

DAFTAR PUSTAKA

- Aquaro G.D., De Gori C., Grilli G., Licordari R., Barison A., Todiere G., Ianni U., Parollo M., Grigoratos C., Restivo L., De Luca A., Faggioni L., Cioni D., Sinagra G., Di Bella G., Neri E. 2023. Dark papillary muscle sign : a novel prognostic marker for cardiac magnetoc resonance. *European Radiology*. 33. Pp : 4621 - 4636
- Baert A.L., Reiser M.F., Hricak H., Knauth M. 2012. Clinical cardiac MRI 2nd Edition. Springer Heidelberg New York Dordrecht London
- Bell D.J., Murphy A., Mellam Y., Lander B.J., Feger J., Foster T., Lorente E. 2023. Cardiac Ischemia Protocol (MRI). Reference article. *Radiopaedia.org*. (Accessed on 1 Dec 2023) Available from : <https://doi.org/10.53347/rID-87326>
- Bogun F., Desjardins B., Crawford T., Good E., Jongnarangsin K., Oral H., Chugh A., Pelosi F., Morady F. 2008. Post-infarction ventricular arrhythmias originating in papillary muscles. *Journal of the American College of Cardiology*. 51 (18). Pp : 1794 – 1802
- Carrascosa P.M., Capunay C.M., Deviggiano A., Rodriguez-Granillo G.A. 2019. Clinical atlas of cardiac and aortic CT and MRI. Springer. Switzerland
- Cha Y., Lee G.K., Klarich K.W., Grogan M. 2012. Premature ventricular contraction – induced cardiomyopathy. *Circ Arrhythm Electrophysiol*. 5. Pp : 229 - 236
- Chieng R., Gaillard F. 2023. Heart. Reference article, *Radiopaedia.org* (Accessed on 12 Nov 2023) Available from : <https://doi.org/10.53347/rID-7366>
- Costa, S., Saguner, A. M., Gasperetti, A., Akdis, D., Brunckhorst, C., & Duru, F. (2021). The Link Between Sex Hormones and Susceptibility to Cardiac Arrhythmias: From Molecular Basis to Clinical Implications. *Frontiers in Cardiovascular Medicine*. <https://doi.org/10.3389/fcvm.2021.644279>
- Dahal P. 2023. Pericardium : Definition, structure, functions, diseases. Human Anatomy and Physiology. *Microbe Notes*. (Accessed on 20 Nov 2023) Available from : <https://microbenotes.com/pericardium-structure-functions/>
- Dahlan S. 2016. Besar sampel dalam penelitian kedokteran dan Kesehatan Seri 2 Edisi 4. *Epidemiologi Indonesi MSD Book*
- Dogan M., Yiginer O., Uz O., Kucuk U., Degirmencioglu G., Isilak Z., Uzun M., Davulcu E. 2016. The Effect of Female Sex Hormones on Ventricular Premtutes Beats and Repolarization Parameters in Physiological Menstrual Cycle. *PACE*. 39. Pp : 418 - 426
- Donnelly J.A., Patel A., Beldner S.J. 2018. Ventricular arrhythmia originating from the left ventricular papillary muscles : Clinical features and technical aspects. *The Journal of Innovation in Cardiac Rhythm Management*. 9 (2). Pp : 3006 – 3013
- Durand M. 2016. Basic processing in cardiovascular MRI : Tips and tricks. *SA Journal of Radiology*. 20 (2). Pp : 1-8. Available from : <http://www.sajr.org.za>
- Elster A.D. 2023. Question and Answer in MRI. (Accessed on 13 Nov 2023) Available from : <https://mriquestions.com/index.html>
- Enriquez A., Supple G., Marchlinski F., Garcia F. 2017. How to map and ablate papillary muscle ventricular arrhythmia. *Heart Rhythm*. Available from : <http://dx.doi.org/10.1016/j.hrthm.2017.06.036>
- Gao M., Chen C., Zhang S., Qian Z., Vannan M., Rinehart S., Metaxas D., Axel L. 2014. Morphological analysis of the papillary muscles and the trabeculae. *International Symposium of Biomedical Imaging*. Pp : 374-376

- Harries I., Liang K., Williams M., Berlot B., Biglino G., Lancelotti P., Plana J.C., Buciarelli-Ducci C. 2020. Magnetic resonance imaging to detect cardiovascular effect of cancer therapy. *JACC : Cardiooncology*. 2(2).Pp : 270 – 292
- Harris P., Lysitsas D. 2016. Ventricular arrhythmias and sudden cardiac death. *BJA Education*. 16 (7). Pp : 221-229
- Ho S.Y. 2009. Anatomy and myoarchitecture of the left ventricular wall in normal and in disease. *European Journal of Echocardiography*. 10. Pp: 113-117
- Jo Y., Kim J., Park C.H., Lee J.W., Hur J.Y., Yang D.H., Lee B.Y., Im D.J., Hong S.J., Kim E.Y., Park E., Kim P.K., Yong H.S. 2019. Guideline for cardiovascular magnetic resonance imaging from The Korean Society of Cardiovascular Imaging – Part 1 : Standardized Protocol. *Korean Journal of Radiology*. 20(9). Pp: 13113-1333. (Accessed on 2 Dec 2023) Available from : <https://doi.org/10.3348/kjr.2019.0398>
- Kautzner J., Peichl P. 2019. Papillary muscle ventricular tachycardia or ectopy : Diagnostic, catheter ablation and the role of intracardiac echocardiography. *Radcliffe Cardiology*. Pp : 65 – 69
- Kawel-Boehm N., Hetzel S.J., Ambale-Venkatesh, Captur G., Francois C.J., Jerosch-Herold M., Salerno M., Teague S.D., Valsangiacomo-Buechel E., Van der Geest R.J., Bluemke D.A. 2021. Reference ranges (“normal values”) for cardiovascular magnetic resonance (CMR) in adults and children : 2020 Update. *Journal of Cardiovascular magnetic Resonance*. 22(87). Pp : 1-63
- Kenney W.L., Wilmore J.H., Costill D.L. 2012. Physiology of sport and exercise. 5th Edition. *Human Kinetics*. USA
- Kim M., You S., Ha T., Kim T.H., Kang D.K. 2023. Effect of papillary muscle and trabeculae on left ventricular function analysis via computed tomography. *Medicine*. 102 (46). Pp : 1-9
- Knipe H., Worsley C., Nicoletti D. 2013. Innervation of the heart. *Reference article, Radiopaedia.org*. Available from : <https://doi.org/10.5334/rID-26402>
- Kolias T.J., Edvardsen T. 2016. Beyond ejection fraction. *JACC Cardiovascular Imaging*. 9(8). Pp : 922-923
- Koo T.K., Li M.Y. 2016. A Guideline of selecting and reporting intraclass correlation coefficients for reliability research. *Journal of Chiropractic Medicine*. 15. Pp 155 – 163
- Kozor, R., Callaghan, F., Tchan, M., Hamilton-Craig, C., Figtree, G. A., & Grieve, S. M. 2015. A disproportionate contribution of papillary muscles and trabeculations to total left ventricular mass makes choice of cardiovascular magnetic resonance analysis technique critical in Fabry disease. *Journal of Cardiovascular Magnetic Resonance*, 17(1). <https://doi.org/10.1186/s12968-015-0114-4>
- Kramer C.M., Barkhausen J., Bucciarelli-Ducci C., Flamm S.D., Kim R.J., Nagel E. 2020. Standardized cardiovascular magnetic resonance imaging (CMR) protocols : 2020 Update. *Journal of Cardiovascular Magnetic Resonance*. 22:17 (Accessed on 2 Dec 2023) Available from : <https://scmr.org/page/guidelines>
- Lin A.N., Shirai Y., Liang J.J., Chen S., Kochar A., Hyman M.C., Santangeli P., Schaller R.D., Frankel D.S., Arkles J.S., Kumareswaran R., Garcia F.C., Riley M.P., Nazarian S., Lin D., Zado E.C., Callans D.J., Marchlinski F.E., Supple G.E., Dixit S. 2020. Strategies for catheter ablation of left ventricular papillary muscle arrhythmias. *JACC : Clinical Electrophysiology*. 6 (11). Pp : 1381 - 1392
- Lin L., Su M.M., Pham V., Tran T., Wang Y.H., Tseng W.I., Lo M., Lin J. 2016. Endocardial remodelling in heart failure patient with impaired and preserved left ventricular systolic function – A Magnetic Resonance Imaging study. *Scientific Reports*. Pp : 1-8. Available from : [Scientific Reports \(nature.com\)](https://www.nature.com/scientificreports/)

- Michler K., Hessman C., Prummer M., Achenbach S., Uder M., Janka R. 2023. Cardiac MRI : An alternative method to determine the left ventricular function. *Diagnostics*. 13(1437). Pp : 1-11
- Mike. 2019. Mitral valve anatomy. *Echo Boards Academy*. Available from : <https://www.echoboardsacademy.com/mitral-valve-anatomy-transesophageal-echo/>
- Mirza, M., Strunets, A., Shen, W. K., & Jahangir, A. 2012. Mechanisms of Arrhythmias and Conduction Disorders in Older Adults. *Clinics in Geriatric Medicine*. <https://doi.org/10.1016/j.cger.2012.08.005>
- Naganuma T., Mori H., Tsutsui K., Yamazaki H., Kato R. 2022. Premature ventricular contraction originating from a papillary muscle – chordae transition inside the left ventricle. *Journal of Arrhythmia*. Pp : 809 – 812
- Niwano S., Wakisaka Y., Niwano H., Fukaya H., Kurokawa S., Kiryu M., Hatakeyama Y., Izumi T. 2009. Prognostic significance of frequent premature ventricular contractions originating from teh ventricular outflow tract in patients with normal left ventricular function. *Heart*. 95. Pp : 1230 – 1237
- Park E., Lee W., Kim H., Chung J.W. 2015. Effect of papillary muscle and trabeculae on left ventricular measurement using cardiovascular magnetic resonance imaging in pateients with hypertrophic cardiomyopathy. *Korean Journal of Radiology*. 16 (1). Pp : 4 – 12
- Rajiah P., Fulton N.L., Bolen M. 2019. Magnetic resonance imaging of the papillary muscle of the left ventricle : normal anatomy, variants, and abnormalities. *Insight to Imaging*. 10 (83). Pp : 1-17
- Sastroasmoro, S., Ismael. 2014. Dasar-dasar Metodologi Penelitian, 4th edition. *Sagung Seto*, Jakarta, pp. 55-57
- Schulz-Menger J., Bluemke D.A., Bremerich J., Flamm S.D., Fogel M.A., Friedrich M .G., Kim R.J., Knobelsdorff-Brenkenhoff F.V., Kramer C.M., Pennel D.J., Plein S., Nagel E. 2020. Standardized image interpretation and post-processing in cardiovascular magnetic resonance – 2020 Update. Society for Cardiovascular Magnetic Resonance (SCMR) : Board of Trustee Task Force on Standardized Post-Processing. *Journal of Cardiovascular Magnetic Resonance*. 22 (19). Pp:1-22
- Schleifer J.W., Srivathsan K. 2013. Ventricular arrhythmias state of art. *Cardiol Clin..* 31. Pp : 595 – 605
- Quick S., Waessnig N., Sommer P., Heidrich F.M., Pfluecke C., Ibrahim K., Strasser R., Speiser U., Wiedemann S. 2017. Impact of papillary muscles on ventricular function measurement in 3T cardiac magnetic resonance. *Cor et Vasa*. Pp : e142-e148. Available from : <http://www.elsevier.com/locate/crvasa>
- Van der Geest R.J., Buller V.G.M., Jansen E., Lamb H.J., Baur L.H.B., Van der Wall E.E., Roos A. Reiber J.H. 1997. Comparison between manual and semiautomated analysis of left ventricular volume parameters from short-axis MR images. *Cardiopulmonary Imaging Journal of Computed Assisted Tomography*. 21(5) pp.756-765
- Wang S., Jia T., Liu G., Lu X., Yang Q., Zhu C. 2022. Mapping the research trends and hot topics of ventricular arrhythmia : A bibliometric analysis from 2001 to 2020. *Frontiers in Cardiovascular Medicine*. Pp : 1 -16
- Weinsaft J.W., Cham M.D., Janik M., Min J.K., Henschke C.I., Yankelevitz D.F., Devereux R.B. 2008. Left ventricular papillary muscle and trabeculae are signifcant determinants of cardiac MRI volumetric measurements : Effect on clinical standards in patients with systolic dysfunction. *International Journal of Cardiology*. 126. Pp : 359 – 365

- Whiteman S., Alimi Y., Carrasco M., Gielecki J., Zurada A., Loukas M. 2021. Anatomy of the cardiac chambers : A review of the left ventricle. *Translation Research in Anatomy* 23. Pp : 1-9
- Zeppenfeld K., Tfelt-Hansen J., de Riva M., Winkel B.G., Behr E.R., Blom N.A., Charron P., Corrado D., Dagres N., de Chillou C., Eckardt L., Friede T., Haugaa K.H., Hocini M., Lambiase P.D., Marijon E., Merino J.L., Peichi P., Priori S.G., Reichlin T., Schulz-Menger J., Sticherling C., Tzeis S., Verstrael A., Volterrani M. 2023. 2022 ESC Guidelines for the management of patients with ventricular arrhythmias and the prevention of sudden cardiac death. *European Heart Journal*. 43. Pp : 3997 – 4126

LAMPIRAN

1. Intraclass Coefficient Correlation (ICC)

Intraclass Correlation Coefficient

	Intraclass Correlation	95% Confidence Interval		F Test with True Value 0			
		Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.998	.993	1.000	1113.775	8	9	.000
Average Measures	.999	.996	1.000	1113.775	8	9	.000

One-way random effects model where people effects are random.

Intraclass Correlation Coefficient

	Intraclass Correlation	95% Confidence Interval		F Test with True Value 0			
		Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.997	.989	.999	717.851	8	9	.000
Average Measures	.999	.994	1.000	717.851	8	9	.000

One-way random effects model where people effects are random.

Intraclass Correlation Coefficient

	Intraclass Correlation	95% Confidence Interval		F Test with True Value 0			
		Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.996	.984	.999	513.489	8	9	.000
Average Measures	.998	.992	1.000	513.489	8	9	.000

One-way random effects model where people effects are random.

Intraclass Correlation Coefficient

	Intraclass Correlation	95% Confidence Interval		F Test with True Value 0			
		Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.989	.956	.997	182.111	8	9	.000
Average Measures	.995	.977	.999	182.111	8	9	.000

One-way random effects model where people effects are random.

Intraclass Correlation Coefficient

	Intraclass Correlation	95% Confidence Interval		F Test with True Value 0			
		Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.984	.935	.996	121.944	8	9	.000
Average Measures	.992	.966	.998	121.944	8	9	.000

One-way random effects model where people effects are random.

Intraclass Correlation Coefficient

	Intraclass Correlation	95% Confidence Interval		F Test with True Value 0			
		Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.970	.884	.993	66.464	8	9	.000
Average Measures	.985	.938	.997	66.464	8	9	.000

One-way random effects model where people effects are random.

2. Karakteristik data sampel

Usia_kat

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	2	3.7	7.4	7.4
	2.00	6	11.1	22.2	29.6
	3.00	10	18.5	37.0	66.7
	4.00	8	14.8	29.6	96.3
	5.00	1	1.9	3.7	100.0
	Total	27	50.0	100.0	
Missing	System	27	50.0		
Total		54	100.0		

Jenis_Kelamin

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Laki-laki	9	16.7	33.3	33.3
	Perempuan	18	33.3	66.7	100.0
	Total	27	50.0	100.0	
Missing	System	27	50.0		
Total		54	100.0		

3. Analisis statistik

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
EDV	Equal variances assumed	.042	.838	.745	52	.460	3.82963	5.14179	-6.48812	14.14738
	Equal variances not assumed			.745	51.927	.460	3.82963	5.14179	-6.48846	14.14772
ESV	Equal variances assumed	.146	.704	2.345	52	.023	7.06667	3.01301	1.02062	13.11271
	Equal variances not assumed			2.345	51.873	.023	7.06667	3.01301	1.02027	13.11307
EF	Equal variances assumed	.079	.780	-3.573	52	.001	-6.14815	1.72080	-9.60120	-2.69510
	Equal variances not assumed			-3.573	51.719	.001	-6.14815	1.72080	-9.60164	-2.69465

Descriptives

Kelompok				Statistic	Std. Error
EDV	Inklusi	Mean		93.3370	3.70311
		95% Confidence Interval for Mean	Lower Bound	85.7252	
			Upper Bound	100.9489	
		5% Trimmed Mean		92.5350	
		Median		91.6000	
		Variance		370.252	
		Std. Deviation		19.24192	
		Minimum		54.20	
		Maximum		152.20	
		Range		98.00	
		Interquartile Range		18.10	
		Skewness		.840	.448
		Kurtosis		2.475	.872
	Eksklusi	Mean		89.5074	3.56721
		95% Confidence Interval for Mean	Lower Bound	82.1749	
			Upper Bound	96.8399	
		5% Trimmed Mean		88.5920	
		Median		88.4000	
		Variance		343.574	
		Std. Deviation		18.53574	
		Minimum		54.00	
		Maximum		148.00	
		Range		94.00	
		Interquartile Range		17.90	
		Skewness		.944	.448
		Kurtosis		2.868	.872
ESV	Inklusi	Mean		40.9407	2.18268
		95% Confidence Interval for Mean	Lower Bound	36.4542	
			Upper Bound	45.4273	
		5% Trimmed Mean		40.3239	
		Median		40.6000	
		Variance		128.630	
		Std. Deviation		11.34153	
		Minimum		22.10	
		Maximum		75.50	
		Range		53.40	
		Interquartile Range		10.40	
		Skewness		.817	.448
		Kurtosis		2.141	.872
	Eksklusi	Mean		33.8741	2.07705
		95% Confidence Interval for Mean	Lower Bound	29.6046	
			Upper Bound	38.1435	
		5% Trimmed Mean		33.0198	
		Median		32.8000	
		Variance		116.482	
		Std. Deviation		10.79268	
		Minimum		17.10	
		Maximum		70.90	
		Range		53.80	
		Interquartile Range		13.00	
		Skewness		1.438	.448
		Kurtosis		4.419	.872

EF	Inklusi	Mean		56.3333	1.26085
		95% Confidence Interval for Mean	Lower Bound	53.7416	
			Upper Bound	58.9250	
		5% Trimmed Mean		56.1235	
		Median		55.0000	
		Variance		42.923	
		Std. Deviation		6.55157	
		Minimum		46.00	
		Maximum		72.00	
		Range		26.00	
		Interquartile Range		10.00	
		Skewness		.511	.448
		Kurtosis		-.201	.872
	Eksklusi	Mean		62.4815	1.17108
		95% Confidence Interval for Mean	Lower Bound	60.0743	
			Upper Bound	64.8887	
		5% Trimmed Mean		62.2860	
		Median		61.0000	
		Variance		37.028	
		Std. Deviation		6.08510	
		Minimum		52.00	
		Maximum		77.00	
		Range		25.00	
		Interquartile Range		8.00	
		Skewness		.570	.448
		Kurtosis		-.257	.872

Tests of Normality

Kelompok		Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
EDV	Inklusi	.154	27	.098	.944	27	.151
	Eksklusi	.174	27	.035	.930	27	.070
ESV	Inklusi	.122	27	.200*	.942	27	.133
	Eksklusi	.155	27	.093	.890	27	.008
EF	Inklusi	.136	27	.200*	.963	27	.440
	Eksklusi	.152	27	.112	.956	27	.301

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

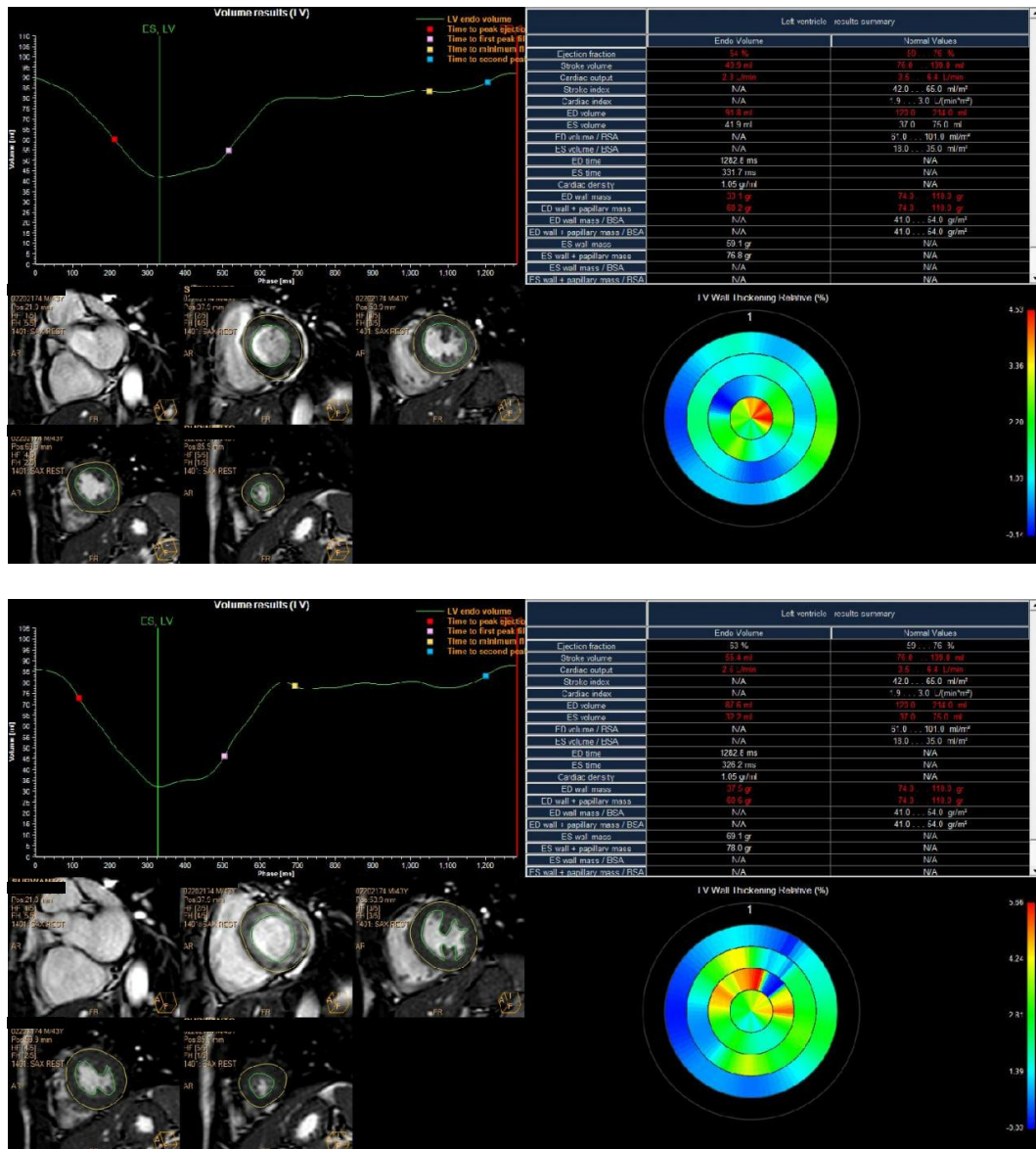
Descriptives

			Statistic	Std. Error
Inkl_EDV_1	Mean		99.4333	4.29273
	95% Confidence Interval for Mean	Lower Bound	89.5343	
		Upper Bound	109.3324	
	5% Trimmed Mean		99.5704	
	Median		100.8000	
	Variance		165.848	
	Std. Deviation		12.87818	
	Minimum		80.40	
	Maximum		116.00	
	Range		35.60	
	Interquartile Range		24.45	
	Skewness		.035	.717
	Kurtosis		-1.448	1.400
Inkl_EDV_2	Mean		99.1000	4.35938
	95% Confidence Interval for Mean	Lower Bound	89.0473	
		Upper Bound	109.1527	
	5% Trimmed Mean		99.2278	
	Median		101.3000	
	Variance		171.037	
	Std. Deviation		13.07813	
	Minimum		80.40	
	Maximum		115.50	
	Range		35.10	
	Interquartile Range		25.30	
	Skewness		.051	.717
	Kurtosis		-1.627	1.400
Eks_EDV_1	Mean		94.1111	4.26355
	95% Confidence Interval for Mean	Lower Bound	84.2793	
		Upper Bound	103.9429	
	5% Trimmed Mean		94.1512	
	Median		92.8000	
	Variance		163.601	
	Std. Deviation		12.79066	
	Minimum		75.50	
	Maximum		112.00	
	Range		36.50	
	Interquartile Range		23.55	
	Skewness		.145	.717
	Kurtosis		-1.211	1.400
Eks_EDV_2	Mean		93.7556	4.04262
	95% Confidence Interval for Mean	Lower Bound	84.4332	
		Upper Bound	103.0779	
	5% Trimmed Mean		93.7840	
	Median		92.0000	
	Variance		147.085	
	Std. Deviation		12.12787	
	Minimum		76.00	
	Maximum		111.00	
	Range		35.00	
	Interquartile Range		21.80	
	Skewness		.154	.717
	Kurtosis		-1.067	1.400

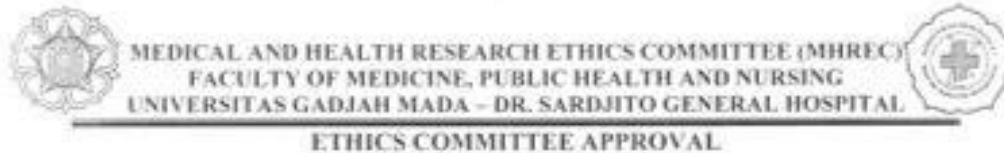
Ink_ESV_1	Mean		43.6444	2.11431
	95% Confidence Interval for Mean	Lower Bound	38.7688	
		Upper Bound	48.5201	
	5% Trimmed Mean		43.5105	
	Median		42.0000	
	Variance		40.233	
	Std. Deviation		6.34293	
	Minimum		35.30	
	Maximum		54.40	
	Range		19.10	
	Interquartile Range		9.90	
	Skewness		.519	.717
	Kurtosis		-.801	1.400
Ink_ESV_2	Mean		43.5778	2.13332
	95% Confidence Interval for Mean	Lower Bound	38.6583	
		Upper Bound	48.4972	
	5% Trimmed Mean		43.3975	
	Median		43.0000	
	Variance		40.959	
	Std. Deviation		6.39996	
	Minimum		35.70	
	Maximum		54.70	
	Range		19.00	
	Interquartile Range		10.35	
	Skewness		.558	.717
	Kurtosis		-.745	1.400
Eks_ESV_1	Mean		35.5778	1.61905
	95% Confidence Interval for Mean	Lower Bound	31.8442	
		Upper Bound	39.3113	
	5% Trimmed Mean		35.4086	
	Median		34.1000	
	Variance		23.592	
	Std. Deviation		4.85715	
	Minimum		30.20	
	Maximum		44.00	
	Range		13.80	
	Interquartile Range		8.05	
	Skewness		.534	.717
	Kurtosis		-1.080	1.400
Eks_ESV_2	Mean		35.3667	1.51529
	95% Confidence Interval for Mean	Lower Bound	31.8724	
		Upper Bound	38.8609	
	5% Trimmed Mean		35.2296	
	Median		33.3000	
	Variance		20.665	
	Std. Deviation		4.54588	
	Minimum		30.10	
	Maximum		43.10	
	Range		13.00	
	Interquartile Range		7.75	
	Skewness		.480	.717
	Kurtosis		-1.140	1.400

Ink_EF_1	Mean		55.5556	1.80363
	95% Confidence Interval for Mean	Lower Bound	51.3964	
		Upper Bound	59.7147	
	5% Trimmed Mean		55.6173	
	Median		56.0000	
	Variance		29.278	
	Std. Deviation		5.41089	
	Minimum		46.00	
	Maximum		64.00	
	Range		18.00	
	Interquartile Range		8.00	
	Skewness		-.186	.717
	Kurtosis		.091	1.400
Ink_EF_2	Mean		55.6667	1.89297
	95% Confidence Interval for Mean	Lower Bound	51.3015	
		Upper Bound	60.0319	
	5% Trimmed Mean		55.6852	
	Median		56.0000	
	Variance		32.250	
	Std. Deviation		5.67891	
	Minimum		46.00	
	Maximum		65.00	
	Range		19.00	
	Interquartile Range		8.50	
	Skewness		-.071	.717
	Kurtosis		-.015	1.400
Eks_EF_1	Mean		61.5556	1.30289
	95% Confidence Interval for Mean	Lower Bound	58.5511	
		Upper Bound	64.5600	
	5% Trimmed Mean		61.3395	
	Median		60.0000	
	Variance		15.278	
	Std. Deviation		3.90868	
	Minimum		58.00	
	Maximum		69.00	
	Range		11.00	
	Interquartile Range		7.00	
	Skewness		.947	.717
	Kurtosis		-.160	1.400
Eks_EF_2	Mean		61.6667	1.10554
	95% Confidence Interval for Mean	Lower Bound	59.1173	
		Upper Bound	64.2161	
	5% Trimmed Mean		61.5741	
	Median		61.0000	
	Variance		11.000	
	Std. Deviation		3.31662	
	Minimum		58.00	
	Maximum		67.00	
	Range		9.00	
	Interquartile Range		6.50	
	Skewness		.455	.717
	Kurtosis		-1.304	1.400

4. Delineasi / *contouring* inklusi dan eksklusi m.papillaris



5. Ethical clearance



Ref. No. : KE/FK/0743/EC/2024

Title of the Research Protocol	1. Perbandingan Keterlibatan <i>Musculus Papillaris</i> dalam Pengukuran Fungsi Ventrikel Kiri pada Kasus <i>Premature Ventricular Contraction</i> dengan MRI Cardiac
Document(s) Approved and version	1. Study Protocol version 01 2024
Principle Investigator	1. Paulina Yessica Pramadita Megaputri
Participating Investigator(s)	1. Dr. dr. Lina Choridah, Sp.Rad(K) PRP. 2. dr. Sudarmanta, Sp.Rad(K) RI.
Date of Approval	1. 27 MAY 2024 (Valid for one year beginning from the date of approval)
Institution(s)/place(s) of research	1. Instalasi Radiologi Diagnostik RSUP Dr. Sardjito Yogyakarta

The Medical and Health Research Ethics Committee (MHREC) states that the document above meets the ethical principle outlined in the International and National Guidelines on ethical standards and procedures for researches with human beings.

The Medical and Health Research Ethics Committee (MHREC) has the right to monitor the research activities at any time.

The investigator(s) is/are obliged to submit:

- ☒ Progress report as a continuing review (state its due time)
- ☒ Report of any serious adverse events (SAE)
- ☒ Final report upon the completion of the study


Prof. dr. Tri Wibawa, Ph.D., Sp.MK(K).
Panel's chairperson


dr. Endy Paryanto, MPH., Sp.A(K).
Panel's secretary

P.S: This letter uses signature scan of the panel's chairperson and Secretary of the Ethics Committee. The hardcopy official letter with authority's signature will be issued when it is possible and are kept as an archive of the Ethics Committee

Validation number:
6656ec5493bb7
(<http://komisietik.ugm.ac.id/validasi/>)



Recognized by Forum for Ethical Review Committees in Asia and the Western Pacific (FERCAP)
27-Mai-24

6. Data sampel pengukuran EDV, ESV, dan EF metode inklusi dan eksklusif m.papillaris

No	Inisial	JK/usia	EDV (ml)		ESV (ml)		EF (%)	
			Inklusif	Eksklusif	Inklusif	Eksklusif	Inklusif	Eksklusif
1	WS	L / 49	115.8	110.8	46.8	38.3	60	65
2	RAK	L / 45	101.3	93.4	54.7	39.5	46	58
3	DL	P / 53	88.6	82.4	42.0	32.8	53	60
4	SA	P / 54	91.6	91.0	42.4	31.4	54	66
5	RSY	P / 53	101.1	95.1	46.2	39.9	54	58
6	NL	P / 42	91.5	88.4	36.4	30.1	60	66
7	CYA	P / 31	91.2	90.4	41.1	38.5	55	57
8	RA	P / 52	96.8	95.6	37.0	32.8	62	66
9	SUR	L / 43	91.8	87.6	41.9	32.2	54	63
10	PRI	P / 59	152.2	148.0	75.5	70.9	50	52
11	AL	P / 45	93.6	89.5	36.9	25.6	61	71
12	SW	P / 53	77.4	75.8	22.1	17.1	72	77
13	SUP	P / 62	70.0	67.6	23.9	20.0	66	70
14	MAH	L / 40	87.8	86.3	47.8	36.1	46	58
15	SON	P / 24	83.6	77.7	40.6	31.4	51	60
16	JP	L / 38	98.7	94.5	50.7	40.6	49	57
17	IND	L / 49	73.7	63.4	30.6	24.0	58	62
18	ADS	P / 40	83.0	82.8	37.2	33.8	55	59
19	ARK	L / 32	116.0	111.3	51.1	43.6	56	61
20	FWY	P / 38	80.4	75.8	38.8	30.1	51	60
21	SK	P / 51	54.2	54.0	27.4	24.3	49	55
22	AS	L / 54	101.0	96.2	46.0	39.3	54	59
23	IPW	P / 27	119.7	113.5	55.9	51.0	53	55
24	KAA	P / 48	88.9	87.5	38.5	33.8	57	61
25	SR	P / 45	66.3	65.9	24	18.2	64	72
26	SUR	L / 44	111.3	104.9	38.7	33.0	65	69
27	AAS	P / 48	92.6	87.3	31.2	26.3	66	70