Primary Health Care Initiatives (PHCI) Project
Contract No. 278-C-00-99-00059-00
Abt. Associates Inc.

ECG Interpretation

	Rate	Rhythm	Axis	Hypertrophy	Infarction	Comments/ Interpretation
1	60	Regular	Normal	LV Hypertrophy	No, but T inversion I, II, V2-6	"strain" on Left ventricle, possible antero-lateral ischemia
2	30-45	Regular	Left axis	No	No	Sinus bradycardia – severe
3	150	Regular	Normal	L atrial enlargement, possible LV hypertrophy	No	Sinus tachycardia, left hypertrophy. ? mitral valve disease
4	50-60	Regular	Normal	No	No	Note "U' wave V4-6 - ? hypokalemia
5	100	Regular	Right axis	L atrial enlargement	Possible ST elevation V5-6	Wide QRS, Right bundle branch block
6	45	Regular	Left axis	Possible L atrial enlargement	No	Sinus bradycardia
7	75	Regular	Normal	No	No	Normal
8	120	Regular	Normal	No	No	Sinus tachycardia, Right atrial hypertrophy
9	75	Irregular (See II at bottom – PAC)	Normal	Mild L atrial enlargement, L ventricular hypertrophy	Possible ST elevation V1-2, depression V4-6	Possible anterior MI
10	100	Regular	Right axis	L atrial enlargement	No	Intraventricular conduction delay (II, III)
11	60	Regular	Normal	Possible mild L atrial enlargement	No	1st degree AV block
12	50	Irregular (see II at bottom- sinus arrythmia or PAC)	Normal	No	No	Sinus arrythmia or premature atrial contractions
13	75	Regular	Normal	No	No	Normal

14	130	Regular	Normal	L atrial enlargement, possible L ventricular hypertrophy	No, but ST depression in I, V4-6	Tachycardia, Possible anterolateral ischemia
	Rate	**Rhythm**	**Axis**	**Hypertrophy**	**Infarction**	**Comments/ Interpretation**
15	65	Irregular (PVC)	Normal	No	No	Wide QRS, Right bundle branch block
16	75	Regular	Abnormal	No	No, but unreliable	Wide QRS, bundle branch block
17	150-180	Irregular (no P waves)	Normal	No	No, but ST depression I,II, avF, V2-6	Atrial fibrillation with rapid ventricular response
18	100	Irregular (? Absence of P waves)	Normal	No	No, but ST depression V1-4	Probable atrial fibrillation, Wide QRS, R bundle branch block
19	75	Regular	Normal	No	Yes, ST elevation III, V1-3	Possible anterior MI
20	75	Regular	Normal	No	? minimal ST elevation V1-2	Suspicious for anterior MI
21	75	Regular	Normal	No	Q in II, III, V1, ST inversion	Possible old MI
22	90-100	Regular	Normal	L ventricular hypertrophy	Mild ST elevation V1, ST depression V4-6	Suspicious for MI
23	60	Regular	Normal	L ventricular hypertrophy	ST-T inversion & depression I, V4-6	Lateral “strain”, possible ischemia