



04 de diciembre, 2025

HEALTH AND WELLNESS GUIDE

Your path to a longer, healthier life.

Name: [REDACTED]

Identification number: [REDACTED]

Date of birth: [REDACTED]

Section 1: My Purpose

Why do I want to improve my health?

Me and my wife like to do hiking and enjoy outdoors and also I want to be healthy to be with my grandkids and kids.

*"We all have a reason that motivates us to take care of ourselves.
Come back to this section whenever you need to reconnect with your path."*

MY PRIMARY HEALTH GOALS

Based on your goals, lifestyle, and health assessment,
we will prioritize three objectives to bring you closer to your purpose.

	Health Goals	Why is this important?
1	Improve liver health by reducing inflammation and normalizing liver enzymes.	to protect the liver, improves metabolism, reduces cardiovascular risk, and restores whole-body health.
2	Improve Insulin Sensitivity and Metabolic Flexibility	to prevent progression to type 2 diabetes
3	Improve lipid balance and reduce long-term cardiovascular risk.	to prevent progression of atherosclerosis.



Section 2: Results and Findings

2.1. SUMMARY:

HEALTH AND WELLNESS INTEGRAL EVALUATION

OVERALL INTEGRATED CLINICAL SUMMARY

Richard shows:

Normal findings in:

CBC

Renal function

Thyroid

PSA

Electrolytes

Glucose metabolism

Urinalysis & stool exam

Lp(a) (excellent)

Inflammatory markers only mildly elevated

-Abnormal findings centered around:

NAFLD grade II → Elevated AST/ALT, ferritin, low HDL, elevated LDL, mild insulin resistance

Vitamin D excess → 81.8 ng/mL

ApoB slightly elevated

hs-CRP mildly elevated

-Cardiovascular risk remains LOW because:

CAC score = 15

Lp(a) extremely low

ApoB moderate

HDL low due to fatty liver, not arterial disease

High muscularity and high physical activity

2.2. FUNCTIONAL MEDICINE APPROACH:

MODIFIABLE LIFESTYLES AND DYSFUNCTIONS

Functional Medicine Focus — Priority Areas

Reverse NAFLD (primary goal)

Improve liver detox phases, mitochondrial fat oxidation, hepatic glucose handling.

Improve hepatic insulin sensitivity

Adjust macronutrient timing; increase fiber and plants; adjust fructose load.

Lower inflammation

Through nutrition, circadian alignment, and omega-3.

Support mitochondrial function

Maintain exercise, optimize micronutrients (magnesium, B-complex).

Normalize Vitamin D

Reduce dose.

Improve evening metabolic activity

Introduce low-intensity movement after 3–4 pm.

Dermatologic follow-up

Actinic keratosis & ulcerated lesion require evaluation.

2.3. VITAL SIGNS AND BODY COMPOSITION ANALYSIS (INBODY)



PARAMETER		VALUE	INTERPRETATION/ OBSERVATION
BODY MASS INDEX (BMI)		31.1	misleading in individuals with high muscle mass.
BODY WEIGHT		109.9 kg	normal
HEIGHT		1.88 m	normal
ARTERIAL PRESSURE		145/83 mmHg	STAGE II
CARDIAC FREQUENCY		51 bpm	normal for an athlete man
ANKLE-BRACHIAL INDEX		non applicable	
ABDOMINAL CIRCUMFERENCE		102.8 cms	out of range, normal less than 101
HIP WAIST RATIO		0.91	slightly out of range, normal 0.90
PULSE OXIMETRY		96%	normal
RESPIRATORY FREQUENCY		15 bpm	normal



INBODY

94/100

The InBody analysis describes a 65-year-old man, 188 cm tall and weighing 109.9 kg, with an exceptionally strong and well-preserved body composition for his age. His skeletal muscle mass is 49.7 kg, which is well above average and places him in a category of excellent muscularity. His fat-free mass (87.3 kg) and total body water (64.1 L) are also high, reflecting strong muscle tissue quality. The whole-body ECW/TBW ratio of 0.381 is normal, indicating healthy fluid balance, and the total phase angle of 6.5° is very favorable for his age, showing good cell integrity and metabolic function. His BMI is 31.1, which is technically in the obesity range by definition, but this classification does not apply well to muscular individuals. The body fat percentage of 20.6% is normal for a fit adult male and especially good for a 65-year-old, aligning with his high InBody score of 94 out of 100, which confirms excellent overall condition. The visceral fat area is 106.4 cm², which sits near the upper end of normal but not in a dangerous or extreme range—especially for a tall, muscular man. Many athletic or well-trained older adults fall within this band. His waist circumference (102.8 cm) and waist-hip ratio (0.91) are slightly elevated, but these values must be interpreted in the context of his large frame and muscle mass. Segmental analysis shows strong, symmetrical muscle across arms, legs, and trunk, with no abnormalities. The metabolic rate (2255 kcal) is high because of his excellent muscle mass. Overall, the report paints the picture of a very fit, muscular, and healthy older adult with excellent cellular integrity, strong muscle mass, and only mild age-related central fat accumulation, which is extremely common. Nothing indicates a pathological fat level, and the high InBody score validates his great physical condition.

Additional parameters:



2.4. PHYSICAL EXAM:

ORGANS/SYSTEMS

Cardiopulmonary	Regular rhythm, no audible murmurs. Lungs: Even breath sounds bilaterally, well ventilated.
Neurological	Alert and oriented; no neurological deficits.
Head	Normocephalic.
Eyes	Pupils equal, round, and reactive to light; extraocular movements intact.
Neck	Symmetrical, no palpable masses.
Abdomen	Soft and depressible; non-tender to palpation; no masses.
Extremities	Symmetrical; no signs of acute deep venous thrombosis; presence of venous insufficiency changes with ochre dermatitis in the left lower limb; distal pulses normal and symmetric; no pedal edema.
Skin	Normal coloration, adequate turgor. On the right temporal region, there is a non-ulcerated actinic keratosis measuring approximately 1 × 1 cm. In the posterior crease of the left ear, there is a 5 mm ulcerated lesion.



2.5. LABORATORY RESULTS

Systems and Functions

Hematologic System		<p>Hemoglobin 17.0 g/dL 14.3–17.0 High-normal; consistent with prior history of polycythemia + morning dehydration + high muscle mass Hematocrit 46.7% 42–53 Normal RBC count $5.75 \times 10^6/\mu\text{L}$ 3.7–5.5 Slightly elevated → high-normal erythropoiesis pattern MCV 81.2 fL 80–95 Normal MCH 29.6 pg 24–35 Normal MCHC 36.4 g/dL 32–37 Normal RDW-SD 36.7 fL 39–47 Slightly low; not clinically relevant WBC $6.98 \times 10^3/\mu\text{L}$ 5–10 Normal Neutrophils 63.4% / $4.43 \times 10^3/\mu\text{L}$ 35–70% Normal Lymphocytes 26.6% / $1.86 \times 10^3/\mu\text{L}$ 24–44% Normal Monocytes 8.3% 0–12% Normal Eosinophils 1.0% 0–5% Normal Basophils 0.3% 0–2% Normal Platelets $153 \times 10^3/\mu\text{L}$ 160–400 Low-normal; stable Interpretation Normal CBC overall, with a high-normal erythrocyte pattern consistent with his history (polycythemia), fitness level, and mild dehydration. No infection, inflammation, or hematologic disorder.</p>
Inflammatory Markers		<p>hs-CRP 1.5 mg/L <1.0 optimal Mild metabolic inflammation → consistent with NAFLD Interpretation Slight inflammatory elevation, aligned with fatty liver disease (NAFLD grade II). No signs of acute inflammation.</p>
Endocrine / Hormonal System		<p>TSH 2.40 uIU/mL 0.40–4.00 Normal thyroid function Testosterone total 490.9 ng/dL 127–1020 Excellent level for age Vitamin D (25-OH) 81.8 ng/mL 30–74 Elevated — excessive supplementation Fasting insulin 14.4 $\mu\text{IU}/\text{mL}$ 2–17 High-normal → mild insulin resistance (hepatic) Interpretation Normal thyroid and excellent testosterone level. Vitamin D is above optimal range. Insulin indicates early insulin resistance, compatible with NAFLD.</p>
Tumor Markers		<p>PSA 0.80 ng/mL Excellent; very low prostate cancer risk</p>
Cardiovascular / Lipid System		<p>Total cholesterol 203 mg/dL 0–200 Mildly high HDL 36 mg/dL 40–65 Low LDL 140 mg/dL 0–130 Elevated (despite rosuvastatin) VLDL 27 mg/dL 5–40 Normal Triglycerides 133 mg/dL 0–150 Normal Castelli Index 5.6 <4.5 optimal Elevated CV risk ratio ApoB 112 mg/dL <80 optimal Moderate — particle count normal range but not optimal Lp(a) 1.9 mg/dL <30 Excellent — genetically low cardiovascular risk Interpretation Mixed dyslipidemia driven by NAFLD, not by high cardiovascular risk. Lp(a) extremely low + calcium score = low actual risk.</p>



Liver Function	Orange	TestResultReferenceInterpretation AST56 U/L11–34Elevated ALT54 U/L0–45Elevated ALP74 U/L50–116Normal GGT39 U/L0–55Normal Interpretation AST and ALT mildly elevated → hepatocellular injury pattern, consistent with NAFLD grade II and possibly intense exercise. No cholestasis (normal ALP + GGT).
Renal Function	Green	BUN19 mg/dLNormal Creatinine1.04 mg/dLNORMAL — excellent for high muscle mass eGFRNormalAppropriate for age
Electrolytes & Minerals	Green	Sodium139 mmol/L136–146Normal Potassium4.2 mmol/L3.5–5.1Normal Chloride106 mmol/L101–109Normal Calcium9.1 mg/dL8.8–10.2Normal Magnesium1.9 mg/dL1.8–2.6Normal-low Interpretation Electrolytes stable. Magnesium is low-normal — may benefit from supplementation.
Metabolic Panel (Glucose Control)	Green	Fasting glucose92 mg/dLNORMAL HbA1c5.1%Excellent Fasting insulin14.4High-normal Interpretation Glucose regulation excellent, but insulin suggests mild early insulin resistance → associated with NAFLD.
Urinalysis	Green	Clear, yellow urineNormal pH 5.0Slightly acidic (normal physiologic variant) No protein, glucose, blood, nitritesNo renal or urinary tract disease No WBCs or RBCsNo infection or hematuria Bacteria: "scant"Normal contamination Crystals, casts: noneNormal
Stool Examination (Parasitology)	Green	No RBCsNo bleeding No WBCsNo inflammation No parasitesNormal Yeast: scantNormal microbiota Consistency: pastyNormal Color: brownNormal

2.6. DIAGNOSTIC IMAGING AND ELECTROCARDIOGRAM

EKG:



ECG Interpretation (Normal Study)

Rhythm & Rate

Normal sinus rhythm, with upright P waves in leads I, II, and aVF.

Rate appears within normal limits (~60–70 bpm).

Consistent P before every QRS and constant PR interval → normal AV conduction.

Intervals

PR interval: normal.

QRS duration: narrow → no bundle branch block.

QT interval: appears normal for heart rate.

Axis

Normal frontal plane axis; no deviation.

QRS Complex

No pathological Q waves.

No signs of ventricular hypertrophy.

Good R-wave progression across precordial leads (V1–V6).

ST Segment & T Waves

ST segments are isoelectric, without elevation or depression → no evidence of ischemia or infarction.

T waves are normal in morphology and distribution; no inversion or strain pattern.

Other Findings

No ectopy (no PACs, PVCs).

No signs of pericarditis, electrolyte imbalance, or arrhythmogenic patterns.

Overall Impression

Normal ECG.

No evidence of prior myocardial infarction, ischemia, arrhythmia, conduction abnormalities, or structural heart disease.

Images:



Abdominal ultrasound:

The abdominal ultrasound shows moderate hepatic steatosis (grade II) with a mildly enlarged and heterogeneous liver, but no focal lesions, no signs of chronic liver disease, and no evidence of fibrosis or cirrhosis.

The gallbladder is absent due to prior surgery, and the biliary ducts are normal.

The pancreas shows moderate fatty infiltration (lipomatosis), a common age-related finding, with no masses or inflammatory changes.

The spleen and kidneys are normal, except for a small simple renal cyst (10 mm) on the right kidney, which is benign and requires no intervention.

The aorta, retroperitoneum, and urinary bladder are normal.

The prostate is small and within normal size for his age (17.5 cc).

No free fluid, masses, or bowel abnormalities are seen.

Impression

Moderate hepatic steatosis (grade II).

Moderate pancreatic lipomatosis.

Benign simple renal cyst (right kidney).

Otherwise normal abdominal ultrasound.

Coronary Calcium Score Summary

The patient's total coronary artery calcium (CAC) score is 15, which places him in the 31st percentile according to MESA (Multi-Ethnic Study of Atherosclerosis) reference values for individuals of the same age, sex, and ethnicity.

Risk Interpretation

A CAC score of 15 corresponds to a low atherosclerotic burden and indicates a low risk of coronary artery disease.

Most men his age have higher calcium levels, making this an overall favorable finding.

Distribution of Calcium

Left Main (LM): 0

Left Anterior Descending (LAD): 7

Left Circumflex (LCx): 8

Right Coronary Artery (RCA): 0

Posterior Descending Artery (PDA): 0

Other branches: 0

Calcium is limited to small, isolated areas in the LAD and LCx, with no calcification in the Left Main or RCA—an excellent prognostic sign.

Clinical Implications

This score reflects low coronary plaque burden and reduced probability of obstructive coronary artery disease.

Supports classification as low cardiovascular risk, especially when combined with his high fitness level and current preventive medications (e.g., statin).

Ongoing risk factor management (blood pressure, lipid control, liver health, and lifestyle) remains appropriate.

Follow-Up

According to current ACC/AHA guidelines, repeat CAC scoring is generally considered in 3–5 years, unless new symptoms or risk factors emerge.

Others:

Non applicable



Section 3: Health Goals

Based on your personal goals, lifestyle, and health assessment, we will set three key objectives that will allow us to make significant progress toward your purpose.

Goal #1: Reverse Fatty Liver (NAFLD Grade II)

KEY RESULTS	KEY ACTIONS	FREQUENCY
Improve liver health by reducing inflammation and normalizing liver enzymes.	Implement a liver-focused, anti-inflammatory diet: Reduce fructose (replace banana with ½ banana or berries). Increase vegetable intake to 6–7 servings/day. Avoid refined sugars and processed foods.	daily
	Add afternoon metabolic movement: 10–15 minutes of light walking after lunch and dinner. Avoid prolonged sitting after 3 pm; move 3–5 minutes each hour.	6 days a week
	Support liver detoxification pathways with adequate hydration and phytonutrients: Drink 1.5–2.0 liters of water daily, especially in the morning to reduce hepatic congestion. Include daily liver-supportive foods such as cruciferous vegetables (broccoli, cauliflower, Brussels sprouts), leafy greens, garlic, onions, and fresh herbs (cilantro, parsley). These enhance phase I and phase II detoxification, reduce oxidative stress, and support hepatic fat clearance.	daily



Goal #2: Improve Insulin Sensitivity and Metabolic Flexibility

KEY RESULTS	KEY ACTIONS	FREQUENCY
Reduce hepatic insulin resistance and improve metabolic efficiency.	Adjust fasting and feeding schedule: Maintain morning fasting but add a small protein-based afternoon snack (Greek yogurt or nuts) to prevent hepatic overload. Ensure each meal contains protein + fiber.	daily
	Increase daily fiber intake: 1–2 teaspoons of psyllium or ground flaxseed daily. Supports glucose control and liver detoxification.	daily
	Add low-intensity cardio sessions: 12–20 minutes of Zone 2–3 cardio (fast walking, cycling) 3 times per week. Complements his strength training routine.	cardio 3 times a week

Goal #3: Optimize Cardiovascular Risk and Improve Lipid Profile

KEY RESULTS	KEY ACTIONS	FREQUENCY
Improve lipid balance and reduce long-term cardiovascular risk.	Improve fat quality and increase natural omega-3 intake: Eat fatty fish 2–3 times per week (salmon, sardines, tuna). Limit red meat to 1–2 times per week.	as indicated
	Reduce Vitamin D supplementation: Lower dose to 2,000–3,000 IU/day. Goal serum level: 50–70 ng/mL.	daily
	Mandatory post-meal walking: 10–12 minutes of walking after the largest meal (usually lunch). Helps reduce postprandial lipids and improves HDL.	6 times a week

- Progress happens through small steps. You're already on your way! -



Section 4: Action Plan

HOW WILL WE ACHIEVE SUCCESS?

At Sana Sana, we celebrate your commitment: we use health metrics to guide the most effective steps, but we also understand that your well-being goes far beyond the numbers. With your motivation and dedication, every small achievement brings you closer to a longer, fuller life.

Together, we will turn healthy habits into everyday victories!

1. Improve Liver Health (Reverse NAFLD Grade II)

METRICS	HOW DO WE MONITOR IT?	CURRENT	3-MONTH GOAL	6-MONTH GOAL
Improve Liver Health (Reverse NAFLD Grade II)	blood sample	ALT: 54 U/L AST: 56 U/L Ferritin: 315 ng/mL (previous) hs-CRP: 1.5 mg/L	3 months <45 <45 <250 <1.0	6 months <40 <40 <200 <0.8

2. Improve Insulin Sensitivity (Reduce Hepatic IR)

METRICS	HOW DO WE MONITOR IT?	CURRENT	3-MONTH GOAL	6-MONTH GOAL
Fasting insulin: /Fasting glucose /Waist circumference	blood sample and InBody	Fasting insulin: 14.4 μIU/mL Fasting glucose: 92 mg/dL Waist circumference: 102.8 cm	3 months <12 88–92 -2 cm	6 months <10 85–90 -4–5 cm

3. Improve Lipid Profile / Cardiometabolic Risk

METRICS	HOW DO WE MONITOR IT?	CURRENT	3-MONTH GOAL	6-MONTH GOAL
reduce cardiometabolic risk	blood sample	LDL: 140 mg/dL HDL: 36 mg/dL ApoB: 112 mg/dL Vitamin D: 81.8 ng/mL	3 months <125 >38 <105 60–70	6 months 100–120 >40 <100 50–65



Section 5: Complimentary Labs and Clinical References

Labs

not necessary at this time

References

Dermatologist
Peripheral vascular surgeon

Section 6: Follow-up and Frequency

Recording your goals allows you to measure your effort, recognize your progress, and adjust your targets when necessary. We recommend tracking this habit using any of the following methods:

Smart watch to track steps

Interaction With Supplements

Safe with rivaroxaban:

Omega-3 (≤ 2 g/day) → mild increase in bleeding risk but still considered safe

Vitamin D (decreasing dose is advised anyway)

Psyllium, flaxseed

Magnesium

B-complex

Use with caution:

Turmeric/curcumin in high doses

Ginger supplements

High-dose fish oil (> 2 g/day EPA/DHA)

Vitamin E > 400 IU/day

Avoid:

Ginkgo biloba

High-dose garlic supplements

These can increase bleeding risk.

vitamin D level (81.8 ng/mL) is above the optimal range. Although not dangerously high, levels above 70–80 ng/mL can increase the risk of:

Calcium buildup in the blood and kidneys

High vitamin D can lead to hypercalcemia, which may cause kidney stones, vascular calcification, and increased urinary calcium.

Kidney strain

Excess vitamin D increases calcium absorption, which the kidneys must filter, potentially stressing renal function over time.

No added benefit at high levels

Studies show that vitamin D above 50–60 ng/mL does not provide extra immune or metabolic advantages. Higher levels only increase risk, not benefit.

Safer and more stable metabolism

Keeping vitamin D in the optimal range (40–60 ng/mL) supports bone, immune, and metabolic health without increasing calcium-related risks.

I recommend an omega-3 supplement that provides 1 gram of combined EPA and DHA per day, and not more than 2 grams total.

Nordic Naturals Ultimate Omega Soft Gels

Sports Research Omega-3 Fish Oil (Triple Strength)

Thorne Research Omega-3 (Con CoQ10)



Based on your medical evaluation, we suggest that our next appointment be in
abdominal ultrasound in 6 months
labs in 3 months

If you have any questions or concerns about this guide, please don't hesitate to contact us.

Whatsapp: 7262-7262

Medical Team Sana Sana: 8647-6931

We are here to support you on your journey toward better health.

Report written by:

Dr.SILVIA ELENA GARITA PEÑA

Sana Sana Doctor