

Ordering Physician:

Metametrix

1234 Main St.
Anywhere, GA 30096

Accession Number: A1203010280

Reference Number:

Patient: Sample Report
Age: 50 Sex: Female
Date of Birth: 02/05/1962
Date Collected: 2/28/12
Date Received: 3/1/12
Report Date: 3/2/12
Telephone: (770) 446-4583
Fax: (770) 441-2237
Reprinted: 10/22/12
Comment:

2120 Gastrointestinal Function Chemistries Profile

Methodology: DNA Analysis, GC/MS, Microscopic, Colorimetric, Automated Chemistry, ELISA

Percentile Ranking by Quintile



Beneficial SCFA

Total SCFA	84	53		◆	>= 35 mM/g
n-Butyrate	15.8	5.2		◆	>= 3.9 mM/g
Acetate %	58	52	71		47 - 77 %
Butyrate %	19	10	25		7 - 30 %
Propionate %	22	13	25		10 - 29 %
Valerate %	0.8	1.0	3.6		0.4 - 4.6 %

Beneficial SCFA

Short chain fatty acids (SCFA) are produced by bacterial fermentation of dietary polysaccharides and fiber. The product, N-butyrate, is taken up and used to sustain the normal activity of colonic epithelial cells. Butyrate has been shown to lower the risk of colitis and colorectal cancer. A healthy balance of GI microbes depends on production of SCFA by one specie to allow the normal growth of another one in a complex cross-feeding network.

Inflammation

Lactoferrin	2.8	3.1		◆	<= 6.3 µg/mL
WBCs	Neg				Neg-Rare
Mucus	Neg				Neg

Inflammation

Lactoferrin, an iron-binding glycoprotein, is released in IBD but not in non-inflammatory IBS. High levels are found in Crohn's, UC or infection. WBC's are elevated in general inflammation/infection. Mucus is often visualized in acute GI inflammation.

Immunology

Fecal sIgA	99	20	144	◆	5 - 161 mg/dL
Anti-gliadin sIgA	4.1	6.4		◆	<= 21.4 mg/dL

Immunology

High fecal sIgA indicates immune system reactions to the presence of antigens from bacteria, yeast or other microbes. Low sIgA can result from stress or malnutrition. Anti-gliadin sIgA is a screening marker for gluten sensitivity.

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**Consistency = Formed/Norm**

Additional Tests

		5.9	6.9	5.7 - 7.1
pH	6.8			
RBCs	Neg			Neg
Color	Brown			

Additional Tests

pH is influenced by numerous factors, but it is strongly related to the bacterial release of pH-lowering organic acids and pH-raising ammonia. Positive **RBCs** can signify GI tract bleeding. **Color** (other than brown) abnormalities can be due to upper GI bleeding, or bile duct blockage, steatorrhea or antibiotic use.

Digestion

Elastase 1	185	L	200	> 100 µg/g
Triglycerides	105		119	<= 181 mg/dL
Putrefactive SCFA	1.1		4.4	<= 7.4 mM/g
Vegetable Fibers	Few			None-Few

Digestion

Pancreatic elastase 1 levels below 100 are strongly correlated with severe pancreatic insufficiency; levels of 100-200 identify moderate pancreatic insufficiency. High triglycerides signify fat maldigestion. Putrefactive SCFA are a result of bacterial fermentation of undigested protein. High numbers of vegetable fibers indicate maldigestion.

Absorption

LCFAs	8.5		9.1	<= 15.1 mmol/L
Total Fat	13.2	H	12.9	<= 18.9 mmol/L
Cholesterol	137		142	<= 191 mg/dL

Absorption

High **LCFA** indicates fat malabsorption due to pancreatic or biliary insufficiency, or acute bacterial infection that produces intestinal cell destruction. High total fat usually signals malabsorption, as does elevated fecal cholesterol.

UC** = Unable to Calculate

Decisions involving diagnosis and treatment are the responsibility of the clinician.