

Ordering Physician:

Sarah B. Myhill
Sarah Myhill BSc
Upper Weston
LLangunllo
Knighton, Powys LD7 1SL
GB

Accession Number: **A1211210252**

Reference Number:

Patient: **Wendy Dresen**

Age: 33 *Sex:* Female

Date of Birth: 02/01/1979

Date Collected: 11/12/12

Date Received: 11/21/12

Report Date: 12/4/12

Telephone: 01547550331

Fax: 441548

Reprinted:

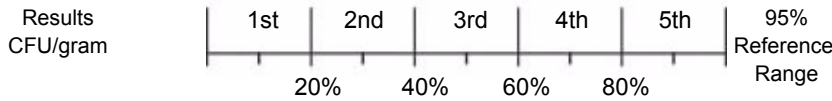
Comment:

2105 Microbial Ecology Profile

Methodology: DNA Analysis, GC/MS, Microscopic, Colorimetric, Automated Chemistry, ELISA

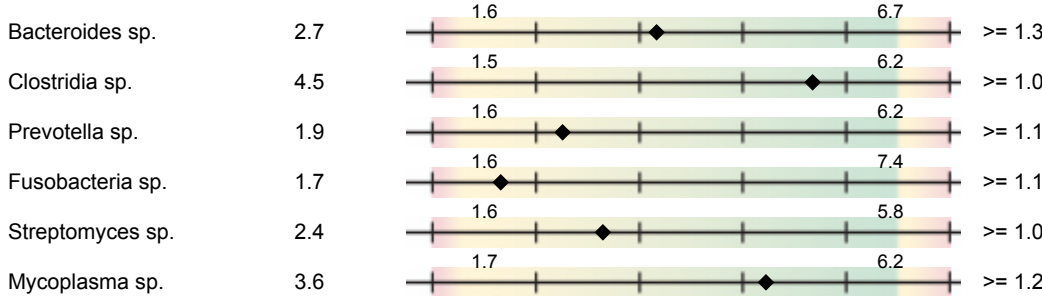
Percentile Ranking by Quintile

Consistency = Formed/Normal



Predominant Bacteria E+007

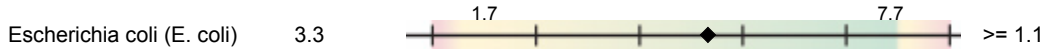
Obligate anaerobes



Facultative anaerobes



Obligate aerobes



Opportunistic Bacteria

No clinically significant amounts.

Units and Reference Ranges

Organisms are detected by DNA analysis. One colony forming unit (CFU) is equivalent to one bacterium. Each genome detected represents one cell, or one CFU. Results are expressed in scientific notation, so an organism reported as 2.5 E7 CFU/gram is read as 25 million colony forming units per gram of feces. The cutoff for significance of Opportunistic Bacteria has been set at 1.0E+ 005 (100,000). These are levels above which clinically significant growth may be present. Rather than reporting semi-quantitative +1 to +4 levels, the new methodology provides full quantitative analysis.

Predominant Bacteria play major roles in health. They provide colonization resistance against potentially pathogenic organisms, aid in digestion and absorption, produce vitamins and SCFA's, and stimulate the GI immune system. DNA probes allow detection of multiple species (sp.) within a genus, so the genera that are reported cover many species.

Opportunistic Bacteria may cause symptoms and be associated with disease. They can affect digestion and absorption, nutrient production, pH and immune state. Antibiotic sensitivity tests will be performed on all opportunistic bacteria found, although clinical history is usually considered to determine treatment since the organisms are not generally considered to be pathogens.

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Pathogenic Bacteria		95% Reference Range
Helicobacter pylori	6.1E+005 H	<=1.0E+005
E. coli 0157:H7	<0.01	<=1.0E+005
Clostridium difficile	<0.01	<=1.0E+005
Campylobacter sp.	<0.01	<=1.0E+005

Yeast/Fungi	Expected Value
No clinically significant amounts.	

Yeast/Fungi
Yeast overgrowth has been linked to many chronic conditions, in part because of antigenic responses in some patients to even low rates of yeast growth. Potential symptoms include diarrhea, headache, bloating, atopic dermatitis, and fatigue. Positives are reported as +1, +2, +3 or +4 indicating >100, >1000, >10000 or >100000 pg DNA/g.

Parasites		Expected Value
Blastocystis hominis	Positive	Neg
Enterobius vermicularis	Positive	Neg

Parasites
Parasite infections are a major cause of non-viral diarrhea. Symptoms may include constipation, gas, bloating, increased allergy response, colitis, nausea, and distention.

Adiposity Index		
Firmicutes	71	← ———— ◆ ———— → <= 80
Bacteroidetes	29	← ———— ◆ ———— → >= 20

The **Adiposity Index** is derived by using DNA probes that detect multiple genera of the phyla Firmicutes and Bacteroidetes. Abnormalities of these phyla may be associated with increased caloric extraction from food.

Drug Resistance Genes			
aacA, aphD	Neg	gyrB, ParE	Neg
mecA	Neg	PBP1a, 2B	Neg
vanA, B, and C	Neg		

Drug Resistance Genes
aacA, aphD - Gentamycin, Kanamycin, and Tobramycin
mecA - Methicillin
VanA, vanB, vanC - Vancomycin and Teicoplanin
GyrB, ParE - Ciprofloxacin and later quinolones
PBP1a, PBP2B - Penicillin

Decisions involving diagnosis and treatment are the responsibility of the clinician.