

Dr Test Doctor Test Clinic. 123 Test Street, Test Suburb Victoria 3125

Lab ID
Patient ID PAT-100009
Ext ID 25280-0033

Test Patient

Sex: Female • 45yrs • 01-Jan-80
123 Home Street, Test Suburb Vic 3125

RECEIVED
07-Oct-25

FAECAL PCR PROFILE

Specimen type - Stool

Collected

05-Oct-25

PARASITES

SERVICE

RESULT

Blastocystis hominis

DETECTED

Cryptosporidium species

Not Detected

Dientamoeba fragilis

Not Detected

Entamoeba histolytica

Not Detected

Giardia intestinalis

DETECTED

BACTERIAL PATHOGENS

SERVICE

RESULT

Aeromonas hydrophila

Not Detected

Campylobacter species

Not Detected

Salmonella species

DETECTED

Shigella species

Not Detected

Yersinia enterocolitica

Not Detected

Microorganism Summary

BLASTOCYSTIS HOMINIS DETECTED by PCR.

DNA consistent with the presence of B. hominis has been detected using PCR techniques.

Blastocystis hominis may be the cause of persistent, mild diarrhoea. It is endemic in Australia, although it may also be associated with recent overseas travel. Detection suggests the ingestion of contaminated material or contact with farm animals. Continued symptoms may require further testing for the detection of bacterial, viral and/or parasitic co-pathogens.

TREATMENT SUGGESTIONS:

Mild symptoms are self-limiting.

If treatment is warranted, metronidazole 400 - 750mg (child 12-17mg/kg up to 750mg) three times daily for at least 10 days.

Lower dosages are usually associated with treatment failure.

Rule out allergy to above medication before prescribing/taking. Consult ID specialist if patient is showing severe symptoms or immunocompromised.

GIARDIA INTESTINALIS DETECTED by PCR

DNA consistent with the presence of Giardia has been detected using PCR techniques.

Giardia intestinalis is a protozoan parasite occurring worldwide, especially common in areas with poor sanitary conditions and insufficient water. Clinical presentation ranges from asymptomatic carriage to acute and chronic giardiasis (including sudden onset of diarrhoea, malaise, steatorrhea, abdominal cramps, bloating, flatulence, nausea, weight loss, vomiting and fever). Treatment of patients with asymptomatic passage of giardia is not necessary.

TREATMENT SUGGESTIONS:

For symptomatic patients, treatments include;

Tinidazole (child: 50mg/kg up to) 2g orally, as one dose.

or

Metronidazole (child: 30mg/kg up to) 2g orally, daily for 3 days.

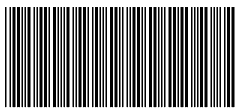
or

If the above treatment fails, a longer course of metronidazole is sometimes required.

Metronidazole (child: 10mg/kg up to) 400mg orally, 8-hourly for 7 days.

Rule out allergy to above medication before prescribing/taking. Consult ID specialist if patient is showing severe symptoms or immunocompromised.

PLEASE NOTE:



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Giardia detection has been confirmed through a secondary PCR test.

Giardia is a Notifiable Disease in ACT, WA, TAS and NSW.

If Applicable: This result has been notified to the Department of Health.

NOTIFICATION BY THE REFERRING PRACTITIONER may also be required under the Public Health and Wellbeing Act 2009.

SALMONELLA SPECIES DETECTED by PCR

DNA consistent with the presence of Salmonella species has been detected using PCR techniques.

Salmonella enteritis is an acute bacterial disease (commonly presenting as an acute enterocolitis) transmitted by either animal contact, person to person contact or via contaminated food. Symptoms may be mild or even asymptomatic, but can also present as nausea, vomiting, fever, diarrhoea and/or cramping. Occasionally the bacteria may localize in any tissue of the body produce abscesses and cause septic arthritis, endocarditis, pericarditis or pneumonia.

TREATMENT SUGGESTIONS:

Antibiotic therapy is usually not indicated for the treatment of uncomplicated Salmonella enterocolitis, as it does not shorten the duration of the diarrhoea and may prolong faecal excretion of this organism.

Exceptions are patients with gastroenteritis and fever who are at risk of disseminated disease.

Such patients include newborn infants younger than 3 months of age (to prevent meningitis), infants from 3 to 12 months of age who are febrile or toxic, immunocompromised patients and patients older than 65 years, especially those with atherosclerosis, cardiovascular abnormalities or joint, bone or vascular prostheses.

Treatment options include:

Azithromycin 1g (child: 20 mg/kg up to 1g) orally, on the first day, then 500mg (child: 10 mg/kg up to 500mg) orally daily for a further 6 days.

Or

Ciprofloxacin 500mg (child: 12.5 mg/kg up to 500mg) orally, 12 hourly for 5 to 7 days

Rule out allergy to above medication before prescribing/taking. Consult ID specialist if patient is showing severe symptoms or immunocompromised.

PLEASE NOTE:

Salmonella detection has been confirmed through a secondary PCR test.

Salmonella is a Notifiable Disease.

This result has been notified to the Department of Health.

NOTIFICATION BY THE REFERRING PRACTITIONER may also be required under the Public Health and Wellbeing Act 2009.

Methodology

Polymerase Chain Reaction (PCR)