

(A Unit of KOS Healthcare)



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

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

NAME : Mrs. PARVEEN ARORA

AGE/ GENDER : 58 YRS/FEMALE PATIENT ID : 1800214

COLLECTED BY : REG. NO./LAB NO. : 012503210022

 REFERRED BY
 :
 REGISTRATION DATE
 : 21/Mar/2025 09:19 AM

 BARCODE NO.
 : 01527487
 COLLECTION DATE
 : 21/Mar/2025 09:24AM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 21/Mar/2025 11:05AM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

CLINICAL PATHOLOGY URINE ROUTINE & MICROSCOPIC EXAMINATION

PHYSICAL EXAMINATION

QUANTITY RECIEVED 10 ml

COLOUR AMBER YELLOW PALE YELLOW

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

TRANSPARANCY HAZY CLEAR

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

SPECIFIC GRAVITY

1.002 - 1.030

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

CHEMICAL EXAMINATION

REACTION ACIDIC by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

PROTEIN Negative NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

SUGAR Negative NEGATIVE (-ve) by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

pH <=5.0 5.0 - 7.5

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

BILIRUBIN Negative NEGATIVE (-ve) by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

NITRITE Negative NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.

UROBILINOGEN Normal EU/dL 0.2 - 1.0 by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

KETONE BODIES

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

NEGATIVE (-ve)

BLOOD
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

3+

NEGATIVE (-ve)

ASCORBIC ACID NEGATIVE (-ve) NEGATIVE (-ve)

by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY

MICROSCOPIC EXAMINATION

RED BLOOD CELLS (RBCs) 15-20 /HPF 0 - 3 by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT



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CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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





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KOS Diagnostic Lab

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PUS CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	6-8	/HPF	0 - 5
EPITHELIAL CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	4-6	/HPF	ABSENT
CRYSTALS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
TRICHOMONAS VAGINALIS (PROTOZOA) by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT	ABSENT		ABSENT

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Test Name Value Unit Biological Reference interval

MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE 21-03-2025
SPECIMEN SOURCE URINE
INCUBATION PERIOD 48 HOURS
by AUTOMATED BROTH CULTURE

GRAM STAIN GRAM NEGATIVE (-ve)

by MICROSCOPY
CULTURE POSITIVE (+ve)

by AUTOMATED BROTH CULTURE

ORGANISM ESCHERICHIA COLI (E.COLI)

by AUTOMATED BROTH CULTURE

AEROBIC SUSCEPTIBILITY: URINE

AMOXICILLIN+CLAVULANIC ACID RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8/4 µg/mL

AMPICILLIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

AMPICILLIN+SULBACTUM RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8/4 µg/mL

CHLORAMPHENICOL SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

CIPROFLOXACIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

DOXYCYCLINE RESISTANT by AUTOMATED BROTH MICRODILUTION, CLSI

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REPORTING DATE

Concentration: 4 µg/mL

CLIENT CODE.

NALIDIXIC ACID RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

SENSITIVE **GENTAMICIN** by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

INTERMEDIATE **NITROFURATOIN**

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

NORFLOXACIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

MINOCYCLINE **SENSITIVE**

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

TOBRAMYCIN SENSITIVE by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

AMIKACIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16 µg/mL

AZETREONAM RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 4 µg/mL

CEFAZOLIN SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL

RESISTANT **CEFIXIME**

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by AUTOMATED BROTH MICRODILUTION, CLSI

CEFOXITIN RESISTANT

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

CEFTAZIDIME

RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL

RESISTANT **CEFTRIAXONE**

by AUTOMATED BROTH MICRODILUTION, CLSI

FOSFOMYCIN SENSITIVE by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 64 µg/mL

LEVOFLOXACIN RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2 µg/mL

SENSITIVE **NETLIMICIN SULPHATE**

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

PIPERACILLIN+TAZOBACTUM RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16/4 µg/mL

RESISTANT TICARCILLIN+CLAVULANIC ACID

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 16/2 µg/mL

TRIMETHOPRIM+SULPHAMETHAZOLE RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2/38 µg/mL

CEFIPIME RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 2 µg/mL

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SENSITIVE DORIPENEM

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

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IMIPINEM SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

MEROPENEM SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

SENSITIVE COLISTIN

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 0.06 µg/mL

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.

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 inside by the usually achievable concentration of the agents with normal decrease as a physiological state of the inside by the usually achievable concentration of the agents with normal decrease as a physiological state of the inside by the usually achievable concentration of the agents with normal decrease as a physiological state of the inside by the usually achievable concentration of the agents with normal decrease as a physiological state of the inside by the usually achievable concentration of the agents with normal decrease as a physiological state of the inside by the usually achievable concentration of the agents with normal decrease as a physiological state of the inside by the usually achievable concentration of the agents with normal decrease as a physiological state of the inside by the usually achievable concentration of the agents with normal decrease as a physiological state of the inside by the usually achievable concentration of the agents with normal decrease as a physiological state of the inside by the usually achievable concentration of the agents with normal decrease as a physiological state of the inside by the usually achievable concentration of the agents with normal decrease as a physiological state of the inside by the usually achievable concentration of the inside by the usually achie

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.
- 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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