

DEMO DEMO

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FINAL REPORT

Accession ID: 2873278657

Provider Information

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Report Information

● Current Result ● Previous Result ■ In Control ■ Moderate ■ Risk

Specimen Information

Sample Type	Collection Time	Received Time	Report	Final Report Date
Metal Free Urine	2026-01-26 10:00 (PST)	2026-01-26 14:30 (PST)	Gut Zoomer - P2	2026-01-27 10:57 (PST)
Stool	2026-01-26 10:00 (PST)	2026-01-26 14:30 (PST)	Gut Zoomer - P2	2026-01-27 10:57 (PST)
Unpreserved Stool	2026-01-26 10:00 (PST)	2026-01-26 14:30 (PST)	Gut Zoomer - P2	2026-01-27 10:57 (PST)



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TNP Test not performed

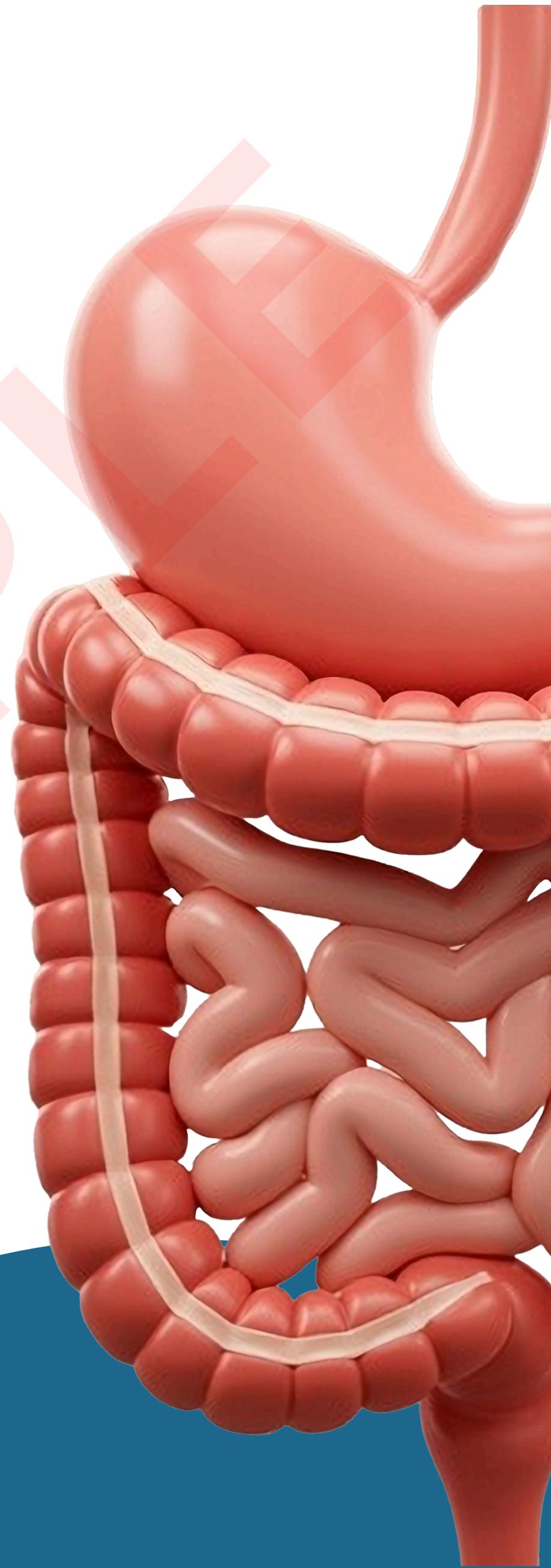
R&L Refer to risks and limitations at the end of report

Notes Refer to Lab notes at the end of the table

Gut Zoomer

Your Gut Health Report

Gut Diversity	Pg 5
Gut Commensals	Pg 5
Gut Pathogens	Pg 7
Gut Inflammation	Pg 9
Digestion and Immune Balance	Pg 10
Gut Antibodies	Pg 10
Malabsorption	Pg 11
Gut Metabolites	Pg 12
Gut Neurotransmitters	Pg 16



INTRODUCTION

Vibrant Wellness is pleased to present to you 'Gut Zoomer' testing to help you make healthy lifestyle choices in consultation with your healthcare provider. It is intended to be used as a tool to encourage general healthy lifestyle choices.

Gut Zoomer is split into 6 sections: Gut Pathogens, Gut Commensal, Digestion and Immune Balance, Gut Inflammatory, Gut Antibodies, and Gut Metabolites. 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. is used for detecting β -glucuronidase, pH, and fecal immunochemical test (FIT). The Gut Antibodies panel utilizes a 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 fatty acids markers and bile acid markers and dietary fiber detection. Colorimetric assay methodology is used for detecting fat malabsorption like fecal fat, fecal triglycerides, and total phospholipids.

Methodology:

Gut Zoomer is split into 6 sections: Gut Pathogens, Gut Commensal, Digestion and Immune Balance, Gut Inflammatory, Gut Antibodies, and Gut Metabolites. 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. is used for detecting β -glucuronidase, pH, and fecal immunochemical test (FIT). The Gut Antibodies panel utilizes a 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 fatty acids markers and bile acid markers and dietary fiber detection. Colorimetric assay methodology is used for detecting fat malabsorption like fecal fat, fecal triglycerides, and total phospholipids.

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 individuals. 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/ μ L. 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.

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Interpretation of Report:

Digestion and Immune Balance, Gut Inflammatory, Gut Antibodies, and Gut Metabolites markers are displayed along with a risk indicator and the corresponding reference range for each test calculated using results from 200 healthy individuals. All test results are displayed with risk indicator and abundance direction as applicable. (red – high risk, yellow – moderate risk and green – low risk).

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Please note:

Consider all supplements in relation to medical history and symptoms. Not all recommended supplements are appropriate in all individual cases. It is important that you discuss any modifications to your diet, exercise, and nutritional supplementation with your healthcare provider before making any changes. Pediatric ranges have not been established for these tests.

Gut Diversity

INDEX	Reference	Current	Previous	PHYLA
Shannon's Index	≥ 2.40	1.7	2.3 (11-03-2025)	<ul style="list-style-type: none"> 6.1% Proteobacteria- 48.5% Firmicutes 4.8% Actinobacteria 0.7% Euryarchaeota 0.9% Fusobacteria- 2.3% Verrucomicrobia- 36.7% Bacteroidetes-
Simpson's Index	≥ 0.74	0.60	0.75 (11-03-2025)	

NOTE

Shannon's Index: Higher values indicate richness.
 Simpson's Index: Higher values indicate evenness.

KEY RATIOS

	Previous	Current	Reference	Result
Firmicutes/Bacteroidetes	1.4 (11-03-2025)	1.3	≤0.9	
Higher risk for obesity, metabolic disorders, and inflammation.				
Prevotella/Bacteroides	1.72 (11-03-2025)	0.90	≥0.48	

Gut Commensals

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

Risk Category	Current	Previous	Risk Score	Risk Association
Intestinal Permeability	3.4	5.9 (11-03-2025)		Low butyrate production, Low propionate production, Low acetate production
GENUS/SPECIES IMBALANCE Bifidobacterium				
Intestinal Gas	3.1	>6 (11-03-2025)		Elevated hydrogen production, Elevated carbon dioxide production
GENUS/SPECIES IMBALANCE Dorea				
SIBO	3.4	3.1 (11-03-2025)		SIBO syndrome
GENUS/SPECIES IMBALANCE Streptococcus				
Irritable Bowel Syndrome	2.8	4.1 (11-03-2025)		Irritable bowel syndrome
GENUS/SPECIES IMBALANCE Bifidobacterium, Dorea				

Gut Commensals

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

Risk Category	Current	Previous	Risk Score	Risk Association
Inflammatory Bowel Disease	3.5	5.2 (11-03-2025)		Ulcerative colitis
GENUS/SPECIES IMBALANCE Streptococcus, Bifidobacterium				
Autoimmune Health	2.9	3.1 (11-03-2025)		Celiac disease
GENUS/SPECIES IMBALANCE Bifidobacterium				
Metabolic Health	3.1	>6 (11-03-2025)		Poor biosynthesis of GLP-2
GENUS/SPECIES IMBALANCE Bifidobacterium				
Liver Health	2.9	6.0 (11-03-2025)		Liver cirrhosis, Alcoholic hepatitis, Primary sclerosing cholangitis
GENUS/SPECIES IMBALANCE Streptococcus				
Hormones	1.5	1.3 (11-03-2025)		
GENUS/SPECIES IMBALANCE				
Nutrition	3.3	6.0 (11-03-2025)		Poor vitamin synthesis, Poor tryptophan metabolism
GENUS/SPECIES IMBALANCE Bifidobacterium				
Cardiovascular Health	2.8	3.2 (11-03-2025)		Cardiovascular risk
GENUS/SPECIES IMBALANCE Prevotella copri, Streptococcus				
Neurological Health	3.0	4.0 (11-03-2025)		Alzheimer's disease, Autism, Depression, Poor biosynthesis of neurotransmitters
GENUS/SPECIES IMBALANCE Bifidobacterium, Desulfovibrio, Alistipes				
Probiotic Health	1.0	3.0 (11-03-2025)		
GENUS/SPECIES IMBALANCE				
Keystone Health	3.2	3.1 (11-03-2025)		Reduced keystone species
GENUS/SPECIES IMBALANCE Bifidobacterium				

Gut Commensals

Supplement Suggestions

PROBIOTICS

SIBO: Lactobacillus casei

Irritable Bowel Syndrome: Lactobacillus plantarum 299v

Inflammatory Bowel Disease: Butyrate

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

SUPPLEMENTS

Intestinal Permeability: Inulin, Vitamin B2, Fructans, Cocoa, Sodium butyrate, Tributyrin, Inulin-propionate ester

Intestinal Gas: Iron, Alpha-Galactosidase

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

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

Autoimmune Health: Vitamin D, Iron, Vitamin B12, Folic acid, Calcium

Liver Health: Milk thistle, Artichoke extract

Nutrition: Vitamin B6, Vitamin C, B complex vitamins

Cardiovascular Health: Omega-3 fatty acids, Vitamin D, Coenzyme Q10, Vitamin E, Folate, Vitamin B3

Neurological Health: Omega-3 fatty acids, Vitamin D, Coenzyme Q10, Melatonin, Docosahexaenoic acid (DHA), α-lipoic acid, N-acetylcysteine, Soy isoflavones, L-carnitine, Folinic acid

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

SUPPORTIVE SUPPLEMENTS

Intestinal Permeability: Resistant starch

SIBO: Berberine

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

Metabolic Health: Inulin, Galactooligosaccharides, Fructooligosaccharides

Liver Health: Milk thistle, Artichoke extract, Vitamin E, Curcumin, Glutathione

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

Neurological Health: Berberine, 5-HTP

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

Bacteria	Previous	Current	Reference
Clostridium perfringens	<1e2 (11-03-2025)	1.1e3	≤1e2

Clostridium perfringens: Clostridium perfringens is a spore-forming bacterium that can cause food poisoning and gas gangrene. Exposure to this bacterium occurs through ingestion of improperly cooked or stored food, particularly meat and poultry. Symptoms associated with its infection may include abdominal cramps, diarrhea, and, in severe cases, tissue necrosis and systemic toxicity.

GUT PATHOGENS

Supplement Suggestions

SUPPORTIVE SUPPLEMENTS

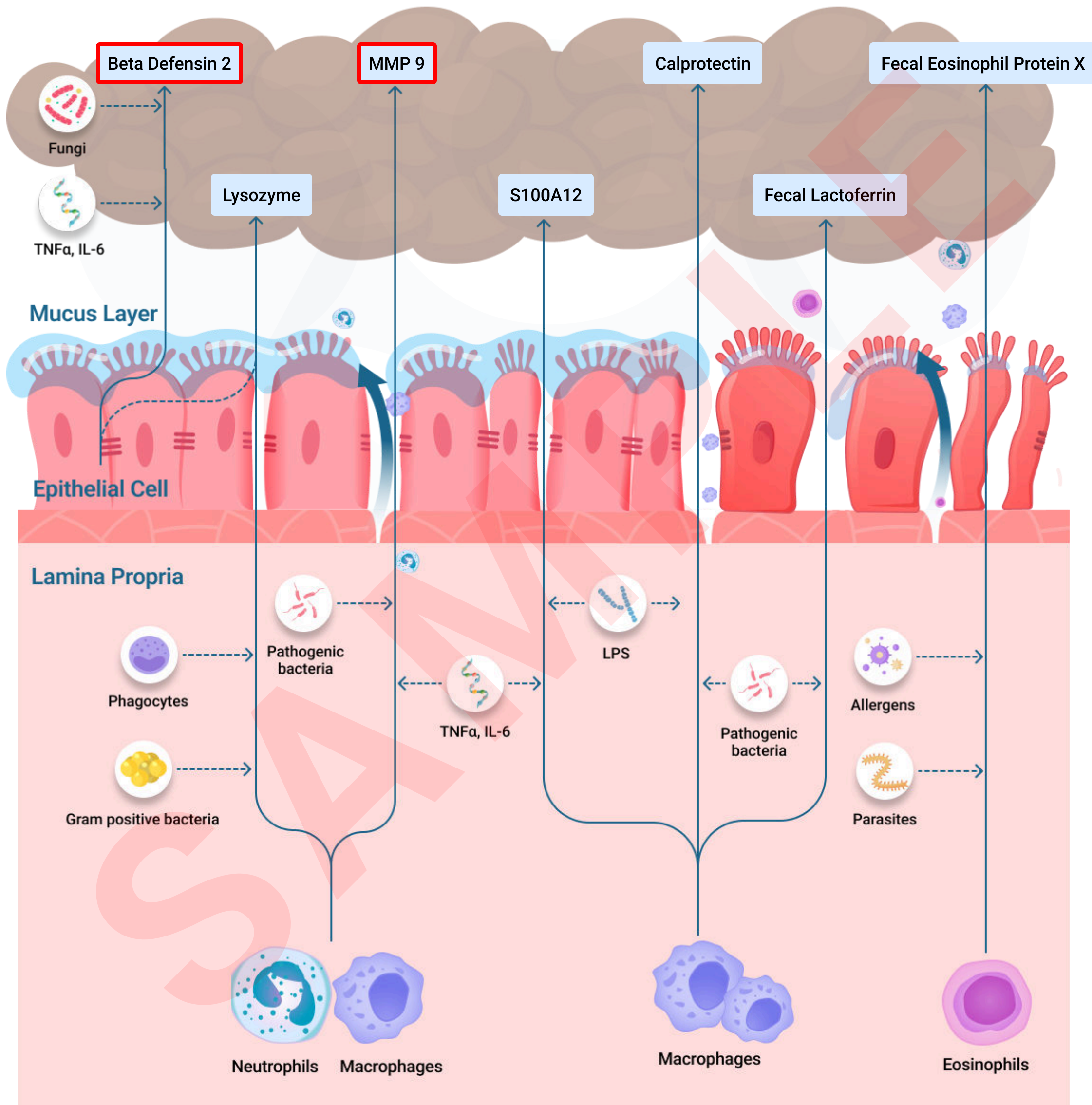
Clostridium perfringens: Lactobacillus plantarum

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Gut Inflammation

Gut Lumen



GUT INFLAMMATORY MARKERS

Test Name	Previous	Current	Reference	Result
Beta Defensin 2 (ng/mL)	9.5 (11-03-2025)	83.1	≤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.

MMP 9 (ng/mL)	0.2 (11-03-2025)	0.3	≤0.2	
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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 of MMP-9 indicate severe intestinal inflammation, commonly correlating with active ulcerative colitis (UC) or other inflammatory bowel conditions. High MMP-9 levels suggest matrix degradation and mucosal damage, reflecting advanced disease activity and leading to symptoms such as mucus-filled diarrhea and rectal bleeding.

Supplement Suggestions

SUPPLEMENTS

MMP 9: Milk thistle

SUPPORTIVE SUPPLEMENTS


Beta Defensin 2: Butyrate

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DIGESTION AND IMMUNE BALANCE

No markers are outside the normal reference range

GUT ANTIBODIES

Test Name	Previous	Current	Reference	Result
Actin Antibody	10.3 (11-03-2025)	10.6	≤10.0	

The actin antibody test identifies autoantibodies directed against filamentous actin (F-actin), a key cytoskeletal protein found within intestinal epithelial cells and hepatocytes. The presence of these antibodies reflects an autoimmune response often triggered by significant epithelial damage and disruption of cellular integrity. Elevated actin antibody levels are most commonly associated with autoimmune hepatitis but may also appear in severe forms of celiac disease, particularly those involving villous atrophy or refractory disease states. In the gastrointestinal context, their presence suggests advanced mucosal injury and immune dysregulation. Symptoms may include persistent diarrhea, abdominal discomfort, fatigue, and in hepatic involvement, jaundice or elevated liver enzymes. The actin antibody test serves as a marker of tissue-specific autoimmunity and helps evaluate the extent of epithelial and mucosal damage, making it particularly valuable in assessing the severity and chronicity of immune-mediated gut disorders.

GUT ANTIBODIES

Supplement Suggestions

SUPPORTIVE SUPPLEMENTS

Actin Antibody: Curcumin, Omega-3 fatty acids, Green tea extract

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.

MALABSORPTION

Dietary Fiber	Previous	Current	Reference	Result
Vegetable Fiber		DETECTED	NOT DETECTED	

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.

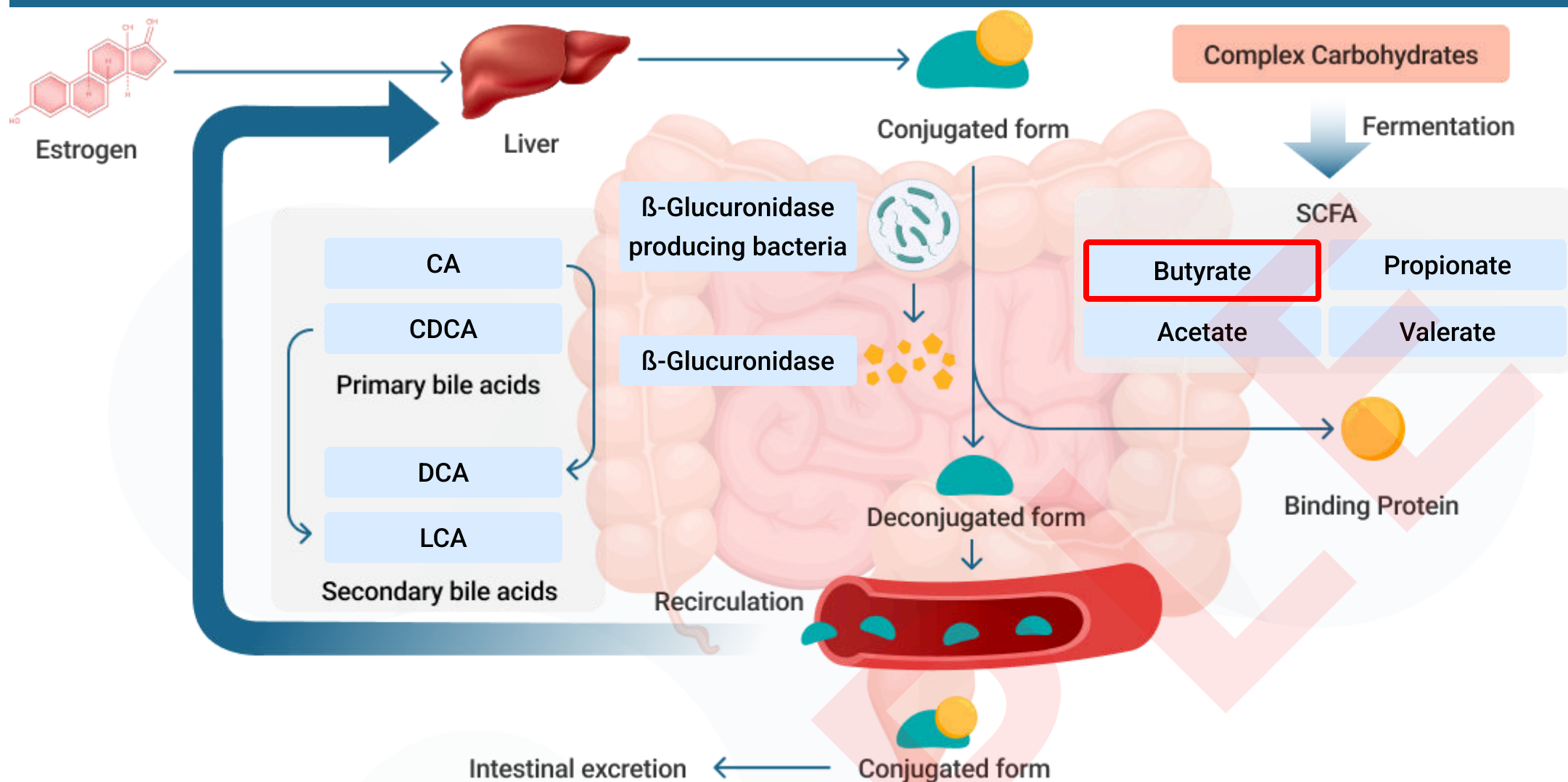
Supplement Suggestions

SUPPORTIVE SUPPLEMENTS

Vegetable Fiber: Betaine HCL, Taurine

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Gut Metabolites



CHOLIC ACID (CA)

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



ACETATE

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



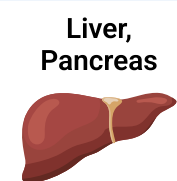
CHENODEOXYCHOLIC ACID (CDCA)

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



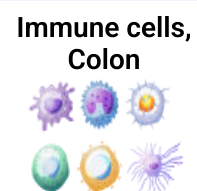
PROPIONATE

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



DEOXYCHOLIC ACID (DCA)

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



BUTYRATE

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



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.



VALERATE

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



β -GLUCURONIDASE

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




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.



GUT METABOLITES

Short Chain Fatty Acids	Previous	Current	Reference	Result
Butyrate (%)	1.2 (11-03-2025)	1.1	5.1-12.4	

Butyrate is a short-chain fatty acid (SCFA) primarily produced through the bacterial fermentation of resistant starch and dietary fibers. This process involves the microbial hydrolysis of dietary polysaccharides into monosaccharides, which are then fermented to form butyrate. Butyrate serves as a vital energy source for colonocytes and supports gut barrier function by enhancing tight junction integrity. It also reduces intestinal inflammation and oxidative stress, promoting a healthy gut environment. Butyrate exerts its effects through G-protein-coupled receptors 41 and 43 (GPR41 and GPR43), contributing to insulin sensitivity via glucagon-like peptide-1 (GLP-1), which aids in glucose metabolism and enhances insulin secretion. Recent studies have shown that butyrate can support neurogenesis (the formation of new neurons) in the brain via the 'gut-brain axis.' Low fecal butyrate levels can cause gastrointestinal issues due to a compromised intestinal lining, impaired blood sugar regulation from disrupted GLP-1 activity, and cognitive symptoms like brain fog due to affected neurogenesis.

Total Short Chain Fatty Acids (micromol/g)	36.4 (11-03-2025)	30.6	45.4-210.1	
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Total short-chain fatty acids (SCFAs) refer to the combined concentration of acetate, butyrate, propionate, valerate, iso-butyrate, and other SCFAs in the gut. They are produced through the anaerobic fermentation of indigestible dietary fibers, such as resistant starch and polysaccharides, by gut microbiota. SCFAs play essential roles in maintaining gut health by serving as energy sources for intestinal epithelial cells, strengthening the gut barrier, and regulating microbial diversity. They help suppress intestinal inflammation, support gut homeostasis, and influence systemic metabolic and immune responses. SCFAs interact with G-protein-coupled receptors 41 and 43 (GPR41 and GPR43), affecting gut motility, energy metabolism, and inflammatory pathways. Their benefits extend beyond the gut, impacting insulin sensitivity, lipid metabolism, and neuroimmune interactions. Low fecal SCFA levels indicate dysbiosis and are linked to various health conditions, including irritable bowel syndrome, inflammatory bowel disease, obesity, and metabolic disorders. Symptoms of reduced SCFAs may include bloating, abdominal discomfort, fatigue, and irregular bowel movements.

Supplement Suggestions

SUPPLEMENTS

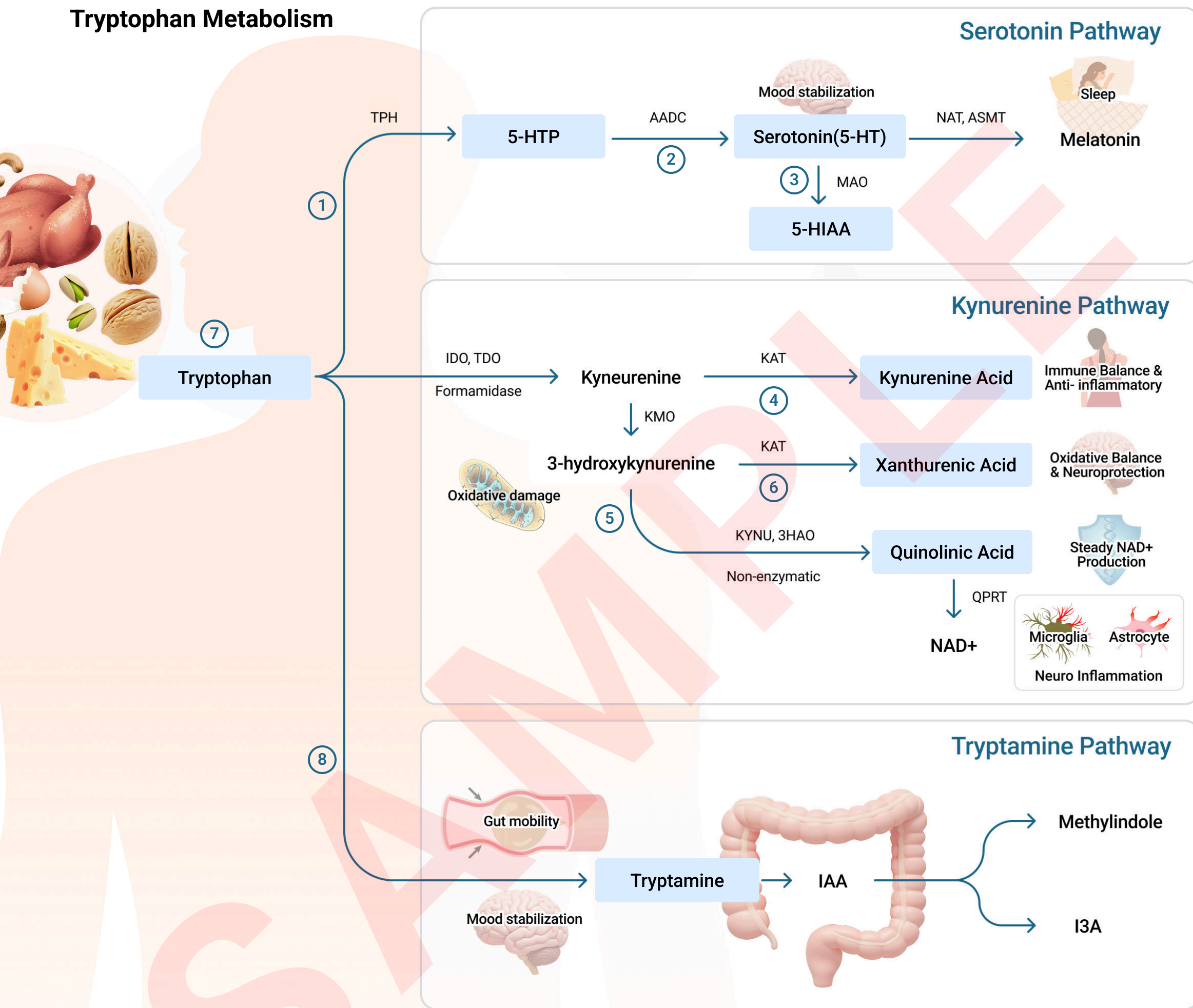
Butyrate: Fructans, Inulin, Vitamin B2

Total Short Chain Fatty Acids: Fructans, Inulin

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Gut Neurotransmitters

Tryptophan Metabolism



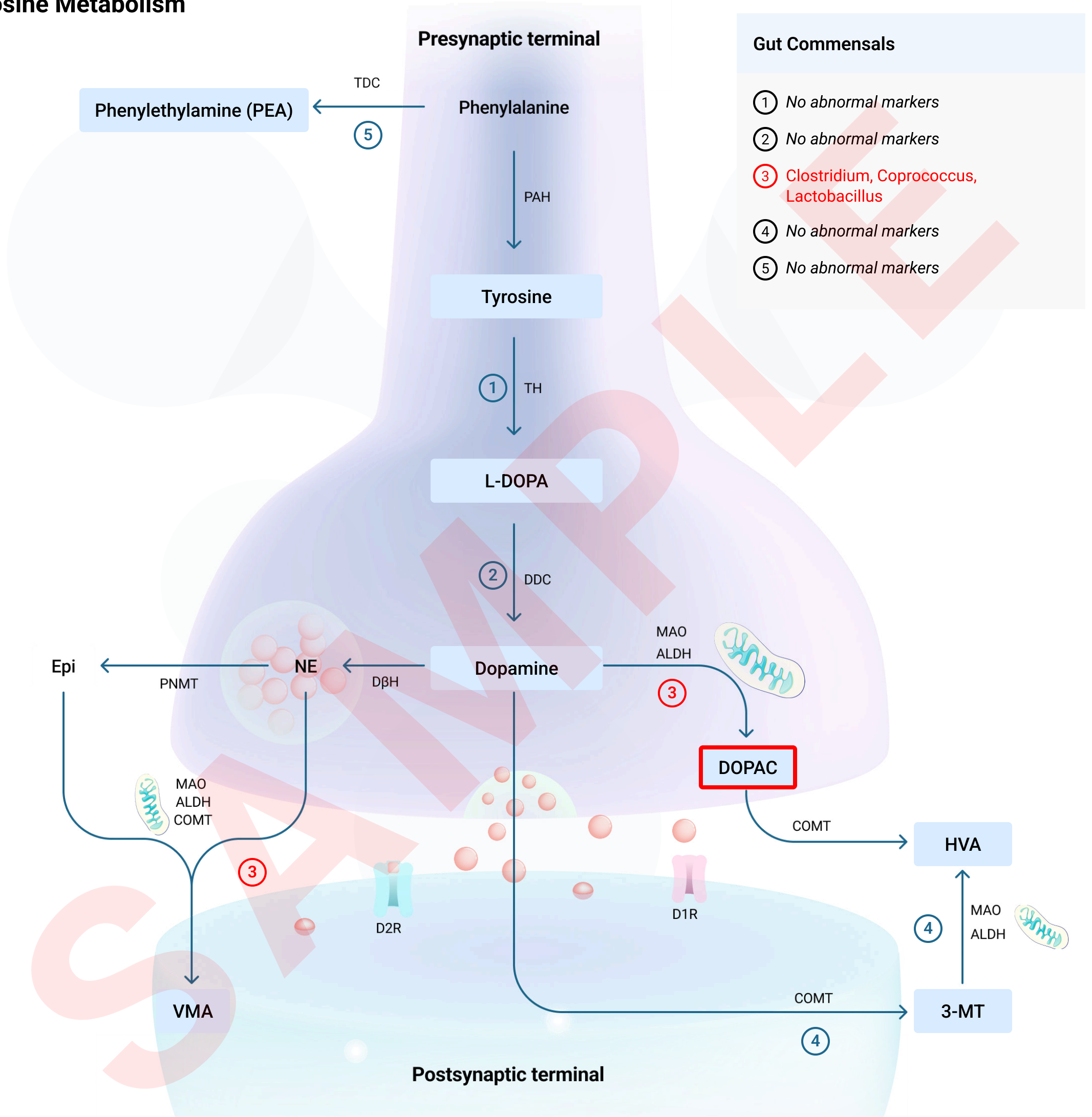
Gut Commensals

- ① No abnormal markers
- ② No abnormal markers
- ③ No abnormal markers
- ④ No abnormal markers

- ⑤ No abnormal markers
- ⑥ No abnormal markers
- ⑦ No abnormal markers
- ⑧ No abnormal markers

Gut Neurotransmitters

Tyrosine Metabolism



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
DBH	Dopamine β-hydroxylase	D1R	Dopamine receptor D1	D2R	Dopamine receptor D1

Gut Neurotransmitters

Dopaminergic Pathway	Previous	Current	Reference	Result
DOPAC (mcg/g)		2846.12	577.3-1655.5	

3,4-Dihydroxyphenylacetic acid (DOPAC) is a major metabolite formed when dopamine is broken down by monoamine oxidase A (MAOA), which initiates dopamine degradation, and aldehyde dehydrogenase (ALDH), which converts the intermediate into DOPAC. Gut microbes such as Clostridium, Coprococcus, and Lactobacillus support dopamine production and influence its turnover, contributing to DOPAC formation. High DOPAC levels indicate increased activity of these microbes, which enhance dopamine synthesis and accelerate its breakdown. This heightened turnover can contribute to stress, agitation, impulsivity, neuroinflammatory responses, and rapid gut motility. Clinically, elevated DOPAC is associated with anxiety, behavioral instability, and diarrhea due to excessive dopaminergic breakdown and disrupted gut-brain communication.

HVA /DOPAC Ratio		2.55	2.6-8.3	
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Homovanillic acid (HVA) and 3,4-dihydroxyphenylacetic acid (DOPAC) are key metabolites in dopamine breakdown. Dopamine is first converted into DOPAC and 3-methoxytyramine (3-MT), which are then further metabolized into HVA. The HVA/DOPAC ratio reflects the efficiency with which dopamine is converted from its intermediate (DOPAC) into its final metabolite (HVA). A low HVA/DOPAC ratio indicates reduced dopamine turnover. Clinically, this may reflect impaired dopamine metabolism, reduced monoamine oxidase (MAO) activity, or insufficient cofactors and may present with low motivation, fatigue, and blunted emotional response.

Supplement Suggestions

SUPPLEMENTS

HVA /DOPAC Ratio: S-adenosyl methionine, Magnesium

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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	50 mg/day	Galactooligosaccharides	5.5 g/day	Fructooligosaccharides	20 g/day
	Resistant starch	15 g/day	Fructans	7.5 g/day	Xylo-oligosaccharides	1.4 g/day
	Lactulose	30 ml/day	Xylooligosaccharide	1.4 g/day	Inulin-propionate ester	10 g/day

Fruits
 Bananas, Green Bananas, Apples

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

Dairy
 Milk, Yogurt, Cheese, Butter, Kefir

Fiber
 Chicory Root, Legumes, Wheat, 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	Butyrate	300 mg/day	Lactobacillus acidophilus	10 billion CFU/day	Akkermansia muciniphila	10 billion CFU/day
	Lactobacillus rhamnosus GG	10 billion CFU/day	Bifidobacterium	10 billion CFU/day	Lactobacillus casei	10 billion CFU/day
	Lactobacillus plantarum 299v	10 billion CFU/day	Lactobacillus plantarum	10 billion CFU/day		

Suggestions

FOOD SOURCES



Fruits

Apples, Berries



Vegetables

Kimchi, Sauerkraut, Onion, Tempeh



Dairy

Kefir, Yogurt, Curd, Cheese



Fiber

Natto, Flaxseed, Green Tea



Animal Protein

Fish Oil

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	Coenzyme Q10	100 mg/day
Vitamin E	22 IU/day	Vitamin B2	1.3 mg/day	Selenium	55 mcg/day
Vitamin B6	1.3 mg/day	Iron	8 mg/day	Vitamin C	90 mg/day
Vitamin B3	16 mg/day				

FOOD SOURCES



Fruits

Bananas, Citrus Fruits



Vegetables

Spinach, Potatos



Dairy

Milk, Cheese, Yogurt, Butter, Seafood, Eggs, Meat



Fiber

Whole Grains, Flaxseeds, Walnuts, Nuts, Seeds, Almonds, Brazil Nuts, Lentils



Animal Protein

Fatty Fish, Poultry, Organ Meats (heart, Liver), Eggs, Red Meat, Fish




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	Berberine	900 mg/day	Milk thistle	450 mg/day	Curcumin	0.1 g/day
	Artichoke extract	50 mg/day	Enterolactone	30 g/day	Enterodiol	2.3 mg/day
	Pomegranate juice	125 ml/day	Raspberry Extracts	123 g/day	Red wine polyphenols	200 ml/day
	Lemon peel waste oligosaccharides (LPOS)					

FOOD SOURCES	 Fruits
	Pomegranate, Raspberry, Red Grapes
	 Vegetables
Goldenseal, Barberry, Oregon Grape, Tree Turmeric, Turmeric, Artichokes, Lemon	
 Fiber	
Flaxseeds, Sesame Seeds, Whole Grains, Legumes, Milk Thistle Seeds	

Patient Name: DEMO DEMO

Date of Birth: 01-01-2001 Accession ID: 2873278657

Service Date: 2026-01-26 10:00 (PST)

GUT PATHOGENS

Bacteria	Previous	Current	Reference	Bacteria	Previous	Current	Reference
Clostridium difficile	1e1 (11-03-2025)	1e1	≤5e2	Clostridium difficile Toxin A	<1e2 (11-03-2025)	<1e2	≤5.8e2
Clostridium difficile Toxin B	<1e2 (11-03-2025)	<1e2	≤5.8e2	Clostridium perfringens	<1e2 (11-03-2025)	1.1e3	≤1e2
Campylobacter spp.	1e1 (11-03-2025)	1e1	≤4.8e2	Campylobacter coli	1e1 (11-03-2025)	1e1	≤5e2
Campylobacter jejuni	1e1 (11-03-2025)	1e1	≤5e2	Campylobacter upsaliensis	1e1 (11-03-2025)	1e1	≤5e2
Vibrio (vulnificus)	<1e2 (11-03-2025)	<1e2	≤5e2	Vibrio (parahaemolyticus)	<1e2 (11-03-2025)	<1e2	≤7e2
Vibrio (cholerae)	<1e2 (11-03-2025)	<1e2	≤5e2	Enteropathogenic E.coli (EPEC)	<1e2 (11-03-2025)	<1e2	≤5e2
Enteroaggregative E.coli (EAEC)	<1e2 (11-03-2025)	<1e2	≤6.5e2	Enterotoxigenic E.coli (ETEC) Lt/St	<1e2 (11-03-2025)	<1e2	≤3e2
Shiga-Like Toxin Producing E.coli (STEC) Stx1/Stx2	<1e2 (11-03-2025)	<1e2	≤3e2	E.coli O157	<1e2 (11-03-2025)	<1e2	≤3e2
Shigella/EIEC	<1e2 (11-03-2025)	<1e2	≤8e2	Helicobacter pylori	<1e2 (11-03-2025)	<1e2	≤3e3
Non-pylori Helicobacter spp.	<1e2 (11-03-2025)	<1e2	≤1e3	Listeria	<1e3 (11-03-2025)	<1e3	≤1.5e3
Klebsiella pneumoniae	<1e2 (11-03-2025)	<1e2	≤1e3	Yersinia enterocolitica	<1e2 (11-03-2025)	<1e2	≤5e2
Salmonella	<1e2 (11-03-2025)	<1e2	≤9e2	Plesiomonas shigelloides	<1e2 (11-03-2025)	<1e2	≤8e2
Edwardsiella tarda	<1e3 (11-03-2025)	<1e3	≤2e3	Aeromonas spp.	<1e2 (11-03-2025)	<1e2	≤1e3
Staphylococcus aureus	<1e3 (11-03-2025)	<1e3	≤1e3	Bacillus cereus	1e1 (11-03-2025)	1e1	≤5e2
Parasites - Protozoans	Previous	Current	Reference	Parasites - Protozoans	Previous	Current	Reference
Cryptosporidium	<1e3 (11-03-2025)	<1e3	≤2.5e3	Giardia lamblia	<1e2 (11-03-2025)	<1e2	≤3e3
Chilomastix mesnili	<1e2 (11-03-2025)	<1e2	≤5e2	Dientamoeba fragilis	<1e2 (11-03-2025)	<1e2	≤5e2
Entamoeba coli	<1e3 (11-03-2025)	<1e3	≤3e3	Blastocystis hominis	<1e3 (11-03-2025)	<1e3	≤1.5e3
Isospora belli	<1e3 (11-03-2025)	<1e3	≤1e3	Pentatrichomonas hominis	<1e2 (11-03-2025)	<1e2	≤5e2
Entamoeba histolytica	<1e2 (11-03-2025)	<1e2	≤2.5e3	Cyclospora cayetanensis	<1e3 (11-03-2025)	<1e3	≤5e3
Cyclospora spp.	<1e3 (11-03-2025)	<1e3	≤5e3	Endolimax nana	<1e3 (11-03-2025)	<1e3	≤1.5e3
Trichomonas hominis	<1e2 (11-03-2025)	<1e2	≤5e2	Balantidium coli	<1e2 (11-03-2025)	<1e2	≤4.6e2

Patient Name: DEMO DEMO

Date of Birth: 01-01-2001 Accession ID: 2873278657

Service Date: 2026-01-26 10:00 (PST)

GUT PATHOGENS

Fungi	Previous	Current	Reference	Fungi	Previous	Current	Reference
Candida spp.	1e1 (11-03-2025)	1e1	≤1e2	Candida albicans	1e1 (11-03-2025)	1e1	≤2.5e2
Candida glabrata	<1e2 (11-03-2025)	<1e2	≤7.6e2	Rodotorula spp.	<1e2 (11-03-2025)	<1e2	≤1e3
Geotrichum spp.	<1e3 (11-03-2025)	<1e3	≤2e3	Microsporidium spp.	<1e3 (11-03-2025)	<1e3	≤1.2e3
Virus	Previous	Current	Reference	Virus	Previous	Current	Reference
Adenovirus F40/41	<1e2 (11-03-2025)	<1e2	≤5e2	Astrovirus	<1e2 (11-03-2025)	<1e2	≤5e2
Norovirus GI	1e1 (11-03-2025)	1e1	≤5e2	Norovirus GII	1e1 (11-03-2025)	1e1	≤5e2
Sapovirus I	<1e2 (11-03-2025)	<1e2	≤5e2	Sapovirus II	<1e2 (11-03-2025)	<1e2	≤5e2
Sapovirus IV	<1e2 (11-03-2025)	<1e2	≤5e2	Sapovirus V	<1e2 (11-03-2025)	<1e2	≤5e2
Enterovirus	<1e2 (11-03-2025)	<1e2	≤1e2	Epstein Barr virus	<1e2 (11-03-2025)	<1e2	≤1e3
Rotavirus A	<1e2 (11-03-2025)	<1e2	≤5e2	Cytomegalovirus	<1e2 (11-03-2025)	<1e2	≤1e3
Human bocavirus	1e1 (11-03-2025)	1e1	≤1e2				
Antibiotic Resistance Genes	Previous	Current		Antibiotic Resistance Genes	Previous	Current	
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	
Parasites - Helminths	Previous	Current		Parasites - Helminths	Previous	Current	
Larval Nematode	NOT DETECTED (11-03-2025)	NOT DETECTED		Taenia solium	NOT DETECTED (11-03-2025)	NOT DETECTED	
Fasciola/Fasciolopsis	NOT DETECTED (11-03-2025)	NOT DETECTED		Dipylidium caninum	NOT DETECTED (11-03-2025)	NOT DETECTED	
Enterobius vermicularis	NOT DETECTED (11-03-2025)	NOT DETECTED		Ancylostoma duodenale		NOT DETECTED	
Necator americanus		NOT DETECTED		Taenia spp.		NOT DETECTED	

GUT PATHOGENS

Parasites - Helminths	Previous	Current	Parasites - Helminths	Previous	Current
Strongyloides stercoralis	NOT DETECTED (11-03-2025)	NOT DETECTED	Schistosoma	NOT DETECTED (11-03-2025)	NOT DETECTED
Hymenolepis	NOT DETECTED (11-03-2025)	NOT DETECTED	Diphyllobothrium latum	NOT DETECTED (11-03-2025)	NOT DETECTED
Mansonella	NOT DETECTED (11-03-2025)	NOT DETECTED	Ascaris lumbricoides		NOT DETECTED
Trichuris trichiura		NOT DETECTED			

GUT INFLAMMATORY MARKERS

Test Name	Previous	Current	Reference	Result
Beta Defensin 2 (ng/mL)	9.5 (11-03-2025)	83.1	≤34.9	
Lysozyme (ng/mL)	546.7 (11-03-2025)	500.5	≤575.0	
MMP 9 (ng/mL)	0.2 (11-03-2025)	0.3	≤0.2	
S100A12 (mcg/ml)	14.5 (11-03-2025)	27.6	≤50.0	
Calprotectin (mcg/g)	59.2 (11-03-2025)	0.6	≤50.0	
Fecal Lactoferrin (mcg/ml)	5.3 (11-03-2025)	2.6	≤6.4	
Fecal Eosinophil Protein X (mcg/g)	8.4 (11-03-2025)	1.4	≤4.8	

DIGESTION AND IMMUNE BALANCE

Test Name	Previous	Current	Reference	Result
Pancreatic Elastase 1 (mcg/g)	353.4 (11-03-2025)	265.6	≥200.0	
Fecal Immunochemical Test (FIT) (mcg/g)	3.1 (11-03-2025)	6.9	≤10.0	
Fecal Zonulin (ng/mL)	48.2 (11-03-2025)	104.2	25.1-160.8	
pH	6.5 (11-03-2025)	6.9	6.1-7.8	
sIgA (mcg/g)	234.7 (11-03-2025)	1029.2	426.0-1450.0	

GUT ANTIBODIES

Test Name	Previous	Current	Reference	Result
Lipopolysaccharide Antibody	4.5 (11-03-2025)	6.3	≤10.0	

GUT ANTIBODIES

Test Name	Previous	Current	Reference	Result
Anti-Saccharomyces Cerevisiae Antibody	7.6 (11-03-2025)	5.5	≤10.0	
Tissue Transglutaminase	5.3 (11-03-2025)	5.0	≤10.0	
Deamidated Gliadin Peptide	7.5 (11-03-2025)	2.8	≤10.0	
Fecal Anti Gliadin	9.5 (11-03-2025)	6.4	≤10.0	
Actin Antibody	10.3 (11-03-2025)	10.6	≤10.0	

MALABSORPTION

Dietary Fiber	Previous	Current	Reference	Result
Meat Fiber		NOT DETECTED	NOT DETECTED	
Vegetable Fiber		DETECTED	NOT DETECTED	

Fat Malabsorption	Previous	Current	Reference	Result
Total Fecal Fat (mg/g)	68.5 (11-03-2025)	28.9	2.9-37.5	
Total Fecal Triglycerides (mg/g)	1.5 (11-03-2025)	1.8	0.3-2.5	
Long Chain Fatty Acids (mg/g)	60.0 (11-03-2025)	18.5	0.9-28.1	
Total Cholesterol (mg/g)	3.2 (11-03-2025)	4.1	0.5-5.3	
Total Phospholipids (mg/g)	1.0 (11-03-2025)	1.0	0.3-6.4	

Gut Neurotransmitters

Serotonergic Pathway	Previous	Current	Reference	Result
Serotonin (mcg/g)		96.11	51.2-127.9	
5-HIAA (mcg/g)		6662.48	1711-9788	
5-HTP (mcg/g)		84.94	11.4-185.6	
Tryptophan (mg/g)		10.39	4.15-15.9	
GABAergic Pathway	Previous	Current	Reference	Result
GABA (mcg/g)		213.01	170 1-375.8	

Gut Neurotransmitters

GABAergic Pathway	Previous	Current	Reference	Result
Glutamate (mcg/g)		2887.38	1479.8-3566.9	
Other Pathways	Previous	Current	Reference	Result
Glycine (mg/g)		164.33	54.8-175.3	
Taurine (mg/g)		76.39	27.3-122.5	
Acetylcholine (mcg/g)		1.73	1.7-5.9	
Aspartate (mcg/g)		1800.72	900.5-3178.7	
Serine (mg/g)		30.32	13.7-40.9	
Oxytocin (mcg/g)		459.97	250.1-705	
Histaminergic Pathway	Previous	Current	Reference	Result
Histamine (mcg/g)		18.57	4.8-21.7	
Dopaminergic Pathway	Previous	Current	Reference	Result
PEA (Phenylethylamine) (mcg/g)		7.47	4.1-22.4	
Dopamine (mcg/g)		213.16	125.2-254.7	
DOPAC (mcg/g)		2846.12	577.3-1655.5	
HVA (mcg/g)		7263.24	3535-8455	
Normetanephrine (mcg/g)		31.22	15-36.7	
VMA (mcg/g)		4306.63	2411.2-5047.8	
3-MT (3-Methoxytyramine) (mcg/g)		32.32	13.6-35.2	
Metanephrine (mcg/g)		82.94	40.6-127.8	
Tyrosine (mcg/g)		7355.82	5011-12668	
Tyramine (mcg/g)		447.77	200.1-457.2	
L-DOPA (mcg/g)		812.00	0.1-855.8	
HVA/VMA Ratio		1.69	0.74-1.88	

Gut Neurotransmitters

Dopaminergic Pathway	Previous	Current	Reference	Result
HVA /DOPAC Ratio		2.55	2.6-8.3	
Tryptamine Pathway	Previous	Current	Reference	Result
Tryptamine (mcg/g)		56.75	15.8-115.7	
Kynurenine Pathway	Previous	Current	Reference	Result
Xanthurenic acid (mg/g)		0.18	0.1-1.6	
Quinolinic acid (mcg/g)		2200.23	610.3-2432.9	
Kynurenic acid (mcg/g)		583.35	125.6-991.3	
Quinolinic Acid / 5-HIAA Ratio		0.33	0.32-1.1	

GUT METABOLITES

Bile Acid Metabolites	Previous	Current	Reference	Result
Cholic Acid (CA) (%)	0.25 (11-03-2025)	0.07	≤0.36	
Chenodeoxycholic Acid (CDCA) (%)	0.58 (11-03-2025)	1.04	≤1.25	
Deoxycholic Acid (DCA) (%)	27.65 (11-03-2025)	49.71	24.25-75.84	
Lithocholic Acid (LCA) (%)	57.36 (11-03-2025)	39.20	24.16-75.75	
LCA/DCA Ratio	2.07 (11-03-2025)	0.79	0.32-3.38	
Short Chain Fatty Acids	Previous	Current	Reference	Result
Acetate (%)	67.3 (11-03-2025)	71.7	60.2-72.7	
Propionate (%)	28.9 (11-03-2025)	24.4	15.4-30.3	
Butyrate (%)	1.2 (11-03-2025)	1.1	5.1-12.4	
Valerate (%)	2.6 (11-03-2025)	1.8	0.8-3.5	
Total Short Chain Fatty Acids (micromol/g)	36.4 (11-03-2025)	30.6	45.4-210.1	
Estrogen Metabolism	Previous	Current	Reference	Result
β-Glucuronidase (U/mL)	1330 (11-03-2025)	281	≤2300.0	

Gut Commensals - Gut Microbiome

Test Name	Previous	Current	Reference	Result
Acinetobacter-	1.6 (11-03-2025)	12.9	≤20.0	
Actinomyces	10.6 (11-03-2025)	15.7	≤20.0	
Akkermansia muciniphila-	16.6 (11-03-2025)	25.5	≥10.0	
Alistipes	6.2 (11-03-2025)	27.2	≤20.0	
Alloprevotella-	18.0 (11-03-2025)	22.7	≥10.0	
Atopobium	12.2 (11-03-2025)	10.0	≤20.0	
Atopobium parvulum	10.6 (11-03-2025)	14.0	≤20.0	
Bacillus subtilis	14.7 (11-03-2025)	15.0	≥10.0	
Bacteroidales-	5.1 (11-03-2025)	15.8	10.0-20.0	
Bacteroides-	6.9 (11-03-2025)	15.2	10.0-20.0	
Bacteroides caccae-	8.3 (11-03-2025)	14.8	≤20.0	
Bacteroides vulgatus-	14.1 (11-03-2025)	24.9	≥10.0	
Bifidobacterium	25.6 (11-03-2025)	6.1	≥10.0	
Bifidobacterium adolescentis	16.0 (11-03-2025)	10.9	10.0-20.0	
Bifidobacterium animalis	18.3 (11-03-2025)	20.2	≥10.0	
Bifidobacterium animalis subspecies lactis	22.9 (11-03-2025)	16.5	≥10.0	
Bifidobacterium catenulatum	9.3 (11-03-2025)	17.8	≥10.0	
Blautia	17.6 (11-03-2025)	16.6	10.0-20.0	
Blautia hydrogenotrophica	14.3 (11-03-2025)	13.5	10.0-20.0	
Bradyrhizobiaceae-	9.7 (11-03-2025)	12.9	≤20.0	
Butyricimonas-	30.0 (11-03-2025)	18.6	≥10.0	
Butyrivibrio	20.5 (11-03-2025)	17.3	≥10.0	
Catenibacterium	17.2 (11-03-2025)	18.7	≥10.0	

Gut Commensals - Gut Microbiome

Test Name	Previous	Current	Reference	Result
Christensenella minuta	25.2 (11-03-2025)	16.5	≥10.0	
Clostridia clusters IV	4.4 (11-03-2025)	18.6	≥10.0	
Clostridia clusters XIVa	15.8 (11-03-2025)	23.6	≥10.0	
Clostridia clusters XVIII	5.2 (11-03-2025)	20.2	≥10.0	
Clostridiales Family XIV Incertae Sedis	12.3 (11-03-2025)	18.8	≥10.0	
Clostridium	12.6 (11-03-2025)	13.4	10.0-20.0	
Clostridium hathewayi-	8.8 (11-03-2025)	7.9	≤20.0	
Clostridium ramosum	9.3 (11-03-2025)	10.7	≤20.0	
Clostridium symbiosum-	7.2 (11-03-2025)	12.9	≤20.0	
Clotridiales Incertae Sedis IV	14.2 (11-03-2025)	15.2	≤20.0	
Collinsella	11.5 (11-03-2025)	12.2	≤20.0	
Coprococcus	29.0 (11-03-2025)	12.4	10.0-20.0	
Desulfovibrio-	12.6 (11-03-2025)	21.4	≤20.0	
Desulfovibrio piger-	7.2 (11-03-2025)	13.8	10.0-20.0	
Dialister invisus-	26.5 (11-03-2025)	14.4	≥10.0	
Dorea	21.7 (11-03-2025)	22.1	≤20.0	
Eggerthella lenta	20.2 (11-03-2025)	12.7	≤20.0	
Enterobacter aerogenes-	9.7 (11-03-2025)	11.8	≤20.0	
Enterobacteria-	11.5 (11-03-2025)	10.1	≤20.0	
Enterobacteriaceae-	29.2 (11-03-2025)	11.8	10.0-20.0	
Enterococcus	15.0 (11-03-2025)	14.2	10.0-20.0	
Enterococcus gallinarum	18.5 (11-03-2025)	11.5	≤20.0	
Escherichia coli-	21.4 (11-03-2025)	13.2	10.0-20.0	

Gut Commensals - Gut Microbiome

Test Name	Previous	Current	Reference	Result
Eubacterium	5.5 (11-03-2025)	19.0	≥10.0	
Eubacterium rectale	9.8 (11-03-2025)	16.5	10.0-20.0	
Faecalibacterium prausnitzii	6.9 (11-03-2025)	11.8	10.0-20.0	
Fusobacterium-	27.7 (11-03-2025)	14.0	10.0-20.0	
Haemophilus-	14.8 (11-03-2025)	24.8	≥10.0	
Hafnia	28.3 (11-03-2025)	18.5	≥10.0	
Holdemania	9.2 (11-03-2025)	13.8	≤20.0	
Lachnospiraceae	20.7 (11-03-2025)	14.9	10.0-20.0	
Lactobacillaceae	14.6 (11-03-2025)	12.1	≤20.0	
Lactobacillus	17.0 (11-03-2025)	11.5	≥10.0	
Lactobacillus animalis	18.7 (11-03-2025)	17.9	≥10.0	
Lactobacillus ruminis	11.3 (11-03-2025)	13.9	≤20.0	
Lactobacillus sakei	13.3 (11-03-2025)	17.8	≥10.0	
Lactococcus	12.3 (11-03-2025)	12.0	≤20.0	
Leuconostoc	19.7 (11-03-2025)	17.4	≥10.0	
Marvinbryantia	11.2 (11-03-2025)	16.2	≤20.0	
Methanobrevibacter smithii	4.5 (11-03-2025)	14.0	10.0-20.0	
Mycoplana-	6.9 (11-03-2025)	14.0	≤20.0	
Oscillospira-	21.4 (11-03-2025)	17.2	≥10.0	
Parabacteroides	19.8 (11-03-2025)	17.0	≥10.0	
Pediococcus	24.1 (11-03-2025)	29.3	≥10.0	
Peptostreptococcus	16.3 (11-03-2025)	19.0	≥10.0	
Phascolarctobacterium-	21.7 (11-03-2025)	16.8	≥10.0	

Gut Commensals - Gut Microbiome

Test Name	Previous	Current	Reference	Result
Porphyromonas gingivalis-	4.0 (11-03-2025)	12.1	≤20.0	
Prevotella-	11.8 (11-03-2025)	13.6	10.0-20.0	
Prevotella copri-	7.3 (11-03-2025)	25.5	≤20.0	
Propionibacterium freudenreichii	25.7 (11-03-2025)	18.9	≥10.0	
Proteus mirabilis-	10.5 (11-03-2025)	13.0	≤20.0	
Pseudobutyrvibrio-	28.6 (11-03-2025)	16.0	≥10.0	
Pseudomonas-	9.8 (11-03-2025)	12.9	≤20.0	
Roseburia	22.2 (11-03-2025)	23.0	≥10.0	
Roseburia intestinalis	15.6 (11-03-2025)	16.6	10.0-20.0	
Ruminococcaceae	18.0 (11-03-2025)	18.1	10.0-20.0	
Ruminococcus	15.6 (11-03-2025)	14.7	10.0-20.0	
Ruminococcus bromii	22.0 (11-03-2025)	16.7	≥10.0	
Ruminococcus gnavus	16.0 (11-03-2025)	13.9	10.0-20.0	
Ruminococcus obeum	8.9 (11-03-2025)	11.6	≤20.0	
Solobacterium moorei	7.0 (11-03-2025)	13.5	≤20.0	
β-Galactosidase producing bacteria	18.4 (11-03-2025)	19.7	≤20.0	
β-Glucuronidase producing bacteria	13.9 (11-03-2025)	19.0	≤20.0	
Staphylococcaceae	4.7 (11-03-2025)	11.5	≤20.0	
Staphylococcus epidermidis	2.0 (11-03-2025)	11.4	≤20.0	
Staphylococcus pasteurii	2.4 (11-03-2025)	13.8	≤20.0	
Staphylococcus species	2.8 (11-03-2025)	12.8	≤20.0	
Tyzzarella	0.6 (11-03-2025)	12.5	≤20.0	
Tyzzarella 4	2.4 (11-03-2025)	14.6	≤20.0	



Gut Commensals - Gut Microbiome

Test Name	Previous	Current	Reference	Result
Veillonella-	5.9 (11-03-2025)	13.9	10.0-20.0	
Veillonellaceae-	5.5 (11-03-2025)	18.0	≥10.0	

Gut Commensals - Probiotic Organisms

Test Name	Previous	Current	Reference	Result
Bacillus coagulans	6.7 (11-03-2025)	16.6	≥10.0	
Bifidobacterium bifidum	22.3 (11-03-2025)	15.0	≥10.0	
Bifidobacterium breve	11.9 (11-03-2025)	16.6	≥10.0	
Bifidobacterium dentium	13.0 (11-03-2025)	13.5	≥10.0	
Bifidobacterium infantis	25.8 (11-03-2025)	19.9	≥10.0	
Bifidobacterium longum	25.8 (11-03-2025)	12.1	≥10.0	
Escherichia coli Nissle-	24.0 (11-03-2025)	18.2	≥10.0	
Lactobacillus acidophilus	12.8 (11-03-2025)	20.8	≥10.0	
Lactobacillus brevis	17.0 (11-03-2025)	14.7	≥10.0	
Lactobacillus bulgaricus	21.8 (11-03-2025)	18.7	≥10.0	
Lactobacillus casei	19.0 (11-03-2025)	19.1	≥10.0	
Lactobacillus fermentum	27.1 (11-03-2025)	17.1	≥10.0	
Lactobacillus paracasei	23.4 (11-03-2025)	17.2	≥10.0	
Lactobacillus plantarum	24.4 (11-03-2025)	15.3	≥10.0	
Lactobacillus reuteri	15.6 (11-03-2025)	16.9	≥10.0	
Lactobacillus rhamnosus	12.4 (11-03-2025)	18.2	≥10.0	
Lactobacillus rhamnosus GG	22.3 (11-03-2025)	19.1	≥10.0	
Lactobacillus salivarius	19.4 (11-03-2025)	17.3	≥10.0	
Saccharomyces boulardii	21.2 (11-03-2025)	17.7	≥10.0	

Gut Commensals - Probiotic Organisms

Test Name	Previous	Current	Reference	Result
Streptococcus	19.4 (11-03-2025)	21.9	10.0-20.0	
Streptococcus thermophilus	6.4 (11-03-2025)	14.1	10.0-20.0	

SAMPLE

Risk and Limitations

This test has been developed and its performance characteristics determined by Vibrant America LLC, a CLIA certified lab and Vibrant Genomics, a CLIA and CAP certified lab. These assays have not been cleared or approved by the U.S. Food and Drug Administration. Vibrant Wellness provides additional contextual information on these tests and provides the report in a more descriptive fashion.

Gut Zoomer testing is performed at Vibrant Genomics and Vibrant America utilizing ISO-13485 developed technology. Vibrant America has effective procedures in place to protect against technical and operational problems. However, such problems may still occur. Examples include failure to obtain the result for a specific test due to circumstances beyond Vibrant's control. Vibrant may re-test a sample to obtain these results but upon re-testing the results may still not be obtained. As with all medical laboratory testing, there is a small chance that the laboratory could report incorrect results. A tested individual may wish to pursue further testing to verify any results.

Tested individuals should not change their diet, physical activity, or any medical treatments they are currently using based on the results without consulting their personal health care provider. The information in this report is intended for educational purposes only. While every attempt has been made to provide current and accurate information, neither the author nor the publisher can be held accountable for any errors or omissions. Tested individuals may find their experience is not consistent with Vibrant's selected peer reviewed scientific research findings of relative improvement for study groups. The science in this area is still developing and many personal health factors affect diet and health. Since subjects in the scientific studies referenced in this report may have had personal health and other factors different from those of tested individuals, results from these studies may not be representative of the results experienced by tested individuals. Further, some recommendations may or may not be attainable, depending on the tested individual's physical ability or other personal health factors. A limitation of this testing is that many of these scientific studies may have been performed in selected populations only. The interpretations and recommendations are done in the context of these studies, but the results may or may not be relevant to tested individuals of different or mixed ethnicities. Please note that pediatric ranges have not been established for these tests. Interference studies have not been established for individuals on immunosuppressive drugs.

Based on test results and other medical knowledge of the tested individual, health care providers might consider additional independent testing, or consult another health care provider or genetic counselor.

Vibrant Wellness makes no claims as to the diagnostic or therapeutic use of its tests or other informational materials. Vibrant Wellness reports and other information do not constitute medical advice and are not a substitute for professional medical advice. Please consult your healthcare practitioner for questions regarding test results, or before beginning any course of supplementation or dietary changes.

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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.