



HEART HEALTH

Tests to consider for cardiovascular risk and prevention.
Your history and overall risk determine which tests are useful.

1 Core Lipids



Lipid panel

Total cholesterol, LDL-C, HDL-C and triglycerides.



Non-HDL cholesterol

Atherogenic cholesterol left after HDL-C is removed.



ApoB

Counts atherogenic particles; especially useful with high triglycerides, diabetes or metabolic risk.

2 Inherited & Additional Risk



Lipoprotein(a) / Lp(a)

Genetically influenced risk marker; many guidelines recommend measuring it at least once.



hs-CRP

A high-sensitivity inflammation marker that may refine cardiovascular risk in selected adults.



Blood pressure*

Important companion measure; not a laboratory test.

3 Context & Follow-up



HbA1c

Longer-term glucose context that helps assess cardiometabolic risk.



Creatinine / eGFR

Kidney function is part of overall cardiovascular risk assessment.



Triglycerides (focus)

Part of the lipid panel; follow closely when elevated.

Quick Takeaways



A standard lipid panel is the starting point for most people.



Lp(a) is usually a once-in-adulthood measurement, not a monthly test.



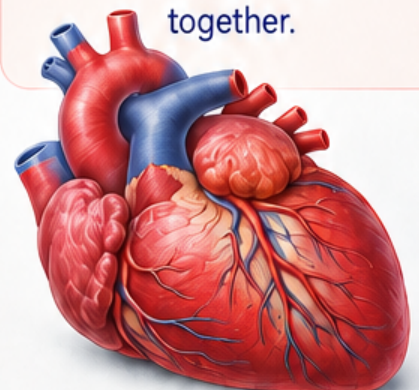
ApoB is selective—not a replacement for every standard lipid panel.



hs-CRP can be useful in context, but inflammation has many causes.



Trends, blood pressure, diabetes status and family history matter together.



Know Your Heart
Choose Better Data



GLP-1 & METABOLIC HEALTH

Tests to consider for weight loss and metabolic health, including during GLP-1 treatment.

1 Glucose & Insulin



HbA1c (A1C)

Average blood sugar over about three months.



Fasting glucose

Blood sugar after an overnight fast.



C-peptide

Estimates the body's own insulin production; useful when diabetes type or insulin deficiency is unclear.



Fasting insulin

Adds context about insulin resistance when clinically relevant.

2 Kidney, Liver & Lipids



Creatinine / eGFR

Creatinine helps estimate kidney filtration.



Electrolytes

Sodium, potassium and related fluid-balance markers.



ALT / AST

Liver enzymes; interpreted alongside your history.



Lipid panel

Cholesterol and triglycerides; tracks cardiometabolic risk.

3 Additional Tests When Relevant



Urine albumin / UACR

Helps screen for kidney involvement in diabetes or hypertension.



CBC

Blood cell counts; useful when anemia or fatigue is a concern.



TSH

Thyroid screening when symptoms or history suggest it.



Vitamin B12

Consider with low intake, symptoms or metformin use.

Quick Takeaways



This is not a required panel for every GLP-1 user.



A1C tracks longer-term glucose; fasting glucose is one snapshot.



A CMP bundles glucose, kidney markers, electrolytes and liver tests.



Kidney function deserves attention after significant vomiting, diarrhea or dehydration.



Extra tests depend on symptoms, medications and risk factors.



Understand Your
Metabolic Health



LIVER & KIDNEY HEALTH

Tests that help track filtration, liver injury patterns and fluid balance.

1 Kidney Function



Creatinine / eGFR

Estimates how well the kidneys filter blood.



Urine albumin / UACR

Detects albumin leakage; important in diabetes and hypertension.



BUN

A waste marker interpreted with creatinine and hydration status.



Cystatin C

Alternative filtration marker when creatinine may be misleading.

2 Liver Function



ALT / AST

Enzymes that can rise with liver-cell injury.



Alkaline phosphatase / ALP

Helps identify a bile-duct or cholestatic pattern.



Bilirubin

Reflects processing and excretion of heme pigments.



Albumin

A protein made by the liver; one part of synthetic-function context.

3 When Results Are Abnormal



GGT

Helps interpret an elevated ALP in the right clinical context.



CBC / platelets

Platelets can add context when liver disease is suspected.



PT/INR

Considered when impaired liver synthetic function is a concern.



Iron studies / hepatitis tests

Follow-up testing depends on the pattern and history.

Quick Takeaways



eGFR and UACR are the two key CKD markers.



Creatinine is influenced by muscle mass and hydration.



ALT, AST, ALP and bilirubin are interpreted as a pattern.



Repeat an unexpected abnormal result and review medicines, alcohol and illness.



Persistent or significant abnormalities need clinician follow-up.





INFLAMMATION & IMMUNE HEALTH

Markers that can add context when inflammation, infection or immune disease is suspected.

1 General Inflammation



hs-CRP / CRP

Measures a blood protein that rises with inflammation.



ESR

A nonspecific marker that can support an inflammation workup.



CBC with differential

Blood-cell counts can show anemia or immune-cell changes.



Ferritin

An iron-storage marker that also rises as an acute-phase reactant.

2 Follow-up When Indicated



Iron studies

Helps distinguish iron deficiency from inflammation-related changes.



Fibrinogen

A clotting protein that can rise during inflammation.



Liver and kidney panel

Organ-function context can help explain abnormal markers.

3 Specialty / Disease-Directed Tests



ANA

Considered when symptoms suggest connective-tissue autoimmune disease.



RF / anti-CCP

Considered when inflammatory arthritis is suspected.



Complement (C3/C4)

Ordered selectively in specific autoimmune evaluations.



IgG / targeted antibodies

Ordered based on the suspected condition.

Quick Takeaways



CRP and ESR are nonspecific; they do not identify a cause by themselves.



A single elevated marker is a reason for context, not a diagnosis.



Ferritin can reflect iron stores and inflammation.

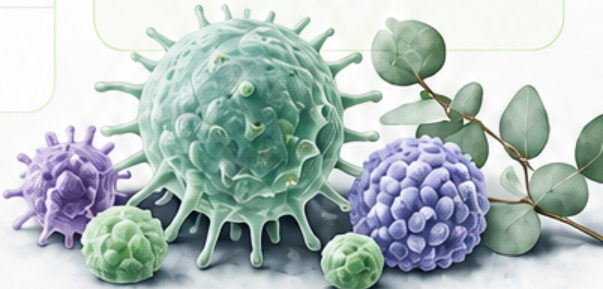


Autoimmune tests work best when symptoms guide the selection.



Repeat or expand testing when the clinical picture calls for it.

*Read the Pattern
Not One Number*





HORMONES & TRT

Common laboratory markers considered before and during testosterone replacement therapy.

1 Core TRT Monitoring



Total testosterone

Confirms the level being treated; measure consistently for trend comparison.



Free testosterone

Adds context when total testosterone and symptoms do not match.



Hemoglobin / hematocrit

Screens for an increase in red-cell concentration.



PSA

Prostate-risk baseline and follow-up according to age, risk and clinician guidance.

2 Pituitary & Sex-Hormone Context



LH and FSH

Help distinguish testicular from pituitary causes before therapy.



Estradiol (E2)

Consider when symptoms or treatment context make it clinically relevant.



SHBG

Helps interpret total versus free testosterone.



Prolactin

Consider with low testosterone and low or low-normal LH.

3 Thyroid & Related Context



TSH

Primary thyroid screening test when symptoms or history suggest it.



Free T4

Often paired with TSH to assess thyroid function.



Comprehensive metabolic panel

General liver, kidney and electrolyte context.



Lipid panel

Tracks cholesterol and triglyceride changes over time.

Quick Takeaways



Testosterone should be interpreted with symptoms, timing and repeat measurements.



Hematocrit is a key safety marker during TRT monitoring.



LH and FSH are most informative before starting therapy.



Estradiol is not automatically a required test for every person.



PSA decisions depend on age, risk and shared clinical decision-making.

Track the Pattern
Stay Informed

