

A GUIDE FROM DR. TRAVIS HUDON, DO, MS

Beyond the Physical

7 numbers worth tracking — that most annual checkups skip

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INTRODUCTION

Your annual physical is a floor, not a ceiling.

Standard checkups are built to catch what's already gone wrong. The numbers in this guide are different — they tend to shift years before a standard panel does, which is exactly what makes them useful to someone who wants to catch problems early rather than react to them.

This isn't a replacement for care from your own physician, and it isn't a diagnosis of anything. Think of it as a list worth bringing to your next appointment — a way to ask better questions about your own risk, not just your own results.

01 Apolipoprotein B (ApoB)

02 Lipoprotein(a) — Lp(a)

03 High-Sensitivity CRP (hs-CRP)

04 Fasting Insulin

05 Hemoglobin A1c (HbA1c)

06 Waist-to-Height Ratio

07 VO2 Max

01 Apolipoprotein B (ApoB)

CARDIOVASCULAR RISK

A standard lipid panel reports cholesterol concentration. ApoB counts something more direct: the actual number of cholesterol-carrying particles in your blood, each of which can lodge in an artery wall and start the process behind heart attack and stroke. Two people can have "normal" LDL cholesterol and very different ApoB — and it's the particle count, not the cholesterol content, that tracks more closely with risk. It's a single blood draw, and most labs already run it on request.

02 Lipoprotein(a) — Lp(a)

CARDIOVASCULAR RISK

Lp(a) is largely genetic — set at birth and mostly unaffected by diet or exercise — which is exactly why it's worth knowing. Elevated Lp(a) raises cardiovascular risk independent of your other numbers, and it's typically only necessary to check once in a lifetime. If nobody has ever ordered it for you, it's worth asking for at your next visit, especially with a family history of early heart disease.

03 High-Sensitivity CRP (hs-CRP)

INFLAMMATION

Chronic, low-grade inflammation is one of the quieter drivers of cardiovascular disease, and hs-CRP is one of the simplest ways to measure it. It won't tell you the source of inflammation on its own, but a persistently elevated result is a signal worth investigating rather than ignoring — particularly alongside the other markers in this guide.

04 Fasting Insulin

METABOLIC HEALTH

Blood sugar problems don't start with high blood sugar — they start with the pancreas working harder to keep it normal. Fasting insulin (often paired with fasting glucose to calculate HOMA-IR) can flag emerging insulin resistance years before HbA1c or a glucose panel moves out of range. It's an inexpensive, underused test that catches the problem at its earliest, most reversible stage.

05 Hemoglobin A1c (HbA1c)

METABOLIC HEALTH

HbA1c reflects your average blood sugar over roughly the past three months, which makes it far more informative than a single fasting glucose reading. It's a standard test, but it's worth tracking over time rather than checking once and forgetting about it — the trend matters more than any single number.

06 Waist-to-Height Ratio

METABOLIC HEALTH

You don't need a lab to check this one. Divide your waist circumference by your height — a ratio meaningfully above 0.5 correlates with visceral fat, the metabolically active fat around your organs that drives much of the risk tied to obesity. It's a rough proxy, not a diagnosis, but it's free, immediate, and a useful number to track over months and years.

07 VO2 Max

CARDIORESPIRATORY FITNESS

VO2 max — the maximum rate at which your body can use oxygen during exercise — is consistently one of the strongest predictors of long-term health and mortality risk in the research, often outperforming traditional risk factors. You don't need a lab to estimate it: many wearables approximate it reasonably well, and a simple timed effort test (with guidance from your physician or trainer) can get you a usable number. The trend that matters is whether it's improving, holding steady, or declining as you age.

Continued →

CLOSING NOTE

None of these numbers tell the whole story alone.

Taken together, though, they build a picture that a standard annual physical usually doesn't — and they're almost all available through a normal blood draw or a conversation with your physician. Bring this list to your next appointment and ask which of these you already have on file.

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This guide is for general educational purposes only and is not medical advice, a diagnosis, or a treatment recommendation. Reference ranges and clinical significance vary by individual, lab, and health history. Always discuss your own results with a qualified physician before making any changes to your care.