HeraVita Wellness Profile

Sample Participant · Scan date 22 September 2026 · Printed 5 November 2026

Based on your HeraVita 3D body scan · For wellness awareness, not medical diagnosis

AGE 38 · HEIGHT 165 CM · WEIGHT 60.8 KG

BEFORE YOU READ YOUR RESULTS

- These results are provided for wellness awareness and education. They are not a medical diagnosis and do not replace advice from your GP or another qualified healthcare professional.
- Your wellness metrics are calculated from surface geometry measurements captured by the HeraVita 3D scanner. They are not produced by bioimpedance, DEXA or clinical examination. Different methods measure different things, so results should not be directly compared.
- Each result is labelled with where it comes from. MEASURED : taken directly from your scan, or the difference between two scan measurements. CALCULATED : a ratio of two scan measurements. DERIVED : an index or classification calculated from your measurements. ESTIMATED : predicted from your measurements using a published research equation, so it can differ from a lab test such as a DEXA scan.
- Some measurements or patterns may be relevant to areas of health and wellbeing. Where HeraVita brings a pattern or measurement to your attention, it means we think it is useful for you to be aware of, not that you have a health condition. Diagnosis requires assessment by an appropriately qualified healthcare professional.
- Do not start, stop or change medication, treatment or any other health intervention based on these results alone. Discuss treatment decisions with your GP or treating clinician.
- If a HeraVita result differs from advice or an assessment you have received from a healthcare professional, their clinical assessment takes precedence. You may wish to share your HeraVita results with them as additional information.
- Reference ranges and thresholds are drawn from published population data and clinical guidance where available. They provide context, not a personal target. Your health, history and individual circumstances cannot be understood from any single measurement or threshold.

CARDIOMETABOLIC RISK

WAIST CIRCUMFERENCE MEASURED

77.6 cm Within range

Your waist circumference, measured at your natural waist where your scan provides it, otherwise at the narrowest part of your waist. Fat stored around the middle is metabolically more active than fat on the hips or thighs and carries higher cardiovascular and metabolic risk. The WHO threshold for women is 80 cm (increased risk) and 88 cm (high risk).

<80 cm | 80–88 cm | >88 cm

77.6 cm: below the Australian Heart Foundation's increased-risk threshold of 80 cm. Worth monitoring at each scan as perimenopause is associated with accelerating central fat gain.

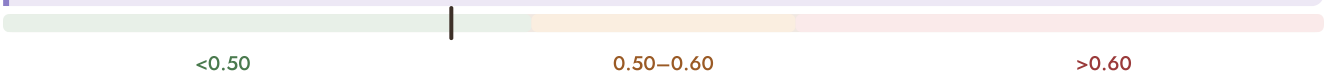
Measured at your natural waist.

This is a single measurement at one point in time. Trends across multiple scans are more meaningful than any individual reading. Discuss any concerns about waist circumference with your GP.

WAIST–TO–HEIGHT RATIO CALCULATED

0.47 Within range

Your waist measurement divided by your height. A simple and reliable way to screen for health risk. The aim is to keep your waist below half your height. A result below 0.50 means your waist is less than half your height, which is the healthy target for women.

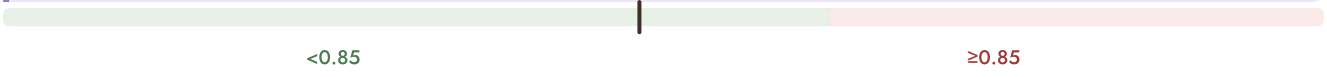


0.47: your waist is currently 47% of your height. One of the most reliable single risk indicators for Australian women 35+.

WAIST–TO–HIP RATIO CALCULATED

0.79 Within range

Your waist circumference divided by your hip circumference. Describes where your body stores fat. A result at or above 0.85 in women indicates a more central (apple-shaped) distribution, which carries higher metabolic risk than lower-body (pear-shaped) storage. Below 0.85 is the WHO healthy range for women.



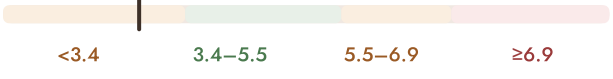
0.79: within the WHO healthy range for women (<0.85).

BODY SHAPE & FAT DISTRIBUTION

BODY ROUNDNESS INDEX DERIVED

2.8 Low

A measure of how round your body shape is, based on your waist and height. It models the body as an ellipse. Higher values mean more fat concentrated around the middle. Mortality is lowest in the 3.4–5.5 range; both lower and higher values carry elevated risk.



2.8: low central fat concentration. Body fullness is not driven by fat around the middle.

CONICITY INDEX DERIVED

1.174 Within range

Measures how much your body shape deviates from a cylinder: how much wider your middle is relative to the rest of you. A perfect cylinder scores 1.00. Higher scores mean more fat around the abdomen, independent of overall body size.



1.174: low-moderate deviation. Abdominal shape is not a concern at this reading.

A BODY SHAPE INDEX (ABSI) DERIVED

0.0763

A Body Shape Index isolates the effect of your waist shape from your height and weight entirely. Particularly useful for women who carry fat around the middle, a pattern that body mass index alone misses. Higher values indicate more abdominal fat relative to your overall frame.

0.0763: your BMI of 22.3 is in the healthy range and your ABSI reflects low abdominal shape deviation. Most valuable as a trend to watch across scans.

BODY SHAPE & CHARACTER

SHOULDER-TO-WAIST CALCULATED

0.49

Your shoulder width relative to your waist, the "V-taper" indicator. A higher number means broader shoulders relative to the waist.

0.49 ratio: back shoulder width 37.8 cm relative to waist 77.6 cm. A higher number reads as a stronger shoulder line.

HIP-TO-SHOULDER CALCULATED

2.59

Your hip width relative to your shoulder line: how lower-body width compares to the upper frame.

2.59 ratio: low hip 97.9 cm relative to back shoulder width 37.8 cm.

BODY PROPORTION PATTERNS Lipoedema awareness

ⓘ **Proportion pattern observed**

Your scan measurements show a pattern of lower-body and arm proportions that is different relative to your waist and torso, with a broadly similar pattern on both sides.

This does not mean that you have lipoedema.

HeraVita measures external body shape, circumference, proportion and symmetry. A 3D surface scan cannot assess important clinical features such as tissue texture, pain, tenderness, easy bruising or swelling.

Lipoedema can only be diagnosed by an appropriately qualified healthcare professional who considers your symptoms, health history and clinical examination alongside your body distribution.

LOWER BODY PROPORTIONS

Pattern observed

WAIST–TO–THIGH RATIO CALCULATED

1.25

Thighs relative to waist

WAIST–TO–CALF RATIO CALCULATED

2.17

Calves relative to waist

THIGH CIRCUMFERENCE (AVG) MEASURED

62.1 cm

L 61.8 cm · R 62.4 cm

THIGH DIFFERENCE MEASURED

0.5 cm

Difference between sides

Your measurements show that your thighs and calves are proportionally larger relative to your waist. HeraVita also records differences between your left and right sides and can track how these measurements change over time.

Lipoedema commonly presents with a symmetrical pattern of disproportionate enlargement, particularly through the hips, thighs and legs and sometimes the arms. However, body proportions and symmetry alone cannot determine the cause.

HeraVita's measurements provide information about your external body shape. They cannot assess tissue composition, texture or other clinical signs.

About lipoedema

Lipoedema is a recognised medical condition that occurs almost exclusively in women and is characterised by a disproportionate distribution of fatty tissue, most commonly affecting the legs and sometimes the arms.

Body shape is only one part of the clinical picture. People with lipoedema may also describe symptoms or experiences such as tenderness or pain, easy bruising, heaviness or swelling, or changes that become more noticeable at particular stages of life.

If you recognise this body pattern or have symptoms or concerns you have not previously discussed with a healthcare professional, you may wish to talk with your GP or another appropriately qualified clinician.

Your HeraVita measurements may provide useful information to take to that conversation, but they cannot diagnose lipoedema or determine whether treatment is required.

YOUR EXPERIENCE MATTERS

Lipoedema symptom checklist

A conversation starter for you and your healthcare professional. Not a test and no score

A 3D scan can tell us about your body measurements, but it can't tell us how your body feels.

If you're curious about lipoedema, the questions below may help you think about experiences that could be useful to discuss with your GP or another appropriately qualified healthcare professional.

Tick anything that feels familiar to you. There is no score and no result, and ticking one or several items does not mean that you have lipoedema.

- [ ] My legs often feel tender, sore or painful to touch
- [ ] I bruise easily on my legs or arms
- [ ] My legs often feel heavy or swollen, particularly in warm weather or later in the day
- [ ] My lower body feels out of proportion with my upper body
- [ ] My lower-body size or shape has changed less than the rest of my body with weight loss, diet or exercise
- [ ] I first noticed these changes, or they became more noticeable, around puberty, pregnancy or menopause
- [ ] Other women in my family have a similar body shape or experience
- [ ] I feel that something about my legs or arms isn't right, but I don't know what

What do my answers mean?

There is no magic number here. This isn't a screening or diagnostic test, and your ticks don't add up to a score.
Many women may recognise one or several of these experiences without having lipoedema.
If something about your legs or arms concerns you, or you recognise a combination of these experiences that feels relevant to you, you may wish to discuss it with your GP or another appropriately qualified healthcare professional.
Only an appropriately qualified healthcare professional can assess and diagnose lipoedema.
Your privacy: your selections are remembered in this browser on this device only. They are not scored and are not sent to HeraVita or anyone else. Clear ticks

Want to prepare for that conversation? Lipoedema Australia provides a Symptoms to Discuss With Your Doctor checklist that you can take to your appointment, along with other Lipoedema Australia resources.

ARM MEASUREMENTS, BILATERAL MEASURED

MID-ARM CIRCUMFERENCE (AVG)

27.9 cm

L 27.67 cm · R 28.06 cm · 0.39 cm difference

FOREARM CIRCUMFERENCE (AVG)

23.5 cm

L 23.38 cm · R 23.69 cm · 0.31 cm difference

Your upper-arm and forearm circumferences are recorded as a baseline.

HeraVita tracks measurements on both sides of your body because changes between your left and right sides, and changes over time, can provide useful information about your body.

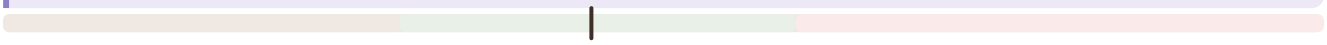
A difference between sides does not by itself indicate a health condition. Your individual measurements are most useful when considered alongside your previous results, your experience of your body and, where appropriate, advice from a healthcare professional.

BODY COMPOSITION

BODY FAT % ESTIMATED

27.8%

The estimated proportion of your total body weight that is fat tissue, using the US Navy Method, which reads your height and your scanned waist, hip and neck circumference. The fat mass and lean body mass cards below are derived from this same figure, so the three always agree. The US Navy Method is a population-based formula; it is not bioimpedance or a DEXA scan, and results from different methods will differ.



27.8%: Within range (22–34% for this age group)

If you've been diagnosed with lipoedema, note that body fat percentage calculated from circumference measurements is less reliable as an individual indicator. Lipoedema fat is distributed differently and is not metabolically equivalent to typical adipose tissue. Lean mass trends and limb measurements over time may be more meaningful.

FAT MASS ESTIMATED

16.9 kg

The estimated total weight of fat tissue in your body: your body fat percentage (above) applied to your weight. More informative than percentage alone for tracking progress between scans, because percentage can stay the same while the actual mass changes.

16.9 kg: estimated weight of fat tissue (total body weight minus lean body mass). More useful for tracking changes between scans than percentage alone.

LEAN BODY MASS ESTIMATED

43.9 kg

The weight of everything in your body that is not fat: primarily muscle, bone, organs, and water. Your weight minus the fat mass estimate above. Lean body mass tends to decline with age, accelerating through perimenopause and menopause. Maintaining it through resistance exercise and adequate protein is one of the most important things women can do for long-term health.

43.9 kg: estimated lean body mass. Maintaining or growing this number is a positive sign. Track at each scan.

VISCERAL FAT ESTIMATED

40 cm^2 Within typical range

Visceral fat is the fat stored deep inside the abdomen, around organs such as the liver and intestines. This figure is estimated from your waist, upper thigh, age and BMI. In research studies, metabolic risk begins to rise from about 106 cm^2 and is higher from 163 cm^2 (Nicklas 2003).



Estimated area: **about 40 cm^2**. Your estimate falls within the typical range.

Visceral fat sits deep in the abdomen, around the organs. This estimate uses the waist and thigh measurements from your scan, together with your age and BMI. It is a general indicator rather than a medical measurement.

BASAL METABOLIC RATE ESTIMATED

1290 kcal/day

Basal metabolic rate (BMR) is the number of calories your body needs just to keep you alive at rest (breathing, circulation, organ function) before any movement is added. Calculated here using the Mifflin–St Jeor equation, which has the best mean accuracy in non-athletic women across BMI ranges in published validation studies.

1290 kcal/day: a directional guide for your resting energy needs. Actual daily needs are higher once activity is included. Use as a reference rather than a precise prescription.

COMPARE ACROSS FORMULAS ESTIMATED

Body fat % can be estimated several different ways from body measurements. Each formula below uses a different combination of inputs (some use waist and hip, some add neck, age, or just height and waist) and was validated against a different reference population, so results vary, sometimes by several percentage points for the same person. None of these replace a DEXA scan or bioimpedance measurement. The US Navy row matches the body fat % shown above; the rest are shown purely for comparison.

FORMULA	BODY FAT %	FAT MASS	LEAN MASS
Boer	25.6%	15.6 kg	45.2 kg
Lean	33.1%	20.1 kg	40.7 kg
Peterson	35.6%	21.6 kg	39.2 kg
Deurenberg	30.0%	18.3 kg	42.5 kg
US Navy (current)	27.8%	16.9 kg	43.9 kg
RFM	33.4%	20.3 kg	40.5 kg

MUSCLE & MUSCLE LOSS SCREENING

Sarcopenia is the gradual loss of muscle mass and strength that comes with age. It begins in the mid-30s and accelerates after menopause. It is linked to reduced mobility, increased fall risk, and poorer metabolic health. The measurements in this section use thresholds adopted by Australian clinical guidelines to screen for early signs of muscle loss.

CALF CIRCUMFERENCE (AVG) MEASURED

35.7 cm Within range

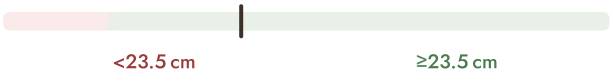
Calf circumference is used as a proxy for lower-leg muscle mass. Unlike most measurements on this page, a larger number here is the reassuring one. A smaller calf can signal reduced muscle mass, one of the earliest markers of sarcopenia (age-related muscle loss). This screens for muscle mass only, not strength or function.



35.7 cm: above the 33 cm sarcopenia screening threshold for women. A larger calf is the reassuring reading here, since it suggests more retained lower-leg muscle mass. If you've been diagnosed with lipoedema, calf circumference may include lipoedema tissue alongside skeletal muscle. Average of left (35.6 cm) and right (35.9 cm).

MID-ARM CIRCUMFERENCE MEASURED

27.9 cm Good



27.9 cm: above the nutritional risk threshold of 23.5 cm. Average of left (27.7 cm) and right (28.1 cm).

THIGH CIRCUMFERENCE (AVG) MEASURED

62.1 cm

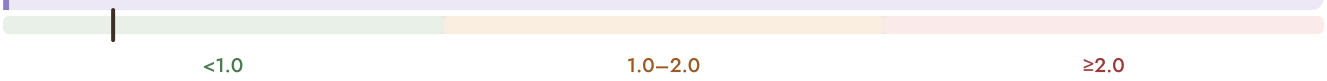
62.1 cm: because you carry more fat here, this reflects fat as well as muscle, so it tells you less about muscle on its own. Your lean-mass result and trend over time are more useful. Average of left (61.8 cm) and right (62.4 cm).

POSTURE & STRUCTURAL

SHOULDER HEIGHT DIFFERENCE MEASURED

0.25 cm Normal

How level your shoulders are from left to right, measured directly by the 3D scanner. A difference below 1 cm is normal variation. 1–2 cm is worth tracking across scans rather than acting on a single reading. Larger differences may indicate lateral trunk asymmetry, where one side of the torso is slightly longer or differently shaped than the other.



0.25 cm: within normal variation. Left drop: 6.3 cm · Right drop: 6.1 cm.

UPPER BACK-TO-FRONT RATIO CALCULATED

1.09 Baseline

Compares your upper-back width to your upper-front chest width. We do not read posture from a single scan. This is a baseline to track. As shoulders round forward the upper back broadens and the front narrows, so the ratio tends to rise; whether it climbs across future scans is the meaningful signal. A HeraVita observation calculated from your scan measurements, not a clinical posture assessment.

Compares **upper-back width** (35.1 cm) to **upper-front chest width** (32.3 cm). This is a **baseline to track, not a single-scan posture reading**. As shoulders round forward the upper back broadens and the front narrows, so the ratio tends to rise. Whether it climbs at future scans is more meaningful than any one value.

RISE DIFFERENTIAL MEASURED

6.1 cm Typical

The difference between your back rise and front rise. The back rise is always longer to accommodate the curve of the buttocks; a typical difference is 4–8 cm. This is a garment-fit and anatomy measure, not a pelvic-tilt indicator on its own.

6.1 cm: back rise 36.5 cm vs front rise 30.4 cm (typical 4–8 cm). A garment-fit and anatomy measure. A larger differential means high-rise styles sit more comfortably; not a pelvic-tilt indicator on its own.

ARM-LENGTH ASYMMETRY MEASURED

0.24 cm Within range

The difference in length between your left and right arms. A difference under 1 cm is non-clinical and usually reflects shoulder-girdle rotation rather than a true bone-length difference.

0.24 cm: arms are well matched in length. Left 56.5 cm · Right 56.7 cm.

LEG-LENGTH ASYMMETRY MEASURED

0.19 cm Within range

A measure of whether one leg is longer than the other, calculated from your scan inseam measurements. A small difference is normal. Clinical significance begins at around 2 cm. A difference above 2 cm can contribute to lower back pain and uneven hip loading over time. Inseam length is an indirect guide to leg length, so a precise reading requires an X-ray.

0.19 cm: within normal variation, below the 2 cm clinical threshold. Left inseam 75.3 cm · Right 75.5 cm. A proxy from the scan; a precise reading requires an X-ray.

SCYE-DEPTH ASYMMETRY MEASURED

0.15 cm Within range

> Scye depth is the depth of the armhole. A left–right difference describes how evenly your shoulder girdle sits. Small differences are within the scanner's precision at this site.

0.15 cm: armhole depth. Left 19.3 cm · Right 19.4 cm.

TRUNK–TO–LEG RATIO CALCULATED 2.19

> The ratio of your total height to your leg length: how long your torso is relative to your legs. A useful baseline because changes over time may indicate compression of the vertebrae in your spine, which can occur with bone density loss. Not a concern as a single reading, but meaningful if it changes at future scans.

2.19: your baseline. Changes at future scans may be an early indicator of vertebral compression, relevant for bone health monitoring in women over 50.

LEFT–RIGHT COMPARISON MEASURED Unique to 3D scanning

Your 3D scan measures the left and right sides of your body independently. Small differences between sides are common. To see how these measurements have changed since your baseline scan, open your Wellness Dashboard.

MEASUREMENT	LEFT	RIGHT	DIFFERENCE
ARMS			
Upper arm	27.67 cm	28.06 cm	**0.39 cm**
Forearm	23.38 cm	23.69 cm	**0.31 cm**
LEGS			
Thigh	61.83 cm	62.36 cm	**0.53 cm**
Calf	35.58 cm	35.91 cm	**0.33 cm**

Difference is the gap between your left and right sides, whichever side is larger.

These are surface measurements only. They do not measure swelling, fluid, lymphatic function or tissue composition and should not be used to diagnose or monitor a medical condition.

When to speak with a health professional

See your GP if you notice:

- swelling in an arm or leg, including clothes, shoes, rings or a watch feeling tighter on one side
- heaviness, tightness or aching in an arm or leg
- difficulty moving an arm or leg as fully as usual
- skin that feels thicker or firmer, or holds a dent when pressed

This matters most if you have had cancer treatment, surgery or radiotherapy involving the lymph nodes. Your GP, breast care nurse or a lymphoedema-trained therapist can assess this properly.

According to the Australasian Lymphology Association, a difference of 2 cm or more between limbs can suggest lymphoedema, although your dominant arm is often naturally a little larger. If any of your differences above is 2 cm or more, consider mentioning it to your GP or an accredited lymphoedema practitioner and take your results with you.

Lymphoedema is swelling caused by damage to or removal of lymph nodes, the small glands that help drain fluid from the body's tissues. It most commonly affects an arm following breast cancer treatment, and it is very manageable when caught early. If you have concerns about arm or leg swelling following cancer treatment or surgery, please contact your GP, breast care nurse, or a qualified occupational therapist with lymphoedema training.

BONE HEALTH

BONE MINERAL CONTENT ESTIMATED

2.46 kg

Bone mineral content is the estimated weight of minerals (mainly calcium and phosphorus) stored in your bones. It is a component of bone density. This figure is a population-level estimate derived from your lean body mass, not a direct measurement. The only accurate way to measure bone density is a Dexa Bone Density Scan (Dual-Energy X-ray Absorptiometry), a low-dose X-ray available through your GP. Because it is derived from your lean body mass, this figure follows your weight rather than your actual bone density, so it cannot track bone change over time, and a Dexa Bone Density Scan is the only way to monitor that.

2.46 kg: a population-level estimate, not a direct bone density measurement. Cannot diagnose osteopenia or osteoporosis. That requires a Dexa Bone Density Scan from your GP.

This figure should not be used to make any treatment decision.

If you have concerns about bone density, please discuss a Dexa Bone Density Scan with your GP. This estimate does not replace that assessment.

RESEARCH TIER: ADVANCED ESTIMATES ESTIMATED Not individually validated

These figures are derived from your scan measurements using published scientific ratios. They are population-level estimates, calculated from average patterns across large groups rather than measured directly in you. Useful for tracking trends over time but should not be treated as precise individual measurements.

BODY CELL MASS

The estimated weight of your body's metabolically active cells: primarily muscle and organ cells. A healthy range for women over 50 is roughly 35–45% of total body weight.

24.9 kg

41% of body weight. Reference range for women: roughly 35 to 45% of body weight.

FLUID INSIDE CELLS

The fluid inside your body's cells. It is closely linked to muscle mass. More muscle means more intracellular water. A gradual decline over time can be an early indicator of muscle loss.

17.4 L

Tracks cellular hydration and muscle mass

FLUID OUTSIDE CELLS

The fluid in the spaces between your cells and in your blood. A rising proportion relative to total body water can indicate fluid retention. Most meaningful tracked over time.

13.1 L

Tracks fluid balance

PROTEIN INSIDE CELLS

An estimate of the protein contained within your cells: mainly structural and functional proteins that make up muscle tissue. Declining values over time track with muscle loss.

5.5 kg

Reflects muscle protein status

PROTEIN OUTSIDE CELLS

An estimate of the protein found outside your cells: mainly collagen in connective tissue, skin and tendons, plus blood proteins like albumin. This value is relatively stable under normal conditions.

3.2 kg

Includes collagen and blood proteins; relatively stable

STRUCTURAL SOLIDS

The non-fluid, non-fat, non-cellular material in your body: primarily bone minerals, cartilage, and structural connective tissue. Very stable in healthy adults. A declining value over time would be worth noting as it may reflect changes in bone or connective tissue.

6.0 kg

Bone mineral and connective tissue; changes are the meaningful signal

IMPORTANT INFORMATION ABOUT YOUR RESULTS

These results are for wellness awareness only. This report describes body measurements and shape patterns for general wellbeing purposes. It does not diagnose, screen for, or assess your risk of any medical condition, and it does not constitute a medical diagnosis, a clinical assessment, or a referral. It is not a substitute for advice from your GP, specialist, occupational therapist, or any other qualified health professional.

Your wellness metrics are calculated from 3D surface geometry measurements captured in a 5-second scan. They are not produced by bioimpedance technology, DEXA scanning, or clinical examination. Results from different measurement methods will differ and should not be directly compared.

A pattern in your results that appears consistent with a health condition is not a diagnosis. Only a clinician who examines you, taking a full history, performing a physical examination, and applying clinical judgement, can diagnose any condition.

Do not make any treatment decision, including starting, stopping, or adjusting treatment, medication, or any other intervention, based on these results alone. Always discuss changes with your GP or treating clinician first.

If any result surprises you or appears to conflict with what a clinician has told you, the clinician's assessment takes precedence. Raise it with them directly.

Reference ranges are age-adjusted population averages. They are a guide, not a personal target. Your individual health history, life stage, and circumstances always matter more than a population threshold.