



## MS CLINICAL LAB KANCHIPURAM -631 501

## **Semen Analysis**

Results provided by CASA (Computer-Aided Sperm Analysis system)

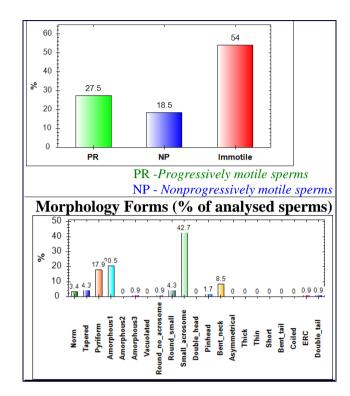
Page No.- 1/4

## **Patient**

Name	Mr. DURAISAMISHA DHAWLADHSHA	Age	31	SEX / MALE	
	Dr. DIVYA.MS(OG).,	Patient ID	16/12/241	Date of sample 10-Dec-16	

**Sample Description** 

Sample Description		
	ACTUAL	NORM
Sexual Abstinence/Days	4	3-4 days
Any Ejaculate Spilt	No	
Liquefaction After (min)	15	30-60 min
Volume,(ml)	2.5	1.5-6.0 ml
Colour	GREYISH OPAQUE	
Place of collection	EMM ESS LAB	
Fructose	Positive	
Time Of Collection	08.30 AM	
Time Of Arrival In Lab	08.31 AM	
Time OF Examination	09.25 AM	
Viscosity	NORMAL	
Agglutination	NO	
рН	7.5	7.2-7.8



**Analysis Results** 

That you results						
Parameters	Values	Status	WHO NORM			
Concentration, M/ml	75.6	Passed	> 15 M/ml			
Total number, M (Count / ml x Volume)	189	Passed	> 39 M			
Progressive motility (PR), %	27.5	Failed	> 32 %			
Total motility (PR+NP), %	46	Passed	> 40 %			
Vitality	70	Passed	> 58 %			
Morphology, normal forms, %	3.4	Failed	> 4 %			
DNA Non Fragmentation %	48	Fair	> 50%			

## **Non-Sperm Cells**

	White blood cells, M/ml	0	Immature germ cells, M/ml	0
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Greater than 1 million/ml is significant

Conclusion	AsthenoTeratozoospermia
Comment	Asthenozoospermia - Percentages of both progressively motile (PR) normal spermatozoa below the lower reference limits .Teratozoospermia - Percentages of Morphologically normal spermatozoa below the lower reference limits.  Count - Total number of spermatozoa and Vitality equal to or above the lower reference limits



## MS CLINICAL LAB

KANCHIPURAM -631 501

## **Sperm Motility Analysis**

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Page No. - 2/4

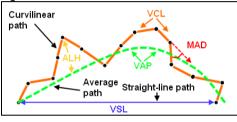
**Motility Classes** 

Name

A - fast, progressive. B- slow, progressive. C - nonprogressive. D - immotile. A+B= progressive motility. A+B+C= total motility.

Concentration, M/ml	75.6	A+B, %	27.5	A+B+C, %	46
Class A, %	21.5	Class A, M/ml	16.2	Class A, total	40.5
Class B, %	6	Class B, M/ml	4.53	Class B, total	11.3
Class C, %	18.5	Class C, M/ml	13.9	Class C, total	34.8
Class D,%	54	Class D, M/ml	40.9	Class D, total	102

## **Sperm Movement Parameters**



VSL, straight-line (rectilinear) velocity.

VCL, curvilinear velocity. A measure of cell vigour.

VAP, average path velocity.

**ALH**, amplitude of lateral head displacement.

LIN, linearity. The linearity of a curvilinear path, VSL/VCL.

Date of sample 10-Dec-16

STR, straightness. Linearity of the average path, VSL/VAP.

WOB, wobble. VAP/VCL.

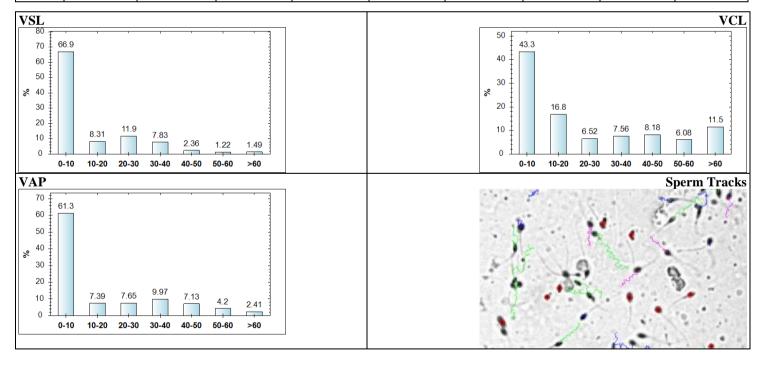
BCF, beat-cross frequency. The average rate at which the curvilinear path crosses the average path.

MAD, mean angular displacement.

## Mean Values by Classes Velocity Unit - µm/sec

Mr. DURAISAMISHA DHAWLADHSHA

	VCL	VSL	VAP	ALH	BCF	LIN	STR	WOB	MAD
Class A	58	34	41	1	4.9	0.59	0.73	0.73	53
Class B	30	14	21	0.81	4.8	0.5	0.64	0.69	72
Class C	35	14	20	0.79	4.1	0.35	0.35	0.62	78
Class D	6.4	0.53	3.2	0.54	2.2	0.12	0.18	0.71	111





Name

# MS CLINICAL LAB

Date of sample

10-Dec-16

KANCHIPURAM -631 501

## **Sperm Morphology Analysis**

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Page No.- 3/4

Morphology normal forms %	3 4	Failed	\ 1 0/ <sub>0</sub>

Note: Sperms can have One or more defects so it will reflect in the morphology percentage

Mr. DURAISAMISHA DHAWLADHSHA

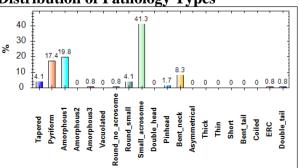
Head Defects		Total number of Abnormal sperms, %	Total No. of Sperm abnormalities %
Tapered	<b></b> \$	4.3	4.1
Pyriform	<b></b> 5	17.9	17.4
Round, no acrosome	<b>●</b> —-5	0.9	0.8
Round, small	<b>J</b>	4.3	4.1
Amorphous, type 1	<b>10-5</b>	20.5	19.8
Amorphous, type 2	<b></b> 5	0	0
Amorphous, type 3	<b></b>	0.9	0.8
Vacuolated	<b></b> 5	0	0
Small acrosome	<b>-</b> 5	42.7	41.3
Double head	<b>3</b>	0	0
Pinhead	<b>کــــه</b>	1.7	1.7
Neck Defects			
Bent neck	<b>O</b>	8.5	8.3
Asymmetrical		0	0
Thick insertion		0	0
Thin	<b>D</b> 5	0	0
Tail Defects			
Short		0	0
Bent		0	0
Coiled	QQ	0	0
Double Tail	The Melantimoge cannot be deplayed. The file may be that down model, and doubt. Then file the same partial file (self-or the condition) of the condition of the	0.9	0.8
ERC	<u> </u>	0.9	0.8

**WHO NORM** 

		WITO HORM
TZI, Teratozoospermia index (Number of abnrmalities/Total number of abnormal sperms)	1.07	0.74 - 1.58

FFE - elliptical form factor. Proximity to ellipsis.

**Distribution of Pathology Types** 





Name

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KANCHIPURAM -631 501

## **Semen DNA FRAGMENTATION Analysis**

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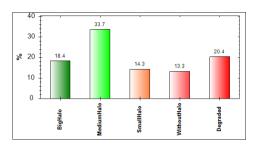
Page No. - 4/4

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1					
DNIA function	totion index	400/	EAID	> <b>EO</b> 0	/

DNA fragmentation index	48%	FAIR	> 50 %

<b>PARAMETERS</b>	VALUES	STATUS
Big Halo	18.4	Without Fragmentation
MediumHalo	33.7	Without Fragmentation
SmallHalo	14.3	With Fragmentation
Degraded	20.4	With Fragmentation
WithoutHalo	13.3	With Fragmentation

Mr. DURAISAMISHA DHAWI ADHSHA



Date of sample 10-Dec-16

DFI	48%	Refer the Below Ranges		
DNA Fragmentation Index (%DFI; % sperm cells containing damaged DNA)				
≤ 30% DFI = Excellent sperm DNA integrity				
30 to 40% DFI = Good sperm DNA integrity				
40 to 50% DFI = Fair sperm DNA integrity				
> 50% DFI = Poor sperm DNA integrity				

Note: The above values relate to natural and IUI conceptions

## What is the Sperm DNA fragmentation?

#### Dedecting the deferent levels (%) of Genitic (DNA) Integrity (ie) Fragmentation (Damage) inthe sperm cells.

The genetic integrity of the spermatozoan is essential for normal embryo development. A high level of DNA fragmentation in sperm cells may represent a cause of male infertility that conventional examinations - sperm concentration, motility analysis, morphology assessment - cannot detect. Results reported in the scientific literature show regardless of the assisted reproductive technology used, elevated levels of DNA fragmentation above the critical threshold will significantly compromise the possibility of a successful pregnancy

## **Causes of Sperm DNA Fragmentation**

A major causative factor for sperm DNA damage is oxidative stress. Other factors include abnormalities in the regulation of apoptosis, or defects in topoisomerase activity. Increased sperm DNA fragmentation is also associated with:

1.Infection4.Leucocytospermia7.Sperm cytoplasmic droplets10.Febrile illness2.Elevated testicular temperature5.Diet & Stress8. Drug use11.Cigarette smoking3.Exposure to environmental6.Occupational pollutants9. Advanced age12.Varicocoele

## Indications for male patients who may benefit from the Test

1.Unexplained infertility
 2.Poor blastocyst development
 3.Recurrent miscarriage in partner
 6. Arrested embryo development
 7.Multiple failed IVF/ICSI treatment
 4.Advanced age varicocoele

4.Poor semen parameters 5.Exposure to harmful substances

#### **Treatmen& Further References:**

http://www.tdlpathology.com/services-divisions/tdl-andrology/sperm-dna-fragmentation https://www.fertilityauthority.com/articles/fertility-clinic-testing-sperm-dna-fragmentation



## MS CLINICAL LAB KANCHIPURAM -631 501

# Sperm Morphology& Vitality PicturesResults provided byCASA (Computer-Aided Sperm Analysis system)DURAISAMISHA DHAWLADHSHADate of sample10-Dec-16

Page No.- 4/4

Name Mr.

100X Lense Morphology Pics **40X Lense Vitality Pics** 

**40X Lense DNA Fragmentation Pics** 

