

Your Labs Are 'Normal' — But Something Is Missing

A physician's guide to what may be getting missed—and what to do next

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You're not imagining this

You feel different—and you know it.

- More tired than you used to be
- Brain fog that wasn't there before
- Weight changes despite doing the same things
- Poor sleep
- Lower energy, less clarity

So you did the right thing—you went to your doctor.
You had labs done.

And you were told:

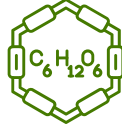
“Everything looks normal.”

Normal does not mean optimal.”

Reference ranges are designed to detect disease—not early dysfunction.

Most standard lab ranges are designed to detect advanced disease—not early dysfunction.

That means you can feel unwell years before anything shows up as abnormal.



Early Insulin Resistance

This is one of the most common—and most overlooked—issues.

You may have:

- **Normal glucose**
- **Normal A1c**

...and still have early metabolic dysfunction

Why this happens

Because insulin rises years before glucose does.

By the time glucose becomes abnormal, the process has often already been present for a long time.

Insulin rises first. Glucose rises later.

What to look at instead

- Fasting insulin
- HOMA-IR
- Triglycerides
- Waist circumference

This is often where things start—and where they're most commonly missed."



Your cholesterol may not tell the full story

You may have been told:

“Your LDL is normal.”

But LDL alone does not reflect your full cardiovascular risk.

What matters more:

- **ApoB** → number of atherogenic particles
- **Lipoprotein(a)** → inherited risk factor
- **Triglycerides** → marker of metabolic health

These markers help identify risk that may not be reflected in standard cholesterol testing.

LDL plays a causal role in atherosclerosis—but other factors contribute to residual risk, even when LDL is low.

This is why ‘normal cholesterol’ does not always mean low risk.



Free T₃ is the hormone your cells actually use.



When thyroid function is not optimal, you may experience:

- Fatigue
- Brain fog
- Cold intolerance
- Difficulty losing weight

You can have normal TSH and still have suboptimal thyroid function.

This is why symptoms matter—not just TSH.

Hormones matter—but they're not the whole picture

Estrogen and progesterone influence:

- Sleep
- Mood
- Brain function
- Body composition
- Bone health

What about testosterone?

Testosterone plays an important role in women's health.

- Energy and motivation
- Muscle mass and strength
- Libido and sexual function
- Overall sense of well-being

Testosterone pellets:

- Cannot be adjusted once placed
- May lead to higher or prolonged levels

Potential risks include:

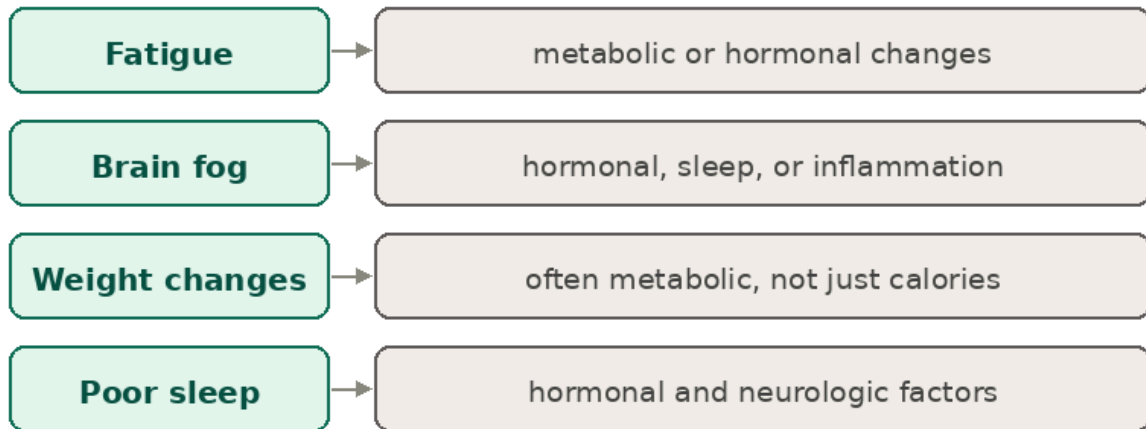
- Voice deepening (may be irreversible)
- Clitoral enlargement (may be irreversible)
- Acne and hair changes

Other forms of testosterone allow for:

- More precise dosing
- Adjustments based on symptoms and levels
- Better control over side effects



Your body is giving you signals.



Instead of asking:

Are my labs normal?

Then:

Are we looking at the right things—and the full picture?

A more complete approach looks at:

- Early changes—not just disease
- Patterns—not isolated numbers
- The full picture—not just one system

If this sounds familiar—there is a reason.

And there is a more complete way to evaluate it.

A comprehensive evaluation may include:

- Metabolic markers (including insulin)
- Advanced lipid testing (ApoB, Lipoprotein(a))
- Thyroid panel (including Free T3)
- Hormonal evaluation (when appropriate)
- Body composition and risk assessment

**The goal is not just to treat symptoms—
but to understand what is driving them and reduce long-term risk.**

Scan to get a personalized evaluation:



Understand your results. Identify early risk.

Get a personalized plan.

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