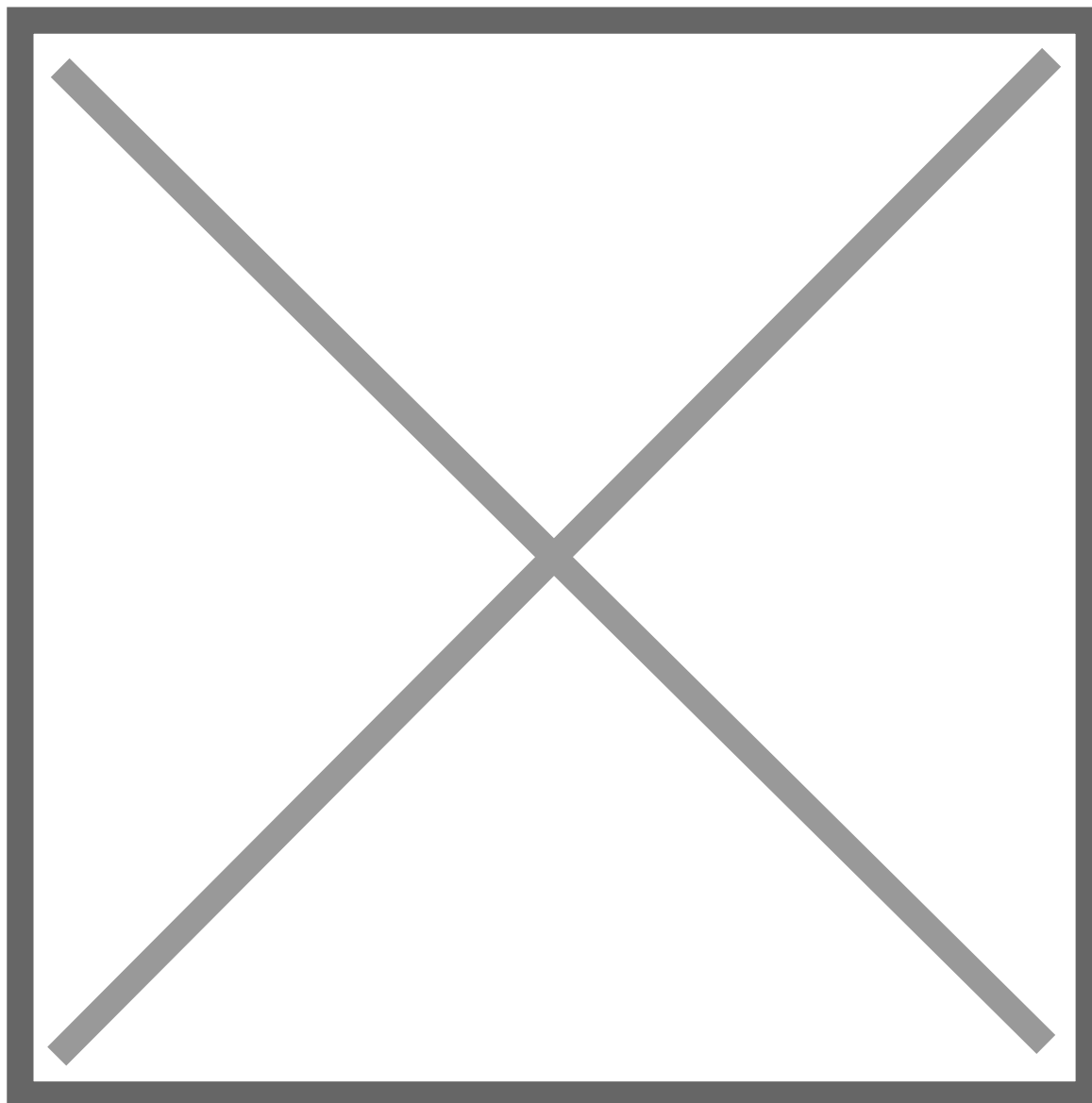


# Exemplos | Examples

## Exemplo 1 | Example #1

Paciente masculino, 57 anos. Exame realizado para avaliação pré-anestésica. Tem diagnóstico de HAS. Ao ECG, apresenta ritmo sinusal com ondas P bloqueadas sem prolongamento progressivo do intervalo PR, correspondendo a **Bloqueio Atrioventricular de 2º grau Mobitz II**. Observa-se, também extrassístoles ventriculares e bloqueio de ramo esquerdo.

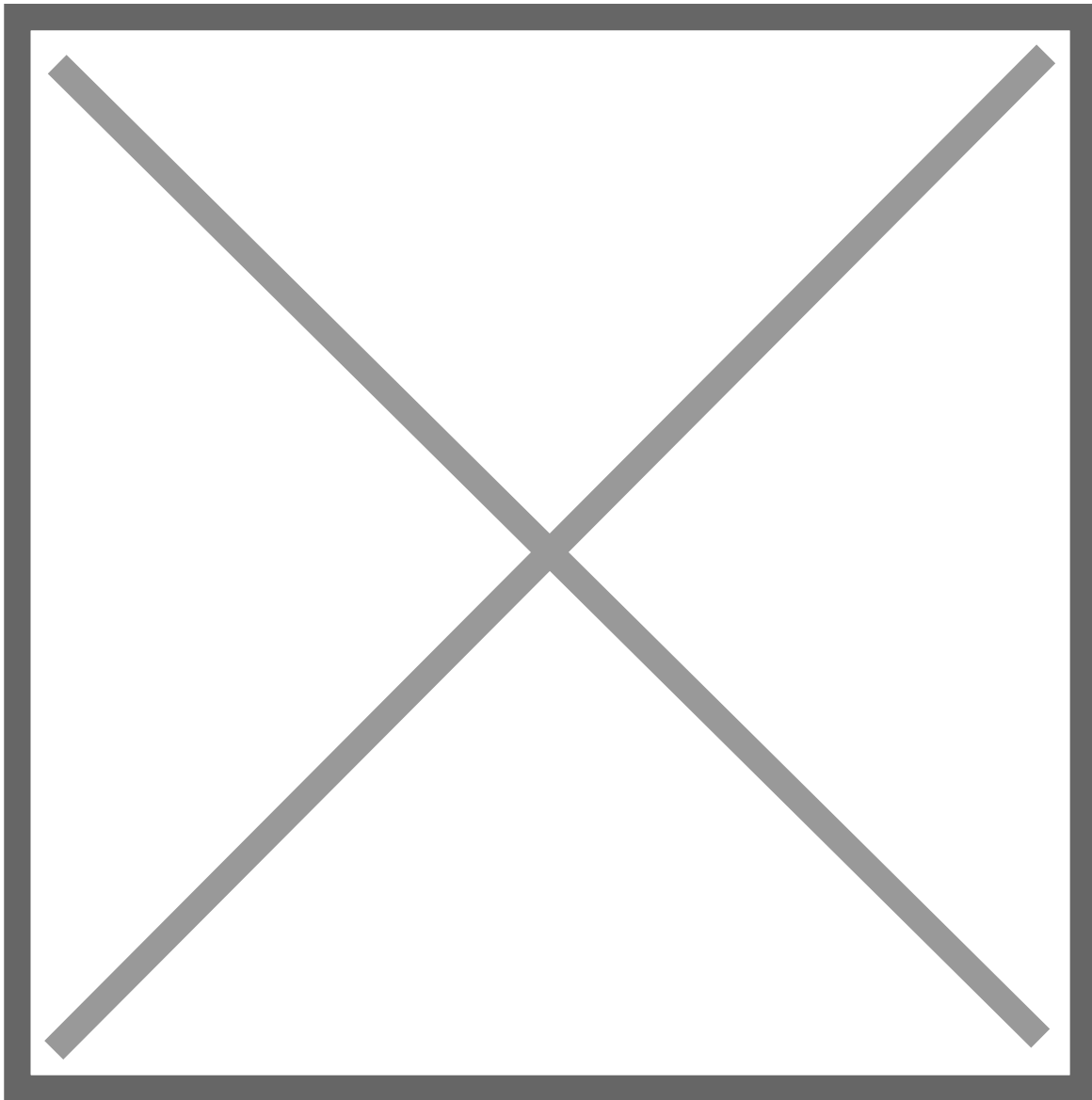
*57-year-old male patient. Examination performed for preanesthetic evaluation. He has a diagnosis of systemic arterial hypertension. On ECG, he presents sinus rhythm with blocked P waves without progressive PR interval prolongation, corresponding to **second-degree atrioventricular block Mobitz type II**. Premature ventricular contractions and left bundle branch block are also observed.*



## Exemplo 2 | Example 2

Paciente feminino, 60 anos, com queixa de dor torácica e palpitações. Tem diagnósticos de hipertensão arterial e obesidade. Em uso de AAS, diuréticos, inibidor de ECA. Ao ECG, apresenta ritmo sinusal com ondas P bloqueadas sem prolongamento progressivo do intervalo PR, correspondendo a **Bloqueio Atrioventricular de 2º grau Mobitz II**. Observa-se, também, corrente de lesão subepicárdica, com provável infarto agudo do miocárdio com supradesnivelamento de ST na parede inferior.

*60-year-old female patient presenting with chest pain and palpitations. She has diagnoses of systemic arterial hypertension and obesity. Current medications: aspirin, diuretics, ACE inhibitor. On ECG, she presents sinus rhythm with blocked P waves without progressive PR interval prolongation, corresponding to **second-degree atrioventricular block Mobitz type II**. Subepicardial injury current with probable acute myocardial infarction with ST-segment elevation in the inferior wall is also observed.*



---

Revision #2

Created 22 May 2025 17:20:59 by Gabriela Miana

Updated 13 October 2025 18:11:23 by Gabriela Miana