

Patient Name	: Mrs. KAMAL GHOLAP	Reg. No.	: 00412412110009
Age and Sex	: 60 Yrs / Female	PCC Code	: PCL-TS-050H
Referring Doctor	: Self	Sample Drawn Date	: 11-Dec-2024 09:02 AM
Referring Customer	: N/A	Registration Date	: 11-Dec-2024 02:59 PM
Vial ID	: R2590592	Report Date	: 11-Dec-2024 05:51 PM
Sample Type	: WB-EDTA	Report Status	: Final Report
Client Address	: KPHB		

### FLOW CYTOMETRY

Test Name	Obtained Value	Units	Bio. Ref. Intervals	Method (Age/Gender specific)
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[PDF Attached](#)

#### CD3/CD4/CD8

Absolute Lymphocyte Count (CD45+)	2953	Cells/µL	1000-3000	Flow Cytometry
CD3+ Absolute Count (T_Lymphocytes)	2389	Cells/µL	600-2500	Flow Cytometry
CD3+ %	81	%	60-85	Flow Cytometry
CD4+ Absolute Count (T_Helper_Cells)	<b>324</b>	Cells/µL	400-1500	Flow Cytometry
CD4+ %	<b>11</b>	%	30-50	Flow Cytometry
CD8+ Absolute Count (T_Suppressor_Cells)	<b>2088</b>	Cells/µL	200-1100	Flow Cytometry
CD8+ %	<b>70</b>	%	10-35	Flow Cytometry
CD4 / CD8 Ratio	<b>0.16</b>		0.7-3.5	Flow Cytometry

#### Comments:

- **Software used-** Clinical Software BD FACS Canto II
- **Cell Preparation Method** -Lye nowash procedure
- CD4 counts > 500 cells/mm<sup>3</sup> progressed as rapidly to AIDS and death as those with much lower counts when their viral load levels were > 10,190 copies/mL. In current clinical practice, a CD4 cell count of fewer than 500 CD4 cells/mm<sup>3</sup> is commonly used as the trigger to start anti-HIV treatment. This recommendation needs to be reconsidered, given the researchers' finding that 50% of the men in the study with greater than 500 CD4 cells/mm<sup>3</sup> (median CD4 count 781 cells/mm<sup>3</sup>) at study entry and a viral load greater than 10,190 copies/mL died within 6 years after entering the study.
- The decision to begin anti-HIV therapy should not be based solely on CD4 cell counts. Individuals should consider starting anti-HIV therapy when their viral load is greater than 10,000 copies/mL, regardless of their CD4 cell count. These conclusions do not diminish the value of CD4 cell testing in the management of HIV disease, which continues to serve as a reliable marker for predicting the risk of opportunistic infections and for determining the appropriate timing of initiating preventive treatment for these infections. In addition, many clinicians believe that a CD4 count less than 350 cells/mm<sup>3</sup> represents an indication for starting anti-HIV therapy, regardless of HIV viral load.

Correlate Clinically.

Result rechecked and verified for abnormal cases.

\*\*\* End Of Report \*\*\*



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 CP (PATHOLOGY)

MC-4784  
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Note: If the test results are alarming or unexpected, Client is advised to contact the laboratory immediately for possible remedial action.

R2590592

Mrs. KAMAL GHOLAP

02

Director:

Panel: 3/8/45/4 + TruC  
 Acquired: 11-Dec-24 5:05:15 PM  
 Analyzed: 11-Dec-24 5:05:15 PM  
 TruC Lot ID: 24152  
 Bead/Pellet: 48400  
 Operator: MD.NAZEER  
 Results: 11122024.csv

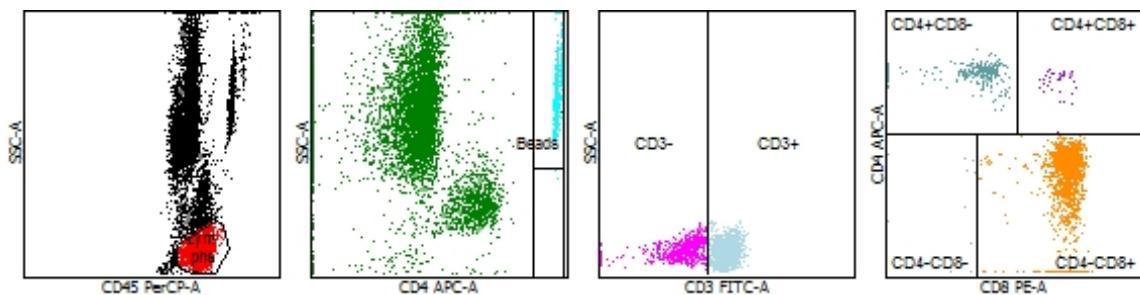
Column #1: 60 YRS/Female

BD FACSCanto II V33896202252

BD FACSCanto v.3.0.4894.41215

CD3/CD8/CD45/CD4 TruC

Total Events: 10152



Mrs. KAMAL GHOLAP002.001.fcs

Reagent Lot ID: 12861

Parameter	Percent	Value/AbsCnt
Lymph Events		3112
Bead Events		1020
CD3+	80.91	2389.63
CD3+CD8+	70.69	2087.84
CD3+CD4+	10.99	324.56
CD3+CD4+CD8+	1.19	35.11
CD45+		2953.35
4/8 Ratio		0.16

## QC Messages

% T-Sum is: 0.77

4/8 ratio is: 0.16

## Comments