Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

NAME	**: Mr. JASWINDER SINGH**		
AGE/ GENDER	: 27 YRS/MALE	**PATIENT ID**	: 1573362
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012408070037**
REFERRED BY	:	**REGISTRATION DATE**	: 07/Aug/2024 11:56 AM
BARCODE NO.	: 01514658	**COLLECTION DATE**	: 07/Aug/2024 11:56AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 07/Aug/2024 12:28PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

HAEMATOLOGY

BLOOD GROUP (ABO) AND RH FACTOR TYPING

ABO GROUP *by SLIDE AGGLUTINATION*	B		
RH FACTOR TYPE *by SLIDE AGGLUTINATION*	POSITIVE		

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)

NAME	**: Mr. JASWINDER SINGH**		
AGE/ GENDER	: 27 YRS/MALE	**PATIENT ID**	: 1573362
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012408070037**
REFERRED BY	:	**REGISTRATION DATE**	: 07/Aug/2024 10:00 AM
BARCODE NO.	: 01514658	**COLLECTION DATE**	: 07/Aug/2024 11:56AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 07/Aug/2024 01:11PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

IMMUNOPATHOLOGY/SEROLOGY

HEPATITIS C VIRUS (HCV) ANTIBODY: TOTAL

HEPATITIS C ANTIBODY (HCV) TOTAL: SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	0.06	S/CO	NEGATIVE: < 1.00 POSITIVE: > 1.00
HEPATITIS C ANTIBODY (HCV) TOTAL RESULT *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	NON - REACTIVE		

INTERPRETATION:-

RESULT (INDEX)	REMARKS
< 1.00	NON - REACTIVE/NOT - DETECTED
> =1.00	REACTIVE/ASYMPTOMATIC/INFECTIVE STATE/CARRIER STATE.

Hepatitis C (HCV) is an RNA virus of Favivirus group transmitted via blood transfusions, transplantation, injection drug abusers, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10 % of new cases show sexual transmission. As compared to HAV & HBV , chronic infection with HCV occurs in 85 % of infected individuals. In high risk population, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25 %.

USES:

1. Indicator of past or present infection, but does not differentiate between Acute/ Chronic/Resolved Infection.
2. Routine screening of low and high prevelance population including blood donors.

NOTE:

1. False positive results are seen in Auto-immune disease, Rheumatoid Factor, HYpergammaglobulinemia, Paraproteinemia, Passive antibody transfer, Anti-idiotypes and Anti-superoxide dismutase.
2. False negative results are seen in early Acute infection, Immunosuppression and Immuno—incompetence.
3. *HCV-RNA PCR recommended in all reactive results to differentiate between past and present infection.*

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)

Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

NAME	**: Mr. JASWINDER SINGH**		
AGE/ GENDER	: 27 YRS/MALE	**PATIENT ID**	: 1573362
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012408070037**
REFERRED BY	:	**REGISTRATION DATE**	: 07/Aug/2024 10:00 AM
BARCODE NO.	: 01514658	**COLLECTION DATE**	: 07/Aug/2024 11:56AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 07/Aug/2024 01:11PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

ANTI HUMAN IMMUNODEFICIENCY VIRUS (HIV) DUO ULTRA WITH (P-24 ANTIGEN DETECTION)

HIV 1/2 AND P24 ANTIGEN: SERUM *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	0.05	S/CO	NEGATIVE: < 1.00 POSITIVE: > 1.00
HIV 1/2 AND P24 ANTIGEN RESULT *by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)*	NON - REACTIVE		

INTERPRETATION:-

RESULT (INDEX)	REMARKS
< 1.00	NON - REACTIVE
> = 1.00	PROVISIONALLY REACTIVE

Non-Reactive result implies that antibodies to HIV 1/ 2 have not been detected in the sample . This menas that patient has either not been exposed to HIV 1/ 2 infection or the sample has been tested during the “window phase” i.e. before the development of detectable levels of antibodies. Hence a Non Reactive result does not exclude the possibility of exposure or infection with HIV 1/ 2.

RECOMMENDATIONS:

1. Results to be clinically correlated
2. Rarely falsenegativity/positivity may occur.

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)

NAME	**: Mr. JASWINDER SINGH**		
AGE/ GENDER	: 27 YRS/MALE	**PATIENT ID**	: 1573362
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012408070037**
REFERRED BY	:	**REGISTRATION DATE**	: 07/Aug/2024 10:00 AM
BARCODE NO.	: 01514658	**COLLECTION DATE**	: 07/Aug/2024 11:56AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 07/Aug/2024 02:07PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

HEPATITIS B SURFACE ANTIGEN (HBsAg) ULTRA

HEPATITIS B SURFACE ANTIGEN (HBsAg): SERUM	0.28	S/CO	NEGATIVE: < 1.0 POSITIVE: > 1.0
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)			
HEPATITIS B SURFACE ANTIGEN (HBsAg) RESULT	NON REACTIVE		
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)			

INTERPRETATION:

RESULT IN INDEX VALUE	REMARKS
< 1.30	NEGATIVE (-ve)
>=1.30	POSITIVE (+ve)

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infection of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2 % normal adolescent and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80 % neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symtoms. Persistence of HBsAg for more than 6 months indicates carrier state or Chronic Liver disease.

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)

Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

NAME	**: Mr. JASWINDER SINGH**		
AGE/ GENDER	: 27 YRS/MALE	**PATIENT ID**	: 1573362
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012408070037**
REFERRED BY	:	**REGISTRATION DATE**	: 07/Aug/2024 10:00 AM
BARCODE NO.	: 01514658	**COLLECTION DATE**	: 07/Aug/2024 11:56AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 07/Aug/2024 12:33PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

VDRL

VDRL *by IMMUNOCHROMATOGRAPHY*	NON REACTIVE		NON REACTIVE

INTERPRETATION:

1.Does not become positive until 7 - 10 days after appearance ofchancre.
2.***High titer (>1:16) - active disease.***
3.***Low titer (<1:8) - biological falsepositive test in 90% cases or due to late or late latent syphillis.***
4.Treatment of primary syphillis causes progressive decline tonegative VDRL within 2 years.
5.Rising titer (4X) indicates relapse,reinfection, or treatment failure and need for retreatment.
6.May benonreactive in early primary, late latent, and late syphillis (approx. 25% ofcases).
7.Reactive and weakly reactive tests should always be confirmedwith FTA-ABS (fluorescent treponemal antibody absorptiontest).

SHORTTERM FALSE POSITIVE TEST RESULTS (<6 MONTHS DURATION) MAY OCCURIN:

1.Acute viral illnesses (e.g., hepatitis, measles, infectious mononucleosis)
2.M. pneumoniae; Chlamydia; Malaria infection.
3.Some immunizations
4.Pregnancy (rare)

LONGTERM FALSE POSITIVE TEST RESULTS (>6 MONTHS DURATION) MAY OCCUR IN:

1.Serious underlying disease e.g., collagen vascular diseases, leprosy ,malignancy.
2.Intravenous drug users.
3.Rheumatoid arthritis, thyroiditis, AIDS, Sjogren's syndrome.
4.<l0 % of patients older thanage 70 years.
5.Patients taking some anti-hypertensive drugs.

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)

Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

NAME	**: Mr. JASWINDER SINGH**		
AGE/ GENDER	: 27 YRS/MALE	**PATIENT ID**	: 1573362
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012408070037**
REFERRED BY	:	**REGISTRATION DATE**	: 07/Aug/2024 10:00 AM
BARCODE NO.	: 01514658	**COLLECTION DATE**	: 07/Aug/2024 11:56AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 07/Aug/2024 04:45PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

CLINICAL PATHOLOGY

SEMEN ANALYSIS/SEMINOGRAM

Test Name	Value	Unit	Biological Reference interval
PHYSICAL EXAMINATION			
TIME OF SPECIMEN COLLECTION	07-08-2024	AM/PM	
DURATION OF ABSTINENCE	3 DAYS	DAYS	2 - 7
TYPE OF STONE	FRESH		
LIQUIFACTION TIME AT 37*C	< 30 MINS	MINS	30 - 60
VOLUME	1.2	ML	
COLOUR	WHITISH OPAQUE		WHITISH OPAQUE
VISCOSITY	MILDLY VISCOUS		VISCOUS
pH	**8^{H}**		**5.0 - 7.5**
AUTOMMATED SEMEN ANALYSIS, GOLD STANDARD, WHO APPROVED (SQA GOLD)			
TOTAL SPERM CONCENTRATION *by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM*	NIL	Millions/mL	12 - 16
TOTAL MOTILITY (GRADE A + GRABE B + GRADE C) *by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM*	NIL	%	> = 42.0
MORPHOLOGY NORMAL *by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM*	N.A	%	> = 4.0
SPERM MOTILE INDEX (SMI) *by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM*	N.A		> = 80
TOTAL PER EJACULATION			
TOTAL SPERM NUMBER *by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM*	NIL	Millions/ejc.	> = 39.0
TOTAL MOTILE SPERM *by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM*	NIL	Millions/ejc.	> = 16.0
TOTAL PROGRESSIVE MOTILE SPERM *by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM*	N.A.	Millions/ejc.	> = 12.0
TOTAL FUNCTIONAL SPERM *by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM*	N.A.	Millions/ejc.	
TOTAL MORPHOLOGY NORMAL SPERM *by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM*	N.A.	Millions/ejc.	> = 2.0

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)

Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

NAME	**: Mr. JASWINDER SINGH**		
AGE/ GENDER	: 27 YRS/MALE	**PATIENT ID**	: 1573362
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012408070037**
REFERRED BY	:	**REGISTRATION DATE**	: 07/Aug/2024 10:00 AM
BARCODE NO.	: 01514658	**COLLECTION DATE**	: 07/Aug/2024 11:56AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 07/Aug/2024 04:45PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
MANUAL MICROSCOPY AND MORPHOLOGY			
RED BLOOD CELLS (RBCs) *by MICROSCOPY*	NOT DETECTED	/HPF	NOT DETECTED
PUS CELLS *by MICROSCOPY*	0-3	/HPF	0 - 5
AGGLUTINATES *by MICROSCOPY*	NOT DETECTED		NOT DETECTED
AMORPHOUS DEPOSITS/ROUND CELLS/DEBRIS *by MICROSCOPY*	NOT DETECTED		NOT DETECTED
BACTERIA *by MICROSCOPY*	NEGATIVE (-ve)		NEGATIVE (-ve)
CHEMICAL EXAMINATION			
SEMEN FRUCTOSE (QUALITATIVE) *by QUALITATIVE METHOD USING RESORCINOL*	**POSITIVE (+ve)**		**POSITIVE (+ve)**
IMPRESSION	AZOOSPERMIA		

INTERPRETATION:

1.Fructose is the energy source for sperm motility. A positive fructose is considered normal.
2.Azoospermia and fructose negative results may indicate an absence of seminal vesicles / vas deferens in the area of seminal vesicles / obstruction of seminal vesicles.

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)

Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

NAME	**: Mr. JASWINDER SINGH**		
AGE/ GENDER	: 27 YRS/MALE	**PATIENT ID**	: 1573362
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012408070037**
REFERRED BY	:	**REGISTRATION DATE**	: 07/Aug/2024 10:00 AM
BARCODE NO.	: 01514658	**COLLECTION DATE**	: 07/Aug/2024 11:56AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 08/Aug/2024 11:12AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

CYTOLOGY

FINE NEEDLE ASPIRATION CYTOLOGY (FNAC) OF TESTIS

TEST NAME:

FINE NEEDLE ASPIRATION CYTOLOGY (FNAC) OF TESTIS

CLINICAL HISTORY (IF ANY):

SITE:

Both testis

NATURE OF SWELLING:

Testis appear normal sized.

MATERIAL ASPIRATED:

A few drops of fluid with thread like structures.

MICROSCOPIC EXAMINATION:

FNAC both testis show many sertoli cells & a few scattered spermatogenic cells.Occasionally cells with mitotic activity noted.No mature spermatozoa seen.

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)

Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

Dr. Yugam Chopra
MD (Pathology)
CEO & Consultant Pathologist

NAME	**: Mr. JASWINDER SINGH**		
AGE/ GENDER	: 27 YRS/MALE	**PATIENT ID**	: 1573362
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012408070037**
REFERRED BY	:	**REGISTRATION DATE**	: 07/Aug/2024 10:00 AM
BARCODE NO.	: 01514658	**COLLECTION DATE**	: 07/Aug/2024 11:56AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 08/Aug/2024 11:12AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

INTERPRETATION/RESULT:

Suggestive of absent spermatogenesis -Both testis.

*** End Of Report ***

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)