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 MD (Pathology)  
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<b>NAME</b>	: Mr. LAKHBEER SINGH	<b>PATIENT ID</b>	: 1714260
<b>AGE/ GENDER</b>	: 26 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 012501020047
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 02/Jan/2025 03:14 PM
<b>REFERRED BY</b>	: LOOMBA HOSPITAL (AMBALA CANTT)	<b>COLLECTION DATE</b>	: 02/Jan/2025 03:28PM
<b>BARCODE NO.</b>	: 01523353	<b>REPORTING DATE</b>	: 06/Jan/2025 10:09AM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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## IMMUNOPATHOLOGY/SEROLOGY

### VDRL TITRES

**VDRL**  
 by IMMUNOCHROMATOGRAPHY  
 END POINT TITRES  
 by IMMUNOCHROMATOGRAPHY

**REACTIVE**

**NON REACTIVE**

1:64 DILUTION.

#### INTERPRETATION:

#### NOTE:

Titres of 1:8 and above are considered significant

#### COMMENTS:

- 1.This is a screening test for syphilis which is useful for following the progression of disease and response to therapy. Rising titers are of immense value in confirming the diagnosis.
- 2.Reactive results must be correlated with supporting clinical, historical and epidemiological evidence to arrive at a final diagnosis.
- 3.Biological false positive reactions exhibit low titers and are seen in conditions like Viral and Bacterial infections, Mycoplasma infection, Chlamydia infection, Malaria, Immunizations, Pregnancy, Autoimmune disorders & past history of Treponemal infection.
- 3.Subsequent testing of sera by one of specific treponemal antigen such as TPHA & FTA-ABS is recommended in these cases



  
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### TREPONEMA PALLIDUM HAEMAGLUTINATION ASSAY (TPHA)

#### TREPONEMA PALLIDUM HAEMAGLUTINATION ASSAY (T.P.H.A.)

**POSITIVE (+ve)**

**NEGATIVE (-ve)**

by IMMUNOCHROMATOGRAPHY

END POINT TITRES

1:64 DILUTION.

by IMMUNOCHROMATOGRAPHY

#### INTERPRETATION:

1. Syphilis is a chronic infection that progresses through distinct stages namely Primary, Secondary, Tertiary & Quarternary producing diverse clinical symptoms.
2. The infection is caused by the Spirochaete Treponema acquired usually by sexual contact although the disease may be transmitted through blood transfusion and intra-uterine infection.
3. Positive results indicate both past or present infections.
4. False positive results are seen in patients suffering from Leprosy, Infectious mononucleosis and Connective tissue disorders.
5. This test does not distinguish between Syphilis and other pathogenic treponemal infections.
6. All positive results should be confirmed with FTA-ABS (Fluorescent Treponemal Antibodies) test.



*[Signature]*

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**FLUORESCENT TREPONEMAL ANTIBODIES (FTA-ABS)**

<b>TITRES</b> by INDIRECT IMMUNOFLUORESCENCE	<b>1:160</b>	<b>TITRES</b>	<b>&lt; 1:40</b>
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**INTERPRETATION:**


1. A Negative result does not exclude the possibility of exposure to infection by Treponema pallidum.
2. False Reactive Reactions in FTA-ABS are seen in 1 % population in patients suffering from chronic disease like leprosy & malaria and Auto immune disease like SLE.
3. This test is used for confirmation of syphilis due to its high sensitivity.


**COMMENTS:**

Syphilis is a systemic infectious disease caused by Treponema pallidum. Early syphilis is not life threatening, but late manifestations affect the life span and patient productivity. Untreated primary infections in the mother affect the fetus.

STATE OF THE DISEASE	PERCENTAGE POSITIVITY
PRIMARY SYPHILIS	80 - 90
SECONDARY SYPHILIS	99 - 100
TERTIARY SYPHILIS	98



  
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## CLINICAL PATHOLOGY

### SEMEN ANALYSIS/SEMINOGRAM


#### PHYSICAL EXAMINATION


TIME OF SPECIMEN COLLECTION	02-01-2025	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	ML	
COLOUR	WHITISH OPAQUE		WHITISH OPAQUE
VISCOSITY	VISCOUS		VISCOUS
pH	8 <sup>H</sup>		5.0 - 7.5

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

TOTAL SPERM CONCENTRATION	215.3	Millions/mL	12 - 16
<i>by ELECTRO-OPTICS SIGNAL &amp; COMPUTER ALOGRITHM</i>			
TOTAL MOTILITY (GRADE A + GRADE B + GRADE C)	49	%	> = 42.0
<i>by ELECTRO-OPTICS SIGNAL &amp; COMPUTER ALOGRITHM</i>			
RAPIDLY PROGRESSIVE MOTILITY (GRADE A)	21	%	> = 30.0
<i>by ELECTRO-OPTICS SIGNAL &amp; COMPUTER ALOGRITHM</i>			
SLOWLY PROGRESSIVE MOTILITY (GRADE B)	20	%	>= 30
<i>by ELECTRO-OPTICS SIGNAL &amp; COMPUTER ALOGRITHM</i>			
NON PROGRESSIVE MOTILITY (GRADE C)	8	%	<= 1
<i>by ELECTRO-OPTICS SIGNAL &amp; COMPUTER ALOGRITHM</i>			
IMMOTILE	51	%	
<i>by ELECTRO-OPTICS SIGNAL &amp; COMPUTER ALOGRITHM</i>			
MORPHOLOGY NORMAL	8	%	> = 4.0
<i>by ELECTRO-OPTICS SIGNAL &amp; COMPUTER ALOGRITHM</i>			
MOTILE SPERM CONCENTRATION	104.6	Millions/mL	> = 6.0
<i>by ELECTRO-OPTICS SIGNAL &amp; COMPUTER ALOGRITHM</i>			
RAPIDLY PROGRESSIVE MOTILE SPERM CONCENTRATION	44.7	Millions/mL	> = 5.0
<i>by ELECTRO-OPTICS SIGNAL &amp; COMPUTER ALOGRITHM</i>			
SLOWLY PROGRESSIVE MOTILE SPERM CONCENTRATION	43.4	Millions/mL	
<i>by ELECTRO-OPTICS SIGNAL &amp; COMPUTER ALOGRITHM</i>			
FUNCTIONAL SPERM CONCENTRATION	16.6	Millions/mL	



  
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by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM VELOCITY (AVERAGE PATH VELOCITY)	44	Mic/sec	> = 5
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM SPERM MOTILE INDEX (SMI)	283		> = 80
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM <b>TOTAL PER EJACULATION</b>			
TOTAL SPERM NUMBER	215.3	Millions/ejc.	> = 39.0
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM TOTAL MOTILE SPERM	104.6	Millions/ejc.	> = 16.0
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM TOTAL PROGRESSIVE MOTILE SPERM	88.2	Millions/ejc.	> = 12.0
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM TOTAL FUNCTIONAL SPERM	16.6	Millions/ejc.	
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM TOTAL MORPHOLOGY NORMAL SPERM	17.2	Millions/ejc.	> = 2.0
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM <b>MANUAL MICROSCOPY AND MORPHOLOGY</b>			
VITALITY	71	%	
by MICROSCOPY RED BLOOD CELLS (RBCs)	NOT DETECTED	/HPF	NOT DETECTED
by MICROSCOPY PUS CELLS	1-3	/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	39	%	
by MICROSCOPY PIN HEADS	7	%	
by MICROSCOPY NECK AND MID-PIECE DEFECTS	26	%	
by MICROSCOPY TAIL DEFECTS	17	%	
by MICROSCOPY			



  
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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.

\*\*\* End Of Report \*\*\*



  
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