



## COMPLETE MICROBIOME MAPPING

### General Macroscopic Description

	Result	Range	Markers
Stool Colour	<b>Brown</b>		<b>Colour</b> - Brown is the colour of normal stool. Other colours may indicate abnormal GIT conditions.
Stool Form	<b>Formed</b>		<b>Form</b> -A formed stool is considered normal. Variations to this may indicate abnormal GIT conditions.
Mucous	<b>NEG</b>	< +	<b>Mucous</b> - Mucous production may indicate the presence of an infection, inflammation or malignancy.
Occult Blood	<b>NEG</b>	< +	<b>Blood (Macro)</b> - The presence of blood in the stool may indicate possible GIT ulcer, and must always be investigated immediately.

GIT Functional Markers	Result	Range	Units	
Calprotectin.	10.0	0.0 - 50.0	ug/g	
Pancreatic Elastase	>500.0	> 200.0	ug/g	
Faecal Secretory IgA	98.6 *L	510.0 - 2010.0	ug/g	
Faecal Zonulin	53.0	0.0 - 107.0	ng/g	
Faecal B-Glucuronidase	1345.2	337.0 - 4433.0	U/g	
Steatocrit	<1.0	0.0 - 15.0	%	
anti-Gliadin IgA	<20	0.0 - 100.0	units/L	

### Microbiome Mapping Summary

#### Parasites & Worms

Entamoeba coli.

#### Bacteria & Viruses

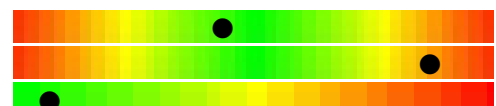
Pseudomonas species  
Streptococcus species  
Citrobacter freundii.

#### Fungi and Yeasts

Candida species.

#### Key Phyla Microbiota

Bacteroidetes	17.16	8.61 - 33.10	x10 <sup>11</sup> org/g
Firmicutes	32.42 *H	5.70 - 30.40	x10 <sup>10</sup> org/g
Firmicutes:Bacteroidetes Ratio	0.19	< 1.00	RATIO





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Parasites and Worms.	Result	Range	Units
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**Parasitic Organisms**

Cryptosporidium.	<dl	< 1.0	x10 <sup>6</sup> org/g	
Entamoeba histolytica.	<dl	< 1.0	x10 <sup>4</sup> org/g	
Giardia lamblia.	<dl	< 5.0	x10 <sup>3</sup> org/g	
Blastocystis hominis.	<dl	< 2.0	x10 <sup>3</sup> org/g	
Dientamoeba fragilis.	<dl	< 1.0	x10 <sup>5</sup> org/g	
Endolimax nana	<dl	< 1.0	x10 <sup>4</sup> org/g	
Entamoeba coli.	13.7 *H	< 5.0	x10 <sup>6</sup> org/g	
Pentatrichomonas hominis	<dl	< 1.0	x10 <sup>2</sup> org/g	

**Worms**

Ancylostoma duodenale, Roundworm	Not Detected
Ascaris lumbricoides, Roundworm	Not Detected
Necator americanus, Hookworm	Not Detected
Trichuris trichiura, Whipworm	Not Detected
Taenia species, Tapeworm	Not Detected
Enterobius vermicularis, Pinworm	Not Detected

Comment: Not Detected results indicate the absence of detectable DNA in this sample for the worms reported.

Opportunistic Bacteria/Overgr	Result	Range	Units
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Bacillus species.	<dl	< 1.5	x10 <sup>5</sup> org/g	
Enterococcus faecalis	<dl	< 1.0	x10 <sup>4</sup> org/g	
Enterococcus faecium	<dl	< 1.0	x10 <sup>4</sup> org/g	
Morganella species	<dl	< 1.0	x10 <sup>3</sup> org/g	
Pseudomonas species	9.5 *H	< 1.0	x10 <sup>4</sup> org/g	
Pseudomonas aeruginosa.	<dl	< 5.0	x10 <sup>2</sup> org/g	
Staphylococcus species	<dl	< 1.0	x10 <sup>4</sup> org/g	
Staphylococcus aureus	<dl	< 5.0	x10 <sup>2</sup> org/g	
Streptococcus species	1.0 *H	< 1.0	x10 <sup>3</sup> org/g	
Methanobacteriaceae	0.70	< 5.00	x10 <sup>9</sup> org/g	
Desulfovibrio piger	<dl	0.0 - 18.0	x10 <sup>7</sup> org/g	
Oxalobacter formigenes	492.8	> 15.0	x10 <sup>7</sup> org/g	

**Potential Autoimmune Triggers**

Citrobacter species.	<dl	< 5.0	x10 <sup>5</sup> org/g	
Citrobacter freundii.	6.4 *H	< 5.0	x10 <sup>5</sup> org/g	
Klebsiella species	<dl	< 5.0	x10 <sup>3</sup> org/g	
Klebsiella pneumoniae.	<dl	< 5.0	x10 <sup>4</sup> org/g	
Prevotella copri	<dl	< 1.0	x10 <sup>7</sup> org/g	
Proteus species	<dl	< 5.0	x10 <sup>4</sup> org/g	
Proteus mirabilis.	<dl	< 1.0	x10 <sup>3</sup> org/g	
Fusobacterium species	0.12	< 10.00	x10 <sup>7</sup> org/g	

Fungi & Yeast	Result	Range	Units
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Candida species.	5.2 *H	< 5.0	x10 <sup>3</sup> org/g	
Candida albicans.	<dl	< 5.0	x10 <sup>2</sup> org/g	
Geotrichum species.	<dl	< 3.0	x10 <sup>2</sup> org/g	
Microsporidium species	<dl	< 5.0	x10 <sup>3</sup> org/g	
Rhodotorula species.	<dl	< 1.0	x10 <sup>3</sup> org/g	



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Bacterial Pathogens	Result	Range	Units	
Aeromonas species.	<dl	< 1.0	x10 <sup>3</sup> CFU/g	●
Campylobacter.	<dl	< 1.0	x10 <sup>3</sup> CFU/g	●
C. difficile, Toxin A	<dl	< 1.0	x10 <sup>3</sup> CFU/g	●
C. difficile, Toxin B	<dl	< 1.0	x10 <sup>3</sup> CFU/g	●
Enterohemorrhagic E. coli	<dl	< 1.0	x10 <sup>3</sup> CFU/g	●
E. coli O157	<dl	< 1.0	x10 <sup>2</sup> CFU/g	●
Enteroinvasive E. coli/Shigella	<dl	< 1.0	x10 <sup>3</sup> CFU/g	●
Enterotoxigenic E. coli LT/ST	<dl	< 1.0	x10 <sup>3</sup> CFU/g	●
Shiga-like Toxin E. coli stx1	<dl	< 1.0	x10 <sup>3</sup> CFU/g	●
Shiga-like Toxin E. coli stx2	<dl	< 1.0	x10 <sup>3</sup> CFU/g	●
Salmonella.	<dl	< 1.0	x10 <sup>4</sup> CFU/g	●
Vibrio cholerae	<dl	< 1.0	x10 <sup>5</sup> CFU/g	●
Yersinia enterocolitica.	<dl	< 1.0	x10 <sup>5</sup> CFU/g	●
Helicobacter pylori	<dl	< 1.0	x10 <sup>3</sup> CFU/g	●

**Comment: Helico Pylori virulence factors will be listed below if detected POSITIVE**

H.pylori Virulence Factor, babA	Not Detected	H.pylori Virulence Factor, cagA	Not Detected
H.pylori Virulence Factor, dupA	Not Detected	H.pylori Virulence Factor, iceA	Not Detected
H.pylori Virulence Factor, oipA	Not Detected	H.pylori Virulence Factor, vacA	Not Detected
H.pylori Virulence Factor, virB	Not Detected	H.pylori Virulence Factor, virD	Not Detected

Viral Pathogens	Result	Range	Units	
Adenovirus 40/41	<dl	< 1.0	x10 <sup>10</sup> CFU/g	●
Norovirus GI/II	<dl	< 1.0	x10 <sup>7</sup> CFU/g	●
Bocavirus	<dl	< 1.0	x10 <sup>10</sup> CFU/g	●

Normal Bacterial GUT Flora	Result	Range	Units	
Bacteroides fragilis	16.7	1.6 - 250.0	x10 <sup>9</sup> CFU/g	●
Bifidobacterium species	182.3	> 6.7	x10 <sup>7</sup> CFU/g	●
Bifidobacterium longum	10.0	> 5.2	x10 <sup>6</sup> CFU/g	●
Enterococcus species	43.3	1.9 - 2000.0	x10 <sup>5</sup> CFU/g	●
Escherichia species	647.4	3.7 - 3800.0	x10 <sup>6</sup> CFU/g	●
Lactobacillus species	4.0 *L	8.6 - 6200.0	x10 <sup>5</sup> CFU/g	●
Lactobacillus Rhamnosus	2.0 *L	8.3 - 885.0	x10 <sup>4</sup> CFU/g	●
Clostridium species	41.0	5.0 - 50.0	x10 <sup>6</sup> CFU/g	●
Enterobacter species	1.0	1.0 - 50.0	x10 <sup>6</sup> CFU/g	●
Akkermansia muciniphila	6.19	0.01 - 50.00	x10 <sup>3</sup> CFU/g	●
Faecalibacterium prausnitzii	962.0	1.0 - 500000	x10 <sup>3</sup> CFU/g	●

Short Chain Fatty Acids	Result	Range	Units	
Short Chain Fatty Acids, Beneficial	23.4	> 13.6	umol/g	●
Butyrate	18.9	10.8 - 33.5	%	●
Acetate	56.9	44.5 - 72.4	%	●
Propionate	21.8	0.0 - 32.0	%	●
Valerate	2.4	0.5 - 7.0	%	●



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**CHLOE BAKER**  
**28-Jan-1988**

**Female**

50 UNION STREET  
ERSKINEVILLE NSW 43

LAB ID : 3826616  
UR NO. : 6608945  
Collection Date : 06-Jul-2022  
Received Date:07-Jul-2022



3826616

## Pathogen Summary:

### Macroscopy Comment

BROWN coloured stool is considered normal in appearance.

### Metabolism Comment

In a healthy gut Short Chain Fatty Acids are exhibited in the following proportions;  
Butyrate, Acetate, Propionate ( 16% : 60% : 24% )

#### VALERATE:

Valerate is a short chain fatty acid that is important for gut health. Although Acetate, propionate, and butyrate make up the the most abundant SCFAs in gastrointestinal tract (95%), Valerate and other SCFA's make up the remaining and work optimally when within range.

### GIT Markers Comment

PANCREATIC ELASTASE: Normal exocrine pancreatic function.

Pancreatic Elastase reflects trypsin, chymotrypsin, amylase and lipase activity.

This test is not affected by supplements of pancreatic enzymes.

Healthy individuals produce on average 500 ug/g of PE-1. Thus, levels below 500 ug/g and above 200 ug/g suggest a deviation from optimal pancreatic function.

The clinician should therefore consider digestive enzyme supplementation if one or more of the following conditions is present:  
Loose watery stools, Undigested food in the stools, Post-prandial abdominal pain, Nausea or colicky abdominal pain,  
Gastroesophageal reflux symptoms, Bloating or food intolerance.

#### CALPROTECTIN Normal:

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

#### FAECAL SECRETORY IgA:

Production of sIgA is important to the normal function of the gastrointestinal mucosa as an immune barrier.

It represents the first line immune defense of the GIT.

Elevated levels are associated with an upregulated immune response.

#### LOW/LOW NORMAL sIgA LEVEL:

The primary function of secretory IgA (sIgA) is an antibody protein secreted into the gastrointestinal tract as a first line of immune defence against pathogenic microorganisms. sIgA binds to invading micro organisms and toxins and entrap them in the mucus layer or within the epithelial cells, so inhibiting microbial motility, agglutinating the organisms and neutralising their exotoxins and then assist in their harmless elimination from the body in the faecal flow. sIgA also 'tags' food as acceptable, so low sIgA leads to increased sensitivity to foods.

Several studies link stress and emotionality with levels of sIgA. Production is adversely affected by stress, which is mediated by cortisol levels.

**\*\*Reduced sIgA levels may be associated with sub optimal adrenal output. Consider an Adrenocortex Stress profile.**

Treatment: Investigate the root cause of inflammation. Consider the use of probiotics (saccharomyces boulardii), choline, essential fatty acids, glutathione, glycine, glutamine, phosphatidylcholine, Vitamin C and Zinc which are all required for efficient production of sIgA.

### Parasites/Worms Comment

#### ELEVATED ENTAMOEBA COLI LEVEL:

Significant copies per gene of Entamoeba coli have been detected in this stool sample. Entamoeba coli is an amoeba found in the large intestine. Generally it is not considered pathogenic. However, when it is found in stool samples it can indicate the presence of other potentially pathogenic organisms.



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## Opportunistic Bacteria Comment

### ELEVATED PSEUDOMONAS SPECIES LEVEL:

#### Sources:

Pseudomonas is found in water and soil as well as fruits and vegetables.

Bottled water can be a common source of infection.

Because the organism is able to survive aqueous environments, it is an important nosocomial pathogen. Pseudomonas can also be found on a number of surfaces and in aqueous solutions.

#### Pathogenicity:

Pseudomonas is considered an opportunistic pathogen.

#### Symptoms:

In the gastrointestinal tract it can cause inflammation, epithelial barrier dysfunction, tight cell junction interruption, and intestinal permeability.

#### Treatment:

Ciprofloxacin is recommended for the treatment of Pseudomonas induced antibiotic-associated colitis. Pseudomonas is usually susceptible to antipseudomonal penicillins, aminoglycosides, carbapenems, 3rd generation cephalosporins and gentamycin.

For further treatment suggestions, refer to the 4R protocol at the end of this report.

### METHANOBACTERIACEAE:

Family of bacteria-like microbes that produce methane. Facilitates carbohydrate fermentation and short-chain fatty acid production by beneficial bacteria.

LOW levels may indicate reduced production of short-chain fatty acids and may be associated with inflammation.

HIGH levels linked to chronic constipation, as well as some types of SIBO and IBS.

### DESULFOVIBRIO COMMENT:

Sulfate is present in different concentrations in the intestine dependent on diet. Remnants not absorbed, alongside the presence of lactate, promote the growth of Sulfate reducing bacteria (SRB). Desulfovibrio Piger is the dominant SRB genus and has been implicated in gastrointestinal disorders such as ulcerative colitis via the reduction of sulfate to hydrogen sulphide in the gut.

High Desulfovibrio piger levels serves as an indicator of inflammatory bowel disease.

Treatment options include lowering the intake of sulfate rich foods such as some breads, dried fruits, beers, ciders and wines.

Reference: Kushkevych et. Al., J. Clin. Med. 2019, 8, 1054; doi:10.3390/jcm8071054

### OXALOBACTER COMMENT:

Oxalate is formed in the liver by amino acid catabolism as well as present in a wide range of foods including tea, coffee, chocolate and certain fruits and vegetables. High concentration of oxalate in the urine is related to the potential formation of calcium oxalate kidney stones. Oxalobacter Formigenes is the main known bacterial species involved in oxalate degradation in the gut.

Levels of O. Formigenes tends to decrease with age as well as with the use of antibiotics or other drugs, with low levels identified as a risk factor for calcium oxide stone formation. Treatment options include probiotic treatment and low oxalate diet modification.

Urinary oxalate levels can also be monitored by test code 4025 (oxalate urinary).

Reference: Duncan et. al., Applied and Environmental Microbiology, Aug. 2002, p. 3841-3847

Kaufman et. al., J Am Soc Nephrol. 2008 Jun; 19(6): 1197-1203.

## Potential Autoimmune Comments

### ELEVATED CITROBACTER FREUNDII LEVEL:

#### Sources:

Citrobacter is a gram-negative bacteria in the Enterobacteriaceae family. Common in the environment and may be spread by person-to-person contact. Several outbreaks have occurred in babies in hospital units. Isolated from water, fish, animals and food.

#### Pathogenicity:

Citrobacter is considered an opportunistic pathogen and therefore can be found in the gut as part of the normal flora.

#### Symptoms:

Citrobacter has occasionally been implicated in diarrheal disease, particularly C. freundii and C. diversus and C. koseri

#### Treatment:

Treatment is not generally required in low amounts. However, where high levels are present and patients are symptomatic. A combination of oregano, plant tannins and oregano has shown high susceptibility.

For further information, refer to the 4R treatment protocol located at the end of this report.

### FUSOBACTERIUM SPECIES:



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Fusobacterium species is a gram-negative bacteria in the Fusobacteria phylum. The bacteria is a common member of the human oral microbiome, this pro-inflammatory bacterium can also be found in the human gut. In the mouth, high levels are strongly linked to oral hygiene. In the gut, high levels have been observed in individuals with colon cancer and appendicitis.

Sources:

It primarily uses protein as its main source. However, research also shows that it can thrive from sugar.

Treatment:

Antimicrobial botanicals such as berberine, oregano, quercetin, curcumin, green and black tea extracts, blueberry extract, cinnamon and rosemary have shown to decrease levels.

## Fungi/Yeasts Comment

**ELEVATED CANDIDA SPECIES LEVEL:**

Sources:

Most sources of Candida infection are thought to be of endogenous origin. While yeast are ubiquitous in the environment and are found on fruits, vegetables and other plant materials, contamination from external sources is linked to patients and health care workers.

Pathogenicity:

A normal inhabitant of the GI tract. May become an opportunistic pathogen after disruption of the mucosal barrier, imbalance of the normal intestinal flora and/or impaired immunity.

Risk factors for colonization include: Antibiotics, corticosteroids, antacids, H2 blockers, oral contraceptives, irradiation, GI surgery, Diabetes mellitus, burns, T cell dysfunction, chronic stress and chronic renal disease.

Symptoms:

The most common symptom attributable to non-invasive yeast overgrowth is diarrhoea. Symptoms of chronic candidiasis affect four main areas of the body.

1. Intestinal system - symptoms include: diarrhoea, constipation, abdominal discomfort, distention, flatulence and rectal itching.
2. Genital Urinary system - symptoms include: menstrual complaints, vaginitis, cystitis and urethritis.
3. Nervous system - symptoms include: severe depression, extreme irritability, inability to concentrate, memory lapses and headaches.
4. Immune system - symptoms include urticaria, hay fever, asthma, and external otitis.

Sensitivities to tobacco, perfumes, diesel fumes and other chemicals.

Treatment:

Currently, standard texts provide no specific antifungal guidelines for GI overgrowth of Candida.

Oral azoles have been recommended for extra intestinal infections.

Susceptibility testing is advised due to increasing drug resistance.

## Phyla Microbiota Comment

**ELEVATED FIRMICUTES LEVEL:**

Gram-positive Firmicutes are bacterial phyla that make up a large proportion of the entire human digestive tract, including the mouth, nose, throat, and colon. Elevated Firmicutes may suggest microbial imbalance which may be related to increased caloric extraction from food, fat deposition and lipogenesis, impaired insulin sensitivity, and increased inflammation.

Treatment:

Consider using Bifidobacteria probiotics and Saccharomyces boulardii primarily. It may also be suggested to optimise the patient diet. A lower fat diet may help to normalize Firmicutes levels.

## Normal Bacterial Flora Comment

**LOW LACTOBACILLUS SPECIES LEVEL:**

Lactate-producing bacteria in the Firmicutes phylum.

Low levels may be due to low carbohydrate intake or high salt intake, and may also indicate reduced mucosal health.

**LOW LACTOBACILLUS RHAMNOSUS LEVEL:**

Lactobacillus Rhamnosus is a bacteria in the Firmicutes phylum. Lactobacillus rhamnosus is one of the most widely used probiotic strains. Various health effects are well documented including the prevention and treatment of gastro-intestinal infections and



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diarrhea, and stimulation of immune responsesL. Low levels may be linked to poor digestive health, diarrhea and IBS symptoms.





# 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 subsp. lactis, lactobacillus acidophilus, lactobacillus plantarum, lactobacillus casei, bifidobacterium breve, bifidobacterium bifidum, bifidobacterium longum, lactobacillus salivarius, salivarius, lactobacillus paracasei, lactobacillus rhamnosus, Saccharomyces 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	Saccharomyces boulardii, lauric acid
		INTESTINAL BARRIER REPAIR	L-Glutamine, aloe vera, liquorice, marshmallow root, okra, quercetin, slippery elm, zinc carnosine, Saccharomyces boulardii, omega 3 essential fatty acids, B vitamins
		SUPPORT CONSIDERATION	Sleep, diet, exercise, and stress management