

Name: Abhi Shinde

Email: shindeabhijeet064@gmail.com

Age: 22

Address: 101, street avenue, hinjewadi, pune

DOB: 2003-07-24

Height: 172

Weight: 75

Contact: 9370294078

Body Fat Details	Fat Side Effects
<div>Weight: 75 ⚠️ High</div> <div>Ideal Weight: 65 ✅ Normal</div> <div>Extra Weight: 10 ⚠️ High</div> <div>Less Weight: 0 ✅ Normal</div> <div>Body Fat: 17 ✅ Normal</div> <div>Visceral Fat: 5 ✅ Normal</div> <div>Resting Metabolism: 1800 ✅ Normal</div> <div>BMI: 25 ✅ Normal</div> <div>Body Age: 25 ✅ Normal</div> <div>Whole Body Subcutaneous: 20 ✅ Normal</div> <div>Trunk Fat: 5 ✅ Normal</div> <div>Arm Fat: 5 ✅ Normal</div> <div>Leg Fat: 5 ✅ Normal</div> <div>Skeletal Muscle: 2 ✅ Normal</div> <div>Trunk Muscles: 3 ✅ Normal</div> <div>Arm Muscles: 4 ✅ Normal</div> <div>Leg Muscles: 6 ✅ Normal</div>	<div>Heart Disease: <input type="checkbox"/></div> <div>High Blood Pressure: <input type="checkbox"/></div> <div>High Blood Cholesterol: <input type="checkbox"/></div> <div>Diabetes: <input type="checkbox"/></div> <div>Headache: <input type="checkbox"/></div> <div>Cancer: <input type="checkbox"/></div> <div>Difficulty Breathing in Sleep: <input type="checkbox"/></div> <div>Tired Easily: <input type="checkbox"/></div> <div>Snoring in Sleep: <input type="checkbox"/></div> <div>Stomach Issues: <input type="checkbox"/></div> <div>Menstrual Cycle Issues: <input type="checkbox"/></div> <div>Paralysis: <input type="checkbox"/></div> <div>Body Ache: <input checked="" type="checkbox"/></div> <div>Weak Memory: <input checked="" type="checkbox"/></div> <div>Darkening of Face: <input type="checkbox"/></div> <div>Hairfall: <input type="checkbox"/></div>