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SAMPLE REPORT
09-May-1990 Female

16 HARKER STREET
BURWOOD VIC 3125

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

LAB ID : 3814106
UR NO. :
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COMPLETE DIGESTIVE STOOL ANALYSIS - Level 4+

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	**NEG**	< +	**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.

MICROSCOPIC DESCRIPTION

	Result	Range	Markers
RBCs (Micro)	**NEG**	< +	**RBC(Micro)** - The presence of RBCs in the stool may indicate the presence of an infection, inflammation or haemorrhage.
WBCs (Micro)	**0**	< 10	**WBC(Micro)** - The presence of WBCs in the stool may indicate the presence of an infection, inflammation or haemorrhage.
Food Remnants	**+**	< ++	**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.

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DIGESTIVE AND ABSORPTION MARKERS

Short Chain Fatty Acids, Putrefactive

3.0

0.4 - 8.6 umol/g

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

Pancreatic Elastase 1

>500

> 200 ug/g

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

5.0

1.0 - 23.7 mg/g

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.

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METABOLIC MARKERS

Markers

b-Glucuronidase
3688.0
337.0 - 4433. U/g

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

pH
6.5
6.3 - 7.7

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

Short Chain Fatty Acids, Beneficial
17.0
> 13.6 umol/g

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

Butyrate
11.0
10.8 - 33.5 %

Butyrate - Decreased Butyrate levels may indicate inadequate colonic function.

Acetate
58.0
44.5 - 72.4 %

Acetate - Decreased Acetate levels may indicate inadequate colonic function.

Propionate
29.0
0.0 - 32.0 %

Propionate - Decreased Propionate levels may indicate inadequate colonic function.

Valerate
2.0
0.5 - 7.0 %

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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INFLAMMATION MARKERS

Calprotectin

Range	
18.0	Normal <50 ug/g
	Mildly Elevated 50 -100 ug/g
	Highly Elevated 100+ - 250 ug/g
	Extremely Elevated >250 ug/g

Comments: Calprotectin is a protein that is abundant in neutrophilic granulocytes and is a sensitive and direct indicator of bowel inflammation.
In patients with Inflammatory Bowel Disease (Crohn's Disease, Ulcerative Colitis), including those in relapse, there is a close positive correlation between faecal Calprotectin levels and the degree of inflammation; patients with Irritable Bowel Syndrome do not have elevated levels of Calprotectin. Calprotectin is very stable in stool samples.

Secretory IgA, Faecal

509.0

400.0 - 2000.0 mg/L

Comment - Secretory IgA is an antibody responsible for immune function of the GIT mucous membranes. Elevations may indicate a pathogen infection/overgrowth.

Transglutaminase IgA

1.0

0.0 - 100.0 ug/g

Comment- Tissue transglutaminase is the most specific test for Coeliac Disease. Gluten-sensitive patients react to Gliadin (found in wheat, barley and rye gluten) and to an antigenic component of the gut endomysium, now known to be tissue Transglutaminase (tTg), which uses gliadin as a substrate in creating antigenic neo-epitopes which generate the immune response in genetically susceptible individuals. After several weeks on a Gluten-free diet, tTg antibody levels may return towards normal levels.

Inflammation Markers Comment

CALPROTECTIN Normal:
Faecal calprotectin values <50 ug/g are not indicative of inflammation in the gastrointestinal tract. Subjects with low faecal calprotectin levels normally do not need to be further investigated by invasive procedures.

FAECAL TRANSGLUTAMINASE IgA: Negative
Tissue Transglutaminase is the most specific test for Coeliac Disease.
Levels less than 100 are considered NEGATIVE.

Treatment:
No treatment required. However, If there is clinical suspicion of Coeliac disease consider testing serum Coeliac markers.
Also assess IgG/IgA Food sensitivity tests to identify specific food intolerances.

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TUMOUR/ULCER MARKERS

H. PYLORI, Antigen

Negative

Comment - Helicobacter Pylori antigen indicates the patient's current status and is not affected by the presence of other organisms, antacids, barium sulphate, blood or fat. This test may be used on its own to monitor the success of eradication therapy one month after completion of the therapy.

M2 Pyruvate Kinase

	Range
3.1	<= 4U/ml
	>4 U/ml

Comment - The majority of human tumours strongly over-express the tumour M2 isoform of the glycolytic enzyme Pyruvate Kinase (M2-PK), which is released from tumour cells and is quantitatively detectable in body fluids. M2-PK is the key regulator of tumour metabolism and its measurement in faeces identifies gastrointestinal tumours, even in the absence of gastrointestinal bleeding.

Tumour/Ulcer Markers Comment

H. PYLORI ANTIGEN:
This test, if POSITIVE, indicates the presence of a current infection and is not affected by the presence of other organisms, antacids, barium sulphate, blood or fat.
If the patient has diagnosed gastritis or a peptic ulcer consider:
• Standard triple therapy: eg. PPI, clarithromycin and amoxicillin/or metronidazole, 7-14 days
• Lactobacillus Probiotics

If the patient is asymptomatic consider natural products including:
• Black currant seed oil and fish oil
• Lactobacillus Probiotics
• Vitamin C
• Mastic gum.

M2-PYRUVATE KINASE: Negative
M2-PK values greater than 4 U/mL may indicate gastrointestinal adenoma, colorectal cancer or other gastrointestinal carcinomas.
Tumor M2-PK has a higher sensitivity than markers CEA and CA72-4, and M2-PK values greater than 4 U/mL may indicate gastrointestinal adenoma, colorectal cancer or other gastrointestinal carcinomas.
M2-PK has a lower sensitivity and specificity in diagnosing pancreatic cancer compared to Ca 19-9. However, in patients with adenocarcinoma there is a simultaneous increase of M2-PK and Ca 19-9. In addition, M2-PK is more commonly elevated in metastatic disease and may be an additional criterium to decide on radical surgery of pancreatic cancer.

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BENEFICIAL BACTERIA	Result	Range		Result	Range
Bifidobacterium longum.	3+	2 - 4+	Lactobacillus plantarum	4+	2 - 4+
Bifidobacterium bifidum	1+ *L	2 - 4+	Lactobacillus rhamnosus.	2+	2 - 4+
Bifidobacterium animalis	1+ *L	2 - 4+	Lactobacillus paracasei	4+	2 - 4+
Bifidobacterium pseudocaten.	2+	2 - 4+	Lactobacillus casei	1+ *L	2 - 4+
Bifidobacterium breve	3+	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	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
Klebsiella pneumoniae	4+ *H	< 4+	Possible Pathogen
Citrobacter freundii	3+	< 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	2+ *H	< ++	Possible 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	Result
Blastocystis Hominis	DETECTED
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
	Susceptible	Susceptible
Amoxicillin	N/A	N/A
Ampicillin	R	R
Augmentin	R	S
Ciprofloxacin	S	S
Norfloxacin	S	S
Meropenem	S	S
Cefazolin	N/A	N/A
Gentamycin.	S	S
Trimethoprim/Sulpha	S	S
Erythromycin	S	S
Penicillin.	N/A	N/A

LEGEND

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

Inhibitors

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

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 inhibiition 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 efficay 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 interpreatation for these organisams

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

0	20	40	60	80	100

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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

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-sulfmethoxazole 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 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

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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.

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.

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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
		ANTIPARASITIC	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	Sleep, diet, exercise, and stress management

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