



No MR / MCU : 2303800538 / 230314M053
Nama : MULYANA
NIK : 21102990431
Perusahaan : PT. INDEXIM COALINDO
Dept/Bagian : IC_HCGS / ASSET & TRANSPORTATION
Tanggal MCU : 14-03-2023 / INDEXIM
COALINDO-PAKET OFFICE
J. Kelamin / Usia : WANITA / 23 tahun
Wilayah MCU : INDEXIM COALINDO ONSITE
Tipe : ANNUAL

Kesimpulan :

Berdasarkan pemeriksaan MCU yang telah dilakukan dapat disimpulkan sebagai berikut :

- Sedang hamil terdapat peningkatan Berat badan dan Laju Endap Darah (BMI: 25.59)(LED: 28 mm/jam).
- Penurunan ketajaman penglihatan jarak jauh pada kedua mata.
- Terdapat Caries (1).
- Anemia derajat sedang (penurunan kadar hemoglobin dalam darah) (Haemoglobin: 10.9 g/dl).
- Terdapat peningkatan kadar trigliserida/lemak dalam darah (Hipertrigliseridemia) yang merupakan salah satu faktor penyebab penyakit jantung, stroke, hipertensi, dll. (Trigliserid: 288 mg/dl).
- Tidak melakukan rontgen (Sedang hamil).

Saran :

- Kontrol kehamilan secara teratur ke dokter spesialis kandungan atau bidan dan untuk evaluasi lebih lanjut mengenai Anemia derajat sedang serta untuk mendapatkan terapi terhadap Hipertrigliseridemia.
- Konsul dokter mata untuk penggunaan kacamata.
- Konsul dokter gigi untuk perawatan gigi.
- Konsumsi makanan yang mengandung zat gizi tinggi seperti telur, hati, daging, ayam, sayuran hijau dan susu.

Kategori Hasil :

Fit with notes

Tim Dokter MCU:

Prof.dr.Muchtaruddin Mansyur, PhD, Sp. Ok (Occupational Health Consultant)
dr. Marsen Isbayuputra, Sp. Ok (Occupational Health Doctor)
dr. David Edward, MKK (Master of Occupational Medicine)
dr. Palupi Puspito Rini & team (General practitioner)
dr. Osben Agus Luluando, Sp. PK & team (Clinical pathologist)
dr. Golda Renta Y Sinambela, Sp. Rad & team (Radiologist)
dr. Bambang Rahadi, Sp. JP & team (Cardiologist)

Koordinator MCU :



Medical Centre

dr. Palupi Puspito Rini

| PEMERIKSAAN FISIK | | | |
|--|--|---|---------------------|
| NAMA : MULYANA | | TGL MCU : 14-03-2023 | No MR : 2303800538 |
| PT/DEPT : PT. INDEXIM COALINDO / IC_HCGS | | J. KEL : WANITA, 23 Thn | No MCU : 230314M053 |
| Jenis Pemeriksaan | | Hasil | |
| Riwayat Bahaya Lingkungan Kerja | | Monitor komputer 10 jam/hari selama 3 tahun | |
| Riwayat Kecelakaan Kerja | | Tidak Ada | |
| Kebiasaan | | | |
| Olahraga | | Tidak | |
| Merokok | | Tidak | |
| Alkohol | | Tidak | |
| Minum Kopi | | Tidak | |
| Riwayat Penyakit Keluarga | | | |
| Jantung | | Tidak Ada | |
| Darah Tinggi | | Tidak Ada | |
| Diabetes Melitus | | Tidak Ada | |
| Stroke | | Tidak Ada | |
| Paru Menahun/Asthma/TBC | | Tidak Ada | |
| Kanker/Tumor | | Tidak Ada | |
| Gangguan Jiwa | | Tidak Ada | |
| Ginjal | | Tidak Ada | |
| Saluran Cerna | | Tidak Ada | |
| Lain-lain | | Tidak Ada | |
| Keadaan Fisik | | | |
| Tinggi Badan | | 150.8 cm | |
| Berat Badan | | 58.2 kg | |
| Berat Badan Ideal | | 43 - 56 kg | |
| BMI | | 25.59 | |
| Lingkar Pinggang | | 100 Cm | |
| Tekanan Darah | | 108/70 mmHg | |
| Nadi | | 86 kali/menit | |
| Pernapasan | | 16 kali/menit | |
| Suhu | | 36 °C | |
| Mata | | | |
| Memakai Kacamata Sehari-hari | | Tidak | |
| Pemeriksaan Menggunakan Kacamata | | Tidak | |
| Ketajaman Penglihatan | | OD:20/200, OS:20/200, J2/J1 | |
| Melihat Jauh | | | |
| Mata Kanan | | 20/200 | |
| Mata Kiri | | 20/200 | |
| Kedua Mata | | 20/200 | |
| Melihat Dekat | | | |
| Mata Kanan | | J2 | |
| Mata Kiri | | J1 | |
| Kedua Mata | | J2 | |
| Lapang Pandang | | Normal | |
| Buta Warna | | Tidak | |
| Lain-lain | | Tidak Ada | |
| Keluhan Sekarang | | Tidak Ada | |
| Riwayat Penyakit | | | |
| Hepatitis | | Tidak | |

| PEMERIKSAAN FISIK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAMA : MULYANA | | | | | | | | TGL MCU : 14-03-2023 | | | | No MR : 2303800538 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PT/DEPT : PT. INDEXIM COALINDO / IC_HCGS | | | | | | | | J. KEL : WANITA, 23 Thn | | | | No MCU : 230314M053 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jenis Pemeriksaan | | | | | | | | Hasil | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pengobatan TBC | | | | | | | | Tidak | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hipertensi | | | | | | | | Tidak | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diabetes Melitus | | | | | | | | Tidak | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rawat Operasi | | | | | | | | Caesar tahun 2021 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rawat Inap | | | | | | | | Tidak | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lain-lain | | | | | | | | Riwayat kehamilan usia kehamilan \pm 32 minggu (G2P1A0) dan Riwayat konsumsi obat tambah darah, vitamin Asam Folat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Keadaan Umum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kesan Umum | | | | | | | | Baik | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status Gizi | | | | | | | | Baik | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kulit | | | | | | | | Normal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telinga | | | | | | | | Normal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hidung | | | | | | | | Normal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Faring | | | | | | | | Normal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tonsil | | | | | | | | Normal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lain-lain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mulut | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lidah | | | | | | | | Normal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gusi | | | | | | | | Normal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gigi | | | | | | | | Caries (1) dan Missing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> <tr> <td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> <tr> <td></td><td></td><td>M</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>M</td><td>C</td><td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">Keterangan C : Caries T : Tambalan Gigi M : Missing GR : Gangren Radix GP : Gangren Pulpae I : Impaksi P : Gigi Palsu Ab : Abrasi</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | M | | | | | | | | | | | M | C | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | M | | | | | | | | | | | M | C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leher | | | | | | | | Normal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thorax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bentuk | | | | | | | | Normal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paru-paru | | | | | | | | Normal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jantung | | | | | | | | Normal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lain-lain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Abdomen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bentuk | | | | | | | | Gravid usia kehamilan 32 minggu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Palpasi/Perkusi | | | | | | | | Normal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Auskultasi | | | | | | | | Normal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hati | | | | | | | | Tidak Teraba | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Limpa | | | | | | | | Tidak Teraba | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ginjal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Test Ketok | | | | | | | | Negatif | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ballotement | | | | | | | | Tidak Ada | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dubur (Rektal) | | | | | | | | Menolak | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lain-lain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| PEMERIKSAAN FISIK | | | |
|--|--|-------------------------|---------------------|
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| PT/DEPT : PT. INDEXIM COALINDO / IC_HCGS | | J. KEL : WANITA, 23 Thn | No MCU : 230314M053 |
| Jenis Pemeriksaan | | Hasil | |

Extremitas

Normal

Neurologis

Normal

Khusus Wanita

Hari Pertama Haid Terakhir


07 Juli 2022 (sedang hamil)

KB

-

Dokter Pemeriksa : dr. Palupi Puspito Rini & Team

FORMULIR MENOLAK PEMERIKSAAN MCU

| | |
|---------------------|---|
| Nama | : 230314M053 / INDEXIM COALINDO-PAKE |
| NIK | : MULYANA |
| Dept / Bagian | : Wanita, 23 T / PT. INDEXIM COALINDO |
| Tanggal Pemeriksaan | : ANN INDEXIM COALINDO-PAKE DOBICE |
| Perusahaan | :  |

Dengan ini saya Menolak Petugas TIRTA MEDICAL CENTRE melakukan pemeriksaan berikut :

| | | |
|---|---|--|
| <input type="checkbox"/> Pemeriksaan Dokter <input type="checkbox"/> Pengambilan Darah <input type="checkbox"/> Urine <input type="checkbox"/> Feses <input type="checkbox"/> Tekanan Darah <input type="checkbox"/> TB/BB | <input type="checkbox"/> Visus <input checked="" type="checkbox"/> Rontgen <input type="checkbox"/> EKG <input type="checkbox"/> Treadmill <input type="checkbox"/> Audiometri <input type="checkbox"/> Spirometri | <input checked="" type="checkbox"/> Lainnya (Sebutkan) HAMIL UK 32 MEE <u>Pt</u> |
|---|---|--|

Saya secara sadar tidak bersedia melakukan pemeriksaan yg telah disebutkan diatas dan tidak akan menuntut TIRTA MEDICAL CENTRE atau Petugas yg dipekerjakan oleh TIRTA MEDICAL CENTRE atas konsekuensi yang mungkin timbul karena keputusan saya ini.

| PESERTA MCU | PETUGAS TMC |
|---|--|
|  |  |
| Nama Jelas : Mulyana | Nama Jelas : NUR ANISWAN |
| Tanggal : 14 Maret 2023 | Tanggal : |

TMC/FRM/LAB-ADM/031

PEMERIKSAAN LABORATORIUM

| | | |
|---|--------------------------------|----------------------------|
| NAMA : Mulyana | TGL MCU : 14-03-2023 | No MR : 2303800538 |
| PT/DEPT : PT. INDEXIM COALINDO / IC_HCGS | J. KEL : WANITA, 23 Thn | No MCU : 230314M053 |
| Item Pemeriksaan | Hasil | Nilai Normal |
| | | Metode |

Hematologi

Darah Lengkap

| | | | |
|-------------|--------------------------|----------------------------|-----------------------------|
| Haemoglobin | 10.9* g/dl | P(13.0-18.0), W(12.0-16.0) | SLS Hemoglobin |
| Leukosit | 9900 mm ³ | 5000 - 11000 | Laser Optical Flowcytometry |
| Haematokrit | 33* vol % | P(40-48), W(37-43) | RBC Palse Height Detect |
| Thrombosit | 241000 mm ³ | 150000 - 450000 | Impedance With HDFC |
| Eritrosit | 4.2 juta/mm ³ | P(4.7-6.1), W(4.2-5.4) | Impedance With HDFC |
| MCV | 79* fl | 80 - 100 | Kalkulasi |
| MCH | 26 pg | 26 - 34 | Kalkulasi |
| MCHC | 33 g/dl | 31 - 37 | Kalkulasi |
| LED | 28* mm/jam | P(0-10), W(0-15) | Westergreen |

Hitung Jenis Lekosit

| | | | |
|-----------|------|---------|-----------------------------|
| Basofil | 0 % | 0 - 1 | Laser Optical Flowcytometry |
| Eosinofil | 1 % | 1 - 3 | Laser Optical Flowcytometry |
| Neutrofil | 65 % | 50 - 70 | Laser Optical Flowcytometry |
| Limfosit | 26 % | 20 - 40 | Laser Optical Flowcytometry |
| Monosit | 8 % | 2 - 8 | Laser Optical Flowcytometry |

Golongan Darah

| | | |
|--------|---|------------|
| Rhesus | A | Aglutinasi |
|--------|---|------------|

| | | |
|--------|---------|------------|
| Rhesus | Positif | Aglutinasi |
|--------|---------|------------|

Kimia Darah

Lemak Darah

| | | | |
|-------------|------------|------------------|---------------------------------|
| Cholesterol | 209* mg/dl | < 200 | Enzymatic, Colorimetric Method |
| Trigliserid | 288* mg/dl | < 150 | GPO - TOPS Method |
| HDL | 55* mg/dl | P(>55), W(>65) | Selective Inhibition Method |
| LDL | 96 mg/dl | < 100 | Selective Solubilization Method |

Fungsi Ginjal

| | | | |
|-------------------------|--------------------------------|------------------------|-----------------------|
| Ureum | 19 mg/dl | 12 - 49 | Urease - GLDH Method |
| Creatinin | 0.7 mg/dl | P(0.7-1.2), W(0.5-0.9) | Jaffe's Method |
| eGFR (modified CKD-EPI) | 149 mL/min/1.73 m ² | >= 90 | Modified CKD-EPI |
| Asam Urat | 5.2 mg/dl | P(3.4-7.0), W(2.4-5.7) | Uricase - TOPS Method |

Fungsi Hati

| | | | |
|------|--------|----------------------|------------------------------------|
| SGOT | 22 U/L | P(<= 40), W(<= 32) | IFCC Without Pyridoxal-5 Phosphate |
| SGPT | 31 U/L | P(<= 41), W(<= 33) | IFCC Without Pyridoxal-5 Phosphate |

Gula Darah

| | | | |
|----------|----------|--------|------------------|
| Puasa | 86 mg/dl | < 100 | GOD - PAP Method |
| 2 Jam PP | 92 mg/dl | <= 140 | GOD - PAP Method |

Serologi/Imunologi

TMC/FRM/LAB-ADM/031

| PEMERIKSAAN LABORATORIUM | | | |
|--|-------------|-------------------------|-----------------------------|
| NAMA : MULYANA | | TGL MCU : 14-03-2023 | No MR : 2303800538 |
| PT/DEPT : PT. INDEXIM COALINDO / IC_HCGS | | J. KEL : WANITA, 23 Thn | No MCU : 230314M053 |
| Item Pemeriksaan | Hasil | Nilai Normal | Metode |
| Hepatitis | | | |
| HBsAg | Non Reaktif | Non Reaktif | CMLA |
| Urine Lengkap | | | |
| Makroskopis | | | |
| Warna | Kuning | Kuning | Pembacaan Visual |
| Kejernihan | Jernih | Jernih | Pembacaan Visual |
| Berat Jenis | 1.005 | 1.003 - 1.030 | Dry Chemistry |
| Leukosit | Negatif | Negatif | Laser Optical Flowcytometry |
| PH | 7.5 | 4.6 - 8.5 | Dry Chemistry |
| Protein | Negatif | Negatif | Dry Chemistry |
| Glukosa | Negatif | Negatif | Dry Chemistry |
| Keton Urine | Negatif | Negatif | Dry Chemistry |
| Urobilinogen | Normal | Normal (0.2 - 1.0) | Dry Chemistry |
| Blood | Negatif | Negatif | Dry Chemistry |
| Bilirubin | Negatif | Negatif | Dry Chemistry |
| Nitrit | Negatif | Negatif | Dry Chemistry |
| Mikroskopis | | | |
| Leukosit | 0-1 /LPB | 0 - 5 | Laser Optical Flowcytometry |
| Eritrosit | 0 /LPB | 0 - 1 | Electronic Impedance |
| Epitel Squamous | 0 /LPK | <15 | Microscopic |
| Silinder | Negatif | Negatif | Mikroskopis |
| Kristal | | | |
| Amorf | Negatif | Negatif | Mikroskopis |
| Uric Acid | Negatif | Negatif | Mikroskopis |
| Calcium Oxalat | Negatif | Negatif | Mikroskopis |
| Bakteri | Negatif | Negatif | Mikroskopis |
| Jamur | Negatif | Negatif | Mikroskopis |
| Lain-lain | Negatif | Negatif | Mikroskopis |
| Drug Test | | | |
| Amphetamine | Negatif | Negatif | Chromatography |
| Metamphetamine | Negatif | Negatif | Chromatography |
| Opiate / Morphin | Negatif | Negatif | Chromatography |
| Cannabinoid | Negatif | Negatif | Chromatography |
| Benzodiazepine | Negatif | Negatif | Chromatography |
| Cocaine | Negatif | Negatif | Chromatography |

✓ Dokter Penanggung Jawab : dr. Osben Agus Luluando, Sp. PK & Team

| PEMERIKSAAN PENUNJANG | | | |
|--|----------------------------------|---------|------------------|
| NAMA | : MULYANA | TGL MCU | : 14-03-2023 |
| No MR | : 2303800538 | | |
| PT/DEPT | : PT. INDEXIM COALINDO / IC_HCGS | J. KEL | : WANITA, 23 Thn |
| No MCU | : 230314M053 | | |
| PEMERIKSAAN JANTUNG - ELEKTROKARDIOGRAFI | | | |

Hasil : Sinus Rythm, axis (N), P wave (N), PR int 0.16
ST - T segment (N), arrhythmia (-)

Kesimpulan : Normal resting ECG

✓ Spesialis Jantung : dr. Bambang Rahadi, Sp. JP & Team

LAPORAN ELECTROCARDIOGRAM

NAMA

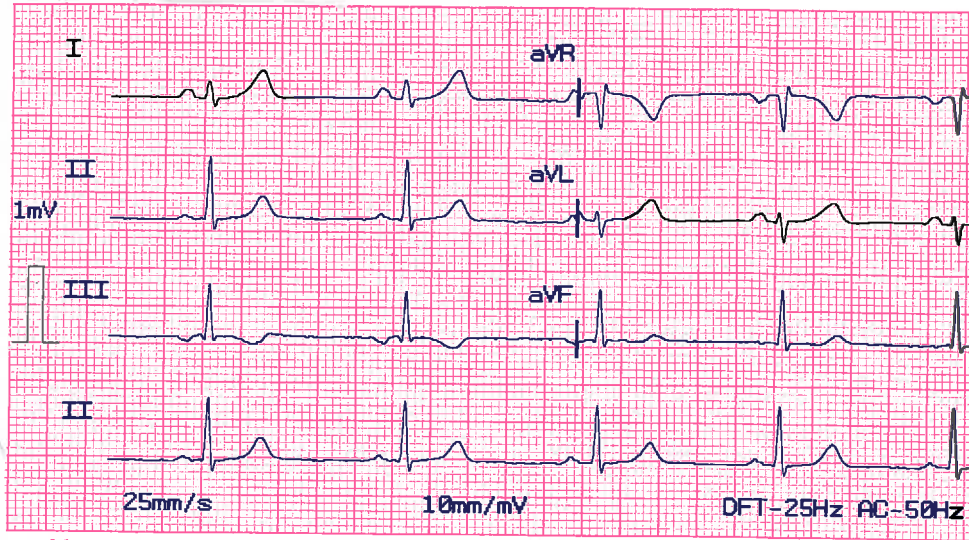
230314M053 / INDEXIM COALINDO-PAKE
MULYANA

TANGGAL

UMUR

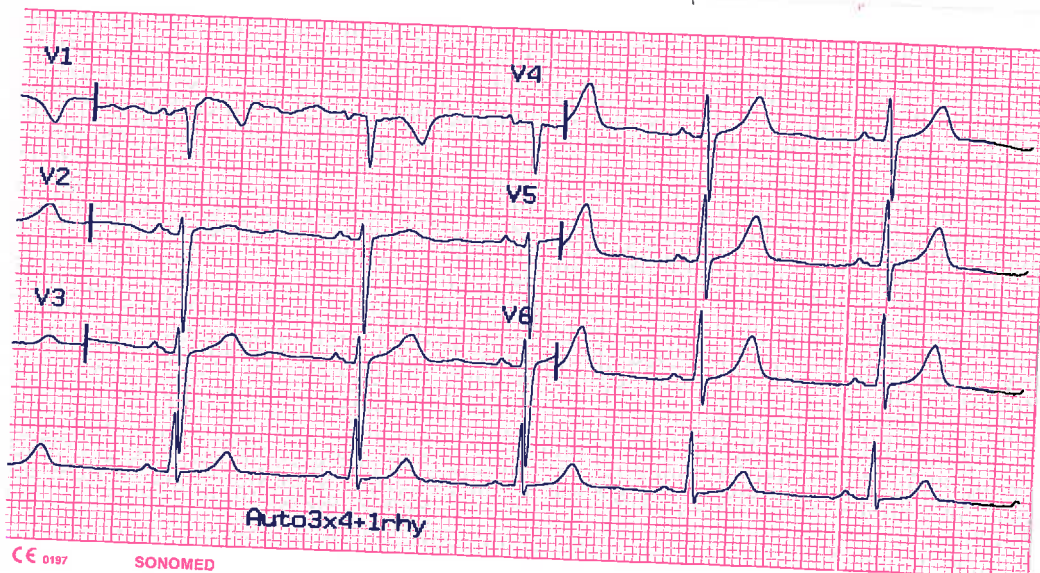
Wanita, 23 T / PT. INDEXIM COALINDO
ANN INDEXIM COALINDO-PAKE TIDAK BICE

PERUSAHAAN



CE 0197

SONOMED



CE 0197

SONOMED

CE 0197

KESIMPULAN :

DALAM BATAS NORMAL

CARDIOLOGIST