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Laboratorio Analisis Clinicos
Av. Obregon 28-9
Nogales, Sonora
Mexico

FULL GI PANEL

1 of 2

Date Received: 04/22/2015

Date Tested: 04/22/2015

Sent Method: upload

Service No: 98765

Patient: John Doe 3456 Center St. San Diego, CA 92019	Date of Birth: 01-01-51 Home Phone: 999-999-9999 Business/Cell Phone: 123-456-789	Sex: Male 999-999-9999	Health Practitioner: Sample Doctor Business Phone: 123-456-7890 Facsimile:
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History:
Foreign Travel:
Symptoms:
Past Infection /Treatment:
Other infected in household:

COMPREHENSIVE STOOL ANALYSIS

Intestinal parasites: Normal value = 0 (not marked) Reference range: 0 (negative) - 4 (heavy presence)
Specimens fixed and transported in SAF and concentrated using CONSED Reagent System (Alpha Tec, Vancouver, WA)

Protozoa:

<i>Entamoeba coli</i>	cysts	trophozoites
<i>E. histolytica / E. dispar</i>	cysts	trophozoites
<i>Entamoeba hartmanni</i>	cysts	trophozoites
<i>Iodamoeba butschlii</i>	cysts	trophozoites
<i>Endolimax nana</i>	cysts	trophozoites
<i>Giardia lamblia</i>	cysts	trophozoites
<i>Chilomastix mesnili</i>	cysts	trophozoites
<i>Balantidium coli</i>	cysts	trophozoites
<i>Trichomonas hominis</i>		
<i>Isospora belli</i>		
<i>Dientamoeba fragilis</i>		
<i>Cryptosporidium parvum</i>		
<i>Cyclospora cayetanensis</i>		
<i>Blastocystis hominis</i>		

Trematoda (Flukes):

Schistosoma sp.
Fasciola/Fasciolopsis
Paragonimus westermani
Clonorchis/Heterophyes/Metagonimus

Fungi Spores and Common Yeasts:

Candida sp. Candida (dividing)
Common Yeast Yeast (dividing)
Geotrichum sp.
Kloeckeri sp.
Hyphae

Cestoda (Tapeworms):

Taenia solium/Taenia saginata
Hymenolepis nana
Hymenolepis diminuta
Dipylidium caninum
Diphyllobothrium latum

Nematoda (Roundworms):

Ascaris lumbricoides
Ancylostoma/Necator
Strongyloides stercoralis
Trichostrongylus sp.
Trichuris trichiura
Enterobius vermicularis
Mansonella sp.

Other Observations:

Epithelial (squamous) cells
Epithelial (columnar) cells
Bacteria (normal bacilli)
Undigested Tissue
Charcot-Leyden crystals
WBC RBC
Fatty acid crystals
Starch granules
Pollen
Mucus

Comments (samples tested at the Nogales facility):

FULL GI PANEL

2 of 2

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Source:

Service No: 98765

Patient: John Doe

3456 Center St.

San Diego, CA 92019

Date of Birth:
01-01-51

Sex: Male

Home Phone: 999-999-9999

Business/Cell Phone: 123-456-789

Health Practitioner: Sample Doctor

Business Phone: 123-456-7890

Facsimile:

History:

Foreign Travel:

Symptoms:

Past Infections/Treatment:

Others infected in household:

SWAB CULTURE

Pathogenic Bacteria and Fungi: Normal value = 0 (not marked), 1 = light - 4 = heavy presence. 1= 30-100 CFU's (Colony Forming Units)/mL, 2= 100-200 CFU's/mL, 3= 200-300 CFU's/mL, 4= >300 CFU's/mL. The procedure for evaluation of intensity level is determined using the Serial Dilutions For Viable Plate Count method.

Common Bacterial Agents for urine and gastrointestinal infections

Salmonella sp.

Escherichia coli

+ 3 *Klebsiella* sp.

Shigella sp.

Vibrio cholera

Citrobacter freundii

+ 2 *Proteus vulgaris*

Yersinia sp.

Campylobacter sp.

Clostridium difficile

Common Bacterial Agents for skin, urine, and mucoid surfaces

Staphylococcus sp.

Streptococcus sp.

Enterobacter sp.

S. coagulase positive (S. aureus)

Pseudomonas aeruginosa

Enterococcus sp.

S. coagulase negative (S. epidermidis)

Candida sp. *Bacteroides* sp.

Serratia marcescens

Sensitivity results range: 1 (most efficacious) - 4 (least efficacious)

Reported pathogens are sensitive to

Amikacin: 1

Ceftriaxone: 2

Cefepime: 3

Cephalothin: 4

Cipro: 1

Chloramphenicol: 2

Cefotaxime: 3

Nitrofurantoin: 4

Fosfocil: 1

Gentamicin: 2

Netilmicin: 2

Reported pathogens are resistant to

Ampicillin

Tetracycline

Comments (samples tested at the Nogales facility):

SUMMARY OF FINDINGS

KLEBSIELLA

Klebsiella is a genus of ubiquitous non-motile, Gram-negative, oxidase-negative, rod-shaped bacteria with a prominent polysaccharide-based capsule causing pneumonia (**Klebsiella pneumoniae**), bloodstream infections, wound or surgical site infections, and meningitis. In healthcare settings, Klebsiella infections often occur among sick patients who are receiving treatment for other conditions. Patients who use devices like ventilators or intravenous catheters, and those who are on long courses of certain antibiotics are most at risk for Klebsiella infections. Healthy people usually do not get Klebsiella infections.

Transmission: Klebsiella must enter the respiratory tract to cause pneumonia, or the blood to cause a bloodstream infection. In healthcare settings, Klebsiella bacteria can be spread from person-to-person or, less commonly, by contamination of the environment. The bacteria do not spread through the air.

Symptoms and pathology: Klebsiella organisms are frequent human pathogens that can cause pneumonia, urinary tract infections, septicemia, and soft tissue infections. Klebsiella species is implicated in the pathogenesis of ankylosing spondylitis and other spondyloarthropathies. Pathogenic varieties of Klebsiella are grouped in 2 antigenic groups: the O antigen with 9 varieties and the K antigen with over 80 varieties. Klebsiella is increasingly reported as a nosocomial infection second only to *E. coli* in urinary tract infections in women. *Klebsiella pneumoniae* is an opportunistic infection in older patients with weakened immune system which also causes nosocomial pneumonia, intra-abdominal infections and intestinal pathology. It is a resident of the intestinal track in about 40% of man and animals. Increasingly, Klebsiella bacteria have developed antimicrobial resistance especially to carbapenems. Klebsiella bacteria are normally found in the human intestines (where they do not cause disease). They are also found in human stool (feces). **For more information, see Amin, 2011. J. Bacteriol.**

& Parasitol. 2:

109-112.http://www.parasitetesting.com/_private/J.%20Bacte%20&%20Parasit.-pathogenic%20bacteria.pdf

Treatment: For antibiotic recommendations see sensitivity results. For an herbal alternative use Freedom, Cleanse, Restore protocol.

Prevention: Avoid exposure to spores via the respiratory or blood routes in hospital or health care settings.

PROTEUS VULGARIS

Proteus vulgaris is an opportunistic, rod-shaped, gram-negative bacterium that inhabits the intestinal tracts of humans and animals. It is also found in the soil, water, putrefied meat, and fecal matter and is associated with long-term care facilities and hospitals where it is also known to colonize the skin and oral mucosa of patients and hospital personnel alike.

Transmission: By exposure to contaminated soil, water, meat and fecal sources.

Symptoms and pathology: *P. vulgaris* is an opportunistic pathogen in humans where it is also known to cause urinary tract (UT) and wound infections. While *Proteus* spp. are not the most common sources of bacterial infections in humans, *P. vulgaris* holds yet a smaller role in the pathology caused by this group. *Proteus* species most frequently cause UT infections, with *Proteus mirabilis* producing 90% of the cases. It is suggested that the higher prevalence of *P. vulgaris* infections in the intestinal tract of females may be related to cross contamination from UT infections. The presence of the sepsis syndrome associated with a UTI should raise the possibility of urinary tract obstruction. This is especially true of patients who reside in long-term care facilities, who have long-term indwelling urethral catheters, or who have a known history of urethral anatomic abnormalities. UTI obstruction and Urease production leads to precipitation of organic and inorganic compounds, which leads to struvite stone formation. **For more information, see Amin, 2011. J. Bacteriol. & Parasitol. 2:**

109-112.http://www.parasitetesting.com/_private/J.%20Bacte%20&%20Parasit.-pathogenic%20bacteria.pdf

Treatment: For antibiotic recommendations see sensitivity results. For an herbal alternative use Freedom, Cleanse, Restore protocol.

Prevention: Practice good hygiene.

Note: The Summary of Findings is for practitioner informational purposes only. References to treatment suggestions refer only to common practices and are not to be construed as PCI recommendations for specific individuals. It is incumbent upon practitioners to decide on the treatment that is best for their patient.