

YOUR RESULTS

Hi Jane, we have
finished analysing
your test data.

A DEXA scan is a clinical-grade measurement of what your body is made of: bone, muscle and fat, measured across every region of your body. It is the most accurate way to understand where these metrics are for you today, and the best way to monitor change over time. Measuring these now means you can act on an unfavourable trend while there is still time to change it.

How to *read* this report

This report reads in four steps: where you stand, your engine, where to go next, and every number behind it.

- 1 **Where you stand** PAGES 3 TO 12
Each measurement explained in your context.

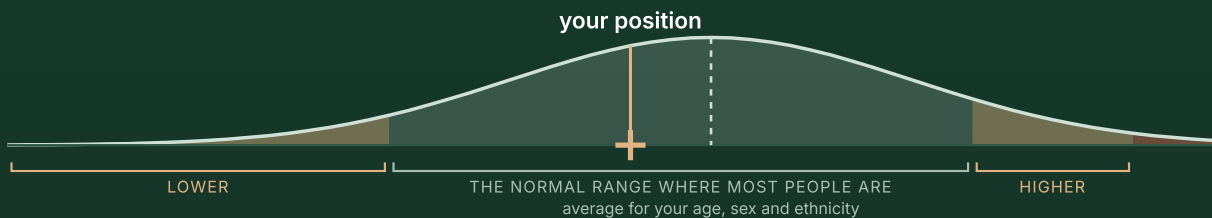
Bone density
Body fat %
Visceral fat
Fat distribution
Lean mass
Muscle symmetry
- 2 **Your engine** PAGE 13
Your resting metabolic rate, calculated from your lean mass measurement.

RMR Estimated
- 3 **Your routes forward** PAGES 14 TO 16
Four paths, your numbers, and the planner that turns them into daily targets.
- 4 **Your full data breakdown** PAGES 17 AND 18
Every number, for you, your GP or your coach.

Nothing here is a diagnosis; where anything needs clinical attention we say so plainly.

READING THE CHARTS

Three of your measurements are shown against a curve of people your age, sex and ethnicity: bone density, body fat and limb muscle. Most people sit near the peak, fewer towards either edge, and your own position is marked so you can see how you compare. Everything else in this report is judged against clinical ranges. Those coloured bands are set independently of the curve, so it is possible to sit in a common position for your age and still be outside the low risk range.



An example only. Your own curves, bands and position appear on each measurement's page.

WHY A FOLLOW UP SCAN IS IMPORTANT

The trend and direction you are heading in matters just as much as where you sit today. This report is your first, so it sets the baseline that every future scan is measured against.

Where you *stand*

BONE				
BONE Z-SCORE	0.7	MAINTAIN	baseline	
FAT				
BODY FAT	25.6%	MAINTAIN	baseline	
VISCERAL FAT	63cm²	MAINTAIN	baseline	
LEAN				
APPENDICULAR LEAN	6.6 kg/m²	MAINTAIN	baseline	
TOTAL LEAN	46.3 kg		baseline	
METABOLISM				
ESTIMATED RMR	1,369	KCAL/DAY	estimated from your measured lean mass	

A SNAPSHOT OF WHERE YOU STAND · each strip is an indicator of where you sit in the clinical range; the detail is on each measurement's own page ·  today ·  previous scan

The frame that carries *everything*

Z-SCORE (PEER
MATCHED)

0.7

NORMAL

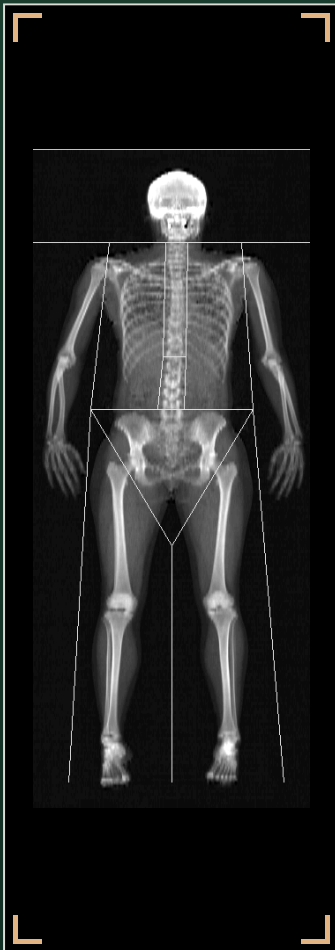
T-SCORE (VS YOUNG
NORMAL)

0.8

TOTAL BMD

1.174 g/cm²

YOUR SCAN



Your DEXA scan measures bone mineral density: how much mineral is packed into your bones. In practical terms, that is how strong they are, and how well they will resist fracture over time. We report it as a **Z-score** because it answers two questions at once:

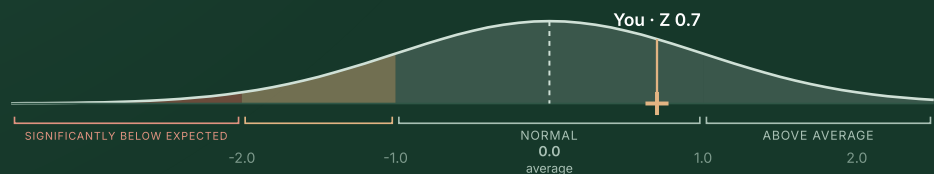
Where am I today? Your score places you against people of your age and gender, and tells us whether bone needs to be a focus area for you.

Am I keeping pace? Tracking your Z-score over time shows whether you are moving in line with the average of your peers. A falling number means your bone density is dropping faster than theirs. Catching accelerated decline early is important because it means you have more time to act.

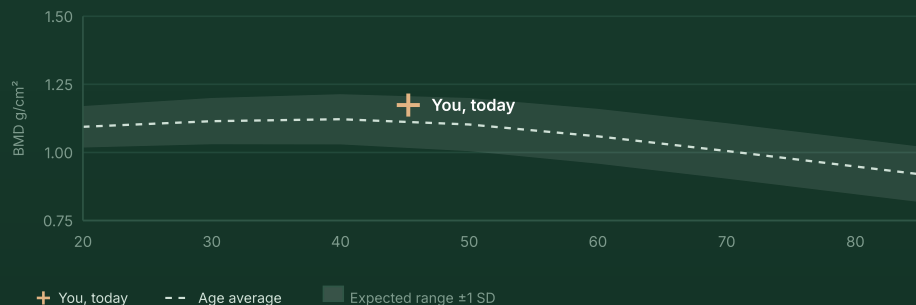
BONE DENSITY VS YOUR PEERS

Where you sit, and where you're heading

TODAY · WHERE YOU STAND VS. YOUR PEERS



THROUGH LIFE · YOUR AGE CURVE



The curve is people of your age, gender and ethnicity, from reference data⁵. Your position is taken from your scan; zone boundaries follow clinical reporting convention.

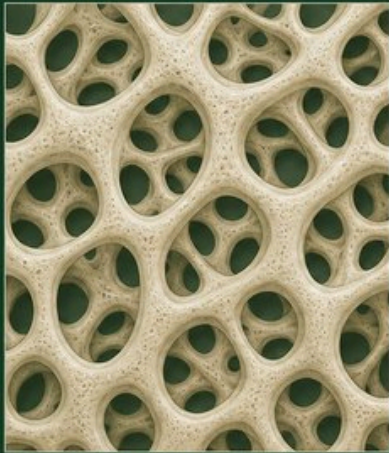
WHERE YOU STAND

Your bone density is in the normal range. This scan is your baseline; future rescans allow us to monitor your personal trend over time and catch accelerated decline early.

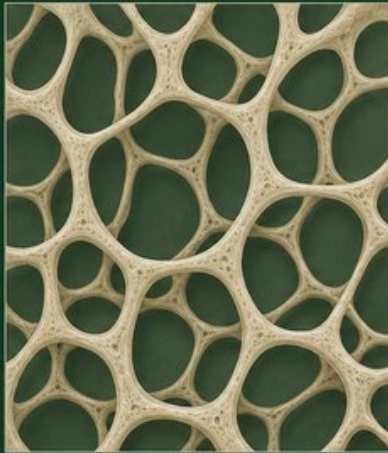
Full regional bone data: page 17 · Your recommendations and guidance: pages 14 to 16

Understanding *bone density*

THE LATTICE INSIDE YOUR BONES



NORMAL



OSTEOPENIA



OSTEOPOROSIS

Inside, bone is a living lattice that is constantly being broken down and rebuilt. **Osteoporosis is the thinning and weakening of that lattice:** bone becomes more porous and brittle, and fractures become far more likely from falls and knocks that healthy bone would withstand. Osteopenia is the earlier stage: density has fallen below normal, but not yet to osteoporotic levels. Caught early, the direction can be changed, which is exactly why it is worth measuring.

WHOLE BODY VS DIAGNOSTIC SCAN

The sections above are illustrative, and your scan does not photograph your bone structure this way. What your whole-body DEXA does is measure how mineralised your entire skeleton is: a real, precise number you can track scan on scan. The clinical diagnosis of osteoporosis uses a different, targeted DEXA of the hip and spine, which a GP would arrange if required after consideration of other factors. Your T and Z scores here are the early-warning system; the targeted scan is the diagnostic step.

Z-SCORE AND T-SCORE

Your **Z-score** compares you with people of your own age and sex. That is the right question for tracking your own bone over time, which is why it leads on page 4. Your **T-score** compares you with a healthy young adult at peak bone mass. It is the number used to diagnose osteoporosis, and because bone density falls naturally with age, a lower T-score is expected as you get older. Where your T-score needs attention, we say so on page 4.

HOW TO MAINTAIN AND PROTECT YOUR BONE DENSITY

Load the skeleton. Weight-bearing activity and structured resistance training are the most effective way to protect bone density: they slow age-related decline¹¹, and high-intensity resistance and impact training can increase it^{24,11}.

Cover the nutrients. Calcium and vitamin D are the raw materials. Most people get enough calcium from their diet; supplements are only worth considering on a low-calcium diet (for example, no dairy), and because excess calcium has side effects, speak to a professional first. For vitamin D, the NHS recommends everyone consider a supplement through autumn and winter, and in summer too if you get little sun.^{12,4}

Judge it on the right time frame. Meaningful bone change takes 12 to 24 months, so the goal is steady values or a slower-than-average decline rather than quick shifts. Because the Z-score compares you with your current age group, slowing your loss shows up as an improving score over time.

Know the risk factors. Faster-than-expected loss is linked to low body weight, smoking, low activity and hormone changes. If any of these apply alongside a falling trend, it is worth raising with your GP.

Go beyond the *scale*

BODY FAT

25.6%

LOWER RISK RANGE

FAT MASS

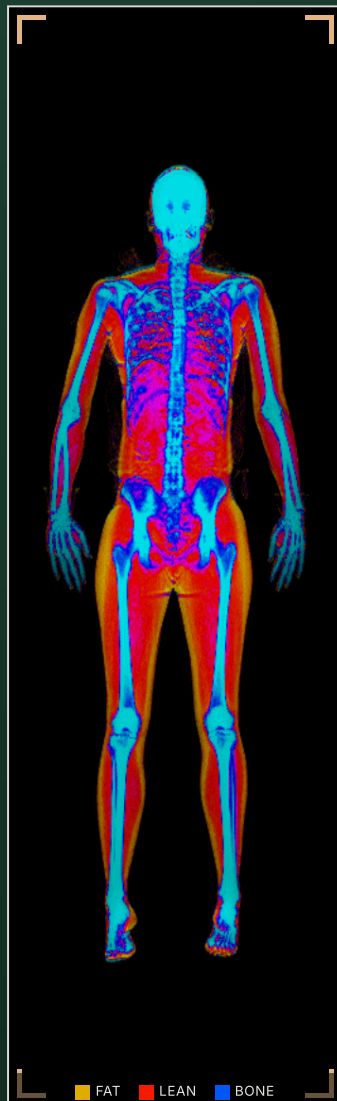
15.6 kg

FAT MASS / HEIGHT

5.4 kg/m²

8TH PERCENTILE

YOUR SCAN



Your scales weigh everything at once: muscle, bone and fat. Your DEXA scan separates them, and your body fat % is the share of your mass that is fat, measured region by region rather than estimated using algorithms. We look at it in two ways:

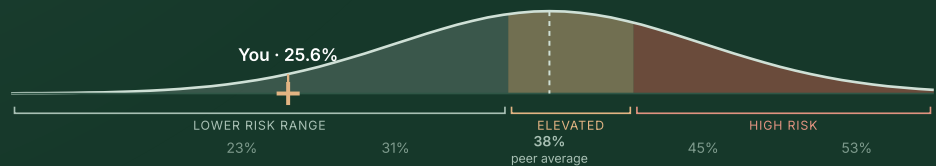
Where am I today? Against the clinical ranges for your gender, which tell us whether body fat needs to be a focus area, and against your peers, which tells you where you sit in the crowd.

What kind of change is happening? The scales cannot tell you what tissue has changed when the total number moves. Tracking fat and muscle accurately with a DEXA scan shows the type of change. This matters far more than the total change, which can often hide favourable composition changes.

BODY FAT VS YOUR PEERS

Where you sit, and where you're heading

TODAY · WHERE YOU STAND VS. YOUR PEERS



THROUGH LIFE · YOUR AGE CURVE



+ You, today - - Age average Expected range ± 1 SD

Coloured zones and dashed boundary lines are clinical ranges for your gender¹³. The curve, band and average are people of your age, gender and ethnicity, from reference data⁵; the peer average is descriptive, not a target. Your position is taken from your scan¹.

WHERE YOU STAND

Your body fat is in the lower risk range for a woman. This scan is your baseline; future rescans allow us to monitor your personal trend over time and understand if it is fat or muscle that is driving change in overall weight.

Full body composition data: page 18 · Your recommendations and guidance: pages 14 to 16

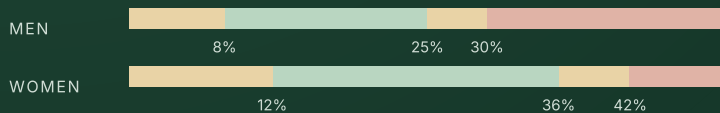
Understanding *body fat*

MORE THAN BMI

Your body fat percentage tells you how much of your body is fat compared with everything else: muscle, organs and bone. BMI, still widely used in the NHS, was designed for managing health across large populations, not for reflecting an individual's unique make-up: it cannot tell whether weight is muscle or fat, so muscular people can be misclassified as unhealthy while a "normal" BMI can hide high body fat. Measured body fat gives a far clearer picture of your actual health risk.

WHERE RISK RISES

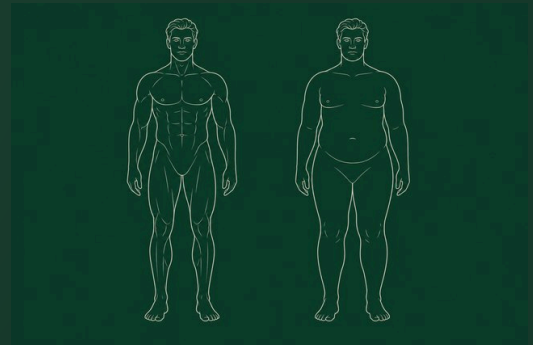
There is no single "healthy body fat" number, but research shows health risk rising past certain levels: for men above 25% and significantly above 30%; for women above 36% and more so above 42%.¹³ The coloured bands through this report follow these boundaries.



WHAT MEANINGFUL CHANGE LOOKS LIKE

A change of two to three percentage points is usually meaningful. Keeping body fat in the low risk range is what matters for long-term health, and when bringing it down is the goal, the aim is to lose fat while keeping muscle, which is exactly the split this scan measures and your trend tracks. Where you are heading matters more than any single number.

SAME WEIGHT · SAME BMI · DIFFERENT BODIES



Both of these bodies have the same height, weight and BMI. Only a DEXA scan gives the data to accurately quantify the difference.

ATHLETES, AND HOW LOW IS TOO LOW

Athletes often sit well below the general ranges: by the ACE body composition classification, roughly 6 to 13% for men and 14 to 20% for women, varying by sport.¹⁴ Lower body fat can support power-to-weight, endurance and agility.

But there is no single "too low" number. The warning signs are practical: persistent fatigue, frequent illness or injury, disrupted sleep, or in women irregular or absent periods. If those appear, it is too low for you: the healthiest level is the one that supports both performance and long-term wellbeing.

CHANGING BODY FAT, IN EITHER DIRECTION

BRINGING IT DOWN

A modest calorie deficit (roughly 300 to 500 kcal a day) beats an aggressive one: it spares muscle and it is sustainable. Protein at every meal and strength training tell your body to keep muscle while fat comes down^{8,9}; regular aerobic work deepens the deficit and helps to draw on central fat first. Sleep and stress management protect the whole plan: both drive appetite and central storage. A rescan in 3-4 months will allow you to validate that your approach is driving fat loss rather than muscle loss.

WHEN IT SITS TOO LOW

Very low body fat is not a training project. For some athletes it is a deliberate, managed state; held too long, or reached unintentionally, it starts to cost you: hormone disruption, reduced immunity, poorer recovery, falling bone density, and in women irregular or absent periods. The right response is assessment, not simply eating more: if your body fat sits below the typical range and any of those signs are present, or the loss was not deliberate, see your GP to check whether it is affecting your health. Restoring energy availability, guided by your GP or a sports dietitian, is how it is rebuilt safely.

WHY YOUR FIGURE EXCLUDES THE HEAD. Your figure excludes the head region, which is standardised in DEXA and does not vary meaningfully; subtotal body fat is the most valid metric for tracking you over time.

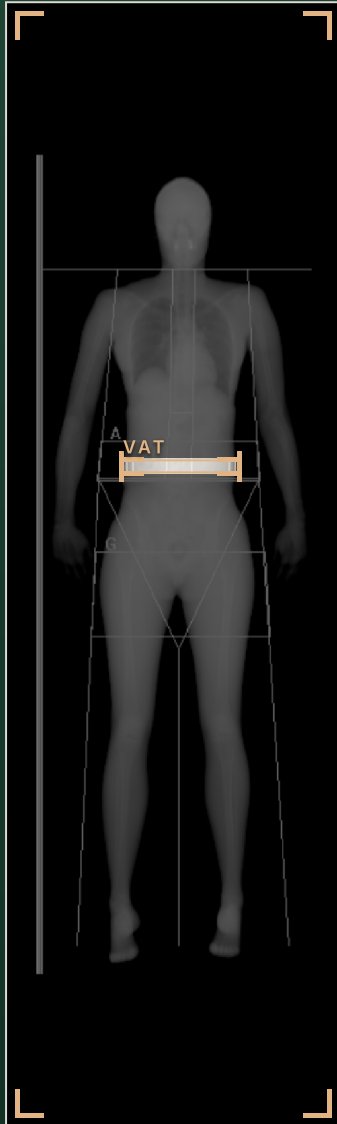
The fat you *can't* see

VISCERAL FAT AREA

63 cm²

LOWER RISK RANGE

YOUR SCAN



Your DEXA measures visceral fat: the fat stored deep in your abdomen, around your organs. Unlike the fat you can pinch, it is invisible from the outside, and it is the fat most strongly linked to heart and metabolic health. We report it in **cm²** and compare it against clinical thresholds:

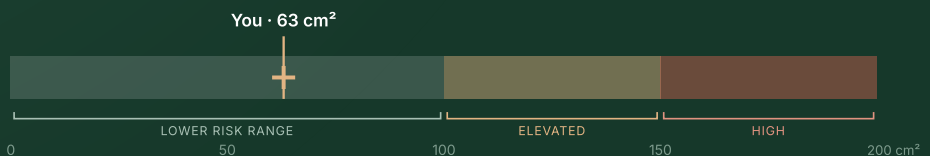
Where am I today? Your measured area tells us whether visceral fat needs to be a focus area for you.

Is it changing? Visceral fat typically responds faster to training and nutrition improvements than any other fat store, so your trend scan on scan is where progress usually shows first.

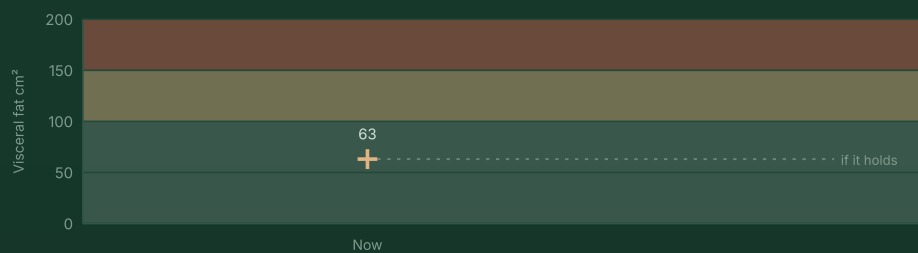
VISCERAL FAT VS CLINICAL THRESHOLDS

Where you sit, and where you're heading

TODAY · AGAINST THE THRESHOLDS



OVER TIME · YOUR TREND



Zone boundaries follow clinical reporting convention¹⁵; your value is taken from your scan¹. Visceral fat has no peer bell curve: it is judged against absolute clinical thresholds, not your peer group.

WHERE YOU STAND

Your visceral fat is in the low risk range. This scan is your baseline; future rescans turn it into a personalised trend.

Understanding visceral fat: page 9 · Your recommendations and guidance: pages 14 to 16

What visceral fat *does*

Your scan measures visceral fat in cm² across your android region. This page explains what it is, why it behaves differently from the fat you can pinch, and what actually shifts it.

BODY FAT % IS NOT VISCERAL FAT

Body fat percentage is **all** the fat you carry, as a share of body weight. Visceral fat is **only** the fat around your internal organs. The two can disagree: you can sit in a low risk body fat range and still have elevated visceral fat.

WHY IT MATTERS

Visceral fat is metabolically active: it releases inflammatory signals and fatty acids straight into circulation, which links it to insulin resistance, cardiovascular disease and fatty liver. **These effects build over years**, which leaves a long window to change direction.

WHY SOME PEOPLE STORE IT DEEP

Where your body puts fat is largely not a choice. Storing it viscerally is more common in men and with age, and more likely with little resistance training, poor sleep, high stress, regular alcohol, nicotine, and days spent mostly sitting.

WHAT ACTUALLY SHIFTS IT

Train at an intensity that shifts it. Resistance work three to four times a week plus regular aerobic exercise.

Change what you eat. Fewer added sugars and refined carbohydrates, less alcohol; more protein, fibre and healthy fats.

Protect sleep, lower stress. Cortisol drives central storage, so it matters more here than elsewhere.

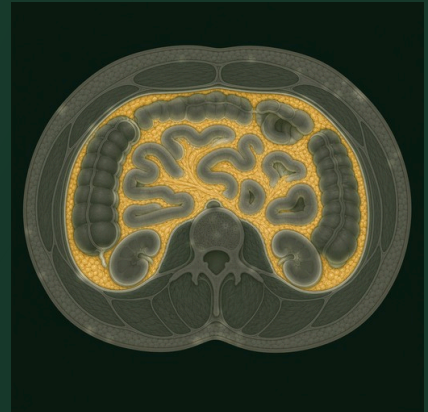
Why tracking it matters. Understanding what your visceral fat levels are and how it is trending over time is one of the most important indicators you can track for long term cardiometabolic health.

IN SHORT

You can be lean on the outside and still carry fat around your organs; that is why we measure it. Diet quality, training intensity, sleep and stress move it, and **most people see measurable change in two to three months**.

VISCERAL FAT

DEEP · AROUND THE ORGANS



Packed between and around the organs. Metabolically active, and invisible from the outside.

SUBCUTANEOUS FAT

SURFACE · UNDER THE SKIN



Sits directly under the skin. The fat you can pinch, and the fat you see. Lower metabolic risk.

Example cross-section through the abdomen, spine at the base. Both are body fat; but visceral fat is stored in the central cavity around the organs. This is what we are measuring.

Where you *carry* it

ANDROID / GYNOID RATIO

0.83

BORDERLINE

TRUNK / LEG FAT %
RATIO

0.78

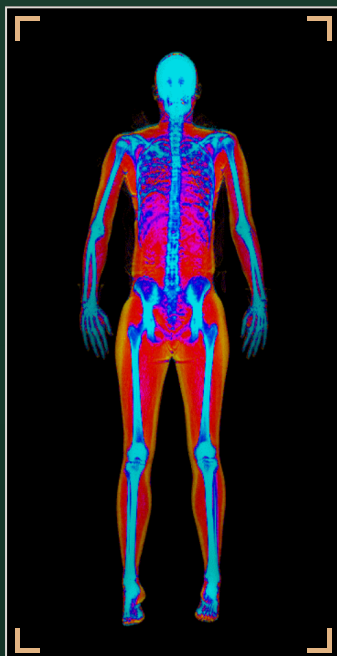
FAVOURABLE

A ratio of fat percentages, not of the two weights below.

TRUNK / LEG FAT

7.0 / 6.7 kg

YOUR SCAN

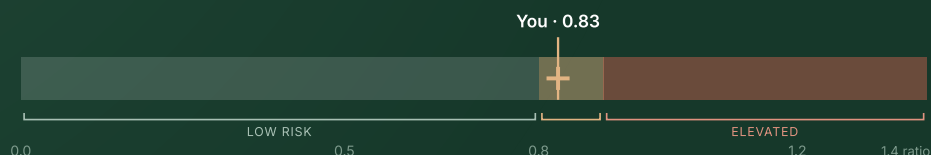


Two bodies with identical body fat can carry very different risk depending on where the fat sits. Your android/gynoid ratio compares the fat around your middle with the fat on your hips and thighs: the two patterns often described as apple and pear.

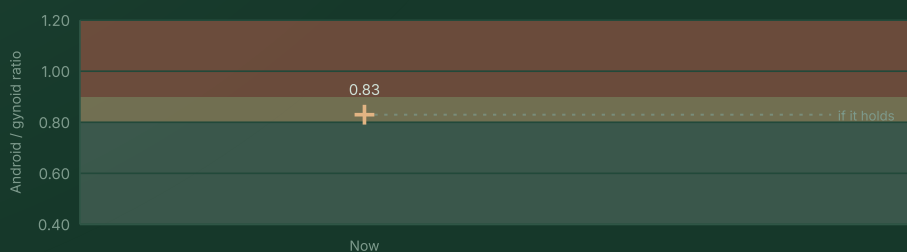
ANDROID VS GYNOID

Where your fat sits, and the direction it is moving

TODAY · AGAINST THE CLINICAL BANDS



OVER TIME · YOUR TREND



Bands follow clinical reporting convention for your gender¹⁸; your values are taken from your scans¹⁵: lower means lower risk. The charts and the guidance below are about your android/gynoid ratio; the trunk and leg figures are shown for completeness.

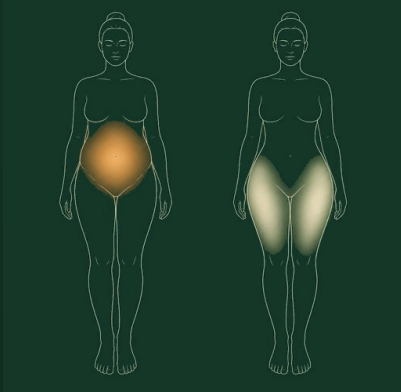
WHERE YOU STAND

Your android/gynoid ratio is on the borderline for a woman: slightly more of your fat sits centrally than we would aim for, though not yet in the elevated range. This scan is your baseline; future rescans allow us to monitor your personal trend over time. Bringing total fat down is how this ratio moves: your recommendations are built around it.

Full regional fat data: page 18 · Your recommendations and guidance: pages 14 to 16

ANDROID
APPLE · TRUNK

GYNOID
PEAR · HIPS & THIGHS



HOW TO IMPROVE WHERE YOU CARRY IT ^{7,8}

- Distribution is mostly set by biology and you cannot spot-reduce it; what moves it is the total. Reduce overall fat and the trunk share falls fastest.
- Regular aerobic work preferentially draws on central fat stores.⁷
- Sleep and alcohol both push storage toward the trunk; protect the first, moderate the second.

The organ of *longevity*

APPENDICULAR LEAN

20.3 kg

43RD PERCENTILE

ALMI

6.6 kg/m²

APPENDICULAR LEAN /
HEIGHT²

TOTAL LEAN

46.3 kg

29TH PERCENTILE

YOUR SCAN

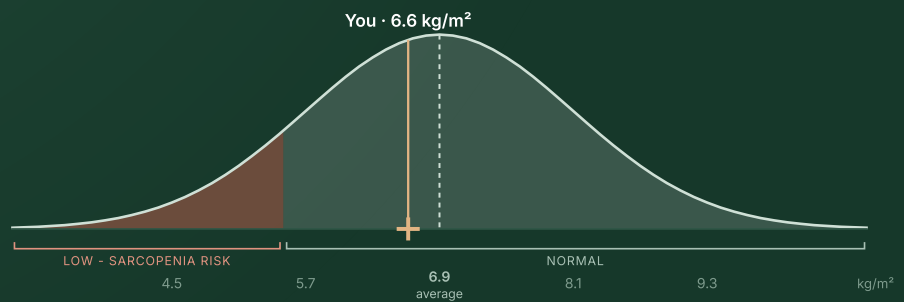


Muscle is not just for athletes. It clears glucose from your blood, maintains the strength and balance you rely on as you age, and accounts for most of the energy you burn at rest. From your mid-30s muscle is lost gradually unless training and protein intake maintain it. The loss is not noticeable day to day, which is why it is measured.

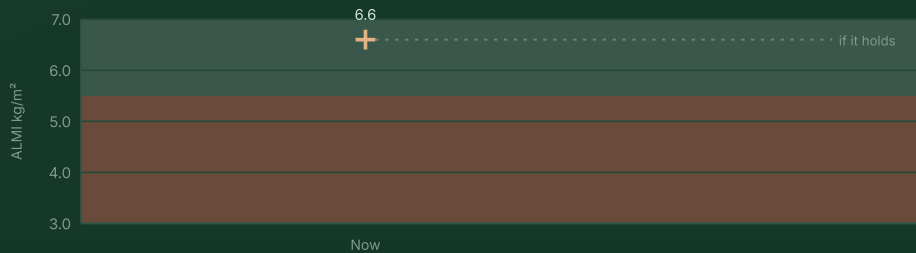
APPENDICULAR LEAN INDEX

The muscle on your limbs, against the clinical threshold

TODAY · VS. YOUR PEERS, AGAINST THE CLINICAL BANDS



OVER TIME · YOUR TREND



The sarcopenia threshold follows EWGSOP2 clinical criteria¹⁹; your values are taken from your scans¹. You carry more muscle on your limbs than 43% of women your age⁵.

WHERE YOU STAND

Your appendicular lean sits comfortably in the low risk range, in the 43rd percentile for women your age. This scan is your baseline; future rescans allow us to monitor your personal trend over time.

Full lean and regional data: page 18 · Your recommendations and guidance: pages 14 to 16

HOW TO MAINTAIN AND BUILD YOUR MUSCLE ^{8,9}

- Resistance training two or more times a week is the single strongest lever for holding and building muscle.
- Protein at every meal, around 2.2 g per kg of your lean mass per day, supports the training you do. That is your lean mass from this scan, not your bodyweight. The planner raises it to 2.5 g while you are in a deficit, because protein needs rise when calories are cut.
- Muscle responds at every age; the response never switches off, it only slows.

WHY APPENDICULAR LEAN. We lead with appendicular lean: the muscle on your arms and legs. Total lean mass includes your organs, skin and water, which change little with age; the limbs are almost pure skeletal muscle, so they show the real trend first.^{20,21} It is also the measure the international sarcopenia criteria are built on.^{19,22}

Left versus *right*

ARM DIFFERENCE

0.4%

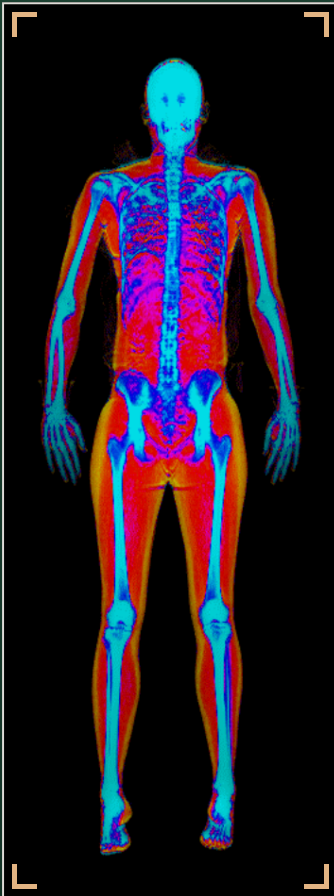
BALANCED

LEG DIFFERENCE

1.7%

BALANCED

YOUR SCAN



Because a DEXA scan measures each limb separately, it sees imbalances that scales and mirrors cannot: differences that can reveal an old injury still limiting one side, or a movement habit loading one leg more than the other.

LEFT VS RIGHT

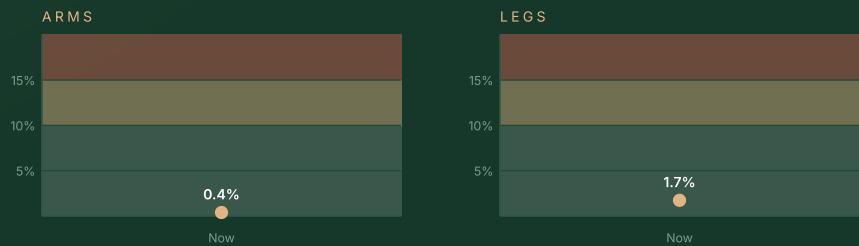
Lean mass by limb, and how balanced the pair is

TODAY · SIDE BY SIDE



the beam tilts toward the heavier side · circle size is lean mass in kg

OVER TIME · ARMS AND LEGS



Differences are the gap between sides as a share of the larger side¹. Band boundaries follow common practice in sports rehabilitation.

WHERE YOU STAND

Your right-side dominance of a few percent is common, and both differences sit inside the expected range: nothing here suggests an injury pattern or a side worth additional focus. This scan is your baseline; future rescans show whether loading evens out.

Full limb data: page 18 · Your recommendations and guidance: pages 14 to 16

HOW TO MAINTAIN AND IMPROVE YOUR LIMB BALANCE⁹

- Unilateral work (single-leg and single-arm training) is the direct tool for limb balance.
- Most small asymmetries are normal. A leg difference above 15% is worth a physio conversation; between 10 and 15%, keep an eye on the trend.
- Rehab from an old injury shows here first: the trend tells you whether loading is being shared again.

Your *resting metabolic rate*

ESTIMATED RMR

1,369 kcal/day
ESTIMATED

WHAT MOST APPS AND WATCHES SHOW

1,360 kcal/day
-9 VS ANCHOR

Mifflin-St Jeor: height, weight, age and sex only. The number behind most calculators, watches and rings.

ESTIMATE FROM LEAN MASS

1,369 kcal/day
YOUR PLAN ANCHOR

Katch-McArdle, which uses the body fat percentage measured in this scan.

Your resting metabolic rate (RMR) is the number of calories your body burns simply being alive: the floor every day's fuelling is built on. Most online calculators use an equation based on your height and weight, but now that we have your DEXA scan data we can apply the Katch-McArdle equation to your body fat results to give you a more accurate figure to work with. An RMR test would replace both formula estimates with an accurate measure. Indirect calorimetry reads the amount of oxygen you use at rest to tell us how many calories you are burning which means the number we can give you is measured rather than predicted.

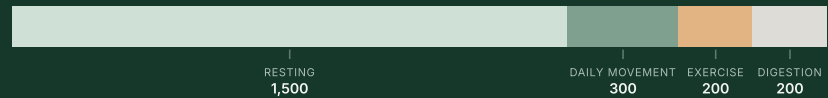
WHY WE MEASURE

Two people of the same height and weight can differ by several hundred calories a day: muscle mass, organ size, age and genetics all move it. An algorithmic equation cannot see any of that. The number we are working from is the sharper of the two equations, and it is sharper because of this scan: it runs on the lean mass we measured on you rather than a population average. It is still an equation, and it assumes your tissue burns energy at the average rate. People sit 200 to 400 kcal either side of prediction, and an error of that size in either direction is the difference between a plan that works and one that quietly does not. There is no way to know which you have without measuring with an RMR test. Your apps are working from 1,360 kcal. Your measured lean mass says 1,369. Neither number was measured.

HOW A DAY ADDS UP · ILLUSTRATIVE EXAMPLE

AN EXAMPLE DAY · NOT YOUR NUMBERS

≈ 2,200 kcal



Example figures (not yours) above to demonstrate a typical Total Daily Energy Expenditure (TDEE). Notice the size of the resting slice, which is the part we measure. We encourage you to use this data and build your own calorie plan using our planner to help you reach your goals: see page 16 for more.

PART TWO

Measured. Personalised. *Yours.*

Everything that follows is built from the numbers you have just read: your bone density, your fat, your muscle and your resting metabolic rate. It does not tell you what you must do. We will show you where your efforts would be best focussed, and how to use the data to fuel your goals, whichever path you choose. The decision is yours, and now it is an informed one.

YOUR MEASUREMENTS



YOUR GOAL



YOUR PLAN

Your *focus*

YOUR STATUS ACROSS THE FIVE KEY MARKERS

BONE

Z 0.7

MAINTAIN

BODY FAT

25.6%

MAINTAIN

VISCERAL

63cm²

MAINTAIN

MUSCLE · ALMI

6.6

MAINTAIN

SYMMETRY

0.4%

MAINTAIN

ALL KEY AREAS WE MEASURE ARE IN THE LOW RISK RANGE

Everything we measure is in the low risk range, including the two findings that are hardest to reverse later, bone and muscle. The long term goal is to keep everything here, and to slow any age-related change. This means maintaining well balanced nutrition and including resistance training for long term muscle and bone health, and cardio to support heart health. Future rescans can help you identify how you are trending over time to support long term health and pick up on any adverse trends before they become problems later on.

WHAT WE THINK YOU SHOULD FOCUS ON

[Read your results email first](#)

Our team has been through your results in detail, alongside what you told us on the day: what you are training for, what you are already doing, and what you want to change. The email this report came attached to is where we tell you which of the four paths on page 16 we would start you on, and why that one. Read that first, then come back here for the detail behind it and follow the guidance to help build your own plan using our planner.

Where to go from *here*

Below are four options for the path forward. The foundation of all of them is weight-bearing activities like resistance training, the key to long-term strength and independence. The difference between them is nutrition: the lever that decides where your composition goes from here. Your results email names the path we recommend that you start with, and the planner linked below will help you turn this into a plan.

1 Drop fat

CALORIE DEFICIT

Lose fat while holding on to muscle.

WEEKLY WEIGHT CHANGE

lose 0.5 to 1%
of your bodyweight, each week

CALORIE INTAKE

10 to 20% below
your maintenance calories

The aim: steady fat loss that defends your muscle, with visceral fat usually the first store to fall. Never cut more than 500 kcal below maintenance, keep protein high and keep lifting; the 12-week rescan then shows the loss was fat, not muscle.

2 Build muscle

CALORIE SURPLUS

Add muscle with as little fat as possible.

WEEKLY WEIGHT CHANGE

gain 0.25 to 0.5%
of your bodyweight, each week

CALORIE INTAKE

5 to 20% above
your maintenance calories

The aim: add lean mass with as little fat as possible. A small surplus fuels the adaptation but only training earns it, and experienced lifters hold the lower end; the rescan shows exactly how much of the gain was muscle.

3 Recomp

MAINTENANCE CALORIES

Hold your weight steady while your composition changes.

WEEKLY WEIGHT CHANGE

no change
hold steady across the whole training block

CALORIE INTAKE

at 100%
of your maintenance calories

The aim: hold your weight steady while training and protein shift the composition underneath, muscle held or built and fat easing down. Too slow for the bathroom scales to see; the rescan's fat and lean split is the scoreboard.

4 Protect

PROTECT MUSCLE AND BONE

Maintain the muscle and bone you already have.

TRAINING LOAD

2+ sessions a week
loaded, with impact where joints allow

CALORIE INTAKE

at 100%
of your maintenance calories

The aim: hold the muscle and bone you have built, for the decades ahead. Load and impact drive the adaptation, and eating at maintenance protects it, because a hard deficit works against both; progress is judged on your lean mass and Z-score trends across scans.

USE YOUR MEASUREMENTS AND BUILD YOUR PLAN WITH OUR PLANNER

telomyx.co.uk/planner

RESTING METABOLIC RATE ESTIMATED

1,369 kcal
your engine, from your test

BODYWEIGHT

65.3 kg
on the day of your scan

LEAN MASS

46.3 kg
sets your protein target

BODY FAT TODAY

25.6%
your starting line



YOUR PLANNER

Scan the QR code with your camera or click the link, enter these four numbers and follow the guidance on screen to help you build your weekly plan.

If your resting metabolic rate reads ESTIMATED, it is calculated from your scan's lean tissue: better than an online calculator, still not a measurement.

Bone density in *full*

Z-SCORE · PEER
MATCHED

0.7

NORMAL

T-SCORE · VS YOUNG
NORMAL

0.8

TOTAL BMD

1.174 g/cm²

FOR CLINICIANS

Hologic Horizon, whole-body protocol. Z-score is the age-matched primary reference at this age. T and Z scores are reported at total body level only.

REGION	AREA (CM ²)	BMC (G)	BMD (G/CM ²)
Left arm	205.7	150.2	0.730
Right arm	209.2	153.8	0.740
Left ribs	113.9	79.2	0.700
Right ribs	141.4	99.1	0.700
Thoracic spine	139.5	128.0	0.920
Lumbar spine	70.1	80.6	1.150
Pelvis	208.0	235.8	1.130
Left leg	365.6	455.6	1.250
Right leg	370.0	448.6	1.210
Head	220.6	568.8	2.580
Total	2,044.1	2,399.8	1.174

T and Z scores are produced at the total body level only; the whole-body protocol does not report them by region. A diagnostic assessment for osteoporosis uses a dedicated hip and spine DEXA, a different scan type; this page is an overview of your total skeletal density and how it is distributed.

Composition in *full*

This is every regional measurement from your scan, as the scanner reports it. It is here so your GP, physiotherapist or coach can see the detail behind the summary pages, and so you have a complete record to compare against at your next scan.

REGION	TISSUE	THIS SCAN	
		MASS (KG)	BODY FAT %
Left arm	Fat	0.97	
	Lean	2.31	
	Bone	0.15	
	Total	3.43	28.4
Right arm	Fat	0.95	
	Lean	2.30	
	Bone	0.15	
	Total	3.41	27.9
Trunk	Fat	7.00	
	Lean	23.34	
	Bone	0.62	
	Total	30.97	22.6
Left leg	Fat	3.35	
	Lean	7.76	
	Bone	0.46	
	Total	11.57	28.9
Right leg	Fat	3.36	
	Lean	7.90	
	Bone	0.45	
	Total	11.71	28.7
Head	Fat	1.01	
	Lean	2.65	
	Bone	0.57	
	Total	4.24	.
Subtotal (exc head)	Fat	15.64	
	Lean	43.62	
	Bone	1.83	
	Total	61.09	25.6
Total	Fat	16.65	
	Lean	46.27	
	Bone	2.40	
	Total	65.32	.

TRUNK SUB-REGIONS · these overlap the regions above, so they are not part of the total

Android	Fat	1.06	
	Lean + bone	3.71	
	Total	4.73	21.6
Gynoid	Fat	3.02	
	Lean + bone	8.28	
	Total	11.18	25.9

All masses in kilograms. Body fat % is reported as subtotal excluding head, the clinical convention for whole-body DEXA. Visceral adipose tissue: 63 cm² (est. mass 304g).

QUESTIONS ABOUT YOUR DATA?

Reply to your results email and ask. Sharing this report with your GP, coach or physio is encouraged: it is written to be read by them too.

References and method notes for every figure and guidance block in this report are published at www.telomyx.co.uk/reportreferences