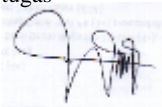


Petugas



WINARSIH,AMd.AK

Dokter Laboratorium

dr.ANDREW WILLIAM TULLE,M.Sc./dr.YUYUN
KUSNANINGRUM,Sp.MK

Petugas



RESA ADITYA UTAMA, S.Tr.Kes

Dokter Laboratorium

dr.YUYUN KUSNANINGRUM,Sp.MK



HASIL PEMERIKSAAN MIKROBIOLOGI KLINIK

| | | | |
|-----------------------|----------------------------|-------------------|--|
| No Laboratorium | : 12254 PUS SWAB | Tanggal MRS | : - |
| No. RM | : 11562264 | Dokter Pengirim | : dr.DOMY PRADANA PUTRA,SpOT |
| Nama Pasien | : FARINAH | Ruang Pengirim | : BEDAH |
| Jenis Kelamin | : P | Diagnosa | : OF L tibia fibula comminutive + OF tallus post Ext fix |
| Usia | : 51 tahun 7 bulan 29 hari | Jenis Pemeriksaan | : 11. PUS - 11.3.4 KULTUR AEROB PUS DAN UJI KEPEKAAN AB |
| Tanggal kirim sampel | : 03-06-2024 | | |
| Tanggal selesai hasil | : 06-06-2024 | | |

A. Sediaan Langsung :

1. Pewarnaan Gram :
- Sel epitel : Tidak ditemukan sel epitel
 - Sel Radang : Ditemukan sel radang >25/LPK (4+)
 - Mikroorganisme : Ditemukan morfologi bakteri Coccus Gram Positif 1-5/LPB (2+), Ditemukan morfologi bakteri Bacil Gram Positif 1-5/LPB (2+)
2. Pewarnaan Ziehl Nielsen :
3. Pewarnaan KOH :
4. Pewarnaan Neisser :
5. Pewarnaan Negatif :
6. Pewarnaan Spora :
7. Pewarnaan Giemsa :

B. Biakan Kultur (Aerob/Anaerob)
Staphylococcus aureus

C. Tes Kepekaan Antibiotika : (S: Sensitif; I: Sensitif sedang; R: Resisten)

| Jenis Obat | 1 | 2 | Jenis Obat | 1 | 2 | Jenis Obat | 1 | 2 |
|----------------------------------|---|---|----------------------------|---|---|--------------------|---|---|
| A. PENICILLIN & DERIVATNYA | | | F. CEPHALOSPHORIN | | | I. MACROLIDES | | |
| 1. Amoxycillin | | | 1. Cafepime | | | 1. Erythomycin | | |
| 2. Amoxycillin & Cluvalanic Acid | | | 2. Cefpirome | | | 2. Lincomycin | | |
| 3. Ampicillin | | | 3. Cefoperazone | | | 3. Clindamycin | S | |
| 4. Ampicillin/ Sulbactam | | | 4. Cefoperazone/ sulbactam | | | 4. Azithromycin | | |
| 5. Benzilpenicillin | R | | 5. Cefditoren | | | 5. Clarithromycin | | |
| 6. Piperacilling/ Tazobactam | | | 6. Cefadroxil | | | 6. Tobramycin | | |
| 7. Cloxacillin | S | | 7. Cefotaxim | | | J. LAIN-LAIN | | |
| | | | 8. Ceftriaxone | | | 1. Chloramphenicol | | |
| B. FOSFOMYCIN | | | 9. Cefuroxime | | | 2. Nalidixid Acid | | |
| | | | 10. Cefradine | | | 3. Nitrofurantoin | | |
| C. AMINOGLYCOSIDES | | | 11. Cefalexin | | | 4. Colistine | | |
| 1. Gentamicin | R | | 12. Cefazoline | | | 5. Co-trimoxazole | S | |
| 2. Netilmicin | | | 13. Cefixime | | | 6. Vancomycin | | |
| 3. Amikacin | | | 14. Ceftazidime | | | 7. Linezolid | | |
| | | | 15. Ceftizoxime | | | 8. Tigecycline | | |
| D. FLUORAQUINOLON | | | 16. Cefoxitin | | | 9. Rifampicin | | |
| 1. Ciprofloxacin | | | G. CARBAPENEM | | | K. ANTIFUNGAL | | |
| 2. Ofloxacin | | | 1. Meropenem | | | 1. Fluconazole | | |
| 3. Levofloxacin | | | 2. Imipenem | | | 2. Voriconazole | | |
| 4. Moxifloxacin | | | 3. Doripenem | | | 3. Micafungin | | |
| | | | 4. Ertapenem | | | 4. Amphotericin B | | |
| E. TETRACYLINE | | | | | | 5. Caspofungin | | |
| 1. Tetracyline | R | | H. METRONIDAZOLE | | | 8. Flucytosine | | |
| 2. Doxycyline | | | | | | | | |

D. Saran/Komentar :
Isolat tersebut mengesankan sebagai patogen penyebab infeksi. Mohon optimalisasi rawat luka.

Petugas



Dokter Laboratorium

dr.EVIRA TIYAKUSUMA,,Sp.MK

NINA PURWASUCI NINGSANI,AMd.AK



HASIL PEMERIKSAAN MIKROBIOLOGI KLINIK

| | | | |
|-----------------------|---------------------------|-------------------|---|
| No Laboratorium | : 10878 PUS SWAB | Tanggal MRS | : - |
| No. RM | : 11601321 | Dokter Pengirim | : dr.DOMY PRADANA PUTRA,SpOT |
| Nama Pasien | : MUDJIANTO | Ruang Pengirim | : BEDAH |
| Jenis Kelamin | : L | Diagnosa | : CF Middle shaft R Tibia fibula post IM Nail |
| Usia | : 71 tahun 6 bulan 6 hari | Jenis Pemeriksaan | : 11. PUS - 11.3.4 KULTUR AEROB PUS DAN UJI KEPEKAAN AB |
| Tanggal kirim sampel | : 15-05-2024 | | |
| Tanggal selesai hasil | : 17-05-2024 | | |

A. Sediaan Langsung :

1. Pewarnaan Gram :
- Sel epitel

:

Ditemukan sel epitel 1-9/LPK (2+)
- Sel Radang

:

Ditemukan sel radang 1-9/LPK (2+)
- Mikroorganisme

:

Ditemukan morfologi bakteri Coccus Gram Positif <1/LPB (1+), Bacil Gram Negatif <1/LPB (1+)
2. Pewarnaan Ziehl Nielsen :
3. Pewarnaan KOH :
4. Pewarnaan Neisser :
5. Pewarnaan Negatif :
6. Pewarnaan Spora :
7. Pewarnaan Giemsa :

B. Biakan Kultur (Aerob/Anaerob)

Staphylococcus aureus

C. Tes Kepekaan Antibiotika : (S: Sensitif; I: Sensitif sedang; R: Resisten)

| Jenis Obat | 1 | 2 | Jenis Obat | 1 | 2 | Jenis Obat | 1 | 2 |
|----------------------------------|---|---|----------------------------|---|---|--------------------|---|---|
| A. PENICILLIN & DERIVATNYA | | | F. CEPHALOSPHORIN | | | I. MACROLIDES | | |
| 1. Amoxycillin | | | 1. Cafepime | | | 1. Erythomycin | | |
| 2. Amoxycillin & Cluvalanic Acid | | | 2. Cefpirome | | | 2. Lincomycin | | |
| 3. Ampicillin | | | 3. Cefoperazone | | | 3. Clindamycin | | |
| 4. Ampicillin/ Sulbactam | | | 4. Cefoperazone/ sulbactam | | | 4. Azithromycin | | |
| 5. Benzilpenicillin | | | 5. Cefditoren | | | 5. Clarithromycin | | |
| 6. Piperacilling/ Tazobactam | | | 6. Cefadroxil | | | 6. Tobramycin | | |
| 7. Cloxacillin | S | | 7. Cefotaxim | | | J. LAIN-LAIN | | |
| | | | 8. Ceftriaxone | | | 1. Chloramphenicol | | |
| B. FOSFOMYCIN | | | 9. Cefuroxime | | | 2. Nalidixid Acid | | |
| | | | 10. Cefradine | | | 3. Nitrofurantoin | | |
| C. AMINOGLYCOSIDES | | | 11. Cefalexin | | | 4. Colistine | | |
| 1. Gentamicin | R | | 12. Cefazoline | | | 5. Co-trimoxazole | S | |
| 2. Netilmicin | | | 13. Cefixime | | | 6. Vancomycin | | |
| 3. Amikacin | | | 14. Ceftazidime | | | 7. Linezolid | | |
| | | | 15. Ceftizoxime | | | 8. Tigecycline | | |
| D. FLUORAQUINOLON | | | 16. Cefoxitin | | | 9. Rifampicin | | |
| 1. Ciprofloxacin | S | | G. CARBAPENEM | | | K. ANTIFUNGAL | | |
| 2. Ofloxacin | | | 1. Meropenem | | | 1. Fluconazole | | |
| 3. Levofloxacin | | | 2. Imipenem | | | 2. Voriconazole | | |
| 4. Moxifloxacin | | | 3. Doripenem | | | 3. Micafungin | | |
| | | | 4. Ertapenem | | | 4. Amphotericin B | | |
| E. TETRACYLINE | | | | | | 5. Caspofungin | | |
| 1. Tetracyline | | | H. METRONIDAZOLE | | | 8. Flucytosine | | |
| 2. Doxycyline | | | | | | | | |

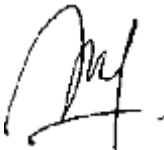
D. Saran/Komentar :

Isolat diatas mengesankan sebagai patogen penyebab infeksi.. Mohon optimalisasi rawat luka

Petugas

Dokter Laboratorium

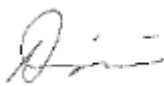
DYAH KUSUMANING MAHARDHIKA,AMd.AK



dr.NURIMA DIYAH PUJI HASTUTI, Sp.MK, M.Ked.Klin

Petugas

Dokter Laboratorium



DYAH KUSUMANING MAHARDHIKA,AMd.AK

dr.DEWI SANTOSANINGSIH,SpMK,,MKes,Phd



HASIL PEMERIKSAAN MIKROBIOLOGI KLINIK

| | | | |
|-----------------------|---------------------------|-------------------|---|
| No Laboratorium | : 11455 PUS SWAB | Tanggal MRS | : - |
| No. RM | : 00367032 | Dokter Pengirim | : |
| Nama Pasien | : NURUL JUBAIDAH | Ruang Pengirim | : LAB MIKROBIOLOGI |
| Jenis Kelamin | : P | Diagnosa | : |
| Usia | : 59 tahun 8 bulan 5 hari | Jenis Pemeriksaan | : 11. PUS - 11.3.4 KULTUR AEROB PUS DAN UJI KEPEKAAN AB |
| Tanggal kirim sampel | : 22-05-2024 | | |
| Tanggal selesai hasil | : 25-05-2024 | | |

A. Sediaan Langsung :

1. Pewarnaan Gram :
- Sel epitel

:

Tidak ditemukan sel epitel
- Sel Radang

:

Ditemukan sel radang 10-25/LPK (3+)
- Mikroorganisme

:

Ditemukan morfologi bakteri Coccus Gram Positif 1-5/LPB (2+)
2. Pewarnaan Ziehl Nielsen :
3. Pewarnaan KOH :
4. Pewarnaan Neisser :
5. Pewarnaan Negatif :
6. Pewarnaan Spora :
7. Pewarnaan Giemsa :

B. Biakan Kultur (Aerob/Anaerob)

Staphylococcus aureus

C. Tes Kepekaan Antibiotika : (S: Sensitif; I: Sensitif sedang; R: Resisten)

| Jenis Obat | 1 | 2 | Jenis Obat | 1 | 2 | Jenis Obat | 1 | 2 |
|----------------------------------|---|---|----------------------------|---|---|--------------------|---|---|
| A. PENICILLIN & DERIVATNYA | | | F. CEPHALOSPHORIN | | | I. MACROLIDES | | |
| 1. Amoxycillin | | | 1. Cafepime | | | 1. Erythomycin | | |
| 2. Amoxycillin & Cluvalanic Acid | | | 2. Cefpirome | | | 2. Lincomycin | | |
| 3. Ampicillin | | | 3. Cefoperazone | | | 3. Clindamycin | S | |
| 4. Ampicillin/ Sulbactam | | | 4. Cefoperazone/ sulbactam | | | 4. Azithromycin | | |
| 5. Benzilpenicillin | R | | 5. Cefditoren | | | 5. Clarithromycin | | |
| 6. Piperacilling/ Tazobactam | | | 6. Cefadroxil | | | 6. Tobramycin | | |
| 7. Cloxacillin | S | | 7. Cefotaxim | | | J. LAIN-LAIN | | |
| | | | 8. Ceftriaxone | | | 1. Chloramphenicol | | |
| B. FOSFOMYCIN | | | 9. Cefuroxime | | | 2. Nalidixid Acid | | |
| | | | 10. Cefradine | | | 3. Nitrofurantoin | | |
| C. AMINOGLYCOSIDES | | | 11. Cefalexin | | | 4. Colistine | | |
| 1. Gentamicin | | | 12. Cefazoline | | | 5. Co-trimoxazole | S | |
| 2. Netilmicin | | | 13. Cefixime | | | 6. Vancomycin | | |
| 3. Amikacin | | | 14. Ceftazidime | | | 7. Linezolid | | |
| | | | 15. Ceftizoxime | | | 8. Tigecycline | | |
| D. FLUORAQUINOLON | | | 16. Cefoxitin | | | 9. Rifampicin | | |
| 1. Ciprofloxacin | | | G. CARBAPENEM | | | K. ANTIFUNGAL | | |
| 2. Ofloxacin | | | 1. Meropenem | | | 1. Fluconazole | | |
| 3. Levofloxacin | S | | 2. Imipenem | | | 2. Voriconazole | | |
| 4. Moxifloxacin | | | 3. Doripenem | | | 3. Micafungin | | |
| | | | 4. Ertapenem | | | 4. Amphothericin B | | |
| E. TETRACYLINE | | | | | | 5. Caspofungin | | |
| 1. Tetracyline | | | H. METRONIDAZOLE | | | 8. Flucytosine | | |
| 2. Doxycyline | | | | | | | | |

D. Saran/Komentar :

Isolat tersebut mengesankan sebagai patogen penyebab infeksi. Mohon lakukan optimalisasi rawat luka.

Petugas



Dokter Laboratorium

dr.EVIRA TIYAKUSUMA,,Sp.MK

NINA PURWASUCI NINGSANI,AMd.AK



HASIL PEMERIKSAAN MIKROBIOLOGI KLINIK

| | | | |
|-----------------------|-----------------------------|-------------------|--|
| No Laboratorium | : 10733 PUS SWAB | Tanggal MRS | : - |
| No. RM | : 11616374 | Dokter Pengirim | : dr.MIRZA ZAKA PRATAMA,SpPD,M.Biomed |
| Nama Pasien | : PATIMAH | Ruang Pengirim | : R.KAWI - KLS 2 |
| Jenis Kelamin | : P | Diagnosa | : |
| Usia | : 63 tahun 11 bulan 11 hari | Jenis Pemeriksaan | : 11. PUS - 11.3.4 KULTUR AEROB PUS DAN UJI KEPEKAAN AB |
| Tanggal kirim sampel | : 14-05-2024 | | |
| Tanggal selesai hasil | : 17-05-2024 | | |

A. Sediaan Langsung :

1. Pewarnaan Gram :
- Sel epitel

:

Ditemukan sel epitel 1-9/LPK (2+)
- Sel Radang

:

Ditemukan sel radang 1-9/LPK (2+)
- Mikroorganisme

:

Ditemukan morfologi bakteri Coccus Gram Positif <1/LPB (1+), Bacil Gram Negatif <1/LPB (1+)
2. Pewarnaan Ziehl Nielsen :
3. Pewarnaan KOH :
4. Pewarnaan Neisser :
5. Pewarnaan Negatif :
6. Pewarnaan Spora :
7. Pewarnaan Giemsa :

B. Biakan Kultur (Aerob/Anaerob)

1. Staphylococcus aureus
2. Pseudomonas aeruginosa

C. Tes Kepekaan Antibiotika : (S: Sensitif; I: Sensitif sedang; R: Resisten)

| Jenis Obat | 1 | 2 | Jenis Obat | 1 | 2 | Jenis Obat | 1 | 2 |
|----------------------------------|---|---|----------------------------|---|---|--------------------|---|---|
| A. PENICILLIN & DERIVATNYA | | | F. CEPHALOSPHORIN | | | I. MACROLIDES | | |
| 1. Amoxycillin | | | 1. Cafepime | | | 1. Erythomycin | | |
| 2. Amoxycillin & Cluvalanic Acid | | | 2. Cefpirome | | | 2. Lincomycin | | |
| 3. Ampicillin | | | 3. Cefoperazone | | | 3. Clindamycin | | |
| 4. Ampicillin/ Sulbactam | | | 4. Cefoperazone/ sulbactam | | | 4. Azithromycin | | |
| 5. Benzilpenicillin | | | 5. Cefditoren | | | 5. Clarithromycin | | |
| 6. Piperacilling/ Tazobactam | | | 6. Cefadroxil | | | 6. Tobramycin | | |
| 7. Cloxacillin | S | | 7. Cefotaxim | | | J. LAIN-LAIN | | |
| | | | 8. Ceftriaxone | | | 1. Chloramphenicol | | |
| B. FOSFOMYCIN | | | 9. Cefuroxime | | | 2. Nalidixid Acid | | |
| | | | 10. Cefradine | | | 3. Nitrofurantoin | | |
| C. AMINOGLYCOSIDES | | | 11. Cefalexin | | | 4. Colistine | | |
| 1. Gentamicin | | | 12. Cefazoline | | | 5. Co-trimoxazole | | |
| 2. Netilmicin | | | 13. Cefixime | | | 6. Vancomycin | | |
| 3. Amikacin | | | 14. Ceftazidime | | S | 7. Linezolid | | |
| | | | 15. Ceftizoxime | | | 8. Tigecycline | | |
| D. FLUORAQUINOLON | | | 16. Cefoxitin | | | 9. Rifampicin | | |
| 1. Ciprofloxacin | S | S | G. CARBAPENEM | | | K. ANTIFUNGAL | | |
| 2. Ofloxacin | | | 1. Meropenem | | | 1. Fluconazole | | |
| 3. Levofloxacin | | | 2. Imipenem | | | 2. Voriconazole | | |
| 4. Moxifloxacin | | | 3. Doripenem | | | 3. Micafungin | | |
| | | | 4. Ertapenem | | | 4. Amphotericin B | | |
| E. TETRACYLINE | | | | | | 5. Caspofungin | | |
| 1. Tetracyline | | | H. METRONIDAZOLE | | | 8. Flucytosine | | |
| 2. Doxycyline | | | | | | | | |

D. Saran/Komentar :

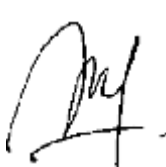
Isolat diatas belum meyakinkan sebagai patogen penyebab infeksi. Pemberian antibiotika sesuai kondisi klinis dan pemeriksaan penunjang lainnya. Mohon optimalisasi rawat luka

Petugas



RESA ADITYA UTAMA, S.Tr.Kes

Dokter Laboratorium



dr.NURIMA DIYAH PUJI HASTUTI, Sp.MK, M.Ked.Klin



HASIL PEMERIKSAAN MIKROBIOLOGI KLINIK

| | | | |
|-----------------------|----------------------------|-------------------|--|
| No Laboratorium | : 10819 PUS ASPIRASI | Tanggal MRS | : - |
| No. RM | : 11615326 | Dokter Pengirim | : dr.SETYO SUGIHARTO,Sp.B-KBD |
| Nama Pasien | : SHY THOMAS | Ruang Pengirim | : R.HCU CISADANE |
| Jenis Kelamin | : L | Diagnosa | : * Abdominal Pain dt Periapendicular abses * Hipokalemia * Pneumonia |
| Usia | : 41 tahun 7 bulan 14 hari | Jenis Pemeriksaan | : 11. PUS - 11.3.4 KULTUR AEROB PUS DAN UJI KEPEKAAN AB |
| Tanggal kirim sampel | : 15-05-2024 | | |
| Tanggal selesai hasil | : 17-05-2024 | | |

A. Sediaan Langsung :

1. Pewarnaan Gram :
- Sel epitel

:

Tidak ditemukan sel epitel
- Sel Radang

:

Ditemukan sel radang <1/LPK (1+)
- Mikroorganisme

:

Ditemukan morfologi bakteri Coccus Gram Positif <1/LPB (1+), Bacil Gram Negatif <1/LPB (1+)
2. Pewarnaan Ziehl Nielsen :
3. Pewarnaan KOH :
4. Pewarnaan Neisser :
5. Pewarnaan Negatif :
6. Pewarnaan Spora :
7. Pewarnaan Giemsa :

B. Biakan Kultur (Aerob/Anaerob)

Staphylococcus aureus

C. Tes Kepekaan Antibiotika : (S: Sensitif; I: Sensitif sedang; R: Resisten)

| Jenis Obat | 1 | 2 | Jenis Obat | 1 | 2 | Jenis Obat | 1 | 2 |
|----------------------------------|---|---|----------------------------|---|---|--------------------|---|---|
| A. PENICILLIN & DERIVATNYA | | | F. CEPHALOSPHORIN | | | I. MACROLIDES | | |
| 1. Amoxycillin | | | 1. Cafepime | | | 1. Erythomycin | | |
| 2. Amoxycillin & Cluvalanic Acid | | | 2. Cefpirome | | | 2. Lincomycin | | |
| 3. Ampicillin | | | 3. Cefoperazone | | | 3. Clindamycin | S | |
| 4. Ampicillin/ Sulbactam | | | 4. Cefoperazone/ sulbactam | | | 4. Azithromycin | | |
| 5. Benzilpenicillin | | | 5. Cefditoren | | | 5. Clarithromycin | | |
| 6. Piperacilling/ Tazobactam | | | 6. Cefadroxil | | | 6. Tobramycin | | |
| 7. Cloxacillin | S | | 7. Cefotaxim | | | J. LAIN-LAIN | | |
| | | | 8. Ceftriaxone | | | 1. Chloramphenicol | | |
| B. FOSFOMYCIN | | | 9. Cefuroxime | | | 2. Nalidixid Acid | | |
| | | | 10. Cefradine | | | 3. Nitrofurantoin | | |
| C. AMINOGLYCOSIDES | | | 11. Cefalexin | | | 4. Colistine | | |
| 1. Gentamicin | | | 12. Cefazoline | | | 5. Co-trimoxazole | S | |
| 2. Netilmicin | | | 13. Cefixime | | | 6. Vancomycin | | |
| 3. Amikacin | | | 14. Ceftazidime | | | 7. Linezolid | | |
| | | | 15. Ceftizoxime | | | 8. Tigecycline | | |
| D. FLUORAQUINOLON | | | 16. Cefoxitin | | | 9. Rifampicin | | |
| 1. Ciprofloxacin | | | G. CARBAPENEM | | | K. ANTIFUNGAL | | |
| 2. Ofloxacin | | | 1. Meropenem | | | 1. Fluconazole | | |
| 3. Levofloxacin | | | 2. Imipenem | | | 2. Voriconazole | | |
| 4. Moxifloxacin | | | 3. Doripenem | | | 3. Micafungin | | |
| | | | 4. Ertapenem | | | 4. Amphotericin B | | |
| E. TETRACYLINE | | | | | | 5. Caspofungin | | |
| 1. Tetracyline | | | H. METRONIDAZOLE | | | 8. Flucytosine | | |
| 2. Doxycyline | | | | | | | | |

D. Saran/Komentar :

Isolat tersebut mengesankan patogen penyebab infeksi. Mohon optimalisasi rawat luka.

Petugas



RESA ADITYA UTAMA, S.Tr.Kes

Dokter Laboratorium



dr.NURIMA DIYAH PUJI HASTUTI, Sp.MK, M.Ked.Klin



HASIL PEMERIKSAAN MIKROBIOLOGI KLINIK

| | | | |
|-----------------------|----------------------------|-------------------|---|
| No Laboratorium | : 11333 PUS SWAB | Tanggal MRS | : - |
| No. RM | : 11607328 | Dokter Pengirim | : dr.ISTAN IRMANSYAH,Sp.OT(K) |
| Nama Pasien | : SLAMET WARAS | Ruang Pengirim | : BEDAH |
| Jenis Kelamin | : L | Diagnosa | : POST JOINT SPANNING EXFIX WRIST & CRURIS |
| Usia | : 56 tahun 0 bulan 14 hari | Jenis Pemeriksaan | : 11. PUS - 11.3.4 KULTUR AEROB PUS DAN UJI KEPEKAAN AB |
| Tanggal kirim sampel | : 21-05-2024 | | |
| Tanggal selesai hasil | : 23-05-2024 | | |

A. Sediaan Langsung :

1. Pewarnaan Gram :
- Sel epitel

:

Ditemukan sel epitel <1/LPK (1+)
- Sel Radang

:

Ditemukan sel radang 1-9/LPK (2+)
- Mikroorganisme

:

Ditemukan morfologi bakteri kokus Gram Positif <1/LPB (1+)
2. Pewarnaan Ziehl Nielsen :
3. Pewarnaan KOH :
4. Pewarnaan Neisser :
5. Pewarnaan Negatif :
6. Pewarnaan Spora :
7. Pewarnaan Giemsa :

B. Biakan Kultur (Aerob/Anaerob)

Staphylococcus aureus

C. Tes Kepekaan Antibiotika : (S: Sensitif; I: Sensitif sedang; R: Resisten)

| Jenis Obat | 1 | 2 | Jenis Obat | 1 | 2 | Jenis Obat | 1 | 2 |
|----------------------------------|---|---|----------------------------|---|---|--------------------|---|---|
| A. PENICILLIN & DERIVATNYA | | | F. CEPHALOSPHORIN | | | I. MACROLIDES | | |
| 1. Amoxycillin | | | 1. Cafepime | | | 1. Erythomycin | | |
| 2. Amoxycillin & Cluvalanic Acid | | | 2. Cefpirome | | | 2. Lincomycin | | |
| 3. Ampicillin | | | 3. Cefoperazone | | | 3. Clindamycin | S | |
| 4. Ampicillin/ Sulbactam | | | 4. Cefoperazone/ sulbactam | | | 4. Azithromycin | | |
| 5. Benzilpenicillin | R | | 5. Cefditoren | | | 5. Clarithromycin | | |
| 6. Piperacilling/ Tazobactam | | | 6. Cefadroxil | | | 6. Tobramycin | | |
| 7. Cloxacillin | S | | 7. Cefotaxim | | | J. LAIN-LAIN | | |
| | | | 8. Ceftriaxone | | | 1. Chloramphenicol | | |
| B. FOSFOMYCIN | | | 9. Cefuroxime | | | 2. Nalidixid Acid | | |
| | | | 10. Cefradine | | | 3. Nitrofurantoin | | |
| C. AMINOGLYCOSIDES | | | 11. Cefalexin | | | 4. Colistine | | |
| 1. Gentamicin | | | 12. Cefazoline | | | 5. Co-trimoxazole | S | |
| 2. Netilmicin | | | 13. Cefixime | | | 6. Vancomycin | | |
| 3. Amikacin | | | 14. Ceftazidime | | | 7. Linezolid | | |
| | | | 15. Ceftizoxime | | | 8. Tigecycline | | |
| D. FLUORAQUINOLON | | | 16. Cefoxitin | | | 9. Rifampicin | | |
| 1. Ciprofloxacin | | | G. CARBAPENEM | | | K. ANTIFUNGAL | | |
| 2. Ofloxacin | | | 1. Meropenem | | | 1. Fluconazole | | |
| 3. Levofloxacin | S | | 2. Imipenem | | | 2. Voriconazole | | |
| 4. Moxifloxacin | | | 3. Doripenem | | | 3. Micafungin | | |
| | | | 4. Ertapenem | | | 4. Amphothericin B | | |
| E. TETRACYLINE | | | | | | 5. Caspofungin | | |
| 1. Tetracyline | R | | H. METRONIDAZOLE | | | 8. Flucytosine | | |
| 2. Doxycyline | | | | | | | | |

D. Saran/Komentar :

Isolat tersebut mengesankan sebagai patogen penyebab infeksi. Mohon lakukan optimalisasi rawat luka.

Petugas



MUSA HASAN AL BANA,AMd.AK

Dokter Laboratorium

dr.EVIRA TIYAKUSUMA,,Sp.MK



HASIL PEMERIKSAAN MIKROBIOLOGI KLINIK

| | | | |
|-----------------------|---------------------------|-------------------|--|
| No Laboratorium | : 10075 PUS SWAB | Tanggal MRS | : - |
| No. RM | : 11615423 | Dokter Pengirim | : Dr.dr.MOCHAMAD BACHTIAR BUDIANTO,Sp.B(K)Onk,FINACS,FICS |
| Nama Pasien | : SUMIARI | Ruang Pengirim | : R.HCU CISADANE |
| Jenis Kelamin | : P | Diagnosa | : * Tumor colli susp FTC T4bN0M0 * Hiponatremia |
| Usia | : 56 tahun 0 bulan 2 hari | Jenis Pemeriksaan | : 11. PUS - 11.3.4 KULTUR AEROB PUS DAN UJI KEPEKAAN AB |
| Tanggal kirim sampel | : 06-05-2024 | | |
| Tanggal selesai hasil | : 08-05-2024 | | |

A. Sediaan Langsung :

1. Pewarnaan Gram :
- Sel epitel : Tidak ditemukan sel epitel
 - Sel Radang : Ditemukan sel radang 1-9/LPK (2+)
 - Mikroorganisme : Ditemukan morfologi bakteri Coccus Gram Positif >30/LPB (4+)
2. Pewarnaan Ziehl Nielsen :
3. Pewarnaan KOH :
4. Pewarnaan Neisser :
5. Pewarnaan Negatif :
6. Pewarnaan Spora :
7. Pewarnaan Giemsa :

B. Biakan Kultur (Aerob/Anaerob)

Staphylococcus aureus

C. Tes Kepekaan Antibiotika : (S: Sensitif; I: Sensitif sedang; R: Resisten)

| Jenis Obat | 1 | 2 | Jenis Obat | 1 | 2 | Jenis Obat | 1 | 2 |
|----------------------------------|---|---|----------------------------|---|---|--------------------|---|---|
| A. PENICILLIN & DERIVATNYA | | | F. CEPHALOSPHORIN | | | I. MACROLIDES | | |
| 1. Amoxycillin | | | 1. Cafepime | | | 1. Erythomycin | S | |
| 2. Amoxycillin & Cluvalanic Acid | | | 2. Cefpirome | | | 2. Lincomycin | | |
| 3. Ampicillin | | | 3. Cefoperazone | | | 3. Clindamycin | S | |
| 4. Ampicillin/ Sulbactam | S | | 4. Cefoperazone/ sulbactam | | | 4. Azithromycin | | |
| 5. Benzilpenicillin | R | | 5. Cefditoren | | | 5. Clarithromycin | | |
| 6. Piperacilling/ Tazobactam | | | 6. Cefadroxil | | | 6. Tobramycin | | |
| 7. Cloxacillin | S | | 7. Cefotaxim | | | J. LAIN-LAIN | | |
| | | | 8. Ceftriaxone | | | 1. Chloramphenicol | | |
| B. FOSFOMYCIN | | | 9. Cefuroxime | | | 2. Nalidixid Acid | | |
| | | | 10. Cefradine | | | 3. Nitrofurantoin | | |
| C. AMINOGLYCOSIDES | | | 11. Cefalexin | | | 4. Colistine | | |
| 1. Gentamicin | | | 12. Cefazoline | | | 5. Co-trimoxazole | S | |
| 2. Netilmicin | | | 13. Cefixime | | | 6. Vancomycin | | |
| 3. Amikacin | | | 14. Ceftazidime | | | 7. Linezolid | | |
| | | | 15. Ceftizoxime | | | 8. Tigecycline | | |
| D. FLUORAQUINOLON | | | 16. Cefoxitin | | | 9. Rifampicin | | |
| 1. Ciprofloxacin | | | G. CARBAPENEM | | | K. ANTIFUNGAL | | |
| 2. Ofloxacin | | | 1. Meropenem | | | 1. Fluconazole | | |
| 3. Levofloxacin | | | 2. Imipenem | | | 2. Voriconazole | | |
| 4. Moxifloxacin | | | 3. Doripenem | | | 3. Micafungin | | |
| | | | 4. Ertapenem | | | 4. Amphotericin B | | |
| E. TETRACYLINE | | | | | | 5. Caspofungin | | |
| 1. Tetracyline | | | H. METRONIDAZOLE | | | 8. Flucytosine | | |
| 2. Doxycyline | | | | | | | | |

D. Saran/Komentar :

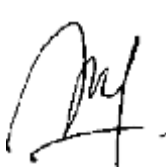
Isolat di atas mengesankan patogen penyebab infeksi. Mohon optimalisasi rawat luka.

Petugas



RESA ADITYA UTAMA, S.Tr.Kes

Dokter Laboratorium



dr.NURIMA DIYAH PUJI HASTUTI, Sp.MK, M.Ked.Klin



HASIL PEMERIKSAAN MIKROBIOLOGI KLINIK

| | | | |
|-----------------------|----------------------------|-------------------|--|
| No Laboratorium | : 13755 PUS SWAB | Tanggal MRS | : - |
| No. RM | : 11620280 | Dokter Pengirim | : Dr.dr.FARHAD BAL`AFIF,Sp.BS |
| Nama Pasien | : SURIANI | Ruang Pengirim | : R.PARANGTRITIS - KLS 3 |
| Jenis Kelamin | : P | Diagnosa | : Susp. Bladder Cancer cTxNxMx + IVH post trepanation + Evacuation IVH + Decompression + Hematuria + Intrabladder Clot + Anemia + ?Bilateral Mild Hydronephrosis |
| Usia | : 53 tahun 4 bulan 14 hari | Jenis Pemeriksaan | : 11. PUS - 11.3.4 KULTUR AEROB PUS DAN UJI KEPEKAAN AB |
| Tanggal kirim sampel | : 22-06-2024 | | |
| Tanggal selesai hasil | : 24-06-2024 | | |

A. Sediaan Langsung :

1. Pewarnaan Gram :
- Sel epitel

:

Tidak ditemukan sel epitel
- Sel Radang

:

Ditemukan sel radang 1-9/LPK (2+)
- Mikroorganisme

:

Ditemukan morfologi bakteri Coccus Gram positif <1/LPB (1+)
2. Pewarnaan Ziehl Nielsen :
3. Pewarnaan KOH :
4. Pewarnaan Neisser :
5. Pewarnaan Negatif :
6. Pewarnaan Spora :
7. Pewarnaan Giemsa :

B. Biakan Kultur (Aerob/Anaerob)

Staphylococcus aureus

C. Tes Kepekaan Antibiotika : (S: Sensitif; I: Sensitif sedang; R: Resisten)

| Jenis Obat | 1 | 2 | Jenis Obat | 1 | 2 | Jenis Obat | 1 | 2 |
|----------------------------------|---|---|----------------------------|---|---|--------------------|---|---|
| A. PENICILLIN & DERIVATNYA | | | F. CEPHALOSPHORIN | | | I. MACROLIDES | | |
| 1. Amoxycillin | | | 1. Cafepime | | | 1. Erythomycin | | |
| 2. Amoxycillin & Cluvalanic Acid | | | 2. Cefpirome | | | 2. Lincomycin | | |
| 3. Ampicillin | | | 3. Cefoperazone | | | 3. Clindamycin | S | |
| 4. Ampicillin/ Sulbactam | | | 4. Cefoperazone/ sulbactam | | | 4. Azithromycin | | |
| 5. Benzilpenicillin | | | 5. Cefditoren | | | 5. Clarithromycin | | |
| 6. Piperacilling/ Tazobactam | | | 6. Cefadroxil | | | 6. Tobramycin | | |
| 7. Cloxacillin | S | | 7. Cefotaxim | | | J. LAIN-LAIN | | |
| | | | 8. Ceftriaxone | | | 1. Chloramphenicol | | |
| B. FOSFOMYCIN | | | 9. Cefuroxime | | | 2. Nalidixid Acid | | |
| | | | 10. Cefradine | | | 3. Nitrofurantoin | | |
| C. AMINOGLYCOSIDES | | | 11. Cefalexin | | | 4. Colistine | | |
| 1. Gentamicin | | | 12. Cefazoline | | | 5. Co-trimoxazole | S | |
| 2. Netilmicin | | | 13. Cefixime | | | 6. Vancomycin | | |
| 3. Amikacin | | | 14. Ceftazidime | | | 7. Linezolid | | |
| | | | 15. Ceftizoxime | | | 8. Tigecycline | | |
| D. FLUORAQUINOLON | | | 16. Cefoxitin | | | 9. Rifampicin | | |
| 1. Ciprofloxacin | | | G. CARBAPENEM | | | K. ANTIFUNGAL | | |
| 2. Ofloxacin | | | 1. Meropenem | | | 1. Fluconazole | | |
| 3. Levofloxacin | | | 2. Imipenem | | | 2. Voriconazole | | |
| 4. Moxifloxacin | | | 3. Doripenem | | | 3. Micafungin | | |
| | | | 4. Ertapenem | | | 4. Amphotericin B | | |
| E. TETRACYLINE | | | | | | 5. Caspofungin | | |
| 1. Tetracyline | | | H. METRONIDAZOLE | | | 8. Flucytosine | | |
| 2. Doxycyline | | | | | | | | |

D. Saran/Komentar :

Isolat tersebut mengesankan sebagai patogen penyebab infeksi. Mohon optimalisasi rawat luka.

Petugas



SUWARSO,AMd.AK

Dokter Laboratorium

dr.EVIRA TIYAKUSUMA,,Sp.MK



HASIL PEMERIKSAAN MIKROBIOLOGI KLINIK

| | | | |
|-----------------------|-----------------------------|-------------------|---|
| No Laboratorium | : 10893 PUS ASPIRASI | Tanggal MRS | : - |
| No. RM | : 11617027 | Dokter Pengirim | : dr.ARIES BUDIANTO,Sp.B-KBD |
| Nama Pasien | : WIAH | Ruang Pengirim | : R.JIMBARAN - KLS 2 |
| Jenis Kelamin | : P | Diagnosa | : Abses Gluteus D st. supuratif |
| Usia | : 41 tahun 10 bulan 27 hari | Jenis Pemeriksaan | : 11. PUS - 11.3.4 KULTUR AEROB PUS DAN UJI KEPEKAAN AB |
| Tanggal kirim sampel | : 16-05-2024 | | |
| Tanggal selesai hasil | : 18-05-2024 | | |

A. Sediaan Langsung :

1. Pewarnaan Gram :
- Sel epitel

:

Ditemukan sel epitel 1-9/LPK (2+)
- Sel Radang

:

Ditemukan sel radang 1-9/LPK (2+)
- Mikroorganisme

:

Ditemukan morfologi bakteri Coccus Gram Positif 1-5/LPB (2+)
2. Pewarnaan Ziehl Nielsen :
3. Pewarnaan KOH :
4. Pewarnaan Neisser :
5. Pewarnaan Negatif :
6. Pewarnaan Spora :
7. Pewarnaan Giemsa :

B. Biakan Kultur (Aerob/Anaerob)

Staphylococcus aureus

C. Tes Kepekaan Antibiotika : (S: Sensitif; I: Sensitif sedang; R: Resisten)

| Jenis Obat | 1 | 2 | Jenis Obat | 1 | 2 | Jenis Obat | 1 | 2 |
|----------------------------------|---|---|----------------------------|---|---|--------------------|---|---|
| A. PENICILLIN & DERIVATNYA | | | F. CEPHALOSPHORIN | | | I. MACROLIDES | | |
| 1. Amoxycillin | | | 1. Cafepime | | | 1. Erythomycin | | |
| 2. Amoxycillin & Cluvalanic Acid | | | 2. Cefpirome | | | 2. Lincomycin | | |
| 3. Ampicillin | | | 3. Cefoperazone | | | 3. Clindamycin | S | |
| 4. Ampicillin/ Sulbactam | | | 4. Cefoperazone/ sulbactam | | | 4. Azithromycin | | |
| 5. Benzilpenicillin | | | 5. Cefditoren | | | 5. Clarithromycin | | |
| 6. Piperacilling/ Tazobactam | | | 6. Cefadroxil | | | 6. Tobramycin | | |
| 7. Cloxacillin | S | | 7. Cefotaxim | | | J. LAIN-LAIN | | |
| | | | 8. Ceftriaxone | | | 1. Chloramphenicol | | |
| B. FOSFOMYCIN | | | 9. Cefuroxime | | | 2. Nalidixid Acid | | |
| | | | 10. Cefradine | | | 3. Nitrofurantoin | | |
| C. AMINOGLYCOSIDES | | | 11. Cefalexin | | | 4. Colistine | | |
| 1. Gentamicin | | | 12. Cefazoline | | | 5. Co-trimoxazole | S | |
| 2. Netilmicin | | | 13. Cefixime | | | 6. Vancomycin | | |
| 3. Amikacin | | | 14. Ceftazidime | | | 7. Linezolid | | |
| | | | 15. Ceftizoxime | | | 8. Tigecycline | | |
| D. FLUORAQUINOLON | | | 16. Cefoxitin | | | 9. Rifampicin | | |
| 1. Ciprofloxacin | | | G. CARBAPENEM | | | K. ANTIFUNGAL | | |
| 2. Ofloxacin | | | 1. Meropenem | | | 1. Fluconazole | | |
| 3. Levofloxacin | | | 2. Imipenem | | | 2. Voriconazole | | |
| 4. Moxifloxacin | | | 3. Doripenem | | | 3. Micafungin | | |
| | | | 4. Ertapenem | | | 4. Amphothericin B | | |
| E. TETRACYLINE | | | | | | 5. Caspofungin | | |
| 1. Tetracyline | | | H. METRONIDAZOLE | | | 8. Flucytosine | | |
| 2. Doxycyline | | | | | | | | |

D. Saran/Komentar :

Isolat di atas mengesankan sebagai patogen penyebab infeksi.

Petugas



TRI WIDHI ASTUTI, AMd.AK

Dokter Laboratorium

dr.ANDREW WILLIAM TULLE,M.Sc./dr.YUYUN
KUSNANINGRUM,Sp.MK