

Dr. Vinay Chopra
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Dr. Yugam Chopra
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NAME	: Mr. ANKUR	PATIENT ID	: 1714844
AGE/ GENDER	: 38 YRS/MALE	REG. NO./LAB NO.	: 012501030030
COLLECTED BY	:	REGISTRATION DATE	: 03/Jan/2025 12:51 PM
REFERRED BY	: LOOMBA HOSPITAL (AMBALA CANTT)	COLLECTION DATE	: 03/Jan/2025 02:18PM
BARCODE NO.	: 01523386	REPORTING DATE	: 03/Jan/2025 02:28PM
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	15.6	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

GLUCOSE RANDOM (R)

GLUCOSE RANDOM (R): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)	105.07	mg/dL	NORMAL: < 140.00 PREDIABETIC: 140.0 - 200.0 DIABETIC: > OR = 200.0
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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

HEPATITIS C VIRUS (HCV) ANTIBODY: TOTAL

HEPATITIS C ANTIBODY (HCV) TOTAL: SERUM	0.07	S/CO	NEGATIVE: < 1.00
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)			POSITIVE: > 1.00

HEPATITIS C ANTIBODY (HCV) TOTAL
 RESULT NON - REACTIVE

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

INTERPRETATION:-

RESULT (INDEX)	REMARKS
< 1.00	NON - REACTIVE/NOT - DETECTED
> =1.00	REACTIVE/ASYMPTOMATIC/INFECTIVE STATE/CARRIER STATE.

Hepatitis C (HCV) is an RNA virus of Favivirus group transmitted via blood transfusions, transplantation, injection drug abusers, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10 % of new cases show sexual transmission. As compared to HAV & HBV , chronic infection with HCV occurs in 85 % of infected individuals. In high risk population, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25 %.

USES:

- Indicator of past or present infection, but does not differentiate between Acute/ Chronic/Resolved Infection.
- Routine screening of low and high prevalence population including blood donors.

NOTE:

- False positive results are seen in Auto-immune disease, Rheumatoid Factor, HYpergammaglobulinemia, Paraproteinemia, Passive antibody transfer, Anti-idiotypes and Anti-superoxide dismutase.
- False negative results are seen in early Acute infection, Immunosuppression and Immuno— incompetence.
- HCV-RNA PCR recommended in all reactive results to differentiate between past and present infection.




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ANTI HUMAN IMMUNODEFICIENCY VIRUS (HIV) DUO ULTRA WITH (P-24 ANTIGEN DETECTION)

HIV 1/2 AND P24 ANTIGEN: SERUM	0.07	S/CO	NEGATIVE: < 1.00 POSITIVE: > 1.00
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)			
HIV 1/2 AND P24 ANTIGEN RESULT	NON - REACTIVE		
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)			

INTERPRETATION:-

RESULT (INDEX)	REMARKS
< 1.00	NON - REACTIVE
> = 1.00	PROVISIONALLY REACTIVE

Non-Reactive result implies that antibodies to HIV 1/ 2 have not been detected in the sample . This means that patient has either not been 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.




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HEPATITIS B SURFACE ANTIGEN (HBsAg) ULTRA

HEPATITIS B SURFACE ANTIGEN (HBsAg):	0.23	S/CO	NEGATIVE: < 1.0
SERUM			POSITIVE: > 1.0

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

HEPATITIS B SURFACE ANTIGEN (HBsAg)	NON REACTIVE
RESULT	

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

INTERPRETATION:

RESULT IN INDEX VALUE	REMARKS
< 1.30	NEGATIVE (-ve)
>=1.30	POSITIVE (+ve)

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 symptoms. Persistence of HBsAg for more than 6 months indicates carrier state or Chronic Liver disease.




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VDRL	VDRL	
VDRL by IMMUNOCHROMATOGRAPHY	REACTIVE	NON REACTIVE

INTERPRETATION:

- Does not become positive until 7 - 10 days after appearance of chancre.
- 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	03-01-2025	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 ^H		5.0 - 7.5

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

TOTAL SPERM CONCENTRATION	274.1	Millions/mL	12 - 16
<i>by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM</i>			
TOTAL MOTILITY (GRADE A + GRADE B + GRADE C)	45	%	> = 42.0
<i>by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM</i>			
RAPIDLY PROGRESSIVE MOTILITY (GRADE A)	15	%	> = 30.0
<i>by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM</i>			
SLOWLY PROGRESSIVE MOTILITY (GRADE B)	21	%	>= 30
<i>by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM</i>			
NON PROGRESSIVE MOTILITY (GRADE C)	9	%	<= 1
<i>by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM</i>			
IMMOTILE	55	%	
<i>by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM</i>			
MORPHOLOGY NORMAL	7	%	> = 4.0
<i>by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM</i>			
MOTILE SPERM CONCENTRATION	122.4	Millions/mL	> = 6.0
<i>by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM</i>			
RAPIDLY PROGRESSIVE MOTILE SPERM CONCENTRATION	41.6	Millions/mL	> = 5.0
<i>by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM</i>			
SLOWLY PROGRESSIVE MOTILE SPERM CONCENTRATION	57.4	Millions/mL	
<i>by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM</i>			
FUNCTIONAL SPERM CONCENTRATION	16.6	Millions/mL	




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by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM VELOCITY (AVERAGE PATH VELOCITY)	40	Mic/sec	> = 5
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM SPERM MOTILE INDEX (SMI)	221		> = 80
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM TOTAL PER EJACULATION			
TOTAL SPERM NUMBER	274.1	Millions/ejc.	> = 39.0
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM TOTAL MOTILE SPERM	122.4	Millions/ejc.	> = 16.0
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM TOTAL PROGRESSIVE MOTILE SPERM	99	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	19.2	Millions/ejc.	> = 2.0
by ELECTRO-OPTICS SIGNAL & COMPUTER ALOGRITHM MANUAL MICROSCOPY AND MORPHOLOGY			
VITALITY	71	%	
by MICROSCOPY RED BLOOD CELLS (RBCs)	NOT DETECTED	/HPF	NOT DETECTED
by MICROSCOPY PUS CELLS	3-4	/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	37	%	
by MICROSCOPY PIN HEADS	9	%	
by MICROSCOPY NECK AND MID-PIECE DEFECTS	28	%	
by MICROSCOPY TAIL DEFECTS	16	%	




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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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