



LABORATORY REPORT



Name : NARENDRA SHAH	Sex/Age : Male / 70 Years	Case ID : 20100202448
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : Healthcare Laboratory		Pt. Loc. :
Reg Date and Time : 08-Jan-2022 12:21	Sample Type : Urine	Mobile No. :
Sample Date and Time : 08-Jan-2022 12:21	Sample Coll. By : non	Ref Id1 : -
Report Date and Time : 10-Jan-2022 10:51	Acc. Remarks	Ref Id2 :

TEST

RESULTS

Culture And Sensitivity For Bacteria

Specimen	Urine
Gram Stain	The smear shows gram negative bacilli.
Organism	Escherichia coli
Colony Count	> 1,00,000 cfu/ml
Note	<p>For Enterobacterales, CLSI 2021 does not have interpretive disk diffusion criteria for Colistin or Polymyxin B. When requested MIC interpretive criteria of EUCAST 2021 is used to report Colistin or Polymyxin B by Microbroth dilution method.</p> <p>As per CLSI M100-S31, For Colistin only broth microdilution, broth disk elution method and agar dilution MIC methods are approved. Disk diffusion and gradient diffusion methods should not be performed.</p> <p>For Polymyxin-B, Broth Microdilution is the only approved method. Disk diffusion and gradient diffusion methods should not be performed.</p> <p>Interpretive criteria for Tigecycline is not available in CLSI 2021(M100-S31). EUCAST disk diffusion criteria is available only for Escherichia coli. When requested MIC interpretive criteria of EUCAST is used to report Tigecycline.</p> <p>Criteria for Cefoperazone-sulbactam, Cefotaxime-sulbactam and Cefepime-tazobactam are not available in CLSI 2021(M100-S31) or EUCAST. These drugs are reported by disk diffusion CLSI criteria of native drug. Current EUCAST disk diffusion criteria are being used for Moxifloxacin.</p>

Note:

- E-coli and Pseudomonas species have a typical character of changing their drug sensitivity pattern for their survival through their Plasmids. Therefore a repeat in culture and sensitivity after one week is warranted.
- In case of Growth of Candida on a bacterial medium, colony count should be considered / Expected to be higher on fungal medium.

Ref. : CLSI M100 guidelines

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Page 1 of 3

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M.D.

Dr. Krunal Shah
MD (Microbiology)

Dr. Deven Desai
Consultant Pathologist
GMC No. G-12429

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Specimen : **Urine**

Organism : **Escherichia coli**

Antibiotics	Sensitivity	Antibiotics	Sensitivity	Antibiotics	Sensitivity
Ampicillin	R	Cefixime	R	Minocycline	R
Piperacillin	R	Ceftazidime	R	Erythromycin	R
Ticarcillin	R	Cefoperazone	R	Azithromycin	R
Imipenem	S	Cefoperazone + Sulbactam	S	Clarithromycin	R
Meropenem	S	Cefotaxime + Sulbactam	S	Clindamycin	R
Doripenem	S	Cefepime	R	Vancomycin	R
Ertapenem	S	Cefepime + Tazobactam	S	Teicoplanin	R
Aztreonam	S	Amikacin	S	Linezolid	R
Ampicillin+ Sulbactam	R	Gentamicin	R	Trimethoprim	R
Amoxycillin + Clavulanic Acid	S	Netilmicin	S	Comp. Sulfonamides	R
Piperacillin + Tazobactam	S	Tobramycin	R	Co-Trimoxazole	R
Ticarcillin + Clavulanic Acid	S	Nalidixic Acid	R	Nitrofurantoin	S
Cefazolin	R	Ciprofloxacin	R	Chloramphenicol	R
Cephalexin	R	Ofloxacin	R	Fosfomycin	S
Cefuroxime	R	Levofloxacin	R		
Cefoxitin	R	Moxifloxacin	R		
Cefotaxime	R	Norfloxacin	R		
Ceftriaxone	R	Lomefloxacin	R		
		Tetracycline	R		
		Doxycycline	R		

----- End Of Report -----

Note : Reported as per CLSI guidelines. (S-Sensitive, I-Intermediate, R- Resistant , S-DD - Sensitive Dose Dependant)

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81

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Page 3 of 3

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