-.JOANNE KENNEDY (NPIN20)



P: 1300 688 522 E: info@nutripath.com.au A: PO Box 442 Ashburton VIC 3142 Date of Birth: 07-Aug-1987 Sex: F Collected: 14/Apr/2021 Received: 15-Apr-2021 125 AWABA STREET

Received: 15-Apr-2021 125 AWABA STREET MOSMAN NSW 2088 Lab id: **3733794** UR#: WELLSHARE LEVEL 5, DYMOCKS BUILDING, 428 GEORGE ST SYDNEY NSW 2000

COMPLETE DIGESTIVE STOOL ANALYSIS - Level 1

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

Macroscopy Comment

BROWN coloured stool is considered normal in appearance.

MICROSCOPIC	MICROSCOPIC DESCRIPTION								
	Result	Range	Markers						
RBCs (Micro)	NEG	<+	RBC(Micro) - The presence of RBCs in the stool may indicate the presence of an infection, inflammation or haemorrhage.						
WBCs (Micro)	0	< 10	WBC(Micro) - The presence of WBCs in the stool may indicate the presence of an infection, inflammation or haemorrhage.						
Food Remnants	+	<++	Food Remnants - The presence of food remnants may indicate maldigestion.						
Fat Globules	NEG	<+	Fat Globules -The presence of fat globules may indicate fat maldigestion.						
Starch	NEG	<+	Starch - The presence of starch grains may indicate carbohydrate maldigestion.						
Meat Fibres	NEG	<+	Meat Fibres - The presence of meat fibres may indicate maldigestion from gastric hypoacidity or diminished pancreatic output.						
Vegetable Fibres	+	<++	Vegetable Fibres - The presence of vegetable fibres may indicate maldigestion from gastric hypoacidity or diminished pancreatic output.						

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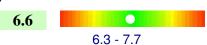
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METABOLIC MARKERS

рΗ



Markers

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

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BENEFICIAL BACTERI			_	_										
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	Result	Range
Bifidobacteria	++++	2 - 4 +
Lactobacilli	+	2 - 4 +
Eschericia coli	++++	2 - 4 +
Enterococci	+	1 - 2 +

COMMENTS:

Significant numbers of Lactobacilli, Bifidobacteria and E coli are normally present in the healthy gut: Lactobacilli and Bifidobacteria, in particular, are essential for gut health because they contribute to 1) the inhibition of gut pathogens and carcinogens. 2) the control of intetinal pH, 3) the reduction of cholesterol, 4) the synthesis of vitamins and disaccharidase enzymes.

OPPORTUNISTIC AND DYSBIOTIC BACTERIA

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

COMMENTS: Commensal bacteria are usually neither pathogenic nor beneficial to the host GI tract. Imbalances can occur when there are insufficient levels of beneficial bacteria and increased levels of commensal bacteria. Certain commensal bacteria are reported as dysbiotic at higher levels. Dysbiotic bacteria consist of known pathogenic bacteria and those that have the potential to cause disease in the GI tract. A detailed explanation of bacteria that may be present can be found in the Pathogen Summary at the end of this report.

YEASTS

	Result	Range
Candida albicans	NEG	<+
Geotrichum spp	NEG	<+
Rhodotorula spp	NEG	<+
Other Yeasts	NEG	<+

COMMENTS: Yeast may normally be present in small quantities in the skin, mouth, and intestine. A detailed explanation of yeast that may be present can be found in the Pathogen Summary at the end of this report.

PARASITES

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

COMMENTS: Parasites are organisms that are not present in a normal/healthy GIT. A detailed explanation of parasites that may be present can be found in the Pathogen Summary at the end of this report.

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ANTIBIOTIC SENSITIVITIES and NATURAL INHIBITORS

Streptococcus

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Streptococcus

Klebsiella

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Citrobacter

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	parasanguinis	agalactiae gp B	aerogenes	freundii
Antibiotics	Cunnantible	Cusasantible	Cuccontible	Cusasntible
	Susceptible	Susceptible	Susceptible	Susceptible
Ampicillin	YES	YES	NO	NO
Augmentin	NO	NO	NO	NO
Ciprofloxacin	NO	NO	YES	YES
Norfloxacin	NO	NO	YES	YES
Meropenem	NO	NO	YES	YES
Cephalothin	NO	NO	NO	NO
Gentamycin.	NO	NO	NO	NO
Trimethoprim/Sulpha	NO	NO	YES	YES
Erythromycin	NO	NO	NO	NO
Penicillin.	NO	NO	NO	NO

Liyiiioiiiyeiii	110	110	NO	110
Penicillin.	NO	NO	NO	NO
Inhibitors				
	Inhibition %	Inhibition %	Inhibition %	Inhibition %
Berberine	40%	40%	40%	40%
Black Walnut	40%	20%	20%	20%
Caprylic Acid	60%	20%	80%	20%
Citrus Seed	60%	40%	40%	20%
Coptis	40%	20%	20%	20%
Garlic-	40%	20%	20%	20%
Golden seal	60%	20%	20%	20%

20%

20%

20%

LEGEND

Oregano

Low Inhibition	on	Hi	gh Inhibition		
0	20	40	60	80	100

40%

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PATHOGEN SUMMARY

OTHER BACTERIA PRESENT:

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

Hafnia species	2+	0 - 3+	Non-Pathogen
Streptococcus anginosus	3+	0 - 3+	Non-Pathogen
Streptococcus agalactiae Group B	1+	0 - 3+	Non-Pathogen
Streptococcus mitis	1+	0 - 3+	Non-Pathogen
Streptococcus mutans	3+	0 - 3+	Non-Pathogen

Citrobacter freundii 4+ * H 0 - 3+ POSSIBLE Pathogen Klebsiella aerogenes 4+ * H 0 - 3+ POSSIBLE Pathogen Streptococcus parasanguinis 4+ * H 0 - 3+ POSSIBLE Pathogen

OTHER YEASTS PRESENT:

Organism Result Range Classification

NO FUNGAL ORGANISMS ISOLATED

OTHER PARASITES PRESENT:

Organism Result Range Classification

NO PARASITIC ORGANISMS ISOLATED

HAFNIA:

Sources:

Reservoirs of infection include the intestinal tract of mammals and birds. Mode of transmission is usually via the fecal-oral or oral-to-oral route

Pathogenicity

This organism is a natural inhabitant of the GI tract in humans. Hafnia strains are opportunistic pathogens; community and hospital outbreaks have been associated with GI infection.

Symptoms:

Diarrheal illness has been associated with outbreaks and virulence factors similar to toxigenic E.coli have been described.

Treatment:

Hafnia strains are usually susceptible to piperacillin, imipenum, quinolones and the newer cephalosporins.

STREPTOCOCCUS:

Description:

Streptococcus is a common isolate from gut flora. With the exception of very rare cases, streptococcus species are not implicated in gastric pathogenesis. However, there has been correlations with the presence of streptococcus pyogenes in patients who have, or have recently had scarlet fever. Streptococcus species are also implicated in urinary tract infections and faecal flora are the common source of contamination for urinary tract infections.

Sources

Recent infections with streptococcus pyogenes or scarlet fever can be linked to the presence of this species in faeces.

Treatment:

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Treatment of streptococcus in gut flora is not always recommended. A practitioner may take into consideration a range of patient factors and symptoms to determine if treatment is necessary.

CITROBACTER:

Sources

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:

Currently, standard texts provide no specific antimicrobial guidelines for ${\tt GI}$ overgrowth of Citrobacter.

Carbapenems and fluroquinolones are the recommended antibiotics for extraintestinal sites.

KLEBSIELLA:

Sources:

Isolated from foods and environmental sources.

Klebsiella appears to thrive in individuals on a high starch diet.

Avoiding carbohydrates such as rice, potatoes, flour products and sugary foods reduces the amount of Klebsiella in the gut

Pathogenicity:

Part of the normal GI flora in small numbers, but can be an opportunistic pathogen. Klebsiella is capable of translocating from the gut when in high numbers. Certain strains of K. oxytoca have demonstrated cytotoxin production.

Symptoms:

K. pneumoniae and K. oxytoca have been associated with diarrhea in humans. Cytotoxin-producing strains are associated with acute hemorrhagic enterocolitis. Increased colonization of Klebsiella in the stool has been found in HLA-B27 + AS patients.

Treatment:

Currently, standard texts provide no specific antimicrobial guidelines for ${\tt GI}$ overgrowth of Klebsiella .

Third generation cephalosporins and fluroquinolones are the recommended antimicrobial agents for extra-intestinal sites.

Other Herbal antimicrobials include:

Lemon and clove, Burr marigold, Thyme, Licorice, euphobia, cordyceps.

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The Four "R" Treatment Protocol

	Using a course of	ANTIMICROBIAL	Oil of oregano, berberine, caprylic acid
	antimic robial, antibacterial, antiviral or anti parasitic therapies in cases where organisms are present. It may	ANTIBACTERIAL	Liquorice, zinc carnosine, mastic gum, tribulus, berberine, black walnut, caprylic acid, oil of oregano
OVE	also be necessary to remove offending foods, gluten, or	ANTIFUNGAL	Oil of oregano, caprylic acid, berberine, black walnut
REMOVE	medication that may be acting as antagonists.	ANTIPARASTIC	Artemesia, black walnut, berberine, oil of oregano
	Consider testing IgG96 foods as a tool for removing offending foods.	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
ш	Recolonisation with healthy, beneficial bacteria. Supplementation with probiotics, along with the use of prebiotics helps re-establish the proper microbial balance.	PREBIOTICS	Sippery elm, pectin, larch arabinogalactans
REINOCULATE		PROBIOTICS	Bifidobacterium animalissup lactise, lactobacillus acidophilus, lactobacillus plantarum, lactobacillus casei, bifidobacterium breve, bifidobacterium bifidum, bifidobacterium longum, lactobacillus salivarius sep salivarius, lactobacillus paracasei, lactobacillus rhamnosus, Saccaromyces boulardii
SALANCE	Restore the integrity of the gut mucosa by giving support to healthy mucosal cells, as well as immune support. Address whole	INTESTINAL MUCOSA IMMUNE SUPPORT	Saccaromyces boulard ii, lauric acid
REPAIR & REBAL	body health and lifestyle factors so asto prevent future GI dysfunction.	INTESTINAL BARRIER REPAIR	L-Glutamine, aloe vera, liquorice, marshmallow root, okra, quercetin, slippery elm, zinc camosine, Saccaromyces boulardii, omega 3 essential fatty acids, B vitamins
REPA		SUPPORT CONSIDERATION	Seep, diet, exercise, and stress management

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