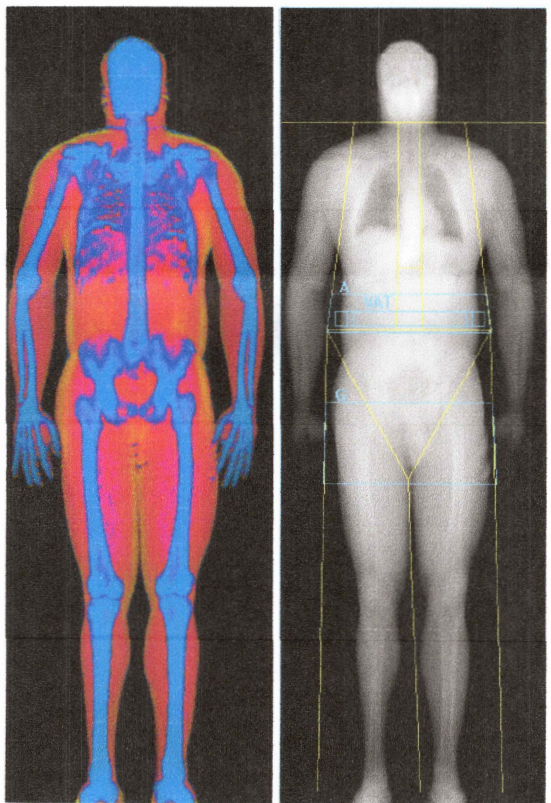


Name: [REDACTED]
Patient ID: 1145433
DOB: [REDACTED]

Sex: Male
Ethnicity: White

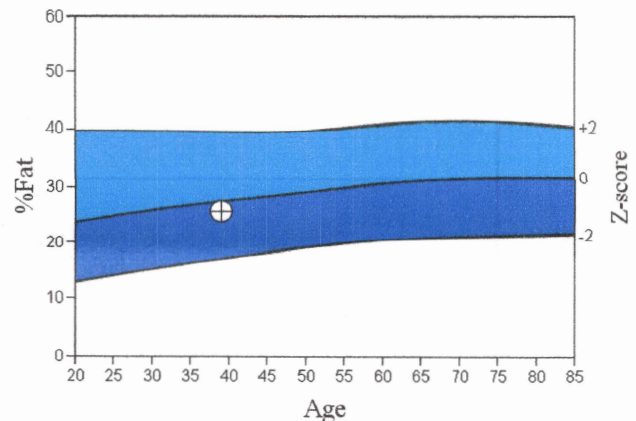
Height: 74.0 in
Weight: 242.0 lb
Age: 38



Images not for diagnostic use

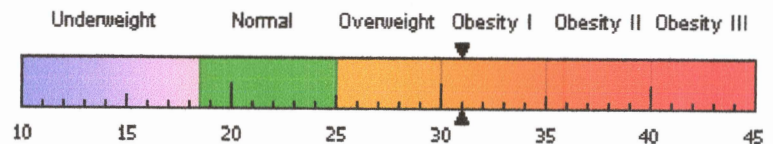


Total Body % Fat



Source: 2008 NHANES White Male

World Health Organization Body Mass Index Classification
BMI = 31.1 WHO Classification Obesity I



BMI has some limitations and an actual diagnosis of overweight or obesity should be made by a health professional. Obesity is associated with heart disease, certain types of cancer, type 2 diabetes, and other health risks. The higher a person's BMI is above 25, the greater their weight-related risks.

Body Composition Results

Region	Fat Mass (lb)	Lean + BMC (lb)	Total Mass (lb)	% Fat	%Fat YN	Percentile AM
L Arm	4.43	12.51	16.94	26.1	72	63
R Arm	4.34	13.11	17.45	24.9	65	52
Trunk	28.57	80.56	109.12	26.2	57	37
L Leg	9.68	29.97	39.65	24.4	38	34
R Leg	9.54	28.25	37.78	25.2	42	36
Subtotal	56.54	164.40	220.94	25.6	53	37
Head	3.61	10.08	13.69	26.4		
Total	60.16	174.48	234.64	25.6	56	38
Android (A)	5.15	12.14	17.30	29.8		
Gynoid (G)	8.87	25.48	34.36	25.8		

Scan Date: April 06, 2026 ID: A0406260J
Scan Type: a Whole Body
Analysis: April 06, 2026 11:38 Version 13.6.0.2
Auto Whole Body
Operator: LR
Model: Horizon Wi (S/N 200829)
Comment:

Adipose Indices

Measure	Result	Percentile YN	Percentile AM
Total Body % Fat	25.6	56	38
Fat Mass/Height ² (kg/m ²)	7.72	67	53
Android/Gynoid Ratio	1.15		
% Fat Trunk/% Fat Legs	1.06	79	51
Trunk/Limb Fat Mass Ratio	1.02	56	25
Est. VAT Mass (g)	635		
Est. VAT Volume (cm ³)	687		
Est. VAT Area (cm ²)	132		

Lean Indices

Measure	Result	Percentile YN	Percentile AM
Lean/Height ² (kg/m ²)	21.2	82	77
Appen. Lean/Height ² (kg/m ²)	10.1	87	85

Est. VAT = Estimated Visceral Adipose Tissue
YN = Young Normal
AM = Age Matched

Name: [REDACTED]
Patient ID: 1145433
DOB: [REDACTED]

Sex: Male
Ethnicity: White

Height: 74.0 in
Weight: 242.0 lb
Age: 38

Referring Physician: KISWANI-BARLEY, VANDHANA

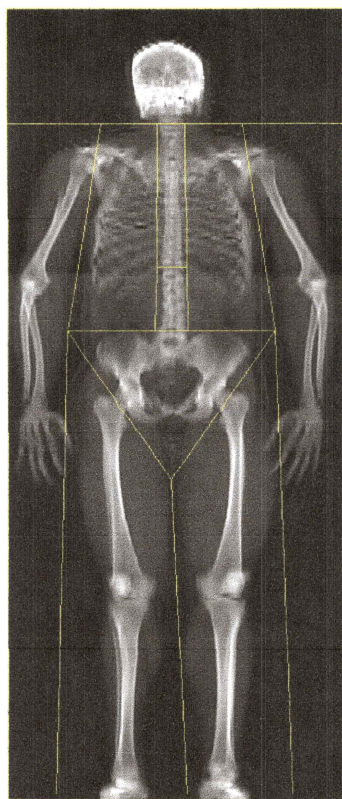


Image not for diagnostic use
318 x 150

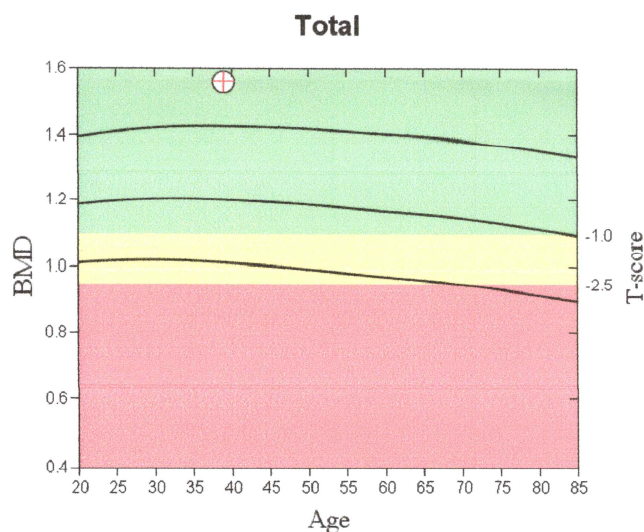
Scan Information:

Scan Date: April 06, 2026 ID: A0406260J
Scan Type: a Whole Body
Analysis: April 06, 2026 11:38 Version 13.6.0.2
Auto Whole Body
Operator: LR
Model: Horizon Wi (S/N 200829)
Comment:

DXA Results Summary:

Region	Area (cm ²)	BMC (g)	BMD (g/cm ²)	T - score	Z - score
L Arm	321.84	330.79	1.028		
R Arm	328.21	344.26	1.049		
L Ribs	156.14	164.77	1.055		
R Ribs	168.09	161.02	0.958		
T Spine	166.10	227.32	1.369		
L Spine	72.49	126.89	1.750		
Pelvis	301.13	472.77	1.570		
L Leg	477.18	894.01	1.874		
R Leg	477.18	805.26	1.688		
Subtotal	2468.37	3527.10	1.429		
Head	254.13	710.97	2.798		
Total	2722.50	4238.07	1.557	3.2	3.0

TBAR1209 - NHANES BCA calibration



Name: [REDACTED]
Patient ID: 1145433
DOB: [REDACTED]

Sex: Male
Ethnicity: White

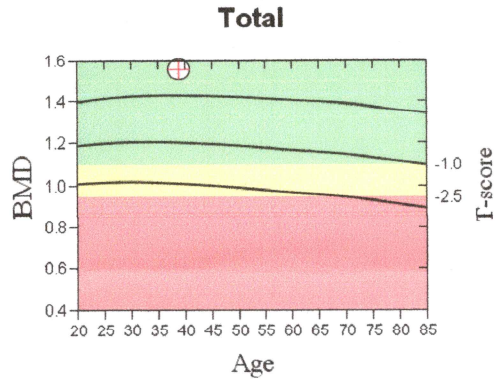
Height: 74.0 in
Weight: 242.0 lb
Age: 38

Referring Physician: KISWANI-BARLEY, VANDHANA

Scan Date: April 06, 2026 - A0406260J



Image not for diagnostic use
318 x 150



Region	BMD (g/cm ²)	T - score	Z - score
Total	1.557	3.2	3.0

T-score vs. White Male. Source: 2012 BMDCS/NHANES.
Z-score vs. White Male. Source: 2012 BMDCS/NHANES.

Name: [REDACTED]
Patient ID: 1145433
DOB: [REDACTED]

Sex: Male
Ethnicity: White

Height: 74.0 in
Weight: 242.0 lb
Age: 38

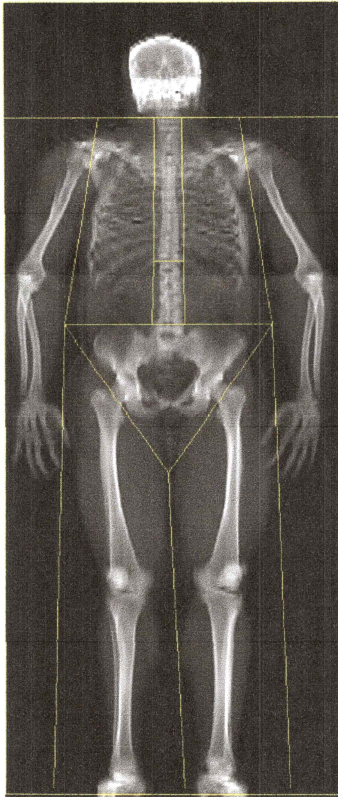


Image not for diagnostic use
k = 1.170, d0 = 42.9
318 x 150

Scan Information:

Scan Date: April 06, 2026 ID: A0406260J
Scan Type: a Whole Body
Analysis: April 06, 2026 11:38 Version 13.6.0.2
Auto Whole Body
Operator: LR
Model: Horizon Wi (S/N 200829)
Comment:

DXA Results Summary:

Region	Fat Mass (g)	Lean + BMC (g)	% Fat
L Arm	2008.4	5675.3	26.1
R Arm	1966.9	5947.1	24.9
Trunk	12957.5	36539.4	26.2
L Leg	4389.2	13595.7	24.4
R Leg	4325.8	12812.6	25.2
Subtotal	25647.8	74570.1	25.6
Head	1638.1	4572.9	26.4
Total	27285.9	79143.0	25.6

TBAR1209 - NHANES BCA calibration

Name: [REDACTED]	Sex: Male	Height: 74.0 in
Patient ID: 1145433	Ethnicity: White	Weight: 242.0 lb
DOB: [REDACTED]		Age: 38

Scan Information:

Scan Date: April 06, 2026 ID: A0406260J
 Scan Type: a Whole Body
 Analysis: April 06, 2026 11:38 Version 13.6.0.2
 Auto Whole Body
 Operator: LR
 Model: Horizon Wi (S/N 200829)
 Comment:

DXA Results Summary:

Region	BMC (g)	Fat Mass (g)	Lean Mass (g)	Lean + BMC (g)	Total Mass (g)	% Fat
L Arm	330.79	2008.4	5344.5	5675.3	7683.7	26.1
R Arm	344.26	1966.9	5602.8	5947.1	7914.0	24.9
Trunk	1152.77	12957.5	35386.7	36539.4	49496.9	26.2
L Leg	894.01	4389.2	12701.7	13595.7	17984.9	24.4
R Leg	805.26	4325.8	12007.3	12812.6	17138.4	25.2
Subtotal	3527.10	25647.8	71043.0	74570.1	100217.8	25.6
Head	710.97	1638.1	3861.9	4572.9	6211.0	26.4
Total	4238.07	27285.9	74904.9	79143.0	106428.8	25.6

TBAR1209 - NHANES BCA calibration

Dexa Interpretation By Dr. Vandhana Kiswani-Barley, M.D.

A DEXA scan provides a detailed breakdown of body composition, including fat mass, lean mass, and bone, while also identifying where fat is distributed. This allows for a far more precise clinical assessment than a traditional scale or consumer device.

The patient's **total body fat is 25.6 percent**, meaning approximately one quarter of total body weight is composed of fat. This level is elevated, but not extreme. However, this number must be interpreted in context rather than in isolation.

DEXA also provides **fat percentile comparisons**, often listed as **YN (Young Normal)** and **AM (Age Matched)**.

In this case:

- **YN (Young Normal)** compares the patient to a healthy young adult population
- **AM (Age Matched)** compares the patient to others of the same age and sex

Clinical meaning:

If both percentiles are elevated, it indicates that body fat is higher than optimal not only compared to ideal physiology (young normal), but also compared to peers. This reinforces that improvement is not just cosmetic, but clinically meaningful.

The patient's **lean mass is 174.5 pounds**, which is above average and represents a strong muscular foundation.

Clinical meaning:

This is a major advantage. Higher lean mass supports metabolic function, improves insulin sensitivity, and allows for more effective fat loss while preserving muscle. This tells us the strategy should focus on **fat reduction, not aggressive weight loss**.

Fat distribution provides deeper insight into risk. The patient's **android to gynoid ratio is 1.15**, indicating a higher concentration of fat in the abdominal region.

Clinical meaning:

This central fat distribution is more strongly associated with:

- insulin resistance
- cardiovascular risk

This is why two individuals with the same body fat percentage can have very different health risks.

One of the most important findings is the patient's **visceral fat area of 132 cm²**.

Clinical meaning:

Visceral fat surrounds internal organs and is strongly linked to:

- metabolic disease
- heart disease
- hormonal disruption

This is not visible externally, but it is one of the most important drivers of long-term health risk. Reducing visceral fat is a primary objective in any metabolic program.

Bone health is another key component of the DEXA scan.

The patient's **Bone Mineral Content (BMC)** represents the total amount of mineral in the skeleton, while **Bone Mineral Density (BMD)** reflects the concentration of that mineral within the bone.

In addition:

- **T-score: +3.2** compares bone density to a healthy young adult
- **Z-score: +3.0** compares bone density to age-matched peers

Clinical meaning:

Both values are well above average, indicating excellent bone strength and structural integrity. This is a highly favorable finding and something we aim to preserve, especially during weight loss, where poor nutrition can negatively impact bone health.

When these findings are viewed together, a clear clinical picture emerges.

This patient has:

- strong lean mass
- excellent bone density

- elevated body fat, particularly in the abdominal and visceral regions

Clinical interpretation:

This is not a muscle deficiency issue. This is a **fat distribution and metabolic optimization opportunity**.

At Thrive Rx, this shifts the focus away from simply reducing weight and toward improving body composition.

The priorities become:

- reducing visceral fat
- lowering overall body fat percentage
- preserving or increasing lean muscle mass

DEXA plays a critical role because it identifies **what needs to change**, not just how much weight should be lost.

Patients with this profile typically respond well to:

- structured nutrition with adequate protein and balanced macronutrients
- resistance training to preserve muscle
- medical therapy when appropriate, used strategically

The goal is not long-term dependence on medication, but to create a window for sustainable change and long-term maintenance.

A traditional scale provides a single number.

A DEXA scan provides:

- composition
- distribution
- risk insight
- direction

And that is what allows us to build a plan that is both effective and sustainable.