



P: 1300 688 522  
 E: info@nutripath.com.au  
 A: PO Box 442 Ashburton VIC 3142

Date of Birth : 16-Jan-2008  
 Sex : M  
 Collected : 28/Oct/2019  
 Received: 30/Oct/2019  
 44 ABBOTT ROAD  
 NORTH CURL CURL NSW 2099  
 Lab id : 3640137 UR#: 6552911

13 ILUKA AVENUE  
 MANLY NSW 2095

## MICROBIOLOGY

STOOL, SPOT Result Range Units

### Faecal Multiplex PCR

#### PARASITIC PATHOGENS

Giardia intestinalis: Not Detected  
 Cryptosporidium species: Not Detected  
 Dientamoeba fragilis: **DETECTED** low +  
 Entamoeba histolytica: Not Detected  
 Blastocystis species: **DETECTED** moderate +

#### BACTERIAL PATHOGENS

Campylobacter species: Not Detected  
 Salmonella species: Not Detected  
 Shigella species: Not Detected  
 Yersinia enterocolitica: Not Detected  
 Aeromonas species: Not Detected  
 Plesiomonas species: Not Detected

#### COMMENT:

Not Detected results indicate the absence of detectable DNA in this sample for the 11 enteropathogens reported.

Dientamoeba fragilis has been DETECTED by Multiplex PCR.

DNA consistent with the presence of Dientamoeba fragilis has been detected using ultra-sensitive PCR techniques.

It has been observed during this assay that the Identification Value of this detected organism is reported at: 32.8

This value represents a Low Positive detection, it is potentially indicative of a historical or resolving infection, including possibly the presence of dead organisms. An Identification Value that increases over time is indicative of a resolving infection whilst an Identification Value that decreases over time is indicative of a non-improving infection or reinfection.

Dientamoeba fragilis appears to be extremely common and may have a cosmopolitan distribution, although there are large variations in prevalence.

Dientamoeba fragilis has been linked to intestinal symptoms, especially in children. The most common symptoms associated with this organism are abdominal pain, intermittent diarrhoea, bloating and anorexia.

If treatment is warranted, metronidazole for 10 days or a single 2g dose of Tinidazole may be used. Tetracycline has also proven effective in adults.

Blastocystis hominis has been DETECTED by Multiplex PCR.

DNA consistent with the presence of B. hominis has been detected using ultra-sensitive PCR techniques.

It has been observed during this assay that the identification value of this detected organism is reported at: 21.66

This value represents a moderate positive detection, it is potentially indicative of an active or recent infection with the presence of predominantly live organisms. An Identification Value that increases over time is indicative of a resolving infection whilst an Identification Value that decreases over time is indicative of a non-improving infection or reinfection.

Blastocystis hominis may be the cause of persistent, mild diarrhoea. It is endemic in Australia, although it may also be associated with recent overseas travel. Detection suggests the ingestion



**HILTON SINTON**

**-MAEVE BEARY**



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of contaminated material and continued symptoms may require further specimens for the detection of bacterial, viral and/or parasitic pathogens.

If treatment is warranted, metronidazole 400 - 750mg (child 12-17mg/kg up to 750mg) tds for at least 10 days.

Lower dosages are usually associated with treatment failure.

**CDSA to Follow**

**PLEASE NOTE:**

A Comprehensive Digestive Stool Analysis (CDSA) has also been requested for this patient.

The CDSA results will be reported separately on a different Request ID.

Tests ordered: FaePCR,FaePCR-CD