



Mrs. ZARINA ISMAIL KHAN

PID NO: P19224522890194

Age: 78 Year(s) Sex: Female



Reference: DR.DR FAIZAL

Sample Collected At:

V Care Diagnostics
Malwani Renaissance Chs Ltd Shop No 3
Bldg No 9 Mhada Layout Malwani Malad
WestZone: W-19a(17)
Processing Location:- Metropolis
Healthcare Ltd, Unit No409-416, 4th
Floor, Commercial Building-1, Kohinoor
Mall, Mumbai-70

Medical Laboratory Report

VID: 240067100958194

Registered On:

30/04/2024 02:13 PM

Collected On:

30/04/2024 2:12PM

Reported On:

02/05/2024 06:58 PM

CULTURE & SENSITIVITY, AEROBIC BACTERIA URINE

Microscopy Result

Specimen

: Urine

Gram Stain

: Plenty Gram negative bacilli seen.

Final Report

Organism(s) Isolated

Escherichia coli

Colony Count CFU/ml

100,000

Comments

Count of 100,000 CFU/ml or more is significant

Escherichia coli

Antimicrobial Agent	MIC Value (µg/ml)	Interpretation
Amikacin	<=2.0	Sensitive
Amoxicillin/Clavulanic Acid	<=2.0	Sensitive
Ampicillin	4.0	Sensitive
Cefadroxil	Disc diffusion	Sensitive
Cefalotin	4.0	Sensitive
Cefixime	<=0.25	Sensitive
Cefoxitin	<=4.0	Sensitive
Ceftazidime	<=1.0	Sensitive
Ceftriaxone	<=1.0	Sensitive
Cephalexin	Disc diffusion	Sensitive
Ciprofloxacin	<=0.25	Sensitive
Ertapenem	<=0.5	Sensitive
Fosfomycin	<=16.0	Sensitive
Gentamicin	<=1.0	Sensitive
Imipenem	Disc diffusion	Sensitive
Levofloxacin	Disc diffusion	Sensitive
Meropenem	Disc diffusion	Sensitive
Nalidixic Acid	16.0	Resistant

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Niranjan Patil
Dr. Niranjan Patil
MD(Micro)
HOD - Microbiology & Molecular
Biology
2006/02/0697

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METROPOLIS
The Pathology Specialist

ACCREDITED

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Global Reference Laboratory: 4th Floor, Commercial Building-1A, Kohinoor Mall, Vidyavihar (W), Mumbai - 400 070.

Enquiry & Home Visit Booking:

- 8422 801 801

- support@metropolisindia.com

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Escherichia coli

Antimicrobial Agent	MIC Value (µg/ml)	Interpretation
Nitrofurantoin	≤ 16.0	Sensitive
Norfloxacin	2.0	Sensitive
Ofloxacin	2.0	Sensitive
Piperacillin/Tazobactam	≤ 4.0	Sensitive
Ticarcillin	≤ 8.0	Sensitive
Trimethoprim/Sulfamethoxazole	≤ 20.0	Sensitive

Method : Culture on routine Culture medium, identification done by **MALDITOF**. Antimicrobial sensitivity by automated Vitek2 / conventional methods/ estrips.

Note:

1. Result of culture and antimicrobial susceptibility test need to be correlated clinically.
2. Previous history of antibiotic usage may influence the growth of microorganisms in vitro.
3. Antibiotic susceptibility done as per revised CLSI Guidelines.

Colony Count	Interpretation
Colony Counts of 10000 - \geq 100000 CFU/ml of single/two Potential pathogen/s.	Significant growth. Suggestive of Urinary tract infection (UTI) requiring treatment based on antimicrobial susceptibility testing results.
Colony counts between 1000 to 10000 CFU/ml of single Potential pathogen.	Can be considered Significant growth, correlation with Microscopy and Clinical history required.
Colony counts between 100 to 1000 CFU/ml.	Insignificant growth. Probable commensal contamination during voiding.
Any number / Any count.	Significant in case of Suprapubic aspirates/surgically obtained (e.g. cystoscopy) specimens.
\geq 3 organism types with no predominant (10000 \geq 100000 CFU/ml) pathogen.	Fresh specimen required as possibility of contamination during voiding.

1. Low counts can be considered significant in patients on antimicrobial therapy, diuretics and growth of pure culture of *S. aureus*.
2. Any growth of yeasts may be correlated clinically and specimen repeated for fungal culture with identification and susceptibility testing.
3. Asymptomatic bacteriuria, is a condition in which significant amounts of bacteria are present in the urine but do not cause symptoms.
4. If a culture shows growth of several different types of bacteria, then it is likely that the growth is due to contamination. This is especially true in voided urine samples if the organisms present include *Lactobacillus* and/or other common nonpathogenic vaginal bacteria in women. If the symptoms persist, repeat culture can be consider.

Clinical Reference:

1. CLSI: Performance Standards for Antimicrobial Susceptibility Testing.

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