

Cardiometabolic Lab Guide

Which labs are worth discussing - and what can they actually tell you?

Midlife is a useful time to revisit your cardiovascular and metabolic health. This guide explains common tests and questions to bring to your healthcare team. Your symptoms, history, medications, and previous results help determine which tests are appropriate.

You do not need every test on this list. A lab reference range is also not necessarily your individual treatment goal.

01 / Cardiovascular & blood sugar assessment

TEST	WHAT IT CAN TELL YOU
Lipid panel	Measures total cholesterol, LDL-C, HDL-C, and triglycerides. These results help assess risk and guide care alongside your health history.
Lipoprotein(a) / Lp(a)	A largely inherited cardiovascular risk factor. Current guidance recommends measuring it at least once in adulthood. Results may be reported in mg/dL or nmol/L; these units are not interchangeable.
Apolipoprotein B / ApoB	Reflects the number of atherogenic, or plaque-forming, particles. It can add information beyond LDL-C in selected situations, including elevated triglycerides or certain metabolic conditions.
Hemoglobin A1c	Estimates average blood glucose over about three months. Used to screen for and monitor prediabetes and diabetes. It does not measure insulin resistance directly, and some blood conditions can affect accuracy.
Fasting glucose	Measures blood glucose at one point in time after fasting. Used to assess for prediabetes or diabetes; your clinician may recommend repeat or additional testing.

Ask: Would Lp(a) or ApoB testing change my care? What goals fit my overall risk?

Risk is bigger than a lab panel

Blood pressure, smoking, family history, pregnancy complications, menopause history, kidney health, and other factors belong in the assessment. Normal blood sugar alone does not rule out insulin resistance.

Additional tests, with context.

02 / Depending on symptoms, history & treatment

TEST	WHAT IT CAN TELL YOU
hs-CRP	An inflammation marker that can help refine cardiovascular risk in selected situations. Infection, injury, and other conditions can raise it; an elevated value needs context.
CBC & CMP	CBC evaluates blood cells, including signs of anemia. CMP includes kidney-related markers, liver enzymes, electrolytes, and glucose. Testing depends on the clinical question and medication monitoring needs.
Ferritin & iron studies	May help assess iron deficiency or other iron disorders when symptoms, menstrual blood loss, anemia, or history suggest a reason to test. Ferritin can also rise with inflammation.
Vitamin B12 & folate	Considered when anemia, neurologic symptoms, dietary intake, medications, or absorption concerns warrant evaluation.
25-hydroxy vitamin D	Used for specific clinical indications. Routine screening is not recommended for otherwise healthy adults.
Thyroid testing	TSH is often the first test for suspected primary thyroid dysfunction. Free T4, free T3, and thyroid antibodies are added when indicated, rather than ordered as a universal panel.
Hormone testing	In otherwise healthy women age 45 or older, perimenopause and menopause are generally identified from symptoms and menstrual history. FSH or other hormone tests may be useful for specific questions; fluctuating levels and hormonal medications complicate interpretation.
Fasting insulin	Sometimes used in selected evaluations, but it is not a standardized standalone diagnostic test for insulin resistance. Results should not be interpreted using a universal online cutoff.

Bring these questions to your next visit

Which tests would change our plan? What might affect the results? When should we repeat testing?

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Sources & review

AHA/ACC Dyslipidemia Guideline (2026): guideline overview. NIDDK: Insulin Resistance & Prediabetes. NICE: Menopause (NG23); Thyroid disease (NG145). Endocrine Society: Vitamin D guideline (2024). Content reviewed October 3, 2026.