

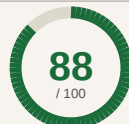


SAMPLE REPORT

DE-IDENTIFIED EXAMPLE

A-

OVERALL GRADE



Metabolic Score

~25 yrs

METABOLIC AGE

▼6 yrs

6 years younger than actual age of 31.



Metabolic

A

EXCELLENT



Heart Health

C+

NEEDS IMPROVEMENT



Thyroid

B

GOOD



Liver & Kidney

B

GOOD



Blood Counts

A

EXCELLENT



Testosterone

A

EXCELLENT



Hormones

B

GOOD



Iron & Vitamin D

B

GOOD

Estimated Metabolic Age: 25 years. This estimate is younger than your actual age mainly because your blood sugar, kidney and liver markers, and inflammation levels are all excellent. Cholesterol is the main area to watch, with a mildly low HDL and mildly elevated LDL and non-HDL cholesterol. This estimate reflects lab values only, since body composition and activity level were not part of this lab panel and were not factored in.

FOCUS ON

LDL Cholesterol — High

% Iron Saturation — High

SECTION 01

What Is Working In Your Favor

OK

A1c & Glucose

Your blood sugar control is excellent, with a fasting glucose of 88 and an A1c of 4.5%, well clear of prediabetes territory.

Kidney Function

eGFR of 106 and creatinine of 0.98 both show strong kidney filtration.

Liver Enzymes

AST and ALT are both comfortably normal, showing no signs of liver strain.

Inflammation

Your hs-CRP is 0.7, in the optimal range, and ApoB is 83, also in the favorable range.

Blood Counts

Your complete blood count, including white cells, red cells, and platelets, is fully normal.

Testosterone

Total testosterone is 516 ng/dL with normal free and bioavailable levels, a healthy mid-upper range.

Vitamin D

Your vitamin D is 47 ng/mL, solidly in the optimal range above 30.

Cortisol

Your morning cortisol of 19.0 mcg/dL sits comfortably within the expected AM range.

SECTION 02

Areas That May Benefit From Attention

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MODERATE PRIORITY

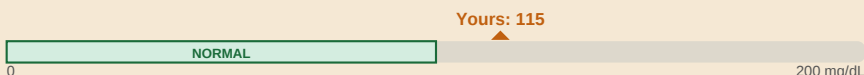
HDL Cholesterol — Low

HDL is often called the protective cholesterol because it helps clear cholesterol from your bloodstream. Yours is just under the target of 40, which on its own is a mild finding, especially with your triglycerides and ApoB both looking good.



LDL Cholesterol — High

LDL is mildly above the optimal cutoff of 100. This lines up with the non-HDL finding below and is a reasonable target for dietary changes before considering medication.



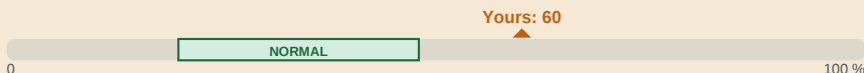
Non-HDL Cholesterol — High

Non-HDL cholesterol captures all the cholesterol-carrying particles associated with cardiovascular risk, not just LDL. Yours is just above the cutoff of 130, consistent with the LDL finding above.



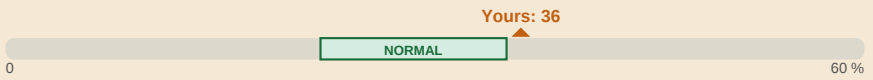
% Iron Saturation — High

This measures how much of your iron-carrying capacity is currently in use. Your iron, TIBC, and ferritin are all individually normal, so this is likely a mild, isolated finding rather than a sign of iron overload. Consider mentioning any recent iron supplement or multivitamin use to your physician, and a recheck without supplementation is a reasonable next step.



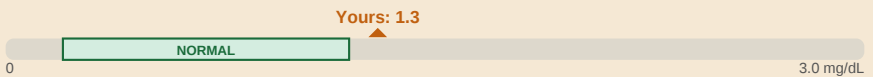
T3 Uptake — High

T3 uptake is a measure of thyroid-hormone binding proteins rather than thyroid hormone itself, and yours is only slightly above range. Your TSH, T4, and Free T4 Index are all normal, which is reassuring and suggests your thyroid gland itself is functioning normally.



Bilirubin, Total — High

Total bilirubin is mildly above range, but your direct bilirubin is normal and your liver enzymes (AST, ALT) are both normal. This pattern is commonly seen with Gilbert syndrome, a common and benign genetic variation in bilirubin processing that carries no health risk. Fasting can also mildly raise this value.



DHEA Sulfate — High

DHEA-S is an adrenal hormone that is only marginally above the reference range here. On its own, a value this close to the upper cutoff is not typically clinically significant. Consider mentioning it to your physician if you notice acne, mood changes, or other symptoms worth discussing.



SECTION 03

Lifestyle Suggestions

L

Add more fiber and healthy fats to your meals**Every day****WHAT TO DO**

Eat more soluble fiber and healthy fats, and cut back on saturated fat. Good fiber choices include oats, beans, lentils, chia seeds, ground flaxseed, and apples or pears with the skin on. Good fat choices include salmon, sardines, mackerel, walnuts, and olive oil.

WHY IT MATTERS

Your LDL ("bad") cholesterol and non-HDL cholesterol are a little above the healthy range, and your HDL ("good") cholesterol is a little below it. Fiber and healthy fats are two of the most reliable, well-studied ways to help move all three numbers in the right direction.

HOW TO START

Swap one meal a day for something with beans, oats, or lentils, and try fish instead of red meat two or three times this week.

Get moving with regular cardio**150+ minutes weekly****WHAT TO DO**

Aim for at least 150 minutes a week of moderate exercise, like a brisk walk, cycling, or swimming — enough to breathe harder but still hold a conversation.

WHY IT MATTERS

Regular cardio is one of the most reliable ways to raise HDL, the "good" cholesterol that is a little low in your results.

HOW TO START

Pick 3 days this week and set aside 30 minutes for a walk, bike ride, or swim. Building this into a steady habit matters more than any single workout.

Add strength training**2-3x weekly****WHAT TO DO**

Do simple strength exercises like squats, push-ups, rows, and carrying heavy objects, two or three times a week.

WHY IT MATTERS

Keeping muscle strong supports a healthy metabolism as you get older, which fits with your goal of staying healthy for the long run.

HOW TO START

Two 20-30 minute sessions this week built around those basic moves is a great starting point — you do not need a gym membership to begin.

Protect your sleep

7-9 hours nightly

WHAT TO DO

Aim for 7 to 9 hours of sleep and try to wake up around the same time every day, even on weekends.

WHY IT MATTERS

Poor sleep has been linked to higher cholesterol and more inflammation in the body, so steady sleep is a real, low-cost way to support the cholesterol numbers we are watching.

HOW TO START

Pick a wind-down time tonight, and set your phone aside 30 minutes before bed.

SECTION 04

Supplement Considerations

S

These supplements may be worth considering based on your results. Consider speaking with a physician or pharmacist before starting anything new.

1 Omega-3 (EPA/DHA)

2-3g daily — With meals, split AM/PM

Studies show omega-3 fatty acids meaningfully lower triglycerides and modestly support HDL levels (Skulas-Ray et al., 2019). A reasonable first step given your low HDL and slightly elevated LDL.

Targets: HDL, Non-HDL Cholesterol

2 Psyllium husk (soluble fiber)

10g daily — Before largest meal with water

Soluble fiber consistently lowers LDL cholesterol by binding cholesterol-related compounds in the gut so more is cleared from the bloodstream (Anderson et al., 2000).

Targets: LDL, Non-HDL Cholesterol

3 Plant sterols/stanols

2g daily — With meals

An FDA-recognized cholesterol-lowering compound. Research shows meaningful LDL reduction at this dose by blocking cholesterol absorption in the gut (Ras et al., 2014).

Targets: LDL, Non-HDL Cholesterol

4 Niacin (vitamin B3)

500mg daily — With food to reduce flushing

Niacin is one of the more established options specifically for raising HDL, the marker that stands out most in your results (Canner et al., 1986). Start at a low dose given the flushing side effect.

Targets: HDL Cholesterol

5 Citrus bergamot extract

500-1000mg daily — Before meals

Studies show meaningful reductions in total cholesterol and LDL, along with modest HDL support (Gliozzi et al., 2013).

Targets: LDL, HDL, Non-HDL Cholesterol

Visit mylabdoctor.com/supplements for products trusted by our doctors and offered at a discounted rate.

SECTION 05

Medication Considerations

Rx

For educational awareness only — not a prescription. Consult a licensed physician before any medication decisions.

1 Low-dose statin (e.g., rosuvastatin 5-10mg)**Worth discussing if lipid numbers do not move with diet and supplements**

Given how mild the LDL and non-HDL findings are, lifestyle and supplement changes are a reasonable first step. A low-dose statin is the most established option if numbers do not improve over the next few months.

2 Ezetimibe 10mg daily**Consider as an alternative or add-on**

Blocks cholesterol absorption in the gut rather than working through the liver. Can be used alone or paired with a low-dose statin, and is generally well tolerated.

Medical-Legal Notice: This report does not establish a physician-patient relationship or give medical advice. Considerations are for educational use only. Visit mylabdoctor.com to connect with a board-certified physician for a one-on-one consultation.

SECTION 06

Priority Actions & Next Steps

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1

Focus on cholesterol through diet, fiber, and omega-3s first Your LDL, non-HDL, and HDL findings are all mild, making lifestyle changes a reasonable first step before considering medication.

2

Recheck iron saturation and confirm no recent supplement use Iron, TIBC, and ferritin are all normal, so this is most likely an isolated or supplement-related finding rather than a sign of iron overload.

3

Mention the bilirubin finding to your physician for context, not urgency The pattern here (isolated mild total bilirubin, normal direct bilirubin, normal liver enzymes) is classic for the common and benign Gilbert syndrome variant.

4

Maintain your strong blood sugar, kidney, liver, and inflammation numbers These are already excellent and are the biggest reason your estimated metabolic age is younger than your actual age.

Your Health Summary Takeaway

Most of your results are in excellent shape — your blood sugar, kidney and liver markers, inflammation, blood counts, testosterone, vitamin D, and cortisol are all right where they should be. The main area worth your attention is cholesterol, where HDL is mildly low and LDL and non-HDL are mildly elevated, and a few borderline findings (iron saturation, T3 uptake, bilirubin, DHEA-S) are each only marginally outside range and not concerning on their own. Adding soluble fiber and omega-3s, and keeping up regular cardio, are the highest-leverage changes for the cholesterol picture. By acting on these now, you can expect **better long-term heart health, a clearer picture at your next recheck, continued strong metabolic health, and a solid foundation for your longevity and fertility goals.**

When to retest: Based on your flagged findings — HDL Cholesterol, LDL Cholesterol, Non-HDL Cholesterol, and % Iron Saturation — a follow-up panel is suggested at **6-8 weeks** to assess early response to any changes. Comprehensive retest at **3-6 months**.

SECTION 07

Complete Lab Results

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All lab values from this specimen — normal and abnormal — for your reference.

TEST	RESULT	RANGE	STAT
Iron, Total	175 mcg/dL	50-180 mcg/dL	NORM
Iron Binding Capacity (TIBC)	293 mcg/dL	250-425 mcg/dL	NORM
% Iron Saturation	60 %	20-48 %	HIGH
Ferritin	94 ng/mL	38-380 ng/mL	NORM
T3 Uptake	36 %	22-35 %	HIGH
T4 (Thyroxine), Total	8.0 mcg/dL	4.9-10.5 mcg/dL	NORM
Free T4 Index (T7)	2.9	1.4-3.8	NORM
TSH	3.02 mIU/L	0.40-4.50 mIU/L	NORM
Sex Hormone Binding Globulin	25 nmol/L	10-50 nmol/L	NORM
Testosterone, Free	86.8 pg/mL	46.0-224.0 pg/mL	NORM
Testosterone, Bioavailable	182.3 ng/dL	110.0-575.0 ng/dL	NORM
Testosterone, Total	516 ng/dL	250-1100 ng/dL	NORM
Cholesterol, Total	174 mg/dL	<200 mg/dL	NORM
HDL Cholesterol	39 mg/dL	>=40 mg/dL	LOW
Triglycerides	95 mg/dL	<150 mg/dL	NORM
LDL Cholesterol	115 mg/dL	<100 mg/dL	HIGH
Cholesterol/HDL Ratio	4.5	<5.0	NORM
LDL/HDL Ratio	2.9	Average risk 2.29-4.90	NORM
Non-HDL Cholesterol	135 mg/dL	<130 mg/dL	HIGH
hs-CRP	0.7 mg/L	Optimal <1.0 mg/L	NORM
Apolipoprotein B	83 mg/dL	<90 mg/dL	NORM

Complete Lab Results (continued)

TEST	RESULT	RANGE	STAT
Glucose (fasting)	88 mg/dL	65-99 mg/dL	NORM
BUN	15 mg/dL	7-25 mg/dL	NORM
Creatinine	0.98 mg/dL	0.60-1.26 mg/dL	NORM
eGFR	106	>=60 mL/min/1.73m2	NORM
Sodium	138 mmol/L	135-146 mmol/L	NORM
Potassium	4.4 mmol/L	3.5-5.3 mmol/L	NORM
Chloride	102 mmol/L	98-110 mmol/L	NORM
Carbon Dioxide	26 mmol/L	20-32 mmol/L	NORM
Calcium	9.5 mg/dL	8.6-10.3 mg/dL	NORM
Total Protein	7.0 g/dL	6.1-8.1 g/dL	NORM
Albumin	4.6 g/dL	3.6-5.1 g/dL	NORM
Globulin	2.4 g/dL	1.9-3.7 g/dL	NORM
Albumin/Globulin Ratio	1.9	1.0-2.5	NORM
Bilirubin, Total	1.3 mg/dL	0.2-1.2 mg/dL	HIGH
Bilirubin, Direct	0.2 mg/dL	<=0.2 mg/dL	NORM
Bilirubin, Indirect	1.1 mg/dL	0.2-1.2 mg/dL	NORM
Alkaline Phosphatase	71 U/L	36-130 U/L	NORM
AST	23 U/L	10-40 U/L	NORM
ALT	18 U/L	9-46 U/L	NORM
GGT	15 U/L	3-90 U/L	NORM
Hemoglobin A1c	4.5 %	<5.7 %	NORM

Complete Lab Results (continued)

TEST	RESULT	RANGE	STAT
eAG	82 mg/dL	Derived from A1c	NORM
Uric Acid	5.2 mg/dL	4.0-8.0 mg/dL	NORM
White Blood Cell Count	8.1 K/uL	3.8-10.8 K/uL	NORM
Red Blood Cell Count	4.79 M/uL	4.20-5.80 M/uL	NORM
Hemoglobin	14.7 g/dL	13.2-17.1 g/dL	NORM
Hematocrit	44.8 %	39.4-51.1 %	NORM
MCV	93.5 fL	81.4-101.7 fL	NORM
MCH	30.7 pg	27.0-33.0 pg	NORM
MCHC	32.8 g/dL	31.6-35.4 g/dL	NORM
RDW	11.6 %	11.0-15.0 %	NORM
Platelet Count	345 K/uL	140-400 K/uL	NORM
MPV	9.7 fL	7.5-12.5 fL	NORM
Absolute Neutrophils	4666 cells/uL	1500-7800 cells/uL	NORM
Absolute Lymphocytes	2576 cells/uL	850-3900 cells/uL	NORM
Absolute Monocytes	510 cells/uL	200-950 cells/uL	NORM
Absolute Eosinophils	267 cells/uL	15-500 cells/uL	NORM
Absolute Basophils	81 cells/uL	0-200 cells/uL	NORM
Cortisol, Total (AM)	19.0 mcg/dL	4.0-22.0 mcg/dL	NORM
DHEA Sulfate	418 mcg/dL	93-415 mcg/dL	HIGH
Estradiol	<30 pg/mL	<=39 pg/mL	NORM
Vitamin D, 25-OH, Total	47 ng/mL	30-100 ng/mL	NORM

MEDICAL DISCLAIMER: This report is generated using AI-assisted analysis of laboratory biomarker data and is intended for general informational and educational purposes only. It does not constitute medical advice, diagnosis, or treatment. Lab values may occasionally contain transcription or data entry errors; always verify your results against the official report from the laboratory that drew your labs before making any health decisions. Always seek the advice of a qualified, licensed healthcare provider. MyLabDoctor is not liable for any decisions made based on this report.