

# Complex Lab Results

**Detected Results Summary**

**Respiratory Infectious Disease Pathogens**

Pathogen	Detected	Estimated Copies/mL	Est. Microbial Load*
<i>Haemophilus influenzae</i>	Detected	1.7 x 10 <sup>7</sup>	Moderate
<i>Streptococcus pneumoniae</i>	Detected	7.5 x 10 <sup>6</sup>	High
<i>Staphylococcus aureus</i>	Detected	3.9 x 10 <sup>7</sup>	Moderate

**Summary Report**

Facility Name: Physician Office  
 Provider: Dr. Allan Smith  
 Address: 123 Main Street

Patient Information  
 Name: John Doe  
 DOB: 04/05/1954  
 Gender: M  
 Drug Allergies: Penicillins  
 Clinical Notes from Ordering Physician: Assesses mono antimicrobial

Specimen Information  
 Accession Number: 102840367  
 Date Collected: 12/22/2019  
 Date Received: 12/30/2019  
 Report Date: 12/30/2019  
 Sample Type: Wound

**Panel Wound Dx**

**Organism Detected**

Organism	Results	Low (< 10 <sup>4</sup> cuf/ml)	Est. Microbial Load* Medium (10 <sup>4</sup> - 10 <sup>7</sup> cuf/ml)	High (> 10 <sup>7</sup> cuf/ml)
<i>Corynebacterium jeikeium, jeikeium, striatum, tuberculostenoforme</i>	Detected	Low	Medium	High
<i>E. coli (EHEC) O157 Enterohemorrhagic + E. coli enteropathogenic</i>	Detected	Low	Medium	High
<i>Staphylococcus aureus</i>	Detected	Low	Medium	High

**Panel Antibiotic Resistance**

Antibiotic	Results	Detected	Detected
Amoxicillin	Detected	Detected	Detected
Clindamycin	Detected	Detected	Detected

**Antibiotic Table Legend:**  
 (+) Generally, greater than 90%  
 (+) Generally, reproducibility 1  
 (-) Variable activity antimicro  
 Note: Personalized report is  
 national antimicrobial sensitivity  
 Administration Mode: po = o  
 Antibiotics might not be avi

**Antibiotic Resistant**

ermB, C, mdrA  
 Potential resist  
 include: ery, Ac  
 Enterobacter, E  
 Pneumococci  
 tel a, tet M  
 Potential resist  
 Acinetobact  
 Pseudomon  
 Pseudomon  
 at (AT, AB) etc  
 Potential Resis  
 Acinetobacter, Borde  
 Mycobacterium, Proteus, Pseu

Date: 12/30/2019 08:31

# Simple Interpretations

Laboratory Analysis Report

Report ID: XXXXXXXX Patient: XXXXX, XXXXX DOB: XX/XX/XXXX Collected: XX/XX/XXXX  
 Source: Nasopharynx Provider: XXXXX, XXXXX Resulted: XX/XX/XXXX Received: XX/XX/XXXX

**Organisms Detected**

Common pathogens in bold

- Klebsiella pneumoniae**
- Candida albicans
- Staphylococcus aureus**
- Haemophilus influenzae**

**Resistance Detected**

Macrolide, Clindamycin

Antimicrobial Resistance ARKSCORE  
 LO 2 HI

**Allergies Reported**

Vancomycin

**Drug Information**

**Amoxicillin Clavulanate**  
 Dosing Req: ✓ Renal ✗ Hepatic  
 Side Effects: Rash  
 Interactions: Allopurinol  
 Adverse Reaction: ARKSCORE  
 LO 2 HI

Infection Complexity ARKSCORE

LOW  3  HIGH

**ONECHOICE®**

**Amoxicillin Clavulanate 875/125 mg PO BID x 5 days for possible sinusitis\***

Are there alternative treatments?

Most cases of bronchitis, rhinitis, and sinusitis are viral and self-limiting. Bacteria detected may represent nasopharyngeal colonization. Additional treatment options include cefdinir (ARKSCORE 2) or trimethoprim-sulfamethoxazole (ARKSCORE 1), although trimethoprim-sulfamethoxazole is not commonly used for upper respiratory infections (not indicated for pneumonia).†

When should this be treated?

Most cases of sinusitis/bronchitis are viral. In cases of bacterial sinusitis infections, symptoms may include fevers, persistent symptoms beyond 10 days, maxillary toothache and worsening symptoms after a temporary improvement. Symptoms may also include facial pain and complaints of bad odors being smelled by the patient.‡

Are there any special considerations?

Bacteria that commonly colonize the nasopharynx or microbes associated with the normal flora may be detected on nasopharyngeal samples. In most cases these organisms are not pathogenic, however, there are situations in which these organisms may need to be treated. Staph is a common colonizer of the nasopharynx, less commonly associated with sinusitis. However, in about 10% of cases of bacterial sinusitis, Staph aureus is the culprit.‡

How long should treatment last?

Most cases of acute sinusitis and bronchitis are self-limiting, as they are usually secondary to viruses. Bacterial sinusitis is treated with antibiotics for 5-7 days. Pneumonia is often treated for 5-7 days, although it may need to be extended in complicated cases. Bacterial pharyngitis is treated for 10 days.‡

What infection control measures should be implemented?

Standard precautions.‡

For more about this report, scan, click, or call 321-204-ARK-1

\* Dosing and duration of treatment based on adult patient, with no medical history, normal BMI, renal and hepatic functions, and minimal time required to treat simple infections. Treatment is directed at common pathogens noted above, and the most commonly associated antibiotic resistance based on genes detected. Resistance is variable and drug failure is possible. Additional microbiology workup and treatment modification may be needed.  
 † For education purposes only. Clinical correlation and physician judgement required when making a diagnosis or treatment decisions. Recommendations based on laboratory results, and limited to specimen source, organisms, resistance genes, allergies, and ICD10 codes. Patient has not been examined nor their medical history reviewed.  
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To get started, contact us at [info@arkstonemedical.com](mailto:info@arkstonemedical.com)

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