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

C-1-

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
Carlanatata	API	A secretarille
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	Significant growth. Suggestive of Urinary tract infection (UTI) requiring	
Potential pathogen/s.	treatment based on antimicrobial susceptibility testing results.	
Colony counts between 1000 to 10000 CFU/ml of single	Can be considered Significant growth, correlation with Microscopy and	
Potential pathogen.	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 >=	Fresh specimen required as possibility of contamination during voiding.	
100000 CFII/ml) pathogen		

Note:

- 1. Colony count: The presence of a single type of bacteria growing at high colony counts is considered a positive urine culture.
- 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 belower 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.
- 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 Patient Name Mrs M. LAKSHMI DEVI

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CLINICAL PATHOLOGY

Units **Biological Reference Ranges Test Description** Result

Complete Urine Examination (CUE)

(Method: CLINITEK Status (Auto-Checks))

PHYSICAL EXAMINATION

(Method: CLINITEK Status (Auto-Checks))

Color Yellow

Slightly hazy Appearence

1.015 Specific gravity 1.000 - 1.030

Reaction (pH) 5.0 4.6 - 8.0

CHEMICAL EXAMINATION

(Method: CLINITEK Status (Auto-Checks))

Positive(++) mg/dL Negative **Proteins** Glucose Trace mg/dL Negative Ketones Negative mg/dL Negative Bile Salts Negative mg/dL Negative Bile pigments Negative Negative mg/dL Negative **Nitrites** NA Negative Trace Blood Cells/uL Negative Normal Urobilinogen mg/dL Negative

MICROSCOPIC EXAMINATION

(Method: CLINITEK Status (Auto-Checks))

Leukocytes

8 - 10 0 - 5 /HPF PUS (WBC) Cells 2 - 3 **RBC Cells** 0 - 5 /HPF **Epithelial Cells** 4 - 5 0 - 5 /HPF

Casts Nil Crystals Nil Nil Others



Manager Technical

B Ashok

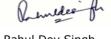




Positive(++)

Cells/uL

Negative



Dr Rahul Dev Singh MD, Pathology