June Health Overview

Alexander Muse • Prepared: June 11, 2026 • Submitted to Parin Parikh, MD (cardiologist) for review

This document is a patient-prepared summary of personal health data compiled from Apple Health (blood pressure), InsideTracker monthly blood panels via Rythm, and personal medication records. It updates the March 21, 2026 overview with two additional monthly panels (May 5 and June 2, 2026), seven additional weeks of BP data, and a status note on the cardiac imaging referral. All data is self-collected and self-reported.

Clinical Summary

Diagnosed with congestive heart failure on September 22, 2025 following a hypertensive crisis (peak inpatient BP 182/124 mmHg). Initiated on guideline-directed medical therapy and fully adherent since diagnosis. Tirzepatide (Zepbound) started November 4, 2025; weight has decreased from 235 lb to 196 lb (39 lb total) as of March 21, 2026 and has been maintained in that range through June. **Patient remains without a primary care provider.** A May 9, 2026 onboarding appointment was scheduled with Bright O. Odei, MD (BCBS MDLIVE Medical Group); the appointment never took place and the practice subsequently confirmed it is no longer accepting new patients. Despite paying ~$1,700/month for BlueCross BlueShield of Texas HMO coverage, patient has been unable to secure an in-network PCP. As a result, **no referral has been issued for the cardiac imaging you ordered at Southwest Diagnostic, and no PCP-gated cardiology follow-up has been possible.** This report covers seven consecutive InsideTracker panels (November 2025 – June 2026) and an ambulatory BP log spanning December 2025 – June 11, 2026.

Action requested at this visit — imaging referral. The cardiac imaging study you ordered through Southwest Diagnostic Imaging Center (BCBS-approved) has been blocked since April because the HMO requires a PCP referral and I have been unable to secure an in-network PCP. The May 9 appointment with Dr. Odei did not take place — that practice has since stopped accepting new patients — and I have not been able to find a replacement despite paying ~$1,700/month for BCBS Texas HMO coverage. **I am asking for your help finding a path to the referral** — whether that is a recommended in-network PCP who can issue it quickly, a direct specialist referral your office can submit on my behalf, or any workaround that gets the imaging completed so we can resume follow-up.

Clinical headline since March: LDL has continued to fall to 71.3 mg/dL and ApoB to 62.1 mg/dL on no statin. HDL has risen to 87.7 mg/dL. Estrogen has finally turned over downward (65.8 → 54.1 → 42.4 pg/mL) while still above the reference max. **hs-CRP, however, has worsened: 3.09 → 3.49 → 5.24 mg/L** across March, May, and June — the highest reading of the series — despite ongoing weight stability and otherwise improving cardiometabolic markers. This is the finding I would most like your read on once we can complete the imaging.

Current Medication Regimen (GDMT + Adjuncts)

Medication (Generic)	Brand	Dose	Frequency
Sacubitril / valsartan	Entresto	49/51 mg	BID
Carvedilol	Coreg	6.25 mg	BID
Spironolactone	Aldactone	25 mg	QD
Furosemide	Lasix	20 mg	Every other day (since Mar 23, 2026)

Medication (Generic)	Brand	Dose	Frequency
Empagliflozin	Jardiance	10 mg	QD
Apixaban	Eliquis	5 mg	BID
Tirzepatide	Zepbound	15 mg SC	Weekly (Wed)
Amphetamine salts	Adderall	10–20 mg	QD (3–4×/wk, PRN)

Supplements: Vitamin D3 125 mcg/day (reduced from 250 mcg on Mar 23, 2026; Vitamin D level has self-corrected, see Section 4); Magnesium 500 mg/day (resumed daily on Apr 19, 2026 after a brief every-other-day period); Selenium 55 mg; Zinc 5 mg; Omega-3 2,560 mg/day (EPA 650 mg / DHA 450 mg); CoQ10 100 mg. No new prescription changes since the March overview.

Prioritized Clinical Questions for This Visit

Findings flagged for your guidance, listed in order of patient-perceived clinical significance. Items #1–3 are new or have materially changed since the March overview.

#	Finding	Clinical Question
1	**hs-CRP worsening, not improving.** 2.81 → 3.10 → 2.30 → 3.34 → 3.09 (Mar) → 3.49 (May) → **5.24 mg/L (Jun 2, 2026)** — a step-change above the prior baseline.	Does a single elevated reading of 5.24 mg/L warrant repeat testing on a different day, broader workup (interleukin-6, fibrinogen, occult source), or initiation of statin/colchicine given high-risk CHF status?
2	**LDL/ApoB ratio 1.14** on the June panel (reference 1.2–1.4), with continued ApoB decline to 62.1 mg/dL and LDL 71.3 mg/dL (both improved without statin).	A ratio below 1.2 can suggest a predominance of small dense LDL particles. Would advanced lipid testing (LDL particle number or NMR) be useful here, and does the residual particle pattern alone justify statin initiation despite an LDL already near the 70 mg/dL target?
3	**Estrogen finally trending down** on stable spironolactone: 65.8 (Mar) → 54.1 (May) → 42.4 pg/mL (Jun). Still above reference max (32 pg/mL) but improving for the first time.	Continue current spironolactone dose and reassess in 2–3 panels, or proceed with the eplerenone substitution discussed in the March overview?
4	**BP remains controlled with intermittent hypotensive outliers.** Apple Health 30-day mean (May 14 – Jun 11): 105/67 over 6 readings; range 80–128 / 52–78. No Stage 1+ days in the current 30-day window.	Continue Lasix every other day? Any titration to Entresto or carvedilol indicated given persistence of low readings (e.g., May 21 80/52)?
5	**Vitamin D normalized** after self-reduction of D3: 86.1 (Mar) → 84.4 (May) → 66.3 ng/mL (Jun). Now within reference range (30–80) on 125 mcg/day.	Maintain 125 mcg/day or reduce further to defend against a future overshoot?
6	**Ferritin re-introduced**: 405 ng/mL on Jun 2 (vs. 388.5 in Jan; ref 29–575). Rising trend continues. hs-CRP simultaneously rising — consistent with acute-phase response rather than iron-overload pathology.	Iron studies (TSAT, serum iron) to disambiguate inflammatory vs. storage etiology?
7	**Free T3 dropped to 2.83 pg/mL** (Jun) — low-normal, matching the January 2026 reading; TSH 3.39 uIU/mL (WNL).	Any cardiac significance to low-normal T3 in this clinical context, or watchful waiting?

1 — Ambulatory Blood Pressure Log (Sep 2025 – Jun 11, 2026)

Period	Mean Sys.	Mean Dia.	AHA Classification	Notes
Sep 22–30, 2025 (Dx)	~155	~116	Hypertensive Crisis	Peak 182/124 at diagnosis
Oct 2025	~123	~78	Elevated / Stage 1	Medication titration phase
Nov 2025	~107	~67	Normal	First full normal-range month
Dec 2025	110	70	Normal	Range 81/48 – 142/89; 1 Stage 2 outlier Dec 10
Jan 2026	98	64	Normal	Lowest mean of series
Feb 2026	105	68	Normal	138/90 outlier Feb 19 PM
Mar 2026	94	61	Normal	Low outliers 78/52, 81/50
Apr 2026	105	70	Normal	137/97 outlier Apr 25 AM (only Stage 2 of quarter
May 14 – Jun 11, 2026	105	67	Normal — 5/6 days	Range 80–128 / 52–78; 1 elevated day, 0 Stage 1

✓ **BP response to GDMT remains durable** at 8 months from diagnosis. Mean systolic has held in the 94–110 mmHg band since November 2025; no sustained Stage 1 or Stage 2 periods.

■ Two Stage 1/2 readings worth noting since the March report: **Apr 25 137/97 mmHg (AM)** and **Apr 9 / May 12** evening elevations to 135/80 and 138/90. All other readings since the March overview have been at or below 128/78. Hypotensive outliers continue (May 21 80/52, Apr 28 83/55, May 2 88/56) — please advise on dose-titration thresholds.

2 — Cardiovascular Risk Markers (7-Panel Trend)

Marker	Unit	Ref	Nov'25	Dec'25	Jan'26	Feb'26	Mar'26	May'26	Jun'26	Status
LDL Cholesterol	mg/dL	40–150	108.6	132.2	110.6	115.5	92.0	88.2	71.3	WNL
HDL Cholesterol	mg/dL	40–120	60.0	60.0	52.0	63.2	67.5	84.6	87.7	Optimal
ApoB	mg/dL	0–90	82.0	99.9	—	78.4	73.2	64.0	62.1	Optimal
Triglycerides	mg/dL	0–149	122.0	69.0	72.0	66.7	77.3	85.9	60.0	Optimal
Total Cholesterol	mg/dL	100–240	193	206	177	192	175	190	171	WNL
Remnant Chol.	mg/dL	20–24	24.4	13.8	14.4	13.3	15.5	17.2	12.0	Optimal
hs-CRP	mg/L	0–3.0	2.81	3.10	2.30	3.34	3.09	3.49	5.24	Abnormal
TC/HDL Ratio	ratio	3.0–5.1	3.2	3.4	3.4	3.0	2.6	2.2	1.9	Optimal
Trig/HDL Ratio	ratio	1.25–2.5	2.0	1.1	1.4	1.1	1.1	1.0	0.7	Optimal
LDL/ApoB Ratio	ratio	1.2–1.4	1.32	1.32	—	1.47	1.25	1.37	1.14	Abnormal

■ **hs-CRP has stepped up to 5.24 mg/L** on June 2 — a meaningful departure from the 2.30–3.49 band of the prior six panels. There is no concurrent symptomatic illness and weight is stable. Inflammatory etiology vs. transient acute-phase event is unclear; **requesting your assessment and whether to repeat the draw before broader workup.**

✓ **Lipid trajectory is strongly favorable.** LDL 108.6 → 71.3 mg/dL and ApoB 99.9 → 62.1 mg/dL across seven panels without statin therapy. HDL has risen 60 → 87.7 mg/dL. TC/HDL ratio now 1.94 (well below the reference lower bound) and Trig/HDL 0.68 — both reflecting favorable composition.

→ **LDL/ApoB ratio fell to 1.14** (just below the 1.2 lower bound). At this LDL level the ratio shift may indicate a higher fraction of small dense LDL particles; please advise whether NMR/particle testing is warranted before deciding on statin initiation.

3 — Hormonal Panel

Marker	Unit	Ref	Nov'25	Dec'25	Jan'26	Feb'26	Mar'26	May'26	Jun'26	Status
Estrogen	pg/mL	15–32	51.0	48.3	46.2	60.8	65.8	54.1	42.4	Abnormal
Total Testosterone	ng/dL	250–900	422	435	376	659	472	451	429	WNL
Free Testosterone	pg/mL	46–224	87.1	95.2	79.1	119.3	100.8	87.5	82.7	WNL
SHBG	nmol/L	13.3–89.5	29.2	28.9	29.4	41.7	28.9	32.9	33.3	WNL

✓ **First sustained downtrend in estrogen**: 65.8 → 54.1 → 42.4 pg/mL across the three most recent panels. Still above reference max but moving in the right direction without medication change. Patient requests guidance on whether to defer the eplerenone substitution discussed in March pending one more panel.

→ Testosterone, free testosterone, and SHBG all returned to baseline after the February anomaly noted in the March overview; all within reference range in May and June.

4 — Vitamins, Renal Function & Thyroid

Marker	Unit	Ref	Nov'25	Dec'25	Jan'26	Feb'26	Mar'26	May'26	Jun'26	Status
Vitamin D	ng/mL	30–80	19.0	28.9	52.8	75.4	86.1	84.4	66.3	WNL
Ferritin	ng/mL	29–575	291	303	389	—	—	346	405	WNL
Albumin	g/dL	3.5–5.2	4.8	4.4	4.5	4.7	4.7	4.85	4.79	Optimal
Creatinine	mg/dL	0.6–1.2	—	—	1.08	1.15	1.15	1.20	1.00	WNL
Free T3	pg/mL	2.0–4.4	3.59	3.16	2.83	3.33	3.44	3.27	2.83	WNL
TSH	uIU/mL	0.45–4.5	2.65	3.30	3.93	2.54	3.31	2.24	3.39	WNL

✓ **Vitamin D self-correction was successful.** After D3 reduced from 250 → 125 mcg/day on Mar 23, level returned from 86.1 → 66.3 ng/mL by June and is back within the reference range.

→ Creatinine returned to 1.00 mg/dL on June 2 (vs. 1.15–1.20 in prior three panels). Trend remains favorable on Entresto + Lasix (every other day) + spironolactone + Jardiance. Continued quarterly renal monitoring is planned.

5 — Expanded Panel (added May/June 2026)

The InsideTracker panel expanded in May 2026 to include the markers below. All within reference range; included here for your baseline record.

Marker	Unit	Reference	May 2026	Jun 2026	Status
Hemoglobin	g/dL	13.5–17.5	—	15.6	Optimal
Hematocrit	%	39–51	—	46.0	Optimal
Uric Acid	mg/dL	3.4–7.0	4.98	6.01	WNL
Fructosamine	umol/L	205–285	256	245	Optimal
GGT	U/L	0–71	59.8	46.7	WNL
Alkaline Phosphatase	U/L	40–129	65.5	64.3	Optimal
Vitamin B12	pg/mL	232–1245	514	590	Optimal

Interval Events (Mar 21 – Jun 11, 2026)

Date	Event
Apr 19, 2026	Magnesium 500 mg resumed daily (had been on every-other-day since Mar 23).
May 9, 2026	Scheduled onboarding visit with Bright O. Odei, MD (BCBS MDLIVE Medical Group) did **not** take place. The practice subsequently confirmed it is no longer accepting new patients. No referral was issued. Patient remains without a PCP and cardiac imaging at Southwest Diagnostic is still blocked at the insurance gate.
May–Jun 2026 (ongoing)	Active search for an in-network BCBS Texas HMO PCP has been unsuccessful. Patient continues to pay ~$700/month in premiums without an assigned PCP — no preventive visits, no referral pathway, and no avenue to reschedule the cardiology follow-up that requires imaging results.
May 22, 2026	23andMe-style whole genome (v3) export retrieved and archived by patient; raw data available on request if useful for pharmacogenomic review (CYP2D6 / CYP2C9 / SLCO1B1).
May–Jun 2026	Two additional InsideTracker panels (May 5 and June 2) added; expanded panel introduced Hemoglobin/Hematocrit, Uric Acid, Fructosamine, GGT, ALP, B12.

Clinician Notes

Physician notes / follow-up actions:

Data sources: Apple Health (BP export through Jun 11, 2026), InsideTracker monthly blood panels via Rythm, patient medication records. Prepared by patient Alexander Muse. Generated June 11, 2026.