Patient Name **Mrs M. LAKSHMI DEVI**
Age : 80 Year(s) Gender : Female
Sample ID :1523189 - Urine
Patient ID :656749
Ref. Doctor :
Ref. Customer :NANI LAB

Lab Code :CPC-AP-113
Sample Drawn Date :2022-05-06 15:43
Registration Date :2022-05-07 09:58
Approved Date :2022-05-09 09:39

CLINICAL MICROBIOLOGY

Organism Isolated :Escherichia coli
Colony Count :>100000
Note :-

ANTIBIOGRAM

Sensitive	Intermediate	Resistant
Gentamicin	Nil	Ampicillin
Amikacin		Amoxycillin
Levofloxacin		Cephalothin
Ciprofloxacin		Cefotaxime
Nitrofurantoin		Ceftriaxone
Imipenem		Cefepime
Piperacillin+Tazobactum		Ceftazidime
Meropenem		Amoxycave

INTERPRETATION

Colony Count	Comments
Colony Counts of 10000 - >= 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 to1000 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.
>= 3 organism types with no predominant (10000 >= 100000 CFU/ml) pathogen.	Fresh specimen required as possibility of contamination during voiding.

Note:

1. **Colony count:** The presence of a single type of bacteria growing at high colony counts is considered a positive urine culture.
2. **Susceptible:** Isolates is inhibited by usually achievable concentration of antimicrobial agents with dosage recommended to treat the site of infection used.
3. **Intermediate:** Isolates with antimicrobial Agent ,that with usually attainable blood and tissue levels may be lower than for susceptible isolates, clinical efficiency of the drug in the body sites where the drugs are physiologically concentrative (Qunolones and β-lactates in urine) or when a higher than a normal dosage of the drug can be used(β-lactams).
4. **Resistance:** Isolates are not inhibited by usually achievable concentrations of the agents with normal dosage schedule.
5. Previous history of antibiotic usage may influence the growth of microorganisms in vitro.
6. Low counts can be considered significant in patients on antimicrobial therapy, diuretics and growth of pure culture of S.aureus.
7. Any growth of yeasts may be correlated clinically and specimen repeated for fungal culture with identification and susceptibility testing.
8. Result of culture and antimicrobial susceptibility test need to be correlated clinically.

Bhagat Singh
Manager Technical

Dr. Jabeen Begum MD
Consultant Microbiologist

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CLINICAL PATHOLOGY

Test Description	Result	Units	Biological Reference Ranges
Complete Urine Examination (CUE) *(Method: CLINITEK Status (Auto-Checks))*			
PHYSICAL EXAMINATION *(Method: CLINITEK Status (Auto-Checks))*			
Color	Yellow		
Appearence	Slightly hazy		
Specific gravity	1.015	.	1.000 - 1.030
Reaction (pH)	5.0		4.6 - 8.0
CHEMICAL EXAMINATION *(Method: CLINITEK Status (Auto-Checks))*			
Proteins	Positive(++)	mg/dL	Negative
Glucose	Trace	mg/dL	Negative
Ketones	Negative	mg/dL	Negative
Bile Salts	Negative	mg/dL	Negative
Bile pigments	Negative	mg/dL	Negative
Nitrites	Negative	NA	Negative
Blood	Trace	Cells/uL	Negative
Urobilinogen	Normal	mg/dL	Negative
Leukocytes	Positive(++)	Cells/uL	Negative
MICROSCOPIC EXAMINATION *(Method: CLINITEK Status (Auto-Checks))*			
PUS (WBC) Cells	8 - 10		0 - 5 /HPF
RBC Cells	2 - 3	.	0 - 5 /HPF
Epithelial Cells	4 - 5	.	0 - 5 /HPF
Casts	Nil		
Crystals	Nil		
Others	Nil		

B Ashok
Manager Technical

Dr Rahul Dev Singh
MD, Pathology