

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



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

NAME : Mr. BIRDEVINDER SINGH

AGE/ GENDER : 31 YRS/MALE PATIENT ID : 1684359

COLLECTED BY : REG. NO./LAB NO. : 012412090037

REFERRED BY : LOOMBA HOSPITAL (AMBALA CANTT) REGISTRATION DATE : 09/Dec/2024 12:33 PM

BARCODE NO. : 01522216 COLLECTION DATE : 09/Dec/2024 12:45PM

CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 09/Dec/2024 04:57PM

CLIENT ADDRESS: 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

CLINICAL PATHOLOGY SEMEN ANALYSIS/SEMINOGRAM

PHYSICAL EXAMINATION

TIME OF SPECIMEN COLLECTION	09-12-2024	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	1.5	ML	
COLOUR	WHITISH OPAQUE		WHITISH OPAQUE

VISCOSITY VISCOUS PH VISCOUS 8H 5.0 - 7.5

AUTOMMATED SEMEN ANALYSIS. GOLD STANDARD. WHO APPROVED (SOA GOLD)

AUTOMMATED SEMEN ANALYSIS, GOLD STANDARD, WHO APPROVED (SQA GOLD)					
TOTAL SPERM CONCENTRATION by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM	18.4	Millions/mL	12 - 16		
TOTAL MOTILITY (GRADE A + GRABE B + GRADE C) by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM	52	%	> = 42.0		
RAPIDLY PROGRESSIVE MOTILITY (GRADE A) by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM	6	%	> = 30.0		
SLOWLY PROGRESSIVE MOTILITY (GRADE B) by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM	18	%	>= 30		
NON PROGRESSIVE MOTILITY (GRADE C) by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM	28	%	<= 1		
IMMOTILE by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM	48	%			
MORPHOLOGY NORMAL by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM	4	%	> = 4.0		
MOTILE SPERM CONCENTRATION by electro-optics signal & computer alogrithm	9.6	Millions/mL	> = 6.0		
RAPIDLY PROGRESSIVE MOTILE SPERM CONCENTRATION by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM	N 1.1	Millions/mL	> = 5.0		
SLOWLY PROGRESSIVE MOTILE SPERM CONCENTRATION by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM	J 3.4	Millions/mL			
FUNCTIONAL SPERM CONCENTRATION	0.5	Millions/mL			



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





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: KOS DIAGNOSTIC LAB **CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name	Value	Unit	Biological Reference interval
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM VELOCITY (AVERAGE PATH VELOCITY) by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM	17	Mic/sec	> = 5
SPERM MOTILE INDEX (SMI) by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM	26		> = 80
TOTAL PER EJACULATION			
TOTAL SPERM NUMBER by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM	27.6	Millions/ejc.	> = 39.0
TOTAL MOTILE SPERM by electro-optics signal & computer alogrithm	14.4	Millions/ejc.	> = 16.0
TOTAL PROGRESSIVE MOTILE SPERM by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM	6.8	Millions/ejc.	> = 12.0
TOTAL FUNCTIONAL SPERM by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM	0.8	Millions/ejc.	
TOTAL MORPHOLOGY NORMAL SPERM by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM	1.1	Millions/ejc.	> = 2.0
MANUAL MICROSCOPY AND MORPHOLOGY			
VITALITY by MICROSCOPY	62	%	
RED BLOOD CELLS (RBCs) by MICROSCOPY	NOT DETECTED	/HPF	NOT DETECTED
PUS CELLS by MICROSCOPY	5-8	/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)
HEAD DEFECTS by MICROSCOPY	38	%	
PIN HEADS by MICROSCOPY	9	%	
NECK AND MID-PIECE DEFECTS by MICROSCOPY	27	%	
TAIL DEFECTS by MICROSCOPY	19	%	



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CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 09/Dec/2024 04:57PM

CLIENT ADDRESS: 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name	Value	Unit	Biological Reference interval
CYTOPLASMIC DROPLETS by MICROSCOPY	2	%	
ACROSOME/NUCLEUS DEFECTS by MICROSCOPY	1	%	

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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AGE/ GENDER : 31 YRS/MALE **PATIENT ID** : 1684359

COLLECTED BY REG. NO./LAB NO. :012412090037

REFERRED BY : LOOMBA HOSPITAL (AMBALA CANTT) **REGISTRATION DATE** : 09/Dec/2024 12:33 PM BARCODE NO. :01522216 **COLLECTION DATE** : 09/Dec/2024 12:45PM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 11/Dec/2024 04:17PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Value Unit **Biological Reference interval Test Name**

MICROBIOLOGY

CULTURE AEROBIC BACTERIA AND ANTIBIOTIC SENSITIVITY: SEMEN

CULTURE AND SUSCEPTIBILITY - SEMEN

DATE OF SAMPLE 09-12-2024 SPECIMEN SOURCE SEMEN INCUBATION PERIOD 48 HOURS **CULTURE STERILE** by AUTOMATED BROTH CULTURE

NO AEROBIC PYOGENIC ORGANISM GROWN AFTER 48 HOURS OF **ORGANISM**

by AUTOMATED BROTH CULTURE **INCUBATION AT 37*C**

AEROBIC SUSCEPTIBILITY - SEMEN

1. A test interpreted as **SENSTITIVE** 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

- 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

*** End Of Report ***



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