

Uricult® Interpretation Guide

EMB Agar



Pre-inoculation:
EMB: Brownish-red mostly gram negative selective agar.
CLED: Green to gray green non-selective agar that supports the growth of most urinary pathogens.



E. coli:
EMB: Black centered colonies frequently with a green metallic sheen. CLED: Yellow opaque rough colonies. Agar is yellow in area of growth.



Klebsiella:
EMB: Blue-black colonies with lighter edges. Often mucoid. CLED: Large yellow translucent colonies that frequently run together.



Enterobacter:
EMB: Reddish-black opaque colonies. CLED: Colonies yellow-green and sometimes mucoid. Agar yellow to yellow-green in area of growth.



Staphylococcus:
EMB: No growth or poor growth. CLED: Orange to yellow or white opaque colonies. Agar yellow in area of growth.



Enterococcus:
EMB: No growth or poor growth with very small pinpoint colonies. CLED: Small yellow colonies with translucent edges. Agar is yellow in area of growth.



Proteus:
EMB: Moist, translucent frequently swarming colonies. CLED: Blue to gray-blue translucent raised colonies. Sometimes opaque. Agar blue in area of growth.

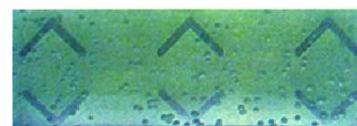


Pseudomonas:
EMB: Colorless, translucent flat colonies with rough surface. CLED: Colorless translucent, rough colonies with irregular edges. Agar blue in area of growth.



Yeast:
EMB: No growth or scant pinpoint growth. CLED: White opaque dome-shaped creamy colonies. Media blue in area of growth.

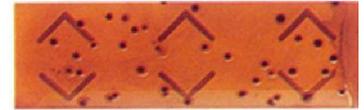
CLED Agar



Colony Density



1000



10,000



50,000



100,000



1,000,000

Following incubation a colony count should be performed on the **CLED agar side only**. Estimates are determined by comparison to the above density chart. The accuracy of the colony count can be enhanced by streaking the CLED agar with a 10 ul calibrated loop and multiplying the number of observed colonies by 100. As a guideline, colony counts for samples taken by cystocentesis that exceed 1000 cfm/ml should be considered significant and supportive of UTI. Colony counts of 100-1000 cfm/ml should be viewed as suspicious and counts of 100 are likely contaminants. These guidelines should be increased tenfold for samples taken from patients via catheter¹. It is recommended that positive cultures meeting quantitation criteria for UTI be further investigated or sent to an outside reference laboratory for confirmation and susceptibility testing.

¹Data adapted from Urinalysis: A Clinical Guide to Compassionate Patient Care, Carl A. Osborne, DVM, PhD and Jerry B. Stevens, DVM, PhD. 1999 Bayer Corporation.

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