



FINAL REPORT

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| Bill No. | : MGMWPR240092225 | Bill Date | : 14-10-2024 11:02 |
| Patient Name | : MR. KIRAN BHAGWAN TAWARE | UHID | : MGM240017131 |
| Age / Gender | : 56 Yrs 2 Mth / MALE | Patient Type | : IPD If PHC : |
| Ref. Consultant | : DR.PRASHANT ATHALE | Ward | : SICU |
| Sample ID | : MGM24153536 | Current Bed | : SICU-010 |
| IP Number | : MGMIP2406720 | Reporting Date & Time | : 16-10-2024 14:35 |
| | | Receiving Date & Time | : 14/10/2024 11:17 |

Microbiology Report

URINE C/S

Specimen : Urine
Culture Line : No growth after 2 days of incubation.

Method :- Culture on routine culture medium, Quaternary streaking /Semi-quantitative method. Identification done by Biochemical reactions / Automated Vitek-2 . Antimicrobial sensitivity by automated Vitek -2 / conventional methods/estrips.

Remarks

| Colony count | Interpretation | Comments |
|-----------------------------|----------------------------------|--------------|
| 1000 CFU/ml | INSIGNIFICANT bacteriuria | UTI-unlikely |
| 1000- 10,000 CFU/ml | PROBABLY SIGNIFICANT bacteriuria | UTI-probable |
| 100,000 - > 100,000 CFU /ml | SIGNIFICANT bacteriuria | UTI certain |

- Suprapubic collection (SPC), Percutaneous nephrostomy aspirate(PCN) and cystoscopic specimens, any CFU/ml of urine is significant, irrespective of number of colony forming units.
- Low count can be considered significant in patients on antimicrobial therapy and diuretics.
- Any growth of yeast may be correlated clinically and specimen repeated for fungal culture with identification and susceptibility testing.

Note :-

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

Clinical Reference :

- CLSI: Performance standards for Antimicrobial Susceptibility Testing.

End of the Report



MC-6595

Sr.MICROBIOLOGIST
DR. SHALINI YADAV
M.D.(MICROBIOLOGY)

TECH. HEMANGI PATIL

Shalini Yadav

MICROBIOLOGY LAB INCHARGE
DR. SHALINI YADAV
M.D. (MICROBIOLOGY)

