | RESISTANT | | |
| **GENTAMICIN**<br>***by AUTOMATED BROTH MICRODILUTION, CLSI***<br>Concentration: 16 µg/mL | **SENSITIVE** | | |
| **NITROFURATOIN**<br>***by AUTOMATED BROTH MICRODILUTION, CLSI***<br>Concentration: 16 µg/mL | **INTERMEDIATE** | | |
| **NORFLOXACIN**<br>***by AUTOMATED BROTH MICRODILUTION, CLSI***<br>Concentration: 4 µg/mL | **SENSITIVE** | | |
| **MINOCYCLINE**<br>***by AUTOMATED BROTH MICRODILUTION, CLSI***<br>Concentration: 4 µg/mL | **SENSITIVE** | | |
| **TOBRAMYCIN**<br>***by AUTOMATED BROTH MICRODILUTION, CLSI***<br>Concentration: 4 µg/mL | **SENSITIVE** | | |
| **AMIKACIN**<br>***by AUTOMATED BROTH MICRODILUTION, CLSI***<br>Concentration: 16 µg/mL | **SENSITIVE** | | |
| **AZETREONAM**<br>***by AUTOMATED BROTH MICRODILUTION, CLSI***<br>Concentration: 4 µg/mL | **INTERMEDIATE** | | |
| **CEFAZOLIN**<br>***by AUTOMATED BROTH MICRODILUTION, CLSI***<br>Concentration: 16 µg/mL | **SENSITIVE** | | |
| **CEFIXIME** | **SENSITIVE** | | |

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)

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

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

| | | | |
|---|---|---|---|
| **NAME** | **: Mr. AJAY GOEL** | | |
| **AGE/ GENDER** | : 55 YRS/MALE | **PATIENT ID** | : 1795993 |
| **COLLECTED BY** | : SURJESH | **REG. NO./LAB NO.** | **: 012503180038** |
| **REFERRED BY** | : | **REGISTRATION DATE** | : 18/Mar/2025 11:33 AM |
| **BARCODE NO.** | : 01527340 | **COLLECTION DATE** | : 18/Mar/2025 11:45AM |
| **CLIENT CODE.** | : KOS DIAGNOSTIC LAB | **REPORTING DATE** | : 21/Mar/2025 11:15AM |
| **CLIENT ADDRESS** | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| *by AUTOMATED BROTH MICRODILUTION, CLSI* | | | |
| **CEFOXITIN** | **SENSITIVE** | | |
| *by AUTOMATED BROTH MICRODILUTION, CLSI* | | | |
| Concentration: 8 µg/mL | | | |
| **CEFTAZIDIME** | **SENSITIVE** | | |
| *by AUTOMATED BROTH MICRODILUTION, CLSI* | | | |
| Concentration: 4 µg/mL | | | |
| **CEFTRIAXONE** | **SENSITIVE** | | |
| *by AUTOMATED BROTH MICRODILUTION, CLSI* | | | |
| **FOSFOMYCIN** | **SENSITIVE** | | |
| *by AUTOMATED BROTH MICRODILUTION, CLSI* | | | |
| Concentration: 64 µg/mL | | | |
| **LEVOFLOXACIN** | **SENSITIVE** | | |
| *by AUTOMATED BROTH MICRODILUTION, CLSI* | | | |
| Concentration: 2 µg/mL | | | |
| **NETLIMICIN SULPHATE** | **SENSITIVE** | | |
| *by AUTOMATED BROTH MICRODILUTION, CLSI* | | | |
| Concentration: 8 µg/mL | | | |
| **PIPERACILLIN+TAZOBACTUM** | **SENSITIVE** | | |
| *by AUTOMATED BROTH MICRODILUTION, CLSI* | | | |
| Concentration: 16/4 µg/mL | | | |
| **TICARCILLIN+CLAVULANIC ACID** | **SENSITIVE** | | |
| *by AUTOMATED BROTH MICRODILUTION, CLSI* | | | |
| Concentration: 16/2 µg/mL | | | |
| **TRIMETHOPRIM+SULPHAMETHAZOLE** | **SENSITIVE** | | |
| *by AUTOMATED BROTH MICRODILUTION, CLSI* | | | |
| Concentration: 2/38 µg/mL | | | |
| **CEFIPIME** | **SENSITIVE** | | |
| *by AUTOMATED BROTH MICRODILUTION, CLSI* | | | |
| Concentration: 2 µg/mL | | | |

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)

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

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

| | | | |
|---|---|---|---|
| **NAME** | **: Mr. AJAY GOEL** | | |
| **AGE/ GENDER** | : 55 YRS/MALE | **PATIENT ID** | : 1795993 |
| **COLLECTED BY** | : SURJESH | **REG. NO./LAB NO.** | **: 012503180038** |
| **REFERRED BY** | : | **REGISTRATION DATE** | : 18/Mar/2025 11:33 AM |
| **BARCODE NO.** | : 01527340 | **COLLECTION DATE** | : 18/Mar/2025 11:45AM |
| **CLIENT CODE.** | : KOS DIAGNOSTIC LAB | **REPORTING DATE** | : 21/Mar/2025 11:15AM |
| **CLIENT ADDRESS** | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

| Test Name | Value | Unit | Biological Reference interval |
|---|---|---|---|
| **DORIPENEM**<br>***by AUTOMATED BROTH MICRODILUTION, CLSI***<br>Concentration: 1 µg/mL | **SENSITIVE** | | |
| **IMIPINEM**<br>***by AUTOMATED BROTH MICRODILUTION, CLSI***<br>Concentration: 1 µg/mL | **SENSITIVE** | | |
| **MEROPENEM**<br>***by AUTOMATED BROTH MICRODILUTION, CLSI***<br>Concentration: 1 µg/mL | **SENSITIVE** | | |
| **COLISTIN**<br>***by AUTOMATED BROTH MICRODILUTION, CLSI***<br>Concentration: 0.06 µg/mL | **SENSITIVE** | | |

***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 **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.

**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 ***

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)