



LAB #: F000000-0000-0
 PATIENT: Sample Patient
 ID: P0000000000
 SEX: Female
 DOB: AGE: 30

CLIENT #: 12345
 DOCTOR:
 Doctor's Data, Inc.
 3755 Illinois Ave.
 St. Charles, IL 60174 U.S.A.

Comprehensive Stool Analysis

BACTERIOLOGY CULTURE

Expected/Beneficial flora	Commensal (Imbalanced) flora	Dysbiotic flora
4+ Bacteroides fragilis group	1+ Alpha hemolytic strep	
4+ Bifidobacterium spp.	1+ Gamma hemolytic strep	
4+ Escherichia coli	1+ Klebsiella oxytoca	
2+ Lactobacillus spp.	1+ Pseudomonas putida group	
2+ Enterococcus spp.		
2+ Clostridium spp.		
NG = No Growth		

BACTERIA INFORMATION

Expected /Beneficial bacteria make up a significant portion of the total microflora in a healthy & balanced GI tract. These beneficial bacteria have many health-protecting effects in the GI tract including manufacturing vitamins, fermenting fibers, digesting proteins and carbohydrates, and propagating anti-tumor and anti-inflammatory factors.

Clostridia are prevalent flora in a healthy intestine. Clostridium spp. should be considered in the context of balance with other expected/beneficial flora. Absence of clostridia or over abundance relative to other expected/beneficial flora indicates bacterial imbalance. If *C. difficile* associated disease is suspected, a Comprehensive Clostridium culture or toxigenic *C. difficile* DNA test is recommended.

Commensal (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 known pathogenic bacteria and those that have the potential to cause disease in the GI tract. They can be present due to a number of factors including: consumption of contaminated water or food, 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.

YEAST CULTURE

Normal flora	Dysbiotic flora
1+ Candida parapsilosis	2+ Rhodotorula mucilaginosa
1+ Saccharomyces cerevisiae/boulardii	

MICROSCOPIC YEAST

Result: **Expected:**
 None - Rare

Yeast in stool is expected at a level of none-rare. A microscopic finding of yeast in stool of few, moderate, or many may be helpful in identifying potential yeast overgrowth, or non-viable or dietary yeast.

YEAST INFORMATION

Yeast may normally be present in small quantities in the skin, mouth, and intestine. When investigating the presence of yeast, disparity may exist between culturing and microscopic examination. Yeast are not uniformly dispersed throughout the stool and this may lead to undetectable or low levels of yeast identified by microscopy, despite culture and identified yeast species. Conversely, microscopic examination may reveal a significant amount of yeast present but no viable yeast cultured. Yeast may not always survive transit through the intestines. Nonviable diet-derived yeast may also be detected microscopically. Consideration of clinical intervention for yeast detected microscopically should be made in the context of other findings and presentation of symptoms.

Comments:

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* *Aeromonas, Campylobacter, Plesiomonas, Salmonella, Shigella, Vibrio, Yersinia, & Edwardsiella tarda* have been specifically tested for and found absent unless reported.





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DIGESTION / ABSORPTION

	Within	Outside	Reference Range	
Elastase	362		> 200 µg/mL	<p>Elastase findings can be used for the diagnosis or the exclusion of exocrine pancreatic insufficiency. Correlations between low levels and chronic pancreatitis and cancer have been reported. Fat Stain: Microscopic determination of fecal fat using Sudan IV staining is a qualitative procedure utilized to assess fat absorption and to detect steatorrhea. 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". Carbohydrates: The presence of reducing substances in stool specimens can indicate carbohydrate malabsorption.</p>
Fat Stain	None		None - Mod	
Muscle fibers	None		None - Rare	
Vegetable fibers	Rare		None - Few	
Carbohydrates	Neg		Neg	

INFLAMMATION

	Within	Outside	Reference Range	
Lactoferrin	< 0.5		< 7.3 µg/mL	<p>Lactoferrin and Calprotectin are reliable markers for differentiating organic inflammation (IBD) from functional 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. 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.</p>
Calprotectin	< 10		<= 50 µg/g	
Lysozyme*	267		<= 600 ng/mL	
White Blood Cells	None		None - Rare	
Mucus	Neg		Neg	

IMMUNOLOGY

	Within	Outside	Reference Range	
Secretory IgA*		9.9	51 - 204 mg/dL	<p>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.</p>

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*For Research Use Only. Not for use in diagnostic procedures.

Methodology: Elisa, Microscopy, Colormetric, Gas Chromatography, ph Electrode



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SHORT CHAIN FATTY ACIDS

	Within	Outside	Reference Range
% Acetate	56		40 - 75 %
% Propionate	27		9 - 29 %
% Butyrate	14		9 - 37 %
% Valerate	3.2		0.5 - 7 %
Butyrate	1.6		0.8 - 4.8 mg/mL
Total SCFA's	12		4 - 18 mg/mL

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.

INTESTINAL HEALTH MARKERS

	Within	Outside	Reference Range
Red Blood Cells	None		None - Rare
pH	6.3		6 - 7.8
Occult Blood	Neg		Neg

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.

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.

MACROSCOPIC APPEARANCE

	Appearance	Expected
Color	Brown	Brown
Consistency	Soft	Formed/Soft

Color: Stool is normally brown because of pigments formed by bacteria acting on bile introduced into the digestive system from the liver. While certain conditions can cause changes in stool color, many changes are harmless and are caused by pigments in foods or dietary supplements. **Consistency:** Stool normally contains about 75% water and ideally should be formed and soft. Stool consistency can vary based upon transit time and water absorption.

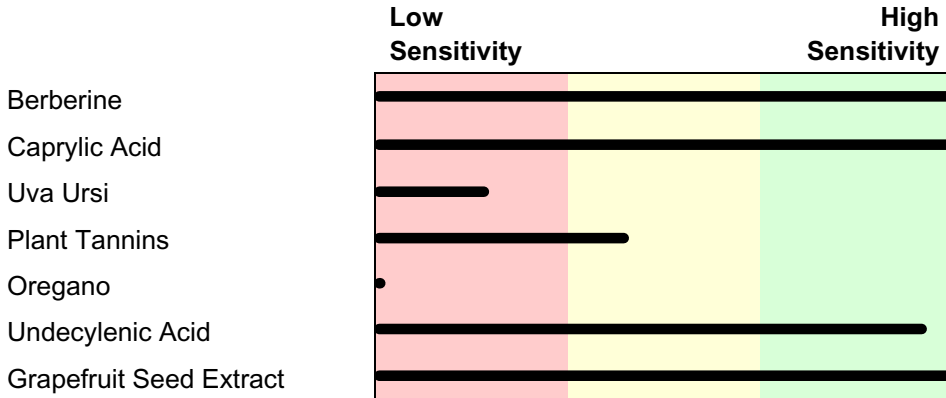


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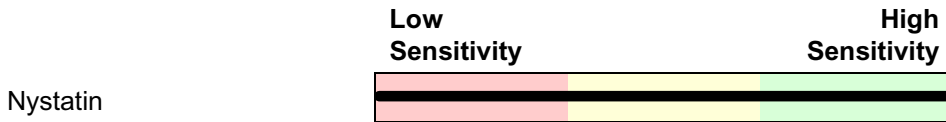
Yeast Susceptibilities: *Saccharomyces cerevisiae/boulardii*

NATURAL ANTIFUNGALS



Natural antifungal 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.

NON-ABSORBED ANTIFUNGALS



Non-absorbed antifungals may be useful for treatment of patients when organisms display in-vitro sensitivity to these agents. The test is performed using standardized commercially prepared disks impregnated with Nystatin. Relative sensitivity is reported based upon the diameter of the zone of inhibition surrounding the disk.

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Yeast antifungal susceptibility testing is intended for research use only.
 Not for use in diagnostic procedures.

v10.11

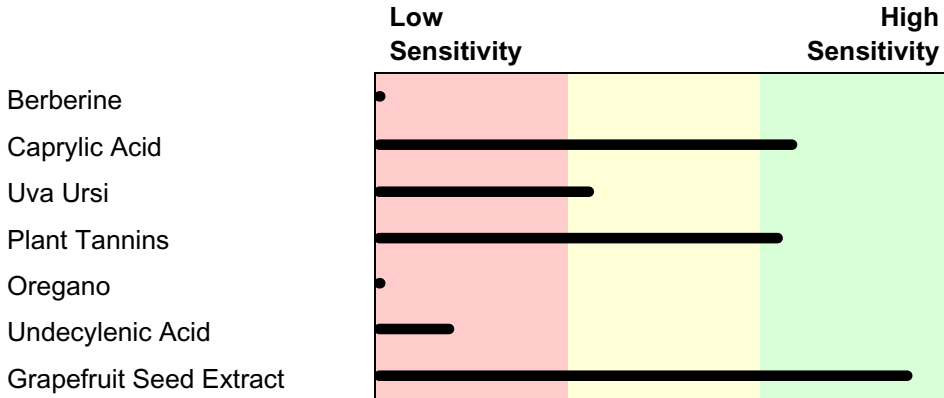


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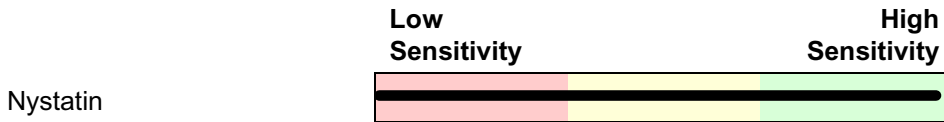
Yeast Susceptibilities: Candida parapsilosis

NATURAL ANTIFUNGALS



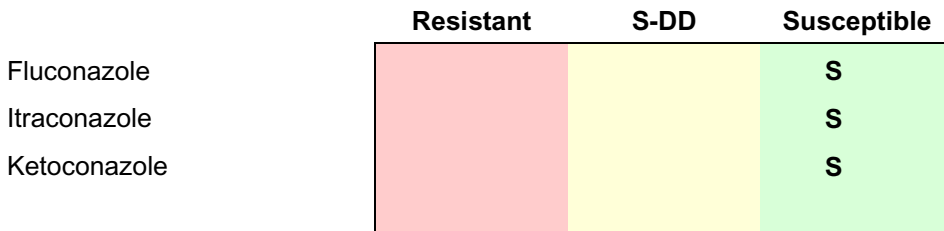
Natural antifungal agents may be useful for treatment of patients when organisms display in-vitro sensitivity to these agents. The test is performed by using standardized techniques and filter paper disks impregnated with the listed agent. Relative sensitivity is reported for each natural agent based 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.

NON-ABSORBED ANTIFUNGALS



Non-absorbed antifungals may be useful for treatment of patients when organisms display in-vitro sensitivity to these agents. The test is performed using standardized commercially prepared disks impregnated with Nystatin. Relative sensitivity is reported based upon the diameter of the zone of inhibition surrounding the disk.

AZOLE ANTIFUNGALS



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.

Standardized test interpretive categories established for *Candida* spp. are used for all yeast isolates.

Comments:

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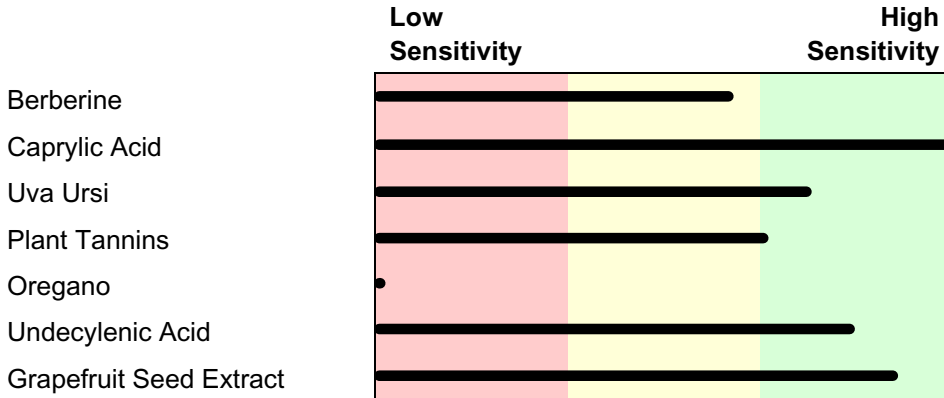


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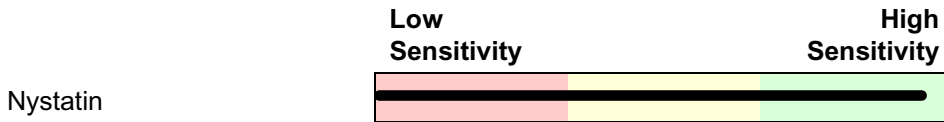
Yeast Susceptibilities: *Rhodotorula mucilaginosa*

NATURAL ANTIFUNGALS



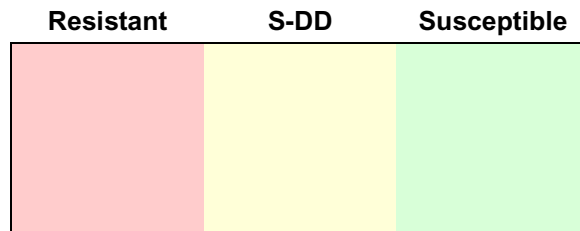
Natural antifungal agents may be useful for treatment of patients when organisms display in-vitro sensitivity to these agents. The test is performed by using standardized techniques and filter paper disks impregnated with the listed agent. Relative sensitivity is reported for each natural agent based 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.

NON-ABSORBED ANTIFUNGALS



Non-absorbed antifungals may be useful for treatment of patients when organisms display in-vitro sensitivity to these agents. The test is performed using standardized commercially prepared disks impregnated with Nystatin. Relative sensitivity is reported based upon the diameter of the zone of inhibition surrounding the disk.

AZOLE ANTIFUNGALS



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.

Standardized test interpretive categories established for *Candida* spp. are used for all yeast isolates.

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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 interpretive paragraphs are presented. If no significant abnormalities are found, interpretive paragraphs are not presented.

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 imbalances category if found at low levels because they are not likely pathogenic at the levels detected. When imbalanced flora appear, it is not uncommon to find inadequate levels of one or more of the beneficial bacteria and/or a fecal pH which is more towards the alkaline end of the reference range (6 - 7.8). It is also not uncommon to find hemolytic or mucoid *E. coli* with a concomitant deficiency of beneficial *E. coli* and alkaline pH, secondary to a mutation of beneficial *E. coli* in alkaline conditions (DDI observations). Treatment with antimicrobial agents is unnecessary unless bacteria appear under the dysbiotic category.

Mackowiak PA. The normal microbial flora. *N Engl J Med.* 1982;307(2):83-93.

Cultured Yeast

Yeast, such as *Candida* are normally present in the GI tract in very small amounts. Many species of yeast exist and are commensal; however, they are always poised to create opportunistic infections and have detrimental effects throughout the body. Factors that contribute to a proliferation of yeast include frequent use of wide-spread antibiotics/low levels of beneficial flora, oral contraceptives, pregnancy, cortisone and other immunosuppressant drugs, weak immune system/low levels of sIgA, high-sugar diet, and high stress levels.

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 microscopy, despite a cultured amount of yeast. Conversely, microscopic examination may reveal a significant amount of yeast present, but no yeast cultured. Yeast does not always survive transit through the intestines rendering it unviable for culturing. 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 and the amount is considered to be dysbiotic. A positive yeast culture and sensitivity to prescriptive and natural agents is helpful in determining which anti-fungal agents to use as part of a therapeutic plan 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 microscopy, despite a significant amount of yeast cultured.

Microscopic yeast

Microscopic examination has revealed yeast in this stool sample. The microscopic finding of yeast in the stool is helpful in identifying whether the proliferation of fungi, such as *Candida albicans*, is present. Yeast is normally found in very small amounts in a healthy intestinal tract. While small quantities of yeast (reported as none or rare) may be normal, yeast observed in higher amounts (few, moderate to many) is considered abnormal.

An overgrowth of intestinal yeast is prohibited by beneficial flora, intestinal immune defense (secretory IgA), and intestinal pH. Beneficial bacteria, such as *Lactobacillus* colonize in the intestines and create an environment unsuitable for yeast by producing acids, such as lactic acid, which lowers intestinal pH. Also, *Lactobacillus* is capable of releasing antagonistic substances such as hydrogen peroxide, lactocidin, lactobacillin, and acidolin.

Many factors can lead to an overgrowth of yeast including frequent use of antibiotics (leading to insufficient beneficial bacteria), synthetic corticosteroids, oral contraceptives, and diets high in sugar. Although there is a wide range of symptoms which can result from intestinal yeast overgrowth, some of the most common include brain fog, fatigue, recurring vaginal or bladder infections, sensitivity to smells (perfumes, chemicals, environment), mood swings/depression, sugar and carbohydrate cravings, gas/bloating, and constipation or loose stools.

A positive yeast culture (mycology) and sensitivity to prescriptive and natural agents is helpful in determining which anti-fungal agents to use as part of a therapeutic treatment plan for chronic colonic yeast. However, yeast are colonizers and do not appear to be dispersed uniformly throughout the stool. Yeast may therefore be observed microscopically, but not grow out on culture even when collected from the same bowel movement.

Secretory IgA (sIgA)

Immunological activity in the gastrointestinal tract can be assessed using secretory immunoglobulin A (sIgA) in a formed stool sample. However, sIgA may be artefactually low due to fluid dilution effects in a watery or loose/watery stool sample. Secretory IgA is the predominant antibody, or immune protein the body manufactures and releases in external secretions such as saliva, tears, and milk [1]. It is also transported through the epithelial cells that line the intestines out into the lumen. Secretory IgA 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 [1]. As the principal immunoglobulin isotype present in mucosal secretions, sIgA plays an important role in controlling intestinal milieu which is constantly presented with potentially harmful antigens such as pathogenic bacteria, parasites, yeast, viruses, abnormal cell antigens, and allergenic proteins [1]. Secretory IgA antibodies exert their function by binding to antigenic epitopes on the invading microorganism, limiting their mobility and adhesion to the epithelium of the mucus membrane [2]. This prevents the antigens from reaching systemic circulation and allowing them to be excreted directly in the feces.

Mental and physical stress as well as inadequate nutrition have been associated with low fecal sIgA concentrations. This includes dietary restrictions, excessive alcohol intake, body mass loss, negative moods, and anxiety [3]. One study found depressed levels of sIgA in malnourished children, particularly protein malnourishment, that responded well to nutritional rehabilitation with a significant increase in sIgA [4]. This may be because the synthesis and expression of sIgA requires adequate intake of the amino acid L-glutamine [3]. Animal studies have demonstrated that a glutamine-restricted diet can result in a 50% decrease in sIgA levels [5]. An increase of dietary L-glutamine can restore GI immune function by protection of cells that synthesize sIgA [6]. *Saccharomyces boulardii* is a nonpathogenic yeast that has been used for the treatment of acute infectious enteritis and antibiotic-associated diarrhea [7]. Significantly elevated levels of sIgA and subsequent enhanced host immune response have been found following *S. boulardii* administration in mice and rats [8,9].

References:

1. Crago SS, Tomasi TB. Mucosal Antibodies, Food Allergy and Intolerance. Bailliere Tindall/W.B. Saunders 1987;167-89.
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5. Alverdy J. Effects of glutamine-supplemented diets on immunology of the gut. *J Parent Enteral Nutr* 1990;14(4):1095-1135.
6. Burke DJ, et al. Glutamine-supplemented total parenteral nutrition improves gut function. *Arch Surg* 1989;24:2396-2399.
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8. Qamar A, Aboudola S, Warny M, et al. *Saccharomyces boulardii* stimulates intestinal immunoglobulin A immune response to clostridium difficile toxin A in mice. *Infect Immun* 2001;69(4):2762-5.
9. Buts JP, Bernasconi P, Vaerman JP, et al. Stimulation of secretory IgA and secretory component of immunoglobulins in small intestine of rats treated with *Saccharomyces boulardii*. *Dig Dis Sci* 1990;35(2):251-6.