



Laboratory Investigation Report

Name : Mr. INAM UL HAQ MUHAMMAD NAZIR KHAN ABBASI

DOB : 03/05/1992 Age / Gender : 32 Y 8 M / Male

Referred by : CITICARE MEDICAL CENTER
Centre : CITICARE MEDICAL CENTER

Ref No. : 45507

Sample No. : 2501523903

Collected : 11/01/2025 14:26 **Registered** : 11/01/2025 15:31

Reported : 11/01/2025 17:21

CLINICAL PATHOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
SEMEN ANALYSIS (ROUTINE)					
INVESTIGATION					
TIME OF COLLECTION	2:26 PM			-	
PLACE OF COLLECTION	OUTSIDE LAB			-	
ABSTINENCE (NO OF DAYS)	-		Days	-	
PHYSICAL EXAMINATION					
APPEARANCE	OPAQUE WHITE			WHITE OPAQUE	Visual
VISCOSITY	NORMAL			-	Visual
LIQUEFACTION	COMPLETE			-	Visual
LIQUEFACTION TIME	WITHIN 30		minutes	0 - 30	Visual
	MINUTES				
VOLUME	3		mL	>/=1.4	Visual
AGGLUTINATION	GRADE 0				Microscopy
CHEMICAL EXAMINATION PH	0.0			. / 7.2	Litmus paper
	8.0			>/=7.2	Littilus papei
MICROSCOPIC EXAMINATION SPERM COUNT / mL	43.0		Millions/mL	>/= 15	Microscopy
SPERM COUNT / Ejaculate	129.0		Million/EJAC	>/= 39	Microscopy
PUS CELLS	2-4		/HPF	NIL	Microscopy
RED BLOOD CELLS	0-1		/HPF	NIL	Microscopy
EPITHELIAL CELLS	0-1		/HPF	0 - 4	Microscopy
мотіціту					
TOTAL MOTILITY (PR+NPR)	75.0		%	>/=42%	Microscopy
PROGRESSIVE (PR)	60		%	>/= 30%	Microscopy
NON PROGRESSIVE (NPR)	15		%	>/= 1%	Microscopy
IMMOTILE	25.0	Н	%	= 20%</td <td>Microscopy</td>	Microscopy
SPERM MORPHOLOGY					
TOTAL NORMAL FORMS	15		%	>/=4%	Microscopy
HEAD ABNORMALITY	45		%	NULL	Microscopy
MID-PIECE/NECK ABNORMALITY	25		%	NULL	Microscopy
TAIL ABNORMALITY	15		%		Microscopy
RESULT IMPRESSION CONCLUSION	-				

Dr. Adley Mark Fernandes Dr. Vyoma V Shah
M.D (Pathology) M.D (Pathology)
Pathologist Clinical Pathologist

This is an electronically authenticated report

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Jillian Joy GarciaLaboratory Technologist
Printed on: 11/01/2025 17:24

Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189:2012 unless specified by $(^{\wedge})$. Test marked with # is performed in an accredited referral laboratory.





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ADVISE/COMMENTS Please correlate clinically.

INTERPRETATION NOTES:

- Azoospermia where ejaculated semen doesn't have any sperm.
- Hypospermia- where the volume of semen is low or less than 1.5mL
- 3. Oligozoospermia- where the sperm count is low
- 4. Asthenozoospermia- where sperm motility is reduced
- 5. Teratozoospermia- where most of the sperm have abnormal morphology.
- Oligoasthenoteratozoospermia (OAT)- where the count, motility and morphology are abnormal

Low or absent sperm count can be seen in orchitis, varicocele, Klinefelter syndrome, radiation treatment to the testicles and diseases that can cause shrinking (atrophy) of the testicles (such as mumps), ejaculation problems, tumors, undescended testicles, hormone imbalance. High sperm count can be seen in polyzoospermia, Hyperspermia.

* Sperm Agglutination:

Grade 0 = No agglutination.

Grade 1 = Some agglutination groups, but not higher than 10%.

Grade 2 = More than 30% of spermatozoa is forming agglutination groups

REFERENCE:

Reference values pursuant to the information published by WHO Laboratory Manual for the examination and processing of Human Semen, Sixth Edition 2021

Sample Type: Semen

End of Report

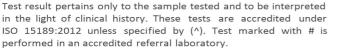
Dr. Vyoma V Shah Dr. Adley Mark Fernandes M.D (Pathology) M.D (Pathology) **Pathologist Clinical Pathologist**

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