



**UNIVERSITI PUTRA MALAYSIA**

***COMPARISON OF TESTICULAR CELL POPULATION INDEXES IN  
NORMAL DOGS USING FINE NEEDLE ASPIRATION AND IMPRINT  
TECHNIQUES***

***ARASH KAMALI***

**FPV 2014 17**



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By

**ARASH KAMALI**

Thesis Submitted to the School of Graduate Studies, Universiti Putra  
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Master of Veterinary Science

May 2014

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## **DEDICATION**

I would like to dedicate this work to my beloved wife, Mahfam and my sweet daughter, Parmys who are the reasons for every heartbeat of mine and my purpose to live life for another day



Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirement for the degree of Master of Veterinary Science

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By

**ARASH KAMALI**

**May 2014**

**Chairperson: Associate Professor Gurmeet Kaur Dhaliwal, PhD**  
**Faculty : Veterinary Medicine**

Testicular cell population indexes have been described in human and a few domestic species of animals to evaluate spermatogenesis. Fine needle aspiration (FNA) and imprints are different techniques available to obtain specimens for cytological evaluation of the testicle. FNA is the less invasive method compared to the imprint. This study was conducted to determine and compare testicular cell population indexes using FNA and imprint methods among dogs of different age groups.

A total number of 35 mixed breed dogs, with no testicular abnormalities were categorized into four different age groups; junior (0.5 - <2 years; N=7), adult (2 - <4.5 years; N=10), mature (4.5 - <7 years; N=11) and senior (7 - <10 years; N=7). Three FNA samples and two imprints were obtained from different but consistent locations of each testicle. Cytological evaluation was performed after staining with Wright's stain and based on a random count of 500 cells from each slide.

The results of this study demonstrated no significant differences between the three different FNA locations or the two imprint areas. There were also no significant differences in the testicular cell population indexes between the left and right testicles in either of the techniques. Therefore, regardless of the sampling site, the same reference range of testicular cell population indexes can be used for interpretation.

The mean of the testicular cell population indexes for FNA versus imprint samples are as follow: sperm index (SI): 40.54 vs. 23.11, Sertoli cell index (SEI): 8.83 vs. 5.11, Sperm-Sertoli cell index (SSEI): 7.20 vs. 6.69, late spermatid index (LSI): 33.55 vs. 27, early spermatid index (ESI): 23.09 vs. 42.77 and spermatocyte index (SPI): 2.61 vs. 7.08. All testicular cell population indexes were significantly ( $P < 0.05$ ) different between FNA and imprints, except for SSEI. FNA samples consisted of more Sertoli cells and mature spermatogenic cells such as spermatozoa (SI:  $40.54 \pm 13.36$  vs.  $23.11 \pm 10.88$ ) and late spermatids while imprints contained early spermatids the most. Therefore, for interpretation of the samples, it is highly recommended to choose the reference range of the cell population indexes according to the sampling technique.

Another important factor to be considered is the age of the animal. This is because of the significant differences between testicular cell indexes in different age groups. Based on FNA results, in the junior group, SI and SSEI were significantly lower and SEI and ESI were significantly higher than the mature group. However, the differences of the testicular cell indexes were not so remarkable in imprint samples, except for a higher SEI in junior group compared to the other groups.

The results of this study suggest that FNA is a more useful technique compared to imprint, as it is less invasive and more efficient in detection of spermatozoa and Sertoli cells. Beside that, the age of a dog should be taken into consideration, whenever FNA based testicular cell population indexes are to be interpreted.



Abstrak tesis dikemukakan kepada Senat Universiti Putra Malaysia bagi memenuhi keperluan untuk ijazah Sarjana Sains Veterinar.

**PERBANDINGAN INDEKS POPULASI SEL TESTIS PADA ANJING NORMAL  
DENGAN MENGGUNAKAN TEKNIK ASPIRASI JARUM HALUS DAN  
BEKAS**

Oleh

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**Pengerusi: Profesor Madya Gurmeet Kaur Dhaliwal, PhD**  
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Indeks populasi sel testis telah diuraikan dalam manusia serta beberapa spesies haiwan domestik. Aspirasi jarum halus dan teknik bekas merupakan teknik berlainan yang sedia ada untuk memperolehi spesimen bagi penilaian sitologi testis. Teknik aspirasi jarum halus adalah kurang invasif jika dibandingkan dengan teknik bekas. Kajian ini direka untuk menentukan dan membandingkan indeks populasi sel testis dengan menggunakan teknik aspirasi jarum halus dan bekas pada kumpulan anjing yang berbeza dari segi umur.

Tiga puluh lima ekor anjing berbaka campur, yang tiada keabnormalan testis dikategorikan kepada empat kumpulan mengikut umur; iaitu remaja (0.5 - <2 tahun; N=7), dewasa (2 - <4.5 tahun; N=10), matang (4.5 - <7 tahun; N=11) dan senior (7 - <10 tahun; N=7). Tiga sampel aspirasi jarum halus dan dua bekas diperolehi daripada setiap testis pada lokasi berlainan tetapi tekal. Penilaian sitologi dilakukan setelah diwarnakan dengan pewarna Wright dan berasaskan hitungan rawak 500 sel dari setiap slaid.

Keputusan kajian ini menunjukkan tiada perbezaan bererti antara ketiga-tiga lokasi aspirasi jarum halus atau dua kawasan bekas. Juga, tiada perbezaan bererti dalam indeks populasi sel testis antara testis kiri dan kanan dalam teknik kedua-dua tersebut. Oleh itu, rujukan julat indeks populasi sel testis boleh digunakan untuk tafsiran tanpa mengira lokasi sampel.

Purata indeks populasi sel testis bagi aspirasi jarum halus dan bekas masing-masing adalah seperti berikut: indeks sperma (SI): 40.54 vs. 23.11, indeks sel Sertoli (SEI): 8.83 vs. 5.11, indeks sperma-sel Sertoli (SSEI): 7.20 vs. 6.69, indeks spermatid peringkat akhir (LSI): 33.55 vs. 27, indeks spermatid peringkat awal (ESI): 23.09 vs. 42.8 dan indeks spermatosit (SPI): 2.61 vs. 7.08. Terdapat perbezaan bererti ( $P < 0.05$ ) pada kesemua indeks populasi sel testis bagi aspirasi jarum halus serta bekas, kecuali SSEI. Lebih banyak sel Sertoli dan sel matang seperti spermatozoa (SI:  $40.54 \pm 13.36$  vs.  $23.11 \pm 10.88$ ) serta spermatid akhir pada sampel jarum aspirasi halus manakala sampel bekas kebanyakannya terdiri daripada spermatid peringkat awal. Oleh itu, bagi

pentafsiran sampel, adalah dicadangkan supaya rujukan indeks populasi sel harus dipilih mengikut teknik pensampelan.

Satu faktor penting yang perlu dipertimbangkan adalah usia haiwan. Ini kerana terdapat perbezaan bererti di kalangan indeks sel testis mengikut umur. Berasaskan kepada keputusan aspirasi jarum halus, bagi kumpulan remaja, SI dan SSEI adalah lebih rendah manakala SEI dan ESI adalah lebih tinggi jika dibandingkan dengan kumpulan matang. Namun, perbezaan indeks sel testis tidak seketara dalam sampel bekas, kecuali SEI yang lebih tinggi dalam kumpulan remaja berbanding dengan kumpulan lain.

Keputusan kajian ini mencadangkan bahawa aspirasi jarum halus adalah teknik yang lebih berguna berbanding dengan teknik bekas kerana ianya kurang invasif serta lebih cekap dalam pengesanan spermatozoa dan sel Sertoli. Di samping itu, usia anjing perlu dipertimbangkan apabila indeks populasi sel testis berasaskan aspirasi jarum halus ditafsirkan.



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I certify that an Examination Committee has met on date of viva voce to conduct the final examination of name of student on his degree thesis entitled "Testicular Cell population Indexes in the normal canine testicle using fine needle aspiration and imprint techniques " in accordance with Universiti Pertanian Malaysia (Higher Degree) Act 1980 and Universiti Pertanian Malaysia (Higher Degree) Regulations 1981. The Committee recommends that the student be awarded the Master of Veterinary Science in Small Animal Medicine.

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## LIST OF ABBREVIATIONS

AAHA	American Animal Hospital Association
ART	Assisted reproductive technology
ESI	Early spermatid index
FNA	Fine needle aspiration
FNB	Fine needle biopsy
FSH	Follicle stimulating hormone
LSI	Late spermatid index
SEI	Sertoli cell index
SI	Sperm index
SSEI	Sperm-Sertoli cell index



## CHAPTER 1

### INTRODUCTION

Male dog infertility can result in many financial losses to the developing dog breeding industry (Memon, 2007). Furthermore, male factors are assumed to be responsible for 40-50% of pregnancy failures (Lopate, 2012). Clinical evaluation of an infertile male dog is a complicated procedure as the diagnostic procedures to evaluate male fertility are commonly limited in small animal practice (Romagnoli *et al.*, 2009).

Clinical evaluation of an infertile male dog may include a step by step procedure starting with history, patient signalment, followed by physical examination of the reproductive organs. The scrotal skin is evaluated for thickening and the tunica of the testicle for fluid accumulation. Testicular consistency, enlargement, local or diffuse firmness or softness of the testicles might be detectable in physical examination (Lopate, 2012).

Assessment of spermatogenesis is definitely the most important step in the diagnosis of infertility. Semen evaluation is the most important step in this regard (Root Kustritz, 2007). There are different terms to describe the abnormalities of the semen. Azoospermia is the complete absence of spermatozoa in the ejaculate (Lopate, 2012). Oligozoospermia is the low number of spermatozoa in the ejaculate. Dogs with total spermatozoa count less than  $22 \times 10^6$  sperm per kg body weight in their ejaculate are considered oligozoospermic (Johnson, 2006).

Testicular ultrasound is a well-tolerated and safe imaging modality, which is helpful for measurement of the testicular volume and detection of some structural abnormalities, which is usually visualized as abruption in the normal homogenous appearance of the testicle. These may present as diffuse or focal hypoechoic or hyperechoic areas within the testicle or epididymis. However, the ultrasonographic appearance of most testicular abnormalities is not commonly specific enough to yield a definitive diagnosis. Therefore, in most cases, a definitive diagnosis remains to be made after fine needle aspiration (FNA) cytology or testicular biopsy (Davidson and Baker, 2009).

While the basic steps in reproductive soundness evaluation commonly provide some useful information to reach a tentative diagnosis, they do not reveal the underlying abnormal processes within the testicles. Moreover, a precise diagnosis is essential for choosing the most appropriate treatment option and determining the prognosis of the case. Therefore, in cases of infertility where a diagnosis is required, a more detailed evaluation by obtaining testicular biopsy or cytological evaluation is required (Root Kustritz, 2006). Testicular biopsy is the gold standard method in the diagnosis of testicular abnormalities and infertility (Meinhard *et al.*, 1973; Rosenlund *et al.*, 1998; Arıdoğan *et al.*, 2003). Testicular biopsy specimens provide useful information on tubular diameter and structure. While the testicle can undergo various pathological processes such as inflammation, fibrosis, vascular compromise or neoplasia, the outcome of these processes leads to diagnosis of either of the following categories of spermatogenesis on histopathology: normal spermatogenesis, hypospermatogenesis, maturation arrest, "Sertoli cell only syndrome" and germinal aplasia. Another possibility

is mixed patterns with a combination of two or more conditions. For instance, it is possible to find focal areas with normal spermatogenesis, while the rest of the testicle has undergone degenerative and aplastic changes. Therefore, in order to have a good representative sample from a testicle, it is suggested to obtain multiple samples from different areas (Ahamad *et al.*, 2010).

As the preparation and processing of the biopsy specimens are time consuming and require special facilities, it is also possible to provide a touch imprint slide for early cytological evaluation by merely touching the biopsied tissue to a glass slide. This is an easy technique to have a quicker insight of the condition of the testicle. Differentiation of testicular cells is easier in cytology samples compared to histopathology. Therefore, this technique can be used as a complementary method to biopsy. Studies in humans have demonstrated that testicular imprints are very well correlated with histopathology results and in many instances, immediate decision for management of the case can be made upon evaluation of the cytology sample alone (Odabas *et al.*, 1997; Düşmez *et al.*, 2011, Yildiz-Aktas *et al.*, 2011).

The disadvantage of testicular biopsy is that the procedure can lead to irreversible damage to the testicular tissue. Complications such as vascular injury, devascularization, fibrosis and inflammatory changes have been reported after testicular biopsy (Lopate *et al.*, 1989, Hunt and Foote, 1997 ). Since it is considered as an invasive technique, many owners and breeders hesitate to allow an open biopsy for their dogs. Additionally, many clinicians hesitate to take the risk of obtaining testicular biopsies due to the fear of inducing irreversible damage to the testicular tissue (Romagnoli *et al.*, 2009).

After the first application of FNA for diagnosis of testicular abnormalities in 1965 (Odabas *et al.*, 1997), many studies on humans and domestic animals have demonstrated that it is a less invasive method and it commonly does not cause any long-term deleterious effects on spermatogenesis (Gouletsou *et al.*, 2010, 2011, 2012). Moreover, several studies demonstrated a strong correlation between testicular cytology and histopathology of biopsy samples both in cases of infertility and other testicular disorders (Ali *et al.*, 1991; Odabas *et al.*, 1997; Meng *et al.*, 2000; Qublan *et al.*, 2002; Bettella *et al.*, 2005; Mehrotra and Chaurasia, 2008; Jha and Sayami, 2009; Düşmez *et al.*, 2011). In addition, since it is minimally invasive, multiple samples can be obtained from different locations of the same testicle. These multiple samples are more representative of the processes within the testicle compared to a single biopsy sample (Arıdoğan *et al.*, 2003; Jha and Sayami, 2009). FNA mapping, which is sampling from more than four different locations on a testicle, is now one of the most reliable techniques to detect patches of active spermatogenesis in assisted human reproduction (Turek *et al.*, 1997; Dajani, 2005; Arıdoğan *et al.*, 2003; Beliveau and Turek, 2011).

Testicular cytology can also be utilized to assess the efficiency of spermatogenesis. To evaluate this, different cell population indexes are calculated from the cytological assessment and are compared to normal reference values. The three most important indexes are sperm index (SI), Sertoli cell index (SEI) and sperm-Sertoli cell index (SSEI). SI is the number of spermatozoa per 100 spermatogenic cells and reflects the

level of spermiogenesis. SEI is the number of Sertoli cells per 100 spermatogenic cells and reflects the potential of the whole spermatogenic activity of the testicle. SSEI is the number of spermatozoa per Sertoli cell and reflects the efficiency of spermatogenesis (Romagnoli *et al.*, 2009). Testicular cell population indexes have been studied in man with normal and abnormal spermatogenesis (Adhikari, 2009; Batra *et al.*, 2011). However, they have not been thoroughly evaluated in all domestic animals.

Initial cytologic characteristics of the canine testicle and a few of the cell population indexes have been reported based on imprint samples. The cell population indexes from FNA samples corresponded with imprints, although the values were not reported (Santos *et al.*, 2010). However, studies in humans and alpacas demonstrated differences in some cytological characteristics of FNA and imprint samples (Odabas *et al.*, 1997; Stelletta *et al.*, 2011). Normal cell population indexes from FNA cytology are still lacking in dogs. Due to this lack of reference values for testicular indexes from FNA, veterinarians and researchers have to rely upon human values as a reference for canine testicular samples, which might lead to misinterpretation (Romagnoli *et al.*, 2009).

Sperm production has been shown to change by age from the time of puberty. Very young and very old dogs have reduced number of spermatozoa in their semen (Schubert and Seager, 1991; Seager and Schubert, 1996; Freshman, 2002). Moreover, asthenozoospermia and teratozoospermia are more frequently seen in very young and old dogs (Johnson, 2006). The differences of testicular cell population indexes have not been studied by taking age of the animals into consideration.

Considering the lack of sufficient research in this area, the hypothesis is that the sampling technique and the location of sampling in addition to the age of the animal will result in variation of testicular cell population indexes, even in normal dogs. This can have a great impact on the interpretation of the case. Therefore, to achieve a better understanding of canine testicular cytology and testing this hypothesis, the current study was designed with the following objectives to:

1. determine and compare testicular cell population indexes in normal dogs using FNA and imprint methods.
2. compare testicular cell population indexes derived from different locations of the normal testicle in different age groups of dogs.

The main limitation in this study was the absence of reproductive history (such as previous breeding history or semen analysis) for each animal. In addition, the age of the dogs were mainly estimated based on the dentition, which can also be influenced by other factors such as nutrition and traumatic insult.



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