



  **RCPA**
The Royal College of Pathologists of Australasia

NATA Accreditation: #20770



Lab ID
Patient ID PAT-100009
Ext ID 24325-0005

Test Patient

Sex: Female • 44yrs • 01-Jan-80
123 Home Street, Test Suburb Vic 3125

RECEIVED
20-Nov-24

INTESTINAL PERMEABILITY

Specimen type - Urine, Timed

Collected

14-Nov-24

SERVICE	RESULT	H/L		REFERENCE	UNITS
Lactulose Recovery	0.48	H	<div><div></div><div></div><div></div><div></div><div></div></div>	(0.00-0.30)	% Recovery
Mannitol Recovery	33.00	H	<div><div></div><div></div><div></div><div></div><div></div></div>	(9.50-25.00)	% Recovery
Lactulose/Mannitol Ratio	0.015		<div><div></div><div></div><div></div><div></div><div></div></div>	(0.000-0.035)	

Intestinal Permeability Comment

LACTULOSE AND MANNITOL RECOVERY ELEVATED:

An elevated lactulose and mannitol excretion indicates generalised intestinal hyperpermeability and increased transcellular absorption, suggesting compromised barrier integrity and possible mucosal inflammation.

This pattern is often associated with gastrointestinal inflammation, infections (e.g., SIBO, parasites), NSAID use, food sensitivities, or early autoimmune activity (e.g., coeliac disease). Further assessment of the microbiome may be considered if clinically required.

Suggested Interventions:

Remove triggers: Identify and eliminate potential irritants (gluten, dairy, NSAIDs, alcohol, dysbiotic organisms).

Repair mucosa: Use gut-healing nutrients such as L-glutamine (2–5 g daily), Zinc carnosine, N-acetylglucosamine, Slippery elm, aloe vera, and deglycyrrhizinated licorice (DGL)

Anti-inflammatory support: Curcumin, quercetin, omega-3s.

Microbiome modulation: Consider probiotics (e.g., *Lactobacillus rhamnosus* GG, *Saccharomyces boulardii*), fermented foods, and/or antimicrobial therapy if indicated.

Retest in 8–12 weeks to monitor improvement.

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

Methodology

Gas Chromatography-MS (GC/MS)