

2026-05-12 Blood Test Analysis

Mid-experiment Biomed blood panel interpreted against Dag's recent 30-day no-smoking/no-alcohol/meal-spacing experiment, daily iron-rich meal attempt, prior positive stool-blood branch, low/fluctuating ferritin, persistent thrombocytosis/WBC history, and normal high-quality 2024 colonoscopy.

Source PDF: Biomed Phnom Penh

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Bottom line

Iron availability improved

Serum iron rose 65→85 µg/dL and derived TSAT improved about 19.1%→27.7%. This is directionally compatible with the daily iron-rich meal experiment.

Iron stores did not improve yet

Ferritin fell 54.01→43.28 µg/L. That does not prove bleeding, but it argues against declaring the iron problem solved at midpoint.

No major active bleeding signal in blood

Hemoglobin remains normal at 13.6 g/dL and red-cell indices are normal. Blood tests do not show a large ongoing bleed.

But bleeding is not ruled out

Hemoglobin/Hct/RBC all moved downward and April stool blood was positive. Intermittent/low-grade bleeding can be missed by one blood snapshot.

Inflammation/platelets improved

WBC normalized 13.1→8.2 and platelets fell 494→452. Platelets

remain just high, but the direction is favorable.

Most likely interpretation: the midpoint blood panel is encouraging for current iron availability and systemic inflammatory tone, but not yet reassuring for iron stores. The daily iron-rich meal may already be affecting serum iron/TSAT, but ferritin moving down means the final day-30/31 repeat still matters.

Bleeding question: this blood panel does not show a major active bleed. It also cannot rule out intermittent low-grade GI blood loss. The combination to watch is ferritin + hemoglobin + TSAT + stool-blood status over the full experiment.

High-yield comparison

Question	Evidence from this draw	Interpretation
Is the iron-rich meal helping?	Iron 65→85 µg/dL; TSAT about 19.1%→27.7%; UIBC 276→222.	Yes, directionally compatible with improved current iron availability. Not proof, because serum iron is timing-sensitive.
Are iron stores rebuilding?	Ferritin 54.01→43.28 µg/L.	No clear storage improvement yet. This is the main caveat.
Is there evidence of ongoing major bleeding?	Hemoglobin 13.6 g/dL, still normal; MCV/MCH/MCHC normal.	No major active bleeding signal.
Is intermittent/low-grade bleeding ruled out?	Ferritin fell; Hb/Hct/RBC all lower than April; April FOB/stool RBC branch was positive.	No. Blood trend remains compatible with either variability/repletion lag or continued low-grade loss.

Did inflammation improve?	WBC 13.1→8.2; neutrophil % 67.6→47.1; CRP stable normal.	Yes, WBC/neutrophil normalization is a strong favorable experiment signal.
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Did thrombocytosis resolve?	Platelets 494→452.	Improved, but still just above 450 and above Biomed's 400 upper limit.
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Marker-by-marker interpretation

White Blood Cells (WBC)

LATEST PDF VALUE

8.2 $10^3/\mu\text{L}$

Biomed ref: 4.0-10

CLOUD-DOC NORMALIZED

8.2 $10^9/\text{L}$

2026-05-12 · doc ref: 3.5 - 10.0

PREVIOUS

13.1 $10^9/\text{L}$

2026-04-19

CHANGE VS PREVIOUS

-4.9

normalized units

What it means: Total white-cell count. Tracks infection, inflammation, stress physiology, smoking effect, and sometimes medication/skin/gut inflammatory load.

What this result says here: Dropped from 13.1 to 8.2 and is now normal. This is one of the clearest favorable midpoint signals: the smoking/alcohol reset and calmer inflammatory state plausibly reduced the April leukocytosis.

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Red Blood Cells (RBC)

LATEST PDF VALUE

4.6 $10^6/\mu\text{L}$

Biomed ref: 4.5-5.5

CLOUD-DOC NORMALIZED

4.6 $10^6/\text{mm}^3$

2026-05-12 · doc ref: 4.50-6.00

PREVIOUS

4.9 $10^6/\text{mm}^3$

2026-04-19

CHANGE VS PREVIOUS

-0.3

normalized units

What it means: Red-cell number. Interpreted with hemoglobin, hematocrit, MCV/MCH/MCHC to detect anemia pattern, dilution, or marrow/iron effects.

What this result says here: Fell from 4.9 to 4.6 but remains within the Biomed range. This supports “no overt anemia,” but the downward direction matches hemoglobin/hematocrit and should be rechecked at day 30.

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Hemoglobin

LATEST PDF VALUE

13.6 g/dL

Biomed ref: 13-18

CLOUD-DOC NORMALIZED

13.6 g/dL

2026-05-12 · doc ref: 13.4 - 17.0

PREVIOUS

14.4 g/dL

2026-04-19

CHANGE VS PREVIOUS

-0.8

normalized units

What it means: Oxygen-carrying protein in red cells. The most direct blood marker for clinically meaningful anemia or larger ongoing blood loss.

What this result says here: Fell from 14.4 to 13.6 g/dL but remains normal. This does not show major active bleeding, but it is not a clean “bleeding stopped” signal either; if the final repeat keeps falling, the occult-blood branch strengthens.

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Hematocrit

LATEST PDF VALUE

40.3 %

Biomed ref: 40-54

CLOUD-DOC NORMALIZED

40.3 %

2026-05-12 · doc ref: 40 - 54

PREVIOUS

43.1 %

2026-04-19

CHANGE VS PREVIOUS

-2.8

normalized units

What it means: Percent of blood volume made of red cells. Moves with hemoglobin/RBC and is sensitive to hydration as well as anemia.

What this result says here: Fell from 43.1% to 40.3%, still just inside the lower reference boundary. Hydration/lab variation can move this, but together with Hb/RBC it deserves trend follow-up.

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MCV

LATEST PDF VALUE

87.2 fL

Biomed ref: 80-95

CLOUD-DOC NORMALIZED

87.2 fL

2026-05-12 · doc ref: 82 - 98

PREVIOUS

88.0 fL

2026-04-19

CHANGE VS PREVIOUS

-0.8

normalized units

What it means: Average red-cell size. Low values suggest iron-restricted red-cell production; high values suggest B12/folate/alcohol/liver/thyroid patterns.

What this result says here: Stable normal at 87.2 fL. No microcytic iron-deficiency red-cell pattern has appeared yet, which is reassuring for no sustained severe iron-restricted erythropoiesis.

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MCH

LATEST PDF VALUE

29.4 pg

Biomed ref: 27-32

CLOUD-DOC NORMALIZED

29.4 pg

2026-05-12 · doc ref: 27 - 33

PREVIOUS

29.4 pg

2026-04-19

CHANGE VS PREVIOUS

0

normalized units

What it means: Hemoglobin amount per red cell. Falls when iron-restricted red cells are being produced.

What this result says here: Stable normal at 29.4 pg. Red cells are not yet showing reduced hemoglobin loading.

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MCHC

LATEST PDF VALUE

33.7 g/dL

Biomed ref: 32-36

CLOUD-DOC NORMALIZED

33.7 g/dL

2026-05-12 · doc ref: 32 - 36

PREVIOUS

33.4 g/dL

2026-04-19

CHANGE VS PREVIOUS

+0.3

normalized units

What it means: Hemoglobin concentration inside red cells. A stable normal result argues against a clear hypochromic iron-deficiency pattern right now.

What this result says here: Normal and slightly higher than April. No hypochromic pattern.

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Platelets

LATEST PDF VALUE

452 $10^3/\mu\text{L}$

Biomed ref: 150-400

CLOUD-DOC NORMALIZED

452 $10^9/\text{L}$

2026-05-12 · doc ref: 145 - 348

PREVIOUS

494 $10^9/\text{L}$

2026-04-19

CHANGE VS PREVIOUS

-42

normalized units

What it means: Clotting-cell count. Can rise reactively with inflammation, smoking, iron deficiency/blood loss, or less commonly clonal marrow disease.

What this result says here: Improved from 494 to 452, but still above Biomed's upper limit of 400 and just above the common 450 thrombocytosis threshold. This supports a reactive component improving, but persistence remains a live branch.

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Neutrophils

LATEST PDF VALUE

47.1 %

Biomed ref: 40-74

CLOUD-DOC NORMALIZED

47.1% %

2026-05-12 · doc ref: 46.5-75.0

PREVIOUS

67.6% %

2026-04-19

CHANGE VS PREVIOUS

-20.5

normalized units

What it means: Main bacterial/inflammatory white-cell subtype. Often rises with smoking, stress, infection, and acute inflammation.

What this result says here: Dropped from 67.6% to 47.1%. This explains much of the WBC normalization and argues against an acute neutrophil-driven inflammatory/infectious signal today.

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Lymphocytes

LATEST PDF VALUE

42.2 %

Biomed ref: 20-50

CLOUD-DOC NORMALIZED

42.2 %

2026-05-12 · doc ref: 20 - 50

PREVIOUS

24.0 %

2026-04-19

CHANGE VS PREVIOUS

+18.2

normalized units

What it means: Adaptive immune-cell percentage. Percentage can rise simply because neutrophil percentage falls; absolute count is more decisive when available.

What this result says here: Rose from 24.0% to 42.2%, still within range. Likely a relative percentage shift after neutrophils normalized, not automatically a new lymphocyte problem.

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Monocytes

LATEST PDF VALUE

8.5 %

Biomed ref: 0.0-11

CLOUD-DOC NORMALIZED

8.5 %

2026-05-12 · doc ref: 0.0-11.2

PREVIOUS

6.2 %

2026-04-19

CHANGE VS PREVIOUS

+2.3

normalized units

What it means: Inflammation/cleanup immune-cell subtype. Persistent elevation can track chronic inflammatory load, but this result is within range.

What this result says here: Rose to 8.5% but remains within range. Not a major signal by itself.

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Eosinophils

LATEST PDF VALUE

1.5 %

Biomed ref: 0.0-7.0

CLOUD-DOC NORMALIZED

1.5 %

2026-05-12 · doc ref: 0.0-9.5

PREVIOUS

1.7 %

2026-04-19

CHANGE VS PREVIOUS

-0.2

normalized units

What it means: Allergy/eczema/parasite-associated white-cell subtype. Useful context for skin/allergic inflammation.

What this result says here: Stable normal. No eosinophil flare signal from eczema/allergy/parasite-type pathways in this CBC.

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Basophils

LATEST PDF VALUE

0.7 %

Biomed ref: 0.0-1.5

CLOUD-DOC NORMALIZED

0.7 %

2026-05-12 · doc ref: 0.0-2.5

PREVIOUS

0.5 %

2026-04-19

CHANGE VS PREVIOUS

+0.2

normalized units

What it means: Small allergy/myeloid-associated white-cell subtype. Usually only meaningful if persistently or markedly elevated.

What this result says here: Normal. No basophil/myeloid alarm signal in this result.

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Iron

LATEST PDF VALUE

**85 / 15.22 µg/dL /
µmol/L**

Biomed ref: 33-193 µg/dL

CLOUD-DOC NORMALIZED

15.22 µmol/L

2026-05-12 · doc ref: 9.0 -
34.0

PREVIOUS

11.64 µmol/L

2026-04-19

CHANGE VS PREVIOUS

+3.58

normalized units

What it means: Circulating serum iron. Very timing-sensitive, but paired with TIBC/UIBC it helps estimate iron availability today.

What this result says here: Improved from 65 to 85 µg/dL, equivalent to about 11.64 to 15.22 µmol/L. Directionally consistent with better recent iron availability and compatible with the iron-rich meal experiment, though serum iron is timing-sensitive.

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UIBC

LATEST PDF VALUE

222 µg/dL

Biomed ref: 125-345

CLOUD-DOC NORMALIZED

222 µg/dL

2026-05-12 · doc ref: 125 - 345

PREVIOUS

276 µg/dL

2026-04-19

CHANGE VS PREVIOUS

-54

normalized units

What it means: Unused iron-binding capacity. Lower UIBC usually means more transferrin binding sites are occupied by iron.

What this result says here: Dropped from 276 to 222 µg/dL. This fits the improved serum iron/TSAT pattern: fewer unused binding sites because more iron is occupying them.

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TIBC

LATEST PDF VALUE

**307 / 54.97 µg/dL
/ µmol/L**

Biomed ref: 228-428 µg/dL

CLOUD-DOC NORMALIZED

54.97 µmol/L

2026-05-12 · doc ref: 49 - 83

PREVIOUS

61.07 µmol/L

2026-04-19

CHANGE VS PREVIOUS

-6.1

normalized units

What it means: Total iron-binding capacity. Often rises in iron deficiency; paired with serum iron to derive transferrin saturation.

What this result says here: Dropped from 341 to 307 µg/dL. Not an iron-deficiency pattern by itself; if anything, it makes the improved saturation more convincing today.

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Transferrin Saturation

LATEST PDF VALUE

27.7 %

Biomed ref: 15-57

CLOUD-DOC NORMALIZED

27.7 %

2026-05-12 · doc ref: 15 - 57

PREVIOUS

40 %

2024-08-21

CHANGE VS PREVIOUS

-12.3

normalized units

What it means: Percent of binding capacity occupied by iron. Better than serum iron alone for current iron availability.

What this result says here: Improved from about 19.1% in April (derived from 65/341) to 27.7%. This is the best midpoint signal that current iron availability improved.

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Ferritin

LATEST PDF VALUE

**43.28 ng/mL ≈
μg/L**

Biomed ref: 30-400 ng/mL

CLOUD-DOC NORMALIZED

43.28 μg/L

2026-05-12 · doc ref: 20 - 300

PREVIOUS

54.01 μg/L

2026-04-19

CHANGE VS PREVIOUS

-10.73

normalized units

What it means: Iron-storage marker and acute-phase reactant. In this profile, falling ferritin matters because CRP is not high enough to explain it away.

What this result says here: Fell from 54.01 to 43.28 μg/L. This is the main unfavorable iron-storage signal: the iron-rich meal may be helping circulating availability, but stores have not built yet and may still be under pressure.

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CRP

LATEST PDF VALUE

2.71 mg/L

Biomed ref: <6

CLOUD-DOC NORMALIZED

2.71 mg/L

2026-05-12 · doc ref: <5

PREVIOUS

2.91 mg/L

2026-04-19

CHANGE VS PREVIOUS

-0.2

normalized units

What it means: Short-term systemic inflammation marker. Helps interpret ferritin, WBC, platelets, skin/gut inflammation, and infection/inflammatory context.

What this result says here: Essentially unchanged and normal/low at 2.71. That makes the ferritin drop harder to dismiss as inflammation noise and supports that WBC improvement is not because CRP was high before.

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What to do with this information

- Keep the experiment running unchanged if practical. The signal is interesting enough to protect the clean month.
- Do not conclude bleeding has stopped from this blood draw alone.
- At day 30/31, repeat CBC, ferritin, iron, TIBC/UIBC or transferrin/TSAT, CRP/ESR, and preferably reticulocyte/fibrinogen if keeping the original paired endpoint.
- If hemoglobin/ferritin continue downward, the blood-loss branch becomes more important than supplement optimization.
- If ferritin stabilizes/rises while TSAT stays normal and Hb remains stable, the daily iron-rich meal/timing intervention gets stronger support.

Extraction notes

The PDF is a text-based Crystal Reports Biomed PDF with 3 pages and page footers "Page 1 of 3" through "Page 3 of 3". Values were extracted from embedded PDF text and normalized into the medical overview cloud document. Iron and TIBC were

converted from $\mu\text{g}/\text{dL}$ to $\mu\text{mol}/\text{L}$ using the same existing cloud-doc convention;
transferrin saturation was derived from serum iron / TIBC.

This is an interpretive personal-health report, not medical advice or a diagnosis. It is designed to support trend review and clinician discussion.