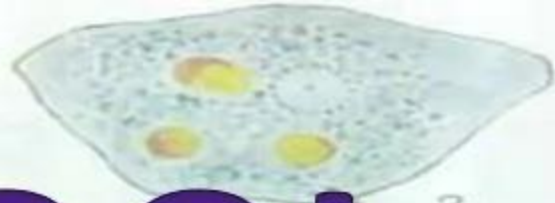


# STOOL

# EXAMINATION



1



3



4



5



6



7



8



9



10



11



12



13



# DEFINITION

Human feces is called as STOOL.

Faeces / Feces is plural  
of latin term *faex* meaning RESIDUE.

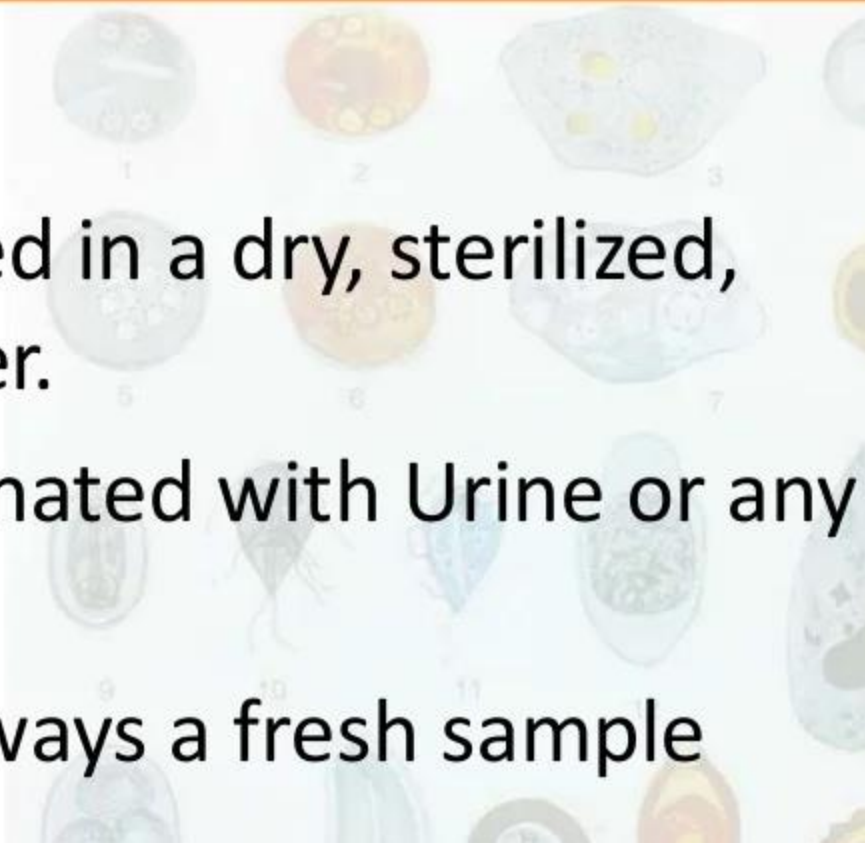
It is the waste residue of indigestible materials of an animal's digestive tract expelled through the anus during defecation.

# COMPOSITION

- $\frac{3}{4}$  Water,  $\frac{1}{4}$  Solid
- Undigested and Unabsorbed food
- Intestinal secretions, Mucous
- Bile pigments and Salts
- Bacteria and Inorganic material
- Epithelial cells, Leukocytes



# COLLECTION

- Universal Precautions
  - Stool should be collected in a dry, sterilized, wide mouthed container.
  - It should be uncontaminated with Urine or any other body secretions.
  - Properly named and always a fresh sample should be tested
- 



# MACROSCOPIC EXAMINATION

- Volume <200gms/day
- Colour
- Consistency
- Odour
- Blood, Mucous
- Parts of parasite and Adult Parasite



# COLOUR OF STOOL

Human fecal matter is normally yellowish brown in colour which results from a combination of bile and bilirubin.

## VARIATIONS

Bright Red/Maroon

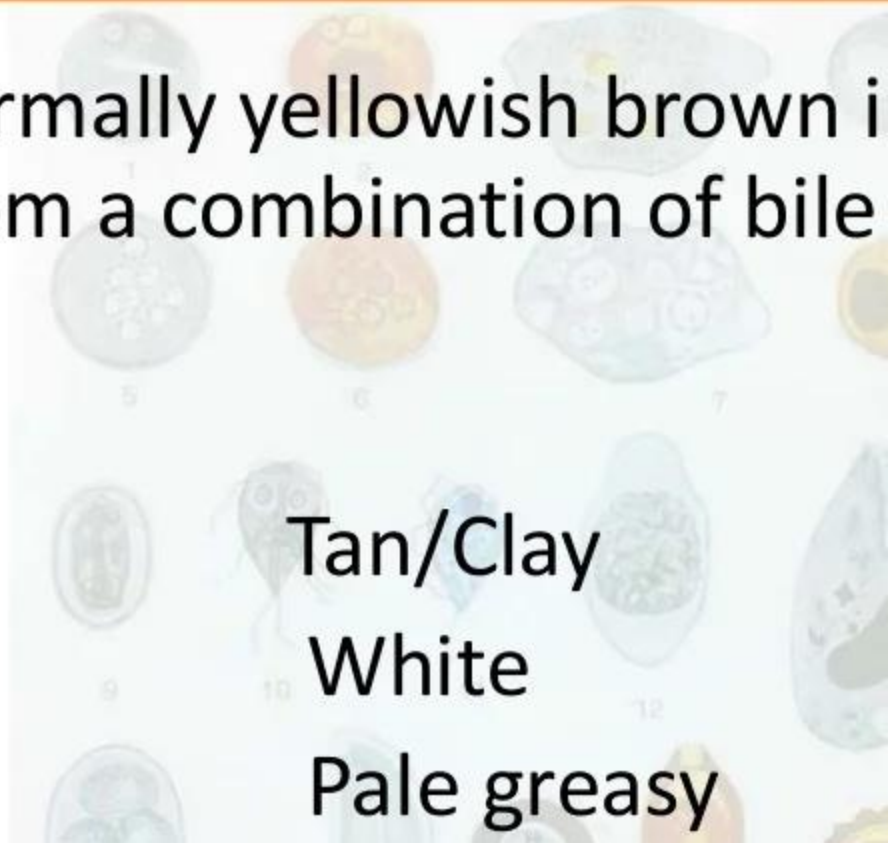
Blood streak

Yellow

Tan/Clay

White

Pale greasy



# COLOUR OF FECES-in Infants

Exclusively breast fed infants pass loose and green or pasty and yellow stools.

Infants fed on cows' milk preparations pass stools of a paler yellow colour and of a much firmer consistency.

Babies fed on newer modified cows' milk preparations have clay coloured or greenish stools

# CONSISTENCY OF STOOL

Type 1



Separate hard lumps, like nuts (hard to pass).

Type 2



Sausage-shaped but lumpy.

Type 3



Like a sausage but with cracks on the surface.

Type 4



Like a sausage or snake, smooth and soft.

Type 5



Soft blobs with clear-cut edges.



# ODOUR OF STOOL

Basically depends on the pH of the stool and **INDOLE** and **SKETOLE** are the substances that produce normal odour formed by Intestinal bacterial fermentation and putrefaction.

A foul odour is caused by degradation of undigested protein and excessive carbohydrate

- Diarrhoea mixed with mucous and Blood is suggestive of **Typhoid, Amoebiasis, Typhus, Large bowel Carcinoma.**
- Diarrhoea mixed with mucous and Pus is suggestive of **Ulcerative Collitis, Regional Enteritis, Shigellosis, Salmonellosis, Acute diverticulitis, Intestinal TB.**
- Pasty stool with high fat content is suggestive of **CBD Obstruction, Cystic fibrosis-butter stool.**
- Translucent gelatinous mucous clinging to the

- Rice water stools which is colourless and almost devoid of odour is suggestive of **Cholera**.
- Stools may look like Redcurrant jelly in **Intussusception**.



# PARASITE

- Round worm
- Hook worm
- Tape worm
- Pin worm
- Whipworm





The background of the slide features a grid of 12 numbered microscopic images of various organisms, including protozoa and algae. The organisms are shown in different stages and orientations, with some appearing as circular cells and others as elongated or teardrop shapes. The numbers 1 through 12 are placed below each corresponding image. The central text is overlaid on an orange rounded rectangle.

# MICROSCOPIC EXAMINATION

# MATERIALS

- Microscope slides
- Cover slips
- Sodium chloride solution
- Lugol's Iodine Solution
- Wooden applicator
- Fresh stool
- Gloves



# SLIDE PREPARATION

## SLIDES

Saline Specimen Prpn.

Iodine Specimen Prpn.

CONCENTRATION METHOD to detect Ova.

- A drop of warm Saline or Lugol's Iodine is placed over a clean microscopic slide.
- About 2mg of stool sample should be taken and

# PIN WORM EGG COLLECTION

Eggs of Pin worm – *Enterobius vermicularis* rarely appear in stools. These are usually collected in the folds of skin in perianal region.

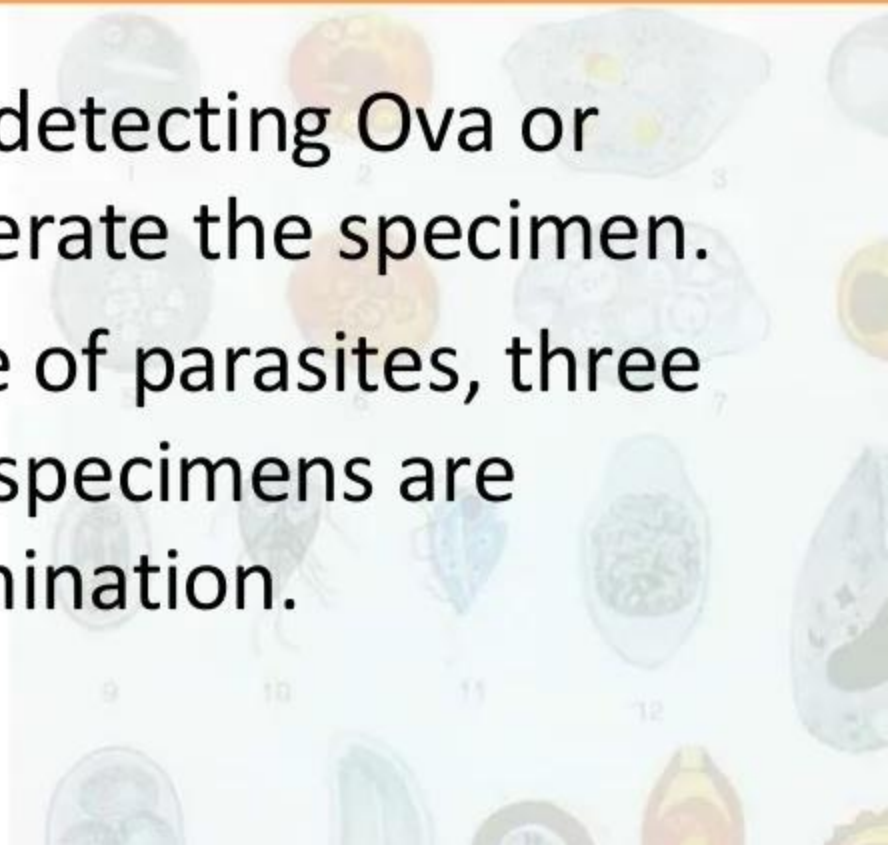
## COLLECTION

Cotton swab / Plaster patch – Anus especially in early morning – Dipped in Saline – Observed



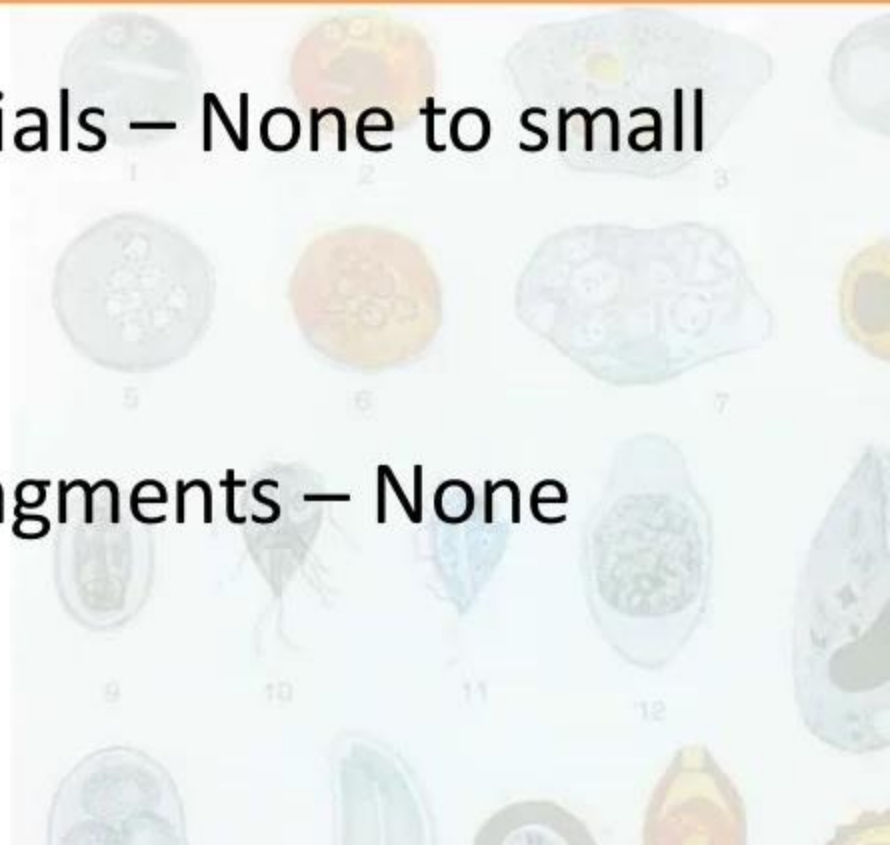
# EXAMINATION OF PARASITES

Warm stools are best for detecting Ova or parasites. Do not refrigerate the specimen. Because of cyclic life cycle of parasites, three separate random stool specimens are recommended for examination.



# NORMAL VALUES

- Undigested food materials – None to small amount
- Starch – None
- Eggs, Cysts, Parasitic fragments – None
- Yeasts – None
- Leukocytes – None



# LEUKOCYTES IN STOOL

**Large amounts of leukocytes** is suggestive of **Chronic Ulcerative Colitis, Chronic Bacillary Dysentery, Localised Abscess, Fistulas.**

**Mononuclear Leukocytes** appear in **Typhoid.**

**Polymorphonuclear Leukocytes** appear in **Shigellosis, Salmonellosis, Invasive E. coli diarrhoea, Ulcerative Colitis.**

# HOOKWORM

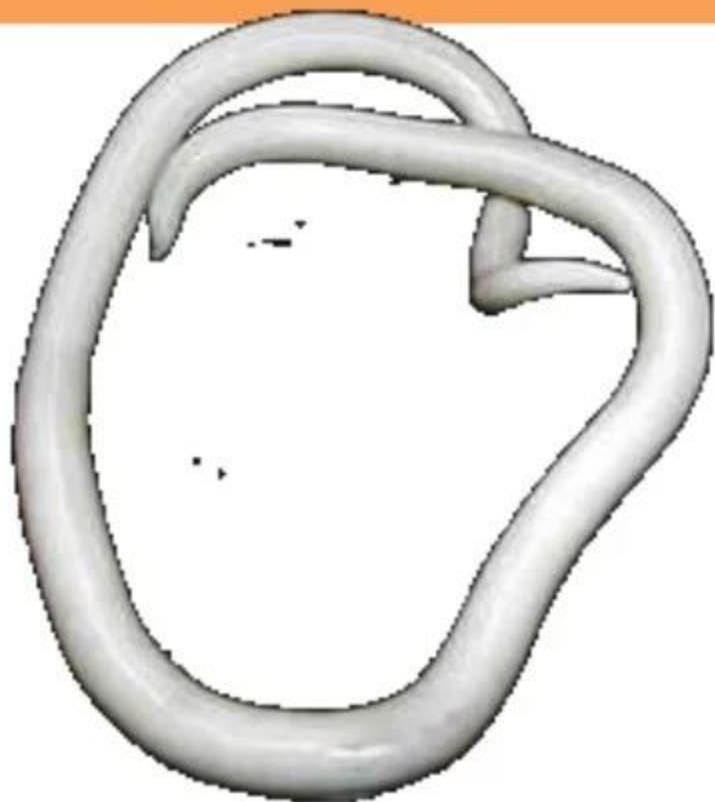
*Ancylostoma duodenale*.





# ROUNDWORM

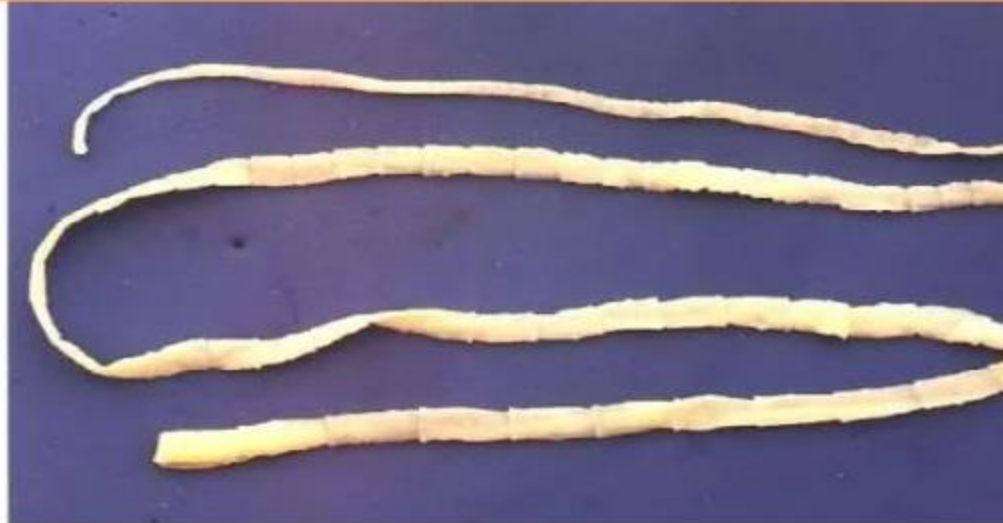
*Ascaris lumbricoides*



# TAPEWORM

*Taenia solium*-Pork

*Taenia saginata*-Beef



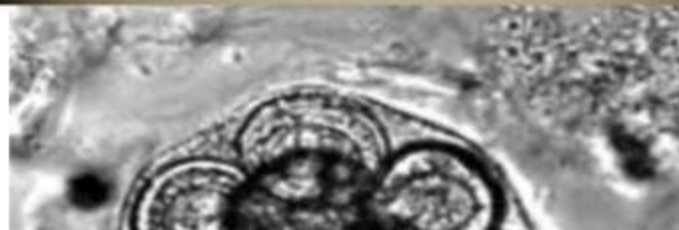
# WHIPWORM

*Trichuris trichura*



# PINWORM

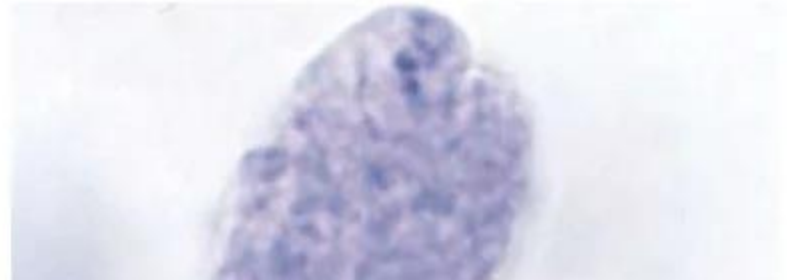
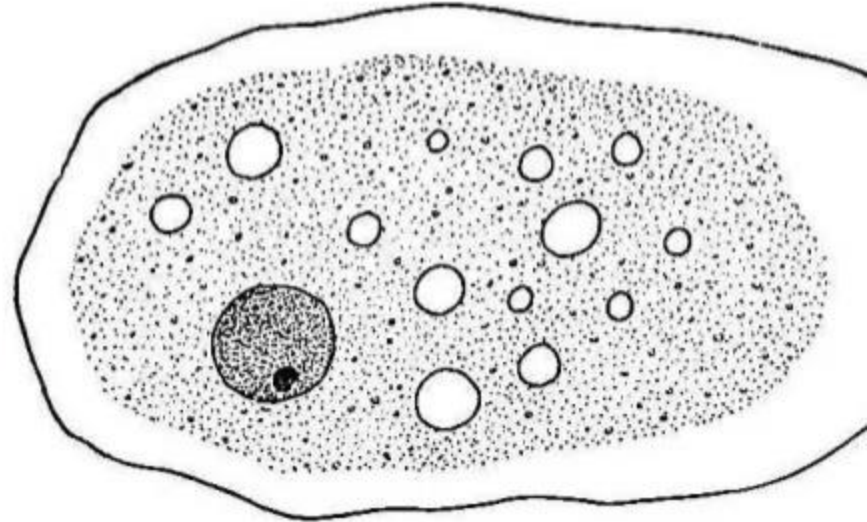
*Enterobius vermicularis*





# ENTAMOEBA

Entamoeba histolytica



# GIARDIASIS

Giardia lamblia



# STOOL CULTURE

Normal Microbial flora of GI tract contains following organisms.

Gram -ve - *E. coli*, *Enterobacter*, *Proteus*,  
*Pseudomonas aeruginosa*, *Bacteroides*.

Gram +ve - *Clostridia*, *Lactobacilli*, *Enterococci*,  
*Anaerobic streptococci*.

Human feces contain approximately  $10^{11}$  organisms

# CULTURE MEDIAS

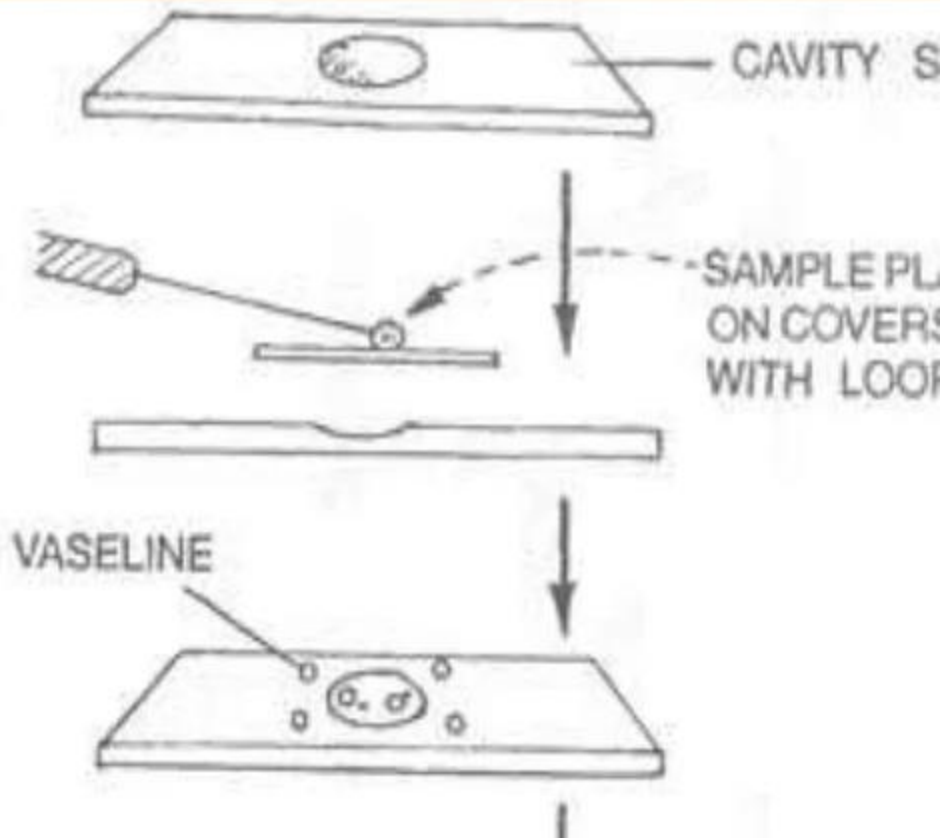
Culture media usually used is of AGAR and is done aerobically.

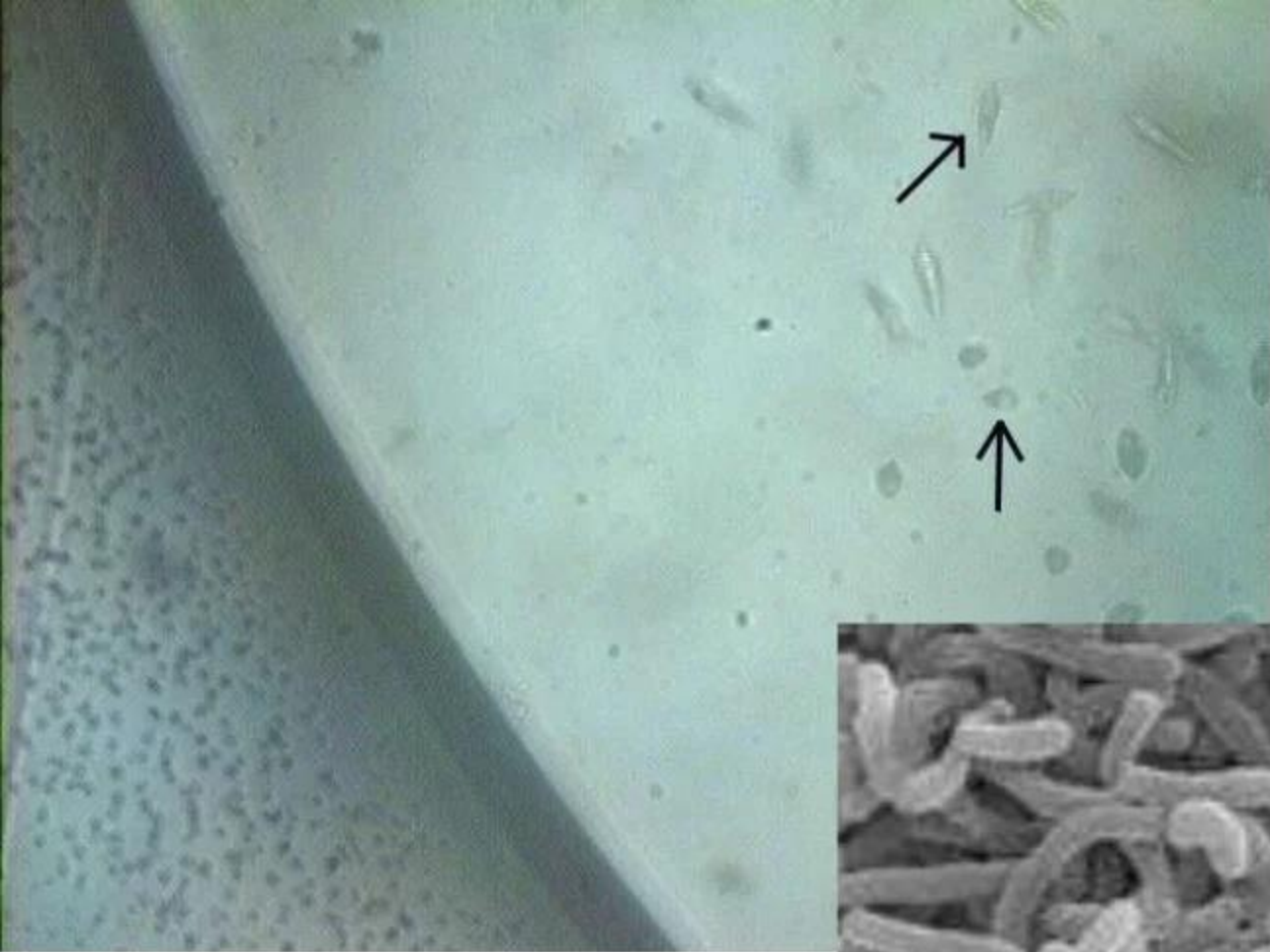
- XLD Agar media – Salmonella, Shigella.
- TCBS Agar media– Cholera.
- MacConkey media – Yersinia enterocolitica
- Campylobacter culture media for Campylobacter



# HANGING DROP TEST

- Place a drop stool in the centre of a coverslip.
- Place a drop of water / vaseline at each corner of the coverslip.
- Invert a slide with a central depression over the coverslip.
- The coverslip will stick to the slide and when the slide is inverted the drop of bacterial culture will be suspended in the





The background of the slide is a collage of various biological diagrams, likely related to parasitology or microbiology. These diagrams are arranged in a grid-like pattern and include several numbered figures. Figures 1, 2, 3, 5, 6, and 7 are located in the upper half of the image, while figures 12 and 13 are in the lower half. The diagrams show different stages of organisms, possibly eggs or larvae, with various internal structures and colors (e.g., yellow, blue, brown).

# CHEMICAL EXAMINATION

# NORMALCY

- Water – Upto 75%
- pH – 5.8 to 7.5
- Occult blood, RS – Negative
- Bile – Negative in Adults  
Positive in Children
- Sodium – 5.8 to 9.8 mEq/24hrs
- Chlorides – 2.5 to 3.9 mEq/24hrs





# pH

## Increased pH-ALKALINE

- Colitis
- Antibiotic use
- Villous adenoma
- Excess Protein in diet.

## Decreased pH-ACIDIC

- Carbohydrate Malabsorption
- Fat Malabsorption
- Disaccharidase deficiency

# OCCULT BLOOD

## PRINCIPLE – BENZIDINE TEST

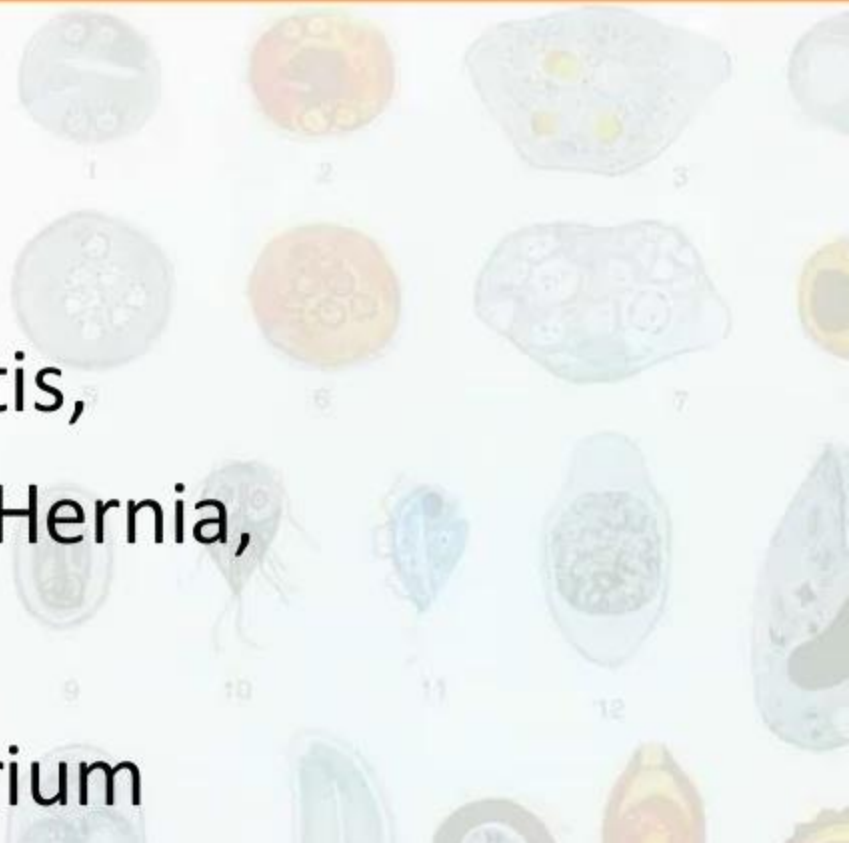
Perioxidase action of hemoglobin in blood converts hydrogen peroxide to water and nascent oxygen. This oxygen oxidises benzidine in acid medium to form green to blue coloured complex.

## METHOD

Benzidine – Glacial acetic acid – Hydrogen peroxide –

# OCCULT BLOOD cont...

Found in    Ulcers,  
                  Diverticulitis,  
                  Ulcerative Collitis,  
                  Diaphragmatic Hernia,  
                  Adenoma,  
                  CA Colon, Gastrium



# FAT IN STOOLS

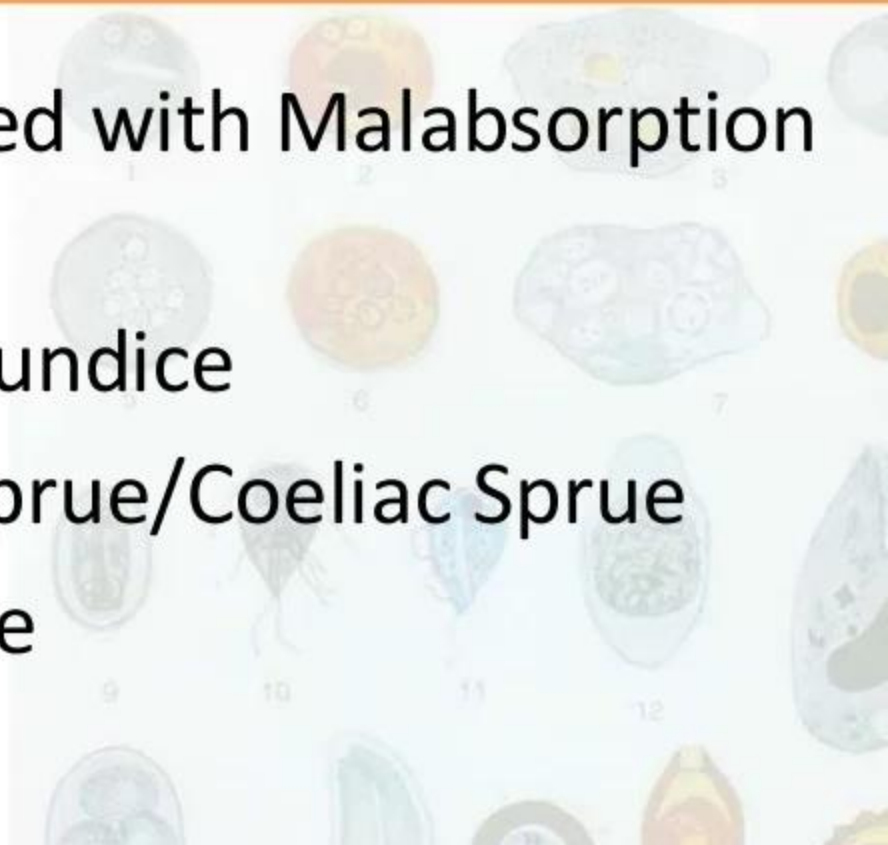
Increased Fats is associated with Malabsorption Syndromes

Obstructive Jaundice

Non tropical sprue/Coeliac Sprue

Crohn's disease

Cystic Fibrosis





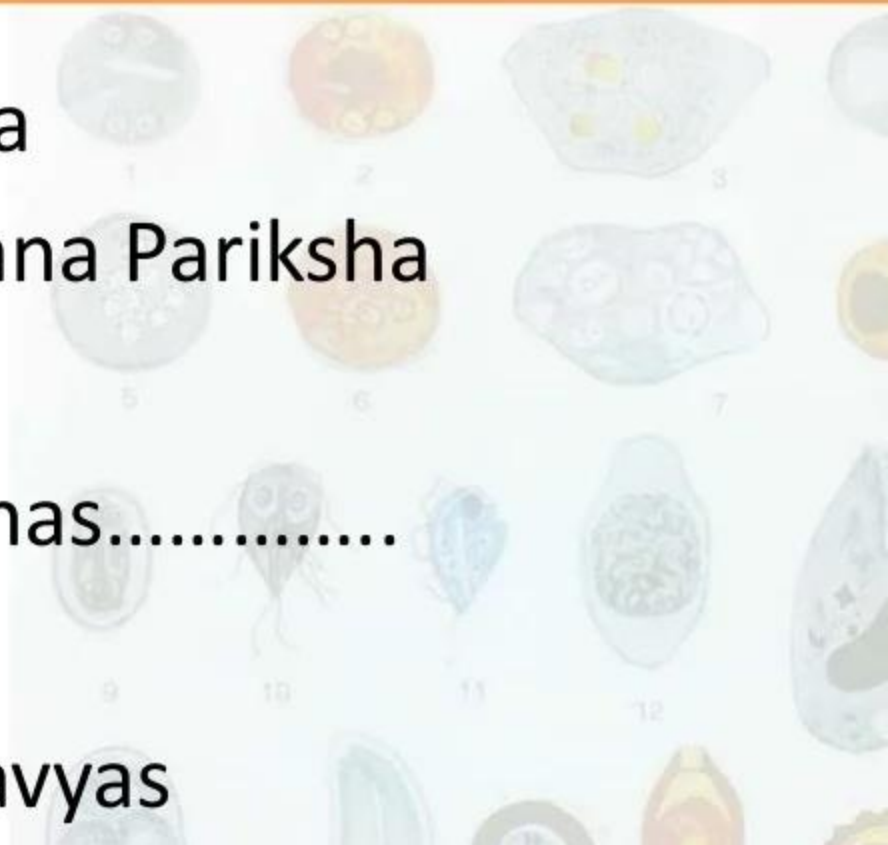
# REDUCING SUBSTANCES

Tested for RS especially in infants with Chronic diarrhea to rule out Lactose Intolerance.

Stool will be positive for RS in variety of condition especially in Rota viral Infection in Infants.

# MALA / PURISHA

- Mala – 7 Anjali Pramana
- One among ASHTA Sthana Pariksha
- Aama / Pakwa Purisha
- Tila Pishtha Nibha Varchas.....
- Purishaja Krimi
- Purisha Virajaneeya Dravyas



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**THANK YOU**

