MC-6146

Patient Name	: Mr.SHANKAR GOUDA	Collected	: 24/Aug/2024 08:21PM
Age/Gender	: 35 Y 0 M 0 D /M	Received	: 25/Aug/2024 12:45PM
UHID/MR No	: DSDU.0000003843	Reported	: 27/Aug/2024 04:06PM
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TEST NAME : CULTURE AND SENSITIVITY - URINE (AUTOMATED)

SPECIMEN TYPE : URINE

CULTURE	NO GROWTH OBSERVED AFTER 2 DAYS OF INCUBATION.

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 >= 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>=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

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SIN No:MI01064275

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

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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.

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-

a. **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).

b. **Non Enterobacterales** (Non fermentative Gram negative bacteria) - intrinsically resistant to penicillin, cephalosporins 1 (cephalothin, cefazolin), cephalosporin 2nd (cefuroxime), cephamycins (cefoxitin, cefotetan), clindamycin, daptomycin, fusidic acid, vancomycin, linezolid, erythromycin, azithromycin, clarithromycin, dalfopristin, and rifampin.

c. **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 – 1st Generation 4th 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, 1st to 4th 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

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

***** End Of Report *****

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TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.
Laboratories not be responsible for any interpretation whatsoever.
It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.
The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.
Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.
This report is not valid for medico legal purposes.

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