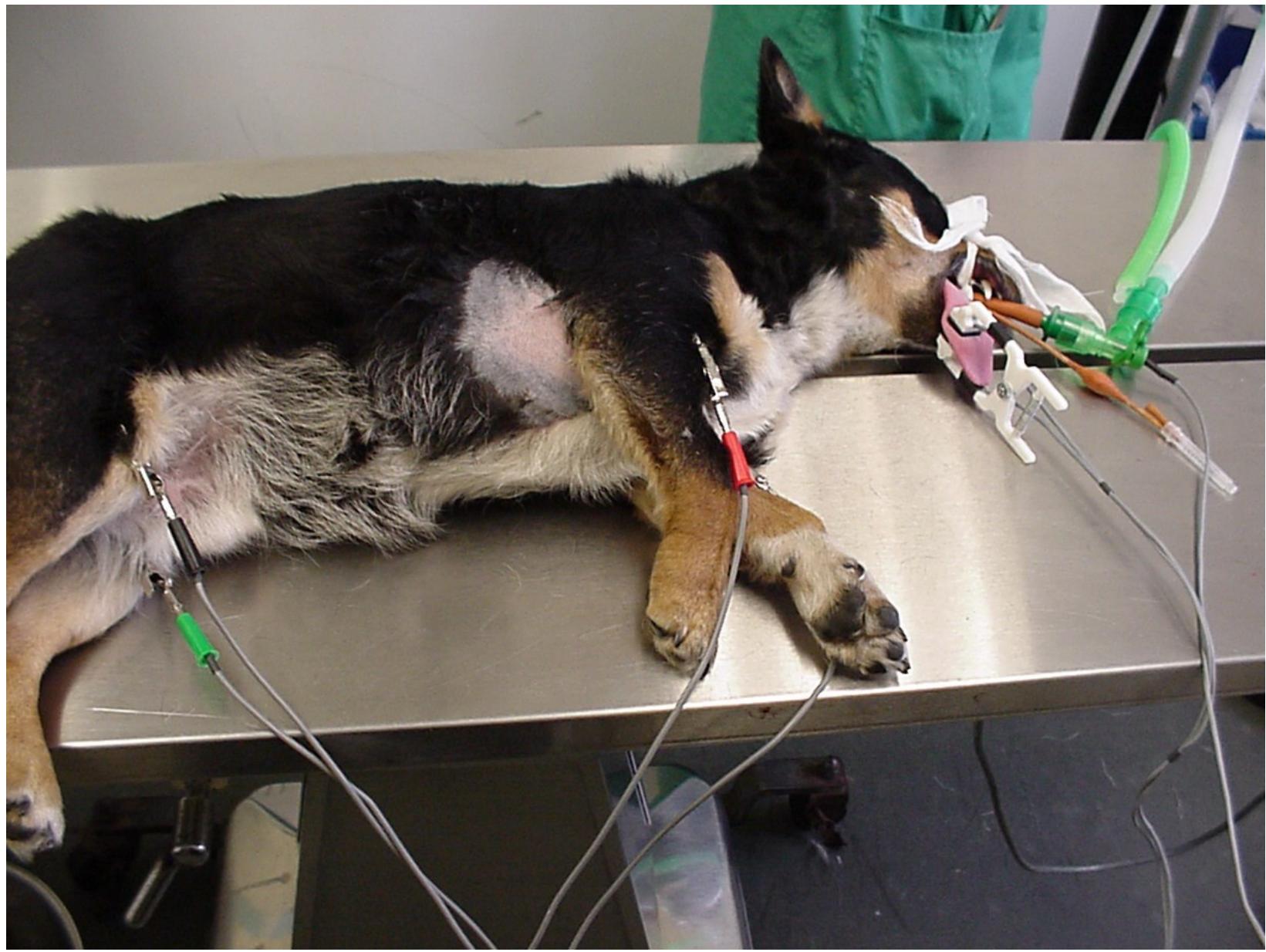
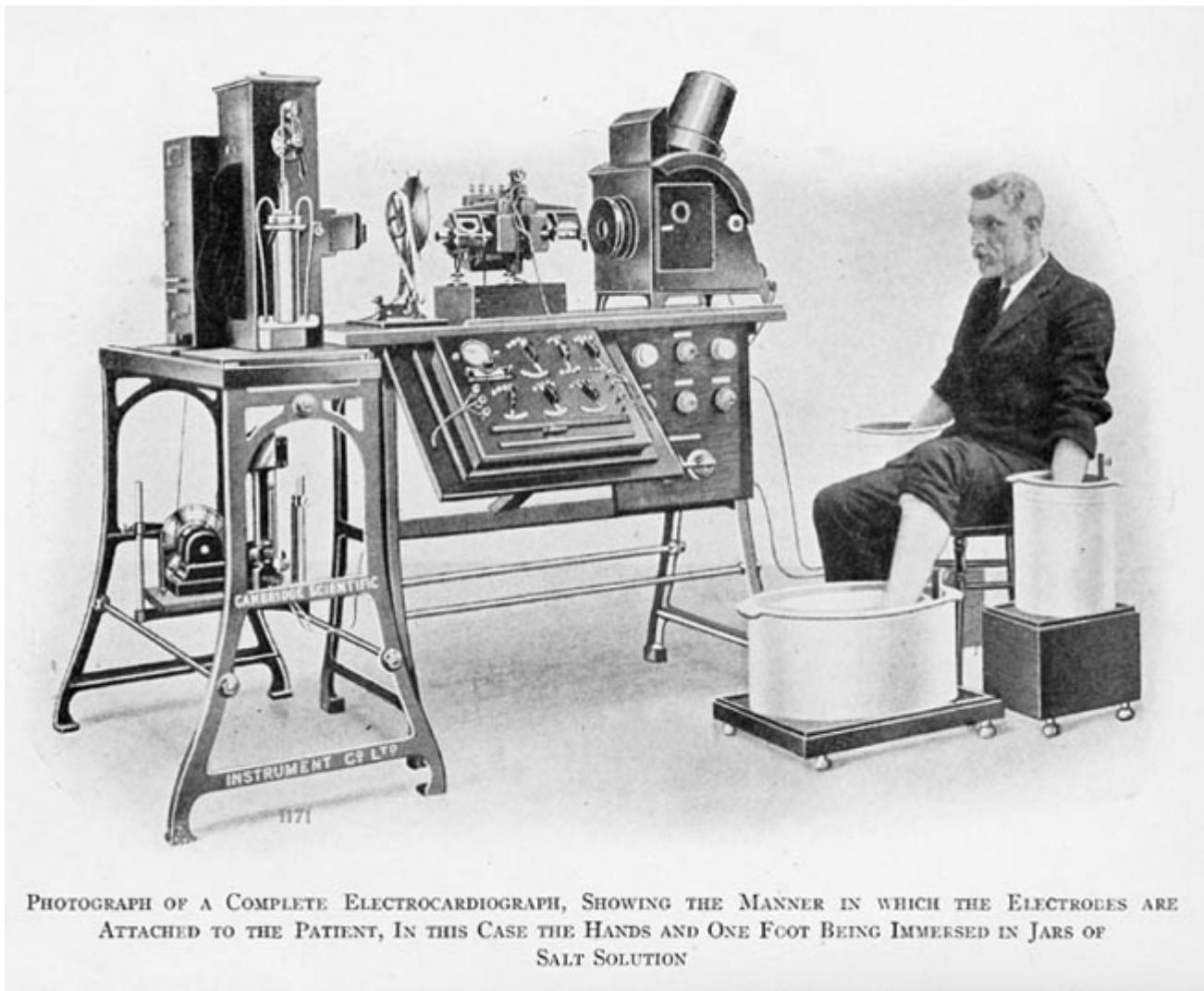




Elektro Cardio Graphy







PHOTOGRAPH OF A COMPLETE ELECTROCARDIOGRAPH, SHOWING THE MANNER IN WHICH THE ELECTRODES ARE ATTACHED TO THE PATIENT, IN THIS CASE THE HANDS AND ONE FOOT BEING IMMERSSED IN JARS OF SALT SOLUTION

User	custo med GmbH	10.06.2013	14:52	?	_	X
Patient	Doe John		15.04.1982 (31 Y.)			
Examination	Resting ECG	Evaluation of	10.06.2013 14:50			▼

HR 75 Channel

12 Channel

mm/mV

0 ▲

15.04.1982 (31 Y.)



Heart Anatomy

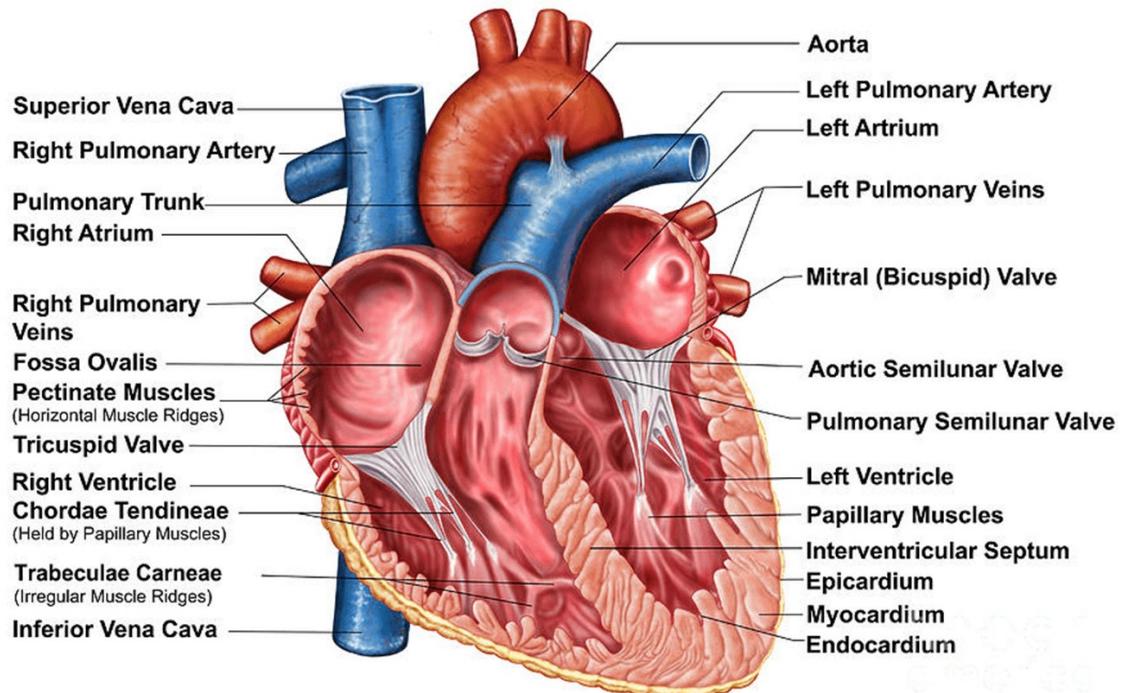
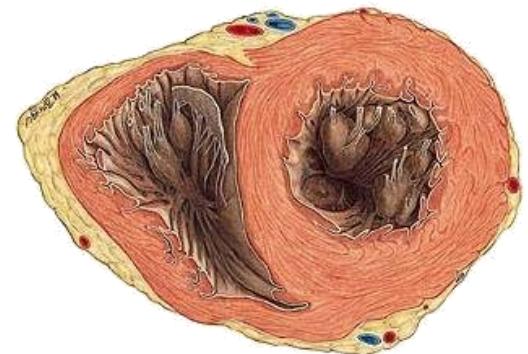
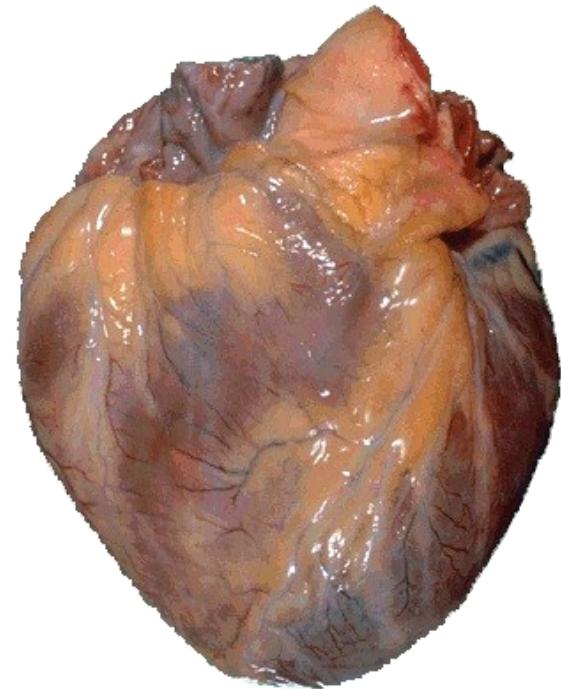


image via: wikipedia.com



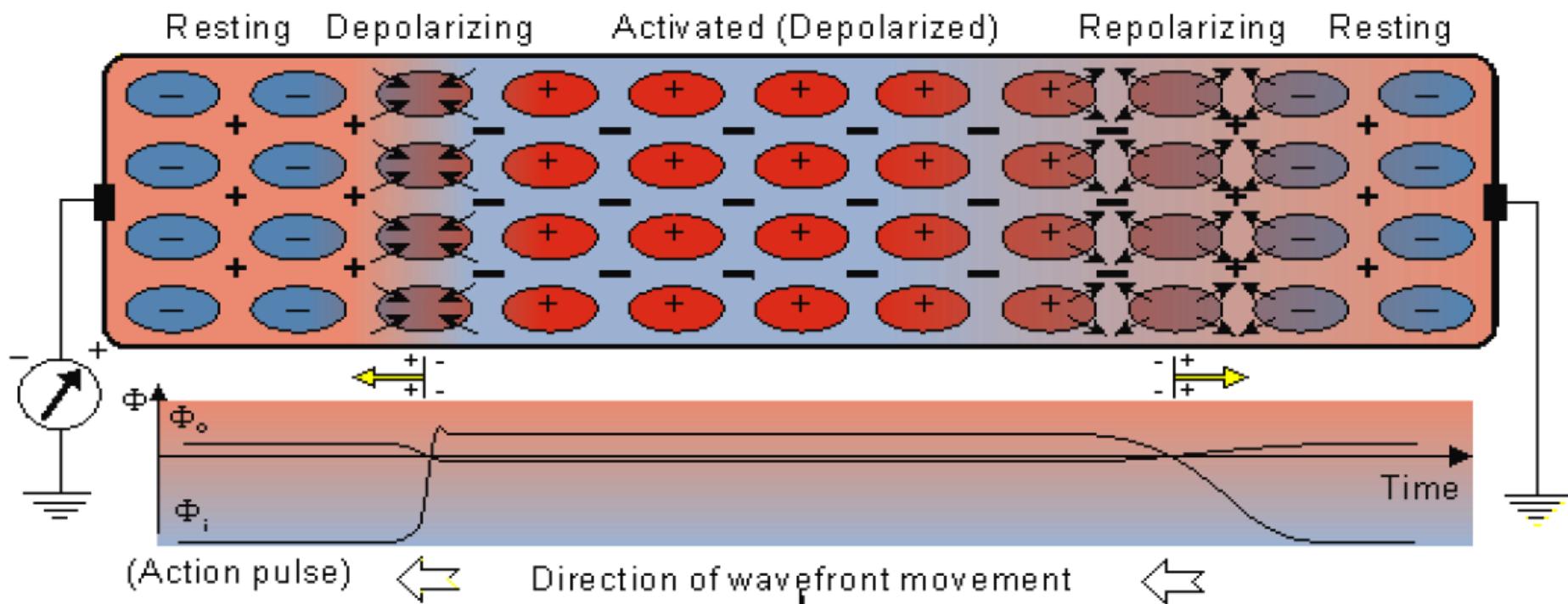
How voltage is generated?

DEPOLARIZATION

Positive ions (Na^+) flowing into the depolarizing cells make Φ_o (outside the cells) more negative.

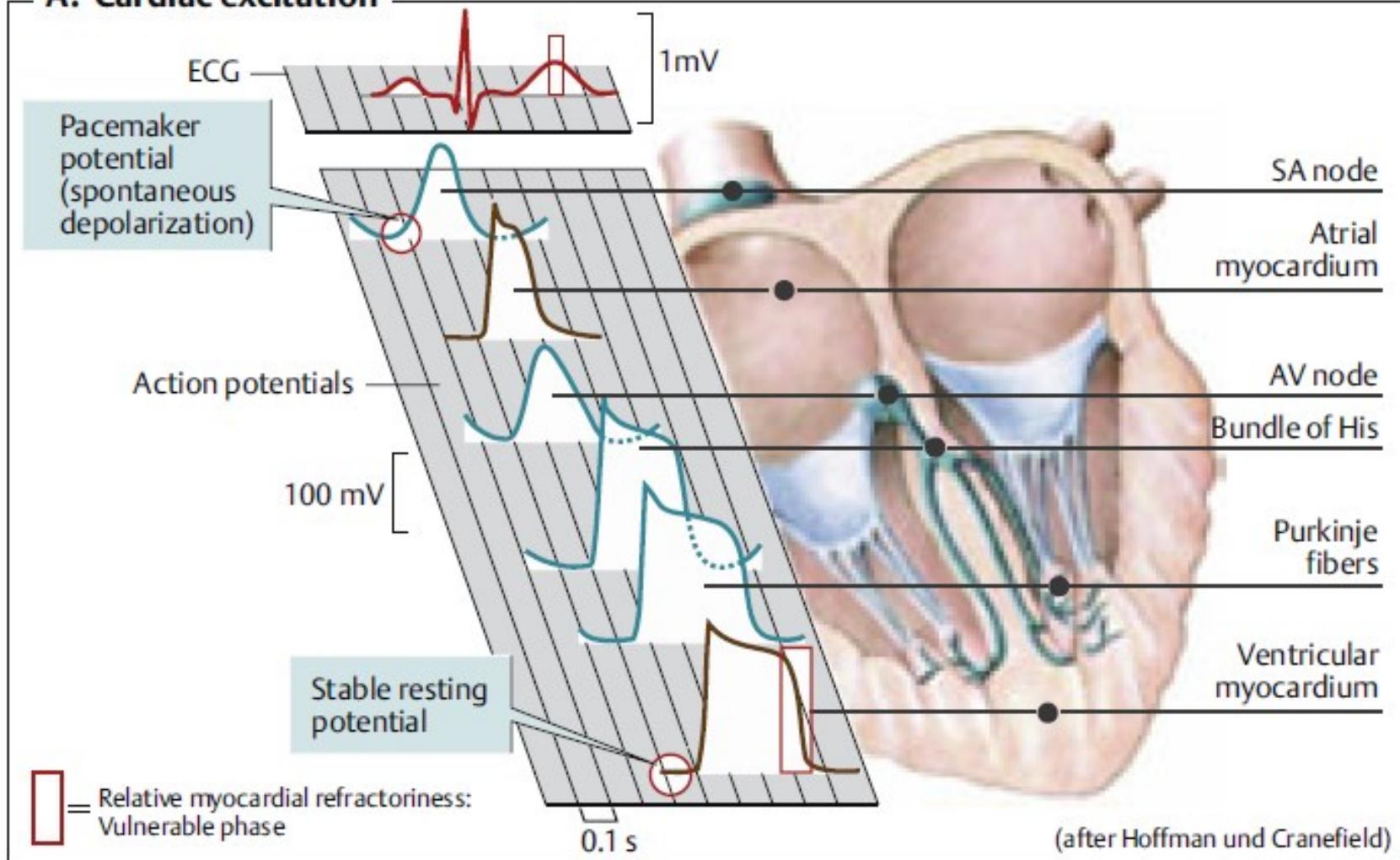
REPOLARIZATION

Positive ions (K^+) flowing out from the repolarizing cells make Φ_o (outside the cells) more positive.



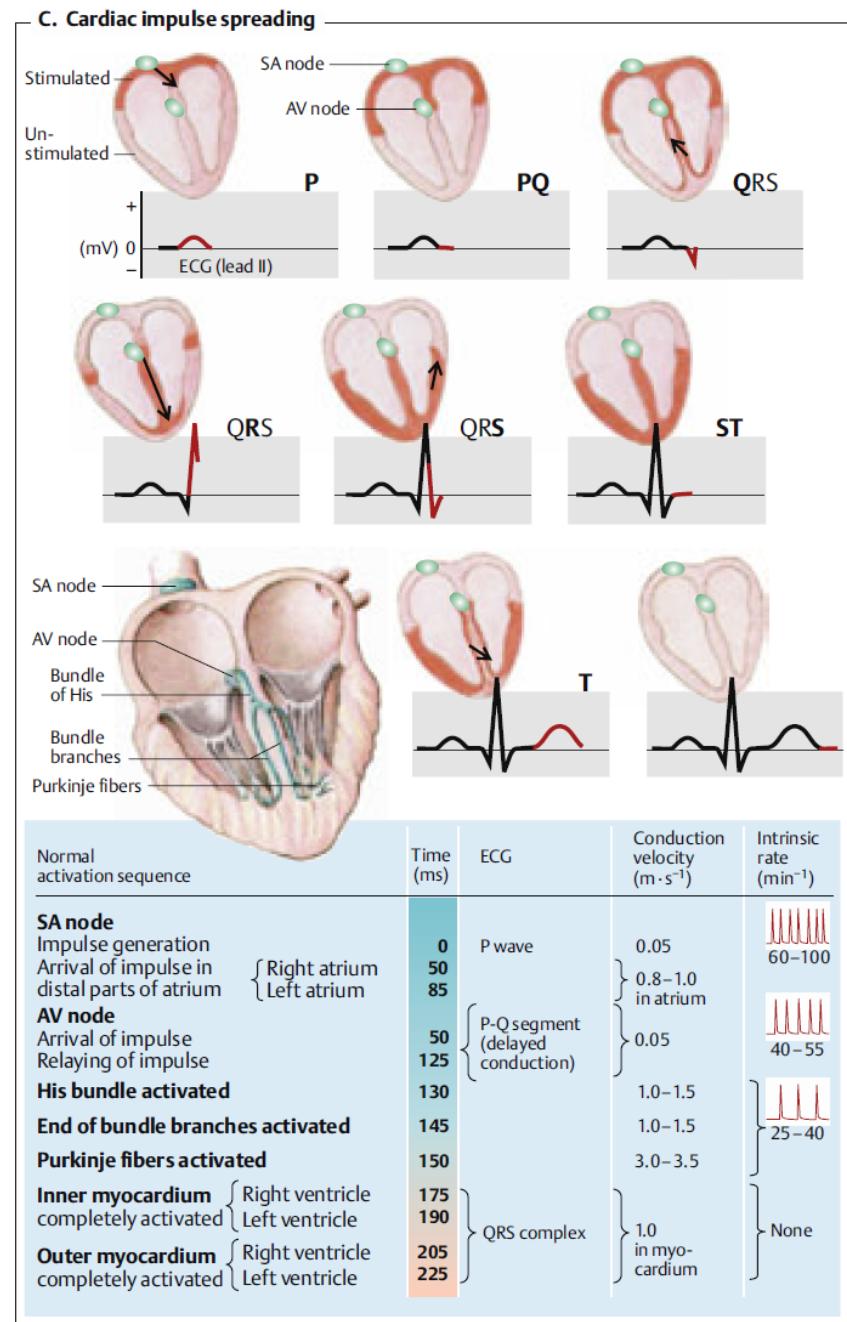
Nodes and conduction system

A. Cardiac excitation



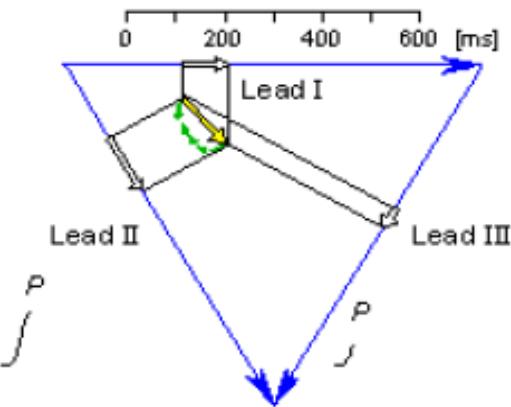
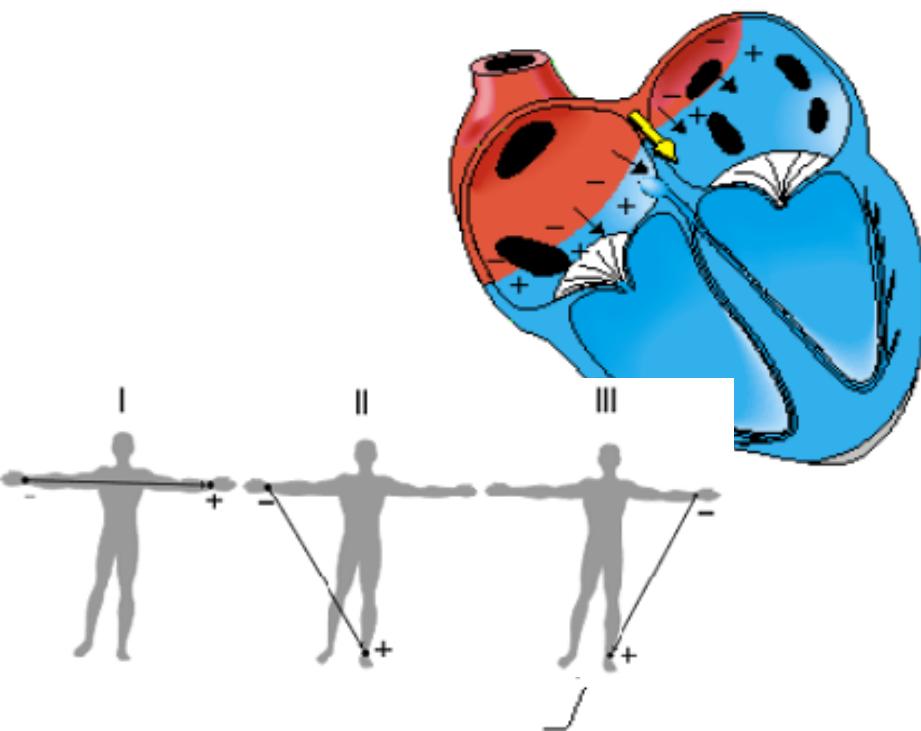
Cardiac Impulse Generation and Conduction

Wave P – atrial depolarisation
 QRS Complex – ventricular Depolarisation
 Wave T – ventricular repolarisation

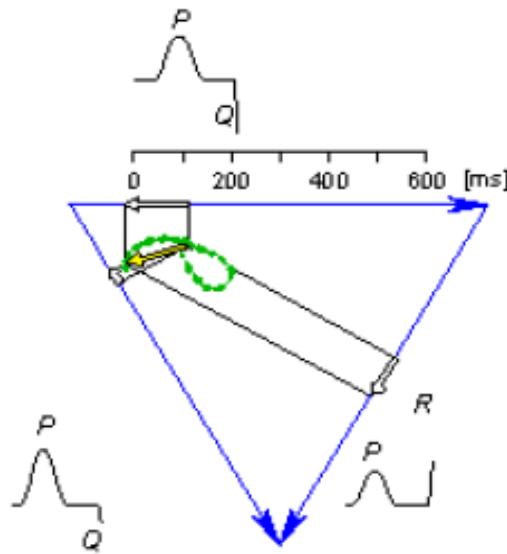


ATRIAL
DEPOLARIZATION
80 ms

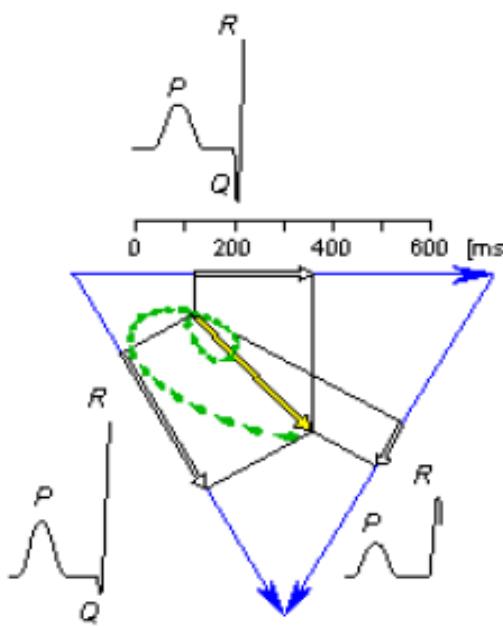
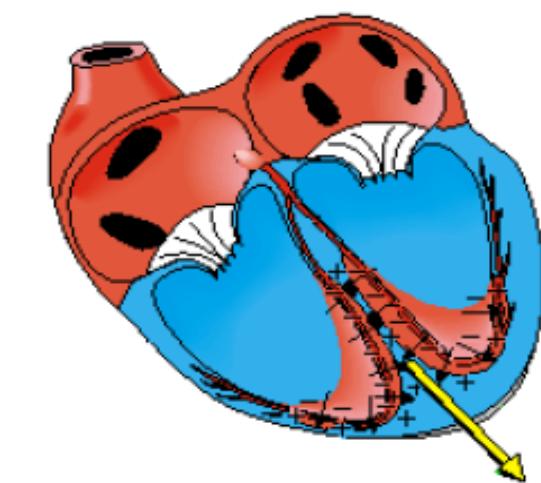
SEPTAL
DEPOLARIZATION
220 ms



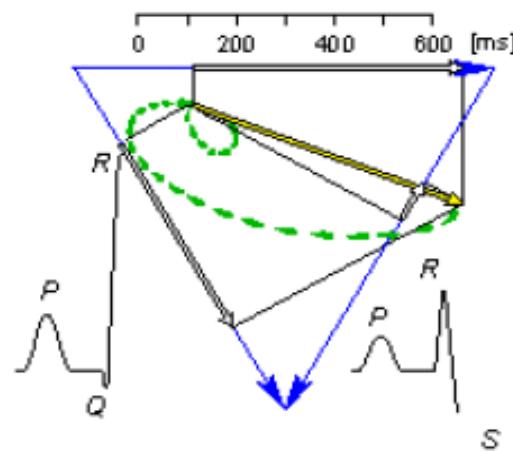
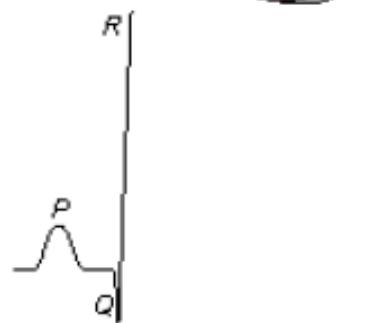
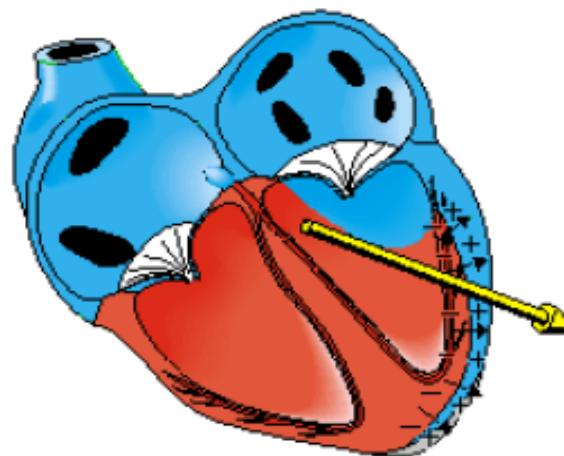
Einthoven's triangle



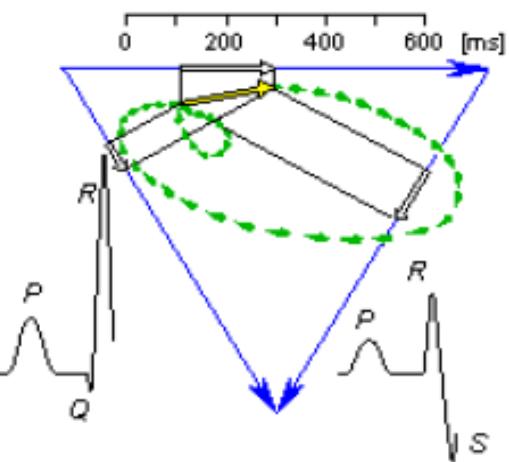
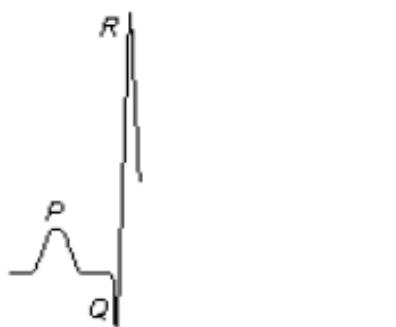
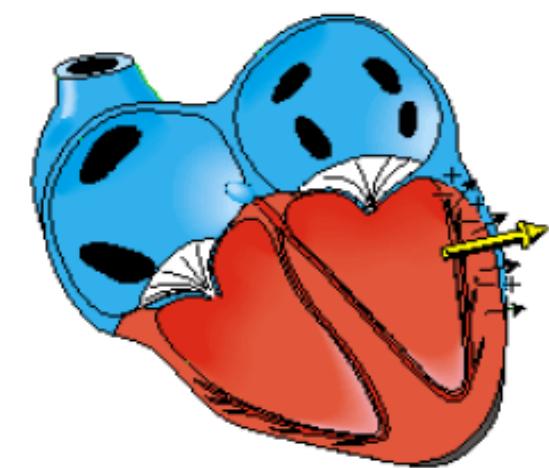
APICAL
DEPOLARIZATION
230 ms



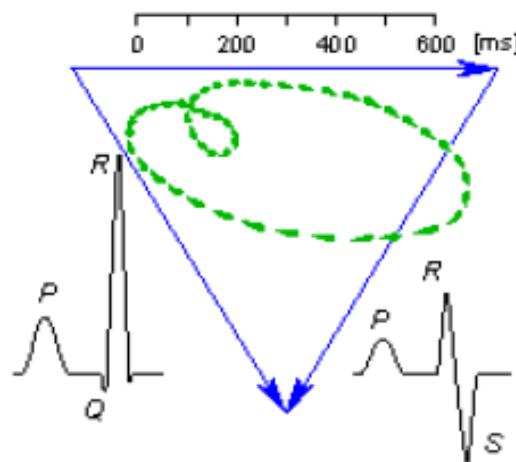
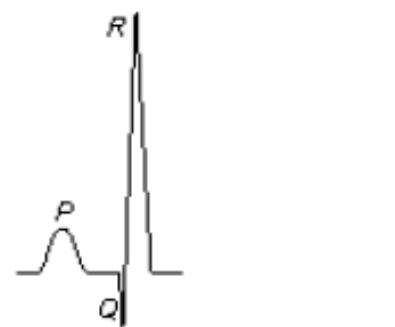
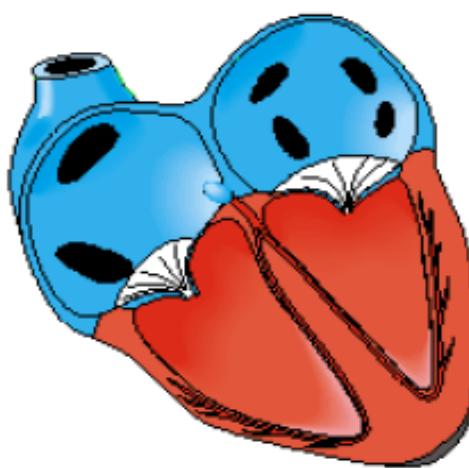
LEFT VENTRICULAR
DEPOLARIZATION
240 ms



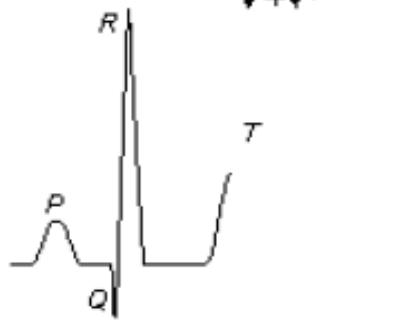
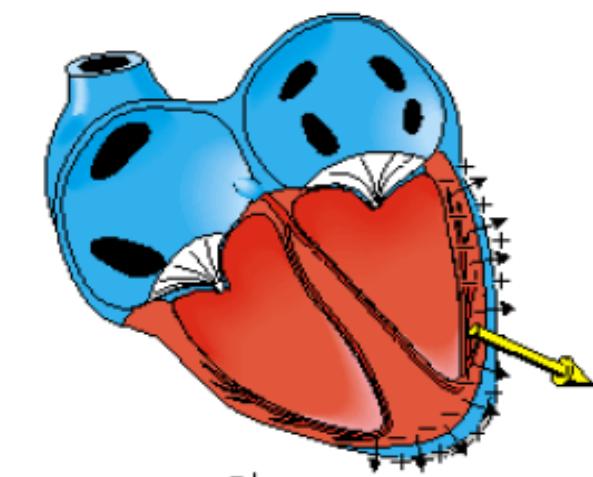
LATE LEFT VENTRICULAR
DEPOLARIZATION
250 ms



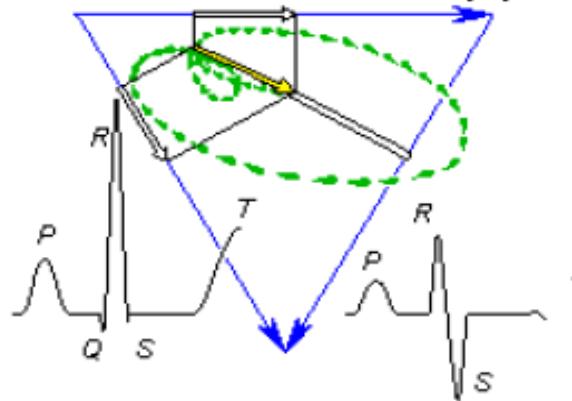
VENTRICLES
DEPOLARIZED
350 ms



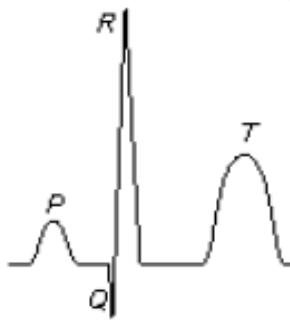
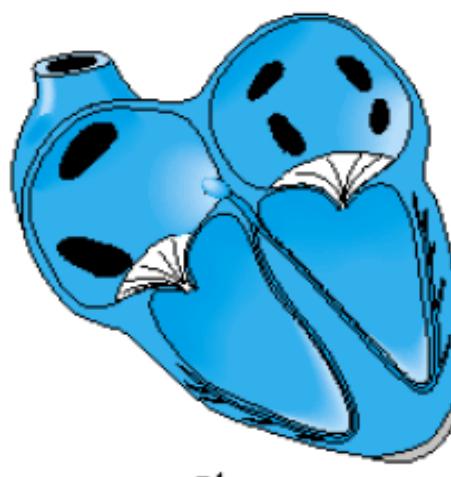
VENTRICULAR
REPOLARIZATION
450 ms



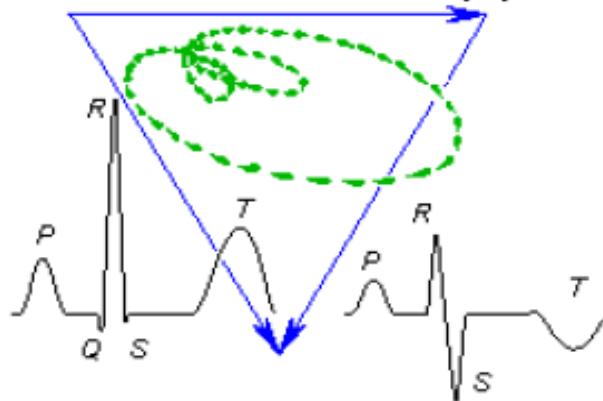
0 200 400 600 [ms]

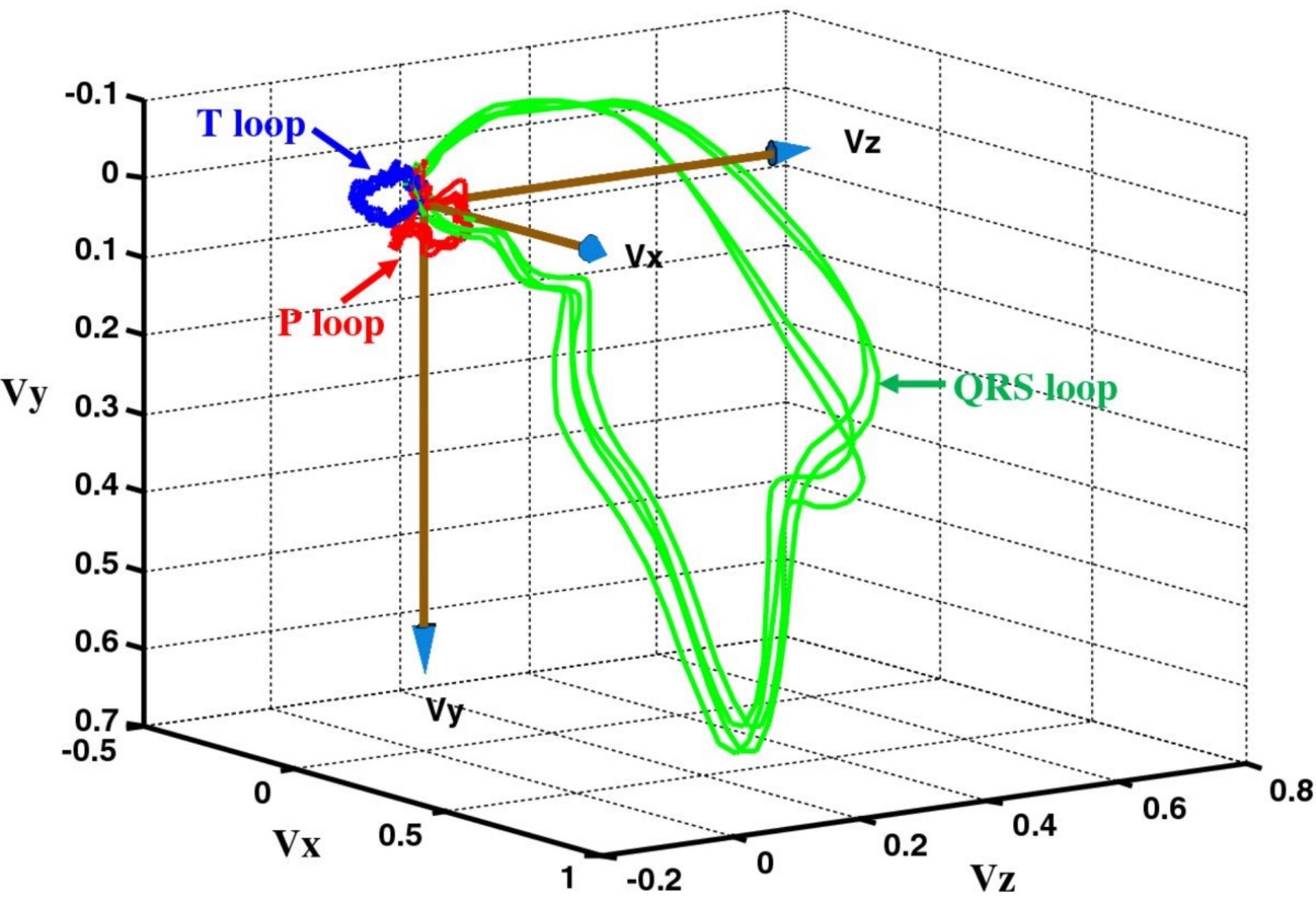


VENTRICLES
REPOLARIZED
600 ms



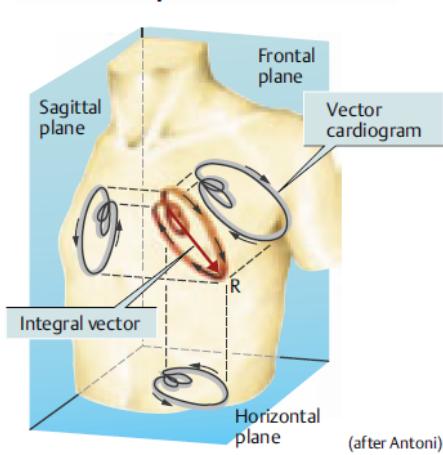
0 200 400 600 [ms]



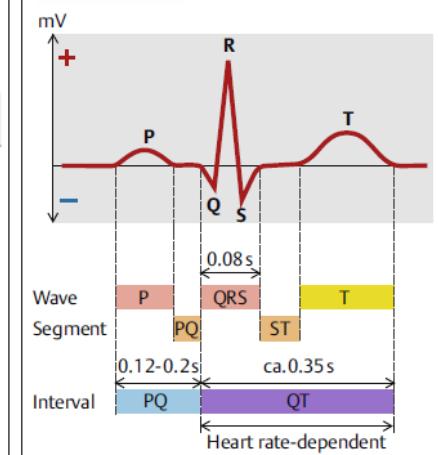


Vector loop video

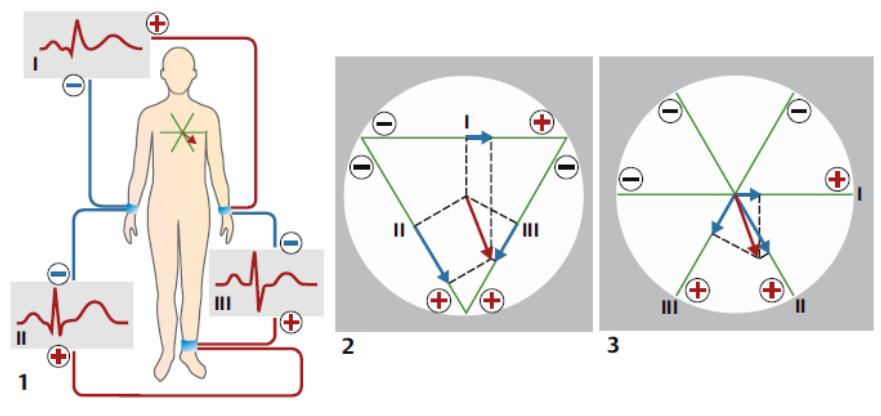
A. Vector loops of cardiac excitation



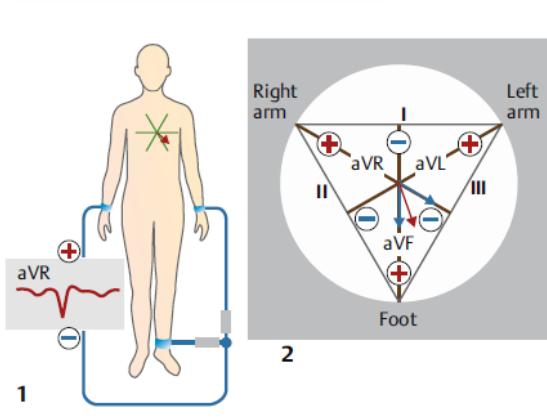
B. ECG curve



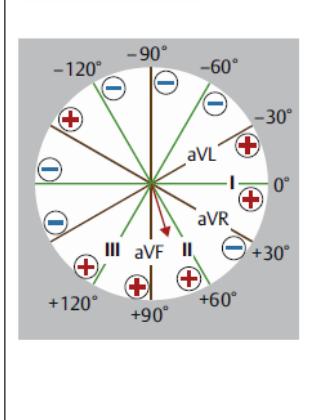
C. Einthoven leads I, II and III (bipolar)

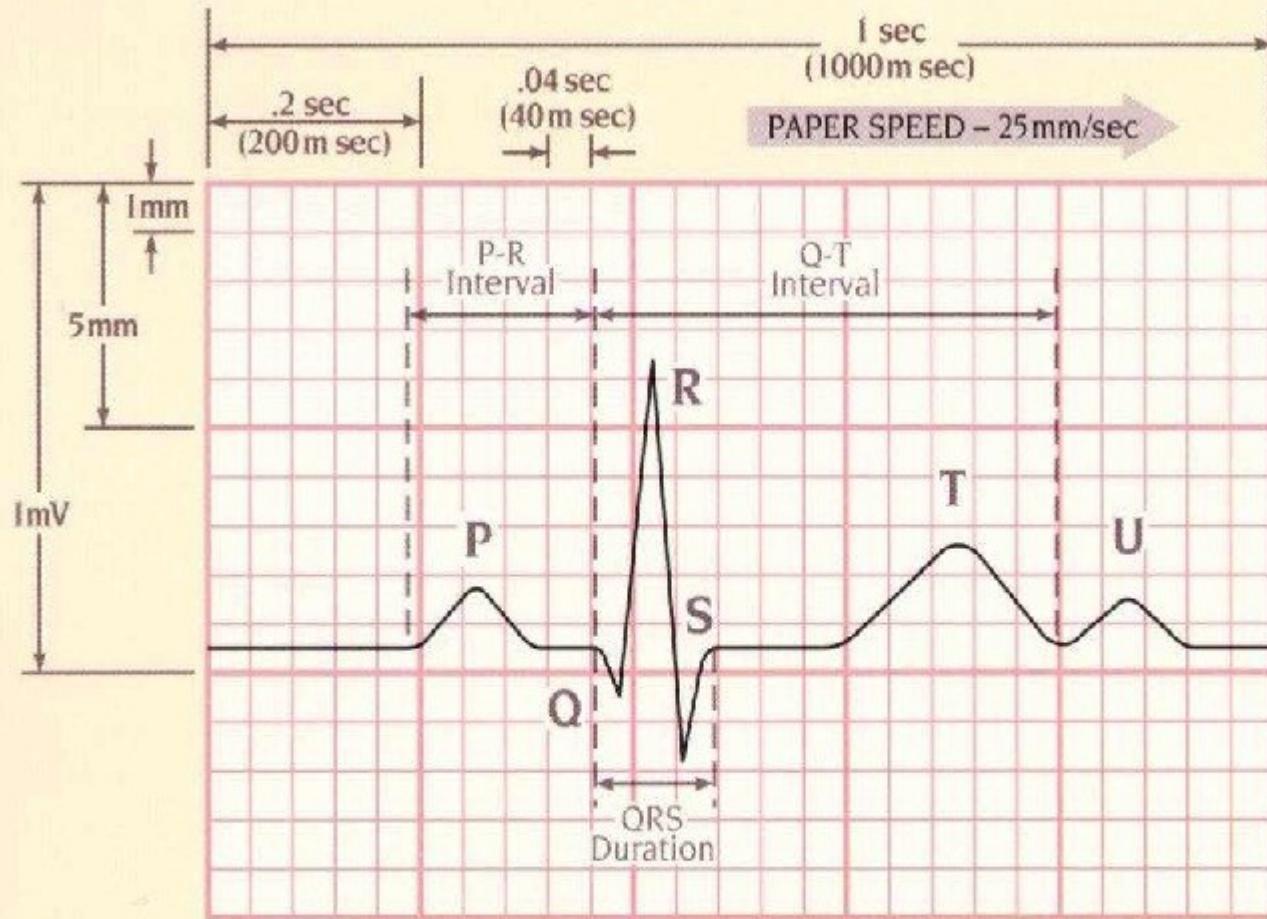


D. Goldberger limb leads (unipolar)



E. Cabrera circle



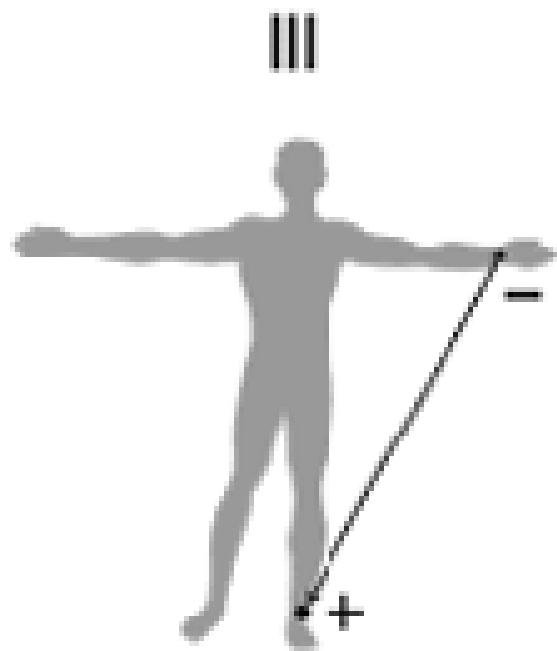
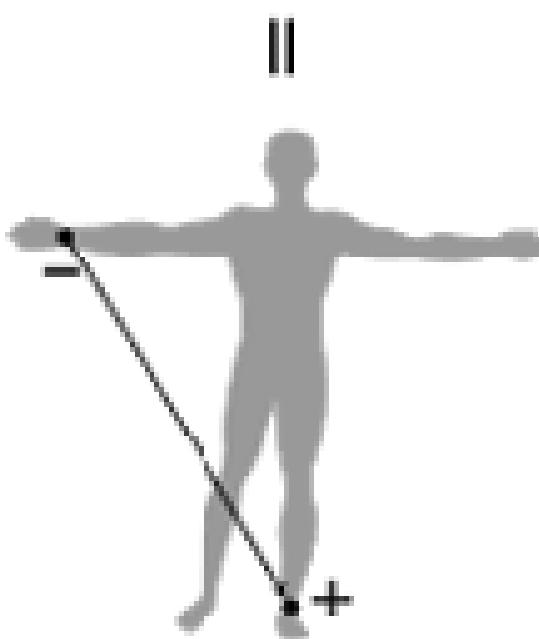
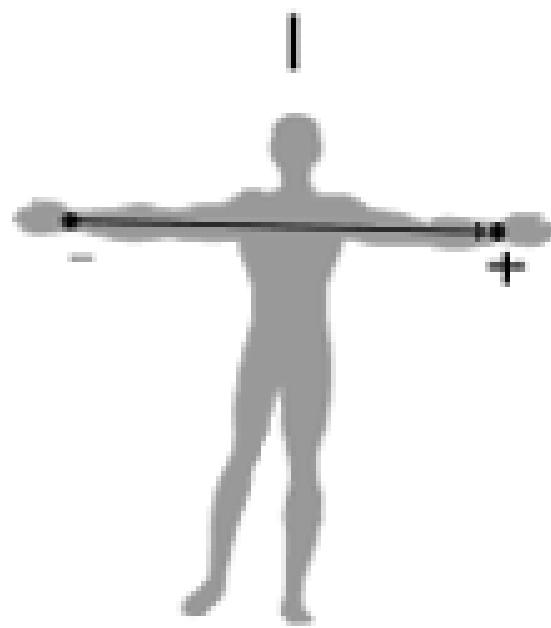


**VERTICAL
AXIS**

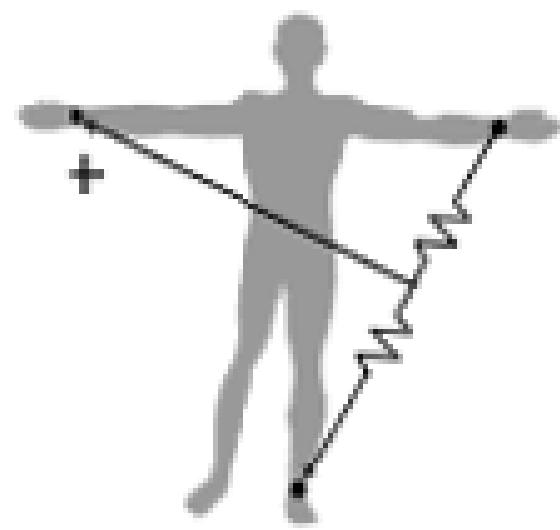
1 Small Square = 1mm (0.1mV)
1 Large Square = 5mm (0.5mV)
2 Large Squares = 1mV

**HORIZONTAL
AXIS**

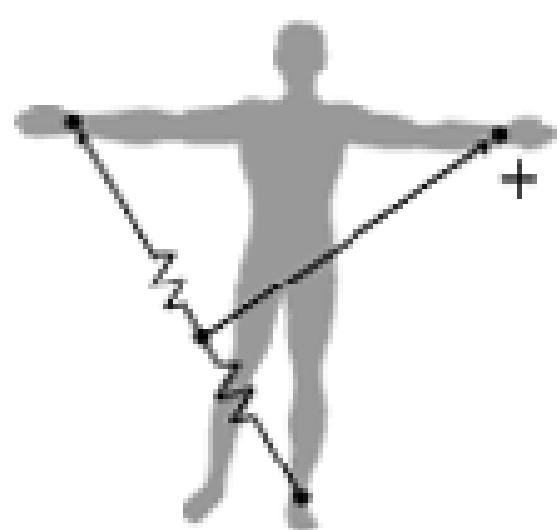
1 Small Square = .04 sec (40 m sec)
1 Large Square = .2 sec (200 m sec)
5 Large Squares = 1 sec (1000 m sec)



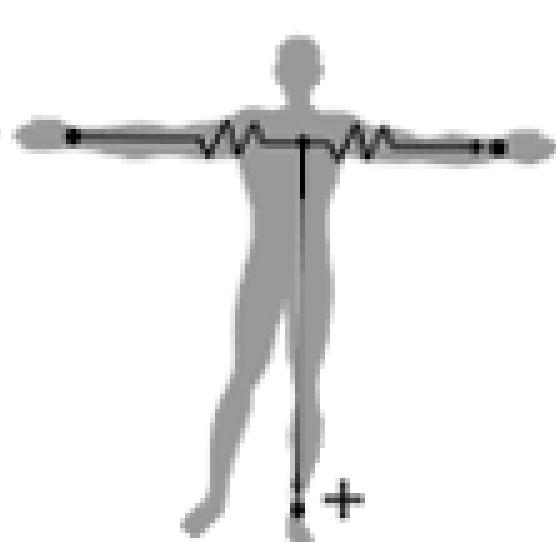
aVR



aVL

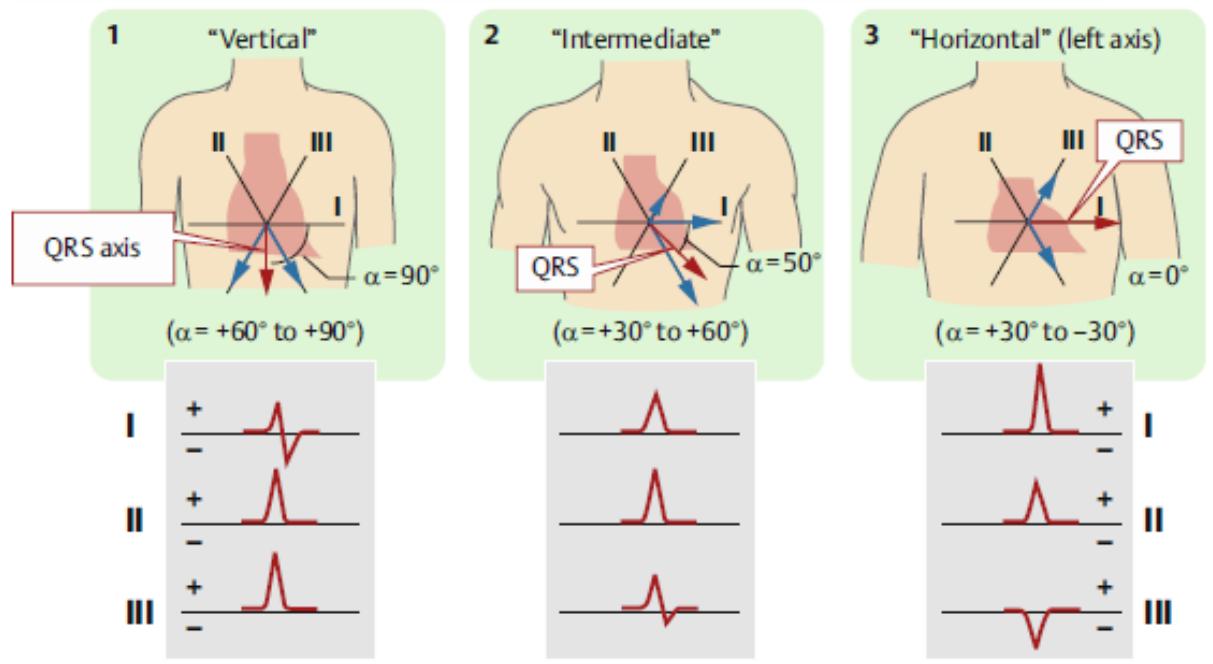


aVF





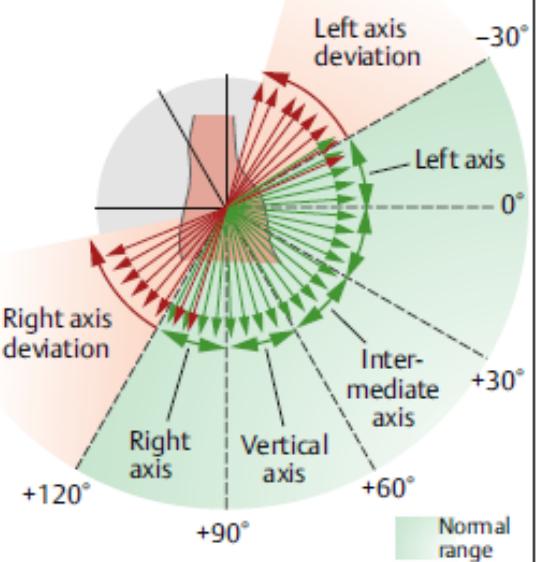
G. Determination of largest mean QRS vector (QRS axis) using ECG leads I-III



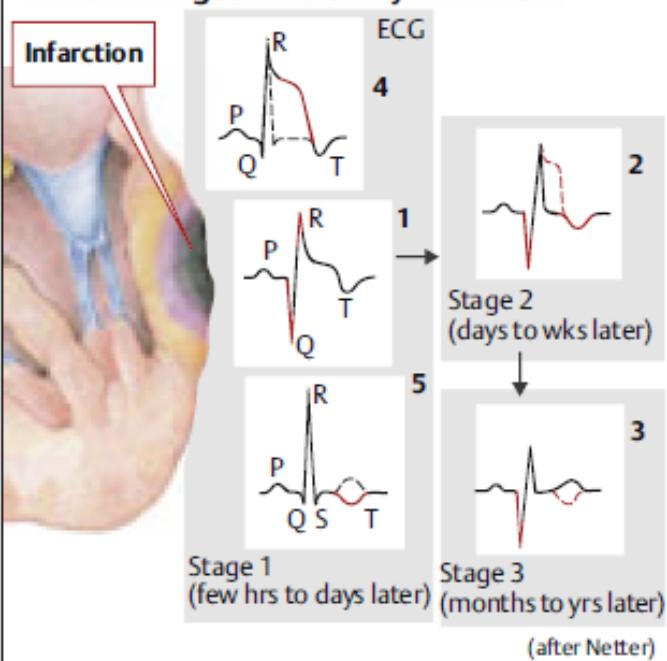
Electric heart axis

Infarction:
ST segment
elevation

H. Electrical axis of the heart



I. ECG changes in coronary infarction

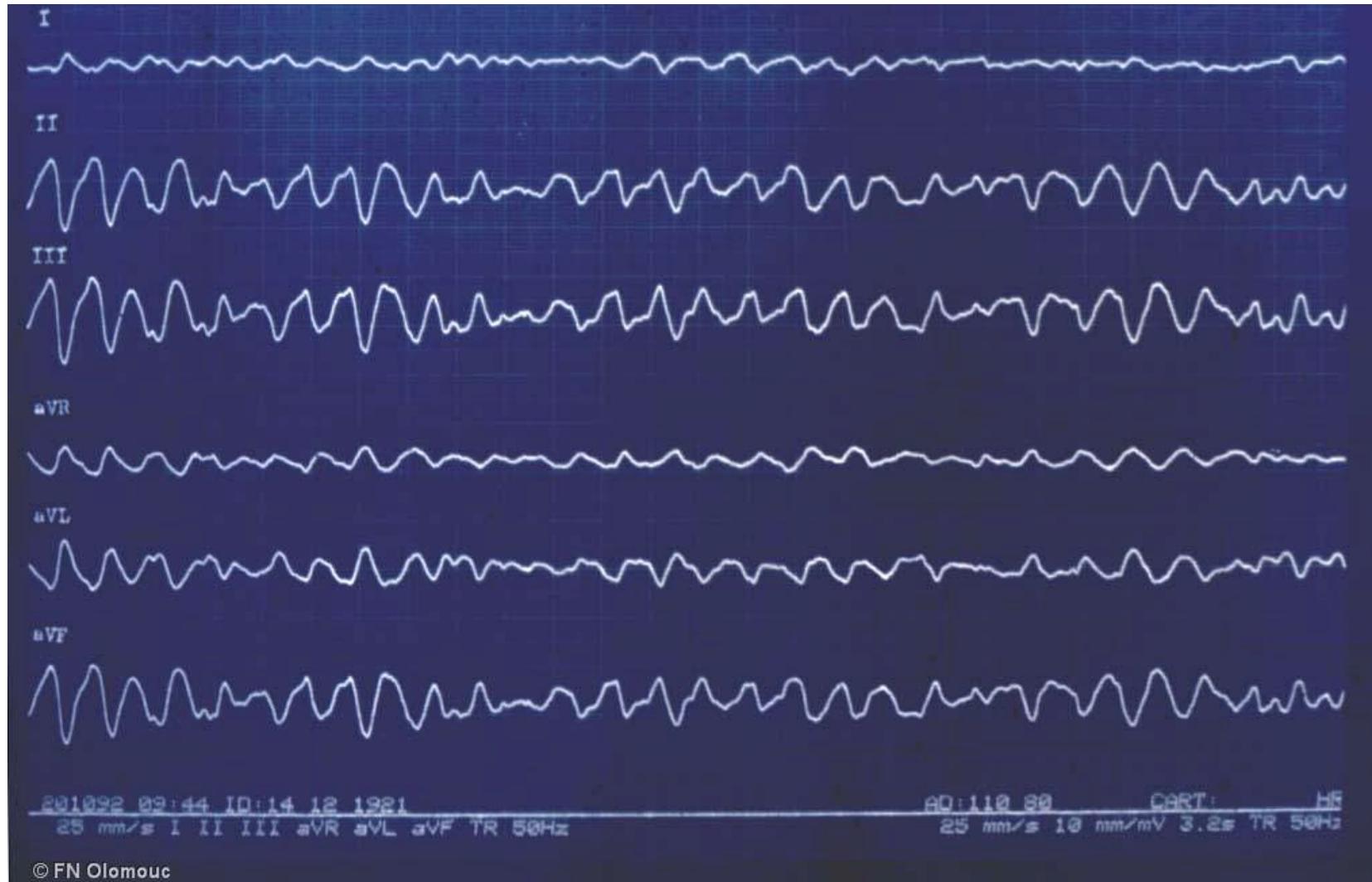


(after Netter)

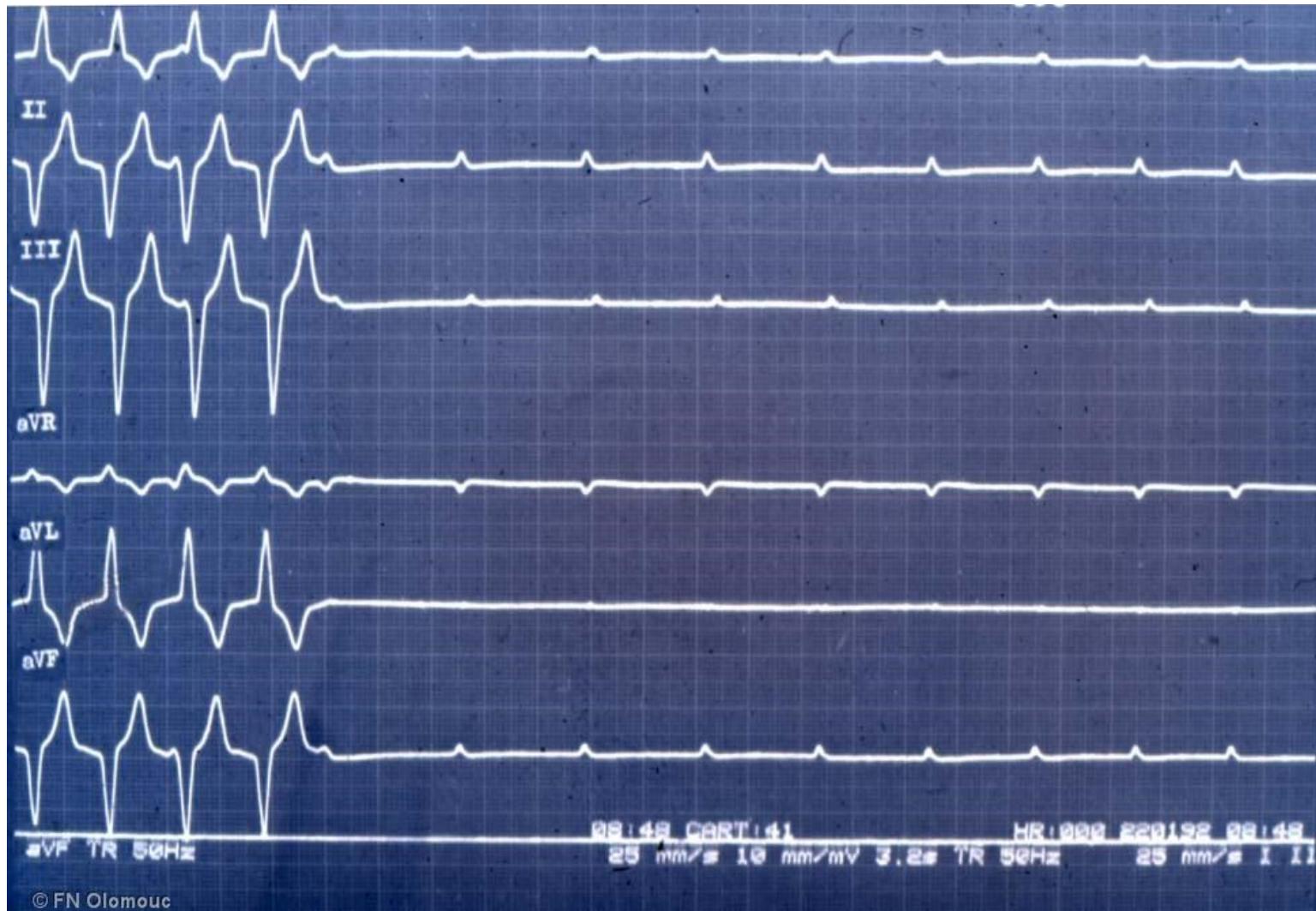
Atrial Flutter



Ventricular Fibrillation



Ventricular arrest



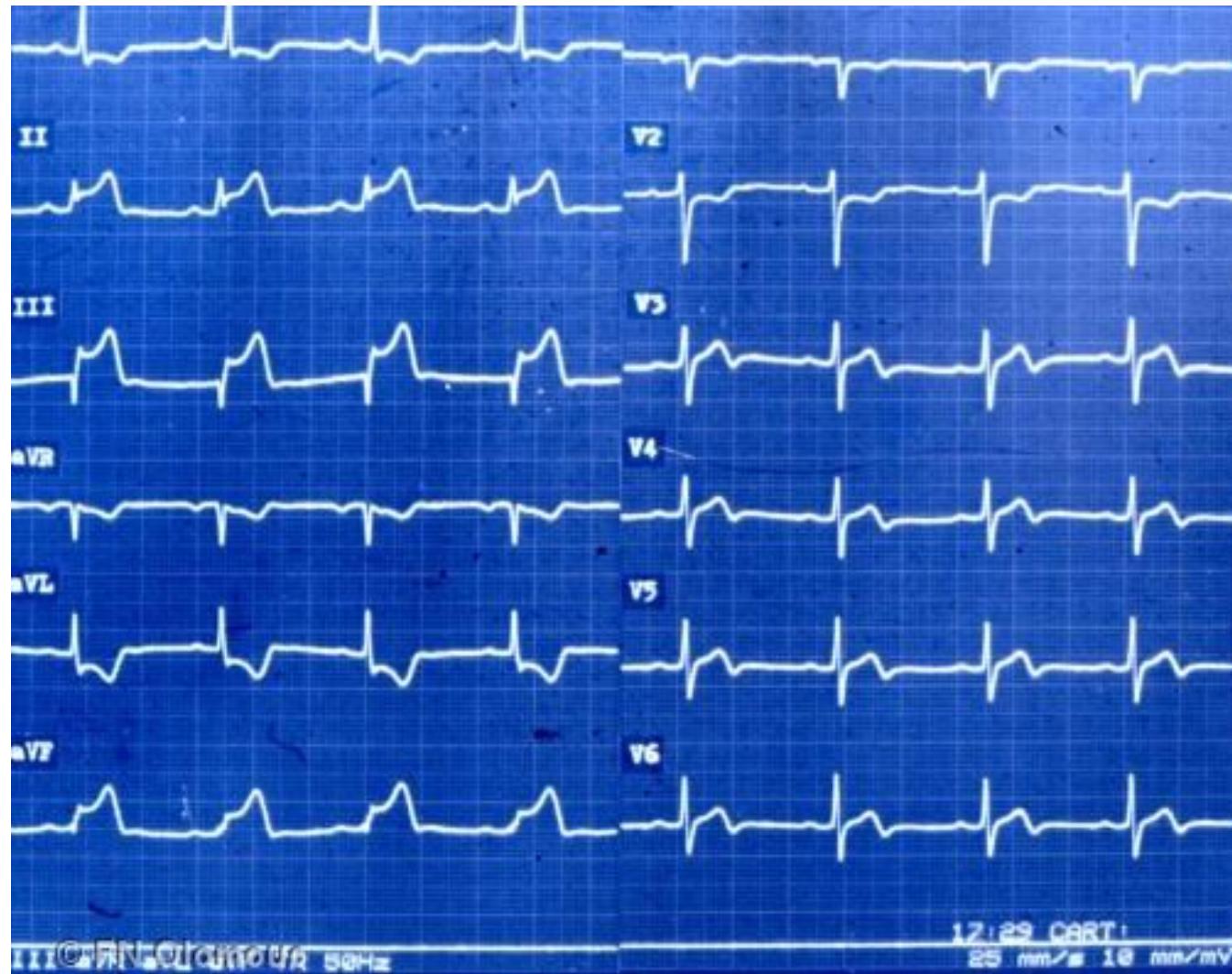
Infarction of Myokard

- coronary vessels blocked
- limited oxygen supply
- necrosis are irreversible

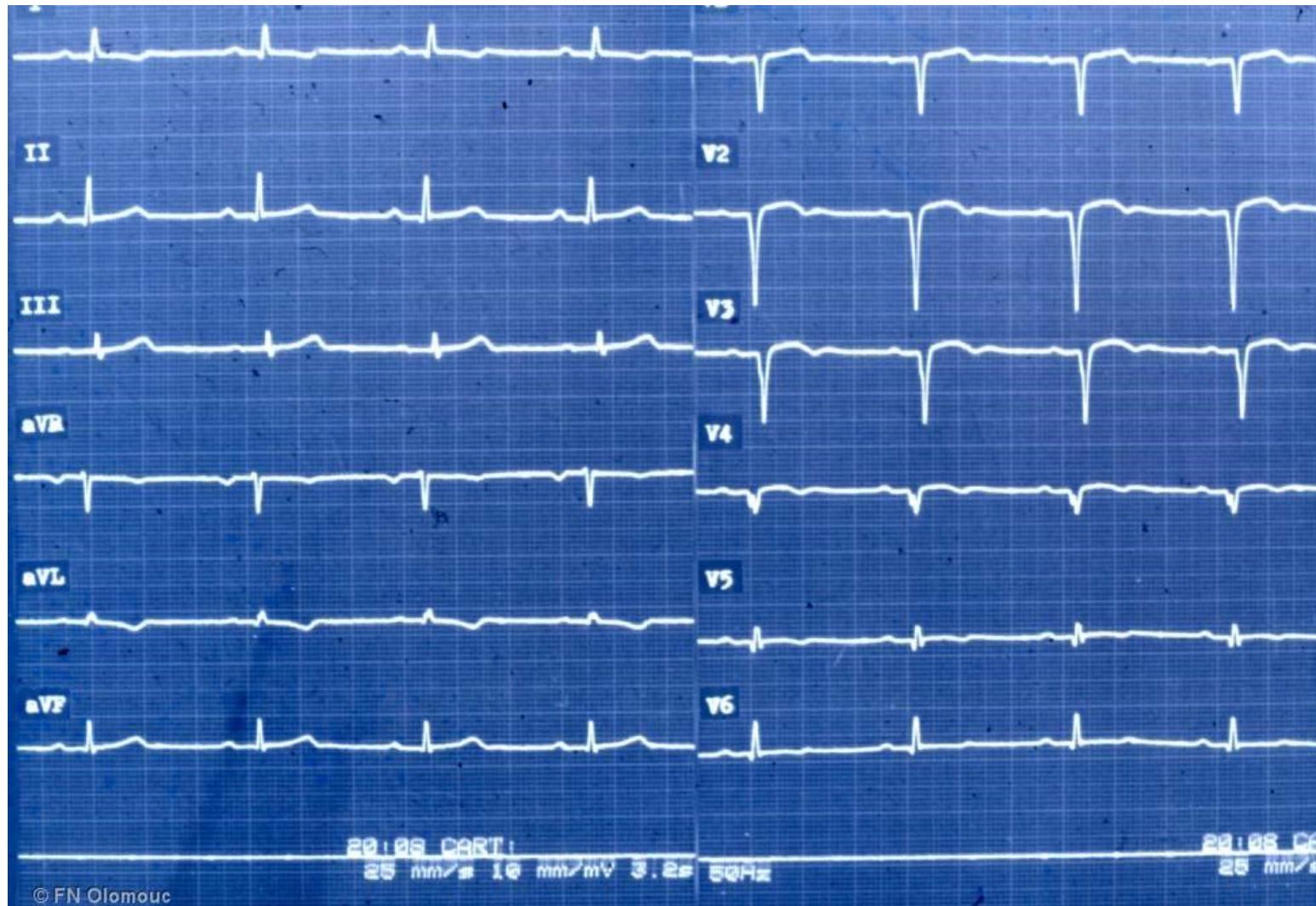
In the picture, we can see a transversal cross-section of the heart (right and left ventricles are visible). The ventricular myocardium is affected by infarction. Extensive tissue necrosis appears as lighter areas in the muscle. This is an extensive anterior scar; the entire wall is affected.



IM accute



IM chronic



Experiment

Normal record, note:

Pulse rate

Arrhythmia?

Extrasystols?

Shape and length of QRS complex

Length of PQ interval

Electrical axis