

# 2310120326 - GUT ZOOMER DEMO

FINAL REPORT

Accession ID: 2310120326

Name: 2310120326 - GUT ZOOMER DEMO  
Date of Birth: 01-01-1111  
Gender: Male  
Age: 01  
Height:  
Weight:  
Fasting: UNKNOWN

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

## 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

## Report Information

Current Result Previous Result In Control Moderate Risk

## Specimen Information

Sample Type	Collection Time	Received Time	Report	Final Report Date
Stool	2023-10-19 00:00 (PDT)	2023-10-20 14:44 (PDT)	Gut Zoomer - P2	2023-11-02 11:29 (PDT)
Unpreserved Stool	2023-10-19 00:00 (PDT)	2023-10-20 14:44 (PDT)	Gut Zoomer - P2	2023-11-02 11:29 (PDT)

SAMPLE



3521 Leonard Ct, Santa Clara, CA 95054  
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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

## 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 3.0 is a health analytics tool based on the gut microbiome which provides potential risks for intestinal permeability, cardiovascular, metabolic, neurological, intestinal, autoimmune, liver, hormonal, and nutritional health conditions. Additionally, it has panels for detection of gut pathogens and digestive markers. It is intended to be used to improve functions associated with a general state of health, and where it is well understood as well as accepted that healthy lifestyle choices may play an important role in these health outcomes.

### Methodology:

Gut Zoomer is split into 3 sections - Gut Pathogens, Gut Commensal, and Digestive Markers. Gut Pathogens, Gut Commensal uses real-time PCR Assay designed for semi-quantitative and qualitative detection of group-specific DNA in clinical stool samples. The Vibrant Gut Digestive panel test is a quantitative assay that detects Calprotectin, Anti-gliadin, Eosinophil Protein X, Lactoferrin, Zonulin, Lysozyme, MMP 9, Pancreatic Elastase 1, S100A12, and sIgA levels with multiplexed sandwich chemiluminescence immunoassay methodology. ELISA (enzyme-linked immunosorbent assay) methodology is used for detecting pH, and Fecal Occult blood. Tandem mass spectrometry methodology (LC-MS/MS) is used for detecting Fatty acids markers and Bile acid markers.

### 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** comprising of pathogenic bacteria, parasites, virus, and fungi are indicated as DETECTED or NOT DETECTED along with the levels in respective units. Worm and antibiotic resistance gene testing are displayed as DETECTED or NOT DETECTED based on the test result.

**Inflammation and Digestive Insufficiency** markers are displayed along with a risk indicator and the corresponding reference range for each test calculated using results from 200 healthy individuals.

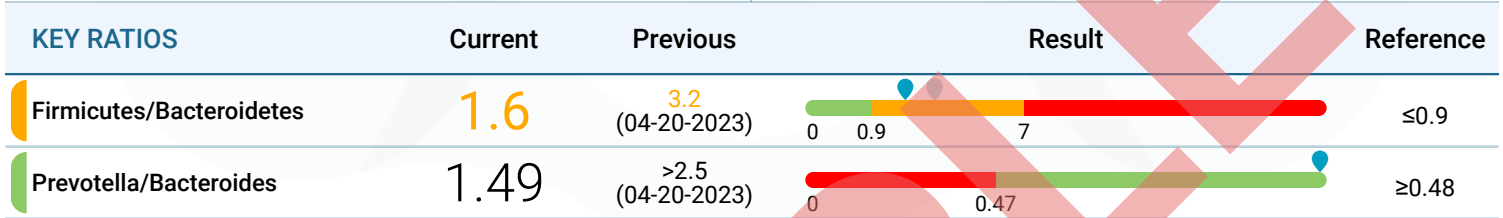
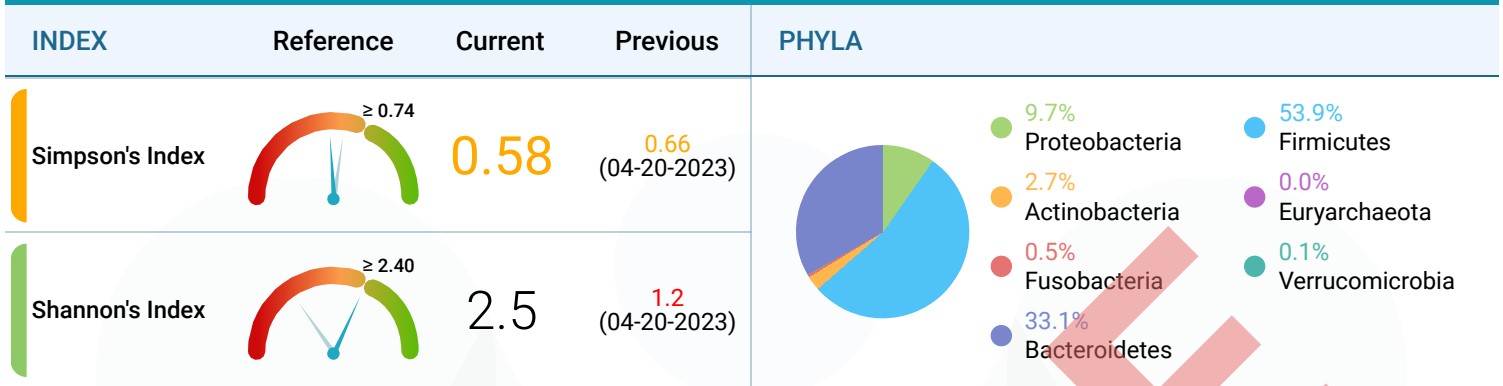
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### Please note:

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



## Gut Commensals

Test Name	Current	Previous	Reference	Test Name	Current	Previous	Reference
SIBO	2.7	2.7 (04-20-2023)	≤2.0	Autoimmune health	2.2	2.4 (04-20-2023)	≤2.0
Neurological health	2.1	2.3 (04-20-2023)	≤2.0	IBS	3.3	3.0 (04-20-2023)	≤2.0
Intestinal permeability	1.6	1.9 (04-20-2023)	≤2.0	Cardiovascular health	1.5	1.7 (04-20-2023)	≤2.0
Metabolic health	2.0	2.3 (04-20-2023)	≤2.0	Nutrition	0.9	1.1 (04-20-2023)	≤2.0
Liver health	1.9	2.9 (04-20-2023)	≤2.0	IBD	1.7	1.4 (04-20-2023)	≤2.0
Hormones	0.8	0.8 (04-20-2023)	≤2.0				

### COMMENSAL BACTERIA IN IMBALANCE

Acinetobacter, Bacteroides vulgatus, Bifidobacterium animalis, Christensenella minuta, Clostridia clusters IV, Clostridia clusters XVIII, Clostridium, Dorea, Dorea, Enterobacteriaceae, Enterococcus species, Leuconostoc, Mycoplana, Oscillospira, Prevotella copri, Roseburia intestinalis, Staphylococcus pasteurii, Veillonella, Veillonellaceae, Bifidobacterium animalis, Bifidobacterium breve, Bifidobacterium infantis, Saccharomyces boulardii

### SUGGESTED PROBIOTICS INCLUDE


Bifidobacterium animalis, Bifidobacterium breve, Bifidobacterium infantis, Saccharomyces boulardii

## Gut Commensals


### SUGGESTED SUPPLEMENTS INCLUDE:

Berberine, Origanum Vulgare, Wormwood Oil, Lemon Balm Oil, Barberry Root Extract, Glycine, Pantothenic Acid, Riboflavin, Vitamin B6, Folate, Vitamin B12, Betaine, Omega-3 Fatty Acids, Whey Protein Concentrate, Watercress, Green Tea Catechins, Betaine Hcl, Pepsin, Magnesium Citrate, Aloe Leaf Extract, Triphala, L-glutamine, Immunoglobulin G, Zinc Carnosine, Licorice Root Extract, Selenium, Milk Thistle Extract, Alpha-lipoic Acid, N-acetyl-L-cysteine, Vitamin D, Isoflavone, Taurine, Chitin-glucan, Peptidase

## INFLAMMATION MARKERS


Test Name	Current	Previous	Result	Reference
Beta defensin 2 (ng/mL)	100.8	89.5 (04-20-2023)		≤34.9

Beta-defensin 2 is an antibiotic peptide locally regulated by inflammation in humans. It is produced by a number of epithelial cells and exhibits potent antimicrobial activity against Gram-negative bacteria and Candida, but not Gram-positive bacteria. It has been speculated that beta-defensin 2 may contribute to the infrequency of Gram-negative infections on skin and lung tissue.


S100A12 (mcg/ml)	82.0	100.2 (04-20-2023)		≤50.0
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Fecal S100A12 is a novel noninvasive marker that has been shown to distinguish active IBD from healthy control subjects in certain populations. S100A12 levels were evenly distributed throughout fecal samples and were stable for 7 days when stored at room temperature. Fecal S100A12 was shown to be elevated in children with IBD compared with healthy control subjects, with levels closely correlated to disease activity and other serum inflammatory markers, particularly lower gut involvement.

## DIGESTIVE INSUFFICIENCY AND MALABSORPTION MARKERS


ENZYME INSUFFICIENCY	Current	Previous	Result	Reference
Pancreatic elastase 1 (mcg/g)	106.5	118.1 (04-20-2023)		≥200.0

Consider digestive support with betaine HCL. Consider pepsin, plant or pancreatic enzyme supplements, digestive herbs, bile salts, and taurine. Micronutrient evaluation recommended, especially for fat soluble vitamins A, D, E, and K.

FAT MALABSORPTION	Current	Previous	Result	Reference
Total Fecal Fat (mg/g)	41.3	38.6 (04-20-2023)		2.9-37.5


This test measures the amount of fat in a stool sample. Excess fecal fat (termed steatorrhea) in stool is indicative of malabsorption disorder. The absorption of fat can be varied by production of bile in the gallbladder or liver, production of digestive enzymes in the pancreas, and normal functioning of the intestines. Decreased absorption of fat can be a sign of many different illnesses, including celiac disease, crohn's disease, cystic fibrosis, pancreatitis, etc.

## DIGESTIVE INSUFFICIENCY AND MALABSORPTION MARKERS

FAT MALABSORPTION	Current	Previous	Result	Reference
Total Phospholipids (mg/g)	<b>6.9</b>	7.8 (04-20-2023)		0.3-6.4

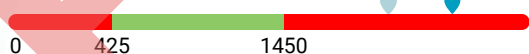
Total Phospholipid subfraction

## GUT METABOLITES

BILE ACID METABOLITES	Current	Previous	Result	Reference
Cholic acid (CA) (%)	<b>0.47</b>	0.61 (04-20-2023)		≤0.36

Consider digestive support with betaine HCL. Consider pepsin, plant or pancreatic enzyme supplements, digestive herbs, bile salts, and taurine. Micronutrient evaluation recommended, especially for fat soluble vitamins A, D, E, and K.

## OTHER MARKERS

Test Name	Current	Previous	Result	Reference
slgA (mcg/g)	<b>2617.0</b>	2107.4 (04-20-2023)		426.0-1450.0

Secretory IgA is the primary antibody that is protecting us from pathogens and toxins from penetrating mucosal surfaces. Its role is crucial in protecting the integrity of the intestinal epithelium. The antibody blocks the access to the epithelial receptors and traps pathogens and toxins in the mucus which are then excreted by peristaltic movements. SlgA has been identified to potentially neutralize virulence factors, modulate intestinal microbiota by Fab-dependent and -independent mechanisms, promote dendritic cell (DC) recruitment across the epithelial barrier and also down-regulate pro-inflammatory responses normally associated with the uptake of highly pathogenic bacteria and potentially allergenic antigens. Multiple cytokines, including IL-4, TGF-β, IL-5, IL-6, IL-10 are instrumental in intestinal stimulating SlgA production. A subset of these cytokines, notably TGF-β and IL-10, are also required for maintaining mucosal tolerance, thus establishing one of the many links between SlgA production, immunity and intestinal homeostasis.

## GUT PATHOGENS

No markers are outside the normal reference range

## 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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