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SEMEN TEST

? Method of collection: Manipulation
? Spillage : Nil
? Contenance : 4 days

? Specimen produced at : 12.55 p.m
? Specimen examined at : 1.25 p.m

? Appearance : Milky white
? Self Liquification : Occured in 20 minutes
? Volume : 2 ml

Transparency: Translucent
? Viscosity : Normal

CHEMICAL EXAMINATION

? Fructose: Positive

? pH: 7.5

? MICROSCOPIC EXAMINATION

Sperm Count:

? The number of spermatozoa per ml: 5 Millions.



? Total number of sperms per ejaculate : 10 Millions.

? Viability: 10% of spermatozoa alive at the end of 1/2 hours



? Motility of spermatozoa : (at 37 C)

	? Nature of Motility (W.H.O)	? MacLeod Grade	After 1/2 hours	After 2 hours
? A	Rapid Linear Progressive	? IV & III	-%	-%
? B	Sluggish Linear Progressive	? II	5%	12%
? A+B	Total Forward Progressive		5%	2%
? C	Non Progressive	? I	5%	2%
? D	Non Motile	? O	-%	2%

? Active sperms in the ejaculate (at the end of 1/2 hours) : 0.5 millions

 **SPERMIOGRAM (Sperm morphology or sperm shape and form)**



Abnormalities of Head

Giant heads	: 6 %
Microsperms	: 2 %
Pin heads	: 6 %
Round heads	: 4 %
Tapering	: 6 %
Double head	: 4 %
Ragged edges	: - %
Deformed	: 4 %
Multinucleated	: - %
Acrosome Absent	: - %
Nucleus Absent	: - %

Ab. of Neck

Bent neck	: 4 %
Thick neck	: - %
Cytoplasmic Appendages	: 4 %

Ab. of Tail

Short tail:	6 %
Double tail:	2 %
Absent tail:	4 %
Curled tail:	- %

Miscellaneous


Immature	: - %
Duplicate	: - %
Terratoid	: - %

 **Total number of abnormal spermatozoa : 52%**

CELLULAR ELEMENTS

Epithelial Cells: Squamous type

Macrophage Cells: Occasional

 Pus cells:

Candida : Nil

Red Blood Cells:


Trichomonads : Nil

 Precursors : Approximate number per ml


MISCELLANEOUS CHARACTERS & BACTERIOLOGICAL EXAMINATION

Granular debris: Present +

Crystal : -----

 Agglutination of sperms: -



 Grams stain : No pathogen seen

NORMAL SEMEN PARAMETERS

NORMAL SEMEN PARAMETERS : W.H.O MANUAL 1999 (FOURTH EDITION)

Volume: 2 ml or more

pH : 7.2 - 8.0

Viability : 75% or more

Sperm concentration : 20 millions per ml or more

Total sperm count : 40 millions per ejaculate or more

Morphology : 30% or more with normal morphology

Motility : 25% or more with Rapid Linear Progressive activity (A) OR 50% or more with forwards progressive motility (A+B) - Within 1 hour of collection

* CORELATION OF SPERM MOTILITY AS PER W.H.O CRITERIA & MCLEOD GRADES

(A) Rapid Linear Progressive Motility includes Macleod's Grades IV & III

Grade IV : Excellent Swift Progressive Motility

Grade III : Moderate Progressive Motility

(B) Sluggish Linear Progressive Motility corresponds Macleod's Grades II

Grade II : Struggling progressive Motility

(C) Non Progressive Motility corresponds Macleod's Grades I

Grade I : Poor Sluggish Non Progressive Motility

Conclusion

Putting it all together, one looks for the total number of "good" sperm in the sample - the product of the total count, the progressively motile sperm and the normally shaped sperm. This gives the progressively motile normal sperm count which is a crude index of the fertility potential of the sperm. Thus, for example, if a man has a total count of 40 million sperm per ml; of which 40% are progressively motile, and 60% are normally shaped; then his progressively motile normal sperm count is : $40 \times 0.40 \times 0.60 = 9.6$ million sperm per ml. If the volume of the ejaculate is 3 ml, then the total motile sperm count in the entire sample is $9.6 \times 3 = 28.8$ million sperm. This particular report is very abnormal. The count is only 5 million per ml and the motility is only 5%. [This infertile man will need ICSI if he wants to have a baby.](#)

A normal sperm report is reassuring, and usually does not need to be repeated. If the semen analysis is normal, most doctors will not even need to examine the man, since this is then superfluous. However, remember that just because the sperm count and motility are in the normal range, this does not necessarily mean that the man is "fertile". Even if the sperm display normal motility, this does not always mean that they are capable of "working" and fertilising the egg. The only foolproof way of proving whether the sperm work is by doing [IVF \(in vitro fertilisation\)](#) !

Poor sperm tests can result from incorrect semen collection technique, if the sample is not collected properly, or if the container is dirty too long a time delay between providing the sample and its testing in the laboratory too short an interval since the previous ejaculation recent systemic illness in the last 3 months (even a flu or a fever can temporarily depress sperm counts)

If the sperm test is abnormal, this will need to be repeated 3-4 times over a period of 3-6 months to confirm whether the abnormality is persistent or not . Don't jump to a conclusion based on just one report - remember that sperm counts do tend to vary on their own ! It takes six weeks for the testes to produce new sperm - which is why you need to wait before repeating the test. It also makes sense to repeat it from another laboratory to ensure that the report is valid. If you do have a low sperm count, you can read more about this at http://issuu.com/malpani/docs/how_to_have_a_baby_chp_7

There are a number of additional sperm functions tests also available. These include: Antisperm Antibodies Test, Semen Culture Test, Postcoital Test (PCT), Bovine Cervical Mucus Test, Sperm Viability or Sperm Survival Test; Sperm DNA fragmentation tests; Sperm Chromatin Structure Assay Test; Sperm FISH tests. [Many of these are expensive tests, which provide information of very little clinical use.](#)

While they maybe of use in the research setting, they really do not answer the question the infertile man is asking – are my sperm capable of getting my wife pregnant ? This is why we do not ask our patients to do any of these useless tests.

NEED HELP WITH INTERPRETING YOUR OWN REPORT ?

Dr Malpani will be happy to help .

Please send me your medical details by filling in the form at www.drmalpani.com/malpaniform.htm !

Taking treatment at a world-class clinic will maximize your chances of success and give you peace of mind you did your best !