

Saturated Fat

DNA Health Report

REPORT CATEGORY —



Sample Client

Report date: 15 January 2026

Powered by

 omicsege

Table of Contents

03 How this works

- 04 Impact
- 05 Evidence
- 06 Some things to keep in mind

07 Introduction

08 Your genetics

10 Your recommendations

12 Next Steps

- 12 Your Lab Results

Personal information

NAME

Sample Client

SEX AT BIRTH

Male

HEIGHT

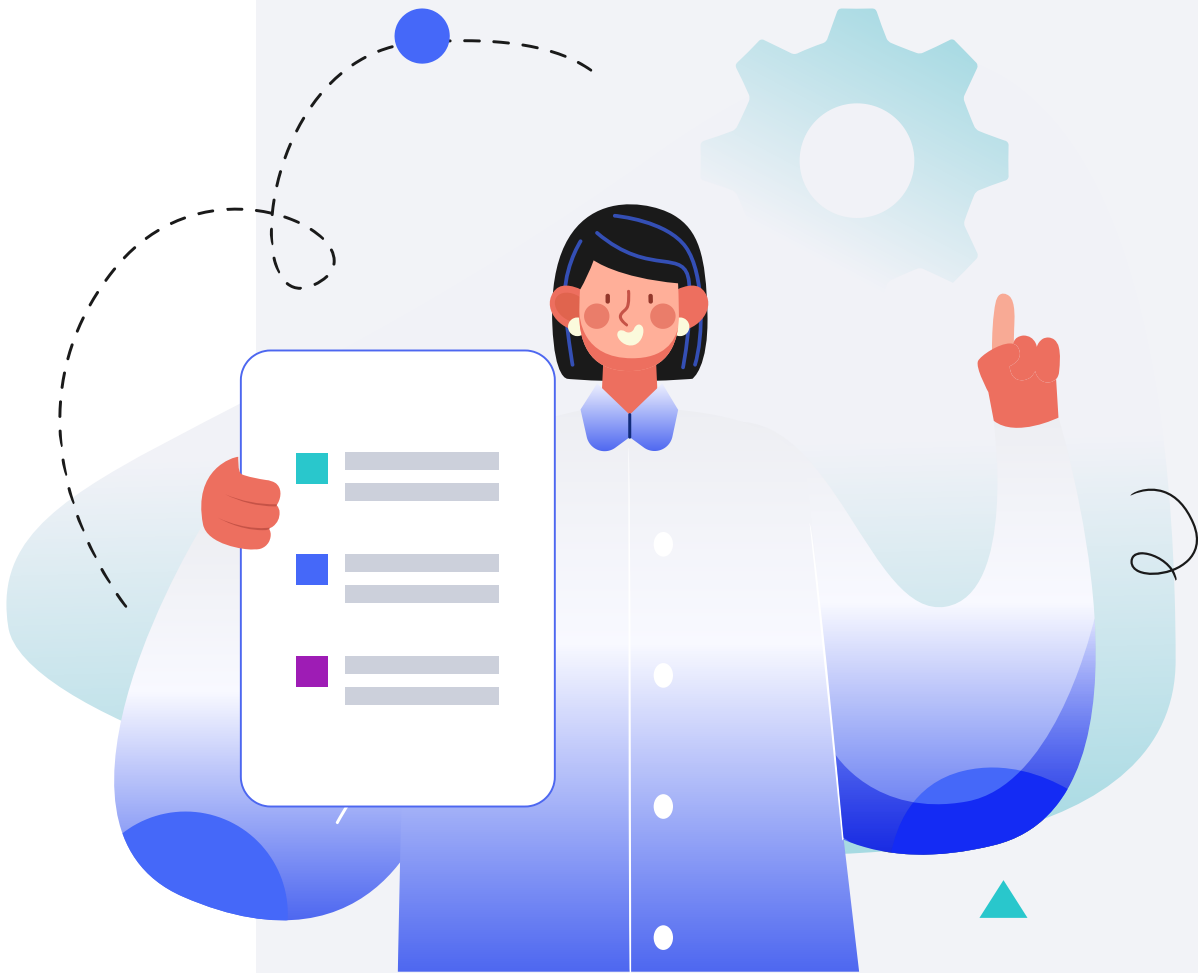
5ft 5" 165cm

WEIGHT

137lb 62kg

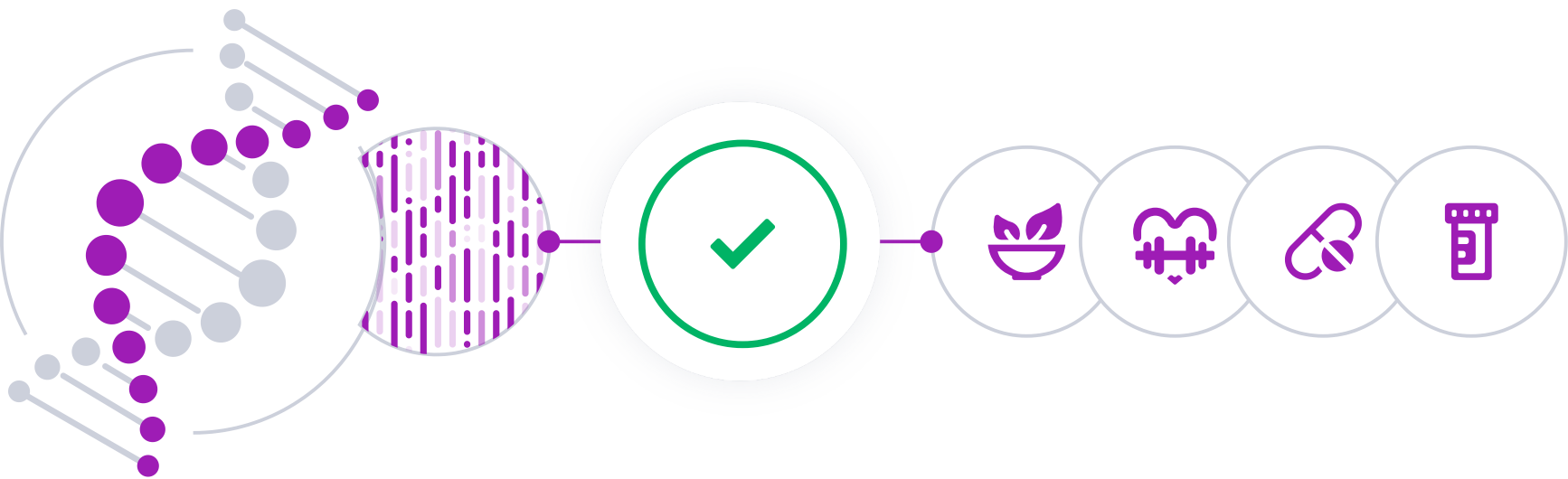
DISCLAIMER

This report does not diagnose this or any other health conditions. Please talk to a healthcare professional if this condition runs in your family, you think you might have this condition, or you have any concerns about your results.



How this works

Our Wellness Reports analyze how your DNA influences your health.
We then use this analysis to give you personalized risk estimates and recommendations.

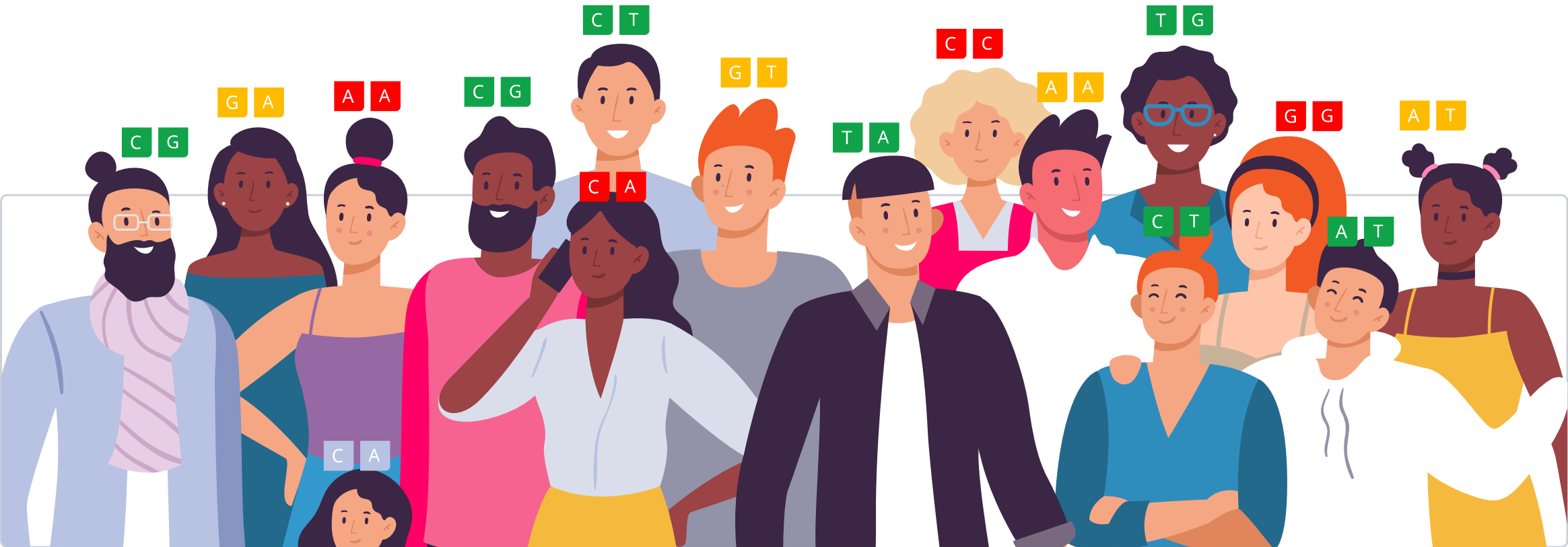


Similarly, our Trait Reports look at how your DNA influences your traits.



Your DNA is like an instruction manual — it contains a lot of information.
You can think of it as a blueprint for your body.

Genetic variants are parts of DNA that differ from person to person. Some can make you more vulnerable to certain health issues, while others may influence traits such as eye color.



We use artificial intelligence and machine learning to analyze all this information.
We then summarize your results as a risk score or display it on a gauge.

In total, we analyze up to 83 million genetic variants.

When we give a risk score, the risk icon tells you if you are at a higher or lower risk compared to other people:



Genotype color info:

AA

You don't have any risk alleles

AA

You have 1 risk allele

AA

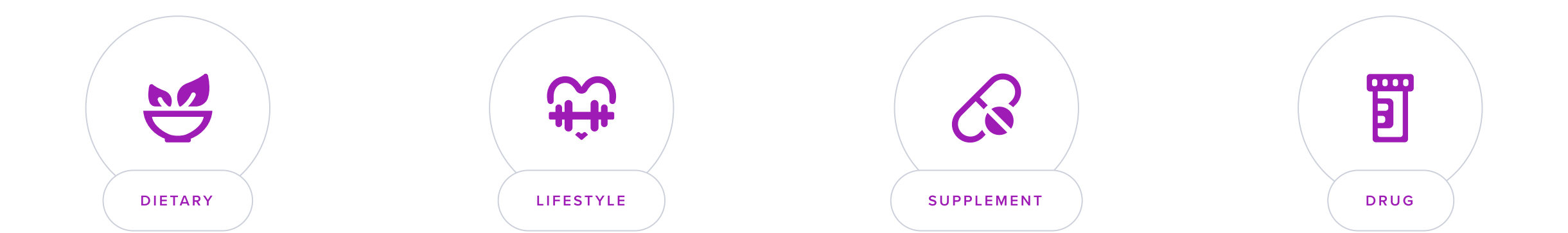
You have 2 risk alleles

Your risk is also displayed as a percentile. This will tell you how your risks compare to our sample population. The lower your percentile number, the lower your risk. The "50th percentile" would be an average risk.

Similarly, the gauge tells you your relative risk score compared to our sample population, or it indicates a specific trait or haplotype you are more likely to have based on your genetic variants.

When applicable, we also list top evidence-based recommendations that may help lower your risk. The focus is on recommendations that may be of benefit to you, based on your genetics.

Our recommendations come in four categories: lifestyle, diet, supplements and drugs.
The following icons tell you which category a recommendation falls into:



Our team of scientists also ranks each recommendation.
We rank based on impact and the strength of evidence in the medical literature.

Impact shows how strongly a recommendation will affect your health in a certain area.
Evidence is how much scientific support there is for the recommendation. Rankings are from 1 to 5 (low to high):



Impact

Impact scores range from 1-5. These scores reflect how much of an effect each recommendation can have. An impact score of 5 predicts the biggest effect.

When a recommendation affects something we can measure, we use those measurements to assign the impact score. For example, a recommendation that decreases cholesterol by 20% will have a higher impact score than one that decreases it by 5%.

Some recommendations affect things that we cannot directly measure, like stress or mood. For these, the impact score is based on how well they work relative to other recommendations and standard treatments. The best ones get the highest scores.

If there is a lot of research that shows a recommendation works especially well for your genotype, the impact score gets increased.

Recommendation Evidence

5 / 5

Recommendations that are considered effective and generally recommended by experts and medical bodies.

4 / 5

Recommendations that are considered likely effective and that have multiple independent meta-analyses and a great many studies supporting them.

3 / 5

Recommendations that are considered possibly effective and have many studies supporting them

2 / 5

Recommendations that have insufficient evidence, with two or several clinical trials supporting them, or many studies but with ambiguous results.

1 / 5

Recommendations that have insufficient evidence, with a single clinical trial, or with many studies most of which didn't find support for the recommendation.

0 / 5

No evidence in humans.

Genotype-specific Evidence

High-quality

Direct evidence that a recommendation helps more in people with your gene variant (many clinical trials, a few large clinical trials, or a meta-analysis).

Medium-quality

Direct evidence that a recommendation helps more in people with your gene variant (a few clinical trials or one large clinical trial).

Low-quality

Direct evidence that a recommendation helps more in people with your gene variant (a single clinical trial or more trials with inconsistent results).

Indirect

A recommendation may help more in people with your gene variant because it targets a specific gene or protein affected by your variant (e.g., MTHFR, dopamine).

In theory

A recommendation may help more in people with your gene variant because it targets a specific mechanism affected by your variant (e.g., inflammation, oxidative stress).

Some things to keep in mind:

- Genetics doesn’t play a considerable role in a condition or a trait.
- There is not enough research available to estimate a genetic predisposition.
- There are technical limitations to estimating or presenting a genetic predisposition.
- The topic is sensitive, and a genetic predisposition should only be estimated and presented by a healthcare professional.

Introduction

Dietary fat can be *saturated* or *unsaturated*. Most saturated fats are solid at room temperature, while unsaturated fats are liquid. Most people consider unsaturated fats to be healthier [\[R\]](#).

Saturated fats have long been considered unhealthy. People who eat a lot of saturated fats tend to have higher cholesterol. This, in turn, is a risk factor for heart disease. Thus, many experts say that reducing saturated fat intake is good for heart health [\[R\]](#).

However, saturated fat isn’t all bad. Whole foods like milk, eggs, and nuts contain saturated fat. When eaten in moderation, these foods are not linked with heart disease [\[R\]](#), [\[R\]](#), [\[R\]](#).

Research suggests that processed food may be the true heart health villain. Processed foods include things like [\[R\]](#):

- Fast food (burgers and fries, ready-made pizza, etc.)
- Potato chips & other salty snacks
- White bread and pastry
- Candy
- Store-bought sauces & condiments

It is far more important to ensure a healthy overall diet than to try to avoid saturated fat specifically.

Genetics of Saturated Fat Response

PERSONALIZED TO GENES

Based on the genetic variants we looked at, you likely have a typical response to saturated fat. Moderate amounts of saturated fat may not have adverse effects on your weight and cholesterol levels.

You may tolerate saturated fat in moderation. It's still important to avoid saturated fat from processed foods and choose healthy whole food sources instead.

Some people may tolerate more saturated fat than others. This difference may be genetic. If they eat a lot of saturated fats, people who are sensitive to saturated fat may have a higher risk of [R](#), [R](#), [R](#):

- Elevated cholesterol
- Weight gain
- Reduced bone strength



TYPICAL RESPONSE

Predisposed to typical saturated fat response based on 42 genetic variants we looked at

Your top variants that most likely impact your genetic predisposition:

GENE	SNP	GENOTYPE
TLR4	rs5030728	GG
PPARA	rs135549	TT
APOA1	rs670	CC
ABCA1	rs2230806	CC
TCF7L2	rs7903146	CT
SIDT2	rs5070	GG
FTO	rs1121980	GG
SIDT2	rs2854117	CC
APOE	rs429358	TT
ADAM10	rs2070895	GG
STAT6	rs1799986	CT
CETP	rs5882	AG
APOB	rs693	AG
FTO	rs1558902	TT
FTO	rs1421085	TT
FTO	rs17817449	TT
STAT3	rs2293152	GC
LPL	rs13702	TC
AHSG	rs4917	CT
CD36	rs1984112	AG
CLOCK	rs1801260	AG
CLOCK	rs4580704	CC
PKDREJ	rs4253778	GC
PEX11A	rs894160	CT
FCER1G	rs5082	AA
PPARG	rs1801282	CC
PCSK7	rs662799	AA
FTO	rs9939609	TT
AGT	rs699	GG
ACE	rs4343	AA
APOC1	rs405509	GG
ADAM10	rs1800588	CC

GENE	SNP	GENOTYPE
PPARA	rs1800206	CC
MED24	rs1568400	TT
PPARG	rs10865710	GG
SIDT2	rs964184	CC
STAT3	rs8069645	AA
STAT3	rs744166	AA
APOE	rs7412	CC
PPARG	rs3856806	CC
LPL	rs328	CC
MC4R	rs12970134	GG
LPL	rs1121923	GG
STAT3	rs1053005	TT

The number of "risk" variants in this table doesn't necessarily reflect your overall result.

Your Recommendations

Your recommendations are prioritized according to the likelihood of it having an impact for you based on your genetics, along with the amount of scientific evidence supporting the recommendation.

You'll likely find common healthy recommendations at the top of the list because they are often the most impactful and most researched.

1

Limit Saturated Fat

How to implement

Description

How it helps

The ability to metabolize SF partly depends on genetics, and people with certain gene variants — including APOE-e4 — may see stronger adverse effects of saturated fat on cholesterol levels and metabolic health.

Next Steps

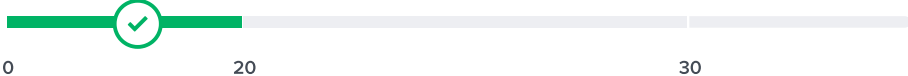
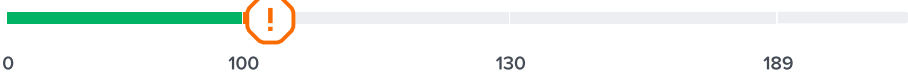
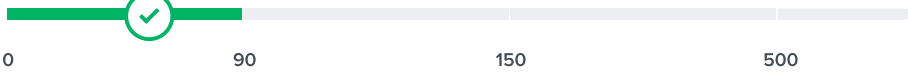
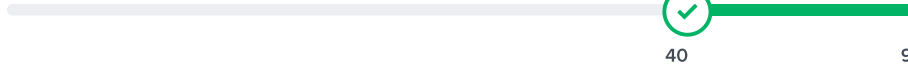
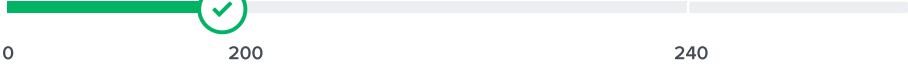
Remember, your genes only tell one important part of your health story!

Now that you've seen your DNA-based results for this health topic, let's take a look at other contributing factors.

Your lab results

Your lab results are impacted by the combined effect of your genes, environment and lifestyle.

Lab tests will give you the best picture of your current health status, while your genes provide insight into your health predispositions and which recommendations are best for you.

	VLDL Cholesterol	11 mg/dL		9 Nov 2025
	LDL Cholesterol	103 mg/dL		9 Nov 2025
	Triglycerides	54 mg/dL		9 Nov 2025
	HDL Cholesterol	42 mg/dL		9 Nov 2025
	Cholesterol, Total	182 mg/dL		9 Nov 2025