



222410009

## MICROBIOLOGY

### **Culture, Urine**

Urine  
Specimen  
Note  
Organism(s) Isolated  
Comments

Urine  
Gram negative bacilli grown after 24 hrs. of incubation.  
Escherichia coli >10<sup>5</sup> cfu/ml isolated.  
Cephalothin interprets for Cephalexin, Cefaclor, Cefadroxil.

### Antibiotic Sensitivity

Antimicrobial Agent	MIC Value (µg/ml)	Interpretation
Amikacin	<=2	Sensitive
Amoxicillin/Clavulanic Acid	<=2	Sensitive
Ampicillin	<=2	Sensitive
Cefepime	<=1	Sensitive
Cefixime	Disc diffusion method	Sensitive
Cefoperazone	Disc diffusion method	Sensitive
Cefoperazone/Sulbactam	<=8	Sensitive
Ceftazidime	Disc diffusion method	Sensitive
Ceftriaxone	<=1	Sensitive
Cefuroxime	4	Sensitive
Cefuroxime Axetil	4	Sensitive
Cephalothin	Disc diffusion method	Sensitive
Ciprofloxacin	1	Resistant
Colistin	<=0.5	Sensitive
Ertapenem	<=0.5	Sensitive
Gentamicin	<=1	Sensitive
Imipenem	<=0.25	Sensitive
Levofloxacin	Disc diffusion method	Resistant
Meropenem	<=0.25	Sensitive
Nalidixic Acid	>=32	Resistant
Netilmicin	Disc diffusion method	Sensitive
Nitrofurantoin	<=16	Sensitive
Norfloxacin	Disc diffusion method	Resistant
Ofloxacin	Disc diffusion method	Resistant
Piperacillin/Tazobactam	<=4	Sensitive
Tigecycline	<=0.5	Sensitive
Tobramycin	Disc diffusion method	Sensitive



Investigation	Obs. Value(s)	Unit(s)	Biological Reference Interval
Trimethoprim/Sulfamethoxazole	<20		Sensitive

**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.

Colony Count	Interpretation
Colony Counts of 10000 - $\geq$ 100000 CFU/ml of single/two Potential pathogen/s.	Significant growth. Suggestive of Urinary tract infection (UTI) requiring treatment based on antimicrobial susceptibility testing results.
Colony counts between 1000 to 10000 CFU/ml of single Potential pathogen.	Can be considered Significant growth, correlation with Microscopy and Clinical history required.
Colony counts upto 100 CFU/ml.	Insignificant growth. Probable commensal contamination during voiding.
Any number / Any count.	Significant in case of Suprapubic aspirates/surgically obtained (e.g. cystoscopy) specimens.
$\geq$ 3 organism types with no predominant (10000 $\geq$ 100000 CFU/ml ) pathogen.	Fresh specimen required as possibility of contamination during voiding.

1. Low counts can be considered significant in patients on antimicrobial therapy, diuretics and growth of pure culture of S.aureus.
2. Any growth of yeasts may be correlated clinically and specimen repeated for fungal culture with identification and susceptibility testing.

\*\*END OF REPORT\*\*

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