

FREE PHYSICIAN GUIDE

The 5 Systems That Determine How Long—and How Well—you Live

Why ‘normal’ results may not fully explain how you feel—and how thoughtful medicine decides when to look deeper.



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04 INFLAMMATION	05 SLEEP & RECOVERY	

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When “Everything Is Normal” Still Leaves You Without Answers

You completed your physical. Your basic laboratory results were called normal. Yet you are still exhausted, gaining weight, waking unrefreshed, struggling with brain fog, or feeling that something in your body has changed.

Too often, the conversation ends there.

Normal results are reassuring—but normal is not always the same as fully explained. Routine testing identifies common diseases efficiently, but it may not reveal every early metabolic change, inherited cardiovascular risk, hormonal transition, inflammatory pattern, or sleep disorder.

The Precision Promise

Evidence and scientific guidelines guide the evaluation—but listening determines where we look. We do not order every test simply because it is available, and we do not dismiss persistent symptoms simply because the first results were normal. We use medical judgment, current evidence, and the patient’s lived experience to decide what deserves a deeper look.

Your symptoms are part of the data

Guidelines help physicians decide where to begin. They do not replace clinical judgment or your knowledge of your own body. When an appropriate initial evaluation does not explain a persistent or meaningful problem, we reconsider the history, review trends, look for connections across systems, and discuss whether additional testing, monitoring, imaging, treatment, or specialist evaluation could clarify the picture.

Four different meanings of “normal”

Within range	The result falls inside the laboratory reference interval.
Expected for you	It fits your age, history, medications, and circumstances.
Stable over time	It has not changed meaningfully from your personal baseline.
Explanatory	It helps explain—or fails to explain—how you currently feel and function.

Looking deeper does not mean ordering everything

Every test has limitations. Borderline or incidental findings can create anxiety, cost, and unnecessary procedures. At Precision, the next test should answer a reasonable question. We discuss what it could reveal, what it cannot prove, and how each possible result would affect the plan.

Our guiding principle

The first clinician may have followed a reasonable initial pathway. But when symptoms persist or the standard answer does not fit the patient, the pathway may need to continue.

01 Metabolic Health

How efficiently your body regulates fuel, stores energy, and responds to insulin.

Metabolic health is not simply a number on the scale. Insulin resistance, sleep, muscle mass, nutrition, medications, liver health, and genetics can all influence glucose regulation and long-term risk.

What we may assess

- A1C and fasting glucose
- Fasting insulin and HOMA-IR when clinically useful
- Triglycerides, HDL cholesterol, and their relationship
- Blood pressure, waist circumference, and body-composition trends
- Liver markers and uric acid when the result adds useful context

What the numbers mean

HOMA-IR estimates insulin resistance from fasting glucose and insulin. Cutoffs vary by population and laboratory, so Precision interprets it alongside glucose, A1C, lipids, blood pressure, body composition, symptoms, medications, and family history. It complements—rather than replaces—validated diabetes screening.

When it may be worth looking deeper

Your A1C and fasting glucose may be within range, but you experience post-meal fatigue, strong cravings, increasing waist circumference, fatty liver, difficulty losing weight, PCOS, or a strong family history of diabetes. In that situation, fasting insulin and HOMA-IR may add context about how hard your body is working to maintain that glucose.

Remember

Normal glucose tells us what your blood sugar is doing. It does not always tell us how hard your body is working to keep it there.

02 Cardiovascular Health & Risk

A clearer view of lifetime heart and vascular risk—not one cholesterol number.

LDL cholesterol remains an important and causal cardiovascular risk factor. But cardiovascular risk also reflects blood pressure, diabetes, smoking, kidney health, family history, lifetime exposure, and the number and type of atherogenic particles.

What we may assess

- Standard lipid panel, including LDL-C, HDL-C, and triglycerides
- ApoB to estimate the number of atherogenic particles in selected patients
- Lipoprotein(a), a largely inherited risk factor now recommended at least once in adulthood
- High-sensitivity CRP when it may refine cardiovascular risk
- Coronary artery calcium imaging or other testing when age and risk make it appropriate
- PREVENT or other validated risk calculation as part of shared decision-making

What the numbers mean

ApoB can add information when LDL cholesterol and particle number are discordant, particularly with diabetes, high triglycerides, or metabolic syndrome. ApoB and LDL targets are individualized; very low targets are generally reserved for patients at higher cardiovascular risk.

Why Lp(a) matters

Lp(a) is largely genetically determined and often remains stable across adulthood. An elevated result does not mean a cardiovascular event is inevitable. It can, however, support more intensive management of modifiable risks such as LDL cholesterol, blood pressure, smoking, glucose, exercise, and weight.

When it may be worth looking deeper

Your standard cholesterol panel may appear acceptable, but you have a strong family history of premature heart disease, diabetes, metabolic syndrome, kidney disease, or a cardiovascular event that seems inconsistent with the usual numbers. In that setting, ApoB, Lp(a), coronary calcium imaging, or another targeted assessment may reveal risk that deserves a different prevention strategy.

Remember

A reassuring cholesterol result should not end the conversation when your family history is telling a different story.



03

Hormonal & Endocrine Health

Hormones influence energy, cycles, body composition, sexual health, temperature regulation, mood, and sleep.

Hormonal changes may contribute to symptoms, but fatigue, brain fog, weight change, and low motivation are not automatically a hormone problem. Sleep disorders, anemia, metabolic dysfunction, medication effects, mood disorders, chronic illness, and life stress may create similar symptoms.

What we may assess—when the question deserves a deeper look

- TSH and free T4 as common starting points for thyroid evaluation
- Thyroid peroxidase or thyroglobulin antibodies when autoimmune thyroid disease remains a reasonable concern
- Thyroid imaging when examination, symptoms, or structural concerns support it
- Total testosterone with appropriately timed confirmation when men have compatible symptoms
- Estradiol, progesterone, or other testing when it could clarify a woman's clinical situation
- DHEA-S, cortisol, ACTH, or IGF-1 when a specific adrenal, androgen, or growth-hormone disorder is being evaluated

When “your thyroid is normal” does not fully answer the question

TSH is an appropriate starting point for many patients. If TSH is normal but meaningful symptoms persist, we do not automatically conclude that the symptoms are imaginary or simply aging. We reconsider timing, examination, trends, medications, sleep, iron status, metabolic health, family history, and hormonal transitions. That may support repeat testing, free T4, thyroid antibodies, imaging, or a search for another cause. Reverse T3 is not recommended as a routine test for diagnosing hypothyroidism.

Perimenopause deserves context

Perimenopause is often identified clinically because hormone levels fluctuate. Testing may help rule out other causes or guide selected decisions, but a single hormone panel cannot prove—or exclude—the transition. Symptoms, cycle history, risk factors, and treatment goals matter.

Our principle

We do not treat a laboratory number in isolation. Hormonal therapy, when appropriate, requires discussion of expected benefits, uncertainties, contraindications, monitoring, and alternatives.

Remember

A normal laboratory range does not erase a real change in how you feel or function. Additional testing is not always the answer—but dismissal should not be the answer either.

04 Inflammation & Immune Patterns

Inflammation is a normal defense and repair process. Persistent inflammation can also accompany metabolic, cardiovascular, infectious, autoimmune, and other chronic conditions.

Inflammatory markers are clues, not diagnoses. A high result may reflect infection, injury, obesity, strenuous exercise, liver disease, autoimmune activity, or another cause. A normal result does not exclude every inflammatory illness.

What we may assess

- High-sensitivity CRP when cardiovascular or low-grade systemic inflammation is relevant
- ESR for selected inflammatory presentations
- CBC with differential to evaluate blood-cell patterns
- Ferritin interpreted with iron studies, liver markers, symptoms, and history
- Targeted autoimmune, infectious, or nutritional testing only when the clinical pattern supports it
- Omega-3 status or homocysteine selectively—not as universal screening tests

What the numbers mean

CRP, ESR, ferritin, and a CBC may show that further evaluation is needed, but they usually cannot identify the source by themselves. The history, examination, trends, medications, and targeted follow-up determine what the result means.

When it may be worth looking deeper

Persistent joint pain, morning stiffness, unexplained rashes, recurrent fevers, swelling, weakness, fatigue, or symptoms affecting several systems deserve a coherent review. The next step is not automatically a large autoimmune panel. It may be a reconstructed timeline, repeat examination, iron studies, targeted autoimmune or infectious testing, imaging, medication review, or specialist evaluation.

Avoiding two common mistakes

- Do not assume every symptom is caused by ‘inflammation.’
- Do not normalize a persistent abnormal result without investigating the context.

Precision’s approach

An unexplained symptom is not proof of disease—but it is still worthy of investigation. Elevated hs-CRP with insulin resistance and sleep-apnea risk suggests a different next step than elevated CRP with fever, joint swelling, or unexplained weight loss.

05

Sleep, Recovery & Nervous-System Health

Sleep is not downtime. It supports memory, metabolic regulation, tissue repair, mood, immune function, and cardiovascular health.

Chronic poor sleep is associated with metabolic dysfunction, hypertension, impaired cognition, mood symptoms, accidents, and reduced quality of life. Obstructive sleep apnea is commonly underdiagnosed, especially in people who do not fit the stereotype or whose partners do not notice loud snoring.

What we may assess

- Sleep duration, timing, quality, insomnia symptoms, and daytime function
- Validated obstructive-sleep-apnea screening and formal testing or referral when indicated
- Medication, alcohol, stimulant, caffeine, and supplement effects
- Iron status when restless legs symptoms are present
- Thyroid or metabolic testing when supported by the broader presentation
- Heart-rate-variability trends as wellness context—not a diagnosis

What the findings mean

A questionnaire can identify risk, but it cannot measure sleep architecture. Formal home testing or polysomnography may be required. Similarly, routine melatonin or 'cortisol pattern' testing is rarely the first step; the history and specific clinical concern should drive testing.

When the stereotype does not fit

You may not snore loudly. Your partner may never have witnessed you stop breathing. But if you wake unrefreshed, need an afternoon nap, experience morning headaches, struggle with concentration, or have difficult-to-control blood pressure, your sleep still deserves attention. Formal testing may be reasonable even when the presentation is not textbook.

The multiplier effect

Sleep influences every other system in this guide. Poor sleep can worsen appetite, glucose regulation, blood pressure, recovery, pain sensitivity, and mood. Addressing it may improve several systems at once.

Remember

You do not have to fit the stereotype for your fatigue to deserve an explanation.

Your Five Systems Check-In

This checklist does not diagnose disease. It helps identify areas worth discussing with your physician. Check any statement that applies consistently or has changed recently.

Metabolic

- ☐ My waist circumference or weight is increasing despite consistent effort.
- ☐ I experience strong cravings, post-meal sleepiness, or repeated energy crashes.
- ☐ I have fatty liver, PCOS, prior gestational diabetes, or a family history of type 2 diabetes.

Cardiovascular

- ☐ I have high blood pressure, diabetes, kidney disease, or a strong family history of early heart disease.
- ☐ I do not know my ApoB or Lp(a), and additional risk assessment may be appropriate.
- ☐ My standard cholesterol results and overall risk seem inconsistent.

Hormonal & endocrine

- ☐ My cycles, sexual function, temperature tolerance, or body composition have changed.
- ☐ Fatigue or brain fog persists despite addressing basic lifestyle factors.
- ☐ I have a personal or family history of thyroid or autoimmune disease.

Inflammation & immune

- ☐ I have persistent joint swelling, unexplained fevers, rashes, or recurrent symptoms.
- ☐ An inflammatory marker has remained abnormal without a clear explanation.
- ☐ Pain or fatigue is affecting function and has not been adequately evaluated.

Sleep & recovery

- ☐ I regularly need a nap or struggle with afternoon sleepiness.
- ☐ I wake unrefreshed, have morning headaches, or have difficult-to-control blood pressure.
- ☐ My sleep problem is affecting mood, cognition, safety, or performance.

When to seek prompt care

Chest pain, severe shortness of breath, sudden weakness or speech difficulty, fainting, severe allergic symptoms, suicidal thoughts, or another potentially life-threatening change requires urgent or emergency evaluation—not a wellness appointment.

You Should Not Have to Argue to Be Heard

You may not know which test you need—and you should not have to arrive with a self-diagnosis to receive a thoughtful evaluation.

Your role is to tell us what has changed, what you are experiencing, and what concerns you. Dr. Milien's role is to listen, apply medical training and current scientific evidence, and determine with you what deserves further investigation.

Sometimes the answer is found in additional testing. Sometimes it is found by reviewing the timeline, medications, sleep, nutrition, previous results, or how several systems interact. The goal is not to validate every theory. The goal is to take the patient seriously enough to keep asking the right questions.



Schedule Your Precision Health Consultation

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Ways to Work With Precision

If you have been told that everything is normal but still do not feel well, Precision offers the time and clinical depth to look at the whole pattern. The goal is not more testing. The goal is better answers.

Precision offers concierge primary-care memberships, physician-guided wellness programs, metabolic and weight-management services, and selected standalone wellness therapies. Services, eligibility, pricing, and inclusions may change. Visit the website or schedule a consultation for current options.

Selected Sources

- CDC and NIDDK: Insulin Resistance, Prediabetes, and Recommended Diagnostic Tests
- American Heart Association / American College of Cardiology: 2026 Guideline for the Management of Dyslipidemia; ApoB and Lp(a) guidance
- American Thyroid Association: Thyroid Function Tests and Reverse T3 guidance
- American Academy of Sleep Medicine: Diagnostic Testing for Adult Obstructive Sleep Apnea
- American Heart Association PREVENT cardiovascular risk framework

Medical disclaimer: This guide is for education and does not establish a physician-patient relationship, provide a diagnosis, or replace individualized medical care. Testing and treatment decisions should be made with a qualified clinician.