



Bill No.	MGMWPR240089226	Bill Date	05-10-2024 18:26
Patient Name	MRS. LALITA RAVINDRA LOKHANDE	UHID	MGM16035596
Age / Gender	68 Yrs 2 Mth / FEMALE	Patient Type	IPD If PHC
Ref. Consultant	DR.K. RAJMOHAN	Ward	Single A/C Unit- 8th Floor
Sample ID	MGM24149124	Current Bed	806
IP Number	MGMIP2406662	Reporting Date & Time	07-10-2024 16:13
		Receiving Date & Time	05/10/2024 19:00

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



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