

## HASIL PEMERIKSAAN ECG

Nama : **158173**  
3309114107700035  
SULARTI (P)  
Umur : 01-07-1970 / 54 Th  
Alamat : NGARGOREJO, RT.01 RW.03,  
NGARGOREJO, NGEMPLAK, KAB.

No. RM/Ruang : **150**  
Tanggal : / /  
Dokter :

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> CHECK UP                 | <input type="checkbox"/> HIPERTENSI        | <input type="checkbox"/> ARRHYTMIA |
| <input type="checkbox"/> CHES PAIN                | <input type="checkbox"/> PULMONARY DISEASE | <input type="checkbox"/> OBESITAS  |
| <input type="checkbox"/> Keluhan/gejala lain..... |  |                                    |

- |  |  |                |
|--|--|----------------|
| <input type="checkbox"/> Synus Rhythme                 | <input type="checkbox"/> QRS Rate                    | ..... /Menit   |
| <input type="checkbox"/> Synus Tachycardia             | <input type="checkbox"/> P-P Rate                    | ..... /Menit   |
| <input type="checkbox"/> Synus Arrhythmia              | <input type="checkbox"/> QRS Axis                    | ..... /derajat |
| <input type="checkbox"/> Synus Bradycardia             | <input type="checkbox"/> P-R Interval                | ..... /Detik   |
| <input type="checkbox"/> Low Voltage                   | <input type="checkbox"/> Q-t Interval                | ..... /Detik   |
| <input type="checkbox"/> AF/AFF                        | <input type="checkbox"/> SVES/VES                    | ..... /Detik   |
| <input type="checkbox"/> CVT (PAT)                     | <input type="checkbox"/> Delta Wave / U wave di lead |                |
| <input type="checkbox"/> VT / VF                       |  |                |
| <input type="checkbox"/> RBBB Complete / incomplete    | <input type="checkbox"/> Q Wave di lead              |                |
| <input type="checkbox"/> LBBB Complete / incomplete    |  |                |
| <input type="checkbox"/> LVH                           | <input type="checkbox"/> r Premordial di lead        |                |
| <input type="checkbox"/> RVH                           |  |                |
| <input type="checkbox"/> LAH                           | <input type="checkbox"/> ST depressed di lead        |                |
| <input type="checkbox"/> RAH                           |  |                |
| <input type="checkbox"/> First / second / third degree | <input type="checkbox"/> ST elevation di lead        |                |
| A-V Blok   |  |                |
|  | <input type="checkbox"/> T Flat/T inverted di lead   |                |

KESAN

1. *sinus tachycardia*  
2. *ST depression*  
3. *ST elevation*  
4. *V3-V4*

ANJURAN

1. ....  
2. ....  
3. ....

Dokter Pemeriksa

*[Signature]*  
dr. Mohammad Zakky Fananie, Sp.JP.FHA  
SIP : 33724.57144/DS/01/KS.23.01/0175/III/2022



## ECG REPORT

ID : 82	cm	kg	/	mmHg	Race:Unknown	Room No.:	Department:	Exam.Room:	Medication:
ID : 82	35Years								

HR	: 90 bpm	Diagnosis Information:
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P : 104 ms

PR : 148 ms

ORS : 124 ms

OT/OTc : 371/454 ms

P/ORS/T : 39/215/15 °

PV5/SV1 : 0158/0277

1/27/06 OCT 10 : T A C / C A W

Diagnosis Information:  
Sinus Rhythm  
Possible Anterior Myocardial Infarction(V3,V4)  
Anteroseptal Myocardial Infarction(Possibly Recent)(V3,V4)  
Possible Lateral Myocardial Infarction(V5,V6)  
Inferior Myocardial Infarction(II,III,aVF)

redulla

75A-30

Technician :

Ref-Phys. :

Report Confirmed by:

