

Name: Abhijeet Shinde

Email: dev.abhijeetshinde@gmail.com

Age: 21

Address: collage road

DOB: 2025-02-04

Height: 172

Contact: 9370294078

Weight: 75

Body Fat Details	Fat Side Effects
<div>Weight: 75 ⚠️ High</div> <div>Ideal Weight: 75 ⚠️ High</div> <div>Extra Weight: 0 ✅ Normal</div> <div>Less Weight: 0 ✅ Normal</div> <div>Body Fat: 20 ✅ Normal</div> <div>Visceral Fat: 15 ⚠️ High</div> <div>Resting Metabolism: 0 ✅ Normal</div> <div>BMI: 0 ✅ Normal</div> <div>Body Age: 0 ✅ Normal</div> <div>Whole Body Subcutaneous: 0 ✅ Normal</div> <div>Trunk Fat: 0 ✅ Normal</div> <div>Arm Fat: 0 ✅ Normal</div> <div>Leg Fat: 0 ✅ Normal</div> <div>Skeletal Muscle: 0 ✅ Normal</div> <div>Trunk Muscles: 0 ✅ Normal</div> <div>Arm Muscles: 0 ✅ Normal</div> <div>Leg Muscles: 0 ✅ Normal</div>	<div>Heart Disease: <input checked="" 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 checked="" 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 type="checkbox"/></div> <div>Weak Memory: <input type="checkbox"/></div> <div>Darkening of Face: <input type="checkbox"/></div> <div>Hairfall: <input checked="" type="checkbox"/></div>