LAB #: Sample Report
PATIENT: Sample Patient
ID:
SEX: Male
DOB: 01/01/1953 AGE: 65

CLIENT #: 12345
DOCTOR: Sample Doctor
Doctor's Data, Inc.
3755 Illinois Ave.
St. Charles, IL 60174 U.S.A.

Comprehensive Stool Analysis / Parasitology x3

PROTOZOA	PX1	PX2	PX3	INFORMATION
Balantidium coli	None Detected	None		
Blastocystis spp	Many	Many		
Chilomastix mesnili	None Detected	None		
Dientamoeba fragilis	Rare trophs	Rare		
Entamoeba coli	None Detected	None		
Entamoeba histolytica/dispar	None Detected	None		
Entamoeba hartmanni	None Detected	None		
Entamoeba polecki	None Detected	None		
Endolimax nana	Moderate cysts/trophs	Rare		
Enteromonas hominis	None Detected	None		
Giardia duodenalis	None Detected	None		
Iodamoeba butschlii	None Detected	None		
Isospora belli oocysts	None Detected	None		
Pentatrichomonas hominis	None Detected	None		
Retortamonas intestinalis	None Detected	None		
NEMATODES - ROUNDWORMS				
Ascaris lumbricoides eggs	None Detected	None		
Capillaria philippinesis eggs	None Detected	None		
Capillaria hepatica eggs	None Detected	None		
Enterobius vermicularis eggs	None Detected	None		
Hookworm eggs	None Detected	None		
Strongyloides stercoralis	None Detected	None		
Trichuris trichiura eggs	None Detected	None		
CESTODES - TAPEWORMS				
Diphyllobothrium latum eggs	None Detected	None		
Dipylidium caninum eggs	None Detected	None		
Hymenolepis diminuta eggs	None Detected	None		
Hymenolepis nana eggs	None Detected	None		
Taenia eggs	None Detected	None		
TREMATODES - FLUKES				
Clonorchis sinensis eggs	None Detected	None		
Fasciola hepatica/Fasciolopsis buski	None Detected	None		
Paragonimus westermani eggs	None Detected	None		
Heterophyes heterophyes	None Detected	None		
ADDITIONAL ORGANISMS				
OTHER MARKERS				
Yeast	Many	Many		
Red Blood Cells	None Detected	None		
White Blood Cells	None Detected	None		
Charcot-Leyden Crystals	None Detected	None		
Pollen	None Detected	None		
IMMUNOASSAY	**RESULT**	**REF**		
Giardia duodenalis	Neg	Neg		
Cryptosporidium	Neg	Neg		

Comments:

Date Collected: 02/13/2019
Date Received: 02/19/2019
Date Reported: 02/28/2019 Methodology: **Micr**

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BACTERIOLOGY CULTURE

Expected/Beneficial flora	Commensal (Imbalanced) flora	Dysbiotic flora
3+ Bacteroides fragilis group	2+ Pantoea spp	3+ Klebsiella pneumoniae ssp pneumoniae
3+ Bifidobacterium spp.		
4+ Escherichia coli		
2+ Lactobacillus spp.		
1+ Enterococcus spp.		
4+ Clostridium spp.		
NG = No Growth		

BACTERIA INFORMATION

Expected /Beneficial bacteria make up a significant portion of the total microflora in a healthy & balanced GI tract. These beneficial bacteria have many health-protecting effects in the GI tract including manufacturing vitamins, fermenting fibers, digesting proteins and carbohydrates, and propagating anti-tumor and anti-inflammatory factors.
Clostridia are prevalent flora in a healthy intestine. Clostridium spp. should be considered in the context of balance with other expected/beneficial flora. Absence of clostridia or over abundance relative to other expected/beneficial flora indicates bacterial imbalance. If *C. difficile* associated disease is suspected, a Comprehensive Clostridium culture or toxigenic *C. difficile* DNA test is recommended.
Commensal (Imbalanced) 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. They can be present due to a number of factors including: consumption of contaminated water or food, exposure to chemicals that are toxic to beneficial bacteria; the use of antibiotics, oral contraceptives or other medications; poor fiber intake and high stress levels.

YEAST CULTURE

Normal flora	Dysbiotic flora
1+ Candida glabrata	

MICROSCOPIC YEAST

Result:	Expected:
None	None - Rare

Yeast in stool is expected at a level of none-rare. A microscopic finding of yeast in stool of few, moderate, or many may be helpful in identifying potential yeast overgrowth, or non-viable or dietary yeast.

YEAST INFORMATION

Yeast may normally be present in small quantities in the skin, mouth, and intestine. When investigating the presence of yeast, disparity may exist between culturing and microscopic examination. Yeast are not uniformly dispersed throughout the stool and this may lead to undetectable or low levels of yeast identified by microscopy, despite culture and identified yeast species. Conversely, microscopic examination may reveal a significant amount of yeast present but no viable yeast cultured. Yeast may not always survive transit through the intestines. Nonviable diet-derived yeast may also be detected microscopically. Consideration of clinical intervention for yeast detected microscopically should be made in the context of other findings and presentation of symptoms.

Comments:

Date Collected: 02/18/2019
Date Received: 02/20/2019
Date Reported: 02/28/2019

***Aeromonas, Campylobacter, Plesiomonas, Salmonella, Shigella, Vibrio, Yersinia, & Edwardsiella tarda* have been specifically tested for and found absent unless reported.**

MALDI-TOF