

26114-0202

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

Lab ID
Patient ID P000060
Ext ID 26114-0202

Test Patient

Sex: Female • 56yrs • 01-Jan-70
123 Home Street, Test Suburb VIC 3125

RECEIVED
24-Apr-26

FAECAL PCR PROFILE

Specimen type - Stool, Spot

Collected

10-Dec-24

MACROSCOPIC EXAMINATION		OCCULT BLOOD	
SERVICE	RESULT	SERVICE	INTERPRETATION
Stool Form	Unformed	Occult Blood	POSITIVE
PROTOZOA		BACTERIAL PATHOGENS	
SERVICE	RESULT	SERVICE	RESULT
Blastocystis hominis	Not Detected	Aeromonas hydrophila	Not Detected
Cryptosporidium	Not Detected	Campylobacter species	Not Detected
Dientamoeba fragilis	Not Detected	Salmonella species	DETECTED
Entamoeba histolytica	Not Detected	Shigella species	Not Detected
Giardia intestinalis	DETECTED	Yersinia enterocolitica	Not Detected

Macroscopy/Occult Blood Comment

UNFORMED STOOL:

An UNFORMED stool specimen classified as Type 5 or 6 on the Bristol Stool Chart suggests rapid colonic transit, leading to inadequate water reabsorption and a looser stool consistency. This may result from mild digestive disturbances, dietary changes (such as high fibre or fat intake), stress, or gut microbiota imbalances (dysbiosis). Type 6, in particular, may indicate early-stage diarrhea, commonly linked to irritable bowel syndrome with Diarrhea (IBS-D), food intolerances (e.g., lactose, gluten, FODMAPs), gastrointestinal infections, or inflammatory responses. Clinical recommendations include identifying dietary triggers, ensuring adequate but not excessive fibre intake, and considering probiotic therapy (especially strains like *Lactobacillus* and *Bifidobacterium*) to help restore microbial balance. Persistent symptoms may warrant further evaluation for malabsorption syndromes (e.g., celiac disease, pancreatic insufficiency), small intestinal bacterial overgrowth (SIBO), or inflammatory markers to assess for underlying pathology.

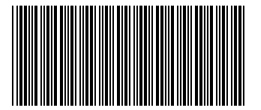
FAECAL OCCULT BLOOD POSITIVE:

Faecal occult blood has been detected in this specimen. The presence of blood in the stool may be the result of several causes besides colorectal bleeding, including hemorrhoids or gastrointestinal infection. Results should be considered with other clinical information available to the physician. Please note: A positive result indicates that the sample likely contains a human haemoglobin concentration >20ng/ml (Limit of detection). Review this result with other inflammation markers such as calprotectin.

Microorganism Summary

SALMONELLA SPECIES PRESENT:

Salmonella spp, classified within the phylum Proteobacteria, are Gram-negative bacteria commonly found in the human gut microbiome. These pathogens can impact gut health significantly, as they are known for their role in causing gastrointestinal infections and foodborne illnesses (Bäumler et al., 2013). In the gut microbiome, Salmonella can disrupt the balance of microbial communities and contribute to dysbiosis, influencing the host's immune response and intestinal function (Cummings et al., 2004). Understanding their role is crucial for developing strategies to mitigate their pathogenic effects and restore gut microbiome equilibrium.



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GIARDIA PRESENT:

Giardia spreads through contaminated food or water or by person-to-person contact. It's most common in areas with poor sanitation and unsafe water. Symptoms might include watery diarrhoea alternating with greasy stools. Fatigue, cramps and belching wind may also occur. Some people have no symptoms. Most cases clear up on their own within a few weeks. Severe cases are treated with antibiotics.

Treatment:

Patients with asymptomatic passage of giardia is not necessary.

For symptomatic patients, treatments include; Tinidazole (child: 50mg/kg up to) 2g orally, as one dose. Metronidazole (child: 30mg/kg up to) 2g orally, daily for 3 days. If the above treatment fails, a longer course of metronidazole is sometimes required.

Methodology

Automated Chemistry/Immunochemistry, Polymerase Chain Reaction (PCR)