MGM
NEW BOMBAY HOSPITAL VASHI
Pathology Laboratory
Plot 35, Sector 3, Vashi, Navi Mumbai 400 703

EMERGENCY
14466

Tel: (022) 50666777/888
Path Tel: (022) 50666743
Toll free: 18002665456

vashimgm@gmail.com
online@mgmhospitalvashi.net
www.mgmhospitalvashi.net

FINAL REPORT

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	: **MGM24153535**	**Current Bed**	:	SICU-011	
IP Number	: MGMIP2406720	**Reporting Date & Time**	:	19-10-2024 18:07	
	:	**Receiving Date & Time**	:	14/10/2024 11:17	

Microbiology Report

SECRETION - C/S

Specimen : Tracheal

Stains

Gram Stain : Pus cells : Few
: Bacteria :
: Few GNB seen.
: Few GPC in pairs seen.
: Scanty yeast cells seen.

Growth Grade : Scanty growth

Remarks : Repeat sample received on 17-10-2024

Organism : **Stenotrophomonas maltophilia**

ANTIBIOTICS	INTERPRETATION	MIC
Levofloxacin	SENSITIVE	1
Trimethoprim/Sulphamethoxazole	SENSITIVE	<=20
Minocycline	SENSITIVE	<=0.5

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.

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*****

TECH. HEMANGI PATIL

MC-6595

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

Shalini Yadav

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

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