

Client
Gurugram
Pathkind Diagnostics Pvt. Ltd.
Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Processed By
Pathkind Diagnostics Pvt. Ltd.
Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

Name	: Mr. PL50	Billing Date	: 07/07/2023 12:29:04
Age	: 35 Yrs	Sample Collected on	: 10/07/2023 10:01:31
Sex	: Male	Sample Received on	: 10/07/2023 11:02:13
P. ID No.	: P1000100012870	Report Released on	: 20/07/2023 19:55:58
Accession No	: 10002304926	Barcode No.	: 10002304926-01
Referring Doctor	: Self	Ref no.	:
Referred By	:		

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
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CLINICAL PATHOLOGY

Immunocompromised Panel, Stool
Stool Routine & Microscopic Examination

Physical Examination

Colour <i>Sample: Stool</i>	Yellowish	Yellowish Brown
Consistency <i>Sample: Stool</i>	Semi Solid	Semi Solid
Mucus <i>Sample: Stool</i>	Absent	Absent
Blood <i>Sample: Stool</i>	Absent	Absent
Odour <i>Sample: Stool</i>	Fecal	Fecal

Microscopic Examination

Cyst <i>Sample: Stool</i>	Not Detected	Not Detected
Trophozoites <i>Sample: Stool</i>	Not Detected	Not Detected
Charcot - Leyden Crystals <i>Sample: Stool</i>	Not Detected	Not Detected
Ova <i>Sample: Stool</i>	Not Detected	Not Detected

10002304926 Mr. PL50



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Adult Parasite <i>Sample: Stool</i>	Not Detected	Not Detected	
RBC <i>Sample: Stool</i>	0 - 0	0 - 0	/hpf
Macrophages <i>Sample: Stool</i>	Occassional	Occassional	/hpf
Pus Cells <i>Sample: Stool</i>	0 - 5	0 - 5	/HPF
# Coccidian Parasite <i>Sample: Stool</i>			

Modified Z N Stain : No Coccidian Parasites seen.

SEROLOGY

C Difficile Toxin Assay <i>Sample: Stool</i> <i>Method: ELFA</i>	0.03	Negative : <0.10 Positive : >/= 0.10	RFV
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MICROBIOLOGY

Culture, Stool

Method: Method: Culture

Specimen

Stool

Incubation period

48 Hrs. / 37 C

Final Report :-

No pathogenic organism grown after 48 hrs. of aerobic incubation

Stool Routine & Microscopic Examination

Clinical Significance :

Routine and microscopic examination of stool sample comprises of macroscopic as well as microscopic examination of the sample for presence of parasitic ova and cysts.

C Difficile Toxin Assay

Interpretation:

- Clostridium difficile Glutamate Dehydrogenase (GDH) is an enzyme produced in large quantities by all toxigenic and nontoxigenic strains, making it an excellent marker for the organism.
- Simple and highly sensitive screening assay to make a presumptive diagnosis of Clostridium difficile infection.
- Clostridium difficile (C. difficile), a Gram-positive spore bearing anaerobic bacterium is the major aetiological agent of diarrhea and colitis associated with antibiotics.
- C. difficile can release two high-molecular-weight toxins, toxin A and toxin B, which are responsible for the clinical manifestations, which range from mild, self-limited watery diarrhea to fulminant pseudomembranous colitis, toxic megacolon, and death.

GDH	Toxin A / B	Interpretation
+Ve	+Ve	Positive for toxigenic C.difficile

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+Ve

-Ve

PCR- Test required for confirmation

1. IDSA/SHEA guidelines recommend testing of patients with > 3 watery, loose, unformed stools for toxigenic c.difficile testing (except in cases of ileus without diarrhoea.)

Culture, Stool

Method : Conventional Aerobic Culture + Identification & Sensitivity by Phoenix M50

Interpretation:

Interpretation of MIC (Minimum Inhibitory Concentration) (Ref CLSI M100S23)

1. The MIC is the lowest concentration of drug that inhibits the growth of the bacterial isolate.
2. The antibiotic panels and MIC reference ranges for microorganisms are designed based on CLSI guidelines.
3. The MIC value should be interpreted based on the range tested. The MIC value for one antibiotic cannot be compared with the MIC value of another antibiotic.

Sensitive (S) : Organism is inhibited by usually achievable concentration of antibiotic with standard dosage.
Intermediate (I) : Organism is inhibited by higher than normal dosage of antibiotics.
Resistant (R) : Isolates are NOT inhibited by achievable concentrations of drug with normal dosage schedule.

* No CLSI reference range available.

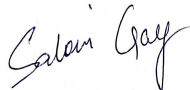
Note: Culture results should ALWAYS be correlated with clinical findings and prior antibiotic therapy.
Anaerobic and non-cultivable bacteria cannot grow on routine aerobic culture media.

** End of Report**



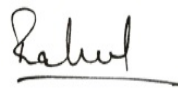
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