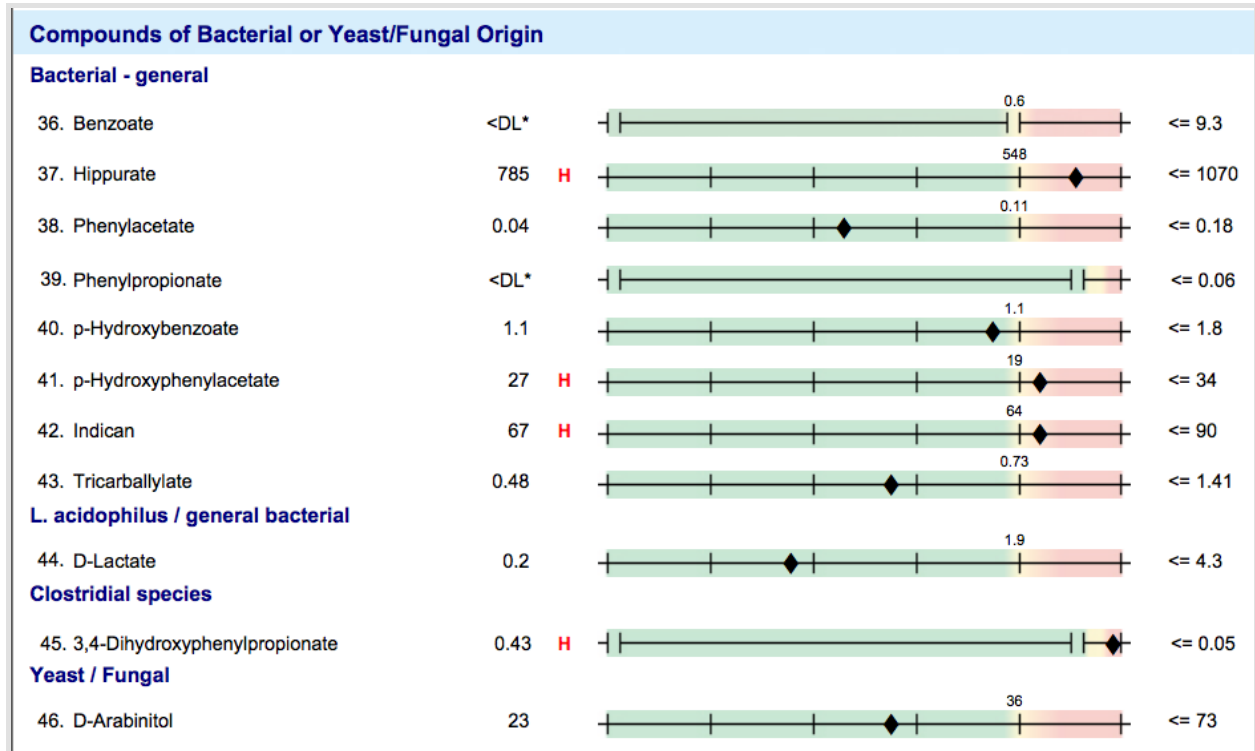


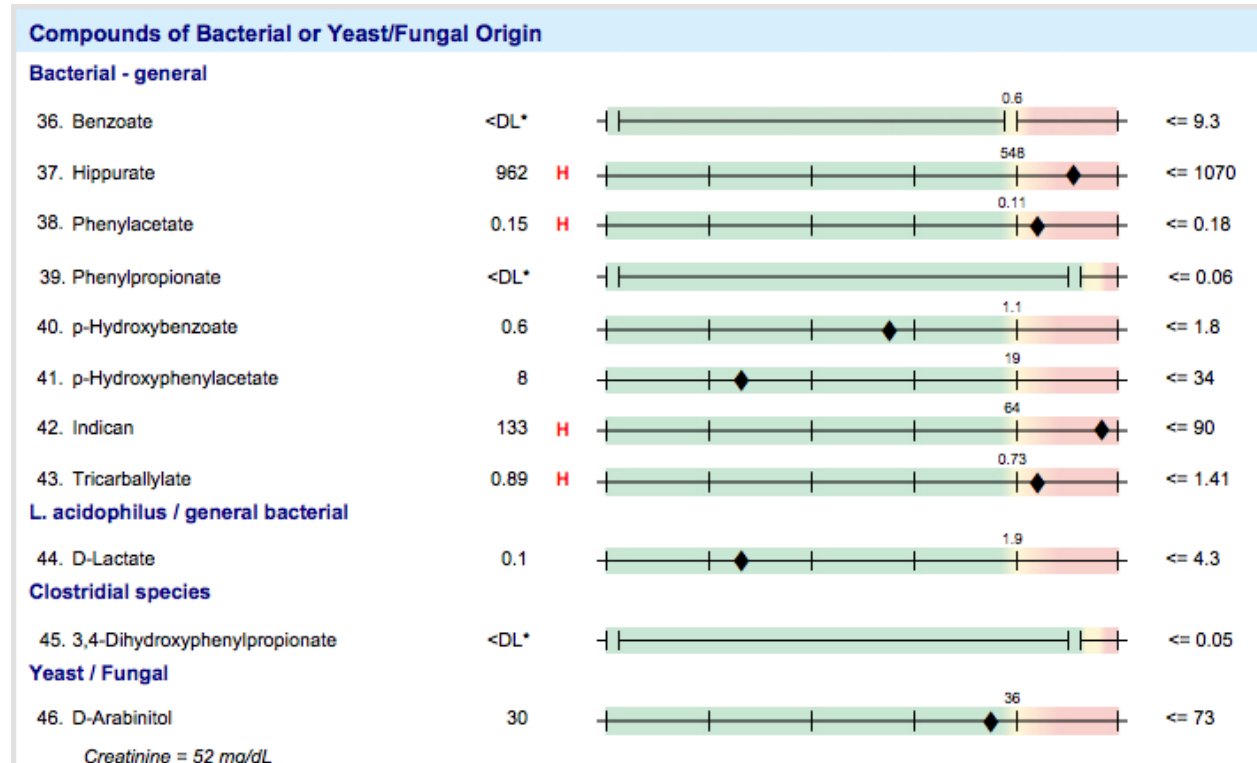
Gut Review Case Assignments

CASE #3, STEP 2:

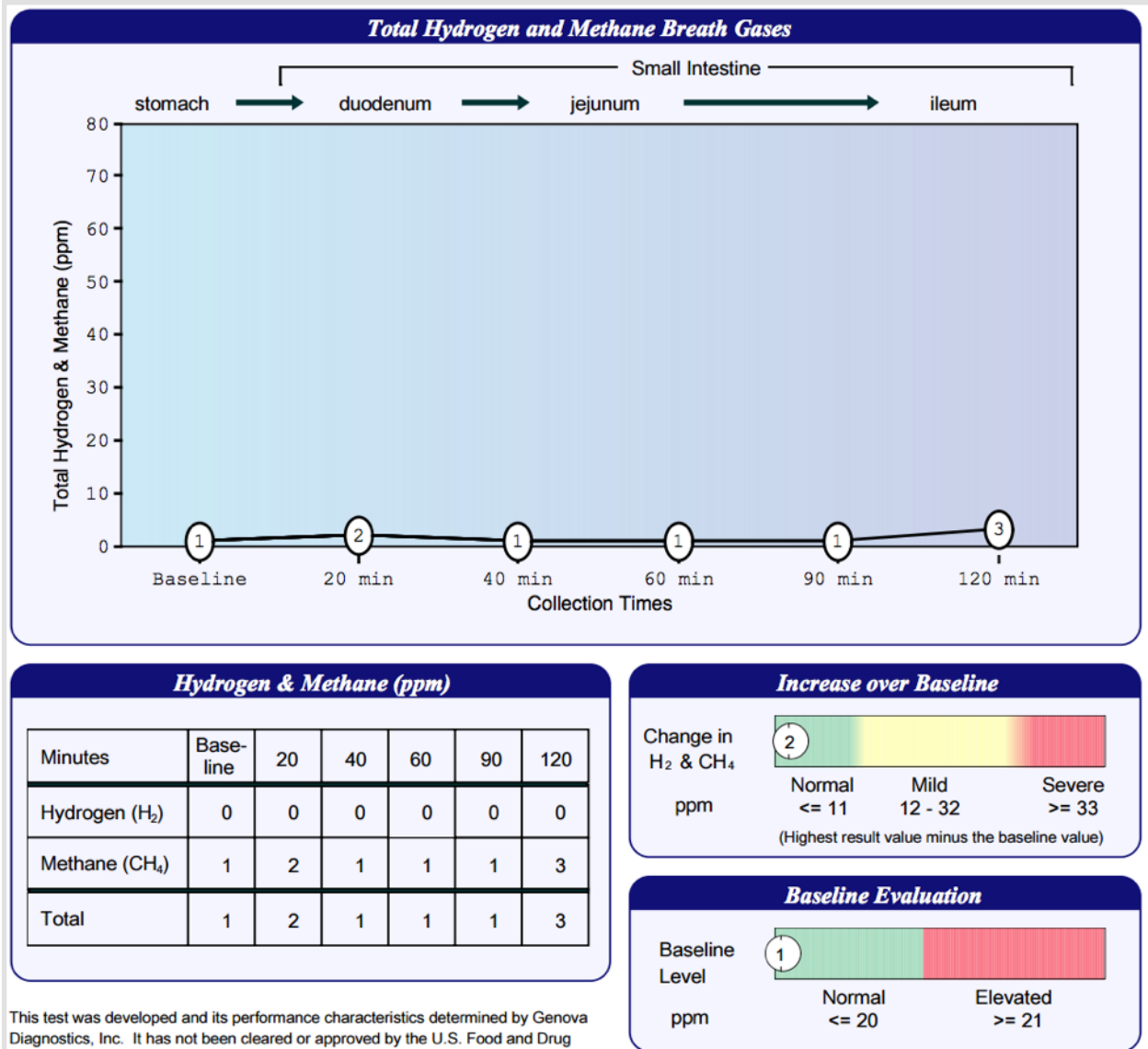
Repeat Organix profile November 2014:



Organix profile August 2014:



SIBO breath test August 2014:



Stool test August 2014:

Comprehensive Stool Analysis / Parasitology x3

BACTERIOLOGY CULTURE		
Expected/Beneficial flora	Commensal (Imbalanced) flora	Dysbiotic flora
2+ Bacteroides fragilis group NG Bifidobacterium spp. 3+ Escherichia coli 2+ Lactobacillus spp. 3+ Enterococcus spp. 1+ Clostridium spp. NG = No Growth	2+ Alpha hemolytic strep 1+ Enterobacter cloacae complex 2+ Gamma hemolytic strep	

BACTERIA INFORMATION
<p>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.</p> <p>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 <i>C. difficile</i> associated disease is suspected, a Comprehensive Clostridium culture or toxigenic <i>C. difficile</i> DNA test is recommended.</p> <p>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.</p> <p>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.</p>

YEAST CULTURE	
Normal flora	Dysbiotic flora
1+ Candida parapsilosis	

MICROSCOPIC YEAST	
Result:	Expected:
<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">Few</div>	None - Rare
<p>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.</p>	

YEAST INFORMATION
<p>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.</p>

PARASITOLOGY/MICROSCOPY *

Sample 1
 None Ova or Parasites
 Rare Yeast

Sample 2
 None Ova or Parasites
 Rare Yeast

Sample 3
 None Ova or Parasites
 Few Yeast

*A trichrome stain and concentrated iodine wet mount slide is read for each sample submitted.

PARASITOLOGY INFORMATION

Intestinal parasites are abnormal inhabitants of the gastrointestinal tract that have the potential to cause damage to their host. The presence of any parasite within the intestine generally confirms that the patient has acquired the organism through fecal-oral contamination. Damage to the host includes parasitic burden, migration, blockage and pressure. Immunologic inflammation, hypersensitivity reactions and cytotoxicity also play a large role in the morbidity of these diseases. The infective dose often relates to severity of the disease and repeat encounters can be additive.

There are two main classes of intestinal parasites, they include protozoa and helminths. The protozoa typically have two stages; the trophozoite stage that is the metabolically active, invasive stage and the cyst stage, which is the vegetative inactive form resistant to unfavorable environmental conditions outside the human host. Helminths are large, multicellular organisms. Like protozoa, helminths can be either free-living or parasitic in nature. In their adult form, helminths cannot multiply in humans.

In general, acute manifestations of parasitic infection may involve diarrhea with or without mucus and or blood, fever, nausea, or abdominal pain. However these symptoms do not always occur. Consequently, parasitic infections may not be diagnosed or eradicated. If left untreated, chronic parasitic infections can cause damage to the intestinal lining and can be an unsuspected cause of illness and fatigue. Chronic parasitic infections can also be associated with increased intestinal permeability, irritable bowel syndrome, irregular bowel movements, malabsorption, gastritis or indigestion, skin disorders, joint pain, allergic reactions, and decreased immune function.

In some instances, parasites may enter the circulation and travel to various organs causing severe organ diseases such as liver abscesses and cysticercosis. In addition, some larval migration can cause pneumonia and in rare cases hyper infection syndrome with large numbers of larvae being produced and found in every tissue of the body.

One negative parasitology x1 specimen does not rule out the possibility of parasitic disease, parasitology x3 is recommended. This exam is not designed to detect *Cryptosporidium* spp, *Cyclospora cayetanensis* or *Microsporidia* spp.

GIARDIA/CRYPTOSPORIDIUM IMMUNOASSAY

	Within	Outside	Reference Range	
Giardia intestinalis	Neg		Neg	<p>Giardia intestinalis (lamblia) is a protozoan that infects the small intestine and is passed in stool and spread by the fecal-oral route. Waterborne transmission is the major source of giardiasis.</p> <p>Cryptosporidium is a coccidian protozoa that can be spread from direct person-to-person contact or waterborne transmission.</p>
Cryptosporidium	Neg		Neg	

DIGESTION / ABSORPTION				
	Within	Outside	Reference Range	
Elastase	381		> 200 µg/mL	<p>Elastase findings can be used for the diagnosis or the exclusion of exocrine pancreatic insufficiency. Correlations between low levels and chronic pancreatitis and cancer have been reported. Fat Stain: Microscopic determination of fecal fat using Sudan IV staining is a qualitative procedure utilized to assess fat absorption and to detect steatorrhea. Muscle fibers in the stool are an indicator of incomplete digestion. Bloating, flatulence, feelings of "fullness" may be associated with increase in muscle fibers. Vegetable fibers in the stool may be indicative of inadequate chewing, or eating "on the run". Carbohydrates: The presence of reducing substances in stool specimens can indicate carbohydrate malabsorption.</p>
Fat Stain	Few		None - Mod	
Muscle fibers	None		None - Rare	
Vegetable fibers	Rare		None - Few	
Carbohydrates	Neg		Neg	
INFLAMMATION				
	Within	Outside	Reference Range	
Lysozyme*	134		≤ 600 ng/mL	<p>Lysozyme* is an enzyme secreted at the site of inflammation in the GI tract and elevated levels have been identified in IBD patients. Lactoferrin is a quantitative GI specific marker of inflammation used to diagnose and differentiate IBD from IBS and to monitor patient inflammation levels during active and remission phases of IBD. White Blood Cells (WBC): in the stool are an indication of an inflammatory process resulting in the infiltration of leukocytes within the intestinal lumen. WBCs are often accompanied by mucus and blood in the stool. Mucus in the stool may result from prolonged mucosal irritation or in a response to parasympathetic excitability such as spastic constipation or mucous colitis.</p>
Lactoferrin	0.8		< 7.3 µg/mL	
White Blood Cells	None		None - Rare	
Mucus	Neg		Neg	
IMMUNOLOGY				
	Within	Outside	Reference Range	
Secretory IgA*		16.4	51 - 204mg/dL	<p>Secretory IgA* (sIgA) is secreted by mucosal tissue and represents the first line of defense of the GI mucosa and is central to the normal function of the GI tract as an immune barrier. Elevated levels of sIgA have been associated with an upregulated immune response.</p>

SHORT CHAIN FATTY ACIDS			
	Within	Outside	Reference Range
% Acetate	74		40 - 75 %
% Propionate	13		9 - 29 %
% Butyrate	11		9 - 37 %
% Valerate	1.8		0.5 - 7 %
Butyrate	0.90		0.8 - 4.8 mg/mL
Total SCFA's	8.0		4 - 18 mg/mL

Short chain fatty acids (SCFAs): SCFAs are the end product of the bacterial fermentation process of dietary fiber by beneficial flora in the gut and play an important role in the health of the GI as well as protecting against intestinal dysbiosis. Lactobacilli and bifidobacteria produce large amounts of short chain fatty acids, which decrease the pH of the intestines and therefore make the environment unsuitable for pathogens, including bacteria and yeast. Studies have shown that SCFAs have numerous implications in maintaining gut physiology. SCFAs decrease inflammation, stimulate healing, and contribute to normal cell metabolism and differentiation. Levels of **Butyrate** and **Total SCFA** in mg/mL are important for assessing overall SCFA production, and are reflective of beneficial flora levels and/or adequate fiber intake.

INTESTINAL HEALTH MARKERS			
	Within	Outside	Reference Range
Red Blood Cells	None		None - Rare
pH	6.7		6 - 7.8
Occult Blood	Neg		Neg

Red Blood Cells (RBC) in the stool may be associated with a parasitic or bacterial infection, or an inflammatory bowel condition such as ulcerative colitis. Colorectal cancer, anal fistulas, and hemorrhoids should also be ruled out.

pH: Fecal pH is largely dependent on the fermentation of fiber by the beneficial flora of the gut.

Occult blood: A positive occult blood indicates the presence of free hemoglobin found in the stool, which is released when red blood cells are lysed.