

Patient Name	: Mr. AKHILESH	Reg. No.	: 00412501180005
Age and Sex	: 30 Yrs / Male	PCC Code	: PCL-TS-050H
Referring Doctor	: Self	Sample Drawn Date	: 18-Jan-2025 09:02 AM
Referring Customer	: N/A	Registration Date	: 19-Jan-2025 09:02 AM
Vial ID	: R2590688	Report Date	: 19-Jan-2025 12:29 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
<b>PDF Attached</b>				
<b>CD3/CD4/CD8</b>				
Absolute Lymphocyte Count (CD45+)	1175	Cells/ $\mu$ L	1000-3000	Flow Cytometry
CD3+ Absolute Count (T_Lymphocytes)	899	Cells/ $\mu$ L	600-2500	Flow Cytometry
CD3+ %	76	%	60-85	Flow Cytometry
CD4+ Absolute Count (T_Helper_Cells)	336	Cells/ $\mu$ L	400-1500	Flow Cytometry
CD4+ %	28	%	30-50	Flow Cytometry
CD8+ Absolute Count (T_Suppressor_Cells)	533	Cells/ $\mu$ L	200-1100	Flow Cytometry
CD8+ %	45	%	10-35	Flow Cytometry
CD4 / CD8 Ratio	0.63		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/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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MBBS, DCP (PATHOLOGY)

Page 1 of 1

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

R2590688

Mr. AKHILESH

03

Director:	3/8/45/4 + TruC
Panel:	3/8/45/4 + TruC
Acquired:	19-Jan-25 11:59:25 AM
Analyzed:	19-Jan-25 11:59:47 AM
TruC Lot ID:	24152
Bead/Pellet:	48400
Operator:	MD.NAZEER
Results:	19012025.csv

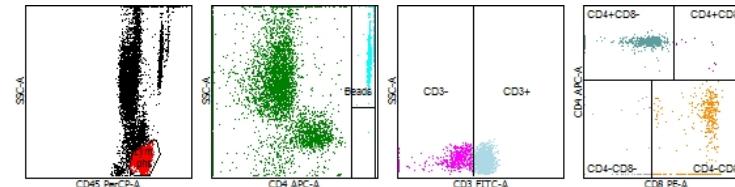
Column #1: 30 YRS/Male

BD FACScanto II V33896202252

BD FACScanto v.3.0.4894.41215

Total Events: 10105

CD3/CD8/CD45/CD4 TruC



Mr. AKHILESH005.001.fcs

Parameter	Percent	Value/AbsCnt
Lymph Events		2272
Bead Events		1872
CD3+	76.58	899.74
CD3+CD8+	45.42	533.64
CD3+CD4+	28.65	336.63
CD3+CD4+CD8+	0.57	6.72
CD45+		1174.84
4/8 Ratio		0.63

Reagent Lot ID: 26464

#### QC Messages

Manual Gate is in effect.

% T-Sum is: 2.51

4/8 ratio is: 0.63

#### Comments