



PATIENT FIRST NAME :

PATIENT SURNAME:

DATE OF BIRTH:

GENDER:

ADDRESS:

## LAB TESTS DIRECT-PATIENT REPORT

Result      Range      Units

### Parasitology

#### Microscopic Exam Results

Blastocystis hominis: Many  
Endolimax nana: Few Trophozoites  
Entamoeba hartmanni: Moderate Trophozoites & Cysts

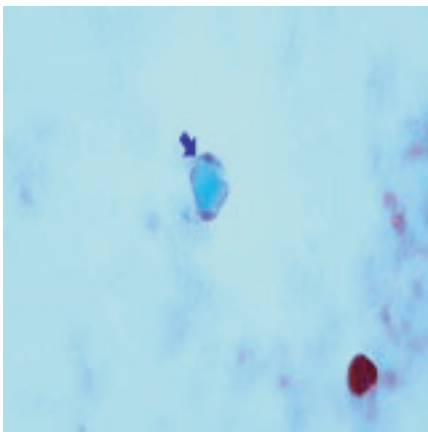
#### Parasitology EIA Tests

	Inside	Outside	Reference Range
Cryptosporidium	<input type="text" value="Not Ordered"/>	<input type="text"/>	Negative
Giardia lamblia	<input type="text" value="Not Ordered"/>	<input type="text"/>	Negative
Entamoeba histolytica/dispar	<input type="text" value="Not Ordered"/>	<input type="text"/>	Negative

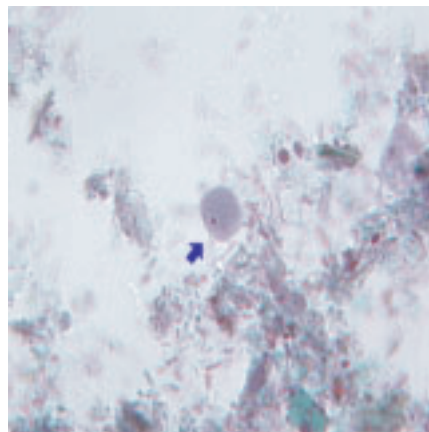
Reference Range for EIA tests is Negative.

Specimen Tested: Stool

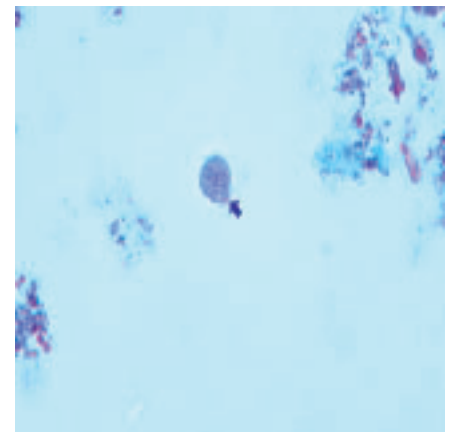
Blastocystis hominis



Endolimax nana trophozoites



Entamoeba hartmanni trophozoites





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**LAB TESTS DIRECT-PATIENT REPORT**

STOOL, SPOT

**Faecal Multiplex PCR**

**PARASITIC PATHOGENS:**

	Result	Range	Units
Giardia intestinalis:	Not Detected		
Cryptosporidium species:	Not Detected		
Dientamoeba fragilis:	Not Detected		
Entamoeba histolytica:	Not Detected		
Blastocystis species:	DETECTED		

**BACTERIAL PATHOGENS**

Campylobacter species:	Not Detected		
Salmonella species: Shigella	Not Detected		
species: Yersinia	Not Detected		
enterocolitica: Aeromonas	Not Detected		
species:	Not Detected		

Not Detected results indicate the absence of detectable DNA in this sample for the 10 enteropathogens reported:

Blastocystis hominis DETECTED by Multiplex PCR

DNA consistent with the presence of B. hominis has been detected using PCR techniques. Blastocystis hominis may be the cause of persistent, mild diarrhoea. It is endemic in Australia, although it may also be associated with recent overseas travel. Detection suggests the ingestion of contaminated material and continued symptoms may require further specimens for the detection of bacterial, viral and/or parasitic pathogens.

If treatment is warranted, metronidazole 400 - 750mg (child 12-17mg/kg up to 750mg) tds for at least 10 days. Lower dosages are usually associated with treatment failure.

***Macroscopic Exam for Larvae (if ordered)******Commentary***

Reported quantitation values were derived from a concentration of the sample(s) submitted and represent an "average" value.

*Blastocystis hominis* is considered by most authorities to be a pathogen. Transmission is fecal/oral, usually through contact with contaminated food or water. *Blastocystis* often lodges in the intestinal mucosa, making eradication difficult. Symptoms may include nausea, vomiting, sleeplessness, lassitude, anorexia, pruritis, irritable bowel or fever, although asymptomatic infections can occur. It has also been reported in association with many chronic conditions including chronic fatigue and reactive arthritis. Three forms have been identified, with the vacuolated form being the most frequently seen in fecal specimens.

*Endolimax nana* transmission occurs by ingestion of the cyst stage in contaminated food or water. The organism resides in the lumen of the colon and cecum. Infections may be asymptomatic or present with diarrhea. Infection has also been associated with reactive arthritis and urticaria. Although textbooks traditionally consider this organism a commensal, it may be associated with and play a role in chronic illness.

*Entamoeba hartmanni* transmission occurs via ingestion of the cyst either from person to person or by contaminated food or water. Although textbooks traditionally consider this organism a commensal, it may be associated with and play a role in chronic illness.