

Interpretation results

Date: **01.06.2026**

User: **Female, 38 y.o.**



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Test type

Vaginal flora smear / wet mount / Gram stain

Summary table of results

Marker	Result	Reference (from the form / generally accepted)	Status
WBC / leukocytes	35–50 /HPF	Up to 10–15 /HPF	HIGH
Epithelial cells	Moderate	Moderate	NORMAL
Lactobacilli	Reduced	Abundant	LOW
Cocci / coccal flora	++	Scant / absent	HIGH
Yeast / Candida	Present	None	HIGH / ABNORMAL
Trichomonas	Not detected	Not detected	NORMAL
Gonococci	Not detected	Not detected	NORMAL

Reference taken from generally accepted norms and the values provided in the request — no separate laboratory reference form was provided.

Interpretation of deviations

WBC / leukocytes — 35–50 /HPF

- **Clinical meaning:** This is **elevated** and indicates inflammation of the vaginal mucosa.
- **Possible causes:** Vaginal candidiasis, bacterial vaginosis with inflammation, mixed

vaginitis, irritation, or less commonly sexually transmitted infections not visible on routine smear.

Lactobacilli — reduced

- **Clinical meaning:** Lactobacilli are protective vaginal bacteria. **Reduced** lactobacilli suggest disruption of **normal** vaginal flora.
- **Possible causes:** Bacterial vaginosis, recent antibiotics, hormonal changes, douching, new sexual partner, local irritants, or mixed infection.

Cocci / coccal flora — ++

- **Clinical meaning:** Increased coccal flora suggests overgrowth of non-lactobacillus bacteria.
- **Possible causes:** Dysbiosis, bacterial vaginosis, nonspecific bacterial vaginitis, or mixed flora disturbance.

Yeast / Candida — present

- **Clinical meaning:** Yeast presence together with itching, discharge, and irritation may indicate vulvovaginal candidiasis.
- **Possible causes:** Candida overgrowth, often associated with recent antibiotics, diabetes or **elevated** glucose, pregnancy, hormonal contraception, immune suppression, tight/non-breathable clothing, or recurrent vaginal dysbiosis.

Combined assessment

The smear shows an inflammatory vaginal process: **elevated** leukocytes, **reduced** lactobacilli, increased coccal flora, and Candida present. In the context of vaginal itching, discharge, and irritation, this pattern most strongly suggests **Candida-associated vaginitis**, possibly with **mixed vaginal dysbiosis** or bacterial flora imbalance.

Trichomonas and gonococci were not detected on the smear, which is reassuring, but routine microscopy does not exclude all sexually transmitted infections.

Recommended additional tests

- **Vaginal pH test** — helps distinguish candidiasis from bacterial vaginosis and trichomoniasis.
- **Whiff test / Amsel criteria or Nugent score** — useful if bacterial vaginosis is suspected.
- **Candida culture or PCR with species identification** — especially if symptoms are recurrent, severe, or treatment-resistant; helps detect non-albicans Candida.
- **NAAT/PCR for Chlamydia trachomatis, Gonorrhea, Trichomonas, Mycoplasma genitalium** — recommended if there is STI risk, new partner, pelvic pain, bleeding, or persistent symptoms.

- **Fasting glucose or HbA1c** — if candidiasis is recurrent or difficult to treat, to screen for impaired carbohydrate metabolism.

Which doctor to consult

- **Gynecologist** — for confirmation of the cause of vaginitis and selection of appropriate treatment, especially because the smear suggests inflammation and possible mixed infection.

General recommendations

- Avoid douching, vaginal antiseptics, scented gels, perfumed pads/tampons, and aggressive hygiene products.
- Use breathable cotton underwear and avoid prolonged moisture/tight clothing.
- Avoid sexual intercourse or use condoms until symptoms are clarified and treated.
- Do not start antibiotics without a clinician's indication, as they may worsen Candida overgrowth.
- If symptoms are severe, recurrent, associated with pelvic pain, fever, pregnancy, bleeding, or unpleasant/fishy odor, seek medical care promptly.

Important: This decoding is preliminary. Reference values are taken from the provided information and generally accepted norms because no separate laboratory reference form was provided. Consult a physician for diagnosis and treatment.

Important notice

This interpretation is for informational purposes only and is not medical advice, a diagnosis, or a treatment recommendation. Test results must be reviewed by a qualified physician taking into account your medical history and clinical picture.