

ID	AGE	HEIGHT	GENDER	DATE/TIME
MS65241	25	170cm	F	2005.02.01/11:23:38(0027)

B. Hospital **5**
Doctor Lee

Body Composition Analysis **1**

Components	Values	Total Body	Soft Lean Mass	Fat Free Mass	Weight	Normal Range
T B W Total Body Water (L)	30.8	30.8	39.4	42.0	59.1	31.0 ~ 37.8
Protein (kg)	8.1					8.3 ~ 10.1
Mineral (kg)	3.07	OSTEOUS: 2.56	2.86 ~ 3.50			
Body Fat Mass (kg)	17.1					12.1 ~ 19.4

Muscle-Fat Analysis **2**

	Under	Normal	Over	UNIT%	Normal Range	
Weight (kg)					59.1	51.6 ~ 69.8
S M M Skeletal Muscle Mass (kg)					22.3	23.2 ~ 29.4
Body Fat Mass (kg)					17.1	12.1 ~ 19.4

Obesity Diagnosis **3**

	Under	Normal	Over	Normal Range	
B M I Body Mass Index (kg/m ²)				20.4	18.5 ~ 25.0
P B F Percent Body Fat (%)				29.0	18.0 ~ 28.0
W H R Waist Hip Ratio				0.76	0.75 ~ 0.85

Lean Balance **4**

	Under	Normal	Over	UNIT%	
Right Arm (kg)					1.48 78.4
Left Arm (kg)					1.39 73.7
Trunk (kg)					18.9 90.3
Right Leg (kg)					6.95 97.5
Left Leg (kg)					6.95 97.5

Body Shape Graph **6**



Nutritional Evaluation **7**

Protein	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Deficient	<input type="checkbox"/> Excessive
Mineral	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient	<input type="checkbox"/> Excessive
Fat	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient	<input type="checkbox"/> Excessive
Edema	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Slight Edema	<input type="checkbox"/> Edema

Weight Management

Weight	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Over
SMM	<input type="checkbox"/> Normal	<input type="checkbox"/> Strong	<input checked="" type="checkbox"/> Under
Fat	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Over

Obesity Diagnosis

B M I	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Over	<input type="checkbox"/> Extremely Over
P B F	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Over	<input type="checkbox"/> Extremely Over	<input type="checkbox"/> Extremely Over
W H R	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Over	<input type="checkbox"/> Extremely Over	<input type="checkbox"/> Extremely Over

Body Balance

Upper	<input checked="" type="checkbox"/> Balanced	<input type="checkbox"/> Slight Imbalance	<input type="checkbox"/> Extreme Imbalance
Lower	<input checked="" type="checkbox"/> Balanced	<input type="checkbox"/> Slight Imbalance	<input type="checkbox"/> Extreme Imbalance
Upper-Lower	<input type="checkbox"/> Balanced	<input type="checkbox"/> Slight Imbalance	<input checked="" type="checkbox"/> Extreme Imbalance

Body Strength

Upper	<input type="checkbox"/> Normal	<input type="checkbox"/> Developed	<input checked="" type="checkbox"/> Weak
Lower	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Developed	<input type="checkbox"/> Weak
Muscle	<input type="checkbox"/> Normal	<input type="checkbox"/> Muscular	<input checked="" type="checkbox"/> Weak

Weight Control **8**

Target Weight	60.7 kg
Weight Control	+1.6 kg
Fat Control	-3.2 kg
Muscle Control	+4.8 kg
Fitness Score	72 Points

Impedance **11**

Z	RA	LA	TR	RL	LL
5kHz	486.4	504.4	26.8	261.7	260.2
50kHz	451.9	469.9	24.0	242.1	241.7
500kHz	401.4	421.1	19.5	217.5	217.1

Body Composition History **10**

DATE / TIME	Weight	SMM	Fat	BMI
05/01/02 11:15	61.5	20.5	19.9	69
05/01/15 11:10	60.2	20.8	18.7	70
05/02/01 11:23	59.1	22.3	17.1	72

Additional Data **9** (Normal Range)

Obesity Degree = 97%	~ 110
B C M = 26.7 kg	27.5 ~ 33.5
B M C = 2.56 kg	2.36 ~ 2.88
B M R = 1276 kcal	1186 ~ 1367
A C = 25.5 cm	
A M C = 21.6 cm	