

TEST PATIENT

Dr.TEST DOCTOR



P: 1300 688 522
 E: info@nutripath.com.au
 A: PO Box 442 Ashburton VIC 3142

Date of Birth : 01-Jan-1956
 Sex : F
 Collected : 23/Aug/2019
 Received: 23-Aug-2019
 123 EXAMPLE STREET
 MELBOURNE VIC 3000
 Lab id : **3629218** UR#:

TEST HEALTH CENTRE
 123 TEST STREET
 BURWOOD VIC 3125

COMPLETE DIGESTIVE STOOL ANALYSIS - Level 5

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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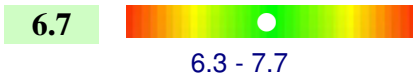
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METABOLIC MARKERS

pH



Markers

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

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BENEFICIAL BACTERIA

	Result	Range
Bifidobacteria	++++	2 - 4 +
Lactobacilli	+	2 - 4 +
Eschericia coli	++++	2 - 4 +
Enterococci	+	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 intetinal pH, 3) the reduction of cholesterol, 4) the synthesis of vitamins and disaccharidase enzymes.

OPPORTUNISTIC AND DYSBIOTIC BACTERIA

	Result	Range
Klebsiella	NEG	<+++
Citrobacter	NEG	<+++
Pseudomonas	NEG	<+++
Proteus	NEG	<+++
Campylobacter	NEG	<+
Salmonella	NEG	<+
Streptococcus	+++	<+++
Yersinia	NEG	<+
Other Bacteria.	+++	<+++

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.

YEASTS

	Result	Range
Candida albicans	NEG	<+
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	Range
Blastocystis Hominis	+	<+
Dientamoeba fragilis	+	<+
Cryptosporidium	NEG	<+
Giardia lamblia	NEG	<+
Entamoeba Histolytica	NEG	<+
Other Parasites	NEG	<+

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

- Ampicillin
- Augmentin
- Ciprofloxacin
- Norfloxacin
- Meropenem
- Cephalothin
- Gentamycin.
- Trimethoprim/Sulpha
- Erythromycin
- Penicillin.

Inhibitors

- Berberine
- Black Walnut
- Caprylic Acid
- Citrus Seed
- Coptis
- Garlic-
- Golden seal
- Oregano

LEGEND



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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

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



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PATHOGEN SUMMARY

OTHER BACTERIA PRESENT:

Organism	Result	Range	Classification
The following group of organisms are deemed commensal, being neither beneficial or pathogenic. Where present, often inadequate levels of beneficial bacteria are also noted. These organisms may become dysbiotic at high levels where treatment may become necessary.			

PLEASE NOTE:

Clostridium difficile isolated. Endotoxin A and B not detected.

Streptococcus salivarius	3+	0 - 3+	Non-Pathogen
Streptococcus parasanguinis	3+	0 - 3+	Non-Pathogen

OTHER YEASTS PRESENT:

Organism	Result	Range	Classification
NO FUNGAL ORGANISMS ISOLATED			

OTHER PARASITES PRESENT:

Organism	Result	Range	Classification
Blastocystis hominis	1+ * H	<1+	PATHOGEN
Dientamoeba fragilis	1+ * H	<1+	PATHOGEN

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.

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

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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, fatigue, 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).



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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