



12-Lead ECG Report

Details

Patient Name:	xxxxxxx xxxxxxxx	Test Date:	29/xx/xxxx xx:xx:xx
Patient Number:	xxxx	Job Number:	xxxxxxxxxx
Patient D.O.B.:	xx/xx/xxxx	Referring Site:	Demo Practice

Reason For Test Request

Syncope/Presyncope/Dizziness

Cardiology Advice

On basis of available information and ECG, immediate action is required. This means urgent discussion with cardiologist and/or referral to hospital.

Profound bradycardia plus suspected hemodynamic instability given reported history of Collapse/Presyncope/Dizziness.

ECG shows Type 2 second degree heart block (other than Mobitz I). This diagnosis is associated with progression to third degree heart block with no escape rhythm. Suggest urgent referral to cardiologist for permanent pacemaker implantation consideration.

Risk



Red

ECG Quality



Good

Physiologist's Report

ECG Quality	Good
Ventricular Rate	Profound Bradycardia
PR Interval	Profoundly prolonged
QRS Duration	Normal
QTc Interval	Normal
Cardiac Axis	Normal
Sinus Rhythm Present	Yes
Other Rhythm	None
Atrial pause of more than 2 second	No
AV Conduction	2nd degree AV block; (Other than Mobitz 1)
Ventricular Ectopics	Not observed
Atrial Ectopics	Not observed
P-Wave Morphology	Normal
QRS Morphology	Within normal limits
Q-Wave	Within normal limits
T-Wave Morphology	Within normal limits
ST Segment	Within normal limits

Measurement History (ms)

Recorded	PR	QRS	QTc
29/xx/xxxx xx:xx:xx	308	104	429
22/xx/xxxx xx:xx:xx	306	102	432
15/xx/xxxx xx:xx:xx	302	98	436
08/xx/xxxx xx:xx:xx	304	100	432

Reporting Physiologist

Simon Doe BSc, NASPE
 Principle Cardiac Physiologist

xx/xx/xxx xx:xx:xx



If you would like to discuss this report further, please do not hesitate to call me on 0345 521 2992 or email cardiology@technomed.co.uk.

Kind regards,

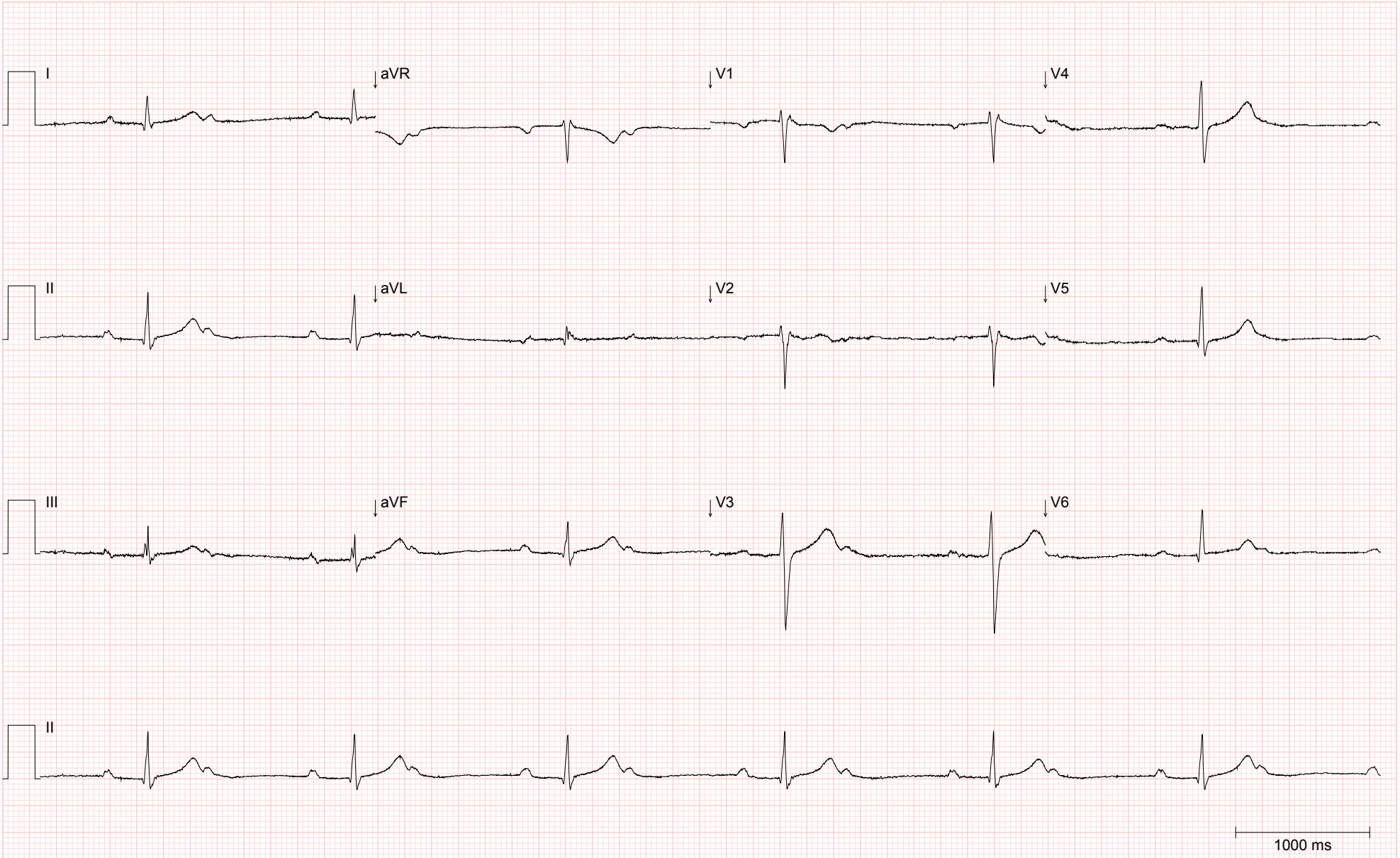
Simon

Patient

Job Number: xxxxxxxxxx
Patient Number: xxxxx
Name: xxxxxx xxxxxx
Birth Date: xx/xx/xxxx (-yr)
Gender: Male
Recorded: xx/xx/xxxx xx:xx:xx
Received: xx/xx/xxxx xx:xx:xx

Measurements

Ventricular rate: 38 bpm
RR interval: 1573 ms
P duration: 100 ms
PR duration: 308 ms
QRS duration: 104 ms
QT / QTcF interval: 499 / 429 ms
QRS axis: 56 °



Patient

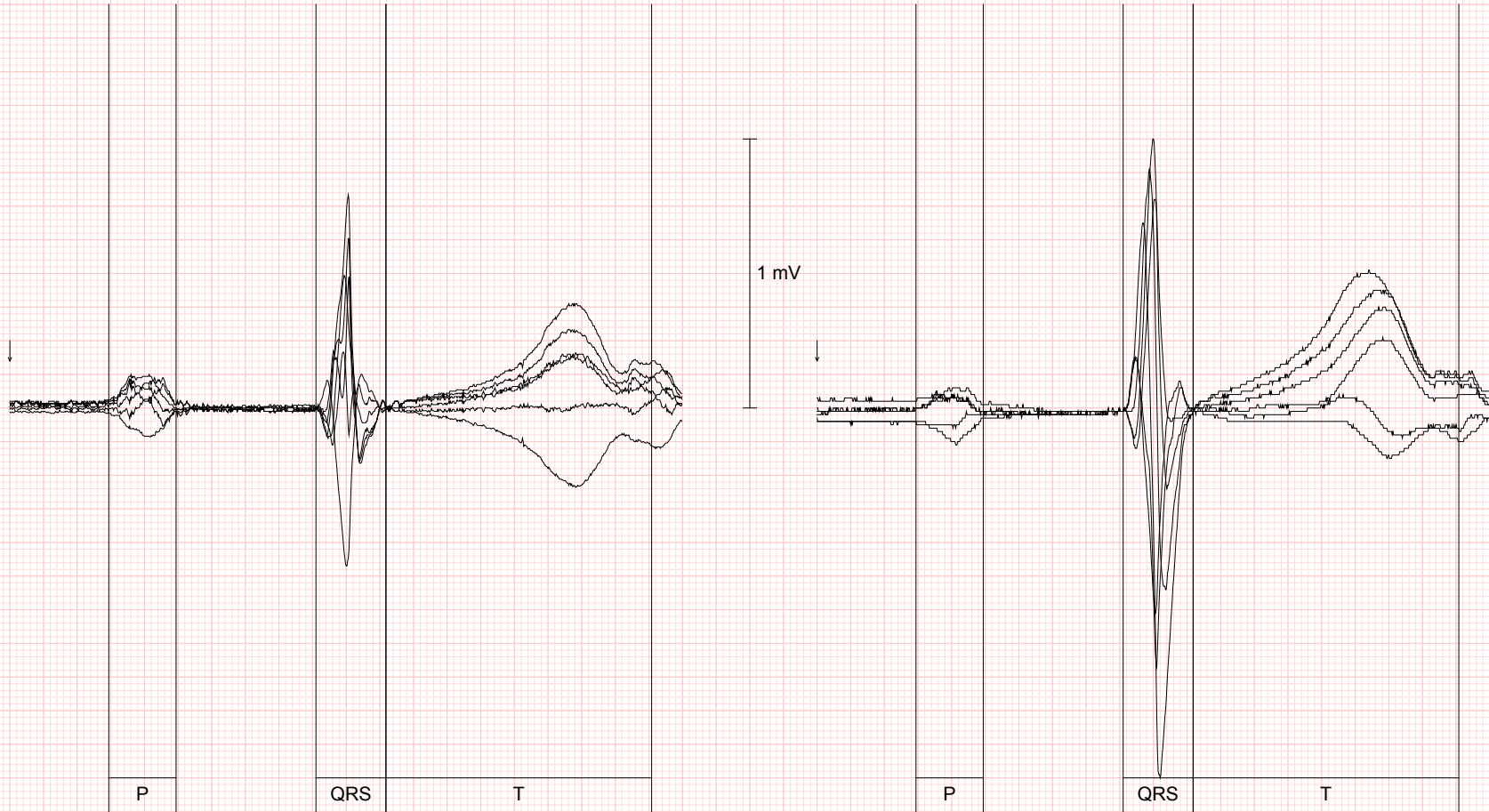
Job Number: xxxxxxxxxx
Patient Number: xxxxx
Name: xxxxxx xxxxxx
Birth Date: xx/xx/xxxx (--yr)
Gender: Male
Recorded: xx/xx/xxxx xx:xx:xx
Received: xx/xx/xxxx xx:xx:xx

Measurements

P duration: 100 ms
PR duration: 308 ms
QRS duration: 104 ms
QT / QTcF interval: 499 / 429 ms

Limb Leads

Precordial Leads



Extended Report

ECG Quality: Good

ECG of good quality with minimal artifact.

⚠️ Ventricular Rate: Profound Bradycardia

Exhibits a heart rate of less than 40bpm. Review medication and consider possibility of hypothyroidism or extreme fitness to account for bradycardia.

⚠️ PR Interval: Profoundly prolonged

The PR interval (time taken from sinus node activation to ventricular activation) is very long i.e. > 249ms. The normal PR interval is in the range of 120 - 200 ms. Suggest review by cardiology specialist.

✅ QRS Duration: Normal

The total time taken for electrical activation of both right & left ventricles is within the normal range i.e. less 120ms.

✅ QTc Interval: Normal

The QTc interval indicates the time the ventricles relax after each ventricular contraction. The QTc interval is within normal range. Normal range is between 330 & 450 ms for males and between 340 & 470 ms for females.

✅ Cardiac Axis: Normal

Exhibits a cardiac axis between -30 and +90 degrees.

✅ Is Sinus Rhythm Present?: Yes

Regular P-waves of normal morphology followed by a QRS complex.

✅ Other Rhythm: None

✅ Atrial pause of more than 2 seconds: No

⚠️ AV Conduction: 2nd degree AV block; (Other than Mobitz 1)

AV Wenckebach block on a resting ECG may be indicative of pathological AV conduction but may be seen in fit and young subjects. Review medication and, if asymptomatic, consider ambulatory ECG monitoring and cardiology review. If symptoms possibly attributable to bradycardia, refer to a cardiac electrophysiologist.

✅ Ventricular Ectopics: Not observed

✅ Atrial Ectopics: Not observed

✅ P-Wave Morphology: Normal

✅ QRS Morphology: Within normal limits

Normal QRS pattern with a duration of less than 120 ms.

✅ Q-Wave: Within normal limits

✅ T-Wave Morphology: Within normal limits

✅ ST Segment: Within normal limits

No displacement of the ST segment above or below 2mm.