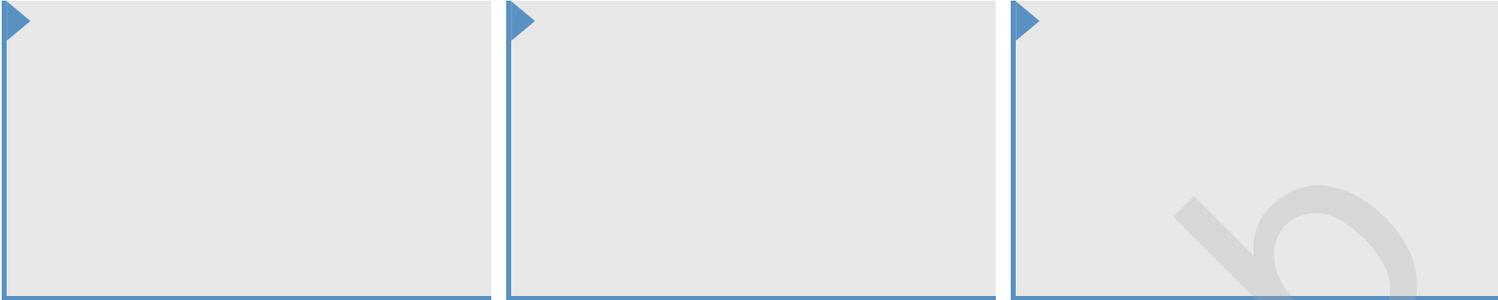




Viruses	Result	
Adenovirus F40/41	Negative	<input checked="" type="checkbox"/>
Norovirus GI/GII	Negative	<input checked="" type="checkbox"/>
Rotavirus A	Negative	<input checked="" type="checkbox"/>
Pathogenic Bacteria	Result	
<i>Campylobacter</i> (<i>C. jejuni</i> , <i>C. coli</i> and <i>C. lari</i>)	Negative	<input checked="" type="checkbox"/>
<i>Clostridioides difficile</i> (Toxin A/B)	Negative	<input checked="" type="checkbox"/>
<i>Escherichia coli</i> O157	Negative	<input checked="" type="checkbox"/>
Enterotoxigenic <i>Escherichia coli</i> (ETEC) It/st	Negative	<input checked="" type="checkbox"/>
<i>Salmonella</i> spp.	Negative	<input checked="" type="checkbox"/>
Shiga-like toxin-producing <i>Escherichia coli</i> (STEC) stx1/stx2	Negative	<input checked="" type="checkbox"/>
<i>Shigella</i> (<i>S. boydii</i> , <i>S. sonnei</i> , <i>S. flexneri</i> & <i>S. dysenteriae</i>)	Negative	<input checked="" type="checkbox"/>
<i>Vibrio cholerae</i>	Negative	<input checked="" type="checkbox"/>
Parasites	Result	
<i>Cryptosporidium</i> (<i>C. parvum</i> and <i>C. hominis</i>)	Negative	<input checked="" type="checkbox"/>
<i>Entamoeba histolytica</i>	Negative	<input checked="" type="checkbox"/>
<i>Giardia duodenalis</i> (AKA <i>intestinalis</i> & <i>lamblia</i>)	Positive	<input type="checkbox"/>



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 commentaries are presented. If no significant abnormalities are found, commentaries are not presented.

GI Pathogens

Introduction

The GI Pathogen profile is performed using an FDA-cleared multiplex PCR system. It should be noted that PCR testing is much more sensitive than traditional techniques and allows for the detection of extremely low numbers of pathogens. PCR testing does not differentiate between viable and non-viable pathogens and should not be repeated until 21 days after completion of treatment or resolution to prevent false positives due to lingering traces of DNA. PCR testing can detect multiple pathogens in the patient's stool but does not differentiate the causative pathogen. All decisions regarding the need for treatment should take the patient's complete clinical history and presentation into account.

Giardia

Giardia duodenalis (also known as *G. intestinalis* and *G. lamblia*) is the most common intestinal parasite of humans identified in the United States. *Giardia* infection occurs following consumption of *Giardia* cysts through contaminated (fecal) water or food, or through person-person contact. *Giardia* is found worldwide and is commonly found in travelers to disease-endemic areas and children in day-care facilities, but it can also be found in the general population associated with sexual activity. *Giardia* infection can result in acute self-limited diarrhea, or a chronic syndrome of diarrhea, abdominal cramps, malabsorption, and weight loss. Asymptomatic carrier status is also possible. Incubation period is typically 7 days. Adult treatment recommendations; Tinidazole 2 g x 1 dose, Nitazoxanide 500 mg twice daily for 3 days, Metronidazole 500 mg three times daily for 5-7 days, and oral rehydration therapy to prevent dehydration. Avoid dairy and remain dairy-free for several months after symptoms abate. *Saccharomyces boulardii* may enhance eradication when used with metronidazole. *Lactobacillus johnsonii* (LA1) inhibits *Giardia* growth in vitro. Animal studies indicate that *Lactobacillus casei* MTCC 1423 eradicated *Giardia*. No specific herbal parasiticides are listed in scientific literature. *Allium sativum* (garlic), *Berberis vulgaris* (barberry), *Berberis aquifolium* (Oregon grape), *Pimpinella anisum* (anise), *Artemisia annua* (wormwood), *Mentha crisper* (curly mint), and *Juglans nigra* (black walnut) may be considered or used adjunctively, based on historical uses of these herbs.