



Patient Name	: Mr.B SATHYA REDDY	Collected	: 24/Aug/2024 08:22PM
Age/Gender	: 72 Y 0 M 0 D /M	Received	: 25/Aug/2024 11:35AM
UHID/MR No	: DSDU.0000003844	Reported	: 25/Aug/2024 08:29PM
Visit ID	: DSDUOPV5436	Status	: Final Report
Ref Doctor	: ANJANADRI DIAGNOSTICS KARATAGI	Client Name	: PCC SINDHANUR
IP/OP NO	:	Center location	: Sindhanur,Sindhanur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.61	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	49.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	23.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.44	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	8.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.33	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	130	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	98	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	6.41	g/dL	6.6-8.3	Biuret
ALBUMIN	2.55	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.86	g/dL	2.0-3.5	Calculated
A/G RATIO	0.66		0.9-2.0	Calculated

*** End Of Report ***

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Consultant Biochemistry

Dr Priya Murthy
M.B.B.S,M.D(Pathology)
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SIN No:BI21378456

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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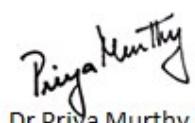
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DEPARTMENT OF MICROBIOLOGY

TEST NAME : CULTURE AND SENSITIVITY - URINE (AUTOMATED)

SPECIMEN TYPE : URINE

CULTURE

Organism : ESCHERICHIA COLI

Colony Count : 1,00,000 CFU/ml

ANTIBIOTIC SUSCEPTIBILITY

Organism : ESCHERICHIA COLI

ANTIBIOTIC NAME	INTERPRETATION	MIC (μ gm/mL)	Susceptible	Intermediate	Resistant
AMIKACIN	SENSITIVE	<=2	=<4	8	=>16
AMOXICILLIN-CLAVULANATE	SENSITIVE	<=2	=<8	16	=>32
CIPROFLOXACIN	SENSITIVE	<=0.25	=<0.25	0.5	=>1
COTRIMOXAZOLE	SENSITIVE	<=20	=<40	-	=>80
GENTAMICIN	SENSITIVE	<=1	=<4	8	=>16
NALIDIXIC ACID	SENSITIVE	<=2	=<16		=>32
NORFLOXACIN	SENSITIVE	1	=<4	8	=>16
OFLOXACIN	SENSITIVE	<=0.25	=<2	4	=>8
PIPERACILLIN-TAZOBACTUM	SENSITIVE	<=4	=<8	16 SDD	=>32
CEFTAZIDIME	INTERMEDIATE	8	=<4	8	=>16
AMPICILLIN	RESISTANT	>=32	=<8	16	=>32
CEFALOTIN	RESISTANT	>=64	=<16		=>32
CEFIXIME	RESISTANT	>=4	=<1	2	=>4
CEFOXITIN	RESISTANT	32	=<8	16	=>32
CEFTRIAXONE	RESISTANT	32	=<1	2	=>4
ERTAPENEM	RESISTANT	4	=<0.5	1	=>2
FOSFOMYCIN (OTHER)	RESISTANT	>=256	=<64	128	=>256
FOSFOMYCIN (URINE)	RESISTANT	>=256	=<64	128	=>256

Page 1 of 4

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NITROFURANTOIN	RESISTANT	256	=<32	64	=>128
TICARCILLIN	RESISTANT	>=128	<=8		>=16

Comment:
INTERPRETATION:

1. For Positive Urine Culture – given below is Significance of Bacterial count (considering patient is not on Antimicrobial Therapy):

Colony Count (CFU=Colony Forming Unit)	Interpretation
Colony Counts of $10^3 \geq 10^4$ CFU/ml of single/two Potential pathogen/s.	Significant growth, Suggestive of Urinary tract infection (UTI) with treatment based on antimicrobial susceptibility testing results.
Colony Counts between 10^2 to 10^3 CFU/ml of single Potential pathogen.	Can be considered Significant growth, correlation with Microscopy and Clinical history suggested.
Colony Counts up to 10^2 CFU/ml	Insignificant growth, Probable commensal contamination
Any number / Any count.	Significant in case of Suprapubic aspirates/surgically obtained (e.g. cystoscopy) specimens.
≥ 3 organism types with no predominant ($10^3 \geq 10^4$ CFU/ml) pathogen.	Fresh specimen required as possible of contamination during voiding.

2. Antibiotic / Antifungal Sensitivity pattern for specific organism strains are Classified into Susceptible (high likelihood of therapeutic success), Intermediate (uncertain probability of successful treatment) and Resistant (high likelihood of therapeutic failure) categories based on the values of Break points, minimum inhibitory concentrations (MICs) or for inhibition zone diameters. For certain organisms & drugs category of SDD (susceptible-dose-dependent), applicable for adults is also defined.
3. MIC cut offs for different organisms and different drugs vary according to CLSI guidelines, hence are case specific & not comparable
4. **Efficacy ratio derived from MIC**- Efficacy ratio of an antimicrobial for an isolate defined as ratio of susceptible breakpoint divided by its MIC. When a test isolate is susceptible to more than one antimicrobials of similar spectrum, it is often difficult to choose the appropriate drug. In this situation antimicrobial with higher efficacy ratio should be preferred for therapy.

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5. **Intrinsic resistance**- is defined as inherent or innate (not acquired) antimicrobial resistance, which is reflected in wild type antimicrobial patterns of almost all species. Hence, Susceptibility testing is unnecessary & not performed in following isolates-
- Enterobacterales**- intrinsically resistant to clindamycin, daptomycin, fusidic acid, vancomycin, , teicoplanin, linezolid, rifampin, erythromycin, clarithromycin and azithromycin. However, there are some exceptions with macrolides (eg, *Salmonella* and *Shigella* spp. with azithromycin).
 - Non Enterobacterales** (Non fermentative Gram negative bacteria) - intrinsically resistant to penicillin, cephalosporins 1 (cephalothin, cefazolin), cephalosporin 2nd (cefuroxime), cephams (cefoxitin, cefotetan), clindamycin, daptomycin, fusidic acid, vancomycin, linezolid, erythromycin, azithromycin, clarithromycin, dalfopristin, and rifampin.
 - Enterococcus** sps are intrinsically resistant to aztreonam, polymyxin B/ colistin & nalidixic acid.
6. **MRSA**- is defined by cefoxitin or oxacillin testing, as appropriate to the species, are considered resistant to other Beta lactam agents i.e penicillins, Beta lactam combination agents, cephems with the exception of ceftaroline and carbapenems.
7. **Vancomycin & Colistin** result should be cross checked with Broth micro dilution method (BMD) & report as per CLSI/EUCAST
8. Following tables gives Sensitivity of antibiotics / antifungal which can also be interpreted based on surrogate (representative) antibiotic / antifungal reported in the AST panel-

Group	Antibiotic Reported	Antibiotics with Similar Interpretation
Cephalosporin – 1 st Generation 4 th Generation	-Cefuroxime (enterobacteriaceae in uncomplicated UTI) -Ceftriaxone (enterobacteriaceae)	- Cefaclor, Cefdinir, Cefpodoxime , Cephalexin , Loracarbef, Cefazolin - Cefotaxime
Cephamycins	Cefoxitin/ Oxacillin (Staphylococcus)	Cloxacillin, Methicillin, Amoxicillin & Clavulanic acid, Ampicillin & Sulbactum, Piperacillin & Tazobactum, 1 st to 4 th Generation cephalosporin , Carbapenem
Amino- penicillins + Beta- lactamase inhibitor.	Ampicillin (enterococcus)	Amoxicillin, Amoxicillin & Clavulanic acid, Ampicillin & Sulbactum , Piperacillin & Tazobactum.
Penems	Ertapenem (Enterobacteriaceae)	Imipenem , Meropenem
Tetracyclines	Tetracycline	Doxycycline, Minocycline , Tetracycline

Group	Antifungal Reported	Antifungal with Similar Interpretation
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Pyrimidine Analogue	Flucytosine	5-fluorouracil
Polyenes	Amphotericin B	Nystatin, Pimaricin
Azoles	Fluconazole, voriconazole	Clotrimazole, Miconazole, ketoconazole, itraconazole
Echinocandins	Caspofungin, Micafungin	Anidulafungin, Rezafungin

NOTE: PYURIA OBSERVED, KINDLY CORRELATE CLINICALLY.

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