DEMO DEMO

Name: DEMO DEMO
Date of Birth: 00-00-0000
Biological Sex: Female
Age: 37
Height: 70 inches
Weight: 150 lbs
Fasting:

Telephone: 000-000-0000
Street Address:
Email:

FINAL REPORT

Accession ID: 2832648635

Provider Information

Practice Name: DEMO CLIENT, MD
Provider Name: DEMO CLIENT, MD
Phlebotomist: 0

Telephone: 000-000-0000
Address: 3521 Leonard Ct, Santa Clara, CA 95054

Specimen Information

Sample Type	Collection Time	Received Time	Report	Final Report Date
Metal Free Urine	Local 2026-03-29 10:00	2026-03-30 14:54 (PDT)	Gut Zoomer - P2	2026-07-16 09:47 (PDT)
Stool	Local 2026-03-29 10:00	2026-03-30 14:54 (PDT)	Gut Zoomer - P2	2026-07-16 09:47 (PDT)
Unpreserved Stool	Local 2026-03-29 10:00	2026-03-30 14:54 (PDT)	Gut Zoomer - P2	2026-07-16 09:47 (PDT)

SAMPLE

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VibrantWellness

Gut Zoomer

Your Gut Health Report

Gut Diversity Pg 5

Gut Commensals Pg 5

Gut Pathogens Pg 8

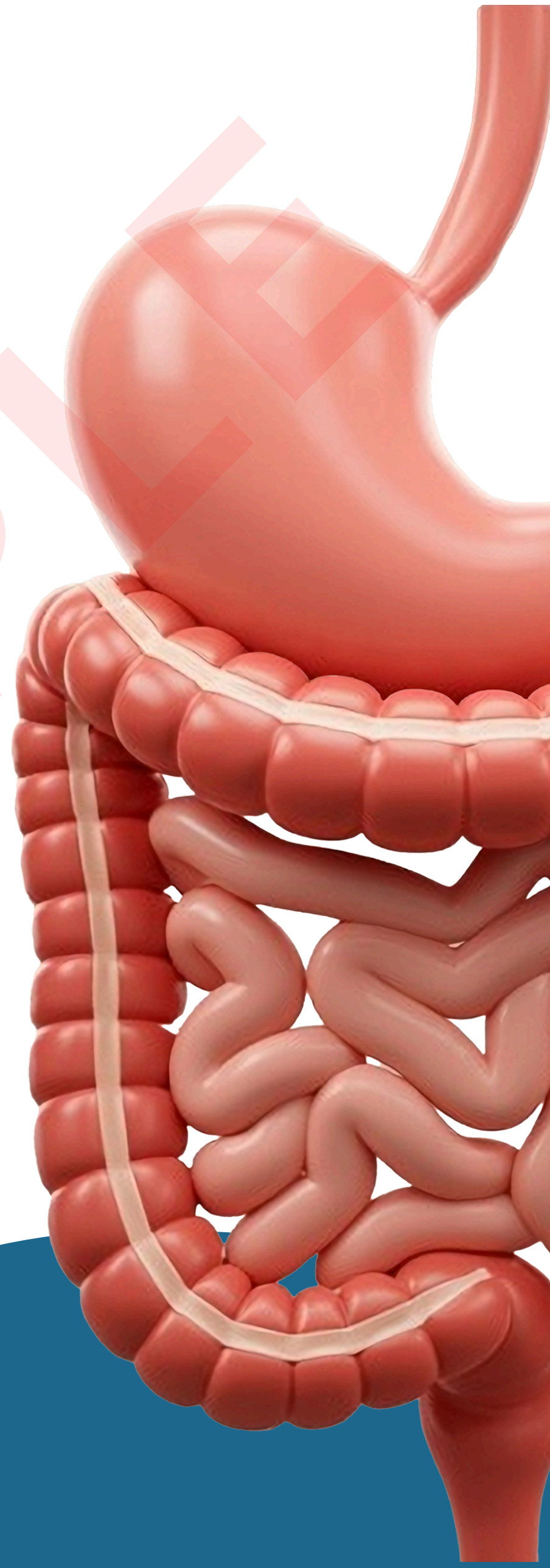
Gut Inflammation Pg 9

Gut Permeability And Antibodies Pg 11

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Gut Metabolites Pg 15

Urinary Neurotransmitters Pg 29



SAMPLE

Gut Zoomer

INTRODUCTION

Vibrant Wellness is pleased to present Gut Zoomer testing to support healthy lifestyle choices in consultation with your healthcare provider. The Gut Zoomer evaluates biomarkers across key gastrointestinal-health categories, including Gut Commensals, Phyla & Diversity Indices, Inflammatory Markers, Digestion and Immune Balance Markers, Gut Metabolites, Gut Antibodies, Malabsorption Markers, Gut Pathogens and Antibiotic Resistance Genes. Results are intended to be interpreted by healthcare providers to guide personalized wellness strategies informed by the gastrointestinal ecosystem.

Methodology

Gut Zoomer is split into 7 sections: Gut Pathogens, Gut Commensal, Gut Inflammation, Gut Antibodies, Gut Metabolites, Gut Diversity, and Gut Neurotransmitters. Gut Pathogens uses real-time PCR Assay designed for semi-quantitative and qualitative detection of group-specific DNA in clinical stool samples. Gut Commensal uses deep metagenomic PCR to semi-quantitatively assess the presence of key commensal bacterial populations, providing resolution from phylum down to species level to support comprehensive gut microbiome profiling. Digestion and Immune Balance panel and Gut Inflammatory markers are a quantitative assay that detects calprotectin, anti-gliadin, eosinophil protein X, lactoferrin, zonulin, lysozyme, MMP 9, pancreatic elastase 1, S100A12, and sIgA levels with sandwich ELISA (enzyme-linked immunosorbent assay) methodology. ELISA methodology is used for detecting ß-glucuronidase, pH, and fecal immunochemical test (FIT). The Gut Antibodies panel utilizes multiplexed microarray chip technology to provide accurate quantitative analysis of gut-related antibody markers. Liquid chromatography tandem mass spectrometry methodology (LC-MS/MS) is used for detecting Gut Metabolites like short chain fatty acids markers and bile acid markers, dietary fiber detection, and gut neurotransmitters markers. Colorimetric assay methodology is used for detecting fat malabsorption like fecal fat, fecal triglycerides, and total phospholipids. Urine creatinine is measured using a kinetic colorimetric assay based on the Jaffé method.

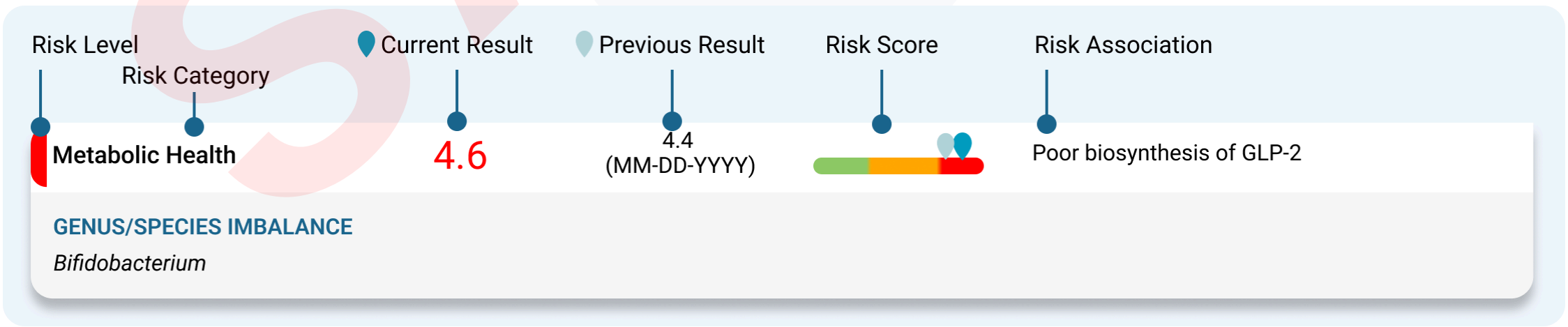
Interpretation of Report

The following terminologies are used consistently in the report and are explained below.

Gut Diversity is an indicator for the amount of individual bacteria from each of the bacterial species present in your gut microbiome. There are two indices calculated including Shannon's Index (scale 0-3) and Simpson's Index (scale 0-1). For both calculations, higher index value represents increased diversity of species. While Shannon's is a better indicator of "richness" of the diversity, Simpson's is a better indicator of "evenness." The calculated Index values are surrounded with a risk indicator (green – high diversity, yellow – moderate diversity, and red –low diversity). **Gut Phyla** distribution is displayed in a pie chart with each pie representing the % of individual phyla tested. Key Ratios are calculated and displayed comprising of F/B (Firmicutes to Bacteroidetes ratio) and P/B (Prevotella to Bacteroides ratio), along with the corresponding risk indicator.

Gut Commensal bacteria is represented using relative abundance values. Relative abundance is the percent composition of an organism of a particular kind relative to the total number of organisms in your gut microbiome. The abundance of individual bacterial phylum/family/genus/species is calculated by comparing the relative abundance to the healthy reference range. Reference ranges have been established using results from 200 healthy adults over 18 years of age, and pediatric reference ranges are not available. The abundance is always mentioned in the report along with the potential associated risks; however, it is applicable only when indicated in RED. Associated probiotic tests are displayed in each panel with suggestions based on potential associated risks.

Gut pathogens, including pathogenic bacteria, parasites, viruses, and fungi, are reported both qualitatively and quantitatively. Pathogenic bacteria, parasites, viruses, and fungi are reported in copies/µL. Quantitative results are expressed in scientific notation, where "e" denotes the exponent of 10. For instance, a value of 1e2 corresponds to 1×10^2, or 100 CFU/mL for the specified organism. Worms and antibiotic resistance genes are reported as DETECTED or NOT DETECTED, depending on the test outcome. The patient's risk score is considered low if it falls within the green (normal) zone. The current result and previous result are listed to the left of the reference range illustration. The risk association is listed to the right of the risk score. The Risk category and level are listed on the left hand side. (see image below)



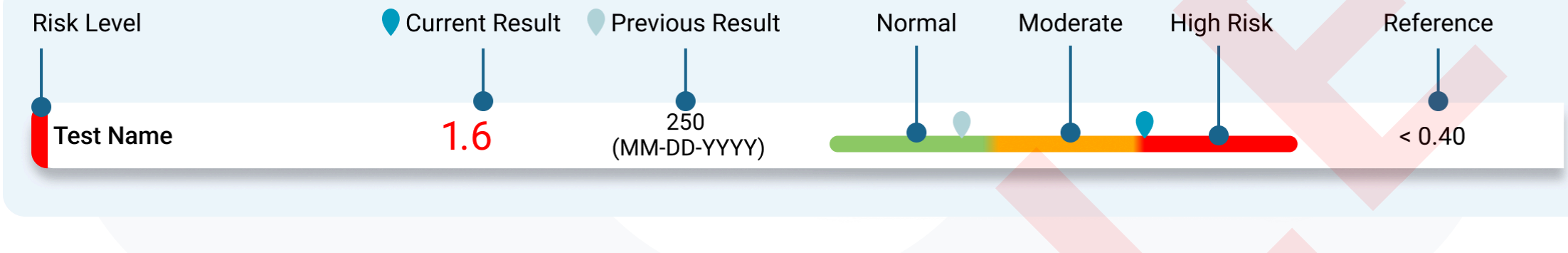
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Gut Zoomer

INTRODUCTION

Digestion and Immune Balance, **Gut Inflammatory**, **Gut Antibodies**, **Gut Metabolites**, and **Gut Neurotransmitters** markers are displayed along with a risk indicator and the corresponding reference range. Reference ranges for **Digestion and Immune Balance**, **Gut Inflammatory**, **Gut Antibodies**, and **Gut Metabolites** markers were calculated using results from 200 healthy adults over 18 years of age, and pediatric reference ranges are not available. Reference ranges for **Gut Neurotransmitters** markers were established using a cohort of 1,000 apparently healthy individuals and validated across three age groups: <10 years, 10–14 years, and >14 years. All test results are displayed with a risk indicator and abundance direction as applicable. (red – high risk, yellow – moderate risk and green – low risk). The patient's risk score is considered low if it falls within the green (normal) zone. The current result and previous result are listed to the left of the reference range illustration. The reference metric, used to establish the reference range, is listed to the right of the reference range illustration (see image below)



Please note: It is important that you discuss any modifications to your diet, exercise, drug, and/or nutritional supplementation with your healthcare provider before making any changes. Antibody titers do not indicate the presence or absence of infection, the diagnosis of which should be made based upon a thorough evaluation of clinical history.

Regulatory Disclaimer: This test was performed by Vibrant America Clinical Laboratory at 3521 Leonard Ct, Santa Clara, CA 95054 (CLIA No. 05D2078809, CAP No. 8970308), and Vibrant Genomics LLC at 3521 Leonard Ct, Santa Clara, CA 95054 (CLIA No.05D2098445, CAP No. 9282409). All PCR-based Test[2] are performed by Vibrant Genomics LLC. This test was developed, and its performance characteristics determined, by Vibrant America Clinical Laboratory and Vibrant Genomics LLC. This test has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The New York State Department of Health has not evaluated any test[3] claims nor reviewed the accuracy of this test.

Test[2]: Gut Commensals and Gut Pathogens

Test[3]: Short-Chain Fatty Acids and Bile Acid Metabolites

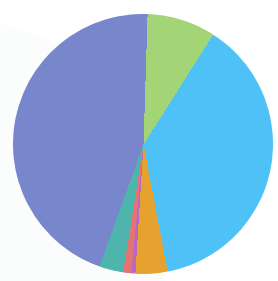
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Patient Name: DEMO DEMO
Date of Birth: 00-00-0000 Accession ID: 2832648635
Service Date: Local 2026-03-29 10:00

Gut Zoomer - Summary

Gut Diversity

INDEX	Reference	Current	Previous
Shannon's Index	≥ 2.40	2.3	
Simpson's Index	≥ 0.74	0.91	



PHYLA

- 9.0% Proteobacteria-
- 38.0% Firmicutes
- 4.0% Actinobacteria
- 0.5% Euryarchaeota
- 1.0% Fusobacteria-
- 3.0% Verrucomicrobia-
- 45.0% Bacteroidetes-

NOTE

Shannon's Index: Higher values indicate richness.

Simpson's Index: Higher values indicate greater species diversity.

KEY RATIOS	Current	Previous	Result	Reference
Firmicutes/Bacteroidetes (F/B)	0.8		0 0.9 7	≤0.9
Prevotella/Bacteroides (P/B)	0.40		0 0.47	≥0.48

Decreased ability to handle complex carbohydrates, potentially leading to weight gain.

Gut Commensals

Reference Range: In Control: <2 Moderate: 2-3.9 Risk: >3.9

Risk Category	Current	Previous	Risk Score	Risk Association
Intestinal Permeability	>6			Impaired intestinal barrier, Low butyrate production, Low propionate production, Low acetate production

GENUS/SPECIES IMBALANCE

Akkermansia muciniphila, Butyrivibrio, Faecalibacterium prausnitzii, Roseburia intestinalis, Eubacterium rectale, Blautia, Bacteroides vulgatus, Coprococcus, Prevotella, Lactobacillus, Roseburia, Ruminococcaceae, Bifidobacterium adolescentis, Dialister invisus, Ruminococcus gnavus, Veillonella, Haemophilus

Intestinal Gas	3.2			Elevated hydrogen production, Elevated carbon dioxide production, Elevated hydrogen sulfide production

GENUS/SPECIES IMBALANCE

Phascolarctobacterium, Roseburia intestinalis, Fusobacterium

SIBO	2.6			SIBO syndrome

GENUS/SPECIES IMBALANCE

Escherichia coli

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Gut Zoomer - Summary

Gut Commensals

Reference Range: In Control: <2 | Moderate: 2-3.9 | Risk: >3.9

Risk Category	Current	Previous	Risk Score	Risk Association
Irritable Bowel Syndrome	2.9			Irritable bowel syndrome
GENUS/SPECIES IMBALANCE Bifidobacterium catenulatum, Lactobacillus				
Inflammatory Bowel Disease	>6			Crohn's disease, Ulcerative colitis
GENUS/SPECIES IMBALANCE Akkermansia muciniphila, Dialister invisus, Faecalibacterium prausnitzii, Phascolarctobacterium, Roseburia, Ruminococcaceae, Lactobacillus, Escherichia coli, Blautia, Coprococcus, Eubacterium rectale, Ruminococcus gnavus				
Autoimmune Health	2.8			Psoriatic arthritis, Celiac disease
GENUS/SPECIES IMBALANCE Akkermansia muciniphila, Coprococcus, Lactobacillus				
Metabolic Health	>6			Glucose dysregulation and obesity, Digestive insufficiency and affected metabolic health, Altered bile acid metabolism, Poor biosynthesis of GLP-1, Poor biosynthesis of GLP-2
GENUS/SPECIES IMBALANCE Akkermansia muciniphila, Christensenella minuta, Escherichia coli, Phascolarctobacterium, Hafnia, Parabacteroides, Bifidobacterium adolescentis, Eubacterium, Lactobacillus, Ruminococcus gnavus, Faecalibacterium prausnitzii				
Liver Health	4.1			Alcohol-related liver cirrhosis, Alcoholic hepatitis, Alcohol-associated dysbiosis
GENUS/SPECIES IMBALANCE Escherichia coli, Ruminococcaceae, Faecalibacterium prausnitzii, Lactobacillus, Leuconostoc, Pediococcus				
Hormones	1.2			
Nutrition	>6			Poor vitamin synthesis, Affected oxalate metabolism, Poor tryptophan metabolism, Poor phenylalanine metabolism, Poor tyrosine metabolism, Poor polyphenol metabolism
GENUS/SPECIES IMBALANCE Bacillus subtilis, Lactobacillus, Faecalibacterium prausnitzii, Bifidobacterium adolescentis, Lactobacillus animalis, Streptococcus, Akkermansia muciniphila, Peptostreptococcus, Blautia hydrogenotorophica, Lactobacillus bulgaricus, Eubacterium				
Cardiovascular Health	2.5			Atherosclerosis, Stroke
GENUS/SPECIES IMBALANCE Escherichia coli, Faecalibacterium prausnitzii, Roseburia intestinalis, Lactobacillus sakei				

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Gut Zoomer - Summary

Gut Commensals

Reference Range: In Control: <2 Moderate: 2-3.9 Risk: >3.9

Risk Category	Current	Previous	Risk Score	Risk Association
Neurological Health	5.7			Multiple sclerosis, Autism, Poor biosynthesis of neurotransmitters

GENUS/SPECIES IMBALANCE

Butyricimonas, Haemophilus, Bacteroides vulgatus, Coprococcus, Desulfovibrio, Prevotella, Roseburia, Bacillus subtilis, Eubacterium

Probiotic Health	>6			Low probiotic diversity

GENUS/SPECIES IMBALANCE

Bacillus coagulans, Bifidobacterium breve, Bifidobacterium infantis, Lactobacillus acidophilus, Lactobacillus brevis, Lactobacillus bulgaricus, Lactobacillus fermentum, Lactobacillus paracasei, Lactobacillus reuteri, Lactobacillus rhamnosus, Lactobacillus rhamnosus GG, Lactobacillus salivarius, Saccharomyces boulardii, Streptococcus thermophilus, Bifidobacterium dentium

Keystone Health	5.4			Reduced keystone species

GENUS/SPECIES IMBALANCE

Akkermansia muciniphila, Butyrivibrio, Roseburia intestinalis, Blautia, Prevotella, Eubacterium, Roseburia, Faecalibacterium prausnitzii

Supplement Suggestions

PROBIOTICS

Intestinal Permeability: Lactobacillus rhamnosus GG, Lactobacillus acidophilus, Lactobacillus plantarum, Bifidobacterim infantis, E. coli Nissle 1917, Bifidobacterium animalis lactis BB-12

Intestinal Gas: Lactobacillus strains

SIBO: Lactobacillus casei

Irritable Bowel Syndrome: Lactobacillus plantarum 299v

Inflammatory Bowel Disease: Butyrate

Probiotic Health: Lactobacillus acidophilus, Lactobacillus rhamnosus GG, Lactobacillus casei, Lactobacillus plantarum, Bacillus coagulans, Bifidobacterium bifidum, Bifidobacterium breve MCC1274, Bifidobacterium longum, Bifidobacterium lactis, Lactobacillus brevis

Keystone Health: Lactobacillus acidophilus, Lactobacillus rhamnosus GG, Akkermansia muciniphila, Bifidobacterium

SUPPLEMENTS

Intestinal Permeability: Vitamin D, Inulin, Vitamin A, Curcumin, Glutamine, Zinc, L-arginine, Quercetin, Vitamin B2, Cacao (Theobroma cacao)

Intestinal Gas: Alpha-Galactosidase

Irritable Bowel Syndrome: Vitamin D, Psyllium husk, Peppermint oil

Inflammatory Bowel Disease: Vitamin D, Omega-3 fatty acids, Milk thistle, Zinc, Phosphatidylcholine, Palmitoylethanolamide (PEA), Lactoferrin

Autoimmune Health: Vitamin D, Omega-3 fatty acids, Vitamin B12, Calcium, Iron, Folic acid

Metabolic Health: Vitamin D, Berberine, Vitamin A, Vitamin E, Folate, Calcium, Vitamin B12, Zinc, Glutamine, Cacao (Theobroma cacao)

Liver Health: Milk thistle

Nutrition: Folate, Curcumin, Vitamin C, Vitamin B6, Tyrosine, B complex vitamins, Sapropterin

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Gut Zoomer - Summary

Gut Commensals

Supplement Suggestions

SUPPLEMENTS

Cardiovascular Health: Omega-3 fatty acids, Coenzyme Q10, Folate, Vitamin E, Vitamin C, Garlic, Green tea extract, L-arginine, Quercetin, Hydroxytyrosol

Neurological Health: Vitamin D, Omega-3 fatty acids, Coenzyme Q10, Vitamin A, Melatonin, Glutamine, N-acetyl-cysteine, Tyrosine, Omega-6 fatty acids, Biotin

Probiotic Health: Vitamin C, Vitamin B12

Keystone Health: Inulin, Galactooligosaccharides, Vitamin C, Vitamin B2, Xylo-oligosaccharides, Lactulose, Xylooligosaccharide, Red wine polyphenols, Kiwifruit powder, Vitamin B3

SUPPORTIVE SUPPLEMENTS

Intestinal Permeability: Resistant starch

SIBO: Berberine

Inflammatory Bowel Disease: Omega-3 fatty acids, Phosphatidylcholine, Palmitoylethanolamide (PEA), Eicosapentaenoic acid

Autoimmune Health: Vitamin A, Conjugated linoleic acids

Metabolic Health: Inulin, Fructooligosaccharides, Galactooligosaccharides

Liver Health: Milk thistle, Vitamin E, Glutathione, Garlic

Cardiovascular Health: Omega-3 fatty acids, Coenzyme Q10, Curcumin, Vitamin E, Protocatechuic acid, Quercetin-3-glucuronide, α-Asarone, Gallic acid, Urolithins, Selenium

Neurological Health: Berberine, 5-HTP

Probiotic Health: Inulin, Fructooligosaccharides

Keystone Health: Resistant starch

Consider these supplements in relation to medical history and symptoms. Not all recommended supplements are appropriate in all individual cases. Consult a knowledgeable healthcare provider before taking any supplemental nutrients or probiotics.

Gut Pathogens

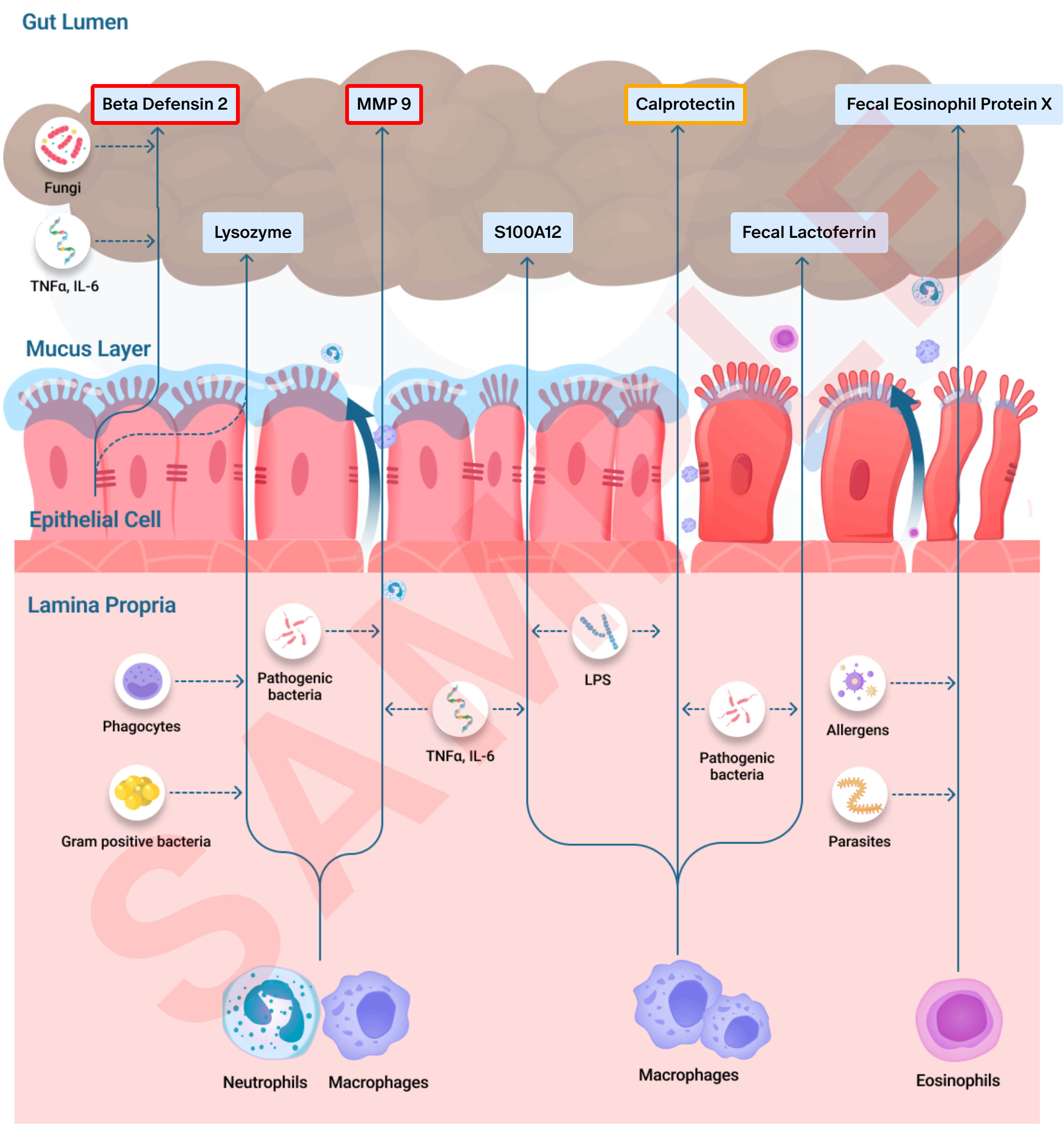
Parasites - Protozoans	Current	Previous	Reference
Blastocystis hominis	1.6e3		≤1.5e3

Fungi	Current	Previous	Reference	Fungi	Current	Previous	Reference
Candida spp.	1e3		≤1e2	Candida albicans	1.2e3		≤2.5e2

SAMPLE

Gut Zoomer - Summary

Gut Inflammation



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Gut Zoomer - All Markers

Gut Inflammation

Test Name	Current	Previous	Result	Reference
Beta Defensin 2 (ng/mL)	40.0		0 — 34.9	≤34.9

Beta-defensin is an antimicrobial peptide produced by epithelial cells lining the gut mucosa. It is secreted in response to microbial overgrowth, particularly involving gram-negative bacteria and fungi. Elevated levels of beta-defensin indicate an active immune response to these microorganisms or the presence of inflammation. Sustained elevation may signal persistent gut inflammation and damage to the epithelial barrier. Symptoms associated with elevated beta-defensin include abdominal pain and diarrhea, which are commonly observed in inflammatory bowel disease (IBD) and Candida overgrowth.

Lysozyme (ng/mL)	150.0		0 — 575	≤575.0
MMP 9 (ng/mL)	0.3		0 — 0.2	≤0.2

MMP-9 is an enzyme produced by neutrophils and macrophages during inflammatory responses in the gut, often in response to gut microorganisms, contributing to active immune activity in the gastrointestinal tract. Elevated levels indicate intestinal inflammation with matrix degradation and mucosal damage. Marked elevations commonly correlate with active ulcerative colitis (UC) or other inflammatory bowel conditions, reflecting advanced disease activity and accompanying symptoms such as mucus-filled diarrhea and rectal bleeding. Milder, more transient elevations can occur in non-IBD conditions, including viral gastroenteritis, bacterial enteritis, ischemic colitis, Helicobacter pylori gastritis, and celiac disease, and these typically normalize as the underlying condition resolves or is treated.

S100A12 (mcg/ml)	20.0		0 — 50	≤50.0
Calprotectin (mcg/g)	85.0		0 — 50 — 119.9	≤50.0

Calprotectin, a protein released by neutrophils, is a hallmark of inflammation in the gastrointestinal tract. Elevated calprotectin levels indicate active disease and immune cell infiltration, which can result in tissue damage and disrupted gut function. Symptoms may include abdominal pain and loose stools. The presence of elevated calprotectin in stool serves as a marker of neutrophil activity and gastrointestinal inflammation. This makes it a valuable biomarker for conditions such as inflammatory bowel disease (IBD), including ulcerative colitis (UC) and Crohn's disease, and for distinguishing these conditions from irritable bowel syndrome (IBS), which typically does not involve significant inflammation.

Fecal Lactoferrin (mcg/ml)	6.0		0 — 6.4	≤6.4
Fecal Eosinophil Protein X (mcg/g)	3.0		0 — 4.8	≤4.8
Fecal Immunochemical Test (FIT) (mcg/g)	6.0		0 — 10	≤10.0

Supplement Suggestions

SUPPLEMENTS

Beta Defensin 2: Resveratrol, Curcumin, Quercetin

MMP 9: Resveratrol, Curcumin, Quercetin, Milk thistle

Calprotectin: Resveratrol, Curcumin, Quercetin, Phosphatidylcholine

SUPPORTIVE SUPPLEMENTS

Beta Defensin 2: Omega-3 fatty acids, Butyrate

MMP 9: Omega-3 fatty acids

Calprotectin: Omega-3 fatty acids

Consider these supplements in relation to medical history and symptoms. Not all recommended supplements are appropriate in all individual cases. Consult a knowledgeable healthcare provider before taking any supplemental nutrients or probiotics.

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Gut Zoomer - All Markers

Gut Permeability And Antibodies

GUT PERMEABILITY	Current	Previous	Result	Reference
Fecal Zonulin (ng/mL)	350.0		0 25 160.8	25.1-160.8

Zonulin, a regulatory protein involved in intestinal permeability, is a marker for "leaky gut." It is produced by intestinal epithelial cells and hepatocytes in response to gut microorganisms, gluten, and other environmental triggers, and it regulates the integrity of tight junctions in the gut lining. Elevated levels indicate disrupted tight junctions and increased gut permeability, resulting in symptoms such as bloating, diarrhea, food sensitivities, and fatigue. Zonulin has been implicated in a range of chronic inflammatory conditions both within and beyond the gut. Intestinal associations include celiac disease, inflammatory bowel disease, irritable bowel syndrome, non-celiac gluten sensitivity, and environmental enteropathy. Extraintestinal associations include type 1 diabetes, multiple sclerosis, obesity and insulin resistance, type 2 diabetes, polycystic ovary syndrome, asthma, coronary artery disease, and sepsis. In most of these conditions zonulin has been shown to be elevated without an established causal role, and it has been proposed as a marker of gut dysbiosis and systemic metabolic disorders.

MUCOSAL IMMUNITY	Current	Previous	Result	Reference
sIgA (mcg/g)	425.0		0 425.9 1450	426.0-1450.0

Secretory IgA (SIgA) is an antibody that plays a critical role in mucosal immunity, protecting epithelial barriers by neutralizing pathogens and modulating the intestinal microbiota. SIgA is secreted by plasma cells in the lamina propria and transported across the gut epithelium. Low SIgA levels reflect compromised mucosal immunity, potentially leaving the gut epithelial barrier more vulnerable to pathogens. This deficiency is often linked to chronic stress, malnutrition, or underlying immunodeficiency conditions. Insufficient SIgA production can result in increased susceptibility to infections, digestive disturbances, and food intolerances. Associated symptoms may include bloating, diarrhea, and recurrent infections. Monitoring SIgA levels is crucial for identifying weakened immune function and addressing the underlying factors to restore intestinal homeostasis and enhance mucosal defense.

GUT ANTIBODIES	Current	Previous	Result	Reference
Lipopolysaccharide Antibody (IgG+IgA)	12.0		0.1 10 20	≤10.0

The lipopolysaccharide (LPS) antibody test evaluates immune responses against LPS, a potent endotoxin found in the outer membrane of Gram-negative bacteria. When intestinal permeability is compromised, due to dysbiosis, chronic inflammation, or infection, LPS can translocate across the epithelial barrier and trigger systemic immune activation. Elevated anti-LPS antibody levels reflect heightened exposure to bacterial endotoxins and suggest ongoing gut barrier dysfunction, commonly referred to as “leaky gut.” This immune response is often associated with symptoms such as abdominal bloating, fatigue, and difficulty concentrating. By capturing immune reactivity to bacterial endotoxins, the LPS antibody test serves as a marker of microbial translocation and gut-immune axis disruption, offering valuable insights into the potential causes of systemic and gastrointestinal imbalances.

Anti-Saccharomyces Cerevisiae Antibody (IgG+IgA)	4.9		0.1 10 20	≤10.0
Tissue Transglutaminase (IgG+IgA)	18.0		0.1 10 20	≤10.0

The tissue transglutaminase (tTG) antibody test detects autoantibodies targeting the tTG enzyme, which plays a role in the modification of gluten peptides. In individuals with celiac disease, tTG modifies gluten by deamidating gliadin peptides, making them more immunogenic and triggering an autoimmune response in genetically susceptible individuals. Therefore, elevated levels are strongly associated with celiac disease and are considered a hallmark of the autoimmune response to gluten. These elevated levels may arise from continued gluten intake in genetically predisposed individuals, especially those with HLA-DQ2 or HLA-DQ8 alleles. Symptoms may include chronic diarrhea, abdominal distension, malabsorption, anemia, and fatigue. This marker is crucial for diagnosing celiac disease and for evaluating intestinal damage and adherence to a gluten-free diet. Its assessment provides insight into autoimmune activation triggered by gut-derived antigens.

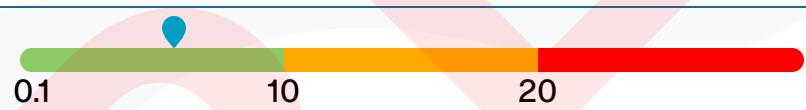
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Gut Zoomer - All Markers

Gut Permeability And Antibodies

GUT ANTIBODIES	Current	Previous	Result	Reference
Deamidated Gliadin Peptide (IgG+IgA)	22.0			≤10.0

The deamidated gliadin peptide (DGP) antibody test detects immune responses to modified gliadin, a component of gluten. In the small intestine, the enzyme tissue transglutaminase (tTG) modifies gliadin by deamidating it, converting glutamine residues to glutamic acid by removal of an amide group and so converting gliadin into deamidated gliadin peptides (DGPs). This introduces a negative charge that greatly increases the peptides' binding affinity for HLA-DQ2 and HLA-DQ8, making them more immunogenic and triggering a stronger autoimmune response in genetically susceptible individuals. Elevated DGP antibodies may be present in early or atypical celiac disease, and have been reported to appear before tTG antibodies in some patients. Such elevations may result from gluten consumption or gluten cross-contamination, making this test especially valuable in pediatric or IgA-deficient populationss. Symptoms can include bloating, diarrhea, irritability, or unexplained iron-deficiency anemia. The DGP antibody test aids in identifying gluten sensitivity and early manifestations of celiac disease, providing critical insights into immune reactivity to gluten before significant mucosal damage occurs.

Fecal Anti Gliadin (IgG+IgA)	4.9			≤10.0
Actin Antibody (IgG+IgA)	5.7			≤10.0

Supplement Suggestions

SUPPLEMENTS

Fecal Zonulin: Larazotide acetate

sIgA: Vitamin A, Saccharomyces boulardii, Beta-glucans

Tissue Transglutaminase (IgG+IgA): Vitamin A, Enterococcus faecium, Lactobacillus acidophilus, Lactobacillus rhamnosus, Bifidobacterium bifidum, Bifidobacterium longum, Fructooligosaccharides, Vitamin B1, Vitamin B2, Vitamin B6

SUPPORTIVE SUPPLEMENTS

Fecal Zonulin: Vitamin A, Curcumin, Prebiotics, Synbiotics, Probiotics, Bovine colostrum, L-glutamine, Polyphenols, Resveratrol, Quercetin

Lipopolysaccharide Antibody (IgG+IgA): Butyrate, Phosphatidylcholine

Deamidated Gliadin Peptide (IgG+IgA): Curcumin, Omega-3 fatty acids, EGCG, Vitamin C

Consider these supplements in relation to medical history and symptoms. Not all recommended supplements are appropriate in all individual cases. Consult a knowledgeable healthcare provider before taking any supplemental nutrients or probiotics.

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Digestion And Malabsorption

DIGESTION	Current	Previous	Result	Reference
pH	7.4		0 6 7.8	6.1-7.8
Pancreatic Elastase 1 (mcg/g)	185.0		0 100 199.9	≥200.0

Pancreatic Elastase, an enzyme produced by the exocrine pancreas, plays a vital role in protein digestion and serves as a non-invasive marker of exocrine pancreatic function. In the digestive tract, elastase is not broken down by other enzymes and is eventually excreted in the stool. Normal pancreatic function results in detectable levels of elastase in stool, while decreased levels indicate exocrine pancreatic insufficiency (EPI). EPI leads to insufficient production of digestive enzymes, causing malabsorption and symptoms such as steatorrhea (fatty stools), weight loss, bloating, and abdominal discomfort. Low elastase levels are associated with conditions such as chronic pancreatitis, cystic fibrosis, diabetes, and pancreatic cancer.

DIETARY FIBER	Current	Previous	DIETARY FIBER	Current	Previous
Meat Fiber	DETECTED		Vegetable Fiber	DETECTED	

Meat Fiber: The presence of meat fibers in stool suggests improper digestion or inadequate chewing, which can hinder nutrient absorption and overall digestive efficiency. Dietary fiber intake supports intestinal health by contributing to fecal bulk and promoting beneficial microbiota activity, while undigested meat fibers often indicate digestive insufficiency linked to inefficient chewing or reduced enzymatic activity. Proper chewing and slower eating enhance digestion, improving nutrient absorption, appetite control, and weight management. Symptoms such as bloating, abdominal discomfort, or malnutrition may accompany poor digestion, highlighting the importance of proper dietary and lifestyle habits.

Vegetable Fiber: Vegetable fibers in stool may indicate improper digestion, inadequate chewing, or digestive enzyme insufficiency, all of which can compromise nutrient absorption. Consuming vegetable fiber benefits gut health by promoting regular bowel movements and supporting healthy microbiota. However, undigested fibers can result in symptoms like bloating, abdominal discomfort, or irregular stools. Encouraging thorough chewing and mindful eating helps optimize digestion, thereby improving nutrient uptake and reducing the risk of weight gain, obesity, and related metabolic disorders.

FAT MALABSORPTION	Current	Previous	Result	Reference
Total Fecal Fat (mg/g)	12.0		0 2.8 37.5	2.9-37.5
Total Fecal Triglycerides (mg/g)	4.0		0 0.2 2.5	0.3-2.5

Total fecal triglycerides measure the amount of unabsorbed triglycerides excreted in the stool, serving as an indicator of lipid digestion and absorption efficiency. Most dietary fat consists of triglycerides, and elevated fecal triglyceride levels indicate incomplete hydrolysis, reflecting impaired digestion or malabsorption. This may result from inadequate pancreatic enzyme activity, leading to unabsorbed triglycerides in the feces. Fat malabsorption can cause nutrient deficiencies, compromising essential fatty acid absorption and fat-soluble vitamin delivery, which are vital for immune function and gut health. This may lead to symptoms such as diarrhea, malnutrition, and inflammation highlight the need for evaluating digestive health.

Long Chain Fatty Acids (mg/g)	14.0	0 0.8 28.1	0.9-28.1
Total Cholesterol (mg/g)	3.0	0 0.4 5.3	0.5-5.3
Total Phospholipids (mg/g)	2.0	0 0.2 6.4	0.3-6.4

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Digestion And Malabsorption

Supplement Suggestions

SUPPLEMENTS

Pancreatic Elastase 1: Betaine HCL

Total Fecal Triglycerides: Curcumin

SUPPORTIVE SUPPLEMENTS

Pancreatic Elastase 1: Lipase

Meat Fiber: Betaine HCL, Taurine

Vegetable Fiber: Betaine HCL, Taurine

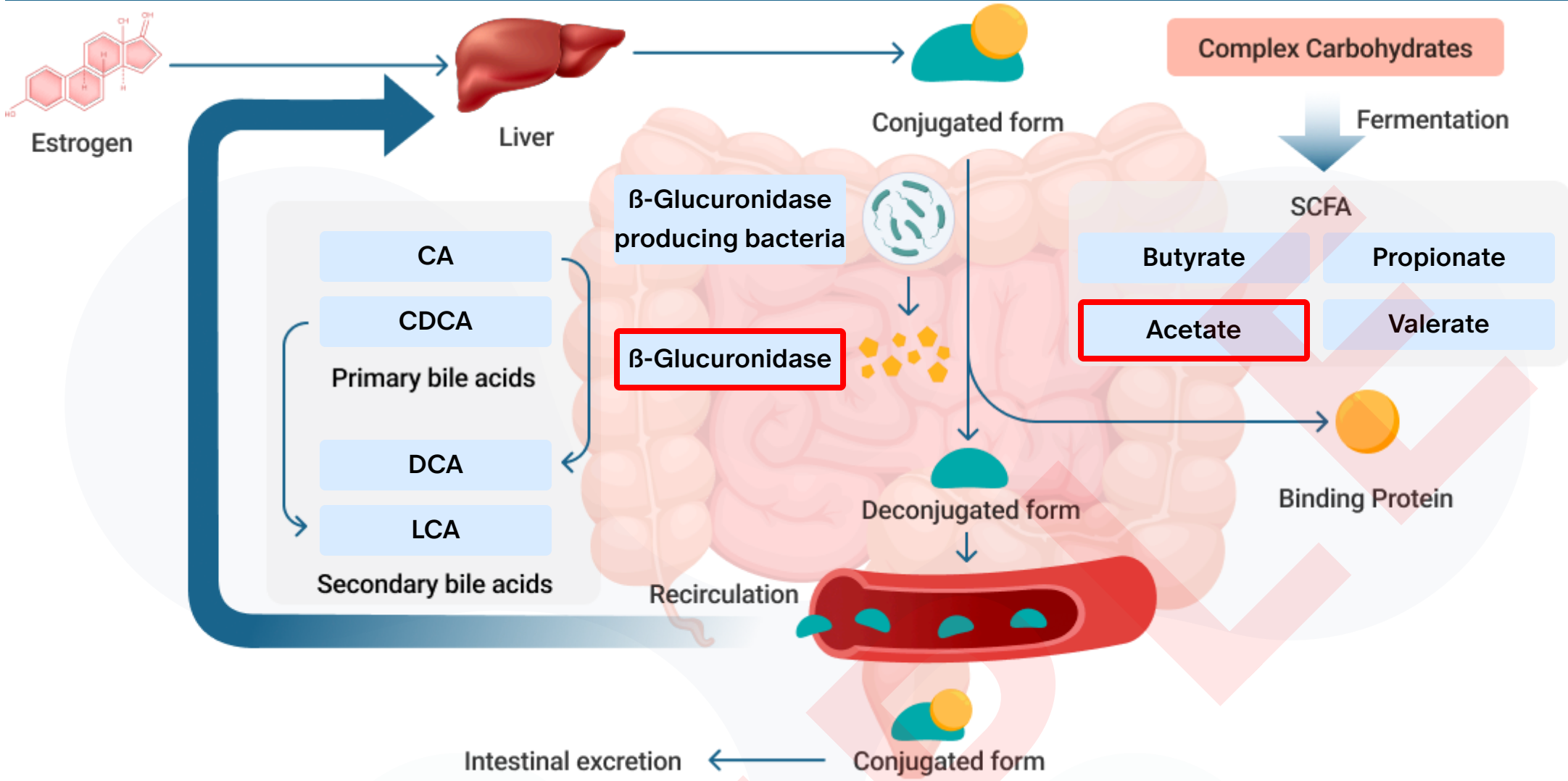
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SAMPLE

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Gut Zoomer - Summary

Gut Metabolites



CHOLIC ACID (CA)

- Fat malabsorption (greasy stools) from dysregulated bile synthesis and affected cholesterol metabolism.
- Digestive discomfort due to gut dysbiosis.

Gallbladder, Liver, Gut

ACETATE

- Dysregulated cholesterol levels due to altered lipid metabolism.
- Mood swings from affected neuronal signaling.
- Increased inflammation.

Colon, Brain

CHENODEOXYCHOLIC ACID (CDCA)

- Affected bowel movements from gut inflammation and impaired motility.
- Insulin resistance and poor blood sugar regulation due to disrupted GLP-1 sensitivity.

Brown adipose tissue, Gut

PROPIONATE

- Potential weight regulation issues due to altered energy homeostasis.
- Impaired satiety leading to overeating due to affected GLP-1 secretion.

Liver, Pancreas

DEOXYCHOLIC ACID (DCA)

- Elevated gut inflammation via NF-κB.
- Bowel discomfort due to low stool water content affecting gut motility and bowel movement.

Immune cells, Colon

BUTYRATE

- Gastric discomfort from weakened intestinal lining.
- Poor blood sugar control due to disrupted glucose regulation via GLP-1.
- Brain fog from impaired neurogenesis.

Gut, Brain

LITHOCHOLIC ACID (LCA)

- Toxin build-up due to poor detoxification
- Frequent gut infections from reduced immunity via VDR.
- Bloating and irregular stools from gut dysbiosis.

Liver, Gut

VALERATE

- Affected skin barrier function leading to dry, irritated, and itchy skin

Skin

β-GLUCURONIDASE

- Increased toxin reabsorption due to impaired glucuronidation.
- Hormonal imbalances leading to estrogen dominance.
- Elevated risk of inflammation.

Liver, Gut

β-GLUCURONIDASE PRODUCING BACTERIA

- Increased toxin reabsorption due to glucuronide cleavage (release of toxins or hormones).
- Hormonal disruptions, including estrogen dominance.
- Gut microbiota imbalance leading to inflammation.

Liver, Gut

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Gut Zoomer - All Markers

Gut Metabolites

BILE ACID METABOLITES	Current	Previous	Result	Reference
Cholic Acid (CA) (%)	0.30		0 — 0.36	≤0.36
Chenodeoxycholic Acid (CDCA) (%)	0.70		0 — 1.25	≤1.25
Deoxycholic Acid (DCA) (%)	26.00		0 — 24.24 — 75.84	24.25-75.84
Lithocholic Acid (LCA) (%)	52.00		0 — 24.15 — 75.75	24.16-75.75
LCA/DCA Ratio	2.00		0 — 0.31 — 3.38	0.32-3.38

SHORT CHAIN FATTY ACIDS	Current	Previous	Result	Reference
Acetate (%)	32.0		0 — 60.1 — 72.7	60.2-72.7

Acetate, a short-chain fatty acid (SCFA) produced by colonic bacteria through the fermentation of dietary fibers like resistant starch and polysaccharides, is a key metabolite in gut health. These fibers are broken down into intermediates and converted into acetate by bacterial enzymes. As the most abundant SCFA, acetate supports microbial balance, energy production for intestinal cells, and cross-feeding between beneficial bacteria. It activates GPR41 to regulate microbiota interactions, immune responses, and blood pressure, and GPR43 to modulate inflammation, lipid metabolism, appetite, and gut barrier integrity. Importantly, acetate counteracts the gut bacterial metabolite phenylacetic acid (PAA), which drives mitochondrial oxidative stress and contributes to endothelial cell senescence and vascular aging. By acting as a SIRT1-dependent senomorphic that restores mitochondrial redox and energy balance, acetate mitigates oxidative damage and PAA-mediated senescence. It also influences neuronal signaling through the gut-brain axis. Low fecal acetate levels are linked to gut dysbiosis, disrupted lipid metabolism, mood fluctuations, and increased inflammation.

Propionate (%)	19.0		0 — 15.3 — 30.3	15.4-30.3
Butyrate (%)	8.0		0 — 5 — 12.4	5.1-12.4
Valerate (%)	1.0		0 — 0.7 — 3.5	0.8-3.5
Total Short Chain Fatty Acids (micromol/g)	52.0		0 — 45.3 — 210.1	45.4-210.1

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Gut Zoomer - All Markers

Gut Metabolites

ESTROGEN METABOLISM	Current	Previous	Result	Reference
ß-Glucuronidase (U/mL)	2600		0 2300	≤2300.0

Beta-glucuronidase is an enzyme produced by gut microbiota that plays a key role in breaking down glucuronides, compounds formed during glucuronidation. Gut bacterial β-glucuronidases (GUS) are encoded across the major gut phyla chiefly Bacteroidetes and Firmicutes with Bacteroides, Escherichia coli, Faecalibacterium prausnitzii, Eubacterium eligens, and Ruminococcus gnavus among the principal contributors. Glucuronidation is a vital detoxification pathway in the liver, where substances, including hormones like estrogen, are conjugated with glucuronic acid to increase water solubility and facilitate excretion via bile or urine. However, beta-glucuronidase in the gut can deconjugate these glucuronides, releasing free forms of substances like estrogen. This deconjugation reverses the liver's phase II metabolism and disrupts the normal excretion process, allowing estrogen to be reabsorbed into the bloodstream via enterohepatic circulation, which can contribute to elevated circulating estrogen levels and estrogen dominance, with effects mediated by estrogen receptors ERα and ERβ. Fecal beta-glucuronidase activity varies widely between healthy individuals, and GUS genes are carried both by pathobionts such as Escherichia coli and by beneficial commensals such as Faecalibacterium prausnitzii; elevated activity therefore reflects the composition and metabolic output of the microbiota and is best interpreted alongside other markers rather than treated on its own as evidence of dysbiosis. This enzymatic activity affects not only estrogen metabolism but also the detoxification of other potentially harmful substances, which may contribute to systemic inflammation. Measuring fecal beta-glucuronidase levels provides valuable insights into gut microbial activity and its potential impact on hormone metabolism, detoxification pathways, drug response and toxicity, and cancer risk.

Supplement Suggestions

SUPPLEMENTS

Acetate: Inulin

ß-Glucuronidase: Bifidobacterium, Lactobacillus, Calcium-D-glucarate

SUPPORTIVE SUPPLEMENTS

ß-Glucuronidase: Milk thistle

Consider these supplements in relation to medical history and symptoms. Not all recommended supplements are appropriate in all individual cases. Consult a knowledgeable healthcare provider before taking any supplemental nutrients or probiotics.

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Patient Name: **DEMO DEMO**
Date of Birth: **00-00-0000** Accession ID: **2832648635**
Service Date: **Local 2026-03-29 10:00**

Gut Zoomer - All Markers

Gut Commensals - Gut Microbiome

Test Name	Current	Previous	Result	Reference
Acinetobacter⁻	7.5		0 — 20	≤20.0
Actinomyces	4.1		0.1 — 20	≤20.0
Alistipes	6.3		0.1 — 20	≤20.0
Alloprevotella⁻	10.5		0 — 9.9	≥10.0
Atopobium	12.3		0 — 20	≤20.0
Atopobium parvulum	5.4		0 — 20	≤20.0
Bacteroidales⁻	10.1		0 — 9.9 — 20	10.0-20.0
Bacteroides⁻	18.7		0 — 9.9 — 20	10.0-20.0
Bacteroides caccae⁻	7.9		0 — 20	≤20.0
Bacteroides vulgatus⁻	9.6		0 — 9.9	≥10.0
Bifidobacterium	14.9		0 — 9.9	≥10.0
Bifidobacterium adolescentis	8.5		0 — 9.9 — 20	10.0-20.0
Bifidobacterium animalis	11.5		0 — 9.9	≥10.0
Bifidobacterium animalis subspecies lactis	12.7		0 — 9.9	≥10.0
Bifidobacterium catenulatum	5.2		0 — 9.9	≥10.0
Bifidobacterium dentium	8.2		0 — 9.9	≥10.0
Blautia	9.8		0 — 9.9 — 20	10.0-20.0
Blautia hydrogenotorophica	4.4		0 — 9.9 — 20	10.0-20.0
Bradyrhizobiaceae⁻	5.9		0 — 20	≤20.0
Butyricimonas⁻	9.1		0 — 9.9	≥10.0
Butyrivibrio	4.3		0 — 9.9	≥10.0
Catenibacterium	11.8		0 — 9.9	≥10.0
Christensenella minuta	6.9		0 — 9.9	≥10.0

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Gut Zoomer - All Markers

Gut Commensals - Gut Microbiome

Test Name	Current	Previous	Result	Reference
Clostridia clusters IV	16.4		0 9.9	≥10.0
Clostridia clusters XIVa	14.3		0 9.9	≥10.0
Clostridia clusters XVIII	13.3		0 9.9	≥10.0
Clostridiales Family XIV Incertae Sedis	10.6		0 9.9	≥10.0
Clostridiales Incertae Sedis IV	13.8		0 20	≤20.0
Clostridium	15.6		0 9.9 20	10.0-20.0
Clostridium hathewayi⁻	10.6		0 20	≤20.0
Clostridium ramosum	8.8		0 20	≤20.0
Clostridium symbiosum⁻	10.6		0 20	≤20.0
Collinsella	10.6		0 20	≤20.0
Coprococcus	9.3		0 9.9 20	10.0-20.0
Desulfovibrio⁻	22.2		0 20	≤20.0
Desulfovibrio piger⁻	20.0		0 9.9 20	10.0-20.0
Dialister invisus⁻	7.7		0 9.9	≥10.0
Dorea	9.6		0 20	≤20.0
Eggerthella lenta	5.1		0 20	≤20.0
Enterobacter aerogenes⁻	8.1		0 20	≤20.0
Enterobacteria⁻	12.2		0 20	≤20.0
Enterobacteriaceae⁻	12.2		0 9.9 20	10.0-20.0
Enterococcus	10.8		0 9.9 20	10.0-20.0
Enterococcus gallinarum	9.6		0 20	≤20.0
Escherichia coli⁻	22.4		0 9.9 20	10.0-20.0
Eubacterium	9.8		0 9.9	≥10.0

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Date of Birth: 00-00-0000 Accession ID: 2832648635
Service Date: Local 2026-03-29 10:00

Gut Zoomer - All Markers

Gut Commensals - Gut Microbiome

Test Name	Current	Previous	Result	Reference
Eubacterium rectale	6.6		0 9.9 20	10.0-20.0
Faecalibacterium prausnitzii	4.9		0 9.9 20	10.0-20.0
Fusobacterium⁻	3.1		0 9.9 20	10.0-20.0
Haemophilus⁻	3.0		0 9.9	≥10.0
Hafnia	2.2		0 9.9	≥10.0
Holdemania	3.8		0.1 20	≤20.0
Lachnospiraceae	12.7		0 9.9 20	10.0-20.0
Lactobacillaceae	10.1		0 20	≤20.0
Lactobacillus	9.4		0 9.9	≥10.0
Lactobacillus animalis	9.7		0 9.9	≥10.0
Lactobacillus ruminis	8.3		0 20	≤20.0
Lactobacillus sakei	9.9		0 9.9	≥10.0
Lactococcus	8.2		0.1 20	≤20.0
Leuconostoc	4.6		0 9.9	≥10.0
Marvinbryantia	3.5		0.1 20	≤20.0
Methanobrevibacter smithii	10.8		0 9.9 20	10.0-20.0
Mycoplana⁻	4.0		0 20	≤20.0
Oscillospira⁻	15.9		0 9.9	≥10.0
Parabacteroides	7.3		0 9.9	≥10.0
Pediococcus	8.4		0 9.9	≥10.0
Peptostreptococcus	5.8		0 9.9	≥10.0
Phascolarctobacterium⁻	8.1		0 9.9	≥10.0
Porphyromonas gingivalis⁻	3.8		0 20	≤20.0

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Gut Zoomer - All Markers

Gut Commensals - Gut Microbiome

Test Name	Current	Previous	Result	Reference
Prevotella⁻	8.6		0 9.9 20	10.0-20.0
Prevotella copri⁻	8.0		0.1 20	≤20.0
Propionibacterium freudenreichii	7.5		0 9.9	≥10.0
Proteus mirabilis⁻	4.3		0 20	≤20.0
Pseudobutyrivibrio⁻	11.6		0 9.9	≥10.0
Pseudomonas⁻	5.9		0 20	≤20.0
Roseburia	7.6		0 9.9	≥10.0
Roseburia intestinalis	6.5		0 9.9 20	10.0-20.0
Ruminococcaceae	9.1		0 9.9 20	10.0-20.0
Ruminococcus	11.3		0 9.9 20	10.0-20.0
Ruminococcus bromii	12.1		0 9.9	≥10.0
Ruminococcus gnavus	6.0		0 9.9 20	10.0-20.0
Ruminococcus obeum	8.2		0 20	≤20.0
Solobacterium moorei	3.3		0 20	≤20.0
ß-Galactosidase producing bacteria	10.8		0 20	≤20.0
ß-Glucuronidase producing bacteria	14.0		0 20	≤20.0
Staphylococcaceae	16.3		0 20	≤20.0
Staphylococcus epidermidis	8.7		0 20	≤20.0
Staphylococcus pasteuri	8.3		0 20	≤20.0
Staphylococcus species	14.9		0 20	≤20.0
Tyzzerella	10.6		0 20	≤20.0
Tyzzerella 4	6.8		0 20	≤20.0
Veillonella⁻	6.2		0 9.9 20	10.0-20.0

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Gut Zoomer - All Markers

Gut Commensals - Gut Microbiome

Test Name	Current	Previous	Result	Reference
Veillonellaceae-	11.4		0 9.9	≥10.0

Gut Commensals - Probiotic Organisms

Test Name	Current	Previous	Result	Reference
Akkermansia muciniphila-	4.2		0 9.9	≥10.0
Bacillus coagulans	8.8		0 9.9	≥10.0
Bacillus subtilis	9.2		0 9.9	≥10.0
Bifidobacterium bifidum	10.0		0 9.9	≥10.0
Bifidobacterium breve	9.8		0 9.9	≥10.0
Bifidobacterium infantis	6.7		0 9.9	≥10.0
Bifidobacterium longum	10.3		0 9.9	≥10.0
Escherichia coli Nissle-	7.8		0 9.9	≥10.0
Lactobacillus acidophilus	9.8		0 9.9	≥10.0
Lactobacillus brevis	8.1		0 9.9	≥10.0
Lactobacillus bulgaricus	9.2		0 9.9	≥10.0
Lactobacillus casei	10.3		0 9.9	≥10.0
Lactobacillus fermentum	9.9		0 9.9	≥10.0
Lactobacillus paracasei	7.4		0 9.9	≥10.0
Lactobacillus plantarum	10.5		0 9.9	≥10.0
Lactobacillus reuteri	8.5		0 9.9	≥10.0
Lactobacillus rhamnosus	9.6		0 9.9	≥10.0
Lactobacillus rhamnosus GG	8.7		0 9.9	≥10.0
Lactobacillus salivarius	7.5		0 9.9	≥10.0
Saccharomyces boulardii	7.9		0 9.9	≥10.0

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Gut Zoomer - All Markers

Gut Commensals - Probiotic Organisms

Test Name	Current	Previous	Result	Reference
Streptococcus	9.5		0 9.9 20	10.0-20.0
Streptococcus thermophilus	9.5		0 9.9 20	10.0-20.0

Gut Pathogens

Bacteria	Current	Previous	Reference	Bacteria	Current	Previous	Reference
Clostridium difficile	<1e1		≤5e2	Clostridium difficile Toxin A	<1e2		≤5.8e2
Clostridium difficile Toxin B	<1e2		≤5.8e2	Clostridium perfringens	<1e2		≤1e2
Campylobacter spp.	<1e1		≤4.8e2	Campylobacter coli	<1e1		≤5e2
Campylobacter jejuni	<1e1		≤5e2	Campylobacter upsaliensis	<1e1		≤5e2
Vibrio (vulnificus)	<1e2		≤5e2	Vibrio (parahaemolyticus)	<1e2		≤7e2
Vibrio (cholerae)	<1e2		≤5e2	Enteropathogenic E.coli (EPEC)	<1e2		≤5e2
Enteroaggregative E.coli (EAEC)	<1e2		≤6.5e2	Enterotoxigenic E.coli (ETEC) Lt/St	<1e2		≤3e2
Shiga-Like Toxin Producing E.coli (STEC) Stx1/Stx2	<1e2		≤3e2	E.coli O157	<1e2		≤3e2
Shigella/EIEC	<1e2		≤8e2	Helicobacter pylori	<1e2		≤3e3
Non-pylori Helicobacter spp.	<1e2		≤1e3	Listeria	<1e3		≤1.5e3
Klebsiella pneumoniae	<1e2		≤1e3	Yersinia enterocolitica	<1e2		≤5e2
Salmonella	<1e2		≤9e2	Plesiomonas shigelloides	<1e2		≤8e2
Edwardsiella tarda	<1e3		≤2e3	Aeromonas spp.	<1e2		≤1e3
Staphylococcus aureus	<1e3		≤1e3	Bacillus cereus	<1e1		≤5e2
Parasites - Protozoans	**Current**	**Previous**	**Reference**	**Parasites - Protozoans**	**Current**	**Previous**	**Reference**
Cryptosporidium	<1e3		≤2.5e3	Giardia lamblia	<1e2		≤3e3
Chilomastix mesnili	<1e2		≤5e2	Dientamoeba fragilis	<1e2		≤5e2

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Gut Zoomer - All Markers

Gut Pathogens

Parasites - Protozoans	Current	Previous	Reference	Parasites - Protozoans	Current	Previous	Reference
Entamoeba coli	<1e3		≤3e3	Blastocystis hominis	1.6e3		≤1.5e3
Isospora belli	<1e3		≤1e3	Pentatrichomonas hominis	<1e2		≤5e2
Entamoeba histolytica	<1e2		≤2.5e3	Cyclospora cayetanensis	<1e3		≤5e3
Cyclospora spp.	<1e3		≤5e3	Endolimax nana	<1e3		≤1.5e3
Trichomonas hominis	<1e2		≤5e2	Balantidium coli	<1e2		≤4.6e2

Blastocystis hominis: Blastocystis hominis is a protozoan parasite. Exposure to this organism occurs through contaminated water or food. Symptoms associated with its infection may include diarrhea, abdominal discomfort, and bloating in some individuals.

Parasites - Helminths	Current	Previous	Parasites - Helminths	Current	Previous
Larval Nematode	NOT DETECTED		Taenia solium	NOT DETECTED	
Fasciola/Fasciolopsis	NOT DETECTED		Dipylidium caninum	NOT DETECTED	
Enterobius vermicularis	NOT DETECTED		Ancylostoma duodenale	NOT DETECTED	
Necator americanus	NOT DETECTED		Taenia spp.	NOT DETECTED	
Strongyloides stercoralis	NOT DETECTED		Schistosoma	NOT DETECTED	
Hymenolepis	NOT DETECTED		Diphyllobothrium latum	NOT DETECTED	
Mansonella	NOT DETECTED		Ascaris lumbricoides	NOT DETECTED	
Trichuris trichiura	NOT DETECTED				

Virus	Current	Previous	Reference	Virus	Current	Previous	Reference
Adenovirus F40/41	<1e2		≤5e2	Astrovirus	<1e2		≤5e2
Norovirus GI	<1e1		≤5e2	Norovirus GII	<1e1		≤5e2
Sapovirus I	<1e2		≤5e2	Sapovirus II	<1e2		≤5e2
Sapovirus IV	<1e2		≤5e2	Sapovirus V	<1e2		≤5e2

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Gut Zoomer - All Markers

Gut Pathogens

Virus	Current	Previous	Reference	Virus	Current	Previous	Reference
Enterovirus	<1e2		≤1e2	Epstein Barr virus	<1e2		≤1e3
Rotavirus A	<1e2		≤5e2	Cytomegalovirus	<1e2		≤1e3
Human bocavirus	<1e1		≤1e2				
Fungi	**Current**	**Previous**	**Reference**	**Fungi**	**Current**	**Previous**	**Reference**
Candida spp.	1e3		≤1e2	Candida albicans	1.2e3		≤2.5e2
Candida glabrata	<1e2		≤7.6e2	Rodotorula spp.	<1e2		≤1e3
Geotrichum spp.	<1e3		≤2e3	Microsporidium spp.	<1e3		≤1.2e3

Candida spp.: Candida spp. are yeast-like fungi causing a range of infections, including candidiasis. Exposure to these fungi occurs through overgrowth of the normal flora or contact with infected surfaces. Symptoms associated with their infection may include mucosal irritation, genital discomfort, and systemic infections in severe cases.

Candida albicans: Candida albicans is a fungal pathogen causing candidiasis, particularly in immunocompromised individuals. Exposure to this fungus occurs through normal flora overgrowth, transmission from mother to infant during birth, or transmission via the hands of healthcare professionals or contaminated medical equipment. Oral appliances such as dentures, orthodontic retainers, clear aligners, and other removable devices act as reservoirs for biofilm formation and can promote candidal colonization. Symptoms associated with its infection may include oral thrush, genital infections, and systemic candidiasis in severe cases.

Antibiotic Resistance Genes	Current	Previous	Antibiotic Resistance Genes	Current	Previous
Helicobacter - Clarithromycin	NOT DETECTED		Helicobacter - Fluoroquinolones	NOT DETECTED	
Fluoroquinolones	NOT DETECTED		Vancomycin	NOT DETECTED	
b-lactamase	NOT DETECTED		Macrolides	NOT DETECTED	
Tetracycline	NOT DETECTED		Aminoglycoside	NOT DETECTED	
Bactrim	NOT DETECTED		Carbapenem	NOT DETECTED	
Rifampin	NOT DETECTED		Polymyxins	NOT DETECTED	

Supplement Suggestions

SUPPLEMENTS

Candida spp.: Milk thistle, Saccharomyces boulardii

Candida albicans: Milk thistle

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Gut Pathogens

Supplement Suggestions

SUPPORTIVE SUPPLEMENTS

Blastocystis hominis: Garlic, Papaya seeds, Zinc, Vitamin D, Vitamin C

Consider these supplements in relation to medical history and symptoms. Not all recommended supplements are appropriate in all individual cases. Consult a knowledgeable healthcare provider before taking any supplemental nutrients or probiotics.

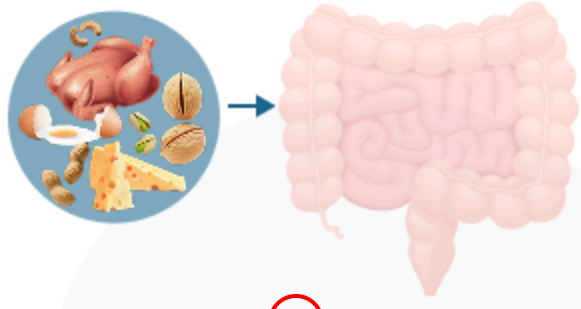
SAMPLE

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Gut Zoomer - Summary

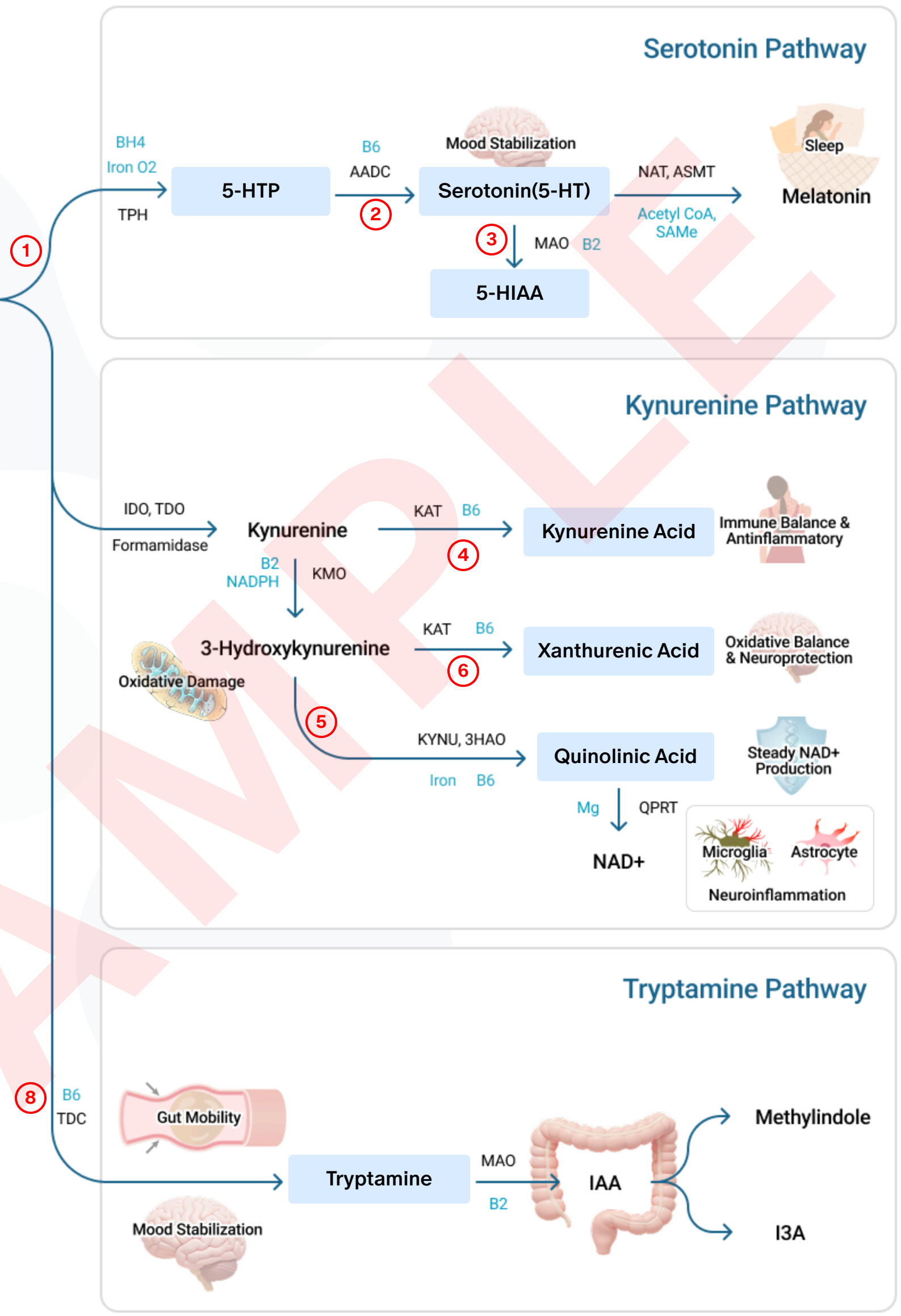
Urinary Neurotransmitters

Tryptophan Metabolism



Gut Microbiome – Neurotransmitter Balance

1. **Associated microbes:** Lactobacillus rhamnosus GG↓, Bifidobacterium breve↓
2. **Associated microbes:** Bifidobacterium dentium↓, Akkermansia muciniphila ↓
3. **Associated microbes:** Escherichia coli ↑
4. **Associated microbes:** Bifidobacterium infantis↓, Lactobacillus reuteri↓, Roseburia intestinalis↓
5. **Associated microbes:** Roseburia intestinalis↓
6. **Associated microbes:** Prevotella ↓
7. **Associated microbes:** Escherichia coli ↑, Blautia↓, Lactobacillus↓, Streptococcus↓
8. **Associated microbes:** Ruminococcus gnavus↓, Blautia↓, Lactobacillus↓



ABBREVIATION KEY

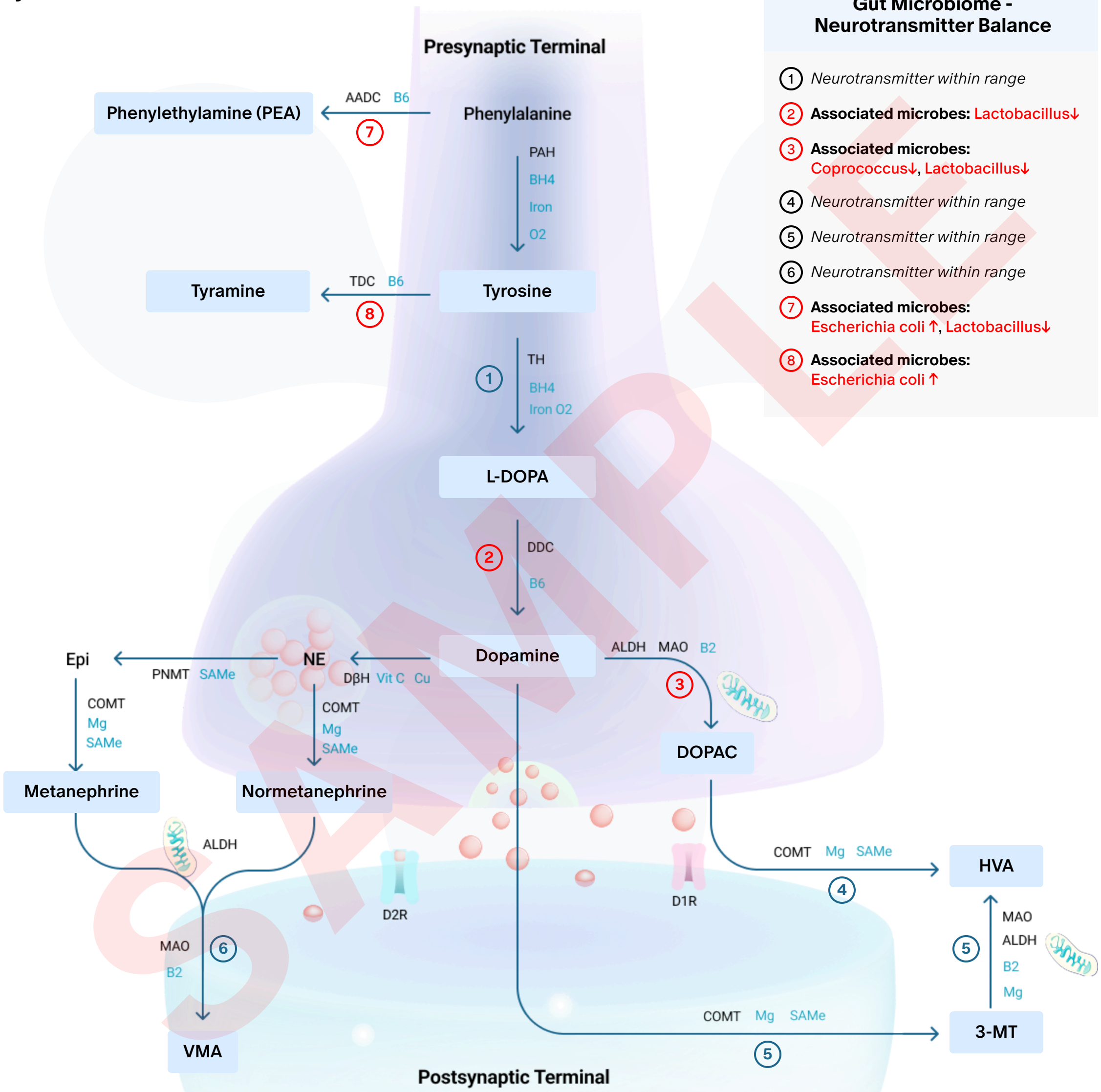
TPH	*Tryptophan hydroxylase*	**AADC**	*Aromatic L-amino acid decarboxylase*	**NAT**	*N-acetyltransferase*
ASMT	*Acetylserotonin O-methyltransferase*	**MAO**	*Monoamine oxidase*	**IDO**	*Indoleamine 2,3-dioxygenase*
TDO	*Tryptophan 2,3-dioxygenase*	**KMO**	*Kynurenine 3-monooxygenase*	**KAT**	*Kynurenine aminotransferase*
KYNU	*Kynureninase*	**3HAO**	*3-hydroxyanthranilate 3,4-dioxygenase*	**QRPT**	*Quinolinate phosphoribosyltransferase*
NAD+	*Nicotinamide adenine dinucleotide*	**I3A**	*Indole-3-aldehyde*	**TDC**	*Tryptophan Decarboxylase*

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Gut Zoomer - Summary

Urinary Neurotransmitters

Tyrosine Metabolism



Gut Microbiome - Neurotransmitter Balance

1. *Neurotransmitter within range*
2. **Associated microbes:** Lactobacillus↓
3. **Associated microbes:** Coprococcus↓, Lactobacillus↓
4. *Neurotransmitter within range*
5. *Neurotransmitter within range*
6. *Neurotransmitter within range*
7. **Associated microbes:** Escherichia coli ↑, Lactobacillus↓
8. **Associated microbes:** Escherichia coli ↑

ABBREVIATION KEY

NE	*Norepinephrine*	**Epi**	*Epinephrine*	**VMA**	*Vanillylmandelic acid*
HVA	*Homovanillic acid*	**COMT**	*Catechol-O-methyltransferase*	**MAO**	*Monoamine oxidase*
DOPAC	*3, 4-Dihydroxyphenylacetic acid*	**3-MT**	*3-Methoxytyramine*	**ALDH**	*Aldehyde Dehydrogenase*
PAH	*Phenylalanine hydroxylase*	**TH**	*Tyrosine hydroxylase*	**TDC**	*Tyrosine decarboxylase*
DDC	*Dopa decarboxylase*	**L-DOPA**	*L-3,4-dihydroxyphenylalanine*	**PNMT**	*Phenylethanolamine N-methyltransferase*
DβH	*Dopamine β-hydroxylase*	**D1R**	*Dopamine receptor D1*	**D2R**	*Dopamine receptor D2*

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Patient Name: DEMO DEMO
Date of Birth: 00-00-0000 Accession ID: 2832648635
Service Date: Local 2026-03-29 10:00

Gut Zoomer - All Markers

Urinary Neurotransmitters

Serotonergic Pathway	Current	Previous	Result	Reference
Tryptophan (mg/g)	5.94		0 4.14 15.9	4.15-15.9
5-HTP (mcg/g)	39.67		0 11.39 185.6	11.4-185.6
Serotonin (mcg/g)	71.24		0 51.19 127.9	51.2-127.9
5-HIAA (mcg/g)	4682.50		0 1710 9788	1711-9788
Kynurenine Pathway	**Current**	**Previous**	**Result**	**Reference**
Kynurenic acid (mcg/g)	534.78		0 125.59 991.3	125.6-991.3
Quinolinic acid (mcg/g)	2132.87		0 610.29 2432	610.3-2432.9
Xanthurenic acid (mg/g)	1.32		0 0.09 1.6	0.1-1.6
Quinolinic Acid / 5-HIAA Ratio	0.46		0 0.31 1.1	0.32-1.1
Tryptamine Pathway	**Current**	**Previous**	**Result**	**Reference**
Tryptamine (mcg/g)	59.76		0 15.79 115.7	15.8-115.7
Dopaminergic Pathway	**Current**	**Previous**	**Result**	**Reference**
PEA (Phenylethylamine) (mcg/g)	5.80		0 4.09 22.4	4.1-22.4
Tyrosine (mcg/g)	9242.00		0 5010 12668	5011-12668
Tyramine (mcg/g)	423.00		0 200.09 457.2	200.1-457.2
L-DOPA (mcg/g)	0.12		0 0.09 855.8	0.1-855.8
Dopamine (mcg/g)	134.00		0 125.19 254.7	125.2-254.7
3-MT (3-Methoxytyramine) (mcg/g)	18.00		0 13.59 35.2	13.6-35.2
DOPAC (mcg/g)	1200.00		0 577.29 1655	577.3-1655.5
HVA (mcg/g)	3990.00		0 3534 8455	3535-8455
Metanephrine (mcg/g)	83.20		0 40.59 127.8	40.6-127.8
Normetanephrine (mcg/g)	25.70		0 14.99 36.7	15-36.7
VMA (mcg/g)	4020.00		0 2411 5047	2411.2-5047.8

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Gut Zoomer - All Markers

Urinary Neurotransmitters

Dopaminergic Pathway	Current	Previous	Result	Reference
HVA/VMA Ratio	0.99		0 0.73 1.88	0.74-1.88
HVA /DOPAC Ratio	3.33		0 2.59 8.3	2.6-8.3
GABAergic Pathway	**Current**	**Previous**	**Result**	**Reference**
Glutamate (mcg/g)	3460.00		0 1479 3566	1479.8-3566.9
GABA (mcg/g)	182.90		0 170.09 375.8	170.1-375.8
Histaminergic Pathway	**Current**	**Previous**	**Result**	**Reference**
Histamine (mcg/g)	20.10		0 4.79 21.7	4.8-21.7
Other Pathways	**Current**	**Previous**	**Result**	**Reference**
Acetylcholine (mcg/g)	3.45		0 1.69 5.9	1.7-5.9
Aspartate (mcg/g)	2986.70		0 900.49 3178	900.5-3178.7
Glycine (mg/g)	60.34		0 54.79 175.3	54.8-175.3
Taurine (mg/g)	32.67		0 27.29 122.5	27.3-122.5
Serine (mg/g)	18.69		0 13.69 40.9	13.7-40.9
Oxytocin (mcg/g)	267.80		0 250.09 705	250.1-705
Urine Creatinine	**Current**	**Previous**	**Result**	**Reference**
Urine Creatinine (mg/mL)	10.00		0 0.24 2.16	0.25-2.16

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Gut Zoomer - Summary

Suggestions

Prebiotics

Prebiotics are non-digestible fiber compounds designed to selectively nourish beneficial gut bacteria and promote healthy microbiome composition and function. These agents work by serving as food sources for beneficial microbes, stimulating their growth and metabolic activity, or creating an environment that supports optimal gut barrier function. Based on your health assessments, this report provides recommendations for appropriate prebiotic supplementation tailored to the specific requirements identified. These recommendations serve as guidance and must be reviewed with a qualified healthcare provider to ensure proper selection, dosage, and gradual introduction protocol. Responsible use of prebiotics is essential to optimize gut flora balance while minimizing potential digestive discomfort during microbiome adaptation.



SUPPLEMENTS

Inulin	10 g/day	**Fructooligosaccharides**	10-20 g/day	**Galactooligosaccharides**	5.5 g/day
Resistant starch	20-40 g/day	**Xylo-oligosaccharides**	1.4 g/day	**Lactulose**	15 ml/day
Xylooligosaccharide	1.4 g/day	**Prebiotics**	5-15 g/day		

FOOD SOURCES

Fruits

Bananas, Green Bananas, Apples

Vegetables

Onions, Garlic, Leeks, Asparagus, Chicory Root, Cooked And Cooled Potatoes, Bamboo Shoots, Artichokes

Dairy

Milk, Yogurt, Cheese, Butter, Kefir

Fiber

Chicory Root, Legumes, Corn Husks, Oats, Barley

Probiotics

Probiotics are beneficial live microorganisms designed to restore and maintain healthy gut microbiome balance and support digestive and immune function. These agents work by colonizing the intestinal tract, competing with harmful bacteria, producing beneficial metabolites, or modulating immune responses. Based on individual microbiome assessments, this report provides recommendations for appropriate probiotic strains tailored to the specific imbalances or digestive concerns identified. These recommendations serve as guidance and must be reviewed with a qualified healthcare provider to ensure proper selection, colony count, and duration of supplementation. Responsible use of probiotics is essential to optimize gut health benefits and minimize potential digestive discomfort during initial colonization.



SUPPLEMENTS

Lactobacillus acidophilus	10 billion CFU/day	**Butyrate**	300 mg/day	**Lactobacillus rhamnosus GG**	10 billion CFU/day
Saccharomyces boulardii	10 billion CFU/day	**Bifidobacterium bifidum**	10 billion CFU/day	**Bifidobacterium longum**	
Lactobacillus casei	10 billion CFU/day	**Lactobacillus plantarum**	10 billion CFU/day	**Lactobacillus rhamnosus**	10 billion CFU/day
Bifidobacterium	10 billion CFU/day				

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Gut Zoomer - Summary

Suggestions

FOOD SOURCES

Fruits
Green Bananas

Dairy
Yogurt, Kefir, Butter, Ghee, Cow Milk, Goat Milk, Sheep Milk, Parmesan Cheese, Hard Cheeses, Cream

Fiber
Natto

Nutrients

Nutrients are a diverse group of essential vitamins, minerals, and compounds designed to support fundamental cellular processes, energy production, and overall physiological function throughout the body. These agents work by serving as cofactors in enzymatic reactions, supporting cellular repair mechanisms, or providing building blocks for optimal metabolic function. Based on individual health assessments, this report provides recommendations for appropriate nutrient supplementation tailored to the specific deficiencies or requirements identified. These recommendations serve as guidance and must be reviewed with a qualified healthcare provider to ensure proper selection, dosage, and duration of supplementation. Responsible use of nutrients is essential to optimize absorption and utilization while preventing potential imbalances or toxicity.



SUPPLEMENTS

Omega-3 fatty acids	950 mg/day	**Vitamin D**	600 IU/day	**Curcumin**	500-2000 mg/day
Vitamin A	2333 IU/day	**Vitamin C**	500-1000mg/day	**Coenzyme Q10**	300 mg/day
Quercetin	500-2000 mg/day	**Vitamin E**	15-200 IU/day	**Folate**	400 mcg/day
Zinc	9 mg/day				

FOOD SOURCES

Fruits
Citrus Fruits, Mango, Papaya

Vegetables
Spinach, Soybeans, Carrots, Sweet Potatoes, Kale, Leafy Greens, Legumes

Dairy
Milk, Cheese, Yogurt, Butter

Fiber
Whole Grains, Nuts, Seeds, Legumes

Animal Protein
Fatty Fish, Salmon, Mackerel, Sardines, Herring, Anchovies, Tuna, Trout, Cod Liver, Oysters, Eggs, Egg Yolk, Organ Meats (heart, Liver), Meat, Shellfish

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Gut Zoomer - Summary

Suggestions

Botanicals

Botanicals are plant-derived compounds designed to support health and wellness through natural bioactive substances found in herbs, roots, leaves, and other plant materials. These agents work by providing phytochemicals that can modulate various physiological processes to promote optimal function, reduce inflammation, or support immune health. Based on individual health assessments, this report provides recommendations for appropriate botanical supplements tailored to the specific health concerns identified. These recommendations serve as guidance and must be reviewed with a qualified healthcare provider to ensure proper selection, dosage, and duration of use. Responsible use of botanicals is essential to optimize health benefits and minimize potential interactions or adverse effects.



SUPPLEMENTS

Curcumin	500-1000 mg/day	**Milk thistle**	450 mg/day	**Berberine**	500 mg/day
Garlic	1.2 g/day	**Cacao (Theobroma cacao)**	5 g/day	**Green tea extract**	3 g/day
Red wine polyphenols	200 ml/day	**Kiwifruit powder**	600 mg/day	**Fenugreek**	1 g/day
Cinnamon	2 g/day				

FOOD SOURCES

Fruits

Barberries, Red Grapes, Kiwifruit

Vegetables

Garlic Bulb (allium Sativum)

SAMPLE

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RISK AND LIMITATIONS

Test results reflect biological and analytical findings at the time of specimen collection and may vary between individuals. Reference ranges for most of laboratory-developed tests (LDT) were established using a healthy adult population and may not be representative of other specific populations (e.g. pediatric, pregnant, individuals with chronic conditions or from all ethnic backgrounds). They do not provide absolute levels at which the symptoms may occur and hence clinical correlation by the provider is recommended.

Results may be affected by pre-analytical variables related to specimen collection, handling, transport, storage, and inherent biological variability. Specimens including urine, saliva, stool, and blood-based samples (serum, plasma, EDTA whole blood, TES, and dried blood spots) may be impacted by improper collection technique, contamination, insufficient sample volume, delayed shipment or processing, temperature excursions, or improper storage conditions. Additional factors such as hemolysis; anticoagulant effects; clotting, centrifugation, or mixing parameters; incomplete mixing with transport media; and variability in dried blood spot application or saturation may further affect analyte stability or result accuracy. Specimen-specific factors, including urine dilution or concentration, variability in saliva composition or flow rate, and intermittent microbial shedding in stool, may also contribute to result variability. For stool-based testing, one negative specimen does not rule out the possibility of parasitic infection or the presence of other pathogens. These pre-analytical variables may impact result accuracy and, in some cases, lead to a Test Not Performed (TNP). When clinically appropriate, repeat testing may be recommended; however, repeat testing may still fail to produce a reportable result if the underlying limitations persist.

All laboratory testing methodologies are subject to inherent analytical limitations related to instrument performance, assay design, methodological variability, and the specifications of FDA-approved and laboratory-developed analytes included in a test panel. As with all clinical laboratory testing, there is a small possibility of incorrect results due to technical errors, sample misidentification, contamination, rare genetic variants, or software-related issues.

Genetic testing is helpful in analyzing risks to various diseases. However, it is important to note that genetic risk determinants are neither necessary nor sufficient for the development of disease. Environmental and lifestyle risk factors could also affect the risk of disease development. Genetic risk does not indicate how common a health condition or variant is within the population; a risk-associated variant may be common or uncommon. Interpretation of genetic results should consider individual health context, as population-based reference frameworks may not fully represent all age groups, ethnic backgrounds, or health profiles. Genetic testing evaluates only the genotypes indicated and does not assess other genetic abnormalities found elsewhere in the genome. Different laboratories may test different variants when evaluating genetic risk for a given condition; therefore, genetic risk results may not be directly comparable between laboratories.

Some individuals may experience anxiety related to their genetic test results. Vibrant encourages any concerned individual to consult with a qualified healthcare professional prior to sample collection for a genetic test. Users of the test are encouraged to discuss their test results with a genetic counselor, board-certified clinical molecular geneticist, or equivalent health care professional. In some cases, the identification of risk-associated genetic variants may prompt discussion with a healthcare provider about additional testing or follow-up.

The reported analytes, SNPs, and associated informational content are informed by scientific knowledge at the time of reporting, including peer-reviewed scientific publications, publicly available research, and guidance from recognized scientific and public health organizations. Interpretive content may be updated as scientific knowledge continues to evolve. The informational content included in this report is derived from publicly available scientific literature and is provided for educational and informational purposes only. This content does not replace medical advice from a qualified healthcare professional. Any wellness, nutritional, or dietary recommendations, diagnoses of medical conditions, or treatment decisions based on these results are made at the discretion and responsibility of the ordering healthcare professional.

Vibrant does not diagnose, treat, or cure medical conditions and does not replace the care of a licensed medical practitioner or counselor, nor does Vibrant recommend self-diagnosis or self-medication. Depending on the nature of testing, individuals who receive moderate- or high-risk results may be advised to pursue confirmatory testing and appropriate medical follow-up. Vibrant assumes no liability for any loss, injury, or damages arising from the procurement, compilation, interpretation, delivery, or reporting of information contained in this report, nor from any decisions made or actions taken based on these results.

The supplement recommendations and dosage guidelines provided are intended for general informational purposes only and should not replace professional medical advice; final dosage decisions must be made in consultation with your healthcare provider. Vibrant disclaims any liability for adverse effects, outcomes, or consequences arising from the use of these suggestions.

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