



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
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

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



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