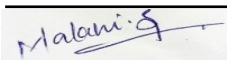
		Final Laboratory Report		PID :
Name :	Mrs VASANTHARA GUNALAN	Sex/Age :	Female / 66 Years	Lab ID : 60829602840
Ref. By :		SRF ID :		Ref. ID :
Corporate :	PONNI LAB			UHID :
Col Dt. Time :	04-Aug-2026 10:52	Recv Dt. Time :	04-Aug-2026 10:52	Sample Type : Urine
Reg Dt. Time :	04-Aug-2026 10:52	Report Released @ :	06-Aug-2026 16:41	Report Printed : 06-Aug-2026 20:06

TEST**RESULTS****Culture,Aerobic, Urine**

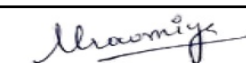
Gram Stain	Occasional pus cells and few Gram negative bacilli seen.
Colony Count	10,000 CFU/mL
	NOTE : Probably significant kindly correlate clinically.
Organism Isolated	Klebsiella pneumoniae

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

**MALANI.S**

Verified by

Page 1 of 3

**Dr.M.Sowmiya**
Consultant Microbiologist

ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க

**Neuberg Ehrlich Laboratory Private Limited,**

No 7, Rajiv Gandhi Salai, Industrial Estate, Perungudi, Chennai - 600096.

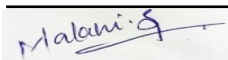
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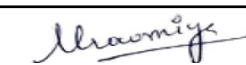
Specimen :	Urine
Organism :	Klebsiella pneumoniae
Antibiotics	Sensitivity
Ampicillin	RESISTANT
Imipenem	SUSCEPTIBLE
Meropenem	SUSCEPTIBLE
Amoxycillin + Clavulanic Acid	SUSCEPTIBLE
Piperacillin + Tazobactam	SUSCEPTIBLE
Cefazolin	SUSCEPTIBLE
Cefuroxime	SUSCEPTIBLE
Cefotaxime	SUSCEPTIBLE
Ceftriaxone	SUSCEPTIBLE
Cefixime	SUSCEPTIBLE
Ceftazidime	SUSCEPTIBLE
Cefoperazone + Sulbactam	SUSCEPTIBLE
Cefepime	SUSCEPTIBLE
Amikacin	SUSCEPTIBLE
Gentamicin	SUSCEPTIBLE
Nalidixic Acid	SUSCEPTIBLE
Ciprofloxacin	SUSCEPTIBLE
Ofloxacin	SUSCEPTIBLE
Levofloxacin	SUSCEPTIBLE
Norfloxacin	SUSCEPTIBLE
Tetracycline	SUSCEPTIBLE
Azithromycin	SUSCEPTIBLE
Co-Trimoxazole	SUSCEPTIBLE
Nitrofurantoin	SUSCEPTIBLE
Chloramphenicol	SUSCEPTIBLE
Cefpodoxime	SUSCEPTIBLE

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)


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 Consultant Microbiologist


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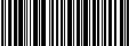
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INTERPRETATION:

1. SUSCEPTIBLE (Indicates clinically effective when used in standard therapeutic dose.)
2. INTERMEDIATE (Indicates that the drug may still be clinically effective when used with increased dose/frequency if the patient vital parameters permit. however established clinical trails are not available. It may also indicate therapeutic efficacy in physiologically concentrated sites.)
3. RESISTANT (Indicates clinically ineffective when used in standard or increased therapeutic dose.)

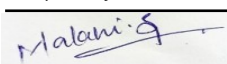
NOTE:

Method:- DISK DIFFUSION based on CLSI guidelines.

1. It is highly recommended to use the antibiotics to which the isolate is susceptible. If 1st line antibiotic susceptible and patient already started on 2nd / Restricted antibiotics, Kindly de-escalate to any of the susceptible 1 st line antibiotic reported.
2. Extended spectrum Betalactamase(ESBL)Producer: Resistant to penicillins, cephalosporins and aztreonam.
3. Inducible Ampc: Resistance to Betalactam antibiotics and beta lactamase inhibitor Combinations like piperazilin-tazobactam, amoxicillin clavulanic acid
- 4 CRE (Carbapenem Resistant Enterobacteriaceae) : Intermediate or Resistant to one or more Carbapenems and resistant to 3rd generation cephalosporins .
5. MRS (Methicillin resistant Staphylococci): resistant to beta lactam agents with the exception of ceftaroline. 6 Methicillin susceptible Staphylococci are susceptible to
1. Beta lactam combination agents
2. Cephems
3. carbapenems

----- End Of Report -----

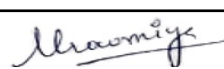
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