



	Dr. Vinay Chopra MD (Pathology & Microbiolo Chairman & Consultant Patho		(Pathology)
NAME	: Mr. SUNDRUM		
AGE/ GENDER	: 47 YRS/MALE	PATIENT ID	: 1618150
COLLECTED BY	:	REG. NO./LAB NO.	: 012409190048
REFERRED BY	: LOOMBA HOSPITAL (AMBALA CANTT)	REGISTRATION DATE	: 19/Sep/2024 12:17 PM
BARCODE NO.	: 01517281	COLLECTION DATE	: 19/Sep/2024 12:25PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPORTING DATE	: 19/Sep/2024 05:13PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CA	ANTT	
Test Name	Value	e Unit	Biological Reference interval

HAEMATOLOGY

BLOOD GROUP (ABO) AND RH FACTOR TYPING

ABO GROUP by SLIDE AGGLUTINATION RH FACTOR TYPE by SLIDE AGGLUTINATION 0

NEGATIVE



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

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

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 0171-2643898, +91 99910 43898
 care@koshealthcare.com
 www.koshealthcare.com



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT





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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD), AMBALA CANT	Т	
Test Name		Value	Unit	Biological Reference interva
				°
	IN	/IMUNOPAT	HOLOGY/SEROLOG	GY
			HOLOGY/SEROLOG 6 (HCV) ANTIBODY: T	
HEPATITIS C ANTIBC		ATITIS C VIRUS		
HEPATITIS C ANTIBC	HEPA DY (HCV) TOTAL: SERUM RESCENT MICROPARTICLE IMMUNO	ATITIS C VIRUS	5 (HCV) ANTIBODY: T S/CO	OTAL NEGATIVE: < 1.00
HEPATITIS C ANTIBC by CMIA (CHEMILUMIN HEPATITIS C ANTIBC RESULT	HEP/ DY (HCV) TOTAL: SERUM SECENT MICROPARTICLE IMMUNO DY (HCV) TOTAL	ATITIS C VIRUS 0.08 ASSAY) NON RE	5 (HCV) ANTIBODY: T S/CO	OTAL NEGATIVE: < 1.00
HEPATITIS C ANTIBC by cmia (chemilumin HEPATITIS C ANTIBC RESULT by cmia (chemilumin	HEPA DY (HCV) TOTAL: SERUM RESCENT MICROPARTICLE IMMUNO	ATITIS C VIRUS 0.08 ASSAY) NON RE	5 (HCV) ANTIBODY: T S/CO	OTAL NEGATIVE: < 1.00
HEPATITIS C ANTIBC by CMIA (CHEMILUMIN HEPATITIS C ANTIBC RESULT by CMIA (CHEMILUMIN INTERPRETATION:-	HEPA DY (HCV) TOTAL: SERUM ESCENT MICROPARTICLE IMMUNO DY (HCV) TOTAL ESCENT MICROPARTICLE IMMUNO	ATITIS C VIRUS 0.08 ASSAY) NON RE	5 (HCV) ANTIBODY: T S/CO	OTAL NEGATIVE: < 1.00
HEPATITIS C ANTIBC by CMIA (CHEMILUMIN HEPATITIS C ANTIBC RESULT by CMIA (CHEMILUMIN INTERPRETATION:-	HEP/ DY (HCV) TOTAL: SERUM SECENT MICROPARTICLE IMMUNO DY (HCV) TOTAL	ATITIS C VIRUS 0.08 ASSAY) NON RE	s (HCV) Antibody: T s/CO Active	OTAL NEGATIVE: < 1.00 POSITIVE: > 1.00

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-RNĂ 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)







	obiology)	Dr. Yugam MD CEO & Consultant	(Pathology)
: Mr. SUNDRUM			
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	Value	Unit	Biological Reference interval
HUMAN IMMUNODEFICIENCY	VIRUS (HIV) DUO ULTRA WITH ((P-24 ANTIGEN DETECTION)
	0.1	S/CO	NEGATIVE: < 1.00 POSITIVE: > 1.00
		IVE	
INTERPRETATION:- RESULT (INDEX)			
T (INDEX)		REMARKS NON - REACTIVE	
	MD (Pathology & Micr Chairman & Consultar : Mr. SUNDRUM : 47 YRS/MALE : : LOOMBA HOSPITAL (AMBALA CA : 01517281 : KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROAD, AMB : 6349/1, NICHOLSON ROAD, AMB HUMAN IMMUNODEFICIENCY ITIGEN: SERUM iescent microparticle immunoassay)	MD (Pathology & Microbiology) Chairman & Consultant Pathologist : Mr. SUNDRUM : 47 YRS/MALE P : 01517281 C : 01517281 C : KOS DIAGNOSTIC LAB R : 6349/1, NICHOLSON ROAD, AMBALA CANTT Value HUMAN IMMUNODEFICIENCY VIRUS (HIV ITIGEN: SERUM 0.1 VESCENT MICROPARTICLE IMMUNOASSAY)	MD (Pathology & Microbiology) Chairman & Consultant Pathologist MD CEO & Consultant : Mr. SUNDRUM PATIENT ID : 47 YRS/MALE PATIENT ID : LOOMBA HOSPITAL (AMBALA CANTT) REGISTRATION DATE : 01517281 COLLECTION DATE : KOS DIAGNOSTIC LAB REPORTING DATE : 6349/1, NICHOLSON ROAD, AMBALA CANTT Init HUMAN IMMUNODEFICIENCY VIRUS (HIV) DUO ULTRA WITH (MIGEN: SERUM 0.1 S/CO ITIGEN: SERUM 0.1 S/CO ITIGEN RESULT NON REACTIVE

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)

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Test Name		Value	Unit	Biological Reference interval
	НЕРА	TITIS B SURFA	CE ANTIGEN (HBsAg) UL	TRA
SERUM	CE ANTIGEN (HBsAg):	0.29	CE ANTIGEN (HBsAg) UL S/CO	TRA NEGATIVE: < 1.0 POSITIVE: > 1.0
SERUM by CMIA (CHEMILUMIN HEPATITIS B SURFA(RESULT		0.29 OASSAY) NON RE	S/CO	NEGATIVE: < 1.0
SERUM by CMIA (CHEMILUMIN HEPATITIS B SURFA) RESULT by CMIA (CHEMILUMIN INTERPRETATION:	CE ANTIGEN (HBsAg): NESCENT MICROPARTICLE IMMUN CE ANTIGEN (HBsAg) NESCENT MICROPARTICLE IMMUN	0.29 OASSAY) NON RE	S/CO	NEGATIVE: < 1.0
SERUM by CMIA (CHEMILUMIN HEPATITIS B SURFA(RESULT by CMIA (CHEMILUMIN <u>INTERPRETATION:</u> RESUI	CE ANTIGEN (HBsAg): NESCENT MICROPARTICLE IMMUN CE ANTIGEN (HBSAg)	0.29 OASSAY) NON RE	S/CO	NEGATIVE: < 1.0

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.





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Page 4 of 8





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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CAN	ΓT	
Test Name	Value	Unit	Biological Reference interval
		VDRL	
VDRL	NON R	EACTIVE	NON REACTIVE
by IMMUNOCHROMAT INTERPRETATION:	OGRAPHY		
	oositive until 7 - 10 days after appearance ofcha	incre.	
	antikus diasana		
2.High titer (>1:16) -		a lata an lata latant sumbillis	
2. High titer (>1:16) - 3. Low titer (<1:8) - b	iological falsepositive test in 90% cases or due to		
2. <i>High titer (>1:16)</i> - 3. <i>Low titer (<1:8)</i> - b 4.Treatment of prim 5.Rising titer (4X) inc		ive VDRL within 2 years. and need for retreatment.	

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

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.<10 % of patients older thanage 70 years.
- 5.Patients taking some anti-hypertensive drugs.



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4. Pregnancy (rare)







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Test Name		Value		Unit	Biological Reference interval
	CI	LINICAL	PATHOLO	GY	
			SIS/SEMINO		
PHYSICAL EXAMINA					
TIME OF SPECIMEN		18-09-20	124	AM/PM	
DURATION OF ABST		3 DAYS	JZ4	DAYS	2 - 7
TYPE OF STONE	INEINCE	FRESH		DATS	2 - 1
LIQUIFACTION TIME	AT 37*C	< 30 MI	٧S	MINS	30 - 60
VOLUME		1		ML	
COLOUR		WHITISH OPAQUE			WHITISH OPAQUE
VISCOSITY		VISCOUS	5		VISCOUS
рН		7.5			5.0 - 7.5
AUTOMMATED SEN	IEN ANALYSIS, GOLD STANDARD, WH	O APPROV	<u>/ED (SQA GOL</u>	<u>.D)</u>	
TOTAL SPERM CONC	ENTRATION signal & computer alogrithm	53.4		Millions/ml	L 12 - 16
TOTAL MOTILITY (GI	RADE A + GRABE B + GRADE C) SIGNAL & COMPUTER ALOGRITHM	4		%	> = 42.0
RAPIDLY PROGRESS	VE MOTILITY (GRADE A)	2		%	> = 30.0
	signal & computer alogrithm VE MOTILITY (GRADE B)	1		%	>= 30
by ELECTRO-OPTICS	<i>signal & computer alogrithm</i> MOTILITY (GRADE C)	1		%	<= 1
	SIGNAL & COMPUTER ALOGRITHM	96		%	
by ELECTRO-OPTICS	SIGNAL & COMPUTER ALOGRITHM				
		1		%	> = 4.0
MOTILE SPERM CON	signal & computer alogrithm ICENTRATION	2.1		Millions/ml	L >= 6.0
by ELECTRO-OPTICS	SIGNAL & COMPUTER ALOGRITHM				
	VE MOTILE SPERM CONCENTRATION SIGNAL & COMPUTER ALOGRITHM	0.3		Millions/mL	L > = 5.0
	VE MOTILE SPERM CONCENTRATION SIGNAL & COMPUTER ALOGRITHM	0		Millions/ml	L



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	Chairman & Con	sultant Pathologist	ant Pathologist CEO & Consultant Pathologist		
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Test Name		Value	Unit	Biological Reference interval	
				•	
FUNCTIONAL SPERN	A CONCENTRATION SIGNAL & COMPUTER ALOGRITHM	0	Millions/r	mL	
VELOCITY (AVERAGI		5	Mic/sec	> = 5	
	SIGNAL & COMPUTER ALOGRITHM	ů	11110/ 000		
SPERM MOTILE IND	. ,	4		> = 80	
by ELECTRO-OPTICS TOTAL PER EJACULA	SIGNAL & COMPUTER ALOGRITHM				
	IBER SIGNAL & COMPUTER ALOGRITHM	53.4	Millions/e	ejc. > = 39.0	
TOTAL MOTILE SPER		2.1	Millions/e	ejc. > = 16.0	
	SIGNAL & COMPUTER ALOGRITHM	2	TVIIIIOTIS/ C		
TOTAL PROGRESSIV		0.3	Millions/e	ejc. > = 12.0	
-	SIGNAL & COMPUTER ALOGRITHM	0	N ATHL		
TOTAL FUNCTIONAL	SPERIM SIGNAL & COMPUTER ALOGRITHM	0	Millions/e	ejc.	
TOTAL MORPHOLO		0.5	Millions/e	eic. >= 2.0	
	SIGNAL & COMPUTER ALOGRITHM				
MANUAL MICROSCO	OPY AND MORPHOLOGY				
VITALITY		54	%		
by MICROSCOPY				NOT DETENTED	
RED BLOOD CELLS (I by MICROSCOPY	RBCs)	NOT DETEC	CTED /HPF	NOT DETECTED	
PUS CELLS		6-10	/HPF	0 - 5	
by MICROSCOPY					
AGGLUTINATES		NOT DETEC	CTED	NOT DETECTED	
	SITS/ROUND CELLS/DEBRIS	NOT DETEC	TED	NOT DETECTED	
by MICROSCOPY	UI U KUUND GELLU/ DEDKIU	NOT DETEC			
BACTERIA		NEGATIVE ((-ve)	NEGATIVE (-ve)	
by MICROSCOPY					
HEAD DEFECTS by MICROSCOPY		38	%		
PIN HEADS		9	%		
by MICROSCOPY		,	10		
		20	0/		

by MICROSCOPY

NECK AND MID-PIECE DEFECTS

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

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

%

28







		Chopra ry & Microbiology) Consultant Pathologist	Dr. Yugam MD CEO & Consultant	(Pathology)
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TAIL DEFECTS		20	%	
by MICROSCOPY CYTOPLASMIC DROF by MICROSCOPY	PLETS	2	%	
ACROSOME/NUCLEL	JS DEFECTS	2	%	
CHEMICAL EXAMIN/	ATION			
SEMEN FRUCTOSE (by QUALITATIVE MET INTERPRETATION:	QUALITATIVE) THOD USING RESORCINOL	POSITIVE (+	+ve)	POSITIVE (+ve)

<u>INTERPRETATION</u>: 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.

*** End Of Report ***





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

MBBS, MD (PATHOLOGY)

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