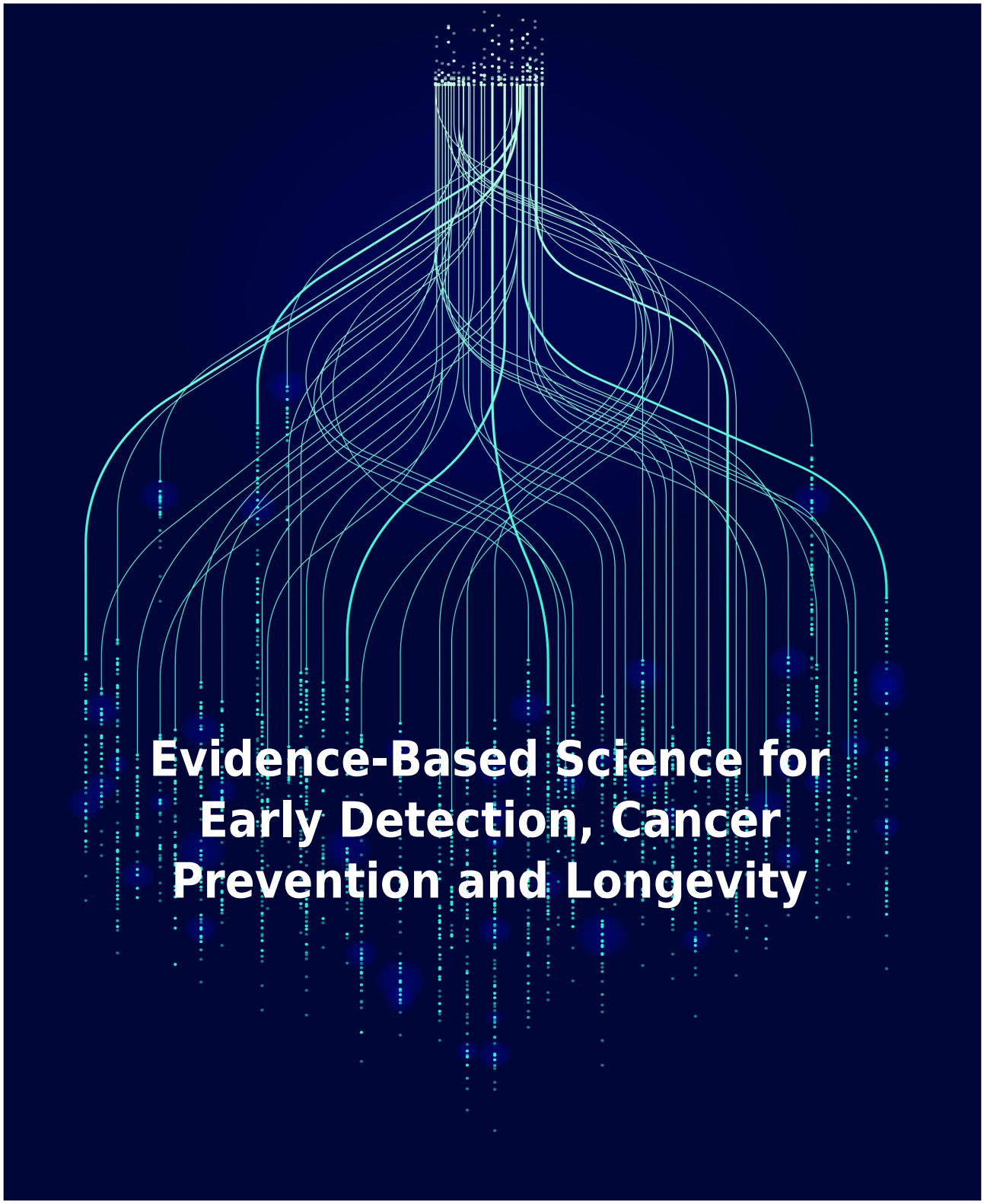
Health Check Basic (Male)

Detect, Act, Live Longer



Blueberry Diagnostics, S.L.
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TERMS AND CONDITIONS

THIS TEST IS NOT INTENDED TO SUBSTITUTE OR REPLACE MEDICAL VISITS; ON THE CONTRARY, IT AIMS TO ENHANCE AND ENRICH THEM, PROVIDING PREVENTIVE AND COMPLEMENTARY INFORMATION THAT HELPS BOTH INDIVIDUALS AND HEALTHCARE PROFESSIONALS MAKE BETTER DECISIONS.

THE TRADITIONAL HEALTHCARE MODEL, CHARACTERISTIC OF MEDICINE 2.0, HAS HISTORICALLY BEEN FOCUSED ON DISEASE: IT CONCENTRATES ON DIAGNOSING AND TREATING ONCE SYMPTOMS APPEAR. ALTHOUGH THIS APPROACH HAS ENABLED MAJOR THERAPEUTIC ADVANCES, IT PRESENTS IMPORTANT LIMITATIONS: IT OFTEN ARRIVES TOO LATE, IS MORE REACTIVE THAN PREVENTIVE, AND FREQUENTLY DOES NOT TAKE INTO ACCOUNT THE INDIVIDUALITY OF EACH PERSON. IN CONTRAST, ALL OUR TESTS ARE BASED ON THE PRINCIPLES OF MEDICINE 3.0, A FAR MORE ADVANCED MODEL. MEDICINE 3.0 IS FOUNDED ON THE 4 “P’S” —PREDICTION, PREVENTION, PERSONALIZATION, AND PATIENT PARTICIPATION—. THIS MEANS ANTICIPATING RISKS BEFORE THEY TURN INTO DISEASES, INTERVENING EARLY WITH STRATEGIES GROUNDED IN SCIENTIFIC EVIDENCE, AND TAILORING RECOMMENDATIONS TO EACH INDIVIDUAL. MOREOVER, IT EMPOWERS PEOPLE TO TAKE AN ACTIVE ROLE IN MANAGING THEIR OWN HEALTH.

ALTHOUGH OUR TESTS CAN DETECT MORE THAN 300 DISEASES, EVEN IN PRECLINICAL STAGES —WHEN NO SYMPTOMS OR SIGNS ARE YET PRESENT—, IT IS IMPORTANT TO HIGHLIGHT THAT THEY DO NOT IDENTIFY ALL POSSIBLE CONDITIONS. IN PARTICULAR, CERTAIN CONGENITAL OR GENETIC DISEASES MAY NOT BE DIRECTLY DETECTED. HOWEVER, THE RESULTS OBTAINED CAN PROVIDE VALUABLE CLUES THAT GUIDE EARLY DETECTION, ENABLING TIMELY REFERRAL AND A MORE COMPLETE MEDICAL EVALUATION.

THIS TEST CAN CAUSE OVERDIAGNOSIS, THAT IS, DIAGNOSIS OF A MEDICAL CONDITION THAT COULD NOT CAUSE ANY SYMPTOMS, OR WHICH, WITH CURRENT MEDICAL KNOWLEDGE, IS NOT RELATED TO THE APPEARANCE OF A FUTURE PATHOLOGY. LIKEWISE, THERE MAY ALSO BE ANOMALIES WHICH COULD BE SOLVED SPONTANEOUSLY. ON THE OTHER HAND, IF YOU FEEL —BOTH PERSISTENT OR INTERMITTENT—, DISCOMFORT, IMPAIRMENT OR PAIN, PLEASE GO TO THE EMERGENCY ROOM AS IT COULD BE DUE TO AN ACUTE DISORDER AS WELL AS TO A PSYCHOSOMATIC CAUSE.

THIS REPORT CONTAINS A SERIES OF INTERPRETATIVE COMMENTS BASED ON THE BEST AVAILABLE SCIENTIFIC EVIDENCE, AS WELL AS THE LATEST MEDICAL AND CLINICAL ADVANCES, WITH THE AIM OF PROVIDING AN UPDATED AND EVIDENCE-BASED OVERVIEW OF YOUR HEALTH STATUS. BY CONTINUING TO READ THIS REPORT, YOU ACKNOWLEDGE YOUR AGREEMENT WITH THE TERMS AND CONDITIONS SET FORTH HEREIN, AS WELL AS WITH ALL WARNINGS AND LIMITATIONS OF LIABILITY CONTAINED THEREIN, AND YOU EXPRESSLY RELEASE THE COMPANY FROM ANY AND ALL RESPONSIBILITY.

Blueberry Diagnostics

XXES-117002011-00000004F

Table of Contents

CE

Legend

- A: this section is in optimal conditions and no further action should be needed.
- B: this section could present a slight disorder that maybe should be reviewed by a healthcare professional.
- C: this section could present a mild-moderate disorder that should be reviewed by a healthcare professional.
- D: this section could present a moderate-severe disorder that should be reviewed by a healthcare professional.
- E: this section could present a severe disorder that should be reviewed by a healthcare professional.

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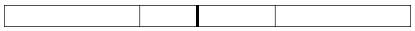
Report with Interpretative Commenting

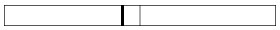
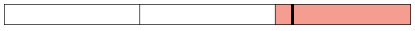
Patient Information

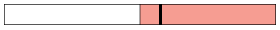
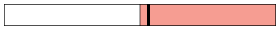
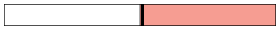
CE

Identification Data		Personal Data	
Patient ID:	ES-XXXXXXXX	Gender at Birth:	Male
Patient Name:	JOHN	Date of Birth (day/month/year):	11/05/1971
Patient Surname:	SAMPLE	Age (years):	54
Blood Collection Date:	01/04/2026		

Clinical Data

RHR & Blood Pressure	Value	Min	Max	Visual Score
Heart Rate (BPM):	64	50.00	83.00	
Systolic Pressure (mmHg):	129.00↑	100.00	120.00	
Diastolic Pressure (mmHg):	84.00↑	60.00	80.00	

Anthropometric Data	Value	Min	Max	Visual Score
Height (cm):	173.00			
Weight (kg):	83.50↑	55.37	74.82	
Neck Circumference (cm):	39.00		43.18	
Waist Circumference (cm):	96.00		102.00	
Hip Circumference (cm):	98.00			
Body Fat (%):	24.44↑	16.40	21.40	
Body Fat Mass (kg):	20.41↑	13.69	17.87	

Anthropometric Indices	Value	Min	Max	Visual Score
Body Mass Index (kg/m^2):	27.90↑	18.50	25.00	
Waist-to-Hip Ratio:	0.98↑	0.78	0.90	
Waist-Height Ratio:	0.55↑	0.40	0.50	
Hypertriglyceridemic Waist:	No			
Lipid Accumulation Product:	53.63↑		37.75	
Body Adiposity Index:	25.07↑	11.00	23.00	
Visceral Adiposity Index:	1.47		1.93	
Body Shape Index:	0.08↑		0.07	
Conicity Index:	1.27↑		1.25	

Lifestyle	Value
Red Meat:	3-5 times/week
Fruits/Vegetables:	1 serving/day
Physical Activity:	Moderate
Smoking:	Past
Alcohol per Day (drinks):	Between 3 and 5

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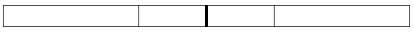
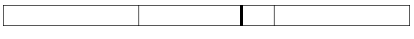
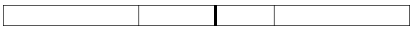
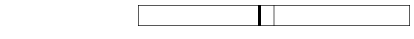
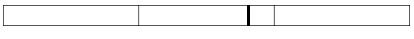
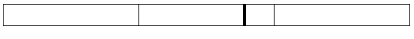
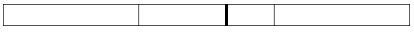
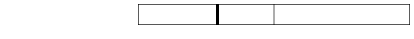
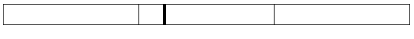
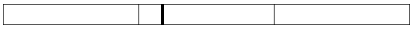
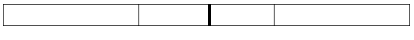
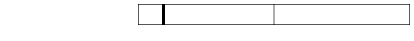
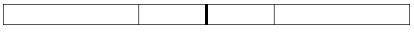
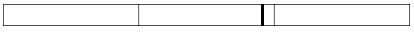
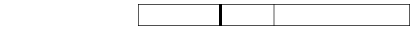
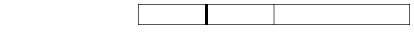
Laboratory Results (with Advanced Coefficients, Indices and/or Ratios)

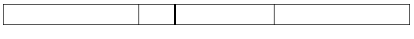
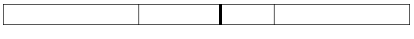
CE

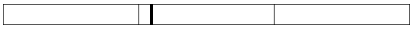
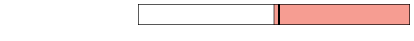
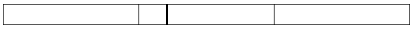
Hemogram	Value	Min	Max	Visual Score
RBC Count (x10^12/L):	5.00	4.20	5.80	
Hgb (g/dL):	16.40	13.00	17.50	
HCT (%):	48.50	40.00	55.00	
HCT-to-Hgb Ratio:	2.96		3.20	

Red Blood Cell Indices	Value	Min	Max	Visual Score
MCV (fL):	97.00	80.00	101.00	
MCH (pg):	32.80	25.00	35.00	
MCHC (g/dL):	33.81	28.00	37.00	
RDW (%):	13.60		22.00	

Leukocyte Count	Value	Min	Max	Visual Score
Leukocytes (x10^9/L):	5.59	4.20	11.50	
Neutrophils (x10^9/L):	3.05	1.89	8.58	
Lymphocytes (x10^9/L):	1.81	0.84	5.18	
Monocytes (x10^9/L):	0.51	0.04	0.95	
Eosinophils (x10^9/L):	0.18		0.58	
Basophils (x10^9/L):	0.04		0.18	

Leukocyte Formula	Value	Min	Max	Visual Score
Neutrophils (%):	54.50	45.00	75.00	
Lymphocytes (%):	32.40	20.00	45.00	
Monocytes (%):	9.10	0.20	10.00	
Eosinophils (%):	3.20		5.00	
Basophils (%):	0.80		1.50	

Platelets	Value	Min	Max	Visual Score
Platelet Count (x10^9/L):	215.00	130.00	450.00	
MPV (fL):	9.00	6.00	11.00	

Hepatic Enzymes	Value	Min	Max	Visual Score
ALP (IU/L):	48.00	40.00	129.00	
AST (IU/L):	34.00		34.00	
ALT (IU/L):	45.00		49.00	
GGT (IU/L):	59.00↑		55.00	
LDH (IU/L):	146.00	120.00	246.00	

Hepatic Enzymes Ratios	Value	Min	Max	Visual Score
AST-to-ALT Ratio:	0.76	0.70	1.40	

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Laboratory Results (with Advanced Coefficients, Indices and/or Ratios)

CE

MAFLD/NAFLD Indices	Value	Min	Max	Visual Score
Fatty Liver Index (FLI):	74.27↑		60.00	
Hepatic Steatosis Index (HSI):	38.49↑		36.00	
K-NALFD Score:	2.11↑		0.88	
NAFLD Liver Fat Score (LFS):	-1.31		-0.64	

NAFLD/NASH Indices	Value	Min	Max	Visual Score
acNASH:	4.05		7.73	
GHOLAM Score:	9.26↑		8.22	
HAIR Score:	2.00		2.00	

NASH/Fibrosis Indices	Value	Min	Max	Visual Score
AST-to-Platelet Ratio Index (APRI):	0.47		1.50	
BAAT Score:	2.00		4.00	
BARD Score:	0.76		2.00	
FIB 4 Score:	1.27		2.67	
Forns Fibrosis Index (FFI):	5.00		6.90	

Sterols & Fatty Acids	Value	Min	Max	Visual Score
Total Cholesterol (mg/dL):	220.00↑		200.00	
HDL-c (mg/dL):	52.00	40.00		
Non-HDL-c (mg/dL):	168.00↑		150.00	
LDL-c (mg/dL):	136.55↑		130.00	
VLDL-c (mg/dL):	31.45	15.00	70.00	
Triglycerides (mg/dL):	173.00↑		150.00	

Atherogenic Indices	Value	Min	Max	Visual Score
Atherogenic Coefficient (AC):	3.23		3.50	
Atherogenic Index of Plasma (AIP):	0.16↑		0.11	
Castelli Risk Index I:	4.23		5.00	
Castelli Risk Index I + TB:	1.48		2.25	
Castelli Risk Index II:	2.63↑		2.50	
Castelli Risk Index II + TB:	0.92		2.25	
Triglycerides/HDL-c Index (THI):	3.33		3.50	

Hormones	Value	Min	Max	Visual Score
Insulin (µU/mL):	6.22	3.00	25.00	

Endocrine Indices	Value	Min	Max	Visual Score
Metabolic Syndrome (ATP-III):	2.00		3.00	
TyG Index:	9.16↑		8.80	
HOMA-IR:	1.69		2.64	
HOMA-Beta (%):	47.64↓	67.70		
HOMA-S (%):	59.17	37.80		
QUICKI:	0.35	0.30		

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Laboratory Results (with Advanced Coefficients, Indices and/or Ratios)

CE

Other Serum Analytes	Value	Min	Max	Visual Score
Creatinine (mg/dL):	0.95	0.70	1.30	
Creatinine Clearance (mL/min):	104.99	40.00	150.00	
eGFR (mL/min/1.73m^2):	95.12	90.00		
Glucose (mg/dL):	110.00↑	74.00	106.00	
Serum Iron (µg/dL):	110.00	65.00	175.00	
Total Bilirubin (mg/dL):	0.97	0.30	1.20	
Urea (mg/dL):	35.00	19.00	49.00	
BUN (mg/dL):	16.33	10.00	25.00	
BUN-to-Creatinine Ratio:	17.19	12.00	20.00	
Uric Acid (mg/dL):	6.40	3.70	9.20	

Technical Interferences

Serum	Value
Hemolyzed Sample:	No
Icteric Sample:	No
Lipemic Sample:	No

Legend

Values are within the reference range limits.
Values are outside the reference range limits.
Values are outside the reference range limits, concretely more than 4 times the normality upper limit.

Technical Validation of Laboratory Results

Laboratory: Laboratorio Echevarne, S.A.

Coefficients, Indices and Ratios Descriptions

In addition to the results provided by Laboratorio Echevarne, Blueberry Diagnostics has added to this report several innovative coefficients, indices and ratios —calculated and validated by the company itself—, to help your healthcare providers to get a more accurate diagnosis since, they can provide a holistic view of the state of your health by integrating multiple factors that can allow clinicians to have more comprehensive data, potentially leading to better-informed decisions.

Besides, they also can improve the sensitivity and specificity of predictions —by reducing false positives and false negatives—. Moreover, they can also help differentiate between diseases with similar clinical presentations —reducing the probability of misinterpretation or excessive dependence on a single parameter—. Furthermore they can guide treatment decisions to improve patient outcomes.

NOTE: No coefficient, indice or ratio should be used in isolation, since they are specifically designed to provide additional insight when an abnormality is detected. For example, the AST-to-ALT ratio has no clinical value if no liver disease is present —regardless of whether the result is altered—. However, if liver injury exists, the AST-to-ALT ratio can help to differentiate whether the damage is of alcoholic or viral origin, non-alcoholic fatty liver disease (NAFLD), or mild hepatocellular injury. In this way, it is possible that not all coefficients, indices or ratios will be mentioned in the reports, even if their values

are altered.

You will find a complete description by scanning the QR code of this section.

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Cardiovascular-Kidney-Metabolic (CKM) Syndrome Score

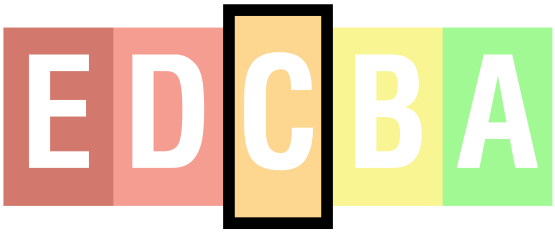
CE

Results

According to your blood pressure levels, your weight, and the relationship between your cardiovascular and renal health, you could have stage 2 Cardiovascular-Kidney-Metabolic (CKM) syndrome —which is staged from 0 to 4—. This means that interconnected metabolic and blood pressure factors are present, suggesting active monitoring to protect your heart and kidneys over the long term.

Note: Urine Albumin-to-Creatinine Ratio (ACR) is not included in this test since urine testing is not performed; therefore, the ACR variable is not used in the CKM Score calculation. Due to this limitation, renal function is only partially evaluated. It is important to keep in mind that this could underestimate the overall risk of the patient, particularly in stages 0, 1, 2 and 3 of the CKM Syndrome. In these stages, the presence of protein in the urine is a critical factor for detecting early cardiovascular and kidney damage, even when the estimated Glomerular Filtration Rate (eGFR) appears normal.

Cardiovascular-Kidney-Metabolic (CKM) Syndrome Score



Cardiovascular-Kidney-Metabolic (CKM) Syndrome Description

The Cardiovascular-Kidney-Metabolic (CKM) syndrome is a clinical framework that recognizes the deep, overlapping connection between your heart, kidneys, and metabolic systems, which manage things like weight, blood sugar, and cholesterol. Now recognized as the new global epidemic, this syndrome affects approximately 90 percent of adults in the United States and between 85 percent and 88 percent of the population worldwide. In the past, conditions such as obesity, type 2 diabetes, chronic kidney disease, and cardiovascular conditions were viewed and treated as completely separate illnesses. Today, medical science understands them as a single, unified health spectrum, acknowledging that because these vital systems are constantly interacting, a shift or imbalance in one area can silently trigger a chain reaction that affects the others.

This syndrome typically develops gradually and silently over many years without causing any noticeable physical symptoms, often beginning in early stages with subtle indicators like abdominal weight gain, prediabetes, or mild blood pressure elevation. Over time, this continuous imbalance creates a persistent pro-inflammatory environment that places stress on blood vessels and vital organs, while also creating cellular conditions that increase the risk of developing cancer. Advanced preventive screenings are designed to intercept these risks early by identifying this silent cross-talk, capturing subclinical inflammation and minor changes in kidney filtration or metabolic function long before any single organ or system reaches a critical threshold.

Instead of looking at isolated laboratory numbers that only offer fragmented pieces of information, a comprehensive CKM assessment integrates your cardiovascular, renal, and metabolic markers into a single, unified health profile. This approach translates complex biomarker data into clear, actionable intelligence, giving you and the healthcare team a priceless window of opportunity. Ultimately, understanding your personal CKM profile empowers you to take proactive control of the health journey

through early, targeted lifestyle and nutritional adjustments, effectively protecting vital organs and supporting long-term vitality.

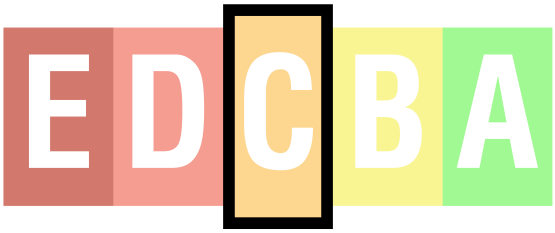
Health Score

CE

Results

According to the laboratory determinations analyzed in this test —along with the personal and clinical information provided—, you could present a mild-moderate disorder that could require further assessment by a healthcare professional.

Health Score



Health Score Description

Health Score is a qualitative indicator of the state of health that shows its result through a graphical representation based on a gradient of 5 colors corresponding to 5 quantitative levels (from left to right, E, D, C, B and A), being the level E the worst and level A the best of all. The final result of the Health Score is obtained from a mathematical algorithm that processes different types of data (personal, clinical and laboratory) and integrates them into a global score, for easy and better understanding.

The basic premise of Health Score is that only what can be measured, can be managed and, consequently, improved through acting: Detect, Act, Live Longer.

Longevity Score

CE

Results

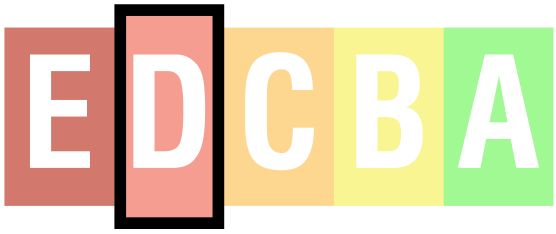
According to the laboratory tests analyzed in this assessment, your biological age estimated by the PhenoAge model —a biological aging public algorithm that estimates the functional age of your body based on nine standard blood biomarkers—, is 50.3 years, compared to your chronological age of 54 years, and suggest biological aging in accordance with their chronological age, within the expected parameters.

On the other hand, the Oxidative Stress Score suggests an elevated level of oxidation, indicating that cellular damage is no longer just a threat, but an active reality in your body. Your protective systems are overwhelmed, and oxidative stress is directly attacking vital structures such as cell membranes and even DNA. This state drastically accelerates biological aging and creates fertile ground for the development of chronic diseases. Your recovery capacity is very low, and your body is in a state of constant vulnerability.

Besides, the Longevity Score suggest your body may be experiencing active systemic damage that seriously compromises your vital reserves. The biological decline process has accelerated significantly, leaving your body in a fragile state. In this way, your self-repair mechanisms are overwhelmed, facilitating the spread of wear and tear to your major organs and systems. This condition carries a high risk of losing biological autonomy and accelerates the appearance of signs associated with pathological aging, weakening your overall resilience.

Finally, your Resilience Score is 18.75 percent, which suggests a state of profound exhaustion of your vital resources. This level could suggest a systemic decompensation where the damage reflected in your Oxidative Stress Score is persistent and the protective markers within your Longevity Score are virtually non-existent. The data suggests that fragility is at its peak and the risk of suffering imminent serious health complications is very high.

Longevity Score



Longevity Score Description

Unlike the Health Score —which represents a snapshot of your current health status— and the Oxidative Stress Score —which evaluates the balance between free radical production and the efficacy of the antioxidant systems of the body—, the Longevity Score is a qualitative indicator of the state of your longevity —healthy life expectancy—, that also shows its result through a graphical representation based on a gradient of 5 colors corresponding to 5 quantitative levels (from left to right, E, D, C, B and A), being the level E the worst and level A the best of all.

This score represents a metric of your biological resilience by detecting your damage burden. In this way, the Longevity Score identifies longevity thieves —mainly markers of metabolic stress and silent inflammation—, and award points according several rules, resulting in a total value. It is important to

note that this result may diverge from the findings in other sections of this report, as they pursue distinct objectives and use reference values that differ from those used to detect current pathologies.

Besides, the true power of this score lies in its ability to assess the longevity shield. Unlike other scores, this one actively rewards strengths by reducing risk when, for example, vitamin D or magnesium levels, among others, are excellent —these analytes act as biological buffers that protect telomeres (the ends of DNA) and keep the immune system alert yet calm—. Having a high protective reserve means that, even in the face of external stressors, the body possesses the necessary infrastructure to neutralize them.

In summary, the Longevity Score can help you know exactly where to invest effort: whether in optimizing metabolism, calming inflammation, or strengthening natural defenses.

Conclusions

The laboratory results reveal a level of oxidative stress that is closely linked to your cardiovascular health and liver function, manifesting proportionally to the magnitude of these two variables. The coordinated effort between the blood pumping system and hepatic clearance metabolism could be exceeding your defense thresholds.

On the other hand, the main factors that impact your longevity —reducing your Longevity Score— are related to your cardiometabolic and hepatic systems.

We suggest General Practitioner (GP) or, if possible, Longevity Practitioner consultation to help you reduce your oxidative stress that impacts in your Longevity Score. This could be achieved through a comprehensive strategy that may include personalized lifestyle interventions (functional nutrition and precision exercise), advanced pharmacology and geroprotective supplementation, and the metabolic and hormonal optimization necessary to preserve your long-term biological resilience.

Summarized Results

CE

Iron Transport Function

Main hemogram related values are inside the reference range and do not suggest any red line or iron transport function disorder.

Immune Cells System

Main leukocytes related values are inside the reference range and do not suggest any immune system disorder.

Platelet Function

Both Platelet Count and Mean Platelet Volume (MPV) levels are inside the reference range and do not suggest any platelet function disorder.

Cardiometabolic System

According to the Adult Treatment Panel III (ATP-III) —defined by the National Cholesterol Education Program (NCEP)—, there is a low risk of Metabolic Syndrome (MS).

The anthropometric indicators —Body Mass Index (BMI) and Waist-Hip Ratio (WHR)—, the blood pressure —both systolic pressure as diastolic pressure—, the atherogenic indices —Triglycerides/Cholesterol HDL Index, Atherogenic Index of Plasma (AIP), Castelli Risk Index I (CRI-I), Castelli Risk Index II (CRI-II) and Atherogenic Coefficient (AC)—, suggest a moderate Cardiovascular Risk (CVR).

Otherwise, according to Framingham Risk Score (FRS) —a model based on a longitudinal study of more than 15,000 patients across several generations of residents from the city of Framingham (Massachusetts, US), spanning over 75 years to understand the progression of cardiovascular disease—, there is a moderate 10-year risk of developing a Coronary Heart Disease (CHD). Specifically, there is a risk of 10.60 percent for Myocardial Infarction (MI), Angina Pectoris (AP), Heart Failure (HF), and Cardiac Death (CD). Please note, the optimal Framingham Risk Score for a person like you, that is, same gender and same age, but without any of risk factors linked to CHD —smoker, hypertension (HT), high TC, low HDL-c, as well as high Glucose—, is 2.02 percent.

Moreover, the ApoB/ApoA1 Ratio does not increase the risk obtained by the Framingham Risk Score (FRS).

Regarding the Cardiovascular Risk (CVR) —a clinical tool based on accumulated epidemiological evidence obtained from your gender, age, Systolic Blood Pressure (SBP), Total Cholesterol (TC), High-Density Lipoprotein Cholesterol (HDL-c) and smoking habits—, suggest that you have a Vascular Age (VA) of 57 years (while your chronological age is 54 years), meaning you have the same risk as a 57 years old healthy man (instead of the one that would correspond to a healthy man of your age).

Note: Lipoprotein(a) is not included in this test, so we can not analyze one of the main hereditary dyslipidemias in patients with early coronary artery disease.

It is important to note that Lipoprotein(a) is a lipoprotein with a strong genetic component, whose levels are largely determined at birth and remain relatively stable throughout life. Unlike other lipid parameters, such as LDL cholesterol or triglycerides, Lipoprotein(a) is not significantly altered by lifestyle changes, which reinforces its value as a marker of inherent cardiovascular risk, further contributing to endothelial dysfunction and the development of accelerated atherosclerosis.

Glucose Metabolism

Glucose is outside the reference range and suggest hyperglycemia, possible prediabetes.

According to guidelines from leading health organizations, such as the American Diabetes Association (ADA), a prediabetes diagnosis is established when abnormal results are obtained in two separate tests.

In this regard, experts state that if a patient presents fasting glucose levels between 100 and 125 mg/dL in two different measurements —usually separated by an interval of one to two weeks—, the patient is confirmed to have prediabetes.

However, according to Diabetes Risk Calculator (DRC), there is a high 7.5-year risk of developing Type 2 Diabetes Mellitus (DM2). Specifically, there is a risk of 38.11 percent if at least one parent or sibling has Diabetes Mellitus (DM). However, if this is not the case, there is a risk of 27.57 percent.

Pancreatic Endocrine Function

Although HOMA-IR is low, insulin levels suggest a a possible hypersensitivity to insulin, or the beginning of Beta-secretion claudication —it does not translate into a high hyperglycemia because Insulin Sensitivity (IS) is still quite good—.

Liver and Biliary Function

GGT is outside the reference range and could suggest an undetermined —but mild—, liver function disorder, probably related to alcohol intake.

Besides, according to Fatty Liver Index (FLI), Liver Fat Score (LFS), Hepatic Steatosis Index (HSI), K-NAFLD Score, NAFLD Logit Score and NAFLD Ridge Score, there is a high risk for Metabolic Dysfunction-Associated Fatty Liver Disease (MAFLD) and/or Non-Alcoholic Fatty Liver Disease (NAFLD).

Moreover, according to acNASH, FAT Score, GHOLAM Score, HAIR Score and PALEKAR Score, there is no risk for Non-Alcoholic Steatohepatitis (NASH).

Furthermore, according to AST-to-Platelet Ratio Index (APRI), BAAT Score, BARD Score, FIB 4 Score, Fibrometer, Forns Fibrosis Index (FFI), Hepascore, NAFLD Fibrosis Score (NFS) and Steatosis-Associated Fibrosis Estimator (SAFE) Score, there is no risk for Non-Alcoholic Steatohepatitis (NASH) with fibrosis.

On the other hand, according Chronic Liver Disease (CLivD) Score, at this moment there is a risk of 2 percent —mild risk—, of developing Chronic Liver Disease (CLD) in 15 years. However, this may not be the case in the future —this percentage can be increased—, if you do not control your weight, since a high-calorie diet (fast food type foods or diets rich in refined carbohydrates —especially fructose, saturated fats and sugary drinks—), along with little physical activity leads to overweight and obesity, the main cause of Metabolic Dysfunction-Associated Fatty Liver Disease (MAFLD) and/or Non-Alcoholic Fatty Liver Disease (NAFLD), which can lead to NASH and fibrosis.

Renal Function

Estimated Glomerular Filtration Rate (eGFR) does not suggest any renal function disorder (grade G1).

Note: Urine is not included in this test, so we can not analyze the Albumin-to-Creatinine Ratio (ACR) to complement Renal Function results, (e.g. grade G1/A1, G1/A2 or G1/A3).

Note: Estimated Glomerular Filtration Rate (eGFR) has been calculated using the CKD-EPI 2021 equation based on creatinine. Creatinine is a metabolic waste product generated by normal muscle breakdown and excreted by the kidneys. While it remains the standard first-line biomarker for assessing renal filtration, its serum levels are inherently tied to physical constitution. Consequently, factors such as high muscle mass, recent intensive training, or creatine supplementation can artificially lower the eGFR

score, whereas low muscle mass or sarcopenia may overestimate kidney function.

Moreover, according Kidney Failure Risk Equation (KFRE), there is a very low 2-years risk of developing Renal Failure (RF). Specifically, there is a risk of 0.04 percent. Furthermore, the 5-years risk is 0.11.

Uric Acid Metabolism

Uric acid is inside the reference range and does not suggest neither hyperuricemia nor hypouricemia.

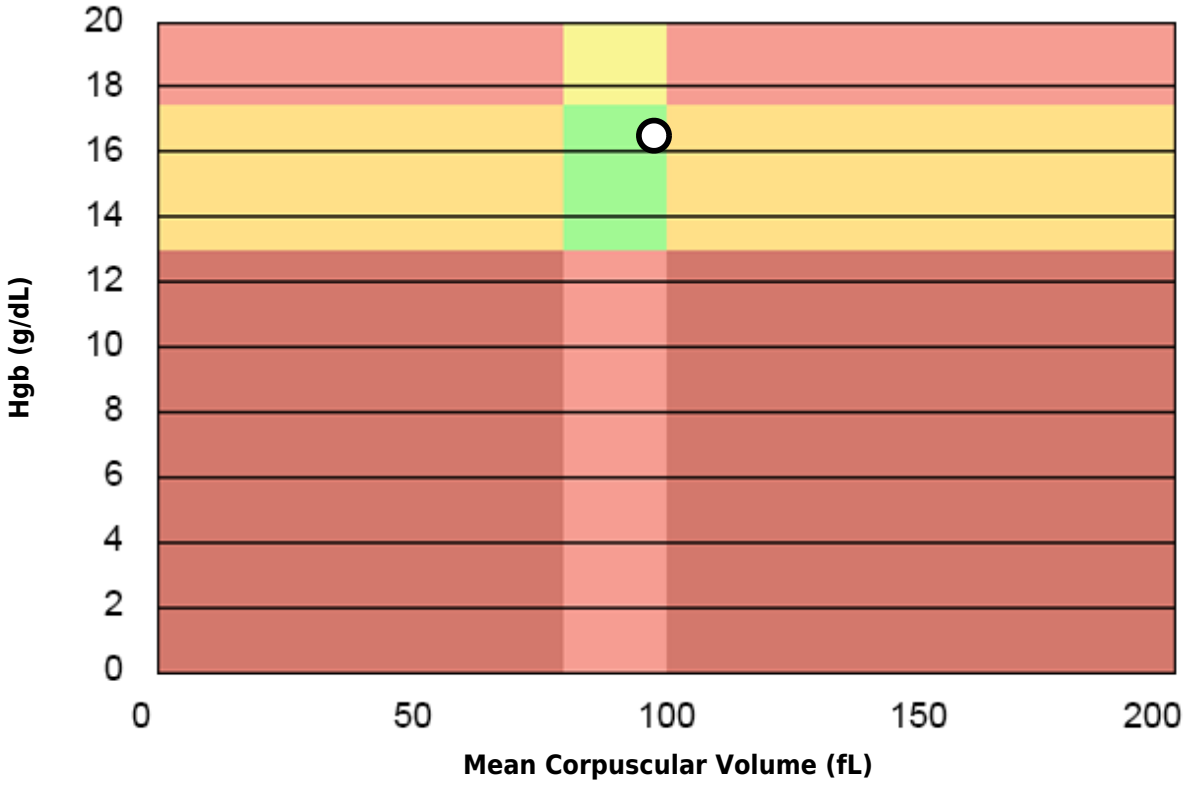
Iron Transport Function

CE

Results

Main hemogram related values are inside the reference range and do not suggest any red line or iron transport function disorder.

Graphical Representation of the Results



Graph Description

The graphic for hematology (Red Line) shows a black dot corresponding your Mean Corpuscular Volume (MCV) —plotted on the X-axis— and hemoglobin —plotted on the Y-axis—, over a colored background (if any value is greater or smaller than X-axis or Y-axis ranges of the graphic, the dot is colored in red and placed over the corresponding border).

Immune Cells System

CE

Results

Main leukocytes related values are inside the reference range and do not suggest any immune system disorder.

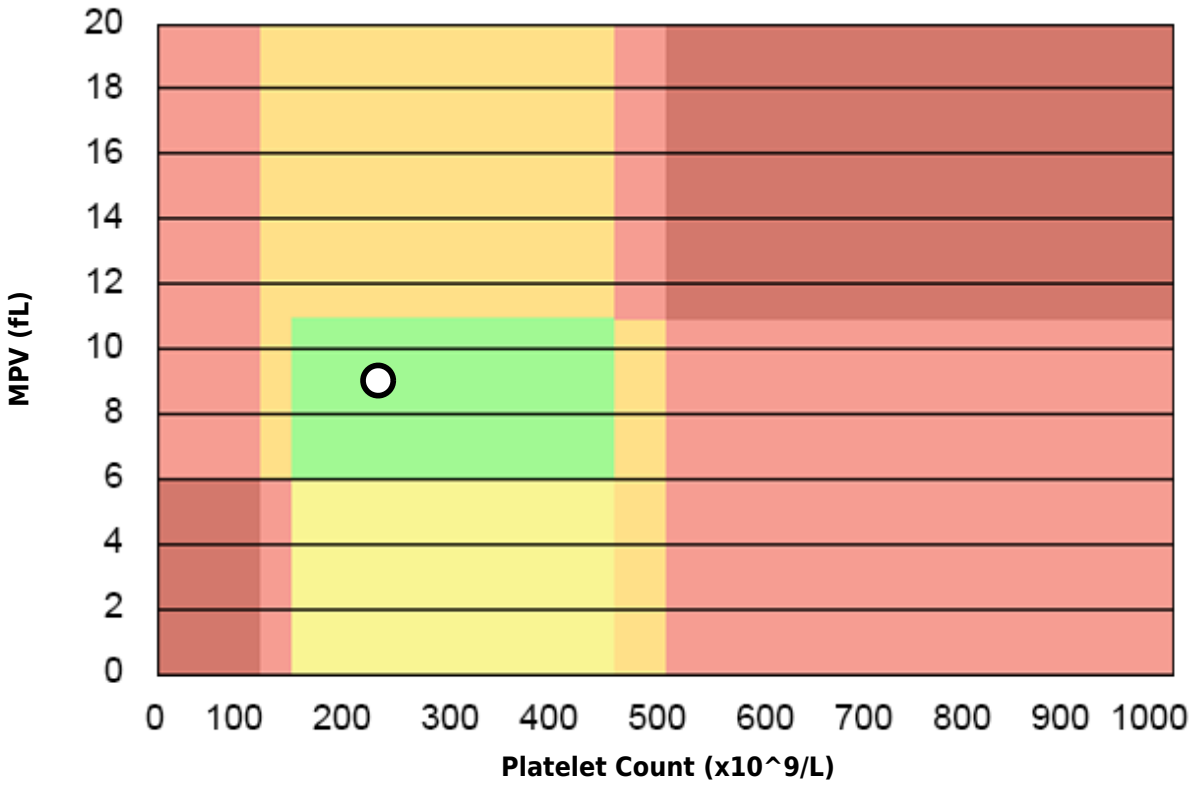
Platelet Function

CE

Results

Both Platelet Count and Mean Platelet Volume (MPV) levels are inside the reference range and do not suggest any platelet function disorder.

Graphical Representation of the Results



Graph Description

The graphic for platelet function shows a black dot corresponding your platelet count —plotted on the X-axis— and Mean Platelet Volume (MPV) —plotted on the Y-axis—, over a colored background (if any value is greater or smaller than X-axis or Y-axis ranges of the graphic, the dot is colored in red and placed over the corresponding border).

Cardiometabolic System

CE

Results

According to the Adult Treatment Panel III (ATP-III) —defined by the National Cholesterol Education Program (NCEP)—, there is a low risk of Metabolic Syndrome (MS).

The anthropometric indicators —Body Mass Index (BMI) and Waist-Hip Ratio (WHR)—, the blood pressure —both systolic pressure as diastolic pressure—, the atherogenic indices —Triglycerides/Cholesterol HDL Index, Atherogenic Index of Plasma (AIP), Castelli Risk Index I (CRI-I), Castelli Risk Index II (CRI-II) and Atherogenic Coefficient (AC)—, suggest a moderate Cardiovascular Risk (CVR).

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Moreover, the ApoB/ApoA1 Ratio does not increase the risk obtained by the Framingham Risk Score (FRS).

Regarding the Cardiovascular Risk (CVR) —a clinical tool based on accumulated epidemiological evidence obtained from your gender, age, Systolic Blood Pressure (SBP), Total Cholesterol (TC), High-Density Lipoprotein Cholesterol (HDL-c) and smoking habits—, suggest that you have a Vascular Age (VA) of 57 years (while your chronological age is 54 years), meaning you have the same risk as a 57 years old healthy man (instead of the one that would correspond to a healthy man of your age).

Note: Lipoprotein(a) is not included in this test, so we can not analyze one of the main hereditary dyslipidemias in patients with early coronary artery disease.

It is important to note that Lipoprotein(a) is a lipoprotein with a strong genetic component, whose levels are largely determined at birth and remain relatively stable throughout life. Unlike other lipid parameters, such as LDL cholesterol or triglycerides, Lipoprotein(a) is not significantly altered by lifestyle changes, which reinforces its value as a marker of inherent cardiovascular risk, further contributing to endothelial dysfunction and the development of accelerated atherosclerosis.

Conclusions

We suggest General Practitioner (GP) consultation in order to control your blood pressure, as well as to get advice on good eating and healthy lifestyle habits, as the best prevention against cardiovascular disorders.

Suggestions

In order to make the most of the doctor appointment, remember to make a list of all your symptoms, key medical information, family history and medications, vitamins or supplements you take.

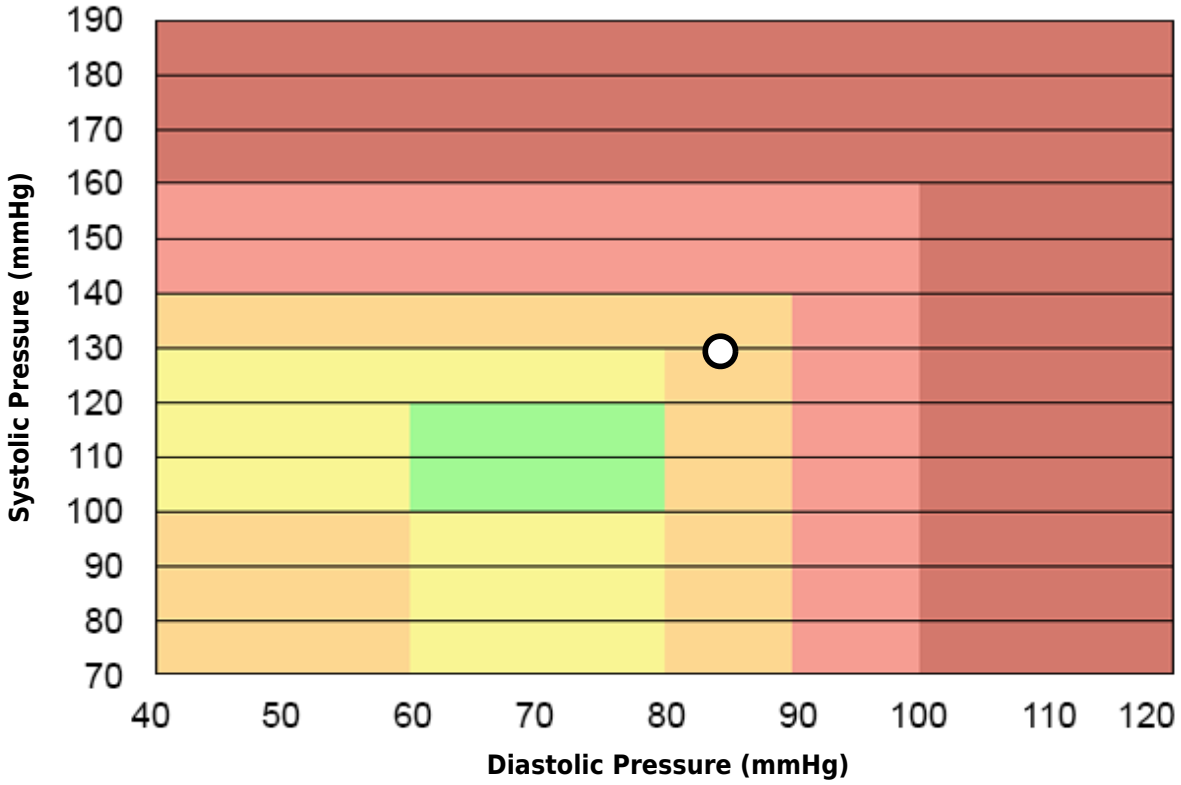
Blood Pressure

CE

Results

Both systolic and diastolic values suggest elevated blood pressure.

Graphical Representation of the Results



Graph Description

The graphic for blood pressure shows a black dot corresponding your diastolic pressure —plotted on the X-axis— and systolic pressure —plotted on the Y-axis—, over a colored background (if any value is greater or smaller than X-axis or Y-axis ranges of the graphic, the dot is colored in red and placed over the corresponding border).

Conclusions

We suggest General Practitioner (GP) consultation.

Suggestions

In order to make the most of the doctor appointment, remember to make a list of all your symptoms, key medical information, family history and medications, vitamins or supplements you take.

Anthropometric Indicators

CE

Results

Some anthropometric indicators are outside the reference range and could suggest a mild-moderate metabolic disorder (specifically, overweight with mild increased abdominal fat).

In this way, according to the Hodgdon & Beckett Formula related to Body Fat (BF) percentage, you have 24.44 percent of BF, when ideally —according to the Jackson-Pollack method for evaluating body fat percentage carried out in the late 1970s— you should be 18.90 percent. This means that, according to your weight (83.50 kg), you have 20.41 kg of fat mass and 63.09 kg of lean mass, so you should lose 4.63 kg of body fat.

Conclusions

We suggest General Practitioner (GP) consultation in order to get advice on good eating and healthy lifestyle habits, as the best prevention against several disorders related to overweight with mild increased abdominal fat.

Suggestions

In order to make the most of the doctor appointment, remember to make a list of all your symptoms, key medical information, family history and medications, vitamins or supplements you take.

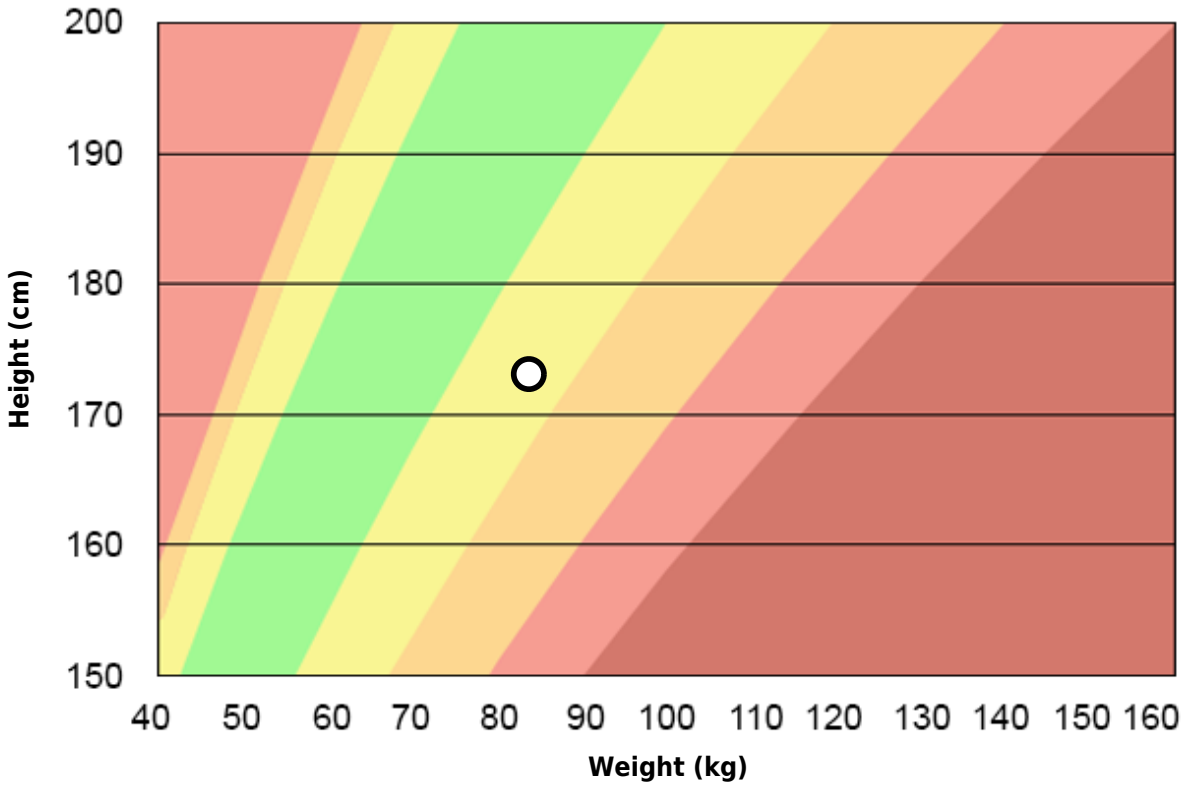
Body Mass Index (BMI)

CE

Results

According to height and weight, the Body Mass Index (BMI) obtained means overweight (pre-obesity).

Graphical Representation of the Results



Graph Description

The graphic for Body Mass Index (BMI) shows a black dot corresponding your weight —plotted on the X-axis— and height —plotted on the Y-axis—, over a colored background (if any value is greater or smaller than X-axis or Y-axis ranges of the graphic, the dot is colored in red and placed over the corresponding border). BMI has been calculated according to the 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults (A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society/BMI classification/World Health Organization) formula.

NOTE: BMI DOES NOT CONSIDER INDIVIDUAL FACTORS, SUCH AS BONE OR MUSCLE MASS, SO IT MAY INACCURATELY CATEGORIZE PEOPLE WITH HIGH MUSCLE MASS, ATHLETES, OR ELDERLY PEOPLE AS OVERWEIGHT OR UNDERWEIGHT. FOR THIS REASON, THE WAIST-TO-HIP RATIO (WHR) AND WAIST-TO-HEIGHT RATIO (WTHR) INDICES WERE SUBSEQUENTLY DEVELOPED —WHICH ARE ON THE FOLLOWING PAGES—, TO PROVIDE MORE PRECISE TOOLS FOR THESE CASES.

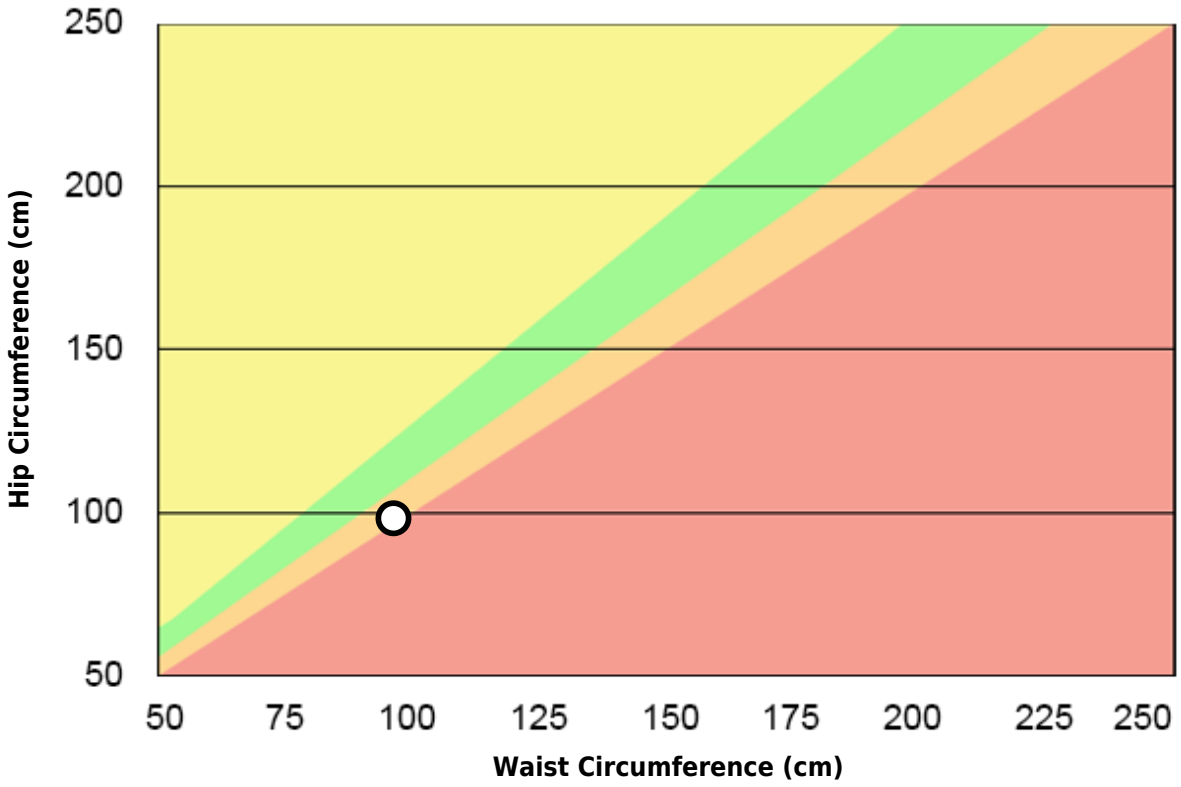
Waist-to-Hip Ratio (WHR)

CE

Results

According to waist and hip circumferences, the Waist-Hip Ratio (WHR) obtained means mild increased abdominal fat.

Graphical Representation of the Results



Graph Description

The graphic for Waist-Hip Ratio (WHR) shows a black dot corresponding your waist —plotted on the X-axis— and hip —plotted on the Y-axis—, over a colored background (if any value is greater or smaller than X-axis or Y-axis ranges of the graphic, the dot is colored in red and placed over the corresponding border). WHR has been calculated according to the World Health Organization (WHO) formula —that states that abdominal obesity is defined as a WHR above 0.90 for males and above 0.85 for females—.

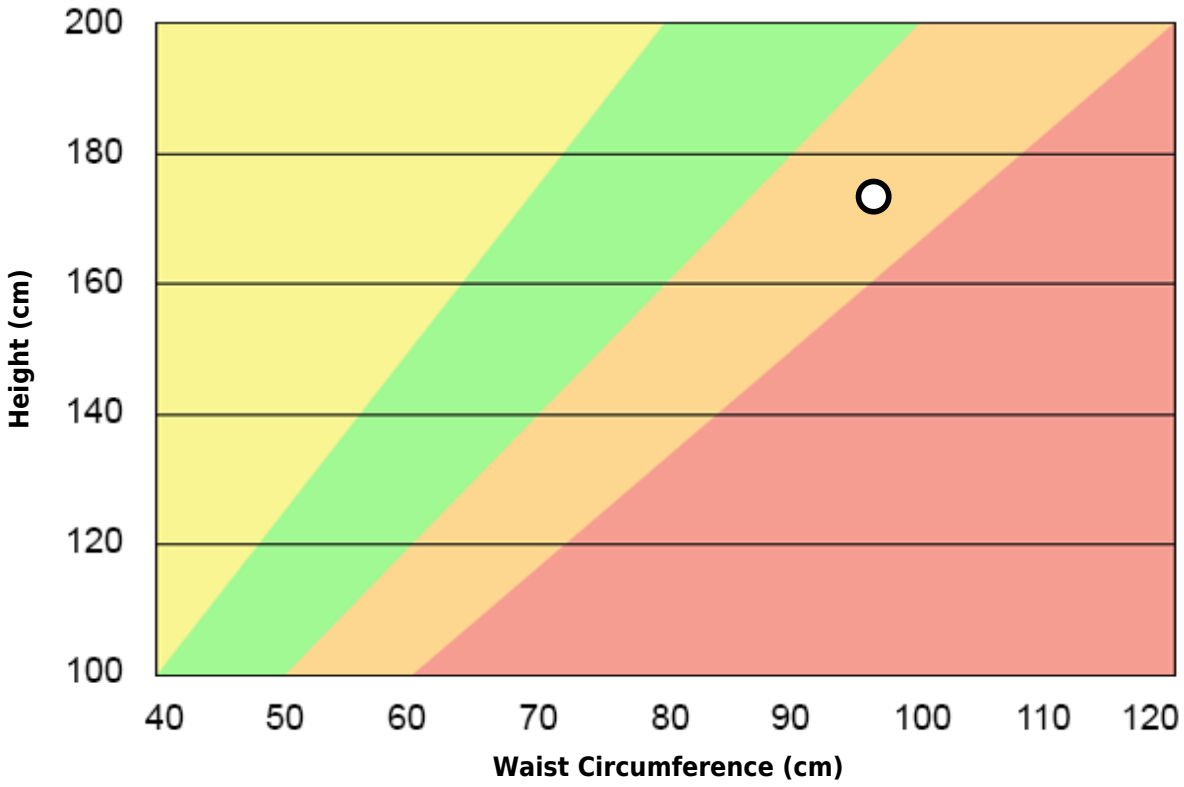
Waist-to-Height Ratio (WtHR)

CE

Results

According to waist and height, the Waist-to-Height Ratio (WtHR) obtained means mild increased abdominal fat.

Graphical Representation of the Results



Graph Description

The graphic for Waist-to-Height Ratio (WtHR) shows a black dot corresponding your waist —plotted on the X-axis— and height —plotted on the Y-axis—, over a colored background (if any value is greater or smaller than X-axis or Y-axis ranges of the graphic, the dot is colored in red and placed over the corresponding border). WtHR has been calculated according to the 'Ashwell® Shape Chart based on waist-to-height ratio', developed by Margaret Ashwell in the 1990s, as a tool to assess an individual's risk of developing health problems related to obesity, particularly those linked to abdominal fat.

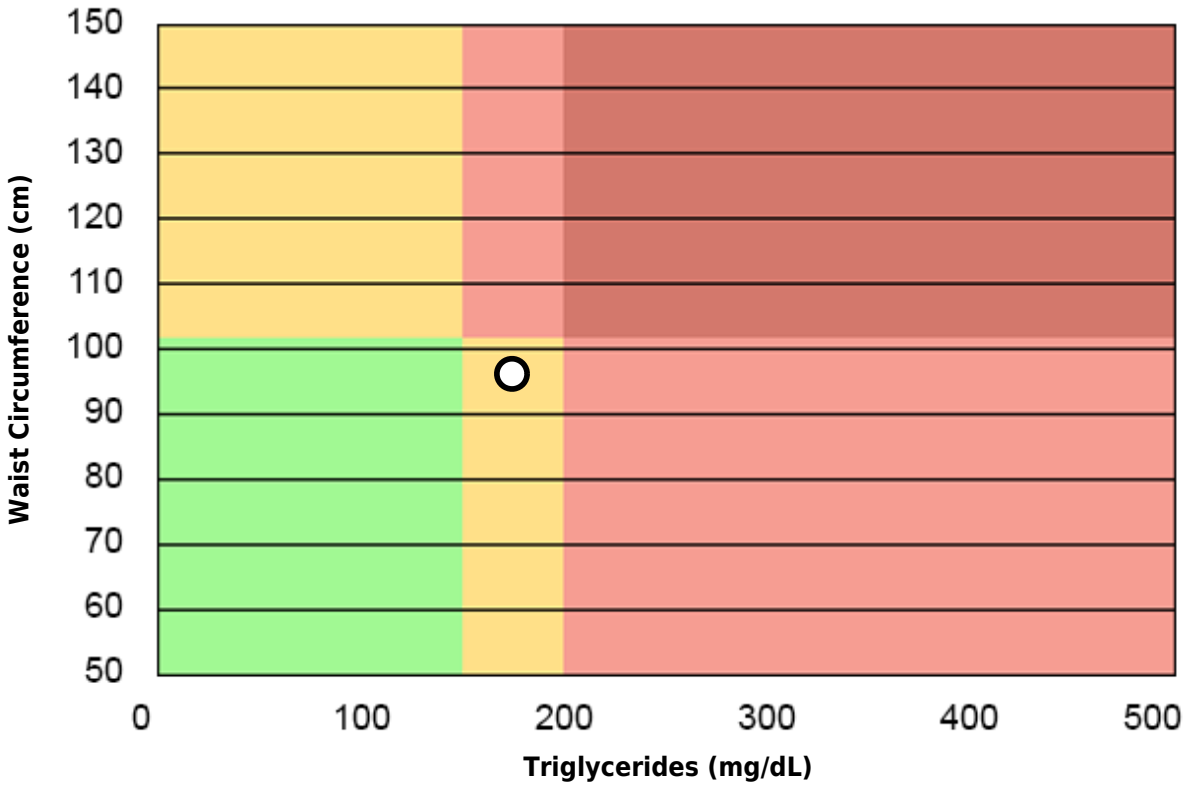
Hypertriglyceridemic Waist (HW)

CE

Results

According to waist circumference and Triglycerides (TG) levels, there is Normal Waist with Elevated Triglycerides (NWET).

Graphical Representation of the Results



Graph Description

The graphic for Hypertriglyceridemic Waist (HW) shows a black dot corresponding your Triglycerides (TG) —plotted on the X-axis— and waist —plotted on the Y-axis—, over a colored background (if any value is greater or smaller than X-axis or Y-axis ranges of the graphic, the dot is colored in red and placed over the corresponding border). HW has been calculated according to the EPIC-Norfolk study —a population-based study involving 25.668 men and women aged 45–79 years in Norfolk, United Kingdom—.

Atherogenic Indices

CE

Results

Some atherogenic indices are outside the reference range and could suggest a mild-moderate atherogenic disorder. Please review next pages for more details.

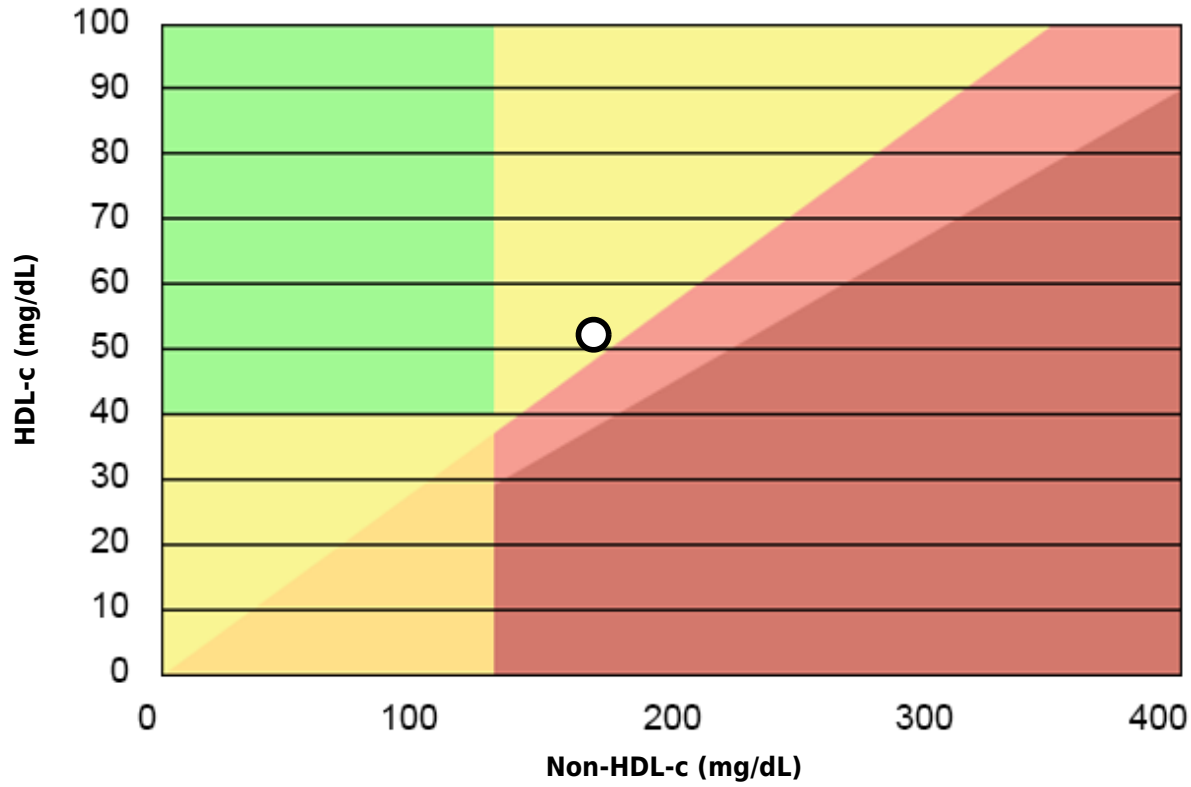
Atherogenic Indices (AC)

CE

Results

According to Atherogenic Coefficient (AC), there is a low risk —no risk—, of an atherogenic disease.

Graphical Representation of the Results



Graph Description

The graphic for Atherogenic Coefficient (AC) shows a black dot corresponding your Non-High-Density Lipoprotein Cholesterol (non-HDL-c) —plotted on the X-axis— and High-Density Lipoprotein Cholesterol (HDL-c) —plotted on the Y-axis—, over a colored background (if any value is greater or smaller than X-axis or Y-axis ranges of the graphic, the dot is colored in red and placed over the corresponding border). The AC has been calculated according to the ecuation stated by Dobiásová M et al. in 2000.

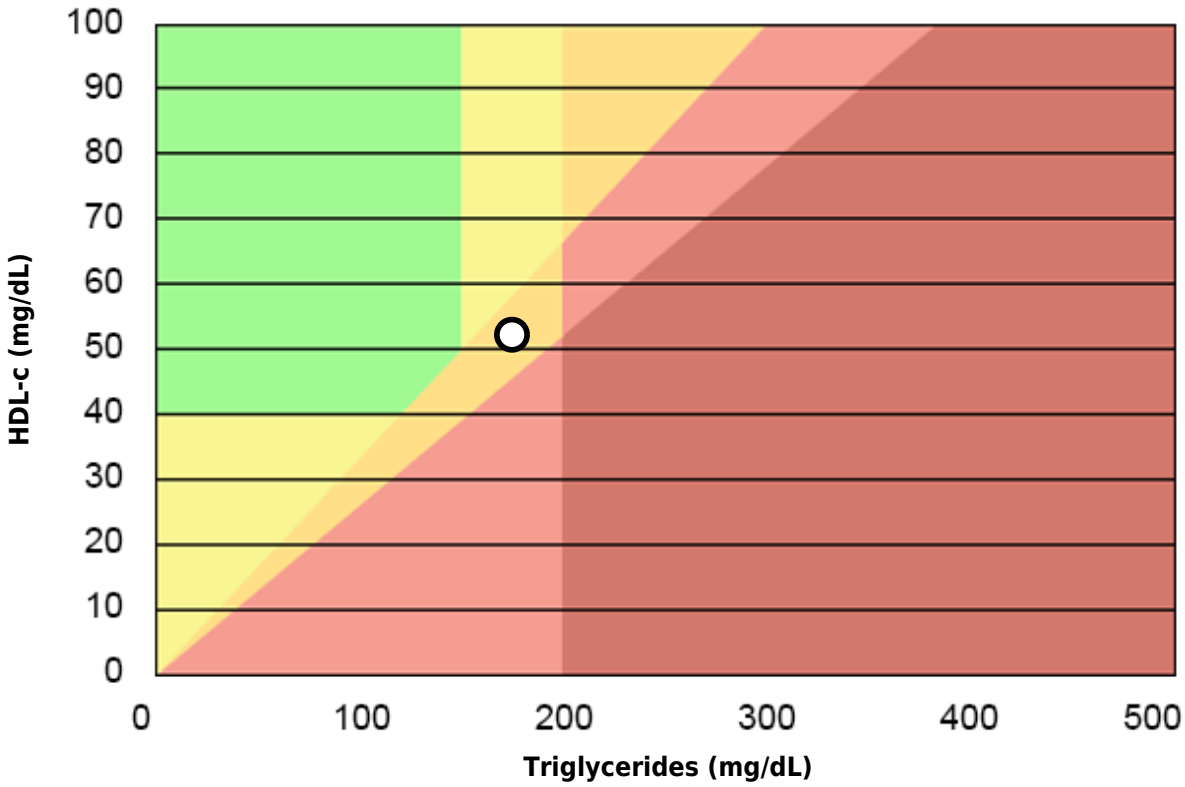
Atherogenic Indices (AIP)

CE

Results

According to Atherogenic Index of Plasma (AIP), there is a moderate risk of an atherogenic disease.

Graphical Representation of the Results



Graph Description

The graphic for Atherogenic Index of Plasma (AIP) shows a black dot corresponding your Triglycerides (TG) —plotted on the X-axis— and High-Density Lipoprotein Cholesterol (HDL-c) —plotted on the Y-axis—, over a colored background (if any value is greater or smaller than X-axis or Y-axis ranges of the graphic, the dot is colored in red and placed over the corresponding border). The AIP has been calculated according to the ecuation stated by Dobiásová M et al. in 2001.

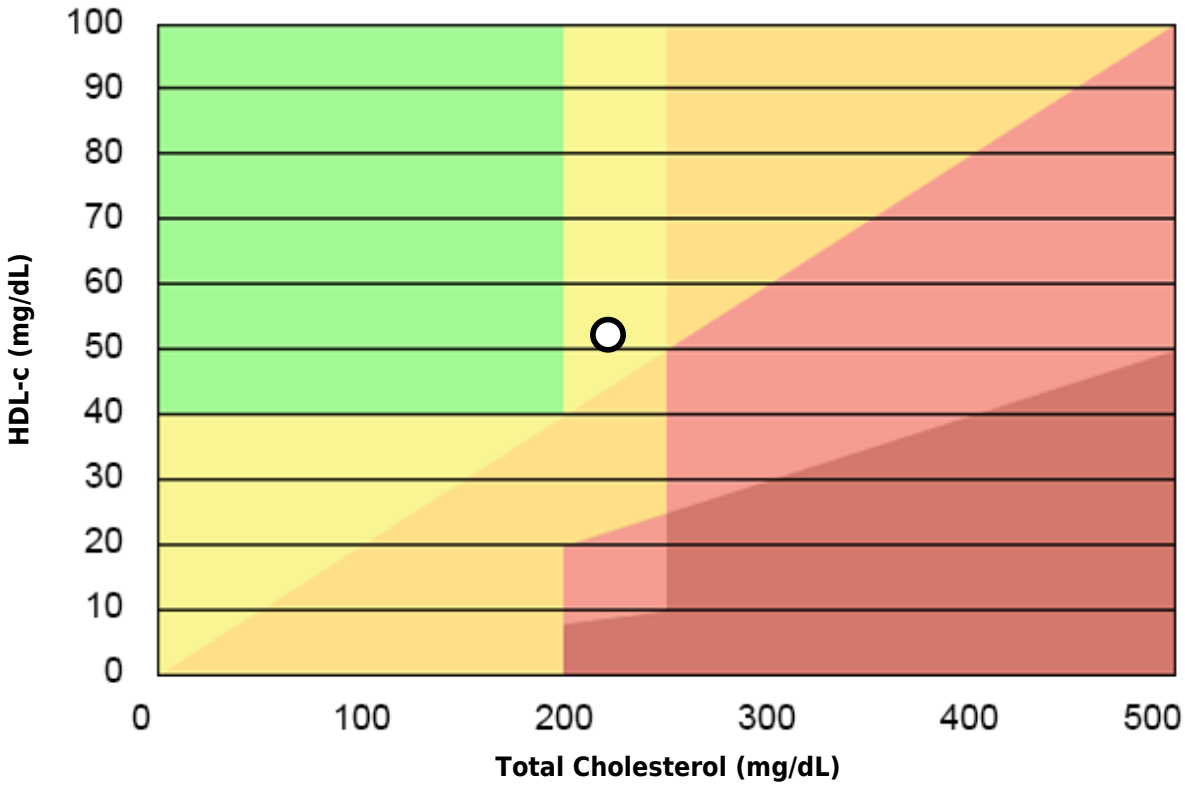
Atherogenic Indices (CRI-I)

CE

Results

According to Castelli Risk Index I (CRI-I), there is a low risk —no risk—, of an atherogenic disease.

Graphical Representation of the Results



Graph Description

The graphic for Castelli Risk Index - I (CRI-I) shows a black dot corresponding your Total Cholesterol (TC) —plotted on the X-axis— and High-Density Lipoprotein Cholesterol (HDL-c) —plotted on the Y-axis—, over a colored background (if any value is greater or smaller than X-axis or Y-axis ranges of the graphic, the dot is colored in red and placed over the corresponding border). The CRI-I has been calculated according to the ecuation stated by Castelli WP et al. in 1983.

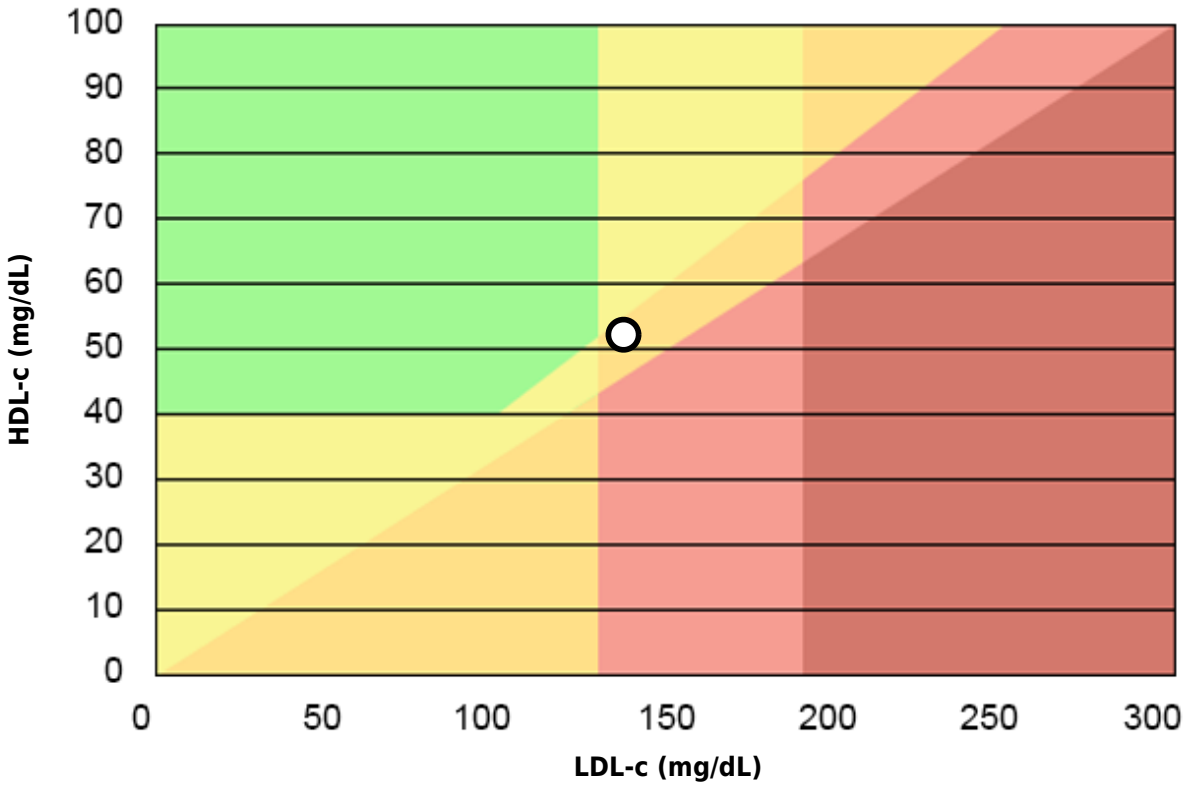
Atherogenic Indices (CRI-II)

CE

Results

According to Castelli Risk Index II (CRI-II), there is a moderate risk of an atherogenic disease.

Graphical Representation of the Results



Graph Description

The graphic for Castelli Risk Index - II (CRI-II) shows a black dot corresponding your Low-Density Lipoprotein Cholesterol (LDL-c) —plotted on the X-axis— and High-Density Lipoprotein Cholesterol (HDL-c) —plotted on the Y-axis—, over a colored background (if any value is greater or smaller than X-axis or Y-axis ranges of the graphic, the dot is colored in red and placed over the corresponding border). The CRI-II has been calculated according to the ecuation stated by Castelli WP et al. in 1983.

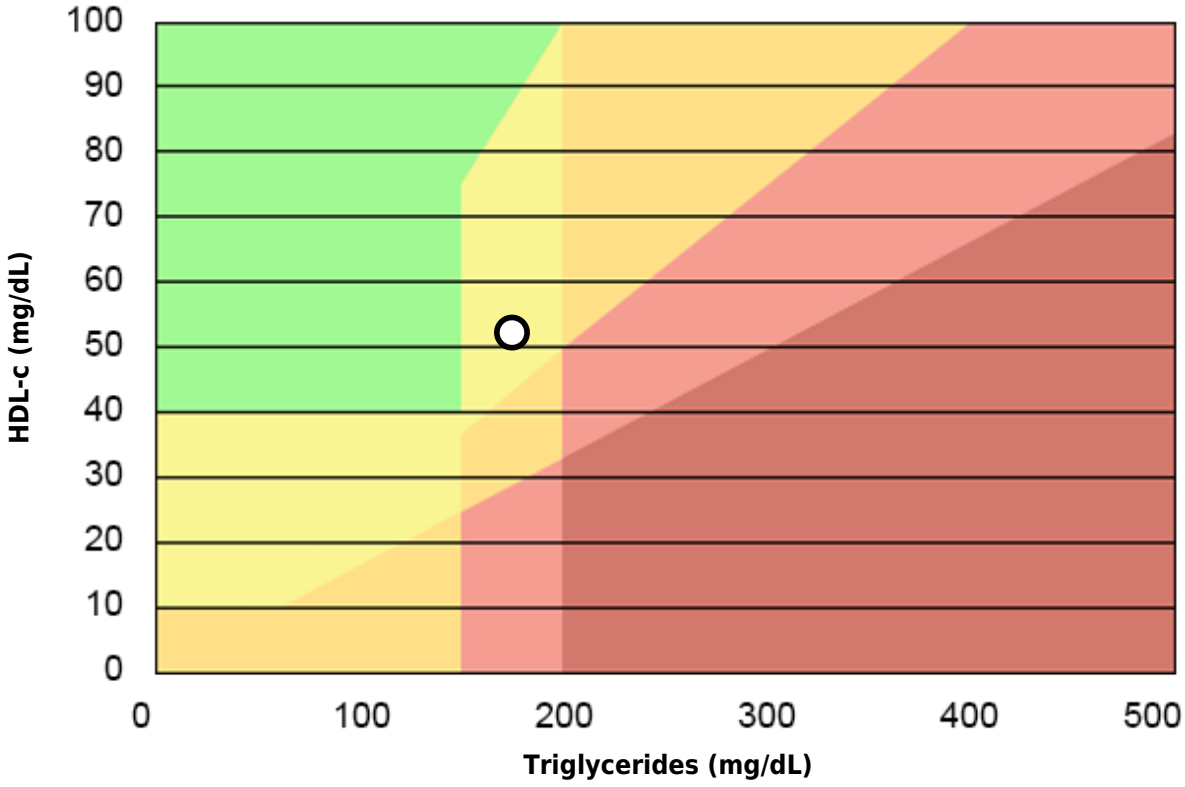
Atherogenic Indices (TG/HDL-c Index)

CE

Results

According to Triglycerides/HDL Cholesterol (HDL-c) Index, there is a very low risk —no risk—, of an atherogenic disease.

Graphical Representation of the Results



Graph Description

The graphic for Triglycerides/Cholesterol HDL Index shows a black dot corresponding your Triglycerides (TG) —plotted on the X-axis— and High-Density Lipoprotein Cholesterol (HDL-c) —plotted on the Y-axis—, over a colored background (if any value is greater or smaller than X-axis or Y-axis ranges of the graphic, the dot is colored in red and placed over the corresponding border). The Triglycerides/Cholesterol HDL Index has been calculated according to the ecuation stated by Gaziano JM et al. in 1997.

Glucose Metabolism

CE

Results

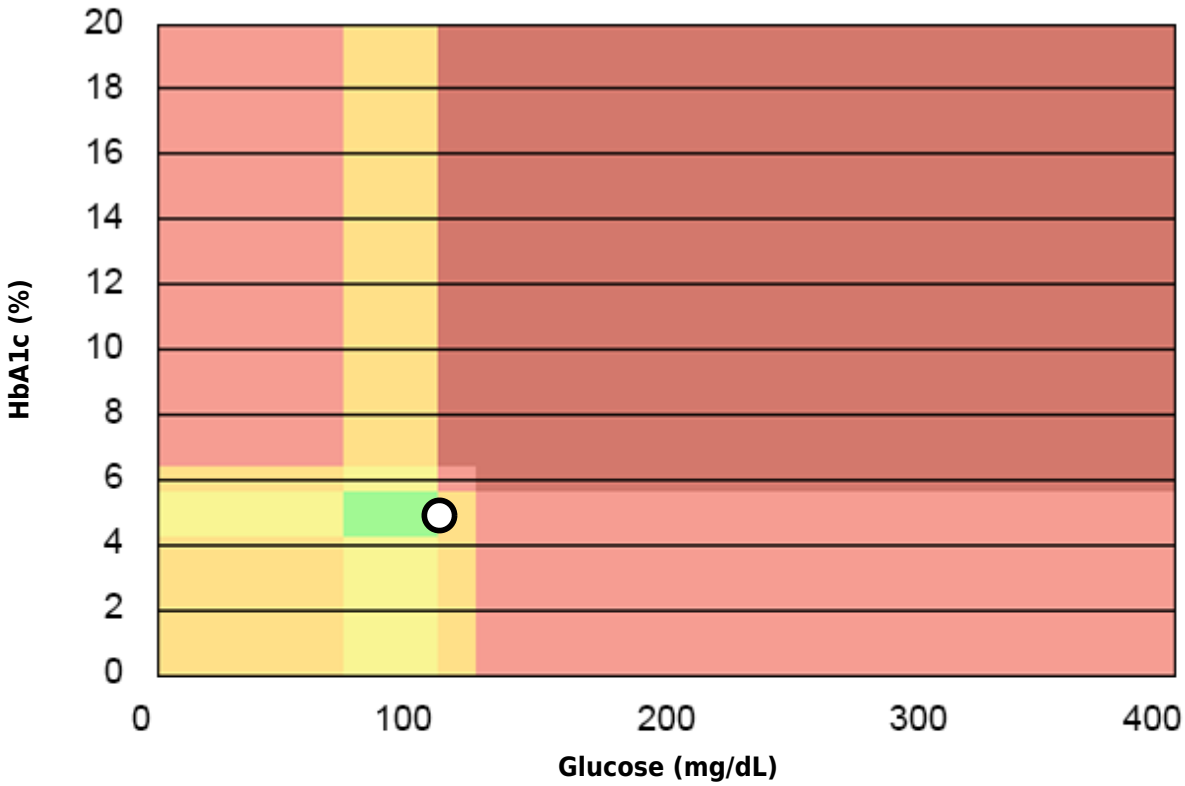
Glucose is outside the reference range and suggest hyperglycemia, possible prediabetes.

According to guidelines from leading health organizations, such as the American Diabetes Association (ADA), a prediabetes diagnosis is established when abnormal results are obtained in two separate tests.

In this regard, experts state that if a patient presents fasting glucose levels between 100 and 125 mg/dL in two different measurements —usually separated by an interval of one to two weeks—, the patient is confirmed to have prediabetes.

However, according to Diabetes Risk Calculator (DRC), there is a high 7.5-year risk of developing Type 2 Diabetes Mellitus (DM2). Specifically, there is a risk of 38.11 percent if at least one parent or sibling has Diabetes Mellitus (DM). However, if this is not the case, there is a risk of 27.57 percent.

Graphical Representation of the Results



Graph Description

The graphic for glucose metabolism function shows a black dot corresponding your levels of glucose —plotted on the X-axis— and glycated hemoglobin (Hb1Ac) —plotted on the Y-axis—, over a colored background (if any value is greater or smaller than X-axis or Y-axis ranges of the graphic, the dot is colored in red and placed over the corresponding border).

Conclusions

We suggest General Practitioner (GP) consultation in order to control your blood pressure, as well as to

get advice on good eating and healthy lifestyle habits, as the best prevention against Type 2 Diabetes Mellitus (DM2).

Suggestions

In order to make the most of the doctor appointment, remember to make a list of all your symptoms, key medical information, family history and medications, vitamins or supplements you take.

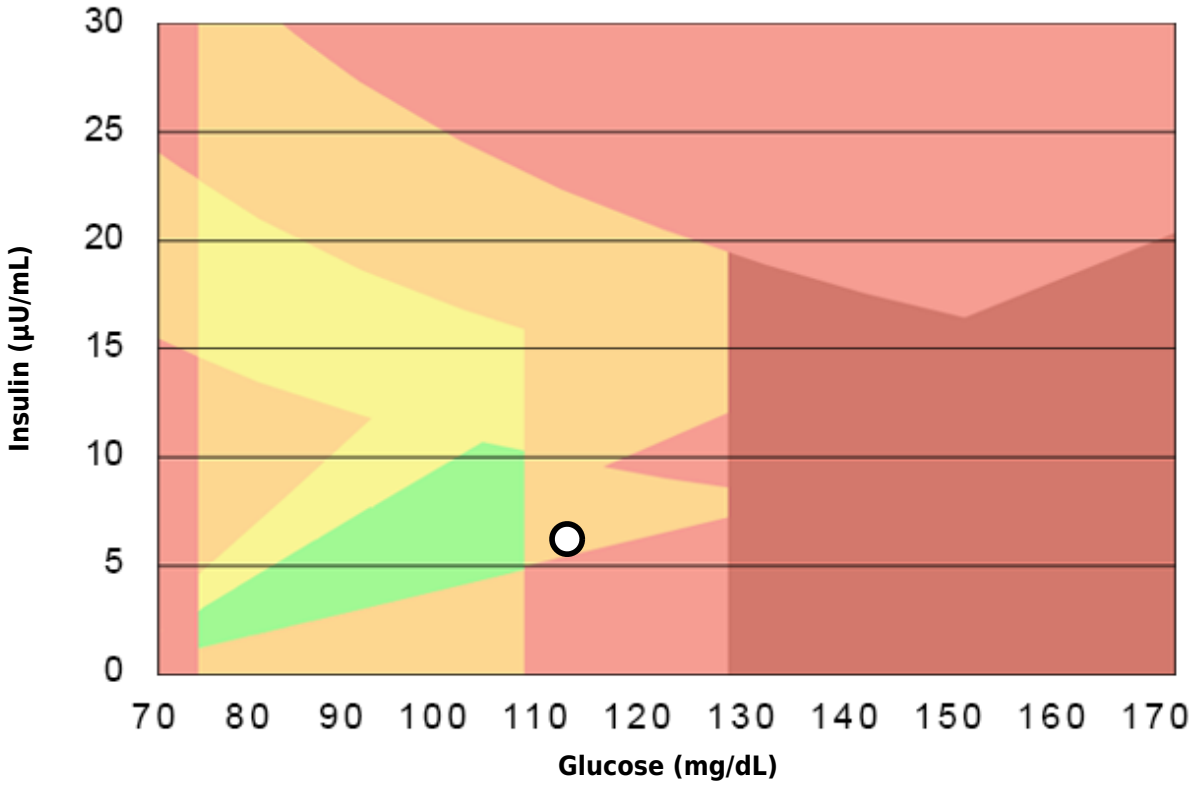
Pancreatic Endocrine Function

CE

Results

Although HOMA-IR is low, insulin levels suggest a a possible hypersensitivity to insulin, or the beginning of Beta-secretion claudication —it does not translate into a high hyperglycemia because Insulin Sensitivity (IS) is still quite good—.

Graphical Representation of the Results



Graph Description

The graphic for HOMA-IR Index shows a black dot corresponding your levels of glucose —plotted on the X-axis— and insulin —plotted on the Y-axis—, over a colored background (if any value is greater or smaller than X-axis or Y-axis ranges of the graphic, the dot is colored in red and placed over the corresponding border).

Conclusions

We suggest General Practitioner (GP) consultation in order to get advice on good eating and healthy lifestyle habits, as the best prevention against Type 2 Diabetes Mellitus (DM2).

Suggestions

In order to make the most of the doctor appointment, remember to make a list of all your symptoms, key medical information, family history and medications, vitamins or supplements you take.

Liver and Biliary Function

CE

Results

GGT is outside the reference range and could suggest an undetermined —but mild—, liver function disorder, probably related to alcohol intake.

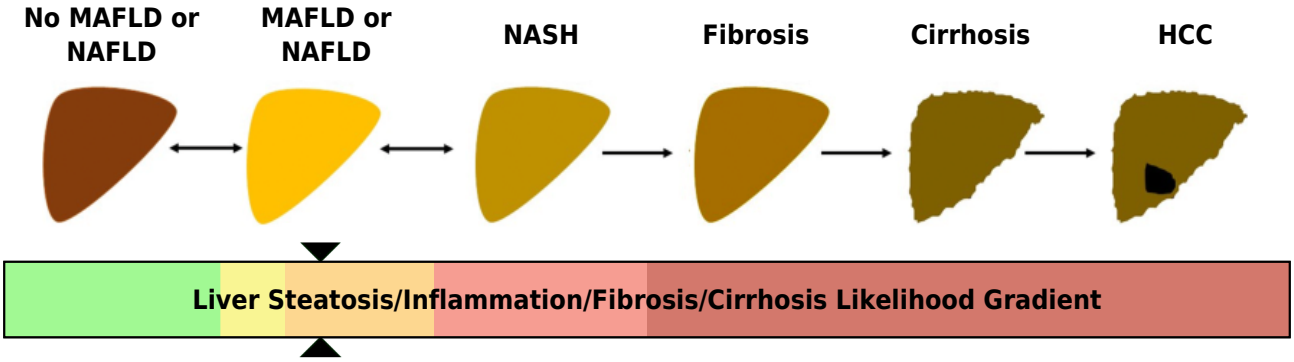
Besides, according to Fatty Liver Index (FLI), Liver Fat Score (LFS), Hepatic Steatosis Index (HSI), K-NAFLD Score, NAFLD Logit Score and NAFLD Ridge Score, there is a high risk for Metabolic Dysfunction-Associated Fatty Liver Disease (MAFLD) and/or Non-Alcoholic Fatty Liver Disease (NAFLD).

Moreover, according to acNASH, FAT Score, GHOLAM Score, HAIR Score and PALEKAR Score, there is no risk for Non-Alcoholic Steatohepatitis (NASH).

Furthermore, according to AST-to-Platelet Ratio Index (APRI), BAAT Score, BARD Score, FIB 4 Score, Fibrometer, Forns Fibrosis Index (FFI), Hepascore, NAFLD Fibrosis Score (NFS) and Steatosis-Associated Fibrosis Estimator (SAFE) Score, there is no risk for Non-Alcoholic Steatohepatitis (NASH) with fibrosis.

On the other hand, according Chronic Liver Disease (CLivD) Score, at this moment there is a risk of 2 percent —mild risk—, of developing Chronic Liver Disease (CLD) in 15 years. However, this may not be the case in the future —this percentage can be increased—, if you do not control your weight, since a high-calorie diet (fast food type foods or diets rich in refined carbohydrates —especially fructose, saturated fats and sugary drinks—), along with little physical activity leads to overweight and obesity, the main cause of Metabolic Dysfunction-Associated Fatty Liver Disease (MAFLD) and/or Non-Alcoholic Fatty Liver Disease (NAFLD), which can lead to NASH and fibrosis.

Graphical Representation of the Results



Conclusions

We suggest General Practitioner (GP) consultation.

Suggestions

In order to make the most of the doctor appointment, remember to make a list of all your symptoms, key medical information, family history and medications, vitamins or supplements you take.

Renal Function

CE

Results

Estimated Glomerular Filtration Rate (eGFR) does not suggest any renal function disorder (grade G1).

Note: Urine is not included in this test, so we can not analyze the Albumin-to-Creatinine Ratio (ACR) to complement Renal Function results, (e.g. grade G1/A1, G1/A2 or G1/A3).

Note: Estimated Glomerular Filtration Rate (eGFR) has been calculated using the CKD-EPI 2021 equation based on creatinine. Creatinine is a metabolic waste product generated by normal muscle breakdown and excreted by the kidneys. While it remains the standard first-line biomarker for assessing renal filtration, its serum levels are inherently tied to physical constitution. Consequently, factors such as high muscle mass, recent intensive training, or creatine supplementation can artificially lower the eGFR score, whereas low muscle mass or sarcopenia may overestimate kidney function.

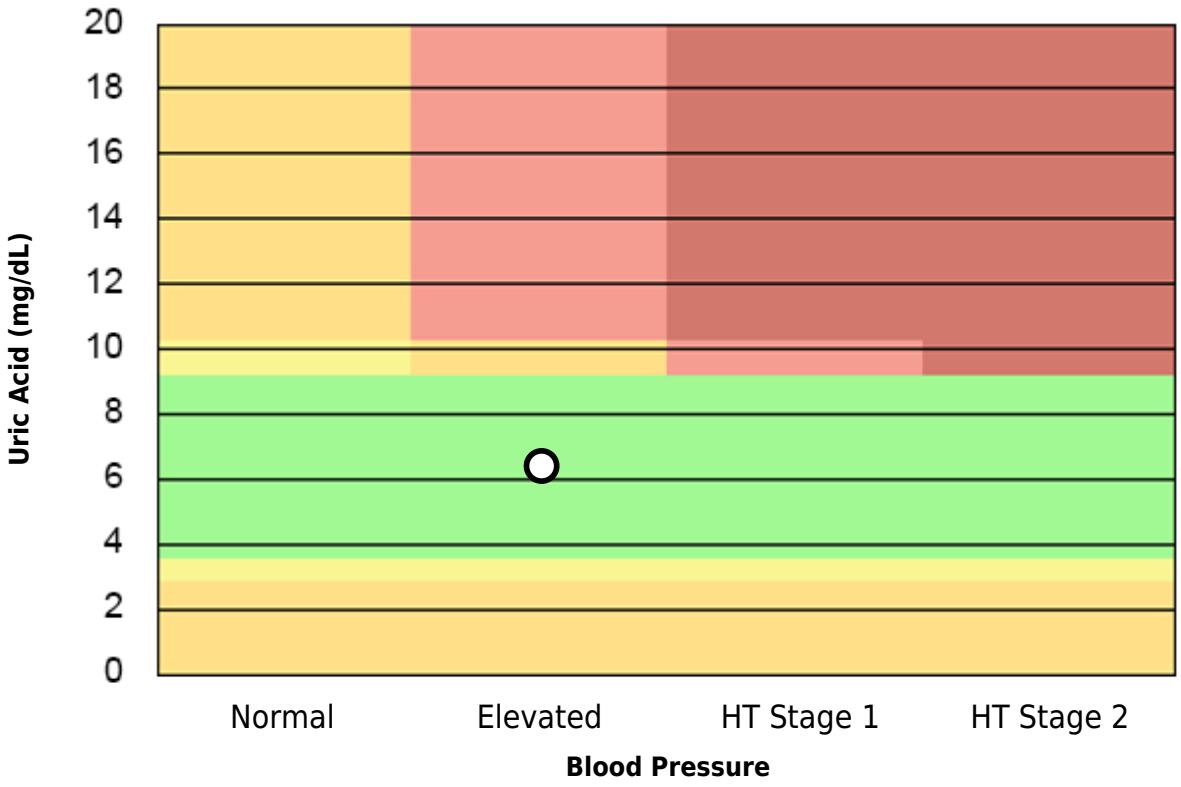
Uric Acid Metabolism

CE

Results

Uric acid is inside the reference range and does not suggest neither hyperuricemia nor hypouricemia.

Graphical Representation of the Results



Graph Description

The graphic for uric acid metabolism shows a black dot corresponding your blood pressure —plotted on the X-axis— and uric acid —plotted on the Y-axis—, over a colored background (if any value is greater or smaller than X-axis or Y-axis ranges of the graphic, the dot is colored in red and placed over the corresponding border).

Supplements

CE

Disclaimer: About Supplement Safety

ALTHOUGH SUPPLEMENTS ARE GENERALLY SAFE FOR MOST ADULTS WHEN USED AT RECOMMENDED DOSES AND DURATIONS, EXCESSIVE INTAKE MAY CAUSE GASTROINTESTINAL DISCOMFORT. IN THIS WAY, CAUTION IS NEEDED WHEN COMBINING SUPPLEMENTS WITH MULTIVITAMIN OR MULTIMINERAL COMPLEXES, AS OVERLAPPING INGREDIENTS MAY LEAD TO EXCESSIVE INTAKE.

ALWAYS READ THE PRODUCT LABEL CAREFULLY, INCLUDING EXCIPIENTS AND ADDITIVES, AND CONSULT YOUR DOCTOR OR PHARMACIST IF IN DOUBT. THIS IS ESPECIALLY IMPORTANT FOR INDIVIDUALS WITH A HISTORY OF ALLERGIES, AUTOIMMUNE CONDITIONS, GASTROINTESTINAL DISORDERS, OR THOSE ON CHRONIC MEDICATION.

BEFORE STARTING ANY SUPPLEMENTATION, WE SUGGEST GENERAL PRACTITIONER (GP) CONSULTATION IF YOU HAVE HEART CONDITIONS, LIVER OR KIDNEY DISEASE, A HISTORY OF KIDNEY STONES, EPILEPSY OR BIPOLAR DISORDER. IT IS NOT RECOMMENDED TO INITIATE SUPPLEMENTATION WITH MINERALS, VITAMINS, OR ANY OTHER NUTRACEUTICAL WITHOUT PRIOR CLINICAL OR LABORATORY EVALUATION —SUCH AS THE ONE INCLUDED IN THIS TEST—, TO JUSTIFY ITS NECESSITY —UNNECESSARY USE MAY LEAD TO SEVERE SIDE EFFECTS—.

Warning: Supplements do not Replace a Proper Diet

While nutritional supplements can help correct deficiencies, enhance specific functions, or support targeted treatments, they should not replace a healthy, varied, and balanced diet. In this way, recent studies emphasize the importance of consuming up to 40 different foods per week from the following categories: vegetables rich in fiber, vitamins, and antioxidants; fruits that provide fiber, water, and micronutrients; nuts, seeds, and legumes; healthy animal and plant-based proteins; whole grains, tubers, and natural derivatives; dairy and fermented options; healthy fats; and natural herbs and spices.

Finally, once serum levels are normalized by improving your diet or recommended supplementation, reducing to a maintenance dose —or stopping completely—, may be appropriate, depending on ongoing clinical and laboratory evaluation.

Supplements Protocol and Prioritization Strategy

Following this supplement introduction page, the next three categories are dedicated to "Recommended Supplements to enhance Functional and Systemic Support", "Recommended Supplements to reduce Oxidative Stress" and "Recommended Supplements to enhance Longevity". Please note that these three categories are dynamic, that is, not all of them will appear in every report, as their inclusion depends strictly on individual laboratory results.

In this way, among the categories generated, priority should always be given to the first section, that is, Recommended Supplements to enhance Functional and Systemic Support. Resolving these core issues may naturally improve and correct both oxidative stress scores and longevity markers, potentially eliminating the need for immediate secondary supplementation.

If there are no recommendations in the "Recommended Supplements to enhance Functional and Systemic Support" category, we suggest Longevity Specialist (LS) consultation to address those supplement recommendations related to oxidative stress and longevity.

Recommended Supplements to enhance Functional and Systemic Support CE

The supplements included in this section have been specifically selected based on the results of laboratory analyses and the clinical findings observed. Their purpose is to correct any identified nutritional deficiencies and to support metabolic and functional balance in areas where alterations have been detected. This recommendation is aimed at optimizing overall health and preventing potential associated complications.

NOTE: Some supplements may cause mild digestive discomfort, such as heartburn or reflux, especially at the beginning of treatment, as well as in predisposed individuals. If these symptoms occur, it is recommended to take the supplements with food and, if the discomfort persists, we suggest General Practitioner (GP) consultation to assess the need for specific gastric protectors, through the appropriate prescription.

Supplementation to enhance Cardiovascular System

Given your clinical profile, which includes excess body weight and/or possible metabolic disturbances, it could be advisable to begin daily supplementation with Omega-3 fatty acids.

In this way, we suggest General Practitioner (GP) consultation to evaluate starting supplementation with Omega-3 fatty acids, specifically EPA (eicosapentaenoic acid) and DHA (docosahexaenoic acid), defining the dosage according to your needs. This supplementation is best taken with a main meal. Besides, it is advisable to use high-purity, concentrated supplements, in the form of re-esterified triglycerides or ethyl esters, which allow therapeutic efficacy to be reached with fewer capsules.

A follow-up blood test should be performed to assess whether the potential metabolic disturbances have improved or resolved.

Omega-3 fatty acids have demonstrated significant benefits in lowering triglycerides, improving insulin sensitivity, modulating systemic inflammation, and supporting cardiovascular health—especially in individuals with overweight, metabolic risk, dyslipidemia, or insulin resistance.

Supplementation to enhance Metabolic Function

Your blood test results suggest mild-to-moderate metabolic dysfunction, such as overweight and/or an unfavorable lipid profile.

Although these changes are not yet classified as advanced dyslipidemia or diabetes, they represent an early stage of metabolic imbalance that may increase your future risk for cardiovascular disease, type 2 diabetes mellitus, and hepatic steatosis if not properly addressed.

To correct these early abnormalities and prevent progression to more severe disease, we suggest General Practitioner (GP) consultation to evaluate starting supplementation with berberine, a natural plant-derived compound with glucose-lowering and lipid-regulating properties, defining the dosage according to your needs. This supplementation is preferably taken with meals.

A follow-up blood test should be performed to evaluate improvements in lipid parameters, fasting glucose, and insulin sensitivity.

Berberine activates AMP-activated protein kinase (AMPK), a key metabolic regulator, improving insulin signaling, reducing hepatic glucose production, and enhancing lipid clearance. The efficacy of this compound is particularly beneficial in men with mild metabolic dysfunction, abdominal fat accumulation, or early signs of dyslipidemia.

Supplementation to enhance Pancreatic Endocrine Function

Your blood test results suggest mild elevated insulin levels, which may suggest a very early-stage insulin resistance —a metabolic condition that can precede the development of type 2 diabetes and other cardiometabolic disorders, such as central obesity or dyslipidemia—.

In this way, to improve insulin sensitivity and support metabolic balance, we suggest General Practitioner (GP) consultation to evaluate starting supplementation with myo-inositol, defining the dosage according to your needs.

A follow-up blood test should be performed to assess insulin response and glycemic control.

Besides, this supplementation should be taken with vitamin B9 (folate) to improve absorption (please note some myo-inositol supplements already include folate).

Moreover, this supplementation is best taken with food to improve gastrointestinal tolerance and enhance absorption. For added benefit, especially in cases with elevated triglycerides or fatty liver markers, combining myo-inositol with omega-3 fatty acids may provide additional support for metabolic health.

Myo-inositol is a naturally occurring compound involved in glucose metabolism, insulin signaling, and lipid regulation. In men, supplementation may help reduce fasting insulin levels, support weight management, and improve cardiometabolic resilience.

Recommended Supplements to reduce Oxidative Stress

CE

Although there is no single age, medical evidence often points to 30 as a critical biological turning point for considering preventative supplementation against oxidative stress. At this age, the organism could begin to decrease its optimal ability to autonomously neutralize free radicals, which are unstable molecules generated by factors such as solar radiation, environmental pollution, and cellular metabolism.

This early intervention acts as a biological support. By helping to mitigate oxidative stress in time, it could help to prevent accumulated damage from accelerating premature tissue senescence and support the long-term vitality of the organ systems.

In this way, the nutraceuticals included in this section have been specifically selected following an evaluation of the markers of Oxidative Stress identified in the laboratory results, such as hematologic, hepatic, or inflammatory oxidation levels, among others.

The primary purpose of these compounds is to support the neutralization of excess free radicals and reinforce endogenous antioxidant defense mechanisms, which remain critical for mitigating premature cellular damage. This strategy aims to reduce systemic oxidative load and protect tissue integrity against accelerated aging pathways.

NOTE: Some compounds may cause mild digestive discomfort, such as heartburn or reflux, especially at the beginning of the protocol or in predisposed individuals. If these symptoms occur, it is suggested to take the chosen nutraceuticals with food. If the discomfort persists, we suggest General Practitioner (GP) consultation to assess the need for specific gastric protectors or targeted pharmacological alternatives through the appropriate prescription.

Supplementation to reduce Cardiovascular Oxidation

Based on your laboratory results, you could benefit from Berberine supplementation.

Managing oxidative stress related to Cardiovascular Function is critical, as targeted nutritional protocols can directly influence cellular defense mechanisms and mitochondrial health. Consequently, this nutraceutical intervention helps reduce mitochondrial reactive oxygen species production, enhance endogenous antioxidant enzyme activity, and protect vascular endothelial structures against oxidative damage.

Furthermore, to potentiate the therapeutic effect of the primary nutraceutical, the addition of Taurine as an enhancer is highly beneficial due to the low score identified in this section. This conditionally essential micronutrient works synergistically to maximize metabolic and cardiovascular resilience.

This combined strategy further optimizes glucose homeostasis, improves systemic insulin sensitivity, and attenuates aging-related inflammatory pathways that affect the vascular system.

To safely integrate this protocol into your routine, we suggest General Practitioner (GP) or Longevity Physician (LP) consultation to evaluate your specific biomarker profile and confirm that this supplement is suitable for you, as well as to determine a personalized approach.

Supplementation to reduce Hepatic Oxidation

Based on your laboratory results, you could benefit from GlyNAC supplementation.

Managing oxidative stress related to Hepatic Function is critical, as targeted nutritional protocols can

directly influence cellular detoxification and metabolic pathway longevity. Consequently, this nutraceutical intervention helps restore intracellular glutathione concentrations, mitigate hepatic lipid accumulation, and protect liver tissue from advanced systemic oxidative damage.

Furthermore, to potentiate the therapeutic effect of the primary nutraceutical, the addition of Glutathione as an enhancer is highly beneficial due to the low score identified in this section. Direct exogenous repletion works synergistically to support systemic antioxidant pools.

This combined strategy further accelerates the recovery of optimal cellular redox status, enhances the clearance of free radicals, and provides direct structural defense to hepatic tissue.

To safely integrate this protocol into your routine, we suggest General Practitioner (GP) or Longevity Physician (LP) consultation to evaluate your specific biomarker profile and confirm that this supplement is suitable for you, as well as to determine the optimal, personalized therapeutic dosage.

Supplementation to enhance Antioxidant Protection

Based on your laboratory results, you could benefit from Sulforaphane supplementation to help manage oxidative stress related to Total Antioxidant Capacity.

Targeted nutritional protocols can directly influence endogenous detoxification systems and cellular resilience pathways. Consequently, this nutraceutical intervention helps upregulate nuclear factor erythroid 2-related factor 2 transcriptional activation, enhance the synthesis of downstream phase II detoxifying enzymes, and optimize overall cellular defense against free radicals.

Furthermore, to potentiate the therapeutic effect of the primary nutraceutical, the addition of L-Ergothioneine as an enhancer is highly beneficial due to the low score identified in this section. This specialized cytoprotective compound works synergistically to maximize cellular defense.

This combined strategy further amplifies the replenishment of mitochondrial antioxidant pools, provides targeted protection to vital cellular components, and enhances long-term systemic resilience against damage from reactive oxygen species.

To safely integrate this protocol into your routine, we suggest General Practitioner (GP) or Longevity Physician (LP) consultation to evaluate your specific biomarker profile and confirm that this supplement is suitable for you, as well as to determine the optimal, personalized therapeutic dosage.

Recommended Supplements to enhance Longevity

CE

Although there is no single age, medical evidence often points to 40 as a critical biological turning point for considering preventative interventions focused on longevity. It is during this decade that the decline of essential coenzymes, such as Nicotinamide Adenine Dinucleotide (NAD+), could become more pronounced, potentially affecting the inherent cellular ability to undergo proper DNA repair.

By introducing targeted NAD+ precursors and sirtuin activators (which are enzymatic pathways associated with cellular maintenance), such as resveratrol, the primary objective is to optimize the metabolic pathways that sustain cellular energy. These advanced nutraceuticals could help cells maintain a more resilient functional state, thereby enhancing overall cellular defense mechanisms.

At this physiological level, the goal transitions from merely protecting against external environmental factors to actively supporting the regenerative capacity of the organism. This strategy is designed to extend healthy lifespan, aiming to maintain physical activity and mitigate the progression of age-associated degenerative processes over time.

In this way, the nutraceuticals included in this section have been specifically selected following an evaluation of the Longevity Score and the analysis of key biomarkers related to metabolic health, renal function, or cellular senescence, among others.

The purpose of these specific compounds is to modulate the biological pathways of aging, optimize mitochondrial efficiency, and promote the clearance of senescent cells to foster a longer healthy life expectancy. This recommendation is aimed at decelerating biological wear and tear while enhancing the long-term resilience of the systemic architecture.

NOTE: Some compounds may cause mild digestive discomfort, such as heartburn or reflux, especially at the beginning of the protocol or in predisposed individuals. If these symptoms occur, it is suggested to take the chosen nutraceuticals with food. If the discomfort persists, we suggest General Practitioner (GP) consultation to assess the need for specific gastric protectors or targeted pharmacological alternatives through the appropriate prescription.

Supplements to enhance Cellular Resilience and Mitochondrial Health

Based on your laboratory results, you could benefit from Nicotinamide Mononucleotide (NMN) combined with Trimethylglycine (TMG) supplementation.

Managing biomarkers related to Hematological Longevity is critical, as targeted nutritional protocols can directly influence systemic cellular vitality and mitigate age-associated vascular decline. Consequently, this dual nutraceutical approach elevates intracellular nicotinamide adenine dinucleotide pools while simultaneously safeguarding vital methylation pathways. The inclusion of a dedicated methyl donor is essential when upregulating cellular energy, as it prevents the depletion of systemic methyl reserves and helps maintain ideal homocysteine regulation.

To safely integrate this protocol into your routine, we suggest General Practitioner (GP) or Longevity Physician (LP) consultation to evaluate your specific biomarker profile and confirm that this supplement is suitable for you, as well as to determine the optimal, personalized therapeutic dosage.

Supplementation to enhance Hematology Longevity

Based on your laboratory results, you could benefit from Nicotinamide Mononucleotide (NMN) combined with Trimethylglycine (TMG) supplementation.

Managing biomarkers related to Hematological Longevity is critical, as targeted nutritional protocols can directly influence systemic cellular vitality and mitigate age-associated vascular decline. Consequently, this dual nutraceutical approach elevates intracellular nicotinamide adenine dinucleotide pools while simultaneously safeguarding vital methylation pathways. The inclusion of a dedicated methyl donor is essential when upregulating cellular energy, as it prevents the depletion of systemic methyl reserves and helps maintain ideal homocysteine regulation.

To safely integrate this protocol into your routine, we suggest General Practitioner (GP) or Longevity Physician (LP) consultation to evaluate your specific biomarker profile and confirm that this supplement is suitable for you, as well as to determine the optimal, personalized therapeutic dosage.

Supplementation to enhance Cardiometabolic Longevity

Based on your laboratory results, you could benefit from Metformin supplementation.

Optimizing pathways related to Cardiovascular Longevity is fundamental, as strategic interventions can directly influence endothelial health and vascular youthfulness. Consequently, the administration of this compound activates crucial longevity pathways, enhances endothelial nitric oxide synthase expression, and maintains structural arterial flexibility over time. This targeted molecular approach further decelerates the progression of cellular senescence within the vascular wall, supports healthy blood pressure dynamics, and promotes biological rejuvenating mechanisms.

Furthermore, to reinforce this targeted protocol, the introduction of Pterostilbene as an enhancer provides significant biological advantages due to the low score identified in this section. Integrating this structurally related analog works synergistically to maximize cellular defense.

This comprehensive strategy amplifies the activation of sirtuin signaling, promotes heightened cardiovascular resilience, and enhances the overall preservation of endothelial function.

To safely integrate this protocol into your routine, we suggest General Practitioner (GP) or Longevity Physician (LP) consultation to evaluate your specific biomarker profile and confirm that this supplement is suitable for you, as well as to determine the optimal, personalized therapeutic dosage.

Important Clinical Note: Metformin is strictly classified as a prescription medication (pharmaceutical drug) rather than an over-the-counter (OTC) dietary supplement. Consequently, it cannot be purchased freely and can only be legally acquired with an official medical prescription issued by a licensed healthcare professional.

Supplementation to enhance Hepatic Longevity

Based on your laboratory results, you could benefit from GlyNAC supplementation.

Managing biomarkers related to Hepatic Longevity is critical, as targeted nutritional protocols can directly influence intracellular detoxification processes and cellular aging pathways. Consequently, this nutraceutical intervention helps restore critical glutathione concentrations, supports healthy liver tissue structural preservation, and optimizes metabolic efficiency over time.

Furthermore, to reinforce this targeted protocol, the introduction of Sulforaphane as an enhancer provides significant biological advantages due to the low score identified in this section. This secondary compound works synergistically to maximize cellular defense.

This combined strategy amplifies endogenous detoxification mechanisms, activates phase II antioxidant enzymes, and promotes advanced physiological resilience throughout the hepatic system.

To safely integrate this protocol into your routine, we suggest General Practitioner (GP) or Longevity Physician (LP) consultation to evaluate your specific biomarker profile and confirm that this supplement is suitable for you, as well as to determine the optimal, personalized therapeutic dosage.

Supplementation to enhance Longevity Protection

Based on your laboratory results, you could benefit from taking Magnesium combined with Vitamin D3 and Vitamin K2. Vitamin K2 is essential when upregulating mineral absorption, as it prevents the detrimental calcification of arterial walls while ensuring that circulating calcium is directed toward the skeletal matrix.

Managing physiological markers related to Longevity and Anti-Aging is critical, as targeted nutritional protocols can directly influence long-term metabolic health and tissue preservation. Consequently, this multi-nutrient approach optimizes systemic mineral distribution and maintains cellular equilibrium over time.

Furthermore, to reinforce this targeted protocol, the introduction of either Creatine or Collagen serves as a powerful biological enhancer to combat oxidative stress. These compounds act synergistically to mitigate cellular lipid peroxidation, shield intracellular components from free radical damage, and optimize systemic redox homeostasis to halt age-associated cellular decline.

To safely integrate this protocol into your routine, we suggest General Practitioner (GP) or Longevity Physician (LP) consultation to evaluate your specific biomarker profile and confirm that this supplement is suitable for you, as well as to determine the optimal, personalized therapeutic dosage.

Tips for Cancer Prevention

CE

About Prevention

Cancer is the second leading cause of death worldwide, and exposure to risk factors plays an important role in the biology and burden of many cancer types.

Although some cancer cases are not preventable, you can by yourself to minimize exposure to known cancer risk factors.

In epidemiology there are 5 levels for prevention:

The first one, Primordial Prevention was described in 1978 —the most recent addition to preventive strategies—. It consists of risk factor reduction targeted towards an entire population through a focus on social and environmental conditions. Such measures typically get promoted through laws and national policy, such as increasing taxes on cigarettes or decreasing advertisement of tobacco, for example.

Secondly, Primary Prevention, or the prevention of a cancer developing, is a particularly cost-effective strategy aimed at a susceptible population or individual. However, it must be paired with more comprehensive efforts to address cancer burden, including Secondary Prevention initiatives, such as screening programs, and ensuring effective capacity to diagnose and treat those with cancer.

As part of cancer control strategies, prevention requires identification of causal risk factors, determination of contribution to local cancer burden, and development of effective strategies for their mitigation, such as the New York State's Tobacco Control Program (TCP), for example.

Third, Secondary Prevention in medicine consists of detecting and applying treatment to diseases in very early stages. The intervention takes place at the beginning of the disease, being its main objective to prevent or delay its development. In this way, through population screening —its target is healthy-appearing individuals with subclinical forms of the disease—, the early detection of the disease is pursued, looking for diagnostic anticipation or early detection of the disease when it is possible to apply an effective treatment —by preventing the progression of the biological lesion or disease in patients who are asymptomatic or have low morbidity—, such as mammography —for early detection of breast cancer—, or colonoscopies —for early detection of colon cancer—, for example. In fact, this test —as well as all our VenientSx tests—, also is a powerful Secondary Prevention tool that can complement both mammography as well as colonoscopy, amongs other current screening methods.

In this way, there are two types of screening interventions.

The first one, is passive screening: in primary care, the most widely used strategy is opportunistic detection or active search for cases (case finding), in which a series of tests are carried out according to age, sex and the possible risk factors present in the person who consults for any stuff; mass screening or tracking (screening) is a population strategy whose effectiveness and efficiency for the detection of chronic pathologies does not seem to be sufficient to recommend them globally, since non-compliance by the presumed sick individual with respect to the recommendations for treatment is frequent.

In such manner, according to the Frame and Carlson Criteria for disease screening regarding the condition to be prevented, it must be:

- Common cause of morbidity and mortality.
- Detectable and treatable in presymptomatic stage.
- The tests to diagnose it must be effective and efficient.
- Early treatment should be better than treatment at the usual symptomatic or diagnostic stage.

- The potential damage of the intervention should be less than that of non-early treatment.

On the other hand, the second one, is active screening: self-examination or self-exploration are self-applied actions by the individual to detect a disease.

Fourth, Tertiary Prevention involves the prevention of complications in people who have already developed disease, and in whom disease prevention is no longer an option —it is implemented in symptomatic patients and aims to reduce the severity of the disease as well as of any associated sequelae—, such as help the patients and their caregivers to deal with the disease, for example.

While Secondary Prevention seeks to prevent the onset of illness, Tertiary Prevention aims to reduce the effects of the disease once established in an individual. For these patients, the goal of Tertiary Prevention is to maximize the outcomes and prevent further morbidity from the disease process.

Fifth and finally, Quaternary prevention —according to the Wonca International Dictionary for General/Family Practice—, is: "*action taken to identify patients at risk of overmedicalization, to protect him from new medical invasion, and to suggest to him interventions, which are ethically acceptable*". However, the definition has undergone recent modification as "*an action taken to protect individuals (persons/patients) from medical interventions that are likely to cause more harm than good*". In this way, the use of hormone replacement therapy led to an increased number of cases of breast cancers, stroke, and thromboembolic events.

Current Evidence

The last systematic analysis for the Global Burden of Disease (GBD) Study 2019 —published in Lancet 2022; 400: 563-91—, stated the leading risk factors at the most detailed level globally for risk-attributable cancer deaths and Disability-Adjusted Life-Years (DALYs) in 2019 for both sexes combined were smoking, followed by alcohol use and high Body Mass Index (BMI).

However, risk-attributable cancer burden varied by world region and Socio-Demographic Index (SDI), with smoking, unsafe sex, and alcohol use being the three leading risk factors for risk-attributable cancer DALYs in low SDI locations in 2019, whereas DALYs in high SDI locations mirrored the top three global risk factor rankings.

From 2010 to 2019, global risk-attributable cancer deaths increased by 20.4 percent and DALYs by 16.8 percent, with the greatest percentage increase in metabolic risks by 34.7 percent.

In summary, the leading risk factors contributing to global cancer burden in 2019 were behavioral, whereas metabolic risk factors saw the largest increases between 2010 and 2019. Reducing exposure to these modifiable risk factors would decrease cancer mortality and DALY rates worldwide.

Conclusions

In order to reduce your risk for cancer —according to your data—, you should reduce alcohol intake and lose weight.

Please note, many cancers are not preventable and may be due to genetic factors. But we know that 1 in 3 cancer cases can be prevented through health lifestyle choices. That’s 6 million avoidable cancer cases each year worldwide —according to the International Agency for Research on Cancer (IARC)—. Everyone can reduce their cancer risk by adopting certain lifestyle behaviors like the ones explained below.

Reduce Alcohol Intake

You might think that a regular glass of red wine or other alcoholic beverages might be good for your

heart. But that may not be true, or true only for light sippers (less than one drink a day). If you use more than that, cutting back or quitting may lower your blood pressure, levels of fat called triglycerides, chances of heart failure as well as several cancers.

Your liver's job is to filter toxins. And alcohol is toxic to your cells. Heavy drinking —at least 15 drinks for men and eight or more for women a week—, can take a toll on the organ and lead to fatty liver, cirrhosis, several types of cancers —including liver cancer, but also esophagus cancer, mouth cancer, throat cancer, and breast cancer—, as well as other problems. The good news: your liver can repair itself and even regenerate. So it is always worth drinking less or quitting.

Enjoying alcohol socially in reasonable amounts can boost your mood and help you bond with others. But if you drink alone, or down multiple drinks a day, it could turn into an unhealthy habit. If you can not control it, it may lead to a condition called Alcohol Use Disorder (AUD).

In this way, giving up drinking may let you focus on your relationships, work, and health. It also may ease any depression and anxiety and elevate your self-esteem.

Lose weight

To lose weight it is necessary for the body to enter a Caloric Deficit (CD). The CD is the state in which the body is when it consumes more calories than it receives. In other words, it is about maintaining a negative caloric balance, either by increasing the body's metabolic rate through physical exercise, by reducing calories in the diet, or by a combination of both if you want to get results quickly.

Without a CD, you do not lose weight or burn more fat, regardless of the diet used and the exercises performed. The most effective way to lose weight and reduce body fat is simply to maintain a caloric deficit for a certain time (depending on the results you want to achieve) by increasing physical activity, reducing calories consumed or a combination of both.

In this way, based on your age (54 years), your height (173.00 cm), and current your weight (83.50 kg), your Basal Metabolic Rate (BMR) is 1651.25 kcal/day, so to enter a CD you must ensure that the equation "calories ingested in the diet - basal metabolic rate - calories burned with daily exercise" is less than zero. However, if you lose weight until your Body Mass Index (BMI) is less than 25 kg/m^2 (that is, lose weight up to 74.82 kg), your BMR will drop to 1564.48 kcal/day, which means your BMR will have dropped by 86.77 kcal/day (5.25 percent), so this equation should be adjusted as you lose weight. No more secrets: without a CD, you do not lose weight or burn more fat, regardless of the diet used and the exercises performed. The most effective way to lose weight and reduce body fat is simply to maintain a caloric deficit for a certain time (depending on the results you want to achieve) by increasing physical activity, reducing calories consumed or a combination of both.

According to US Food and Drug Administration (FDA), it is recommended to balance the number of calories you eat and drink with the number of calories your body uses. 2,000 kcal/day is used as a general guide for nutrition advice, so if you are planning to start a 1,500 kcal/day (or lower), slimming diet, we highly suggest General Practitioner (GP) consultation in to avoid losing lean tissue and fluids instead of fat, since experts recommend a slow and steady rate of weight loss, which means no more than 1 kg (2 lb) per week —7,000 kcal balance per week (1,000 kcal balance per day)—. That means you should plan between 28 and 29 weeks to achieve a BMI under 25 kg/m^2 —normal weight—.

In this way —by way of comparison with a carrot, which has 25 kcal—, a Big Mac has 550 kcal (740 kcal for Double Quarter Pounder with Cheese). Besides, regular French Fries have 320 kcal (480 kcal for large French Fries). Moreover, a Sundae has 330 kcal. Furthermore, McFlurry with OREO Cookies has 510 kcal (640 kcal if McFlurry with M&M's Candies). That means a complete menu can easily exceed the BMR of a person with normal weight (BMI below 25 kg/m^2). McDonald's restaurants in the United States began to include information on the calories contained in their products in 2014 —information also available

online at https://www.mcdonalds.com/us/es-us/about-our-food/nutrition-calculator.html (kcal can be also expressed as Cal)—, after the notice by the Supreme Court to control food in this type of establishment in order to combat obesity (a disease that it is already the fifth leading cause of death among Americans).

Finally, a healthy eating routine is important at all stages of life and can have positive effects that add up over time. It's important to eat a variety of fruits, vegetables, grains, protein, and fortified dairy or soy products. When deciding what to eat or drink, choose options that are high in nutrients. Make every bite count.