InBody

[InBody570]

IN-SHAPE

ID	Height	Age	Gender	Test Date / Time
2093310208	5ft. 05. 0in.	47	Female	2018.05.23. 11:04

Body Composition Analysis

	Values	Total Body Water	Lean Body Mass	Weight
Intracellular Water (lbs)	46. 7	76. 3	103. 8	152. 4
Extracellular Water (lbs)	29. 5			
Dry Lean Mass (lbs)	27. 6			
Body Fat Mass (lbs)	48. 6			

Muscle-Fat Analysis

Weight	(lbs)	152. 4
SMM Skeletal Muscle Mass	(lbs)	56. 4
Body Fat Mass	(lbs)	48. 6

Obesity Analysis

BMI Body Mass Index	(kg/m²)	25. 4
PBF Percent Body Fat	(%)	31. 9

Segmental Lean Analysis

Based on ideal weight — Based on current weight

Right Arm	(lbs)	5. 45
	(%)	109. 0
Left Arm	(lbs)	5. 40
	(%)	108. 2
Trunk	(lbs)	46. 3
	(%)	102. 6
Right Leg	(lbs)	15. 72
	(%)	99. 9
Left Leg	(lbs)	15. 32
	(%)	97. 3

ECW/TBW Analysis

ECW/TBW	0. 388

Body Composition History

		18. 05. 23 11:04
Weight	(lbs)	152. 4
SMM Skeletal Muscle Mass	(lbs)	56. 4
PBF Percent Body Fat	(%)	31. 9
ECW/TBW		0. 388

☑ Recent ☐ Total

Body Fat - Lean Body Mass Control

Body Fat Mass	-17. 6 lbs
Lean Body Mass	0. 0 lbs

(+) means to gain fat/lean (-) means to lose fat/lean

Segmental Fat Analysis

Right Arm	(3. 5 lbs)	158. 9%
Left Arm	(3. 5 lbs)	159. 0%
Trunk	(25. 1 lbs)	207. 6%
Right Leg	(6. 8 lbs)	125. 6%
Left Leg	(6. 8 lbs)	125. 0%

Basal Metabolic Rate

1387 kcal

Visceral Fat Level

Level 10 | Low 10 High

Results Interpretation

Body Composition Analysis

Body weight is the sum of Body Fat Mass and Lean Body Mass, which is composed of Dry Lean Mass and Total Body Water.

Muscle-Fat Analysis

Compare the bar lengths of Skeletal Muscle Mass and Body Fat Mass. The longer the Skeletal Muscle Mass bar is compared to the Body Fat Mass bar, the stronger the body is.

Obesity Analysis

BMI is an index used to determine obesity by using height and weight. PBF is the percentage of body fat compared to body weight.

Segmental Lean Analysis

Evaluates whether the muscles are adequately developed in the body.
The top bar shows the comparison of muscle mass to ideal weight while the bottom bar shows that to the current weight.

ECW/TBW Analysis

ECW/TBW, the ratio of Extracellular Water to Total Body Water, is an important indicator of body water balance.

Results Interpretation QR Code

Scan the QR Code to see results interpretation in more detail.

Impedance

Z(Ω)	RA	LA	TR	RL	LL
5 kHz	348. 4	354. 0	24. 8	260. 0	274. 6
50 kHz	320. 1	323. 8	21. 7	236. 4	249. 2
500 kHz	278. 9	283. 4	16. 8	208. 9	219. 3

AMBULATORY SURGERY CENTER OF STOCKTON
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OPERATIVE REPORT

PATIENT NAME: ANDERSON, TIFFANY MR #: 15267

SURGEON: GARY MURATA, M.D. DATE: 09/22/2008

PREOPERATIVE DIAGNOSIS: Lateral meniscus tear, right knee.

POSTOPERATIVE DIAGNOSES:
1. Complex tear lateral meniscus.
2. Grade II chondromalacia of medial femoral condyle.

PROCEDURES PERFORMED:
1. Arthroscopy of the right knee with partial lateral meniscectomy, CPT code 29881.
2. Chondroplasty of the medial femoral condyle, CPT code 29877.

FINDINGS:
1. Complex tear lateral meniscus.
2. Grade II chondromalacia of medial femoral condyle.

INDICATIONS FOR THE PROCEDURE: Severe pain and locking about the right knee.

DESCRIPTION OF THE PROCEDURE: The patient was brought to the operating room. The patient was placed under general anesthesia. The patient was given 1 g of Ancef, as she has a history of heart murmur. The right lower extremity was then sterilely prepped and draped. Evaluation of the right knee under anesthesia revealed full range of motion. No effusion. No laxity. The left lower extremity was then sterilely prepped and draped. Standard arthroscopic portals were used.

Patellofemoral joint appeared to be normal. No subluxation of the patella was seen. No chondromalacia noted. The medial gutter was normal. The medial compartment was probed. Medial meniscus was normal. However, there was area of grade II chondromalacia about the central weightbearing area of the medial femoral condyle with the small unstable articular flaps, which were debrided. The size of this lesion was approximately 1.5 cm in diameter. No exposed bone was seen. No chondromalacia was noted about the medial tibial plateau.

The intercondylar notch was seen. Anterior cruciate ligament was normal. The knee was placed in a figure-of-four position and a complex tear of the lateral meniscus was seen including a horizontal cleavage tear and radial tear through the junction between the anterior horn and the mid-horn of the meniscus. Approximately 30% of the meniscus was excised leaving a stable rim. Careful contouring of the meniscus was performed in the junction between the medial horn of the meniscus and the anterior horn. No chondromalacia was seen about the lateral compartment. The remaining lateral meniscus after partial meniscectomy was noted to have no instability.

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OPERATIVE REPORT

PATIENT NAME: ANDERSON, TIFFANY MR #: 15267

SURGEON: GARY MURATA, M.D. DATE: 03/08/2010

PREOPERATIVE DIAGNOSIS: Recurrent lateral meniscus tear of the right knee.

POSTOPERATIVE DIAGNOSES:
1. Grade IV chondromalacia of medial femoral condyle. A 1.5 cm circular lesion.
2. Recurrent lateral meniscus tear.

PROCEDURES PERFORMED:
1. Arthroscopy of the right knee with microfracture of the medial femoral condyle and partial lateral meniscectomy, CPT code 29879.
2. Partial lateral meniscectomy, CPT code 29881.

FINDINGS:
1. Grade IV chondromalacia of medial femoral condyle. A 1.5 cm circular lesion.
2. Recurrent lateral meniscus tear.

INDICATIONS FOR THE PROCEDURE: Recurrent pain and swelling about the right knee.

DESCRIPTION OF THE PROCEDURE: The patient was brought to the operating room. The patient was placed under general anesthesia. Examination of the right knee under anesthesia revealed full range of motion. Mild effusion. No laxity. The right lower extremity was then sterilely prepped and draped.

Standard anterior arthroscopic portals were used. The portal sites were established with visualization of the old portal sites were established through the old incisions. The portal entry points were made through the old incisions. Patellofemoral joint was explored. No chondromalacia was seen. Good patellar tracking noted. The medial gutter was also normal.

The medial compartment was probed. The medial meniscus was normal. Articular surfaces over the medial tibial plateau were normal. However, there was small area of grade IV chondromalacia with unstable articular cartilage medially. I debrided back to stable articular cartilage, but there was a small area of exposed bone. I felt a microfracture was indicated.

Using an awl at a 45-degree angle, a microfracture technique was performed. Three puncture holes were made in subchondral bone with good bleeding from the bone. The edge of the area was debrided of chondromalacia and revealed stable articular cartilage. This involved the medial femoral condyle articulating with the tibia at 5 degrees of flexion. This was noted to be the central medial portion of the medial femoral condyle.

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OPERATIVE REPORT

PATIENT NAME: ANDERSON, TIFFANY **MR #:** 15267

SURGEON: GARY MURATA, M.D. **DATE:** 11/28/2011

PREOPERATIVE DIAGNOSIS:
Internal derangement with lateral meniscus tear.
POSTOPERATIVE DIAGNOSES: Complex recurrent tear of lateral meniscus involving the mid and anterior horns.
A small area of unstable chondromalacia of medial femoral condyle.
PROCEDURES PERFORMED: Arthroscopy of the right knee with partial lateral meniscectomy, CPT code 29881.
Chondroplasty of the medial condyle, separate compartment, CPT code 29877.
FINDINGS: Complex recurrent tear of lateral meniscus involving the mid and anterior horns.
A small area of unstable chondromalacia of medial femoral condyle.
INDICATIONS FOR THE PROCEDURE: Severe pain and locking about the right knee.
DESCRIPTION OF THE PROCEDURE: The patient was brought to the Operating Room. The patient was placed under general anesthesia. The right lower extremity was examined under anesthesia. There was noted to be 5 degrees of hyperextension, which matched the opposite knee. Stable ligament. Skin intact over the right knee. Good flexion to 130 degrees. There was no effusion present. The right lower extremity was then sterilely prepped and draped.
A surgical timeout was performed. Anterior portals were used through the old incisions. The patellofemoral joint was seen. Patella and trochlea were normal. Articular cartilage was completely intact. Medial femoral condyle was probed. There was a small area of unstable chondromalacia grade I to II along the central medial portion of medial femoral condyle, which was debrided with a shaver. This articulated with the tibia at 40 degrees of flexion. There was also a 2 cm diameter area of fibrocartilage in the area of prior microfracture technique with stable articular cartilage. The medial meniscus was probed and felt to be normal. No chondromalacia was seen about the medial tibial plateau.
The intercondylar notch was seen. Anterior cruciate ligament was normal. The lateral meniscus was probed. There was a radial tear as well as horizontal cleavage tear of the mid and anterior horns of the lateral meniscus. I resected 10% of the meniscus leaving a stable rim. No chondromalacia was noted about the lateral femoral condyle over the lateral plateau.
Posterior medial recess and popliteal recesses were normal. The knee was irrigated and drained. A 5 cc of 0.5% Marcaine with epinephrine was injected intraarticularly. Portal sites were also infiltrated with Marcaine and epinephrine. Sterile dressing and Ace bandage was applied to the right lower extremity. Portal sites were closed with 4-0 nylon sutures. Sterile dressing and Ace bandage was applied to the right lower