

**LAB #:**  
**PATIENT:**  
**ID: SEX:**  
**Female DOB:**
**CLIENT#:**
**AGE:**

## Microbiology Profile, stool

### BACTERIOLOGY CULTURE

Expected/Beneficial flora	Commensal (Imbalanced) flora	Dysbiotic flora
4+ Bacteroides fragilis group	3+ Alpha hemolytic strep	3+ Enterobacter cloacae complex
1+ Bifidobacterium spp.	3+ Beta strep, group B	
4+ Escherichia coli	1+ Enterobacter cancerogenus	
1+ Lactobacillus spp.	3+ Gamma hemolytic strep	
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
No yeast isolated	

### MICROSCOPIC YEAST

<b>Result:</b>	<b>Expected:</b>
None	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 unviable.

### Comments:

Date Collected:  
 Date Received:  
 Date Completed:

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

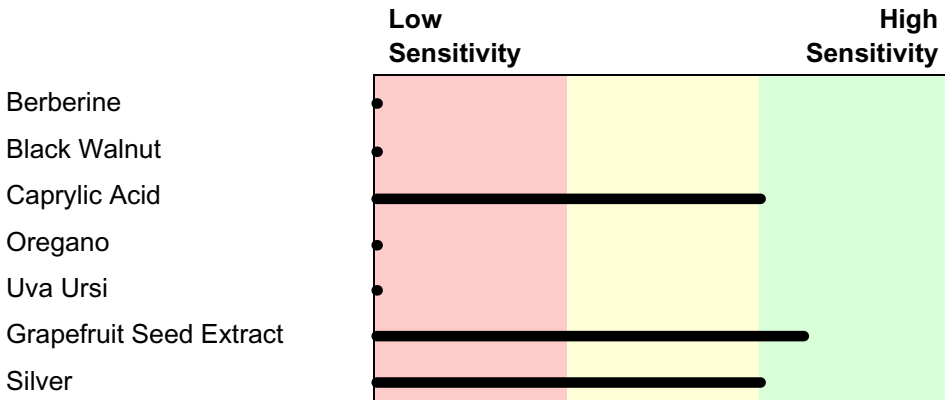


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## Bacterial Susceptibilities: Enterobacter cloacae complex

### NATURAL ANTIBACTERIALS



**Natural antibacterial** 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 disks impregnated with the listed agent. Relative activity is reported for each natural agent based upon the diameter of the zone of inhibition or no growth zone 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 activity is defined for the natural agents tested.

### PRESCRIPTIVE AGENTS

	Resistant	Intermediate	Susceptible
Amoxicillin-Clavulanic Acid	R		
Ampicillin	R		
Cefazolin	R		
Ceftazidime			S
Ciprofloxacin			S
Trimeth-sulfa			S

**Susceptible** results imply that an infection due to the bacteria may be appropriately treated when the recommended dosage of the tested antimicrobial agent is used.

**Intermediate** results imply that response rates may be lower than for susceptible bacteria when the tested antimicrobial agent is used.

**Resistant** results imply that the bacteria will not be inhibited by normal dosage levels of the tested antimicrobial agent.

Comments:

Date Collected:

Date Received:

Date Completed:

Natural antibacterial agent susceptibility testing is intended for research use only.

Not for use in diagnostic procedures.

v10.11