Sullivan Nicolaides PATHOLOGY
Quality is in our DNA

MARIA BETTELEY

Lab ID 683975408 DOB 06/06/1977 (46 Yrs FEMALE)

Referrer Snp Patient Services
Your ref. 45377

Address PATIENT SERVICES SONIC DX PO BOX 2014
BOWEN HILLS QLD 4006

Address 7 CONNER PLACE
SUNRISE BEACH QLD 4567

Phone 1300732030

Phone 0406361665

Copy to

Requested 10/11/2023

Clinical Notes

Collected 23/11/2023 15:46

Received 23/11/2023 15:47

Faeces Viral PCR

Specimen Type	Faeces
Adenovirus F40/41	Not Detected
Rotavirus	Not Detected
Norovirus GI	Not Detected
Norovirus GII	Not Detected
Astrovirus	Not Detected
Sapovirus	Not Detected

Comments

Not detected results indicate the absence of detectable nucleic acids in this sample for the enteric viruses reported.
Testing was performed utilising the Seegene Allplex GI Virus PCR assays validated by this laboratory.
Only the enteric viral targets reported are tested for.
For further enquiries regarding these results please contact Dr Jenny Robson or Dr Sarah Cherian (07 3377 8534).

MA

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Reported on 24-11-2023 17:12

Faeces PCR

Specimen Type	Faeces
Parasites:	
Giardia intestinalis	Not Detected
Cryptosporidium	Not Detected
Dientamoeba fragilis	**Detected** *
Entamoeba histolytica	Not Detected
Blastocystis hominis	**Detected** *
Bacteria:	
Campylobacter spp.	Not Detected
Salmonella spp.	Not Detected
Shigella spp./EIEC	Not Detected
Yersinia enterocolitica	Not Detected
Aeromonas	Not Detected

Comments

DNA consistent with the presence of Blastocystis hominis has been detected using PCR with specific primers and probe.
The pathogenic role of Blastocystis spp has not been proven, particularly in immunocompetent individuals. Using molecular techniques, the overall prevalence in our test population is 17%. Individuals may be colonised with this organism and do not

need treatment. It can be acquired by contact with animals including pets or contaminated water. Potentially pathogenic or animal strains cannot be differentiated by the current available tests. Screening for clearance of the organism or testing of family members is not recommended.

http://www.rcpa.edu.au/Library/College-Policies/Guidelines/Faecal-pathogen-testing-by-PCR
DNA consistent with the presence of Dientamoeba fragilis has been detected by PCR with specific primers and probe.
The pathogenic role of Dientamoeba fragilis has not been established. Using molecular techniques, the overall prevalence in our test population is 16.2% with more than 50% of children aged 5-10 years testing positive for D.fragilis.
A randomised double blinded placebo controlled clinical trial does not support routine metronidazole treatment of D. fragilis positive children with chronic gastrointestinal symptoms.
As such, treatment may be harmful resulting in unnecessary adverse reactions, disruption of the normal gut flora and contribute to the development of antimicrobial resistance of faecal microbiota.
Other causes for symptoms should be considered including other gut enteropathogens,food intolerance etc.
Screening for clearance of the organism or testing of asymptomatic family members is not recommended.

http://www.rcpa.edu.au/Library/College-Policies/Guidelines/Faecal-pathogen-testing-by-PCR
Only the reported enteropathogens have been tested.

All bacterial causes of gastroenteritis reported by PCR are cultured for recovery of isolates subject to organism viability and a further report issued. Some clinical indications e.g overseas travel, eosinophilia, seafood or antibiotic ingestion will require additional parasite concentration examination, culture setup or molecular testing to detect alternative pathogens e.g. hookworm, strongyloides, Vibrios, Clostridium difficile infection (CDI), Enterohaemorrhagic E. coli (STEC).
These indications should be highlighted on the request.

Roche LightMix Gastroenteritis multiplex PCR assays were utilised for testing.
For further enquiries regarding these results please contact Dr Jenny Robson or Dr Sarah Cherian (07 3377 8534).

Patient Notes: Blastocystosis

http://protocols.sonichealthcare.com/shared/IP600.pdf

JY

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Reported on 24-11-2023 17:43

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Clostridium difficile Toxin PCR

Specimen	Faeces
C.difficile Toxin PCR	Not Detected

Comments

Clostridium difficile DNA has not been detected by PCR using specific primers and probes targeting the tcdE and toxB genes. Toxin producing C. difficile is associated with antibiotic-associated diarrhoea. This test should not be performed on asymptomatic patients as a 10% carriage rate occurs which does not require treatment. Testing of infants under one year is generally not indicated as there is a high asymptomatic carriage rate in this group. A test of cure is generally not indicated.
For further enquiries regarding these results please contact
Dr Jenny Robson or Dr Sarah Cherian (07 3377 8534).

MA

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Reported on 24-11-2023 13:59

Faeces 1

Specimen	Faeces
Culture	No pathogens isolated

Comments

Negative for Salmonella, Shigella, Campylobacter, Aeromonas spp. and Yersinia enterocolitica.

BG

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Reported on 27-11-2023 13:32