



P: 1300 688 522
E: info@nutripath.com.au

-I SCREEN
INTELLIGENT SCREENING
PO BOX 8441, ANGELO STREET
SOUTH PERTH WA 6151

TYLER DYLAN NEWTON
22-Dec-1992 Male

80 GALBRAITH PARK ROAD
CANNONVALE QLD 4802

LAB ID : 4038861
UR NO. : 6312378
Collection Date : 28-Oct-2024
Received Date:30-Oct-2024



4038861

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.



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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.

Microscopy Comment

FOOD REMNANTS PRESENT: Consider hypochlorhydria, pancreatic insufficiency, inadequate chewing.

Treatment:

- Consider hydrochloride, digestive enzymes or other digestive aids
- Improve chewing
- Assess other CDSA markers such as pH, pancreatic elastase 1, H. pylori & other food fibres.



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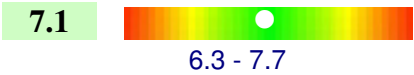
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METABOLIC MARKERS

pH



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	1+ *L	2 - 4+
Bifidobacterium bifidum		1+ *L	2 - 4+	Lactobacillus rhamnosus.	3+	2 - 4+
Bifidobacterium animalis		3+	2 - 4+	Lactobacillus paracasei	2+	2 - 4+
Bifidobacterium pseudocaten.		4+	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	1+	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
K. pneumoniae complex	4+ *H	< 4+	Possible Pathogen
Enterococcus faecalis.	4+ *H	< 4+	Possible Pathogen
Enterococcus casseliflavus	3+	< 4+	Non-Pathogen
Enterococcus faecium.	3+	< 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	1+	< ++	Non-Pathogen
Candida Parapsilosis	1+	< ++	Non-Pathogen
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**

Blastocystis Hominis	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

	K. pneumoniae complex	Enterococcus faecalis.
Antibiotics	Susceptible	Susceptible
Amoxicillin	N/A	N/A
Ampicillin	R	N/A
Augmentin	S	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
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Inhibitors

	Inhibition %	Inhibition %
Berberine	40%	60%
Black Walnut	60%	60%
Caprylic Acid	100%	40%
Citrus Seed	40%	60%
Coptis	40%	60%
Garlic-	20%	60%
Golden seal	60%	20%
Oregano	40%	40%

LEGEND

Low Inhibition

High Inhibition

0	20	40	60	80	100
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YEAST - SENSITIVITIES and NATURAL ANTIFUNGALS

Candida
Parapsilosis

Candida albicans

Antifungals

Inhibition

Inhibition

Fluconazole

Voriconazole

Itraconazole

INHIBITION CATEGORY

- R** Resistant
I Intermediate
SDD Susceptible,
Dose Dependent
S Susceptible
NI No Interpretative
Guidelines

This category indicates that the organism is not inhibited by obtainable levels of the pharmaceutical agent
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
This category indicates that clinical efficacy is achieved when higher than normal dosage of a drug is used to achieve maximal concentrations
This category indicates that the organisms are inhibited by the usual achievable concentration of the agent
This category indicates that there are no established guidelines for MIC interpretation for these organisms

Non-absorbed Antifungals

Inhibition %

Inhibition %

Nystatin

60%

60%

Natural Antifungals

Inhibition %

Inhibition %

Berberine.

40%

80%

Garlic

40%

40%

Black Walnut.

60%

40%

Citrus Seed.

40%

80%

Coptis.

20%

60%

Golden seal.

60%

40%

Oregano.

40%

60%

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 fluroquinolones are the recommended antimicrobial agents for extra-intestinal sites.

Other Herbal antimicrobials include:

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

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.

CANDIDA

Sources:

Most sources of Candida infection are thought to be of endogenous origin. While yeast are ubiquitous in the environment and are found on fruits, vegetables and other plant materials, contamination from external sources is linked to patients and health care workers.

Pathogenicity:

A normal inhabitant of the GI tract. May become an opportunistic pathogen after disruption of the mucosal barrier, imbalance of the normal intestinal flora and/or impaired immunity.
Risk factors for colonization include: Antibiotics, corticosteroids, antacids, H2 blockers, oral contraceptives, irradiation, GI surgery, Diabetes mellitus, burns, T cell dysfunction, chronic stress and chronic renal disease.



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Symptoms:

The most common symptom attributable to non-invasive yeast overgrowth is diarrhea. Symptoms of chronic candidiasis affect four main areas of the body.

1. Intestinal system - symptoms include: diarrhea, constipation, abdominal discomfort, distention, flatulence and rectal itching.
 2. Genital Urinary system - symptoms include: menstrual complaints, vaginitis, cystitis and urethritis.
 3. Nervous system - symptoms include: severe depression, extreme irritability, inability to concentrate, memory lapses and headaches.
 4. Immune system - symptoms include urticaria, hayfever, asthma, and external otitis.
- Sensitivities to tobacco, perfumes, diesel fumes and other chemicals.

Treatment:

Currently, standard texts provide no specific antifungal guidelines for GI overgrowth of Candida. Oral azoles have been recommended for extra intestinal infections. Susceptibility testing is advised due to increasing drug resistance.

BLASTOCYSTIS HOMINIS:

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 of contaminated material or contact with farm animals. Continued symptoms may require further testing for the detection of bacterial, viral and/or parasitic co-pathogens.

TREATMENT SUGGESTIONS:

Mild symptoms are self-limiting.

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

Lower dosages are usually associated with treatment failure.

Rule out allergy to above medication before prescribing/taking. Consult ID specialist if patient is showing severe symptoms or immunocompromised.



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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 lactise, lactobacillus acidophilus, lactobacillus plantarum, lactobacillus casei, bifidobacterium breve, bifidobacterium bifidum, bifidobacterium longum, lactobacillus salivarius, 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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