

Lab ID 4161260
Patient ID P005260
Ext ID 25308-0005

Sex: Male • 4wks • 01-Oct-25

RECEIVED
03-Nov-25

Specimen type - Stool

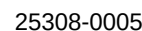
Collected

03-Nov-25 12:54pm

GIT FUNCTIONAL MARKERS					
TEST	RESULT	H/L		REFERENCE	UNITS
Calprotectin	70.0	H		(<100.0)	ug/g
b-Glucuronidase	3100			(368-6266)	U/g
Pancreatic Elastase 1	500			(>200)	ug/g
pH	6.4			(6.3-7.7)	
Secretory IgA	800			(200-1300)	ng/mL
Steatocrit	5.0			(<10.0)	%
Transglutaminase IgA	60.0			(<100.0)	ug/g
Zonulin	60			(<120)	ng/mL

Short Chain Fatty Acids						
Test	Result	H/L		Reference	Units	
Short Chain Fatty Acids, Beneficial	54.0			(>13.6)	umol/g	
Acetate	69.00			(44.00-72.00)	%	
Butyrate	15.00			(10.00-33.00)	%	
Propionate	15.00			(0.00-32.00)	%	
Valerate	1.00			(0.50-7.00)	%	

Parasites & Worms	Bacteria and Viruses	Mycology
Blastocystis hominis	Citrobacter freundii complex E. coli O157 Enterobacter cloacae complex Klebsiella pneumoniae complex Rotavirus A	Candida dubliniensis



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PARASITES

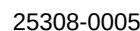
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HELMINTHS

TEST	RESULT
Ancylostoma species Hookworm	Not Detected
Ascaris species, Roundworm	Not Detected
Enterobius vermicularis, Pinworm	Not Detected
Hymenolepis spp, Tapeworm	Not Detected
Necator americanus, Hookworm	Not Detected
Strongyloides spp, Roundworm	Not Detected
Taenia species, Tapeworm	Not Detected
Trichuris trichiura, Whipworm	Not Detected

VIRUSES

TEST	RESULT
Adenovirus 40/41	Not Detected
Astrovirus (hAstro)	Not Detected
Norovirus GI/II	Not Detected
Rotavirus A	DETECTED
Sapovirus (I,II,IV,V)	Not Detected



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TEST	RESULT	H/L	REFERENCE	UNITS
Aeromonas species	<DL		(<1.00)	x10^3 CFU/g
Campylobacter species	<DL		(<1.00)	x10^5 CFU/g
C. difficile, Toxin A	<DL		(<1.00)	x10^4 CFU/g
C. difficile, Toxin B	<DL		(<1.00)	x10^4 CFU/g
Clostridium difficile, Hypervirulent	<DL		(<1.00)	x10^3 CFU/g
Enteroaggregative E. coli	<DL		(<1.00)	x10^3 CFU/g
Enteropathogenic E. coli	<DL		(<1.00)	x10^3 CFU/g
E. coli O157	2.00	HH	(<1.00)	x10^2 CFU/g
Enteroinvasive E. coli/Shigella	<DL		(<1.00)	x10^3 CFU/g
Enterotoxigenic E. coli LT/ST	<DL		(<1.00)	x10^5 CFU/g
Salmonella species	<DL		(<1.00)	x10^5 CFU/g
Shiga toxigenic E. coli (stx1/2)	<DL		(<1.00)	x10^3 CFU/g
Vibrio species	<DL		(<1.00)	x10^4 CFU/g
Yersinia species	<DL		(<1.00)	x10^5 CFU/g
Helicobacter pylori	<DL		(<1.00)	x10^3 CFU/g

TEST	RESULT
H. pylori Antigen	Negative

TEST	RESULT
Virulence Factor, babA	Not Detected
Virulence Factor, oipA	Not Detected
Virulence Factor, virB	Not Detected
Virulence Factor, cagA	Not Detected
Virulence Factor, vacA	Not Detected
Virulence Factor, virD	Not Detected
Virulence Factor, dupA	Not Detected
Virulence Factor, iceA	Not Detected

TEST	RESULT
Resistance gene A2142C	Not Detected
Resistance gene A2142G	Not Detected
Resistance gene A2143G	Not Detected





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MYCOLOGY

TEST	RESULT	H/L		REFERENCE	UNITS
Candida albicans	<DL			(<1.00)	x10^5 CFU/g
Candida dubliniensis	3.00	H		(<1.00)	x10^5 CFU/g
Candida famata	<DL			(<1.00)	x10^5 CFU/g
Candida glabrata	<DL			(<1.00)	x10^5 CFU/g
Candida guilliermondii	<DL			(<1.00)	x10^5 CFU/g
Candida intermedia	<DL			(<1.00)	x10^5 CFU/g
Candida kefyr	<DL			(<1.00)	x10^5 CFU/g
Candida krusei	<DL			(<1.00)	x10^5 CFU/g
Candida lambica	<DL			(<1.00)	x10^5 CFU/g
Candida lipolytica	<DL			(<1.00)	x10^5 CFU/g
Candida lusitanae	<DL			(<1.00)	x10^5 CFU/g
Candida parapsilosis	<DL			(<1.00)	x10^5 CFU/g
Candida tropicalis	<DL			(<1.00)	x10^5 CFU/g
Candida species	<DL			(<1.00)	x10^5 CFU/g
Geotrichum species	<DL			(<1.00)	x10^5 CFU/g
Rhodotorula species	<DL			(<1.00)	x10^5 CFU/g
Saccharomyces cerevisiae	<DL			(<1.00)	x10^5 CFU/g



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NORMAL BACTERIAL GUT FLORA

TEST	RESULT	H/L	REFERENCE	UNITS
Akkermansia muciniphila	5.00		(1.00-50.00)	x10^7 CFU/g
TOTAL BIFIDOBACTERIA	8.00		(<2000.00)	x10^6 CFU/g
Bifidobacterium adolescentis	<DL		(<1000.00)	x10^6 CFU/g
Bifidobacterium bifidum	<DL		(<1000.00)	x10^6 CFU/g
Bifidobacterium breve	<DL		(<1000.00)	x10^6 CFU/g
Bifidobacterium longum	8.00		(<1000.00)	x10^6 CFU/g
Clostridium species	50.00		(5.00-50.00)	x10^7 CFU/g
Enterococcus species	5.00		(<2000.00)	x10^3 CFU/g
Escherichia species	2400.00		(3.70-3800.00)	x10^4 CFU/g
Faecalibacterium prausnitzii	30.00	L	(100.00-3500.00)	x10^6 CFU/g
TOTAL LACTOBACILLI	5.00		(<3000.00)	x10^3 CFU/g
Lactobacillus acidophilus	<DL		(<500.00)	x10^3 CFU/g
Lactobacillus casei	<DL		(<500.00)	x10^3 CFU/g
Lactobacillus delbrueckii	5.00		(<500.00)	x10^3 CFU/g
Lactobacillus plantarum	<DL		(<500.00)	x10^3 CFU/g
Lactobacillus rhamnosus	<DL		(<500.00)	x10^3 CFU/g
Lactobacillus salivarius	<DL		(<500.00)	x10^3 CFU/g
Oxalobacter formigenes	<DL		(<50.00)	x10^6 CFU/g

Actinobacteria Phylum Bacteroidetes Phylum Euryarchaeota Phylum Firmicutes Phylum Proteobacteria Phylum Verrucomicrobia Phylum



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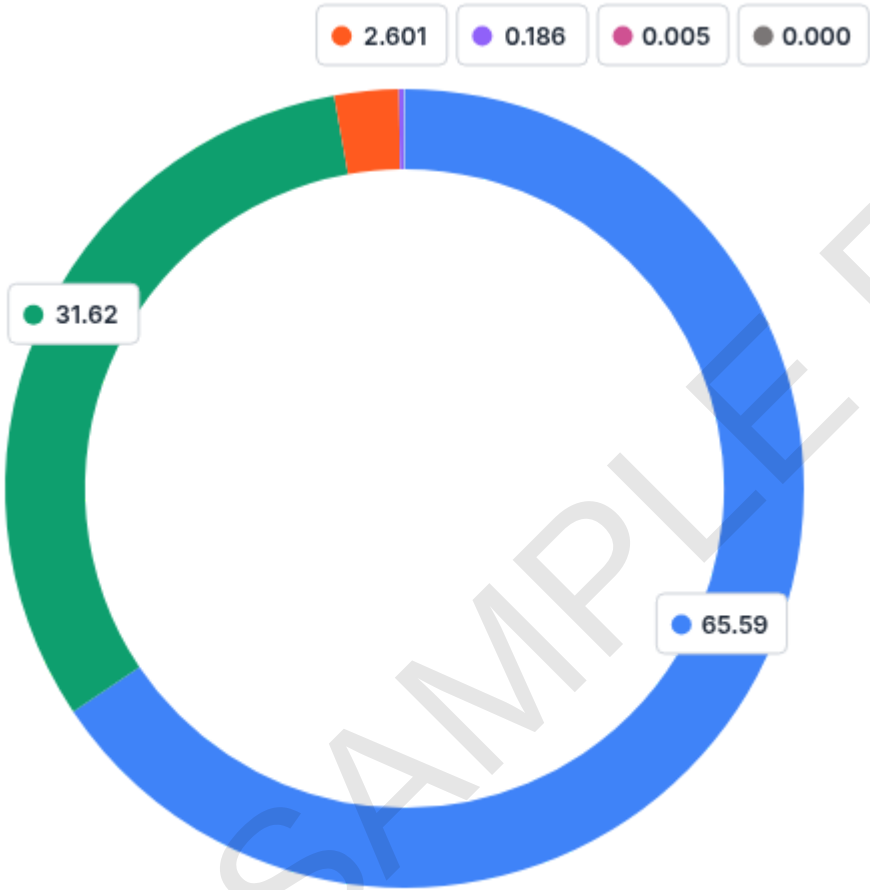
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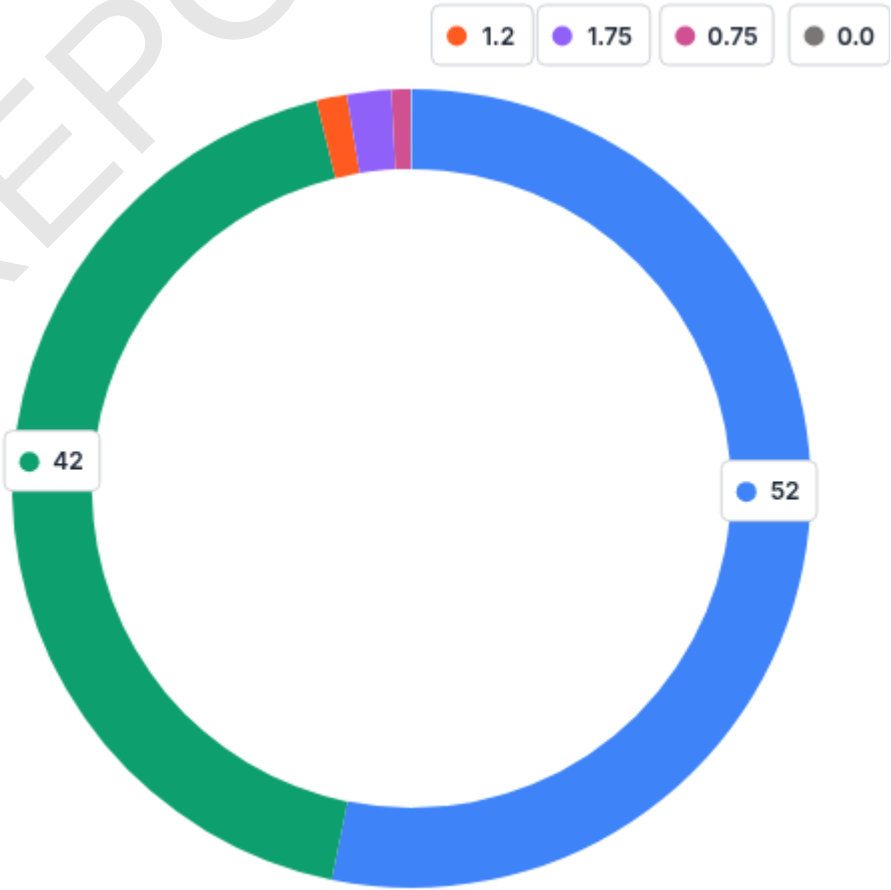
COMMENSAL RELATIVE ABUNDANCE

TEST	RESULT	H/L	REFERENCE	UNITS
Actinobacteria Phylum	0.005		(0.001-1.500)	%
Bacteroidetes Phylum	65.59		(40.00-87.00)	%
Euryarchaeota Phylum	0.000		(0.000-0.010)	%
Firmicutes Phylum	31.62		(10.00-60.00)	%
Proteobacteria Phylum	2.601		(0.250-5.000)	%
Verrucomicrobia Phylum	0.186		(0.000-2.400)	%

Your Phyla



Healthy Phyla



MICROBIOTA RATIO

TEST	RESULT	H/L	REFERENCE	UNITS
Firmicutes/Bacteroidetes Ratio	0.48		(<2.00)	ratio



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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 lactose, lactobacillus acidophilus, lactobacillus plantarum, lactobacillus casei, bifidobacterium breve, bifidobacterium bifidum, bifidobacterium longum, lactobacillus salivarius sup 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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Macroscopy Comment

UNFORMED STOOL:

An UNFORMED stool specimen classified as Type 5 or 6 on the Bristol Stool Chart suggests rapid colonic transit, leading to inadequate water reabsorption and a looser stool consistency. This may result from mild digestive disturbances, dietary changes (such as high fibre or fat intake), stress, or gut microbiota imbalances (dysbiosis). Type 6, in particular, may indicate early-stage diarrhea, commonly linked to irritable bowel syndrome with Diarrhea (IBS-D), food intolerances (e.g., lactose, gluten, FODMAPs), gastrointestinal infections, or inflammatory responses. Clinical recommendations include identifying dietary triggers, ensuring adequate but not excessive fibre intake, and considering probiotic therapy (especially strains like Lactobacillus and Bifidobacterium) to help restore microbial balance. Persistent symptoms may warrant further evaluation for malabsorption syndromes (e.g., celiac disease, pancreatic insufficiency), small intestinal bacterial overgrowth (SIBO), or inflammatory markers to assess for underlying pathology.

MUCOUS HAS BEEN DETECTED IN THIS SPECIMEN:

The presence of mucous in the stool may be due to prolonged irritation of the intestinal mucosa. An increase of visible mucous may also be reflective of an inflammatory gastrointestinal condition such as: Crohns, Ulcerative colitis, irritable bowel syndrome (IBS) and infection. Treatment:

- Investigate and treat possible underlying cause.
- Assess other Gut markers (e.g. calprotectin, M2PK, etc).

FAECAL OCCULT BLOOD POSITIVE:

Faecal occult blood has been detected in this specimen. The presence of blood in the stool may be the result of several causes besides colorectal bleeding, including hemorrhoids or gastrointestinal infection. Results should be considered with other clinical information available to the physician. Please note: A positive result indicates that the sample likely contains a human haemoglobin concentration >20ng/ml (Limit of detection). Review this result with other inflammation markers such as calprotectin.

GIT Markers Comment

PANCREATIC ELASTASE NORMAL (>200 ug/g):

A faecal pancreatic elastase level >200 ug/g indicates normal exocrine pancreatic function.

beta-GLUCORONIDASE NORMAL:

B-Glucuronidase is considered normal and is within reference range.

ACCREDITATION SCOPE: Please note that the above test is currently not under the laboratory's scope of accreditation.

CALPROTECTIN BORDERLINE (51-100 ug/g):

A borderline faecal calprotectin level (51–100 ug/g) may reflect mild inflammation or a non-specific increase and is not diagnostic of IBD. Borderline elevations may be seen in a range of conditions including early or quiescent IBD, gastrointestinal infections, colorectal neoplasia, or as a pharmacological effect of medications such as NSAIDs, aspirin, and proton pump inhibitors (PPIs). Repeat testing in 4–6 weeks is recommended if clinical suspicion of IBD remains or if symptoms persist. Correlation with history, medication use, and other diagnostic investigations (e.g., colonoscopy, imaging) is essential. This result may warrant further monitoring.

FAECAL TRANSGLUTAMINASE IgA: Negative

Tissue Transglutaminase is the most specific test for Coeliac Disease. Levels less than 100 are considered NEGATIVE.



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Treatment:

No treatment required. However, If there is clinical suspicion of Coeliac disease consider testing serum Coeliac markers. Also assess IgG/IgA Food sensitivity tests to identify specific food intolerances.

ACCREDITATION SCOPE: Please note that the above test is currently not under the laboratory's scope of accreditation.

ZONULIN HIGH NORMAL:

Zonulin is a protein that modulates intestinal barrier function and can also be considered as a potential inflammatory marker. Although this result is within range, the result should be interpreted with patient clinical symptoms as well as reviewing the presence of other proteobacteria that may be the result of increased Zonulin.

ACCREDITATION SCOPE: Please note that the above test is currently not under the laboratory's scope of accreditation.

Parasites/Worms Comment

ELEVATED BLASTOCYSTIS HOMINIS LEVEL:

Blastocystis hominis may be the cause of persistent, mild diarrhoea. Although considered endemic, 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. Paromomycin has also shown to be effective as an alternative treatment option. Rule out allergy to above medication before prescribing/taking. Consult ID specialist if patient is showing severe symptoms or immunocompromised.

Viral Pathogens Comment

ROTAVIRUS DETECTED:

DESCRIPTION: Rotavirus is a very contagious viral illness and transmission is via the faecal-oral route, usually through direct contact between people. Common cause of childhood diarrhoea eosinophilic gastroenteritis. neonates and infants, Childcare outbreaks are common. Symptoms include foul smelling green watery stools (diarrhoea), abdominal pain, low-grade fever, irritable and dehydration. Short-lived, lasting about 24-72 hours. A repeat test for Enteric Viral Pathogens should be requested to ensure that the virus has cleared.

TREATMENT SUGGESTIONS:

Conservative hygiene measures such as handwashing, Hydration and strict isolation is recommended for cases as such.

PLEASE NOTE:

This organism may be classified as a notifiable pathogen. Confirmation has been performed through repeat testing and/or verification on a secondary platform, where required. The result will be reported to the relevant Department of Health in accordance with statutory requirements. For specific state-based notification obligations, please refer to your local public health authority.

Opportunistic Bacteria Comment

ENTEROBACTER CLOACAE COMPLEX ELEVATED: PHYLUM: Proteobacteria

DESCRIPTION:

Enterobacter is a genus of common Gram-negative, facultatively anaerobic, rod-shaped bacteria, commonly found in the environment as well as the gastrointestinal tract. There are many species, however, not all species are known to cause human disease. Usually considered a commensal organism; however, strains of E.b cloacae have been shown to produce a heat-stable toxin similar to that produced by E.coli.



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Elevated levels may also be associated with antibiotic use, obesity, inflammation, inflammatory bowel disease and nosocomial, urinary tract, respiratory and other infections.

TREATMENT SUGGESTIONS: Antibiotic resistance is a growing problem with regard to treating Enterobacter infections. If treatment is warranted, carbapenems, beta-lactams, beta-lactamase inhibitors, fluoroquinolones, aminoglycosides, and sulfamethoxazole/trimethoprim may be effective.

Potential Autoimmune Trigger Comment

KLEBSIELLA PNEUMONIAE COMPLEX ELEVATED: PHYLUM: Proteobacteria

DESCRIPTION:

Klebsiella pneumoniae is a gram-negative, encapsulated, non-motile bacterium found in the environment and typically colonizes human mucosal surfaces of the oropharynx and gastrointestinal tract. Increased colonisation causes insult to the intestinal mucosa via the secretion of toxins and subsequent inflammatory response that may lead to inflammation-related gastrointestinal diseases. It is typically associated with diseases related to upper respiratory tract infection; however, elevated levels may be associated with gastrointestinal diseases such as Irritable bowel disease, Crohn's and ulcerative colitis.

TREATMENT SUGGESTIONS:

Treating K. pneumoniae infections is difficult due to the increased emergence in resistant strains and if treatment is warranted, a combination of antibiotics may be used. Klebsiella appears to thrive in individuals on a high starch diet. Avoiding carbohydrates such as rice, potatoes, flour products and sugary foods may reduce the amount of Klebsiella in the gut. The use of herbal antimicrobials oregano (Origanum vulgare), sage (Salvia officinalis) or thyme (Thymus vulgaris) may also be effective.

CITROBACTER FREUNDII ELEVATED: PHYLUM: Proteobacteria

DESCRIPTION: Citrobacter freundii is a species of facultative anaerobic Gram-negative predominantly soil-dwelling bacteria, but can also be found in water, sewage, food, and the intestinal tract. Citrobacter freundii is an emerging opportunistic pathogen and elevation may be a cause of nosocomial infections, diarrheal infections and has increasingly become multidrug resistant (MDR).

TREATMENT SUGGESTIONS: A practitioner may take into consideration a range of patient factors and symptoms to determine if treatment is necessary. Citrobacter freundii infection is usually treated with antibiotics like fluoroquinolones, carbapenems and cephalosporins. The treatment plan depends up on the vulnerability of the microbe to the antibiotics and the degree of infection. Treatments may also include herbal antimicrobials and/or probiotics. Rule out allergy to above medication before prescribing/taking.

Bacterial Pathogens Comment

E.COLI 0.157 ELEVATED: PHYLUM: Proteobacteria

DESCRIPTION:

Escherichia coli serotype O157 is a high-priority pathogen associated with severe clinical outcomes, including acute diarrhea, hemorrhagic colitis, and hemolytic uremic syndrome (HUS). It belongs to the enterohemorrhagic E. coli (EHEC) or Shiga toxin-producing E. coli (STEC) group. Traditionally, diagnosis of E. coli O157 infections relies on biochemical tests and detection using specific antisera or latex agglutination reagents targeting the O157 antigens. Currently, molecular assays based on the detection of virulence factors, such as stx genes, are widely used for rapid and accurate identification of this serotype.

Mycology Comment

CANDIDA DUBLINIENSIS ELEVATED: PHYLUM: Ascomycota

Candida dubliniensis is closely related to C. albicans and is often found in the human oral and gastrointestinal tracts. While it usually exists as a benign commensal, it can cause similar gastrointestinal symptoms as C. albicans when overgrowth occurs, including bloating, diarrhea, and abdominal pain. It has the potential to cause invasive disease, particularly in individuals with underlying health conditions. When elevated guided susceptibility testing should be considered.



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Normal Bacterial Flora Comment

BIFIDOBACTERIUM ADOLESCENTIS LOW: PHYLUM: Actinobacteria

DESCRIPTION: Bifidobacterium adolescentis is an anaerobic species of bacteria found in the gastrointestinal tracts of humans. It is one of the most abundant and prevalent Bifidobacterium species commonly found in adults. It contributes to the production of GABA, a neurotransmitter that plays a role in reducing stress and anxiety. Some strains can synthesise B vitamins, such as folic acid. B. adolescentis enhances the growth of all bifidobacteria.

TREATMENT SUGGESTIONS: Consider a probiotic supplement containing B. adolescentis and consuming prebiotic-rich foods like garlic, onions, and whole grains. Increase dietary fibre from fruits, vegetables, and legumes, and incorporate fermented foods such as yogurt and kefir.

BIFIDOBACTERIUM BIFIDUM LOW: PHYLUM: Actinobacteria

DESCRIPTION: Bifidobacterium bifidum is a Gram-positive, anaerobic bacterium integral to the human gut microbiota, especially in infants. It ferments a variety of carbohydrates, including human milk oligosaccharides, aiding in digestion, and promoting a healthy gut flora. B. bifidum produces short-chain fatty acids that lower gut pH and inhibit pathogenic bacteria while supporting intestinal cells. It also modulates the immune system, enhancing immune responses and reducing inflammation, and strengthens the intestinal barrier. Clinically, B. bifidum has shown promise in alleviating gastrointestinal disorders.

BIFIDOBACTERIUM BREVE LOW: PHYLUM: Actinobacteria

DESCRIPTION: Bifidobacterium breve is a Gram-positive, anaerobic bacterium that is commonly found in the human gastrointestinal tract, particularly in the intestines of infants. B. breve is known for its ability to metabolise various carbohydrates, including human milk oligosaccharides, which is essential for the development of a healthy gut flora in newborns. Studies demonstrate that B. breve exhibits several beneficial properties, including the production of short-chain fatty acids (SCFAs) such as acetate, which contribute to gut health by lowering pH and inhibiting the growth of pathogenic bacteria. Additionally, B. breve may alleviate symptoms of irritable bowel syndrome (IBS) and improve symptoms of atopic dermatitis.

LACTOBACILLUS ACIDOPHILUS LOW: PHYLUM: Firmicutes

DESCRIPTION: Lactobacillus acidophilus is a Gram-positive, rod-shaped, non-spore-forming bacterium commonly found in the human gut and fermented foods. It plays a key role in oxalate degradation, bowel normalisation and may assist patients with bloating.

TREATMENT SUGGESTIONS: Consider probiotic supplementation containing L. acidophilus.

LACTOBACILLUS CASEI LOW: PHYLUM: Firmicutes

DESCRIPTION: Lactobacillus casei is a Gram-positive, rod-shaped, non-spore-forming, anaerobic probiotic bacterium involved in the fermentation of foods like cheese and yogurt. It produces antimicrobial substances, enhances gut barrier function, reduces pathogenic bacteria, and modulates the immune system. This bacterium is used to prevent and may assist various forms of diarrhea, including infectious diarrhea, traveller's diarrhea, and antibiotic-associated diarrhea.

TREATMENT SUGGESTIONS: Consider probiotic supplementation containing L. casei and consuming fermented foods such as cheese and yogurt.

LACTOBACILLUS PLANTARUM LOW: PHYLUM: Firmicutes

DESCRIPTION: Lactobacillus plantarum is a Gram-positive, non-spore-forming, rod-shaped bacterium. L. plantarum plays a crucial role in gut health by enhancing intestinal barrier function, modulating the immune system, and inhibiting pathogenic bacteria. Additionally, it is beneficial for conditions such as irritable bowel syndrome, ulcerative colitis, and high cholesterol.

TREATMENT SUGGESTIONS: Consider probiotic supplementation containing L. plantarum.



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LACTOBACILLUS RHAMNOSUS LOW: PHYLUM: Firmicutes

DESCRIPTION: Lactobacillus rhamnosus is a Gram-positive anaerobic bacterium and is one of the most widely used probiotic strains, of which various health effects are well documented including the prevention and treatment of gastro-intestinal infections and diarrhea and even preventing certain allergic symptoms. Decreased Lactobacillus rhamnosus colonisation has been shown to decrease gastro-intestinal health, increasing the risk of gastro-intestinal infections and diarrhea as well as extra-intestinal infections including oral and respiratory health. Studies have also revealed that chronic psychological stress and alcohol use may be associated with a decrease in Lactobacillus species, as well as antibiotic / medication use.

TREATMENT SUGGESTIONS: Treatment may involve the use of Lactobacillus containing probiotics and treatment of any intestinal infections.

LACTOBACILLUS SALIVARIUS LOW: PHYLUM: Firmicutes

DESCRIPTION: Lactobacillus salivarius is a Gram-positive, rod-shaped, non-spore-forming bacterium predominantly found in the human oral cavity, gastrointestinal tract, and vagina. It plays a significant role in maintaining oral and gut health by producing lactic acid and bacteriocins, which inhibit the growth of pathogenic bacteria. L. salivarius enhances gut barrier function, modulates the immune system, and helps in the digestion of proteins and complex carbohydrates. It has been studied for its potential benefits in managing conditions such as irritable bowel syndrome (IBS), periodontal disease, and atopic dermatitis, highlighting its importance in promoting overall health and preventing infections.

TREATMENT SUGGESTIONS: Consider L. salivarius as a probiotic strain which may improve intestinal permeability and immune response.

OXALOBACTER FORMIGENES LOW: PHYLUM: Proteobacterium

DESCRIPTION: Oxalobacter formigenes is a Gram negative oxalate-degrading anaerobic bacterium. Oxalate is formed in the liver by amino acid catabolism as well as present in a wide range of foods including tea, coffee, chocolate and certain fruits and vegetables. High concentration of oxalate in the urine is related to the potential formation of calcium oxalate kidney stones. Oxalobacter formigenes is the main known bacterial species involved in oxalate degradation in the gut and maintains oxalate homeostasis. Levels of O. formigenes tends to decrease with age as well as with the use of antibiotics or other drugs. Low levels may be associated with calcium oxide stone formation, inflammatory bowel disease or Crohn's.

TREATMENT SUGGESTIONS: Treatment options include probiotic treatment and low oxalate diet modification. Urinary oxalate levels may also need to be investigated.

FAECALIBACTERIUM PRAUSNITZII LOW: PHYLUM: Firmicutes

DESCRIPTION: Faecalibacterium prausnitzii is gram-positive, rod-shaped, anaerobic and is one of the most abundant and important commensal bacteria of the human gut microbiota. It is a key producer of Short Chain Fatty acids, has anti-inflammatory properties and may improve the imbalance in intestinal bacteria that leads to dysbiosis. Decreased colonisation of F. prausnitzii in the intestines have been associated with Crohn's disease, obesity, asthma, and major depressive disorders.

TREATMENT SUGGESTIONS: Treatment may involve the use of probiotics, treatment of any intestinal infections and dietary modification.

Methodology

Automated Chemistry/Immunochemistry, Chemiluminescence Immunoassay (CLIA), Enzyme-Linked Immunosorbent Assay (ELISA), Microscopy, Fluorescence Enzyme Immunoassay (FEIA), pH Electrode, Gas Chromatography-MS (GC/MS), Quantitative PCR (qPCR), Polymerase Chain Reaction (PCR)