
How to Read Your Blood Tests

THE MARKERS YOUR GP CHECKS (AND THE ONES THEY DON'T)

A plain-English guide to understanding what your blood results actually mean,
which ranges matter more than the "normal" label, and what to ask for next.

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Why This Guide Exists

Most people get blood test results and see "normal" next to every marker. They assume everything is fine. But "normal" just means you fall within a statistical range that covers 95% of the population. It does not mean optimal. It does not mean you are thriving. And it certainly does not mean nothing is brewing beneath the surface.

This guide breaks down the most important blood markers in plain English, explains what the numbers actually mean for your health, and tells you which tests your GP probably is not running but should be.

The Basics: Standard Blood Panel

Full Blood Count (FBC)

Measures red cells, white cells, and platelets. Low haemoglobin may indicate anaemia. High white cells may signal infection or inflammation. Look at MCV (mean cell volume) as well. If it is high, you could be low in B12 or folate. If low, iron deficiency is likely.

What to ask your GP: Ask for ferritin alongside FBC. Ferritin below 30 often causes fatigue even when haemoglobin looks "normal."

Liver Function Tests (LFTs)

ALT and AST measure liver enzyme activity. Elevated levels can indicate fatty liver, medication side effects, or alcohol impact. GGT is particularly sensitive to alcohol and toxin exposure. Albumin reflects your nutritional status and liver synthetic function.

What to ask your GP: Mildly raised ALT is incredibly common and often dismissed. If yours is above 30, ask about a liver ultrasound. Non-alcoholic fatty liver disease affects 1 in 3 adults.

Kidney Function (U&Es;)

Creatinine and eGFR tell you how well your kidneys filter waste. Sodium, potassium, and urea complete the picture. eGFR above 90 is generally healthy. Between 60-90 warrants monitoring. Below 60 needs investigation.

What to ask your GP: If you exercise heavily, creatinine may be naturally higher. Context matters. Always mention your activity level when discussing results.

HbA1c (Glycated Haemoglobin)

Your 3-month average blood sugar. Below 42 mmol/mol is normal. 42-47 is prediabetic. Above 48 is diabetic. This is far more useful than a single fasting glucose reading because it shows patterns, not snapshots.

What to ask your GP: A "normal" HbA1c of 41 is not the same as 32. The higher end of normal still carries metabolic risk. Aim for the low 30s, not just "under 42."

Thyroid Function (TSH, T4)

TSH is the standard screening test. "Normal" is 0.4 to 4.0 mU/L, but many endocrinologists consider anything above 2.5 worth investigating if symptoms are present. Free T4 and Free T3 give you the complete picture.

What to ask your GP: If TSH is "normal" but you have fatigue, weight gain, hair loss, or brain fog, ask for Free T3, thyroid antibodies (TPO and TG), and reverse T3. The standard panel misses autoimmune thyroid disease in its early stages.

The Tests Your GP Probably Is Not Running

The NHS standard panel covers the basics. But if you want to understand your health at a deeper level, these are the tests that make the real difference.

Vitamin D (25-OH)

The NHS "sufficient" threshold is 50 nmol/L. Most functional practitioners target 75-125 nmol/L. Over 90% of people in the UK are below optimal levels, especially between October and April. Low vitamin D is linked to fatigue, depression, immune dysfunction, and bone loss.

Ferritin

Iron storage marker. The lab range says 15-300 is "normal" but symptoms of deficiency often appear below 50. Hair loss, breathlessness, restless legs, and poor concentration are common signs. Women of reproductive age are particularly vulnerable.

B12 and Folate

Essential for nerve function, energy, and mood. B12 below 500 pg/mL can cause neurological symptoms even if the lab flags it as "normal." Folate works alongside B12 and deficiency is common in people who do not eat enough leafy greens.

Full Lipid Panel with ApoB

Standard cholesterol tests show total cholesterol, HDL, and LDL. But ApoB is a far better predictor of cardiovascular risk because it measures the actual number of atherogenic particles in your blood. You can have "normal" LDL and dangerous ApoB levels.

hs-CRP (High-Sensitivity C-Reactive Protein)

Measures systemic inflammation. Below 1.0 mg/L is low risk. 1-3 is moderate. Above 3 is high. Chronic low-grade inflammation drives heart disease, diabetes, and cognitive decline years before symptoms appear.

Fasting Insulin

Your GP checks glucose but rarely checks insulin. You can have normal glucose and sky-high insulin for years before diabetes develops. Fasting insulin above 10 mU/L warrants attention. Below 5 is optimal.

Homocysteine

Elevated levels increase cardiovascular and cognitive risk. Optimal is below 8 umol/L. High homocysteine often responds to B12, folate, and B6 supplementation, but you need to know the number first.

Omega-3 Index

Measures EPA and DHA levels in red blood cell membranes. Below 4% is high risk for cardiovascular events. Target 8-12%. Most people in the UK are severely deficient.

How to Get These Tests

Your GP can order most of these through the NHS, but they may need clinical justification. Here is how to approach it:

- Be specific about your symptoms and link them to the test you are requesting
- Reference NICE guidelines where relevant (your GP responds to evidence)
- If your GP declines, ask them to document the refusal in your medical records
- Private blood testing is available from around 50 to 300 GBP for comprehensive panels
- Providers like Medichecks, Thriva, and London Medical Laboratory offer home testing kits

Reading Your Results: The Key Principle

Lab reference ranges are designed to catch disease, not optimise health. A result that sits at the very bottom or very top of the "normal" range is not the same as a result in the middle. Your goal should be optimal, not just normal.

If something feels wrong but your bloods come back "fine," trust your body. The standard panel may not be testing the right things. And a number at the edge of normal is a signal worth investigating, not dismissing.

Need personalised guidance? Book a confidential consultation.

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