

Dr TEST DOCTOR

Lab ID 4161260

Patient ID P005260

Ext ID 25308-0005

TEST PATIENT

Sex: Male • 4wks • 01-Oct-25

16 HARKER STREET, BURWOOD VIC 3125

RECEIVED
03-Nov-25

GI-Standard

Specimen type - Stool

Collected

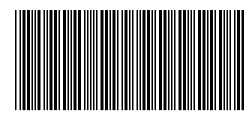
03-Nov-25 12:54pm

MACROSCOPIC EXAMINATION		OCCULT BLOOD	
TEST	RESULT	TEST	INTERPRETATION
Stool Colour	Brown	Occult Blood	POSITIVE
Stool Form	Unformed		
Mucous	PRESENT		

GIT FUNCTIONAL MARKERS						
TEST	RESULT	H/L		REFERENCE	UNITS	
Calprotectin	70.0	H		(<100.0)	ug/g	
b-Glucuronidase	3100			(368-6266)	U/g	
Pancreatic Elastase 1	500			(>200)	ug/g	
pH	6.4			(6.3-7.7)		
Secretory IgA	800			(200-1300)	ng/mL	
Steatocrit	5.0			(<10.0)	%	
Transglutaminase IgA	60.0			(<100.0)	ug/g	
Zonulin	60			(<120)	ng/mL	

Short Chain Fatty Acids					
Test	Result	H/L		Reference	Units
Short Chain Fatty Acids, Beneficial	54.0			(>13.6)	umol/g
Acetate	69.00			(44.00-72.00)	%
Butyrate	15.00			(10.00-33.00)	%
Propionate	15.00			(0.00-32.00)	%
Valerate	1.00			(0.50-7.00)	%

Parasites & Worms	Bacteria and Viruses	Mycology
Blastocystis hominis	Citrobacter freundii complex E. coli O157 Enterobacter cloacae complex Klebsiella pneumoniae complex Rotavirus A	Candida dubliniensis



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PARASITES

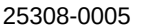
TEST	RESULT	H/L	REFERENCE	UNITS
Blastocystis hominis	6.00	H	(<1.00)	$\times 10^5$ org/g
Cryptosporidium species	$<DL$		(<1.00)	$\times 10^5$ org/g
Dientamoeba fragilis	$<DL$		(<1.00)	$\times 10^5$ org/g
Cyclospora cayetanensis	$<DL$		(<1.00)	$\times 10^5$ org/g
Entamoeba histolytica	$<DL$		(<1.00)	$\times 10^5$ org/g
Giardia intestinalis	$<DL$		(<1.00)	$\times 10^5$ org/g
Enterocytozoon species	$<DL$		(<1.00)	$\times 10^5$ org/g

HELMINTHS

TEST	RESULT
Ancylostoma species Hookworm	Not Detected
Ascaris species, Roundworm	Not Detected
Enterobius vermicularis, Pinworm	Not Detected
Hymenolepis spp, Tapeworm	Not Detected
Necator americanus, Hookworm	Not Detected
Strongyloides spp, Roundworm	Not Detected
Taenia species, Tapeworm	Not Detected
Trichuris trichiura, Whipworm	Not Detected

VIRUSES

TEST	RESULT
Adenovirus 40/41	Not Detected
Astrovirus (hAstro)	Not Detected
Norovirus GI/II	Not Detected
Rotavirus A	DETECTED
Sapovirus (I,II,IV,V)	Not Detected



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BACTERIAL PATHOGENS

TEST	RESULT	H/L	REFERENCE	UNITS
Aeromonas species	<DL		(<1.00)	x10^3 CFU/g
Campylobacter species	<DL		(<1.00)	x10^5 CFU/g
C. difficile, Toxin A	<DL		(<1.00)	x10^4 CFU/g
C. difficile, Toxin B	<DL		(<1.00)	x10^4 CFU/g
Clostridium difficile, Hypervirulent	<DL		(<1.00)	x10^3 CFU/g
Enteraggregative E. coli	<DL		(<1.00)	x10^3 CFU/g
Enteropathogenic E. coli	<DL		(<1.00)	x10^3 CFU/g
E. coli O157	2.00	HH	(<1.00)	x10^2 CFU/g
Enteroinvasive E. coli/Shigella	<DL		(<1.00)	x10^3 CFU/g
Enterotoxigenic E. coli LT/ST	<DL		(<1.00)	x10^5 CFU/g
Salmonella species	<DL		(<1.00)	x10^5 CFU/g
Shiga toxigenic E. coli (stx1/2)	<DL		(<1.00)	x10^3 CFU/g
Vibrio species	<DL		(<1.00)	x10^4 CFU/g
Yersinia species	<DL		(<1.00)	x10^5 CFU/g
Helicobacter pylori	<DL		(<1.00)	x10^3 CFU/g

HELICOBACTER PROFILE

TEST	RESULT
H. pylori Antigen	Negative

H. pylori Virulence Factors	
TEST	RESULT
Virulence Factor, babA	Not Detected
Virulence Factor,oipA	Not Detected
Virulence Factor, virB	Not Detected
Virulence Factor, cagA	Not Detected
Virulence Factor, vacA	Not Detected
Virulence Factor, virD	Not Detected
Virulence Factor, dupA	Not Detected
Virulence Factor, iceA	Not Detected

H. pylori Resistance Genes	
TEST	RESULT
Resistance gene A2142C	Not Detected
Resistance gene A2142G	Not Detected
Resistance gene A2143G	Not Detected

● Actinobacteria Phylum ● Bacteroidetes Phylum ● Euryarchaeota Phylum ● Firmicutes Phylum ● Proteobacteria Phylum ● Verrucomicrobia Phylum

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TEST	RESULT	H/L	REFERENCE	UNITS
Candida albicans	<DL		(<1.00)	x10^5 CFU/g
Candida dubliniensis	3.00	H	(<1.00)	x10^5 CFU/g
Candida famata	<DL		(<1.00)	x10^5 CFU/g
Candida glabrata	<DL		(<1.00)	x10^5 CFU/g
Candida guilliermondii	<DL		(<1.00)	x10^5 CFU/g
Candida intermedia	<DL		(<1.00)	x10^5 CFU/g
Candida kefyr	<DL		(<1.00)	x10^5 CFU/g
Candida krusei	<DL		(<1.00)	x10^5 CFU/g
Candida lambica	<DL		(<1.00)	x10^5 CFU/g
Candida lipolytica	<DL		(<1.00)	x10^5 CFU/g
Candida lusitanae	<DL		(<1.00)	x10^5 CFU/g
Candida parapsilosis	<DL		(<1.00)	x10^5 CFU/g
Candida tropicalis	<DL		(<1.00)	x10^5 CFU/g
Candida species	<DL		(<1.00)	x10^5 CFU/g
Geotrichum species	<DL		(<1.00)	x10^5 CFU/g
Rhodotorula species	<DL		(<1.00)	x10^5 CFU/g
Saccharomyces cerevisiae	<DL		(<1.00)	x10^5 CFU/g

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TEST	RESULT	H/L	REFERENCE	UNITS
Akkermansia muciniphila	5.00		(1.00-50.00)	x10^7 CFU/g
TOTAL BIFIDOBACTERIA	8.00		(<2000.00)	x10^6 CFU/g
Bifidobacterium adolescentis	<DL		(<1000.00)	x10^6 CFU/g
Bifidobacterium bifidum	<DL		(<1000.00)	x10^6 CFU/g
Bifidobacterium breve	<DL		(<1000.00)	x10^6 CFU/g
Bifidobacterium longum	8.00		(<1000.00)	x10^6 CFU/g
Clostridium species	50.00		(5.00-50.00)	x10^7 CFU/g
Enterococcus species	5.00		(<2000.00)	x10^3 CFU/g
Escherichia species	2400.00		(3.70-3800.00)	x10^4 CFU/g
Faecalibacterium prausnitzii	30.00	L	(100.00-3500.00)	x10^6 CFU/g
TOTAL LACTOBACILLI	5.00		(<3000.00)	x10^3 CFU/g
Lactobacillus acidophilus	<DL		(<500.00)	x10^3 CFU/g
Lactobacillus casei	<DL		(<500.00)	x10^3 CFU/g
Lactobacillus delbrueckii	5.00		(<500.00)	x10^3 CFU/g
Lactobacillus plantarum	<DL		(<500.00)	x10^3 CFU/g
Lactobacillus rhamnosus	<DL		(<500.00)	x10^3 CFU/g
Lactobacillus salivarius	<DL		(<500.00)	x10^3 CFU/g
Oxalobacter formigenes	<DL		(<50.00)	x10^6 CFU/g

Actinobacteria Phylum Bacteroidetes Phylum Euryarchaeota Phylum Firmicutes Phylum Proteobacteria Phylum Verrucomicrobia Phylum

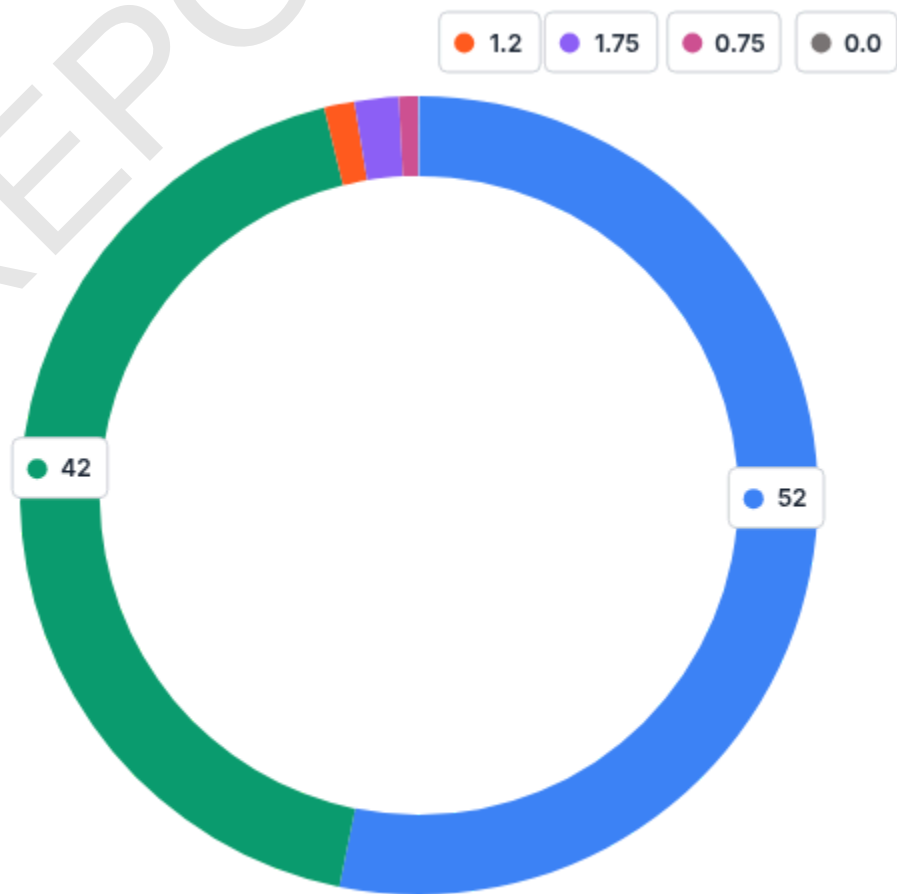
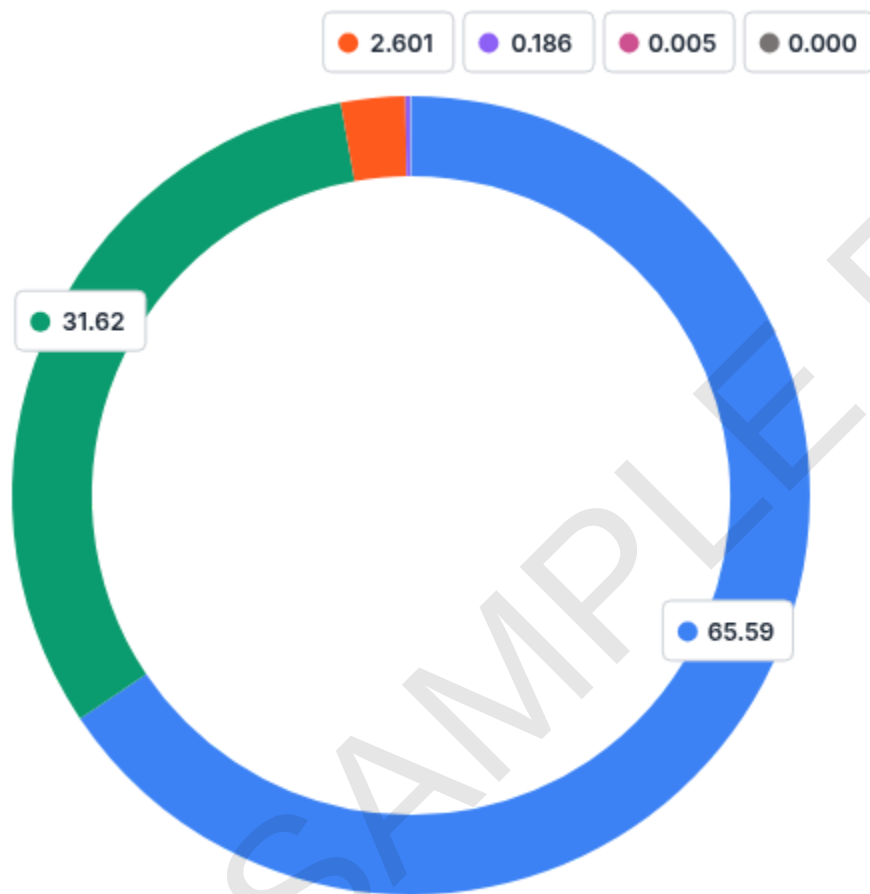
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TEST	RESULT	H/L	REFERENCE	UNITS
Actinobacteria Phylum	0.005		(0.001-1.500)	%
Bacteroidetes Phylum	65.59		(40.00-87.00)	%
Euryarchaeota Phylum	0.000		(0.000-0.010)	%
Firmicutes Phylum	31.62		(10.00-60.00)	%
Proteobacteria Phylum	2.601		(0.250-5.000)	%
Verrucomicrobia Phylum	0.186		(0.000-2.400)	%

Healthy Phyla



TEST	RESULT	H/L	REFERENCE	UNITS
Firmicutes/Bacteroidetes Ratio	0.48		(<2.00)	ratio

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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.

The presence of mucous in the stool may be due to prolonged irritation of the intestinal mucosa. An increase of visible mucous may also be reflective of an inflammatory gastrointestinal condition such as: Crohns, Ulcerative colitis, irritable bowel syndrome (IBS) and infection.

Treatment:

- Investigate and treat possible underlying cause.
- Assess other Gut markers (e.g. calprotectin, M2PK, etc).

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.

PANCREATIC ELASTASE NORMAL (>200 ug/g):

A faecal pancreatic elastase level >200 ug/g indicates normal exocrine pancreatic function.

B-Glucuronidase is considered normal and is within reference range.

ACCREDITATION SCOPE: Please note that the above test is currently not under the laboratory's scope of accreditation.

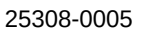
A borderline faecal calprotectin level (51–100 ug/g) may reflect mild inflammation or a non-specific increase and is not diagnostic of IBD.

Borderline elevations may be seen in a range of conditions including early or quiescent IBD, gastrointestinal infections, colorectal neoplasia, or as a pharmacological effect of medications such as NSAIDs, aspirin, and proton pump inhibitors (PPIs).

Repeat testing in 4–6 weeks is recommended if clinical suspicion of IBD remains or if symptoms persist. Correlation with history, medication use, and other diagnostic investigations (e.g., colonoscopy, imaging) is essential.

This result may warrant further monitoring.

Tissue Transglutaminase is the most specific test for Coeliac Disease. Levels less than 100 are considered NEGATIVE.



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BIFIDOBACTERIUM ADOLESCENTIS LOW: PHYLUM: Actinobacteria

TREATMENT SUGGESTIONS: Consider a probiotic supplement containing *B. adolescentis* and consuming prebiotic-rich foods like garlic, onions, and whole grains. Increase dietary fibre from fruits, vegetables, and legumes, and incorporate fermented foods such as yogurt and kefir.

DESCRIPTION: Bifidobacterium bifidum is a Gram-positive, anaerobic bacterium integral to the human gut microbiota, especially in infants. It ferments a variety of carbohydrates, including human milk oligosaccharides, aiding in digestion, and promoting a healthy gut flora. B. bifidum produces short-chain fatty acids that lower gut pH and inhibit pathogenic bacteria while supporting intestinal cells. It also modulates the immune system, enhancing immune responses and reducing inflammation, and strengthens the intestinal barrier. Clinically, B. bifidum has shown promise in alleviating gastrointestinal disorders.

DESCRIPTION: *Bifidobacterium breve* is a Gram-positive, anaerobic bacterium that is commonly found in the human gastrointestinal tract, particularly in the intestines of infants. *B. breve* is known for its ability to metabolise various carbohydrates, including human milk oligosaccharides, which is essential for the development of a healthy gut flora in newborns. Studies demonstrate that *B. breve* exhibits several beneficial properties, including the production of short-chain fatty acids (SCFAs) such as acetate, which contribute to gut health by lowering pH and inhibiting the growth of pathogenic bacteria. Additionally, *B. breve* may alleviate symptoms of irritable bowel syndrome (IBS) and improve symptoms of atopic dermatitis.

DESCRIPTION: *Lactobacillus acidophilus* is a Gram-positive, rod-shaped, non-spore-forming bacterium commonly found in the human gut and fermented foods. It plays a key role in oxalate degradation, bowel normalisation and may assist patients with bloating.

TREATMENT SUGGESTIONS: Consider probiotic supplementation containing *L. acidophilus*.

DESCRIPTION: *Lactobacillus casei* is a Gram-positive, rod-shaped, non-spore-forming, anaerobic probiotic bacterium involved in the fermentation of foods like cheese and yogurt. It produces antimicrobial substances, enhances gut barrier function, reduces pathogenic bacteria, and modulates the immune system. This bacterium is used to prevent and may assist various forms of diarrhea, including infectious diarrhea, traveller's diarrhea, and antibiotic-associated diarrhea.

TREATMENT SUGGESTIONS: Consider probiotic supplementation containing *L. casei* and consuming fermented foods such as cheese and yogurt.

DESCRIPTION: *Lactobacillus plantarum* is a Gram-positive, non-spore-forming, rod-shaped bacterium. *L. plantarum* plays a crucial role in gut health by enhancing intestinal barrier function, modulating the immune system, and inhibiting pathogenic bacteria. Additionally, it is beneficial for conditions such as irritable bowel syndrome, ulcerative colitis, and high cholesterol.

TREATMENT SUGGESTIONS: Consider probiotic supplementation containing *L. plantarum*.

