



## HASIL PEMERIKSAAN ECG

Nama : 165045  
3372012408580003  
Umur : NGATIMAN (L)  
24-08-1958 / 66 Th  
Alamat : JL. BLIMBING RT 001/014, KERTEN, L/P  
LAWEYAN, KOTA SURAKARTA

No. RM/Ruang :  
Tanggal : 20 / 10 / 24  
Dokter :

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> CHECK UP                  | <input type="checkbox"/> HIPERTENSI        | <input type="checkbox"/> ARRHYTHMIA |
| <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"/> Fist / 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 Rhythm
2. HR 90 bpm
3. VES
4. RVH

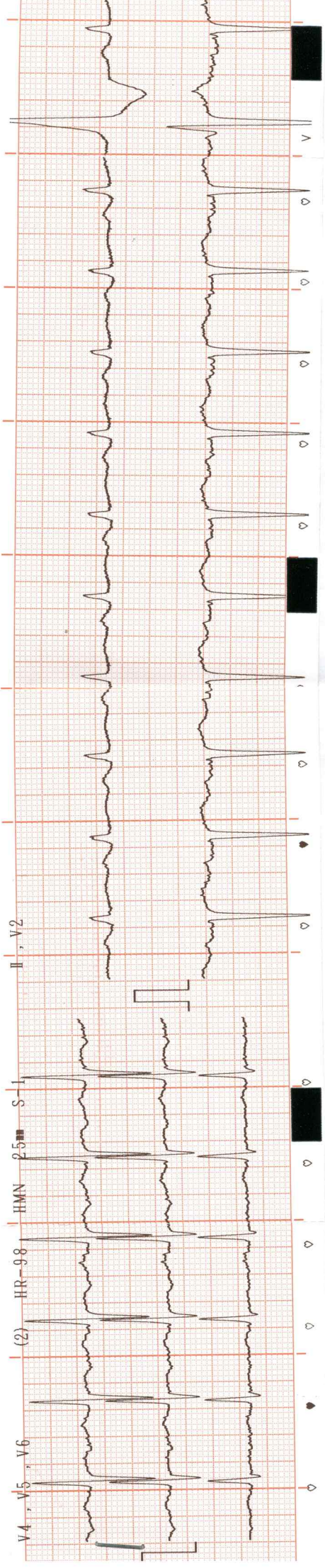
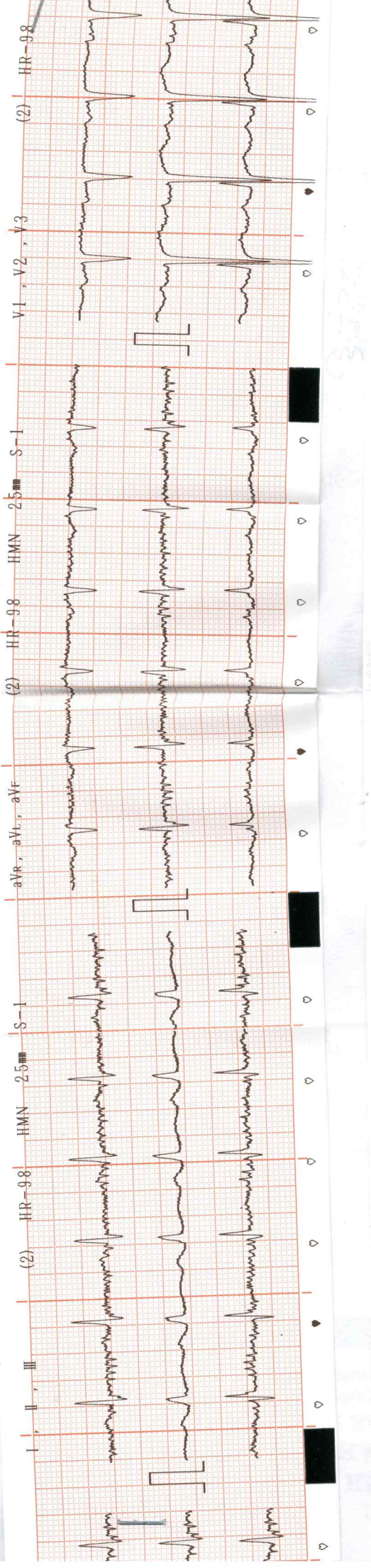
### ANJURAN

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

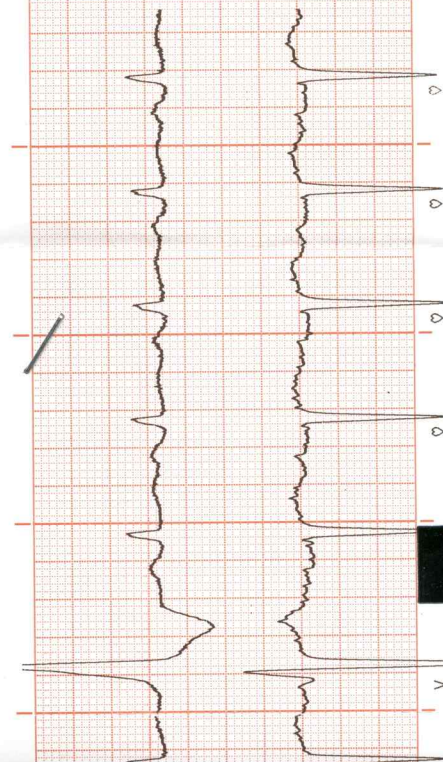
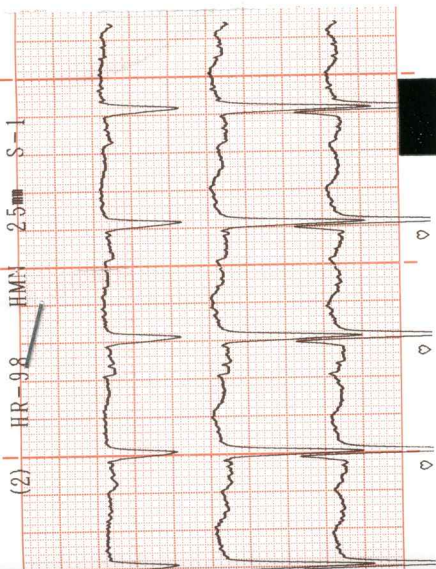
Dokter Pemeriksa

*[Signature]*









MC120 VE:3.4 20.10.24 19:33:28  
 \* CHILD ECG \* (Q 6-11)  
 ID:10040

	Filter
IRATE :	98
IR-R :	610ms
IQRS :	90ms
IAXIS :	47°
IPR :	200ms
IQT :	340ms
IQTe :	435

RV5 (11.8) +SV1 ( 8.5) : 20.3mm

# ANALYSIS

2510 ( I, V6 )  
 ABNORMAL T

2630 ( I, aVF )  
 1ST DEGREE A-V BLOCK

2811  
 VPB

0982 ( I, III, aVR, aVL, aVF )  
 REEXAMINATION (NOISE)

Physi must Review ECG

Tr. Nourmuh 165th