



P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

☎ 0171-2532620, 8222896961

✉ pkrjainhealthcare@gmail.com

NAME : Mrs. RAVINDER KAUR
AGE/ GENDER : 34 YRS/FEMALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 12504514
CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE
CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

PATIENT ID : 1602761
REG. NO./LAB NO. : 122409050022
REGISTRATION DATE : 05/Sep/2024 12:23 PM
COLLECTION DATE : 05/Sep/2024 12:33PM
REPORTING DATE : 07/Sep/2024 05:22PM

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

05-09-2024

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

SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8/4 µg/mL

AMPICILLIN

RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

AMPICILLIN+SULBACTAM

SENSITIVE

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

SENSITIVE



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

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





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

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

RESISTANT

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

SENSITIVE

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

INTERMEDIATE

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

RESISTANT

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

SENSITIVE

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

SENSITIVE

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

SENSITIVE

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

SENSITIVE

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

RESISTANT



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Test Name	Value	Unit	Biological Reference interval
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CEFIXIME

RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

CEFOXITIN

RESISTANT

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

CEFTAZIDIME

INTERMEDIATE

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

SENSITIVE

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 8 µg/mL

TICARCILLIN+CLAVULANIC ACID

INTERMEDIATE

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

DORIPENEM

SENSITIVE



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by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

IMIPINEM

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

SENSITIVE

MEROPENEM

by AUTOMATED BROTH MICRODILUTION, CLSI

Concentration: 1 µg/mL

SENSITIVE

COLISTIN

by AUTOMATED BROTH MICRODILUTION, CLSI

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 **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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