

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

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

NAME	: Mr. MOHINDER JUNEJA	PATIENT ID	: 1823065
AGE/ GENDER	: 73 YRS/MALE	REG. NO./LAB NO.	: 012504080076
COLLECTED BY	: SURJESH	REGISTRATION DATE	: 08/Apr/2025 05:18 PM
REFERRED BY	:	COLLECTION DATE	: 08/Apr/2025 05:50PM
BARCODE NO.	: 01528629	REPORTING DATE	: 10/Apr/2025 05:20PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE	08-04-2025
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 MICRოდILUTION, CLSI	
Concentration: 8/4 µg/mL	
AMPICILLIN	RESISTANT
by AUTOMATED BROTH MICRოდILUTION, CLSI	
Concentration: 8 µg/mL	
AMPICILLIN+SULBACTAM	RESISTANT
by AUTOMATED BROTH MICRოდILUTION, CLSI	
Concentration: 8/4 µg/mL	
CHLORAMPHENICOL	SENSITIVE
by AUTOMATED BROTH MICRოდILUTION, CLSI	
Concentration: 8 µg/mL	
CIPROFLOXACIN	RESISTANT
by AUTOMATED BROTH MICRოდILUTION, CLSI	
Concentration: 1 µg/mL	





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DOXYCYCLINE <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	SENSITIVE		
NALIDIXIC ACID <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	RESISTANT		
GENTAMICIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	RESISTANT		
NITROFURATOIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	RESISTANT		
NORFLOXACIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	RESISTANT		
MINOCYCLINE <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	SENSITIVE		
TOBRAMYCIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	RESISTANT		
AMIKACIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 16 µg/mL	SENSITIVE		
AZETREONAM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 4 µg/mL	RESISTANT		
CEFAZOLIN	RESISTANT		



[Signature]

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Test Name	Value	Unit	Biological Reference interval
by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16 µg/mL			
CEFIXIME	RESISTANT		
by AUTOMATED BROTH MICRODILUTION, CLSI			
CEFOXITIN	SENSITIVE		
by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 8 µg/mL			
CEFTAZIDIME	RESISTANT		
by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 4 µg/mL			
CEFTRIAXONE	RESISTANT		
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			
NETLIMICIN SULPHATE	RESISTANT		
by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 8 µg/mL			
PIPERACILLIN+TAZOBACTAM	SENSITIVE		
by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16/4 µg/mL			
TICARCILLIN+CLAVULANIC ACID	RESISTANT		
by AUTOMATED BROTH MICRODILUTION, CLSI Concentration: 16/2 µg/mL			
TRIMETHOPRIM+SULPHAMETHAZOLE	RESISTANT		
by AUTOMATED BROTH MICRODILUTION, CLSI			





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Test Name	Value	Unit	Biological Reference interval
Concentration: 2/38 µg/mL			
CEFIPIME <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 2 µg/mL	RESISTANT		
DORIPENEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	SENSITIVE		
IMPINEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	SENSITIVE		
MEROPENEM <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 1 µg/mL	SENSITIVE		
COLISTIN <i>by AUTOMATED BROTH MICRODILUTION, CLSI</i> Concentration: 0.06 µg/mL	SENSITIVE		




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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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