

Snapshot Move V1.0

Patient

Date of Birth: 12 Oct, 1986
Sex: UNKNOWN
Phone number: 633-920-7544
Location: 47447 Isaac Isle North
Rosellamouth Arizona 5521
Australia

Practice

Practitioner: John Doe
Practice phone number: 968-446-0438
x33106
Practice: Microba Medical
Practice
Practice Address: 7406 Giovanna Valley South
Faustotown Massachusetts 9239
Australia

Report

Report ID: R326100000023-2
Primary Sample ID: SNM6090
Report released: -
Sample Type: Stool
Test Assay: PCR (Pathogens), Immunoassay
(GI), FIT (Faecal Occult Blood)

Overview

Pathologist Notes

Submitted sample was assayed at >48 hours after collection which may result in reduced reported Secretory IgA concentrations. In such cases, we recommend to also consider clinical symptoms and other diagnostic tests for the final diagnosis and/or to request another patient sample. Submitted sample recorded exposure between 25-30 degrees after collection which may result in reduced reported Zonulin concentrations. In such cases, we recommend to also consider clinical symptoms and other diagnostic tests for the final diagnosis and/or to request another patient sample. Diagnostic assays (exclusive of expert summary): Approved by Prof. Paul Griffin, FRCPA Clinical Microbiologist.

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Targeted Pathogen Panel

Status	Name
Not Detected	<i>Aeromonas</i> spp.
Not Detected	<i>Blastocystis</i> spp.
Not Detected	<i>Campylobacter</i> spp.
Not Detected	<i>Clostridium difficile</i> toxin B
Not Detected	<i>Cryptosporidium</i> spp.
Not Detected	<i>Cyclospora cayetanensis</i>
Not Detected	<i>Dientamoeba fragilis</i>
Not Detected	<i>E. coli</i> O157
Not Detected	<i>Entamoeba histolytica</i>
Not Detected	Enterotoxigenic <i>E. coli</i> (EPEC)
Not Detected	Enteropathogenic <i>E. coli</i> (EPEC)
Not Detected	Enterotoxigenic <i>E. coli</i> (ETEC)
Not Detected	<i>Giardia lamblia</i>
Not Detected	Hypervirulent <i>Clostridium difficile</i>
Not Detected	<i>Salmonella</i> spp.

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Status	Name
Not Detected	Shiga toxin-producing <i>E. coli</i>
Not Detected	<i>Shigella</i> spp./Enteroinvasive <i>E. coli</i> (EIEC)
Not Detected	<i>Vibrio</i> spp.
Not Detected	<i>Yersinia enterocolitica</i>

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Gastrointestinal (GI) Markers

	Marker	Result	Reference Range
Borderline Low	Pancreatic Elastase *	198.73 µg/mL	≥ 200.00 µg/mL
Note: Pancreatic elastase is a marker of pancreatic exocrine function for diagnosis or exclusion of exocrine pancreatic insufficiency. Assessment of pancreatic elastase levels may assist in monitoring of exocrine pancreatic function in cystic fibrosis, diabetes mellitus, or chronic pancreatitis in the context of clinical presentation. Liquid stools may lead to false pancreatic elastase results. In such cases, it is recommended to consider clinical context and additional diagnostic tests for the final diagnosis.			
Optimal	Calprotectin *	31.34 µg/g	< 50.00 µg/g
Optimal	Lactoferrin *	0.82 µg/g	< 7.20 µg/g
Optimal	Secretory IgA *	862.30 µg/g	500.00 µg/g – 2000.00 µg/g
Optimal	Zonulin family peptides *	25.50 ng/mL	< 100.00 ng/mL
Not Detected	Faecal Occult Blood		

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Microbiome Health Report

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Sample Type:

Stool

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PCR (Pathogens), Immunoassay (GI), FIT (Faecal Occult Blood)

Interpretations

Out of Range

	Interpretation	Description
EVIDENT	Unbalanced SCFA-producers	Assesses the balance of short-chain fatty acid-producing microbes, including whether levels of one or more SCFAs may be insufficient. As SCFAs have multiple benefits, an imbalance could result in adverse health effects, including systemic inflammation and gut inflammation.
EVIDENT	Visceral hypersensitivity	Assesses the overall signal of gut-nerve reactivity due to altered nervous system signalling. Increased reactivity may heighten gut sensations and lead to pain.
EVIDENT	Lower GI symptoms	Screens for persistent and/or bothersome symptoms of the lower gastrointestinal tract.
EVIDENT	Psychosocial risk	Screens for clinically significant anxiety or depression symptoms and increased risk of eating disorders, and provides a broad symptom-based triage for avoidant/restrictive eating (ARFID).
EVIDENT	Dietary gaps	Screens for dietary patterns and food group exclusion that may affect nutritional adequacy.
EVIDENT	Pro-inflammatory microbiome	Assesses whether the microbiome may be contributing to an inflammatory environment in the gut.

Borderline

	Interpretation	Description
POSSIBLY EVIDENT	Reduced colonic butyrate availability	Assesses whether colonic butyrate availability may be reduced. Butyrate is the primary energy source for colon cells, supporting gut barrier integrity. Insufficient production of butyrate and/or high levels of hydrogen sulphide can lead to reduced availability of butyrate to the colon cells, which may undermine the integrity of the gut barrier.
POSSIBLY EVIDENT	Impaired detoxification	Assesses whether a microbiome imbalance may be affecting detoxification or removal of specific compounds from the gut.
POSSIBLY EVIDENT	Systemic inflammation link	Assesses whether the microbiome may be contributing to a wider inflammatory environment in the body.
POSSIBLY EVIDENT	Intestinal permeability link	Assesses whether the ability of the gut barrier to regulate the passage of molecules may be compromised due to an imbalance in the gut microbiome, which may have adverse health effects.

In Range

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	Interpretation	Description
NOT EVIDENT	Mucus-disrupting microbiome	Assesses whether the microbiome may be contributing to disruption of the protective layer of mucus lining the gut epithelium. Disruption of the protective mucus layer can expose the gut epithelium to damage, inflammation and pathogen invasion.
NOT EVIDENT	Slower colonic transit	Assesses whether the time for gut contents to move through the colon may be slower than average. Slower colonic transit is a common underlying cause of constipation.
NOT EVIDENT	Abdominal pain link	Assesses whether the microbiome could be contributing to gut-related pain.
NOT EVIDENT	Putrefactive microbiome	Assesses whether the microbiome has shifted away from fibre fermentation to protein breakdown (putrefaction). High levels of certain protein breakdown products can adversely impact gut, metabolic and systemic health.
NOT EVIDENT	Gut inflammation	Measures markers of active inflammation in the mucosal layer of the gut.
NOT EVIDENT	Bacterial pathogen	Screens for bacterial organisms that can cause gut infection. A positive result is not a diagnosis. If a bacterial pathogen is detected, medical review is indicated for correlation with patient presentation.
NOT EVIDENT	Pancreatic insufficiency	Assesses for pancreatic exocrine insufficiency (reduced ability of the pancreas to produce appropriate secretions, including enzymes, for digestion).
NOT EVIDENT	Organism of uncertain significance	Screens for organisms for which pathogenicity has not been established. For symptomatic cases, other causes should be excluded before attributing symptoms to these organisms.
NOT EVIDENT	Blood in the stool	Screens for the presence of blood in the stool sample.
NOT EVIDENT	Low microbiome diversity	Assesses the number of species present and whether one or more species are dominant. A less diverse microbiome is more susceptible to change from external influences, such as antibiotics, infection, or major dietary change.
NOT EVIDENT	Altered mucosal immunity	Assesses whether there may be a change in the activity of the mucosal immune system, which may affect regulation of the immune response and defence against pathogens.
NOT EVIDENT	Parasitic pathogen	Screens for parasitic organisms that can cause gut infection. A positive result is not a diagnosis. If a parasitic pathogen is detected, medical review is indicated for correlation with patient presentation.

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Microbiome Markers

	Marker	Relative Abundance	Compared to Healthy Cohort	
High	Oral species	3.24 %	+1.81	RESEARCH USE ONLY
High	Propionate-producing microbes	26.81 %	+3.05	RESEARCH USE ONLY
High	Beta-glucuronidase producing microbes	44.00 %	+2.22	RESEARCH USE ONLY
High	Hexa-LPS producing microbes	1.40 %	+1.40	RESEARCH USE ONLY
Borderline Low	Butyrate-producing microbes	13.39 %	-1.05	RESEARCH USE ONLY
Optimal	Oxalate-consuming microbes	2.99 %	+0.80	RESEARCH USE ONLY
Optimal	Hydrogen sulphide-producing microbes	3.30 %	-1.49	RESEARCH USE ONLY
Not Detected	<i>B. fragilis</i> toxin-producing microbes	0.00 %	-	RESEARCH USE ONLY
Optimal	Trimethylamine-producing microbes	1.48 %	-1.25	RESEARCH USE ONLY
Optimal	BCAA-producing microbes	55.20 %	-0.12	RESEARCH USE ONLY
Optimal	Histamine-producing microbes	0.48 %	+0.16	RESEARCH USE ONLY
Optimal	IPA-producing microbes	1.21 %	+0.70	RESEARCH USE ONLY
Optimal	Acetate-producing microbes	74.21 %	+0.73	RESEARCH USE ONLY
Not Detected	Methane-producing Archaea	0.00 %	-	RESEARCH USE ONLY

Measurement

	Marker	Result	Compared to Healthy Cohort	
Borderline Low	Microbial Richness	147 species	-0.90	RESEARCH USE ONLY

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	Marker	Result	Compared to Healthy Cohort	
Optimal	Microbial Diversity	3.83^	-0.55	RESEARCH USE ONLY
Optimal	Mucin degradation	731.83*	+0.53	RESEARCH USE ONLY

* calculated using the Shannon Index
^ calculated using the number of pathways detected

Gastrointestinal (GI) Markers

	Marker	Result	Reference Range	
Optimal	Faecal pH	6.29	5.70 - 7.30	RESEARCH USE ONLY
Optimal	Human DNA	0.02 %	< 0.67 %	RESEARCH USE ONLY

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Patient Markers

	Marker	Result
LOW	Butyrate-promoting diet	35 %
NOT PRESENT	Diarrhoea symptoms	-
PRESENT	Physical symptom bother	13/30
PRESENT	Abdominal bloating	-
NOT PRESENT	Report of IBD	-
NOT PRESENT	Report of redundant colon	-
NOT PRESENT	PPI use	-
NOT PRESENT	High stool frequency	-
NOT PRESENT	Depression symptoms	4/27
NOT PRESENT	Incomplete emptying	-
NOT PRESENT	Food group exclusion	-
NOT PRESENT	Painful wind	-
NOT PRESENT	Eating-related risk	-
NOT PRESENT	Feeling of blockage	-
NOT PRESENT	IBS symptoms	-
PARTIALLY PRESENT	Persistent abdominal pain	-
NOT PRESENT	Hard lumpy stools	-
NOT PRESENT	Avoidant eating	-
NOT PRESENT	Loose/watery stools	-
NOT PRESENT	Low stool frequency	-
PRESENT	Bleeding gums	-
NOT PRESENT	Excess wind	-

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	Marker	Result
NOT PRESENT	IBS-C symptoms	-
NOT PRESENT	Straining	-
NOT PRESENT	Splinting	-
PRESENT	Abdominal distension	-
MODERATE	Fibre-focused diet	60 %
NOT PRESENT	Strong-smelling wind	-
PRESENT	Chronic visceral pain conditions	-
NOT PRESENT	Laxative use	-
MODERATE	Mediterranean diet adherence	57.14 %
NOT PRESENT	IBS-D symptoms	-
PRESENT	Anxiety symptoms	11/21
NOT PRESENT	IBS-M symptoms	-
NOT PRESENT	Constipation symptoms	-