

Your Data, Turned Into Clear Priorities.

Patient: REDACTED Age: 33 Reviewed by: John Zheng, DO Date: September 2026

DATA REVIEWED

BMI	26.1	Waist	36 in	BP	128/82
A1c	5.7%	Fasting glucose	101 mg/dL	Triglycerides	156 mg/dL
LDL-C	132 mg/dL	HDL-C	44 mg/dL	Non-HDL-C	163 mg/dL
Steps	~6,200/day	Exercise	~2x/week	Sleep	~6h 35m/night

YOUR 3 MOST IMPORTANT TAKE-HOME POINTS

1. There are early signs of impaired metabolic health.	A1c 5.7%, fasting glucose 101 mg/dL, mildly elevated triglycerides, blood pressure, and lipids form a pattern that is more meaningful together than any single number. At age 33, this is an opportunity to intervene before these trends progress.
2. Your cardiovascular risk deserves attention even though you are young.	LDL-C 132 mg/dL and non-HDL-C 163 mg/dL are higher than ideal. Together with triglycerides and glucose, this raises the possibility that insulin resistance, nutrition, body composition, genetics, or several factors may be contributing.
3. Your current lifestyle gives us several high-impact opportunities.	Approximately 6,200 steps/day, exercise twice weekly, and less than seven hours of sleep leave meaningful room for improvement. The goal is sustainable change that measurably improves these markers.

3 ACTIONS TO TAKE NOW

1. Increase daily movement.
Progress from ~6,200 toward 8,000+ steps/day. Start with a 10-15 minute walk after one or two meals and work toward at least 150 minutes/week of moderate-intensity activity.
2. Strength train 2-3 times per week.
Prioritize full-body resistance training with progressive overload. Building and maintaining skeletal muscle supports glucose disposal, insulin sensitivity, body composition, and long-term metabolic health.
3. Improve food quality and reassess.
Emphasize vegetables, fruit, legumes, minimally processed whole grains, nuts, lean protein, and unsaturated fats. Reduce sugary beverages, refined carbohydrates, and highly processed foods. Repeat fasting lipids and A1c in ~3 months.

WHY THESE CHANGES MATTER

A1c is a trend, not just a number.	A1c estimates average glucose exposure over the preceding several months. A value of 5.7% is at the lower threshold commonly used for prediabetes. Finding this early creates an opportunity to change the trajectory before diabetes develops.
Muscle and movement are metabolic tools.	Physical activity increases glucose utilization, and skeletal muscle is a major site for glucose disposal. Aerobic activity and resistance training therefore play complementary roles in improving metabolic health.
Your cholesterol numbers need context.	LDL-C is useful but incomplete. Non-HDL-C captures cholesterol in multiple atherogenic lipoproteins. Triglycerides, glucose, blood pressure, waist circumference, family history, and other factors help complete the cardiovascular risk picture.

EVIDENCE BEHIND THE RECOMMENDATIONS

The Diabetes Prevention Program demonstrated that intensive lifestyle intervention can substantially reduce progression to type 2 diabetes in people at elevated metabolic risk. Current American Diabetes Association guidance emphasizes nutrition, weight management when appropriate, and regular physical activity - including approximately 150 minutes per week of moderate-intensity exercise. The American Heart Association Life's Essential 8 similarly identifies physical activity, diet, sleep, weight, blood pressure, glucose, cholesterol, and nicotine exposure as major modifiable determinants of cardiovascular health.

WHAT I WOULD WANT TO UNDERSTAND NEXT

The data show what is happening. A more comprehensive medical analysis would focus on understanding why it is happening.

Metabolic history Have weight or waist changed over 5-10 years? Are the glucose and lipid abnormalities new, stable, or worsening? Prior elevated A1c or fasting glucose?	Family and genetic risk Family history of diabetes, high cholesterol, hypertension, heart attack, stroke, or premature cardiovascular disease? At what ages?
Nutrition What does a real weekday and weekend of eating look like? Alcohol, added sugar, refined carbohydrates, fiber, protein, saturated fat, restaurant meals, or late-night eating?	Exercise and daily activity What type and intensity of exercise are you doing? How sedentary is the workday? Has activity changed because of work, injury, or family responsibilities?
Sleep and recovery Why is sleep averaging ~6.5 hours - schedule, insomnia, stress, awakenings, snoring, or possible sleep apnea? Do you wake rested?	Medical contributors Could medications, supplements, nicotine, symptoms, endocrine conditions, or other medical issues influence glucose, lipids, blood pressure, appetite, or weight?
Targeted laboratory clarification Depending on the answers above, consider ApoB and Lp(a) for cardiovascular risk refinement and targeted testing for secondary contributors when clinically indicated.	

PHYSICIAN SUMMARY

Your current results represent an opportunity for prevention rather than inevitable disease. Several metabolic markers are beginning to move in an unfavorable direction, but they are being identified early. The immediate goal is to improve movement, structured exercise, nutrition, and sleep while determining why these abnormalities are developing at age 33. Repeating key markers after an appropriate intervention period will tell us whether we are successfully changing that trajectory.

Selected evidence: Diabetes Prevention Program Research Group, N Engl J Med. 2002;346:393-403. American Diabetes Association, Standards of Care in Diabetes - 2026. American Heart Association, Life's Essential 8. Recommendations should be individualized to the complete clinical history and treating physician's judgment.