



LAB #: Sample Report
 PATIENT: Sample Patient
 ID:
 SEX: Male
 DOB: 01/01/1956 AGE: 62

CLIENT #: 12345
 DOCTOR: Sample Doctor
 Doctor's Data, Inc.
 3755 Illinois Ave.
 St. Charles, IL 60174 U.S.A.

Parasitology, stool, x3

PROTOZOA	PX1	PX2	PX3	INFORMATION
<i>Balantidium coli</i>	None Detected	None Detected	None Detected	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.
<i>Blastocystis spp</i>	Moderate	Many	Many	
<i>Chilomastix mesnili</i>	None Detected	None Detected	None Detected	
<i>Dientamoeba fragilis</i>	None Detected	None Detected	None Detected	
<i>Entamoeba coli</i>	None Detected	None Detected	None Detected	
<i>Entamoeba histolytica/dispar</i>	None Detected	None Detected	None Detected	
<i>Entamoeba hartmanni</i>	None Detected	None Detected	None Detected	
<i>Entamoeba polecki</i>	None Detected	None Detected	None Detected	
<i>Endolimax nana</i>	None Detected	None Detected	None Detected	
<i>Enteromonas hominis</i>	None Detected	None Detected	None Detected	
<i>Giardia duodenalis</i>	None Detected	None Detected	None Detected	
<i>Iodamoeba butschlii</i>	None Detected	None Detected	None Detected	
<i>Isospora belli</i> oocysts	None Detected	None Detected	None Detected	
<i>Pentatrichomonas hominis</i>	None Detected	None Detected	None Detected	
<i>Retortamonas intestinalis</i>	None Detected	None Detected	None Detected	
NEMATODES - ROUNDWORMS				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.
<i>Ascaris lumbricoides</i> eggs	None Detected	None Detected	None Detected	
<i>Capillaria philippinensis</i> eggs	None Detected	None Detected	None Detected	
<i>Capillaria hepatica</i> eggs	None Detected	None Detected	None Detected	
<i>Enterobius vermicularis</i> eggs	None Detected	None Detected	None Detected	
Hookworm eggs	None Detected	None Detected	None Detected	
<i>Strongyloides stercoralis</i>	None Detected	None Detected	None Detected	
<i>Trichuris trichiura</i> eggs	None Detected	None Detected	None Detected	
CESTODES - TAPEWORMS				One negative parasitology x1 specimen does not rule out the possibility of parasitic disease, parasitology x3 is recommended. This test is not designed to detect <i>Cyclospora cayetanensis</i> or <i>Microsporidia</i> spp.
<i>Diphyllobothrium latum</i> eggs	None Detected	None Detected	None Detected	
<i>Dipylidium caninum</i> eggs	None Detected	None Detected	None Detected	
<i>Hymenolepis diminuta</i> eggs	None Detected	None Detected	None Detected	
<i>Hymenolepis nana</i> eggs	None Detected	None Detected	None Detected	
<i>Taenia</i> eggs	None Detected	None Detected	None Detected	
TREMATODES - FLUKES				
<i>Clonorchis sinensis</i> eggs	None Detected	None Detected	None Detected	
<i>Fasciola hepatica/Fasciolopsis buski</i>	None Detected	None Detected	None Detected	
<i>Paragonimus westermani</i> eggs	None Detected	None Detected	None Detected	
<i>Heterophyes heterophyes</i>	None Detected	None Detected	None Detected	
ADDITIONAL ORGANISMS				
OTHER MARKERS				
Yeast	Few	Many	Many	
Red Blood Cells	None Detected	None Detected	None Detected	
White Blood Cells	None Detected	None Detected	None Detected	
Charcot-Leyden Crystals	None Detected	None Detected	None Detected	
Pollen	None Detected	None Detected	None Detected	
IMMUNOASSAY	RESULT	REFERENCE INTERVAL		
<i>Giardia duodenalis</i>	Neg	Neg		
<i>Cryptosporidium</i>	Neg	Neg		

Comments:

Date Collected: 05/02/2019
 Date Received: 05/07/2019
 Date Reported: 05/13/2019

Methodology: **Microscopy, EIA**

INTRODUCTION

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.

Parasites

Parasites were detected by microscopic examination in this stool specimen. Intestinal parasites are abnormal inhabitants of the GI tract that live off and have the potential to cause damage to their host. Factors such as contaminated food and water supplies, day care centers, increased international travel, pets, carriers such as mosquitoes and fleas, and sexual transmission have contributed to an increased prevalence of intestinal parasites.

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 and 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, decreased immune function, and fatigue.

Murray MT. *Stomach Ailments And Digestive Disturbances*. Rocklin, CA: Prima Publishing;1997.

Gittleman AL. *Guess What Came to Dinner Parasites And Your Health*. New York, NY: Penguin Group; 2001.

Blastocystis spp

Blastocystis hominis was identified in this specimen. *Blastocystis* is a common protozoan found throughout the world. *Blastocystis* is transmitted via the fecal-oral route or from contaminated food or water.

Whether *Blastocystis* infection can cause symptoms is still considered controversial. Symptoms may be compounded by concomitant infection with other parasitic organisms, bacteria, or viruses. Often, *Blastocystis* is found along with other such organisms. Nausea, diarrhea, abdominal pain, anal itching, weight loss, and excess gas have been reported in some persons with *Blastocystis* infection.

Metronidazole has been the traditionally considered the most effective drug (recommended adult dosage varies from 250 mg bid for 5-7 days to 750 mg tid x 10 days). Iodoquinol is also an effective medication (650 mg tid x 20 days). Recommended therapy can also eliminate *G. lamblia*, *E. histolytica* and *D. fragilis*. Various herbs may be effective, including oil of oregano. Limit refined carbohydrates in diet.

For more information:

1. Albrecht H, Stellbrink HJ, Koperski K, et al. Blastocystis hominis in human immunodeficiency virus-related diarrhea. *Scand J Gastroenterol* 1995;30:909-14.
2. Markell EK, Udkow MP. Blastocystis hominis: pathogen or fellow traveler *Am J Trop Med Hyg* 1986;35:1023-6.
3. Miller RA, Minshew BH. Blastocystis hominis: An organism in search of a disease. *Rev Infect Dis* 1988;10:930-8.
4. Udkow MP, Markell EK. Blastocystis hominis: prevalence in asymptomatic versus symptomatic hosts. *J Infect Dis* 1993;168:242-4.
5. Zuckerman MJ, Watts MT, Ho H., et al. Blastocystis hominis infection and intestinal injury. *Am J Med Sci* 1994;308:96-101.

References:

Sanford JP. The Sanford Guide to Antimicrobial Therapy. 35th edition. Gilbert DN, Moellering Jr, RC, Sande MA, eds. Hyde Park (VT): Antimicrobial Therapy Inc; 2005.

Abramowicz, M. The Medical Letter On Drugs and Therapeutics. Drugs For Parasitic Infections. New Rochelle (NY): The Medical Letter, Inc.

Beers, M. H., & Berkow, R. (Eds.). The Merck Manual of Diagnosis and Therapy Online. <http://www.merck.com/mrkshared/mmanual/section13/chapter161/161a.jsp>, Accessed August, 2005.

CDC Division of Parasitic Diseases website. <http://www.cdc.gov/ncidod/dpd/default.htm>, Accessed August, 2005.

Garcia, LS. Diagnostic Medical Parasitology. 4th ed. Washington DC: ASM; 2001; 6.

Leber AL, Movak SM In: Murray PR, Baron EJ, Pfaller MA, Tenover FC, Tenover FC, eds. Manual of Clinical Microbiology. 7th ed. Washington DC: ASM Press; 1999; 1401.