Quest Diagnostics

Diagnostics · Insights · Action

Accession #: Q2026-1108-001
Report Date: February 10, 2026
Specimen ID: U2026-0208-HR2

PATIENT INFORMATION		ORDERING INFORMATION	
Patient: HARRIS, EMILY R	**DOB:** 07/22/1990	**Physician:** Dr. Priya Nair, MD	**NPI:** 1928374650
Sex: Female	**MRN:** QD-30581924	**Client:** Newton-Wellesley Women's Health	2014 Washington St, Newton MA 02462

Urine Culture — Final Report

Collected: 02/08/2026 Received: 02/08/2026 Reported: 02/10/2026

Specimen Type: **Urine** Source: **Clean-catch midstream**

TEST	RESULT	FLAG	REFERENCE INTERVAL
Urine Culture	**Escherichia coli**	**A**	No growth
Colony Count	**45,000 CFU/mL**	**A**	Significant: >= 100,000

Antimicrobial Susceptibility

ANTIMICROBIAL AGENT	MIC (mcg/mL)	INTERP.	BREAKPOINTS (S/R)	NOTE
Ampicillin	>= 32	**Resistant**	<= 8 / >= 32	
Amoxicillin-Clavulanate	16	Intermediate	<= 8 / >= 32	MIC increased from prior
Nitrofurantoin	<= 32	Sensitive	<= 32 / >= 128	
Trimethoprim-Sulfamethoxazole	>= 320	**Resistant**	<= 2/38 / >= 4/76	
Ciprofloxacin	0.5	Intermediate	<= 0.25 / >= 1	*** MIC increased — currently prescribed ***
Levofloxacin	1	Intermediate	<= 0.5 / >= 2	Cross-resistance with ciprofloxacin
Ceftriaxone	<= 1	Sensitive	<= 1 / >= 4	
Gentamicin	<= 1	Sensitive	<= 4 / >= 16	
Fosfomycin	<= 64	Sensitive	<= 64 / >= 256	

■ **SUSCEPTIBILITY SHIFT ALERT: Ciprofloxacin MIC has increased from <= 0.25 mcg/mL (02/01/2026) to 0.5 mcg/mL (02/08/2026), now testing as Intermediate. Patient is currently receiving ciprofloxacin therapy. Treatment reassessment is recommended. Infectious disease or clinical pharmacy consultation advised.**

Performing Laboratory Comments

Colony count has decreased from 150,000 CFU/mL (02/01/2026) to 45,000 CFU/mL — a partial reduction consistent with some treatment effect, but bacteriuria has not resolved. Importantly, ciprofloxacin MIC has shifted from <= 0.25 (Sensitive) to 0.5 mcg/mL (Intermediate) in this isolate. The organism may be developing reduced susceptibility under selective antibiotic pressure. Amoxicillin-clavulanate has similarly shifted to intermediate. Nitrofurantoin and ceftriaxone remain fully susceptible and may be considered as alternative agents. Fosfomycin remains susceptible and is an option for uncomplicated UTI. Repeat culture in 7 days recommended. Clinical reassessment of current ciprofloxacin regimen is strongly advised.