# GI360™; stool

Swan Science

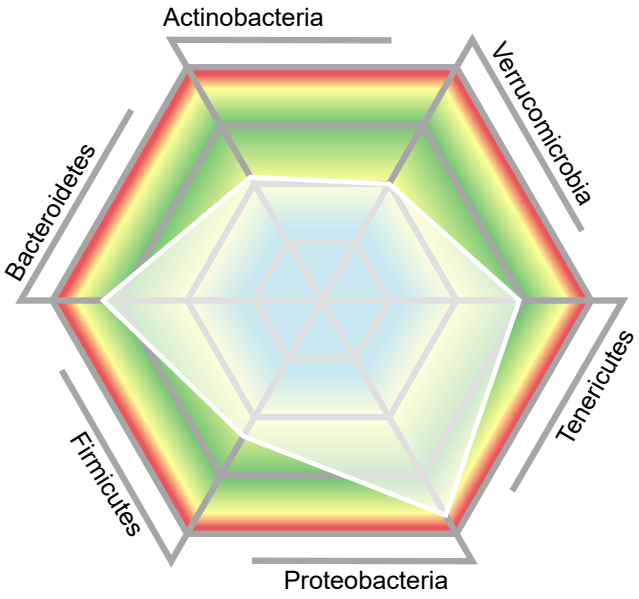
**Order:** 999999-9999
Client #:999999
Doctor:Sample Doctor
123 Main St.
Cambridge, UK

**Patient:** Sample Patient
**Id:** 999999
**Age:** 18 **DOB:** 01/25/2004
**Sex:** Female

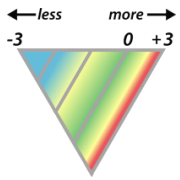
| Sample Collection | Date/Time |
|---|---|
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| Date Reported | 07/06/2022 |
| Specimens Collected | 3 |

## Microbiome Abundance and Diversity Summary

The abundance and diversity of gastrointestinal bacteria provide an indication of gastrointestinal health, and gut microbial imbalances can contribute to dysbiosis and other chronic disease states. The GI360™ Microbiome Profile is a gut microbiota DNA analysis tool that identifies and characterizes more than 45 targeted analytes across six Phyla using PCR and compares the patient results to a characterized normobiotic reference population. The web chart illustrates the degree to which an individual's microbiome profile deviates from normobiosis.




**LEGEND**




The web image shows the relative diversity and balance among bacteria belonging to the six primary Phyla. The white shaded area represents the patient's results compared to a normobiotic reference population. The center of the web represents less abundance while the outer edges represent more than normobiotic.

## Dysbiosis and Diversity Index

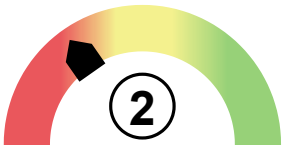
These indexes are calculated from the results of the Microbiome Profile, with scores ranging from 1 to 5, and do not include consideration of dysbiotic and pathogenic bacteria, yeast, parasites and viruses that may be reported in subsequent sections of the GI360™ test.

The Dysbiosis Index the (DI) is calculated strictly from the results of the Microbiome Profile, with scores from 1 to 5. A DI score above 2 indicates dysbiosis; a microbiota profile that differs from the defined normobiotic reference population. The higher the DI above 2, the more the sample deviates from the normobiotic profile. The dysbiosis test and DI does not include consideration of dysbiotic and pathogenic bacteria, yeast, parasites and viruses that may be reported in subsequent sections of the GI360™ test.

A diversity score of 3 indicates an expected amount of diversity, with 4 & 5 indicating an increased distribution of bacteria based on the number of different species and their abundance in the sample, calculated based on Shannon's diversity index. Scores of 1 or 2 indicate less diversity than the defined normobiotic reference population.




**Dysbiosis Index**




**Diversity Score**

## Key Findings

| | | | |
|---|---|---|---|
| Butyrate producing bacteria | | *Dientamoeba fragilis*, Observed | *Geotrichum* spp., Cultured |
| Gut barrier protective bacteria | | % Propionate, High | |
| Gut intestinal health marker | | % Butyrate, Low | |
| Pro-inflammatory bacteria | | *Citrobacter freundii* complex, Cultured | |
| Gut barrier protective bacteria vs. opportunistic bacteria | | *Klebsiella pneumoniae*, Cultured | |
| | | *Candida tropicalis*, Cultured | |

= Expected = Imbalanced

# Microbiome Bacterial Abundance;Multiplex PCR

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**LEGEND**

| -3 | -2 | -1 | 0 | +1 | +2 | +3 |
|---|---|---|---|---|---|---|
| Very Low | | Low | Within Reference Interval | High | Very High | |

Results are graphed as deviations from a normobiotic population. Normobiosis or a normobiotic state characterizes a composition of the microbiota profile in which microorganisms with potential health benefits predominate in abundance and diversity over potentially harmful ones.

| Actinobacteria | Result | Reference Interval |
|---|---|---|
| Actinobacteria | -1 | 0 |
| *Actinomycetales* | 0 | 0 |
| *Bifidobacterium* spp. | -1 | 0 |

| Bacteroidetes | Result | Reference Interval |
|---|---|---|
| *Alistipes* spp. | +1 | 0 |
| *Alistipes onderdonkii* | 0 | 0 |
| *Bacteroides fragilis* | +1 | 0 |
| *Bacteroides* spp. & *Prevotella* spp. | 0 | 0 |
| *Bacteroides* spp. | -1 | 0 |
| *Bacteroides pectinophilus* | 0 | 0 |
| *Bacteroides stercoris* | 0 | 0 |
| *Bacteroides zoogleoformans* | 0 | 0 |
| *Parabacteroides johnsonii* | 0 | 0 |
| *Parabacteroides* spp. | 0 | 0 |

| Firmicutes | Result | Reference Interval |
|---|---|---|
| Firmicutes | 0 | 0 |
| Bacilli Class | 0 | 0 |
| *Catenibacterium mitsuokai* | 0 | 0 |

**Notes:**
The gray-shaded area of the bar graph represents reference values outside the reporting limits for this test.
*This test was developed and its performance characteristics determined by Doctor's Data Laboratories in a manner consistent with CLIA requirements. The U. S. Food and Drug Administration (FDA) has not approved or cleared this test; however, FDA clearance is not currently required for clinical use. The results are not intended to be used as a sole means for clinical diagnosis or patient management decisions.
Methodology: Multiplex PCR

# Microbiome Bacterial Abundance;Multiplex PCR

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| Firmicutes | Result | -3 -2 -1 0 +1 +2 +3 | Reference Interval |
|---|---|---|---|
| Clostridia Class | 0 | | 0 |
| *Clostridium methylpentosum* | -1 | | 0 |
| *Clostridium* L2-50 | 0 | | 0 |
| *Coprobacillus cateniformis* | 0 | | 0 |
| *Dialister invisus* | 0 | | 0 |
| *Dialister invisus & Megasphaera micronuciformis* | 0 | | 0 |
| *Dorea* spp. | -1 | | 0 |
| *Eubacterium biforme* | 0 | | 0 |
| *Eubacterium hallii* | -1 | | 0 |
| *Eubacterium rectale* | -1 | | 0 |
| *Eubacterium siraeum* | +1 | | 0 |
| *Faecalibacterium prausnitzii* | -1 | | 0 |
| Lachnospiraceae | -1 | | 0 |
| *Lactobacillus ruminis & Pediococcus acidilactici* | 0 | | 0 |
| *Lactobacillus* spp. | 0 | | 0 |
| *Phascolarctobacterium* spp. | 0 | | 0 |
| *Ruminococcus albus & R. bromii* | 0 | | 0 |
| *Ruminococcus gnavus* | 0 | | 0 |
| *Streptococcus agalactiae & Eubacterium rectale* | -1 | | 0 |
| *Streptococcus salivarius* ssp. *thermophilus & S. sanguinis* | 0 | | 0 |

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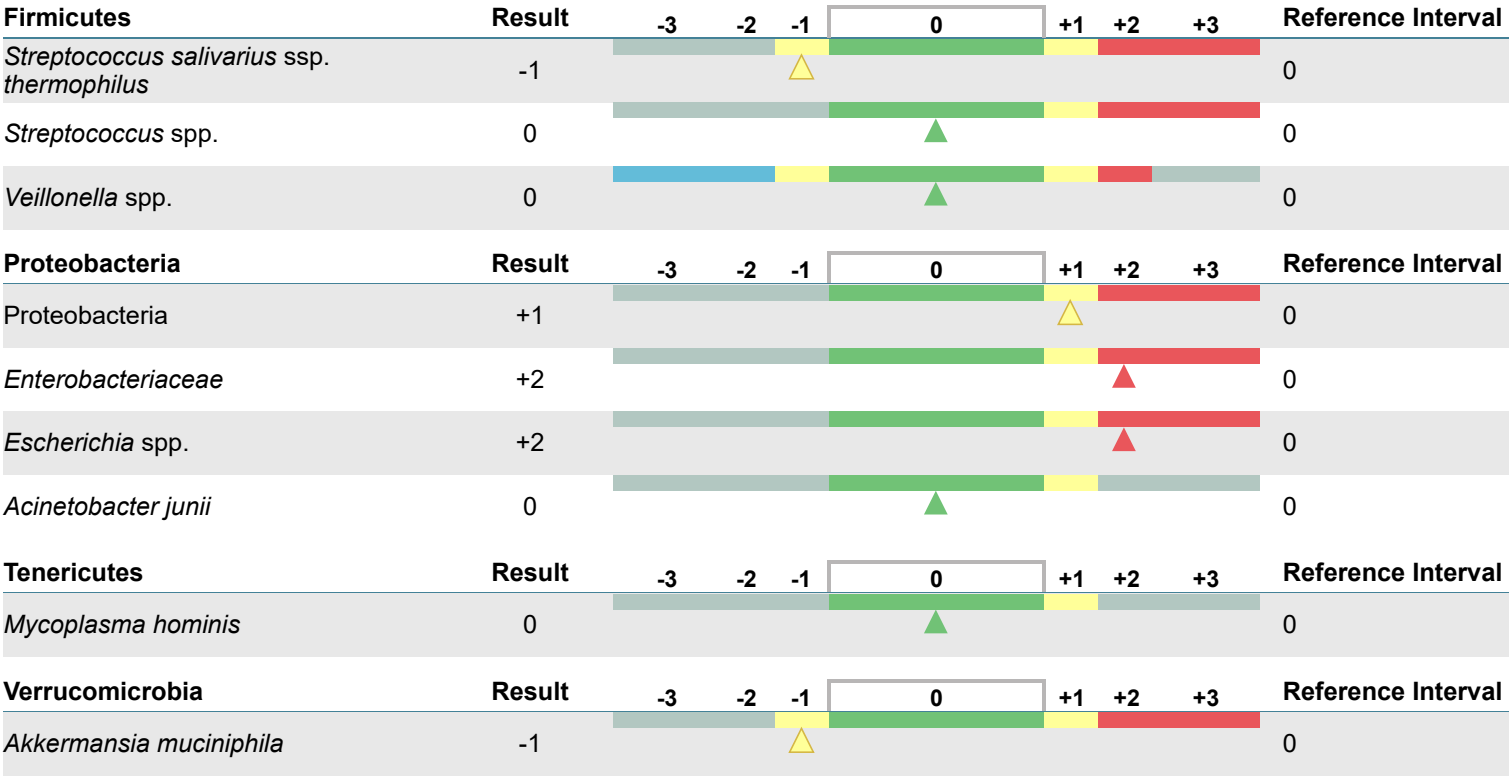
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| Firmicutes | Result | Reference Interval |
|---|---|---|
| *Streptococcus salivarius* ssp. *thermophilus* | -1 | 0 |
| *Streptococcus* spp. | 0 | 0 |
| *Veillonella* spp. | 0 | 0 |

| Proteobacteria | Result | Reference Interval |
|---|---|---|
| Proteobacteria | +1 | 0 |
| *Enterobacteriaceae* | +2 | 0 |
| *Escherichia* spp. | +2 | 0 |
| *Acinetobacter junii* | 0 | 0 |

| Tenericutes | Result | Reference Interval |
|---|---|---|
| *Mycoplasma hominis* | 0 | 0 |

| Verrucomicrobia | Result | Reference Interval |
|---|---|---|
| *Akkermansia muciniphila* | -1 | 0 |




## Microbiome Abundance Information:

- The GI360™ Microbiome Profile is a focused gut microbiota DNA analysis tool that identifies more than 45 targeted analytes across six phyla using a CE-marked multiplex PCR system. Patient results are compared to a highly defined normobiotic reference population (n > 1,100). The white shadowed web plot within the hexagonal diagram illustrates the degree to which an individual's microbiome profile deviates from normobiosis. The center of the diagram represents less bacterial abundance while the outer edges represent greater than normobiosis. Deviation from a hexagon-shaped plot indicates variant diversity of the microbial community. Key findings for patient's microbiome profile are summarized in the table below the diagram, and detailed results for all of the analytes are presented on the next 3 pages of the report. Detailed results for the specific bacteria are reported as -3 to +3 standard deviations, as compared to the normobiotic reference population.

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Methodology: Multiplex PCR

# Microbiome Bacterial Abundance;Multiplex PCR

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| Viruses | Result |
|---|---|
| Adenovirus F40/41 | Negative |
| Norovirus GI/GII | Negative |
| Rotavirus A | Negative |

| Pathogenic Bacteria | Result |
|---|---|
| *Campylobacter* (*C. jejuni*, *C. coli* and *C. lari*) | Negative |
| *Clostridioides difficile* (Toxin A/B) | Negative |
| *Escherichia coli* O157 | Negative |
| Enterotoxigenic *Escherichia coli* (ETEC) lt/st | Negative |
| *Salmonella* spp. | Negative |
| Shiga-like toxin-producing *Escherichia coli* (STEC) stx1/stx2 | Negative |
| *Shigella* (*S. boydii*, *S. sonnei*, *S. flexneri* & *S. dysenteriae*) | Negative |
| *Vibrio cholerae* | Negative |

| Parasites | Result |
|---|---|
| *Cryptosporidium* (*C. parvum* and *C. hominis*) | Negative |
| *Entamoeba histolytica* | Negative |
| *Giardia duodenalis* (AKA *intestinalis & lamblia*) | Negative |

**Notes:**
Methodology: Multiplex PCR

# Microbiome Bacterial Abundance;Multiplex PCR

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| Protozoa | Result |
|---|---|
| *Balantidium coli* | Not Detected |
| *Blastocystis* spp. | Not Detected |
| *Chilomastix mesnili* | Not Detected |
| *Dientamoeba fragilis* | Few Trophs |
| *Endolimax nana* | Not Detected |
| *Entamoeba coli* | Not Detected |
| *Entamoeba hartmanni* | Not Detected |
| *Entamoeba histolytica/Entamoeba dispar* | Not Detected |
| *Entamoeba polecki* | Not Detected |
| *Enteromonas hominis* | Not Detected |
| *Giardia duodenalis* | Not Detected |
| *Iodamoeba bütschlii* | Not Detected |
| *Isospora belli* | Not Detected |
| *Pentatrichomonas hominis* | Not Detected |
| *Retortamonas intestinalis* | Not Detected |

| Cestodes - Tapeworms | Result |
|---|---|
| *Diphyllobothrium latum* | Not Detected |
| *Dipylidium caninum* | Not Detected |
| *Hymenolepis diminuta* | Not Detected |
| *Hymenolepis nana* | Not Detected |
| *Taenia* | Not Detected |

| Trematodes - Flukes | Result |
|---|---|
| *Clonorchis sinensis* | Not Detected |
| *Fasciola hepatica/Fasciolopsis buski* | Not Detected |
| *Heterophyes heterophyes* | Not Detected |
| *Paragonimus westermani* | Not Detected |

| Nematodes - Roundworms | Result |
|---|---|
| *Ascaris lumbricoides* | Not Detected |

**Notes:**
Methodology: Microscopy

# Microbiome Bacterial Abundance;Multiplex PCR

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| Nematodes - Roundworms | Result |
|---|---|
| *Capillaria hepatica* | Not Detected |
| *Capillaria philippinensis* | Not Detected |
| *Enterobius vermicularis* | Not Detected |
| Hookworm | Not Detected |
| *Strongyloides stercoralis* | Not Detected |
| *Trichuris trichiura* | Not Detected |

| Other Markers | Result | Reference Interval |
|---|---|---|
| Yeast | Rare | Not Detected – Rare |
| RBC | Not Detected | Not Detected – Rare |
| WBC | Rare | Not Detected – Rare |
| Muscle fibers | Not Detected | Not Detected – Rare |
| Vegetable fibers | Rare | Not Detected – Few |
| Charcot-Leyden Crystals | Not Detected | Not Detected |
| Pollen | Not Detected | Not Detected |

| Macroscopic Appearance | Result | Reference Interval |
|---|---|---|
| Color | Brown | Brown |
| Consistency | Soft | Soft |
| Mucus | Negative | Negative – Intermediate |

## Parasitology Information:

- This test is not designed to detect *Cyclospora cayetanensis* or *Microsproridia* spp.
- Intestinal parasites are abnormal inhabitants of the gastrointestinal tract that have the potential to cause damage to their host. The presence of any parasite within the intestine generally confirms that the patient has acquired the organism through fecal-oral contamination. Damage to the host includes parasitic burden, migration, blockage and pressure. Immunologic inflammation, hypersensitivity reactions and cytotoxicity also play a large role in the morbidity of these diseases. The infective dose often relates to severity of the disease and repeat encounters can be additive.
- There are two main classes of intestinal parasites, they include protozoa and helminths. The protozoa typically have two stages; the trophozoite stage that is the metabolically active, invasive stage and the cyst stage, which is the vegetative inactive form resistant to unfavorable environmental conditions outside the human host. Helminths are large, multicellular organisms. Like protozoa, helminths can be either free-living or parasitic in nature. In their adult form, helminths cannot multiply in humans.

**Notes:**
Methodology: Microscopy, Macroscopic Observation

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## Parasitology Information:

- In general, acute manifestations of parasitic infection may involve diarrhea with or without mucus and or blood, fever, nausea, or abdominal pain. However these symptoms do not always occur. Consequently, parasitic infections may not be diagnosed or eradicated. If left untreated, chronic parasitic infections can cause damage to the intestinal lining and can be an unsuspected cause of illness and fatigue. Chronic parasitic infections can also be associated with increased intestinal permeability, irritable bowel syndrome, irregular bowel movements, malabsorption, gastritis or indigestion, skin disorders, joint pain, allergic reactions, and decreased immune function.
- In some instances, parasites may enter the circulation and travel to various organs causing severe organ diseases such as liver abscesses and cysticercosis. In addition, some larval migration can cause pneumonia and in rare cases hyper infection syndrome with large numbers of larvae being produced and found in every tissue of the body.
- **Red Blood Cells** (RBC) in the stool may be associated with a parasitic or bacterial infection, or an inflammatory bowel condition such as ulcerative colitis. Colorectal cancer, anal fistulas, and hemorrhoids should also be ruled out.
- **White Blood Cells** (WBC) and **Mucus** in the stool can occur with bacterial and parasitic infections, with mucosal irritation, and inflammatory bowel diseases such as Crohn’s disease or ulcerative colitis
- **Muscle fibers** in the stool are an indicator of incomplete digestion. Bloating, flatulence, feelings of “fullness” may be associated with increase in muscle fibers.
- **Vegetable fibers** in the stool may be indicative of inadequate chewing, or eating “on the run”.

# Microbiome Bacterial Abundance;Multiplex PCR

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| Pathogenic Bacteria | Result | Reference Interval |
|---|---|---|
| *Aeromonas* spp. | NG | No Growth |
| *Edwardsiella tarda* | NG | No Growth |
| *Plesiomonas shigelloides* | NG | No Growth |
| *Salmonella* group | NG | No Growth |
| *Shigella* group | NG | No Growth |
| *Vibrio cholerae* | NG | No Growth |
| *Vibrio spp.* | NG | No Growth |
| *Yersinia* spp. | NG | No Growth |

| Imbalance Bacteria | Result | Reference Interval |
|---|---|---|
| *Actinomyces turicensis* | 3+ | No Growth |
| *Rothia aeria* | 1+ | No Growth |
| *Streptococcus anginosus* | 3+ | No Growth |
| *Streptococcus agalactiae* (Beta *strep*, group B) | 2+ | No Growth |

| Dysbiotic Bacteria | Result | Reference Interval |
|---|---|---|
| *Citrobacter freundii* complex | 3+ | No Growth |
| *Klebsiella pneumoniae* | 3+ | No Growth |

| Yeast | Result | Reference Interval |
|---|---|---|
| *Candida tropicalis* | 1+ | 0+ – 1+ |
| *Geotrichum* spp. | 3+ | 0+ – 1+ |

## Microbiology Information:

- **Pathogenic bacteria** consist of known pathogenic bacteria that can cause disease in the GI tract. They are present due to the consumption of contaminated food or water, exposure to animals, fish, or amphibians known to harbor the organism. These organisms can be detected by either Multiplex PCR or microbiology culture.
- **Imbalanced 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 those bacteria that have the potential to cause disease in the GI tract. They can be present due to a number of factors including: exposure to chemicals that are toxic to beneficial bacteria; the use of antibiotics, oral contraceptives or other medications; poor fiber intake and high stress levels.

**Notes:**
NG = No Growth
Methodology: Culture and identification by MALDI-TOF and conventional biochemicals

MALDI-TOF

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## Microbiology Information:

- **Yeast** may normally be present in small quantities on the skin, in the mouth and intestine. While small quantities of yeast may be normal, yeast observed in higher quantities is considered abnormal.

# Microbiome Bacterial Abundance;Multiplex PCR

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| Digestion / Absorption | Result | Unit | L WRI H | Reference Interval |
|---|---|---|---|---|
| Elastase | 471 | µg/g | | > 200 |
| Fat Stain | None | | | None – Moderate |
| Carbohydrates† | Negative | | | Negative – Intermediate |

| Inflammation | Result | Unit | L WRI H | Reference Interval |
|---|---|---|---|---|
| Lactoferrin | 2.5 | µg/mL | | < 7.3 |
| Lysozyme* | 100 | ng/mL | | ≤ 500 |
| Calprotectin | 16 | µg/g | | ≤ 80 |

| Immunology | Result | Unit | L WRI H | Reference Interval |
|---|---|---|---|---|
| Secretory IgA* | 132 | mg/dL | | 30 – 275 |

| Short Chain Fatty Acids | Result | Unit | L WRI H | Reference Interval |
|---|---|---|---|---|
| % Acetate‡ | 60 | % | | 50 – 72 |
| % Propionate‡ | 29 | % | | 11 – 25 |
| % Butyrate‡ | 10 | % | | 11 – 32 |
| % Valerate‡ | 1.5 | % | | 0.8 – 5.0 |
| Butyrate‡ | 0.91 | mg/mL | | 0.8 – 4.0 |
| Total SCFA's‡ | 8.8 | mg/mL | | 5.0 – 16.0 |

| Intestinal Health Markers | Result | Unit | L WRI H | Reference Interval |
|---|---|---|---|---|
| pH | 6.4 | | | 5.8 – 7.0 |
| β-glucuronidase* | 4290 | U/h*g | | 4000 – 9400 |
| Occult Blood | Negative | | | Negative – Intermediate |

## Chemistry Information:

- **Elastase** findings can be used for assessing pancreatic exocrine function and insufficiency.

**Notes:**
*RI= Reference Interval, L (blue)= Low (below RI), WRI (green)= within RI, Yellow= moderately outside RI, L or H, H (red)= High (above RI)*
*This test was developed and its performance characteristics determined by Doctor's Data Laboratories in a manner consistent with CLIA requirements. The U. S. Food and Drug Administration (FDA) has not approved or cleared this test; however, FDA clearance is not currently required for clinical use. The results are not intended to be used as a sole means for clinical diagnosis or patient management decisions.
†This test has been modified from the manufacturer's instructions and its performance characteristics determined by Doctor's Data Laboratories in a manner consistent with CLIA requirements.
‡This test was developed and its performance characteristics determined by Doctor's Data Laboratories in a manner consistent with CLIA requirements. The U.S. Food and Drug Administration (FDA) has not approved or cleared this test; however, FDA clearance is not currently required for clinical use.
Methodology: Turbidimetric immunoassay, Microscopy, Colormetric, Elisa, Gas Chromotography, ph Electrode, Enzymatic, Guaiac

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## Chemistry Information:

- **Fat Stain:** Microscopic determination of fecal fat using Sudan IV staining is a qualitative procedure utilized to assess fat absorption and to detect steatorrhea.
- **Carbohydrates:** The presence of reducing substances in stool specimens can indicate carbohydrate malabsorption.
- **Lactoferrin** and **Calprotectin** are reliable markers for differentiating organic inflammation (IBD) from function symptoms (IBS) and for management of IBD. Monitoring levels of fecal lactoferrin and calprotectin can play an essential role in determining the effectiveness of therapy, are good predictors of IBD remission, and can indicate a low risk of relapse.
- **Lysozyme** is an enzyme secreted at the site of inflammation in the GI tract and elevated levels have been identified in IBD patients.
- **Secretory IgA** (sIgA) is secreted by mucosal tissue and represents the first line of defense of the GI mucosa and is central to the normal function of the GI tract as an immune barrier. Elevated levels of sIgA have been associated with an upregulated immune response.
- **Short chain fatty acids (SCFAs):** SCFAs are the end product of the bacterial fermentation process of dietary fiber by beneficial flora in the gut and play an important role in the health of the GI as well as protecting against intestinal dysbiosis. Lactobacilli and bifidobacteria produce large amounts of short chain fatty acids, which decrease the pH of the intestines and therefore make the environment unsuitable for pathogens, including bacteria and yeast. Studies have shown that SCFAs have numerous implications in maintaining gut physiology. SCFAs decrease inflammation, stimulate healing, and contribute to normal cell metabolism and differentiation. Levels of **Butyrate** and **Total SCFA** in mg/mL are important for assessing overall SCFA production, and are reflective of beneficial flora levels and/or adequate fiber intake.
- **pH:** Fecal pH is largely dependent on the fermentation of fiber by the beneficial flora of the gut.
- **Occult blood:** A positive occult blood indicates the presence of free hemoglobin found in the stool, which is released when red blood cells are lysed.
- **β-glucuronidase** is an enzyme that breaks the tight bond between glucuronic acid and toxins in the intestines. The binding of toxins in the gut is protective by way of blocking their absorption and facilitating excretion.

**Order:** 999999-9999
Client #:999999
Doctor:Sample Doctor
123 Main St.
Cambridge, UK

**Patient:** Sample Patient
**Id:** 999999
**Age:** 18 **DOB:** 01/25/2004
**Sex:** Female

| Sample Collection | Date/Time |
|---|---|
| Date Collected | 06/15/2022 |
| Date Received | 06/20/2022 |
| Date Reported | 07/06/2022 |
| Specimens Collected | 3 |

## Citrobacter freundii complex

| Natural Agents | Low Sensitivity | High Sensitivity |
|---|---|---|
| Berberine* | | |
| Black Walnut* | | |
| Caprylic Acid* | | |
| Uva Ursi* | | |
| Oregano* | | |
| Grapefruit Seed Extract* | | |
| Silver* | | |

| Prescriptive Agents | Resistant | Intermediate | Susceptible |
|---|---|---|---|
| Amoxicillin-Clavulanic Acid | ● | | |
| Ampicillin | ● | | |
| Cefazolin | ● | | |
| Ceftazidime | | | ● |
| Ciprofloxacin | | | ● |
| Sulfamethoxazole / Trimethoprim | | | ● |

**Susceptibility Information:**

- **Natural antibacterial** agents may be useful for treatment of patients when organisms display in-vitro sensitivity to these agents. The test is performed by using standardized techniques and filter paper disks impregnated with the listed agent. Relative sensitivity is reported for each natural agent based upon the diameter of the zone of inhibition surrounding the disk. Data based on over 5000 individual observations were used to relate the zone size to the activity level of the agent. A scale of relative sensitivity is defined for the natural agents tested.
- **Susceptible** results imply that an infection due to the bacteria may be appropriately treated when the recommended dosage of the tested antimicrobial agent is used. **Intermediate** results imply that response rates may be lower than for susceptible bacteria when the tested antimicrobial agent is used. **Resistant** results imply that the bacteria will not be inhibited by normal dosage levels of the tested antimicrobial agent.

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## Klebsiella pneumoniae

| Natural Agents | Low Sensitivity | High Sensitivity |
|---|---|---|
| Berberine* | | |
| Black Walnut* | | |
| Caprylic Acid* | | |
| Uva Ursi* | | |
| Oregano* | | |
| Grapefruit Seed Extract* | | |
| Silver* | | |

| Prescriptive Agents | Resistant | Intermediate | Susceptible |
|---|---|---|---|
| Amoxicillin-Clavulanic Acid | | | |
| Ampicillin | | | |
| Cefazolin | | | |
| Ceftazidime | | | |
| Ciprofloxacin | | | |
| Sulfamethoxazole / Trimethoprim | | | |

**Susceptibility Information:**

- **Natural antibacterial** agents may be useful for treatment of patients when organisms display in-vitro sensitivity to these agents. The test is performed by using standardized techniques and filter paper disks impregnated with the listed agent. Relative sensitivity is reported for each natural agent based upon the diameter of the zone of inhibition surrounding the disk. Data based on over 5000 individual observations were used to relate the zone size to the activity level of the agent. A scale of relative sensitivity is defined for the natural agents tested.
- **Susceptible** results imply that an infection due to the bacteria may be appropriately treated when the recommended dosage of the tested antimicrobial agent is used. **Intermediate** results imply that response rates may be lower than for susceptible bacteria when the tested antimicrobial agent is used. **Resistant** results imply that the bacteria will not be inhibited by normal dosage levels of the tested antimicrobial agent.

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Client #:999999
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## Candida tropicalis

| Natural Agents | Low Sensitivity | High Sensitivity |
|---|---|---|
| Berberine* | | |
| Caprylic Acid* | | |
| Allicin (garlic)* | | |
| Uva Ursi* | | |
| Oregano* | | |
| Undecylenic Acid* | | |
| Grapefruit Seed Extract* | | |

| Non-Absorbed Antifungals | Low Sensitivity | High Sensitivity |
|---|---|---|
| Nystatin | | |

| Azole Antifungals | Resistant | S-DD | Susceptible |
|---|---|---|---|
| Fluconazole | | | |
| Itraconazole | | | |
| Ketoconazole | | | |

### Susceptibility Information:

- **Natural antifungal** agents may be useful for treatment of patients when organisms display in-vitro susceptibility to these agents. The test is performed by using standardized techniques and filter paper disks impregnated with the listed agent. Relative activity is reported for each natural agent based upon the diameter of the zone of inhibition or no growth zone surrounding the disk. Data based on over 5000 individual observations were used to relate the zone size to the activity level of the agent. A scale of relative activity is defined for the natural agents tested.
- **Non-absorbed antifungals** may be useful for treatment of patients when organisms display in-vitro susceptibility to these agents. The test is performed using standardized commercially prepared disks impregnated with Nystatin. Relative activity is reported based upon the diameter of the zone of inhibition or no growth zone surrounding the disk.
- **Susceptible** results imply that an infection due to the fungus may be appropriately treated when the recommended dosage of the tested antifungal agent is used. **Susceptible - Dose Dependent (S-DD)** results imply that an infection due to the fungus may be treated when the highest recommended dosage of the tested antifungal agent is used. **Resistant** results imply that the fungus will not be inhibited by normal dosage levels of the tested antifungal agent.

**Order:** 999999-9999
Client #:999999
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123 Main St.
St. Charles, UK

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**Sex:** Female

| Sample Collection | Date/Time |
|---|---|
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## Geotrichum spp.

| Natural Agents | Low Sensitivity | High Sensitivity |
|---|---|---|
| Berberine* | | |
| Caprylic Acid* | | |
| Allicin (garlic)* | | |
| Uva Ursi* | | |
| Oregano* | | |
| Undecylenic Acid* | | |
| Grapefruit Seed Extract* | | |

| Non-Absorbed Antifungals | Low Sensitivity | High Sensitivity |
|---|---|---|
| Nystatin | | |

| Azole Antifungals | Resistant | S-DD | Susceptible |
|---|---|---|---|
| Fluconazole | | | |
| Itraconazole | | | |
| Ketoconazole | | | |

**Susceptibility Information:**

- **Natural antifungal** agents may be useful for treatment of patients when organisms display in-vitro susceptibility to these agents. The test is performed by using standardized techniques and filter paper disks impregnated with the listed agent. Relative activity is reported for each natural agent based upon the diameter of the zone of inhibition or no growth zone surrounding the disk. Data based on over 5000 individual observations were used to relate the zone size to the activity level of the agent. A scale of relative activity is defined for the natural agents tested.
- **Non-absorbed antifungals** may be useful for treatment of patients when organisms display in-vitro susceptibility to these agents. The test is performed using standardized commercially prepared disks impregnated with Nystatin. Relative activity is reported based upon the diameter of the zone of inhibition or no growth zone surrounding the disk.
- **Susceptible** results imply that an infection due to the fungus may be appropriately treated when the recommended dosage of the tested antifungal agent is used. **Susceptible - Dose Dependent (S-DD)** results imply that an infection due to the fungus may be treated when the highest recommended dosage of the tested antifungal agent is used. **Resistant** results imply that the fungus will not be inhibited by normal dosage levels of the tested antifungal agent.

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## Introduction

This analysis of the stool specimen provides fundamental information about the overall gastrointestinal health of the patient. When abnormal microflora or significant aberrations in intestinal health markers are detected, specific commentaries are presented. If no significant abnormalities are found, commentaries are not presented.

## Microbiome Abundance Information

**Actinobacteria (phylum)**

Actinobacteria is one of the largest bacterial phyla, comprised of Gram-positive bacteria. This phylum includes a wide range of species, with different morphological and physiological characteristics. Significant groups in the human colon include Actinomycetales and Bifidobacteriales. Actinomycetales were inversely associated with clinically significant depression in IBS patients, suggesting these bacteria may be depleted in depressed IBS patients. A strict vegetarian diet may increase the total count of *Actinomyces* spp. compared to following a Western diet.

***Bifidobacterium* (genus)**

Considered amongst the most beneficial commensal bacteria in the human gut, *Bifidobacterium* spp. are able to degrade monosaccharides, galacto-, manno-, and fructo-oligosaccharides, as well as some complex carbohydrates. Many of the non-digestible oligosaccharides, found as natural components in mother's milk, select for colonization of these species which dominate the infant gut shortly after birth. Bifidobacteria may provide health benefits directly through interactions with the host, and indirectly through interactions with other microorganisms. *Bifidobacterium* spp. take part in production and adsorption of vitamins, such as vitamins K and B12, biotin, folate, thiamine, riboflavin, and pyridoxine. They are also involved in lipid absorption and metabolism, glucose and energy homeostasis, and regulating intestinal barrier function. Although *Bifidobacterium* produce acetate over butyrate, healthy levels of *Bifidobacterium* spp. facilitate colonization of *Faecalibacterium. prausnitzii*. Polyphenols derived from chocolate, green tea, blackcurrant, red wine and grape seed extracts have been shown to increase *Bifidobacterium* species. The increased abundance of *Bifidobacterium* species has been associated with amelioration of inflammation. Multiple published studies have suggested that there is an association between obesity and a lower abundance of bifidobacteria. They may also be less abundant in elderly populations, patients with rheumatoid arthritis, and in individuals diagnosed with Alzheimer's disease. Patients with active inflammatory bowel disease (IBD) have a lower abundance of *Bifidobacterium* spp. than patients whose IBD is in remission. Taking a probiotic containing bifidobacteria, lactobacilli, and streptococci might help in controlling ulcerative colitis symptoms and preventing their recurrence. Some *Bifidobacterium* strains have been shown to have beneficial effects in irritable bowel syndrome (IBS). *Bifidobacterium* spp. abundance has been shown to be diminished with IBD and with long term use of macrolide antibiotics. Luminal bifidobacteria is reduced with restriction of fermentable carbohydrates, i.e. a low FODMAP diet. High fat dietary feeding is also associated with reduced abundance of bifidobacteria. Consumption of maize and barley-based whole grain products and red berries, which are comprised of anthocyans, are known to increase levels of bifidobacteria.

**Bacteroidetes (phylum)**

Bacteroidetes make up approximately 28% of the gut microbiota in healthy human adults. They are early colonizers of the infant gut and are amongst the most stable, at a species and strain level, in the host. A low preponderance of Bacteroidetes in relation to Firmicutes has been associated with obesity, though this can increase with weight loss and restricted calorie intake.

***Alistipes* (genus)**

*Alistipes* does not contribute significantly to short chain fatty acid production. A diet rich in animal protein and fat increases the abundance of *Alistipes.* High abundance of *Alistipes* was identified as a possible predictor of successful weight loss. Increased abundance of *Alistipes* has been correlated with a greater frequency of pain in pediatric irritable bowel syndrome patients. In contrast, *Alistipes onderdonkii* was shown to be decreased in patients diagnosed with ulcerative colitis. Lower abundance of the *Alistipe*s genus has been observed in patients with psoriatic arthritis and pediatric Crohn's disease. *Alistipes* may positively correlate with depression.

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## *Microbiome Abundance Information continued...*

***Bacteroides* (species)**

Species in the genus *Bacteroides* carry out broad metabolic functions, including degradation of complex plant polysaccharides, proteolytic activities, de-conjugation of bile acids, mucosal barrier integrity, short chain fatty acid production, fatty acid storage and glucose metabolism. *Bacteroides* spp. are maintained at a higher abundance in breastfed individuals into adulthood. *Bacteroides fragilis* plays an important role in the prevention of intestinal inflammation. An energy-restricted diet has been shown to increase *B. fragilis* in overweight adolescents. An increase in *B. stercoris* has been associated with higher risk of colon cancer. Decreased levels of *Bacteroides* spp. have been reported in association with multiple sclerosis, rheumatoid arthritis and Parkinson's disease.

**Firmicutes (phylum)**

The phylum Firmicutes constitutes the most diverse and abundant group of gastrointestinal microbiota which are grouped into four classes, Bacilli, Clostridia, Erysipelotrichia, and Negativicutes. They constitute about 39% of gut bacteria in healthy adults, but may increase to as high as 80% in an imbalanced microbial community.

***Clostridium methylpentosum* (species)**

Appropriate digestion and metabolism of complex dietary carbohydrates from plants drives healthy diversity in the gut microbiota. *Clostridium methylpentosum* ferments the naturally occurring sugar L-rhamnose that is released by microbial breakdown of plant-derived pectin. Rhamnose is fermented to propionate and acetate which are short chain fatty acids that have pivotal regulatory roles in the maintenance of mucosal barrier integrity, gut microbiota balance, post-prandial appetite suppression and normoglycemia. Lower levels of *C. methylpentosum* were reported for children with autism and pervasive developmental disorder compared to neurotypicals controls. Consumption of probiotic yogurt LKM512 containing *Bifidobacterium animalis* (subspecies lactis LKM512) increased the levels of *C. methylpentosum*.

***Dorea* (genus)**

*Dorea* is a genus within the *Lachnospiraceae* family that is in the Firmicutes phylum. *Dorea* species are known to produce hydrogen and carbon dioxide as end-products of glucose fermentation and may be associated with bloating. Decreased levels of *Dorea* spp. were observed in patients with Parkinson's disease. Recent studies have identified increased levels of *Dorea* spp. in patients diagnosed with IBS, nonalcoholic fatty liver disease and non-alcoholic steatohepatitis, multiple sclerosis and colorectal cancer.

***Eubacterium hallii* (species)**

*Eubacterium hallii* and *Eubacterium rectale* are both part of the *Lachnospiraceae* family that is in the Firmicutes phylum. *E. hallii* and *E. rectale* produce butyrate that is a key regulator of mucosal barrier integrity and function. Decreased levels of *Eubacterium* spp. have been associated with very high protein diets. *Eubacterium hallii* is capable of metabolizing glucose into products with antimicrobial properties.

***Eubacterium rectale* (species)**

*Eubacterium rectale* is part of the *Lachnospiraceae* family and produces butyrate. *Eubacterium rectale* was found to be in lower abundance in patients with type 2 diabetes, colorectal cancer, and chronic idiopathic diarrhea. There is a negative correlation between *Eubacterium rectale* levels and the symptomatology of irritable bowel syndrome (IBS). Decreased levels of *Eubacterium* spp. have been associated with very high protein diets.

***Faecalibacterium prausnitzii* (species)**

*Faecalibacterium prausnitzii* is one of the most abundant butyrate producing bacteria in a healthy gastrointestinal tract. As such, *F. prausnitzii* is a protective factor for the intestinal mucosa and supports very important intestinal barrier functions. *F. prausnitzii* exerts anti-inflammatory effects via metabolites such as short-chain fatty acids. *F. prausnitzii* is reduced in inflammatory bowel disease, irritable bowel syndrome, celiac disease and gastrointestinal inflammation in general. It is reduced in patients diagnosed with Parkinson's disease, bipolar disorder, colorectal cancer, diabetes and chronic idiopathic diarrhea. Diminished levels of *F. prausnitzii* were found in patients with major depressive disorder. The abundance of *F. prausnitzii* together with *E. coli* has been proposed as a discrimination tool between ulcerative colitis and Crohn's disease. *F. prausnitzii* has been correlated with pediatric obesity in instances of high consumption of foods that are rich in unabsorbed carbohydrate (banana, maize, rice). The prebiotic inulin has been shown to increase the proportion of *F. prausnitzii* in the human intestinal microbiota. Low FODMAP diets are associated with diminished *F. prausnitzii* and butyrate production.

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**Sex:** Female

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## *Microbiome Abundance Information continued...*

***Lachnospiraceae* (family)**

The *Lachnospiraceae* family is a diverse group of butyric acid producers, which have been associated with beneficial microbial and epithelial cell growth. Consumption of a Mediterranean diet decreased levels of species belonging to *Lachnospiraceae*. *Lachnospiraceae* are known to increase with intake of cruciferous vegetables and wheat bran, and decrease with a resistant starch diet.

***Streptococcus* (genus)**

Higher abundance of *S. salivarius* and *S. thermophilus* (Firmicutes phylum) have been associated with a moderate to severe disease course in newly diagnosed ulcerative colitis (UC) patients. These findings are in accordance with a study that showed that UC patients have significantly increased *Streptococcus* spp. and depletion of *Bifidobacterium* spp. Higher levels of *Streptococcus* spp. were also observed in patients with colorectal cancer compared to healthy controls. Administration of *S. salivarius* together with *Bifidobacterium bifidum* was shown to reduce the incidence of acute diarrhea and rotavirus shedding in infants. *S. salivarius* and S. *thermophilus* are also widely used in dairy products like yogurt and cheese.

**Proteobacteria (phylum)**

Proteobacteria include a wide variety of pathogens, including species within the *Escherichia*, *Shigella Salmonella*, *Vibrio*, and *Helicobacter* genera. The phylum includes a number of species that are permanent residents of the microbiota and capable of inducing nonspecific inflammation and diarrhea when their presence is increased. Proteobacteria make up approximately 2% of the gut microbiota in healthy adults.

**Proteobacteria**

A high-fat diet is positively associated with an abundance of Proteobacteria. Slightly increased abundance of Proteobacteria may be associated with low-grade inflammation. Proteobacteria are increased in inflammatory bowel disease and irritable bowel syndrome. Higher abundance of Proteobacteria has been associated with a moderate to severe disease course in newly discovered ulcerative colitis patients. They are associated with diarrhea in IBS.

***Enterobacteriaceae* (family)**

*Enterobacteriaceae* is a large family of bacteria within the Proteobacteria phyla. *Enterobacteriaceae* is inclusive of normal commensal species, harmless opportunists, and many of the more familiar pathogens, such as *Salmonella*, *Escherichia coli*, *Klebsiella*, *Shigella* and *Proteus*. Other potential disease-causing bacteria in this family include *Enterobacter* and *Citrobacter* species. The abundance of Proteobacteria, which are generally pro-inflammatory, is presented on the white shadowed web plot within the hexagonal diagram. The presence of specific dysbiotic and pathogenic *Enterobacteriaceae* bacteria, if detected by PCR or culture, are reported in the Gastrointestinal Pathogens and Microbiology sections of this report.

Overall, *Enterobacteriaceae* were found at higher levels in patients with NAFLD and PD. Diets rich in in complex carbohydrates are associated with lower levels of *Enterobacteriaceae*, in comparison to diets rich in fat and/or protein.

***Escherichia* (genus)**

Clinically, *Escherichia* has been reported to contribute to irritable bowel syndrome. *Escherichia* spp. are commonly recovered from inflamed tissues of both Crohn's disease and ulcerative colitis patients. Untreated inflammatory bowel disease patients were shown to have higher abundance of *Escherichia* and lower abundance of *Faecalibacterium prausnitzii*. Increased levels of *Escherichia* were observed in colorectal cancer patients. Patients diagnosed with nonalcoholic steatohepatitis have higher abundance of *Escherichia*. Consumption of a Western diet is positively associated with *Escherichia* levels. Increased levels of *E. coli* were observed in people on a gluten-free diet. A non-pathogenic strain of *Escherichia*, *Escherichia nissle*, is a widely used probiotic for treating gut related diseases such as chronic constipation.

**Tenericutes (phylum)**

Tenericutes are cell wall-less bacteria that do not synthesize precursors of peptidoglycan. Tenericutes consist of four main clades designated as the *Acholeplasma, Spiroplasma, Pneumoniae* and *Hominis* clusters.Tenericutes are typically parasites or commensals of eukaryotic hosts.

**Verrucomicrobia (phylum)**

Verrucomicrobia is a less common phylum in the human gut microbiota, but one with increasing recognition with regards to health. Verrucomicrobia includes *Akkermansia muciniphila*. The obligate anaerobe *A. muciniphila* constitutes 3-5% of total bacteria in a healthy microbiome, and has a protective or anti-inflammatory role in the intestinal mucosa.

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## *Microbiome Abundance Information continued...*

***Akkermansia muciniphila* (genus)**

Higher abundance of *Akkermansia muciniphila* has been associated with a milder disease course in newly discovered ulcerative colitis patients. Archaea and *Akkermansia* were significantly more prevalent after weight reduction. A Low FODMAP diet has been shown to decrease the abundance of *A. muciniphila* leading to recommendations against long-term use of such a diet. *A. muciniphila* is a mucolytic specialist that has potent anti-inflammatory effects in part associated with a specific surface coat protein (Amuc- 1100).

## GI Pathogens

### Introduction

The GI Pathogen profile is performed using an FDA-cleared multiplex PCR system. It should be noted that PCR testing is much more sensitive than traditional techniques and allows for the detection of extremely low numbers of pathogens. PCR testing does not differentiate between viable and non-viable pathogens and should not be repeated until 21 days after completion of treatment or resolution to prevent false positives due to lingering traces of DNA. PCR testing can detect multiple pathogens in the patient's stool but does not differentiate the causative pathogen. All decisions regarding the need for treatment should take the patient's complete clinical history and presentation into account.

## Parasitology

### Parasites

Parasites were detected by microscopic examination in this stool specimen. Intestinal parasites are abnormal inhabitants of the GI tract that live off and have the potential to cause damage to their host. Factors such as contaminated food and water supplies, day care centers, increased international travel, pets, carriers such as mosquitoes and fleas, and sexual transmission have contributed to an increased prevalence of intestinal parasites.

In general, acute manifestations of parasitic infection may involve diarrhea with or without mucus and/or blood, fever, nausea, or abdominal pain. However, these symptoms do not always occur. Consequently, parasitic infections may not be diagnosed and eradicated. If left untreated, chronic parasitic infections can cause damage to the intestinal lining and can be an unsuspected cause of illness and fatigue. Chronic parasitic infections can also be associated with increased intestinal permeability, irritable bowel syndrome, irregular bowel movements, malabsorption, gastritis or indigestion, skin disorders, joint pain, allergic reactions, decreased immune function, and fatigue.

***Dientamoeba fragilis***

*Dientamoeba fragilis*, an ameboflagellate, was detected in this specimen. *D. fragilis* infects the large intestine. This parasite does not have a cyst stage, and cannot survive long outside the body alone. It may be spread in pinworm (*Enterobius vermicularis*) eggs. Infection is common worldwide, including in the United States. *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 include diarrhea, stomach pain, and stomach cramping. Loss of appetite and weight, nausea, and fatigue are also common.

Recommended treatment is iodoquinol (650 mg tid x 20 days, adult dose). Alternatives include tetracycline (500 mg qid x 10 days, adult dose) and metronidazole (500-750 mg tid x 10 days, adult dose). Natural agents include berberine, wormwood, black walnut, grapefruit seed extract, and oil of oregano.

## Microbiology

### Pathogenic/Dysbiotic Flora

In a healthy balanced state of intestinal flora, the beneficial bacteria make up a significant proportion of the total microflora. However, in many individuals there is an imbalance or deficiency of beneficial flora (insufficiency dysbiosis) and an overgrowth of non-beneficial (imbalance) or even pathogenic microorganisms. This can be due to a number of factors including: consumption of contaminated water or food; daily exposure of chemicals that are toxic to beneficial bacteria; the use of antibiotics, oral contraceptives or other medications; poor fiber intake and high stress levels.

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Client #:999999
Doctor:Sample Doctor
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## *Microbiology continued...*

A number of toxic substances can be produced by the dysbiotic bacteria including amines, ammonia, hydrogen sulfide, phenols, and secondary bile acids which may cause inflammation or damage to the brush border of the intestinal lining. If left unchecked, long-term damage to the intestinal lining may result in leaky gut syndrome, allergies, autoimmune disease (e.g. rheumatoid arthritis), irritable bowel syndrome, fatigue, chronic headaches, and sensitivities to a variety of foods. In addition, pathogenic bacteria can cause acute symptoms such as abdominal pain, nausea, diarrhea, vomiting, and fever in cases of food poisoning.

Bacterial sensitivities to a variety of prescriptive and natural agents have been provided for the pathogenic bacteria that were cultured from this patient's specimen. This provides the practitioner with useful information to help plan an appropriate treatment regimen. Supplementation with probiotics or consumption of foods (yogurt, kefir, miso, tempeh, tamari sauce) containing strains of lactobacilli, bifidobacteria, and enterococci may help restore healthy flora levels. Soluble fiber and polyphenols derived from chocolate, green tea, blackcurrant, red wine and grape seed extracts have been found to increase the numbers of beneficial bacteria. Hypochlorhydria may also predispose an individual to bacterial overgrowth, particularly in the small intestine. Nutritional anti-inflammatories can aid in reversing irritation to the GI lining. These include quercetin, vitamin C, curcumin, gamma-linoleic acid, omega-3 fatty acids (EPA, DHA), and aloe vera. Other nutrients such as zinc, beta-carotene, pantothenic acid, and L-glutamine provide support for regeneration of the GI mucosa. A comprehensive program may be helpful in individuals in whom a dysbiotic condition has caused extensive GI damage.

### *Citrobacter* spp

*Citrobacter* spp., a gram-negative bacterium and member of the *Enterobacteriaceae* family, is considered dysbiotic at 3+ or greater. *Citrobacter freundii* complex (including *C. freundii, C. braakii, C. gullenii, C. murliniae, rodentium, C. wermanii, C. youngae)*, *C. koseri* and *C. farmeri*, can cause diarrheal disease. Symptoms are the result of an *E.* coli-like heat-stable enterotoxin and hydrogen sulfide. *Citrobacter freundii* complex has been implicated as a cause of gastrointestinal infection and inflammation, acute dysentery, and dyspepsia. Acute symptoms can include profuse, watery diarrhea without abdominal pain, fecal blood, or white blood cells.

*Citrobacter* spp. thrive on fructooligosaccharides (FOS), a common ingredient in artificial or alternative sweetener.

Antibiotics may be indicated if symptoms are prolonged. Refer to the antimicrobial susceptibilities to identify the most appropriate agent.

### *Klebsiella* spp

*Klebsiella* spp. are gram-negative bacilli belonging to the *Enterobacteriaceae* family and closely related to the genera *Enterobacter* and *Serratia. Klebsiella* spp. are considered dysbiotic in the amount of 3 - 4 +. *Klebsiella* spp. are widely distributed in nature and in the gastrointestinal tract of humans. In humans, they may colonize the skin, oral cavity, pharynx, or gastrointestinal tract. Regarded as normal flora in many parts of the colon, intestinal tract and biliary tract, the gut is the main reservoir of opportunistic strains. This bacteria has the potential to cause intestinal, lung, urinary tract, and wound infections, but overgrowth of *Klebsiella* spp. is commonly asymptomatic. *K. pneumoniae*, in particular, may cause diarrhea and some strains are enterotoxigenic. Infection has been linked to ankylosing spondylitis as well as myasthenia gravis (antigenic cross-reactivity), and these patients usually carry larger numbers of the organism in their intestines than healthy individuals. *Klebsiella* oxytoca causes antibiotic associated hemorrhagic colitis. These strains have been shown to produce a cytotoxin that is capable of inducing cell death in various epithelial-cell cultures.

*Klebsiella* is a significant nosocomial infectious agent, partially due to the ability of organisms to spread rapidly. *Klebsiella* accounts for approximately 3-7% of all hospital-acquired infections, placing it among the top eight pathogens in hospitals. Extraintestinal infection typically involves the respiratory or urinary tracts, but may infect other areas such as the biliary tract and surgical wound sites. *K. pneumoniae* and *K. oxytoca* are the two members of this genus responsible for most extraintestinal human infections.

Treatment of these organisms has become a major problem because of resistance to multiple antibiotics and potential transfer of plasmids to other organisms. Proper hand washing is crucial to prevent transmission from patient to patient via medical personnel. Contact isolation should be used for patients colonized or infected with highly antibiotic-resistant *Klebsiella* strains. *Klebsiella ozaenae* and *Klebsiella rhinoscleromatis* are infrequent isolates that are subspecies of *K. pneumoniae*; however, each is associated with at unique spectrum of disease. *K. ozaenae* is associated with atrophic rhinitis, a condition called ozena, and purulent infections of the nasal mucous membranes. *K. rhinoscleromatis* causes the granulomatous disease rhinoscleroma, an infection of the respiratory mucosa, oropharynx, nose, and paranasal sinuses.

**Order:** 999999-9999
Client #:999999
Doctor:Sample Doctor
123 Main St.
Cambridge, UK

**Patient:** Sample Patient
**Id:** 999999
**Age:** 18 **DOB:** 01/25/2004
**Sex:** Female

| Sample Collection | Date/Time |
|---|---|
| Date Collected | 06/15/2022 |
| Date Received | 06/20/2022 |
| Date Reported | 07/06/2022 |
| Specimens Collected | 3 |

***Microbiology continued...***

Antibiotics may be indicated if symptoms are prolonged and in systemic infections. Refer to the antimicrobial susceptibilities for treatment.

**Imbalanced Flora**

Imbalanced flora are those bacteria that reside in the host gastrointestinal tract and neither injure nor benefit the host. Certain dysbiotic bacteria may appear under the imbalanced category if found at low levels because they are not likely pathogenic at the levels detected. Imbalanced bacteria are commonly more abundant in association with insufficiency dysbiosis, and/or a fecal pH more towards the alkaline end of the reference range (5.8 - 7.0). Treatment with antimicrobial agents is unnecessary unless bacteria appear under the dysbiotic category.

**Cultured Yeast**

Small amounts of yeast (+1) may be present in a healthy GI tract. However higher levels of yeast (> +1) are considered to be dysbiotic. A positive yeast culture and sensitivity to prescriptive and natural agents may help guide decisions regarding potential therapeutic intervention for yeast overgrowth. When investigating the presence of yeast, disparity may exist between culturing and microscopic examination. Yeast grows in colonies and is typically not uniformly dispersed throughout the stool. Further, some yeast may not survive transit through the intestines rendering it unviable for culturing. This may lead to undetectable or low levels of yeast identified by culture, despite a significant amount of yeast visualized microscopically. Therefore, both microscopic examination and culture are helpful in determining if abnormally high levels of yeast are present.

**Dysbiotic Yeast**

Yeast was cultured from this stool specimen at a level that is considered to be dysbiotic. A positive yeast culture and sensitivity to prescriptive and natural agents may help guide decisions regarding potential therapeutic intervention for chronic yeast syndrome. When investigating the presence of yeast, disparity may exist between culturing and microscopic examination. Yeast grows in colonies and is typically not uniformly dispersed throughout the stool. This may lead to undetectable or low levels of yeast identified by culture, despite a significant amount of yeast visualized microscopically.

## Stool Chemistries

**Short Chain Fatty Acids (SCFAs)**

The total concentration and/or percentage distribution of the primary short chain fatty acids (SCFAs) are abnormal in this specimen. Beneficial bacteria that ferment non-digestible soluble fiber produce SCFAs that are pivotal in the regulation of intestinal health and function. Restoration of microbial abundance and diversity, and adequate daily consumption of soluble fiber and polyphenols can improve SCFA status.

The primary SCFAs butyrate, propionate and acetate are produced by predominant commensal bacteria via fermentation of soluble dietary fiber and intestinal mucus glycans. Key producers of SCFAs include *Faecalibacterium prausnitzii*, *Akkermansia muciniphila*, *Bacteroides fragilis*, *Bifidobacterium*, *Clostridium* and *Lactobacillus* spp. The SCFAs provide energy for intestinal cells, and regulate the actions of specialized mucosal cells that produce anti-inflammatory and antimicrobial factors, mucins that constitute the mucus barriers, and gut active peptides that facilitate appetite regulation and euglycemia. The SCFAs also contribute to a more acidic and anaerobic microenvironment that disfavors dysbiotic bacteria and yeast. Abnormal SCFAs may be associated with dysbiosis (including insufficiency dysbiosis), compromised intestinal barrier function (intestinal permeability) and inappropriate immune and inflammatory conditions.

“Seeding” with supplemental probiotics may contribute to improved production and status of SCFAs, but it is imperative to “feed” the beneficial microbes. Sources of soluble fiber that are available to the microbes include chick peas, beans, lentils, oat and rice bran, fructo- and galacto- oligosaccharides, and inulin.