MEN'S BIOCARE

BIOMEDICAL™ HEALTHCARE
CELLULAR HEALTHCARE
NEXT GENERATION HEALTHCARE

WEEKLY REPORT

# Your Cellular BioResponse Report

How your heart, metabolism, hormones, sleep, fitness, gut and DNA responded this week.

PREPARED FOR

**James Carter**

BMH-2026-0547 · 44 · Male

WEEK

**Monday 28 September to Sunday 4 October 2026**

Week ending Sunday 4 October 2026

Heart and metabolism | Sleep and recovery | Blood and hormones | Gut health | Body and fitness | Your DNA | Your plan

# Your week at a glance

Patient **James Carter** ID **BMH-2026-0547** **44 · Male** Programme **Men's BioCare** Doctor **Dr Dev Kulkarni**

**Your goal:** cut the fat around my middle, build strength and fitness, sleep better and lower my heart risk for the long term.

68
BIOSCORE

WEEK ENDING SUNDAY 4 OCTOBER 2026

## Your training is building strength and your statin has lowered LDL by 37%. Fat around the middle, insulin, liver and sleep breathing are the priorities, and alcohol links to all four.

**47**
BioAge · actual age 44

**-37%**
LDL since starting statin

12 AREAS THIS WEEK

ON TRACK · IMPROVING · WATCH · FOCUS AREA

| | | | |
|---|---|---|---|
| WATCH<br>**Heart and cholesterol**<br>**2.9**<br>LDL mmol/L; Lp(a) 105 | FOCUS AREA<br>**Blood pressure**<br>**136/86**<br>mmHg | FOCUS AREA<br>**Insulin and sugar**<br>**4.2**<br>HOMA-IR; HbA1c 39 | FOCUS AREA<br>**Visceral fat**<br>**13**<br>rating, aim below 10 |
| WATCH<br>**Testosterone**<br>**11.8**<br>nmol/L, low-normal | FOCUS AREA<br>**Liver**<br>**58**<br>ALT U/L; GGT 74 | FOCUS AREA<br>**Sleep and breathing**<br>**14**<br>oxygen dips an hour | FOCUS AREA<br>**Recovery**<br>**38**<br>HRV ms, low for age |
| IMPROVING<br>**Fitness**<br>**39.4**<br>VO2 max, was 37.9 | ON TRACK<br>**Strength**<br>**48 kg**<br>grip; 3 sessions a week | WATCH<br>**Gut health**<br>**3.6**<br>diversity; fibre 18 g | ON TRACK<br>**Kidney**<br>**98**<br>eGFR by cystatin C |

### What is working

- LDL down from 4.6 to 2.9 since starting atorvastatin
- VO2 max up from 37.9 to 39.4 in 8 weeks
- Three strength sessions every week; grip 48 kg

### Your focus for next week

- Alcohol down to 8 units, no drinks on weeknights
- No caffeine after 12:00; you are a slow caffeine metaboliser
- Book a sleep study to check the night-time oxygen dips

# Your heart, metabolism and performance

Is your body responding to your plan?

## Partly responding

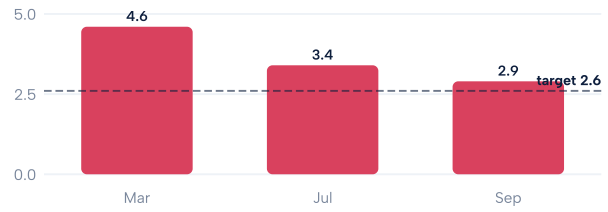
James trains hard and his fitness and strength are rising. Underneath, insulin resistance, a fatty liver pattern, raised Lp(a) and fat around the middle are building heart risk, and alcohol and poor sleep feed all of them.

| | | | |
|---|---|---|---|
| LDL cholesterol · IMPROVING<br>**2.9 mmol/L**<br>was 4.6 before statin<br>Blood lab | Lp(a) · FOCUS AREA<br>**105 nmol/L**<br>inherited; above 75<br>Blood lab | Blood pressure · FOCUS AREA<br>**136/86**<br>aim below 130/80<br>Bio Band | HOMA-IR · FOCUS AREA<br>**4.2**<br>below 2.0 is healthy<br>Blood lab |
| Waist · FOCUS AREA<br>**101 cm**<br>aim below 94 cm<br>Patient log | ALT · GGT · FOCUS AREA<br>**58 · 74**<br>liver; both raised<br>Blood lab | VO2 max · IMPROVING<br>**39.4**<br>good is 42 or more<br>Bio Band | Testosterone · WATCH<br>**11.8 nmol/L**<br>low-normal; free 0.21<br>Blood lab |

### LDL cholesterol

BLOOD LAB

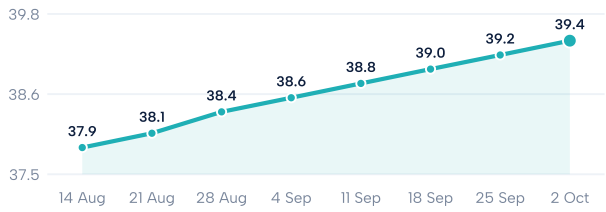
**2.9** mmol/L atorvastatin 10 mg since June




### VO2 max, 8 weeks

BIO BAND

**39.4** mL/kg/min was 37.9




IN PLAIN ENGLISH

In your 40s, the habits that build heart and metabolic risk are quiet: a few drinks, short sleep, long desk days. Your training is a strong foundation. The biggest gains now come from cutting alcohol, sleeping better and checking your breathing at night, which together will lower your insulin, liver enzymes, blood pressure and middle fat, and can lift testosterone.

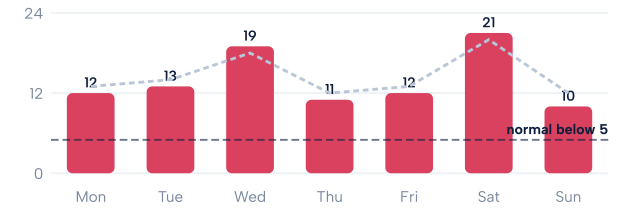
# Sleep, recovery and alcohol

Your Bio Band tracks oxygen, heart rate and HRV every night. Alcohol and late caffeine show up clearly in your sleep and recovery.

## Oxygen dips per hour

BIO BAND

**14** a night lowest SpO2 88%; under 5 is normal

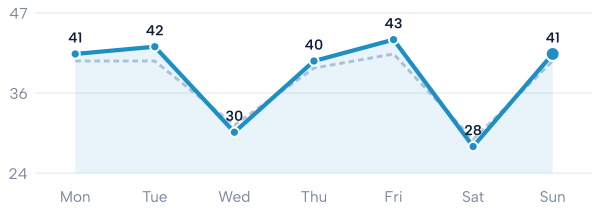



Highest on Wed and Sat: both nights with 4 or more drinks

## HRV

BIO BAND

**38** ms healthy for age 44 is about 45 or more




## What changes your night

| THIS WEEK | SLEEP | OXYGEN DIPS | HRV NEXT DAY |
|---|---|---|---|
| Nights after 4 or more drinks (2) | **5h 40m** | 20 an hour | 29 ms |
| Nights with caffeine after 15:00 (3) | **5h 55m** | 13 an hour | 37 ms |
| Alcohol-free nights before 23:00 (2) | **7h 05m** | 10 an hour | 42 ms |
| Your average | **6h 10m** | 14 an hour | 38 ms |

## Sleep breathing check

| | |
|---|---|
| **Snoring** | Partner reports most nights |
| **Oxygen dips** | 14 an hour, lowest 88% |
| **STOP-BANG score** | 5 of 8: high likelihood |
| **Daytime sleepiness** | Epworth 11 of 24 |
| **Next step** | Home sleep study with Dr Kulkarni |

## Stress and recovery

| | |
|---|---|
| **Stress (HRV based)** | 52 / 100 |
| **Resting heart rate** | 64 bpm |
| **Training load** | 3 strength, 1 run, 1 football |
| **Alcohol** | 18 units in 4 sessions |
| **Caffeine** | 4 coffees; 1 pre-workout |

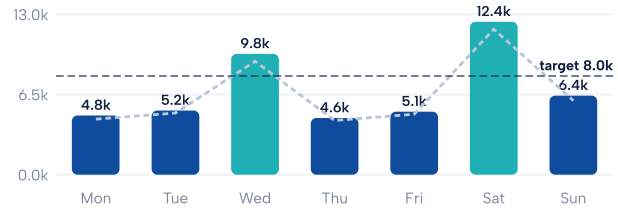
# Your trends: heart, activity and training

This week or latest period · Previous (dashed) · Target range

## Steps

BIO BAND

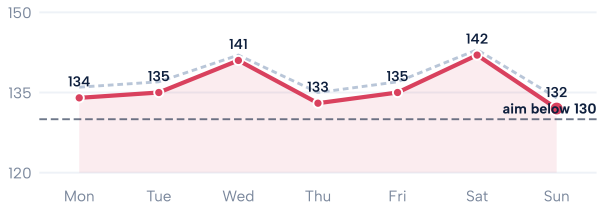
**6,900** a day desk days drop below 5,000




## Blood pressure (systolic)

BIO BAND

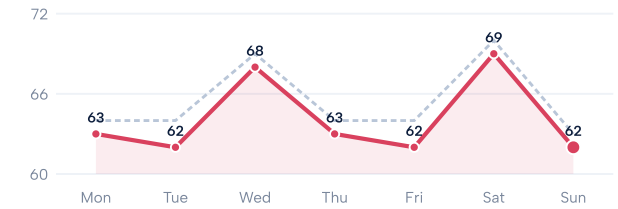
**136/86** mmHg last week 138/88




## Resting heart rate

BIO BAND

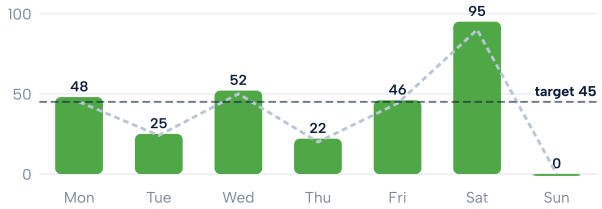
**64** bpm rises after drinking




## Active minutes

BIO BAND

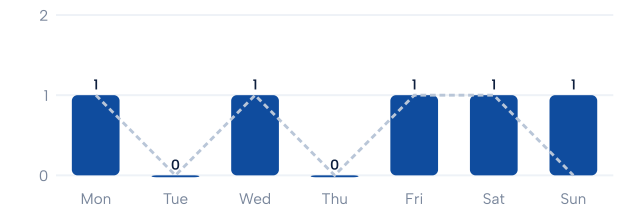
**41** min a day goal 45




## Training sessions

PATIENT LOG

**5** this week 3 strength, 1 run, 1 football

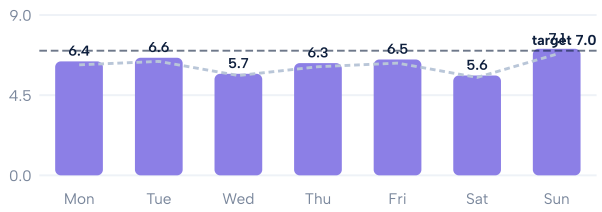



5 km run 29:40, down from 31:10 in August

## Sleep

BIO BAND

**6h 10m** goal 7 h



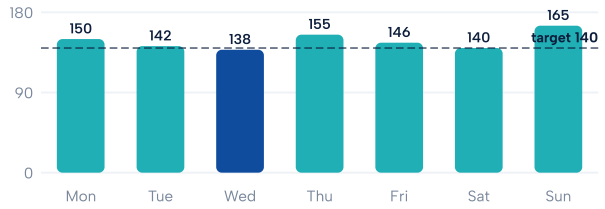
# Your trends: nutrition and body

This week or latest period · Previous (dashed) · Target range

## Protein

DIET DIARY

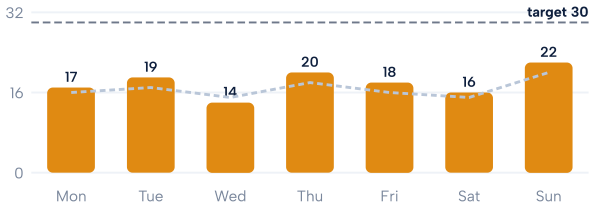
**148** g a day goal 140 g (1.5 g per kg)




## Fibre

DIET DIARY

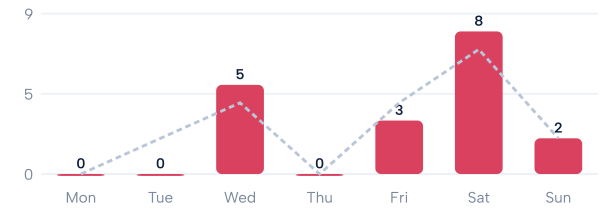
**18** g a day goal 30 g




## Alcohol

DIET DIARY

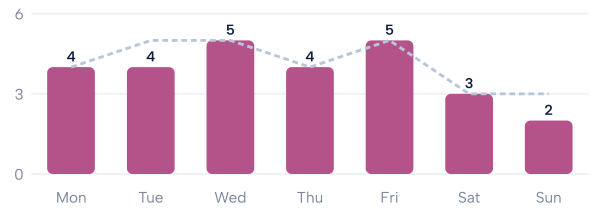
**18** units this week low-risk limit 14




## Caffeine

DIET DIARY

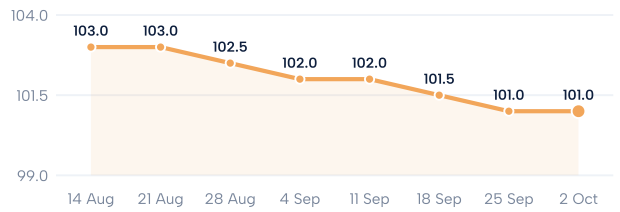
**4** drinks a day 3 days after 15:00




## Waist, 8 weeks

PATIENT LOG

**101** cm was 103 cm; aim below 94 cm




## Muscle and fat, 8 weeks

BIO SCALE

**63.8** kg muscle fat 24.8 kg, was 25.9 kg



# Your blood results

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| SAMPLE TAKEN | MARKERS | OUTSIDE RANGE |
|---|---|---|
| Tuesday 22 September 2026 | 36 | 12 |

Twelve results sit outside range, clustered around insulin, liver and inherited heart risk (Lp(a)). Creatinine is raised by creatine and muscle; cystatin C shows normal kidneys.

| MARKER | RESULT | RANGE | STATUS | CONNECTED TO |
|---|---|---|---|---|
| **HORMONES** | | | | |
| **Total testosterone**<br>low-normal; morning sample | **11.8** nmol/L | 8.6 to 29.0 | LOW-NORMAL | Hormones · Muscle · Sleep |
| **Free testosterone**<br>calculated | **0.21** nmol/L | 0.20 to 0.62 | LOW-NORMAL | Hormones |
| **SHBG** | **28** nmol/L | 18 to 54 | IN RANGE | Hormones · Metabolic |
| **LH** | **4.2** IU/L | 1.7 to 8.6 | IN RANGE | Hormones |
| **Oestradiol** | **112** pmol/L | 40 to 160 | IN RANGE | Hormones |
| **Prolactin** | **210** mIU/L | 86 to 324 | IN RANGE | Hormones |
| **Cortisol, 9 am** | **520** nmol/L | 170 to 540 | IN RANGE | Sleep |
| **TSH** | **1.8** mU/L | 0.27 to 4.2 | IN RANGE | Hormones |
| **HEART AND CHOLESTEROL** | | | | |
| **LDL cholesterol**<br>was 4.6 | **2.9** mmol/L | below 3.0 | IN RANGE | Heart · Medicines |
| **HDL cholesterol** | **1.0** mmol/L | above 1.0 | BORDERLINE | Heart · Fitness |
| **Triglycerides** | **2.3** mmol/L | below 1.7 | HIGH | Heart · Diet · Liver |
| **ApoB** | **0.92** g/L | below 1.0 | IN RANGE | Heart |
| **Lp(a)**<br>inherited; does not change with diet | **105** nmol/L | below 75 | HIGH | Heart |
| **hs-CRP** | **3.4** mg/L | below 1.0 is low risk | HIGH | Heart · Gut |
| **Homocysteine**<br>MTHFR variant | **14** µmol/L | below 15 | BORDERLINE | Heart · Diet |
| **SUGAR, INSULIN AND LIVER** | | | | |
| **HbA1c** | **39** mmol/mol | below 42 | IN RANGE | Metabolic |
| **Fasting insulin** | **18** mU/L | 2 to 10 | HIGH | Metabolic · Diet |
| **HOMA-IR** | **4.2** | below 2.0 | HIGH | Metabolic |
| **Uric acid**<br>alcohol and fructose | **452** µmol/L | 200 to 420 | HIGH | Metabolic · Diet · Kidney |
| **ALT** | **58** U/L | below 41 | HIGH | Liver · Metabolic |
| **GGT**<br>alcohol marker | **74** U/L | below 55 | HIGH | Liver |
| **AST** | **34** U/L | below 40 | IN RANGE | Liver · Muscle |
| **MUSCLE, KIDNEY AND BLOOD** | | | | |
| **Creatine kinase (CK)**<br>2 days after training; on statin | **420** U/L | 40 to 320 | HIGH | Muscle · Medicines |
| **Creatinine**<br>raised by creatine supplement | **118** µmol/L | 59 to 104 | HIGH | Kidney · Supplements |
| **eGFR (creatinine)**<br>underestimates in muscular men | **66** mL/min | above 60 | BORDERLINE | Kidney |
| **Cystatin C eGFR**<br>true kidney function | **98** mL/min | above 90 | IN RANGE | Kidney |
| **Haemoglobin** | **158** g/L | 130 to 170 | IN RANGE | |
| **Ferritin** | **310** µg/L | 30 to 400 | IN RANGE | Liver |
| **Vitamin B12**<br>on omeprazole | **260** ng/L | 197 to 771 | LOW-NORMAL | Medicines |
| **Vitamin D** | **72** nmol/L | 50 to 175 | IN RANGE | Bone · Supplements |
| **Magnesium** | **0.78** mmol/L | 0.70 to 1.00 | IN RANGE | Muscle |
| **PSA**<br>for discussion, not routine screening | **0.9** µg/L | below 2.5 at 40 to 49 | IN RANGE | |

Ranges are the laboratory's adult reference ranges. Results outside range are not a diagnosis; your doctor reviews every result with you.

# Your gut health

How is your gut handling your food, drink and medicines?

## Needs support

GUT TEST
**Wednesday 16 September 2026**

Your gut has plenty of protein reaching it but not enough fibre. That shifts the bacteria towards protein fermentation and away from butyrate, which protects the gut lining and helps insulin work. Alcohol and omeprazole add to this.

| Diversity | Butyrate producers | Protein fermentation | Calprotectin |
|---|---|---|---|
| ON TRACK | FOCUS AREA | FOCUS AREA | ON TRACK |
| **3.6** | **Low** | **High** | **34 µg/g** |
| healthy 3.5 or more | feed the gut lining | by-products from low fibre, high protein | below 50 is normal |

### Your gut bacteria

| | | |
|---|---|---|
| **Akkermansia muciniphila** | linked to visceral fat and insulin resistance | LOWER |
| **Faecalibacterium prausnitzii** | main butyrate maker | LOWER |
| **Bilophila wadsworthia** | grows on high saturated fat and alcohol | HIGHER |
| **Streptococcus (oral type)** | more reach the gut on omeprazole | HIGHER |
| **Bifidobacterium** | fibre digestion and immunity | NORMAL |

### How your gut links to the rest of you

**Omeprazole**
Lower stomach acid lets mouth bacteria through and can lower B12 (260, low-normal).

**Ibuprofen after sport**
Used 3 times this week; can irritate the stomach and gut lining.

**Alcohol**
18 units; lowers diversity and feeds Bilophila, and raises liver enzymes.

**Fibre**
18 g against 30 g; more fibre feeds butyrate makers and helps insulin.

**Creatine and whey**
No gut issues reported; whey adds protein that fibre needs to balance.

IN PLAIN ENGLISH

Think of fibre as food for your gut bacteria. Your plate is rich in protein but light on plants, so the helpful bacteria go hungry. Adding oats, beans, lentils, vegetables and a handful of berries each day, and cutting weekday alcohol, will help your gut, your insulin and your liver together.

# Your medicines and supplements

James takes two prescribed medicines, one over-the-counter painkiller and five supplements. Here is how each links to his gut, nutrients, muscle and performance.

| MEDICINE | YOUR GUT | NUTRIENTS | MUSCLE AND BONE | TIMING TIP |
|---|---|---|---|---|
| **Atorvastatin**<br>10 mg nightly · since June<br>LDL 4.6 and Lp(a) 105 | | Can lower CoQ10; vitamin D supports muscle tolerance | CK 420 two days after training; no aches reported | Evening |
| **Omeprazole**<br>20 mg daily · 2 years<br>Reflux | Less acid; more mouth bacteria in the gut | Can lower B12 and magnesium | Long-term use linked to lower bone density | 30 minutes before breakfast |
| **Ibuprofen**<br>400 mg after sport · 3 times<br>Knee and back aches | Can irritate stomach and gut lining, more so with alcohol | | May blunt muscle recovery signals | With food; paracetamol is a gentler option |
| **Creatine monohydrate**<br>5 g daily<br>Strength and power | Well tolerated | | Supports strength and muscle | Any time with water |
| **Whey protein**<br>30 g after training<br>Muscle recovery | Fine; balance with fibre | Adds 24 g protein | Supports muscle repair | Within 2 hours of training |
| **Vitamin D3**<br>2,000 IU daily<br>Bone, muscle, immunity | | Blood level 72, in range | Supports muscle and statin tolerance | With a meal |
| **Omega-3**<br>2 g daily<br>Heart and joints | | | May lower triglycerides (2.3) | With a meal |
| **Pre-workout (caffeine 200 mg)**<br>Before evening sessions · 2 times<br>Energy | Can loosen the gut | | | Not after 12:00; slow caffeine metaboliser |

Examples of how each medicine can interact with your gut, nutrients, muscle and bone. Never stop or change a medicine without speaking to your doctor or pharmacist.

# How your medicines connect

## Medicine, nutrient and gut map

| | LDL | Liver | Kidney test | B12 | Magnesium | Gut | Muscle | BP | Sleep |
|---|---|---|---|---|---|---|---|---|---|
| **Atorvastatin** | ✓ | ? | | | | | ? | | |
| **Omeprazole** | | | | ! | ! | ! | | | |
| **Ibuprofen** | | | ! | | | ! | | ! | |
| **Creatine monohydrate** | | | ? | | | | ✓ | | |
| **Whey protein** | | | | | | | ✓ | | |
| **Vitamin D3** | | | | | | | ✓ | | |
| **Omega-3** | ? | | | | | | | | |
| **Pre-workout** | | | | | | | | ! | ! |

! can lower or disturb ✓ supports ? worth checking

## James's daily routine

| | |
|---|---|
| **06:45** | Omeprazole, then breakfast with vitamin D3 and omega-3 |
| **Before 12:00** | Last coffee; pre-workout only for morning sessions |
| **After training** | Whey protein and creatine with water |
| **As needed** | Paracetamol before ibuprofen; ibuprofen only with food |
| **21:30** | Atorvastatin |
| **22:45** | Screens off; lights out by 23:00 |

## For your doctor and pharmacist

- Statin working (LDL 4.6 to 2.9); CK 420 sampled 2 days after a heavy session with no symptoms: consider a rested recheck.
- Creatinine 118 with eGFR 66 is explained by creatine and muscle; cystatin C eGFR 98 is normal.
- Omeprazole for 2 years with B12 at 260: consider whether still needed and recheck B12.
- Ibuprofen 3 times a week with BP 136/86 and alcohol: suggest paracetamol and topical options.
- STOP-BANG 5 and 14 oxygen dips an hour: home sleep study recommended.
- Testosterone 11.8 low-normal with poor sleep, alcohol and visceral fat: recheck after lifestyle changes before considering anything further.

IN PLAIN ENGLISH

Your statin is doing its job, and creatine and whey support your training well. The ones to watch are omeprazole, which can lower B12 and magnesium over time, ibuprofen, which is hard on the gut and blood pressure, and late caffeine, which your genes clear slowly and which costs you sleep.

# Your nutrition

## Daily average this week

| | | |
|---|---|---|
| Energy | | **2,650** / 2,500 kcal |
| Protein | | **148** / 140 g |
| Fibre | | **18** / 30 g |
| Saturated fat | | **34** / 30 g |
| Added sugar | | **46** / 30 g |
| Alcohol | | **18** / 14 units |

Protein is on target. Calories run about 150 over, mostly from alcohol and weekend meals out. Fibre is the biggest gap.

## Key nutrients

| | | |
|---|---|---|
| Folate | | **240** / 400 mcg |
| Magnesium | | **330** / 400 mg |
| Potassium | | **3100** / 3500 mg |
| Omega-3 (food) | | **0.6** / 1.6 g |
| Vitamin C | | **70** / 90 mg |
| Zinc | | **12** / 11 mg |
| Sodium | | **3.2** / 2.4 g |
| Sugary drinks | | **2** / 1 cans a day |

## A typical day this week

| | | |
|---|---|---|
| Breakfast | **Scrambled eggs on toast, coffee** | 32 g protein |
| Lunch | **Chicken burrito bowl from the canteen** | 45 g protein |
| Post-gym | **Whey shake** | 24 g protein |
| Evening | **Steak and chips; 3 beers on Wed** | 47 g protein |

## Food and medicine

**Alcohol and statin**
Both are processed by the liver; ALT 58 and GGT 74 point to cutting alcohol first.

**Folate and MTHFR**
Your variant uses folate less efficiently; leafy greens and beans help bring homocysteine (14) down.

**Fructose and uric acid**
Soft drinks and beer raise uric acid (452); swap for water or sparkling water.

**Fibre with protein**
Add a fibre source to every high-protein meal to rebalance your gut.

IN PLAIN ENGLISH

James eats plenty of protein, which is right for his training. What is missing is plants: fibre, folate, potassium and polyphenols. Swapping chips for beans or vegetables, adding oats and berries at breakfast, and keeping alcohol to weekends would improve his insulin, liver, uric acid and gut together.

# Body composition and fitness

## Body composition · Bio Scale

| | | | |
|---|---|---|---|
| Weight | **92.4 kg** | WATCH | BMI 28.5 |
| Body fat | **26.8%** | FOCUS AREA | fat mass 24.8 kg |
| Visceral fat | **13** | FOCUS AREA | aim below 10 |
| Waist | **101 cm** | FOCUS AREA | aim below 94 cm |
| Muscle mass | **63.8 kg** | ON TRACK | up 0.9 kg in 8 weeks |
| Skeletal muscle | **43.6%** | ON TRACK | |
| Fat-free mass | **67.6 kg** | | |
| Bone mass | **3.8 kg** | ON TRACK | |
| Body water | **48.9 kg** | ON TRACK | 52.9% |
| Protein | **16.2%** | ON TRACK | |
| BMR | **1,880 kcal** | | |

## Fitness and strength tests

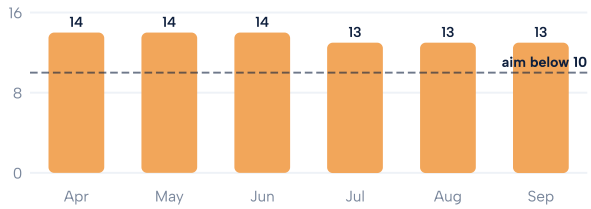
| | | | |
|---|---|---|---|
| VO2 max | **39.4** | IMPROVING | good is 42 or more |
| 5 km run | **29:40** | IMPROVING | was 31:10 |
| Grip strength | **48 kg** | ON TRACK | healthy 40 or more |
| Push-ups | **22** | ON TRACK | |
| Squat, 5 reps | **90 kg** | ON TRACK | 1.0 x body weight |
| Deadlift, 5 reps | **120 kg** | ON TRACK | |
| HRV | **38 ms** | FOCUS AREA | aim 45 or more |
| Resting HR | **64 bpm** | ON TRACK | |

SOURCE Trainer tests 29 Sep · Bio Band

## Visceral fat, 6 months

BIO SCALE

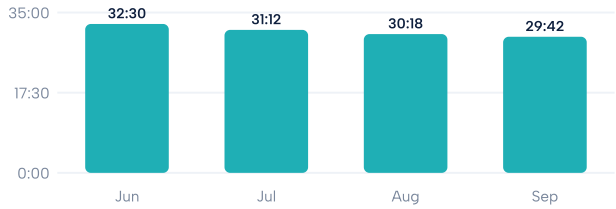
**13** rating was 14; aim below 10



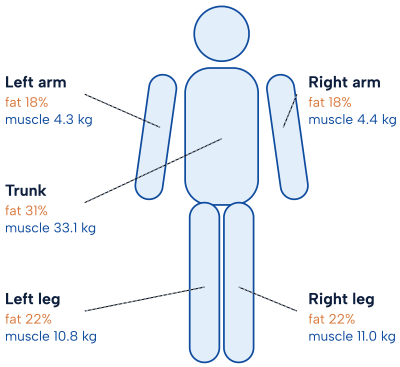

## 5 km run time

TRAINER TEST

**29:40** minutes; lower is better




## Segmental analysis




Estimated from one whole-body reading; best used to compare left and right and to track change.

### IN PLAIN ENGLISH

James carries good muscle in his arms and trunk; his legs are relatively lighter for his frame, and fat sits mostly around the trunk (31%). More leg training and less alcohol will shift both. Muscle is up 0.9 kg and fat down 1.1 kg in 8 weeks, so the training is working.

# Your DNA and how it shapes your plan

James's MyDNA results help explain some of his blood results and tell us which changes will matter most for him.

| GENE | YOUR RESULT | WHAT IT MEANS FOR YOU | WHAT WE DO ABOUT IT | CONNECTED TO |
|---|---|---|---|---|
| **APOE** cholesterol handling | **e3/e4** | Higher LDL response to saturated fat and alcohol; higher long-term heart risk. | Keep saturated fat low, stay on track with the statin, prioritise fitness and sleep. | Heart, Diet |
| **LPA** Lp(a) level | **Raised-level variant** | Explains Lp(a) of 105; this does not change with diet. | Keep all other heart risks low; LDL target set lower. | Heart |
| **CYP1A2** caffeine clearance | **Slow (*1F/*1F)** | Caffeine stays in the body longer, raising BP and costing sleep. | No caffeine after 12:00; pre-workout only for morning sessions. | Sleep, Heart |
| **MTHFR** folate use | **C677T, one copy** | Uses folate less efficiently; homocysteine 14. | Leafy greens, beans and lentils daily; recheck homocysteine. | Diet, Heart |
| **FTO** appetite | **A/T** | Slightly stronger appetite drive, especially when sleep is short. | Protein and fibre at every meal; protect sleep. | Diet, Metabolic |
| **ACTN3** muscle fibre type | **R/X** | Mixed power and endurance response. | Combine heavy strength work with interval running. | Fitness, Muscle |
| **ADH1B / ALDH2** alcohol processing | **Typical** | Normal processing; liver results reflect amount drunk. | Keep alcohol to 8 units or fewer a week. | Liver |

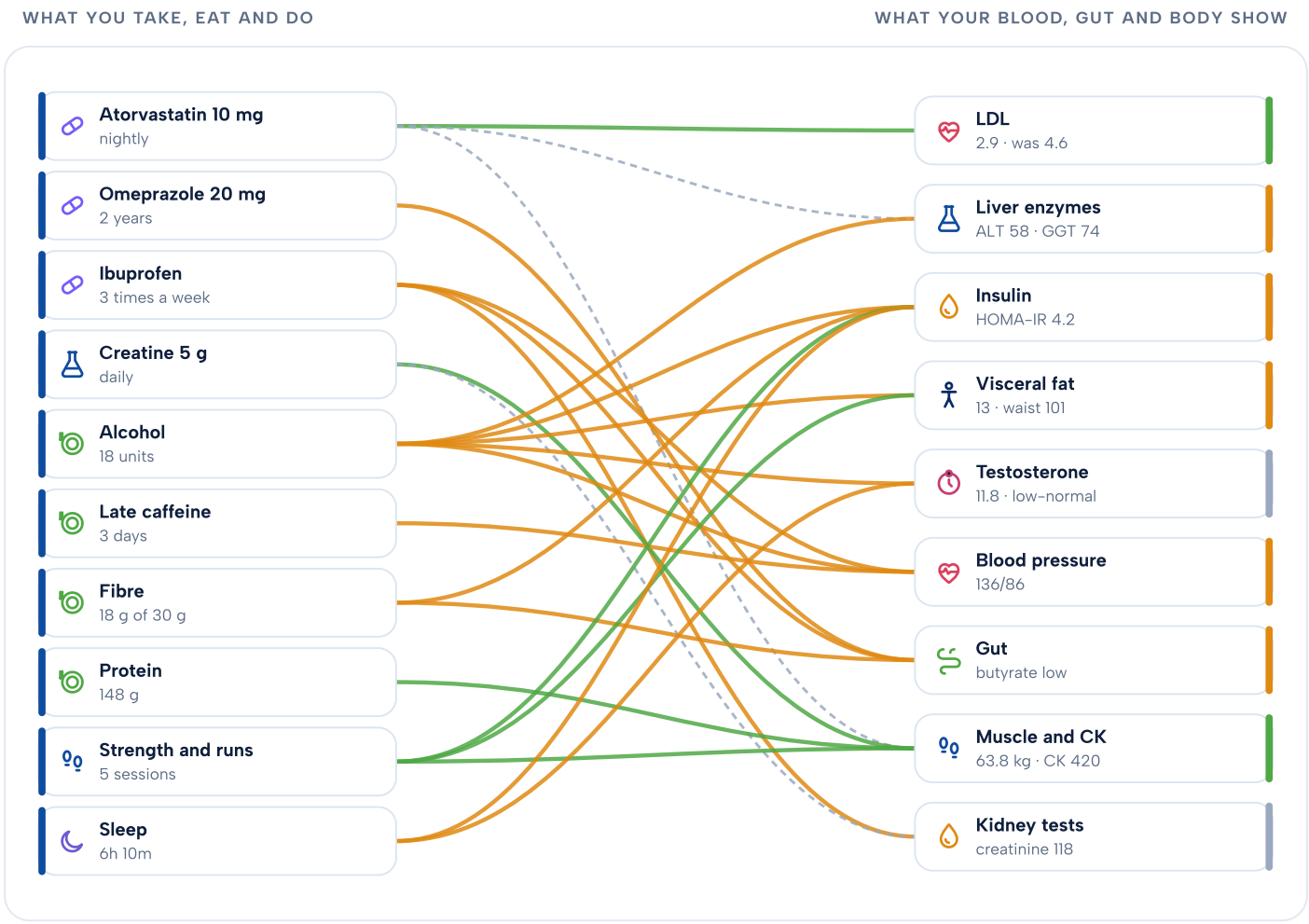
IN PLAIN ENGLISH

Your genes load the dice, but they do not decide the result. Two of yours (APOE and LPA) make heart health more important for you than for most men, which is why your plan focuses so firmly on cholesterol, alcohol, fitness and sleep.

DNA results are for information and lifestyle guidance. They do not diagnose disease. Results were reviewed by your doctor before being shared.

# How everything connects

Each line links James's medicines, supplements, food, drink and training to his blood, gut, sleep and body.




Helping · Needs attention · Waiting for a result or worth checking

## The chain to break

| | |
|---|---|
| **Alcohol and short sleep** | insulin and liver rise |
| **Insulin resistance** | fat around the middle |
| **Middle fat** | lower testosterone, higher BP |
| **Inherited Lp(a)** | makes the rest matter more |

## What will help most

| | |
|---|---|
| **Alcohol** | 8 units or fewer, weekends only |
| **Sleep** | study for breathing; 7 hours |
| **Plants** | 30 g fibre a day |
| **Training** | keep 3 strength, add 1 interval |

# Guidance for your BioCare Team and your plan

## Doctor

Dr Dev Kulkarni, Sports medicine

- Statin effective (LDL 4.6 to 2.9). Lp(a) 105 and APOE e3/e4: consider a lower LDL target and full cardiovascular risk review.
- STOP-BANG 5, 14 oxygen dips an hour, lowest SpO2 88%: home sleep study recommended.
- HOMA-IR 4.2, ALT 58, GGT 74, triglycerides 2.3, uric acid 452: metabolic and fatty liver pattern; consider liver imaging and recheck after alcohol reduction.
- Testosterone 11.8 (free 0.21) low-normal: repeat morning sample in 3 months after sleep and alcohol changes.
- CK 420 post-exercise on statin, asymptomatic: rested recheck. eGFR by cystatin C 98; creatinine raised by creatine.

## Nutritionist

Ritu Desai, BioMedical Nutritionist

- Protein on target at 148 g; fibre 18 g to 30 g: oats, beans, lentils, vegetables and berries daily.
- Saturated fat 34 g with APOE e3/e4: swap red meat and chips for fish, poultry, beans and olive oil.
- Folate 240 mcg with MTHFR variant and homocysteine 14: leafy greens and legumes daily.
- Uric acid 452: cut beer and sugary drinks; water and sparkling water instead.

## Personal trainer

Arjun Mehta, BioMedical Fitness Trainer

- Strength strong (squat 90 kg, deadlift 120 kg, grip 48 kg). Add a second lower-body day to build leg muscle.
- VO2 max 39.4 to 42: one interval session (6 x 3 minutes hard) plus one easy run.
- HRV 38 and lower after drinking: schedule hard sessions on alcohol-free days; deload every 4th week.
- Caffeine: pre-workout only for morning sessions; evening training without stimulants.

### THREE GOALS FOR NEXT WEEK

- ☐ **Alcohol 8 units or fewer** — weekends only
- ☐ **No caffeine after 12:00** — protect sleep and BP
- ☐ **30 g of fibre a day** — oats, beans, vegetables

Sleep study
**Tue 13 Oct**
home test kit

Doctor review
**Thu 22 Oct, 18:00**
Dr Dev Kulkarni

Blood recheck
**Mon 4 Jan**
liver, insulin, testosterone, CK

This sample report uses illustrative data to show how the Cellular BioResponse Report works for this programme. Guidance is drafted for your care team to review; it supports and does not replace your consultations. Never stop or change a medicine without your doctor. If you feel unwell, contact your doctor or emergency services.