

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 (Age/Gender specific)	Method
PDF Attached				
CD3/CD4/CD8				
Absolute Lymphocyte Count (CD45+)	2953	Cells/ μ L	1000-3000	Flow Cytometry
CD3+ Absolute Count (T_Lymphocytes)	2389	Cells/ μ L	600-2500	Flow Cytometry
CD3+ %	81	%	60-85	Flow Cytometry
CD4+ Absolute Count (T_Helper_Cells)	324	Cells/ μ L	400-1500	Flow Cytometry
CD4+ %	11	%	30-50	Flow Cytometry
CD8+ Absolute Count (T_Suppressor_Cells)	2088	Cells/ μ L	200-1100	Flow Cytometry
CD8+ %	70	%	10-35	Flow Cytometry
CD4 / CD8 Ratio	0.16		0.7-3.5	Flow Cytometry

Comments:

- **Software used-** Clinical Software BD FACS Canto II
- **Cell Preparation Method** -Lyse nowash procedure
- CD4 counts > 500 cells/mm³ 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/mm³ 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/mm³ (median CD4 count 781 cells/mm³) 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/mm³ 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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:P (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.

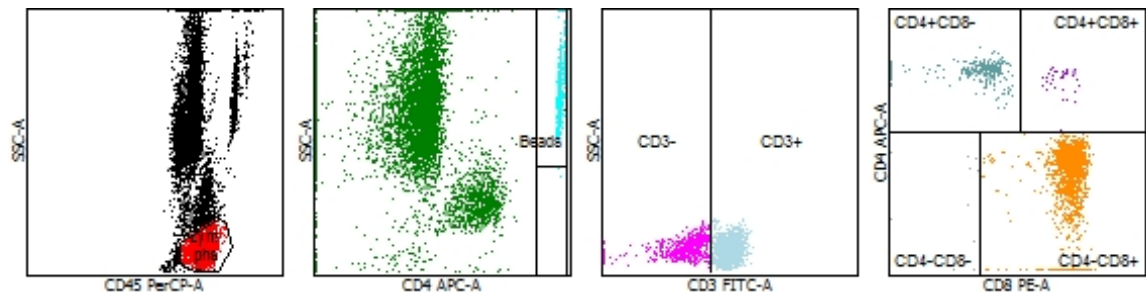
R2590592	
Mrs. KAMAL GHOLAP	02
Director:	<div> <div>Panel:</div> <div>3/8/45/4 + TruC</div> </div> <div> <div>Acquired:</div> <div>11-Dec-24 5:05:15 PM</div> </div> <div> <div>Analyzed:</div> <div>11-Dec-24 5:05:15 PM</div> </div> <div> <div>TruC Lot ID:</div> <div>24152</div> </div> <div> <div>Bead/Pellet:</div> <div>48400</div> </div> <div> <div>Operator:</div> <div>MD.NAZEER</div> </div> <div> <div>Results:</div> <div>11122024.csv</div> </div>
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