SOZO® DIGITAL HEALTH PLATFORM

BodyComp™ Analysis

Objective Insight Beyond Weight and BMI



Beneath the surface lie the most telling changes in the body. The SOZO® Digital Health Platform uses bioimpedence spectroscopy (BIS) to bring them into view, with measurable insight into fluid status and tissue composition.

From a single 30-second scan, health professionals can see what's changing, track it over time, and act on it with confidence.

Why BIS for Body Composition Assessment

BIS provides a quick and easy method for assessing body fluid status and tissue composition.

Non-Invasive and Convenient

Simple and non-invasive, with minimal setup, measuring impedance at 256 frequencies.

FDA-Cleared Solution

The SOZO Digital Health Platform is FDA-cleared for body composition assessment in healthy and unhealthy patient populations.

Proven Technology

SOZO is in use in leading health systems, cancer centers, rehabilitation clinics and research centers across the U.S.

FluidFit™

Fluid Analysis
Overall fluid levels and the balance inside and outside the cells.

TissueFit™

Tissue Analysis
Muscle and fat, not just total weight.

CellularFit™

Cellular Analysis
Phase Angle, an indicator of cellular health and overall vitality.

Body Insights

Body Analysis
BMI, segmental analysis, and other supporting measurements.

SARCOPENIA

Deeper Insight Into Muscle Health

Muscle loss can hide behind a stable weight or a normal BMI. Because sarcopenia is more difficult to reverse over time, catching it early matters. SOZO's muscle-mass indices give health professionals the clarity to distinguish muscle from fat, benchmarked against population reference ranges from the same scan used for fluid and tissue status.

- The only FDA-cleared BIS solution for the clinical assessment of sarcopenia risk[1]
- Helps guide nutrition and exercise interventions before muscle loss progresses

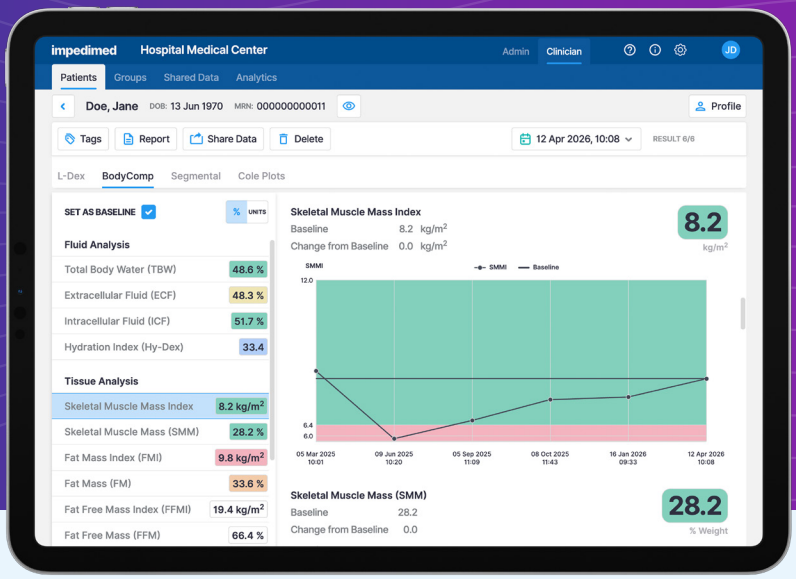
1 in 3
develop sarcopenia during chemotherapy, worsening outcomes[2]

2x
chemotherapy toxicity risk with BIS-detected sarcopenia[3]

Higher Risk
of recurrence and mortality with low skeletal muscle mass[4]

Monitor Meaningful Change Over Time

A single measurement is a snapshot. Tracked over time, it becomes a story, helping health professionals see how fluid, muscle, and fat shift with treatment or lifestyle change, and act sooner when it matters most.



Comprehensive Body Composition Outputs

FluidFit™

Fluid Analysis
- TBW · ECF · ICF
- Hy-Dex® Hydration Analysis

TissueFit™

Tissue Analysis
- SMM · SMMI · FM · FMI
- FFM · FFMI · ASMM
- Protein & Minerals

CellularFit™

Cellular Analysis
- Phase Angle

Body Insights

Body Analysis
- BMR · BMI
- Segmental Analysis

Applications Include

These insights guide care decisions across specialties:

- CANCER SURVIVORSHIP
- HEART HEALTH MANAGEMENT
- MEDICAL WEIGHT MANAGEMENT
- WELLNESS & LONGEVITY

MySOZO® Cloud Platform

Secure, cloud-based access to body composition results, reporting, and trend analysis, anywhere.

- Longitudinal trend tracking
- Cloud-based reporting
- Enterprise-wide access
- HIPAA-compliant
- HITRUST-certified
- EHR integration supported

Powered by SOZO® Technology

The proven technology behind every scan.

- Bioimpedance Spectroscopy (BIS)
- 256 frequencies
- Less than 30-second assessment
- Non-invasive, point-of-care measurement

1. Sarcopenia Indication for Use: The SOZO system may be used as an adjunct to existing methods by aiding clinicians who are using Subjective Global Assessment (SGA) tools to assess patients at risk of protein-calorie malnutrition (PCM), and to aid in assessing patients at risk of sarcopenia, a disease of low muscle mass or muscle loss.
2. Jang MK, et al. Support Care Cancer. 2024;32:328.
3. Shachar SS, Williams GR, Muss HB, Nishijima TF. Prognostic value of sarcopenia in adults with solid tumours: A meta-analysis and systematic review. Eur J Cancer. 2016;(57):58–67.
4. Aleixo GFP, Valente SA, Wei W, Chen PH, Moore HCF. Sarcopenia detected with bioelectrical impedance versus CT scan and chemotherapy tolerance in patients with early breast cancer. Breast Cancer. 2023;30(1):101–109.

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