

Health Report

Ian Tominski

DOB 10 Jul 1979

Complete biomarker record · 2004 – 2026

Compiled from Quest Diagnostics, Smart Salem, InsideTracker and Blueprint laboratory reports. Trend organisation only — not medical advice. Flagged values should be reviewed with a clinician.

Claudia Health Tracker

Private health tracker for Ian. Updated 2026-08-24 13:11 UTC. Sources: Quest Diagnostics, InsideTracker, Smart Salem, 24 Aug 2026 photo inventory. Trend organisation only — not medical advice. Flagged values should be reviewed with a clinician.

Executive Summary

Jul 29 2026

Mixed — lipids are the real story; hormones are explained

Key Findings

- **Cardiovascular is now the headline, not the hormones.** LDL-C 173, non-HDL 195, ApoB 132, LDL particle number 1,955 (optimal <1,138), small dense LDL 535 (optimal <142), Pattern B. Five independent measures pointing the same direction. ApoB rose from 93 in Apr 2026 to 132 in Jul 2026 — a 42% increase in four months.
- **Testosterone 224 ng/dL — expected suppression, not a crash.** Drawn after several weeks off exogenous testosterone (current 250 mg/week). LH 0.6 and FSH 1.1 confirm HPTA shutdown from TRT. Prolactin normal at 6.5 rules out the main pituitary pathology. Free T 24.7 pg/mL and bioavailable T 50.9 track the same washout. Not pathological secondary hypogonadism.
- **Homocysteine 16.4 µmol/L — and now we know why it is not B12.** Methylmalonic acid is normal at 248 nmol/L, which is the functional tissue test for B12. So this is folate, B6, MTHFR methylation, or the kidney — not cobalamin. Changes which supplement actually matters.
- **Omega-3 is the cheapest fix on the panel.** Index 2.9% (target >5.4%), EPA 0.2% by weight, AA/EPA ratio 59.1 against a ceiling of 40.7. One intervention moves triglycerides, hsCRP, and the AA/EPA ratio simultaneously.
- **Kidney: reassuring on the detail.** Creatinine 1.40 and eGFR 63 look like Stage 2 CKD, but urine albumin/creatinine is 2 mg/g (ref <30) — no protein leak — and BUN is normal at 16. In a lean muscular male this is far more likely creatinine generation from muscle mass than filtration failure. Cystatin C would settle it definitively.
- **ANA positive 1:80 speckled** — low positive. Roughly a quarter of healthy adults test positive at this titer. Rheumatoid factor negative, TPO antibodies negative. Only meaningful if symptomatic.
- **Lp(a) 27 nmol/L — optimal.** The inherited, unmodifiable slice of cardiovascular risk is low. Genuinely good news, and a once-in-a-lifetime test now banked.
- **Metabolic health remains excellent.** Glucose 81, HbA1c 5.0%, insulin 3.7 µIU/mL. Best numbers in the 22-year record. Whatever you are doing on that front, keep doing it.

Priority Actions

- HIGH

Take the lipid panel to a physician. ApoB 132 with LDL-P 1,955, small dense LDL 535 and Pattern B is the one cluster on this report that changes long-term outcome. Ask specifically about the ApoB trajectory 93 → 132 in four months.
- HIGH

Omega-3: 2-3 g combined EPA+DHA daily. Single highest-yield intervention on the panel — moves omega-3 index, AA/EPA ratio, hsCRP and triglycerides together. Recheck OmegaCheck in 3 months.
- HIGH

Homocysteine: methylfolate + P5P (B6) + riboflavin + TMG. Skip the high-dose B12 — MMA at 248 nmol/L shows B12 status is fine. Retest in 6-8 weeks.
- MEDIUM

Request cystatin C to resolve the creatinine/eGFR question properly. It is unaffected by muscle mass, unlike creatinine.
- MEDIUM

Retest triglycerides trend — 410 mg/dL in Aug 2025 vs 100 mg/dL now. That is a tenfold swing between draws and worth understanding.
- LOW

Testosterone: no endocrine workup needed. If resuming TRT, nothing to do. If staying off, retest total T, free T, LH and FSH at 8-12 weeks to confirm HPTA recovery.
- LOW

ANA: no action without symptoms. If joint pain, rash, dry eyes/mouth or Raynaud's appear, repeat with ENA panel, anti-dsDNA, C3/C4 and ESR.

Historical Context

Testosterone trajectory: May 2023 (310, baseline) → Aug 2023 (467) → Jul 2024 (730) → Jan 2025 (1,370 peak, on-cycle) → Aug 2025 (1,116, on-cycle) → Apr 2026 (900) → Jul 2026 (224, drawn several weeks off testosterone; current resumed dose is 250 mg/week). The Jul 2026 value reflects expected HPTA suppression during washout, not endogenous decline.

ApoB tells the more important story: Aug 2023 (125) → Jul 2024 (128) → Aug 2025 (135) → Apr 2026 (93) → Jul 2026 (132). The Apr 2026 dip to 93 was the outlier, not the rule; the underlying trend is a stable-to-rising atherogenic particle count across three years. Combined with the newly measured LDL-P of 1,955 and small dense LDL of 535, this is the finding on the report most worth a clinician conversation.

Oura

2026-09-08T20:00:35Z · oura-api

Readiness

2026-09-08 56

56



Sleep

2026-09-08 60

60



Activity

2026-09-08 —



Heart rate

2026-09-08 74 bpm

74 bpm



Active calories

2026-09-08 —



Date	Readiness	Sleep	Activity	HR	Active kcal	Source
2026-09-08	56	60	—	—	—	oura-api
2026-09-07	57	71	72	74	426	oura-api
2026-09-06	44	54	76	92	337	oura-api
2026-09-05	49	56	70	83	612	oura-api
2026-09-04	60	43	69	77	188	oura-api
2026-09-03	46	49	81	76	180	oura-api
2026-09-02	54	67	87	72	319	oura-api
2026-09-01	49	58	75	76	66	oura-api
2026-08-31	47	61	75	81	432	oura-api
2026-08-30	46	70	76	88	338	oura-api
2026-08-29	49	70	67	96	591	oura-api

Date	Readiness	Sleep	Activity	HR	Active kcal	Source
2026-08-28		63	63	67	69	777 oura-api
2026-08-27		63	40	30	65	89 oura-api
2026-08-26		45	59	33	83	122 oura-api

Current Supplement Stack

Day/night split agreed 24 Aug 2026 · reviewed 26 Aug

Protocol start (night stack): 24 Aug 2026 ~00:04 UTC 25 Aug. Ian confirmed first night dose taken. Use this date against the next bloods — especially homocysteine (retest ~6 weeks, ~5 Oct 2026) and omega-3 index (recheck ~3 months, ~24 Nov 2026). Physical inventory from photos 24 August 2026. 36 products on the shelf. This is what is in stock, not a new prescription.

☀ Day — With Breakfast

- **Bupropion XL 300 mg** — 1 tablet each morning *ScieGen*
- Vitamin D3 + K2 — 1 tablet (4000 IU + 100 µg MK-7) *Nutrition Geeks*
- CoQ10 Ubiquinol — 1 softgel (200 mg) *HTN*
- Vitamin B Complex — 1 tablet *WeightWorld*
- **L-Methylfolate 400 µg** — 1 capsule *Health Leads*
- **TMG 1000 mg** — 1 capsule *NutriONN*
- **P5P 50 mg** — 1 capsule *Health4All*
- **Vitamin B12 1000 µg** — 1 capsule *Health Leads*; confirm methyl form
- NAC 600 mg — 1 capsule *New Leaf*
- Lion's Mane Focus+ — 1–2 tablets *Nutrition Geeks*
- Turmeric + Black Pepper — 1 tablet *Nutrition Geeks*
- Acetyl-L-Carnitine 500 mg — 1 capsule
- Alpha Lipoic Acid 600 mg — 1 capsule *with food*
- Citicoline 500 mg — 1 capsule
- Berberine 500 mg — 1 capsule *skip on low-food / retatrutide days*
- **Ginkgo + Siberian Ginseng** — 1 tablet *Ian added to daily morning 24 Aug 2026*

🌙 Night — Before Bed

- **Fish Oil 4 capsules** — EPA 660 / DHA 440 per 2 *moved to night 24 Aug 2026; with food, not empty*
- Magnesium Glycinate — 2 tablets (400 mg elemental + B6)
- Ashwagandha KSM-66 600 mg — 1 capsule
- L-Theanine 400 mg — 1 capsule
- Phosphatidylserine 300 mg — 1 capsule
- PQQ 20 mg — 1 capsule
- Zinc Picolinate 50 mg — 1 capsule *with food*
- Selenium 200 µg — 1 tablet
- **Atorvastatin 40 mg** — 1 tablet
- **Tadalafil (Cialis) 5 mg** — 1 tablet *moved to night 24 Aug 2026*

As-Needed / Rotate

- Methylene Blue 1% — occasional, 2–4 drops sublingual *not with bupropion*
- Pantozol 20 mg — only if reflux
- Duspatalin 200 mg — only if IBS/gut
- Anastrozole 1 mg — only if estrogen spikes on TRT
- Bulk electrolytes — Na 1034 / K 306 / Ca 184 mg per 2 servings
- LMNT Mango Chili — Na/K/Mg not visible on photo

Injectables / research-labelled

- **Testosterone Enanthate** — **250 mg/week** *current figure confirmed 26 Aug 2026; supersedes older 300 mg every 7–10 days*
- NAD+ 1000 mg vial — 100–200 mg subcutaneous
- Retatrutide 20 mg vial — start 0.5–1 mg/week, titrate slowly
- **Oxandrolone 10 mg** — bottle now on the shelf; no standing dose set from this inventory

HGH assessment — advisory notes

26 Aug 2026

This records Ian's pasted assessment; it is not approval or an instruction to start HGH. The July labs largely predate the current resumed testosterone dose (250 mg/week) and any HGH. Establish a fresh baseline with a prescriber rather than assuming those values are unchanged.

Current read

- **Liver reassuring:** 29 Jul ALT 20, AST 15, GGT 40 U/L, albumin 4.6 g/dL and bilirubin 0.8 mg/dL. No biochemical evidence of current liver injury. HGH is not generally considered conventionally hepatotoxic; monitor the full stack. Ashwagandha 600 mg/day remains a rare but documented liver-injury consideration if markers change.
- **Kidney needs clarification:** creatinine 1.40 mg/dL and creatinine-eGFR 63, with reassuring BUN 16 and urine ACR 2 mg/g. Cystatin C + eGFR is the key pre-HGH clarification because muscle mass can elevate creatinine and GH/IGF-1 can alter renal blood flow/filtration.
- **Glucose baseline excellent:** fasting glucose 81 mg/dL, fasting insulin 3.7 µIU/mL and HbA1c 5.0%. HGH can reduce insulin sensitivity; retatrutide, berberine, ALA and weight loss should not be assumed to prevent that. The exact HGH + retatrutide combination lacks good trial data.
- **Testosterone + fluid/red cells:** July Hb 16.4 g/dL and Hct 48.9% were acceptable but largely before the current resumed 250 mg/week testosterone. HGH can cause dose-dependent fluid retention, edema, arthralgia, paresthesias and carpal-tunnel-type symptoms. Latest BP was 117/77 on 15 Aug; earlier 143/45 was not reproduced.
- **Zinc/copper:** zinc picolinate 50 mg nightly exceeds the adult tolerable upper intake level of 40 mg/day. Prolonged use can impair copper absorption; add serum copper + ceruloplasmin to the next draw.
- **Planned surgery:** non-prescribed complementary/herbal products are commonly stopped about two weeks before planned surgery, especially turmeric/piperine, ginkgo/ginseng, ashwagandha, fish oil and other nonessential supplements. Follow the surgeon/anaesthetist's exact instructions.

Baseline before any clinician-directed HGH

- **IGF-1** with age-adjusted reference range and Z-score
- **Cystatin C** + cystatin-C-derived eGFR
- **Fasting glucose + fasting insulin**
- **CBC**, haemoglobin and haematocrit
- **ALT, AST, GGT and bilirubin**
- **Blood pressure + morning body weight**
- **Serum copper + ceruloplasmin**

Suggested follow-up if prescribed

At about **3–4 weeks**, repeat IGF-1, fasting glucose/insulin, CBC/haematocrit, renal markers including cystatin C, BP and morning body weight. Confirm timing and scope with the prescriber. **Risk emphasis from this assessment:** current liver risk appears low; direct kidney-toxicity risk is probably low but filtration is unresolved; the main monitoring issues are insulin sensitivity, fluid/BP, renal filtration and IGF-1 overshoot.

Inventory log — 36 products

Stamped 24 Aug 2026 13:11 UTC

What changed vs the last site stack

- **Now in hand for homocysteine:** TMG 1000 mg, P5P 50 mg, B12 1000 µg, methylfolate 400 µg already here since 20 Aug.
- **New bottles:** Bupropion XL 300 mg (1 morning), oxandrolone 10 mg, Bulk electrolytes, LMNT.
- **Not in the photos:** folic acid 5 mg, NMN, astaxanthin, cortisol balance, lithium, vitamin C, HGH, red yeast rice.
- **Still open:** B12 form not labelled. Omega-3 still at 2 caps (~1.1 g EPA+DHA) vs the 2–3 g protocol.

Counts

- Nutritional / electrolytes: 25
- Prescription / medicinal: 6 — Bupropion, Cialis, Pantozol, Duspatalin, Atorvastatin, Anastrozole
- Hormonal / anabolic: 2 — Testosterone Enanthate, Oxandrolone
- Research-labelled: 2 — NAD+, Retatrutide
- Other: 1 — Methylene Blue 1%

Adjust Stack Based on Bloods

Tailoring Guide

Lipid Profile

- **High LDL/ApoB:** Add Red Yeast Rice 1200mg or Bergamot 500-1000mg. Increase fish oil to 3-4g EPA+DHA.
- **Low HDL:** Ensure fish oil at 2-3g. Add niacin 500mg (under supervision) if HDL <40.
- **High Triglycerides:** Increase fish oil to 4g EPA+DHA. Eliminate refined carbs and alcohol.
- **High Homocysteine:** Ensure methylfolate (not folic acid), methylcobalamin, P5P are in stack. Add TMG 500-1000mg.

Vitamins & Minerals

- **Low Vitamin D (<40):** Increase D3 to 5000 IU daily. Ensure K2 paired.
- **Low B12 (<500):** Add methylcobalamin 2000mcg sublingual.
- **Low Folate:** Switch to methylfolate if on folic acid.
- **Low Magnesium (RBC <5.0):** Increase glycinate to 400-600mg.
- **Low Zinc:** Add zinc picolinate 30-50mg with copper 2mg.

Liver Function

- **Elevated ALT/AST:** Increase NAC to 1200mg. Add milk thistle 500mg. Reduce alcohol.
- **High GGT:** Indicates liver stress — NAC, reduce alcohol, check medications.
- **Low Albumin:** Ensure adequate protein intake (1.6-2g/kg).

Kidney Function

- **Elevated Creatinine/Low eGFR:** Hydration 3+ L/day critical. Avoid NSAIDs. Consider reducing protein if >2.5g/kg. Add astragalus 500-1000mg.
- **High Uric Acid:** Reduce purines (red meat, organ meats, shellfish). Tart cherry extract 500mg.

Hematocrit / Red Cells

- **High Hematocrit (>50%):** Common on TRT. Donate blood if >52%. Stay hydrated. Naringin 500mg may help.
- **High Ferritin (>300):** Donate blood. Do not supplement iron.
- **Low Hemoglobin:** Check iron, B12, folate. Rarely an issue on TRT.

Watchlist

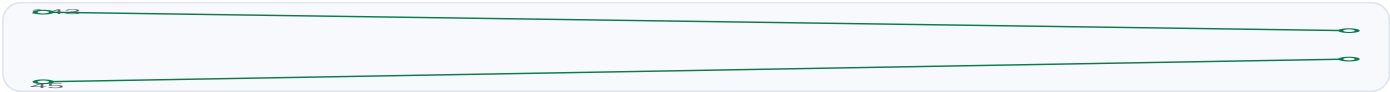
Marker	Status	Details
ApoB (mg/dL)	HIGH	132 mg/dL (optimal <90, high ≥130). Up from 93 in Apr 2026. Best single predictor of cardiovascular events.
LDL Particle Number (nmol/L)	HIGH	1,955 nmol/L (optimal <1,138; high >1,409). Confirms the ApoB signal independently.
LDL Small (nmol/L)	HIGH	535 nmol/L (optimal <142; high >219). Most atherogenic LDL fraction. Pattern B phenotype.
LDL Cholesterol (mg/dL)	HIGH	173 mg/dL (ref <100). Non-HDL 195 mg/dL (ref <130).
EPA+DPA+DHA (Omega-3)	LOW	2.9% (ref >5.4%). EPA 0.2% by wt. AA/EPA ratio 59.1 (ref 3.7-40.7). Severely pro-inflammatory.
Homocysteine (umol/L)	HIGH	16.4 μmol/L (ref ≤13.5). MMA normal at 248 — so this is folate/B6/MTHFR, not B12.
Testosterone (ng/dL)	EXPECTED	224 ng/dL (ref 250-1100) with LH 0.6 / FSH 1.1. Expected HPTA suppression from TRT washout. Prolactin normal.
Creatinine / eGFR	WATCH	1.40 mg/dL, eGFR 63. But urine albumin/creatinine 2 mg/g (normal) and BUN 16 (normal) — likely muscle mass. Request cystatin C.
Uric Acid (mg/dL)	WATCH	7.5 mg/dL (ref 4.0-8.0). In range but high-normal; gout therapeutic target is <6.0.
ANA Screen	POSITIVE	1:80 speckled. Low positive — common in healthy adults. RF negative, TPO negative. No action unless symptomatic.
Lipoprotein(a) (nmol/L)	GOOD	27 nmol/L (optimal <75). Inherited CV risk is low. Never needs retesting.
Methylmalonic Acid	GOOD	248 nmol/L (ref 55-335). Rules out functional B12 deficiency.
HbA1c (%)	GOOD	5.0% (ref <5.7). Glucose 81, insulin 3.7. Best metabolic numbers in 22 years of records.
Vitamin D (ng/mL)	GOOD	48 ng/mL (ref 30-100). Up from 36. Optimal range.

Blood Pressure

Blood Pressure (mmHg)

Aug 15 2026 14:33 UTC LOW

117/77 mmHg



117/77 mmHg — Normal. Pulse pressure 40 mmHg. Pulse pressure is in the healthy 30-50 mmHg band. Change since Aug 05 2026 (143/45): systolic -26, diastolic +32. Substantial improvement — the earlier elevated reading is not being reproduced. Single readings are unreliable; this is why trend matters more than any one measurement. Target: <120/80. Measure seated, arm supported at heart height, after 5 minutes rest, no caffeine or exercise in the preceding 30 minutes.

Reading	BP	Pulse pressure
Aug 15 2026 14:33 UTC	117/77	40 mmHg
Aug 05 2026 12:59 UTC	143/45	98 mmHg

Heart / lipids

Total Cholesterol (mg/dL)

Jul 29 2026 HIGH

251 ▲ +13.0



Total cholesterol 251 mg/dL (ref <200). Up from 238 in Aug 2025. On its own total cholesterol is a crude marker — the useful decomposition is here: HDL 56 (fine), LDL-C 173 (high), non-HDL 195 (high). The problem is the atherogenic fraction, not the total.

Reference: <200 mg/dL

What to take

- Bergamot extract 500-1000 mg — evidence for LDL and ApoB reduction
- Soluble fibre: psyllium 10 g/day, oats, legumes
- Plant sterols/stanols 2 g/day
- Discuss statin or ezetimibe with a physician given ApoB 132

HDL Cholesterol (mg/dL)

Jul 29 2026 LOW

56 ▲ +14.0



HDL 56 mg/dL — the best HDL reading since 2017 and a real improvement on the 42-43 of 2025/Apr 2026. Trend: 2017 (63) → 2018 (53) → 2023 (46) → 2024 (52) → Aug 2025 (43) → Apr 2026 (42) → Jul 2026 (56). Caveat: the Cardio IQ subfraction panel shows large HDL at 5,141 nmol/L against an optimal of >6,729, so the functional, cholesterol-removing HDL is less impressive than the total suggests.

Reference: >39 mg/dL

What to take

- Aerobic exercise — the most reliable HDL raiser
- Omega-3 2-3 g EPA+DHA daily

LDL Cholesterol (mg/dL)

Jul 29 2026

HIGH

173

▲ +59.0



LDL-C 173 mg/dL against a target of <100 for primary prevention. Up sharply from 114 in Apr 2026. Calculated by the Martin-Hopkins method, which is more accurate than Friedewald. Corroborated by ApoB 132, LDL particle number 1,955 and small dense LDL 535 — four separate measurements agreeing, so this is not a lab artefact. This is the single most consequential number on the report.

Reference: <100 mg/dL (Martin-Hopkins calc)

What to take

- Physician conversation about lipid-lowering therapy — this cluster warrants it
- Soluble fibre 10-25 g/day
- Bergamot 500-1000 mg
- Reduce saturated fat to <7% of calories
- Retest full lipid + ApoB panel in 8-12 weeks

Triglycerides (mg/dL)

Jul 29 2026

LOW

100

▼ -310.0



Triglycerides 100 mg/dL — excellent, and a dramatic correction from the 410 recorded in Aug 2025. A tenfold swing between draws almost always means the 2025 sample was non-fasting or taken after alcohol; this one is explicitly marked fasting. Below 100 is optimal. The pancreatitis concern raised by the 2025 figure is resolved — lipase is normal at 17 U/L.

Reference: <150 mg/dL

ApoB (mg/dL)

Jul 29 2026

HIGH

132

▲ +39.0



ApoB 132 mg/dL — high risk band (≥ 130), up from 93 in Apr 2026. ApoB counts every atherogenic particle: one particle, one ApoB molecule. It predicts cardiovascular events better than LDL-C because it captures particle number rather than the cholesterol carried inside them. Trend: 2023 (125) → 2024 (128) → Aug 2025 (135) → Apr 2026 (93) → Jul 2026 (132). The Apr reading now looks like the outlier. A desirable treatment target is <80 mg/dL, lower still with additional risk factors.

Optimal <90 | Moderate 90-129 | High ≥ 130

What to take

- Take this number to a physician — it is the headline finding of the panel
- Bergamot extract 500-1000 mg daily
- Soluble fibre 10-25 g/day
- Omega-3 2-3 g EPA+DHA daily — modest ApoB effect, large effect on the rest of the panel
- Retest ApoB in 8-12 weeks to establish which reading is representative

hsCRP (mg/L)

Jul 29 2026 MEDIUM

1.7 ▼ -0.1



hsCRP 1.7 mg/L — low-grade chronic inflammation. Optimal <1.0 mg/L; average risk 1.0-3.0; high risk >3.0. Stable from Apr 2026 (1.76). Not acutely elevated, but persistently above optimal. In context of positive ANA, critically low omega-3, and borderline kidney function, this inflammation is likely multifactorial. hsCRP below 1.0 is achievable with omega-3 supplementation (strongest single intervention), diet changes, and stress/sleep optimisation.

What to take

- Omega-3 2-3 g EPA+DHA daily — most evidence for hsCRP reduction (expect 10-30% drop)
- Curcumin with piperine 500-1,000 mg daily — anti-inflammatory synergy
- Optimise sleep (7-9 hours) — poor sleep is a primary hsCRP driver
- Periodontal health — dental inflammation directly elevates hsCRP

Homocysteine (umol/L)

Jul 29 2026 HIGH

16.4

Homocysteine 16.4 µmol/L — above reference (<13.5). This is an independent risk factor for atherosclerosis, thrombosis, and cognitive decline. Optimal is <10 µmol/L. Elevated homocysteine is most commonly caused by B-vitamin deficiency (B6, B9/folate, B12) or an MTHFR gene variant impairing methylation. Renal impairment (elevated creatinine also present here), hypothyroidism, and certain medications (methotrexate, statins, PPIs) can also elevate it. Highly responsive to B-vitamin supplementation — retest in 6-8 weeks.

Reference: <13.5

What to take

- Methylfolate (5-MTHF) 400-800 mcg daily — active folate, bypasses MTHFR C677T variant
- Methylcobalamin (B12) 1,000-2,000 mcg daily — sublingual preferred for absorption
- Pyridoxal-5-Phosphate (P5P/B6) 10-25 mg daily — active B6, supports transsulfuration
- Riboflavin (B2) 10-20 mg daily — MTHFR enzyme cofactor
- Trimethylglycine (TMG/Betaine) 500-1,000 mg daily — alternative methylation donor
- Retest homocysteine in 6-8 weeks; expect 25-40% reduction with this stack

EPA+DPA+DHA (% by wt)

Jul 29 2026 HIGH

2.9

Omega-3 index 2.9% — critically low. Target is >5.4% for population average, >8% for optimal cardiovascular protection. The Arachidonic Acid/EPA ratio is 59.1 (ref 3.7-40.7) — extremely pro-inflammatory. This ratio reflects the balance between inflammatory (omega-6/AA) and anti-inflammatory (omega-3/EPA) signalling in cell membranes. A typical Western diet provides ~100-200 mg EPA+DHA/day; you need 2,000-3,000 mg. This single intervention — fish oil — could also lower hsCRP, support testosterone production, and improve cognitive function.

Reference: >5.4

What to take

- Fish oil concentrate: 2-3 g combined EPA+DHA daily (e.g., 3-4 caps of Nordic Naturals Ultimate Omega or equivalent)
- Alternatively: Algal oil 1-2 g EPA+DHA daily (vegan, no heavy metal concerns, sustainable)
- Dietary: salmon, sardines, mackerel, anchovies 2-3x/week
- Reduce omega-6 seed oils: avoid corn, soy, sunflower, safflower oils in cooking
- Recheck OmegaCheck panel in 3 months to verify index improvement

Omega-6/Omega-3 Ratio

Jul 29 2026

12.9

Reference: 3.7-14.4

Non-HDL Cholesterol (mg/dL)

Jul 29 2026 HIGH

195

Non-HDL 195 mg/dL (ref <130). Total minus HDL — captures every atherogenic particle. Higher than the 176 seen in 2018 and the 189 of Aug 2023. Target <130, ideally <100.

Reference: <130 mg/dL

LDL Particle Number (nmol/L)

Jul 29 2026 HIGH

1,955

LDL-P 1,955 nmol/L against an optimal of <1,138 and a high-risk cut point of >1,409. This is the particle count behind the ApoB of 132 — a lot of small carriers rather than a few large ones.

Optimal <1138 | Moderate 1138-1409 | High >1409

LDL Small (nmol/L)

Jul 29 2026 HIGH

535

Small dense LDL 535 nmol/L (optimal <142, high >219). Small particles penetrate the arterial wall more readily and oxidise faster. This is the most atherogenic fraction of the panel.

Optimal <142 | Moderate 142-219 | High >219

LDL Medium (nmol/L)

Jul 29 2026 MEDIUM

475

Medium LDL 475 nmol/L (optimal <215, high >301).

Optimal <215 | High >301

LDL Pattern

Jul 29 2026 HIGH

B

Pattern B — the small-dense-dominant phenotype. Pattern A is optimal. Usually shifts back toward A with triglyceride reduction, carbohydrate restriction, and omega-3.

Optimal: Pattern A

LDL Peak Size (Angstrom)

Jul 29 2026 MEDIUM

215.7

LDL peak size 215.7 Å (optimal >222.9, high risk <217.4). Consistent with Pattern B.

Optimal >222.9 Å

HDL Large (nmol/L)

Jul 29 2026 MEDIUM

5,141

Large HDL 5,141 nmol/L against an optimal of >6,729. Large HDL does the reverse cholesterol transport; low large-HDL blunts the protection implied by a total HDL of 56.

Optimal >6729 | High risk <5353

Lipoprotein(a) (nmol/L)

Jul 29 2026 LOW

27

Lp(a) 27 nmol/L — optimal (<75). Genetically fixed and largely unmodifiable, so this is good news: the inherited component of your cardiovascular risk is low. Only needs testing once in a lifetime.

Optimal <75 | Moderate 75-125 | High >125

Chol/HDL Ratio

Jul 29 2026 MEDIUM

4.5

Total cholesterol to HDL ratio 4.5 (ref <5.0). In range but not optimal; under 3.5 is the target.

Reference: <5.0

AA/EPA Ratio

Jul 29 2026 HIGH

59.1

Arachidonic acid to EPA ratio 59.1 against a reference of 3.7-40.7. Severely pro-inflammatory membrane balance. Driven by an EPA of 0.2% by weight — effectively no marine omega-3 in the diet.

Reference: 3.7-40.7

What to take

- Fish oil 2-3 g combined EPA+DHA daily
- Oily fish 2-3x/week
- Cut seed oils (corn, soy, sunflower, safflower)

EPA (% by wt)

Jul 29 2026 HIGH

0.2

EPA 0.2% by weight — bottom of the reference range (0.2-2.3). The single biggest driver of the 59.1 AA/EPA ratio.

Reference: 0.2-2.3 % by wt

DHA (% by wt)

Jul 29 2026 MEDIUM

1.7

DHA 1.7% by weight (ref 1.4-5.1). Low-normal.

Reference: 1.4-5.1 % by wt

DPA (% by wt)

Jul 29 2026 LOW

1

DPA 1.0% by weight (ref 0.8-1.8).

Reference: 0.8-1.8 % by wt

Arachidonic Acid (% by wt)

Jul 29 2026 LOW

13

Arachidonic acid 13.0% by weight (ref 8.6-15.6). In range — the problem is not excess AA, it is absent EPA.

Reference: 8.6-15.6 % by wt

Linoleic Acid (% by wt)

Jul 29 2026 LOW

20.4

Linoleic acid 20.4% by weight (ref 18.6-29.5).

Reference: 18.6-29.5 % by wt

Omega-6 Total (% by wt)

Jul 29 2026 LOW

37.2

Total omega-6 37.2% by weight.

CRP (mg/L)

Jul 28 2021

76 ▲ +75.0



Glucose / metabolism

Glucose (mg/dL)

Jul 29 2026 LOW

81 ▲ +4.0



Glucose 81 mg/dL — optimal fasting range (ref 65-99). Historically stable: 2023 (89) → 2024 (82) → 2025 (83) → 2026 (81). Consistent improvement trend. Paired with HbA1c 5.0% and insulin 3.7 μIU/mL, metabolic health is excellent. The spike to 113 in 2014 was likely pre-diabetic or measurement artefact; fully resolved.

What to take

- White beans
- Artichoke heart
- Wheat germ
- Raspberries
- Pinto beans

HbA1c (%)

Jul 29 2026 LOW

5 ▲ +0.2



HbA1c 5.0% — excellent, optimal range (<5.7%). Reflects average blood glucose over 2-3 months. Trend over 3 years: May 2023 (5.1) → Aug 2023 (5.5) → Jul 2024 (5.2) → Aug 2025 (5.3) → Apr 2026 (4.8) → Jul 2026 (5.0). Consistently healthy throughout, with a recent improvement. The 2023 peak of 5.5% was borderline pre-diabetic territory — now well clear of that. Continue current dietary and lifestyle approach.

PDF HbA1c lower than prior history.

Insulin (µIU/mL)

Jul 29 2026 LOW

3.7 ▼ -2.4



Insulin 3.7 µIU/mL — low and excellent (ref ≤18.4). Low fasting insulin indicates high insulin sensitivity and no insulin resistance. Historical trajectory impressive: May 2023 (34.3 — insulin resistant!) → Aug 2023 (9.5) → Jul 2024 (5.7) → Aug 2025 (6.1) → Jul 2026 (3.7). Massive improvement over 3 years. Whatever dietary/lifestyle changes were made from mid-2023 onwards are working extremely well.

Leptin (ng/mL)

Jul 29 2026 MEDIUM

1.2

Leptin 1.2 ng/mL against a lean-male reference of 0.3-13.4 — bottom end. Low leptin signals low fat mass or an energy deficit. Relevant to the hormone picture: leptin is permissive for the pituitary releasing LH, so a very low leptin can contribute to the suppressed LH/FSH independently of TRT.

Reference (lean male): 0.3-13.4 ng/mL

Hormones

Testosterone (ng/dL)

Jul 29 2026 HIGH

224 ▼ -676.0



Total testosterone crashed from 1,116 ng/dL (Aug 2025) to 224 ng/dL — an 80% drop in 11 months. This is clinically significant hypogonadism (ref 250-1,100). Crucially, LH (0.6) and FSH (1.1) are both suppressed below reference, indicating SECONDARY hypogonadism — the pituitary is failing to signal the testes, not the testes themselves failing. If this were primary (testicular) failure, LH/FSH would be elevated. Possible causes: prior exogenous testosterone use, opioids, severe illness or stress, significant weight change, sleep apnea, pituitary adenoma, or medications (finasteride, spironolactone, ketoconazole).

PDF reports total testosterone 9 ng/mL = ~900 ng/dL; still high-normal by that lab range.

What to take

- Vitamin D3 4,000-5,000 IU daily — already improved; supports testosterone synthesis
- Zinc 30-50 mg elemental daily with food — essential T synthesis cofactor; cycle after 3 months with copper 2 mg
- Magnesium glycinate 300-400 mg at bedtime — improves sleep architecture and is a T precursor
- Ashwagandha KSM-66 300-600 mg daily — modest T boost in stressed individuals; 8-12 week trial
- Boron 6-10 mg daily — may increase free T by reducing SHBG; short-term use, evidence mixed
- NOTE: Medical workup and possible TRT/hCG therapy should be the primary intervention at this level

Free testosterone (ng/dL)

Aug 11 2025

16.1 ▲ +5.7



PDF free testosterone is 261 pg/mL, a different unit from CSV ng/dL; kept out of trend until converted/confirmed.

SHBG (nmol/L)

Jul 29 2026 HIGH

38 ▲ +8.0



SHBG 38 nmol/L — mid-normal (ref 10-50). SHBG is the protein that binds testosterone in the blood; higher SHBG = less free (bioactive) testosterone. SHBG has risen from 30 (Aug 2025) to 38 — in context of total T crashing from 1,116 to 224, this means free T is even more disproportionately affected. Factors that raise SHBG: ageing, liver stress, hyperthyroidism, fasting/caloric restriction, alcohol, certain medications. This pattern reinforces urgency of endocrine evaluation.

What to take

- Boron 6-10 mg daily may modestly reduce SHBG and increase free T
- Zinc 30 mg may help regulate SHBG
- Avoid excess alcohol — directly raises SHBG

Cortisol (µg/dL)

Jul 29 2026 LOW

13.3 ▲ +2.9



Cortisol 13.3 µg/dL — normal. Note the specimen was collected at midday, and the reference intervals are time-of-day specific (8am: 4.0-22.0; 4pm: 3.0-17.0), so read it as unremarkable rather than precisely placed.

Reference (8am): 4.0-22.0 mcg/dL

Testosterone:Cortisol Ratio (Units)

Aug 11 2025

85.8 ▲ +8.7



FSH (mIU/mL)

Jul 29 2026 HIGH

1.1

FSH 1.1 mIU/mL — below reference range (1.4-12.8). In isolation, low FSH affects sperm production. In context of simultaneously low LH (0.6) and low T (224), this confirms SECONDARY hypogonadism — central origin, not testicular. The hypothalamic-pituitary axis is not generating adequate gonadotropins. Workup: repeat morning labs, prolactin (rule out prolactinoma), IGF-1, cortisol, MRI sella turcica if values persist.

Reference: 1.4-12.8

LH (mIU/mL)

Jul 29 2026 HIGH

0.6

LH 0.6 mIU/mL — significantly below reference (1.5-9.3). LH is the primary signal from the pituitary that tells the testes to produce testosterone. With low LH, the testes receive no drive. This, combined with low FSH and low T, is the classic triad of secondary (central) hypogonadism. Endocrinology referral required.

Reference: 1.5-9.3

DHEA Sulfate (mcg/dL)

Jul 29 2026 LOW

300

DHEA-S 300 mcg/dL — mid-range (ref 61-442 for age 46-50). DHEA is an adrenal androgen and testosterone precursor. Optimal for men this age is often cited as upper third of range (300-400+). At 300, it's acceptable but not outstanding. DHEA-S naturally declines with age (about 1-2%/year from peak in 20s).

Reference: 61-442

What to take

- DHEA 25-50 mg daily — discuss with physician; can suppress natural production if overdone
- Consider only after testosterone workup is complete — DHEA → testosterone conversion may be relevant

PSA Total (ng/mL)

Jul 29 2026 LOW

0.5

PSA 0.5 ng/mL — excellent (ref ≤4.0). Very low PSA at age 46 is reassuring for prostate health. First PSA measurement in this dataset. Note: if testosterone replacement therapy (TRT) is initiated, PSA should be monitored as exogenous androgens can raise it.

Reference: <=4.0

Free Testosterone (pg/mL, Quest MS)

Jul 29 2026 HIGH

24.7

Free testosterone 24.7 pg/mL against a Quest reference of 46.0-224.0 — low, consistent with the total of 224. Note this is a different assay and unit to the older InsideTracker free-T figures, so the two series are not directly comparable. Measured by mass spectrometry, which is the more reliable method.

Reference: 46.0-224.0 pg/mL

Bioavailable Testosterone (ng/dL)

Jul 29 2026 HIGH

50.9

Bioavailable testosterone 50.9 ng/dL (ref 110.0-575.0) — low. Tracks the suppressed total and free values during TRT washout.

Reference: 110.0-575.0 ng/dL

Prolactin (ng/mL)

Jul 29 2026 LOW

6.5

Prolactin 6.5 ng/mL (ref 2.0-18.0) — normal. This matters: a prolactin-secreting pituitary tumour is the main pathological cause of suppressed LH/FSH, and a normal prolactin makes that unlikely. Supports the TRT-washout explanation over a pituitary lesion.

Reference: 2.0-18.0 ng/mL

Estradiol (pg/mL)

Jul 29 2026 LOW

<30

Estradiol below 30 pg/mL (ref ≤39) — consistent with low testosterone, since oestradiol in men is aromatised from it. Expect it to rise with testosterone recovery.

Reference: ≤39 pg/mL

PSA Free (ng/mL)

Jul 29 2026 LOW

0.2

Free PSA 0.2 ng/mL.

PSA % Free (%)

Jul 29 2026 LOW

40

Percent free PSA 40% (ref >25). Reassuring alongside a total PSA of 0.5.

Reference: >25 %

Vitamins / minerals

Vitamin D (ng/mL)

Jul 29 2026 LOW

48 ▲ +18.0



Vitamin D 48 ng/mL — optimal (30-100). Best reading in the record and up from 36 in Aug 2025. Whatever the current D3 dose is, it is working. Hold it.

Optimal: ≥30 ng/mL

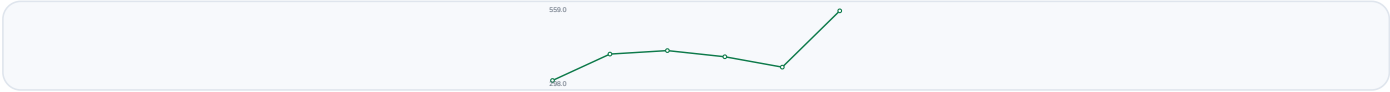
What to take

- Maintain current D3 dose
- Keep K2 MK-7 alongside it for calcium handling

Vitamin B12 (pg/mL)

Apr 08 2026 LOW

559 ▲ +211.0



B12 559 pg/mL (Apr 2026) — good level, up from 348 (Aug 2025). Optimal range often cited as 400-1,000 pg/mL. The upward trend suggests supplementation or dietary improvement. Important in context of elevated homocysteine — low B12 is a common driver. Ensure form is methylcobalamin (not cyanocobalamin) for optimal methylation support.

What to take

- Methylcobalamin 1,000-2,000 mcg daily sublingual if homocysteine remains elevated

Folate (ng/mL)

Apr 08 2026 LOW

13 ▲ +4.9



Folate 13.0 ng/mL (Apr 2026) — good level (ref >3 ng/mL). Up significantly from 8.1 (Aug 2025). However, serum folate doesn't always reflect intracellular folate status, especially if there's an MTHFR variant. Given elevated homocysteine despite adequate serum folate, consider switching to methylfolate (active form) which bypasses MTHFR conversion.

What to take

- Switch from folic acid to methylfolate (5-MTHF) 400-800 mcg if MTHFR variant suspected

Ferritin (ng/mL)

Jul 29 2026 MEDIUM
269 ▲ +76.0



Ferritin 269 ng/mL — in range but the highest since 2018 (333). Trend: Aug 2025 (89) → Apr 2026 (193) → Jul 2026 (269). Tripled in twelve months. Ferritin is also an acute-phase reactant so inflammation lifts it, and hsCRP is 1.7. Read it together with transferrin saturation at 47.6% — rising ferritin plus rising saturation is the pattern worth keeping an eye on.

Reference: 38-380 ng/mL

What to take

- Do not take supplemental iron
- Recheck ferritin + transferrin saturation at the next draw
- If both keep climbing, ask about HFE genotyping

Iron (ug/dL)

Jul 29 2026 LOW
141 ▲ +93.0



Iron 141 ug/dL — normal (ref 50-180). Large swing from 48 (Apr 2026) — likely reflects timing of last meal or a low measurement in April. Saturation at 48% is at the upper bound of reference (ref 20-48%). Iron, ferritin, and saturation together suggest adequate-to-high iron stores rather than deficiency.

TIBC (ug/dL)

Jul 29 2026
296 ▲ +37.0



Magnesium (mg/dL)

Jul 29 2026 LOW
2.3 ▲ +0.3



Serum magnesium 2.3 mg/dL — normal (ref 1.5-2.5). However, serum magnesium is a poor indicator of intracellular/total body magnesium — it's tightly regulated and maintained at the expense of intracellular stores. RBC magnesium (4.8, Aug 2025) was below the InsideTracker optimal and declining. Given magnesium's role in 300+ enzymatic reactions, testosterone production, sleep quality, and insulin sensitivity, supplementation is low risk and high benefit.

What to take

- Magnesium glycinate 200-400 mg elemental at bedtime — best absorbed, doesn't cause loose stools
- Avoid magnesium oxide — poor bioavailability
- Magnesium threonate 1.5-2 g daily — crosses blood-brain barrier, good for cognitive function

RBC Magnesium (mg/dL)

Aug 11 2025
4.8 ▼ -0.9



Calcium (mg/dL)

Jul 29 2026
9.6 ▲ +0.3



Methylmalonic Acid (nmol/L)

Jul 29 2026 LOW
248

MMA 248 nmol/L (ref 55-335) — normal. This is the functional test for B12 at tissue level and it rules out true B12 deficiency. Which means the homocysteine of 16.4 is NOT a B12 problem — look to folate, B6, MTHFR, or the kidney. Important distinction for choosing the right supplement.

Reference: 55-335 nmol/L

Zinc (mcg/dL)

Jul 29 2026 LOW
78

Zinc 78 mcg/dL (ref 60-130) — mid range. Relevant to testosterone synthesis; no deficiency to correct here.

Reference: 60-130 mcg/dL

Lead, Venous (mcg/dL)

Jul 29 2026 LOW
1.1

Blood lead 1.1 mcg/dL (ref <3.5) — low. No occupational or environmental exposure indicated.

Reference: <3.5 mcg/dL

Transferrin saturation (%)

Jul 29 2026 MEDIUM
47.6 ▲ +29.1



Transferrin saturation recalculated from iron ÷ TIBC at every draw, because the imported figure was wrong. The Blueprint/InsideTracker export carried 53% forward against a 2018 iron of 47.82 and TIBC of 293.07 — that arithmetic gives 16.3%, not 53%. The 53% belonged to the Aug 2023 draw (iron 150, TIBC 282). Current value 47.6% (iron 141, TIBC 296) against a Quest reference of 20-48% — top of range but not over it. Worth watching alongside ferritin 269: rising saturation with rising ferritin is the haemochromatosis pattern.

Reference: 20-48 % (Quest, calculated)

- What to take
- Do not supplement iron without a doctor saying so — saturation is already at the top of range
 - If saturation exceeds 50% on a repeat draw with ferritin still high, ask about HFE gene testing

Liver / kidney

ALT (U/L)

Jul 29 2026
20 ▼ -7.4



AST (U/L)

Jul 29 2026
15 ▼ -1.0



eGFR (mL/min/1.73m2)

Jul 29 2026 MEDIUM

63

eGFR 63 mL/min/1.73m² — borderline (ref ≥60). Stage 2 CKD by KDIGO (60-89 = mildly decreased). First time this has been measured in the dataset. Normal decline with age is ~1 mL/min/year after 40; at 46 with no prior baseline, this could be baseline or could represent early decline. Critical to repeat in 3 months to establish a trend.

Reference: >=60

What to take

- Hydration is the single most important intervention
- Avoid nephrotoxic substances: NSAIDs, excess protein, contrast dyes if imaging
- Consider cystatin C as a complementary GFR estimate independent of muscle mass

Uric Acid (mg/dL)

Jul 29 2026 MEDIUM

7.5

Uric acid 7.5 mg/dL — inside the reference range but high-normal, and above the <6.0 therapeutic target used for gout patients. High-normal uric acid associates with hypertension and reduced kidney filtration, which is relevant given the eGFR of 63 and the 143/45 blood pressure reading.

Reference: 4.0-8.0 mg/dL | Gout target <6.0

What to take

- Reduce alcohol, especially beer
- Reduce fructose and sugary drinks
- Tart cherry extract has modest evidence
- Hydration

Alkaline Phosphatase (U/L)

Jul 29 2026 LOW

50

ALP 50 U/L (ref 36-130) — normal.

Reference: 36-130 U/L

Bilirubin, Total (mg/dL)

Jul 29 2026 LOW

0.8

Total bilirubin 0.8 mg/dL (ref 0.2-1.2) — normal.

Reference: 0.2-1.2 mg/dL

Protein, Total (g/dL)

Jul 29 2026 LOW

7.1

Total protein 7.1 g/dL (ref 6.1-8.1) — normal.

Reference: 6.1-8.1 g/dL

Globulin (g/dL)

Jul 29 2026 LOW

2.5

Globulin 2.5 g/dL (ref 1.9-3.7) — normal. A/G ratio 1.8.

Reference: 1.9-3.7 g/dL

Urea Nitrogen / BUN (mg/dL)

Jul 29 2026 MEDIUM

16

BUN 16 mg/dL (ref 7-25), BUN/creatinine ratio 11 (ref 6-22). A normal BUN alongside a creatinine of 1.40 argues against dehydration or pre-renal causes — which makes muscle mass or genuine filtration decline the likelier explanation for the eGFR of 63. Worth a cystatin C to settle it.

Reference: 7-25 mg/dL

Albumin/Creatinine Ratio, Urine (mg/g)

Jul 29 2026 LOW

2

Urine albumin/creatinine 2 mg/g (ref <30) — no albuminuria. This is the reassuring counterpart to the low eGFR: the kidney filter is not leaking protein. Structural kidney disease is unlikely.

Reference: <30 mg/g creat

Amylase (U/L)

Jul 29 2026 LOW

37

Amylase 37 U/L (ref 21-101) — normal.

Reference: 21-101 U/L

Lipase (U/L)

Jul 29 2026 LOW

17

Lipase 17 U/L (ref 7-60) — normal. Relevant given the 410 mg/dL triglyceride reading in Aug 2025; no pancreatic irritation.

Reference: 7-60 U/L

Blood count / immune

Hemoglobin (g/dL)

Jul 29 2026 LOW

16.4 ▲ +1.7



Haemoglobin 16.4 g/dL and haematocrit 48.9% — both normal (ref up to 17.1 and 51.1). Worth noting because testosterone therapy raises both, and elevated haematocrit is the main reason TRT gets dose-adjusted. Currently no issue, but this pair should be checked on every panel while cycling.

Reference: 13.2-17.1 g/dL

Hematocrit (%)

Jul 29 2026

48.9 ▲ +4.7



RBC (x10E6/ μ L)

Jul 29 2026
5.1 $\blacktriangle$ +0.5



White blood cells (thousands/ μ L)

Jul 29 2026 **LOW**
5.5 $\blacktriangledown$ -4.5



WBC 5.5 — good, down from 10.0-10.1 in Apr 2026 and Aug 2025. The elevated WBC in those readings likely reflected acute infection, inflammation, or stress. Now back to a healthy baseline (Aug 2023 was also 5.5). This is reassuring — no active infection or chronic immune activation at this draw.

Platelets (thousands/ μ L)

Jul 29 2026
285 $\blacktriangle$ +30.0



Neutrophil count (cells/ μ L)

Jul 29 2026
3,586 $\blacktriangledown$ -2,834.0



Monocyte count (cells/ μ L)

Jul 29 2026
479 $\blacktriangledown$ -401.0



ANA Screen (IFA)

Jul 29 2026 **MEDIUM**
POSITIVE

ANA screen positive, titer 1:80, nuclear speckled pattern. 1:80 is a low positive — roughly 25-30% of healthy adults screen positive at this level with no disease. It is only meaningful alongside symptoms: joint pain, rash, dry eyes/mouth, Raynaud's, unexplained fatigue. No symptoms, no action beyond noting it.

Reference: <1:80 negative

Rheumatoid Factor (IU/mL)

Jul 29 2026 **LOW**
<10

Rheumatoid factor <10 IU/mL (ref <14) — negative. Argues against rheumatoid arthritis as the driver of the positive ANA.

Reference: <14 IU/mL

MCV (fL)

Jul 29 2026 LOW

96.1

MCV 96.1 fL (ref 81.4-101.7) — normal red cell size.

Reference: 81.4-101.7 fL

RDW (%)

Jul 29 2026 LOW

13

RDW 13.0% (ref 11.0-15.0) — normal.

Reference: 11.0-15.0 %

Lymphocyte count (cells/μL)

Jul 29 2026 LOW

1,298

Absolute lymphocytes 1,298 cells/μL (ref 850-3,900) — normal.

Reference: 850-3900 cells/uL

ABO Group / Rh Type

Jul 29 2026 LOW

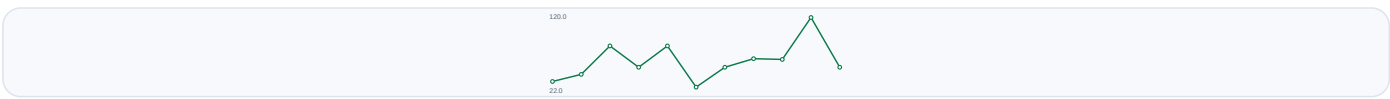
O RhD Positive

Blood group O, RhD positive.

Basophil count (cells/μL)

Jul 29 2026

50 ▼ -70.0



Eosinophil count (cells/μL)

Jul 29 2026

88 ▼ -172.0



MCH (pg)

Jul 29 2026

32.2 ▲ +0.6



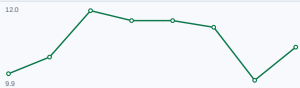
MCHC (g/dL)

Jul 29 2026
33.5 ▲ +0.3



MPV (fL)

Jul 29 2026
10.9 ▲ +1.0



Neutrophil percentage (%)

Jul 29 2026
65.2 ▲ +1.1



Eosinophil percentage (%)

Jul 29 2026
1.6 ▼ -1.0



Basophil percentage (%)

Jul 29 2026
0.9 ▼ -0.3



Lymphocyte percentage (%)

Jul 29 2026
23.6 ▲ +0.2



Monocyte percentage (%)

Jul 29 2026
8.7 ▼ -0.0



Thyroid

TSH (μIU/L)

Jul 29 2026 LOW

1.6 ▼ -0.9



TSH 1.56 μIU/L — optimal (ref 0.40-4.50; functional optimal 1.0-2.5). Down from 2.42 (Apr 2026). Thyroid function appears healthy. Free T4 (1.3) and Free T3 (3.1) also within normal ranges. Thyroid is not contributing to the hormonal picture here.

T4 Free (ng/dL)

Jul 29 2026

1.3

Reference: 0.8-1.8

T3 Free (pg/mL)

Jul 29 2026

3.1

Reference: 2.3-4.2

Thyroid Peroxidase Ab (IU/mL)

Jul 29 2026 LOW

7

TPO antibodies 7 IU/mL (ref <9) — negative, but not far off. With a positive ANA in the picture, worth repeating annually. No thyroid autoimmunity today.

Reference: <9 IU/mL

Thyroglobulin Ab (IU/mL)

Jul 29 2026 LOW

<2

Thyroglobulin antibodies <2 IU/mL — negative.

Reference: ≤2 IU/mL

GI / Gut Health

FIT - Fecal Immunochemical Test

May 08 2026 GI

Negative (<15 ng/mL)

No occult blood detected. Normal: 0-100 ng/mL. Method: Latex quantitative immunochemical assay. Mediclinic Parkview Hospital.

Faecal Calprotectin (μg/g)

May 08 2026 GI

9.8

Normal <50. Borderline 50-120. Elevated >120. Measures gut inflammation. Method: CLIA. Mediclinic City Hospital.

H. pylori Antigen (Stool)

May 08 2026 GI

Negative

H. pylori antigens absent. Method: Immunochromatography. Mediclinic Dubai Mall.

Brain / electrolytes

Chloride (mmol/L)

Jul 29 2026 LOW

104

Chloride 104 mmol/L (ref 98-110) — normal.

Reference: 98-110 mmol/L

Carbon Dioxide (mmol/L)

Jul 29 2026 LOW

23

CO2 23 mmol/L (ref 20-32) — normal.

Reference: 20-32 mmol/L

Sodium (mmol/L)

Jul 29 2026

139



Potassium (mmol/L)

Jul 29 2026

4.3 ▲ +0.2



Appendix A — Complete Results Table

Every marker, every draw. Latest column shaded. Reference ranges as printed by the reporting laboratory.

Aug 20 2004 – May 25 2023

Marker	Aug 20 2004	Aug 12 2010	Jul 16 2014	May 18 2016	Feb 06 2017	Nov 16 2018	Jul 28 2021	May 25 2023	Reference
HEART / LIPIDS									
Total Cholesterol (mg/dL)	—	177.61	—	—	232.43	229.73	—	262	<200 mg/dL
HDL Cholesterol (mg/dL)	—	45.56	—	—	63.32	53.28	—	51	>39 mg/dL
LDL Cholesterol (mg/dL)	—	117.76	—	—	143.24	148.65	—	163	<100 mg/dL (Martin-Hopkins calc)
Triglycerides (mg/dL)	—	70.8	—	—	130.97	140.71	—	313	<150 mg/dL
ApoB (mg/dL)	—	—	—	—	—	—	—	—	Opt <90 Moderate 90-129 High ≥130
hsCRP (mg/L)	—	—	—	—	1	2.65	—	—	
CRP (mg/L)	—	—	1	—	—	—	76	—	
GLUCOSE / METABOLISM									
Glucose (mg/dL)	86.49	84.69	113.51	—	—	—	—	89	
HbA1c (%)	—	—	—	—	5.1	5	—	5.1	PDF HbA1c lower than prior history.
Insulin (µIU/mL)	—	—	—	—	3.97	—	—	34.3	
HORMONES									
Testosterone (ng/dL)	—	—	—	332.28	550.72	530.26	—	310	PDF reports total testosterone 9 ng/mL = ~900 ng/dL; still high-normal by that lab range.

Marker	Aug 20 2004	Aug 12 2010	Jul 16 2014	May 18 2016	Feb 06 2017	Nov 16 2018	Jul 28 2021	May 25 2023	Reference
Free testosterone (ng/dL)	—	—	—	6.62	7.41	—	—	4.44	PDF free testosterone is 261 pg/mL, a different unit from CSV ng/dL; kept out of trend until converted/confirmed.
SHBG (nmol/L)	—	—	—	14.91	47.19	—	—	41.5	
Cortisol (µg/dL)	—	—	—	—	15.4	—	—	4.4	Reference (8am): 4.0-22.0 mcg/dL
Testosterone:Cortisol Ratio (Units)	—	—	—	—	59.25	—	—	42.41	
VITAMINS / MINERALS									
Vitamin D (ng/mL)	—	—	—	—	38.76	31.29	—	35.1	Optimal: ≥30 ng/mL
Vitamin B12 (pg/mL)	—	—	—	—	298	—	—	397	
Folate (ng/mL)	—	—	—	—	5.73	5.24	—	—	
Ferritin (ng/mL)	—	—	—	—	223.3	333	—	250	38-380 ng/mL
Iron (ug/dL)	—	—	—	—	115.2	47.82	—	—	
TIBC (ug/dL)	—	—	—	—	—	293.07	—	—	
Magnesium (mg/dL)	—	—	—	—	2.36	—	—	—	
RBC Magnesium (mg/dL)	—	—	—	—	—	—	—	—	
Calcium (mg/dL)	—	—	—	—	—	—	—	—	
Transferrin saturation (%)	—	—	—	—	—	16.3	—	—	20-48 % (Quest, calculated)
LIVER / KIDNEY									
ALT (U/L)	—	20	—	—	24.5	25.7	20	26	
AST (U/L)	—	—	29	—	—	—	—	24	
GGT (U/L)	—	—	—	—	41	47	—	34	
Albumin (g/dL)	—	4.8	4.3	—	3.99	4.41	4	—	
Creatine kinase (U/L)	—	—	—	—	109	77	—	158	
BLOOD COUNT / IMMUNE									
Hemoglobin (g/dL)	14.3	14.3	—	—	16.7	15.6	15.1	14.4	13.2-17.1 g/dL
Hematocrit (%)	—	43	43	—	47.7	45.8	44.9	43	
RBC (x10E6/µL)	4.78	4.69	5	—	4.93	4.84	4.73	4.49	
White blood cells (thousands/uL)	7.73	5.39	—	—	9.4	8.3	13.1	7.45	
Platelets (thousands/uL)	—	239	268	—	246	258	242	252	
Neutrophil count (cells/ µL)	—	2,930	4,360	—	5,950	4,490	—	5,059	
Monocyte count (cells/ µL)	—	390	320	—	720	540	1,010	477	
Basophil count (cells/ µL)	—	30	40	—	80	50	80	22	
Eosinophil count (cells/ µL)	—	100	250	—	230	180	200	156	
MCH (pg)	—	—	30	—	33.8	32.2	31.9	32.1	
MCHC (g/dL)	—	—	—	—	35	34.1	33.6	33.5	
MPV (fL)	—	—	—	—	10.1	10.6	—	—	
Neutrophil percentage (%)	—	—	—	—	63	54	77	67.9	
Eosinophil percentage (%)	—	—	—	—	2	2	2	2.1	
Basophil percentage (%)	—	—	—	—	1	1	1	0.3	
Lymphocyte percentage (%)	—	—	—	—	25	37	13	23.3	
Monocyte percentage (%)	—	—	—	—	8	7	8	6.4	
THYROID									
TSH (µIU/L)	—	1.7	1.4	—	2.46	2.7	—	1.91	
BRAIN / ELECTROLYTES									
Sodium (mmol/L)	143	—	138	—	141	144.9	137	146	

Marker	Aug 20 2004	Aug 12 2010	Jul 16 2014	May 18 2016	Feb 06 2017	Nov 16 2018	Jul 28 2021	May 25 2023	Reference
Potassium (mmol/L)	4.4	—	3.9	—	5.97	—	4.5	—	

Aug 30 2023 – Jul 29 2026

Marker	Aug 30 2023	Jul 03 2024	Jan 17 2025	Aug 11 2025	Apr 08 2026	May 08 2026 ref	May 08 2026 GI	Jul 29 2026	Reference
HEART / LIPIDS									
Total Cholesterol (mg/dL)	235	225	—	238	—	—	—	251	<200 mg/dL
HDL Cholesterol (mg/dL)	46	52	—	43	42	—	—	56	>39 mg/dL
LDL Cholesterol (mg/dL)	167	146	—	—	114	—	—	173	<100 mg/dL (Martin-Hopkins calc)
Triglycerides (mg/dL)	106	143	—	410	—	—	—	100	<150 mg/dL
ApoB (mg/dL)	125	128	—	135	93	—	—	132	Opt <90 Moderate 90-129 High ≥130
hsCRP (mg/L)	1.3	2.8	—	1.6	1.76	—	—	1.7	
Homocysteine (umol/L)	—	—	—	—	—	—	—	16.4	<13.5
EPA+DPA+DHA (% by wt)	—	—	—	—	—	—	—	2.9	>5.4
Omega-6/Omega-3 Ratio	—	—	—	—	—	—	—	12.9	3.7-14.4
Non-HDL Cholesterol (mg/dL)	—	—	—	—	—	—	—	195	<130 mg/dL
LDL Particle Number (nmol/L)	—	—	—	—	—	—	—	1,955	Opt <1138 Moderate 1138-1409 High >1409
LDL Small (nmol/L)	—	—	—	—	—	—	—	535	Opt <142 Moderate 142-219 High >219
LDL Medium (nmol/L)	—	—	—	—	—	—	—	475	Opt <215 High >301
LDL Pattern	—	—	—	—	—	—	—	B	Optimal: Pattern A
LDL Peak Size (Angstrom)	—	—	—	—	—	—	—	215.7	Opt >222.9 Å
HDL Large (nmol/L)	—	—	—	—	—	—	—	5,141	Opt >6729 High risk <5353
Lipoprotein(a) (nmol/L)	—	—	—	—	—	—	—	27	Opt <75 Moderate 75-125 High >125
Chol/HDL Ratio	—	—	—	—	—	—	—	4.5	<5.0
AA/EPA Ratio	—	—	—	—	—	—	—	59.1	3.7-40.7
EPA (% by wt)	—	—	—	—	—	—	—	0.2	0.2-2.3 % by wt
DHA (% by wt)	—	—	—	—	—	—	—	1.7	1.4-5.1 % by wt
DPA (% by wt)	—	—	—	—	—	—	—	1	0.8-1.8 % by wt
Arachidonic Acid (% by wt)	—	—	—	—	—	—	—	13	8.6-15.6 % by wt
Linoleic Acid (% by wt)	—	—	—	—	—	—	—	20.4	18.6-29.5 % by wt
Omega-6 Total (% by wt)	—	—	—	—	—	—	—	37.2	
CRP (mg/L)	—	—	—	—	—	—	—	—	
GLUCOSE / METABOLISM									
Glucose (mg/dL)	89	82	—	83	—	77	—	81	
HbA1c (%)	5.5	5.2	—	5.3	4.8	—	—	5	PDF HbA1c lower than prior history.
Insulin (µIU/mL)	9.5	5.7	—	6.1	—	—	—	3.7	
Leptin (ng/mL)	—	—	—	—	—	—	—	1.2	Reference (lean male): 0.3-13.4 ng/mL
HORMONES									
Testosterone (ng/dL)	467	730	1,370	1,116	900	—	—	224	PDF reports total testosterone 9 ng/mL = ~900 ng/dL; still high-normal by that lab range.
Free testosterone (ng/dL)	6.8	10.49	—	16.14	—	—	—	—	PDF free testosterone is 261 pg/mL, a different unit from CSV ng/dL; kept out of trend until converted/confirmed.
SHBG (nmol/L)	37	35	—	30	—	—	—	38	

Marker	Aug 30 2023	Jul 03 2024	Jan 17 2025	Aug 11 2025	Apr 08 2026	May 08 2026 ref	May 08 2026 GI	Jul 29 2026	Reference
Cortisol (µg/dL)	11.5	8.8	—	10.4	—	—	—	13.3	Reference (8am): 4.0-22.0 mcg/dL
Testosterone:Cortisol Ratio (Units)	46.09	77.16	—	85.81	—	—	—	—	
FSH (mIU/mL)	—	—	—	—	—	—	—	1.1	1.4-12.8
LH (mIU/mL)	—	—	—	—	—	—	—	0.6	1.5-9.3
DHEA Sulfate (mcg/dL)	—	—	—	—	—	—	—	300	61-442
PSA Total (ng/mL)	—	—	—	—	—	—	—	0.5	<=4.0
Free Testosterone (pg/mL, Quest MS)	—	—	—	—	—	—	—	24.7	46.0-224.0 pg/mL
Bioavailable Testosterone (ng/dL)	—	—	—	—	—	—	—	50.9	110.0-575.0 ng/dL
Prolactin (ng/mL)	—	—	—	—	—	—	—	6.5	2.0-18.0 ng/mL
Estradiol (pg/mL)	—	—	—	—	—	—	—	<30	≤39 pg/mL
PSA Free (ng/mL)	—	—	—	—	—	—	—	0.2	
PSA % Free (%)	—	—	—	—	—	—	—	40	>25 %
VITAMINS / MINERALS									
Vitamin D (ng/mL)	34	31	—	36	35.9	30	—	48	Optimal: ≥30 ng/mL
Vitamin B12 (pg/mL)	410	387	—	348	559	—	—	—	
Folate (ng/mL)	9.4	7.9	—	8.1	13	—	—	—	
Ferritin (ng/mL)	222	144	—	89	193	—	—	269	38-380 ng/mL
Iron (ug/dL)	150	137	—	89	48	—	—	141	
TIBC (ug/dL)	282	322	—	345	259	—	—	296	
Magnesium (mg/dL)	2.3	2.1	—	2.4	2	—	—	2.3	
RBC Magnesium (mg/dL)	6.2	5.7	—	4.8	—	—	—	—	
Calcium (mg/dL)	9.6	9.3	—	9.8	9.27	—	—	9.6	
Methylmalonic Acid (nmol/L)	—	—	—	—	—	—	—	248	55-335 nmol/L
Zinc (mcg/dL)	—	—	—	—	—	—	—	78	60-130 mcg/dL
Lead, Venous (mcg/dL)	—	—	—	—	—	—	—	1.1	<3.5 mcg/dL
Transferrin saturation (%)	53.2	42.5	—	25.8	18.5	—	—	47.6	20-48 % (Quest, calculated)
LIVER / KIDNEY									
ALT (U/L)	16	19	—	19	27.4	—	—	20	
AST (U/L)	13	15	—	17	16	—	—	15	
GGT (U/L)	28	35	—	39	42	—	—	40	
Albumin (g/dL)	4.6	4.5	—	4.7	4.1	—	—	4.6	
Creatine kinase (U/L)	50	56	—	64	—	—	—	—	
Creatinine (mg/dL)	—	—	—	—	—	—	—	1.4	0.60-1.29 mg/dL
eGFR (mL/min/1.73m2)	—	—	—	—	—	—	—	63	>=60
Uric Acid (mg/dL)	—	—	—	—	—	—	—	7.5	4.0-8.0 mg/dL Gout target <6.0
Alkaline Phosphatase (U/L)	—	—	—	—	—	—	—	50	36-130 U/L
Bilirubin, Total (mg/dL)	—	—	—	—	—	—	—	0.8	0.2-1.2 mg/dL
Protein, Total (g/dL)	—	—	—	—	—	—	—	7.1	6.1-8.1 g/dL
Globulin (g/dL)	—	—	—	—	—	—	—	2.5	1.9-3.7 g/dL
Urea Nitrogen / BUN (mg/dL)	—	—	—	—	—	—	—	16	7-25 mg/dL
Albumin/Creatinine Ratio, Urine (mg/g)	—	—	—	—	—	—	—	2	<30 mg/g creat
Amylase (U/L)	—	—	—	—	—	—	—	37	21-101 U/L
Lipase (U/L)	—	—	—	—	—	—	—	17	7-60 U/L

Marker	Aug 30 2023	Jul 03 2024	Jan 17 2025	Aug 11 2025	Apr 08 2026	May 08 2026 ref	May 08 2026 GI	Jul 29 2026	Reference
BLOOD COUNT / IMMUNE									
Hemoglobin (g/dL)	15.9	15.8	16	16.8	14.7	—	—	16.4	13.2-17.1 g/dL
Hematocrit (%)	45	46.8	47.5	50.9	44.2	—	—	48.9	
RBC (x10E6/µL)	5	4.97	—	5.3	4.64	—	—	5.09	
White blood cells (thousands/uL)	5.5	6.9	7.7	10.1	10	—	—	5.5	
Platelets (thousands/uL)	231	239	245	273	255	—	—	285	
Neutrophil count (cells/µL)	3,421	3,988	—	6,898	6,420	—	—	3,586	
Monocyte count (cells/µL)	418	704	—	1,111	880	—	—	479	
ANA Screen (IFA)	—	—	—	—	—	—	—	POSITIVE	<1:80 negative
Rheumatoid Factor (IU/mL)	—	—	—	—	—	—	—	<10	<14 IU/mL
MCV (fL)	—	—	—	—	—	—	—	96.1	81.4-101.7 fL
RDW (%)	—	—	—	—	—	—	—	13	11.0-15.0 %
Lymphocyte count (cells/µL)	—	—	—	—	—	—	—	1,298	850-3900 cells/uL
ABO Group / Rh Type	—	—	—	—	—	—	—	O RhD Positive	
Basophil count (cells/µL)	50	62	—	61	120	—	—	50	
Eosinophil count (cells/µL)	83	159	—	141	260	—	—	88	
MCH (pg)	31.8	31.8	32.8	31.7	31.6	—	—	32.2	
MCHC (g/dL)	35.3	33.8	34	33	33.2	—	—	33.5	
MPV (fL)	12	11.7	11.7	11.5	9.9	—	—	10.9	
Neutrophil percentage (%)	62.2	57.8	—	68.3	64.07	—	—	65.2	
Eosinophil percentage (%)	1.5	2.3	—	1.4	2.57	—	—	1.6	
Basophil percentage (%)	0.9	0.9	—	0.6	1.24	—	—	0.9	
Lymphocyte percentage (%)	27.8	28.8	—	18.7	23.39	—	—	23.6	
Monocyte percentage (%)	7.6	10.2	—	11	8.73	—	—	8.7	
THYROID									
TSH (µIU/L)	1.4	2.21	—	1.68	2.42	—	—	1.56	
T4 Free (ng/dL)	—	—	—	—	—	—	—	1.3	0.8-1.8
T3 Free (pg/mL)	—	—	—	—	—	—	—	3.1	2.3-4.2
Thyroid Peroxidase Ab (IU/mL)	—	—	—	—	—	—	—	7	<9 IU/mL
Thyroglobulin Ab (IU/mL)	—	—	—	—	—	—	—	<2	≤2 IU/mL
GI / GUT HEALTH									
FIT - Fecal Immunochemical Test	—	—	—	—	—	—	Negative (<15 ng/mL)	—	No occult blood detected. Normal: 0-100 ng/mL. Method: Latex quantitative immunochemical assay. Mediclinic Parkview Hospital.
Faecal Calprotectin (µg/g)	—	—	—	—	—	—	9.8	—	Normal <50. Borderline 50-120. Elevated >120. Measures gut inflammation. Method: CLIA. Mediclinic City Hospital.
H. pylori Antigen (Stool)	—	—	—	—	—	—	Negative	—	H. pylori antigens absent. Method: Immunochromatography. Mediclinic Dubai Mall.
BRAIN / ELECTROLYTES									
Chloride (mmol/L)	—	—	—	—	—	—	—	104	98-110 mmol/L
Carbon Dioxide (mmol/L)	—	—	—	—	—	—	—	23	20-32 mmol/L

Marker	Aug 30 2023	Jul 03 2024	Jan 17 2025	Aug 11 2025	Apr 08 2026	May 08 2026 ref	May 08 2026 GI	Jul 29 2026	Reference
Sodium (mmol/L)	140	139	—	137	139	—	—	139	
Potassium (mmol/L)	4.4	4.3	—	4.1	—	—	—	4.3	

Appendix B — Blood Pressure Log

Date	Time	Systolic	Diastolic	Pulse pressure	Pulse
Aug 15 2026	14:33 UTC		117	77	40 —
Aug 05 2026	12:59 UTC		143	45	98 —

Appendix C — Data Sources

- /root/.openclaw/workspace/My Health Files/MRN 13987 - PREMIUM PLUS MEN HEALTH SCREENING.pdf
- /root/.openclaw/workspace/My Health Files/bloodwork_history.csv
- Blueprint/Bryan Johnson biomarkers export (verified against source labs 2026-08-15)
- InsideTracker screenshot supplied 2026-05-08
- Quest Diagnostics Lab Report collected Jul 29 2026
- Quest Diagnostics specimen ZD664970N, collected 2026-07-29, reported 2026-08-12 (full 12-page report)
- Photo inventory 2026-08-24 13:04 UTC — 36 products (health/inventory-2026-08-24)
- Oura app screenshot 2026-08-24 ~13:14 local — Readiness 45 / Sleep 45 / Activity 36 / HR 79
- Oura API v2 sync 2026-08-24 15:31 UTC
- Oura API v2 sync 2026-08-25 04:30 UTC
- Oura API v2 sync 2026-08-26 04:31 UTC
- Ian pasted HGH assessment 2026-08-26 — advisory notes and baseline/follow-up monitoring panel
- Explicit day/night supplement split agreed 2026-08-24; testosterone dose clarified 2026-08-26
- Oura API v2 sync 2026-08-26 13:07 UTC
- Oura API v2 sync 2026-08-26 14:36 UTC
- Oura API v2 sync 2026-08-26 20:01 UTC
- Oura API v2 sync 2026-08-27 04:30 UTC
- Oura API v2 sync 2026-08-27 08:01 UTC
- Oura API v2 sync 2026-08-27 13:00 UTC
- Oura API v2 sync 2026-08-27 20:00 UTC
- Oura API v2 sync 2026-08-28 04:31 UTC
- Oura API v2 sync 2026-08-28 08:00 UTC
- Oura API v2 sync 2026-08-28 13:01 UTC
- Oura API v2 sync 2026-08-28 20:01 UTC
- Oura API v2 sync 2026-08-29 04:31 UTC
- Oura API v2 sync 2026-08-29 08:00 UTC
- Oura API v2 sync 2026-08-29 13:00 UTC
- Oura API v2 sync 2026-08-29 20:00 UTC
- Oura API v2 sync 2026-08-30 04:31 UTC
- Oura API v2 sync 2026-08-30 08:00 UTC
- Oura API v2 sync 2026-08-30 13:00 UTC
- Oura API v2 sync 2026-08-30 20:00 UTC
- Oura API v2 sync 2026-08-31 04:31 UTC
- Oura API v2 sync 2026-08-31 08:00 UTC
- Oura API v2 sync 2026-08-31 13:01 UTC
- Oura API v2 sync 2026-08-31 20:01 UTC
- Oura API v2 sync 2026-09-01 04:31 UTC
- Oura API v2 sync 2026-09-01 08:00 UTC
- Oura API v2 sync 2026-09-01 13:01 UTC
- Oura API v2 sync 2026-09-01 20:00 UTC
- Oura API v2 sync 2026-09-02 04:30 UTC
- Oura API v2 sync 2026-09-02 08:01 UTC
- Oura API v2 sync 2026-09-02 13:00 UTC
- Oura API v2 sync 2026-09-02 20:00 UTC
- Oura API v2 sync 2026-09-03 04:30 UTC
- Oura API v2 sync 2026-09-03 08:01 UTC
- Oura API v2 sync 2026-09-03 13:00 UTC
- Oura API v2 sync 2026-09-03 20:00 UTC

- Oura API v2 sync 2026-09-04 04:30 UTC
- Oura API v2 sync 2026-09-04 08:01 UTC
- Oura API v2 sync 2026-09-04 13:00 UTC
- Oura API v2 sync 2026-09-04 20:01 UTC
- Oura API v2 sync 2026-09-05 04:30 UTC
- Oura API v2 sync 2026-09-05 08:00 UTC
- Oura API v2 sync 2026-09-05 13:00 UTC
- Oura API v2 sync 2026-09-05 20:00 UTC
- Oura API v2 sync 2026-09-06 04:31 UTC
- Oura API v2 sync 2026-09-06 08:00 UTC
- Oura API v2 sync 2026-09-06 13:01 UTC
- Oura API v2 sync 2026-09-06 20:01 UTC
- Oura API v2 sync 2026-09-07 04:30 UTC
- Oura API v2 sync 2026-09-07 08:01 UTC
- Oura API v2 sync 2026-09-07 13:00 UTC
- Oura API v2 sync 2026-09-07 20:00 UTC
- Oura API v2 sync 2026-09-08 04:30 UTC
- Oura API v2 sync 2026-09-08 08:00 UTC
- Oura API v2 sync 2026-09-08 13:00 UTC
- Oura API v2 sync 2026-09-08 20:00 UTC

109 markers across 16 draws, Aug 20 2004 to Jul 29 2026. Compiled 2026-09-08.

Data: /root/.openclaw/workspace/My Health Files/bloodwork_history.csv, /root/.openclaw/workspace/My Health Files/MRN 13987 - PREMIUM PLUS MEN HEALTH SCREENING.pdf, InsideTracker screenshot supplied 2026-05-08...

Updated 2026-08-26 11:02 UTC by Claudia — day/night stack + HGH advisory notes