

Lab ID
Patient ID P029035
Ext ID 26059-0001

Sex: Female • 2yrs • 01-Jan-24
123, Test Street, Burwood Victoria 3125

RECEIVED
28-Feb-26

Specimen type - Stool

20-Feb-26

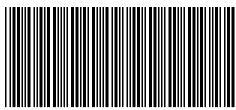
MACROSCOPIC DESCRIPTION	
TEST	RESULT
Stool Colour	Brown
Stool Form	Formed
Mucous	PRESENT

OCCULT BLOOD	
TEST	INTERPRETATION
Occult Blood	Negative

GIT FUNCTIONAL MARKERS						
TEST	RESULT	H/L		REFERENCE	UNITS	
Calprotectin	60.0			(<100.0)	ug/g	
b-Glucuronidase	3922			(100-8000)	U/g	
Pancreatic Elastase 1	355			(>200)	ug/g	
pH	5.4	L				
Secretory IgA	800			(200-1500)	ng/mL	
Steatocrit	0.5			(<15.0)	%	
Transglutaminase IgA	25.0			(<100.0)	ug/g	
Zonulin	32			(<180)	ng/mL	

Short Chain Fatty Acids, Beneficial						
Test	Result	H/L			Reference	Units
Short Chain Fatty Acids, Beneficial	73.5				(>14.0)	umol/g
Acetate	68.30				(46.00-73.00)	%
Butyrate	10.80				(8.00-33.00)	%
Propionate	18.90				(0.00-30.00)	%
Valerate	2.00					%

Important Biochemical Functions						
Test	Result	H/L		Reference	Units	
Ammonia/Urease Production	0.2110			(<0.5000)	%	
Histamine Production	0.0990			(<1.0000)	%	
Lipopolysaccharides (LPS) Production	1.0157			(<7.0000)	%	
Sulphate Production	0.0405			(<3.0000)	%	



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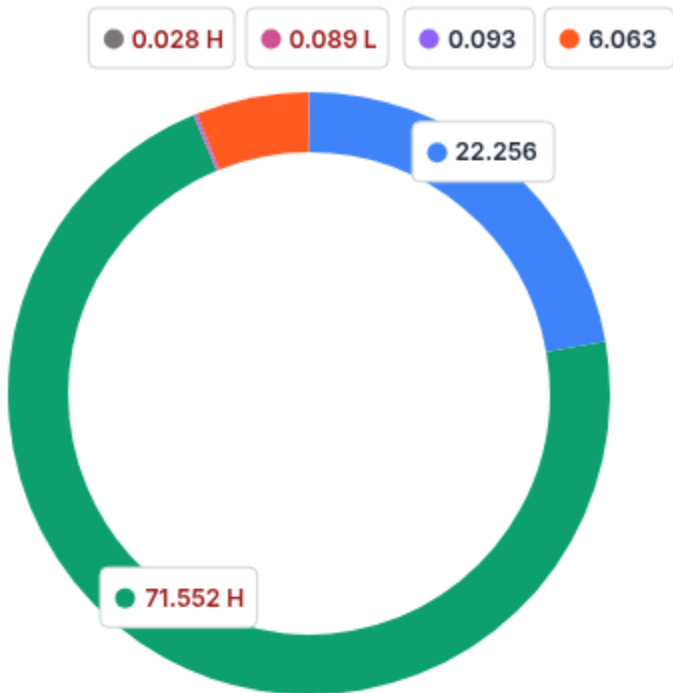
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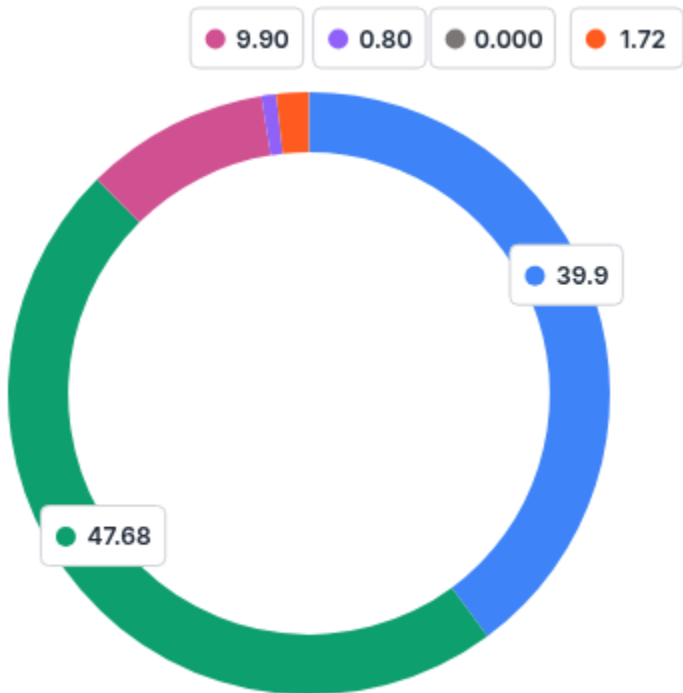
MICROBIOTA PHYLA

TEST	RESULT	H/L		REFERENCE	UNITS
Actinobacteria Phylum	0.089	L		(0.100-20.000)	%
Bacteroidetes Phylum	22.256			(20.000-56.000)	%
Euryarchaeota Phylum	0.028	H		(<0.020)	%
Firmicutes Phylum	71.552	H		(35.000-70.000)	%
Proteobacteria Phylum	6.063			(0.300-9.000)	%
Verrucomicrobia Phylum	0.093			(0.030-3.500)	%

Your Phyla



Healthy Phyla



GUT MICROBIAL DIVERSITY

TEST	RESULT	H/L		REFERENCE	UNITS
Shannon Diversity Index	4.51	H		(1.80-4.10)	
Simpson Diversity Index	0.97			(0.70-0.98)	

MICROBIOTA RATIOS

TEST	RESULT	H/L		REFERENCE	UNITS
Firmicutes/Bacteroidetes ratio	3.21			(<4.00)	ratio
Fus. nucleatum/Faec. prausnitzii ratio	N/A			(<3.00)	ratio
Gram-Positive/Gram-Negative ratio	0.16			(<2.50)	ratio
Prevotella/Bacteroides ratio	0.52	H		(<0.10)	ratio
Proteobacteria/Actinobacteria	67.87	H		(<14.00)	ratio

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VIRUSES	
TEST	RESULT
Adenovirus 40/41	Not Detected
Astrovirus (hAstro)	Not Detected
Norovirus GI/II	Not Detected
Rotavirus A	DETECTED
Sapovirus (I,II,IV,V)	Not Detected

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TEST	RESULT	H/L		REFERENCE	UNITS
Enterococcus gallinarum	<DL			(<0.010)	%
Escherichia coli	0.016			(<4.000)	%
Fusobacterium nucleatum	<DL			(<0.010)	%
Fusobacterium ulcerans	<DL			(<0.010)	%
Klebsiella oxytoca	<DL			(<0.050)	%
Klebsiella pneumoniae	0.110			(<0.200)	%
Methanobrevibacter smithii	0.027	H		(<0.020)	%
Morganella morganii	<DL			(<0.010)	%
Proteus mirabilis	<DL			(<0.010)	%
Providencia rettgeri	<DL			(<0.010)	%
Pseudoflavonifractor capillosus	0.035	H		(<0.030)	%
Pseudomonas aeruginosa	<DL			(<0.200)	%
Staphylococcus aureus	<DL			(<0.500)	%
STREPTOCOCCUS TOTAL	0.095			(<1.200)	%
Streptococcus agalactiae	<DL			(<0.010)	%
Streptococcus anginosus	<DL			(<0.010)	%
Streptococcus dysgalactiae	<DL			(<0.010)	%
Streptococcus mutans	<DL			(<0.010)	%
Streptococcus pyogenes	<DL			(<0.010)	%
Streptococcus salivarius	0.095	H		(<0.050)	%
Streptococcus suis	<DL			(<0.010)	%
Veillonella parvula	<DL			(<0.200)	%

● Actinobacteria Phylum ● Bacteroidetes Phylum ● Euryarchaeota Phylum ● Firmicutes Phylum ● Proteobacteria Phylum ● Verrucomicrobia Phylum

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NATA No: 20770, Supervising Pathologists: Dr N. Maheshwari (Medical Director) & Dr M. Rana. Accreditation Scope available on governing accreditation body website.



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FAECAL OCCULT BLOOD NEGATIVE:

Faecal occult blood has not been detected in this specimen. If the test result is negative and clinical symptoms persist, additional follow-up testing using other clinical methods is recommended.

A FORMED stool specimen classified as Type 1-3 on the Bristol Stool Chart may indicate slow colonic transit and inadequate water content, commonly associated with constipation. This can result from low dietary fibre intake, insufficient hydration, reduced gut motility, or gut microbiota imbalances. Chronic constipation is often linked to conditions such as irritable bowel syndrome with Constipation (IBS-C), functional constipation, or slow-transit constipation, which may be influenced by neurological, hormonal, or lifestyle factors. Clinical recommendations include increasing dietary fibre intake (particularly soluble fibre from fruits, vegetables, and whole grains), maintaining adequate hydration (at least 1.5-2L of water daily), and incorporating regular physical activity to promote bowel motility. Probiotic supplementation may also support gut microbiota diversity and improve stool consistency.

Marker Type: Visual stool inflammatory marker

Age group: 0–3 years

What this represents at this age:

Visible mucous reflects increased mucin secretion from goblet cells in response to irritation or immune activation. In infants and toddlers, mucous can be seen during viral infections, food protein sensitivity, teething-associated GI shifts, or transient dysbiosis.

Clinical significance:

Mild mucous may be transient and benign. Persistent or heavy mucous, especially with diarrhoea or blood, suggests mucosal irritation or inflammation.

Clinical interpretation note:

Interpret alongside calprotectin, occult blood, infection markers, and recent dietary changes.

Suggestions:

- Correlate with stool frequency and consistency
- Review recent infections or dietary transitions
- Monitor if persistent

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.

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

STOOL pH LOW (Acidic):

Marker Type: Fermentation balance indicator

Age group: 0–3 years

What this represents at this age:



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- Review recent illness history (post-infectious lactase deficiency common)
- Monitor stool consistency and growth trajectory
- Consider temporary lactose reduction if symptomatic
- Support microbiome maturation with age-appropriate fibre exposure (in solids phase)

- Correlate with feeding history, antibiotic exposure, and recent GI infections
- Interpret alongside total bifidobacteria and Proteobacteria patterns
- Consider longitudinal tracking during weaning and after illness/antibiotics

Clinical interpretation note:



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- Correlate with stool frequency, stool form, and constipation patterns
- Interpret alongside hydrogen-producing fermenters and overall diversity
- Consider longitudinal tracking before drawing conclusions

- Interpret with species-level breakdown (butyrate producers vs opportunists)
- Correlate with diet changes and stool pattern
- Track longitudinally during weaning

Interpret composition-first; do not treat diversity as a standalone target.

Prevotella establishment in early life is variable and often increases with diet complexity and certain carbohydrate/fibre patterns. In infants, Prevotella signals can also reflect oral-source contributions depending on the species.



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Clinical significance:

In 0–3 years, this ratio is highly diet- and exposure-dependent and should not be over-interpreted.

Clinical interpretation note:

Interpret by examining which Prevotella species are contributing (gut-associated vs oral/urogenital-associated) and correlating with diet and symptoms.

Suggestions:

- Review species composition and dietary context
- Avoid “enterotype” labelling in infancy; track longitudinally

Mycology Comment

CANDIDA TROPICALIS ELEVATED:

Kingdom: Fungi

Age group: 0–3 years

What this represents at this age:

C. tropicalis is less common and may reflect environmental exposure or altered gut ecology following antibiotics or infection.

Clinical interpretation note:

Elevation alone does not imply pathology; consider persistence and symptoms.

Suggestions:

Review infection history and antibiotic exposure

Track longitudinally

Opportunistic Pathogens Comment

METHANOBREVIBACTER SMITHII ELEVATED:

Phylum: Methanobacteriota (Archaea)

Age group: 0–3 years

What this represents at this age:

M. smithii is the dominant human gut methanogen. Colonisation is often low/absent in infancy and may increase with age, dietary complexity, and a more established anaerobic ecosystem.

Clinical significance:

Higher relative abundance can indicate increased methanogenic activity and is sometimes associated with slower transit/constipation phenotypes. However, methanogen presence is variable in early life and not inherently abnormal.

Clinical interpretation note:

In 0–3 years, interpret with the clinical bowel pattern. Relevance increases if constipation, bloating, or delayed transit is a dominant clinical feature.

Suggestions:

- Correlate with stool frequency/consistency and clinical constipation phenotype
- Interpret alongside fibre-fermenting and butyrate-network taxa (which influence substrate availability)

STREPTOCOCCUS SALIVARIUS ELEVATED:

Phylum: Bacillota (Firmicutes)

Age group: 0–3 years

What this represents at this age:



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Correlate with oral health; no gut-directed action required

- Correlate with other adult-type anaerobes and SCFA-associated taxa

- No targeted intervention required in isolation



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Clinical interpretation note:



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Clinically significant in symptomatic toddlers. Severity depends on vaccination status and host factors.

Suggestions:

- Immediate hydration focus
- Monitor for signs of dehydration
- Temporary lactose reduction if ongoing diarrhoea
- Rebuild microbiome diversity post-recovery

Methodology

Automated Chemistry/Immunochemistry, Chemiluminescence Immunoassay (CLIA), Enzyme-Linked Immunosorbent Assay (ELISA), Microscopy, Fluorescence Enzyme Immunoassay (FEIA), pH Electrode, Gas Chromatography-MS (GC/MS), Metagenomic Next Generation Sequencing (mNGS), Quantitative PCR (qPCR), Polymerase Chain Reaction (PCR)