NutriPATH
INTEGRATIVE PATHOLOGY SERVICES
P: 1300 688 522
E: info@nutripath.com.au

MEHARI ZEMIKAEL
16-Oct-2015 Male

40 LEXINGTON DRIVE
BURNSIDE VIC 3023

-.NYSSA HYDE
DYNAMIC MIND & BODY
489A KEILOR ROAD
NIDDRIE VIC 3042

LAB ID : 4144388
UR NO. : 6408209
Collection Date : 17-Sep-2025
Received Date:18-Sep-2025

4144388

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

A SEMI-FORMED stool specimen classified as Type 4 on the Bristol Stool Chart is generally considered optimal, indicating balanced gut motility, adequate hydration, and sufficient dietary fibre intake. This stool consistency is often associated with efficient digestion, proper colonic function, and microbial stability. However, while Type 4 stools typically suggest gastrointestinal homeostasis, they do not always correlate with a healthy gut microbiome. Pathogenic bacteria, viral infections, parasitic infestations, or gut dysbiosis may still be present, even in well-formed stools. Clinical recommendations include maintaining a fiber-rich diet with prebiotic and probiotic sources, ensuring consistent hydration, and promoting gut microbial diversity through fermented foods or supplementation.

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.

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METABOLIC MARKERS

pH

6.8

6.3 - 7.7

Markers

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

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BENEFICIAL BACTERIA	Result	Range		Result	Range
Bifidobacterium longum.	4+	2 - 4+	Lactobacillus plantarum	1+ *L	2 - 4+
Bifidobacterium bifidum	2+	2 - 4+	Lactobacillus rhamnosus.	1+ *L	2 - 4+
Bifidobacterium animalis	1+ *L	2 - 4+	Lactobacillus paracasei	2+	2 - 4+
Bifidobacterium pseudocaten.	3+	2 - 4+	Lactobacillus casei	1+ *L	2 - 4+
Bifidobacterium breve	1+ *L	2 - 4+	Lactobacillus acidophilus	1+ *L	2 - 4+
Escherichia coli	1+ *L	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
Streptococcus oralis	3+	< 4+	Non-Pathogen
Staphylococcus species.	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

Antibiotics

Amoxicillin

Ampicillin

Augmentin

Ciprofloxacin

Norfloxacin

Meropenem

Cefazolin

Gentamycin.

Trimethoprim/Sulpha

Erythromycin

Penicillin.

LEGEND

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

Inhibitors

Berberine

Black Walnut

Caprylic Acid

Citrus Seed

Coptis

Garlic-

Golden seal

Oregano

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 inhibiition 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 efficay 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 interpreatation for these organisams

Non-absorbed Antifungals

Nystatin

Natural Antifungals

Berberine.

Garlic

Black Walnut.

Citrus Seed.

Coptis.

Golden seal.

Oregano.

LEGEND

Low Inhibition — High Inhibition

0	20	40	60	80	100

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PATHOGEN SUMMARY

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.

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.

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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
		ANTIPARASITIC	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 sup lactise, lactobacillus acidophilus, lactobacillus plantarum, lactobacillus casei, bifidobacterium breve, bifidobacterium bifidum, bifidobacterium longum, lactobacillus salivarius ssp 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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