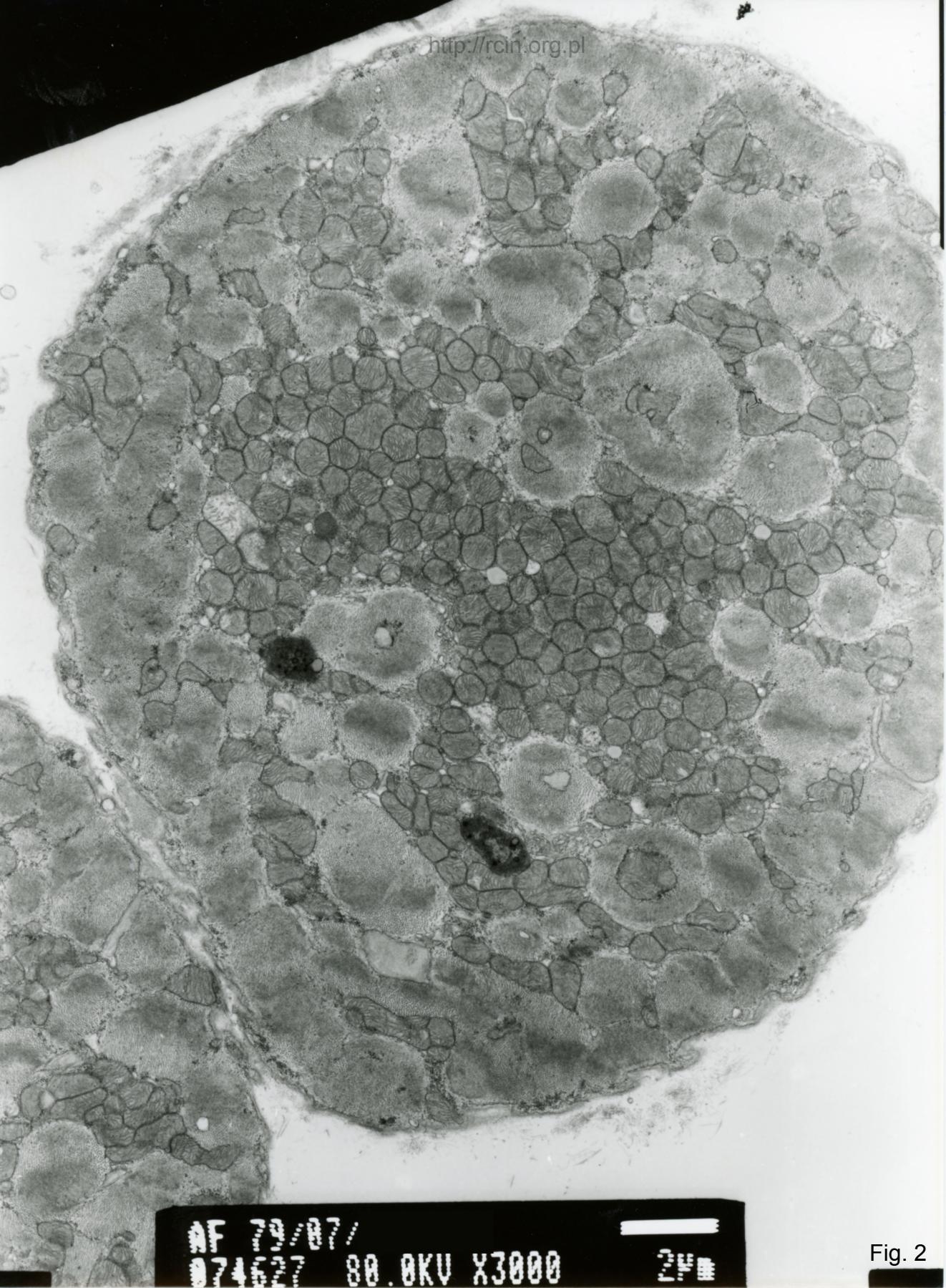


AF 79/07/SERCE
074578 80.0KV X3000

24

Fig. 1

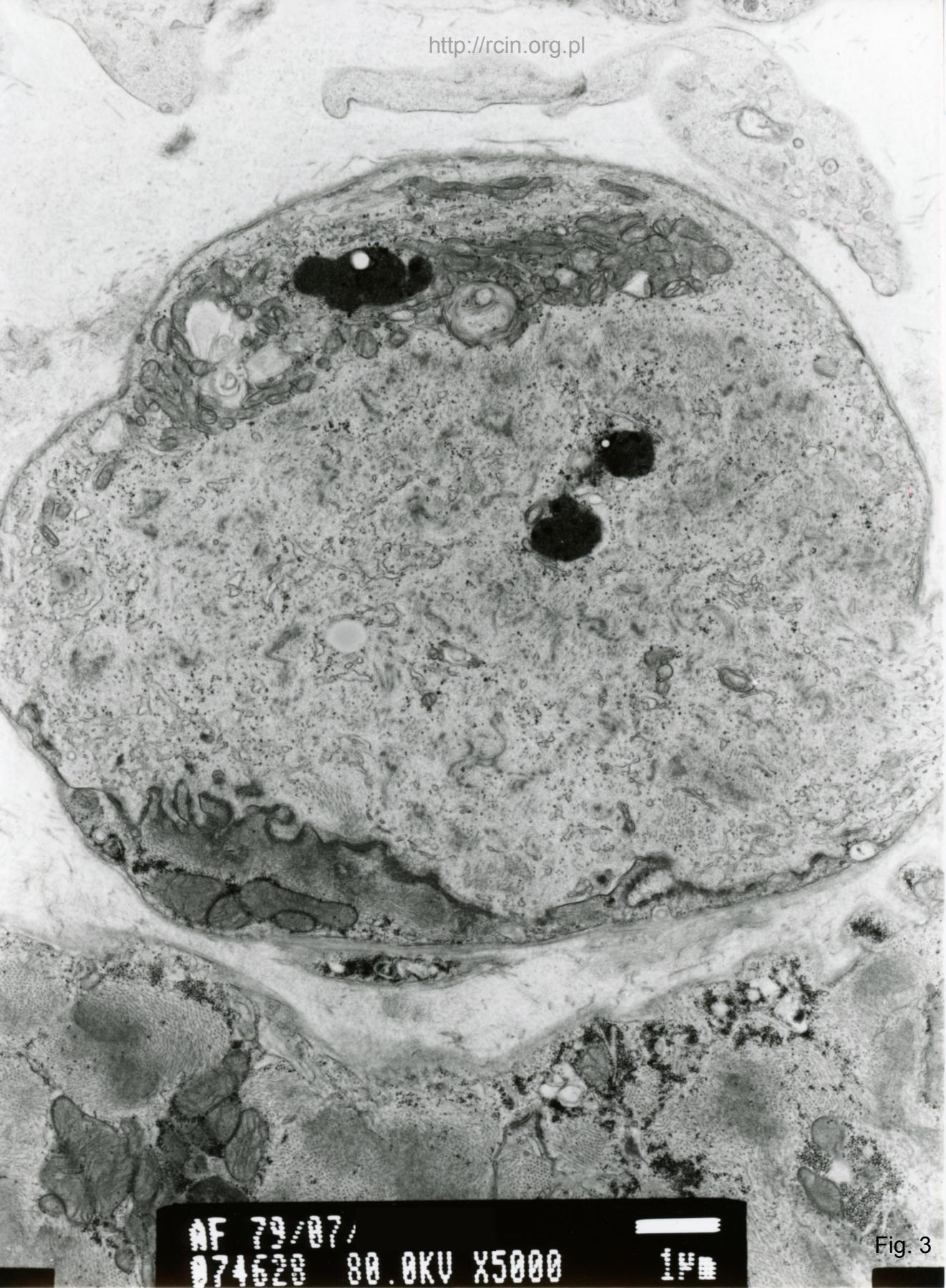


AF 79/87/

074627 80.0KV X3000

24

Fig. 2



AF 73/87/
074628 80.0KV X5000

1FB

Fig. 3

AF 79/87/SERCE
074599 88.0KV X2500

2μm

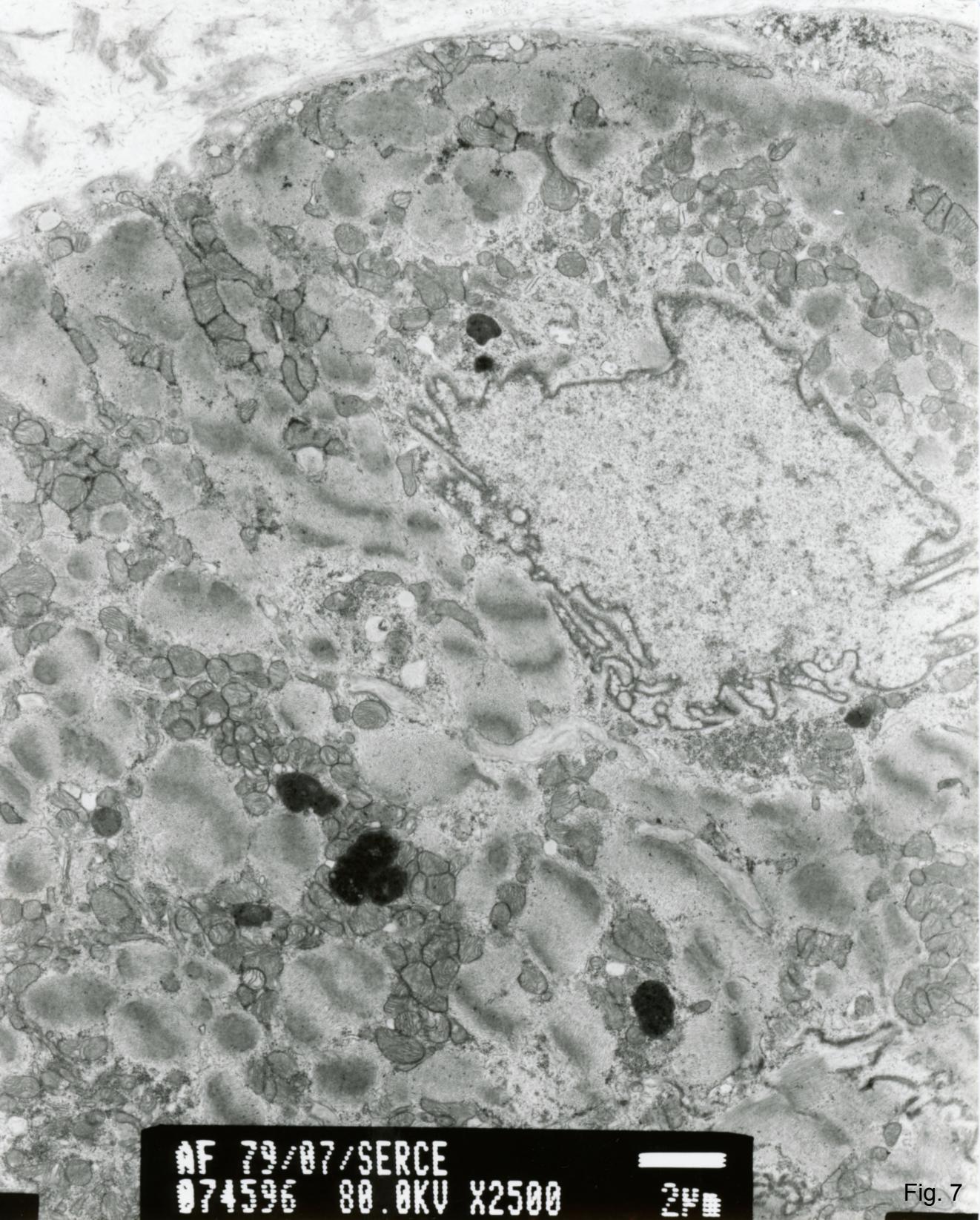
Fig. 4

AF 79/87/SERCE
974593 80.0KV X4000

24

Fig. 5

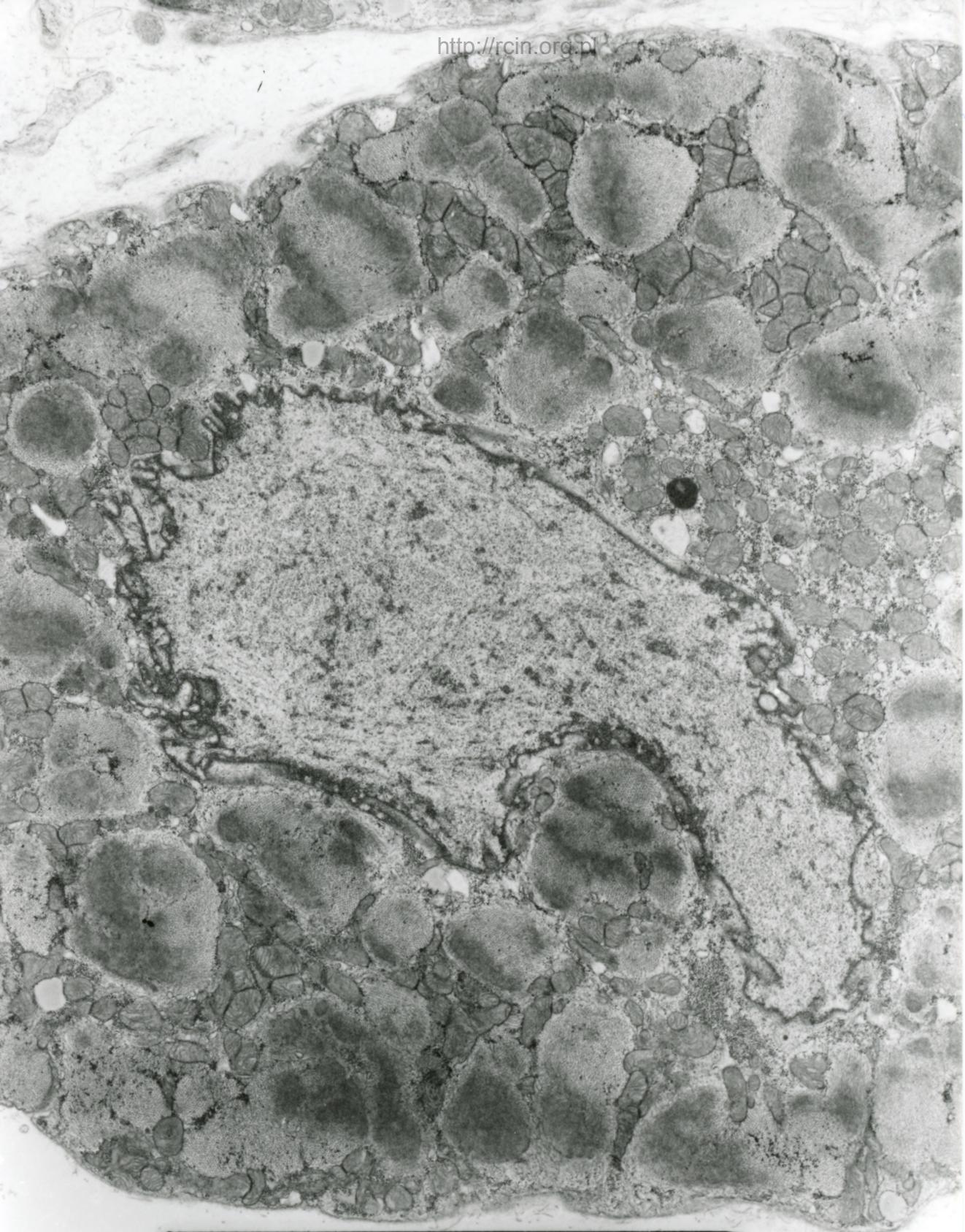
AF 79/07/SERCE
074595 80.0KV X2500 2μm



AF 79/87/SERCE
074596 80.0KV X2500

2μm

Fig. 7



AF 79/87/

074629 88 OKU X3000

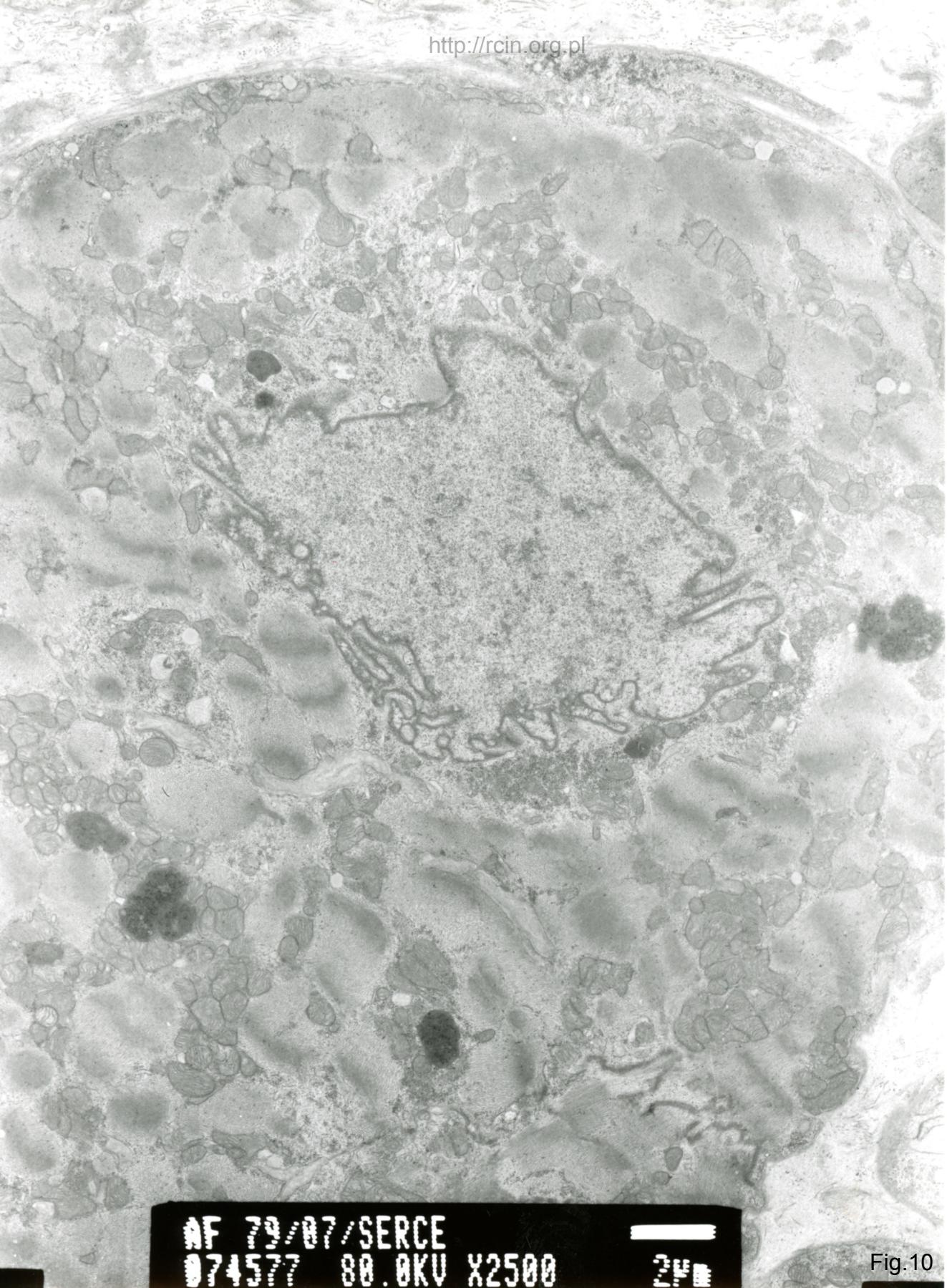
2μm

Fig. 8

AF 79/87/SERCE
074579 88.0KV X5000

1μm

Fig. 9



AF 79/87/SERCE
074577 80.0KV X2500

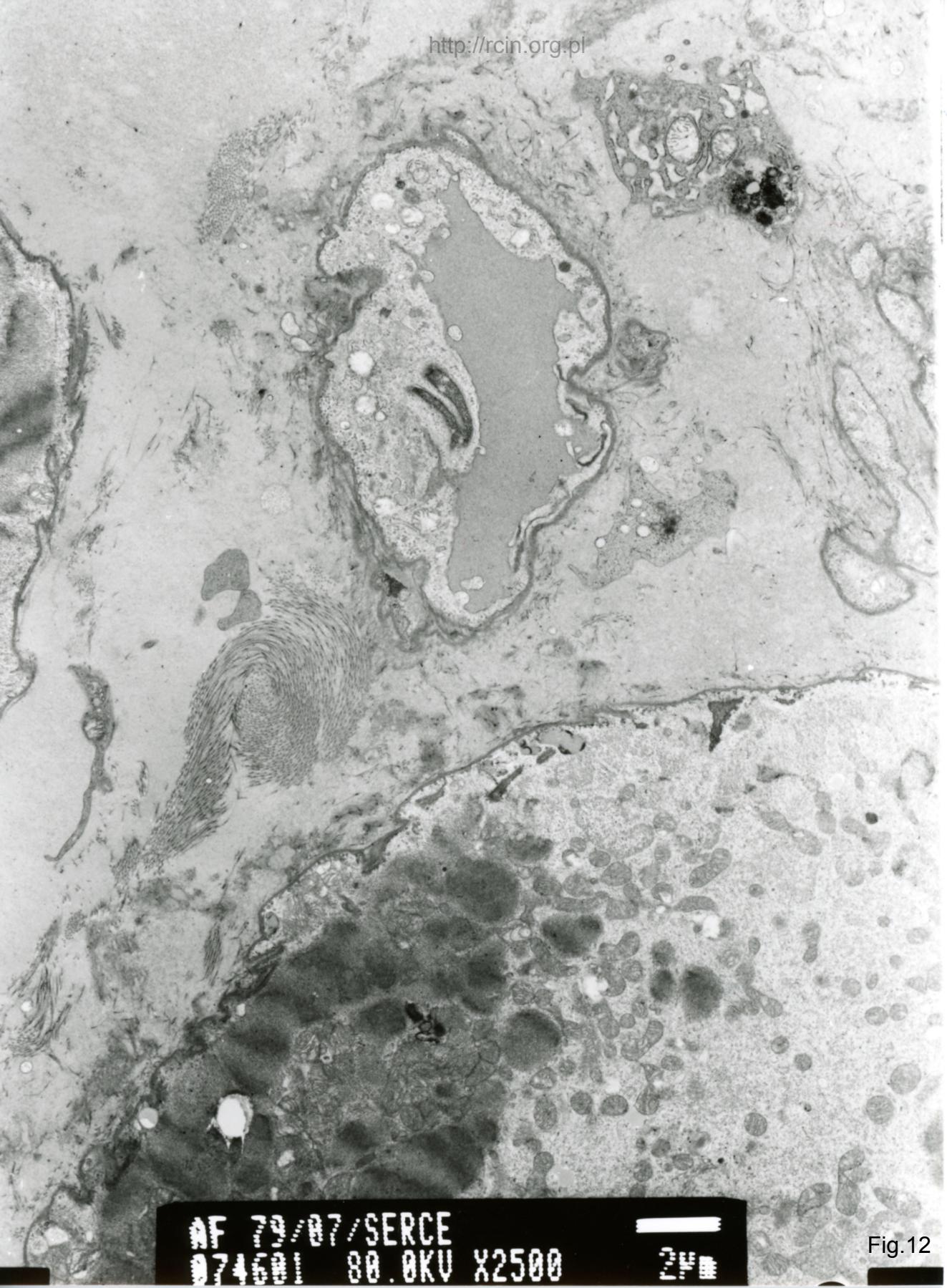
2μm

Fig.10

AF 79/87/SERCE
074588 80.0KV X3000

2μm

Fig.11



AF 73/87/SERCE
024681 88.BKV X2500

24

Fig.12

79/07

1. 41

Kardiomiopatia rozstrzeniowa

W ocenie ultrastrukturalnej widoczne ogniskowo zaburzenia w przebiegu miofilamentów i ich dezorganizacja (Fig. 1, 2,3,4,5). Jądra kardiomiocytów charakteryzują się nieregularnym kształtem (Fig. 6,7,8,9,10). W przestrzeni zewnątrzkomórkowej obecne są liczne naczynia kapilarne. Śródbłonki tych naczyń posiadają cechy nekrozy (Fig. 11,12).

Dilated cardiomyopathy

Ultrastructural analysis showed focal changes in the course of myofilaments and their disorganization (Figs. 1, 2,3,4,5). Cardiomyocyte nuclei were characterized by irregular shape (Figs. 6,7,8,9,10). In the extracellular space numerous capillaries were present. Endothelial cells of these vessels revealed features of necrosis (Figs. 11, 12).