

Dr. Vinay Chopra
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Chairman & Consultant Pathologist

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

NAME : Mr. RAHUL SINGH
AGE/ GENDER : 25 YRS/MALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 01520368
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1665200
REG. NO./LAB NO. : 012411080038
REGISTRATION DATE : 08/Nov/2024 11:22 AM
COLLECTION DATE : 08/Nov/2024 11:32AM
REPORTING DATE : 08/Nov/2024 01:06PM

Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA 114.9 mg/dL
by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)
NORMAL: < 140.00
PREDIABETIC: 140.0 - 200.0
DIABETIC: > OR = 200.0

INTERPRETATION

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A random plasma glucose level below 140 mg/dl is considered normal.
2. A random glucose level between 140 - 200 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A random glucose level of above 200 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.



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IMMUNOPATHOLOGY/SEROLOGY

VDRL

VDRL by IMMUNOCHROMATOGRAPHY	NON REACTIVE	NON REACTIVE
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INTERPRETATION:

- Does not become positive until 7 - 10 days after appearance ofchancr.
- High titer (>1:16) - active disease.**
- Low titer (<1:8) - biological falsepositive test in 90% cases or due to late or late latent syphilis.**
- Treatment of primary syphilis causes progressive decline tonegative VDRL within 2 years.
- Rising titer (4X) indicates relapse,reinfection, or treatment failure and need for retreatment.
- May benonreactive in early primary, late latent, and late syphilis (approx. 25% ofcases).
- 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:


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

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

- Serious underlying disease e.g., collagen vascular diseases, leprosy ,malignancy.
- Intravenous drug users.
- Rheumatoid arthritis, thyroiditis, AIDS, Sjogren's syndrome.
- <10 % of patients older thanage 70 years.
- Patients taking some anti-hypertensive drugs.




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CLINICAL PATHOLOGY

SEMEN ANALYSIS/SEMINOGRAM

PHYSICAL EXAMINATION

TIME OF SPECIMEN COLLECTION	08-11-2024	AM/PM	
DURATION OF ABSTINENCE	3 DAYS	DAYS	2 - 7
TYPE OF SAMPLE	FRESH		
LIQUIFACTION TIME AT 37°C	< 30 MINS	MINS	30 - 60
VOLUME	1.2	ML	
COLOUR	WHITISH OPAQUE		WHITISH OPAQUE
VISCOSITY	VISCOUS		VISCOUS
pH	8 ^H		5.0 - 7.5

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

TOTAL SPERM CONCENTRATION	198.4	Millions/mL	12 - 16
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM			
TOTAL MOTILITY (GRADE A + GRABE B + GRADE C)	74	%	> = 42.0
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM			
RAPIDLY PROGRESSIVE MOTILITY (GRADE A)	28	%	> = 30.0
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM			
SLOWLY PROGRESSIVE MOTILITY (GRADE B)	40	%	>= 30
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM			
NON PROGRESSIVE MOTILITY (GRADE C)	6	%	<= 1
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM			
IMMOTILE	26	%	
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM			
MORPHOLOGY NORMAL	15	%	> = 4.0
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM			
MOTILE SPERM CONCENTRATION	146.9	Millions/mL	> = 6.0
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM			
RAPIDLY PROGRESSIVE MOTILE SPERM CONCENTRATION	54.6	Millions/mL	> = 5.0
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM			
SLOWLY PROGRESSIVE MOTILE SPERM CONCENTRATION	78.8	Millions/mL	
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM			
FUNCTIONAL SPERM CONCENTRATION	42.1	Millions/mL	





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by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM VELOCITY (AVERAGE PATH VELOCITY)	59	Mic/sec	> = 5
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM SPERM MOTILE INDEX (SMI)	565		> = 80
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM TOTAL PER EJACULATION			
TOTAL SPERM NUMBER	238.1	Millions/ejc.	> = 39.0
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM TOTAL MOTILE SPERM	176.3	Millions/ejc.	> = 16.0
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM TOTAL PROGRESSIVE MOTILE SPERM	160.1	Millions/ejc.	> = 12.0
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM TOTAL FUNCTIONAL SPERM	50.5	Millions/ejc.	
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM TOTAL MORPHOLOGY NORMAL SPERM	35.7	Millions/ejc.	> = 2.0
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM MANUAL MICROSCOPY AND MORPHOLOGY			
VITALITY	72	%	
by MICROSCOPY RED BLOOD CELLS (RBCs)	NOT DETECTED	/HPF	NOT DETECTED
by MICROSCOPY PUS CELLS	5-7	/HPF	0 - 5
by MICROSCOPY AGGLUTINATES	NOT DETECTED		NOT DETECTED
by MICROSCOPY AMORPHOUS DEPOSITS/ROUND CELLS/DEBRIS	NOT DETECTED		NOT DETECTED
by MICROSCOPY BACTERIA	NEGATIVE (-ve)		NEGATIVE (-ve)
by MICROSCOPY HEAD DEFECTS	35	%	
by MICROSCOPY PIN HEADS	7	%	
by MICROSCOPY NECK AND MID-PIECE DEFECTS	26	%	
by MICROSCOPY TAIL DEFECTS	14	%	
by MICROSCOPY			





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CYTOPLASMIC DROPLETS by MICROSCOPY	2	%	
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ACROSOME/NUCLEUS DEFECTS by MICROSCOPY	1	%	
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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.

*** End Of Report ***




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