

Dr. Vinay Chopra
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Dr. Yugam Chopra
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 CEO & Consultant Pathologist

NAME	: Mr. SANDEEP	PATIENT ID	: 1600659
AGE/ GENDER	: 37 YRS/MALE	REG. NO./LAB NO.	: 012409030040
COLLECTED BY	:	REGISTRATION DATE	: 03/Sep/2024 01:40 PM
REFERRED BY	:	COLLECTION DATE	: 03/Sep/2024 02:04PM
BARCODE NO.	: 01516245	REPORTING DATE	: 03/Sep/2024 01:57PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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HAEMATOLOGY

HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB) by CALORIMETRIC	10.2 ^L	gm/dL	12.0 - 17.0
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INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the tissues back to the lungs.

A low hemoglobin level is referred to as ANEMIA or low red blood count.

ANEMIA (DECREASED HAEMOGLOBIN):


- 1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer)
- 2) Nutritional deficiency (iron, vitamin B12, folate)
- 3) Bone marrow problems (replacement of bone marrow by cancer)
- 4) Suppression by red blood cell synthesis by chemotherapy drugs
- 5) Kidney failure
- 6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia).

POLYCYTHEMIA (INCREASED HAEMOGLOBIN):

- 1) People in higher altitudes (Physiological)
- 2) Smoking (Secondary Polycythemia)
- 3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration
- 4) Advanced lung disease (for example, emphysema)
- 5) Certain tumors
- 6) A disorder of the bone marrow known as polycythemia rubra vera,
- 7) Abuse of the drug erythropoietin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD




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CLINICAL CHEMISTRY/BIOCHEMISTRY

LIVER FUNCTION TEST (COMPLETE)

BILIRUBIN TOTAL: SERUM <i>by DIAZOTIZATION, SPECTROPHOTOMETRY</i>	0.85	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
BILIRUBIN DIRECT (CONJUGATED): SERUM <i>by DIAZO MODIFIED, SPECTROPHOTOMETRY</i>	0.18	mg/dL	0.00 - 0.40
BILIRUBIN INDIRECT (UNCONJUGATED): SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	0.67	mg/dL	0.10 - 1.00
SGOT/AST: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	19.6	U/L	7.00 - 45.00
SGPT/ALT: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	35.1	U/L	0.00 - 49.00
AST/ALT RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	0.56	RATIO	0.00 - 46.00
ALKALINE PHOSPHATASE: SERUM <i>by PARA NITROPHENYL PHOSPHATASE BY AMINO METHYL PROPANOL</i>	85.27	U/L	40.0 - 130.0
GAMMA GLUTAMYL TRANSFERASE (GGT): SERUM <i>by SZASZ, SPECTROPHOTOMETRY</i>	34.33	U/L	0.00 - 55.0
TOTAL PROTEINS: SERUM <i>by BIURET, SPECTROPHOTOMETRY</i>	7.18	gm/dL	6.20 - 8.00
ALBUMIN: SERUM <i>by BROMOCRESOL GREEN</i>	4.09	gm/dL	3.50 - 5.50
GLOBULIN: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	3.09	gm/dL	2.30 - 3.50
A : G RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	1.32	RATIO	1.00 - 2.00

INTERPRETATION

NOTE:- To be correlated in individuals having SGOT and SGPT values higher than Normal Reference Range.


USE:- Differential diagnosis of diseases of hepatobiliary system and pancreas.

INCREASED:

DRUG HEPATOTOXICITY	> 2
ALCOHOLIC HEPATITIS	> 2 (Highly Suggestive)
CIRRHOSIS	1.4 - 2.0




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Test Name	Value	Unit	Biological Reference interval
INTRAHEPATIC CHOLESTATIS	> 1.5		
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly Increased)		

DECREASED:

1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)
2. Extra Hepatic cholestasis: 0.8 (normal or slightly decreased).

PROGNOSTIC SIGNIFICANCE:

NORMAL	< 0.65
GOOD PROGNOSTIC SIGN	0.3 - 0.6
POOR PROGNOSTIC SIGN	1.2 - 1.6




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CLINICAL PATHOLOGY

SEMEN ANALYSIS/SEMINOGRAM


PHYSICAL EXAMINATION


TIME OF SPECIMEN COLLECTION	03-09-2024	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	VISCOUS		VISCOUS
pH	gH		5.0 - 7.5

AUTOMATED SEMEN ANALYSIS, GOLD STANDARD, WHO APPROVED (SQA GOLD)

TOTAL SPERM CONCENTRATION	282.3	Millions/mL	12 - 16
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM			
TOTAL MOTILITY (GRADE A + GRADE B + GRADE C)	31	%	> = 42.0
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM			
RAPIDLY PROGRESSIVE MOTILITY (GRADE A)	17	%	> = 30.0
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM			
SLOWLY PROGRESSIVE MOTILITY (GRADE B)	10	%	> = 30
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM			
NON PROGRESSIVE MOTILITY (GRADE C)	4	%	< = 1
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM			
IMMOTILE	69	%	
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM			
MORPHOLOGY NORMAL	4	%	> = 4.0
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM			
MOTILE SPERM CONCENTRATION	86.2	Millions/mL	> = 6.0
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM			
RAPIDLY PROGRESSIVE MOTILE SPERM CONCENTRATION	48.4	Millions/mL	> = 5.0
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM			
SLOWLY PROGRESSIVE MOTILE SPERM CONCENTRATION	28.6	Millions/mL	
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM			




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Test Name	Value	Unit	Biological Reference interval
FUNCTIONAL SPERM CONCENTRATION <i>by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM</i>	7.8	Millions/mL	
VELOCITY (AVERAGE PATH VELOCITY) <i>by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM</i>	54	Mic/sec	> = 5
SPERM MOTILE INDEX (SMI) <i>by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM</i>	445		> = 80
<u>TOTAL PER EJACULATION</u>			
TOTAL SPERM NUMBER <i>by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM</i>	338.8	Millions/ejc.	> = 39.0
TOTAL MOTILE SPERM <i>by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM</i>	103.4	Millions/ejc.	> = 16.0
TOTAL PROGRESSIVE MOTILE SPERM <i>by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM</i>	92.4	Millions/ejc.	> = 12.0
TOTAL FUNCTIONAL SPERM <i>by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM</i>	9.4	Millions/ejc.	
TOTAL MORPHOLOGY NORMAL SPERM <i>by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM</i>	13.6	Millions/ejc.	> = 2.0
<u>MANUAL MICROSCOPY AND MORPHOLOGY</u>			
VITALITY <i>by MICROSCOPY</i>	69	%	
RED BLOOD CELLS (RBCs) <i>by MICROSCOPY</i>	NOT DETECTED	/HPF	NOT DETECTED
PUS CELLS <i>by MICROSCOPY</i>	6-8	/HPF	0 - 5
EPITHELIAL CELLS <i>by MICROSCOPY</i>	0-2	/HPF	ABSENT
AGGLUTINATES <i>by MICROSCOPY</i>	NOT DETECTED		NOT DETECTED
AMORPHOUS DEPOSITS/ROUND CELLS/DEBRIS <i>by MICROSCOPY</i>	NOT DETECTED		NOT DETECTED
BACTERIA <i>by MICROSCOPY</i>	NEGATIVE (-ve)		NEGATIVE (-ve)
HEAD DEFECTS <i>by MICROSCOPY</i>	38	%	
PIN HEADS <i>by MICROSCOPY</i>	9	%	





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Test Name	Value	Unit	Biological Reference interval
NECK AND MID-PIECE DEFECTS <i>by MICROSCOPY</i>	25	%	
TAIL DEFECTS <i>by MICROSCOPY</i>	20	%	
CYTOPLASMIC DROPLETS <i>by MICROSCOPY</i>	2	%	
ACROSOME/NUCLEUS DEFECTS <i>by MICROSCOPY</i>	2	%	

CHEMICAL EXAMINATION

SEMEN FRUCTOSE (QUALITATIVE)

by QUALITATIVE METHOD USING RESORCINOL

POSITIVE (+ve)


POSITIVE (+ve)

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.




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MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: URINE

CULTURE AND SUSCEPTIBILITY: URINE

DATE OF SAMPLE	03-09-2024
SPECIMEN SOURCE	URINE
INCUBATION PERIOD	48 HOURS
by AUTOMATED BROTH CULTURE	
CULTURE	STERILE
by AUTOMATED BROTH CULTURE	
ORGANISM	NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF INCUBATION AT 37°C
by AUTOMATED BROTH CULTURE	

AEROBIC SUSCEPTIBILITY: URINE

INTERPRETATION:

1. In urine culture and sensitivity, presence of more than 100,000 organism per mL in midstream sample of urine is considered clinically significant. However in symptomatic patients, a smaller number of bacteria (100 to 10000/mL) may signify infection.
2. Colony count of 100 to 10000/ mL indicate infection, if isolate from specimen obtained by suprapubic aspiration or "in-and-out" catheterization or from patients with indwelling catheters.

SUSCEPTIBILITY:

1. A test interpreted as **SENSITIVE** implies that infection due to isolate may be appropriately treated with the dosage of an antimicrobial agent recommended for that type of infection and infecting species, unless otherwise indicated..
2. A test interpreted as **INTERMEDIATE** implies that the "Infection due to the isolate may be appropriately treated in body sites where the drugs are physiologically concentrated or when a high dosage of drug can be used".
3. A test interpreted as **RESISTANT** implies that the "isolates are not inhibited by the usually achievable concentration of the agents with normal dosage, schedule and/or fall in the range where specific microbial resistance mechanism are likely (e.g. beta-lactamases), and clinical efficacy has not been reliable in treatment studies.

CAUTION:

Conditions which can cause a false Negative culture:

1. Patient is on antibiotics. Please repeat culture post therapy.
2. Anaerobic bacterial infection.
3. Fastidious aerobic bacteria which are not able to grow on routine culture media.
4. Besides all these factors, at least in 25-40 % of cases there is no direct correlation between in vivo clinical picture.
5. Renal tuberculosis to be confirmed by AFB studies.





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CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: SEMEN

CULTURE AND SUSCEPTIBILITY - SEMEN

DATE OF SAMPLE	03-09-2024
SPECIMEN SOURCE	SEMEN
INCUBATION PERIOD	48 HOURS
CULTURE	STERILE

by AUTOMATED BROTH CULTURE

ORGANISM	NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF INCUBATION AT 37°C
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by AUTOMATED BROTH CULTURE

AEROBIC SUSCEPTIBILITY - SEMEN

INTERPRETATION

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*** End Of Report ***




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