



P: 1300 688 522
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-I SCREEN
INTELLIGENT SCREENING
PO BOX 8441, ANGELO STREET
SOUTH PERTH WA 6151

BRITNEY RAVAILLION
25-Jul-1995 **Female**

16 RICHARDS LOOP
ORAN PARK NSW 2570

LAB ID : 3980981
UR NO. : 6268783
Collection Date : 29-Apr-2024
Received Date:01-May-2024



3980981

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 | Semi-formed | Formed | Form -A formed stool is considered normal. Variations to this may indicate abnormal GIT conditions. |
| Mucous | NEG | < + | Mucous - Mucous production may indicate 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.

Faecal Occult Blood Negative:

Faecal occult blood has not been detected in this specimen. If the test result is negative and clinical symptoms persist, additional follow-up testing using other clinical methods is recommended.



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 | + | < + | 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. |

Microscopy Comment

FAT GLOBULES PRESENT:

The presence of fat globules in faeces is an indirect indicator of incomplete fat digestion. Consider high dietary fat intake, cholestasis, malabsorption & digestion (diarrhoea, pancreatic or bile salt insufficiency), intestinal dysbiosis, parasites, NSAIDs use, short bowel syndrome, whipples disease, Crohn's disease, food allergies & sensitivities.

Treatment:

- Prebiotic and probiotic supplementation
- Supplement hydrochloride, digestive enzymes or other digestive aids
- Investigate underlying causes
- Investigate food sensitivities and allergies
- Remove potential irritants
- Assess other CDSA markers such as pancreatic elastase 1, calprotectin, & microbiology markers.



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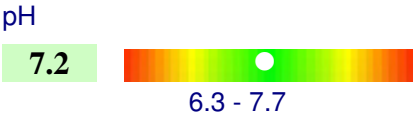
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METABOLIC MARKERS



Markers

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

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| BENEFICIAL BACTERIA | | Result | Range | | Result | Range |
|------------------------------|--|--------|---------|---------------------------|--------|---------|
| Bifidobacterium longum. | | 2+ | 2 - 4+ | Lactobacillus plantarum | 2+ | 2 - 4+ |
| Bifidobacterium bifidum | | 1+ *L | 2 - 4+ | Lactobacillus rhamnosus. | 3+ | 2 - 4+ |
| Bifidobacterium animalis | | 3+ | 2 - 4+ | Lactobacillus paracasei | 3+ | 2 - 4+ |
| Bifidobacterium pseudocaten. | | 2+ | 2 - 4+ | Lactobacillus casei | 1+ *L | 2 - 4+ |
| Bifidobacterium breve | | 1+ *L | 2 - 4+ | Lactobacillus acidophilus | 1+ *L | 2 - 4+ |
| Escherichia coli | | 4+ | 2 - 4 + | Enterococci | 2+ | 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 intestinal pH, 3) the reduction of cholesterol, 4) the synthesis of vitamins and disaccharidase enzymes.

PATHOGENIC BACTERIA

| Organism | Growth | Range | Classification |
|-------------------|--------|-------|----------------|
| Aeromonas species | NEG | | |
| Campylobacter | NEG | | |
| Salmonella | NEG | | |
| Shigella | NEG | | |
| Yersinia | NEG | | |

COMMENTS:

The above Pathogenic Bacteria are those that have the potential to cause disease in the GI tract. A result of **ISOLATED** may require a notification to the Department of Health and also cross tested via a secondary method such as PCR or sequencing. Should this be the case, you will also be notified.

OPPORTUNISTIC AND DYSBIOTIC BACTERIA

| Organism | Growth | Range | Classification |
|--------------------------|--------|-------|-------------------|
| Enterococcus avium | 4+ *H | < 4+ | Possible Pathogen |
| Enterococcus faecalis. | 3+ | < 4+ | Non-Pathogen |
| Klebsiella pneumoniae | 1+ | < 4+ | Non-Pathogen |
| Streptococcus salivarius | 1+ | < 4+ | Non-Pathogen |
| Bacillus species | 1+ | < 4+ | Non-Pathogen |
| Staph. aureus | 1+ | < 4+ | Non-Pathogen |

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.



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YEASTS

| Organism | Growth | Range | Classification |
|------------------|--------|--------|----------------|
| Candida albicans | NEG | < ++ | |
| Geotrichum spp | NEG | < ++ | |
| Rhodotorula spp | NEG | < ++++ | |
| Other Yeasts | NEG | < ++++ | |

COMMENTS:

No Yeast or Fungal organisms isolated

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

| | |
|-----------------------|--------------|
| Blastocystis Hominis | NOT DETECTED |
| Dientamoeba fragilis | NOT DETECTED |
| Cryptosporidium | NOT DETECTED |
| Giardia lamblia | NOT DETECTED |
| Entamoeba Histolytica | NOT DETECTED |
| Other Parasites | NOT DETECTED |

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

| | Klebsiella pneumoniae | Enterococcus avium |
|---------------------|-----------------------|--------------------|
| Antibiotics | Susceptible | Susceptible |
| Amoxicillin | N/A | N/A |
| Ampicillin | R | N/A |
| Augmentin | R | N/A |
| Ciprofloxacin | S | N/A |
| Norfloxacin | S | N/A |
| Meropenem | S | N/A |
| Cefazolin | N/A | N/A |
| Gentamycin. | S | N/A |
| Trimethoprim/Sulpha | S | N/A |
| Erythromycin | N/A | N/A |
| Penicillin. | N/A | N/A |

LEGEND

| | | |
|---------------|---------------|------------------|
| S = Sensitive | R = Resistant | N/A = Not Tested |
|---------------|---------------|------------------|

Inhibitors

| | Inhibition % | Inhibition % |
|---------------|--------------|--------------|
| Berberine | 60% | 60% |
| Black Walnut | 60% | 40% |
| Caprylic Acid | 80% | 60% |
| Citrus Seed | 60% | 40% |
| Coptis | 40% | 40% |
| Garlic- | 60% | 40% |
| Golden seal | 40% | 60% |
| Oregano | 40% | 40% |

LEGEND

Low Inhibition

High Inhibition

| | | | | | |
|---|----|----|----|----|-----|
| 0 | 20 | 40 | 60 | 80 | 100 |
|---|----|----|----|----|-----|



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YEAST - SENSITIVITIES and NATURAL ANTIFUNGALS

Antifungals

Fluconazole

Voriconazole

Itraconazole

INHIBITION CATEGORY

| | | |
|------------|------------------------------|---|
| R | Resistant | This category indicates that the organism is not inhibited by obtainable levels of the pharmaceutical agent |
| I | Intermediate | This category indicates where the minimum inhibition concentrations (MIC) approach obtainable pharmaceutical agent levels and for which response rates may be lower than for susceptible isolates |
| SDD | Susceptible, Dose Dependent | This category indicates that clinical efficacy is achieved when higher than normal dosage of a drug is used to achieve maximal concentrations |
| S | Susceptible | This category indicates that the organisms are inhibited by the usual achievable concentration of the agent |
| NI | No Interpretative Guidelines | This category indicates that there are no established guidelines for MIC interpretation for these organisms |

Non-absorbed Antifungals

Nystatin

Natural Antifungals

Berberine.

Garlic

Black Walnut.

Citrus Seed.

Coptis.

Golden seal.

Oregano.

LEGEND

Low Inhibition

High Inhibition





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PATHOGEN SUMMARY

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 GI overgrowth of Klebsiella.
Third generation cephalosporins and fluoroquinolones are the recommended antimicrobial agents for extra-intestinal sites.

Other Herbal antimicrobials include:

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

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:

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.

BACILLUS SPECIES:

Bacillus species are spore forming, gram-positive rods belonging to the Bacillaceae family. There are currently 50 valid species within the genus.

Sources:

Meat dishes are a common source of infection in other species of Bacillus such as *B. subtilis* and *B. licheniformis*.

Pathogenicity:

As yet, no toxins or other virulence factors have been identified in association with the symptoms that accompany non-*B. cereus* species.

Symptoms:

B. licheniformis and *B. subtilis* are associated with food-borne diarrheal illness.



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Treatment :

B. species is almost always susceptible to clindamycin, erythromycin and vancomycin.

ENTEROCOCCUS :

Description :

Enterococcus species are gram-positive bacterium that are part of normal flora in the human gut. It can however be implicated in a variety of infections of which urinary tract infections are the most common. These infections can be exceptionally difficult to treat due to the genus exhibiting antibiotic resistance.

Sources :

Enterococcus infections spread from person to person through poor hygiene. Because these bacteria are found in faeces, people can transmit the infection if they don't wash their hands after using the bathroom. The bacteria can get into food or onto common touched surfaces.

Treatment :

Treatment of Enterococcus species in gut flora may not be necessary or recommended. However, overgrowth of this genus may be implicated in other infections such as urinary tract infections. Enterococci are challenging to treat due their drug-resistant mechanisms. Ampicillin is the preferred antibiotic used to treat enterococci infections if required.

STAPHYLOCOCCUS :

Sources :

Foods that require considerable handling during preparation or that are kept at slightly elevated temperatures after preparation are frequently involved in staphylococcal food poisoning. The key foods associated with staphylococcal food poisoning include meat and meat products; poultry and egg products; salads such as egg, tuna, chicken, potato, and macaroni; bakery products such as cream-filled pastries, cream pies, and chocolate eclairs; sandwich fillings; and milk and dairy products.

Pathogenicity :

Food poisoning is often attributed to the staphylococcal enterotoxin. The toxin produced by the bacteria is very heat-stable and therefore not easily destroyed by heat at normal cooking temperatures. The toxin can remain, despite the organism being destroyed. There is considerable variation in susceptibility to the enterotoxin in adults. Children and the elderly have the highest degree of susceptibility.

Symptoms :

Symptoms of staphylococcal food poisoning usually appear within 1 to 6 hours after ingestion. The individual response to the toxin may vary and depends upon the amount of contaminated food eaten, the amount of toxin ingested, and general health status. Nausea, vomiting, abdominal cramping, and diarrhea are the most common symptoms. In more severe cases, headache, muscle cramping, and changes in blood pressure and pulse rate may occur. Recovery generally takes two days. It is not unusual for complete recovery to take three days and sometimes longer

Treatment :

In most cases, treatment for S. aureus infection is not necessary and complete recovery usually occurs after cessation of symptoms.

Other Herbal antimicrobials include:

Peppermint, Clove, Tea tree, Eucalyptus, Lemongrass, Ginger, Reishi, Red root, Quing Hao, Sida.



3980981

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 |
| | | ANTIPARASTIC | 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, lactobacillus paracasei, lactobacillus rhamnosus, Saccaromyces 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 | Saccaromyces boulardii, lauric acid |
| | | INTESTINAL BARRIER REPAIR | L-Glutamine, aloe vera, liquorice, marshmallow root, okra, quercetin, slippery elm, zinc carnosine, Saccaromyces boulardii, omega 3 essential fatty acids, B vitamins |
| | | SUPPORT CONSIDERATION | Sleep, diet, exercise, and stress management |



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