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A metabolic health workup: connect the numbers before the fix

A borderline blood sugar from one visit, a blood pressure reading from another, a note about a “fatty liver” on an old scan, a partner who mentions snoring. Each finding can look minor on its own. Together they may tell a single story about metabolic health — and that story deserves one connected evaluation before anyone picks a treatment.

Educational only. Not medical advice. One Stop Cabo Health is a medical concierge — not a hospital. Licensed physicians provide clinical care.

Metabolic risk factors tend to show up together

The National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health (NIH), describes metabolic syndrome as a group of conditions that together raise the risk of coronary heart disease, diabetes, stroke, and other serious health problems. You may have it if you have three or more of these: a large waistline, high blood pressure, high blood sugar, high blood triglycerides, and low high-density lipoprotein (HDL) cholesterol — the “good” cholesterol. The NHLBI estimates that about 1 in 3 U.S. adults have metabolic syndrome, and notes that it is largely preventable.

Two other conditions often travel with this cluster: fatty liver disease and obstructive sleep apnea. That is why a metabolic workup looks at the whole picture rather than one number at a time.

Blood sugar: the numbers many people don't know they have

The Centers for Disease Control and Prevention (CDC) estimates that 40.1 million people in the United States had diabetes in 2023, that 27.6% of adults with diabetes were undiagnosed, and that 115.2 million U.S. adults had prediabetes.

The U.S. Preventive Services Task Force (USPSTF) recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 who have overweight or obesity, and suggests considering earlier screening for people with a family history of diabetes or other risk factors. Screening uses a fasting blood glucose test, a hemoglobin A1c (HbA1c) test, or an oral glucose tolerance test — and the USPSTF notes that a diagnosis of type 2 diabetes should be confirmed with repeat testing.

A [metabolic panel](#) usually goes further than glucose: a lipid profile, liver enzymes, kidney function, and other tests a physician selects based on your history. Results are most useful read together, with your

examination, by a physician who can explain what they mean for you.

Fatty liver disease: common, quiet, and worth staging

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) describes nonalcoholic fatty liver disease — now also called metabolic dysfunction-associated steatotic liver disease (MASLD) — as excess fat in the liver that is not caused by heavy alcohol use. NIDDK estimates that about 24% of U.S. adults have it, and that one-third to two-thirds of people with type 2 diabetes do. Most people have the milder form, but some develop inflammation and scarring (fibrosis) that can progress to cirrhosis. NIDDK also notes that cardiovascular disease is the most common cause of death in people with this condition.

Because it is often silent, the question is not only “Is there fat in the liver?” but “Is there scarring?” The American Association for the Study of Liver Diseases (AASLD) 2023 practice guidance recommends a first-step risk assessment with the Fibrosis-4 (FIB-4) index — a score calculated from age and routine blood tests — for people with fatty liver on imaging or suspected fatty liver because of metabolic risk factors, with [further noninvasive testing](#) for those not in the low-risk range.

Sleep apnea: the part of the workup that happens at night

The NHLBI explains that obstructive sleep apnea happens when the upper airway becomes blocked many times during sleep, reducing or stopping airflow. Obesity is one of the factors that can narrow the airway. Snoring, gasping during sleep, and excessive daytime sleepiness are reasons to ask about it, and the NHLBI notes that untreated sleep apnea increases the risk of stroke, heart attack, and other serious problems.

Questionnaires can flag risk, but they cannot make the diagnosis. The American Academy of Sleep Medicine (AASM) recommends against using questionnaires or prediction tools alone to diagnose obstructive sleep apnea in adults, and recommends a sleep study — in-lab polysomnography or, for suitable uncomplicated patients, a technically adequate home sleep apnea test — together with a comprehensive sleep evaluation.

Cardiovascular risk: what the cluster adds up to

Blood pressure, cholesterol, blood sugar, weight, sleep, activity, diet, and tobacco use are all part of the American Heart Association’s (AHA) Life’s Essential 8 — its key measures for improving and maintaining cardiovascular health. The AHA notes, for example, that blood pressure below 120/80 mm Hg is optimal and that most adults need 7–9 hours of sleep a night.

A metabolic workup turns those measures into a [cardiovascular risk conversation](#): which factors are present, how they interact, and which matter most for you. That conversation, not any single lab value, is what shapes a plan.

Lifestyle and medication: the first lines of a plan

For people with prediabetes, the USPSTF found convincing evidence that lifestyle interventions focused on diet, physical activity, or both reduce progression to type 2 diabetes, and also help blood pressure and cholesterol. The AHA's guidance on activity is a practical anchor: 2½ hours of moderate or 75 minutes of vigorous physical activity per week for adults.

Medication has a place too — for blood sugar, blood pressure, cholesterol, weight, or sleep apnea-related conditions, depending on the findings. Which medicine, if any, is a decision for you and your physicians, based on the full workup, your other conditions, and what you already take. This article does not recommend any specific drug.

Sleep apnea treatment follows its own path: the NHLBI lists breathing devices and lifestyle changes as common treatments, with surgery considered if those do not work.

Before you change anything

Do not stop, start, or change a prescription medication because of something you read — including this article. Bring your current medication list to every evaluation, and make changes only with the physician who prescribes or manages them. New chest pain, shortness of breath, or signs of a stroke need emergency care where you are, not a travel plan.

Where metabolic and bariatric surgery fits

Metabolic and bariatric surgery is [one option](#), discussed after evaluation — not the starting point. NIDDK notes that it may be an option for some adults based on body mass index (BMI) and obesity-related health problems such as type 2 diabetes, heart disease, or sleep apnea, and that it is a serious decision that requires lifelong healthy eating and activity habits, medical follow-up, and extra vitamins and minerals.

If surgery becomes part of the conversation, the same workup — blood sugar, liver, sleep apnea, heart — is also the foundation of [pre-surgical evaluation](#).

If you are in Canada and waiting to see a specialist

In the Fraser Institute's Waiting Your Turn 2025 survey of physicians, the national median wait from referral by a family doctor to treatment was 28.6 weeks, including 15.3 weeks from referral to a specialist consultation. A metabolic workup often touches several specialties — internal medicine, liver, sleep, heart — so those waits can add up.

Bring the results you already have from your family physician, and plan for the written summary to go back to them so care continues at home.

If you are in the United States with scattered results

Many people already have pieces of a metabolic picture spread across different visits and portals: an HbA1c here, a lipid panel there, a liver note on an unrelated scan, a sleep complaint never followed up. A connected workup starts by gathering those results, so tests are not simply repeated and the findings can be read side by side. Bring copies, not only portal access.

One connected workup, not a single-procedure plan

A plan that begins with a procedure answers a question before it has been fully asked. A metabolic workup asks first: Which risk factors are present? Is the liver scarred? Is sleep apnea part of it? What is the cardiovascular risk? The answers decide whether the next step is lifestyle support, medication managed with your physicians, further testing, or a surgical consultation.

Records that travel home with you

The CDC recommends bringing copies of your medical records and getting copies of all records before you return home — translated into English if needed — and arranging follow-up care. For a metabolic workup, a useful packet includes every lab result with reference ranges, imaging reports, any sleep study report, the physician's summary and risk assessment, the medication list reviewed at the visit, and the recommended follow-up plan.

Where a medical concierge fits

One Stop Cabo Health is a medical concierge, not a hospital. Licensed physicians make every clinical decision. Our role is ownership of the sequence: one dedicated concierge who coordinates the internist evaluation, laboratory testing, any imaging or specialist review, a sleep evaluation when it is indicated, and the written summary that goes home with you — at top-level private hospital facilities in Los Cabos, on one itinerary, with one point of contact.

Diagnosis first, for metabolic health too

This series began with one idea: a clear diagnosis comes before a treatment plan. Issue 01 made that case, and Issue 02 explained why pre-surgical evaluation exists. Metabolic health may be the clearest example of all, because the findings only make sense together.

Diagnosis first: why a clear plan beats “wait and see”

Before the operating room: why pre-surgical evaluation exists

Executive health checkup in Los Cabos

Laboratory testing in Los Cabos

Bring your scattered results. Leave with one picture.

Start a confidential case

Executive health checkup

contact@onestopcabohealth.com · Same-day typical reply

Frequently asked questions

What is metabolic syndrome?

The National Heart, Lung, and Blood Institute (NHLBI) describes metabolic syndrome as having three or more of these: a large waistline, high blood pressure, high blood sugar, high triglycerides, and low high-density lipoprotein (HDL) cholesterol. Together they raise the risk of heart disease, diabetes, and stroke. The NHLBI estimates about 1 in 3 U.S. adults have it.

Which lab tests are part of a metabolic workup?

Blood sugar testing — fasting glucose, hemoglobin A1c (HbA1c), or an oral glucose tolerance test — is central, as recommended for screening by the U.S. Preventive Services Task Force (USPSTF). Physicians commonly add a lipid profile, liver enzymes, and kidney function, choosing tests based on your history. Results are read together with your examination.

How is fatty liver disease checked for scarring?

The American Association for the Study of Liver Diseases (AASLD) recommends a first-step risk assessment with the Fibrosis-4 (FIB-4) index, a score calculated from age and routine blood tests, for people with fatty liver or metabolic risk factors. People who are not in the low-risk range are referred for further noninvasive testing.

Can a questionnaire diagnose sleep apnea?

No. The American Academy of Sleep Medicine (AASM) recommends that questionnaires and prediction tools not be used alone to diagnose obstructive sleep apnea in adults. Diagnosis uses a sleep study — in-lab polysomnography or, for suitable patients, a home sleep apnea test — together with a comprehensive sleep evaluation.

How do I start a metabolic health workup with One Stop Cabo Health?

Email contact@onestopcabohealth.com or start a confidential case on the contact page with your recent lab results, imaging or sleep study reports, and a current medication list. One concierge typically replies the same day. Licensed physicians review your case, decide which evaluation and tests fit, and a written summary follows.

SOURCES

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Ready to see the whole metabolic picture?

Share your recent lab results, any imaging or sleep study reports, and your medication list. One dedicated concierge replies, usually the same day.

Start a confidential case · Executive health checkup in Los Cabos

Internist evaluation in Los Cabos

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