

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

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

NAME : Mrs. DEEPALI  
AGE/ GENDER : 31 YRS/FEMALE  
COLLECTED BY :  
REFERRED BY :  
BARCODE NO. : A1260059  
CLIENT CODE. : KOS DIAGNOSTIC SHAHBAD  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT  
PATIENT ID : 1692160  
REG. NO./LAB NO. : 042412060001  
REGISTRATION DATE : 06/Dec/2024 10:08 AM  
COLLECTION DATE : 06/Dec/2024 04:56PM  
REPORTING DATE : 06/Dec/2024 05:26PM

Test Name	Value	Unit	Biological Reference interval
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## CLINICAL PATHOLOGY

### URINE ROUTINE & MICROSCOPIC EXAMINATION

#### PHYSICAL EXAMINATION

QUANTITY RECIEVED <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	10	ml	
COLOUR <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	PALE YELLOW		PALE YELLOW
TRANSPARANCY <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	CLEAR		CLEAR
SPECIFIC GRAVITY <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	1.02		1.002 - 1.030

#### CHEMICAL EXAMINATION

REACTION <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	NEUTRAL		
PROTEIN <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	Negative		NEGATIVE (-ve)
SUGAR <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	Negative		NEGATIVE (-ve)
pH <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	7		5.0 - 7.5
BILIRUBIN <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	Negative		NEGATIVE (-ve)
NITRITE <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	Negative		NEGATIVE (-ve)
UROBILINOGEN <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	Normal	EU/dL	0.2 - 1.0
KETONE BODIES <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	Negative		NEGATIVE (-ve)
BLOOD <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	Negative		NEGATIVE (-ve)
ASCORBIC ACID <small>by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY</small>	NEGATIVE (-ve)		NEGATIVE (-ve)

#### MICROSCOPIC EXAMINATION

RED BLOOD CELLS (RBCs)	NEGATIVE (-ve)	/HPF	0 - 3
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Test Name	Value	Unit	Biological Reference interval
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
PUS CELLS	1-3	/HPF	0 - 5
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
EPITHELIAL CELLS	3-5	/HPF	ABSENT
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
CRYSTALS	NEGATIVE (-ve)		NEGATIVE (-ve)
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
CASTS	NEGATIVE (-ve)		NEGATIVE (-ve)
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
BACTERIA	NEGATIVE (-ve)		NEGATIVE (-ve)
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
OTHERS	NEGATIVE (-ve)		NEGATIVE (-ve)
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			
TRICHOMONAS VAGINALIS (PROTOZOA)	ABSENT		ABSENT
by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT			



  
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## MICROBIOLOGY

### CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

#### CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE 06-12-2024  
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  
by AUTOMATED BROTH CULTURE INCUBATION AT 37°C

#### 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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