



Patient Test, Wound
Date of Birth 12/12/1990
Sex Male
Address 1840 N Greenville Ave, RICHARDSON, TX 75081
Order # 29

Facility OmniHealth Diagnostics
Ordering Provider DAVID MEHR
NPI 1497795728
Date Submitted 12/22/2025 04:22 PM EST
Date Reported 12/26/2025 03:45 PM EST

Samples

Barcode	Specimen	Fasting	Date Collected	Date Received
00000029-1	Wound Swab	No	12/21/2025 04:22 PM EST	12/23/2025 09:05 AM EST

Results

Test Name	Result	UOM	Reference Range
Wound Antibiotic Resistance			
ampC	🚩 Detected		Not Detected
femA	Not Detected		Not Detected
mecA	🚩 Detected		Not Detected
QnrA	Not Detected		Not Detected
QnrB	Not Detected		Not Detected
vanA1, vanA2	Not Detected		Not Detected
vanB	Not Detected		Not Detected
KPC	🚩 Detected		Not Detected
NDM	Not Detected		Not Detected
OXA-48	Not Detected		Not Detected
VIM, IMP-7	Not Detected		Not Detected
CTX-M Group 1	🚩 Detected		Not Detected
CTX-M Group 2	Not Detected		Not Detected
SHV	Not Detected		Not Detected
TEM	Not Detected		Not Detected
ErmA	Not Detected		Not Detected
ErmB	Not Detected		Not Detected
mefA	🚩 Detected		Not Detected
Wound Pathogens w/ABX			
Acinetobacter baumanii	🚩 Detected		Not Detected
Enterococcus faecalis	🚩 Detected		Not Detected
Escherichia coli	🚩 Detected		Not Detected



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Staphylococcus aureus	Not Detected		Not Detected
Enterobacter cloacae	Not Detected		Not Detected
Klebsiella oxytoca	Not Detected		Not Detected
Klebsiella pneumoniae	🚩 Detected		Not Detected
Pseudomonas aeruginosa	Not Detected		Not Detected
Citrobacter freundii	🚩 Detected		Not Detected
Morganella morganii	Not Detected		Not Detected
Proteus mirabilis	Not Detected		Not Detected
Proteus vulgaris	Not Detected		Not Detected
Bacteroides fragilis	🚩 Detected		Not Detected
Enterococcus faecium	Not Detected		Not Detected
Klebsiella aerogenes	Not Detected		Not Detected
Streptococcus pyogenes	Not Detected		
Clostridium novyi	Not Detected		Not Detected
Clostridium perfringens	Not Detected		Not Detected
Clostridium septicum	Not Detected		Not Detected
Kingella kingae	Not Detected		Not Detected

Legend: 🚩 Abnormal 🚩🚩 Critical

DETECTED PATHOGENS

Klebsiella pneumoniae	Detected	Gram-negative organism(s), may be responsible for skin and soft tissue infections (SSTIs). More frequently implicated in chronic wounds and diabetic/immunocompromised patients.
Citrobacter freundii	Detected	
Escherichia coli	Detected	
Bacteroides fragilis	Detected	Gram-negative anaerobic organism, may be responsible for skin and soft tissue infections (SSTIs).

Enterococcus faecalis	Detected	Gram-positive organism(s), commonly responsible for skin and soft tissue infections (SSTIs).
Acinetobacter baumanii	Detected	Gram-negative organism, may be responsible for skin and soft tissue infections (SSTIs). Approximately 50% of isolates display multi-drug resistance. Treatment with novel IV and referral to an ID specialist is likely warranted for moderate-severe disease.

DETECTED RESISTANCE GENES

ampC	Detected	Confers resistance to penicillins and most cephalosporins. Expressed only by gram-negative organisms.
CTX-M Group 1	Detected	Extended Spectrum Beta-lactamase (ESBL): Confers resistance to penicillins, penicillin-BLI combinations, most cephalosporins, aztreonam. Expressed only by select gram-negative organisms.
mecA	Detected	Confers resistance to penicillins, penicillin-BLI combinations, cephalosporins, carbapenems. Expressed only by staphylococcus spp.
mefA	Detected	Confers resistance to macrolides. Expressed primarily by Streptococcus and Staphylococcus spp.
KPC	Detected	Carbapenem-resistant Enterobacteriales (CRE): Confers resistance to penicillins, penicillin-BLI combinations, cephalosporins, carbapenems, aztreonam. Expressed only by select gram-negative organisms.

For polymicrobial infections, detection of disease-causing pathogen(s) and exclusion of non-pathogenic skin flora is dependent on integrity of specimen and collection technique. Superficial swab may not yield accurate results of deeper infection (e.g. deep tissue collection warranted). Practitioner discretion should be utilized to determine pathogenic organism(s); antimicrobial coverage for all detected organisms may not always be necessary.

PHARM TREATMENT CONSIDERATIONS

Regimens based on organisms most likely to be pathogenic. Microbial load considered when available.

Medication	Dose/Duration	Renal Adjustment	Considerations
Ciprofloxacin (Cipro)	500-750 mg PO BID x 7-14 d	CrCl < 30 mL/min: 500-750 mg every 24 hrs	Coverage for: <i>Acinetobacter baumanii*</i> , <i>Citrobacter freundii</i> , <i>Escherichia coli</i> , <i>Klebsiella pneumoniae</i> • \$15-28 for 7 day course † • FQ class-wide warnings include: CNS toxicity, peripheral neuropathy, myasthenia gravis, aortic dissection, tendinopathy, QT interval prolongation, C.difficile colitis
OR			
Levofloxacin (Levaquin)	750 mg PO daily x 7-14 d	CrCl 20-49 mL/min: 750 mg PO every other day	Coverage for: <i>Acinetobacter baumanii*</i> , <i>Citrobacter freundii</i> , <i>Escherichia coli</i> , <i>Klebsiella pneumoniae</i>

Medication	Dose/Duration	Renal Adjustment	Considerations
		CrCl 10-19 mL/min: 750 mg PO once followed by 500 mg PO every other day	<ul style="list-style-type: none"> • \$19-24 for 14 day course † • FQ class-wide warnings include: CNS toxicity, peripheral neuropathy, myasthenia gravis, aortic dissection, tendinopathy, QT interval prolongation, C.difficile colitis

* Displays variable activity vs pathogen
† Based on available online coupons

PLUS

Medication	Dose/Duration	Renal Adjustment	Considerations
Amoxicillin/Clavulanic acid (Augmentin)	875/125 mg PO BID x 7-14 d	CrCl 10-30 mL/min: 500 mg amoxicillin component every 12 hrs CrCl < 10 mL/min: 500 mg amoxicillin component every 24 hrs	<p>Coverage for: <i>Bacteroides fragilis</i>, <i>Enterococcus faecalis</i></p> <ul style="list-style-type: none"> • \$18-29 for 7 day course † • Avoid in PCN allergy

† Based on available online coupons

Resistance Genes

KPC, OXA, NDM, VIM, IMP (CREs) confer resistance to most β -lactam agents, including carbapenems. Listed oral options display variable activity (\pm) and may be considered for mild disease. Treatment with novel intravenous agents or omadacycline and referral to infectious disease specialist may be warranted for moderate-severe disease.

Additional Considerations

Duration of treatment for bacterial SSTIs generally ranges from 7-14 d. Longer durations of 2-4 weeks may be warranted for chronic wound infections, diabetic foot infections, or in patients with severe disease/insufficient clinical response. In addition, wounds should be evaluated for bone involvement (e.g. osteomyelitis); which likely warrants systemic therapy along with surgical management. **Topical gentamicin 0.1% cream and/or mupirocin 2% ointment may be added for gram-negative and gram-positive pathogens, respectively.**

Reviewed by: Max Dudenkov, PharmD
(PS57804)

Date: 12/26/2025

Have a question about a report? Scan the QR code to chat with a pharmacist or call 904-618-3554.



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