

Mathhar Ahmad Abu Morad MD

## Routine Urine Culture

#### **Urine:**

- •Urine carries waste products and excess water out of the body.
- •Normal urine is typically pale yellow and clear.
- •Obvious abnormalities in the color, clarity, and cloudiness may suggest different diseases.



# Routine Urine Culture

#### Aim of the test

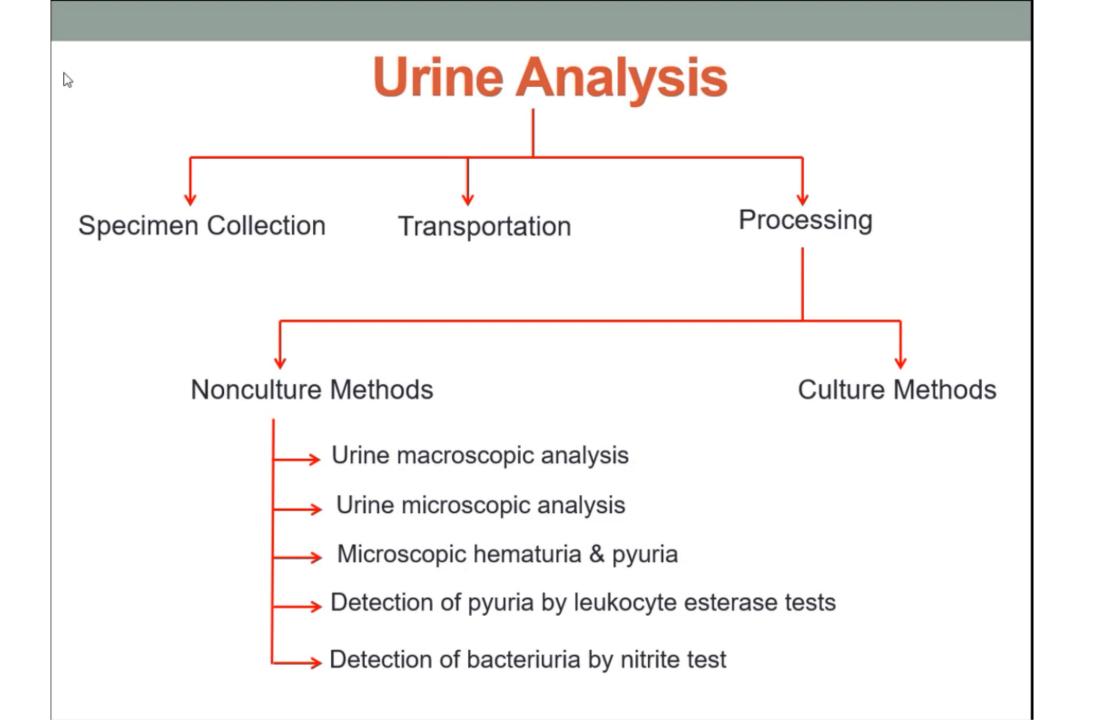
An etiological diagnosis of bacterial urinary tract infection with identification and susceptibility test of the isolated bacteria(s).

#### Types of specimen

- ■Urine (Midstream urine), suprapubic aspiration, catheterized urine.
- Note: First morning specimens yield highest bacterial counts from overnight incubation in the bladder, and are the best specimens.

#### Criteria of specimen rejection

Un-refrigerated specimen older than 2 hours may be subject to overgrowth and may not yield valid results; unlabeled specimen; mislabeled specimen; specimen in expired transport container; 24 hours urine specimens.



## Specimen Collection

#### Patient preparing

- -Collection of midstream urine for investigation:
- Patient not needing assistance:
- **X**Give the patient a suitable container.
- XInstruct the patient to collect the midstream urine .
- **X**Tell the patient not to touch the inside or rim of the container.
- Tell the patient to close the container properly.



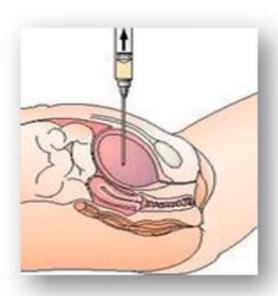
## Specimen Collection

## Who will collect the specimen

- ☐ Midstream urine is collected by the patient.
- ☐ If disabled, nursing staff will assist in collection.
- ☐For catheterized specimen, nursing staff will collect the specimen.
- ☐ Suprapubic aspiration is performed by the physician.

## Quantity of specimen

To fill line in transport tube (~20 mL).



Suprapubic aspiration

## Transportation

# Time relapse before processing the sample

The maximum time allowed for processing a urine sample is **2 hours** from the time of collection.

## **Storage**

At room temperature unless delay is inevitable; it must be refrigerated or mixed with preservative like boric acid.

# **Macroscopic Urinalysis**

Macroscopic examination used to view elements that are visible by naked eye.

- 1- Hematuria: is the presence of abnormal numbers of red cells in urine due to:
- a. Glomerular damage.
- b. Tumors.
- Urinary tract stones.
- d. Upper and lower urinary tract infections.

# **Macroscopic Urinalysis**

#### Hematuria

#### **Two Types of Hematuria**

 Gross hematuria: means that the blood can be seen by the naked eye. The urine may look pinkish, brownish, or bright red.





Gross Hematuria

# **Macroscopic Urinalysis**

## 2- Hemoglobinuria:

- Presence of heamoglobin in urine due to rupturing of RBCs
- This may occur in malaria, typhoid, yellow fever, hemolytic jaundice and other diseases.



# **Macroscopic Urinalysis**

## 3- Pyuria:

Refers to the presence of abnormal numbers of leukocytes that may appear with infection in either the upper or lower urinary tract or with acute glomerulonephritis.





## **Microscopic Urinalysis**

## Microscopic hematuria & pyuria

Microscopic hematuria & pyuria means that the urine is clear, but RBCs and WBCs can be seen only under a microscope.

Pyuria: refers to urine which contains pus cells granulocytes.

Normal values:

- Men: <2 WBCs per high power field

- Women: <5

#### Normal values for RBCs in urine:

4 RBCs per high power fixed (RBC/HPF).



Microscopic Hematuria

## **Microscopic Urinalysis**

## Microscopic hematuria & pyuria

#### Reporting:

```
WBC count recorded as:
```

<10/ml

10-100/ml

100-500/ml

>500/ml

#### Other findings may be recorded as:

```
-/+ = Scanty
```

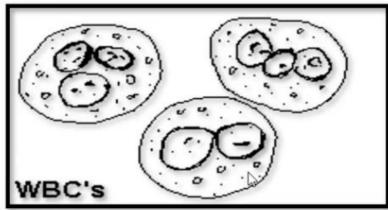
+ = Few

++ = Moderate

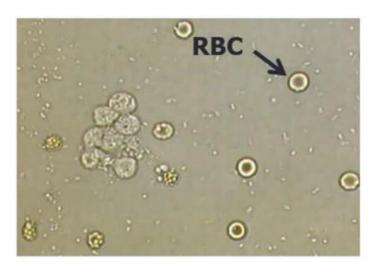
+++ = Many

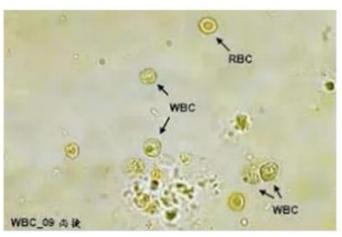
#### **WBCs and RBCs in Urine**





These white blood cells in urine have lobed nuclei and refractile cytoplasmic granules.





Cs in urine

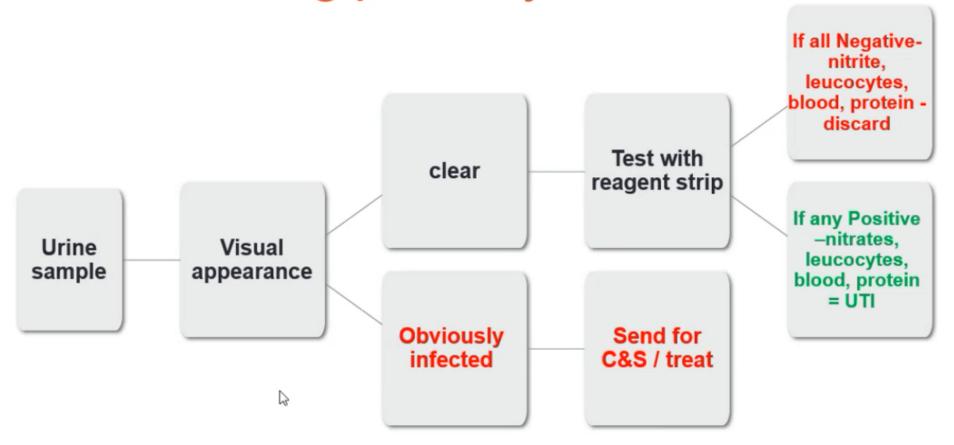
## **Microscopic Urinalysis**

#### **Bacteria**

- Bacteria are common in urine specimens (from contamination).
- Therefore, micorganisms in carefully collected urines should be interpreted in view of clinical symptoms.



# UTI testing pathway



#### **Detection of bacteriuria by nitrite test**

- Used for screening for bacteria.
- Normal urine contain nitrate but not nitrites.
- In the presence of bacteria, the normally present nitrate in the urine is reduced to nitrite.



- Positive test indicates presence of more than 10 organisms/ml.
- Detected by <u>dipstick chemical analysis</u>

#### Detection of pyuria by leukocyte esterase tests

-Depends on esterase method:

+ve result: means more than 5 leucocytes/hpf. (high power field)

-Detected by **dipstick chemical analysis** 

The squares on the dipstick represent the following components in the urine



**Bilirubin** 

**Ketones** 

**Specific Gravity** 

Blood

pН

**Protein** 

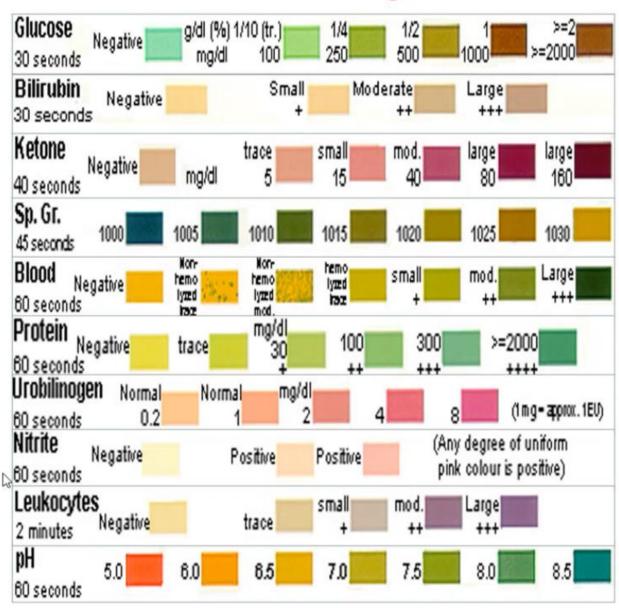
Urobilinogen

**Nitrite** 

**Leukocyte Esterase** 



- Glucose
- Bilirubin
- Ketone
- Specific Gravity
- Blood
- Protein
- Urobilinogen
- Nitrite
- Leukocyte
- pH



# leukocyte esterase tests

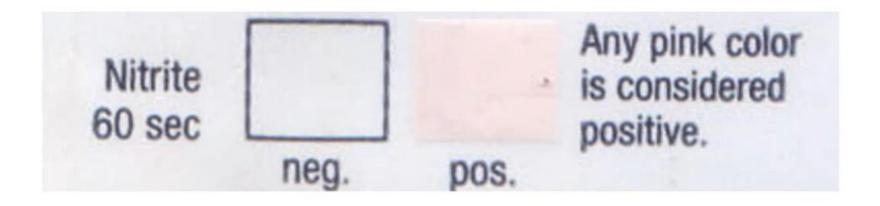


Leukocytes: Indicates infection or inflammation

## Normal <del>=</del> negative

- Pyuria: Leukocytes in urine
- Cystitis: Bladder infection
- Pyelonephritis: Kidney infection

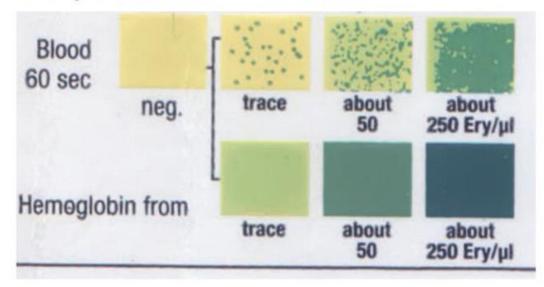
## Nitrite test



Normal=negative

## Dipstick Urinalysis Interpretation- Blood

Blood: Almost always indicates pathology because RBC are too large to pass through glomerulus



#### Normal=negative

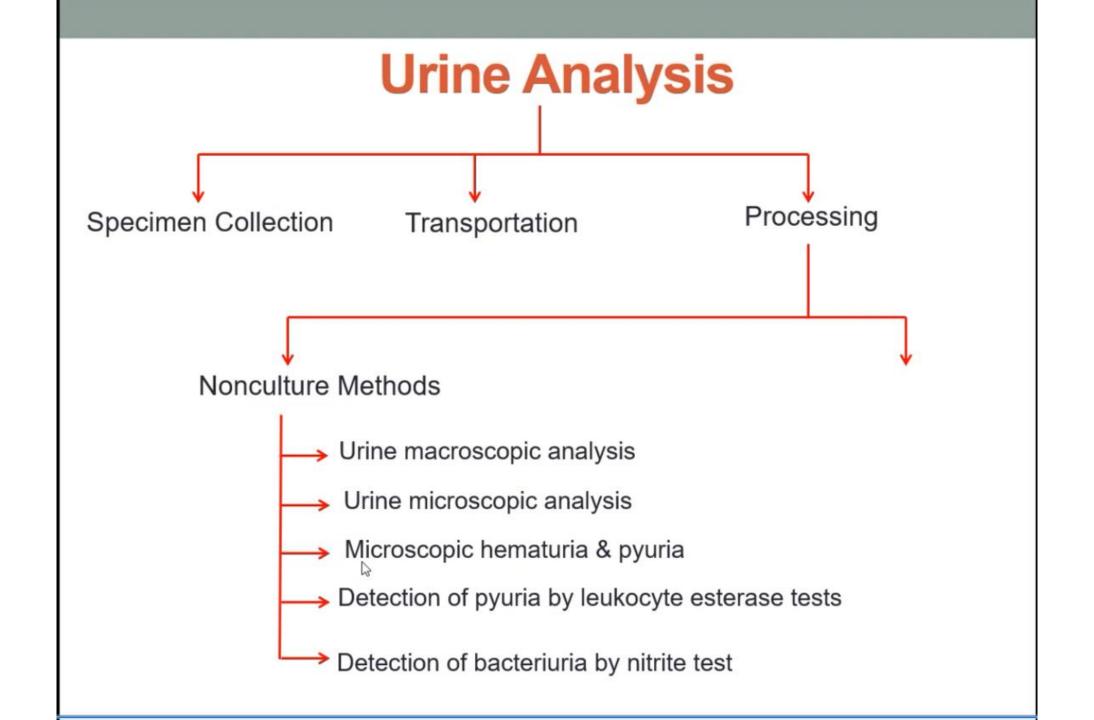
- Hematuria: Blood in urine
- Possible causes: Kidney stone, infection, tumor
- Caution: Very common finding in women because of menstruation.

المخدمات المطبية الملكية		: 21 A)1	الرقم الطبي :
	مستشفى:		الرقم الوطني : 🔃 📗 📗
فحص البول		- دکر اینی	الرئية :
URINAL		العزب منزوح	العمر:
1444 Sandanas	Tal.	نسح ) الغيادة : الغيادة : الطبيب الطبرف :	ال الله المنتب الله الله الله الله الله الله الله الل
Diagnosis & Relevant Informatio	- August - A		
m -	Result	Test	Result
Test	BUSHIL	1101	
Test		Microscopie	
Albumin	N. L		
Albumin Sugar		Microscopie	4-6
Albumin		Microscopic sediment:	
Albumin Sugar		Microscopic sediment : R. B. C	
Albumin Sugar		Microscopic sediment: R. B. C W. B. C easts	
Albumin Sugar		Microscopic sediment: R. B. C W. B. C casts Crystals	
Albumin Sugar		Microscopic sediment: R. B. C W. B. C easts	

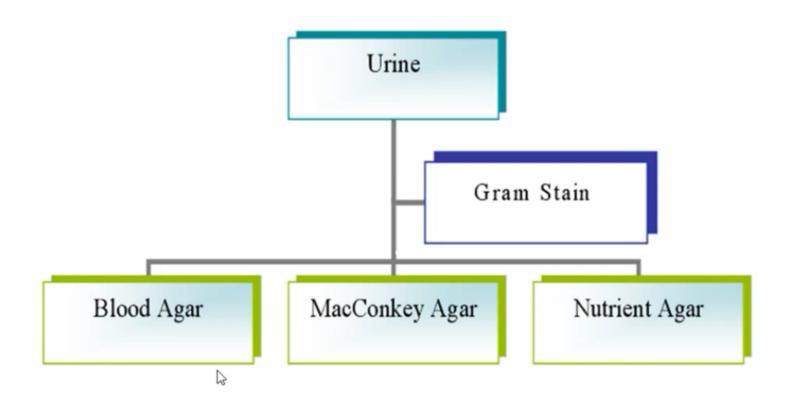
#### الخدمات الطبية الملكية

مستشفى:

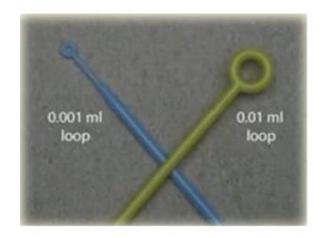
لحص البول URINALY		انئی انئی منزوج	نکر اعزب	الرتبة : العمر :
طبيب (ختصاصي:		اسم و توفيع الطبيب للشرف:	المسم / العيادة :	اريخ الطلب:
Diagnosis & Relevant Information				
Test	Result	Tes	t	Result
Albumin	+(1)	Microscopic		
Sugar	4467	sediment :		
Other Tests:		R.B.C	8	-10
		W.B.C	0	1-20
		casts	8	1-20
	23	Crystals Other Findings	at ox	alate
Comments :				
اسم و توفيع طبيب الختير :	الشرقة	اسم و توقیع	: خيالتا	: Lundari



# **Urine Analysis**

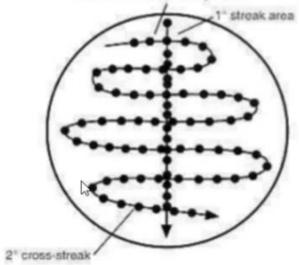


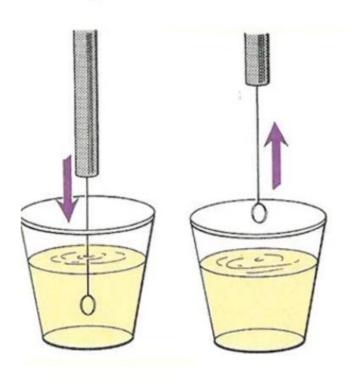
# Culture of urine sample



#### Quantitative

Point of application of calibrated volume of specimen





# **General Criteria to Diagnose UTI**

#### **Suprapubic Aspiration:**

Any growth.

#### Catheterization:

Greater than 100 colony forming units/ml.

#### Midstream Clean Catch:

Greater than 100,000 colony forming units/ml.

# **Urine Analysis**

#### **Culture Methods**

Significant Growth of E. coli in MacConkey Agar



مات الطبية الملكية	الخد مستشفى :	: 81		اسم للريض الكامل : الرقم الطبي :
ص الأحياء الدقيقة MICROBIOLO			] نکر نکر امز	الرقم الوطني : الرتبة : العمر :
الطبيب الاختصاصي :		اسم وتوقيع الطبيب للشرف :	سم/العيادة :	ريخ الطلب: الق
Diagnosis:		Type & Source of Specim	nen: Te	est Requested:
Sensitivity Test			For Lab. Use	
Sensitive Aug Ta2 Ak CIP	Resistant A m N A SXI		coli	

#### Pathogens and commensals

Common pathogens	Commensal flora		
Neisseria gonorrhoeae any colony on chocolate or TM agar (special request).	Diphtheroid bacilli		
E.coli and other Enterobacteriaceae	Lactobacillus spp		
Enterococcus spp	Coagulase negative Staphylococci		
*Staphylococcus aureus  Pure culture regardless to the no. of CFUs.	Alpha Haemolytic Streptococci		
Staph saprophyticus	Bacillus spp		
Corynebacterium jeikeium	Non pathogenic Neisseria spp.		
Acinetobacter spp	Anaerobic cocci		
Pseudomonas spp	Commensal Mycobacterium		
* Gardnerella vaginalis Unusual	Commensal Mycoplasma spp.		
Beta -haemolytic streptococci			
* Salmonella spp (early stage of infection)	* yeast		
Parasites			
Schistosoma haematobium			
Trichomonas vaginalis			

\* Diagnostic Microbiology, BAILEY & SCOTT, 9th