

paath

YOUR FUNCTIONAL HEALTH ROADMAP

Sample Report 1

A personalised, data-driven look at why your energy has slipped a little further each year — and the plan to turn it back the other way.

PREPARED FOR EXAMPLE PATIENT

FUNCTIONAL MEDICINE REPORT · THE PAATH TEAM

Blood draw 13 July 2026 · Telemedicine review 27 July 2026

WE FOLLOW UP

48 hours · week 1 · week 3 · monthly to your 6-month retest



What’s inside

Part 1 is your game plan — everything you need to start. **Part 2** is the optional deep dive into all 71 of your markers.

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► **Read Part 1 and you have the whole plan.** Part 2 is your optional Master Marker Appendix — a 71–marker deep dive into your cellular data.

PART 1 · YOUR STARTING POINT

Welcome, Example Patient

Thank you for trusting us with your health. You came to us with one clear question: **why has your energy dropped a little more every year?** You've put it down to turning 55 and to a hospitality career that keeps you on your feet for eight hours a day — and that's a fair guess. But your bloodwork tells a more useful story, and a more hopeful one. Nothing here is at “disease” level. What we found instead is a set of small, correctable signals — and small is exactly what we want, because small is fixable.



Your primary concern

Low energy and fatigue — rated 2 out of 3, and getting a little worse each year.



Your background

Crohn's in remission for ~20 years, a demanding hospitality career, and you walk everywhere — you don't drive.



Today's mission

Find the real reasons behind the fatigue and hand you a plan you can start this week.

THE HONEST HEADLINE

You are not unwell, and this isn't simply age. Your panel has no single dramatic problem — it has a handful of small ones stacked on top of each other. Fix a few of them and the difference compounds in your favour.

PART 1 · THE SIGNALS YOU FEEL

Validating your experience

During your visit you rated each symptom yourself. That matters — it tells us what to weight, and just as importantly, what to rule out. Every one of these shows up somewhere in the numbers ahead.

YOUR HIGHEST · 2 OUT OF 3

- Low energy and fatigue — worse each year
- Constipation or loose stools — depends on what you eat
- Bloating — same pattern

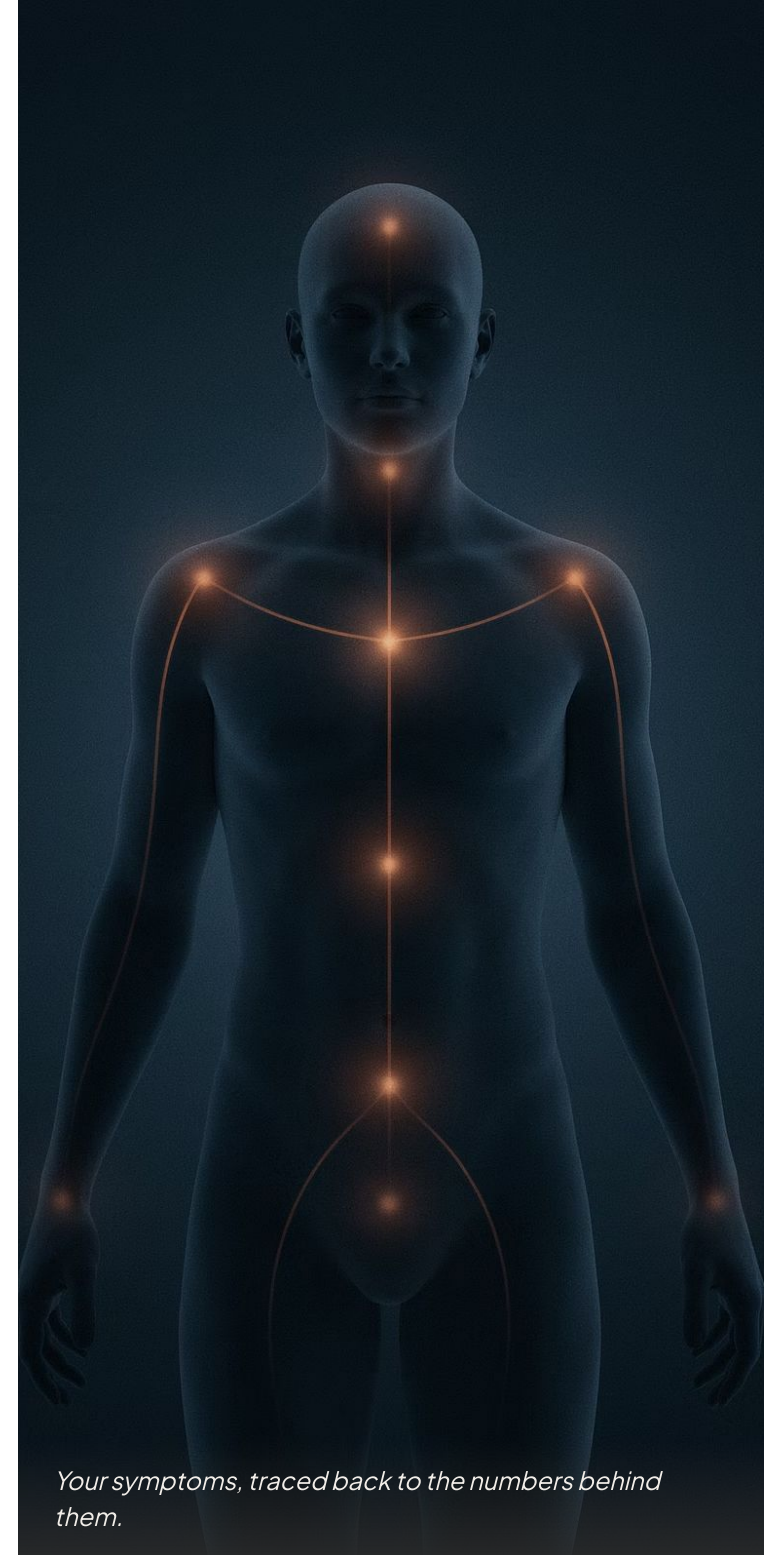
MILD · 1 OUT OF 3

- Muscle aches or weakness
- Stiffness or joint pains
- Trouble sleeping — **already improving** since you started ashwagandha

RATED 0 OUT OF 3 — AND WORTH SAYING OUT LOUD

No trouble with concentration or memory. When someone reports fatigue, that's the first thing we check for. Yours is clear.

You told us this feels like age and a hard job. Part of it is. But a good part of it is on this page — and that part we can change.



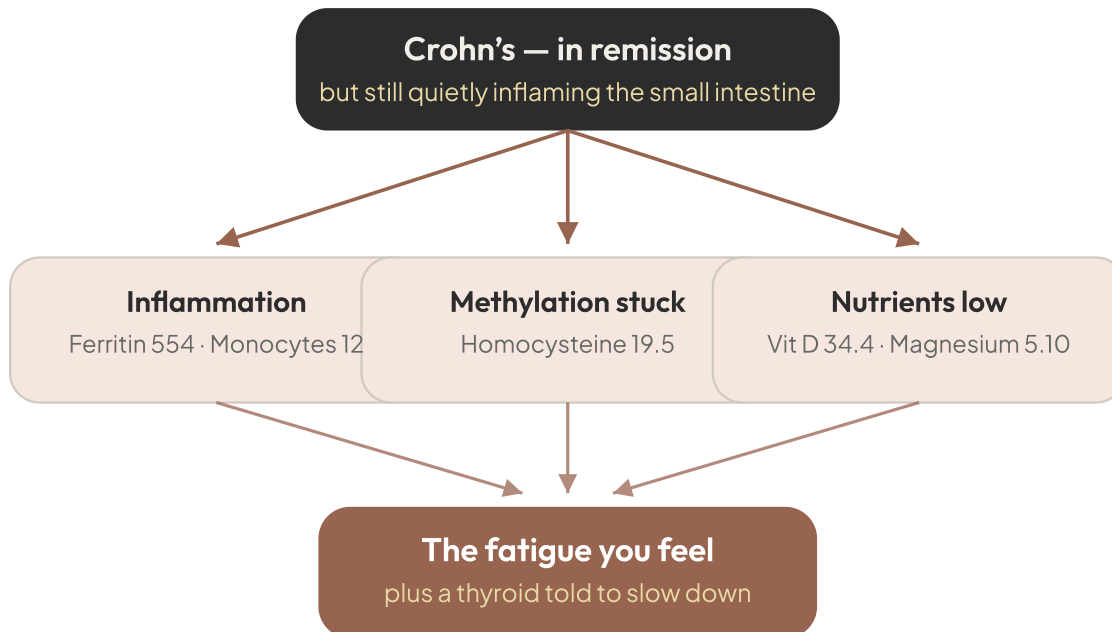
Your symptoms, traced back to the numbers behind them.

PART 1 · THE BIG PICTURE

Death by paper cuts

Here's the phrase your clinician used, and it's the most useful way to read your whole panel: **paper cuts**. There is no single dramatic problem in your bloodwork. Instead there are several small things — each one minor on its own, each one easy to dismiss — and together they add up to feeling flat by mid-afternoon.

That's genuinely good news. One big problem needs one big intervention. Several small ones respond to several small corrections, and they compound.



No single big problem — several small ones, compounding.

PART 1 · THE FOUR PAPER CUTS

Four small things we need to close

Not one big problem — four small ones. Here they are, named, so you can hold them in your head.

1

Quiet inflammation

Your Crohn's is in remission, but the small intestine is still simmering. That shows up as **ferritin 554** and **monocytes 12**. Notably your hs-CRP is **0.49 — optimal**, so this is smouldering, not raging.

2

A stuck methylation cycle

Homocysteine 19.50, above both ranges. The cycle that recycles it is jammed at the final step, so it builds up — and it abrades blood vessels and connective tissue while it does.

3

Two empty tanks

Vitamin D 34.4 on a dose too small to move it, and **magnesium 5.10** sitting unopened in your cupboard. Both feed directly into energy, and magnesium is the buffer behind your **anion gap 19.90**.

4

A thyroid told to slow down

Free T3 2.40, **Free T4 0.92**, **index 1.30**. The gland is healthy — your antibodies are clear. It has simply been instructed to ease off, and inflammation and low vitamin D are doing the instructing.

WHY THIS IS GOOD NEWS

Four small cuts close faster than one deep wound — and they share the same dressings. The magnesium helps the vitamin D. The vitamin D helps the thyroid. Lowering inflammation helps all of it.

PART 1 · HOW IT CONNECTS

Why you feel it as tiredness

Every one of the four lands in the same place — the machinery that turns food into usable energy.

Inflammation costs energy

Running an immune response around the clock is expensive. It draws on the same budget you need for an eight-hour shift on your feet.

Methylation makes the energy

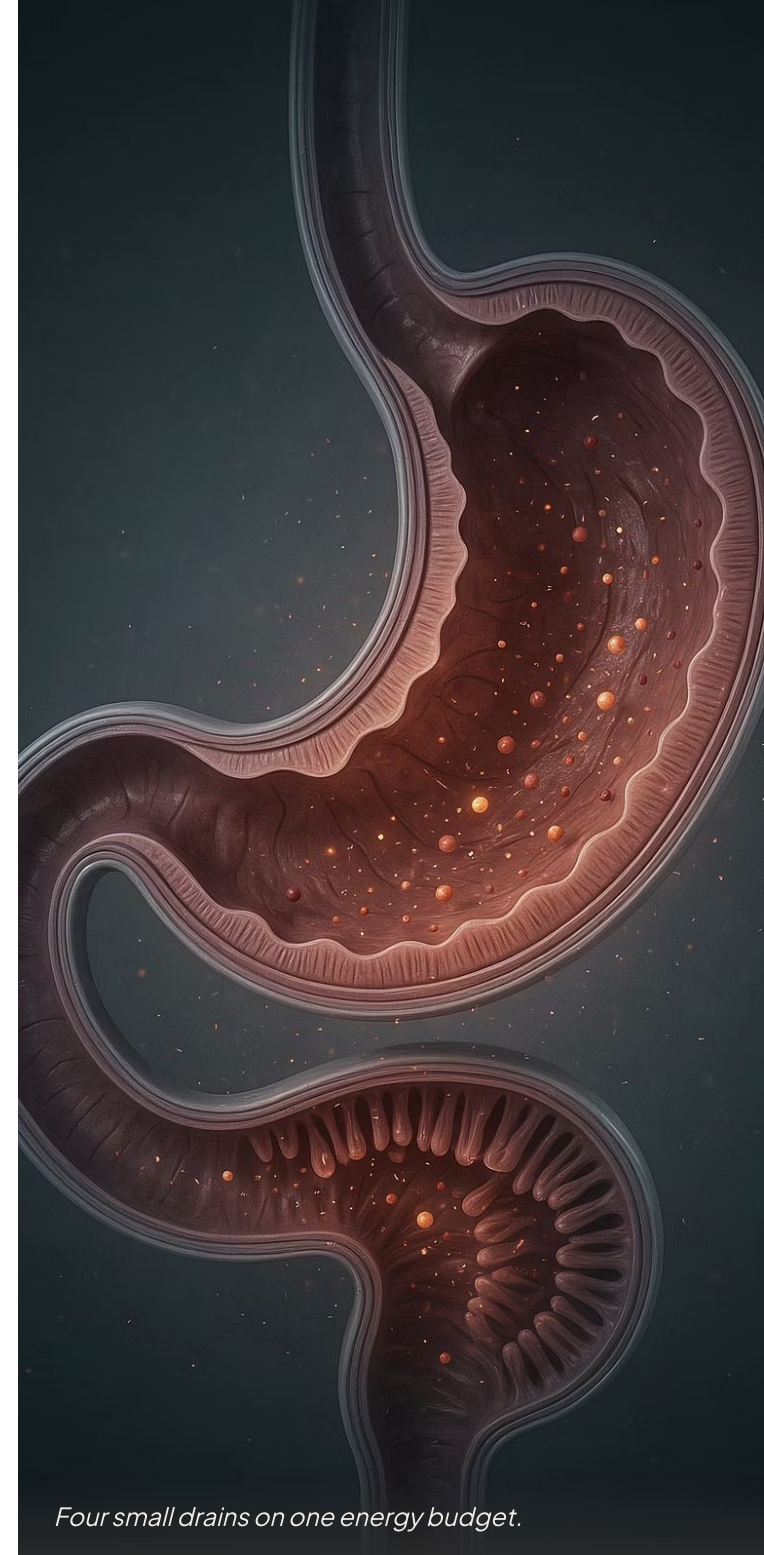
That stuck cycle isn't only a vessel risk — it's one of the routes your cells use to produce energy. Jam it and output falls.

The tanks power the engine

Vitamin D and magnesium are inputs to that same process. Low tanks, lower output — and magnesium is needed for the vitamin D to work at all.

The thyroid sets the pace

Facing all of the above, your body did something sensible: it turned the dial down. That is the tiredness you notice by mid-afternoon.



Four small drains on one energy budget.

PART 1 · HOW THE PLAN ANSWERS IT

Four cuts, four dressings

Each item in your plan is aimed at one of the four. Nothing here is generic.

1

For the inflammation

Cooler food (leafy greens, fish, fewer fried and refined), steadier blood sugar, and lower stress. As inflammation falls, **ferritin and monocytes follow it down** — we recheck rather than treat them directly.

2

For the methylation cycle

B-Vital Energy — the activated B vitamins that unjam the final step. This is the one your current B12 could not do.

3

For the empty tanks

Strong Foundations at 5,000 IU with K, and **the magnesium you already own**. Together, not separately — magnesium is what lets the vitamin D land.

4

For the thyroid

Nothing aimed at the thyroid itself. **Keep the ashwagandha**, fix the three above, and the dial comes back up on its own. If it doesn't, we revisit at the retest.

MOVEMENT SITS UNDERNEATH ALL FOUR

The walk after meals, **10 squats every 45 minutes**, and weight training three times a week. It steadies blood sugar, lowers inflammation, and lifts testosterone — one habit, four benefits.

PART 1 · CONNECTING IT ALL

Every symptom, traced to a number and a fix

This is the whole report on one page. Left to right: what you feel, how strongly you rated it, what’s behind it, and what we do about it.

What you feel	Rated	What’s behind it	What we do
Low energy, worse each year	2/3	Thyroid dialled down · vitamin D 34.4 · magnesium 5.10 · stuck methylation	Vitamin D 5,000 IU + K · magnesium · activated B vitamins · keep ashwagandha
Bloating, constipation or loose stools	2/3	Crohn’s inflammation still simmering in the small intestine	Cooler foods, cooked greens, bone broth · fewer fried foods and refined sugars
Muscle aches or weakness	1/3	Magnesium 5.10 · vitamin D 34.4	Magnesium daily · vitamin D at the higher dose
Stiffness or joint pains	1/3	Homocysteine 19.50 abrading connective tissue · inflammation	Activated B vitamins · the anti-inflammatory food pattern
Trouble sleeping	1/3	Progesterone 0.40 · stress load from long shifts	Keep ashwagandha (already working) · magnesium at night
Afternoon dips and evening cravings	—	Glucose 104 · A1c 5.50 · early insulin resistance	Walk after meals · 10 squats every 45 min · protein before the munchies

PART 1 · YOUR CURRENT STACK

Keep, modify or stop

Nothing here gets thrown out for the sake of it. You've built a thoughtful cabinet — we're sharpening three things, and confirming the rest.

Vitamin D — 1,000 IU

MODIFY

Right idea, not enough dose. Your level is **34.4** against an optimal 50–90, so 1,000 IU isn't moving the needle. We raise it to **5,000 IU** and pair it with vitamin K — which also answers your calcium of 10.30.

Magnesium — owned, not taken

MODIFY

You have it in the cupboard and told us you stopped because you assumed you were covered. Your cellular magnesium is **5.10** against an optimal 6.00–6.80, and it's the buffer behind your anion gap of **19.90**. **Start taking it.**

B12 — likely inactive form

MODIFY

This is why it hasn't shifted your homocysteine of **19.50**. You need the *activated* forms — methylcobalamin, methylfolate and P5P — which skip the conversion step your body may not perform well.

Ashwagandha — started 2 weeks ago

KEEP

Keep going. You're already sleeping better, and it supports thyroid output — exactly where your panel is soft. This was a good instinct.

PART 1 · YOUR CURRENT STACK

Keep, modify or stop *(continued)*

Multivitamin · Creatine · Mushrooms · Milk thistle · Beet root	KEEP	Sensible foundation, no changes. Your liver markers (ALT 14, GGT 20) and glutathione (270) say this cabinet is doing no harm and probably some good.
Male-health / testosterone boosters	REVIEW	Almost certainly the source of your DHEA above 1000 — and therefore of your raised SHBG. You suspected this yourself and you were right. Send photos of these bottles so we can name the one to adjust.
Omega-3 capsules	NOT NEEDED	You don't take them and you don't need to — you eat a lot of fish. Practitioner A's words: "just keep with the fish."
Zinc	NOT NEEDED	Your alkaline phosphatase (58) <i>looks</i> like a zinc problem, so we checked directly: cellular zinc is 1417 , comfortably optimal. No zinc supplement.

THE SHORT VERSION

Three changes, one review, and everything else stays. That's the whole cabinet.

PART 1 · NEW ADDITIONS

Three targeted additions

Only three — because only three are needed. Each one maps to a specific number on your panel, and together they cover every “paper cut” we found.



Strong Foundations

1 CAPSULE DAILY

Vitamin D3 + K2. Lifts your vitamin D from **34.4** toward the 50–90 we want — the single biggest lever on energy, immunity and thyroid. The K2 directs calcium into bone rather than arteries, which answers your calcium of 10.30. Practitioner A called this one “**kind of a must.**”



B-Vital Energy

1 CAPSULE DAILY

The activated B complex — methylcobalamin, methylfolate and P5P. This is the fix for your homocysteine of **19.50**, the marker sitting above *both* ranges. Your clinician marked it “**very high priority.**”



Magnesium Calm

AS DIRECTED

A chelated, absorbable magnesium to rebuild your cellular level from **5.10** and restore the buffer behind your anion gap of **19.90**. It also improves how well the vitamin D above actually absorbs. You may already own something suitable — send a photo and we'll tell you.

WHY THE LIST IS SHORT

Because your panel doesn't need a long one. Your liver, heart, kidneys, blood count and iron transport are all in good shape. Three well-chosen additions cover everything we actually found.

Four guardrails that matter as much as the capsules



The walk after meals

Your glucose is **104** and A1c **5.50** — early, reversible, and the most responsive thing on your panel. A short walk after your biggest meal lets your muscles pull sugar out of the blood without asking insulin to do it. You already walk everywhere; this is just *timing* it.



10 squats every 45 minutes

Roughly **80 across an eight-hour shift**. You're on your feet anyway — this turns standing into something that actively clears glucose. It is the single most specific instruction in your plan, and it costs you nothing but a minute.



Water at home, not just at work

You drink plenty on shift and much less at home. That matters for your anion gap (**19.90**) and the slightly acidic balance behind it. Add electrolytes and it does double duty with the magnesium.



Weight training, 3× a week

Your testosterone is **588** against an optimal 700–900. The fix isn't a hormone — it's resistance work. Two or three short sessions a week is enough to move it, and it helps blood sugar at the same time.

ON THE EVENING MUNCHIES — NO JUDGEMENT, JUST TIMING

You mentioned that leisure-time habits leave you reaching for something sweet, usually right before bed. That's the worst possible moment for blood sugar — it climbs while you sleep and nothing burns it off. Two simple fixes: **eat a protein-rich meal beforehand** so the craving lands smaller, and **walk instead of going straight to bed**. Nothing here asks you to change your life; it asks you to change the order.

PART 1 · WHAT TO PUT ON THE PLATE

Foods that do the work

You already watch what you eat, and your Crohn's has taught you what your gut tolerates — trust that. These are simply the foods that do the most for *your* particular numbers.



Leafy greens, cooked

Practitioner A named these first. Cooked rather than raw is gentler on a gut with a Crohn's history, and they're a steady source of the magnesium and folate your panel is asking for.



Fish — keep it up

You already eat more fish than red meat, and it's why you don't need an omega-3 capsule. It's also quietly protecting the cholesterol balance that makes your statin question a non-question.



Berries

Antioxidants that support the inflammation side of your panel — ferritin 554, monocytes 12 — at a very low blood-sugar cost.



Bone broth

Gentle on the small intestine, where your Crohn's inflammation still quietly sits. Easy to sip on a long shift.



Slow carbs, paired

When you do eat carbs, pair them with protein. It flattens the glucose curve — the same trick as the walk, done at the table.

Ease off: fried foods and refined sugars. Not forever, and not perfectly — just less often. They add directly to the inflammatory load we're working to bring down.

PART 1 · WHAT TO FOCUS ON

Your daily focus

If you only do four things, do these. They're ordered by how much they'll change how you feel — and the first one is already sitting in your cupboard.

01 Take the magnesium you already own

The highest-value thing you can do this week, and it costs nothing. Your cellular magnesium is 5.10 against an optimal 6.00–6.80, and it sits behind your anion gap, your muscle aches and how well vitamin D absorbs. The bottle is already in your cupboard.

02 Switch to activated B vitamins

Your homocysteine is 19.50 — above both the optimal and the standard range, and the second-farthest-from-optimal marker on your panel. Ordinary B12 hasn't moved it because it likely isn't converting. The activated forms skip that step.

03 Raise vitamin D to 5,000 IU, with K

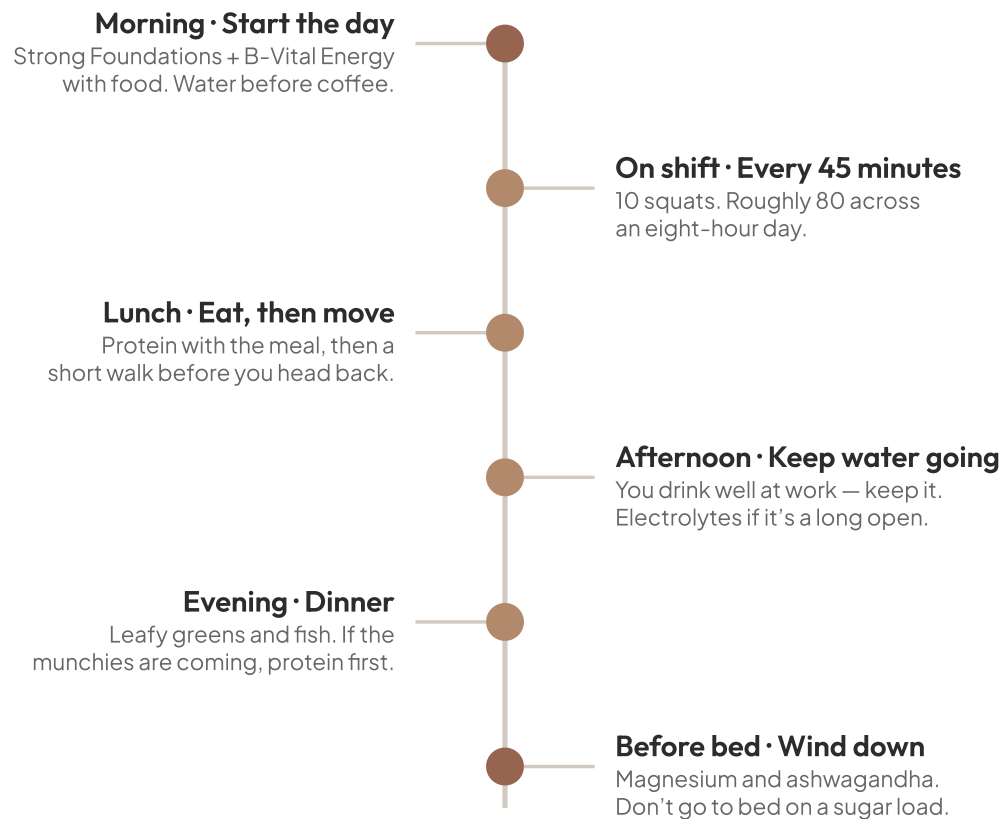
You're at 34.4 on 1,000 IU a day. This is the marker most directly tied to the energy you came in about — and to immunity and thyroid. Take it with magnesium, which improves absorption.

04 Move after you eat

A short walk after your biggest meal, and 10 squats every 45 minutes on shift. Your glucose 104 and A1c 5.50 are early and reversible, and movement is the lever that works fastest.

How it fits into a day

You work eight-hour shifts on your feet and you walk everywhere — this plan is built around that, not against it. Nothing below adds a task; it places what you're already doing at a better moment.



Your complete action plan

SUPPLEMENTS

- **START** — the magnesium already in your cupboard (send a photo and we'll confirm the form)
- **ADD** — Strong Foundations, vitamin D3 + K2, 1 capsule daily
- **ADD** — B-Vital Energy, activated B complex, 1 capsule daily
- **RAISE** — vitamin D from 1,000 to 5,000 IU daily
- **KEEP** — ashwagandha, multivitamin, creatine, mushrooms, milk thistle, beet root
- **REVIEW** — your male-health / testosterone products (the DHEA source)

Daily habits

- **Walk** after your biggest meal of the day
- **10 squats every 45 minutes** on shift — about 80 a day
- **Weight training 3x a week** — short sessions are enough
- **Water at home**, not just at work; electrolytes on long opens
- **Protein first** if the evening munchies are coming
- **Don't go to bed** on a sugar load — walk instead

On the plate

More: cooked leafy greens, fish (keep it up), berries, bone broth. Less: fried foods and refined sugar. Pair carbs with protein.

NOT NEEDED — SO YOU DON'T WASTE MONEY

No zinc (yours is 1417, fine). **No omega-3 capsules** (you eat plenty of fish). **No statin** — your clinician reviewed the full lipid picture and does not think it's warranted; we simply recheck in 6–12 months. **No iron** — that high ferritin is inflammation, not overload.

PART 1 · WHAT'S ALREADY STRONG

Your foundation is genuinely good

Before the plan, the honest headline: most of your panel is in good shape, and some of it is excellent. These aren't participation trophies — they're hard numbers.

97

HDL cholesterol

Exceptional. The protective one — and you earned it walking everywhere.

0.53

Triglyceride/HDL

One of the best single indicators of metabolic health there is.

0.49

hs-CRP

Optimal. Your general inflammation marker is clean.

20

GGT

Dead centre. Your liver is in very good order.

AND TWO THINGS RULED OUT

No autoimmune thyroid disease — your antibodies are in range. And **no iron problem** — your iron, binding capacity and saturation are all fine, which is exactly how we know that high ferritin is an inflammation signal rather than overload.

PART 1 · THE ROAD AHEAD

Your next six months

You told us you want to be ahead of this rather than chasing it in ten years. That's exactly the right instinct — and it's what makes this straightforward.



Now → Week 2

Start the magnesium you already own, begin Strong Foundations and B-Vital Energy, and add the walk after your biggest meal. Send photos of your current supplements so we can settle the DHEA question.

Weeks 2–6

Energy is usually the first thing people notice. Add the 10-squats habit on shift and start weight training twice a week. Keep the ashwagandha going.

Months 2–4

This is when the inflammation markers begin to move — ferritin and monocytes drift down as the gut settles and blood sugar steadies. Sleep and aches typically ease here too.

Month 6 — retest

Full panel again. We expect homocysteine down toward 6, vitamin D at 50–70, magnesium at 6.0+, and the thyroid numbers lifting on their own. We also recheck cholesterol, as promised.

Your check-in schedule

You are not being handed a plan and left to it. Here is exactly when we come back to you, counted from **the day this report lands in your inbox**. Treat every one as **give or take about three days** — we would rather find a slot that works around your shifts than book one you have to cancel.

Check-in	When	How	What we cover
First touch	2–3 days	App message	A quick message to make sure the report landed and answer anything that jumped out.
Week 1 check-in	day 7–10	15-min call	How the first week went — did you start, what got in the way, anything to adjust.
Week 3 check-in	day 21–28	App check-in	Early wins usually show up here — energy first, before the bloodwork moves.
Month 2	week 7–9	15-min call	Settle the routine and troubleshoot.
Month 3	week 11–13	15-min call	Midpoint — symptoms should be easing.
Month 4	week 16–18	15-min call	Keep it steady; adjust anything that isn't working.
Month 5	week 20–22	15-min call	Prepare for the retest and set expectations.
Month 6 — retest	week 24–26	Retest + review	Full panel again, then we compare it side by side with this one.

BETWEEN CHECK-INS

The app is open the whole time. If something changes, or you are unsure about a supplement, message us — you do not need to wait for the next scheduled slot.

GIVE OR TAKE 3 DAYS

Every time below is a target, not a deadline — **±3 days either side**. Openings move and shifts run long; the check-in still counts.

IN CLOSING

We walk this path together

Example Patient — you came in thinking this was just age and a hard job. Some of it is. But a good part of it is four small, correctable things, and you found them at exactly the right moment: early, while they are still easy to close.

You've also done more right than you realise. You walk everywhere, you eat fish over red meat, you research what you take, and you started ashwagandha on your own instinct — and it was a good one. Your heart markers, your liver, your blood count and your iron transport are all in genuinely good shape. This isn't a rebuild. It's a tune-up.

You said you'd rather get ahead of this now than deal with more of it in ten years. That is exactly the right call — and it's why this plan is short, specific, and starts with a bottle you already own.

Check your email

This report, your functional health report, ordering links and pricing — all in your inbox.

Your app access

Check-ins and direct messaging, so you're never guessing between appointments.

This report is for educational and informational purposes only. It does not constitute medical advice, diagnosis, or treatment. Always consult your local primary healthcare provider before making changes to your medical regimen.

Ready to take action

Everything you need to begin is in the pages you just read — the supplements, the habits, the food, and the timing. You don't need the rest of this report to start. Here's your on-ramp.

This week

Start the magnesium you already own. Begin Strong Foundations and B-Vital Energy. Add a walk after your biggest meal. **Send photos of your supplements.**

Weeks 2–6

Add the 10-squats habit on shift and two weight sessions a week. Keep the ashwagandha going — it's already helping your sleep.

Months 2–4

Expect the aches and the bloating to ease as inflammation settles. Energy usually lifts before the bloodwork shows it.

Month 6

Full retest — homocysteine, vitamin D, magnesium, thyroid, ferritin, and the cholesterol recheck we promised.

WE WALK THIS WITH YOU

Two 15-minute check-ins over the next fortnight, then monthly for six months. You'll have the app for anything in between — message us directly rather than waiting.

► Stop here if you're ready to go

You have the whole plan. Everything beyond this page is your **Master Marker Appendix** — all 71 markers explained in plain English, for whenever you want to look under the hood.

PART 2 · THE DEEP DIVE

The Master Marker Appendix

You already have your plan — this is the detail behind it. Every marker on your panel, in the exact order your lab reports them, grouped into eleven body systems and written in plain English. Nothing is skipped, including **nine markers the automated report quietly dropped** — among them the DHEA result that explained your hormones. For each one: what it does, where you stand against **both** the standard lab range and our tighter optimal target, and what we do about it.



SECTION 1 OF 11 · BLOOD SUGAR & METABOLIC HEALTH

BLOOD SUGAR & METABOLIC HEALTH

Fuel, Insulin & Early Resistance

Example Patient, this is the section where four numbers all tell the same early story, and it is the most fixable story in your whole panel. They look at your fuel from different time windows: this morning, the last three months, and how hard your pancreas is working to keep up. With your mother's diabetes in the family, catching this now, while nothing is broken, is exactly what testing is for.

Blood Sugar & Metabolic Health — the detail

Glucose

104.00 mg/dL

OPTIMAL
72.00–90.00

LAB RANGE
65.00–99.00

NEEDS ATTENTION

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

Glucose is the sugar circulating in your blood right now, the fuel your muscles and brain run on. This was drawn fasting, so it shows what your body idles at with nothing in the tank.

YOUR STATUS & STORY

Yours came back at 104 mg/dL. Our optimal window is 72.00–90.00 and the lab's standard range is 65.00–99.00, so this one sits a little above both. Practitioner A called it 'pre-pre-diabetes', and he meant that kindly: early, reversible, and not a diagnosis. Your mother has diabetes, which makes it worth respecting rather than worrying about. Worth noting the good news alongside it: you told us you do not get shaky or irritable when you go too long without eating, so your body is still handling fuel steadily. This is a slow drift, not a crash pattern, and a baseline that idles high all day is one honest reason energy fades as the years go on.

DIRECT ACTION

Two things from your plan do most of the work: a short walk after meals, which is easy for you since you already walk everywhere, and 10 squats every 45 minutes across your 8-hour shift, roughly 80 a day. Working muscle pulls sugar out of the blood without needing any extra insulin. Pair anything sweet or starchy with protein to slow it down, and on nights when the evening munchies show up, eat a protein-rich meal first so the spike never really gets going.

Hemoglobin A1C

5.50 %

OPTIMAL
5.00–5.50

LAB RANGE
0.00–5.60

NEEDS ATTENTION

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

A1c is your three-month average. Sugar sticks to red blood cells and stays stuck for the life of the cell, so this is less a photograph and more a security-camera recording of the last 90 days.

YOUR STATUS & STORY

5.50%, sitting at the very top of our optimal band of 5.00–5.50 and still under the lab's standard cutoff of 5.60. Pre-diabetes starts at 5.7. You are close, but you are not there, and that distinction matters: this is a line to hold, not a line you have crossed. It also confirms that your fasting glucose was not a one-off morning reading.

DIRECT ACTION

Same levers as your glucose: post-meal walks, the squat habit, protein alongside carbs. Because it averages 90 days, give it a full quarter before judging progress. We will re-check it as part of your six-month plan.

Blood Sugar & Metabolic Health (continued)

Estimated Average Glucose (eAG)

FHR-RESTORED

111 mg/dL

OPTIMAL
70-99

NEEDS ATTENTION

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

This is simply your A1c converted into a number you can picture: the average blood sugar you have been running, day and night, for the past three months.

YOUR STATUS & STORY

111 mg/dL against an optimal range of 70-99. The lab does not publish a separate standard range for this one, because it is a translation of your A1c rather than a separate test. Your automated report dropped this marker and we put it back, because 'an average of 111' is far easier to act on than '5.50 percent'. What it tells you is that your baseline sits a notch above where we want it all day, not just at the moment of the blood draw.

DIRECT ACTION

No separate action. It moves when your glucose and A1c move. One addition from your plan: try not to go to bed straight after a sugary load, since the overnight hours make up a big share of that average. A short walk instead does more than you would think.

Insulin - Fasting

5.20 uIU/ml

OPTIMAL
2.00-5.00

LAB RANGE
2.00-19.00

NEEDS ATTENTION

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

Insulin is the key that unlocks your cells so sugar can get in. This measures how much key your pancreas has to keep turning while you are fasting. A low number means the lock opens easily.

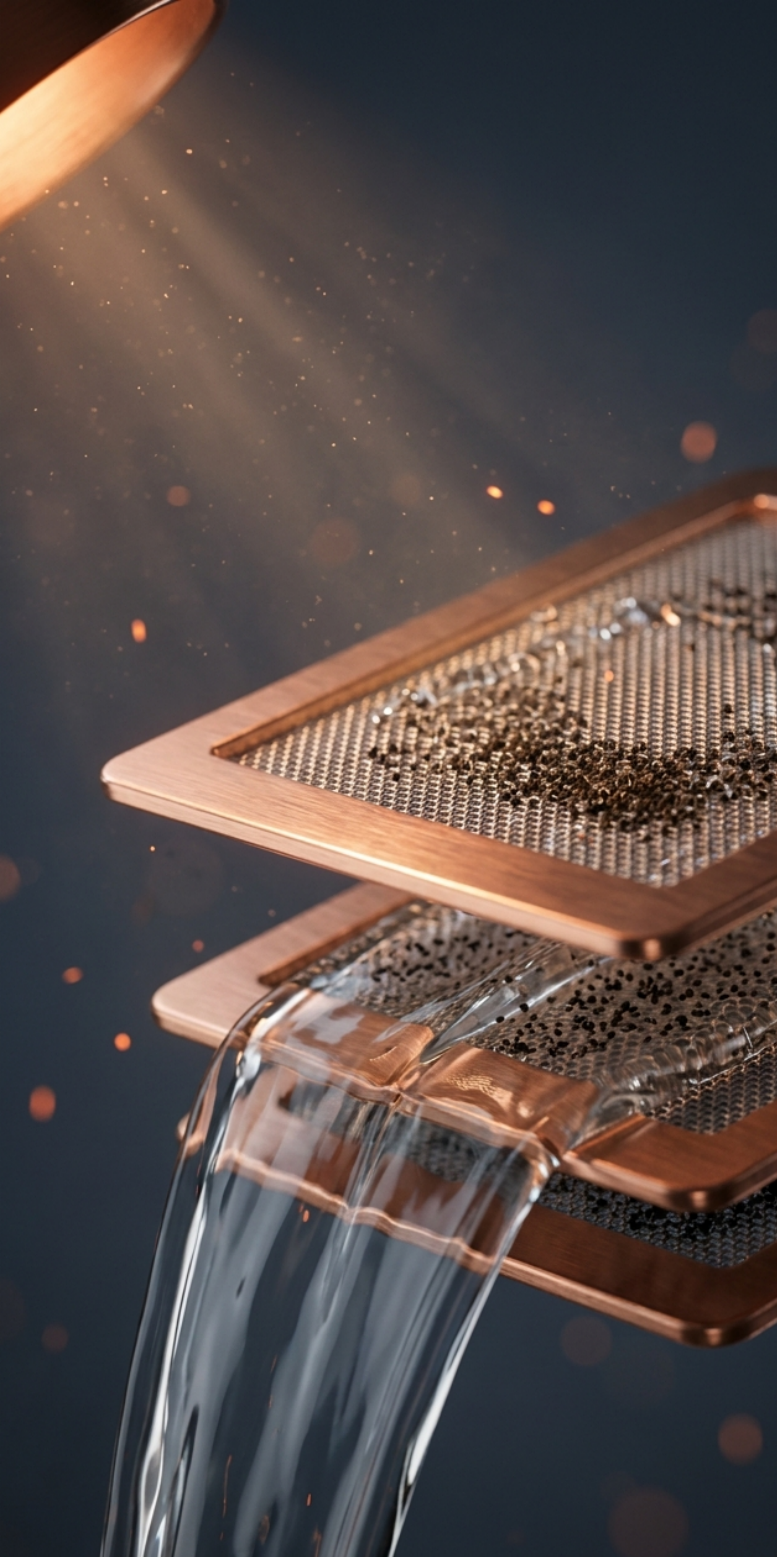
YOUR STATUS & STORY

5.20 uIU/ml, just over our optimal ceiling of 5.00 and well inside the lab's standard range of 2.00-19.00, which is why a routine panel would not look twice at it. What we read into it is early cellular resistance: your cells take up sugar slightly less easily, so your pancreas makes a bit more insulin to get the same job done. Caught at 5.20 that is a nudge, not a problem, and it explains why your glucose and A1c sit where they do.

DIRECT ACTION

Muscle is the fix. The 10-squats-every-45-minutes habit and the post-meal walks make your cells more sensitive to insulin within weeks. No supplement does this as well as a contracting muscle does.

Bottom line — None of this is a diagnosis, Example Patient. It is an early signal you get to act on while it is still a matter of walks, squats and how you build your plate.



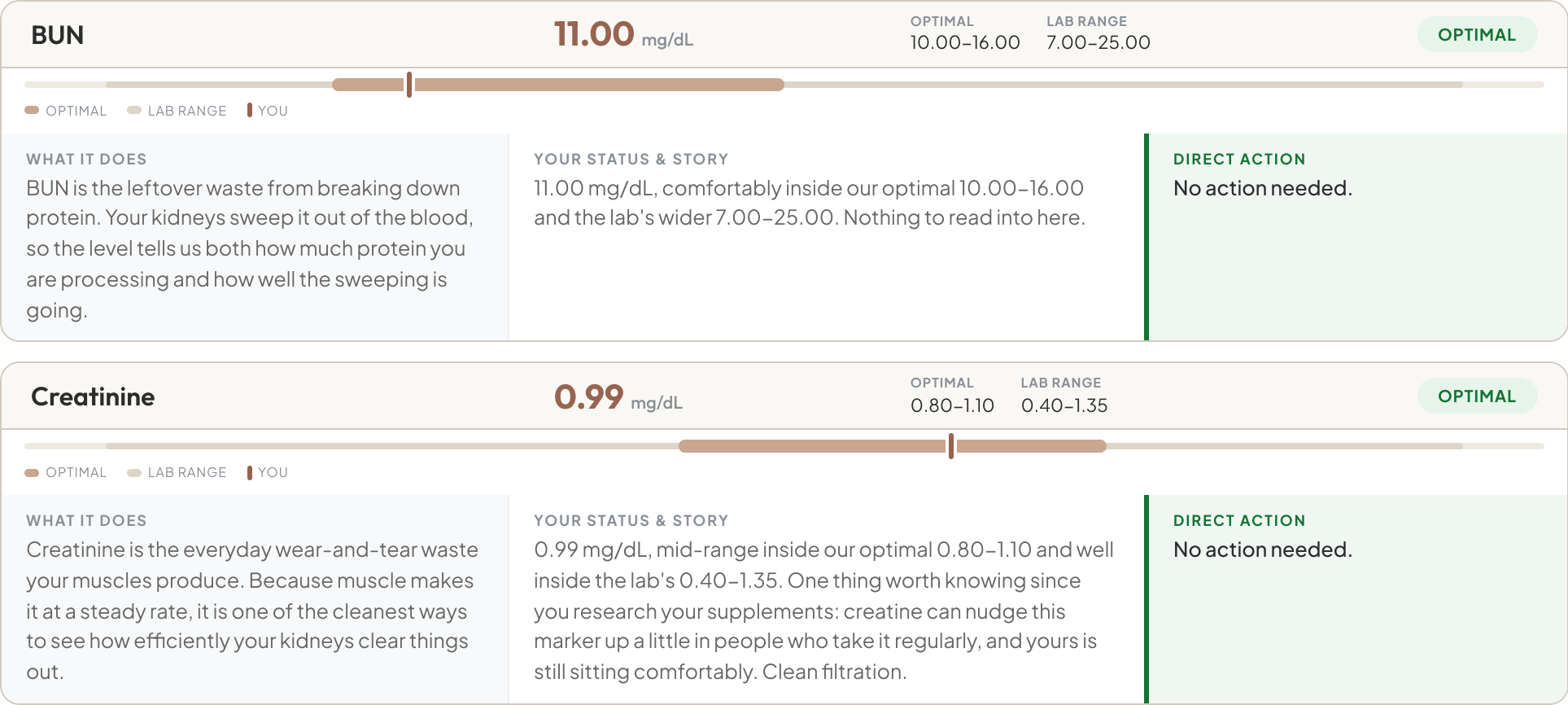
SECTION 2 OF 11 · KIDNEY HEALTH & ELECTROLYTES

KIDNEY HEALTH & ELECTROLYTES

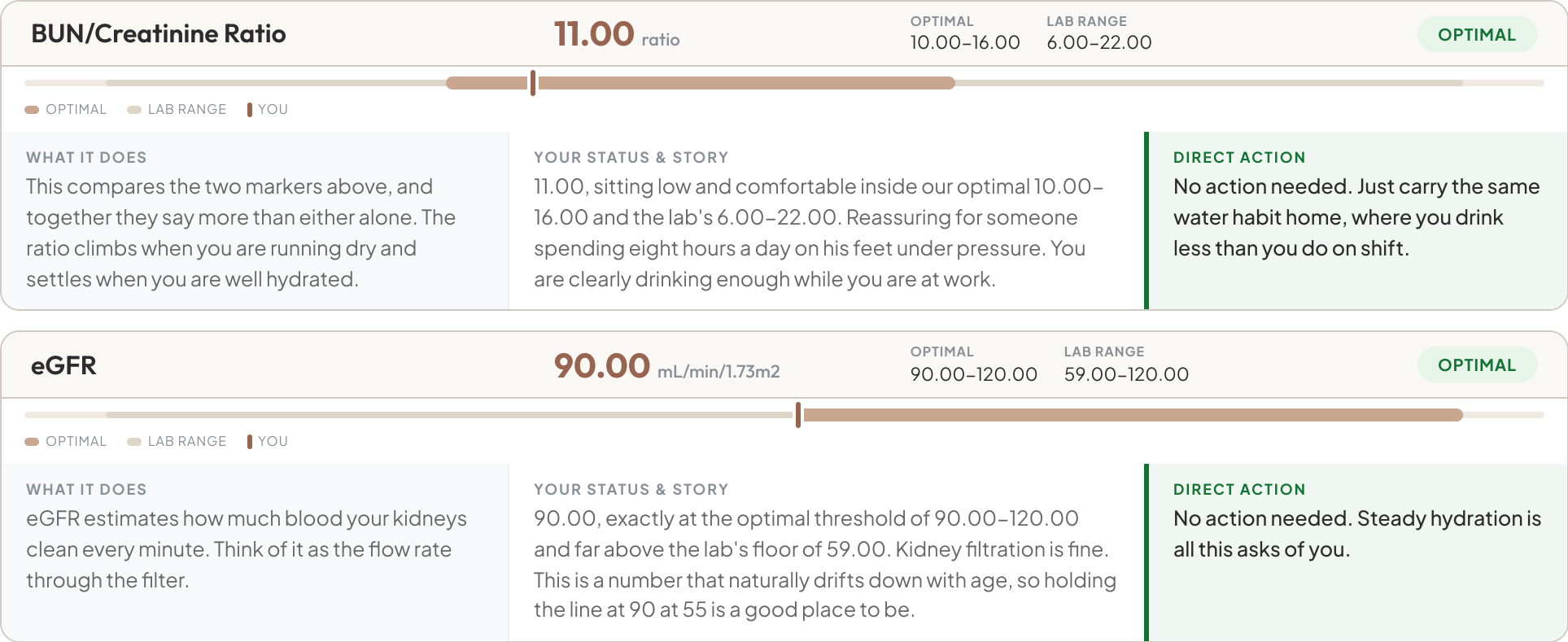
Filtration, Fluid & Acid-Base Balance

Your kidneys are the quality-control department for everything dissolved in your blood, and yours are doing an excellent job. Most of the markers here landed squarely in the optimal window, which matches what you told us: no bladder or kidney trouble, no dizziness, no lightheadedness. The two numbers that stand out are not about filtration at all. They are about the chemistry your kidneys are being asked to balance, and both point at the same missing mineral.

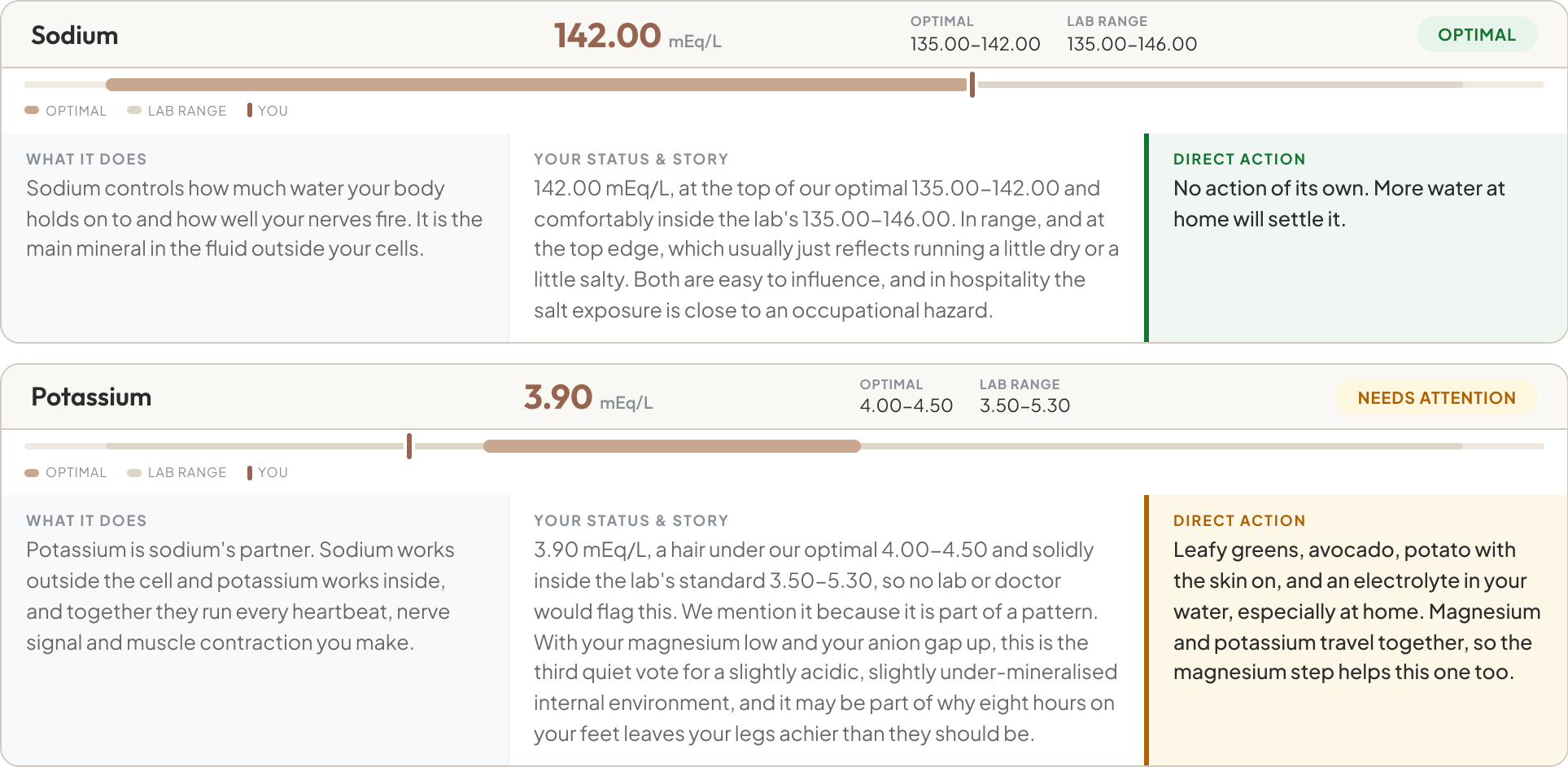
Kidney Health & Electrolytes — the detail



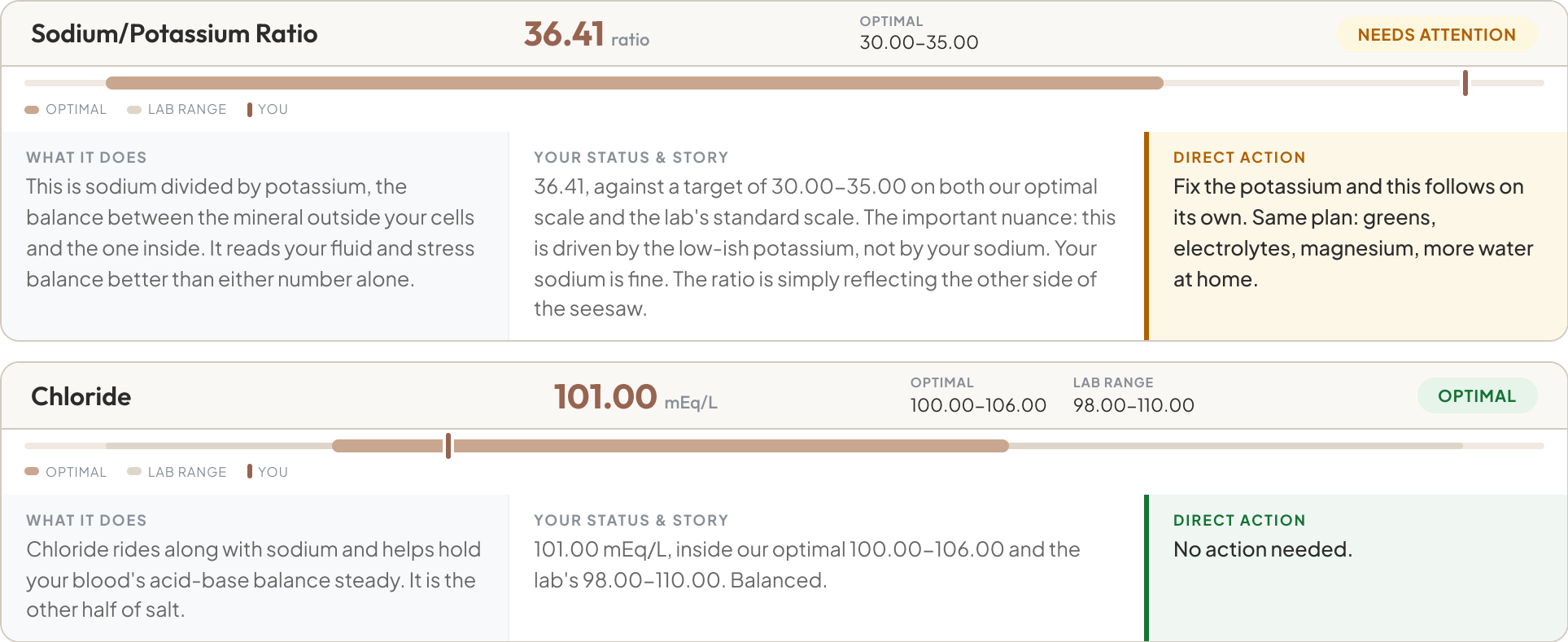
Kidney Health & Electrolytes (continued)



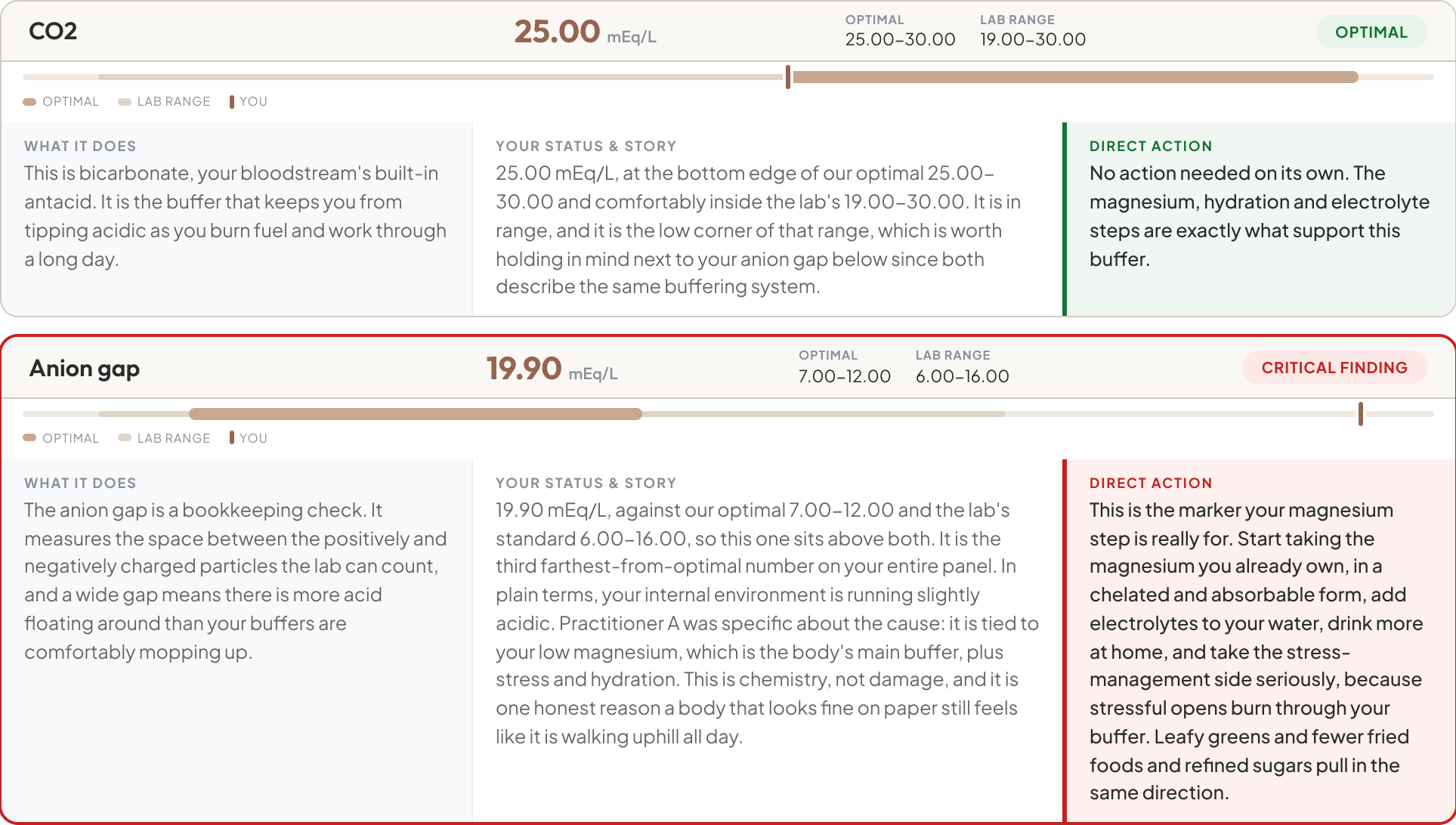
Kidney Health & Electrolytes *(continued)*



Kidney Health & Electrolytes (continued)



Kidney Health & Electrolytes *(continued)*



Kidney Health & Electrolytes (continued)

Uric Acid

5.00 mg/dL

OPTIMAL
3.50–5.90

LAB RANGE
4.00–8.00

OPTIMAL

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

Uric acid is the waste left over when your body recycles certain building blocks from food and from its own cells. High levels are what cause gout. Balanced levels are simply normal housekeeping.

YOUR STATUS & STORY

5.00 mg/dL, inside our optimal 3.50–5.90 and the lab's 4.00–8.00. No concern here.

DIRECT ACTION

No action needed.

Bottom line

— Your kidneys are not the story here, Example Patient. The story is a body running slightly short on its buffer minerals, and that is a bottle you already own.



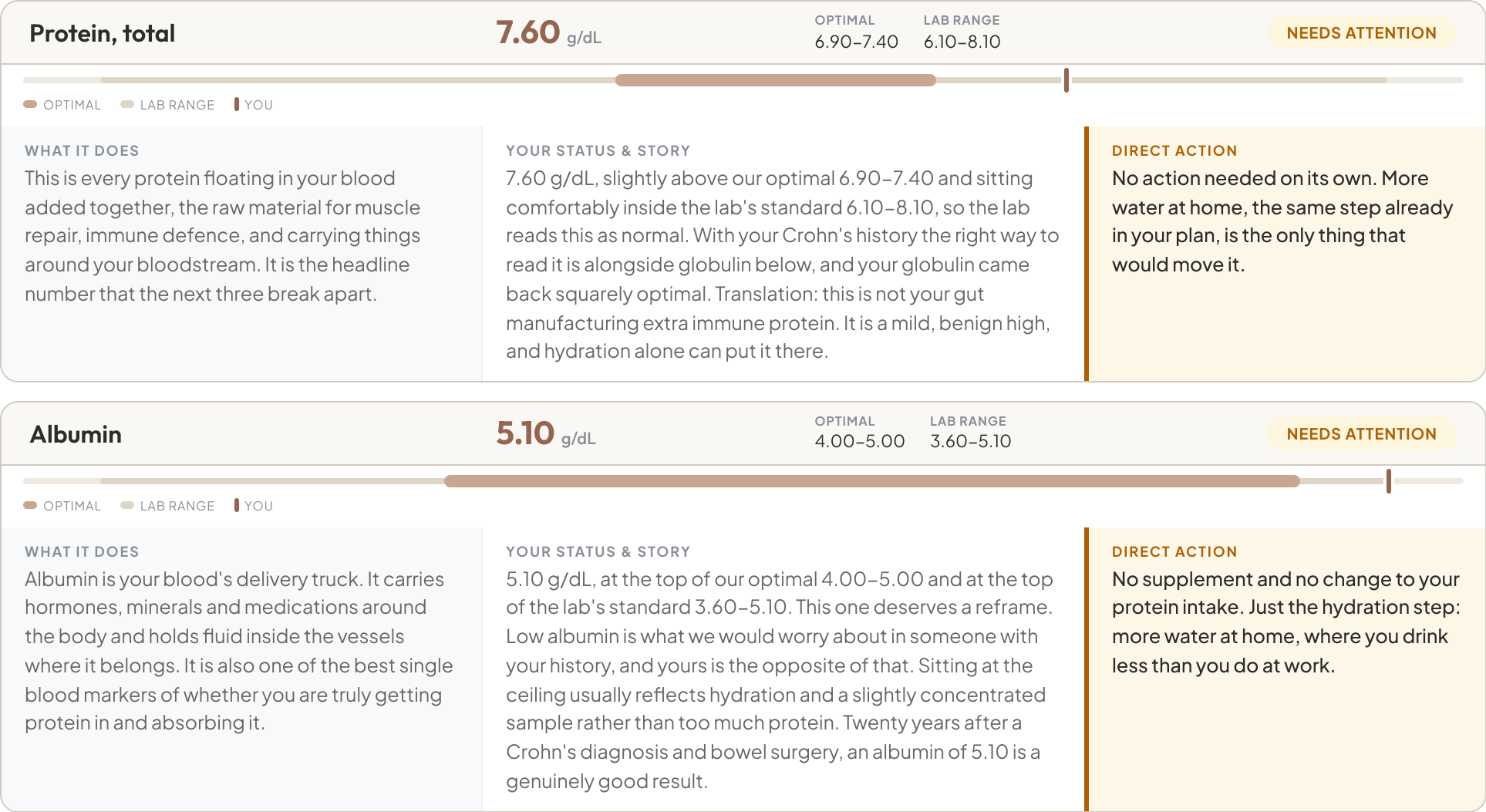
SECTION 3 OF 11 · PROTEIN & DIGESTION

PROTEIN & DIGESTION

Absorption & Gut Integrity

This section matters more for you than it does for most people. With Crohn's in your history and surgery that removed most of the inflamed bowel, the honest question is whether you are actually absorbing what you eat. These four markers answer it, and the answer is yes.

Protein & Digestion — the detail



Protein & Digestion *(continued)*

Globulin, total

2.50 g/dL

OPTIMAL
2.40–2.80

LAB RANGE
2.00–3.50

OPTIMAL

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

Globulins are your antibody and transport proteins, the immune system's supply chest. When the gut is actively inflamed this number tends to climb.

YOUR STATUS & STORY

2.50 g/dL, inside our optimal 2.40–2.80 and well inside the lab's 2.00–3.50. This is the reassuring one. Your gut immune proteins are holding up despite the Crohn's, which matches what you described on the call: remission, no flares in a while, and symptoms that follow what you eat rather than running constantly.

DIRECT ACTION

No action needed. Keep watching your diet the way you already do, because it is working.

Albumin/Globulin Ratio

2.04 ratio

OPTIMAL
1.40–2.10

LAB RANGE
1.00–2.50

OPTIMAL

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

This compares your delivery-truck protein to your immune protein. It is a quick read on whether nutrition and immune activity are in a healthy balance, with nutrition on top.

YOUR STATUS & STORY

2.04, inside our optimal 1.40–2.10 and the lab's 1.00–2.50. The balance is exactly where we want it.

DIRECT ACTION

No action needed.

Bottom line — Absorption and gut protein are not your problem, Example Patient. Your inflammation signal shows up further along in this report, in ferritin and your monocytes, not here.



SECTION 4 OF 11 · MINERALS & BONE HEALTH

MINERALS & BONE HEALTH

The Buffer & Cellular Energy

Two minerals do the heavy lifting in this section, and they depend on each other. Calcium builds and signals; magnesium buffers, relaxes, and switches on a few hundred enzymes. Your magnesium is the single highest-yield thing you can change this week, because you already own the bottle, and this is also where the vitamin K conversation from your call lands.

Minerals & Bone Health — the detail

Calcium

10.30 mg/dL

OPTIMAL
9.40–10.10

LAB RANGE
8.60–10.40

NEEDS ATTENTION

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

Calcium is best known for bone, but the calcium in your blood has a different job: it is the signal that makes muscles contract, nerves fire and your heart beat on time. Your body guards this number tightly, so the real question is never how much calcium you have, it is where the calcium is going.

YOUR STATUS & STORY

10.30 mg/dL, slightly above our optimal 9.40–10.10 and still inside the lab's standard 8.60–10.40, which is why no one has ever raised it with you. Practitioner A tied it straight to vitamin K. K is the traffic cop that directs calcium into bone rather than leaving it in the bloodstream and the artery walls, and you are not currently taking any. Low magnesium pulls in the same direction, since magnesium is part of what keeps calcium in its proper place.

DIRECT ACTION

Strong Foundations covers this, which is why vitamin D and vitamin K come in one bottle rather than two. And start the magnesium. No calcium supplement: you do not need more calcium, you need the calcium you have going to the right address.

Calcium/Albumin Ratio

2.01 ratio

OPTIMAL
0.00–2.60

LAB RANGE
0.00–2.70

OPTIMAL

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

Most of your calcium travels through the blood attached to albumin, so this ratio checks whether a calcium reading is genuinely elevated or simply riding along with a lot of carrier protein.

YOUR STATUS & STORY

2.01, comfortably inside our optimal ceiling of 2.60 and the lab's 2.70. This is the sanity check on the calcium above, and it comes back clean, which tells us that calcium number is a mild and explainable high rather than something to investigate.

DIRECT ACTION

No action needed.

Minerals & Bone Health (continued)

Magnesium, RBC

5.10 mg/dL

OPTIMAL
6.00–6.80

LAB RANGE
4.20–6.80

NEEDS ATTENTION

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

Magnesium is the body's calm-down mineral and its master buffer, involved in somewhere between 300 and 400 different jobs, from making energy inside your cells to relaxing muscle to holding your acid-base balance level. This version of the test measures it inside your red blood cells, which is far more accurate than the standard serum test most panels run, because the body keeps the blood level looking normal by quietly drawing magnesium out of storage.

YOUR STATUS & STORY

5.10 mg/dL, below our optimal 6.00–6.80 and inside the lab's standard 4.20–6.80, so a routine panel would have called this normal and moved on. It is not the whole explanation for your fatigue, but it is threaded through several of your numbers: it is the missing buffer behind your high anion gap, it travels with your low-ish potassium, and your body needs it to actually put vitamin D to use. The frustrating part and the encouraging part are the same thing. You already own magnesium and you are not taking it.

DIRECT ACTION

Start taking it, daily, starting tonight. Send a photo of the bottle you own along with the rest of your supplement photos. If it is a chelated, well-absorbed form such as glycinate, malate or citrate, just use it; if it is magnesium oxide, that is the one worth replacing with Magnesium Calm. Taking it in the evening pairs well with the ashwagandha that is already helping your sleep.

Zinc, RBC

FHR-RESTORED

1417 ug/dL

OPTIMAL
1005–1559

OPTIMAL

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

Zinc runs immune defence, wound healing, taste and smell, and testosterone production. Like the magnesium above, this is measured inside your red cells, so it reflects what is actually stocked in your tissues rather than what happens to be passing through.

YOUR STATUS & STORY

1417 ug/dL, solidly inside 1005–1559, which here serves as both our optimal window and the lab's standard range. This normal result matters more than most. One of your liver markers, alkaline phosphatase, came back low, and low alkaline phosphatase classically looks like a zinc deficiency. Practitioner A checked, and your cellular zinc is fine. It fits what you told us as well: no frequent colds, no slow wound healing, no easy bruising.

DIRECT ACTION

No action needed, and specifically no zinc supplement. Your automated report dropped this marker entirely and we restored it, because without it that alkaline phosphatase flag would have sent you shopping for a supplement you do not need.

Bottom line — Of everything in this report, magnesium is the shortest distance between where you are now and feeling better, and it is already in your cupboard.



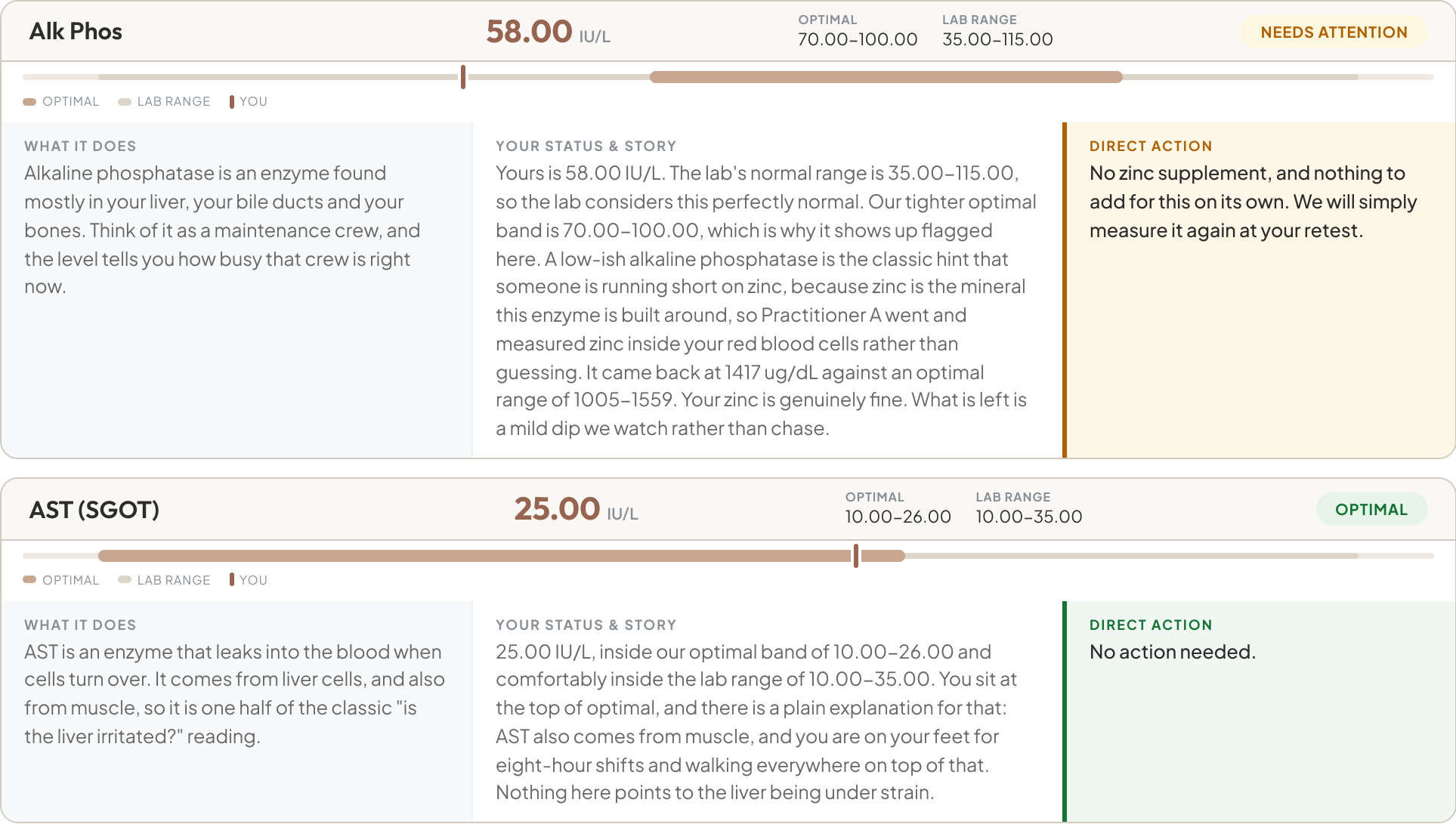
SECTION 5 OF 11 · LIVER & BILIARY SYSTEM

LIVER & BILIARY SYSTEM

Detoxification & Processing

Example Patient, this is one of the quietest sections of your whole panel, and given how much your liver is being asked to process right now (a long supplement list, a demanding job on your feet, and the low-grade inflammation we talk about elsewhere), that is genuinely good news. Every enzyme that reports on how hard your liver is working came back inside range, and one of them, GGT, landed dead centre of ideal. The single number here that sits below our optimal band is the one that made it look like you might be short on zinc, and Practitioner A checked that directly. You aren't.

Liver & Biliary System — the detail



Liver & Biliary System (continued)

ALT (SGPT)		14.00 IU/L	OPTIMAL 10.00–26.00	LAB RANGE 6.00–29.00	OPTIMAL
OPTIMAL LAB RANGE YOU WHAT IT DOES ALT is the more liver-specific of the two enzymes. It lives almost entirely inside liver cells, so it is the cleaner read on how the liver itself is doing. YOUR STATUS & STORY 14.00 IU/L, against an optimal band of 10.00–26.00 and a lab range of 6.00–29.00. That is comfortably inside both, on the quiet side. Given how many supplements you are currently taking, a genuinely calm ALT is reassuring. Your liver is handling the load without complaint. DIRECT ACTION No action needed.					
LDH		173.00 IU/L	OPTIMAL 140.00–200.00	LAB RANGE 120.00–250.00	OPTIMAL
OPTIMAL LAB RANGE YOU WHAT IT DOES LDH is an enzyme present in almost every cell in your body. It is a general "is anything breaking down faster than it should?" signal rather than a liver-specific one. YOUR STATUS & STORY 173.00 IU/L, sitting in the middle of our optimal band of 140.00–200.00 and well inside the lab range of 120.00–250.00. With Crohn's in your history, a normal LDH is a useful piece of reassurance: there is no widespread tissue stress happening in the background. DIRECT ACTION No action needed.					

Liver & Biliary System *(continued)*

Bilirubin - Total

0.30 mg/dL

OPTIMAL
0.10–0.90

LAB RANGE
0.20–1.20

OPTIMAL

OPTIMALLAB RANGEYOU

WHAT IT DOES

Bilirubin is the pigment left over when old red blood cells are retired. Your liver picks it up, packages it into bile and clears it out, so the level tells you whether that disposal line is flowing freely.

YOUR STATUS & STORY

0.30 mg/dL. Our optimal band is 0.10–0.90 and the lab range is 0.20–1.20, so you are inside both, on the low and clean side. Your bile flow and your red cell turnover are both unremarkable, which is exactly what you want here.

DIRECT ACTION

No action needed.

GGT

20.00 IU/L

OPTIMAL
10.00–30.00

LAB RANGE
3.00–70.00

EXCEPTIONAL

OPTIMALLAB RANGEYOU

WHAT IT DOES

GGT is the liver's early-warning enzyme. It is usually the first to rise when the liver is dealing with a heavy chemical load, whether that is alcohol, medications or environmental exposure, often long before any other liver marker moves.

YOUR STATUS & STORY

20.00 IU/L. That is dead centre of our optimal band of 10.00–30.00 and far inside the lab range of 3.00–70.00. On your entire panel this is one of the very few markers sitting at essentially zero deviation from ideal. It is worth pausing on, because you open bar programs for a living and are around alcohol constantly, and your most exposure-sensitive liver marker has not budged. It also tends to move with your body's glutathione supply, and yours measured 270 ug/mL against an optimal range of 176–323, so the two agree.

DIRECT ACTION

No action needed. Whatever you are doing here, keep doing it.

Bottom line — Nothing in this section is contributing to your fatigue, which is worth saying plainly: your liver is one of the strongest chapters of your report.



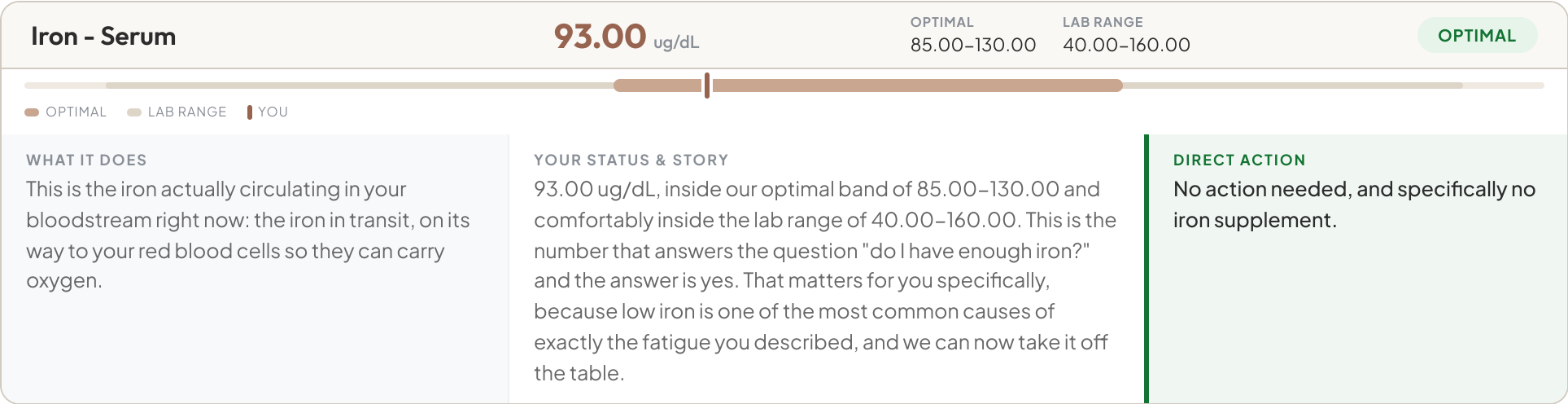
SECTION 6 OF 11 · IRON PANEL

IRON PANEL

Oxygen Transport & The Inflammation Signal

Example Patient, this section holds the number that is going to jump off the page at you, ferritin at 554, so let's be direct about what it actually means. Every marker that measures the iron you are truly carrying and moving came back normal: you are not iron deficient, you are not iron overloaded, and you do not need an iron supplement. Ferritin does two completely different jobs in the body, and in your case it is doing the second one. It is reporting inflammation, not iron.

Iron Panel — the detail



Iron Panel (continued)

Ferritin

554.00 ng/mL

OPTIMAL
40.00–150.00

LAB RANGE
10.00–232.00

CRITICAL FINDING

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

Ferritin has two jobs, and that difference is the whole story here. Job one: it is your iron savings account, the iron your body holds in reserve. Job two: it is an inflammation protein. When there is inflammation anywhere in the body, the liver deliberately pumps out extra ferritin to lock iron away, because bacteria need iron to grow. So ferritin rises with inflammation whether or not you have any extra iron at all. It is essentially a smoke detector that happens to be bolted to the iron cupboard.

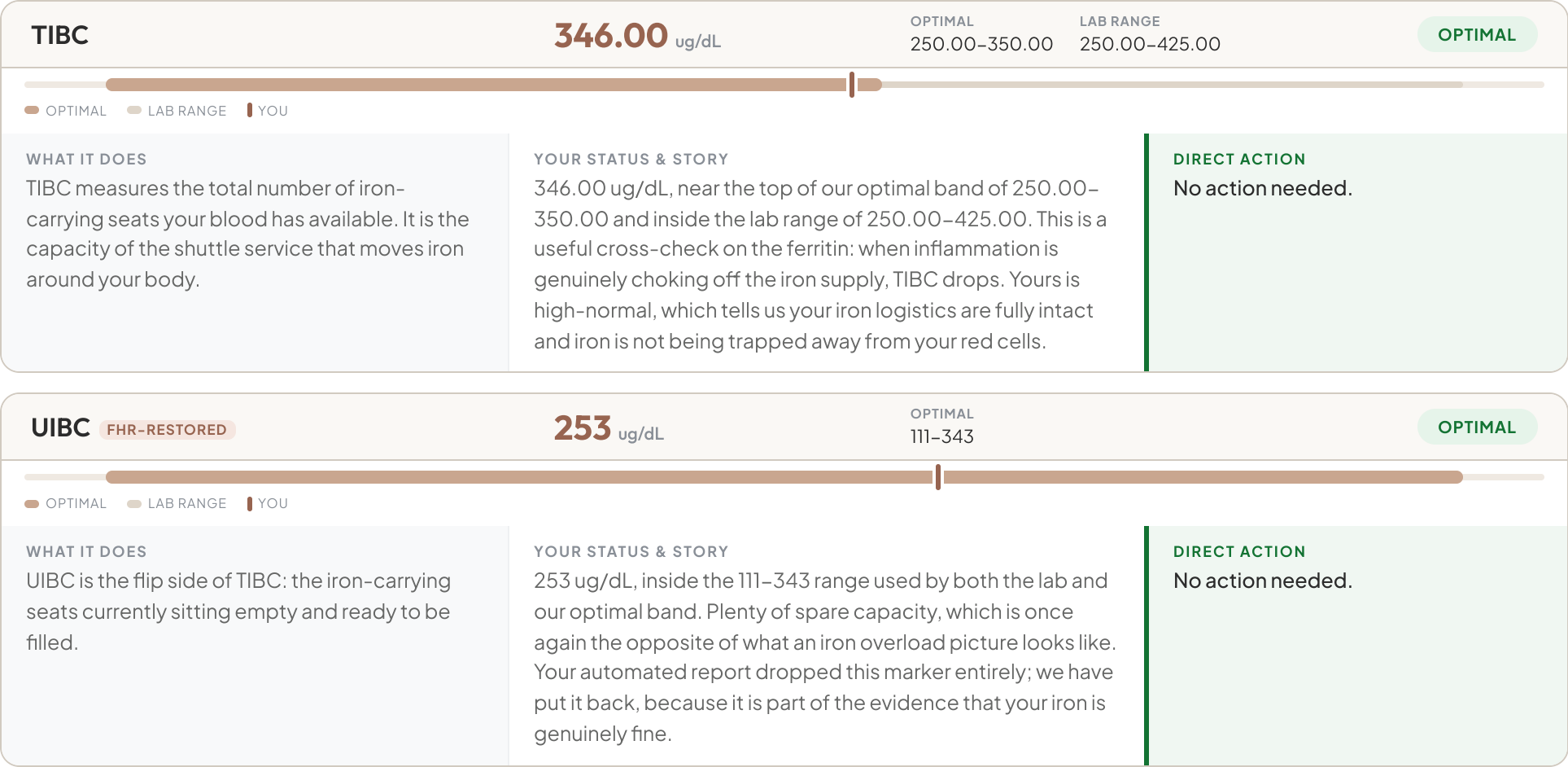
YOUR STATUS & STORY

554.00 ng/mL, against our optimal band of 40.00–150.00 and the lab range of 10.00–232.00. It is above both, and it is the farthest-from-optimal marker on your entire panel. Now the part that matters. Your serum iron (93.00), your TIBC (346.00) and your transferrin saturation (27.00%) are all sitting exactly where they should be. In genuine iron overload those move too: saturation climbs high and TIBC falls. Yours have not moved at all. So this is job two, not job one. Practitioner A ties it directly to your Crohn's. The surgery removed most of the inflamed bowel and you are in remission with no recent flares, but low-grade inflammation persists in the small intestine, and your body has been quietly reporting it. Two other numbers say the same thing from different angles: your monocytes, the clean-up crew, at 12.00%, and your homocysteine at 19.50. Worth knowing that your general inflammation marker, hs-CRP, is optimal at 0.49, which is good news and also tells us this is a specific, low-grade signal rather than a body-wide fire. Running low-grade inflammation costs energy every single day, and that is very likely part of why the tiredness has crept up year after year rather than arriving all at once.

DIRECT ACTION

The action here is not iron, it is calming the inflammation. That means the plan Practitioner A laid out: activated B vitamins (B-Vital Energy) to bring the homocysteine down, magnesium taken daily rather than sitting in the cupboard, vitamin D raised from 1,000 to 5,000 IU alongside vitamin K, leafy greens with fewer fried foods and refined sugars, more water at home, and real stress management. We recheck ferritin at your 6-month retest, because it is one of the clearest ways to see the plan working.

Iron Panel (continued)



Iron Panel *(continued)*

% Transferrin saturation

27.00 %

OPTIMAL
24.00–50.00

LAB RANGE
20.00–48.00

OPTIMAL

OPTIMAL LAB RANGE YOU

WHAT IT DOES

This is simply what percentage of those iron-carrying seats are actually occupied, or how full the shuttle is running.

YOUR STATUS & STORY

27.00%, inside our optimal band of 24.00–50.00% and inside the lab range of 20.00–48.00%. This is the first number a doctor looks at when they suspect true iron overload, because in that situation it climbs high. Yours is mid-range and unremarkable. Taken with your serum iron and your TIBC, it closes the case: the ferritin is an inflammation signal, full stop.

DIRECT ACTION

No action needed.

Bottom line —

If you take one thing from this section, take this: your iron is fine, and ferritin is now the single best number we have for tracking whether the inflammation plan is working.



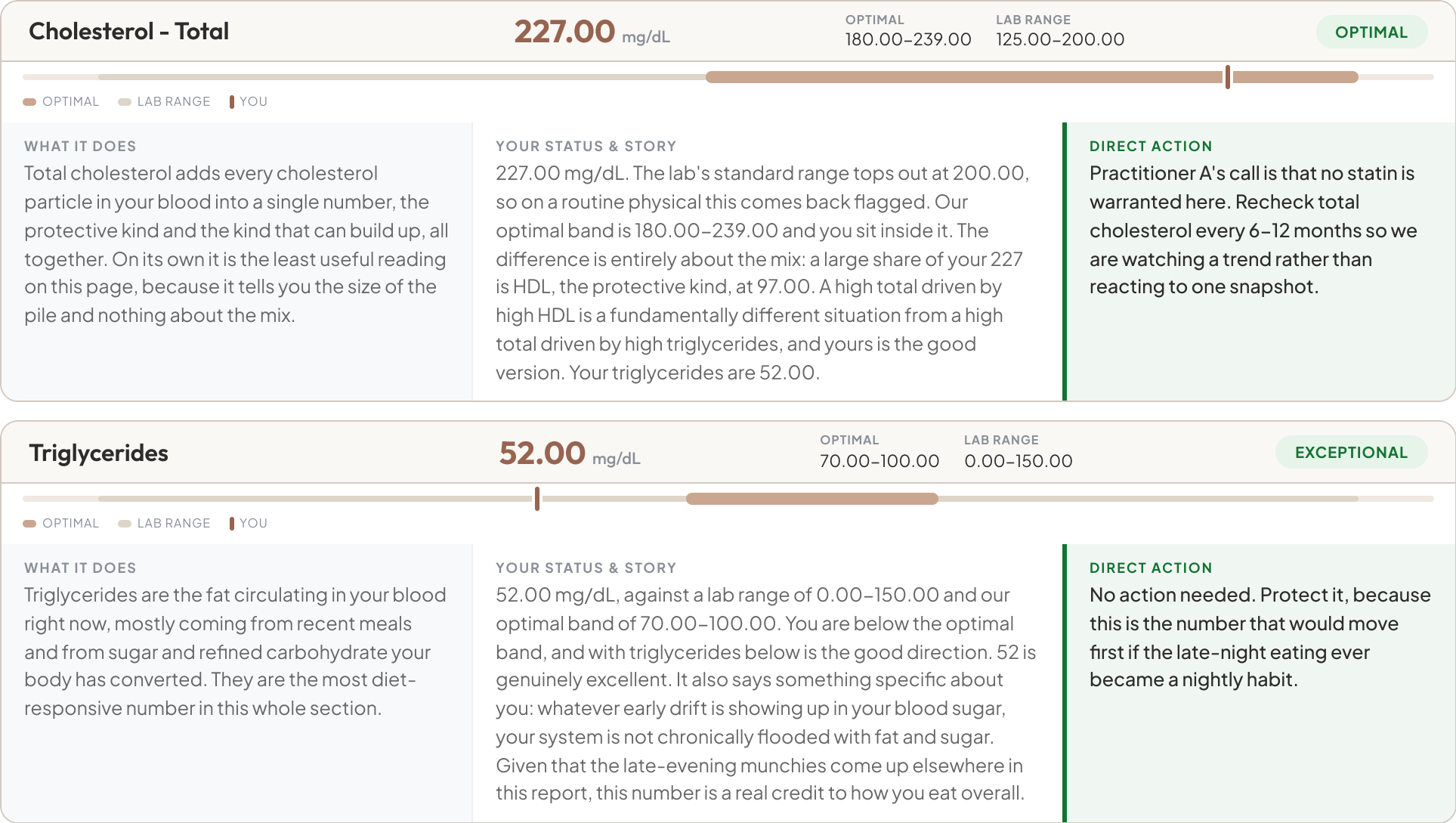
SECTION 7 OF 11 · LIPIDS & CARDIOVASCULAR RISK

LIPIDS & CARDIOVASCULAR RISK

Heart Health & Fat Metabolism

Example Patient, this is the strongest section in your report, and you earned it. You do not drive, you walk everywhere, and sustained daily walking is the most reliable way there is to build the protective side of your cholesterol. Two numbers here, total cholesterol at 227 and LDL at 121, sit above the lab's standard cut-offs and would come back flagged on a routine physical, so we want to be direct with you: Practitioner A reviewed them against everything underneath and does not think a statin is warranted here. The reason is what is carrying them, which is an exceptional HDL and two ratios that are among the best numbers on your whole panel.

Lipids & Cardiovascular Risk — the detail



Lipids & Cardiovascular Risk *(continued)*

LDL Cholesterol

121.00 mg/dL

OPTIMAL
65.00–130.00

LAB RANGE
0.00–100.00

OPTIMAL

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

LDL is the delivery truck. It carries cholesterol out to your tissues, which is a necessary job. It earned its bad reputation because when there is too much of it, or when inflammation damages it, it can deposit in artery walls.

YOUR STATUS & STORY

121.00 mg/dL. The lab's standard range is 0.00–100.00, so this sits above it, while our optimal band is 65.00–130.00, so it sits inside ours. LDL is best read in company, and yours is in excellent company: HDL at 97.00, triglycerides at 52.00, and a cholesterol/HDL ratio of 2.30. That combination is what tells us these particles are being cleared efficiently rather than lingering where they shouldn't.

DIRECT ACTION

No specific action for LDL itself. The one genuine cardiovascular item in your report is your homocysteine at 19.50, covered in the inflammation section, and bringing that down with activated B vitamins protects your artery walls far more than chasing this number would.

HDL Cholesterol

97.00 mg/dL

OPTIMAL
60.00–75.00

LAB RANGE
46.00–100.00

EXCEPTIONAL

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

HDL is the clean-up crew of the cholesterol world. It travels through the bloodstream collecting excess cholesterol off artery walls and hauling it back to the liver for disposal. More of it is protective.

YOUR STATUS & STORY

97.00 mg/dL. The lab range is 46.00–100.00, so you are inside it, and our optimal band is 60.00–75.00, which is the only reason this appears on a flagged list at all. We want to be completely clear: this is not a problem, it is one of the best HDL numbers we see. It is also the direct payoff of not owning a car. Eight hours a day on your feet plus walking everywhere in Los Angeles is exactly what builds this, and it is the number doing most of the work to make your total cholesterol of 227 a non-issue.

DIRECT ACTION

No action needed. Keep walking, because this is what the walking bought you.

Lipids & Cardiovascular Risk *(continued)*

VLDL Cholesterol

FHR-RESTORED

9

mg/dL

OPTIMAL

5–40

OPTIMAL

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

VLDL is a smaller relative of LDL that mainly ferries triglycerides out from the liver. It is usually calculated straight from your triglyceride number.

YOUR STATUS & STORY

9 mg/dL, against a range of 5–40 used by both the lab and our optimal band. Low, clean, and precisely what you would predict from triglycerides of 52.00. Your automated report left this one out, so we have restored it.

DIRECT ACTION

No action needed.

Cholesterol/HDL Ratio

2.30 ratio

OPTIMAL

0.00–3.00

LAB RANGE

0.00–5.00

OPTIMAL

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

This ratio asks what share of your total cholesterol is the protective kind. It has been used for decades as a better predictor of heart risk than total cholesterol on its own, for the simple reason that it accounts for the mix.

YOUR STATUS & STORY

2.30, against our optimal band of 0.00–3.00 and the lab range of 0.00–5.00. Comfortably inside both and on the strong side of inside. This is the clearest single answer to anyone who looks at your 227 in isolation and reaches for a prescription pad.

DIRECT ACTION

No action needed.

Lipids & Cardiovascular Risk *(continued)*

Triglyceride/HDL Ratio

0.53ratio

OPTIMAL0.00–2.00LAB RANGE0.00–3.30

EXCEPTIONAL

OPTIMALLAB RANGEYOU

WHAT IT DOES

This one is a quiet favourite among functional practitioners, and it is not really a cholesterol number at all. It is one of the best simple windows we have into how sensitive your cells still are to insulin.

YOUR STATUS & STORY

0.53, against our optimal band of 0.00–2.00 and the lab range of 0.00–3.30. Under 1.0 is considered strong, and you are at roughly half of that. This is meaningful for you specifically, because your fasting glucose (104.00) and insulin (5.20) show the early edges of blood sugar drift, and this ratio says the underlying machinery is still in very good shape. You are catching that drift early, from a strong starting position.

DIRECT ACTION

No action needed. This is a good one to watch next to your A1c at retest.

Bottom line — If you ever see the 227 flagged somewhere else, bring this section with you, because it is the context that number is missing on its own.



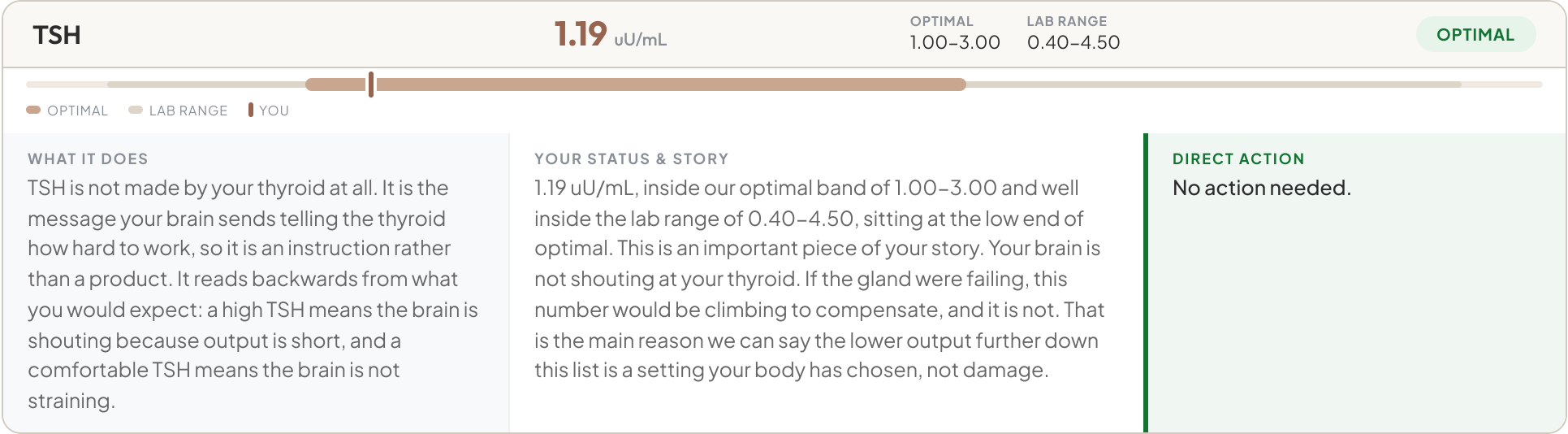
SECTION 8 OF 11 · THYROID FUNCTION

THYROID FUNCTION

Your Metabolic Engine

Example Patient, this section speaks most directly to what brought you in: fatigue that has worsened a little each year. Several of your thyroid numbers sit below our optimal band while staying inside the lab's normal range, which is exactly the kind of result a routine physical calls normal and moves straight past. The pattern is consistent and readable: your thyroid output is running on the low side, but your gland itself is not broken. Your body is easing off the throttle, not losing the engine.

Thyroid Function — the detail



Thyroid Function *(continued)*

Free T3

2.40 pg/ml

OPTIMAL
2.80–3.50

LAB RANGE
2.30–4.20

NEEDS ATTENTION

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

Free T3 is the active thyroid hormone, the one that actually reaches your cells and sets the pace of your metabolism. "Free" means unattached and available for use right now. If any number on this page connects to how you feel day to day, it is this one.

YOUR STATUS & STORY

2.40 pg/ml. The lab range is 2.30–4.20, so the lab still considers this normal, just barely. Our optimal band is 2.80–3.50 and you sit below it. This is the most relevant single number for the fatigue you described, and it is a large part of why we would gently push back on "it is just age and a demanding job." A low-normal free T3 is what a body does when it is managing ongoing inflammation: it deliberately dials metabolism down to conserve resources. Yours lines up precisely with the inflammation picture in your ferritin, your monocytes and your homocysteine.

DIRECT ACTION

This is not treated with a thyroid product first. Practitioner A's sequence is to address the inflammation and the nutrients that thyroid conversion depends on: activated B vitamins, magnesium taken daily, and vitamin D raised to 5,000 IU with vitamin K. Keep the ashwagandha, which supports thyroid function and is already helping your sleep. If the fatigue is still there at the 6-month retest, we revisit direct thyroid support then.

Total T3

80.00 ng/dL

OPTIMAL
90.00–168.00

LAB RANGE
76.00–181.00

NEEDS ATTENTION

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

Total T3 counts all of the active thyroid hormone in your blood, both the free portion and the portion currently attached to carrier proteins. It is the whole inventory rather than what is on the shelf ready to use.

YOUR STATUS & STORY

80.00 ng/dL, inside the lab range of 76.00–181.00 so the lab calls it normal, and below our optimal band of 90.00–168.00. It carries the same message as your free T3 from a different angle: there is less active hormone in circulation than we would like to see. Two independent numbers agreeing makes the reading far more trustworthy than either would be alone.

DIRECT ACTION

No separate action. This is covered by the same plan as your free T3.

Thyroid Function *(continued)*

Free T4		0.92 ng/dL	OPTIMAL 1.00–1.50	LAB RANGE 0.80–1.80	NEEDS ATTENTION
					
WHAT IT DOES T4 is the storage form of thyroid hormone, the raw material your thyroid makes in bulk and then converts into active T3 as needed. T4 is the fuel in the tank; T3 is the fuel actually burning.		YOUR STATUS & STORY 0.92 ng/dL, inside the lab range of 0.80–1.80 and below our optimal band of 1.00–1.50. This one matters because it tells us where the shortfall begins. Your active T3 is not low purely because conversion is struggling; the raw material coming out of the gland is on the lean side too. That is the output half of the story.		DIRECT ACTION No separate action. Covered by the same plan.	

Total T4		5.10 ug/dL	OPTIMAL 6.00–11.90	LAB RANGE 4.50–12.00	NEEDS ATTENTION
					
WHAT IT DOES Total T4 is the full inventory of the storage hormone, the bound and the unbound counted together.		YOUR STATUS & STORY 5.10 ug/dL, inside the lab range of 4.50–12.00 and below our optimal band of 6.00–11.90. Consistent with your free T4: the tank is on the low side of full. Nothing here is anywhere near a level the lab would be concerned about. It is a setting, not a failure.		DIRECT ACTION No separate action. Covered by the same plan.	

Thyroid Function *(continued)*

T3 Uptake

26.00 %

OPTIMAL
27.00–35.00

LAB RANGE
22.00–35.00

NEEDS ATTENTION

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

T3 uptake is not a hormone measurement at all. It is an indirect read on how many of your hormone carrier proteins are already occupied, and it exists mainly so it can be combined with your T4 to calculate the index further down this list.

YOUR STATUS & STORY

26.00%, just below our optimal band of 27.00–35.00% and inside the lab range of 22.00–35.00%. On its own this means very little, and we would not act on it in isolation. Its real value is as the second half of the free thyroxine index calculation below.

DIRECT ACTION

No action needed on its own.

Reverse T3

16.60 ng/dl

OPTIMAL
10.00–25.00

LAB RANGE
8.00–25.00

OPTIMAL

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

Reverse T3 is a mirror-image version of the active hormone. It fits the same receptors but does nothing once it is there, like a key that goes into the lock but will not turn. When the body wants to actively brake metabolism, it makes more of this.

YOUR STATUS & STORY

16.60 ng/dl, comfortably inside our optimal band of 10.00–25.00 and the lab range of 8.00–25.00. This is essentially a normal, centred result, and we are calling it out because it is genuinely good news and it rules something out. You do not have a reverse T3 brake. Some people with a low free T3 are being actively blocked; you are not. Your lower thyroid output is a supply-side story, and supply is the simpler thing to move.

DIRECT ACTION

No action needed.

Thyroid Function *(continued)*

Free Thyroxine Index (T7)

1.30 Index

OPTIMAL
1.70–4.60

LAB RANGE
1.40–3.80

NEEDS ATTENTION

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

The free thyroxine index combines your total T4 with your T3 uptake to estimate how much thyroid hormone is truly available to your tissues, correcting for the carrier proteins. It is a summary calculation rather than a new measurement.

YOUR STATUS & STORY

1.30, below our optimal band of 1.70–4.60 and also below the lab's range of 1.40–3.80. This is the only thyroid marker of yours that falls below both ranges, which is exactly why it is worth calling out: it is the clearest single confirmation that your available thyroid hormone is genuinely on the low side rather than one test reading oddly. It is a statement about output, not about disease.

DIRECT ACTION

No separate action. This is the summary of the picture the plan above is aimed at.

Thyroid Peroxidase (TPO) Abs

30.00 IU/ml

OPTIMAL
0.00–34.00

OPTIMAL

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

This test looks for antibodies, which are immune proteins that would show your immune system is attacking your own thyroid gland. It is the test that identifies Hashimoto's, by far the most common reason a thyroid underperforms.

YOUR STATUS & STORY

30.00 IU/ml, inside the 0.00–34.00 range used by both the lab and our optimal band. This is real reassurance and probably the most important "no" in the whole section: there is no sign of autoimmune thyroid disease. Given that your immune system is already occupied with the inflammation behind your Crohn's, ruling this out genuinely matters. It does sit on the higher side within range, so we will measure it again rather than assume it stays put.

DIRECT ACTION

No action needed now. Recheck at your 6-month retest.

Bottom line — The headline here is a good one: your thyroid is healthy, it is simply being asked to run quietly, and the plan is aimed squarely at removing the reasons why.



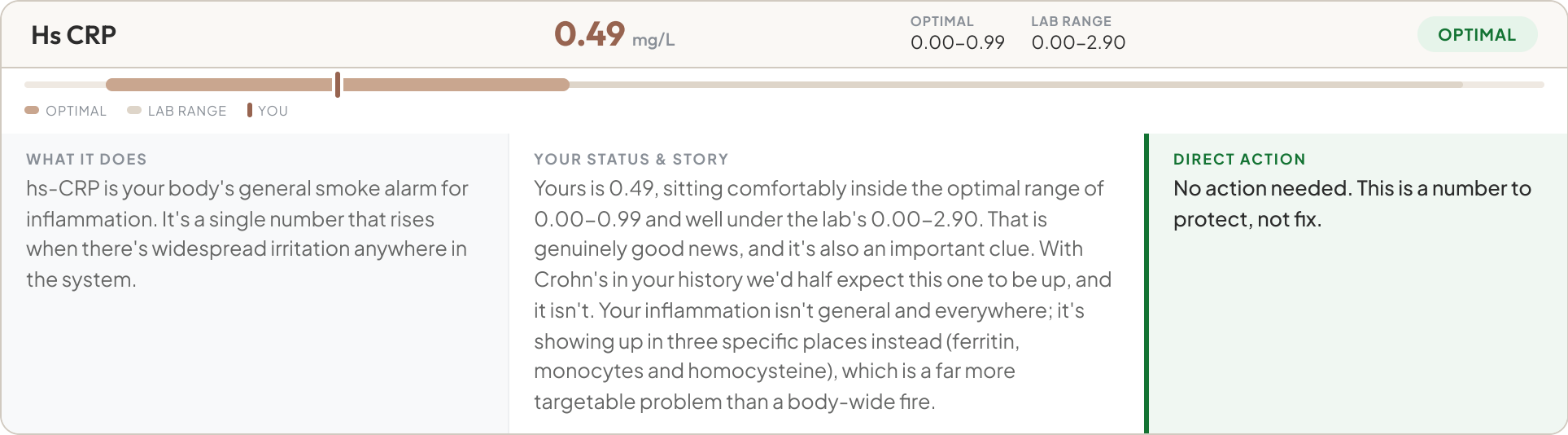
SECTION 9 OF 11 · INFLAMMATION, METHYLATION & VITAMINS

INFLAMMATION, METHYLATION & VITAMINS

Recovery, Repair & The Methylation Cycle

This section holds two of your biggest levers, and it opens with genuinely good news. Your general inflammation marker, hs-CRP, is optimal, which tells us your body is not sitting in a constant, body-wide fire. What we found instead is more specific and more fixable: a methylation cycle that has stalled at its final step, and a vitamin D level that 1,000 IU a day simply isn't reaching.

Inflammation, Methylation & Vitamins — the detail



Inflammation, Methylation & Vitamins *(continued)*

Homocysteine

19.50 umol/L

OPTIMAL

0.00–6.00

LAB RANGE

0.00–10.30

CRITICAL FINDING

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

Homocysteine is a leftover byproduct your body produces constantly and is supposed to recycle. Think of it as exhaust: a healthy engine burns it off cleanly, and B vitamins are the spark that does the burning. When the spark is missing, the exhaust backs up.

YOUR STATUS & STORY

Yours is 19.50, which is above the optimal range of 0.00–6.00 and above the lab's own range of 0.00–10.30 as well. That makes it the second-farthest-from-ideal number on your entire panel. Practitioner A's read is precise: your methylation cycle, the recycling process itself, is stuck at its very last step. Two things follow. Methylation sits upstream of how you make energy, so this is part of why your energy has been sliding a little more each year rather than that simply being age. And left high, homocysteine scrapes at the lining of your blood vessels and connective tissue over time. Practitioner A's phrase for it was that it 'turns your blood into sandpaper.' It's a real cardiovascular risk factor, and it happens to be one of the most correctable ones there is.

DIRECT ACTION

Start an ACTIVATED B complex: methylcobalamin B12, methylfolate B9 and P5P B6. That's the B-Vital Energy product in your plan, and Practitioner A called it very high priority. The word 'activated' is the whole point. Standard B vitamins are the inactive forms, and your body may not be converting them, which is the likely reason the B12 you already take hasn't moved this number. Pair it with the magnesium you own and the leafy greens in your plan, and we recheck this at your retest.

Sample Report 1 · Paath

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Inflammation, Methylation & Vitamins *(continued)*

Total Glutathione

FHR-RESTORED

270 ug/mL

OPTIMAL
176-323

OPTIMAL

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

Glutathione is your master antioxidant, the cleanup molecule your cells make to neutralize damage before it piles up. It's your body's own repair crew rather than something you eat.

YOUR STATUS & STORY

Yours is 270, sitting comfortably inside the 176-323 band used for both the optimal and the lab range. That matters more than it sounds: your cellular defense system is holding its own even with the background inflammation we found elsewhere. Worth noting that the automated report dropped this marker entirely. We restored it, because it's a real piece of reassurance you were owed.

DIRECT ACTION

No action needed. The leafy greens and clean-diet work in your plan are exactly what keeps this where it is.

Vitamin D (25-OH)

34.40 ng/ml

OPTIMAL
50.00-90.00

LAB RANGE
30.00-100.00

NEEDS ATTENTION

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

Vitamin D behaves less like a vitamin and more like a hormone. It's a master switch that your immune system, your energy production, your thyroid and your brain all read from.

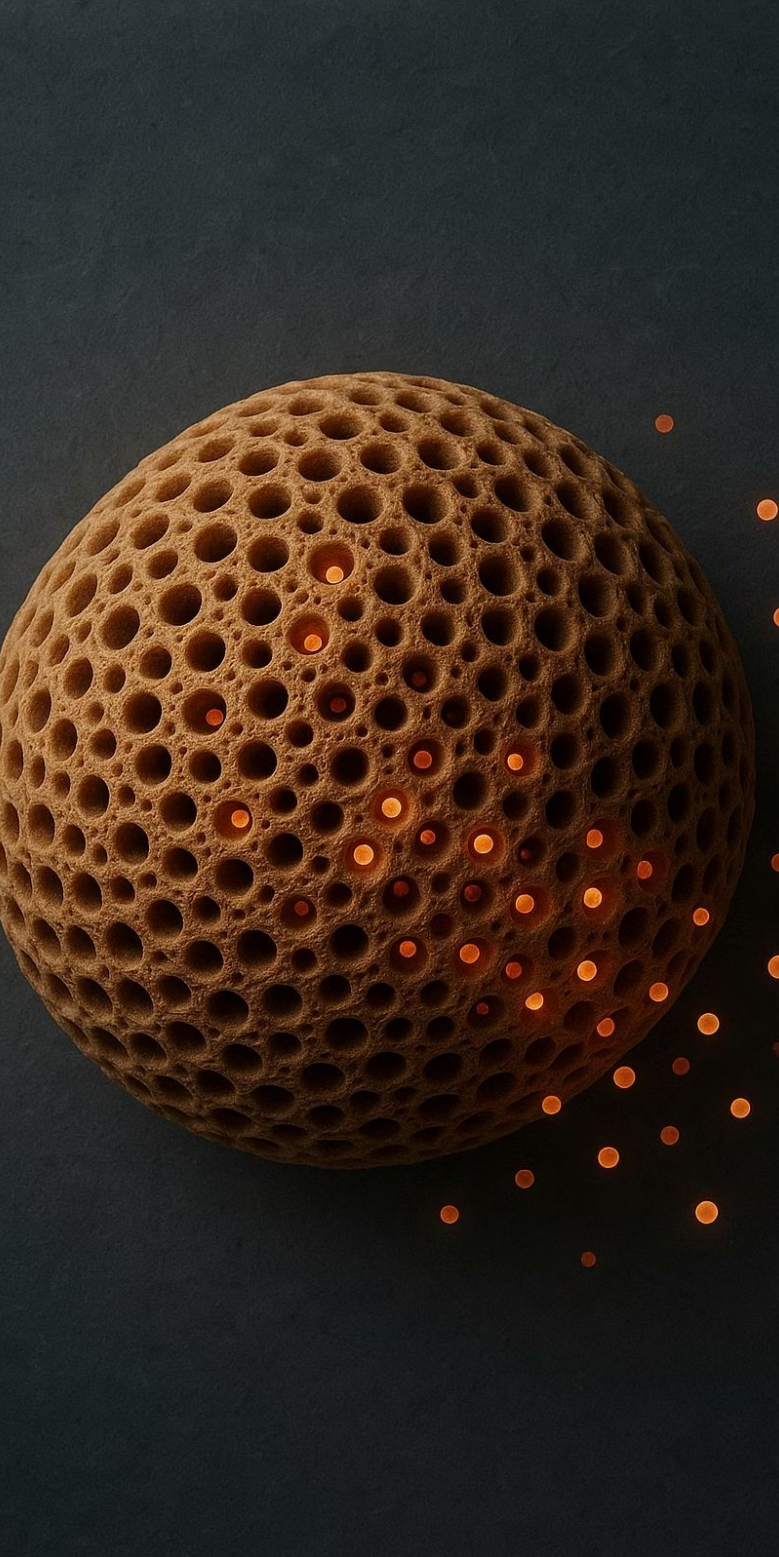
YOUR STATUS & STORY

Yours is 34.40. The lab still calls that normal, because its range runs 30.00-100.00, but you're barely over the bottom of that line and well below the optimal 50.00-90.00 we aim for. The reason is straightforward: you're taking 1,000 IU a day, and that's a maintenance dose, not a corrective one. Low D sits directly underneath three things already on your list, which is why it's worth fixing properly rather than nudging: the fatigue that's worsened each year, the low thyroid output we saw in the previous section, and how well your body handles inflammation.

DIRECT ACTION

Raise vitamin D from 1,000 to 5,000 IU per day and take it WITH vitamin K. That's the Strong Foundations product in your plan, and Practitioner A called it 'kind of a must.' The K matters because it directs calcium into bone rather than arteries, which ties back to your slightly raised calcium. Also start the magnesium you already own and aren't taking; it measurably improves how well you absorb the D.

Bottom line — Both of the things flagged here respond to the same two supplements already in your plan, which is why this is the highest-leverage page in your report.



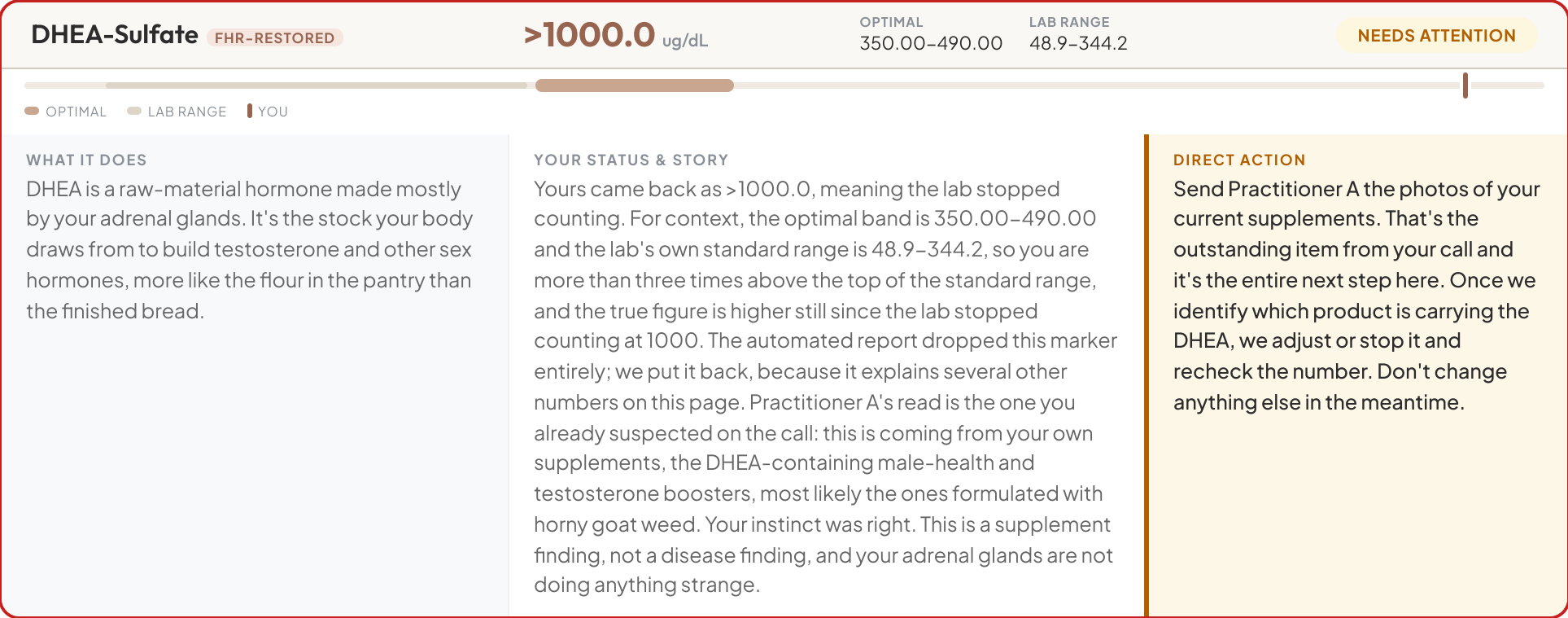
SECTION 10 OF 11 · HORMONES

HORMONES

Why Testosterone Is Bound Up

This section produced the single most surprising number on your panel, and you had already half-guessed the answer yourself. Your DHEA came back above 1,000, and the automated report simply deleted it rather than explain it. Practitioner A found the cause quickly, and it isn't a disease. It's sitting in your supplement cabinet.

Hormones — the detail



Hormones (continued)

Sex Hormone Binding Globulin (SHBG)		44.20 nmol/L	OPTIMAL 16.00–30.00	LAB RANGE 10.00–50.00	NEEDS ATTENTION
OPTIMAL LAB RANGE YOU					
WHAT IT DOES SHBG is the taxi service for your sex hormones, a protein that binds testosterone and carries it through the bloodstream. Hormones riding in a taxi are in transit; only the ones walking free can actually do work in your tissues.		YOUR STATUS & STORY Yours is 44.20, above the optimal 16.00–30.00 but still inside the lab's 10.00–50.00, so the lab considers it normal. This one isn't mysterious at all. When DHEA floods the system the way yours has, the body sends out more taxis to handle the traffic, so your SHBG is up because your DHEA is up. The practical side effect is that more of your testosterone is riding around bound rather than working.		DIRECT ACTION No separate action needed. Sort out the DHEA supplement and this follows it down on its own. We'll confirm that at your retest.	
Testosterone, Total		588.00 ng/dl	OPTIMAL 700.00–900.00	LAB RANGE 264.00–916.00	NEEDS ATTENTION
OPTIMAL LAB RANGE YOU					
WHAT IT DOES Total testosterone is the full amount circulating in your blood. Drive, muscle, recovery and a good share of your day-to-day energy all run on it.		YOUR STATUS & STORY Yours is 588.00, which sits comfortably inside the lab's wide 264.00–916.00 range but below the optimal 700.00–900.00 we aim for. Hold two things together here: the number itself is a little light, and with your SHBG raised, less of it is freely available than 588.00 makes it sound. There's a clear reason too. You walk everywhere and that walking is your exercise, which is exactly why your HDL is exceptional. Walking just doesn't send the particular signal that builds testosterone.		DIRECT ACTION Weight training three times a week. That is Practitioner A's actual prescription here, not a hormone product and not a booster. Resistance work is the specific signal that raises this number, and short sessions count. Resolving the DHEA supplement helps the freely available portion at the same time.	

Hormones (continued)

Estradiol		29.70 pg/ml	OPTIMAL 10.00–30.00	LAB RANGE 0.00–39.00	OPTIMAL
OPTIMAL LAB RANGE YOU					
WHAT IT DOES Estradiol is a form of estrogen that men make in small, necessary amounts. It protects bone, mood and heart tissue, so it's not a hormone men should have at zero.		YOUR STATUS & STORY Yours is 29.70, just inside the top of the optimal 10.00–30.00 and well within the lab's 0.00–39.00. Nothing here to treat.		DIRECT ACTION No action needed. Worth a second look at your retest once the DHEA is resolved, since DHEA is part of the raw material this gets built from.	
Progesterone		0.40 ng/ml	OPTIMAL 1.00–1.20	LAB RANGE 0.00–1.30	NEEDS ATTENTION
OPTIMAL LAB RANGE YOU					
WHAT IT DOES Men make small amounts of progesterone too, mostly as a calming, recovery-side signal. It's part of what helps the nervous system downshift at the end of a long day.		YOUR STATUS & STORY Yours is 0.40, under the optimal 1.00–1.20 but fully inside the lab's 0.00–1.30, so the lab considers it normal. For a man this is a low-signal marker and not something we treat on its own. Read gently, it fits your life: eight-hour days on your feet, stressful opens, dealing with the public. It may be nudging sleep quality slightly at the edges, which lines up with the sleep trouble you rated a 1 out of 3 before the ashwagandha started helping two weeks ago. Nothing more than that.		DIRECT ACTION No action needed. The stress management, the magnesium and continuing the ashwagandha, all already in your plan, are exactly what supports this side of things.	

Hormones *(continued)*

LH (Luteinizing Hormone) FHR-RESTORED

8.2 mlU/mL

OPTIMAL
1.7–8.6

OPTIMAL

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

LH is the message your brain sends telling your body to make testosterone. It's the order coming down the line, not the product itself.

YOUR STATUS & STORY

Yours is 8.2, inside the 1.7–8.6 range used for both scales and near the top of it. That's genuinely useful: your brain is sending the signal loudly and correctly, so the testosterone number above is not a signalling failure. The automated report dropped this marker; we restored it, because without it we couldn't tell you that.

DIRECT ACTION

No action needed.

FSH FHR-RESTORED

2.5 mlU/mL

OPTIMAL
1.5–12.4

OPTIMAL

OPTIMAL

LAB RANGE

YOU

WHAT IT DOES

FSH is the brain's other message down the same line, this one governing sperm production. Together with LH it shows whether the brain-to-gonad communication is intact.

YOUR STATUS & STORY

Yours is 2.5, well inside the 1.5–12.4 range used for both scales. Normal, and another marker the automated report dropped that we've put back.

DIRECT ACTION

No action needed.

Bottom line — Almost everything on this page traces back to one bottle, which is why your next step here is sending over those supplement photos rather than starting anything new.



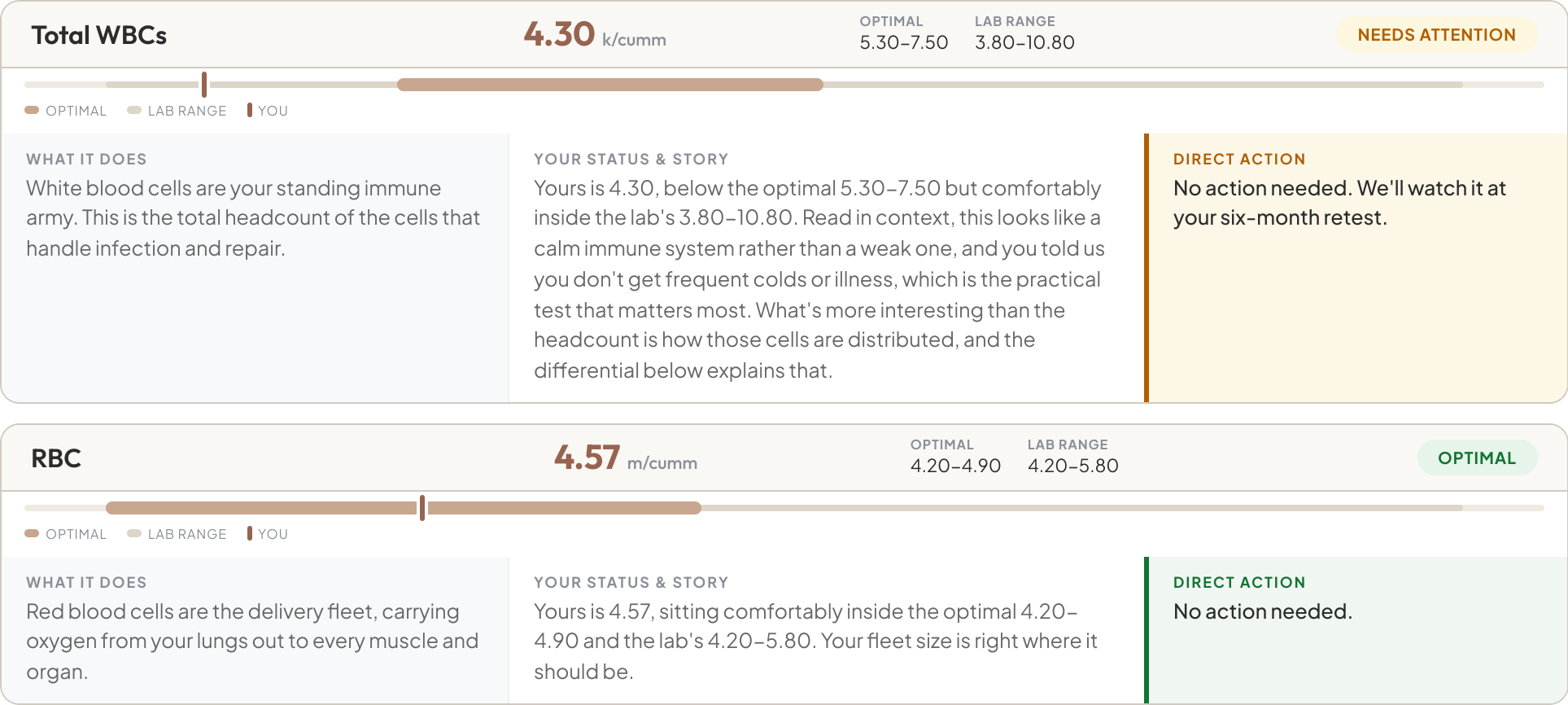
SECTION 11 OF 11 · COMPLETE BLOOD COUNT (CBC)

COMPLETE BLOOD COUNT (CBC)

Immune System & Oxygen Delivery

Your complete blood count is largely quiet, and that's worth saying plainly: red cells, oxygen-carrying capacity and platelets all check out. The one number that speaks up is in the white-cell breakdown at the bottom of this section. It's the third piece of the inflammation story that started with your ferritin.

Complete Blood Count (CBC) — the detail



Complete Blood Count (CBC) *(continued)*

Hemoglobin		13.80 g/dl	OPTIMAL 14.00–15.00	LAB RANGE 13.20–17.10	NEEDS ATTENTION
					
WHAT IT DOES Hemoglobin is the actual oxygen-carrying cargo inside each red cell. If the cells are the trucks, this is what's loaded into them.		YOUR STATUS & STORY Yours is 13.80, a hair under the optimal 14.00–15.00 and inside the lab's 13.20–17.10, so the lab calls it normal. One thing worth ruling out clearly: this is not iron deficiency. Your iron is 93.00, your TIBC is 346.00 and your transferrin saturation is 27.00%, all in good shape. So this is a very small dip with plenty of iron on hand, not a shortage.		DIRECT ACTION No action needed, and specifically no iron supplement. If anything moves this number, it's the activated B vitamins already in your plan.	

Hematocrit		41.70 %	OPTIMAL 40.00–48.00	LAB RANGE 38.50–50.00	OPTIMAL
					
WHAT IT DOES Hematocrit is the percentage of your blood made up of red cells, which is essentially how thick or thin the blood runs.		YOUR STATUS & STORY Yours is 41.70, inside both the optimal 40.00–48.00 and the lab's 38.50–50.00.		DIRECT ACTION No action needed.	

MCV		91.00 fL	OPTIMAL 85.00–92.00	LAB RANGE 80.00–100.00	OPTIMAL
					
WHAT IT DOES MCV is the average size of your red blood cells. Cells that run too large or too small point toward different nutrient gaps.		YOUR STATUS & STORY Yours is 91.00, inside the optimal 85.00–92.00 and the lab's 80.00–100.00. Normal size.		DIRECT ACTION No action needed.	

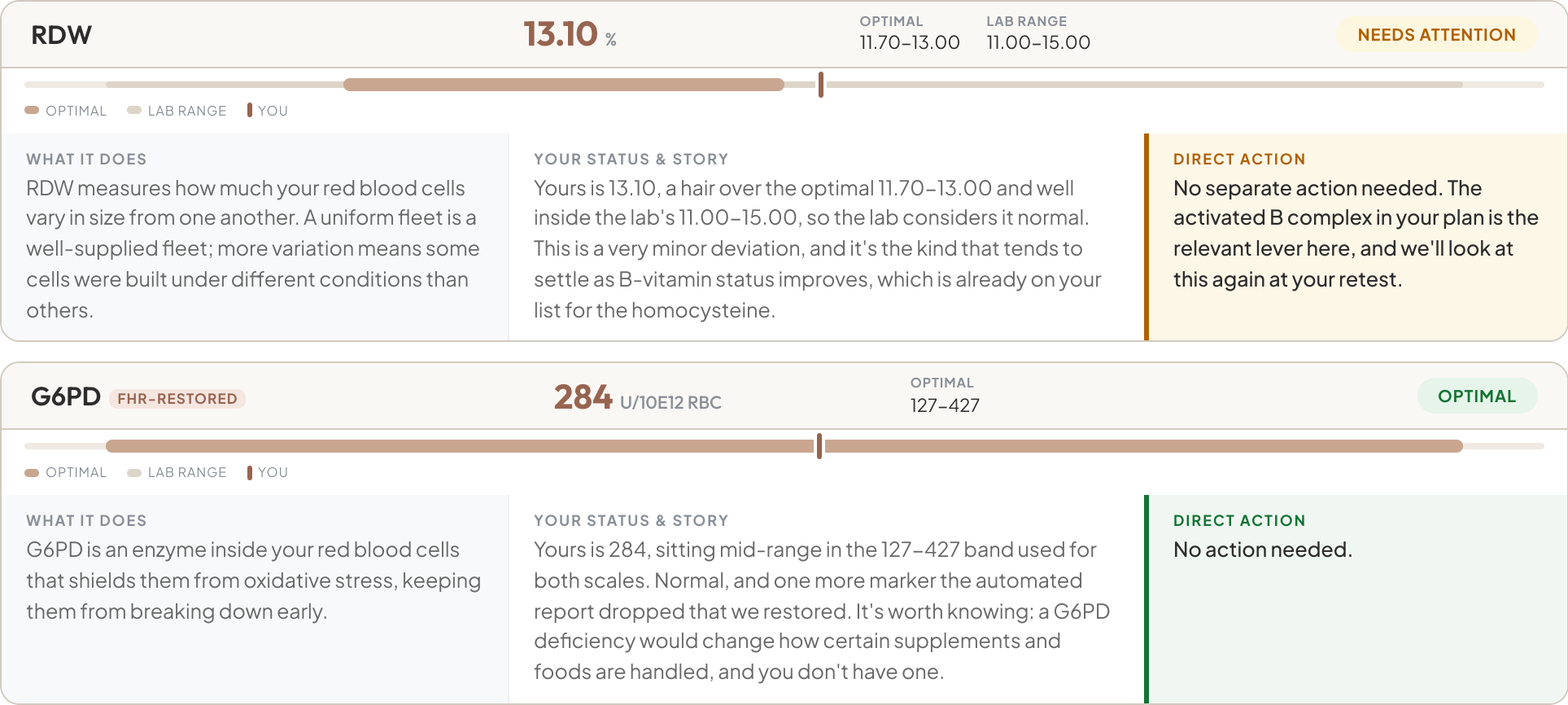
Complete Blood Count (CBC) (continued)

MCH	30.20 pg	OPTIMAL 27.00–31.90	LAB RANGE 27.00–33.00	OPTIMAL
				
WHAT IT DOES MCH is the average amount of hemoglobin packed into each individual red cell, or how full each truck is loaded.	YOUR STATUS & STORY Yours is 30.20, comfortably inside both the optimal 27.00–31.90 and the lab's 27.00–33.00.		DIRECT ACTION No action needed.	

MCHC	33.10 g/dL	OPTIMAL 32.00–35.00	LAB RANGE 32.00–36.00	OPTIMAL
				
WHAT IT DOES MCHC is how concentrated that hemoglobin is inside each cell, the density of the cargo rather than the raw amount.	YOUR STATUS & STORY Yours is 33.10, inside the optimal 32.00–35.00 and the lab's 32.00–36.00.		DIRECT ACTION No action needed.	

Platelets	292.00 k/cumm	OPTIMAL 150.00–400.00	LAB RANGE 140.00–400.00	OPTIMAL
				
WHAT IT DOES Platelets are the repair crew that plugs and seals damaged vessels. They're what makes a cut stop bleeding.	YOUR STATUS & STORY Yours is 292.00, sitting mid-range on both the optimal 150.00–400.00 and the lab's 140.00–400.00. That lines up with what you told us on the call: no easy bruising and no slow wound healing.		DIRECT ACTION No action needed.	

Complete Blood Count (CBC) *(continued)*



Complete Blood Count (CBC) *(continued)*

Your immune squads — all optimal

Monocytes came in at 12.00 against an optimal range of 0.00–7.00, which puts them above both the optimal and the standard range and 121% away from ideal. Monocytes are your clean-up crew: your body dispatches them specifically when there's inflammatory debris to clear, so a raised count means they've been called out and put to work. Sitting alongside your ferritin at 554.00 and your homocysteine at 19.50, this is the third leg of the same picture, and Practitioner A tied it directly to the low-grade inflammation still present in your small intestine from the Crohn's; your other four lines (neutrophils 54.00, lymphocytes 32.00, eosinophils 1.00, basophils 1.00) are all unremarkable.

Cell type	Current %	Absolute	Previous	Status
Neutrophils (first responders)	54.00%	–	N/A	OPTIMAL
Lymphocytes (adaptive immunity)	32.00%	–	N/A	OPTIMAL
Monocytes (the clean-up crew)	12.00%	–	N/A	OPTIMAL
Eosinophils (allergy response)	1.00%	–	N/A	OPTIMAL
Basophils (inflammatory signal)	1.00%	–	N/A	OPTIMAL

Bottom line — Nothing on this page needs treating on its own; the CBC is confirming from a different angle what your ferritin and homocysteine already told us.