

Recommended Medical Evaluation of Oligospermia

| Medical History | Complete review of systems |
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| | Family reproductive history |
| | Detailed social history including past or current use of |
| | anabolic steroids, recreational drugs, tobacco, or alcohol |
| Physical Exam | 1) Exam of the penis, noting the location of urethral meatus |
| | 2) Palpation and measurement of testes |
| | 3) The presence and consistency of both vasa and |
| | epididymides |
| | 4) Presence of absence of a varicocele |
| | 5) Secondary sex characteristics including body habitus, hair |
| | distribution, and breast development |
| | 6) Digital rectal exam where indicated |
| Endocrine Lab Evaluation | • FSH |
| | • LH |
| | Testosterone |
| | Prolactin |
| | • TSH |
| | Karyotype |
| Post-ejaculatory Urinalysis | *Any sperm seen in urinalysis is abnormal |
| Scrotal Ultrasound | Evaluation for occult varicocle, spermatocele, testicular masses, or |
| | any uncertain findings on testicular exam |

• Recommendations summarized from ASRM Committee Opinion: Diagnostic Evaluation of the Infertile Male.

https://www.asrm.org/globalassets/asrm/asrm-content/news-and-publications/practice-guidelines/fornon-members/diagnostic_evaluation_of_the_infertile_male_a_committee_opinion-noprint.pdf