

 Test #
 F000000-0000-0

 Patient #
 P00000000

 TST #
 TST-00000

 Patient Name
 Sample Patient

Practitioner Name
Practitioner Address

Nordic Laboratories Nygade 6, 3.sal 1164 Copenhagen K

Sex Female Age 7

Yeast Profile, stool

BACTERIOLOGY CULTURE		
Expected/Beneficial flora	Commensal (Imbalanced) flora	Dysbiotic flora
N/ABacteroides fragilis group	not ordered	
N/ABifidobacterium spp.		
N/AEscherichia coli		
N/ALactobacillus spp.		
N/AEnterococcus spp.		
N/AClostridium 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 antitumor 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

Rhodotorula glutinis/mucilaginosa

Dysbiotic flora

MICROSCOPIC YEAST

Result: E

Expected:

Few

None - Rare

The microscopic finding of yeast in the stool is helpful in identifying whether there is proliferation of yeast. Rare yeast may be normal; however, yeast observed in higher amounts (few, moderate, or many) is abnormal.

YEAST INFORMATION

Yeast normally can be found in small quantities in the skin, mouth, intestine and mucocutaneous junctions. Overgrowth of yeast can infect virtually every organ system, leading to an extensive array of clinical manifestations. Fungal diarrhea is associated with broad-spectrum antibiotics or alterations of the patient's immune status. Symptoms may include abdominal pain, cramping and irritation. When investigating the presence of yeast, disparity may exist between culturing and microscopic examination. Yeast are not uniformly dispersed throughout the stool, this may lead to undetectable or low levels of yeast identified by microscopy, despite a cultured amount of yeast. Conversely, microscopic examination may reveal a significant amount of yeast present, but no yeast cultured. Yeast does not always survive transit through the intestines rendering it unvialble.

Comments:

Date Collected: 11/29/2011
Date Received: 12/5/2011
Date Completed: 12/13/2011

v5.09

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



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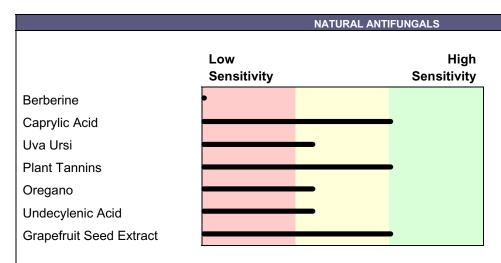
Age 7

Female

Practitioner Name
Practitioner Address

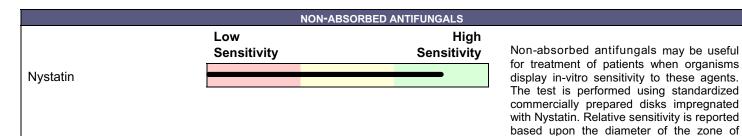
Nordic Laboratories Nygade 6, 3.sal 1164 Copenhagen K

Yeast Susceptibilities: Rhodotorula glutinis/mucilaginosa



Natural antifungal agents may be useful for treatment of patients when organisms display in-vitro sensitivity to these agents. The test is performed by using standardized techniques and filter paper impregnated with the listed agent. Relative sensitivity is reported for each natural agent based upon the diameter of the zone of inhibition surrounding the disk. Data based on over 5000 individual observations were used to relate the zone size to the activity level of the agent. A scale of relative sensitivity is defined for the natural agents tested.

inhibition surrounding the disk.



Comments:

Date Collected: 11/29/2011
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Yeast antifungal susceptibility testing is intended for research use only.

Not for use in diagnostic procedures.

v10.11



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Patient Name Sample Patient

Female

Practitioner Name Nordic Laboratories
Practitioner Address Nygade 6, 3.sal
1164 Copenhagen K

INTRODUCTION

Age 7

This analysis of the stool specimen provides fundamental information about the overall gastrointestinal health of the patient. When abnormal microflora or significant aberrations in intestinal health markers are detected, specific interpretive paragraphs are presented. If no significant abnormalities are found, interpretive paragraphs are not presented.

Cultured Yeast

Yeast, such as Candida are normally present in the GI tract in very small amounts. Many species of yeast exist and are commensal; however, they are always poised to create opportunistic infections and have detrimental effects throughout the body. Factors that contribute to a proliferation of yeast include frequent use of wide-spread antibiotics/low levels of beneficial flora, oral contraceptives, pregnancy, cortisone and other immunosuppressant drugs, weak immune system/low levels of slqA, high-sugar diet, and high stress levels.

When investigating the presence of yeast, disparity may exist between culturing and microscopic examination. Yeast grows in colonies and is typically not uniformly dispersed throughout the stool. This may lead to undetectable or low levels of yeast identified by microscopy, despite a cultured amount of yeast. Conversely, microscopic examination may reveal a significant amount of yeast present, but no yeast cultured. Yeast does not always survive transit through the intestines rendering it unviable for culturing. Therefore, both microscopic examination and culture are helpful in determining if abnormally high levels of yeast are present.

Microscopic yeast

Microscopic examination has revealed yeast in this stool sample. The microscopic finding of yeast in the stool is helpful in identifying whether the proliferation of fungi, such as Candida albicans, is present. Yeast is normally found in very small amounts in a healthy intestinal tract. While small quantities of yeast (reported as none or rare) may be normal, yeast observed in higher amounts (few, moderate to many) is considered abnormal.

An overgrowth of intestinal yeast is prohibited by beneficial flora, intestinal immune defense (secretory IgA), and intestinal pH. Beneficial bacteria, such as Lactobacillus colonize in the intestines and create an environment unsuitable for yeast by producing acids, such as lactic acid, which lowers intestinal pH. Also, lactobacillus is capable of releasing antagonistic substances such as hydrogen peroxide, lactocidin, lactobacillin, and acidolin.

Many factors can lead to an overgrowth of yeast including frequent use of antibiotics (leading to insufficient beneficial bacteria), synthetic corticosteroids, oral contraceptives, and diets high in sugar. Although there is a wide range of symptoms which can result from intestinal yeast overgrowth, some of the most common include brain fog, fatigue, reccurring vaginal or bladder infections, sensitivity to smells (perfumes, chemicals, environment), mood swings/depression, sugar and carbohydrate cravings, gas/bloating, and constipation or loose stools.



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A positive yeast culture (mycology) and sensitivity to prescriptive and natural agents is helpful in determining which anti-fungal agents to use as part of a therapeutic treatment plan for chronic colonic yeast. However, yeast are colonizers and do not appear to be dispersed uniformly throughout the stool. Yeast may therefore be observed microscopically, but not grow out on culture even when collected from the same bowel movement.