

LABORATORY REPORT

Case- F

-1

CLIENT CODE : C00000512

CLIENT'S NAME AND ADDRESS :
 UNIQUE PATIENT CARE CENTRE
 113/58A, SWAROOP NAGAR,
 PREMISES OF KANPUR SCANS PVT LTD
 KANPUR - 208 002
 UTTAR PRADESH, INDIA

Ph. No.: 9838000522,540123,290509



CLINICAL REFERENCE LABORATORIES
 113, MIDC 15th Street, Andheri (East), Mumbai - 400 093
 Tel.: 5690 3851, Fax: 5692 4717
 Toll Free No.: 1600 222 333

REFERRING DOCTOR → DR. P K SACHAN

**- Just before starting the Therapy
 On 15/07/04, CD4 cell = 147 pml**

DRAWN → 15/07/2004

RECEIVED 16/07/2004

REPORTED 16/07/2004 18:04

PATIENT NAME RESEARCH CENTRE- 9 (Sarita Shukla)

ACCESSION NO. 0002DG034632 AGE SEX Female DATE OF BIRTH PATIENT ID

CLINICAL INFORMATION

TEST REPORT STATUS	FINAL	RESULTS			
		IN RANGE	OUT OF RANGE	REFERENCE RANGE	UNITS
LYMPHOCYTE ENUMERATION					
		67.9		60 - 85	%
			L 17.2	29 - 59	%
→			L 147	290 - 2600	/μL
		45.4		19 - 48	%
		386		190 - 2120	/μL
→			L 0.38	0.6 - 2.8	
LYMPHOCYTE ENUMERATION - SINGLE PLATFORM ANALYSIS					
<p>Analysis and estimation of "T" lymphocyte subsets (CD4 / CD8) is a useful parameter to monitor disease, determine prognosis, select patients for therapeutic trials & monitor therapy of immuno-compromised individuals. The typical pattern of HIV primary infection is characterised by high levels of virus in blood followed by progressive loss of CD4 T cells and elevation of CD8 T cells. Serial CD4 decline occurs at the time of</p>					

SARITA SHUKLA

Reference:Dr.P K SACHAN
 Sample Collected At
 KANPUR COLLECTION
 CENTRE-KANPUR
 113-25A, SWAROOP
 NAGAR,
 KANPUR,
 UTTAR PRADESH
 FRN

SID:405175831

PID NO

0

405175831

Sample Date

20/10/2004 10:39 am

Report Date

20/10/2004 07:36 pm

Age:24.00 Years Sex:Female

A Referral Pathology
Laboratory Since 1981

CD4 Count given in second page of this report

Haemogram

Test Description Observed Value Reference range & Units

Erythrocytes:

Erythrocyte Count	3.56	3.8 to 4.8 mill/c.mm.
Haemoglobin	11.40	12 to 15.6 gm% 12 to 15.6 gm%
PCV (Packed Cell Volume)	34.00	35 to 47%
MCV (Mean Corpuscular Volume)	96.00	76 to 94 fl
MCH (Mean Corpuscular Haemoglobin)	32.00	27 to 32 pg
MCHC (Mean Corpuscular Haemoglobin Concentration)	33.00	30 to 35%
RDW (Red Cell Distribution Width)	11.00	11.5 to 15%
RBC Morphology	NORMAL	
Hypochromia	-	
Microcytosis	-	
Anisocytosis	-	
Poikilocytosis	-	
Macrocytosis	-	
Target Cells	-	
Sphaerocytosis	-	
Polychromasia	-	
Nudeated RBCs	-	

This is the CBC Part

Leucocytes:

Total Leucocytes	4100.00	4,000 to 10,000/c.mm 4,000 to 10,000/c.mm
Neutrophils	56.00	40 to 80%
Eosinophils	7.00	1 to 5%

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http://www.labwatch.com/IN_access/showrep.php

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Basophils	.00	0 to 2%
Lymphocytes	35.00	20 to 40% 20 to 40%
Monocytes	2.00	2 to 10%
Premature Leucocytes	.00	---
Atypical Lymphocyte (ALY%)	.00	00 to 2.0 %
LIC (Large Immature Cells)	.00	0 to 2%

* Differential count is based on 10,000 cells

CD4 increase from 147 to 340 into 3 month only

Platelet count	200.00	Adults : 150 to 400 X 1000/c.mm. Adults : 150 to 400 X 1000/c.mm.
MPV (Mean Platelet Volume)	9.60	6 to 11cum
PCT (Platelet Haematocrit)	.19	0.2 to 0.5%
PDW (Platelet Distribution Width)	17.80	9 to 17%

More than 230% improvement Occur

Test Description	Observed Value	Reference Range
Lymphocyte markers		
Total Leucocytes	4100.00	4,000 to 10,000/c.mm 4,000 to 10,000/c.mm
Lymphocytes	35.00	20 to 40% 20 to 40%
Absolute Lymphocyte Count	1435.00	1000 to 5000/c.mm
CD3+/CD4+ Percentage	23.71	28 to 58 %
Absolute CD4 Count	340.00	500 to 1400 /c.mm
CD3+/CD8+ Percentage	66.14	19 to 48 %
Absolute CD8 Count	949.00	340 to 1300 /c.mm
CD4/CD8 Ratio	0.35	1.2 to 3.3
Haemoglobin	11.40	12 to 15.6 gm% 12 to 15.6 gm%
Platelet count	200.00	Adults : 150 to 400 X 1000/c.mm. Adults : 150 to 400 X 1000/c.mm.



Zoom & See

“The Therapy is most Accurate & Curative and Unique in the World”

http://www.labwatch.com/IN_access/showrep.php

10/21/2004



Now, to AIDS Patients Must be Hopefull at every stage, even in the bottom level CD4 Count and/or Malignancy appearance. we able to solve mostly pathology related with the AIDS.

We work only for refuged patients, All kinds of refuse patients may contact us for “do some-thing if possible” for them. We may try to do some better for them on humble request. All Cell level primary etiology bearing diseases are upon our torget. The patent must be visited by 3 M.D. Physician or treated more than 3 months by 2 M.D. Physiicians. or M.S.Surgeon.

- - -Dr. P.K. Sachan, Kanpur/ Lucknow, India

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 51, BHIMABARAOJI MARG,
 PERIPUR OF KANPUR SCANS PVT LTD
 KANPUR - 208 001
 UTTAR PRADESH, INDIA Ph. No.: 983600512, 340513, 270008

REFERRING DOCTOR: **DR. P.K. SACHAN**

DRIVEN: **15/07/2004** RECEIVED: **16/07/2004** REPORTED: **16/07/2004 08:04**

PATIENT NAME: **RESEARCH CENTRE - B (Smta Shukla)**

ACCESSION NO. **00000004603** AGE: SEX: **FEMALE** DATE OF BIRTH: PATIENT ID:

CLINICAL INFORMATION:

SRL **-1**
LABORATORY
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 110, MIDC 13th Floor, Andheri (West) Mumbai - 400 052
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 Toll Free No.: 1800 209 3333

**- Just before starting the Therapy
 On 15/07/04, CD4 cell = 147 pml**

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→			L 147	200 - 1600	/ml
		65.4		15 - 45	%
		384		100 - 2120	/ml
→			L 0.08	0.6 - 2.8	

LYMPHOCYTE ENUMERATION - SINGLE PLATFORM ANALYSIS

Analyzes and estimates of T⁺ lymphocyte subsets (CD4+CD45) is a useful parameter to monitor disease, determine prognosis, assess patients for therapeutic trials & monitor therapy of immunocompromised individuals. The typical pattern of HIV primary infection is characterized by high levels of virus in combination with a transient fall of CD4⁺ T cells and elevation of CD4⁺ T cells. Elevated CD4⁺ T cell count is characteristic of late primary infection.