My N=1 Journey – Consolidated Phase 1-5 Data Sheets
(DRAFT – January 9, 2026)

PHASE 1: Initial Intervention

This phase focused on weight loss while establishing baseline anthropometric and blood-based measurements, without a specific disease or organ-focused hypothesis.

Timeframe: September 7, 2024 to March 10, 2025

Primary Intent at Phase Start:

- Weight loss
- Establish objective baseline health measurements
- Document blood test biomarkers and anthropometric data over time

Implementation Chosen at Phase Start:

- Carnivore Diet (65% Fat / 30% Protein / 5% Carbs)
- Continue existing resistance training 2-3 days/week and increase activity level
- Periodic blood testing
- Document blood test results in spreadsheet to identify trends
- Continue pre-existing supplement regimen

Measurements Introduced / Emphasized:

- FitnessPal food tracking use
- Baseline blood tests including fasting insulin
- Body Measurement baseline
- Continuous Glucose Monitor (CGM) introduced for intermittent, real-time glucose observation during dietary variation; data not systematically captured.

Observed Directional Trends:

- Anthropometric Data (9/8/24 to 2/23/25)
    - 252.7 lbs to 225.1 lbs
        - 27.6 lb reduction
        - Ave. loss per week: 1.15 lbs
    - Fat/Lean Mass (per Withings Body Comp scale):
        - 9/8/24 to 10/6/24: 27.9% / 68.5% to 23.1%/72.9% (14.2 lb loss)
            - Lean Mass Change: +4.4%
        - 10/6/24 to 2/23/25: 23.1%/72.9% to 23.4% / 72.8% (13.4 lb loss)
            - Lean Mass Change: -0.1%. Fat and lean mass declined at comparable rates during this period

    - Waist/Height Ratio:
        - .61 to .55
    - Waist/Hip Ratio:
        - 1.05 to 0.98
    - BMR:
        - 2,140 to 1,974 kcals

- Blood Tests *(See Footnote 1)*
    - Lipid Markers:
        - Total Cholesterol (TC): 157 to 143
        - Triglycerides (TG): 144 to 121
        - HDL Cholesterol (HDL-C): 61 to 49
        - LDL Cholesterol (LDL-C): 67.2 to 72
        - Apolipoprotein B (ApoB)
            - Calculated: 72 to 70
            - Measured (10/3/24): 89 (single measurement)
    - NMR LipoProfiles (LabCorp):
        - LDL Particle Count (LDL-P): 1382 to 1056
        - Small LDL Particles: 734 to 447
        - Insulin Resistance Index (LP-IR): 49 to 56
    - Fasting Glucose–Insulin Index (HOMA-IR) (calculated from lab data): 1.8 to 2.0
    - Fasting Total Insulin: 8 (St Lukes) to 9 (Boston) *(See Footnote 2)*
    - Alanine Aminotransferase (ALT): 31 to 72
    - Aspartate Aminotransferase (AST): 35 to 74
    - Gamma-Glutamyl Transferase (GGT): 30 (single measurement)
    - FIB-4 Index (calculated from lab data): 3.78 (single measurement)
    - Homocysteine: 19.4 (single measurement)

Key Discoveries / Signals:

- Focus on fat for energy dramatically increased satiety, lowering overall food intake and enabled daily 12-16 hour intermittent fasting, often resulting in one meal a day (OMAD)
- Black coffee and bulletproof coffee discovered as tools to assist intermittent fasting regimen
- Measured ketosis status via urine sticks
- Rising AST/ALT coincided with continued alcohol use, raising concern about its potential contribution and the need to address intake

- Average weekly weight loss across Phase 1 was 1.6 lbs, starting at 5.1 lbs the first week and gradually dropping each week to 1.2 lbs/week on 2/28/25.

Constraints / Confounders Noted:

- Strict adherence to Carnivore Diet, with exception of black coffee and alcohol use (spirits only)
- Standard Carnivore influencer guidance "Eat until Full" was not sustainable given macronutrient imbalance
- CGM was used to observe fasting glucose levels and insulin response after any deviations from the diet occurred. CGM data was tracked in the Dexcom app but not captured separately. No notable concerns arose during the phase.
- Ketosis state was intermittent and low (up to 1.5mmol/L)

Open Questions at Phase End:

- Diet change was needed to increase protein to slow lean mass loss, requiring reduction in fat intake to continue low carbohydrate approach
- Alcohol use remained an unresolved issue requiring direct intervention

FOOTNOTES:

1. For each biomarker, the first value represents the earliest available measurement obtained on or shortly after **September 7, 2024**, and the second value represents the most recent measurement obtained on or shortly before **March 10, 2025**. Exact test dates, laboratories, assays, and reference ranges are documented in the linked source file.

2. "Total" insulin refers to assays that may detect circulating insulin **plus proinsulin and proinsulin fragments**, depending on laboratory methodology. Values are therefore **assay-dependent** and not directly comparable across laboratories. Directional interpretation is appropriate **within-lab only**. Where available, insulin-specific assays are referenced separately.

PHASE 2: Multi-Factor Change & Lipid Signal Emergence

Multiple diet, behavior, and supplement changes overlapped during this phase, which made cause-and-effect unclear and led to a growing focus on liver evaluation.

Timeframe: March 11, 2025 to April 17, 2025

Primary Intent at Phase Start:

- Continue weight loss
- Increase protein intake to improve lean mass retention

Implementation Chosen at Phase Start:

- Change to Keto Diet (55% Fat / 35% Protein / 10% Carbs)
- Continue existing resistance training 2-3 days/week and increase activity level
- Increase blood test frequency to monitor diet/supplement changes
- Continue documenting biomarkers and anthropometric data
- Transition away from alcohol use
- Test use of Fatty15 supplement as possible offset to reduced dietary fat

Measurements Introduced / Emphasized:

- FitnessPal food tracking used during Keto diet transition

Observed Directional Trends:

- Anthropometric Data (4/2/25 to 4/17/25)
    - 224.2 lbs to 220.6 lbs
        - 3.6 lb reduction (32.1 lbs total)
        - Ave. loss per week: 0.5 lbs
    - Fat/Lean Mass (per Withings Body Comp scale):
        - 24.9% / 71.3% to 23.6%/72.5%
        - Lean Mass Change: +1.2%
    - Waist/Height Ratio:
        - 0.56 (single measurement)
    - Waist/Hip Ratio:
        - 1.02 (single measurement)
    - BMR:
        - 1,857 to 1,839 kcals

- Blood Tests - *(See Footnote 1)*
    - Lipid Markers:
        - Total Cholesterol (TC): 143 to **284**
        - Triglycerides (TG): 121 to 155
        - HDL Cholesterol (HDL-C): 49 to 48
        - LDL Cholesterol (LDL-C): 67.2 to **205**
        - Apolipoprotein B (ApoB, measured): 89 to **149**
    - NMR LipoProfiles (LabCorp):
        - LDL Particle Count (LDL-P): 1056 to **2615**
        - Small LDL Particles: 447 to **1235**
        - Insulin Resistance Index (LP-IR): 56 to 45
    - Fasting Glucose–Insulin Index (HOMA-IR) (calculated from lab data): Unavailable
    - Fasting Insulin: 9 (total insulin – St. Lukes) to 3.9 (active insulin - LabCorp) *(See Footnote 2)*
    - Alanine Aminotransferase (ALT): 72 to 63
    - Aspartate Aminotransferase (AST): 74 to 64
    - Gamma-Glutamyl Transferase (GGT): Unavailable
    - FIB-4 Index (calculated from lab data): Unavailable
    - Homocysteine: 19.4 to 11.6

Key Discoveries / Signals:

- Lipid biomarkers increased sharply across standard and NMR panels
- Primary Care Physician assessed AST/ALT abnormality and independently calculated elevated FIB-4, escalating issue to imaging
- Alcohol intake was no longer viewed as neutral to health status
- Weight loss continued, but focus shifted toward a broader metabolic context

Constraints / Confounders Noted:

- Multiple concurrent changes limited ability to identify a cause for the observed lipid spike, including:
    - Change to Keto Diet
    - Reduction of alcohol use in March and April
    - Start of Fatty15 supplement on 2/26/2025
    - Start of Urolithin A supplement on 4/4/25
- All alcohol was stopped after 4/16/2025 in response to high ALT/AST levels

- Transition to Keto added a small portion of cruciferous vegetables as the only carbohydrate source. Increased leaner cuts of animal proteins. Satiety was maintained but any mid-day cravings were indulged with proteins.
- CGM monitoring did not yield actionable insights during this phase and did not play a measurable role in future phases
- Stopped use of bulletproof coffee and discontinued measurement of ketosis

Open Questions at Phase End:

- Further diet adjustments warranted in response to lipid spike.
- Review of supplementation stack is needed to eliminate possible impacts on lipid levels and/or liver.
- Decision pending whether to continue use of my cardiologist-prescribed Fenofibrate in light of diet-reduced TG levels and possible liver impact.

FOOTNOTES:

1. For each biomarker, the first value represents the earliest available measurement obtained on or shortly after **March 10, 2025**, and the second value represents the most recent measurement obtained on or shortly before **April 17, 2025.** Exact test dates, laboratories, assays, and reference ranges are documented in the linked source file.

2. "Total" insulin refers to assays that may detect circulating insulin **plus proinsulin and proinsulin fragments**, depending on laboratory methodology. "Active" insulin refers to insulin assays that omit proinsulin and proinsulin fragments**.** Fasting insulin values are **assay-dependent** and not always comparable across laboratories. Directional interpretation is appropriate **within-lab only**. Where available, insulin-specific assays are referenced separately.

PHASE 3: Diagnostic Confirmation & Clinical Escalation

This phase focused on confirming the significance of prior lipid abnormalities and evaluating liver health, culminating in objective diagnosis and escalation to specialist-directed care.

Timeframe: April 18, 2025 to May 29, 2025

Primary Intent at Phase Start:

- Continue weight loss
- Evaluate blood lipids and take actions to reduce them
- Obtain liver scan results

Implementation Chosen at Phase Start:

- Continue Keto Diet
- Stop supplementation temporarily to eliminate possible lipid raising compounds
- Continue existing resistance training 2-3 days/week and increase activity level
- Maintain blood test frequency
- Continue documenting biomarkers and anthropometric data
- Stop Fenofibrate use and monitor TG levels

Measurements Introduced / Emphasized:

- Liver Elastography (5/5/25)

Observed Directional Trends:

- Anthropometric Data (4/17/25 to 5/17/25)
    - 220.6 lbs to 218.5 lbs
        - 2.1 lb reduction (34.2 lbs total)
        - Ave. loss per week: 0.5 lbs
    - Fat/Lean Mass (per Withings Body Comp scale):
        - 23.6%/72.5% to 22.1%/74.0
        - Lean Mass Change: +1.5%
    - Waist/Height Ratio:
        - 0.54 (single measurement)
    - Waist/Hip Ratio:
        - .98 (single measurement)
    - BMR:
        - 1,839 to 1,831 kcals

- Blood Tests - *(See Footnote 1)*
    - Lipid Markers:
        - Total Cholesterol (TC): 284 to 173
        - Triglycerides (TG): 155 to 112
        - HDL Cholesterol (HDL-C): 48 to 44
        - LDL Cholesterol (LDL-C): 205 to 109
        - Apolipoprotein B (ApoB, measured): 149 to 94
    - NMR LipoProfiles (LabCorp):
        - LDL Particle Count (LDL-P): 2615 to 1871
        - Small LDL Particles: 1235 to 988
        - Insulin Resistance Index (LP-IR): 45 to 45
    - Fasting Glucose–Insulin Index (HOMA-IR) (calculated from lab data): Unavailable
    - Fasting Insulin: Unavailable
    - Alanine Aminotransferase (ALT): 63 to 51
    - Aspartate Aminotransferase (AST): 64 to 41
    - Gamma-Glutamyl Transferase (GGT): 12 (single measurement)
    - FIB-4 Index (calculated from lab data): 3.78 (Phase 1) to 2.60
    - Homocysteine: 11.6 (single measurement)

Key Discoveries / Signals:

- Liver elastography confirmed advanced hepatic steatosis with F2–F3 fibrosis (11.05 kPa)
- Specialist guidance identified GLP-1/GIP agonist therapy (tirzepatide) as a potential primary intervention for liver disease
- Lipid biomarkers declined substantially across standard and NMR panels following elimination of confounding inputs
- An earlier coronary artery calcium (CAC) score of 3 from 2019 was rediscovered during cardiology review
- Stopping Fenofibrate use had no notable effect on TG levels

Constraints / Confounders Noted:

- Multiple simultaneous changes during this phase (supplement cessation and selective reintroduction, diet modification, and fenofibrate discontinuation) limited the ability to attribute lipid improvements to any single intervention.
- Lipid particle measures (LDL-P, small LDL) remained elevated relative to the September 2024 baseline despite substantial improvement from Phase 2 peak values.

- Alcohol cessation occurred prior to this phase, making it unlikely to account for the magnitude or timing of lipid changes observed here.
- PCP response to liver elastography results did not include treatment escalation

Open Questions at Phase End:

- Identify the best source of Zepbound and begin its use
- Fully transition to a low saturated fat Mediterranean diet in response to liver findings
- Carefully assess the use of any additional supplements in light of liver vulnerability

FOOTNOTES:

1. For each biomarker, the first value represents the earliest available measurement obtained on or shortly after **April 17, 2025**, and the second value represents the most recent measurement obtained on or shortly before **May 29, 2025.** Exact test dates, laboratories, assays, and reference ranges are documented in the linked source file. (*"link to Blood Test File")*

PHASE 4: Therapeutic Initiation & Early Response Monitoring

This phase involved starting targeted treatment for liver disease and tracking early changes across liver, lipid, and body composition measures.

Timeframe: May 30, 2025 to December 4, 2025

Primary Intent at Phase Start:

- Liver recovery
- Continued weight loss
- Maintain low saturated fat diet

Implementation Chosen at Phase Start:

- Change to Mediterranean Diet (30% Fat / 30% Protein / 40% Carbs)
- Begin and maintain use of Zepbound for liver therapy
- Continue existing resistance training 2-3 days/week and increase activity level
- Maintain blood test frequency to monitor relevant biomarkers, focusing on liver recovery
- Continue documenting biomarkers and anthropometric data
- Use DEXA Body Composition scans to confirm optimal target weight goals

Measurements Introduced / Emphasized:

- DEXA Body Composition Scans (6/24/25 and 10/3/25)
- CT Cardiac Angiogram (7/15/25)
- Liver FibroScan (12/3/25)
- Cardio IQ® LP PLA2 Activity blood test (8/7/25 and 9/29/25)
- Began use of ChatGPT on 10/24/25 to assist in data aggregation and analysis, supplement stacking and review, and diet support

Observed Directional Trends:

- Anthropometric Data (5/17/25 to 11/23/25)
    - 218.5 lbs to 197.9 lbs
        - 20.6 lb reduction (54.8 lbs total)
        - Ave. loss per week: 0.76 lbs
    - Fat/Lean Mass (per Withings Body Comp scale):
        - 22.1%/74.0% to 18.9%/77.0%
        - Lean Mass Change: +3.0%

- DEXA Body Comp Scan Results (10/3/25)
  - Total Mass: 203.7 lbs
  - Lean Mass: 149.9 lbs / 73.6%
  - Fat Mass: 44.9 lbs / 23.0%
  - Visceral Fat:
    - 3.56 lbs (mass)
    - 7.9% of total fat mass
  - Subcutaneous Fat: 1.3 Lbs
- Waist/Height Ratio:
  - 0.50 (single measurement)
- Waist/Hip Ratio:
  - .94 (single measurement)
- BMR:
  - 1,831 to 1,737 kcals

- Blood Tests – *(see Footnote 1)*
  - Lipid Markers:
    - Total Cholesterol (TC): 173 to 149
    - Triglycerides (TG): 112 to 68
    - HDL Cholesterol (HDL-C): 44 to 57
    - LDL Cholesterol (LDL-C): 109 to 78
    - Apolipoprotein B (ApoB, measured): 94 to 72
    - Cardio IQ® LP PLA2 Activity:
      - 139 (8/7/25)
      - 103 (9/29/25)
  - NMR LipoProfiles (LabCorp):
    - LDL Particle Count (LDL-P): 1871 to 1054
    - Small LDL Particles: 988 to 536
    - Insulin Resistance Index (LP-IR): 45 to 30
  - Fasting Glucose–Insulin Index (HOMA-IR) (calculated from lab data):
    - 2.0 (11/10/25)
  - Fasting Insulin (Active):
    - 5.0 (LabCorp) (8/7/25)
    - 8.7 (LabCorp) (11/10/25)
    - 5.3 (LabCorp) (11/24/25)
  - Alanine Aminotransferase (ALT): 51 to 46
  - Aspartate Aminotransferase (AST): 41 to 35
  - Gamma-Glutamyl Transferase (GGT): 11 to 13

- FIB-4 Index (calculated from lab data): 2.60 to 1.72
- Homocysteine: Unavailable

Key Discoveries / Signals:

- Marked resolution of advanced hepatic steatosis and reduction in liver stiffness from F2–3 to F0–1 were observed on repeat FibroScan (12/3/25).
- CAC score of 94 obtained from 7/15/2025 CT Cardiac Angiogram providing updated coronary risk assessment
- DEXA scans revealed visceral fat to be 7.9% of total body fat
- Achieved goal weight range of 195-200 lbs by end of phase

Constraints / Confounders Noted:

- Zepbound initiation occurred partway through the phase (6/26/25), limiting attribution of early improvements to pharmacologic therapy alone
- Other concurrent interventions (diet change, coffee filtration, selective supplement use) overlapped with the start of treatment, constraining causal determination
- The duration of pharmacologic exposure prior to follow-up FibroScan was limited, and findings reflect early response rather than long-term stabilization.

Open Questions at Phase End:

- Reevaluate Zepbound dosage (7.5mg at phase end) given achievement of reaching goal weight while continuing liver therapy benefits
- Change diet toward maintaining weight, with a focus on maintaining and growing lean mass and continued improvement of biomarkers associated with CVD progression

FOOTNOTES:

1. For each biomarker, the first value represents the earliest available measurement obtained on or shortly after **May 30, 2025**, and the second value represents the most recent measurement obtained on or shortly before **December 4, 2025.** Exact test dates, laboratories, assays, and reference ranges are documented in the linked source file. (*"link to Blood Test File")*

PHASE 5: Longitudinal Monitoring & Stabilization (Ongoing)

This phase marks the transition from intervention initiation to longitudinal monitoring and ongoing observation.

Following the completion of early therapeutic baselining and initial response assessment, Phase 5 is intended to track the durability, stability, and longer-term trends across liver, lipid, cardiovascular, and body composition measures, and will be updated as new data becomes available.

Phase Start Date: December 5, 2025

Primary Intent at Phase Start:

- Continued liver recovery
- Pursue CVD stabilization/reduction
- Maintain weight within 195-200 lbs

Implementation Chosen at Phase Start:

- Refine diet to ensure it remains therapeutic for liver, CVD, lean mass maintenance/growth, and weight management
- Reevaluate future blood test timing and types consistent with known metabolic factors
- Continue use of Zepbound pending reassessment of liver health
- Continue existing resistance training 2-3 days/week and increase activity level
- Continue documenting biomarkers and anthropometric data
- No new pharmacologic therapies were initiated at the start of this phase

New/Pending Measurements:

- Lipoprotein (a) (Lp(a)) test completed
- Pending:
    - Repeat Lipid Panel (scheduled 1/26/2026)
    - Carotid Ultrasound (scheduled 2/5/26)
    - FibroScan Follow-Up (tentatively May 2026)

Observed Directional Trends:

- Anthropometric Data (As of 12/19/25)
    - Body Weight:
        - 197.6 lbs (within target range)

    - Fat/Lean Mass (per Withings Body Comp scale):
        - 18.9%/77.0% to 18.3/77.6%
        - Lean Mass Change: +0.3%
    - Waist/Height Ratio: Unavailable
    - Waist/Hip Ratio: Unavailable

- Blood Test Results - 12/17/25 (Changes Since Phase 4)
    - Lipid Markers:
        - Total Cholesterol (TC): 149 to 151
        - Triglycerides (TG): 68 to 86
        - HDL Cholesterol (HDL-C): 57 to 57
        - LDL Cholesterol (LDL-C): 78 to 77
        - Apolipoprotein B (ApoB, measured): 72 to 68
        - Cardio IQ® LP PLA2 Activity: 103 to 93
        - Lipoprotein (a) (Lp(a)): 36
    - NMR LipoProfiles (LabCorp):
        - LDL Particle Count (LDL-P): 1054 to 977
        - Small LDL Particles: 536 to 628
        - Insulin Resistance Index (LP-IR): 30 to 52
    - Fasting Glucose–Insulin Index (HOMA-IR): 1.2 to 1.1
    - Fasting Insulin: 5.3 to 4.9 (LabCorp)
    - Alanine Aminotransferase (ALT): 46 to 30
    - Aspartate Aminotransferase (AST): 35 to 25
    - FIB-4 Index (calculated from lab data): 1.72 to 1.89
    - Gamma-Glutamyl Transferase (GGT): 13 to 12

Key Discoveries / Signals:

- Lipoprotein (a) measured at 36 nmol/L, establishing baseline inherited cardiovascular risk context

Constraints / Confounders Noted:

- Some metabolic indices (e.g., LP-IR vs HOMA-IR) showed divergent results in December testing, which may warrant confirmation with repeat measurements

Open Questions as of 12/17/25:

- Monitor liver/lipid biomarker improvements to decide if reduction of Zepbound dose (currently 7.5mg) is warranted

- Work is still needed to refine new diet approach that will optimize protein intake in support of resistance training while maintaining continued CVD and liver therapy

Phase 5 Updates (Append-Only)

- TBD