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FINAL REPORT

Bill No.	: MGMWPR240099039	**Bill Date**	:	03-11-2024 11:31	
Patient Name	: **MR. KIRAN BHAGWAN TAWARE**	**UHID**	:	**MGM240017131**	
Age / Gender	: 56 Yrs 3 Mth / MALE	**Patient Type**	:	IPD	**If PHC** :
Ref. Consultant	: DR.PRASHANT ATHALE	**Ward**	:	SURGICAL WARD UNIT	
Sample ID	: **MGM24164086**	**Current Bed**	:	SW-518	
IP Number	: MGMIP2406720	**Reporting Date & Time**	:	06-11-2024 14:20	
	:	**Receiving Date & Time**	:	03/11/2024 14:19	

Microbiology Report

URINE C/S

Specimen : Urine

Growth Grade : Moderate growth

Organism : **Candida tropicalis**

ANTIBIOTICS	INTERPRETATION	MIC
Fluconazole	SENSITIVE	1
Caspofungin	SENSITIVE	<=0.12
Micafungin	SENSITIVE	<=0.06

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

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

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.

Clinical Reference :

1. CLSI: Performance standards for Antimicrobial Susceptibility Testing.

*****End of the Report*****