

RECEIVED
10-Oct-25

05-Oct-25

UTI BACTERIOLOGY						
TEST	RESULT	H/L		REFERENCE	UNITS	
● Acinetobacter baumanii	<DL			(<1.00)	x10^5 CFU/ml	
● Actinobaculum schaalii	<DL			(<1.00)	x10^4 CFU/ml	
● Aerococcus urinae	<DL			(<1.00)	x10^5 CFU/ml	
● Citrobacter freundii complex	3.80	H		(<1.00)	x10^5 CFU/ml	
● Citrobacter koseri	<DL			(<1.00)	x10^5 CFU/ml	
● Corynebacterium urealyticum	<DL			(<1.00)	x10^4 CFU/ml	
● Enterobacter cloacae complex	<DL			(<1.00)	x10^5 CFU/ml	
● Enterococcus faecalis	<DL			(<1.00)	x10^5 CFU/ml	
● Enterococcus faecium	<DL			(<1.00)	x10^5 CFU/ml	
● Escherichia coli	2.60	H		(<1.00)	x10^5 CFU/ml	
● Klebsiella aerogenes	<DL			(<1.00)	x10^5 CFU/g	
● Klebsiella oxytoca	1.40	H		(<1.00)	x10^5 CFU/g	
● Klebsiella pneumoniae complex	<DL			(<1.00)	x10^5 CFU/ml	
● Morganella morganii	<DL			(<1.00)	x10^5 CFU/ml	
● Pantoea agglomerans	<DL			(<1.00)	x10^5 CFU/ml	
● Proteus mirabilis	<DL			(<1.00)	x10^5 CFU/ml	
● Proteus vulgaris	<DL			(<1.00)	x10^5 CFU/ml	
● Providencia stuartii	<DL			(<1.00)	x10^5 CFU/g	
● Pseudomonas aeruginosa	2.40	H		(<1.00)	x10^5 CFU/ml	
● Serratia marcescens	<DL			(<1.00)	x10^5 CFU/g	
● Staphylococcus aureus	<DL			(<1.00)	x10^5 CFU/ml	
● Staphylococcus saprophyticus	<DL			(<1.00)	x10^4 CFU/g	
● Streptococcus agalactiae	<DL			(<1.00)	x10^5 CFU/ml	
● Streptococcus anginosus	<DL			(<1.00)	x10^3 CFU/ml	

[illegible]

● Actinobacteria Phylum ● Bacteroidetes Phylum ● Euryarchaeota Phylum ● Firmicutes Phylum ● Proteobacteria Phylum ● Verrucomicrobia Phylum



Dr Test Doctor (Test Doctor) Test Clinic. 123 Test Street, Test Suburb Victoria 3125

Lab ID
Patient ID PAT-100009
Ext ID 25283-0032

Test Patient

Sex: Male • 45yrs • 01-Jan-80
123 Home Street, Test Suburb Vic 3125

RECEIVED
10-Oct-25

P. aeruginosa infection is of particular concern as it commonly possesses inherent resistance to antimicrobial agents (multi drug resistant) and are often resistant to almost all β -lactams, aminoglycosides and quinolones. If treatment is warranted, antibiotic regimen may need to be broad spectrum and need to be modified to take into account patients recent antibiotic exposure and monitoring of infection symptoms for effectiveness. Many reports have indicated the presence of multi-drug resistance in organisms causing UTIs. Studies of antibiotic susceptibility patterns of *P. aeruginosa* UTI infections have shown oral ciprofloxacin, norfloxacin, IV gentamicin and ceftazidime to have increased susceptibility.

CHLAMYDIA TRACHOMATIS-DETECTED:

Chlamydia infection may be asymptomatic or cause dysuria, discharge, testicular or pelvic pain, bleeding, dyspareunia and may proceed to cause pelvic inflammatory disease or prostatitis. Often asymptomatic, left untreated it can cause serious reproductive complications in women. Even asymptomatic infections should be treated and must always include the patient's partner/sexual contacts.

This organism may be classified as a notifiable pathogen. Confirmation has been performed through repeat testing and/or verification on a secondary platform, where required. The result will be reported to the relevant Department of Health in accordance with statutory requirements. For specific state-based notification obligations, please refer to your local public health authority.

TREATMENT OPTIONS:

Possible treatment options may include: azithromycin 1 g orally, as a single dose OR doxycycline 100 mg orally, 12 hourly for 7 days (If macrolide allergic)

Candida Albicans ELEVATED:

Candida albicans is an opportunistic pathogenic yeast that causes Candidiasis fungal infection with overgrowth. Infection of the urinary tract due to Candida albicans is an uncommon but well-described complication called candiduria. Conditions that predispose to candiduria include diabetes mellitus, antibiotic and corticosteroid therapy, as well as factors such as local physiology and disturbance of urine flow. Lower urinary tract candidiasis is usually the result of a retrograde infection, while bladder or renal parenchymal infection may follow. Persistent candiduria may prompt renal studies. Persistent candiduria may prompt renal studies.

TREATMENT OPTIONS:

If treatment is warranted fluconazole 200mg (Child: 5mg/kg up to 200 mg) orally daily, for 7 days may be used. Relapse may be frequent and likelihood increased with catheter use. Rule out allergy to above medication before prescribing/taking.

Methodology

Quantitative PCR (qPCR), Polymerase Chain Reaction (PCR)