



# SAMPLE REPORT

## 09-May-1990 Female

P: 1300 688 522  
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16 HARKER STREET  
BURWOOD VIC 3125

Dr.SAMPLE REPORT  
TEST HEALTH CENTRE  
123 TEST STREET  
BURWOOD VIC 3125

LAB ID : 3814101  
UR NO. :  
Collection Date : 09-May-2022  
Received Date:09-May-2022



3814101

## COMPLETE DIGESTIVE STOOL ANALYSIS - Level 1

### MACROSCOPIC DESCRIPTION

|              | Result        | Range  | Markers  |
|--------------|---------------|--------|--|
| Stool Colour | <b>Brown</b>  | Brown  | <b>Colour</b> - Brown is the colour of normal stool. Other colours may indicate abnormal GIT conditions.                               |
| Stool Form   | <b>Formed</b> | Formed | <b>Form</b> -A formed stool is considered normal. Variations to this may indicate abnormal GIT conditions.                             |
| Mucous       | <b>NEG</b>    | < +    | <b>Mucous</b> - Mucous production may indicate the presence of an infection, inflammation or malignancy.                               |
| Occult Blood | <b>NEG</b>    | < +    | <b>Occult Blood</b> - The presence of blood in the stool may indicate possible GIT ulcer, and must always be investigated immediately. |

### Macroscopy Comment

BROWN coloured stool is considered normal in appearance.

### MICROSCOPIC DESCRIPTION

|                  | Result     | Range | Markers  |
|------------------|------------|-------|--|
| RBCs (Micro)     | <b>NEG</b> | < +   | <b>RBC(Micro)</b> - The presence of RBCs in the stool may indicate the presence of an infection, inflammation or haemorrhage.                  |
| WBCs (Micro)     | <b>0</b>   | < 10  | <b>WBC(Micro)</b> - The presence of WBCs in the stool may indicate the presence of an infection, inflammation or haemorrhage.                  |
| Food Remnants    | <b>NEG</b> | < ++  | <b>Food Remnants</b> - The presence of food remnants may indicate maldigestion.  |
| Fat Globules     | <b>NEG</b> | < +   | <b>Fat Globules</b> -The presence of fat globules may indicate fat maldigestion.   |
| Starch           | <b>NEG</b> | < +   | <b>Starch</b> - The presence of starch grains may indicate carbohydrate maldigestion.  |
| Meat Fibres      | <b>NEG</b> | < +   | <b>Meat Fibres</b> - The presence of meat fibres may indicate maldigestion from gastric hypoacidity or diminished pancreatic output.           |
| Vegetable Fibres | <b>NEG</b> | < ++  | <b>Vegetable Fibres</b> - The presence of vegetable fibres may indicate maldigestion from gastric hypoacidity or diminished pancreatic output. |



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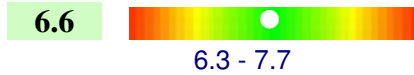
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### METABOLIC MARKERS

pH



#### Markers

**pH** - Imbalances in gut pH, will influence SCFA production and effect.

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| BENEFICIAL BACTERIA          |       | Result  | Range                     |       | Result  | Range |
|------------------------------|-------|---------|---------------------------|-------|---------|-------|
| Bifidobacterium longum.      | 2+    | 2 - 4+  | Lactobacillus plantarum   | 3+    | 2 - 4+  |       |
| Bifidobacterium bifidum      | 2+    | 2 - 4+  | Lactobacillus rhamnosus.  | 2+    | 2 - 4+  |       |
| Bifidobacterium animalis     | 1+ *L | 2 - 4+  | Lactobacillus paracasei   | 1+ *L | 2 - 4+  |       |
| Bifidobacterium pseudocaten. | 1+ *L | 2 - 4+  | Lactobacillus casei       | 1+ *L | 2 - 4+  |       |
| Bifidobacterium breve        | 2+    | 2 - 4+  | Lactobacillus acidophilus | 2+    | 2 - 4+  |       |
| Escherichia coli             | 2+    | 2 - 4 + | Enterococci               | 1+    | 1 - 2 + |       |

### COMMENTS:

Significant numbers of Lactobacilli, Bifidobacteria and E coli are normally present in the healthy gut: Lactobacilli and Bifidobacteria, in particular, are essential for gut health because they contribute to 1) the inhibition of gut pathogens and carcinogens. 2) the control of intestinal pH, 3) the reduction of cholesterol, 4) the synthesis of vitamins and disaccharidase enzymes.

### PATHOGENIC BACTERIA

| Organism          | Growth | Range | Classification |
|-------------------|--------|-------|----------------|
| Aeromonas species | NEG    |       |                |
| Campylobacter     | NEG    |       |                |
| Salmonella        | NEG    |       |                |
| Shigella          | NEG    |       |                |
| Yersinia          | NEG    |       |                |

### COMMENTS:

The above Pathogenic Bacteria are those that have the potential to cause disease in the GI tract. A result of **ISOLATED** may require a notification to the Department of Health and also cross tested via a secondary method such as PCR or sequencing. Should this be the case, you will also be notified.

### OPPORTUNISTIC AND DYSBIOTIC BACTERIA

| Organism               | Growth | Range | Classification    |
|------------------------|--------|-------|-------------------|
| Klebsiella pneumoniae  | 4+ *H  | < 4+  | Possible Pathogen |
| Pseudomonas aeruginosa | 3+     | < 4+  | Non-Pathogen      |
| Citrobacter freundii   | 2+     | < 4+  | Non-Pathogen      |

### COMMENTS:

Commensal bacteria are usually neither pathogenic nor beneficial to the host GI tract. Imbalances can occur when there are insufficient levels of beneficial bacteria and increased levels of commensal bacteria. Certain commensal bacteria are reported as dysbiotic at higher levels. Dysbiotic bacteria consist of known pathogenic bacteria and those that have the potential to cause disease in the GI tract. A detailed explanation of bacteria that may be present can be found in the Pathogen Summary at the end of this report.



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### YEASTS

| Organism         | Growth | Range  | Classification |
|------------------|--------|--------|----------------|
| Candida albicans | 1+     | < ++   | Non-Pathogen   |
| Geotrichum spp   | NEG    | < ++   |                |
| Rhodotorula spp  | NEG    | < ++++ |                |
| Other Yeasts     | NEG    | < ++++ |                |

**COMMENTS:**

Yeast may normally be present in small quantities in the skin, mouth, and intestine. A detailed explanation of yeast that may be present can be found in the Pathogen Summary at the end of this report.

### PARASITES

| Parasites             | Result          |
|-----------------------|-----------------|
| Blastocystis Hominis  | <b>DETECTED</b> |
| Dientamoeba fragilis  | NOT DETECTED    |
| Cryptosporidium       | NOT DETECTED    |
| Giardia lamblia       | NOT DETECTED    |
| Entamoeba Histolytica | NOT DETECTED    |
| Other Parasites       | NOT DETECTED    |

**COMMENTS:** Parasites are organisms that are not present in a normal/healthy GIT. A detailed explanation of parasites that may be present can be found in the Pathogen Summary at the end of this report.

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### ANTIBIOTIC SENSITIVITIES and NATURAL INHIBITORS

| Antibiotics         | Klebsiella pneumoniae | Citrobacter freundii | Pseudomonas aeruginosa |
|---------------------|-----------------------|----------------------|------------------------|
|                     | Susceptible           | Susceptible          | Susceptible            |
| Amoxicillin         | N/A                   | N/A                  | N/A                    |
| Ampicillin          | R                     | R                    | N/A                    |
| Augmentin           | S                     | S                    | N/A                    |
| Ciprofloxacin       | S                     | S                    | S                      |
| Norfloxacin         | S                     | S                    | S                      |
| Meropenem           | S                     | S                    | S                      |
| Cefazolin           | N/A                   | N/A                  | N/A                    |
| Gentamycin.         | S                     | S                    | S                      |
| Trimethoprim/Sulpha | S                     | S                    | N/A                    |
| Erythromycin        | S                     | S                    | N/A                    |
| Penicillin.         | N/A                   | N/A                  | N/A                    |

#### LEGEND

|               |               |                  |
|---------------|---------------|------------------|
| S = Sensitive | R = Resistant | N/A = Not Tested |
|---------------|---------------|------------------|

#### Inhibitors

| Inhibitors    | Inhibition % | Inhibition % | Inhibition % |
|---------------|--------------|--------------|--------------|
| Berberine     | 60%          | 60%          | 60%          |
| Black Walnut  | 40%          | 40%          | 40%          |
| Caprylic Acid | 100%         | 100%         | 100%         |
| Citrus Seed   | 60%          | 60%          | 60%          |
| Coptis        | 40%          | 40%          | 40%          |
| Garlic-       | 60%          | 60%          | 60%          |
| Golden seal   | 20%          | 40%          | 20%          |
| Oregano       | 20%          | 60%          | 20%          |

#### LEGEND

|                |    |    |                 |    |     |
|----------------|----|----|-----------------|----|-----|
| Low Inhibition |    |    | High Inhibition |    |     |
| 0              | 20 | 40 | 60              | 80 | 100 |

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### YEAST - SENSITIVITIES and NATURAL ANTIFUNGALS

**Candida albicans**

**Antifungals**

Inhibition

|              |          |
|--------------|----------|
| Fluconazole  | 1.0=S    |
| Voriconazole | <=0.12=S |
| Itraconazole |          |

**INHIBITION CATEGORY**

- R** Resistant This category indicates that the organism is not inhibited by obtainable levels of the pharmaceutical agent
- I** Intermediate This category indicates where the minimum inhibition concentrations (MIC) approach obtainable pharmaceutical agent levels and for which response rates may be lower than for susceptible isolates
- SDD** Susceptible, Dose Dependent This category indicates that clinical efficacy is achieved when higher than normal dosage of a drug is used to achieve maximal concentrations
- S** Susceptible This category indicates that the organisms are inhibited by the usual achievable concentration of the agent
- NI** No Interpretative Guidelines This category indicates that there are no established guidelines for MIC interpretation for these organisms

**Non-absorbed Antifungals**

Inhibition %

|          |     |
|----------|-----|
| Nystatin | 60% |
|----------|-----|

**Natural Antifungals**

Inhibition %

|               |     |
|---------------|-----|
| Berberine.    | 60% |
| Garlic        | 40% |
| Black Walnut. | 40% |
| Citrus Seed.  | 40% |
| Coptis.       | 20% |
| Golden seal.  | 20% |
| Oregano.      | 20% |

**LEGEND**

Low Inhibition

High Inhibition





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### PATHOGEN SUMMARY

#### CITROBACTER:

##### Sources:

Common in the environment and may be spread by person-to person contact. Several outbreaks have occurred in babies in hospital units. Isolated from water, fish, animals and food.

##### Pathogenicity:

Citrobacter is considered an opportunistic pathogen and therefore can be found in the gut as part of the normal flora.

##### Symptoms:

Citrobacter has occasionally been implicated in diarrheal disease, particularly *C. freundii* and *C. diversus* and *C. koseri*

##### Treatment:

Currently, standard texts provide no specific antimicrobial guidelines for GI overgrowth of Citrobacter. Carbapenems and fluroquinolones are the recommended antibiotics for extraintestinal sites.

#### KLEBSIELLA:

##### Sources:

Isolated from foods and environmental sources. Klebsiella appears to thrive in individuals on a high starch diet. Avoiding carbohydrates such as rice, potatoes, flour products and sugary foods reduces the amount of Klebsiella in the gut

##### Pathogenicity:

Part of the normal GI flora in small numbers, but can be an opportunistic pathogen. Klebsiella is capable of translocating from the gut when in high numbers. Certain strains of *K. oxytoca* have demonstrated cytotoxin production.

##### Symptoms:

*K. pneumoniae* and *K. oxytoca* have been associated with diarrhea in humans. Cytotoxin-producing strains are associated with acute hemorrhagic enterocolitis. Increased colonization of Klebsiella in the stool has been found in HLA-B27 + AS patients.

##### Treatment:

Currently, standard texts provide no specific antimicrobial guidelines for GI overgrowth of Klebsiella. Third generation cephalosporins and fluroquinolones are the recommended antimicrobial agents for extra-intestinal sites.

##### Other Herbal antimicrobials include:

Lemon and clove, Burr marigold, Thyme, Licorice, euphobia, cordyceps.

#### PSEUDOMONAS SPECIES:

##### Description:

Pseudomonas is found in water and soil as well as fruits and vegetables. Bottled water can be a common source of infection. Because the organism is able to survive aqueous environments, it is an important nosocomial pathogen. Pseudomonas can also be found on a number of surfaces and in aqueous solutions.

##### Pathogenicity:

Pseudomonas is considered an opportunistic pathogen.

##### Symptoms:

Associated with diarrhoeal infection, particularly in the immunocompromised host.

##### Treatment:

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Ciprofloxacin is recommended for the treatment of Pseudomonas induced antibiotic-associated colitis. Pseudomonas is usually susceptible to antipseudomonal penicillins, aminoglycosides, carbapenems, 3rd generation cephalosporins and gentamycin.

#### Other Herbal antimicrobials include:

Andrographis, Tea tree, Prunus armeniaca, Prunella vulgaris, Nelumbo nucifera, Panax notoginseng root, Panax notoginseng flower, Punica granatum, Areca catechu and Imperata cylindrical.

#### CANDIDA

##### Sources:

Most sources of Candida infection are thought to be of endogenous origin. While yeast are ubiquitous in the environment and are found on fruits, vegetables and other plant materials, contamination from external sources is linked to patients and health care workers.

##### Pathogenicity:

A normal inhabitant of the GI tract. May become an opportunistic pathogen after disruption of the mucosal barrier, imbalance of the normal intestinal flora and/or impaired immunity.

Risk factors for colonization include: Antibiotics, corticosteroids, antacids, H2 blockers, oral contraceptives, irradiation, GI surgery, Diabetes mellitus, burns, T cell dysfunction, chronic stress and chronic renal disease.

##### Symptoms:

The most common symptom attributable to non-invasive yeast overgrowth is diarrhea. Symptoms of chronic candidiasis affect four main areas of the body.

1. Intestinal system - symptoms include: diarrhea, constipation, abdominal discomfort, distention, flatulence and rectal itching.

2. Genital Urinary system - symptoms include: menstrual complaints, vaginitis, cystitis and urethritis.

3. Nervous system - symptoms include: severe depression, extreme irritability, inability to concentrate, memory lapses and headaches.

4. Immune system - symptoms include urticaria, hayfever, asthma, and external otitis.

Sensitivities to tobacco, perfumes, diesel fumes and other chemicals.

##### Treatment:

Currently, standard texts provide no specific antifungal guidelines for GI overgrowth of Candida. Oral azoles have been recommended for extra intestinal infections.

Susceptibility testing is advised due to increasing drug resistance.

#### BLASTOCYSTIS HOMINIS:

B. hominis has recently been reclassified as a protozoan, of which there are thought to be four separate serologic groups.

##### Sources:

This organism is transmitted via the fecal-oral route or from contaminated food or water.

Prevention can be enhanced by improving personal hygiene and sanitary conditions.

##### Pathogenicity:

When this organism is present in the absence of any other parasites, enteric organisms or viruses, it may be considered the etiological agent of disease.

##### Symptoms:

Symptoms can include: diarrhea, cramps, nausea, fever, vomiting and abdominal pain. B. hominis has been associated with irritable bowel syndrome, infective arthritis and intestinal obstruction.

##### Treatment:

Currently, Metronidazole (Flagyl) is considered the most effective drug (750 mg tid x 10 days).

Iodoquinol (Yodoxin) is also an effective medication (650 mg tid x 20 days).

Recommended therapy can also eliminate G. lamblia, E. histolytica and D. fragilis, all of which may be concomitant undetected pathogens and part of patient symptomology.





# The Four “R” Treatment Protocol

|                               |  |                                  |  |
|-------------------------------|--|----------------------------------|--|
| <b>REMOVE</b>                 | Using a course of antimicrobial, antibacterial, antiviral or anti parasitic therapies in cases where organisms are present. It may also be necessary to remove offending foods, gluten, or medication that may be acting as antagonists.<br><br>Consider testing IgG96 foods as a tool for removing offending foods. | ANTIMICROBIAL                    | Oil of oregano, berberine, caprylic acid   |
|                               |  | ANTIBACTERIAL                    | Liquorice, zinc carnosine, mastic gum, tribulus, berberine, black walnut, caprylic acid, oil of oregano  |
|                               |  | ANTIFUNGAL                       | Oil of oregano, caprylic acid, berberine, black walnut   |
|                               |  | ANTIPARASTIC                     | Artemesia, black walnut, berberine, oil of oregano   |
|                               |  | ANTIVIRAL                        | Cat's claw, berberine, echinacea, vitamin C, vitamin D3, zinc, reishi mushrooms  |
|                               |  | BIOFILM                          | Oil of oregano, protease   |
| <b>REPLACE</b>                | In cases of maldigestion or malabsorption, it may be necessary to restore proper digestion by supplementing with digestive enzymes.  | DIGESTIVE SUPPORT                | Betaine hydrochloride, tilactase, amylase, lipase, protease, apple cider vinegar, herbal bitters   |
| <b>REINOCULATE</b>            | Recolonisation with healthy, beneficial bacteria. Supplementation with probiotics, along with the use of prebiotics helps re-establish the proper microbial balance.   | PREBIOTICS                       | Slippery elm, pectin, larch arabinogalactans   |
|                               |  | PROBIOTICS                       | Bifidobacterium animalis sup lactise, lactobacillus acidophilus, lactobacillus plantarum, lactobacillus casei, bifidobacterium breve, bifidobacterium bifidum, bifidobacterium longum, lactobacillus salivarius ssp salivarius, lactobacillus paracasei, lactobacillus rhamnosus, Saccaromyces boulardii |
| <b>REPAIR &amp; REBALANCE</b> | Restore the integrity of the gut mucosa by giving support to healthy mucosal cells, as well as immune support. Address whole body health and lifestyle factors so as to prevent future GI dysfunction.   | INTESTINAL MUCOSA IMMUNE SUPPORT | Saccaromyces boulardii, lauric acid  |
|                               |  | INTESTINAL BARRIER REPAIR        | L-Glutamine, aloe vera, liquorice, marshmallow root, okra, quercetin, slippery elm, zinc carnosine, Saccaromyces boulardii, omega 3 essential fatty acids, B vitamins  |
|                               |  | SUPPORT CONSIDERATION            | Seep, diet, exercise, and stress management  |



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