

Electrocardiogram (ECG or EKG)

Medical Measurements Lab 1

Fourth Stage

Supervised by

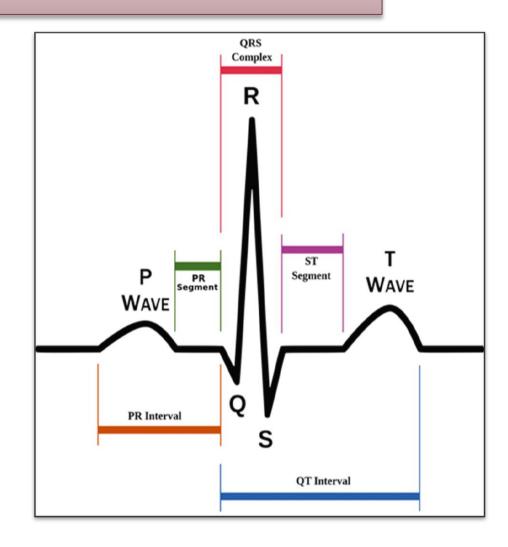
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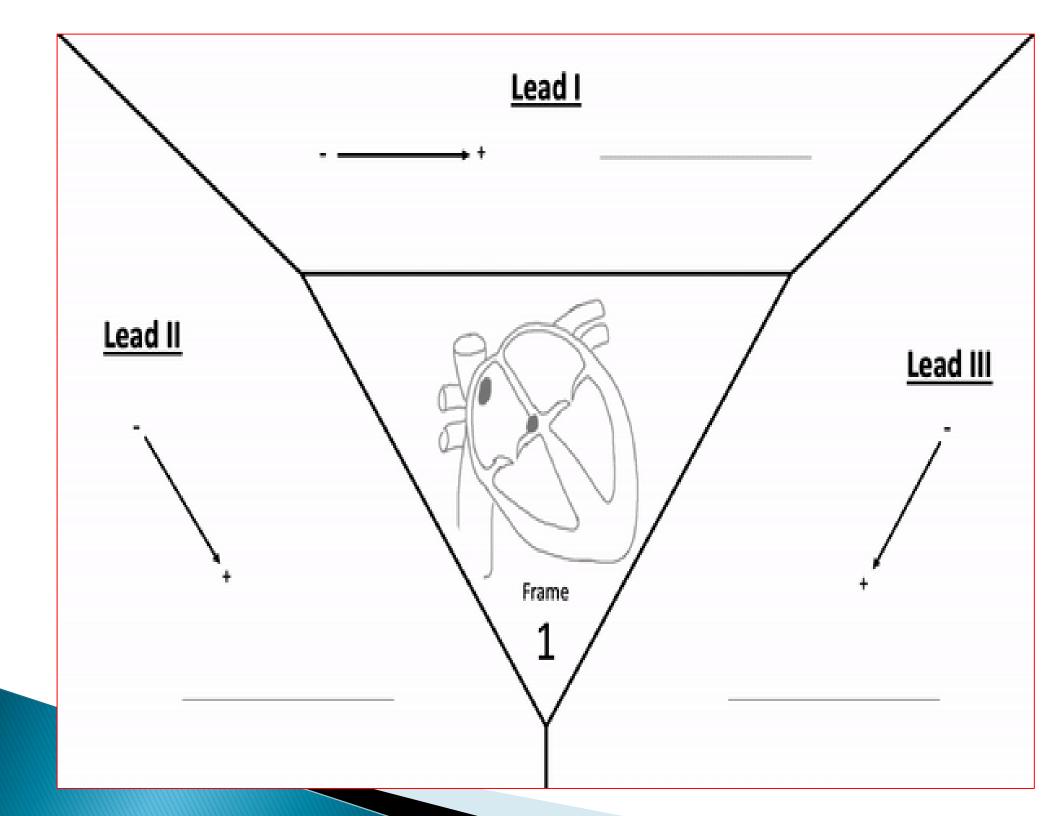
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Electrocardiography

- * ECG or electrocardiography is a test performed by cardiovascular doctors for potential people who may have heart related diseases.
- * A healthy person's heart signal consists of five peaks P, Q, R, S, and T respectively, and is repeated with each heartbeat.
- Each peak gives specific information about a particular condition of the heart





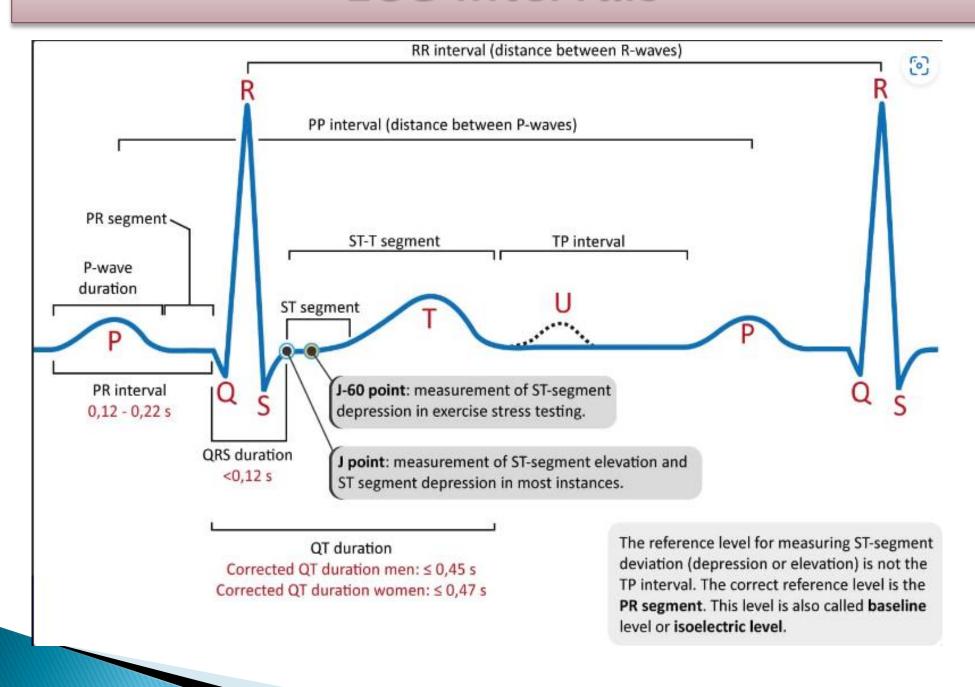
Why to Study ECG?

- * According to WHO reports, the world's leading cause of death is heart disease, which accounted for 30% of deaths in the world.
- * The reason that researchers are interested in studying these topics is that the success one of research will lead to the development of diagnoses of heart-related diseases as well as treatment for them and thus save human life.
- * The trend in designing rapid technologies that save more time and effort to speed up diagnosis with the possibility of applying them in smart devices.

ECG Intervals

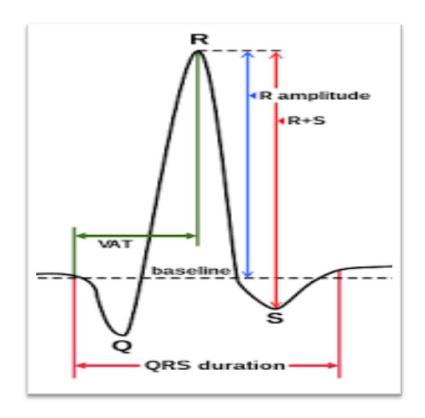
- * ECG interpretation starts with assessment of the P-wave and PR interval.
- The P-wave is generated by depolarization (activation, contraction) of the atria.
- * The PR interval is the interval between the start of the P-wave and the start of the QRS complex.
- The PR interval determines whether impulse transmission from atria to ventricles is normal.
- * The isoelectric (flat) line between the end of the P-wave and the start of the QRS complex is called the PR segment.
- * The PR segment is the baseline (also referred to as reference line or isoelectric line) of the ECG curve. Thus, when measuring the amplitude of a wave on the ECG, the PR segment is the baseline. Refer to Figure 1.

ECG Intervals



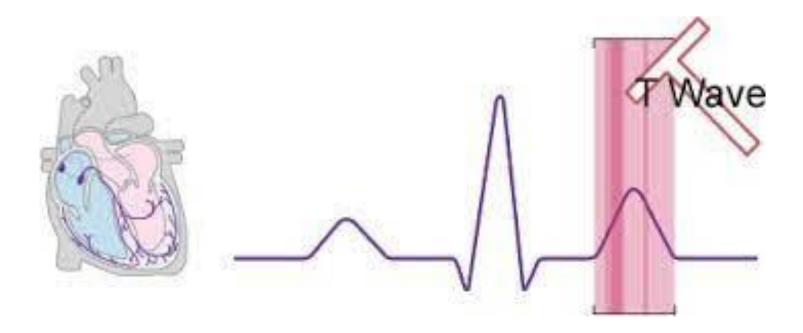
QRS Complex

- The QRS complex reflects the depolarization (activation, contraction) of the ventricles.
- Although it may not always include a Q-wave, R-wave and S-wave, it is still referred to as a QRS complex.
- In other words, if ventricular depolarization only generates a Q-wave and an R-wave, that complex may still be referred to as a QRS complex.
- However, one may also be more explicit and refer to such a complex as a QR complex.
- Because the left ventricle is usually considerably larger than the right ventricle, the QRS complex is actually a reflection of the electrical potentials generated by the left ventricle.



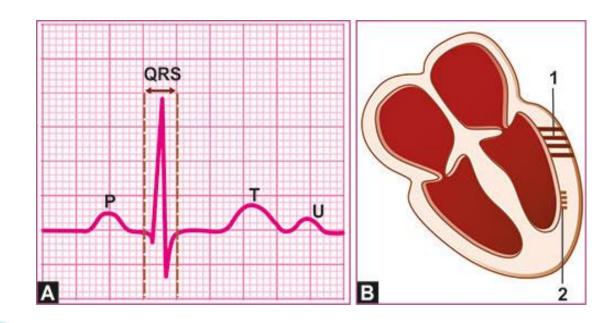
T wave

- The T-wave reflects the rapid repolarization (recovery) of the myocardium and T-wave changes occur in numerous conditions.
- T-wave changes are frequently misunderstood. The transition from the ST segment to the T-wave should be smooth.
- The normal T-wave is somewhat asymmetric, with a steeper downward slope.

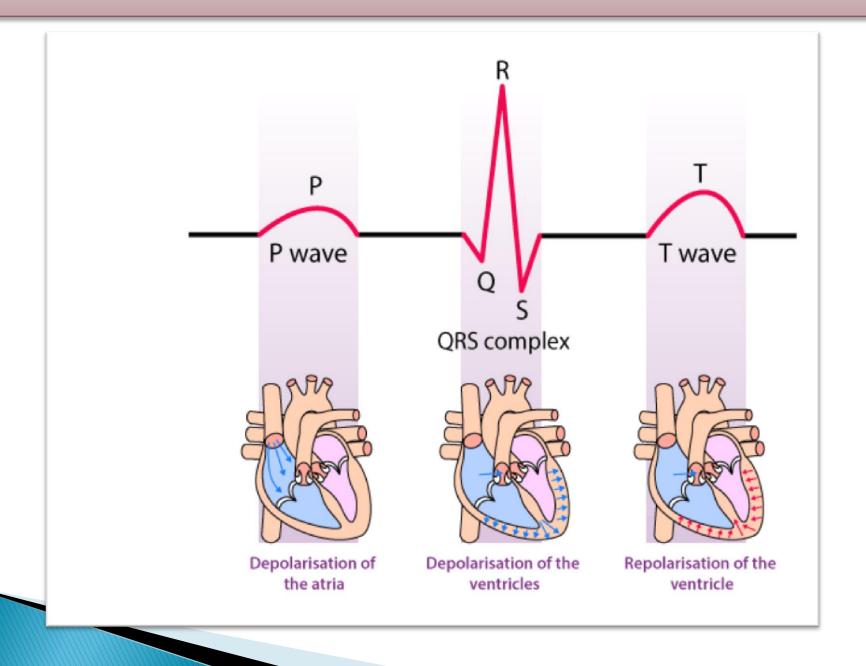


U wave

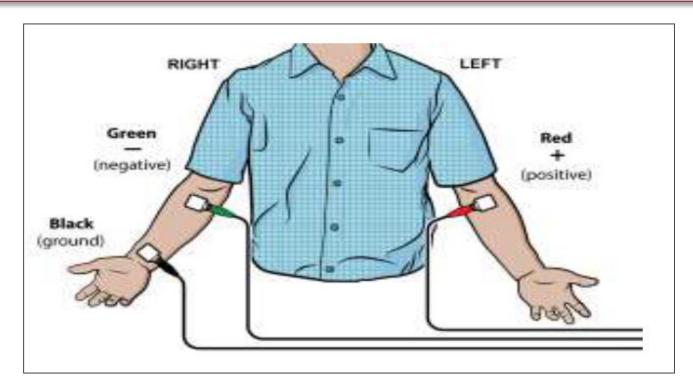
The U-wave, which is a positive wave after the T-wave, appears occasionally on the ECG. Its height (amplitude) is approximately one fourth of the amplitude of the T-wave. The U-wave is most often seen in leads V2, V3 and V4. Individuals with prominent T-waves display U-waves more often. Moreover, the U-wave is clearer during slow heart rates (bradycardia). The physiological process that generates the U-wave remain elusive.



ECG waves presentation



Standard limb lead EKG







DATA Procedure

| Table 1 | | | |
|----------|-----------------------|--------------------|-------------|
| Interval | Beginning time (s) | Ending time (s) | Time (s) |
| P-R | | | |
| QRS | | | |
| Q-T | | | |
| R-R | | | |

| Heart rate (bpm) | |
|------------------|--|
| | |

