DIAGNOSTIC REPORT

Patient Ref. No. 2000011185764

Cert. No. MC-2010

CLIENT CODE : C000006117

CLIENT'S NAME AND ADDRESS :
SAKSHI PATHOLOGICAL SERVICES
1 ST FOOLR, KRUSHNA PRIDE, OPP. DHANVANTARI HOSPITAL, TAJANE MALA,
NEAR PATHAK HOSPITAL, AHMED NAGAR,
SANGAMNER 422605
MAHARASHTRA INDIA
9822263563 09822263563

SRL Ltd
PRIME SQUARE BUILDING,PLOT NO 1,GAIWADI INDUSTRIAL ESTATE,S.V. ROAD,GOREGAON (W)
MUMBAI, 400062
MAHARASHTRA, INDIA
Tel : 9111591115, Fax : 022 - 67801212
CIN - U74899PB1995PLC045956

PATIENT NAME : MR. ANKUSH PAWAR PATIENT ID : **MRANM0208822**

ACCESSION NO : **0002VH003505** AGE : 40 Years SEX : Male

DRAWN : 01/08/2022 00:00 RECEIVED : 02/08/2022 08:52 REPORTED : 04/08/2022 17:11

REFERRING DOCTOR : DR. UJWALA VAIDYA CLIENT PATIENT ID :

CLINICAL INFORMATION :

SEMEN SAMPLE

Test Report Status **Final**	Results	Biological Reference Interval	Units

MICROBIOLOGY

CULTURE, BODY FLUID + SUSCEPTIBILITY

SPECIMEN SOURCE	SEMEN
APPEARANCE	OPAQUE WHITE
GRAM STAIN	NO PUS CELLS, MANY GRAM NEGATIVE BACILLI
METHOD : MICROSCOPIC EXAMINATION	
ACID FAST BACILLI	NOT DETECTED
METHOD : ZIEHL NEELSON'S METHOD	
FUNGAL ELEMENTS	NOT DETECTED
CULTURE	**POSITIVE**
METHOD : AEROBIC CULTURE USING BLOOD AGAR, CHOCOLATE AGAR ,MACCONKEY'S AGAR AND THAYER MARTIN AGAR (WHEREVER APPLICABLE)	
ORGANISM	KLEBSIELLA PNEUMONIAE
REMARK	KINDLY CORRELATE CLINICALLY.

Interpretation(s)
CULTURE, BODY FLUID + SUSCEPTIBILITY-
Body fluids are normally sterile. Bacteria enter the body fluids either from an adjoining infected site or through instrumentation.

Notes:
• The test code is intended for aerobic culture (conventional) of sterile body fluids, such as CSF, pericardial/pleural/synovial/ascitic fluid etc only.
• The successful recovery of organisms depends on many factors, such as the specimen collection method, volume etc.
• Body fluid cultures can be negative in patients on antibiotics. In this scenario, use of bottles which contain resins to neutralize antibiotics to optimise microbial growth is recommended.
• A negative culture report does not rule out other infective causes such as viruses, mycobacteria, fungi, parasites, rickettsia, chlamydia, spirochaetes etc and non-infective causes.

Results should be correlated clinically. All culture isolates are maintained for a period of 7 days to facilitate additional test, if required.

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MICROBIOLOGY			

AEROBIC SUSCEPTIBILITY GRAM NEGATIVE ORGANISM

AEROBIC SUSCEPTIBILITY GRAM NEGATIVE ORGANISM

ORGANISM	KLEBSIELLA PNEUMONIAE		
METHOD : BROTH MICRODILUTION			
FIRST LINE ANTIBIOTICS			
AMPICILLIN	>=32	**RESISTANT**	mcg/ml
GENTAMICIN	<=1	SENSITIVE	mcg/ml
TRIMETHOPRIM-SULFAMETHOXAZOLE	>=320	**RESISTANT**	mcg/ml
AMOXICILLIN	*	**RESISTANT**	mcg/ml
SECOND LINE ANTIBIOTICS			
AMOXYCILLIN-CLAVULANATE	8.00	SENSITIVE	mcg/ml
PIPERACILLIN-TAZOBACTAM	<=4	SENSITIVE	mcg/ml
CIPROFLOXACIN	<=0.25	SENSITIVE	mcg/ml
CEFUROXIME	>=64	**RESISTANT**	mcg/ml
CEFTRIAXONE	>=64	**RESISTANT**	mcg/ml
CEFOPERAZONE-SULBACTAM	<=8	SENSITIVE	mcg/ml
AMIKACIN	<=2	SENSITIVE	mcg/ml
IMIPENEM	<=0.25	SENSITIVE	
ERTAPENEM	<=0.5	SENSITIVE	mcg/ml
DORIPENEM	*	SENSITIVE	mcg/ml
TICARCILLIN	*	**RESISTANT**	mcg/ml
LEVOFLOXACIN	*	SENSITIVE	mcg/ml
LOMEFLOXACIN	*	SENSITIVE	mcg/ml
OFLOXACIN	*	SENSITIVE	mcg/ml
GATIFLOXACIN	*	SENSITIVE	mcg/ml
CEPHALEXIN	*	**RESISTANT**	mcg/ml
CEFUROXIME - AXETIL	>=64	**RESISTANT**	mcg/ml
CEFEPIME	2.00	SENSITIVE	mcg/ml
PIPERACILLIN	*	**RESISTANT**	mcg/ml
MOXIFLOXACIN	*	SENSITIVE	mcg/ml

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CEFOTAXIME	*	**RESISTANT**	mcg/ml
MEROPENEM	<=0.25	SENSITIVE	mcg/ml
SUPPLEMENTAL ANTIBIOTICS			
CEPHALOTHIN	*	**RESISTANT**	mcg/ml
CEFIXIME	*	**RESISTANT**	mcg/ml
CEFOPERAZONE	*	**RESISTANT**	mcg/ml

Comments

KINDLY NOTE INTERPRETATION OF THE DRUGS MARKED WITH (*) HAS BEEN DEDUCED BASED ON PHENOTYPE OF THE ISOLATE. HENCE MIC VALUES CANNOT BE REPORTED.

The organism is a potential Extended Spectrum Beta Lactamase (ESBL) producer.

Interpretation(s)
AEROBIC SUSCEPTIBILITY GRAM NEGATIVE ORGANISM-
Antimicrobial susceptibility testing is indicated for any isolate contributing to an infectious process warranting antimicrobial chemotherapy, whose susceptibility cannot be reliably predicted from knowledge of its identity, or is thought to belong to a species capable of exhibiting resistance to commonly used antimicrobial agents. Susceptibility testing may also be performed for epidemiological studies of resistance patterns and
clinical studies of new antimicrobial agents. The purpose of testing is to identify the drug/s having maximum efficacy against the infecting organism and to minimize the emergence of drug resistance by overuse of broad-spectrum agents.

Method of Testing:
VITEK 2 System identifies an organism by using data characteristics and knowledge about the organism and reactions being analyzed. The antimicrobial susceptibility test card is a miniaturized version of the doubling dilution technique for MIC determination by microdilution method.The instrument monitors the growth of each well in the card over a defined period of time. At the completion of the incubation cycle, MIC values (or test results, as appropriate) are determined for each antimicrobial contained on the card.
The VITEK 2 System has inbuilt software that provides test interpretations as per the Clinical & Laboratory Standards Institute (CLSI) standards. A test interpreted as Sensitive implies that the "Isolates are inhibited by the usually achievable concentrations of antimicrobial agent when the dosage recommended to treat the site of infection is used, resulting in likely clinical efficacy". A test interpreted as Intermediate implies that the "Infection due to the isolate may be appropriately treated in body sites where the drugs are physiologically concentrated or when a high dosage of drug can be used". A test interpreted as Susceptible-dose dependent implies that suscptibility of an isolate depends on the dosing regimen that is used in the patient. To achieve levels that are likely to be clinically effective , it is necessary to use dosing regimen (ie. Higher doses, more frequent doses, or both) that results in higher drug exposure than that achieved with the dose that was used to established the sensitive breakpoint". A test interpreted as Resistant implies that the "Isolates are not inhibited by the usually achievable concentrations of the agent with normal dosage schedules and/or fall in the range where specific microbial resistance mechanisms are likely (e.g., beta-lactamases), and clinical efficacy has not been reliable in treatment studies.

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession

Dr. Ekta Patil,MD
Microbiologist

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CONDITIONS OF LABORATORY TESTING & REPORTING

1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
2. All Tests are performed and reported as per the turnaround time stated in the SRL Directory of services (DOS).
3. SRL confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
4. A requested test might not be performed if:
   a. Specimen received is insufficient or inappropriate specimen quality is unsatisfactory
   b. Incorrect specimen type
   c. Request for testing is withdrawn by the ordering doctor or patient
   d. There is a discrepancy between the label on the specimen container and the name on the test requisition form
5. The results of a laboratory test are dependent on the quality of the sample as well as the assay technology.
6. Result delays could be because of uncontrolled circumstances. e.g. assay run failure.
7. Tests parameters marked by asterisks are excluded from the "scope" of NABL accredited tests. (If laboratory is accredited).
8. Laboratory results should be correlated with clinical information to determine Final diagnosis.
9. Test results are not valid for Medico- legal purposes.
10. In case of queries or unexpected test results please call at SRL customer care (91115 91115). Post proper investigation repeat analysis may be carried out.

SRL Limited
Fortis Hospital, Sector 62, Phase VIII,
Mohali 160062

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