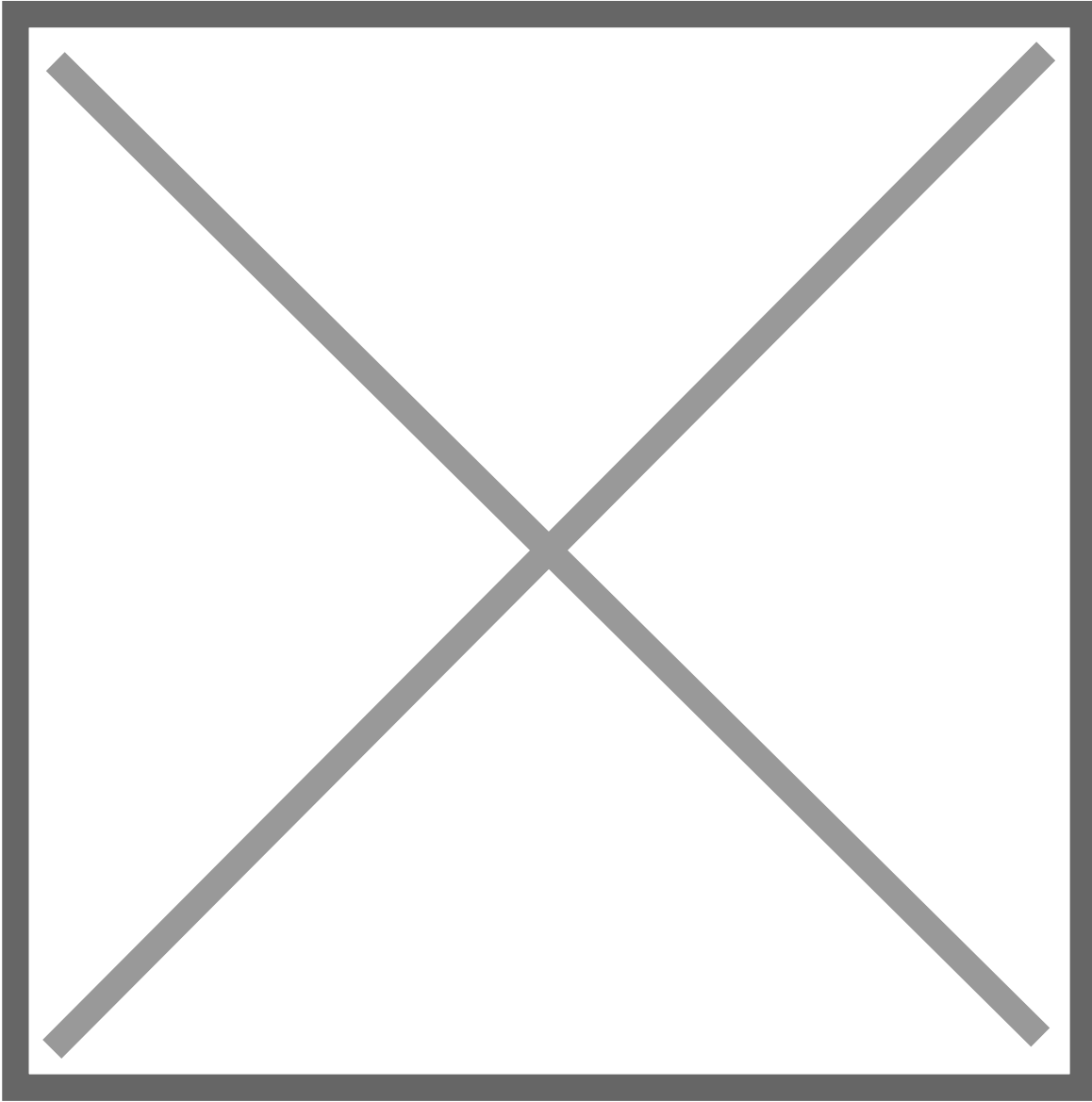


Exemplo | Examples

Exemplo 1 | Example #1

Paciente feminina, 86 anos, com queixa de palpitações. Tem diagnóstico de hipertensão arterial sistêmica. Ao ECG, apresenta ritmo atrial independente do ritmo ventricular, com ausência do enlace AV. Frequência atrial maior do que ventricular (31 bpm). Intervalo PR variável sem possibilidade de mensuração. Esses achados são compatíveis com **bloqueio atrioventricular total**. Observa-se, também, distúrbio de condução do ramo direito e intervalo QT prolongado.

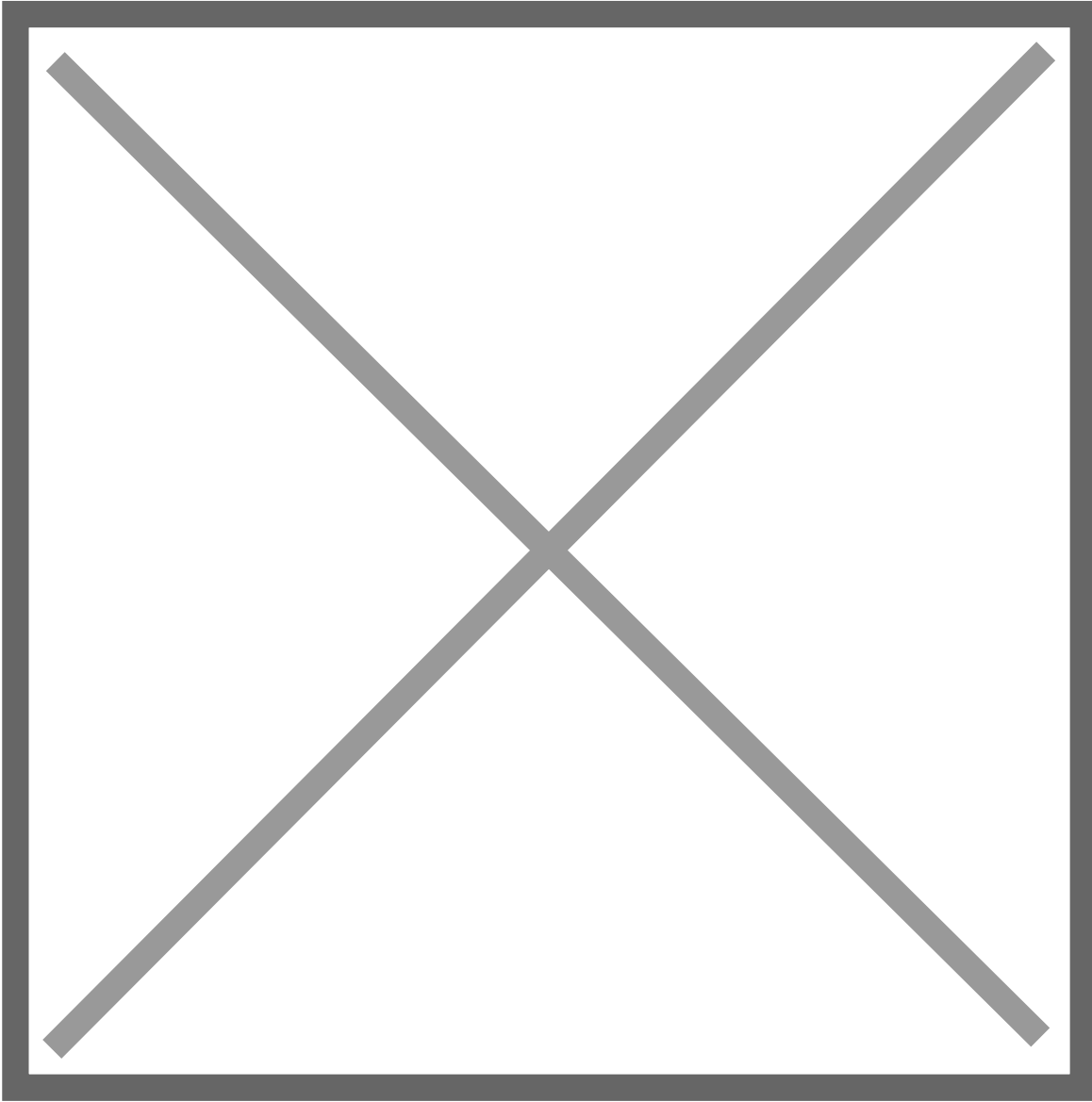
*86-year-old female patient presenting with palpitations. She has a diagnosis of systemic arterial hypertension. On ECG, she presents atrial rhythm independent of ventricular rhythm, with absence of AV conduction. Atrial rate is higher than ventricular rate (31 bpm). PR interval is variable and unmeasurable. These findings are consistent with **third-degree atrioventricular block**. Right bundle branch block and prolonged QT interval are also observed.*



Exemplo 2 | Example 2#

Paciente feminina, 53 anos, com queixa de dispneia. História familiar positiva de doença coronariana. Ao ECG, apresenta ritmo atrial independente do ritmo ventricular, com ausência do enlace AV. Frequência atrial maior do que ventricular. Frequência ventricular de 41 bpm. Intervalo PR variável sem possibilidade de mensuração.

A 53-year-old female patient is experiencing dyspnea. She has a positive family history of coronary disease. Her ECG shows an atrial rhythm that is independent of the ventricular rhythm, indicating a lack of AV conduction. The atrial rate is higher than the ventricular rate, which is 41 beats per minute. The PR interval is variable and cannot be measured accurately.



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