



**FINAL REPORT**

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

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\*\*\*



MC-6595

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