

**REPORT**

Name	: Mr. G.SHIVA	Sample ID	: 24854820
Age/Gender	: 29 Years/Male	Reg. No	: 0312310280027
Referred by	: Dr. M LAKSHMI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Oct-2023 11: 19 AM
Primary Sample	: Semen	Received On	: 28-Oct-2023 12: 20 PM
Sample Tested In	: Semen	Reported On	: 30-Oct-2023 04: 20 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

**CLINICAL PATHOLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>SEMEN ANALYSIS</b>				
Time of Collection	12:30 PM	AM/PM		
Period of Abstinence (In Days)	3	Days		
<b>Physical Examination</b>				
Volume	1.00	mL	>1.5	
Colour	Pearly white		Pearly White	
Viscosity	Viscous		Viscous	
Liquifaction Time	35 mins	Mins	15 - 60	
<b>Chemical Examination</b>				
Semen Fructose	Present			Chemical
PH	Alkaline			Chemical
<b>Microscopic Examination</b>				
Total Sperm Concentration	22	million/ml	over 15 million	Neubauer chamber
Total Sperm count	45.00	Millions/ejaculate	over 40 million	
Pus Cells	02-03	/HPF		
Epithelial Cells	Nil	/HPF		
Rbc	01-02			
Sperm vitality	Live-75% dead-25%	%	>58	Dye exclusion
<b>Morphology</b>				
Normal morphology	20.00	%	>4.0%	Microscopy
Abnormal Morphology	80	%		Microscopy
head defects	40.00	%		Microscopy
Neck & mid piece	20.00	%		Microscopy
Tail defects	20.00	%		Microscopy
<b>Motility</b>				
Progressive (P)	45.00	%	>32	Microscopy of Wet mount
Non Progressive (NP)	20.00	%		Microscopy of Wet mount
Total Motility(P+NP)	65	%	>40	Microscopy of Wet mount
Non Motile	35.00	%		Microscopy of Wet mount
Others	-			
Impression	-			

**Comments:** This assay helps in determining male fertility status. Male infertility can be due to decrease in the number of viable sperms, abnormal sperm morphology and abnormalities of the seminal fluid.



\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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Swarnabala .M  
DR.SWARNABALA  
MD PATHOLOGY

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Test Name	Results	Units	Ref. Range	Method
<b>Sperm count:</b>				
<ul style="list-style-type: none"> <li>Sperm count measures the concentration of sperm in a man's ejaculate, distinguished from total sperm count, which is the sperm count multiplied with volume.</li> </ul>				
<b>Motility:</b>				
<ul style="list-style-type: none"> <li>Grade a: Sperm with progressive motility. These are the strongest and swim fast in a straight line. Sometimes it is also denoted motility IV.</li> <li>Grade b: (non-linear motility): These also move forward but tend to travel in a curved or crooked motion. Sometimes also denoted motility III.</li> <li>Grade c: These have non-progressive motility because they do not move forward despite the fact that they move their tails. Sometimes also denoted motility II.</li> <li>Grade d: These are immotile and fail to move at all. Sometimes also denoted motility .</li> </ul>				
<b>Morphology:</b>				
<ul style="list-style-type: none"> <li>The WHO criteria as described in 2010 state that a sample is normal (samples from men whose partners had a pregnancy in the last 12 months) if 4% (or 5th centile) or more of the observed sperm have normal morphology.</li> </ul>				
<b>Liquifaction:</b>				
<ul style="list-style-type: none"> <li>The liquefaction is the process when the gel formed by proteins from the seminal vesicles is broken up and the semen becomes more liquid. It normally takes less than 20 minutes for the sample to change from a thick gel into a liquid</li> </ul>				
<b>Abnormalities:</b>				
<ul style="list-style-type: none"> <li>Aspermia: absence of semen.</li> <li>Azoospermia: absence of sperm.</li> <li>Oligozoospermia: Very low sperm count.</li> </ul>				

Correlate Clinically.

Laboratory is NABL Accredited

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



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