



THE PRACTITIONER LE PRATICIEN

Country cardiograms case 28

John Pawlovich, MD,
CCFP

Fraser Lake, BC

Correspondence to:
Dr. John Pawlovich,
Fraser Lake Medical Clinic,
PO Box 98, Fraser Lake BC
V0J 1S0

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HISTORY

An 87-year-old woman presents to the emergency department complaining of shortness of breath with very minimal exertion, but no chest pain. She has a recent history of orthopnea and worsening ankle edema. She has a known history of chronic obstructive pulmonary disease and congestive heart failure. On examination her pulse is 63 beats/min and regular, blood pressure is 130/66 mm Hg and her respiratory rate is 24 breaths/min. She is afebrile. Her chest examination reveals bilateral crepitations from the bases to the mid level of each lung.

Results of a CVS exam reveal a normal S1 S2 with positive S3 and no S4 (Fig. 1). Jugular venous pulse is 6 cm above the sternal angle with a positive hepatojugular reflux. She has a Grace 2 out of 6 systolic murmur heard loudest over the second intercostal space along the right sternal boarder. There is no radiation of the murmur. She has +3 pitting edema in both lower limbs.

What is your interpretation of her ECG (below)?

For the Answer, see page 270.

Competing interests: None declared.

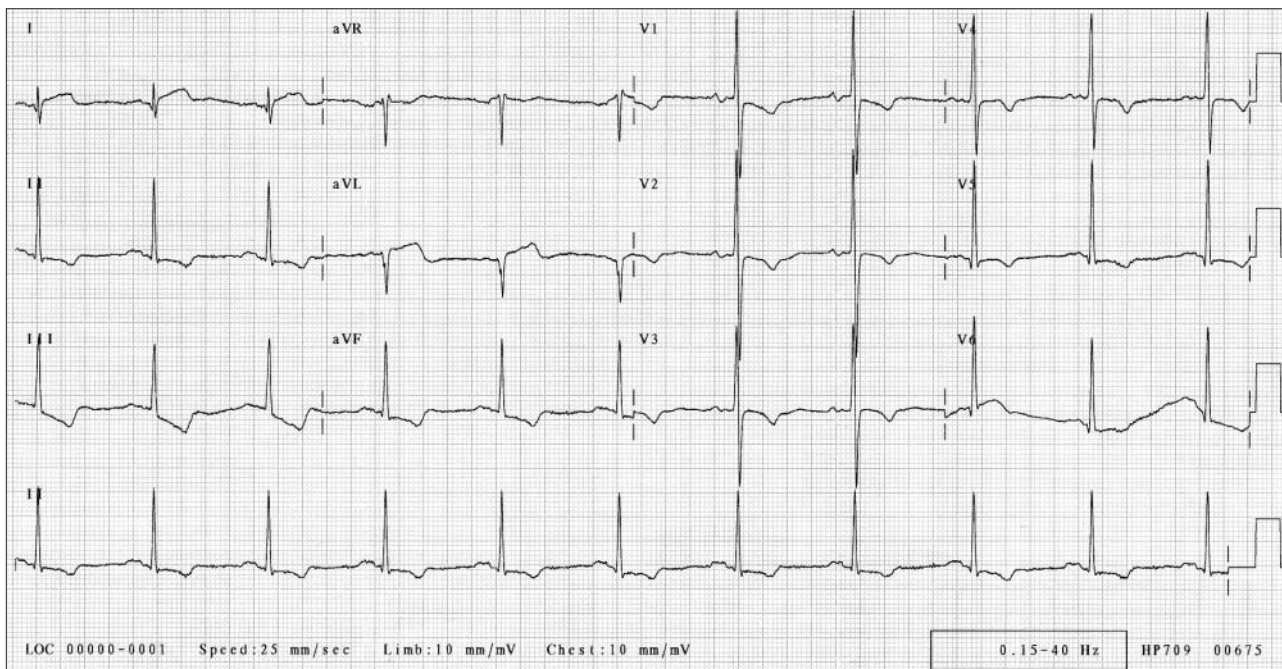


Fig. 1. ECG, done at the time of presentation to the emergency department.