



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 : 20/Oct/2021
Received: 25/Oct/2021
125 AWABA STREET
MOSMAN NSW 2088
Lab id : **3776742** UR#: 6594051

6 EDWARDS BAY ROAD
MOSMAN NSW 2088

Vaginal Microbiome Profile

Vaginal pH.

4.5

3.5 - 4.5



Opportunistic Bacteria	Result	Range	Units	
Enterococcus faecalis:	1.28 *H	< 1.0	x10 ⁵ CFU/ml	
Escherichia coli:	<DL	< 1.00	x10 ⁵ CFU/g	
Klebsiella pneumoniae:	<DL	< 1.00	x10 ⁵ CFU/ml	
Proteus mirabilis:	<DL	< 1.00	x10 ⁵ CFU/ml	
Pseudomonas aeruginosa:	<DL	< 1.00	x10 ⁵ CFU/ml	
Streptococcus agalactiae:	<DL	< 1.00	x10 ⁵ CFU/ml	
Staphylococcus aureus:	<DL	< 1.00	x10 ⁵ CFU/ml	
Gardnerella vaginalis:	<DL	< 1.00	x10 ⁵ CFU/ml	
Atopobium vaginae:	<DL	< 1.00	x10 ⁵ CFU/ml	
Prevotella species:	<DL	< 1.00	x10 ⁵ CFU/ml	
Megasphaera species:	<DL	< 1.00	x10 ⁵ CFU/ml	
Ureaplasma species	<DL	< 1.00	x10 ⁶ CFU/ml	
Mycoplasma species	<DL	< 1.00	x10 ⁶ CFU/ml	

Sexually Transmitted Infections

Trichomonas vaginalis:	Not Detected
Chlamydia trachomatis:	Not Detected
Neisseria gonorrhoeae:	Not Detected
Herpes Simplex Virus-1:	Not Detected
Herpes Simplex Virus-2:	Not Detected

COMMENT:

Not Detected results indicate the absence of detectable DNA in this sample. A negative result does not completely exclude infection.

Opportunistic Fungal pathogens

Candida albicans:	<DL	< 1.00	x10 ⁵ CFU/ml	
Candida glabrata:	<DL	< 1.00	x10 ⁵ CFU/ml	
Candida krusei:	<DL	< 1.00	x10 ⁵ CFU/ml	
Candida parapsilosis:	<DL	< 1.00	x10 ⁵ CFU/ml	
Candida tropicalis:	<DL	< 1.00	x10 ⁵ CFU/ml	

Beneficial Bacteria:

Total Lactobacillus:	2.36	> 1.00	x10 ⁶ CFU/ml	
Lactobacillus crispatus:	<DL *L	> 1.00	x10 ⁶ CFU/ml	
Lactobacillus gasseri:	2.36	> 1.00	x10 ⁶ CFU/ml	
Lactobacillus iners:	<DL *L	> 1.00	x10 ⁶ CFU/ml	
Lactobacillus jensenii:	<DL *L	> 1.00	x10 ⁶ CFU/ml	
Lactobacillus salivarius:	<DL *L	> 1.00	x10 ⁶ CFU/ml	
Lactobacillus vaginalis:	<DL *L	> 1.00	x10 ⁶ CFU/ml	

Bacterial Vaginosis:

Bacterial vaginosis **Negative**





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Vaginal Microbiome Comments

VAGINAL pH NORMAL:

The typical vaginal pH is 3.5-4.5. Prepubertal and postmenopausal pH levels are normally >5 pH. With the increase of the oestrogen levels around puberty, the genital mucosa thickens and becomes colonized with Lactobacillus species which produce lactic acid and hydrogen peroxide to lower the pH below 4.5.

AEROBIC VAGINOSUS (AV):

Patients suffering AV experience vaginal complaints such as abnormal discharge (yellowish), inflammation (redness and swelling), and/or small erosions or ulcerations. If untreated, it can transition into more serious complications (PID, dyspareunia [pain during intercourse], severe UTIs, and/or pregnancy complications). Causes of AV include immune dysregulation, low oestrogen or Vitamin D deficiency.

There is no accepted clinical strategy for treating AV. Treatment with either antiseptic or antibiotic therapy with emphasis on bacteria of faecal origin, whilst ensuring minimal interference with vaginal Lactobacillus species.

ENTEROCOCCUS FAECALIS ELEVATED:

Enterococcus faecalis is a Gram-positive commensal bacterium native to the gastrointestinal tract and an opportunistic pathogen of increasing clinical concern. E. faecalis also colonizes the female reproductive tract, and reports suggest vaginal colonization increases following antibiotic treatment or in patients with AV. While vaginal E. faecalis colonization is normally asymptomatic, certain populations may be at risk for severe disease. AV is defined by disruption in Lactobacillus dominance (Total Lactobacillus <10⁶ CFU/ml), increased pH (>4.5) and the presence of mainly aerobic enteric commensals or pathogens, including Enterococcus faecalis (>10⁵ CFU/ml).

LACTOBACILLUS:

Total Lactobacillus is within range.

Lactobacillus is the predominant genus in a healthy vaginal microbiota, and functions to inhibit the adhesion and proliferation of opportunistic and primary pathogens.

The presence of different Lactobacillus species is a major factor in the stability of the vaginal microbiome. Women with L. iners-dominant microbiomes are more likely to harbor Candida than women with L. crispatus-dominant microbiomes (due to higher production of lactic acid by L. crispatus compared to L. iners), leading to better anti-Candida activity (impeding Candida colonization) than L. iners through a greater production of lactic acid. Furthermore, L. iners dominance has been associated with other negative health outcomes such as increased risks of Chlamydia trachomatis infection, incident Bacterial Vaginosis and defects in vaginal mucus that compromise antiviral barrier function.



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Sex. Transmitted Infection Comments

TRICHOMONAS VAGINALIS – Not Detected:

This does not completely exclude the possibility of infection as is dependent on an adequate specimen collection. If you have symptoms, please consult with your healthcare practitioner.

CHLAMYDIA TRACHOMATIS – Not Detected:

This does not completely exclude the possibility of infection as is dependent on an adequate specimen collection. If you have symptoms, please consult with your healthcare practitioner.

NEISSERIA GONORRHOEAE – Not Detected:

This does not completely exclude the possibility of infection as is dependent on an adequate specimen collection. If you have symptoms, please consult with your healthcare practitioner.

HERPES SIMPLEX VIRUS Type 1 – Not Detected:

This does not completely exclude the possibility of infection as is dependent on an adequate specimen collection. If you have symptoms, please consult with your healthcare practitioner.

HERPES SIMPLEX VIRUS Type 2 – Not Detected:

This does not completely exclude the possibility of infection as is dependent on an adequate specimen collection. If you have symptoms, please consult with your healthcare practitioner.