health aspire

FREE PRINTABLE · UPDATED NOVEMBER 2026

The Lab Markers Cheat Sheet

The 15 numbers on routine blood and urine tests that matter most after 40: what the ranges mean, where they come from, and what to ask your doctor. US units.

1 · Find your number
Match each result on your lab report to the card below.

2 · Read the range
Green is in range. Yellow, orange and red are worth a conversation.

3 · Ask, don't panic
One result is a snapshot. Trends and your doctor's view matter more.

HEART AND CHOLESTEROL · LIPID PANEL

LDL cholesterol mg/dL · the "bad" cholesterol

NCEP ATP III · ACC/AHA 2026

Optimal <100 | Near optimal 100–129 | Borderline high 130–159 | High 160–189 | Very high ≥190

Your personal goal depends on your risk. The 2026 ACC/AHA guideline sets LDL goals by 10-year PREVENT risk: under 100 at borderline or intermediate risk, under 70 at high risk, and under 55 for people at very high risk after a heart attack or stroke.

Total cholesterol mg/dL

NCEP ATP III

Desirable <200 | Borderline 200–239 | High ≥240

A rough overall number. LDL, HDL and non-HDL tell you more.

HDL cholesterol mg/dL

NCEP ATP III

Low (men) <40 | Low (women) <50

Low HDL is a risk marker. Raising it with pills has not been shown to prevent heart attacks.

Triglycerides mg/dL, fasting

NCEP ATP III

Normal <150 | Borderline 150–199 | High 200–499 | Very high ≥500

Very high levels also raise the risk of pancreatitis.

Non-HDL cholesterol mg/dL · total minus HDL

ACC/AHA 2026

Goal, most adults at risk <130 | High risk <100

Counts every cholesterol-carrying particle that can clog arteries.

Lipoprotein(a) Lp(a)

ACC/AHA 2026

Risk-enhancing ≥50 mg/dL (≥125 nmol/L) | About 2× risk ≥100 mg/dL (≥250 nmol/L)

Test once in your life. It is mostly genetic, so one result usually holds.

ApoB apolipoprotein B

ACC/AHA 2026

No single cutoff in the guideline

Most useful if triglycerides are over 200, you have diabetes, or your LDL is already under 70. Ask if it's worth adding.

BLOOD SUGAR

HbA1c % · 3-month average

ADA Standards of Care

Normal <5.7 | Prediabetes 5.7–6.4 | Diabetes ≥6.5

ADA advises screening every adult from age 35, repeated at least every 3 years if normal.

Fasting glucose mg/dL

ADA Standards of Care

Normal <100 | Prediabetes 100–125 | Diabetes ≥126

A diabetes diagnosis needs a repeat test to confirm, unless symptoms are clear.

KIDNEYS

eGFR mL/min/1.73m² · kidney filtering

KDIGO 2024

G1 normal ≥90 | G2 mildly lower 60–89 | G3a 45–59 | G3b 30–44 | G4 15–29 | G5 kidney failure <15

Chronic kidney disease means eGFR under 60 for **3 months or longer**, or other signs of kidney damage. eGFR drifts down a little with age, so the trend matters.

Urine albumin-to-creatinine ratio UACR, mg/g

KDIGO 2024

A1 normal <30 | A2 moderately increased 30–300 | A3 severely increased >300

A simple urine test that can flag kidney damage years before eGFR drops. Worth asking for if you have diabetes or high blood pressure.

LIVER

ALT U/L

ACG 2017

Use your lab's range | Healthy upper limit, men ≈29–33 | Women ≈19–25

Many labs print a higher upper limit. A mildly high ALT is common and is usually re-checked before anything else.

INFLAMMATION

hs-CRP mg/L · high-sensitivity

AHA/CDC

Lower risk <1 | Average 1–3 | Higher risk >3

Over 10 usually points to an infection or injury, so the test is repeated later.

THYROID

TSH mIU/L

American Thyroid Assoc.

Typical lab range ≈0.4–4.0

Ranges differ between labs, and TSH tends to rise slightly with age. One borderline result is usually re-tested.

VITAMIN D

Vitamin D, 25(OH)D ng/mL

NIH ODS · Endocrine Soc. 2024

Deficient <12 | Adequate for most ≥20

The Endocrine Society advises **against routine testing** in healthy adults under 75.

CHECKED AT EVERY VISIT · BLOOD PRESSURE

Blood pressure mmHg

AHA/ACC 2025

Normal <120 / <80 | Elevated 120–129 / <80 | Stage 1 130–139 or 80–89 | Stage 2 ≥140 or ≥90

A reading of **180/120 or higher** needs prompt medical attention. Home readings over a week say more than one reading in the office.

FREE TOOLS THAT USE THESE NUMBERS

Heart risk calculator
AHA PREVENT 10-year risk

LDL calculator
Sampson/NIH equation

A1c calculator
A1c to average glucose

eGFR calculator
CKD-EPI 2021

Blood pressure diary
Free 7-day log

Before your check-up
Which tests at your age

5 QUESTIONS TO BRING TO YOUR APPOINTMENT

1. What is my 10-year heart risk on the PREVENT calculator, and which LDL goal fits me?
2. Have I ever had my Lp(a) measured? If not, can we add it once?
3. Are my A1c and fasting glucose moving up compared with last time?
4. Is my eGFR stable, and should I also have a urine albumin (UACR) test?
5. Which of these results should we repeat, and when?

MY NUMBERS · TYPE THEM IN HERE, OR PRINT AND WRITE

MARKER	DATE:	DATE:	DATE:
LDL cholesterol			
Non-HDL cholesterol			
HDL cholesterol			
Triglycerides			
Lp(a) (once)			
HbA1c			
Fasting glucose			
eGFR			
UACR			
ALT			
hs-CRP			
TSH			
Blood pressure (home average)			

SOURCES

1. ACC/AHA. 2026 Guideline on the Management of Dyslipidemia. Circulation, 2026. doi:10.1161/CIR.0000000000001423
2. NCEP Adult Treatment Panel III, Final Report. NHLBI, 2002 (LDL, total, HDL and triglyceride categories).
3. American Diabetes Association. Standards of Care in Diabetes, section 2: Diagnosis and Classification, 2026.
4. KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of CKD. Kidney International, 2024.
5. Kwo PY et al. ACG Clinical Guideline: Evaluation of Abnormal Liver Chemistries. Am J Gastroenterol, 2017.
6. Pearson TA et al. Markers of Inflammation and Cardiovascular Disease, AHA/CDC statement. Circulation, 2003.
7. Demay MB et al. Vitamin D for the Prevention of Disease, Endocrine Society guideline. JCEM, 2024.
8. NIH Office of Dietary Supplements. Vitamin D fact sheet for health professionals.
9. American Thyroid Association. Thyroid function tests (patient resource).
10. AHA/ACC. 2025 Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults.

Educational only, not medical advice. Reference ranges vary between labs and with age, sex, pregnancy and medications. Always review your results with your own clinician. Compiled by Georgi Pavlov, founder and editor of Health Aspire (not a medical professional), from the guidelines listed above. Free to print and share unchanged.