

**Client**  
**Allahabad**

Pathkind Diagnostic Pvt. Ltd.  
20/29, Panna Lal Road, Near Raj Nursing Home, Allahabad-211002

**Processed By**  
**Pathkind Diagnostic Pvt. Ltd.**

Plot No. 55-56, Udhog Vihar Ph-IV, Gurugram - 122015

<b>Name</b> : Mr. DUMMY FC03	Billing Date	: 09/12/2020 18:14:51
Age : 64 Yrs	Sample Collected on	: 09/12/2020 18:21:31
Sex : Male	Sample Received on	: 10/12/2020 13:12:52
P. ID No. : P1204132825	Report Released on	: 10/12/2020 20:29:34
<b>Accession No</b> : 12042000009012	Barcode No.	: 1204028307
Referring Doctor : AMITABH UPADHYAY	Ref no.	:
Referred By :		

**Report Status - Final**

Test Name	Result	Biological Ref. Interval	Unit
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**HAEMATOLOGY**

**CD4 Percentage & Absolute Count**

<b># * CD4 Absolute Count</b> <i>Sample: Whole Blood EDTA</i>	<b>138 L</b>	400 - 1500	cells/ $\mu$ l
<b># * % of CD4 T Lymphocyte</b> <i>Sample: Whole Blood EDTA</i>	<b>21.2 L</b>	30.0 - 50.0	%

**CD4 Percentage & Absolute Count**

Clinical Significance

CD4 cells are Helper T-cells and they express both CD3 and CD4. Helper T-cell levels are a criterion for categorizing HIV-related clinical conditions by the CDCs classification system for HIV infection. The measurement of Helper T-cell level has been used to establish decision points for initiating Pjiroveci (Pneumocystis carinii) prophylaxis, antiviral therapy and to monitor the efficacy of treatment. It is recommended that Helper T-cell levels be monitored every three to six months in all HIV-infected persons. During HIV infection, antiviral therapy is often initiated when the absolute CD4 count drops below 500 cells/uL. When the absolute CD4 count drops below 200 cells/uL, therapeutic prophylaxis against PCP and other opportunistic infections may be initiated. When the absolute CD4 count drops below 100 cells/uL, prophylaxis against Mycobacterium avium complex is recommended.

\* Marked tests are processed in our companion laboratories

\*\* End of Report\*\*

*Maneesh Bagai*  
**Dr. Maneesh Bagai**  
MD (Pathology)  
Head - Reference Lab



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HEART	Lipid Profile	Lipid Profile with Direct LDL	Lipid Profile with Direct LDL
DIABETES	FBS, HbA1c	FBS, HbA1c, Microalbumin	FBS, HbA1c, Microalbumin
KIDNEY	BUN, Creatinine, Bun/Creatinine Ratio, Electrolytes, Uric Acid, Urine R/E	BUN, Creatinine, BUN/Creatinine Ratio, Electrolytes, Uric Acid, Urine R/E	BUN, Creatinine, BUN/Creatinine Ratio, Electrolytes, Uric Acid, Urine R/E
BONES	Vitamin D, Calcium	Vitamin D, Calcium, Phosphorus	Vitamin D, Calcium, Phosphorus, Rheumatoid Factor
THYROID	T3, T4, TSH	T3, T4, TSH	FT3, FT4, TSH
NERVES	Vitamin B12	Vitamin B12	Vitamin B12
LIVER	Bilirubin (Total, Direct, Indirect), SGOT, SGPT, ALP, Protein, Albumin, Globulin, A:G Ratio, HBsAg	Bilirubin (Total, Direct, Indirect), SGOT, SGPT, ALP, GGT, LDH, Protein, Albumin, Globulin, A:G Ratio, HBsAg	Bilirubin (Total, Direct, Indirect), SGOT, SGPT, ALP, GGT, LDH, Protein, Albumin, Globulin, A:G Ratio, HBsAg
ANAEMIA	Iron, TIBC, UIBC, % Saturation	Iron, TIBC, UIBC, % Saturation, Ferritin	Iron, TIBC, UIBC, % Saturation, Ferritin, Folic Acid
INFECTION	CBC, ESR	CBC, ESR	CBC, ESR

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-	Immunoglobulin IgE Total	
-	Immunoglobulin Profile (IgA, IgG, IgM)	



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