



# SAMPLE REPORT

## 09-May-1990 Female

P: 1300 688 522  
E: info@nutripath.com.au

16 HARKER STREET  
BURWOOD VIC 3125

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

LAB ID : 3814107  
UR NO. :  
Collection Date : 09-May-2022  
Received Date:09-May-2022



3814107

## COMPLETE DIGESTIVE STOOL ANALYSIS - Level 5

### 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>+</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>+</b>	< ++	<b>Vegetable Fibres</b> - The presence of vegetable fibres may indicate maldigestion from gastric hypoacidity or diminished pancreatic output.



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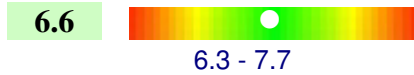
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### METABOLIC MARKERS

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.	3+	2 - 4+	Lactobacillus plantarum	3+	2 - 4+	
Bifidobacterium bifidum	2+	2 - 4+	Lactobacillus rhamnosus.	3+	2 - 4+	
Bifidobacterium animalis	2+	2 - 4+	Lactobacillus paracasei	2+	2 - 4+	
Bifidobacterium pseudocaten.	1+ *L	2 - 4+	Lactobacillus casei	2+	2 - 4+	
Bifidobacterium breve	1+ *L	2 - 4+	Lactobacillus acidophilus	1+ *L	2 - 4+	
Escherichia coli	3+	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
Enterococcus faecium.	4+ *H	< 4+	Possible Pathogen
Klebsiella pneumoniae	2+	< 4+	Non-Pathogen
Streptococcus agalactiae Gp B	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	1+	< ++++	Non-Pathogen
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

#### Result

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

**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	Streptococcus agalactiae Gp B	Klebsiella pneumoniae	Enterococcus faecium.
	Susceptible	Susceptible	Susceptible
Amoxicillin	N/A	N/A	N/A
Ampicillin	S	R	N/A
Augmentin	N/A	S	N/A
Ciprofloxacin	N/A	S	N/A
Norfloxacin	N/A	S	N/A
Meropenem	N/A	S	N/A
Cefazolin	N/A	N/A	N/A
Gentamycin.	N/A	S	N/A
Trimethoprim/Sulpha	N/A	S	N/A
Erythromycin	N/A	N/A	N/A
Penicillin.	S	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	80%	60%	60%
Citrus Seed	60%	60%	60%
Coptis	40%	40%	60%
Garlic-	60%	60%	60%
Golden seal	20%	20%	20%
Oregano	60%	60%	20%

#### LEGEND

Low Inhibition			High Inhibition		
0	20	40	60	80	100

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### YEAST - SENSITIVITIES and NATURAL ANTIFUNGALS

Geotrichum spp Rhodotorula spp Candida albicans

#### Antifungals

	Inhibition	Inhibition	Inhibition
Fluconazole	256=NI	256=NI	
Voriconazole	4.0=NI	4.0=NI	<=0.12=S
Itraconazole			

#### INHIBITION CATEGORY

<b>R</b> Resistant	This category indicates that the organism is not inhibited by obtainable levels of the pharmaceutical agent
<b>I</b> 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
<b>SDD</b> 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
<b>S</b> Susceptible	This category indicates that the organisms are inhibited by the usual achievable concentration of the agent
<b>NI</b> No Interpretative Guidelines	This category indicates that there are no established guidelines for MIC interpretation for these organisms

#### Non-absorbed Antifungals

	Inhibition %	Inhibition %	Inhibition %
Nystatin	80%	60%	60.00

#### Natural Antifungals

	Inhibition %	Inhibition %	Inhibition %
Berberine.	60%	60%	60.00
Garlic	20%	20%	40.00
Black Walnut.	40%	40%	40.00
Citrus Seed.	60%	60%	40.00
Coptis.	60%	60%	20.00
Golden seal.	60%	60%	20.00
Oregano.	40%	40%	20.00

#### LEGEND

Low Inhibition

High Inhibition





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### WORM EXAMINATION

Ancylostoma duodenale, Roundworm	Negative
Ascaris lumbricoides, Roundworm	Negative
Necator americanus, Hookworm	Negative
Trichuris trichiura, Whipworm	Negative
Taenia species, Tapeworm	Negative
Enterobius vermicularis, Pinworm	Negative

Negative results indicate the absence of detectable DNA in the sample for the worms reported



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### PATHOGEN SUMMARY

#### 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 fluoroquinolones are the recommended antimicrobial agents for extra-intestinal sites.

##### Other Herbal antimicrobials include:

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

#### STREPTOCOCCUS:

##### Description:

Streptococcus is a common isolate from gut flora. With the exception of very rare cases, streptococcus species are not implicated in gastric pathogenesis. However, there has been correlations with the presence of streptococcus pyogenes in patients who have, or have recently had scarlet fever. Streptococcus species are also implicated in urinary tract infections and faecal flora are the common source of contamination for urinary tract infections.

##### Sources:

Recent infections with streptococcus pyogenes or scarlet fever can be linked to the presence of this species in faeces.

##### Treatment:

Treatment of streptococcus in gut flora is not always recommended. A practitioner may take into consideration a range of patient factors and symptoms to determine if treatment is necessary.

#### ENTEROCOCCUS:

##### Description:

Enterococcus species are gram-positive bacterium that are part of normal flora in the human gut. It can however be implicated in a variety of infections of which urinary tract infections are the most common. These infections can be exceptionally difficult to treat due to the genus exhibiting antibiotic resistance.

##### Sources:

Enterococcus infections spread from person to person through poor hygiene. Because these bacteria are found in faeces, people can transmit the infection if they don't wash their hands after using the bathroom. The bacteria can get into food or onto common touched surfaces.

##### Treatment:

Treatment of Enterococcus species in gut flora may not be necessary or recommended. However, overgrowth of this genus may be implicated in other infections such as urinary tract infections. Enterococci are challenging to treat due their drug-resistant mechanisms. Ampicillin is the





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preferred antibiotic used to treat enterococci infections if required.

### 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.

#### 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.

### YEAST NOT CANDIDA ALBICANS or RHODOTORULA SPECIES or TRICHOSPORON SPECIES

#### Sources:

Yeast are ubiquitous in the environment and can be found on fruits, vegetables and other plant materials.

They can also live as normal inhabitants both within and on the body.

#### Pathogenicity:

Less common yeast such as those outlined in this section should only be considered opportunistic pathogens in the Immunocompromised host.

#### Symptoms:



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### Symptoms:

Disseminated infections may include the intestinal tract and are usually associated with immunosuppressive diseases or conditions such as leukemia, organ transplant, multiple myeloma, aplastic anemia, diabetes mellitus with ketoacidosis, ICU patients, lymphoma, solid tumors and AIDS.

Immunosuppressive therapy such as corticosteroids, chemotherapeutic agents and cyclosporine can also enhance fungal overgrowth.

### Treatment:

Currently, standard texts provide no specific antifungal guidelines for GI overgrowth of the fungi mentioned.

Treatment is at the discretion of the practitioner, and should be based upon clinical symptoms and a positive reculture of the organism.

### 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:ma

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

<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.  Consider testing IgG96 foods as a tool for removing offending foods.	ANTIMICROBIAL	Oil of oregano, berberine, caprylic acid
		ANTIBACTERIAL	Liquorice, zincarnosine, 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, zincarnosine, Saccaromyces boulardii, omega 3 essential fatty acids, B vitamins
		SUPPORT CONSIDERATION	Seep, diet, exercise, and stress management



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