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

SAMPLE REPORT

09-May-1990 Female

16 HARKER STREET
BURWOOD VIC 3125

LAB ID : 3814102
UR NO. :
Collection Date : 09-May-2022
Received Date:09-May-2022



3814102

COMPLETE DIGESTIVE STOOL ANALYSIS - Level 2

MACROSCOPIC DESCRIPTION

	Result	Range	Markers
Stool Colour	Brown	Brown	Colour - Brown is the colour of normal stool. Other colours may indicate abnormal GIT conditions.
Stool Form	Formed	Formed	Form -A formed stool is considered normal. Variations to this may indicate abnormal GIT conditions.
Mucous	NEG	< +	Mucous - Mucous production may indicate the presence of an infection, inflammation or malignancy.
Occult Blood	+	< +	Occult Blood - 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.

BLOOD PRESENT: Consider blood vessel injury, inflammation, infection, ulceration, hemorrhoids, severe constipation & other injury.

Treatment:

- Investigate the cause of bleeding using other diagnostic tools such as endoscopy
- Assess other CDSA markers such as calprotectin, H. pylori, M2PK & microbiology markers.



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MICROSCOPIC DESCRIPTION

	Result	Range	Markers
RBCs (Micro)	+	< +	RBC(Micro) - The presence of RBCs in the stool may indicate the presence of an infection, inflammation or haemorrhage.
WBCs (Micro)	3	< 10	WBC(Micro) - The presence of WBCs in the stool may indicate the presence of an infection, inflammation or haemorrhage.
Food Remnants	NEG	< ++	Food Remnants - The presence of food remnants may indicate maldigestion.
Fat Globules	NEG	< +	Fat Globules -The presence of fat globules may indicate fat maldigestion.
Starch	NEG	< +	Starch - The presence of starch grains may indicate carbohydrate maldigestion.
Meat Fibres	NEG	< +	Meat Fibres - The presence of meat fibres may indicate maldigestion from gastric hypoacidity or diminished pancreatic output.
Vegetable Fibres	+	< ++	Vegetable Fibres - The presence of vegetable fibres may indicate maldigestion from gastric hypoacidity or diminished pancreatic output.

Microscopy Comment

RED BLOOD CELLS DETECTED: Consider blood vessel injury, inflammation, infection, ulceration, hemorrhoids, severe constipation & other injury.

Treatment:

- Investigate the cause of bleeding using other diagnostic tools such as endoscopy
- Assess other CDSA markers such as calprotectin, H. pylori, M2PK & microbiology markers.



DIGESTIVE AND ABSORPTION MARKERS

Short Chain Fatty Acids, Putrefactive

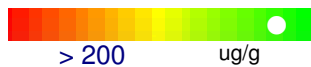
5.5



Short Chain Fatty Acids, Putrefactive - Putrefactive SCFAs are produced when anaerobic bacteria ferment undigested protein, indicating protein maldigestion.

Pancreatic Elastase 1

>500

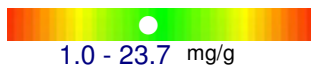


Pancreatic Elastase is used to assess pancreatic exocrine function.

Pancreatic insufficiency is associated with diabetes mellitus, cholelithiasis, pancreatic tumour, cystic fibrosis and osteoporosis. This test is not affected by substitution therapy with enzymes of animal origin. PE-1 levels decline with age.

Long Chain Fatty Acids

15.0



Long Chain Fatty Acids - Elevated levels of total LCFAs in the stool may indicate inadequate lipid absorption

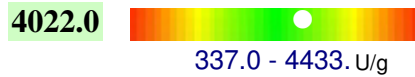
Absorption Comment

PANCREATIC ELASTASE: Normal exocrine pancreatic function. Pancreatic Elastase reflects trypsin, chymotrypsin, amylase and lipase activity. This test is not affected by supplements of pancreatic enzymes. Healthy individuals produce on average 500 ug/g of PE-1. Thus, levels below 500 ug/g and above 200 ug/g suggest a deviation from optimal pancreatic function. The clinician should therefore consider digestive enzyme supplementation if one or more of the following conditions is present:
Loose watery stools, Undigested food in the stools, Post-prandial abdominal pain, Nausea or colicky abdominal pain, Gastroesophageal reflux symptoms, Bloating or food intolerance.

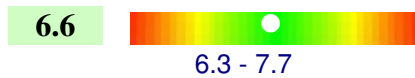


METABOLIC MARKERS

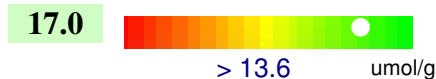
b-Glucuronidase



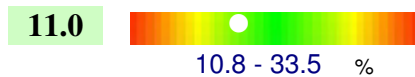
pH



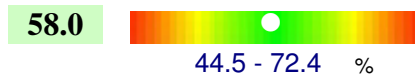
Short Chain Fatty Acids, Beneficial



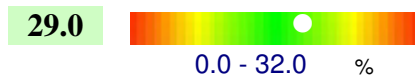
Butyrate



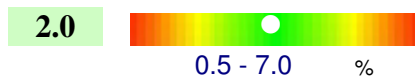
Acetate



Propionate



Valerate



Markers

b-Glucuronidase - Increased levels of b-Glucuronidase may reverse the effects of Phase II detoxification processes.

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

Short Chain Fatty Acids, Beneficial (Total) - Elevated SCFAs may indicate bacterial overgrowth. Inadequate SCFAs may indicate inadequate normal flora.

Butyrate - Decreased Butyrate levels may indicate inadequate colonic function.

Acetate - Decreased Acetate levels may indicate inadequate colonic function.

Propionate - Decreased Propionate levels may indicate inadequate colonic function.

Valerate - Decreased Valerate levels may indicate inadequate colonic function.

Metabolic Markers Comment

In a healthy gut Short Chain Fatty Acids are exhibited in the following proportions;
Butyrate, Acetate, Propionate (16% : 60% : 24%)

VALERATE:

Valerate is a short chain fatty acid that is important for gut health. Although Acetate, propionate, and butyrate make up the the most abundant SCFAs in gastrointestinal tract (95%), Valerate and other SCFA's make up the remaining and work optimally when within range.



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

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
Citrobacter freundii	3+	< 4+	Non-Pathogen
Klebsiella pneumoniae	2+	< 4+	Non-Pathogen
Pseudomonas aeruginosa	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	1+	< ++	Non-Pathogen
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	DETECTED
Dientamoeba fragilis	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
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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	Geotrichum spp
Antifungals	Inhibition	Inhibition
Fluconazole	1.0=S	256=NI
Voriconazole	<=0.12=S	4.0=NI
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 %	Inhibition %
Nystatin	60%	60%

Natural Antifungals

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

LEGEND

Low Inhibition

High Inhibition





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PATHOGEN SUMMARY

YERSINIA SPECIES:

Description:

Yersinia sp. are found naturally in numerous wild and domestic mammals and birds. Infections may be acquired by ingestion of contaminated food or water, or, rarely by direct person-to person transmission in schools and hospitals.

Yersinia infection has been shown to induce chronic inflammatory bowel disorders such as chronic diarrhea and IBD. Rheumatoid arthritis, reactive arthritis and unspecified arthralgias have also been noted after Yersinia infection.

Treatment:

Intestinal infections with *Y. enterocolitica* and *Y. pseudotuberculosis* are usually self limiting and do not require antibiotic therapy. In cases of complicated gastroenteritis, doxycycline or trimethoprim-sulfamethoxazole are the antibiotics of choice.

PLEASE NOTE:

Yersinia detection has been confirmed through a secondary PCR test. Yersinia is a Notifiable Disease in Queensland, South Australia, Western Australia and Tasmania. If applicable, the laboratory has notified the relevant state Department of Health. If applicable, the practitioner is also required to notify the state Dept of Health.

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 fluoroquinolones 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



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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:

csPseudomonas is considered an opportunistic pathogen.

Symptoms:

Associated with diarrhoeal infection, particularly in the immunocompromised host.

Treatment:

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.

GEOTRICHUM SPECIES:

Geotrichum are yeast belonging to the Endomyceteaceae family.



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Sources:

This organism can be found in soil, dairy products and in human skin and mucosae.

Pathogenicity:

Usually only considered an opportunistic pathogen in immune-compromised hosts. *Geotrichum candidum* is the etiological agent of Geotrichosis. *Geotrichum* may also play a role in IBS.

Symptoms:

Symptoms of *Geotrichum* infection have been associated with diarrhea and enteritis. Symptoms of Geotrichosis may resemble those of candidiasis.

Treatment:

Currently, standard texts provide no specific antifungal guidelines for GI overgrowth of *Geotrichum*. Oral azoles and have been recommended for extra intestinal infections. Susceptibility testing is advised owing 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.

DIENTAMOEBIA FRAGILIS:

It is closely related to *Histomonas* and *Trichomonas* species. *D. fragilis* is known to cause non-invasive diarrheal illness in humans. 90% of children are symptomatic, whereas only 15-20% of adults are. The most common symptoms associated with *D. fragilis* are intermittent diarrhea, fatigue, abdominal pain, nausea, anorexia, malaise and unexplained eosinophilia. Diarrhea is predominately seen during the first 1-2 weeks of infection and abdominal pain may persist for 1-2 months.

Treatment:

Iodoquinol (650 mg tid x 20 days) or Tetracycline (500 mg qid x 10 days) or Metronidazole (500-750 mg tid x 10 days) have been used to treat *D. fragilis*. Another alternative is Paromomycin (500 mg tid x 7 days).



The Four “R” Treatment Protocol

REMOVE	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. 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
REPLACE	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
REINOCULATE	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
REPAIR & REBALANCE	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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